



Special Article

Creation of the SAQ-COPD Questionnaire to Determine Physical Activity in COPD Patients in Clinical Practice[☆]

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ABSTRACT

Introduction: Physical activity (PA) is a significant clinical dimension in COPD, but no useful tools are available to determine this variable in routine clinical practice.

Objective: To create a simple, easy-to-use, specific questionnaire to detect PA deficits.

Method: A multidisciplinary panel of COPD experts was formed to review PA, its determinants, and measuring methods. The methodology for selecting specific dimensions and items was agreed in rounds, and the aspects to be included in the preliminary version were determined. The questionnaire structure was defined according to applicability of these aspects in clinical practice. Agreements were reached by consensus of the members.

Results: A total of 148 items were reviewed, of which only 3 were directly selected. It was decided that the questionnaire should evaluate the intensity (low, moderate, or intense), amount, and frequency of PA, and inactivity or sedentary lifestyles. It also gathers information on the profile of inactive patients, and includes a measure of impact, defined as the patient's perception of their expectations regarding activity, their personal experience, characteristics of their environment, and their personality. The questionnaire is divided into 2 blocks, one aimed at quantifying PA, and the other at collecting data for defining the profile and impact in patients with low PA only.

Conclusion: The SAQ-COPD is a simple, short, specific questionnaire, designed to evaluate PA in COPD patients in clinical practice.

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Creación del cuestionario SAQ-COPD (*Spanish Physical Activity Questionnaire in COPD*) para la medida de la actividad física de pacientes con EPOC en la práctica clínica

R E S U M E N

Palabras clave:
Actividad física
EPOC
Cuestionario

Introducción: Aunque la actividad física (AF) es una dimensión clínica relevante en la EPOC, no existen instrumentos útiles en la práctica clínica habitual.

Objetivo: Crear un nuevo cuestionario específico, sencillo y de fácil aplicación que detecte el déficit de AF.

Método: Se creó un panel multidisciplinar de expertos en EPOC y se revisó el estado de la cuestión sobre AF, sus determinantes y métodos de medida. Se consensó la metodología de selección de dimensiones e ítems específicos por rondas, definiendo las dimensiones e ítems sobre los que formar la versión preliminar. La estructura del cuestionario fue definida de acuerdo con su aplicabilidad en la práctica clínica. Los acuerdos se alcanzaron por consenso de los miembros.

Resultados: Se revisaron un total de 148 ítems, de los que solo fueron seleccionados directamente 3. Se definió que el cuestionario debía evaluar la intensidad (baja, moderada o intensa), cantidad y frecuencia de AF, así como la inactividad o sedentarismo. También ofrece información sobre el perfil del paciente con baja actividad e incluye una medida de impacto, definido como la percepción del paciente respecto a sus expectativas de actividad, lo que abarca su experiencia personal, características de su entorno y personalidad. El cuestionario queda dividido en 2 bloques: una herramienta destinada a cuantificar la AF y una parte informativa, solo para los pacientes con baja AF, destinada a definir su perfil e impacto.

Conclusión: El SAQ-COPD es un cuestionario específico, breve y sencillo, para evaluar la AF en pacientes con EPOC, que se ha definido para que sea aplicable en la práctica clínica.

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Introduction

Physical inactivity is the fourth most important risk factor for global mortality and is estimated to cause 5.5% of deaths worldwide.¹ Given its importance, physical activity (PA) is actively encouraged by the World Health Organization,² which considers it to be one of the most beneficial health measures.³ There is, then, a huge interest in the development of simple, reliable, and reproducible tools for the assessment, control and monitoring of the level of PA in clinical practice.

Chronic obstructive pulmonary disease (COPD) limits PA in patients,^{4,5} even in early stages of the disease.^{6,7} Physical inactivity is one of the most important predictors of mortality in COPD patients,^{8,9} and is associated with a high risk of hospitalization and readmission.¹⁰ Inactivity is not only a result of functional respiratory impairment, but depends also on other factors,¹¹ including dyspnea, pulmonary hyperinflation, age, and peripheral muscle weakness.¹¹ Factors which have received less attention include comorbidities, sociodemographic factors (race, socioeconomic status, education level, etc.) and lifestyle (smoking, use of alcohol, day of the week, etc.), and even the patient's own engagement and expectations regarding their current disease status can have an impact on PA.

PA can be measured using motion sensors or questionnaires. Motion sensors mainly include step counters (pedometers) or body acceleration monitors (accelerometers). These devices record the number of steps taken in a certain time period, distance covered, activity pattern, estimation of energy expenditure or intensity, and PA level. Motion sensors are more precise, but are less accessible for daily clinical practice.^{12,13} Compared to these devices, questionnaires are a simple, inexpensive way of evaluating PA, although they are subjective and vary widely with regard to data collected, survey period, communication of results, and other aspects.¹²⁻¹⁵ Many PA questionnaires are not specific for COPD patients, or have a limited discriminatory capacity to detect changes or early alterations. They do not distinguish between involuntary and voluntary or adaptive inactivity, nor are other areas of PA considered, such as social barriers and cultural or motivational factors, so they do not provide a detailed profile of the inactive patient that would help lay

the basis for a therapeutic intervention. Moreover, most available questionnaires are too long and complex to be administered in a busy health center.

The aim of this study was to create a specific questionnaire for COPD patients that would be simple, easy and relatively quick to administer, and would detect physically inactive patients, thus providing the doctor with additional information for distinguishing inactivity as a personal choice from voluntary-adaptive or functional incapacity-related inactivity, while taking into account the different barriers. Below, we describe the working methodology and the first proposal for the SAQ-COPD (Spanish Activity Questionnaire in COPD) questionnaire.

Methodology

To create this new physical activity questionnaire, a working group was formed, consisting of a multidisciplinary panel of experts in the management and treatment of COPD that included 7 respiratory medicine specialists, a family medicine specialist, and a specialist in physical medicine and rehabilitation. The new questionnaire was developed in 3 phases (Fig. 1). The resulting questionnaire underwent cognitive validation.

Phase 1: Review of the Literature and Identification of Unmet Needs

This first phase had 2 objectives: (1) to review the current thinking about PA and its determinants in clinical practice, and to review the existing measurement methods and needs not met by previous questionnaires; and (2) to agree on the methodology for selecting dimensions and items for the first draft of the tool. A non-systematic literature search was performed in PubMed with the aim of identifying the determinants of PA and the most important questionnaires, in the opinion of the panel members, in order to select dimensions and items that could serve as the basis for the construction of a questionnaire. Questionnaires were considered if they were brief and validated for use in COPD, or had been used in international studies. Consensus was reached among all members

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