

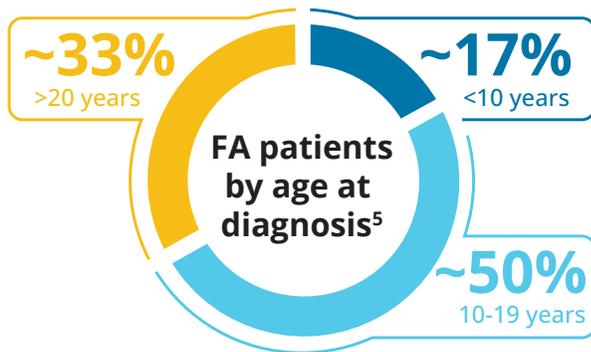
# Think **FA**

## Friedreich ataxia (FA) is a progressive, incapacitating neurodegenerative disease

Tricia, age 44  
Diagnosed at age 29



FA is the most common form of inherited ataxia, affecting approximately 5000 or more people in the United States.<sup>1,2</sup> The condition results in **progressive loss** of functional abilities, leading to incapacitation and, eventually, death.<sup>3,4</sup>



Signs of FA typically appear between the ages of 10 and 15 years, but symptoms can emerge at **nearly any age**.<sup>3</sup>

### Time is function for patients with FA, so think FA **FIRST**

Consider FA when you see any combination of these symptoms and shorten the time to diagnosis<sup>6,7</sup>:



**F**alls  
(gait ataxia)



**I**mbalance  
(poor proprioception)



**R**eflex loss  
(areflexia)



**S**ensation loss  
(neuropathy)



**T**iredness  
(fatigue)

Additional signs that may be present throughout the course of the disease:

- **Cardiomyopathy** may be present in younger patients with more severe FA<sup>3</sup>
- **Loss of bulbar function** may cause difficulty swallowing or slurred speech<sup>3,8</sup>
- **Scoliosis** may indicate FA when you also see other neurological signs<sup>3</sup>



## FACT:

# The most common form of inherited ataxia is commonly misdiagnosed

FA can present with **nonspecific or atypical symptoms**, making it common for the condition to be overlooked or misdiagnosed.<sup>3,9</sup> As many as 1 in 4 patients with FA have been misdiagnosed.<sup>5</sup>

## Other inherited ataxias and conditions may overlap with symptoms of FA<sup>3,5</sup>:

- Spinocerebellar ataxia (SCA) - ICD-10 G11.2 & G11.8
- Ataxia-telangiectasia - ICD-10 G11.3
- Unspecified ataxia - ICD-10 G11.9 & G11.10
- Multiple sclerosis (MS) - ICD-10 G35
- Charcot-Marie-Tooth (CMT) disease - ICD-10 G60
- Cerebral palsy (CP) - ICD-10 G80.9

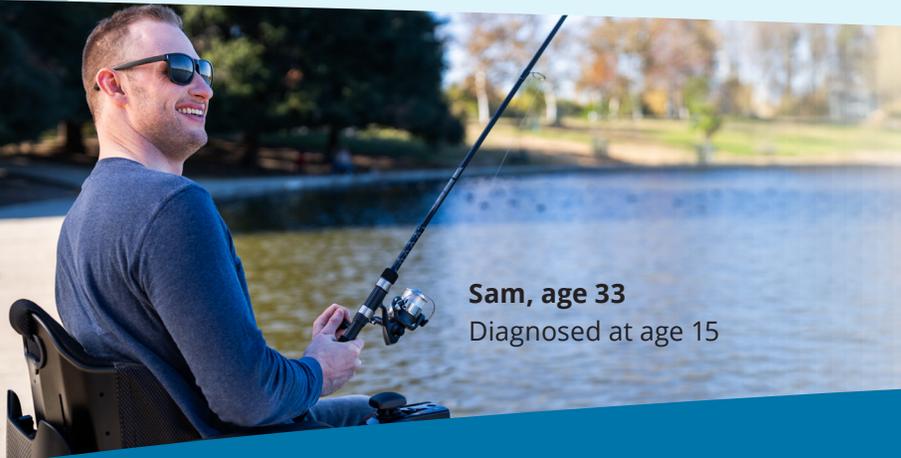
**Any patient with a G11 diagnostic code can be considered for genetic testing to identify FA**

Patients with an unconfirmed diagnosis of a hereditary ataxia may benefit from genetic testing

## A genetic test that includes a GAA triplet-repeat expansion analysis is the only way to confirm an FA diagnosis<sup>10</sup>

Every potential FA patient should have their diagnosis confirmed with a genetic test, regardless of symptom presentation. But not all laboratories offer a genetic test that can detect the variant that causes FA, so ordering the right test from the right lab is critical.

Learn more about genetic testing for FA at [ThinkFA.com](https://www.thinkfa.com)



**Sam, age 33**  
Diagnosed at age 15



Learn more about identifying and diagnosing patients with FA at [ThinkFA.com](https://www.thinkfa.com)

**References:** 1. Delatycki MB, Bidichandani SI. Friedreich ataxia—pathogenesis and implications for therapies. *Neurobiol Dis.* 2019;132:104606. 2. United States Census Bureau. Quick facts. Updated July 1, 2024. Accessed January 16, 2025. <https://www.census.gov/quickfacts/fact/table/US>. 3. Parkinson MH, Boesch S, Nachbauer W, Mariotti C, Giunti P. Clinical features of Friedreich's ataxia: classical and atypical phenotypes. *J Neurochem.* 2013;126(suppl 1):103-117. 4. Schulz JB, Boesch S, Bürk K, et al. Diagnosis and treatment of Friedreich ataxia: a European perspective. *Nat Rev Neurol.* 2009;5(4):222-234. 5. Donoghue S, Martin A, Larkindale J, Farmer J. A meta-analysis study to evaluate time to diagnosis of Friedreich's ataxia in the U.S. Friedreich's Ataxia Research Alliance; 2018. 6. Fogel BL, Perlman S. Clinical features and molecular genetics of autosomal recessive cerebellar ataxias. *Lancet Neurol.* 2007;6(3):245-257. 7. National Institute of Neurological Disorders and Stroke. Friedreich ataxia. Revised July 19, 2024. Accessed January 16, 2025. <https://www.ninds.nih.gov/health-information/disorders/friedreich-ataxia>. 8. Rummey C, Corben LA, Delatycki MB, et al. Psychometric properties of the Friedreich Ataxia Rating Scale. *Neurol Genet.* 2019;5(6):371. 9. Indelicato E, Nachbauer W, Eigentler A, et al. Onset features and time to diagnosis in Friedreich's ataxia. *Orphanet J Rare Dis.* 2020;15:198. 10. Wallace SE, Bird TD. Molecular genetic testing for hereditary ataxia: what every neurologist should know. *Neurol Clin Pract.* 2018;8(1):27-32.