

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 2921

**Publication Number:** P2297

**Abstract Group:** 5.2. Monitoring Airway Disease

**Keyword 1:** Quality of life **Keyword 2:** Asthma - management **Keyword 3:** Monitoring

**Title:** The inhaled corticosteroids questionnaire shortened version (ICQ-S): A brief patient-rated scale for monitoring inhaled corticosteroid side effects in clinical practice

Dr. Juliet 6317 Foster j.m.foster@woolcock.org.au <sup>1</sup>, Dr. Siebrig 6318 Schokker S.Schokker@med.umcg.nl <sup>2</sup>, Prof. Dr Robbert 6319 Sanderman r.sanderman@umcg.nl <sup>3</sup>, Prof. Dr Dirkje 6320 Postma d.s.postma@long.umcg.nl MD <sup>4</sup> and Prof. Dr Thys 6321 van der Molen t.van.der.molen@med.umcg.nl MD <sup>2</sup>. <sup>1</sup> Woolcock Institute of Medical Research, University of Sydney, Australia ; <sup>2</sup> Department of General Practice, University of Groningen, University Medical Center Groningen, Netherlands ; <sup>3</sup> Department of Health Sciences, University of Groningen, Northern Center for Healthcare Research, University Medical Center Groningen, Netherlands and <sup>4</sup> Department of Pulmonary Diseases, University of Groningen, University Medical Center Groningen, Netherlands .

**Body:** Introduction: A shortened 15-item version (ICQ-S) of the validated 57-item Inhaled Corticosteroids (ICS) side effects Questionnaire (ICQ) was developed to enable monitoring/management of side effects in busy clinics. Aim: To determine the reliability, criterion validity and patient acceptability of the ICQ-S. Methods: At days 0 and 14, adults with doctor-diagnosed asthma and prescribed an ICS inhaler, completed the ICQ, ICQ-S, 6-item ACQ and AQLQ(s). The intraclass correlation coefficient (ICC) between day 0 and 14 ICQ-S assessed test-re-test reliability. Cronbach's alpha ( $\alpha$ ) coefficient and item-total correlations tested the internal consistency of ICQ-S. Associations (Spearman's rho) between the ICQ and ICQ-S total score and relative associations of the ICQ and ICQ-S with the AQLQ(s) assessed criterion validity. Patients reported duration and perceived difficulty (1=very difficult, 5=very easy) of ICQ-S completion. Results: 62 patients (female 63%, mean age 54 (SD 13) yrs., mean ACQ 0.79 (SD 0.83), median ICS dose 1000 $\mu$ g (IQR 500,1000)) were eligible. The ICC between day 0 and 14 ICQ-S scores was 0.90,  $\alpha$  coefficient was 0.90 and all item-total correlations were  $\rho \geq 0.20$ . ICQ and ICQ-S were strongly associated ( $\rho = 0.86$ ) and similarly associated with the AQLQ(s) (ICQ  $\rho = -0.58$ , (ICQ-S  $\rho = -0.62$ ). 81% patients completed the ICQ-S within 5 minutes and 97% reported that it was not difficult to fill in. Conclusion: The ICQ-S is a patient-friendly tool which retains the reliability and validity of the original ICQ scale but is brief enough for monitoring/managing inhaled steroid side effects in clinical practice.