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ORIGINAL ARTICLE

The Use of Systematic Reviews in Clinical Trials and Narrative Reviews in Dermatology: Is the Best Evidence Being Used?☆



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Abstract

Introduction and objectives: Systematic reviews—the most comprehensive type of literature review—should be taken into account before a clinical trial or a narrative review on a topic is undertaken. The objective of this study was to describe the use of systematic reviews in clinical trials and narrative reviews in dermatology.

Material and methods: This was a descriptive cross-sectional study. We selected randomized clinical trials and narrative reviews from the dermatological clinical research journals identified as most important (according to impact factor) and from ACTAS DERMOSIFILIOGRÁFICAS, and studied the bibliographies to ascertain whether the authors made reference to existing systematic reviews and Cochrane reviews.

Results: Of the 72 clinical trials for which a systematic review was available, 24 (33.3%) cited at least 1 review; reference was made to relevant Cochrane reviews in 15.6% of cases and to non-Cochrane reviews in 32%. In the case of the 24 narrative reviews for which a review was available, 10 (41.7%) cited at least 1 review; Cochrane reviews were cited in 20% and non-Cochrane reviews in 35.3%. In the case of ACTAS DERMOSIFILIOGRÁFICAS, very few clinical trials were found and the findings for narrative review articles were similar to those observed for the other journals.

Conclusions: Systematic reviews are not often taken into account by the authors of clinical trials and narrative reviews and this may lead to redundant studies and publications. Authors appear to use Cochrane reviews even less than non-Cochrane reviews and are therefore ignoring one of the main sources of available evidence.

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PALABRAS CLAVE

Medicina basada en evidencia;
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Literatura de revisión como asunto

Empleo de las revisiones sistemáticas en ensayos clínicos y revisiones narrativas en dermatología: ¿se usa la mejor evidencia disponible?

Resumen

Introducción y objetivos: Las revisiones sistemáticas son la forma de revisión más exhaustiva y deberían ser consideradas antes de realizar un ensayo clínico o revisión sobre un tema. El objetivo de este estudio es describir la utilización de revisiones sistemáticas en los ensayos clínicos y revisiones narrativas publicadas en dermatología.

Material y métodos: Se diseñó un estudio descriptivo transversal. Se seleccionaron ensayos clínicos aleatorizados y revisiones narrativas de las revistas más relevantes (por factor de impacto) de investigación clínica de dermatología y de *ACTAS DERMOSIFILIOGRÁFICAS* y se evaluó si hacían referencia a revisiones sistemáticas y Cochrane (en caso de existir) en la bibliografía.

Resultados: En el grupo de ensayos clínicos se hacía referencia a alguna de las revisiones sistemáticas existentes en el 33,3% de los artículos (15,6% de las revisiones Cochrane que existían y 32,2% de las no Cochrane sobre el tema). En el grupo de revisiones narrativas alguna de las revisiones sistemáticas existentes eran referenciadas en el 41,7% de los trabajos (20% Cochrane y 35,3% no Cochrane). En *ACTAS DERMOSIFILIOGRÁFICAS* existían muy pocos ensayos clínicos publicados; las revisiones narrativas reproducían lo que se observaba en el resto de revistas.

Conclusiones: Las revisiones sistemáticas son poco tenidas en cuenta en la realización de ensayos clínicos y revisiones narrativas, lo que puede llevar a estudios y publicaciones redundantes. Además las revisiones Cochrane parecen ser incluso menos empleadas, obviando así los autores una de las principales fuentes de evidencia existentes.

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Introduction

An accurate account of existing knowledge is essential when planning a new study or compiling information that is already known. Authors or researchers who embark on a new study or review of a topic without searching for and analyzing pertinent systematic reviews run the risk of looking for an answer that is already known. Systematic reviews are the most effective means of identifying and appraising available evidence.¹ Traditional or narrative reviews have been found to reach conclusions of little value, or even erroneous conclusions based on personal opinions and experiences, while systematic reviews produce results based on the best available evidence.²

The aim of this study was to analyze the percentage of clinical trial reports and narrative reviews in dermatology that use information from systematic reviews on the subject under investigation.

Material and Methods

We conducted a cross-sectional descriptive study to investigate whether clinical trial reports and narrative reviews in the field of dermatology cite relevant Cochrane and non-Cochrane systematic reviews in the bibliography. We included randomized controlled trial (RCT) reports addressing treatment interventions published in a selection of dermatology journals in 2010 and 2011 and narrative reviews of treatments published in the same group of journals in 2011.

The journals chosen were the *British Journal of Dermatology*, the *Journal of the American Academy of Dermatology*, and *Archives of Dermatology*. The selection

was determined by impact factor and a predominant focus on clinical research. Because of its relevance in Spain, we also performed an identical analysis of *Actas Dermosifiliográficas*.

We collected all publications from the study period that were indexed in PubMed as "clinical trial" or "review" (narrative, i.e., not systematic). The articles retrieved were distributed among the authors, who recorded the following information: type of article, date of publication, citation of a Cochrane or non-Cochrane systematic review in the bibliography, existence in the literature of a Cochrane or non-Cochrane systematic review on the topic under investigation and the date of its publication. We used the Cochrane Library³ (<http://www.thecochranelibrary.com>) to search for Cochrane systematic reviews and the Centre for Reviews and Dissemination⁴ (part of the UK National Institute for Health Research) to search for non-Cochrane systematic reviews. Systematic reviews published at least 1 year before the publication of the article being analyzed were considered citable.

In each group, we excluded articles that were not RCT reports or narrative reviews, RCTs and narrative reviews that did not address a treatment, and duplicate publications.

We calculated the percentage of systematic reviews (Cochrane and non-Cochrane) cited in each group of articles, and also calculated separate figures for each type of review.

Before choosing the target journals and the years to be analyzed, we calculated the sample size needed to detect a margin of error of up to 25% with a statistical power of 0.9 and an alpha level of 0.5; the rate of citation of systematic reviews was estimated at 15%. The data used to calculate the number of years and journals to include in the study were taken from a pilot sample of dermatology journals.

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