Conclusions.— This suggests that BoNT-A induces spinal plasticity leading to the recovery of reciprocal inhibition, which is likely to be due to the withdrawal of inhibitory control from Renshaw cells directly blocked by BoNT-A. This could help in limiting ankle muscle cocontractions in the transition phase from stance to swing, to assist dorsiflexion.

Further readings

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CO41-004-e
Central effects of botulinum toxin:
Neurophysiological study in post-stroke patients with lower limb spasticity
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Keywords: Stroke; Botulinum toxin; Spasticity; H-reflex

Background.— The therapeutic effects of intramuscular injections of botulinum toxin type A (BTx) on spasticity can be largely explained by its blocking action at the neuromuscular junction. BTx is assumed to also have a central action by affecting the functional organization of the CNS. The aim of the present study is to assess the action of BTx on spinal motor networks by investigating the post-activation depression (post-AD) of the soleus H-reflex in post-stroke patients presenting lower limb spasticity.

Methods.— Soleus H-reflex was investigated in chronic hemiplegic patients before and 3, 6, 12 weeks after BTx-injections in soleus. H-reflex amplitude was analyzed in response to electrical stimulation of the tibial nerve at 0.1 Hz and 0.5 Hz. Post-AD was quantified as the ratio H3[10]/H0[10].

Results.— The post-AD was significantly reduced in the affected side compared to the non-affected side before BTx injection. Three weeks after injection, the post-AD was reinforced in the parietic leg and significantly higher than in pre-injection condition.

Conclusions.— BTx-treatment restores the post-AD of soleus H-reflex in post-stroke parietic patients. As post-AD amount is correlated to the severity of spasticity, it can be assumed that BTx’s effectiveness in post-stroke rehabilitation is also due to induced-changes in spinal motor networks.

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CO41-005-e
Passive mechanical obstacles vs impairment of neurological command in infant vs adult-acquired spastic paresis
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Background.— Compare muscle length, spasticity angle and active range of motion in adult parietic syndromes due to lesions acquired in infancy vs adult-acquired lesions.

Methods.— Cross sectional study from a retrospective chart review.

Population.— Convenience sample of 2 groups of clinic patients with spastic paresis due to an infant lesion (IL, n = 11) or to an adult-acquired lesion (AL, n = 11).

Evaluation.— Muscle length (XV1), angle of catch (XV1), spasticity angle (X = XV1-XV1), active range of motion (A) and angle of weakness (XV1-A) in soleus, gastrocnemius, gluteus maximus, hamstrings, vastus and rectus femoris muscles at the initial evaluation (pre-toxin).

Results.— The IL group had shorter muscle lengths in gluteus maximus (XV1, IL, 101 ± 5; AL, 120 ± 5; P = 0.02, Mann–Whitney) and hamstrings (XV1, IL, 31 ± 7; AL, 63 ± 5; P = 0.004), smaller spasticity angles (X, gluteus maximus, IL, 7 ± 3; AL, 15 ± 4; P = 0.04; hamstrings, IL, 19 ± 4 vs AL, 42 ± 7; P = 0.02) and smaller angle of weakness across all muscles studied (P = 0.04, Wilcoxon). A was strongly correlated with XV1 across all muscles in the IL group (P < 0.05) while this was only true for plantar flexors and gluteus maximus in the AL group.

Conclusions.— Passive mechanical obstacles have greater impact on motor deficiencies in infant paresis than in adult acquired lesions.

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Posters

P202-e
Safety profile of 400 U onabotulinumtoxinA for the treatment of upper limb spasticity
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Keywords: Botulinum toxin; Safety

Background.— The safety profile of onabotulinumtoxinA for treatment of upper limb spasticity (ULS) was assessed across a range of doses to evaluate treatment with ≥400 U.

Methods.— Integrated data from 18 studies of onabotulinumtoxinA for ULS were evaluated by 4 dose groups (<150 U, 150–250 U, 251–399 U, >400 U). Treatment exposure, incidence of adverse events (AEs), serious AEs, and possible distant spread of toxin (PDSOT) were assessed, together with the safety profile of patients who received 4 consecutive onabotulinumtoxinA ≥400 U treatments.

