

Standardising the assessment, initiation and monitoring of THC:CBD (Sativex) Oromucosal Spray for Patients with Moderate to Severe Spasticity

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Introduction

Spasm, spasticity and stiffness are common symptoms experienced by people with Multiple Sclerosis (MS), they can be detrimental and have a significant effect on quality of life¹. It is possible to introduce several interventions, such as Physiotherapy involvement and antispasmodic medication, and it is also important to obtain information from the patient to fully understand the type and severity of the spasticity that is occurring². It is also suggested that the patient is assessed for potential causes, such as infection, altered bladder or bowel function, compromised pressure area's, pain, stress or anxiety^{3,4}.

Sativex is the brand name for THC : CBD which is made up of almost equal measures of delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). The use of THC and CBD together appears to offset the potential harmful side effects⁵. This is now available as a 4th line treatment for patients who suffer from moderate to severe spasm and spasticity in MS, provided the patient is not taking any other cannabis based preparations, does not have a history of psychosis / significant mental health problems, hypersensitivity to cannabinoids and are not breast feeding.

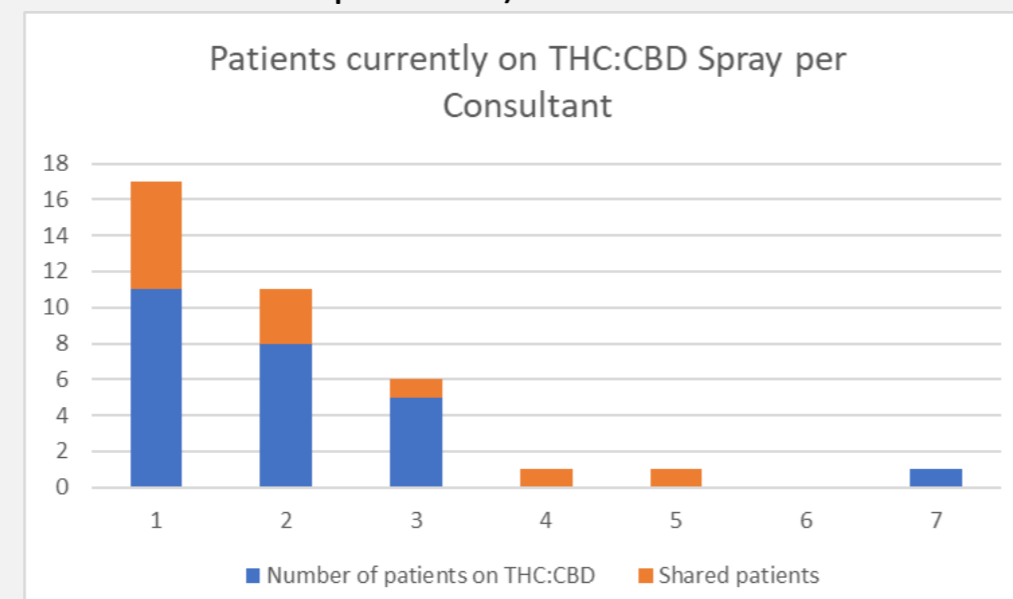
Objectives

- To make THC:CBD oromucosal spray more accessible to patients with moderate to severe spasm or spasticity, who may meet the criteria for it, by giving them an opportunity to see if it is effective.
- To produce a standard operating procedure (SOP) outlining action for the MS nurse, consultant and consultant secretary.
- To produce a pathway for universal assessment prior to offering and delivering THC:CBD, making use of a Numerical Rating Scale for spasm and spasticity (see figure 1) as requested on the Blueteq funding Initiation form and suggested by NICE⁶.
- Ensure that effective follow up is implemented using a second NRS once treatment is at optimum titration for the individual. It is important that patients do not continue the medication unnecessarily, especially due to the cost.
- To safeguard the service in a way that makes the process robust, enabling any member of staff to carry out the process in the event of long-term illness of the MS Nurse with an interest in spasm and spasticity as a subspeciality.

Rationale

There are 7 Consultant Neurologists who specialise in MS based in Sheffield, covering Sheffield, Rotherham, Barnsley, North East Derbyshire and Doncaster. On average, the consultants have 140 overdue patients with an average of 43 days before their next available appointment.

