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Amyotrophic Lateral Sclerosis Market Insight, Epidemiology and Market Forecast -2030

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Abstracts

This report can be delivered to the clients within 24 Hours

DelveInsight's 'Amyotropic Lateral Sclerosis (ALS) - Market Insights, Epidemiology and Market Forecast– 2030' report delivers an in-depth understanding of the ALS , historical and forecasted epidemiology as well as the ALS market trends in the United States, EU5 (Germany, Spain, Italy, France, and United Kingdom) and Japan.

The ALS market report provides current treatment practices, emerging drugs, and market share of the individual therapies, current and forecasted 7MM ALS market size from 2017 to 2030. The report also covers current ALS treatment practice/algorithm, market drivers, market barriers and unmet medical needs to curate the best of the opportunities and assesses the underlying potential of the market.

Geography Covered

The United States

EU5 (Germany, France, Italy, Spain, and the United Kingdom)

Japan

Study Period: 2017–2030

Amyotropic Lateral Sclerosis (ALS) Disease Understanding and Treatment Algorithm

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Amyotropic Lateral Sclerosis (ALS) Overview

Amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, is a group of rare neurological diseases that mainly involve the nerve cells (neurons) responsible for controlling voluntary muscle movement. The disease is progressive, meaning the symptoms get worse over time. In ALS, both the upper motor neurons and the lower motor neurons degenerate or die and stop sending messages to the muscles. Unable to function, the muscles gradually weaken, start to twitch (called fasciculations), and waste away (atrophy). Eventually, the brain loses its ability to initiate and control voluntary movements. The cause of ALS is not known, and it is not yet known why ALS strikes some people and not others. However, evidence from scientific studies suggests that both genetics and environment play a role in the development of ALS.

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ALS can affect any of the body's muscles, which is why it affects each person differently. In addition, ALS progresses at different rates in different people. For some, it advances quickly, and in others, the disease shows a much slower pace. Common symptoms include painless, progressive muscle weakness. The first thing a person might notice is tripping more often, or dropping things because of the weakness. Slurred speech, difficulty swallowing, and trouble breathing can occur.

ALS can be either sporadic or genetic. The sporadic type is the most common. It accounts for 90–95% of all cases of ALS. The sporadic type can affect anyone. The genetic or familial type is rarer and accounts for 5–10% of cases of ALS. The terms familial and genetic mean that this type of ALS is inherited. In families who have genetic ALS, there is an up to 50% chance that each child will inherit the gene and develop the disease.

Amyotropic Lateral Sclerosis (ALS) Diagnosis

No one test can provide a definitive diagnosis of ALS. ALS is primarily diagnosed based on a detailed history of the symptoms and signs observed by a physician during

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physical examination along with a series of tests to rule out other mimicking diseases. However, the presence of upper and lower motor neuron symptoms strongly suggests the presence of the disease. Tests that may help diagnose ALS are electromyography (EMG), nerve conduction study (NCS), magnetic resonance imaging (MRI). Further tests to rule out other conditions may include blood and urine tests and a muscle biopsy. Medical problems that can produce similar symptoms to ALS, such as HIV, Lyme disease, multiple sclerosis (MS), the poliovirus, and the West Nile virus (WNV), should be considered when making a diagnosis.

Amyotropic Lateral Sclerosis (ALS) Treatment

There is no cure for ALS, so treatment aims to alleviate symptoms, prevent unnecessary complications, and slow the rate of disease progression. Medical interventions and technology have vastly improved the quality of life for people with ALS by assisting with breathing, nutrition, mobility, and communication. Proper management of symptoms and proactive use of medical interventions and equipment can make a positive difference in day-to-day living and potentially may lengthen life.

The cornerstone of disease management for ALS patients remains multidisciplinary care, which has a positive effect on patient satisfaction and outcome. Several discomforting symptoms of ALS can be managed by symptomatic treatment options, including pharmacological and non?pharmacological interventions. For instance, spasticity can be treated with baclofen, tizanidine, cannabinoids, and muscle stretching, and sialorrhea can be treated with anticholinergic medications (amitriptyline, glycopyrronium bromide and oxybutynin) and botulin toxin injections into the salivatory glands. Muscle cramps may respond to magnesium supplements, quinine sulfate, gabapentin, or carbamazepine. Selective serotonin reuptake inhibitors, amitriptyline, benzodiazepines, and dextromethorphan hydrobromide/quinidine sulfate, can be used in the case of emotional liability. Dietary changes can improve nutrition, and a gastrostomy tube is an option if the caloric intake is insufficient or when swallowing becomes hazardous. Speech therapy is frequently necessary, and assisted communication (customized software) can also be used. Non?invasive ventilation is the preferred life?prolonging treatment for respiratory insufficiency.

Amyotropic Lateral Sclerosis (ALS) Epidemiology

The disease epidemiology covered in the report provides historical as well as forecasted epidemiology segmented by Prevalent Population of Amyotropic Lateral Sclerosis (ALS), Diagnosed Prevalent Population of Amyotropic Lateral Sclerosis (ALS), Gender-

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specific Distribution of Amyotropic Lateral Sclerosis (ALS), Type-specific Distribution of Amyotropic Lateral Sclerosis (ALS), Mutation-specific Distribution of Amyotropic Lateral Sclerosis (ALS), Site of Onset of Amyotropic Lateral Sclerosis (ALS) and Age-specific Distribution of ALS in the 7MM market covering the United States, EU5 countries (Germany, France, Italy, Spain, and United Kingdom) and Japan from 2017 to 2030.

Key Findings

This section provides glimpse of the ALS epidemiology in the 7MM.

The prevalent population of ALS in the seven major markets was found to be 70,456 in 2017.

The diagnosed prevalent cases of ALS, in the United States, were found to be 45,796 in 2017 and 48,112 in 2020.

In the United States, the sporadic and familial ALS cases were 16,015 and 1,779, respectively, in 2017.

In the United States, the number of males and females with ALS were 11,482 and 7,341, respectively, in 2020.

ALS can be divided into C9ORF72, SOD1, others mutations (TARDBP, FUS, OPTN, ANG, etc.), and non-mutated/unidentified mutation based on the types of mutations causing the condition. In the United States, the number of cases of C9ORF72, SOD1, others mutations (TARDBP, FUS, OPTN, ANG, etc.), and non-mutated/unidentified mutation was 5,783, 2,847, 1,424 and 7,741, respectively, in 2017.

In the United States, the most diagnosed site of onset of ALS was limb with 8,897 cases, followed by bulbar and cervical with 4,449 and 2,491 cases, and other uncertain regions accounted for 1,957 cases in 2017.

Age-specific data of ALS suggests that it is more prevalent among the 60–69 age group. In the United States, the maximum number of cases of ALS was observed in the age group of 60–69 with 5,623 cases in 2017, while the lowest number of cases were found in the age group

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