

# **Patient reported Outcomes: Misinference from ordinal scales?**

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# Patient Report Outcome Measures (PROM)

- PROs/PROMs
- Often used as outcomes in clinical trial/medical outcome studies
- Summated set of items provide ORDINAL magnitude of the respondents level of the trait.

# Outcome studies

Many rely on the calculation of:

- Means + SDs
- Change Scores
- Minimally Important Difference
  - MCID/MCII/MID
- Effect Sizes

# Misinference from Ordinal Scales

- Ordinal scales of measurement do not support the mathematical operations needed to calculate means and standard deviations

Merbitz C, Morris J, Grip JC. Arch Phys Med Rehabil.  
1989; 70:308-312

# Ordinal scale and statistics in medical research.

- “When several items are measured on ordinal scales it is far from certain that the sum of scores has even ordinal properties”

Forrest M, Andersen B. Ordinal scale and statistics in medical research. *Br Med J (Clin Res Ed)*. 1986; 292(6519): 537-8

# Ordinal scale and statistics in medical research.

- A survey of the 1982 editions of 12 medical journals showed that in at least 70% of 175 papers employing ordinal measurement scales, statistical methods were used, which do, in fact, assume a more refined measurement scale.

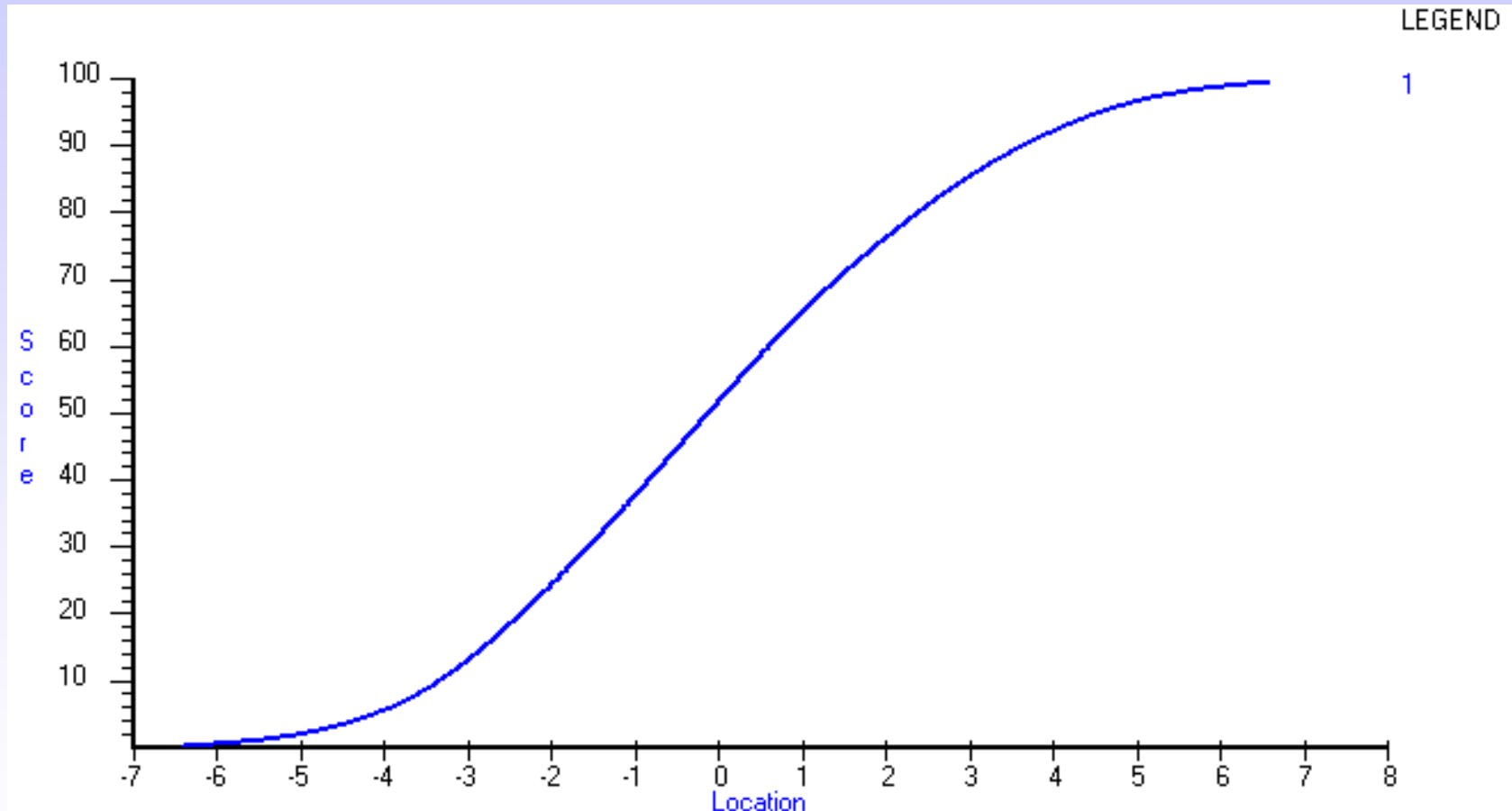
Forrest M, Andersen B. Ordinal scale and statistics in medical research. *Br Med J (Clin Res Ed)*. 1986; 292(6519): 537-8

# Scale Warning

Interpretation of change scores in ordinal clinical scales and health status measures: the whole may not equal the sum of the parts

Stuki G, Daltroy L, Katz JN, Johannesson M, Liang MH. *Journal of Clinical Epidemiology* 1996; 49:711-717

