STATE UNIVERSITY OF MEDICINE AND PHARMACY "NICOLAE TESTEMITANU"



DEPARTMENT of MANAGEMENT AND PSYCHOLOGY

SYSTEMATIC REVIEWS IN SUPPORT OF EVENTS

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26 March 2020

Archie Cochran



26 March 2020



The Cochrane Collaboration



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

TYPES OF REVIEW

- Narrative (descriptive)
- Systematic
- Meta-analysis



Narative review (descriptive)

(highest category)

Most narrative reviews are unsystematic, as the author did not take in consideration all the evidences

Review systematic –

primary study review with explicit and reproducible methodology

TYPES OF REVIEW

Narative Review

- It covers many questions
- It is subject to deviations

Systematic Review

- > Review of Primary Studies
- > focused
- > Answer a question
- It uses an exact methodology
- > Minimizes deviation

SYSTEMATIC REVIEW

- Assessing the importance of research
- Evaluation of research design
- Evaluation of research results

Data combining - meta-analysis

Significant informatics medicine

ADVANTAGES OF SYSTEMIC REVIEWS

- The explicit method limits the error
- Summarizes the evidences
- They can reduce the lag between research and implementation
- Increasing accuracy
- Identifies differences between studies and subgroups

Meta-analysis

Meta-analysis –the mathematical synthesis of the results of two or more primary studies, with the purpose to increase the precision of the results

Systematic Review/meta-analysis

SR

 Review of primary studies with correct and reproducible methodology

MA

Mathematical analysis of several similar primary studies with the purpose of increasing the validity / accuracy of the results

Qualitative review

Quantitative review

SystematicReview /Meta-analysis

In 1966 Nobel Prize winner - Prof. L. Paling published a review about the reduction of IRVA by the administration of ascorbic acid [Paling L. How to live longer and feel better. New York: Freeman; 1986].

In 1992, meta-analysis was published on the same issue that did not confirm L. Paling's conclusions

[Kleijnen J., and Knipschild P. The comprehensiveness of Medline and Embase computer searches. Searches for controlled trials of homoepathy, ascorbic acid for common cold and ginkgo biloba for cerebral insufficiency and intermittant claudication. PharmWekbl (Sci) 1992;14:316—20].

META-ANALYSIS OF TYPE I

- Helps solve medical controversy caused by differences in studies
- Being an inexpensive alternative to bulky randomized trials
- I can "modify" health policy

META-ANALYSIS OF TYPE II

is useful for designing future studies by systematically identifying patients with important outcomes and study characteristics based on previous materials

STEPS OF META-ANALYSIS

- 1. Identification
- 2. selection
- 3. extracting
- 4. Analyze

1. IDENTIFICATION

The first step in a meta-analysis is to identify all relevant articles to your subject

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 ofpsychological literature)
- CINAHL
- SIGLE (Grey Literature in Europe)
- LILACS (Latin American and Caribbean Health Science Literature)

2. ELECTRONIC DATABASES OF CONFERENCE ABSTRACTS

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

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 – the electronic database of the National Library of Medicine, USA

It is an excellent starting point, not the only source of information

MEDLINE indexes about 4100 journals, dating from 1966 to the present

Cochrane Registry

a.1993

It is an important source for metaanalysis

The registry includes summaries of more than 160 thousand studies



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from The Cochrane Collaboration



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.

BROWSE COCHRANE DATABASE OF SYSTEMATIC REVIEWS

Anaesthesia & pain control (143)

Blood disorders (94)

Cancer (252)

Consumers & communication (29)

Dentistry and oral health (107)

Developmental, psychosocial, and learning problems (70)

Ear, nose, & throat (92)

Effective practice/health systems (59)

Endocrine & metabolic (89)

Eyes & vision (78)

Gastroenterology (258)

Genetic disorders (82)

SPECIAL COLLECTIONS





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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 betaagonist (LABA). Which is best?...

