DISCOVER WHY UNCONTROLLED gMG NEVER RESTS

See the ongoing impact of generalized myasthenia gravis (gMG) and understand how to communicate with your patients to identify uncontrolled disease.

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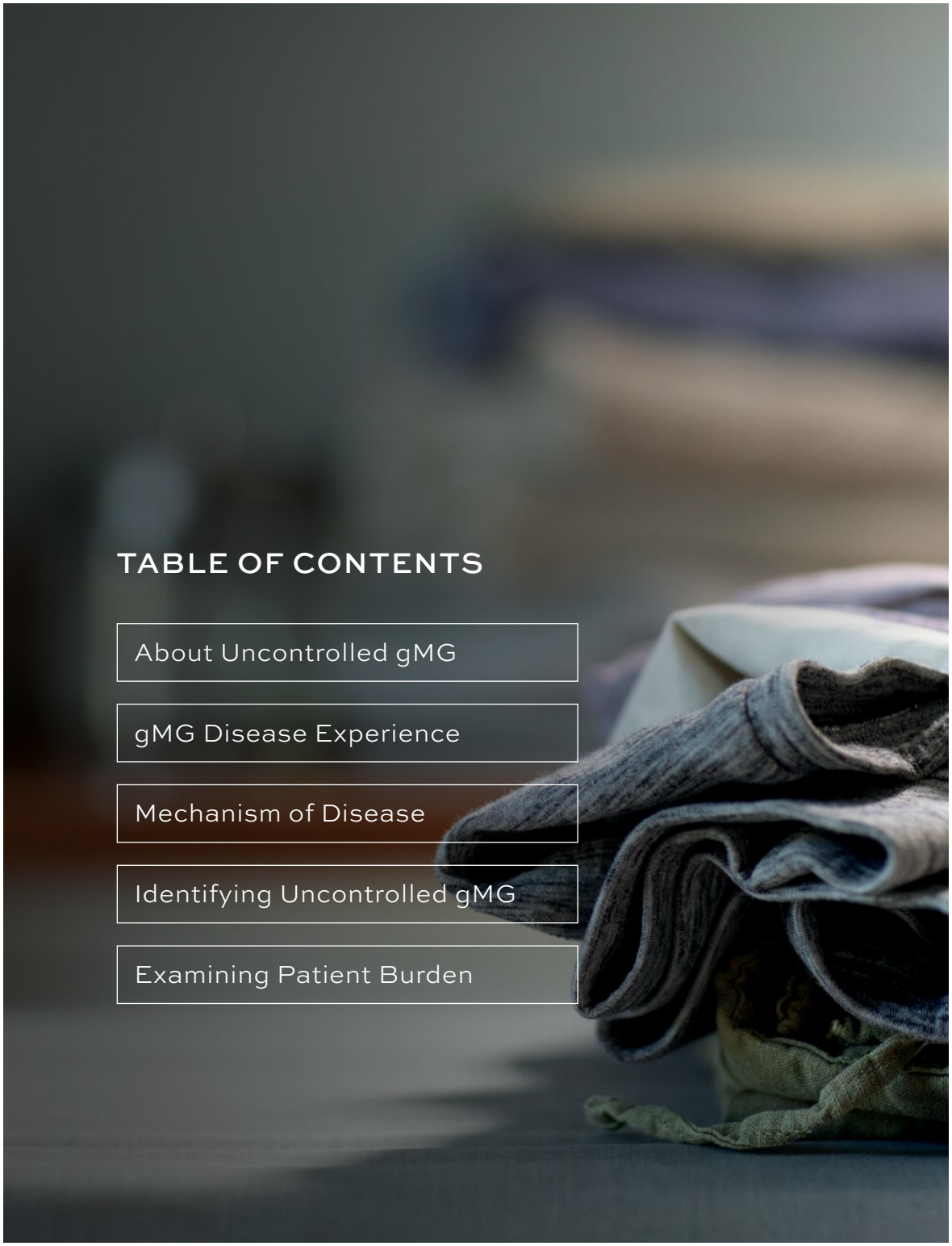
UNCONTROLLED. UNPREDICTABLE. UNEXPECTED.

