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## To evaluate the effectiveness of BOTOX (Botulinum Toxin Type A) in the treatment of focal spasticity among geriatric stroke survivors

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Relevance: Spasticity is a common challenge encountered post stroke by survivors, families as well as therapists, nurses and other health care professionals get involved in treatment of stroke survivors. Dependent on the severity, spasticity can lead to serious debilitating conditions such as pain, stiffness, rigidity and inability to participate in essential activities of daily living as well as in therapy. Spasticity as well as muscular overactivity frequently has profound impact on lives of stroke survivors. Although conventional Physical Medicine and Rehabilitation offers interventions for spasticity management there is a continuous search into new ways to combat spasticity more effectively and to allow for greater recovery and independence of stroke survivors. Stroke is a leading cause for transfers into Long Term Care Homes. Geriatric stroke survivors are often confronted with greater severities of post stroke complications including spasticity and therefore need a proper approach geared towards that population.

**Methods:** Review of evidence on BOTOX (Botulinum Toxin Type A) clinical application, safety and effectiveness was conducted. Spasticity program combining evidence based guidelines for stroke rehabilitation and use of BOTOX was developed in Long Term Care Home. Twelve geriatric stroke survivors and one client with diagnosis of cerebral palsy were assessed by Physiatrist. Client, families and interdisciplinary team was involved in active collaboration. Based on comprehensive assessment four stroke survivors received BOTOX injections in addition to conventional therapy received from a Physiotherapist and Rehabilitation staff. All clients were also encouraged to participate in offered

activation therapy that combines movement, self-expression and discussions. The 4 Point Disability Assessment Scale was used to assess effectiveness of BOTOX in conjunction with traditional physiotherapy treatment.

**Results:** The spasticity program combining conventional rehabilitation practices and use of BOTOX demonstrated marked improvements in ROM, decrease in pain and rigidity, improved comfort/positioning, ability to participate in physiotherapy and basic activities of daily living. The results were measured with use of the 4 Point Disability Assessment Scale (DAS).

**Findings:** Geriatric stroke survivors with focal spasticity were able to regain greater mobility and functionality post participation in BOTOX treatment in conjunction with traditional physiotherapy. Spasticity clinics and or access to Physiatrist could effectively alleviate disabling impact of this post stroke condition on Geriatric stroke survivors.

**Discussion/Conclusion:** While stroke survivor enters acute care and spends weeks in rehabilitation setting large percentage of geriatric stroke survivors spend months, years or decades within Long Term Care. At such there is a need to heightened sector awareness for specialty services that should be available to geriatric stroke survivors.

## Speaker Biography

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