BIBLIOGRAFÍA DEL INSTRUMENTO

Cuestionario de Calidad de Vida en Niños con Asma (PAQLQ)

Versión española del Pediatric 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 Niños con Asma (PAQLQ)


Bibliografía del desarrollo del cuestionario original


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


The Paediatric Asthma Quality of Life Questionnaire (PAQLQ), developed by Juniper et al., assesses the impact of asthma on children's daily life. It contains 23 items, covering three dimensions: symptoms, activities limitation and emotional function.

AIMS: To develop an equivalent Spanish version of the PAQLQ, and to assess its measurement characteristics. METHODS: The forward and back-translation method was used for the adaptation. A longitudinal study (assessments at the 1st and 5th weeks), with patients from the emergency and outpatient departments of three Spanish hospitals, was designed to test the properties of the new adapted version. At each visit, a trained interviewer administered the PAQLQ, a Global Index of Change and a General Health Perception scale. The Peak Expiratory Flow Rate (PEFR) was also recorded daily, together with symptoms, during the prior week. RESULTS: Ninety-nine patients (66.7% males, 42.4% suffering an exacerbation, mean age of 11.3 years) with the following types of asthma were evaluated: mild intermittent (31.3%), mild persistent (36.4%), moderate persistent (29.3%) and severe persistent (3%). At the 1st visit, the mean pre-bronchodilator %PEFR was 87.3%. The Cronbach's alpha ranged from 0.86 to 0.95. As expected, correlations between the PAQLQ scores, and the Asthma Control Score (0.53-0.67), the General Health Perception (0.34-0.55), and the %PEFR (0.44-0.55) were moderate. The PAQLQ scores remained unchanged in stable patients while increased significantly in those showing improvements. CONCLUSIONS: After a standard cross-cultural adaptation process, the Spanish version of the PAQLQ has shown to be equivalent to the original, with similar internal consistency reliability, validity and sensitivity to clinical changes.


BACKGROUND: To analyze the clinical utility of the quality of life questionnaire for asthmatic children (PAQLQ) and to validate it for use in clinical practice. PATIENTS AND METHOD: 1,012 children between 6 and 14 years of age, with a diagnosis of mild to moderate asthma attending 48 Spanish hospitals were included in the study. The patients' socio-demographic and clinical characteristics were recorded and all patients were administered the PAQLQ and EQ-5D questionnaires on two occasions: at the baseline visit and at 2-3 months from baseline in patients with uncontrolled asthma (group A) and at baseline and 15 days from baseline in patients with controlled asthma (group B). The feasibility, validity, reliability and sensitivity to change of the PAQLQ were assessed. RESULTS: The PAQLQ proved to be feasible for use in children over 7 years of age with mild or moderate asthma. The PAQLQ did not show a statistically significant relationship with socio-demographic variables, nor with the majority of clinical variables, with the exception of asthma severity, number of exacerbations, symptoms and use of on-demand short-term beta2 agonist drugs. Correlations between PAQLQ and EQ-5D dimensions were strongest between dimensions measuring similar attributes. Cronbach's *coefficients for the PAQLQ ranged from 0.88 for the limitations in activities dimension to 0.96 for the overall score. The intraclass correlation coefficient for PAQLQ scores in group B ranged from 0.71 (limitation of activities) to 0.83 (overall score). The effect size between both visits ranged from 0.49 to 0.69. CONCLUSIONS: The Spanish version of the PAQLQ proved to be valid for use in children with mild to moderate asthma.