GRADE软件操作

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成都　　2016.7

Evidence based pharmacy

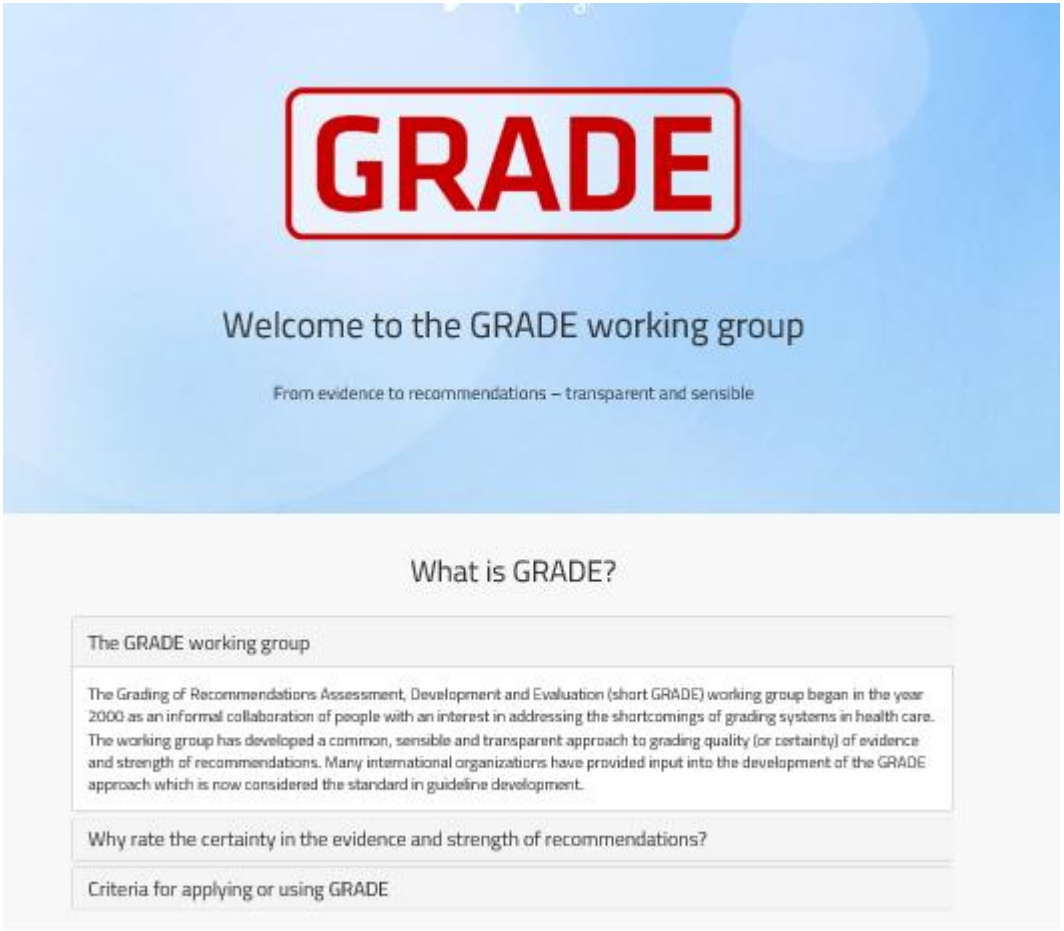
内容提要

- 发展概述
- 功能简介
- 操作方法

Evidence based pharmacy

一、发展概述

- **GRADE working group**



Evidence based pharmacy

- **GRADEpro/GDT(Guideline Development Tool)**

  网络应用程序（web application） www.gradepro.org

Evidence based pharmacy

Previous Versions

Previous versions of GRADEpro developed for Microsoft computers can be downloaded and used but are no longer supported.

Download GRADEpro 3.6

Note: GRADEpro requires that **Microsoft® .NET Framework version 2.0 or higher** is installed on your computer. During the installation GRADEpro will check if you have .NET Framework installed. If GRADEpro does not find an appropriate version of .NET Framework you will be prompted to install it.

You can download **Microsoft® .NET Framework version 2.0** from Microsoft® Download Center.

Evidence based pharmacy

- 开发目的
  卫生技术评估、指南制定
  系统评价

- 使用方式
  非商业性质：免费软件
  商业性质：收费许可

Evidence based pharmacy

GRADEpro GDT

Guidelines developed with GRADEpro GDT

- World Health Organization
- American Thoracic Society and European Respiratory Society
- European Society of Intensive Care Medicine
- Ministry of Health of Saudi Arabia
- American College of Chest Physicians

