previous vitamin D/Calcium supplementation were excluded. Concentration of 25 OH vitamin D, calcium and phosphate were measured. Patients were divided in three groups according to their vitamin D level. In the first group, patients have a sufficient serum concentration of 25 OH vitamin D. In the second group, patients have vitamin D insufficiency. In the third group, patients have vitamin D deficiency.

Results.—Preliminary results are available for 17 patients, 11 men (mean age 62, min 50 – max 72 years old) and 6 women (mean age 58, range 50 – 66). One patient had a sufficient 25 OH vitamin D concentration. Eight patients suffered from vitamin D insufficiency. Nine patients had vitamin D deficiency.

Discussion.—Vitamin D deficiency is frequent in post-menopausal women (in 78% of the cases). In this study, low serum concentration of 25 OH vitamin D was found in 94% of the patients. Vitamin D deficiency is associated with an increased risk of hip fractures after stroke [2]. Vitamin D deficiency could be associated with an increased risk of stroke [3]. This data argues in favour of depicting and treating vitamin D deficiency post stroke.

References


P030–EN

Late diagnosis in a non-communicating patient

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Keywords: Cerebral palsy; Pain; Non-communicant

Case report.—A 57-year-old woman with severe cerebral palsy (cerebral anoxia at age of 15 months) was referred to the rehabilitation clinic for the purpose of obtaining a new wheelchair. The patient had very severe communication problems, and also myopia, renal lithiasis, and lower limb fractures. She lived in a specialized institution. She arrived at the consultation on a manual wheelchair, with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests. For several years, the institution team had remarked that she remained constantly with her lower limbs in triple flexion, and opposed with horizontal footrests.

Radiographies were therefore made and revealed typical synostomophyes, with ankylosis of the dorsolumbar rachis; sacroiliitis and coxitis. The radiological signs are typical of ankylosing spondylitis. An initial treatment by using non-steroidal anti-inflammatory drugs is instituted. Biotherapy will be discussed in case of inefficacy.

Discussion.—This case report reveals the difficulty to find and evaluate pain in non-communicating patients. This difficulty can explain late diagnosis in these patients.


P031–EN

Dual tasking and gait in people with Mild Cognitive Impairment according to anemic and non-anemic subgroups, preliminary results

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Keywords: MCI; Gait; Dual-task

Objective.—The large number of subjects suffering from mild cognitive impairment (MCI) who evolved towards a state of dementia, and more specifically Alzheimer’s disease, require identifying the preliminary risk factors. Amongst the latter, gait abnormalities in single and dual tasking have been proposed by several authors [1,2,3]. The aim of this study was to assess gait characteristics during simple and dual tasking in patients with MCI according to non-anemic and anemic subgroups (na-MCI, and a-MCI respectively).

Methods.—Gait analysis provided by an accelerometric method (Locometrix®) was carried out under single-task and dual-task conditions (counting backwards from 50) in nine patients (F = 7, M = 2; age 73 ± 8 years; height 165 ± 13 cm; weight 68 ± 9 kg) with na-MCI (n = 3) and a-MCI (n = 6), according to neuropsychological tests. Gait parameters were walking speed (WS), stride frequency (SF) and stride regularity (SR).

Results.—No significant difference between subgroups during single task was noted. A significant decrease in WS (P < 0.02), SF (P < 0.02) and SR (P < 0.04) in a-MCI patients was noted.

Conclusion.—This preliminary data is in accordance with the fact that musculoskeletal abnormalities were predominant in a-MCI, and suggests that dual tasking gait analysis could represent a supportive argument for distinguishing between na-MCI and a-MCI. These results have to be confirmed by a larger study. The value of such results in predicting the risk of Alzheimer’s disease has to be confirmed by further research.

References


P032–EN

Epidemiological study of musculoskeletal injuries in elderly patients attending physical medicine and rehabilitation consultations

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Keywords: Musculoskeletal injuries; Aged; Physical medicine and rehabilitation; Epidemiology

Objective.—To study the epidemiological characteristics of musculoskeletal traumatic injuries in elderly patients (≥ 65) in physical medicine and rehabilitation (PMR) consultation.

Patients and methods.—Retrospective study of medical records kept between 2007 and 2010. The variables analyzed are epidemiological, clinical and developmental.

Results.—Of 5411 consultants, 328 (6%) patients aged ≥ 65 years. 126 (38.4%) of them had a traumatic injury of the musculoskeletal system. They are composed of 65 men and 61 women with a mean age of 72.6 ± 5.9 years. The circumstances of injury were a fall of mechanical origin in 107 cases (84.9%) and secondary
to disorders of consciousness in 7 cases (5.6%) and a road accident in 12 cases (9.5%).

The lesions were fractures in 102 cases (82.5%), sprains and dislocations in 16 cases (12.6%) and contusions in 2 cases (1.5%). The most common fractures were those of the distal radius (36 cases or 28.6%) and proximal femur (11 cases or 8.7%).

The prescribed treatment included analgesics (126 cases or 100%), NSAIDs (25 cases or 19.8%) and rehabilitation (average of 17 sessions per patient). VAS pain was decreased from 45.7/100 to 20/100 and VAS handicap from 55.2/100 to 30.2/100. Evolution has been burdened with stiffness in 83 cases (65.9%), a reflex sympathetic dystrophy in 20 cases (15.9%) and loss of autonomy in 6 cases (4.8%).

Discussion.– Our study demonstrates the importance of musculoskeletal injuries as a pattern of care for elderly patients in PMR. The loss of autonomy is the most feared complication requiring adjustment of the system of assistance and care needs of this population.

Further reading