



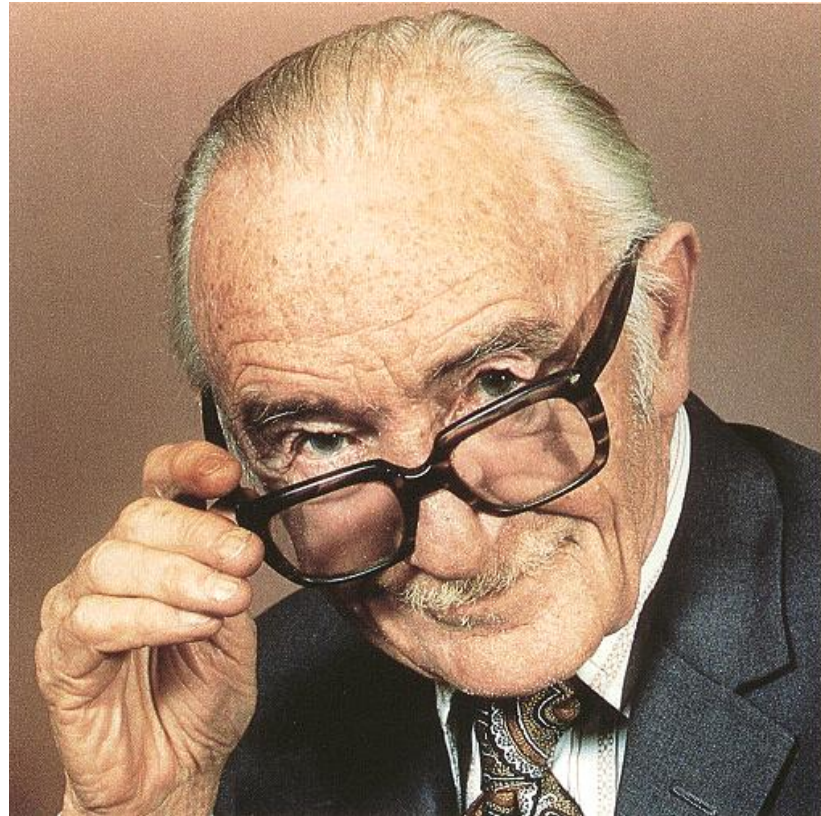
**UNIVERSITATEA DE STAT DE MEDICINĂ ȘI FARMACIE
„NICOLAE TESTEMIȚANU”**

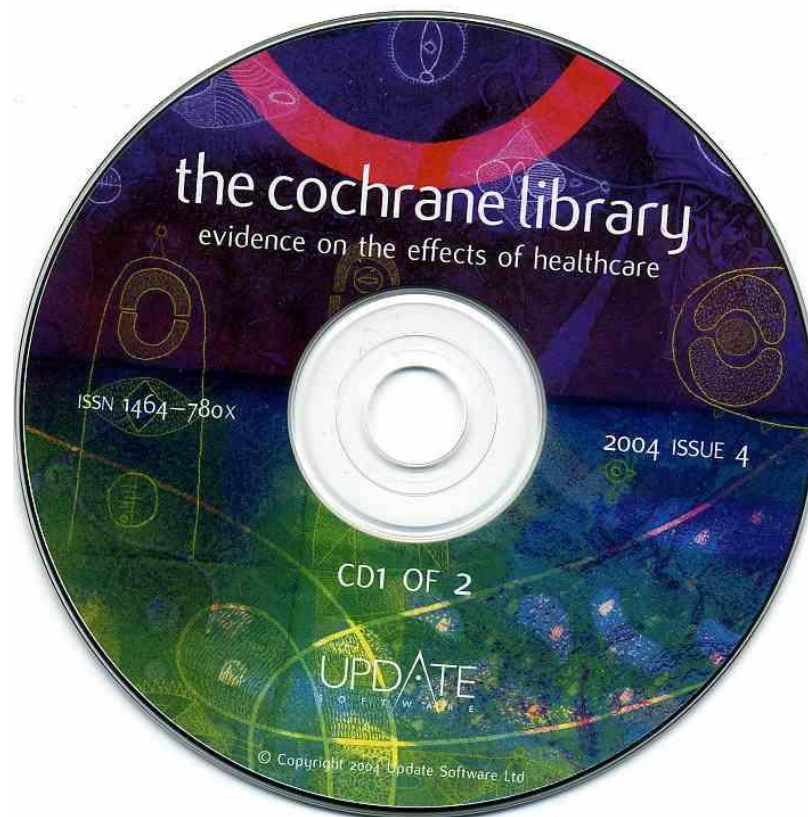
CATEDRA MANAGEMENT ȘI PSIHOLOGIE

REVIURILE SISTEMATICE ÎN SUPORTUL DOVEZILOR

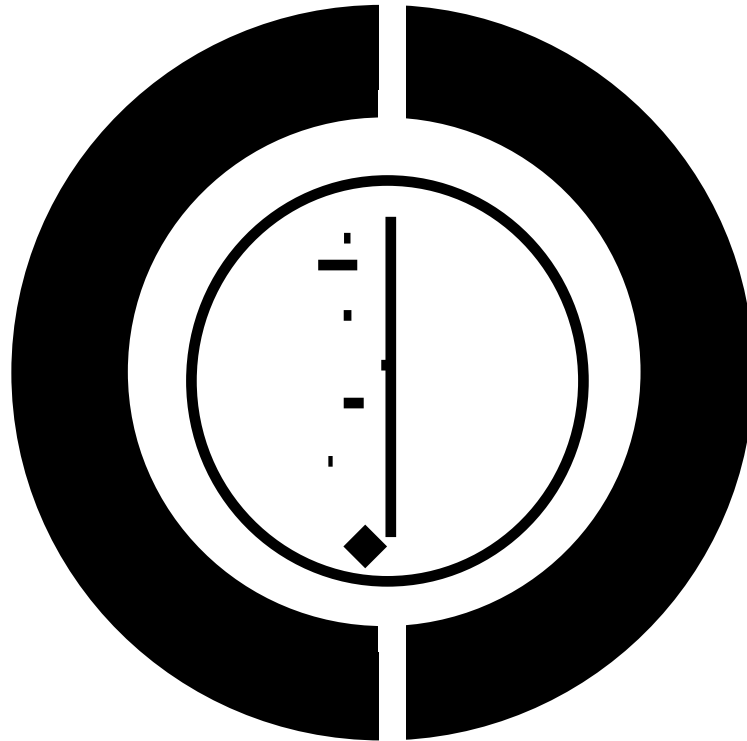
Larisa Spinei
d.h.ș.m., profesor universitar

