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**GIN IC, August 2014**

## **The GIN-McMaster Guideline Development Checklist (GDC)**



# Disclosure

- Co-chair GRADE Working Group
- World Health Organization: various committees
- Board of Trustees – GIN
- Steering Group – Cochrane Collaboration
- No direct financial COI



# Today's presentation

- Introduction to the work on the checklist
- The checklist (oon)
- Plans for the checklist



## Guidelines 2.0: systematic development of a comprehensive checklist for a successful guideline enterprise

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### ABSTRACT

**Background:** Although several tools to evaluate the credibility of health care guidelines exist, guidance on practical steps for developing guidelines is lacking. We systematically compiled a comprehensive checklist of items linked to relevant resources and tools that guideline developers could consider, without the expectation that every guideline would address each item.

**Methods:** We searched data sources, including manuals of international guideline developers, literature on guidelines for guidelines (with a focus on methodology reports from international and national agencies, and professional societies) and recent articles providing systematic guidance. We reviewed these sources in duplicate, extracted items for the checklist using a sensitive approach and developed overarching topics relevant to guidelines. In an iterative

omissions and involved experts in guideline development for revisions and suggestions for items to be added.

**Results:** We developed a checklist with 18 topics and 146 items and a webpage to facilitate its use by guideline developers. The topics and included items cover all stages of the guideline enterprise, from the planning and formulation of guidelines, to their implementation and evaluation. The final checklist includes links to training materials as well as resources with suggested methodology for applying the items.

**Interpretation:** The checklist will serve as a resource for guideline developers. Consideration of items on the checklist will support the development, implementation and evaluation of guidelines. We will use crowdsourcing to

**Competing interests:** None declared. Authors of this manuscript have been involved in the development of various guideline manuals which are referenced in this article.

This article has been peer reviewed.

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# Guideline development Process

Eccles et al. *Implementation Science* 2012, 7:60  
<http://www.implementation-science.com/content/7/1/60>



IMPLEMENTATION SCIENCE

## METHODOLOGY

Open Access

Developing clinical practice guidelines: target audiences, identifying topics for guidelines, guideline group composition and functioning and conflicts of interest

Martin P Eccles<sup>1</sup>, Jeremy M Grimshaw<sup>2,3</sup>, Paul Shekelle<sup>4,5\*</sup>, Holger J Schünemann<sup>6</sup> and Steven Woolf<sup>7</sup>



CLINICAL PRACTICE  
GUIDELINES  
WE CAN TRUST

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

## American Thoracic Society Documents

### A Guide to Guidelines for Professional Societies and Other Developers of Recommendations

Introduction to Integrating and Coordinating Efforts in COPD Guideline Development. An Official ATS/ERS Workshop Report

Holger J. Schünemann, Mark Woodhead, Antonio Anzueto, A. Sonia Buist, William MacNee, Klaus F. Rabe, and John Heffner; on behalf of the ATS/ERS Ad Hoc Committee on Integrating and Coordinating Efforts in COPD Guideline Development

*Proc Am Thorac Soc* Vol 9, Iss. 5, pp 215–218, Dec 15, 2012

## Health Research Policy and Systems



BioMed Central

Review

Open Access

### Improving the use of research evidence in guideline development: introduction

Andrew D Oxman<sup>\*1</sup>, Atle Fretheim<sup>1</sup>, Holger J Schünemann<sup>2</sup> and SURE<sup>3</sup>

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Accepted: 21 November 2006

This article is available from: <http://www.health-policy-systems.com/content/4/1/13>





- Implementing national guideline development programs
  - WHO office in Estonia
  - MoH in Saudi Arabia
  - MoH in Chile
- Professional societies
- DECIDE project



# Aim

- Offer a comprehensive toolbox for guideline development, with items linked to relevant resources and other tools
- Not to create a guideline credibility or quality checklist

# Methodology

- We used an iterative process that began with 2 of us (H.J.S. and E.A.A.) identifying an initial list of key guideline methodology reports and guidelines for guidelines to review.



