

Preliminary analysis of the MSAS questionnaire evaluating patient autonomy in multiple sclerosis (MS)



Cécile Donzé (1); Claude Mekies (2); Géraud Paillot (3); Lucie Brechenmacher (4); Alexandre Civet (4); David Pau (4); Guillaume Bourel (4); Agnès Cimerman (4); Mikael Cohen (5); Catherine Mouzawak (6); Patrick Vermersch (7)

(1) Hôpital saint Philibert, Groupement des Hôpitaux de l'Institut Catholique de Lille, Faculté de médecine et de maïeutique de Lille, Lomme, France ; (2) RAMSAY Clinique des Cèdres, Neurologie, Toulouse, France ; (3) Association Aventure Hustive, Saint-Malo, France ; (4) Affaires médicales, Roche, Boulogne-Billancourt, France ; (5) Université Nice Cote d'Azur, UR2CA-URRIS CRCSEP CHU Nice Pasteur, Service de Neurologie, Nice, 06002, France ; (6) Structure régionale neuro SEP SYNAPSE, Le Vésinet, France ; (7) Univ. Lille, INSERM UMR1172 LiNCog, CHU Lille, FHU Precise, Lille, France

Background/Introduction

Multiple sclerosis (MS) is an inflammatory and degenerative demyelinating disease of the human central nervous system. Autonomy is recognized as one of the key contributor of health according to the WHO's (World Health Organisation) definition (1), but there currently is a lack of validated MS-specific tools to assess patient autonomy.

Objectives

This study aimed at evaluating the psychometric properties of a patient reported outcome measures dedicated to identifying the impact of MS on patients' autonomy. The Multiple Sclerosis Autonomy Scale (MSAS) questionnaire has been developed in collaboration with MS patients and healthcare professionals.

Methods

This French longitudinal prospective observational study included MS patients from January 2024 to May 2024 in 33 sites. The MSAS questionnaire containing 10 dimensions in a 36-items short form (1 item of importance accorded to each dimension and 26 items dispatched within all dimensions) has to be completed by patients at inclusion, D15, D30 and D365.

The following MSAS scores are calculated (standardized scores on 0-100 scale, higher scores representing higher burden of autonomy):

- **Dimension importance score:** dimension's importance, evaluating how much the dimension is important to the patient.
- **Impact Score:** dimensions' items score (except importance item), evaluating level of patient's autonomy in the considered dimension.
- **Weighted Impact Scores:** impact by importance.

This poster focuses on preliminary MSAS score analysis at inclusion, D15 and D30. Study Flow chart is displayed in Figure 1.

Results

From the 210 patients included in the study from January 2024 to May 2024, 199 completed the MSAS questionnaire at baseline: 132 (66.3%) with relapsing remitting form of MS (RRMS), 23 (11.5%) with primary progressive (PPMS) and 44 (22.1%) with secondary progressive (SPMS).

Patient's characteristics:

74.4% of patients were women, mean age was 49.7±11.5 years, 57 (28.6%) of patients were living alone, 76 (38.2%) were active, and 86 (43.2%) required assistance for walking. 41 (20.6%) had been diagnosed with MS for less than 5 years, 79 (39.7%) had an Expanded Disability Status Scale (EDSS) score <=3.

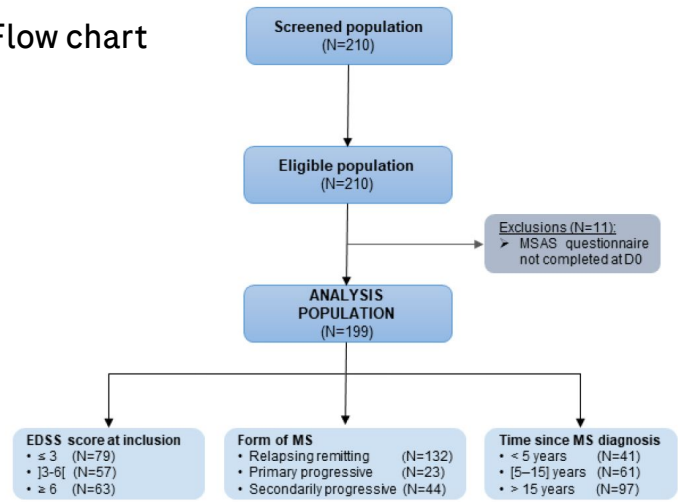
MSAS scores (Figures 2.A/B/C):

2.A: All dimensions were important to patient, highest scores were observed for the support from partner (mean score of 89.5±15.6) and the consideration of the care team (mean score of 86.5±14.8).

