

## Introduction

- Generic and disease-specific tools have limited applicability in contexts other than where they have been developed.
- The Ibadan Knee/Hip Osteoarthritis Outcome Measure (IKHOAM) was developed to suit the Nigerian context but still lack substantial data on its validation using other tools as comparator.

## Purpose

- This study aimed to determine the convergent, divergent and known-group validity of the IKHOAM among patients with knee osteoarthritis (OA).

## Methods

- Patients with knee OA participated in this cross-sectional study.
- Convergent, divergent and known-group validity of the IKHOAM was determined using the Osteoarthritis Knee and Hip Quality of Life Questionnaire (OAKHQoL), Quadruple Visual Analogue Scale (QVAS), and socio-demographic characteristics (age and sex).
- Data was summarised using descriptive statistics. Inferential statistics of Pearson's correlation and factor analysis to determine the sampling adequacy, test of sphericity and multi-collinearity of IKHOAM and OAKHoL was carried out.
- Alpha level was set as  $p < 0.05$ .

## Results

- One hundred and three patients with a mean age of 58.07 7.84 years completed the study.
- There were significant correlations between each of IKHOAM's activity limitation assistance ( $r = -0.458$  -  $-0.892$ ), activity limitations difficulty ( $r = -0.311$  -  $0.328$ ), activity limitations domains ( $-0.311$  -  $-0.364$ ) and participation restrictions domain ( $r = -0.364$  -  $-0.367$ ) with each domain of QVAS ( $p < 0.05$ ).
- There was significant correlation between IKHOAM's activity limitations difficulty ( $r = 0.398$ ,  $p = .001$ ), activity limitations domain ( $r = 0.473$ ,  $p = .001$ ), participation restrictions domain ( $r = 0.420$ ,  $p = .001$ ), and physical performance domains ( $r = -0.361$ ,  $p = .009$ ) with OAKHQoL's physical activity dimension.
- There was significant correlation between IKHOAM's activity limitation assistance ( $r = -0.202$ ,  $p = .041$ ), activity limitations difficulty ( $r = 0.441$ ,  $p = .001$ ), activity limitations domain ( $r = 0.278$ ,  $p = .005$ ), participation restrictions domain ( $r = 0.238$ ,  $p = .015$ ), and physical performance domains ( $r = 0.644$ ,  $p = .001$ ) with OAKHQoL's mental health dimension.
- There was significant relationship between IKHOAM's activity limitation assistance ( $r = -0.618$ ,  $p = .001$ ), activity limitations difficulty ( $r = 0.681$ ,  $p = .001$ ), and activity limitations domain ( $r = 0.223$ ,  $p = .023$ ) with OAKHQoL's pain dimension. There was no significant difference in IKHOAM domains across age and gender categories ( $p > 0.05$ ).

## Conclusions

- The IKHOAM is a valid and psychometrically sound instrument to measure health-related quality of life in patients with OA.
- Thus, IKHOAM seems to be useable in other context where the OAKHoL can be utilised as it captures specific attributes of quality of life measured by other tools.

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