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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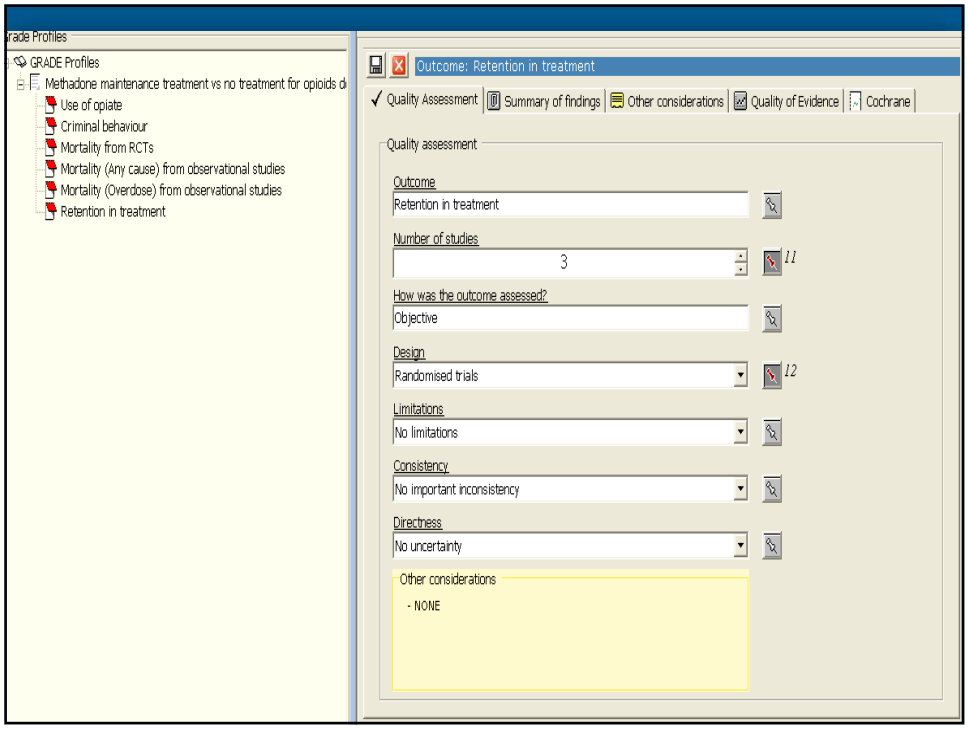
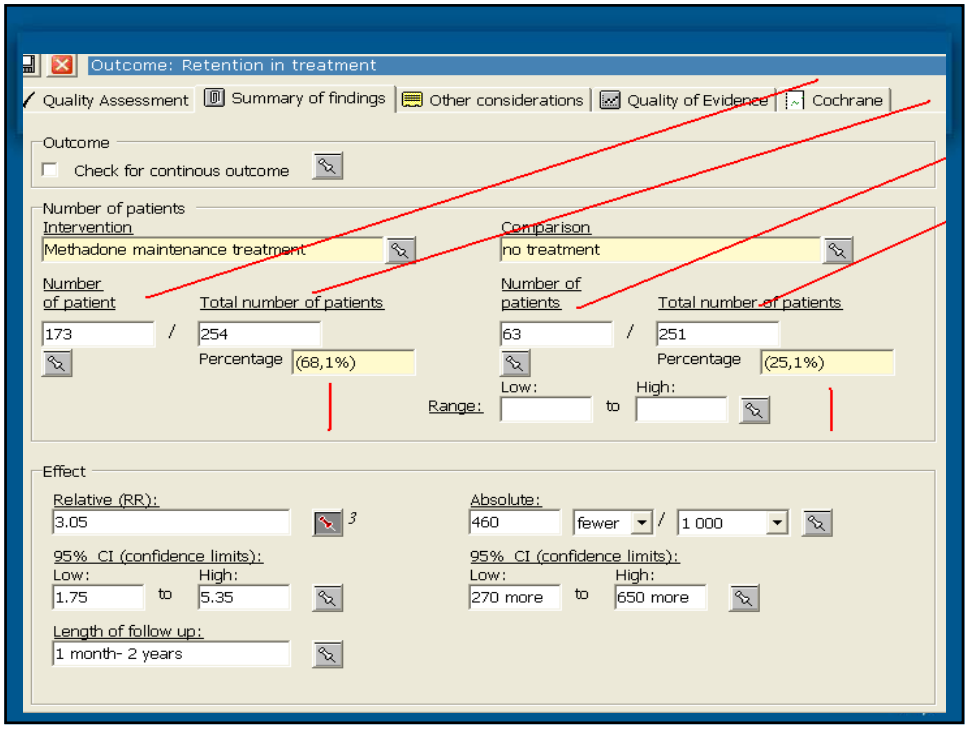
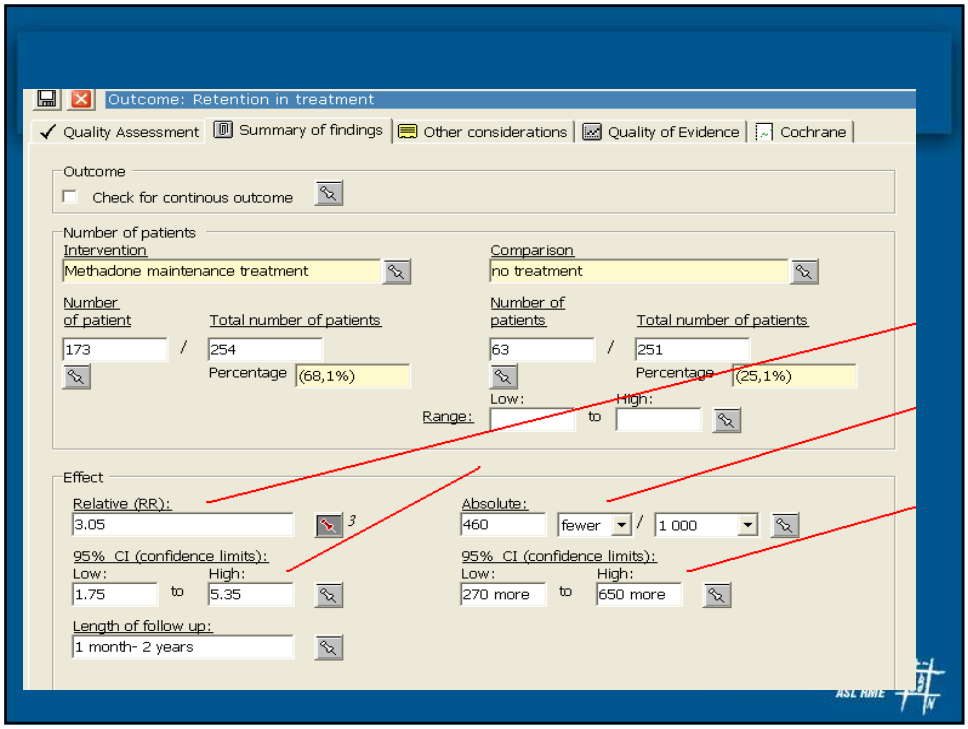



