

# “Why are our results better than yours?”

## The Development of a Fampridine Clinic within Fife Rehabilitation Service

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### What is Fampridine?

Fampridine is a sustained release oral preparation of 4-aminopyridine which acts as a potassium channel blocker. Its precise model of action is unknown but it is postulated that it improves spasticity and postural stability via improvements in conduction in focally demyelinated axons.

Phase III randomised, double blind, multicentre trial published in the Lancet in 2009<sup>1</sup> reported 35% of the Fampridine treatment group compared to 8% of the placebo group had a significant improvement in their walking speed.

Phase III study in 2010<sup>2</sup> also supported these findings. Approximately 30-50% of patients responded to Fampridine and this effect was reported to occur within the first 2 weeks of treatment.

Various groups have tried to confirm what is clinically relevant as an improvement in walking speed. Fife Rehabilitation Service reviewed literature along with communicating with Biogen and a clinically meaningful improvement in walking speed was set at  $\geq 20\%$  for the 25ft distance.<sup>3</sup>

### Aim of poster

We wish to demonstrate and share how Fife Rehabilitation Service developed the Fampridine Clinic using a multi-disciplinary approach and the beneficial patient outcomes achieved. By sharing the process, services may wish to consider using our service model, patient selection criteria, clinical guideline and assessment tool when considering its use if developing a Fampridine Clinic within their own department.

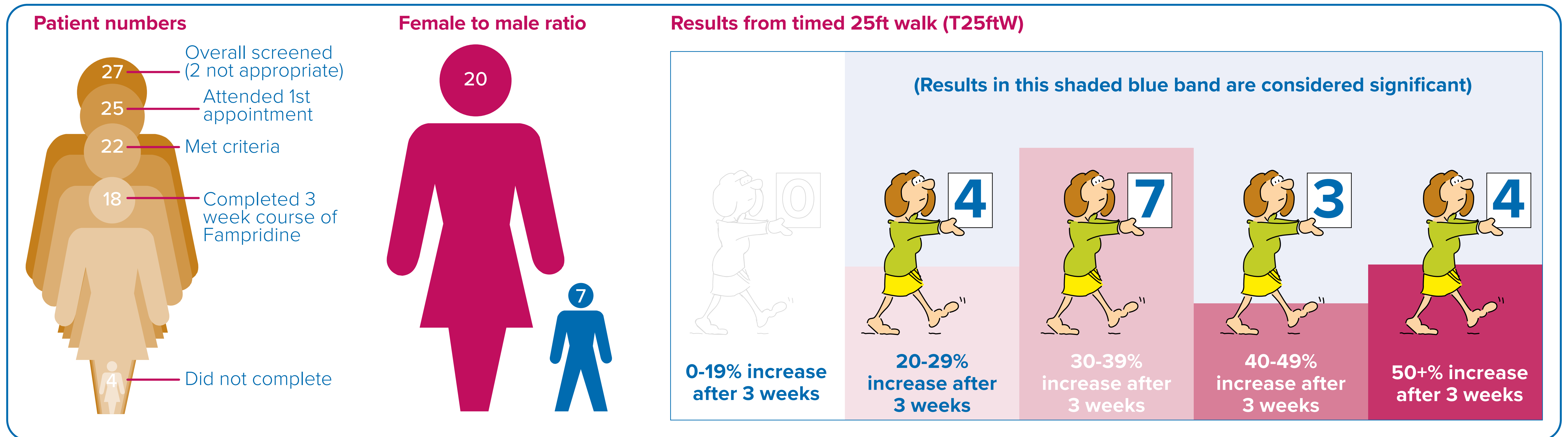
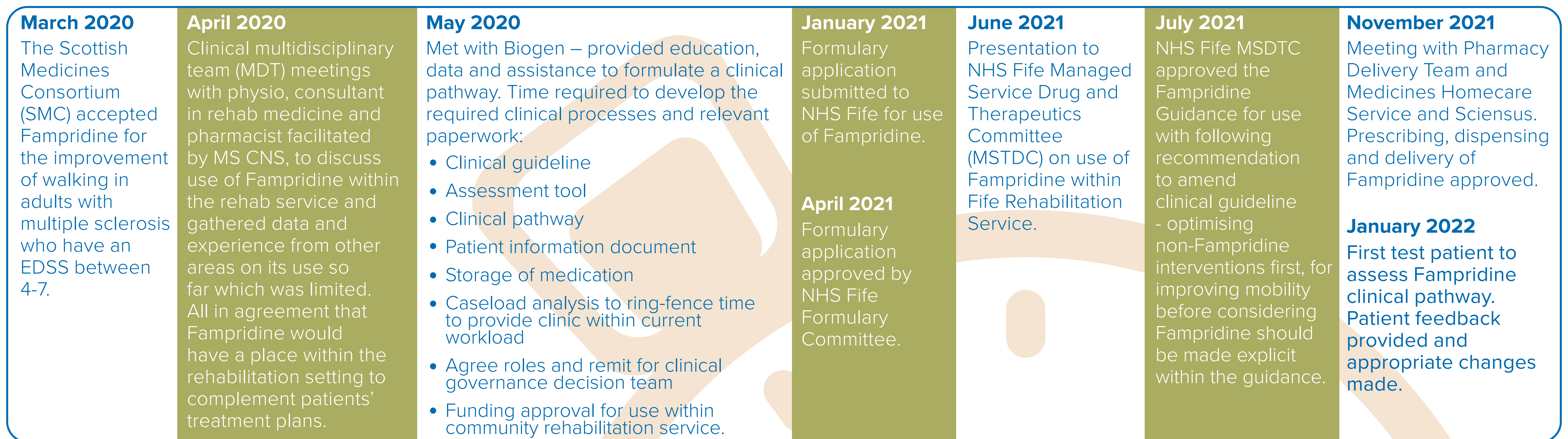
### Documents produced

