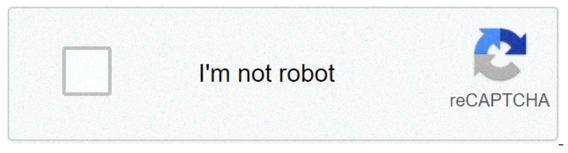

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Distal muscle weakness causes

What causes proximal muscle weakness. Causes of proximal and distal muscle weakness. What is distal muscle weakness. What would cause muscle weakness.

There are more than 30 muscular dystrophy diseases that cause permanent muscular weakness. The disease tends to run in families. Depending on the type, muscular dystrophy can be present at birth or appearing during childhood or adulthood. Different types influence different muscles. The treatments help, but there is no cure. Muscular dystrophy muscular dystrophy refers to a group of over 30 inherited (genetic) diseases that cause muscle weakness. These conditions are a type of myopathy, a disease of skeletal muscles. Over time, the muscles shrink and become weaker, influencing the ability to walk and perform daily activities like brushing your teeth. The disease can also affect your heart and lungs. Some forms of muscular dystrophy are obvious to birth or develop during childhood. Some shapes grow later during adulthood. Currently, there is no cure. How common is muscular dystrophy? Muscular dystrophy is a rare condition. Who could have muscular dystrophy? Muscular dystrophy often flows in families. A child who has a parent with muscular dystrophy can inherit a mutated gene (changed) that causes muscular dystrophy. Some people have the changed gene, but they don't have muscular dystrophy. These healthy adults (carrieri) can pass the changed gene to their child, who can develop the disease. What are the types of muscular dystrophy? There are more than 30 different types of muscular dystrophy. Some of the most common forms include: Duchenne muscular dystrophy (DMD): this condition tends to influence the boys between 2 and 5 years, but girls can get it too. You can notice that your child has a difficult time to run, walk or jump. While the disease progresses, it can affect the heart and lungs of a child. DMD is the most common form of muscular dystrophy. It affects about six out of 100,000 children in North America and Europe. Becker muscular dystrophy (BMD): BMD is the second most common muscular dystrophy. The symptoms of BMD may appear at any time between 5 and 60 years, but generally come forward during adolescent years. Males are more likely to get BMD. The disease affects the hip, thigh and shoulder muscles, and in the end the heart. About one of 18,000 to 30,000 US guys develop BMD. Facicapulohumeral muscular dystrophy (FSHD :) FSHD is the third most common muscular dystrophy. The disease affects the face muscles, shoulder straps and arms. The symptoms tend to appear before the EtÁ 20. About four people out of 100,000 in the United States have this form. Congenite muscle dystrophies (CMD): congenital conditions like CMD are present at birth. A child can have weak muscles, a curved spine and too rigid or dissolved joints. Children with CMD can Learning difficulties, convulsions and vision problems. Muscular dystrophy Emery-Dreiffus (EDMD): this condition tends to influence children. The symptoms, like the weak shoulders, the upper arms and the calf muscles, appear at the age of 10 years. Edmd also affects the heart. Muscle Dystrophy (LGMD): this disease disease muscles closer to the body including shoulders and hips. affects people of all ages. about two out of 100,000 people in the U.S. have mytonic dystrophy: people with myotonia have difficulty relaxing their muscles. For example, you may find it difficult to let go of a loved one. the disease also affects the heart and lungs. This condition tends to affect adults of the European descent and occurs in about 10 out of 100,000 people. Oculophthalene muscle dystrophy (opmd:) this rare form of muscle dystrophy weakens the muscles in the eyelids and throat. symptoms, such as droopy eyelids (ptosis) and difficulty swallowing (disfagia,) often appear between the 1940s and 1960s. about one out of 100,000 people have opmd. Genetic mutations or changes, cause most forms of muscle dystrophy. one or both parents can pass a faulty gene to their child even if the parent does not have the condition. seldom, a person develops muscular dystrophy spontaneously, which means there are no known cause. What are the symptoms of muscle dystrophy? muscle weakness is the main symptom of muscle dystrophy. depending on the type, the disease affects different muscles and body parts. Other signs of muscle dystrophy include: muscles of the enlarged calf. difficulty walking or running. unusual walking (like wadling.) trouble swallowing. heart problems, such as arrhythmia and heart failure (cardiomyopathy.) learning difficulties. rigid or loose joints. muscle pain. spine curve (scoliosis.) respiratory problems. if the healthcare provider suspects muscle dystrophy, you or your child may undergo one or more of these diagnostic tests: an enzyme and protein blood test for high levels of an enzyme called creatine