Abstracts

dered difficult. Our aim was to develop a sensitive instrument to evaluate how SUI patients cope with their handicap in everyday-life. METHODS: A list of potential efforts provoking stress urinary leakages was established from a systematic literature review and 30 clinician interviews. Eight clinician interviews allowed the listed efforts’ relevance, common occurrence and ability to capture changes to be assessed. Clinicians also reported how patients control the risk of leakage in daily life. A questionnaire was developed and further tested by 20 SUI women for relevance, importance and applicability. The patients were invited to reword items and describe how they control the risk of leakage. The scale was subsequently finalised. RESULTS: Seventy-two efforts provoking leakages were listed from 15 SUI-specific scales and 21 studies from the literature review. Clinician interviews allowed a shortlist containing the most relevant efforts to be established. Answer choices covered leakage occurrence, and various behaviour adaptations (taking precautions, muscular control, avoiding situations). The questionnaire was revised 3 times: after the 6th, the 13th and the 20th patient interviews. The pilot questionnaire contains 13 efforts of daily life and 4 items on coping with the risk of leakage. CONCLUSION: This iterative approach enabled the necessary modifications to be made to produce an understandable and complete self-reported questionnaire accepted by patients. It measures three complementary criteria related to SUI severity: leakage occurrence in daily activities, avoidance of activities provoking leakages and control of leakage risk. This highly specific instrument will allow clinicians to better assess the real impact of SUI and therapeutics on patients’ lives in both clinical research and practice. Scoring procedures and psychometric properties will be established after a validation study.

VALIDATION OF THE PELVIC ORGAN PROLAPSE/URINARY INCONTINENCE SEXUAL FUNCTION QUESTIONNAIRE IN ITALIAN WOMEN: THE GYNAEFLOW STUDY
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OBJECTIVES: The Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12), a condition-specific self-rating questionnaire, comprises 12 items investigating sexual functionality in women with pelvic organ prolapse (POP) or urinary incontinence (UI). The scale investigates behavioural, emotive, physical and partner-related factors. This paper reports on the Italian validation of the PISQ-12. METHODS: The linguistic validation of the scale consisted of forward and backward translation. It was performed through a multi-step process, which involved two Italian mother-tongue professionals and a native English speaker co-working with clinical investigators. This version was pre-tested on a set of 49 women, who were interviewed after filling-in the questionnaire and a comprehension rate was built as the percentage of correctly understood questions and pre-coded answers. A case-control study was performed. Sexually active women aged >=18 year and affected by UI/POP for at least 3 months and with negative dipstick were consecutively enrolled as cases. Controls were defined as healthy women of comparable age. In order to evaluate reliability, cases were retested after 7–21 days from baseline and a correlation analysis was performed. RESULTS: For 10 out of 12 items >90% patients found the Italian version easy to understand. Nine patients reported they could not understand the first item: How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex; 42% of patients did not interpret frustration as delusion. This item was also differently translated during the forward translation and discussed. Five patients did not correctly understand Item 4: How satisfied are you with the variety of sexual activities in you current sex life?; as regards the word variety. CONCLUSION: The PISQ-12 proved to be easy to understand and suitable for clinical research and routine. The evaluation of psychometric properties is on-going.