E-Poster

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Effect of Early Use of Botulinum Toxin A on Goal Attainment in Post-Stroke Spasticity

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Clinical practice has indicated that an important factor for effective management of post-stroke spasticity (PSS) is through early initiation of treatment. However, treatment initiation with botulinum toxin A (BoNT-A) for PSS is often delayed. This retrospective study evaluated the effect of BoNT-A treatment timing on clinical outcomes in patients with PSS.

METHODS

Pooled individual data from five studies (sponsored by one company) were included in the analysis. Eligible adults received ≥ 1 BoNT-A injection(s) for PSS and had goal attainment scaling (GAS) scores at baseline and at 12 weeks. Patients were stratified based on the time of BoNT-A initiation post-stroke: early (50 at 12 weeks, changes in Modified Ashworth Scale (MAS) and quality-of-life (QoL) scores.

RESULTS

Overall, 968 patients were included (166 early, 802 late); 58.4% were male, 38.0% were aged ≥ 60 years, and 81.9% had upper limb spasticity only. Median time from stroke to BoNT-A treatment was 0.5 (early) versus 5.4 (late) years; mean (standard deviation [SD]) baseline GAS scores were similar between cohorts (early: 36.9 [3.5], late: 36.9 [3.6]). Mean (SD) change in GAS-T score from baseline to 12 weeks was significantly higher in the early versus late cohort (15.7 [8.9] vs 13.1 [8.9]; 63.9% vs 47.4%; $p < 0.001$) at 12 weeks. No significant differences in MAS or QoL between cohorts were observed. No new safety concerns were identified.

CONCLUSION

Early versus late treatment of PSS with BoNT-A may have a positive impact on patients' ability to achieve their desired treatment goals. Further studies evaluating the impact of early intervention and early use of BoNT-A therapy on goal attainment in patients with PSS are warranted.

Statement of Disclosures

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