

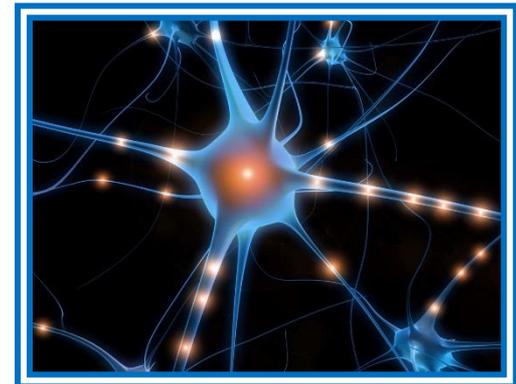
GUILLAIN-BARRE SYNDROME, THE CREEPING ENEMY

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CHRISTCHURCH HOSPITAL

Canterbury

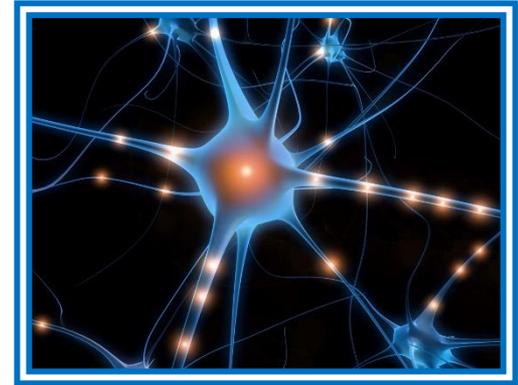
District Health Board

Te Poari Hauora o Waitaha



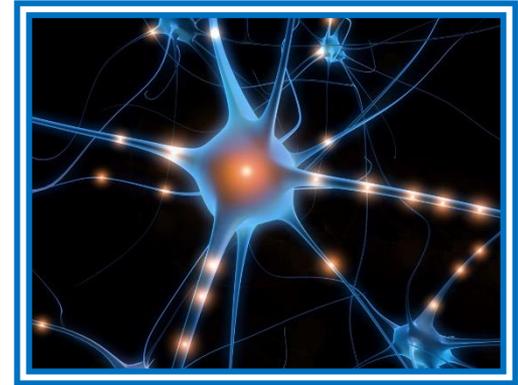
Overview

- Pathophysiology
- Incidence
- Causes
- Variants
- Signs and Symptoms
- Diagnosis
- Clinical Course
- Case Study
- References
- Questions

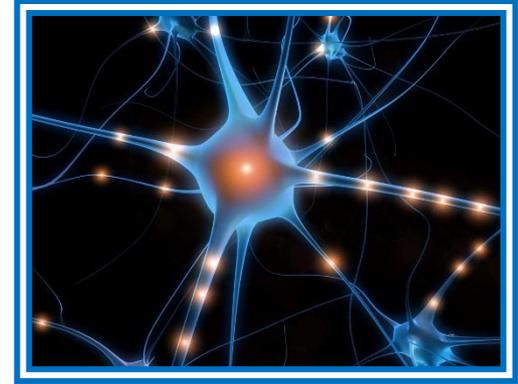


Pathophysiology

- Complex disease process
- Myelin sheath
- Nerve conduction
- Damage
- Re-myelination

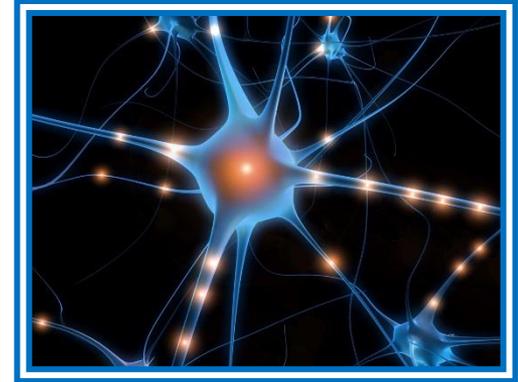


Incidence



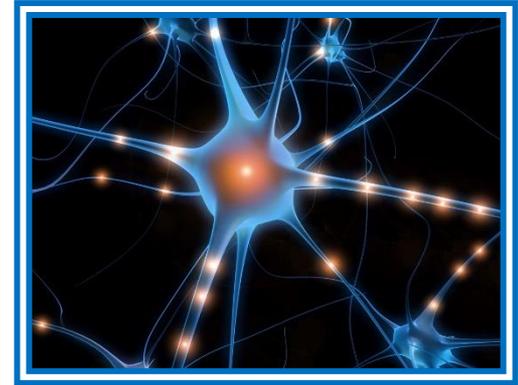
- 1-3 per 100,000 people
- Men vs Women
- Adults vs children
- 5% mortality
- 20% severe disability

Causes



- Unknown
- Occurrence
 - ✓ food poisoning
 - ✓ viral / respiratory illness
 - ✓ post vaccination
- Consequence

