Highlights in this issue of “Contact”

1) Dr. Carolina Barrett-Tapia Guest speaker for MG Canada Support meeting February 26, 2017. See P. 6 for details.

2) “MG Fit” and MG Fitness” as an achievable reality for all MG patients

3) Plans for our MG Canada Fundraising Campaign are progressing. In the meantime donations continue to come in steadily.

4) MG Canada Blog and Vlog campaign getting ready to launch. How you can help.

1) Dr. Carolina Barrett-Tapia Guest speaker for MG Canada Support meeting

- A new standard for patient participation research paper.
- Expanded patient questionnaire moves beyond physical; assessment to include mind set ratings on several fronts.

“I am always keeping an eye on what MG patients are concerned about to see if we can incorporate that into our research.”

Dr. Carolina Barrett-Tapia, Assistant Professor of Medicine (Neurology), University of Toronto, Prusserman Centre for Neuromuscular Diseases.

Continued on Page 2
2) “MG Fit” and MG Fitness” as an achievable reality for all MG patients - The following is an attempt to define and articulate the need for much more than a medical solution for MG patient well being – CC

“MG Fit” Ideal goal of MG Patient Wellness includes Body, Mind and Spirit

- Acceptance of MG Chronic Realities
- Quest for New MG Stability
- Opportunity to achieve Personal Well Being
- Growth through determination to Handle your New MG ‘Norm’
- New Levels of MG Personal Fulfillment and Higher Personal Wholeness

Purpose of “MG Fit” & “MG Fitness” is to assist focus in creating an MG Canada National Fundraising Campaign to assist costs of dramatically increased awareness of Myasthenia Gravis with all Canadians including Patients, Health Care professionals and Researchers for Cure

3) Plans for our MG Canada “Pledge” National Fundraising Campaign “MG Fit Steps” progressing well while in the meantime donations continue to come in steadily and appreciatively

4) MG Canada Blog and Vlog campaign getting ready to launch. How you can help:

Contribute a blog. Pick ones you can relate to. Below are subject samples. Initial Categories We Came Up With: Symptoms & Diagnosis, Treatments, Research, Patient Advocacy, Health Care Advocacy. Please check the topics and see what else can be added in these categories.

1. Myasthenia Gravis Journey – Welcome to the family. Who we are, what we do, how to stay connected, how to contribute.
2. What is Myasthenia Gravis?
3. MG Early Signs and Symptoms
4. Testing for MG MUSK and ACHR. Zero negative. What’s the difference?
5. Electromyography – what is it and what should I expect.
7. Ice test
8. How is MG Treated?
9. What to do after the diagnosis? How to explain to your friends, family and coworkers.
10. The importance of getting to know your Pharmacist and vice versa.
11. What is Mestinon? Why do I need it, what to expect, monitoring, is it helping, what’s the maximum dosage, what other medications should I stay away from when on Mestinon.

