



## Self-Assessment Questions for Physicians and Nurses

Select the 1 best answer to each question and circle that letter on the answer grid on the evaluation form.

- Evidence-based recommendations issued by the American Academy of Allergy, Asthma, and Immunology list immune globulin intravenous (IGIV) as:
  - Probably beneficial for Guillain-Barré syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP), and multifocal motor neuropathy (MMN).
  - Unlikely to be beneficial for GBS, CIDP, MMN, and myasthenia gravis (MG).
  - Definitely beneficial in MG.
  - Definitely beneficial for GBS, CIDP, and MMN and probably beneficial for MG.
- According to the American Academy of Neurology, standard treatment options for patients with GBS who are unable to walk independently include:
  - Corticosteroids or plasma exchange (PE).
  - PE or IGIV.
  - IGIV and corticosteroid combination therapy.
  - IGIV and PE combination therapy.
- IGIV is used more often than PE in patients with GBS because:
  - IGIV is considered more effective than PE in children with severe disease.
  - IGIV is easier to administer and is associated with fewer complications.
  - IGIV's wider availability offsets its more adverse safety profile.
  - PE's efficacy in GBS of 2 to 4 weeks' duration is doubtful.
- A meta-analysis of controlled trials in CIDP concluded that:
  - IGIV, PE, and oral corticosteroids are nonequivalent in efficacy.
  - IGIV, PE, and oral corticosteroids are equivalent in efficacy at least within the first 6 weeks of therapy.
  - IGIV is superior only to PE in efficacy.
  - IGIV is superior only to oral corticosteroids in efficacy.
- The European Federation of Neurological Societies/Peripheral Nerve Society (EFNS/PNS) guideline on the management of CIDP recommends IGIV as:
  - An alternative to PE as first-line therapy for sensory and motor CIDP.
  - The preferred second-line therapy, after first-line treatment with PE.
  - A second-line therapy for pure motor CIDP, but only if both PE and corticosteroids are ineffective.
  - An alternative to corticosteroids as first-line therapy for sensory and motor CIDP and as the preferred first-line therapy for pure motor CIDP.
- A long-term (4 to 8 years) study of IGIV maintenance therapy for MMN showed that IGIV:
  - Had no sustained benefit.
  - Significantly improved muscle strength but not upper limb disability.
  - Significantly improved muscle strength and upper limb disability.
  - Significantly improved upper limb disability but not muscle strength.
- MMN does not respond to and may be exacerbated by:
  - PE or corticosteroids.
  - IGIV or immunosuppressants.
  - PE or IGIV.
  - Corticosteroids or immunosuppressants.
- The EFNS/PNS management guideline for MMN recommends IGIV as:
  - First-line therapy and, if needed, as maintenance therapy.
  - Second-line therapy, after first-line treatment with immunosuppressants.
  - An alternative to first-line treatment with PE.
  - Maintenance therapy only.
- Options for managing acute crises in patients with MG include:
  - PE or cholinesterase inhibitors.
  - PE or IGIV.
  - IGIV or immunosuppressants.
  - Thymectomy, immunosuppressants, or cholinesterase inhibitors.
- Results from the Zinman study of IGIV in patients with MG and acute or subacute worsening weakness suggest that IGIV:
  - Has no significant benefit in MG.
  - May be a useful option for rapid management in patients with acutely worsening MG in whom immunosuppressive therapy might take up to 2 to 5 months to work.
  - May be a useful treatment option for patients with mild MG who do not respond to cholinesterase inhibitor therapy.
  - May be a useful treatment option for patients with respiratory or bulbar muscle failure.