



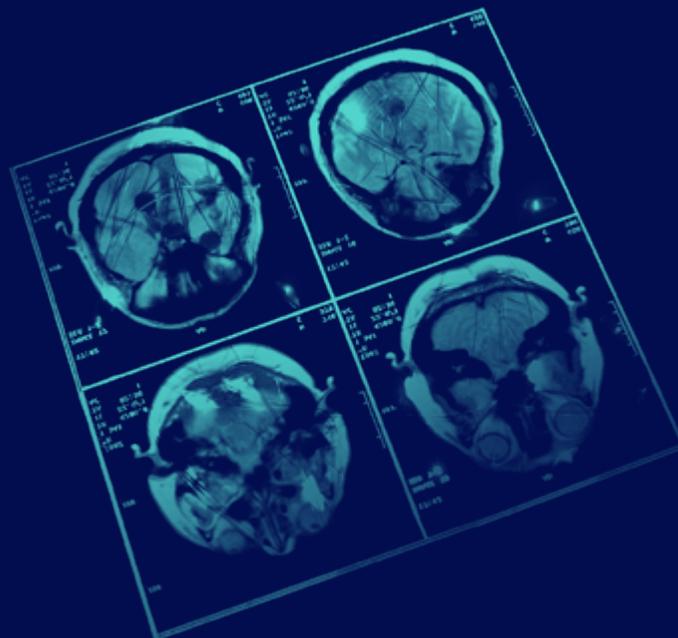
# Understanding Amyotrophic Lateral Sclerosis (ALS)

## What is ALS?

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig’s disease, is a nervous system disease that impacts physical function.<sup>1</sup> ALS begins in the **brain and spinal cord** by affecting nerve cells called **motor neurons**, which control voluntary muscle movement such as chewing, walking, breathing and talking.<sup>1</sup>

In people with ALS, these motor neurons stop working, resulting in the brain’s inability to communicate with the muscles and causing them to become weak and lose functionality.<sup>1</sup>

ALS is a **progressive disease**, meaning it involves a gradual onset of symptoms.<sup>1,2</sup> People with ALS lose their strength and muscle function over time, which can limit their ability to live independent lives.<sup>1</sup> The average life expectancy after diagnosis is two to five years, but progression of the disease can vary significantly.<sup>3</sup>



### Head and neck symptoms (bulbar)<sup>4,5</sup>

- Impaired speech
- Excess saliva
- Difficulty swallowing

### Upper body symptoms (cervical)<sup>4,5</sup>

- Hand weakness
- Limited range of motion
- Upper body muscle spasms
- Trouble with dressing/hygiene
- Impaired handwriting
- Difficulty preparing food

### Respiratory symptoms<sup>4,6</sup>

- Shortness of breath
- Restricted breathing
- Difficulty sleeping

### Lower body symptoms (lumbar)<sup>5</sup>

- Frequent tripping
- Difficulty on stairs
- Weak feet

## Symptoms & Diagnosis

Symptoms vary from person to person and can appear in different regions of the body.<sup>1</sup> The number and degree of symptoms typically increase as the disease gets worse.<sup>1</sup>

No one test can provide a definitive diagnosis of ALS.<sup>7</sup> ALS is primarily diagnosed based on medical history and symptoms observed by a physician along with a series of tests to rule out other mimicking diseases.<sup>7</sup> However, the presence of upper and lower motor neuron symptoms is a strong indicator of ALS. Initial symptoms can be subtle at first, and it can take 12 to 14 months to be accurately diagnosed with ALS.<sup>8</sup>



## Who gets ALS?

ALS is the most common of the motor neuron diseases (MNDs), which is a wider group of disorders that can lead to loss of physical function.<sup>1</sup> It affects people of all ages, races and ethnic backgrounds.<sup>1</sup>



An estimated **5,000 people** in the United States (U.S.) are diagnosed with ALS each year.<sup>9</sup>



On average, a new case of ALS is diagnosed every **90 minutes**.<sup>9</sup>

**5-10%**

of ALS cases are familial, meaning they are due to genetic mutations and are inherited from a family member.<sup>7</sup>

**90-95%**

of ALS cases are sporadic, meaning the cause(s) of the disease are unknown.<sup>7</sup>



