

Cross-cultural Adaptation and Psychometric Properties of Patient-reported Outcome Measures in Arabic Speaking People: A Scoping Review

Sundos Qassim¹, Jeff Harrison¹, Timothy F Chen², Mohammed A Mohammed ¹

- ¹ Pharmacy School, Faculty of Medical and Health Sciences, The University of Auckland
- ² Sydney Pharmacy School, Faculty of Medicine and Health, The University of Sydney

INTRODUCTION



Patient-reported outcome measures (PROMs) provide valuable information on the impact of disease and treatment on quality of life from a patient perspective.¹



The use of PROMs data in clinical practice and research is now recognized as a key indicator of health care quality and safety.²



Existing PROMs are largely intended for use in non-Arabic-speaking people and health care settings.



For more than a decade, there has been a fundamental shift in focus on the development, cultural adaptation and the use of PROMs as an outcome measure in Arabic countries however, the quality of cross-cultural adaptation (CCA) and measurement properties of such PROMs have not been comprehensively evaluated.

OBJECTIVES

To identify PROMs developed or utilized in Arabic-speaking people/countries and critically evaluate their CCA and measurement properties.

METHODS

The current Scoping review was conducted and reported in compliance with the (PRISMA-ScR) guidelines.3

- MEDLINE, EMBASE, CINAHL, PsycINFO, IPI and ISI Web of Science were searched to retrieve PROMs were searched using "PROMs", "Arabic speaking countries", "cultural adaptation" and "Psychometric properties" terms.
- The studies were included if they: considered PROMs as an outcome measure, studies reported translation and/or cross-cultural validation of PROMs into Arabic language, studies of developed PROMs in Arabic version and studies reported psychometric or measurement properties of PROMs in Arabic language.
- English and Arabic were considered the sources of evidence. No date restriction was considered.
- The online systematic review management software Covidence used for the records assessment against the predetermined eligibility criteria.
- CCA was evaluated using Beaton guidelines ⁴, and the psychometric properties were assessed using COSMIN quality assessment. ⁵

DISCUSSION

- Concerning the CCA's methodological quality, it is apparent that most of the studies in this review were lacking in some steps as only 12 (6%) of the 197 studies of CCA were in accordance with the recommended guidelines for positive ratings in all CCA criteria
 - In terms of the methodological quality of the psychometric properties, this review found that none of the identified PROMs evaluated the eight measurement properties and only two studies (0.85%) evaluated six measurement properties.
 - In terms of accordance with the COSMIN guidelines for positive ratings, hypotheses testing was 60.2 % positive rating, reliability was 55.9% positive ratings, internal consistency was 20% positive ratings and structural validity was 10.6% positive ratings.
- Only one of the 317 PROMs measure treatment burden on quality of life and seem suitable to evaluate pharmaceutical care services.

CONCLUSION

- The current review provides new and in-depth insights into PROMs in Arabic speaking people/countries.
- Measures available to assess patient-centered outcomes in Arabic people/countries vary in their quality of CCA processes and psychometric properties with the vast majority not adhering to the recommended standards.
- There is a need to improving methodological qualities and providing emphasis on the transparency in reporting CCA process and measurement properties.

References

1. Wiering B, de Boer D, Delnoij D. Patient involvement in the development of patient-reported outcome measures: The developers' perspective. BMC Health Services Research. 2017;17(1):635

2. Ruseckaite R, Maharaj AD, Krysinska K, Dean J, Ahern S. Developing a Preliminary Conceptual Framework for Guidelines on Inclusion of Patient Reported-Outcome Measures (PROMs) in Clinical Quality Registries. Patient Related Outcome Measures. 2019;10:355.

3. Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Annals of internal medicine*. 2018;169(7):467-473.

4. Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. Spine. 2000;25(24):3186-91.
5. Prinsen CA, Mokkink LB, Bouter LM, et al. COSMIN guideline for systematic reviews of patient-reported outcome measures. *Quality of Life Research*. 2018;27(5):1147-1157

RESULTS

Figure 1: PRISMA flow chart

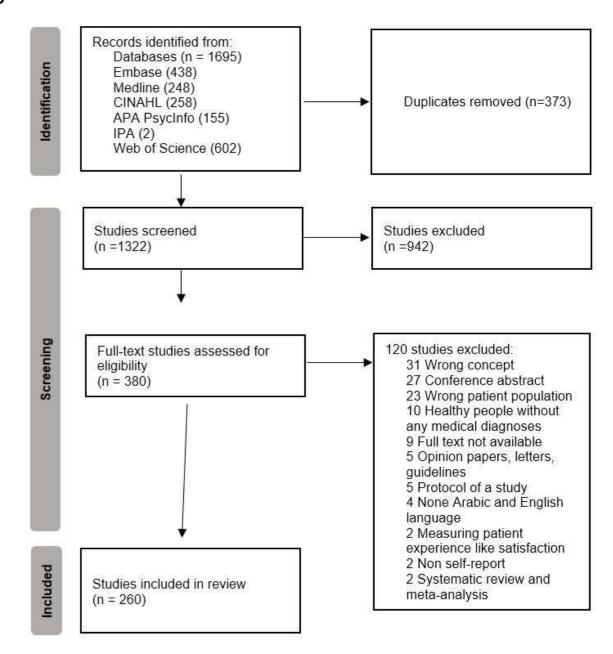


Table 1: Summary of the Quality assessment of CCA (175 PROMs, 201 CCA)

