Author’s response to reviews

Title: Translation and validation study of the Persian version of the Arthritis Impact Measurement Scales 2 (AIMS2) in patients with Osteoarthritis of the Knee

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Author’s response to reviews: see over
Dear Dr. Graham,

MS: 1525522671256153
Translation and validation study of the Persian version of the Arthritis Impact Measurement Scales 2 (AIMS2) in patients with Osteoarthritis of the Knee

Thank you for your kind e-mail concerning the above manuscript. We are grateful to both reviewers. We found the reviewers’ comment very helpful. Thus the following point-by-point changes were made to the manuscript.

Reviewer: Dr. J. J Rasker
This is an interesting study validating the translated AIMS2 in OA patients. Minor comments:
Page 4: the conclusion that the questionnaire can be applied in outcome studies is not proven by the results of the study. The sensitivity for change needs still to be studied, as the authors state themselves in page 14 second paragraph.
The conclusion was corrected as recommended both in Abstract and in the Text:
A. The results showed that the Persian AIMS2 had reasonably good internal consistency, test-retest reliability, and convergent validity in patients with osteoarthritis of the knee. It is simple and easy to use and now can be applied in the future studies in Iran. However, its sensitivity to change needs still to be studied.
B. Since health related quality of life was rarely assessed as primary end-point in studies of OA of the knee in Iran, indeed the Persian AIMS2 might possibly provide both clinicians and patients with numerous advantages as an important outcome measure in the future studies. However, its sensitivity to change needs still to be studied.
Page 5 second paragraph, line 5: the Ref. 13-15 are only dealing with RA and not with OA
This was corrected as suggested.
Page 11: line 5 is amazed that 80% of the subjects were working. This means that most women in Iran are working? Or is working in one’s own household included? For this reason the referee would be interested in the educational level of the patients included. Is this a very highly educated sample? Or is it a representative sample for the Persian population?
Sorry there might be some confusion. The 80% is not referring to females but the whole sample. We revised the sentence as follows:
At the time of enrollment, 80% of the subjects were working, 12% were retired, and 8% had stopped working because of their knee pain.

Reviewer: Dr. José M. Quintana
This is, in general terms, a well done and interesting study with a proper translation and validation of the Persian version of the Arthritis Impact Measurement Scales 2 (AIMS2) in patients with Osteoarthritis of the Knee.
Nevertheless, I think the authors have enough data as to include more information and results in this manuscript and give additional support and value to their work.
• Major Compulsory Revisions
I wonder if the authors contacted with the original authors of the questionnaire to present them the final English translation of the Iranian version. Was this done? In any case, explain.
The expert committee assessed this. The following sentence was added to Methods:
They also evaluated the final English backward version with the original questionnaire.
When describing all questionnaires, please, include references to the original authors of them (i.e. the SF-36-Ware et al, AIMS2).
Done
I think it would be of value to incorporate a cross-tabulate Table with a knee severity scale of OA (better clinical severity than radiological, or both) to see the discriminative validity of the AIMS2.
Since there is a manuscript in preparation by one of the authors on responsiveness and the above relationship we thought it would be unethical to present the same analysis twice.
It would be better to see (include) the precise results of the correlations observed between mobility level, walking and bending, work, and level of tension scales and VAS measures for pain, joint stiffness, patient's and physician's global assessment.
These are provided in Table 3.
Please, include a Table with the results of the factor analysis on relation to the 3 factors structure.
Table 4 was added as requested.
It seems that the authors did not have a follow-up of the selected patients. That way they would have been able to study the sensitivity to change of the questionnaire. If not able to do so, include a comment either in the limitations paragraph of the Discussion and/or in the Conclusions.
As indicated earlier this was corrected both in Abstract and conclusion in the text:
A. The results showed that the Persian AIMS2 had reasonably good internal consistency, test-retest reliability, and convergent validity in patients with osteoarthritis of the knee. It is simple and easy to use and now can be applied in the future studies in Iran. However, its sensitivity to change needs still to be studied.
B. Since health related quality of life was rarely assessed as primary end-point in studies of OA of the knee in Iran, indeed the Persian AIMS2 might possibly provide both clinicians and patients with numerous advantages as an important outcome measure in the future studies. However, its sensitivity to change needs still to be studied.

Hope you find the corrections satisfactory.
I wish you all the best.
Yours sincerely
Ali Montazeri