# Transformation from Ordinal to Interval







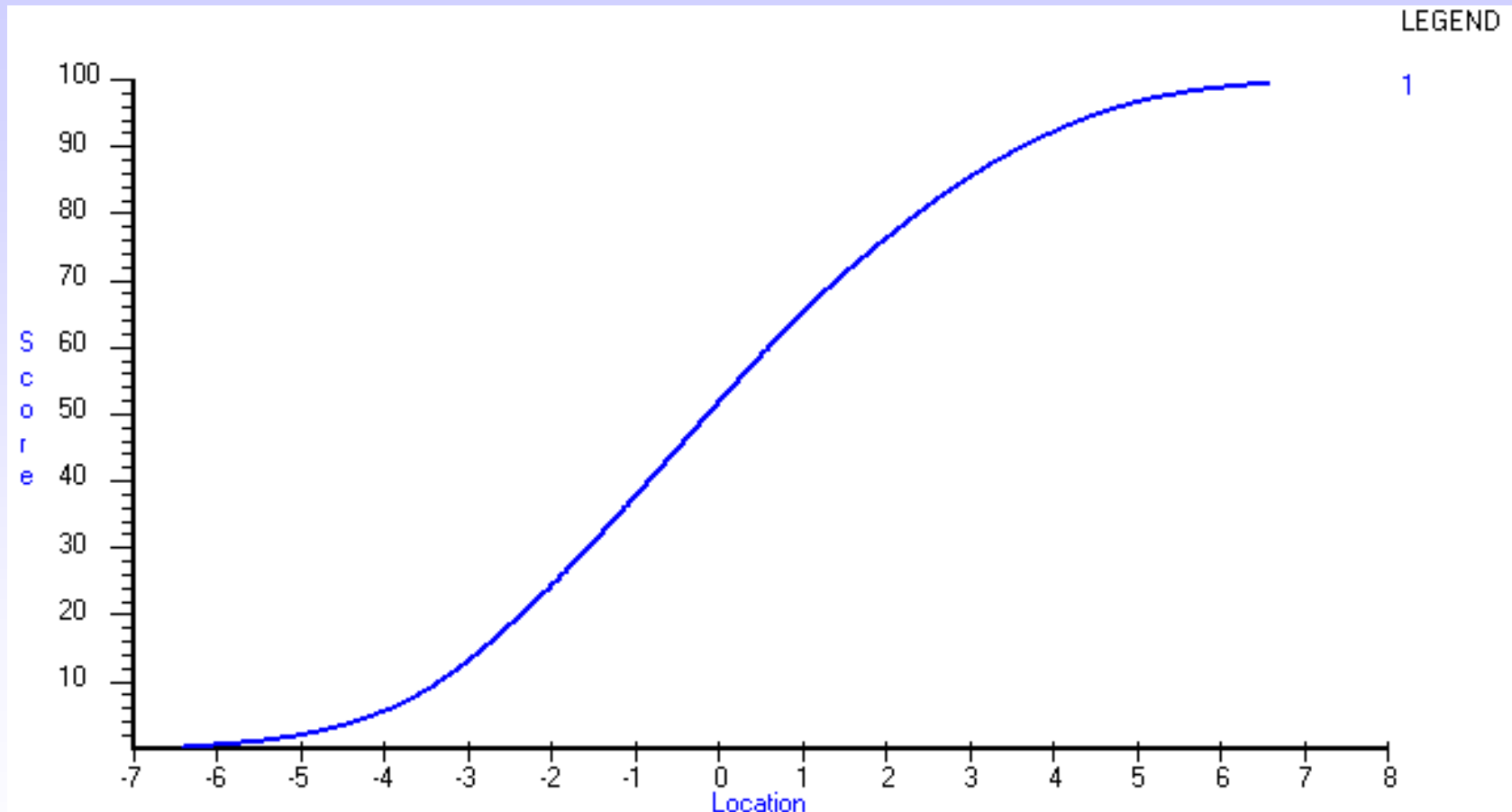
**Georg Rasch (1901-1980)**

# Probabilistic Models for Some Intelligence and Attainment Tests

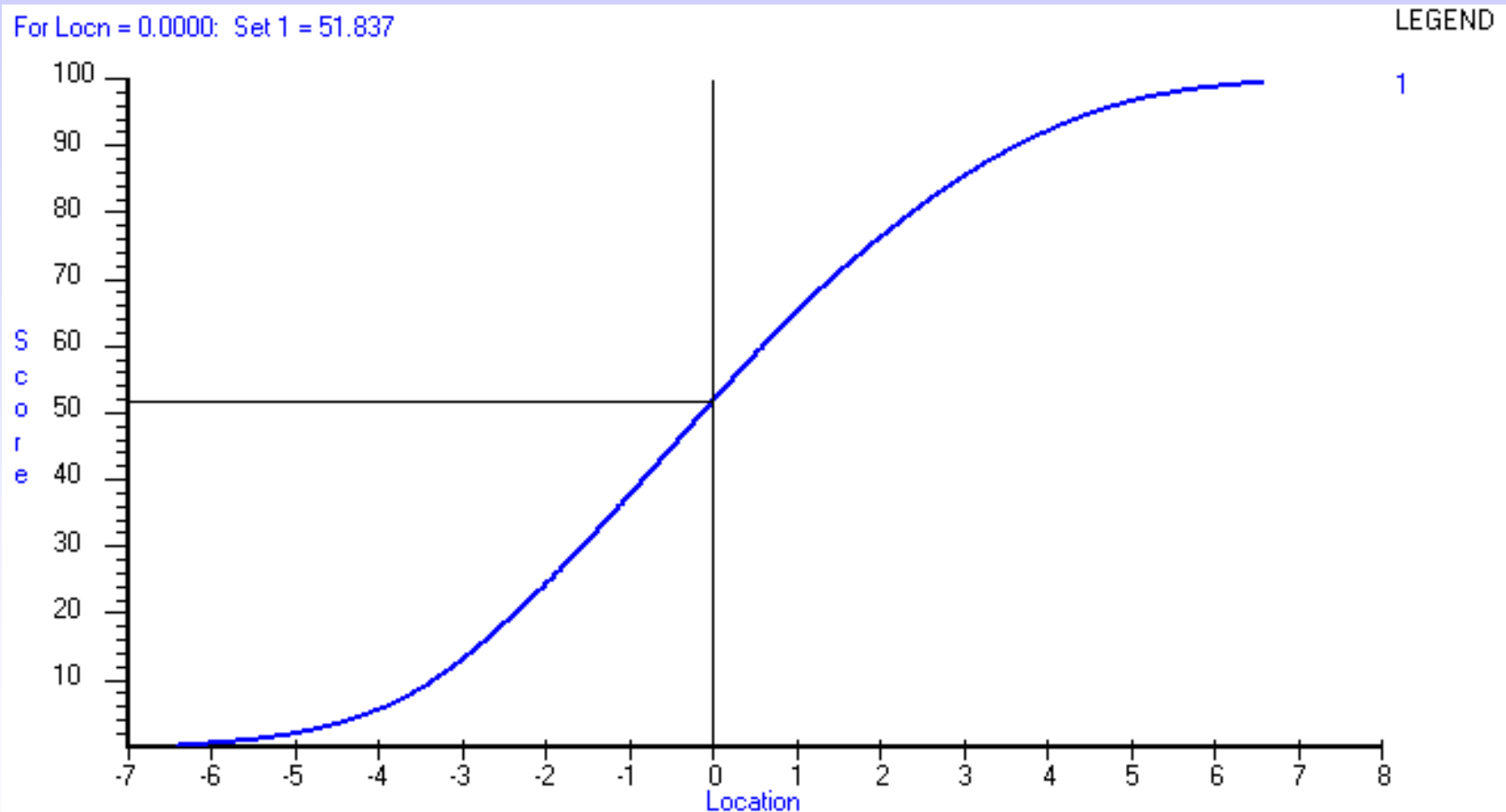
**GEORG RASCH**  
WITH A FOREWORD AND  
AFTERWORD BY  
**BENJAMIN D. WRIGHT**

Mesa Press,  
Chicago 1980

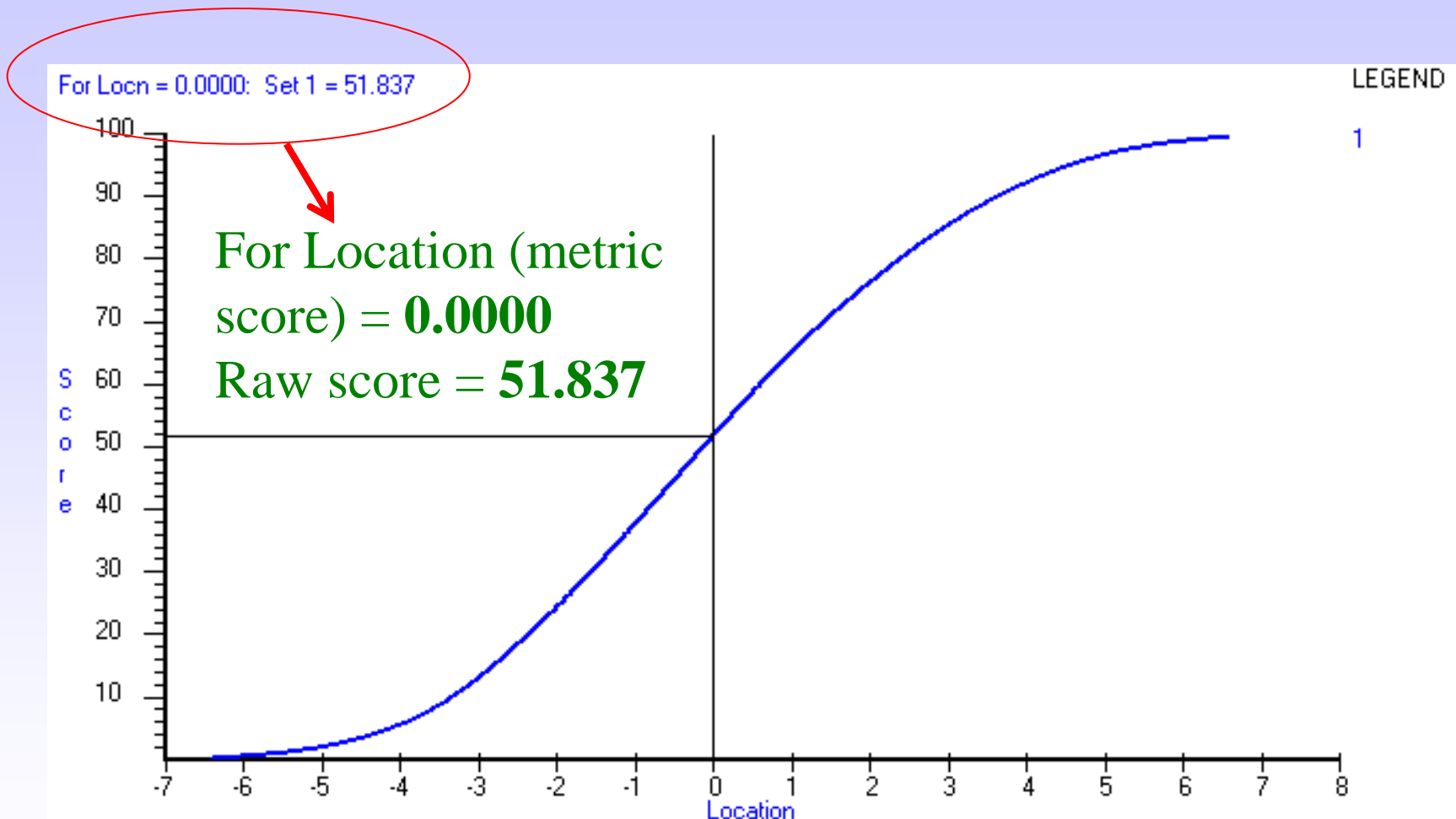
# Example 1: Plateau?



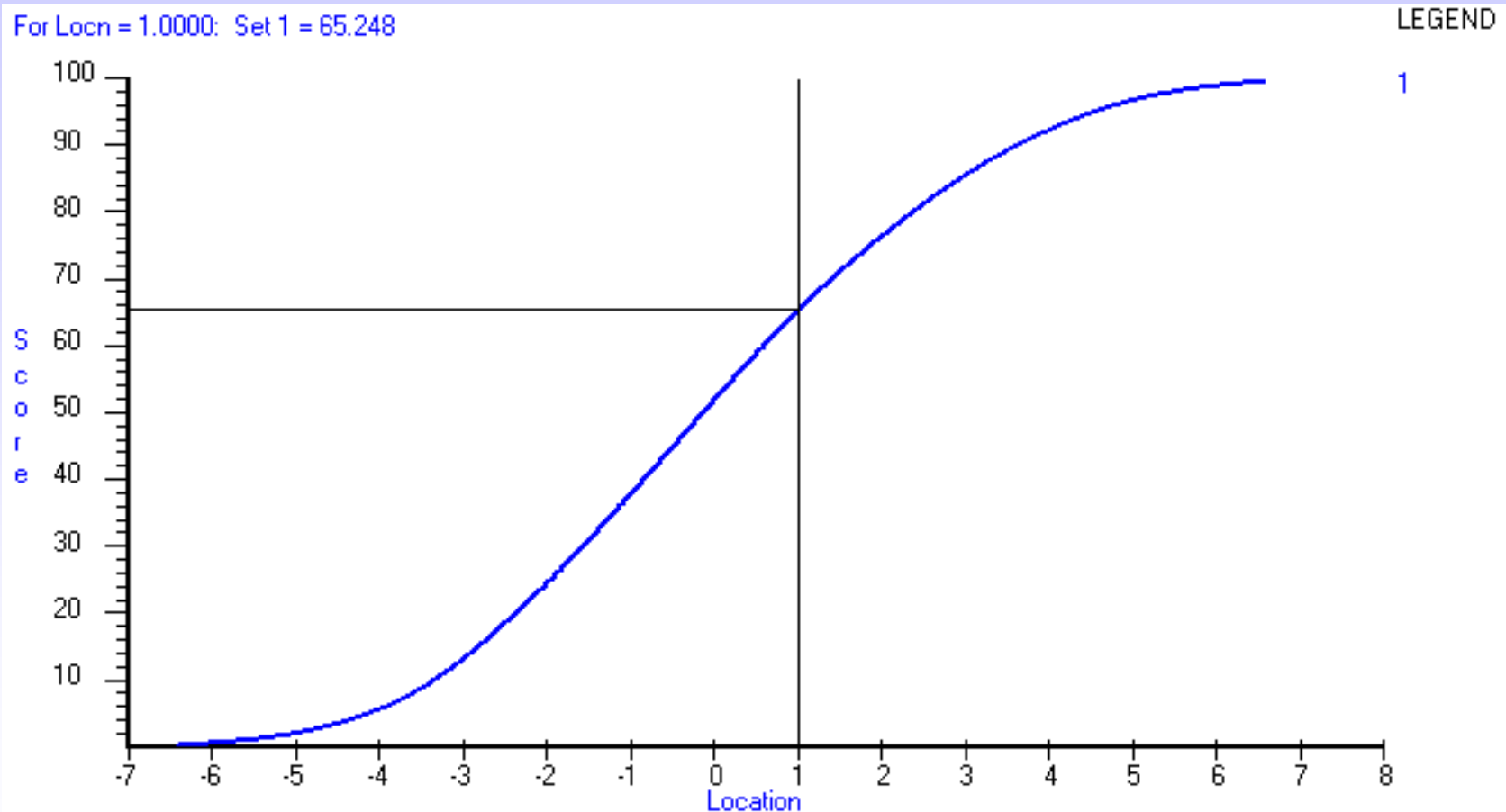
# Plateau?



