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### ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

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## Comprehensive CIDP Care: The Role of Multidisciplinary Teams and Patient-Reported Outcomes

### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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### Dr. Silvestri:

Hi, this is CME on ReachMD. I'm Dr. Nick Silvestri. Joining me today is Dr. Jeff Allen.

Jeff, just how important are multidisciplinary teams and patient-reported outcomes when treating CIDP?

### Dr Allen:

Thanks so much for that question, Nick. We've looked into how CIDP affects patients in a number of different ways, and often when we do that, we focus on things like what's their disability and what's their strength impairment, sensory function, or gait function. But when we've kind of looked at the question more broadly, what we've seen is that, really, this disorder can create some disability and some impairments in things that are really tough to quantify. Things like how the disease affects people in their home, how they have to adjust their home and get different devices in their homes in order to live safely and comfortably, how patients interact with friends and colleagues in social settings, how patients can work and if they can work. Do they need to change jobs? Frequently, people need to find different ways to work or accommodations for work or have trouble working at all. Same with school.

There's also an emotional and psychological toll that any chronic disease state places on one. And those are important to address as well. So we commonly think, when we're treating patients with CIDP, we think about immunotherapy, which is obviously very, very important. But addressing all of these other aspects is really important to improve one's overall quality of life.

So how do you go about doing that? Well, obviously things like if balance and gait is affected, then getting the help of this physical therapy can be really, really helpful for safety and fall prevention, occupational therapy. And it can be super important in order to help patients better able to manipulate their environment or find tricks or tools in order to carry on with some of their day-to-day tasks. Pain is something that maybe one-third to two-thirds of patients experience. Sometimes it's mild and easy to manage, but sometimes it can be more substantial. So thinking about pain medications and perhaps even involving a pain specialist if pain management becomes more complex is something that I've found to be helpful.

Nutritional support is really, really important. CIDP by itself shouldn't really affect one's nutrition, but when you think about the many different reasons that one could have poor appetite or poor eating, it's really important to address that. And obviously, if you have CIDP and you develop a nutritional problem on top of that, that can add extra problems.

Sometimes emotional support can be helpful, so I'll frequently talk to people about whether we should involve a specialist in order just to help manage the complexity of the situation and get them through some of that, which can be an emotional time for people and difficult to deal with. And then, also, kind of thinking about how care providers, caretakers, and loved ones also interact with one's disease and how we can support not just the patient but also their loved ones and their caretakers.

One really helpful resource for all of this is the GBS/CIDP Foundation International, which is really a patient advocacy support group that's all about connecting patients and their caretakers with different sorts of resources, and in some patients' cases, connecting patients with patients. That can be really, really helpful for some patients.

**Dr. Silvestri:**

Yeah, I mean, that's a great overview, Jeff. I mean, I think that the point is that CIDP is a complex diagnosis, a complex disease, and there are patients that require a lot of support in different angles. I mean, I think that perhaps among the list of people that I work with, that I heavily rely on when it comes to treating people with CIDP, are physical and occupational therapists, as you mentioned, as well as social workers and other folks that can help patients navigate other aspects of the disease that we, as neurologists, maybe are not the best equipped to deal with.

So with that, our time is up. We hope you found our perspectives useful, and thank you so much for listening.

**Announcer:**

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