

# Recent Advances in Diagnosis and Therapeutic Management of Metabolic Muscle Disorders and Emerging Directions in Precision Treatment

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## Abstract

Metabolic muscle disorders constitute a heterogeneous group of inherited and acquired conditions characterized by defects in energy metabolism within skeletal muscle. These disorders commonly involve abnormalities in glycogen metabolism, lipid oxidation, or mitochondrial oxidative phosphorylation, resulting in symptoms such as exercise intolerance, muscle weakness, cramps, rhabdomyolysis, and progressive myopathy. Over the past decade, significant advances in diagnostic approaches—including next-generation sequencing, improved biochemical testing, and advanced imaging techniques—have enhanced early and accurate identification of these conditions, therapeutic strategies have evolved from largely supportive care to targeted dietary management, enzyme replacement therapies, gene-based interventions, and precision medicine approaches. This review summarizes recent progress in the understanding, diagnosis, and management of metabolic muscle disorders and highlights emerging therapeutic strategies that may transform patient outcomes in the near future.

**Keywords:** metabolic myopathy, mitochondrial disease, glycogen storage disease, fatty acid oxidation disorders, genetic diagnosis, targeted therapy.

## 1. Introduction

Metabolic muscle disorders, collectively referred to as metabolic myopathies, represent a diverse group of inherited or acquired conditions in which defects occur in biochemical pathways responsible for energy production within skeletal muscle. Skeletal muscle is one of the most energy-demanding tissues in the human body, requiring continuous and rapid ATP generation to sustain contraction, maintain cellular integrity, and support physical activity. When metabolic pathways are impaired, muscles become unable to meet energy demands, leading to symptoms such as exercise intolerance, muscle cramps, fatigue, weakness, and episodes of muscle breakdown or rhabdomyolysis [1]. The clinical spectrum ranges from mild exercise-related discomfort to severe, progressive multisystem disease, metabolic muscle disorders were considered rare and frequently misdiagnosed due to overlapping symptoms with inflammatory myopathies, muscular dystrophies, or nonspecific chronic fatigue conditions. Many patients remained undiagnosed for years because symptoms are often intermittent and triggered only under metabolic stress, such as prolonged exercise, fasting, infections, or exposure to certain medications [2]. However, the rapid evolution of molecular genetics,

metabolic testing, and neuromuscular imaging has substantially improved disease recognition and classification. It is now evident that these disorders encompass a broad clinical and genetic spectrum with variable age of onset, ranging from infancy to adulthood.

Metabolic muscle disorders are traditionally grouped according to the disrupted metabolic pathway responsible for energy production. These include disorders affecting glycogen metabolism, lipid metabolism, and mitochondrial oxidative phosphorylation [3]. Each pathway contributes differently to muscle energy supply depending on exercise intensity and duration. High-intensity, short-duration exercise primarily relies on glycogen breakdown, whereas prolonged or endurance exercise depends largely on fatty acid oxidation and mitochondrial ATP production, symptoms often reflect the specific metabolic pathway affected, providing diagnostic clues. In recent years, improved awareness, better diagnostic strategies, and emerging targeted therapies have significantly shifted clinical management from purely supportive approaches toward precision medicine. Early and accurate diagnosis has become increasingly important because appropriate dietary,

pharmacological, and lifestyle interventions can reduce symptom burden and prevent serious complications [4]. This review discusses recent advances in the understanding, diagnosis, and management of metabolic muscle disorders, emphasizing developments that are shaping future clinical practice.

## 2. Pathophysiology of Metabolic Muscle Disorders

Metabolic muscle disorders arise from disruptions in cellular energy production pathways required for skeletal muscle function. Muscle cells generate ATP through interconnected metabolic routes involving glycogen breakdown, fatty acid oxidation, and mitochondrial oxidative phosphorylation. Under normal physiological conditions, muscles dynamically switch between these energy sources depending on activity intensity and metabolic state [5]. When one of these pathways is impaired due to enzyme deficiency, transporter malfunction, or mitochondrial dysfunction, energy production becomes insufficient, resulting in muscle dysfunction and structural damage.

