BIBLIOGRAFÍA
DEL INSTRUMENTO

Cuestionario de Calidad de Vida en Asma (AQLQ)

Versión española del Asthma Quality of Life Questionnaire adaptada por M. Ferrer, J. Alonso

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Bibliografía de la adaptación española del Cuestionario de Calidad de Vida en Asma (AQLQ)

Sanjuas C, Alonso J, Sanchis J, Casan P, Broquetas JM, Ferrie PJ, Juniper EF, Anto JM. *The quality-of-life questionnaire with asthma patients: the Spanish version of the Asthma Quality of Life Questionnaire*. ***Arch Bronconeumol*** 1995;31:219-26.

Sanjuas C, Alonso J, Ferrer M, Curull V, Broquetas JM, Anto JM. *Adaptation of the Asthma Quality of Life Questionnaire to a second language preserves its critical properties: the Spanish version*. ***J Clin Epidemiol*** 2001;54:182-9.

Sanjuas C, Alonso J, Prieto L, Ferrer M, Broquetas JM, Anto JM. *Health-related quality of life in asthma: a comparison between the St George's Respiratory Questionnaire and the Asthma Quality of Life Questionnaire*. ***Qual Life Res*** 2002;11:729-38.

Bibliografía del desarrollo del cuestionario original

Juniper EF, Guyatt GH, Epstein RS, Ferrie PJ, Jaeschke R, Hiller TK. *Evaluation of impairment of health related quality of life in asthma: development of a questionnaire for use in clinical trials*. ***Thorax*** 1992;47:76-83.

Juniper EF, Guyatt GH, Ferrie PJ, Griffith LE. *Measuring quality of life in asthma*. ***Am Rev Respir Dis*** 1993;147:832-8.

Cook DJ, Guyatt GH, Juniper E, Griffith L, McIlroy W, Willan A, Jaeschke R, Epstein R. *Interviewer versus self-administered questionnaires in developing a disease-specific, health-related quality of life instrument for asthma*. ***J Clin Epidemiol*** 1993;46:529-34.

Juniper EF, Guyatt GH, Willan A, Griffith LE. *Determining a minimal important change in a disease-specific Quality of Life Questionnaire*. ***J Clin Epidemiol*** 1994;47:81-7.

Juniper EF, Buist AS, Cox FM, Ferrie PJ, King DR. Validation of a standardized version of the Asthma Quality of Life Questionnaire. ***Chest*** 1999;115:1265-70.

Juniper EF, Guyatt GH, Cox FM, Ferrie PJ, King DR. *Development and validation of the Mini Asthma Quality of Life Questionnaire*. ***Eur Respir J*** 1999;14:32-8.

Muntner P, Sudre P, Perneger TV. *Comparison of the psychometric properties of the Asthma Quality of life Questionnaire (AQLQ) among 115 asthmatic adults assessed during acute hospitalization and as outpatients*. ***Qual Life Res*** 2000;9:987-95.

Oga T, Nishimura K, Tsukino M, Sato S, Hajiro T, Mishima M. *Comparison of the responsiveness of different disease-specific health status measures in patients with asthma*. ***Chest*** 2002;122:1228-33.

Wyrwich KW, Tierney WM, Wolinsky FD. *Using the standard error of measurement to identify important changes on the Asthma Quality of Life Questionnaire*. ***Qual Life Res*** 2002;11:1-7.

Bibliografía relacionada con la versión española del Cuestionario de Calidad de Vida en Asma (AQLQ)

1. Sanjuas C, Alonso J, Sanchis J, Casan P, Broquetas JM, Ferrie PJ et al. [The quality-of-life questionnaire with asthma patients: the Spanish version of the Asthma Quality of Life Questionnaire]. Arch Bronconeumol 1995; 31:219-226.

   Abstract: This paper describes the translation to Castilian and adaptation of a quality of life measurement instrument: the Asthma Quality of Life Questionnaire (AQLQ). The AQLQ, developed by Juniper et al, contains 32 items, 5 of which relate to habitual activities that the patient can choose from among a list of 26 possibilities. Answers are given on a scale of 7 points. To adapt this instrument for use in Spain, we subjected it to a process of translation/back translation by bilingual informants. The translated and original versions of each item, activity and answer option were evaluated as being totally equivalent (A), fairly equivalent but with some questionable wording (B), or of questionable equivalence (C). The naturalness and correctness of the Spanish version were also evaluated on a scale of 1 to 10. Three (9%) items and 1 (4%) activity were considered to be of questionable equivalence (C) and 12 (37%) items and 1 activity (4%) were considered to be of type B equivalence. The questionable aspects of types B and C equivalence were discussed in 2 meetings, along with expressions that were equivalent but unnatural or grammatically incorrect; the first meeting involved researchers and translators and the second was held with a group of 6 asthmatics. Consensus was finally obtained for each item and activity included in the second draft. That draft was then administered to another group of 7 patients in order to check comprehension and equivalence, after which a definitive version was produced by the researchers.

