

Correspondence

Asthma prevalence among adults in Saudi Arabia

To the Editor

I have read with great interest the article published in the Saudi Medical Journal by Al Ghobain et al.¹ reporting on asthma prevalence in the adult Saudi population.

I agree with the authors that asthma prevalence is under reported among Saudis; however, I believe robust study designs are needed to report one of the most common chronic diseases in Saudi Arabia.² This study offers great data about the prevalence of asthma, but I believe that there are some key practical aspects to take into account that might be essential for reporting the data in this paper, considering the limitations of its cross-sectional design.

The authors were the first to use the European Community Respiratory Health Survey (ECRHS) questionnaire in the adult Saudi population, yet they failed to detail their validation steps and processes. Moreover, the paper lacked a translated version of the questionnaire as supplemental material. It is crucial that the clinical researchers involved with this paper understand that translating any questionnaire from another language does not mean it can automatically be validated and used for the studied population.³ The ECRHS should first be validated in Arabic as an instrument for assessing outcomes in the Saudi asthma patient population before measuring asthma prevalence in this population, in order to be confident that the survey is collecting representative data.³ Such violations, in methodological terms, can lead to measurement errors rendering any conclusions drawn to be accorded less confidence.³

Another methodological concern of mine is that the authors did not report enough data about the studied population, such as their income levels, employment status, smoking history, family history, and most

important, other illness that might be linked to some of the reported symptoms. Table 1 shows a mean age of 29 for males and 26 for females, which indicates that the majority of the studied subjects were below the age of 30 for both genders. No standard deviation was reported in the table.

A final interesting aspect related to the data collection is that the sample size was almost equally distributed across the genders, at 52.4% male and 47.6%, respectively. It looks like the sampling technique used was convenience sampling, or that there was bias in presenting the sample.

The authors stated in the first paragraph of the discussion that nasal allergies and smoking tobacco products were investigated; however, these measures were not presented in the aims of the study. This may raise concerns about the data quality and chances of data contamination.

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Reply from the Author

No reply was received from the Author.

References

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