

guages according to an internationally accepted methodology: two forward translations, one backward translation by independent native speakers, review by one clinician per country and cognitive debriefing on five patients in each language. **RESULTS:** A common list of concepts in US-English and US-Spanish were developed following patients' interviews, and were later used to generate the pre-final instrument. The translatability assessment allowed refinement of concepts (i.e., "focus on work" or "interference of OAB symptoms"), idiomatic expressions (i.e., pad, urgency to urinate) and responses scales. Once the final questionnaire was translated, patient interviews demonstrated a high level of understanding and an absence of any problematic wording. **CONCLUSION:** Since the conceptual equivalence of the OAB-S across cultures and languages was considered early in the development process, translation issues were reduced to a minimum. The OAB-S is a comprehensive measure that will enable documentation of patients' satisfaction with treatment in international trials using these languages.

PUK23

**VALIDATION OF A QUALITY OF LIFE QUESTIONNAIRE (KING'S HEALTH QUESTIONNAIRE) IN BRAZILIAN WOMEN WITH URINARY INCONTINENCE**

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**OBJECTIVES:** The objective of this study was to translate and to validate the King's Health Questionnaire (KHQ) for Brazilian women with urinary incontinence. **METHODS:** The KHQ is a scale devised by Prof. Linda Cardozo et al to assess quality of life impairment due to urinary incontinence. This questionnaire has been used in numerous studies to evaluate the consequences of the disease in daily life or the effects of different treatments. 134 patients with urinary incontinence, confirmed by the urodynamic study, were enrolled from the outpatient clinic of the Urogynecology and Vaginal Surgery Section of the Gynecology Department of the Federal University of São Paulo (UNIFESP). Initially, we translated the KHQ into Brazilian Portuguese language following international methodological recommendations. Due to language and cultural differences we performed cultural, structural, conceptual, and semantic adaptation on the KHQ, in order that patients were able to fully understand the questions. All patients answered KHQ twice on the same day, with an interval of 30 minutes, applied by two different interviewers. After 7 to 14 days, on a second visit, the questionnaire was applied again. Reliability (intra and inter observer internal consistency), construct and discriminative validity were tested. **RESULTS:** Several cultural adaptations were necessary until we reached the final version. The intra-observer internal consistence (alpha of Cronbachs) of the several dimensions varied from moderate to high (0.77–0.90), and the inter observer internal consistence varied from 0.66 to 0.944. Moderate to strong correlation was detected among the specific KHQ urinary incontinence dominions and clinical urinary incontinence manifestations known to affect the quality of life of these patients. **CONCLUSION:** KHQ was adapted to the Portuguese language and to the Brazilian culture, showing great reliability and validity. This questionnaire is now being evaluated in clinical trials on new therapeutic strategies for urinary incontinence in Brazil.

PUK24

**BPH: CONSEQUENCES ON THE SPOUSE'S & PATIENT'S SEXUALITY**

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**OBJECTIVES:** Urinary problems secondary to benign prostatic hyperplasia (BPH) are found in 20 to 25% of the population of men over 50 years of age. This is thus a public health problem with a number of diagnostic, therapeutic and economic facets. The severity of the problem is assessed by the score obtained on the IPSS, a well known and recognised questionnaire. As part of the growing importance attached to the care giver, it is interesting to evaluate the consequences of this masculine pathology for the spouse. **METHODS:** As part of a cohort study, the GP gave the patient two 'PFM' (Patient Family Measurement) self-questionnaires for himself and his spouse. For the analysis, 357 patient questionnaires and 316 spouse questionnaires were used. The sexuality of the patient was measured by the (IIEF) International Index of Erectile Function. Spouses were asked about their Sexual Desire (SD) and Overall Satisfaction (OS). **RESULTS:** For BPH patients, all the IIEF dimensions are deteriorated according to the severity expressed by the IPSS score. This is particularly true for the SD (52.8, 46.6, 35.2) and OS (69.6, 57.3, 40.4) dimensions. For the spouses who answered the questionnaires, the SD lack or the overall dissatisfaction are directly correlated with the IIEF score expressed by their partners for the corresponding dimensions  $p < 0.005$ —Spouse Sexual Desire: Nil to Weak: IIEF DS Dimension Score: 42.7—Medium to High: IIEF DS Dimension Score: 76.0—Spouse Satisfaction: Dissatisfied: IIEF OS Dimension Score: 46.1—Divided to Satisfied: IIEF OS Dimension Score: 67.2. **CONCLUSIONS:** The high spouse questionnaires' response rate showed the interest and involvement of spouses in their husband's disease. BPH patients' sexuality is deteriorated according to the pathology severity, spouses express this deterioration in the same way.

PUK25

**SPANISH RESEARCH NETWORK ON TRANSPLANTATION: THE SPANISH VERSION OF THE END-STAGE RENAL DISEASE SYMPTOM CHECK-LIST, A USEFUL TOOL FOR EVALUATE THE PERCEIVED HEALTH STATUS OF RENAL TRANSPLANT BEARERS**

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**OBJECTIVE:** To translate and validate in our country the End-Stage Renal Disease Symptom check-list (ESRD-scl) a specific questionnaire for evaluating the perceived health status-PHS of kidney transplant bearers. **METHODS:** The cultural translation is the result of translation and back-translation by two bilingual translators, subsequently revised by an expert panel. The questionnaire was applied to 106 patients when entering the renal transplant waiting list and to 29 patients, prospectively, at 3 and 6 months from transplantation, along with the SF-36 and EQ-5D. Feasibility, validity and reliability of the questionnaire were analyzed. **RESULTS:** Feasibility: only 1 patient did not answer 2 items the first time. In the rest of the interviews all the patients answered all the items in less than 10 minutes. Validity was satisfactory: between 3 and 6 months the scores of Limited Physical Capacity-LPC and Cardiac and Renal Dysfunction-CRD correlated moderately ( $r > 0.4$ ) with the Physical Component Summary-PCS of the SF-36 and those of Limited Cognitive Capacity-LCC and Transplantation-Associated Psychological Distress-TAPD, with Mental Component Summary-MCS. These