### 2.1 Disorders of Glycogen Metabolism

Glycogen metabolism disorders occur when enzymes responsible for glycogen synthesis or degradation are deficient or dysfunctional. Glycogen serves as the primary rapid energy source during short, high-intensity activities such as sprinting or heavy lifting. In affected individuals, muscle cells cannot efficiently break down glycogen to glucose, leading to early energy depletion during exertion. As a result, patients often experience rapid fatigue, painful muscle cramps, and exercise intolerance shortly after initiating physical activity. In severe cases, muscle fiber damage leads to rhabdomyolysis, releasing myoglobin into the bloodstream and potentially causing kidney injury [6]. Interestingly, some patients exhibit the so-called “second wind” phenomenon, where symptoms improve after a short rest as muscles begin utilizing alternative energy sources, such as blood glucose and fatty acids. Recognition of this pattern can aid clinical diagnosis. Chronic muscle damage in some glycogen storage disorders may eventually lead to progressive weakness.

### 2.2 Disorders of Lipid Metabolism

Fatty acid oxidation disorders impair the muscle's ability to utilize fats as an energy source, particularly during prolonged or endurance exercise and fasting states. Normally, fatty acids serve as the dominant fuel during sustained low-intensity exercise or periods of carbohydrate depletion. When fatty acid transport or oxidation is defective, muscles cannot maintain energy production during extended activity, resulting in fatigue, muscle pain, and episodic weakness [7]. Symptoms typically occur after prolonged exercise, fasting, illness, or metabolic stress, rather than during brief high-intensity activities. Episodes of rhabdomyolysis and myoglobinuria may occur, sometimes leading to recurrent hospitalizations. Additionally, because fatty acid metabolism is crucial for other organs, some patients experience systemic complications, including liver dysfunction or cardiac involvement.

Proper dietary management often plays a crucial role in controlling symptoms.

### 2.3 Mitochondrial Myopathies

Mitochondrial myopathies result from dysfunction in mitochondrial oxidative phosphorylation, the final pathway responsible for producing the majority of cellular ATP. Mitochondria are present in nearly all tissues; therefore, mitochondrial disorders often affect multiple organ systems in addition to skeletal muscle. Muscle involvement commonly presents as exercise intolerance, chronic weakness, and fatigue due to insufficient ATP generation [8]. Because mitochondria possess their own DNA in addition to nuclear DNA encoding mitochondrial proteins, mutations may arise in either genome, producing highly variable clinical presentations. Some individuals experience isolated muscle involvement, while others develop neurological, cardiac, endocrine, or gastrointestinal complications. Accumulation of abnormal mitochondria within muscle fibers leads to characteristic histological features observed in muscle biopsy. Defective mitochondrial energy production also increases oxidative stress and disrupts cellular homeostasis, contributing to progressive muscle degeneration. The complexity of mitochondrial genetics and heterogeneity of clinical presentations make diagnosis and treatment particularly challenging.

## 3. Clinical Presentation and Diagnostic Challenges

The clinical manifestations of metabolic muscle disorders vary widely depending on the specific metabolic pathway affected, age of onset, severity of enzyme deficiency, and presence of systemic involvement. Patients frequently present with nonspecific symptoms such as exercise intolerance, muscle fatigue, recurrent muscle pain, cramps, or episodes of weakness triggered by physical exertion. In many cases, symptoms are intermittent and only appear during metabolic stress conditions, including prolonged exercise, fasting, infections, or exposure to certain medications. This episodic nature often delays diagnosis, as patients may appear clinically normal between attacks [9]. Important clinical feature in many metabolic myopathies is rhabdomyolysis, characterized by muscle breakdown leading to myoglobin release into the bloodstream. Patients may present with dark urine, severe muscle pain, or acute kidney injury during episodes. Some disorders primarily cause exercise-induced symptoms, while others lead to progressive muscle weakness or multisystem disease affecting organs such as the heart, liver, or nervous system. Pediatric patients may present with hypotonia, developmental delay, or recurrent metabolic crises, whereas adult-onset forms often manifest as chronic fatigue or exercise intolerance.

Diagnosis remains challenging due to symptom overlap with other neuromuscular conditions, including inflammatory myopathies, muscular dystrophies, and motor neuron disorders. Routine laboratory investigations may reveal elevated serum creatine kinase levels, but values can fluctuate and sometimes remain normal between episodes.

