in systematic reviews: what, when, how and why Rigmor C Berg

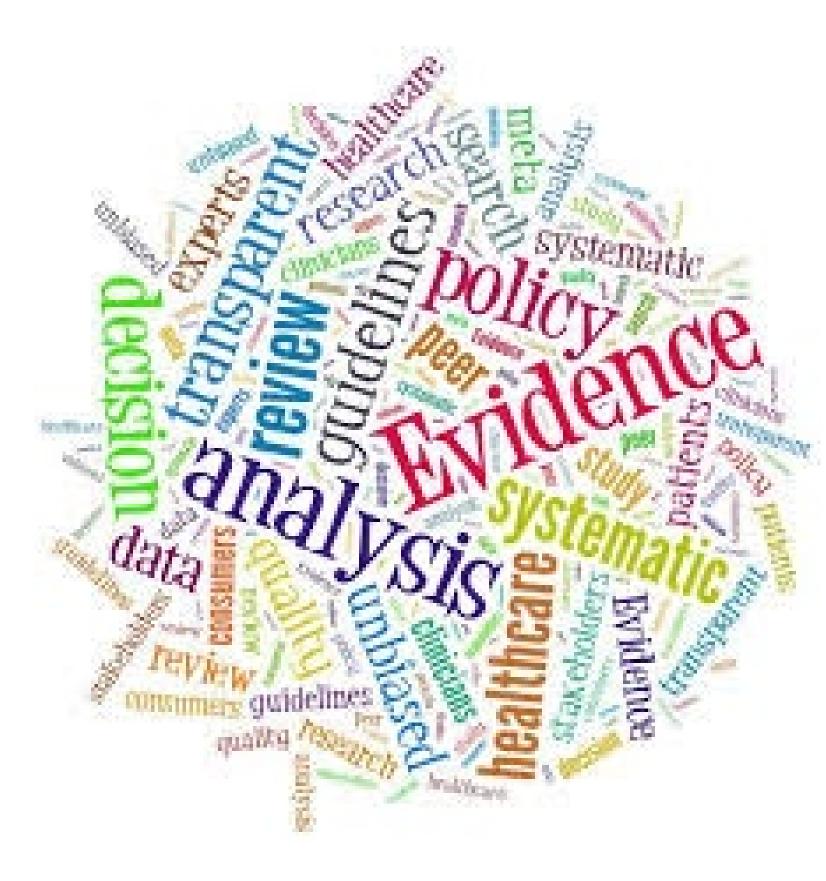
rigmor.berg@fhi.no



Including observational studies







 Evidence: The available body of facts or information indicating whether a belief or proposition is true or valid; facts intended for use in support of a conclusion

 Research: A scientific process of enquiry that produces knowledge; a systematic investigation into and study of materials and sources in order to establish facts → a search for knowledge

Purpose of research

- Exploratory: undertaken to handle new problem areas that haven't been explored in depth; may not offer a conclusion to the perceived issue but lays the foundation for more conclusive research
- Explanatory: conducted to understand why something occurs or find what is the impact of a specific change on something else, e.g. by running experiments
- Descriptive: focuses on expanding knowledge about something, e.g. describe the behavior of a sample
- Bottom line: we conduct research to *inform* our understanding



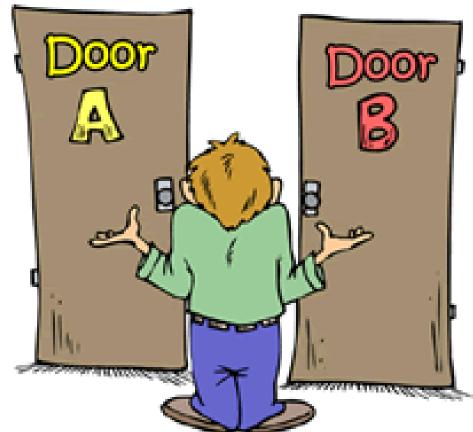


Who would prefer uninformed decisions about care and treatment?!? Door

You can't make an *informed* choice without information

- If a decision is going to be well informed rather than misinformed, you need good information!
- Good information is the best available evidence for the specific decision

