Intratekal baklofenbehandling – erfarenheter i Göteborg

Kate Himmelmann

CPUP-dagarna 2022

Vårdkedja baklofenpump

Spasticitets-mottagning → Regionhab 1-2 dagar → Spasticitets-möte → Baklofen test → Pump

En första bedömning efter remiss från lokalhab

Fördjupad utredning

målsättning

Multidisciplinärt team

Daglig bedömning inneliggande 3-5 dagar

Dosjustering och påfyllning i öppenvård

varje-var 6:e månad

Fördjupad uppföljning

Efter minst ett år

Diagnoser

- Majoriteten har cerebral pares, dyskinetisk eller bilateral spastisk CP
- 2 glutarsyreuri, 1 drunkningsolycka, 2 mitokondriell sjukdom, 2 hereditär spastisk parapares, 2 ALD, 1 metylmalonsyreuri
- Åldrar 2-25 år
- Ett 80-tal barn/ungdomar/unga vuxna har passerat sedan starten 2000

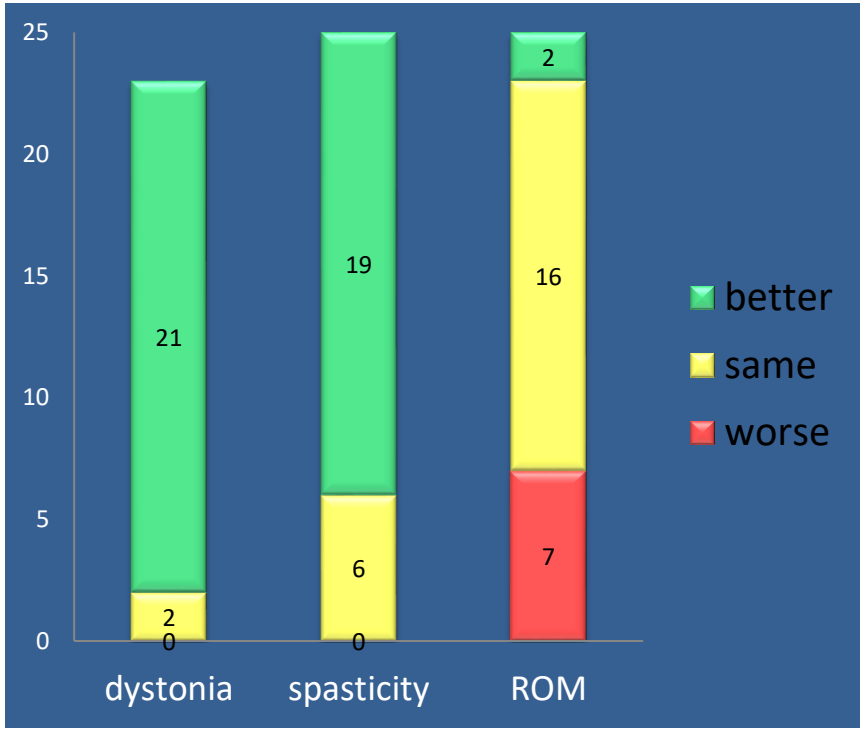
Baklofentest

med inneliggande kateter och extern pump

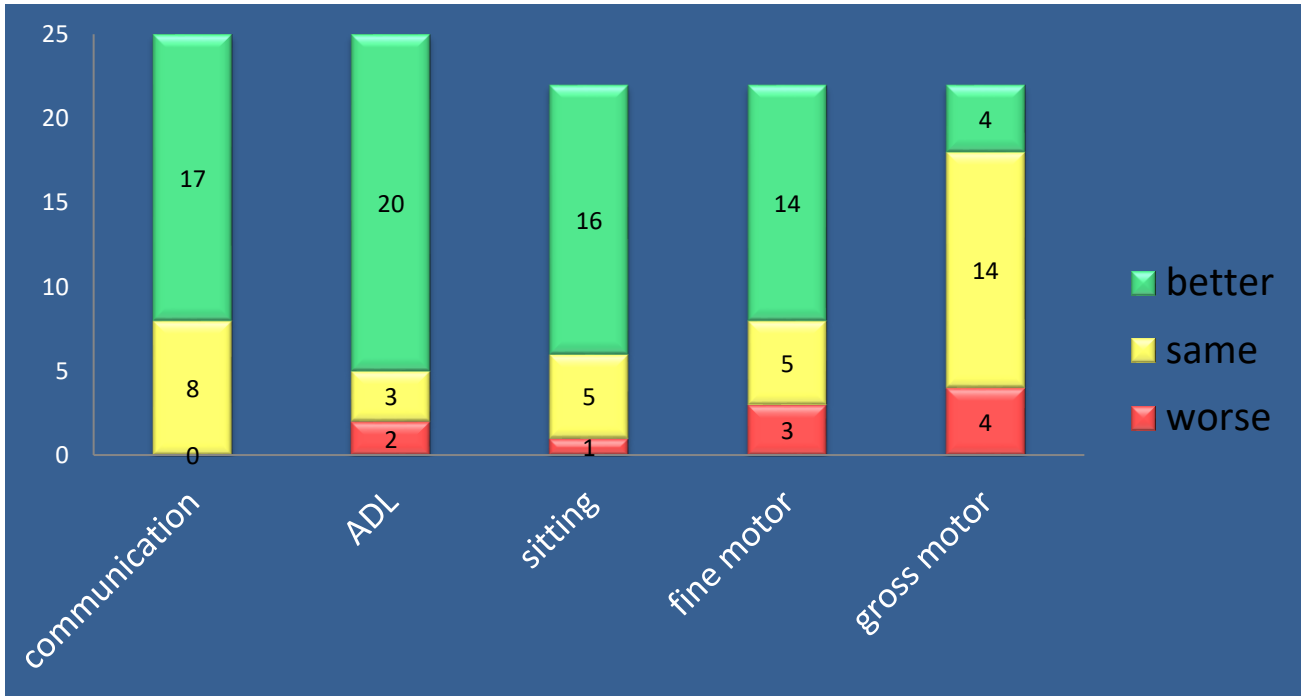
- Tunnelerad intradural kateter inlägges i narkos
- Extern pump CADD-Solis med baklofen 20 µg/ml
- Kontinuerlig infusion i stigande dos
- Startdos 2-4 µg/tim
- Dosökning efter bedömning av tonus 1-2 ggr/d
- Övervakning av medvetande, HR, resp, bltr
- Sjukgymnastbedömning dagligen

Resultat

25 barn och ungdomar med DCP
Minst 1 år efter ITB



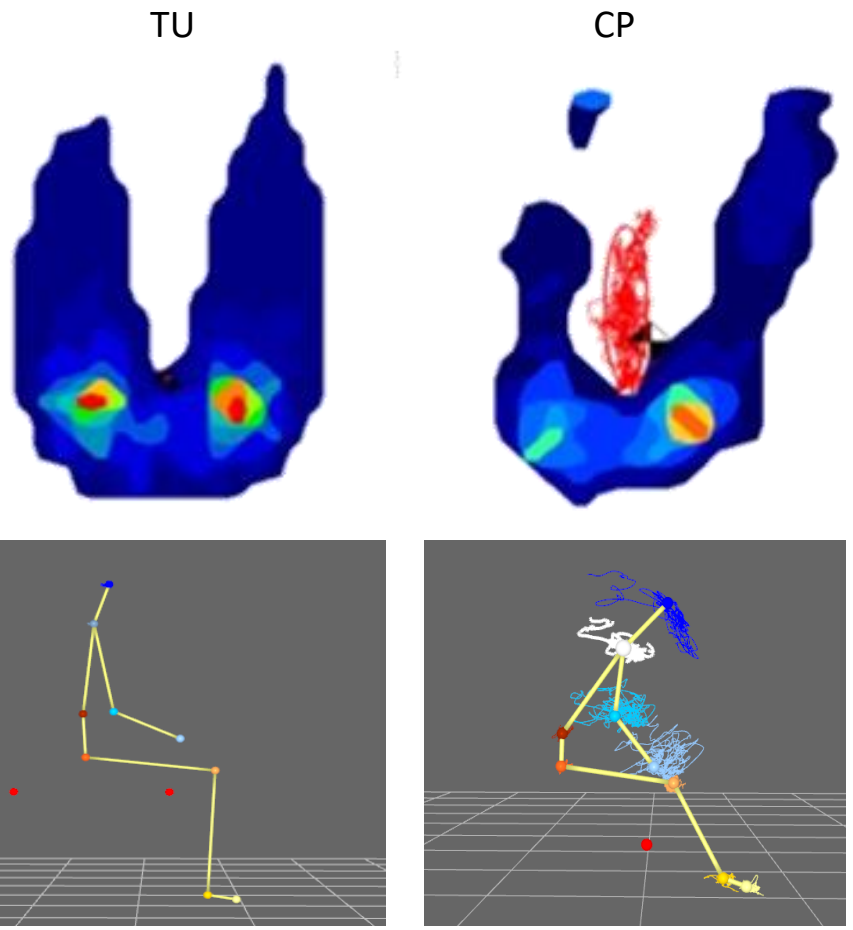
Resultat


25
20
15
10
5
0
17
8
0
20
3
2
16
5
1
14
5
3
4
14
4
better
same
worse
communication
ADL
sitting
fine motor
gross motor

