

## Research article Ερευνητική εργασία

# Appraisal of a specific scale for quality of life (AIQoL-9) in Greek alcohol dependent individuals attending: A confirmatory factor analysis

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**A**lcohol abuse/dependence seriously affects quality of life (QoL). The AIQoL-9 scale, derived from the generic instrument SF-36, is the only instrument in the international literature which is specific as a measure of QoL for alcohol-dependent patients. It can provide health carers with valuable information regarding the needs of alcoholic individuals and the effects of therapeutic interventions. The aim of this study was to assess the psychometric properties of the Greek version of AIQoL-9 taking as a basis the research on the original French and English versions. A sample of 170 participants (118 males, 52 females) aged 24–74 years (mean age=48.2 years, SD=9.6) recruited from inpatient and outpatient detoxification units in different regions of Greece completed the AIQoL-9 questionnaire and the World Health Organization Quality of Life Assessment - short version (WHOQOL-BREF). The internal structure of the AIQoL-9 questionnaire was examined using confirmatory factor analysis (CFA). The associations of AIQoL-9 with sociodemographic and clinical variables were examined. The correlation coefficients between AIQoL-9 and scores on the domains of the WHOQOL-BREF questionnaire were computed as an indication of convergent validity. The average inter-item correlation between the AIQoL-9 items was 0.403. CFA supported a single factor underlying the AIQoL-9 items. Cronbach's alpha for the Greek version of the scale showed high internal consistency, 0.837, and could not be improved by omitting any item. The AIQoL-9 score showed significant associations with gender (mean 29.2, SD=6.2 for males; mean 26.1, SD=7.2 for females:  $p=0.004$ ) and with comorbidity (mean 25.7, SD=7.8 with comorbidity, mean 29.5, SD=5.8 without:  $p=0.001$ ). The AIQoL-9 score was significantly correlated ( $p<0.001$ ) with all scores of the WHOQOL-BREF, most strongly with the WHOQOL domains of physical health (Pearson's  $r=0.720$ ) and psychological health ( $r=0.693$ ) and less so with social relationships (0.481), environment (0.411), and the single-item measures of overall health (0.554) and overall quality of life (0.522). The present study demonstrated that the Greek version of the AIQoL-9 constitutes a valid and reliable single-factor research instrument for evaluating quality of life among alcohol-dependent individuals. It is recommended to be used in combination with a generic QoL instrument e.g. the WHOQOL-BREF. It is suitable for clinical everyday practice to monitor possible patient QoL changes, as well as in large scale studies investigating QoL in the relevant population.

**Key words:** Alcohol-related disorder, Greece, quality of life, specific-quality of life questionnaires, validation studies.

## Introduction

Measurements of quality of life (QoL) are increasingly used today not only in medical and health services studies but also as part of routine clinical care and reappraisal, across different groups of patients with physical or mental disorders and across different countries.<sup>1-3</sup> QoL measurements can provide health carers with valuable information regarding the needs of patients and the effects of interventions and treatment.<sup>3-5</sup>

Regarding alcohol abuse/dependence, this is a serious clinical condition causing major physical and psychosocial impairment and subsequently greatly affecting the perceptions of dependent individuals about their quality of life.<sup>6</sup> Despite evidence of the negative impact of alcohol misuse-abuse on QoL, there is a "paucity of papers" on this issue. Foster et al 1999, 2006<sup>7,8</sup> in their review reported 24 publications from 1982 to 1997, while Luquiens et al, 2012<sup>9</sup> identified only 18 studies from 1999–2012 on QoL in alcohol-dependent subjects.

Regarding QoL in Greek populations who suffer from alcohol abuse or dependence, there is evidence of notably poor QoL, even more diminished compared to psychotic patients and other patients with chronic health problems.<sup>4,10</sup> The majority of studies reporting QoL outcomes rely on generic and health related measurements that provide broader aspects and thematic domains included in the concept of QoL. On the other hand, they lack specificity in assessing QoL in alcohol dependence conditions.

