

Psychometric Properties of Scores on the Naranjo Adverse Drug Reaction Probability Scale, as Evaluated by ODA

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This note identifies psychometric research using ODA to assess inter-rater, inter-method and test-retest reliability¹⁻³ of scores made using the Naranjo Adverse Drug Reaction Probability (APS) Scale.

ODA reported that a significant increase in inter-rater agreement occurred after training raters to use the APS Scale to assess causality in evaluating adverse drug reactions.^{4,5} ODA also reported significant, high-moderate inter-expert agreement over a series of cases.⁶ And, ODA reported significant inter-method agreement between scores derived by the APS and World Health Organization adverse event algorithms.⁷

References

¹Yarnold PR (2017). What is optimal data analysis? *Optimal Data Analysis*, 6, 26-42.

²Yarnold PR (2014). How to assess inter-observer reliability of ratings made on ordinal scales: Evaluating and comparing the Emergency Severity Index (Version 3) and Canadian Triage Acuity Scale. *Optimal Data Analysis*, 3, 42-49.

³Yarnold PR (2014). How to assess the inter-method (parallel-forms) reliability of ratings made on ordinal scales: Evaluating and comparing the Emergency Severity Index

(Version 3) and Canadian Triage Acuity Scale. *Optimal Data Analysis*, 3, 50-54.

⁴Yarnold PR (2015). UniODA vs. sign test: Comparing repeated ordinal scores. *Optimal Data Analysis*, 4, 151-153.

⁵Yarnold PR (2015). UniODA vs. eyeball analysis: Comparing repeated ordinal scores. *Optimal Data Analysis*, 4, 154-155.

⁶Yarnold PR (2015). UniODA vs. Spearman rank ρ : Between-raters reliability of scores on the Adverse Drug Reaction Probability Scale. *Optimal Data Analysis*, 4, 148-150.

⁷Yarnold PR (2016). Causality of adverse drug reactions: The upper-bound of arbitrated expert agreement for ratings obtained by WHO and Naranjo algorithms. *Optimal Data Analysis*, 5, 37-40.

Author Notes

No conflict of interest was reported.