## Box 1: Sources for data extraction

### Guideline development manuals

#### North America

- American Academy of Otolaryngology — Head and Neck Surgery Clinical Practice Guideline Development Manual, third edition, 2013<sup>56</sup>
- American College of Cardiology — American Heart Association Task Force on Practice Guidelines Methodology Manual and Policies, 2010,<sup>32</sup> and supplementary documents<sup>58-60</sup>
- Canadian Task Force on Preventive Health Care Procedure Manual, 2011<sup>33</sup>
- Cancer Care Ontario Program in Evidence-Based Care Handbook, 2012,<sup>34</sup> and supplementary documents<sup>61,62</sup>
- US Centers for Disease Control and Prevention (CDC) Guidelines and Recommendations: a CDC Primer, 2012<sup>35</sup>
- Transparency Matters: Kaiser Permanente's National Guideline Program Methodological Processes, 2012<sup>36</sup>
- US Preventive Services Task Force Procedure Manual, 2008<sup>37</sup>

#### Europe

- Estonian Handbook for Guidelines Development, 2011<sup>20</sup>
- European Society of Cardiology Recommendations for Guidelines Production, 2010<sup>41</sup>
- National Institute for Health and Care Excellence Guidelines Manual, 2012,<sup>42</sup> and supplementary documents<sup>63-65</sup>
- SIGN (Scottish Intercollegiate Guidelines Network) 50: a Guideline Developer's Handbook, 2011<sup>43</sup>
- Spain Ministry of Health Development of Clinical Practice Guidelines in the National Health System: Methodological Manual, 2007<sup>44</sup>
- World Health Organization Handbook for Guideline Development, 2012<sup>45</sup>

#### South America

- Argentina National Academy of Medicine Guide to Adaptation of Clinical Practice Guidelines, 2008<sup>38</sup>
- Colombia Ministry of Health and Social Security Methodological Guide for Developing Integrated Care Guidelines in the Colombian System of Health and Social Security, 2010<sup>39</sup>
- Peru Ministry of Health Technical Standards for the Development of Clinical Practice Guidelines, 2006<sup>40</sup>

#### Australasia

- National Health and Medical Research Council (NHMRC) Procedures and Requirements for Meeting the 2011 NHMRC Standard for Clinical Practice Guidelines, 2011,<sup>46</sup> and supplementary document<sup>66</sup>
- New Zealand Guidelines Group Handbook for the Preparation of Explicit Evidence-Based Clinical Practice Guidelines, 2001<sup>47</sup>

### Guideline methodology reports

- The ADAPTE process: resource toolkit for guideline adaptation, 2009<sup>57</sup>
- AGREE II: advancing guideline development, reporting and evaluation in health care, 2010<sup>1,67,68</sup>
- Methodology for the development of antithrombotic therapy and prevention of thrombosis guidelines: antithrombotic therapy and prevention of thrombosis, 9th edition, 2012<sup>5</sup>
- Conference on Guideline Standardization: Standardized Reporting of Clinical Practice Guidelines, 2003<sup>23,69</sup>
- Guidelines International Network: Toward International Standards for Clinical Practice Guidelines, 2012<sup>7</sup>
- Health Research Policy and Systems Series: Improving the Use of Research Evidence in Guideline Development, 2006<sup>6,70-85</sup>
- Implementation Science Series: Developing Clinical Practice Guidelines, 2012<sup>7-9</sup>
- Institute of Medicine: Clinical Practice Guidelines We Can Trust, 2011<sup>3</sup>
- Proceedings of the American Thoracic Society Series: a Guide to Guidelines for Professional Societies and Other Developers of Recommendations, 2012<sup>11,86-99</sup>

Note: AGREE = Appraisal of Guidelines, Research and Evaluation.