At present, only one questionnaire is available that is specifically intended to assess the health and non-health related consequences of alcoholism for alcohol dependent individuals. This is the AIQoL-9, a nine-item questionnaire. It was developed by Malet et al, 2006<sup>11</sup> by condensing the French version of the SF-36, a health survey with physical and mental health summary measures,<sup>1,2,7,12</sup> retaining the items that were judged to be particularly pertinent to alcoholism. An English version of this measure was validated in an Australian urban sample of 138 individuals addicted to alcohol.<sup>12</sup>

Reliability of the instrument was found to be very satisfactory: Malet et al<sup>11</sup> obtained values of Cronbach's alpha 0.85 in an outpatient sample and

0.71 in inpatients, and Zubaran et al<sup>12</sup> obtained 0.83 in their sample of 138 individuals, consisting of both inpatients and outpatients.

The present study investigates the suitability of the Greek version of AIQoL-9 for measuring QoL in Greek alcohol dependent individuals. It carries out, for the first time, a confirmatory factor analysis of the structure of the AIQoL-9 instrument.

## Material and Methods

### Sample

The study sample consisted of 170 subjects (118 males, 52 females) aged 24–74 years (mean age=48.2 years, SD=9.6), who were admitted consecutively to specialised in-patient and outpatient units and detoxification programs across Greece from September 2014 to March 2015 and fulfilled ICD-10 diagnostic criteria for alcohol abuse/dependence. Data were collected from the inpatient units of "Eginition" Psychiatric Hospital in Athens, the "Dafni" Psychiatric Hospital in Athens and the "Methexis" day hospital in the Psychiatric Hospital of Thessaloniki. The outpatient units included two major therapeutic organizations for addictions, that is, OKANA in Athens ("Athena" programme), and the KETHEA departments in Athens, Thessaloniki, Alexandroupolis, Kalamata and Irakleion in Crete, as well as the Club of Alcoholics and the alcohol outpatient unit in the University Hospital of Irakleion in Crete. Sixty-two participants (36.5%) were hospitalised and 108 (63.5%) were attending out-patient programs. All subjects volunteered to participate after having been informed of their right to refuse or discontinue participation at any time and without prejudice. Detailed information on the objectives of the study and the therapeutic research protocol was provided and written informed consent was obtained from each participant. Ethical permission for the study was obtained from the First Department of Psychiatry, the National and Kapodistrian University of Athens, in accordance with the ethical standards of the relevant committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983.

### Measures

In addition to the AIQoL-9, participants also completed the World Health Organization Quality of

Life Assessment WHOQOL-BREF questionnaire during their participation or residence in the respective therapeutic setting.<sup>11,13</sup>

a. *AIQoL-9*

The AIQoL-9 uses nine items from the SF-36, addressing quality-of-life-related issues of physical

functioning, bodily pain, general health, physical limitations, mental health, emotional limitations, vitality, and social functioning (Appendix I).

The English questionnaire was translated into Greek by two independent translators, and then back translated into English by an independent bilin-

### Appendix I: AIQoL-9 questionnaire

Απαντήστε σε όλες τις παρακάτω ερωτήσεις. Μερικές μπορεί να μοιάζουν όμοιες, αλλά η καθεμία είναι διαφορετική. Παρακαλούμε λάβετε χρόνο να διαβάσετε και να απαντήσετε σε κάθε ερώτηση προσεκτικά. Σημειώσατε με «X» την απάντηση που σας αντιπροσωπεύει.

1. Η κατάσταση της υγείας σας, σας περιορίζει τώρα στο να ανεβαίνετε αρκετές σειρές από σκαλιά; Αν ναι, πόσο;
 

Ναι με περιορίζει πολύ	<input type="checkbox"/>
Ναι, με περιορίζει λίγο	<input type="checkbox"/>
Όχι, δεν περιορίζει καθόλου	<input type="checkbox"/>
2. Σε ποιο βαθμό είχατε σωματικούς πόνους τις τελευταίες 4 εβδομάδες;
 

Καθόλου	<input type="checkbox"/>
Πολύ ήπια	<input type="checkbox"/>
Ήπια	<input type="checkbox"/>
Μέτρια	<input type="checkbox"/>
Αρκετά	<input type="checkbox"/>
Πολύ	<input type="checkbox"/>
3. Πόσο χρόνο κατά τη διάρκεια των 4 τελευταίων εβδομάδων αισθανθήκατε πολύ νευρικοί;
 

