

Patient	Gender	Age	Age at Onset	Type of PP	Family History	Mutation ID?	Response to K+	Response to carb load
M1	M	46	5 years	Poss ATS2	Yes	No	Improves	Worsen
M2	M	43	5 years	Hypo	No	No	Improves	Worsen
M3	M	65	Three days	HyperKPP/PMC	Yes	No	Varies	Varies
F1	F	42	Mild at 11 years, worsened at 36 years	Hypo	Yes	No	Improves	Worsen
F2	F	38	Mild at 16 years, worsened at 30 years	Hypo	No	No	Improves	Worsen
F3	F	47	42 years	Prob Hypo	No	No	Usually improves	Usually worsens
F4	F	42	14 years	Hypo	No	No	Improves	Worsens
F5	F	49	Early 20s	HyperKPP/PMC	No	No	Varies	Worsen or improve
F6	F	47	22 years	Poss ATS2	Yes	No	Improves	Worsen/improve
F7	F	31	24 years	Undiagnosed	No	No	No change	Worsen
F8	F	56	16 years	HyperKPP	No	No	Varies	No change
F9	F	42	Mild at 16, worse in early 30s	Hypo	DK	No	Improves	Worsen
F10	F	42	27 years	Prob ATS2	Yes	No	Improves	Worsen
F11	F	30	21 years	Hypo	Yes	No	Improves	Worsen
F12	F	47	12 years	Poss ATS2	Yes	No	Improves	Varies
F14	F	69	Infancy	Poss ATS2	Yes	No	Improves	Worsen

Patient	Symptoms during worst attack	Cardiac symptoms?	What type?	K+ when strongest	K+ during weakness	LOC during episode of PP?	LOC due to O2 deprivation?
M1	Generalized paralysis, including face and respiration	Yes	Arrhythmia, Tachy, brady, Long QT	4.5	3.3 – 3.8	Yes	No
M2	Generalized paralysis, including face and respiration	Yes	Lost consciousness during treadmill test	4s	3s	No	No
M3	Generalized paralysis, including face and respiration	Yes	Bradycardia	4.1	Below 3.9, above 4.4	Yes	Yes, chest constriction/PMC
F1	Generalized paralysis, including face	Yes	Tachycardia		4.2	3.6	No
F2	Generalized paralysis, including face and respiration	DK		4.0 – 4.5		3.2	No
F3	Generalized paralysis, including face/eyes	No		DK	DK	No	No
F4	Paralysis arms, legs, feet	DK			4	3.5	Yes
F5	Generalized paralysis, including face and respiration	Yes	Tachycardia, bradycardia	4.2	2.9 – 4.5	No	No
F6	Generalized paralysis, including face	DK		4.2 – 4.6	3.4 – 3.6	No	No
F7	Generalized paralysis, including face	No		DK		3	No
F8	Generalized paralysis, including face and respiration	Once	DK, Dr. commented lowK+ was affecting heart	3.9+/-		3.6	No
F9	Generalized paralysis, including face and respiration	Inconclusive		DK	DK	No	No
F10	Paralysis arms, legs, feet, face, swallowing	Yes	Arrhythmia, Tachy, Long QT		5	4.5 or below	No
F11	Generalized paralysis, including face and respiration	No		Over 4.2		4.0 or below	No
F12	Generalized paralysis, including face and respiration	Yes	Arrhythmia, Tachy, Bradycardia	4.2	3.2 – 3.8	No	No
F14	Generalized paralysis, including face, require O2	Yes	Arrhythmia, Tachy, Bradycardia, Long QT	4.8 and higher		- 3.9 paralysis	Yes

Patient	Myoclonus?	Age of onset	Na+ level	Ca+level	acid/base disturbance	Family history?	EEG done?	Results?
M1	Yes	Early childhood	Normal	Hypercalcemia	No	DK	Yes	Yes, no abnormal brain activity
M2	Yes	Late teens	Slightly elevated	Normal	No	DK	No	No
M3	Yes	Nine years	Normal	Hypocalcemia	No	Yes		Abnormal, mild seizure activity (scarring due to brain injury)
F1	Yes		39 Normal	Normal	No	DK	No	No
F2	Yes	30s	DK	DK	No	DK	Yes	Yes, no abnormal brain activity
F3	Yes		42 DK	DK	DK	DK	Yes	Yes, during active myoclonus, no abnormal brain activity
F4	Yes		38 Normal	Normal	No	DK	Yes	Yes, no abnormal brain activity
F5	Yes	Mid 30s	132 mmol/l while on chlorothiazide	Normal	Yes, on CAI;slight acidosis ph 7.34; bicarb 16mmol/l; Base excess -8,	No	Yes	Yes, no abnormal brain activity
F6	Yes		44 Normal	Normal	No	Yes	Yes	Yes, no abnormal brain activity
F7	Yes		24 Normal	Normal	No	No	No	No
F8	Yes		48 Normal	Normal	No	NA	Yes	Yes, no abnormal brain activity
F9	Yes		19 Normal, need Na+ during attack	Normal	No	No	No	No
F10	Yes	Mid 30s	Normal	Normal	No	Yes	Yes	Yes, seizures ruled out
F11	Yes		26 Normal	Normal	No	Yes	No	No
F12	Yes	12 years		129 Mildly high	Mild meta acidosis (CAI)	Yes	Yes	Yes, no abnormal brain activity
F14	Yes	Early 30s	Yes	DK	No	Maybe	Yes	Yes, don't know results yet

