Methods.— This is a prospective pilot open cohort study. Passive cycling exercise program with a therapeutic exerciser (Motomed®) was proposed during 10 weeks (3 per week). Patients performed 20 minutes lower limbs passive cycling exercise. Lower limbs spasticity was assessed at baseline, 10 weeks, 3 and 6 months with the Modified Ashworth Score (MAS) bilaterally for the following muscles: triceps surae, tibialis posterior, quadriceps femoris, hamstring and adductor brevis, longus and magnus.

Results.— Forty MS patients (mean age 50, 4 ± 8.5 years, median EDSS: 6.71) completed the study. There was a significant decline in the MAS after training for the following muscles: right (P = 0.0012) and left (P = 0.0128) triceps surae, right (P = 0.0147) and left (P = 0.0013) tibialis posterior and left adductor (P = 0.0055). The positive effect of training can still be observed at 3 and 6 months for right (P < 0.001) and left triceps surae (P < 0.0001). 

Discussion/Conclusion.— Some studies have examined the effect of passive cycling exercise on spasticity in MS patients. A study [2] showed a significant effect of passive cycling exercise on spasticity on the soleus muscle after 20 minutes cycling (MAS 1.46 ± 0.96 vs 0.96 ± 0.3). Our study demonstrates that regular passive cycling exercise, even for persons with a severe handicap, can reduce lower limbs spasticity.

References


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Polio-survivors needs in France: Estimation from a specialized outpatient’s department

A. Yelnik a,*, C. Andriantsifandetra b, N. Brada c, J. Beaudreuil b, P. Sportouch d, O. Dizien a,1

a Service de médecine physique et de réadaptation, groupe hospitalier Saint-Louis, AP-H, Lariboisière, F-Widal, université Paris-Diderot, 200, rue Faubourg-Saint-Denis, 75010 Paris, France
b Service de rhumatologie, AP-H, GH Saint-Louis, Lariboisière, F-Widal, université Paris-Diderot, Paris, France

corresponding author.

E-mail address: alexaipotet@yahoo.fr

Keywords: Poliomyelitis; Post-polio syndrome

Introduction.— Polio survivors require health care depending on the sequelae, with their own consequences and impact on health, especially their impact on bone and joint systems. We need to have better knowledge of the national needs’ extent for the future organization of care. The number of polio survivors is supposed to be 55,000 in France, from 400,000 to 1.1 million in Europe. The analysis of a specialized outpatient’s department involved in a regional network is reported as a basis for a national study.

Method.— Retrospective study in a PRM out-patient’s department since 2002 to 2011.

Results.— Among 217 patients examined, 200 files were enough informative to be studied. One hundred and forty-seven patients did not consult a PRM specialist since the initial event. They were 85 men, 115 women, mean age 55.2 years (20–86). Polio has been contracted in France for 114, out of France for 86, at a mean age of 4.2 years. The initial motor involvement affected: lower limb right/left 141/131, upper limb right/left 37/35, spine 37, and abdomen 19. Professional status: activity 43%, retired 22%, without work 20% (11% without information). Reason for consulting: global advice 54; functional impairment 135, pain 77, social difficulties five. Twenty (10%) had three symptoms (fatigue, loss of strength, musculo-arthritic pain) for a post-polio syndrome, 64 (32%) at least two. Ninety could walk without orthosis or assistive device. Orthopaedic disorders: limb inequality 106, hip flessum 12, knee recurvatum 29, knee flessum 41, equinus 36, varus foot six. Complementary test required: radiology 85, electromyography nine, respiratory function 11, sleep registration nine, RMI 9. Prescription: new orthosis 30, surgical advice 29, physiotherapy 106, dietary advice 20, social worker help 30.

Conclusion.— This analysis of a PRM out-patient’s department dedicated to polio survivors, gives insight into the needs of this population. A national study is desirable because of the increasing need of these ageing subjects.

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Moral and conventional judgements in multiple sclerosis

A. Petet a,*, A. Tourbah b, M.-P. Chaunu b, P. Pradat-Diehl c, S. Bakchine b, N. Elahi b

a ER06, UPMC, service de MPR, AP-H, groupe hospitalier Pitié-Salpêtrière, 47-83, boulevard de l’Hôpital, 75651 Paris, France
b Service de neurologie, CHU de Reims, université Lille-Nord de France, Reims, France
c Service de neurorehabilitation, CHU de Reims, Reims, France

E-mail address: alexiapotet@yahoo.fr

Keywords: Social norms; Sociocognition; Multiple sclerosis

Introduction.— Multiple sclerosis (MS) is a chronic, inflammatory, and demyelinating disease of the central nervous system (CNS). This disease affects young adults and is characterized by progressive neurologic disability. Its clinical presentation is variable, and neuroanatomical localization is unpredictable. Neuroimaging is used in daily clinical practice for the diagnosis and monitoring of disease activity. In the case of multiple sclerosis, a growing body of evidence suggests that moral and conventional judgements are predominantly assessed and may differ from the neurologist’s expectations. This study aims to analyze the moral and conventional judgements in multiple sclerosis patients compared to the general population.

Methods.— A cross-sectional study was conducted in a university hospital department. Patients included were those attending the neurological follow-up clinic. The sample consisted of 100 MS patients and 100 healthy controls. Neurologists who were not aware of the patients’ clinical information assessed the patients’ moral and conventional judgements using a standardized questionnaire. The questionnaire consisted of questions regarding the patient’s beliefs about the disease, treatment, and role of the patient in the decision-making process.

Results.— The results showed that MS patients had significantly lower levels of moral and conventional judgements compared to the healthy controls. The most common issues highlighted were the patient’s role in decision-making, treatment outcomes, and the ethical implications of disease progression.

Discussion.— These findings suggest that patients with multiple sclerosis may have different moral and conventional judgements compared to the general population. This could be due to the complexity of the illness, the impact of disease on daily life, and the uncertainty associated with multiple sclerosis.

Conclusion.— Further research is needed to better understand the moral and conventional judgements in multiple sclerosis patients and their implications for clinical practice.