Obsessive-Compulsive Inventory and Obsessive-Compulsive Inventory-Revised scales: translation into Brazilian Portuguese and cross-cultural adaptation

Tradução e adaptação transcultural para o português (do Brasil) das escalas: Obsessive-Compulsive Inventory e Obsessive-Compulsive Inventory-Revised

Fernanda Pasquoto de Souza,[1,2] **Edna B Foa,**[3] **Elisabeth Meyer,**[1,2]
Kátia Gomes Niederauer,[1,2] **Andréa Litvin Raffin,**[1,2] **Aristides Volpato Cordioli**[1,2]

Abstract

Objective: The present study describes the process of translation into Brazilian Portuguese and the cross-cultural adaptation of the Obsessive-Compulsive Inventory and the Obsessive-Compulsive Inventory-Revised scales. The Obsessive-Compulsive Inventory was developed with the purpose of measuring the intensity of the various symptoms that characterize the obsessive-compulsive disorder, assessing their frequency and the distress they caused during the previous month, as well as estimating the overall severity of the disorder. Thus, different levels of severity among different obsessions and compulsions can be assessed and compared. Method: The scales were initially translated into Brazilian Portuguese by two bilingual psychiatrists and then independently back-translated by other two bilingual psychiatrists. The scales were then applied to 15 obsessive-compulsive disorder patients, deliberately chosen from different educational levels, to make language adjustments. The author accepted the final version of the Obsessive-Compulsive Inventory and the Obsessive-Compulsive Inventory-Revised scales after their back translation. Results: The scales were easily understood and filled in by individuals and may be used with obsessive-compulsive disorder patients of different socioeconomic levels. Conclusion: The Obsessive-Compulsive Inventory and the Obsessive-Compulsive Inventory-Revised scales, in their Brazilian Portuguese version, can help health professionals to screen potential obsessive-compulsive disorder patients, assess the severity of obsessive-compulsive symptoms and reduce these symptoms using different treatments.

Descriptors: Obsessive-compulsive disorder; Adaptation; Translating; Semantic; Diagnosis

Resumo

Objetivo: Este artigo apresenta o processo de tradução e adaptação das escalas Obsessive-Compulsive Inventory e do Obsessive-Compulsive Inventory-Revisado versão em português do Brasil. O Obsessive-Compulsive Inventory foi desenvolvido com o objetivo de mensurar os diversos sintomas que caracterizam o transtorno obsessivo-compulsivo e avaliar a freqüência e a ansiedade causada pelos sintomas no último mês, assim como estimar a gravidade geral do transtorno. Desta forma, torna-se possível fazer comparações de gravidade entre as várias obsessões e compulsões. Método: As escalas foram inicialmente traduzidas para o português por dois psiquia-tras bilíngües e retrotraduzidas por outros dois psiquiatras bilíngües de forma independente e em seguida, aplicadas em 15 portadores do transtorno obsessivo-compulsivo com diferente escolaridade e intencionalmente selecionados para efetuar ajustes na linguagem. A versão final das escalas Obsessive-Compulsive Inventory e Obsessive-Compulsive Inventory-Revisado foram aceitas pelo autor após o processo de retrotradução destas. Resultados: As escalas mostraram-se de fácil compreensão e preenchimento pelos pacientes, podendo ser utilizadas em pacientes com transtorno obsessivo-compulsivo de diferentes classes econômicas e sociais. Conclusão: As escalas Obsessive-Compulsive Inventory e Obsessive-Compulsive Inventory-Revisado, em suas versões adaptadas para o português do Brasil, poderão auxiliar os profissionais de saúde no rastreamento de possíveis portadores de transtorno obsessivo-compulsivo e na avaliação da intensidade dos sintomas obsessivos compulsivos em pesquisa, e sua redução com diferentes métodos de tratamento.

