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GUILLANE BARRE SYNDROME

What is Guillaine Barré Syndrome?

Guillaine Barré Syndrome (GBS) is an immune-mediated polyradiculoneuropathy. This means the immune system is attacking the myelin (insulation around nerves) over a short period of time (acute). Most GBS patients have an acute phase of neurological symptoms which is preceded by an infective illness. Typically there is a progressive limb weakness for four weeks, and then a plateau phase.

What infections are associated with GBS?

Most commonly the infection is upper respiratory tract or gastroenteritis. The most commonly reported infection is *Campylobacter jejuni*.

What must be closely watched during the acute phase?

Symptoms like bulbar weakness (impairment of cranial nerves 9-12), respiratory insufficiency (the body's ability to get enough oxygen/CO2 exchange), and autonomic dysfunction (ability of the body to maintain balance and well-being).

What treatment is used to speed recovery?

Immunoglobulin and plasmas exchange, according to the literature, is the only immunotherapeutic drug used to speed the recovery of GBS.

What are the clinical features of GBS?

The classic presentation of GBS is progressive (ascending meaning from end of the limb towards the torso) weakness associated with absent reflexes. There are variants where there may be more localized weakness, including neck and face symptoms.

What is the natural history of GBS?

Typically, the worst point of GBS (clinical nadir) is within the 2 to 4 week point. From there, the symptoms plateau and recovery ensues. Complications may and often delay the recovery period.

What are some treatment options for GBS?

The management of GBS is dependent on the stage of the disease. Within the first 2 weeks (acute phase), there is a high risk of developing extensively nerve damage. Immunotherapy begins as soon as there is signs of disability. During the progressive phase (typically 2 to 4 weeks after onset) there is risk of aspirations, pneumonia, and deep vein thrombosis. Often these complications are prevented with supportive measures.

When should manual and exercise therapy commence?

Manual and exercise therapy should commence as soon as possible.

What other areas require management during the recovery phase?

Pain level, energy level, and mood all may require management during the recovery phase. One third of patients do not recover clinically after symptom plateau and further immunotherapy may be considered.