Which test is best?

In his letter commenting on the article “Assessing antenatal psychosocial health,” Dr Taiwo is correct that, for ordinal data, proportions, percentages, and medians are the most appropriate form of data analysis. The other consideration is that ordinal data require the use of nonparametric statistics. That is what was done in this study.

Mann-Whitney test statistics were used to test for differences between medians. This is noted in the data analysis section. For ease of interpretation, the results were reported as means because medians do not mean as much to readers. This should have been noted in the article, and we thank Dr Taiwo for raising this point.

Another side of this issue is that using Likert scales as ordinal- versus interval-level data is somewhat contentious. When several items are included in a scale, as is the case here, most people agree that the data can be considered interval level.

—Janet Bryanton, RN, PHD(CL)
Charlottetown, PEI

References

Negative feedback for ALPHA form

We were interested to read about the effectiveness and acceptability of the ALPHA form used in Prince Edward Island in the article by Midmer et al. We were particularly interested that this population tended to prefer the ALPHA self-report. When the Maternity Centre of Hamilton, Ont, opened in September 2001, we began using the ALPHA self-report form for all our patients. Because of the negative feedback we received from our patients, we had to discontinue its use. Many of them found this form to be intimidating, intrusive, and threatening. In fact, we had patients refuse to attend our clinic because of this form.

We suspect that this might relate to the difference in patient populations. The PEI population was largely white, married, well educated, and for the most part regular patients of the providers. In contrast, the Maternity Centre is located in the urban downtown Hamilton core and draws heavily on patients with high psychosocial needs. A substantial proportion of our patients do not speak English as their first language. In fact, in our patient population we found that almost 40% of our patients has one or more psychosocial risk factors (single, teenager, substance abuser, recent immigrant, etc). Generally, these patients see our providers for maternity care only and return to their family physicians postpartum.

The ALPHA tool clearly seems useful in the PEI culturally and ethnically homogenous population. It might have serious limitations in different populations (immigrants, refugees, multiracial groups). It would be interesting to see whether our patient population would respond more favourably to the physician-completed form. Research needs to define the best way to incorporate antenatal psychosocial history taking in ethnically and socioeconomically diverse populations and in different models of care.

—David Price, MD, CCFP
—Elizabeth Shaw, MD, CCFP, FCFP
Hamilton, Ont
by e-mail

Response

Drs Price and Shaw write that the self-report ALPHA form, which was found acceptable to women in PEI, was not favourably received at their