

MG NEWSLETTER

Spring 2010

[Myasthenia Gravis Association of British Columbia](http://www.myastheniagravis.ca)

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The Myasthenia Gravis Association of BC ANNUAL GENERAL MEETING

The Myasthenia Gravis Association of BC
cordially invites you to attend

THE ANNUAL GENERAL MEETING

When: **Sunday, April 18, 2010, 1:30 pm**

Where: **Legacy Room, Centre for Ability, 2805 Kingsway, Vancouver**

AGM: Elections for Board of Directors.

If you are interested in becoming a Board Member, please call either Brenda or Linda at 778-329-0696 Ext. 4

Speaker: Mr Len Kelsey

In a volunteer capacity, Mr. Kelsey has been a member of the Board of Directors of MedicAlert Canada and MedicAlert International for several years. During his career at the BC Automobile Association, Mr. Kelsey was also in charge of the BCAA Insurance Company, including their Travel Insurance Division.

Topic: "Be Prepared for a Medical Emergency at home and abroad".

Mr Kelsey will discuss the protocol of a MedicAlert emergency call and how to look for safe, reliable and comprehensive travel insurance.

Refreshments will be served.
Friends, relatives, health professionals and other interested parties are welcome to attend.

For further information, please contact
Brenda Kelsey or Linda Briggs at 778-329-0696 Ext. 4
or email: mgabc@centreforability.bc.ca

June is MG Awareness Month AGAIN!

To celebrate **MG Awareness Month**, the Myasthenia Gravis Association is asking patients and friends and family to participate in the **Scotia Bank Charity Challenge**. As many of you know, last June, Kathy Geremia ran the route raising money and awareness of Myasthenia Gravis with pledges. The MG office will send out pledge forms prior to the event on June 27, 2010.

For additional race information, please visit www.canadarunningseries.com/svhmCHARITY.html



Articles contained in this newsletter are for information only. The MG Association of BC does not give medical advice. In matters of medical treatment, patients should consult their physicians.

*Newsletter and meeting supported by an unrestricted educational grant from Talecris Biotherapeutics

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ANNUAL REPORT of the MYASTHENIA GRAVIS ASSOCIATION of British Columbia 2009

2009 was a year of highs and lows for the Myasthenia Gravis Association of BC. In May, the Centre for Ability adjusted the rate for rent and related services to double what we had been paying. As the Centre is another non-profit society, we can understand their need for more funding. We are all suffering from government cut backs.

In order to keep up with our correspondence, the website and to publish our newsletters, we hired a clerical person, Barbara McDonald. Barb has been a great asset to the MG office and we really appreciate how well she has fit in and taken over several responsibilities.

June of 2009 was declared Myasthenia Gravis Awareness Month by the province of BC and in order to help celebrate this acknowledgment, Kathy Geremia, an MG patient and runner, offered to take pledges on behalf of the Myasthenia Gravis Association, while she ran in the Scotia Bank Charity Challenge. The MGABC office sent out pledge forms as well and Kathy raised over \$ 2000.00! We are very grateful to her and to all of those members, as well as friends and family who pledged. We hope to repeat this stellar performance at the 2010 race, Sunday, June 27th, with even more participants and pledges!

The Annual Meeting in April was also a huge success with Dr. Oger, very relaxed as always, fielding questions from our members and generating some lively discussions. We are always grateful to Dr. Oger not only for his support and participation with the MGABC but also his attendance at our meetings.

We sadly accepted the resignation of two of our board members this year, Bob Lefeaux and Jerry Olynyk. Both gentlemen have been very active members of the board and due to personal health issues feel they must resign. We are all sorry to see them go, but understand the need to stay focused on their health. I wish them well and thanks for their unwavering support and participation in the administration of the MGABC. They will be missed and I am sure everyone wishes them well.

