

What is a Cochrane Review and What is Meta-analysis

Tabriz University of Medical Sciences
Standard Workshop on Systematic
Reviews _ October 2012

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University of British Columbia

Steps of a Cochrane review

- STEP 1: Formulating the problem and register the title with Collaborative Review Group
- STEP 2: Write protocol, submit for peer review and publish on Cochrane Library
- STEP 3: Locating and selecting studies
- STEP 4: Critical appraisal of studies
- STEP 5: Collecting data
- STEP 6: Analysing and presenting results
- STEP 7: Interpreting results
- STEP 8: Improving and updating reviews



Format of a Cochrane review

- Cochrane reviews have a standard format
 - to help reviewers to be systematic when doing their review
 - to help people reading the reviews to find information quickly



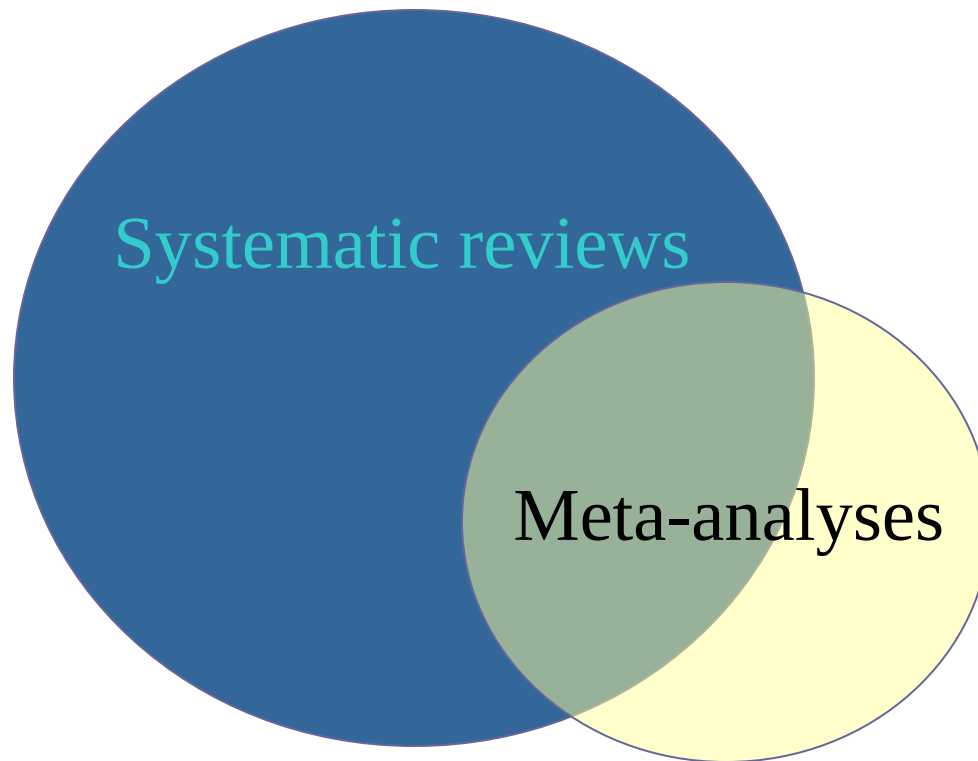
Characteristics of Cochrane reviews

- look at the effects of healthcare interventions
- free of commercial funding
- published protocol
- rigorous and standardised methods
 - Cochrane Handbook for Systematic Reviews of Interventions
- consistent format
 - including a plain language summary and meta-analyses
- updated regularly
- a database of systematic reviews of accuracy of diagnostic and screening tests



What is a meta-analysis?

Optional part of a systematic review



What is a meta-analysis?

- A statistical technique
- Estimates an 'average' or 'common' effect and expresses this quantitatively
- Improves the precision of an estimate by using all available data



Meta-analysis is done when

- More than one study has estimated an outcome
- There are no differences in the study characteristics that are likely to substantially affect the outcome
- The outcome has been measured in similar ways
- The data are available (beware when only some data are available)



Summary statistic for each study

- Calculates a single summary statistic to represent the effect found in each study
- For categorical data (yes, no)(alive, died)
 - Risk Ratio (Relative Risk)
 - Difference in risks (Risk Difference)
 - Ratio of odds (Odds ratio)
- Difference between means for continuous data



Weighting studies

- More weight to the studies which give us more information
 - More participants
 - More events
 - Lower variance
- Weight is proportional to inverse variance



Displaying results graphically

- Forest plots



Crowley P. Prophylactic corticosteroids for preterm birth (Cochrane Review) (1971)

Displaying results graphically

forest plots



'forest of lines'



Victims of DVT are told that they can't sue

By Andrew Law
and David Smith

Victims of deep vein thrombosis (DVT) who have suffered the painful long haul after a flight are told they may never sue the airlines.

