GRADE/DECIDE meeting
Status report on the DECIDE project

The DECIDE project has received funding from the European Community's Seventh Framework Programme under Grant Agreement no. 258583

Overview

Five empirical workpackages and one to package results

- Health professionals (WP1)
- Policymakers and managers (WP2)
- Public, patients and carers (WP3)
- Diagnostic tests (WP4)
- Health systems policies (WP5)

- Tools to support guideline development (WP6)

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Highlights

Now at the start of Year 5, the last year

- Evidence to Decision (EtD) frameworks (all WPs)
- Interactive Summary of Findings tables (all WPs)
- Shared decision-making tools (WPs 1 and 3)
- Update of the GIN Public Toolkit chapter for developing patient versions of guidelines (WP3)
- The GET IT glossary (all WPs)
- GRADEPro Guideline Development Tool (WP6)

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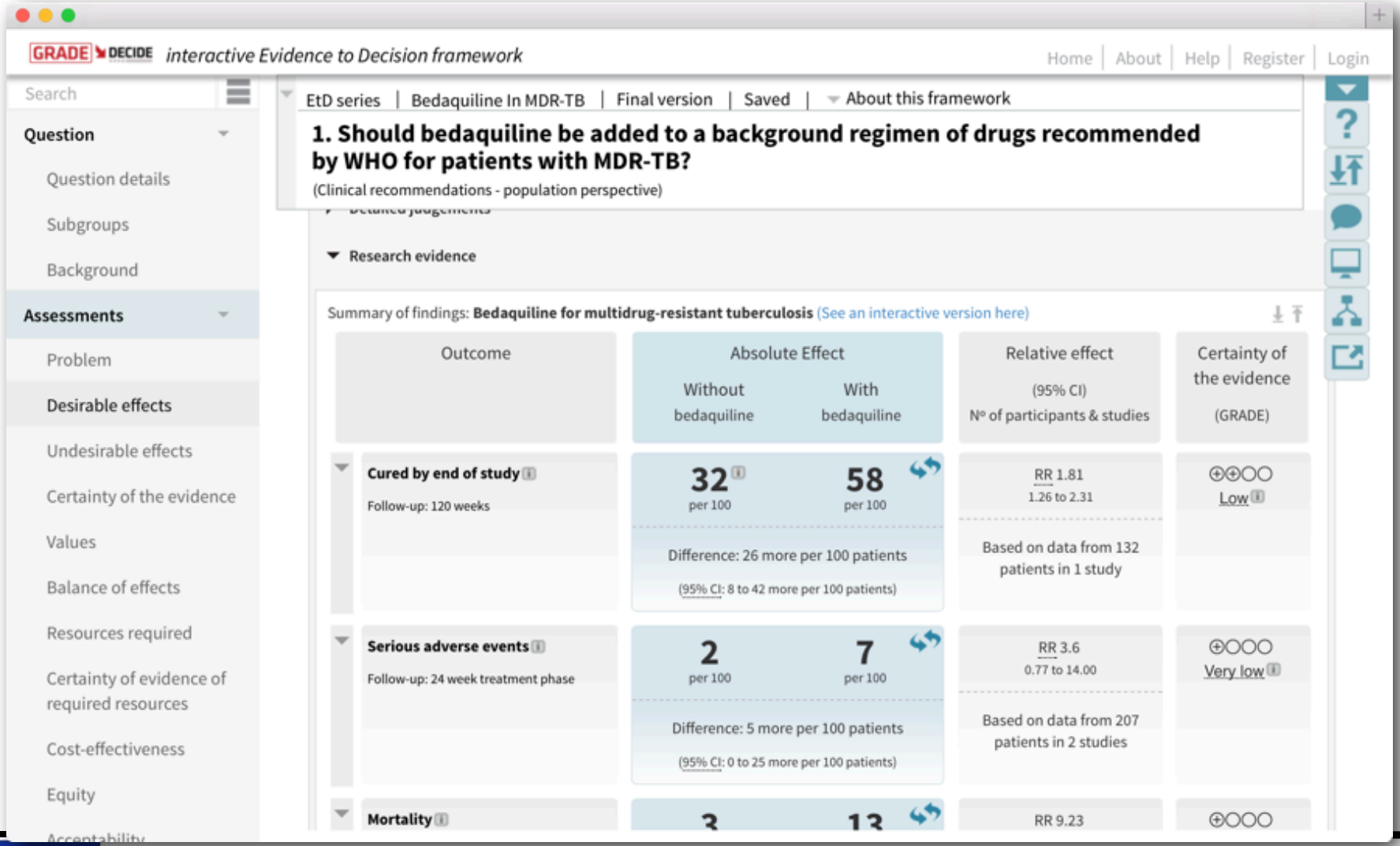
iEtD framework



