special attention was paid to contextual and environmental factors. The final grid (G-MAP) was administered to 15 subjects with traumatic brain injury (TBI group) and 15 subjects with schizophrenia (TS group). Assessments of cognition, neurobehaviour, psychological and psychosocial functioning were also performed. Results.— The G-MAP is a 26 items tool related to 6 ICF sections, providing ordinal rating of activity limitations, participation restriction and contextual factors (social support, attitudes, systems and politics) for each item. The internal consistency of activity limitations (alpha = 0.89) and of participation restriction (alpha = 0.89) is satisfying. We observed no difference on psychological variables between the two groups, except for a lower social support in TSGroup. Results of G-MAP underline that the two groups are confronted with the same activity limitations in personal care, leisure and community life (non significant U of Mann-Whitney). However TSGroup seems to be more limited than TCGroup in interpersonal relationships, economic and social productivity and domestic life. TSGroup is also more concerned by participation restriction than TCGroup, except for community life Conclusion.— The G-MAP is a useful, feasible and relevant tool for assessment of psychic or cognitive disability. It allows assessing in a detailed and individualized way participation restriction of a patient in his environment.


CO36-007–EN

Patient reported outcome in neuromuscular diseases: The QoL-NMD. Qualitative and quantitative generation of items


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Keywords: Questionnaire; Reproducibility; Internal consistency; Depression; Muscular diseases; Dystrophy myotonia

Introduction.— Screening for anxiety and depression is likely to be overestimated in patients with physical disabilities such as Steinert dystrophy patients. This overestimation results from the high weight of scores for items assessing motor adynami and in the other hand, the characteristic anemic face these patients present. Hospital Anxiety Depression Scale (HADS) has the advantage of not inquiring items on motor skills. This work seeks to verify the reliability of the anxiety and depression HADS subscales and their reproducibilities in patients with Steinert myotonia.

Materials and methods.— Thirty-five patients suffering from Steinert myotonia (11 men, 24 women) responded twice to the HADS questionnaire. The delay between the two HADS evaluation was on average 18 ± 12 days. It was verified by examination that no health problem had occurred between test and retest of the questionnaire HADS. The HADS is a self-administered questionnaire comprising 14 items, 7 items measuring the depression likelihood, 7 other items assessing the anxiety risk. The reliability of two subscales was checked by calculating Cronbach alpha coefficients and test-retest reproducibility of the scores by intraclass correlation coefficients (ICC).

Results.— For the subscale ‘anxiety’ test and retest scores were respectively 7.94 ± 4 (1–19 min–max) and 6.42 ± 3.68 (1–14 min–max). The coefficient Cronbach’s alpha of the 7 items of the subscale ‘anxiety’ was satisfactory at 0.74. The ICC was good at 0.77. Six patients had a score ≥ 11/21 relating a pathological anxiety (17%). For the subscale ‘depression’, test and retest scores were respectively 5.85 ± 3.75 (1–16 min–max) and 5.94 ± 4.25 (0–18 min–max). The Cronbach’s alpha was 0.82 and ICC 0.92. Four patients were therefore screened as ‘depressed’ (12%).

Conclusion.— The HADS is a self-administered questionnaire which measures reliability and reproducibility features of anxiety and depression in Steinert myotonia peoples.


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HADS scale in adults suffering from Steinert myotonia: Reproducibility and internal consistency


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