

What SLPs should know about botulinum toxin

What is botulinum toxin used for?

Botulinum toxin (BoTN) is FDA-approved for:

- Chronic migraine.
- Cervical dystonia.
- Blepharospasm and strabismus.
- Primary axillary hyperhidrosis.
- Adult bladder dysfunction.
- Pediatric detrusor overactivity.
- Spasticity.
- Cosmetic purposes.

Botulinum toxin (BoTN) is used off-label for:

- Neurogenic thoracic outlet syndrome.
- Epicondylitis.
- Post-stroke pain.
- Post-herpetic neuralgia.
- Diabetic neuropathy.
- Trigeminal neuralgia.
- Neuropathic pain.
- Spinal cord injury.
- Myofascial pain.
- Bladder pain.

What are some possible side effects of BoTN?

- Dysphagia.
- Dysphonia.
- Dysarthria.
- Xerostomia.
- Dyspnea.
- Dizziness.
- Blurry vision.
- Anxiety.
- Fatigue.
- Muscle weakness.
- Insomnia.
- Urinary incontinence.

What to consider during evaluations

- If your patient presents with symptoms that aren't explained by their known medical history, ask if they have received botulinum injections (common brands include Botox®, Xeomin®, and Jeuveau®).
- There is a general lack of awareness of the possible side effects of BoNT among physicians and the general public.
- Side effects of BoNT (botulism) can be mild, moderate, or severe. They can be transitory or chronic.

What should SLPs do if we suspect our patient may have botulism?

- Encourage our patients to learn about the side effects of all of their medications, including BoNT, on a site such as [Drugs.com](https://www.drugs.com).
- Patients can report suspected adverse reactions to the manufacturer of BoNT or to the FDA (800-FDA-1088 or www.fda.gov/medwatch).
- SLPs could contact their primary care physician or the injecting physician to share the observations and provide resources about the possible side effects of BoNT, if they are unaware.
- There is an antitoxin that can stop the progression of symptoms, but treatment of botulism is time sensitive and the antitoxin must be dispatched by the CDC. The antitoxin can cause serious side effects, as well. The antitoxin can't reverse damage that was already caused.

What could SLPs do for symptom management?

- External memory supports, such as written reminders, timers, alarms, and medication boxes.
- The Spoon Theory or other energy conservation strategies.
- Compensatory strategies to support executive function.
- Diet alteration, eating strategies, and dry mouth products.
- Communication strategies, AAC, and tools such as a voice amplifier.
- Self-management and self-efficacy strategies.

Learn more about BoNT from Megan McCue (SLP)

- Megan experienced life-altering side effects after one round of cosmetic BoNT injections.
- She has written two books to raise awareness.
 - Me Tox Pretty - a memoir of Megan's first five months following the injections.
 - Notox - a science-based history of BoNT.
- Contact Megan: www.meganmccue.com or metoxpretty@gmail.com.

Related Eat, Speak, & Think posts

- [How to use the Spoon Theory to manage fatigue.](#)
- [10 ideas for the speech therapy patient we're not sure how to help.](#)
- [Take the guesswork out of thickening liquids with the IDDSI flow test.](#)
- [A practical guide to pureed food at home.](#)
- [How to make pureed food taste good.](#)

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