

The impact of Intrathecal Baclofen in the management of Posture and Mobility

PMG National Training Event

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Content

- Ravages caused by uncontrolled tone
- When to consider ITB treatment
- Our referral pathways and integration
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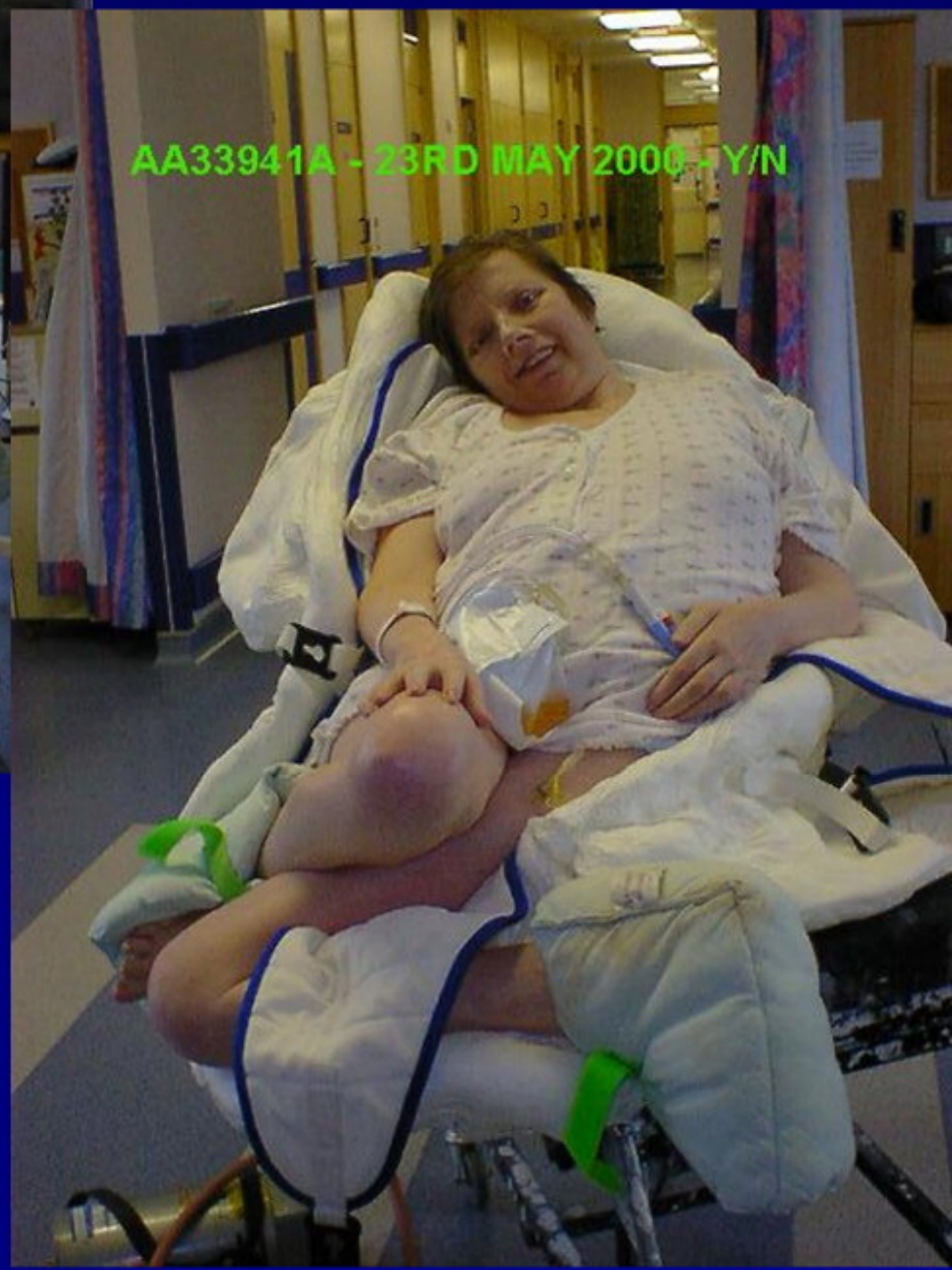




