

THE ICF-INCONTINENCE ASSESSMENT FORM (ICF-IAF) TO IDENTIFY PROBLEMS AND RESOURCES IN PATIENTS WITH URINARY OR FECAL INCONTINENCE: SUBPROJECT THE PATIENT'S PERSPECTIVE

Hypothesis / aims of study

The aim of this qualitative study was to explore problems and resources in patients with urinary or fecal incontinence using focus group interviews. The answers should be translated in the standardized language of the International Classification of Functioning, Disability and Health (ICF) as part of the development of the ICF-IAF for international use in multi-professional settings.

Study design, materials and methods

The qualitative design of focus group interviews was appropriate. Men and women were separated concerning the sensitive issues. The semi-structured topic guide was based on the ICF chapters body functions, body structures, activities and participation, environmental, and personal factors. The interviews were transcribed and the textual data was explored inductively using content analysis to generate codes. In the next step all generated codes were linked to the most corresponding ICF-category using established linking-rules. The linking to the ICF was done by two experienced linkers. To improve the reliability of the linking Kappa statistics was done. Saturation was given if no more than 5 new ICF-categories in two consecutive focus groups could be identified.

Results

Eight focus groups (4 male, 4 female) were conducted with 26 participants (13 male, 13 female). The mean age was 74.7 years in the male and 69.7 years in the female groups. Personal data as well as established health related and disease specific questionnaires were included.

Overall 120 problems and 60 resources in the male and 160 problems and 125 resources in the female population were found. Kappa statistics between the two raters was in the female population 0.45 and in the male population 0.58. Results regarding to the chapters of the ICF can be seen in Figure 1.

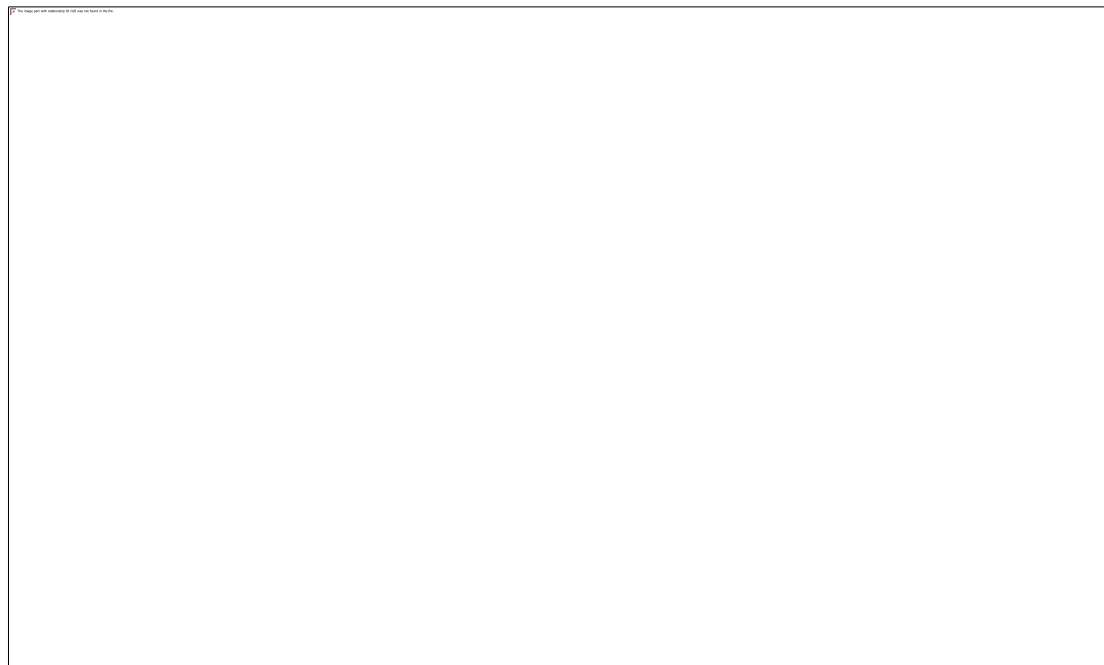


Figure 1: the biopsychosocial model of the WHO and the number of identified 3rd level categories, green resources and red problems

Interpretation of results

Problems and resources in all chapters of the ICF were found in contrast to preliminary subprojects of the development of the ICF-IAF. This functioning profile is useful to represent the perspective of patients with UI or FI in the population of this study. Limitations of these subprojects are mean age, previous physiotherapy intervention because of incontinence, and urban population in one country in Middle Europe.

Concluding message

The results of all preliminary studies will be included in a consensus conference in late 2016 developing the first version of the ICF-IAF. The international and multi-professional validation will result in the final version of the ICF-IAF in 2018.

Used in a multidisciplinary team, the ICF-IAF can be seen as a common platform from which the different professionals start their assessments, plan interventions, and evaluate the treatment, as well as its implication in future research.

References

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Disclosures

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