Transcript Details
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Understanding Variability in Myasthenia Gravis

Announcer:
You're listening to *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Henry Kaminski, Meta A. Neumann Professor of the Department of Neurology at The George Washington University School of Medicine and Health Sciences in Washington, DC. He'll be sharing insights on variability in myasthenia gravis presentation and management. Here's Dr. Kaminski now.

Dr. Kaminski:
By definition, patients with myasthenia gravis have fluctuating symptoms over the day and over weeks and months. And the challenge in treating these patients is you don't know, in the individual patient in front of you in the office, which way they're going to go. Are they going to have a significant exacerbation? Are they already significantly weak, and then they need to have immediate treatment? Or is this going to be a person who does, let's just say, prednisone on a small dose, and they don't need any other treatment?

So there's the clinical variability, and then just as important is the variability in treatment responses. And the big challenge in the field is that we are not able to have any sort of marker to predict how a patient is going to do. Then, if we go a little bit deeper on the biological variability, once you've diagnosed the patient, you need to define them as having acetylcholine receptor antibodies or muscle specific kinase antibodies.

If they're a young person, especially a woman, they'd benefit from a thymectomy. But older individuals may or may not; the evidence base is not quite as clear there. Patients with these muscle-specific kinase antibodies appear to respond really well to B-cell depletion therapy, and so they do better with rituximab than the acetylcholine receptor antibody patients. So there's a lot of devil in the details.

There's people over the age of 65, so that's late-onset, and then late-onset over 45 to 50. As they get older, patients have more comorbidities, so they'll have diabetes, and so you want to restrict your use of prednisone. They may have other autoimmune conditions being treated with other medications. They may already have significant morbidity from a lifelong smoking history, and they're not going to respond as well to our treatments. It's the same thing potentially with people with a high BMI.

Ultimately, for the individual physician, you have to deal with all these things—the uncertainty of treatment responses—and the things that we know can guide your treatment. And then one last thing I didn't mention is that there are patients who are just really treatment unresponsive. So we've got a lot of nice therapies, old and new, but still, there are patients who are not going to respond, and you have to deal with the psychological consequences of that. Each patient has different levels of resilience, so to speak, to deal with the chronic illness and the complications of treatment.

I think I've thrown out a lot of pieces of variability with relatively few answers. That's part of the challenge in the taking care of these patients.

Announcer:
That was Dr. Henry Kaminski discussing variability in myasthenia gravis care. 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!