

## Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Information Page

CIPD is a chronic autoimmune condition involving inflammation of the nerves after they exit from the spinal cord.

The presenting symptoms are varied and wide ranging and range from progressive weakness or numbness of the upper or lower limbs or both to balance problems. It most commonly commences in the lower limbs but can present with upper limb involvement.

CIPD is closely related to Guillain-Barre Syndrome and is considered the chronic form of the acute disease. It is caused by damage to the myelin sheath which is the fatty covering that surrounds and protects the nerve fibres.

There is no known cure for CIPD but effective treatment is available and can help with all of the symptoms and over time may normalise nerve function. The response to treatment is dependent on the severity of the condition, the duration of the condition before diagnosis and the severity of nerve damage. Recovery is slower the older you are.

Recovery may take months to years and may not be apparent after initial treatment is started. It is important to understand that progress is usually slow and fluctuates but consistent treatment is essential if the disease to be treated effectively.

As with all chronic conditions, CIPD may have a pattern of relapses and remissions. Most often you are referred because of a gradual increase in symptoms. The course of CIPD will vary among individuals but if treated appropriately there will be improvement in your functioning over time.

Diagnosis is based on the history of your condition and the clinical examination with Dr Pascoe.

The most important test is the EMG (electromyography). Nerve conduction studies may be normal and it is important to include electromyography or testing of the nerve and muscles with a small acupuncture sized needle inserted into the muscle. Dr Pascoe has specialised in this testing at the world famous Mayo Clinic and will need to perform the test herself to get adequate results.

A spinal fluid analysis may be necessary but a nerve biopsy is rarely needed.

Dr Pascoe's treatment for CIPD will be based on symptoms and progression of the disorder.

The mainstay of treatment is intravenous immunoglobulin (IVIg) and needs to be tailored to the severity of the condition. Although there are other treatments you might read about these treatments are less effective and have a higher side effect profile.

Physiotherapy is of help but only after the inflammation of the nerves is dampened down by specific treatment and the nerves are beginning to recover. Excessive physical therapy and activity can be damaging to the nerves so discussion with Dr Pascoe is important in deciding your exercise regime

**LINK:**

<http://www.gbs-cidp-nsw.org.au/information/what-is-cidp>