

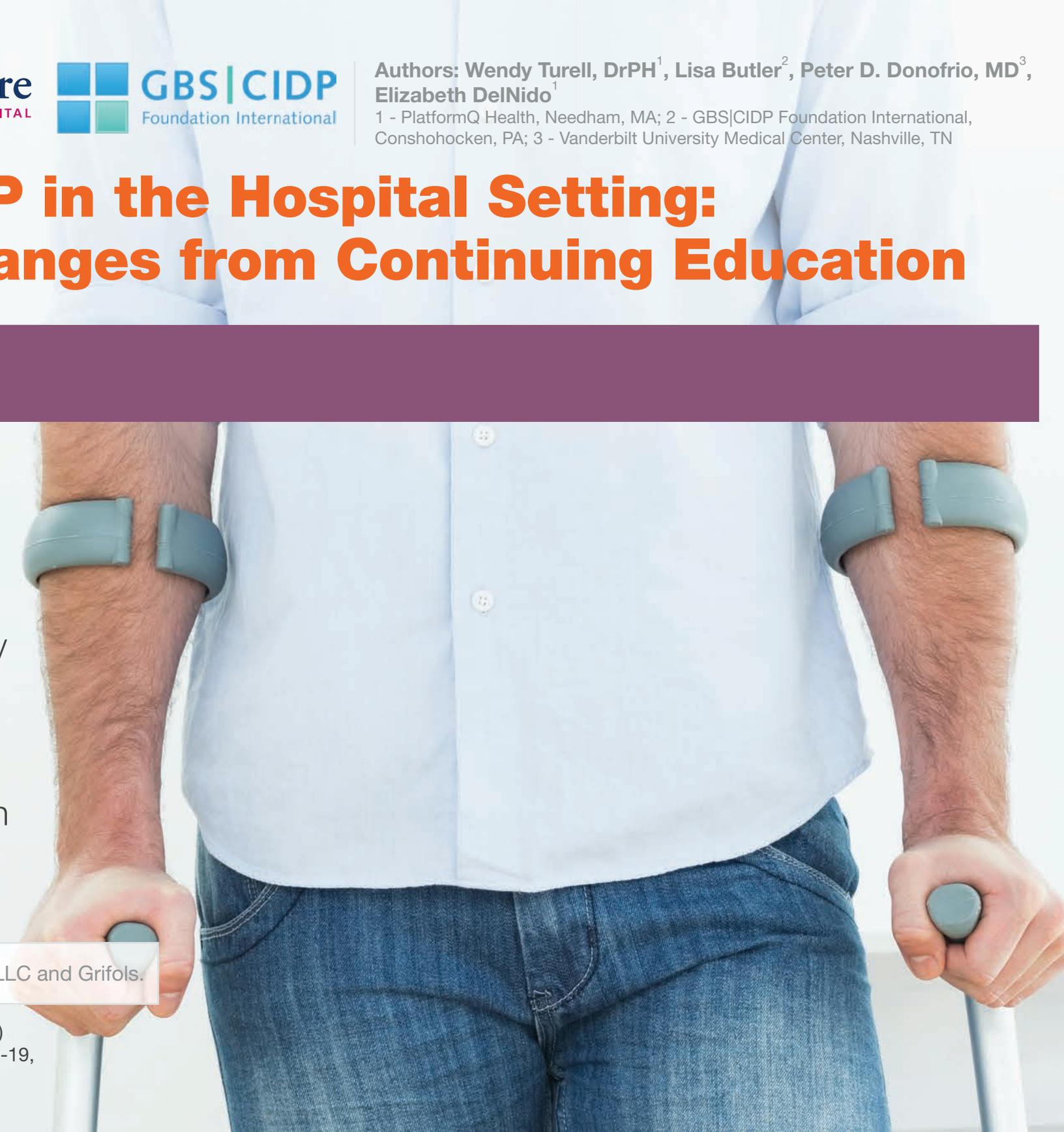
# Differentiating GBS and CIDP in the Hospital Setting: Knowledge and Behavior Changes from Continuing Education

## INTRODUCTION

Clinicians are challenged to differentiate chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) from other inflammatory neuropathies, such as Guillain-Barre syndrome (GBS). CIDP and GBS can have similarly acute presentations, therefore accurate and timely diagnosis is an integral component of patient management. This includes monitoring during recovery from acute onset and appropriate referral. We sought to assess the influence of online continuing medical education (CME) on addressing clinician gaps on recognition and management of acute and chronic inflammatory disease.

