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Appraisal

Correspondence: Functioning assessment by the World Health Organization Disability Assessment Schedule 2.0 – WHODAS

I appreciate the opportunity to discuss functioning, in order to encourage the clinical and academic use of WHODAS. Some comments presented here are aimed at improving the published text,[1] as well as reinforcing the value and importance of WHODAS.

First of all, two amendments need to be made. It is said in the paper that 'With an increased focus on measuring function and disability…' In fact, WHODAS assesses functioning and disability. Function is merely one of the components of the 'Body function and Structure' domain of the International Classification of Functioning, Disability and Health (ICF) framework and should not be used in place of functioning. It is imperative to make it clear that functioning is a broader construct that encompasses 'Body function and Structure' as well as the other five domains.[2] If 'Function' is used instead of 'Functioning', all other relevant aspects (domains) to understanding people's functioning will be ignored. It is essential that conceptual misunderstandings are not allowed in academic discussions about functioning, since one of the ICF's proposals is to serve as a universal standard language.[2] The article also says that WHODAS '… allows assessment of three ICF domains (body functions and structures, activities and participation, and personal factors)…' As a matter of fact, WHODAS uses two questions about functions to construct its scores and the others are all related to the Activity and Participation domain.[3] Personal factors information is collected but has no role in the scores.

Two used references were published before 2010, which was the year of the launch of the current version of WHODAS. Due to this, it may be uncertain whether the information from these references should be applied here.

The cut-off point to identifying people with disability must be addressed as well. As can be inferred from the ICF model, functioning and disability are context dependent.[2] Environmental and personal factors can vary for geographical, social, economic and cultural reasons. Therefore, these cut-off points must be established for each population, respecting the underlying context. But, more importantly, we must critically ponder about it. In this context, some questions arise: What is the difference between someone with 40 points and someone with 42 points on the WHODAS score? Is this difference more important than that between a person with 42 points and another with 56? From the answers to these questions, we can see how fragile and dangerous the use of cut-off points can be.

In addition to what was indicated, I would like to emphasise that there is a publication that provides an online spreadsheet for the complex calculation of the WHODAS scores when working with groups of patients.[4]

Finally, it is necessary to highlight two strengths from WHODAS that have not been addressed. As a patient-reported outcome measure, WHODAS allows the health professional to plan patient-centred interventions. In addition, when producing scores ranging from 0 to 100 to quantify the functioning or disability profile, WHODAS takes a step forward to other ICF-based instruments that work only from the perspective of classification.

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References

1. Paton M, Lane R. *J Physiother.* 2020;66:199.
2. WHO. http://www.who.int/classifications/icf/en/.
3. Üstün TB, et al. *Bull World Health Organ.* 2010;88:815–823.
4. Castro S, et al. *Cad Saude Publica.* 2019;35.

Correspondence: Reply to Castro

We appreciate the interest in our publication and the use of the WHODAS 2.0.

We agree with Prof Castro's comment that 'functioning is a broader construct' and as such agree that our sentence would have been better as 'With an increased focus on measuring functioning and disability…' We were trying to highlight the focus of medical research in identifying patient-specific limitations with performing natural activities (incorporated by the definition of 'function'[1]), but agree that limitations are not just in the 'Body function and Structure' ICF domain, so the use of the term 'functioning' instead of 'function' would have been in line with the ICF universal language.[2]

Our statement that the WHODAS 2.0 'allows assessment of three ICF domains (body functions and structures, activities and participation and personal factors)' was to highlight the capacity of the WHODAS 2.0 to provide information for the user. We agree that the WHODAS 2.0 technically produces 'domain-specific scores for six different functioning domains: cognition, mobility, self-care, getting along, life activities (household and work) and participation'[2] and that personal factors, although recorded, do not contribute to the scoring of the tool.

In relation to the used references being before publication of the current tool, we agree that Soberg et al[3] relates to the previous tool (WHODAS II); however, the statement made in relation to this reference (that the WHODAS is repeatable and sensitive to change) has been supported by many other publications across various populations.[4–7] The publication from Andrews et al,[8]

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although published in 2009, has utilised the WHODAS 2.0 with the correct scoring scale (as shown in Figure 1 of their publication), meaning that this reference, and the comment regarding a cut-off of >10 to indicate people with significant impairments, is relevant to our publication. We do, however, agree with Prof Castro's comments that cut-off points need to be identified for each specific population, taking into account environmental and personal factors. As stated in our publication, there is no agreed cut-off, so these numbers were provided as more of a guide for researchers.

We appreciate the highlighting of the online spreadsheet for calculation of the WHODAS scores (not just the downloadable scoring sheets we had already mentioned in the scoring section of our publication), and the benefits of this tool being a patient-reported outcome that can quantify the functioning or disability profile. All of these factors strengthen the evidence in relation to the clinical utilisation of this robust tool for medical research moving forward.

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References

1. "Function" *OED Online*. www.oed.com/viewdictionaryentry/Entry/11125.
2. WHO. https://www.who.int/classifications/icf/en/.
3. Soberg HL, et al. *J Trauma*. 2007;62:461–470.
4. Shulman MA, et al. *Anaesthesiology*. 2015;122:524–536.
5. Ćwirlej-Sozańska A, et al. *BMC Public Health*. 2020;20:1203.
6. Üstün TB, et al. *Bull World Health Organ*. 2010;88:815–823.
7. Garin O, et al. *Health Qual Life Outcomes*. 2010;8:51.
8. Andrews G, et al. *PLoS ONE*. 2009;4:e8343.