CO46-006-e
Assessment of fatigue in rheumatoid arthritis: Experience of physical medicine Casablanca
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Introduction. – Rheumatoid arthritis (RA) is an inflammatory disease responsible for pain, deformity and joint destruction leading to functional disability. The RA patients often complain of fatigue existing at all stages and increasing during flares, constituting a factor in the deterioration of the quality of life.

Objective. – This study aimed to determine the predictive value of fatigue on the occurrence of a subsequent worsening of disability (evaluated after three years) to provide a tool prognosis.

Materials and methods. – Sixty-eight patients followed in the service of Physical Medicine and Rehabilitation Functional received an assessment of fatigue through three questionnaires: visual analogue scale of 100 mm, the medical outcomes study short-form 36 (SF36) scale, multidimensional assessment of fatigue (MAF).

Results. – Of the 68 patients, 70% had a higher fatigue V 50 mm, 54% had severe fatigue index greater than 30 for the MAF. A statistically significant relationship was demonstrated between a high level of physical fatigue and worsening of disability.

Discussion. – The assessment of fatigue is difficult because psychological factors are involved and physical. The majority of the measurement tools used in research or clinical practice based on self-assessment format, but this assessment is primodrial for monitoring, dose adjustment and determining the prognosis of RA.

Further reading

CO46-007-e
Evolution of locomotor performances in HIV-1 infected adults included in the ANRS CO3 Aquitaine cohort
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Objective. – To study the evolution of locomotor performances in HIV-1 infected adults included in the ANRS CO3 Aquitaine cohort.

Patients and methods. – In this prospective observational study, locomotor performances were assessed with the six-minute walk distance (6MWD) and the five-times-sit-to-stand test (5STS), at baseline and after 2-year follow-up. The evolution of locomotor test results over time and the determinants of 5STS time were studied in linear mixed effects regression models.

Results. – Three hundred and fifty-four patients (81% men, median age 48 years) were included at baseline and 178 had a follow-up visit after 2 years. At baseline, median baseline 5STS time was 9.8 s, and median 6MWD was 549 m. At follow-up, 31% had a deterioration in 5STS time of at least 2 s, and 43% had a decrease in 6MWD of at least 25 m. Overall, mean deterioration was +0.24 s/year (P = 0.007) for 5STS time, and –11 m/year (P < 0.0001) for 6MWD. Older age was associated with worse baseline 5STS time (+0.47 s per 10-year age increase, P = 0.001) but not with deterioration in this test over time. 5STS deterioration was more pronounced in i.v. drug users (change in slope +0.62 s/year, P = 0.03). At any time point, 5STS performance was significantly worse in patients with time-updated history of cerebral CDC stage C conditions (+2.47 s, P < 0.001) and of diabetes (+0.95 s, P = 0.02). No significant associations were found for time-updated type of ART, viral load or CD4 count.

Discussion. – Compared to data in the literature, baseline 5STS time and 6MWD are poorer in adults with well-controlled HIV-infection, and performance in these tests deteriorates further over time. A multifactorial origin rather than virologic factors may contribute to this deterioration of the lower limb performance. Physical exercise training should be considered in these patients.

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Intérêt d’une rééducation passive pendant les 45 premiers jours après réapparition de la coiffe des rotateurs
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