Sittande vid dyskinetisk CP

Tryckmatta
Centre of Pressure
(CoP)

2D rörelseanalys

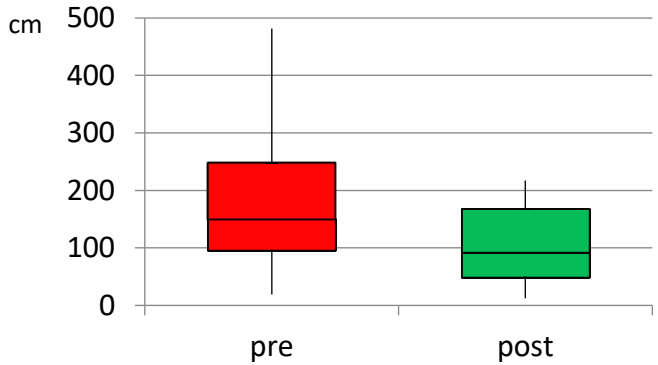


Gait & Posture
Volume 96, July 2022, Pages 210-215

Eek MN, Blomkvist A, Olsson K, Lindh K, Himmelmann K. Objective measurement of sitting - Application in children with cerebral palsy. Gait Posture. 2022 Jul;96:210-215.

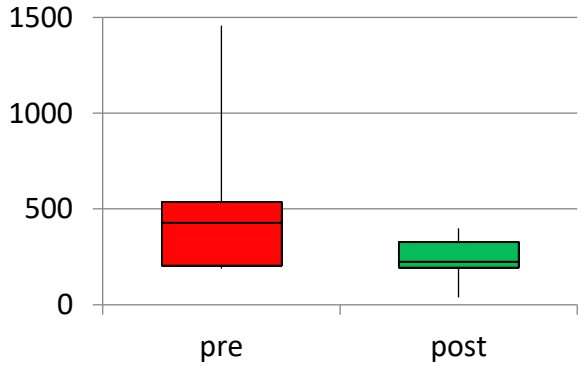
Resultat pre – post ITB

CoP - distance



Pre – post ITB
p = 0.013

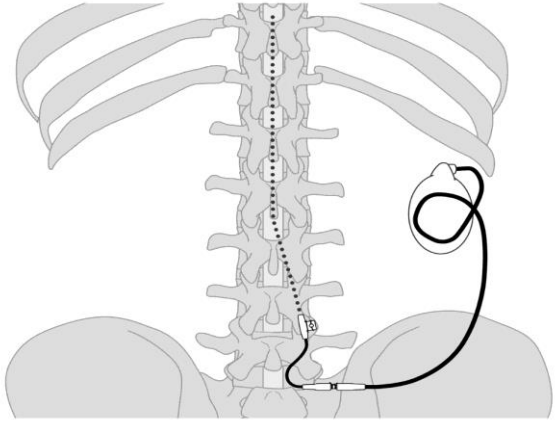
Head movements

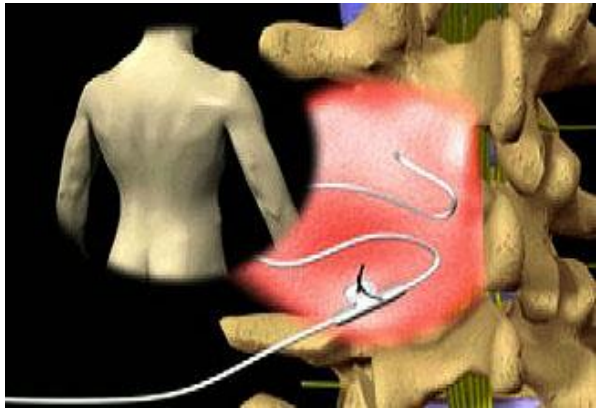


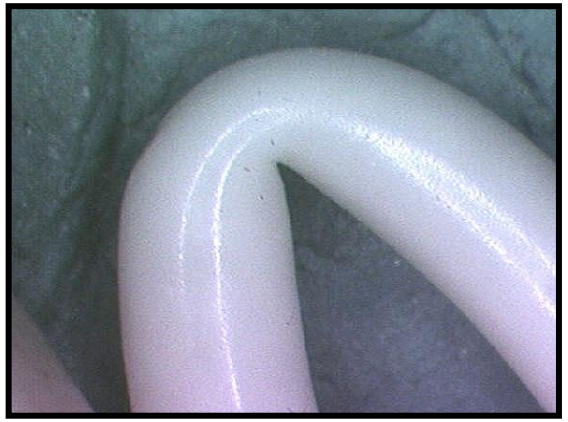
Pre – post ITB
p = 0.020

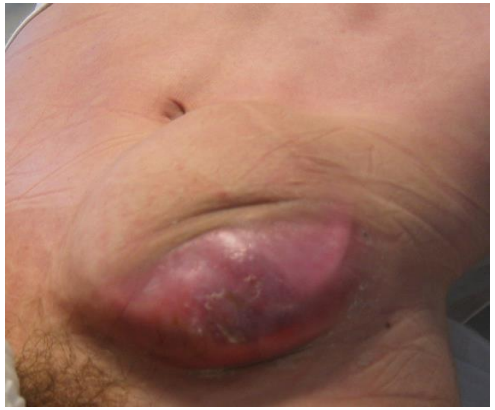
Baklofenpump – problem som uppstått

- Kateterproblem (dislokation, glapp/knick, avbrott, accidentell avskärning vid skoliosoperation…)
- Infektion enstaka (i pumpfickan, infektion efter skoliosoperation)
- Förstoppning, urinretention, dosberoende