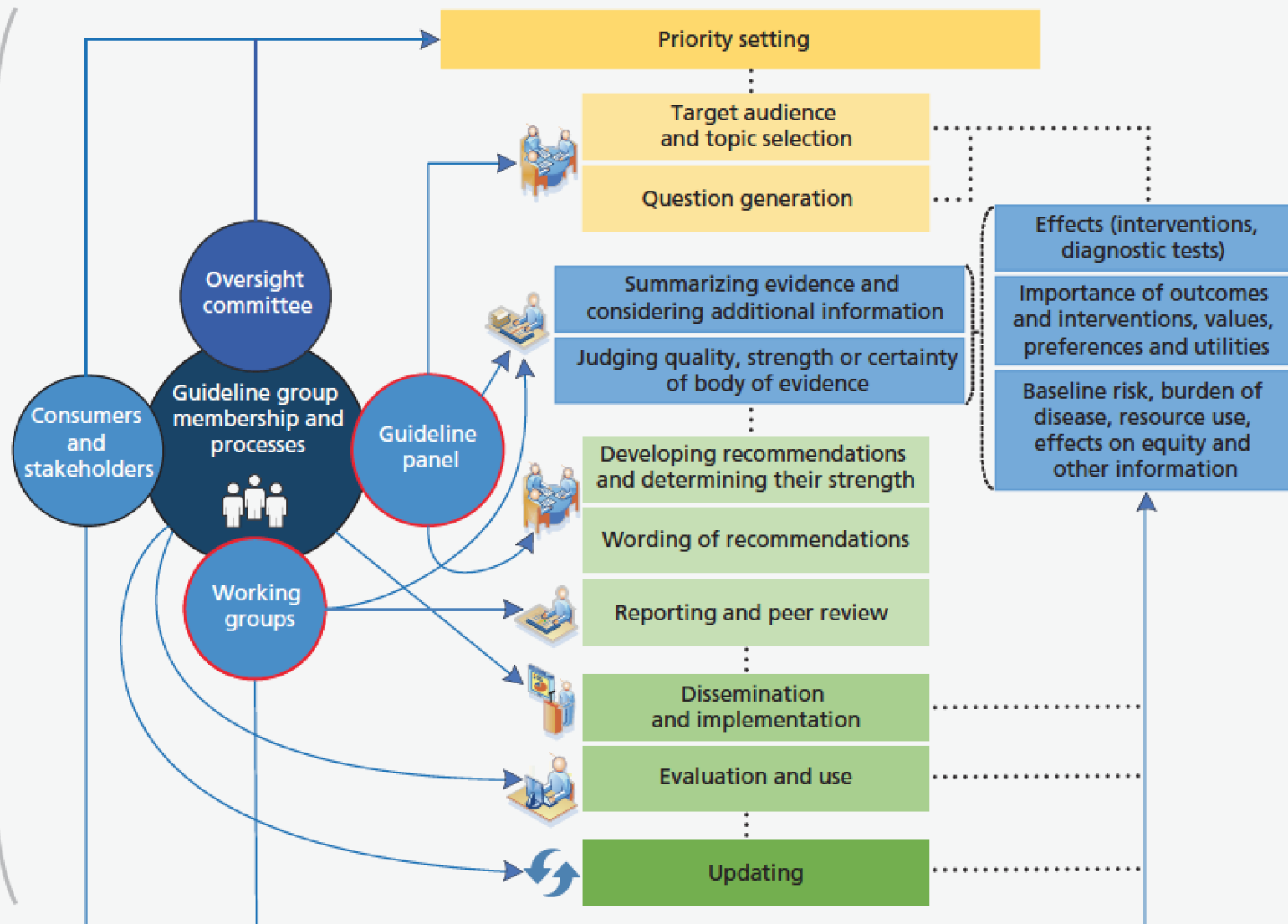


# Methodology

- Searched manuals of international guideline developers, guidelines for guidelines literature
- Reviewed sources in duplicate, extracted items using a sensitive approach and developed overarching topics
- Reviewed items for duplication and omissions using an iterative process and input from experts in guideline development
- Developed a conceptual framework for the processes in guideline development

