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)

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


Thank you for your email regarding our manuscript. Regarding the reviewer’s points;

1. **THE QUALITY RATING OF THE PAPER IS STILL NOT SUFFICIENTLY CLEAR.**

The only reviews that are similar in methodology to our review are “A Clinician’s Compendium of Assessment Tools for Mental Health Clients from Culturally and Linguistically Diverse Backgrounds” by Ryder et al (Reference number 36) reviewing instruments available in multiple languages, and the review on cultural adaptation of Health-Related Quality of Life Measures by Guillemin et al (reference 9). The latter used a scoring system, the former didn’t. Also, both of these studies were restricted to translated instruments only and did not include indigenous scales.

The reason we decided not to use a scoring system was that our purpose was not make a summative judgment on the instruments that have been validated since these are so few already. Our primary purpose was to help researchers wanting to conduct research in an Urdu speaking population to find out as much detail as was available on the validation status of available instruments in Urdu to help them choose an appropriate instrument for their study. For this purpose we reported quality criteria separately for criterion validity that were applicable to all instruments, and cross-cultural validity applicable to translated scales only. We thought just giving a summative score for such a wide variety of scales would be too restrictive, for example, BSI has been most extensively validated but only the How I Feel scale and the AKUADS have been validated in pregnant women. For someone wanting to conduct research in this sub-population just having a score would not be as helpful as having all the details about validation.

2. **THE AUTHORS ARE ESSENTIALLY Still talking about ETIC MEASURES, ALBEIT THEY HAVE BEEN DEVELOPED IN PAKISTAN IN URDU. THEY MIGHT ALSO RAISE QUESTIONS ABOUT HOW THESE ARE LIKELY TO BE VERY SIMILAR TO ETIC INSTRUMENTS ALL OVER THE WORLD GIVEN THAT PSYCHIATRIC SYMPTOMOLOGY AND DIAGNOSIS IS INTENDED TO BE UNIFIED ACROSS DIFFERENT WORLD SITES. DOES CULTURE ENTER INTO THESE DIAGNOSTIC ALGORITHMS IN A SILENT WAY?**
We agree completely with Dr Bhui. The AKUADS, BSI, PADQ and SSDS were developed from patients’ presenting complaints who were later diagnosed to be suffering from Depression or Anxiety. So while the expressions of distress were emic they were essentially being validated against an etic construct that is an ICD or DSM diagnosis. Since patients in Pakistan present in not exactly the same way as patients in UK for example, should we have separate criteria for diagnosing depression in Pakistan? Should this syndrome be called something other than depression if the diagnostic criteria are different? These are questions that would need a lot more culture-centered research to answer than has taken place as yet.

In the light of Dr Bhui’s comments we have changed the wording in the RESULTS section (3rd paragraph, page 7, under Indigenous scales) and added a paragraph at the end of DISCUSSION (end of page 11, beginning of page 12)

3. **THE CRITERIA FOR SELECTION OF PAPERS NEED TO BE MADE EXPLICIT AND THE SELECTION OF PAPERS MIGHT BETTER BE REPRESENTED IN A FLOW CHART. HOW MANY EXPERTS WERE ACTUALLY CONSULTED AND HOW MANY PAPERS WERE DERIVED FROM THOSE EXPERTS? THIS ALL NEEDS TO BE CLEARLY SET OUT.**

We have tried to clarify further the wording under inclusion/exclusion criteria on page 5. We contacted 21 psychiatrists and four psychologists in Pakistan, and one psychiatrist in UK. We managed to find three papers by contacting these experts that we had not found through our database search or searching the references lists of the initial papers.

We have included this in METHODS in the 1st paragraph on page 5 and the first paragraph under RESULTS on page 7.

4. **TWO OF THE PAPERS WERE EXTRACTED BY A DIFFERENT AUTHOR. WAS THERE ANY CROSS CHECKING TO ENSURE INTER-RATER RELIABILITY. IT IS IMPORTANT TO HAVE ENSURED THIS.**

The second author of this review, Dr Rafey A Faruqui, was actually the first author of those two studies and extracted data from his own studies. The data has been rechecked by the 1st author of this review and is accurate.

5. **THE AUTHORS MAY WANT TO CONSIDER THE DISTINCTIONS BETWEEN LANGUAGE AND CULTURE IN THE ADAPTATION OF INSTRUMENTS. IN PARTICULAR, I REFER TO TWO PREVIOUS PUBLICATIONS OF MINE, ONE PUBLISHED IN SOCIAL PSYCHIATRY AND PSYCHIATRIC EPIDEMIOLOGY IN 2000, VOL 35, 6, P248: CROSS CULTURAL VALIDITY OF THE ANRISTAR DEPRESSION INVENTORY AND THE GENERAL HEALTH QUESTIONNAIRE. THIS WAS PRIMARILY A STUDY OF PUNJABI VERSUS ENGLISH MEASURES AND SOME OF THE ISSUES ABOUT CROSS CULTURAL VALIDITY ARE ADDRESSED WITHIN THIS. A FURTHER PUBLICATION IN THE INTERNATIONAL JOURNAL OF SOCIAL PSYCHIATRY, AGAIN DEMONSTRATED THE DIFFERENCES AND PREVALENCE IF EMIC AND ETIC MEASURES. THE AUTHORS MIGHT WISH TO REFER TO THESE TO**
STRENGTH THEIR ARGUMENTS AND TO BROADEN THE DISCUSSION PARTICULARLY ON GOLD STANDARDS.

We have added a paragraph under DISCUSSION (paragraph 2, page 11) incorporating Dr Bhui’s suggestion.

6. PARAGRAPH 3 ON THE PENULTIMATE PAGE BEFORE THE CONCLUSION, BEGINNING "WHEN LOOKING FOR SIMILAR REVIEWS (APOLOGIES, PAGE IS NOT NUMBERED) MIGHT BEST BE MOVED TO THE INTRODUCTION TO THE PAPER.

We have partly incorporated Dr Bhui’s suggestion by including the fact that while the Compendium reviewed instruments in many languages but not Urdu under BACKGROUND (last paragraph, page 4) we have retained the part about the validation of instruments in languages other than Urdu and English in DISCUSSION (last paragraph, page 10) so that the validation status of instruments in Urdu can be put in context of other languages.

Yours sincerely

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