The PAR-ENT-QoL was developed in French. It is designed to assess the effect on family life of children's Rhinopharyngitis and otitis. This study's first objective was to produce a US English version to be used as the basis for other, conceptually equivalent and culturally relevant, translations and then to perform these.

Methods: An unusual methodology was employed to create the US English version: 2 translations into English, reconciliation by a bilingual native English consultant based in France, ‘back’ translations into French, back translation review, developer review, cognitive interviews with 5 members of the target population, and 2 proofreadings; with input at every stage from both consultants. The translations from English employed a standard methodology: 2 forward translations, reconciliation, 2 back translations, back translation review, or in-country review; developer review, cognitive interviews with 5 members of the target population, and 2 proofreadings.

Results: There were no cultural and linguistic issues arose, some of them particular to this methodology. On US English “Rhinopharyngitis” and “otitis” were not understood by the general population so an explanation was added in the first instance. Some in-country consultants were fluent in French so they worked directly from the English and used the French version as a guide. ‘Trouble’ in French means ‘you’ but can be singular or plural. In the context this was translated as ‘you or your partner’. ‘The French “contrarié” covers various English meanings including “upset” and “frustrated”’—after developer input, ‘upset’ was used.

Conclusion: The simplest way of performing translation was employed. The original questionnaire was kept as is for French version as a basis for other translations. This now exists, and the PAR-ENT-QoL has been rigorously translated and linguistically validated into 16 languages. A number of cultural and linguistic issues became apparent and were resolved. The measure is now appropriate for use in multinational trials.

THE IMPACT OF DISEASE ADAPTATION ON GENERAL POPULATION VALUES

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Health care resource allocation uses values for hypothetical health states elicited from the general population rather than patient values. The drawback is that respondents from the general population may not consider possible adaptation to the disease. This study aimed to investigate whether initial health state values change after the respondents were informed about disease adaptation. Three rheumatoid arthritis (RA) states of modified severity were used as a demonstration.

Methods: Participants (n = 156) were randomly allocated into two groups: Uninformed and Informed. Each group completed two identical valuation tasks, consisting of rating and time trade-off (TTO) exercises, and underwent an adaptation exercise (AE), where participants first listened to recordings of patients discussing how they adapted to RA and then were guided to reflect upon this information. The Uninformed Group valued the three states, underwent the AE, and then completed a second set of valuations. The Informed Group started with the AE, then the first valuations; this was followed by a presentation of patient values of RA states and finally a second set of valuations. Results: For most health states, a statistically significant change between each pair of valuations was observed for both groups. For example, the TTO values of the Uninformed Group for the severe RA state were 0.24—0.49 and 0.43+0.52, while the Informed Group valued the same state at 0.33+0.52 and 0.41+0.51. This indicated that both the AE and the patient values influenced the valuations. When comparing the first TTO valuation of both groups, only the mild state showed a statistically significant difference (p < 0.10). Specifically, the Uninformed Group valued this state at 0.80+0.26 whereas the Informed Group valued it at 0.87+0.20. Conclusion: The results revealed that both the administration of the AE and the presentation of the patient values informed the participants which, in turn, influenced their valuations.