Όλο το χρόνο	<input type="checkbox"/>
Πολύ χρόνο	<input type="checkbox"/>
Αρκετό χρόνο	<input type="checkbox"/>
Λίγο χρόνο	<input type="checkbox"/>
Πολύ λίγο χρόνο	<input type="checkbox"/>
Καθόλου χρόνο	<input type="checkbox"/>
4. Πόσο χρόνο κατά τη διάρκεια των 4 τελευταίων εβδομάδων αισθανθήκατε μελαγχολικοί;
 

Όλο το χρόνο	<input type="checkbox"/>
Πολύ χρόνο	<input type="checkbox"/>
Αρκετό χρόνο	<input type="checkbox"/>
Λίγο χρόνο	<input type="checkbox"/>
Πολύ λίγο χρόνο	<input type="checkbox"/>
Καθόλου χρόνο	<input type="checkbox"/>
5. Πόσο χρόνο κατά τη διάρκεια των 4 τελευταίων εβδομάδων αισθανθήκατε κουρασμένοι-εξαντλημένοι;
 

Όλο το χρόνο	<input type="checkbox"/>
Πολύ χρόνο	<input type="checkbox"/>
Αρκετό χρόνο	<input type="checkbox"/>

(Συνεχίζεται)

**Appendix I: AIQoL-9 questionnaire (συνέχεια)**


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Λίγο χρόνο	<input type="checkbox"/>
Πολύ λίγο χρόνο	<input type="checkbox"/>
Καθόλου χρόνο	<input type="checkbox"/>

6. Γενικά, θα λέγατε ότι η υγεία σας είναι:

Εξαιρετική	<input type="checkbox"/>
Πολύ καλή	<input type="checkbox"/>
Καλή	<input type="checkbox"/>
Μέτρια	<input type="checkbox"/>
Πτωχή	<input type="checkbox"/>

7. Κατά τη διάρκεια των τελευταίων 4 εβδομάδων, είχατε κάποιο πρόβλημα από τα παρακάτω στη δουλειά σας ή σε κάποιες καθημερινές δραστηριότητες, ως αποτέλεσμα κάποιων ψυχολογικών προβλημάτων (π.χ. αίσθημα καταπίεσης ή άγχους)

Ναι	<input type="checkbox"/>
Όχι	<input type="checkbox"/>

8. Κατά τη διάρκεια των τελευταίων 4 εβδομάδων, είχατε κάποιο πρόβλημα από τα παρακάτω στη δουλειά σας ή σε κάποιες καθημερινές δραστηριότητες, ως αποτέλεσμα της σωματικής σας υγείας (για παράδειγμα σας πήρε επιπλέον προσπάθεια);

Ναι	<input type="checkbox"/>
Όχι	<input type="checkbox"/>

9. Κατά τη διάρκεια των 4 τελευταίων εβδομάδων, πόσες φορές η σωματική σας υγεία ή τα συναισθηματικά σας προβλήματα σας δημιούργησαν εμπόδια στις κοινωνικές σας δραστηριότητες (επίσκεψη σε φίλους, συγγενείς κ.λπ.);

Συνεχώς	<input type="checkbox"/>
Τις περισσότερες φορές	<input type="checkbox"/>
Μερικές φορές	<input type="checkbox"/>
Λίγες φορές	<input type="checkbox"/>
Καθόλου	<input type="checkbox"/>

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qual psychologist, who was kept blind to the original test. The researchers of the present study made final adjustments to the Greek version in order for it to be as equivalent as possible. The AIQoL-9 includes dichotomous alternatives as well as Likert-type items varying from three to six response items based on parameters of intensity and frequency. The mean overall QoL score is expressed quantitatively without using cut-off thresholds. AIQoL-9 scores can vary from 9 (lowest, indicating poorest QoL) to 41 (highest, indicating best QoL).<sup>1,11-13</sup>

*b. The World Health Organisation Quality of Life Assessment-BREF (WHOQOL-BREF)*

The WHOQOL-BREF is the abbreviated form of the WHOQOL-100 which is a health-related generic

QoL instrument developed by the World Health Organization to examine the individual's assessment of his or her QoL.<sup>3,13</sup>