Outcome: Retention in treatment
Quality Assessment
Summary of findings
Other considerations
Quality of Evidence
Cochrane
Outcome
Check for continous outcome
Number of patients
Intervention
Methadone maintenance treatment
Comparison
no treatment
Number of patient
Total number of patients
173
254
Percentage
(68,1%)
Number of patients
Total number of patients
63
251
Percentage
(25,1%)
Range:
Low:
High:
to
Effect
Relative (RR):
3.05
3
Absolute:
460
fewer
1 000
95% CI (confidence limits):
Low:
High:
1.75
to
5.35
95% CI (confidence limits):
Low:
High:
270 more
to
650 more
Length of follow up:
1 month- 2 years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650 more
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1 month- 2 years

Effetto relativo

Fornisce la misura della forza dell'associazione tra il trattamento e l'outcome.
Può essere espresso in termini di Hazard Ratio, Rischio Relativo, Odds Ratio.

Effetto assoluto

Indica l'effetto assoluto dell'intervento; per esempio, quanti eventi in meno (o in più) si possono avere utilizzando un determinato trattamento nella popolazione considerata dal o dai trials.

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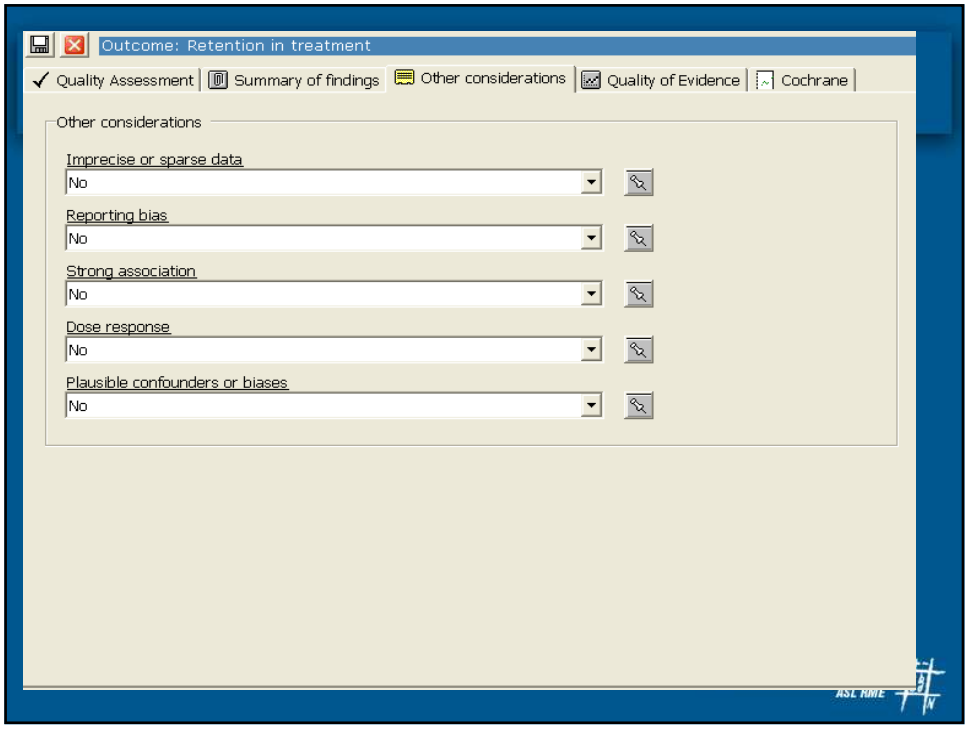
Quality assessment					
No of studies	Design	Limitations	Consistency	Directness	Other considerations
Use of opiate (Subjective Follow up: 1 month-2 years)					
3[1]	Randomised trials[2]	No limitations	No important inconsistency	No uncertainty	None
Criminal behaviour (Objective Follow up: 1 month-2 years)					
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



Imprecise or sparse data

Criminal activity 1 (Objective[15] Follow up: 12 months[4])					
1[14]	Randomised trials	No limitations[16]	No important inconsistency	Major uncertainty (-2)[6]	Imprecise or sparse data (-1)[17]

17. Only 1 study, few patients

Per decidere se i dati sono "imprecisi o sparsi":

- **Un solo studio, con pochi partecipanti, un ampio intervallo di confidenza.**

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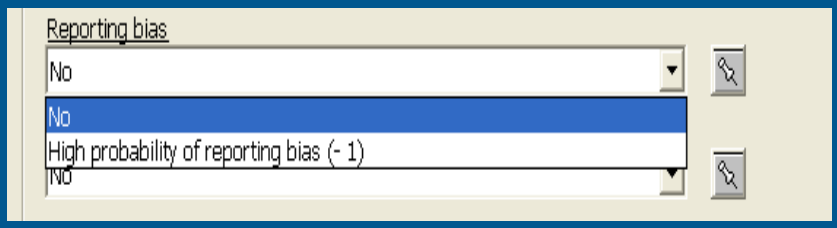
Reporting bias



Qualora vi sia:

- **una selezione nella pubblicazione degli studi (pubblication bias)**
- **una pubblicazione selettiva degli outcome (outcome reporting bias)**

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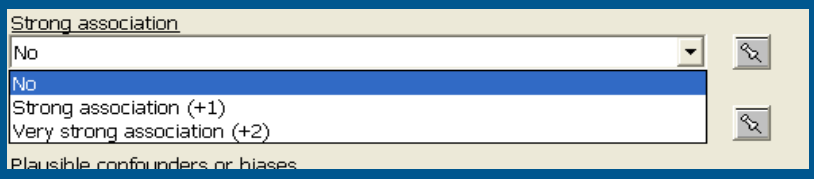
Strong association



Un RR tra 2 e 5 (riduzione dal 50 all'80%) va considerato forte associazione
Un RR sopra 5 (riduzione > 80%) come associazione molto forte

