

History of medications

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Over the last decade, the treatment of dystonia has certainly seen dramatic advances, even though not all of the patients get a satisfactory benefit, often in relation to the complexity of the disease. The choice of which anti-dystonic medication should first be tried is related to the type of dystonia, severity of the dystonic movements, age of patients, concomitant drugs and medical conditions. Due to the extreme range of variability in etiology and type of dystonic movements, it is not surprising that there is not level A evidence for any of the currently used medications. Only Botulinum toxin in cervical dystonia, and high-doses trihexyphenidyl in generalized and segmental dystonia have reached level A evidence of efficacy. Overall, the choice of therapy will be often guided by personal experience and open labeled studies: focal and segmental dystonias are more likely to be treated with local therapy (Botulinum toxin injection, physiotherapy) whereas more severe or diffuse dystonias are more likely to receive oral treatments prior to the discussion of deep brain stimulation. The potential risks of adverse effects are important determinants in the decision of treatment. The assessment of therapeutic effects should be performed using both the clinical global impression of the patient and the semi quantitative evaluations with the help of standardized rating scales, when available. A discussion with the patient help to determine goals and expectations and to adapt the treatment to the needs and constraints of the personal and professional life.