Validity and Stability of the Composite Physical Functional (CPF) Scale for Women with Fibromyalgia

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Introduction

The composite measure commonly used to measure physical functioning in people with fibromyalgia is the fibromyalgia impact questionnaire (FIQ) which has been shown to be a valid and reliable measure of physical functioning in this population (Burckhardt & Clark, 1991). However, data from a recent clinical trial suggested that changes in the FIQ were not as sensitive to clinically meaningful changes in patients as compared to other measures of physical functioning (Beck & Beck, 2005). The FIQ was designed to assess function across a wide range of abilities—from basic activities of daily living (ADLs such as dressing and bathing oneself) to intermediate functions (e.g., lifting and carrying a 10 lb grocery bag) to more strenuous household chores, sports, and exercise activities. In addition, the FIQ attempts to determine the level of difficulty on a scale from 0 = can do without difficulty, 1 = can do with difficulty or with help, and 2 = cannot do regardless of difficulty.

Purpose

To determine the concurrent validity and stability of the Composite Physical Functional (CPF) Scale when used in women with fibromyalgia. The CPF has been found to be valid, produce stable scores, and remain unchanged to chronic intercurrent illness among women with fibromyalgia.

Methodology

Twenty-five female patients with fibromyalgia who were recruited for a separate exercise intervention study were selected for this study. Inclusion criteria were ages 25 years or older, diagnosed with fibromyalgia (R. A. & C.), by a rheumatologist, with no major depression (M.D., F.R.N.), cardiovascular stability, and with no medical conditions prohibiting an exercise program. At the end of the study period all 25 participants filled out the CPF. The CPF was administered to each participant prior to baseline (t0) and at the conclusion of the study (t1). (Figure 1) and a FIQ (Figure 2) in a counterbalanced order determined prior to the test day. The CPF demonstrated acceptable concurrent validity (r = -.71, p < .01) with the Modified-Frontal Impact Questionnaire (FIQ). The FIQ has been shown to have good construct validity, stability of scores, and good sensitivity (Valliant & Lemire, 1994; Beck & Beck, 2005) and has been shown to be a valid measure of physical functioning in women with fibromyalgia (Burckhardt & Clark, 1991). The correlation between the two scales was determined to be significant (p < .01). The CPF was designed to assess function across a wide range of abilities—from basic activities of daily living (ADLs such as dressing and bathing oneself) to intermediate functions (e.g., lifting and carrying a 10 lb grocery bag) to more strenuous household chores, sports, and exercise activities. In addition, the FIQ attempts to determine the level of difficulty on a scale from 0 = can do without difficulty, 1 = can do with difficulty or with help, and 2 = cannot do regardless of difficulty.

Results

The CPF demonstrated acceptable concurrent validity (p = .71, p < .01) with the Modified-FIQ. Pearson correlation coefficients (r) were calculated to determine the level of difficulty on a scale from 0 = can do without difficulty, 1 = can do with difficulty or with help, and 2 = cannot do regardless of difficulty.

Implications

The results demonstrated that the CPF is a valid measure with acceptable reliability that can assess a wide range of physical abilities among women with fibromyalgia. The use of a scale from 0 = can do without difficulty, 1 = can do with difficulty or with help, and 2 = cannot do regardless of difficulty can be used to assess changes in functional status over time. The CPF provides the health care provider some information as to why a patient cannot perform a task in addition to their ability to do that task. The CPF also provides information on the health status of women with fibromyalgia. The CPF also provides information on the health status of women with fibromyalgia. The CPF also provides information on the health status of women with fibromyalgia. The CPF also provides information on the health status of women with fibromyalgia. The CPF also provides information on the health status of women with fibromyalgia.

Recommendations

Further testing is needed to determine the utility of the CPF in women with fibromyalgia. It is recommended that a series of separate studies be performed to determine the utility of the CPF in women with fibromyalgia. It is recommended that a series of separate studies be performed to determine the utility of the CPF in women with fibromyalgia. It is recommended that a series of separate studies be performed to determine the utility of the CPF in women with fibromyalgia. It is recommended that a series of separate studies be performed to determine the utility of the CPF in women with fibromyalgia. It is recommended that a series of separate studies be performed to determine the utility of the CPF in women with fibromyalgia. It is recommended that a series of separate studies be performed to determine the utility of the CPF in women with fibromyalgia.

References

