

P.045**Quality of life and treatment satisfaction in onabotulinumtoxinA-treated cervical dystonia patients: multicentre, prospective, observational study, posture**

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Background: Health-related quality of life (HRQoL) data is valuable, but limited. This analysis describes the impact of onabotulinumtoxinA treatment on HRQoL and level of treatment satisfaction in cervical dystonia (CD) patients. **Methods:** A multicenter, prospective, observational study in CD patients initiating onabotulinumtoxinA treatment (NCT01655862); ≤ 8 treatments administered at the physician's discretion. Primary measures (baseline, 4/8 weeks post-treatment, and before final treatment): pain numeric rating scale (PNRS) and cervical dystonia impact profile questionnaire (CDIP-58). Secondary measures (8 weeks post-treatment): patient/physician treatment satisfaction. **Results:** 61 patients (31.3-86.3 years old) were enrolled (efficacy cohort); majority had moderately severe CD (77.0%) and were female (77%). CDIP-58 domain and PNRS scores decreased from baseline, with significant changes ($p < .0001$) by 4 weeks post-treatment 3 (mean \pm SD): symptoms (-18.8 \pm 16.1), daily activities (-7.2 \pm 13.7), psychosocial sequelae (-17.4 \pm 13.4), and PNRS (-1.8 \pm 3.3). Most patients (78.0% and 94.4%) felt their condition was improved and majority of physicians (68.9% and 75.0%) indicated satisfaction with patients' responses following treatments 1 and 2, respectively. 27 patients reported 56 treatment-related adverse events (52 resolved, 4 ongoing); none were serious. **Conclusions:** No new safety signals were identified. Patients and physicians appear to be satisfied with onabotulinumtoxinA treatment for CD. Results suggest that onabotulinumtoxinA treatment may help improve HRQoL.

P.046**Can targeted exercises for nerve movement be effective for primary restless leg syndrome in adults with and without musculoskeletal pain?**

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Background: Restless leg syndrome (RLS) is common with musculoskeletal pain conditions and has been associated with small fiber neuropathy. There are few reports of non pharmacological management of RLS. The purpose of this paper was to report the use nerve mobilization exercises in a group of patients with primary RLS with and without co-morbid chronic non specific low back pain (LBP). **Methods:** 26 consecutive patients (11M/14F) with primary RLS and LBP attended a mean of 12 physiotherapy sessions (range 4-16). Patients were given 3 neural mobilization exercises to do twice daily 15-20 repetitions. Outcome measures were: Global Rating of Change Scale (GROC); Restless Legs Syndrome Rating Scale (RLS-RS); and RLS Ordinal Scale (RLS-OS). Based on the RLS-RS 1 was very severe, 8 were severe and 17 were moderate. **Results:** Follow up was a mean of 14 months (range 12-16). Mean baseline for the RLS-RS was 22.8. The mean change was 20.3 (range 14-26). The mean baseline for the RLS-OS was 4.3. The mean score at follow up was 1.2 (range 1-4). GROC changed a mean of 6.2 (range

3-7). **Conclusions:** The results suggest that targeted exercises may be useful in managing primary RLS. A level 1 clinical trial is warranted. Further research is needed to identify the mechanism of action.

P.047**Successful management of Parkinsonism in a schizophrenic patient**

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Background: D2 receptor antagonists have been a mainstay in treating schizophrenia. Dopamine agonists used in the treatment of Parkinsonism can aggravate psychosis. Dopaminergic drugs with emphasis on other receptor subtypes with less D2 activation could reduce Parkinsonism in schizophrenic patients without seriously aggravating Parkinsonism. Rotigotine acts primarily on D3 receptors, while activity on other dopamine receptors is 8-20 times less. We report the successful treatment of a schizophrenic patient with rotigotine and contend that its effectiveness relates to rotigotine's receptor profile. **Methods:** Single case study with follow-up. **Results:** A 67 year old woman with longstanding schizophrenia developed severe, progressive Parkinsonian features over 2 years despite stable antipsychotic therapy. More than one tablet of levodopa-carbidopa 100/25 precipitated psychosis. Risperidone was changed to clozapine without benefit in Parkinsonism. The rotigotine patch was introduced and increased to 8 mg/24 hours without aggravating her mental status and produced considerable improvement in Parkinsonian features. **Conclusions:** Rotigotine is worth exploring as a treatment for severe Parkinsonism in patients with schizophrenia.

**MULTIPLE SCLEROSIS/
NEUROINFLAMMATORY****P.049****Medically refractory longitudinally extensive transverse myelitis successfully treated with cyclophosphamide induction**

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Background: Longitudinally extensive transverse myelitis (LETM) is a demyelinating condition that is associated with diseases such as neuromyelitis optica spectrum disorder (NMOSD), acute disseminated encephalomyelitis, collagen vascular disease, or can be idiopathic. LETM can be severe enough to cause quadraparesis, marked sensory dysfunction, and respiratory failure. Rarely, these patients are unresponsive to conventional immune therapy. **Methods:** We report two cases of severe LETM with acute development of quadraparesis and respiratory failure requiring intensive care admission and failure to respond to high-dose corticosteroids, plasma exchange, IVIg and rituximab. Disease cessation and ultimately, significant recovery, was achieved after an 8-day cyclophosphamide induction. **Results:** A 21 yo female with antibody positive NMOSD and