individuals over 65 years old. However, studies estimating prevalence of ET are few, with no previous studies amongst rural Indian communities. India's diverse population makes data extrapolation inaccurate, presenting a need for population-based surveys. Here, we assess the prevalence of ET in 10 selected villages of Anand district in rural Gujarat, India.
Methods: We utilized a pre-validated modified screening questionnaire for parkinsonism and movement disorders, including ET. Participants who screened positive underwent videography and a detailed clinical examination by a neurologist to confirm the ET diagnosis based on the 2018 MDS Tremor Task Force criteria.
Results: Of 18,896 individuals screened, 54 participants screened positive and underwent formal neurologic evaluation; 17 were diagnosed with ET. The crude prevalence of ET was calculated as 89.96 per 100,000 (0.09%), based on 2018 MDS criteria gathered from survey screening, video recordings and clinical evaluation.
Conclusions: Our study demonstrates a crude prevalence rate of 0.09%, low in comparison to other ET prevalence studies. One reason may be utilization of the updated criteria to diagnose ET and excluding patients with ET plus syndromes. This study is the only prevalence assessment conducted in a villagebased Indian population. Further studies of prevalence utilizing the MDS diagnostic criteria will help improve awareness, diagnosis, and treatment of ET for the rural Indian population and generate more understanding of ET prevalence throughout India and globally.

P 209

CLINICAL TREMOR-STUDY WITH GENDER FEATURES IN PATIENTS WITH ESSENTIAL TREMOR IN UZBEKISTAN

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Background: During the diagnosis of essential tremor (ET), it is important to follow strict criteria of inclusion and exception to exclude a reasonable number of neurodegenerative diseases and metabolic disorders that have similar symptoms. We investigated the clinical features of ET in patients from the region of Uzbekistan admitted to the neurology center with long-term complaints of tremor.
Methods: This study was included 32 patients with a verified diagnosis of ET.
Results: By gender, there was a predominance of females: 65.6% (21 people) versus 34.4% (11 people) of males. The mean age of patients with ET was 67.3 ± 1.83 years (range 43 to 85 years). The distribution of patients by age groups showed that the largest number of them falls on the age group of 70-79 years (12 people, 37.5%) and the group of 60-69 years (9 people, 28.1%). According to the time of manifestation of symptoms, 43.8% (14 people) of patients had a late onset of the disease (over 60 years), 28.1% (9 people) of patients had an early onset (at 20-30 years). In 62.5% (20 people), a combination of postural-kinetic tremor with head tremor was detected; in 12.5% of patients (4 people) - isolated postural hand tremor; isolated head tremor of the "no-no" or "yes-yes" type was observed in 21.9% of patients (7 people); rest tremor was noted in 1 (3.1%) patient. Medium-amplitude tremor was detected in 68.8% (in 22 people), large-amplitude - in 3.1% (in 1 person), small-amplitude - in 28.1% (in 9 people) of cases.
Conclusions: During the analyzing ET cases, it was revealed that female patients predominate among patients, the largest number of patients falls in the age group of 60-79 years. The clinical picture of patients corresponds to the classical phenotype, the severity and amplitude of tremor, mean-amplitude tremor was much more pronounced in patients with ET.

Part III O: Gait Disturbances and Other Movement Disturbances Disorders

P 210

PAIN REDUCTION IN ADULT PATIENTS WITH LIMB SPASTICITY FOLLOWING SINGLE INCOBOTULINUMTOXINA INJECTION: ANALYSIS OF POOLED DATA FROM PHASE 2/3 STUDIES

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Background: IncobotulinumtoxinA (incoA) has shown pain-relieving benefits in patients (pts) with limb spasticity in individual studies; data from sizeable pt cohorts are lacking. Pain relief in a large cohort of incoA-treated pts with spasticity-associated pain (SAP) using pooled data from mostly placebo-controlled phase 2/3 studies was assessed.
Methods: Pain severity was assessed with the Disability Assessment Scale (DAS; 0–3) in adults with upper limb SAP. A ≥1 point reduction in the DAS pain score from baseline [BL] to 4 weeks was defined as response. Between-treatment group response rates (overall and by BL pain severity – DAS mild, moderate, severe) and the proportion of pts with complete pain relief (DAS pain score=0) at 4 weeks after 1 injection of incoA or placebo were analyzed using χ^2test. Overall between-group response rate differences were analyzed using logistic regression (presented as odds ratio [OR] and 95% confidence interval [CI]).
Results:544 (incoA: 415, placebo: 129) pts reported SAP at BL. At 4 weeks, a significantly higher proportion of incoA- vs placebo-treated pts achieved a response (52.1% vs 28.7%; p<0.0001). IncoA-treated pts were more likely to achieve pain response vs placebo-treated pts (OR 2.6 [95% CI:1.6–4.2]; p<0.0001). Irrespective of BL pain severity, significantly higher response rates were observed with incoA vs placebo at 4 weeks (p<0.02 all comparisons). Complete pain relief was achieved by significantly more incoA- vs placebo-treated pts at 4 weeks (27.1% vs 12.4%; p=0.0006).
Conclusions: Pts receiving incoA vs placebo are significantly, by 2.6 times, more likely to achieve reduced upper limb SAP, irrespective of baseline pain severity, at 4 weeks post-injection thus supporting use of incoA in this setting.

P 211

THE NEED TO INCLUDE FUNCTIONAL MOVEMENT DISORDERS IN THE DIFFERENTIAL DIAGNOSIS OF CHILDREN PRESENTING TO EMERGENCY DEPARTMENTS

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Background: Providers in emergency departments can be challenged by the captious presentation of a child with movements suggesting neurological disorders without a source for history and other information. While providers may experience a sense of urgency to administer diagnostic and therapeutic interventions with serious potential adverse effects, caution is desirable before making major decisions about the optimal course of action.
We report a case to demonstrate that the possible presence of functional neurological symptom disorder (conversion disorder) merits consideration by providers when facing uncertain movements in girls with a history of physical and sexual abuse and a family history of functional neurological symptom disorders.
Methods:A five-year-old girl was shot in her left arm and her chest by an unknown assailant. After a delay of four hours she was taken to an emergency room where she was admitted for a thoracotomy. She then experience nightmares about strangers.
The day before her ninth birthday she was taken to an emergency room with the chief complaint of "I can't hear or see" for the past day.
Results: On examination she shook hands with the examiner, maintained eye contact, and responded to questions despite the din of the environment. She underwent regular outpatient psychotherapy sessions and regained function with encouragement by her providers, teacher, and parents. A few weeks later she was raped on the school bus. When she presented to an emergency room with mouth movements, neck twisting, and frothing followed by confusion, she was begun on phenobarbital 100 mg by mouth twice daily. Her mother had been treated with phenobarbital for a seizure disorder beginning at age 13 that suddenly resolved after a religious experience at age 23.
Conclusions: Children with family histories of functional neurological