

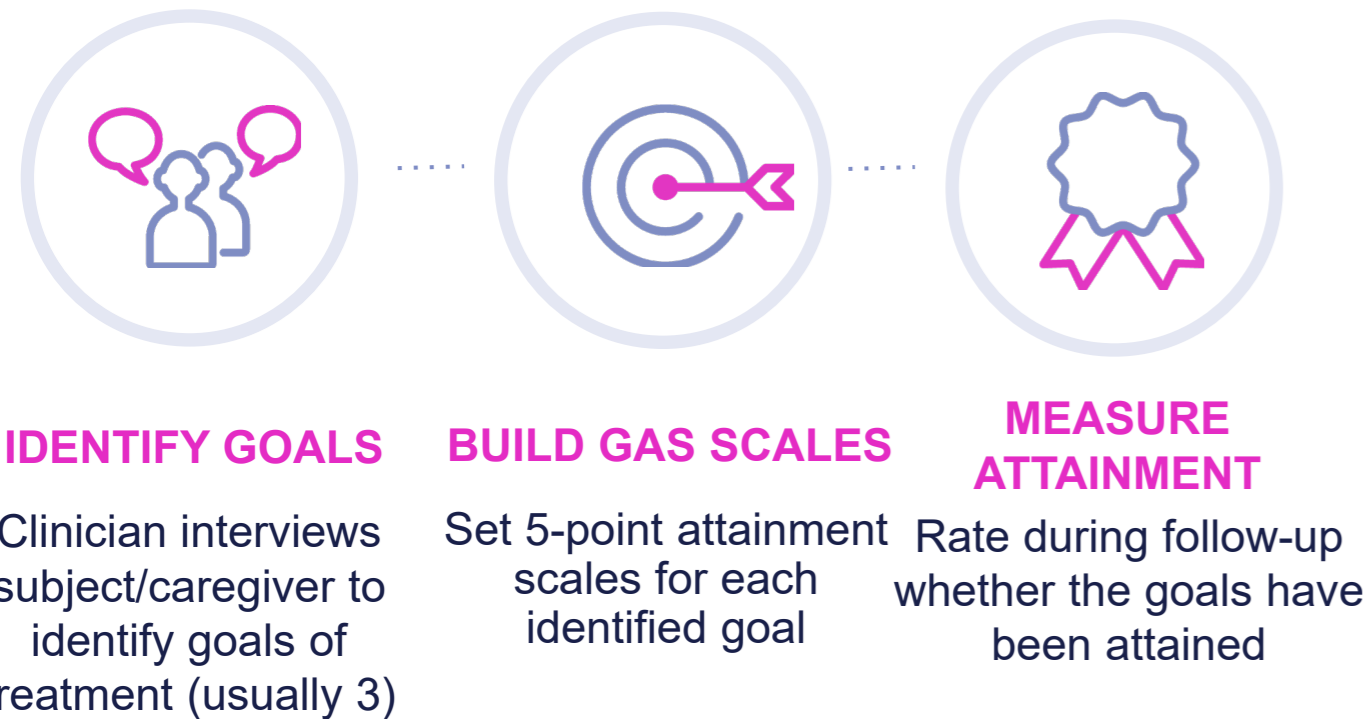
The Goal Attainment Scaling Method is Robust to Violations of Normality in Goal Scales: A Simulation Study.

