Q&A acute porphyrias interactive sessions

We'd like to thank all attendees for posing so many great questions and getting fully immersed in the day.

Many questions were answered on the day – but any that we didn't get time to answer or questions that we thought were worth reiterating the responses to are included below.

https://youtu.be/Kg4o_svJfMI

If Givosiran becomes available on the NHS, will that affect a patient's ability to get haem arginate? No. Haem arginate will continue to be provided in the way it is now and will continue to be used to treat attacks on the NHS.

How far along the NICE (National Institute for Care and excellence) process is Givosiran? The drug company and patient organisations are compiling evidence to submit to NICE at the moment (Sept-Nov 2020). The process is long, but a decision will be expected in the second half of 2021. More information is available at www.nice.org.uk/guidance/proposed/gid-hst10035

If NICE approve Givosiran, what are the timescales for it becoming available on the NHS in England? If NICE make a positive recommendation on a medication, the NHS has to be able provide the funding for it within 90 days.

Are there any side effects of Givosiran? The most common side effect is an injection site reaction – such as mild, localised irritation. Some more complex side effects include changes to liver enzymes and kidney function, but these have usually resolved quickly and the patient has been able to continue with the medication and benefit from Givosiran.

Are there any known cases of neuropathy issues, in the limbs, without having had a 'classic' acute attack? My PBG levels are very high, but I've not had any of the usual issues - nausea, stomach pain etc. I currently have lost the use of one arm with progressive issues with my other limbs? Some patients may get attacks that are not typical or where the pain is more mild than usual, but to have neuropathy still present without pain would be extremely unusual. If someone did present with neuropathy or nerve damage and no other symptoms, it would be very important to look for other causes. Just because someone has porphyria, doesn't mean all symptoms are due to the porphyria.

What the pros and cons of haem? The advantages of haem: it is safe, it is effective and it reduces the length of the attacks, as well as reducing the risk of serious complications from an attack such as seizures from hyponatremia (low sodium in the blood).

The main disadvantage is the damage it causes to veins and needs to be given into a big vein. Patients needing regular treatment can suffer damage to veins, causing venous access problems and may need a portacath, temporary central lines or PICC lines. Another drawback is that it can cause a build-up of iron in the body, which may eventually need treatment. Also, in patients who have a lot of haem as a preventative measure, it may also stop being effective as a treatment as time goes on.

It is a great treatment for one-off attacks, but it isn't as good for recurrent attacks.

https://youtu.be/DDfQoCXHgaw

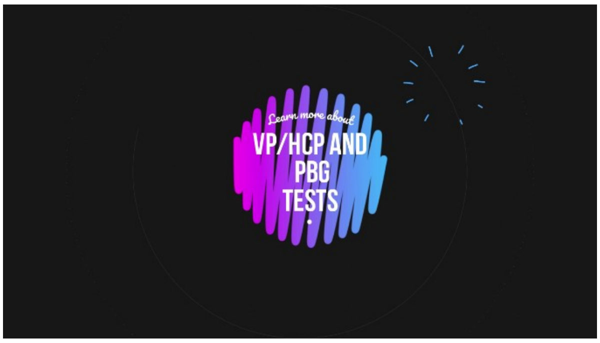
Is it possible for an attack to subside without the use of haem? Mild attacks will usually settle on their own without the use of haem.

Who needs to be tested for acute porphyria? In terms of family testing, once a person in a family has been identified, siblings, parents and any children of the affected person should be tested to check who has the genetic variant. The gold standard for testing family members who do not have symptoms is genetic testing.

Are people with acute porphyria more likely to be affected by Covid-19? There's not a huge amount of knowledge or experience as yet, but the thought is that acute patients are not any more likely to get it or be more severely affected by it (such as ending up on ICU) than the general population. However, it could cause acute patients to have a flare or a porphyria attack. A number of people with acute porphyria have been diagnosed with Covid and no serious problems have been seen so far.

