

PATHOPHYSIOLOGY AND TREATMENT OF SPASTICITY

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Moderator's Introduction

Among neurologists, spasticity has been for many years a well known therapeutical problem. Due to the organisation in Sweden of the units for long-term care and rehabilitation, which are often not headed by neurologists, although patients with neurological diseases are common within them, representatives of other specialities have also met with this problem. The number of patients who will need treatment for spasticity will most probably increase. One reason is the improved intensive medical care with survival of more patients with severe cerebral and spinal cord lesions. Such lesions often, *inter alia*, lead to pronounced spasticity. Furthermore, the incidence of cerebrovascular and traumatic cases, which represent the most common types of acute CNS lesions, is increasing. The prevalence of cerebral palsy may also increase in spite of the prophylactic effect of advanced obstetric care. Among diseases which produce spasticity, multiple sclerosis is undoubtedly a dominant one in northern latitudes. For patients with this disease, spasticity

alone may constitute a considerable and persistent problem.

The growing interest in rehabilitation implies that more patients will become ambulating and more active in the various activities of daily living. Spasticity may then appear as more disturbing and functionally incapacitating. Therefore even patients with moderate or slight spasticity will call upon effective therapeutical measures.

While the clinical interest in spasticity has broadened, there has been an intensive and differentiated research in the field of neurophysiology. The results of this research enable us to understand more clearly the complex pathophysiology of spasticity. They also elucidate the possibilities of treatment. In this symposium, some new electrophysiological and histological data will be presented on mechanisms which are operative in spasticity, and the current therapy will be elucidated from aspects of physiotherapy, medical treatment, nerve blocks and neurosurgery.