Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

Chronic – takes a long time
Inflammatory
Demyelinating – depletion of the nerves' myelin sheath
Poly – neuro – pathy – many nerves get sick

CIDP (the chronic GBS) develops slowly over a period of several months. It usually starts with symptoms in feet, legs, hands and arms. Slowly, the affected feel increasing weakness.

CIDP is an acute autoimmune disorder, i.e. the body's own defence system attacks the nerves. This affects the peripheral nervous system. An important part of the nerves, the myelin sheaths, are inflamed and get destroyed. The affected nerves can no longer transmit stimuli, which affects muscles and sensations (sensitivity).

The following complaints may occur, among others:

- Loss of knee and ankle reflexes.
- Pain, numbness and paraesthesia.
- Difficulties in walking, climbing stairs and getting up from a chair or armchair.
- Difficulties controlling and coordinating movements. The gait is then wide-legged, swaying and unsteady. This gait abnormality can also be the only symptom. This is often seen in children.
- Paralysis of hands, arms, feet and legs.
- Tremor (shaking).
- Restriction of fine motor skills and sense of touch.
- Abnormal temperature sensation.
- Double vision, impaired ability to swallow and hearing defects.
- Complaints when urinating.

Sometimes CIDP starts as suddenly as GBS. But, instead of improving as with GBS it becomes worse, if not treated. Diagnosis of CIDP is difficult and can take time. Symptoms vary immensely and can be confusing for patient and doctor. Initial symptoms such as fatigue and disturbances of sensation have to be observed. Tingling, numbness, exhaustion or weakness may occur. This usually starts in toes and fingers. The condition worsens over the course of several weeks. Without treatment the degree of weakness continues to increase. In rare cases this leads to extensive paralysis.

There are many different courses of CIDP. Some of those affected experience the disease as a creeping process. Others experience bursts of deterioration. In one form of the disease, sensory failures are the only symptoms.

The symptoms of CIDP can increase quickly or slowly and the impact on those affected varies immensely. Some patients have limitations that are hardly noticeable, while others have to live with severe limitations.

Depending on the individual case, CIDP is treated with immunoglobulin, plasmapheresis, cortisone and/or immunosuppressants. Neuropathic pain can be treated with anticonvulsants (antispasmodic drugs) or tricyclic antidepressants. Physiotherapy and ergotherapy or speech therapy are important in coping with CIDP. They help to improve the patient's physical abilities or maintain them for longer.

Chronic variants of neuropathies include Lewis-Sumner-Syndrome (MADSAM) and Multifocal Motor Neuropathy (MMN).

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