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, 51 neurologists and 521 patients. The first survey had already shown that we could obtain statistical relevance with 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 showed the external validity henceforth confirming three main dimensions and 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 E-V. Our questionnaire is 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 him to fill in the questionnaire in less than 10 minutes, (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's requirements extremely well.


P046–EN

Arabic translation and validation of the SPADI index

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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 periarticular pathologies of the shoulder.

Patients and methods.– We used the Method of “forward/backward translation”. Have been included in this study patients with periarticular 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.