Author's response to reviews

Title: Cross-cultural adaptation and psychometric properties of the Brazilian-Portuguese version of the VSP-A (Vecu et Sante Percue de l'Adolescent), a health-related quality of life (HRQoL) instrument for adolescents, in a healthy Brazilian population

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Author's response to reviews: see over
Dear Natalie Pafitis,

On behalf of the authors of the manuscript “CROSS-CULTURAL ADAPTATION OF THE BRAZILIAN-PORTUGUESE VERSION OF THE VSP-A (VÉCU ET SANTÉ PERÇUE DE L'ADOLESCENT), A HEALTH-RELATED QUALITY OF LIFE INSTRUMENT FOR ADOLESCENTS, IN A HEALTHY BRAZILIAN POPULATION”, I would like to thanks the reviewers for their comments. We have revised the manuscript to take their considerations into account. Following are answers and comments to each of the questions they raised. We hope we were able to meet your requirements. Please contact us if you need any further explanations.

Sincerely,

The reviewer #1 asked for one major compulsory revision:

1) In the Introduction, the authors need to better elucidate why this measure fills an important gap in the empirical literature. It needs to be more explicitly stated why this measure represents a distinct advantage over the CHQ and PedsQL. Especially given the two recent studies the authors cite in the Discussion section that have utilized the PedsQL in this adolescent population. For example, how does this measure compare to the CHQ and PedsQL in terms of constructs assessed and psychometric properties?

Answer: We acknowledge this observation, and we have addressed this issue in the introduction section, as follows:

“The Child Health Questionnaire (CHQ) [18,20] was modeled after the SF-36 to survey health status in the Medical Outcomes Study. The child self-report version of the CHQ consists of 87 items, and was developed for children from 10 years of age; a version that can be completed by the parent is available in 2 lengths - 50 or 28 items [21,22]. It comprises 14 constructs: physical functioning, role/social functioning, general health perceptions, bodily pain, parental time impact, parental emotional impact, role/social-emotional/behavioural, self-esteem, mental health, general behaviour, family
activities, family cohesion and change in health. Cronbach’s alpha ranged from 0.43 to 0.97 for all the scales [21].

The Pediatric Quality of Life Inventory (PedsQL) [8, 23-27] was derived from the Pediatric Cancer Quality of Life Inventory (PCQL), and underwent several refinements to originate the generic measure [24]. The PedsQL 4.0 Generic Core Scales is a brief and easy to score instrument that can be administrated through a child self-report and a parent proxy-report to assess quality of life of children and adolescents with ages ranging from 2 to 18 years [8]. The instrument encompasses the following constructs: physical functioning (8 items), emotional functioning (5 items), social functioning (5 items) and school functioning (5 items) [8, 23, 24]. The item-scale correlations of the 23 items of the PedsQL showed that most items (19/23) for self-report and all items for proxy-report met or exceeded 0.40 [8]. Most self-report scales and proxy-report scales of the PedsQL approached or exceeded the minimum reliability standard of 0.70. When chronically ill, acutely ill, and healthy children were compared using the PedsQL, the scales demonstrated differences among the three groups, that is, healthy children presented higher scores than acutely or chronically ill children in all constructs [8].

The Vécu et Santé Perçue de l’Adolescent (VSP-A), developed in France, evaluates the HRQoL of ill and healthy adolescents. It is a generic, multidimensional self-reported instrument whose items were generated from individual interviews and focus groups conducted with adolescents [28,29]. It was specifically designed for this age group and has been validated in other countries including Spain and Colombia [30,31]. The VSP-A comprises 36 items assessing the following constructs: psychological well-being (5 items), physical well-being (4 items), body image (2 items), vitality (5 items), relationship with friends (5 items), relationship with parents (4 items), relationship with teachers (3 items), sentimental and sexual life (2 items), leisure activities (4 items) and school performance (2 items) [28-34]. All the VSP-A scales achieved a Cronbach alpha of at least 0.74 [28]. Item-scale correlations of the VSP-A demonstrated that each item achieved the 0.40 standard for item-convergent validity; the correlation of each item with its constitutive scale was higher than with the others [28]. The original VSP-A was applied to healthy adolescents, a group of adolescents presenting with an acute condition and a group of adolescents with a chronic disease. Healthy adolescents reported a significantly higher HRQL than others on most of the constructs [28,29].

The psychometric properties of PedsQL, CHQ and VSP-A are similar but there are some differences in the constructs assessed. Four aspects were considered when
selecting the VSP-A to be cross-culturally adapted for use among Brazilian adolescents. First, VSP-A showed to be a robust instrument, that is easy to complete and score. Second, compared to the PedsQL and CHQ, VSP-A was the solely instrument designed exclusively for use among adolescents and developed according to the teens’ point of view, which is fundamental for a HRQoL instrument, as this concept relies on the individual’s perception. Third, it comprises fundamental constructs regarding the teen’s HRQoL, including relationship with parents, friends and teachers, as well as body image and sentimental and sexual life. Nowadays, those concepts are recognized as major components of adolescents’ quality of life since teens are changing their social role and desire to be socially accepted by their peers, school and community [35]. In particular, during adolescence there is a reorganization of the relationship with parents, thus this issue is a very important issue to be addresses. Finally, VSP-A focuses on the well-being, feelings and perceptions of the teens, while PedsQL and CHQ focus on functioning (what children or adolescents can do). Undoubtedly, functional status affects one’s quality of life, but other aspects such as relationships, life satisfaction and well being should be assessed [36]. From the adults’ perspective, quality of life and health status are considered different constructs and this distinction has to be considered when selecting instruments to be used in quality of life research [37].

When our study was implemented, the parent’s form of the CHQ (CHQ-PF50) was the only generic tool validated in Brazil. Thus, a validated version of the VSP-A might fill a gap in the instruments available to measure HRQoL in Brazil and might be useful to complement the assessment of Brazilian adolescents’ health. Nevertheless, when a HRQoL measure is to be employed across cultures and meaningful cross-cultural comparisons are expected, the tool needs to show not only its reliability and validity in each cultural context but also the equivalence between the different versions of the measure [38].”

Reviewer #1 asked also for two minor essential revisions

1) In the Abstract, the authors state that “Health-related quality of life (HRQoL) assessment, encompassing the different facets of adolescents’ lives.” This is somewhat of a vague definition of HRQoL since different facets of adolescents’ lives can have many different meanings. Please be more specific.
We have corrected this, and in the abstract as well as in the introduction section, we defined HRQoL as follows: “Therefore, health-related quality of life (HRQoL) measures, assessing adolescents’ physical, emotional, and social health and well-being, is increasingly considered an important outcome to be used to identify population health needs and to provide targeted medical care.”

2) In the Introduction section, the authors state that “Two instruments are specific HRQL instruments.” I believe the authors mean disease-specific HRQOL instruments? Please clarify.

These are condition-specific instruments, and we have corrected this in the text.