Archie Cochran





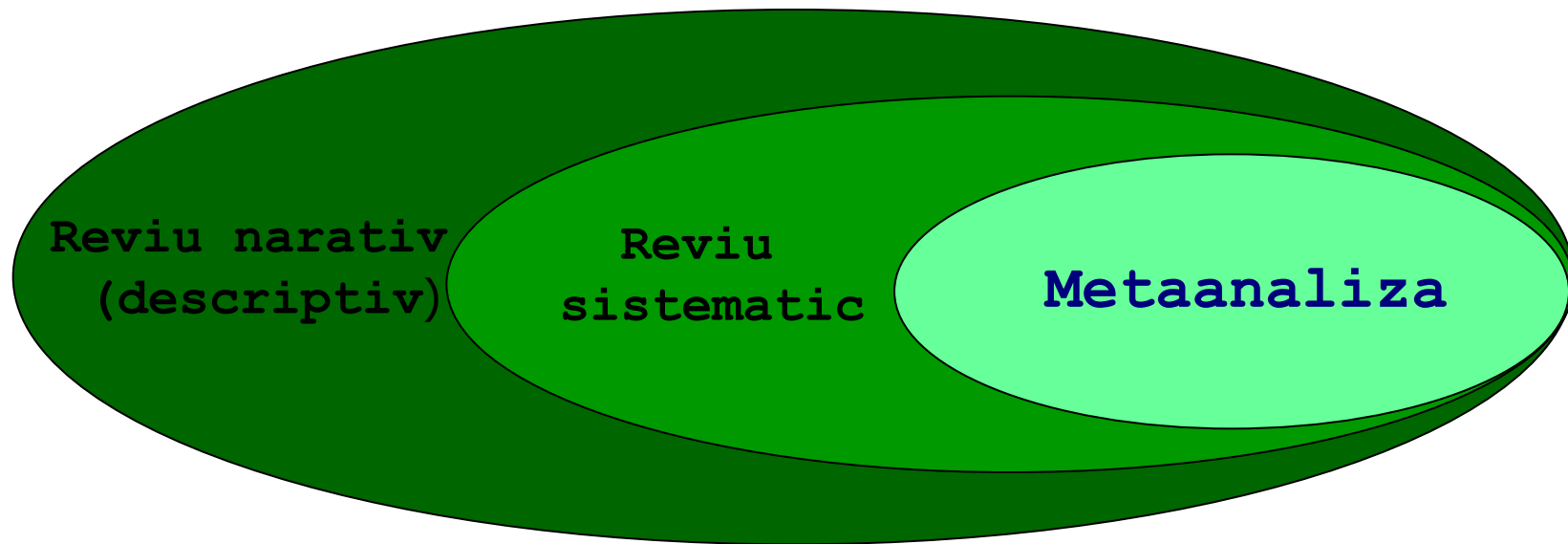
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Preparing, maintaining and disseminating
systematic reviews of the effects of health care
Forest plot

TIPURI DE REVIU

- Narativ (descriptiv)
- Sistematic
- Metaanaliza



- 
- **Reviu narativ (descriptiv)**
(categoria cea mai mare)
 - Majoritatea reviuurilor narative sunt nesistematice, deoarece autorul nu a luat în considerare toate dovezile

- 
- **Reviu sistematic –**
un reviu al studiilor primare cu
metodologie explicită și reproductibilă

TIPURI DE REVIU

Reviu narativ

- Acoperă multe întrebări
- Este supus devierilor

Reviu sistematic

- Reviu studiilor primare
- Focusat
- Răspunde la o întrebare
- Folosește o metodologie exactă
- Minimalizează devierea

ELABORAREA REVIURILOR SISTEMATICE

■ Proces structurat, care include câteva etape:

- Întrebarea corect formulată
- Căutarea exhaustivă a datelor
- Un proces de selecție și generalizare a datelor
- Aprecierea critică a datelor
- Sinteza datelor

REVIU SISTEMATIC

- Evaluarea importanței cercetării
- Evaluarea design-ului cercetării
- Evaluarea rezultatelor cercetării
- Combinarea datelor – meta-analiză
- Medicina informatico semnificativă

ÎNTREBĂRI DE EVALUARE A REVIULUI

- **Sunt oare rezultatele reviuului valide?**
- **Care sunt rezultatele?**
- **Pot oare aceste rezultate să ne ajute în situația noastră?**

AVANTAJELE REVIURILOR SISTEMATICE

- Metoda explicită limitează eroarea
- Sumarizează dovezile
- Pot să reducă întârzierea dintre cercetare și implementare
- Cresc precizia
- Identifică diferențele dintre studii și subgrupuri

METAANALIZA

- **Metaanaliza** – sinteza matematică a rezultatelor a două sau mai multe studii primare, care are ca scop creșterea preciziei rezultatelor

METAANALIZA

- **Au fost utilizate inițial în domeniul științelor exacte pe la mijlocul aa. '70**
- **Au fost adaptate în cadrul științelor medicale la începutul și mijlocul aa. '80**
- **Numărul metaanalizelor crește rapid, așa cum arată cercetarea datelor on-line în baza cuvântului cheie “meta-analiză”**

MOTIVE PENTRU A EFECTUA O METAANALIZA

- De a combina cantitativ rezultatele din studiile anterioare pentru a obține o valoare (rezultat) sumară
- Fiind “un studiu al studiilor” (adică o analiza a studiilor), aceasta ajută la cercetarea și identificarea cauzelor heterogenității între studii

Reviu sistematic/meta-analiză

RS

- Reviu studiilor primare cu metodologia corectă și reproductibilă
- Reviu calitativ

MA

- Analiza matematică a cîteva studii similare primare, cu scop de a mari validitatea/precizia rezultatelor
- Reviu cantitativ

Reviu sistematic/meta-analiză

- În a.1986 laureat al premiu Nobel prof.L.Paling a publicat reviu despre reducere IRVA prin administrarea acidului ascorbic [Paling L. How to live longer and feel better. New York: Freeman; 1986].
- În a.1992 a fost publicată meta-analiză pe aceeași problemă care nu a confirmat concluziile lui L.Paling [Kleijnen J., and Knipschild P. The comprehensiveness of Medline and Embase computer searches. Searches for controlled trials of homoeopathy, ascorbic acid for common cold and ginkgo biloba for cerebral insufficiency and intermittent claudication. PharmWekbl (Sci) 1992;14:316—20].

