Classic chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) is characterized by symmetrical weakness in both proximal and distal muscles that progressively increases, sometimes affecting key functions such as bladder and bowel control. The sensory loss often begins in the legs, and may include absent sensation and hyperalgesia or allodynia. Patients with GBS often report difficulty walking, climbing stairs, and rising from a chair, and may suffer documented manual motor weakness. However, many challenges exist regarding the diagnosis and management of the condition. The evidence of at least 14 different sets of diagnostic criteria and limited consensus on strategies to optimize the use of currently available therapies for CIDP suggests that recognition and management of CIDP remain difficult for many neurologists.

The year 2019 was noted to be a year in which the gaps in knowledge and competence among neurologists regarding the diagnosis and management of CIDP were highlighted.

**ASSESSMENT OF NEUROLOGISTS’ PRACTICE PATTERNS FOR CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY: PERSPECTIVES ON DIAGNOSIS AND MANAGEMENT**

**INTRODUCTION**

CIDP is a chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) that may present with symmetrical weakness in both proximal and distal muscles, sensory loss, and autonomic dysfunction. The disease can mimic other neurologic conditions, making diagnosis challenging. The survey, housed on Medscape, aimed to assess neurologists’ perspectives on the diagnosis and management of CIDP, as well as their confidence in recognizing symptoms and making referrals for a comprehensive evaluation.

**METHODS**

A 25-question multiple-choice survey was administered to determine neurologists’ perspectives on the awareness, diagnosis, current management strategies, and emerging treatments for CIDP. The survey questions measured knowledge, skills, attitudes, and confidence among neurologists regarding the diagnosis and management of CIDP. The survey was conducted on Medscape, LLC, New York, NY, USA.

**RESULTS**

A total of 241 neurologists completed the survey. For questions regarding the recognition of symptoms associated with CIDP, the majority of respondents agreed that CIDP presents with a wide range of symptoms, including ataxia, muscle weakness, and sensory loss. However, there was mixed agreement on the recognition of symptoms specific to CIDP, with some neurologists reporting difficulty recognizing symptoms such as peripheral neuropathy, celiac disease, and Bell’s palsy.

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**DIAGNOSIS OF CIDP**

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**TREATMENT OF CIDP**

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**CONCLUSIONS**

Data from the educational research provided important insights into substantial clinical practice gaps that support the need for further education on the diagnosis and management of CIDP. A substantial proportion of neurologists who were queried reported being unfamiliar with the diagnosis of CIDP or with the appropriate referral for a comprehensive evaluation. Neurologists lack confidence in the diagnostic process for CIDP, indicating that additional education is needed to focus on disease courses, CIDP subtypes, and appropriate clinical trials for patient assessment.

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**ACKNOWLEDGMENT**

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**REFERENCES**

2. Biopharmaceutical collaborative project. Cerebral palsy: An integrated knowledge translation collaborati
3. American Academy of Neurology. Cerebral palsy: An integrated knowledge translation collaborati
5. American Academy of Neurology. Cerebral palsy: An integrated knowledge translation collaborati