E-Poster

EP-162

Quality of Life (QoL) Improvements in Patients With Lower Limb Spasticity Following Treatment With AbobotulinumtoxinA: Assessment Using A Disease-Specific and a Generic QoL Instrument

Topic: Pharmacological Agents

Jorge Jacinto[1], Alberto Esquenazi[2], Richard D. Zorowitz[3], Mathieu Beneteau[4], Pascal Maisonobe[4], Christian Hannes[5], Jorge Jacinto[6]

[1]*London North West University Healthcare NHS Trust, London, United Kingdom*
[2]*MossRehab Jefferson Health, Philadelphia, United States*
[3]*MedStar Health, Washington and Georgetown University School of Medicine, Washington DC, United States*
[4]*Ipsen, Boulogne-Billancourt, France*
[5]*Ipsen, Munich, Germany*
[6]*Serviço de Reabilitação de adultos 3, Estoril, Portugal*

BACKGROUND

The Leg Activity Measure was developed as a patient/carer-rated outcome measure of passive and active function in the paretic leg (Parts A and B, respectively) and impact on quality of life (QoL, Part C), particularly when associated with lower limb spasticity (LLS). We have previously reported the primary results from the AboliSh study which demonstrated that treatment with repeated cycles of abobotulinumtoxinA (aboBoNT-A) was effective in helping patients achieve their treatment goals. In this secondary analysis, we assessed the impact of repeat aboBoNT-A treatment on QoL as assessed by both the LegA Part C and EuroQol (EQ-5D-5L).

METHODS

The AboliSh study was a prospective, observational study (NCT04050527) following ambulatory adult patients with unilateral LLS who received repeat treatment with aboBoNT-A in accordance with local prescribing guidelines to achieve individualized treatment goals. Disease-specific and generic health-related QoL was assessed in each cycle using the LegA Part C and EQ-5D-5L, respectively. Correlations between the two scales were assessed using the Pearson or Spearman test, depending on sample size.

RESULTS

At the population level, relevant improvements in QoL were observed using both QoL scales across the first four treatment cycles. Mean±SD LegA Section C scores reduced with repeat treatment (Cycle 1: 15.8 ± 7.2; Cycle 2: 13.6 ± 6.6; Cycle 3: 12.8 ± 6.5; Cycle 4: 12.9 ± 6.0) and EQ-5D index values increased with repeat treatment (Cycle 1: 0.49 ± 0.26; Cycle 2: 0.58 ± 0.22; Cycle 3: 0.59 ± 0.21; Cycle 4: 0.62 ± 0.19). LegA Part C scores were moderately-to-strongly correlated with EQ-5D-5L index values at each cycle (Pearsons R: Cycle 1: -0.66; Cycle 2: -0.57; Cycle 3: -0.60; Cycle 4: -0.59; all $p < 0.0001$). LegA Part A scores were moderately-to-strongly correlated with EQ-5D-5L self-care domain scores across Cycles 1-3 and weakly correlated in Cycle 4 (Pearsons R: Cycle 1: 0.60; Cycle 2: 0.58; Cycle 3: 0.50; Cycle 4: 0.34; all $p < 0.0001$). LegA Part B scores were moderately-to-strongly correlated with EQ-5D-5L mobility domain scores across cycles (Pearsons R: Cycle 1: 0.58; Cycle 2: 0.57; Cycle 3: 0.57; Cycle 4: 0.59; all $p < 0.0001$).

CONCLUSION

Repeat treatment with aboBoNT-A improved QoL as assessed by both disease-specific and generic QoL instruments. The significant correlations between LegA Part C and EQ-5D-5L support the validity of using the LegA to assess the impact of treatment on QoL in patients living with LLS.

Statement of Disclosures

The AboliSh study was sponsored by Ipsen. Stephen Ashford, Alberto Esquenazi, Richard D. Zorowitz, and Jorge Jacinto were on the study steering committee. Mathieu Beneteau, Pascal Maisonobe, and Christian Hannes are employed by Ipsen.

Corresponding Author:
Jorge Jacinto
London North West University Healthcare NHS Trust, London, United Kingdom
Email: jor.jacinto@netcabo.pt

Doi: 10.5606/archisprm.2026.EP-162