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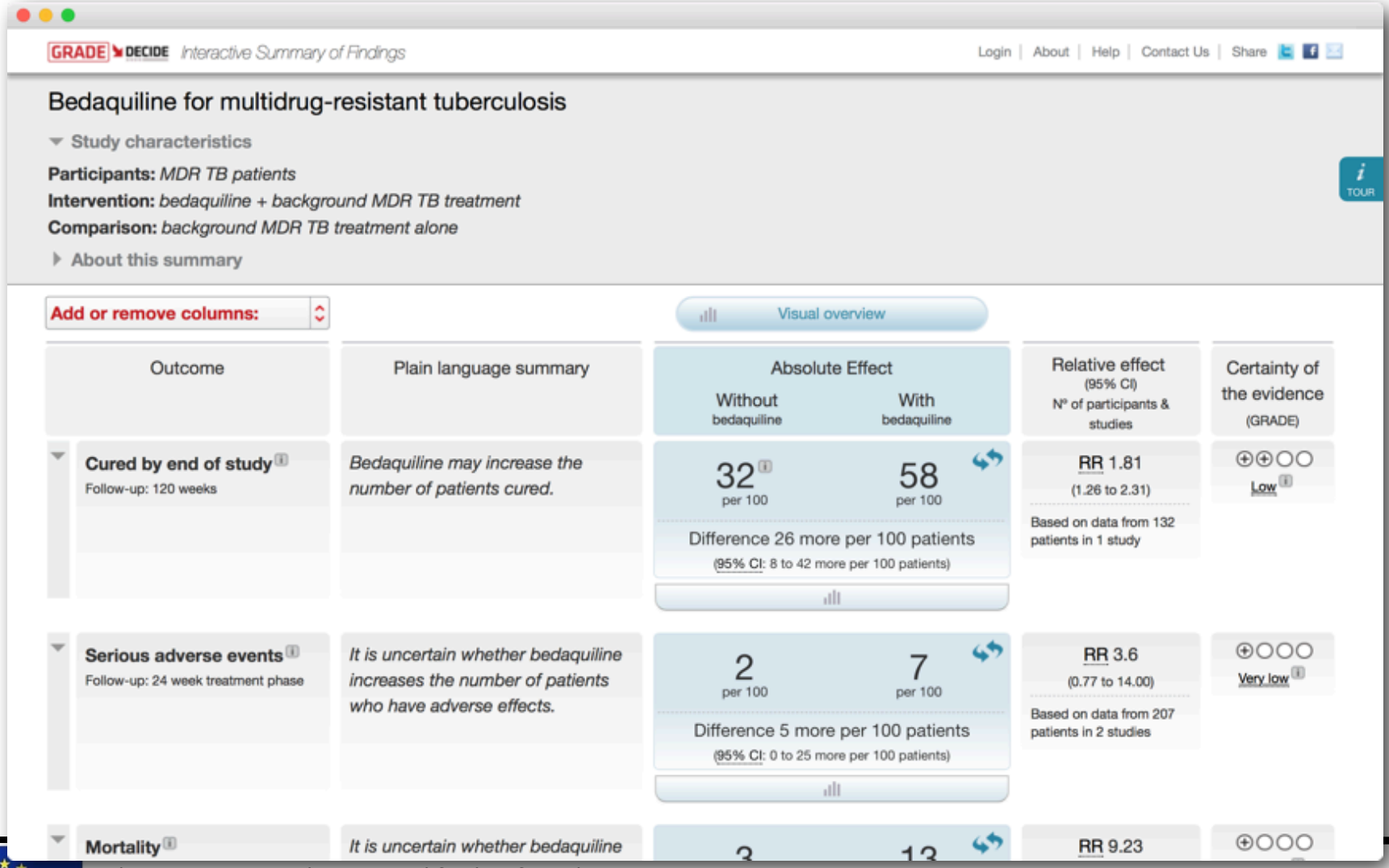
iEtD framework and iSoF



