(S117) QUALITY OF LIFE DATA FROM NARCOMS: MULTIPLE SCLEROSIS DISEASE-RELATED FACTORS


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Background: In the fall of 2003, the North American Research Committee on Multiple Sclerosis (NARCOMS) began to collect longitudinal health-related quality of life (HRQOL) information from its registry participants. Objectives: This study aimed to examine baseline correlations between multiple sclerosis (MS) disease-related factors and HRQOL. Methods: HRQOL was measured using the 12-item Short Form Health Status Survey (SF-12), which provides two summary scores: a physical composite score (PCS) and a mental composite score (MCS), each ranging from 0 (worst) to 100 (best). Results: The average age of registry participants was 51.2, the majority were female (74.9%), and the average disease duration since diagnosis was 15.3 years. A total of 3639 participants completed the SF-12. Longer disease duration was negatively correlated with PCS ($r = -0.25$, $P = .001$) but positively correlated with MCS ($r = 0.04$, $P = .03$). A higher number of emergency room visits in the past 6 months, relapses in the past 6 months, and current prescription medications taken for MS symptoms were all negatively correlated with both PCS ($r = -0.05$, $-0.25$, and $-0.33$, respectively; $P = .001$) and MCS ($r = -0.05$, $-0.18$, $-0.12$; $P = .001$). Receiving a disease-modifying therapy (DMT) was positively correlated with PCS ($r = 0.16$, $P = .001$) but not correlated with MCS ($r = 0.01$, $P = .77$). Degree of disability in walking as per Patient-Determined Disease Steps was negatively correlated with PCS ($r = -0.71$, $P = .001$) but not correlated with MCS ($r = -0.01$, $P = .53$). Similarly, degree of disability in the NARCOMS mobility performance scale was also negatively correlated with PCS ($r = -0.69$, $P = .001$) but not MCS ($r = -0.01$, $P = .71$). Degree of disability in performance scales of hand function ($-0.54$), vision ($-0.26$), fatigue ($-0.59$), cognition ($-0.31$), bladder/bowel issues ($-0.50$), sensory function ($-0.47$), spasticity ($-0.57$), and pain ($-0.55$) were all negatively correlated with PCS at $P = .001$, as they were with MCS: hand function ($-0.18$), vision ($-0.23$), fatigue ($-0.34$), cognition ($-0.34$), bladder/bowel issues ($-0.14$), sensory function ($-0.23$), spasticity ($-0.20$), and pain ($-0.29$). Conclusions: Overall, the correlations were stronger and more consistent for PCS than for MCS. There were correlations between HRQOL and most of the MS disease-related factors examined. However, notable exceptions emerged with regard to the absence of any correlation between MCS and taking a DMT, worsening disability in walking, or mobility.

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