

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting: https://reachmd.com/programs/cme/living-with-gmg-navigating-personal-professional-and-mental-health-challenges/32726/

Released: 04/02/2025 Valid until: 04/02/2026 Time needed to complete: 58m

ReachMD

www.reachmd.com info@reachmd.com (866) 423-7849

Living with gMG: Navigating Personal, Professional, and Mental Health Challenges

Announcer:

Welcome to CME on ReachMD. This activity is provided by Prova Education. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Bril:

This is CME on ReachMD, and I'm Dr. Vera Bril. Here with me today is Dr. Nicholas Silvestri. Let's dive right in with a discussion of the burden of generalized myasthenia gravis, or gMG, on patients and their caregivers.

Dr. Silvestri:

Thanks very much, Dr. Bril, for having me today. As you know, the signs and symptoms of myasthenia gravis are protean. Different patients can have different symptoms or signs that lead to really the burden of their disease. If we go top to bottom, patients can have ocular symptoms. They can be functionally blind with either double vision or droopy eyelids that tend to fluctuate throughout the day, as many of the symptoms of myasthenia do. And when it comes to ocular symptoms, that can be hugely impactful with inability to read, watch television, drive, et cetera. Patients can have bulbar muscle involvement that can manifest as problems with chewing, swallowing, or speaking, which obviously can interfere not only with patients' ability to maintain adequate nutrition, but also to communicate effectively. And they could have weakness of muscles of their arms, of their legs, of their axial musculature, which can lead to a significant impairment in the ability to carry out activities of daily living or activities of pleasure. This is also true for respiratory muscle weakness, leading to shortness of breath or orthopnea. And a lot of the other symptoms that patients describe with myasthenia don't necessarily directly relate to muscle weakness, but they tend to be a result of them. Many patients with myasthenia gravis will have fatigue. Now, whether this is due to an underlying associated problem like obstructive sleep apnea or just simply a part of the disease, it can be quite debilitating and really impact their quality of life and activities of daily living, and really that of their caregivers too, as can all of these symptoms that I mentioned a minute ago.

I think one other important thing to bring out, really, is that all of these symptoms can lead to a feeling of depression or anxiety in patients, given the fact that they have these symptoms and the fact that they can be unpredictable at times, which, again, all have a negative impact on quality of life and really lead to a burden.

And so it's really important that we work with our patients to understand what symptoms affect them, do our best to treat those symptoms, whether they're directly due or indirectly due to myasthenia, and work with patients and their caregivers to give them the support they need, whether it's through medications or other forms of treatments or linking them up with things like support groups.

So this was a very quick overview, but I hope this was helpful.

Dr. Bril:

Yes, so these symptoms are the typical symptoms of myasthenia. One of the interesting challenges for physicians who care for patients with MG is that patients may have symptoms, but when you examine them in the office, they're quite normal on examination, on

physical examination, and so it can be sometimes difficult to assess, so you need ways to assess them.

And also the unpredictability of the disorder, the lack of ability to be certain if a patient is going to have energy during the day or have a good day or a bad day or can continue with any activity, produces a huge challenge.

I think the other huge challenge that I've noticed is that patients don't always share with you all that's going on. For example, one of my patients had a myasthenic crisis and was terrified for quite a long time after that there would be another one but never actually shared that concern with me. So there are multiple elements to managing patients with myasthenia gravis and to their presentations and their concerns.

Well, this has been a great, bite-sized discussion but our time is up. Thanks for listening.

Announcer:

ReachM

Be part of the knowledge.

You have been listening to CME on ReachMD. This activity is provided by Prova Education and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.