In approximately 50% of patients with gMG, their disease remains uncontrolled.[1,2]

This means that they cope with **moderate-to-severe symptoms,** along with the ongoing risk of exacerbations, that can disrupt their lives and plans—despite being on treatment.[1-3]

Identifying patients with uncontrolled gMG and the impact it has on them is critical for optimizing disease management.[2]



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UNCONTROLLED gMG CAN BE A DAILY STRUGGLE

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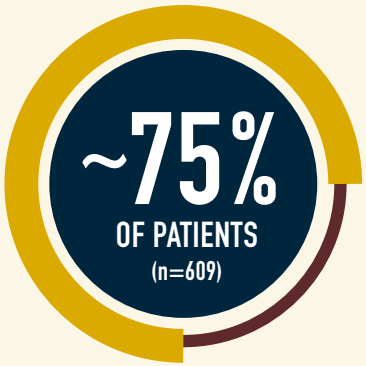
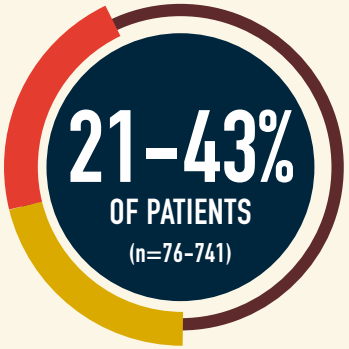
For a large portion of patients with gMG, muscle weakness can be uncontrolled and the risk of serious events can be unpredictable.[1-4]

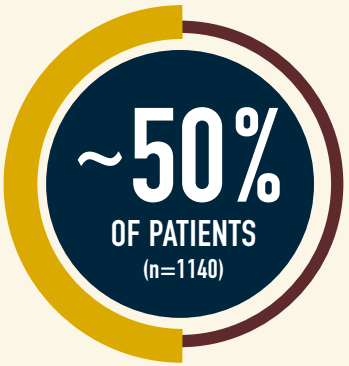
These patients with uncontrolled gMG cope daily with debilitating moderate-to-severe symptoms and the ongoing threat of myasthenic crises.[1,3]



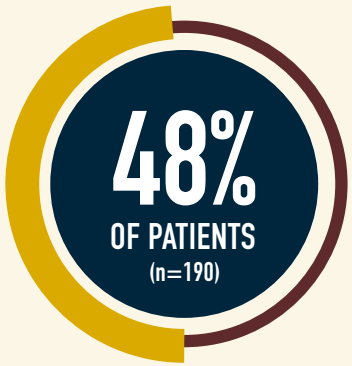
followed over 4 decades **reported moderate-to-severe weakness**[2]



experienced ER visits or hospitalizations over the course of 6 months[3]*



had moderate-to-severe gMG, with MG-ADL scores of 6 or above[1†]



with MG-ADL scores of 6 or above **reported feeling like their ability to perform daily routines was considerably impaired**[5]

*In a retrospective analysis of patients with a diagnosis of gMG for ≥2 years who enrolled in the Myasthenia Gravis Foundation of America (MGFA) Patient Registry.
†In a cross-sectional analysis of patients with gMG who had a mean duration of disease of 9.9 years.
MG-ADL=Myasthenia Gravis Activities of Daily Living.

THE gMG DISEASE EXPERIENCE CAN FEEL UNPREDICTABLE

For patients with chronically uncontrolled gMG, instability and unpredictability are ever present.[2,4]

The lack of understanding surrounding the triggers for intermittent worsening of symptoms can significantly affect the disease experience.[2,4]

79–90% OF PATIENTS
NEVER REACH COMPLETE STABLE REMISSION[6,7*]
(n=677)[6]

Fluctuations can be spontaneous,
varying from day to day and from hour to hour[4]