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HIGHLIGHTED NEW AND UPDATED COCHRANE REVIEWS 🔝

Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption



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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

PDF

- Summary (67 K)
- Standard (1741 K)
- Full (1967 K)

Abstract

Plain language summary

Quick links

- What's new
- Summary of findings

The review

- Background
- Objectives
- 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 Sc

¹Preventive and International Health Care Unit, Norwegian Knowledge Centre for the Health Services, Oslo, Norway. ²Department of Global Health and Welfare, SINTEF Health Research, Oslo, Norway. ³Health Sy Research Unit, Medical Research Council, Tygerberg, South Africa. ⁴Swiss Centre for International Health, Swiss Tropical and Public Health Institute, Basel, Switzerland. ⁵School of Public Health, University of the Cape, Bellville, South Africa. ⁶Norwegian Knowledge Centre for the Health Services, Oslo, Norway. ⁷Department of Health Sciences, Babcock University, Ikeja-Lagos, Nigeria. ⁸Combined Health Services Sciences, Sunnybrook Health Sciences Centre, Toronto, Canada

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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.

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 tri (RCTs); 'quasi-experimental'.

Study selection: specific interventions



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AND 🚩 Enter search term 3	Author	*
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Database of Abstracts of Reviews of Effects (Other Reviews)

Cochrane Central Register of Controlled Trials (Clinical Trials)

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SEARCH Enter search term Title, Abstract or Keywords Go Advanced Search | MeSH Search | Search History | Saved Searches

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.

Save Title to M

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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

It can be just as useful when it is important to research articles published before 1966

PubMed



Search:	PubMed
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Limits Advanced search Help





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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	Go
Category	Scope
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O prognosis	
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For more information, see Help. See also related sources for systematic review searching.

Search task shifting	Go
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http://epocoslo.cochrane.org/resources-evidence-informed-health-policymaking



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Search

Search

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.

To view the SURE Guides online click here

<u>To download the complete SURE Guides for Windows click here</u> (.EXE file - about 73 Mb) <u>To download the complete SURE Guides for Mac users click here</u> (.ZIP file - about 73 Mb) <u>If you have a slow Internet connection, click here</u> to download the SURE Guides in several smaller files

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

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

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• m •		

- Once a large number of studies have been collected with the help of a metaanalysis, then it is important to select the correct studies!
- There is a variety of possible inclusion criteria (also called "eligibility")

If the study includes sufficient information for an analysis (standard deviation or standard error outside the fixed value)

> Year of study: if

the typical drug technology or dosage regimen has changed

Design of the study (only randomized controlled trials, particularly in the case of therapeutic trials)

Sample size - Very small studies (with a small sample) may be unrepresentative

> Age of the patient (adults only, or just over 60 years)

Circumstances for deployment (emergency service, ambulatory, hospital)

3. EXTRACTION

Having identified the appropriate group of studies, at the next stage, the author should extract the relevant data from each study

3. EXTRACTION

Sources of potential errors in data extraction

- The article may be incorrect due to typographical or drafting mistakes
- > Table data may be interpreted incorrectly
- Errors can occur from the beginning or during data extraction

"MEASURES" TO MINIMIZE ERRORS

- Two reviewers will participate in the meta-analysis
- The third reviewer or an institution may also be included
- A "joint session" to resolve divergences

"MEASURES" TO MINIMIZE ERRORS

- Appoint reviewers with the experience of "processing" articles
- Compare the abstract and text to identify some "mismatches"

"MEASURES" TO MINIMIZE ERRORS

Which Program was used for data analysis

The results of the data extraction, including the percentage match, are reported

There are many controversies in the analysis of meta-analysis

Homogeneity and heterogeneity describe the degree of variability between studies in the comparison group

- It is more appropriate to combine the results of the homogeneous study group
- Contrary to the combination of results from heterogeneous studies
- As a homogeneity test (to establish homogeneity of studies), the statistical test "ksi-square"

- Fixed effects models in studies included in a revium: interventions, patients, and effects measurements are similar
- Their results must be identical, and differences can only be conditioned by variations within the study

Random effects patterns - studies included in a revium are randomly selected, being an extract from a multitude of possible studies

ASSESSING THE RELEVANCE OF A META ANALYSIS 1.

Basic meta-analysis evaluation questions

- 1. Can the results change my practice if they are valid?
- 2. Are the results important to my patients?
- 3. Are the results valid?

