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**EPOC Worksheets   
for preparing a Summary of Findings (SoF) table using GRADE**

These worksheets can be used to:

1. Identify the most important outcomes for each comparison for which a SoF table would be helpful

2. Assess the certainty (quality) of evidence for each of those outcomes using GRADE

3. Prepare a summary of findings (SoF) table for an EPOC review

**Instructions**

1. Identify each comparison in the review for which a SoF table would be helpful. Prepare more than one SoF table if the review contains more than one comparison for which a summary of findings would be helpful.

2. Select the most important outcomes for each comparison

*Suggestions*

1. Generate a list of relevant outcomes (see Worksheet 1)

* List outcomes that you identified as primary outcomes
* Add other outcomes for which data are reported
* Add any other outcomes that were not reported in the review, but that might be important to someone making a decision – from the perspective of those who will be affected by the decision. **Be sure to consider potential benefits, adverse effects, and resource use (costs)**
* Agree (with your co-authors) on which outcomes are important enough to be included in the SoF table (Worksheet 1)

1. Having chosen the outcomes that you think are most important and should be included in the SoF table, transfer them to a blank certainty assessment table (see Worksheet 2).

* Include outcomes that are critical to a decision even if the review does not provide any evidence

3. Assess the certainty of evidence for each outcome using the GRADE approach

*Suggestions*

* Fill in Worksheet 2 to determine the certainty of the evidence for the outcome
* Consult the criteria for assessing the certainty of evidence (see below)

4. Summarise the findings for the outcome (quantitatively if possible), in a way that will be understandable to decision-makers and other stakeholders.

5. Complete the SoF table (Worksheet 3) filling in the Certainty of the Evidence column for each of the important outcomes.

6. Prepare bullet points that summarise the information in the summary of findings table in plain language. Be consistent in how you translate the findings into qualitative statements (Worksheet 4) and your use of language when you report the results in the abstract, results, discussion and conclusions of the review.

Worksheet 1: Assessing the relative importance of outcomes and deciding which ones to include in the Summary of Findings table

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| --- |
| **Review:** |
| **Assessed by:** |
| **Date:** |

Rate the relative importance for each outcome on a 9 point scale ranging from 1 (not important) to 9 (critical).

1-3: Not important and not included in the SoF table

4-6: Important but not critical for making a decision (inclusion in the SoF table may depend on  
how many other important outcomes there are)

7-9: Critical for making a decision and should definitely be included in the SoF table

**Include potential undesirable effects (harms) and resource use (costs), as well as desirable effects (benefits)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome** | Initials of people assessing the relative importance of the outcomes | | | | **Consensus** |
|  |  |  |  |
| **Relative importance (1-9)** | | | |
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**Worksheet 2: Assessing the certainty**[[1]](#footnote-1) **of evidence across studies for an outcome**

**(See the notes on certainty of evidence assessment following the table below)**

**Comparison**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Certainty assessment of evidence for each outcome***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No of studies** | **Design** | **Risk of bias** | | **Inconsistency** | | **Indirectness[[2]](#footnote-2)** | | **Imprecision** | | **Other[[3]](#footnote-3)** | **Certainty**  **(overall score)[[4]](#footnote-4)** |
| **Outcome:** | | | | | | | | | | | |
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| **Outcome:** | | | | | | | | | | | |
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| **Outcome:** | | | | | | | | | | | |
|  |  |  | |  | |  | |  | |  |  |
| **Outcome:** | | | | | | | | | | | |
|  |  |  | |  | |  | |  | |  |  |
| **Example:** The use of lay health workers compared to usual health care services  **Outcome:** Immunisation uptake in children | | | | | | | | | | | |
| 4 | Randomised trials  (4) | | Serious risk of bias  (-0.5) | | Important inconsistency  (-0.5) | | No serious indirectness | | No serious imprecision | None | Moderate   (3) |

