Author’s response to reviews

Title: The Reliability of an Arabic Version of the Self-Administered Standardised Chronic Respiratory Disease Questionnaire (CRQ-SAS)

Authors:

Mohamed S Almoamary (almoamary@yahoo.com)
Hani M Tamim (hani_t@hotmail.com)

Version: 2 Date: 14 February 2011

Author’s response to reviews: see over
Dear Editor;

I would like to thank you for sending our paper “The Reliability of an Arabic Version of the Self-Administered Standardized Chronic Respiratory Disease Questionnaire (CRQ-SAS)” for peer review. We reviewed the valuable comments by the reviewers and we include below our reply. We have also reflected the necessary changes in the attached manuscript.

<table>
<thead>
<tr>
<th>Reviewer: Prof. Toru Oga</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Comment:</strong></td>
<td>This is an important comment. We have stated that clearly in the submitted manuscript – Discussion paragraph no. 5</td>
</tr>
<tr>
<td>In the present paper, the authors developed the Arabic version of the CRQ, which would be valuable in the Arabic countries. However, as a validation study, this is incomplete, and the authors should admit it as a limitation of the study.</td>
<td></td>
</tr>
<tr>
<td><strong>Comment 1:</strong></td>
<td>a- As there are different versions of the CRQ, we elected to have more details of CRQ in the introduction.</td>
</tr>
<tr>
<td>a- In the introduction, some of the explanation of the CRQ should be moved to the method section.</td>
<td>b- A statement added to the introduction.</td>
</tr>
<tr>
<td>b- Rather, the authors should explain for which disease the CRQ is used</td>
<td>c- The first two paragraph of the introduction covered this aspect.</td>
</tr>
<tr>
<td>c- and why HRQL assessment is important in that disease.</td>
<td></td>
</tr>
<tr>
<td><strong>Comment 2:</strong></td>
<td></td>
</tr>
<tr>
<td>The authors mentioned a “general” questionnaire in the paper. However, it should be corrected as a “generic” questionnaire.</td>
<td>The term general is used in most of the references in the field of HRQL. The two terms are exchangeable.</td>
</tr>
<tr>
<td><strong>Comment 3:</strong></td>
<td></td>
</tr>
<tr>
<td>In the method Stage I, why was the back translation performed from English to Arabic?</td>
<td>I could not find this phrase in that section. However, to address the referee comment we clarified this issue.</td>
</tr>
<tr>
<td><strong>Comment 4:</strong></td>
<td>a- This a very important point. The CRQ and</td>
</tr>
<tr>
<td>a- In the method, were pulmonary function tests, 6MWT</td>
<td></td>
</tr>
</tbody>
</table>
and HRQL assessment done on the same day? 
b- Also, please explain how pulmonary function tests and 6MWT were performed.

6MWD were done on the same day. We avoided doing PFT on the same day to avoid exhausting patients (statement added).
b- A reference for the technique of PFT and 6MWD is available. As it is a standardized technique, we did not add the technique to avoid unnecessary length of the method section.

**Comment 5:**
In the method, the authors mentioned that age < 75 years old was one entry criteria. However, a patient of 75 years old had been enrolled into the study in the results.

This a valid comment. We changed the inclusion criteria from < 75 to ≤75.

**Comment 6:**

- In the results, patient background should be summarized as a new table, including the scores of the CRQ.
- And, please check the BMI values. Why are they so obese?
- Please also describe the true values of FEV1 and FVC.

Currently the paper has three tables and one graph. The data presented in a text format to reduce the number of tables from four to three.

- The explanation for high BMI is the higher prevalence of obesity in our area.
- Describing the actual values of PFT parameters may be misleading as reference values is differing among regions. We did not enter this base of information in the SPSS. To get this information, we need major work by retrieving PFT of all patients and enterer it and analyze it.

**Comment 7:**
In the results, did a long-acting bronchodilator agent mean a long-acting beta agonist?

Yes … clarified and highlighted.

**Comment 8:**
HRQL tends to correlate with exercise capacity such as six-minute walking distance rather than pulmonary function. However, in the present study, HRQL is not related to

Results:
The 6MWD did not show significant correlation with any of the domains.

Discussion:
physiological measurements at all. Please discuss why?

Despite documented correlation of CRQ-SAS with The 6MWD, our finding did show such correlation. A finding that can be explained with higher FEV1 in our study when compared to other studies (table 3).

**Reviewer: Prof. Milo Puhan**

Moamary and colleague report about translation and validation of the Arabic Version of the Self-Administered Standardised CRQ. The paper is well written and it will be of great value to have the CRQ available for Arabic peaking COPD patients. The

**Minor Essential Revisions -**

**Abstract:**
Please make clear where the (Pearson or Spearman rank) correlation coefficient was used and where the intraclass correlation coefficient was used. Otherwise, readers may think that the (Pearson or Spearman rank) correlation coefficient was used to assess test retest reliability.

We have clarified in the abstract where the intraclass correlation coefficient used and where was the Pearson correlation used.

**Abstract:**
it is unclear what they authors mean by acceptable and efficient. What are the data supporting this? It might be better to refer to reliability and validity rather than introducing ambiguous terms.

The conclusion of the abstract has been changed to reflect a clearer terms.

**Methods:**
It is stated that “Generally, these two translators had no difficulties during their translation”. What does in general mean? It would be interesting to learn about the challenges so that other people could benefit from the translation experience.

This statement is clarified. Apart from clarification of some medical terminology, the translators have found no difficulty during translation.
**Methods:**
The test retest period chosen is quite long and some patients may have changed. Is there any evidence available that patients were stable during that time?

This statement is clarified in the text. The Arabic version of the CRQ-SAS was initially self-administrated to the patients. The re-test session was arranged after 3-5 weeks taking in consideration that they were in a stable clinical condition.

**Methods:**
Validity was assessed by looking at correlations with other variables, this part would be substantially stronger if the authors had had some a priori beliefs in the correlations to be expected. Such a priori beliefs outline how an instrument is expected to correlate with other measures if it measures what it is supposed to measure. The observed correlations then show how close they are to the expected correlations. Thus if there were a priori beliefs in the correlations please report them and how they agree with the observed correlations.

We did not have any a priori set of correlations expected for each of the different variables. What we were referring to, was the expected direction of the correlation with other variables based on clinical reasoning.

**Results:**
- since the range of patients determines the correlation coefficients a lot it would be important to know how broad the sample was. Therefore, I suggest adding the range for each continuous variable to the description of patients and to Table 1 (CRQ).

The ranges have been added to the text and to table 1.

**Discussion:**
I do not think that it is a limitation that no gold standard test to assess HRQL exists. This is inherent to HQLO instruments and nothing can be done about this. Also, I think the authors did assess validity even if they were somewhat limited because other validation instruments are not available in the Arabic language.

**Conclusion:**
Again, it is unclear how the data support the conclusion that the administration of the CRQ was acceptable and efficient.

The conclusion has been modified. The Arabic translation of the CRQ-SAS was found to
be reliable to assess the quality of life among patients with COPD

<table>
<thead>
<tr>
<th><strong>Journal Comment</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give the name of the institutional review board who approved your study. Could you also confirm that informed consent was obtained from the subjects of your study and document this in the methods section</td>
<td>Done: This study received the approval of the institute review board of King Abdullah International Centre for Medical Research and King Abdulaziz Medical City, Riyadh, Saudi Arabia. After signing the informed consent form ... etc</td>
</tr>
</tbody>
</table>