# Welcome!



#### Capital Area Ehlers-Danlos Syndrome Support Group

# **Ehlers-Danlos Syndrome**

#### **AN OVERVIEW**

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### What is Ehlers-Danlos Syndrome (EDS)?

- EDS is a group of inherited disorders of connective tissue.
- First described by Hippocrates in 400 B.C.
- Additional cases were documented in the late 1800s.

#### What is Ehlers-Danlos Syndrome (EDS)?

- Edvard Ehlers, a Danish physician, and Henri-Alexandre Danlos, a French physician, both dermatologists, had patients with the features of the syndrome in the early 1900s. Together, they defined the characteristics of the syndrome. The name, Ehlers-Danlos Syndrome, was coined in 1936.
- The symptoms of EDS are caused by abnormal collagen. Collagen is the most abundant protein in the body, and is found throughout the body.

#### What is Ehlers-Danlos Syndrome (EDS)?

- Affects men and women of every race and ethnicity.
- Men and women are equally as likely to have EDS.
- However, men may experience less of a problem with hypermobile joints as they get older (possibly because men have more muscle mass, which may develop stronger connective tissue).

#### Prevalence

- More than 1.5 million with EDS world-wide
- All types combined: 1 in 5,000-10,000
- Most common: Hypermobility type, 1 in 5,000-20,000; but may be under-diagnosed (only 5% of EDS cases recognized per Prof. Rodney Grahame). May be as much as 5-10% of the general population.

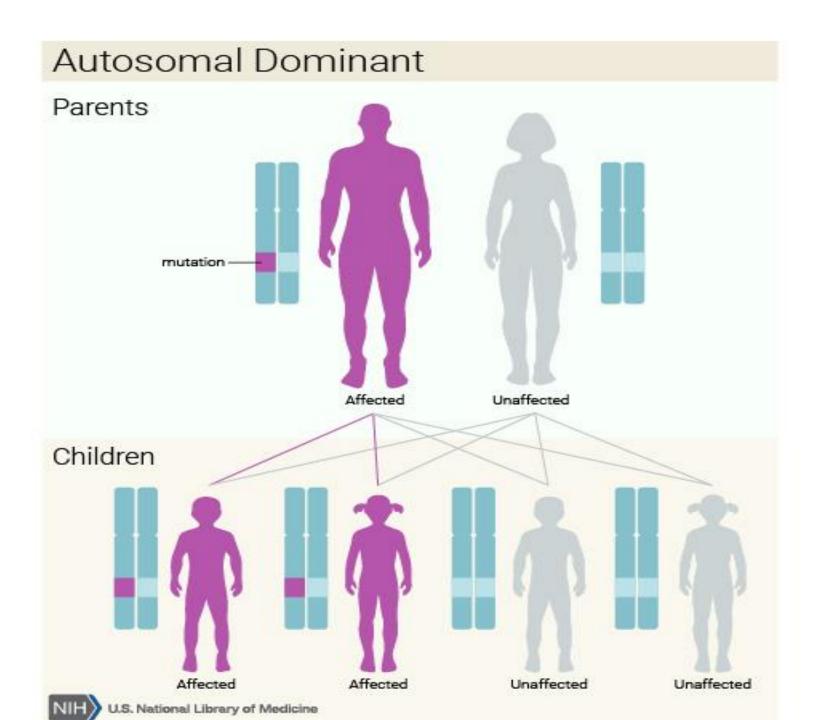
• Classical type: 1 in 20,000-40,000.

#### Prevalence

- Other forms of Ehlers-Danlos Syndrome are very rare, often with only a few cases or affected families described in the medical literature.
- EDS may frequently be misdiagnosed as fibromyalgia, chronic fatigue syndrome, or as psychosomatic ("It's all in your head!").
- Patients may go years, even decades, before diagnosis.

