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Original Article



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ABSTRACT

Objectives: To assess the linguistic equivalence of the COPD Assessment Test versions in Catalan (CAT-C), Galician (CAT-G) and Basque (CAT-V) with the validated Spanish version (CAT) in COPD patients able to use both official languages.

Methods: Study performed in primary care centers in Catalonia, Galicia and the Basque Country. Half of the patients completed the questionnaire in their local language followed by the CAT in Spanish, while the other half did so in reverse order.

Results: 151 COPD patients were included in the study, with a mean age of 69.0 (SD: 9.7) years. Most (79.5%) were men, 11.3% were educated up touniversity level, and 31.8% were current smokers. Mean FEV1 was 61.4% (SD: 16.8) predicted and 83.9% of patients were GOLD grade I or II. Concordance between CAT-C, CAT-G and CAT-V and CAT was high, with differences between scores from 0.4 to -0.5. Reliability (Cronbach's alpha) ranged from 0.72 to 0.86. Convergent validity, when correlated with the Medical Research Council Dyspnea scale (*P*=.003) and Saint George's Respiratory Questionnaire (ICC, *r*=0.74) scores, was significant.

Conclusions: CAT-C, CAT-G and CAT-V scores were similar to CAT scores, with high correlation and concordance. These results show the equivalence between the validated Spanish CAT and the version in other languages, so CAT-C, CAT-G and CAT-V can be used in individuals whose main language is Catalan, Galician or Basque.

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Estudio de la validez de las versiones en catalán, gallego y vasco del cuestionario COPD assessment test y equivalencia con la versión en castellano

RESUMEN

Objetivos: Evaluar la equivalencia lingüística de las versiones del cuestionario COPD Assessment Test en catalán (CAT-C), gallego (CAT-G) y vasco (CAT-V) con la versión en castellano (CAT) en pacientes con enfermedad pulmonar obstructiva crónica que hablan indistintamente las 2 lenguas cooficiales. *Métodos:* Estudio realizado en centros de atención primaria de Cataluña. Galicia y País Vasco. La mitad

de los pacientes completó primero el CAT en castellano seguido del CAT en la lengua correspondiente de este estudio; la otra mitad lo hizo en orden inverso.

Resultados: Se incluyó a 151 pacientes con edad media (DE) de 69,0 (9,7) años. Un 79,5% eran hombres, el 11,3% tenía estudios universitarios y el 31,8% eran fumadores. El valor medio (DE) de la FEV₁ fue del

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61,4% (16,8) del valor de referencia. La mayoría de pacientes (83,9%) tenía un grado GOLD I/II de limitación al flujo aéreo. La concordancia entre las puntuaciones de las diferentes versiones del CAT fue alta, con diferencias entre 0,4 y –0,5 puntos. Su fiabilidad (Cronbach) fue de 0,72-0,86. La validez convergente al correlacionar con el nivel de disnea de la escala Medical Research Council Dyspnea scale (p=0,003) y con el Saint George's Respiratory Questionnaire (ICC, r=0,74) fue significativa.

Conclusiones: Las puntuaciones obtenidas con CAT-C, CAT-G y CAT-V fueron similares a las de CAT, con una alta correlación y concordancia entre ellas. Estos resultados muestran la equivalencia entre las versiones de CAT en diferentes lenguas e indican que este cuestionario puede ser utilizado indistintamente en pacientes cuya lengua principal sea catalán, gallego o vasco.

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Introduction

Chronic obstructive pulmonary disease (COPD) is one of the main causes of morbidity and mortality worldwide.¹ In Spain, it affects approximately 10% of the general population aged between 40 and 80 years.²

The Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD) Strategy for Diagnosis, Management and Prevention of COPD recommends that drug treatment be guided by a combined evaluation of the patient's severity of airflow limitation (FEV₁), prior history of exacerbations, and symptoms.¹ To this end, GOLD recommends the use of validated questionnaires, such as the Medical Research Council Dyspnea scale (MRC),³ the COPD Assessment Test (CAT)⁴ or the Clinical COPD Questionnaire (CCQ).⁵ The CAT questionnaire, specifically, has been adapted and validated in over 60 languages and dialects throughout the world, including Spanish.⁶