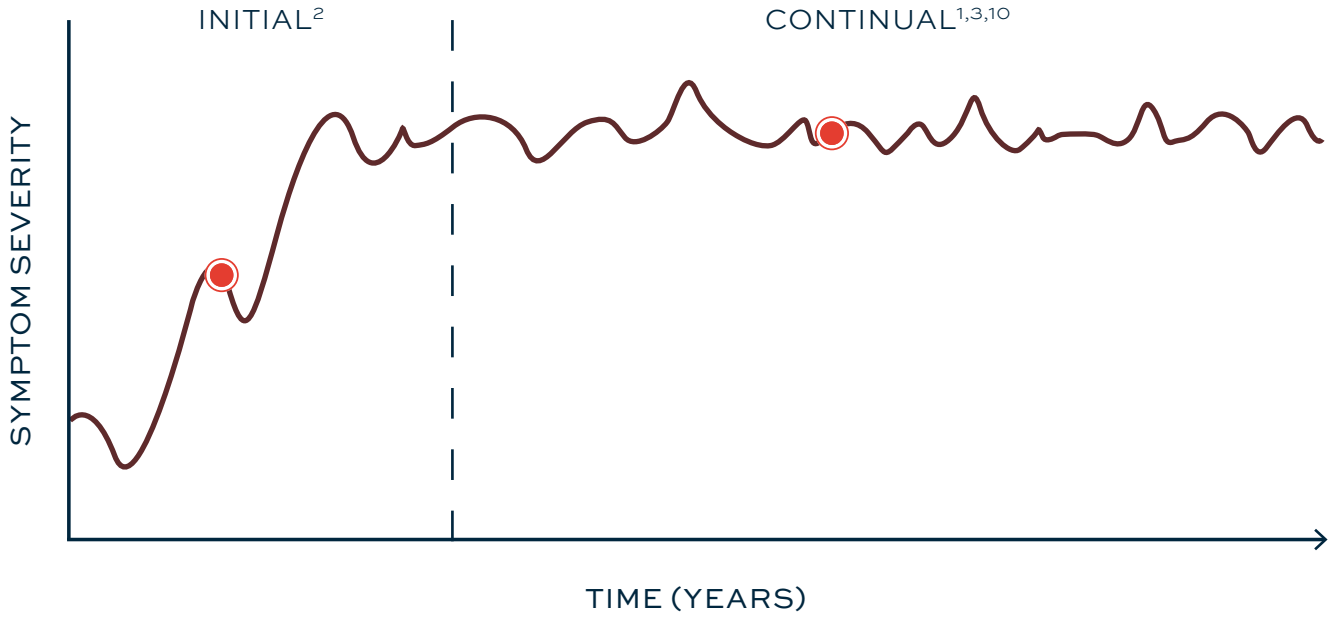
Identified triggers
of worsening symptoms include mental and physical stress, seasonal changes, infections, certain medications, and vaccinations[2,8]

20% of patients
will experience a potentially life-threatening myasthenic crisis requiring intubation at least once during their lifetime[3,9] (n=188)[9]

69% of patients
who experienced a myasthenic crisis had no identifiable precipitating factor[9] (n=188)

*The MGFA Post-intervention Status (MGFA-PIS) defines complete stable remission as having no symptoms or signs of gMG for at least 1 year and receiving no therapy during that time.

gMG CAN BE DEBILITATING AND UNPREDICTABLE PAST THE INITIAL PHASE OF DIAGNOSIS[1,3,10]



INITIAL

Increasing weakness reaching maximal severity[2]

~2-3 years

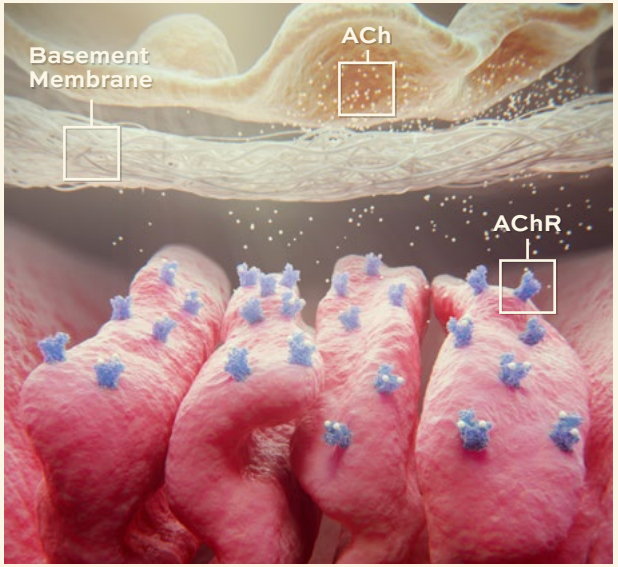
CONTINUAL

Ongoing unpredictable and debilitating symptoms, and risk of exacerbations and crises[1,3,10]

