

e-MS Experts' Summit Season 2020

Abstracts

MS Spasticity management guidelines

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Spasticity is a frequent, multifactorial manifestation of multiple sclerosis (MS), which mostly affects the chronic courses of the disease. Its impact on patient functioning and quality of life is profound. Treatments for spasticity include oral and intrathecal anti-spastic drugs, muscle injections with relaxant agents, physical therapy, electrical and magnetic stimulation and peripheral nerve stimulation, alone or in various combinations (ECTRIMS MS spasticity management guidance).¹

The Italian Consensus on the treatment of spasticity in MS² was produced by a large group of Italian MS experts, working in collaboration with neurophysiologists, experts in the production of guidelines and patients' representatives, all operating under the umbrella of the Italian Neurological Society, the Associazione Italiana Sclerosi Multipla and the European Charcot Foundation. This guideline was developed in accordance with the Grading of Recommendations Assessment Development and Evaluation (GRADE) approach.³ Eleven questions were formulated following the population, intervention, comparator, outcome (PICO) framework. Only controlled studies were included in the analysis.

Despite some consistent limitations, due to the poor methodological quality of most studies, there was consensus on a strong recommendation for the use of nabiximols delta-9-tetrahydrocannabinol (THC) plus cannabidiol (CBD) oromucosal spray for the treatment of spasticity in MS. Also, the use of intrathecal baclofen and intramuscular injections of botulinum toxin were strongly recommended. In contrast, the level of recommendation was weak for oral baclofen, tizanidine, gabapentin, benzodiazepines and transcranial magnetic stimulation.

There is a clear need for new, more extensive, well-designed multicentre clinical trials in this field, with durations that allow the evaluation of the persistence of effect and long-term safety of the interventions.

References

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3. Guyatt GH, Oxman AD, Kunz R, et al. *J Clin Epidemiol* 2011; 64: 395–400.