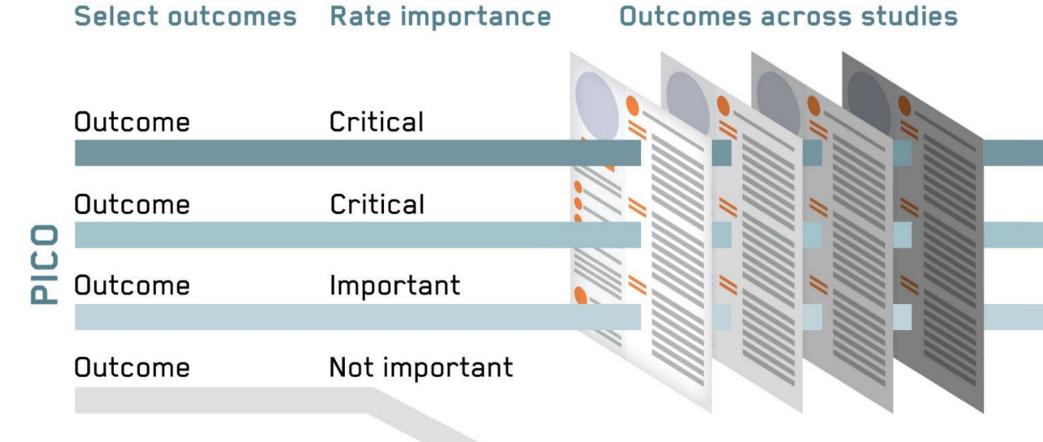
and in turn, people's lives



Implicit assumptions: Research evidence is insufficiently and/or inappropriately used in practice/policy decision making \rightarrow Research could and should be more and better used \rightarrow This would improve systems and services,



r or manace question



Systematic review

Guideline development

Formulate recommendations: For or against (direction) Strong or conditional/weak (strength)

By considering:

- Quality of evidence
- Balance benefits/harms
- Values and preferences

Revise if necessary by considering:

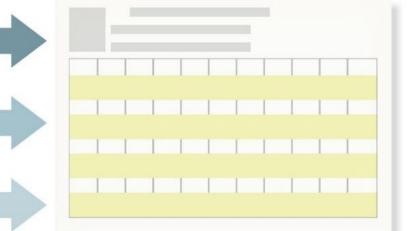
Resource use (cost)



Create evidence profile with GRADEpro

Rate quality of evidence for each outcome

Randomization increases initial quality

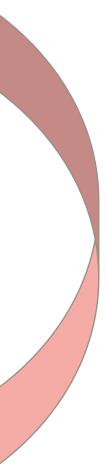


Summary of findings & estimate of effect for each outcome

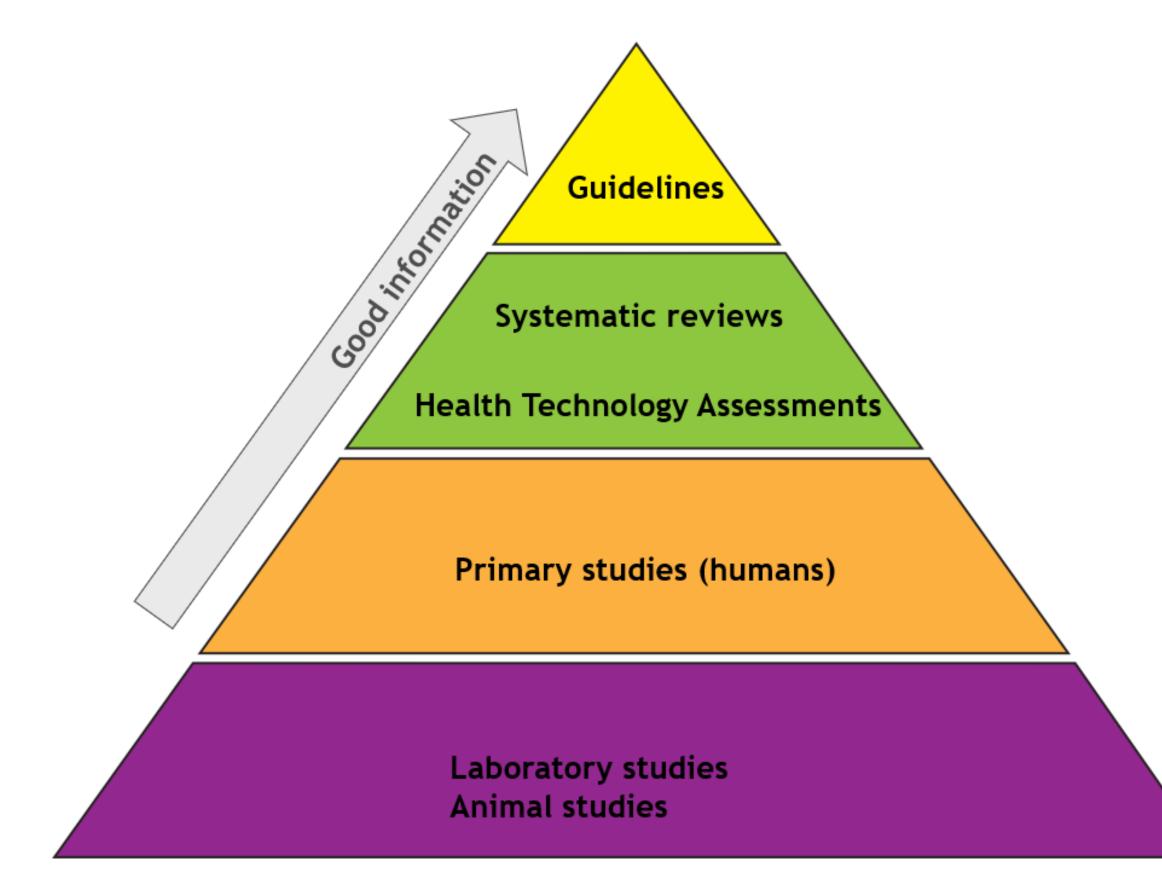
| High Moderate Low Very low | Risk of bias Inconsistency Indirectness Imprecision Publication bias | 6 |
|-------------------------------------|--|---|
| | h appendix of the section o | |