More than 100 lawsuits, with damages of millions of pounds, have been filed against airlines since the 1990s. But now, victims are told they can't sue.

The British group wanted to sue on the basis of negligence by the airlines.

Mr Justice Auld gave his judgment in the High Court in London.

Mr Justice Auld said: "The airlines are not liable for the damage caused by the DVT."

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(Except if it's in Australia)

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DVT is a blood clot that can cause serious complications. It is often caused by long flights.

Victims of DVT who have suffered the painful long haul after a flight are told they may never sue the airlines.

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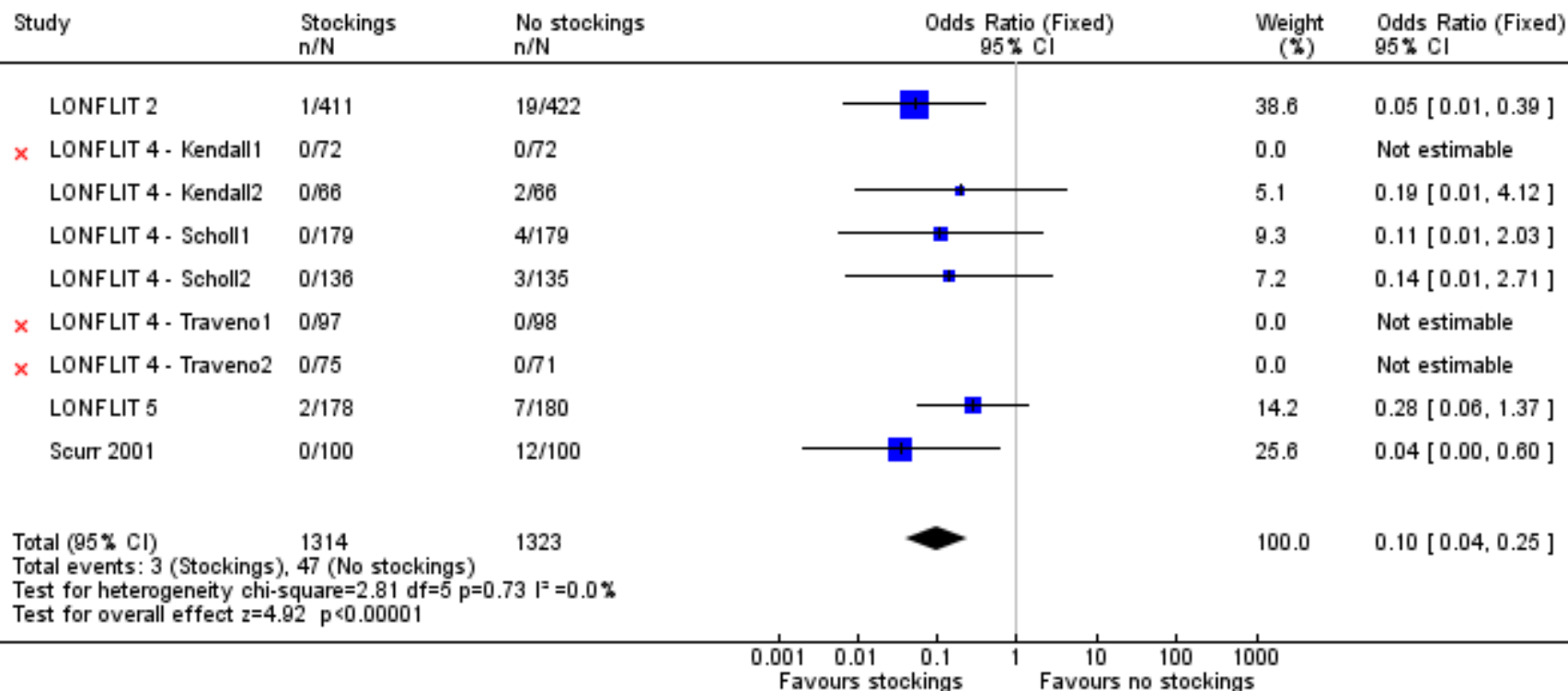


