Author’s response to reviews

Title: Cultural adaptation and validation of the "Kidney Disease and Quality of Life - Short Form (KDQOL-SFTM) version 1.3 questionnaire in Egypt

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Author’s response to reviews: see over
Dear editors,

Thank you for the editors’ and reviewers’ valuable comments. The authors have addressed each of the remarks as thoroughly as possible. Please find attached the re-edited and highlighted revised manuscript for your kind further consideration.

Abstract (page 2)

- The background section has been revised and the subheading” Aim” removed.
- The authors didn’t mean to claim the first Arabic version for the KDQOL, but the intention was that there was no specific validation study. The authors didn’t find a validated Arabic version of KDQOL questionnaire. No Arabic version of the KDQOL questionnaire was included in the KDQOL working group website (www.rand.org/health/surveys_tools/kdqol.html). Moreover, when permission to translate the KDQOL-SF™ version 1.3 from the working group was obtained, they didn’t inform us of any previous Arabic versions. Publications mainly aimed to assess the quality of life while the Saudi Arabian study merely mentioned that their questionnaire was validated. They used an Arabic version of the KDQOL-SF36 among hemodialysis patients. While the present study aimed at cultural adaption, and validation of the KDQOL-SF™ version 1.3 questionnaire among pre-dialysis CKD patients. Besides, we e-mailed the authors of the Saudi Arabian paper during the preparatory phase of our study asking for more information about their validation, but they did not reply.
- In the method section, description of the sampling procedure has been added. (line 12-14, page 2)
- In the result section, the interpretation of the internal consistency for SF36 has been removed. Results about the discriminant validity and factor analysis have been added. (line 19, 20 and line 27-29, page 2)
- The conclusion has been re-phrased.

Background

- The burden of CKD (line 2-9, page 3) and the importance of assessing HRQOL (line 20-24, page 3) in Egypt have been added.
- Use of KDQOL-SF 36 in Arab countries was added (line 10-11, page 4).
- Last paragraph was rephrased (line 12-15, page 4)

Methods

- Ethical approval has been previously mentioned in the first copy of the manuscript and a phrase has been added (line 18, page 4)
- Under the subheading structure of KDQOL-SF™ version 1.3: the reference to the appendix was deleted (line 12, page 5)
- Under the subheading sampling and field testing: additional file1 was added line 23, page 6 referring to the study questionnaire. Sampling procedure was
The hundred patients were selected randomly from the outpatient clinic of the Main Alexandria University Hospital (line 19-25, page 6).

- The sample was considered representative because the Main Alexandria University Hospital receives patients from different parts of the country (line 22, page 6). Moreover, the patient’s profile matched the 9th annaul report of the Egyptian renal registry. (line 21-23, page 11)
- We don’t believe that the selection was based on healthier patients (but they were pre-dialysis patients (stage 1-4) not ESRD), since the outpatient clinic pools both out and inpatients and also the patients were randomly enrolled.
- All the recruited patients voluntarily participated, however a proportion didn’t answer the items related to sexual function.
- We don’t think that the results were altered by the interviewer’s presence. She is trained for this method of data collection.
- Test retest reliability (previously stated) was estimated with a subsample of 50 consecutive CKD patients by two interviews 7 days apart (line 1 &2, page 7).
- Under the subheading of the psychometric evaluation of the questionnaire: the definitions of the reliability and validity were omitted and methods of their assessment were shifted from the sub heading of the statistical analysis to be included here. The recommended additions include the discriminant validity and exploratory factor analysis (line 12, 13 & 19-12, page 7).
- Concerning the remark on significant determinants of HRQOL among CKD patients, we can consider them subject for separate further research. Presently, we have ongoing work including the effect of anemia on HRQOL among the Egyptian CKD patients The present paper aimed at validation of the study Arabic version of the KDQOL-SF™ version1.3 questionnaire and the sample comprised pre-dialysis (stage 1-4) CKD patients. However, comorbid conditions (diabetes mellitus and hypertension), and stage of CKD were considered in the present study.
- We agree that it would be superior to go back to the patients’ medical files, to additionally take into account presence of comorbodities, as a more objective parameter for questionnaire validation. Unfortunately, we didn’t have access to these files.

**Results**

- Table 1 was deleted
- Percent stage of CKD among the study sample was added (line 18&19 , page 8)
- Reliability was replaced before validity (line 9-17, page9), shifting validity to line 18-23, page9& page 10. Table 2 and 5 were merged together and numbered as table 1( referred to line 6 page 9, and table in page 17).
- Data about discriminant validity was added (refrred to line 2-9, page 10, and table in page 18).
- Sites of concept validity and construct validity were exchanged (line 4-16 & line 17-23, page 10)
- Furthermore, data about EFA was included (line 1-18, page 11)

**Discussion**

- A part was added (line 22 & page 11, 12)
- References have been added with comparison with current literature (line 1-5 & line 25, page 12)
- The part concerned with the reliability precedes validity (line 15-24, page 13 & line 1-13, page 14)
- Table 6 was re-numbered as table 5 (line 14, page 14)
- A part discussing discriminant validity has been added (line 14-19, page 14)
- Construct and concept validity were inter-placed.
- EFA was added (line 3-6, page 15)

**Conclusion**

- It was re-phrased
- Additional references were added

**Appendix**

- The appendix including the structure of the questionnaire was omitted