

THE ICF-INCONTINENCE ASSESSMENT FORM TO IDENTIFY PROBLEMS AND RESOURCES FOR PLANNING AND EVALUATION OF INTERVENTIONS (ICF-IAF): STEP ONE LINKING LEVEL-A RECOMMENDED QUESTIONNAIRES TO THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) OF THE WORLD HEALTH ORGANISATION (WHO)

Hypothesis / aims of study

The major goal of incontinence treatment is to reduce symptom burden and ensure that patients' resources are as helpful as possible. This goal requires standardized assessment that will represent the typical spectrum of functioning problems, and positive or negative influencing factors of patients with urinary (UI) or fecal incontinence (FI). There is need for a validated short, simple instrument to quantify the burden and impact of UI and FI to aid complex health status assessment in the sense of the biopsychosocial model of the World Health Organisation (WHO) using the standardized description of the International Classification of Functioning, Disability and Health (ICF) of the WHO.

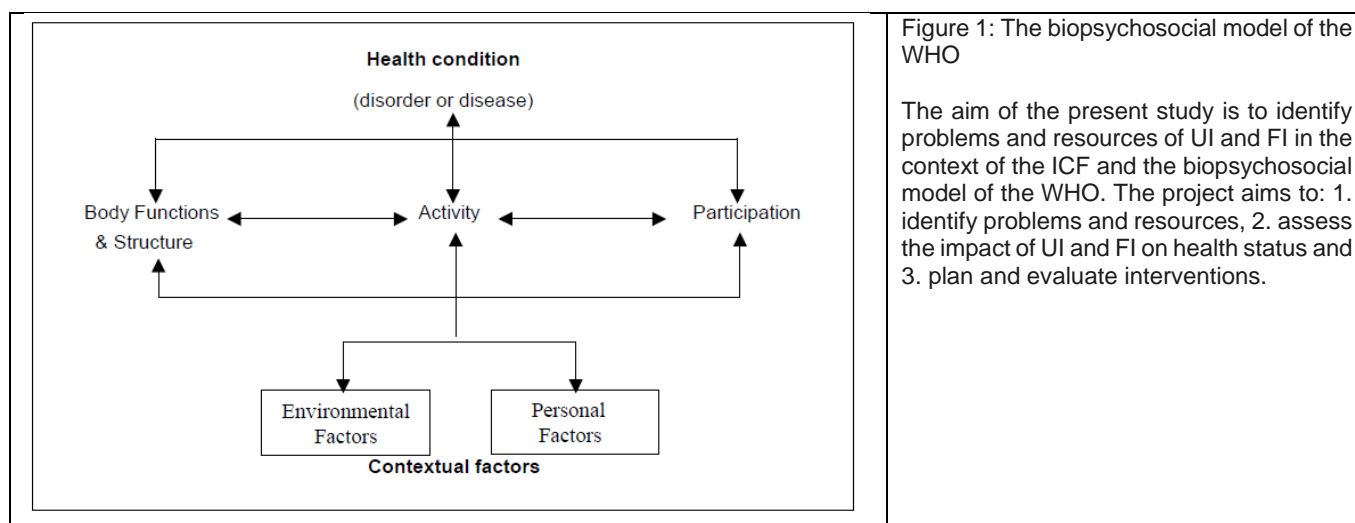


Figure 1: The biopsychosocial model of the WHO

The aim of the present study is to identify problems and resources of UI and FI in the context of the ICF and the biopsychosocial model of the WHO. The project aims to: 1. identify problems and resources, 2. assess the impact of UI and FI on health status and 3. plan and evaluate interventions.

Study design, materials and methods

Systematic analysis of level-A disease-specific questionnaires recommended by the ICS was done. Overall, 437 questions from 27 questionnaires were translated ("linked") with the most precise of the 1400 ICF categories using standardised rules, by two experienced researchers (ICIQ-FLUTS, ICIQ-VS, P-QOL, IIQ, ISS, PRAFAB-Q, UISS, B-SAQ, QUID, UDI, ICIQ-MLUTS, DAN-PSS1, ICSQoL, I-QOL, Urolife, ICIQ-UI SF, ICIQ-LUTSquol, LUSQ, OAB-SS, UU Scale, PPBC, IUSS, ICIQ-Nquol, ICIQ-B, FI QL, Assessment Österberg, BBUS-Q). Statistics with bootstrapped confidence intervals were used to describe the agreement between the researchers who performed the linking.

Results

Links were found in 110 ICF categories; however, only 13 reached an agreement more than 25.0%. Forty-nine categories were linked to the component *Body functions*. The component *Body structures* was represented by 8 categories. Forty-three categories of the component *Activities and participation* and 10 categories of the component *Environmental factors* were linked. No resources could be identified in those questionnaires. The Kappa statistic for the agreement between the researchers who performed the linking was 0.42 with a 95% bootstrapped confidence interval of 0.41 to 0.42 (moderate agreement).

Table 1 Identified ICF categories with an agreement of 25.0% and more

ICF code	ICF category	n = 27	%
Bodyfunctions			
b1263	Temperament and personality functions: General mental functions of constitutional disposition of the individual to react in a particular way to situations, including the set of mental characteristics that makes the individual distinct from others.	7	25.9
b1266	Confidence: functions that produce a personal disposition that is self-assured, bold and assertive, as contrasted to being timid, insecure and self-effacing	7	25.9
b1342	Maintenance of sleep: Mental functions that sustain the state of being asleep.	11	40.7
b28012	Pain in stomach or abdomen: Sensation of unpleasant feeling indicating	8	29.6

	potential or actual damage to some body structure felt in the stomach or abdomen.		
b6200	Urination: Functions of voiding the urinary bladder.	12	44.4
b6201	Frequency of urination: Functions involved in the number of times urination occurs.	12	44.4
b6202	Urinary continence: Functions of control over urination.	19	70.3
b630	Sensations associated with urinary functions: Sensations arising from voiding and related urinary functions	9	33.3
b640	Sexual functions: Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.	7	25.9
activities and participation			
d230	Carrying out daily routine: Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day.	9	33.3
d5701	Managing diet and fitness: Caring for oneself by being aware of the need and by selecting and consuming nutritious foods and maintaining physical fitness.	8	29.6
d7702	Sexual relationships: Creating and maintaining a relationship of a sexual nature, with a spouse or other partner.	9	33.3
environmental factors			
e1151	Assistive products and technology for personal use in daily living: Adapted or specially designed equipment, products and technologies that assist people in daily living, such as prosthetic and orthotic devices, neural prostheses (e.g. functional stimulation devices that control bowels, bladder, breathing and heart rate), and environmental control units aimed at facilitating individuals' control over their indoor setting (scanners, remote control systems, voice-controlled systems, timer switches).	9	33.3

Interpretation of results

There was a surprisingly high number of linked categories, but 61 categories were covered by only 1 or 2 questionnaires, 97 of 110 with less agreement than 25.0%.

Furthermore, a 3-round Delphi technique survey with experienced German-speaking physiotherapists is ongoing. The patients' perspective will be reported by focus groups and personal interviews. A formal consensus process will follow to establish the first version of the ICF-IAF. Furthermore, international validation using the Delphi process incorporating all relevant health professionals is to be investigated.

Concluding message

Current level-A recommended questionnaires cover small spectrums of the burden of UI and FI, as well as no resources. The ICF-IAF will be a short, simple questionnaire for assessing and monitoring problems and resources of patients with UI and FI. Translation of the ICF-IAF will enable world-wide use and should help to standardise therapy and research protocols.

References

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Disclosures

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