Grade overall quality of evidence across outcomes based on lowest quality of critical outcomes

"We recommend using..." "We suggest using..." "We recommend against using..." "We suggest against using..."



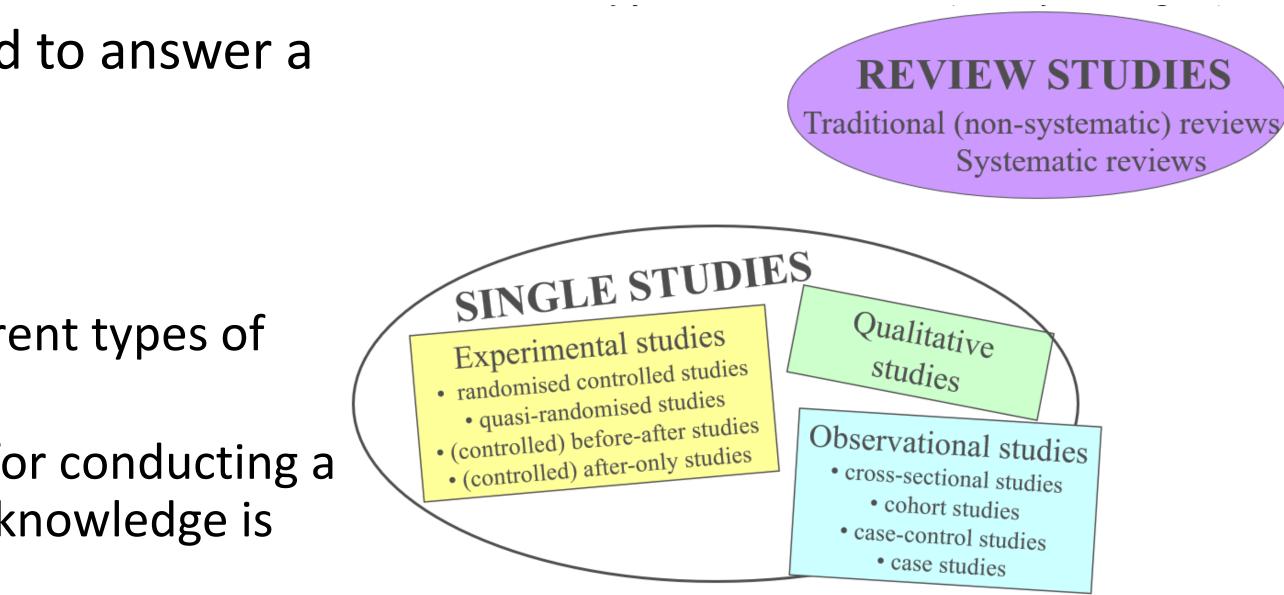
Not all evidence is created equal



- Some evidence is better, stronger or more valid than other pieces of evidence
- In terms of strength of evidence, it is the validity of a piece of evidence that is important
- The validity of a study is the extent to which its design and conduct are likely to prevent systematic errors (bias)
- Therefore, the more valid a piece of evidence, the greater its strength and the more secure we can feel making (treatment) decisions based on it

Why use an observational study

- To ensure best available evidence is used to answer a question
- Recall:
 - Different research designs address different types of questions
 - Research design provides the blueprint for conducting a research study and shapes what kind of knowledge is generated by the study
 - The aim of research is/should be to establish the 'truth' and research design aims to minimise or exclude the threats to the internal validity of the study (that is, that the conclusions are warranted by the observations)

