

RETROSPECTIVE STUDY ON PRESCRIBING PATTERN OF GUILLAIN BARRE SYNDROME, A BINATIONAL STUDY, INDIA AND IRAN

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ABSTRACT

Introduction: Guillain-Barre syndrome (GBS) is an autoimmune and post-infectious immune disease. Guillain-Barre syndrome (GBS) is an acute-onset, monophasic, immune-mediated polyneuropathy that often follows an antecedent infection. Guillain-Barre syndrome is a peripheral neuropathy that causes acute neuromuscular failure. The syndrome includes several pathological subtypes. The diagnosis relies heavily on the clinical impression obtained from the history and examination, although cerebrospinal fluid analysis and electro diagnostic testing usually provide evidence supportive of the diagnosis.

Misdiagnosis is common and can be fatal because of the high frequency of respiratory failure, which contributes to the 10% mortality seen in prospective studies. There are currently two treatments commonly used to interrupt immune-related nerve damage. One is plasma exchange (PE, also called plasmapheresis); the other is high-dose immunoglobulin therapy (IV-Ig). Both treatments are equally effective if started within two weeks of onset of GBS symptoms, but immunoglobulin is easier to administer.

KEYWORDS: Guillain-Barre syndrome, autoimmune, plasmapheresis, immunoglobulin.

OBJECTIVES

- To use suitable assessment for prognosis of disease by means of validated GB Syndrome disability scale.
- To report effectiveness and safety of Guillain Barre Syndrome treatment.
- To investigate the typical electrical diagnostic features in management of Guillain Barre Syndrome.

METHODOLOGY

A retrospective study was conducted on patients admitted to the department of general medicine, from the respective hospitals -Bangalore Baptist Hospital, Hebbal (Bangalore, India); Sagar Hospital(Bangalore, India); Shohadaye Ashayer Hospital (Iran); Data was collected from medical records from each of the mentioned hospital. The collected data includes the relevant information of patient demographics, diagnosis, GBS occurrence its onset and duration, its progression, lab diagnostic values and other diagnostic features and treatment details. Based on the collected data, analysis was carried out and differentiated between Indian and Iranian demographics, on CSF protein levels, treatment chart and GBS Scale.

RESULT

The retrospective study on GB syndrome for the following parameters such as age, gender discrimination, major symptoms, differential diagnosis, level of protein in CSF, types of GB, morbid and non co-morbid condition and GB scale grade at the time of admission and at the discharge among both the Indian and Iranian population were analyzed using simple proportion ratio and filtration method and summation and presenting them in graphical and tabular form for easy understanding and discrimination. The analyzed data shows that female are more prone to GB compared to male and the age of onset of GB is between 21-30 years, due to GB scale the grade severity can be accessed.

CONCLUSION

Finally, I conclude that due to GB scale for severity, grades can help in accessing the early onset of disease and based on the study the onset of disease is between the age of 21-30years which helps in early treatment and decrease in progression of disease and since it was retrospective study on finding out the pattern of prescribing IGg IV therapy is best for all kinds of GBS and the differential diagnosis helps in easy detection of GB using ENMG. It is better to create awareness about the GB syndrome since female are more prone to GBS.

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ANNEXURE

Annexure 1: patient data collection form

IP no:	Age:	Sex:
Comorbidities:	Onset of GBS:	
	Duration stay:	
	progressive weakness in both arms and legs: present <input type="radio"/> not <input type="radio"/>	
relative symmetry of syndrome:	Mild sensory of signs or symptoms:	
Clinical manifestations :		
Cranial nerve involvement		
Bulbar involvement		
Ophthalmoplegia		
Areflexia		
Absence of fever at onset:		
Typical electrical		
Diagnostic features :		
High concentration of Protein in CSF:		
Glucose level in CSF:		
Chloride level in CSF:		
Serum CR level:		
Subtype of GBS :		
Plasmapheresis :		

Corticosteroids	Dose	frequency

Immunoglobulins		Dose		frequency	
Other Drugs					
Interacting Drugs			Interacting Drugs		
Effect of interaction:			Effect of interaction:		
Type of interaction: Major Moderate			Type of interaction: Major Moderate		

GBS DISABILITY SCALE:	GRADE 0	GRADE 1	GRADE 2	GRADE 3	GRADE 4	GRADE 5	GRADE 6
	healthy	Symptomatic but capable of running	Incapable of running	Unable to walk without assistance	Confined to bed	Requiring assisted ventilation	death
At first							
At discharge time							