The MGABC fall meeting was held in collaboration with the Neuromuscular Diseases Unit at Vancouver Hospital. Judy Wilson RN, a clinical nurse educator for the Unit and for the Myasthenia Gravis Clinic organized the meeting with the cooperation of the doctors in the Unit. The meeting was titled "Myasthenia Gravis Education Day – Beyond the Diagnosis". It was a day long event with Drs Mezai, Chapman, Oger and Gibson participating along with an Occupational Therapist, Speech Therapist, and Recreational Therapist as well as three MG patients giving a presentation on their experiences living with MG. It was an educational and uplifting experience for everyone. We are grateful to Judy (Wilson) and to Talecris Biotherapeutics for their financial assistance with an unrestricted educational grant to NMDU and allowing the Myasthenia Gravis Association to participate.

I would also like to acknowledge and thank, Angie Kwok, Director of the Centre for Ability and her staff for their unfailing help and advice. Many thanks also to Dr Steve Roblin, of Talecris Biotherapeutics in Toronto for his support. As of 2010, we will be working with a Vancouver based Talecris representative, Dr. Benjamin Patchell.

Administration is a small part of our duties; the primary focus of the MGABC is our members and new patients. In 2009, we added 30 members to the MGABC – all new MG patients - 20 women and 10 men. This ratio is typical of the national statistics. Linda (Briggs) and I do our very best to keep the association operating and hopefully making the plight of Myasthenia Gravis patients and the association better known. If there is ever anyone who feels there is more or something else we could be doing to enhance our services or support, I hope you will let us know.

In closing, I would like to thank all of our members for renewing their memberships and donations as well as their support of our events and meetings. It is a wonderful feeling to have people come up and show their appreciation for the MGABC. A very special thank you to Linda Briggs, our Treasurer, for coming into the office every week and cheerfully taking care of our finances and helping out wherever she is needed! Thank you to the MGABC Board of Directors for their support throughout this year and to Dr Gibson, MGABC medical advisor for her assistance in all medical matters. I am also grateful to our auditor, Mr. Lyle Brown of Culver & Co. for his quick and efficient attention to our audit.

Respectfully submitted,

Brenda Kelsey, President MGABC

Do what you can, with what you have, where you are.

Theodore Roosevelt

Remember!...

...if you would like to become a member of the Board, please contact **Brenda Kelsey** by phone at **778-329-0696** ext. 4 or by e-mail at **mgabc@centreforability.bc.ca**
Brenda will be happy to tell you of the duties of members, how often they meet, and the duration of their tenure.

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From the MG Network...The World Wide Web and all it offers.

Myasthenia Gravis Foundation of America- Exciting New Podcast Series

MGFA has partnered with AANEM to produce a series of podcasts related to myasthenia gravis. Go to www.myasthenia.org to listen to the first one on the safety of the influenza vaccine for patients with myasthenia gravis. Watch for future podcasts. As always, consult with your physician directly before making any medical decisions.

The Autoimmune Diseases Summit, The Global State of Autoimmunity Today, was held on March 3, 2010 in Washington, DC. A web cast of the entire day's program will be available for patients, researchers, medical professionals and friends in the media to view the event. The summit is being presented by the American Autoimmune Related Disease Association (AARDA) and the National Coalition of Autoimmune Patient Groups (NCAPG), of which the Myasthenia Gravis Foundation of America, Inc. is a member. The summit program includes panel discussions on updated epidemiology, increasing levels of autoimmune diseases, advocacy and policy, media, and research. To sign-up for the web cast, go to the front page of the AARDA website www.aarda.org

Does research about Myasthenia Gravis indicate that we are any closer to a cure?

Cures for diseases are rarely found when medical scientists directly search for them. Cures, when found generally result from research on treatments for diseases and occur by chance. As in research for autoimmune diseases such as rheumatoid arthritis, lupus or Crohn's disease, our focus is on managing difficult symptoms with medications that have the fewest side effects. Since medications for autoimmune diseases weaken the body's immune system, there is a trade-off between the medication's effectiveness in keeping the disease in check and promoting susceptibility in infection.

One method around this problem is in researching vaccines that have limited side effects, but promoting significant defense against any manifestations of a disease. For Myasthenia Gravis, vaccine research is in its early infancy. Together with such research, and the ongoing hunt for the most effective immunosuppressant (and some luck), we are working on a cure, but more than likely will 'stumble' upon one. Research such as that conducted for HIV infections and Multiple Sclerosis has followed this path. Few or no treatments even existed 15 years ago for either HIV or MS. New therapies have allowed us to dramatically lessen the physical and mental suffering of these conditions. And, clearly in the case of HIV infection, these therapies dramatically improve the quality and length of life.