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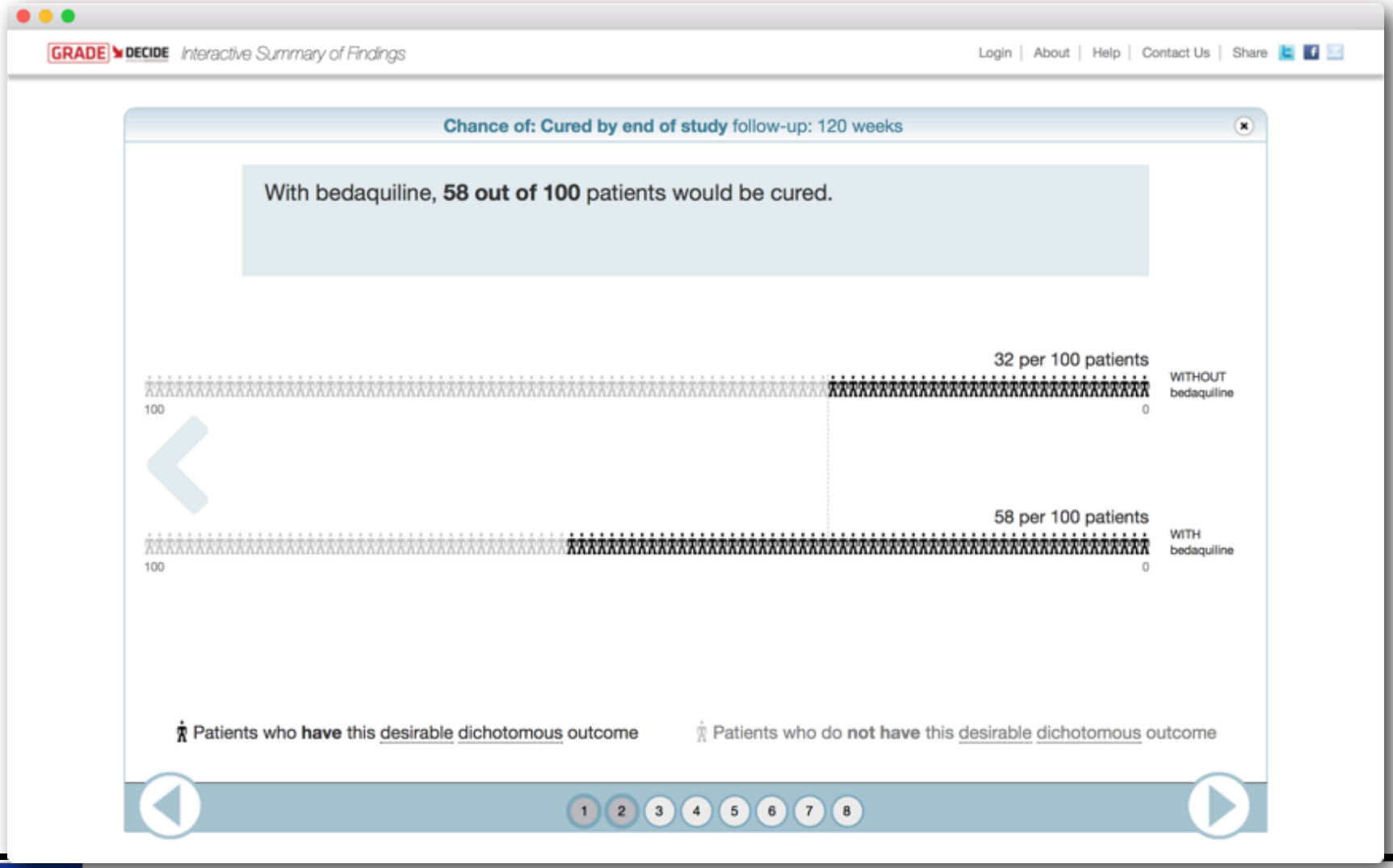

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Shared decision-making tools

