

Epidemiology & Demographics

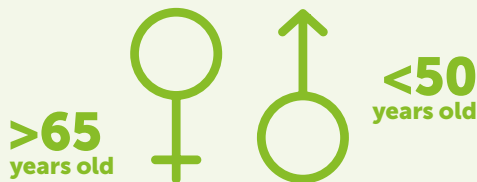
This fact sheet provides Community Health Workers and Promotores with important information on who is most affected by Myasthenia Gravis (MG). Use this resource to raise awareness, improve early detection, and address disparities in diagnosis in your community.



37 / 100k

In the U.S., it is estimated that **37 out of every 100,000** people have myasthenia gravis.²

MG can occur at any age but is more common in **women under 50** and **men over 65**. The prevalence also increases with age.¹⁻²



For instance, the prevalence rate among **males age 65 and older is higher** compared to younger populations.³



Higher prevalence observed in certain ethnic groups, indicating **potential genetic or environmental factors**.⁴

Studies have shown that **MG affects different racial and ethnic groups** in unique ways.⁵⁻⁶

- Scientists believe this could be due to genetic expression.⁵
- There is a need for more research on how MG affects various populations and why certain groups may experience different symptoms or responses to treatment.



What the Research Tells Us:

African American patients are more likely to have another type of MG-related antibody (MuSK antibodies) compared to Caucasian patients based on one study.⁵

Hispanic patients, based on retrospective analyses, may be more likely to have a specific type of MG-related antibody (blocking antibodies) compared to African American and Caucasian patients, but the difference is not statistically confirmed.⁷

African American women, based on retrospective analyses, have the highest rates of MG compared to other groups. They are diagnosed with MG more often than others, with a higher number of cases per year.³

Sources: 1. José Lopes, P. (2018, November 27). Gender differences in MG onset shift after age 40, study reports. Myasthenia Gravis News. <https://myastheniagravisnews.com/news/gender-differencesmg-onset-shift-after-40-study-reports/> 2. Myasthenia Gravis Foundation of America. (n.d.). Overview of MG. Myasthenia Gravis Foundation of America. <https://myasthenia.org/understanding-mg/overview-mg/> 3. Ye, Y., Murdock, D. J., Chen, C., Liedtke, W., & Knox, C. A. (2025, April 21). Epidemiology of myasthenia gravis in the United States. Frontiers. <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2024.1339167/full> 4. Kim, T., Chaudhari, K., & MGteam. (2025, February 20). Prevalence of myasthenia gravis in the U.S. and worldwide. MGteam. <https://www.mgteam.com/resources/prevalence-of-myasthenia-gravis-in-the-us-and-worldwide> 5. L. Dresser, R. Wlodarski, K. Rezaia, B. Soliven, Myasthenia Gravis: Epidemiology, Pathophysiology and Clinical Manifestations, Journal of Clinical Medicine, <https://onlinelibrary.wiley.com/doi/10.1155/2015/197893> 6. Canadian Pharmacist Last Updated: 2 min read. (n.d.). The impact of ethnicity in myasthenia gravis. Myasthenia. <https://myasthenia-gravis.com/living/ethnicity-impact> 7. Abukhalil, F., Mehta, B., Saito, E., Mehta, S., & McMurtry, A. (2015). Gender and Ethnicity Based Differences in Clinical and Laboratory Features of Myasthenia Gravis. Autoimmune diseases, 2015, 197893. <https://doi.org/10.1155/2015/197893>

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