Chronic inflammatory demyelinating polyneuropathy (CIDP) [including IgG and IgA paraproteinaemic neuropathies]

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Condition for which IVIg has an established therapeutic role.

Specific Conditions	• Chronic inflammatory demyelinating polyneuropathy
Indication for IVIg Use	• First-line treatment initiated when progression is rapid, or walking is compromised, or there is significant functional impairment.
Level of Evidence	Clear evidence of benefit (Category 1)
Description and Diagnostic Criteria	CIDP is an acquired sensorimotor polyneuropathy characterised by a progressive or relapsing/remitting course with evidence of demyelination on electrophysiological or pathological studies and response to immunomodulating therapies. There is no specific diagnostic test, but characteristic clinical and laboratory findings help distinguish this disorder from other immune-mediated neuropathic syndromes. Serum protein electrophoresis with immunofixation may be indicated to search for monoclonal gammopathy and associated conditions.
Justification for Evidence Category	The Biotext (2004) review found one Cochrane review of six randomised controlled trials (RCTs) with a total sample size of 170. The quality of the studies was low–moderate, found that intravenous immunoglobulin (IVIg) improved disability in the short term, and had comparable results to treatment with plasma exchange or prednisolone. The Frommer and Madronio (2006) review found one low-quality RCT with a total sample size of 20, which demonstrated that more patients responded to immunoadsorption than IVIg, although the baseline disease duration was higher in the intravenous immunoglobulin (IVIg) group. Differences were not significant.
Diagnosis Requirements	A diagnosis must be made by any medical officer. Where the diagnosis was not made by a Neurologist the diagnosis must be verified by a Neurologist.
Qualifying Criteria for IVIg Therapy	• Compromised walking or significant functional impairment as measured by activities of daily living (ADL) or other functional/disability scales.

Review Criteria for Assessing the Effectiveness of IVIg Use	IVIg should be used for three to six months before determining whether the patient has responded. If there is no benefit after this treatment, IVIg therapy should be abandoned. Review by a Neurologist is required within six months and annually thereafter. Documentation of clinical effectiveness is necessary for continuation of IVIg therapy. **On review of the initial authorisation period** Clinical effectiveness of Ig therapy can be demonstrated by: • Improvement in disability compared to the qualifying assessment, or stabilsation of disease after previous evidence of deterioration, as measured by activities of daily living (ADL) or other functional/disability scales. **On review of a continuing authorisation period** For stable patients on maintenance treatment, review by a Neurologist is required at least annually. Clinical effectiveness of Ig therapy can be demonstrated by: • Improvement or stabilisation of disability compared to the previous review assessment as measured by activities of daily living (ADL) or other functional/disability scales.
Dose	• **Induction Dose** - 2 g/kg in 2 to 5 divided doses. • **Maintenance Dose** - 0.4–1 g/kg, 2–6 weekly. The amount per dose should be titrated to the individual's response. Aim for minimum dose to maintain optimal functional status. **The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient.** **Refer to the current product information sheet for further information.**

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