METAANALIZA DE TIP I

- **Ajută la rezolvarea controverselor medicale cauzate de diferențele între studii**
- **Fiind o alternativă necostisitoare comparativ cu studiile randomizate voluminoase**
- **Pot “modifica” politica de sănătate**

METAANALIZA DE TIP II

- **Este utilă pentru proiectarea studiilor pe viitor, prin identificarea sistematică a pacienților cu rezultate importante și caracteristicilor studiilor în baza materialelor precedente**



ETAPELE METAANALIZEI

- 1. Identificare**
- 2. Selecția**
- 3. Extragerea**
- 4. Analiza**

1. IDENTIFICARE

- **Prima etapă într-o metaanaliză constă în identificarea tuturor articolelor corespunzătoare subiectului DVS**

NAVIGAREA SURSELOR

1. ELECTRONIC DATABASES

- The Specialized Register of the Cochrane Dementia and Cognitive
- Improvement Group
- Cochrane Central Register of Controlled Trials (CENTRAL)
- MEDLINE
- EMBASE
- PsycINFO (a database of psychological literature)
- CINAHL
- SIGLE (Grey Literature in Europe)
- LILACS (Latin American and Caribbean Health Science Literature)



NAVIGAREA SURSELOR

2. ELECTRONIC DATABASES OF CONFERENCE ABSTRACTS

- **ISTP (Index to Scientific and Technical Proceedings)**
- **INSIDE**
- **(British Library Database of Conference Proceedings and Journals)**

NAVIGAREA SURSELOR

3. ELECTRONIC DATABASES OF THESES

- Index to Theses (formerly ASLIB) (United Kingdom and Ireland theses)
- Australian Digital Theses Program
- Canadian Theses and Dissertations
- DATAD - Database of African Theses and Dissertations

- 
- **MEDLINE** – baza de date electronice a National Library of Medicine, USA
 - Este un punct de plecare excelent, nefiind unica sursă de informație
 - **MEDLINE** indexează aproximativ 4100 reviste, datând din 1966 până în prezent

Registrul Cochrane al SCR

- **a.1993**
- **Este o sursă importantă pentru metaanaliză**
- **Registrul include rezumatele a peste 160 mii studii**

The Cochrane Library



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HELP



Notice to all users: The April issue of *The Cochrane library* is now live (14 April 2010). **Please note:** there is a delay in the April publication of the *Cochrane Central Register of Controlled Trials* (CENTRAL). Publication is currently scheduled for Tuesday 27th April at approximately 15:00 GMT. We apologise for any inconvenience caused by the delay.

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[Genetic disorders](#) (82)

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World Malaria Day (25 April 2010)



World Asthma Day (4 May 2010)



Cochrane Evidence Aid: resources for Chile and Haiti earthquakes

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EDITORIAL



"Inadequate control despite regular treatment with inhaled corticosteroids." It's a scenario repeated all over the world in surgeries and outpatients departments, anywhere where people with asthma are routinely treated. Health professional and patients are faced with a familiar problem: increase the dose of corticosteroids or add a new agent, such as an inhaled long-acting beta-agonist (LABA). Which is best?...

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[Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption](#)

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Simon Lewin, Susan Munabi-Babigumira, Claire Glenton, Karen Daniels, Xavier Bosch-Capblanch, Brian E van Wyk, Jan Odgaard-Jensen, Marit Johansen, Godwin N Aja, Merrick Zwarenstein, Inger B Scheel
March 2010
Review |
| ☐ | Flexible working conditions and their effects on employee health and wellbeing
Kerry Joyce, Roman Pabayo, Julia A Critchley, Clare Bamba
February 2010
Review |
| ☐ | Strategies for integrating primary health services in middle- and low-income countries at the point of delivery
C. Jane Briggs, Paul Garner
January 2009
Review |
| ☐ | Directly observed therapy for treating tuberculosis
Jimmy Volmink, Paul Garner
January 2009
Review |
| ☐ | Interventions for promoting smoke alarm ownership and function
Carolyn DiGiuseppi, Cynthia W Goss, Julian PT Higgins
February 2010
Review |
| ☐ | Smart home technologies for health and social care support
Suzanne Martin, Greg Kelly, W George Kernohan, Bernadette McCreight, Christopher Nugent
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Review |
| ☐ | Community based management of neonatal sepsis in developing countries
Anita KM Zaidi, Muhammad Ammad Saeed, Zulfiqar A Bhutta, Durrane Thaver
January 2009
Protocol |
| ☐ | Home care by outreach nursing for chronic obstructive pulmonary disease
Brian Smith, Sarah Appleton, Robert Adams, Anne Marie AMS Southcott, Dick Ruffin
October 2008
Review |
| ☐ | Advance treatment directives for people with severe mental illness |

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[Intervention Review]
Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases

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- [Full](#) (1967 K)

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The review

- [Background](#)
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- [Methods](#)
- [Results](#)

[Intervention Review]

Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases

Simon Lewin¹, Susan Munabi-Babigumira¹, Claire Glenton², Karen Daniels³, Xavier Bosch-Capblanch⁴, Brian E van Wyk⁵, Jan Odgaard-Jensen⁶, Marit Johansen⁶, Godwin N Aja⁷, Merrick Zwarenstein⁸, Inger B Scheel⁸

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Contact address: Simon Lewin, Preventive and International Health Care Unit, Norwegian Knowledge Centre for the Health Services, Box 7004 St Olavs plass, Oslo, N-0130, Norway. simon.lewin@nokc.no

Editorial group: [Cochrane Effective Practice and Organisation of Care Group](#).

Publication status and date: New search for studies and content updated (conclusions changed), published in Issue 3, 2010.

Review content assessed as up-to-date: 21 October 2009.