By: Dr. George Small

AMPS: Myasthenia Gravis Association of Western Pennsylvania and the MGF of Illinois – Conquer, Feb. 2009 – p.9

Ability is what you're capable of doing. Motivation determines what you do. Attitude determines how well you do it.

COLD TURKEY - Prednisone Withdrawal

Some people wonder why they just can't stop taking Prednisone, and why it has to be gradually tapered off.

1st – You should never stop 'cold turkey' with this or any prescription drug without first consulting your doctor. In the case of Prednisone, if the dosage isn't gradually reduced or discontinued, there is a risk of there being 'withdrawal' symptoms. These may include,

- Severe fatigue
- Body Aches
- Lightheadedness when standing (low blood pressure)
- Weakness
- Nausea or vomiting

Prednisone is a corticosteroid medication used to treat many conditions, as well as MG. Doctors try to prescribe the lowest dose possible for the shortest period of time, because long-term use can cause serious side effects. However, possible long-term prednisone therapy may be needed in some instances.

Prednisone is similar to cortisol, which is a naturally-occurring hormone made by your adrenal glands. If you take prednisone for more than a few weeks, your adrenal glands will stop producing cortisol. By gradually reducing your dosage, you are giving your adrenal glands the opportunity to resume their own normal production of cortisol.

The time it takes to taper off prednisone depends on the condition being treated, the dose and duration of use and other medical considerations. A complete withdrawal from prednisone can take anywhere from a week to several months.

Be patient and always consult your doctor before changing how or whether you take your medications. If you experience any prednisone withdrawal symptoms or an increase in your myasthenic symptoms as you are reducing your intake, be sure to contact your doctor.

excerpt from <http://www.mayoclinic.com/health/prednisone-withdrawal> and MGF of Illinois – Conquer, November 2009 – p.5



BOOK REVIEW: “Commitment to Health” by Jerry Olynyk

Commitment to Health is a book about courage in the face of severe pain and unrelenting medical problems over the span of 15 years. It was written by one of our recently retired Board of Directors, Jerry Olynyk. Jerry had committed himself to good health after being told by his family doctor he was overweight and had high blood pressure. The earmarks for a heart attack or stroke. He started walking and lost 50 lbs as well as bringing his blood pressure down to a normal and acceptable level. He was rear-ended in a motor vehicle accident suffering severe whiplash. The injury from the accident became chronic and Jerry was often in unbearable pain and physically disabled. During this arduous recovery, Jerry was diagnosed with Myasthenia Gravis. His commitment to health became more than just a wellness program and physiotherapy, it became his life line. Jerry did everything in his power to learn about Myasthenia Gravis and the new challenges he was up against. He contacted our offices, read, research and eventually became a member of our Board of Directors and an advocate for Myasthenics.

“Commitment to Health” is an inspiring story and a very good read...BK

See Literature List, page 11

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All you ever wanted to know about “Pyridostigmine bromide, USP” or **MESTINON®** but were afraid to ask.

Mestinon® is an orally ingested cholinesterase inhibitor used as the first source of therapy in treating MG. Acetylcholine is a chemical, one of the main neurotransmitters in the brain that sends nerve impulses to the skeletal (voluntary) muscles. With MG, there is a breakdown of acetylcholine in the neuromuscular receptor sites, responsible for voluntary muscle control. Mestinon® prevents this breakdown of acetylcholine by allowing more acetylcholine to accumulate at the neuromuscular receptor sites, providing more control of voluntary muscle function, such as eye movement, limited strength, swallowing, chewing and breathing.

The physician determines the amount of Mestinon® dose and frequency according to the needs of each individual patient. During the initial induction of Mestinon®, the patient should keep a record reflecting the responses of symptoms after each dose. This helps the physician determine the correct dose and frequency for the patient, especially when the patient's MG is unstable.