## Organization, budget, planning and training

Conflict-of-interest considerations



Documenting guideline development process and decisions

# Processes

Terminology

Clarification

Description in simple terms

# 18 guideline topics

## Box 2: Topics included in checklist for guideline development

Topic	Description
1. Organization, budget, planning and training	Involves laying out a general but detailed plan describing what is feasible, how it will be achieved and what resources are required to produce and use the guideline. The plan should refer to a specific period and be expressed in formal, measurable terms.
2. Priority setting	Refers to the identification, balancing and ranking of priorities by stakeholders. Priority setting ensures that resources and attention are devoted to those general areas (e.g., chronic obstructive pulmonary disease, diabetes, cardiovascular disease, cancer, prevention) where health care recommendations will provide the greatest benefit to the population, a jurisdiction or a country. A priority-setting approach needs to contribute to future plans while responding to existing, potentially difficult circumstances. <sup>100,101</sup>
3. Guideline group membership	Defines who is involved, in what capacity, and how the members are selected for the guideline development and at other steps of the guideline enterprise.
4. Establishing guideline group processes	Defines the steps to be followed, how those involved will interact and how decisions will be made.
5. Identifying target audience and topic selection	Involves describing the potential users or consumers of the guideline and defining the topics to be covered in the guideline (e.g., diagnosis of chronic obstructive pulmonary disease).
6. Consumer and stakeholder involvement	Describes how relevant people or groups who are not necessarily members of the panel but are affected by the guideline (e.g., as target audience or users) will be engaged.

Focuses on defining and managing the potential divergence between an individual's interests and his or her professional obligations that could lead to questioning whether the actions or decisions are motivated by gain, such as financial, academic advancement, clinical revenue streams or community standing. Financial or intellectual or other relationships that may affect an individual's or organization's ability to approach a scientific question with an open mind are included.

Intervention, comparison, outcome, framework, including the defined population, intervention (including diagnostic tests and strategies) and outcomes that will be relevant for decision-making (e.g., should test A be used, or should treatments B, C, D or E be used in chronic obstructive pulmonary disease?).



9. Considering importance of outcomes and interventions, values, preferences and utilities	Includes integrating, in the process of developing the guidelines, how those affected by its recommendations assess the possible consequences. These include patient, caregiver and health care provider knowledge, attitudes, expectations, moral and ethical values, and beliefs; patient goals for life and health; prior experience with the intervention and the condition; symptom experience (e.g., breathlessness, pain, dyspnea, weight loss); preferences for and importance of desirable and undesirable outcomes; perceived impact of the condition or interventions on quality of life, well-being or satisfaction, and interactions between the work of implementing the intervention, the intervention itself, and other contexts the patient may be experiencing; preferences for alternative courses of action; and preferences relating to communication content and styles, information and involvement in decision-making and care. This can be related to what in the economic literature is considered <i>utilities</i> . An intervention itself can be considered a consequence of a recommendation (e.g., the burden of taking a medication or undergoing surgery) and a level of importance or value is associated with that.
10. Deciding what evidence to include and searching for evidence	Focuses on laying out inclusion and exclusion criteria based on types of evidence (e.g., rigorous research, informally collected), study designs, characteristics of the population, interventions and comparators, and deciding how the evidence will be identified and obtained. It also includes but is not limited to evidence about values and preferences, local data and resources.
11. Summarizing evidence and considering additional information	Focuses on presenting evidence in a synthetic format (e.g., tables or brief narratives) to facilitate the development and understanding of recommendations. It also involves identifying and considering additional information relevant to the question under consideration.

