

DUTCH TRANSLATION AND VALIDATION OF THE SF-QUALIVEEN, A URINARY-SPECIFIC QUALITY OF LIFE MEASURE, IN MULTIPLE SCLEROSIS AND SPINAL CORD INJURY PATIENTS.

Hypothesis / aims of study

Optimizing the patients' quality of life is one of the main goals in the urological management of Multiple Sclerosis (MS) and spinal cord injury (SCI) patients. Therefore, it is essential for healthcare professionals to know patients' present urinary-specific quality of life. The SF-Qualiveen is a short questionnaire that measures the urinary-specific quality of life of patients with urological dysfunction due to neurological disorders. The aim of this study is to translate, culturally adapt and validate a Dutch version of the SF-Qualiveen for use in MS and SCI patients.

Study design, materials and methods

Cross-cultural adaptation of the original English SF-Qualiveen into Dutch was performed according to standardized guidelines. Adult MS and SCI patients with symptomatic urinary disorders who visited the Urology or Rehabilitation outpatient clinic of a Dutch hospital or revalidation center completed the SF-Qualiveen and the Urinary Distress Inventory-6 (UDI-6) at baseline and 1-2 weeks later. The UDI-6, a urinary tract symptom inventory, served as gold standard (i.e. reference measure). A control group recruited from the Otolaryngology outpatient clinic completed the questionnaires once. Content-, construct-, and criterion validity and reliability (internal consistency and reproducibility) of the SF-Qualiveen were determined.

Results

In the pilot test 11 MS and 12 SCI patients asserted that the Dutch SF-Qualiveen covered their bladder problems and that the measure was clear and easy to understand, indicating good content validity. 50 MS patients, 57 SCI patients and 50 control persons were included. Patients' SF-Qualiveen scores being positively associated with severity of urinary symptoms and patients' scores being significantly higher (indicating more impact on quality of life) than those of controls (on a scale of 0 – 4: MS patients 1.73, SCI patients 1.81, controls 0.34) indicated good construct validity. A significant correlation between SF-Qualiveen and UDI-6 scores (MS patients: $r = 0.51-0.48$, $P < 0.001$; SCI patients: $r = 0.66-0.67$, $P < 0.001$) confirmed good criterion validity. The SF-Qualiveen showed good internal consistency (MS and SCI patients: Cronbach's alpha > 0.8) and reproducibility (MS and SCI patients: Intraclass correlation coefficients > 0.8).

Interpretation of results

We translated and culturally adapted the SF-Qualiveen for the use in Dutch MS and SCI patients. The Dutch version of the SF-Qualiveen showed good measurement properties in this validation study.

Concluding message

The Dutch SF-Qualiveen is valid and reliable to measure the urinary-specific quality of life. We recommend its use in both MS and SCI patients in the Netherlands. Further research is needed to assess the responsiveness of the Dutch SF-Qualiveen.

Disclosures

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