

Guillain Barre Syndrome (GBS)

Frequently Asked Questions (FAQs)



INDIAN ACADEMY OF
NEUROLOGY

A Public Information Initiative

Q.1. What is Guillian Barre Syndrome (GBS)?

Ans. Guillian Barre Syndrome is a neurological disease which affects the peripheral nerves. It causes inflammation of the nerves. This manifests as acute progressive weakness of limbs.

Q.2. What is the first symptom to suggest GBS?

Ans. Rapidly progressing weakness and/or tingling of limbs occurring over days to weeks is a warning sign of an evolving GBS, and warrants urgent medical attention.

Q.3. Who can develop GBS?

Ans. GBS can affect people at any age. Both genders are equally affected. The syndrome is rare, afflicting about one person in 100,000. GBS is supposed to be triggered by an immune reaction to several viral and bacterial infections, and has also been associated with a recent vaccination. Most commonly, infection with a bacterium *Campylobacter jejuni*, which causes gastroenteritis type of illness has been implicated.

Q.4. What should the affected person do?

Ans. While most of the cases have progression by four weeks, urgent consultation with a neurologist is advised, as the disease may, sometimes, be life threatening, especially if it involves the nerves affecting the respiratory muscles or the swallowing muscles. Timely treatment has also been shown to hasten the recovery and earlier ambulation in patients of GBS. Therefore, early medical advice is useful.

Q.5. What should the affected person not do?

Ans. In case of involvement of nerves affecting voice or swallowing, do not force food or fluids into the mouth. Also, since the affected person may not be able to sit up without assistance in acute stages of the disease, do not feed them in lying-down position.

Q.6. What is the treatment?

Ans. Both plasmapheresis and intravenous immunoglobulin (IVIG) have shown equal efficacy in clinical trials, and the treatment chosen may be according to the patient preferences and facilities available at the hospital.

Q.7. What is the usual duration over which the disease peaks?

Ans. The duration is variable, between days to weeks, but does not usually progress beyond four weeks. Any recovery is a hint that the peak of progression is probably over.

Q.8. Can it relapse or recur?

Ans. In a small percentage (approximately 10%) of affected individuals, an acute relapse occurs after initial improvement or stabilization after treatment. About three percent of the affected individuals may have a relapse which may occur even after many years of the initial attack.

Q.9. Can GBS be fatal?

Ans. The causes of fatality are: respiratory paralysis, aspiration pneumonitis, hospital-acquired infections of chest or urine, acute respiratory distress syndrome, venous thromboembolic disease and sudden autonomic dysfunction affecting the heart. The range of reported fatality is 2-12% despite ICU management.

Q.10. How long does it take to recover?

Ans. The recovery period may be as short as a few weeks or as long as a few months. About 30 percent of those with GBS may have some residual weakness in the long term, and rarely these may be permanent. The affected persons may also have easy fatigability and functional impairment compared with healthy controls.

Q.11. What can be done to ensure complete recovery?

Ans. Although no particular treatment guarantees complete recovery, patients with younger age, fair upper limb strength, early recovery and not requiring Ryle's tube feeding or mechanical ventilation have good and almost complete recovery.

Q.12. If one treatment does not cause any improvement, can any other treatment be given?

Ans. Since the recovery after any treatment can take weeks to months, the decision to continue or change the treatment in case of no recovery or relapse after a therapy should rest on the treating physician.

Disclaimer:

This brochure is for the general information of the public and the patients. People should not self-medicate themselves with the medicines and treatments mentioned here. Before taking any of the medications mentioned in the information brochure, please consult your neurologist.

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