Compression Stockings for preventing thrombosis in airline passengers

Review: Compression stockings for preventing deep vein thrombosis in airline passengers

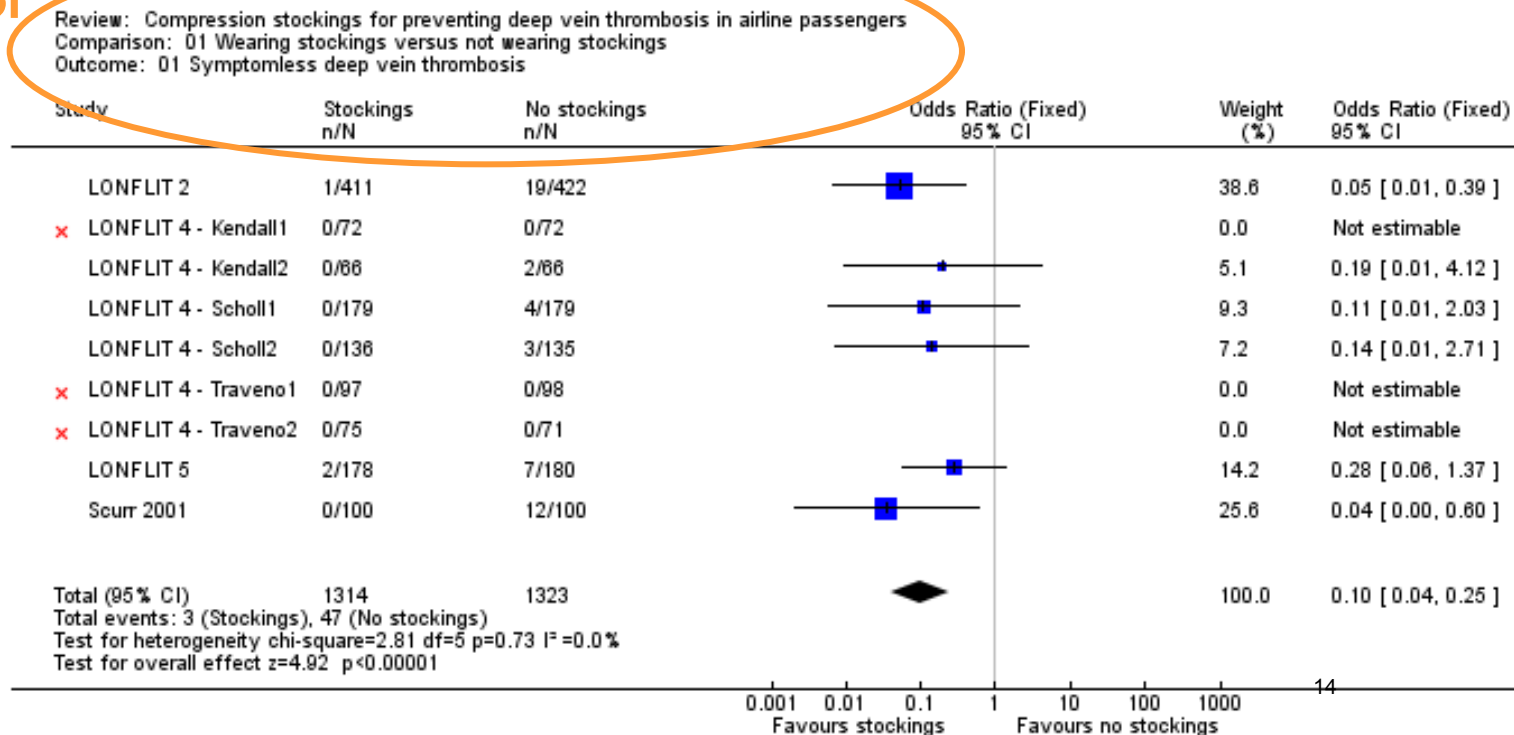
Comparison: 01 Wearing stockings versus not wearing stockings