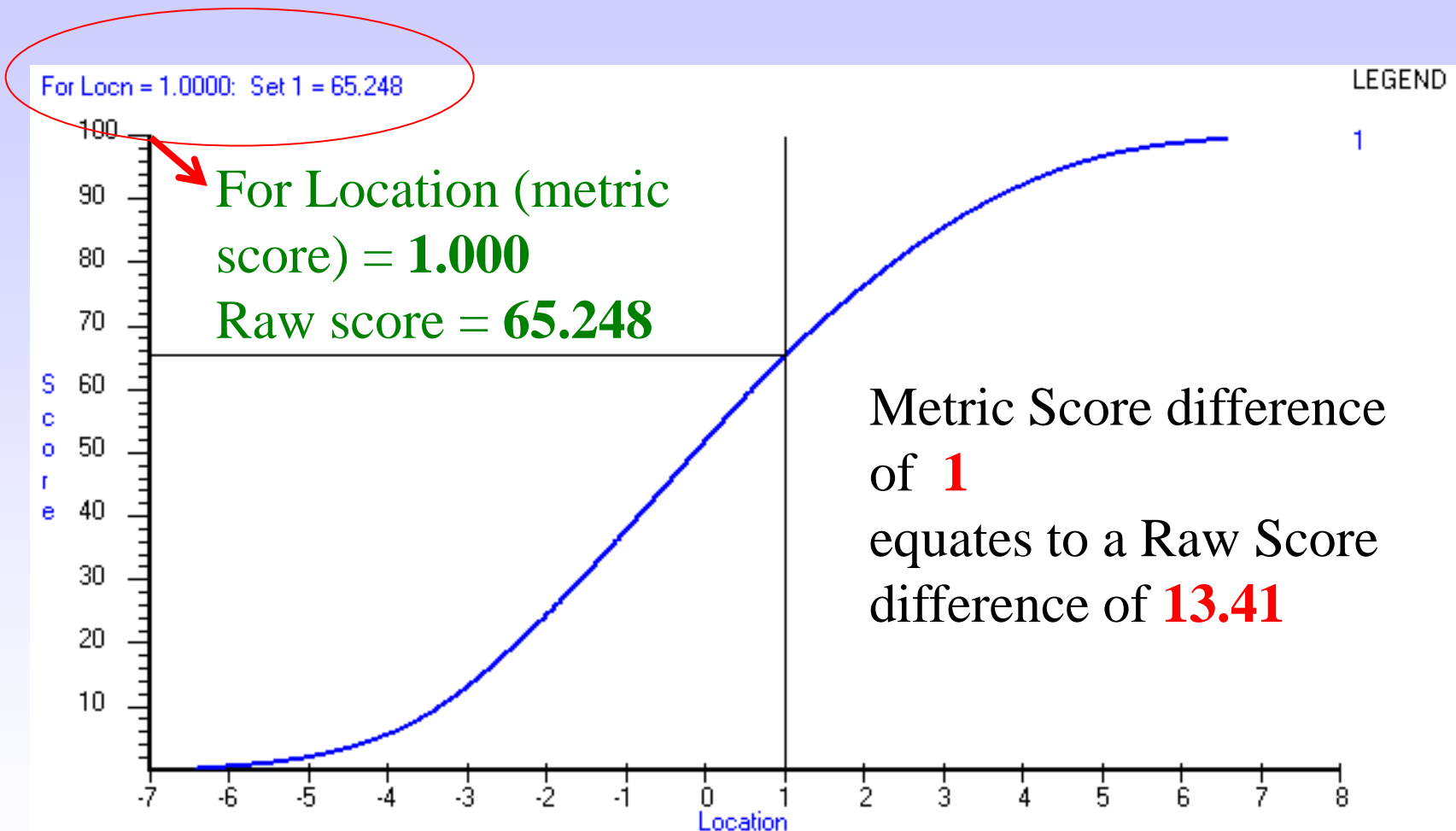
# Plateau?



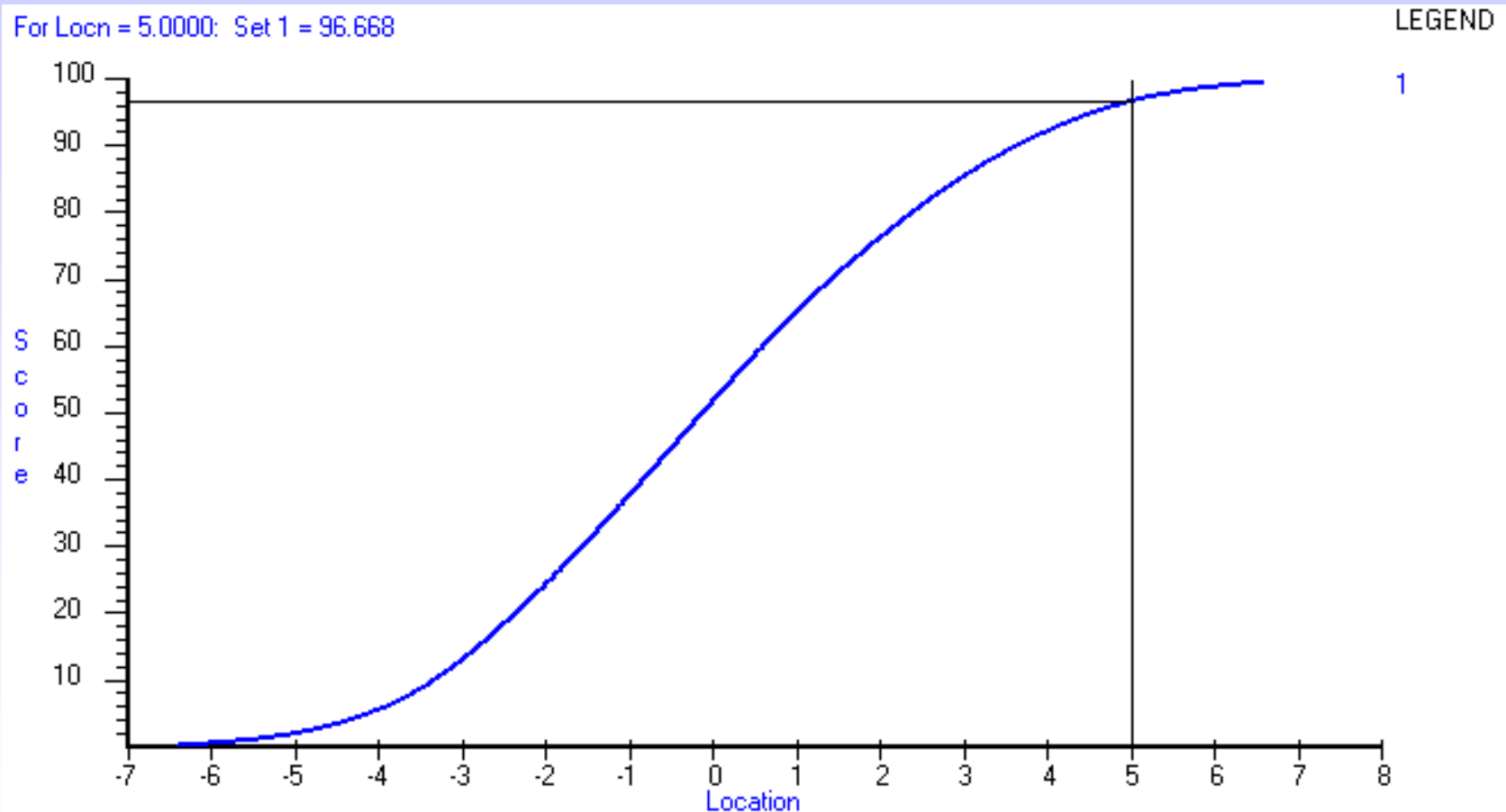
# Plateau?



