

Incidence of Guillan-Barré Syndrome in Europe: A targeted literature review

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Introduction and objectives

Guillain-Barré syndrome (GBS) is a rare, rapidly progressing disease due to inflammation of the nerves (polyneuritis) and leading to muscle weakness, sometimes progressing to complete paralysis.¹ There is a paucity of consistent estimates of GBS incidence to guide healthcare decision-making. Previously reported incidence rates of GBS were in the range of 0.8–1.9 (median 1.1) cases per 100,000 person-years.² The aim of this targeted literature review (TLR) was to assess the incidence of GBS in Europe over the past decade.

Methods

Search methodology: A literature search of studies in MEDLINE®, MEDLINE®-in-Process, and MEDLINE Epub of Print database was conducted via Ovid platform on 9th June 2021. Study period was limited from 2011 to present.

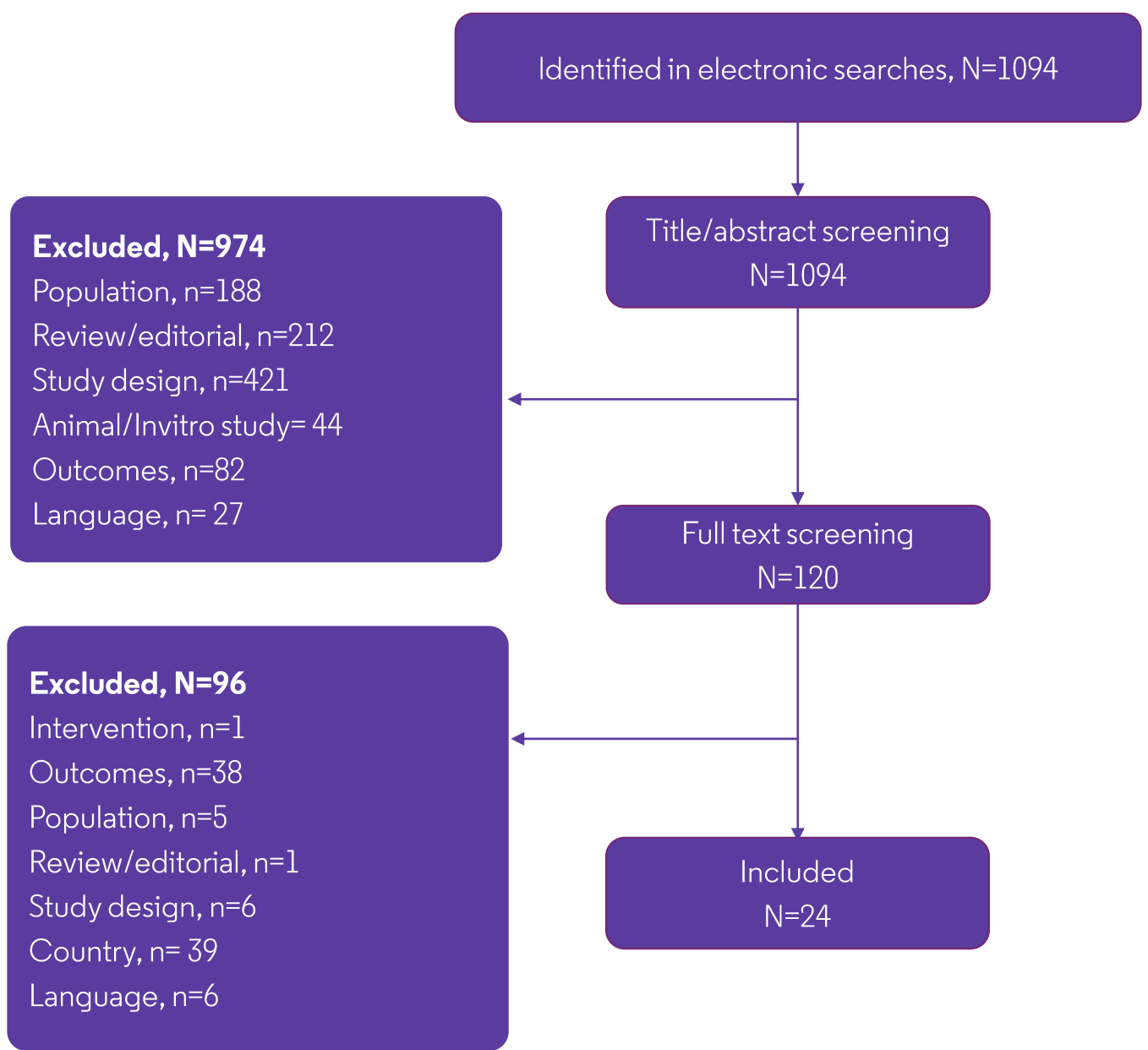
Study selection: All Europe-based studies reporting data on incidence for patients with GBS were included.

