## **Scoliosis**



Oral presentation Open Access

# Severity of illness, functional status, and health-related quality of life in youth with spina bifida

Robin R Leger

Address: University of Connecticut Health Center, Connecticut, USA from 5th International Conference on Conservative Management of Spinal Deformities Athens, Greece. 3–5 April 2008

Published: 15 January 2009

Scoliosis 2009, 4(Suppl 1):O66 doi:10.1186/1748-7161-4-S1-O66

This abstract is available from: http://www.scoliosisjournal.com/content/4/\$1/O66 © 2009 Leger; licensee BioMed Central Ltd.

### **Background**

As youth with spina bifida age out of pediatrics, they have difficulty transferring care to adult providers. Care is fragmented with a loss of follow-up. Clinicians in adult health care are untrained in historically, pediatric conditions. Understanding health status, functional status, and health-related quality of life [1]in spina bifida is important in a life-span approach to care.

#### **Methods**

A descriptive study of 60, 15–25 year olds with spina bifida, from the Northeastern USA examined for Health Status, Functional Status, and self-perceived HRQOL.

#### Results

Results indicate and describe that 28% of youth were primarily healthy, 72% reported secondary health conditions and 32% reported co-morbidity. Functional status (FIM) was high with a mean of 116.8 ( $\underline{SD} = 7.07$ , range 90–126) however, areas of bowel and bladder incontinence, inability to traverse stairs, and memory deficits were limitations. Youth reported high HRQOL; mean = 200.8 ( $\underline{SD} = 19.54$ , range of 155 - 232). A regression analysis with HRQOL entered as the criterion variable results were not statistically significant ( $r^2 = .02$ ,  $\underline{df} = 2$ , 57, p = .57). Main and ancillary variables show statistically significant correlations important for future research.

#### **Conclusion**

This study identifies that youth with spina bifida report a high level of HRQOL, participate in recreation, sport activities, college, adult living, and yet, experience secondary health conditions that leave them with concerns for their future.

#### References

- Leger RR: Severity of illness, functional status, and HRQOL in youth with spina bifida. Rehabilitation Nursing 2005, 30:180-187.
- Kaufman BA, Terbrock A, Winters N, Ito J, Klosterman A, Parks TS: Disbanding a multidisciplinary clinic: Effects on the health care of myelomeningocele patients. Pediatric Neurosurgery 1994, 21:36-44.
- Parkin PC, Kirpalani HM, Rosenbaum PL, Fehlings DL, Van Nie A, Willan AR, King D: Development of a health related quality of life instrument in children with spina bifida. Quality of Life Research 1997, 6:123-132.