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## Original research article

# Czech version of Menopause Rating Scale Questionnaire — Preliminary notice



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## ABSTRACT

**Objectives:** Given the general ageing of our population, the number of women suffering from the symptoms of oestrogen deficiency in postmenopause, which may affect their health-related quality of life, is increasing. Therefore, health professionals need reliable tools to be able to find out how the strengths and difficulties that affect the health-related quality of life of particular women are perceived. The aim was to create a Czech version of the *Menopause Rating Scale*, to assess the psychometric characteristics and validate the questionnaire in clinical practice.

**Methods:** Using a repeated and back translation of the Czech version of the questionnaire used worldwide, a sample of 204 women after natural menopause between the ages of 49 and 63 years was tested. Based on the results obtained, verbal protocols, questionnaire feedback, re-filling methods, and evaluation by client and health care professionals, a standardized Czech version was created.

**Results:** Clinical practice was given the use of a Czech version of the *Menopause Rating Scale*, which allows evaluation of the quality of life related to health in women during postmenopause. It is a short screening questionnaire, which has 11 items.

**Conclusion:** The Czech version of the *Menopause Rating Scale* is a standardized tool for assessing the quality of life in clinical settings. Although the psychometric structure is difficult, from a practical point of view the questionnaire will help identify three domains: somatic-vegetative, urogenital, and psychological. The questionnaire is also useful for evaluating the intensity of the symptoms of oestrogen deficiency and the possible effect of the applied therapy for women in postmenopause.

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## Introduction

Thirty years ago, the interest of both medical and psychological clinical practice were alerted to the quality of women's life in the period affected by menopause. The relation between the gravity of symptoms induced by oestrogen deficiency, which accompanies this period, and the *Health-Related Quality of Life* (hereinafter referred to as HRQL) began to be studied. Medical professionals needed to evaluate the efficiency of the oestrogen deficiency syndrome but also to carry out extensive population studies to identify the spectre of difficulties and their effect on the quality of life in women experiencing the period of life influenced by menopause; hence, our interest in standardized tools for the evaluation of such women's quality of life.

How is the actual menopause defined? It is understood as a permanent stoppage of the menstruation cycle as result of a loss of ovarian follicular activity that can be retroactively evaluated after twelve months of amenorrhea [1]. In the population of women in Central-Europe the average age of menopause is 49–51 years. In 2011 for instance, there were almost 670,000 Czech women of menopausal age in the Czech Republic (out of a total of almost 5.4 million women) representing more than 12.5 percent of the total female population [2]. These data demonstrate ageing trends in the general population and the continuously significant increase in the number of women at an age when their life and quality of life may be affected by oestrogen deficiency symptoms.

Therefore, it is very important that medical professionals and clinical psychologists have at their disposal a reliable instrument that can determine the quality of women's life in the menopausal period. Only then, after mapping the present difficulties and their impact on the quality of life in a specific woman, can a focused and adequate intervention be applied by nursing personnel.

The objective of the broader study was to create a Czech standardized version of the *Menopause Rating Scale* (MRS), evaluating the health-related quality of life in menopausal women, and to validate the psychometric properties and applicability of the MRS in Czech gynaecological clinical practice. Also, the goal was to describe the process of creation of the Czech version, its standardization and the final form of the questionnaire.

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## Materials and methods

### *Sample of respondents*

The study included a sample of 204 women after their natural menopause, showing symptoms of oestrogen deficiency. We will further talk about evaluation of the quality of life in women in the postmenopausal period. From the perspective of a globally applied terminology determined by the World Health Organisation and the *International Menopause Society* [1] in regards to menopause, the postmenopause is characterized as a period of reproduction cessation with persistent amenorrhoea as result of the cessation of follicular activity, with

minimum ovarian production of oestrogens and with hypophyseal hypergonadotropism.

Women participating in the study had experienced amenorrhea for more than 12 months. The respondents' population included only women after their natural menopause at an age ranging from 49 to 63 years, with an average age of 55 years (SD = 3.5). Respondents were clients of gynaecology departments, where they had been examined because they were exhibiting symptoms of oestrogen deficiency. Out of the total population, 86 respondents had not been treated and 118 respondents had been treated by hormone replacement therapy (HRT).

Participation in the research was conditioned by patient informed consent. The physician or obstetrician contacted gynaecology department clients corresponding to the specified criteria: aged from 49 to 65 years of age, who have experienced oestrogen deficiency symptoms, patients who were before hormone treatment initiation, or had been treated for 1, 3 or 12 months. These time intervals are used in climacteric medicine for evaluating the evolution of oestrogen deficiency symptoms over time and for evaluating changes in the quality of life.

### *Creation of Czech version*

The Czech version of MRS was worked up as part of a more extensive study, whose objective was to assess the applicability of specific tools for an HRQL rating in women in postmenopause. The above-mentioned more extensive study utilized, in total, three questionnaires: two specific ones: *The Menopause Rating Scale* (MRS), *The Utian Quality of Life Scale* (UQOL), and one generic questionnaire, the *Short Form Health Survey* (SF-36). The subject matter of the present notice is only the first of them.

First of all we asked the authors of the original version for their consent to the translation of their instrument and its standardization to Czech conditions. Based on the written consent of the MRS authors, we created the Czech version of the questionnaire. In the course of translation work, we respected the internationally recommended approach [3]. Two independent translators carried out the translation; it was supervised by a translation coordinator, and expert correctness of the language version was reviewed by an expert-physician working in the area of gynaecology care. Backward translation into English was carried out, also. We presented the pilot Czech version of the translation to 9 patients for appraisal in terms of the comprehensibility of the various items and related instructions. With another four patients we applied the verbal protocol method (*Think Aloud Protocol*) to understand how the respondents think while completing the questionnaire. Conclusions are favourable in terms of the wording of the items and useful for interpreting the results obtained. While completing the MRS Questionnaire, women had no problems with filling it in, and in a feedback questionnaire (respondents' evaluation) they indicated the MRS scale as an instrument they considered valuable and, in their opinion, acceptable for clinical examination in gynaecologic departments.

The Czech MRS version includes (as well as the original MRS version) 11 items in total characterizing the various typical oestrogen deficiency symptoms in women in the postmenopausal period. As an innovation, we asked women to assess the intensity of experienced symptoms for a specific period of time – for the latest month. We believe that defining a time

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