Author's response to reviews

Title: Psychiatric Rating Scales In Urdu: A Systematic Review

Authors:

Syed Ahmer (syed.ahmer@aku.edu)
Rafey A Faruqui (rafeyahmad@hotmail.com)
Anita Aijaz (anita.aijaz@aku.edu)

Version: 2 Date: 22 September 2007

Author's response to reviews: see over
Dear Mr Hodgkinson,


Thank you very much for your email re our above-mentioned manuscript. We will try to address each reviewers’ comments point by point.

TOSHIAKI A FURUKAWA

1. THE AUTHORS SHOULD EXPLICITLY NOTE THE IMPORTANCE OF RELIABILITY.

We completely agree. We have added a paragraph highlighting the importance of Reliability on page 9, at the end of Methods section. We have looked at all the reviewed papers again and extracted details of reliability, rather than just stating Yes or No to whether reliability had been evaluated. This has been included in the new table 2.

2. TABLE 1 SHOULD DEAL WITH CROSS-CULTURAL EQUIVALENCE FOR TRANSLATED SCALES.

We have altered Table 1 so that it now gives details of cross-cultural validation status of all the translated scales. BSI was developed simultaneously in Urdu and English but we have included it in this Table as it has undergone some degree of cross-cultural equivalence.

3. TABLE 2 MAY LIST THE TRANSLATED SCALES AS WELL AS INDIGENOUSLY DEVELOPED SCALES, AND THEIR RELIABILITY AND VALIDITY COEFFICIENTS.

We have removed previous table 2 and constructed the new Table 2 as recommended by Mr Furukawa.

4. VALIDATION COEFFICIENTS ARE QUITE DIFFERENT FOR SCREENING/DIAGNOSTIC INSTRUMENTS AND SEVERITY RATING INSTRUMENTS....

We completely agree with the reviewer about separate validity coefficients for screening/diagnostic and severity-rating instruments. However, as Mr Furukawa has
himself made the point almost all the scales reviewed belong to the former category and hence, the same validity coefficients apply.

5. **WHO-QOL IS NOT A SCREENING OR DIAGNOSTIC INSTRUMENT…..**

That is quite true. However, the quality of life scales have now become such an important part of psychiatric outcomes research that we thought it is probably best if we continue to include it. The authors have attempted cross-cultural validation but the scale has not undergone any method of criterion validation.

6. **AUTHORS LIST HRSD, MADRS, BDI, PANSS IN … DISCUSSION. THEY DO NOT APPEAR IN TABLES. IF THERE ARE URDU VERSIONS OF THESE SCALES THEY SHOULD BE LISTED …..**

We had listed these as an example of very commonly used instruments that have NOT been validated. However, the wording was confusing and we have now made it clearer.

7. **THE AUTHORS ALSO NEED TO DISCUSS HOW VALIDATED THESE SCALES ARE. WERE THEY ALL WELL VALIDATED OR WERE SOME NOT SO WELL?**

Another very pertinent point. We have summarized the details of level of validation in the 1st paragraph of DISCUSSION.

8. **DOES PsycINFO DATE BACK TO 1806?**

The Data Star Documents feed we downloaded from [www.hilo.nhs.uk](http://www.hilo.nhs.uk) website states “PsycINFO from 1806”. On the PsycINFO website [http://www.apa.org/psycinfo/about/](http://www.apa.org/psycinfo/about/) it also describes it as “an abstract (not full-text) database of psychological literature from the 1800s to the present.”

9. **WHAT IS PAS IN TABLE 3?**

PAS in Table 3, which is now Table 2, means Psychiatric Assessment Schedule (Dean, Surtees & Sashidharan, 1983) as is mentioned in the key below the Table.