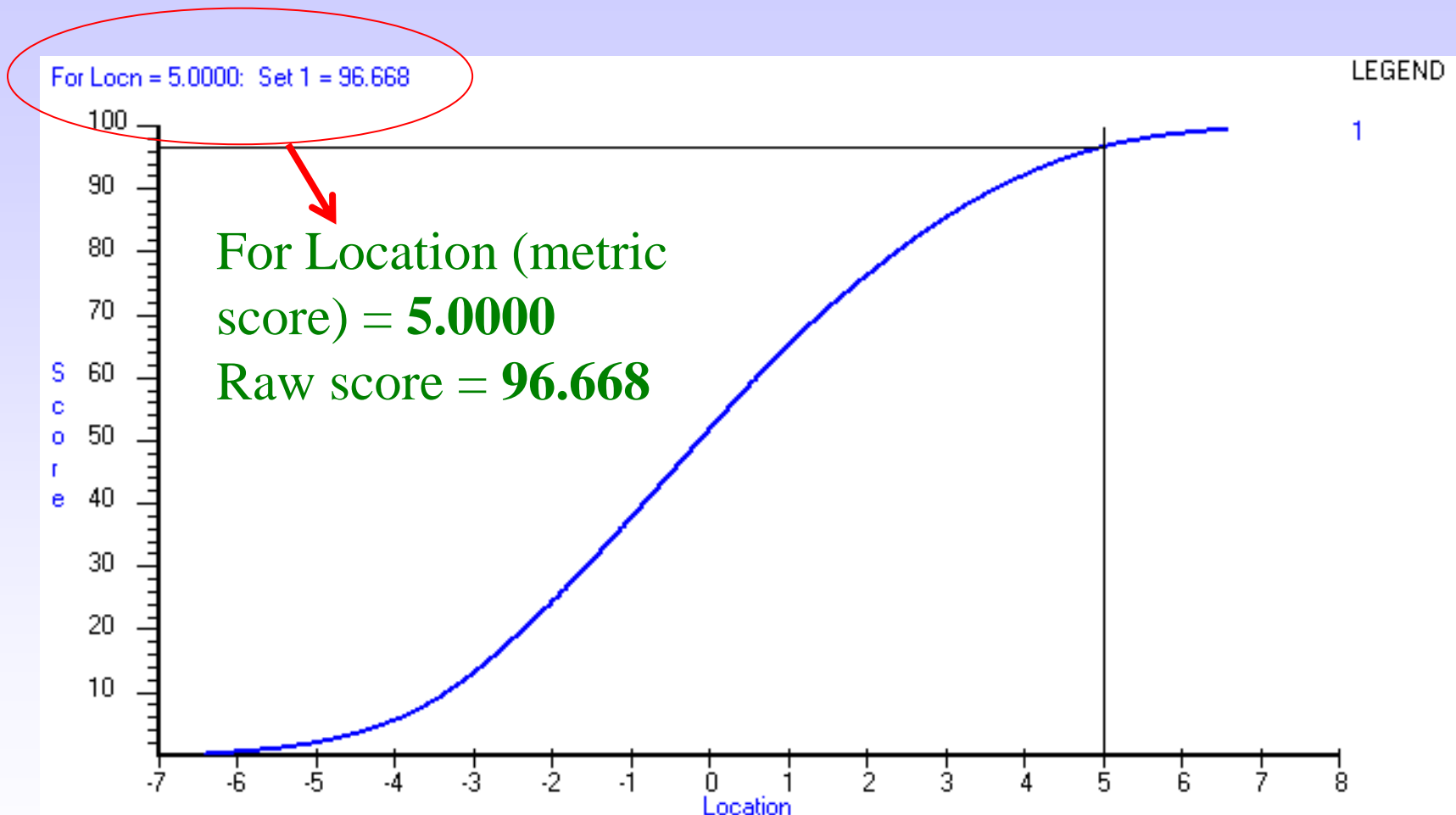
# Plateau?



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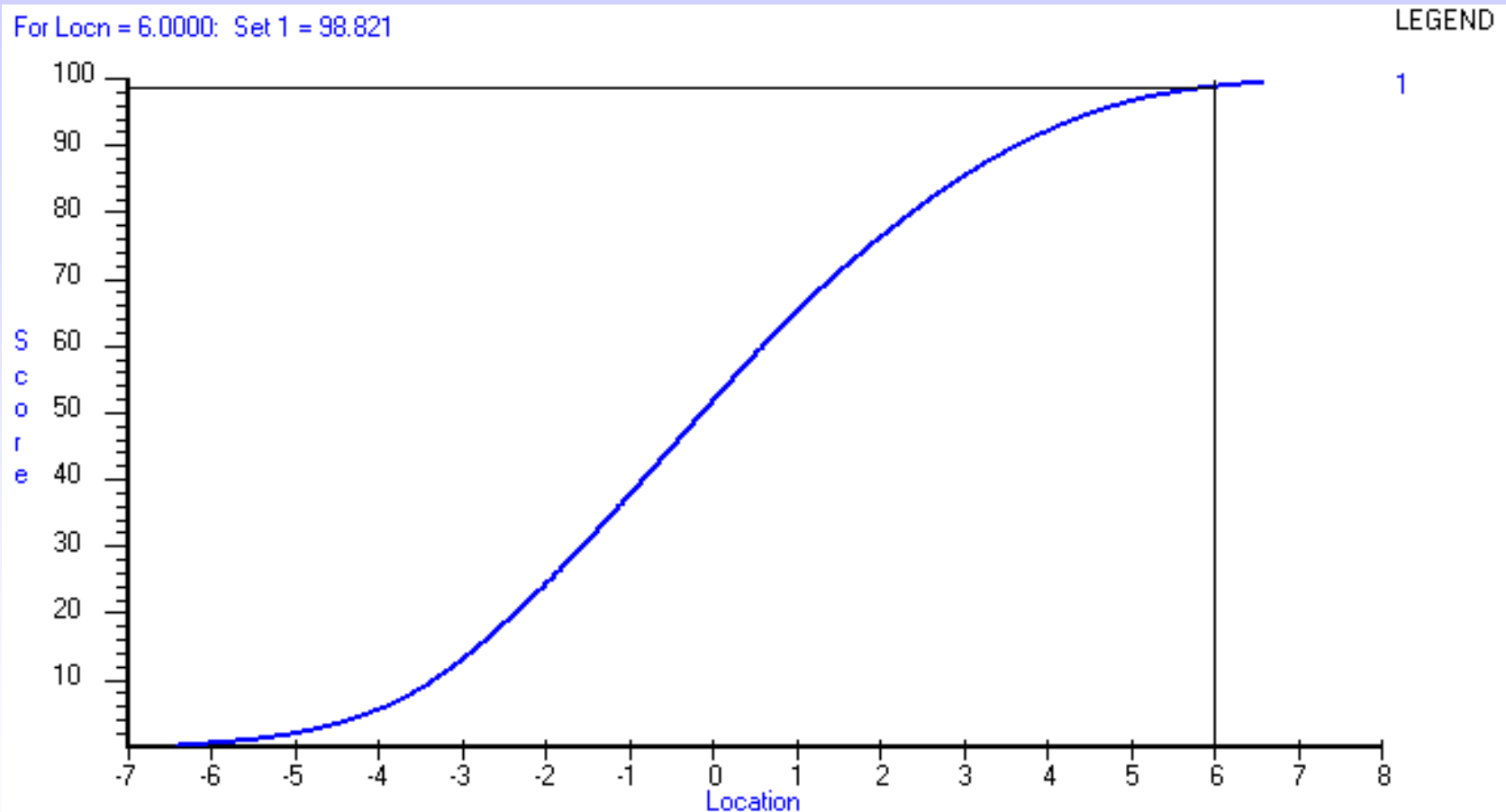


