



Validation of the HEP-Test-Q for the Assessment of Subjective Physical Performance in English-Speaking Haemophilia Patients

Poster 168-P-W

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Introduction:

One of the most frequent complications of recurrent bleeding into joints is arthropathy. Therefore the assessment of orthopaedic joint score (OJS) and physical functioning in people with haemophilia (PWH) is quite important. Besides objective measures subjective measures are also available. The HEP-Test-Q assesses subjective physical performance and was originally developed and validated in Germany [1].

The aim of this study was to linguistically validate and psychometrically test the English version of the HEP-Test-Q for use in English-speaking PWH.

Methods:

The HEP-Test-Q consists of 25 items pertaining to four subscales 'mobility', 'strength & coordination', 'endurance' and 'body perception' (high scores indicating good physical performance) (see Fig. 1). The forward/backward translated English version of the HEP-Test-Q was administered to patients from the UK and the US. Clinical data such as type and severity of haemophilia, bleeding frequency and OJS were collected by haemophilia specialists.

Fig. 1. Excerpt of the HEP-Test-Q, items of the two subscales, strength & COOL

	estionnaire		HEP-Test-Q			
	3. We would like to know what COOR	you thir		your STREN	GTH &	
	In the past 4 weeks	never	seldom	sometimes	often	always
1.	I had a lot of energy					
2.	I felt secure walking					
3.	I had problems climbing stairs					
4.	it was difficult for me to climb stairs without holding onto something			п	0	
5.	I had problems walking downstairs					
6.	I had difficulty lifting or carrying heavy things		0	0		0
7.	I had problems with keeping my balance on rough ground					
	4. what about y	our EN	DURANC	E?		n et
	In the past 4 weeks	never	seldom	sometimes	often	always
1.	I could cover far distances (about 30 minutes or 2 km)	О				
2.	I was exhausted after physical activities of medium difficulty (e.g. climbing stairs and				0	

	In the past 4 weeks	never	seldom	sometimes	often	always
1.	I could cover far distances (about 30 minutes or 2 km)	0		0		
2.	I was exhausted after physical activities of medium difficulty (e.g. climbing stairs and carrying shopping)		0		0	
3.	I was easily out of breath					
4.	I could do physical activities longer than usual					
5.	I was easily tired	0				
6.	I could carry out exhausting activities (e.g. walking fast, cycling)	0				
7.	I did a lot with others					
8.	I was physically more active than usual					

Dimension	No of items	Min 0	Max 100	Mean 71.2	SD 26.9	Cron- bach's α
Mobility						
Strength & coordination	8	28.1	100	81.0	16.0	.794
Endurance	8	31.3	100	67.1	16.9	.729
Body perception	5	0	100	78.8	23.2	.885
HEP-Test-Q	25	32	100	74.6	15.7	.916

Results:

A total of 38 PWH completed the questionnaire, clinical data are shown in Tab. 1.

Patients needed 9.4 ± 4.7 minutes to complete the HEP-Test-Q and reported no problems with the questions or answer categories. Psychometric characteristics of the newly translated HEP-Test-Q showed good values for internal consistency (see Tab. 2).

Known groups validity of the HEP-Test-Q was tested comparing PWH with a low (<3) vs. a high (≥3) OJS based on the median split (see Fig. 2) and PWH reporting pain vs. no pain (see Fig. 3) and PWH having limitations in mobility vs. PWH without limitations (see Fig. 4). In all clinical subgroups significant differences were found for almost all dimensions of the HEP-Test-Q, but for the dimension 'perception'.

PWH reported in general a good subjective physical performance, but had the highest impairments in the dimension 'endurance' and 'mobility' (Fig. 5).

Conclusion:

The English version of the HEP-Test-Q has proven to be a reliable and valid instrument for the assessment of subjective physical performance for use in English-speaking PWH.

