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Botulinum toxin in post-stroke patients, setting up a spasticity clinic: Experience and results

Spasticity is defined as a motor disorder characterized by a velocity-dependent increase in tonic stretch reflexes (muscle tone) with exaggerated tendon jerks, spasticity results from hyperexcitability of the stretch reflex, one component of upper motor neuron syndrome. This may affect limb position and activities of daily living. Spasticity contributes to disability in post-stroke patients with a frequency of 41.6%. Botulinum toxin is a neurotoxin that acts on the neuromuscular junction at the presynaptic site. It inhibits the release of acetylcholine, thus leading to muscle weakness and reduced muscle tone. Botulinum toxin treatment in post-stroke upper and lower limb spasticity is a safe and effective procedure to decrease muscle tone and increase the range of motion. Post-stroke rehabilitation is important to reduce disability and Botulinum toxin type A injections is considered a gold standard treatment for focal spasticity. Setting up a spasticity clinic as part of a multidisciplinary team has been challenging. We considered two key elements in setting up our clinic: (1) Availability of ultrasound, and (2) Rehabilitation program post-injection with outcome measurements with the physiotherapist. Ultrasonography (US) allows non-invasive, real-time imaging of muscular and glandular tissues and their surrounding structures. It can visualize, guide and standardize the entire procedure of BT application. Small randomized studies suggest that US-guidance can improve therapeutic efficacy and reduce adverse effects of BT therapy when compared to conventional placement. Ultrasound guided technique to target the muscles is becoming more utilized as it improves our results in setting up and running a spasticity clinic for post-stroke patients at our hospital NDHB. The therapist intervention on stroke patients occurs in our spasticity clinic, approximately 10 days post BOTX treatment with daily stretching exercise is the key for the long-lasting benefits. This is crucial, as it enhances the benefits of BOTX.

Biography

Manjula Ricciardi is a Geriatrician and Stroke Physician. She has collected experiences on acute stroke management and stroke rehab. She is currently an Acute Stroke Physician and Community Leader for the Rehabilitation Stroke Service at Whangarei Hospital. She is a Member of British Association of Stroke Physician UK, Stroke Society of Australasian, Australasia Stroke Trials Network and has Fellowship with RACP. She also has particular interest for rehabilitation post-stroke.

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