# Plateau?

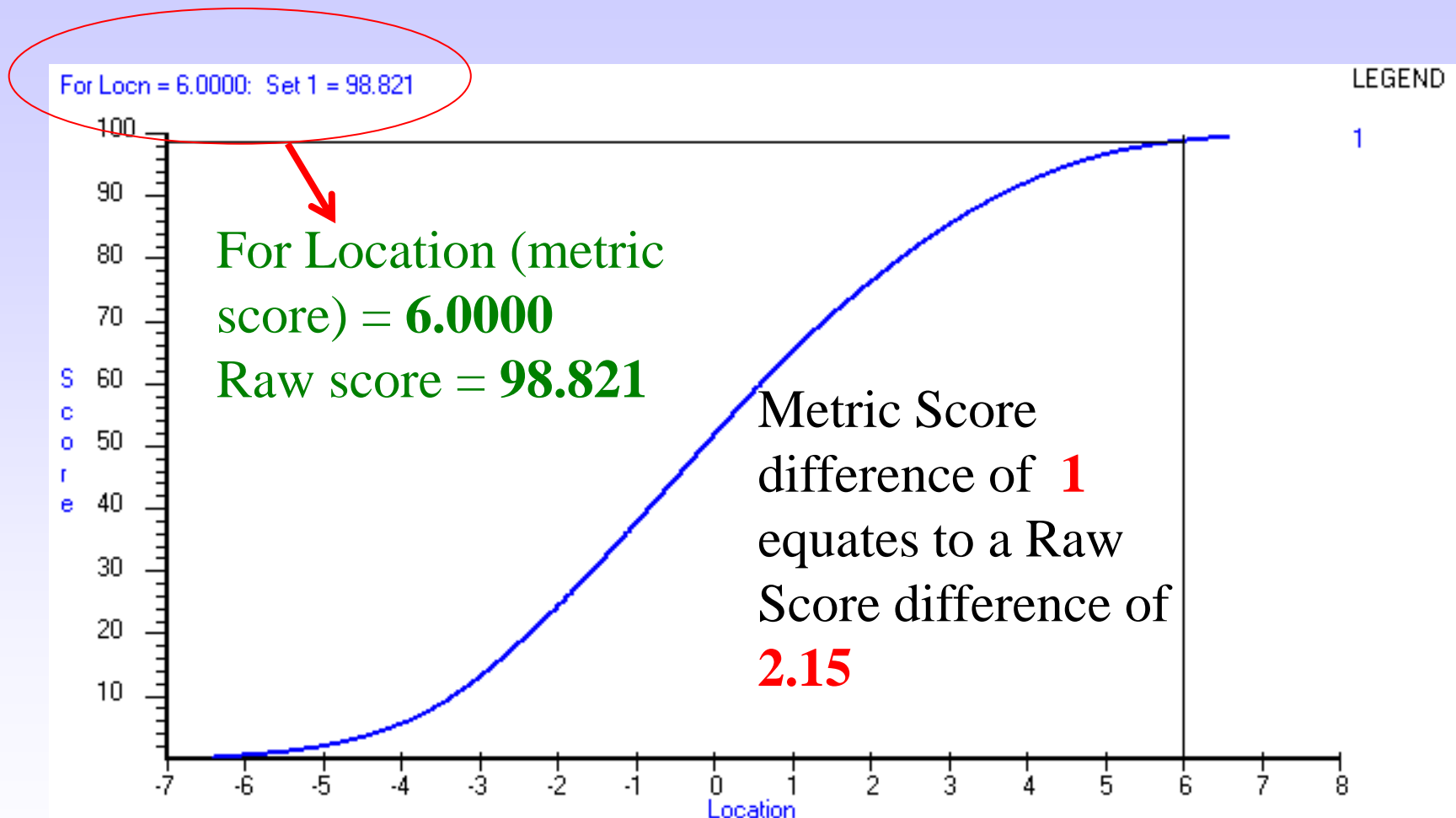




# Plateau?

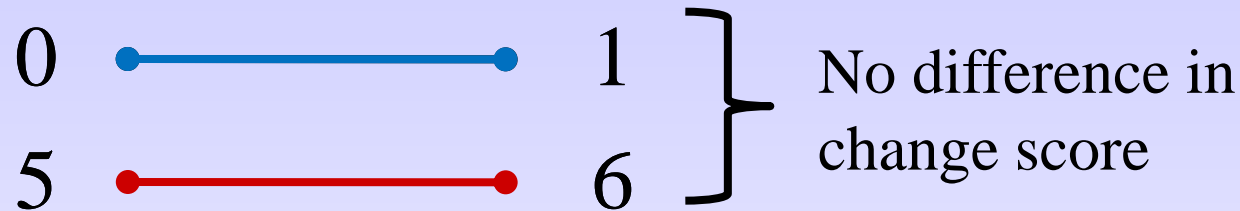


# Plateau?

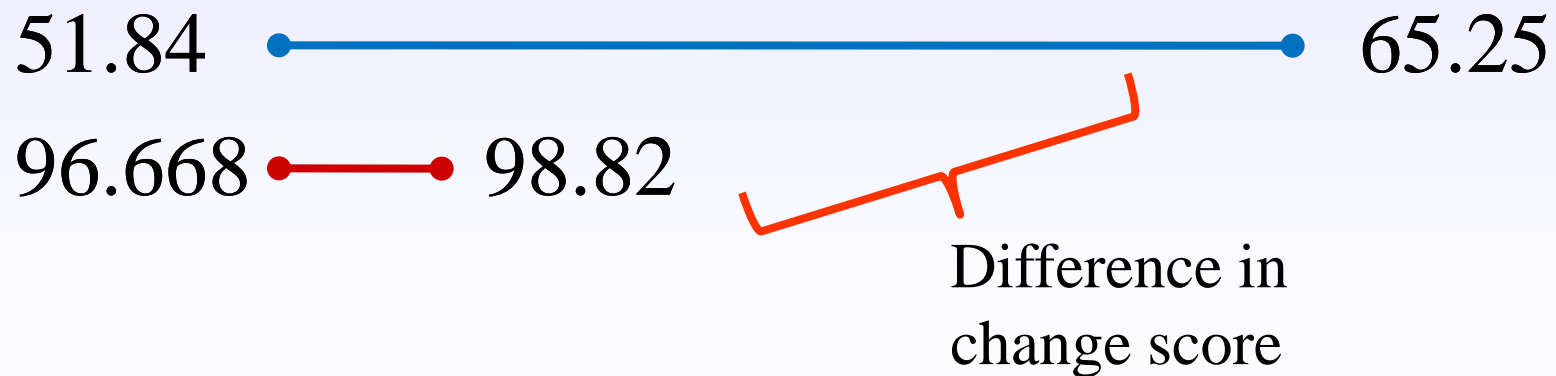


# Difference?

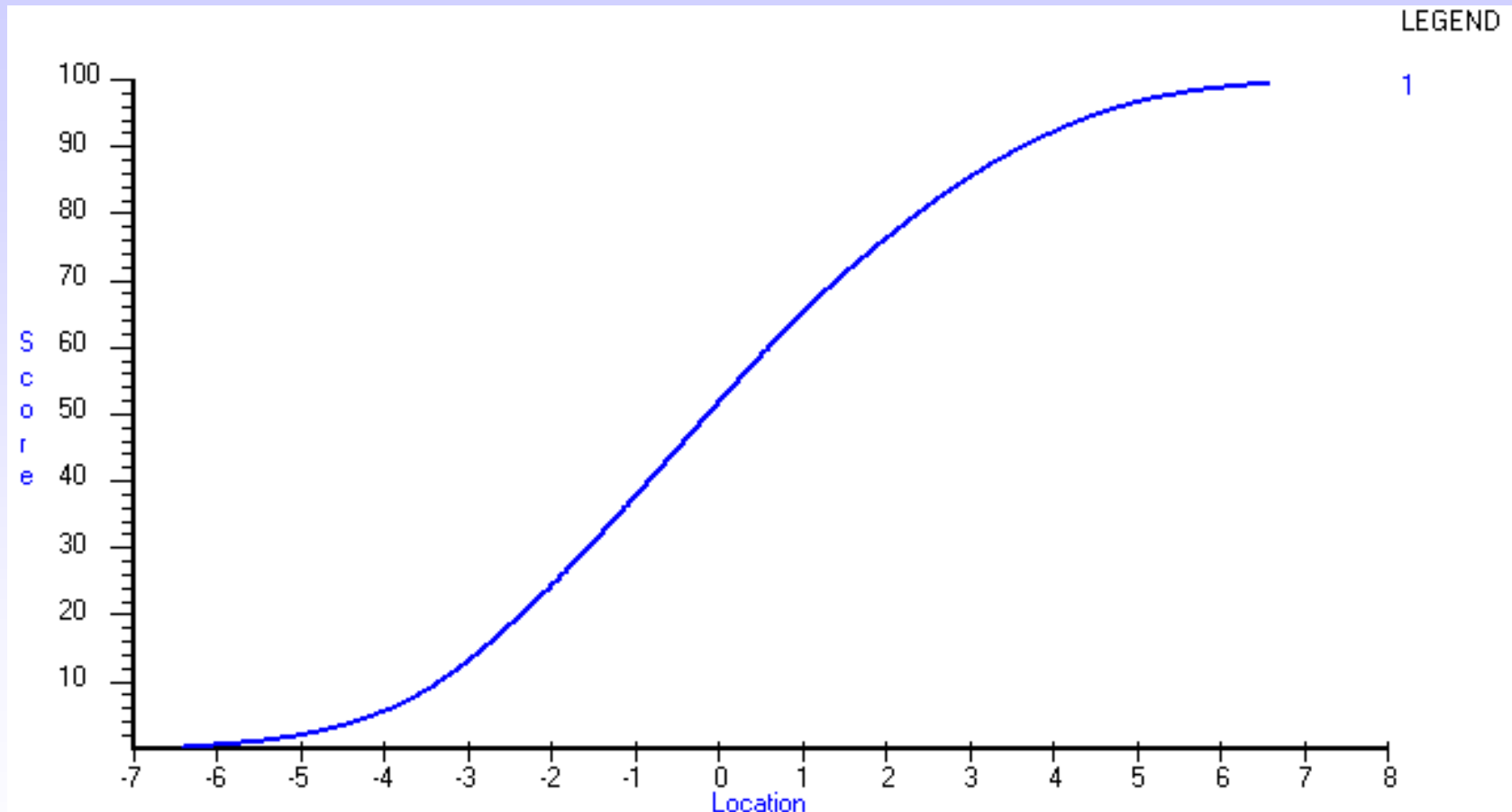
With Metric Scale Scoring:



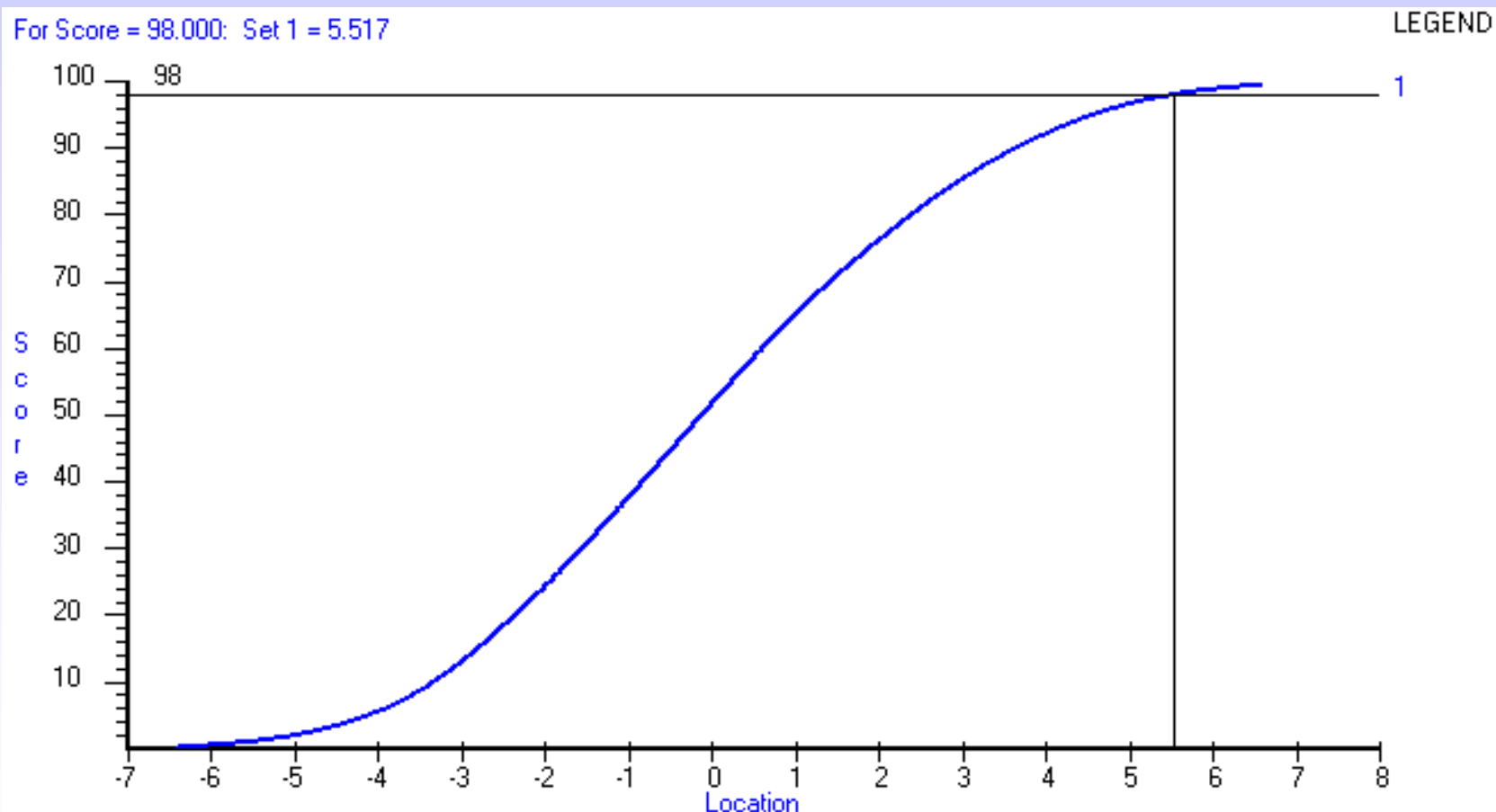
With Raw Ordinal Scale Scoring



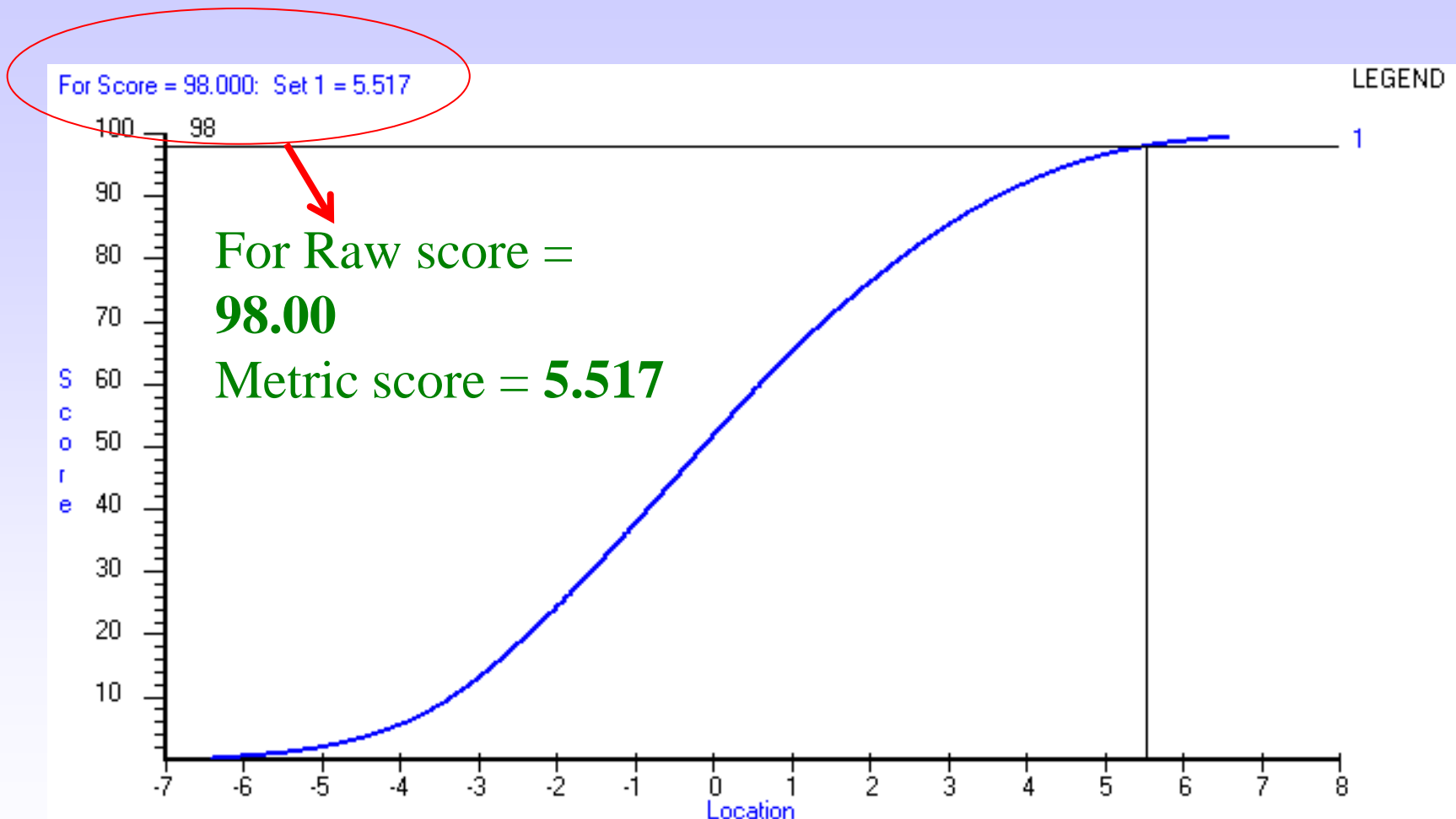
# Example 2: MID of - 5?



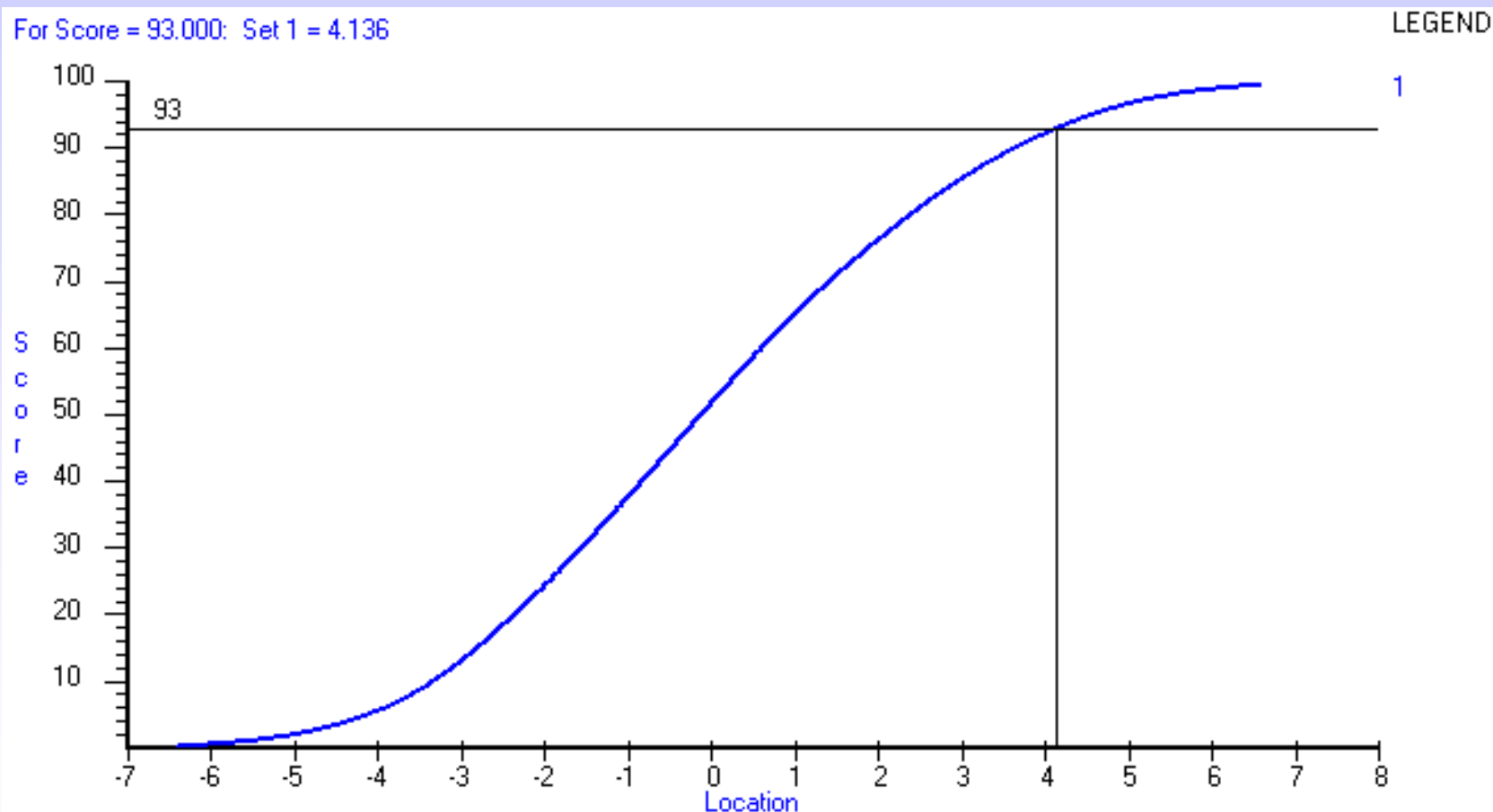
# MID of - 5?



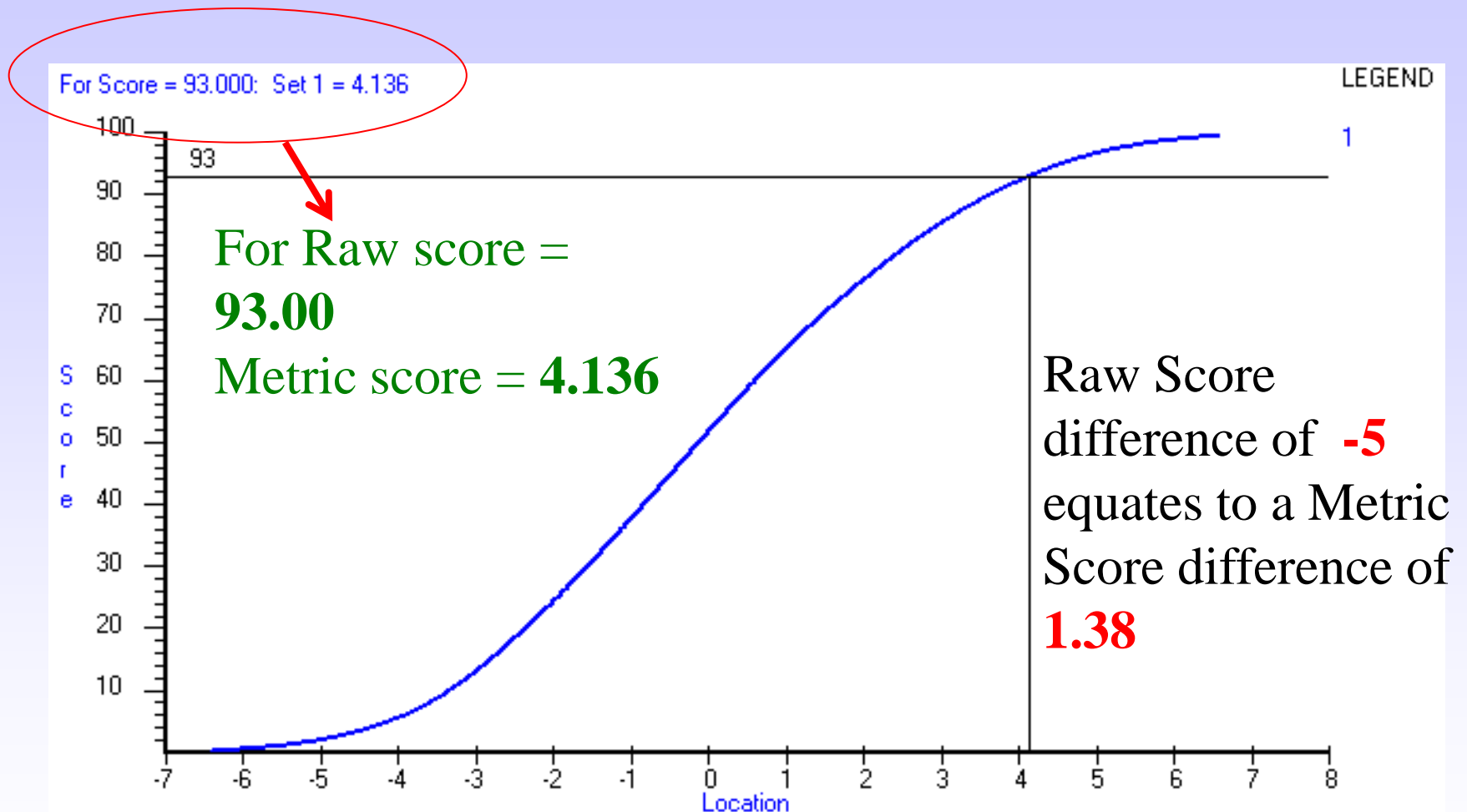
# MID of - 5?