Continued on Page 3
Continued on Page 3

Best times to take medication, slow release better medication better?
12. Prednisone, what is it, why do I need it, what to expect, monitoring, strategies for reducing weight gain,
13. IVIG what is it, what should I expect pre and post sessions, side effects of IVIG, tips to reduce side effects.
14. Immuran versus Methotrexate. Monitoring your health (blood work) while on these medications. Long term effects. What to expect
15. What is Cell Cept?
16. What is Rituximab?
17. What is Plasmapheresis?
18. Special access medications i.e. Rituxan, research, new antibodies
19. Storing your medications, travelling with your medications, remembering to take your medications, tips, apps to help you.
20. Blood work and monitoring your health while on medications
21. Supplements and MG
22. MG and Natural treatments
23. What is a Thymectomy? What to expect? When to agree to the treatment, tips on recovery. MG patient recommended preparation for medical surgical procedures anaesthesiology
25. Creating your Health History versus Medical Alert for MG Assistive Technology support to help you communicate when you’re having trouble.
26. Myasthenia Gravis and other autoimmune diseases – dual diagnosis – being in denial
27. Awareness strategies.
28. Men with Myasthenia Gravis
29. Women with Myasthenia Gravis
30. Aging/Seniors with MG
31. Pregnancy and Myasthenia Gravis
32. Children with Myasthenia Gravis
33. Parenting children with MG
34. Travelling with MG
35. Caregiving for MG patients
36. Coping with MG
37. Relationships and Myasthenia Gravis
38. Intimacy and MG
39. Self-confidence and MG
40. Working/Career and Myasthenia Gravis? What are some workplace accommodations you can make?
41. Doctors and Myasthenia Gravis
42. Dating and MG
43. University and MG
44. Sports and MG
45. Partying and MG
46. Conserving energy during busy holiday season. Tips
47. Exercise and MG
48. Diet and MG
49. Temperature extremes and MG, getting through summer and warm weather, Excessive sweating. Tips
50. When to say no I can't do this or I can't make it.
51. Dealing with diplopia (prisms, eye patches),
52. Adapting your home
53. Sleep apnoea, CPAP/BIPAP
54. Cognitive effects of MG
55. MG and Dental Considerations drugs to avoid in dentistry
56. Stress and MG (Combating stress or how to de-stress, how meditation can help) Continued on Page 4
57. Mg and allergies the counter reactions, medications to use with caution
58. Driving and MG
59. Helpful Apps and Technology to help you on your journey
60. MG Awareness – What you can do to help spread the word.
61. What is the Rare Disease Community?
62. The flu shot and MG
63. OMG and eye health
64. Muscle spasms and severe knots
65. Allergies and MG
66. Osteoporosis and MG
67. MG Support Groups where, when and what to expect
68. MG and the latest research
69. Has MG affected your mind? Thinking process, memory, logic.....
70. Health Care Directives. What are they, do I need one, and how do I get one?
71. MG – How to be your own Advocate
72. MG and Housework
73. Gadgets for the Kitchen and Home that will make life easier e.g. Angry mama
74. Shopping and MG – tips and tricks
75. Improving communications with you and your doctor
76. Lifestyle tips
77. Voice, Speech and Swallowing
78. How to provide emotional support to someone with MG
79. Federal and Provincial services you may be eligible for. E.g. Disability Tax Credit, parking permits etc.
80. What else can go wrong? Dealing with MG and your mental health.
81. Getting others to understand how you really feel.
82. List of medications to stay away while taking all mg meds
83. Famous People with Myasthenia Gravis
84. What does mg mean to your family can it be past down to your children
85. Are contrasts used for Cat Scans and MRIs safe for us??
86. "My Personal Story – Bridget Kathy Cairns
87. welcome blog (easy part)
88. Guest blog by health professionals (doctors and nurses, etc).
89. blog based on recent mg research
90. Could it be MG? (theme used for recent congress)
91. Patient Advocacy. You have to be your own advocate.
92. Hobbies and other interest for MG patients
93. Chronic but not terminal – adopting an attitude of positivity
94. The Art of Positive
95. MG Fit Step – our campaign for awareness and fundraising
96. Going on disability? Disability grants, etc
97. Short term and long term disability
98. MG Complications with other health issues
99. MG and other Autoimmune diseases
100. How to make your home MG friendly
101. Pets and MG (Pet therapy)
102. How to be a responsible prescription patient
103. Make friends with your pharmacist
104. Supplements
105. Importance of sticking into a regime (meds)
106. MG and realistic sports
107. Tai Chi for MG
108. Physiotherapy for MG
109. Occupational therapy for MG

Wow!

More Topics
for MG Blogs
Continued from Page 4

110. Massage therapy for MG
111. Telling your MG story
112. Removing fear of MG
113. MG pain reliever (anti-inflammatory meds are no-no for MG)
114. Is There Remission?

The Blog templates are designed for optimization. It also makes writing easier because it's formatted so it becomes more like fill-in-the-blanks. Minimum post is 300 words (again for Google optimization). You can also write free-style - this is only a guide. We can help optimize your copies.

Volunteers are now needed to coordinate efforts across Canada everywhere possible. Please Email CapCowan@MGCanada.org your offer to help.

Cap Cowan, volunteer President and Editor, MG Canada quarterly Newsletter “Contact” Myasthenia Gravis Society of Canada, WWW.MGCanada.org CapCowan@MGcanada.org 905 642 2545 Call or Email anytime.

Never Written a Blog? We have two suggested templates for Blog formats designed by Karly Quinn. Go to our links at


Submit completed Blogs to cap.cowan@mgcanada.org
Myasthenia Gravis Society of Canada

MG Support Meeting

Sunday, February 26, 6 - 8 pm

Guest Speaker

Dr. Carolina Barnett-Tapia
MD, PhD
Assistant Professor of Medicine (Neurology), University of Toronto, Prosserman Centre for Neuromuscular Diseases, Toronto General Hospital

Support Meetings are for those living with Myasthenia Gravis, caregivers, family, friends & interested others to meet. All Welcome!