**Notes on certainty of evidence assessment (scores generated in worksheet 2)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.  Establish initial level of confidence** | |  | **2.  Consider lowering or raising level of confidence** | |  | **3.  Final level of  confidence** |
| ***Study design*** | ***Initial confidence in an estimate of effect*** |  | ***Reasons for considering lowering  or raising confidence*** | |  | ***Confidence***  ***in an estimate of effect  across those considerations*** |
| ** Lower if\*** | ** Higher if\*** |
| ***Randomised trials*** | **High confidence (4)** | **Risk of Bias**  -1 Serious  -2 Very serious  I**nconsistency**  -1 Serious  -2 Very serious  **Indirectness**  -1 Serious  -2 Very serious  **Imprecision**  -1 Serious  -2 Very serious  **Publication bias**  -1 Likely  -2 Very likely | **Strong association**  +1 Strong, no plausible confounders  +2 Very strong, no major threats to validity  **Dose response**  +1 Evidence of a gradient  **All plausible  confounding & bias**   * **Would reduce a demonstrated effect OR** * **Would suggest a spurious effect if no effect was observed**   +1 All plausible confounders or bias would decrease the size of the effect if there is evidence of an effect, or increase it if there is evidence of no harmful effect (safety) | **High**  ⊕⊕⊕⊕ |
|  |  | **Moderate**  ⊕⊕⊕○ |
| ***Non-randomised evidence*** | **Low confidence (2)** | **Low**  ⊕⊕○○ |
|  |  | **Very low**  ⊕○○○ |

\* 1 = Move up or down one grade (for example from high to intermediate)

2 = Move up or down two grades (for example from high to low)

0.5 = Borderline

Generating scores for the certainty of evidence across studies for an outcome involves making judgements about how much the factors in the middle columns decrease or increase the strength of the evidence. Details about the factors affecting the quality of evidence can be found in the resources listed at the end of these worksheets.

You should include explanations for the judgements you made e.g. the evidence was downgraded from a high to moderate rating because of a risk of bias that borders on being serious (due perhaps to an incomplete follow-up or the absence of blinding in some of the trials) and an inconsistency of results across studies that borders on being important (ranging from inconclusive to a 36% relative increase).

Further guidance on generating certainty of evidence scores and a step by step guide to creating summary of findings tables can be found in GRADEpro, which can be downloaded from <http://ims.cochrane.org/revman/gradepro>.

**Worksheet 3: Summary of Findings (SoF) table**

Examples of SoF tables using each of the following four templates are provided following the templates.

*(Use this format if there is not a meta-analysis or if the results are reported in such a way that they cannot be summarised quantitatively in a consistent way for each outcome.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **[[5]](#footnote-5)** | | | |
| **Patients or population:****[[6]](#footnote-6)**  **Settings:b**  **Intervention:b**  **Comparison:b** | | | |
| **Outcomes[[7]](#footnote-7)** | **Impact[[8]](#footnote-8)** | **Number of  participants (Studies)[[9]](#footnote-9)** | **Certainty of the evidence (GRADE)\* [[10]](#footnote-10)** |
|  |  | (studies) | ⊕⊕⊕⊕High |
|  |  | (studies) | ⊕⊕⊕⊖Moderate |
|  |  | (studies) | ⊕⊕⊖⊖Low |
|  |  | (studies) | ⊕⊖⊖⊖Very low |
| \* GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.  † Substantially different = a large enough difference that it might affect a decision | | | |

**Footnotes**

1.

*(Use the top rows for dichotomous outcomes when there is a meta-analysis. Use the bottom row for other outcomes.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[[11]](#footnote-11)** | | | | | |
| **People:[[12]](#footnote-12)**  **Settings:**†  **Intervention:**†  **Comparison:**† | | | | | |
| **Outcomes** | **Absolute Effect\*** | | **Relative effect**  **(95% CI)** | **Number of studies** | **Certainty of the evidence (GRADE)†** |
| Without | With |
|  | per | per | RR  (to ) |  | ⊕⊕⊕⊕High |
| Difference: per  (95% CI: to ) | |
|  | per | per | RR  (to ) |  | ⊕⊕⊕⊖Moderate |
| Difference: per  (95% CI: to ) | |
|  | per | per | RR  (to ) |  | ⊕⊕⊖⊖Low |
| Difference: per  (Margin of error: to ) | |
|  | per | per | RR  (to ) |  | ⊕⊖⊖⊖Very low |
| Difference: per  (Margin of error: to ) | |
|  |  | | - | - | - |
| 95% CI: 95% Confidence interval; RR: Risk ratio  \* The risk WITHOUT the intervention is based on . The corresponding risk WITH the intervention (and the 95% confidence interval for the difference) is based on the overall relative effect (and its 95% confidence interval).  **†** GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different‡ is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different‡ is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different‡ is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different‡ is very high.  ‡ Substantially different = a large enough difference that it might affect a decision | | | | | |

**Footnotes**

1.