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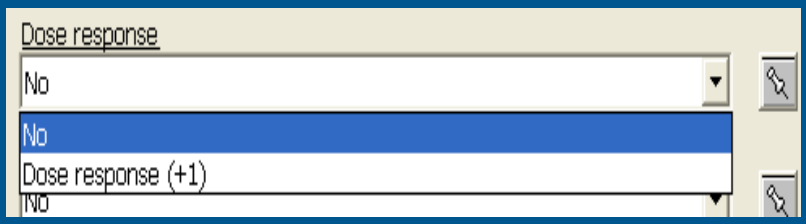
Dose response



La presenza di una relazione dose-risposta può migliorare la qualità dell'evidenza

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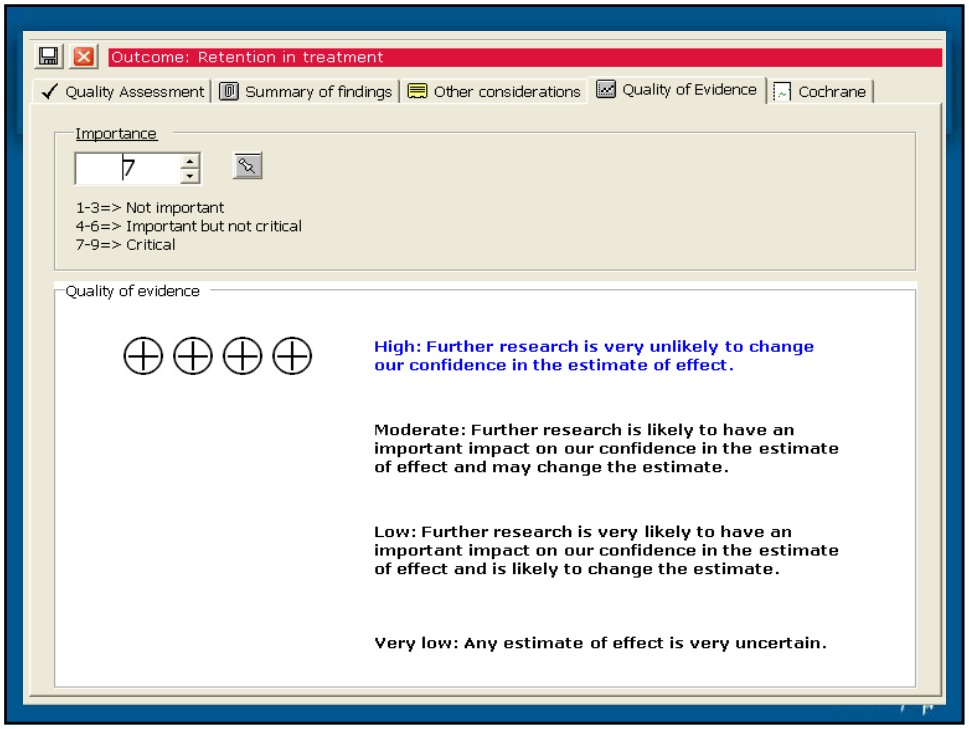

Quality assessment						Summary of findings					
						No of patients		Effect			
No. studies	Design	Limitations	Consistency	Directness	Other considerations	Methadone maintenance treatment	No treatment	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)	Quality	Importance
Use of opiates (subjective follow up: 1 month–2 years)											
3[1]	Randomized trials[2]	Some limitations[3] (–1)	No important inconsistency	No uncertainty	None	28/104 (26.9%)	110/126 (87.3%)	RR 0.32[4] (0.23 to 0.44)	AR 630/1000 (630 less to 430 less)	⊕⊕⊕○ Moderate	7
Criminal behaviour (objective follow up: 1 month–2 years)											
3[1]	Randomized trials[2]	Some limitations[3] (–1)	No important inconsistency	No uncertainty	Imprecise or sparse data (–1)	5/178 (2.8%)	18/185 (9.7%)	RR 0.39[4] (0.12 to 1.25)	AR 250/1000 (700 less to 19 more)	⊕⊕○○ Low	6
Mortality from randomized controlled trials (RCTs) (objective follow up: 2–3 years)											
3[1]	Randomized trials[2]	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (–2)	3/216 (1.4%)	7/219 (3.2%)	RR 0.49[4] (0.06 to 4.23)	AR 50/1000 (100 less to 60 more)	⊕⊕○○ Low	9
Mortality (any cause) from observational studies (objective follow up: 2.5 years–21 years)											
5[5]	Observational studies[6]	No limitations	No important inconsistency	No uncertainty	None	257/19421 (1.3%)	1063/23614 (4.5%)	RR 0.37 (0.29 to 0.48)	AR 20/1000 (30 less to 10 less)	⊕⊕○○ Low	9
Mortality (overdose) from observational studies (objective follow up: 2.5 years–12 years)											
5[5]	Observational studies[6]	No limitations	Inconsistent results between studies (–1)	No uncertainty	Extremely strong effect (+2)	70/37516 (0.2%)	416/32454 (1.3%)	RR 0.17 (0.05 to 0.63)	AR 10/1000 (20 less to 0.00)	⊕⊕⊕○ Moderate	9
Retention in treatment (objective follow up: 1 month–2 years)											
3[1]	Randomized trials[2]	No limitations	No important inconsistency	No uncertainty	None	173/254 (68.1%)	63/251 (25.1%)	RR 3.05[4] (1.75 to 5.35)	AR 460/1000 (270 more to 650 more)	⊕⊕⊕⊕ High	7

