

## Myasthenia Gravis

Myasthenia gravis (MG) is an autoimmune neuromuscular disorder characterized by fluctuating weakness and fatigue of voluntary muscle groups. The most commonly affected muscle groups include those for the eyes and face, chewing and swallowing, and muscles of the shoulder and pelvic girdles. Muscles that are required for breathing may also be affected.

### MG signs and symptoms may include:

- Droopy eyelids
- Double vision
- Slurred speech
- Swallowing problems
- Chewing problems
- Choking
- Arm &/or leg weakness
- Neck weakness
- Difficulty with breathing

Medical emergencies (“crisis”) are rare, but may occur when the muscles required for respiration become weak. Breathing may be affected to the point that assistance is required (intubation and ventilation).

[www.myasthenia.org](http://www.myasthenia.org)  
800.541.5454

**The MGFA mission is to facilitate the timely diagnosis and optimal care of individuals affected by myasthenia gravis and closely related disorders and to improve their lives through programs of patient services, public information, medical research, professional education, advocacy and patient care.**

This publication is intended to provide the reader with general information to be used solely for educational purposes. As such, it does not address individual patient needs, and should not be used as a basis for decision making concerning diagnosis, care, or treatment of any condition. Instead, such decisions should be based upon the advice of a physician or health care professional who is directly familiar with the patient. The information contained in this publication reflects the views of the authors, but not necessarily those of the Myasthenia Gravis Foundation of America (MGFA). Any reference to a particular product, source, or use does not constitute an endorsement. MGFA, its agents, employees, directors, volunteers, its Medical/Scientific Advisory Board, and its Nurses Advisory Board or their members make no warranty concerning the information contained in this publication. They specifically disclaim any warranty of merchantability, fitness for any particular purpose, or reliability regarding the information contained herein, and assume no responsibility for any damage or liability resulting from the use of such information.

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# Emergency Management II

# M G

**Important Information for Patients,  
Families, and Caregivers**

# F A



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## Clinical Manifestations of MG

- MG weakness and fatigue occurs in specific muscles and muscle groups.
- Muscle weakness and fatigue may fluctuate over time and throughout the course of the day.
- Individuals with MG are usually stronger in the morning or after rest.
- Prolonged or repeated use of affected muscles may increase MG weakness and fatigue.
- MG symptoms may worsen due to other illnesses, fever, stress, emotional upset, surgery, menses, pregnancy, thyroid dysfunction, electrolyte abnormalities, taking medications that can affect neurotransmission, or when starting new medications.

## Crisis

- “Myasthenic crisis” is triggered by factors such as those stated above that exacerbate weakness associated with MG.
- “Crisis” occurs when MG patients are unable to breathe or swallow adequately.
- “MG Crisis” is an emergency and requires emergency treatment.
- “Cholinergic crisis” is the result of anticholinesterase (e.g., Mestinon (pyridostigmine)) over dosage.
- If MG weakness worsens rapidly, call your doctor or 9-1-1.

## Symptom Action Plan

- Notify your doctor if you have a cold or respiratory infection that does not improve or worsens.
- Notify your doctor if you have chewing, swallowing, speech or breathing problems that do not improve with prescribed medication.

Practicing safe swallowing can reduce the risk of aspiration, which can lead to aspiration pneumonia and MG crisis.

**FAILURE TO TREAT SYMPTOMS  
PROMPTLY MAY RESULT IN DIFFICULTY  
BREATHING THAT COULD RESULT  
IN RESPIRATORY ARREST.**

## For Significant Worsening of MG Symptoms or Crisis Call 9-1-1

For mild clinical worsening, immediately call your physician (usually a neurologist).

### 1. Severe Respiratory Difficulty

-Subjective complaints may include shortness of breath at rest, difficulty breathing, anxiety, restlessness, fatigue, and inability to lie flat.

### 2. Severe Swallowing Difficulty

-Subjective complaints may include choking, gagging, drooling, inability to swallow food or medications, liquids regurgitating through the nose, anxiety and restlessness, and slurred, nasal or “hot potato” speech.

### 3. Do Not Place Objects in Patient's Mouth.

Swallowing is safer when sitting upright and not speaking. If choking occurs do not leave the person alone. Perform Heimlich maneuver only if foreign body (including food) is suspected.