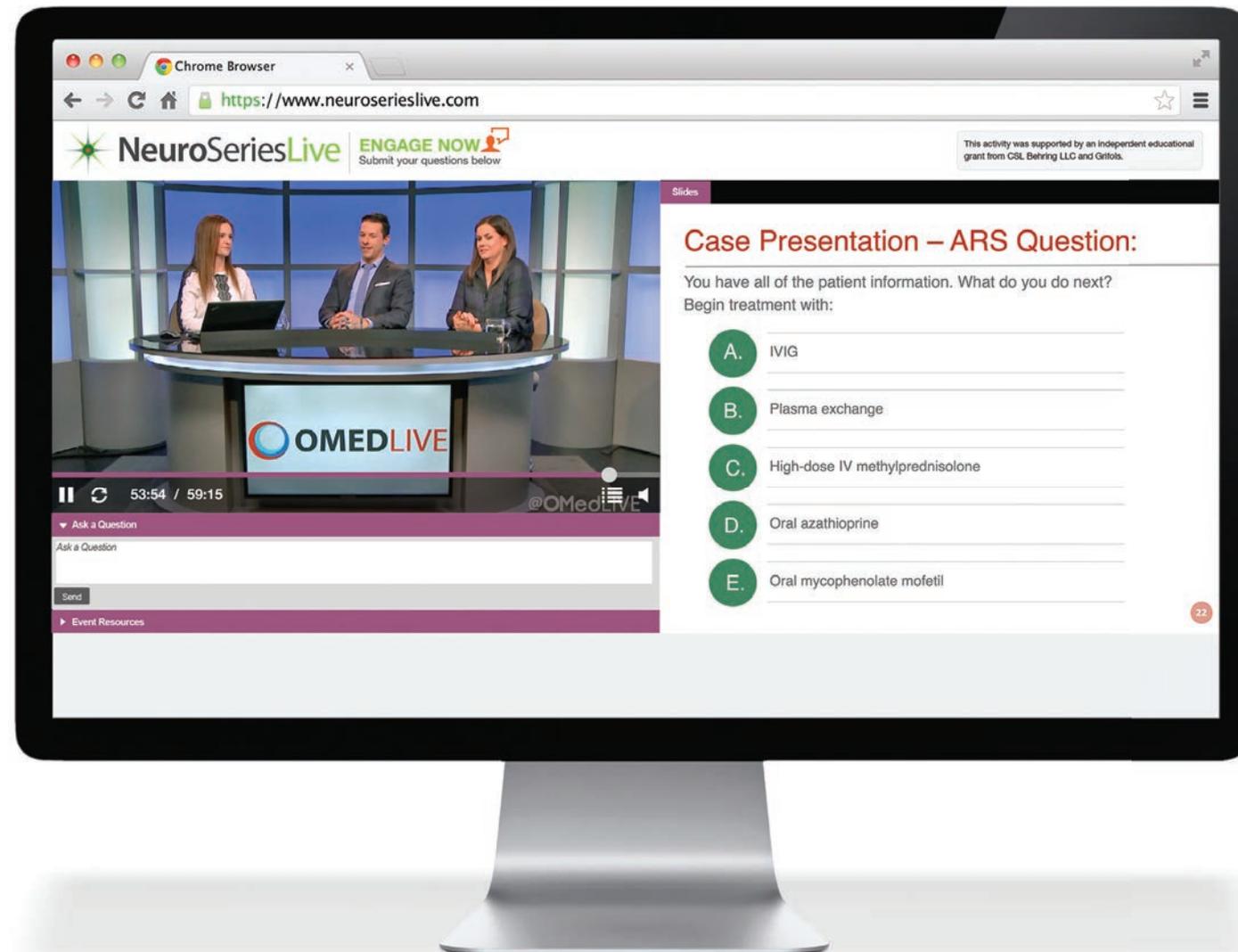
This activity was supported by an independent educational grant from CSL Behring LLC and Grifols.