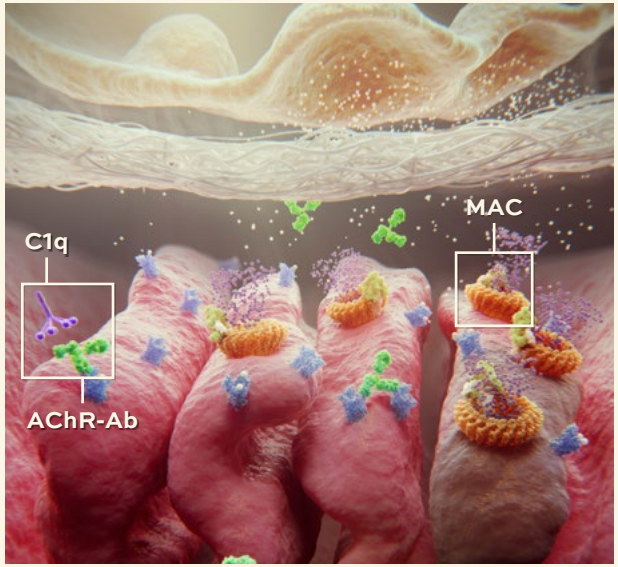
AChR-Ab+ gMG IS CAUSED BY PATHOGENIC IgG AUTOANTIBODIES THAT TRIGGER COMPLEMENT-MEDIATED DESTRUCTION OF THE NMJ[11-14]

Autoantibody binding and resulting complement activation interrupt normal synaptic function needed to signal muscle contraction, resulting in the chronic muscle weakness that defines gMG.[11-14]

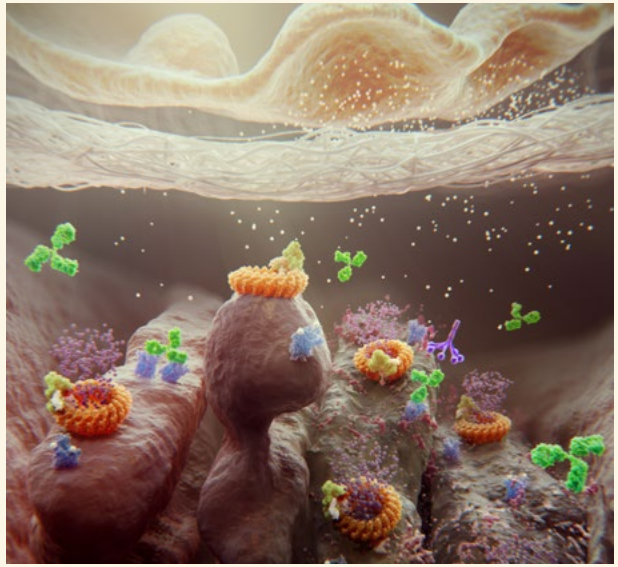
UP TO 88% OF PATIENTS WITH gMG HAVE AChR AUTOANTIBODIES[15-17]
(n=232)[15] (n=153)[17]



- In healthy individuals, ACh binding to densely packed AChRs initiates the signal for muscle contraction at the NMJ.[14]
- The highly folded junctional membrane structure helps amplify the signal.[14]

