



Orofacial function of persons having Becker muscular dystrophy

Report from questionnaires



9 questionnaires

Synonym

ICD-10 G71.0B

Estimated occurrence 3-5:100,000 live births. Only affects boys.

General symptoms The symptoms associated with Becker muscular dystrophy closely resemble those of Duchenne muscular dystrophy but are milder. Pronounced symptoms may however sometimes occur. Although muscle weakness is observed in a few cases during infancy, symptoms appear much later in many. Muscle weakness nearly always begins in the legs. About 20% of the cases will require some aid of a wheelchair; the age at which this occurs greatly varies. Muscle weakness also often progresses with age to the upper body and arms. As dystrophin is normally found in the skeletal musculature and heart muscle, as well as to a lesser degree in the central nervous system, symptoms from the heart and central nervous system may occur. Most have no symptoms from the respiratory tract.

Oral symptoms Muscle weakness in the masticatory and facial muscles, especially if occurring at an early age, may lead to malocclusions. Muscle strength and endurance in the masticatory musculature may gradually decrease. It then becomes more difficult to masticate food, which in turn may eventually lead to altered dietary habits. In cases of reduced muscle strength in the arms and hands, toothbrushing may be difficult.

Oral treatment

- Problems in managing toothbrushing and dental care due to tired and weak arm and jaw muscles justify extra prophylactic dental care.
- An orthodontist should be consulted between the ages of 7 and 9 in order to identify dental aberrations or malocclusions and to plan any necessary orthodontic treatment.
- Orofacial assistive devices should be tried when needed; among these, an electric toothbrush may be of great help.
- Eating difficulties should be investigated and treated by a specialist team.

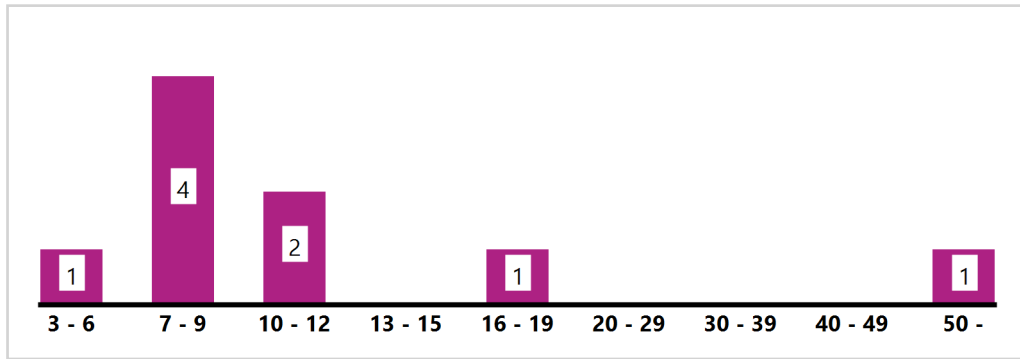
Sources The MHC database Rare diseases Dokumentation-Ågrenska

Age distribution

Number: 9

Ages: 3 - 61

♂ (9)
♀ (0)



Additional diagnoses

Medical impairment	Yes	No	Missing data
Inborn heart defect	0	9	0
Other cardiovascular disease	1	8	0
Epilepsy	0	9	0
Asthma	0	9	0
Need of respiratory support	1	8	0
Allergy	1	8	0

Neuropsychiatric diagnosis	Yes	No	Missing data
ADHD/ADD	1	7	1
Autism (Includes autism, Asperger syndrome and autistic traits)	2	7	0

General disability	Yes	No	Missing data
Intellectual disability	1	8	0
Motoric functional impairment	6	3	0
Visual impairment	1	8	0
Hearing loss	0	9	0
Communication difficulties	1	8	0

About dental care and oral health

Do you feel that you receive the dental care you need?	Number
Yes, very much so	7
Yes, somewhat	2
Total:	9

How many times per year do you normally seek dental care?	Number
One time per year	7
Three or more times per year	2
Total:	9

When were your teeth last X-rayed?	Number
During the past two years	5
Never had my teeth X-rayed	3
Missing data	1
Total:	9

Do you look after your teeth in a good way?	Number
Yes, very much so	5
Yes, somewhat	4
Total:	9

Who brushes your teeth?	Number
I always brush myself	1
Someone else always helps me	2
Sometimes I brush myself	5
Missing data	1
Total:	9

How often are your teeth brushed?	Number
Once per day	1
Two times per day	7
Missing data	1
Total:	9

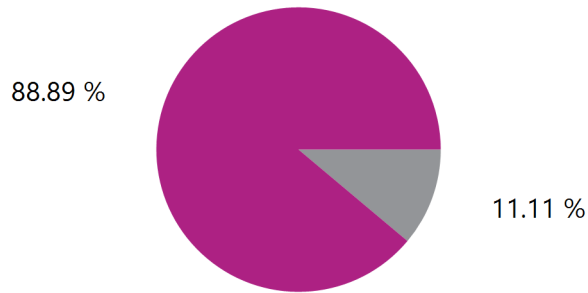
About dental care and oral health

	Yes	No	Missing data
Does your mouth hurt?	1	8	0
Does your mouth feel dry?	1	7	1
Have you ever taken a serious hit to your permanent front teeth?	0	8	1
Do you feel that you have a divergent bite?	0	8	1
Have you had a brace?	1	7	1
Do you feel that you need orthodontics/a brace?	1	7	1

Do you grind or press your teeth at night?	Number
Never	7
Once or twice per week	1
Missing data	1
Total:	9

Do you grind or press your teeth during the day?	Number
Never	8
Missing data	1
Total:	9

About eating



Do you have any problems with eating?

Do you have any problems with eating?	Number
No, not at all	8
Yes	1
Missing data	0
Total:	9

	Yes	No	Missing data
Do you cough daily in connection with meals?	0	9	0
Do you gag daily in connection with meals?	0	9	0
Do you get acid reflux daily?	0	9	0
Do you throw up often (at least twice per week)?	0	9	0
Do you have a poor appetite?	1	8	0
Does it take a long time before you can swallow a mouthful?	0	9	0
Do you press your tongue forward when you swallow so that food ends up outside the mouth?	0	8	1
Do you find it difficult to chew, i.e. grind food using your molars?	1	8	0
Do you find it difficult to take food from the spoon using your lips?	0	9	0
Have you had problems with food and drink leaking out through the corners of your mouth?	0	9	0
Does food tend to remain in your mouth after meals?	0	9	0
Do you get nutrition in any other way than through your mouth?	0	9	0

About drooling

Do you drool?	Number
Never drool	8
Drool sometimes – not every day	1
Missing data	0
Total:	9

How much do you drool?	Number
Slight drooling, only on the lips	1
Total:	1

Is your drooling a problem for you?	Number
No, not at all	1
Total:	1

Is your drooling a problem for your family or people around you?	Number
No, not at all	1
Total:	1