Diagnosis should be suspected when patients (all ages) present with symptoms* developing over the course of a few days to weeks. This condition commonly occurs after an infection or other toxin, which serves as a triggering event. If untreated, nerve damage can be severe and recovery can be incomplete.

1. Generally symmetric weakness or paralysis of legs, arms, and/or neck
   - commonly ascending
   - interferes with motor function
     - ataxic gait
     - loss of balance
     - difficulty washing/combing hair, holding fork, toothbrush, pencil, glass, etc.
     - difficulty reaching for objects, buttoning, zipping, grasping a door knob, etc.
     - difficulty stooping and lifting heavy objects
     - difficulty walking, climbing stairs or standing from a chair
     - difficulty breathing

2. Cranial weakness
   - Facial muscle weakness/drooping or inability to smile
   - Difficulty swallowing, talking, or eating

3. Paresthesia (unusual sensations) and
   - Prickling, tingling or sensation of pins-and-needles
   - Numbness of the feet, hands, and/or face
   - Sensory changes – hot, cold, rough, inaccurate perception of the position of the limb, etc.
   - Sensitivity to touch
   - Sensation of electrical pulses or vibrations
   - Formications - sensation of insects crawling on/under skin
   - “Asleep” feeling
   - Cramping (sometimes severe)
   - Pain in the back and limbs
4. Dysautonomia
   - Diarrhea/constipation
   - Urinary retention
   - Increased/slowed heart rate
   - Sweat dysregulation

5. Reflexes diminished or absent in weakened limbs
   - Loss of tendon reflexes

6. Fatigue
7. Double vision or loss of vision (Miller-Fisher variant)
8. Weakness of distal muscles in the upper limbs initially (Multifocal Motor Neuropathy variant)
9. Presenting first with cranial nerves, or phrenic nerve(s) (*uncommon*)
10. A slower onset and longer progression of disability over more than eight weeks (CIDP)

Diagnosis of GBS is supported by loss of reflexes on clinical examination and Nerve Conduction Study-Electromyography testing, which determines if the conduction of the nerve signal is slow or blocked. It is further supported by elevated cerebrospinal fluid protein with a normal cell count. Therapies that shorten the course of GBS, such as plasma exchange and high-dose IVIG, should be started as soon as possible. Early recognition and treatment are important to ensure proper recovery.

*The time course of GBS typically differs from a stroke in that the maximal deficit of the latter can develop faster, namely, over a few seconds.*

References:

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