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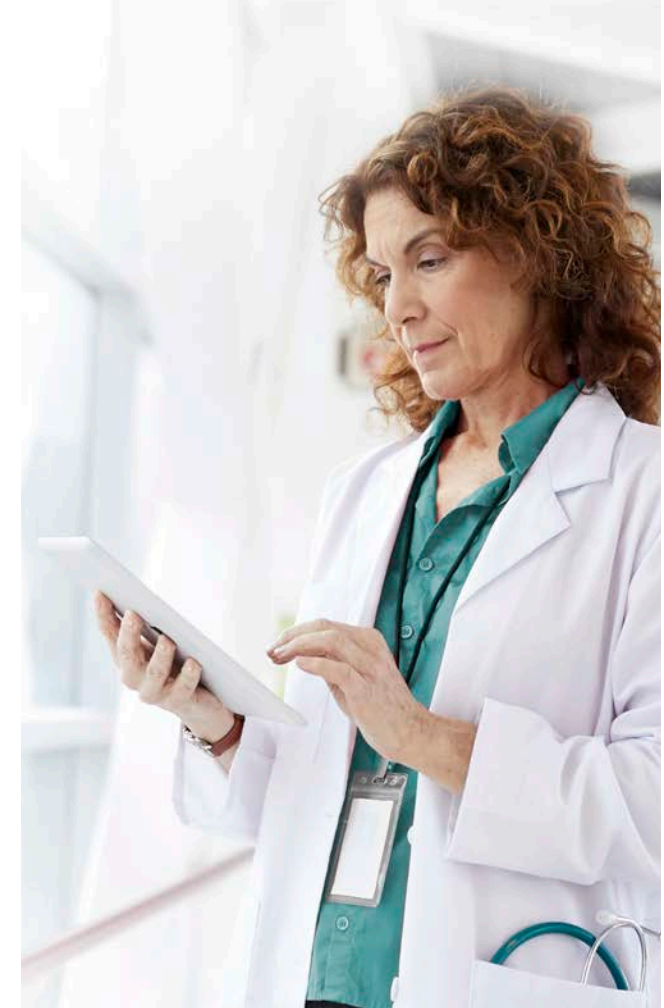


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Guillain-Barre Syndrome

TOPIC IMAGES (1) UPDATES

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Overview and Recommendations

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Background

- Guillain-Barre syndrome (GBS) is a rare autoimmune acute polyradiculoneuropathy with potentially severe symptoms, usually presenting with bilateral weakness starting in the distal lower limbs and spreading proximally and to include the upper limbs.
 - Onset usually follows infection or another immune-stimulating event, with an interval of about 1-4 weeks.
 - Campylobacter jejuni* infection is the most commonly reported preceding infection.
 - Other infections, including COVID-19 (novel coronavirus), have also been reported to precede GBS.
 - Symptoms progress over 2-4 weeks to potentially life-threatening severity requiring mechanical ventilation before improving (particularly if mild symptoms) or plateauing for weeks-to-months.
- The annual incidence is 0.8-1.9 cases/100,000 persons, and it increases with advancing age.
- Most patients recover most of their function, but persistent symptoms may include residual pain and fatigue.
- Mortality is 3%-7%.
- History of Guillain-Barre syndrome is not a contraindication to COVID-19 vaccines currently authorized in the United States (Centers for Disease Control and Prevention interim clinical considerations for COVID-19 vaccines [CDC 2021 Mar 21]).

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Warfarin

QUICK ANSWERS IN-DEPTH ANSWERS

SECTIONS: [Dosing/Administration](#)

Dosing/Administration

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Adult Dosing

See corresponding [In-Depth Answers](#)

- Important Note
 - Beers Criteria: Avoid use when possible in older adults ⁴.
- General Dosage Information
 - Select the initial dose based on the expected maintenance dose, taking into account clinical factors (eg, age, body weight, race, sex, concomitant medications, comorbidities) and genetic factors (CYP2C9 and VKORC1 genotypes) ⁵.
 - Routine use of loading doses is not recommended as this practice may increase hemorrhagic and other complications and does not offer more rapid protection against clot formation ⁵.
 - Individualize the dosing and administration for each patient according to the patient's INR response to the drug. Adjust the dose based on the INR and the condition being treated. Consult the latest evidence-based clinical practice guidelines regarding the duration and intensity of anticoagulation for the indicated conditions ⁵.
 - An INR of greater than 4 appears to provide no additional therapeutic benefit in most patients and is associated with a higher risk of bleeding ⁵.

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