of life of persons affected by multiple sclerosis
M. Norbert a,*, S. Lemaire-Desreumaux b, M.-A. Guyot c, C. Donze c, T. Weissland d
a Institut d’Ingénierie de la Santé (2IS), UFR de Médecine, UPJV, Amiens Cedex 1, France
b Réseau GSEP, Groupe Septentrional d’Études et de Recherche sur la Sclérose En Plaques, France
c Service MPR du Groupe Hospitalier de l’Institut Catholique de Lille (GHICL), France
d APERE EA3300 UFR STAPS, Amiens, France
*Corresponding author.

Keywords: Quality of life; Multiple sclerosis; Adapted physical activities

Background.– The dimensions of quality of life (qol) are altered at the person affected by multiple sclerosis (MS) [1].

Objective.– We studied the countermeasures of a adapted program of Nordic walking (NW) and dance (D) on the qol [2,3].

Materials/Patients and methods.– Twenty-eight members of the network of health GSEP, affected by relapsing-remitting and progressive MS (EDSS ≤ 6) were distributed in 2 groups (NW for EDSS from 2 to 4 and D > 4). The parameters of QOL and associated (depression, self-respect, autonomy), functional (distance/speed of walking, balance) were measured before and after a program of 12 weeks.

Results.– An improvement of speed and distance of walking without modification of balance is noted (P < 0.05). About the activity, the sub-domains of QOL (physical activity, physical health, cognitive function, social well-being) are improved without change of the associated parameters.

Discussion.– MN and D improve dimensions of qol of the participants independently of the physical and associated parameters. Adapted to the EDSS of the patients, these activities of group can be complementary in conventional treatments of MS.

References

http://dx.doi.org/10.1016/j.rehab.2014.03.1118

P144-e
Multiple sclerosis, a multidimensional disability
K. Layadi
CHU, Oran, France

Objectives.– To evaluate the functional aspects, the severity of the deficit and the degree of autonomy of patients with SEP. To identify the correlation between the degree of deficiencies and the functional prognostic factors.

Methods.– This is a prospective study during the period from November 2009 to October 2011. The clinical aspects and function were indexed. The deficiency of balance is noted (P < 0.05). About the activity, the sub-domains of QOL (physical activity, physical health, cognitive function, social well-being) are improved without change of the associated parameters. Adapted to the EDSS of the patients, these activities of group can be complementary in conventional treatments of MS.

Results.– An improvement of speed and distance of walking without modification of balance is noted (P < 0.05). About the activity, the sub-domains of QOL (physical activity, physical health, cognitive function, social well-being) are improved without change of the associated parameters.

Discussion.– MN and D improve dimensions of qol of the participants independently of the physical and associated parameters. Adapted to the EDSS of the patients, these activities of group can be complementary in conventional treatments of MS.

References

http://dx.doi.org/10.1016/j.rehab.2014.03.1118

P143-e
Management of urinary dysfunction in multiple sclerosis (MS) patients: Our experience vs United-Kingdom (UK) consensus
K. Loiseau *, F. Valentini, G. Robain
Hôpital Rothschild, AP–HP, Paris, France
*Corresponding author.

Keywords: Multiple sclerosis; Neurogenic bladder; Treatment

Objective.– To compare management of urinary dysfunction in MS patients with UK consensus [1].

Methods.– For 53 patients, retrospective analysis of EDSS and our management compared with UK consensus.

Results.– Thirty-one women, 22 men; mean age 51.1 y [21–76]; mean EDSS: 4.6 [1–9]. EDSS < 6: 36; 6 ≤ EDSS < 7: 7; 7 ≤ EDSS < 8: 4; EDSS ≥ 8: 6. UK consensus: EDSS < 6 = antimuscarinic (AM) and/or desmopressin; 6 ≤ EDSS < 7 = AM + Clean Intermittent Self-Catheterisation (CISC) or buzzer ± desmopressin or Botulinum Toxin A (BoNT/A); 7 ≤ EDSS < 8 = AM + CISC or indwelling catheter (IDC), or BoNT/A; EDSS ≥ 8 = IDC. In our population: EDSS < 6 = 7 AM; 0 desmopressin; other = 16 CISC, ± alpha-blockers, ± tibial nerve stimulation ± reeducation. . ., 6 ≤ EDSS < 7 = 3 CISC (1 with BoNT/A and AM), 1 AM, other: no or same treatment. 7 ≤ EDSS < 8 = 3 CISC (+AM, BoNT/A or alpha-blockers), 1 alpha-blockers only. EDSS ≥ 8 = 3 urinary derivation (Bricker), 1 CISD, 2 multidisciplinary approaches.

Discussion.– Our management notably differs from UK consensus in extreme EDSS. For EDSS < 6, CISC learning. For EDSS ≥ 8, no IDC.

Reference

http://dx.doi.org/10.1016/j.rehab.2014.03.1119

P144-e
Multiple sclerosis, a multidimensional disability
K. Layadi
CHU, Oran, France

Objectives.– To evaluate the functional aspects, the severity of the deficit and the degree of autonomy of patients with SEP. To identify the correlation between the degree of deficiencies and the functional prognostic factors.

Methods.– This is a prospective study during the period from November 2009 to October 2011. The clinical aspects and function were indexed. The deficiency of balance is noted (P < 0.05). About the activity, the sub-domains of QOL (physical activity, physical health, cognitive function, social well-being) are improved without change of the associated parameters. Adapted to the EDSS of the patients, these activities of group can be complementary in conventional treatments of MS.

References

http://dx.doi.org/10.1016/j.rehab.2014.03.1118