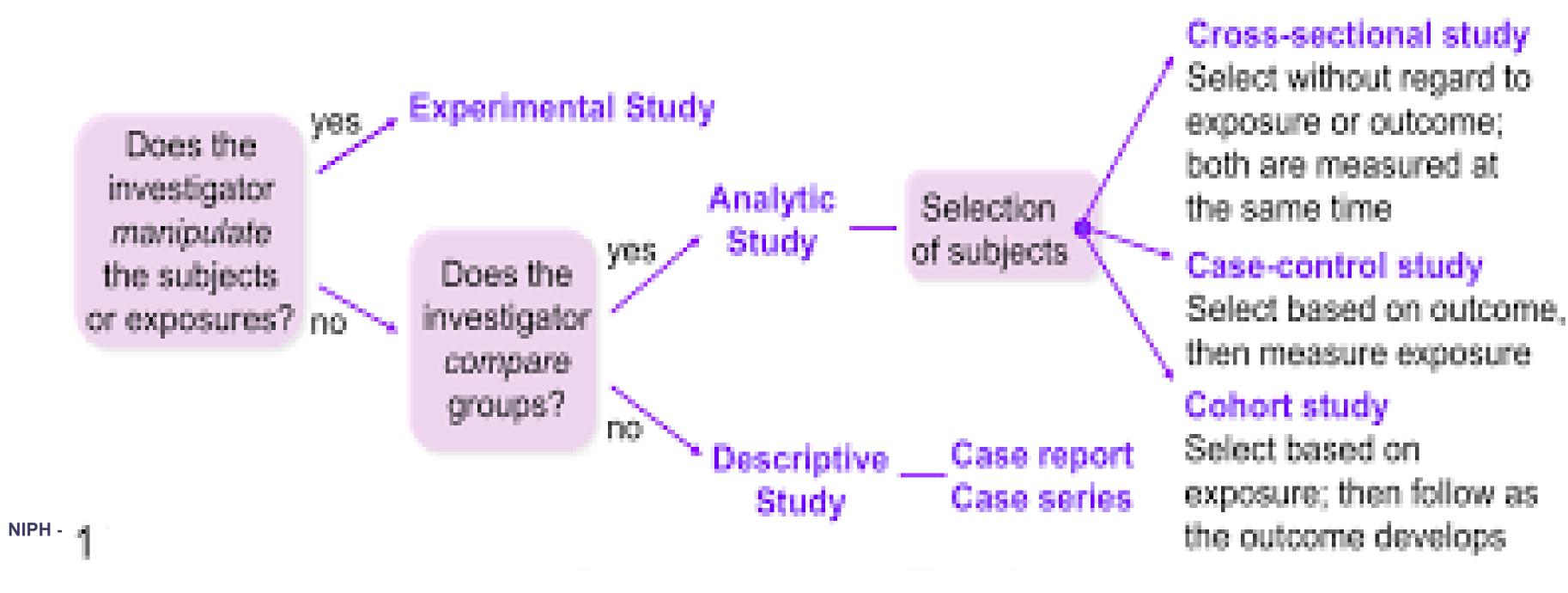




What is an observational study

 Observational: we observe certain variables and try to determine what is occurring (no forced change to people's circumstances)

• Experimental: we control certain variables and try to determine if there is any causality



When is an observational study appropriate

• Different research designs address different types of questions:

| CORE QUESTION (FOCUS) | | PRIMARY RESEARCH DESIGN |
|---|----------------------------------|--|
| How many suffer from this illness / disease / problem? | Prevalence & incidence | Cross-sectional studies |
| Why do some people develop? | Etiology (cause) | Cohort studies |
| | | Case-control studies |
| | | Qualitative studies |
| How do we know if a person suffers from? | Measurement, tests, diagnosis | Cross-sectional studies with gold standard |
| How do we help? | Effect of prevention, | Randomized controlled trials |
| What is the effect of? | treatment, rehabilitation | |
| What is the development of? | Prognosis | Cohort studies |
| How does it feel ? | Experiences, attitudes | Qualitative studies |

When is an observational study appropriate For a question about *causality*

- RCT is usually the best design for studying causal relationships (obtain) estimates of average treatment effects, ATE) because it is likely to provide *balance* in covariates when the sample size is large
- Main advantage of RCT is that it can, if well-conducted, give an unbiased estimate of an ATE in a study (trial) sample and thus provide evidence that the treatment caused the outcome in some individuals in that sample
- Sometimes RCT is not feasible: e.g. small population Sometimes RCT is unethical: e.g. unnecessarily exposes (many) people to possible harm



HHS Public Access

Author manuscript Soc Sci Med. Author manuscript; available in PMC 2018 August 01.

