of life of persons affected by multiple sclerosis

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Background.-- The dimensions of quality of life (qol) are altered at the person affected by multiple sclerosis (MS) [1].

Objective.-- We studied the countermeasures of a adapted program of Nordic walking (NW) and dance (D) on the qol [2,3].

Materials/Patients and methods.-- Twenty-eight members of the network of health GSEP, affected by relapsing-remitting and progressive MS (EDSS ≤ 6) were distributed in 2 groups (NW for EDSS from 2 to 4 and D > 4). The parameters of QOL and associated (depression, self-respect, autonomy), functional (distance/speed of walking, balance) were measured before and after a program of 12 weeks.

Results.-- An improvement of speed and distance of walking without modification of balance is noted (P < 0.05). About the activity, the sub-domains of QOL (physical activity, physical health, cognitive function, social well-being) are improved without change of the associated parameters.

Discussion.-- MN and D improve dimensions of qol of the participants independently of the physical and associated parameters. Adapted to the EDSS of the patients, these activities of group can be complementary in conventional treatments of MS.

References

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Management of urinary dysfunction in multiple sclerosis (MS) patients: Our experience vs United-Kingdom (UK) consensus

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Keywords: Multiple sclerosis; Neurogenic bladder; Treatment

Objective.-- To compare management of urinary dysfunction in MS patients with UK consensus [1].

Methods.-- For 53 patients, retrospective analysis of EDSS and our management compared with UK consensus.

Results.-- Thirty-one women, 22 men; mean age 51.1 y [21–76]; mean EDSS: 4.6 [1–9]. EDSS < 6: 36; 6 ≤ EDSS < 7: 7; 7 ≤ EDSS < 8: 4; EDSS ≥ 8: 6. UK consensus: EDSS < 6 = antimuscarinic (AM) and/or desmopressin; 6 ≤ EDSS < 7 = AM + Clean Intermittent Self-Catheterisation (CISC) or buzzer ± desmopressin or Botulinum Toxin A (BoNT/A); 7 ≤ EDSS < 8 = AM + CISC or indwelling catheter (IDC), or BoNT/A; EDSS ≥ 8 = IDC. In our population: EDSS < 6 = 7 AM; 0 desmopressin; other = 16 CISC, ± alpha-blockers, ± tibial nerve stimulation ± reeducation. . . 6 ≤ EDSS < 7 = 3 CISC (1 with BoNT/A and AM), 1 AM, other: no or same treatment. 7 ≤ EDSS < 8 = 3 CISC (+AM, BoNT/A or alpha-blockers), 1 alpha-blockers only. EDSS ≥ 8 = 3 urinary derivation (Bricker), 1 CISD, 2 multidisciplinary approaches.

Discussion.-- Our management notably differs from UK consensus in extreme EDSS. For EDSS < 6, CISC learning. For EDSS ≥ 8, no IDC.

Reference

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Multiple sclerosis, a multidimensional disability

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Objectives.-- To evaluate the functional aspects, the severity of the deficit and the degree of autonomy of patients with SEP. To identify the correlation between the degree of deficiencies and the functional prognostic factors.

Methods.-- This is a prospective study during the period from November 2009 to October 2011. The clinical aspects and function were indexed. The deficiency of life of persons affected by multiple sclerosis (MS) patients with UK consensus [1].

Results.-- There were 55 patients: 38 women and 18 men. The mean age was 37 years (+12.2). The recurrent form was found in 87% of the cases. Forty-seven percent of the patients were autonomous; the others benefited from human technical assistances or assistances in a partial or total way. Correlations were found between EDSS scores and the Barthel (P < 0.0001), the disorders of the sensitivity (P < 0.05), the disorders of swallowing (P < 0.05), the disorders of the attention (P < 0.01), the depression (P < 0.01). In addition, tiredness, insomnia, the sexual disorders are factors independent of EDSS scores.

Discussion.-- The SEP involves a situation of handicap to several aspects: physical, functional, cognitive and psychosocial. The evaluation of the various aspects must be made to be able to apply an adapted therapeutic step.

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