Intravenous immunoglobulin (IVIg) therapy is often the mainstay of treatment for CIDP or MMN. However, subcutaneous immunoglobulin (SCIg) may offer a better tolerated, more convenient, more cost effective and equally effective alternative.

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Intravenous immunoglobulin (IVIg) therapy is often the mainstay of treatment for CIDP or MMN. However, subcutaneous immunoglobulin (SCIg) may offer a better tolerated, more convenient, more cost effective and equally effective alternative.
Currently, electronic pumps are predominantly used to deliver SC Ig, however a “rapid push” technique is gaining increasing popularity. We report our experiences converting 20 patients from regular IVIG to “rapid push” SCIg. Patients had a variety of neurological conditions (CIDP (15); MMN (3); stiff person syndrome (1); myositis (1)) and were clinically stable on IV Ig at the time of the switch. Weekly doses ranged from 8–40 g (mean 18 g) given as injections of 4 g in 20 mls spaced over several days. Neurological symptoms, signs (e.g. MRC; vibration, joint positioned and pinprick awareness; 10 metre up-and-go timed walk) and quality of life (SF-36, Life Quality Index) were assessed at baseline and at 3 monthly intervals after switching to SCIg. Our outcomes demonstrate that SCIg is well tolerated, safe, and as effective as IVIG. Patients reported a better quality of life, when compared to previous IVIG treatment regimes. Importantly, this new service also results in significant cost savings shared between the CCG and the Trust.
'RAPID PUSH' SCIG – A REVIEW OF 20 PATIENTS

Michael Cumberbatch and Amanda Cox

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