Population: Patients with GBS; Intervention/Comparator: Any
Outcomes: Incidence of GBS, Incidence rate ratio (IRR) of GBS;
Study design: No restriction; Language: English language publications only; Country: Europe only; Date of Publication: 2011 to present

Results

The review identified 24 unique studies.³⁻²⁶ The flow of studies through the review is shown in Figure 1.

Figure 1. PRISMA flow diagram for the targeted literature review



Study characteristics

- Twenty-four studies met the inclusion criteria^{3,26}. The majority (71%) of the studies were retrospective, involving medical records or registry analyses, and the remaining were either prospective (25%) or cross sectional (4%).
- There were four studies each from Denmark and France, three studies each from Finland and Italy, two studies each from Norway and Serbia, and one study each from Iceland, Netherlands, Spain, Switzerland, and the UK. One of the included European studies did not report the study country.
- The study period of the included studies ranged from 1980 to 2020.
- Among the identified studies, patients were predominantly of male gender and the average age was >50 years.

Outcomes

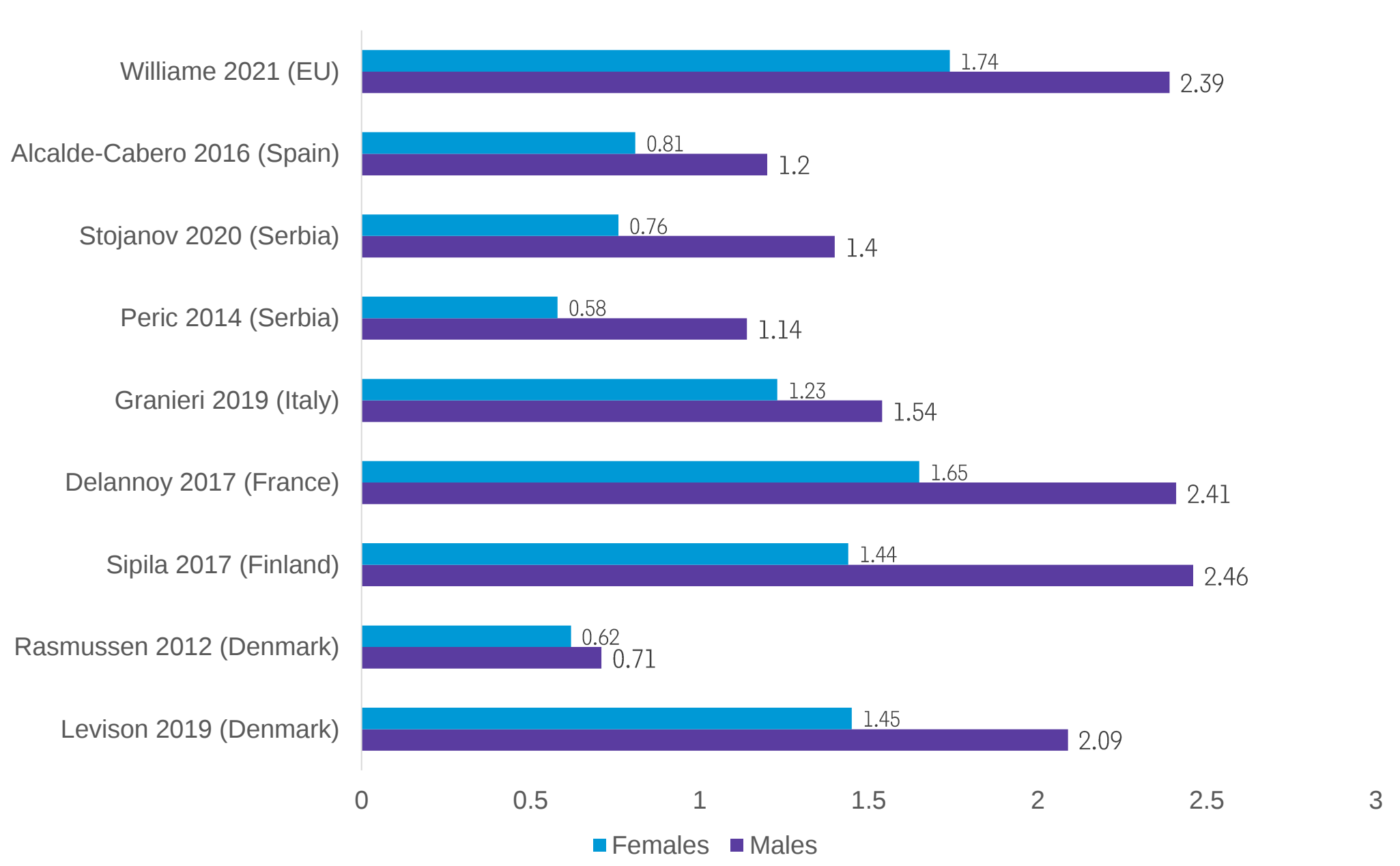
- Among 24 studies, 19 reported an annual incidence per 100,000 person-years.^{3,4,6-9,11-15,17,18,20-22,24-26} The mean annual incidence rate varied between 1.0 and 3.0 per 100,000 person-years in adults (Table 1), and between 0.5 and 1.1 per 100,000 person-years in children (0–9 years).
- The incidence rates of GBS ranged from 1.2–2.5 per 100,000 person-years in men and 0.8–1.75 per 100,000 person-years in women (Figure 2).
- The incidence rates of GBS increased with increasing age.
- Among the included European countries, Italy reported the highest annual incidence rate (3.0 per 100,000 person-years) followed by Norway (2.7 per 100,000 person-years).