ASSESSING THE RELEVANCE OF A META ANALYSIS 2.

A study that meets these three criteria is a POEM (Patient Oriented Evidence that Matters, Dovezi Importante în Baza Rezultatelor Obţinute de la Pacient)

EVALUATION OF THE VALIDITY OF A META ANALYSIS 1.

- 1. Did the authors correctly formulate the clinical question?
- 2. Did the inclusion criteria for selecting articles be appropriate?
- 3. Have any relevant studies been omitted?

EVALUATION OF THE VALIDITY OF A META ANALYSIS 2.

- 4. Has been assessed the validity of the included studies (the quality of the study)?
- 5. Was reproducible the trial evaluation (data extraction)?
- 6. Were the results of the studies similar (homogeneity)?

INTERPRETATION OF THE RESULTS OF A META ANALYSIS

RR
CI
Chi-square

INTERPRETARE REZULTATELOR UNEI **METAANALIZE**

Proportion of subjects with productive cough at follow up

Study	Antibiotic	Placebo	Relative risk random effe	(95% CI) cts model	Weight (%)	Relative risk (95% Cl) random effects model
Dunlay et al ²⁵	10/21	17/24			9.6	0.67 (0.40 to 1.13)
King et al ²⁷	28/41	27/31	-		41.3	0.78 (0.61 to 1.01)
Stephenson (unpublished	i) 24/81	27/82	-		12.3	0.90 (0.57 to 1.42)
Stott and West ²¹	30/104	32/103	-		14.7	0.93 (0.61 to 1.41)
Verheij et al ²⁶	13/72	16/72		-	6.0	0.81 (0.42 to 1.56)
Williamson ²³	23/37	18/32	+	-	16.3	1.11 (0.74 to 1.64)
Total (95% CI) x ² =3.21. df=5. Z=1.94	128/356	137/344	-		100.0	0.85 (0.73 to 1.00)
A static size the			0.1 0.2 1	5 10		
			Favours antibiotic	Favours placebo		

26 March 2020

Forest Plot



Review: Prophylactic corticosteroids for preterm birth Comparison: 01 Corticosteroids versus placebo or no treatment Outcome: 03 Intraventricular haemorrhage

Study	Treatment n/N	Control n/N		Peto Odds Ratio 95% Cl	Weight (%)	Peto Odds Ratio 95% Cl	
01 Intraventricular haemor	rhage diagnosed at a	utopsy					
AUCKLAND 1972	6/182	14/156	9 <u>.</u>		65.8	0.36 [0.15, 0.89]	
DORAN 1980	1/80	2/60	4		10.2	0.37 [0.04, 3.73]	
GAMSU 1989	0/130	4/132	4=		13.9	0.13 [0.02, 0.96]	
TAUESCH 1979	0/54	3/69	4 •		10.2	0.16 [0.02, 1.63]	
Subtotal (95% CI) Test for heterogeneity chi-sq Test for overall effect=-3.29	7 / 446 juare=1.10 df=3 p=0.77 p=0.001	23/417 69			100.0	0.29 [0.14, 0.61]	
02 Intraventricular haemor GARITE 1992	rhage diagnosed by 1/30	ultrasound 9/36	4 -		9.3	0.19 [0.05, 0.73]	
KARI 1994	8/95	18/94			24.5	0.41 [0.18, 0.93]	
MORALES 1986	13/121	33/124	-		40.7	0.35 [0.19, 0.67]	
SILVER 1995	25/54	17 / 42			25.5	1.26 [0.56, 2.84]	
Subtotal (95% CI) Test for heterogeneity chi-sq Test for overall effect=-3.53	47 / 300 juare=8.35 df=3 p=0.03 p=0.0004	77/296 93			100.0	0.48 [0.32, 0.72]	
			.1 .2	1	5 10		~
<							>

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

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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



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







Interpretation of MA results

- The horizontal line the result (the shorter the line, the better the result)
- The vertical line indicates the position for different results

Interpretation of MA results

- If the horizontal line intersects the vertical line - the result is not statistically significant
- Diamond indicates the result of the metaanalysis
- Placement of the diamond from the left treatment is effective