Tab. 1. Clinical data of the English-speaking haemophilia patients

Clinical Data	Adults	Children	TOTAL
Omnour Butu	(n=9)	(n=29)	(n=38)
	M ± SD	M ± SD	M ± SD
	(range)	(range)	(range)
Age [years]	29.8 ± 10.2	11.5 ± 3.4	15.8 ± 9.7
	(19-48)	(4-17)	(4-48)
BMI [kg/m²]	30.0 ± 9.4	21.5 ± 6.0	23.5 ± 7.7
	(14.3-47.2)	(14.2-40.0)	(14.2-47.2)
Total bleeds [last 12	10.9 ± 13.3	5.2 ± 14.3	6.6 ± 14.1
months]	(1-40)	(0-72)	(0-72)
Joint bleeds	8.0 ± 10.2	1.4 ± 2.2	2.8 ± 5.7
[last 12 months]	(0-30)	(8-0)	(0-30)
OJS	9.4 ± 10.7	2.8 ± 4.5	4.3 ± 7.2
[Score]	(0-34)	(0-17)	(0-34)
	N (%)	N (%)	N (%)
Type of haemophilia			
Α	7 (77.8%)	26 (92.9%)	34 (89.5%)
В	2 (22.2%)	2 (7.1%)	4 (10.5%)
Severity			
severe	7 (77.8%)	24 (85.7%)	31 (81.6%)
moderate	37 39€	2 (7.1%)	2 (5.3%)
mild	2 (22.2%)	2 (7.1%)	5 (13.2%)
Treatment			
prophylaxis	6 (66.7%)	26 (89.7%)	32 (84.2%)
on-demand	3 (33.3%)	3 (10.3%)	6 (15.8%)
Pain			9- 20
yes	6 (66.7%)	10 (34.5%)	16 (42.1%)
Limitations in mobility			
minimation in mobility			

Fig. 5. Dimensions of the HEP-Test-Q compared between children and adults

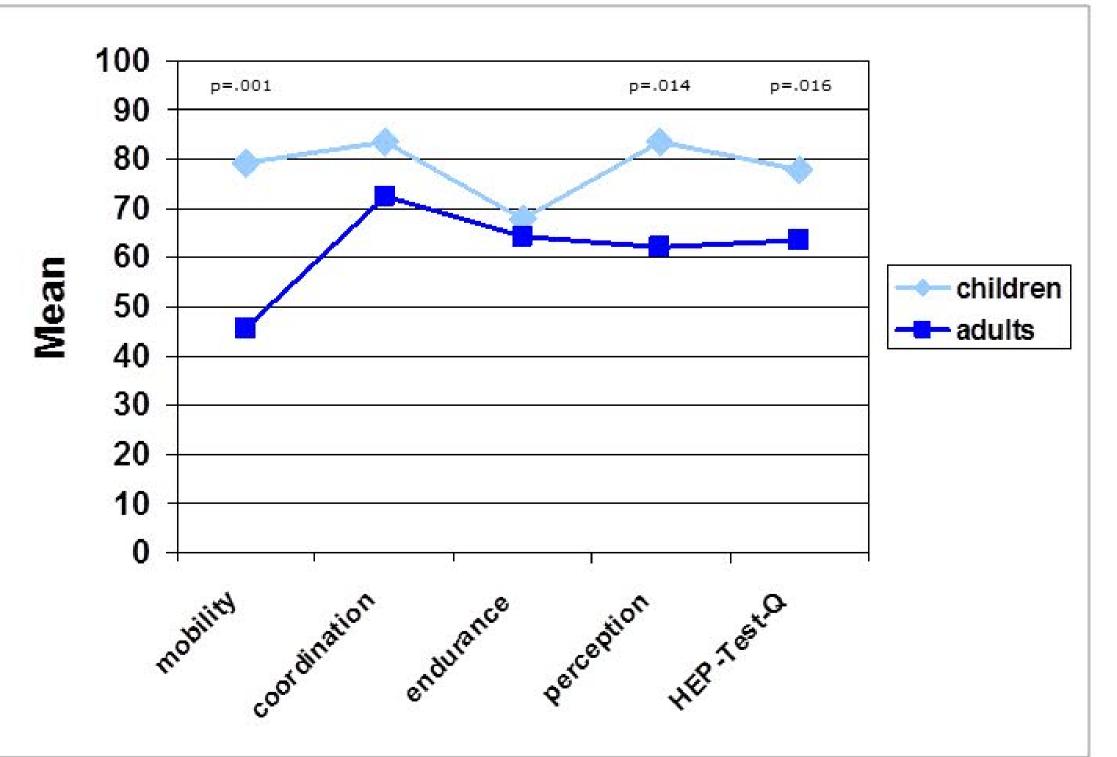


Fig. 2. Differences in HEP-Test-Q related to Orthopaedic Joint Score (OJS)