The chart below depicts the patients of each consultant who currently use a THC:CBD spray. The data in orange shows the patient's that are shared with other consultant's. The consultant with the largest number, has a special interest in disability and neurorehabilitation and see's patients in conjunction with their own Consultant (hence the shared patient's).



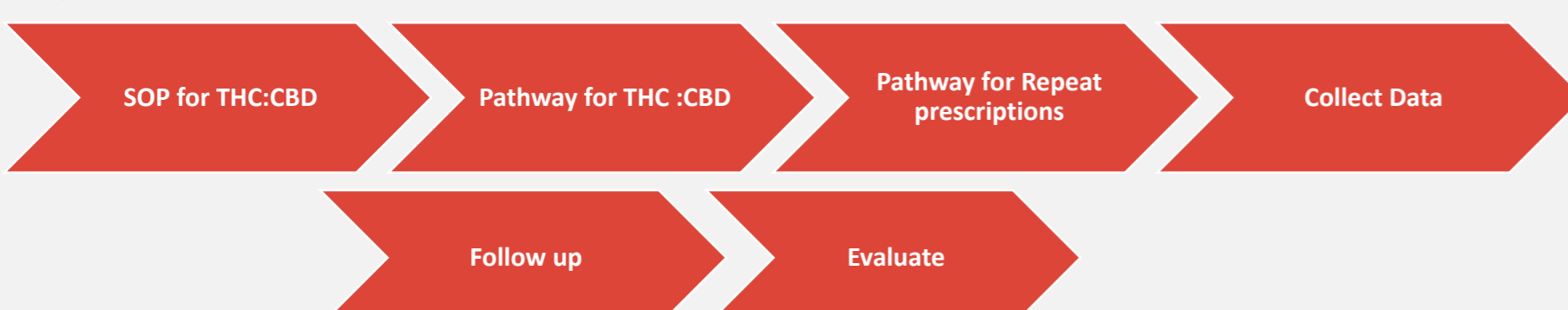
This data inspired me to explore a way that access to a spasm and spasticity assessment could be improved, including access to THC:CBD medication for those patient's that it may be appropriate for.

Service development

The Sheffield (and surrounding areas) MS Nursing Service I work within includes many innovative subspecialities that my colleagues have developed over the years. We cover a large geographical area and have around 4000 patients on our case load. It is important to us all to offer the best service possible and there are always improvements that can be made.

I originally set out to improve the spasm and spasticity assessment and advice for patients by commencing a spasm clinic, but it quickly became obvious, after discussion with the neuro-rehabilitation consultant, that the way in which patients are assessed for THC:CBD Oromucosal spray needed addressing first, and this is where much of my work has been focused.

Plan



The Numeric Graphic Rating Scale (NGRS)

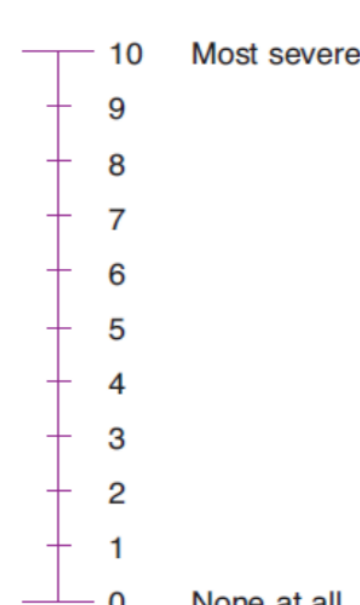


Figure 1: The Numeric Graphic Rating scale (NRS) can be used to measure severity of spasm and spasticity by the individual. It is simple and reliable when compared to health care professional measuring scales⁷.

It can be sent to the patient for them to complete over 7 days. If the average level of spasticity is 6 or above, they are deemed to have moderate to severe spasm or spasticity and THC : CBD oromucosal spray is more likely to be effective for them⁷.

