

porary (<3months) in 9 patients (16%). All of the other patients (84%) had permanent erectile dysfunction. The two domains most commonly affected were: capacity to maintain erection and sexual arousal. For women, the FSFI score was perturbed in 85% and the most affected elements were arousal, dyspareunia and overall satisfaction. The two scores were validated in Arabic.

Conclusion.– Tetraplegia is a serious condition which can be life threatening in addition to the functional impairment, which includes sexuality. Further studies are needed in this poorly explored domain.

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P013–EN

OAB-q: Validation of the Moroccan Arabic version of the quality of life questionnaire on overactive bladder

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Keywords: OAB-q; Overactive bladder; Quality of life; Moroccan Arabic

Objective.– Validation of the Moroccan Arabic version of the OAB-q, initially developed and validated in English [1].

Material and methods.– The Moroccan Arabic version of the OAB-q was obtained by translation then back translation (English–Arabic). Three experts reviewed the translations and tested the cultural adaptation with 10 patients presenting overactive bladders.

Results.– The OAB-q has two parts. The first part has 8 items and evaluates disorders related to bladder overactivity (diurnal and nocturnal pollackuria, urge and incontinence). The second includes 25 items measuring the impact on quality of life (coping behaviour, sleep, social interactions). Cultural adaptations were performed with 10 patients (5 with multiple sclerosis, and 5 with spinal cord injury), mean age 42.47.6, sex ratio 1.0.

Discussion and conclusion.– The OAB-q was validated in men and women presenting symptoms of overactive bladder with or without incontinence (neurological origin or not). The internal coherence and construct validity were demonstrated [1]. This questionnaire was thus validated for patients with multiple sclerosis and spinal cord injury [2]. Validation of the Morocco Arabic version is the initial stage of work towards psychometric validation in a larger number of patients.

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P014–EN

Qualiveen: Validation of the Moroccan Arabic version of the quality of life questionnaire for spinal cord injury patients

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Keywords: Qualiveen; Quality of life; Micturition disorders; Spinal cord injury; Multiple sclerosis; Arabic; Questionnaire

Objective.– The purpose of this work was to validate the Moroccan Arabic version of Qualiveen developed and validated in French initially for spinal cord injury patients [1] and secondarily for multiple sclerosis patients [2].

questionnaire specific for micturition disorders was obtained by translation and back translation (French–Arabic). Experts reviewed the translations and tested comprehension in a sample of six patients including three with spinal cord injury and three with multiple sclerosis presenting bladder disorders.

Results.– This questionnaire is composed of 30 items evaluating the impact of urinary disorders on four domains of quality of life: difficulties, constraints, fears and experience. The Qualiveen is a self-administered questionnaire normally completed by the patient alone, excepting non-literate patients who require assistance. Linguistic validation is not a literal translation of the original questions but a cultural adaptation acceptable for Moroccan patients.

Discussion and conclusion.– The Moroccan Arabic version of the Qualiveen is one of the first quality of life measurement tools validated in the Moroccan dialect of Arabic and specifically developed for patients with spinal cord injury and MS with bladder disorders.

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P015–EN

Infectious risk and neurological bladder: Institution of protocols for clean intermittent self-and hetero-catheterization

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Keywords: Neurological bladder; Quality of care; Self-catheterization

Introduction.– Self-catheterization is a gold standard method recognized nationally and internationally for bladder emptying. Symptomatic urinary infection remains the primary cause of morbidity and the second cause of mortality in spinal cord injury patients, even though clean intermittent self-catheterization has limited the number of infections.

Objective.– Our objective was to determine the prevalence of nosocomial urinary tract infection in the PRM unit of the Limoges University Hospital before and after the implementation of self- and hetero-catheterization protocols.

Material and methods.– This was a retrospective analysis of patients with a neurological bladder who required clean intermittent catheterization and who were hospitalized from May 1, 2008 to March 1, 2010.

Results.– Regarding the 47 hospital stays, 31 men (66%) and 16 women (34%), mean age 49 years, mean stay 82 days, were included. The reasons for hospitalization were variable, 16 patients were learning intermittent catheterization. During their hospital stay, 19 patients (40%) developed a urinary infection (one patient twice) and one or more colonizations in certain patients. Among the 20 confirmed urinary tract infections, 18 were nosocomial. Among the 47 hospital stays, antibiotics were prescribed at admission for 21 patients (44.7%), eight for pressure sores complicated by osteitis, three for baclofen pump infection and one for urinary tract infection; 36 (76.6%) of hospital patients received on average 2.7 antibiotics.

The important antibiotic prescriptions create a bias too important for comparing the prevalence of nosocomial urinary tract infections before and after institution of our protocols. Data in the literature has already demonstrated the efficacy of