Specialized testing such as metabolic screening, exercise testing, electromyography, and muscle biopsy may be necessary. Muscle biopsy can reveal glycogen accumulation, lipid deposition, or mitochondrial abnormalities, providing important diagnostic clues [10]. Recent advances in genetic testing, particularly next-generation sequencing and whole-exome sequencing, have greatly improved diagnostic accuracy. Genetic testing allows identification of causative mutations without requiring invasive procedures in many cases. Nevertheless, interpreting genetic variants remains complex, and functional studies are sometimes required to confirm pathogenicity. Early recognition is critical because timely interventions can significantly improve patient outcomes and reduce complications.

**Table 1. Overview of Metabolic Muscle Disorders: Key Features, Diagnosis, and Management Approaches**

Disorder Category	Common Examples	Key Clinical Features	Diagnostic Approaches	Management Strategies
Glycogen Storage Disorders	McArdle disease, Pompe disease	Exercise intolerance, muscle cramps, myoglobinuria, progressive weakness	Serum CK levels, genetic testing, muscle biopsy, enzyme assays	Exercise modification, dietary management, enzyme replacement therapy (Pompe)
Lipid Metabolism Disorders	CPT II deficiency, VLCAD deficiency	Recurrent rhabdomyolysis, muscle pain after prolonged exercise or fasting	Acylcarnitine profile, genetic testing, metabolic screening	High-carbohydrate diet, avoidance of fasting, tailored exercise plans
Mitochondrial Myopathies	MELAS, MERRF, mitochondrial DNA disorders	Fatigue, muscle weakness, exercise intolerance, multisystem involvement	Genetic testing, muscle biopsy, lactate levels, neuroimaging	Supportive care, mitochondrial supplements, symptom-based management
Fatty Acid Oxidation Disorders	Multiple acyl-CoA dehydrogenase deficiency	Muscle weakness, metabolic crises, hypoglycemia	Metabolic panels, enzyme testing, genetic analysis	Dietary fat restriction, riboflavin supplementation, metabolic control
Secondary Metabolic Myopathies	Drug-induced or endocrine-related muscle disorders	Variable muscle weakness, fatigue, exercise intolerance	Clinical history, laboratory evaluation, imaging, biopsy	Treat underlying cause, medication adjustment, supportive therapy

#### 4. Advances in Diagnostic Approaches

Over the past decade, diagnostic strategies for metabolic muscle disorders have undergone substantial transformation due to improvements in molecular genetics, imaging techniques, and metabolic profiling. Traditionally, diagnosis relied on a combination of clinical suspicion, biochemical testing, and muscle biopsy. While muscle biopsy remains valuable in certain cases, less invasive and more precise approaches are increasingly preferred. Genetic testing now plays a central role in diagnosis. Targeted gene panels, whole-exome sequencing, and whole-genome sequencing allow simultaneous analysis of numerous genes associated with metabolic myopathies. This approach enables earlier diagnosis, especially in atypical presentations where clinical features alone are insufficient to guide testing. Genetic confirmation also facilitates family counseling and identification of at-risk relatives [11]. Metabolic testing has also advanced significantly. Non-invasive exercise testing, including forearm exercise tests and cardiopulmonary exercise testing, helps identify abnormal metabolic responses during exertion. Blood and urine analyses during or after exercise may reveal characteristic metabolic changes, including lactate accumulation or abnormal acylcarnitine profiles, suggesting defects in specific pathways.

Imaging techniques such as muscle magnetic resonance imaging (MRI) have become increasingly useful in detecting characteristic patterns of muscle involvement. MRI can demonstrate selective muscle involvement, fatty infiltration, or edema, aiding differential diagnosis and reducing the need for biopsy. Additionally, advanced imaging modalities help monitor disease progression and response to therapy. Biomarker research is an emerging field, aiming to identify circulating markers that reflect metabolic dysfunction or muscle damage. Such biomarkers could enable early detection, disease monitoring, and evaluation of treatment efficacy. Although many candidate biomarkers are under investigation, few have yet reached routine clinical use.

