Croatian, polish, bulgarian languages: Hopkins symptoms checklist in 25 items translations. Control cultural check

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UNIVERSITE DE BREST - BRETAGNE OCCIDENTALE

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Titre de la thèse

CROATIAN, POLISH, BULGARIAN LANGUAGES,
HOPKINS SYMPTOMS CHECKLIST IN 25 ITEMS TRANSLATIONS.

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Maitre de stage

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Serment d'Hippocrate

Au moment d'être admis(e) à exercer la médecine, je promets et je jure d'être fidèle aux lois de l'honneur et de la probité.

Mon premier souci sera de rétablir, de préserver ou de promouvoir la santé dans tous ses éléments, physiques et mentaux, individuels et sociaux.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans aucune discrimination selon leur état ou leurs convictions. J'interviendrai pour les protéger si elles sont affaiblies, vulnérables ou menacées dans leur intégrité ou leur dignité. Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences.

Je ne tromperai jamais leur confiance et n'exploiterai pas le pouvoir hérité des circonstances pour forcer les consciences.

Je donnerai mes soins à l'indigent et à quiconque me les demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admis(e) dans l'intimité des personnes, je tairai les secrets qui me seront confiés. Reçu(e) à l'intérieur des maisons, je respecterai les secrets des foyers et ma conduite ne servira pas à corrompre les moeurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement les agonies. Je ne provoquerai jamais la mort délibérément.

Je préserverai l'indépendance nécessaire à l'accomplissement de ma mission. Je n'entreprendrai rien qui dépasse mes compétences. Je les entretiendrai et les perfectionnerai pour assurer au mieux les services qui me seront demandés.

J'apporterai mon aide à mes confrères ainsi qu'à leurs familles dans l'adversité.

Que les hommes et mes confrères m'accordent leur estime si je suis fidèle à mes promesses ; que je sois déshonoré(e) et méprisé(e) si j'y manque.

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Résumé

Introduction: La dépression, pathologie complexe combinant plusieurs symptômes, est la deuxième maladie chronique soignée en soins primaires. Family Practice Depression Multimorbidity (FPDM) avait désigné l'Hopkins Symptoms Check List-25 (HSCL-25) comme le meilleur outil diagnostique. Cette échelle a été traduite dans tous les pays participant à l'étude FPDM dans le but d'avoir un outil commun. Une procédure Delphi et une traduction aller-retour ont été réalisées en croate, polonais et bulgare. Une traduction linguistique n'était cependant pas suffisante pour avoir le même sens. Le but de cette étude était de réaliser un contrôle culturel pour s'assurer que les traductions de chaque pays étaient fidèles à l'échelle anglaise initiale et conservaient le concept évoqué.
Matériel et Méthodes : Un groupe d'experts internationaux accompagnés de traducteurs officiels de la langue ont réalisé un contrôle culturel des traductions.
Résultats : Des changements de traduction retour et effets culturels ont été notés, mais le sens ne changeait pas de la signification originale.
Discussion Les différences observées étaient dues à la langue. Le croate est par exemple une langue d'état et pas d'action. Idem, en polonais et bulgare on ne retrouve parfois qu'un seul mot pour exprimer plusieurs concepts. Les traductions étaient fidèles à la version HSCL-25 originale et exprimaient la même signification. Aucun biais n'est retrouvé dans l'étude.
Conclusion : Les traductions croate, polonaise et bulgare sont finalisées, et prêtes à être employées dans les pays d'origine. La prochaine étape sera de valider les échelles sur le terrain en prise en charge ambulatoire.

Abstract

Introduction: Depression, the second most common chronic disorder in primary care, is a complex pathology with many symptoms. Family Practice Depression Multimorbidity (FPDM) study designated Hopkins Symptoms Check List-25 (HSCL-25) as the best tool to identify depression's symptoms. In order, to have the same reliable tool in Europ,a translation of HSCL-25 has been made in each European country who was taking part in FPDM. With a Delphi procedure and backward-forward translation, HSCL-25 was translated in Croatian, Polish and Bulgarian. A linguistic translation was not enough to ensure a reliable translation. The aim of this study was to make a cultural check to verify the translations, ensuring that the meaning of the Bulgarian, Croatian, and Polish version remains faithful to the original English version.
Methods: A control cultural check has been realized by a consensus group with international experts and official traductors.
Results Some back translation trouble, and cultural effect, have been noticed but translations remain faithful and display the same meaning that in English form. No bias were identified in the study.
Discussion The differences noticed are due to the language itself. Croatian is for example a state language not an action one, or Polish an Bulgarian have just one word for several concepts. We observe the same meaning as the original HSCL-25, without bias.
Conclusion Croatian, Polish and Bulgarian traductions are now ready to be employed to diagnose depression in this country. The next step will be to test those versions in the field of primary care.

Introduction

Depression is the second most common chronic disorder in primary care. General Practitioners (GPs) are the first port of call in most European countries.(1,2)

Depression is a variable combination of symptoms shared with other mental disorders like contextual distress, anxiety and somatoform disorders. Patients themselves experience difficulties to express their suffering and display their own form of illness expression.(3)

The difficulties to diagnose and assess the severity of depression are based this inter-individual variability. Clinicians may overestimate or underestimate the distress level of their patients.(1) Those difficulties may lead to inappropriate care and cause public health issues. Diagnostic and Statistical Manual of Mental Disorders (DSM) is widely used in research but rarely in General Practice. GPs seem to be uncomfortable with depression definition and available diagnostic tools.(4,5) Incidence and prevalence rates of depression differ in General Practice across Europe, due to complex contextual variations with differences in health care systems, concepts, objectives and practices as well as cultural variations in the expression of the disease. The European GPs community needed a better knowledge of usable instruments to diagnose depression among adult patients.(6)

The family practice depression and multi-morbidity study (FPDM) started in 2011. The aim was to select a single tool that could be consensually used by GPs to diagnose adult patients depression. In order to be satisfactory, it had to be validated, reliable and easy to use by GPs; This tool must be applicable in the European countries taking part in the study.

FPDM study consisted of four steps:

- The first and the second step designated the Hopkins Symptom Checklist-25 (HSCL-25) as the best tool. This diagnostic instrument was easy to implement and was extensively compared to DSM (7). It is a validate and reliable tool.(8)
- The third step consisted in translating this tool into the language of each country taking part in the FPDM study (if official translation doesn't exist(9)(10)(11))following the same formal consensus method, with the support of the European General Practice Research Network (EGPRN). Using a Delphi procedure and Forward-Backward translation, HSCL-25 was translated in Bulgarian, Croatian and Polish. The translation analysis was performed by official translators and a panel of GPs experts.

