

## INTISARI

### **Adaptasi *Cross-Cultural* dan Validasi *Autism Mental Status Exam* (AMSE) versi Indonesia: Mengisi Kesenjangan dalam Diagnosis *Autism Spectrum Disorder***

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**Latar Belakang:** Diagnosis *autism spectrum disorder* (ASD) di banyak negara berpenghasilan rendah-menengah (LMIC) terkendala oleh keterbatasan akses terhadap instrumen diagnosis standar emas, seperti seperti *Autism Diagnostic Observation Schedule-2* (ADOS-2), karena kendala biaya, pelatihan, dan lisensi. *Autism Mental Status Exam* (AMSE) adalah instrumen observasional terstruktur yang ringkas, dirancang untuk mendukung pengambilan keputusan diagnostik di *setting* spesialisasi ketika instrumen baku emas tidak tersedia.

**Tujuan:** Mengadaptasi AMSE ke dalam bahasa Indonesia (AMSE-INA) dan mengevaluasi reliabilitas serta validitas diagnostiknya pada populasi anak di Indonesia.

**Metode:** Studi potong lintang ini terdiri dari dua fase: (1) adaptasi lintas budaya yang ketat mengikuti panduan Beaton *et al.*, dan (2) validasi psikometrik yang melibatkan 174 anak (usia 18 bulan-18 tahun) yang dirujuk ke Poliklinik Tumbuh Kembang Pediatri Sosial Rumah Sakit Sardjito. Semua subjek dinilai menggunakan AMSE-INA, *Childhood Autism Rating Scale-2* (CARS-2 ST) versi Indonesia dan diagnosis klinis estimasi terbaik (BECD) berdasarkan kriteria DSM-5. Reliabilitas (konsistensi internal, *inter-rater*, *test-retest*), validitas (konten, konkuren, diskriminan) dan akurasi diagnostik (analisis ROC) dievaluasi secara statistik

**Hasil:** MSE-INA menunjukkan reliabilitas *inter-rater* yang sangat baik (ICC=0,97) dan reliabilitas *test-retest* yang sangat baik (ICC=0,96). Konsistensi internal sedang ( $\alpha=0,66$ ), sesuai dengan konstruk multidimensinya. Validitas konten sangat baik (I-CVI=1,00). Validitas konkuren dengan CARS-2 ST kuat ( $r=0,85$ ,  $p<0,001$ ). Analisis ROC menunjukkan AUC 0,98 (95% CI: 0,96-1,00). Skor cut-off  $\geq 6$  memberikan utilitas diagnostik optimal untuk *setting* spesialisasi: sensitivitas 88,9%, spesifisitas 94,7%, PPV 95,7%, NPV 86,6%.

**Kesimpulan:** AMSE-INA merupakan instrumen pra-diagnosis ASD yang andal, valid, dan sesuai konteks budaya Indonesia. Alat ini dapat mendukung klinisi di *setting* spesialisasi dalam menegakkan diagnosis akurat ketika instrumen baku emas tidak tersedia, sehingga berpotensi meningkatkan akses intervensi dini.

**Kata kunci:** *Autism spectrum disorder, autism mental status exam, pre-diagnostic tool, cross-cultural adaptation, validation, resource-limited specialist settings.*

## ABSTRACT

### **Cross-Cultural Adaptation and Validation of The Autism Mental Status Exam (Amse) In Indonesia: Can It Really Fill The Gap In The Diagnosis of Autism Spectrum Disorder?**

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**Background:** In many low- and middle-income countries (LMICs), diagnosis of autism spectrum disorder (ASD) is hindered by limited access to gold-standard instruments, like the Autism Diagnostic Observation Schedule-2 (ADOS-2), due to cost, training, and licensing barriers. The Autism Mental Status Exam (AMSE) is a brief, observational tool designed to structure clinical observation and support diagnostic decision-making in specialist settings where comprehensive assessments are unavailable.

**Objective:** To adapt the AMSE into Indonesian (AMSE-INA) and validate it as a pre-diagnostic tool for use by specialists in secondary/tertiary care settings in Indonesia, where access to gold-standard instruments is constrained

**Methods:** This cross-sectional diagnostic accuracy study comprised two phases: (1) rigorous cross-cultural adaptation following Beaton et al. guidelines, and (2) psychometric validation involving 174 children (aged 18 months–18 years) referred to a developmental specialist clinic. All participants underwent assessment with the AMSE-INA, the Indonesian version of the Childhood Autism Rating Scale-2 (CARS-2 ST), and a best-estimate clinical diagnosis (BECD) based on DSM-5 criteria by an experienced consultant blinded to AMSE scores. Reliability (internal consistency, inter-rater, test-retest), validity (content, concurrent, discriminant), and diagnostic accuracy (ROC analysis) were evaluated.

**Results:** AMSE-INA demonstrated excellent inter-rater reliability (ICC=0.97) and test-retest reliability (ICC=0.96). Internal consistency was moderate ( $\alpha=0.66$ ), consistent with its multidimensional construct. Content validity was excellent (I-CVI=1.00). Concurrent validity with CARS-2 ST was strong ( $r=0.85$ ,  $p<0.001$ ). ROC analysis revealed an AUC of 0.98 (95% CI: 0.96–1.00). A cut-off score of  $\geq 6$  provided optimal diagnostic utility for specialist settings: sensitivity 88.9%, specificity 94.7%, PPV 95.7%, NPV 86.6%.

**Conclusion** AMSE-INA is a reliable, valid, and culturally appropriate pre-diagnostic tool that can assist specialists in establishing an accurate ASD diagnosis in resource-limited settings. By providing a structured observational framework, it bridges the diagnostic gap when gold-standard tools are inaccessible, improving early intervention access in Indonesia and similar settings.

**Keywords:** Autism spectrum disorder, autism mental status exam, pre-diagnostic tool, cross-cultural adaptation, validation, resource-limited specialist settings.