



ORIGINAL ARTICLE

Validation of the Spanish Version of the Questionnaire “Benefit, Satisfaction and Willingness to Continue the Treatment” in patients with overactive bladder[☆]

M.A. Jiménez^{a,*}, J. Cambroneró^b

^a Servicio de Urología, Hospital Universitario Ramón y Cajal, Madrid, Spain

^b Servicio de Urología, Hospital Infanta Leonor, Madrid, Spain

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KEYWORDS

Overactive bladder;
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Abstract

Objectives: To perform the linguistic and psychometric validation of the Spanish version of the BSW (Benefit, Satisfaction and Willingness to continue) questionnaire.

Material and methods: Epidemiologic, observational, multicenter, prospective (October 2008–February 2009) study in patients ≥ 40 years of age with de novo overactive bladder syndrome who started treatment with antimuscarinics by physicians assessment. Data were recorded at baseline (face-to-face) and the follow-up of the study after 1 and 3 months (closed surveys by phone). Morisky-Green questionnaire was used to assess compliance. Bladder Control Self-assessment Questionnaire (B-SAQ) and BSW questionnaire were completed, performing the validation of BSW.

Results: 312 evaluable patients were recruited, 93 remained until the 3 months visit. 65% and 71% of patients were not compliant with treatment at 1 and 3 months, respectively. The correlation between the BSW and the B-SAQ questionnaires after 1 and 3 months was moderate and statistically significant. The internal consistency between the BSW questionnaire items was high (Cronbach alpha: 0.89 at 1 month and 0.84 at 3 months). 92% of patients understood the questions and 84% were able to fill the BSW questionnaire without need of previous instructions ($N = 25$).

Conclusions: The BSW questionnaire has been shown to be a feasible, valid and reliable tool to know the patient self-assessment of the treatment, according to its psychometric properties.

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* Corresponding author.

E-mail address: mjcidre00@hotmail.com (M.A. Jiménez).

PALABRAS CLAVE

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Validación de la versión española del cuestionario «Beneficio, satisfacción y disposición para continuar el tratamiento» en pacientes con vejiga hiperactiva

Resumen

Objetivos: Realizar la validación lingüística y psicométrica en español del cuestionario Beneficio, satisfacción y disposición para continuar el tratamiento (BSD).

Material y métodos: Estudio epidemiológico, observacional, multicéntrico, prospectivo (octubre 2008-febrero 2009) en pacientes ≥ 40 años, con síndrome de vejiga hiperactiva idiopática de novo y que iniciaran tratamiento antimuscarínico bajo criterio clínico. Se recopilaron datos en la visita basal (presencial) y se realizó el seguimiento del estudio a través de encuestas telefónicas cerradas al primer y tercer mes desde el inicio. Se empleó el cuestionario de Morisky-Green para determinar el cumplimiento terapéutico y se completaron los Cuestionarios de Autoevaluación del Control de la Vejiga (CACV) y el BSD, realizándose la validación de este último.

Resultados: Se reclutaron 312 pacientes evaluables; en la visita de 3 meses se dispone de información de 93. El 65% y el 71% de los pacientes eran incumplidores con el tratamiento al mes y a los 3 meses, respectivamente. La correlación entre la puntuación del cuestionario BSD y las puntuaciones del cuestionario CACV al mes y a los 3 meses de inicio del estudio fue moderada y estadísticamente significativa. La consistencia interna entre los ítems del cuestionario BSD fue alta (alfa de Cronbach: 0,89 al mes y 0,84 a los 3 meses). El 92% había entendido bien las preguntas y el 84% no tuvo ningún problema para cumplimentar el cuestionario BSD sin instrucciones previas (N=25).

Conclusiones: El cuestionario BSD demostró ser una herramienta factible, válida y fiable para conocer la propia valoración del paciente sobre el tratamiento recibido, de acuerdo a sus propiedades psicométricas.

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Introduction

Idiopathic overactive bladder syndrome (OAB) is defined by the *International Continence Society* (ICS, 2002), as a symptom complex characterized by urgency, with or without urgency incontinence, usually accompanied by frequency and nocturia, in the absence of proven infection or obvious pathology.^{1,2} OAB is highly prevalent, especially in women, and the prevalence of these symptoms increases with age.³ In Spain, the prevalence of symptomatology related with OAB is about 25.6% and 17.4% in women and men ≥ 40 years of age, respectively.⁴

The symptoms associated with OAB have a multidimensional impact on life quality. They significantly affect the physical, social and sexual aspects and can also interfere with sleep, work and personal relationships.⁵

OAB is a chronic disease which requires long-term treatment. Despite significant negative impact associated with OAB, a substantial proportion of patients discontinue antimuscarinic treatment. According to European Association of Urology (EAU) guidelines 2013,⁶ more than half of patients will stop anticholinergic therapy within the first 3 months because of ineffectiveness, adverse events and cost. In clinical practice, the underlying reasons for this poor patients' persistence are not clarified.⁷

Treatment failure occurs when the patient does not have the desired change in their symptoms or is unable to tolerate the treatment due to adverse events.⁸

One of the more frequently reported reasons for stopping therapy is that the treatment did not work as the patient expected.⁹ Patient expectations affect motivation

and adherence, and may influence the interpretation of treatment effects and their satisfaction with the results.¹⁰ In the last few years, many different instruments assessing health-related quality of life and the broader concept of Patient-Reported Outcomes (PRO) have been developed.¹¹ Patient Reported Outcomes (PRO) are increasingly being accepted as important clinical outcome measures. Satisfaction with the treatment is assessed by individual needs, perceived benefits, concerns and expectations. Willingness to continue the treatment is generally considered an indicator of future adherence, and may be related to the satisfaction and perceived benefit.¹¹

Benefit, Satisfaction, and Willingness to continue questionnaire (BSW) is an internationally validated tool that can help physicians to gain an understanding of how patients value their treatment.¹²

The questionnaire provides a patients' global impression of three key elements of treatment outcome: a perceived benefit, satisfaction with treatment, and the willingness to continue treatment. When considering these 3 aspects, patients quantify the amount of symptom relief, life impact, side effects and costs. With the BSW, there is an inherent assumption that the patient weighs the risks and benefits of a treatment to provide a global response. It also can facilitate patient-physician communication and may increase adherence to prescribed treatment regimens in practice.¹²

The target was to perform the linguistic and psychometric validation of the Spanish version of the BSW questionnaire, within the framework of a study designed to assess the persistence and adherence to antimuscarinic treatment in patients diagnosed with de novo idiopathic

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