

**Appendix 1 (as submitted by the authors): Clinical features, red flags, and selected differential diagnoses when suspecting Guillain-Barré Syndrome<sup>1</sup>**

Required features	Supportive features	Red flags (selected differential diagnoses)
<ul style="list-style-type: none"> <li>• <b>Progressive bilateral arm and leg weakness (only legs may be affected initially)</b></li> <li>• <b>Absent or decreased tendon reflexes in affected limbs</b></li> </ul>	<ul style="list-style-type: none"> <li>• Progression of weakness for days up to four weeks</li> <li>• Relatively symmetric involvement</li> <li>• Relatively mild sensory symptoms or signs</li> <li>• Facial nerve involvement</li> <li>• Autonomic dysfunction</li> <li>• Back or limb pain</li> <li>• Absence of fever at the onset of symptoms</li> <li>• Elevated CSF protein</li> <li>• Electrodiagnostic features of demyelinating (most commonly) or axonal motor or sensorimotor neuropathy</li> </ul>	<ul style="list-style-type: none"> <li>• Progression of weakness beyond four weeks (chronic inflammatory demyelinating polyneuropathy)</li> <li>• Acute onset with time to maximal neurological deficits &lt;24 hours (neurotoxic diseases such as botulism, tick paralysis or organophosphate poisoning)</li> <li>• Marked motor asymmetry (acute flaccid paralysis due to infections such as enterovirus or West Nile virus, leptomenigeal carcinomatosis)</li> <li>• Bladder or bowel dysfunction at onset (compressive or autoimmune myelopathy, cauda equina syndrome)</li> <li>• CSF pleocytosis &gt;50 leukocytes/mm<sup>3</sup> (infections such as human immunodeficiency virus or Lyme disease, granulomatous diseases such as sarcoidosis, leptomenigeal carcinomatosis)</li> <li>• Sensory level, hyper-reflexia, and/or extensor plantar responses (compressive or autoimmune myelopathy)<sup>a</sup></li> <li>• Purely sensory syndrome (sensory neuronopathy due to Sjogren’s syndrome, paraneoplastic neurological syndrome)</li> <li>• Alteration of consciousness (infectious or autoimmune encephalitis with or without myelitis/radiculoneuritis)<sup>b</sup></li> </ul>

CNS = central nervous system; CSF = cerebrospinal fluid

<sup>a</sup>Patients with acute spinal cord injuries may initially present with depressed reflexes (referred to as “spinal shock”).

<sup>b</sup>An exception to this is the Guillain-Barre syndrome variant of Miller-Fisher-Bickerstaff brainstem encephalitis spectrum disorder, which may cause alteration of consciousness.

Reference

1. Leonhard SE, Mandarakas MR, Gondim FAA, Bateman K, Ferreira MLB, Cornblath DR, et al. Diagnosis and management of Guillain–Barré syndrome in ten steps. *Nat Rev Neurol* 2019;15:671–683.