

Main message: Results from survey methods should not be stretched beyond their methodological limits.

C2-4 How can we measure the quality of life of high-risk groups in Norway?

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Background: The amount and quality of QoL instruments has improved greatly in the past several decades, and these measures are increasingly integrated into chronic disease management. However, populations that are both marginalized and burdened by complex health needs may not be served by existing tools. We focus on two such populations – substance abuse disorder patients and incarcerated individuals – and review publications from 2015-2019 that have validated or otherwise assessed the measurement and/or psychometric properties of generic QoL tools in Norway.

Methods: Four validation articles were drawn from two large national studies conducted simultaneously (2012-2016) and which relied on self-reported, or patient-reported, outcomes. The NorMA study included 1,499 incarcerated individuals, the majority of whom misused substances. The NorComt study was a prospective cohort study of more than 700 patients entering substance treatment or continuing long-term treatment. Together, these two studies validated four different generic QoL tools: a single-item measure, the five-item QOL5, the ten-item QOL10, and the 26-item WHOQOL-BREF. After extracting information from the validation papers and each tool's development paper, the ISOQOL's checklist of minimum measurement properties was completed. This checklist assesses the conceptual model and development, reliability, validity, interpretability, minimal important difference, translation, and burden.

Results: The single-item measure and QOL5 both measure overall QoL; the QOL10 measures overall and social domains of QoL; and the WHOQOL-BREF measures physical health, psychological health, social relationships, and environment domains. All have well-described conceptual models and high internal consistency, and present low burden to patients and investigators. The QOL5 scores slightly higher than the QOL10, but main weaknesses in both are the lack of patient input in developing the instruments, lack of test-retest reliability, and no suggested minimal important differences. There is also no consensus on scoring procedures. The WHOQOL-BREF meets all of the minimum criteria on the minimum

measurement properties checklist. However, the WHOQOL-BREF's social relationship domain has lower internal consistency than the corresponding social domain in the QOL10.

Conclusions: In recent years, four generic QoL instruments have been validated for use among high-risk groups in Norway. While the gold standard WHOQOL-BREF has the strongest measurement properties, the social domain of QoL receives more attention in the QOL10 and may be more valid. Marginalized groups need more research and clinical attention to their social lives, and a well-performing QoL measure is an important requirement to guide attention and resources. The QOL10 is worth exploring further, particularly in longitudinal studies.

Main message: The recently developed QOL10 may be an alternative to the gold standard WHOQOL-BREF when measuring social QoL. Social QoL is an understudied topic within QoL research.

Parallel session C3: Health related quality of life

C3-1 Associations between self-efficacy, bullying and health-related quality of life in adolescents.

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Background: Health-related quality of life (HRQoL) as a general outcome is of growing interest in the field of public health and is acknowledged as a useful measure of health and well-being. Assessing HRQoL among adolescents enables us to discover threats to their well-being, and to become aware of vulnerable children. Several studies have shown that being bullied is a threat to health, social and psychological well-being in both the short- and long-term. Because bullying is complex, it is important to study this problem from different perspectives. Most previous studies have explored the negative health consequences related to being bullied. From a health promotion perspective, it is important to study how this phenomenon is related to adolescents' HRQoL.

The aim of this study was to explore the role of general self-efficacy (GSE) and bullying in relation to HRQoL. We specifically sought to study the prevalence of bullying, as well as the associations between both bullying and self-efficacy and HRQoL in a sample of adolescents.