

ADAPTATION TO THE BRAZILIAN CULTURE OF THE QUESTIONNAIRE "RICE BLADDER SYMPTOM IMPACT SCALE – BSI-6" FOR QUALITY OF LIFE EVALUATION OF PATIENTS WITH INTERSTITIAL CYSTITIS

Hypothesis / aims of study

The interstitial cystitis is a urological chronic disease characterized by chronic pelvic pain, frequency and urinary urgency, nocturia and dyspareunia, with negative impacts on the quality of life [1].

As it is important to evaluate the quality of life in patients with interstitial cystitis using a validated questionnaire and there is no available in Portuguese, it is necessary to translate and validate questionnaires developed, tested and used in other countries.

Therefore, the aim of this study was to translate and adapt the questionnaire "Rice Bladder Symptom Impact Scale – BSI-6" to the Brazilian culture, which evaluates the quality of life of patients with bladder pain syndrome/interstitial cystitis.

Study design, materials and methods

The methodological process of cultural adaptation aims at the acquisition of an instrument true to the original, but adapted to the culture of the country where this version will be applied.

In this study the researchers opted for the directives developed by the American Academy of Orthopedic Surgeons [2], which has as a goal the standardization of the method for cultural adaptation of measuring instruments related to health. Thus, the steps followed in this process were: translation of the original instrument by two different translators (T1 and T2); synthesis of the translations (T1 and T2); backward translation to the original language (English); assessment of the translation by a panel of specialists and pre-test [2].

The questionnaire RICE BSI-6 evaluates the quality of life of patients with bladder pain syndrome/interstitial cystitis and it is composed of six items: "interest in life", "energy level", "moods", "feelings of self-worth", "social life" and "ability to carry out your home responsibilities". The score ranged from 0 to 42 and higher the score; greater was the impact of bladder symptoms on the quality of life [3].

In order to implement the present study the researchers got the formal authorization from the author, so they could proceed to the translation and cultural adaptation of the instruments.

Results

The questionnaire was analyzed by a specialist committee composed of a physiotherapist who is specialist in urology, a methodologist, a linguist and the researchers. The specialists produced individual considerations for each item in the questionnaire, and the agreement rate in their opinions was calculated based on their answers. To reach agreement of 100% among specialists, it was need to amend some items, including questions, answer's choices and the instructions. In three items, explanations were added: "self-worth", "social life" and "energy level". In the instructions, the word "effect" was replaced by "injury". After the expert committee's meeting and with all modifications done, the new version was applied in two samples of subjects who presented suggestive symptoms of interstitial cystitis (two pre-tests). The first pre-test was consisted of 30 patients, 17 women and 13 men. The average age was 52.3 years (SD = 15.3 years). Of all the patients, 7 (23.3%) had doubts in the item "interest in life". This question was showed to the specialists and then one explanation was added and the questionnaire was applied in a second pre-test. This pre-test consisted of 5 patients, the average age was 53.2 years (SD = 18.4 years) and nobody had doubts.

A feature of this questionnaire is that it is self-reported and due to this all of their items needed to be changed to achieve cultural equivalence, in order to make the instrument more understandable to the target audience.

Interpretation of results

The work of the specialist committee and the outcomes of the two pre-tests elicited the final understanding of the instruments.

The changing of all items demonstrated the necessity of to adapt the questionnaires developed in other countries. As the questionnaire is simple and spent little time to be applied, we believe that it can be useful for healthcare professionals in different scenarios of practice, to promote multidisciplinary actions.

Concluding message

The adaptation of the questionnaire "Rice Bladder Symptom Impact Scale – BSI-6", was adequately accomplished. The use of a minutely defined methodology was able to produce a Portuguese version that is equivalent to the original in English.

References

1. Yoon HS, Yoon H. Correlations of Interstitial Cystitis/Painful Bladder Syndrome with Female Sexual Activity. Korean J Urol 2010; 51:45-49.
2. Beaton D, Bombardier C, Guillemin F, Ferraz MB. Recommendations for the Cross-Cultural Adaptation of Health Status Measures. American Academy of Orthopaedic Surgeons and Institute for Work & Health. Revised in March/2002. Available at <http://www.dash.iwh.on.ca>. Accessed in Dec,29 2008.
3. Bogart LM, Suttrop MJ, Elliott MN, Clemens JQ, Berry SH. Validation of a quality-of-life scale for woman with bladder pain syndrome/interstitial cystitis. Qual Life 2012 Nov;21(9):1665-70.

Disclosures

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