

Real Patient  
Experiences with  
**INTRATHECAL  
BACLOFEN**

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# A Real Patient Experience with **MULTIPLE SCLEROSIS**

**JOE\*, 57**



## **BEGINNING DIAGNOSIS**

Joe is a 57-year-old male who was diagnosed with Multiple Sclerosis (MS) at age 49. Upon initial diagnosis, Joe started taking oral baclofen and receiving regular botulinum toxin injections.

The diagnosis did not prevent Joe from being ambulatory, so he continued working as a tool and die maker. He noticed some, but limited, benefits from his treatments. However, the MS made him exhausted at the end of each workday and the oral baclofen increased his fatigue immensely. As a result, Joe struggled to perform at his job. Begrudgingly, he contemplated applying for disability benefits, feeling he had no other options.

During this time, at one of his botulinum injection appointments, Joe mentioned the side effects of his treatment and his struggles at work. His doctor told him about ITB as a treatment option, and soon after, Joe underwent an ITB trial. The trial was successful; Joe experienced reduced lower-extremity spasticity without seeing an increase in weakness. Joe and his doctor agreed that ITB was the correct course of treatment.

## **MODIFIED THERAPY RESOLUTION**

After undergoing the implantation of the ITB pump and optimizing his ITB dose, Joe stopped taking oral baclofen. With the new treatment, Joe's spasticity reduced further while his energy and alertness improved. Thanks to ITB therapy, Joe had the ability again to perform his job and meet his responsibilities. Instead of having to rely on disability benefits, Joe continued to work for another 8 years until he reached the age at which he initially planned to retire before his MS diagnosis.

**Talk to your doctor about  
management options for spasticity  
related to multiple sclerosis.**

\*Patient name has been changed to protect their privacy.



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# A Real Patient Experience with a **STROKE**

LYNN\*, 62



## BEGINNING DIAGNOSIS

Lynn is a 62-year-old female stroke sufferer, struggled to manage the severe spastic right hemiplegia caused by her stroke. Oral tizanidine provided a mild reduction of her overall spasticity and routine botulinum toxin injections helped reduce Lynn's severe focal spasticity, but dosing limitations prevented an optimal treatment level of her spasticity.

As a result of her stroke and post-stroke side effects, Lynn is confined to a power wheelchair. While thankful to be able to get around without much help, the wheelchair caused further spasticity issues, namely severe right ankle clonus which Lynn said was her biggest complaint related to her spasticity. With rapid movement of her right ankle triggering her clonus, if Lynn navigated her wheelchair over an unlevel surface, the wheelchair jerked, causing her foot to rapidly move as the wheelchair's foot straps couldn't maintain her foot's position. Lynn's right leg would then spasm into extension, and Lynn would fall out of her wheelchair.

Obviously, falling out of her wheelchair was a burden for Lynn and provided an additional source of frustration. Needing to find a better, more optimal

treatment plan, Lynn discussed alternatives with her doctor. Believing Lynn would be a good candidate, her doctor suggested that Lynn participate in a trial of Intrathecal Baclofen (ITB) therapy. If the trial proved successful, the ITB system would be surgically implanted near Lynn's abdomen and provide continuous relief of her spasticity.

## MODIFIED THERAPY RESOLUTION

The trial significantly reduced Lynn's right lower extremity spasticity, and after pump implantation and dose optimization, her right ankle clonus completely resolved. Without the fear of her leg spasming and falling out of her wheelchair, Lynn is now more comfortable and less hesitant when approaching unlevel surfaces. That in itself is a relief, she says.

While Lynn no longer takes oral tizanidine, she does still receive botulinum toxin injections along with ITB. The injections address her focal upper extremity spasticity, and the combination of the two drug therapies function well enough together to manage her overall spasticity symptoms and provide the optimal treatment Lynn desperately wanted.

\*Patient name has been changed to protect their privacy.



