Botulinum toxin type A: experience with 51 patients of a neurology department

DI-064

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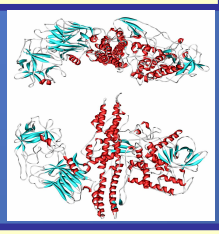
BACKGROUND

Clostridium botulinum toxin type A (Botox®), a neurotoxin complex, inhibits the release of acetylcholine at the presynaptic membrane on cholinergic neurons.
Because of the variability in the literature regarding to treatment duration and adverse effects of botulinum toxin, we plan to review the results of the Neurology Department of our hospital



OBJECTIVE

To determine the efficacy and safety of Botox® in the patients treated in the Neurology Department of our hospital, and to compare the results with those published in the product information (PI) provided by the pharmaceutical company.

MATERIALS AND METHODS

A retrospective observational analysis of all neurological patients treated with Botox® for 4 years.
We review the medical records of the Hospital and Primary Care.
We evaluated doses, duration of effect and adverse reactions (AR).

RESULTS

A total of 51 patients were treated with Botox®.

In all cases, the treatment regimen and doses were as recommended in the PI

The duration of the effect globally was 10 weeks (two weeks less than what appears on the PI), with large variability between patients.

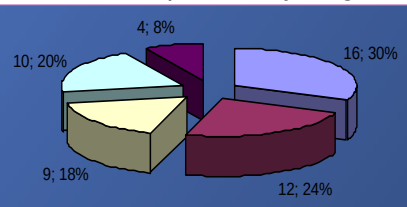
27 patients received 3 doses or more. In 44.4% of them, there was a decrease of efficiency requiring an increase in the dose or the discontinuation of the therapy.

Botox® wasn't effective in 8 patients (15.7%).

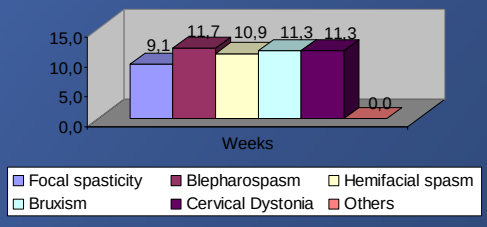
Regarding to AR, appeared in 18 patients. 11.8% of the patients had to discontinue treatment due to AR, which differs significantly from the 3.8% showed in the PI.

The most frequently AR were drooping eyelids (19 cases), followed by fever and pain (4 patients in each case), diplopia and eye infection (2 patients in each case).

Distribution of patients by diagnosis



Average duration of response



CONCLUSIONS

1.- The results obtained in our center differ from data reported in the PI.
2.- Using the drug in the same conditions as those shown in the PI sheet, we have obtained lower duration of the response, more incidences of AR and higher percentage of patients to discontinue treatment by AR.

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No conflict of interest