*(Use this format if the results are reported in such a way that they can be summarised quantitatively in a consistent way for each outcome.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[[13]](#footnote-13)** | | | | |
| **People:[[14]](#footnote-14)**  **Settings:**†  **Intervention:**†  **Comparison:**† | | | | |
| **Outcomes** | **\*** | **Number of studies** | **Certainty**  **of the evidence (GRADE) †** | **Comments** |
|  |  |  | ⊕⊕⊕⊕High |  |
|  |  |  | ⊕⊕⊕⊖Moderate |  |
|  |  |  | ⊕⊕⊖⊖Low |  |
|  |  |  | ⊕⊖⊖⊖Very low |  |
| \*  **†** GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different‡ is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different‡ is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different‡ is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different‡ is very high.  ‡ Substantially different = a large enough difference that it might affect a decision | | | | |

**Footnotes**

1.

*(Use this format if the results are reported in such a way that they can be summarised quantitatively in a consistent way for each outcome and comments are not needed.)*

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| --- | --- | --- | --- |
| **[[15]](#footnote-15)** | | | |
| **People:[[16]](#footnote-16)**  **Settings:**†  **Intervention:**†  **Comparison:**† | | | |
| **Outcomes** | **\*** | **Number of studies** | **Certainty**  **of the evidence (GRADE) †** |
|  |  |  | ⊕⊕⊕⊕High |
|  |  |  | ⊕⊕⊕⊖Moderate |
|  |  |  | ⊕⊕⊖⊖Low |
|  |  |  | ⊕⊖⊖⊖Very low |
| \*  **†** GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different‡ is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different‡ is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different‡ is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different‡ is very high.  ‡ Substantially different = a large enough difference that it might affect a decision | | | |

**Footnotes**

1.

**Summary of Findings – Examples**

1. Summary of Findings – Substitution of nurses for physicians in primary care

|  |  |  |  |
| --- | --- | --- | --- |
| **Substitution of nurses for physicians in primary care** | | | |
| **People:** All presenting patients in primary care  **Settings:** Primarily Canada, the United States of America (USA) and the United Kingdom (UK)  **Intervention:** Substitution of nurses for physicians (nurse-led primary care)  **Comparison:** Routine care provided by physicians (physician-led primary care) | | | |
| **Outcomes** | **Impacts** | **Number of**  **studies** | **Certainty of the evidence**  **(GRADE)\*** |
| **Patient outcomes** | The care provided by nurses and physicians may lead to similar health outcomes for patients. | 4 | ⊕⊕⊖⊖ Low |
| **Quality of care** | The extent to which care provided by nurses was more or less appropriate than the care provided by physicians was not reported. | 0 | – |
| **Patient satisfaction** | On average patients are probably more satisfied with care provided by nurses, but some prefer care provided by nurses, and some prefer care provided by doctors. | 3 | ⊕⊕⊕⊖  Moderate |
| **Direct costs** | The lower salary costs of nurses may be offset by their increased use of resources or lower productivity so that there may be little if any difference in the cost of care provided by nurses compared to the cost of care provided by physicians. Because the difference in salary between nurses and doctors may vary from place to place and over time, the net saving, if any, is likely to depend on the context. | 2 | ⊕⊖⊖⊖  Very low |
| \* GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.  † Substantially different = a large enough difference that it might affect a decision | | | |