Outcome: 01 Symptomless deep vein thrombosis



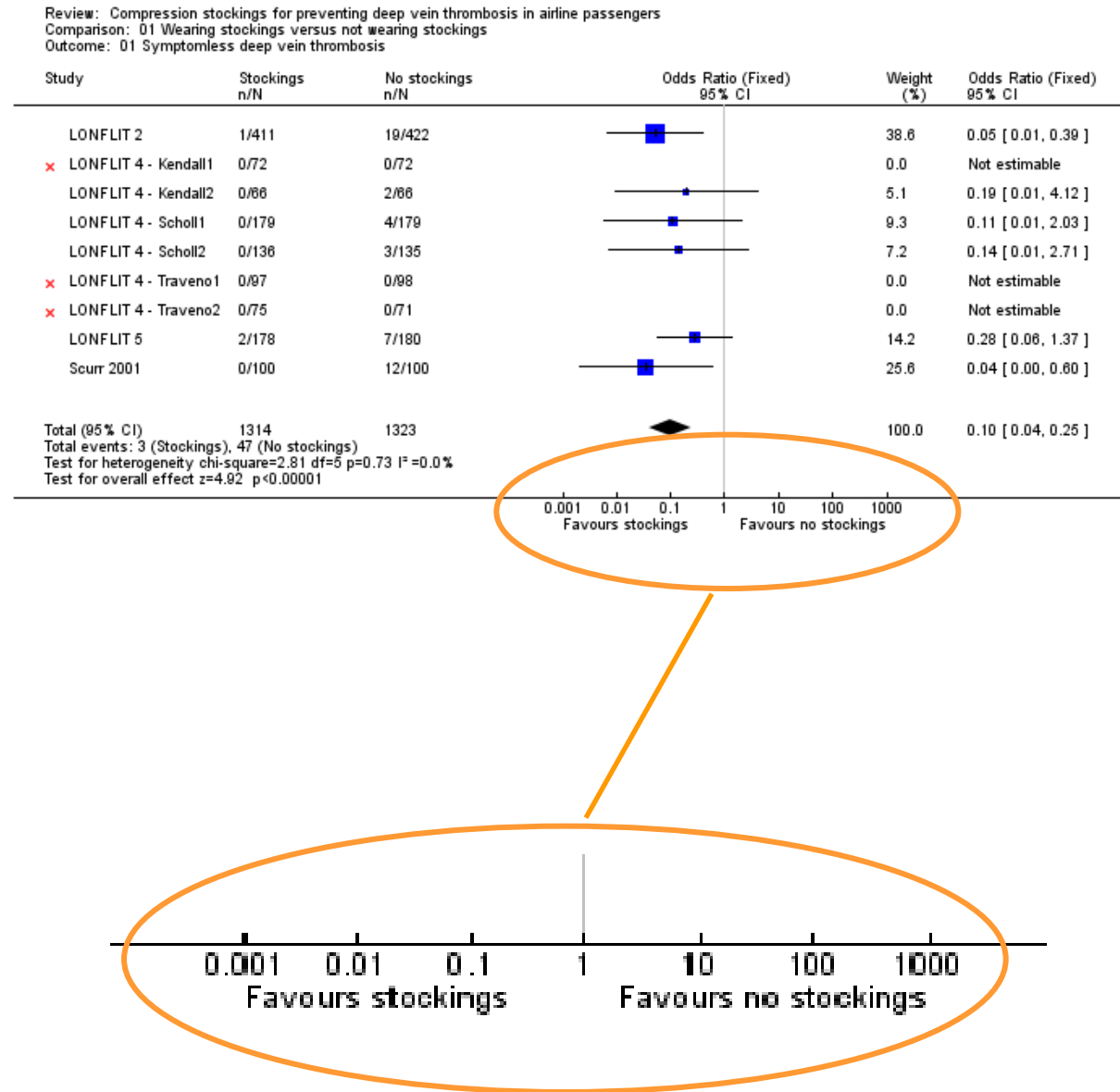
Review: Compression stockings for preventing deep vein thrombosis in airline passengers
 Comparison: 01 Wearing stockings versus not wearing stockings
 Outcome: 01 Symptomless deep vein thrombosis

