

Author's reply: "Eliciting national and subnational sets of disability weights in mainland China: findings from the Chinese disability weight measurement study"

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We thank Thomas and colleagues for commenting on our publication.

We reported and explained this concern in the limitation section of our study,¹ stated as "the ranking of certain conditions seems counterintuitive, which may be related to the formulating Chinese lay descriptions of health states, and we suggest these descriptions to be further improved by medical experts."

In previous study, Juanita A Haagsma et al.² reported that the ranking of certain conditions seems counterintuitive with the explanation of two aspects: for instance, the disability weight for profound intellectual disability is lower than the disability weight for back pain. Firstly, a possible explanation for this may be that brief lay descriptions were used to describe the major functional consequences and symptoms associated with the health state, and that the disease label indicating the cause of the health state was removed from the description. The latter was a deliberate choice, because the disease label may elicit bias for stigmatizing conditions.³ A second explanation may be the framing of the paired comparison. In the pairwise comparison, respondents are asked to judge the level of the health states, and this may lead to bias if respondents consider some health states as not being associated with "being ill".⁴

As per Thomas and colleagues' comment that "These DW were established by presenting participants with a selection of lay descriptions (not the whole batch or the disease state names), in a process of pairwise comparison. Health states themselves were not given, and ultimate weights were estimated using statistical modelling", we thought the possible reason may be related to the use of brief lay descriptions in Chinese language to describe the major functional consequences and symptoms. Besides, the inconsistent results of certain health states may be related to some cultural and

regional factors influencing the assessment of the severity of health states.

Thus, our next step is to conduct further research on these health states with illogical results, different panels of participants including the public and/or clinicians, as well as the development of health state descriptions. Apart from that, we are working together with GBD IHME DW⁵ team to conduct a further statistical analysis of the influencing factors on disability weight estimation considering age, sex, and other potential factors.

Contributors

Xiaoxue Liu and Chuanhua Yu wrote the reply. Chuanhua Yu reviewed and edited the reply. Chuanhua Yu supervised the DW research.

Declaration of interests

The authors have no relevant conflicts of interest to declare.

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