

Regarding the Translation and Validation of the Multidimensional Dyspnea Questionnaire-12. Authors' Response[☆]



Acerca de la traducción y validación del cuestionario multidimensional Disnea-12. Respuesta de los autores

To the Editor:

We are pleased to see that our article has aroused the interest of our correspondents,¹ and we also share their desire to ensure that publications appearing in ARCHIVOS DE BRONCONEUMOLOGÍA meet the required standards of excellence.

Perhaps the authors of the Letter to the Editor have been misled by the title of the article. In this study, we performed an intercultural validation, rather than the development and validation of a new questionnaire, which would indeed require, as the authors suggest, a statistical analysis in order to identify items that reflect the same information and to eliminate superfluous data, with the aim of streamlining the questionnaire. The purpose of a cross-cultural validation is not so much to determine the validity of the psychometric tool, but more to establish that the intellectual construct exists in both cultures and can be measured with the same instrument. To achieve this, we must determine the equivalence of the questionnaire at a semantic (meaning of words) and idiomatic level (using equivalent expressions, even if they are not verbatim) and its conceptual framework (e.g., is a certain construct valid in the target culture?).^{2,3} It is also common in these studies to perform a psychometric assessment in a sample of patients used in the cross-cultural validation, with the idea that if the internal validity of the questionnaire and its reliability are similar in similar populations, it will reflect the same construct in both cultures. Our study achieved its main objectives with the methodology used, and the translation was one of the strengths of the study: the process involved a multidisciplinary team of healthcare professionals and patients, as well as professional translators and interpreters. With regard to the sample size, series reported in the literature for this type of validation range from 10 to over 50 individuals.⁴ Finally, as the authors of the letter state, 2 studies were reported in the original article⁵ describing the creation of the Dyspnea-12 questionnaire: one in which 358 patients were involved in the creation

of the questionnaire; and another validation study, which included 53 patients. This methodology is similar to that used in our article and in other articles used for translation and validation of questionnaires to other languages (Arabic, Korean, Portuguese) and in other diseases (pulmonary hypertension, bronchiectasis, sequelae of tuberculosis or pulmonary fibrosis), some of which used a sample size similar to ours.⁶

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