……

Evidence based pharmacy

二、功能概述

- 主要功能：指南制定全过程

  指南小组组建-推荐意见形成-指南传播

  系统评价制作（第三方软件：Revman）

- 技术优势

  支持任何操作系统

  支持在线、离线操作，自动同步

  支持外部数据交换：eg.RevMan

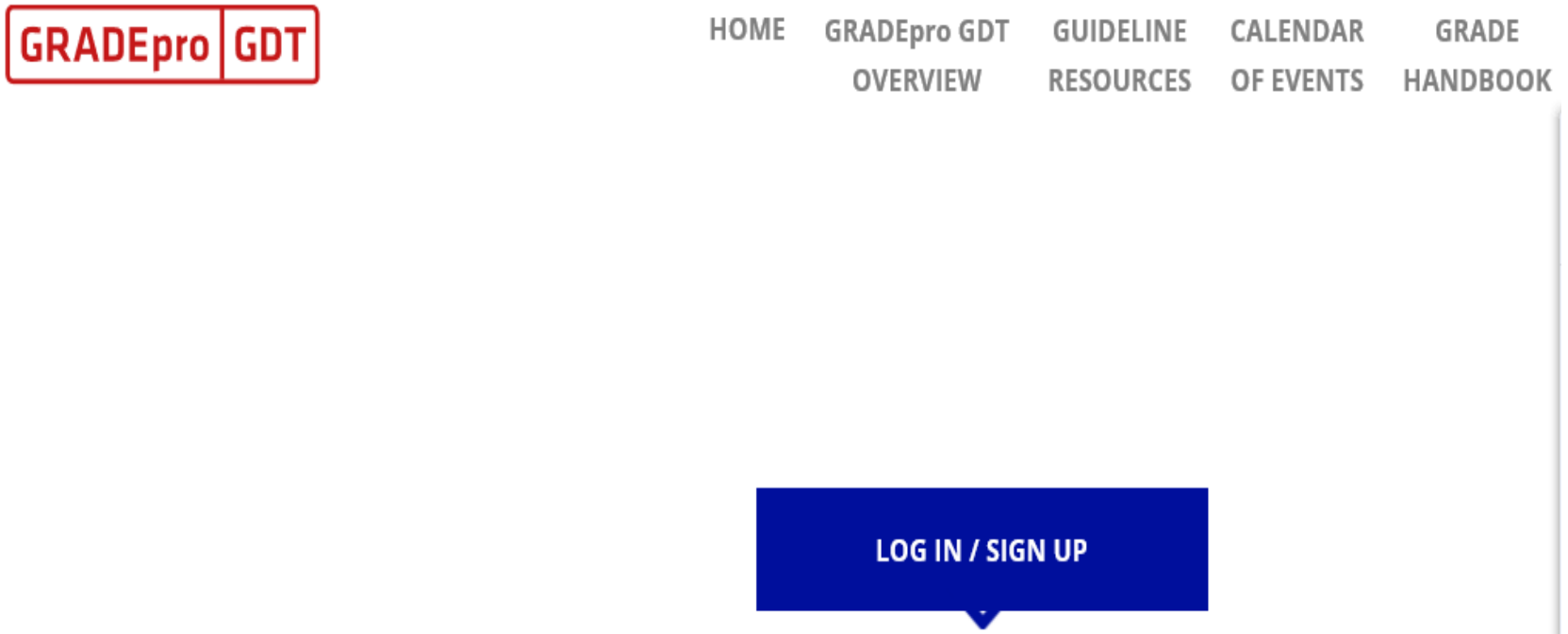
  支持多种语言

  嵌入GRADE Handbook

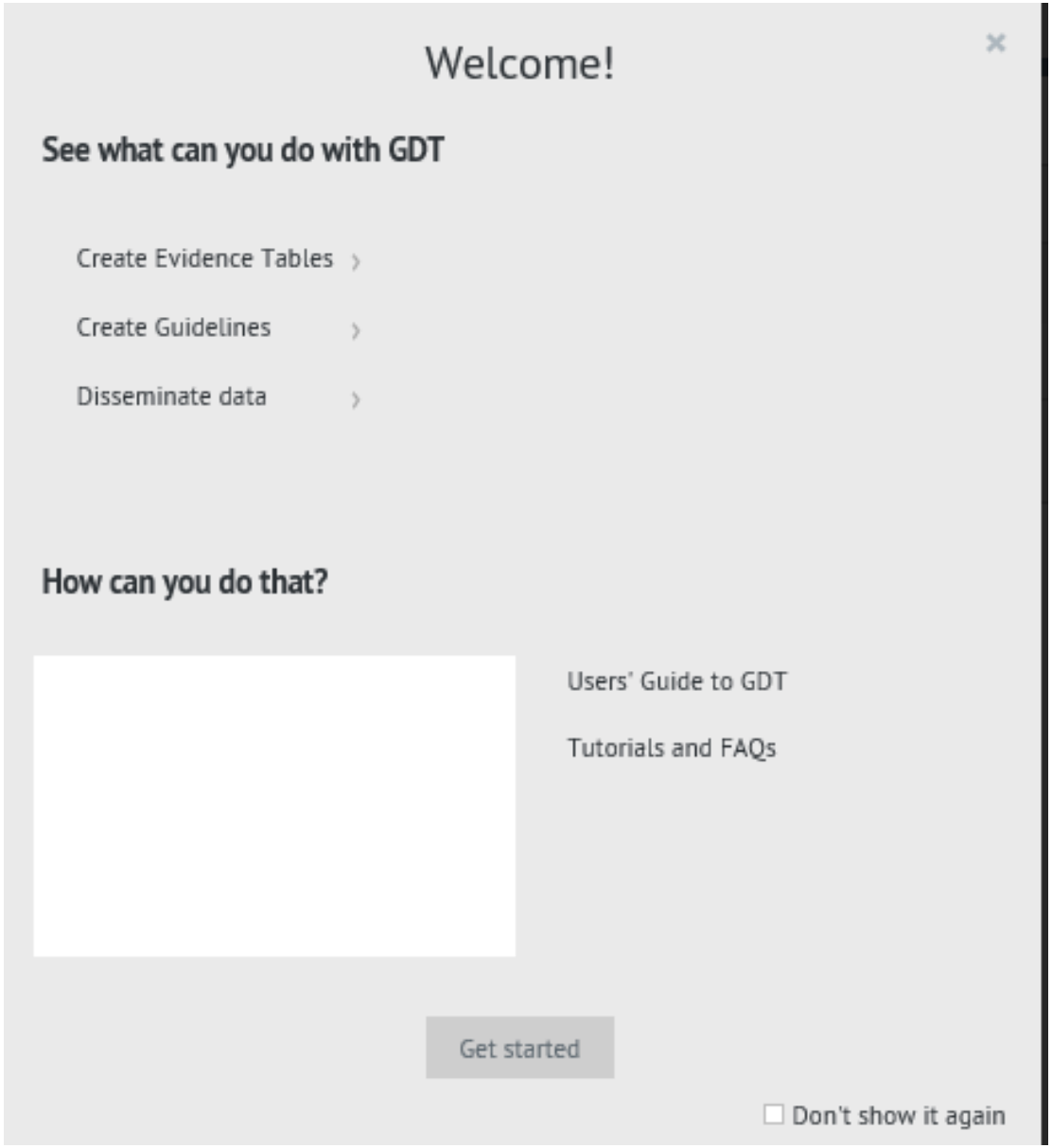
Evidence based pharmacy

三、操作方法

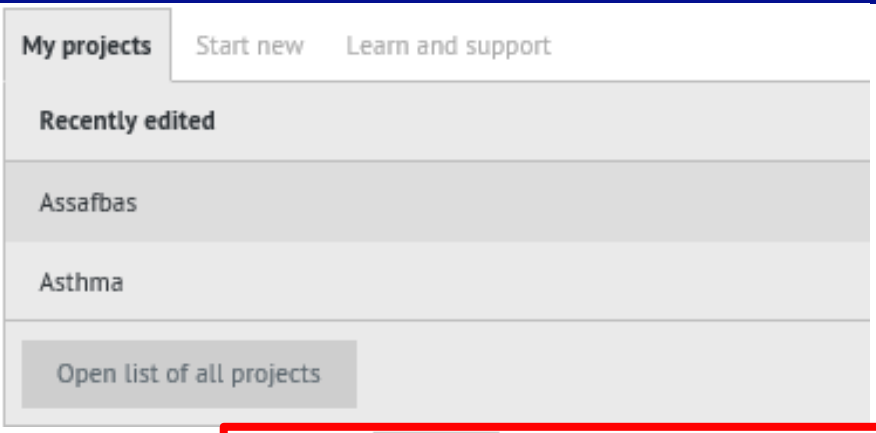
- 登陆http://gradepro.org/

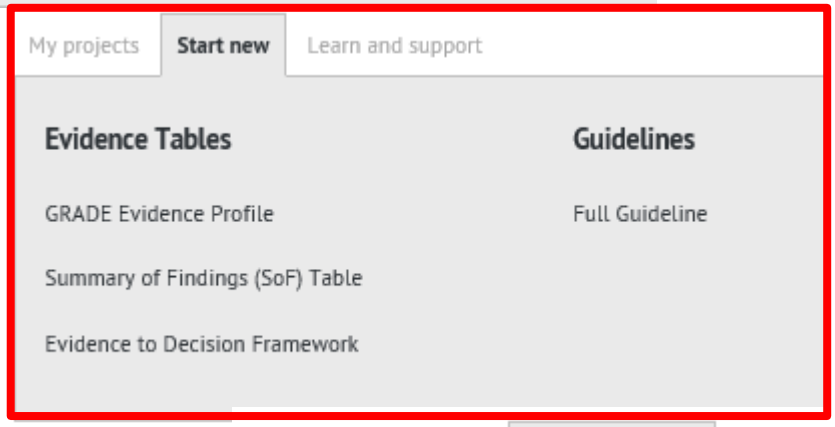


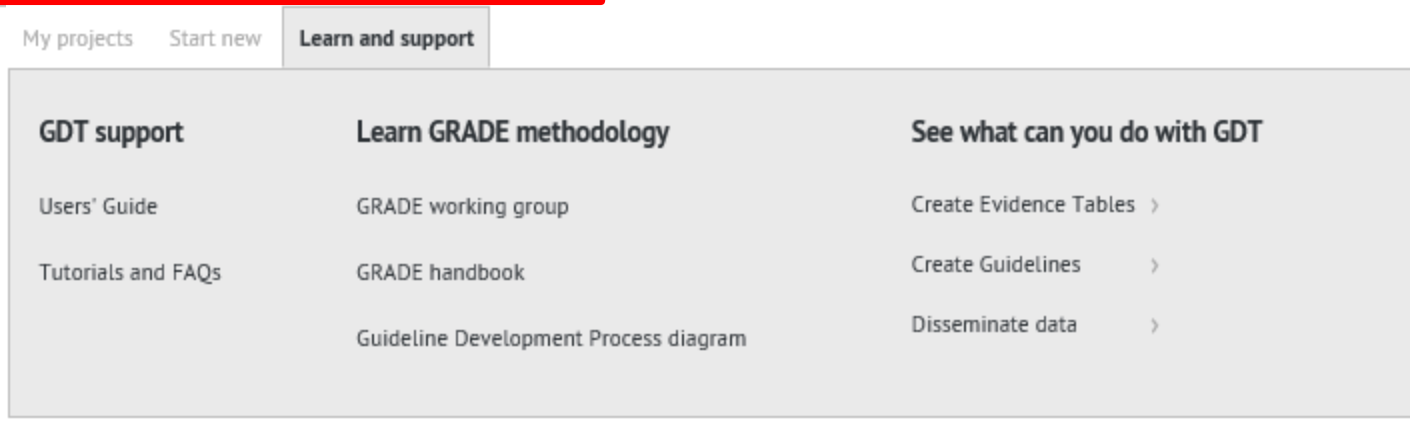
Evidence based pharmacy

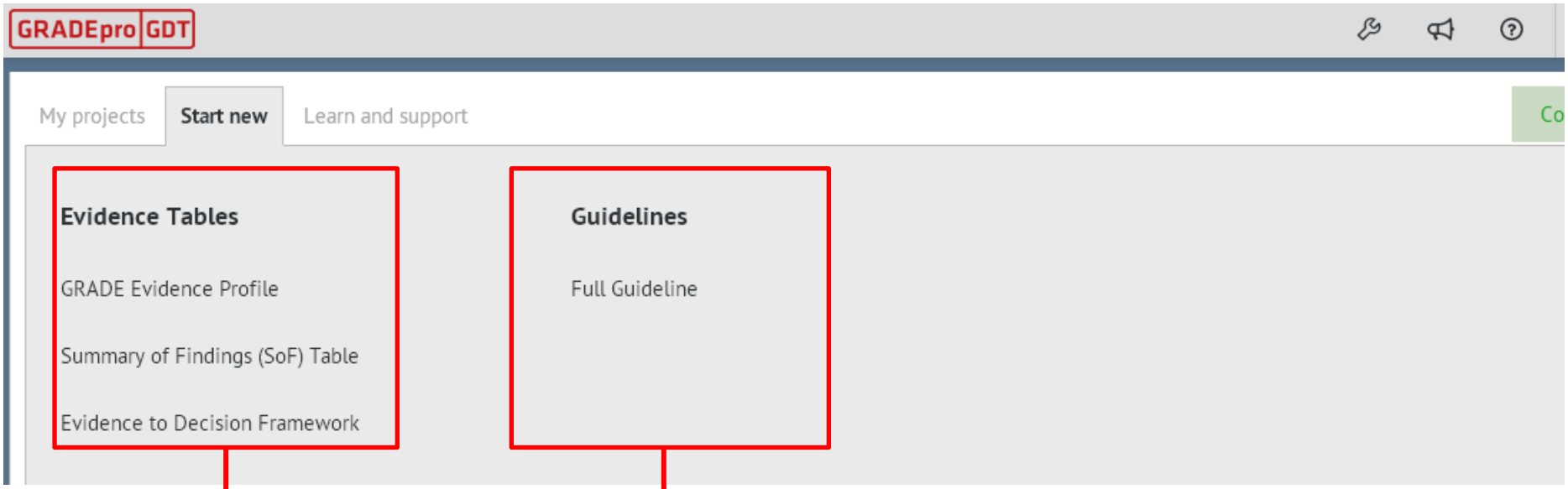


Evidence based pharmacy


My projects
Start new
Learn and support
Recently edited
Assafbas
Asthma
Open list of all projects


My projects
Start new
Learn and support
Evidence Tables
GRADE Evidence Profile
Summary of Findings (SoF) Table
Evidence to Decision Framework
Guidelines
Full Guideline


My projects
Start new
Learn and support
GDT support
Users' Guide
Tutorials and FAQs
Learn GRADE methodology
GRADE working group
GRADE handbook
Guideline Development Process diagram
See what can you do with GDT
Create Evidence Tables
Create Guidelines
Disseminate data

