

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/discharge-planning-after-myasthenic-crisis/51022/>

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Discharge Planning After Myasthenic Crisis

Announcer:

This is *NeuroFrontiers* on ReachMD. Today, Dr. Qihua Fan will be sharing her insights on care transitions after myasthenic crisis. Dr. Fan is an Assistant Professor in the Department of Neurology at Virginia Commonwealth University in Richmond, and she presented on this topic at the AANEM 2026 Annual Meeting. Here she is now.

Dr. Fan:

The thing that we have to think about when inpatient patients who are admitted with myasthenia crisis are preparing for discharge and longer-term recovery is, we need to get them on a transitional maintenance regimen that can get them from the inpatient to rehab to their outpatient myasthenia doctor, who can then take over their care.

For example, if you have a patient with a new myasthenia diagnosis who has horribly uncontrolled diabetes, it probably doesn't make a lot of sense for you to put them on high-dose corticosteroids and then say, "Follow up with your outpatient myasthenia doctor, and good luck."

So I think the challenge that we as neuromuscular doctors and neurologists have to face is, we need to partner with our inpatient neurology providers—so neurohospitalists and general neurologists—as well as the pharmaceutical industry to develop a workflow that can transition through all the different phases of care.

So, for example, if a patient gets admitted with MG crisis, and it's a new diagnosis and they need to be started on a bridge therapy—for example, like an FcRn inhibitor—to get them to their outpatient or long-term maintenance management, there's a challenge right now that the inpatient provider probably isn't the best person to start that paperwork and the authorization process inpatient. Maybe it should be. Maybe that's the role that we should be able to take on, and have that transition be able to bridge inpatient, rehab, outpatient.

And then another consideration is, for patients who have severe enough disease to be admitted with an MG crisis, they probably need more aggressive treatment options. And we know that it takes a long time for patients to be properly immunized for use of complement inhibitors in the outpatient setting. So, would it make sense for patients with newly diagnosed MG, when they're admitted, to be immunized while they're in the hospital so that they are set up to have complement inhibitor as a treatment option once they get to their outpatient neurologist office?

Announcer:

You just heard Dr. Qihua Fan discussing how to bridge inpatient and outpatient care in myasthenia gravis. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!