Monitoring Your Health

A Guide for Patients with Fabry Disease



Monitoring your health: For patients with Fabry Disease

Fabry disease is a condition that can affect the whole body. Below are some common tests to monitor your symptoms and your condition. You should consult with your healthcare provider regarding any specific questions you have about your medical care.

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	Laboratory Tests	 A Lipid Panel measures various levels of fats in the blood Plasma Globotriaosylceramide (GL-3) measures the level of a particular type of fat in the blood that is of interest in Fabry disease
	Kidney Function Tests	Blood chemistry tests include: Serum Creatinine: a waste product that comes from normal wear and tear on your muscles Blood Urea Nitrogen (BUN): a waste product from the breakdown of protein in your food Glomerular Filtration Rate (GFR) measures how well the kidneys remove waste and excess fluid from your blood Urine Protein Tests compare the presence of specific proteins using ratios
	Ophthalmology Evaluation	A microscope with a bright light (slit lamp) is used to look at the front and inside of your eyes. This examination checks for: Corneal whorling Changes in the arteries supplying blood to the eye Cataracts, or clouding of the lens
	Audiology Evaluation	Audiology tests to examine hearing loss may include: Tympanometry: tests eardrum movement by recording changes in air pressure Otoacoustic emissions: tests how well sounds are heard at different frequencies Auditory evoked potentials: tests your brain's response to sound
	Brain MRI	Creates detailed pictures of your brain to look for changes that may relate to a stroke
	Cardiac Function Tests	 Routine assessments to evaluate cardiac function include: Echocardiogram (ECHO): an ultrasound of your heart that measure its size and how it pumps Electrocardiogram (ECG): measures the electrical activity of your heart Holter Monitor: a portable device that tracks your heart's activity over a period of time Cardiac MRI: creates detailed pictures of your heart
	Lung Function Test/ Spirometry	A lung function test measures how much and how forcefully you can blow out air from your lungs in one breath. To see how well your lungs are functioning, you will be asked to take in a big breath, and then blow as hard and long as you can into a machine called a spirometer.
	Quality of Life	Surveys to assess quality of life may include the SF36® Health Survey, EuroQOL, or PedsQL® Measurement Model
999	Pain Evaluation	Measures the presence and severity of pain using the following scales: BPI, Fabry Specific Pain and QOL Questionnaire and the Neuropathic Pain Symptom Inventory
3 3	GI Symptom Monitoring	Your doctor monitors and records gastrointestinal (GI) symptoms such as abdominal pain, bloating, diarrhea, nausea, vomiting, quickly feeling full, and difficulty gaining weight
	Other	Other assessments determined by your healthcare provider

	Result at Baseline	Date and Result				
Date of Assessment						
PATIENT INFORMATION						
DNA Analysis or Enzyme Assay						
GENERAL						
Height						
Weight						
Body Mass Index (BMI)						
Blood Pressure						
Heart Rate						
LABORATORY TESTS						
BLOOD TESTS						
Lyso-GL-3						
Lipid Panel						
Kidney Function Tests						
Serum Creatinine						
Blood Urea Nitrogen (BUN)						
Glomerular Filtration Rate (GFR)						
URINE TEST						
Urine Protein Tests (total protein/creatinine and albumin/creatinine ratios)						
CLINICAL ASSESMENTS						
Ophthalmology Evaluation						
Audiology Evaluation						
Brain MRI						
Echocardiogram (ECHO)						
Electrocardiogram (ECG)						
Holter Monitoring						
Cardiac MRI						
Lung Function Test or Spirometry						
Quality of Life						
Pain Evaluation						
GI Symptom Monitoring						
OTHER TESTS						





Schedule of Assessments

The Schedule of Assessments helps you and your doctor monitor your Fabry disease over time. Depending on your individual medical needs, your healthcare team will determine which tests you should have and how often.