Soc Sci Med. 2018 August ; 210: 2-21. doi:10.1016/j.socscimed.2017.12.005.

Understanding and misunderstanding randomized controlled trials

Angus Deaton and Princeton University, NBER, and University of Southern California

Nancy Cartwright Durham University and UC San Diego

Abstract

Randomized Controlled Trials (RCTs) are increasingly popular in the social sciences, not only in medicine. We argue that the lay public, and sometimes researchers, put too much trust in RCTs over other methods of investigation. Contrary to frequent claims in the applied literature, randomization does not equalize everything other than the treatment in the treatment and control groups, it does not automatically deliver a precise estimate of the average treatment effect (ATE), and it does not relieve us of the need to think about (observed or unobserved) covariates. Finding out whether an estimate was generated by chance is more difficult than commonly believed. At best, an RCT yields an unbiased estimate, but this property is of limited practical value. Even then, estimates apply only to the sample selected for the trial, often no more than a convenience sample, and justification is required to extend the results to other groups, including any population to which the trial sample belongs, or to any individual, including an individual in the trial. Demanding 'external validity' is unhelpful because it expects too much of an RCT while undervaluing its potential contribution. RCTs do indeed require minimal assumptions and can operate with little prior knowledge. This is an advantage when persuading distrustful audiences, but it is a disadvantage for cumulative scientific progress, where prior knowledge should be built upon, not discarded. RCTs can play a role in building scientific knowledge and useful predictions but they can only do so as part of a cumulative program, combining with other methods, including conceptual and theoretical development, to discover not 'what works', but 'why things work'.

Evidence for Health Decision Making — Beyond Randomized, **Controlled** Trials

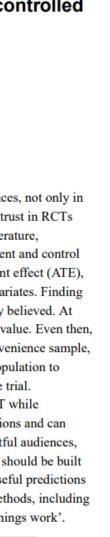
Thomas R. Frieden, M.D., M.P.H.

Article Figures/Media

Metrics August 3, 2017

98 References 443 Citing Articles 11 Comments





When is an observational study appropriate Example where RCT unethical

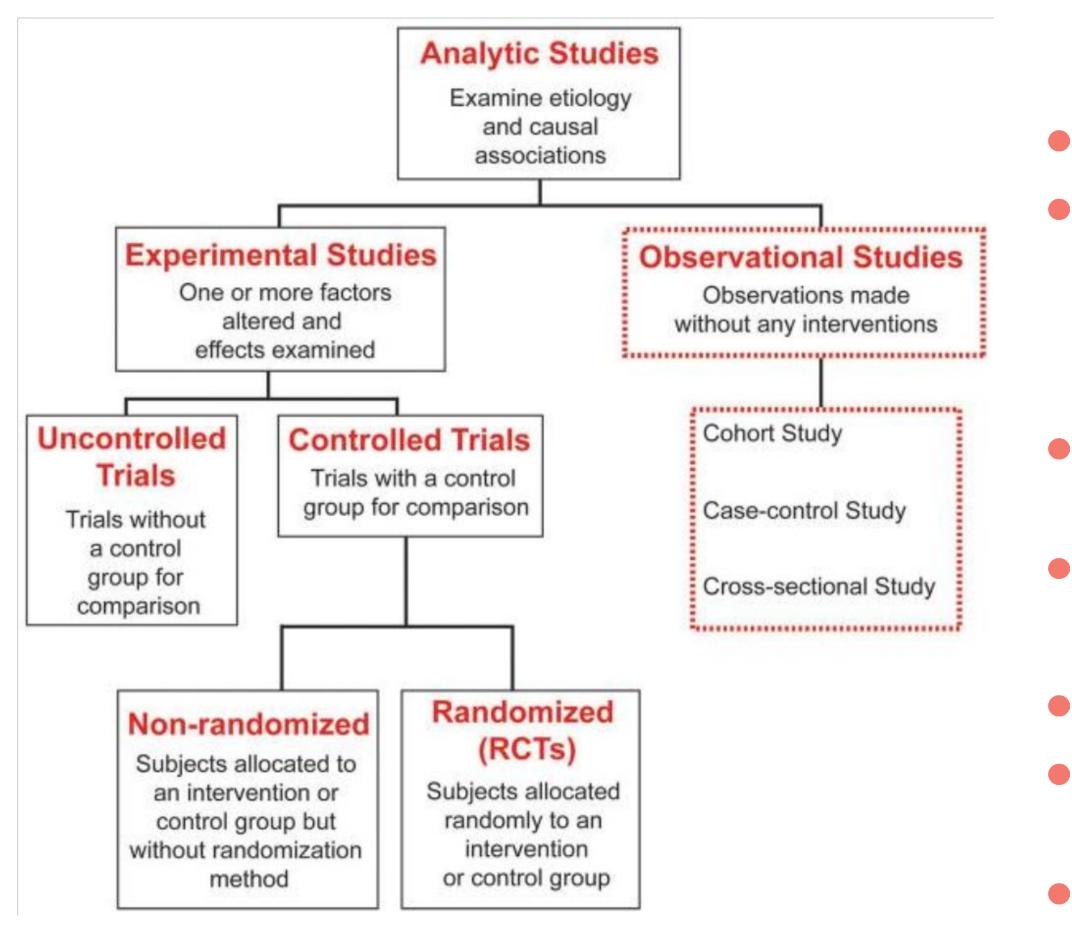
- ECMO (Extracorporeal Membrane Oxygenation): treatment for newborns with persistent pulmonary hypertension; developed in 1970s through directed trial and error, guided by understanding of disease and how the oxygenator worked
- In early experimentation: mortality down from 80% to 20%
- Adaptive RCT: each success in an arm increased the probability of the next baby being assigned to that arm. Result: One baby received conventional therapy and died, 11 received ECMO and lived
- Standard RCT: with a stopping rule of four deaths, 4 more babies (out of 10) died in the control group and 0 of the 9 who received ECMO