Citation: Lewin S, Munabi-Babigumira S, Glenton C, Daniels K, Bosch-Capblanch X, van Wyk BE, Odgaard-Jensen J, Johansen M, Aja GN, Zwarenstein M, Scheel IB. Lay health workers in primary and community care for maternal and child health and the management of infectious diseases. *Cochrane Database of Systematic Reviews* 2010, Issue 3. Art. No.: CD004015. DOI: 10.1002/14651858.CD004015.pub3.

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Abstract

Background

Lay health workers (LHWs) are widely used to provide care for a broad range of health issues. Little is known, however, about the effectiveness of LHW interventions.

The Cochrane Library

Outcome effectiveness of community health workers: an integrative literature review (Structured abstract)

- Authors' objectives
- Searching
- Study selection: study designs
- Study selection: specific interventions
- Study selection: participants
- Study selection: outcomes
- Study selection: how were decisions on the relevance of primary studies made?
- Validity assessment
- Data extraction
- Methods of synthesis: how were the studies combined?
- Methods of synthesis: how were differences between studies investigated?
- Results of the review
- Cost information

Outcome effectiveness of community health workers: an integrative literature review (Structured abstract)

Centre for Reviews and Dissemination

Database of Abstracts of Reviews of Effects 2010 Issue 2

Copyright © 2010 University of York. Published by John Wiley & Sons, Ltd.

Original article: Swider S M. Outcome effectiveness of community health workers: an integrative literature review. *Public Health Nursing*. 2002;19(1):11-20. [Links](#)

Authors' objectives

To review the database literature on the effectiveness of community health workers (CHWs) in community health promotion and disease prevention efforts.

Searching

MEDLINE (from 1981 to 1999), HealthStar (from 1975 to 1999), CINAHL (from 1982 to 1999), EBM Reviews: Best Evidence (from 1991 to 1999), PsycINFO (from 1984 to 1999), PubMed (from 1980 to 1999) were searched. The search terms were not listed. It is implied that only English language studies were included in the review.

Study selection: study designs

Studies of any design seem to have been eligible for inclusion in the review. The included studies had the following designs: cross-sectional or survey; retrospective; randomised controlled trials (RCTs); 'quasi-experimental'.

Study selection: specific interventions

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SEARCH TIPS

Tip No. 1:

Boolean operators AND, OR, and NOT can be selected from the pulldown selection boxes or entered directly within the search text boxes. Use parentheses to separate components when entering complex search directly in text box with mixed Boolean operators.

Example: *(colchicine AND liver) AND (fibrosis OR cirrhosis)*

Tip No. 2:

The AND operator is used by default between search terms. The string *brain stem* will match records where both words are included in any order or proximity. Search for exact phrases by enclosing a string in quotation marks.

Example: *"clodronate therapy"* matches that exact term

Tip No. 3:

Search for accented characters (within all fields except Author) by using both the accented and unaccented versions of a term or by using wildcard (multiple: *) or (single: ?) characters.

Example: *meniere** or *ménière**

Index Medicus

- **Poate fi la fel util, atunci când este important de a cerceta articolele publicate înainte de 1966**

PubMed



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PubMed Clinical Queries

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- [Medical Genetics Searches](#)

Results of searches on these pages are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#) directly.

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This search finds citations that correspond to a specific clinical study category. The search may be either broad and sensitive or narrow and specific. The search filters are based on the work of [Haynes RB et al](#). See the [filter table](#) for details.

Search

Category	Scope
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☐ diagnosis	☐ broad, sensitive search
☒ therapy	
☐ prognosis	
☐ clinical prediction guides	

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<http://epocoslo.cochrane.org/resources-evidence-informed-health-policymaking>



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A REVIEW GROUP OF

THE COCHRANE
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Resources for evidence-informed health policymaking

Support for policymakers

[SUPPORT Summaries](#)

Concise summaries of systematic reviews of the effects of health systems interventions for low- and middle-income countries.

[SUPPORT Tools for evidence-informed health Policymaking \(STP\)](#)

The SUPPORT tools for policymaking were published as a series of articles in Health Research Policy and Systems in December 2009: www.health-policy-systems.com/supplements/7/S1. The tools were written for people responsible for making decisions about health policies and programmes (i.e., health system managers and policymakers) and for those who support them. [Available in Chinese, English, French, Portuguese and Spanish.](#)

[Sure Guides for Preparing and Using Evidence-Based Policy Briefs](#)

These guides are intended for those people responsible for preparing and supporting the use of policy briefs and ensuring that decisions about health systems are well-informed by research evidence. The guides focus specifically on these issues in the context of African health systems and the examples used are taken from policy briefs that address important problems in African countries.

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Search



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<http://www.support-collaboration.org/supporttool.htm>

SUPPORT Tools for evidence-informed health Policymaking (STP)

Report from Norwegian Knowledge Centre for the Health Services
(Nasjonalt kunnskapssenter for helsetjenesten) No 4-2010

NAVIGAREA SURSELOR

<http://global.evipnet.org/SURE-Guides/>

SURE Guides

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SURE Guides
for Preparing and Using
Evidence-Based Policy Briefs
Version 2.1 - Updated November 2011

The SURE Collaboration

SURE
Supporting the Use of Research Evidence



2. SELECȚIA

- Odată, cu ajutorul unei metaanalize fiind colectat un număr mare de studii, ulterior este important de a selecta studiile corecte!
- Există o varietate a critărilor posibile de includere (denumite la fel și “eligibilitate”)

2. SELECȚIA (continuare)

- Dacă studiul include **informație suficientă pentru o analiză** (deviația standard sau eroarea standard, în afara de valoarea fixă)
- **Anul de desfășurare a studiului:** dacă s-a modificat tehnologia sau regimul de dozare tipic al medicamentelor

2. **SELECȚIA** (continuare)

- **Designul studiului** (doar studii controlate randomizate, în special, în cazul studiilor terapeutice)
- **Mărimea eșantionului** – studiile foarte mici (cu un eșantion mic) pot fi nereprezentative

2. SELECȚIA (continuare)

- **Doza de remediu utilizată în studiu**
(pentru a fi siguri că s-a administrat o doză eficientă)
- **Limbajul articolului** – DVS și colegii trebuie să fiți capabili să-l citiți!

