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Symptomatic treatment of myasthenia gravis and its role in the era of emerging immunomodulatory treatments

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Stellingen behorende bij het proefschrift getiteld
Symptomatic treatment of myasthenia gravis
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1. Pyridostigmine demonstrates benefit over placebo in patients with acetylcholine receptor positive myasthenia gravis chronically using pyridostigmine. *(This thesis)*
2. Although adverse effects are common during pyridostigmine, discontinuation is more often the result of lack of efficacy. *(This thesis)*
3. Pyridostigmine has a very high probability of being cost-effective, both on societal and healthcare costs. *(This thesis)*
4. Amifampridine should not be added to treatment with pyridostigmine in acetylcholine receptor positive myasthenia gravis. *(This thesis)*
5. Within the first ten years of disease onset, more than a third of patients continue to depend on corticosteroids, indicating a considerable unmet medical need within the current treatment landscape. *(This thesis)*
6. Efgartigimod is effective in a clinically relevant subset of patients with refractory myasthenia gravis, but requires frequent dosing, with administration at weekly, biweekly, or triweekly intervals. *(This thesis)*
7. Although therapeutic advances may reduce the need for symptomatic treatment in the future, it remains a key component of care in current myasthenia gravis management.
8. Determining the optimal treatment regimen in myasthenia gravis is complicated by disease heterogeneity and the lack of reliable biomarkers of disease activity.
9. Transparency of health outcomes and utility data is essential to enable robust cost-effectiveness analyses and inform optimal treatment strategies.
10. Although early intervention with complement inhibitors and FcRn blockers represents a promising approach to minimize corticosteroid exposure, current evidence is lacking, and its widespread use requires a substantial reduction in costs.
11. The principle that strengthening a message is more effective than repeating it when reception is impaired applies not only to myasthenia gravis, but also to communication in clinical practice.