Collaboration with

magic
making GRADE
the irresistible choice

http://www.magicproject.org

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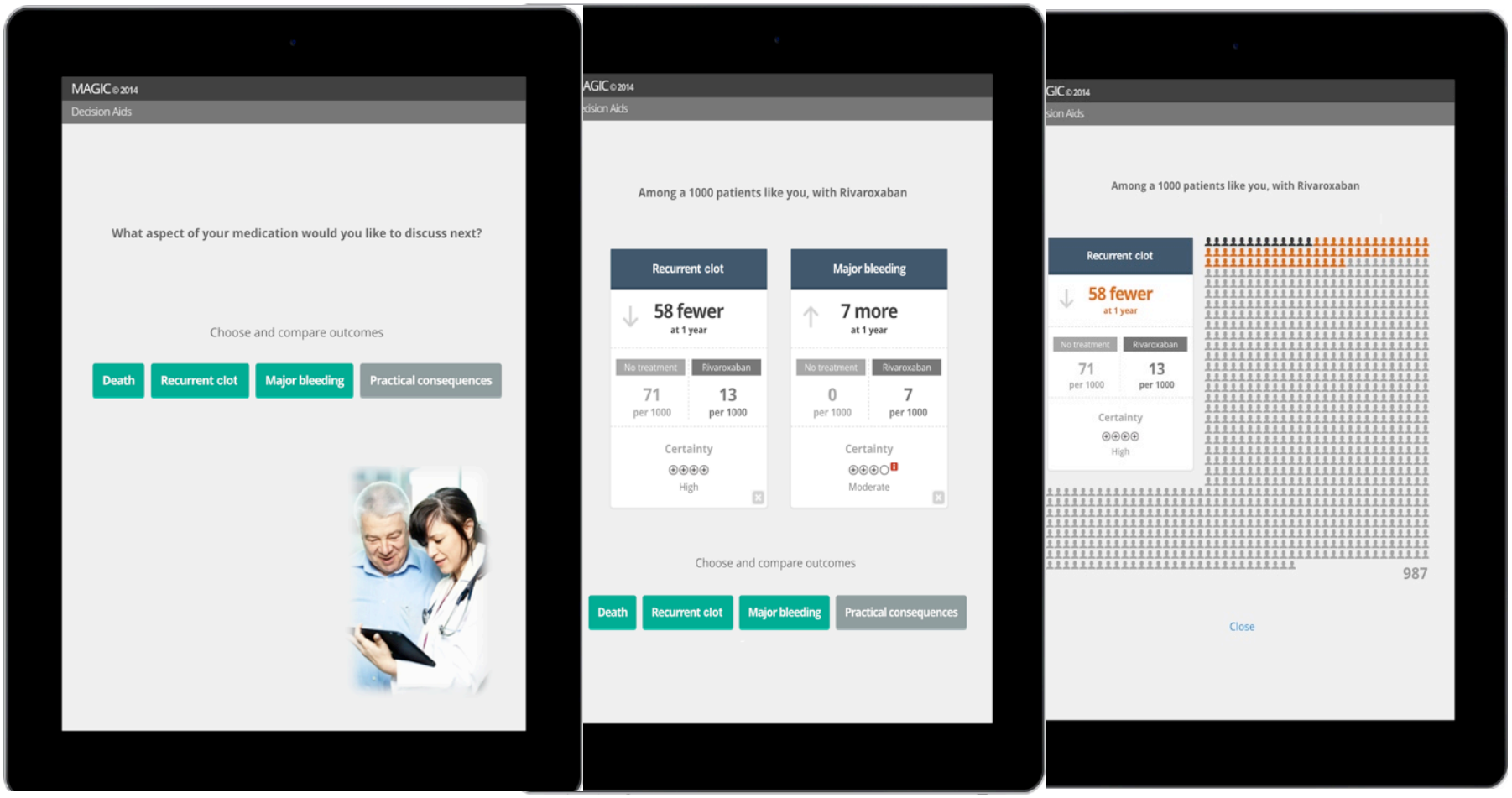
Shared decision-making tools



