GRADE: QUALITY ASSESSMENT

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Dipartimento di Epidemiologia
ASL RME

GRADE: Le Tappe del Processo

Definire il problema
Definire l'importanza relativa degli esiti
Ricercare le prove di effetto (RS, RCT)
Valutare la qualità delle prove per ciascun esito
Riassumere le prove per ciascun outcome
Valutare la qualità globale delle prove
Fare un bilancio dei benefici e degli eventi avversi
Definire la forza della raccomandazione
IMPLEMENTAZIONE E VERIFICA

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- Should agonist maintenance therapy (i.e. methadone or buprenorphine maintenance) be used in preference to withdrawal and oral antagonist therapy (naltrexone) or withdrawal alone?"

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Outcome	
Retention in treatment	Critical
Side effects	Critical
Mortality	Critical
Level of social functioning	Critical
Quality of life	Critical
HIV seroconversion	Critical
Hepatitis seroconversion	Critical
patient satisfaction	Critical
use of primary substance	Important but not critical
patients who have relapsed at follow-up at 12 months	Important but not critical
patients who have relapsed at follow-up > 12 months	Important but not critical
frequency of high risk behaviours	Important but not critical
criminal and delinquent behaviour	Important but not critical
use of other drugs	Important but not critical
relapse rate in abstinence oriented treatment program	Not important
disability	Not important
psychiatric comorbidity	Not important
compliance with treatment	Not important
diversion of medication (not naltrexone)	Not important
cost of treatment	Not important

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GRADE: Le Tappe del Processo

➢ Definire il problema:

Should Methadone maintenance treatment vs Methadone detox or no treatment be used for opioid addiction?

➢ Definire l'importanza relativa degli esiti:

- **Retention in treatment**
- **Use of opiates**
- **Mortality any cause**
- **Mortality overdose**
- **Criminal behaviour**

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GRADE: Le Tappe del Processo

Ricercare le prove di effetto (RS, RCT)

- **Mattick RP, Breen C, Kimber J, Davoli M, Breen R. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. Cochrane Database of Systematic Reviews 2003, Issue 2. DOI: 10.1002/14651858.CD002209.**

ma per la mortalità pochi dati dagli RCT ed allora viene richiesta una revisione ad hoc

- **Bargagli AM, Davoli M, Minozzi S, Vecchi S. Observational studies on pharmacological interventions with or without psychosocial treatments for opioid dependence (Review)**