To ensure the meaning of translation, a linguistic translation was insufficient.(12)(13) (14)Cultural, linguistic and ethnic backgrounds had to be taken into account.

The aim was to make a cultural check to ensure the meaning's reliability of the Bulgarian, Croatian, and Polish translations and be sure that they remain faithful to the original English version.

Methods

Definition of HSCL-25

HSCL 25 contains 25 self-reported questions about the presence and intensity of anxiety and depression symptoms over the last week. (15) There are 10 items about anxiety and 15 about depression.(16) A cut-off value of ≥ 1,75 is generally used for diagnosis of major depression defined as “a case in need of treatment”. Also when the score is ≥ 1,55, the patient is considerer as a “probable psychiatric case”.(7,17) The principal use of HSCL-25 has been in primary care, family planning services, among refuges and migrants.(7,10,14)(18)

Delphi processus and backward/forward translation

A forward and backward translation was undertake by a Delphi procedure (19–21) from the original English version of HSCL-25.

Each translation was studied one by one. Then a linguistic analysis of forward and backward translation has been examined blindly by international expert and official translator. Consensus group has finally realized a cultural analysis of the results. To ensure reliability of the translation, a control cultural check has been done.(10,11)

If they were agree, the translation was finalized.

If there were disagreements, differences were submitted to each national leader, and were discussed with consensus group. They have determined if it was a back translation trouble or a cultural effect.The meaning was ensured if it was a cultural effect. If the disagreement persisted, a linguistic expertise was requested to have the final form.

Participants

A workshop was hold in 2014, in Barcelona(Spain) and Heraklion(Greece) with all country representanting FPDM. The aim of this workshop was to ensure the linguistic homogeneity translations, in order to have the same diagnostic tool for depression.

The staff was composed by: Jean Yves Le Reste Patrice Nabbe Bernard Le Floch Marie Barais Claire Lietard Jeremy Derriennic Anne Le Prielec Emilie Beck Robert Etienne Melot (France) Djurdjica Lazic Stanislava Stojanovic-Spehar (Croatia) Slawomir Czachowski Agnieszka Sowinska (Poland) Radost Assenova (Bulgaria) Heindrun Lingner Christa Doerr (Germany) Ana Claveria Maria Isabel San Martin Fernandez Miguel Angel Munos Perez (Spain) Charilaos Lygidakis (Italy) Melida Hasanagic (Bosnia) Harm Van Marwijk (Nederland) Paul Van Royen (Belgium)There were missing participants: Harris Lygidakis, Stella Argyradiou (Greece). The reviewers were: Gerda M. Van Der Weele Cecilia Mattison.

Consents

The French EGPRN group was in charge to supervise the translation and check the voluntary, the absence of potential risks or profits related to participants. They were asked to sign a consent form. The NI (National investigator) anonymized the expert responses and delivered an identification number for later identification. The NIs did not take part in the Delphi rounds. As the study involved no patient, it was not

compulsory to require an ethics committee's decision. Nevertheless the scientific committee did obtain one from the UBO ethic committee.

Results

Forward and backward translation were analysed for each country.

Croatian results *(Annex C)*

On 25 items, 7 were differents after forward and backward translation. (Tab1) The items 2,3,7,9,10,14,17 were modified.

In the items 2,7,9,10, "feeling" had became "you have been". Using present perfect is a normal way of speaking in Croatian. That was a cultural effect.

Another cultural effect had been seen: the item "faintness" had been traduced by "you have been weak". It appeared to be different, but in fact it was the same word in Croatian for both concepts.

The item "losing sexual interest" was different , because sexual interest was not limited to sexual intercourse only. The consensus group had agreed on a back translation trouble.

The item "feeling blue" had been transformed in "you have been melancholic". "Melancholic" was stronger than "blue" and delivers a psychiatric meaning for GP's.

Back translation had corrected it, and it was difficult in American for blue but it was the same meaning.

We had also noticed some changes in the instructions. (Tab1 and score 1) There was an addition compared to the original version on the score's instruction.

Tab 1: Croatian differents results

	HSCL-25 ORIGINAL VERSION	***CROATIAN TRANSLATION***	***BACKWARD VERSION***	***DIFFERENCE Y/N***	***TRANSLATION FINAL AGREEMENT***
	Choose the best answer for how you felt over the past week:	Izaberite jedan odgovor koji najbolje opisuje kako ste se osjećali tijekom prošlog tjedna:	Choose one answer that best describes how you have been feeling in the past week:	*Y*	Izaberite jedan odgovor koji najbolje opisuje kako ste se osjećali tijekom prošlog tjedna:
2	Feeling fearful	Bojali ste se	You have been afraid	*Y*	Bojali ste se
3	Faintness	Bili ste slabi	You have been weak	*Y*	Bili ste slabi

7	Feeling tense	Bili ste napeti	You have been tense	*Y*	Bili ste napeti
9	Feeling panic	Bili ste u panici	You have been in panic	*Y*	Bili ste u panici
10	Feeling restless	Bili ste uznemireni	You have been upset	*Y*	Bili ste uznemireni
14	Losing sexual interest	Niste bili zainteresirani za spolni odnos	You have not been interested in sexual intercourse	*Y*	Niste bili zainteresirani za spolni odnos
17	Feeling blue	Bili ste sjetni	You have been melancholic	*Y*	Bili ste sjetni

Score 1:

HSCL-25 ORIGINAL VERSION

1-Not at all 2- A little 3- Quite a bit 4-Extremely

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of ititems answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ≥ 1,55.A ccut-off value of ≥ 1,75 is generally used for diagnosis of major depression defined as "a case, in nneed of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender. The aadministration time of HSCL 25 is 5 to10 minutes.

CROATIAN VERSION

1-Nimalo 2-Malo 3-Dosta 4-Jako

HSCL-25 skor sastoji se od 25 pitanja koja se rješavaju jednostavno olovkom i papirom, a temelji se na samoprocjeni prisutnosti i intenzitetu ansksioznih i depresivnih simptoma tijekom prošlog tjedna. Ispitanici odgovaraju jednom od četiri kategorija za svako pitanje na skali od 1-4. Skor HSCL-25 se izračunava dijeljenjem ukupnog zbroja (zbroj skora pojedinih pitanja) s brojem odgovorenih pitanje (raspon od 1,00 do 4,00). Obično se koristi za mjerenje distresa.Pacijent se smatra « vjerojatno psihijatrijskim slučajem » ako je srednja vrijednost na HSCL-25 ≥ 1,55. Razdjelna točka (cut-off) ≥1,75 se koristi za dijagnozu velikog depresivnog poremećaja i to kao „slučaj koji zahtjeva liječenje".

