

Botulinum toxin in post stroke spasticity- treatment in early stage

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Spasticity can contribute to poor recovery of upper and lower limb function after stroke and therefore become a major cause of morbidity and disability. Spasticity management is essential for many patients during the subacute (early stage) and chronic phase of stroke. Conservative measures (physiotherapy, stretching, positioning, use of orthoses) are often inadequate to control spasticity, whereas oral antispastic drugs may provide poor results as well as side effects (dizziness, sleepiness, etc) leading to their discontinuation. Key role to post stroke spasticity treatment has the use of intramuscular botulinum toxin, which is licenced for both upper and lower limb spasticity. The following presentation debates on the time and setting of the onset of therapy with neurotoxin after stroke. Although there are sufficient guidelines about the selection and dosage of the administered toxin, the criteria of patient selection and especially the suggested onset of therapy remain unclear. Moreover, the indications and dosages for post-stroke spasticity management differ in relation to the different botulinum toxin types. A systematic review of bibliography reveals the heterogeneity of medical practice concerning the beginning of botulinum injection as well as the frequency, dosage, and muscle selection for the treatment.