Incobotulinumtoxin A (Xeomin®) injected with flexible intervals is a well-tolerated long-term treatment of cervical dystonia

J.-M. Coulon
Service de MPR, hôpital Sébastopol, 48, rue de Sébastopol, 51090 Reims, France
E-mail address: jmoulon@chu-reims.fr

Keywords: Cervical dystonia; Incobotulinumtoxin A; Flexible intervals

Background. – Long-term management of cervical dystonia (CD) involves repeated botulinum toxin injections at around 3-month intervals. Many patients and physicians may prefer shorter intervals but it is assumed that these might increase the risk of adverse events (AEs) and neutralizing antibody formation. We analyzed the clinical need and safety of flexible injection intervals with Incobotulinumtoxin A (Xeomin®, NT 201), a purified botulinum toxin type A free from accessory (complexing) proteins.

Methods. – Post-hoc analysis was carried out using data from a randomized, double-blind, placebo-controlled phase 3 study with a randomized, double-blind extension period. Subjects with CD (pretreated or botulinum toxin treatment naïve) could receive a n d a d d a y 7 (0.44 and 0.56) and moderate at day 1 and day 7 (0.52 and 0.56) for the S. index.

Discussion. – This study confirmed that the intra and inter-rater reliability of goniometric measurements of equinus were not satisfying, whatever the method. Therefore, the search for a method that has better metrological qualities is necessary. Intra-rater reliability was better with conventional method and free landmarks; however, one coefficient was correct for one judge with the new method, which has to be improved.

Inter-rater reliability didn’t seem to be better for the S Index. http://dx.doi.org/10.1016/j.rehab.2013.07.1020

Spasticity vs cocontraction of triceps surae, tibialis anterior paresis and locomotion in chronic hemiparesis

Laboratoire analyse et restauration du mouvement, service de rééducation neurolocomotrice, hôpitaux universitaires Henri-Mondor, AP–HP, université Pierre-et-Marie-Curie, Paris VI, 51, boulevard du Maréchal-de-Lattre-de Tassigny, 94901 Créteil, France
*Corresponding author.
E-mail address: ghedira.mouna@gmail.com

Keywords: Paresis; Spasticity; Tardieu scale; Ankle; Locomotion

Introduction. – In chronic hemiparesis, active ankle dorsiflexion deficit at swing phase is associated with contracture and cocontraction in children and paresis of tibialis anterior [1]. We aimed to analyze the role of triceps surae spasticity vs cocontraction and tibialis anterior paresis in the hemiparetic gait disorder.

Methods. – Nineteen patients with chronic hemiparesis (45 ± 16 years) participated. The spasticity grade and angle (X1–X3) of triceps surae (knee extended) and the angle of weakness (X1–X3) of dorsiflexion were measured using the step-wise assessment of spastic paresis, including the Tardieu scale [2,3]. Each subject performed a 10-meter barefoot walking test (seated start and arrival) at preferred and maximal speed. Spatial-temporal parameters were quantified: speed, step length and cadence. We explored correlations between spasticity and weakness parameters at the ankle and gait spatial-temporal parameters.

Results. – At preferred speed: speed, 0.69 ± 0.25 m/s; step length, 0.51 ± 0.12 m; cadence, 1.33 ± 0.31step/s. At fast speed: speed, 1.08 ± 0.40 m/s; step length, 0.55 ± 0.15 m; cadence, 1.91 ± 0.93step/s. In the parietic ankle: triceps surae spasticity grade, 2.2 ± 0.8; spasticity angle, 13.7 ± 6.5°; dorsiflexion angle of weakness, 13.2 ± 9.3°.

At preferred speed, the angle of weakness was negatively correlated with speed (r = -0.48, P = 0.039), step length (r = -0.55, P = 0.014), and at fast speed, with speed (r = -0.56, P = 0.012), step length (r = -0.57, P = 0.010) and cadence (r = -0.47, P = 0.040).

Conclusions. – In chronic hemiparesis, ambulation (at preferred and fast speed), is correlated at the ankle with the combination of tibialis anterior paresis and triceps surae cocontraction rather than with triceps surae spasticity. References


Satisfaction with botulinum toxin treatment in poststroke spasticity: Results from a cross-sectional physician survey

© 2019 Elsevier Masson SAS. All rights reserved. - Document downloaded on 22/07/2019 It is forbidden and illegal to distribute this document.