Chronic Inflammatory Demyelinating Polyneuropathy

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The majority of patients with CIDP require long-term management and treatment (van Shaik et al., 2016, p. 3).

- **Introduction**

  The topic was selected to educate health care professionals on the complex pathophysiological process of chronic inflammatory demyelinating polyneuropathy (CIDP).

- **CIDP is an autoimmune disease of the peripheral nervous system in which the myelin sheath surrounding nerves is attacked, leading to impairment of conduction and accumulation of disability** (van Shaik et al., 2016, p. 3).

  - Regardless of clinical course, initial exacerbations with increased symptoms progression of disease with limited to remission.

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- **Pathophysiology of CIDP**

  - **Underlying Pathophysiology**

    - **Sympathetic system**

    - **Sensory, motor, and autonomic dysfunction** (Alabdali et al., 2017, p. 32).

    - **Motor**

    - **Sensory**

    - **Cerebral spinal fluid will show elevated protein levels, and MRI imaging will show abnormal nerve fiber demyelination.**

    - **Remaining symptoms in three categories: sensory, motor, and autonomic dysfunctions** (Shaik et al., 2016, p. 32).

    - **Implications for Nursing Care**

      - Complete thorough neurological assessments.

      - Involve physical and occupational therapy in management of weakness and sensation alterations and the impact on activities of daily living with.

      - Educate patient and family members on CIDP.

      - Encourage a healthy and well-balanced diet.


- **Significance of Pathophysiology**

  - **It is likely that many subtypes of CIDP exist** (Reynolds, Sachs & Stavros, 2016, p. 32).

  - **More need is research to pinpoint the exact antigen targeted in CIDP, specifically for each subtype of CIDP** (van Shaik et al., 2016, p. 32).

  - **Approximately 70% of patients respond to immunomodulation therapy, but as patients have different subtypes, some patients are difficult to treat and research is needed in pinpointing specific proteins linked to CIDP is necessary** (Ripellino et al., 2014).

  - **In the future, treatments may be specifically designed for patients on a case by case basis after identification of the presence of specific proteins such as Fas** (Ripellino et al., 2014).

- **Treatment**

  - **Pharmacological immunomodulation with medications such as azathioprine, methotrexate, and cyclophosphamide** (Ripellino et al., 2014).

  - **Intravenous or subcutaneous immunoglobulin administered approximately every three weeks** (van Shaik et al., 2016, p. 3).

  - **70% of patients respond to immunomodulation therapy** (Ripellino, Flettwood, Castello, & Griffith, 2014).

- **References**


- **Additional Sources**
