

# Consensus Statement on Physician Training for the Treatment of Dystonia with Botulinum Toxin

From the Canadian Movement Disorders Group

In order to evaluate the issues surrounding physician competence and training in the treatment of dystonia with botulinum toxin, the Canadian Movement Disorders Group convened an expert panel on February 21-22, 1992 in Banff, Alberta.

Botulinum toxin acts by blocking release of acetylcholine at neuromuscular junctions and at peripheral cholinergic synapses. Advantage can be taken of this neuromuscular blocking effect to alleviate muscle spasm due to excessive neural activity of central origin or to weaken a muscle for therapeutic purposes. In therapeutic applications, minute quantities of botulinum toxin are injected directly into selected muscles.

The Health Protection Branch of Health and Welfare Canada has approved the use of botulinum toxin for the treatment of blepharospasm and adult strabismus. Currently, botulinum toxin is available under the Emergency Drug Release Program for the treatment of other focal and segmental dystonias.

For most patients with these conditions, botulinum toxin provides significant but variable relief of symptoms that lasts from weeks to months. The effects subside after several months and repeated injections are required to sustain benefit over long periods of time. Conventional therapy depends on minimally effective drugs or surgical procedures that have generally proved to be unsatisfactory.

The following describes the expert panel's conclusions:

1. Botulinum toxin is a safe and effective therapy for the treatment of cervical dystonia, blepharospasm, oromandibular dystonia, spasmodic dysphonia, hemifacial spasm, and focal or segmental limb dystonia, and may be offered as a primary form of therapy.
2. All physicians being trained to perform injections for the above conditions should possess special expertise in the diagnosis and treatment of movement disorders.
3. Clinical preceptorships with an established practising expert in the treatment of dystonia with botulinum toxin is recommended in order to facilitate learning and experience.
4. In addition to the clinical preceptorship, training should include: a review of the surface and deep anatomy of the neck and facial musculature; a review of the pharmacology of botulinum toxin and awareness of the literature of the drug and its use in the treatment of dystonia.