A detailed list of studies that reported the annual incidence per 100,000 person-years is presented in the Table 1. The table represents incidence as per geographical location.

Table 1: Incidence rates reported among the included studies

Reference	Study design	Time frame	Incidence of Guillain-Barré syndrome (per 1,00,000 person-years)
Denmark			
Al-Hakem et al, 2019³	Nationwide population-based study	September 2012 to December 2015	1.59
Levison et al, 2019⁴	Retrospective nationwide study	1987 to 2016	1.77 M: 2.09; F: 1.45 Children: 0.67 M: 0.71; F: 0.62
Rasmussen et al, 2012⁶	Nationwide population-based cohort study	1 January 1980 to 31 December 2009	
Finland			
Sipila et al, 2015¹¹	Retrospective study	1 January 2004 to 31 December 2013	1.82
Sipila et al, 2017¹²	Retrospective study	2004 to 2014	Children: 0.46 Adults: 1.69 M: 2.46; F: 1.44 2.59
Skufca et al, 2017¹³	Retrospective study	2002 to 2012	
France			
Delannoy et al, 2017⁷	Cross-sectional study	2008 to 2013	2.42 (95% CI: 2.37–2.47) M: 2.41 (95% CI: 2.34–2.48) F: 1.65 (95% CI: 1.59–1.70) 2.1
Roze et al, 2017⁹	Prospective observational study	January 2006 to December 2015	
Iceland			
Hafsteinsdottir, 2018¹⁴	Retrospective population-based study	20 years	Children: 0.7 Adults: 1.1
Italy			
Benedetti et al, 2019¹⁵	Retrospective followed by a prospective analysis	1 January 2003 to 31 December 2011	3
Granieri et al, 2019¹⁷	Retrospective study	January 2008 to July 2013 January 2008 to July 2013	Adults: 1.38 M: 1.54; F: 1.23 Children: 1.05 M: 1.04; F: 1.07
The Netherlands			
Van der Maas et al, 2011¹⁸	Retrospective study	1996 and 2008	1.14
Norway			
Farbu et al, 2016²¹	Prospective study	2006 to 2008	2.7 M: 1.20 (95% CI: 0.96–1.50) F: 0.81 (95% CI: 0.62–1.05) 2.7 M: Year 2006: 2.56 Year 2007: 4.95 F: Year 2006: 3.40 Year 2007: 3.32
Ghaderi et al, 2016²⁰	Prospective Registry analysis	3.25 years	
Serbia			
Stojanov et al, 2020²²	Retro-prospective study	2009 to 2018	1.07 M: 1.4; F: 0.76
Spain			
Alcalde-Cabero et al, 2016²⁴	Retrospective assessment of registry	2009 to 2011	1.00 (95% CI: 0.84–1.18) M: 1.20 (95% CI: 0.96–1.50) F: 0.81 (95% CI: 0.62–1.05)
United Kingdom			
Keddie et al, 2021²⁵	Epidemiological retrospective database	2016 to 2019	Range: 1.65–1.88
Europe			
Willame et al, 2021²⁶	Retrospective database study	2003 to 2014	Europe: 2.06; M: 2.39; F: 1.74

Figure 2: Incidence rate per 100,000 person-years by gender



Conclusion

- This review provides the most recent estimate of GBS incidence in adults and children in Europe over the last 10 years. An increase in the annual incidence rate was observed in few European countries compared with previously published reviews.¹
- The purpose of this TLR was to provide an overview of GBS incidence in Europe. However, our focused search strategy and the inclusion of only Medline studies could have resulted in the exclusion of a few publications.

