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Using evidence. Improving lives.

Abstracts

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Global Evidence Summit, Cape Town, South Africa

More than 1300 people from 75 countries gathered together for the first ever Global Evidence Summit.

The Global Evidence Summit was the first time that Cochrane, the Campbell Collaboration, the Guidelines International Network, the International Society for Evidence-based Health Care, and the Joanna Briggs Institute had joined forces to create a premier event in evidence-based policy.

The theme of the Summit was ‘Using evidence. Improving lives’, aiming to advance the use of reliable research evidence in addressing some of the world’s most serious health and social challenges.

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Objectives: To assess the quality of studies published as SR or MA in Polish journals listed on 2016 TRMJL within the field of internal medicine and surgery and to compare it to the quality of such studies published in journals listed in 2011.

Methods: Following a protocol published in PROSPERO we identified Polish journals in the field of surgery and internal medicine. We searched for the studies in those journals using terms 'meta-analysis' and 'systematic review' in an Ovid Medline and Embase and in every journal's official site. The quality of each SR and MA was scored using the AMSTAR checklist (total score from 0 to 11). Two authors assessed the quality of each article independently, any discrepancies were resolved by discussion among all authors.

Results: We identified 101 papers (24-2011; 77-2016). After de-duplication and applying of exclusion criteria, we assessed the quality of 35 included articles (9-2011; 26-2016). Mean AMSTAR score was approx. 25% higher in 2016 than in 2011 (3.73 vs. 3.0). The item most frequently scoring 0 was 'conflict of interest (COI) statements' in 2016, while in 2011 - items related to: 'using the quality of primary studies in formulating conclusions' and 'COI statements'. The largest difference in favour of 2016 vs. 2011 was observed in the item 'combining the findings of studies' (MD=0.4; Ratio of mean quality=2.2). The most similar results were in the item 'inclusion of studies on the basis of publication status' (MD=0.01; Ratio of mean quality=1.04).

Conclusions: Although the quality of studies published as SR and MA in 2016 improved as compared to those published in 2011, it is still unsatisfactory. We highly recommend that journal editors and peer reviewers pay more attention to the methodological quality of accepted SR and MA.

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Implications of different methods for literature searching and assessment in systematic reviews and meta-analyses: A case study

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Background: The development of an adequate literature search strategy when performing a systematic review and meta-analysis of epidemiologic studies may represent a key methodological issue. Objective: We explored how adding citation chasing to a standard literature search may modify summary estimates computed in a systematic review and meta-analysis.

Methods: We searched the literature through online databases about the effect of supplemental potassium intake on blood pressure in hypertensive individuals, from the early available date till February 2016.

Results: We retrieved 316 records in MEDLINE, 335 in Embase and 309 in CENTRAL. After de-duplication and title/abstract screening, 26 eligible studies were identified and 22 could be included in the meta-analysis. A further extended search based on backward and forward citations of relevant articles and other resources, and particularly on citation chasing, allowed us to identify 7 additional studies, 3 of which eventually eligible for the meta-analysis. Using the conventional search, overall potassium supplementation was found to decrease systolic blood pressure (SBP) of 3.64 mmHg (95% confidence interval (CI) 2.12 to 5.15) and diastolic blood pressure (DBP) of 2.13 mmHg (95% CI 0.48 to 3.79). Using the extended search, SBP decreased by 4.48 mmHg (95% CI 3.07 to 5.90) and DBP by 2.96 mmHg (95% CI 1.10 to 4.82). Little difference between the studies retrieved by the two methodologies emerged by assessing the quality of evidence using the GRADE approach and the risk of bias with the RoB 2.0 tool. Conclusion: Traditional literature search strategies generally retrieve most of the relevant studies for systematic reviews and meta-analyses. However, they may fail to identify all relevant studies potentially eligible for the analysis, thus affecting to some extent the validity of the summary estimates. Unconventional strategies using backward and forward reference searching may substantially improve the completeness of the literature.

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