General Recommendations when assessing a neuromuscular patient positive for COVID-19

Patients with neuromuscular diseases should be considered in their individual clinical characteristic as symptoms, severity and therefore prognosis can be significantly different form one patient to another.

Because of the huge clinical variability it is key that the neuromuscular specialist is involved in clinical decision making for critical care and end of life discussion.

Table 1 summarises key clinical aspects to assess in neuromuscular patients, in addition to nutritional status and other possible comorbidities.

Table 1

FUNCTION		
A. Lower limbs function	Able to walk without support	
	Able to walk with aids or Part-time wheelchair user	
	Full-time Wheelchair user	
B. Upper limbs function	Preserved upper limb function	
	Independent in ADL	
	Lost use of upper limb function	
C. Pulmonary function	Normal respiratory function> 80%FVC	
	Mildly impaired respiratory function FVC>60% or NIV user but not dependent on NIV i.e can manage for more than 2 nights without NIV	
	Requires ventilatory support or FVC below 45%	
D. Cardiac function	Normal (LVEF>55% and no pacemaker-defibrillator)	
	Mild impaired (LVEF 45-54%)	
	Moderately impaired (LVEF 30-44%)	
	Severely impaired (LVEF <30%) or /ICD or pacemaker	

Inherited neuromuscular diseases are a disease spectrum and life expectancy can be hugely variable even within the same disease. It is key that the neuromuscular specialist is consulted.

Inherited neuromuscular disease	**Life expectancy**
Duchenne muscular dystrophy (DMD)	Reduced (30-40 years)
Becker muscular dystrophy (BMD)	Normal – reduced depending on cardiac/respiratory function
Manifesting carrier of DMD/BMD	Normal – mildly reduced depending on cardiac function
Limb-girdle muscular dystrophy (LGMD)	Normal if no cardiac or respiratory impairment
Facioscapulohumeral muscular dystrophy (FSHD)	Normal if no cardiac or respiratory impairment
Oculopharyngeal muscular dystrophy (OPMD)	Normal
Hereditary myopathy with early respiratory failure (HMERF)	Reduced if FVC <45%
Myotonic dystrophy (DM1)	Normal –reduced depending on cardiac function
Congenital muscular dystrophy	Normal – reduced depending on cardiac and respiratory function

Congenital myopathy, MTM1, CNM	Normal – reduced depending on cardiac and respiratory function
Spinal Muscular Atrophy (SMA)	Normal – reduced depending disease subtype and respiratory function
Glycogen storage disease (GSD)	Normal – reduced depending on cardiac and respiratory function
Congenital Myasthenic Syndrome (CMS)	Normal – reduced depending on respiratory function