Myoclonus triggers	When is myoclonus most likely to occur?	Repetitive	Random	Negative	Myoclonus ever DURING paralysis?
Fatigue, movement/intention to move, stimulus, weakness	Just prior to PP attack, early stages of PP attack	Yes	No	Yes	Yes
Weakness	When PP attack fully established, when resolving, when attack has ended, during sleep	No	Yes	No	Yes
Weakness, some medications, sleep	During sleep, negative myoclonus just prior to PP attack, after some meds	Yes	Yes	Yes	No
Weakness	Early stages of PP attack, when attack resolving, after attack ends	Yes	No	No	Yes
Startle, weakness	Early stages of PP attack, when attack resolving	Yes	Yes	No	No
Startle, stimulus (smells), adrenaline rush, weakness		Yes	No	No	No
weakness, fear, startle	Just prior to PP attack, early stage of attack, after attack ends	Yes	Yes	No	No
Weakness	When PP attack is resolving	Yes	No	No	Yes
Startle, (noise, light) cold, weakness	Prior to PP attack, as attack builds, as resolves, afterwards	Yes	Yes	No	No
movement/intention to move, weakness	Early stages of PP attack	Yes	Yes	No	Yes
PP episode, prolonged weakness	When PP attack fully established, when resolving, when attack has ended	Occasionally	Yes	No	Yes
Weakness	When PP attack fully established, when resolving,	No	Yes	No	Yes
Fatigue, adrenaline rush, stimulus, weakness	Early stages of PP attack	Yes	No	No	No
Startle, (noise, light) cold, weakness	Early stages of PP attack, when attack fully established	Yes	No	Yes	Yes
Adrenaline, stimulus, weakness, movement/intention to move	Just prior to PP attack, early stage of attack, when attack is ending	Yes	No	No	No
movement/intention to move, weakness	Early stages of PP attack, as PP attack is resolving	Yes	No	No	No

Length of attacks	Helps resolve	Descriptive keywords and phrases
Few minutes to hour	K+ and rest	Fatigue, doing too much, knees collapse,
Minutes	Narcotics	Myoclonus begins as paralysis sets in,
Minutes to days	Normalizing K+, movement	Violent random movements during sleep, can hurt self striking headboard, nighttable, repetitive movements when I'm weak, negative can cause me to fall without warning
30 minutes – two hours	K+, anti-nausea meds, relaxation	Worst after attack of paralysis, violent jerking
Minutes	Rest	Worst when fatigued
Minutes to hours	Magnesium	Adrenaline rush, wave of nausea, "explosive" feeling in muscles, myoclonus begins
5 – 45 minutes	K+ & diazepam	Lose control of body, can't stop jerks,
10 minutes	Spontaneous	At end of severe PP episodes have myoclonus
Minutes to days	Magnesium, rest, warmth	Myoclonus alternates with periods of paralysis during episodes, also carpopedal spasms in hands/feet
20-30 minutes	DK	Usually trunk muscles jerk
2-3 hours, tapers off over two days	Ativan	Myoclonus rare unless PP weakness persists for several days
15-30 minutes	K+ & darkened room	Myoclonus occurs as paralysis begins,
Until K+ takes effect	K+	Begin with hand tremors, if take K+ can avert, if K+ delayed myoclonus sets in as PP episode progresses.
Minutes to hours	Warmth and rest	Myoclonus alternates with periods of paralysis during episodes
Up to 30 minutes	Relaxing, lying still,	
30-40 min as PP attack begins	Relaxing, lying still,	Occurs as PP episode begins, attempts to move make jerking much worse. Jerking stops once I'm completely paralyzed, starts again as paralysis resolves.