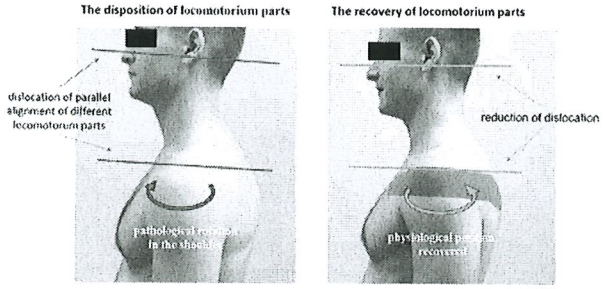
observed when restoring the indicator of violation of parallel alignment of different locomotorium parts.

Conclusion: Kinesiotaping techniques in combination with pharmacotherapy can effectively deal with pain in the lower back. A strong correlation was found between the decrease in the intensity of the pain syndrome and the recovery of the biomechanics of the spine as a result of using kinesiotaping compared with traditional pharmacotherapy.



P874

EVALUATING QUALITY OF LIFE IN FRAILTY: APPLICABILITY AND PSYCHOMETRIC PROPERTIES OF THE SARQOL® QUESTIONNAIRE

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Objective: The SarQoL questionnaire was specifically designed to measure quality of life (QoL) in sarcopenia. Frailty and sarcopenia have areas of overlap, notably weak muscle strength and slow gait speed, which may mean that the SarQoL could provide a measure of QoL in frailty. This study therefore aimed to evaluate the psychometric properties of the SarQoL questionnaire in physical frailty using the Fried criteria.

Methods: Analyses were carried out on data from the 2nd year (and the 5th year for responsiveness) of the SarcoPhAge study. Frailty was assessed with the Fried criteria, QoL with the SarQoL, the SF-36 and the EQ-5D. We evaluated discriminative power (ANOVA), internal consistency (Cronbach's alpha), construct validity (hypotheses testing), test-retest reliability (ICC), measurement error (SEM and SDC), and responsiveness (hypotheses testing and standardized response means).

Results: In total, 395 subjects were included for the validation and 117 subjects for the responsiveness evaluation. Subjects had a median age of 73 (69-79) y, took 5 (3-8) drugs and had 4 (3-5) comorbidities. There were more women (n=231; 58.5 %) than men, and, in total, 175 nonfrail, 174 prefrail and 46 frail subjects. Discriminative power was confirmed when significantly lower ($p<0.001$) Overall QoL scores were observed between nonfrail [77.1 (64.35-85.90)], prefrail [62.54 (53.33-69.57)] and frail [49.99 (40.45-56.06)] participants. Six of the domains performed likewise, with significantly lower scores according to frailty status, domain 7 (fears) being the exception. Internal consistency was good ($\alpha=0.866$). Convergent (using SF-36 and EQ-5D) and divergent construct validity (using EQ-5D) was confirmed. Test-retest reliability was excellent [ICC=0.918 (0.834-0.961)], with a SEM of 4.34 and an SDC of 12.03 points. We found moderate responsiveness when 5/9 hypotheses were confirmed, coupled with a large effect size for the Overall QoL score (Corrected SRM of -1.44).

Conclusion: The SarQoL questionnaire has adequate psychometric properties for use with frail patients in clinical practice and trials, and could provide data that is more appropriate and detailed than the generic questionnaires currently used.

Disclosures: OB, CB and J-YR are shareholders of SarQoL® sprl.

P875

DEVELOPMENT OF A SHORT VERSION OF THE SARCOPENIA QUALITY OF LIFE (SARQOL®) QUESTIONNAIRE

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Objective: The SarQoL questionnaire has been available since 2015 and is currently the only PROM measuring quality of life that is specifically designed for use with older, sarcopenic people. It has 55 items categorized into 7 domains of health-related dysfunction and takes about 15 minutes to complete. A shorter version of the SarQoL questionnaire would reduce the response burden and provide a quicker and easier way to measure QoL in sarcopenia. Therefore, the aim of this study was to develop a short version of the SarQoL questionnaire which preserves, as much as possible, the content validity and psychometric properties of the original questionnaire.

Methods: The item reduction process was carried out in two phases. In the first phase, a panel of experts was asked, through a 2-round Delphi method, to indicate which items could be included or excluded. Patient priorities were also evaluated, by calculating item-impact scores in data gathered during 7 previous validation studies and 2 observational cohort studies. In the second phase, a meeting of experts was organized, who made the final decision on which items to include in a short form SarQoL questionnaire, with priority given to preserving content validity. Additionally, information on the factor structure and the psychometric properties of the original SarQoL questionnaire were also taken into account.

Results: In the first phase, the 18 experts participating in the Delphi method found consensus on the inclusion of 13 items from 4 domains and the exclusion of 23 items from 6 domains. A ranking of the items in terms of importance to patients was established per domain. In the second phase, the panel participating in the meeting combined the expert and patient preferences, and the available psychometric information, and decided on the inclusion of 14 items. The factor structure of the questionnaire was altered slightly when one of the original 7 domains (D7: fears) was eliminated because of its subpar psychometric properties.