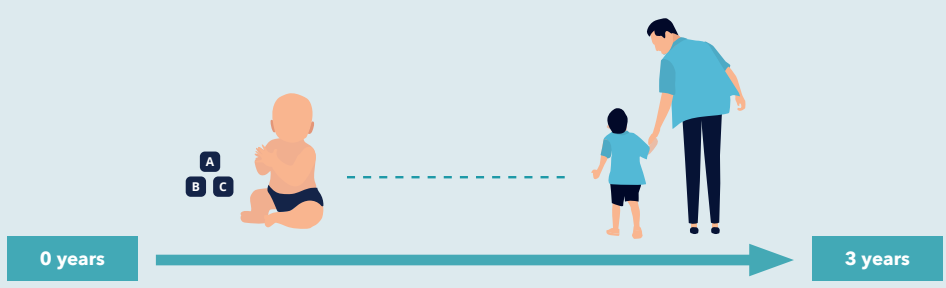
DMD CAUSES PROGRESSIVE MUSCULAR DAMAGE AND DEGENERATION[1,2]

DMD is one of the most common and severe forms of muscular dystrophy, affecting ~1 in every 3,600–6,000 live male births[1-5]

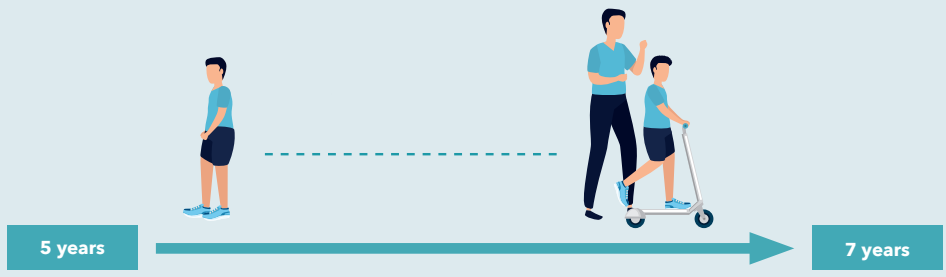
Diagnosis in the early stages of disease is critical to gain access to the right treatment and services[1,2,6]



Within the first 3 years of life, affected infants and young boys with DMD show measurable deficits in gross and fine motor function[7,8]

GPs can be a driving force behind a successful diagnostic journey, as a first point of contact for parents' concerns[9,10]

Muscle cannot be restored once it is lost[1,11,12]

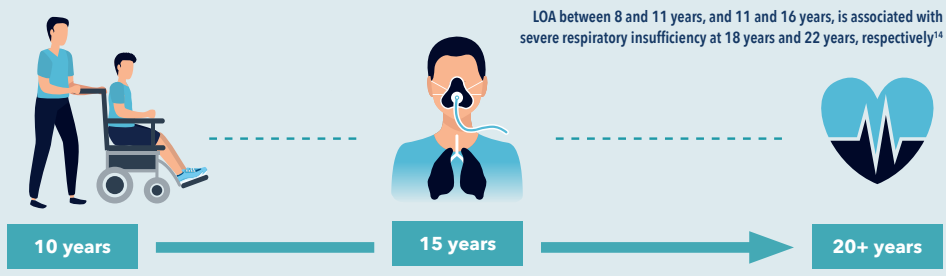


By age 5 years, prominent muscle weakness becomes evident with a 50–60% drop in strength[7]

From age 7 years, walking becomes increasingly difficult and children may need a scooter or wheelchair after walking long distances[13]

The role of GPs is vital as they are in an ideal position to spot early signs of neuromuscular disease[1,2,10]

Disease progression could be delayed by slowing the decline in physical function during the ambulatory phase of the disease[2,14]



By age 10–12 years, >70% of boys lose ambulation[7]

By age 15 years, many patients require non-invasive ventilator support at night[7]

Advanced respiratory and or cardiac complications lead to mortality[1,2,7]

Early intervention is critical to help delay disease progression and treat potentially life-threatening complications[1,2,6,12]

For more information about DMD visit www.takeonduchenne.eu‡

*From first symptoms.
‡Take on Duchenne is developed and funded by PTC Therapeutics and is intended for EU HCPs.
CK, creatine kinase; DMD, Duchenne muscular dystrophy.

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