

**Title:** Limitations of the social relationships domain of WHOQOL-Bref

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**Aims:** The aim of this study is to assess the suitability of the social relationships (SR) domain of the WHOQOL-Bref by comparing it with the WHOQOL-100 SR domain. SR are an essential consideration in clinical rehabilitation after stroke, and especially for those who have aphasia (language impairment).

**Methods:** Two hundred and fifty-five (n=255) participants from the general Portuguese population have taken part in this research (mean age 43yrs, range 25–84yrs; 148 female, 107 male). Participants completed the European Portuguese version of the World Health Organization Quality of Life short-form instrument (WHOQOL-Bref, Serra et al., 2004) and the SR domain of WHOQOL-100 (Canavarró et al., 2009). WHOQOL-Bref SR domain has three items and the WHOQOL-100 SR domain has twelve items. Correlation and regression analysis of quality of life (QOL), and the SR domains of WHOQOL-Bref and of WHOQOL-100 (WHOQOL-100-SR) was undertaken.

**Results:** All WHOQOL-Bref domains were significantly correlated with overall QOL. Correlation strength of WHOQOL-Bref domains in a descending order were: physical domain (0.56), psychological domain (0.50), environment (0.45) and SR domain (0.34). The weakest predictor of overall QOL in WHOQOL-Bref was the SR domain. WHOQOL-100-SR better predicts overall QOL than WHOQOL-Bref SR domain. The item of WHOQOL-Bref most correlated with the overall SR results was F15.3 – sexual life (0.82). The WHOQOL-100-SR item that most explained the domain results was F13 (SR satisfaction) which explained 89%, followed by F15 (sexual life), which, together, explained 96% of the variance of QOL results. Item F13.2 (family relationships) of WHOQOL-100-RS strongly predicted WHOQOL-100-SR results, and was followed by F15.3 (sexual life) and F14.2 (friends support). Together, explained 89% of the WHOQOL-100-RS results.

**Conclusions:** The SR domain of WHOQOL-100 better explained overall QOL scores than the WHOQOL-Bref SR domain. Data collection in the clinical subgroup of participants with aphasia is being undertaken now. If these findings are reproducible for people with aphasia (PWA), the WHOQOL-100 SR domain is preferable to the WHOQOL-Bref SR domain when assessing SR among PWA as it will reveal more impact on social relationships and be better understood by clinicians.