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CLINICAL ARTICLE

Validation of an Arabic version of the global Pelvic Floor Bother Questionnaire

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ABSTRACT

Objective: To validate an Arabic version of the global Pelvic Floor Bother Questionnaire (PFBQ), a self-administered 9-item symptom assessment tool. **Methods:** The translation-back translation method was used to create an Arabic version of the PFBQ. Clarity of terms and face validity were ensured by modifying the translated version according to comments from a focus group. The Arabic PFBQ was completed by 130 Lebanese women, who were allocated to affected ($n=65$) or control ($n=65$) groups on the basis of 2 verbally administered screening questions. Validity was assessed by comparing the PFBQ scores of the 2 groups. Test-retest reliability was evaluated in a subgroup of women who completed the PFBQ on 2 separate occasions; the intra-class correlation coefficient (ICC) for paired items was then calculated. **Results:** Total PFBQ scores of the affected and control groups were significantly different (31.52 ± 16.80 vs 6.73 ± 7.50 ; $P < 0.001$). Mean scores for individual PFBQ items were significantly different between the 2 groups, with the exception of dyspareunia. The ICC was above 0.7 for all individual items, thus confirming test-retest reliability. **Conclusion:** An Arabic version of the global PFBQ was developed and found to be both valid and reliable in the target population.

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1. Introduction

Information on pelvic floor symptoms—prevalence, impact on quality of life, and response to treatment—have typically been captured by the use of questionnaires. Although numerous validated questionnaires are now available, most address only a single aspect of pelvic floor health, such as storage or voiding function, anal continence, sexual dysfunction, or pelvic organ prolapse (POP) symptoms [1]. Questionnaires that integrate all dimensions of pelvic floor symptoms are usually long and time-consuming to complete, thereby limiting their usefulness in routine urogynecologic practice or in epidemiologic studies.

The global Pelvic Floor Bother Questionnaire (PFBQ) is a self-administered 9-item tool that addresses symptoms and bother related to stress urinary incontinence, urinary urgency and frequency, urge incontinence, voiding difficulty, pelvic organ prolapse, obstructed defecation, fecal incontinence, and dyspareunia [2]. The term “global” in this context refers to a direct index that measures symptom severity, without evaluating the detailed consequences of that symptom (Supplementary Material S1).

The majority of questionnaires addressing pelvic floor disorders were initially structured in English [1]. However, consideration should be given to developing culturally appropriate questionnaires, as many

of the symptoms could be experienced and expressed in a different way by women from dissimilar cultures [3,4]. Consequently, cross-cultural adaptation and validation of relevant questionnaires among non-English-speaking populations is of particular importance.

As of November 2012, a total of 22 countries had adopted Arabic as the official language; the estimated combined population of these Arab League countries is 400 000 000 [5]. Although dialects differ from region to region, written Arabic has the same alphabet and grammar in all 22 countries, including the Republic of Lebanon (estimated population 4 200 000).

Information about pelvic floor disorders in Arab countries is scarce. Nevertheless, a small number of publications, albeit with varied data collection methods, suggest that the prevalence of urinary incontinence, fecal incontinence, and POP may fall within the estimates cited for other parts of the world [6–11]. Because the majority of women worldwide with these conditions do not seek treatment [7,8,10], additional effort is required to develop tools for the detection of pelvic floor disorders both at the clinical level and in community settings.

The purpose of the present study was to create an Arabic version of the PFBQ and to examine its validity and reliability among a group of women attending a university medical center in Beirut, Lebanon.

2. Materials and methods

Permission to translate the PFBQ into Arabic was obtained from the original authors [2]. The original questionnaire was jointly translated into Arabic by 2 of the present study researchers. The Arabic

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version was then back translated into English by another researcher who had not read the original English version. The original and back translated English versions were presented to 8 urologists and gynecologists who were not involved in the present study. The aim was to determine whether each corresponding question in the 2 versions captured the same concept and meaning. Following that, the Arabic version was given to a focus group of 18 individuals, including medical students, nurses, social workers, secretaries, and psychologists. Comments regarding clarity of terms describing the concepts, as well as the cultural relevance and acceptance of the terms, were recorded and the Arabic version of the PFBQ modified as required. A final corrected version was then adopted for use in the present study (Supplementary Material S2).

The Arabic version of the PFBQ was tested in a group of 130 women attending clinics of different specialties at the American University of Beirut Medical Center (AUBMC), Beirut, Lebanon. The present study was approved by the AUB Institutional Review Board. Recruitment was on the basis of encounter and availability. Exclusion criteria were age younger than 18 years, pregnancy, and inability to read and write Arabic. After obtaining written informed consent, the researchers verbally administered 2 screening questions to all participants: “Do you experience problems of control of urination?” and “Do you experience problems of pelvic organ descent?” Women who answered “Yes” to either question were assigned to the affected group ($n=65$), while those who answered “No” to both questions were assigned to the control group ($n=65$) (Supplementary Material S3).

