translations. RESULTS: Challenges emerged at two levels. a) At the conceptual level, it proved challenging for a linguist to differentiate the distinct but related psychiatric terms is essential in the context of face-to-face diagnostic interviews where mutual and consistent understanding of terms is essential and may influence the overall results. CONCLUSIONS: The M.L.N.I. translations were produced to ensure concordance with existing translations, conceptual equivalence across and linguistic consistency within languages to facilitate comparison and pooling of data. This was made possible through the close collaboration between linguists and psychiatrists, under the guidance of a coordinating centre. The results of the project suggest promoting similar collaboration when translating other mental health measures in the future.

THE TRANSLATION AND LINGUISTIC VALIDATION OF THE SUBJECTIVE WELL-BEING UNDER NEUROLEPTICS – SHORT VERSION (SWN-S) QUESTIONNAIRE

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OBJECTIVES: The Subjective Well-being Under Neuroleptic – Short version (SWN-S) has been translated into 30 different languages and is currently being translated into further languages. The SWN-S is designed to assess the subjective efficacy of neuroleptic medication. The objective of this study was to produce translations that are consistent and equivalent to the original and to evaluate the linguistic consistency within languages, ensuring the validity and relevance of the translations within the target cultures. METHODS: A standard methodology was employed: two forward translations, a reconciliation of the forward translations, two back translations, back translation reviews; or an in-country review; linguistic interviews with five stable patients with schizophrenia in each country and two proofreading. RESULTS: Numerous cultural and linguistic issues became apparent throughout the translation process, as follows: – The concepts behind some of the English items were unclear to linguists not specialising in schizophrenia. – The first author’s forward translation was proposed in a way that the target population wording was correctly understood. – “Find it easy to draw a line between myself and others” was difficult to translate due to numerous possible connotations of this statement. After consultation with the developer, an accurate connotation was able to be consulted. – “Not in control of my self-control” did not mean “self-control”, contrary to how it had been understood in certain language versions. This was clarified by the developer. – The item ‘my body feels familiar’ was problematic in some languages; it was impossible to translate literally in Lithuanian due to linguistic constraints, and also problematic in Malay. The closest available wording was determined and discussed with patients. CONCLUSIONS: The SWN-S has been translated and linguistically validated in 30 languages using a rigorous translation process. A number of cultural and linguistic issues became apparent and were resolved. The measure is now appropriate for use in multinational trials.

MULTITRAIT/MULTIMETHOD ANALYSIS OF THREE GENERIC PREFERENCE-BASED HEALTH-RELATED QUALITY OF LIFE MEASURES IN THE NATIONAL HEALTH MEASUREMENT STUDY

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OBJECTIVES: Different generic preference-based health-related quality of life (HRQOL) measures may not yield similar quality-adjusted life expectancy, challenging the meaning of incremental cost-effectiveness ratios in league tables. This study compares corresponding domain scores from different HRQOL measures to evaluate the extent to which they tap into the same or unique constructs. METHODS: The SF-36 (v2), EQ-5D, and HUI-3 were administered to 3844 U.S. adults in the National Health Measurement Study, a cross-sectional random-digit dial telephone survey. Mean domain and preference-based scores were calculated. Convergent and discriminant validity were evaluated by multi-trait multi-method (MTMM) analysis of the three HRQOL instruments across the attributes of physical functioning (SF-36 physical functioning, HUI-3 ambulation, and EQ-5D mobility), mental health (SF-36 mental health, HUI-3 emotion, and EQ-5D anxiety/depression), and pain (SF-36 bodily pain, HUI-3 pain, and EQ-5D pain/discomfort). RESULTS: Mean scale scores of the SF-36, HUI-3, and EQ-5D, respectively, ranged from 47.2 (±10.7) to 53.4 (±10.2); 46.9 (±11.0) to 53.0 (±10.1) for PCS and MCS, 0.28 (±0.12) to 0.976 (±0.028), and 1.017 (±0.28) to 1.596 (±0.38). Mean preference-based scores obtained from the SF-36 (calculated from the SF-6D), HUI-3, and EQ-5D were 0.765 (±0.144), 0.766 (±0.271), and 0.838 (±0.173), respectively (p < 0.001 for Bonferroni corrected paired t-tests comparing EQ-5D to both SF-36 and HUI-3). The MTMM matrix had average validity and off-diagonal correlations of 0.622 and 0.404, indicating high convergent validity. MTMM analysis also showed 94% of convergent validity correlations to be significantly larger (p < 0.05) than relevant other correlations in the MTMM matrix, providing substantial support for discriminant validity. CONCLUSIONS: Although the mean preference-based score obtained from the EQ-5D was different from the SF-36 and HUI-3, MTMM analysis demonstrated good support for convergent validity, providing analogous domains of these measures. Further analysis is required to better understand how similar elements of different generic HRQOL instruments impact preference-based scores.