Generalized Myasthenia Gravis
Patient Clinical Journey

EVERYLIFE FOUNDATION FOR RARE DISEASES

DELAYED DIAGNOSIS

Items in red may be prevented with a Timely Diagnosis.

PRE-DIAGNOSIS

Typical Accompanying Diagnoses
- Blurred vision, Double vision (diplopia)
- Drooping of eyelids (ptosis)
- Chronic fatigue
- Muscle/limb fatigue, weakness
- Asymmetric smile
- Facial paralysis
- Hypernasal voice
- Slurred speech
- Difficulty chewing
- Difficulty swallowing (dysphagia)
- Choking
- Myasthenic crisis
- *Misdiagnoses may include:*
  - Allergies
  - Chonic fatigue
  - Mental health conditions *such as depression, anxiety*
  - Myositis
  - Stroke
  - Unrelated optical diseases
  - *Other misdiagnoses*

Specialists
- Pediatrician/primary care provider
- Psychiatrist/therapist
- Ophthalmologist/optometrist
- Chiropractor/orthopedist

Testing & Procedures
- Blood tests
- Optical tests
- Muscle biopsy – *extraneous test related to muscle fatigue*

Treatments & Supportive Therapies
- Ventilation
- Prism glasses – *for optical disease misdiagnosis*

Events
- MG crisis/Emergency room visits
- ICU stays – *may include mechanical ventilation*

Without appropriate treatment, generalized myasthenia gravis may be fatal.

TIME OF DIAGNOSIS

Typical Accompanying Diagnoses
- Blurred vision
- Double vision (diplopia)
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- Asymmetric smile
- Facial paralysis
- Slurred speech
- Difficulty chewing
- Difficulty swallowing (dysphagia)
- Choking
- Myasthenic crisis

Specialists
- Neurologist
- Ophthalmologist

Testing & Procedures
- Antibody testing
- Blood tests
- CT Imaging
- Electromyography (EMG)/Single fiber electromyography (SFEMG)
- Ice-pack test
- Longer-actin neostigmine
- Nerve conduction testing/repetitive nerve stimulation
- Tensilon (edrophonium) test

Treatments & Supportive Therapies
- Anti-cholinesterase (AChE) inhibitors (Pyridostigmine)
- Corticosteroids
- Non-steroidal immunosuppressants
- Intravenous immunoglobulin/subcutaneous infusions
- Plasma exchange (PLEX)
- Ventilation

Events
- MG crisis/Emergency room visits
- ICU stays

POST DIAGNOSIS

Typical Accompanying Diagnoses
- *All previously listed diagnoses may remain, but symptoms can be minimized with treatment. The presence of symptoms differs from patient to patient.*

Specialists
- Counseling Support Services
- Neurologist/neuromuscular specialist
- Ophthalmologist
- Pediatrician/Primary care physician
- Thoracic surgeon

Testing & Procedures
- CT scan
- Thymectomy

Treatments & Supportive Therapies
- Anti-cholinesterase (AChE) inhibitors (Pyridostigmine)
- Corticosteroids
- Non-steroidal immunosuppressants
- Intravenous immunoglobulin/subcutaneous infusions
- Plasma exchange (PLEX)
- Rituximab
- Rystiggo
- Soliris/Vyvgart/Ultomiris
- Ventilation

Events
- Emergency room visits
- ICU stays

TIMELY DIAGNOSIS

PRE-DIAGNOSIS

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- Choking
- Myasthenic crisis

Specialists
- Neurologist
- Ophthalmologist/optometrist
- Pediatrician/primary care provider
- Psychiatrist/therapist

Testing & Procedures
- Blood tests
- Neurological examination

Treatments & Supportive Therapies
- Ventilation

Events
- MG crisis/Emergency room visits
- ICU stays – *may include mechanical ventilation*

TIME OF DIAGNOSIS

Typical Accompanying Diagnoses
- *All previously listed diagnoses remain as an accompanying diagnosis to generalized myasthenia gravis*

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- Neurologist
- Ophthalmologist

Testing & Procedures
- Antibody testing
- Blood tests
- CT Imaging
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- Ice-pack test
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- Ventilation

Events
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- ICU stays

While the number of specialists and providers may not shift with earlier diagnosis, access to appropriate care is greatly expedited with earlier diagnosis.

**This guide is not intended as a clinical decision-making tool. Please consult your specialists for any medical decisions.*