

INTRODUCTION

The definition of quality of life (QoL) varies widely amongst authors^{1,2}. These range from a holistic emphasis on the social, emotional and physical well being of patients to those that describe the impact of a person's health on his or her ability to lead a fulfilling life³.

Gupta and Kant² state that health related quality of life (HRQoL) incorporates several dimensions. It is thus important to select instruments which measure the health dimensions relevant to that particular set of patients⁴.

AIMS

To assess the use of quality of life research instruments in the local scenario in English and in Maltese.

SETTING

Diabetes Clinic - Mater Dei Hospital, Malta

METHOD

One disease specific QoL tool and a non-disease specific tool, were identified. Approval for copy rights were obtained. Both questionnaires were translated to Maltese. These were given to a Maltese teacher to check for grammatical or syntax errors. Versions were reviewed and a final draft was created. Back translation by an independent translator was done to ensure that the versions were equivalent to the original questionnaire.

Validation process included an expert panel (two pharmacists, two diabetes consultant physicians and two translators). Suggestions were taken note of and amendments were done accordingly.

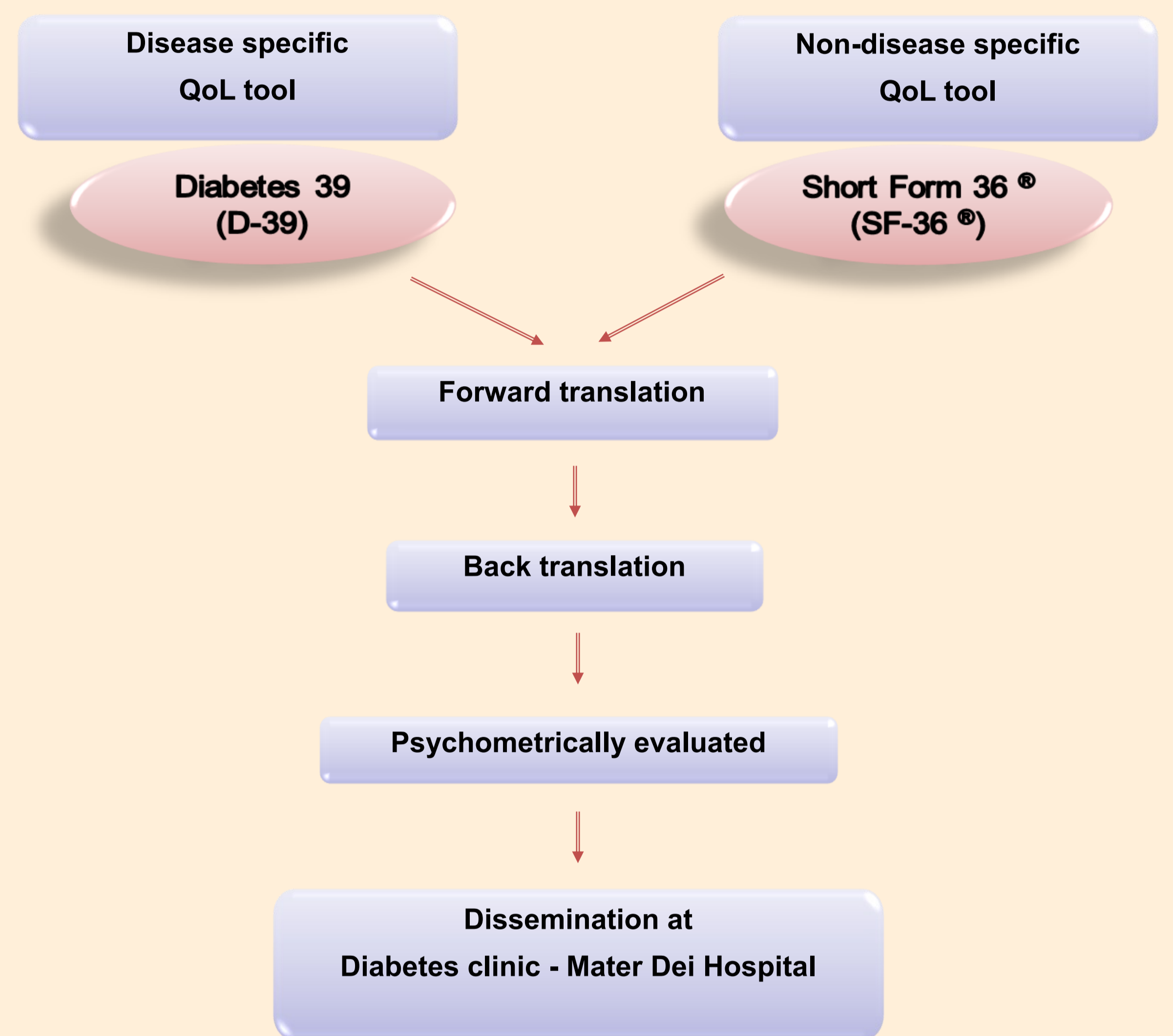


Figure 1 : Methodology flowchart

RESULTS

Identification of both surveys was done according to the information covered in each domain (Table 1). Changes to SF-36 Health Survey included minor revisions of phrases. The changes were changing 'block' to 'hundred metres', 'pep' to 'life' and 'feeling blue' to 'depressed'. These were subsequently confirmed and done by the Quality Metric Corporation.

Changes for D-39 translation were done by the researcher and an independent translator. Ten changes included Maltese phrases that needed to be changed after the back translation in order to be understood more clearly.

SF 36 [®] Health Survey	D-39
Physical Functioning	Anxiety and worry
Role limitation due to physical health problems	Social and peer burden
Bodily pain	Sexual functioning
General health perception	Energy
Vitality	Mobility and diabetes control.
Social functioning	
Role limitation because of emotional health problems	
General mental health	

Table 1 : Concepts of SF-36 Health Survey versus Domains of D-39 Survey.

CONCLUSION

Following this study, the SF-36 Maltese version developed by Quality Metric Corporation, was updated to reflect a better translated tool. The Maltese version of D-39 has been prepared and psychometric evaluation is being undertaken.

References

- 1: Mc Kevitt C., Redfern J., La-Placa V., Wolfe CDA. Defining and using quality of life: A survey of health care professional. *Clinical Rehabilitation* 2003; 17:865-870.
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- 3: Carr A.J, Gibson B, Robinson P.G. Is quality of life determined by expectation or experience? *BMJ* 2001; 322: 1240-1243.
- 4: Thompson D.R, Jenkinson C, Roebuck A, Lewin R.J.P, Boyle R.M, Chandola T. Development and validation of a short measure of health status for individuals with acute myocardial infarction dimensional assessment scale (MIDAS). *Quality of Life Research* 2002; 11: 535-543.