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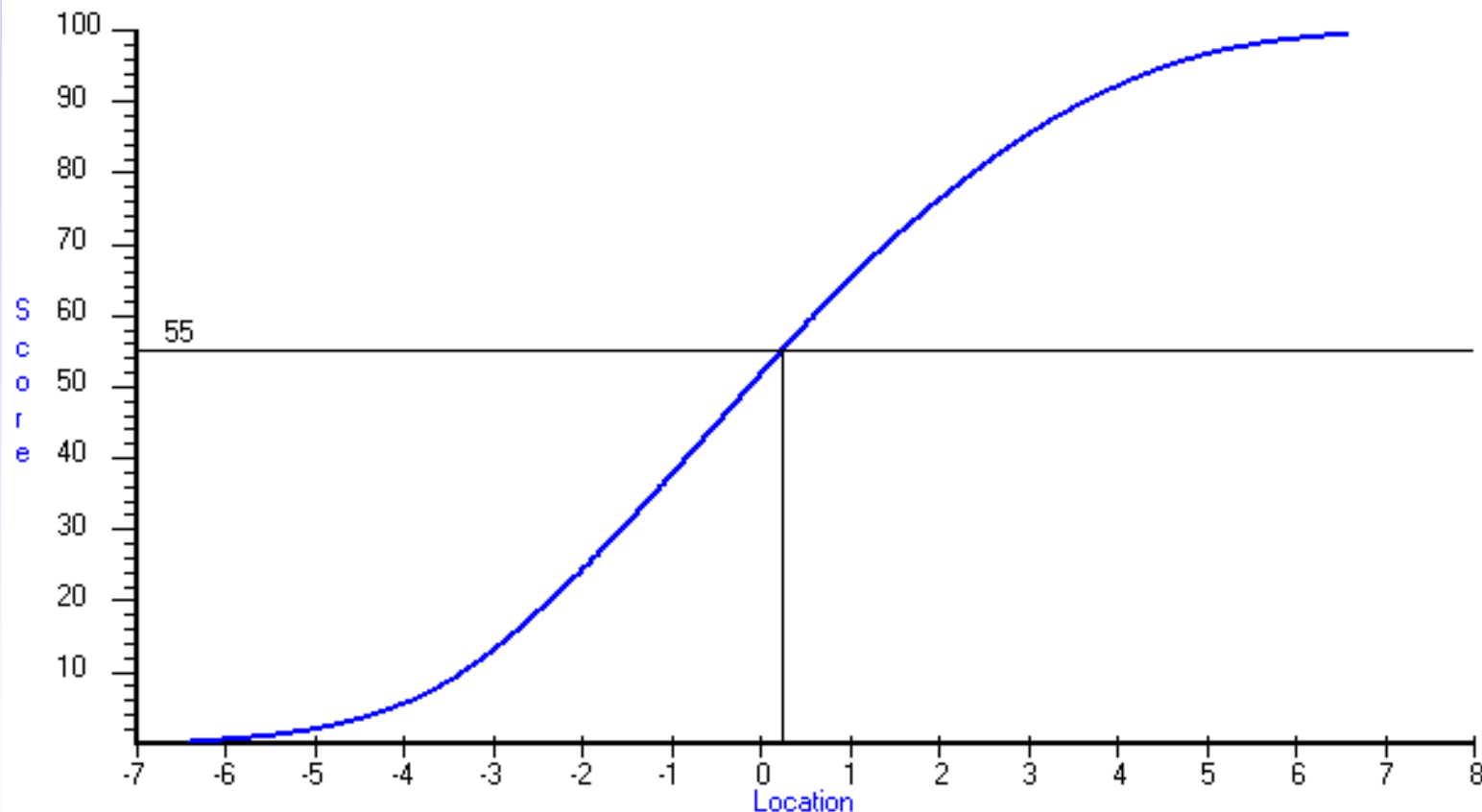
# MID of - 5?



