

6.12 Respiratory care in Motor Neuron Disease (MND): a GUH service review

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Background: NICE guidelines recommend Non Invasive-Ventilation (NIV) discussion with MND patients soon after the diagnosis or once respiratory function declines and to consider NIV trial if the clinical picture or the parameters of pulmonary function test indicate. **Methods:** In Galway University Hospital patients diagnosed with MND are routinely followed up in a neurology MDT clinic every 3 months. A new pathway was developed to facilitate those requiring respiratory assessment. Patients with respiratory symptoms and/or reduced SNIP/peak cough flow were referred directly to the respiratory clinic by the neuro physiotherapist. Each patient underwent a comprehensive assessment. The assessments were performed by a multidisciplinary team, including respiratory physician, respiratory physiotherapists and respiratory physiologists. **Results:** Findings revealed that 82% of the patients referred met the criteria for NIV initiation due to signs and symptoms of hypoventilation. Patients who met the criteria for NIV commenced NIV the same day as their appointment. Time from referral to NIV initiation was 15(10–28) days. Early intervention with NIV is associated with improved symptom management, reduced hospital admissions, and enhanced patient comfort. **Conclusion:** This study underscores the importance of timely NIV assessment in MND patients, demonstrating the efficacy of a multidisciplinary approach in line with evidence-based guidelines to optimize patient outcomes. **Conflict of Interest:** The authors have no declarations or disclosure to make