(S128) PATTERNS OF SPASTICITY MANAGEMENT IN THE MULTIPLE SCLEROSIS PATIENT
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Background: Spasticity affects approximately 80% of the multiple sclerosis (MS) population. The MS Council for Clinical Practice Guidelines published evidence-based recommendations for the management of spasticity in MS. Objectives: To evaluate self-reported spasticity in MS patients enrolled in the North American Research Committee on Multiple Sclerosis (NARCOMS) Registry, and to identify current spasticity management patterns. Methods: The NARCOMS Registry is a self-report registry. Semi-annual surveys capture sociodemographic and clinical information and disability status (Patient Determined Disease Steps [PDDS], Performance Scales). In October 2008, participants were asked questions regarding spasticity. Results: A total of 10,200 US residents responded (66%). Spasticity affected more than 80% of participants (30.1% reported moderate to totally disabling spasticity). More severe spasticity was associated with greater PDDS scores (r = 0.54), mobility impairment (r = 0.46), higher levels of fatigue (r = 0.47) and pain (r = 0.50), and longer disease duration (r = 0.19) (all P < .0001). Over 80% of participants reported receiving at least one spasticity treatment. Oral medications were the most common treatment used overall. The mean number of medications increased with the severity of spasticity. Close to 7% of participants reported ever using botulinum toxin (BT). The odds of using BT increased as the severity of spasticity increased. Participants receiving care from a neurologist had a twofold increase in use of BT (fourfold increase with a physiatrist). A total of 310 participants reported currently using intrathecal baclofen (ITB). The use of ITB increased with levels of disability and spasticity severity. Receiving care from a physiatrist was associated with fivefold increased odds of using ITB. Severity of spasticity was the only predictive factor in treatment satisfaction in a logistic regression model. Conclusions: Most patients received at least one treatment modality for spasticity. Oral medications were the most commonly used treatment, closely followed by stretching. There was evidence of treatment escalation as the reported spasticity severity increased. The type of provider had a strong impact on the use of BT and ITB therapies.


Keywords: symptomatic treatment of MS, service delivery in MS, rehabilitation strategies and therapy and MS