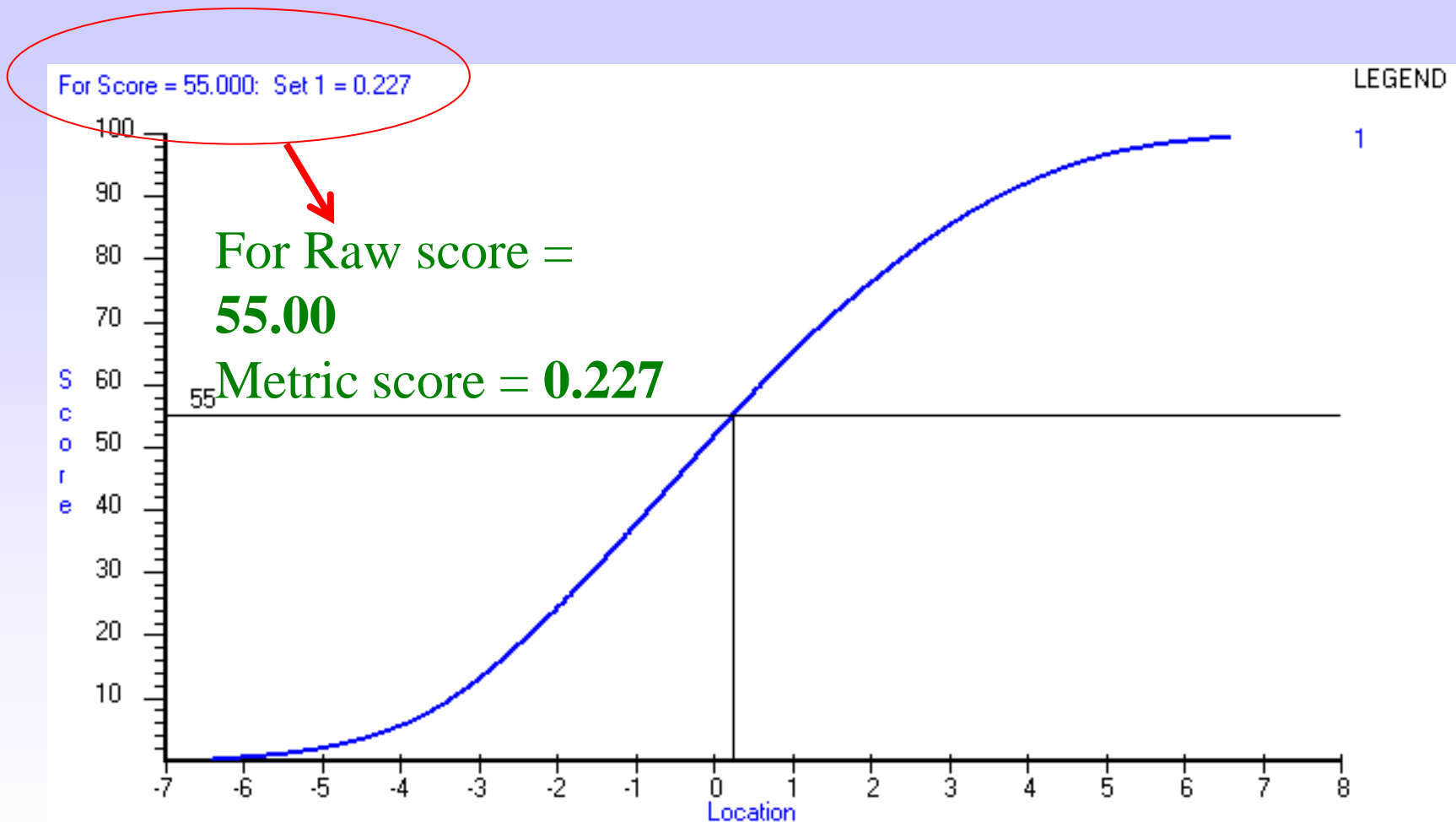


# MID of - 5?

For Score = 55.000: Set 1 = 0.227



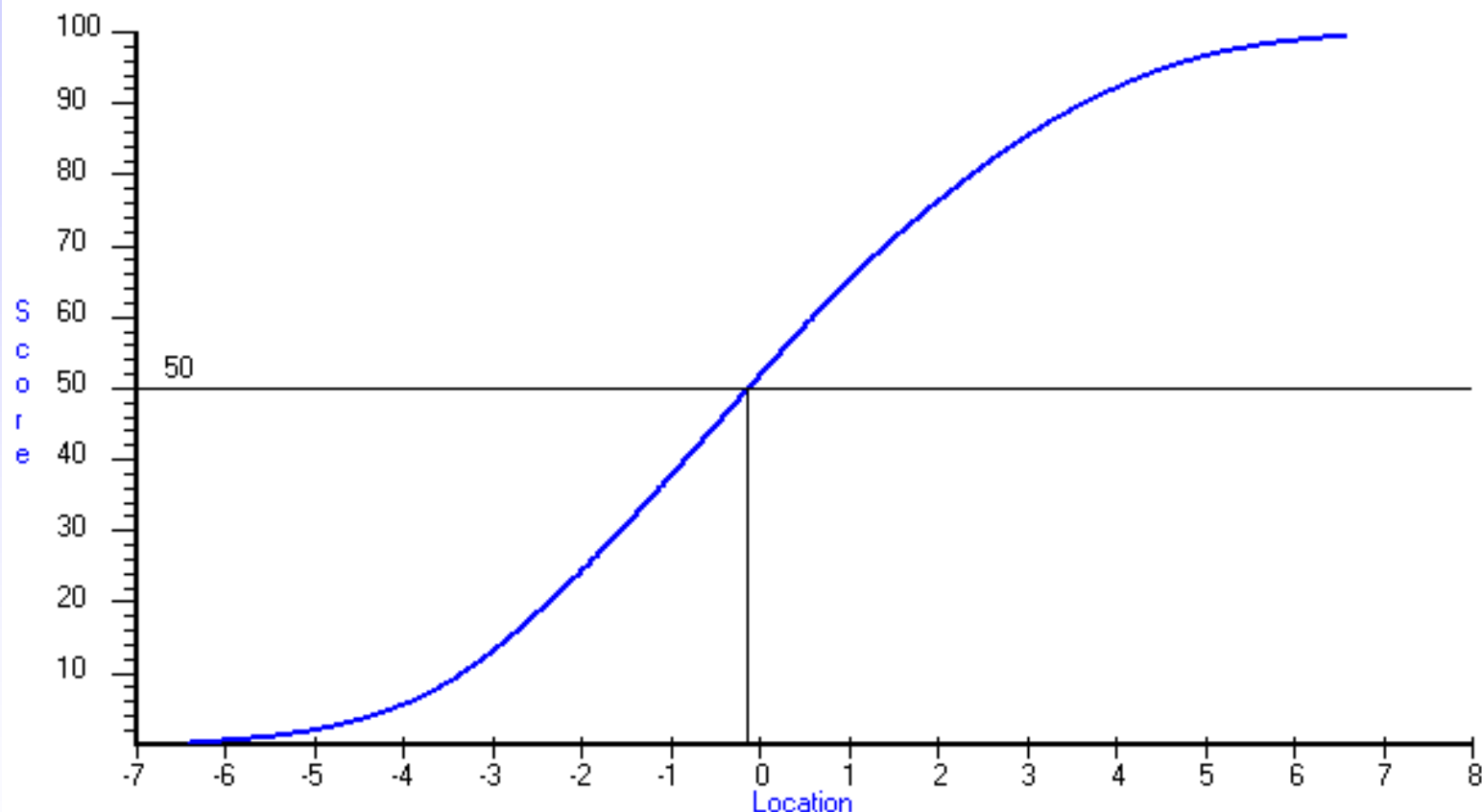
# MID of - 5?



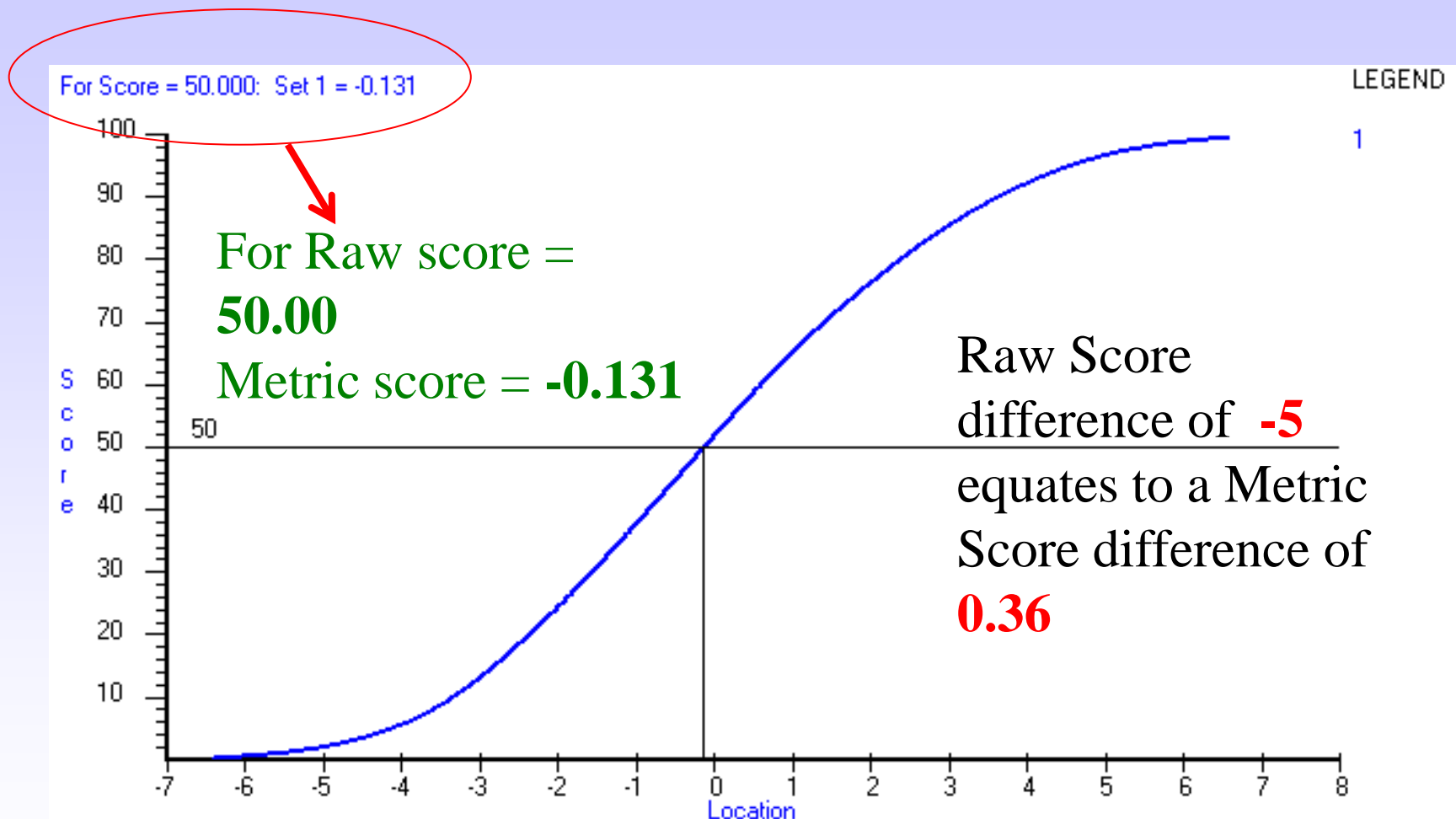
# MID of - 5?

For Score = 50.000: Set 1 = -0.131

LEGEND

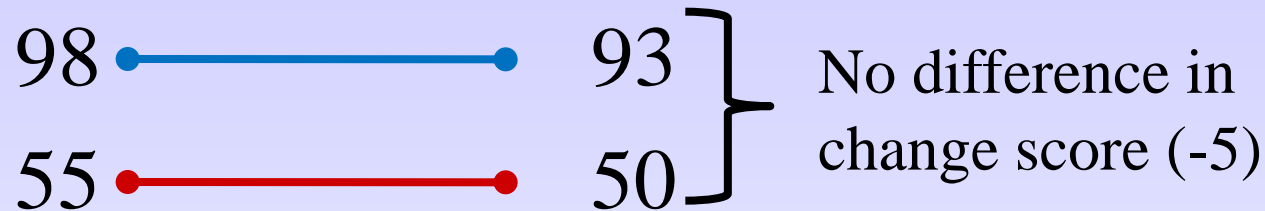


# MID of - 5?

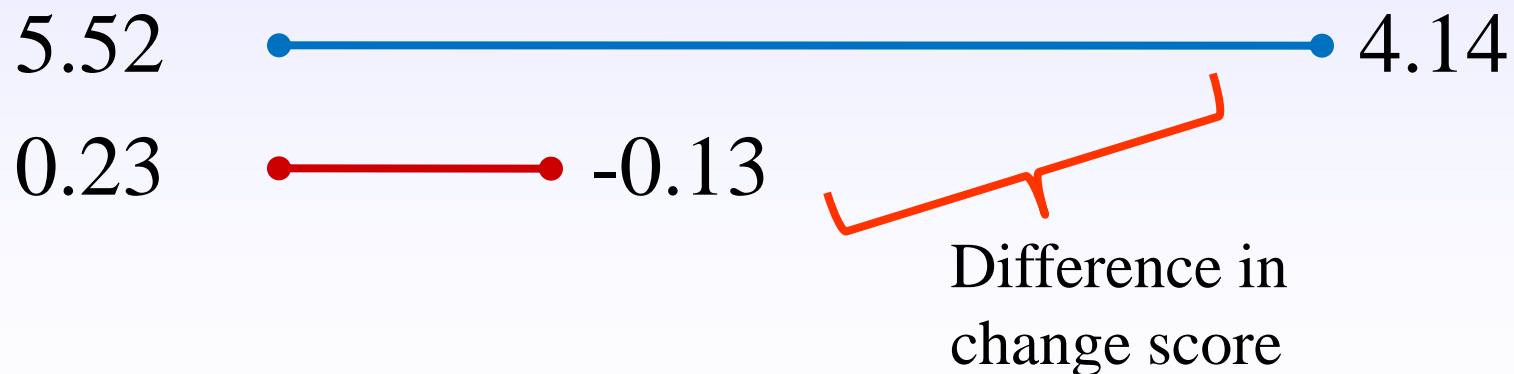


# Minimally Important Difference?

With Raw Ordinal Scale Scoring:



With Metric Scale Scoring (drawn to scale)



# Can we use Ordinal Scales in this Way?

*MRC Clinical Trials Methodology Conference  
October 4-5, 2011; Bristol, UK.*

# Misinference from Ordinal Scales

- Using ordinal-level scores obtained with Likert-type scales to track change in clinical outcomes over time can result in erroneous conclusions. Comparisons of patient improvement by enrolment status are particularly vulnerable to the ambiguity inherent in employing change scores from an ordinal-level scale.

Using ordinal scales to track change over time: does the scale-level really matter?

Cook KF, Rabeneck L, Wray NP; Association for Health Services Research. Meeting. *Abstr Book Assoc Health Serv Res Meet.* 1998; 15: 264.

# In Conclusion...

- There can be no such thing as a MCID, MID, effect size, or any other mathematical calculation on ordinal data
- Ordinal data are restricted to a change in magnitude – improved or deteriorated
- A considerable range of non-parametric statistical tests developed (many ranked based) to cope with this limitation
- Alternatively, where possible, data can be converted to interval level via correct application of the Rasch Model



# Thank you for your Attention

*MRC Clinical Trials Methodology Conference  
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