Abstract 1462

COMPARISON BETWEEN SF-36 AND SCALED GENERAL HEALTH QUESTIONNAIRE IN TWO PORTUGUESE SAMPLES: ONE OF PEOPLE WITH TUBERCULOSIS AND ANOTHER OF PEOPLE WITHOUT DISEASE.

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Diverse health measures can be used to evaluate health in people with different chronic diseases. The objective of this study is to compare two different health measures. We used two samples: A sequential sample of 30 individuals (19 males and 11 females) aged between 23 and 80 years, M=43 years, inpatients of a tuberculosis unit in a specialized hospital, participated as a disease group. An intentional sample of healthy subjects (14 males and 17 females) aged between 23 and 80 years, M=50 years were used as a comparative group. No differences were found for age and years of schooling. Participants answered the recognized Portuguese version of the SF36-Health Survey and The General Health Questionnaire of 28 items (or Scaled GHQ). Both are general measures (or not specific for this disease). SF-36 includes eight dimensions, each with it's own score. The scaled GHQ is a self administered screening instrument designed to detect current, diagnosable psychiatric disorders. It includes four dimensions, each with it's own score, plus a general health score resulting from all the items in the scale. The design includes a comparison between the correlations of the two measures in the disease group and the healthy group. Results show important differences between the dimensions correlated in the two measures. If we exclude the general health measure of GHQ-28, from the 32 possible correlations between the eight dimensions of the SF-36 and the four dimensions of GHQ-28, we have 16 statistically significant Spearman correlations in healthy people and 11 for patients. Eight of the statistically significant correlations overlap in the two samples, and 12 of them are specific. The results suggests that health perception involves different aspects in the two samples and that we can describe the differences in health perception between the healthy and the disease group through the contents or items inspection of the two measures.

Abstract 1526

EQUIVALENCE OF MEANING IN THE CROSS-CULTURAL ADAPTATION OF HEALTH-RELATED QUALITY OF LIFE MEASURES: A SOCIAL-COGNITIVE PERSPECTIVE

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There has been a surge of interest in the cross-cultural adaptation of standardized survey instruments for measuring health outcomes. A careful reading of this literature identifies a range of shortcomings. Traditionally, much of this research has followed a simple process of translation and back-translation and then relied heavily on psychometric validation exercises. Typically, this practice has not been linked in any coherent fashion to the proliferating array of 'equivalence' concepts that are nominated as outcomes to be achieved. We argue that the cross-cultural adaptation of health-related quality of life (HRQoL) instruments is best construed as a quest for equivalence of meaning and that many other equivalence concepts are invoked with this end in mind. Though reference to standardized interviewing techniques per se is muted in the HRQoL literature, it is clear that the measurement orientation of this form of interview rests on the assumption that relevant questions can be decided in advance of the interaction; will be heard as intended provided they are read without variation; and will yield a valid response — because all speakers of a language give the "same meaning" to "the same" stimulus questions. The upshot is that "the same" responses can be treated as equivalent. Explicating the communicative and cognitive tasks that surveys pose for the researcher, interviewer and respondent focuses attention on the unresolved tension that exists between the measurement and meaning. Our principal conclusions are that: (1) cross-cultural adaptation is merely a 'special case' where problems of communication present in an exaggerated form because different languages are involved; (2) relatively few clusters of equivalence concepts are sufficient to describe the sources of the bias that can arise; and (3) both qualitative and quantitative techniques should be employed to test the quality of the translated text before proceeding to the validation stage.

Abstract 1547

IMPACT OF MODERN POLITICAL CHANGE ON LANGUAGE USED IN CROSS-CULTURAL QUALITY OF LIFE RESEARCH

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Shifting geopolitical borders is creating new language characteristics, and global modernization is forcing traditional languages to incorporate external influences to reflect new concepts. Key examples of these issues surfaced during a recent cross-cultural adaptation process for a quality of life measure for patients with epilepsy (QOLIE-31) into Czech, Slovak, and Croatian. While trying to identify the most currently appropriate translations for these three countries, several unusual difficulties were discovered: 1. Separate but proximal cultures often demonstrate mixed elements of language, which later become problematic should these cultures wish to return to their separate language identities, and need to remove the 'blended' influences. 2. This situation is further complicated by modern progress in technology, research and expanding global concepts like quality of life; highlighting areas in the traditional languages where there are no words to adequately convey the new concepts. This causes either the 're-fitting' of older words for new usage, or the adoption of 'westernized' or English words into the language to fill the need. This presentation will draw examples from recent international harmonization work on the QOLIE-31 translations to provide examples of separating previously blended language elements and developing new language construction to convey modern health research concepts. With advancing technologies and the spread of new global concepts in health and well-being, culturally appropriate translations to obtain health-related outcome data is becoming more complicated by the shifting of national borders between multi and single language cultures. Quality of life tools having undergone cross-cultural adaptation may be influenced by geopolitical changes and may require appropriate modification to maintain psychometric integrity.

Abstract 1558

IN QUALITY OF LIFE RESEARCH QUESTIONNAIRES, WHAT DOES THE PATIENT UNDERSTAND "PAST MONTH" TO MEAN?

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As part of the cross-cultural language adaptation process, in-depth (cognitive debriefing) interviews are performed with a small group of patients similar to the intended population that will be using the newly translated measure. In these interviews, patients are asked to describe their understanding of the underlying concept for each item and response option. It has come to our attention that not all patients derive the same understanding from the commonly used time- reference "in the past month." While this reference seems to be clear at face value, upon specific inquiry, many respondents were confused. To explore this issue, we recorded the various concepts patients reported during debriefing interviews across a wide variety of measures and languages. We learned that if a patient is asked to respond in the middle of the month (for example on September 15th), only 67% of the respondents correctly understood "past month" to refer to the period of time between September 15th back to August 15th. An additional 26% understood this to mean the most recent complete one-month period, or August (providing a different four week recall period). The remaining 7% understood it to mean either the previous two weeks (back to September 1st) or the previous six weeks (back to August 1st). Each patient was then shown two alternative time-references: "in the past 30 days" and "in the past 4 weeks." In responding to which alternative they would suggest and why, all 100% of the patients accurately understood both of the alternatives to mean September 15th to August 15th. Of these two alternatives, "the past 4 weeks" was preferred by the majority of the interview participants. Therefore, when anchoring the recall period on self-report measures to the past month, it is suggested that the phrase "in the past 4 weeks" will provide the greatest clarity to the patient and the greatest accuracy for the data, particularly for studies in multi-national settings.