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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

Patient education guide · Demyelinating & Autoimmune · Madison Neurology LLC

What is it?

CIDP is a chronic autoimmune disorder of the peripheral nerves — often described as the chronic counterpart of Guillain-Barré syndrome. It causes progressive or relapsing weakness and numbness in the arms and legs developing over at least 2 months, with loss of reflexes. It is treatable, and early treatment prevents permanent nerve damage.

How does it happen?

CIDP is an autoimmune attack on the myelin sheath of peripheral nerves; why the immune system misfires is usually unknown. It is not inherited and not contagious. Variant forms (associated with specific antibodies such as anti-NF155 or anti-CNTN1) have distinct features and treatment responses.

Common symptoms

- Progressive weakness in both legs (difficulty rising, climbing stairs) and often hands
- Numbness, tingling, and impaired balance, especially in the dark
- Loss of reflexes
- Fatigue and sometimes neuropathic pain
- Course progressing over months, or relapsing-remitting

How is it diagnosed?

Nerve conduction studies show the characteristic demyelinating pattern; spinal fluid protein is typically elevated, and MRI or ultrasound can show enlarged, inflamed nerve roots. Blood tests exclude mimics and screen for associated antibody variants and related conditions.

How is it treated?

Three first-line treatments are similarly effective: IVIG (intravenous immunoglobulin), corticosteroids, and plasma exchange; choice is individualized. Subcutaneous immunoglobulin offers home-based maintenance. For refractory cases, immunosuppressants (rituximab, others) are used. Physical and occupational therapy maintain strength and function. Because stopping treatment often leads to relapse, maintenance plans are common, with periodic trials of dose reduction.

What does the future hold?

Most patients respond well and maintain good function with ongoing or periodic treatment. Relapses can occur when treatment is withdrawn too early, so long-term follow-up is standard. Without treatment, progressive disability accrues — which is why sustained therapy matters.

Questions patients commonly ask

Q: Is CIDP the same as GBS?

A: Related, but different tempo: GBS is a one-time acute attack; CIDP develops over months and can relapse, requiring ongoing treatment.

Q: Will I need treatment forever?

A: Many need maintenance for years; your team periodically tests whether lower doses or longer intervals keep you stable.

Q: Can exercise help?

A: Yes — supervised strengthening and balance training complement medical therapy and protect mobility.

National support groups & resources

- **GBS/CIDP Foundation International** — gbs-cidp.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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