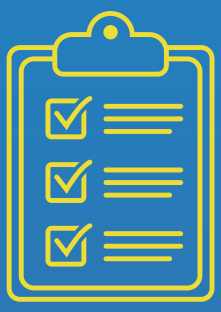
EUROPEAN GUIDELINES:

European Academy of Neurology (EAN) and Peripheral Nerve Society (PNS) Guideline on the diagnosis and treatment of Guillain-Barré syndrome (GBS)

THE GUIDELINE **provides evidence-based recommendations and consensus-based Good Practice Points (GPPs) on the diagnosis and treatment of Guillain-Barré syndrome (GBS) in clinical practice. The Guideline is intended for neurologists, paediatric neurologists and other physicians in secondary and tertiary care settings. The aim is to optimise diagnostic accuracy and to improve patient outcomes.**



Read the full guideline in the *European Journal of Neurology*:
https://doi.org/10.1111/ene.16073

GBS is an acute polyradiculoneuropathy with widely varied symptoms in terms of presentation and severity. The diagnosis of GBS relies upon a combination of clinical features, often with the support of electrodiagnostic and laboratory tests.

Diagnostic criteria for motor-sensory or motor GBS

Required features

- Progressive weakness of arms and legs[a]
- Tendon reflexes absent or decreased in affected limbs
- Progressive worsening for no more than 4 weeks[b]

Supporting features

- Relative symmetry
- Relatively mild/absent sensory symptoms and signs
- Cranial nerve involvement (especially bilateral facial palsy)
- Autonomic dysfunction
- Respiratory insufficiency (due to muscle weakness)
- Pain (muscular/radicular in back or limb)
- Recent history of infection (<6 weeks), (possibly also surgery)

Supporting laboratory findings

- **CSF:** increased protein; normal protein does not rule out diagnosis. White cells usually <5x10^6/L
- **Blood:** Anti-GQ1b antibodies usually present in Miller Fisher syndrome
- **Electrodiagnosis:** NCS consistent with polyneuropathy; NCS may be normal during first days of disease

[a]Weakness may start in the legs (or other location in regional variants of GBS).
[b]Only applies if duration of progression is known (e.g. to separate from CIDP).

CIDP, chronic inflammatory demyelinating polyneuropathy; CSF, cerebrospinal fluid; NCS, nerve conduction study.

EUROPEAN GUIDELINES:

European Academy of Neurology (EAN) and Peripheral Nerve Society (PNS) Guideline on the diagnosis and treatment of Guillain-Barré syndrome (GBS)

Recommendations for the treatment of GBS*

	Strong recommendations	Weak recommendations
PLASMA EXCHANGE (PE)	• Start PE as soon as possible in patients unable to walk unaided (GBS-Disability grade 3 or more) and within 4 weeks from onset • Four to five exchanges over 1–2 weeks with a total exchanged volume of 12–15 litres in patients who are severely disabled (unable to walk unaided, bedridden or ventilated)	• Two exchanges in patients still able to walk unaided but who cannot run (GBS-Disability grade 2) within the first 2 weeks from onset of weakness
INTRAVENOUS IMMUNOGLOBULIN (IVIg)**	• Start IVIg (0.4g/kg/day for 5 days) as soon as possible in patients unable to walk unaided (GBS-Disability grade 3 or more) if still within the first 2 weeks from onset of weakness • Patients with a poor prognosis† should also be treated with only one standard course of IVIg (0.4g/kg/day for 5 days)	• Use the most frequently used and proven effective standard course of IVIg (0.4g/kg/day for 5 days) rather than a low-dose (0.4g/kg/day for 3 days) or a 2-day regimen (1g/kg/day)

*Recommendations in favour of specific treatments (IVIg or PE) are presented here. For list of treatments that have been recommended against use for treatment of GBS, please refer to the full guideline. Currently there is no evidence showing the superiority of IVIg over PE or vice versa.**There are no trials showing that IVIg is effective in GBS patients still able to walk. As PE and IVIg seem to be equally effective, it is likely that IVIg can also be used in these patients. †Based on the modified Erasmus GBS Outcome Scale (mEGOS).

The development of this guideline followed the Appraisal of Guidelines for Research & Evaluation Instrument (AGREE II) and the Grading of Recommendations Assessment, Development and Evaluation (GRADE) frameworks, and the EAN recommendations on the development of a neurological management guideline. Recommendations are expressed as 'strong' or 'weak', with strong recommendations for or against an intervention when the task force judged that most informed people would make the recommended choice, and weak recommendations when the task force judged that most informed people would choose the recommended course of action, but a substantial number would not, either because it was applicable or available only to a subgroup, the evidence had low certainty or the risk/benefit ratio might not be favourable for all patients.