THE RELATIONSHIP BETWEEN CARDIOVASCULAR AUTONOMIC PARAMETERS AND PULMONARY FUNCTION IN PATIENTS WITH MYASTHENIA GRAVIS - PRELIMINARY RESULTS

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The study aimed to investigate the relationship between pulmonary function, and cardiac autonomic function parameters in clinically stable myasthenia gravis (MG) patients. A total of 44 subjects (MG patients and healthy controls; HCs) were evaluated. PFTs parameters, heart rate variability (HRV), baroreflex sensitivity (BRS), cardiovascular autonomic function tests (Valsalva ratio, expiration/inspiration ratio-E/I) were assessed. Patients demonstrated similar diffusion capacity for carbon monoxide (D_{LCO}), lower forced vital capacity (FVC% $_{pred}$), forced expiratory volume in 1 second (FEV1% $_{pred}$), lower BRS and HRV: high frequency, total power spectral density of HRV, and higher percentage of abnormal cardiovagal function test results than HCs, p<0.05. Lower BRS in the patient group was associated with worse clinical disease outcomes and reduced pulmonary function (D_{LCO} % $_{pred}$, R=0.59; TLC% $_{pred}$, R=0.48). Age, forced vital capacity, and total lung capacity predicted the E/I ratio. Our study demonstrated a significant relationship between reduced pulmonary ventilation function and respiratory mechanics with cardiovascular autonomic parameters, including the E/I ratio, BRS, and HRV measures at rest as shown in MG group.

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