

How narrow or broad should EPOC reviews be?

See also: [When should EPOC reviews only include studies from LMIC?](#)

[What are explanatory factors and why should they be included in protocols?](#)

5.6 Defining the scope of a review question (broad versus narrow) ([Cochrane Handbook](#))

The issue of “lumping and splitting” comes up frequently in relationship to EPOC reviews; i.e. whether the focus of a review is too narrow or too broad. For example, a review might address a broad question regarding the effects of any intervention to improve adherence to (any) guidelines by any health professional in any setting. Alternatively, a review might address a narrow question regarding the effectiveness of computerised reminders (a specific type of intervention) to improve prescribing of antibiotics by physicians in primary care.

Often review authors propose an overly narrow focus reflecting their specific interest in the effects of a specific intervention targeted at a specific problem and a specific population in a specific setting. Overly narrow questions are ones that focus on subgroups of populations, interventions or settings without an adequate justification. They may also focus on subgroups of problems, such as specific types of professional practice. In effect, such reviews are subgroup analyses of a broader question. A number of problems may arise from such inappropriate subgroup analyses.

Potential problems with overly narrow review questions:

- A high risk of there being no studies that address the exact question of interest, resulting in an empty review that is less informative than a broader review would be;
- A risk of misleading conclusions because of spurious findings due to sparse evidence;
- Not being able to interpret the results of a subgroup analysis in the context of the overall evidence;
- A lack of compelling explanations of why similar interventions or the same intervention in different populations (e.g. with different chronic diseases) or in different settings (e.g. primary and secondary care) would have a different mechanism of action and different effects;
- The existence of multiple overlapping reviews that may be confusing and unhelpful for readers. In addition, the production of multiple overlapping reviews involves a duplication of resources for both the authors and the EPOC editorial team.

Because of these potential problems, we will ask review authors to consider broadening their focus or to provide good reasons for narrow review questions.

Suggested citation: Cochrane Effective Practice and Organisation of Care (EPOC). [Resource title]. EPOC Resources for review authors, 2017. epoc.cochrane.org/resources/epoc-resources-review-authors (accessed DD Month YYYY)

Good reasons for choosing a narrow review question:

- The intervention or problem is only relevant in a particular population or setting;
- There are compelling reasons why similar interventions or the same intervention would function differently in different populations or settings (e.g. due to differing mechanisms of action across different populations), so that the evidence would be unlikely to be transferrable (across different interventions, populations, problems or settings).

Reasons that by themselves do not adequately justify a narrowly focused EPOC review:

- The intervention is common in a specific population or setting, but there are not compelling reasons to believe that the intervention would be expected to function differently in other populations or settings;
- The review authors or commissioners are particularly interested in a narrowly focused review;
- Narrow reviews may be more manageable for the review team and easier to read for end users.

Sometimes review authors also want to focus on a specific outcome. Generally, Cochrane reviews should include all outcomes that are important to people making decisions or those affected.

Recommendations

Review authors planning to select only certain subgroups of broader intervention types, populations or settings need to provide compelling arguments of why similar interventions or the same intervention would function differently in different populations or settings (e.g. due to differing mechanisms of action across different populations), so that the evidence would be unlikely to be transferrable.

In many circumstances, this may not be a clear decision. When in doubt, it is probably wiser to start with a broad scope, and divide the review up into narrower reviews if the original review becomes unwieldy. If a major change is to be undertaken, such as splitting a broad review into a series of more narrowly focused reviews, a new protocol will need to be published for each of the component reviews, which clearly document the eligibility criteria for each one.

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