

AGREE Appendix for Guidelines:

1. What is the overall objective of the guideline?  
To assist general neurologists to manage autoimmune myasthenia gravis more effectively.
2. What are the specific questions covered by the guidelines?  
Choice and sequence of drug, optimised dose selection.
3. What is the population to whom the guideline is meant to apply?  
Patients with autoimmune myasthenia gravis.
4. What groups are represented in the guideline development group? Are all relevant groups represented?  
Neurologists with a specific interest in myasthenia, general neurologists. Yes, all relevant groups are represented.
5. Have the views of the target population (patients or patient groups) been sought?  
No. This is a technical document concerning optimal use of well-established medication.
6. Who are the target users of the guidelines?  
Neurologists without a special interest in myasthenia gravis, and general physicians without ready access to neurological advice.
7. Were methods to search for evidence systematic?  
Yes. We used a literature review using Medline and Embase to draft the initial version of the guidelines, after which clinicians developed the guidelines using a modified Delphi approach.
8. What were the criteria for selecting evidence?  
Medline and Embase literature reviews combined with Cochrane collaboration reviews that provided quality assessments of the data.
9. Were strengths and limitations of evidence described?  
The evidence is very limited, and studies that were previously regarded as authoritative are now viewed as underpowered.
10. What methods were used to formulate recommendations?  
Modified Delphi approach applied by clinicians experienced in managing a condition for which there is little high-quality evidence.
11. Were health benefits, side effects and risks considered in formulating recommendations?  
Yes.
12. Is there an explicit link between recommendations and supporting evidence?  
Where evidence is available, yes.

13. Has the guideline been reviewed by experts prior to publication?  
Yes.
14. Is there a plan for updating the guideline?  
No explicit date for updating has been chosen, though the guidelines group is intends to keep them up to date. Should new evidence or change in practice develop, the group will update the guidelines.
15. (Are recommendations specific and unambiguous?)  
Yes.
16. (Are management options clearly presented?)  
Yes.
17. (Are key recommendations easily identifiable?)  
Yes.
18. Were facilitators or barriers to the application considered?  
Yes.
19. Do you describe how the guidelines should be put into practice?  
Yes.
20. Have the resource implications of the recommendations been considered?  
Yes.
21. Do the guidelines present audit or monitoring criteria?  
All of the treatments suggested are readily auditable.
22. Have the views of the funding organisation influenced the content of the guideline?  
There are no funding organisations.
23. Are the competing interests of the guideline development group been recorded?  
Yes.