The original 26 items of WHOQOL-BREF cover four domains: (a) Physical Health and Level of Independence, (b) Psychological Health and Spirituality, (c) Social Relationships and (d) Environment. The 30-item Greek version adds four national items for purposes of cultural adaptation. These relate to: Nutrition, Social Life, Family Life and Job Satisfaction.<sup>3</sup> Of these items, two national ones are added in the Physical Health domain and two in the Social Relationships domain. All items are rated using a 5-point Likert scale. So, four domain scores are produced, including two general items that are scored separately (examining the individual's per-

ception of his/her overall QoL and general health status). Higher scores indicate better quality of life.<sup>3,4,14,15</sup>

### Statistical analysis

The main analysis consists of confirmatory factor analyses carried out to examine particular structures that have been suggested by previous investigations of the psychometric properties of the questionnaire.<sup>16</sup> Specifically, based on the conclusions of Malet et al<sup>11</sup> and Zubaran et al,<sup>12</sup> two models were fitted and tested: (a) a single latent factor underlying all nine items; (b) two correlated latent factors, one

underlying the Physical Health items 1, 2 and 6 and the other, labelled Mental Health, underlying the remaining six items. These models were fitted by maximum likelihood using IBM SPSS AMOS Version 21.0. Descriptive statistics, Pearson correlation coefficients and Cronbach's alpha statistics were calculated using IBM SPSS Statistics software Version 20.0.

### Results

Sociodemographic characteristics of the sample are shown in table 1. The mean usual daily consump-

**Table 1.** Sociodemographic characteristics of the sample.

	<i>Characteristic</i>	<i>n</i>	<i>(%)</i>
Total sample		170	100
Gender	Male	118	69.4
	Female	52	30.6
Age	<40 years	37	21.8
	40–49	64	37.6
	50–59	46	27.1
	60+	23	13.5
Educational level	Primary (6 grades) or less	19	11.2
	Compulsory (9 grades)	29	17.1
	High school (12 grades)	57	33.5
	Technical education	20	11.8
	Tertiary education	45	26.5
Marital status	Single	39	22.9
	Married/cohabiting	87	51.2
	Divorced/separated/widowed	44	25.9
No of children	None	61	35.9
	One	36	21.2
	Two or more	73	42.9
Living arrangements	Alone	35	20.6
	With spouse/partner and children	52	30.6
	Spouse/partner, without children	40	23.5
	With parent(s)	36	21.2
	With child(ren)	6	3.5
Employment	Other	1	0.6
	Employed in public or private sector	58	34.1
	Self-employed	45	26.5
	Pensioner	25	14.7
	Unemployed	18	10.6
	Not working	16	9.4
Comorbidity*	Agriculture	8	4.7
	No	117	68.8
	Yes	53	31.2

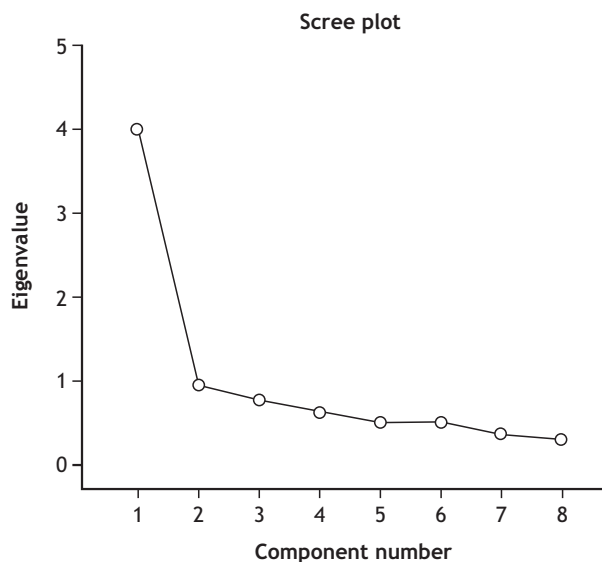
\* Comorbidity refers to the co-occurrence of two psychiatric conditions. The subjects with comorbidity fulfilled the diagnostic criteria for at least two psychiatric conditions. The conditions present were: affective disorders 32 (18.8%), personality disorders 13 (7.6%), anxiety disorders 6 (3.5%) and schizophrenia 2 (0.6%).

tion of alcohol of 149 participants was 278.0 gr (SD 202.7). The mean consumption of 85 participants from Athens was 253.7 gr (SD 155.0) and of the 64 participants from other regions 310.3 (SD 250.3). Table 2 shows mean responses to each of the AIQoL-9 items. In comparison to those shown by Zubaran et al,<sup>12</sup> all means in the Greek sample were statistically significantly higher ( $p < 0.001$ ) with the exception of the first item ( $p = 0.56$  in *t* test).