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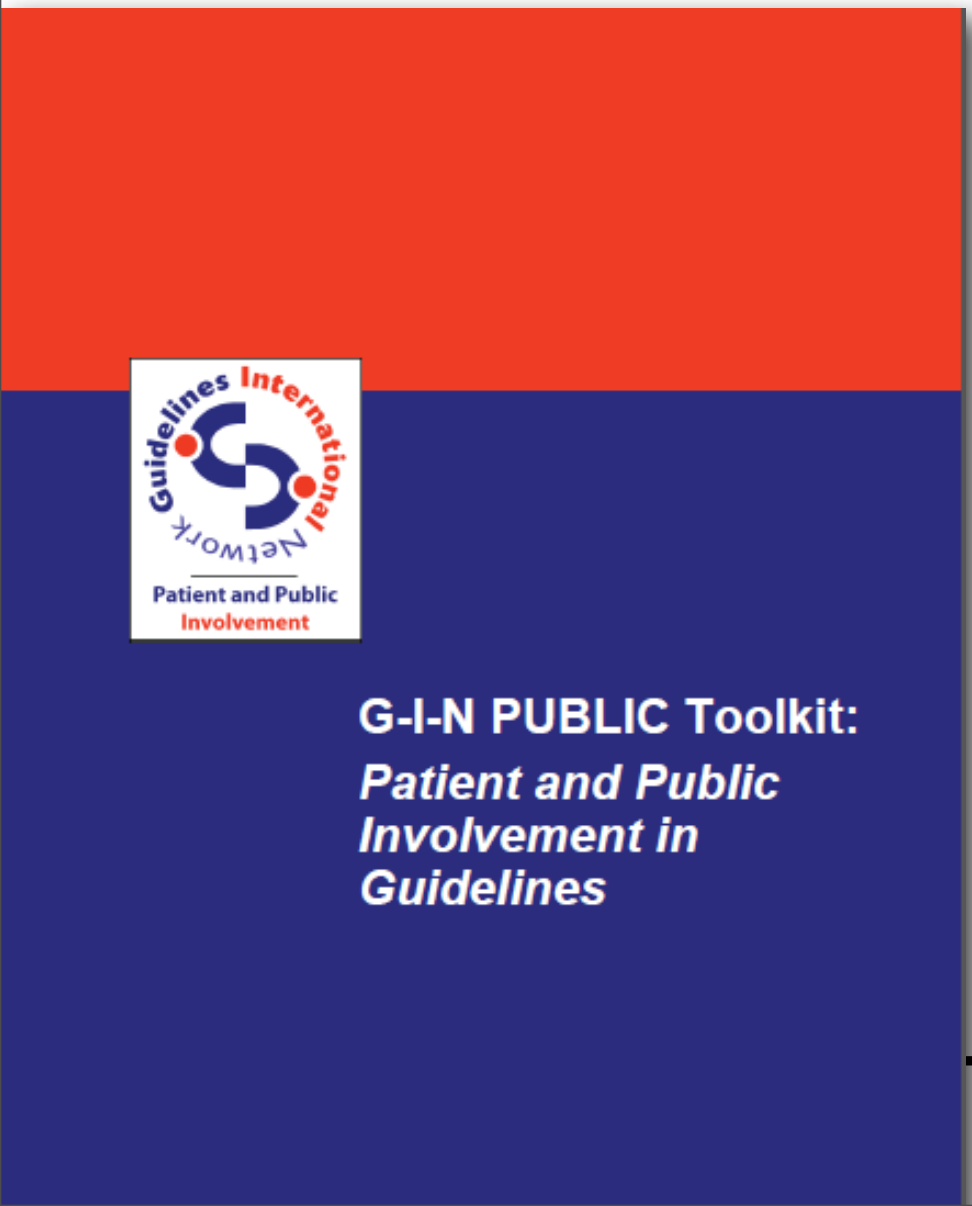
Patient versions of guidelines



Aims to support guideline developers considering involving patients in guideline development or dissemination

Patient versions of guidelines

What wil

- If you need to impro
  show you the best w
  also help you plan w
- If you have periodon
  your oral hygiene ar
  remove the build-up
  need intensive treat
- If you smoke, your d
- If you have diabetes
  well-controlled, as u
  developing gum dis

Why has t

SDCEP has recently provide
prevent and treat gum disea
clinical experts, researchers
make a difference to the hea

Scottish Dental Clinical Effecti
Dundee Dental Education Centre
Frankland Building
Small's Wynd
Dundee DD1 4HN
Phone: 01382 425751
Website: www.sdcep.org.uk

Why have I been given this leaflet?

You may have told the dentist that you taste and see blood when you clean your teeth, or that you feel that some of your teeth may be loose. Your dentist may have noticed that your gums bleed or that you need to improve your oral hygiene. Bleeding is a sign of gum disease.

What is gum disease?

Gum disease, also known as periodontal disease, is caused by a build up of plaque on the teeth. If plaque is not regularly removed by brushing, the gums can become irritated and inflamed. Plaque which is not removed eventually hardens into a substance called calculus which is also irritating to the gums. Calculus has to be removed by your dentist or hygienist.

Gingivitis

The early stage of gum disease is called gingivitis. The symptoms are swollen, red gums which bleed easily when you brush, floss or eat hard foods, such as apples. You may also notice an unpleasant or metallic taste in your mouth. A relative or friend may complain that you have bad breath. Gingivitis is reversible with good oral hygiene.

