

**Letters to the Editor**

## **Applaud the Novel Intrathecal Baclofen Trialing Method: Time to Raise the Bar!**

### **TO THE EDITOR:**

It is with great interest that we read the article by Harned et al, "An Introduction to Trialing Intrathecal Baclofen in Patients with Hemiparetic Spasticity," published in the 2011 September/October issue of *Pain Physician* (1). We are very much enlightened by the new approach as well as the painstaking effort employed by the authors in conducting their intrathecal (IT) baclofen trials for patients with complicated spasticity involving both upper and lower extremities. The novelty is that, instead of administering a single shot of IT baclofen at a commonly accepted arbitrary dose, i.e., 50 µg or up to 100 µg, the authors made use of a short term indwelling IT catheter, thus allowing wider range of IT baclofen through continuous infusion. The trial was done in an inpatient setting where the reduction of Modified Ashworth Scale (MAS) in affected limbs and the preservation of strength in the unaffected limbs were recorded. With this unique approach, the authors were able to capture those responders that would have been missed with routine single shot trialing method. It appears that it will improve the chance of achieving positive IT baclofen trials in the subpopulation of patients with severe, complex spasticity syndromes involving both upper and lower extremities due to augmented response rate brought about by the new trial approach.

At our tertiary interventional pain clinic, we sometimes receive referrals for placement of IT baclofen for treating intractable spasticity. Under rare circumstances (see below), we had tried placing a tunneled epidural catheter for epidural baclofen infusion when IT trial was not of an option. About 3 years ago, we encountered a case of severe spasticity of bilateral lower extremities due to multiple sclerosis in a middle aged woman unresponsive to extremely high dose of oral baclofen (60 mg 3 times a day by the referring neurologist). The patient adamantly refused considering an IT baclofen trial

due to her previous experience of a "monster headache" following lumbar puncture. A focused literature review did reveal some prior successful experience of epidural baclofen for intractable spasticity by others, presumably because baclofen is lipophilic enough to pass through the dura into cerebrospinal fluid (CSF) (2). When IT baclofen trial was not an option for our patient, we decided to perform an epidural baclofen infusion trial as outpatient, which turned out to be a success. The patient subsequently had a permanent IT pump implanted and to this day she has been doing well. As a matter of fact, we are preparing a case report of this alternative approach using outpatient baclofen epidural infusion trial in lieu of IT trial, in patient when IT trial was not an option, as well as a long-term follow up study (3 years) following permanent implant. We wonder whether Dr. Harned et al encountered cases when IT baclofen trial was not an option.

In our clinic, we have performed hundreds of opioid epidural infusion trials safely as outpatient, in patients with intractable chronic pain, prior to placing permanent IT pumps. We have found neuroaxial opioid infusion trials, when done properly in the outpatient settings, gave more pertinent information on how patients did in their activities of daily living (ADLs). We believe same principle applies to spinal or epidural baclofen infusion in patients with spasticity. The patient's own experience or the direct observation from the caretakers during patient's ADLs at home may be more clinically meaningful than the Ashworth Spasticity Score obtained while lying in a hospital bed during the patient's inpatient IT baclofen trial. We have seen cases where paraplegic patients were utilizing part of their LE spasticity for facilitating pivot transfer, when their legs became totally flaccid with IT baclofen infusion, they lost their abilities to transfer. We wonder if Harned et al would consider extending their IT ba-

clofen trials a bit longer to cover an outpatient phase of a couple of days where the benefit of IT baclofen could be thoroughly assessed when patients were performing their ADLs at home.

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## REFERENCES

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2. Jones RF, Anthony M, Torda TA, Poulos C. Epidural baclofen for intractable spasticity. *Lancet* 1988; 5:527.