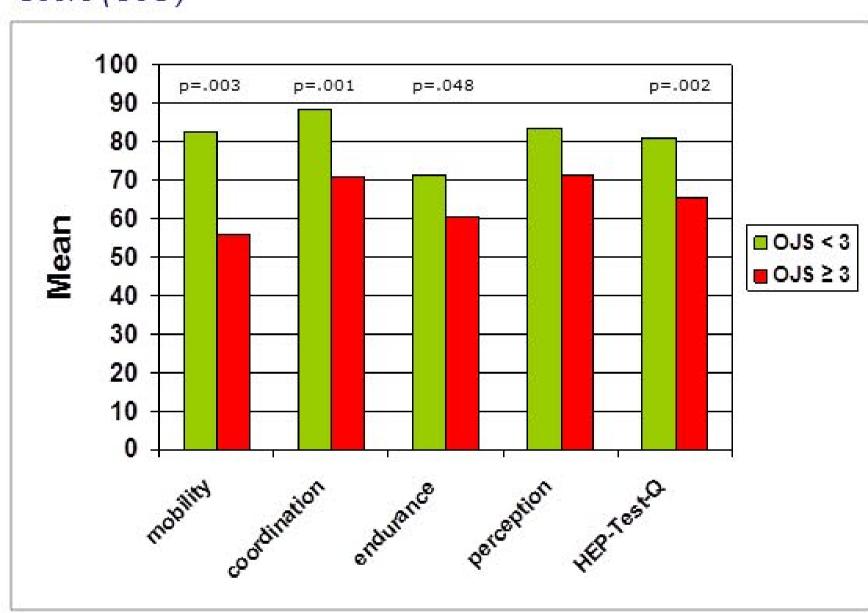


Fig. 3. Differences in HEP-Test-Q related to Pain

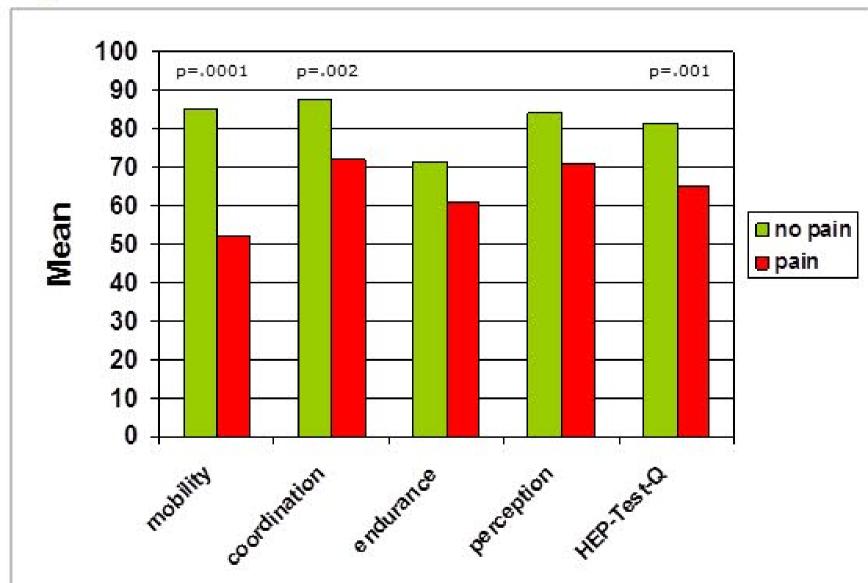
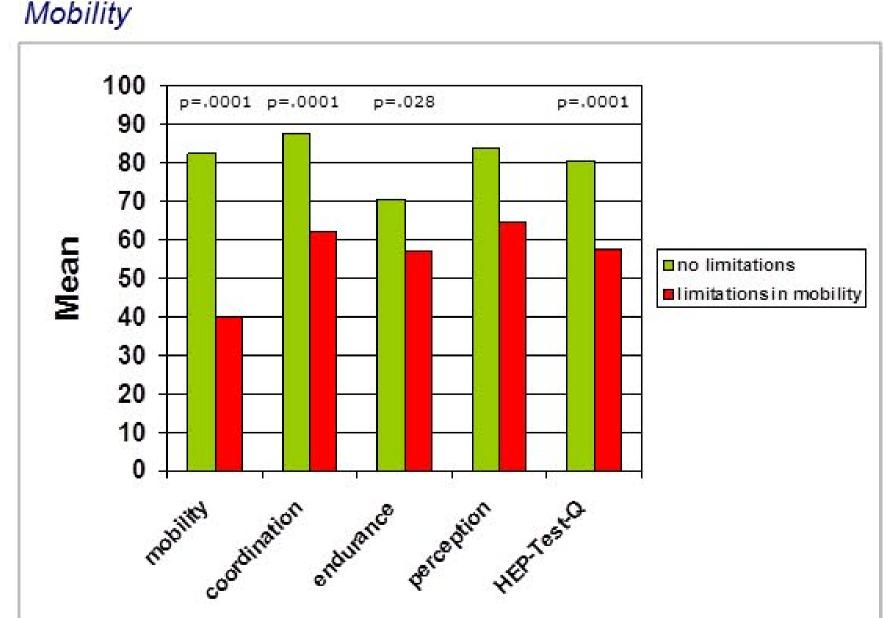


Fig. 4. Differences in HEP-Test-Q related to Limitations in



References

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[1] Von Mackensen, S., Czepa, D., Herbsleb, M., & Hilberg, T. (2010). Development and validation of a new questionnaire for the assessment of subjective physical performance in adult patients with haemophilia - the HEP-Test-Q. Haemophilia, 16(1), 170-178.

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