Variants



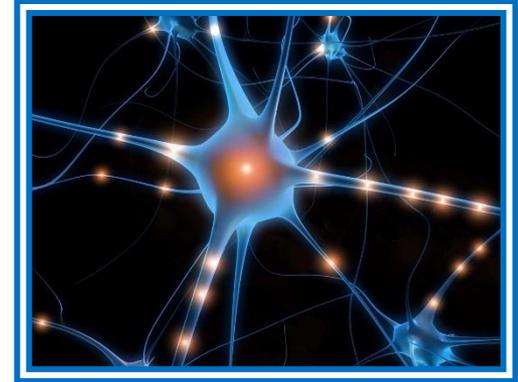
- acute inflammatory demyelinating polyneuropathy (AIDP)
- acute motor axonal neuropathy (AMAN)
- acute motor sensory axonal neuropathy (AMSAM)
- Miller-Fisher syndrome (MFS).

Signs and Symptoms

- Motor/Sensory System
- Respiratory System
- Cardiovascular System
- Renal System
- Central Nervous System



Diagnosis



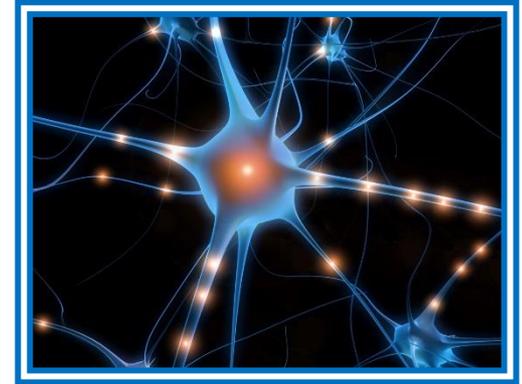
- History of presenting problem
- Physical examination
- Diagnostic tests
 - ✓ Lumbar Puncture (LP)
 - ✓ Nerve Conduction Studies (NCS)
 - ✓ Electromyography (EMG)
 - ✓ Forced Vital Capacity (FVC)

Clinical Course

- Acute
- Plateau
- Rehabilitation
- Recovery



Case Study



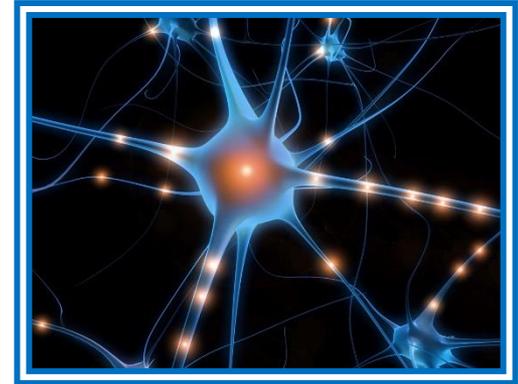
- Rachel at 36 diagnosed with GBS
- Residual ataxia
- Constant tremor in her hands
- Difficulty with fine hand movements
- Kept trying to use her hands to improve function, dexterity
- Used mobile phone to aid movement and aid concentration
- Stabs of pain on movement – from mild to severe aching
- Relieved by frequent turns/passive movement during acute phase
- Over time changed to hyper-sensitivity
- Neuropathic pain does not respond well to narcotic analgesics

Case Study



- Used complementary therapy – music, kept busy, foot baths
- Exercise was difficult
- Goal setting was trialled but often failed
- ‘Tough love’
- Fatigue +++
- Mood adversely affected
- Encourage patient to talk
- Be mindful of patient limitations
- Keep environment safe

Case Study



- Diet is useful – if patient compliant
- “Tough Love”
- Remind patient of who they are – not what they have
- Remind them of what they have in their life to look forward to
- Focus on small gains and progress
- Short visits due to being easily tired
- Include family in patient care if patient wishes
- Patient/family education/pamphlets
- Velcro for clothing, electric toothbrush, double handled cups
- High level of nursing care

References

- Guillain-Barre Syndrome Support Group of New Zealand
- www.GBS-CIPD.org/GBS/All-about-GBS/ - *Learn more about what causes GBS, treatment of and support for GBS*
- www.gbsnz.org.nz/guillain_barre_syndrome - *read about patients stories.*
- GBS foundation International - *A handbook for Caregivers*
- *Recovery Advice for Patients* by Prof RAC Hughes, Prof of Neurology, Guy's, King's and St Thomas' of Medicine, London
- www.GBS-CIPD.org/GBS/all-about-GBS/
- Winer, J (2002). *Treatment of Guillain-Barre syndrome*. QJM: An international Journal of Medicine, 95(11), 717-721.
- DeCort, M. (2011). *Nursing a Patient with Guillain-Barre Syndrome*. Nursing Management. Kai Tiaki Nursing New Zealand.17(7).32-33
- Keer-Keer, T (2014). *Guillain-Barre Syndrome: a review of the literature*. CNS Neurosciences, Christchurch Hospital

ANY QUESTIONS??