**KAMALDEEP BHUI**

10. **THE RESTRICTION TO INSTRUMENTS WITH VALIDITY DATA AND NO MENTION OF THOSE FOUND WITH NO VALIDATION DOES A DISSERVICE TO THE INTENTIONS OF THE STUDY AND THE PRACTICAL VALUE IT.**

We totally agree with Dr Bhui for a need to review all the rating scales that have ever been used in Urdu, whether validated or not. We would certainly consider it as the objective of our next review on this topic, as it would require a wider search with different parameters, than we did this time. We did come across several studies in which scales had been translated from English into Urdu and used without any sort of validation. We did not come across any indigenously developed scales that had not undergone some sort of validation.
The reason we chose to review only those scales that have undergone some sort of validation was to create a readily accessible database of validated scales in Urdu for researchers wishing to conduct research in an Urdu speaking population using validated scales. For people wishing to use unvalidated scales they can just translate a scale from English and use it, as has been done in several studies as mentioned above.

11. THERE IS A LACK OF DATA GIVEN ON VALIDITY COEFFICIENTS, INCLUDING AREA UNDER ROC CURVES, FOR DIFFERENT GOLD STANDARDS.

The reliability and validity coefficients for all scales that underwent criterion validity evaluation, and the gold standards against which these were validated, are given in Table 2 in the revised manuscript (Table 3 in the original manuscript).

We have added a separate column for Area under the ROC curve in Table 2, and reported it where we could find it in the original studies.

12. WHAT OF GOLD STANDARDS USED?

As per Dr Bhui’s recommendation we have added a paragraph on different gold standards used at the end of the RESULTS section.

13. SCHEMA FOR RATING QUALITY IS NOT EASILY DISCERNIBLE.

As described under Analysis in METHODS, we rated quality on two different parameters.

For cross-cultural validity we extracted data on whether the translated scales had been Back-Translated, whether there was a Translation Committee, and whether the scale had been Pre-Tested in a non-clinical sample using either the bilingual method or the probe technique. If the bilingual method had been used we extracted data whether on Linguistic, Conceptual and Scale Equivalence had been evaluated.

For criterion validity in a clinical sample, for both indigenous and translated scales, we extracted data on the Setting in which the scale was validated, Sample Size, the Gold Standard used, Reliability values and Validity Coefficients like Specificity, Sensitivity, Positive Predictive Value and Negative Predictive Value.

14. THE AUTHORS DON’T MAKE ETIC AND EMIC DISTINCTIONS……

ALTHOUGH THE AUTHORS ARGUE FOR USE OF ETIC INSTRUMENTS, IN THE ABSENCE OF EMIC DATA IT BECOMES DIFFICULT TO BE SURE OF THE TREATMENT RELEVANCE OF CONDITIONS……

We have revised the DISCUSSION incorporating a discussion of emic and etic approaches. It does seem that both the approaches have been employed in Urdu, there being 6 indigenous and 13 translated scales available in Urdu. However, there does not seem to be a major difference in prevalence of anxiety or depression using either the emic or etic instruments.

15. ARE THERE ANY INDIGENOUSLY DEVELOPED INSTRUMENTS?
As described in the first subheading “Indigenously developed Scales” in the RESULTS section we found six scales that did not have an equivalent scale in English. AKUADS, PADQ and SSDS were indigenously developed in Urdu, BSI was simultaneously developed in Urdu and English, and the ASR-Q and PTSD-Q were developed from DSM-IV criteria, there being no equivalent scale in English.

16. STRETCHING TO INCLUDE COMMENTS ON OTHER INVENTORIES IN A NON-SYSTEMATIC WAY IS UNHELPFUL….

We take the point and have removed that subsection “Psychological and social questionnaires” from the paper.

17. I THINK THE AUTHORS SHOULD CONSIDER ALL INSTRUMENTS DEVELOPED ON PAKISTANI POPULATION THE WORLD OVER, FOR DIFFERENT CONDITIONS;

In this review we actually did try to cover all instruments measuring psychiatric symptoms validated in Urdu the world over, though we found only one study (Nayani, 1989) which was done on Urdu speaking population outside Pakistan.

We totally agree with Dr Bhui that it would be a great service if someone could review all instruments developed on Pakistani population the world over, for different conditions and not just restricting it to instruments measuring psychiatric symptoms, but that calls for a separate and much wider systematic review.