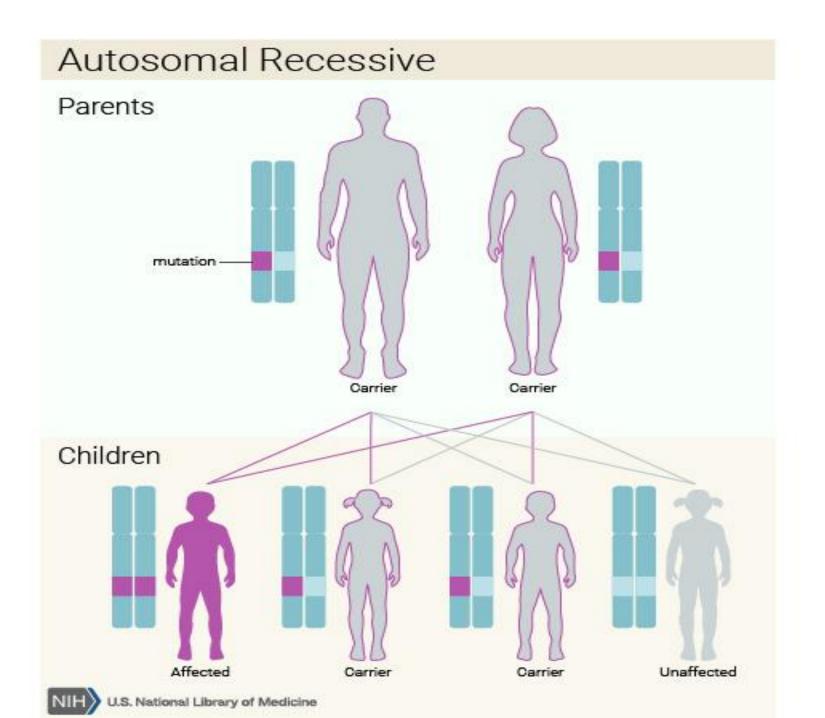
#### Inheritance patterns

 Some types of EDS are transmitted in an *autosomal dominant* manner. Only one copy of the gene mutation is needed for an individual to have the disorder. If one parent has EDS, each child has a 50% chance of inheriting the disorder.



#### Inheritance patterns

- Some types of EDS are transmitted in an *autosomal recessive* manner. Both parents must have the EDS gene mutation and pass the gene to their child.
- The parent may just "carry" the trait and not have EDS.
- Each child has a 25% chance of inheriting the disorder by receiving an EDS gene from both parents.
- There is a 50% chance of a child becoming a carrier of the trait without symptoms by receiving an EDS gene from just one parent.



#### Inheritance patterns

 EDS may also occur as a new mutation in an individual with no family history of connective tissue disease ("*de novo*").

#### What Is Connective Tissue?

- Connective tissues are found between other tissues throughout the body. Collagen is the main protein in connective tissue.
- Connective tissues are present around the brain and spinal cord (meninges), in skin, bone, cartilage, tendons, ligaments, fatty tissues, blood vessels, eyes, and in the walls of hollow organs (such as stomach, esophagus, intestines, urinary bladder).

#### What Does Connective Tissue Do?

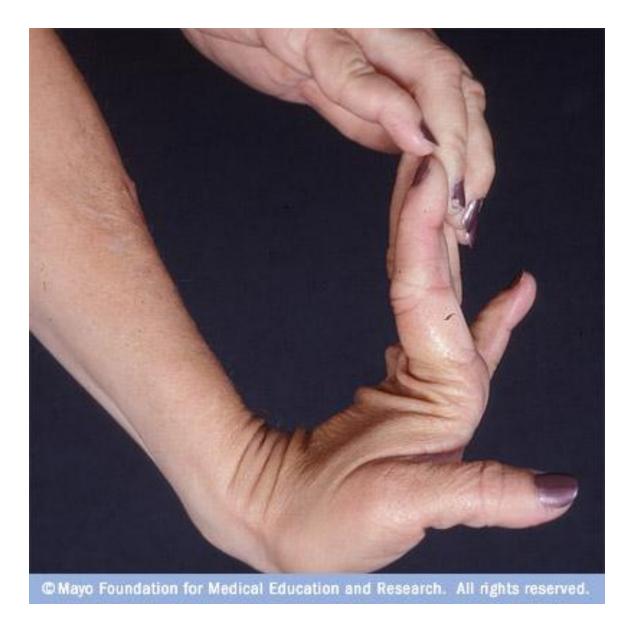
- Gives strength to structures like joints, organs, muscle attachments (e.g., tendons, ligaments).
- Provides flexibility and elasticity to blood vessels and other structures.
- Enables functions such as transport of oxygen and nutrients from capillaries to cells.
- Is the matrix for immune system function.
- Makes up specialized tissue such as cornea.
- The wide-spread location of connective tissue explains the many diverse symptoms of EDS.