2. Sanjuas C, Alonso J, Ferrer M, Curull V, Broquetas JM, Anto JM. Adaptation of the Asthma Quality of Life Questionnaire to a second language preserves its critical properties: the Spanish version. J Clin Epidemiol 2001; 54:182-189.

   Abstract: To test the metric proprieties of the Spanish version of the Juniper Asthma Quality of Life Questionnaire (AQLQ), we studied 116 adult asthmatic patients with a wide range of disease severity (53 patients were recruited from the respiratory outpatient department, 38 from a primary health care centre and 25 were patients admitted into hospital due to acute asthma). The patients were assessed twice, at recruitment and after 2 months. The AQLQ showed a high internal consistency (Cronbach's alpha = 0.78 to 0.96) and a high 2-week reproducibility (ICC = 0.82 to 0.92). Expected significant differences in AQLQ scores were observed according to disease severity as measured by symptoms, medication, use of services and recruitment setting. The cross-sectional and longitudinal correlations between AQLQ and the overall St. George's Respiratory Questionnaire were strong, moderate to strong between AQLQ and dyspnea and weak to moderate between AQLQ and FEV(1). The changes in AQLQ scores were significantly different in patients who either improved or deteriorated from those patients who remained stable (P <.0001 and P <.01, respectively, for the overall AQLQ). We conclude that the Spanish version of the AQLQ is reliable, valid and sensitive to changes.

3. Sanjuas C, Alonso J, Prieto L, Ferrer M, Broquetas JM, Anto JM. Health-related quality of life in asthma: a comparison between the St George's Respiratory Questionnaire and the Asthma Quality of Life Questionnaire. Qual Life Res 2002; 11:729-738.

   Abstract: The aim of the study is to compare the performance of the Juniper Asthma Quality of Life Questionnaire (AQLQ) and the St George's Respiratory Questionnaire (SGRQ) in a sample of asthmatic patients, representative of a broad spectrum of asthma severity. We studied 116 patients with a mean age (SD) of 42.6 (18.3) year. Patients were assessed twice, at recruitment and after 2 months, to determine the reliability, validity and responsiveness of the AQLQ and the SGRQ. Both questionnaires showed good reliability coefficients (> or = 0.70) which reached the standards for comparison at individual level (> or = 0.90) in the case of activity, impacts and overall SGRQ scores as well as symptoms, activities and overall AQLQ scores. Both AQLQ and SGRQ were able to discriminate among groups of patients based on asthma severity and control and showed, except for the symptoms domain of the SGRQ, large (standardized response means >0.8) and significant changes in the group of patients that improved at follow-up. We conclude that the AQLQ and SGRQ have shown high reliability and validity and, with the exception of the SGRQ symptoms, a high level of responsiveness. In overall term

4. Andres Jacome J, Inesta Garcia A. [Prospective study about the impact of a community pharmaceutical care service in patients with asthma] Rev Esp Salud Publica 2003;77:393-403.
   BACKGROUND: At present, there are a lot of drugs for the therapeutic approach of all the severity levels of asthma in developed countries. However, there are big difficulties in the correct use of inhalation devices, and usually there are drug related problems causing poorly controlled asthma. The objective of the study is to prove if the community-based pharmaceutical care service improves health outcomes in patients with asthma. METHODS: Community intervention trial, with a controlled multicenter quasi-experimental design, measuring the response variables before and after an observation period of 9 months. 96 patients were recruited in the Intervention group and 69 in the Control group, in 37 pharmacies. The measurement instruments used were the specific quality of life questionnaires AQLQ (adults) and PAQLQ (pediatric) of Juniper, and initial and final interviews containing a scale of 10 signs of poorly controlled asthma and data about health services utilization. RESULTS: Quality of life measures in the Intervention group achieved a mean increase of 0.82 points in adults and 0.81 in children, both clinically significant because they exceed the established clinical thresholds (0.5 and 0.42 respectively). Also there was a statistically significant difference in the final comparason between groups. The signs of poorly controlled asthma decreased significantly in the Intervention group from an initial mean of 2.72 into 1.15. Also a significant difference was found in the final comparason between groups. CONCLUSIONS: The community-based pharmaceutical care service had a beneficial effect in health related quality of life in asthma patients, and in the signs of poorly controlled asthma. It was not found a significant improvement in health services utilization.