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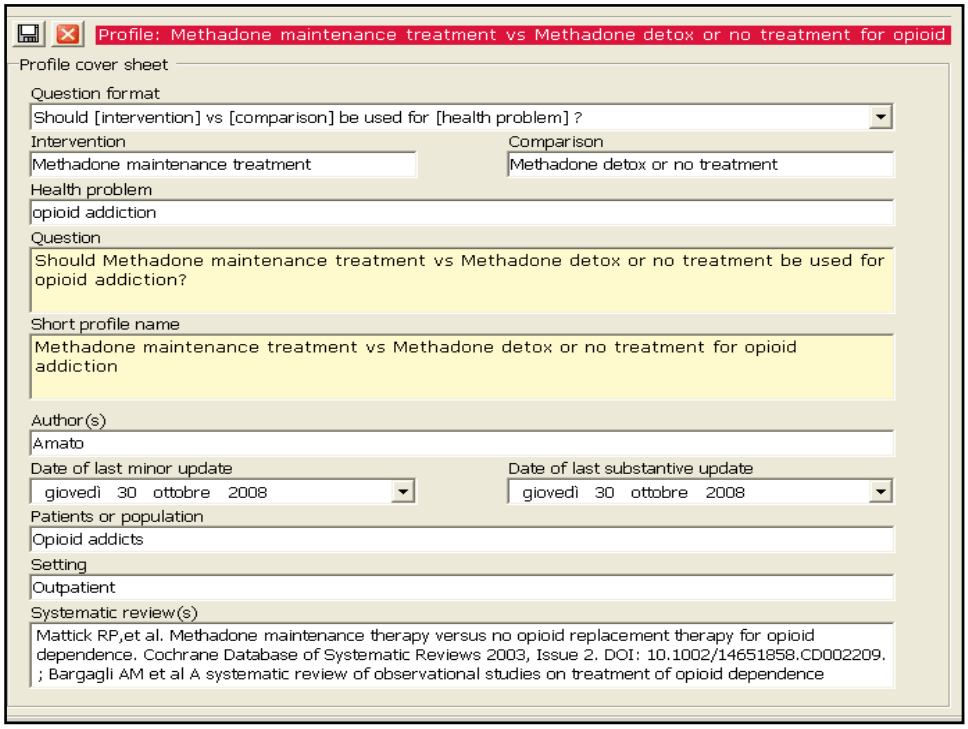
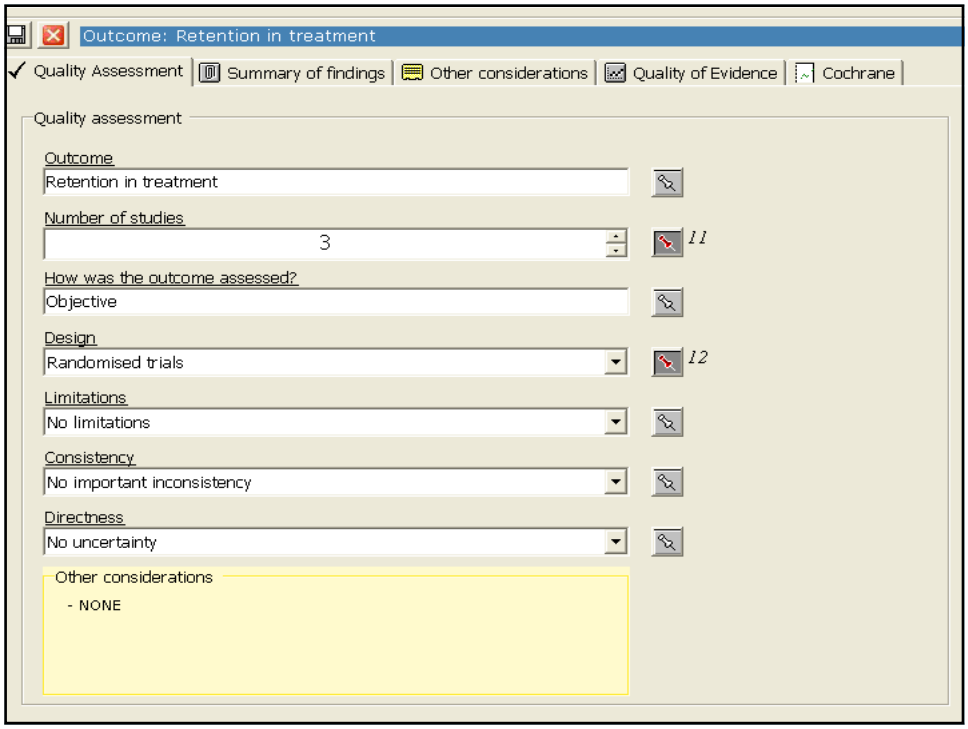

Profile: Methadone maintenance treatment vs Methadone detox or no treatment for opioid
Profile cover sheet
Question format
Should [intervention] vs [comparison] be used for [health problem] ?
Intervention
Methadone maintenance treatment
Comparison
Methadone detox or no treatment
Health problem
opioid addiction
Question
Should Methadone maintenance treatment vs Methadone detox or no treatment be used for opioid addiction?
Short profile name
Methadone maintenance treatment vs Methadone detox or no treatment for opioid addiction
Author(s)
Amato
Date of last minor update
giovedì 30 ottobre 2008
Date of last substantive update
giovedì 30 ottobre 2008
Patients or population
Opioid addicts
Setting
Outpatient
Systematic review(s)
Mattick RP,et al. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. Cochrane Database of Systematic Reviews 2003, Issue 2. DOI: 10.1002/14651858.CD002209. ; Bargagli AM et al A systematic review of observational studies on treatment of opioid dependence