kinase. high levels may indicate muscle damage caused by muscle dystrophy. electromyography (emg) measures the electrical activity of muscles and nerves. a muscle biopsy seeks cell changes in muscle tissue. Genetic tests identify gene mutations related to muscle dystrophy. researchers are still looking for a way to cure muscle dystrophy. symptoms of the disease worsen over time, but these treatments can help: physical therapies and occupations strengthen and elasticize the muscles. These therapies can help you maintain function and range of movement. discourse therapy helps those who have problems swallowing. corticosteroids, such as prednisone and deflazacort, can slow the progression of the disease. Surgery relieves tension on the contracted muscles and corrects curvature of the spine (scoliosis.) heart care devices, such as pacemaker, treat heart rhythm problems and heart failure. medical devices, such as hikers andwheelchairs, can improve mobility and prevent falls. Respiratory assistance, such as cough and respiratory devices, breathing of aid. What are the complications of muscle dystrophy? Muscle dystrophy affects muscles, heart and lungs. While the disease progresses, you may be more prone to: heart problems, as well asand heart failure. Respiratory infections, including pneumonia. Respiratory problems. I'm joking. How does muscular dystrophy affect pregnancy? Women with muscular dystrophy can have healthy pregnancies. Since muscular dystrophy is inherited, you may want to talk to a genetic counselor before conceiving. During pregnancy, your health care provider will closely monitor your health to help you avoid these complications: Increased muscle weakness and limited mobility due to weight gain. Respiratory problems due to extra pressure on the lungs. It's a heart pressure. Descartes (loss of pregnancy before the baby is fully developed.) Premature labour before 37 weeks of pregnancy. Low birthweight baby, weighing less than 5 pounds, 8 ounces. Unfortunately, there is nothing you can do to avoid getting muscular dystrophy. If you have the disease, these steps can help you enjoy a better quality of life: Eat a healthy diet to prevent malnutrition. Drink plenty of water to avoid dehydration and constipation. Exercise as much as possible. Maintaining a healthy weight to prevent obesity. Stop smoking to protect your lungs and heart. Take flu and pneumonia shots. Muscular dystrophy is a progressive disease. Symptoms get worse over time. Physical and professional therapy, and medical devices such as walkers, can help you maintain mobility and independence for as long as possible. Medical specialists provide therapies and can offer recommendations to protect your heart and lungs. You should call your health care provider if you have muscular dystrophy and you are experiencing: Signs of a respiratory infection. Difficulty swallowing or suffocating. Cardiac papitations or chest pain. Muscle pain. What questions should I ask my doctor? If you have muscular dystrophy, you might want to ask your health care provider: Are my children at risk of muscular dystrophy? What steps can I take to avoid passing the muscular dystrophy gene to my children? Should I have genetic tests? How will muscular dystrophy affect my quality of life? Will muscular dystrophy shorten my life? What steps can I take to slow the progression of the disease? What changes can I expect as the disease progresses? If a loved one has muscular dystrophy, should I get genetic tests to see if I carry the gene mutation? Should I look for signs of complications? A note from Cleveland Clinic It's hard to live with a disease like muscular dystrophy that slowly limits your ability to move and function. Losing your independence can be emotionally difficult for you and your loved ones. Don't be afraid to tell the health care provider if you feel down for your situation. Antidepressants, advice and support groups offer help and hope. Your healthcare provider may also recommend therapies and medical devices to help you maintain independence for as long as possible. Last review by a professional Cleveland Clinic on 06/22/2020. References American Academy of Family Physicians (AAFP).(accessible to 22/06/2020. Centers for the control and prevention of diseases (CDC). Muscular dystrophy. (Access 22/06/2020. Association of muscular dystrophy. Congenital muscular dystrophy (CMD). (accessible 6/22/2020. National Institute of Neurological Disorders and Struses. Information page of muscular dystrophy. (Accessible to 6/22/2020. Get useful, useful and relevant health information + wellness eNews Cleveland Clinic is a non-profit academic medical center. Advertising on our site helps support our mission. We do not cover non-Cleveland products or services. Politics Cleveland Clinic is a non-profit academic medical center. Advertising on our site helps support our mission. We do not cover non-Cleveland products or services. 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