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Background

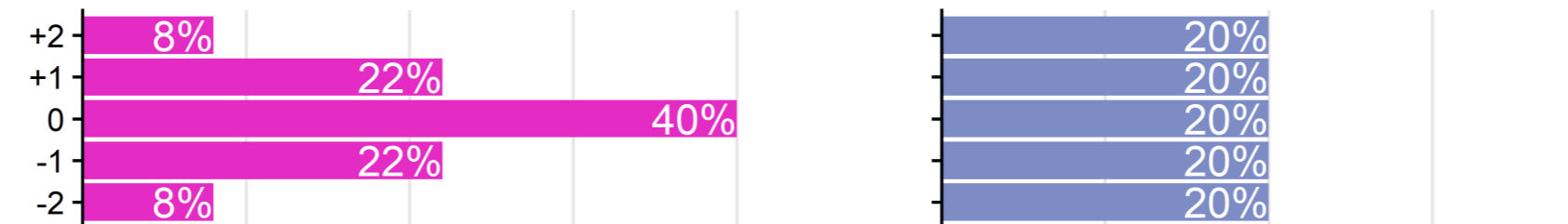
- **Goal attainment scaling (GAS)** is a patient-centric outcome measure that captures meaningful change through personally identified goals of treatment.
- GAS is generally a **three-step process**:



- A **key assumption** in the GAS method is that scores on the 5-point scales approximate a **normal distribution**.
- Using data simulation techniques, we investigated whether **GAS statistical properties varied** if the assumption of **normality was violated**.