		Ratings	Generic Outcome Measures (n=9)	Disease- Specific Outcome Measures (n=187)	Treatment- Specific Outcome Measures(n =5)	ALL (n=201)
	Forward Translation	+	6 (66.7%)	122 (65.2%)	2 (40%)	130 (64.3%)
		?	2 (22.2%)	44 (23.5%)	2 (40%)	49 (24.3%)
		-				
		0	1 (11.1%)	21 (11.2%)	1 (20%)	23(11.4%)
	Synthesis	+	4 (44.4%)	92 (49.2%)	1 (20%)	98 (48.5%)
Cross-Cultural Adaptation		?	1 (11.1%)	24 (12.8%)	1 (20%)	26 (12.9%)
		-				
		0	4 (44.4%)	71 (38%)	3 (60%)	78 (38.6%)
	Back Translation	+	4 (44.4%)	101 (54 %)		105 (52%)
		?	4 (44.4%)	60 (32.1%)	4 (80%)	69 (34.1%)
		-				
		0	1 (11.1%)	26 (13.9%)	1 (20%)	28 (13.9%)
	Expert committee Review	+	5 (55.5%)	117 (62.6%)	3 (60%)	126 (62.4%)
		?		4 (2.1%)		4 (2%)
and		-		1 (0.5%)		1(0.5%)
tion		0	4 (44.4%)	65 (34.7%)	2 (40%)	71 (35%)
sla	Pretesting	+	2 (22.2%)	33 (17.6%)		35 (17.3%)
Translation		?	1 (11.1%)	15 (8%)		16 (8%)
		-	1 (11.1%)	82 (43.8%)	2 (40%)	86 (42.6%)
		0	5 (55.5%)	57 (30.5%)	3 (60%)	65 (32.2%)
	Submission	+	3 (33.3%)	84 (45.2%)	2 (60%)	91 (45%)
		?				
		-				111 (55%)
		0	6 (66.7%)	103 (54.8%)	3 (60%)	91 (45%)

+ Positive rating,? Intermediate rating, - Negative rating, 0 No information available

Table 2: Summary of the statistical testing of the measurement properties (201 PROMs, 235 measurement properties testing)

		Ratings	Generic Outcome Measures (n=17)	Disease- Specific Outcome Measures (n=214)	Treatment- Specific Outcome Measures (n=40	All (n=235)
	Structural	+	3 (17.6%)	22 (9.4%)		25 (10.6%)
	Validity	?	7 (41.2%)	23 (10.7%)		30 (12.7%)
		-	1 (5.9%)	11 (5.1%)		12 (5.1%)
		0	6 (35.3%)	158(73.8%)	4 (100%)	168 (71.7%
	Content/	+	1 (5.9%)	7 (3.3%)		8 (3.4 %)
	Criterion	?		2 (0.9%)		2 (0.8%)
	validity	-		12 (5.6%)		12 (5.1%)
		0	16 (94.1%)	193 (90.2%)	4 (100%)	213 (90.7%
	Cross-cultural	+	2 (11.8%)	4 (1.9%)		6 (2.5%)
	validity∖	?		2 (0.9%)		2 (0.8%)
	measurement	-	1 (5.9%)	1 (0.5%)		2 (0.8%)
'n	invariance	0	14 (82.3%)	207(96.7%)	4 (100%)	225 (95.8%
Properties	Hypotheses	+	7 (41.2%)	133 (62.1%)	2 (50%)	142 (60.29
er.	testing	?				-
5		-		1 (0.5%)		1 (0.4%)
<u>.</u>		0	10 (58.8%)	80 (37.4%)	2 (50%)	92 (39.4%
en	Internal	+	5 (29.4%)	41 (19.2%)	1 (25%)	47 (20%)
asurement	consistency	?	6 (35.3%)	146 (68.2%)	3 (75%)	155(66.1%
ระ		-	3 (17.6%)	9 (4.2%)		12 (5.1%)
ĕ ⊠		0	3 (17.6%)	18 (8.4%)		21 (8.9%)
_	Reliability	+	3 (17.6%)	128 (59.8%)	1 (25%)	132 (55.9%
		?	1 (5.9%)	11 (5.1%)		12 (5.1%)
		-	2 (11.8%)	13 (6.1%)	1 (25%)	16 (7.2%)
		0	11 (64.7%)	62 (29%)	2 (50%)	75 (31.8%
	Measurement	+		3 (1.4%)		3 (1.3%)
	error	?		8 (3.7%)		8 (3.4%)
		-		1 (0.5%)		1 (0.4%)
		0	17 (100%)	202 (94.4%)	4 (100%)	223 (95%)
	Responsiven	+	1 (5.9%)	31 (14.5%)	1 (25%)	33- (14%)
	ess	?				-
		-		3 (1.4%)		3 (1.3%)
		0	16 (94.1%)	180 (84.1%)	3 (75%)	199 (84.89