2. Summary of Findings – Lay health workers as an add on to usual care

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| --- | --- | --- | --- | --- | --- |
| **Lay health workers as an add on to usual care** | | | | | |
| **People:**  Mothers or children under five  **Settings:** Mixed (high-income countries for immunisations, mixed for breast feeding, low-income countries for morbidity and mortality in children)  **Intervention:** Lay health workers (LHWs) (members of the community who are not health professionals and have received some training to promote health or to provide some health care services)  **Comparison:**  Usual care (varied across studies) | | | | | |
| **Outcomes** | **Absolute Effect\*** | | **Relative effect**  **(95% CI)** | **Number of studies** | **Certainty of the evidence (GRADE)†** |
| **Without**  **lay health workers** | **With**  **lay health workers** |
| **Mortality**  **in children under five** | 5  per 100 | 4  per 100 | RR 0.75  (0.55 to 1.03) | 3 | ⊕⊕⊖⊖  Low |
| Difference: 1 less death per 100 children  (95% CI: 2 to 0 fewer) | |
| **Neonatal mortality** | 4  per 100 | 3  per 100 | RR 0.76  (0.57 to 1.0) | 4 | ⊕⊕⊖⊖ Low |
| Difference: 1 less death per 100 newborns  (95% CI: 2 to 0 fewer) | |
| **Morbidity**  **in children under five**  **(e.g. fever, diarrhoea)** | 50  per 100 | 43  per 100 | RR 0.86  (0.75 to 0.99) | 7 | ⊕⊕⊖⊖ Low |
| Difference: 12 less illnesses per 100 children  (95% CI: 13 to 1 fewer) | |
| **Care seeking for children under five** | 20  per 100 | 27  per 100 | RR 1.33  (0.86 to 2.05) | 3 | ⊕⊕⊖⊖ Low |
| Difference: care sought 7 more times per 100 children  (95% CI: 3 to 21 more) | |
| **Completed infant immunisations** | 45  per 100 | 55  per 100 | RR 1.22  (1.10 to 1.37) | 4 | ⊕⊕⊕⊖ Moderate |
| Difference: 11 more immunisations per 100 infants  (95% CI: 5 to 17 more) | |
| **Initiation of breastfeeding** | 54  per 100 | 73  per 100 | RR 1.36  (1.14 to 1.61) | 12 | ⊕⊕⊕⊖ Moderate |
| Difference: breast feeding initiated 18 more times  per 100 newborns  (95% CI: 7 to 33 more) | |
| **Exclusive breastfeeding** | 7  per 100 | 20  per 100 | RR 2.78  (1.74 to 4.44) | 10 | ⊕⊕⊕⊖ Moderate |
| Difference: exclusive breastfeeding 16 more times  per 100 newborns  (95% CI: 5 to 24 more) | |
| 95% CI: 95% Confidence interval; RR: Risk ratio  \* The risk WITHOUT the intervention is based on the median control group risk across studies. The corresponding risk WITH the intervention (and the 95% confidence interval for the difference) is based on the overall relative effect (and its 95% confidence interval).  **†** GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different‡ is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different‡ is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different‡ is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different‡ is very high.  ‡ Substantially different = a large enough difference that it might affect a decision | | | | | |

3. Summary of Findings – Educational meetings for health professionals

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| --- | --- | --- | --- | --- |
| **Educational meetings for health professionals** | | | | |
| **People:** Health care professionals  **Settings:** Primary and secondary care  **Intervention:** Educational meetings with or without other interventions1  **Comparison:** No intervention | | | | |
| **Outcomes** | **Adjusted absolute improvement**  **(risk difference)2**  **Median (Interquartile range)** | **Number of studies** | **Certainty of the evidence (GRADE)†** | **Comments** |
| Compliance with desired practice | Median 6%  (1.8 to 15.9) | 30 | ⊕⊕⊕⊖ Moderate3 | The effect appears to be larger with higher attendance at the educational meetings and with mixed interactive and didactic educational meetings. Educational meetings did not appear to be effective for complex behaviours and they appeared to be less effective for less serious outcomes. |
| Patient outcomes | Median 3.0%  (0.1% to 4.0%) | 5 | ⊕⊕⊕⊖ Moderate3 |  |
| \* GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.  † Substantially different = a large enough difference that it might affect a decision | | | | |

**Footnotes**

1. The effect of educational meetings alone on professional practice was the same as for multifaceted interventions that included educational meetings.

