

DRAFT - Medications for Spasticity Management

Baseline Assessment

- HAT
- CCQ
- COPM
- Adapted Tardieu
- Physical Exam

Medication Options

Oral Baclofen

- <2 years: 10-20 mg daily ÷ tid; titrate dose every 3 days in increments of 5-15 mg/day to a maximum of 40 mg daily
- 2-7 years: 20-30 mg daily ÷ tid; titrate dose every 3 days in increments of 5-15 mg/day to a maximum of 60 mg daily
- ≥8 years: 30-40 mg daily ÷ tid; titrate dosage as above to a maximum of 120 mg daily

Benzodiazepines: Diazepam or Nitrazepam

- Diazepam: 0.12-0.8 mg/kg/day ÷ tid
- Nitrazepam: 0.3 to 1.5 mg/kg/day ÷ bid

Tizanidine

- 0.05 mg/kg/day ÷ bid

Reassessment in clinic at **6 weeks**

6 Week Assessment

- HAT
- Screen for ADRs
- Physical Exam

Reassessment in clinic every 3 months for first year of trial then Reassess in clinic every 6 months with a repeat Baseline Assessment annually

Follow up Assessment

- HAT
- CCQ
- Screen for ADRs
- Physical Exam

For suboptimal response or serious ADRs taper medication as follows:

Oral Baclofen

- Wean 10% per week

Benzodiazepines: Diazepam or Nitrazepam

- Wean 10% per week

Exclusions / Considerations

- If seizures are not well controlled then Baclofen contraindicated (relative)
- Medications likely of greatest benefit in quadriplegia rather than diplegia or monoplegia given systemic effects
- Use benzodiazepines with caution in children with respiratory/OSA symptoms

Preparations

Baclofen

- 10 and 20 mg regular release tablets; reliable recipe available to make into liquid

Nitrazepam (Mogadon)

- 5 and 10 mg regular release tablets & 1mg/mL liquid

Diazepam (Valium)

- 2, 5, 10 mg regular release tablets & 1 mg/mL liquid

Tizanidine (Zanaflex)

- 4 mg regular release tablets

Side Effects/Adverse Drug Reactions (ADRs)

Baclofen

- Seizure exacerbation,

Nitrazepam/ Diazepam

- Somnolence, dizziness, cognitive effects, hypersalivation & swallowing difficulties

Tizanidine

- Hypotension, sedation, dry mouth, dizziness