evaluate the absence of this diagnostic criteria as a negative element when conceding disability pensions.

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Predictive value of questionnaires: what is it and why is it important to know?

Validez predictiva de los cuestionarios: ¿qué es y por qué es importante su conocimiento?

To the Editor:

In relation to a recent article in this journal, which focuses on the validation of questionnaires,[1] I would like to make a comment about a type of validity that is not discussed in this work, but which could have a major impact on daily medical practice: the predictive validity of the questionnaires.

The predictive validity of an instrument is its ability of it to predict changes in the health status of patients and to anticipate different health outcomes (mortality, hospitalization, surgical complications, use of services health, resource consumption, etc.) in the course of their illness independently from the characteristics of the patients at the time of diagnosis or other traditional risk factors.[2]

For example, several studies have shown that the questionnaires that assess the quality of life related to health (HRQOL) and health status can predict hospitalizations and other clinical events as well as mortality and use of health resources.[3]

This ability to predict of the instruments that assess HRQOL has been demonstrated for both generic and specific questionnaires as well as social measuring instruments.

In fact, it has been proven that the SF-36 (the most widely used generic questionnaire) is able to predict mortality in patients undergoing coronary bypass[4] and hospitalization and mortality in patients with heart failure.[5] Another generic questionnaire, the SF-12 has also shown a good ability to predict a higher consumption of medical resources in primary care for the elderly population.[6]

In relation with the predictive power of specific questionnaires to measure HRQOL, it was found that the MOS-HIV (a specific instrument to assess HRQL in patients with AIDS), the St. George Respiratory Questionnaire (which assesses HRQOL in patients with respiratory diseases) and the EORTC QLQ-C30 questionnaire (an instrument that assesses HRQOL in cancer patients) are able to predict disease progression, complications and survival.[7-9] The same predictive capacity has been demonstrated with the use of a questionnaire that assesses social usefulness, the HUI3.[10]

Not yet rated (or the results are non-public domain) is the predictive validity of questionnaires to assess different results collected and reported by patients, such as satisfaction with treatment, disability, life satisfaction, etc., and it would be interesting to see if they can predict different results.

In the field of rheumatology, there is currently no published data on the possible predictive validity of existing questionnaires to assess HRQOL (HAQ, WOMAC, RA, QOL, OQLQ, FIQ, etc.) and it would be important not only to have data, but it would be desirable to conduct studies to evaluate the predictive validity of these questionnaires in our environment.

The great advantage of showing that a questionnaire is able to predict health outcomes (mortality, hospitalizations, complications, resource consumption, etc.) in daily medical practice is to help health professionals to identify patients at an increased risk of morbidity, benefiting these patients with closer clinical monitoring, raising the quality of care and health outcomes achieved and reducing resource consumption, thereby enhancing the efficiency of national health system.

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