ABOUT MG-MI

The Myasthenia Gravis Foundation of Michigan (MG-MI) was founded in 1976 to raise awareness about MG and provide resources and support to persons living with MG and their caregivers.
Our services include:

- Support meetings in cities throughout Michigan that provide opportunities for patients, their families and friends to learn about the illness and share tips on living with the condition.
- Offering a variety of educational materials for patients, the public and medical professionals.
- Hosting an annual patient education conference and annual MG community fundraiser.
- Publishing a quarterly newsletter featuring local and state activities, and medical and/or patient-oriented articles.
- Trained volunteers who are available to assist newly diagnosed patients in adjusting to MG and for in-hospital visits.

MG-MI is a self-sustaining non-profit 501(c)(3) organization that relies on the generous financial support of individuals, corporate sponsors and grants. Please consider making a tax-deductible donation – visit **mg-mi.org** for details.

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UNDERSTANDING MYASTHENIA GRAVIS

mg mi MYASTHENIA GRAVIS FOUNDATION OF MICHIGAN

Providing Education, Resources & Support

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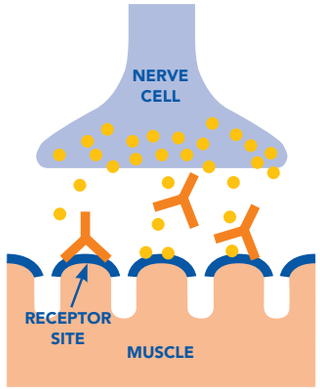
WHAT IS MYASTHENIA GRAVIS (MG)?

Myasthenia Gravis (pronounced My-as-theen-ee-a Grav-us), often abbreviated to MG, is an autoimmune neuromuscular disease that causes varying degrees of weakness in the body. If you have MG, your immune system produces antibodies that attack the junction between nerve and muscle cells.

AN AUTOIMMUNE DISEASE – THE BODY ATTACKS ITS OWN CELLS

1. The **NERVE CELL** sends a **CHEMICAL SIGNAL**.
2. **ANTIBODIES** block the chemical signals from reaching the **RECEPTOR SITES** on **MUSCLE** cells.
3. Without these **CHEMICAL SIGNALS**, the **RECEPTOR SITES** are reduced, causing weakness.



WHO GETS MG?

MG affects both men and women and occurs across all racial and ethnic groups. It most commonly impacts women under 40 and men over 50, but it can occur at any age, including childhood. We don't know why it occurs, but it is not contagious or directly inherited. It is estimated that 20 out of every 100,000 people in the U.S. have MG.

What are MG symptoms?

- Blurred or double vision
- Involuntary drooping eyelids
- Nasal voice, usually after prolonged talking
- Difficulty chewing and swallowing, particularly toward the end of a meal
- Weakness in the arms and legs
- Loss of facial expression, including the ability to smile
- Difficult or shallow breathing

Someone with MG may experience just one or a combination of these symptoms. The severity of symptoms varies from patient to patient. Mild cases are temporarily relieved by rest. Strength is usually best in the morning, but fatigue and weakness increase as the day goes on. Symptoms can come and go at first, making diagnosis difficult. Tiredness in the usual sense is not a typical symptom.

How is MG diagnosed?

- Blood test for abnormal antibodies
- Electromyogram (EMG)
- Edrophonium Chloride injection
- Neurological exam

IS THERE A CURE FOR MG?

There is not yet a cure for MG. However, the disease does not reduce life expectancy – most people with MG manage their symptoms and lead active lives. These strategies can help:

- Maintain a well-balanced diet and regular eating habits, get sufficient rest and reduce stress.
- Schedule regular rest periods during the day and delegate tasks to others when possible.
- If swallowing is affected, plan meals at times when your muscle strength is greater.

MG support groups can be a great source of comfort, assistance and education. You can find information on support groups across Michigan at **mg-mi.org.**

HOW IS MG TREATED?

While there's no known cure, effective treatments allow most people with MG to lead full, healthy lives. Treatment options include:

Medications. Anticholinesterase agents, such as Mestinon, promote the activation of more receptor sites. Corticosteroids (e.g., prednisone) and immunosuppressive agents (e.g., Imuran, and CellCept) may be used to suppress the abnormal action of the immune system.

Surgery. Thymectomy is surgical removal of the thymus gland located behind the breastbone. It can result in noticeable improvement or remission.

Plasma Exchange. Plasmapheresis removes the abnormal antibodies from the plasma of the blood.

Infusion Therapy. Intravenous immune globulin (IVIg) replaces a patient's antibodies with those donated by plasma donors. Newer therapies interfere with antibody life cycle or activity.

Treatment decisions are based on the severity of weakness, the patient's age and the degree of impairment.