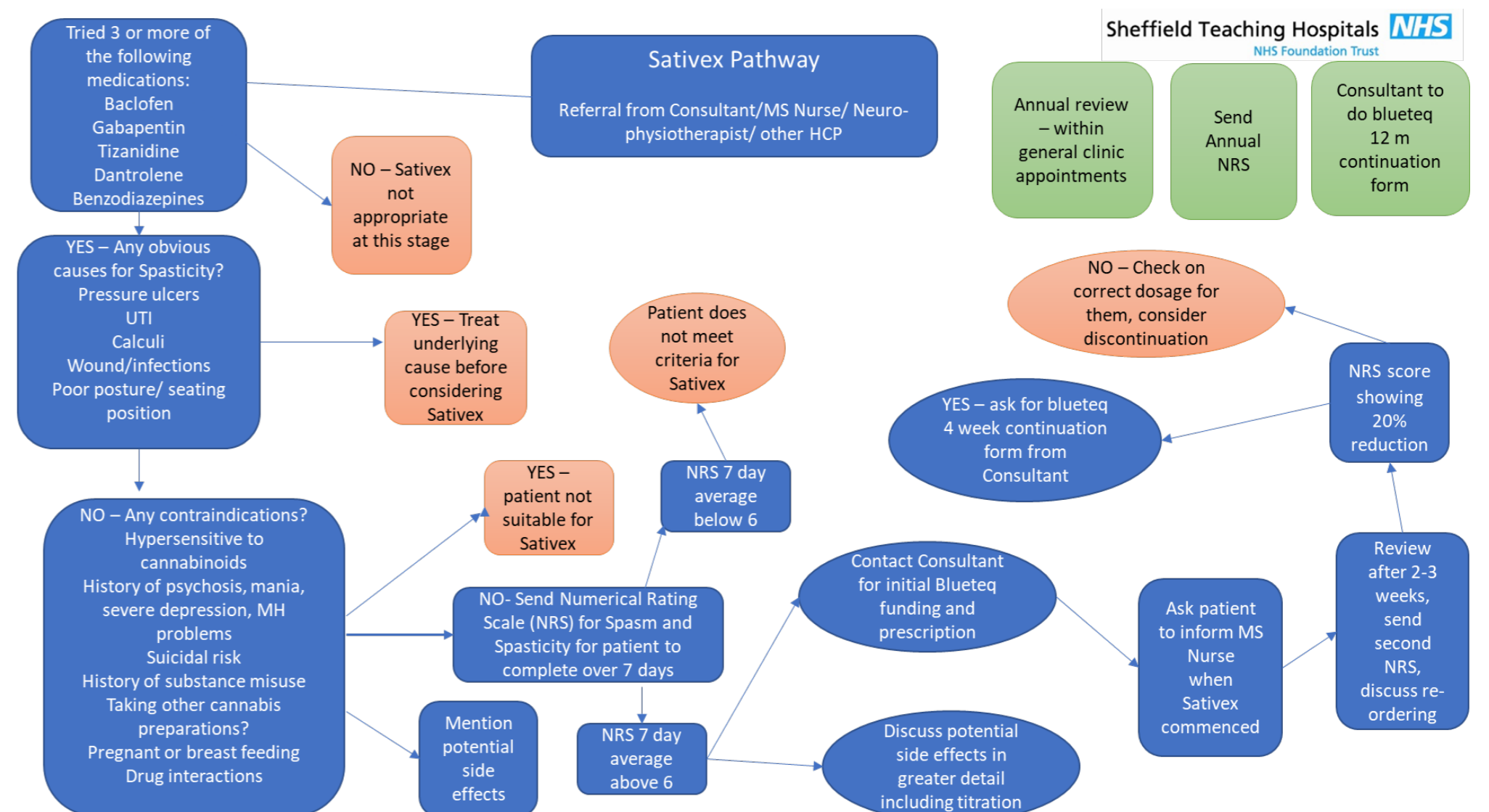


Figure 2 : Sativex Pathway

