

HAVE YOU EXPERIENCED MUSCLE STIFFNESS, SPASMS, OR PAIN? THESE ARE COMMON SYMPTOMS OF SPASTICITY, WHICH AFFECTS MANY PEOPLE LIVING WITH MULTIPLE SCLEROSIS (MS).^{1,2}

Spasticity is reported to occur in up to **80%** of people with MS.²

Between **30-50%** of people affected by MS describe their spasticity as moderate to severe.²

Spasticity in MS frequently presents lower limb stiffness and or spasms, which can cause:2



PAIN, SLEEP DISTURBANCE, AND FUNCTIONAL COMPROMISE²



DIFFICULTIES WITH PERSONAL CARE²



LIMITATIONS WITH WORK, PARENTING, AND SOCIAL ACTIVITIES²

YOU'RE NOT ALONE IN THIS AND YOU HAVE OPTIONS.



A Real Patient Experience with MULTIPLE SCLEROSIS

RUBY*, 49

BEGINNING DIAGNOSIS

Ruby is a 49-year-old women 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.

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.

MODIFIED THERAPY RESOLUTION

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.

SOURCES
1. Pandey, MD, K. (2019). Spasticity: Practice Essentials, Background, Pathophysiology. [online] Emedicine.medscape.com. Available at: https://emedicine.medscape.com/article/2207448-overview#a6 [Accessed 1 Mar. 2019].
2. Sammaraiee, Y. (2019). Intrathecal backforn for multiple sclerosis related spasticity: A twenty year experience. [online] Multiple Sclerosis and Related Disorders. Available at: https://www.sciencedirect.com/science/article/pii/s22110348183037 [Accessed 1 Mar. 2019].
3. Doctor Questionnaire: Multiple Sclerosis Patient Survey. Maryland. (2019).