2. SELECȚIA (continuare)

- **Vârsta pacientului** (doar persoane adulte, sau doar peste 60 ani)
- **Circumstanțele de desfășurare** (serviciul de urgență, instituții ambulatorii, spitalicești)

3. EXTRAGEREA

- **Fiind identificat grupul corespunzător de studii, la etapa următoare autorul trebuie să extragă datele relevante din fiecare studii**

3. EXTRAGEREA (continuare)

- **Surse de erori potențiale la extragere datelor**
 - **Articolul poate fi incorect din cauza greșelilor tipografice sau de redactare**
 - **Datele din tabelele pot fi interpretate incorect**
 - **Erorile pot apărea de la început sau pe parcursul extragerii datelor**

“MĂSURI” PENTRU A MINIMALIZA ERORILE

- **În metaanaliză vor participa independent 2 recenzenți**
- **Poate fi inclus și al 3-lea recenzent sau o instituția**
- **O “ședință în comun” pentru rezolvarea divergențelor**

“MĂSURI” PENTRU A MINIMALIZA ERORILE

- **Numirea recenzenților cu experiența de a “prelucra” articole**
- **Se compară rezumatul și textul pentru a identifica careva “nepotriviri”**

“MĂSURI” PENTRU A MINIMALIZA ERORILE

- **Care Program a fost utilizat pentru analiză datelor**
- **Se raportează rezultatele extragerii datelor, inclusiv concordanța procentuală**

4. ANALIZA

- Sunt multe controverse în procesul de analiză a datelor metaanalizei
- Omogenitatea și heterogenitatea descriu gradul de variabilitate între studii în cadrul grupului de studii comparate

4. ANALIZA (continuare)

- **Este mai adecvat de a combina rezultatele din grupul de studii omogene**
- **Se contrazice combinarea rezultatelor din studiile heterogene**
- **În calitate de test de omogenitate (pentru stabilirea omogenității studiilor) este deseori utilizat testul statistic “ksi-pătrat”**

4. ANALIZA (continuare)

- **Modele efectelor fixe** - în studiile incluse într-un reviu: intervențiile, pacienții, și măsurarea efectelor sunt similare
- Rezultatele lor trebuie să fie identice, și diferențele pot fi condiționate doar de variațiile în interiorul studiului

4. ANALIZA (continuare)

- **Modelele efectelor aleatorii** - studiile incluse într-un reviu sunt selectate “întâmplător”, fiind o extragere dintr-o multitudine de studii posibile

EVALUAREA RELEVANȚEI UNEI METAANALIZE 1.

Întrebări de bază de evaluare a metaanalizei

1. Pot rezultatele modifica activitatea mea practică în cazul în care sunt valide?
2. Sunt rezultatele importante pentru pacienții mei?
3. Sunt rezultatele valide?

EVALUAREA RELEVANȚE UNEI METAANALIZE 2.

- Un studiu care corespunde acestor trei criterii este un **POEM** (Patient Oriented Evidence that Matters, Dovezi Importante în Baza Rezultatelor Obținute de la Pacient)

EVALUAREA VALIDITĂȚII UNEI METAANALIZE 1.

- 1. Autorii au formulat corect întrebarea clinică?**
- 2. Criteriile de includere pentru selectarea articolelor erau adecvate?**
- 3. Au fost omise careva studii relevante?**

EVALUAREA VALIDITĂȚII UNEI METAANALIZE 2.

- 4. A fost apreciată validitatea studiilor incluse (calitatea studiului)?**
- 5. Evaluarea studiilor a fost reproductibilă (extragerea datelor)?**
- 6. Rezultatele studiilor erau similare (omogenitatea)?**

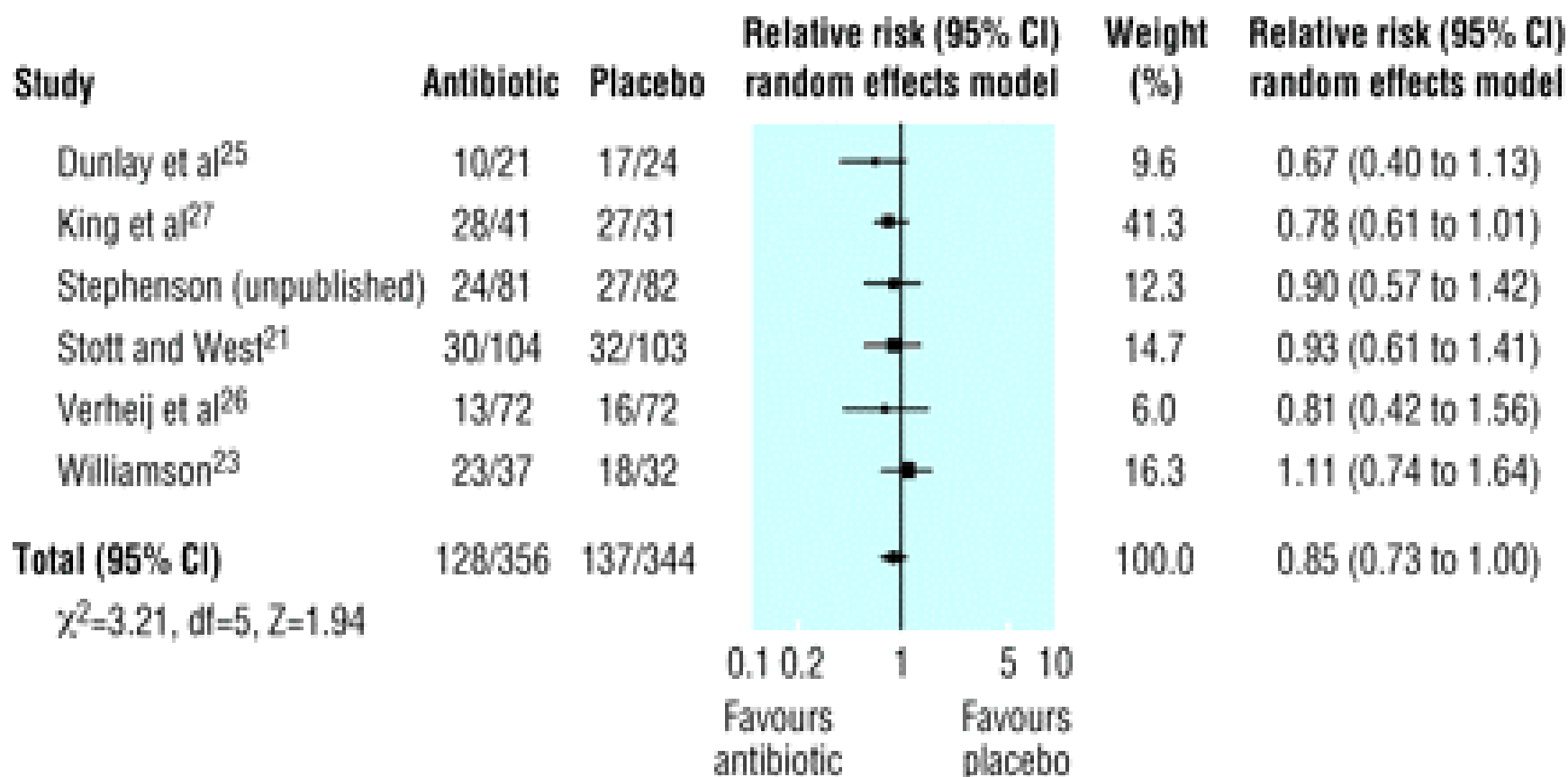
INTERPRETARE REZULTATELOR UNEI METAANALIZE

