

Mission :

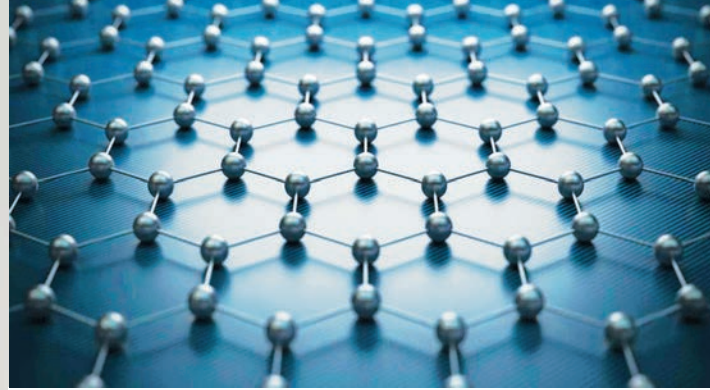
To engage in advocacy, including treatment access, (at the federal, provincial and grassroots levels) to improve the quality of life for individuals and families affected by GBS, CIDP, or variants such as MMN.

Vision :

Every person affected by GBS, CIDP, or variants such as MMN, will have access to early and accurate diagnosis, expert interdisciplinary treatment and support, and through continued research, a cure will be developed.

GBS/CIDP Foundation of Canada is a registered Canadian charity. Our foundation is made up of trained caring volunteers who have had GBS, CIDP, and variants, who are dedicated to the support of our patient community in hopes that no patient goes through these disorders alone.

If you or someone you know would like more information, please contact the foundation. Medical professionals are welcome to contact us for literature and to get more information on how to connect your patients with the foundation.



For more information, please contact:

*Support • Education • Research
• Advocacy*



GBS/CIDP Foundation of Canada
3100 Garden Street
PO Box 80060 RPO Rossland Garden
Whitby, ON L1R 0H1

1(647) 560-6842
info@gbscidp.ca
www.gbscidp.ca

The foundation is extremely fortunate to have the commitment and expertise of dedicated neurologists that are on our Medical Advisory Board. For a list, visit www.gbscidp.ca.

Find us on :



Charity Registration: 887327906RR0001

Guillain-Barré Syndrome

**Chronic Inflammatory
Demyelinating
Polyneuropathy**

Multifocal Motor Neuropathy

**Miller Fisher Syndrome &
variants**



Guillain-Barré Syndrome (GBS)

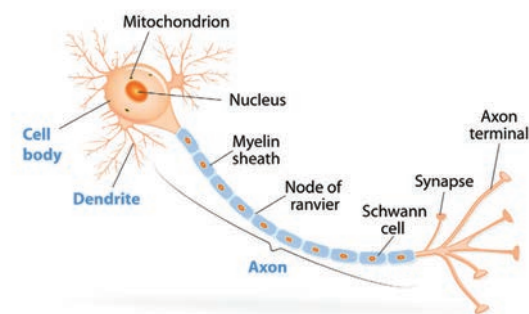
is an inflammatory disorder of the peripheral nerves, those outside the brain and spinal cord. Rapid onset of weakness and often paralysis of the legs and arms within a few weeks of onset accompany this disorder. Back pain or pain in the extremities as well as numbness and tingling can also be part of the initial presentation. Patients during early days of onset may require intensive care to monitor breathing and other body functions. Rehabilitation helps during the recovery phase, which can take months or even years. GBS can affect any person, at any age, of either gender, or any ethnic background. **Miller Fisher Syndrome (MFS)** is a variant of GBS which also presents rapidly and affects the peripheral nerves. However, MFS more commonly causes unsteadiness and imbalance and affects the eye muscles causing double vision, visual blurring or droopy eyelids.



Treatments :

- High dose of intravenous immunoglobulin (IVIG)
- Plasma Exchange

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is an inflammatory disorder of the peripheral nerves. There is increasing weakness as well as numbness and tingling of the legs and arms that can develop over a period of a few months and symptoms continue if untreated. It is caused by damage to the covering of the nerves, called myelin. If treated early and aggressively, therapies can limit the damage to the nerves and contribute to a better quality of life. Like GBS, CIDP can start at any age, and with either gender.



Acquired Motor Sensory Neuropathy (AMSAN),

also known as Lewis Sumner Syndrome is often considered a variant of CIDP. It shares many features with CIDP but typically has a more asymmetric (more side to side differences), and multifocal (specific areas affected) presentation compared to patients with CIDP.

Treatments :

- Immunotherapies, (IVIG, SCIG)
- Plasma Exchange
- Prednisone
- Immunosuppressives

Multifocal Motor Neuropathy (MMN)

is an inflammatory nerve disease affecting the myelin sheath, or the insulation of nerves, similar to CIDP and GBS. It typically has a slow course over many years and affects the arms with weakness in the muscles that bend the fingers, however any nerve and muscle group can be affected. On nerve testing (EMG), "blocking" of the responses to the nerves that go to the muscles is seen. Sometimes, antibodies to a molecule called GM1-ganglioside are present and can be detected with additional testing. This can help with the diagnosis.

Treatments :

- Immunotherapies, such as IVIG
- Plasma Exchange
- In contrast to CIDP, MMN is not usually responsive to medications such as prednisone or other immunosuppressives

Services Available :

- Hospital visitation by knowledgeable volunteers
- Telephone support
- Local support group meetings
- Educational material
- Names of physicians specializing in the disorders
- Educational presentations
- Newsletters
- National & Regional Conferences
- Research funding
- Patient advocacy
- Awareness events
- Patient stories