Footnotes:

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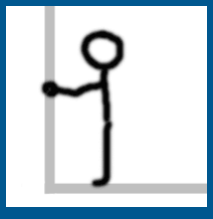

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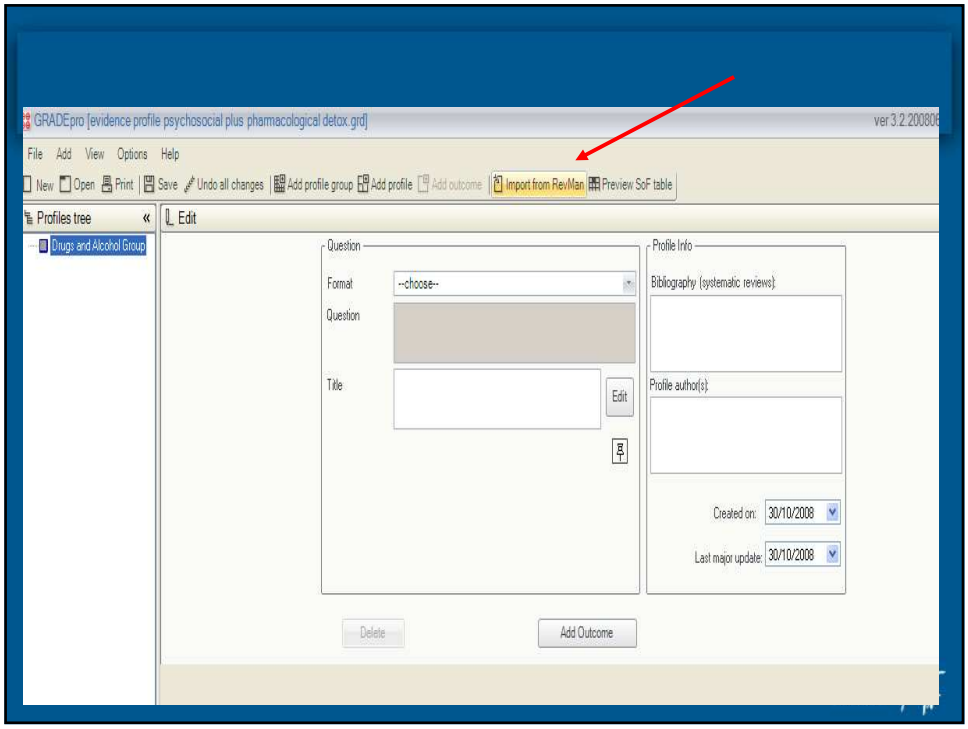
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Title
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Profile Info
Bibliography (systematic reviews):
Profile author(s):
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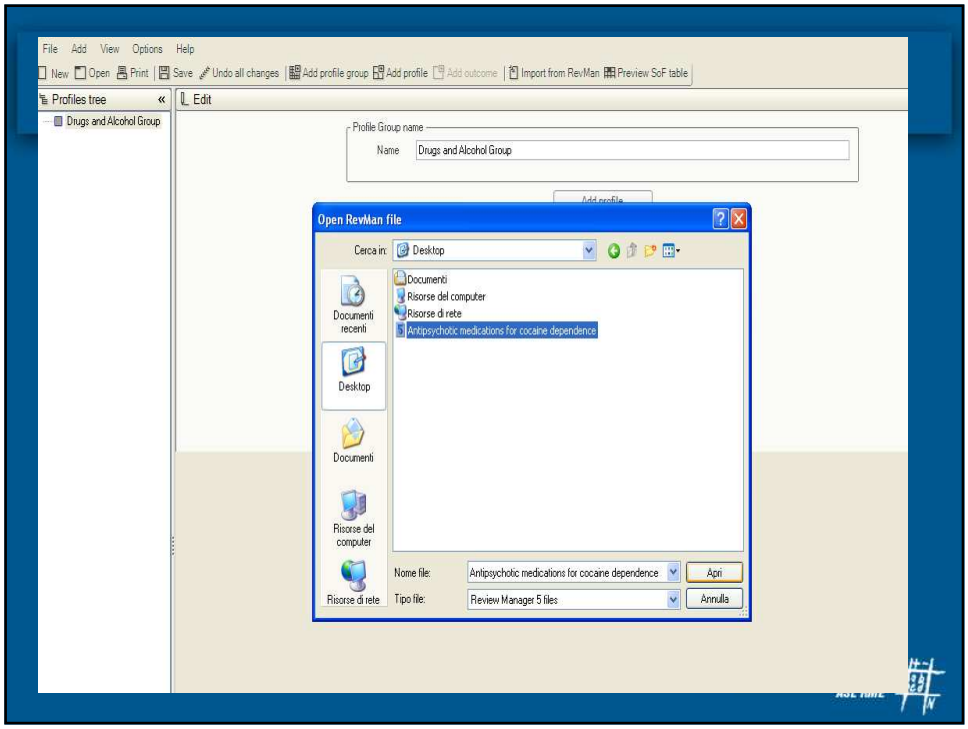
Add Outcome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Drugs and Alcohol Group
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Name
Drugs and Alcohol Group
Add profile
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Documenti
Risorse del computer
Risorse di rete
Antipsychotic medications for cocaine dependence
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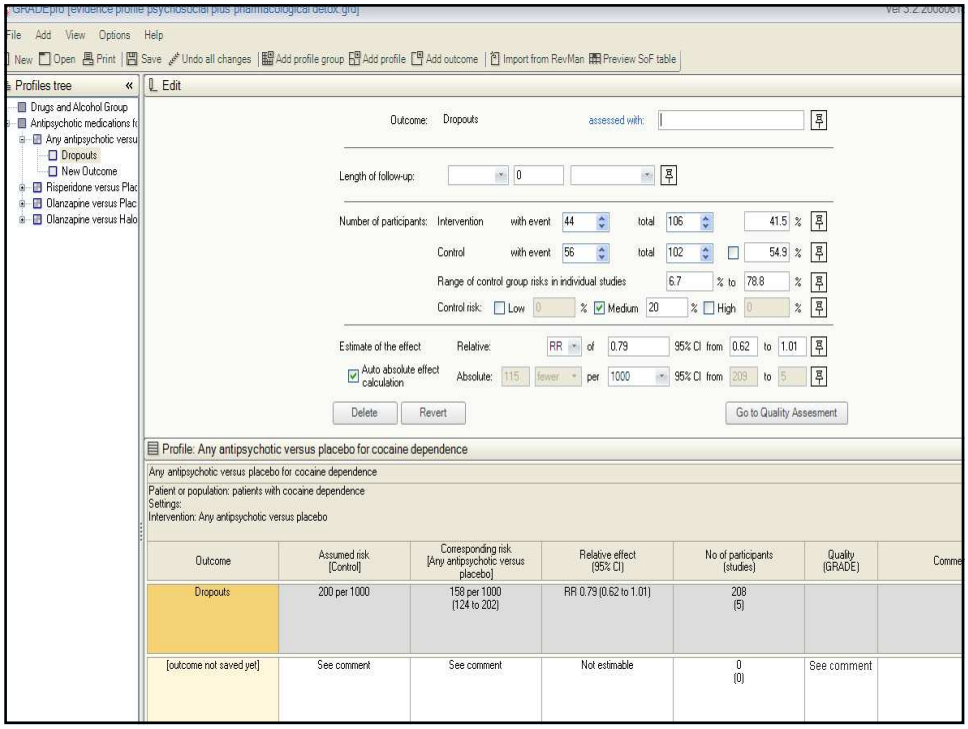
File Add View Options Help
