

PL PATIENT JOURNEY – diagnosis, diet, acceptance

For many symptoms start just after birth

SYMPTOMS

- Symptoms may start just after birth and increase significantly in puberty
- Fat distribution appears normal at birth and in childhood. After puberty, the fat distribution, and lack of adipose tissue in extremities becomes more pronounced

- First symptoms often appear at puberty
- Abnormal distribution of body fat
- Variable hunger
- Possible diabetes



FIRST CONTACT WITH FAMILY DOCTOR/ PEDIATRICIAN

- Most likely the family doctor
- Years (30+) of symptoms and misdiagnosis can occur
- Mild symptoms can be ignored

Failure to control diet blamed on poor adherence?

They think its my fault. I feel so alone

Drops out of treatment pathway

SUPPORT FROM PATIENT GROUPS

Support form patient advocacy groups is vital

REFERRAL

Referral to specialist, variety of possibilities, often diabetologist



Drops out of treatment pathway

1ST TO 3RD LINE MEDS

- Oral anti-diabetics
- Insulin
- Lipid-lowerin g therapies
- Exercise and diet, such as a low carb diet

METABOLIC SYNDROME

May be considered "under control"



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Skin tone can vary, common in Asian or dark skin patients

Everything is about diagnosis, diet and acceptance

Short cuts to treatment

Lipodystrophy patients live day to day with symptoms such as fatigue and brain fog.

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THE JOURNEY CONTINUES

- Living with the long-term consequences of partial lipodystrophy
- Patients will still look very different than the general population

LEPTIN REPLACEMENT THERAPY

- Myalept(a) treatment and help from dietician
- Managed by CofE

I'm not hungry all the time anymore

DIAGNOSIS / SECOND-LINE SPECIALIST

May refer on to Centre of Excellence



Great, I finally have a diagnosis but what does this mean now

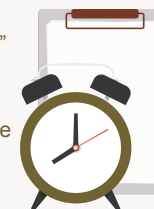
COMPLICATIONS

- Pancreatitis – accused of being a drug addict or alcoholic
- Liver/kidney damage
- Cardiomyopathy
- Infections
- Temperature control
- Pain as a result of loss of fat

Drops out of treatment pathway

METABOLIC SYNDROME

- May be considered "under control"
- Need to catch patients early before damage



SUSPECTED DIAGNOSIS

- Insulin resistance
- NASH
- Cardio abnormalities
- Family history
- Many triggers

Drops out of treatment pathway