#### **Abnormal Connective Tissue**

- Individuals with Ehlers-Danlos syndrome (EDS) have abnormal connective tissue because of genetic defects in its strength, elasticity, integrity, or healing properties.
- Each type of EDS has a genetically different abnormality of the connective tissue proteins.

### Symptoms of EDS - Joints

- Joint laxity/hypermobility; "double-jointed"
- Spontaneous (without injury) dislocations or subluxations (partial dislocations) of joints
- Frequent sprains
- Chronic joint pain
- Early degenerative arthritis
- Temporomandibular joint (TMJ) dysfunction
- Spine problems, neck and back pain, instability





www.ehlers-danlos.org T: 020 8736 5604

right arm

point

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# Symptoms of EDS – Skin/Vessels

- Soft, velvety, loose, stretchy, thin, fragile skin
- Easy bruising/fragility of blood vessels
- Poor wound healing
- Tissue fragility
- Prolonged bleeding time
- Parchment-like, thin scars in some types
- Periodontal (gum) disease



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### Symptoms of EDS - Organs

- Organs in abnormal places (visceroptosis), e.g., stomach or bowel in pelvis when person is upright, organs not attached properly to intra-abdominal wall
- Hernias, including hiatal hernia
- Rectal prolapse
- Rectocele, cystocele and uterine prolapse in women
- Possible complications of pregnancy
- Slow GI motility, gastroparesis, reflux (GERD), constipation, intermittent bowel obstruction from twisting of bowel loops

### Symptoms of EDS – Cardiovascular

- Prone to abnormalities of arteries, such as aneurysms, or unusually "twisty" (tortuous) arteries
- Dilated aortic root (where aorta, largest artery, leaves the heart)
- Mitral valve prolapse (valve between left heart chambers)
- Heart arrhythmias (skipped beats, fast heart rate)

### Symptoms of EDS – Neurovascular

- Postural Orthostatic Tachycardia Syndrome (POTS)
- Neurally Mediated Hypotension (NMH)
- Small fiber neuropathy
- Raynaud's syndrome
- Poor balance and proprioception (sense of where body parts are in relation to self and environment)

#### Symptoms of EDS – Immune System

- In EDS, there may be immune system problems including autoimmune disorders, Mast Cell Activation Disorder (MCAD), allergies and sensitivities.
- Recent reports of small intestine bacterial overgrowth in EDS from autoimmune disorder and slow GI motility



# The Ehlers-Danlos syndromes

NAME OF EDS SUBTYPE	INHERITANCE	GENETIC BASIS
Classical EDS (cEDS)	AR	COL5A1, COL5A2 (rarely COL1A1)
Classical-like EDS (clEDS)	AR	TNXB
Cardiac-valvular EDS (cvEDS)	AR	COL1A2
Vascular EDS (vEDS)	AD	COL3A1 (rarely COL1A1)
Hypermobile EDS (hEDS)	AD	Unknown
Arthrochalasia EDS (aEDS)	AD	COL1A1, COL1A2
Dermatosparaxis EDS (dEDS)	AR	ADAMTS2
Kyphoscolitic EDS (kEDS)	AR	PLOD1 FKBP14