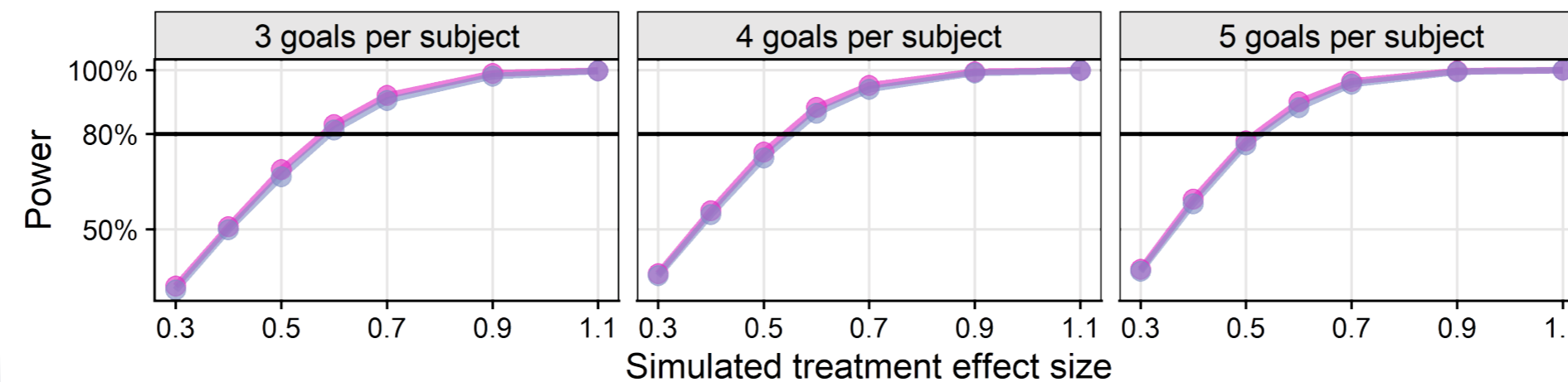
Results

Normally-distributed scores vs uniformly-distributed scores



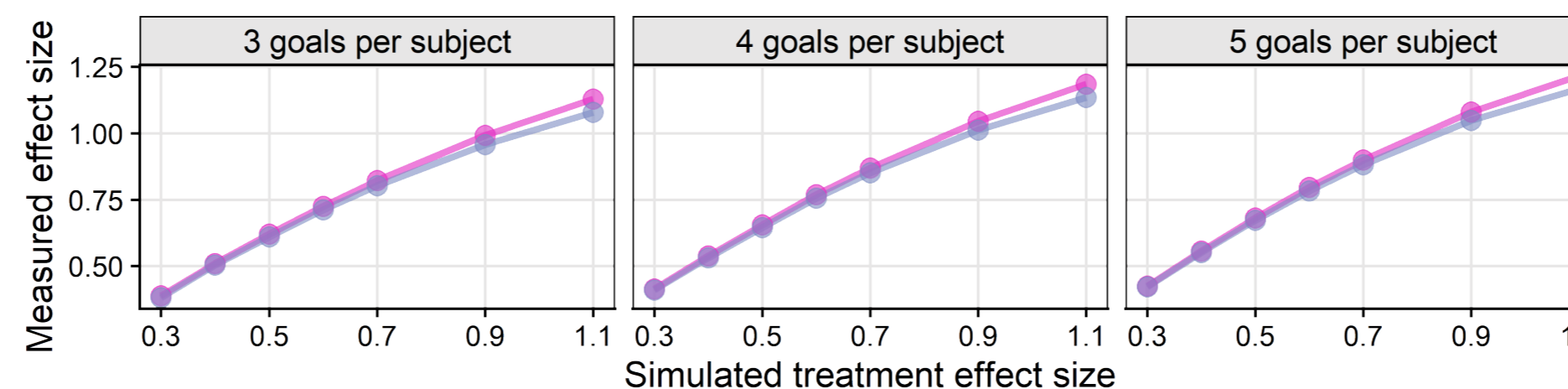
Statistical power does not differ significantly between normally-distributed and uniformly-distributed scores

Power vs simulated treatment effect for 60 subjects



Measured effect sizes slightly higher with normally-distributed compared to uniformly-distributed scores

Simulated vs mean measured effect size for 60 subjects



Results (cont.)

Difference in power (normal - uniform) for all simulation scenarios

Number of subjects	3 goals per subject						4 goals per subject					
	0.3	0.4	0.5	0.6	0.7	0.9	0.3	0.4	0.5	0.6	0.7	0.9
80	-0.5%	1.4%	1.7%	1.4%	1.2%	0.1%	0.8%	1.2%	1.1%	1.2%	0.6%	0.1%
70	-0.9%	1.2%	1.8%	1.7%	0.9%	0.5%	1.1%	1.4%	1.7%	1.5%	0.9%	0.1%
60	-1.2%	1.1%	2.2%	1.7%	1.6%	0.9%	0.6%	1.3%	1.9%	1.9%	1.3%	0.4%
50	-0.5%	0.9%	1.7%	2.3%	2.2%	1.8%	0.6%	1.4%	2.0%	2.3%	2.1%	0.8%
40	-0.5%	0.6%	2.2%	2.6%	3.5%	2.9%	0.7%	1.1%	1.6%	1.9%	2.9%	1.7%

Number of subjects	5 goals per subject						6 goals per subject					
	0.3	0.4	0.5	0.6	0.7	0.9	0.3	0.4	0.5	0.6	0.7	0.9
80	-1.5%	1.4%	1.5%	0.7%	0.2%	0.0%	0.6%	1.2%	1.1%	0.7%	0.2%	0.0%
70	-0.5%	1.2%	2.0%	0.6%	0.9%	0.1%	0.8%	1.9%	1.1%	1.0%	0.6%	0.1%
60	-0.6%	1.4%	1.3%	1.9%	0.8%	0.3%	0.7%	0.8%	1.9%	1.2%	0.7%	0.2%
50	-0.4%	1.5%	1.7%	1.8%	1.6%	0.8%	0.7%	1.3%	1.9%	1.8%	1.5%	0.3%
40	-0.8%	1.4%	1.7%	1.9%	2.2%	1.5%	0.4%	0.6%	1.2%	1.6%	2.3%	1.1%

- For the most part, there is less than a 2% difference in power to detect a treatment effect.

Methods

- We employed a latent variable model (Urach et al. 2019) to generate GAS data.
- The following parameters were varied: number of subjects, treatment effect size, and number of goals per subject.
- Latent goal scores were discretized into 5-point scales following **uniform** and **normal** distributions.
- 10,000 trials were simulated for each set of parameters.
- Two-sided *t*-tests on GAS T-scores were used to test the null hypothesis of no treatment effect.
- Power was the percentage of simulations detecting a significant effect at $\alpha = 0.05$. Standardized effect sizes were computed as Cohen's *d*.