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# A Real Patient Experience with **MULTIPLE SCLEROSIS**

## RUBY\*, 49



### BEGINNING DIAGNOSIS

Ruby is a 49-year-old woman who has suffered from MS and spasticity for the past four years. She has taken oral medications such as Baclofen, Tizanidine, Cyclobenzaprine, Diazepam and Clonazepam to help with her spasticity symptoms which included spasticity-related pain, spasms, cramping and stiffness. Some treatments were helpful, but her symptoms still made it hard to eat, bathe, dress and walk without assistance. Ruby assumed she had to live with these symptoms until she missed a family reunion because her stiffness made the three-hour car ride too difficult. Finally, Ruby asked her doctor for help.

### MODIFIED THERAPY RESOLUTION

Because Ruby's oral medications did not meet her desired expectations, she and her doctor discussed other options for her spasticity. Together, they agreed that she would potentially be a good candidate for Intrathecal Baclofen (ITB) Therapy. They discussed the risks, surgery, healing time and care plan associated with ITB. Additionally, they set goals about spasticity-related pain, fatigue, stiffness or weakness. She learned that these goals would be an important

part of ITB Therapy, because they would help her set realistic expectations for her body.

Her doctor explained that a four-to-eight-hour screening trial would determine if her body would respond to ITB and Ruby scheduled her appointment right away. Ruby's trial screening was successful – her range of motion improved, and she was able to move with less stiffness.

Two years later, Ruby is still living with MS but without spasticity-related pain or stiffness in her lower limbs. Her daily activities have improved through reduced spasms, stiffness and pain, weight gain and ambulation. Ruby continues to work with her doctor and physical therapist to manage her spasticity and often wishes she had tried ITB Therapy sooner.

**Talk to your doctor about management options for spasticity related to multiple sclerosis.**

\*Patient name has been changed to protect their privacy.

Source 1. Doctor Questionnaire: Multiple Sclerosis Patient Survey. Maryland. (2019).



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# A Real Patient Experience with **SPINAL CORD INJURY**

## RAFAEL\*, 48



### BEGINNING DIAGNOSIS

Rafael is a 48-year-old sufferer of severe spasticity. In a rush to get to work, Rafael was involved in an auto accident that left him with a spinal cord injury. He was not wearing a seatbelt and was ejected from his vehicle. His spinal cord injury was the cause of severe spasticity in his back and leg, most often triggered by heat and temperature change. These symptoms made life extremely uncomfortable and would not improve without treatment. Rafael was irritable, sleepy, and limited in the activities in which he could participate. His legs were always heavy, and he felt drowsy and unhappy.

### MODIFIED THERAPY RESOLUTION

Rafael's physician introduced him to intrathecal baclofen (ITB) therapy as an effective treatment option and answered all his questions related to pump placement and operation, checkup frequency, recreational limitations, and potential side effects.

Rafael was excited and optimistic about the pump, and it was implanted within a couple of months of his first introduction to the treatment option. Rafael's overall quality of life has improved following his ITB

treatment. He is more active, less sleepy, and finally able to relax. His spasticity is under control and does not interfere with his routine or leisure activities, including national wheelchair tennis competitions, hand cycling, water skiing, a full-time job, and spending time with friends. Additionally, one of the critical benefits of ITB therapy is the peace-of-mind it provides Rafael, who no longer must constantly consider how he'll deal with situations that are made more difficult by severe spasticity.

“ *ITB has allowed me to accept my SCI. After 15 years of being in denial, I have a positive perspective and finally wake up every day with my life back!* ”

**Talk to your doctor about management options for spasticity related to a spinal cord injury.**

\*Patient name has been changed to protect their privacy.

Source 1. Dr. Seema Khurana DO, PM&R Miami, FL. Questionnaire: SCI Patient Survey. (2019).



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# A Real Patient Experience with **STROKE**

## MARY\*, 72



### BEGINNING DIAGNOSIS

Mary is a 72-year-old woman who suffered a stroke that affected her right upper and lower extremities. Along with weakness and fatigue, Mary developed significant spasticity, experiencing extreme tightness on her right side that resulted in poor balance. These symptoms interfered dramatically with her daily activities, like bathing, dressing and brushing her teeth. Not to mention, it affected her mobility, as she was in a wheelchair, making her transfers and ambulation difficult to achieve.