Label to tell you
 what the
 comparison is and
 the outcome of
 interest

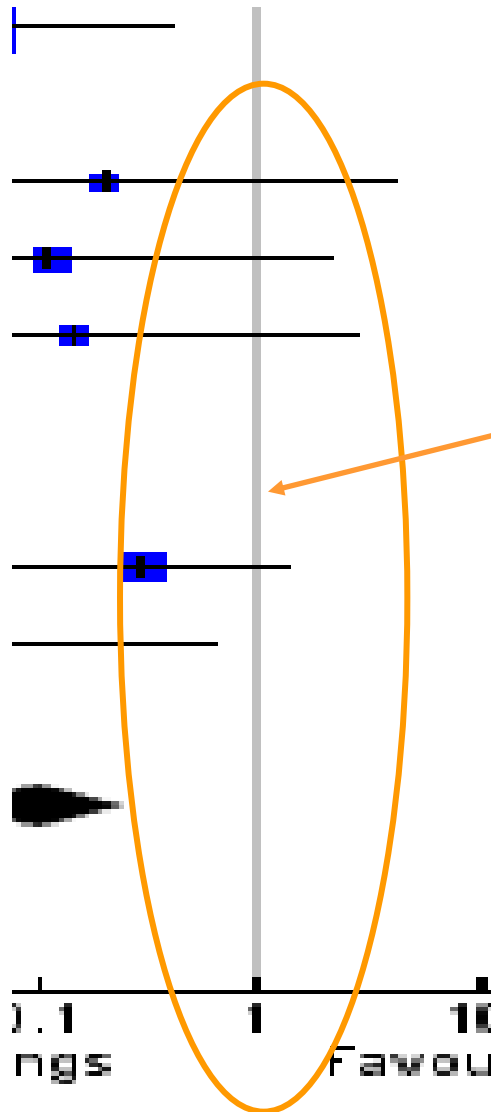


At the bottom there's a horizontal line. This is the scale measuring the treatment effect. Here the outcome is DVT and towards the left the scale is less than one, meaning the treatment has made DVT less likely.

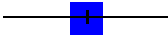
Take care to read what the labels say - things to the left do not always mean the treatment is better than the control.



Line of no effect



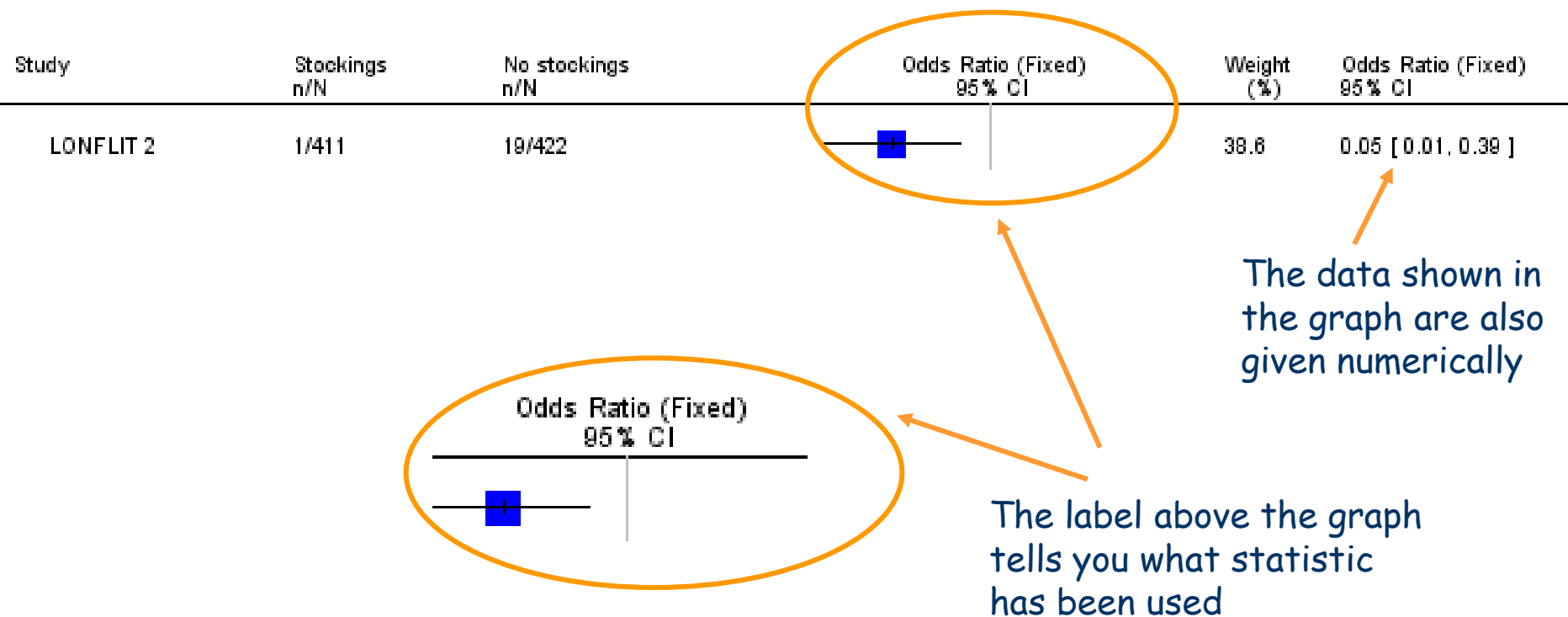
The vertical line in the middle is where the treatment and control have the same effect - there is no difference between the two

