

VALIDATION OF THE SPANISH LANGUAGE SHORT-FORM OF THE PELVIC ORGAN PROLAPSE INCONTINENCE SEXUAL QUESTIONNAIRE

Hypothesis / aims of study

To validate the back-translated Spanish language version of the short form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12) with bilingual Spanish-speaking women.

Study design, materials and methods

Patients fluent in both English and Spanish languages were recruited from a Urogynecology clinic at Kaiser Permanente Downey Medical Center. Demographic information such as age, ethnicity, years of education and pelvic floor complaint were collected. Both the English and back-translated Spanish language versions of the PISQ-12 were administered to 44 bilingual patients. One week after their initial visit, patients were asked to complete an additional version of the Spanish questionnaire for re-test validity. A paired t-test for the total PISQ score and a Wilcoxon signed rank test for each scored item were used to assess bias between the two versions. Agreement between the versions was based on kappa statistics. Test and re-test validity was also assessed. P values less than 0.05 were considered significant, and k values greater than 0.65 indicated good agreement.

Results

Forty-four women were enrolled and completed the initial set of questionnaires. Thirty-four (77%) patients fully completed the English, Spanish and Spanish re-test questionnaires and were included in the study cohort. The mean age of the cohort was 41.9 (+/-11.7) years and median parity was 2 (0,6). Patients on average had symptoms for 4.9 years (+/-4.63). Thirty patients had not undergone previous hysterectomy and incontinence procedures (88.24%), while four patients had (11.76%). Of the study population, 8.8% (3) were from South America, 3.0% (1) were from Central America, 73.5% (26) were from Mexico, and 14.7% (5) did not report a country of origin. Additionally, 20.7% had less than a high school education, 48.3% completed high school, 27.5% had a college education or greater, and 3.5% were unknown. There was no significant difference in age, parity, hormonal status or ethnicity between those patients who completed the questionnaires and those that did not. Patients presented with mixed incontinence, pelvic organ prolapse, stress incontinence, urge incontinence, and nocturia. There was no significant difference between the mean total scores of the Spanish and English questionnaires (34.21 vs. 34.15) with a correlation of 0.93 (significance 0.0001). The weighted kappa was above 0.76 on all items, except two of the questions. Question 12 had a kappa of 0.69, which shows substantial agreement and question 8 had a kappa of 0.41 which indicates fair agreement. The re-test validity also demonstrated excellent correlation with P values all greater than 0.05. The mean and median score of the Spanish retest were not significantly different from the original Spanish test (mean 34.21 vs. 34.56, correlation of 0.9, significance=0.0001)

Interpretation of results

The importance of assessing sexual function in all patients, including the large percentage of Spanish speaking-only patients assures our effectiveness as clinicians in addressing these quality-of-life disorders. The PISQ and shorter version, PISQ-12 have been validated in their English version. Romero et al [1] conducted a validation of the long Spanish version of the PISQ by performing a back-translation. He found that 72% of patients completed both versions of the questionnaire exactly the same. Our goal was to see if the questionnaire maintained its validity in the new short form using a diverse population of patients in clinic setting. Our validation showed excellent correlation between the Spanish and English versions. Each individual question also was tested and all but one question showed good correlation between Spanish and English versions. The Spanish questionnaire was also studied for re-test validity, and patients were able to answer the questions similarly when tested again within two weeks.

In addition, in 2007, Young et al [2] with the Pelvic Floor disorder Network completed a translation of multiple questionnaires, including the PISQ-12. They noted poor correlation with 3 questions and changed the wording, but then could not re-test their new questionnaire. Our questionnaire and methods of recruitment differed from Young's in two key ways. Forty percent of their patients had a medical background and 96% of patients were recruited from fliers and advertisements. This could greatly affect their results, as individuals with medical knowledge may understand medical disorders and infer meaning in questions that a more diverse cohort would not.

Limitations of our study included not having as much diversity in Spanish-speaking countries as anticipated. Many dialects of Spanish are spoken world-wide and it may be difficult to create a version that is applicable to world-wide Spanish-speaking populations. However, this version may be useful in the western United States, where many individuals are from Central and South America and Mexico.

Concluding message

We have successfully validated the PISQ-12 in a clinic population of Spanish-speaking individuals. The PISQ-12 is a valuable and reliable tool in assessing impact of pelvic floor disorders on sexual function and the current Spanish version shows good correlation overall with the previously validated English version.

References

1. Romero AA, Hardart A, Kobak W et al. Validation of a Spanish version of the Pelvic Organ Prolapse Incontinence Sexual Questionnaire. *Obstet& Gynecol* (2003) 102 (5): part 1 1000-1005
2. Young AE, et al. Spanish language translation of pelvic floor disorders instruments. *Int Urogynecol J* (2007) 18: 1171-1178

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<i>What were the subjects in the study?</i>	HUMAN
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<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No