MATTERS ARISING

Intrathecal baclofen for treatment of spasticity

The paper by Ochs *et al*¹ confirms the findings of Dr Penn *et al*^{2,3} that chronic intrathecal administration of baclofen may be effective in relieving spasticity due to spinal cord damage. To date almost all patients who have responded to baclofen have had spinal cord trauma or multiple sclerosis.¹⁻⁴ We describe negative experiences in two patients, one with hereditary spastic paraplegia (HSP) and another with idiopathic spastic paraplegia (ISP).

Patient 1 was a 74 year old man with clinically and genetically proven type 1 HSP, according to Harding's criteria.⁵ He was confined to a wheelchair with spasticity grade 4 on the Ashworth scale. Therapy with oral baclofen 80 mg per day had no effect and additional tizanidine (8 mg per day) produced only a slight improvement. Side effects precluded further increase in oral medication. Intrathecal bolus injections with the advocated doses of 25 µg and later 50 µg and 75 µg baclofen did not reduce spasticity. As he became drowsy after the last dose, further attempts were not made and continuous intrathecal baclofen infusion was not considered.

Patient 2 was a 33 year old plumber who noticed increasing spasticity in his lower limbs over a four year period. Clinical examination revealed a pure spastic paraparesis grade 3 on the Ashworth scale. Extensive search for an underlying disease such as spinal cord compression, multiple sclerosis, tropical spastic paraplegia, was negative.

A tentative diagnosis of idiopathic spastic paraplegia was made, although HSP could not be excluded since screening for asymptomatic family members could not be carried out. Intrathecal bolus injection with 75 µg baclofen did not decrease spasticity. Mild but reversible side effects precluded further trials with bolus infusions.

Both patients had pronounced spasticity due to neurological diseases in which marked degeneration of the corticospinal tracts below the decussatio of the pyramids is present.⁶ This might have suggested that intrathecal baclofen might be beneficial. It was not.

Although our experience is anecdotal, it confirms that the response of intrathecal baclofen will vary according to the underlying pathological process.⁷ The significance of intrathecal baclofen for patients with HSP and ISP remains to be established.

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1 Ochs G, Struppler A, Meyerson BA, Linderorth B, Gybels J, Gardner BP, Teddy P, Jamous A, Weinmann P. Intrathecal baclofen for long-term treatment of spasticity: a multi-centre study. *J Neurol Neurosurg Psychiatry* 1989;52:933-9.

- 2 Penn RD, Kroin JS. Long-term intrathecal baclofen infusion for treatment of spasticity. *J Neurosurg* 1987;66:181-5.
- 3 Penn RD, Savoy SM, Corcos D, Latash M, Gottlieb G, Parke B, Kroin JS. Intrathecal baclofen for severe spinal spasticity. *N Engl J Med* 1989;320:1517-21.
- 4 Müller H, Zierski J, Penn RD. *Local spinal therapy of spasticity*. Berlin: Springer Verlag, 1988, 155-214.
- 5 Harding AE. Hereditary "pure" spastic paraplegia: a clinical and genetic study of 22 families. *J Neurol Neurosurg Psychiatry* 1981;44:871-83.
- 6 Behan WMH, Maia M. Strümpell's familial paraplegia: genetics and neuropathology. *J Neurol Neurosurg Psychiatry* 1974;37:144-62.

BOOK REVIEWS

Acute head injury. Practical Management in Rehabilitation. Series: Therapy in Practice 13. By RUTH GARNER. (Pp 137; Price: £10.95.) London: Chapman and Hall. 1989.

This is an excellent book on the management of patients with head injury written for therapists dealing with the rehabilitation of these patients. It is a detailed and perceptive review of the problems encountered by patients, relatives and therapists. It is correctly pointed out that very early intervention in the intensive care unit may not necessarily affect the long term outcome. It contains a useful review of physical and cognitive deficits that patients often manifest during the early phases of recovery. Psychological aspects and the role of the community are covered.

The diary of a first home visit and the subsequent events should be essential reading to all those who deal with head injury, especially the medical personnel who may not be aware of the profound effects this and subsequent visits can have on the family and the patient. This book should be of value to all those in the rehabilitation team and would be a useful addition to the library of all neurosurgical units where the initial treatment of head-injured patients takes place.

A D MENDELOW

Myasthenia Gravis. By A. Szobor (Pp 230; Price £18.50.) Budapest, Akademiai Kiado, 1990.

This monograph is an account of Professor Szobor's personal experience of 1050 cases of myasthenia over a 37 year period clearly representing a large proportion of the expected number of cases in the Hungarian population of 10.5 million. The quality of the translation is patchy and, at times clumsy, even verging on the incomprehensible: "... symptoms which exhibit the most markedly the symptom fluctuation characteristics of the disease..." or "Changes in discharge functions can be attributed to the strength of the abdominal press affected by myasthenia". Parts are curiously old fashioned such as a figure legend "furcus longitudinalis myasthenicus linguae".

The chapters on the immunology and pathogenesis of MG are weak and better accounts are given in the monographs of Albuquerque and Eldefrawi and of Oosterhuis, published 7 and 6 years earlier. Some of the pathological illustrations are poor such as paraffin sections of the eyelid muscles. I found the balance of the clinical chapters uneven. The use of serum anti-AChR antibodies and SFEMG in diagnosis are both relegated to a few lines, the latter (surely one of the major advances in clinical neurophysiology) being dismissed as "more important for theoretical research than for practical diagnostic work". The Tensilon test is not as risk-free as stated and little guidance is given as to how to do it. For imaging the thymus considerable space is devoted to conventional tomography and isotope scanning while CT is covered in a few lines as "also a useful method". Presumably this and other criticisms reflect economic and technical difficulties in Hungary.

Treatment is covered comprehensively but somewhat uncritically with many clinical results being presented as uncontrolled comparisons. Surely there is no evidence to recommend vitamin E as adjuvant therapy?

In summary, parts of this book are of interest but I do not think it will find a place in the West as a definitive book on the clinical problems presented by myasthenia. It is very reasonably priced.

BRF LECKY

Clinical Neurology for Psychiatrists, 3rd Edition. By David M. Kaufman (Pp 526; Price £50.00.) Sidcup, W.B. Saunders, 1990.

There is an increasing awareness that the training of psychiatrists should involve a basic grounding in neurology. Similar considerations could also be applied to the training of neurologists. How this might, in practice, be realised within postgraduate training schemes is unclear. Nevertheless the overlap and interdependency of the two disciplines continues to be recognised and will undoubtedly lead to major developments in training in the not too distant future. Indeed there is a growing number of conditions, of which the dementias are the prime example, that could with equal facility be referred to either a psychiatrist or a neurologist.

In the absence of formal grounding in neurology psychiatrists in training must unfortunately rely on textbooks to obtain neurological wisdom. In many instances these are likely to be too detailed and specialised for the requirements of psychiatrists. In this respect *Clinical Neurology for Psychiatrists* can be seen as providing a more than adequate substitute. Organised into two sections dealing with anatomical neurology and major neurological symptoms respectively it provides a clear and lucid overview of neurological illness. Furthermore, the author's acknowledgement of psychological issues in relation to neurological illness should make it palatable to most psychiatrists. An added bonus are the very helpful illustrations and the questions and answers which are appended to the end of each chapter. The only drawback is the price of £50 though it must be conceded that when it comes to medical books it is hard to get anything for less nowadays.

R J DOLAN