This poster was accepted and developed for the 2020 American Academy of Neurology (AAN) Annual Meeting (abstract #P5.011). Although the Annual Meeting was canceled due to COVID-19, we have moved forward to share program results.



# METHODS

## Educational Program Details



### Title

Improving the Recognition of GBS and CIDP in the Hospital Setting

### Format

- 1-hour video CME activity was produced and broadcast live-online on NeuroSeriesLive.com in September 2018, and made available on-demand for 18 months following the live session
- The activity featured downloadable educational slides, panel discussions, live polling, and live Q&A
- Learners encouraged to submit questions before and during the live program

# METHODS

## Educational Program Details

### Faculty

- **Roy Freeman, MD, MB, ChB**  
Harvard Medical School
- **Peter D. Donofrio, MD**  
Vanderbilt University Medical Center
- **Mark D. Pearlmutter, MD, FACEP**  
Tufts University Medical Center
- **Lisa Butler**  
GBS | CIDP Foundation International
- **Jon B. Schandler**  
White Plains Hospital and Montefiore Health System



### Learning Objectives

- Recognize signs and symptoms that may suggest a patient is presenting with an acute or chronic inflammatory neuropathy
- Formulate a differential diagnosis for acute-onset CIDP from GBS and/or other similar neurological conditions
- Recognize electrodiagnostic testing features that are characteristic of immune-mediated demyelinating neuropathies
- Identify points of referral for patients with immune-mediated demyelinating neuropathies

