

MAYBE

IT'S

MITO

1 any symptom

2 any organ

3 any age

A 'common' disease presents with 'atypical' features

Diagnosing primary mitochondrial disease or 'mito' can be challenging due to the wide variety of symptoms and sub-groups.¹ Many experts refer to it as the 'notorious masquerader' because it mimics so many other different illnesses.

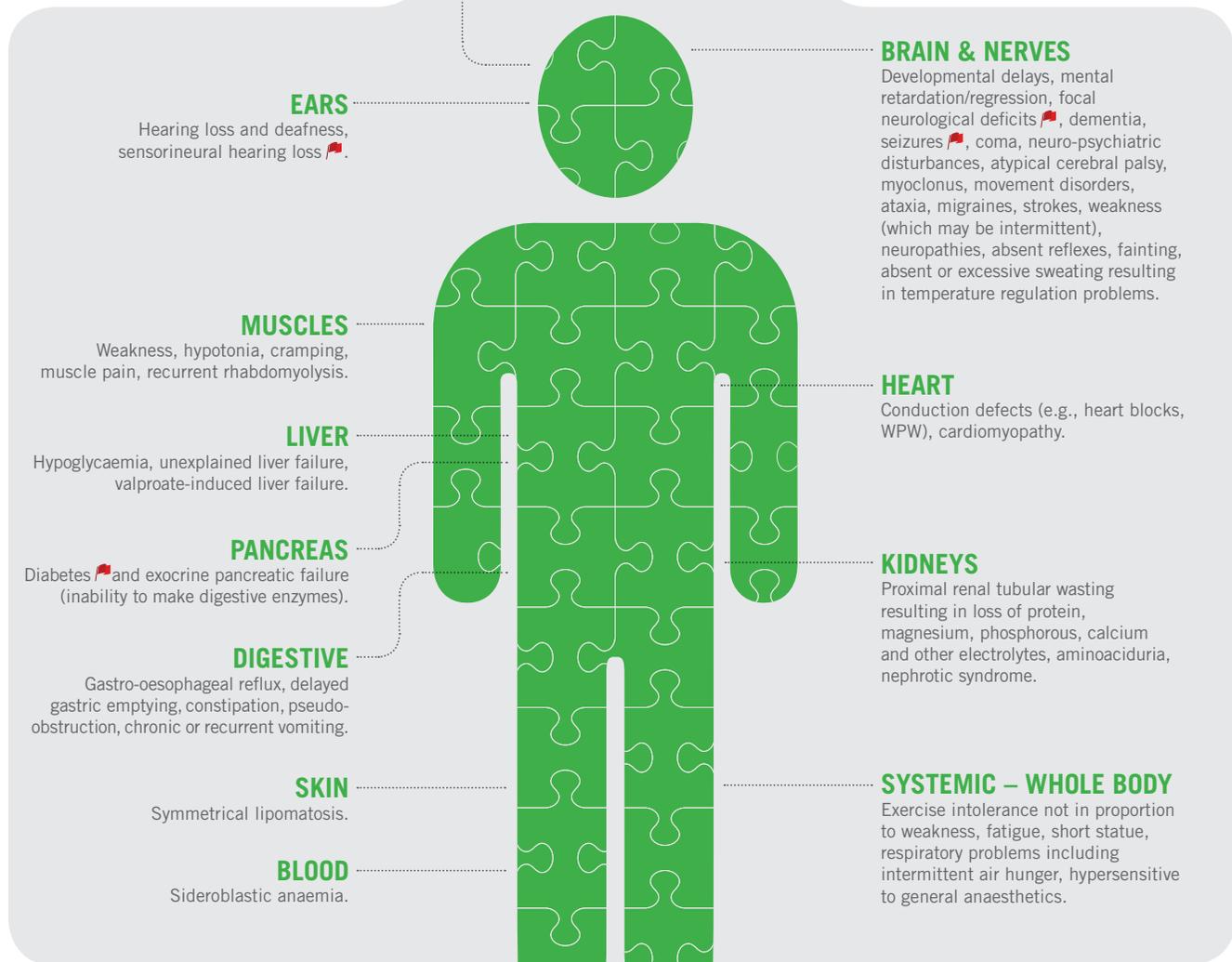
Three or more organ systems are involved and/or any 'red flag' symptoms are present^{1,2}

EYES

Visual loss/blindness, optic atrophy, disorders of extra-ocular muscles, ptosis 🚩, retinal degeneration with signs of night blindness, colour-vision deficits, pigmentary retinal changes such as retinitis pigmentosa or 'salt and pepper' retinopathy 🚩.

Recurrent setbacks/flare ups in a chronic disease occur with infections

Mito is the most common inherited form of metabolic disease. It is caused by genetic mutations that disrupt the production of energy by mitochondria.³ As a result, people with mito may experience profound and prolonged fatigue, as well as worsening of existing symptoms, in response to infections.⁴



Piecing together a diagnosis of mito

GPs have an important role to play in piecing together a diagnosis of mito. A comprehensive **personal and family history** and a full **systems review**, including clinical investigations to confirm any of the symptoms above, are the first steps.^{1,2}

If mito is still suspected following investigation in primary care, it is essential that you **refer the patient to a specialist** for further diagnostic tests.^{1,2}

While there is no cure for mito, receiving a rapid diagnosis and referral to specialist care for appropriate management can **greatly improve a patient's outcomes**. GPs can also provide invaluable emotional support and help in managing the physical symptoms of mito.

Visit www.mito.org.au for more information or to find a specialist.

This information is not intended to provide, and should not be treated as, medical advice, but provides general information on mitochondrial disease, for example, on the current approaches related to diagnosis, treatment, and supportive care. If you believe you or one of your patients have mitochondrial disease you should promptly consult your closest specialist (neurologist or geneticist) who has an interest in mitochondrial diseases. Never disregard or delay seeking medical advice because of the content of this publication. Although every effort is made to ensure that the content of this publication is accurate and current, all data is subject to change without notice. Reliance on the content of this publication is entirely at your own risk, and the Mito Foundation accepts no liability whatsoever for any injury, loss or damage suffered or incurred by your use of, or reliance on, the information provided in this publication. AMDF0002. Date of preparation: July 2018.

References: **1.** Haas RH *et al. Pediatrics* 2007;120(6):1326–33. **2.** Naviaux RK. A Primary Care Physician's Guide. the Spectrum of Mitochondrial Disease. **3.** Alston CL *et al. J Pathol* 2017;241(2):236–50. **4.** Mitoaction. Immune function and mitochondrial disease. Available at: www.mitoaction.org/blog/immune-function-and-mitochondrial-disease. Accessed: 26 June 2018.

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