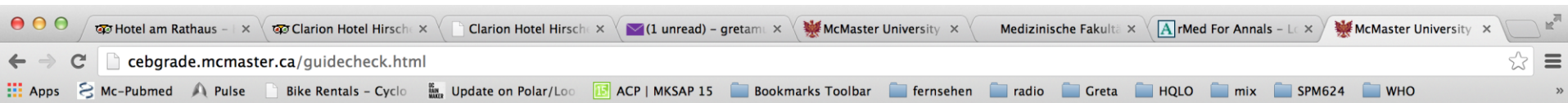
Includes assessing the confidence one can place in the obtained evidence by transparently evaluating the obtained research (individual studies and across studies) and other evidence applying structured approaches. This may include, but is not limited to, evidence about baseline risk or burden of disease, importance of outcomes and interventions, values, preferences and utilities, resource use (cost), estimates of effects and accuracy of diagnostic tests.

recommendations and determining their strength	process to integrate the factors that influence a recommendation. Determining the strength of the recommendations refers to judgments about how confident a guideline panel is that the implementation of a recommendation exerts more desirable than undesirable consequences.
14. Wording of recommendations and of considerations about implementation, feasibility and equity	Refers to choosing syntax and formulations that facilitate understanding and implementation of the recommendations. Such wording is connected to considerations about implementation, feasibility and equity, which refer to the guideline panel's considerations about how the recommendation will be used and what impact it may have on the factors described.
15. Reporting and peer review	Reporting refers to how a guideline will be made public (e.g., print, online). Peer review refers to how the guideline document will be reviewed before its publication and how it can be assessed (e.g., for errors), both internally and externally, by stakeholders who were not members of the guideline development group.
16. Dissemination and implementation	Focuses on strategies to make relevant groups aware of the guidelines and to enhance their uptake (e.g., publications and tools such as mobile applications).
17. Evaluation and use	Refers to formal and informal strategies that allow judgments about: evaluation of the guidelines as a process and product; evaluation of the use or uptake, or both; and evaluation of impact and whether or not the guideline leads to improvement in patient or population health or other consequences.
18. Updating	Refers to how and when a guideline requires revision because of changes in the evidence or other factors that influence the recommendations.



# Interactive website

## cebgrade.mcmaster.ca/guidecheck.html



MUGSI  
Faculty & Staff Directory

Quick Links  GO  
Search  GO  
☐ McMaster ☒ CE&B GRADE

**McMaster** **Academics** **Alumni** **Discover McMaster** **Future Students** **Library** **Research** **Current Students**

### CE&B GRADE

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Modules

Guideline Development  
Tool

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☐ Smaller Text

## Guideline Development Checklist

### About the Checklist

This is a webpage for the **Guideline Development Checklist**, which contains a comprehensive list of topics and items outlining the practical steps to consider for developing guidelines. The checklist is intended for use by guideline developers to plan and track the process of guideline development and to help ensure that no key steps are missed. Users of the checklist should become familiar with the topics and the items before applying them.

The checklist is designed to serve as a resource for those involved in guideline development and considering items on this checklist is intended to support the development and implementation of trustworthy guidelines.

### Using the Checklist

There are two versions of the checklist for guideline developers to use:

The checklist is available in an **online version** that users can review to learn about the topics and items for guideline development. This version includes links to learning tools, articles and guides to learn about the items in the checklist, as well as links to resources and tools for implementing the items. It also includes links for users to provide **feedback** about the items and to suggest any new important items for the checklist, as well as additional learning tools and resources.

A downloadable **PDF version** of the checklist is for use during the development of a guideline. It includes checkboxes to keep track of steps that have been completed and space for users to keep notes. It is set up as an electronic form that can be saved and updated as users progress through the guideline development process.

Also available is a **glossary** of terms and acronyms appearing throughout the checklist. Access the checklist versions and glossary by clicking on the links below.

Please also view the two **videos** below to learn about the features of each version of the checklist.