BACKWARD VERSION

1-Not at all 2-Quite a bit 3-A little 4- A lot

HSCL-25 score consists in 25 items easily completed ***with pencil and paper****, and is* ***based on self-assessment*** *of presence and on intensity of anxiety and depression symptoms in the past week.* ***The respondents answer by one out of four categories for each item on a 1-4 scale.*** *It is usually used for distress measurement. The patient is considered 'a probable psychiatric case' if the middle value at HSCL-25* ≥ 1,55. The cut off point ≥1,75 is used for diagnosis of major depressive disorder as 'a case requiring treatment'.The cut of point is recommended as a valid predictor of mental disorder roughly the same as the assessment by independent clinical interview itself, partly dependent on diagnosis and gender HSCL-25

Polish results *(Annex D)*

13 items were modified, and some instructions were reworked. (Tab 2 and Score 2)

The changes were in fact a back translation trouble. For example "feeling fearful" had became "fear", and it was the same for "faintness" who had became "fainting". Consensus group and national leader have agree about the same meaning.

Cultural effect were also noticed. The item "heart racing" was translated by "palpitations". The translation was the same, because it's a normal way of speaking in Polish.

The item "trembling" had became "tremors". For us, it could appears stronger, and more clinical. It was a cultural effect because it was not possible to translate "trembling" in polish, any word had the same meaning.

The item "feeling tense" had been transformed in "emotional tension". The exact backward translation was "a sense of tenseness". It was another back translation trouble.

We have detected the same effect for the item "feeling panick" who had been converted in "panick attack".

"Headache" had turned in plural form. This form was more adequate in Polish than the singular.Plural was compulsory for headaches in polish, it's a normal way of speaking in the language.

One item had both a cultural effect and a back translation trouble. "feeling restless"had became "anxiety". The word by word translation would be "a sense of", which was a back translation trouble, and the word "restless" had no equivalent in Polish.

"Crying easyly" had been transcribed by "excessive weaping", but it was only a back translation trouble, the meaning was the same.

"Losing sexual interest" had been simplified in "loss of sexual drive". Again it was a completely different back translation. "Sexual drive" was 'popęd seksualny' in Polish, which was a much more restricted meaning; the Polish translation had reflected the same meaning as in the original, which was broader.

The item "feeling blue" had been removed in "feeling of depression". "Depression" was stronger; but in Polish we don't have an informal phrase like in English (feel blue) so "przygnębienie" can be translated as both "feeling blue" and "depression".

The item "worrying too much" had been interpreted in "excessive worrying". It was the same again – like in the case of "excessive crying" – the adjective 'excessive' had suggested a stronger meaning, which was not present in the Polish translation at all. That was a back translation trouble.

"Feeling that everything is an effort"had turned into "feeling that everything is a burden". It's a normal way of speaking in Polish, we don't say "an effort" in polish but a "burden".

The instruction at the end had an addition in his translation. We had noticed the extra word "fear". That was a back translation trouble. Translators had to change "fear" to "anxiety" in the back translation which was not respectful of the polish version.

"Not at all" and "quite a bit' had been reworded by respectively "none" and "considerable". It could show up more direct, but actually it was a normal way of speaking in Polish.

Tab 2: Polish differents results

	HSCL-25 ORIGINAL VERSION	***POLISH TRANSLATION***	***BACKWARD VERSION***	***DIFFERENCE Y/N***	***TRANSLATION FINAL AGREEMENT***
2	Feeling fearful	Poczucie strachu	Fear	*Y*	Poczucie strachu
3	Faintness	Omdlenia	Fainting	*Y*	Omdlenia
5	Heart racing	Kołatanie serca	Palpitations	*Y*	Kołatanie serca
6	Trembling	Drżenia	Tremors	*Y*	Drżenia
7	Feeling tense	Poczucie napięcia	Emotional tension	*Y*	Poczucie napięcia
8	Headache	Bóle głowy	Headaches	*Y*	Bóle głowy

9	Feeling panic	Uczucie paniki	Panic attack	*Y*	Uczucie paniki
10	Feeling restless	Uczucie niepokoju	Anxiety	*Y*	Uczucie niepokoju
13	Crying easily	Płaczliwość	Excessive weeping	*Y*	Płaczliwość
14	Losing sexual interest	Utrata zainteresowań sferą seksualną	Loss of sexual drive	*Y*	Utrata zainteresowań sferą seksualną
17	Feeling blue	Poczucie przygnębienia	Feeling of depression	*Y*	Poczucie przygnębienia
20	Worrying too much	Zamartwianie się	Excessive worrying	*Y*	Zamartwianie się

Score 2 :

HSCL-25 ORIGINAL VERSION

1-Not at all 2- A little 3- Quite a bit 4-Extremely

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of ititems answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ≥1,55.A ccut-off value of ≥1,75 is generally used for diagnosis of major depression defined as "a case, in nneed of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender. The aadministration time of HSCL 25 is 5 to10 minutes.

POLISH VERSION

1-Wcale 2-Trochę 3-Znacznie 4-Bardzo mocno

Ocena testu HSCL-25 oparta jest na kwetionariuszu 25 pytań, w którym zakreśla się na papierze obecność i nasilenie objawów lęku i depresji w ciągu ostatniego tygodnia. Badani odpowiadają na jedno z czterech możliwych kategorii na skali mierzącej wartości od 1 do 4. Czas na wykonanie testu HSCL 25 wynosi od 5 do 10 minut. Wynik testu HSCL-25 jest obliczany poprzez podzielenie całkowitej liczby punktów (suma punktów z każdej pozycji testu) przez liczbę pozycji na które udzielono odpowiedzi (w skali od 1 do 4). Często służy on do pomiaru dystresu. Pacjenta uważamy za "prawdopodobny przypadek psychiatryczny" jeśli średnia ocena w teście HSCL-25 jest >/ (większa lub równa) 1,55. Wartość graniczną>/ (większą lub równą) 1,75 ogólnie przyjmuje się w diagnozowaniu ciężkiej depresji, definiowanej jako „przypadek wymagający leczenia." Wartość ta jest zalecana jako istotny czynnik w przewidywaniu obecności choroby psychicznej, wymagającej jednak niezależnego wywiadu klinicznego i w pewnym sensie zależy od rozpoznania i płci.

