

# Disability Certification in India: Indian Disability Evaluation and Assessment Scale versus World Health Organization Disability Assessment Schedule

Sir,

The International Classification of Functioning, Disability and Health (ICF) has shifted the focus of disability from cause to impact. While measuring disability, interaction of impairment with environment is considered.<sup>[1]</sup> India has agreed to adopt the ICF and thereby the World Health Organization Disability Assessment Schedule (WHODAS).<sup>[2]</sup> In India, disability is certified when the disability score is  $\geq 40\%$ . WHODAS has no such cutoff. In a recent study involving fifty patients with mental illness, we found that a score of 23 in WHODAS corresponded to the score of 7 (40%) in the Indian Disability Evaluation and Assessment Scale (IDEAS), the official tool to certify disability due to mental illness.<sup>[3]</sup> Using the same data, here we highlight the possible implications of using WHODAS vis-à-vis IDEAS.

Table 1a shows classification functions of the current method of using IDEAS and WHODAS with a cutoff score of 23. Three patients (6%) would be certified as disabled as per WHODAS, though they were not disabled as per IDEAS (false positives; cell B).

**Table 1: Classification functions**

a) IDEAS cutoff=7; WHODAS cutoff=23			
	Disabled in IDEAS (%)	Not disabled in IDEAS (%)	Total
Disabled in WHODAS	A - 20 (40)	B - 3 (6)	23
Not disabled in WHODAS	C - 7 (14)	D - 20 (40)	27
Total	27	23	50
b) IDEAS cutoff=6; WHODAS cutoff=24			
	Disabled in IDEAS (%)	Not disabled in IDEAS (%)	Total
Disabled in WHODAS	E - 16 (32)	F - 6 (12)	22
Not disabled in WHODAS	G - 4 (8)	H - 24 (48)	28
Total	20	30	50

WHODAS – World Health Organization Disability Assessment Schedule; IDEAS – Indian Disability Evaluation and Assessment Scale

Seven (14%) would not be certified as per WHODAS, but disabled as per IDEAS (false negatives; cell C).

WHODAS assesses disability over the previous 1 month. There is no such time frame in IDEAS; most clinicians consider functioning over the past few weeks for assessing disability. Moreover, while IDEAS gives 20% weightage for duration of illness (DOI),

WHODAS does not have any weightage for DOI. We explored the impact of DOI on disability scores. If only severity of disability was considered in IDEAS (i.e., if DOI was not considered), the total score would have been 16 and 40% of cutoff would be ~6. Ignoring DOI would make the receiver operating characteristic curve more accurate (area under the curve: 0.85 vs. 0.83). The cutoff in WHODAS would then be 24. Table 1b shows classification function with 6 as cutoff. Six (12%) would be false positives (cell F) and four (8%) would be false negatives (cell G). Seven patients (14%) who were certified as disabled when the IDEAS cutoff was 7 would not be certified if DOI is not considered.

A shift from IDEAS, which is unduly influenced by DOI, to WHODAS would have reduced the number of persons classified as disabled from 27 to 22 (a reduction of 10%). This shift would better identify patients, whose disability status is influenced by the degree of disability rather than by DOI: three patients would have been labeled as “not disabled” as per IDEAS, even when their disability was above the cutoff, as per WHODAS (cell B). With the use of WHODAS, these also would get certified. As a corollary, this shift would deny benefits to patients, whose disability status is influenced more by DOI rather than by the degree of disability: seven patients would have been labeled as “disabled” as per IDEAS, even when their disability was below the cutoff as per WHODAS (cell C). With the use of WHODAS, these would lose their disability status, as this shift would remove the undue influence of DOI on certification.

We wish to highlight two important issues through this letter:

1. WHODAS is an instrument which can be used to assess disability across various medical conditions including psychiatric illnesses. Since there is discrepancy in the present study, we urge for a larger field trial across all disabilities
2. DOI would not be a direct measurement of a person’s disability. The initial proposal of IDEAS had “months of illness in the last 2 years” in place of DOI.<sup>[4]</sup> But, duration of disability might be ideal. Time frame for measuring disability would also be required.<sup>[5]</sup>

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There are no conflicts of interest.

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