

## Comments on Speight *et al.*'s 'Not all roads lead to Rome—a review of quality of life measurement in adults with diabetes'.

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Published in: *Diabetic Medicine*, **26**, 1076-1077.

We welcome Speight *et al.*'s review of quality of life measurement in adults with diabetes [1]. The discussion of the importance of differentiating quality of life from constructs such as health status, well-being and treatment satisfaction is useful in addressing a continuing confusion in the literature. Also we are pleased to see the positive reviews of the Audit of Diabetes-Dependent Quality of Life (ADDQoL), Diabetes Treatment Satisfaction Questionnaire (DTSQ) and Well-Being Questionnaire (W-BQ12). However, we would like to comment on remarks about the ADDQoL and provide updates on all three measures.

Speight *et al.* cited the Food and Drug Administration (FDA) 2006 draft guidelines on Patient Reported Outcome measures which advised against questions requiring judgements about hypothetical situations. While this advice is sound in some instances, there are major benefits of the design of ADDQoL items which ask respondents how aspects of their life would change if they did not have diabetes (see response to FDA draft guidance by Clare Bradley published at <http://www.fda.gov/ohrms/dockets/dockets/06d0044/06d-0044-EC18-Attach-1.pdf>). A direct question about the impact of diabetes often elicits optimistic coping responses suggesting little or no impact while asking 'but what if you didn't have diabetes?' would elicit a more realistic response.

Speight *et al.* also mentioned conflicting views about whether the impact of a condition on domains of life should be weighted by the importance of each domain to the individual's QoL. On the one hand they cited criticism of the DQOL which does not allow respondents to indicate applicability or relative importance of domains. On the other hand they stated that individualised measures such as the ADDQoL have been criticised for weighting the impact on each applicable domain by the domain's importance to the respondent's QoL. Unfortunately, they provided no references to support this criticism. We have demonstrated the usefulness of weighting by importance using the ADDQoL and related measures [e.g. 2,3]. Even where average weighted and unweighted scores correlate highly, weighting considerably influences specific domain scores in clinically important ways. Weighting also changes the ranking of domains compared to ranking of unweighted impact scores. In the MacDQoL for people with macular disease, 23/26 domains changed places with six moving three or more places. In the RetDQoL for people with diabetic retinopathy, 16/26 domains changed places with nine moving three or more. The retinopathy sample had less visual impairment and a high proportion indicated no impact on several domains. If impact is rated as zero, weighted impact will always be zero, thus, where samples report more impact, weighting by importance will have more influence.

Some measures of life satisfaction appear to be little affected by importance ratings [4] and our group has shown that the DTSQ does not require importance ratings as respondents felt that all

items measure important aspects of treatment [Singh H. Psychological Aspects of Diabetes Management in South Asian and White Men and Women With Diabetes. Unpublished PhD thesis. Royal Holloway, University of London, 2007]. However, these findings cannot be extrapolated to QoL measures such as the ADDQoL where importance of domains varies markedly across individuals.

Some of the information Speight *et al.* provided in table 1 is outdated. We provide correct information here in table 1. On page 323, Speight *et al.* directed the reader inappropriately to a 1988 publication in *Diabetic Medicine* instead of the original development of the DTSQ status version published in 1990. Development of the change version is published elsewhere [5]. Up-to-date lists of language/country versions available for questionnaires developed by our group can be found at [www.healthpsychologyresearch.com](http://www.healthpsychologyresearch.com) alongside information about access to questionnaires and relevant publications.

**Competing Interests:** CB is Director and majority share holder of Health Psychology Research (HPR) Ltd which licences her questionnaires, including the DTSQ, W-BQ12 and ADDQoL, for others to use. LB's PhD studentship at Royal Holloway, University of London is funded by HPR Ltd.

#### References:

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