

QUALITY OF LIFE IN SCOLIOSIS PATIENTS DURING ADULTHOOD: A NEW EVALUATION TOOL

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Introduction

Scoliosis is a very frequent problem during adulthood. Surgery is a common option for these patients, but there are relevant risks and side effects and not all patients are willing for such treatment. For these reasons, many patients seek a conservative treatment in rehabilitation centers. Spinal deformities, as well as the conservative treatment itself, have an impact on health-related quality of life (HRQoL) in adolescents, this is why it so important to measure it. Even though the SRS -22 was firstly developed to measure QoL in surgically treated patients, it is widely used also in the conservative field.

Rasch analysis showed that the SRS-22 suffers poor metric properties, which eventually prevents it from properly measuring patients' HRQOL. As a provisional solution, a Rasch-consistent 7-items questionnaire (SRS-7) was prepared by rearranging single items from the original SRS-22. However, SRS-7 metric properties remain unsatisfactory and thus a proper questionnaire for measuring HRQOL in adolescents with spinal deformities is still missing.

More recently, the ISYQOL questionnaire was developed, but it was tested only in youngers.

ISYQOL consists of 20 items scored on three categories, from 0 to 2. It's expressed on a 0%-100% scale, with 100% indicating great quality of life. Two sub-scales are represented: spine (13) items) and brace (7 items). ISYQOL was developed based on patients' issues and questions. The ISYQOL Ruler satisfies the requirements of a fundamental measure: additivity, generalizability and unidimensionality. It is so a robust measure for evaluating HRQoL in adolescents with spinal deformities.

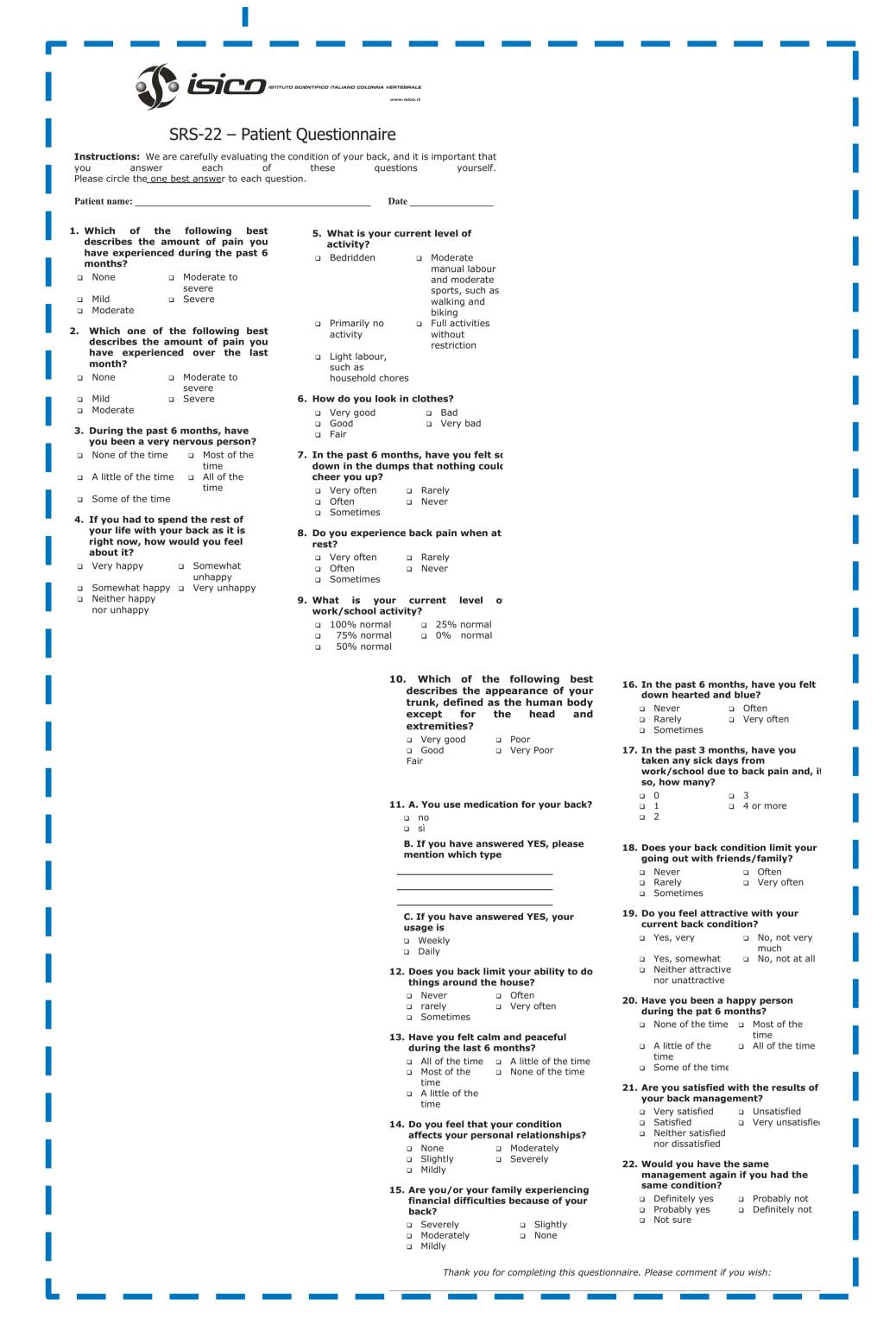
ISYQOL showed high validity to measure HRQOL in adolescents with spinal deformities and performed better than SRS-22, having better known-groups validity and, contrary to SRS22, detecting the impact of disease severity on HRQOL (Caronni et al, 2017).