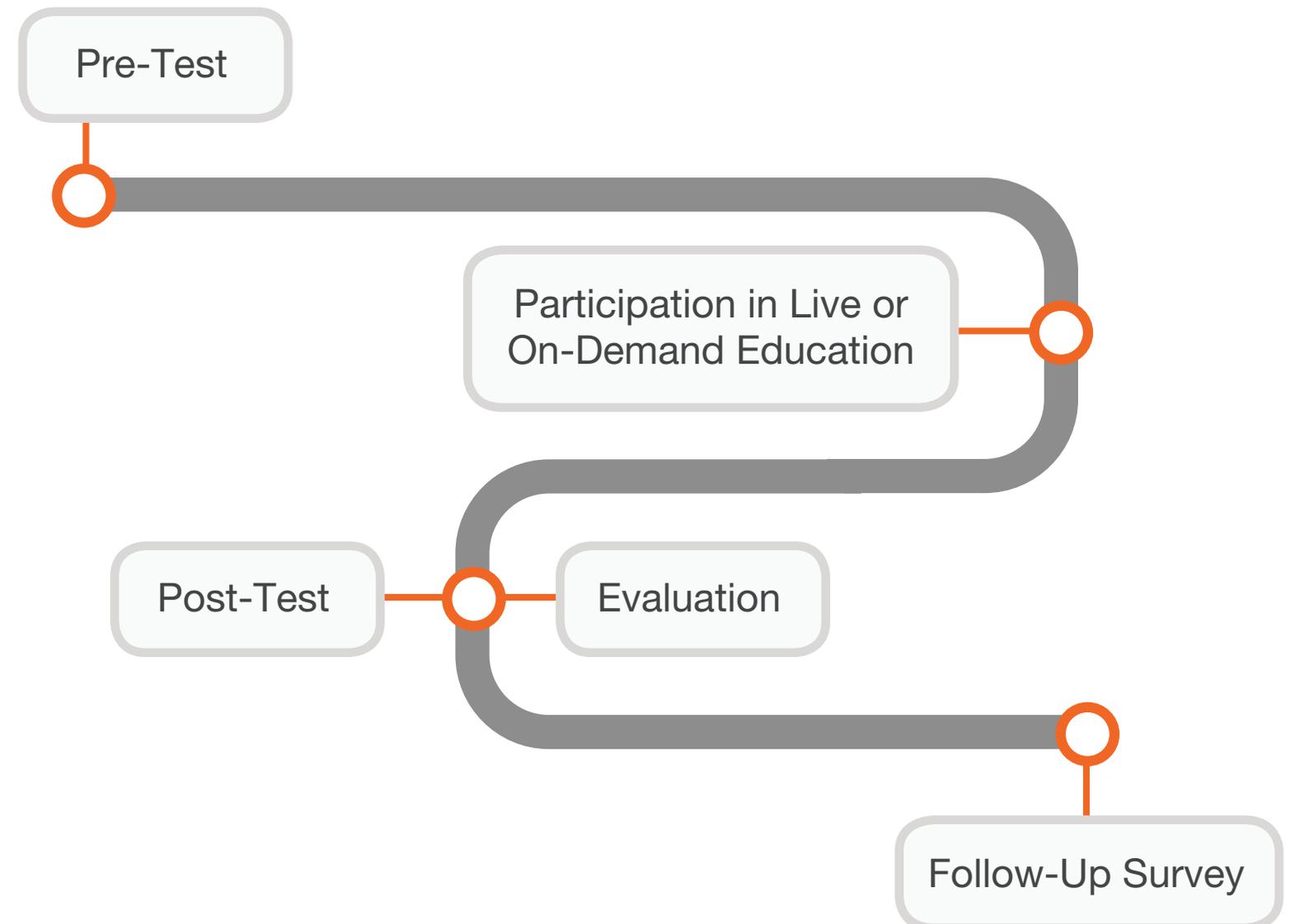
### Accredited Provider

The Albert Einstein College of Medicine and Montefiore Medical Center

# METHODS

## Evaluation Methods

- A 1hr CME activity launched live-online in 2018, and remained on-demand through 2020.
- Responses for all questions, live polling, and Q&A were analyzed to determine engagement, lessons learned, and continuing gaps.
- McNemar test compared matched pair responses (pre/post & pre/2 mos.) with Cohen's d for effect size.



