Have you diagnosed a patient with NMOSD or gMG?

Primary treatment goal for gMG: Reduce/eliminate symptoms, while minimizing side effects from medications

Primary treatment goal for NMOSD: Relapse prevention, as each relapse can result in cumulative neurological disability, remission of symptoms, and long-term stabilisation of the disease.

Common goal gMG and NMOSD: Ensuring an early and accurate diagnosis to optimise treatment outcomes

Have you heard of myasthenia gravis?

Rare, chronic autoimmune disease
Impairs neuromuscular transmission
Prevalence: 200-400 per million

What are the symptoms of gMG?

Extracocular muscles
Ptosis
Asymmetry ptosis and diplopia

Axial muscles
Neck flexion
Neck extension/ head drop

Facial muscles
Eyelid closure
Lower face weakness

Bulbar muscles
Jaw fatigue
Dysphagia
Dysarthria
Dysphonia

Respiratory muscles
Exertional dyspnoea,
orthopnoea, tachypnoea,
respiratory failure

What are the symptoms of NMOSD?

Optic neuritis
Reduced visual acuity
Scotoma
Occular pain
Blindness

Cerebral involvement
Intractable nausea
Vomiting and hiccups
Brainstem syndromes
Encephalopathy with seizures
Hypothalamic/hypothalamic syndromes

Transverse myelitis
Motor and sensory deficits (paraparesis to paraplegia)
Bladder, bowel, or erectile dysfunction
Neuropathic pain

Extra-CNS Symptoms
(AQP4-positive syndromes)
Myositis
Comorbid autoimmune disease

What are the challenges associated with gMG?

Fluctuating muscle weakness and fatigue on exertion impacts on patient QoL

Mortality is significantly associated with ≥2 comorbidities or other complications

Myasthenic crisis with respiratory failure is the leading cause of death in gMG

What are the challenges associated with NMOSD?

Every relapse can result in cumulative neurological disability (e.g., blindness, paralysis) and increases overall mortality

Reduction for risk of relapse is currently the primary management goal in patients with NMOSD

Bibliography: