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Evidence on botulinum toxin in selected disorders

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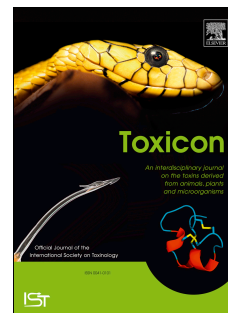
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1 **EVIDENCE ON BOTULINUM TOXIN IN SELECTED DISORDERS**

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3 **ABSTRACT:**

4 Botulinum toxin (BoNT) is a neurotoxin produced by the bacteria *Clostridium botulinum*
5 that has become widely used for various neurologic indications. The four toxin formulations
6 currently available for use in the United States (approved by the Food and Drug Administration)
7 are onabotulinumtoxinA (Botox®), abobotulinumtoxinA (Dysport®), incobotulinumtoxinA
8 (Xeomin®), and rimabotulinumtoxinB (Myobloc®). While the FDA-approved labels indicate that
9 potency conversions should not be done, literature supports relative dose equivalents of
10 approximately 1:1:2-4:50-100, respectively. The aim of this paper is to review the evidence on
11 the use of BoNT formulations available in the United States for specific neurologic disorders,
12 including blepharospasm, cervical dystonia (CD), upper and lower extremity spasticity and
13 chronic migraine. Data from the updated 2016 American Academy of Neurology (AAN)
14 guidelines are presented and the level of evidence for use of the four available preparations of
15 BoNT are discussed (table 2 in appendix).

16 For the management of blepharospasm, the recommendations are for use of onaBoNT-
17 A and incoBoNT-A injections with level B evidence. For the management of CD, the
18 recommendations are for use of aboBoNT-A and rimaBoNT-B with level A evidence. For the
19 management of upper extremity spasticity, the recommendations are for use of aboBoNT-A,
20 incoBoNT-A and onaBoNT-A with level A evidence. For the management of lower extremity
21 spasticity, the recommendations are for use of onaBoNT-A and aboBoNT-A with level A
22 evidence. For the management of chronic migraines, the recommendations are for use of
23 onaBoNT-A to help improve headache-free days, with level A evidence. It is important for the
24 clinician to understand that BoNT is for use in symptomatic control for the underlying
25 neurologic disorder and, at present, has not shown a role in disease modification.

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27 **KEY WORDS:** BoNT; blepharospasm; cervical dystonia; limb spasticity; chronic migraine

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