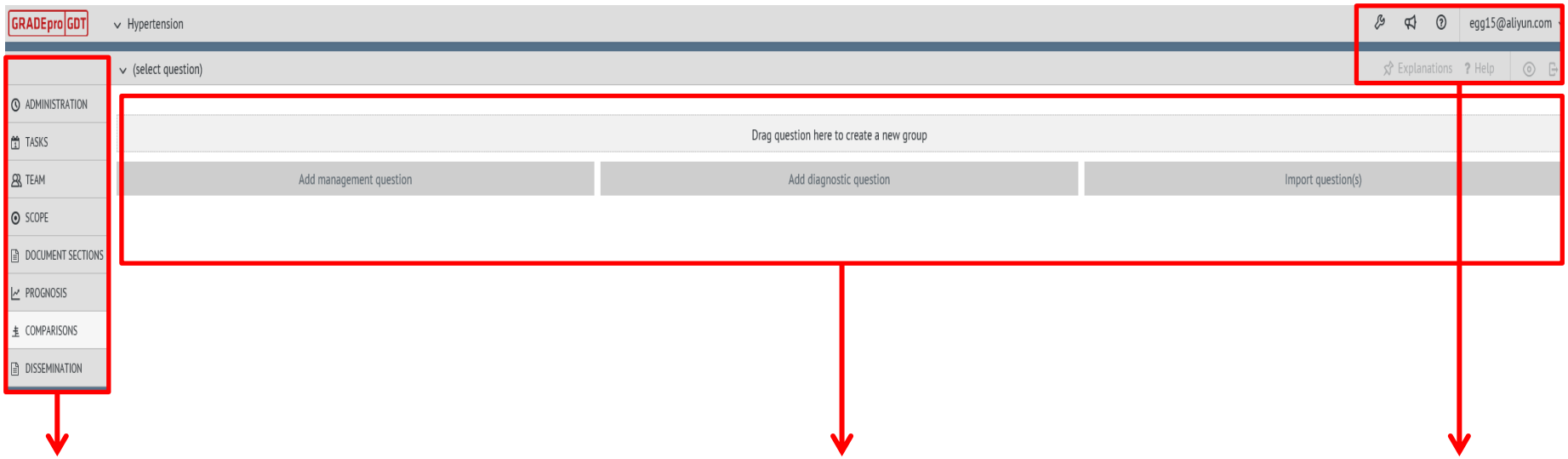


证据表格（结果、质量）

指南

Evidence based pharmacy

操作界面



菜单栏（8项）

- 团队管理
- 范围管理（Scope management）：问题和解决的生成
- 利益冲突管理
- 证据表格（Evidence table）
- 证据至决策转化
- 指南撰写
- 指南传播
- 数据交换（与其他系统）