BACKWARD VERSION

*1-**None** 2-Some 3-**Considerable** 4- Very strong*

*The evaluation of the HSCL-25 test is based on a questionnaire consisting of 25 questions where the respondents' mark on paper the presence and intensity of the symptoms of **fear** and depression during last week. Respondents choose one of the four options on the scale from 1 through 4. The HSCL 25 test lasts from 5 to 10 minutes. The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of items answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ³ 1,55. A cut-off value of ³ 1,75 is generally used for diagnosis of major depression defined as "a case, in need of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender.*

Bulgarian results *(Annex E)*

The Bulgarian scale stayed very closed to the original version. Only five modifications were noticed: three in the items, two in the instructions. (Tab 3 and score 3)

The first one was the item “feeling restless”, translated by “a sense of anxiety”. We were in front of a back translation trouble. The word “anxiety” in Bulgarian could be translated to “restless” in English. The same phenomen was observed for the item “blaming oneself”, who was turned into “self-accusation”. But there was only one concept in Bulgarian, that’s the same in this country.

Then “feeling low in energy” had became “a sense of low energy”. It was a cultural effect because it’s a normal way of speaking in Bulgarian.

Finally, in the instruction, we had found the word “cut-of-value’ replaced by ‘borderline value”. A common word was found instead of a statistic word. That was a trouble with back translation, because the translator had no statistical background. Forward translation was correct. The same effect was observed with another instruction.There were inversions of words in the penultimate sentence, because the translator had no statistical background.

Tab 3: Bulgarian differents results

	HSCL-25 ORIGINAL VERSION	***BULGARIAN TRANSLATION***	***BACKWARD VERSION***	***DIFFERENCE Y/N***	***TRANSLATION FINAL AGREEMENT***
	Choose the best answer for how you felt over the past week:	Изберете отговора, който най-добре описва как сте се чувствали през изминалата седмица	Choose the answer which describes best how you felt over the past week	*N*	Изберете отговора, който най-добре описва как сте се чувствали през изминалата седмица
10	Feeling restless	Чувство на безпокойство	A sense of anxiety	*Y*	Чувство на безпокойство
12	Blaming oneself	Самообвинение	Self-accusation	*Y*	Самообвинение

Score 3 :

HSCL-25 ORIGINAL VERSION

1-Not at all 2- A little 3- Quite a bit 4-Extremely

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of ititems answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ≥1,55. ***A cut-off value*** *of ≥1,75 is generally used for diagnosis of major depression defined as "a case, in nneed of treatment". This cut-off point is recommended as* ***a valid predictor*** *of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender. The aadministration time of HSCL 25 is 5 to10 minutes.*

BULGARIAN VERSION

1- Съвсем не 2- Незначително 3- Съвсем малко 4- Извънредно

HSCL-25 резултатът се изчислява, като се раздели общият брой точки (сбор точки по критерий) на броя на отговорените критерии (вариращи между 1,00 и 4,00). Той често се използва като мярка за страдание. Пациентът се приема като "вероятно психиатричен случай", ако средната оценка по HSCL-25 е ³ 1,55. Гранична стойност от ³ 1,75 обикновено се използва за диагностициране на тежка депресия и определя случая като "случай, нуждаещ се от лечение". Тази гранична стойност, получена независимо от клиничното интервю и зависеща до определена степен от диагнозата и пола, се препоръчва като валиден предиктор за психично разстройство. Времето за провеждане HSCL-25 е от 5 до 10 минути.

BACKWARD VERSION

1-Not a bit 2-A little bit 3-Quite a bi 4- Extremely

The HSCL-25 result is calculated by dividing the total score (total score of items) by the number of the items answered (ranging from 1,00 and 4,00). It is often used as a measure of distress. The patient is considered as "a probable psychiatric case" if the average rating on HSCL-25 is ³ 1,55. ***The borderline value*** *of ³ 1,75 is commonly used for diagnosing major depression defined as "a case, in need of treatment". This borderline point obtained independently by the clinical interview and somewhat depending on diagnosis and gender is recommended as* ***a valid predictor*** *of mental disorder. The administration time of HSCL-25 is 5 to10 minutes.*

Discussion

Croatian, Bulgarian and Polish versions of HSCL-25 were then available, but a cultural check was necessary to ensure translations.

A cultural check has been done to ensure the meaning reliability of the Bulgarian, Croatian, and Polish version and be sure they remained faithful to the original English version. (11)(10)

The translated versions were in accordance with the original version. Comparing back and original version had ensured the analyse of meaning. Once, back translation trouble had been eliminated, cultural analysis was possible.This differents culturals changes were necessary.

We have noticed some troubles with back translation in every languages.The meaning in translated language was in fact the same.

Also, translations could seem stronger: meaning was direct. But actually,in Croatian, using present perfect is a normal way of speaking. Croatian is a state language, not an action one. For example every term like “feeling” is translated by “you have been”. “Feeling” suggests an action not a state like “have been”. But that was a cultural effect, not a bias.

It was the same in Polish and Bulgarian. Some words pointed out a stronger meaning. The item “blaming oneself” in Bulgarian could seem stronger, but in fact in this language, they have just one word for the same concept. Idem in Croatian, “faintness” was reworded in “you have been weak”. It could appear different, but it’s the same word for both concept. Like the term “restless” transcribed by “anxiety’ in back translation in Bulgarian and Polish. Both languages don’t have several terms to explain the same concept.

In Polish, we have also observed the using of plural forms instead singular. That’s a normal way of speaking in Polish medical language. That’s a cultural matter, not a distorsion.

The instructions modifications or additions, were owed to none prior knowledge of statistical reference. So, that’s just a back translation trouble, not a mistake.

We had only few changes, due to back translation trouble or cultural effect, that improves the scale’s traductions were stable. HSCL-25 could be used in Croatian, Polish and Bulgarian population, like it was done with the translated hmong or tibetan version. (10,14)

Strengths and limits:

Selection bias

Consensus group and national leader agreed with the translation. It avoided a selection bias. Consensus group and national leader have been choosen wisely. National Leader speaked original language and English. Consensus group was composed by all types of GP’s, who speaked also English. Main limit was linked to the fact that experts were all or mosts academics, and lived in cities over 5000 habitants.

Information bias

There was no lack of information due to the use of official translators for the forward-backward translation. Each expert had the same contents and instructions. Everyone had read the tabs, any informations were lost.