Worrall J. Evidence and ethics in medicine. *Perspectives in Biology and Medicine*. 2008;51(3):418–31.



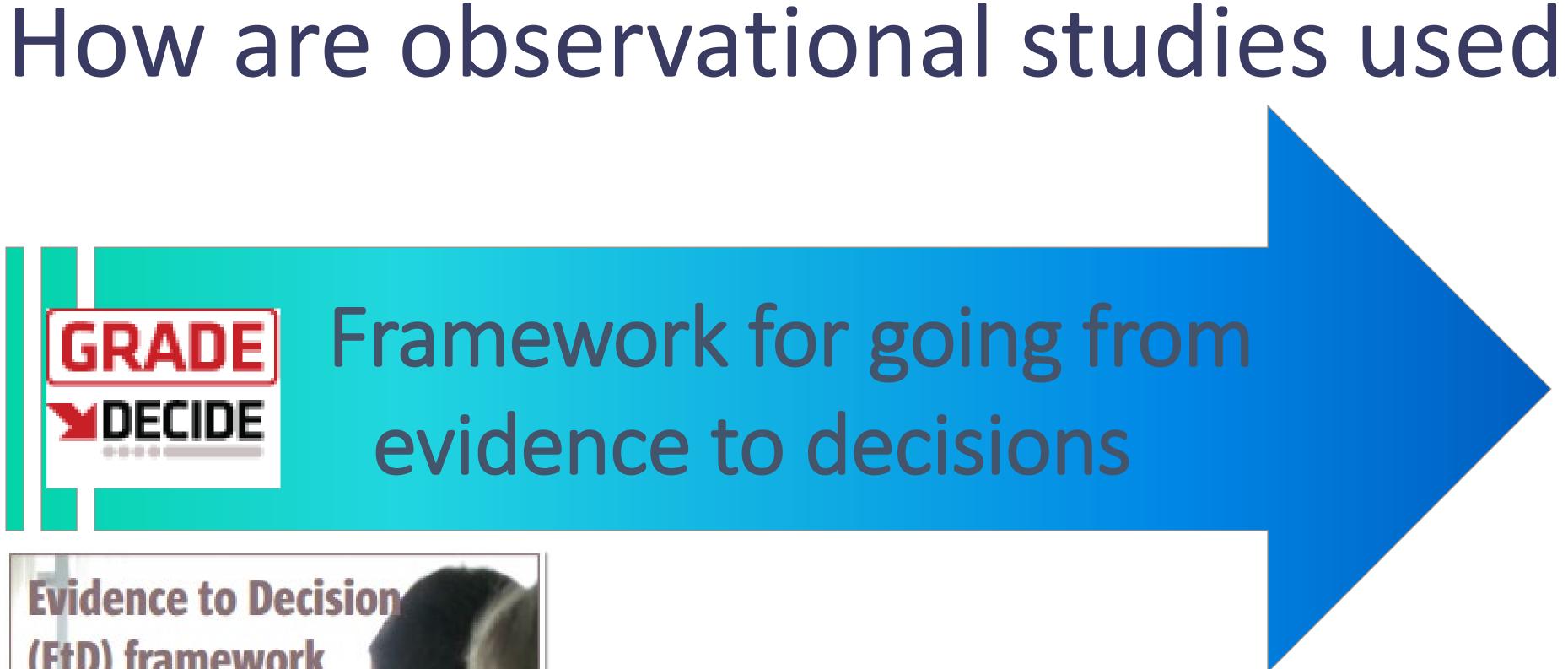
NIPH - 20/09/2023

How are observational studies used



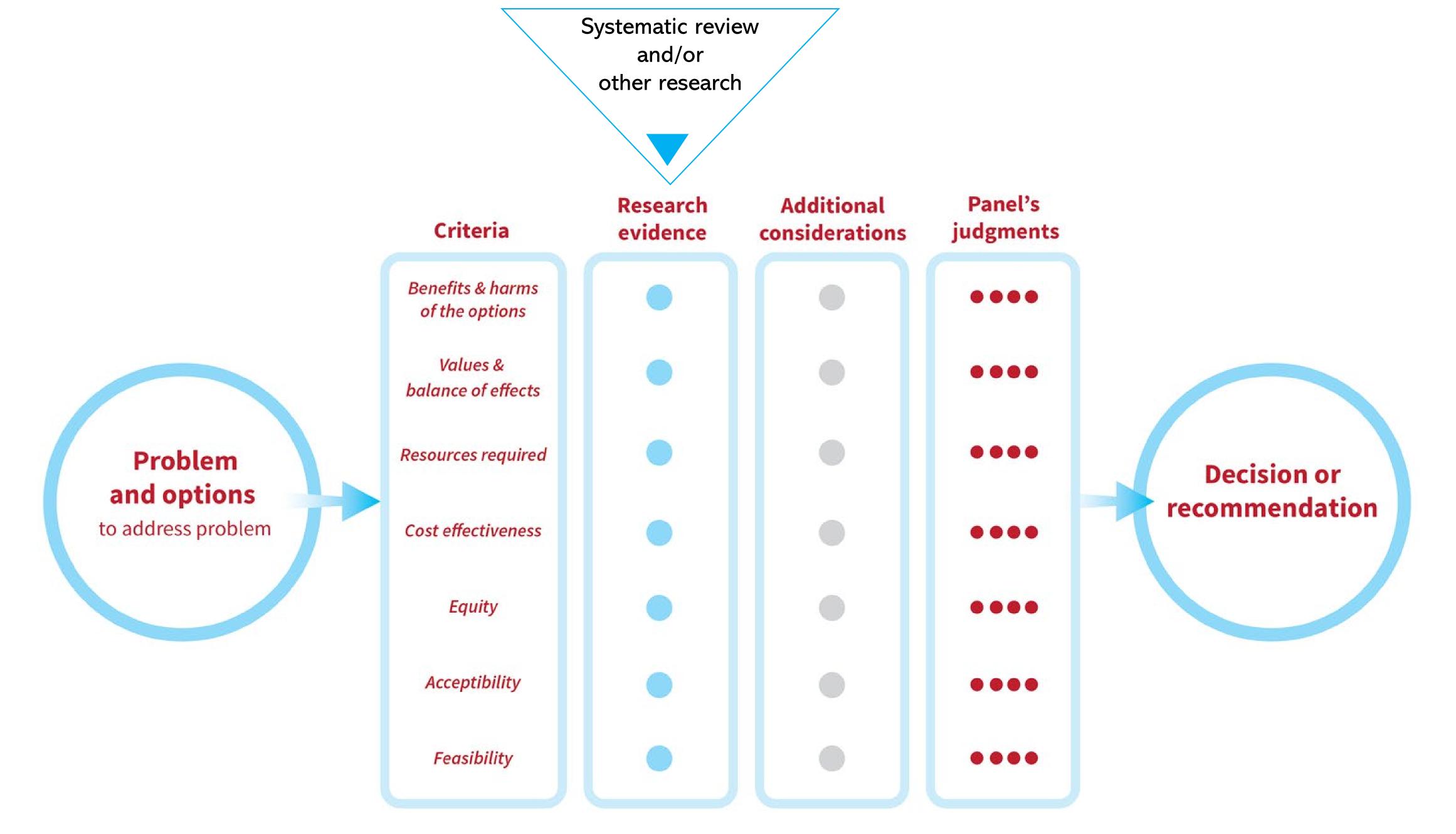
NIPH - 20/09/2023

- All research study designs have inherent strengths and flaws
- The study design used to answer a particular research question depends on the *nature of the question* and usually the availability of resources
- Cross-sectional studies, case-control studies, cohort studies, case reports, case series, ecological studies, qualitative studies
 Data linkage, registries, propensity score matching, etc.
- All evidence is context sensitive all observations are context specific
 Global evidence the best evidence from around the world the best starting point for judgements about the impacts of policies
- Local evidence is necessary to inform most other judgements about what to do