- **RR**

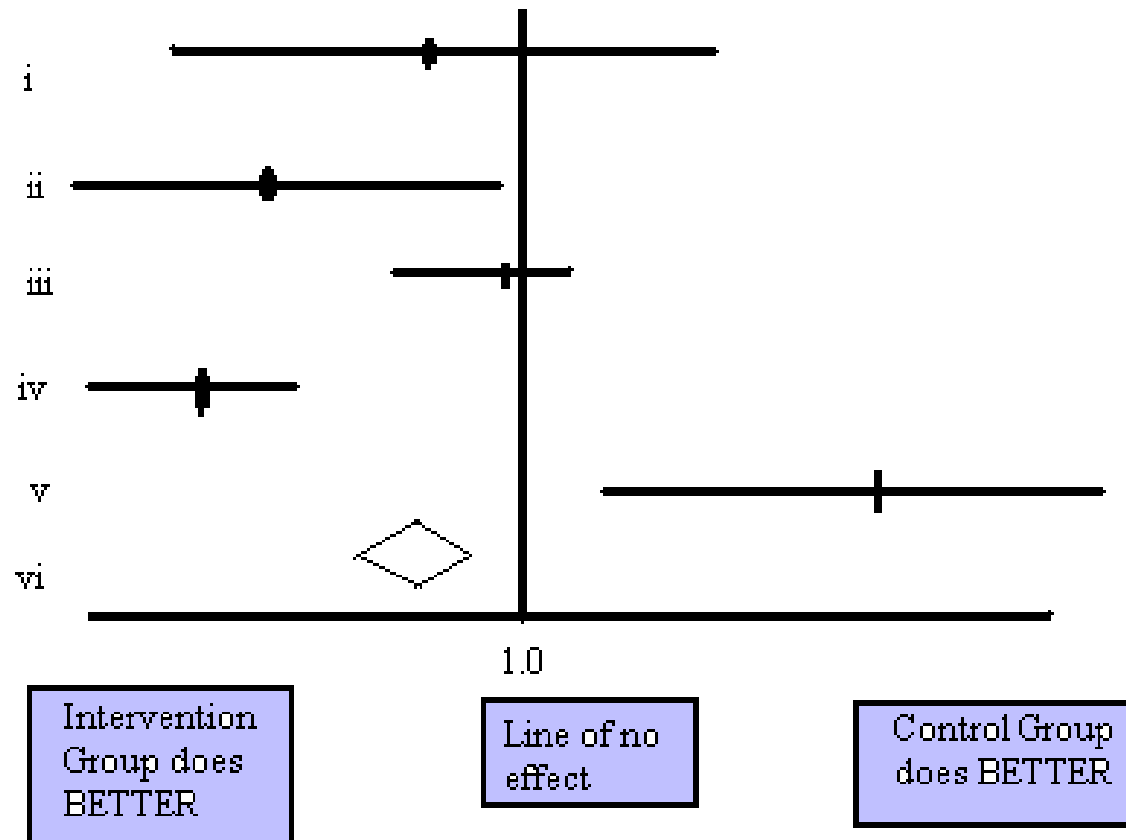
- **$\hat{I}I$**

INTERPRETARE REZULTATELOR UNEI METAANALIZE

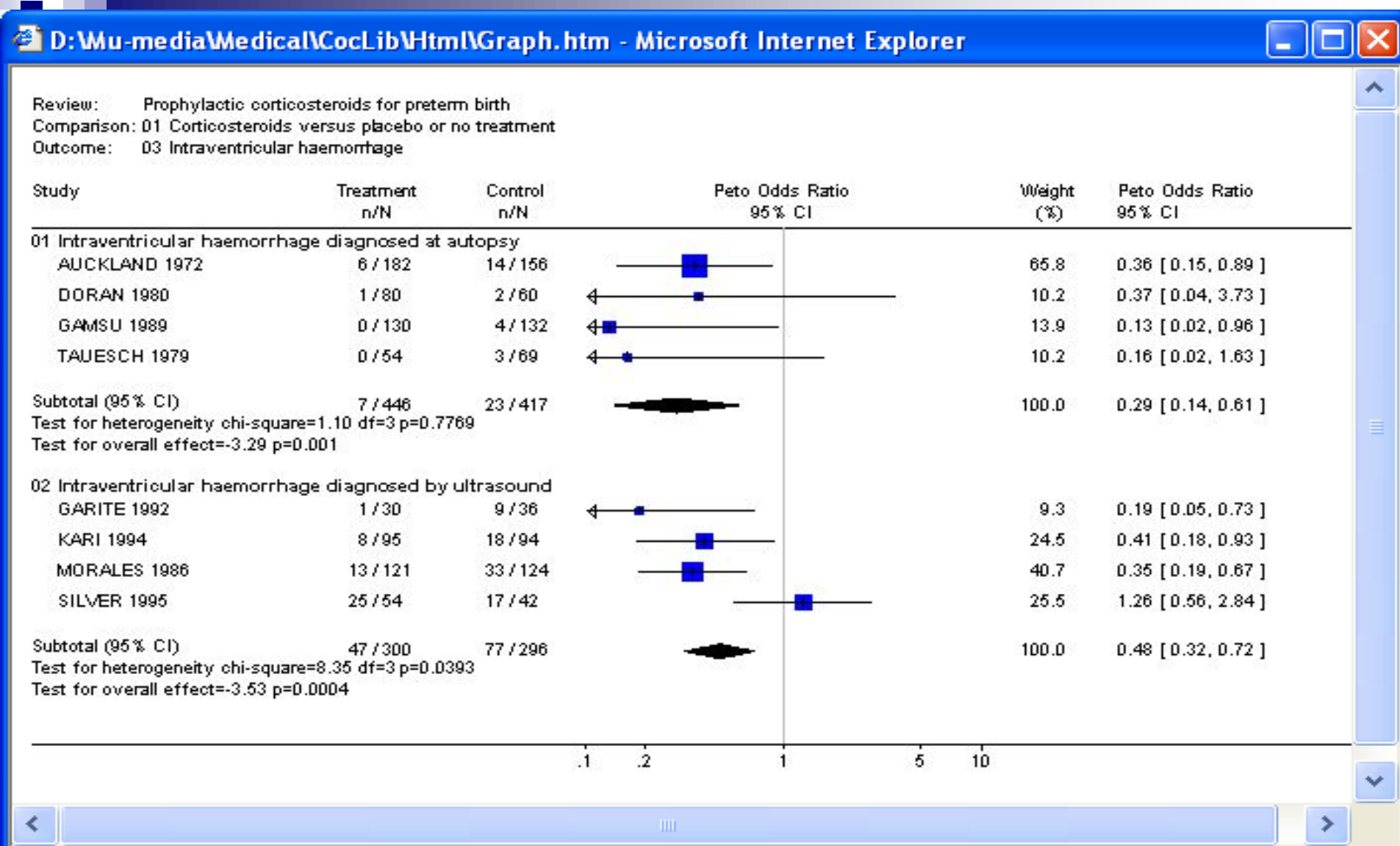
Proportion of subjects with productive cough at follow up



