



Erratum

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Erratum

The publishers would like to apologise for an error that occurred in a recent supplement of Amyotrophic Lateral Sclerosis, November 2011; 12(Supplement 1): page 78.

We have been informed that one of the abstracts (C12: page 6) was duplicated (P36: page 78), and because of this, the correct text for P36 was omitted from the final supplement by mistake.

Please find the correct poster information for P36 below:

THEME 3 COGNITIVE AND PSYCHOLOGICAL ASSESSMENT AND SUPPORT

P36 COPING STRATEGIES AND THEIR RELATION TO PSYCHOLOGICAL WELL-BEING FOR PEOPLE WITH MOTOR NEURONE DISEASE

GIBBONS C^{1,2}, THORNTON E², EALING J³, SHAW P⁴, TALBOT K⁵, TENNANT A⁶ & YOUNG C¹

¹The Walton Centre for Neurology and Neurosurgery, Liverpool, UK, ²University of Liverpool, Liverpool, UK, ³Hope Hospital, Salford, UK, ⁴Sheffield Institute of Translational Neuroscience, Sheffield, UK, ⁵John Radcliffe Hospital, Oxford, UK, ⁶University of Leeds, Leeds, UK

Email address for correspondence: chris.gibbons@manchester.ac.uk

Background: A person's ability to cope with having motor neurone disease (MND) may be an important factor in determining their quality of life. Previous qualitative research has suggested that patients with MND generally adopt a positive approach to coping, including the use of humour and reappraisal. The disease-specific MND Coping Scale was developed for use in this population, and validated in a sample of 44 patients using standard psychometric approaches.

Objectives: To validate the MND Coping Scale by use of Factor and Rasch analytical techniques and provide a quantitative description of the ways in which people cope with MND, and how these coping strategies are related to psychological wellbeing.

Methods: Two hundred and ninety eight patients (average age 62 ± 11 years) from five regional MND care centres in the U.K. completed questionnaires either at home or during

a routine clinic appointment. Coping scores were taken from the MND Coping Scale, where low scores indicate low coping capacity. Psychological well-being scores including depression, anxiety and psychological distress were taken from the Rasch-validated Hospital Anxiety and Depression Scale (HADS).

Results: Following modification of the original factor structure, the MND Coping Scale was shown to fit the Rasch model ($\chi^2(36) = 60.5$, $p > 0.001$, PSI = 0.86, 1.43% of T-tests significant). The new MND Coping Scale is a 9-item, single factor, unidimensional measure. Mean endorsement rate for each of the nine items was $88.9 \pm 6.7\%$, indicating that patients with MND have a strong preference for adaptive coping strategies. In this cohort, 16.1% of patients were depressed and 22.5% were anxious, according to the HADS. Adoption of coping strategies was negatively correlated to depression ($r = -.60$), anxiety ($r = -.46$) and psychological distress ($r = -.58$). In addition, patients below the median score of 36 on the MND Coping Scale had significantly greater levels of depression, anxiety and psychological distress, compared to those who scored above the median ($p < 0.001$).

Discussion: The MND Coping Scale is a valid and reliable tool for assessing coping strategies for patients with MND. The scale consists of a single unidimensional factor containing nine items. Low scores on the MND Coping Scale are associated with increased levels of depression, anxiety and psychological distress. The MND Coping Scale may be useful for helping to identify people at risk from psychological distress.