

Abbie » It sounds like you may have developed aseptic meningitis from your infusion. Unfortunately, the only treatment for that is supportive such as hydration, pain medications and time. Before switching to another brand of IVIG, you might also try other approaches such as adding hydration, modifying premedications and slowing the infusion rate. If none of these approaches work, a brand change could be considered, but these side effects are possible with any brand of IVIG. Another option is to switch to subcutaneous IG therapy that causes fewer side effects overall.

Question » Is there a brand of IVIG that causes fewer side effects than others?

I just had my first intravenous immune globulin (IVIG) infusion three weeks ago, and I have been experiencing disabling side effects. I was administered Gammagard over two days for six to seven hours each. Since then, I have had horrible neck, spine and lower back pain, and my headache has gotten even worse. I am wondering if there is a brand of IVIG that tends to give people fewer side effects.

Question » What can be done to reduce the side effects from IVIG to treat CIDP?

I have chronic inflammatory demyelinating polyneuropathy (CIDP), and I have been treated with intravenous immune globulin (IVIG) for two years now. Although IVIG is a miracle drug, I have an extremely adverse reaction to it. I am infused three times per month, but to avoid emergency room visits from the 10-scale pain, which sometimes occurs anyways, the IVIG is infused over four days each time. I need to take an average of 300 mg of Benadryl, 4,000 mg of Tylenol, 2,400 mg of ibuprofen, and I drink more than two gallons of Pedialyte each day to lessen the reaction. I also take 40 mg of Toradol for three days, and even then, I am stuck in the dark for days due to pain. My doctor has tried everything: reducing the amount of IVIG, steroids, IV Benadryl and Ativan, slowing the infusion rate and extra IV fluids. Is there any other advice you can give?

Abbie » One of our experts recommends you discuss with your physician the possibility of switching to subcutaneous IG from your current IVIG treatment. This might be an option depending on the dose of IG you require. We addressed the use of SCIG for CIDP in the December-January 2019 issue of *IG Living*. SCIG therapy delivers a similar quantity of IG as IVIG over the same three- or four-week period. For example, a common twice-weekly SCIG infusion schedule divides a monthly IVIG dose into eight much smaller doses, causing the serum IgG peak level following each of these small subcutaneous infusions to be moderated by its relatively slow absorption into the bloodstream. A combination of small divided doses and slow absorption appears also to reduce both the incident and severity of headaches and nausea.

» **Have a question?** Email us at editor@IGLiving.com. Your information will remain confidential unless permission is given.

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