Confusion bias

The translators have worked without prior knowledge of the original of HSCL-25 . That guaranteed no confusion bias. Moreover, panel has worked anonymous, which limited leader's effect. Translations teams were independant and blind, and had no relationship with the others.

Croatian, Polish, and Bulgarian translated versions are ready to be employed, but linguistic analysis is not enough. The next step will be to test them with a representative sample of population for each country in order to confirm the scale validity's data for each country.

Conclusion

The final purpose of this study was a cultural check to ensure the meaning reliability of the Bulgarian, Croatian, and Polish HSCL-25 translations, and be sure that they remain faithful to the original English version. The results showed some back translation trouble or cultural effect due to the language, but no non-sense.The three translated versions displayed the same original meaning of HSCL-25.

The use of such a validated scale in depression diagnosis for former medical education would be of great help for most teachers. Depression diagnosis could be now teached in a more consistent way than before by using the translation of the HSCL 25 in each country. Students could now have a repertory of subjectives symptoms, and be able to have a plan for diagnosis.

For clinical purpose and continuous medical education the use of the translated HSCL 25 in Bulgaria, Croatia and Poland will overwhelm the actual difficulties of GPs for depresion diagnosis and follow up.

For collaborative research Bulgaria, Croatia and Poland are now able to undertake similar inclusion for depressive patient and to compare their results. A treatment study could have more people included with this reference, and so increase the strenght of the study.

Finally those three translations could be tried out with a representative sample of primary care population in each country to ensure their reliability data. That's the next step of FPDM study to assess the feasibility, practicability and efficiency of the tool in the field.

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Annex

Annex A: Consent of the national investigators

Consent Form
(for each leader with department of general practice, Brest, France)

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Name: Nabbe Patrice
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International Developer
Département Universitaire de Médecine Générale – 22 avenue Camille Desmoulins - 29238 Brest Cedex 3
Promoter : Département Universitaire de Médecine Générale – 22 avenue Camille Desmoulins - 29238 Brest Cedex 3

National leader investigator name

Name : ĐURĐICA KAŠUBA LAZIĆ, STANISLAVA SPEHAR STOJANOVIĆ
Address : ~~UNITEL~~ ZCCKEFELLEROVA 4. 10 000 ZAGREB
University: UNIVERSITY OF ZAGREB, School of Medicine, Dpt. of Family Medicine

Asked me to participate in a forward/backward translation.

I had time to reflect on my involvement in this study. I am aware that my participation is completely voluntary and that the study will entail no additional cost to my charge.

I can, at any time, decide to leave the study without giving reasons for my decision and that it does without consequences.

I understood that the data collected during the research would be protected in accordance to confidentiality. They can only be accessed by persons subject to professional secrecy belonging to the team-investigating physician, mandated by the promoter.

I accept the computerized processing of personal data in accordance with the data protection act. I have been informed of my right to access and rectify data concerning me.

My consent does not absolve the responsibilities of the organizers of this research. I retain all my rights guaranteed by Law.

Done in two originals
at 17. 10. 2013, the dd/mm/yyyy

Name, first name of national leader: ĐURĐICA KAŠUBA LAZIĆ
Name, first name of the interviewee: STANISLAVA STOJANOVIĆ-ŠPEHAR

Signature:
Đ. K. Lazić
S. Špehar

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National developer:

Consent Form (for each leader with department of general practice, Brest, France

Promoter : Département Universitaire de Médecine Générale – 22 avenue Camille Desmoulins - 29238 Brest Cedex 3

Dr: NABBE
Patrice.....
.....

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.

National leader investigator name

SOWIŃSKA AGNIESZKA

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UL. GAGARINA 11
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Asked me to participate in a forward/backward translation.

I had time to reflect on my involvement in this study. I am aware that my participation is completely voluntary and that the study will entail no additional cost to my charge.

I can, at any time, decide to leave the study without giving reasons for my decision and that it does without consequences.

I understood that the data collected during the research would be protected in accordance to confidentiality. They can only be accessed by persons subject to professional secrecy belonging to the team-investigating physician, mandated by the promoter.

I accept the computerized processing of personal data in accordance with the data protection act. I have been informed of my right to access and rectify data concerning me.

My consent does not absolve the responsibilities of the organizers of this research. I retain all my rights guaranteed by Law.

Done in two originals
at. TORUN **18.12.2014, the**
dd/mm/yyyy

Name, first name of national leader: **Name, first name of the interviewee:**

Signature: Stanisław Grabowski Agnieszka Sowińska

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I had time to reflect on my involvement in this study. I am aware that my participation is completely voluntary and that the study will entail no additional cost to my charge.

I can, at any time, decide to leave the study without giving reasons for my decision and that it does without consequences.

I understood that the data collected during the research would be protected in accordance to confidentiality. They can only be accessed by persons subject to professional secrecy belonging to the team-investigating physician, mandated by the promoter.

I accept the computerized processing of personal data in accordance with the data protection act. I have been informed of my right to access and rectify data concerning me.

My consent does not absolve the responsibilities of the organizers of this research. I retain all my rights guaranteed by Law.

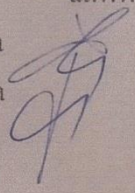
Done in two originals

at....., the dd/mm/yyyy

Name, first name of national leader: Radost Asenova

Name, first name of the interviewee: Gergana Foreva

Signature:



Annex B: HSCL-25 Hopkins Symptom Checklist

Département Universitaire de Médecine Générale

22, avenue Camille Desmoulins CS 93837 – 29238 – Brest CEDEX 3
Tél : 02 98 01 65 52 – fax : 02 98 01 64 74

Choose the best answer for how you felt over the past week:

Items		1: "Not at all"	2:"A little"	3:Quite a bit":	4: "Extremely"
1	Being scared for no reason				
2	Feeling fearful				
3	Faintness				
4	Nervousness				
5	Heart racing				
6	Trembling				
7	Feeling tense				
8	Headache				
9	Feeling panic				
10	Feeling restless				
11	Feeling low in energy				
12	Blaming oneself				
13	Crying easily				
14	Losing sexual interest				
15	Feeling lonely				
16	Feeling hopeless				
17	Feeling blue				
18	Thinking of ending one's life				
19	Feeling trapped				
20	Worrying too much				
21	Feeling no interest				
22	Feeling that everything is an effort				
23	Worthless feeling				
23	Poor appetite				
25	Sleep disturbance				

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of items answered (ranging between 1,00 and 4,00). It is often used as the measure of distress.
The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is □ 1,55.
A cut-off value of □ 1,75 is generally used for diagnosis of major depression defined as "a case, in need of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender.The administration time of HSCL 25 is 5 to10 minutes.

