About GBS

This rare disease often causes a sudden onset of weakness in the arms and legs. It can progress to cause numbness, tingling, breathing problems and paralysis. With GBS, the body attacks its own nerves. The protective covering of the nerves, called the myelin sheath, starts to break down. When the covering breaks down, messages from the nerve cells of the brain to the muscles are not able to get through and the muscles weaken.

Causes

It is not known exactly what causes this disease. Most often it occurs a few days or weeks after a viral or bacterial infection, such as the flu or diarrhea. Less often, it has happened after a person has had a vaccine, surgery or the Zika virus.

Types

GBS is now known to occur in several types. The main types are:

- Acute inflammatory demyelinating polyradiculoneuropathy (AIDP), the most common form in the United States.
- Miller Fisher syndrome (MFS)
- Acute motor axonal neuropathy (AMAN)
- Acute motor-sensory axonal neuropathy (AMSAN)

Ask your doctor if you have questions about the type of GBS you have.

Signs

Muscle weakness is the most common sign, and it is often in the arms and legs on both sides of the body. Other signs include:

- Pain
- Problems closing your eyes
- Problems speaking or swallowing
- Neck weakness
- Numbness and tingling
- Problems holding things
- Feeling tired with daily activity

Signs may progress over days or weeks. Most people are at their weakest about 3 weeks after their first signs appear.

If you have trouble breathing, call your doctor right away.
Testing
Your doctor may do some tests to check if you have GBS. These may include:
• EMG (electromyogram) and NCV (nerve conduction velocity) tests to check how your muscles and nerves work together
• Blood tests
• Lumbar puncture
• Nerve biopsy
Other tests may be done to check your alertness, muscle strength, and the feeling in your arms and legs. You may also have tests done by a respiratory therapist to check the muscles used for breathing.

Treatment
If the weakness is mild, you may get better in 4 to 6 weeks. If GBS is more severe, there may be lasting nerve damage for a few years.

Your doctor and others on your care team will work with you to find the best treatment plan for you. Be sure to follow the treatment plan.

Treatment options may include:
• Medicines.
• Physical, occupational or speech therapy to prevent further muscle loss and to help strengthen your muscles.
• Immunoglobulin therapy (IVIG). Proteins are given by IV to stop the body from attacking the nerves.
• Plasma exchange, also called plasmapheresis. Blood is removed from your arm through a needle and tubing connected to a machine. The liquid part of your blood, called plasma, is removed by a machine and the red and white blood cells are given back to you. Your body is able to replace the plasma quickly. The plasma is removed to reduce damage to your body by removing cells that cause nerve damage.
• Breathing machines, such as a ventilator or respirator, may be needed if your breathing muscles are not working.

For more information
• GBS/CIDP Foundation International offers information on GBS, forums to share your experience, and opportunities to read about the experience of others with GBS.
  www.GBS-CIDP.org
• The National Institute of Neurological Disorders and Stroke offers information about GBS.
  www.ninds.nih.gov

Talk to your doctor or health care team if you have any questions about your care.
For more health information, contact the Library for Health Information at 614-293-3707 or e-mail health-info@osu.edu.