

ISPRM Satellite Symposium – Botulinum Toxin Type A : Sustaining improvements and delaying surgery in spasticity

May 2003, Prague

This satellite symposium extended to nearly most of the afternoon because of significant interest and interactive discussions. As the audience entered the large arena they were provided with an interactive hand-held remote control system to partake in the interactive symposium. It certainly had overtones of the popular television series 'Who Wants to be a Millionaire?'

The symposium was ably chaired by Dr Anthony Ward who started the proceedings with an introductory talk on Botulinum Toxin Type A.

The interactive audience participation gave a clear feedback from the projected bar charts on the screen, that the majority of the audience were clinicians involved in rehabilitation medicine; which was not surprising as this was the World Congress in Physical and Rehabilitation Medicine.

The first presentation was a double act of Dr. Guy Molenaers from Leuven in Belgium along with his senior physiotherapist Kaat Desloovere, on the applications of Botulinum toxin Type A

in children with cerebral palsy and its potential to delay and prevent surgery. This was certainly a slick presentation which used a combination of dual projections, video clips, interactive discussions, and an element of information overload of gait analysis data in these children. In cerebral palsy the problems were primary because of problems related to the neuronal lesion affecting tone, balance, selectivity and strength. This then leads on to secondary problems of contractures and bony deformities and later on to tertiary problems of coping responses and obvious gait abnormalities.

The clear message was of an integrated inter-disciplinary multi-level approach, with management and disease spectrum to be considered in continuum. Of note, higher dosages of toxin of 25 units/Kg were used in these children of age range from 2–10 years of age, procedure under general anaesthesia, after a detailed assessment involving gait analysis and EMG studies. Post injections they used daytime leaf spring orthoses, followed by nighttime resting orthoses with additional intensive physiotherapy at an optimal input of 3 sessions per day. It was evident that there was potential to delay and prevent surgery in relevant cases with a decrease in associated

hospital costs, decreased risks and improved integration of these children in society. The parting message of the presentation was that more important than price is the value of appropriate intervention and management.

The next presentation was by Dr Franco Molteni from Italy, on the use of BOTOX in adult spasticity of the lower limbs. Quoting several published studies, Dr Molteni then went on to present a variety of video case studies which demonstrated that 10 metres walk and calculation of walking speed along with video clips of the patients' gait were notable outcome measures of the patient management.

Professor Petr Kanovsky's presentation on BOTOX in adult spasticity involving upper limbs was the next presentation. Being from the home team, it was a succinct presentation which provided a reminder of the multi-centre, double-blind study published in the NEJM last year, but more importantly updated delegates on the results of the open label study which proves the benefits

of BOTOX are sustained for a long period of time. These results are due to be published this year.

The next presentation was of video case studies with interactive discussion by Dr Guy Molenaers and his team, in which they addressed dose selection and targeting muscles for Botulinum Toxin Type A injections in cerebral palsy management. It was reassuring to note that 70%

of the audience agreed with, what was the actual treatment modality in these cases much to Dr Molenaers' obvious relief.

The meeting did overrun by about 25 minutes, but it was time spent in a worthwhile manner. It was evident that established experts agreed with the management strategies and the not-so-expert group were able to pick up most important pointers to assist in their management protocols.

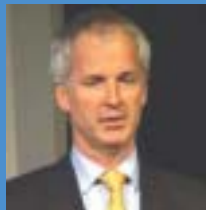
In conclusion, the expert speakers and the audience feedback confirmed that Botulinum Toxin Type A did lead to sustained improvements and did delay surgery in spasticity.

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Anthony Ward: Chair of the ISPRM satellite symposium



Guy Molenaers and his team presented video case studies with an interactive discussion



Petr Kanovsky discussed BOTOX use in upper limb spasticity



Franco Molteni: discussed the use of BOTOX in adult spasticity of the lower limbs