ORIGINAL ARTICLE

Comparison of Hindi version of Epworth Sleepiness Scale (ESS) and Berlin Questionnaire (BQ) to established English version for analysis of Sleep disturbed breathing (SDB)

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Abstract

Background

Obstructive Sleep Apnea (OSA) is a highly prevalent but under diagnosed condition in India. Polysomnogram (PSG) is the diagnostic test but poses several limitations in our country due to prohibitive cost, requirement of admission, skilled and trained staff.

Sleep questionnaires offers a cheap and easy alternative to overnight PSG and can be used as a screening tool for triage of patients for sleep study.

Objective

- 1. To validate the Hindi version of Epworth Sleepiness Scale (ESS) and Berlin Questionnaire.
- 2. Comparison of Hindi and English version of the same Questionnaire.
- 3. Usefulness of the Hindi Questionnaire to evaluate SDB in Hindi speaking English illiterate population.

Methods

- 1. A Hindi version of ESS and Berlin Questionnaire was prepared by the Authors.
- 2. On the basis of random selection using a double blind technique we distributed the Hindi and English version to patients referred to us for evaluation of SDB.
- 3. If patient was illiterate in either of the language; questionnaire in other language was given.
- 4. Data recording and analysis of the sleep interview was performed for 430 patients over a period of 18 months.

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Results

- 1. Hindi literate patients and illiterate patients 200
- 2. Bilingual patients 180
- 3. Non Hindi non English speaking patients 50 (18- Kannad; 19- Telgu; 13- Marathi)
- 4. Correlation of Hindi sleep interview to overnight PSG 85%

Conclusion

Sleep interview in the mother tongue of the subject is a cheap and effective alternative to the standard English counterpart.

Routine screening of patients in Hindi dominant belt, patients should be subjected to the Hindi sleep study questionnaire on an OPD basis.

Keywords: SDB, ESS, Berlin Questionnaire, OSA, PSG.

Introduction

India is a multi-linguistic society. Despite Hindi being our national language, people still prefer to talk in their mother tongue and their local dialect which differs from region to region. SDB is being diagnosed with increased frequency in interior regions of India where Hindi remains the predominant language of the masses, unlike English- which has become a regular mode of communication in Metropolitan cities.

SDB has been shown to play a very important role in pathogenesis of several cardiovascular and respiratory diseases. Guidelines recommend a sleep interview as a screening tool for the patients of SDB. ESS and BQ given at the time of sleep interview have demonstrated benefit in diagnosing SDB. Therefore we designed a randomised controlled trial to evaluate the validity of these questionnaires in our national language Hindi.

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द एपवोर्थ स्लीपिनेस स्केल स्कोर (ईएसएस):

| परिस्थतिः | झपकी आने की संभावनाः |
|-------------------------------|--------------------------------|
| 1. बैठना और पढना | 0= कभी नहीं झपकी आये |
| 2. टेलीविजन देखना | 1= कभी कभी झपकी आ सकती है |
| 3. बिना कुछ करते हुए किसी | 2= थोड़ा ज्यादा झपकी आ सकती है |
| व्यस्त जगह पर बैठना | 3= बहुत ज्यादा झपकी आ सकती है |
| 4. बिना रुके 1 घंटे तक गाड़ी | ă. |
| में सवारी करना | |
| 5.दोपहर में लेटना अगर | |
| परिस्थति इजाजत दे | |
| 6.बैठे हुए किसी से बातें करना | |
| 7.दोपहर खाने के बाद चुपचाप | |
| लेटना बिना शराब पिये | |
| ८.गाड़ी में जब कुछ मिनट के | |
| लिए ट्रैफिक में रुके हो | |

