Évaluation de la qualité de la vie en cas d’entrave définitive de la conscience.

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**Goal:** There are few studies where quality of life (QOL) and contributively factors are assessed in patients LIS with complete physical and functional disability and dependence to caregivers.

We compared quality of life (QOL) of locked-in syndrome (LIS) patients with QOL of healthy controls.

**Methods:** We included nine LIS patients (eight vascular aetiology, one post-traumatic), 11 healthy controls. The following scales were administered patients: McGill, Short-Form SF-36, Beck depression inventory-II (BDI-II) and the Toronto Alexithymia Scale.

**Results:** Mean McGill and SF36 were not significantly different between LIS group and healthy controls; there were no significant differences between the two groups for others scales either except for BDI-II, depressive symptoms were significantly more frequent in LIS patients.

**Discussion:** Our results agree with several previous studies. Several factors may have an impact on QOL of LIS patients such as family support and patient-computer communication devices, these may have contributed to improve QOL of LIS patients in this study.

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Substitutive treatment for GH deficit in patients with traumatic brain injury

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**Keywords:** Traumatic brain injury; Growth hormone; Pituitary deficit; Cognition; Quality of life

**Objectives:** Pituitary deficits are frequent in patients with severe traumatic brain injury (TBI) and could participate in the late cognitive sequelae and reduction of quality of life (QoL). A recent study has suggested that treatment of growth hormone deficit (GHD) can improve cognitive disorders. However, we have no idea about the possible effects on participation to daily living activities and quality of life (QoL) and about factors which could contribute to this improvement. The aim of this study was to analyze the effectiveness of substitutive treatment on cognitive abilities, participation and QoL, and predictive factors of the efficacy.

**Methods:** We included patients complaining of fatigue and cognitive disorders at least one year after TBI. They were assessed for pituitary functions (with stimulation tests), and cognitive disorders (attention, memory, executive functions), participation in daily living activities and QoL (QOLIBRI scale).

Hormonal deficits were supplemented and a group of 23 persons receiving GH was compared to a group of 27 persons who did not received GH. Control of cognitive assessment, participation in daily living activities and QoL was performed after one year of therapy. We performed ANOVAs of factors Group and Session (p ≤ 0.05).

**Results:** Most cognitive parameters improved, but without between-group differences. More definite effect of GH treatment (group x session interaction) was found for vigilance, recall of the Rey complex figure, and two out of six subtests of the QoL questionnaire (personal and functional factors). Tendencies (p ≤ 0.08) were also found for spatial orientation, and immediate recall in the verbal memory test (Buschke).

Patients who most improved in QoL subtests were those with lower performance in cognitive tests and especially with lower QoL before treatment.

**Conclusion:** In TBI patients showing GHD, substitutive treatment can contribute to better improvement in cognitive performance and QoL. This benefit is more evident for those with severe difficulties before treatment.

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