This is the first study reporting the general characteristics of patients affected by scoliosis attending a specialized rehabilitation center based on the SRS-22 and ISYQOL questionnaires.

 Both questionnaires can describe the population of adult with scoliosis and are able to assess the quality of life.

 Adult scoliosis patients need specific tools of evaluation mainly for quality of life and pain. The SRS-22 and the ISYQOL seem to be able to accomplish this task.

*ISYQOL for QoL in adults with scoliosis is a promising tool, but a larger sample is needed to check and fix some issues.



Spine Youth Quality of Life (SYQOL) Measuring Spine Related Quality of Life

We want to evaluate your well -being with regards to your back problem (scoliosis, kyphosis or something else). Try to

Are you worried about having back pain as an adult because of your ? never ? sometimes

answer all of the following questions yourself.

1. Are you afraid that your back problem may get worse?

people that are more serious than your back problem?

Does the appearance of your back make you feel uncomfortable

Do you think that your back problem is not a big concern to you

14. Do you have to change the way that you dress because of your

Do you feel sad that you are unable to do some of the things that

you used to do before you started wearing your brace?

9. Do you feel excluded by others because you wear your brace?

.8. Does wearing your brace ever make you cry?

Are you suffering because of your back problem?



Objective

The aim of the present study was to test the discriminative validity of the ISYQOL questionnaire in a group of adults with scoliosis and compare its properties to the gold standard SRS-22 questionnaire.

Methods

We retrospectively reviewed the record of all the adult patients included in our prospective database, running between 2003 and 2017. The inclusion criteria were:

- Age: 30-75 years;
- Diagnosis of scoliosis;
- No previous spinal surgery; No limits for treatment.

The SRS-22 is based on 5 items (Function, Psychological wellbeing, Pain, Aesthetics and Satisfaction for treatment), with scores ranging from 5 (no impairment) to O (high impairment). The Isygol is a Rasch consistent questionnaire based on 13 questions that gives a continuous value of quality of life ranging from 0 to 100. The Cronbach alpha was used to check the internal validity, and a Rasch analysis was run to explore the features of the different tools. Spearman's rank correlation coefficient was used for ISYQOL concurrent validity assessment, that is, to evaluate the strength of the association between ISYQOL measure and SRS-22 total score. Group analysis was based on age, sex, BMI, Cobb angle, TRACE score (Trunk Aesthetic Clinical Evaluation).

Discussion

Spine domain of ISYQOL showed to be a good measure in adults with scoliosis. There were some issues with item 5 and the DIF for pain and sex. Before modifying these items, the Authors want to confirm the findings with an increased sample size. The ISYQOL showed a good correlation with SRS-22.

4 Results

182 patients (157 females, 25 males) respected the inclusion criteria. The mean age was 51.7 ± 12.9 . The mean Cobb angle was $48.9 \pm 15.8^{\circ}$. The TRACE score was 6.2 ± 2.9 on average.

Total SRS-22 average score was 3.7 ± 0.6 , total ISYQOL average measure was: $51.0\pm12.4\%$. Only spine domain was used (13 items, score 0-26).

The ISYQOL respected the Rasch model and the order of categories (0, 1, 2). Rasch reliability was 0.85. The DIF (differential item functioning) variables were dicothomised based on median values. There was no DIF (treshold: p < 0.01) for age, Cobb BMI, TRACE. Item 10 showed DIF for sex: female showed a worst QoL when answering positively

with respect to males (41.9 vs 50.0%). Item 7 showed DIF for pain: positive answer means more pain.

The correlation between ISYQOL and SRS-22 was made by Spearman correlation. The correlation (rho) was 0.64, p < 0.001. Considering the different classes of age, the correlation (rho) was 0.79, p < 0.001 in 30-45 years-old patients, 0.60, p < 0.001 in 45-60 years-old patients, and 0.46, p < 0.001 in 60-75 years-old patients.

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