2. The post-intervention risk differences are adjusted for pre-intervention differences between the comparison groups.

3.We have downgraded the evidence from high to moderate because of inconsistency in the results that could not be fully explained.

4. Summary of Findings – Introducing user fees

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| --- | --- | --- | --- | --- |
| **Introducing user fees** | | | | |
| **People:** Anyone using any type of health service in low- and middle-income countries  **Settings:** Burkina Faso, Kenya, Lesotho, Papua New Guinea  **Intervention:** Introducing or increasing user fees  **Comparison:** No user fees | | | | |
| **Outcomes** | **Relative change in utilisation1** | **Number of studies** | **Certainty of the evidence (GRADE)\*** | **Comments** |
| Healthcare utilisation – preventive care | -15.4% immediately  -17% after 12 months | 2 | ⊕⊖⊖⊖ Very low2 | Antenatal care visits dropped in one study where fees were introduced.  One additional study found a decrease in utilisation of deworming drugs following an introduction of fees, but did not report the results in a way that the relative change in utilisation could be calculated. |
| Healthcare utilisation – curative care | -28% to -51% immediately  -9% to +8% after 12 months | 6 | ⊕⊖⊖⊖ Very low2 | All but two studies showed a decrease in the number of outpatient visits in different types of facilities, although not all drops in attendance were statistically significant.  Two controlled before-and-after studies where fees were introduced with quality improvements reported an increase in utilisation. However the authors did not report the results in a way that the relative change in utilisation could be calculated. |
| Equitable access – healthcare utilisation by quintile | N/A | 1 | ⊕⊖⊖⊖ Very low3 | This study where quality improvements were introduced at the same time as user fees found an increase in utilisation for poor groups but not the very poorest (only quintiles 2 and 3). The authors did not report the results in a way that the relative change in utilisation could be calculated. |
| \* GRADE Working Group grades of evidence  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.  † Substantially different = a large enough difference that it might affect a decision | | | | |

**Footnotes**

1. Results from CBA studies report a relative change compared to the control group, and results from ITS studies report a relative change compared to utilisation levels that would have been expected without the intervention

2. Most studies used no control or controls that were not equivalent

3. Only one study – the analysis suffered from many problems (the method of analysis was not appropriate and was performed on a sample of [only?] 61 individuals)

Worksheet 4: Key messages in plain language

Prepare a small number of bullet points summarising the contents of the Summary of Findings table. Use consistent language, such as the following throughout the review. (Adapted from suggestions for Cochrane plain language summaries)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Important difference** | **Small difference (May not be important)** | **Little or no difference** |
| **High certainty evidence** | Improves/decreases/ prevents/ leads to [outcome] | Improves slightly/decreases slightly/leads to slightly fewer (more) [outcome] | Results in little or no difference in [outcome] |
| **Moderate certainty evidence** | Probably improves/ decreases/ prevents/ leads to [outcome] | Probably improves slightly/decreases slightly/leads to slightly fewer (more) [outcome] | Probably leads to little or no difference in [outcome] |
| **Low certainty evidence** | May improve/ decrease/prevent/lead to [outcome] | May slightly improve/slightly decrease/ lead to slightly fewer (more) [outcome] | May lead to little or no difference in [outcome] |
| **Very low certainty evidence** | It is uncertain whether [intervention] improves, decreases, prevents, leads to [outcome] because the certainty of the evidence is very low | | |
| **No data or no studies** | [Outcome] was not measured or not reported, or no studies were found that evaluated the impact of [intervention] on [outcome] | | |

**Plain language descriptions of the findings - Examples**

*Substitution of nurses for physicians in primary care (Example 1):*

* Care provided by nurses and physicians may lead to similar health outcomes for patients
* It is uncertain whether there is any difference in the cost of care provided by nurses compared to the cost of care provided by physicians

*Using lay health workers as an add-on to usual care (Example 2):*

* Probably increases immunisation coverage and breast feeding
* May increase care seeking behaviour for children under five and reduce morbidity and mortality in children under five and neonates