Annex C: Croatian results

	HSCL-25 ORIGINAL VERSION	***CROATIAN TRANSLATION***	***BACKWARD VERSION***	***DIFFERENCE Y/N***	***TRANSLATION FINAL AGREEMENT***
	Choose the best answer for how you felt over the past week:	Izaberite jedan odgovor koji najbolje opisuje kako ste se osjećali tijekom prošlog tjedna:	Choose one answer that best describes how you have been feeling in the past week:	*Y*	Izaberite jedan odgovor koji najbolje opisuje kako ste se osjećali tijekom prošlog tjedna:
1	Being scared for no reason	Bili ste bezrazložno uplašeni	You have been scared for no reason	*N*	Bili ste bezrazložno uplašeni
2	Feeling fearful	Bojali ste se	You have been afraid	*Y*	Bojali ste se
3	Faintness	Bili ste slabi	You have been weak	*Y*	Bili ste slabi
4	Nervousness	Bili ste nervozni	You have been nervous	*N*	Bili ste nervozni
5	Heart racing	Ubrzano vam je lupalo srce	Your heart has been racing	*N*	Ubrzano vam je lupalo srce
6	Trembling	Drhtali ste	You have been trembling	*N*	Drhtali ste
7	Feeling tense	Bili ste napeti	You have been tense	*Y*	Bili ste napeti
8	Headache	Boljela vas glava	You have had a headache	*N*	Boljela vas glava

9	Feeling panic	Bili ste u panici	You have been in panic	*Y*	Bili ste u panici
10	Feeling restless	Bili ste uznemireni	You have been upset	*Y*	Bili ste uznemireni
11	Feeling low in energy	Niste imali dovoljno energije	You haven't had enough energy	*N*	Niste imali dovoljno energije
12	Blaming oneself	Okrivljavali ste se	You have blamed yourself	*N*	Okrivljavali ste se
13	Crying easily	Bili ste plačljivi	You have felt like crying	*N*	Bili ste plačljivi
14	Losing sexual interest	Niste bili zainteresirani za spolni odnos	You have not been interested in sexual intercourse	*Y*	Niste bili zainteresirani za spolni odnos
15	Feeling lonely	Bili ste usamljem	You have felt lonely	*N*	Bili ste usamljem
16	Feeling hopeless	Osjećali ste sebeznadno	You have felt hopeless	*N*	Osjećali ste sebeznadno
17	Feeling blue	Bili ste sjetni	You have been melancholic	*Y*	Bili ste sjetni
18	Thinking of ending one's life	Razmišljali ste da si oduzmete život	You have been thinking about taking your life	*N*	Razmišljali ste da si oduzmete život
19	Feeling trapped	Osjećali ste sekao da ste u klopci	You have felt as if trapped	*N*	Osjećali ste sekao da ste u klopci
20	Worrying too much	Bili ste previše zabrinuti	You have worried too much	*N*	Bili ste previše zabrinuti

21	Feeling no interest	Bez interesa za bilo što	Without interest in anything	*N*	Bez interesa za bilo što
22	Feeling that everything is an effort	Sve vam je bilo naporno	Everything seemed too hard for you	*N*	Sve vam je bilo naporno
23	Worthless feeling	Osjećali ste se bezvrijedno	You have felt worthless	*N*	Osjećali ste se bezvrijedno
24	Poor appetite	Imali ste slab apetit	You have had poor appetite	*N*	Imali ste slab apetit
25	Sleep disturbance	Imali ste problema sa spavanjem	You had problem sleeping	*N*	Imali ste problema sa spavanjem

Score :

HSCL-25 ORIGINAL VERSION

1-Not at all 2- A little 3- Quite a bit 4-Extremely

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of ititems answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ≥1,55.A ccut-off value of ≥1,75 is generally used for diagnosis of major depression defined as "a case, in nneed of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender. The aadministration time of HSCL 25 is 5 to10 minutes.

CROATIAN VERSION

1-Nimalo 2-Malo 3-Dosta 4-Jako

HSCL-25 skor sastoji se od 25 pitanja koja se rješavaju jednostavno olovkom i papirom, a temelji se na samoprocjeni prisutnosti i intenzitetu ansksioznih i depresivnih simptoma tijekom prošlog tjedna. Ispitanici odgovaraju jednom od četiri kategorija za svako pitanje na skali od 1-4. Skor HSCL-25 se izračunava dijeljenjem ukupnog zbroja (zbroj skora pojedinih pitanja) s brojem odgovorenih pitanje (raspon od 1,00 do 4,00). Obično se koristi za mjerenje distresa.Pacijent se smatra « vjerojatno psihijatrijskim slučajem » ako je srednja vrijednost na HSCL-25 ≥ 1,55. Razdjelna točka (cut-off) ≥1,75 se koristi za dijagnozu velikog depresivnog poremećaja i to kao „slučaj koji zahtjeva liječenje".

BACKWARD VERSION

1-Not at all 2-Quite a bit 3-A little 4- A lot

HSCL-25 score consists in 25 items easily completed ***with pencil and paper****, and is* ***based on self-assessment*** *of presence and on intensity of anxiety and depression symptoms in the past week.* ***The respondents answer by one out of four categories for each item on a 1-4 scale.*** *It is usually used for distress measurement. The patient is considered 'a probable psychiatric case' if the middle value at HSCL-25 ≥ 1,55. The cut off point ≥1,75 is used for diagnosis of major depressive disorder as 'a case requiring treatment'.The cut of point is recommended as a valid predictor of mental disorder roughly the same as the assessment by independent clinical interview itself, partly dependent on diagnosis and gender HSCL-25*

Annex D: Polish results

	HSCL-25 ORIGINAL VERSION	***POLISH TRANSLATION***	***BACKWARD VERSION***	***DIFFERENCE Y/N***	***TRANSLATION FINAL AGREEMENT***
	Choose the best answer for how you felt over the past week:	Wybierz najlepszą odpowiedź	Please select the answer best describing your physical and mental state during last week.	*N*	: Wybierz najlepszą odpowiedź
1	Being scared for no reason	Bać się bez powodu	Ungrounded fears	*N*	Bać się bez powodu
2	Feeling fearful	Poczucie strachu	Fear	*Y*	Poczucie strachu
3	Faintness	Omdlenia	Fainting	*Y*	Omdlenia

