

# DERMATOMYOSITIS (DM)

## What is Dermatomyositis (DM)?

Dermatomyositis, one of the Idiopathic Inflammatory Myopathies (IIM), is a rare, systemic autoimmune disease. There are variations of DM, including Clinically Amyopathic Dermatomyositis (CADM), which is DM with no muscle wasting, and Juvenile Dermatomyositis, when the individual diagnosed is under the age of 18. Findings show antibody-specific variations of DM, like MDA5, often are associated with CADM.

## What are the symptoms of DM?

DM often causes a violet, itchy skin rash that can appear all over the body, including the face, hands, and scalp. These rashes often accompany progressive weakness in the muscles closest to the trunk, like the hips, neck, shoulders, upper arms, and thighs.

Other symptoms can include:

- Pain throughout the body including muscle pain
- Skin complications like Mechanic's Hands, Gottron's papules, ulcers, or calcinosis.
- Debilitating fatigue, cognitive impairment, or brain fog
- Joint pain or arthritis
- Damage to other organs of the body, such as the heart and lungs.

Symptoms from this disease complicate activities of daily living (i.e., eating, driving, reaching overhead, and personal hygiene tasks like showering or getting dressed).

## How is DM diagnosed?

Diagnosing DM can be complex. The process often includes exams and several tests:

- First, doctors usually get a patient history and conduct a physical exam.
- Then, they may order blood tests to check for Myositis-Specific Antibodies, muscle enzymes (CK), and other inflammatory, autoimmune, and cancer markers.
- Often, diagnosis is confirmed after an MRI, nerve conduction test, EMG, and skin and/or muscle biopsy.

Individuals may lack typical symptoms or blood test results of DM (i.e., high CK Levels or no muscle wasting), making diagnosis more challenging.

## How is DM managed?

There are a variety of medications that can be used to treat DM. Using sun protection and ambulatory devices can also help manage symptoms. Individuals with DM manage with a combination of the following:

- **Medication.** DM treatments often start with topical, oral, and IV steroids. Off-label use of other medications may be successful, including antimalarials, immunosuppressive agents, chemotherapy medications, and infusion therapies, like IVIG, and monoclonal antibodies, like rituximab.
- **Ambulatory devices.** A cane, walker, rollator, or wheelchair can help with balance or weakness. These devices can be used for short periods, such as during flares, or for long-term muscle weakness or damage.
- **Sun protection.** Sun avoidance, sunscreen, and physical sun blockers, like UV protective clothing, can help control rashes and photosensitivity.
- **Movement.** Physical therapy and exercise are usually recommended for all Myositis patients. Talk with your doctor before starting any exercise routine.

## What are other complications?

DM can cause other complications:

- There is a higher risk for **cancer** 3-5 years pre-and-post disease onset of DM. The presence of autoantibodies like TIF1-γ or NXP2 are a higher cancer risk factor for DM patients.
- Some people with DM can develop **Interstitial Lung Disease (ILD)**. The risk is higher for certain antibody types, like MDA5. Some people may eventually require supplemental oxygen or a lung transplant.
- **Dysphagia**, or difficulty swallowing, can be caused by muscle weakness in the throat. Dysphagia can lead to choking and aspiration pneumonia.

## Where can I find more information?

Myositis Support and Understanding (MSU) offers a comprehensive website with resources on Idiopathic Inflammatory Myopathies (IIM), including subtype information, management strategies, patient support, and educational materials. to [www.understandingmyositis.org](http://www.understandingmyositis.org) or use this QR code to learn more!

