“Update on Myasthenia gravis – optimizing treatment for all patients”

MR Tannemaat

Myasthenia gravis (MG) is an autoimmune disease characterized by dysfunction of the neuromuscular junction resulting in skeletal muscle weakness. Prognosis regarding muscle strength, functional abilities, quality of life, and survival is generally good. In the past decades, symptomatic drugs, corticosteroids, steroid-sparing immunosuppressive drugs and immunoglobulins, plasmapheresis in more severe cases have been the cornerstone of treatment. In addition, younger patients with antibodies against the acetylcholine receptor generally benefit from thymectomy. Despite these treatments, a large proportion of patients remain chronically dependent on corticosteroids (CS). In the past few years, the number of treatment options for MG has increased considerably. Advances in the understanding of the pathophysiology have led to new biological agents targeting B or T cells, the complement cascade, the neonatal Fc receptor or cytokines. against complement, the FcRn receptor, or B-cell antigens have been tested in clinical trials. These new therapies extend the possibilities for targeted immunotherapies and promise exciting new options with a relatively rapid mode of action. In addition, they are likely to reduce the chronic use of CS, diminish side effects, and decrease the number of patients with refractory disease. Nonetheless, challenges in their use are occur, with barriers due to an increase in cost of care and additional considerations in the choice of drugs.