

Patients living with spasticity want long-lasting symptom relief

International survey presented at TOXINS 2019 reveals hidden burden of spasticity¹

Paris (France), 18 January 2019 – Ipsen (Euronext: IPN; ADR: IPSEY) today presents at TOXINS, results from an international survey revealing the hidden burden of spasticity and the need for longer periods of symptomatic relief¹. Affecting 12 million people around the world², spasticity is one of the most common and disabling conditions associated with neurological diseases in adults (stroke, traumatic brain, etc.) and characterised by an abnormal increase in muscle tone or stiffness³. A survey of 615 respondents from 6 participating countries confirms that spasticity has a profound impact on ability to perform everyday tasks, including the ability to carry items, walk, and drive and reduces independence overall.

The survey¹ also found that spasticity affects the ability to work (22% of patients surveyed did not work) and impacts sex life as well as self-esteem. For 94% of patients surveyed, satisfaction with life improves with botulinum toxin type A treatment - injection of BoNT-A is one of the reference treatments for spasticity that acts by blocking neuromuscular transmission⁴.

Alexandre Lebeaut, M.D., Executive Vice President, Research & Development and Chief Scientific Officer, Ipsen stated: *“Spasticity is not always the first symptom that is managed in adult or children central nervous system insult, but it has a long term and chronic profound impact on fundamental aspects of patients and caregivers’ daily lives. The hallmark of good patient care is providing access to effective treatments that can control symptoms, and improve quality of life”.*

The survey¹, undertaken in association with Carenity, a social media platform for people living with chronic diseases, also exposes the practical issues related to spasticity and its treatment. Most patients (78%) have to take time off work because of their condition. Treatment also represents a financial burden with average out-of-pocket expenses of 150 Euros per injection. 9 out of 10 respondents want long periods without symptoms, and expect it would have a positive impact on their quality of life. An interim analysis of ULIS-III⁵ – a phase IV study on attainment of person-centered goals after BoNT-A treatment for adult upper limb spasticity – reporting on treatment intervals is presented at TOXINS 2019.

Jorge Jacinto, PM&R Senior Consultant, Head of Department of Adult Neuro-rehabilitation, Centro de Medicina de Reabilitação de Alcoitão, Portugal, concluded: *“The Carenity survey as well as observational studies like ULIS-III⁶ provide priceless patients insights to clinicians. It will allow us to not only consider the burden of spasticity in its entirety, but also rethink the treatment paradigm to improve patients’ and caregivers’ quality of life.”*

Ipsen will be presenting the results of this survey as part of 50 posters submitted to TOXINS 2019 in Copenhagen, which include:

- › Burden of spasticity among patients and caregivers: results of a multinational survey; Patel et al.
- › The patients' perspective on botulinum neurotoxin A treatment: results of a multinational survey for patients with spasticity; Bahroo et al.
- › Fewer injections of botulinum toxin type A for treatment of spasticity are perceived as beneficial by both patients and caregivers; Wein et al.
- › Time to retreatment with botulinum toxin A in upper limb spasticity management: upper limb international spasticity (ULIS)-III study interim analysis; Turner-Stokes et al.

About the survey

Individuals (615 respondents: 69% patients and 31% caregivers) from Western Europe and the USA were asked to complete a survey via the online platform Carecity. Eligible participants were over 18 years old and had (or cared for someone with) spasticity treated with BoNT-A for at least one year. To assess burden of spasticity for patients and caregivers, participants were asked about the impact of spasticity (on ability to work, functioning and quality of life) and of BoNT-A therapy (on their lives and potential benefits of fewer injections).

About spasticity

Spasticity is a condition characterised by velocity-dependent muscle hyperactivity³. Spasticity is usually caused by damage to nerve pathways in the brain or spinal cord that control muscle movement, and may occur in association with cerebral palsy, spinal cord injury, multiple sclerosis, stroke, and brain or head trauma²⁻⁴. Spasticity, is experienced by 34% of stroke survivors within one year after a first stroke⁶⁻⁸. Around 84% of patients with multiple sclerosis live with some form of spasticity².

References:

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3. AAN. Practice guideline update summary: Botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache. (2016). doi:10.1212/WNL.0000000000002560
4. Dystonia.org.uk. Dystonia explained. 1–4 (2014).
5. Turner-Stokes, L. *et al.* Impact of integrated upper limb spasticity management including botulinum toxin A on patient-centred goal attainment: rationale and protocol for an international prospective, longitudinal cohort study (ULIS-III). *Open* **6**, 11157 (2016).
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8. Esquenazi, A. The human and economic burden of poststroke spasticity and muscle overactivity. *J. Clin. Outcomes Manag.* **18**, 34–44 (2011).

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