In general terms, a person is considered bilingual if they are competent in 2 languages and can easily switch from one to the other.^{7,8} Spain is a country in which inhabitants in some autonomous communities are bilingual in 2 official languages, primarily Catalonia, Galicia, and the Basque Country, which have the highest percentage of speakers of languages other than Spanish.^{9,10} In Catalonia, for example, according to the 2013 linguistic census of the Statistical Institute of Catalonia (IDESCAT), Catalan was the habitual language of 36.3% of the overall population, and this proportion rose to more than 60% in most regions of the province¹¹; in Galicia, according to data from the Statistical Institute of Galicia, 33.9% of the population said that they were most comfortable speaking Galician, and 29% read Galician and Spanish equally competently¹²; in the Basque Country, the Basque Country Sociolinguistic Survey (ESE), conducted by the Department of Education, Linguistic Policy and Culture of the Basque Government, found that 22.6% of the population consider themselves Basque speakers or use Basque and Spanish indiscriminately.¹³ These data reflect the situation in each autonomous community, but it must be remembered that Catalan and Basque, in particular, are also spoken in other regions, such as the Balearic Islands, in the case of Catalan, or in Navarre, in the case of Basque, so the use of these languages is even more common and more geographically widespread.

The aim of this study was to evaluate the linguistic equivalence between the CAT questionnaire in Spanish and its versions in 3 of the other official languages spoken in Spain: Catalan, Galician and Basque. These versions were prepared using a specific methodology (translation-backtranslation).¹⁴ Our second objective was to evaluate the measurements and psychometric properties of each of the versions.

Method

Translation-Backtranslation

Before starting the study, the CAT questionnaire was translated and adapted culturally to Catalan, Galician and Basque using a translation-backtranslation process¹⁴ that involved 2 direct translations by professional bilingual translators, which were reviewed and consolidated in a single, consensus version. This consensus version was backtranslated to Spanish by another professional bilingual translator, and this backtranslation was compared with the original to detect any differences. Finally, the single version in each target language was completed by 10–15 COPD patients in each language. The items from the Spanish version and the translated and adapted versions are included in Table 1.

Study Design

This was an observational, multicenter study in which patients were enrolled consecutively. Study data were collected in a single visit. All questionnaires were self-administered. The order of completion of the CAT questionnaire alternated: patients with odd code numbers completed the Spanish version first, followed by the Catalan (CAT-C), Galician (CAT-G) or Basque (CAT-B) version, depending on the patient's autonomous community, and patients with even code numbers completed the questionnaires in the inverse order. Participants also completed the Saint George's Respiratory Questionnaire (SGRQ) on quality of life and the London Chest Activity of Daily Living scale (LCADL), both adapted for the Spanish population.^{15,16} Sociodemographic and clinical data, including comorbidities (cardiovascular, metabolic, neurological and musculoskeletal diseases, and mood/psychiatric disorders), dyspnea grade (MRC scale), presence and number of exacerbations, and COPD grade and level of severity according to GOLD criteria¹ were also recorded.

Patients

The study was performed in patients aged 40 years or older, diagnosed with COPD at least 6 months before study inclusion (post-bronchodilator $FEV_1/FVC<0.7$), with a current or past smoking history of more than 10 pack-years, and clinically stable COPD in at least the previous 3 months. Subjects were excluded if they presented other chronic respiratory diseases that might confound study results or if they had cognitive disorders that could affect their ability to complete the questionnaires. Study patients were also required to be completely fluent, both written and spoken, in the 2 official languages (Spanish and Catalan, Galician or Basque). The study was performed simultaneously in 2 primary care centers in Catalonia, Galicia and the Basque Country, with the participation of physicians who regularly treated COPD patients.

Ethical Aspects

The study protocol was reviewed and approved by accredited ethics committees, and participants gave written informed consent. The study was performed in compliance with the ethical and confidentiality requirements applicable to this type of study. Download English Version:

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