Study	Stockings n/N	No stockings n/N	Odds Ratio (Fixed) 95% CI	Weight (%)	Odds Ratio (Fixed) 95% CI
LONFLIT 2	1/411	19/422		38.6	0.05 [0.01, 0.39]

For each study there is an ID

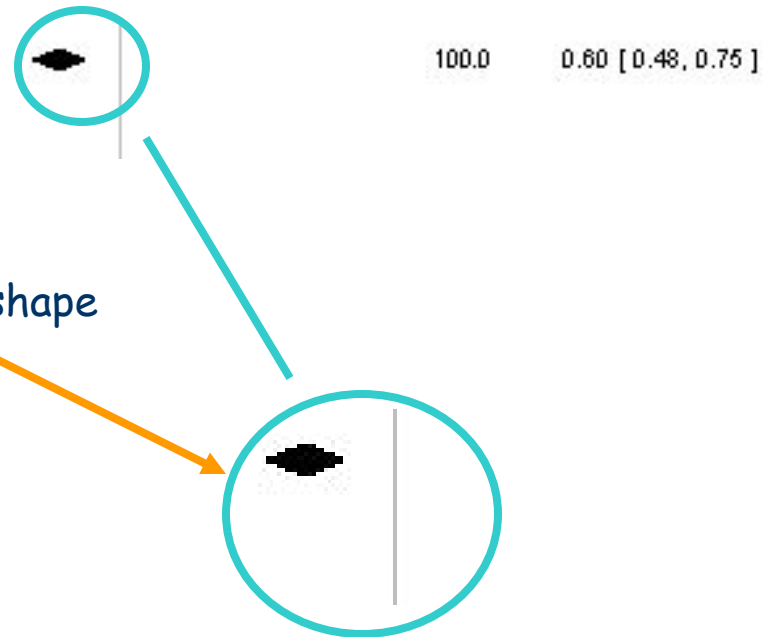
The data for each trial are here, divided into the experimental and control groups

This is the % weight given to this study in the pooled analysis



- Each study is given a blob, placed where the data measure the effect.
- The size of the blob is proportional to the % weight
- The horizontal line is called a confidence interval and is a measure of how we think the result of this study might vary with the play of chance.
- The wider the horizontal line is, the less confident we are of the study's results.

Subtotal (95% CI) 129 / 1770 204 / 1747
Test for heterogeneity: chi-square=14.70 df=13 p=0.3265
Test for overall effect=-4.42 p=0.0000



The pooled analysis is given a diamond shape where the widest bit in the middle is located at the calculated best guess (point estimate), and the horizontal width is the confidence interval