It is very important to follow the physician's instructions pertaining to the patient's Mestinon® dose and frequency. Discuss any change made in your Mestinon® regimen with your physician because too much Mestinon® can induce extreme muscle weakness.

Equally important, discuss any instability of Myasthenia Gravis weakness with the physician BEFORE changing the initially prescribed dose and/or frequency.



PRECAUTIONS AND SIDE EFFECTS

Precaution should be taken in patients with mechanical intestinal and urinary obstruction. Particular precaution should be taken when administering Mestinon® to patients with bronchial asthma.

The most common side effects of Mestinon® include nausea, vomiting, diarrhea, abdominal cramps, increased tearing, salivation and bronchial secretions. Other side effects are muscle twitching, muscle cramps and weakness.

Since Mestinon® is eliminated from the body mainly unchanged by the kidneys; lower doses may be required in patients with renal (kidney) disease. The safety of Mestinon® has not been established during pregnancy and lactation, or in pediatric patients. When taking Mestinon®, failure of improvement of symptoms may be a sign of overdose or underdose.

Note: During the Gulf War, pyridostigmine bromide tablets were administered to the military as a form of prophylaxis against the lethal effects of soman nerve agent poisoning.

THREE FORMS OF MESTINON®

1. The conventional 60 mg tablets contain pyridostigmine bromide, as well as lactose, silicon dioxide and stearic acid.
2. Mestinon Syrup® contains 60mg of pyridostigmine bromide. Also included are 5% alcohol, glycerin, lactic acid, sodium benzoate, sorbitol, sucrose, FD&C red # 40, FD&C blue # 1, flavors and water. The syrup is raspberry flavored. This formula allows dosage that is more precise for children and people with 'brittle' or fragile MG who may require doses in fractions of the 60mg. It is also more easily swallowed by patients with swallowing difficulties in the morning.
3. Mestinon Timespan® tablets contain 60mg of pyridostigmine bromide as well as carnauba wax, corn-derived proteins, magnesium stearate, tribasic calcium phosphate and silica gel. Mestinon Timespan® tablets are the slow-release dosage form. They should not be crushed or broken into pieces as this disturbs the time-release mechanism and could result in IMMEDIATE release instead of slow release of pyridostigmine bromide.

PROPER STORAGE OF MESTINON®

Mestinon® tablets and Mestinon Timespan® tablets are hygroscopic, meaning they pick up and retain moisture. Mestinon® tablets that are exposed to moisture may appear mottled or discolored, and easily crumble. Though moisture affects the appearance of the tablets, it does not alter the drug's efficiency.

Do not store Mestinon® tablets and Mestinon Timespan® tablets in a bathroom or kitchen where humidity may be a factor.

Mestinon® tablets are packaged in a bottle of 100 or 500 tablets whereas Mestinon Timespan® tablets are packaged in bottles of 30 tablets.



A good head and a good heart are always a formidable combination.

Nelson Mandela


Endowment 150
A Vancouver Foundation Program

Many people with disabilities struggle to save for their future. To help those who want to save, Endowment 150 offers one-time \$150 gifts to **Registered Disability Savings Plans (RDSP).**

If you know anyone who is a resident of British Columbia, who has a Registered Disability Savings Plan with at least \$25 in it, then they are likely eligible for a \$150 contribution to their Registered Disability Savings Plan just by filing in the application.

*** Please note: New information from the Federal Government regarding the RDSP. In the amended plan there is a new option to protect patient's assets and supplement their social assistance income. Please contact the MG office for more information, or...**

visit the website: www.endowment150.ca

Donations

We would like to thank all of the members and friends for their generous donations and support. A complete list of donors to the MGABC, memorial donations and to Myasthenia Gravis research will be included in our Fall 2010 Newsletter.

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Are you getting your fill? Of Vitamin D that is!

Most people know that being exposed to the sun's rays can be harmful with its increase risk of skin cancer, but they may not know there's a risk of too little sun too.

Sun exposure is actually beneficial when obtained in small doses, such as 15 minutes or less several times a week. The sun's ultraviolet rays actually trigger vitamin D synthesis in the skin. Vitamin D is important because it helps us absorb calcium from the digestive system for our bones.