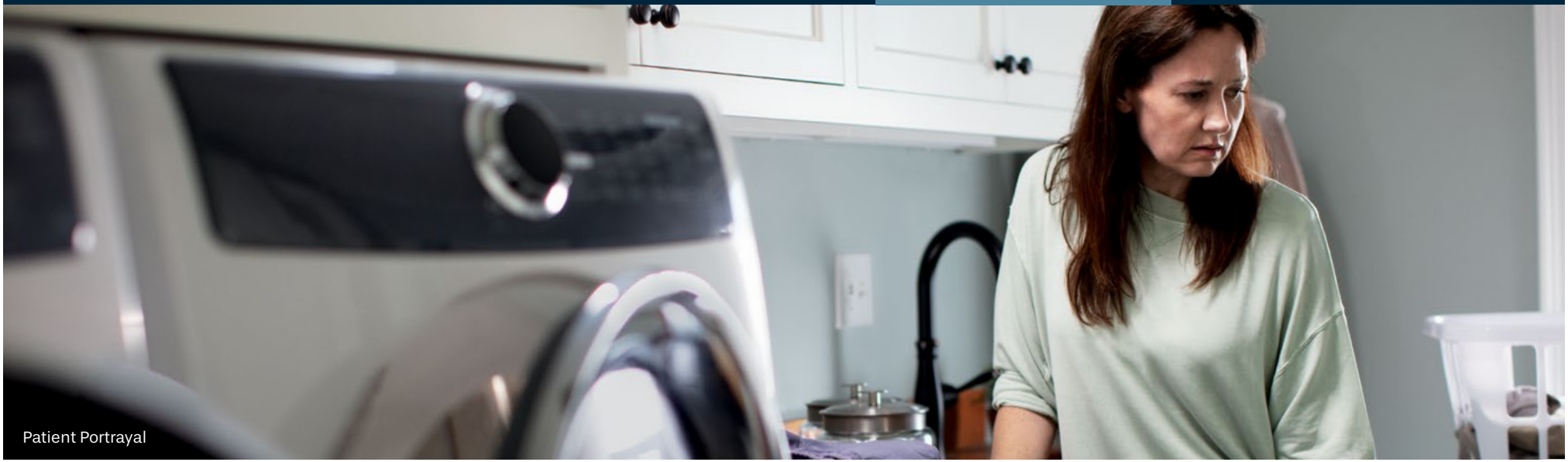


- In AChR-Ab+ gMG, autoantibody binding to AChR recruits complement, resulting in formation of the MAC.[14,18]
- MAC inserts into the membrane, causing focal lysis and triggering shedding of membrane fragments.[14,18]



- AChRs are shed along with membrane fragments, reducing their number and activity.[18]
- Membrane loss flattens junctional fold structure, further disrupting neuromuscular signal transmission.[19]

AChR-Ab+ gMG: acetylcholine receptor antibody-positive generalized myasthenia gravis C1q: complement component 1q IgG: immunoglobulin G MAC: membrane attack complex
NMJ: neuromuscular junction


Patient Portrayal

CHRONIC gMG CAN GREATLY IMPACT PATIENTS' PHYSICAL, PERSONAL, AND PROFESSIONAL LIVES[8,20,21]

Uncontrolled gMG can cause patients to make frequent modifications to help cope with the daily challenges of their disease. However, they may not share the full impact of uncontrolled gMG on their lives. Communicating with them regularly may help identify uncontrolled gMG.[22]

TALKING POINTS:

- Check in at each and every office visit about how they navigate their daily activities.
- Help them verbalize their reality by openly asking about any modifications they're making to their routines, which may include walking, daily chores, and even eating.

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GET A COMPLETE PICTURE OF PATIENT BURDEN

Breaking down the symptoms and experiences may help patients discuss the full impact of their disease.

DISEASE BURDEN

THE PHYSICAL TOLL OF gMG

70%

of patients with gMG have **difficulty walking,** which may affect daily activities such as climbing stairs[23]
(n=1518)

UP TO 70%

of patients with gMG find it **challenging to do household chores** like cleaning and vacuuming[21,22]
(n=190)

~40%

of patients **have difficulty chewing and swallowing,** which can lead to nutrition and weight issues[23]
(n=1518)

33%

of patients have **difficulty driving** due to vision problems and arm weakness[22]
(n=190)

DISEASE BURDEN (CONT.)

THE PERSONAL TOLL OF gMG

42%

of patients with gMG **experience depression,** which is more prevalent than in the general population (16%)[24]
(n=36)

gMG can also **negatively impact caregivers**—in most cases, a spouse or partner—who often have to help with daily activities[21,22]

Patients with gMG have **lower health-related quality of life** (HR-QOL) when compared with the general population[22,23]

THE PROFESSIONAL TOLL OF gMG

27%

of patients **experienced unemployment**[20]
(n=917)

36%

of patients **experienced decreases in income**[20]
(n=917)

28%

of patients with an average age of 57 years were **forced to retire early**[23]
(n=1518)

Work absenteeism was frequently reported, regardless of disease status[25*]

*Ranging from 1-3 days to over 1 month within the last 6 months, in a survey of patients with gMG across 13 centers (N=825).

