Spasticity

Anti-spasm drugs are well worth considering in the treatment of MND. However, it must be stressed that careful assessment of the effect of spasm medication is essential. Coordination with a physiotherapist is essential to determine the relative role of medication and regular physiotherapy e.g. passive stretching of limbs. Advice should be sought from the physiotherapist regarding optimal positioning in bed and chair. (MND Australia 2014).

MND Australia 2014

Drug treatment for spasticity:

- baclofen, starting with 5-10mg bd. Gradually increase dose as required. It is seldom worth exceeding a total daily dose of 75mg. Possible side effects include drowsiness, increased muscle weakness and rash.
- benzodiazepines e.g. diazepam, clonazepam. Patients seldom tolerate more than small doses during the day because of unwanted drowsiness. More helpful at night
- gabapentin (Neurontin) - 300mgs tds (renal function test)
- dantrolene sodium - 25mgs daily, increase slowly to 400mg per day (liver function test)

Note: Dosage of muscle relaxant should be carefully adjusted. The patient may experience increased weakness and decreased mobility.

Miller and others 2009b

What interventions reduce spasticity?

- Treating spasticity might improve gait and relieve painful spasms. Moderate exercise led to a small decline in the Ashworth Spasticity Scale over 3 months, compared to a worsening with no exercise (p = 0.005) (Class III).
- Vitamin E 5,000 mg daily plus riluzole had no beneficial effect on spasticity as a secondary outcome measure (Class III).

Conclusion
- Evidence is insufficient to recommend exercise or medication for treating spasticity in ALS (Class III).

Recommendation
- There are insufficient data to support or refute exercise or medication for treating spasticity in ALS (Level U).

Clinical context
- In multiple sclerosis and cerebral palsy, benzodiazepam, baclofen, dantrolene, and tizanidine are effective in reducing spasticity-related symptoms.