

Forskningstræning: Fra evidens til guidelines

4.-5. dec. 2008

Critical appraisal

” All scientific work is incomplete – whether it be observational or experimental. All scientific work is liable to be upset or modified by advancing knowledge. That does not confer upon us a freedom to ignore the knowledge we already have, or to postpone the action that it appears to demand at a given time...”

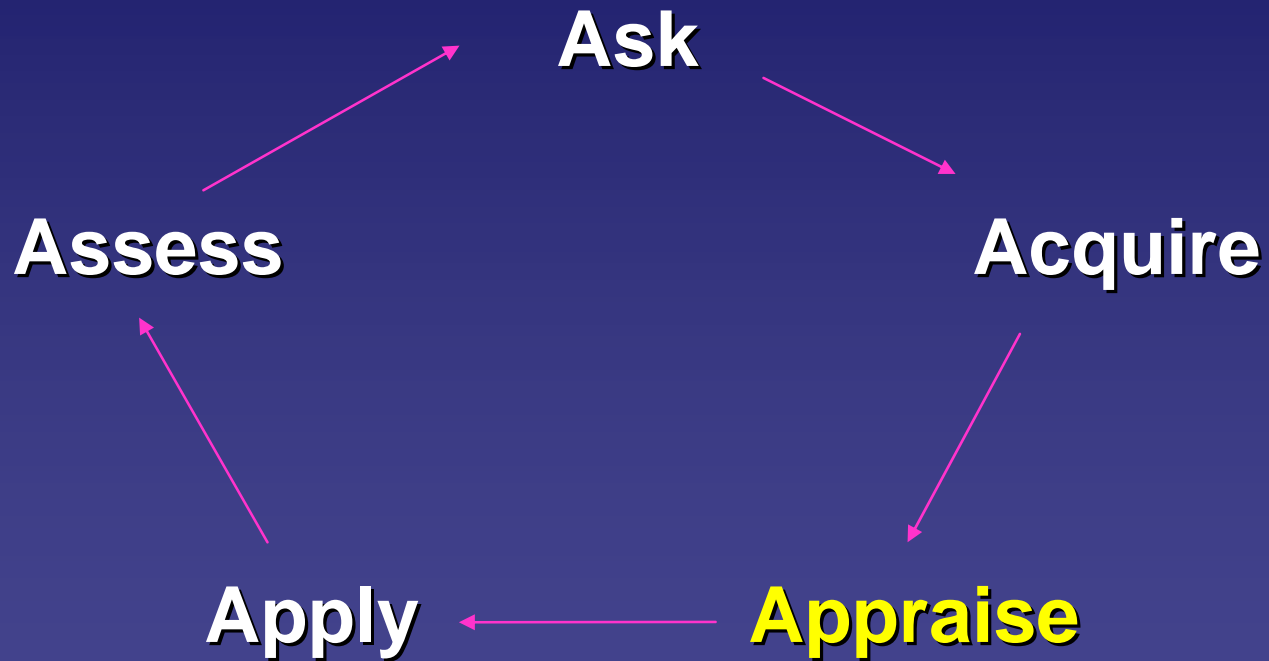
Hill



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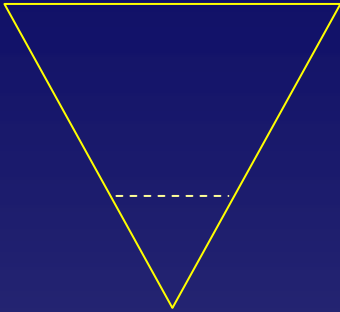
Evidence Based Practice



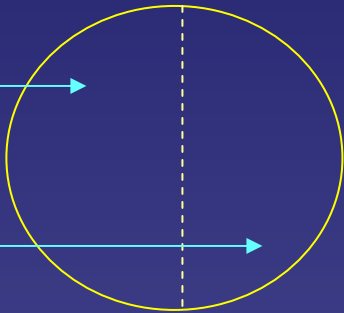
Vurdering af videnskabelige undersøgelser:

- undersøgelsens formål
- sammenhængen mellem formål og design
- undersøgelsens interne validitet
 - undersøgelsens kvalitet
 - gyldigheden af de sammenligninger der foretages
- undersøgelsens eksterne validitet
 - undersøgelsens gyldighed i andre populationer

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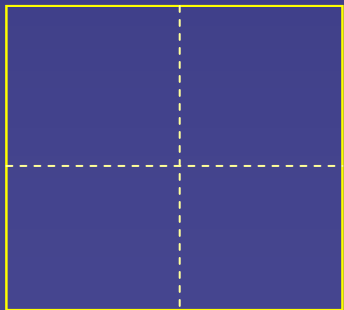
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Rekruttering:

Er deltagerne repræsentative for målgruppen?