Descritores: Transtorno obsessivo-compulsivo; Adaptação; Tradução, Semântica; Rastreamento

1 Post-Graduate Program in Medical Sciences, Psychiatry, Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre (RS), Brazil
2 Anxiety Disorders Program, Hospital de Clínicas de Porto Alegre, Porto Alegre (RS), Brazil
3 Center for the Treatment and Study of Anxiety, Department of Psychiatry, University of Pennsylvania, USA

Correspondence
Fernanda Pasquoto de Souza
Av. Neuza Goulart Brizola, 500, apartamento 304 –Bela Vista
90460-230 Porto Alegre, RS, Brazil
Tel: (55 51) 3331-4668 (55 51) 8404-3754
E-mail: fegps@terra.com.br

Introduction

Obsession compulsion disorder (OCD) is a usual mental disorder, prevailing in approximately 1.6% and 3.1% of the population in general.[1] The tools commonly used to assess the severity of the OCD symptoms and the effectiveness of treatment are the Yale Brown scale (Y-BOCS),[2] the Padua Inventory (PI),[3] the Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS)[4] and the Maudsley Obsessive Compulsive Inventory (MOCI), among others.[5] Of these, the most frequently used is the Y-BOCS. It has excellent psychometric properties and is very useful in assessing the effectiveness of the treatment.[6] However, it has two important limitations: it does not consider avoidance behavior – very common in OCD – and also does not differentiate among the various types of symptoms.

Foa et al. developed a self-report scale called the Obsessive Compulsive Inventory (OCI) with the purpose of measuring the intensity of the various symptoms that characterize OCD, assessing their frequency and the distress they caused during the previous month, as well as estimating the overall severity of the disorder.[7] Thus, the different levels of severity among the different obsessions and compulsions can be assessed and compared. The authors of the present instrument aimed at using it not only in clinical but also in non-clinical populations.[7] The OCI was, therefore, designed as an instrument for screening and assessing subclinical as well as clinical obsessive-compulsive thoughts and behaviors.

The OCI comprises an easy and fast self-report questionnaire with 42 statements, which represents an advantage over other tools. A shorter, 18-item version of the Obsessions and Compulsions Inventory Revised (OCI-R)[8] was also developed. It shows an improvement in three aspects when compared to the original version: 1) it eliminated the redundant scale of "frequency"; the patients give only one score, instead of two, which is much easier and saves time; 2) it simplified the subscales scores; and 3) it decreased the overlapping subscales. It should be pointed out that the OCI-R, when compared to the longer version, has shown high reliability. The OCI-R scale has already been translated into several languages including German, Spanish, Icelandic and Turkish. It is further being translated into Chinese, Hebrew and Arabic.

This paper presents the translation of the OCI and OCI-R instruments into Brazilian Portuguese and their cross-cultural adaptation. Items of both instruments cover questions related to cleaning/washing, checking, doubt, ordering/arrangement, obsessions (intrusive thoughts), hoarding of objects, and mental neutralization. The availability of these instruments in Brazilian Portuguese will certainly provide the researchers with additional tools to assess the severity of obsessive-compulsive symptoms.

Method

After having received authorization from the author of the instruments, they were translated and adapted to Brazilian Portuguese. The translation from English into Brazilian Portuguese was done by two bilingual psychiatrists who had never seen the original scales, in order to guarantee their impartiality. Then, the translations of both psychiatrists were compared and merged, resulting in an initial Portuguese version of each scale that was administered to 15 OCD patients in treatment at the Hospital de Clínicas de Porto Alegre with different educational levels. The main purpose was to verify if patients could understand the various items of the questionnaires. At this stage of the study, suggestions for potential improvements of the instruments were also evaluated.

The instruments were administered individually, and only the interviewer and the interviewed person were in the room. Initially, the questions were made by the interviewer. If any question, or word thereof, was not understood, it was changed with the help of the interviewed patient until he/she was able to understand it correctly. It was important to test the translated versions with patients of lower educational level, with the purpose of checking if they could understand the questions.[9] All ideas provided by the patients were taken into account, and adjustments were made wherever necessary.

