gain information

Immunoglobulin treatment

This leaflet has been written for patients and carers to provide some basic information about immunoglobulin (usually given as intravenous immunoglobulin, IVIg) and its use in the treatment of acute and chronic neuropathies.

Your medical team will be happy to discuss any questions you may have.

What is Intravenous immunoglobulin

Intravenous immunoglobulin (IVIg) is made from the 'plasma' of donated human blood. 'Plasma' is the clear fluid part of the blood. This blood is donated by many different people.

Some important information about IVIg

IVIg is licensed for use in the treatment of Guillain-Barré syndrome, Acute Inflammatory Demyelinating Polyradiculoneuropathy (AIDP), Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP) and Multifocal Motor Neuropathy with Conduction Block (MMNCB).

IVIg is now an accepted treatment for these conditions in most European countries and in the United States.

IVIg is also widely used in other immune conditions not affecting the nervous system.

How is immunoglobulin given?

A patient admitted to hospital with AIDP may be given IVIg over a period of five days, and is most effective if given in the first two weeks following onset.

For those patients diagnosed with CIDP or MMN, IVIg is most often given in hospital, usually in a day care unit. It is given through a drip intravenously and the rate, dose and time are calculated individually for each patient. If the treatment is successful it may be given on repeated occasions, often every 4-8 weeks.

In long term use in some parts of the UK it is possible to receive IVIg at home given slowly under the skin (subcutaneously). Typically this is

more suitable for patients who are well established on immunoglobulins and whose total monthly dose is not too high.

Are there any side effects of IVIg?

As with all treatments, side effects can occur with IVIg, although usually these are minimal and do not require the treatment to be stopped.

Transient side effects, which often respond to changes in the rate of administration of the infusion, include headache and low blood pressure.

It is helpful if you drink plenty of fluid whilst you are receiving the IVIg.

More rarely, a rash can develop.

IVIg thickens the blood slightly so particular consideration of its use is given to patients with kidney failure, previous heart disease, strokes or blood clots. Very rarely such severe complications can result from IVIg use.

What are the risks of IVIg?

IVIg is a blood product and therefore there is a theoretical risk of infections being transmitted from the donors of the blood. In practice, the blood from which IVIg is made is screened for all known infections such as hepatitis viruses and HIV. In addition IVIg is very highly purified to reduce the risk of infection with any other agent to a minimum.

Variant Creutzfeld Jacob disease (vCJD or 'mad cow disease') is also a transmissible infectious disease. However, although there have been a very few cases transmitted by blood transfusion, there is no evidence that it can be transmitted by blood products such as IVIg, even when the IVIG has been donated by patients who went on to develop vCJD, hence any risk is very tiny.

You would usually be advised that the risk of transmission of infectious agents including viruses and theoretically the CJD agent cannot be *completely* eliminated.

Will I have to give my consent for treatment?

Yes. Before this treatment is given to you, the doctor will explain the implications and ask you to sign a consent form to shown that you understand what has been said and that you agree to have the treatment.

If you have any questions or concerns about your treatment with IVIg please ask your doctor or nurse.