- udvalgt tilfældigt? Selektion?
- relevante inklusion/eksklusion kriterier?
- studie størrelse?



Allokering:

- sammenlignelige studiegrupper?
- vedligeholdelse af studiegrupperne?
- mulighed for confounding?

Målinger:

Valide og u-biased målinger?

- **Blinding**
- **Objektive outcomes**

Mindste bias

Randomised controlled trials

experimental

Cohort studies

analytical

Case-control studies

observational

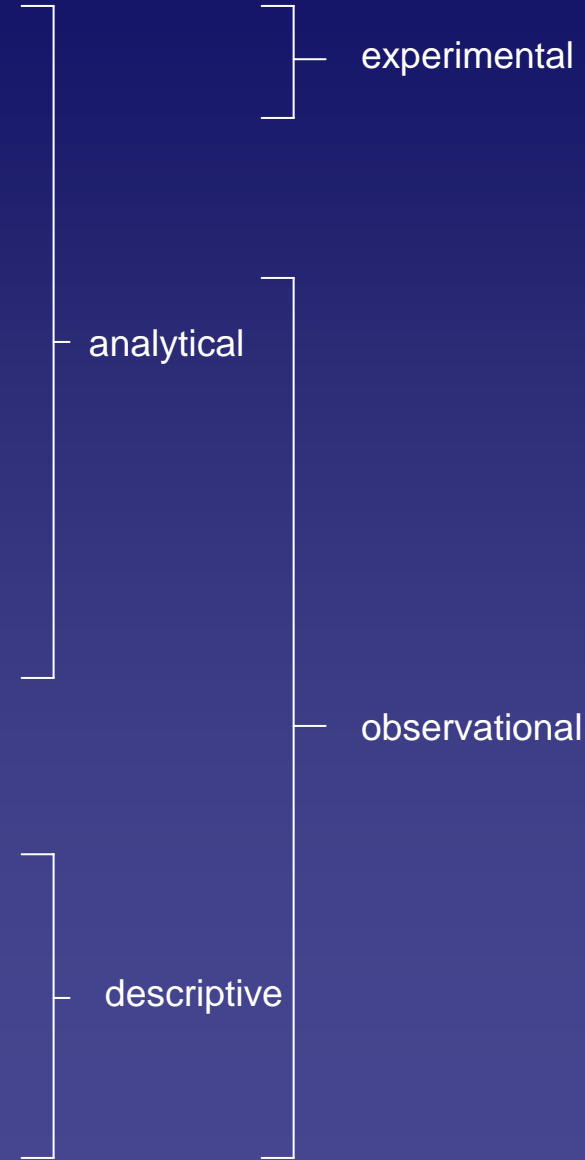
Cross sectional studies

Clinical observations

(case-reports, case-series)

descriptive

Største bias



Publikationstype	Evidens	Styrke
<ul style="list-style-type: none"> • Meta-analyse. Systematisk oversigt over flere randomiserede forsøg. • Mindst et randomiseret klinisk forsøg 	<p>Ia</p> <p>Ib</p>	A
<ul style="list-style-type: none"> • Kontrolleret, ikke-randomiseret studie • Observerende kohorteundersøgelse • Diagnostisk test (direkte diagn. metode) 	<p>IIa</p> <p>IIb</p>	B
<ul style="list-style-type: none"> • Case-kontrol undersøgelse • Diagnostisk test (indirekte metode) • Deskriptiv undersøgelse 	<p>III</p>	C
<ul style="list-style-type: none"> • Mindre serier. Kasuistikker • Lærebogskapitel • Traditionel oversigtartikel • Ekspertvurdering • Ledende artikel 	<p>IV</p>	D
<ul style="list-style-type: none"> • Anbefalet klinisk praksis 		✓

Hill's kriterier for kausalitet

1. **Strenght** – *strong associations are more likely to be causal than weak associations*
2. **Consistency** – *repeated observations of an association in different populations under different circumstances*
3. **Specificity** – *a cause lead to a single effect, not multiple effects*
4. **Temporality** – *the cause precede the effect in time*
5. **Biologic gradient** – *the precense of a dose-response curve*
6. **Plausibility** – *the biologic plausibility of the hypothesis*
7. **Coherence** – *a cause and effect interpretation for an association does not conflict with what is known of the natural history and biology of the disease*
8. **Experimental evidence** – *seldom available for human populations*
9. **Analogy** – *if one drug can cause birth defects, perhaps another one can also....*