<u>बर्लिन क्वेश्वनेयरः</u>

| वर्ग 1 | वर्ग २ | वर्ग 3 |
|-------------------------------|--------------------------|--|
| 1. क्या आप खर्राटे लेते हैं? | 6. क्या आपको सोने के बाद | 9. क्या आपको उच्च रक्त चाप की शिकायत है? |
| 🗆 हाँ ** | थकान महसूस होती है? | □ ਵाँ ** |
| 🗆 नहीं | 🗅 लगभग रोजाना ** | 🗅 नहीं |
| 🗅 पता नहीं | 🛛 हफ्ते में 3 - 4 बार ** | 🗅 पता नहीं |
| | 🗅 हफ्ते में 1 - 2 बार | |
| | 🗅 महीने में 1 - 2 बार | |
| | 🗅 कभी नहीं | |
| 2. आपके खर्राटे कितने तेज हैं | 7. क्या आप सो उठ कर | 10. BMI ≥ 30 |
| ? | थकान महसूस करते हैं? | |
| मेरे खरोटे मेरी सांसा | 🗅 लगभग रोजाना ** | |
| जितनी तेज ह | 🗅 हफ्ते में 3 - 4 बार ** | |
| मर खराट मर बात | 🗅 हफ्ते में 1 - 2 बार | |
| करन ाजतना तज ह | 🗅 महीने में 1 - 2 बार | |
| 🗆 मर खराट मर बात | 🗅 कभी नहीं | |
| करन स ज्यादा तज ह | | |
| 🗆 मर खराट बहुत तज ह | | |
| ३ आप खर्राटे कितनी बार लेते | ८ भाष गाही चलाते वकत | |
| か | कितनी बार झपकी लेते हैं? | |
| ा लगभग रोजाना ** | 🗆 लगभग रोजाना ** | |
| 🗅 हफ्ते में 3 - 4 बार ** | 🗆 हफ्ते में 3 - 4 बार ** | |
| इफ्ते में 1 - 2 बार | इफ्ते में 1 - 2 बार | |
| महीने में 1 - 2 बार | 🛛 महीने में 1 - 2 बार | |
| 🗅 कभी नहीं | 🗅 कभी नहीं | |
| | | |
| 4. क्या आपके खर्राटे से दसरों | | |
| को परेशानी होती है? | | |
| 🗆 हाँ ** | | |
| 🗆 नहीं | | |
| 5. क्या किसी ने आपकी सांस | | |
| में बीच बीच में रुकावट देखी | | |
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| 💷 लगभग रोजाना ** | | |
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| 🗇 महीने में 1 - 2 बार | | |
| 🗅 कभी नहीं | | |

Results

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- 4. Correlation of Hindi sleep interview to overnight PSG $-\,85\%$

| | Epworth sleepiness score | | Berlin Questionnaire | | Significance ('p' value) |
|---|--------------------------------|-------|-------------------------|-------|-----------------------------|
| | English | Hindi | English | Hindi | |
| Under- standability | 4.5 | 4.5 | 4 | 4 | < 0.01 |
| Correlation with disease | 3 | 4 | 4 | 4 | < 0.01 |
| Understanding of the disease (new information) | 2.5 | 4.5 | 2.5 | 4.5 | < 0.01 |

Patient Feedback

Discussion

OSA is a highly prevalent but under diagnosed condition in India. PSG is the diagnostic test but poses several limitations in our country due to prohibitive cost, requirement of admission, skilled and trained staff.

Sleep questionnaires offers a cheap and easy alternative to overnight PSG and can be used as a screening tool for triage of patients for sleep study. The prevalence of sleep disturbed breathing in India ⁽⁶⁾ has been found to be about 19.5% in healthy urban males (35–65 years of age). In a study done in Pakistan which was based on Berlin Questionnaire, the prevalence was found to between 10 to 12.4 %.^{7.8}

In our present study we have translated the standard ESS and BQ into Hindi, the predominantly spoken language in Malwa region. We conducted the study in 400 subjects and gave the Hindi version to 200 patients.

| Study | Mean ESS score |
|-----------------------------|-------------------|
| Dosi et al | 8.3 <u>+</u> 2.1 |
| Banhiran et al ¹ | 9.9 <u>+</u> 5.3 |
| Bloch et al ² | 13 <u>+</u> 5.1 |
| Tsara et al ³ | 11.3 <u>+</u> 5.1 |
| Izci et al ⁴ | 12.6 <u>+</u> 6 |
| Chung et al⁵ | 13.2 <u>+</u> 4.7 |

The most common symptom observed in Hindi ESS was lying down for an afternoon nap, which may be explained due to the fact that our study population included upper middle class and higher strata individual from a business background.

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| | High Risk | % of correlation | Low Risk | % of correlation |
|------------------------------|-----------|---------------------|----------|------------------|
| PSG*/ BQ** (English) | 95/135 | 70.37% | 30/45 | 66.67% |
| PSG*/ BQ** (Hindi) | 98/142 | 69.01% | 36/58 | 62.06% |
| PSG*/ ESS*** (English) | 95/147 | 64.62% | 30/53 | 56.60% |
| PSG/ ESS*** (Hindi) | 98/148 | 66.21% | 36/52 | 69.23% |

Moderate and severe OSA subjects= High risk Subjects

*Polysomnography ** Berlin Questionnaire *** Epworth Sleepiness Score

Our data showed comparable results and diagnosed SDB with comparable efficacy using ESS and SDB.

We demonstrated comparable co relation between Hindi and English questionnaires equivalent to that seen in other studies where translation of English version to regional language was validated.

We have conducted our study at a single center and our questionnaire will require multi-center testing for final validation. With our Hindi version of the ESS and BQ we also faced problems with the non-Hindi non-English speaking populations, which further demanded translation into their regional languages. Co-relation of the sleep interview in Hindi language of all the patients with PSG could not be done due to lack of machinery and attached financial constraints.

Conclusion

Sleep interview in mother tongue is a cheap and effective alternative to the standard English counterpart.

For routine screening of patients in Hindi dominant belt, Hindi sleep study questionnaire on an OPD basis should preferably be used.

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