

NIV FOR PEOPLE WITH MND

Question guide – short version

QUESTIONS TO HELP ME DECIDE

I have heard that using NIV will improve how I feel day to day and may help me to live longer.

1. Can we talk about NIV and other treatment options available for improving quality of life and increasing life expectancy?
2. What are the possible benefits and downsides of choosing (and not choosing) to use NIV?
3. Can you tell me what life might be like on NIV?

QUESTIONS FOR ONCE I HAVE MADE THE DECISION

1. I have decided I want to start NIV, can we talk about how and when I start?
2. I have decided I do not wish to start NIV at this time, can we discuss it again later?
3. I have decided that I do not want NIV, what are my other options?

Use this space to write or type any other questions you have, or the information discussed during your appointment



NIV AND MND

What you need to know

WHAT IS NIV?

- Non-invasive ventilation (NIV) is a recommended treatment for people with MND.
- NIV supports breathing when breathing muscles become weaker.
- NIV is sometimes called BiPAP (Bi-level positive airway pressure).
- NIV delivers pressurised air to the lungs via a mask worn over the nose or nose and mouth.
- NIV is usually worn at night when you sleep but can also be used during the day.

WHAT ARE THE BENEFITS OF NIV FOR PEOPLE LIVING WITH MND?



NIV may **increase life expectancy** in MND by an average of 6 to 18 months^{1,2,3}



NIV improves **quality of life**, including:

- energy levels
- mental health / mood
- social engagement
- carer wellbeing^{1,3,4}



NIV helps people **sleep better**^{4,5}



Some research suggests that **starting NIV earlier** may result in even **greater benefits**⁵



NIV **improves breathing symptoms** including:

- morning headaches
- fatigue
- shortness of breath^{3,4}



NIV keeps **breathing better** for longer^{1,3}



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FIGHT MND



1. Berlowitz et al. 2016 [doi: 10.1136/jnnp-2014-310055](https://doi.org/10.1136/jnnp-2014-310055)
2. Ackrivo et al. 2021; [doi:10.1513/annalsats.202002-169oc](https://doi.org/10.1513/annalsats.202002-169oc)
3. Bourke et al. 2006; [doi: 10.1016/S1474-4422\(05\)70326-4](https://doi.org/10.1016/S1474-4422(05)70326-4)
4. Baxter et al. 2013; [doi: 10.3109/17482968.2012.719238](https://doi.org/10.3109/17482968.2012.719238)
5. Vitacca et al., 2018. [doi: doi.org/10.1111/ene.13547](https://doi.org/10.1111/ene.13547)