

- Palace J, Newsom-Davis J, Lecky B; Myasthenia Gravis Study Group. A randomized double-blind trial of prednisolone alone or with azathioprine in myasthenia gravis. *Neurology* 1998;50:1778-83.

Further reading

Vincent A, Palace J, Hilton-Jones D. Myasthenia gravis. *Lancet* 2001;357:2122-8.

Drachman DB. Myasthenia gravis. *N Engl J Med* 1994;330:1797-810.

Stephen Reddel is an investigator of the United States National Institutes of Health (NIH) randomised clinical thymectomy trial currently underway. The NIH has paid for a trial workshop including travel. He has also received a consultancy fee from

Aspreva, marketing company of mycophenolate mofetil for use in autoimmune diseases.

Self-test questions

The following statements are either true or false (answers on page 167)

- In patients with myasthenia gravis, the maximum response to therapy is seen within six months of starting azathioprine.
- Myasthenia gravis may be exacerbated when a patient starts prednisone.

Dental notes

Prepared by Dr M McCullough of the Australian Dental Association

Treatment of myasthenia gravis

The prevalence of myasthenia gravis (about 1 in 10 000 people) is such that every dentist will probably treat more than one patient with the condition during their career. Changes in tongue and facial muscle strength can often be the first sign of myasthenia gravis. These changes may impact on oral hygiene and the ability to wear dentures. Postural changes and the potential for the patient's medication to interact with drugs given by the dentist means that patients with myasthenia gravis have specific needs during dental treatment.

A review of the dental literature recommended that, depending on the severity of disease, patients should have multiple, short, early morning appointments, perhaps preceded by oral anticholinesterase drugs, to take advantage of their early

morning muscle strength.¹ Factors related to dental treatment that are likely to worsen myasthenia gravis should be avoided, such as stressful protracted procedures, the use of ester-linked local anaesthetics (not available in Australia) and the use of antibiotics that have some muscle relaxing properties (erythromycin, gentamicin, neomycin and clindamycin).¹ The use of these drugs, as well as the use of benzodiazepines, sedation and general anaesthesia, has been reported to worsen muscle weakness and should only be undertaken after consultation with the patient's physician. To avoid complications, dentists should therefore have good communication not only with the patient, but also with the treating physician.

Reference

- Yarom N, Barnea E, Nissan J, Gorsky M. Dental management of patients with myasthenia gravis: a literature review. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2005;100:158-63.

Patient support organisation

Australian Myasthenic Association in NSW

The Australian Myasthenic Association in NSW was set up to support sufferers of myasthenia gravis and their carers. It has members from all over Australia and overseas.

The website contains useful information about myasthenia gravis, its causes, symptoms, diagnosis, treatments and history. There are links to a range of patient support resources such as newsletters, chat facilities, events, patient experiences and

practical lifestyle advice. A membership fee entitles members to receive the association's newsletters and goes towards funding events and other costs.

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