AA33941B - 23RD MAY 2000 - Y/N



AA33941A - 23RD MAY 2000 - Y/N















Contour cushion system



AA17340 N/N 4/07/03



ITB for posture management

- Severe regional spasticity, MD, Rigidity
- Conventional treatment ineffective
 - Undesirable stimuli eliminated
 - Oral drugs not sufficient or too troublesome
 - Focal therapy insufficient
- Goals can be met. Can improve QoL
- Consider ITB early – not as palliative

ITB for posture management

- Consider
 - Bulbar and / or respiratory involvement
 - Unmasking of weakness
 - Joint fixity, HO
- Consider stage of disease and progression
- Consider-

Cost of ITB treatment

VS

Cost of interventions & complications

Vs

Improved QoL

When should we intervene?

Debated at the last National ITB forum last week

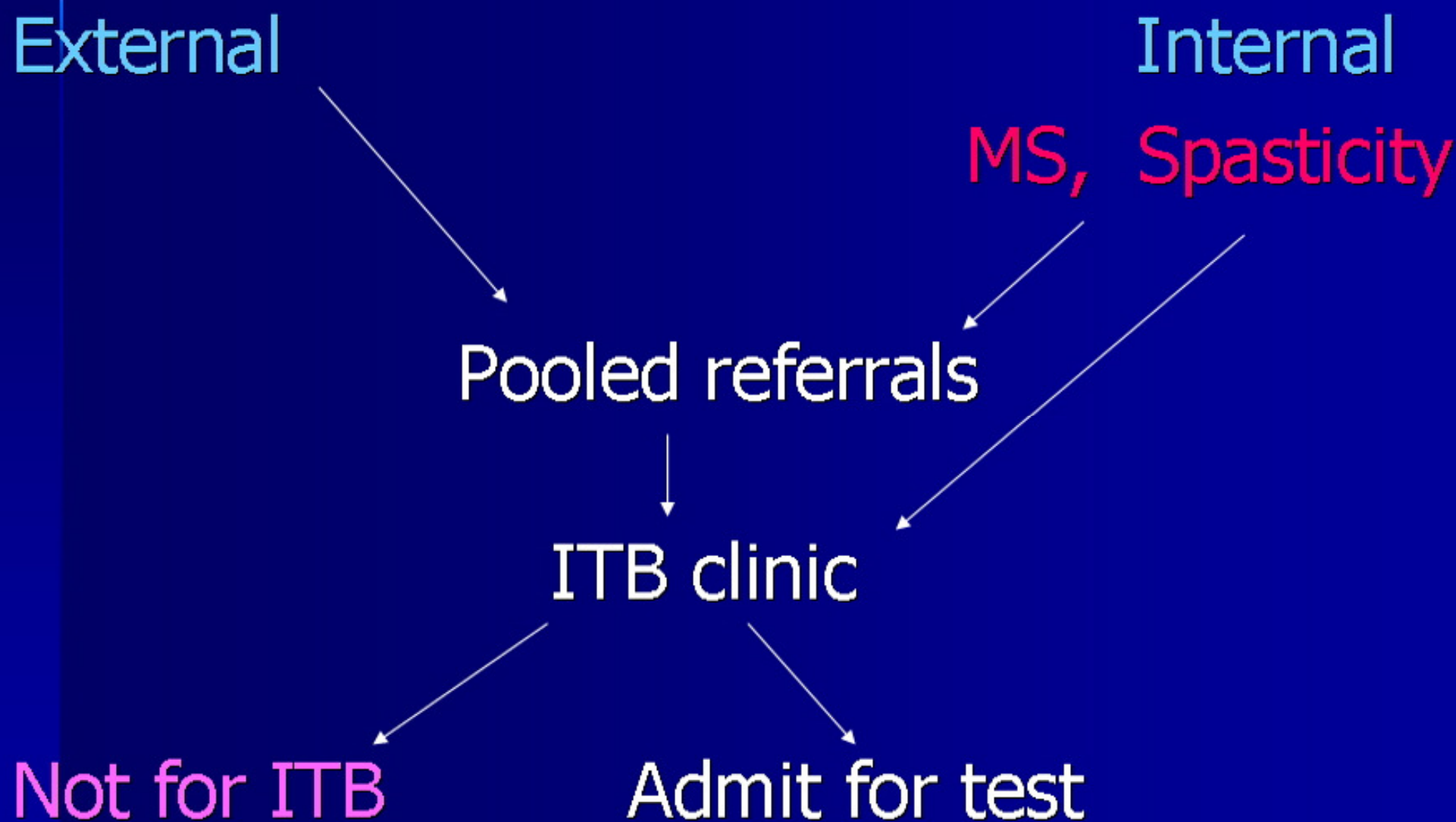
Early (what is early)

