

Exploring patient preferences for self-administered subcutaneous therapy in chronic inflammatory demyelinating polyneuropathy

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Conclusions

- Patient choice for self-administered SCIg in CIDP appears to be driven more by preparation simplicity and manageable injection volumes than by extending dosing intervals alone

- SCIg PFS presentation aligns closely with key patient preference drivers for self-administered SCIg therapy compared with vial presentation

- Ready-to-use, low-burden delivery formats such as PFS may enhance treatment acceptability and support self-administration, although further research is needed to confirm effects on adherence

Introduction

- Chronic inflammatory demyelinating polyneuropathy (CIDP) is an autoimmune disease affecting the peripheral nerve system.¹ CIDP results in sensory and reflex loss, fatigue, and a slow symmetrical onset of relapsing or progressive proximal limb weakness^{2,3}
- Immunoglobulin (Ig) therapy is a cornerstone of CIDP management.⁴ Patients often transition from intravenous immunoglobulin (IVIg) induction to subcutaneous immunoglobulin (SCIg) for maintenance, which can be administered at home with a reduction in infusion times^{4,5}
- SCIg is available in vial-based formats and ready-to-use prefilled syringes (PFS), with differences in preparation complexity and physical handling requirements.⁶ However, direct comparative evidence on SCIg packaging formats in CIDP is limited
- As SCIg use expands, practical aspects of home administration, such as preparation steps, handling burden, and infusion setup, are increasingly important determinants of patient preference. Patient preferences should be considered in CIDP treatment selection to support shared decision-making⁴

Objective

This study aimed to identify the key treatment attributes that influence patient preferences for self-administered subcutaneous therapy in CIDP

Methods

- Eligible patients with CIDP using Ig from the United States and Canada completed an online 30-minute questionnaire, which included a conjoint exercise
- Eligibility was determined through a structured screening questionnaire that assessed the following inclusion criteria: 18 years of age or older; have undergone at least one diagnostic procedure for CIDP; possess a physician-confirmed CIDP diagnosis; have their diagnosis established or current care managed by either a neurologist or neuromuscular disease specialist; be actively receiving either IVIg or SCIg therapy for CIDP management; and have maintained continuous Ig treatment for a minimum duration of 6 months
- The conjoint exercise was conducted with Ig-using patients with CIDP to determine the relative importance of various treatment attributes in self-administered subcutaneous therapy
- In addition, survey questions with SCIg-using patients with CIDP evaluated satisfaction and preferences between prefilled syringes (PFS) and vials

