Results.– We identified a single coping dimension with domains: positive-engaged coping (PEC) and negative-disengaged coping (NDC). Strategies by an iterative algorithm: we selected 6 PEC and 4 NDC relevant items respectively.

Conclusion.– We have validated a short and specific coping scale (TLS-coping10) in MS context. We found a strong link between the coping and QoL scores. The new scale is based on a single dimension with 2 opposite poles. We validated 10 relevant items: 6 PEC and 4 NDC.

Our scale was designed to obtain 4 semantic choice answers which could be marked by the neurologist using a binary score for each item – the main advantage for the neurologist being to get a score out of 10 in less than 2 minutes – for the patient enabling to fill in the questionnaire in less than 10 minutes. Therefore, this short and specific scale suits the routine medical practice’s requirements extremely well.


P045–EN

Validation of a short and specific quality of life scale in multiple sclerosis: Two Life Scale (TLS-QoL10)

R. Devy a, M. Jolibois b, P. Lehert c, M. Genty d, G. Edan e

a Association DNS, 45, rue beaurepaire, 49400 Saumur, France
b Association AMPA, Le Havre, France
c University of Louvain, Louvain, France
d Centre thermal Yverdon, Yverdon-les-Bains, France
e CHU de Rennes, Rennes, France

Keywords: Scale; MS; TLS-QoL10

Multiple sclerosis (MS) severely affects Quality of Life (QoL). The patients’ key concern isn’t usually measured in daily practice. The Mos-SF36 and its derivations are undoubtedly the most widely used scale in clinical trial. However, these scales are not used in routine practice because they are too complex, time-consuming, and hard to score. Our objective was to validate a short and specific QoL scale (TLS-QoL10) which is easy to use and easy to score in routine medical practice.

We conducted two multicenter French cross-sectional surveys: the first one involved 20 centers, 36 neurologists and 331 MS patients, the second one 40 centers, 58 neurologists and 521 patients.

The first survey had already shown that we could obtain statistical relevance with only 3 dimensions retained and had identified a maximum of 10 items. The second study showed the external validity henceforth confirming three main dimensions and 10 relevant items: Physical, Mental, and Energy-Vitality (PMEV).

For the initial study, 51 items were gathered into one questionnaire TLS51 and were compared with the SF36 and CHIP scales. Evidence has shown that they could be boiled down to 29 (TLS29). The second study concerning the external validation of Overall perceived QoL (OPQ) enabled us to confirm the 3 main domains and to validate the 10 relevant items.

(a) Our second cross-sectional multicenter survey has confirmed that SF36 remains a relevant QoL scale in MS, incredibly complex to use in routine. (b) It allowed us to identify a short and specific 10-item QoL scale with only 3 dimensions which are as statistically relevant as the SF36’s 8 ones: P, M and E-V. (c) These dimensions are sufficient to assess the OPQ. (d) We validated 10 relevant items as follows: 4 items for P, 4 items for M and 2 items for EV. Our questionnaire is designed to obtain 4 semantic choice answers which could be marked by the neurologist using a binary score for each item, (a) the advantage for the neurologist being to get a score over 10 in less than 2 minutes and (b) for the patient enabling him to fill in the questionnaire in less than 10 minutes, (c) therefore, this short and specific scale suits the routine medical practice requirements extremely well.


P046–EN

Arabic translation and validation of the SPADI index

M. Guermazi a, S. Ghorbel b, c, A. Yahia c, M. Khmekhem d, M.H. Elleuch e

a Unité de recherche de l’évaluation des pathologies de l’appareil locomoteur 04/UR/08-07, université de Sfax, Sfax, Tunisia
b Department of rehabilitation King Khaled Hospital, Hail, Tunisia
c Service de médecine physique et réadaptation fonctionnelle, CHU Habib Bourguiba, route El Ain, 3000 Sfax, Tunisia
d Service de neurochirurgie, CHU Habib Bourguiba, 3029 Sfax, Tunisia

*Corresponding author.

Keywords: Shoulder; Functional index; SPADI; Translation

Objective.– To translate and validate an Arabic version of “Shoulder Pain and Disability Index” (SPADI) to use in a Tunisian population with periarthritic pathologies of the shoulder.

Patients and methods.– We used the Method of “forward/backward translation”. Have been included in this study patients with periarthritic pathologies of the shoulder. Clinical measurements included the assessment of pain and functional disability by the functional visual analogue scale (VAS). Adaptations were carried out after a preliminary test including 15 patients. The interrater concordance was evaluated by intraclass correlation coefficient (ICC) and Bland and Altman method; the validity of construct was assessed using the Spearman correlation coefficient and the factorial analysis followed by orthogonal rotation. The internal consistency of each factor was graded by the study of Cronbach alpha coefficient.

Results.– This study has included eighty people. The interrater agreement was excellent (ICC = 0.96) confirmed by Bland and Altman Method. The validity of convergence studied on the analysis of Cronbach alpha coefficient assessed on all item was 0.911.

Conclusion.– The Arabic version of the SPADI index possesses high methodological qualities. Further studies with other Arabic-speaking populations will assess its applicability.