The days get shorter as winter approaches, and people have less exposure to the sun. Even if they are getting sun exposure, the winter sun is too weak to be medically beneficial. Conditions may include, a vitamin D deficiency, known as 'rickets' in children and 'osteomalacia' in adults which prevents new bone tissue from hardening. It can also result in diffuse body pain, bone loss and muscle weakness, which could increase the possibility of falls.

What you need to know:

Vitamin D is a fat-soluble vitamin found in many foods and which can be made in your body after exposure to ultraviolet rays from the sun.

Vitamin D helps the body maintain normal blood levels of calcium and phosphorus. It promotes calcium absorption and helps to form and maintain strong bones.

The skin of older adults – aged 50 and over, does not synthesize vitamin D as efficiently as it used to and the kidneys are less able to convert vitamin D to its active hormone form.

People with darker colored skin, have a higher melanin content which also reduces the skin's ability to produce vitamin D from sunlight.

Vitamin D is also a fat-soluble vitamin, so people with a reduced ability to absorb dietary fat, such as those with Crohn's disease, Cystic Fibrosis, Celiac disease or liver disease, or those who have had a portion of their stomachs or intestines removed, may not adequately absorb vitamin D.

So, how much do you need? And where do you get it?

The current recommendations are: up to the age of 50, people should get at least 200 IU of Vitamin D daily. Adults 51 – 69 require 400 IU daily, and those over the age of 70 – 600 IU. Many experts in the field recommend 1000 to 2000 IU per day and some patients may even need more.

The 'safe upper limit' for vitamin D is 2,000 IU/day and although there is a wide margin of safety, taking too much vitamin D can lead to toxicity. Symptoms may include nausea, vomiting, poor appetite, constipation, weakness and weight loss. It can also cause heart rhythm abnormalities and confusion.

Obviously exposure to the sun provides most people with their vitamin D requirements. But if a Hawaiian holiday isn't in your future, then look no farther than your refrigerator. Egg yolks, sardines, mackerel, salmon, herring, bottles fish oils, shrimp, chicken livers, oysters and vitamin D fortified foods such as orange juice and milk products.

It may be difficult to get your daily recommended amount from food sources, so check the vitamin aisle for multivitamins which contain vitamin D or take additional vitamin D on its own.



BE PREPARED! - Emergency Protocol for MG patients

We are all uniquely different, and react differently. So your emergency protocol may be different than any other MG patient. What do you do? You get informed.

Talk to your neurologist and be sure both of you are aware of what mechanisms need to go into place should you “go into crisis” The two of you should have an understanding of the protocol and come up with a plan together.



Write up a brief explanation of your illness and all of your medications and dosages. Your doctor's name and contact numbers, MSP number, next-of-kin and advocate information. Make several copies – be sure to update this information, whenever there is any change. Keep a copy in a medical folder or on a file card. Put a copy on the fridge, in your glove compartment, your purse, wallet, briefcase, lap top bag, anything you might carry with you. Get a MEDIC ALERT bracelet or medallion.

It is a good idea to get in the habit of keeping a medication 'diary', listing what medications you've taken each day, in what strengths, and at what times. This is invaluable to any caregiver or emergency response person, should you not be able to speak for yourself.

If you are feeling 'off' one day, make note of it. When it started, how it manifested? Do you have a fever, slow healing sore, nausea or vomiting? If you are having problems swallowing, placing your MESTINON under your tongue helps it absorb quickly and may bring relief. If you sit down and try to relax, do you feel better?

When does it become serious? When nothing helps and you still feel lousy!

If you are not able to swallow your medication or enough liquids to stay adequately hydrated this is a serious situation and requires you to go to Emergency.

- Call your neurologist (or have someone do it for you) – as per your plan
- Relate the information from the medical diary
- If you and your doctor feel you should go to Emergency, ask him or her to call ahead and let them know you are coming.
- Take the Medical File and Medical Diary with you as you may not be able to answer questions easily
- If possible take your meds and whatever you need to swallow them, yoghurt, pudding etc. You won't want to have to wait for the hospital to order them from the hospital pharmacy. Do not take any medications until you are seen by the ER doctor, in case it is the medication level itself that is the problem.
- Be sure the attending nurse and physician understand your condition. If you are unable to talk to them, be sure they read the paper. Be sure someone is aware of your present condition and watches to be sure are not getting worse as you may have to wait to be seen by ER staff.

