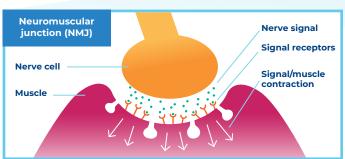
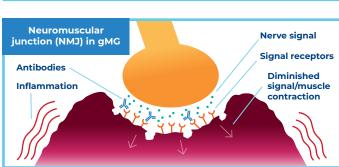
Generalised Myasthenia Gravis (gMG)

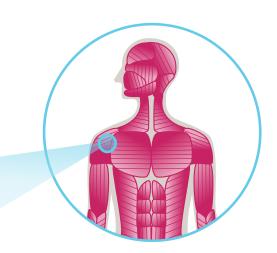


WHAT IS GENERALISED **MYASTHENIA GRAVIS?**

Generalised myasthenia gravis (gMG) is a rare autoimmune disorder characterised by loss of muscle function and severe muscle weakness.1





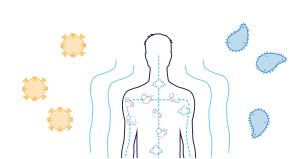


The **neuromuscular junction (NMJ)** is the connection point between nerve cells and the muscles they control.2

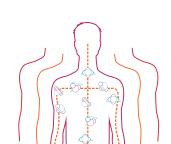
80% of people with gMG are AChR+,

meaning they produce specific antibodies (anti-AChR) that bind to signal receptors at the NMJ. This binding activates the <u>complement</u> system, causing the immune system to attack the NMJ. This leads to inflammation and a breakdown in communication between the brain and the muscles.²⁻⁴

THE COMPLEMENT SYSTEM



The complement system is a part of the immune system and is essential to the body's defence against infection.5



When the system is thrown out of balance, or dysregulated, these proteins can trigger a dangerous, uncontrolled cascade of reactions that attack cells and tissues resulting in harmful inflammation and the destruction of healthy cells.5

Diagnosed prevalence of gMG in adults



~113K⁶



~93K⁶



~89K⁶



Most commonly begins for women before the age of 40 and for men after the age of 60.7

Initial symptoms may include^{8,9}









which can often lead to more severe symptoms as the disease progresses









HOW IS gMG DIAGNOSED?9-11

gMG is typically diagnosed with a physical examination to evaluate muscle function.



Blood tests for certain antibodies, including anti-acetylcholine receptor (anti-AChR), are also used



as well as nerve and muscle stimulation and chest computed tomography or magnetic resonance imaging (MRI).



Content created by Alexion, AstraZeneca Rare Disease References:

Jung-Plath W, et al. Assessment of myasthenia gravis patients' quality of life. The Journal of Neurological and Neurosurgical Nursing.

- 2023;12(2):74-83. 2. Omar A, et al. Physiology, neuromuscular junction. StatPearls. 2023.
- 3. Zhu Y, et al. Clinical features of myasthenia gravis with neurological and systemic autoimmune diseases. Front Immunol. 2023;14(14):1223322. Huang YF, et al. Visualization and characterization of complement activation in acetylcholine receptor antibody seropositive myasthenia gravis.
- Muscle Nerve. 2024. Cedzyński M, et al. Editorial: the role of complement in health and disease. Front. Immunol. 2019;10:1869.
- AstraZeneca Data on File Epidemiology estimates are composed of a triangulation of different data sources including Data Monitor, Decision Resources Group, Kantar Health, and internal input (updated as of May 2024).
- Cavanagh N, et al. Exploring the impairments and allied health professional utilization in people with myasthenia gravis: a cross-sectional
- study. J Clin Neurosci. 2023;114:9-16.
- Catalin J, et al. Clinical presentation of myasthenia gravis. Thymus. 2019.
- Farid ZR, et al. Factors affecting generalization of ocular myasthenia gravis. Sriwijaya Journal of Ophthalmology. 2020;3(2):48-54. 10. Rousseff RT, et al. Diagnosis of Myasthenia Gravis. J Clin Med. 2021;10(8):1736.
- Kisabay A, et al. Risk for generalization in ocular onset myasthenia gravis: experience from a neuro-ophthalmology clinic. Acta Neurol Belg. 2022;122(2):337-344.