[Go to Online Checklist](#)

[Download Checklist PDF](#)

[Download Glossary PDF](#)

[How to Navigate the Guideline Checklist Online](#)



[How to Use the Checklist PDF](#)

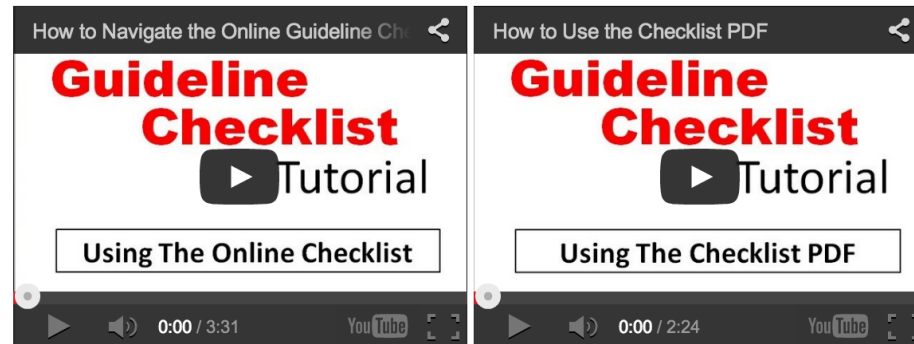


Please also view the two **videos** below to learn about the features of each version of the checklist.

[Go to Online Checklist](#)

[Download Checklist PDF](#)

[Download Glossary PDF](#)



The Guideline Development Checklist is officially endorsed by:



Developed in collaboration with:



**Figure 2:** An example of a topic from the guideline development checklist and the corresponding items for consideration.

Completed	Not Applicable	Guideline Development Steps	Source(s)
<b>1. Organization, Budget, Planning and Training</b>			
<input type="checkbox"/>	<input type="checkbox"/>	1. Establish the structure of the guideline development group and determine the roles, tasks, and relationships among the various groups to be involved (e.g. oversight committee/body to direct guideline topic selection and group membership, working group consisting of experts and methodologists to synthesize evidence, a secretariat to provide administrative support, guideline panel to develop recommendations, and stakeholders and consumers for consultation). <i>(see Topics 3, 4 &amp; 6)</i>	1-15
<input type="checkbox"/>	<input type="checkbox"/>	2. Perform a thorough assessment of the proposed guideline development project with respect to financial and feasibility issues concerning the guideline development group (e.g. availability of resources to complete the project, expected commitment from guideline panel and staff, etc.).	2-8,11,15-21
<input type="checkbox"/>	<input type="checkbox"/>	3. Obtain organizational approval to proceed with the guideline project.	4-7,10,11,13,17,19,20,22
<input type="checkbox"/>	<input type="checkbox"/>	4. Prepare a budget for the development of the guideline, outlining the estimated costs for each step (e.g. working group and staff remuneration, outsourcing of certain tasks to outside organizations or groups, travel expenses, publication and dissemination expenses, etc.).	7,16,19,23,24
<input type="checkbox"/>	<input type="checkbox"/>	5. Determine whether guideline panel members will be provided any payment or reimbursement for their time or will work as volunteers.	3,10,18,23
<input type="checkbox"/>	<input type="checkbox"/>	6. Obtain or secure funding for the development of the guideline, with attention to conflict of interest considerations. <i>(see Topic 7)</i>	3,4,6,7,9,20,25,26

