

ORAL PRESENTATION

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Trunk appearance perception scale (TAPS) discrepancy between adolescents with idiopathic scoliosis and their parents influences HRQL

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Background

The Trunk Appearance Perception Scale (TAPS) is a valid instrument to assess self-perception of trunk deformity [1]. The SRS-22 has been widely used to measure Health Related Quality of Life in scoliosis population, but it is not clear which factors can influence its final score [2]. Children and parents can perceive trunk deformity differently, and discrepancy can be assessed with a coefficient of discrepancy (CD= TAPS major - TAPS minor x 100/ TAPS major). We already found that the CD influences the SRS-22 score. However, the previous study included patients older than 18 years, both genders, and results were not reported according to age [3].

Aim

The aim of this new study is to confirm previous results, in a larger sample size, including only girls from 10 to 18 years of age (adolescents).

Methods

Prospective study including 107 girls diagnosed with idiopathic scoliosis (treated and untreated), attending the clinic with their parents. Mean age 14.4 years. Mean Cobb angle 33.5° (10-75). All patients completed the SRS-22 and the TAPS. Parents completed the TAPS assessing trunk deformity of their children. A coefficient of discrepancy (TAPS-CD) was defined. Statistical analysis (SPSS) was made to compare TAPS, TAPS-CD and SRS-22.

Results

Results confirmed previous findings. A significant correlation was found between patients' TAPS and SRS-subtotal,

pain, self-image and mental health and between parents' TAPS, function and treatment satisfaction in the SRS-22. Parents' TAPS did not correlate with the Cobb angle, but with SRS-subtotal of the girls' self-image, pain and mental health. TAPS CD showed a significant correlation with SRS-Subtotal, self-image and mental health. Two groups were created according to the SRS-22 score. Patients with lower score in the SRS-22 showed a higher TAPS-CD (P<.05). These results were not different in girls aged 10 to 14 and girls aged 14 to 18.

Conclusion

Discrepancy in "perception of trunk deformity" between adolescent girls and parents influence the SRS-22. Whether such a discrepancy is a factor for a lower quality of life, later, during adult life, is an open question.

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