Loblaws Community Meeting Room, Bayview Village Mall, 2877 Bayview Avenue, North York, M2K 2S3.

(The Meeting Room is located upstairs, S/W corner of the store, Elevator access.) Public Transit Access, subway access at Bayview Station on the Sheppard Subway. Free Parking in Bayview Village Mall.

For this meeting, we request those members who are able, with last name starting M-Z bring a food item to share. Loblaws has asked that any food served come from their store.

Info at 905 642 2545 www.MGCanada.org
Neurologist Dr. Michael Nicolle

Guest Speaker to November 27 MG Support Meeting.

Highlights from Dr. Nicolle’s PowerPoint Presentation, Part I

(Part II will be published in our next issue)

Objectives
• What is myasthenia gravis?
• What is not myasthenia gravis?
• Current treatments
• Reasons for not responding
• What’s on the horizon?

• An autoimmune disease with antibodies against the acetylcholine receptor or less commonly other proteins at the neuromuscular junction.
• Clinically present with weakness - often fatigable - of skeletal muscles
• Diagnosis (later)…
• Treated with combinations of:
  o Symptomatic (pyridostigmine/Mestinon)
  o Immunosuppressants (corticosteroids, azathioprine, mycophenolate etc.)
  o Immunomodulation - Plasma exchange (PLEx) or Intravenous immunoglobulin (IVIg)
  o Thymectomy in select circumstances

An autoimmune disease in which the immune system attacks a protein (usually the acetylcholine receptor) on the muscle surface
A normal immune system attacks ‘foreign’ organisms - for example infections
In an autoimmune disease a small portion of the immune system is overactive and damages the...
In MG the body tissue affected is the muscle and this interferes with ‘neuromuscular transmission’
Nerve endings can’t ‘talk’ to the muscles, resulting in weakness

How our brain makes our muscles move
• Brain generates an electrical signal
• Travels down the spinal cord and then out along peripheral motor nerves towards NEUROMUSCULAR JUNCTION, which joins the nerve endings with the muscle tissue

Why me?
• MG is related to other autoimmune disorders
• There may be a slight genetic predisposition to developing an autoimmune disorder
• We don’t know why any one person gets MG

Myasthenia Gravis
• Rare
  o Affects approximately 1 in every 5-10,000 individuals
Number of individuals per 100,000 with disease:
  Diabetes, 11300 Over 20 years of age.  2700 Over 65 years of age.
  Parkinson's, 285.  Multiple Sclerosis, 118.  MG, 13.  ALS, 5. (Lou Gehrig’s Disease)

MG becoming more common in elderly?
• MG increasingly common in elderly.
• Not becoming more common in those under 65
• In young patients, MG is more common in women (20-40)
• MG more common in elderly (> 65), especially in males.

Myasthenia Gravis – One of many AUTOIMMUNE DISEASES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Target tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid (Hashimoto’s, Grave’s)</td>
<td>Thyroid gland</td>
</tr>
<tr>
<td>Pernicious anaemia</td>
<td>Stomach cells that allow Vitamin B12 absorption</td>
</tr>
<tr>
<td>Vitiligo, psoriasis</td>
<td>Pigment-producing cells in skin and other skin cells</td>
</tr>
<tr>
<td>Diabetes Mellitus (some)</td>
<td>Insulin-producing β cells in pancreas</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Synovial cells lining joints</td>
</tr>
<tr>
<td>Ulcerative colitis, Crohn’s, Celiac disease</td>
<td>Lining of small or large bowel</td>
</tr>
<tr>
<td>Myasthenia Gravis</td>
<td>Acetylcholine receptor at Neuromuscular junction</td>
</tr>
</tbody>
</table>
Myasthenia Gravis

- An AUTOIMMUNE disease
  - About 3 out of every 100 individuals in general population will have an autoimmune disease (3%).
  - Most common is thyroid.
  - But, if you have MG you have a 15-20% chance of having another autoimmune disease
  - 5-7x more likely than general population
  - Relatives of MG patients also have an increased likelihood of having an autoimmune disease
  - MG itself usually not hereditary
  - Less than 3% chance of someone else in family having MG
  - But this is still much higher than you would expect for a disease that only affects 1 in 5—10,000.

