BOTULINUM TOXIN TREATMENT FOR SPASTICITY: CLINICAL EXPERIENCE WITH CHANGING FROM ABOBOTULINUMTOXINA (DYSPORT) TO INCOBOTULINUMTOXINA (XEOMIN)

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Introduction: Our Posture and Movement Clinic provides botulinum toxin treatment for outpatients with spasticity of various aetiologies. In 2013, we changed formulation from abobotulinumtoxinA (Dysport) to incobotulinumtoxinA (Xeomin). Here, we review treatment outcomes with both formulations.
Methods: Data captured included treatment intervals, dosing, muscles injected, treatment goals, goal attainment (*yes*, *partial* or *no*) and occurrence of adverse reactions. Dosing was adjusted based on previous treatment outcomes and clinical need. However, the abobotulinumtoxinA (500U/2.5mL saline) to incobotulinumtoxinA (100U/2.0mL saline) unit ratio was generally 4:1. Electrostimulation guidance was used routinely.
Results: From September 2012 to February 2013, we treated 36 consecutive spasticity outpatients with abobotulinumtoxinA. Of these, 23 patients (aged 26-86 years, 14 female) required re-treatment and were switched to incobotulinumtoxinA. Most patients had spasticity due to stroke (n=16) or multiple sclerosis (n=4). The most frequent treatment goal was to support the use of ankle-foot or wrist-hand orthoses (n=14). All patients at least partially achieved their treatment goals after their last abobotulinumtoxinA treatment (mean [standard deviation; SD] dose 819.3U [411.4U]; range 150-1500U). The first incobotulinumtoxinA treatment was given 8-38 weeks (mean [SD] 21.9 [7.5] weeks) after abobotulinumtoxinA treatment, with a mean (SD) dose of 196.1U (106.1) (range 35-400U). All patients at least partially achieved their treatment goals without adverse reactions. IncobotulinumtoxinA re-treatment was required by 16/23 patients after a mean (SD) of 24.3 (12.4) weeks (range 12-56 weeks).
Conclusions: In our clinic, abobotulinumtoxinA and incobotulinumtoxinA, given at a ~4:1 unit ratio, were similarly effective and well tolerated for the treatment of spasticity.