

Describing interventions in EPOC reviews

When interventions are inadequately described in systematic reviews, decision-makers must guess what to implement, how to do it, and what not to implement. Moreover, the reliability of a systematic review depends on appropriate consideration of intervention details in the planning, conduct, and reporting of systematic reviews.

The following recommendations for EPOC review authors are based on Hoffmann et al.¹ EPOC review authors should adhere to these recommendations or, if there are good reasons for not doing so, provide those reasons; e.g. for pragmatic reasons, it might not be possible for all EPOC reviews to prepare a table that summarises the intervention details for each study.

PLANNING THE REVIEW

1. Consider intervention details during question formulation

Use the TIDieR checklist (Appendix) or a similar checklist to identify any important details of the intervention that will determine the questions that the review will address, including how broad or narrow the review should be, and what the main comparison will be.

2. Describe intervention considerations in the review protocol

Describe the intervention and relevant components (if multi-component) and characteristics of it in the protocol. Relevant protocol sections may include: the review question, background, search terms, eligibility criteria, data items, and quantitative synthesis plans.

CONDUCTING THE REVIEW

3. Extract intervention details as part of data extraction

Use TIDieR (or a similar checklist) as a guide to the essential intervention characteristics to include in the data extraction form and extract accordingly.

4. Request missing intervention details

When feasible, request missing intervention details from the authors using TIDieR (or a similar checklist) as a guide to which details to request, and note when details are not available.

5. Consider intervention characteristics during statistical analyses and exploration of heterogeneity when appropriate

¹ Hoffmann TC, Oxman AD, Ioannidis JP, Moher D, Lasserson TJ, Tovey DI et al. Enhancing the usability of systematic reviews by improving the consideration and description of interventions. *BMJ* 2017; 357:J2998

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)

Where appropriate and feasible, consider intervention characteristics as specified in the protocol when grouping studies, conducting analyses, and exploring heterogeneity.

REPORTING THE REVIEW

6. Report intervention details in a summary table

Provide a table that summarises the intervention details for each study, like the table shown below.

7. Share intervention materials where possible

Where intervention materials are available, share or provide their location details in the review's intervention summary table.

8. Describe implications for future research

If the summary of intervention details revealed important gaps in existing research, or if the analyses identified a significant association between effect and the presence or absence of intervention components or characteristics, describe the future research implications of this in the review.

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Table. Illustration of a summary table describing interventions included in a systematic review*

Author Year	Brief name	Recipient	Why	What (materials)	What (procedures)	Who provided	How	Where	When and how much	Tailoring	Modification of intervention throughout trial	Strategies to improve or maintain intervention fidelity	Extent of intervention fidelity
Altiner, 2007	Complex GP peer-led educational intervention	GPs and patients	Focused on communication within a consultation and the mutual discordance between patients' expectations and doctors' perceived patient expectations, empowering patients to raise the issue within the consultation. By 'informing' both sides in the consultation, it is hoped that doctors and patients would openly talk about the issue and thus reduce unnecessary antibiotic prescriptions.	Peers used a semi-structured dialogue script for outreach visits. Patient materials (leaflet and poster) provided in waiting room primarily focused on the patients' role doctor-patient 'antibiotic misunderstanding' and brief evidence-based information on acute cough and antibiotics.	GP peer-led outreach visits. Peers were trained to explore GPs' 'opposite' motivational background to address their beliefs and attitudes. GPs were motivated to explore patient expectations and demands, to elicit anxieties and make antibiotic prescribing a subject in the consultation Patient materials were aimed at empowering patients to raise and clarify issues within the consultation	5 practising GPs and teaching academics in the lead authors' department (2 female, 33 to 63 years of age); trained in 3 sessions for outreach visits	Face-to-face outreach visits to GPs	GP clinics during normal working hours	1 outreach visit performed per GP (duration not specified)	Not described	Not described	Not described	51/52 GPs received intervention

* Coxeter P, Hoffmann T, Del Mar C. Shared decision making for acute respiratory infections in primary care. Cochrane Database Syst Rev 2014; [11:CD010907](https://doi.org/10.1002/14651858.cd010907).

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Appendix. The TIDieR checklist*

Items included in the Template for Intervention Description and Replication (TIDieR) checklist: information to include when describing an intervention.

Brief name

- 1 Provide the name or a phrase that describes the intervention

Why

- 2 Describe any rationale, theory, or goal of the elements essential to the intervention

What

- 3 **Materials:** Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (such as online appendix, URL)
- 4 **Procedures:** Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities

Who provided

- 5 For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given

How

- 6 Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group

Where

- 7 Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features

When and How Much

- 8 Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose

Tailoring

- 9 If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how

Modifications

- 10 If the intervention was modified during the course of the study, describe the changes (what, why, when, and how)

How well

- 11 **Planned:** If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them
- 12 **Actual:** If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned

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)

* Hoffmann TC, Glasziou PP, Boutron I. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. [BMJ 2014;348:g1687](#).

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)