

UROGYNECOLOGY

Body Image in the Pelvic Organ Prolapse Questionnaire: development and validation

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OBJECTIVE: The purpose of this study was to develop and validate a prolapse-specific body image questionnaire.

STUDY DESIGN: Prolapse-specific body image themes that were identified in our previous work served as a framework for the development of a question pool. After review for face and content validity and reading level, the question pool was reduced to 21 items that represent predominant themes and that form the initial Body Image in Pelvic Organ Prolapse (BIPOP) questionnaire. Women with symptomatic prolapse of Pelvic Organ Prolapse Quantification (POPQ) of more than stage II were enrolled from 2 academic urogynecology practices; they completed questionnaires on pelvic floor symptoms and distress, general body image, depression, self-esteem, and the BIPOP questionnaire, and they underwent the POPQ. We field-tested the BIPOP questionnaire with approximately 200 participants; 10 women completed cognitive interviews, and 100 women repeated the BIPOP questionnaire to assess test-retest reliability.

RESULTS: Two hundred eleven participants were enrolled, and 201 women had complete data. Participants had mean age of 60.2 ± 10.5

years, were predominantly white (98%), were partnered (80%), and had median POPQ stage III. Cognitive interviews confirmed comprehension and clarity of questions and acceptability of length and subject matter. Exploratory factor analysis was performed in an iterative process until a parsimonious, 10-item scale with 2 subscales was identified (subscale 1 represented general attractiveness; subscale 2 represented partner-related prolapse reactions). Cronbach's α score for the subscales were 0.90 (partner) and 0.92 (attractiveness). Correlations between related questionnaires and BIPOP subscales were strong and directionally appropriate. Test-retest correlations on both total and subscale measurements were high.

CONCLUSION: We developed and validated a prolapse-specific body image measurement that has face and content validity, high internal consistency, strong correlation with general prolapse and body image measures, and strong test-retest reliability.

Key words: body image, pelvic organ prolapse, questionnaire, validation

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Symptomatic pelvic organ prolapse is estimated to affect up to 3% of the female population >20 years of age.¹ Prolapse can affect a woman's quality of life greatly and can include social, psychologic, occupational, domestic, physical, and sexual well-being.² Prolapse can result in dramatic anatomic changes to the urogenital tract and is a hidden disfigurement of which only the woman and her intimate contact(s) typically are aware. Prolapse negatively affects a

woman's body image (BI) when assessed with general and modified BI measures.^{3,4} BI is a psychologic construct that refers to an individual's perceptions of and attitudes towards her own body.⁵ BI affects many aspects of psychosocial functioning, and body dissatisfaction is associated with anxiety and depression.⁵

In our previous study with focus group-based qualitative methods to identify prolapse-specific BI themes, women reported that their prolapse made them feel less feminine, unattractive, different, isolated, and self-conscious.⁶ In addition, women reported significant apprehension about losing a relationship with a partner because of their prolapse because of the impact it had on intimacy.⁶ Women often reported completely avoiding or changing sexual practices in response to "not feeling desirable" or feeling "gross" because of their prolapse.⁶ These findings help to further

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elucidate the interaction of BI and prolapse on sexual function. Lowentstein et al,⁷ who used patient self-reported questionnaires, found that sexual function was related strongly to a woman's self-perceived BI and bother from prolapse, irrespective of the degree of anatomic prolapse. BI related to prolapse, when assessed with a general BI measurement, improved after reconstructive surgery.⁴ In work by Sung et al,⁸ BI was identified as 1 of 5 important themes for prolapse-specific patient-related outcomes.

BI is an important and emerging theme in understanding the impact of pelvic floor disorders. However, current prolapse-specific health-related quality-of-life measures do not assess the impact of these conditions on a woman's BI. The use of prolapse-specific BI measures as a tool in prolapse research will allow us to understand the full impact of prolapse on women and better assess treatment outcomes. To date, authors who have attempted to explore prolapse-related BI have either modified existing questionnaires or used proxy measures,^{3,4,9} because a prolapse-specific BI questionnaire does not yet exist. The goal of this study was to develop and validate a prolapse-specific BI questionnaire from themes that were identified in our previous qualitative work.

