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Mevalonate Kinase Deficiency (MKD), or Hyper IGD Syndrome

Version of 2016

3. EVERYDAY LIFE

3.1 How might the disease affect the child and the family's daily life?

Frequent attacks disrupt normal family life and may interfere with a parent's or patient's job. There is often considerable delay before the correct diagnosis is made, which may give rise to parental anxiety and sometimes to unnecessary medical procedures.

3.2 What about school?

Frequent attacks cause problems with school attendance. Teachers should be informed about the disease and what to do in the event that an attack starts at school.

3.3 What about sports?

There is no restriction in terms of sports. However, frequent absence from matches and training sessions may hamper participation in competitive team sports.

3.4 What about diet?

There is no specific diet.

3.5 Can climate influence the course of the disease?

No, it cannot.

3.6 Can the child be vaccinated?

Yes, the child can be and should be vaccinated, even though this may provoke fever attacks.
However, if the child is on treatment, the treating physician should be informed before administering live-attenuated vaccines.

3.7 What about sexual life, pregnancy, birth control?

Patients with mevalonate kinase deficiency can enjoy normal sexual activity and have children of their own. During pregnancy, attacks tend to decrease. The chance of a partner who carries mevalonate kinase deficiency is extremely small, except when the partner comes from the same extended family as the patient. When the partner is not a carrier of mevalonate kinase deficiency, their children cannot get mevalonate kinase deficiency.