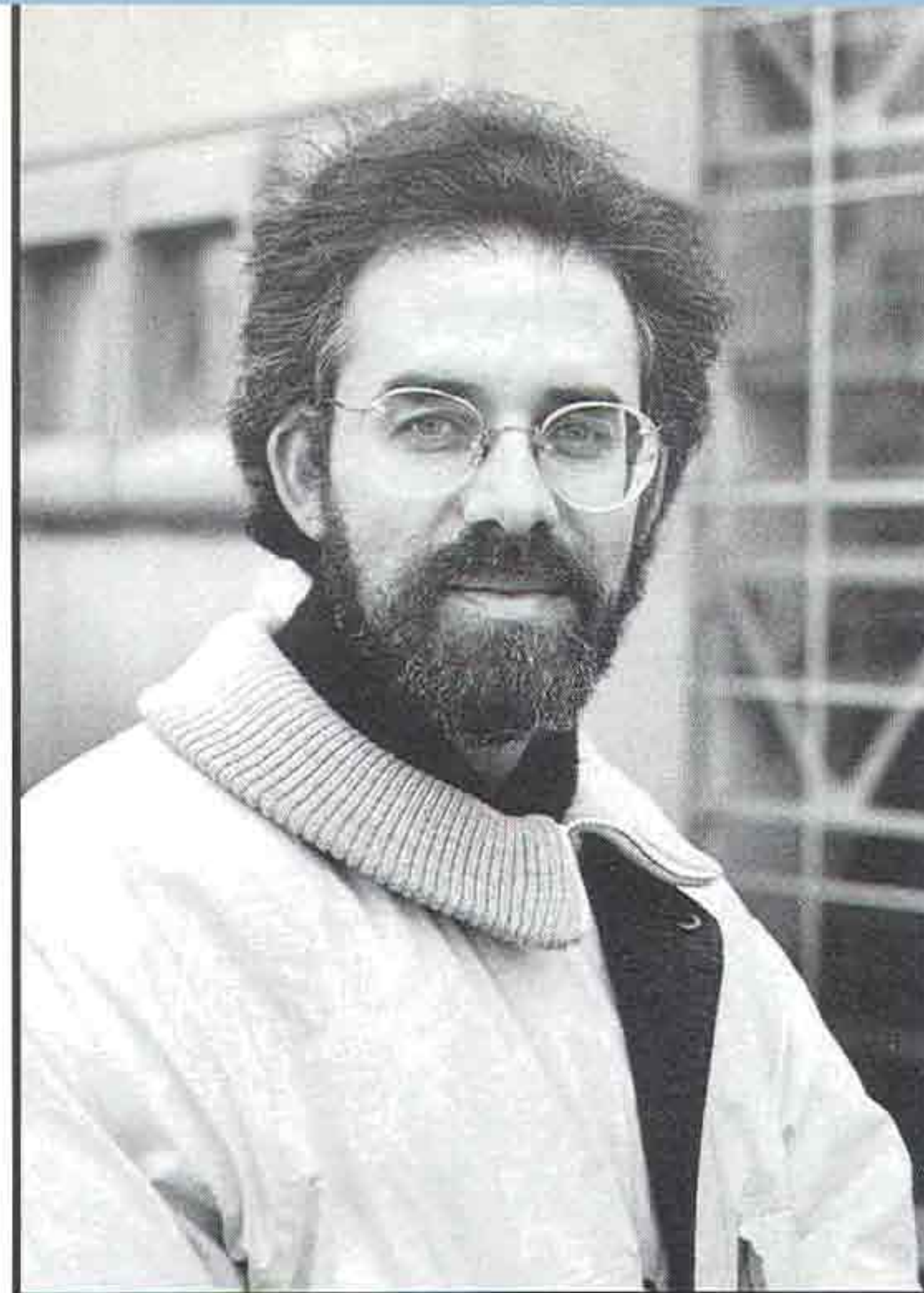


The facts about a rare nerve disorder

Guillain-Barre Syndrome

By: *Angela Bianchi*



Dr. Jeff Ennis

Canadians have recently been hearing about the case of Nancy B. of Quebec, a sufferer of Guillain-Barre Syndrome (GBS) who requested that she be removed from life-support systems. Nancy, who was granted her request and died February 13, was one of the very few who do not recover from this rare and debilitating disease. Many do in fact recover from Guillain-Barre and continue to live active lives.

First described by French doctors at the turn of the century, the cause of the disease is still not known. GBS develops when the immune system attacks the myelin—the tissue that insulates the nerves.

Usually a person with GBS will experience motor paralysis beginning with a weakness in the feet and hands which then moves up the legs and arms. In some cases, the paralysis can spread to the chest walls; and in these cases, patients require life-support systems, just like Nancy B. GBS can also affect the facial motor nerves, the sensory nerves—the nerves responsible for the sense of feeling; and the autonomic nerves—the nerves controlling blood pressure, heart rate and the digestive tract.

The disease, which afflicts one out of 100,000 people, occurs equally in men and women and can begin at any age. In some people, GBS develops only once without recurrence; in others, it redevelops, sometimes as long as 20 years later.

Since he was first struck by GBS in 1989, 38-year-old Jeff Ennis, a resident in psychiatry at Chedoke-McMaster Hospitals, has had four attacks. “I feel tired most of the time,” Dr. Ennis says. “My motor power hasn’t completely returned and my sensory nerves haven’t fully repaired. But I try to live a normal life and, most of the time, I’m able to do that.”

His first bout occurred at the hospital. Unbeknownst to him, Dr. Ennis was developing GBS symptoms throughout his work day. He was feeling pain in his shoulders, his legs were feeling weak and his tongue was becoming numb. Doctors at the hospital sent him home

with painkillers, but in less than 24 hours Dr. Ennis’ face had become partially paralyzed. During the next five days, he wasn’t able to speak well, close his eyelids or swallow. A week after his initial attack, he was diagnosed with a case of GBS, which later became chronic.

“The majority of people with GBS does not develop chronic GBS or have a recurrence,” Dr. Ennis says, describing his case as rare. In fact, Dr. Ennis says, many GBS patients recover and “do fine,” while 10-20 per cent will be left with some form of disability ranging from mild to severe. “The disabilities can range from weakness in the hands or legs, to some discomfort to being wheel-chair bound.”

Dr. Ennis’ second bout with GBS came soon after he underwent back surgery. The third and fourth attacks came after he caught colds. Some researchers have found that in many cases a viral attack preceded the onset of GBS, but in other cases, there have been no preceding ailments. There are no known precautions to avoid getting the disease.

The most widely used treatment to speed up recovery of GBS patients is plasmapheresis, a process which replaces the patient’s plasma with fresh plasma from donors. The treatment removes the attacking antibodies, slowing down damage to the nerves.

Dr. Ennis says a treatment that has been successful in his case is gamma globulin, which is a transfusion of antibodies from donors into the blood. Adds Dr. Ennis: “Somehow, the gamma globulin treatment shuts down the immune system from attacking the myelin.”

Dr. Ennis continues with a full work load and a busy family life. “The majority of people who gets GBS will get better,” Dr. Ennis stresses, adding they completely recover. “There is hope.”

Angela Bianchi is a Toronto-based freelance writer.