Once the inventories in Portuguese were considered adequate for use, they were back-translated into English by two other bilingual psychiatrists who had not had any previous contact with the instruments in their original form.[10] The resulting merged versions were sent to one of the authors of the original instruments (Foa E.B.) who did not find differences between the original versions and the back-translated ones (Appendixes 1 and 2). The project and its procedures were approved by the Institutional Review Board of the Hospital de Clínicas de Porto Alegre (nº 05-505), where the project was based. All patients signed a Patient Informed Consent Form before participating in the study.

Figure 1 shows the methodology used in the process of translation, adaptation and back-translation.

Results

The sampling was intentional. Of the total 15 OCD patients, two were male (13%) and 13 were female, their mean age was 36 years (SD = 11, range 18-64). Subjects came from different economic backgrounds: classes A (23%), B (52%), C (25%); and the educational levels were as follows: 27% had eight years or less, 47% had from nine to eleven years, and 26% had twelve years or more. The mean score on the Y-BOCS was 30.4 (SD = 4.5).

The main goal during the entire process of translation and adaptation was to keep questions clear, objective and easy to understand. During this process, we realized that we needed to change words or expressions in order to facilitate the understanding of the items of the inventory, considering the culture and language used in Brazil.[11] The most frequently phrases or words used in our context were put in brackets after the word-by-word translation of the items from English, as can be seen in the final version of the scales (Appedixes 1 and 2).

The longer version of the scale comprises 42 questions, of which 12 (numbers 4, 8, 12, 13, 14, 16, 17, 19, 22, 24, 33 and 42) were adjusted linguistically. The shorter version has 18 questions. Language adjustments were made in five of them: 3, 4, 5, 17 and 18. Some examples of adjustment are evidenced in the words "*toalete*" (WC), which is always followed by the word "*banheiro*" (bathroom), and "*compelido*" (compelled), always followed by the phrase "*tenho necessidade de*" (I have a need to).

Discussion

The translation and adaptation processes of an instrument from a culture into another involve many elements and require a rigorous methodology: a careful process of translation from the original version, cross-cultural adaptation and validation, with the purpose of maintaining the accuracy of the original instrument.[10-12] During the entire process of cross-cultural adaptation of the OCI and OCI-R inventories, we focused on obtaining maximal correspondence between the original instrument and the translated version.

The process of changing a language into another must focus mainly on potential distortions, prioritizing cultural convergence. The methodological criteria recommended by the World Health Organization (WHO)[11] and by several authors[9,13] made this process smoother. The approval of the back-translation by the original author shows that the methodology employed was adequate.

The administration of scales with OCD patients allowed us to make linguistic adjustments appropriate to the Brazilian social and
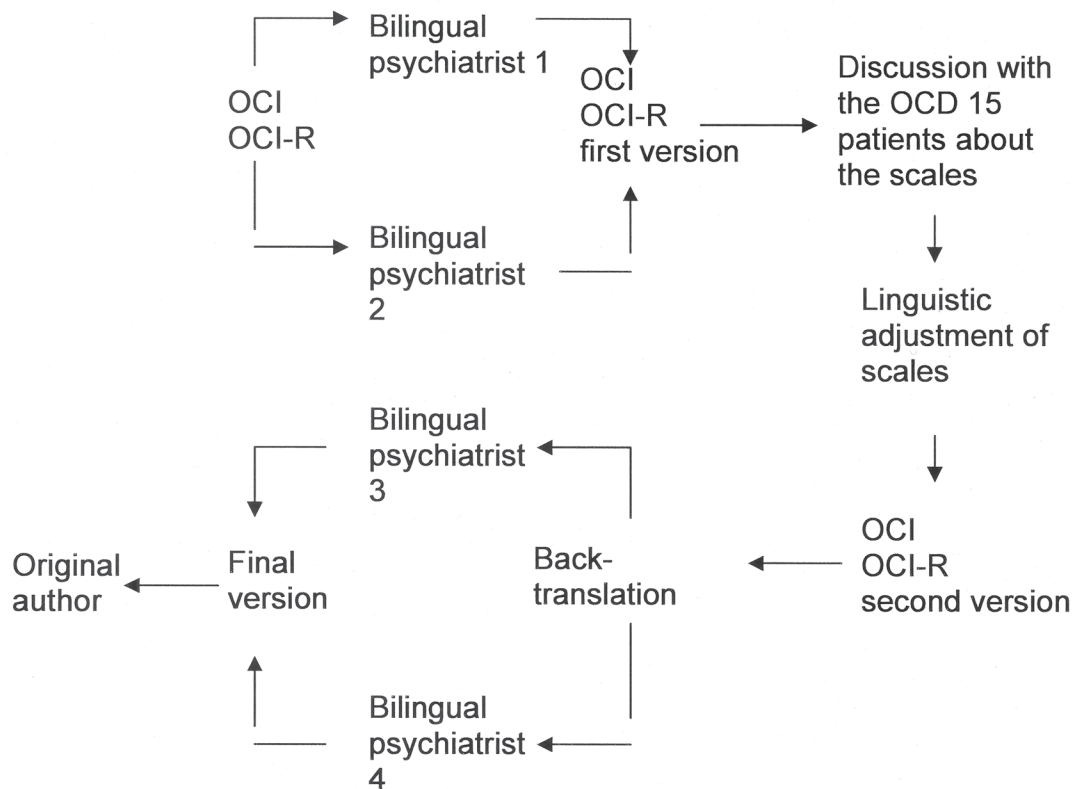
Figure 1 - Steps in the translation, adaptation and back-translation for the OCI and the OCI-R scales

