(S45) VALIDITY OF SELF-REPORTED EXPANDED DISABILITY STATUS SCALE SCORES

E. Gappmaier,1 A. Frame,1 R.W. Motl2

1Department of Physical Therapy, University of Utah, Salt Lake City, UT; 2Kinesiology and Community Health, University of Illinois at Urbana-Champaign, Urbana, IL

Background: Clinicians and researchers often administer the Expanded Disability Status Scale (EDSS) as a measure of impairments in people with multiple sclerosis (MS). EDSS assessments can be costly, may not be feasible for widespread screening in clinical trials, and require expertise and training. Self-reported versions of the EDSS have been developed that overcome those limitations, but they have not undergone thorough psychometric testing. Objectives: This study examined the agreement between self-reported and clinician-administered EDSS scores and then examined the comparative validity of scores based on correlations with performance and self-report measures of ambulatory function in people with MS. Methods: The sample included 34 individuals with a definite diagnosis of MS who underwent testing as part of their participation in the University of Utah rehabilitation and wellness program. The battery of tests included a traditional neurologic examination–based EDSS (NE-EDSS) conducted by a trained physical therapist, self-reported EDSS, Timed 25-Foot Walk (T25FW), 6-Minute Walk (6MW), Timed Up and Go (TUG), Berg Balance Test (BBT), Multiple Sclerosis Walking Scale–12 (MSWS-12), and objective assessment of walking via the Step Activity Monitor (SAM). Results: The sample had a range of NE-EDSS scores between 3.5 and 7.5 and a median of 6.0. There was 38% perfect agreement and 72% agreement of ±0.5 EDSS steps between NE-EDSS and self-reported EDSS scores. The intraclass correlation coefficient (ICC) for absolute agreement between NE-EDSS and self-reported EDSS scores was strong (ICC = 0.80). The bivariate correlation between NE-EDSS and self-reported EDSS scores was large in magnitude (ρ = 0.95). The bivariate correlations were similar and large in magnitude between NE-EDSS and self-reported EDSS with T25FW (ρ = 0.79 and ρ = 0.79, respectively), 6MW (ρ = −0.84 and ρ = −0.77, respectively), TUG (ρ = 0.85 and ρ = 0.84, respectively), BBT (ρ = −0.93 and ρ = −0.87, respectively), MSWS-12 (ρ = 0.90 and ρ = 0.90, respectively), and SAM (ρ = −0.90 and ρ = −0.81, respectively). Conclusions: These findings provide additional support for the psychometric properties of a self-reported EDSS scale in people with MS. This scale can be included in clinical research and practice when a clinician-administered EDSS is impractical.

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