- So - rather than ask .... “why MG” the question should be “why autoimmunity”
  - There may be a genetic predisposition to developing autoimmune diseases (including MG)
  - Why one person gets MG, someone else thyroid and someone else rheumatoid arthritis....?????

- MG GWAS study
  - Genetic material of > 1,000 Caucasian AChR antibody positive MG patients compared to healthy controls
  - Three “genes” found to be more common in MG patients than in controls
  - CTLA4, HLA DQA1, TNFRSF11A
  - All three genes influence the immune system in some way

Congenital Myasthenic Syndromes

There are non-immune hereditary forms of MG

- Congenital myasthenic syndromes (CMS)
  - Very rare - 1in 5,000,000 ??
  - Most start at birth - some later
  - Mutations in one of the proteins at the neuromuscular junction
  - Treatments for immune MG DO NOT work in CMS
  - Other 'symptomatic' treatments may
  - Mestinon, 3,4-diaminopyridine, ephedrine, salbutamol, fluoxetine
  - New mutations being discovered every year

Hopeful

Continued on Page 10
Clinical features of Myasthenia Gravis

- **Ocular**
  - Double vision, droopy eyes

- **Bulbar/Axial**
  - Facial weakness, slurred speech, chewing problems, slurred speech, neck dysarthria, dysphagia, jaw (closure) weakness, neck weakness & head drop

- **Respiratory**
  - Shortness of breath – many possible causes!

- **Extremity**
  - Proximal arm > leg
  - Distal/asymmetric can occur

Fluctuation & fatigable weakness – characteristic for MG

- Worse at end of day
- Fluctuation over time
- Some days/weeks and not (or less) on others

- Fluctuation/fatigability NOT present in all MG pts.
- Fatigue is not the same as weakness

What is NOT caused by MG

- What is NOT caused by MG
  - Numbness
  - Headaches
  - Memory loss
  - Pain
  - Reduced vision
  - MG does NOT affect the eye itself - only the muscles that move the eyes, so your vision in each eye should not be affected unless there is something else going on

- This is important
  - Are your symptoms due to your MG?
  - No sense adding medications or increasing doses if symptoms are not a result of MG

Why is this important?

- In my clinic I have seen > 1,000 MG patients over the last 22 years
- I see many referrals for 2nd, 3rd … opinions when patients are not doing well.
- Reasons for not doing well
  - 1/3 do not have MG!
  - 1/3 have MG but the symptoms are not secondary to MG
  - Other diseases, side effects of medications, depression, sleep apnea etc.
  - Treatment of MG won’t help these symptoms and may make them worse!
  - 1/3 have MG and their symptoms are related to MG but they are not doing well
  - Not on correct doses or long enough
  - Truly severe MG – rare - < 5% of patients in my practice

Diagnosis of MG

- Clinical suspicion – often biggest hurdle
- Reversal of clinical signs

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"Highlights" Cont. from Page 10

- Tensilon or Ice Pack test • Electrophysiological
- Repetitive nerve stimulation (RNS) and Single Fibre EMG (SFEMG)
  - Serological (blood tests)
- Antibodies against AChR or MuSK (in select circumstances)
- Response to treatment
- Be very careful about using this to diagnose MG!! • Other testing
- CT chest – looking for thymoma

Certainty of diagnosis
- The only test with absolute precision is the antibody test
- If you have AChR or MuSK antibodies, you have MG
- Which antibody you have determines the most appropriate treatment – to some extent
- Other tests (Tensilon, Ice pack, RNS, SFEMG) can be positive in other Diseases

Treatment of MG
- No treatment
  - An option for mild disease
- Symptomatic treatment
  - Mestinon/pyridostigmine – not a GREAT drug!
  - Masks symptoms - doesn’t treat autoimmune process
- Immunosuppression
  - Many drugs – e.g. prednisone, azathioprine, mycophenolate
- Immunomodulation
  - Modulate or remove ‘bad’ antibodies or the cells that produce them - IVIg, PLEX, Rituximab
- Thymectomy
  - Helpful in select circumstances IF you know it’s MG

Management of MG
- Management depends on many things:
  - Certainty of diagnosis
  - I’m reluctant to use immunosuppression unless the diagnosis is certain
  - Age
  - Immunosuppression & thymectomy just as useful in juvenile
  - Older patients often have other diseases e.g. diabetes
  - Late onset (> 50-60) – no thymectomy unless thymoma
  - Severity of MG
  - Ocular or mild – Mestinon then prednisone ± azathioprine
  - Moderate to severe – Mestinon + prednisone + azathioprine ± IVIg or plasma exchange
- No two patients will be managed exactly alike
  - Do NOT compare yourself to your neighbour today!