Evidence based pharmacy

凝血酶原复合物（PCC）能否用于出血风险新生儿

P：出血风险新生儿

I: PCC+ViK

C：VitK

O：ICH

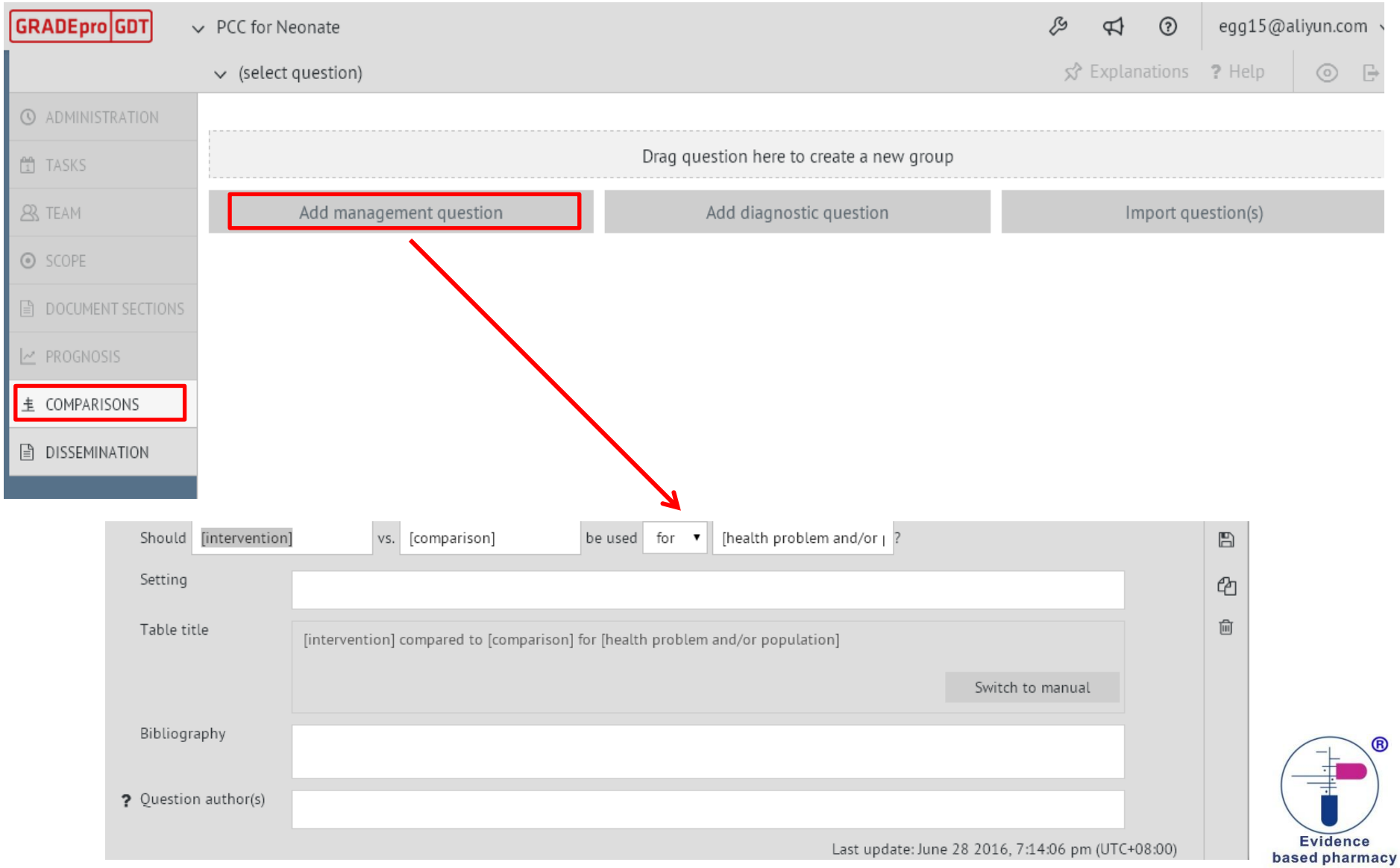
原始研究：

Gu Q 2004　RCT

Walt H 1973　RCT

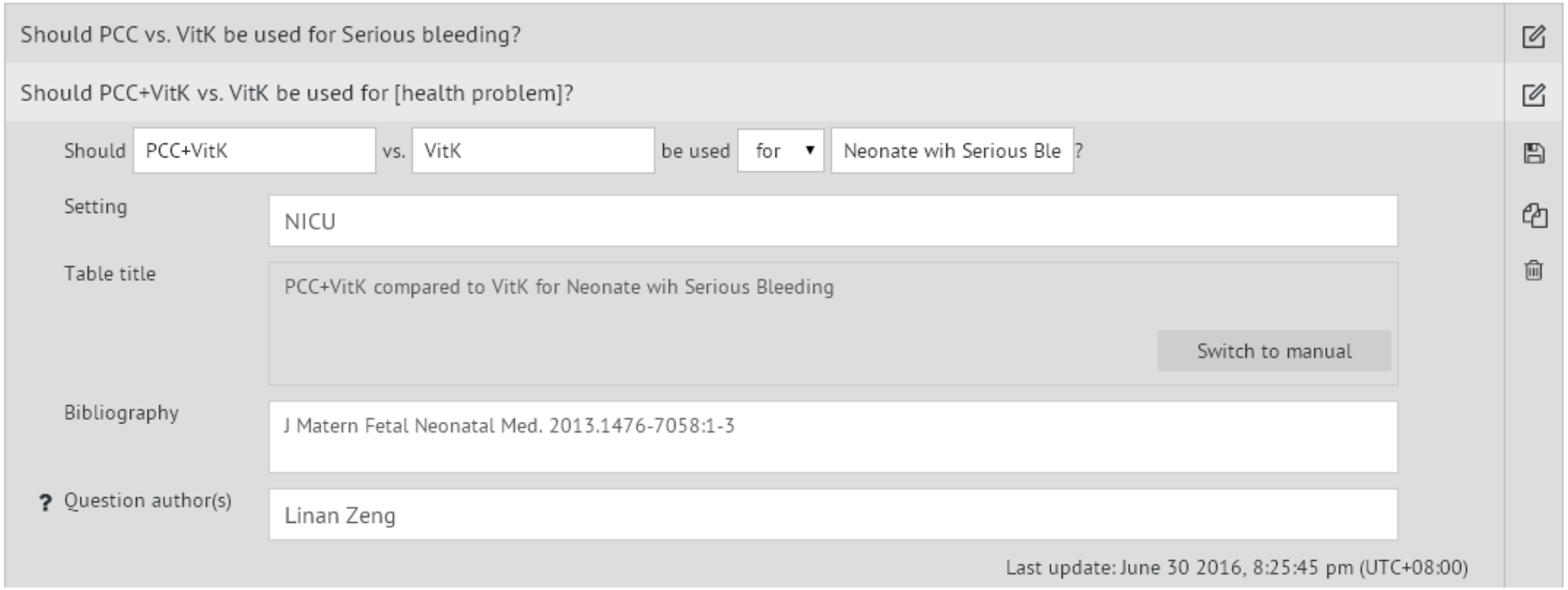
Evidence based pharmacy

步骤1： Add/import management question

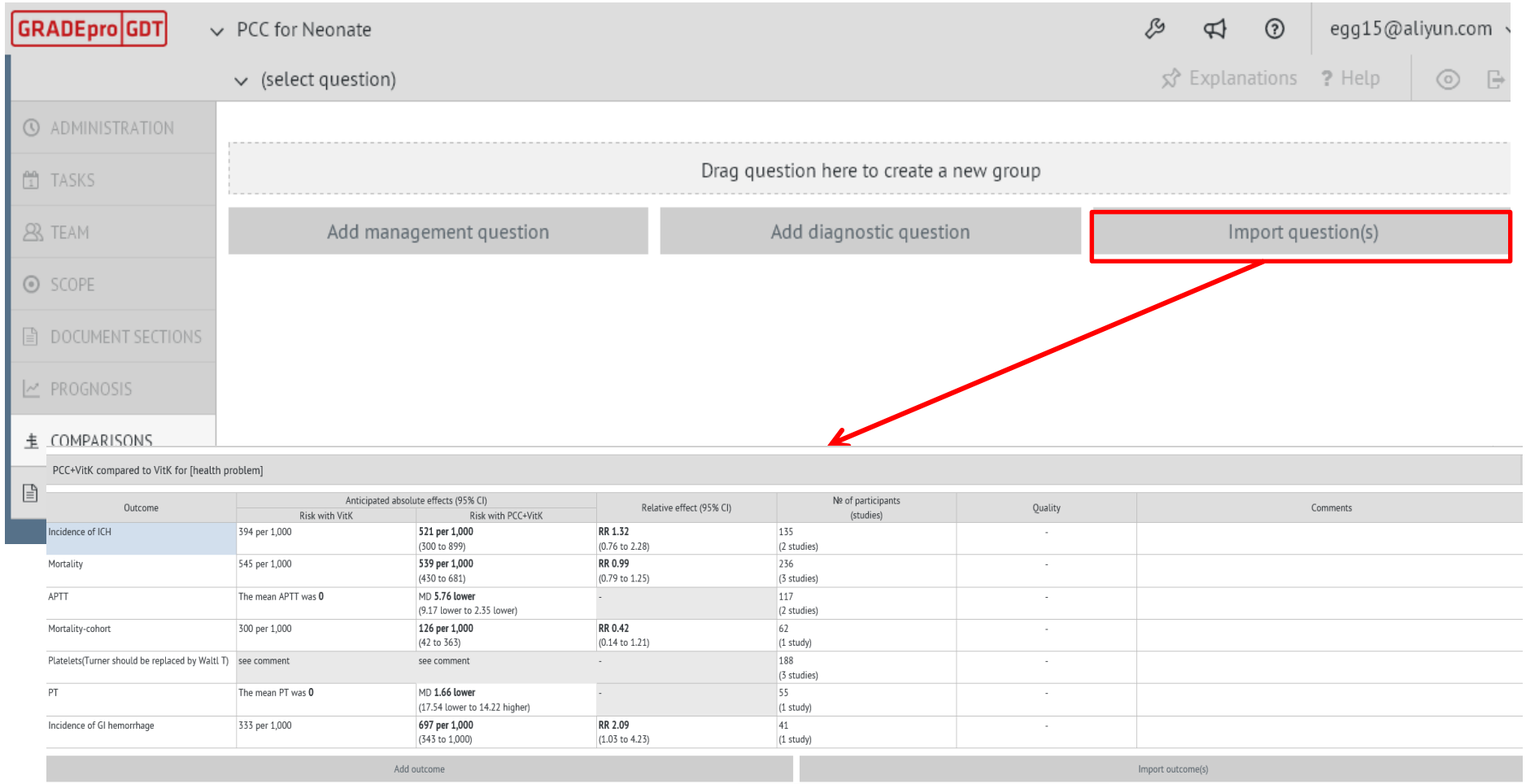


Evidence based pharmacy

步骤1： Add/import management question



Evidence based pharmacy



PCC+VitK compared to VitK for [health problem]

Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality	Comments
	Risk with VitK	Risk with PCC+VitK				
Incidence of ICH	394 per 1,000	**521 per 1,000** (300 to 899)	**RR 1.32** (0.76 to 2.28)	135 (2 studies)	-	
Mortality	545 per 1,000	**539 per 1,000** (430 to 681)	**RR 0.99** (0.79 to 1.25)	236 (3 studies)	-	
APTT	The mean APTT was **0**	MD **5.76 lower** (9.17 lower to 2.35 lower)	-	117 (2 studies)	-	
Mortality-cohort	300 per 1,000	**126 per 1,000** (42 to 363)	**RR 0.42** (0.14 to 1.21)	62 (1 study)	-	
Platelets(Turner should be replaced by Waltl T)	see comment	see comment	-	188 (3 studies)	-	
PT	The mean PT was **0**	MD **1.66 lower** (17.54 lower to 14.22 higher)	-	55 (1 study)	-	
Incidence of GI hemorrhage	333 per 1,000	**697 per 1,000** (343 to 1,000)	**RR 2.09** (1.03 to 4.23)	41 (1 study)	-	

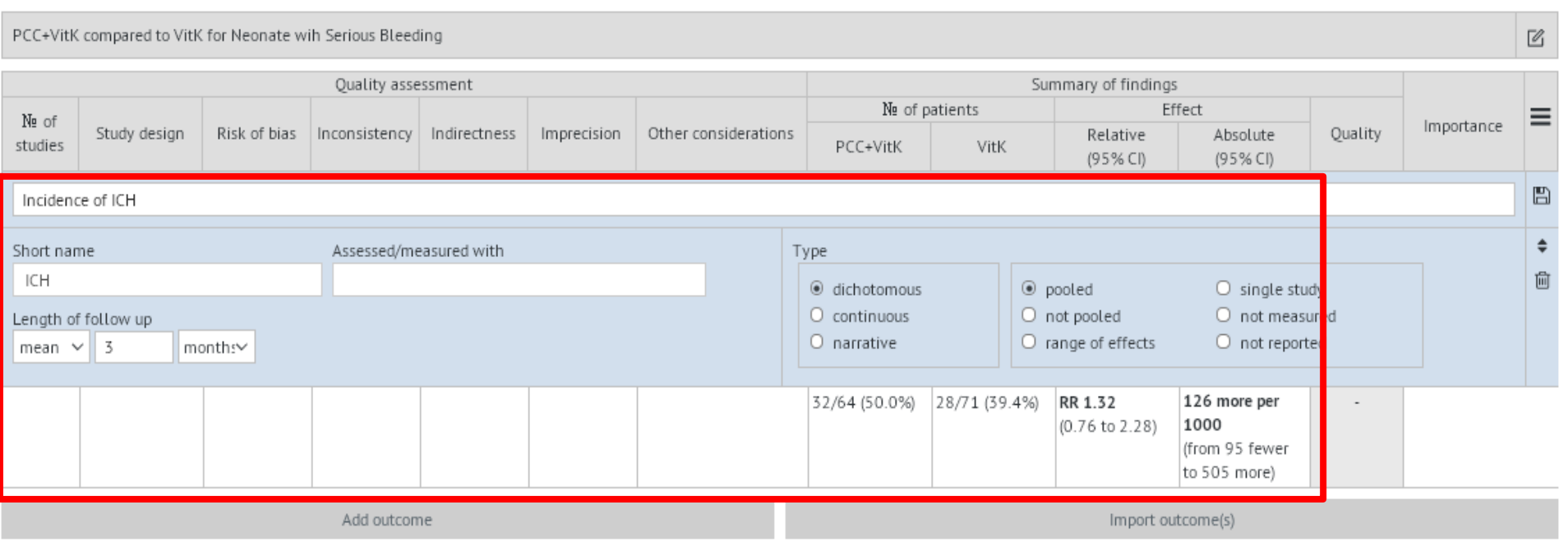
Add outcome | Import outcome(s)

Evidence based pharmacy

步骤2： Add/import Outcome

Evidence based pharmacy

步骤2： Add/import Outcome

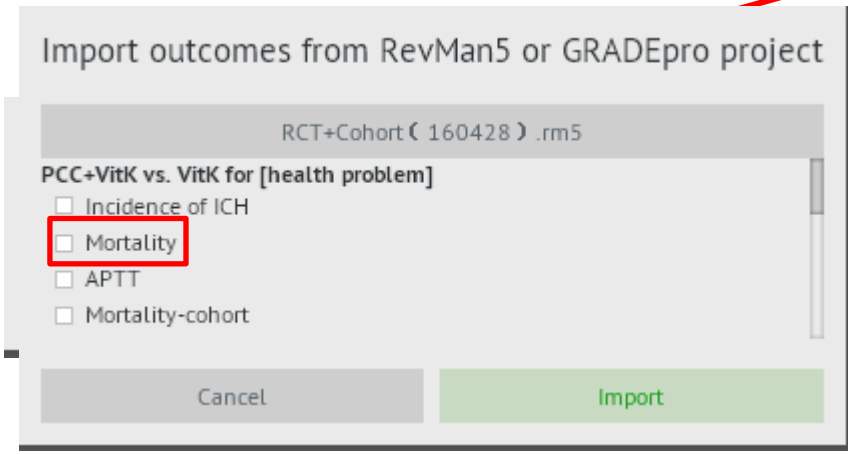


Evidence based pharmacy

步骤2： Add/import Outcome

Quality assessment							Summary of findings					
							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCC	VitK	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Mortality (follow up: mean 12 months)												
									not estimable		-	
Mortality												
2							42/79 (53.2%)	38/79 (48.1%)	**RR 1.11** (0.81 to 1.50)	**53 more per 1000** (from 91 fewer to 241 more)	-	

