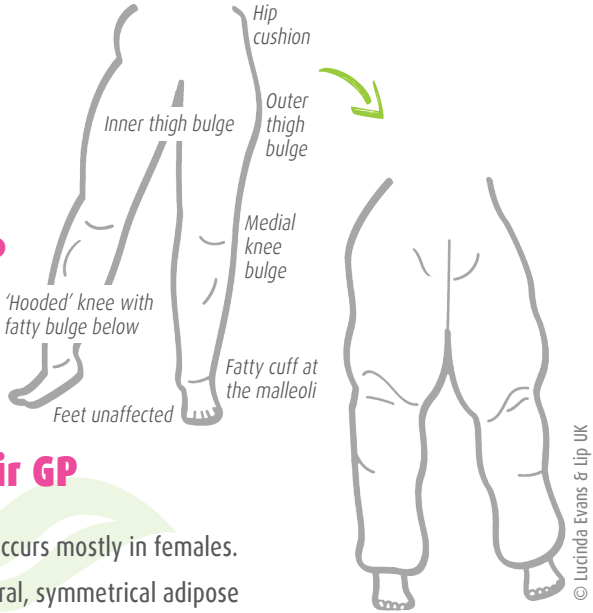
LipoedemaUK©

Charity No 1181312

AWARENESS, DIAGNOSIS, TREATMENT & RESEARCH

# Can you distinguish between:

a) **Lipoedema**
b) **Obesity**
c) **Lymphoedema?**

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## Many women with Lipoedema are wrongly diagnosed obese by their GP

- **Lipoedema is a chronic disease** that occurs mostly in females.
- Characterised by abnormal excess, bilateral, symmetrical adipose tissue mainly in the hip region, upper and lower leg area.
- Hormonal and genetic factors are likely links to the condition.
- Lipoedema can have a severe impact on quality of life and physical and psychosocial well-being.
- Lipoedema is often misdiagnosed as lymphoedema or simple obesity.
- Left untreated the condition can be debilitating and can be a massive cost burden for the NHS.
- Early diagnosis and treatment is vital for this group of patients, yet service provision is varied and sometimes non-existent.

Watch the **BBC1 News** report at **lipoedema.co.uk**

Find out more, inside...

# Differential diagnosis

## How to distinguish between Lipoedema, Lymphoedema & Obesity

**There is no diagnostic tool for lipoedema as yet and identifying the condition relies on key clinical indicators based on history taking, clinical assessment, examination and differential diagnosis.**

### DIFFERENTIATING LIPOEDEMA FROM LYMPHOEDEMA & OBESITY

| CHARACTERISTIC | LIPOEDEMA | LYMPHOEDEMA | OBESITY |
|---|---|---|---|
| Gender | • Almost exclusively female | • Male or female | • Male or female |
| Age at onset | • Usually 10–30 years | • Childhood (mainly primary); adult (primary or secondary) | • Childhood onwards |
| Family history | • Common | • Only for primary lymphoedema | • Very common |
| Areas affected | • Bilateral<br>• Usually symmetrical<br>• Most frequently affects legs, hips and buttocks; may affect arms<br>• Feet/hands spared | • May be unilateral or bilateral depending on cause | • All parts of the body<br>• Usually symmetrical |
| Effect of dieting on condition | • Weight loss will be disproportionately less from lipoedema sites | • Proportionate loss from trunk and affected limbs | • Weight reduction with uniform loss of subcutaneous fat |
| Effect of limb elevation | • Absent or minimal | • Initially effective in reducing swelling; may become less effective as the disease progresses | • None |
| Pitting oedema | • Absent or minor in the early stages of the disease | • Usually present but pitting may cease as the disease progresses and tissues fibrose | • No |
| Bruises easily | • Yes | • Not usually | • No |
| Pain/discomfort in affected areas | • Often<br>• Hypersensitivity to touch in affected areas | • May be uncomfortable<br>• No hypersensitivity to touch | • No |
| Tenderness of affected areas | • Often | • Unusual | • No |
| Skin consistency | • Normal or softer/looser | • Thickened and firmer | • Normal |
| History of cellulitis | • Unusual* | • Often | • Unusual |
| Stemmer's sign | • Usually negative** | • Usually positive*** | • Usually negative |