Note on interpretation

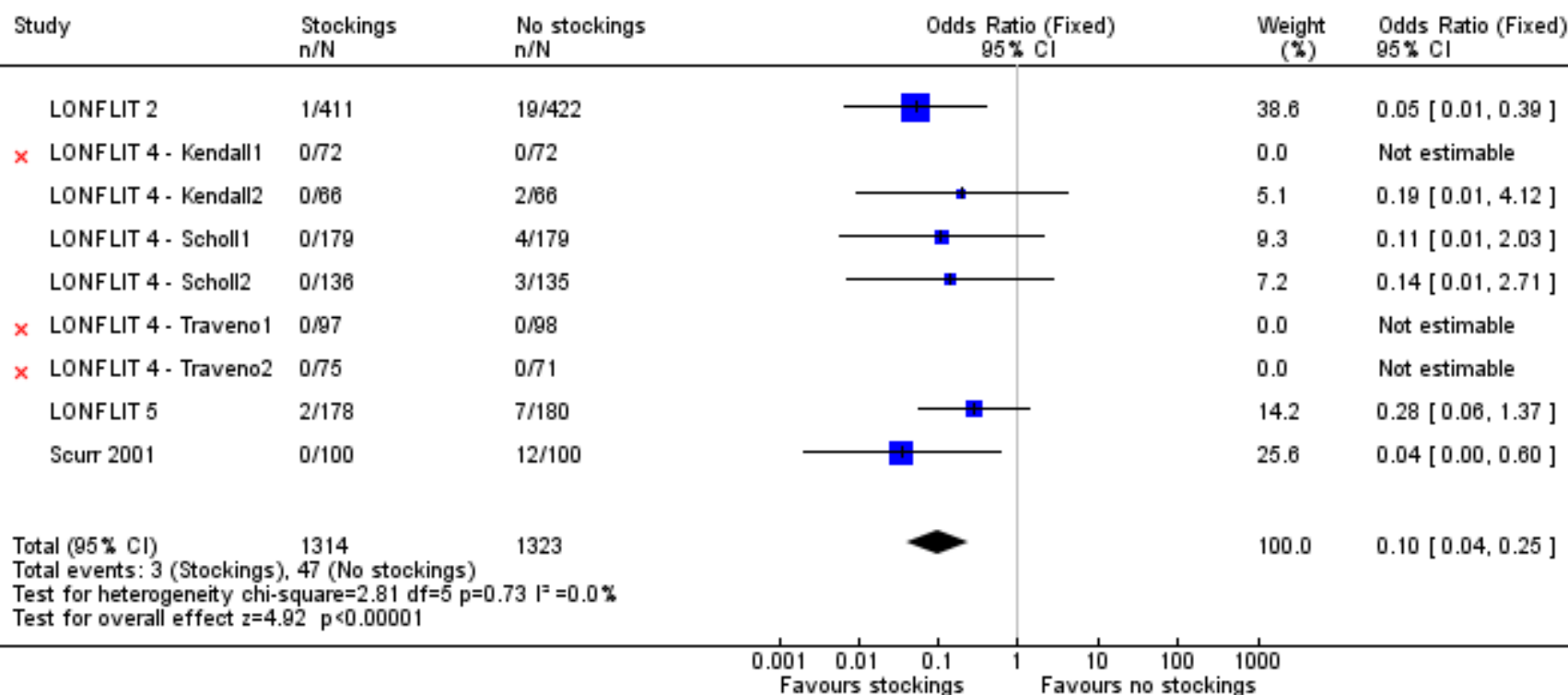
If the confidence interval crosses the line of no effect, this is equivalent to saying that we have found no statistically significant difference in the effects of the two interventions

Larger blue dots indicate a higher weighting
Longer lines indicate a wide confidence interval

Review: Compression stockings for preventing deep vein thrombosis in airline passengers

Comparison: 01 Wearing stockings versus not wearing stockings

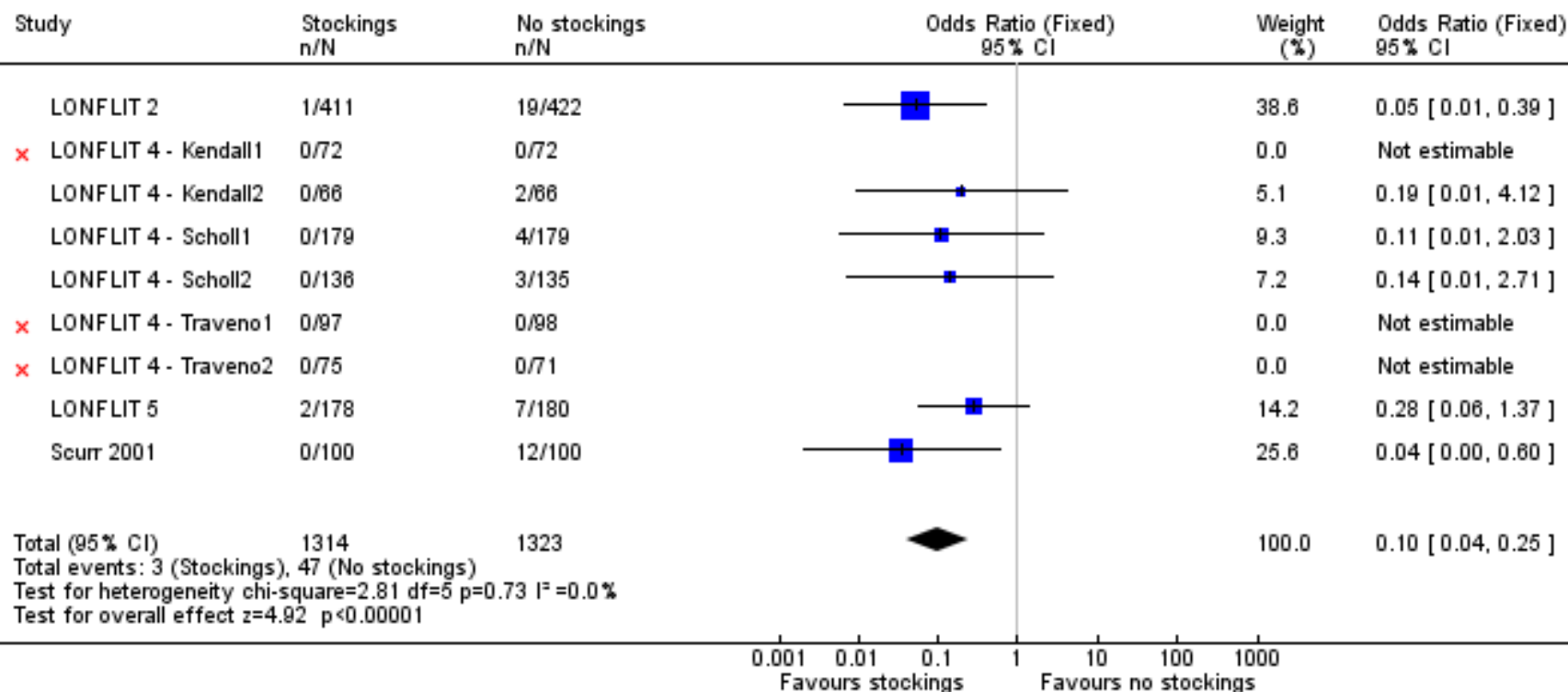
Outcome: 01 Symptomless deep vein thrombosis