# RESULTS

## Learner Demographics



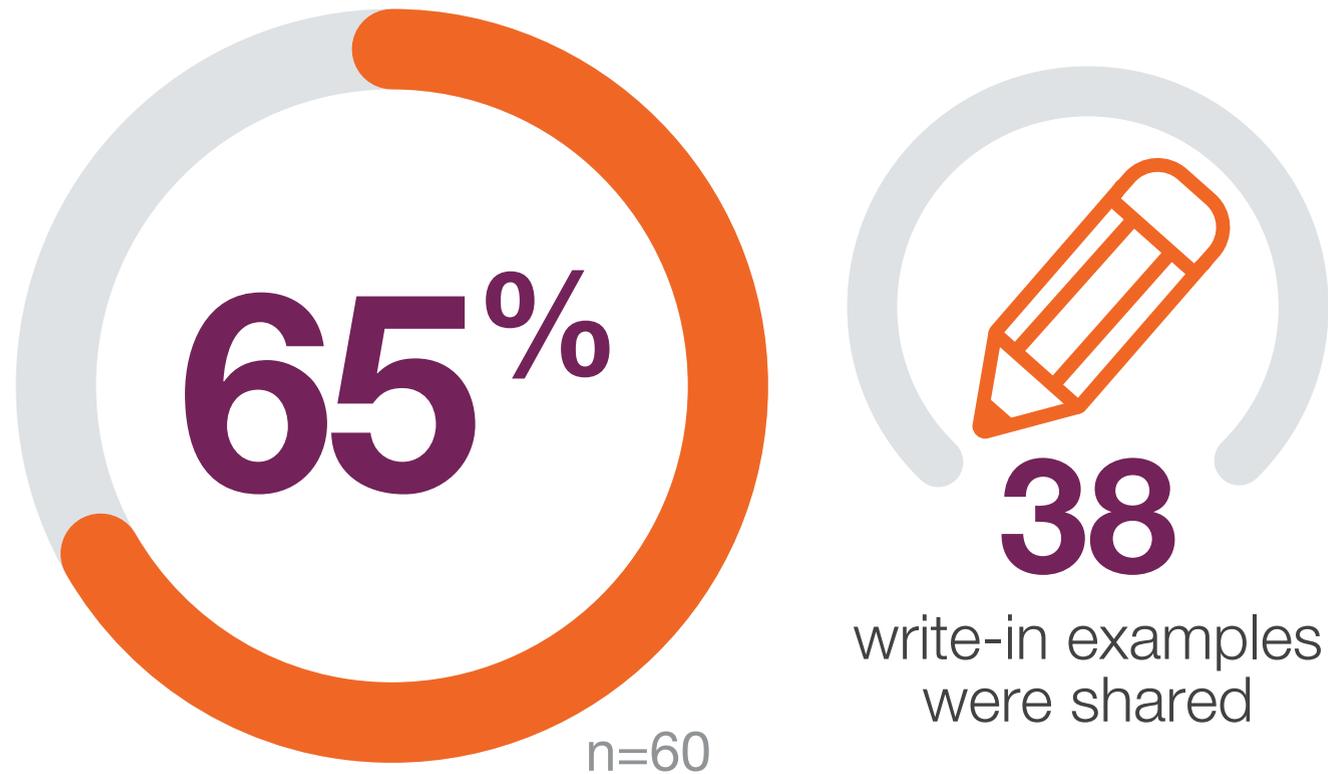
## Learner Engagement



\*Target Audience: Neurology, Immunology, Hospitalists, Critical Care/Emergency Medicine, Primary Care, Internal Medicine

# RESULTS

## Positive Impact on Patient Outcomes



learners reported the activity positively impacted patient experience/outcomes

### Theme: Patient Outcomes

The patient became more confident and able to talk about his illness & the outcome became more delightful and promising.

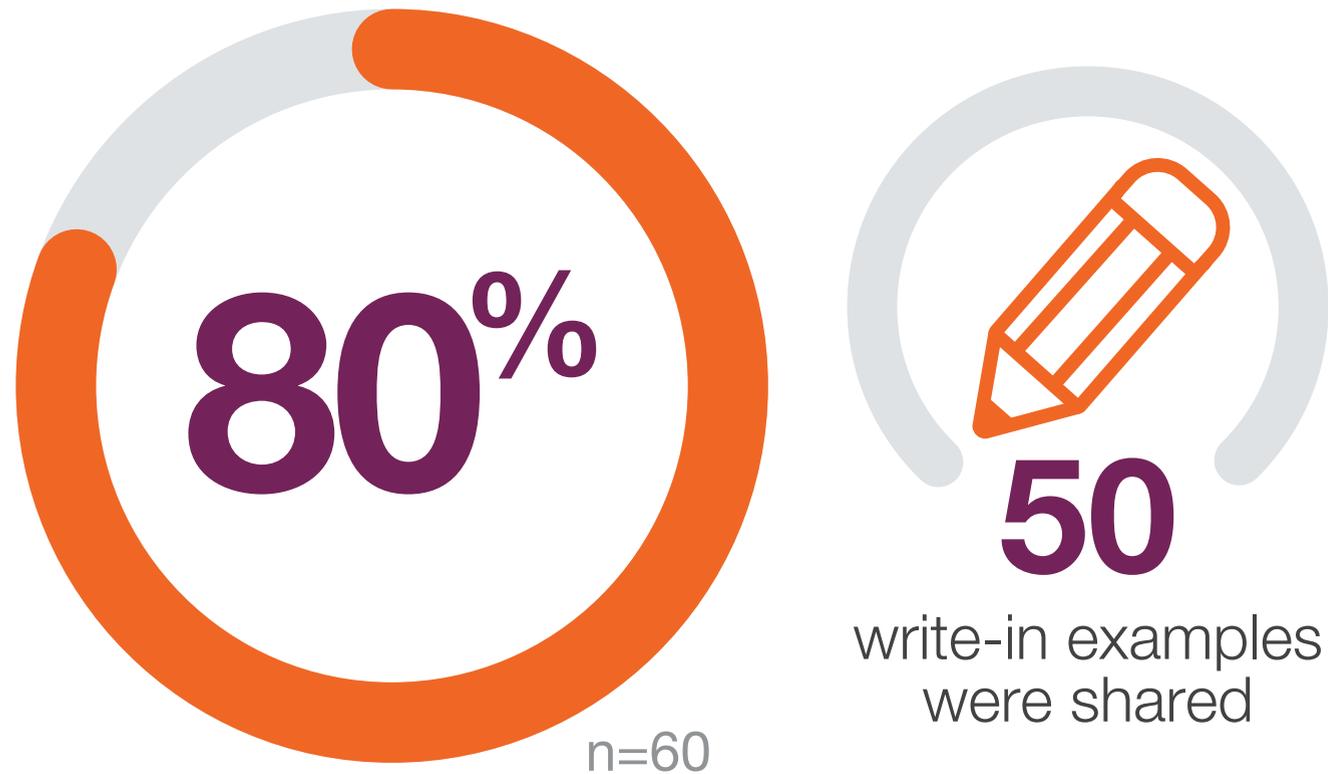
My patients are more pleased with the offered information and prognosis and available treatment options.

