onset of symptoms, but many can still walk after 30 years or more. Many affected persons have a normal life expectancy (Lunn and Wang, 2008).

Therapeutic Management and Nursing Care Management

The management is primarily symptomatic and supportive and is related to maintaining mobility as long as possible, preventing complications such as skin breakdown, optimizing and maintaining respiratory function, and providing support to the child and family. The discussion of family support in the section for Duchenne muscular dystrophy (DMD) is also applicable to families of children with SMA.

Muscular Dystrophies

Muscular dystrophies (MDs) constitute the largest and most important single group of muscle diseases of childhood. The MDs have a genetic origin in which there is gradual degeneration of muscle fibers, and they are characterized by progressive weakness and wasting of symmetric groups of skeletal muscles, with increasing disability and deformity. In all forms of MD, there is an insidious loss of strength, but each type differs in regard to the muscle groups affected (Fig. 30-7), age of onset, rate of progression, and inheritance pattern. The most common form, **Duchenne muscular dystrophy (DMD)**, is discussed separately in the next section.