The Arabic PFBQ was administered by 1 of 2 authors (D.E. or H.A.). The scoring system was the same as that used in the original validation study [2]. Each of the 9 items on the PFBQ was assigned a score of 0–5, where 0 signified the absence of the symptom. The presence of the symptom was graded with respect to the degree of nuisance experienced (a score of 1–5). No bother at all was represented by a score of 1, while higher scores indicated more severe bothersome effects (Supplementary Material S1). In order to report the total PFBQ score on a scale of 0–100, the score for each individual item was multiplied by 20. The total score was then calculated by averaging the sum of the scores for the 9 items (all questions had the same weight in the scoring system). After completion of the Arabic PFBQ, participants were asked if they could return to AUBMC in 1–6 weeks’ time in order to complete the questionnaire again. This step was performed to assess the test–retest reliability.

Data were analyzed using SPSS version 20 (IBM, Armonk, NY, USA). Mean values for age, parity, individual PFBQ item scores, and total PFBQ scores were calculated for each group. The 2-tailed, paired Student *t* test was used to compare the mean values for the 2 groups. Statistical significance was evaluated by the 2-tailed, unpaired Student *t* test; a *P* value below 0.05 indicated a statistically significant difference. For evaluation of test–retest reliability, the intra-class correlation coefficient (ICC) was calculated to measure agreement between individual scores of all 9 items. An ICC above 0.7 indicated good reliability of the tool.

3. Results

The original and back translated English versions of the PFBQ were judged as almost identical when reviewed. Consequently, the translated Arabic version was not modified at this stage. Several comments were noted regarding clarity of terminology when the draft Arabic version was presented to the focus group, the most consistent of which regarded items related to urinary urgency and urinary urge incontinence. These issues were appropriately addressed by modifying or adding some terms. Culturally accepted lay words used to describe a bulge in the vagina (item 6), emptying bowels (item 7), and fecal matter and gas (item 8) were added in parentheses, as suggested by the focus group, next to the original wording. Modified versions of the Arabic PFBQ were consecutively presented to the focus group

Table 1
Parity, age, and Pelvic Floor Bother Questionnaire scores of the 2 study groups.^a

Variable	Affected group ($n=65$)	Control group ($n=65$)	<i>P</i> value ^b
Age, y ^c	50.14 ± 12.64	45.54 ± 11.19	0.03
Parity ^d	2.72 ± 1.96	1.83 ± 1.78	0.007
Total PFBQ score	31.52 ± 16.80	6.73 ± 7.50	<0.001

Abbreviation: PFBQ, Pelvic Floor Bother Questionnaire.

^a Values are given as mean ± standard deviation, unless otherwise stated.

^b Calculated via 2-tailed *t* test.

^c Range, 22–73 years.

^d Range, 0–9.

until consensus was reached that all 9 items seemed to measure what they were intended to measure (Supplementary Material S3).

A total of 130 women were recruited to assess the validity and reliability of the final Arabic version of the PFBQ. Although ease of filling out the questionnaire was not objectively assessed in the present study, participants generally did not voice any major concerns. The time taken to complete the questionnaire was subjectively estimated by the 2 researchers handling this part of the process to be approximately 5 minutes. In all, 26 (20.0%) of the participants completed the questionnaire again after 1–6 weeks (13 women from each group).

Table 1 shows the mean total PFBQ scores for the 2 groups. A statistically significant between-group difference was observed in this measure ($P<0.001$). In addition, scores for the 9 individual PFBQ items were also significantly different between the 2 groups, with the exception of dyspareunia (Table 2).

When results were analyzed regarding the presence of symptom only (i.e. not accounting for the bother score), there was a statistically significant difference between the 2 groups for every item except for voiding difficulty and sexual activity (Table 3). For voiding difficulty, 11 participants in the affected group admitted the presence of this symptom versus 5 in the control group ($P=0.181$). The initial question in item 9 of the original (and translated) PFBQ actually screens for presence of sexual activity rather than dyspareunia. Of the 130 participants, 39 in the affected group and 41 in the control group stated that they were sexually active at the time of completing the questionnaire ($P=0.857$). When participants who were not sexually active were excluded from the analysis, the mean total PFBQ score was 34.04 for the affected group and 8.66 for control group ($P<0.001$).

Table 4 shows the ICCs for the items on the PFBQ. The individual ICC values for all 9 items were above 0.7, confirming that the questionnaire had good test–retest reliability.

4. Discussion

The present study generated a version of the PFBQ suitable for use in Arabic populations. Unlike many translation validation studies, submission of the questionnaire in 2 languages (English and Arabic) to bilingual individuals was avoided because such methodology has

Table 2
Pelvic Floor Bother Questionnaire scores by item.^a

Item	Affected group ($n=65$)	Control group ($n=65$)	<i>P</i> value ^b
1. Stress incontinence	2.68 ± 1.697	0.26 ± 0.853	<0.001
2. Urinary frequency	1.94 ± 2.053	0.28 ± 0.740	<0.001
3. Urinary urgency	2.54 ± 2.047	0.23 ± 0.745	<0.001
4. Urinary urge incontinence	2.12 ± 2.147	0.06 ± 0.348	<0.001
5. Voiding difficulty	0.65 ± 1.525	0.17 ± 0.601	0.021
6. Genital prolapse	1.03 ± 1.741	0.02 ± 0.124	<0.001
7. Obstructed defecation	1.12 ± 1.875	0.54 ± 1.359	0.044
8. Anal incontinence	0.94 ± 1.731	0.25 ± 0.952	0.006
9. Dyspareunia	1.18 ± 1.333	1.23 ± 1.344	0.844

^a Values are given as mean ± standard deviation, unless otherwise stated.

^b Calculated via 2-tailed *t* test.

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