Forest Plot



NE: Horizontal scale may be logarithmic.



Crowley P. Prophylactic corticosteroids for preterm birth (Cochrane Review). In: *The Cochrane Library*, Issue 3, 2004. Chichester, UK: John Wiley & Sons, Ltd

Study

Relative risk (95% CI)

Bevilacqua 1996

Bevilacqua 1997

Dunn 1991

Egberts 1993

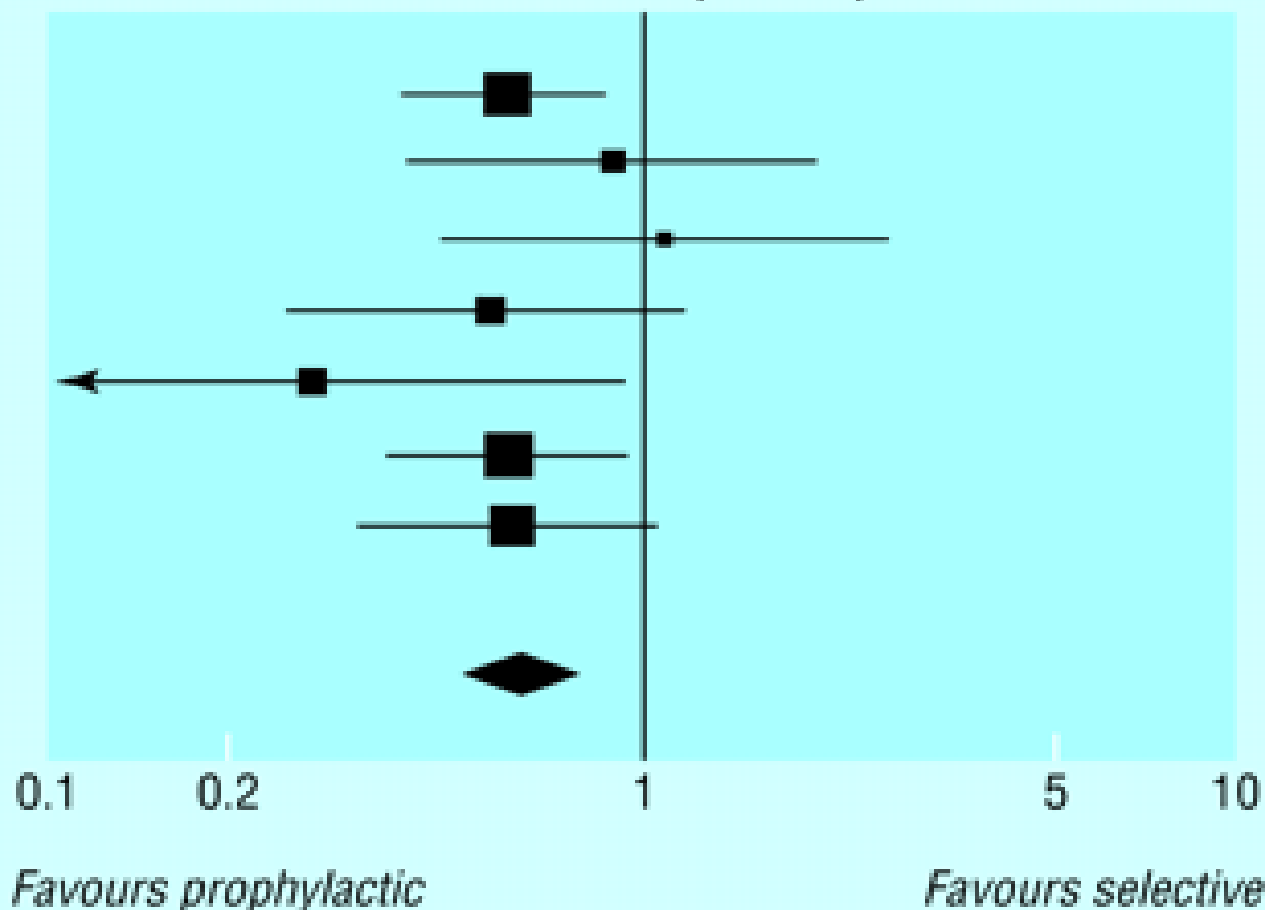
Kattwinkel 1993

Kendig 1991

Walti 1995

Pooled estimate:

0.61 (0.48 to 0.77)



Meta-analysis of prophylactic versus selective use of surfactant to prevent mortality in preterm infants. Adapted from Soll et al. *Cochrane Database Syst Rev* 2003;(4): CD000510

