

Diarrhea can cause fluid and mineral loss. Choose foods that are mild and easily digestible but are rich in minerals like potassium and sodium (unless you are on a sodium-restricted diet). Try eating smaller amounts of food and liquid throughout the day instead of three large meals. Include foods like white rice, applesauce, very ripe bananas, baked or broiled chicken or fish. Light soups with barley or white rice and mild vegetables are nutritious and helpful, too.

When taken over an extended period of time, steroid medicines such as prednisone can cause bone thinning. If you take steroids, it is important to have adequate amounts of calcium and vitamin D in your daily diet. Milk products, cooked dark green leafy vegetables, dried beans, canned sardines or salmon and calcium-fortified juices and cereals are rich in calcium. Talk to your health care provider about recommended dietary allowances (RDAs) for vitamin D and calcium and how much of each you need daily in food and supplements.

Steroid use can also cause fluid retention, so it is important to reduce sodium and increase potassium in your diet. Avoid salt. Cook with salt substitutes or use other spices. Especially avoid smoked and cured meats, canned soups and vegetables, pickled products and salted snacks or any food item that lists salt or sodium as one of its main ingredients.

www.myasthenia.org
800.541.5454

The MGFA mission is to facilitate the timely diagnosis and optimal care of individuals affected by myasthenia gravis and closely related disorders and to improve their lives through programs of patient services, public information, medical research, professional education, advocacy and patient care.

This publication is intended to provide the reader with general information to be used solely for educational purposes. As such, it does not address individual patient needs, and should not be used as a basis for decision making concerning diagnosis, care, or treatment of any condition. Instead, such decisions should be based upon the advice of a physician or health care professional who is directly familiar with the patient. The information contained in this publication reflects the views of the authors, but not necessarily those of the Myasthenia Gravis Foundation of America (MGFA). Any reference to a particular product, source, or use does not constitute an endorsement. MGFA, its agents, employees, Directors, Chapters, its Medical/Scientific Advisory Board, and its Nurses Advisory Board or their members make no warranty concerning the information contained in this publication. They specifically disclaim any warranty of merchantability, fitness for any particular purpose, or reliability regarding the information contained herein, and assume no responsibility for any damage or liability resulting from the use of such information.

© 2013 by Myasthenia Gravis Foundation of America, Inc.

Approved by the MGFA Medical/Scientific and Nurses Advisory Boards

Revised November 2013



355 Lexington Avenue, 15th Floor
New York, NY 10017-6603

(800) 541-5454

(212) 297-2156 • (212) 370-9047 fax

mgfa@myasthenia.org • www.myasthenia.org

Nutrition and Myasthenia Gravis

A helpful guide for patients and their caregivers.

www.myasthenia.org

Good nutrition is important for everyone. This is especially true when you have a chronic disorder like myasthenia gravis (MG) with which some, but not all, patients will experience difficulty with chewing and swallowing. To maintain normal body function, you need a balanced diet with adequate nutrients.

Nutritional Problems in MG

There are some areas of nutritional concern for people with MG. First, be aware that nutritional deficiencies frequently result from making poor food choices.

Fatigue and difficulty with chewing and swallowing may interfere with nutrition and create safety issues. Diet modifications may be advisable if you are taking certain medicines for MG.

Choose a Sensible Diet

Choose a healthful diet with a variety of foods containing the nutrients that you need. Your age, gender, size and activity level determine the number of calories that you require daily. A nutritious daily diet includes foods from five food groups with 6-11 grain group servings, 3-5 vegetable group servings, 2-4 fruit group servings, 2-3 milk/dairy group servings and 2-3 meat group servings. Limit fats, oils, sweets and salt. Choose sensible portion sizes. Avoid empty calorie foods.

Energy Conservation and Mealtime

Try to plan your meals when your strength is optimal. Eat slowly and rest between bites if necessary. When fatigue is a problem later in the day, try eating your main meal earlier. Instead of three larger meals, try eating five or six smaller meals. If you are taking anticholinergic drugs like Mestinon®, eat your meal about an hour after taking your medicine.

Chewing and Swallowing Difficulties

MG symptoms are highly variable. Not all people with MG will have difficulty chewing and swallowing. However, weakness of the tongue, jaw, mouth and throat muscles may make it difficult for some to chew or swallow food.

At times of weakness, you may get easily fatigued during meals and have difficulty eating the kind or amount of food that you need to get adequate nutrients and calories. This could result in malnutrition and unexpected weight changes. You may at times experience a sensation of food sticking in your throat or esophagus. Liquids may come back up your nose due to weakness of the muscles that separate your throat and nose.

Throat weakness may allow partially chewed solid food to get lodged in your airway and cause you to cough or choke while eating. If the airway becomes blocked by a piece of food and coughing does not dislodge it, this could result in respiratory failure. For this reason, it is advisable that family members take a first aid course that includes instruction on when and how to apply emergency principles as outlined by the American Heart Association to relieve choking (Heimlich maneuver).

Easier Chewing and Swallowing

Modifying the consistency of food can make it feasible for you to get proper nutrition when you are having difficulty with eating and drinking. Prepare foods in a way that makes them soft, tender and easy to chew and swallow. Chop, mash or puree foods. Moisten dry foods with liquid. While eating, take sips of liquid to soften foods in your mouth and help prevent solids from sticking in your throat. The thin consistency of fluids makes them more likely to get aspirated into the lungs because they travel quickly down the throat. Commercial thickeners can be added to liquids to give them a more manageable consistency and reduce this risk.

Body position and your mealtime environment are important. When eating, sit upright in a chair and tilt your head forward. Avoid distractions while you eat. Don't talk and eat at the same time. If you continue to have problems with eating over an extended time period, evaluations by a nutritionist and a speech language pathologist may be helpful.

Special Diet Modifications

Occasionally, anticholinergic medicines like Mestinon® may cause cramping and diarrhea. If this is a problem, check with your doctor to see if the dose of medicine needs to be reduced or if he/she wants to add any medicines to help control the diarrhea. Do not take any over-the-counter antidiarrheal drugs without first consulting with your doctor. If diarrhea persists, avoid foods that aggravate this condition. Aggravating foods include those with a high fat content, greasy foods, spicy foods and dairy products. One exception is yogurt with active cultures, which is actually beneficial. Avoid otherwise healthy foods with insoluble fiber like raw vegetables, bran, dried or unpeeled fruit, whole grains and popcorn. Coffee, teas and chocolate containing the stimulant caffeine will speed up the action of your intestines, making diarrhea worse, too.