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Polio-survivors needs in France: Estimation from a specialized outpatient’s department

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Introduction.– Polio survivors require health care depending on the sequelae, with their own consequences and impact on health, specially their impact on bone and joint systems. We need to have better knowledge of the national needs’ extent for the future organization of care. The number of polio survivors is supposed to be 55,000 in France, from 400,000 to 1.1 million in Europe. The analysis of a specialized outpatient’s department involved in a regional network is reported as a basis for a national study.

Method.– Retrospective study in a PRM out-patient’s department since 2002 to 2011.

Results.– Among 217 patients examined, 200 files were enough informative to be studied. One hundred and forty-seven patients did not consult a PRM specialist since the initial event. They were 85 men, 115 women, mean age 55.2 years (20-86). Polio has been contracted in France for 114, out of France for 86, at a mean age of 4.2 years. The initial motor impairment involved: lower limb right/left 141/131, upper limb right/left 37/35, spine 37, and abdomen 19. Professional status: activity 43%, retired 22%, without work 20% (11% without information). Reason for consulting: global advice 54%; functional impairment 135, pain 77, social difficulties 5. Twenty (10%) had three symptoms (fatigue, loss of strength, musculo-arthritic pain) for a post-polio syndrome, 64 (32%) at least two. Ninety could walk without orthosis or assistive device. Orthopaedic disorders: limb inequality 106, hip flessum 12, knee recurvatum 29, knee flessum 41, varus foot 6. Complementary test required: radiology 85, electromyography 9, respiratory function 11, sleep registration 9, RMI 9. Prescription: new orthosis 30, surgical advice 29, physiotherapy 106, dietary advice 20, social worker help 30.

Conclusion.– This analysis of a PRM out-patient’s department dedicated to polio survivors, gives insight into the needs of this population. A national study is desirable because of the increasing need of these ageing subjects.

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Introduction.– Recently, social cognition impairments have been shown in multiple sclerosis (MS) in the ability to recognize facial emotions or to attribute mental states to others (faux pas task, first- and second-order mental state attribution ToM tasks).

Objectives.– The aim of this study was to assess conventional and moral judgments abilities in adults with MS, by using a task developed by Turiel et al., in 1987, used by Blair et al., in 1995, and adapted by our team to French population. Materials and methods.– Knowledge of social norms has been studied by comparing judgments obtained for normal social situations, violations of conventional norms and violations of moral norms (permissiveness). Violations severity was quantified on a 5-point scale. Verbal justifications of deviance were recorded. Finally, the dependence was tested by removing the ban or by promoting the act.

Results.– Twenty patients with relapsing-remitting MS were compared to 20 control subjects (non-parametric tests). No differences were found between groups regarding gender, age, cultural level and permissiveness. Differences were found between MS patients and controls for the judgments of violations of conventional norms, which were judged as less serious by MS patients, and more acceptable in terms of generalization (P < 0.007) and dependency on authority (P < 0.008).

Discussion.– Conventional judgments seem impaired in patients with MS. These data have to be confirmed on more patients including other clinical phenotypes, and relations with other social cognition impairments should be specified.

Conclusion.– Social normative references in MS patients differ from control subjects in certain conditions (severity, generalization and dependency). Previous studies have shown difficulties attributing mental states to others and recognizing facial emotions. These results contribute to generalize other forms of sociocognition impairments previously observed.

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Evolution of life expectancy of patients with Duchenne muscular dystrophy at AFM Yolaine de Kepper centre between 1981 and 2011

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Keywords: Duchenne muscular dystrophy; Survival; Ventilatory assistance; Tracheostomy

Objectives.– Retrospective study over the last 30 years of life expectancy in patients suffering from Duchenne muscular dystrophy (DMD). Analysis of the role of ventilatory assistance and causes of death.

Patients and methods.– One hundred and ninety adult DMD patients were hosted during 1981–2011 at AFM Yolaine de Kepper centre, Saint-Georges-sur-Loire, France. The patients were recruited throughout France but mostly on the west region. Patients’ life expectancy was calculated using Kaplan-Meier model.

Results.– Among the 119 patients, fifty five of them died, twenty eight were lost to follow up and thirty six were still alive on 15th September 2011. Among these, six were older than 40 years old and nine between 35 and 40 years. Patients didn’t benefit from ventilatory assistance before 1980. Between 1985 and 1990, ventilatory assistance became more and more systematic. Mean age of non-invasive mechanical assistance initiation was 20.09 years (Standard deviation [SD] ± 4.05) and tracheotomy (for 77 patients) was done at a mean age of 21.66 years (SD ± 3.72).

Life expectancy without or with mechanical assistance was 22.16 and 36.23 years, respectively. Similarly, life expectancy of patients born from 1970 (mostly with mechanical assistance) increased more than 15 years (25, 77 andds before 1970 and 40, 95 years from 1970).

Causes of death changed. Since 1990 respiratory origins of death have decreased from 92% before 1990 to 52% after while cardiac origins of death have increased from 8% to 44% respectively.

Conclusion.– Ventilatory assistance prolongs by more than 15 years life expectancy of DMD patients. Non-invasive or by tracheotomy if necessary, It allows a conservation of a satisfactory quality of life, and should be systematically proposed to patients.

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Efficacy of electrostimulations and peloidotherapy in case of fibular paresis in diabetic polyneuropathy patients

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Keywords: Physical modalities; Electrostimulations; Peloidotherapy; Electroneurography

Introduction.– The diabetic polyneuropathy is the most frequent complication of diabetes mellitus.

Goal.– Comparative evaluation between two rehabilitation complexes.

Material and methods.– During last years, a total of 68 in-patients with fibular paresis due to a diabetic polyneuropathy were observed and investigated. Patients are randomized in two treatment groups of 34 each one. The investigation was conducted in accordance with rules for the protection of patients, as outlined in the Declaration of Helsinki, and was approved by the appropriate institutional review boards and ethics commissions. All patients gave written informed consent before undergoing any examination or study procedure. Groups 1 received standard physical therapy - analytic exercises, massages, iontophoresis with Nivalin. In group 2, we added electrostimulations and peloidotherapy techniques (sea lye compresses distally). For statistical evaluation we used t test (ANOVA) and Wilcoxon rank test (non-parametrical correlation analysis), performed using SPSS package. The treatment difference was considered to be statistically significant if the P value was less than 0.05. The comparative analysis of results shows a significant improvement of the symptoms of all patients, concerning pain relief (visualized by the analysis of results of Visual analogue scale), polyneuropathy (vibration sense, thermosensitivity, etc.), fibular paresis (manual muscle test, electroneurography), and depression (scale of Zung). Best efficacy was observed in group 2 — in case of combination of different physical modalities.

Conclusion.– We could recommend the complex program for treatment of the fibular paresis in diabetic polyneuropathy patients.

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