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ASSESSING QUALITY OF LIFE IN OBSTETRIC FISTULA PATIENTS: VALIDATION OF THE UROGENITAL DISTRESS INVENTORY (UDI-6) AND INCONTINENCE IMPACT QUESTIONNAIRE (IIQ-7) IN LINGALA AND KIKONGO IN DR CONGO

Hypothesis / aims of study

The Urogenital Distress Inventory (UDI-6) and the Incontinence Impact Questionnaire (IIQ-7) are both well-known. In obstetric fistula (OF) repair outcome is usually assessed by the surgical team. The patient perspective is often neglected. Therefore we translated both questionnaires in Lingala and Kikongo, official languages in DR Congo. Secondly used the questionnaires in an OF population to assess the real life continence status and the impact of fistula repair surgery.

Study design, materials and methods

UDI-6 and IIQ-7 were translated and underwent content validity checks using focus groups. The final versions were tested in a normal population and in an OF population (33 for Kikongo, 35 for Lingala) for internal consistency and test-retest reliability. The responsiveness was tested in an OF population and effect sizes were calculated.

Results

The content validity as measured in a normal student population, both in Lingala and Kikongo

	UDI -6	UDI -6		IIQ-7	
	LINGALA	KIKONGO	LINGALA	KIKONGO	
Cronbach' s α	0,44	0,5	0,43	0,45	
95% lower confidence limit	0,17	0,2	0,15	0,19	

The content validity measured in an obstetric fistula patient cohort in Lingala and Kikongo.

	UDI-6		IIQ-7	
	LINGALA	KIKONGO	LINGALA	KIKONGO
n=	35	33	35	33
Cronbach's α	0,47	0,47	0,96	0,94
95% lower confidence limit	0,2	0,2	0,14	0,18

The pre –and post fistula repair mean and median scores for UID-6 and IIQ-7 of two obstetric fistula patient cohorts.

	UDI-6		IIQ-7	
pre treatment score	LINGALA	KIKONGO	LINGALA	KIKONGO
n	35	33	35	33
mean ± stand. dev.	40,47 ± 20,8	48,48 ± 20,6	74,3 ± 35,1	69,3 ± 29,6
median	38,88	49,99	99,99	66,66
post treatment score				
n	32	11	32	11
mean ± stand. dev.	19,1 ± 18,5	31,8 ± 36,5	22,6 ± 37,9	32,3 ± 36,4
median	11,11	33,33	0	33,33
P value	<0,0001	0,2	<0,0001	0,002

Interpretation of results

Both questionnaires showed good internal consistency and reliability. The Cronbach's α for UDI-6 in both languages was 0.47 for the IIQ-7, 0.96 for Lingala and 0.94 for Kikongo in an OF population. The test-retest reliability was high in all cohorts. Both questionnaire scores improved significantly after fistula repair. The effect size for UDI-6 was -1, 09 and -1, 6 for IIQ-7.

Concluding message

Both IIQ-7 and UDI-6 questionnaires have been translated in Lingala and Kikongo, two languages of DR Congo. The questionnaires have been validated in an obstetrical fistula population, showing good content validity and test-retest reliability. The questionnaires show a highly significant effect size, demonstrating the dramatic positive effect of fistula surgery on urogenital symptoms and on the quality of live in an obstetric fistula population.

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