Psychiatric Illness in Patients with Underlying Myasthenia Gravis

Maxwell Miller, DO; Jennifer B. Stanley, MD; Amizetta Clark, MD; Michael Lang, MD

INTRODUCTION
Myasthenia gravis is the most common disorder of neuromuscular transmission1. It is also one of the more difficult diseases to diagnose due to its fluctuating signs and symptoms—often resulting in delayed diagnosis2. Late diagnosis of myasthenia gravis can result in high morbidity and mortality due to respiratory failure, which is estimated to occur in 3 to 8% of patients3. Myasthenia gravis disease onset has a bimodal age of distribution in the second to third and sixth to eighth decades4 and affects females more than males4. The disease also can be difficult to diagnose due to a high lifetime incidence of comorbid conditions with the prevalence of depression, anxiety and insomnia being 58%, 43% and 39% respectively5. Prevention of the late complications with an early diagnosis of myasthenia gravis relies on consideration of both the psychiatric and neuromuscular complaints with which myasthenia gravis patients may present.

OBJECTIVES
To introduce a case of myasthenia gravis presenting with psychiatric complaints.

To discuss the importance of thoroughly ruling out medical causes of muscle weakness before attributing them to a psychiatric diagnosis.

CASE PRESENTATION
3-year history of fluctuating muscle weakness • PMH of epilepsy • Symptoms of depression and anxiety
Intermittent limb weakness • Post-ictal?
• Functional Neurologic disorder? • Referred to Psychiatry
Progressive dysphagia • ADL impairment • Unilateral facial droop
Bulbar weakness

Muscle weakness
Depression
Insomnia

Myasthenia Gravis

Non-specific complaints

Depression and anxiety

Seizures?

EMG +

Stroke?

Difficulty chewing

Psych follow-up

Myasthenia Gravis

Demyelinating Disorder? Stroke? Mass?
• Urgent neuroimaging ordered
• EMG completed after negative imaging

Inpatient neurology admission
• Five days of steroids, IVIG, pyridostigmine

Psych follow-up
• Psychiatry follow-up
• Stopped SSRI
• Maintained remission

CONCLUSION
This poster highlights the importance of ensuring thorough work-up has been completed to rule out potential medical causes of physical or neurological complaints before attributing them to a psychiatric diagnosis. Early identification of an underlying medical condition presenting as a psychiatric illness prevents delays in starting appropriate treatment. Distinguishing myasthenia gravis from a primary psychiatric disorder allowed for effective treatment and prevention of further morbidity from an otherwise insidious disease process.

REFERENCES


