E-Poster

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An Audit of Botulinum Neurotoxin Usage at the National Rehabilitation Hospital, Ireland

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

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BACKGROUND

Spasticity represents a considerable burden; negatively impacting multiple aspects of life for people with brain and spinal injury. It affects up to 40% of people after severe stroke and is considered severe and disabling in about 15%. It is associated with pain, contracture and reduced quality of life.

Botulinum Neurotoxin (BoNT) is a commonly used, effective treatment for spasticity. However, it is expensive and should be used as part of a coordinated multidisciplinary approach to maximize effects.

A heterogenicity of approach to managing spasticity among clinicians within the NRH was identified. This audit was conducted to evaluate the current use of BoNT and compare it to best available guidelines. The aims included improving outcomes for our patients and minimizing unnecessary costs for the hospital.

METHODS

The committee reviewed available guidelines; The National Clinical Guideline for Stroke for UK and Ireland 2023 and The Royal College of Physicians Guideline for Spasticity in Adults 2018. Data to be collected was agreed and 109 patients were identified from outpatient records as having an appointment for BoNT during the period of May 2023 to April 2024. We performed a combined electronic record and paper chart review. One patient received BoNT for hypersalivation and 11 patients did not receive BoNT during this period, therefore 12 were excluded, n = 97.

RESULTS

91.75% were reviewed at a doctor only clinic and 8.25% at an interdisciplinary clinic. Clear goals were identified in 53.61% cases. An objective measure of spasticity was used in 13.4% of patients; in all cases the Modified Ashworth Scale was used. 86.6% had no objective measurement.

No clinicians used the Goal Attainment Scale to measure outcome. In 42.27% of cases there was subjective reference to outcome.

21.65% were attending therapy in the community, 31.96% were seen within 7-14 days for review of splinting or orthosis, 27.84% had a review at 4-6 weeks post-treatment, 50.52% had a review at 4-6 months.

Written consent was obtained in 72.16% but incomplete in 4.12%. Verbal consent was documented in 9.28%, assent was obtained in one case and there was no documentation of consent 13.4%.

CONCLUSION

Our analysis revealed that BoNT is often not being administered according to available guidelines. We feel that this patient population would benefit from being managed in a dedicated spasticity clinic using a proforma to prompt clinicians to use objective measurements and to ensure that appropriate follow up is being offered.

Statement of Disclosures

None

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