- Before irreversible changes set in
- Paediatric group
- Preventative
- Easy to provide therapy
- ? Aids recovery
- Patient specific

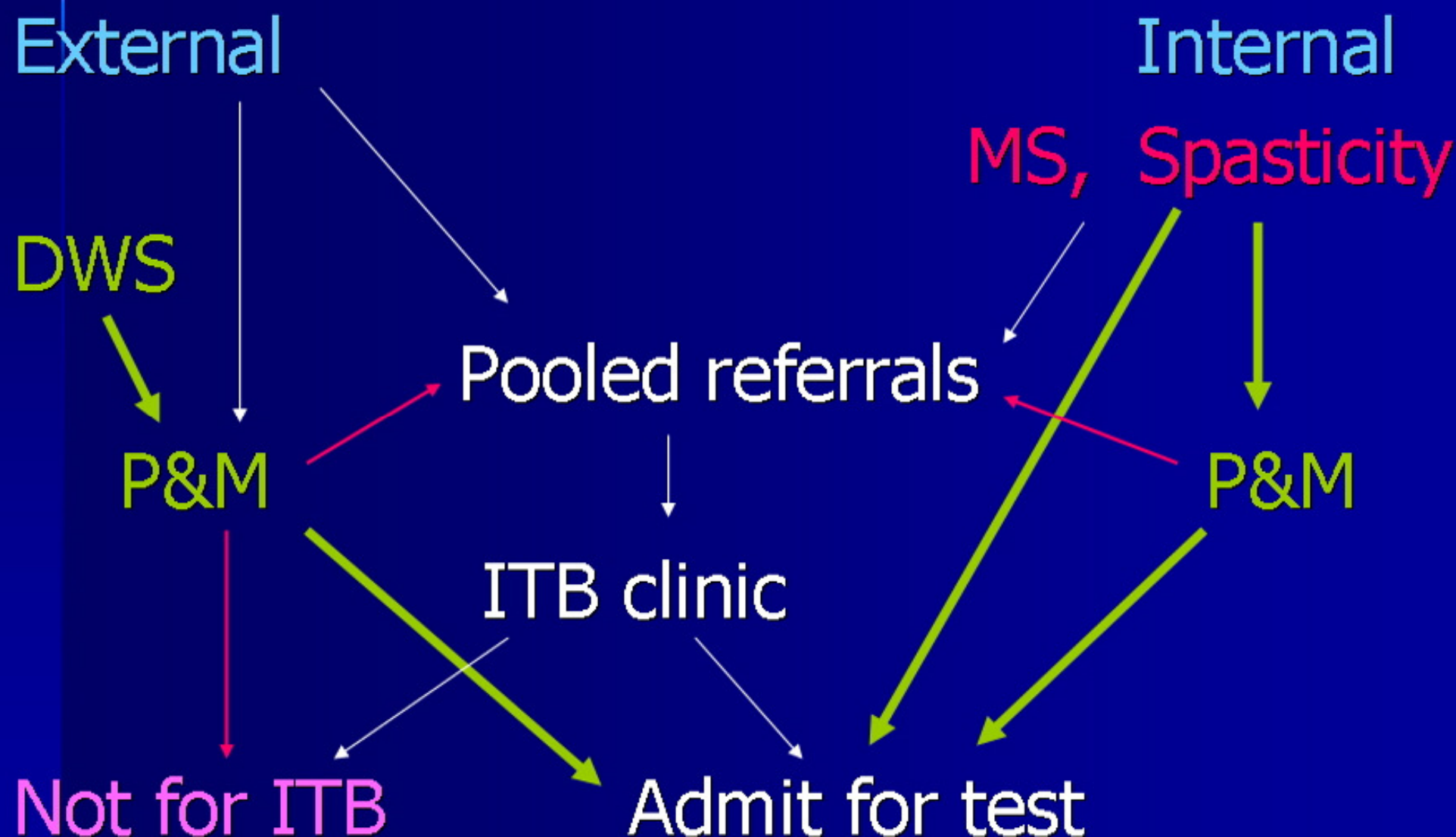
Delayed

- May prevent natural recovery
- Over treatment- too flaccid
- Acute stage is not the best time to decide on invasive treatment

Referral pathways



Referral pathways



Pathway influenced by;

- Hub and spoke collaboration
- Regional P&M Education and Training
 - District wheelchair services
 - Common group of Rehabilitation Engineers
- Identify patients requiring further specialist interventions

Patient selection and goals

- Indications
- Absolute and relative contraindications
- Clear realistic attainable goals
- Patient education
 - Possible undesirable outcomes
 - Few in the P&M setting

Process & patient journey

- Follow established protocol if ITB Test is positive
- Review clinic, carers, Consultant. & SpN
- Review goals, expectations, risks and benefits
- Patient and carer education
- Refer to dedicated neurosurgeon
- Funding agreed
- Implant
- Dose titration and lifelong follow up

ITB pump and programmer



LT



Process & patient journey

- Protocols constantly reviewed locally and regionally
- Parallel process for P&M services
- Timely interventions
- Some intermixing of expertise from;
 - ITB, spasticity and P&M services
- Aiming for more integration

Goals of ITB treatment

- Cease / control spasms
- Improve seating comfort
- Improve gait / aid mobility
- Improve ease of care including dressing
- Improve maintaining personal hygiene
- Reduce pain or stiffness
- Reduce risk of pressure sores
- Reduce risk of other complications
- Allow withdrawal of oral anti-spasticity drugs