It makes them more ambitious about their therapy and relief of pain.

Earlier diagnosis, better prognosis.

# RESULTS

## Positive Impact on Clinical Practice



learners reported the activity positively impacted clinical practice

### Theme: Clinical Practice Improvements

I added new techniques to identify neurological symptoms.

I can better identify the CIDP variants and choose the appropriate therapy.

Improved the use of the IVIG in CIDP.

Faster diagnosis and treatment for patients with CIDP.

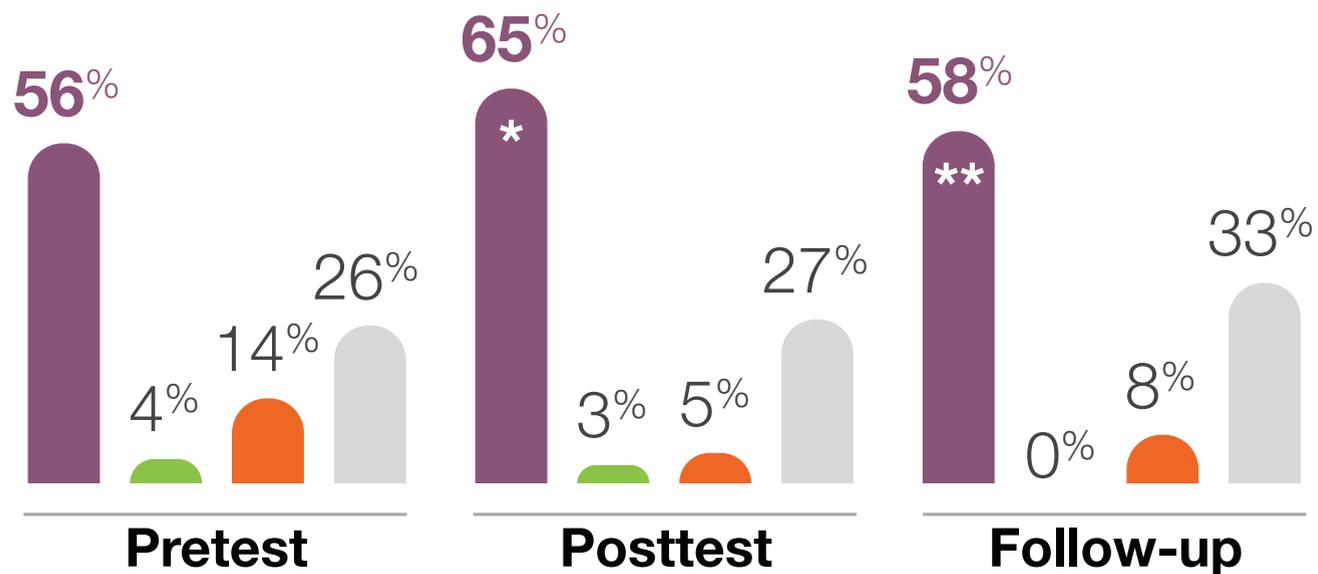
# RESULTS

## Changes in Knowledge/Competence

3 out of 4 knowledge and case/competence questions reflected statistically significant improvements on testing acute disease, treatment choice, and referral pathway