Continued on Page 12
“Highlights” Cont. from Page 11

**Treating the symptoms**

- Mestinon (pyridostigmine)
  - Regular 60 mg or long acting (Mestinon SR) 180 mg
  - Regular better during day
  - Spaced out over waking day (every 3-6 hours usually)
  - Usually no point in taking at bedtime
  - Long acting Mestinon SR if there are significant symptoms at night or first thing in morning

**Suppress the immune system**

- Many drugs
  - Prednisone
  - Azathioprine (Imuran)
  - Mycophenolate (Myfortic or Cellcept)
  - Tacrolimus
  - Methotrextate
  - Cyclophosphamide

  - **All do similar things**
    - Eventually suppress cells which are responsible for the production of antibodies causing weakness
    - Differ in:
      - How long they take to work
      - Side effects
      - You may respond to one but not another

- End of Part I -

**Part II of Dr. Nicolle’s PowerPoint presentation to the December Myasthenia Gravis Support Meeting will be published in our next issue of “Contact”**.

**Ponderisms**

Why is it that people say they “slept like a baby” when babies wake up like every two hours?

Why are you IN a movie, but you’re ON TV?

Can you cry under water?

What disease did cured ham actually have?
TITLE- IVIG in the treatment of Myasthenia Gravis

CATEGORIES- Treatment
KEYWORDS- IVIG, intravenous immunoglobulin, immunemodulation, crisis, myasthenia gravis (mg)

Body- IVIG or intravenous immunoglobulin is a form of treatment for MG

In order to make IVIG, you need thousands of healthy blood donors as it is made from the plasma portion of the blood. This portion of the blood is processed in order to separate, sterilize and concentrate the antibodies into a commercial product of IVIG. This solution can then be given by intravenous infusion to the patient. These immunoglobulins are proteins, and administration of IVIG is known as immune modulation. This means that these proteins, or immunoglobulins, are given to try and modify or counteract the action of the “bad” immunoglobulins that are attacking our immune system at the neuromuscular junction.

While this treatment has been shown to be effective in the treatment of MG, not all patients obtain a sufficient response to this product.

IVIG is given through an intravenous infusion and is given as an inpatient at a hospital or as an outpatient in an infusion clinic in a hospital or Dr's. Clinic. It is infused over a period of approximately 3-6 hrs and the frequency (usually from every 2-6 weeks) is determined by your response to treatment, your degree of disease, tolerance of the treatment, other medical conditions, and of course age, and discussion with your doctor.

In the case of a myasthenia crisis, IVIG is often one of the first lines of treatment and is often given for two or more consecutive days.

In preparation for your treatment, one of the most important issues is to hydrate well starting the day before your treatment. Since this product is very thick, hydration is an absolute necessity. By this I mean approximately the equivalent of 4 or 5 bottles of water, the day before and day of treatment, and approximately 3 or 4 the day after. This will help decrease the occurrence of severe headaches and as many centres suggest, taking an antihistamine such as benadryl or reactine and analgesic such as tylenol before your treatment starts, also decreases the chance of side effects.

Many centres and doctors will also give an infusion of an intravenous steroid immediately before the infusion in order to decrease any side effects.

Your response to this treatment may vary between patients and also between your visits. Some people notice an immediate response while others seem to take a few days of feeling weak or like they have the flu before they start feeling better.

IVIG is not a long term treatment and does need to be repeated according to your symptoms and discussion with your Dr as mentioned earlier.

A few suggestions to pass the time while receiving your infusion: a good book to read, word search, crossword, sudoku puzzles, knitting or hand sewing, have a friend text you when they can take a break in their schedule or my favourite is to have a friend come along and catch up with a cup of coffee/tea.

