

DEVELOPMENT OF THE ICF-INCONTINENCE ASSESSMENT FORM TO IDENTIFY PROBLEMS AND RESOURCES IN MALE AND FEMALE PATIENTS WITH URINARY OR FAECAL INCONTINENCE (ICF-IAF): SUBPROJECT DELPHI TECHNIQUE SURVEY AMONG 262 PHYSIOTHERAPISTS IN 5 GERMAN SPEAKING COUNTRIES

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 faecal incontinence (FI). There is need for a validated short, simple instrument to quantify UI and FI impact to aid health status assessment and communication between patients and health professionals. Current level-A recommended questionnaires provide valid assessment of UI and FI, but do not cover all aspects of the burden of the disease in the sense of the bio-psycho-social model of the International Classification of Functioning, Disability and Health (ICF), which limits the quality of the assessments. To address this problem, two Universities of Applied Sciences in Switzerland (ZHAW and BUAS), are working together to develop the evidence-based, reliable and valid ICF-based Incontinence Assessment Form (ICF-IAF). This aims to: 1. identify problems and resources, 2. assess the impact of UI and FI on health status and 3. develop a standardized assessment for planning and evaluation of interventions.

Study design, materials and methods

Using a 3-round Delphi technique survey, physiotherapists from Austria, Germany, Liechtenstein, Luxembourg and Switzerland, experienced in the treatment of patients with UI and FI, were surveyed about patient problems and resources relevant to the physiotherapy management of individuals with incontinence. Responses were translated ("linked") into ICF language by using standardized rules.

Results

Over all 262 physiotherapists participated. In the first round of the Delphi procedure, an information letter including instructions and an Excel file containing an open-ended questionnaire were sent to all the participants. In the questionnaire, the participants were requested to list all problems and resources in patients with UI or FI. In addition, the participants were asked to complete questions on demographic characteristics and professional experience. The responses received in round 1 were then tied to the ICF by a linking process. Aspects related to the characteristics of a person were listed as Personal factors. In the second Delphi round, the participants received the list of the ICF categories linked to the responses of the first round. The instruction letter included a brief introduction into the ICF terminology. The participants were asked whether these ICF categories represent the problems and resources of patients with incontinence. The percentage of participants who agreed was calculated. In the third Delphi round, the participants were requested to answer the same questions taking into account the answers of the group, as well as their previous responses.

The 262 physiotherapists representing 5 German speaking countries named 2427 problems and 2802 resources. These factors were linked to 379 ICF categories. Fifty-eight categories on the 2nd level and 76 categories on the 3rd and 4th level with an agreement among the participants exceeding 75% represent the present version of the ICF-IAF.

Interpretation of results

This functioning profile is useful to be created on the basis of the ICF and can subsequently be used to document interventions and also be used as a reference for follow-up. Being used in a multidisciplinary team, the ICF-IAF can be seen as a common platform from which the different professionals start their assessments and plan interventions and to which they return when discussing the treatment of the patient and the patients' problems and resources. In addition, scores that combine the information of all single ICF categories into a few numbers are anticipated to be useful in clinical practice.

Concluding message

Finally, all these developments will be summarized in the ICF-IAF including a user manual to facilitate its application in clinical practice and research. Future subprojects will focus on the patients' perspective to identify appropriate instruments to assess the relevant ICF categories.

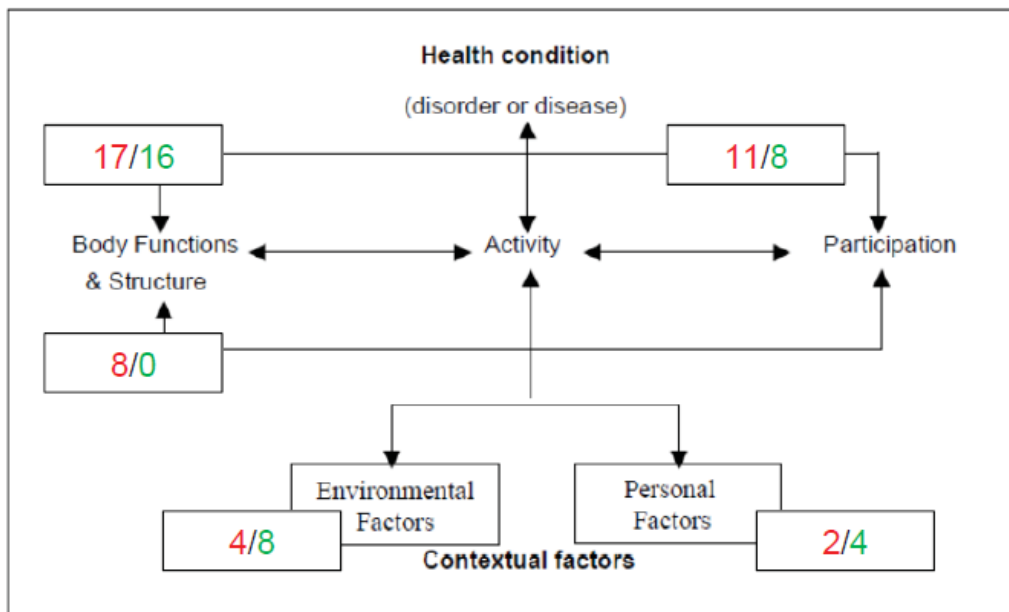


Figure 1: the biopsychosocial model of the WHO and the number of identified 2nd level categories, green resources and red problems

References

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