



eISSN: 2281-7824

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Healthc Low-resour S 2026 [Online ahead of print]

To cite this Article:

Ahmad S, Hussain S, Akhtar F. **The Urdu GAD-7: recognising prior validation in subsequent research.** *Healthc Low-resour S*
doi: 10.4081/hls.2026.16059

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Submitted:

Accepted:

Early access:

The Urdu GAD-7: recognising prior validation in subsequent research

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Key words: Urdu GAD-7, cross-cultural adaptation, psychometric validation, translation methodology, screening tools, mental health in Pakistan.

Dear Editor,

We read with interest the recent article on the cross-cultural adaptation and psychometric validation of the Urdu version of Generalised Anxiety Disorder – 7 (GAD-7).¹

Psychometric validation is rarely completed in a single study. Each subsequent investigation strengthens the evidence by evaluating different populations, methods, or measurement properties, and expands the instrument's clinical applicability.

Against this background, we wish to highlight the development of the Urdu GAD-7. Ahmad *et al.* (2017) reported one of the earliest structured translation and validation studies of the GAD-7, using a formal six-step translation methodology in a national sample spanning four provinces of Pakistan, capturing diverse regional dialects of Urdu.^{2,3} The study established a unidimensional factor structure (EFA eigenvalue=5.18, accounting for 64.8% of variance), high internal consistency (Cronbach's α =0.92), and split-half reliability (r =0.82), alongside convergent and discriminant validity. Our study followed a structured multistep translation process involving forward translations, reconciliation, back-translation, multidisciplinary expert review, language expert evaluation, pilot testing, and psychometric validation in a multicentre Pakistani sample.³⁻⁶ It provided the first validated Urdu version of the instrument for clinical and research use in Pakistan. The 2017 adaptation also addressed several linguistic and conceptual challenges encountered during translation, including idiomatic expressions such as 'on edge' and temporal frequency categories, both recognised challenges in cross-cultural adaptation.³⁻⁶

The recent study extends this published evidence by validating the scale in a clinical population, applying confirmatory factor analysis, establishing diagnostic accuracy through ROC analysis, testing measurement invariance, and refining several culturally specific items.¹ We also appreciate the recent correction to the discussion section of that study.¹ This correction appropriately clarifies that the study builds upon earlier Urdu validation work. This reflects the iterative nature of psychometric validation and strengthens continuity within the literature. Such studies further our understanding of the performance of the Urdu GAD-7 across different settings and populations and are welcomed as noteworthy additions to the literature. We note that the original characterisation appeared in the Introduction, where it framed the rationale for the new study. While the published Correction addresses this in the Discussion, we believe the historical context is worth placing on record here as well, so that readers encountering the Introduction independently are not misled about the extent of prior validation.

Scientific progress also depends on transparent recognition of earlier work. Presenting successive validation studies as extensions of an existing literature provide clearer scientific continuity. Psychometric validation is rarely a single definitive event. It is an ongoing process in which successive studies evaluate additional measurement properties, different clinical populations, alternative statistical models, and varying cultural contexts.⁷ Replication and extension are therefore essential components of instrument development. However, these endeavours derive greater scientific value when they build transparently upon previously validated translations and adaptations.

As more psychological instruments are translated and validated in Pakistan, maintaining this progressive approach will become increasingly important. Future studies should continue to evaluate and refine existing validated instruments, while recognizing the methodological foundations established by previous research.

We appreciate the journal's commitment to fostering rigorous culturally informed scholarship. As more instruments are adapted and validated in Pakistan, transparent acknowledgement of prior work will remain essential to building a coherent evidence base that serves both researchers and clinicians.

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Contributions: Sabih Ahmad, conceived the letter, drafted the initial manuscript, and coordinated the revision process; Sadiq Hussain, contributed critical feedback, assisted with revising the manuscript for important intellectual content, and approved the final version; Farrukh Akhtar, contributed critical feedback, assisted with revising the manuscript for important intellectual content, and approved the final version.

Conflict of interest: the authors declare that they have no competing interests.

Ethics approval and consent to participate: not applicable.

Availability of data and materials: this is a commentary letter to the editor and does not generate or analyze new datasets. All references to previously published literature are cited accordingly.

Funding: none.

Use of generative artificial intelligence and artificial intelligence-assisted technologies in the writing process: Large Language Model (Claude, Anthropic) was used for text restructuring, phrasing suggestions, and formatting guidance. All content, claims, and citations verified and approved by authors. No AI-generated content in isolation.

Acknowledgments: the authors wish to acknowledge the late Farrukh Saleem Shah for his foundational contributions to the original 2017 Urdu translation and validation study of the GAD-7, which provided the basis for the scholarly dialogue presented in this letter.