And while all of this is going on, DO NOT PANIC. It sounds simplistic but panic will only make your symptoms worse and could cloud the underlying MG issue that needs to be addressed.

Source: *Foundation Focus, MGFA, Spring 2006*

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How to fight fatigue...

Fatigue is probably the number one problem most of us deal with on a daily basis. The causes are not always easy to define, and even when identified may not be easily remedied. When you're tired the last thing you may want to do is exercise. But doing just that might be exactly what you need. Now, we aren't talking about running laps or pumping iron, or cycling the sea wall. We're talking about manageable physical exertion to increase blood flow and oxygen consumption.

What these exercises might look like...Walking from your front door to the curb, twice a day, Walking one flight of stairs and then taking the elevator...Parking at the far end of the parking lot or the opposite end of the shopping mall to the store you want to go to.

Little things, everyday, a little at a time... And now, here's why you want to do it:

1. Exercise will pump oxygen into your blood and brain. Your circulatory system and organs will benefit from this 'new' blood.
2. Exercise can help keep adrenal hormones in balance. Stress may become more manageable if your hormones are not swinging around wildly.
3. Exercise can help normalize blood sugar levels, so your body has a steady supply of energy from which to draw. Fatigue and listlessness can result from too frequent drops in blood sugar.
4. Exercise can help with emotional stress. A workout can provide a healthy outlet for venting frustrations and distraction from the issues you are facing and as your physical condition improves so may your self-confidence.
5. Exercise releases the body's natural painkillers, those feel good drugs we call Endorphins. Endorphins naturally create feelings of well-being and happiness, a big pick me up for a fatigued body and mind.
6. A lack of exercise is a common cause of fatigue. Too little oxygen or shallow breathing zaps the body.
7. Fatigue of this kind is not an illness; it is merely a symptom of an underlying imbalance in the body and high levels of stress are often a contributing factor.
8. Though we often resist change, even if it is good for us, lifestyle changes are helpful.
9. Eat fresh fruits and vegetables daily if you can. Drink plenty of water. Avoid too much caffeine or alcohol.
10. Check that your fatigue isn't a result of boredom or underlying depression.
11. If fatigue continues, have your thyroid checked, allergies and other disease that might have fatigue as a chronic symptom.

And finally, Don't work all the time, take some time off for you! If you can't take a holiday away from your life, take yourself away from your life for an hour or an afternoon. Go to the beach, look at the ocean, walk in a park and marvel at green. Stop and listen for bird songs. Go to a movie. There are a myriad of mini-holidays out there for you to enjoy. Or close the door, hang out the "Do not disturb" sign and read a book or indulge in a favorite tabloid magazine! Make a conscious effort to slow down and enjoy 'something'. You may be surprised that that something becomes your life. In reality, you may not be entirely capable to choose how you feel physically, but you are more than able to choose what you are going to do about it.

As with all types of new physical activity, it is best to check with your doctor before beginning a new program.

In the case of these exercises, it might also be wise to also check with your spouse, friends and family.

"Exercises" even a Myasthenic can do!

Balancing the books or putting your foot in your mouth, beating around the bush, bending over backwards (bending period!), climbing the walls or the corporate ladder, dragging your heels, hitting the nail on the head, jumping to conclusions or on the band wagon, making mountains out of molehills, passing the buck, pulling out all the stops or pulling an all-nighter, pushing your luck, running around in circles or running ragged, swallowing your pride and tooting your own horn (these take practice!), throwing your weight around, and finally, wading through paperwork.

Any and all of these may prove challenging, so I suggest you begin with the easiest and simplest ones of all, PICK UP THE PIECES and GET THE BALL ROLLING !