Review: Compression stockings for preventing deep vein thrombosis in airline passengers

Comparison: 01 Wearing stockings versus not wearing stockings

Outcome: 01 Symptomless deep vein thrombosis



The relative odds of symptomless DVT is reduced to 0.1 by wearing compression stockings on long flights

There is a 90% reduction in the odds of symptomless DVT by wearing compression stockings on long flights



How to find what you're looking for.....



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Searching

- Break your question down into concepts to create a searchable question

P I C O

- Population
- Intervention
- Comparison
- Outcome



Your query...



You have just read an article promoting hypnotherapy as a complementary alternative to drug therapy for quitting smoking.

You wonder, what is the evidence that hypnotherapy works?



PICO

Population = adult smoker

Intervention = hypnosis OR hypnotherapy

Comparison = no or any other treatment

Outcome = cessation

More detail on this later

Searchable Question

What is the effectiveness of hypnosis/hypnotherapy on smoking cessation?



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Intervention Review

Hypnotherapy for smoking cessation



Jo Barnes^{1,*}, Christine Y Dong¹, Hayden McRobbie², Natalie Walker³, Monaz Mehta⁴, Lindsay F Stead⁴

The Cochrane Library

Editorial Group: [Cochrane Tobacco Addiction Group](#)

Published Online: 6 OCT 2010

Assessed as up-to-date: 21 JUL 2010

DOI: 10.1002/14651858.CD001008.pub2

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Abstract

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Background

Hypnotherapy is widely promoted as a method for aiding smoking cessation. It is proposed to act on underlying impulses to weaken the desire to smoke or strengthen the will to stop.

Objectives

To evaluate the efficacy of hypnotherapy for smoking cessation.

Search methods

We searched the Cochrane Tobacco Addiction Group Specialized Register and the databases MEDLINE, EMBASE, AMED, SCI, SSCI using the terms smoking cessation and hypnotherapy or hypnosis. Date of most recent searches July 2010. There were no language restrictions.

Selection criteria

We considered randomized controlled trials of hypnotherapy which reported smoking cessation rates at least six months after the beginning of treatment.

Data collection and analysis

Three authors independently extracted data on participant characteristics, the type and duration of the hypnotherapy, the nature of the control group, smoking status, method of randomization, and completeness of follow up. They also independently assessed the quality of the included studies.

The main outcome measure was abstinence from smoking after at least six months follow up. We used the most rigorous definition of abstinence in each trial, and biochemically validated rates where available. Those lost to follow up were considered to be smoking. We summarised effects as risk ratios (RR). Where possible, we performed meta-analysis using a fixed-effect model. We also noted any adverse events reported.

Main results



Thanks

Q&A

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[Review] Hypnotherapy for smoking cessation

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Abstract

Background

Hypnotherapy is widely promoted as a method for aiding smoking cessation. It is proposed to act on underlying impulses to weaken the desire to smoke or strengthen the will to stop.

Objectives