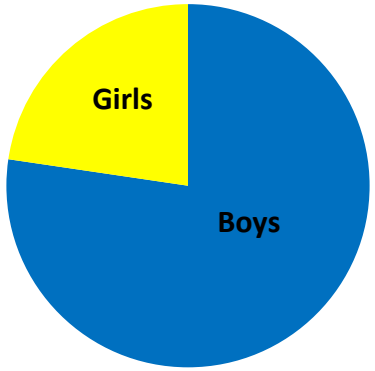




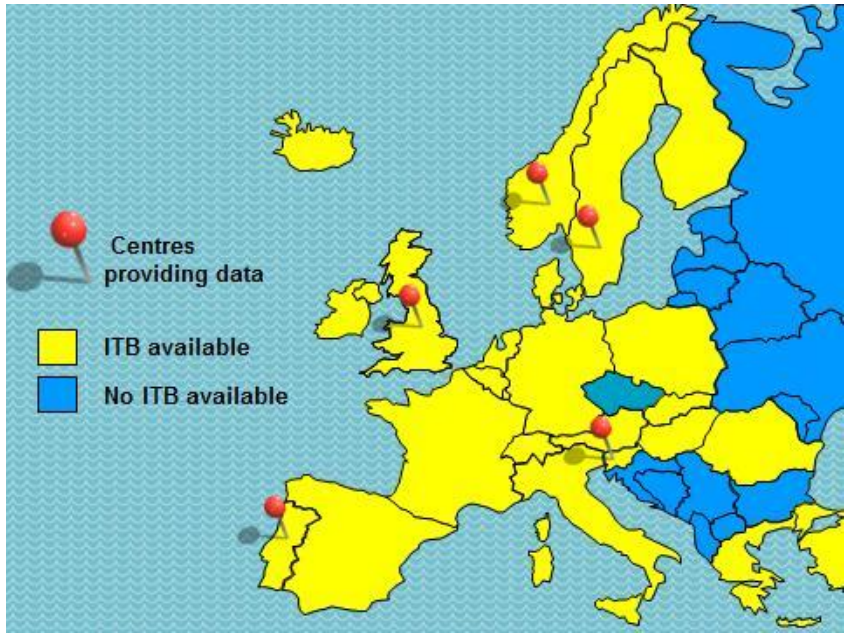


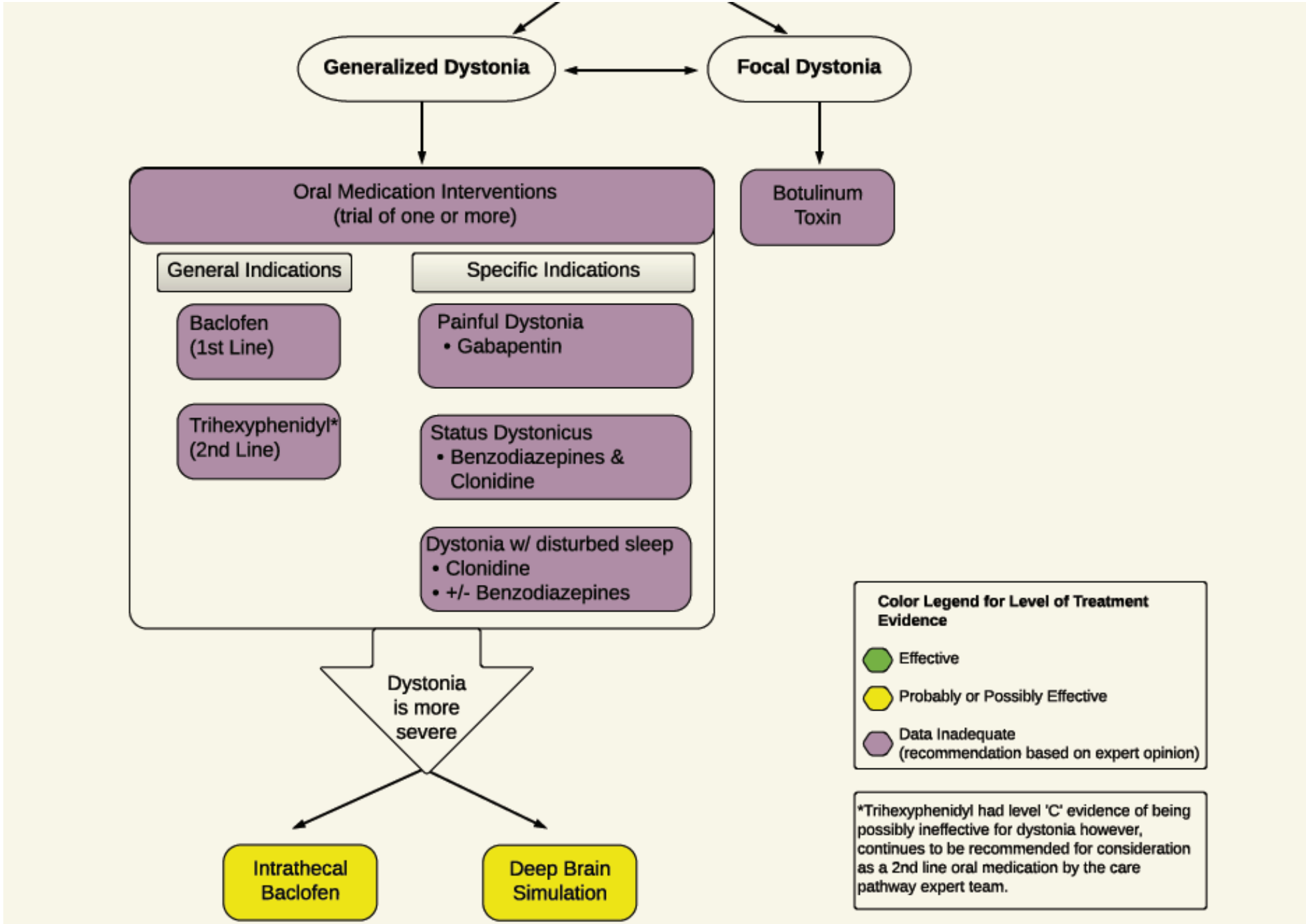
Access to Intrathecal Baclofen Treatment for Children with Cerebral Palsy in European Countries: An SCPE Survey Reveals Important Differences

Kate Himmelmann[1,2] Magnus Påhlman[2] Guro L. Andersen[3] Torstein Vik[4] Daniel Virella[5]
Karen Horridge[6,7] David Neubauer[8] Catherine Arnaud[9,10] Gija Rackauskaite[11] Javier de la Cruz[12]