	Younger than 18 years old			18 years old or older			
	BASELINE	EVERY 12 MONTHS	EVERY 24-36 MONTHS	BASELINE	EVERY 12 MONTHS	EVERY 24-36 MONTHS	
PATIENT INFORMATION							
Confirmation of Diagnosis: DNA Analysis or Enzyme Assay	X			X			
Family History	X ¹			X	X ²		
GENERAL							
Height	X	X ²		X	X ²		
Weight	X	X ²		X	X ²		
Body Mass Index (BMI)	X	X ²		Х	X ²		
Blood Pressure	X	X ²		Х	X ²		
Heart Rate	Х	X ²		Х	X ²		
LABORATORY TESTS							
BLOOD TESTS							
Lyso-GL-3	Х	X ³		Х	Х		
Lipid Panel				Х	Х		
Kidney Function Tests							
Serum Creatinine				Х	Х		
Blood Urea Nitrogen (BUN)				Х	Х		
Glomerular Filtration Rate (GFR)	Х	Х		Х	X ⁴		
URINE TEST							
Urine Protein Tests (total protein/creatinine and albumin/creatinine ratios)	Х	Х		Х	X ⁵		
CLINICAL ASSESMENTS							
Ophthalmology Evaluation	X6			X6			
Audiology Evaluation	Х	X ⁷		Х	X		
Brain MRI*				X ⁸		Х	
Echocardiogram (ECHO)	X ⁷		Х		X 6		
Electrocardiogram (ECG)	X ⁷		Х		X ⁶		
Holter Monitoring	X6				X 6		
Cardiac MRI ¹³				Х		X ¹²	
Lung Function Test or Spirometry				Х		Х	
Quality of Life ⁹	Х	X ²		Х	X ²		
Pain Evaluation ¹⁰	Х	X ²		Х	X ²		
GI Symptom Monitoring ¹¹	X	X ²		Х	X ²		

Note: Clinical assessments and frequency may vary due to the onset of new symptoms, a medical event, or where there is a clinical indication.

- 1. Provide genetic counseling as they mature
- Every clinic visit
- 3. Monitor annually in males, every 2-3 years in females
 4. Check eGFR annually if low risk, every 6 months if moderate risk, and every 3 months if high or very high risk
- 5. Test Urine Protein annually, every 6 months if moderate risk, and every 3 months if high or very high risk; microalbuminuria can be used for pediatric patients
- As clinically indicated
- Every 2 years evaluations starting at age 10 and as clinically indicated
- Regular evaluations in males starting at age 21; females starting at age 30
- Quality of Life Survey (SF36® Health Survey, EuroQOL, or PedsQL® Measurement Model)
 Pain Evaluation (BPI, Fabry Specific Pain and QOL Questionnaire, or Neuropathic Pain Symptom Inventory)
- 11. Gl symptoms (abdominal pain, bloating, diarrhea, nausea, vomiting, feeling full early, difficulty gaining weight) and endoscopic studies if indicated
- 12. Whenever there is evidence of clinical progression of disease or at an interval of 2-3 years
- 13. Cardiac MRI is recommended in patients <25 years if cardiac hypertrophy or significant arrhythmia is present. For adults 25+ years, Cardiac MRI is recommended at the time of diagnosis. If the first MRI is abnormal, patients with moderate or severe left ventricular hypertrophy (LVH) should undergo cardiac MRI at least every 2 years or at a frequency depending on cardiac disease severity and physician clinical judgment. Males with no or mild LVH should undergo MRI every 2 years.

Additional studies may be recommended for individuals with more cardiac or renal involvement:

Brain Natriuretic Peptide (BNP), Bone Density, Loop Recorder, Vitamin D

Monitoring Your Health

Since you have Fabry disease, your healthcare providers will likely want to see you regularly to monitor your health. Fabry disease is progressive, meaning it can get worse over time. Therefore, it is important to track your health and let your healthcare providers know if you have any new or worsening symptoms.

Just a phone call or email away

Whether your needs are large or small, your CareConnectPSS® team will work closely with you and your family to ensure you receive the confidential and personalized support you need. To learn more about our range of support offerings or to reach a member of your CareConnectPSS team, please call 1-800-745-4447 and select Option 3 or email us at Info@CareConnectPSS.com

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