Fabry disease is a rare, genetic condition which is estimated to affect around 1 in 100,000 people. In Fabry, an absence or reduced level of an enzyme called α-galactosidase A (α-Gal A), means that the body cannot break down certain types of fats, called globotriaosylceramide (GL-3) and plasma globotriaosylphosphosine (lyso-Gb3), and GL-3 builds up in a variety of cells in the body. This build-up causes damage to tissues and organs and leads to a range of symptoms and complications, which vary from one person to another.

Disease progression is influenced by the sex of the individual (male or female) and how the disease presents, called its phenotype, which is classified as either non-classical (mild form) or classical (severe form).

**Symptoms and complications vary from one person to another**

- **SKIN**
  - Sweating less than normal
  - Small dark red/purple spots located between the belly button and the knees

- **KIDNEYS**
  - Protein in urine
  - Decreased kidney function
  - **Kidney failure**

- **STOMACH AND BOWELS**
  - Feeling sick/being sick
  - Diarrhoea
  - Pain/bloating after eating
  - Difficulty managing weight
  - Feeling full after eating a small amount of food

- **HEART**
  - Irregular heart beat
  - Enlarged heart
  - **Heart attack**
  - **Heart failure**

- **EYES AND EARS**
  - Hearing loss (in children)
  - Ringing in ears
  - Cloudy vision (cataracts)
  - **Protein in urine**
  - **Decreased kidney function**
  - **Kidney failure**

- **BRAIN AND NERVES**
  - Burning in the hands and feet
  - Intolerance to heat/cold
  - Vertigo/feeling dizzy
  - Pain
  - White matter lesions
  - Depression
  - **Mini stroke (TIA)**
  - **Stroke**

- **KIDNEYS**
  - Protein in urine
  - Decreased kidney function
  - **Kidney failure**

- **STOMACH AND BOWELS**
  - Feeling sick/being sick
  - Diarrhoea
  - Pain/bloating after eating
  - Difficulty managing weight
  - Feeling full after eating a small amount of food

- **HEART**
  - Irregular heart beat
  - Enlarged heart
  - **Heart attack**
  - **Heart failure**

- **OTHER**
  - Tiredness that is not relieved by rest or sleep
  - Shortness of breath
  - Cough/wheezing
As Fabry disease is an X-linked disorder it can be passed to children by either parent.

### Mother
A mother with Fabry has a 50% chance of passing her **X mutation** to any of her children.

### Father
A father with Fabry passes his **X mutation** to all of his daughters. His son's do not inherit Fabry because they inherit his Y chromosome.

Fabry is caused by a **mutation** in the α-galactosidase A gene (GLA) on the X chromosome.

- More than 1000 different mutations which cause Fabry disease have been identified.
- The mutation type may indicate what symptoms an individual will have, when they will appear and how bad they will be or will become.

A mutation is a permanent alteration in the DNA sequence that makes up a gene.
## Fabry and the brain

### Structure

Fabry disease can cause white matter lesions (WML) in the brain.\(^1\) WML are present in around half of individuals with Fabry and increase with age.\(^3\)

### Depression

Studies have shown that up to two-thirds of people with Fabry disease experience depression;\(^4\) although the cause is not clear. Depression may be a symptom of the disease itself; be related to the structural changes in the brain; or a reaction to living with a progressive condition.\(^5\)

### Cognitive impairments and complaints

Studies in people with Fabry disease have shown a range of cognitive impairments and subjective cognitive complaints.\(^6,7\)

### Definitions

**COGNITIVE IMPAIRMENT**

When a person has trouble remembering, learning new things, concentrating or making decisions that affect their everyday life

**OBJECTIVE COGNITIVE IMPAIRMENT**

Is one that has been measured using a test

**COGNITIVE COMPLAINT**

When a person identifies that they have a problem e.g. remembering or concentrating

**SUBJECTIVE COGNITIVE COMPLAINT**

Is one that the person has identified themselves and reported to their doctor

Cognitive impairments are present in around one-third of people with Fabry disease.\(^6\)

Whilst sex (male/female) and phenotype (i.e. how the disease presents) are known predictors of progression of Fabry, little is known if and how these factors relate to cognitive impairments and complaints, in those with the disease.
An interrelationship is the way in which two or more things affect each other because they are related in some way.

The study

'Predictors of objective cognitive impairment and subjective cognitive complaints in patients with Fabry disease' was recently published in *Scientific Reports.*

The researchers looked at the relationship between: objective cognitive impairment, subjective cognitive complaints and depressive symptoms.

The study then went on to explore the risk factors and interrelationships associated with cognitive problems in Fabry disease.

The assessments

In the study objective cognitive impairment was assessed using a series of tests, subjective cognitive complaints were captured via a structured interview and symptoms of depression were measured with a depression scale.

During a structured interview a series of set questions are asked in a particular order...
A group of men and women with non-classical (mild) and classical (severe) Fabry disease were studied.

The average age of the group was 44.5 years (range 19 to 76 years).

Seventy-four percent of the group had the classical form of Fabry disease.

WMLs were found in 43 patients (59%).
Ten patients (12.3%) had a history of stroke; none of these were women with non-classical disease.

Subjective cognitive complaints were reported by around two-thirds of the group, there was no relationship to sex or phenotype.

64% had subjective cognitive complaints*.

Subjective cognitive complaints were not linked to objective cognitive impairment.

*relating to memory, attention and/or executive functioning (analysing, planning, organising and completing tasks)
Objective cognitive impairment was found in 13 of the group, mostly in men with classical disease. There were no reports in women with non-classical disease.

Lower pre-morbid IQ was associated with a higher chance of objective cognitive impairment.

A history of stroke was associated with a higher chance of objective cognitive impairment.

There was no link between objective cognitive impairment and depression.

Objective cognitive impairment had objective cognitive impairment.

Pre-morbid IQ – is an estimate of intelligence before the identified onset of a disease or dysfunction of the brain.

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**RISK FACTORS**

- Male
- Previous stroke
- Pre-morbid IQ

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**Depression**

Twenty-two patients (27%) reported a history of depression or current depression.

Thirty-one patients had a high depression score.

- High depression score and subjective cognitive complaints

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- Subjective cognitive complaints
Findings in brief

Objective cognitive impairment

Objective cognitive impairment was present in 1 in 6 people with Fabry disease.

Objective cognitive impairment was most common in men, with classical Fabry disease.

Objective cognitive impairment was linked to:
- Sex
- Stroke in the past
- Pre-morbid IQ

Subjective cognitive complaints

Subjective cognitive complaints were reported by 2 in 3 people with Fabry disease.

Sex and phenotype did not affect subjective cognitive complaints.

Subjective cognitive complaints were linked to:
- History of depression
- Current depression

References

Find out more

**Fabry International Network**
Fabrynetwork.org

**Fabry Support and Information Group (FSIG)**
Fabry.org

**The National Fabry Disease Foundation (US)**
Fabrydisease.org

**Society for Mucopolysaccharide Diseases (UK)**
Mpssociety.org.uk

**Canadian Fabry Association**
Fabrycanada.com

**Fabry Australia**
Fabry.com.au