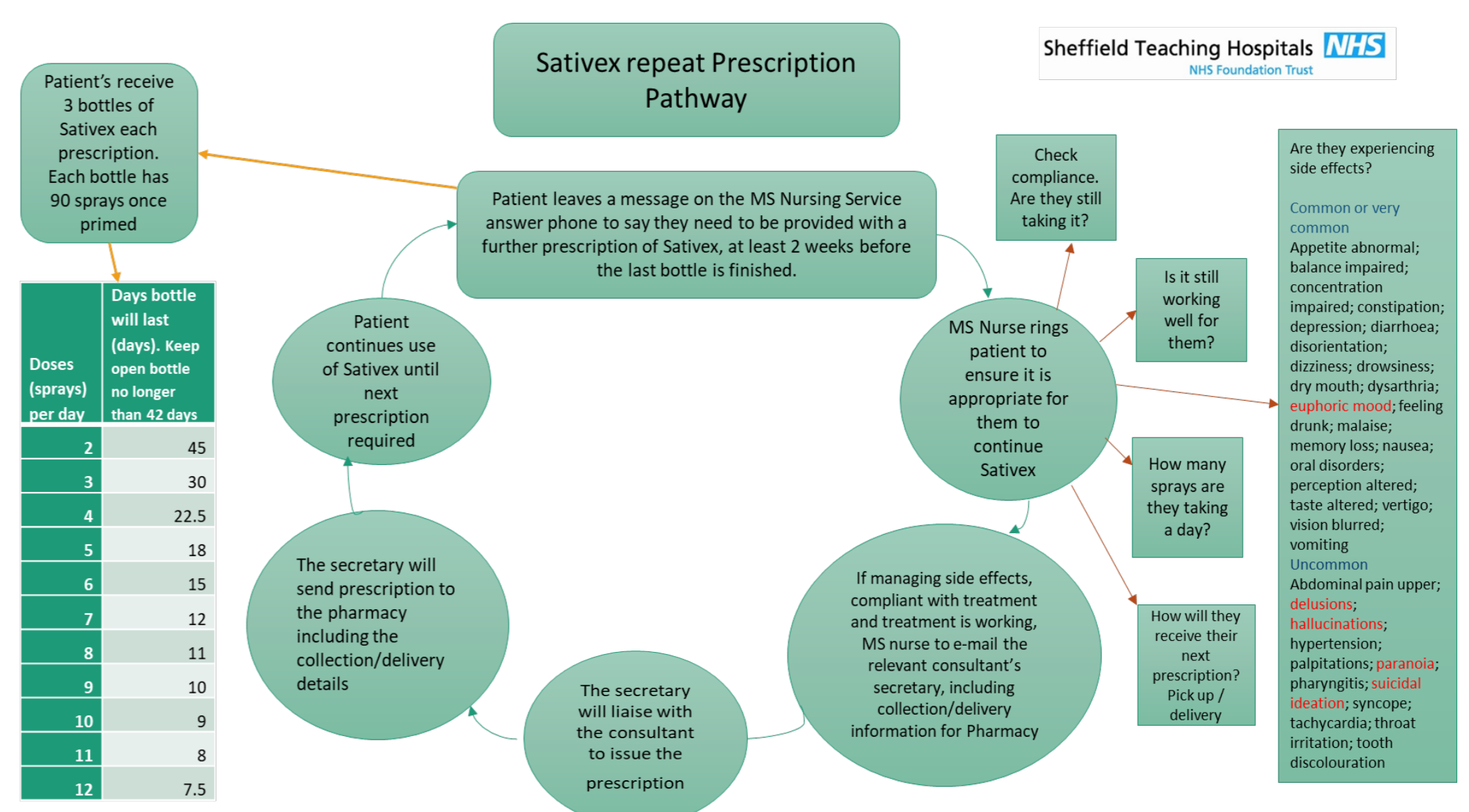
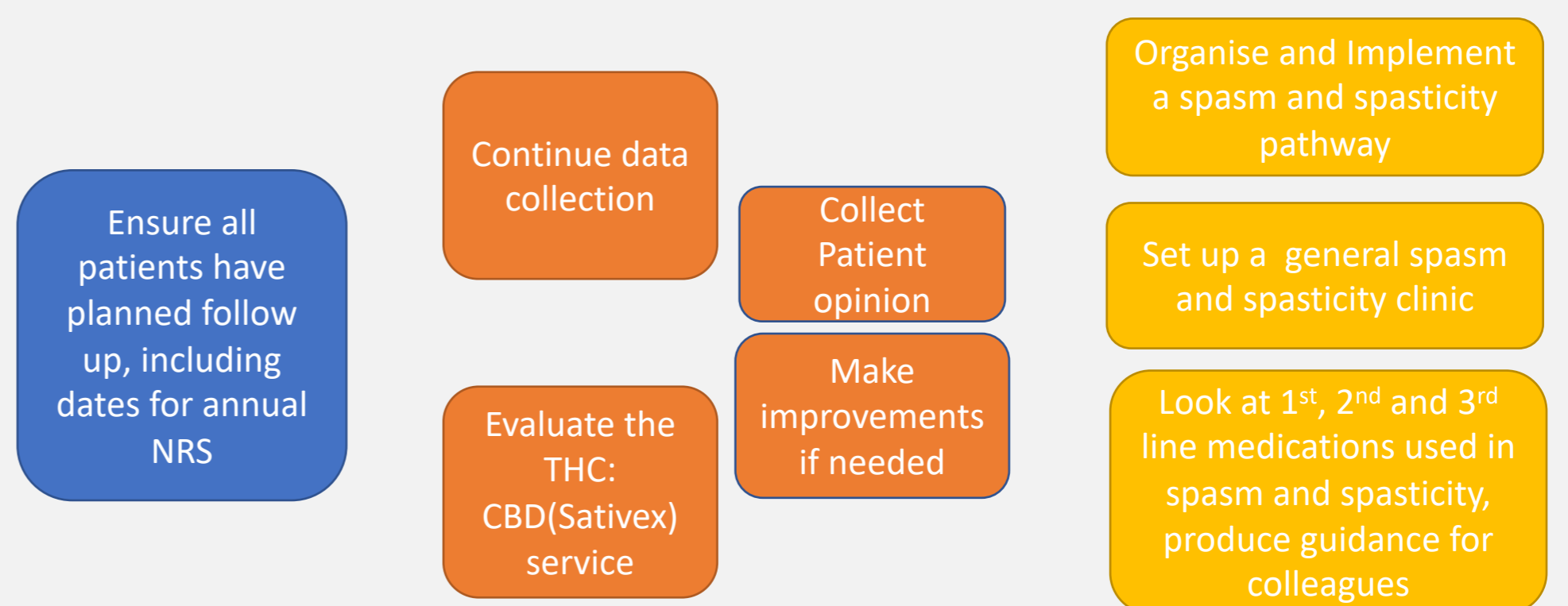


