Impacts were described as difficulty standing from a seated position or using stairs in early disease followed by increased falls, gait impairment, and progressive loss of ambulation resulting in the need for assistive devices. Upper extremity weakness results in difficulty with activities requiring gripping and lifting. Dysphagia can include swallowing difficulties, choking, and interference with nutritional intake. Psychosocial impairments are often related to the loss of autonomy, social, and familial impacts and the need for assistance. CONCLUSIONS: This SIBM disease model adds significantly to the literature describing the patient impact of SIBM and may be used to guide selection of clinical trial endpoints.

PRM108 HEALTH-RELATED QUALITY OF LIFE AMONG ESRF PATIENTS IN PAKISTAN: A CROSS-SECTIONAL APPROACH USING WHOQOL-BREF

OBJECTIVES: This study validates psychometric properties (reliability, internal consistency, sensitivity to change) of the “vitality quotient” (VQ) scale in a South African language. The QV is also sensitive to change. After one month the VQ increases from 47.3 ± 27.7% to 56.4 ± 27.7% (p = 0.001). The QV is also sensitive to change and is a suitable measure of HRQoL.

PRM112 VALIDATION OF A VITALITY QUOTIENT TO MEASURE THE EFFECT OF FOOD SUPPLEMENTS ON FATIGUE IN HEALTHY SUBJECTS

RESULTS: The results of the two-part analysis illustrate that many differences between country-specific language versions may be considered inconsequential (i.e. if a UK spelling of an English word is used in the US, it may still be understood), depending on the type of linguistic variation and its prominence within the FRO itself, in some cases there is a real risk to health about the change and an item may be misinterpreted or even impossible to answer. CONCLUSIONS: The evidence provided by the linguistic and culturally-bound changes made during in-country adaptation projects emphasises why the process of adapting a measure to a target country is invaluable for its successful administration.