Results.— Overall, 1342 patients received ≥1 onabotulinumtoxinA treatment; 183 received ≥400 U, with 6.6% (88/1330), 12.3% (115/936), 23.3% (113/486), and 31.2% (96/308) in treatment cycles 1–4, respectively. AE rates were similar across dose groups, with no consistent increase in incidence of any individual AE/serious AE and no evidence of PDSOT at doses ≥400 U across treatment cycles. The overall AE rate among the subset of patients (n = 51) with 4 consecutive ≥400 U treatments was similar (43.1%, 43.1%, 43.1%, 41.2%), with no overall change in profile for AEs/serious AEs with increasing treatments.

Conclusions.— OnabotulinumtoxinA at doses ≥400 U was well tolerated in ULS patients, with no consistent pattern of increase in AEs at doses ≥400 U, reported systemic AEs, or change in safety profile over consecutive treatments.

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P203-e
Interests of medical hypnosis during toxin botulinic injections: Preliminary study
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Keywords: Toxin; Spasticity; Hypnosis; Pain

Background.— Our study concerns the efficiency of hypnosis during the injections of botulinum toxin. Hypnosis is widely used in medicine to decrease the anxiety and the painful felt, but few publications are appeared in physical medicine and rehabilitation.

Methods.— In this bi-centriseque study, the injections are practised at 30 patient’s spastics. Two groups are constituted: the group “hypnosis” (standards analge-
P204-e
Effect of onabotulinumtoxinA on patient-related outcomes for lower limb spasticity

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Keywords: Botulinum toxin; Patient-related outcomes

Background. – Spasticity is a disabling consequence of stroke and traumatic brain injury and contributes to other conditions, such as pain, impairment in daily activities and gait. OnabotulinumtoxinA has been shown to reduce muscle tone in patients with lower limb spasticity (LLS). We sought to assess whether reducing muscle tone is associated with clinically meaningful improvements in patient-related outcomes.

Methods. – Data from 3 published placebo-controlled LLS trials (AGN/HO/SPA/001-191622 (BOTOX Economic Spasticity Trial [BEST]), BTOX-702-8051, BTX108512) using onabotulinumtoxinA and the Patient Registry Outcomes in Spasticity (PROS) World registry were indirectly compared for patient-related outcomes.

Results. – A total of 509 patients were identified with LLS involving the ankle. The patient clinical global impression scale was significantly* correlated with modified Ashworth scale scores in BTX108512. Eighty percent of patients in PROS were satisfied with their injections. BEST was significant* for the proportion of patients reporting 50% reduction in pain. Significant* improvements in spasms, cramps, and patient-rated injection benefit were demonstrated in BTOX-702-8051 with strong trends in gait speed. Functional goal attainment was significant* in BEST with improvements in PROS.

Conclusions. – Reductions in muscle tone after onabotulinumtoxinA treatment are beneficial to patients as demonstrated by improvement in patient-related outcomes.

* P < 0.05 vs placebo for ≥ 1 post-treatment time point.

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P205-e
Development of a picture guide to identify common postures of spasticity

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Keywords: Spasticity; Stroke; Cross sectional survey; Physicians

Background. – Botulinum toxin (BoNT) injections are first-line treatment for post-stroke spasticity (PSS). Physicians had >3 years’ experience injecting BoNT for PSS. Information regarding treatment satisfaction was collected from both groups.

Results. – Sixty-one of 79 patients (77%) received onabotulinumtoxinA, 15/79 (19%) abobotulinumtoxinA and 3/79 (4%) incobotulinumtoxinA. Most patients were very (40.5%) or somewhat (48.1%) satisfied with BoNT treatment. Satisfaction was highest at time of peak effect and lowest before re-injection. Injection intervals ≤ 12 or ≤ 10 weeks were preferred by 78.9% or 43.4% of patients, and received by 45.6% or 6.3%, respectively. Mean (standard deviation) injection interval received was 13.7 (3.5) weeks. Physicians (n = 105) were moderately (57.7%) or very (36.5%) satisfied with treatment, but felt that 16.2% or 24.6% of patients would benefit from shorter intervals or higher doses, respectively.

Conclusions. – Patient and physician satisfaction with BoNT treatment for PSS is high, although patient preference is for shorter injection intervals. Physicians believe shorter intervals and higher doses may confer additional benefit in some patients.

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