*Educational meetings for health professionals (Example 3):*

* Probably improve compliance with desired practice and patient outcomes

*Introducing user fees for health services in low- and middle-income countries (Example 4)*

* It is uncertain whether introducing user fees reduces health service utilisation or increases inequities in low- and middle-income countries

**Resources**

Balshem H, Helfand M, Schunemann H, Oxman AD, Kunz R, Brozek J, et al. GRADE guidelines 3. Rating the quality of evidence – introduction. J Clin Epidemiol 2011; 64:401-6. <http://www.jclinepi.com/article/S0895-4356(10)00332-X/fulltext>

Brożek J, Oxman A, Schünemann H (editors). GRADEprofiler. Version 3.6 [updated May 2011]. The GRADE Working Group, 2011. Available at: <http://ims.cochrane.org/revman/gradepro>. [The GRADEpro HELP files provide specific information to create Summary of Findings Tables and use the GRADE approach to grade the quality of evidence. You can also access the HELP file from your desktop if you choose to add the icon when downloading GRADEpro.]

Brunetti M, Shemilt I, Pregno S, Vale L, Oxman AD, Lord J, et al. GRADE guidelines: 10. Considering resource use and rating the quality of economic evidence. J Clin Epidemiol 2013; 66:140-50. <http://www.jclinepi.com/article/S0895-4356(12)00134-5/fulltext>

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1. This can also be referred to as ‘quality of the evidence’ or ‘confidence in the estimate’. The “certainty of the evidence” is an assessment of how good an indication the research provides of the likely effect; i.e. the likelihood that the effect will be substantially different from what the research found. By “substantially different” we mean a large enough difference that it might affect a decision. [↑](#footnote-ref-1)
2. Indirectness includes consideration of

   * Indirect (between study) comparisons
   * Indirect (surrogate) outcomes
   * Applicability (study populations, interventions or comparisons that are different than those of interest)

   [↑](#footnote-ref-2)
3. Other considerations for downgrading include publication bias. Other considerations for upgrading include a strong association with no plausible confounders, a dose response relationship, and if all plausible confounders or biases would decrease the size of the effect (if there is evidence of an effect), or increase it if there is evidence of no harmful effect (safety) [↑](#footnote-ref-3)
4. 4  **High** = This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different\*\* is low.

   3  **Moderate** = This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different\*\* is moderate.

   2  **Low** = This research provides some indication of the likely effect. However, the likelihood that it will be substantially different\*\* is high.

   1  **Very low** = This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different\*\* is very high.

   \*\* Substantially different = a large enough difference that it might affect a decision [↑](#footnote-ref-4)
5. A title indicating the comparison summarised in the table [↑](#footnote-ref-5)
6. The characteristics of the evidence, including the types of participants (patients or populations), types of settings (e.g. countries) where the studies were done, the intervention and what the intervention was compared to [↑](#footnote-ref-6)
7. The most important outcomes, including the intended benefits, possible harms and costs [↑](#footnote-ref-7)
8. The estimated impact of the intervention on each outcome (preferably provided quantitatively) [↑](#footnote-ref-8)
9. The amount of information upon which the information is based, such as the number of participants or units (e.g. facilities), as well as the number of studies [↑](#footnote-ref-9)
10. The quality of the evidence for each outcome [↑](#footnote-ref-10)
11. A title indicating the comparison summarised in the table [↑](#footnote-ref-11)
12. The characteristics of the evidence, including the types of participants (patients or populations), types of settings (e.g. countries) where the studies were done, the intervention and what the intervention was compared to [↑](#footnote-ref-12)
13. A title indicating the comparison summarised in the table [↑](#footnote-ref-13)
14. The characteristics of the evidence, including the types of participants (patients or populations), types of settings (e.g. countries) where the studies were done, the intervention and what the intervention was compared to [↑](#footnote-ref-14)
15. A title indicating the comparison summarised in the table [↑](#footnote-ref-15)
16. The characteristics of the evidence, including the types of participants (patients or populations), types of settings (e.g. countries) where the studies were done, the intervention and what the intervention was compared to [↑](#footnote-ref-16)