Together, these advances support earlier and more accurate diagnosis, reducing diagnostic delays that historically lasted many years for some patients.

#### 5. Current Management Strategies

Management of metabolic muscle disorders focuses primarily on symptom control, prevention of metabolic crises, and improvement of quality of life, as curative treatments remain limited for most conditions. Treatment strategies vary depending on the underlying metabolic defect and typically involve dietary modification, lifestyle adjustments, pharmacological therapies, and supportive care [12]. Dietary management plays a crucial role in many disorders. Patients with glycogen metabolism defects often benefit from tailored carbohydrate intake strategies, including pre-exercise carbohydrate supplementation or frequent meals to prevent energy depletion. In contrast, individuals with fatty acid oxidation disorders may require avoidance of prolonged fasting and dietary adjustments emphasizing carbohydrate intake while limiting long-chain fat consumption. Specialized nutritional supplements, such as medium-chain triglycerides, may provide alternative energy sources. Exercise recommendations must be individualized. While strenuous activity can trigger symptoms, carefully supervised exercise programs may improve muscle conditioning and mitochondrial efficiency in some patients. Aerobic training at moderate intensity is often encouraged under clinical supervision to enhance metabolic capacity without provoking muscle injury.

Pharmacological options remain limited but are expanding. Some patients benefit from supplementation with cofactors or vitamins that support metabolic pathways, such as riboflavin, coenzyme Q10, or carnitine, depending on the disorder. Emerging therapies, including enzyme replacement, gene therapy, and mitochondrial-targeted treatments, are currently under investigation and show promise for future disease-modifying interventions. Supportive care is equally important, including management of complications such as renal injury after rhabdomyolysis, cardiac

monitoring when indicated, and multidisciplinary rehabilitation to maintain mobility and independence. Psychological support may also be required, as chronic fatigue and physical limitations can significantly affect mental well-being, management strategies are evolving toward personalized approaches guided by genetic and metabolic diagnosis. Continued research into targeted therapies offers hope for more effective treatments in the near future

## 6. Emerging and Future Therapies

### 6.1 Gene Therapy and Gene Editing

Gene replacement and editing strategies are under investigation, aiming to correct underlying genetic defects. Early clinical trials show promise for durable disease modification.

### 6.2 RNA-Based Therapies

RNA modulation strategies aim to correct gene expression abnormalities and represent a growing area of therapeutic development.

### 6.3 Precision Medicine Approaches

Personalized treatment plans based on genotype and metabolic profiling are emerging, enabling targeted interventions for individual patients.

### 6.4 Mitochondrial Targeted Therapies

New compounds designed to enhance mitochondrial function or reduce oxidative stress are being tested to improve cellular energy production.

## 7. Challenges in Clinical Management

An advances, challenges remain:

- Diagnostic delays due to nonspecific symptoms,
- Limited availability of specialized testing,
- Variability in disease progression,
- Lack of definitive cures for many disorders,
- High cost of advanced therapies.

## 8. Future Perspectives

Research is rapidly improving understanding of metabolic muscle disorders. Integration of genomics, metabolomics, and clinical data will enable earlier detection and personalized treatments. Ongoing trials in gene therapy and targeted metabolic modulation hold promise for transformative care. Increased awareness among clinicians and improved diagnostic accessibility are likely to further enhance patient outcomes.

## 9. Conclusion

Metabolic muscle disorders constitute a diverse and clinically challenging group of neuromuscular conditions whose recognition and management have advanced substantially in recent years. Breakthroughs in molecular and genetic diagnostics have transformed the ability to identify underlying metabolic defects, enabling earlier diagnosis and more precise classification of disease subtypes. At the same time, management approaches are shifting from purely supportive care toward more targeted strategies, including pathway-specific nutritional interventions, emerging pharmacologic treatments,

and novel gene and enzyme-based therapeutic approaches, many patients continue to experience diagnostic delays and significant disease burden, underscoring the need for increased clinical awareness and continued research. Future progress will likely arise from personalized medicine approaches, improved biomarkers, and therapeutic innovations aimed at correcting metabolic dysfunction at its source, optimal outcomes depend on early recognition, coordinated multidisciplinary care, and individualized treatment strategies tailored to each patient's metabolic and clinical profile.



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