Sources: Journal of the Peripheral Nervous System,: 12 Dec 2013; Melvin Berger, Daniel E. McCallus, Cindy Shin-Yi Lin: “Rapid and reversible responses to IVIG in autoimmune neuromuscular diseases suggest mechanisms of action involving competition with functionally important autoantibodies, Patient information pamphlets.
Government of Canada Finalizes Changes to the Nutrition Facts Table and List of Ingredients on Packaged Foods

Making the healthier choice the easier choice

OTTAWA, Dec. 14, 2016 /CNW/ - Making science-based nutrition information easier to understand is one way to empower Canadians to make healthier food choices. Today, the Honourable Jane Philpott, Minister of Health, announced amendments to the Food and Drug Regulations to make the Nutrition Facts table and list of ingredients on packaged foods easier for Canadians to use and understand.

This is the next step in Health Canada's Healthy Eating Strategy, which was announced by the Minister earlier this fall with the launch of the revision of Canada's Food Guide. The Strategy aims to make healthy food choices the easy choice for all Canadians. It lays out how Health Canada will deliver on the Government's commitments to reduce sodium in processed foods, eliminate industrially produced trans-fat, provide consumers with more information about sugars and food colours, and introduce restrictions on the commercial marketing of unhealthy foods and beverages to children.

Included in the labelling amendments are changes to the regulation of serving sizes to make comparing similar food products easier. A simple rule of thumb, help Canadians use the percent daily value (% DV) to better understand the nutritional composition of a single product or to better compare two food products. More information on sugars will also be made available, including a % DV for total sugars in the Nutrition Facts table, and the grouping together of sugar-based ingredients under the name "sugars" in the list of ingredients.

In addition, all food colours will be declared by their common name rather than the generic term "colour" and the list of ingredients and allergen information will be easier to read. A new health claim will also be allowed on fruits and vegetables, informing Canadians about the health benefits of these foods. The food industry has until 2021 to make these changes. This timeline for implementation will align with other labelling changes proposed under the Healthy Eating Strategy including front of pack labelling as well as some label modernization measures being proposed by the Canadian Food Inspection Agency.

This initiative is part of the vision for a healthy Canada, which takes a holistic approach to health, focusing on healthy eating, healthy living and a healthy mind.

Quick Facts: In Canada, four out of five Canadians risk developing conditions such as cancer, heart disease or Type 2 diabetes; six out of ten adults are overweight and one-third of youth are overweight or obese.

These food label changes are being made after two years of consultations with consumers and stakeholders. During the consultations, the majority of respondents told Health Canada that improvements are needed to both how and what information is provided on food labels to reflect the latest science and allow consumers to easily compare products when shopping.
As part of the Healthy Eating Strategy, Health Canada has already completed a first set of consultations on revisions to Canada's Food Guide, and is currently consulting with Canadians on a proposal to introduce front-of-package labelling on foods that are high in sugars, sodium and saturated fat. It is also consulting on a proposal to ban the use of industrial trans fat in foods. Canadians (were able to) participate in both consultations until January 13.

Quote
"We have updated nutrition facts tables on pre-packaged foods in a way that is based on science and that will meet the needs of Canadians feeding their families. We are also consulting on innovative ways to present nutrition information on food labels, such as front-of-pack labelling, to help Canadians make healthy choices on sugars, sodium and saturated fat."

*The Honourable Jane Philpott, Minister of Health*

**SOURCE Health Canada**

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**A Big “Thank You” to all for your memberships, donations, and “Celebration of Life” gifts** received to assist our charitable purposes to: “Promote health by providing individuals with Myasthenia Gravis with access to information or group support programs; To advance education by providing seminars on Myasthenia Gravis diagnosed patients, families, friends, caregivers, the medical profession; and to support research.”

*Donations can be mailed to Myasthenia Gravis Society of Canada,*

247 Harold Avenue, Stouffville, Ontario, L4A 1C2. 905 642 2545.

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**Meet MG Friends**

**IN PERSON:** Ontario, Manitoba, British Columbia


- **Thursday, March 16, 2017, Myasthenia Gravis Manitoba** is holding a support meeting at 7:00 pm at St. Boniface Hospital, 409 Tache Avenue, Winnipeg, Basement South Entrance. AG014 (left) **Thursday, May 18, 2017.** Myasthenia Gravis Manitoba meeting, 7:00 pm: AG002-1—South Entrance (left) 204 444 7802

- **April, 2017. The Myasthenia Gravis Association of BC** holds two meetings annually. Their next meeting will be in April 2017, our AGM. Details will be posted at www.myastheniagravis.ca. 604-451-4511, Ext. 1284
MG Friends Continued:

BY PHONE: The Peer Support Group. Whether you have recently received the news that you have Myasthenia Gravis, or you have been living with MG and want to share your experience, these members have offered their support. Please feel free to contact them to discuss your experience.

