Myasthenia Gravis

What is Myasthenia Gravis (MG)?

MG is an autoimmune disorder that causes weakness of the muscles in your arms, legs and face. “Autoimmune” means that the immune system is mistakenly attacking the body’s own healthy tissues.

MG most commonly affects muscles that control eye movements, chewing, swallowing, coughing and facial expression. Muscles that control breathing, arm and leg movements are also often affected.

MG affects more women than men. The most common age to develop Myasthenia Gravis is 10 to 30 years for women and 60 to 80 years for men.

MG is progressive, which means that symptoms worsen over time. Weakness may come and go, and these things may make your symptoms worse:

- Emotional upset
- Illness such as a virus
- High or low thyroid hormone levels
- Pregnancy
- Menstrual cycle in women
- Increases in body temperature
- Prolonged physical activity
- Time of day

There is no cure for MG, but supportive treatment can help you manage the symptoms.

What are the symptoms of MG?

The symptoms of Myasthenia Gravis include:

- Double vision (diplopia)
- Droopy eyelids (ptosis)
- Difficulty speaking (dysarthria)
- Difficulty swallowing (dysphagia)
- Difficulty chewing due to weak jaw muscles
- Reduced facial expression
- Weakness of arm muscles more than leg muscles. Muscles in the neck, shoulder and thigh are commonly affected.
- Fatigue
- Shortness of breath

What causes MG?

Myasthenia Gravis occurs when the body's immune system (which typically is helpful and fights against infection) attacks its own healthy tissues. This is called an autoimmune response. We do not know exactly why this happens. Sometimes MG results from genetic abnormalities at the area where a nerve and muscle meet (called the neuromuscular junction).

How do you know I have MG?

Your doctor or specialist can tell if you have Myasthenia Gravis from:

- Talking to you about your symptoms and past medical history
- A physical exam to see how well your muscles and nerves are working
- Reviewing the results of tests

Tests for MG include:

- Nerve conduction studies and Electromyography. These tests measure the electrical activity in your muscles and nerves. Repeatedly stimulating a nerve and looking for the size and presence of a muscle response can help determine if you may have MG.
- Blood tests. Certain types of antibodies (proteins) are common in people with MG and can be found with a blood test.

How is MG treated?

Treatment for Myasthenia Gravis is specific for each person and includes: corticosteroids, immunosuppressant drugs, intravenous immunoglobulin therapy (IVIg) and plasma exchange. You will work closely with the health care team to make a treatment plan that meets your needs.

Corticosteroids

- Corticosteroid medication, such as prednisone, can improve or completely relieve symptoms in many people with MG.

Immunosuppressant Drugs

- These medications can help lower your body's immune system response, which can help to prevent it from attacking its own tissues.

Intravenous Immunoglobulin (IVIg) Therapy

- IVIg is an infusion of "good" antibodies (proteins) through an IV line that is generally tolerated well. It can help increase your overall strength and help you to function better.
- IVIg therapy must be given at the hospital, and repeated every 2 to 6 weeks.

Plasma Exchange

- Exchanging part of your blood with new blood can be used as a short-term treatment for people with sudden worsening of symptoms.

If you have questions about Myasthenia Gravis or your care, please speak with your health care team at the Neuromuscular Clinic.

905-521-7933

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