Her primary care physician referred her to a physical medicine and rehabilitation physician that prescribed oral medications including oral baclofen. When the symptoms persisted, she and her doctor agreed that Intrathecal Baclofen (ITB) Therapy might be the right choice, and she completed the trial screening to see how her body would respond.

### MODIFIED THERAPY RESOLUTION

The trial results were encouraging, reducing Mary's spasticity significantly, and she completed the ITB implant procedure. Mary described that prior to ITB Therapy, she felt handicapped—any pressure on the right side would trigger her spasticity.

Since having the pump, however, she no longer uses a wheelchair and has been able to ambulate with a cane. She's also able to take walks in the park with her family and travel, feeling that she has truly gotten her life back.

**Talk to your doctor about management options for spasticity related to a stroke.**

\*Patient name has been changed to protect their privacy.

Source 1. Doctor Questionnaire: Stroke Patient Survey.  
New Jersey. (2019).



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# A Real Patient Experience with **CEREBRAL PALSY**

## DAN\*, 14



### BEGINNING DIAGNOSIS

Dan is a 14-year old boy who has Spastic Cerebral Palsy (CP). Since his diagnosis, he was getting frequent Botulinum toxin injections and taking oral medication, which was difficult to keep up with at school. He attended physical and occupational therapy, but his parents still had difficulties dressing him due to extreme stiffness in his body. Dan's parents first heard about Intrathecal Baclofen (ITB) on social media; they discussed this treatment option with his physical therapist, who recommended Dan try ITB Therapy.

### MODIFIED THERAPY RESOLUTION

After giving ITB a try through a trial screening dose, Dan and his parents couldn't believe how loose he felt. He experienced spasticity-related pain relief and was able to move around with more ease. With such encouraging results, Dan moved forward with the ITB implant procedure. Together with ITB Therapy, Dan continued physical therapy and he stopped taking oral baclofen pills altogether.

ITB Therapy has helped Dan transition from a wheelchair to a stander at school, requiring less help from others. Generally, his muscles feel looser and less jumpy. He is now able to take small steps with a walker. His parents have found it much easier to dress and bathe Dan. He's also sleeping better, which is contributing to a greater quality of daily activities for both Dan and his parents.

**Talk to your doctor about  
management options for spasticity  
related to cerebral palsy.**


\*Patient name has been changed to protect their privacy.

Source 1. Doctor Questionnaire: Cerebral Palsy Patient Survey. (2019).



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## A Real Patient Experience with **TRAUMATIC BRAIN INJURIES**

**DARIN\*, 45**

### **BEGINNING DIAGNOSIS**

Darin is a 45-year-old man who suffered a traumatic brain injury (TBI) in a car accident. His injuries caused him to develop severe left spastic paralysis.

Darin's spasticity amplified his struggles with impaired mobility, pain, fatigue, and frequent falls. His treatments at this time included PT, OT, ST, and vision therapy. He tried to find relief with oral baclofen therapy, but a memory impairment caused by his TBI made it challenging to follow his medication schedule.

### **MODIFIED THERAPY RESOLUTION**

In 2006, Darin decided to pursue Intrathecal Baclofen (ITB) Therapy to improve his quality of life. He spoke with his doctors, received answers to all his questions, and completed a screening. His test dose produced extremely positive results. Darin was able to walk as he did before his brain injury. It was an easy decision to begin ITB Therapy.

ITB Therapy gave Darin a more enjoyable quality of life with a level of independence that was, at one point, impossible for him. As a long-term ITB Therapy patient, he's benefitted from using different types of

pump dosing and combining ITB with other modalities of rehabilitation, recuperation, and condition management. He lives in his own home with two companion dogs and completes many activities of daily living without assistance. His family lives nearby and provides additional support whenever necessary.

Without ITB, Darin would most likely have been bedbound for the rest of his life. With ITB, he experiences less pain, improved mobility, greater freedom and independence, and a better quality of life.

**Talk to your doctor about  
management options for spasticity  
related to traumatic brain injuries.**

*\*Patient name has been changed to protect their privacy.*

Source 1. Etiology Patient(s) Questions, Piramal Critical Care, 2018



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