cultural scenario and the level of understanding of all patients. Reading and understanding difficulties of some items revealed when the scales were filled in by subjects of lower educational level made them to be changed to words and phrases more frequently used by local people.

The use of the OCI and the OCI-R scales in Portuguese might help to screen OCD patients and assess the results of treatment through the reduction of the severity of the symptoms. Studies that allow a more accurate OCD diagnosis and rate in a more accurate manner the severity of the disorder have been recommended.[7,8,14] The OCI and the OCI-R might help patients and health professionals to identify symptoms and assess their severity.

The self-reporting characteristic of the inventories makes us point out that illiterate or lower educated individuals will need help from the interviewer to read the scales, which is a limitation. The inventories are appropriate for screening risks groups, but not for diagnosis. Its use allows for the identification of potential OCD patients, as in a pre-screening, who will then be assessed in a clinical interview or by standardized research instruments. Furthermore, by administering the inventories, we will be able to develop and implement preventive and educational programs for OCD patients, as well as to focus efforts on intervention actions. Besides, these instruments will allow for comparing results obtained in Brazil and the findings of international researches. A Brazilian Portuguese version will greatly facilitate the access to these instruments, thus stimulating other researchers to make use of them.

Further studies to assess psychometric properties of the translated scales are necessary to validate them.

APPENDIX 1

<u>INVENTÁRIO DE OBSESSÕES E COMPULSÕES - OCI</u>

As afirmativas a seguir se referem às experiências que muitas pessoas têm em sua vida diária.
Na coluna FREQUÊNCIA, circule o número próximo a cada afirmativa que melhor descreve O QUÃO FREQUENTEMENTE VOCÊ TEVE ESSA EXPERIENCIA NO ÚLTIMO MÊS.

Após, na coluna ANSIEDADE, circule o número que melhor descreve **O QUANTO** a experiência mencionada tem lhe causado ansiedade ou incomodado **NESTE ÚLTIMO MÊS.**

