Co-calibrating scores from two dermatologyspecific patient reported outcome measures

James Twiss, Rebecca Crawford, Stephen McKenna

Galen Research Ltd, Manchester, UK

Email: jtwiss@galen-research.com



Objectives

 To co-calibrate scores from two different dermatology-specific outcome measures:

- Psoriasis Quality of Life Scale (PSORIQoL)
- Quality of Life in Atopic Dermatitis (QoLIAD)



Introduction

- Some interventions may be used for more than one disease
- Dermatology studies frequently combine together patients with different kinds of skin conditions
- Generic outcome measures traditionally used in these circumstances (e.g. SF-36/NHP)



Generic outcome measures

Pros	Cons
Thought to be able to compare across diseases	May miss important issues
No need to develop separate scales for each disease	Less sensitive than disease-specific measures
	Older scales often have poor measurement properties
	Evidence of DIF by disease

Dermatology Life Quality Index (DLQI)

- Generic dermatology measure used in a large number of skin conditions
- Evidence of poor fit to Rasch model
 - Overall misfit
 - Poor measurement range
 - Disordered response thresholds
 - Several items showed DIF by disease (psoriasis vs. atopic dermatitis)

Aims

 To assess whether it is possible to compare scores from two dermatology-specific outcome measures

- Psoriasis Quality of Life Scale (PSORIQoL)
- Quality of Life in Atopic Dermatitis (QoLIAD)



Methods

- Analyses conducted using RUMM2030
- The two scales were analysed separately for fit to the Rasch model
- Problems were resolved
- The two scales were co-calibrated using a common item design
- Item pool analysed for fit to the Rasch model
- Common items analysed for DIF by disease



Questionnaire comparison

- PsoriQoL psoriasis-specific QoL measure
- QoLIAD atopic dermatitis QoL measure
- Both employed the needs-based model of QoL
- Content for both from patient interviews
- Both developed using Rasch analysis
- 25 items in each
- Yes/no response format in each
- 5 common items



Common Items

- I have no self confidence
- I just want to shut myself away
- I worry that other people will not accept me
- I am embarrassed about my appearance
- I can't bear anyone touching me



Sample

		Psoriasis (n = 146)	Atopic Dermatitis (n = 146)
Gender (%)			
	Male	73 (50)	73 (50)
	Female	73 (50)	73 (50)
Age (Years)			
	Mean (SD)	44.4 (14.7)	45.5 (16.6)
	Range	66 (17-83)	62 (20-82)
Duration (years)			
	Mean (SD)	20.9 (13.5)	28.2 (17.5)
	Range	67 (2-69)	76 (0-76)

Fit to the Rasch model

	Item-Trait Interaction Chi ²	PSI	Item-Person interaction Items Persons			Unidimensionality (CI)	
			Mean	SD	Mean	SD	
PSORIQoL	0.25	0.94	-0.22	1.12	-0.36	0.82	0.045 (0.008 - 0.082)
QoLIAD	0.28	0.91	-0.25	1.12	-0.162	0.54	0.095 (0.057 - 0.133)



Residual correlations

Evidence of local dependency in QoLIAD between:

Item 4: 'I get embarrassed when I am with people I don't know very well'

Item 6: 'I feel tense all the time'

Item 17: 'I can't concentrate on anything else'

Item 4 was removed improving model fit statistics

Additional fit statistics

- One item in each scale removed due to a high fit residual
- PsoriQoL item 17 (fit residual = 2.84)
 'It interferes with my close relationships'
- QoLIAD item 16 (fit residual = 3.15)
 'I find it hard to relax'
- Minimal evidence of DIF by age or gender
- Items had good logit coverage in each scale

Fit to the Rasch model – combined items

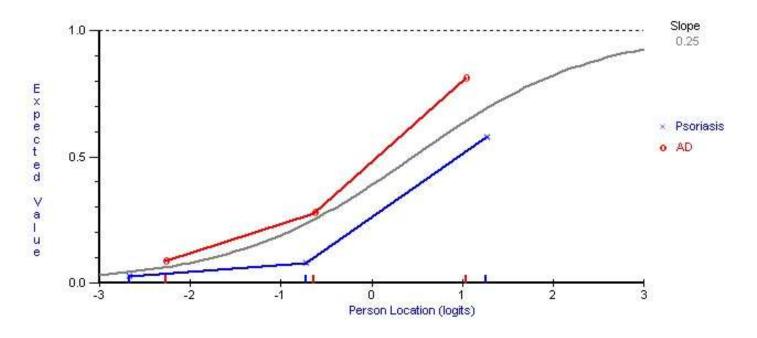
	Item-Trait Interaction Chi ²	PSI	Item		n interaction Persons		
			Mean	SD	Mean	SD	
Combined	0.056	0.88	-0.28	0.98	-0.27	0.67	



DIF analysis of common items

• One of the 5 common items showed DIF by disease (p = 0.00098)

'I worry that people will not accept me'





Logit position of common items

Item	Logit position
I just want to shut myself away	2.51
I can't bear anyone touching me	2.03
I have no self confidence	1.23
I worry that other people will not accept me	0.42
I am embarrassed about my appearance	-0.85

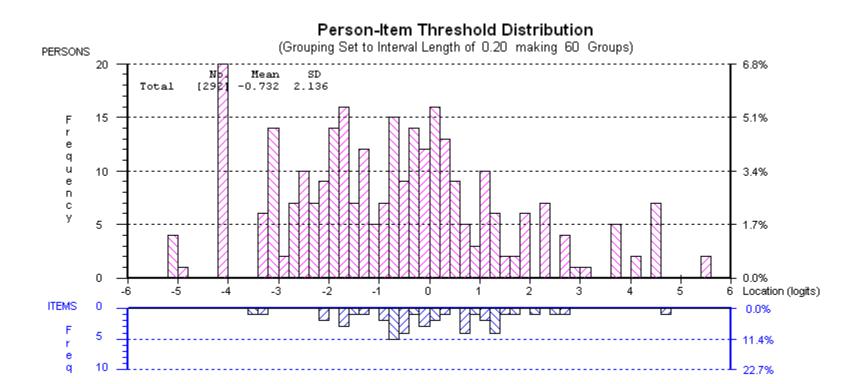


Final fit to the Rasch model – combined items

	Item-Trait Interaction Chi ²	PSI	Item-Person interac			tion	
Cili			Mean	SD	Mean	SD	
Final items	0.123	0.89	-0.271	1.01	-0.27	0.66	



Final combined data – Targeting of items





Conclusions

Items were successfully co-calibrated

 This study moves the debate about diseasespecific vs. generic outcome measures forward

 Over 25 disease-specific measures available based on the needs-based model of QoL



Discussion

- Diseases studied are quite similar would it work for conditions that are less similar?
- Are four items enough to co-calibrate the scales?
- Were the logit positions of the common items sufficient for the co-calibration?



References

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