

COVID-19: advice for patients with peripheral nerve diseases

updated 23 March 2020

1. Follow the latest government advice <https://www.gov.uk/coronavirus>
2. Most forms of peripheral neuropathy do not increase your risk of coronavirus. However, the risk may be increased if you are significantly disabled, or if you take medication which suppresses the immune system.
3. Patients at High Risk (on immunosuppressant drugs, or with some neurological and other conditions, or age over 70) are advised to **self-isolate** for 12 weeks. The important list of conditions and drugs can be found [here](#)
4. If you are in a high risk group advised to self-isolate please register at <https://www.gov.uk/coronavirus-extremely-vulnerable>
5. If you or any members of your family have symptoms suggestive of coronavirus please do not come to hospital unless it is absolutely essential

Immunosuppressant medications

- People who are immunosuppressed may be at increased risk of COVID-19 infection, and infection may in some cases be more severe.
- If you are already being treated with azathioprine, methotrexate or mycophenolate you should generally continue these. These medications take many weeks or months to leave the body, and stopping them may lead to worsening neurological symptoms and potentially more risk. Please be very careful to follow the general government advice on reducing spread of infection.
- Treatments like cyclophosphamide or rituximab give particularly high risk of catching infections for the next few months. Self-isolation is particularly important.
- High dose steroids may increase the risk of developing COVID-19 infection, and potentially the risk of severe infections. Most patients should continue their steroids. If you have been taking steroids every day for more than a few weeks, do not suddenly stop taking them or this may make you unwell.
- If doubts, ask your consultant. Sometimes the risk of stopping may be higher than the risk of continuing.

Long term IVIg treatment

- Intravenous immunoglobulin (IVIg) infusions do not increase or reduce your risk of catching COVID-19 or being more unwell due to COVID-19. IVIg is not immunosuppressive. Most IVIg treatments are continuing as planned. Please postpone if you are unwell.
- Some patients may be able to have IVIg less often, to reduce the number of visits to hospital, and tolerate some worsening of their neurological condition. Please discuss with your consultant if you wish to consider this.
- Subcutaneous immunoglobulin (SCIG) at home should continue as usual.