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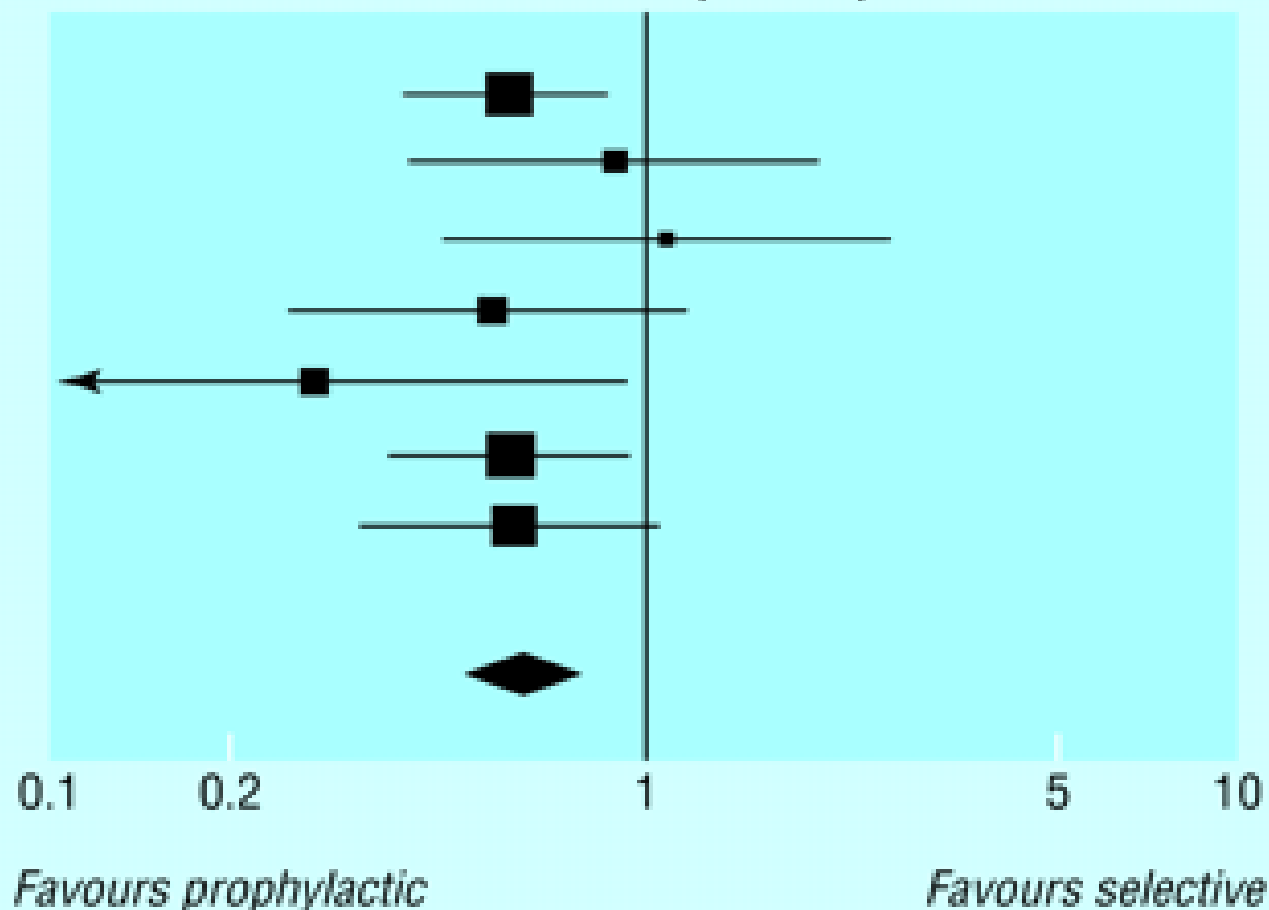
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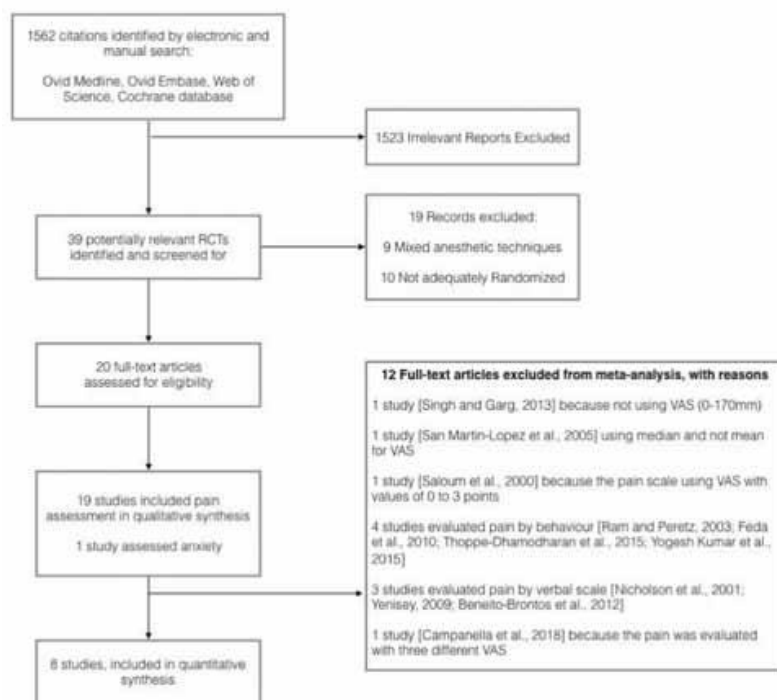
Interpretarea rezultatelor MA

- **Linia orizontală – rezultat (cu cât linia este mai scurtă, cu atât rezultat este mai bun)**
- **Linia verticală indică poziția pentru diferite rezultate obținute**

Interpretarea rezultatelor MA

- **Daca linia orizontală intersectează linia verticală – rezultat nu este statistic semnificativ**
- **Romb – indică rezultatul meta-analizei**
- **Plasarea rombului din stîngă – tratament este efectiv**

Pain and anxiety associated with Computer-Controlled Local Anaesthesia: systematic review and meta-analysis of cross-over studies



Durere și anxietate asociate cu anestezia locală controlată de computer: review sistematică și metaanaliza studiilor încrucișate