Although ALS can strike at any age, symptoms most commonly develop **between the ages of 40 and 70**, and average age at diagnosis is **55**.<sup>7</sup>



For unknown reasons, **military veterans** are more likely to be diagnosed with the disease than the general public.<sup>10</sup>

## Treatment & Monitoring

There is no cure for ALS; however, there are treatments available that can help control symptoms, help prevent or delay complications and slow the progression of the disease.<sup>8</sup> This includes medications approved by the U.S. Food and Drug Administration (FDA), physical and speech therapy, respiratory support and nutritional support.<sup>8</sup>

Several clinical tools that help monitor ALS symptoms and track disease progression have been developed, including:



**Function-based questionnaires** that ask people with ALS to rate how well different muscle groups are working based on a sliding scale, providing a high-level assessment of overall muscle function. The ALS Functional Rating Scale-Revised (ALSFRS-R) is a validated rating instrument for monitoring disability progression in ALS and widely used in clinical trials.<sup>11</sup>



**Strength measurements** to assess muscle weakness and help physicians understand how quickly ALS is progressing. The most common method for this is called handheld dynamometry (HHD), in which the examiner holds a small gauge that the patient pushes against using different muscle groups.<sup>11</sup>



**Respiratory measurements** to assess the possibility of respiratory dysfunction, the leading cause of death among people with ALS. The most typical test for this is a forced vital capacity (FVC) test, which measures the maximum amount of air a patient can exhale from their lungs after taking the deepest possible breath.<sup>1</sup>

1. "Amyotrophic Lateral Sclerosis (ALS) Fact Sheet." National Institute of Neurological Disorders and Stroke, National Institutes of Health, June 2013, <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Amyotrophic-Lateral-Sclerosis-ALS-Fact-Sheet>.
2. "Amyotrophic Lateral Sclerosis (ALS) Information Page." National Institute of Neurological Disorders and Stroke, National Institutes of Health. <https://www.ninds.nih.gov/disorders/all-disorders/amyotrophic-lateral-sclerosis-als-information-page>.
3. Mehta P., et al. Prevalence of Amyotrophic Lateral Sclerosis - United States, 2015. MMWR Morb Mortal Wkly Rep. 2018 Nov 23;67(46):1285-1289. doi: 10.15585/mmwr.mm6746a1.
4. Cedarbaum JM, et al. The ALSFRS-R: a revised ALS functional rating scale that incorporates assessments of respiratory function. J Neurol Sci. 1999;169(1-2):13-21.
5. Mitchell JD, et al. Amyotrophic lateral sclerosis. Lancet. 2007 Jun 16;369(9578):2031-2041. doi: 10.1016/S0140-6736(07)60944-1.
6. Kyle T.S. Pattinson, et al. A wider pathological network underlying breathlessness and respiratory failure in amyotrophic lateral sclerosis. European Respiratory Journal Jun 2016, 47 (6) 1632-1634; DOI: 10.1183/13993003.00321-2016.
7. Hardiman, O. et al. Clinical diagnosis and management of amyotrophic lateral sclerosis. Nat. Rev. Neurol. 7, 639–649 (2011); October 2011; doi:10.1038/nrneuro.2011.153.
8. National Institute of Neurological Disorders and Stroke. Amyotrophic Lateral Sclerosis (ALS) Brochure. NIH Publication No. 17-916 January 2017. [https://www.ninds.nih.gov/sites/default/files/ALS\\_FactSheet-E\\_508C.pdf](https://www.ninds.nih.gov/sites/default/files/ALS_FactSheet-E_508C.pdf).
9. Orsini, M., et al. Amyotrophic Lateral Sclerosis: New Perspectives and Update. Neurol Int. 2015 Sep 24;7(2):5885. doi: 10.4081/ni.2015.5885.
10. Beard JD, et al. Military service, deployments, and exposures in relation to amyotrophic lateral sclerosis etiology and survival. Epidemiol Rev. 2015;37(1):55-70. doi:10.1093/epirev/mxu001.
11. Rutkove SB. Clinical measures of disease progression in amyotrophic lateral sclerosis. Neurotherapeutics. 2015;12(2):384-393.