

Title: Performance of the Brief Negative Symptom Scale Across Languages and Regions: Current Results from Global Harmonization Efforts

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The Methodological Question Being Addressed: Does the Brief Negative Symptom Scale (BNSS) demonstrate adequate reliability and discrimination across languages and cultural groups to meet the needs of international clinical trials for negative symptoms in schizophrenia?

Abstract:

Introduction (Aims): Reliability and other psychometric properties of new scales for assessment of negative symptoms require careful evaluation across languages and cultures to prove their suitability for use in global clinical trials. In order to further these goals, an ongoing project has been underway for several years focused on translating and test the Brief Negative Symptom Scale (BNSS) across languages and cultures. Key characteristics of the BNSS are that i) it is brief, consisting of only 13-items that can be rated in a 10-20 minute interview; ii) has a concise manual with a semi-structured interview guide; iii) is written clearly and simply, especially in suggested probe questions; iv) it covers all five of the NIMH Consensus Conference domains; and v) it has good separation of the two dimensions thought to underlie negative symptoms (expressivity and anhedonia/amotivation/asociality). Recent findings also suggest that the BNSS is sensitive to drug effects, with effect sizes comparable to existing established scales.

Methods: A group of international collaborators have translated, back-translated and harmonized the BNSS for multiple languages. Data from Italian, Spanish, Turkish, and German versions are presented and compared here; other translations are underway. Inter-rater reliability was established through the use of pre-recorded videotapes and/or ratings of face-to-face interviews.

Results: The inter-rater reliability of the BNSS has proven to be strong and quite consistent across languages, with statistics ranging from 0.7-0.95. Studies conducted on the BNSS to date have also shown that a two-factor structure appears to be reliably replicated across languages and cultures. Qualitative reports from the field further support the idea that the brevity and simplicity of the interview language and structure is perceived as valuable by both clinicians and patients.

Conclusions: To date, the results demonstrate that the BNSS has strong potential as a tool that is sensitive across languages and cultures. New efforts are underway with translation and harmonization in multiple additional languages (e.g. Chinese (Simplified), Japanese, Russian and Korean) to further evaluate the performance of the BNSS globally.

Disclosures:

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