Continuous intrathecal baclofen (ITB) infusion for severe spasticity and dystonia

Malaysian Health Technology Assessment (MaHTAS)

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation
Malaysian Health Technology Assessment (MaHTAS). Continuous intrathecal baclofen (ITB) infusion for severe spasticity and dystonia. Putrajaya: Malaysian Health Technology Assessment (MaHTAS). 2014

Authors' objectives
To assess the safety, effectiveness, cost-effectiveness, organizational issues related to the use of continuous ITB infusion for treatment of patients with severe spasticity or severe dystonia or having both conditions compared with conventional treatment.

Authors' conclusions
There was a good level of evidence on effectiveness (with There was substantial fair level of retrievable evidence to suggest that continuous ITB infusion was effective in reducing spasticity, reducing pain, improved function and quality of life in patients with severe spasticity who were unresponsive or cannot tolerate oral baclofen. Majority of the treatment goals were attained. Patients and caregivers were satisfied with the treatment. Although there was the risk of adverse events related to continuous ITB infusion, the treatment is considered relatively safe, minimally invasive and reversible. Continuous ITB infusion for treatment of patients with severe spasticity seemed to be cost-effective in some countries. There was limited fair level of retrievable evidence to suggest that continuous ITB infusion was also safe and effective in reducing dystonia, reducing spasticity, improved function and quality of life in patients with severe dystonia or having both spasticity and dystonia who were unresponsive or cannot tolerate oral baclofen. Complication rates were higher in children with dystonia compared with those having spasticity. There was no retrievable evidence on the cost-effectiveness of continuous ITB infusion for treatment of patients with severe dystonia or having both spasticity and dystonia. This treatment system requires long term monitoring by an experienced healthcare team. Besides proper training for the healthcare teams, patients and caregivers education has been critical in avoiding severe consequences of ITB withdrawal. Despite the large upfront cost for the procedure, the long-term effects can be potentially money saving.

Final publication URL

INAHTA brief and checklist

INAHTA brief and checklist

Indexing Status
Subject indexing assigned by CRD

MeSH
Humans; Baclofen; Dystonia; Dystonic Disorders

Language Published
English
Country of organisation
Malaysia

English summary
An English language summary is available.

Address for correspondence
Health Technology Assessment Section, Ministry of Health Malaysia, Federal Government Administrative Centre, Level 4, Block E1, Parcel E, 62590 Putrajaya Malaysia Tel: +603 888 312 29 Email: htamalaysia@moh.gov.my

AccessionNumber
32016000300

Date abstract record published
18/02/2016