TREATMENT BURDEN

It's important to consider all current treatment options and their associated risks and benefits.

The long-term use of immunosuppressive therapies (including steroids) is associated with risk of[26,27]:

Diabetes

Hypertension

Leukopenia

Osteoporosis

Liver and Kidney Toxicities

Neuropsychiatric Disturbances

70%

of patients with MG-ADL scores of 6 or above **do not feel their treatment goals are being met (n=190)[5]**

~36–64%

patients receiving treatment still had **difficulty controlling gMG symptoms** over the course of a 3-year study **(n=590)[7*†]**

Impacts of treatment-related side effects include (n=14)[28‡]:

64% **had to take additional medication** to cope with side effects

43% **felt bedridden**/unable to leave the house

57% of patients reported **weight gain**

*Symptom control is defined as minimal manifestations (MM) status or better with prednisolone 5 mg/day or lower for at least 6 months.
†Approximately 31 to 54% of patients received intensive regimens consisting of plasma exchange, intravenous immunoglobulin (IVIg), and/or IV steroids within 6 months of treatment initiation. Other treatment options included intravenous methylprednisolone, immunosuppressive treatments (ISTs), pyridostigmine, plasma exchange, and/or IVIg.
‡Cross-sectional, qualitative, one-on-one interview study with 14 individuals diagnosed with MG.

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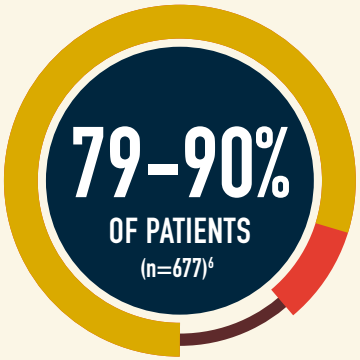
COMMUNICATE WITH YOUR PATIENTS ABOUT THE TRUE IMPACT OF UNCONTROLLED gMG

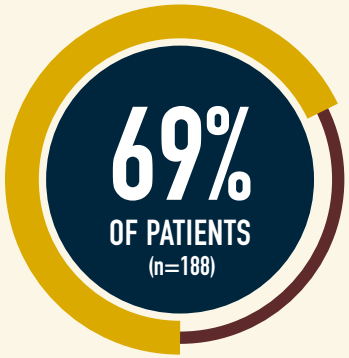
Patients with uncontrolled gMG cope daily with debilitating moderate-to-severe symptoms and the ongoing risk of life-threatening crises.[1,3]

~50% OF PATIENTS WITH gMG REMAIN UNCONTROLLED[1,2] (n=1140)

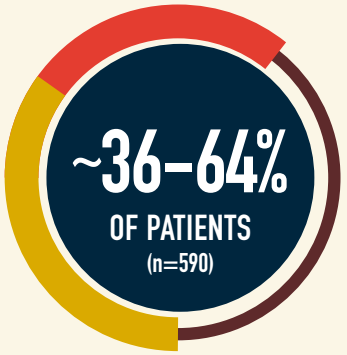


never reach complete stable remission[6,7*]

will experience a potentially life-threatening myasthenic crisis[3,9†]



who experienced a myasthenic crisis had no identifiable precipitating factor[9]



of patients receiving treatment still had difficulty controlling gMG symptoms over the course of a 3-year study[7‡§]

*The MGFA Post-intervention Status (MGFA-PIS) defines complete stable remission as having no symptoms or signs of gMG for at least 1 year and receiving no therapy during that time.
†Requiring intubation at least once during their lifetime.
‡Symptom control is defined as minimal manifestations (MM) status or better with prednisolone 5 mg/day or lower for at least 6 months.
§Approximately 31 to 54% of patients received intensive regimens consisting of plasma exchange, intravenous immunoglobulin (IVIg), and/or IV steroids within 6 months of treatment initiation. Other treatment options included intravenous methylprednisolone, immunosuppressive treatments (ISTs), pyridostigmine, plasma exchange, and/or IVIg.

Patient Portrayal

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