(P12) CLINICAL USEFULNESS OF THE PHYSICAL FUNCTIONING MEASURES IN AMBULATORY PEOPLE WITH MULTIPLE SCLEROSIS

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Background: Multiple sclerosis (MS) has a major impact on physical function, employment, and quality of life. It is important to identify early decline, using responsive measures, in order to plan interventions to maintain functioning. Objectives: The main aim of this study was to examine the psychometric properties and clinical usefulness of physical functioning measures in ambulatory people with MS using the International Classification of Functioning, Disability and Health (ICF) as a framework. Methods: Participants were obtained from a population-based cohort of people with MS (n = 277) living in central Finland in 2000. The physical functioning measures along with self-reported performance were used in a 2-year prospective longitudinal study in ambulatory people with MS (n = 120). The predictors of self-reported performance were identified using multinomial logistic regression. A combination of anchor- and distribution-based approaches were used to determine the responsiveness of physical functioning measures. Results: The most significant predictors of perceived difficulties or dependence in performance included lower scores on the Box and Block test; lower Berg Balance Scale scores; greater velocity moment when standing with eyes open; slower 10-m walk test times and shorter stride length; and shorter distance in the 6-minute walk test. During the 2-year follow-up, 51% of people with MS reported deterioration, compared with 26% rated as deteriorated by the clinician. The measures most responsive to deterioration were the Functional Status Questionnaire self-care, mobility, and domestic life items; distance and change in heart rate during the 6-minute walk test; the 10-m walk test velocities, stride length, and cadence; repetitive squatting; and the Box and Block test. Conclusions: The results revealed the value of the clinical outcome measures in detecting minor decrements in functioning that precede and often predict the onset of detectable dependence in performance. By using responsive measures it is possible to identify early decline. Continuing disability prevention should focus on the early stages of disability, thereby enabling people with MS to enhance their functioning, performance, working ability, and independent living in society. In particular, the finding that the clinical measures in the ICF activities component predicted poor performance is important for health-care professionals.

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