assaults, drug use and vandalism. Violence (56%), but also entailed thefts, traffic offences, sexual assaults, drug use and vandalism. The offenses were mainly cases of violence (56%), but also entailed thefts, traffic offences, sexual assaults, drug use and vandalism.

Discussion Children with ABI who suffer or commit offenses are mainly boys, from very low socioeconomic background, with pre-injury academic and social difficulties, who sustained severe TBI. They suffer very severe and disabling cognitive deficits and behavioral disorders. Multidisciplinary care and follow-up of those children more at risk is essential in the long-term.

Keywords Acquired brain injury; Child; Cognitive disorders; Behavioral disorders; Youth offenders; Violence; Educational outcome

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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COS1-007-e Childhood craniopharyngioma: What about participation?

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Introduction Craniopharyngioma is a rare, benign central nervous system tumor, which may be source of multiple complications, from endocrinology to vision, neurology and neurocognitive functions. This morbidity can lead to participation restrictions, as described in the International Classification of Functioning. Primary objective of this study was to measure participation in a population of children and young adults having been affected by a childhood carniopharyngioma, using the LIFE-H questionnaire (Assessment of Life Habits), valid as a participation measure in various pediatric disabilities. We also examined potential links between the tumor characteristics, the complications and the participation.

Patients and methods Descriptive, multicenter study, including all patients having presented a childhood craniopharyngioma (before 18), followed in Lyon region between 2007 and 2013. Main criteria was the LIFE-H results, completed by the patient or the carer.

Results On 21 patients included in the study, 14 have completed the questionnaire, with a mean answer delay of 6.7 years after the diagnosis (SD: 3.9 years). Mean total LIFE-H score was 8.4 (SD: 1.03) for a normal score estimated at 10 in general population. The lowest scores affected nutrition, community life and recreation dimensions. All patients had an endocrinological deficit, 19% an hypothalamic syndrome, 52% an impaired fullliness feeling, 76% visual impairment, 14% a neurologic impairment, 91% a neurocognitive impairment. 57% of all patients could keep on attending a normal school, 43% had to enter a specific school. In patients in specific school, LIFE-H results were significantly lower in nutrition, communication, housing and recreation dimensions.

Conclusion Patients with childhood craniopharyngioma have their participation affected, mainly in the social dimensions. We could enhance it with systematic diagnosis of those participation impairments, with the goal of a suitable multidisciplinary management.

Keywords Childhood craniopharyngioma; Morbidity; Participation; LIFE-H

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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COS1-008-e Promoting the use of Motor Function Measure (MFM) as outcome measure in patients with Duchenne Muscular Dystrophy (DMD) treated by corticosteroids

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Objectives Assessing muscle function is a key step in measuring changes and evaluating the outcomes of therapeutic interventions in Duchenne Muscular Dystrophy (DMD). Regarding the large use of corticosteroids (CS) in this population to delay the loss of function, our goal was to monitor the evolution of motor function in patients with DMD treated by corticosteroids (CS) and to study the responsiveness of Motor Function Measure (MFM) in this population in order to provide an estimation of the number of subject needed for a clinical trial.

Method A total of 76 patients with DMD, aged 5.9 to 11.8 years, with at least 6 months of follow-up and 2 MFM were enrolled, 30 in the CS treated group (8 ± 1.62 y) and 46 in the untreated group (7.91 ± 1.50 y).

Results The relationship between MFM scores and age was studied in CS treated patients and untreated patients. The evolution of these scores was compared between groups, on a 6-, 12- and 24-month period by calculating slopes of change and evaluating the outcomes of therapeutic interventions.

Conclusion The increase in MFM score for treated patients is significant at 12 months (15.5 ± 15.1%/y; SRM 1 at 12 mo) and 15.1%/y; SRM 1 at 24 mo), 21 patients lost the ability to walk during the study: 6 in the CS treated group (25% at 24 months, mean age: 10.74 ± 1.28 y) and 15 in the untreated group (64.71% at 24 months, mean age: 9.20 ± 1.78 y).