live affected male being born, after parents proceeded with the pregnancy.

Conclusion Rigorous and expansive approaches to cascade-screening/counselling may account for decreases in preventable cases. Age of diagnosis has fallen, providing potential for more timely intervention, aided by newer diagnostic techniques that allow more accurate proband genotyping. Prenatal testing identified small numbers of affected males, facilitating parental decision-making in these select cases.

024 RESISTANCE EXERCISES WITH BLOOD FLOW RESTRICTION IN PATIENTS WITH SPORADIC INCLUSION BODY MYOSITIS

Introduction Sporadic inclusion body myositis (sIBM) is the most common muscle disease affecting older adults with no disease-modifying treatment. Resistance exercises increase muscle hypertrophy, but weakness prevents exercising with higher resistance. In healthy subjects, augmentation of light-load training with blood flow restriction improved muscle strength; and similar exercises were safe in the elderly. We therefore investigate whether resistance exercises with blood flow restriction is safe and helpful in sIBM patients. We explored methods for exercising weak leg muscles, and options for better outcome measures.

Methods A matched-control pilot study, with 12-week treatment and 4-week follow-up periods, where participants concentrated on lower limbs resistance exercises with 50% blood flow restriction times/week, at 20%-30% of their repetition maximum. Patients are reviewed 4-weekly for muscle strength, and neuropathy severity was assessed using the total neuropathy score (TNS). Aged- and gender-matched controls were enrolled.

Results Diabetic nerves had higher rates of NBF detection (28%) compared to the control group (p<0.0001). Significant correlations were found between NBF parameters and nerve size (p<0.001), reported sensory symptoms (p<0.05) and neuropathy severity scores (p<0.001). The cohort with diabetes had significantly larger median (8.5 ± 0.3 mm² vs. 7.2 ± 0.1 mm², p<0.05) and tibial (18.0 ± 0.9 mm² vs. 12.8 ± 0.5 mm², p<0.05) nerves compared to controls.

Conclusions Peripheral nerve hypervascularity is detectable by US in moderate to severe diabetic neuropathy with prominent sensory dysfunction. Consistent with previous studies, the sonographic detection of NBF is a pathological finding.