assistance aids, and 50% required a wheelchair. For the men, ED was temporary (<3 months) in 9 patients (16%). All of the other patients (84%) had permanent erectile dysfunction. The two domains most commonly affected were: capacity to maintain erection and sexual arousal. For women, the FSFI score was perturbed in 85% and the most affected elements were arousal, dyspareunia and overall satisfaction. The two scores were validated in Arabic.

Conclusion.– Tetraplegia is a serious condition which can be life threatening in addition to the functional impairment, which includes sexuality. Further studies are needed in this poorly explored domain.

References


P013–EN

OAB-q: Validation of the Moroccan Arabic version of the quality of life questionnaire on overactive bladder

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Keywords: OAB-q; Overactive bladder; Quality of life; Moroccan Arabic

Objective.– Validation of the Moroccan Arabic version of the OAB-q, initially developed and validated in English [1].

Material and methods.– The Moroccan Arabic version of the OAB-q was obtained by translation then back translation (English–Arabic). Three experts reviewed the translations and tested the cultural adaptation with 10 patients presenting overactive bladders.

Results.– The OAB-q has two parts. The first part has 8 items and evaluates disorders related to bladder overactivity (diurnal and nocturnal pollackuria, urge and incontinence). The second includes 25 items measuring the impact on quality of life (coping behaviour, sleep, social interactions). Cultural adaptations were performed with 10 patients (5 with multiple sclerosis, and 5 with spinal cord injury), mean age 42.47.6, sex ratio 1:0.

Discussion and conclusion.– The OAB-q was validated in men and women presenting symptoms of overactive bladder with or without incontinence (neurological origin or not). The internal coherence and construct validity were demonstrated [1]. This questionnaire was thus validated for patients with multiple sclerosis and spinal cord injury [2]. Validation of the Morocco Arabic version is the initial stage of work towards psychometric validation in a larger number of patients.

References


P014–EN

Qualiveen: Validation of the Moroccan Arabic version of the quality of life questionnaire for spinal cord injury patients

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Keywords: Qualiveen; Quality of life; Micturition disorders; Spinal cord injury; Multiple sclerosis; Arabic; Questionnaire

Objective.– The purpose of this work was to validate the Moroccan Arabic version of Qualiveen developed and validated in French initially for spinal cord injury patients [1] and secondarily for multiple sclerosis patients [2].

Material and methods.– The Moroccan Arabic version of the Qualiveen questionnaire specific for micturation disorders was obtained by translation and back translation (French-Arabic). Experts reviewed the translations and tested comprehension in a sample of six patients including three with spinal cord injury and three with multiple sclerosis presenting bladder disorders.

Results.– This questionnaire is composed of 30 items evaluating the impact of urinary disorders on four domains of quality of life: difficulties, constraints, fears and experience. The Qualiveen is a self-administered questionnaire normally completed by the patient alone, excepting non-literate patients who require assistance. Linguistic validation is not a literal translation of the original questions but a cultural adaptation acceptable for Moroccan patients.

Discussion and conclusion.– The Moroccan Arabic version of the Qualiveen is one of the first quality of life measurement tools validated in the Moroccan dialect of Arabic and specifically developed for patients with spinal cord injury and MS with bladder disorders.

References

nullcord injury patients [1] and secondarily for multiple sclerosis patients 

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self- and hetero-catheterization in terms of preventing urinary tract infection. For us, it is important to abide by the elementary guidelines concerning the frequency of the catheterizations, the volume of urine collected, and the daily diuresis (four catheterizations per day at least, volumes less than 500 mL, diuresis greater than 1.5 L daily).

References