STUDY DESIGN

Measure development

Prolapse-specific BI themes that were identified in our previous work were used as a framework for the development of potential questions for use in our measure.⁶ Five individuals (4 urogynecologists, 1 qualitative researcher) wrote candidate items based on the general themes of sexuality and intimacy, sense of femininity and attractiveness, and concealment.⁶ The items were written to assess the 4 previously described components of BI: (1) perception (self-rated severity), (2) affect (satisfaction or dissatisfaction, bother, self-consciousness), (3) behavior (avoidance, concealment), and (4) cognition (beliefs or thoughts associated with the condition).¹⁰ Candidate items were written for an 8th-grade reading level

with both affirmative and negative versions. To evaluate the initial pool of 75 candidate items, we assessed face validity and used modified methods that had been described by Walsh et al¹¹ to evaluate item clarity, assumptions, and knowledge; we then eliminated items that did not meet these criteria. We chose the affirmative versions of the questions to avoid reverse scoring issues and subject burden with positive and negative question versions. We reviewed the remaining items for theme redundancy and selected or eliminated items by consensus decision. We chose 21 items for the initial version of the Body Image in Pelvic Organ Prolapse questionnaire (BIPOP), and all items used the same 5 Likert scale responses (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). We created 2 versions of the instrument for partnered and nonpartnered women, because themes of sexuality and intimacy and some aspects of attractiveness could seem less relevant to women without partners. We modified phrasing of questions in the nonpartnered version to reflect how a woman without a partner might feel in the situation described. As an example, the nonpartnered version was phrased "Because of my prolapse, I *would* worry that my partner might avoid being intimate with me," compared with the partnered version "Because of my prolapse, I worry that my partner might avoid being intimate with me." Instructions for administration and scoring were incorporated into the questionnaire. A higher BIPOP score indicated better BI and less impact of prolapse on BI. In the initial version of the BIPOP, items were scored from 1-5, and 2 items were reverse-coded. The BIPOP is scored as a mean score because the generation of a mean value automatically accounts for missing data by excluding values from missing items in both the numerator and the denominator when the mean is calculated. Scoring options for both a mean and total are available.

Initial measurement evaluation

We approached women who were seeking care at the University of Pittsburgh and

the Medical University of South Carolina after the institutional review boards at both sites approved the study. Women who were ≥ 18 years old with stage $\geq II$ symptomatic prolapse by POPQ examination were offered participation. *Symptomatic prolapse* was defined as answering "Yes" to 1 or both of the following questions from the Pelvic Floor Distress Inventory: (1) "Do you usually have a sensation of bulging or protrusion from the vaginal area?" and (2) "Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?" Women were excluded if they were asymptomatic or unable to complete informed consent and study forms, which was determined by clinician judgment. Participants signed informed consent at enrollment. The South Carolina site was involved later in the study to help complete recruitment.

Cognitive interviews were performed at the study outset to determine whether any candidate items needed modification, whether the items were not understood as intended, and to further confirm face and content validity. At the Pittsburgh site only, participants were offered participation in the cognitive interviews until 5 partnered and 5 nonpartnered participants were enrolled. These 10 women completed the study questionnaires and then were interviewed about the BIPOP by a research assistant who used an interview guide to assess (1) comprehension, (2) decision processes, such as motivation and social desirability, (3) response processes, (4) relevance and importance, and (5) comprehensiveness.¹²

An exploratory factor analysis (EFA) that used principle components with Varimax rotation was performed on the baseline BIPOP data to determine the number of underlying factors and the candidate items that load on or associate with those factors. Factor loadings range from -1.0 to $+1.0$ and represent both the strength and direction of the association of a particular item with the underlying factor. The factors themselves represent groups of conceptually related items that were identified through EFA on the basis of the intercorrelations among those items. The factor analysis

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