4	Nervousness	Nerwowość	Nervousness	*N*	Nerwowość
5	Heart racing	Kołatanie serca	Palpitations	*Y*	Kołatanie serca
6	Trembling	Drżenia	Tremors	*Y*	Drżenia
7	Feeling tense	Poczucie napięcia	Emotional tension	*Y*	Poczucie napięcia
8	Headache	Bóle głowy	Headaches	*Y*	Bóle głowy
9	Feeling panic	Uczucie paniki	Panic attack	*Y*	Uczucie paniki
10	Feeling restless	Uczucie niepokoju	Anxiety	*Y*	Uczucie niepokoju
11	Feeling low in energy	Poczucie braku energii	Lacking energy	*N*	Poczucie braku energii
12	Blaming oneself	Obwinianie samego siebie	Self blame	*N*	Obwinianie samego siebie
13	Crying easily	Płaczliwość	Excessive weeping	*Y*	Płaczliwość
14	Losing sexual interest	Utrata zainteresowań sferą seksualną	Loss of sexual drive	*Y*	Utrata zainteresowań sferą seksualną
15	Feeling lonely	Poczucie osamotnienia	Feeling of loneliness	*N*	Poczucie osamotnienia
16	Feeling hopeless	Poczucie beznadziejności	Feeling of hopelessness	*N*	Poczucie beznadziejności
17	Feeling blue	Poczucie przygnębienia	Feeling of depression	*Y*	Poczucie przygnębienia

18	Thinking of ending one's life	Myśli samobójcze	Suicidal thoughts	*N*	Myśli samobójcze
19	Feeling trapped	Poczucie uwięzienia	Feeling of entrapment	*N*	Poczucie uwięzienia
20	Worrying too much	Zamartwianie się	Excessive worrying	*Y*	Zamartwianie się
21	Feeling no interest	Poczucie braku zainteresowań	Feeling of lack of interests	*N*	Poczucie braku zainteresowań
22	Feeling that everything is an effort	Poczucie, że wszystko jest ciężarem	Feeling that everything is a burden	*Y*	Poczucie, że wszystko jest ciężarem
23	Worthless feeling	Poczucie bezwartościowości	Feeling of low self-esteem	*N*	Poczucie bezwartościowości
24	Poor appetite	Słaby apetyt	Poor appetite	*N*	Słaby apetyt
25	Sleep disturbance	Zaburzenia snu	Sleep disorder	*N*	Zaburzenia snu

HSCL-25 ORIGINAL VERSION

1-Not at all 2- A little 3- Quite a bit 4-Extremely

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of ititems answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ≥1,55.A ccut-off value of ≥1,75 is generally used for diagnosis of major depression defined as "a case, in nneed of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender. The aadministration time of HSCL 25 is 5 to10 minutes.

POLISH VERSION

1-Wcale 2-Trochę 3-Znacznie 4-Bardzo mocno

Ocena testu HSCL-25 oparta jest na kwetionariuszu 25 pytań, w którym zakreśla się na papierze obecność i nasilenie objawów lęku i depresji w ciągu ostatniego tygodnia. Badani odpowiadają na jedno z czterech możliwych kategorii na skali mierzącej wartości od 1 do 4. Czas na wykonanie testu HSCL 25 wynosi od 5 do 10 minut. Wynik testu HSCL-25 jest obliczany poprzez podzielenie całkowitej liczby punktów (suma punktów z każdej pozycji testu) przez liczbę pozycji na które udzielono odpowiedzi (w skali od 1 do 4). Często służy on do pomiaru dystresu. Pacjenta uważamy za "prawdopodobny przypadek psychiatryczny" jeśli średnia ocena w teście HSCL-25 jest >/ (większa lub równa) 1,55. Wartość graniczną>/ (większą lub równą) 1,75 ogólnie przyjmuje się w diagnozowaniu ciężkiej depresji, definiowanej jako „przypadek wymagający leczenia." Wartość ta jest zalecana jako istotny czynnik w przewidywaniu obecności choroby psychicznej, wymagającej jednak niezależnego wywiadu klinicznego i w pewnym sensie zależy od rozpoznania i płci.

BACKWARD VERSION

1-None 2-Some 3-Considerable 4- Very strong

The evaluation of the HSCL-25 test is based on a questionnaire consisting of 25 questions where the respondents' mark on paper the presence and intensity of the symptoms of fear and depression during last week. Respondents choose one of the four options on the scale from 1 through 4. The HSCL 25 test lasts from 5 to 10 minutes. The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of items answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ³ 1,55. A cut-off value of ³ 1,75 is generally used for diagnosis of major depression defined as "a case, in need of treatment". This cut-off point is recommended as a valid predictor of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender.

Annex E: Bulgarian results

	HSCL-25 ORIGINAL VERSION	***BULGARIAN TRANSLATION***	***BACKWARD VERSION***	***DIFFERENCE Y/N***	***TRANSLATION FINAL AGREEMENT***
	Choose the best answer for how you felt over the past week:	Изберете отговора, който най-добре описва как сте се чувствали през изминалата седмица	Choose the answer which describes best how you felt over the past week	*N*	Изберете отговора, който най-добре описва как сте се чувствали през изминалата седмица
1	Being scared for no reason	Чувство за уплаха без причина	Being scared for no reason	*N*	Чувство за уплаха без причина
2	Feeling fearful	Чувство за страх	Feeling fearful	*N*	Чувство за страх
3	Faintness	Отпадналост	Faintness	*N*	Отпадналост
4	Nervousness	Нервност	Nervousness	*N*	Нервност
5	Heart racing	Сърцебиене	Heart racing	*N*	Сърцебиене
6	Trembling	Треперене	Trembling	*N*	Треперене
7	Feeling tense	Чувство за напрежение	Feeling tense	*N*	Чувство за напрежение
8	Headache	Главоболие	Headache	*N*	Главоболие
9	Feeling panic	Чувство за паника	A sense of panic	*N*	Чувство за паника
10	Feeling restless	Чувство на безпокойство	A sense of anxiety	*Y*	Чувство на безпокойство