Figure 3 : Sativex repeat prescription Pathway

Plans for the future



Conclusion

THC:CBD oromucosal spray is not appropriate for many patients, it has a strict criteria and is used as a fourth line treatment for spasm and spasticity. It may not be effective for some patients, and others may be unable to tolerate the side effects. Reliance on the medication is rare, but possible, making appropriate monitoring necessary.

It appears that there is certainly a place for this medication, and it should be offered in a timely manner when appropriate. We know that spasm, stiffness and spasticity can be extremely debilitating for some people with MS. THC:CBD can help to improve quality of life which, in turn, can help our patients live well with their long-term condition.

References

- Dorsey-Campbell R, Hendrie W. (2021) Anti-spasticity medication and multiple sclerosis: why nurses and therapists need to get involved. British Journal of Neuroscience Nursing, 17(3), 14-17.
- Howard I, Hughes C. (2013) Spasticity Management in Multiple Sclerosis. Physical Medicine and Rehabilitation Clinics of North America, 24(4), 593-604.
- National Institute for Health and Care Excellence (NICE). (2022) Multiple Sclerosis in Adults: Management. NICE Guideline NG200. Accessed online 25/10/22.
- Waterhouse C, Woodward S. (2021) Oxford Handbook of Neuroscience Nursing, 2nd Ed. Oxford University Press. United States of America.
- Bloomfield M et al. (2019) Medicinal use of cannabis based products and cannabinoids. British Medical Journal, 365:1141 (published 4/4/2019).
- National Institute for Health and Care Excellence (NICE). (2022). Cannabis-based medicinal products. NICE Guideline NG144. Accessed online 26/10/22.
- Anwar K, Barnes M. (2009) A pilot study of a comparison between a patient scored numeric rating scale and clinician scored measures of spasticity in multiple sclerosis. Neurorehabilitation. 24(4), 333-340.

