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


P031–EN

Dual tasking and gait in people with Mild Cognitive Impairment according to amnestic and non-amnestic 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-amnestic and amnestic 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...