11	Feeling low in energy	Усещане за понижена енергия	A sense of low energy	*N*	Усещане за понижена енергия
12	Blaming oneself	Самообвинение	Self-accusation	*Y*	Самообвинение
13	Crying easily	Плачливост	Tearfulness	*N*	Плачливост
14	Losing sexual interest	Загубата на сексуален интерес	Loss of sexual interest	*N*	Загубата на сексуален интерес
15	Feeling lonely	Чувство за самотност	A sense of loneliness	*N*	Чувство за самотност
16	Feeling hopeless	Чувство за безнадежност	A sense of hopelessness	*N*	Чувство за безнадежност
17	Feeling blue	Чувстам се нещастен	Feeling blue	*N*	Чувстам се нещастен
18	Thinking of ending one's life	Мисли за самоубийство	Thoughts of suicide	*N*	Мисли за самоубийство
19	Feeling trapped	Чувстам се като в капан	Feeling trapped	*N*	Чувстам се като в капан
20	Worrying too much	Притеснявам се твърде много	Worrying too much	*N*	Притеснявам се твърде много
21	Feeling no interest	Чувство за загуба на интерест	A sense of a loss of interest	*N*	Чувство за загуба на интерест
22	Feeling that everything is an effort	Чувство, че всичко изисква усилие	A sense that everything needs effort	*N*	Чувство, че всичко изисква усилие
23	Worthless feeling	Чувство за безполезност	A sense of worthless	*N*	Чувство за безполезност

24	Poor appetite	Лош апетит	Poor appetite	*N*	Лош апетит
25	Sleep disturbance	Нарушения на съня	Sleep disturbance	*N*	Нарушения на съня

HSCL-25 ORIGINAL VERSION

1-Not at all 2- A little 3- Quite a bit 4-Extremely

The HSCL-25 score is calculated by dividing the total score (sum score of items) by the number of ititems answered (ranging between 1,00 and 4,00). It is often used as the measure of distress. The patient is considered as a "probable psychiatric case" if the mean rating on the HSCL-25 is ≥ 1,55. ***A cut-off value*** *of ≥ 1,75 is generally used for diagnosis of major depression defined as "a case, in nneed of treatment". This cut-off point is recommended as* ***a valid predictor*** *of mental disorder as assessed independently by clinical interview, somewhat depending on diagnosis and gender. The administration time of HSCL 25 is 5 to10 minutes.*

BULGARIAN VERSION

1- Съвсем не 2- Незначително 3- Съвсем малко 4- Извънредно

HSCL-25 резултатът се изчислява, като се раздели общият брой точки (сбор точки по критерий) на броя на отговорените критерии (вариращи между 1,00 и 4,00). Той често се използва като мярка за страдание. Пациентът се приема като "вероятно психиатричен случай", ако средната оценка по HSCL-25 е ³ 1,55. Гранична стойност от ³ 1,75 обикновено се използва за диагностициране на тежка депресия и определя случая като "случай, нуждаещ се от лечение". Тази гранична стойност, получена независимо от клиничното интервю и зависеща до определена степен от диагнозата и пола, се препоръчва като валиден предиктор за психично разстройство. Времето за провеждане HSCL-25 е от 5 до 10 минути.

BACKWARD VERSION

1-Not a bit 2-A little bit 3-Quite a bi 4- Extremely

The HSCL-25 result is calculated by dividing the total score (total score of items) by the number of the items answered (ranging from 1,00 and 4,00). It is often used as a measure of distress. The patient is considered as “a probable psychiatric case” if the average rating on HSCL-25 is ³ 1,55. **The borderline value** of ³ 1,75 is commonly used for diagnosing major depression defined as “a case, in need of treatment”. This borderline point obtained independently by the clinical interview and somewhat depending on diagnosis and gender is recommended as **a valid predictor** of mental disorder. The administration time of HSCL-25 is 5 to10 minutes.

LE COQ épouse BODILIS Florence Croatian, Polish, Bulgarian languages, Hopkins symptoms checklist in 25 items translations Control cultural check

Th. : Méd. : Brest 2015

Abstract/Résumé

Introduction: Depression, the second most common chronic disorder in primary care, is a complex pathology with many symptoms. Family Practice Depression Multimorbidity (FPDM) study designated Hopkins Symptoms Check List-25 (HSCL-25) as the best tool to identify depression's symptoms. In order, to have the same reliable tool in Europ,a translation of HSCL-25 has been made in each European country who was taking part in FPDM. With a Delphi procedure and backward-forward translation, HSCL-25 was translated in Croatian, Polish and Bulgarian. A linguistic translation is not enough to ensure a reliable translation. The aim of this study was to make a cultural check to verify the translations, ensuring that the meaning of the Bulgarian, Croatian, and Polish version remains faithful to the original English version.

Methods: A control cultural check has been realized by a consensus group with international experts and official traductors.

Results Some back translation trouble and cultural effect were noticed, but translations remain faithful and display the same meaning that in English form. No bias were identified in the study.

Discussion The differences noticed are due to the language itself. Croatian is for example a state language not an action one, or Polish an Bulgarian have just one word for several concepts. We observe the same meaning as the original HSCL-25, without bias.

Conclusion Croatian, Polish and Bulgarian traductions are now ready to be employed to diagnose depression in this country. The next step is to test those versions in a primary care with native population.

Introduction: La dépression, pathologie complexe combinant plusieurs symptômes, est la deuxième maladie chronique soignée en soins primaires. Family Practice Depression Multimorbidity (FPDM) avait désigné l'Hopkins Symptoms Check List-25 (HSCL-25) comme le meilleur outil diagnostique. Cette échelle a été traduite dans tous les pays participant à l'étude FPDM dans le but d'avoir un outil commun. Une procédure Delphi et une traduction aller-retour ont été réalisées en croate, polonais et bulgare. Une traduction linguistique n'est cependant pas suffisante pour avoir le même sens. Le but de cette étude était de réaliser un contrôle culturel pour s'assurer que les traductions de chaque pays étaient fidèles à l'échelle anglaise initiale et conservaient le concept évoqué.

Matériel et Méthodes : Un groupe d'experts internationaux accompagnés de traducteurs officiels de la langue ont réalisé un contrôle culturel des traductions.

Résultats : Nous avons pu noter des changements de traduction retour et des effets culturels, mais le sens ne changeait pas de la signification originale.

Discussion Les différences observées étaient dues à la langue. Le croate est par exemple une langue d'état et pas d'action. Idem, en polonais et bulgare on ne retrouve parfois qu'un seul mot pour exprimer plusieurs concepts. Les traductions étaient fidèles à la version HSCL-25 originale et exprimaient la même signification. Aucun biais n'est retrouvé dans l'étude.

Conclusion : Les traductions croate, polonaise et bulgare sont finalisées, et prêtes à être employées dans les pays d'origine. La prochaine étape est de valider les échelles sur le terrain en prise en charge ambulatoire.

MOTS CLES :
DEPRESSION; HOPKINS SYMPTOM CHECKLIST IN 25 ITEMS ; CROATIAN POLISH BULGARIAN TRANSLATION; CULTURAL CONTROL CHECK

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