Outcome: Retention in treatment
Quality Assessment
Summary of findings
Other considerations
Quality of Evidence
Cochrane
Quality assessment
Outcome
Retention in treatment
Number of studies
3
11
How was the outcome assessed?
Objective
Design
Randomised trials
12
Limitations
No limitations
Consistency
No important inconsistency
Directness
No uncertainty
Other considerations
- NONE

Qualità delle prove
Dipende da:

Study design: RCT, studi di coorte

Limitations: **Qualità e difetti dello studio** (e.g. modalità di assegnazione, cecità, follow-up)

Consistency: **Coerenza dei risultati tra gli studi**

Directness: **Misura la trasferibilità dei risultati** in termini di

- **popolazione** (es. pazienti. più anziani, più malati, ecc.)
- **interventi** (es. farmaci della stessa classe)
- **outcome** (clinicamente rilevanti vs. surrogati)

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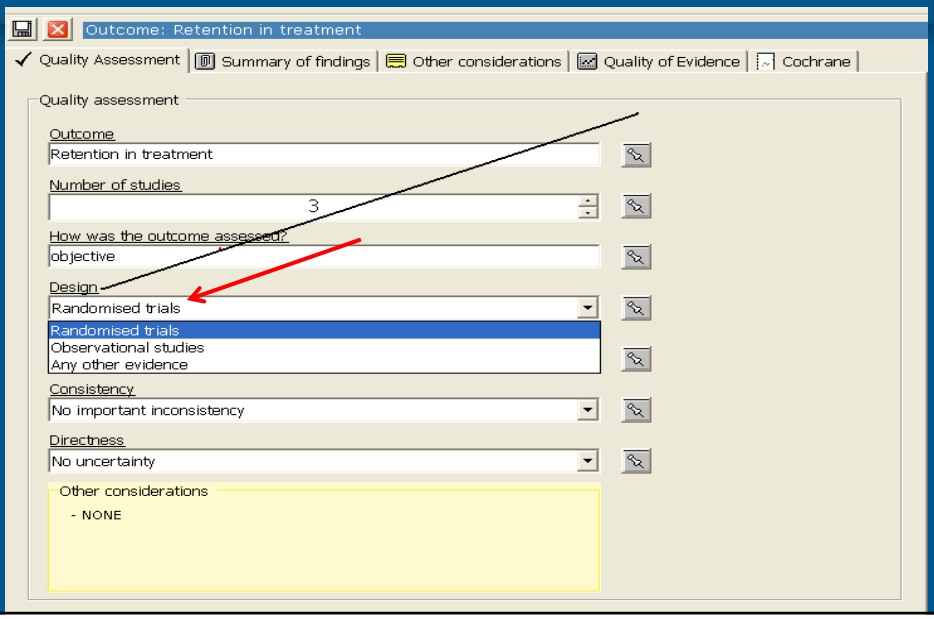
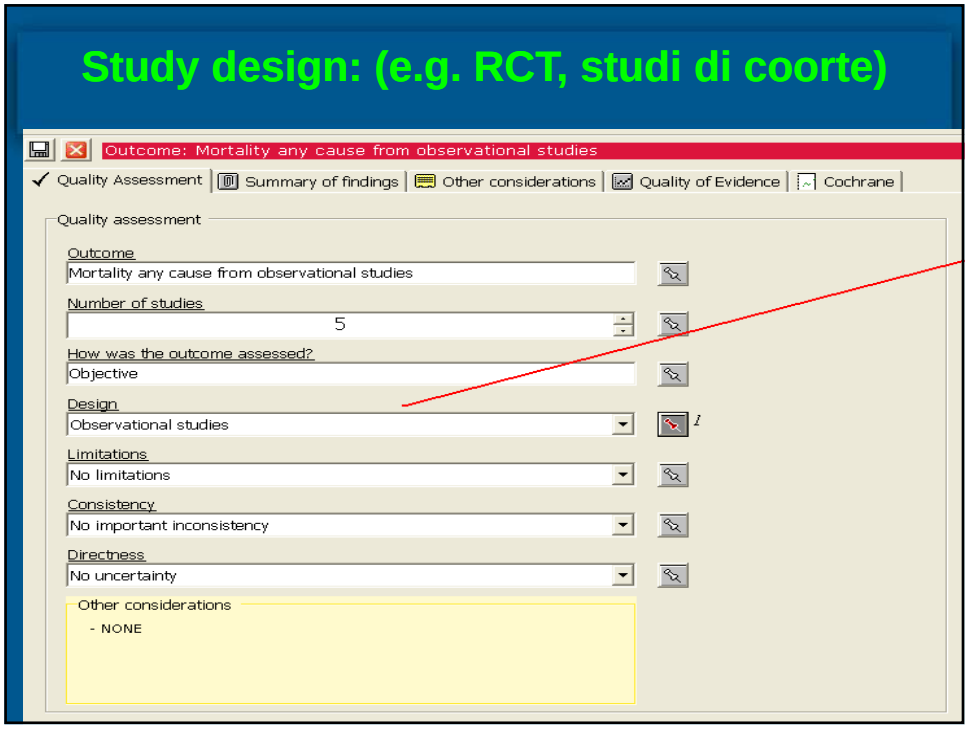
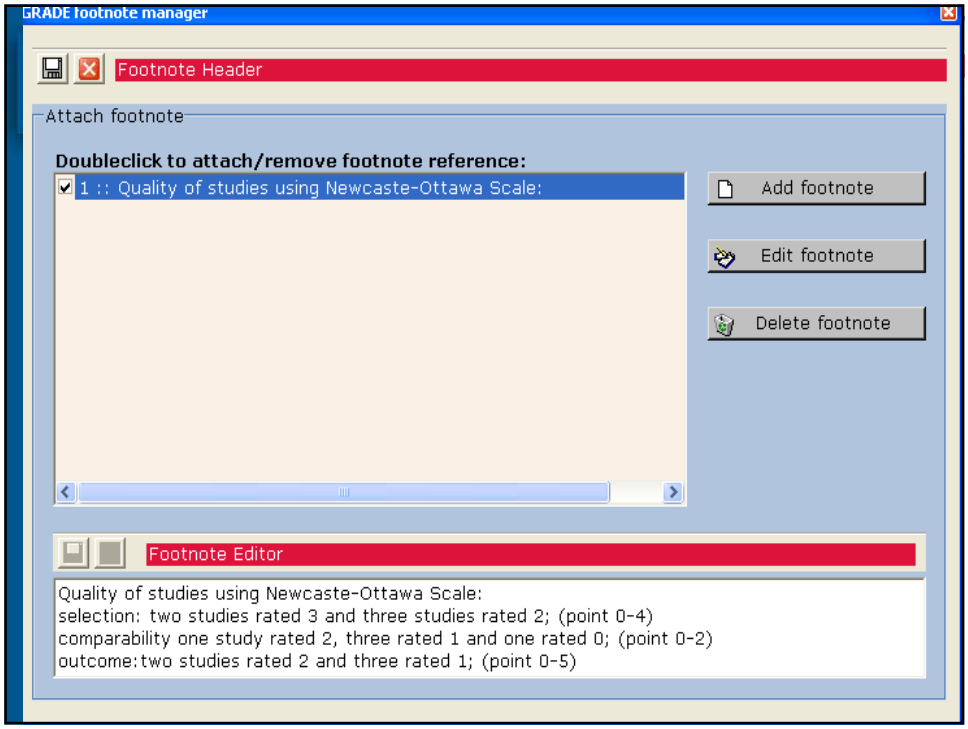
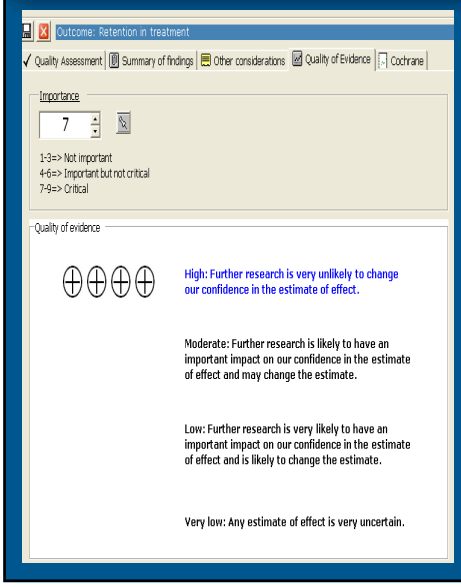
Study design: (e.g. RCT, studi di coorte)