LITERATURE ORDER

Name _____

Address _____

LITERATURE AVAILABLE:

- 1. Myasthenia Gravis Facts
- 2. Successful Coping with Chronic Illness
- 3. Survival Guide
- 6. M.G. 101 - Comprehensive information on MG from history to up-to-date treatment
- 7. Drug pamphlets:
 ___(a)Mestinon; ___(b)Imuran; ___(c)Prednisone; ___(d)Cyclosporine; ___(e)Cellcept
- 8. Drugs to Avoid with Myasthenia Gravis (Updated 2004)
- 9. Thymectomy pamphlet
- 10. Plasmapheresis pamphlet
- 11. Intravenous Gamma Globulin (IVIg) for the treatment of Myasthenia Gravis
- 12. Ocular Myasthenia Gravis
- 13. Fresnel Prism to correct double vision
- 14. Aids for Droopy eyelids - Lundie Loop for Glasses and Calvin Eye Lift Tapes
- 15. Dentistry and the Myasthenic
- 16. Pregnancy and Myasthenia Gravis
- 17. Myasthenia Gravis in Children & Adolescents
- 18. School Package for Children with Myasthenia Gravis
- 19. Congenital Myasthenia Gravis
- 20. Emergency Care of Myasthenia Gravis
- 21. Mestinon Under the Tongue - A possible emergency measure
- 22. Assessment & Management of Speech & Swallowing in Myasthenia Gravis
- 23. Hospital Package: Nursing Care of the Myasthenic; Hospitals Can be Dangerous; Anesthesiology Drugs
- 24. Alternate Therapies - Vitamins, minerals, herbs, & other supplements; MG & mercury amalgam
- 25. Medic Alert Application
- 26. Myasthenia Gravis Identification Card
- 27. Tips on Applying for CCP Disability Benefits
- 27 A. Advocacy Access Help Sheet
- 28. A Practical Guide to Myasthenia Gravis by Keesey & Sonshine **Excellent Booklet**
- 29. Providing Emotional Support for a Relative with MG
- 30. Disability Tax Credit - Form T2201 or download forms at www.cra-arc.gc.ca/E/pbg/tf/t2201

BOOKS AVAILABLE:

- **You, Me and MG** by Deborah Cavel-Greant, published 2005 (\$20.00 from MGABC)
- **A Guide to the Diagnosis and Management of Myasthenia Gravis** by Dr. Joel Oger, published 2008 - FREE OF CHARGE TO FAMILY PHYSICIANS of MG members
- **Commitment to Health** by Jerry Olynyk (Loan only. Not available for purchase.)

Please note: General Myasthenia Gravis information is now available in Mandarin. If you would like a copy, please contact the office.

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MEMBERSHIP DONATIONS

MGABC'S membership year is January 1st to December 31st. Any membership received after October 1st will be good for the following year. To make a donation, please complete the form below and return it with your check or money order (we cannot accept credit card payments and we ask that you not send cash in the mail).

Your donation and membership fees help defray operating costs, and entitles you to the following:

**Newsletters biannually...MG literature and pamphlets
Notice of meetings...Up-to-date information on MG**

You Can Help!

Your support can make a vital difference in the fight against Myasthenia Gravis at UBC.

Online: www.supporting.ubc.ca/mg ***Phone:*** 1-877-717-GIVE (4483)

By mail: Myasthenia Gravis Research, UBC Annual Giving, 500-5950 University Blvd
Vancouver, BC V6T 1Z3

***If you are donating directly to UBC, please let us know so we may include your name in the RESEARCH DONOR list.**

Make Cheque payable to: MYASTHENIA GRAVIS ASSOCIATION of BC
Mail your cheque to: Myasthenia Gravis Association of BC
2805 Kingsway, Vancouver, BC V5R 5H9

Last Name _____ First Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ MG Patient Yes No

Membership (\$10.00) \$ _____ (no tax receipt will be issued)

Donation \$ _____ (a tax receipt will be issued for donations)

TOTAL AMOUNT ENCLOSED \$ _____

Have you moved? Please send in the information as soon as possible!

Last Name _____ First Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ E-mail _____

If you are no longer interested in receiving our mailings, or would like to receive them by e-mail, please send your request to us at mgabc@centreforability.bc.ca with the words "**E-mail request**" in the subject line. Thank you.