



LEVEL OF EVIDENCE AND DEGREE OF RECOMMENDATION OF INTRAVENOUS IMMUNOGLOBULIN IN AUTO-IMMUNE NEUROLOGICAL DISEASES

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Background

Intravenous immunoglobulin (IVIG) is being increasingly used to treat neuroimmunological diseases. Randomized clinical trials (RCT) have proved its efficacy in certain indications, but evidence is scarce in others.

Purpose

Evaluate the prevalence, level of evidence and degree of recommendation of IVIG in different neuroimmunological indications.

Materials and methods

Ambispective observational study involving three tertiary hospitals including patients diagnosed of neuroimmunological diseases

chronically receiving IVIG. Sex, age and main diagnosis were recorded for each patient. Demographic and clinical data was collected

from electronic medical record and Pharmacy dispensing software.

The adequacy analysis (degree of evidence and recommendation) was contrasted against the British National Health System Clinical

Guide for the use of IVIG. For indications with insufficient evidence, further research was performed.

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• 117	patients were included	(51 ♀/ 66 ♂) • The median age was 53 (18-85)	
Level of evidence	F Degree of recommendation	Diagnose	Prevalence
		Chronic inflammatory demyelinating polyradiculoneuropathy, CIDP	45 (38%)
		Lower Motoneuron, LMN	4 (3,5%)
Α	la	Multifocal Motor Neuropathy, MMN	12 (10%)

		CIDP-like neuropathy	3 (2,6%)
		Guillain-Barre Syndrome, SGB	5 (4,3%)
	lb	Stiff Person Syndrome	3 (2,6%)
		Eaton-Lambert Syndrome, LEMS	3 (2,6%)
B	la	Myasthenia Gravis, MG	25 (21%)
	lb	Inclusion Body Myositis, IBM	2 (1,7%)
		Anti-GAD+ paraneoplasic Syndrome	2 (1,7%)
С		Polymyositis	2 (1,7%)
		Bickerstaff Encephalitis, EB	3 (2,6%)
		Autoimmune epilepsy; Transverse myelitis; Kabuki Syndrome; Kinsbourne Syndrome; Sjögren's Syndrome.	5 (4,3%)
D	IV	Idiopathic Lumbosacral Plexopathy, PLSI	1 (0,8%)



Conclusions

 In neuroimmunological diseases, IVIG are used for indications with a high level of evidence (I-II) and degree of recommendation (A-B).

However, 16% of indications with low evidence (III-IV) and recommendation (C-D) were recorded. Pharmacy service must guarantee the correct use of IGIV.