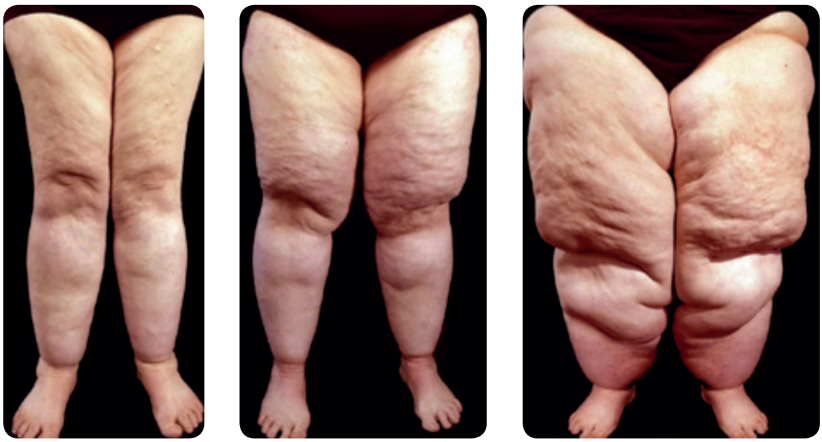
Differentiating lipoedema from lymphoedema and obesity (Forner-Cordero et al, 2009; Langendoen et al, 2009; Fife et al, 2010; Child et al, 2010; Fetzer & Wise, 2015).

*Unless lipolymphoedema is present. **Unless secondary lipolymphoedema is present. ***A positive Stemmer Sign represents failure to pinch a fold of skin at the base of the second toe – this will be negative in a patient with Lipoedema.

# Signs & symptoms

## There are different types and stages of Lipoedema

**In the early stages signs and symptoms may be mild but may worsen as the disease progresses.**





- Onset of symptoms is usually during puberty, during/after pregnancy or menopause.
- Symmetrical presentation involving both legs. Significant disproportion of hip to waist ratio.
- Early stages: the upper body may remain slender as the lower body enlarges and fat accumulates in the hips, thighs and legs.
- Later stages: Lipoedema may affect the arms and a secondary Lymphoedema may also develop. Mobility is restricted and the condition becomes more chronic with joint problems and skin changes can be seen.
- Weight loss diets have little or no effect on lipoedemic fat.
- Pain/heaviness in tissues, hypersensitivity to touch. Easy bruising.
- Fat pads above, inside and below knees and in outer regions of upper thighs.
- Gait can be affected, and patients may have fallen arches.
- Feet and hands are generally unaffected with a 'cuffing' or 'bracelet' effect seen to the ankles or wrists.
- Skin may feel cool and have a "dimpled appearance".
- A holistic approach involving a Multi-Disciplinary Team (MDT) is often required in the management of lipoedema and should include support with the physical and psychosocial impact of living with lipoedema.
- Referral to a lymphoedema clinic can be helpful with diagnosis, assessment, advising and supporting the patient & facilitating self-care with Compression Therapy, skincare, exercise, healthy eating and pain management.
- Surgical Management with Medical Tumescent Liposuction has been shown to have a positive impact with improved Quality of Life for patients.[1]

**1** Reich-Schupke et al, 2012; Peled & Kappos, 2016; Schmeller et al, 2012; Baumgartner et al, 2016.

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**Despite Lipoedema first being described in 1940[1], it is still widely misunderstood and misdiagnosed. Our belief is that early diagnosis and treatment prevent other chronic complications such as obesity and lymphoedema developing.**

## The goals of Lipoedema UK are

- To raise **awareness** of lipoedema within the medical professional to prevent mis-diagnosis.
- To provide medically verified information on **diagnosis** and treatment pathways.
- To help patients access **treatment** and support and encourage self-management.
- To host and attend conferences and forums for leading health professionals and patients.
- To facilitate sharing of knowledge, **research** and networking.

## Patrons & Nurse Consultants

- **Professor Peter Mortimer** MD, FRCP, Professor of Lympho-Vascular and Dermatological Medicine to St George's and Royal Marsden Hospitals, London, UK
- **Dr Kristiana Gordon** MBBS, MRCP, CLT, Consultant in Dermatology & Lymphovascular Medicine St George's University Hospitals, London, UK
- **Denise Hardy** RGN, BSc (Hons); Lymphoedema Nurse Consultant, Manager - Kendal Lymphology Centre, UK
- **Kris Jones** RGN, ENB 931, ENB N34, Post Graduate Diploma, Managing Director, LymphCare UK
- **Mary Warrilow** RGN, BSc (Hons), QN, Joint Founder, LymphCare UK, Independent Nurse Consultant

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WUK BPG

wounds-uk.com/best-practice-statements/best-practice-guidelines-themanagement-of-lipoedema

Guidelines Guidelines for Nurses mgp

Guidelines.co.uk/woundsuk/lipoedema

1 Allen EV, Hines EA (1940) Lipedema of the legs: a syndrome characterised by fat legs and orthostatic edema. Proc Staff Meet Mayo Clin 15: 184-87. © Lipoedema UK. Ref: CYDMWSF0619.

**Visit Lipoedema UK to find out about diagnosis, treatment options and our pioneering work to help change the future for people living with lipoedema**

lipoedema.co.uk info@lipoedema.co.uk