



ORIGINAL ARTICLE

Validation of the Spanish version of the Urogenital Distress Inventory short form and Incontinence Impact Questionnaire short form for women between the ages of 18 and 65[☆]



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KEYWORDS

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form;
Quality of life

Abstract

Background and objective: To analyze the reliability of the Spanish version of the Urogenital Distress Inventory short form (UDI-6) and Incontinence Impact Questionnaire short form (IIQ-7) questionnaires for assessing the presence of urinary incontinence, the degree of impairment and the impact on quality of life for Spanish women between the ages of 18 and 65.

Patients and methods: A total of 150 women were enrolled throughout Spain and were administered the UDI-6 and IIQ-7 questionnaires in 2 registries performed with a 15-day interval. The ICIQ-short form, in its Spanish version, was used as the gold standard.

Results: In the reliability analysis of the UDI-6, an internal consistency of 0.973 and an intraclass correlation of 0.974 were achieved, with a 95% CI between 0.964 and 0.981. For the IIQ-7, the internal consistency was 0.984 and the intraclass correlation was 0.985, with a 95% CI between 0.985 and 0.977. For both questionnaires, the kappa values for each item ranged from 0.717 to 0.876.

Conclusions: The Spanish version of the UDI-6 and IIQ-7 questionnaires reliably and consistently assess the urogenital symptoms and their impact on the quality of life of Spanish women between 18 and 65 years of age.

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PALABRAS CLAVE

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form;
Calidad de vida

Validación de la versión española de los cuestionarios Urogenital Distress Inventory short form e Incontinence Impact Questionnaire short form para mujeres con edades entre 18 y 65 años

Resumen

Fundamento y objetivo: Analizar la fiabilidad de la versión española de los cuestionarios Urogenital Distress Inventory short form (UDI-6) e Incontinence Impact Questionnaire Short Form (IIQ-7) para la valoración de la presencia de incontinencia urinaria, así como el grado de afectación y el impacto en la calidad de vida, en mujeres españolas con edades comprendidas entre 18 y 65 años.

Sujetos y método: Se reclutó una muestra de 150 mujeres procedentes de todo el territorio español, a las que se administraron los cuestionarios UDI-6 e IIQ-7 en 2 registros realizados en un intervalo de 15 días. El ICIQ-short form, en su versión española, se utilizó como gold standard.

Resultados: En el análisis de fiabilidad del UDI-6 se obtuvo una consistencia interna de 0,973 y un coeficiente de correlación intraclase de 0,974 con un IC95% entre 0,964 y 0,981. En el caso del IIQ-7 la consistencia interna fue de 0,984 y el coeficiente de correlación intraclase de 0,985 con un IC95% entre 0,985 y 0,977. Para ambos cuestionarios los valores kappa obtenidos para cada uno de los ítems oscilaron entre 0,717 y 0,876.

Conclusiones: Las versiones españolas de los cuestionarios UDI-6 e IIQ-7 evalúan de forma fiable y consistente los síntomas urogenitales y su impacto en la calidad de vida de las mujeres españolas de entre 18 y 65 años.

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Introduction

Urinary incontinence, according to the International Continence Society, is the objectively demonstrable involuntary loss of urine, which causes a social problem,¹ as a result of a failure in the bladder filling phase, for urethral or bladder cause.² Likewise, the process of continence depends on multiple factors, incontinence results from functional failure of several such mechanisms.³ Urinary incontinence is more common in women and can have consequences on the quality of life and may even cause social isolation and depressive symptoms.⁴

This is a problem, often overlooked, which impairs the quality of life and impacts on the workplace. Urinary leaks are an important emotional and social burden on women and they can also be a barrier to the development of physical activity and exercise.⁵⁻⁷ For a first approach to the diagnosis, self-assessment of the quality of life of women with urinary symptoms may help predict the most appropriate treatment strategy in each case. This consists in obtaining, through a quick questioning, the necessary information.⁸ In the reports of the first and second conference of the International Continence Society, about incontinence and its impact on quality of life and its measurement methods, a list of questionnaires with acceptable levels for research and clinical practice were established.⁹ These include the self-administered questionnaires Urogenital Distress Inventory (UDI-6), classified as grade A recommendation questionnaire,¹⁰ and the Incontinence Impact Questionnaire (IIQ-7) in its reduced forms. These make it possible to detect the different urogenital symptoms and diagnose the existence or not of urinary incontinence, the grade of this, and the impact on quality of life resulting in women who present it. The 2 questionnaires are joint implementation, as the UDI-6 allows

for the detection of incontinence and grade, and IIQ-7 for assessment of the impact on quality of life allowing for its use as a diagnostic tool, and assessment of effectiveness of the treatment performed, either in a clinical or research setting.¹¹

This paper aims to analyze the reliability of the Spanish version of the UDI-6 and IIQ-7 questionnaires for the assessment of urogenital symptoms, including measuring the presence of urinary incontinence, as well as the degree of involvement and impact on quality of life in Spanish women aged between 18 and 65.

Material and methods

This work is a validation study of the UDI-6 and IIQ-7 questionnaires, in its Spanish version, to check the reliability between observations and their comparison with the gold standard, International Consultation Incontinence Questionnaire Urinary Incontinence Short Form (ICIQ-SF). As shown in Fig. 1, permission from the original author, Dr. Uebersax, was first obtained to perform the validation of the UDI-6 and IIQ-7 questionnaires in its Spanish version for women aged between 18 and 65. For the analysis of reliability, the Spanish version of the 2 questionnaires, which was translated and validated by Ruiz de Viñaspre Hernández et al., in 2011,¹² was used for a very specific population which was that of pregnant women. In our case, it will be validated for the general female population.

Subjects

The recruitment was carried out by volunteers by sampling stratified with non-fixed proportion. The only criterion for exclusion was that women who were doing some kind of drug

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