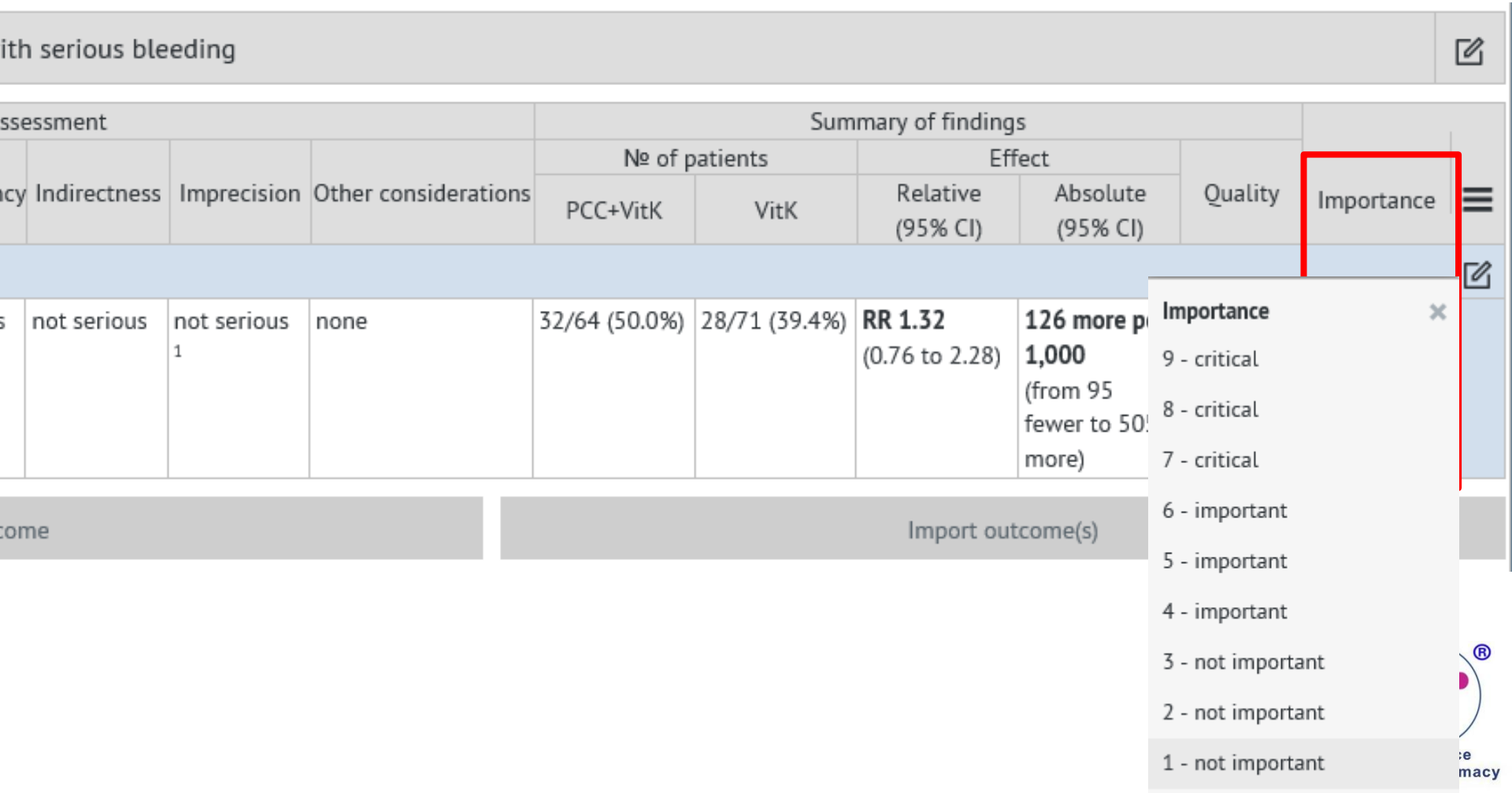
Add outcome | Import outcome(s)



Evidence based pharmacy

步骤3： Importance（结局指标重要程度分级）

1-9分表示重要程度



步骤4：Quality assessment

-研究类型：

-5个降级因素、3个升级因素：

no、serious、very serious（系统要求提供解释说明）

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary of findings			
							№ of patients		Effect	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCC+VitK	VitK	Relative (95% CI)	Ab (9
Incidence of ICH										
2							32/64 (50.0%)	28/71 (39.4%)	**RR 1.32** (0.76 to 2.28)	**126 1,00** (from fewe more

Add outcome

Import outcome

Evidence based pharmacy

- Indirectness

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary o		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		
							PCC+VitK	VitK	Re (95
Incidence of ICH									
2	randomised trials	not serious	not serious		[1]		32/64 (50.0%)	28/71 (39.4%)	**RR 1.** (0.76

Add outcome

Evidence based pharmacy

– 5个方面判定indirectness

Outcome: Incidence of ICH

Domain (original question asked	Description (evidence found and included, including evidence from other studies) – consider the domains of study design and study execution, inconsistency, imprecision and publication bias	Judgment - Is the evidence sufficiently direct?
Population:		○ Yes ○ Probably yes ○ Probably no ○ No
Intervention: PCC+VitK		○ Yes ○ Probably yes ○ Probably no ○ No
Comparator: VitK		○ Yes ○ Probably yes ○ Probably no ○ No
Direct comparison		○ Yes ○ Probably yes ○ Probably no ○ No
Outcome: Incidence of ICH		○ Yes ○ Probably yes ○ Probably no ○ No
Final judgment about indirectness across domains:	○ No indirectness ○ Serious indirectness	○ Very serious indirectness

Cancel | Apply

- Other consideration

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary of findin		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients		E
							PCC+VitK	VitK	Relative (95% CI)
Incidence of ICH									
2	randomised trials	not serious	not serious	not serious	not serious [1]				1.32 6 to 2.28)

Add outcome

Import o

Other considerations

Publication bias	undetected
Large effect	no
Plausible confounding	no
Dose response gradient	no

Cancel Apply

Evidence based pharmacy

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							№ of patients	
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCC+VitK	VitK
Incidence of ICH								
2	randomised trials	not serious	not serious	not serious	not serious [1]	none	32/64 (50.0%)	28/71 (39.

Add outcome

Evidence based pharmacy

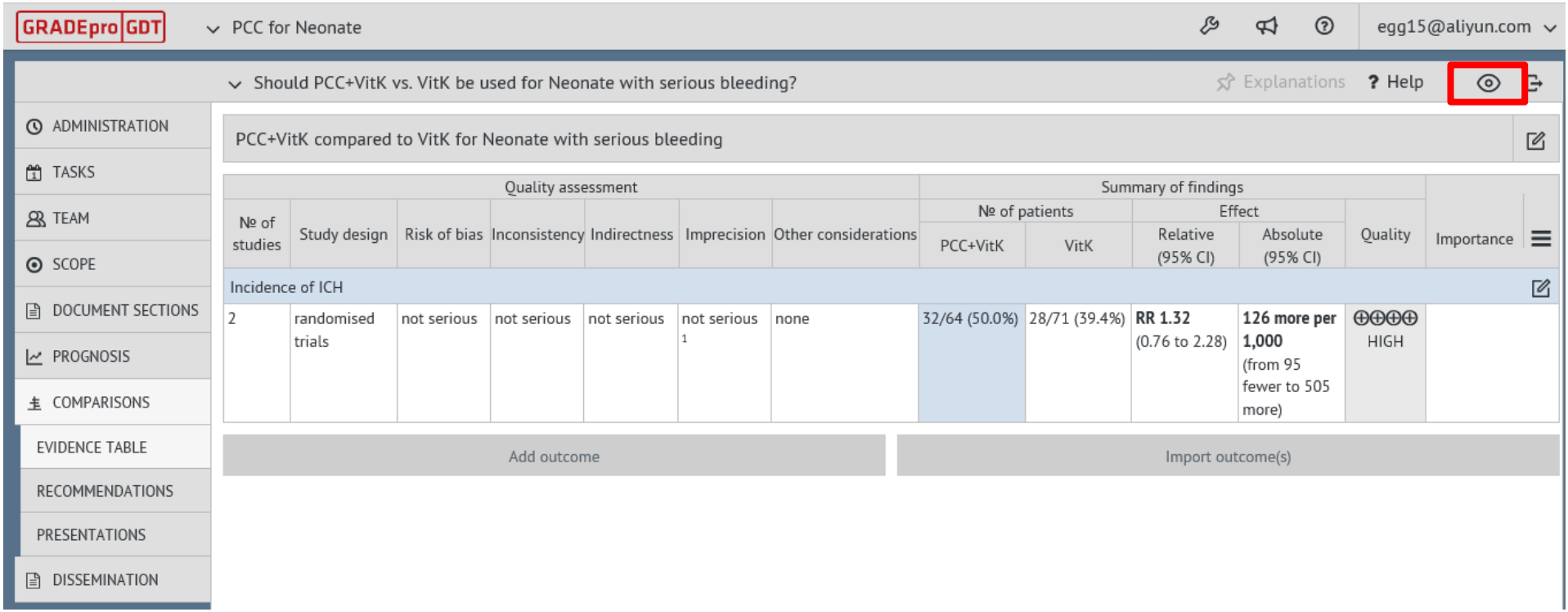
h serious bleeding

essment				Summary of findings					
y Indirectness	Imprecision	Other considerations	№ of patients		Effect		Quality	Impor
			PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)		
not serious	not serious [1]	none	32/64 (50.0%)	28/71 (39.4%)	**RR 1.32** (0.76 to 2.28)	**126 more per 1,000** (from 95 fewer to 505 more)	⨁⨁⨁⨁ HIGH	

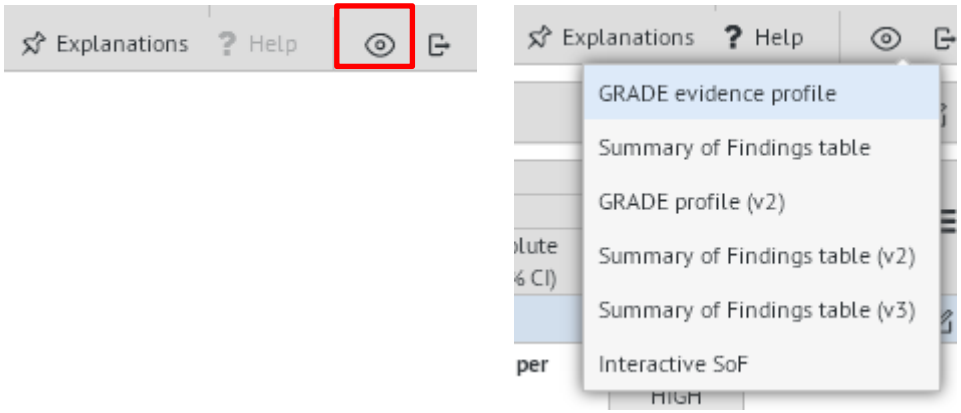
me | Import outcome(s)

Evidence based pharmacy

步骤5：选择结果呈现方式



Evidence based pharmacy



GRADE evidence profile（2种）

Quality assessment							Summary of findings					Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	№ of patients PCC	№ of patients VitK	Effect Relative (95% CI)	Effect Absolute (95% CI)	Quality	
Mortality												
2	randomised trials	not serious	not serious	not serious	not serious	none	42/79 (53.2%)	38/79 (48.1%)	**RR 1.11** (0.81 to 1.50)	**53 more per 1000** (from 91 fewer to 241 more)	⨁⨁⨁⨁ HIGH	