Periodontitis

If gingivitis is left untreated, it can develop into a more advanced stage of periodontal disease called periodontitis. If left untreated, periodontitis can lead to receding gums, loose teeth and eventual tooth loss.

Can I prevent gum disease?

Most people can prevent gum disease with good oral hygiene. The table lists some key things you can do to improve your oral hygiene and prevent gum disease.

Recommendation 1

Brush your teeth regularly and effectively

Improving your oral hygiene reverses the early stages of gum disease. Your dentist or hygienist can help by showing you how to brush your teeth in the most effective way.

Recommendation 2

Have a plan of when you will brush your teeth

Having a firm plan will help you remember to brush your teeth. For example, you could plan to always brush first thing in the morning when you get up and last thing at night when getting ready for bed.

Recommendation 3

Use an ordinary toothbrush or a rechargeable powered toothbrush and fluoride toothpaste

Rechargeable powered toothbrushes may remove more plaque than ordinary toothbrushes. However, both types of toothbrush are good for removing plaque if they are used properly.

What else can I do?

- **Stop smoking**

Stopping smoking reduces your chance of getting gum disease.

- **Clean between your teeth using floss or interdental brushes**

Flossing in addition to toothbrushing may make gums less likely to bleed. Using interdental brushes in addition to toothbrushing may remove even more plaque.

- How SDCEP produces guidance to improve dental health

The GET IT glossary

The glossary is specifically intended to be useful to people without a research background, particularly those wanting to make an informed choice about a treatment.

It is also aimed at those communicating research evidence to the general public, or teaching others about how to assess claims made about treatments.

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DEC

Browse the glossary:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

bias

"A type of error that may affect the results of a study because of weaknesses in its design, analysis or reporting"

Synonyms:
systematic error

Plain language suggested term:
bias

Full explanation:
Biases (systematic errors) distort effect estimates away from the actual effect. Biases are caused by inadequacies in the design, conduct, analysis, reporting or interpretation of treatment comparisons. Because it is generally not possible to know the degree to which an effect estimate is biased, judgements must be made about the risk of bias using criteria that assess factors that are known or thought to be associated with bias, such as unconcealed allocation of participants to treatments (see allocation schedule concealment). In everyday language, bias has other meanings, for example "prejudice".

See also:
allocation bias · confirmation bias · disease progression bias · lead-time bias · measurement bias · performance bias · random error · reporting bias · risk of bias;

Packaging everything

Packaging everything

gdt.guidelinedevelopment.org

GRADE | AI vs tamoxifen | streweek@mac.com

Should aromatase inhibitor monotherapy vs. tamoxifen be used in postmenopausal women with oestrogen sensitive ear | Explanations | Help

- TASKS
- TEAM
- SCOPE
- DOCUMENT SECTIONS
- COMPARISONS
- OUTCOMES
- SEARCHING
- SCREENING
- DATA EXTRACTION
- RISK OF BIAS
- ANALYSES
- EVIDENCE TABLE
- RECOMMENDATIONS
- DISSEMINATION

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
PROBLEM	Is there a problem priority?	○ No ○ Probably no ○ Uncertain ○ Probably yes ○ Yes ○ Varies		
	What is the overall certainty of this evidence?	○ No included studies ○ Very low ○ Low ○ Moderate ○ High	**The relative importance or values of the main outcomes of interest:**	
	Is there important uncertainty about how much people value the main outcomes?	○ Important uncertainty or variability ○ Possibly important uncertainty or variability ○ Probably no important uncertainty of variability ○ No important uncertainty of variability ○ No known undesirable		
	Are the desirable anticipated effects large?	○ No ○ Probably no ○ Uncertain ○ Probably yes ○ Yes ○ Varies		

Outcome	Relative importance	Certainty of the evidence (GRADE)
disease free survial	CRITICAL	⊕⊕⊕⊕ HIGH
overall survival	CRITICAL	⊕⊕⊕◯ MODERATE
Fracture	IMPORTANT	⊕⊕⊕⊕ HIGH
cardiovascular disease	IMPORTANT	⊕⊕⊕⊕ HIGH

