Sex differences in limitations in physical functioning and overall quality of life among people living with Myasthenia Gravis from the MGFA Global MG Patient Registry (MGFAPR) in the US

OBJECTIVES

Myasthenia Gravis (MG) is an autoimmune disease characterized by muscle weakness and fatigue¹. Overall, the incidence of MG is higher in women than men, with an earlier onset in women². MG patients have been reported to experience greater physical and cognitive fatigue³. Studies identified sex differences on objective and patient-reported outcomes. This study aims to assess the impact of sex differences on limitations in physical functionalities related to muscle and sensory symptoms impacted by MG⁴, disease severity⁵ and the overall quality of life (QoL)^{2,6} in patients with MG.



Myasthenia Gravis Foundation of America Patient Registry (MGFAPR) is an online voluntary longitudinal patient reported MG registry hosted on the Health Storylines platform. The registry collects self-reported data from adult patients (18 years and above at the time of registry enrollment) with MG through online surveys at enrollment and biannual follow-ups. Cross-sectional analyses were performed on data from the enrollment surveys from November 2017 to June 2023. Ordinal logistic regression and Mann-Whitney tests were used to assess the impact of sex differences in the severity of physical functionalities impacted by MG, controlling for age. Disease severity and patient's QoL were assessed with the MG-ADL and MG-QoL-15r scales, respectively. The Minimal clinically important difference (MCID) of MG-ADL is two points⁷.

3. RESULTS

Study included 1,314 patients (59% females). Female patients were on average 15 years younger than males at diagnosis (45 vs. 60 years respectively, p<0.001), with a longer disease duration (10.0 vs 7.6 years, respectively, p<0.001) at time of enrollment in the MGFAPR (Table 1). MG-ADL (p<0.001) and MG-QoL-15r (p<0.001) scores were higher in female than male MG patients at enrollment (Table 2) and Figure 2).

Female patients with MG had statistically significant (p<0.001) greater odds of severe to total **limitation (Figure 1)** for **bladder control** (OR=2.41, CI=1.93,3.00), **body pain** (OR=2.46,CI=1.98,3.0) 7), cognitive function (OR=2.25, CI=1.81,2.8), fatigue (OR=1.9, CI=1.53,2.37), hand function (OR= 2.15,Cl=1.73,2.69), sensory symptoms of burning, tingling, numbness (OR=1.74, Cl=1.4,2.17), m uscle spasticity and stiffness (OR=1.52, CI=1.23, 1.89) and walking (OR=1.88, CI=1.51, 2.33).

4. CONCLUSION

- MG.
- \succ Female patients present with an overall symptom burden.

REFERENCES

- Bubuioc AM et al., The epidemiology of myasthenia gravis, J Med Life. 2021 Jan-Feb; 14(1): 7–16.
- America registry. Muscle Nerve 2018;58:90–98.
- Patient's Perspective: A Qualitative Study, Neurol Ther. 2023 Feb;12(1):107-128.
- with generalised myasthenia gravis, Eur J Neurol. 2024 Mar 24:e16280.
- gravis: a single center cohort study, BMC Neurology 23, 366 (2023).



 \succ Female patients reported more impaired QoL, greater disease severity (with statistically and clinically significant higher MG-ADL scores), and greater overall limitation in activities of daily living. > Compared to male patients, female patients with MG had a lower age at diagnosis and statistically significant larger odds of severe to total physical limitations across several functionalities affected by

> Understanding the determinants of overall physical health and sex differences of patients with MG would help advance the understanding of MG and reduce the gaps in MG care.

2. Lee I et al., Gender and quality of life in myasthenia gravis patients from the myasthenia gravis foundation of

3. Paul RH. et al., Fatigue and its impact on patients with myasthenia gravis, Muscle Nerve, 2000,23(9):1402-6. 4. Jackson K. et al., Understanding the Symptom Burden and Impact of Myasthenia Gravis from the

5. Meisel A. et al., Expert consensus recommendations for improving and standardising the assessment of patients

6. Wilcke et al., Female sex and overweight are associated with a lower quality of life in patients with myasthenia

7. Vu T. et al., Terminal Complement Inhibitor Ravulizumab in Generalized Myasthenia Gravis. NEJM Evid 2022;1(5).



Oshin Sangha¹ **Richard Nowak³** oshin.sangha@alirahealth.com Minjee Park² Jean François-Ricci²

¹ Alira Health, Toronto, Canada. ² Alira Health, Basel, Switzerland. ³ Yale School of Medicine, CT, USA

Table 1: Patient DemoCharacteristics at En	Table 2: MG-ADL and MG-QoL-15r Scores in Female and Male Patients at Enrollment						
	Overall	Male	Female		Overall	Male	Female
	(N=1,314)	(N=542) (N=772)		MG-ADL			
Age at enrollment in				N	1,313	541	772
years	56.8	63.9	51. <i>1</i> (15.0)	Median	7.0	6.0	8.0
	(15.0)	(11.0)		Mean (SD)	6.9	5.9	7.6
Disease duration in		7.0			(3.8)	(3.6)	(3.9)
years	9.1	(.6)	10.1	MG-QoL-15r			
	(9.2)	(7.0)	(10.3)	<u> </u>	1,312	541	771
MG diagnosis age in	51 1	60.1	15.2	Median	14.0	12.0	16.0
[Mean (SD)]	an (SD)] (17.3) (13.7)	(16.9)	Mean (SD)	14.1	12.1	15.5	
					(7.6)	(7.3)	(7.5)

Figure 1: Odds Ratio (OR) and 95% Confidence Intervals for MG Functionalities by Gender at Enrollment

	Bladder Control	_		OR=2.	41,95%CI (1.93,3)				
	Blauder Control			00-2	46 05% CL (1 09 2 0	7)			
	Body pain	-		UK-2	.40,95%CI (1.90,3.0	7)			
es	Cognitive function	_		OR=2.25,95%	CI (1.81,2.81)				
	Entique		OR=1.9	9,95% <mark>C</mark> I (1.53,2.37)					
Suc	Fallyue			OP = 2.15.05% CL/3	1 72 2 60)				
CI	Hand function	-		UR-2.15,95%CI (1.73,2.09)				
Fun	Sensory symptoms	OR=1.74,95%CI (1.4,2.17)							
c	Spacticity and stiffnoss	OR=1.52,95%	6CI (1.23,	,1.89)					
	spasticity and sumess		OP-1 89	0.5% CI (1.51.2.33)					
	Walking	-	06-1.00	5,95%01(1.51,2.33)					
		1	.5	2.0	2.5	3.0			

Figure 2: Distribution of MG-ADL and MG-QoL-15r **Scores for Female and Male Patients at Enrollment**



Note: Higher scores indicate greater disease severity (MG-ADL) and lower quality of life (MG-QoL-15r)

Odds Ratio

