Complete Summary

GUIDELINE TITLE

Consensus criteria for the diagnosis of multifocal motor neuropathy.

BIBLIOGRAPHIC SOURCE(S)

Olney RK, Lewis RA, Putnam TD, Campellone JV Jr. Consensus criteria for the diagnosis of multifocal motor neuropathy. Muscle Nerve 2003 Jan;27(1):117-21. [20 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
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SCOPE

DISEASE/CONDITION(S)

Multifocal motor neuropathy

GUIDELINE CATEGORY

Diagnosis

CLINICAL SPECIALTY

Internal Medicine
Neurology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

- To develop a definition for the circumstances by which multifocal motor neuropathy can be diagnosed with a high level of confidence (definite multifocal motor neuropathy) or with only a moderate level of confidence (probable multifocal motor neuropathy)
- To provide clinicians with diagnostic guidelines for the most typical patients
- To propose diagnostic categories for research studies and clinical trials
- To stimulate further discussion about multifocal motor neuropathy

TARGET POPULATION

Adults with suspected multifocal motor neuropathy

INTERVENTIONS AND PRACTICES CONSIDERED

1. Assessment of clinical symptoms and signs of multifocal motor neuropathy (e.g., weakness, sensory loss)
2. Sensory nerve conduction studies

MAJOR OUTCOMES CONSIDERED

Reliability and utility of diagnostic criteria

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A Medline literature search was used to help develop the historical background and focus on the critical issues for which a consensus was required.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A five-round modified Delphi process was used to develop these consensus criteria. The authors wrote an initial draft document, which was circulated for unsolicited comments from an expert panel. The expert panel was chosen from American Association of Electrodiagnostic Medicine (AAEM) members who had been authors of articles concerned with concepts relevant to multifocal motor neuropathy and who held divergent opinions at the start of the consensus development process. Based on the comments from the expert panel, and areas of apparent agreement and disagreement, the document was revised and re-circulated until consensus was reached.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guideline was approved by the American Association of Electrodiagnostic Medicine (AAEM) Board of Directors in June 2002.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definition

Multifocal motor neuropathy is a disease of lower motor neurons in adults that produces asymmetrical muscle weakness, often in association with fasciculations and cramping.

The diagnosis of multifocal motor neuropathy is a difficult one. Until further research clarifies the issue, the criteria for definitive and probable multifocal neuropathy listed below are proposed to serve as a guide for diagnosing this disease.

Criteria for the Diagnosis of Multifocal Motor Neuropathy

Criteria for Definite Multifocal Motor Neuropathy

1. Weakness without objective sensory loss in the distribution of two or more of the following nerves: median, ulnar, radial, peroneal, and tibial. During the early stages of symptomatic weakness, the historical or physical finding of diffuse, symmetric weakness excludes multifocal motor neuropathy.
2. Definite conduction block (for criteria for partial conduction block, see Table 1 in the original guideline document) is present in two or more nerves outside of common entrapment sites (median nerve at wrist; ulnar nerve at elbow or wrist; peroneal nerve at fibular head).
3. Normal sensory nerve conduction velocity across the same segments with demonstrated motor conduction block.
4. Normal results for sensory nerve conduction studies on all tested nerves, with a minimum of three nerves tested.

   The absence of each of the following upper motor neuron signs: spastic tone, clonus, extensor plantar response, and pseudobulbar palsy.

Criteria for Probable Multifocal Motor Neuropathy

1. Weakness without objective sensory loss in the distribution of two or more of the following nerves: median, ulnar, radial, peroneal, and tibial. During the initial weeks of symptomatic weakness, the presence of diffuse, symmetric weakness excludes multifocal motor neuropathy.
2. The presence of either:
   a. Probable conduction block in two or more motor nerve segments that are not common entrapment sites or
   b. Definite conduction block in one motor nerve segment and probable conduction block in a different motor nerve segment, neither of which segments are common entrapment sites.
3. Normal sensory nerve conduction velocity across the same segments with demonstrated motor conduction block, when this segment is technically feasible for study (that is, this is not required for segments proximal to axilla or popliteal fossa).
4. Normal results for sensory nerve conduction studies on all tested nerves, with a minimum of three nerves tested.
5. The absence of each of the following upper motor neuron signs: spastic tone, clonus, extensor plantar response, and pseudobulbar palsy.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis of multifocal motor neuropathy

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The source guideline is provided as an educational service of the American Association of Electrodiagnostic Medicine (AAEM). It is based on an assessment of current scientific and clinical information. It is not intended to include all possible methods of care of a particular clinical problem or all legitimate criteria for choosing to use a specific procedure. Neither is it intended to exclude any reasonable alternative methodologies. The AAEM recognizes that specific patient care decisions are the prerogative of the patient and his/her physician and are based on all of the circumstances involved.
- Participants in the consensus process believe that multifocal motor neuropathy should be distinguished from chronic inflammatory demyelinating polyneuropathy but that sufficient empiric data and knowledge are not available at this time to determine if multifocal motor neuropathy is distinct from the other lower motor neuron syndromes described in the original guideline document. The expert panel had the greatest difficulty in reaching consensus on the issue of excluding the diagnosis of multifocal motor neuropathy in cases with minor abnormality on sensory nerve conduction studies.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: Guideline was not adapted from another source.

DATE RELEASED

2003 Jan

GUIDELINE DEVELOPER(S)

American Association of Neuromuscular and Electrodiagnostic Medicine - Medical Specialty Society

SOURCE(S) OF FUNDING

American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM)

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors Richard K. Olney, MD; Richard A. Lewis, MD; Timothy O. Putnam, MD; Joseph V. Campellone, Jr., MD

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) for members only.

Print copies: Available from AANEM. To obtain an order form, please contact the Education Department at the AANEM Executive Office, 421 First Ave SW, Suite 300 E, Rochester, MN 55902; Telephone: (507) 288-0100; fax, (507) 288-1225; e-mail: aanem@aanem.net. The order form is also posted on the AANEM Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on December 1, 2003.

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