Primary periodic paralyses (PPP) are rare, hereditary skeletal muscle channelopathies (ie, hyperkalemic PPP [HYP], hypokalemic PPP [HOP]) characterized by muscle weakness. Treatment with dichlorphenamide (DCP) for 9 weeks has been shown to be efficacious for reducing weekly attack rates in patients with PPP.

To evaluate the long-term (up to 61 weeks) efficacy of DCP treatment for PPP, the study completer population included patients in the intent-to-treat (ITT; all patients randomly assigned to receive DCP) or placebo (PBO) groups who completed 61 weeks of treatment (study completer population).

For patients in the study completer population, the median weekly attack rate and median severity-weighted attack rate improved significantly from baseline to Week 61 in both treatment groups (Table 2; Figure 2; Figure 3).

For patients in the study completer population, the median weekly attack rate and median severity-weighted attack rate decreased from Week 9 to Week 61 and were unchanged from Week 9 to Week 61 in both treatment groups (Table 3).

Between-group differences in median weekly attack rates (Figure 2) and median severity-weighted weekly attack rates (Figure 3) were not significant for changes from baseline at Week 61.