- Patient Homecare Charter
- Patient Homecare delivery leaflet for Fampridine
- Prescription form and registration form for home delivery
- What Happens Next?
- Roles and Remit
- Clinical Guideline
- Assessment tool

### References

1. Sustained release oral fampridine in MS: A randomised double-blind controlled trial. Goodman AD et al. Lancet. 2009 Feb 28;373(9665):732-8. <http://www.ncbi.nlm.nih.gov/pubmed/19249634>
2. A phase 3 trial of extended release oral dalfampridine in multiple sclerosis. Goodman AD et al. Ann Neurol. 2010 Oct;68(4):494-502. <http://www.ncbi.nlm.nih.gov/pubmed/20976768>
3. Timed 25 foot walk Direct evidence that improving 20% or greater is clinically meaningful in MS. Hobart J et al. Neurology. 2013 Apr 16;80(16):1509-17. <http://www.ncbi.nlm.nih.gov/pubmed/23535489>

### Process map



### Results

**Pre - Screening (telephone triage)** - 2 did not meet criteria (high EDSS and patient choice)

**1st appointment** - 3 did not meet criteria (1 high BP, 1 moved to England, 1 was contraindicated)

**3 week follow up** - 4 patient did not remain on Fampridine - 2 due to side effects, 2 unforeseen health issues.

### Questions and Hypothesis

Why were our results significantly higher than those published?

The hypothesis for this was that our patients had possibly already reached their optimum level through rehab approaches and use of appropriate mobility aids before they commenced Fampridine, thus the screening criteria, timing and suitability of its use was key in the results achieved.

Is 3 weeks a factor in assessing improvement?

### Conclusion

The model being shared and proposed for developing a cost effective Fampridine clinic should consider -

- use of robust patient selection and screening tools
- realistic patient goals and expectations
- an experienced MDT to assist the patient to reach their optimum level of mobility and assessment and provision of walking aid/device.
- requirement for patients to attend in person for all T25ftW.

The service will continue to audit the results year on year to inform safe and appropriate prescribing. The clinic can now be facilitated without medical staff as the MS CNS has achieved NMP status and can prescribe Fampridine.

