Author's response to reviews

Title: Validation of the Spanish version of the Multiple Sclerosis International Quality Of Life (MusiQoL) questionnaire

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Author's response to reviews: see over
Reviewer 1:

1.- The main point is the comparison of MusiQoL questionnaire with SF-36. The authors state that FAMS and MSQoL-54 are based on "generic"QoL instrument, contradicting what previously written on FAMS and MSQoL-54, reported by the authors as specific.

In our opinion, there is no contradiction between saying that FAMS and MSQoL-54 are specific instruments but based on a generic instrument, as they are both.

However, we could agree with the reviewer, that our initial sentences could be unclear. FAMS and MSQOL-54 are considered as specific-MS instruments but their development was based on generic ones. Modifying existing measures by simply adding MS-Specific, clinically chosen items was not found to be as useful as anticipated in improving the measurement properties of the FACT-G or the -36 respectively.

The content of the QoL questionnaire is now well-recognized as more appropriate when it is derived from the patients' point of view / patients' interviews. Compared to these existing instruments, the content of MusiQoL was derived from face-to-face semi-structured interviews, performed with MS patients. Patients were fully involved in the process of item generation as in that of item selection.

In consideration of this comment, we have added the following statement to the introduction (see page 4, line 14):

“The initial item pool of the Functional Assessment of Multiple Sclerosis included items from the general version of the Functional Assessment of Cancer Therapy quality of life instrument. The other items were generated by patients, providers, and literature review. The MSQOL-54 has been adapted from the SF36 measure by the addition of five unchanged SF36 scales, three “altered” SF36 scales (one item added to each scale), and five new scales incorporated 15 additional items. Modifying existing measures by adding MS-specific items was not found to be as useful. The content of the QoL questionnaires is now well-recognized as more appropriate when it is derived from the patients' point of view / patients' interviews.”

2.- The question is why the authors did decide to compare results of MusiQoL- questionnaire with a generic and not with a specific instrument to validate their proposed questionnaire? At this regard, I would like to observe the comparison between different specific questionnaires, for instance MusiQoL versus MSQoL-54 or FAMS.

We understand the comment of the reviewer. To test external validity, the investigation of relationships between specific and generic instrument is usual. It allows exploring if “psychological-like” dimensions of SF-36 well correlated with “psychological-like” dimensions of MusiQoi for example. Nevertheless, external validity should be also tested by studying correlations of MusiQol and...
other MS-specific instruments. The initial study was an international study, and SF36 was the single questionnaire available in the needed languages.

In consideration of this comment, we have added the following statement to the discussion regarding this potential limitation of our study (see page 13, line 17):

“The external validity was explored by studying relationships between dimensions of Musiqol and dimensions of SF36, because the SF36 was the single questionnaire available in the needed versions for the initial international validation study; it could be completed by studying correlations of Musiqol and other widespread Spanish MS-specific instruments”.

Minor Essential Revisions

3. Furthermore they evaluated patients as cognitively impaired on the basis of MMSE results. As known this instrument is not capable of capturing cognitive impairment in MS.

We acknowledge the fact that MMSE is not particularly useful for the study of early alterations in cognition in MS, but it was used together with the clinical judgment to exclude patients severely affected. This has permitted us to include patients able to fill up the forms properly, although it has been proved that patients can do very properly on QoL studies even if they have mild to moderate cognitive impairment.

We did not add a limitation regarding the use of MMSE because just one sentence mentioned this variable in the results section. If the reviewer thinks that it would be pertinent to add it, we will express this limitation, of course.

3. In addition I found references are sometimes not properly used and generally this section is poor

We have included some new references as suggested by the reviewer.

Discussion page 11, line 4:


Discussion page 12, line 8:

Discussion page 12, line 2: “other authors found this relation: “


Discussion page 13, line 9:


Discussion page 13, line 13:

Reviewer 2:

The authors investigated the validity and reliability of the Spanish version of MusiQol in Spain. 224 MS Spanish patients were evaluated. The methods and the statistical approach are correct. Although the findings do not represent a novel issue and consequently with a medium priority for publication, the questionnaire could be a useful instrument to measure health related quality of life in the clinical setting.

The particular interest of our paper is that MusiQol is a well developed specific instrument on QoL in MS. In this paper we publish the validation and reliability of the Spanish version of Musiqol from the original cohort of MS patients.

The availability of a reliable and valid Spanish version of MusiQoL, a self-administered and multidimensional questionnaire, co-developed in different countries, enables to evaluate QoL in Spanish MS patients that are eligible for international multicenter studies and it is very interesting for other studies in the field in the future, particularly for comparability of results.

Particularly important, in our opinion, is the fact that Spanish language is spoken by at least 500 millions of persons in more than 25 countries, apart from Spain. This version of MusiQol therefore, could be used widely with minimal transcultural validations.