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Latest advances in evaluation of autonomic dysfunctions following spinal cord injury

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It is well known that autonomic dysfunctions, including abnormal cardiovascular control, are common consequences of spinal cord injury (SCI) in humans. However, the International Standards for Neurologic Assessment, commonly referred to as the American Spinal Injury Association (ASIA) neurological examination, only evaluates motor and sensory functions following SCI. In order to improve the evaluation of autonomic function in individuals with SCI, and in the future to assess the effects of therapeutic interventions, ASIA and the International Spinal Cord Society (ISCoS) established a committee to develop a set of definitions and classifications for disorders of autonomic function in SCI.

Four major areas were identified: general autonomic dysfunction, bowel, bladder and sexual dysfunctions. For each area, a comprehensive set of definitions was also identified. It is recommended that these dysfunctions following SCI be assessed and documented by clinicians. For example, among general autonomic dysfunctions the recognition and assessment of the following conditions should be performed: level of arterial blood pressure, presence of orthostatic hypotension, autonomic dysreflexia, arrhythmias, temperature dysregulation, sweating dysfunctions and broncho-pulmonary dysfunctions. Members of the committee propose that in the future, in addition to already established motor and sensory assessment standards, the assessment of autonomic functions be a part of clinical evaluation of individuals with SCI. Autonomic standards were recently translated into Chinese and have already been introduced into practice at numerous centres around the world. Finally, our clinical practice could also benefit from use of recently published series of SCI data sets focused on various aspects of autonomic functions.


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Multiple system atrophy and autonomic failure

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