East African Scholars Journal of Medical Sciences
Abbreviated Key Title: East African Scholars J Med Sci
ISSN 2617-4421 (Print) | ISSN 2617-7188 (Online) |
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-2 | Issue-11| Nov -2019 | DOI:10.36349/EASMS.2019.v02i11. 011

Letter to the Editor

Quality of a Myasthenic Life Is Multifactorial

Josef Finsterer MD, PhD[1*], Fulvio A. Scorza, MD[2], Ana C Fiorini, MD[3] and Carla A. Scorza[2]

[1]Krankenanstalt Rudolfstiftung, Vienna, Austria
[2]Disciplina de Neurociência. Escola Paulista de Medicina/Universidade Federal de São Paulo/. (EPM/UNIFESP) São Paulo, Brasil
[3]Programa de Estudos Pós-Graduado em Fonoaudiologia, Pontifícia Universidade Católica de São Paulo (PUC-SP) Departamento de Fonoaudiologia Escola Paulista de Medicina/Universidade Federal de São Paulo (EPM/UNIFESP). São Paulo, Brasil

*Corresponding Author
Josef Finsterer, MD, PhD

Keywords: myasthenia, seropositivity, acetylcholin-receptor antibodies, depression, quality of life , immunosuppression.

In a recent article, Alanazy *et al.*, reported about the effect of disease severity and depression, as assessed by the PHQ9-A and the GAD7-A tests, on the quality of life, as assessed by the MGQoL 15R-A questionnaire, in 102 Arabic patients with myasthenia gravis (MG) (Alanazy, M. H. *et al.*, 2019). It was concluded that severity of MG and depression can affect the quality of life of MG patients (Alanazy, M. H. *et al.*, 2019). We have the following comments and concerns.

According to the method section, MG was diagnosed in case of a typical clinical presentation, an appropriate response to acetyl-choline-esterase inhibitors (ACEI), and one of the following:

1. Presence of antibodies against the acetyl-cholin-receptor (AchR-abds) or MUSK (anti-MUSK abs);
2. >10% decrement upon repetitive nerve stimulation (RNS);
3. Increased jitter in >3 fibre pairs; or
4. Response to immunosuppressants. We should know in how many of the 102 patients underwent these investigations and how many had elevated AchR-abs or MUSK abds, a decremental response, an increased jitter, or a beneficial response to immunosuppressants. Particularly, we should know how many were seronegative and which other tests in these cases indicated MG. Diagnosing MG upon the clinical presentation and a beneficial response to immunosuppressants alone can be misleading why patients diagnosed upon these criteria should be excluded from the study. Fluctuating clinical presentations can be found in several neurological conditions and a response to immunosuppressants can be non-specific.

The questionnaire included the question “type of MG”. We should know which types of MG the authors mean. Ocular, generalised, bulbar, respiratory, or axial myasthenia? Only 75% of the included patents had generalised myasthenia (Alanazy, M. H. *et al.*, 2019). Since ocular myasthenia is associated with a completely different disease burden as compared to generalised myasthenia, these two groups of patients should not be evaluated together with regards to endpoints of this study. Mixing up these two groups may cause misleading results and may hamper their interpretation.

Furthermore, the disease burden may strongly depend on the duration of the disease. Since disease duration ranged widely, only a homogenous cohort for this parameter could give appropriate answers.

The questionnaire did not include questions regarding severity of MG and patients themselves should not assess the severity of MG. This is the duty of the treating physicians. Thus, the title and the conclusions are not accurate.

Quick Response Code

Journal homepage:
http://www.easpublisher.com/easjms/

Article History
Received: 23.10.2019
Accepted: 02.11.2019
Published: 16.11.2019

The authors obviously did not consider that steroids may have a depressive effect (Carle, G., & Abgrall-Barbry, G. 2016), which is also known from animals (Adams, S. C. *et al.*, 2017; Conti, M. *et al.*, 2017). Thus, we should know if depression was more frequent among those regularly taking steroids compared to those who only took ACEIs. Missing in this study is also how many of the patients who responded to the questionnaire took antidepressants.

Overall, the presented study has a number of shortcomings why interpretation of results may be misleading. Lacking information should be provided and the diagnosis MG thoroughly re-evaluated. Current medication may strongly influence the quality of life in MG patients.

REFERENCES

1. Alanazy, M. H., Binabbad, R. S., Alromaih, N. I., Almansour, R. A., Alanazi, S. N., Alhamdi, M. F., ... & Muayqil, T. (2019). Severity and depression can impact quality of life in patients with myasthenia gravis. Muscle & Nerve.
2. Carle, G., & Abgrall-Barbry, G. (2016). Corticotherapy and suicidal behavior: A case report. L'Encephale, 42(3), 272-276.
3. Adams, S. C., Guyot, C. M., Berry, K. M., Wallack, S. T., Loar, A. S., & Leblanc, M. (2017). Hypercortisolemia and Depressive-like Behaviors in a Rhesus Macaque (Macaca mulatta) Involved in Visual Research. Comparative medicine, 67(6), 529-536.
4. Conti, M., Spulber, S., Raciti, M., & Ceccatelli, S. (2017). Depressive-like phenotype induced by prenatal dexamethasone in mice is reversed by desipramine. Neuropharmacology, 126, 242-249.