Home						Layout		Tables		Charts		SmartArt		Formulas		Data		Review			
A161																					
Completed		Not Applicable		Guideline Development Steps										Responsible?				Decision			
1. Organization, Budget, Planning and Training																					
				1. Establish the structure of the guideline development group and determine the roles, tasks, and relationships among the various groups to be involved (e.g. oversight committee/body to direct guideline topic selection and group membership, working group consisting of experts and methodologists to synthesize evidence, a secretariat to provide administrative support, guideline panel to develop recommendations, and stakeholders and consumers for consultation). (see Topics 3, 4 & 6)																	
				2. Perform a thorough assessment of the proposed guideline development project with respect to financial and feasibility issues concerning the guideline development group (e.g. availability of resources to complete the project, expected commitment from guideline panel and staff, etc.).																	
				3. Obtain organizational approval to proceed with the guideline project.																	
				4. Prepare a budget for the development of the guideline, outlining the estimated costs for each step (e.g. working group and staff remuneration, outsourcing of certain tasks to outside organizations or groups, travel expenses, publication and dissemination expenses, etc.).																	
		X		5. Determine whether guideline panel members will be provided any payment or reimbursement for their time or will work as volunteers.																	
				6. Obtain or secure funding for the development of the guideline, with attention to conflict of interest considerations. (see Topic 7)																	
				7. Outline and arrange the administrative support that will be required to facilitate the guideline development process (e.g. a secretariat of the working group to organize and obtain declaration of interests, arrange group meetings, etc.).																	
				8. Plan and prepare for training and support that will be required for those involved in the guideline development process (e.g. conflict of interest related education or training for guideline panel members, teaching sessions for patients to be involved in the guideline group, etc.). (see Topics 4 & 6)																	
				9. Set a timeline for the completion of the guideline and target dates for the completion of milestones in the guideline development process.																	
				10. Determine what, if any, legal considerations are relevant for the planned guideline (e.g. reimbursement policies for orphan drugs).																	
				11. Prepare a protocol for the entire guideline that can be completed as the project progresses in order to keep the guideline development group on track, including an outline of the overall goals and objectives for the guideline, the timeline, task assignments, steps that will require documentation of decisions, and the proposed methodology for all steps (i.e. those covered in this checklist, for example the methods for forming the guideline group, selection of topics to be covered in guideline, consensus methods, consultation methods, evidence search and selection methods, etc.).																	
2. Priority Setting																					
		X		1. Decide on a process for priority setting of guideline topics needed and who will be responsible for directing the process (e.g. priorities set by oversight committee at headquarters of sponsoring organization, priorities referred by government ministries of health or by professional societies).																	
		X		2. Apply a systematic and transparent process with specific criteria for the proposal of a guideline topic during priority setting (e.g. high prevalence and burden of disease, avoidable mortality and morbidity, high cost, emerging diseases or emerging care options, variation in clinical practice, rapidly changing evidence, etc.).																	
		X		3. Involve appropriate stakeholders in the priority setting process and guideline topic selection (e.g. clinicians, professional societies, policymakers, payers, the public). (see Topic 6)																	
				4. Consider and decide how different perspectives about the importance and resources required for implementing the guideline recommendations will be considered (e.g. patients, payers, clinicians, public health programs). (see Topic 11)																	
X				5. Search for any existing up-to-date guidelines covering the proposed topic and assess their credibility (e.g. AGREE II). Determine whether existing guideline(s) can be adapted or if a completely new guideline should be developed. (see also Topic 10)																	
				6. Discuss the need or opportunity to partner with other organizations that develop guidelines to determine whether a collaborative effort will be sought for the development of the guideline, or co-opted of the guideline.																	