References

- Guillain-Barré Syndrome Fact Sheet. National Institute of Neurological Disorders and Stroke. July 2011;
- Sejvar, J. J. et al (2011). Population incidence of Guillain-Barré syndrome: a systematic review and meta-analysis. Neuroepidemiology, 36 (2), 123-133;
- Al-Hakem H. et al (2019). Guillain-Barré syndrome in Denmark: a population-based study on epidemiology, diagnosis and clinical severity. J Neurol. 266 (2):440-449;
- Levison LS et al (2019). Guillain-Barré syndrome in Denmark: validation of diagnostic codes and a population-based nationwide study of the incidence in a 30-year period. Clin Epidemiol. 11: 275-283.
- Levison LS et al (2020). Pediatric Guillain-Barré Syndrome in a 30-Year Nationwide Cohort. Pediatr Neurol. 107:57-63;
- Rasmussen, T. A. et al (2012). Use of population-based background rates of disease to assess vaccine safety in childhood and mass immunisation in Denmark: nationwide population-based cohort study. BMJ; 345: e5823;
- Delannoy A et al (2017) Guillain-Barré syndrome in France: a nationwide epidemiological analysis based on hospital discharge data (2008-2013). J Peripher Nerv Syst. 22(1):51-58.
- Grave C et al (2020). Seasonal influenza vaccine and Guillain-Barré syndrome: A self-controlled case series study. Neurology 94(20): e2168-e2179.
- Rozé B et al (2017). Guillain-Barré Syndrome Associated with Zika Virus Infection in Martinique in 2016: A Prospective Study. Clin Infect Dis. 65(9):1462-1468;
- Sivadon-Tardy V et al (2014). Increased incidence of Campylobacter jejuni-associated Guillain-Barré syndromes in the Greater Paris area. Epidemiol Infect ;142(8):1609-1613;
- Sipilä JO et al (2015). The incidence and triggers of adult-onset Guillain-Barré syndrome in southwestern Finland 2004-2013. Eur J Neurol; 22(2):292-298;
- Sipilä JO et al (2017). Epidemiology of Guillain-Barré syndrome in Finland 2004-2014. J Peripher Nerv Syst. 22(4):440-445;
- Skufca J et al (2017). Incidence rates of GBS, chronic fatigue/systemic exertion intolerance disease (CFS/SEID) and postural orthostatic tachycardia syndrome (POTS) prior to introduction of human papilloma virus vaccination among adolescent girls in Finland, 2002-2012. Papillomavirus Res.; 3:91-96;
- Hafsteinsdóttir B et al (2018). Incidence and outcome of Guillain-Barré syndrome in Iceland: A population-based study. Acta Neurol Scand. 2018;138(5):454-458.
- Benedetti L et al (2019). Increased incidence of axonal Guillain-Barré syndrome in La Spezia area of Italy: A 13-year follow-up study. J Peripher Nerv Syst. 2019;24(1):80-86;
- Filosto M et al (2021). Guillain-Barré syndrome and COVID-19: an observational multicentre study from two Italian hotspot regions. J Neurol Neurosurg Psychiatry. 2021;92(7):751-756;
- Granieri E et al (2019). Incidence study of Guillain-Barré syndrome in the province of Ferrara, Northern Italy, between 2003 and 2017. A 40-year follow-up. Neurol Sci. 2019;40(3):603-609
- van der Maas NA et al (2011). Guillain-Barré syndrome: background incidence rates in The Netherlands. J Peripher Nerv Syst. 2011;16(3):243-249;
- Farbu E et al (2016). Guillain Barré syndrome–Incidence and clinical course in Southern Rogaland, Norway. Clin Neurol Neurosurg. 2016; 141:33-37;
- Ghaderi S et al (2016). Risk of Guillain-Barré syndrome after exposure to pandemic influenza A(H1N1) pdm09 vaccination or infection: a Norwegian population-based cohort study. Eur J Epidemiol. 2016;31(1):67-72;
- Peric S et al (2014). Clinical and epidemiological features of Guillain-Barré syndrome in the Western Balkans. J Peripher Nerv Syst. 2014;19(4):317-321;
- Stojanov A et al (2020). Incidence and mortality rates of Guillain-Barré syndrome in Serbia. J Peripher Nerv Syst. 2020;25(4):350-355;
- Alcalde-Cabero E et al (2016). Guillain-Barré syndrome following the 2009 pandemic monovalent and seasonal trivalent influenza vaccination campaigns in Spain from 2009 to 2011: outcomes from active surveillance by a neurologist network, and records from a country-wide hospital discharge database. BMC Neurol. 2016; 16:75; 24.
- Gensicke H et al (2012). Increased incidence of Guillain-Barré syndrome after surgery. Eur J Neurol.;19(9):1239-1244;
- Keddie S et al (2021). Epidemiological and cohort study finds no association between COVID-19 and Guillain-Barré syndrome. Brain. 2021;144(2):682-693;
- Willame C et al (2021). Incidence Rates of Autoimmune Diseases in European Healthcare Databases: A Contribution of the ADVANCE Project. Drug Saf.;44(3):383-395.