A structured and transparent way to inform decisions in the context of (clinical) recommendations, coverage decisions, and health system or public health recommendations and decisions



Moberg J, Oxman A, Rosenbaum S, Schünemann H, Guyatt G, Flottorp S, Glenton C, Lewin S, Morelli A, Rada G, Alonso-Coello P, for the GRADE Working Group 2018

Example of case where evidence is from observational studies

- Question: What is the effect of shared physical custody for children?
- Assessment: Best available research evidence on the effect of shared physical custody for children
 - \rightarrow conducted a systematic review
 - Familiarized ourselves with the topic and debates in the field
 - Had close dialogue with the commissioner, experts on the topic, specialists, parents' groups, family therapists
 - Wrote report that explained the topic, the debate, the existing research and our evaluation of it

 Presented, explained, discussed, debated findings of report to different interest groups, in different
 NIPH - 20/09/2023 Ways, using full report and tailored products



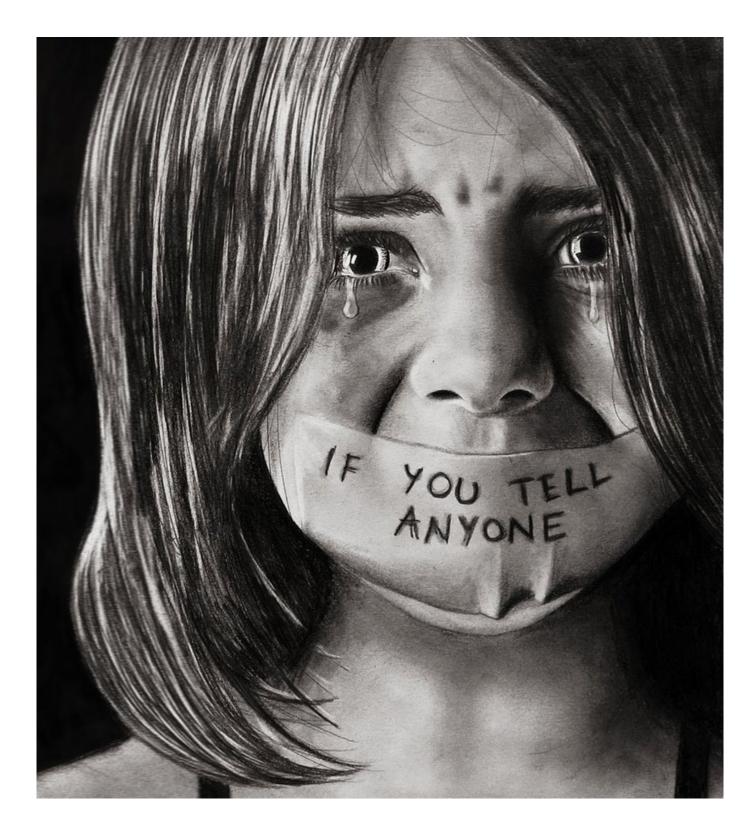
Example of case where evidence is from observational studies

elicit truthful disclosure or recall of events from children?

- Question: What is the effect of open-ended prompts in conversations with children in eliciting truthful disclosure of abuse?
- Assessment: Best available research evidence on the 'effects' of open-ended prompts \rightarrow conduct a systematic review
 - Familiarized ourselves with the topic and debates in the field
 - Had close dialogue with the commissioner, experts on the topic, specialists, parents' groups, family therapists
 - Wrote a report that explained the topic, the debate, the existing research and our evaluation of it

• Presented, explained, discussed, debated findings of report to different NIPH - 20/0 interest groups, in different ways, using full report and tailored products

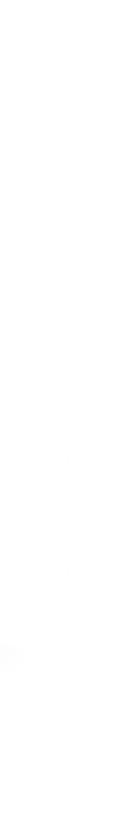
How can we know if a child has been the victim of abuse? How can we



Summary

- Observational study: we merely observe and there's no forced change to people's circumstances
- Different designs for different questions
- The validity of a piece of evidence must be considered
- Cumulative scientific progress is difficult, and prior knowledge should be built upon, to *inform*
- When go from evidence to decision, most evidence is observational





Merci bien! Mange tak! Tack! Takk!

NIPH - 20/09/2023

