as a whole ($P < 0.001$) and with their leisure situation ($P < 0.001$), daily occupation ($P = 0.001$), sex life ($P < 0.001$), and partner relationship ($P < 0.001$) was significantly decreased. The conclusion of the study is that also mild stroke has impact on spouses and, thus, many spouses are in need of long-term follow up and support.

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Sativex® in the treatment of pain of neurological origin or symptoms of multiple sclerosis: Interim analysis of a long-term, open-label, safety and tolerability study

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Sativex is a cannabis-based medicine (preparation of whole plant extracts) containing D-tetrahydrocannabinol (THC) and cannabidiol (CBD), administered as an oromucosal spray. Each spray delivers 2.7 mg THC and 2.5 mg CBD. Patients completing placebo-controlled, double-blind studies of Sativex were eligible to enter this long-term study. Throughout the study, all patients continued with their existing treatments for symptomatic relief. Study medication was self-titrated to symptom resolution or maximum-tolerated dose. Patients were seen 4 weeks after entering the study, then every 8 weeks. Diaries of daily dosing and weekly symptom severity were completed. A total of 287 patients of a possible 360 entered the study; 213 patients were still enrolled at the time of this analysis. Thirty-two patients (11%) withdrew due to treatment-related adverse events (AEs) and 17 (6%) due to lack of benefit. AEs, although not uncommon, were mainly mild or moderate; patients reported little or no intoxication. Mean daily dose at the 28 week visit was 9.21 sprays (SD 7.68). This interim dataset included 157 patients, from reported parent studies, with efficacy data. A total of 118 patients (75%) reported continuing benefit at their last visit. Fifty-seven patients, all with symptoms of pain, had approximately 28 weeks study duration; their mean symptom severity was rated at 3.95 (SD 2.19) on an 11-point numerical rating scale compared with 4.76 (SD 1.99) on entry to this extension and 6.46 (SD 1.53) at baseline of the parent studies. The results of this interim analysis demonstrate that Sativex® is well tolerated and provides sustained long-term symptom relief.

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Reorganization of cortical motor function in patients after stroke

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Changes in cortical maps are related to motor recovery in patients after stroke as an expression of neuronal plasticity, and physical rehabilitation can modulate some of these changes. To find out which are the effects of a neurological rehabilitation program in cortical motor maps in patients after stroke, we studied two groups of patients who suffered a cerebral ischemic stroke 1–3 years ago, with partial recovery of their motor function (Barthel index >85, modified Rankin scale ≤ 2); all of them gave their written informed consent. One group of five patients was evaluated twice without any treatment; and another group of 15 was included in an intensive and integral rehabilitation program 10 h a day for 28 days, and were evaluated before and after treatment. Besides clinical evaluation, we carried out a motor mapping procedure with transcranial magnetic stimulation (TMS) of the resting first dorsal interosseus muscle in all of them. Enlargement of the motor cortical map with displacement of its center in the affected hemisphere was the most frequent finding in patients; ipsilateral motor responses to TMS were observed only in three patients. After treatment, significant changes in motor area determined by TMS were seen in both hemispheres (affected and not affected (non-affected: $Z = 2.36$, $P = 0.017$; affected: $Z = 2.66$, $P = 0.007$)) in the group of treated patients. No significant differences were detected in the non-treated group between evaluation 1 and 2 ($P > 0.05$). In conclusion motor recovery in patients after stroke in response to therapy is related to an enlargement of motor response area.

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Abstract cancelled

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Use of computer game devices in the rehabilitation of patients with cerebral palsy

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The use of computer game devices is a new approach in the rehabilitation of motor disturbances in patients with cerebral palsy. While the patient plays a game, a specific hand movement is required. Instead of concentrating on the movement, the patient concentrates on the game and the movements become subconscious. To enhance emotional involvement of the patients, virtual reality is used.

Objective: To evaluate the efficiency of the game devices in the rehabilitation of patients with cerebral palsy.

Subjects: Thirty patients aged 7–14 years with spastic hemiplegia, able to move the handle of the game device with the involved hand. The control group included 15 similar patients.

Interventions: Experimental and control groups underwent a two week basic rehabilitation course according to the intensive neurophysiological rehabilitation system (The Kozijavkin Method) which utilizes multiple modalities – biomechanical correction of spine and extremity joints, mobilizing physical therapy, special massage, reflexotherapy and mechanotherapy. In addition, patients in the experimental group participated in a daily 25-min training session with the computer game devices. Main outcome measures: Sollerman hand function test, range of active hand movements, dynamometry grip strength measurement.

Results: The experimental group showed significantly increased grip strength. Improvement of the hand grasp function was noted in 25 patients. Range of movement increased statistically non-significantly. All subjects were highly motivated during the training sessions.

Conclusion: There appears to be potential value of computer game devices in the rehabilitation of patients with cerebral palsy. Further studies of this rehabilitation technique are needed.