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Spasticity-Plus Syndrome in People with Multiple Sclerosis

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Introduction:

Spasticity-Plus Syndrome (SSP) is a recently coined term that comprises seven symptoms related to spasticity due to multiple Sclerosis (MS). Identifying SSP is useful to avoid polypharmacy and to improve long-term management of people with MS (pwMS).

Objectives/Aims:

To describe SSP symptoms and pharmacological symptomatic treatments (PST) among Nabiximols (THC-CBD) users in our centre

Methods:

Descriptive, retrospective and single-center study in the MS Advanced Practice Nurse consultancy (APN) including pwMS treated with THC-CBD at any point since 1990 till 2023. We registered number of symptoms related with SSP, number of PST at the beginning of the symptoms and at follow-up. MS phenotype and physical disability measured with the Expanded Disability Severity Scale (EDSS) were also collected.

Results:

A total of 77 participants were recruited, 5,2% were not MS. The majority of MS cases were secondary-progressive MS (64,1%) followed by primary-progressive phenotype (19,2%), with a median EDSS of 6,5. SSP criteria were met by 94,5% in our sample. The most frequent SSP triad was spasticity (94,6%), pain (91,9%) and spasms (79,7%). At baseline, pain and spasticity (46,6% and 43,8% respectively) were the more frequent symptoms. PwMS were treated with a median of 1,5 PST, mainly baclofen. At follow-up, PST increased to a mean of 3,5 using THC-CBD in 86,3% of the cases currently. The presence of SSP did not correlate with EDSS or number of symptoms at baseline; or number of PST at follow-up.

Conclusion:

SSP is frequent in pwMS and easy to identify. Since it comprises more symptoms than just spasticity, it may be important to tailor appropriate symptomatic treatment in order to improve QoL in pwMS.

Disclosures:

Haydee Goicochea-Briceño, Yolanda Higueras, José Manuel García-Domínguez, Juan Pablo Cuello, Ariana Meldaña-Rivera, Irene Ruíz-Pérez and María Luísa Martínez Ginés, nothing to disclose