### Sample Questions

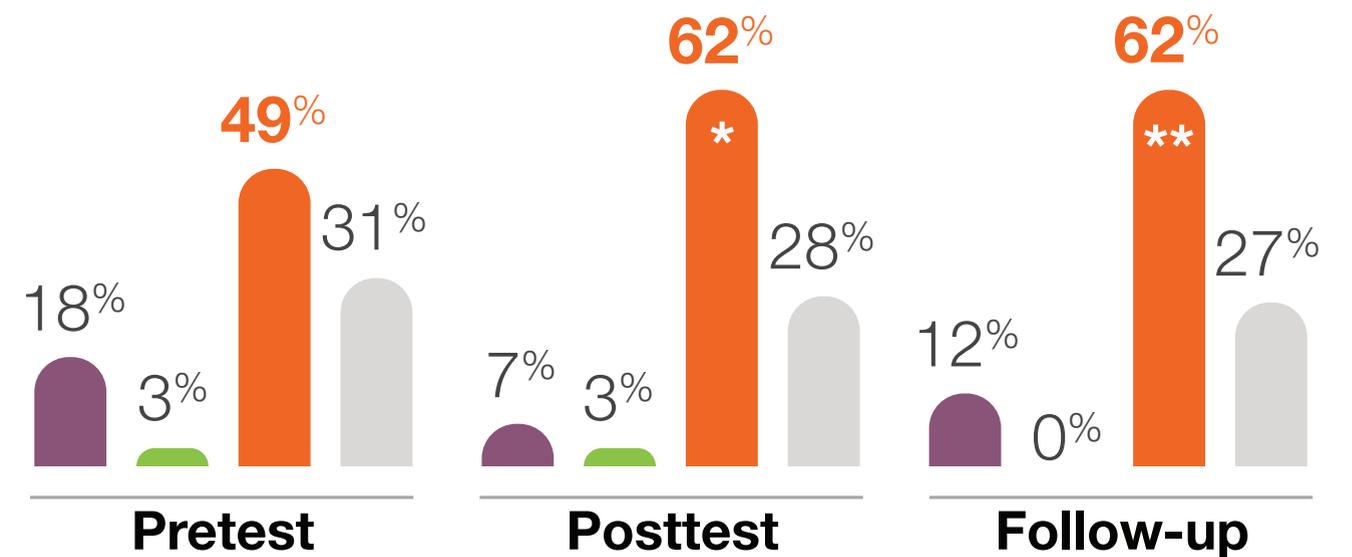
You have diagnosed your patient with CIDP. Which agent would provide the greatest short-term benefit?



■ **IVIG (Correct)** ■ Oral cyclosporine ■ Oral dexamethasone ■ Oral prednisone

n = 237 pretest, n = 113 posttest; \*p < .001 (significant); effect size, d=1.615; \*\*p=1.0; effect size, d=.044

Which nerve conduction abnormality would characterize acute inflammatory demyelinating polyradiculoneuropathy (AIDP)?



■ Increased conduction velocity ■ Normal dispersion ■ **Prolonged F-waves (Correct)** ■ Reduced distal latencies

n = 237 pretest, n = 113 posttest; \*p < .001 (significant); effect size, d=1.788; \*\*p=.267; effect size, d=.232

# NEXT STEPS EDUCATIONAL TARGETING

Quantitative testing and surveying supported the positive impact of CME focused on improving awareness of GBS and CIDP in the hospital setting. Questions posed by learners indicated interest in patient characteristics, testing, first line treatment, and treatment in consideration of other comorbidities. Ongoing education is advised on:

- Differential diagnosis
- Circumstances for repeat testing
- Comparative assessment of safety
- Efficacy and tolerability of treatment options
- First-line treatment options
- Managing treatment outcomes