AA18310 Y/Y 10/07.02



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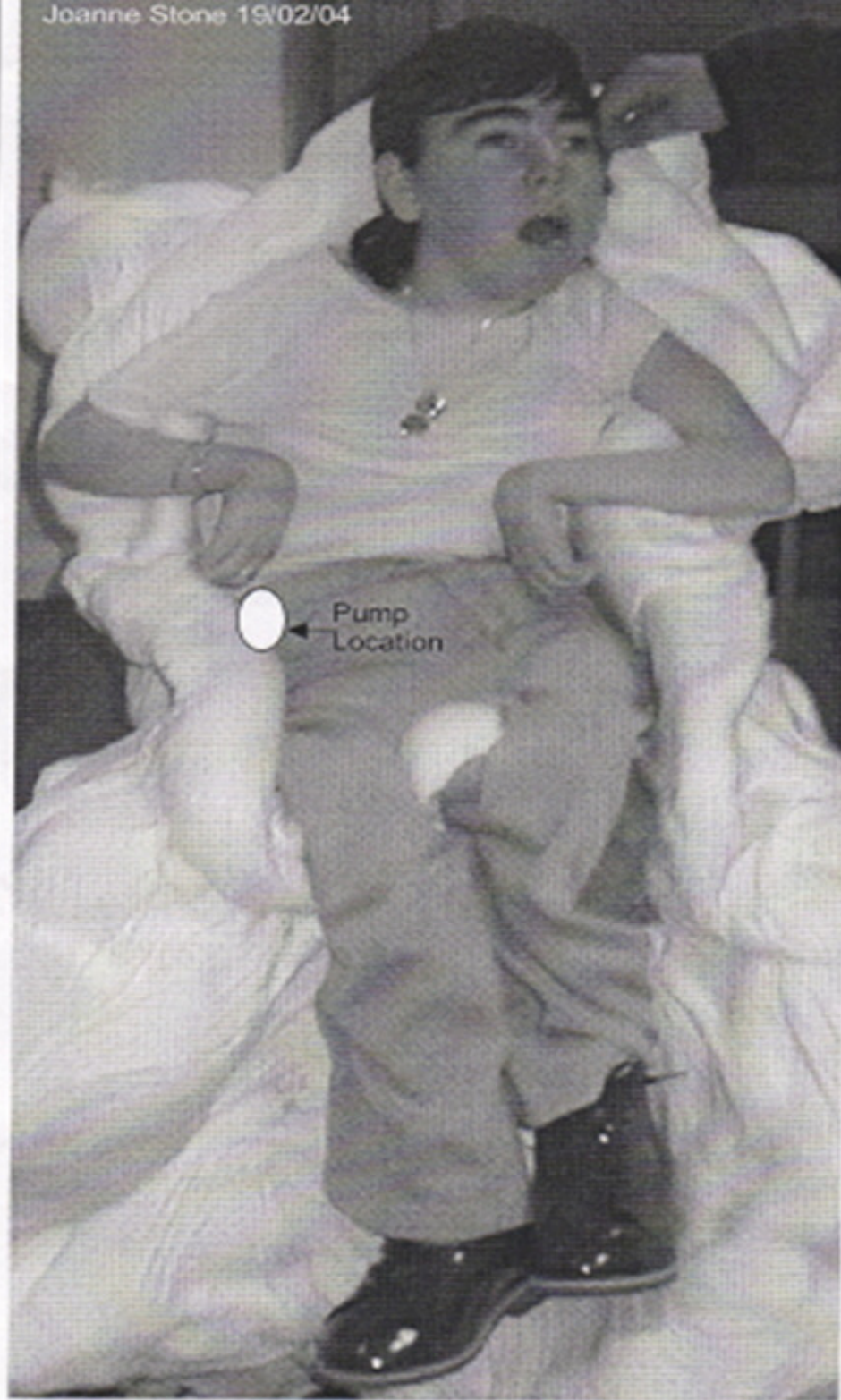


AA18310M - 18.7.02 - N/N



AA18310N - 18.7.02 - N/N











Adverse events

- Surgical and anaesthetic complications
- Over dosage
 - Human error
 - No antidote (? Suxamethonium)
 - Spontaneous recovery with life support
- Under dosage
 - More serious, can be fatal
 - Delivery failure or dosing error
 - Emergency attention needed
- Chest infections and intra abdominal sepsis
- Pump extrusion



Responsibility of service

- A 24 hour emergency on call system in place to deal with any adverse event.
- Unexpected symptoms thoroughly investigated immediately
- Oral drugs in high doses used as an emergency measure whilst being investigated if under dose is suspected

Summary of results

- Referral patterns

Neuro rehabilitation	52%
Neuro / Orthopaedic	26%
GP referrals	8%
Others	14%

- 98% of referrals had P&M issues
- 45% were suitable for ITB treatment
- Almost all had satisfactory outcomes

Summary of results

- Easier to manage care
- Easier to manage posture
 - Definitive treatment possible and sustainable
 - Not hitting a brick wall all the time
 - Can downgrade seating system
- Improved comfort
- Improved alertness and well being
- Less pressure sores
- ? Less interventions (being investigated)
- Improved QoL (being investigated)



Conclusion

- The impact of intrathecal Baclofen and Phenol on P&M management has been very strikingly positive
- P&M, Spasticity and ITB services can be integrated well
- Use these modes of treatment early for maximum benefit
- They are very likely to improve QoL and be cost effective

Thank you very much