New Open Print Save Undo all changes Add profile group Add profile Add outcome Import from RevMan Preview SoF table
Profiles tree
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Antipsychotic medications
Any antipsychotic versu
Dropouts
New Outcome
Risperidone versus Plac
Olanzapine versus Plac
Olanzapine versus Halo
Edit
Outcome: Dropouts assessed with:
Length of follow-up: 0
Number of participants: Intervention with event 44 total 106 41.5 %
Control with event 56 total 102 54.9 %
Range of control group risks in individual studies 6.7 % to 78.8 %
Control risk: Low 0 % Medium 20 % High 0 %
Estimate of the effect Relative: RR of 0.79 95% CI from 0.62 to 1.01
Auto absolute effect calculation Absolute: 115 fewer per 1000 95% CI from 209 to 5
Delete Revert Go to Quality Assesment
Profile: Any antipsychotic versus placebo for cocaine dependence
Any antipsychotic versus placebo for cocaine dependence
Patient or population: patients with cocaine dependence
Settings:
Intervention: Any antipsychotic versus placebo
Outcome
Assumed risk [Control]
Corresponding risk [Any antipsychotic versus placebo]
Relative effect (95% CI)
No of participants (studies)
Quality (GRADE)
Dropouts
200 per 1000
158 per 1000 (124 to 202)
RR 0.79 (0.62 to 1.01)
208 (5)
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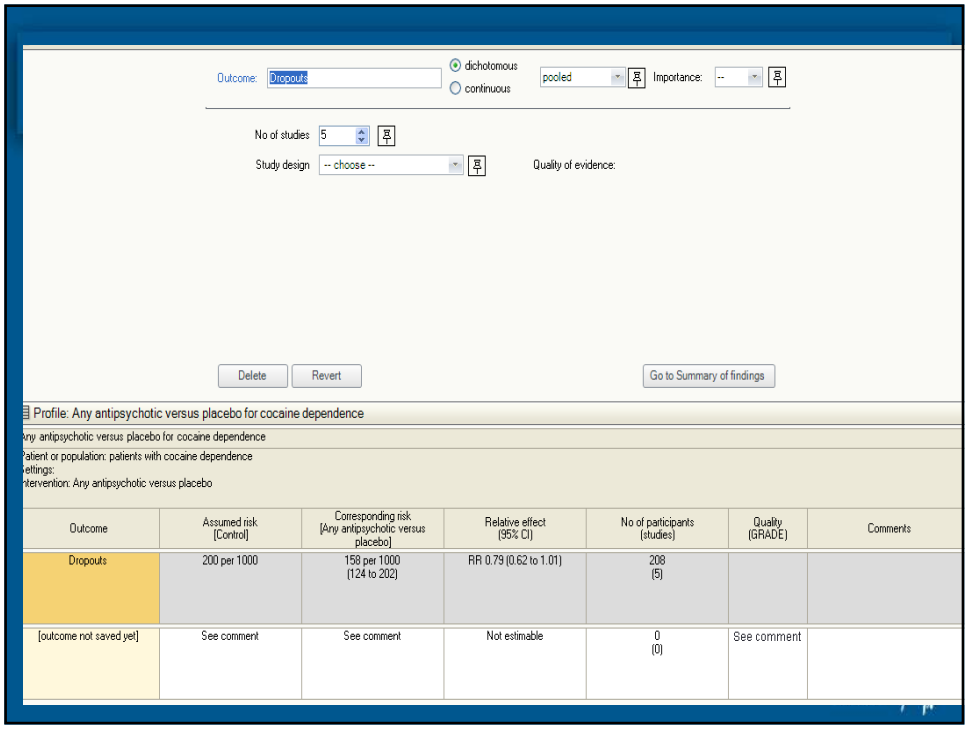
See comment
See comment
Not estimable
0 (0)
See comment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dichotomous
continuous
pooled
Importance:
No of studies 5
Study design -- choose --
Quality of evidence:
Delete Revert Go to Summary of findings
Profile: Any antipsychotic versus placebo for cocaine dependence
Outcome
Assumed risk [Control]
Corresponding risk [Any antipsychotic versus placebo]
Relative effect (95% CI)
No of participants (studies)
Quality (GRADE)
Comments
Dropouts
200 per 1000
158 per 1000 (124 to 202)
RR 0.79 (0.62 to 1.01)
208 (5)
[outcome not saved yet]
See comment
See comment
Not estimable
0 (0)
See comment