Does anyone know yet if all or any of the Covid-19 vaccines in clinical trials at the moment are safe for those with acute porphyrias or should some be avoided? All vaccines are safe for porphyria (including the annual flu jab), so if/when a Covid vaccine becomes available, acute patients should go ahead and have it. The only exception is the yellow fever vaccine, which can cause problems with people anyway, so the issues it causes might not be due to the porphyria.

Would the annual flu jab be recommended for porphyria patients? Yes, absolutely.

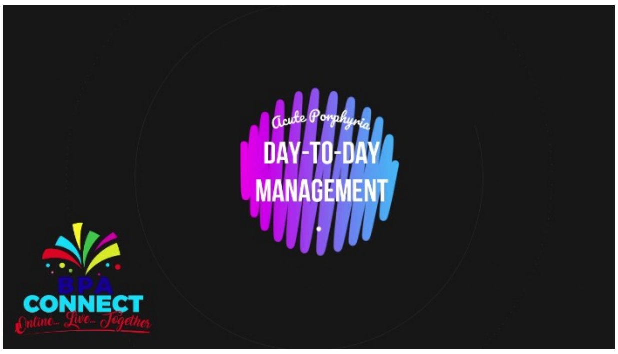


https://youtu.be/9-H-WU6tQcA

Both my parents were genetically tested and both were negative, but I'm positive – how can that occur? Variants have to start somewhere and very occasionally there can be an initial mutation in the genetic code that creates a new mutation.

Does acute porphyria affect children? You can have acute porphyria at any age, as the genetic variant will be there from birth. But it is extremely rare to have a porphyria attack as a child. If there is a significant worry, a urine PBG test can be done.

My mother had AIP active attacks but although I also have AIP I don't have active attacks, but high PBGs. Is this common for different presentations within the same family? It is common to have different presentations. Because we acquire genes from both parents, e.g. one with porphyria and one without, this will have an impact on how the porphyria will show itself. Generations are regularly affected very differently, so there might be one generation affected very severely, but then the next isn't. Furthermore, women are also affected worse than men, so this can have an impact on how the porphyria manifests in a family.



https://youtu.be/IRSkshOnAHg

How do you know your symptoms are due to porphyria? It can be difficult, but Dr Stein noted that it is never wrong to seek advice from a specialist at an early stage. It can take doctors a while to check that there isn't anything else at play, so seeking advice early can be helpful.

How can I tell the difference between period pain and porphyria pain? It can be very difficult to tell the difference and sometimes, it will only become apparent with time, where further symptoms will develop if it is a porphyria attack, such as being sick or pain taking over more parts of the body.

Is it a good choice to use pregabalin for severe nerve pain in porphyria? Pregabalin or Gabapentin are drugs used for patients with chronic nerve pain although these drugs are not generally used for acute attacks. If you have chronic porphyria pain, you should discuss options for pain relief with your porphyria specialist or ask to see a pain specialist.

Is there any non-prescription pain relief that can be useful for porphyria pain? TENS machines or plug-in heat packs/hot water bottles may be helpful and over-the-counter medications such as paracetamol may relieve the early stages of an attack, but in full attacks, it will generally be prescription medications that are strong enough to help.

What sleep techniques can I use to help me when I'm in pain? A lot of people in attacks tend to have insomnia and pain can also keep people awake. Other than often-quoted measures such as relaxation techniques, avoiding blue screens, trying to keep bedtimes regular, music or reading to calm and distract, there isn't any specific advice on this. In practice it can be difficult to do these things, and it is important to not be too worried if you don't always manage it.

Does sugar help prevent getting attacks? I have noticed that when I eat something sweet my stomach pain decreased? Sugar/carbohydrates don't have a very big effect. Large amounts of carbohydrate can have a small effect on turning off the mechanism that causes attacks, but in comparison to haem arginate, the effect of carbohydrate is very small. If you can tolerate carbohydrate or sugars at the early stage of an attack, it may be helpful.

