

**No evidence of benefits from corticosteroids alone in Guillain-Barre syndrome****Clinical Question**

Compared to placebo or supportive care, how effective are corticosteroids in hastening recovery and reducing the long-term morbidity from Guillain-Barre syndrome (GBS)?

**Bottom Line**

According to moderate quality evidence, corticosteroids did not significantly hasten recovery from GBS or affect the long-term outcome, and low quality evidence suggested that oral corticosteroids delayed recovery. There was moderate quality evidence that intravenous corticosteroids given in combination with intravenous immunoglobulin might hasten recovery. There was no evidence of harm from corticosteroids except that increased blood glucose concentrations requiring insulin were significantly more common. Unexpectedly, hypertension was significantly less common.

**Caveat**

Treatment periods were for four weeks, and follow-up lasted for up to 12 months. The lack of benefit from corticosteroids is not understood but might be because the drugs had a harmful effect on muscles which counteracted the benefit from reducing inflammation in nerves.

**Context**

GBS is an acute paralysing disease caused by inflammation of the peripheral nerves, which corticosteroids would be expected to benefit.

**Cochrane Systematic Review**

[Hughes RAC et al. Corticosteroids for Guillain-Barre syndrome. Cochrane Reviews, 2016, Issue 10. Art. No.: CD001466.DOI: 10.1002/14651858.CD001466.pub5.](#) This review contains eight studies involving 653 participants.