Functioning of the Core-Sets of the International Classification of Functioning, Disability and Health (ICF)

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BACKGROUND

World Health Organization (WHO) established the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) to determine the functioning and disability of patients in different health conditions. This ICF system is focuses on understanding the patient and how his or her health condition affects their functionality (Bickenbach, 2014).

The ICF has more than 1400 categories, but in each health condition only categories that better describe the patient's functioning in that specific health condition are used. This is called the ICF Core-Set (ICF-CS). These ICF categories must be viable for use in different acute conditions, post-acute and long-term disease (Ptyushkin, Selb, & Cieza, 2014).

At this point, there are more than 34 ICF-CS for specific physical and mental disease and there are many more to develop (Selb, et al., 2015).

Now, the functioning of the ICF-CS around the world, are being validated through various types of studies. For example, there are cross-sectional studies that seeks to analyze the functioning of the categories of ICF-CS. In this research we focus on this type of ICF Core Sets validation studies.

PURPOSE

To show some descriptive characteristics of the cross-sectional studies that try to analyze if the categories of the different ICF Core-Sets are adequate and enough to evaluate the functionality and disability of patients.

METHOD

We did a search of articles that investigate the issue of the proper functioning - validation (adequacy and sufficiency) of the categories of the ICF Core-Sets in practice to assess the disability and functioning of the patients.

Databases used in the search: Web of Science (WoS) and Scopus.

Time frame of the studies: Since 2007 to September 2018.

RESULTS

- We found 65 studies, of which 19 were selected and 46 were rejected because they considered other topics different from the validation of the functioning of a ICF-CS (e.g. chemical topics) or because when we reviewed the document it was found that the main objective was not to validate the functioning of the ICF-CS.

- Viewing which health conditions are studied in the ICF-CS of the 19 selected papers, it can be seen in the following table that the majority is about Osteoarthritis (21,05% of the studies) and Low Back Pain (15.79%) :

Condition	Number of studies	Percent
Osteoarthritis (OA)	4	21,05%
Low back pain	3	15,79%
Hand Conditions	2	10,53%
Stroke	2	10,53%
Obstructive pulmonary diseases	2	10,53%
Older adults without dementia	1	5,26%
Head and neck cancer	1	5,26%
Breast cancer	1	5,26%
Disability evaluation in social security	1	5,26%
Diabetes mellitus	1	5,26%
Multiple sclerosis	1	5,26%

- The following graphic shows the percentage of studies that investigate the functioning of ICF-CS in one (15,79%) or more than one country (84,21%):

Number of countries where validation it is done:

■ One country ■ More than one country

- Not all the studies reported the number of centers, clinics or hospitals where they evaluated the functioning of the ICF-CS, only 15 studies reported about this. One of these studies did it in 34 centers, other in 14 hospitals and another in 5 sites. The rest (13 studies) did it in 4 centers or less. You can see the distribution in the next table:

Centers per study	Studies	Percent %
4	5	33,33%
3	3	20,00%
1	3	20,00%
5	1	6,67%
2	1	6,67%
34	1	6,67%
14	1	6,67%

CONCLUSIONS

We conclude that the studies that wants to validate the functioning of the ICF Core-Sets, in the future, should include different countries to analyze the functioning and validity at a cross-cultural level since it was found that most of them were carried out considering only one country; the future studies, for example, should consider at least one country from each of the six WHO regions.

We think that it is necessary to have more hospitals or clinics per study, because generally 4 centers or less were used in the studies (80% of the total). Increasing the number of centers per study, it is possible obtain a greater diversity in the characteristics of the sample. Finally, in the future, more studies should be conducted to evaluate the ICF-CS of more health conditions, especially mental health conditions, because in this research we did not find many.

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