

Closing the Gap in Hypophosphatasia (HPP) Care website

Programme initiated and funded by Alexion, AstraZeneca Rare Disease. Intended for healthcare professionals only.

Closing the gap in HPP care is an educational initiative that aims to foster a better understanding of the challenges in diagnosing and managing HPP.

What is HPP?

- An inherited, metabolic, systemic, rare disease caused by low tissue-nonspecific ALP activity, commonly due to pathogenic variants of the *ALPL* gene¹
- Signs and symptoms may appear at any age and involve skeletal and/or non-skeletal manifestations²
- Over a patient's lifetime, HPP signs and symptoms can change, and multiple HPP-related clinical manifestations can accumulate, likely reflecting the evolution and progression of the disease²

Content hub

Videos from the perspectives of global experts and patients aim to help physicians across different specialties suspect and assess HPP signs and symptoms.



VIDEO
Introduction to HPP and the HPP diagnostic criteria

Dr Aliya Khan



VIDEO
HPP diagnosis: from patients' perspectives



VIDEO
HPP diagnosis: from a radiological perspective

Prof. Amaka Offiah



VIDEO
HPP diagnosis: from a dental perspective

Prof. Kazuhiko Nakano



VIDEO
HPP diagnosis: from an endocrinological perspective

Prof. Maria Luisa Brandi



VIDEO
HPP diagnosis: from a neurological perspective

Dr Christina Lampe



VIDEO
HPP diagnosis: from a genetics perspective

Prof. Dr Adela Chirita-Emandi



VIDEO
HPP monitoring: from patients' perspectives

Check out the Closing the gap in HPP care website [here](#)

Join us for our next webinar!



Live virtual sessions incorporating discussion-based presentations and clinical cases

Diagnosis:
Tuesday, 2 December

Disease burden:
Thursday, 4 December

Two sessions per webinar → Session 1: 11:30–13:00 CET
Session 2: 18:00–19:30 CET

ALP, alkaline phosphatase; ALPL, alkaline phosphatase gene; HPP, hypophosphatasia.

1. Khan AA, et al. *Osteoporosis Int.* 2024;35:431–438; 2. Szabo SM, et al. *Orphanet J Rare Dis.* 2019;14(1):85 and supplementary.

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