0,4-4%

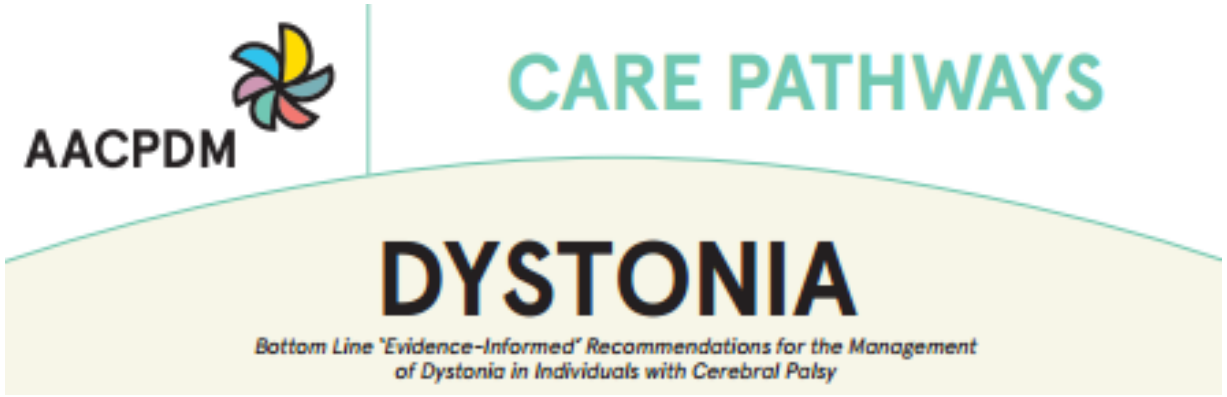



Generalized Dystonia
Focal Dystonia
Oral Medication Interventions
(trial of one or more)
Botulinum
Toxin
General Indications
Specific Indications
Baclofen
(1st Line)
Painful Dystonia
• Gabapentin
Trihexyphenidyl*
(2nd Line)
Status Dystonicus
• Benzodiazepines &
Clonidine
Dystonia w/ disturbed sleep
• Clonidine
• +/- Benzodiazepines
Dystonia
is more
severe
Intrathecal
Baclofen
Deep Brain
Simulation
Color Legend for Level of Treatment Evidence
Effective
Probably or Possibly Effective
Data Inadequate
(recommendation based on expert opinion)
*Trihexyphenidyl had level 'C' evidence of being possibly ineffective for dystonia however, continues to be recommended for consideration as a 2nd line oral medication by the care pathway expert team.

DEVELOPMENTAL MEDICINE & CHILD NEUROLOGY AACPDM CARE PATHWAY

Pharmacological and neurosurgical interventions for managing dystonia in cerebral palsy: a systematic review

DARCY FEHLINGS[1] | LEAH BROWN[1] | ADRIENNE HARVEY[2] | KATE HIMMELMANN[3] | JEAN-PIERRE LIN[4] | ALEXANDER MACINTOSH[1] | JONATHAN W MINK[5] | ELEGAST MONBALIU[6] | JAMES RICE[7] | JESSICA SILVER[1] | LAUREN SWITZER[1] | ILANA WALTERS[1]



http://www.aacpdm.org/resources/care-pathways/dystonia#

Clinical practice guideline for management of individuals with cerebral palsy and dystonia using pharmacological and neurosurgical interventions: 2021 update

Darcy Fehlings[1], Brenda Agnew, Hortensia Gimeno[2], Adrienne Harvey[3], Kate Himmelmann[4], Jean-Pierre Lin[2], Jonathan W Mink[5], Elegast Monbaliu[6], James Rice[7], Emma Bohn[1], Yngve Falck-Ytter[8]

Barry-Albright Dystonia Scale

för secondary dystonia

- Dystonia was evaluated 0-4, from video recording
  - Eyes
  - Mouth
  - Neck
  - Trunk
  - Arms
  - Legs

0=no dystonia

1=<10% of the time and not affecting activity

2= <50% of the time and not affecting activity

3= >50% of the time and/or affecting activity

4= >50% of the time and/or preventing activity

- Total dystonia score is calculated as the sum of the partial scores (0-24)

DMCN Developmental Medicine & Child Neurology

Original Article | Free Access

Test–retest reliability of the Dyskinesia Impairment Scale: measuring dystonia and choreoathetosis in dyskinetic cerebral palsy

Inti Vanmechelen, Bernard Dan, Hilde Feys, Elegast Monbaliu,

Strukturerade frågor om inverkan av dyskinesi på vardagen

Dyskinetic Cerebral Palsy – Functional Impact Scale (D-FIS)

Kirsty Stewart, Jenny Lewis, Natasha Bear, Margaret Wallen, Adrienne Harvey

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The Dyskinetic Cerebral Palsy Functional Impact Scale: development and validation of a new tool

Kirsty Stewart, Jennifer Lewis, Margaret Wallen, Natasha Bear, Adrienne Harvey,

First published: 19 June 2021 | https://doi.org/10.1111/dmcn.14960