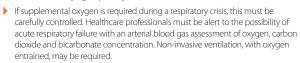
Respiratory

 Chronic respiratory failure in Becker muscular dystrophy may present without the usual signs of respiratory distress. Subtle signs include early morning headaches, fatigue, daytime sleepiness, reduced appetite and weight loss.

Consider underlying respiratory failure in case of a chest infection.



Assisted coughing with chest physiotherapy and breath-stacking techniques with an AMBU bag help to clear lower airways secretions. This can also be facilitated by a cough assist device.



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Becker muscular dystrophy
Becker muscular dystrophy is a progressive, inherited condition characterised by progressive muscle-wasting and weakness, affecting mostly the proximal lower and upper limb muscles. Symptoms and severity of the condition can vary from one person to another.
Patients usually have difficulties in walking and climbing stairs. They may present with frequent falls and may become non-ambulant as the condition progresses. Patients may also have difficulty raising their arms above their shoulders, as the condition progresses.
Fatigue and pain can occur after mild exercise and in walking. Paraspinal muscles are also affected and patients can develop scoliosis (curvature of the spine) and lower back pain.

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not prompt liver investigations unless otherwise indicated. **Recommendations and precautions**

NOTE: Liver enzymes (AST/ALT) will be high on blood tests: this is normal in

Becker muscular dystrophy and is attributed to muscle break-down. This should

Immunisations should be kept up-to-date. Do not use live vaccines if using corticosteroids.

Use intravenous general anaesthetics only (avoid suxamethonium). Inhaled

Local anaesthetics and nitrous oxide are safe, e.g. for minor dental

Wear a medic alert bracelet.

anaesthetics should not be used.

procedures.

Anaesthetic precautions (continued)

Wear seat belt when using wheelchair to avoid dangerous falls.

with lesser muscle symptoms are at risk of severe heart involvement. All need regular heart checks.

Cardiac

Early ACE-inhibitor and beta-blocker usage slow the progress of cardiomyopathy.

Heart failure symptoms will be subtle / absent in those with greater disability. If a patient has not been having regular heart checks, consider the possibility of a

severe underlying cardiomyopathy. Cardiac arrhythmias must be considered for patients with palpitations and/or dizziness / pre-syncope and investigated with ECG, 24-hour tapes or similar.

Patients with Becker muscular dystrophy can develop cardiomyopathy. Those