FREQÜÊNCIA

0————1————2————3————4

| Nunca | Quase nunca | Às vezes | Freqüentemente | Quase sempre |

ANSIEDADE

0————1————2————3————4

| Nem um pouco | Um pouco | Moderadamente | Muito | Extremamente |

	FREQÜÊNCIA	ANSIEDADE
1. Pensamentos desagradáveis vêm à minha mente contra a minha vontade e não consigo me livrar deles.	0 1 2 3 4	0 1 2 3 4
2. Acho que o contato com secreções corporais, (suor, saliva, sangue, urina, etc.) pode contaminar minhas roupas e, de alguma forma, me fazer mal.	0 1 2 3 4	0 1 2 3 4
3. Peço que as pessoas repitam coisas para mim muitas vezes, mesmo que já as tenha entendido na primeira vez.	0 1 2 3 4	0 1 2 3 4
4. Lavo-me e me limpo obsessivamente (excessivamente).	0 1 2 3 4	0 1 2 3 4
5. Tenho que rever mentalmente acontecimentos passados, conversas e ações para me certificar de que não fiz algo errado.	0 1 2 3 4	0 1 2 3 4
6. Tenho guardado tantas coisas que elas atravancam o caminho.	0 1 2 3 4	0 1 2 3 4
7. Verifico coisas mais freqüentemente que o necessário.	0 1 2 3 4	0 1 2 3 4
8. Evito usar toaletes (banheiros) públicos, porque tenho medo de doenças ou contaminação.	0 1 2 3 4	0 1 2 3 4
9. Verifico repetidamente portas, janelas, gavetas, etc.	0 1 2 3 4	0 1 2 3 4
10. Verifico repetidamente o gás, as torneiras e os interruptores de luz após desligá-los.	0 1 2 3 4	0 1 2 3 4
11. Coleciono coisas de que não preciso.	0 1 2 3 4	0 1 2 3 4
12. Tenho pensamentos (ou medo) de ferir alguém e não saber.	0 1 2 3 4	0 1 2 3 4
13. Tenho pensamentos de que posso querer causar danos (machucar ou ferir) a mim ou aos outros.	0 1 2 3 4	0 1 2 3 4
14. Fico perturbado se os objetos não estão arrumados apropriadamente (de maneira adequada).	0 1 2 3 4	0 1 2 3 4
15. Sinto-me obrigado a seguir uma determinada seqüência ao vestir-me, despir-me e lavar-me.	0 1 2 3 4	0 1 2 3 4
16. Sinto-me compelido a (tenho necessidade de) contar enquanto estou fazendo coisas.	0 1 2 3 4	0 1 2 3 4
17. Tenho medo de, impulsivamente, fazer coisas embaraçosas ou nocivas (que possam fazer mal).	0 1 2 3 4	0 1 2 3 4
18. Preciso rezar para anular maus pensamentos ou sentimentos.	0 1 2 3 4	0 1 2 3 4
19. Fico verificando os formulários (papéis, documentos) ou outras coisas que tenha escrito.	0 1 2 3 4	0 1 2 3 4
20. Fico perturbado ao ver facas, tesouras, e outros objetos pontiagudos, com receio de perder o controle sobre eles.	0 1 2 3 4	0 1 2 3 4
21. Sou excessivamente preocupado com limpeza.	0 1 2 3 4	0 1 2 3 4
22. Acho difícil (não gosto de) tocar um objeto quando eu sei que ele já foi tocado por estranhos ou certas pessoas.	0 1 2 3 4	0 1 2 3 4
23. Necessito que as coisas estejam arrumadas em uma certa ordem.	0 1 2 3 4	0 1 2 3 4
24. Atraso-me (demoro demais) com o meu trabalho pois repito coisas várias vezes.	0 1 2 3 4	0 1 2 3 4
25. Sinto que tenho que repetir certo números.	0 1 2 3 4	0 1 2 3 4
26. Após fazer algo cuidadosamente, ainda tenho a impressão de que não terminei.	0 1 2 3 4	0 1 2 3 4
27. Acho difícil tocar no lixo ou em coisas sujas.	0 1 2 3 4	0 1 2 3 4
28. Acho difícil controlar meus próprios pensamentos.	0 1 2 3 4	0 1 2 3 4
29. Tenho que fazer as coisas várias e várias vezes até sentir que está certo.	0 1 2 3 4	0 1 2 3 4
30. Perturbo-me com coisas desagradáveis que vêm à minha mente contra a minha vontade.	0 1 2 3 4	0 1 2 3 4
31. Antes de ir dormir eu tenho que fazer coisas de uma certa maneira.	0 1 2 3 4	0 1 2 3 4
32. Retorno aos lugares para ter certeza de que não machuquei ninguém.	0 1 2 3 4	0 1 2 3 4
33. Freqüentemente tenho pensamentos sórdidos/sujos (maus ou ruins) e tenho dificuldade de me livrar deles.	0 1 2 3 4	0 1 2 3 4
34. Evito jogar coisas fora, pois tenho receio de que possa precisar delas mais tarde.	0 1 2 3 4	0 1 2 3 4
35. Perturbo-me se outras pessoas mudam a forma como arrumei as coisas.	0 1 2 3 4	0 1 2 3 4
36. Sinto que devo repetir certas palavras ou frases em minha mente para que possa apagar maus pensamentos, sentimentos ou ações.	0 1 2 3 4	0 1 2 3 4
37. Após fazer certas coisas, tenho dúvidas persistentes se realmente as fiz.	0 1 2 3 4	0 1 2 3 4
38. Ás vezes tenho que me lavar ou me limpar pelo simples fato de me sentir contaminado.	0 1 2 3 4	0 1 2 3 4
39. Sinto que há números bons e maus.	0 1 2 3 4	0 1 2 3 4
40. Verifico repetidamente tudo que possa causar um incêndio.	0 1 2 3 4	0 1 2 3 4
41. Mesmo quando faço algo com muito cuidado, sinto que não está totalmente certo.	0 1 2 3 4	0 1 2 3 4
42. Lavo minhas mãos com maior freqüência e por mais tempo que o necessário do que a maioria das outras pessoas.	0 1 2 3 4	0 1 2 3 4

