Overview of leading causes of death among French patients with Prader-Willi Syndrome, 2004-2014

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Background

- > Prader-Willi Syndrome (PWS) is one of the most common known causes of syndromic obesity, and is a major cause of morbimortality among this population
- > In the last 20 years, substantial improvements have been made regarding the diagnosis, treatment and management of patients with PWS
- > Few mortality data exist that take actual management into account and the creation of the French Reference Centre for PWS (FRC-PWS) in 2004 is a unique opportunity to investigate this issue

Objective

> To report leading causes of mortality among the French patients with Prader-Willi Syndrome over eleven years of the nationwide FRC-PWS

Methods

This study relied on two sources of mortality information at national level between 2004 and 2014

- > The CépiDc (French Epidemiological Centre for the Medical Causes of Death Registry) :
 - ✓ Cases of death of patients with a PWS diagnosis (ICD code Q87.1: Congenital malformation syndromes predominantly associated with short stature)

The FRC-PWS database :

- Y Patients followed by endocrinologists from the 3 sites of the Reference Centre and the 22 Centres of Competence for PWS in France
- The information was corroborated with the French Prader-Willi Association

Results	Primary causes of death :	
Iotal number of cases: n=104 < 87 adults	Respiratory	> n = 55
16 Number of cases of death per year 14	 respiratory failure respiratory infection 	 42 (40 adults) 13 (4 children)



- **Median age** at death for **adults** : **32.0** y/o [18.6;58.0]
- 70% of the children died within the first two years of life
- Respiratory related causes : more than 50% of deaths in patients with PWS

Cardiovascular	> n = 15
 cardiac failure 	• 8
 pulmonary embolism 	• 4
 others cardiac cause 	• 3
 Non-respiratory infection gastrointestinal infection sepsis others non-respiratory infection 	n = 8 2 4 2
Sudden and unexplained death	> n = 18
Unknown	> n = 5
Others causes of death	> n = 3

No significant differences were found by gender or genetic subtype regarding the causes or age of death

Conclusion

- PWS is per se a condition that can result in premature death (median age at death for the total population: 30 y/o [0.1;58.0])
- These findings highlight the respiratory vulnerability in PWS patients at all ages

> Prevention and management of obesity and respiratory problems are the most important approaches to lower the mortality rate in this population

References: 1 Butler MG, Manzardo AM, Heinemann J, Loker C, Loker J. Causes of death in Prader-Willi syndrome: Prader-Willi Syndrome Association (USA) 40-year mortality survey. Genet Med 2017;19(6):635-642 2 Bacheré N, Diene G, Delagnes V, Molinas C, Moulin P, Tauber M. Early diagnosis and multidisciplinary care reduce the hospitalization time and duration of tube feeding and prevent early obesity in PWS infants. *Horm Res* 2008;69(1):45-52

3 Bar C, Diene G, Molinas C, Bieth E, Casper C, Tauber M. Early diagnosis and care is achieved but should be improved in infants with Prader-Willi syndrome. Orphanet J Rare Dis 2017;12(1):118



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