

Sharing Care In the Clinical Team

Abstract for Meeting 6th September - Edinburgh

Increased recognition of dystonia has resulted in the gradual expansion of clinic services, in particular to provide botulinum toxin treatments. This has resulted in gradually increasing costs, relating both to staff and toxin. The West of Scotland regional clinic has over the past 18 years developed a shared medical-nursing model of service delivery, a cost reduction programme for toxin use while retaining choice among all available toxin types, and has also explored the use of specialised physiotherapy in a research setting. The medical-nursing model involves 2 core medical and 2 core nursing staff in the delivery of treatment to around 600 patients on an average from a catchment population of around 2 million. Treatment for cervical and facial dystonias, and segmental head/neck and generalised dystonia is provided. A linked neurophysiology service provides treatment for writer's cramp. Initial assessment is medical, while maintenance treatment is largely nurse-led within agreed parameters, with medical input for patients requiring more major toxin dose adjustments, oral drug therapies, assessment of new symptoms, and consideration for deep brain surgery. We performed a pilot 2-centre study exploring specialised physiotherapy for neck dystonia, which did not show additional treatment benefit compared to standard treatments. We conducted a dose-ranging study which allowed very high doses of toxin to be reduced without any change in patient-reported benefit. An exploration of different toxin types has defined Xeomin as our current agent of first choice, while retaining access to Botox, Dysport, and Neurobloc as required on clinical grounds.

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