Escore Total de Freqüência _____   Escore Total Ansiedade _____

APPENDIX 2

INVENTÁRIO DE OBSESSÕES E COMPULSÕES - OCI-R

As afirmativas a seguir se referem às experiências que muitas pessoas têm em sua vida diária.
Circule o número que melhor descreve **O QUANTO** à experiência mencionada tem lhe causado ansiedade ou incomodado **NESTE ÚLTIMO MÊS.** Os números referem-se às seguintes etiquetas verbais:

0 = Nem um pouco	3 = Muito
1 = Um pouco	4 = Extremamente
2 = Moderadamente	

	0	1	2	3	4
1. Tenho guardadas tantas coisas que elas atravancam o caminho.	0	1	2	3	4
2. Verifico coisas mais freqüentemente que o necessário.	0	1	2	3	4
3. Fico perturbado se os objetos não estão arrumados apropriadamente (de maneira adequada).	0	1	2	3	4
4. Sinto-me compelido a (tenho necessidade de) contar enquanto estou fazendo coisas.	0	1	2	3	4
5. Acho difícil (não gosto de) tocar um objeto quando eu sei que ele já foi tocado por estranhos ou certas pessoas.	0	1	2	3	4
6. Acho difícil controlar meus próprios pensamentos.	0	1	2	3	4
7. Coleciono coisas de que não preciso.	0	1	2	3	4
8. Verifico repetidamente portas, janelas, gavetas, etc.	0	1	2	3	4
9. Perturbo-me se outras pessoas mudam a forma como arrumei as coisas.	0	1	2	3	4
10. Sinto que tenho que repetir certos números.	0	1	2	3	4
11. Às vezes tenho que me lavar ou me limpar pelo simples fato de me sentir contaminado.	0	1	2	3	4
12. Pensamentos desagradáveis vêm à minha mente contra a minha vontade e não consigo me livrar deles.	0	1	2	3	4
13. Evito jogar coisas fora, pois tenho receio de que possa precisar delas mais tarde.	0	1	2	3	4
14. Verifico repetidamente o gás, as torneiras e os interruptores de luz após desligá-los.	0	1	2	3	4
15. Necessito que as coisas estejam arrumadas em uma certa ordem.	0	1	2	3	4
16. Sinto que há números bons e maus.	0	1	2	3	4
17. Lavo minhas mãos com maior freqüência e por mais tempo que o necessário (do que a maioria das outras pessoas).	0	1	2	3	4
18. Freqüentemente tenho pensamentos sórdidos/sujos (maus ou ruins) e tenho dificuldade de me livrar deles.	0	1	2	3	4

TOTAL:

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