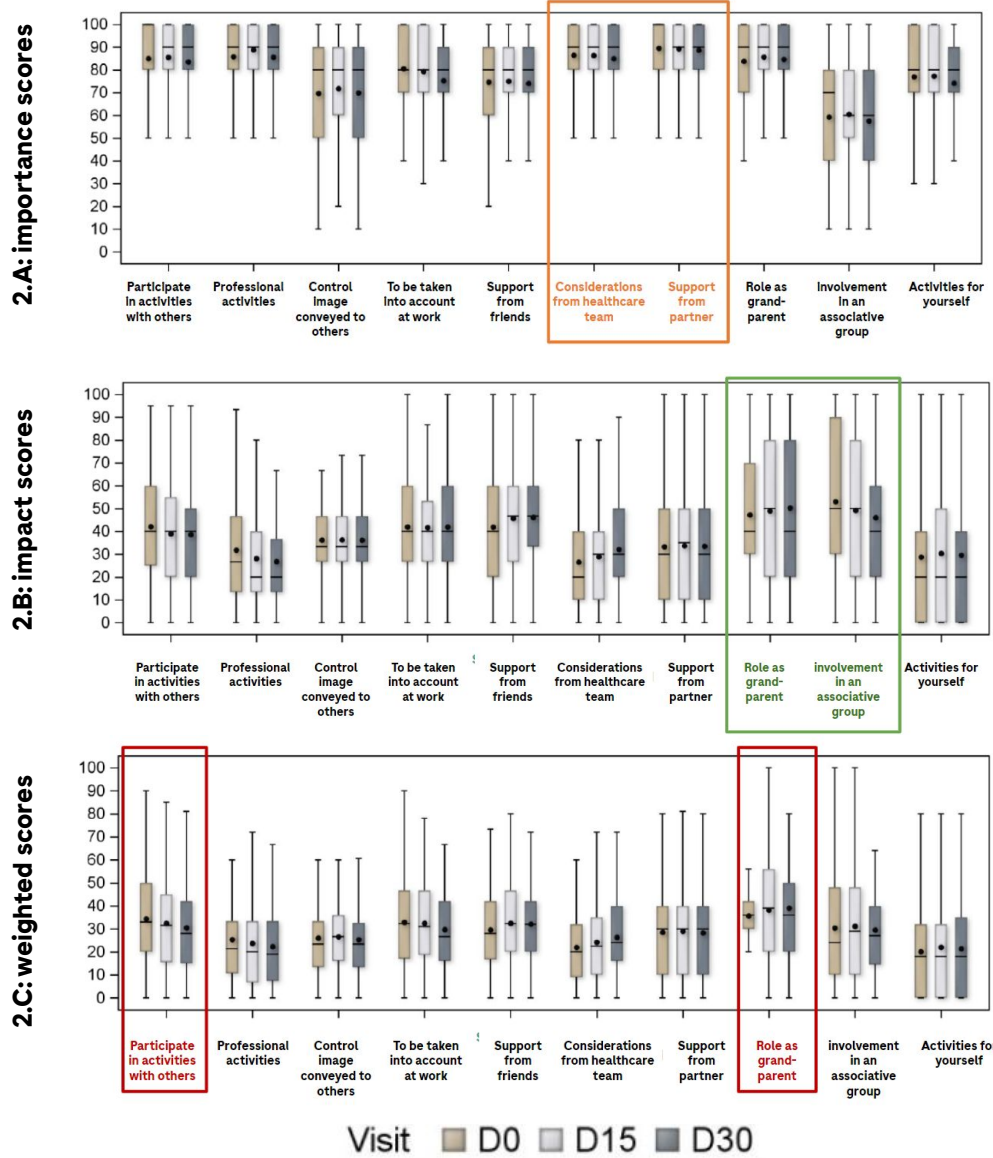
2.B: Highest impact dimension score (higher burden) was involvement in an associative group (mean score of 53.1±35.5) and role as a grandparent (mean score of 47.2 ±30.5).

2.C: Highest weighted global dimension score was participating in activities with others (34.4±20.9) and role as a grandparent (35.7±19.8).

Figure 1 : Flow chart



Figures 2.A/B/C: MSAS scores per dimension



Conclusion

The population included in the study covers the different profiles of MS patients and is close to the epidemiology described by the OFSEP. Highest scores of importance dimension, impact dimension items and weighted scores show different dimensions according to the form of MS.

This will allow us to identify dimensions that really matter to focus on preserving patients' autonomy.

References:

(1) Otoropa D. World Health Organization(WHO) Definition Of Health - Public Health 2022.

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