Add outcome | Import outcome(s)

Summary of Findings table（3种）

Outcome	Anticipated absolute effects (95% CI) Risk with VitK	Anticipated absolute effects (95% CI) Risk with PCC	Relative effect (95% CI)	№ of participants (studies)	Quality	Comments
Mortality	481 per 1000	**534 per 1000** (390 to 722)	**RR 1.11** (0.81 to 1.50)	158 (2 RCTs)	⨁⨁⨁⨁ HIGH	

Add outcome | Import outcome(s)

based pharmacy

证据概要表（Evidence profile）

- 特点：详细的证据评价结果+统计学结果
- 适用人群：系统评价者
- 用途：

  评价证据质量

  准备结果总结表（SoF table）

结果总结表（Summary of findings）

- 特点：简略的证据评价结果+详细的统计学结果
- 适用人群：更广泛，系统评价、决策者
- 用途：

  呈现系统评价主要结果（结果、证据质量）

  供决策使用

GRADE Evidence Profile

PCC+VitK compared to VitK for Neonate with serious bleeding

Quality assessment							Summary of findings					
							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCC+VitK	VitK	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
Incidence of ICH												
2	randomised trials	not serious	not serious	not serious	not serious [1]	none	32/64 (50.0%)	28/71 (39.4%)	**RR 1.32** (0.76 to 2.28)	**126 more per 1,000** (from 95 fewer to 505 more)	⨁⨁⨁⨁ HIGH	

Add outcome | Import outcome(s)

Evidence based pharmacy

GRADE Profile

PCC+VitK compared to VitK for Neonate with serious bleeding

Participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall quality of evidence	Study event rates (%)		Relative effect (95% CI)	Anticipated absolute effects	
							Risk with VitK	Risk with PCC+VitK		Risk with VitK	Risk difference with PCC+VitK
Incidence of ICH											
135 (2 RCTs)	not serious	not serious	not serious	not serious [1]	none	⨁⨁⨁⨁ HIGH	28/71 (39.4%)	32/64 (50.0%)	**RR 1.32** (0.76 to 2.28)	394 per 1,000	**126 more per 1,000** (from 95 fewer to 505 more)

Add outcome | Import outcome(s)

Evidence based pharmacy

Summary of findings

PCC+VitK compared to VitK for Neonate with serious bleeding

Outcome	Anticipated absolute effects (95% CI)		Relative effect (95% CI)	№ of participants (studies)	Quality	Comments
	Risk with VitK	Risk with PCC+VitK				
Incidence of ICH	394 per 1,000	**521 per 1,000** (300 to 899)	**RR 1.32** (0.76 to 2.28)	135 (2 RCTs)	⨁⨁⨁⨁ HIGH [1]	

Add outcome

Import outcome(s)

Evidence based pharmacy

Summary of findings（v2）

PCC+VitK compared to VitK for Neonate with serious bleeding

Outcome	№ of participants (studies)	Quality of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects	
				Assumed risk	
				VitK	Risk difference with PCC+VitK
Incidence of ICH	135 (2 RCTs)	⨁⨁⨁⨁ HIGH [1]	**RR 1.32** (0.76 to 2.28)	394 per 1,000	**126 more per 1,000** (95 fewer to 505 more)

Add outcome

Import outcome(s)

Evidence based pharmacy

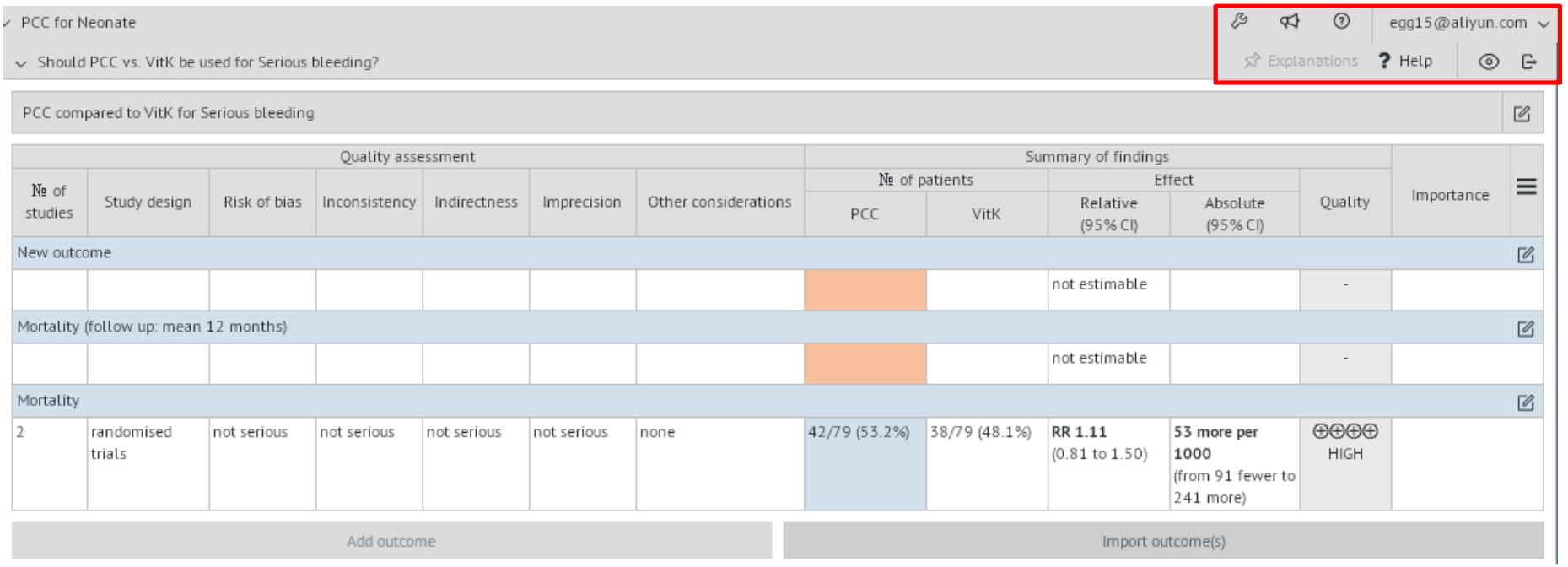
Summary of findings（v3）

PCC+VitK compared to VitK for Neonate with serious bleeding

Outcome № of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)			Quality	What happens
		Without PCC+VitK	With PCC+VitK	Difference		
Incidence of ICH № of participants: 135 (2 RCTs)	**RR 1.32** (0.76 to 2.28)	39.4%	**52.1%** (30.0 to 89.9)	**12.6% more** (9.5 fewer to 50.5 more)	⨁⨁⨁⨁ HIGH [1]	

Add outcome | Import outcome(s)

Evidence based pharmacy



PCC for Neonate

Should PCC vs. VitK be used for Serious bleeding?

egg15@aliyun.com

Explanations Help

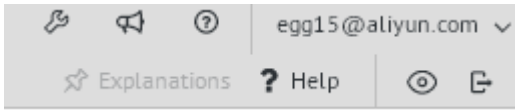
PCC compared to VitK for Serious bleeding

Quality assessment							Summary of findings					
							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PCC	VitK	Relative (95% CI)	Absolute (95% CI)	Quality	Importance
New outcome												
									not estimable		-	
Mortality (follow up: mean 12 months)												
									not estimable		-	
Mortality												
2	randomised trials	not serious	not serious	not serious	not serious	none	42/79 (53.2%)	38/79 (48.1%)	**RR 1.11** (0.81 to 1.50)	**53 more per 1000** (from 91 fewer to 241 more)	⨁⨁⨁⨁ HIGH	

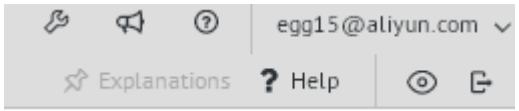
Add outcome

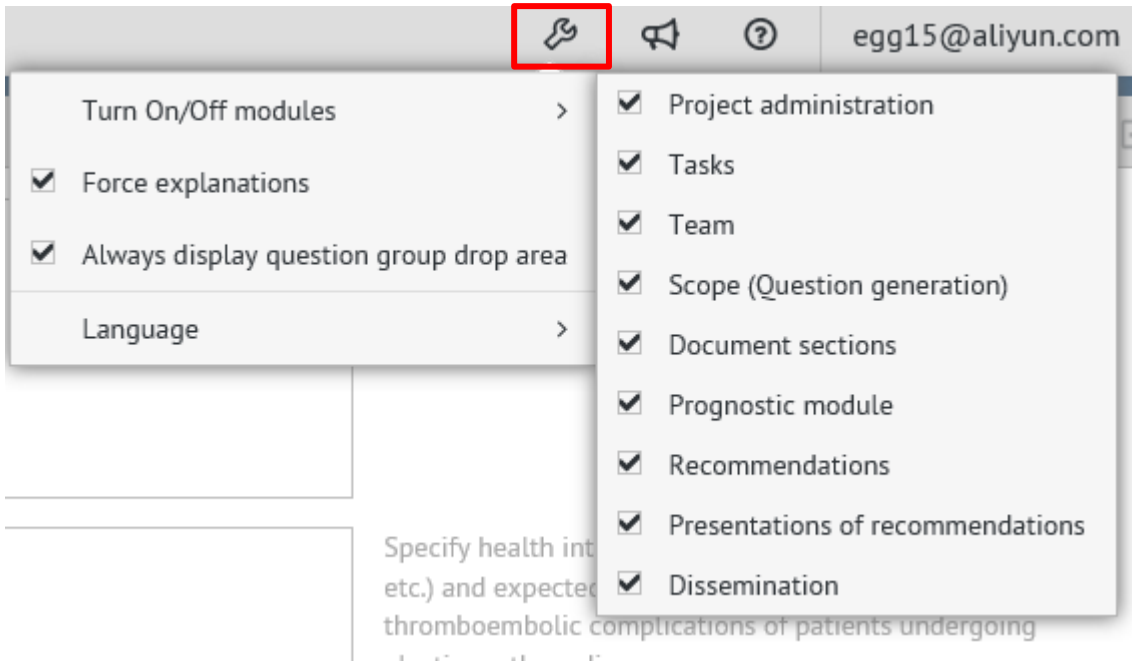
Import outcome(s)

