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ORIGINAL ARTICLE

Validation of a Cross-cultural Adaptation of the Hair Specific Skindex-29 Scale to Spanish☆

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Abstract

Background and objective: Female androgenetic alopecia (FAA) has considerable impact on quality of life. Our analysis of the clinical scales available in the literature to measure the impact of FAA led us to choose the Hair Specific Skindex 29 (HSS29) as the most appropriate for adaptation to Spanish as a tool for following patients in treatment for FAA. This tool assesses disease impact on quality of life over time so that treatments can be tailored to patients' needs. The HSS29 score reflects impact in 3 domains (emotions, symptoms, and functioning) on a scale of 0 (no effect) to 100 (maximum effect). The scale is useful in routine clinical practice, and patients can respond to all items in 5 minutes.

Materials and methods: We followed recommended procedures to produce a cross-cultural adaptation of the scale. The process involved forward translation of the questionnaire to Spanish followed by back translation by 2 native speakers of the original language (English) and revision as needed after discussion and consensus by a committee of 3 expert dermatologists. The comprehensibility of the resulting translation was assessed in a test–retest step. Next, the psychometric properties, reliability, and construct validity were assessed. Sensitivity and specificity were evaluated with the area under the receiver operating characteristic (ROC) curve, reliability with Cronbach's α, and construct validity by factor analysis using a Varimax rotation. Face validity was also assessed during the process. The intraclass correlation coefficient (Icc) was calculated in the test–retest step.

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[1] The names of the members of the Hair Specific Skindex-29 validation group are listed in Appendix 1.

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Results: A total of 170 women with FAA and 30 control subjects completed the cross-culturally adapted Spanish questionnaire. A subgroup of 15 subjects responded a second time between 1 and 2 days after their first session (test–retest). Sensitivity and specificity were excellent according to the area under the ROC curve (0.98; 95% CI, 0.97–0.99), and high reliability was reflected by a Cronbach's α of 0.96. Factor analysis showed that the items were grouped in the same 3 domains (functioning, emotions, and symptoms) as in the original version of the scale. There were no significant differences in the mean (SD) scores on the test and the retest (23.05 [16.42] vs 22.01 [17.72], respectively). The ICC of over 0.9 indicated excellent correlation between responses to the adapted Spanish version.
Conclusions: The psychometric properties of the Spanish version of the HSS29 are similar to those of the original scale. The Spanish HSS29 is a useful tool for assessing quality of life in FAA.
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PALABRAS CLAVE
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Síntomas

Validación de una adaptación transcultural al idioma español de la escala Hair Specific Skindex-29

Resumen
Introducción y objetivo: La alopecia femenina tiene un impacto importante sobre la calidad de vida. Analizadas las escalas publicadas para medir este impacto, hemos considerado que la escala Hair Specific Skindex 29 (HSS29) es la más adecuada para el objetivo del proyecto: obtener una herramienta en español para el seguimiento en el tratamiento de la alopecia androgenética femenina, que permita medir la evolución del impacto en la calidad de vida y adaptar e individualizar el tratamiento a las necesidades de la mujer. La escala HSS29 puntúa entre 0 (nula afectación) y 100 (total afectación) y discrimina 3 dominios (emociones, síntomas y función), siendo una escala útil en la práctica clínica diaria, autocumplimentada en menos de 5 min.
Materiales y métodos: Se realizó el proceso metodológico establecido para la validación transcultural de una escala, a través de la traducción y retrotraducción por 2 traductores nativos en la lengua original de la escala (inglés), con el consenso de un comité de 3 dermatólogos expertos cuando fuera necesario. La versión consensuada se sometió a un pretest con pacientes para comprobar la correcta comprensión. Posteriormente, se determinaron las características psicométricas de la escala, la fiabilidad y su validez de constructo (sensibilidad y especificidad mediante curva ROC, fiabilidad por alfa de Cronbach, constructo por análisis factorial con rotación Varimax), de apariencia y la validez test-retest (correlación intraclase).
Resultados: Ciento setenta mujeres con alopecia y 30 controles respondieron a la escala. Un subgrupo de 15 pacientes realizó el test-retest y respondieron a la escala tras 1-2 días de la valoración inicial. La escala presentó una excelente sensibilidad y especificidad medida por la curva ROC 0,98 (intervalo de confianza del 95%, 0,97-0,99) y una muy elevada fiabilidad con alfa de Cronbach de 0,96. El análisis factorial mostró que los ítems se distribuyeron en las 3 dimensiones (funcional, emociones y síntomas) como en la escala original. No se encontraron diferencias significativas entre los valores del test y del retest (23,05 $\pm$ 16,42 vs 22,01 $\pm$ 17,72, p = ns) y el coeficiente de correlación intraclase fue excelente (superior a 0,9).
Conclusiones: La versión española de la escala HSS29 presenta unas características psicométricas similares a la escala original y es una herramienta útil para la evaluación de la calidad de vida en alopecia femenina.
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Introduction

Alopecia accounts for 3%-8% of all first visits to dermatology clinics. Female androgenetic alopecia is the most important form of hair loss owing to its high frequency, significant emotional repercussions, and effect on quality of life.[1] The impact of alopecia is greater in women than in men, with 52% of women reporting being very concerned about hair loss, compared with 28% of men.[2] Even slight hair loss has been associated with diminished quality of life.[3,4] The incidence of female androgenetic alopecia peaks at 2 points in a woman's life: at 30 years and at 50-60 years. Overall, approximately 50% of men and 40% of women are affected by androgenetic alopecia when they reach age 50 years.[5,6]

Knowing how female androgenetic alopecia affects health-related quality of life (HRQOL) could enable us to tailor treatment. The Skindex-29 Scale was developed by Chren et al.[7] to evaluate quality of life in patients with

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