AD = autosomal dominant; AR = autosomal recessive www.ehlers-danlos.com/eds-types/



# The Ehlers-Danlos syndromes

NAME OF EDS SUBTYPE	INHERITANCE	GENETIC BASIS
Brittle cornea syndrome (BCS)	AR	ZNF469 PRDM6
Spondylodysplastic EDS (spEDS)	AR	B4GALT7 B3GALT6 SLC39A13
Musculocontractual EDS (mcEDS)	AR	CHST14 DSE
Myopathic EDS (mEDS)	AD or AR	COL12A1
Periodontal EDS (pEDS)	AD	C1R

AD = autosomal dominant; AR = autosomal recessive www.ehlers-danlos.com/eds-types/



#### Vascular EDS (vEDS)

Rare disorder known to cause:

- Arterial aneurysms, dissections, and ruptures;
- Rupture of bowels;
- Rupture of uterus;
- Reduced lifespan (median 49 for males and 53 for females, but a very large range from 10 to 80 years).

It is important those with vEDS have a team for care and for emergencies (primary care, geneticist, vascular and general surgeons).

#### Treatment includes:

- Blood pressure maintenance in normal or low range;
- Surgical interventions.

For more information:

"Diagnosis, natural history, and management in vascular Ehlers-Danlos syndrome"

http://bit.ly/EDS2017papers



#### Hypermobile EDS (hEDS)

- Believed to be the most common genetic connective tissue disorder.
- Can experience:
  - Joint hypermobility with subluxations and dislocations;
  - Skin issues;
  - Other symptoms.

- Some of the possible associated features include:
  - Chronic pain and fatigue;
  - Dysautonomia;
  - Gastrointestinal issues;
  - TMJ and dental problems
  - Spine problems;
  - Mast cell activation disorder.

For more information:

"Hypermobile Ehlers-Danlos Syndrome"

http://bit.ly/EDS2017papers

- Early diagnosis is critical for person's health and safety.
- Care is largely preventative to prevent physical damage.
- Routine screening for heart and blood vessel disease, especially in Vascular EDS.

- Exercise is *essential* to strengthen muscles to support joints, improve posture and balance, and strengthen core muscles to decrease pain and risk of injury.
- It is important to avoid physical activities which may result in injury, like contact sports, heavy weight-lifting.
- Also, care must be taken to move joints only within a *normal* range, so activities like yoga and gymnastics should be avoided or done with extreme care.

- Myofascial release (trigger point therapy), massage, manipulation by experienced DO, PT.
- Bracing or orthotics may be helpful.
- Surgery is a last resort (especially orthopedic surgery)!

- Pain management should be tailored for each individual.
- Balance of rest and activity is crucial for management of pain and fatigue.
- Team approach helpful: medical, physical therapy, geneticist, psychologist.
- Each person with EDS has a unique set of symptoms!

#### Resources

- The Ehlers-Danlos Society (formerly ednf.org) <u>https://www.ehlers-danlos.com/</u>
- EDS Awareness <u>https://www.chronicpainpartners.com/</u>
- Ehlers Danlos International Registry http://www.edsregistry.org/
- Ehlers-Danlos Syndrome Network C.A.R.E.S. Inc. <u>http://www.ehlersdanlosnetwork.org/</u>

# Support

- Inspire <u>https://www.inspire.com/</u>
- EDS Today~Advocates https://themighty.com/partner/edstoday/
- Rare Connect

https://www.rareconnect.org/en/community/ehlers -danlos-syndrome

 Strength/flexibility/health/EDS <u>http://strengthflexibilityhealtheds.com/</u>

### **Topics for Future Meetings?**

- How is EDS diagnosed?
- Pain Management
- Exercise, Physical Therapy
- Self Care
- Gastrointestinal Issues
- Psychological Issues (depression and anxiety, ADD, Autism Spectrum Disorders)
- What's Your Story?

# Thank You!

# Time for us to talk! Any questions?