Evidence based pharmacy

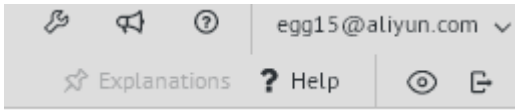


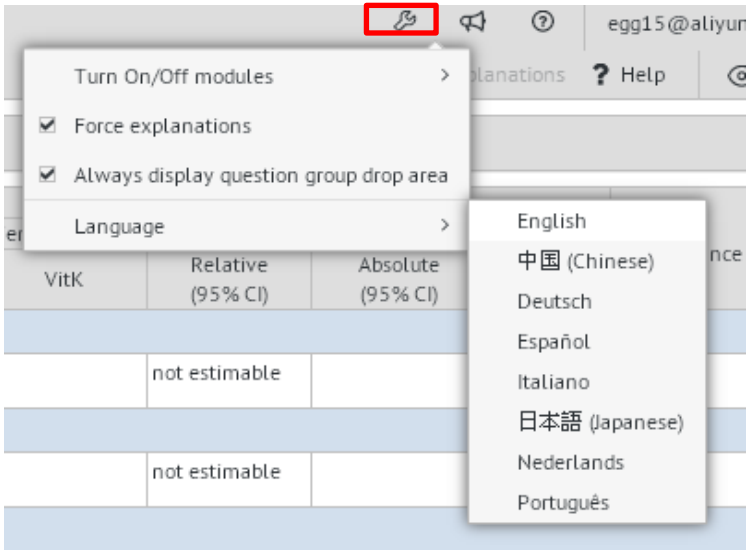
Evidence based pharmacy





Evidence based pharmacy





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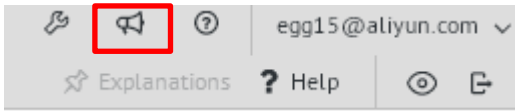
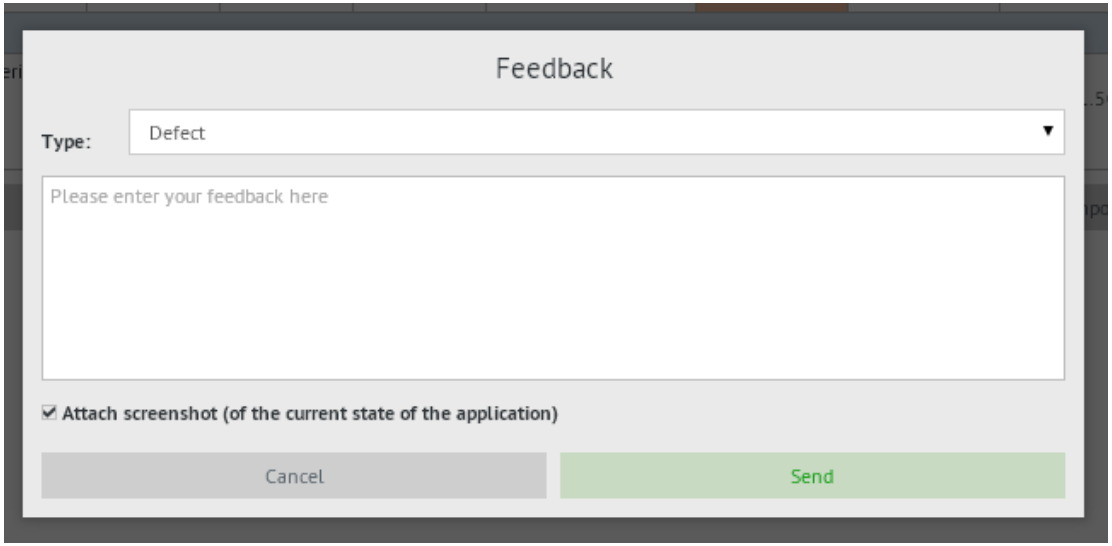
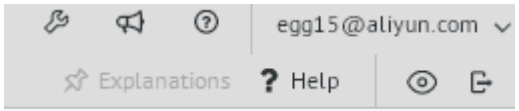
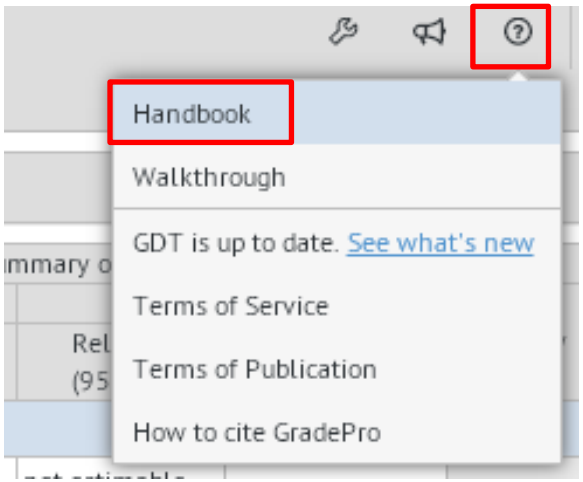




Evidence based pharmacy





GRADE Handbook

Introduction to GRADE Handbook

Handbook for grading the quality of evidence and the strength of recommendations using the GRADE approach. Updated October 2013.

Editors: Holger Schünemann (schuneh@mcmaster.ca), Jan Brożek (brozekj@mcmaster.ca), Gordon Guyatt (guyatt@mcmaster.ca), and Andrew Oxman (oxman@online.no)

About the Handbook

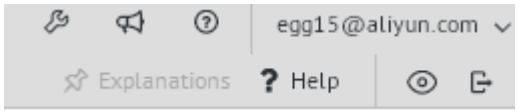
The GRADE handbook describes the process of rating the quality of the best available evidence and developing health care recommendations following the approach proposed by the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) Working Group (www.gradeworkinggroup.org). The Working Group is a collaboration of health care methodologists, guideline developers, clinicians, health services researchers, health economists, public health officers and other interested members. Beginning in the year 2000, the working group developed, evaluated and implemented a common, transparent and sensible approach to grading the quality of evidence and strength of recommendations in health care. The group interacts through meetings by producing methodological guidance, developing evidence syntheses and guidelines. Members collaborate on research projects, such as the DECIDE project (www.decide-collaboration.eu) with other members and other scientists or organizations (e.g. www.rarebestpractices.eu). Membership is open and free. See www.gradeworkinggroup.org and Chapter The GRADE working group in this handbook for more information about the Working Group and a list of the organizations that have endorsed and adopted the GRADE approach.

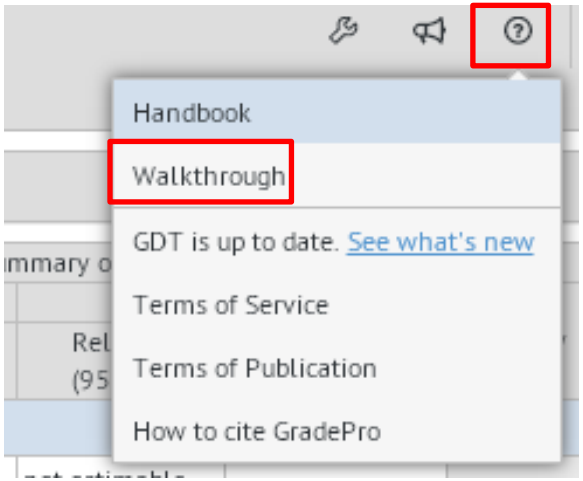
The handbook is intended to be used as a guide by those responsible for using the GRADE approach to produce GRADE's output, which includes evidence summaries and graded recommendations. Target users of the handbook are systematic review and health technology assessment (HTA) authors, guideline panelists and methodologists who provide support for guideline panels. While many of the examples offered in the handbook are clinical examples, we also aimed to include a broader range of examples from public health and health policy. Finally, specific sections refer to interpreting recommendations for users of recommendations.

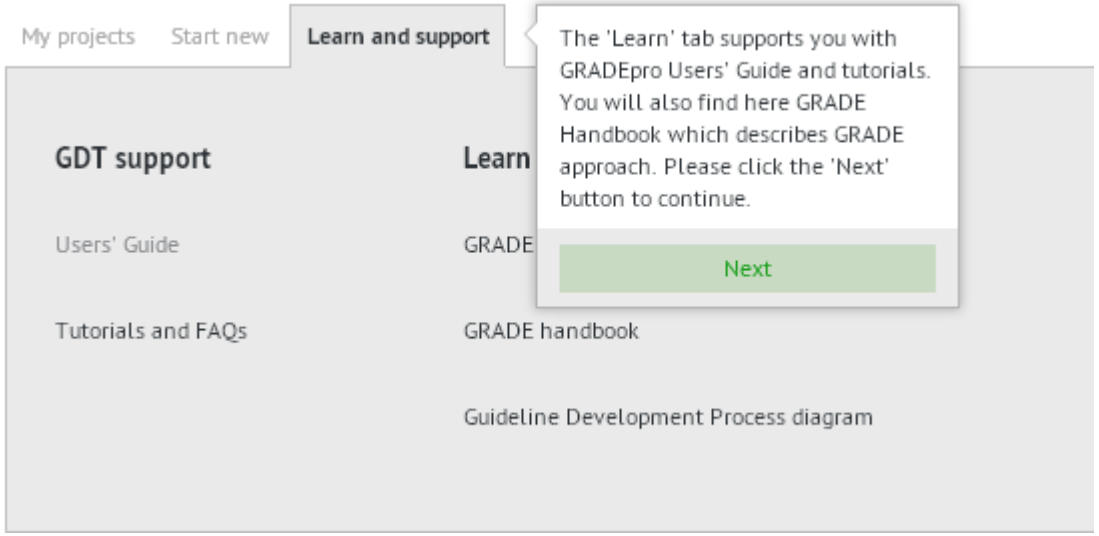
Using the Handbook

The handbook is divided into chapters that correspond to the steps of applying the GRADE approach. The Chapter Overview of the GRADE approach provides a brief overview of guideline development processes and where the GRADE approach fits in. Chapters Framing the health care question and Selecting and rating the importance of outcomes provide guidance on formulating health care questions for guidelines and systematic reviews and for rating the importance of outcomes in guidelines. The Chapter Summarizing the evidence covers evidence summaries produced using the GRADE software. GRADE acknowledges that alternative terms or expressions to what GRADE called quality of evidence are often appropriate. Therefore, we interpret and will use the phrases quality of evidence, strength of evidence, certainty in evidence or confidence in estimates interchangeably. When GRADE uses the phrase "confidence in estimates" it does not refer to statistical confidence intervals, although the width of this interval is part of the considerations for judging the GRADE criterion imprecision. When GRADE refers