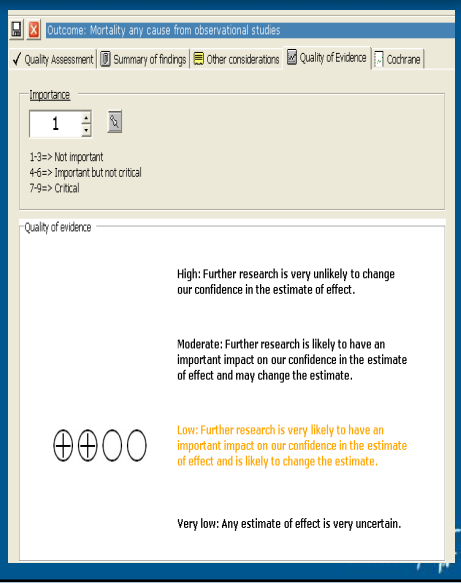



Study design: (e.g. RCT, studi di coorte)
Outcome: Mortality any cause from observational studies
Quality Assessment
Summary of findings
Other considerations
Quality of Evidence
Cochrane
Quality assessment
Outcome
Mortality any cause from observational studies
Number of studies
5
How was the outcome assessed?
Objective
Design
Observational studies
Limitations
No limitations
Consistency
No important inconsistency
Directness
No uncertainty
Other considerations
- NONE


GRADE footnote manager
Footnote Header
Attach footnote
Doubleclick to attach/remove footnote reference:
1 :: Quality of studies using Newcaste-Ottawa Scale:
Add footnote
Edit footnote
Delete footnote
Footnote Editor
Quality of studies using Newcaste-Ottawa Scale:
selection: two studies rated 3 and three studies rated 2; (point 0-4)
comparability one study rated 2, three rated 1 and one rated 0; (point 0-2)
outcome:two studies rated 2 and three rated 1; (point 0-5)

Qualità delle prove





Limitations: Qualità e difetti dello studio (e.g. modalità di assegnazione, cecità, follow-up)

Quality assessment						
No of studies	Design	Limitations	Consistency	Directness	Other considerations	
Completion of tretment (Objective Follow up: 3-8 days[5])						
4[1]	Randomised trials	No limitations[2]	Important inconsistency (-1)[3]	No uncertainty	None	
severity and duration of withdrawal symptoms (Subjective and objective Follow up:)						
4[1]	Randomised trials	Serious limitations (-1)[2,6]	No important inconsistency[7]	No uncertainty	High probability of reporting bias (- 1)[7]	
side effects (Subjective Follow up: 3-6 days[5])						
2[8]	Observational studies[14]	No limitations[9]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[6] High probability of reporting bias (- 1)[6,10]	
patients who have relapsed on follow-up (Subjective Follow up: 6 months)						
1[11]	Randomised trials	No limitations[12]	No important inconsistency	Some uncertainty (-1)[13]	Imprecise or sparse data (-1)[13]	

Footnotes:

1. Country of origin of the studies: Italy (2), UK (1) and USA (1); 3 studies were conducted in an outpatient sett inpatient
2. 3/4 the allocation concealment was unclear, and in 1/4 inadequate; 2 double blind, 2 no information on blindn
3. Statistically significant heterogeneity
4. Random effect model
5. Length of treatment
6. Major differences in treatment schedules and type of additional therapy

Consistency: Coerenza dei risultati tra gli studi

Mortality (Objective Follow up: 12 months[4])				
2[9]	Randomised trials	No limitations[2]	Important inconsistency (-1)[10]	
Criminal activity (Objective[12] Follow up: 6-12 months[4])				
2[7]	Randomised trials	No limitations[2]	Important inconsistency (-1)[13]	

Footnotes:

10. Conflicting results

13. Conflicting results, high heterogeneity p 0.01

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Directness: Misura la trasferibilità dei risultati

In termini di **popolazione** (es. pz più anziani, più malati, ecc.); **interventi** (es. farmaci della stessa classe); **outcome** (clinicamente rilevanti vs. surrogati); **ecc**

No of studies	Design	Limitations	Consistency	Directness
Relapsed to street heroin (Subjective Follow up: 6-12 months[4])				
2[7]	Randomised trials	No limitations[2]	Important inconsistency (-1)[6]	Major uncertainty (-2)[6]
retention in treatment (Objective Follow up: 16-12 months[4].)				
4[1]	Randomised trials	No limitations[2].	Important inconsistency (-1)[5].	Major uncertainty (-2)[6].

6. Generalizability is lowered because results favoring heroin treatment come from studies conducted in countries where easy accessible methadone maintenance treatment at effective dosages is available and the treatment studied is offered to a selected population resistent to MMT

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Quality assessment					
No of studies	Design	Limitations	Consistency	Directness	Other considerations
Use of opiate (Subjective Follow up: 1 month-2 years)					
3[1]	Randomised trials[2]	No limitations	No important inconsistency	No uncertainty	None
Criminal behaviour (Objective Follow up: 1 month-2 years)					
3[1]	Randomised trials[2]	No limitations	No important inconsistency	No uncertainty	None
Mortality from RCTs (Objective Follow up: 2-3 years)					
2[4]	Randomised trials[5]	No limitations	No important inconsistency	No uncertainty	None
Mortality (Any cause) from observational studies (Objective Follow up: 2,5 years-21 years)					
5[6]	Observational studies[7]	No limitations	No important inconsistency	No uncertainty	None
Mortality (Overdose) from observational studies (Objective Follow up: 2,5 years-12 years)					
5[8]	Observational studies[9]	No limitations	Important inconsistency (-1) [10]	No uncertainty	None
Retention in treatment (Objective Follow up: 1 month- 2 years)					
3[11]	Randomised trials[12]	No limitations	No important inconsistency	No uncertainty	None

Footnotes:

1. 3 studies, outpatient setting, 2 conducted in USA and 1 in Sweden
2. 3 RCTs, 1 with adequate allocation concealment, 1 unclear, 1 inadequate
3. Random effect model
4. 2 RCTs, 1 conducted in USA and 1 in Sweden
5. 1 adequate and 1 unclear allocation concealment
6. 5 studies, outpatient setting, conducted in Italy, Australia, Sweden, Usa, Spain (1 each)
7. Quality of studies using Newcastle-Ottawa Scale: selection two studies rated 3 and three studies rated 2; comparability: one study rated 3, three rated 1 and one rated 0; outcome: two studies rated 2 and three rated 1
8. 5 studies, outpatient setting, 2 conducted in the Netherlands and one each in Italy, USA and Spain
9. Quality of studies using Newcastle-Ottawa Scale: selection: four studies rated 3 and one rated 2; comparability: two studies rated 2 and three rated 1; outcome: one study rated 2 and four rated 1
10. High statistical heterogeneity p<0.00001, but all consistent results
11. 3 studies, outpatient setting, conducted in Hong Kong, Thailand and Usa (one each)
12. 3 RCTs, all with unclear allocation concealment