The scree plot of the eigenvalues of the correlation matrix (figure 1) strongly suggests that the items have a unidimensional structure. This was supported by a parallel analysis,<sup>17</sup> in which the first eigenvalue obtained from the data (4.33) was well above the 95th percentile of eigenvalues from simulated data (1.48) but the second eigenvalue (1.01) was below the mean of simulated values (1.24).

### Confirmatory factor analysis

Figure 2 shows estimates from fitting the single factor model to the data. Figure 3 shows estimates from fitting the alternative two-factor model with Items 1, 2 and 6 forming a Physical Health dimension and the remaining six items a Mental Health dimension, correlated with the first. Goodness of fit statistics for the two models are shown in table 3. Although the values of the indices are of course better for the more complex second model, those for the first one are satisfactory. Furthermore, the two factors of the second model are highly correlated as seen in figure 3. Consequently, as concluded by Malet et al,<sup>11</sup> the evidence for a two-factor structure



**Figure 1.** Scree plot of the eigenvalues of the correlation matrix of the nine items of the AIQoL-9 questionnaire.

is weak and the best representation of the structure appears to be provided by the single factor model.

### Scale reliability and validity

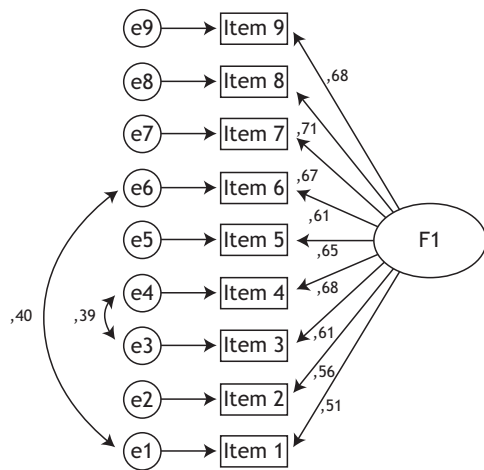
The internal consistency of the AIQoL-9 scale score constructed from the sum of responses to the individual items was very good, with a value of 0.837 for Cronbach's alpha. This could not be improved by omitting any item (values of alpha after leaving out a single item ranged from 0.806 to 0.832).

The AIQoL-9 score was statistically significantly correlated with gender, with higher scores (better QoL)

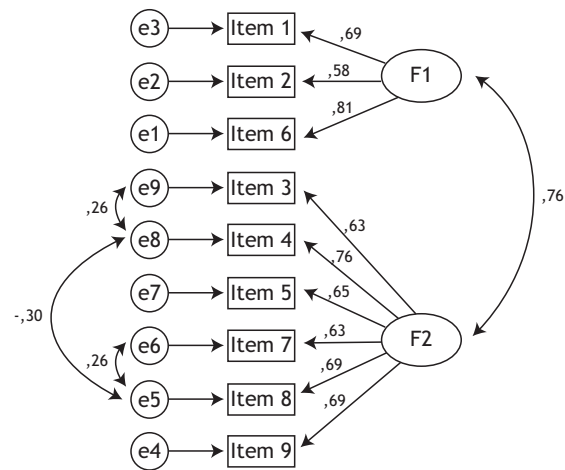
**Table 2.** Descriptive statistics for individual AIQoL items and Pearson correlation coefficients between items.

Item	Mean(sd)	Correlation with item							
		1	2	3	4	5	6	7	8
1 (1-3)*	2.25 (0.72)								
2 (1-6)	4.47 (1.51)	0.384							
3 (1-6)	4.04 (1.23)	0.362	0.289						
4 (1-6)	3.74 (1.43)	0.329	0.285	0.640					
5 (1-6)	4.05 (1.29)	0.324	0.371	0.492	0.504				
6 (1-5)	2.94 (0.99)	0.585	0.443	0.347	0.505	0.428			
7 (1-2)	1.54 (0.50)	0.262	0.338	0.455	0.489	0.428	0.333		
8 (1-2)	1.62 (0.49)	0.377	0.446	0.343	0.364	0.433	0.389	0.577	
9 (1-6)	3.64 (1.39)	0.344	0.373	0.424	0.511	0.388	0.403	0.414	0.547

\* Range of scores



**Figure 2.** Estimates of the single factor model fitted to the nine items of the AIQoL-9 questionnaire. F1 denotes the single underlying latent factor. The unique effects specific to each item are labelled e1...e9.