I have a question about diet and nutrition. I'm trying to lose that "lockdown weight" and have looked at a number of eating programmes including Noom and Second Nature. These focus on reducing carbs in the diet. Other programmes talk about pushing the body into ketosis so fat rather than sugar is burned. Are any of these programmes safe for AIP patients? Is there a recommended daily intake of carbs? These diets are not safe. Any diet that is very low calorie or restricts carbohydrate is dangerous for those with acute porphyria as fasting can trigger attacks. Slow and steady weight loss is the only safe method. Reducing the level of snacks and crisps. So Slimming World and Weight Watchers that reduce weight slowly are generally better.

Contraception: Is the Mirena coil safe for people with acute porphyria? Yes, it is usually well tolerated and the low level of hormone that is released locally is not problematic even for acute patients who are having regular attacks. It is regularly used in the UK for porphyria patients.

Is CBD safe for people with porphyria? The safety of CBD oil in acute porphyria is not known, and there is no evidence that it helps to relieve pain due to porphyria, or any other condition.

UK NICE guidelines state that the quality of evidence on CBD oil as a pain relief option isn't sufficient for them to recommend it as a treatment.
https://www.nice.org.uk/guidance/ng144/chapter/Recommendations#chronic-pain

Currently it is considered a health food and manufacturers are not compelled to do any scientific studies or take any particular action regulations-wise, other than to show that it contains less than 0.1% THC – i.e. it is not psychoactive.

There is also a worry about side effects particularly as many CBD preparations do contain traces of THC. The following is from Welsh Medicines Information but is general advice, not specific to porphyria.
https://www.wmic.wales.nhs.uk/updated-qa-cannabidiol-oil-potential-adverse-effects-2 .

In summary, there has been no research to explore whether CBD is safe or effective in acute porphyria and until there is it will be treat with caution by porphyria experts.

What is the difference between porphyrin levels and PBG levels? Three different chemicals in the haem synthesis pathway can be measured in the urine. These are PBG (porphobilinogen), ALA (aminolevulinic acid) and porphyrins. The results from each of the tests can provide information porphyria and other conditions. A combination of all three can provide greater information about what is happening at a particular time.

How successful is GnRH treatment? There is some success in women where attacks are linked to the menstrual cycle. The treatment does require monitoring, but can be useful and is worth speaking with a specialist about if attacks are occurring in conjunction with hormonal times. For some people it only works for a limited amount of time, but this can provide the body with a break from a regular cycle of attacks and give some time to recover.

I get easily tired, could work outs worsen my condition? There's no reason why you can't go to the gym or work out and it can be helpful to try to improve fitness. If you have a portacath, some guidance might be needed to make sure that no damage is caused to the area where it is located, especially with exercises such as weightlifting.

I have question about neuropathy. During neuropathy it seems like nerve damage occurs. Do nerve systems heal on their own? What does process of recovery look like? Nerve damage can heal, but it is a long process and takes time as the nerves re-grow very slowly.

Can medications for migraine be used, are they safe for me? To check the safety of any medication you can refer to the SAFE drugs list produced by the UK Porphyria Medicines Information Service https://www.wmic.wales.nhs.uk/specialist-services/drugs-in-porphyria/ The safe list is updated annually using information collated internationally on drug safety over the previous year. This means that new drugs are sometimes added and at other times, drugs are removed following reports of adverse events. Please contact UKPMIS to be added to their database to receive your new copy each year.

Can my 17yr old get a tattoo, when he is 18years old? There is no particular risk of getting a tattoo in someone with porphyria. However it should be done by a reputable tattooist (research them first) to reduce the risk of infection, which could trigger an attack.

Is there any known link between other endocrine disorders or an increased % of population with say cholesterolemia, diabetics in people with AIP possibly due to high carbs etc? Porphyria is not an endocrine disorder and there is no strong link with endocrine disorders including diabetes or with high cholesterol.

As I get older will porphyria be better to handle? Acute porphyria often improves as people get older. One reason for this is that many people have more organised life styles when they're older, like regular meals, less alcohol and fewer late nights! Also in women, symptoms often improve after the menopause.

Would AIP affect bone density or your calcium absorption? Porphyria itself will not affect bone density or calcium absorption. However, if someone with porphyria is very underweight, or if they are having treatment with drugs to suppress ovulation, then bone density may be affected. This is something to discuss with your doctor.