after discharge, a questionnaire regarding return to work (RTW) was sent. We calculated area under the ROC curve.

**Results.**– In 589 patients with a full data set 2 years after rehabilitation (no missing values), the area under the ROC curve was 0.765 (95% CI: 0.72-0.81) with the simplest model with only 10 variables. We conducted a study in patients affected by Dupuytren’s disease with the Tubiana score grading the structural severity, the self-assessed disability on a visual analogue scale (VAS) (content validity) and the time of response. Spearman’s correlation was used for the content validity study. For the time response assessment, order of questionnaires application was randomly assigned for each patient. The time to fill out each questionnaire was recorded in seconds for each patient.

**Results.**– A total of 83 patients with Dupuytren’s disease, was prospectively included. Fifty-three patients were involved in the comparative content validity study and 30 in the time response assessment. The URAM scale showed a high convergence with the Tubiana scale (r = 0.61) and with the self-assessed disability on a VAS (0.67). For the CHFS, the convergence was moderate with the Tubiana scale (0.39) and high with the self-assessed disability (0.56). For the DASH questionnaire, there was no convergence with the Tubiana scale (0.22) and the convergence with the self-assessed disability was moderate (0.46).

**Conclusions.**– In the psychometric properties of the URAM scale, convergence between the URAM scale and the self-assessed disability was higher than with the CHFS and the DASH questionnaire. The URAM scale should be therefore largely recommended in clinical practice and in clinical studies for assessing disability of patients with Dupuytren’s disease.

**References**


**CO14-006-e**

**URAM scale for disability assessment in Dupuytren’s disease: A comparative study of its properties**

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**Keywords:** URAM scale; Disability; Dupuytren’s disease

**Aim.**– The Unité rhumatologique des affections de la main (URAM) scale is the first and unique patient-reported functional outcomes measure developed and validated for Dupuytren’s disease. Our aim is to test comparatively its content validity and its ease of implementation.

**Method.**– We conducted a study in patients affected by Dupuytren’s disease with the Tubiana score grading the structural severity, the self-assessed disability (VAS), the time response assessment. Spearman’s correlation was used for the content validity study. For the time response assessment, order of questionnaires application was randomly assigned for each patient. The time to fill out each questionnaire was recorded in seconds for each patient.

**Results.**– A total of 83 patients with Dupuytren’s disease were prospectively included. Fifty-three patients were involved in the content validity study and 30 in the time response assessment. The URAM scale showed a high convergence with the Tubiana scale (r = 0.61) and with the self-assessed disability on a VAS (0.67). For the CHFS, the convergence was moderate with the Tubiana scale (0.39) and high with the self-assessed disability (0.56). For the DASH questionnaire, there was no convergence with the Tubiana scale (0.22) and the convergence with the self-assessed disability was moderate (0.46).

**Conclusions.**– The psychometric properties of the URAM scale are high with the Tubiana scale and the self-assessed disability. The URAM scale should be therefore largely recommended in clinical practice and in clinical studies for assessing disability of patients with Dupuytren’s disease.