**Figure 3.** Estimates of the model with two correlated factors fitted to the nine items of the AIQoL-9 questionnaire. F1 denotes the underlying Physical Health factor and F2 the Mental Health factor.

for men (mean 29.2, SD 6.2) than women (mean 26.1, SD 7.2,  $t_{168}=2.89$ ,  $p=0.004$ ). They were also associated with comorbidity, with higher scores in the absence of other conditions (mean 29.5, SD 5.8) compared to subjects who had other conditions (mean 25.7, SD 7.8,  $t_{168}=3.49$ ,  $p=0.001$ ). No statistically significant association was found with age, education, occupation, family status or place of residence (all  $p>0.10$ ).

Table 4 shows correlations between the AIQoL-9 scale score and scores obtained from the WHOQOL-BREF. All correlations were statistically significant at  $p<0.001$ .

Values of Cronbach’s alpha for the internal consistency of the WHOQOL-BREF subscales were very good for the domains of Physical Health (alpha=0.818) and Psychological Health (0.855), and lower but still satisfactory for Social Relationships (0.603) and Environment (0.682).

**Discussion**

The evaluation of QoL among patients with alcohol abuse and dependence has been conducted mainly using generic QoL instruments such as the SF-36<sup>1,2</sup> or the WHOQOL instrument.<sup>4</sup> The question-

**Table 3.** Goodness of fit indices for two models fitted by maximum likelihood to the nine items of the AIQoL-9 questionnaire.

Model	Factor structure	$\chi^2/df$	SRMR	NFI	CFI	TLI	RMSEA (95% CI)
1	1 first-order uncorrelated factor	2.57	0.052	0.893	0.930	0.899	0.096 (0.068–0.126)
2	2 first-order correlated factors	1.92	0.045	0.926	0.963	0.941	0.074 (0.040–0.106)

df: degrees of freedom, SRMR=standardized root mean square residual, NFI: normed fit index, CFI: comparative fit index, TLI: Tucker-Lewis index, RMSEA: root-mean-square error of approximation, CI: confidence interval

**Table 4.** Pearson correlations between the AIQoL-9 scale score and the subscale scores obtained from the WHOQOL-BREF questionnaire. All correlations were statistically significant with  $p < 0.001$ .

	<i>Correlation r</i>
Overall Quality of Life	0.522
Overall health	0.554
Physical health	0.720
Psychological health	0.693
Social relationships	0.481
Environment	0.411

naire AIQoL-9 is the only instrument developed to address the issue of QoL specifically in alcohol dependence.<sup>10,11</sup> Reaney et al. indicated that, as the construction of AIQoL-9 was based on the generic instrument SF-36, it has preserved similar generic qualities as well as disadvantages. However, it has the advantage of being short and thus easy to use, after the elimination of items that were shown to be not useful. By means of this process, the scale has gained in specificity.

The present study is the first endeavor to implement a valid QoL assessment tool for people with alcohol abuse/dependence, introducing the AIQoL-9 in Greece. It is also the third study on the international level that supports the use of QoL-specific measurement, after the original French AIQoL-9 study<sup>11</sup> and the validation of the English version in Australia,<sup>12</sup> testing exclusively the AIQoL-9 psychometric properties and employing for the first time confirmatory factor analysis.

Regarding the internal structure of the Greek version of AIQoL-9, it is observed that according to the results of the confirmatory factor analysis, the evidence for a two-factor structure seems to be weak and the best representation of the structure appears to be provided by the single factor model. Also, the scree plot suggests that the items have a unidimensional structure. In reference to convergent validity, all correlations with WHOQOL-BREF domains were positive and statistically significant ( $p \leq 0.001$ ).

