Further reading


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P042-e Economic modeling of the use of botulinum toxin A in a homogenous patient population based on real-life clinical practice: ULIS-II (The Upper Limb International Spasticity Study); the French perspective

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Objective To evaluate the real life practice of the use of botulinum toxin A (BoNT-A) in post-stroke upper limb spasticity and the economic consequences of fair comparisons of the dosing between either abobotulinumtoxinA (Dysport®) or onabotulinumtoxinA (Botox®) or incobotulinumtoxinA (Xeomin®) in France.

Methods ULIS-II is an 18-month, observational, prospective study, conducted in 84 centers in 22 countries. France was the major contributor with 14 centers. Of 456 adults with post-stroke upper limb spasticity presenting for treatment with BoNT-A, 193 patients with the same injected limb segments “upper arm and lower arm” were analyzed for the dose injected for one cycle of BoNT-A. Treatment and concomitant interventions were in accordance with routine local clinical practice.

Sample size, mean (SD)/median dose (min–max) in Unit for each BoNT-A and annual cost per patient was calculated using the median dose administered and considering no vial sharing. An injection interval of 12 weeks was simulated for all BoNT-A treatments.

Results For the abobotulinumtoxinA group (n = 141) a mean (SD)/median (min–max) dose of 665 U (280)/500 U (150–1500) was injected, for the onabotulinumtoxinA group (n = 37) a mean (SD)/median dose of 183 U (99)/200 U (50–500) was injected and for incobotulinumtoxinA (n = 15), a mean (SD)/median dose of 235 U (108)/200 U (100–440) was injected. Based on a BoNT-A injection interval of 12 weeks, the annual cost per patient in France would be 1123 € for abobotulinumtoxinA, 1784 € for onabotulinumtoxinA and 1784 € for incobotulinumtoxinA (based on median doses).

Conclusions Considering the real life practice of BoNT-A injections and the comparison of treatment groups treated for the same limb segment, this analysis suggests that the use of abobotulinumtoxinA would result potentially in a reduction in the healthcare cost for the treatment of spasticity (–37%) and that more patients could be treated with abobotulinumtoxinA with a given budget.

Keywords Health-economic study; Spasticity; Btxoxx; Dysport; Botox; Xeomin

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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P043-e Tibialis posterior transfer in peripheral palsy of foot elevators: Apropos of 15 cases

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Aim To evaluate efficiency of the tibialis posterior muscle transfer in patients with peripheral palsy of foot elevators, and to determine occurrence of adverse effects on the static foot posture.

Patients and methods Fifteen patients were evaluated retrospectively at a median 90 months follow-up (8–219). Eight patients had truncal paralysis (femoral fracture, knee sprain, total hip arthroplasty), 5 radicular (spinal trauma, disk hernia, lumbar surgery) and 2 neuropathic paralysis. The tibialis posterior was transferred on the tibialis anterior in 9 cases, on the second cuneiform twice, three times on the peroneus brevis and once on the navicular. None was associated to a Lambrinudi hind foot osteotomy. Collected data concerned (a) function: orthotics need, walking distance, and a satisfaction score (4) (b) deficiencies: amplitude of active dorsiflexion, dorsiflexion strength and plantar footprint and (c) radiographic analysis, Dijan angle and hindfoot alignment.

Results The eleven patients wearing orthotics were completely weaned from it. Following the procedure, only one patient had a limited walking distance (50–200 m). The mean satisfaction score was 2/4 (±3/4). Maximum dorsiflexion meanly reached the neutral position (–20 to 15); the arc of movement averaged 11° (0–36) during analytic testing and 4,5° (0–10) when walking. Dorsiflexion strength averaged 2,75 (0–5). Eleven patients had a normal plantar footprint and 4 a cavus foot. Dijan angle averaged 122 (111–130) and the hindfoot alignment angle was 5,3 valgus. The Dijan angle was the only angle to be significantly different from the contralateral non operated foot (P = 0,015), with a trend to cavus foot.

Discussion Tibialis posterior muscle is effective in foot-drop due to peripheral paralysis. A flat valgus foot does not appear to be a long-term complication of this procedure. On the contrary, we found a trend to cavus foot.

Keywords Tibialis posterior transfer; Peripheral palsy

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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P044-e Botulism like syndrome about one case

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The therapeutic use of botulinum toxin A in the treatment of spasticity is well known. It inhibits the release of acetylcholine at the neuromuscular junction and causing a chemical denervation and paralysis of the muscle [1]. Its effects are usually locoregional nevertheless rare systemic side effects are described in the literature. We report a case of botulism-like syndrome.