18. … OTHER STUDIES PRIORITISING VALIDATION AROUND A SPECIFIC LANGUAGE COULD FOLLOW THESE METHODS IF GIVEN IN MORE DETAIL.

We have tried to make our methods even more explicit.

DAVID B MUMFORD

On a personal note we are really grateful to Prof Mumford for his encouraging comments as he is the pioneer of the field we are reviewing i.e validation of psychiatric rating scales in Urdu.

19. THE TABLES ARE NOT EASY TO FOLLOW AND WOULD BENEFIT FROM BEING IN LANDSCAPE FORMAT.

We have altered the tables in view of Dr Furukawa’s suggestions. One table has been removed and the tables are now in landscape format.

20. I DOUBT IF PsycINFO GOES BACK TO 1806.

This point has been addressed under point no. 8.
SAEED FAROOQ

21. THE INTRODUCTION NEEDS TO BE CHANGED AS IT IS TOO BROAD. THERE IS NO NEED TO GIVE THE EARTHQUAKE BACKGROUND. THE AUTHOR NEEDS TO HIGHLIGHT WHAT IS THE IMPORTANCE OF TRANSLATION AND VALIDATION IN URDU.

We have changed the INTRODUCTION in light of Dr Saeed Farooq’s comments. The earthquake background has been removed. We have rewritten the INTRODUCTION why it is important to have validated questionnaires in Urdu.

22. THERE IS NO NEED FOR PARAGRAPH “PSYCHOLOGICAL AND SOCIAL QUESTIONNAIRES.” THIS COULD BE DELETED.

This paragraph has been deleted.

23. THE AUTHORS HAVE NOT PUT THEIR WORK IN CONTEXT.

a. FOR EXAMPLE, HAVE THERE BEEN SIMILAR SYSTEMATIC REVIEWS OF INSTRUMENTS IN OTHER LANGUAGES?

This has now been addressed in paragraph 2 under DISCUSSION.

24. THE QUALITY OF STUDIES IS TOUCHED ON NEITHER IN RESULTS NOR IN THE DISCUSSION.

We have added a subheading of Quality of Reviewed Studies at the end of the RESULTS section.

TOSHIYUKI KURIHARA

25. FOR SEVERAL QUESTIONNAIRES IT REMAINS UNCLEAR WHETHER THEY ARE VALID IN PAKISTAN OR WHETHER FURTHER VALIDATION STUDIES ARE NEEDED.

We have tried to clarify it further under the subheading “Reliability and Criterion validity coefficients” in the RESULTS section.


We have added a subheading of Quality of Reviewed Studies at the end of the RESULTS section.
27. DID EACH STUDY EXAMINE THE TECHNICAL VALIDITY OF THE TRANSLATED QUESTIONNAIRES?

No, none of the studies has examined technical validity. However, as we mentioned the paper the literacy rate in Pakistan is quite low and even the self-rated instruments have to be read out to people in most cases.

28. THE CUT-OFF SCORE FOR AKUADS ARE 19/20 IN THE UPPER TWO STUDIES BUT 31.5 IN THE BOTTOM STUDY. ....ARE BOTH SCORES CORRECT?

We have rechecked and these are the cutoff scores in the original studies. The bottom study was conducted on pregnant women and it is possible many of them were experiencing the somatic symptoms in AKUADS because of pregnancy raising the overall score.

29. THE PPV VALUES FOR BSI-44 AND SDQ IN TABLE 3 ARE MISSING.

We have rechecked. These values are not reported in the original studies.

30. IT WOULD BE NICE TO KNOW HOW THE AUTHORS ORIGINALLY IDENTIFIED THE NEED FOR SUCH RESEARCH.

This has now been included in the INTRODUCTION.

In the end we wish once again our sincere thanks to all the reviewers for spending time on trying to improve our original manuscript.

Yours sincerely

Dr Syed Ahmer MRCPsych
Assistant Professor
Department of Psychiatry
The Aga Khan University, Karachi
PAKISTAN
