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Physical Therapy Evaluation of the Functional Impairments in Amyloidosis Patients

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Editorial

Amyloidosis is a systemic, uncommon condition that can seriously impair function. There are currently no recognised standards for the rehabilitation assessment of patients with amyloidosis. This study's objectives were to characterise functional impairments and evaluate variations among amyloidosis patients according to disease type, organ involvement, age and gender. Materials and Procedures Structured evaluation standards for amyloidosis patients have been created by the interdisciplinary Comprehensive Amyloidosis Clinic (CAC) at Ohio State University (OSU). Patients evaluated in CAC between December 2017 and April 2020 were subjected to a retrospective, single-institution evaluation. By reviewing the charts, outcome measure data from the SF 36's physical function and Timed Up and Go 30 s sit-to-stand sections were collected.

A multisystem disease called amyloidosis is characterised by the buildup of misassembled, insoluble fibril proteins that obstruct healthy tissue structure and function. Physical and functional problems are brought on by these protein deposits that disrupt the healthy organ tissues of various bodily systems. The heart, kidneys, connective tissues and peripheral nerves are where the depositions are most frequently found. Light chain and transthyretin, either the wild-type or a genetic variation, are the proteins most typically implicated in systemic amyloidosis.

Accurate diagnosis is frequently delayed due to the uncommon nature of this condition and the early presentation of amyloidosis symptoms that are compatible with other illnesses. Increased testing time for an appropriate diagnosis causes medical therapy to be delayed, greater functional mobility limitations and a decline in health-related quality of life.

A patient's quality of life in terms of their health might also be impacted by treatment-related toxicities, even while amyloidosis itself impairs normal tissue function. Functional evaluations carried out at the time of the initial diagnosis and during the course of the treatment enable clinicians to keep track of symptoms and recommend patients to physical therapy. More research has been done on the use of physical therapy for patients with multiple myeloma and other hematologic disorders. The majority of MM patients appear with anaemia and bone involvement since it is a malignancy of the plasma cells. As their disease progresses, a lot of MM patients get secondary light chain amyloidosis. Physical therapy is advised for MM patients as part of their cancer rehabilitation since it has been demonstrated to improve their quality of life. Patients with amyloidosis and MM should get physical therapy.

At Ohio State University's (OSU) Comprehensive Amyloidosis Clinic (CAC), patients can get care from specialists in neurology, nephrology, cardiology, haematology and physical therapy within a single, 3-hour appointment. Since this illness affects several systems, interdisciplinary care is required. The examination and rehabilitation of individuals with amyloidosis in physical therapy still lacks specific recommendations. The goal of this study was to determine the physical impairments and functional mobility deficits experienced by amyloidosis patients across various disease types, organ involvement, age and gender.

When age, gender, illness type, or organ involvement were analysed in our patient population, no discernible patterns or differences were found. This could be explained by the patients' varied ages and the severity of the illness at the time of diagnosis. Patients are also referred to the CAC at various stages of their treatment. Depending on the patient's condition and level of care, amyloid and steroid myopathy may be treated with a prescription for physical therapy or a home exercise regimen. Other co-morbidities may impede a person's capacity to carry out the duties indicated on the SF 36's physical function section. Patients with amyloidosis, particularly those with cardiac involvement, have a reduced quality of life in terms of their health.

Compared to patients with ATTRwt, patients with AL did substantially fewer sit-to-stand repetitions in 30 seconds. Furthermore, compared to individuals whose sickness also affected other organ systems, those whose disease just affected their hearts performed noticeably worse. A little over half of AL patients experience cardiac involvement. Patients with AL who appear with cardiac involvement and heart failure symptoms are most at risk for morbidity and death. Performance at this diminished level reveals diminished functional lower extremity strength, raises the possibility of falling and heightens the requirement for caregiver support. It is recommended to refer for physical therapy early in the diagnosing process to prevent functional deterioration [1-5].

Conclusion

Amyloidosis patients exhibit markedly reduced functional mobility, especially those with AL and cardiac involvement. The effectiveness of physical therapy in treating amyloidosis has only received little research attention. A physical therapy examination and intervention may be necessary in the treatment of these individuals, according to this study, which finds considerable physical function deficits.

Conflict of Interest

None.

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