Guideline Development Steps	Source(s)	Learning Tools, Guides, & Links	Resources & Tools for Implementing Step	Feedback (Click to Open)
<b>1. Organization, Budget, Planning and Training</b>				<a href="#">Feedback</a>
1. Establish the structure of the guideline development group and determine the roles, tasks, and relationships among the various groups to be involved (e.g. oversight committee/body to direct guideline topic selection and group membership, working group consisting of experts and methodologists to synthesize evidence, a secretariat to provide administrative support, guideline panel to develop recommendations, and stakeholders and consumers for consultation). (see <i>Topics 3, 4 &amp; 6</i> )	<a href="#">1-15</a>	<a href="#">PATS: Group Composition and Processes</a> <a href="#">HRPS: Group Composition</a>		<a href="#">Feedback</a>
2. Perform a thorough assessment of the proposed guideline development project with respect to financial and feasibility issues concerning the guideline development group (e.g. availability of resources to complete the project, expected commitment from guideline panel and staff, etc.).	<a href="#">2-8,11,15-21</a>			<a href="#">Feedback</a>
3. Obtain organizational approval to proceed with the guideline project.	<a href="#">4-7,10,11,13,17,19,20,22</a>			<a href="#">Feedback</a>
4. Prepare a budget for the development of the guideline, outlining the estimated costs for each step (e.g. working group and staff remuneration, outsourcing of certain tasks to outside organizations or groups, travel expenses, publication and dissemination expenses, etc.).	<a href="#">7,16,19,23,24</a>			<a href="#">Feedback</a>
5. Determine whether guideline panel members will be provided any payment or reimbursement for their time or will work as volunteers.	<a href="#">3,10,18,23</a>			<a href="#">Feedback</a>
6. Obtain or secure funding for the development of the guideline, with attention to conflict of interest considerations. (see <i>Topic 7</i> )	<a href="#">3,4,6,7,9,20,25,26</a>			<a href="#">Feedback</a>
7. Outline and arrange the administrative support that will be required to facilitate the guideline development process (e.g. a secretariat of the working group to organize and obtain declaration of interests, arrange group meetings, etc.).	<a href="#">2-9,19,21</a>	<a href="#">Introduction to WHO Guidelines: Training Videos</a>		<a href="#">Feedback</a>

ARE YOU DRUNK?

☐ YES

☐ NO







- Explicit use in real guidelines
  - Two ongoing projects
- Identify time/resource intensive items
- Tools
  - Integration with guideline development tool (GDT) – [guidelinedevelopment.org](http://guidelinedevelopment.org)



## The modules will include among others:

- Topic proposal and selection
- Developing the scope
- Generation of structured health care questions (PICO)

- Team and stakeholder management
- Conflict of interest management

- Identifying and rating importance of outcomes
- Evidence retrieval
- Designing search strategies
- Reference management
- Data extraction and management
- GRADEprofiler

- Word processor
- Decision support tool
- Research tools

The screenshot displays the GRADEprofiler interface for a systematic review titled "Discontinuation of LABA versus continuous use of LABA in patients with asthma who are well controlled on a combination of ICS and LABA". The main table lists various outcomes and their associated evidence.

No of studies	Design	Risk of bias	Inconsistency/Indirectness/Imprecision	Other considerations	No of patients		Summary of findings		Quality	Importance
					ICS	placebo	Relative (95% CI)	Effect Absolute		
<b>any use of systemic corticosteroids</b>										
4					20/618 (3.2%)	12/639 (1.9%)	RR 1.68 (0.84 to 3.38)	13 more per 1000 (from 3 fewer to 45 more)		
<b>use of systemic corticosteroids for &gt;3 days</b>										
0					0/0	0/0	RR 0.00 (0.00 to 0.00)	-		
<b>number of oral steroid courses</b>										
4					298	306	-	MD 0 higher (0 higher to 0 higher)		
<b>duration of systemic corticosteroid therapy</b>										
0					0	0	-	MD 0 higher (0 higher to 0 higher)		
<b>dose of inhaled corticosteroids</b>										
1					0	0	-	MD 0 higher (0 higher to 0 higher)		
<b>rescue bronchodilator use (puffs per day)</b>										
4					605	621	-	MD 0.71 higher (0.29 higher to 1.14 higher)		
<b>Rescue-free days (percentage of total days)</b>										
3					410	445	-	MD 7.87 lower (16.78 lower to 1.03 higher)		
<b>Loss of asthma control (not well controlled)</b>										
3					140/539 (41.3%)	118/547 (34.0%)	RR 1.24 (0.79 to 1.95)	82 more per 1000 (from 71 fewer to 323 more)		

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# Contact

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# Guidelines...

"Guidelines are recommendations intended to **assist** providers and recipients of health care and other stakeholders to make **informed decisions**."

WHO 2003, 2007