In line with previous studies examining the performance of the AIQoL-9, the Greek version of the AIQoL-9 appeared to have satisfactory psychometric properties suggesting that the AIQoL-9 is a trustwor-

thy instrument well suited to assessing quality of life in individuals who suffer from alcohol abuse and dependence. The correlations between its nine items (table 2) were all positive and statistically significant ( $p \leq 0.001$ ), with an average inter-item correlation of 0.403. The results of Zubaran et al,<sup>12</sup> showed some low correlations between Item 7 (emotional problems) and other items, which was not the case in the Greek sample. The internal consistency of the instrument in the Greek sample of 170 inpatients and outpatients as measured by Cronbach's alpha was very good (0.837). One limitation of the present study was that test-retest correlation was not assessed.

The AIQoL-9 was considered as highly acceptable by the participants because it is brief, comprehensible and easy to complete. In the first validation study of the AIQoL-9 in two independent populations, Malet et al<sup>11</sup> found that the instrument had good internal consistency (Cronbach's alpha coefficient of 0.71 and 0.85 for inpatients and outpatients respectively), high test-retest reliability (ICC from 0.57–0.85) and excellent acceptability. Zubaran et al<sup>12</sup> in their study of 138 inpatients and outpatients suffering alcohol abuse and dependence also reported good internal consistency and reliability of the AIQoL-9 (Cronbach's alpha of 0.825, mean of the inter-item correlations 0.491), and high acceptability. Since the assessment of the quality of life of people with alcohol-related problems may be susceptible to bias when general QoL scales are used, the good performance of the AIQoL-9 across countries and in various settings provides evidence for it to be considered as a validated and reliable measurement. The higher scores on eight of the nine individual items in comparison to Zubaran et al may show higher QoL in the Greek sample. Alternatively, it could be due to different response styles in the two cultures. In this light, it is noteworthy that the item that does not differ between the two samples ("Does your health limit you in climbing several flights of stairs?"), is the most objective of the nine.

The World Health Organisation Quality of Life Assessment-BREF (WHOQOL-BREF) questionnaire,<sup>3,14</sup> was used in the present study to provide evidence of the convergent validity of the AIQoL-9. As a measure of convergent validity the results from the AIQoL-9 scale score were compared to the scores from the WHOQOL-BREF. In case of convergence, the sub-



scales measuring similar constructs are expected to be strongly correlated, which means that the correlation should be over 0.40. On the other hand, a correlation under 0.40 shows low convergence suggesting that the subscales assess different constructs. Our findings revealed that internal consistency of the WHOQOL-BREF subscales were very good for the domains of Physical Health and Psychological Health, and fair but satisfactory for Social Relationships and Environment. The Physical Health and Psychological Health subscales of the WHOQOL-BREF were highly correlated with the AIQoL-9 score suggesting that both instruments tap homogenous constructs.

### Conclusion

To conclude, the Greek version of the AIQoL-9 displayed satisfactory reliability and validity indices. Its use in research is expected to contribute to the effective reform of the national mental health system, by considering alcohol dependents' functioning and quality of life. In routine clinical practice, the systematic assessment of self-reported quality of life will help care givers to evaluate and improve the quality of life of their patients. The combined use of specific and generic QoL instruments provides a comprehensive and rich assessment of QoL.

## Αποτίμηση της ειδικής κλίμακας ποιότητας ζωής (AIQoL-9) σε Ελληνικό δείγμα ατόμων με αλκοολική εξάρτηση και σε διαφορετικά θεραπευτικά προγράμματα: Μια επιβεβαιωτική παραγοντική ανάλυση

