Abstract:

Multifocal motor neuropathy (MMN) is an immune-mediated disorder with slowly progressive asymmetric weakness of the limbs that can lead to significant disability. The recommended treatment is intravenous immunoglobulin (IVIg) which is often administered in a hospital setting. When self-administered in the home setting both subcutaneously administered immunoglobulin (SClg) and IVIg provide patients with greater autonomy. The Department of Health’s National Service Framework for long-term neurological conditions promotes supported self-care and self-management for patients living with a chronic disease. This paper reports the objective assessment of three adults with MMN who, supported and trained by two specialist nurses, were switched from IVIg to 16% SClg self-administered at home. Reasons for switching to SClg included inconvenience of IVIg treatment (2 patients) and pulmonary embolus after IVIg (1 patient). Grip strength, time to complete a 9-hole peg test in the left/right hands (2 patients), and duration of right heel raise (1 patient) were assessed pre-SClg and during ongoing maintenance treatment (range: 160-200 mL SClg/week). With regular assessment of patients’ responses, the SClg dose was adjusted, when required, to maintain the patients’ normal performance. SClg self-administered at home was an effective alternative to IVIg in these patients.