Summary of findings: tamoxifen

Outcome	Without aromatase inhibitor monotherapy	With aromatase inhibitor monotherapy	Difference (95% CI)	Relative effect (RR) (95% CI)
	109 per 1000	**98 per 1000 (92 to 105)**	11 fewer per 1000 (from 4 fewer to 18 fewer)	
disease free survial	107 per 1000	**96 per 1000 (89 to**	11 fewer per 1000 (from 4	**HR 0.89** (0.83 to

Dissemination

- Background papers on guideline methodologies specific to medical testing
- Multilayered presentation formats for guidelines
- PLoS Medicine series on EtDs (submitted)
- Survey of producers' patient versions of guidelines (submitted)
- Survey of presenting continuous outcomes (submitted)
- Focus group work with patients and journalists (in prep)
- Interviews with guideline developers for medical tests (in prep)

- The DECIDE conference, GIN, HTAi, Cochrane

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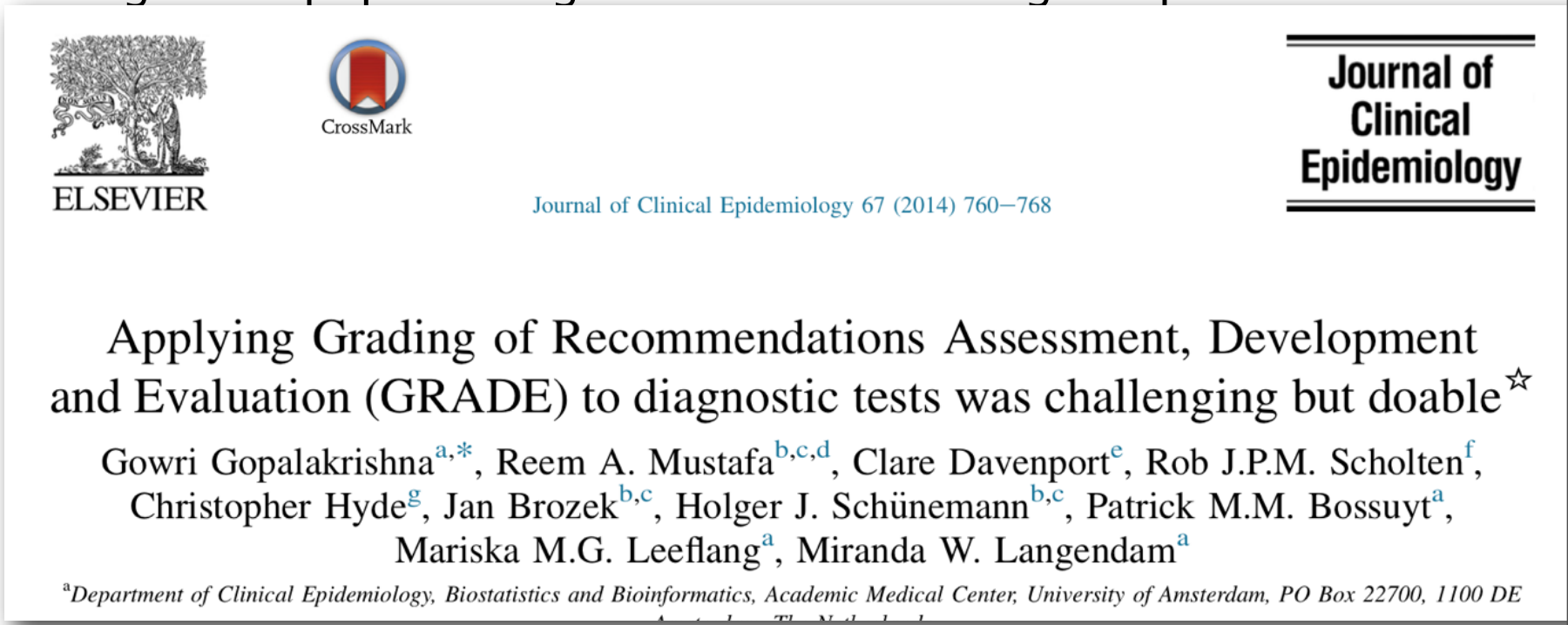

ELSEVIER

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Applying Grading of Recommendations Assessment, Development and Evaluation (GRADE) to diagnostic tests was challenging but doable☆

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Small group discussions

Five groups

- **Group 1:** GRADEPro GDT
- **Group 2:** iEtD frameworks and iSoFs
- **Group 3:** Patient versions of guidelines
- **Group 4**: The GET IT glossary
- **Group 5**: Types of recommendations

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