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Η διεθνής βιβλιογραφία υποδεικνύει ότι η κατάχρηση οινόπνευματων και η επαγόμενη ανάπτυξη εξάρτησης από το αλκοόλ επηρεάζουν σημαντικά την ποιότητα ζωής του ατόμου. Εντούτοις, τα ψυχομετρικά εργαλεία για την εκτίμηση της ποιότητας ζωής στην αλκοολική εξάρτηση είναι σπάνια. Η κλίμακα AIQoL-9 κατασκευάστηκε με βάση το γνωστό ερωτηματολόγιο γενικής λειτουργικότητας που αποτυπώνει την ποιότητα ζωής, την κλίμακα SF-36, και αποτελεί το μοναδικό εργαλείο στη διεθνή βιβλιογραφία το οποίο είναι ειδικό για τη μέτρηση της ποιότητας ζωής σε εξαρτημένα από αλκοόλ άτομα. Ο σκοπός αυτής της μελέτης ήταν η αξιολόγηση των ψυχομετρικών ιδιοτήτων της ελληνικής εκδοχής του AIQoL-9, συλλέγοντας στοιχεία από ένα πανελλαδικό δείγμα και λαμβάνοντας ως βάση την αρχική και μοναδική έρευνα που διεξήχθη στον διεθνή χώρο, με τη χρήση της αγγλικής εκδοχής του ερωτηματολογίου. Ένα δείγμα από 170 άτομα από κλειστές και ανοικτές μονάδες αποτοξίνωσης και από διαφορετικά θεραπευτικά προγράμματα από όλη την Ελλάδα συμπλήρωσαν το ερωτηματολόγιο AIQoL-9, καθώς και τη συνοπτική μορφή του γενικού ερωτηματολογίου ποιότητας ζωής του Παγκόσμιου Οργανισμού Υγείας (WHOQOL-BREF). Η δομή του ερωτηματολογίου AIQoL-9 διερευνήθηκε με επιβεβαιωτική παραγοντική ανάλυση (CFA). Εξετάστηκαν οι συσχετίσεις ανάμεσα στις βαθμολογίες της κλίμακας AIQoL-9 με τα κοινωνικοδημογραφικά στοιχεία των συμμετεχόντων, καθώς και με

τις βαθμολογίες που προέκυψαν από τους τομείς του ερωτηματολογίου WHOQOL-BREF, το οποίο έχει μελετηθεί εκτενώς σε δείγματα του ελληνικού πληθυσμού. Η επιβεβαιωτική παραγοντική ανάλυση υποστήριξε τη δομή του ερωτηματολογίου AIQoL-9 με τη χρήση ενός παράγοντα. Το Cronbach's alpha της ελληνικής εκδοχής του ερωτηματολογίου ήταν 0,837, τιμή η οποία είναι πολύ ικανοποιητική για την εσωτερική συνέπεια του εργαλείου. Ως προς την εγκυρότητα του AIQoL-9, διαπιστώθηκαν σημαντικές συσχετίσεις ανάμεσα στις βαθμολογίες της εν λόγω κλίμακας με τις 4 θεματικές υποενότητες (τομείς) και τις 2 γενικές ερωτήσεις από το ερωτηματολόγιο WHOQOL-BREF. Η μεγαλύτερη στατιστικά σημαντική συσχέτιση ( $p < 0,001$ ) παρουσιάστηκε στην υποενότητα που εξετάζει τη σωματική υγεία (Pearson's  $r = 0,720$ ) και η επόμενη μεγαλύτερη ήταν στην υποενότητα της ψυχολογικής υγείας ( $r = 0,693$ ), ενώ οι συσχετίσεις με τις υποενότητες των κοινωνικών σχέσεων (0,481) και του περιβάλλοντος (0,411), καθώς και με τις γενικές υποενότητες της γενικής υγείας (0,554) και της συνολικής ποιότητας ζωής (0,522) ήταν σχετικά μικρότερες. Με βάση τα αποτελέσματα, το ερωτηματολόγιο AIQoL-9 αποδεικνύεται ένα εύχρηστο ψυχομετρικό εργαλείο, το οποίο κρίνεται ως αξιόπιστο να χρησιμοποιηθεί στην εκτίμηση της ποιότητας ζωής σε άτομα που παρουσιάζουν αλκοολική εξάρτηση. Προτείνεται η συνδυαστική χρήση του ειδικού ερωτηματολογίου με μια κλίμακα γενικής ποιότητας ζωής, όπως το WHOQOL-BREF. Το AIQoL-9 προτείνεται ως ένα κατάλληλο ψυχομετρικό εργαλείο χρήσιμο στην καθημερινή κλινική πρακτική και την παρακολούθηση των πιθανών αλλαγών στην ποιότητα ζωής του ασθενούς, καθώς και σε μελέτες μεγάλης κλίμακας για τη διερεύνηση της ποιότητας ζωής στον σχετικό ψυχιατρικό πληθυσμό.

**Λέξεις ευρητηρίου:** Σχετιζόμενη με αλκοόλ διαταραχή, Ελλάδα, ποιότητα ζωής, ειδικά ερωτηματολόγια ποιότητας ζωής, μελέτες εγκυρότητας.

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