CULTURAL ADAPTATION AND EVALUATION OF THE PSYCHOMETRIC PROPERTIES OF THE FRENCH VERSION OF THE FEMALE PELVIC FLOOR QUESTIONNAIRE

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Objective
The Female Pelvic Floor Questionnaire (FPFQ) is a self-administered tool adapted to the community which explores all aspects of pelvic floor function (bladder, bowel, prolapse and sexual symptoms) including condition-specific quality of life. Our aim was to carry out a cultural adaptation in French of the FPFQ and to assess its psychometric properties so as to ensure intercultural relevance and conceptual equivalence with regard to the original English-language questionnaire.

Methods
After translation into French, acceptability and reliability of the questionnaire were assessed in a sample of 56 women from the community-dwelling in a test-retest. Consistency of responses was measured with the intra-class correlation coefficient and the Bland-Altman method. Discriminative construct validity was evaluated by comparing the results obtained by the FPFQ to those of other validated questionnaires: the International Consultation on Incontinence-Urinary Incontinence Short Form (ICIQ-USIF), the International Prostate Symptom Score (IPSS), the Contilife, the Pelvic Floor Distress Inventory (PFDI-20: urinary symptoms UDI-6, colorectal-anal symptoms CRADI-8, pelvic organ prolapse POPDI-6) and the Pelvic Floor Impact Questionnaire (PFIQ-7: urinary symptoms UIQ-7, colorectal-anal symptoms CRAIQ-7, pelvic organ prolapse POPIQ-7). Strength of association was measured by the Spearman correlation coefficient. Longitudinal follow-up of the 282 women included in the PreNatal Pelvic floor Prevention trial (3PN) was used to analyze the responsiveness estimated by the standardized response mean (SRM). Pelvic floor troubles were measured 4 times: at 5 and at 9 months of pregnancy and at 2 and at 12 months after delivery.

Results
Acceptability - Among community-dwelling women the proportion of missing data did not exceed 4% for questions about female bladder, bowel function and pelvic organ prolapse. The rate of missing data ranged from 0 to 10% for issues related to sexual function. Among women enrolled in the 3PN trial, the rate of missing data did not exceed 4% for any question. Those concerning sexuality were significantly less completed than others in the two samples (p<0.0001).

Reliability - The test-retest showed agreement between 58% and 94% depending on the question, with a median of 80%. The intra-class correlation coefficient was greater than or equal to 0.7 for all domains.

Discriminative Construct Validity - The FPFQ was strongly and significantly correlated (Spearman r=0.5) with ICIQ-USIF (r=0.7), the IPSS (r=0.7) and the Contilife (r=0.7) in the community-dwelling sample. Strong and significant correlations were also found in the 3PN population included at Nimes between the FPFQ and the ICIQ-USIF (r=0.6), the Contilife (r=-0.6), the PF DI-20 (r=0.8) and the PFIQ-7 (r=0.6) (Figure 1).

Responsiveness - 3PN patients showed a decrease in urinary symptoms between 9 months pregnancy and 2 months postpartum (SRM=0.83), an increase in sexual symptoms between 5 months pregnancy and two months postpartum (SRM=-0.41) and a decrease in sexual symptoms between 2 and 12 months postpartum (SRM=0.44). Bowel function and pelvic organ prolapse were stable over time (Figure 2).

Interpretation of results
Regardless of the population, the proportions of missing data never exceeded 10%, which showed good acceptability of the tool. During the test-retest the results achieved by the community women were constant over time and changes in scores at one-month intervals did not seem clinically significant (≤ 10%). Based on the strong correlations between FPFQ and other measurement tools already validated, the FPFQ successfully measures what it purports to measure as regards female bladder, bowel function and pelvic organ prolapse. Symptomatology changes measured by the FPFQ reflect good responsiveness.

Conclusion
The FPFQ is self-administered, reliable, correctly discriminates subjects of study and is a tool of choice for research in community-dwelling women. It can detect a change in symptoms in time and may consequently be used in evaluation of a support or in measurement of the physiological changes that occur during the life of a woman.