Ages under 40

Tiina Elder, Mississauga. (905)-565-5875 email: tiina.stuart@gmail.com

Jill Thomson, 9804 – Avalon Rd. S.E., Calgary, AB, T2J 0V6. (403) 286-0056

Ages 41 – 60

Phillip Sanderson, P.O. Box 206, 27 Adelaide St., Harriston, ON, N0G 1Z0. (519) 338-3356

Ages Over 61

Fernanda Nascimento, 2-7 Gibson Place., St Catharines, ON. (905) 937-9762

Florence Pye, 11-126 Sussex St., Carleton Place, ON, K7C 1P8. (613) 257-1847

Vikki LeDez, 26 Jones Street, P.O.Box 237, Sunderland, ON, L0C 1H0 705)-357-0377 email: vledez@yahoo.ca

ONLINE: Myasthenia Gravis Support Canada

On Facebook, you can connect with others affected by Myasthenia Gravis through the Myasthenia Gravis Support Canada Facebook page, another way to learn more through discussion, posting and comments. Use this URL:

https://www.facebook.com/groups/1380379838949713/ and link text is Myasthenia Gravis Support Canada.

In closing I leave you with the following quotation from American Journalist Sydney J. Harris:

“The two words Information and Communication are often used interchangeably, but they signify quite different things. Information is giving out; Communication is getting through.”

Never iron a four-leaf clover, because you don’t want to press your luck!
MEMBERSHIP APPLICATION

Date __________________________ New Member _____ Renewal _____

Last Name ______________________________________ Male _____ Female _____

First Name ______________________________________ Date of Birth __________________

Address ______________________________________ Apt. or Unit No. ____________

City ______________________________________ Postal Code ___________________

Phone _______ - _______ - _______ Cell Phone _______ - _______ - _______

Name of Spouse, Partner or Significant Other (Optional)

________________________________________________________________________

E-mail Address _____________________________________ @___________________________

In order to reduce postage costs I would like to receive the quarterly newsletter “Contact” via e-mail, rather than by regular mail: Yes ______ No ______

Would you like us to call you? Yes _____ No _____

For “Myasthenics Only” and for statistical purposes (held in strictest confidence):

My Neurologist is Dr. ______________________________________

Neurologist’s Telephone No. _______ - _______ - _______

ANNUAL MEMBERSHIP FEE

$ 20.00 + $2.60 HST = $ 22.60 $ ________ (12 months – Individual or Family)

Or $ 50.00 + $ 6.50 HST = $ 56.50 $ ________ (36 months – Individual or Family)

Donation $ ________ (optional)

Total $ ________

Please complete as much of the form as possible.

All information will be kept in the strictest confidence.

It is important to keep your membership and record of information up to date and accurate each year. Please advise any changes during your renewal period.

Questions or Changes? Call 905 642 2545 or e-mail to membership@MGCanada.org

Mail completed form and payment to:

Membership Coordinator – Myasthenia Gravis Society of Canada

c/o 247 Harold Avenue, Stouffville, Ontario, L4A 1C2.

Please make cheque payable to: Myasthenia Gravis Society of Canada

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Quotes from MG Facebook Page

“So grateful for the many benches at our local conservation area, now that we have snow! I’ve skied there only once this season before today. After a trip when I went alone and fell (felt like an overturned turtle) I’ve been dragging my hubby along for walks to strengthen my legs. He was very helpful cleaning the snow off the three benches I used. Also grateful that Dr. Bril increased my Mestinon, for its 'non specific effects', while we try to figure out if it is MG or not. Six 60mg per day is so much better than 4!”

"Travelling Overseas and Getting Health Insurance? I live in Canada and plan on going to Maui and possibly Mexico January 2018 and I was wondering if anyone has had an issue with getting health insurance for when they travel? I'm afraid I'll get declined because I have MG.

"Myasthenia Gravis Support Group Canada Survey: What meds/treatments are you on currently? Very valuable for all of us to know both what and how our MG prescribed meds, IVIG & Plasma Exchange treatments affect our metabolisms, including negative depletion of vital minerals and how to offset and measure individual need and results. Please join the survey. Thanks."