**DYSTONIA FACTS**

**DYSTONIA** is a neurological movement disorder. It is a syndrome of involuntary, sustained and repetitive muscle spasms. Dystonia can affect a single part of the body or several different parts at once. The type of dystonia one has depends on the part(s) of the body affected. Symptoms may differ in each patient.

**CRANIAL DYSTONIA**
Affects muscles of the head, face and vocal cords.

- **Blepharospasm** affects both eyelids, causing them to blink uncontrollably or squeeze shut. Can cause functional blindness. A small percentage of blepharospasm patients also have periods where they are unable to open their eyelids at will (Apraxia of the Eyelid Opening).

- **Oromandibular Dystonia (Meige)** affects muscles of the face, jaw, lips and/or tongue. Causes grimacing, tongue protrusion and jaw opening/closing.

- **Spasmodic Dysphonia** affects normal conversational speech. Intermittent spasms of the vocal cords can cause the voice to break up, sound strained, breathy or whispery. During breathing and swallowing, the muscles function normally.

**DYSTONIA IS ALSO CHARACTERIZED BY...**

**BODY DISTRIBUTION**
- **Focal dystonia** – Most common type. Only one body part or specific muscle group is affected. Cervical dystonia and blepharospasm are the most common focal dystonias.
- **Multifocal dystonia** – Two areas of the body that are not connected are affected (arm and leg).
- **Segmental dystonia** – Two or more areas of the body that are close to each other are affected (blepharospasm and oromandibular dystonia).
- **Generalized dystonia** – Feet, legs, arms and torso can be affected.
- **Hemidystonia** – An arm and leg on one side of the body is affected. Generally due to a secondary cause.

**AGE OF ONSET**
- **Early onset dystonia** – When the symptoms appear during the first 30 years. Usually early onset dystonia is generalized or becomes generalized over time.
- **Late onset dystonia** – When the symptoms appear between the ages of 40 and 60 years. Symptoms usually begin in the neck, an arm or the head. Cause is usually primary and tends to remain focal; however, spread is more likely in blepharospasm patients than with other focal dystonias.

**UNDERLYING CAUSE**
- **Primary dystonia** – There is no identifiable cause. Most who have blepharospasm have primary dystonia. Some dystonia may be inherited.
- **Secondary dystonia** – Dystonia caused by some other condition. It may result from other health conditions such as stroke, trauma or other diseases. Drug-induced tardive dystonia is the most common form of secondary blepharospasm. It can result from use of dopamine blocking drugs or anti-nausea drugs such as Reglan (Metoclopramide).

**MORE INFORMATION**

Researchers believe that dystonia results from an abnormality in or damage to the basal ganglia or other brain regions that control movement. No objective pathology is evident through the use of x-rays or imaging studies (CT or MRI scans) and blood tests appear normal. Intelligence, vision, hearing and muscle strength are also normal. There is no definitive test for dystonia. Diagnosis depends on the presence of clinical signs and symptoms.

Dystonia can occur at any age and affects men, women and children alike; however, specific types of dystonia may affect a different age group or gender. (For instance, women get blepharospasm 2.3 times more often than men and the average age of a blepharospasm patient is 69 years old). Dystonia is the third most common movement disorder following tremor and Parkinson’s disease. It affects approximately 300,000 people in North America.

There is no cure for dystonia. While it is not fatal, it is chronic and sometimes painful and can be very disabling. Available treatments include botulinum toxins, oral medications and several types of surgery.