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Introduction.– Recently, social cognition impairments have been shown in multiple sclerosis (MS) in the ability to recognize facial emotions or to attribute mental states to others (faux pas task, first- and second-order mental state attribution ToM tasks).

Objectives.– The aim of this study was to assess conventional and moral judgments abilities in adults with MS, by using a task developed by Turivel et al., in 1987, used by Blair et al., in 1995, and adapted by our team to French population.

Materials and methods.– Knowledge of social norms has been studied by comparing judgments obtained for normal social situations, violations of conventional norms and violations of moral norms (permissiveness). Violations severity was quantified on a 5-point scale. Verbal justifications of deviance were recorded. Finally, the dependence was tested by removing the ban or by promoting the act.

Results.– Twenty patients with relapsing-remitting MS were compared to 20 control subjects (non-parametric tests). No differences were found between groups regarding gender, age, cultural level and permissiveness. Differences were found between MS patients and controls for the judgments of violations of conventional norms, which were judged as less serious by MS patients, and more acceptable in terms of generalization (P < 0.007) and dependency on authority (P < 0.008).

Discussion.– Conventional judgments seem impaired in patients with MS. These data have to be confirmed on more patients including other clinical phenotypes, and relations with other social cognition impairments should be specified.

Conclusion.– Social normative references in MS patients differ from control subjects in certain conditions (severity, generalization and dependency). Previous studies have shown difficulties attributing mental states to others and recognizing facial emotions. These results contribute to generalize other forms of sociocognition impairments previously observed.

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Evolution of life expectancy of patients with Duchenne muscular dystrophy at AFM Yolaine de Kepper centre between 1981 and 2011

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Keywords: Duchenne muscular dystrophy; Survival; Ventilatory assistance; Tracheostomy

Objectives.– Retrospective study over the last 30 years of life expectancy in patients suffering from Duchenne muscular dystrophy (DMD). Analysis of the role of ventilatory assistance and causes of death.

Patients and methods.– One hundred and nineteen adult DMD patients were hosted during 1981–2011 at AFM Yolane-de Kepper centre. Saint-Georges-sur-Loire, France. The patients were recruited throughout France but mostly on the west region. Patients’ life expectancy was calculated using Kaplan-Meier model.

Results.– Among the 119 patients, fifty five of them died, twenty eight were lost to follow up and thirty six were still alive on 15th September 2011. Among these, six were older than 40 years old and nine between 35 and 40 years. Patients didn’t benefit from ventilatory assistance before 1980. Between 1985 and 1990, ventilatory assistance became more and more systematic. Mean age of non-invasive mechanical assistance initiation was 20.09 years (Standard deviation [SD] ± 4.05) and tracheostomy (for 77 patients) was done at a mean age of 21.66 years (SD ± 3.72).

Life expectancy without or with mechanical assistance was 22.16 and 36.23 years, respectively. Similarly, life expectancy of patients born from 1970 (mostly with mechanical assistance) increased more than 15 years (25, 77 years before 1970 and 40, 95 years from 1970).

Causes of death changed. Since 1990 respiratory origins of death have decreased from 92% before 1990 to 52% after while cardiac origins of death have increased from 8% to 44% respectively.

Conclusion.– Ventilatory assistance prolongs by more than 15 years life expectancy of DMD patients. Non-invasive or by tracheotomy if necessary, it allows a conservation of a satisfactory quality of life, and should be systematically proposed to patients.

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Efficacy of electrostimulations and peloidotherapy in case of fibular paresis in diabetic polyneuropathy patients

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Keywords: Physical modalities; Electrostimulations; Peloidotherapy; Electroneurography

Introduction.– The diabetic polyneuropathy is the most frequent complication of diabetes mellitus.

Goal.– Comparative evaluation between two rehabilitation complexes.

Material and methods.– During last years, a total of 68 in-patients with fibular paresis due to a diabetic polyneuropathy were observed and investigated. Patients are randomized in two treatment groups of 34 each one. The investigation was conducted in accordance with rules for the protection of patients, as outlined in the Declaration of Helsinki, and was approved by the appropriate institutional review boards and ethics commissions. All patients gave written informed consent before undergoing any examination or study procedure. Groups 1 received standard physical therapy - analytic exercises, massages, iontophoresis with Nivalin. In group 2, we added electrostimulations and peloidotherapy techniques (sea lye compresses distally). For statistical evaluation we used t test (ANOVA) and Wilcoxon rank test (non-parametrical correlation analysis), performed using SPSS package. The treatment difference was considered to be statistically significant if the P value was less than 0.05. The comparative analysis of results shows a significant improvement of the symptoms of all patients, concerning pain relief (visualized by the analysis of results of Visual analogue scale), polyneuropathy (vibration sense, thermosensitivity, etc.), fibular paresis (manual muscle test, electroneurography), and depression (scale of Zung). Best efficacy was observed in group 2 — in case of combination of different physical modalities.

Conclusion.– We could recommend the complex program for treatment of the fibular paresis in diabetic polyneuropathy patients.

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Communications affichées

Version française

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Élévativité d’une scoliose après baclofène intrathécal chez une patiente adulte sclérosée en plaque

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Mots clés : Baclofène intrathécal ; Scoliose ; Scérose en plaque

Introduction.– Le traitement par baclofène intrathécal (BIT) modifie le tonus axial. Son rôle dans l’apparition et l’évolution de scolioses a été étudiée chez des enfants paralysés. Nous rapportons un cas clinique de scoliose majeure développée chez une adulte sans antécédent rachidien traitée par BIT dans le cadre d’une sclérose en plaques (SEP).

Observation.– Une femme de 45 ans suivie pour une SEP secondairement progressive depuis 1984 présente des douleurs thoracolombaires 30 mois après l’implantation d’une pompe à baclofène intrathécale en 2006 à l’âge de 40 ans.