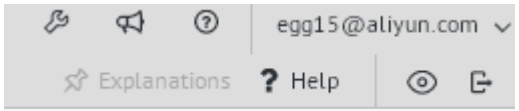
Evidence based pharmacy

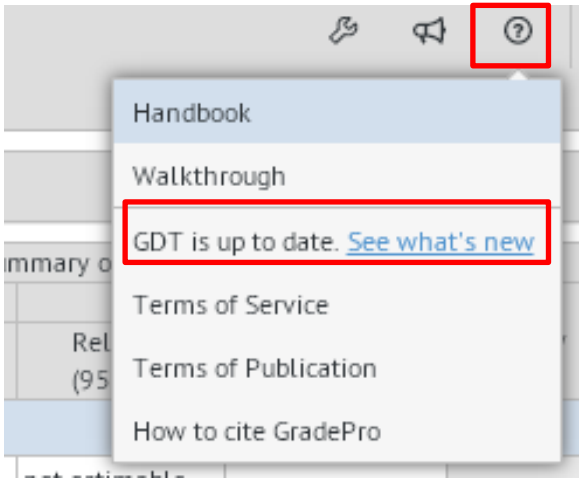




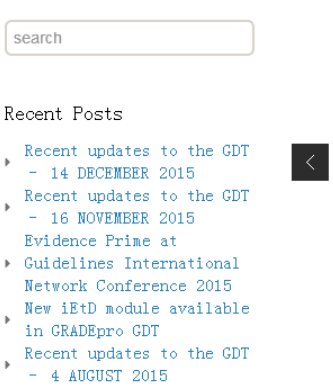


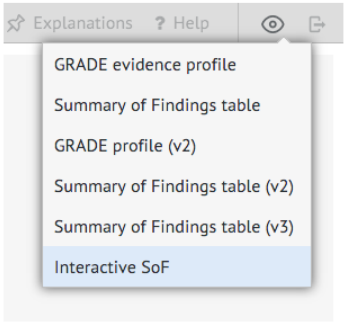
Evidence based pharmacy





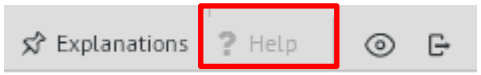
Recent updates to the GDT – 14 DECEMBER 2015

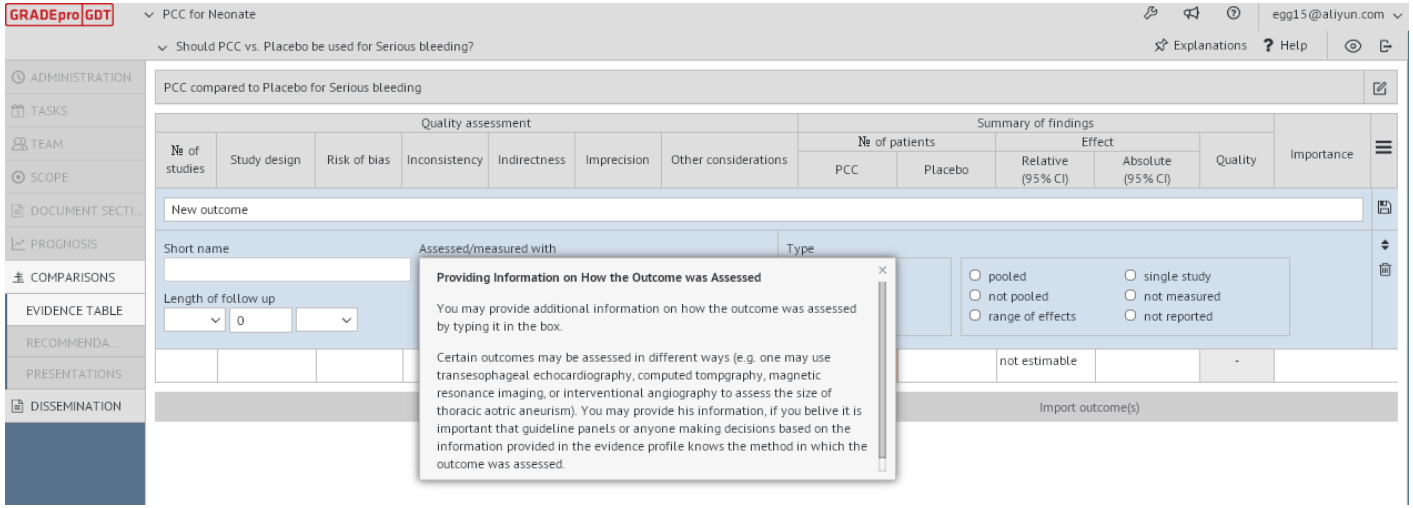




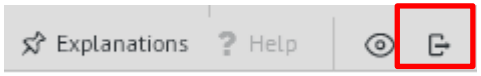
Recent updates to the GDT – 14 DECEMBER 2015

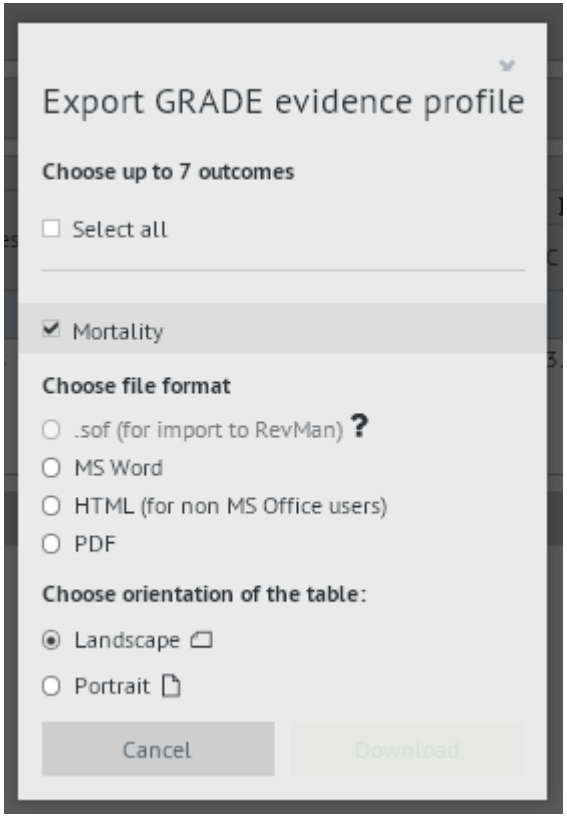
Evidence based pharmacy





Evidence based pharmacy

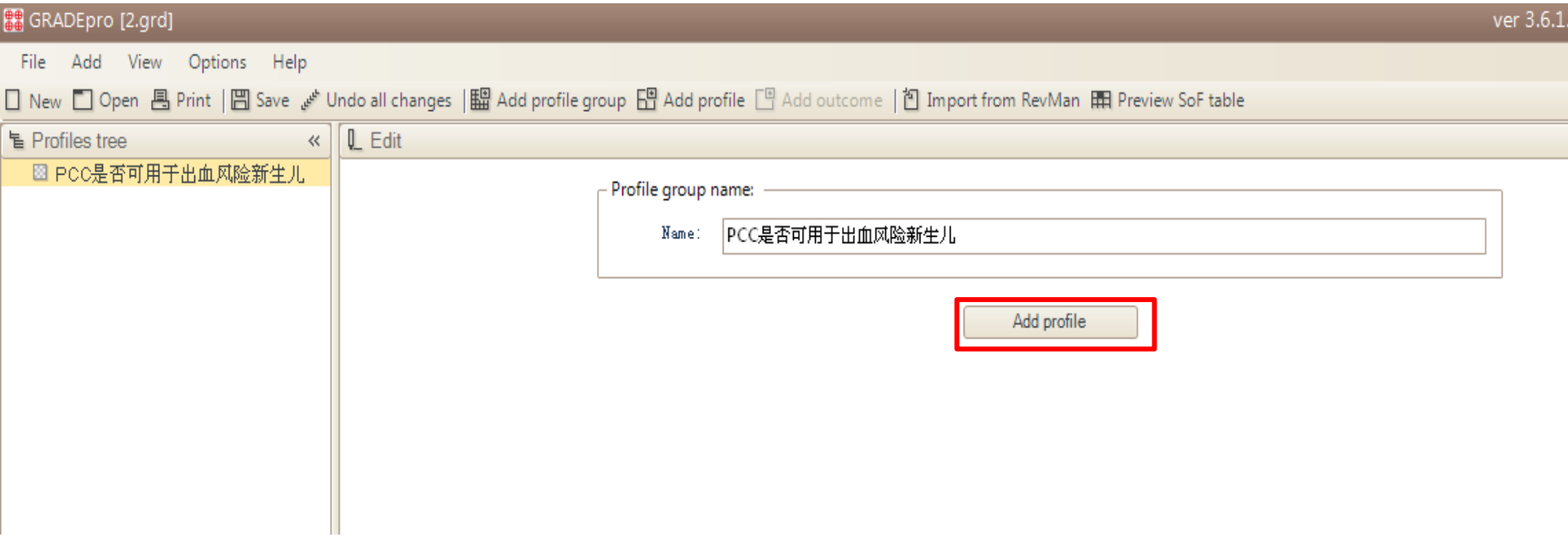




Evidence based pharmacy

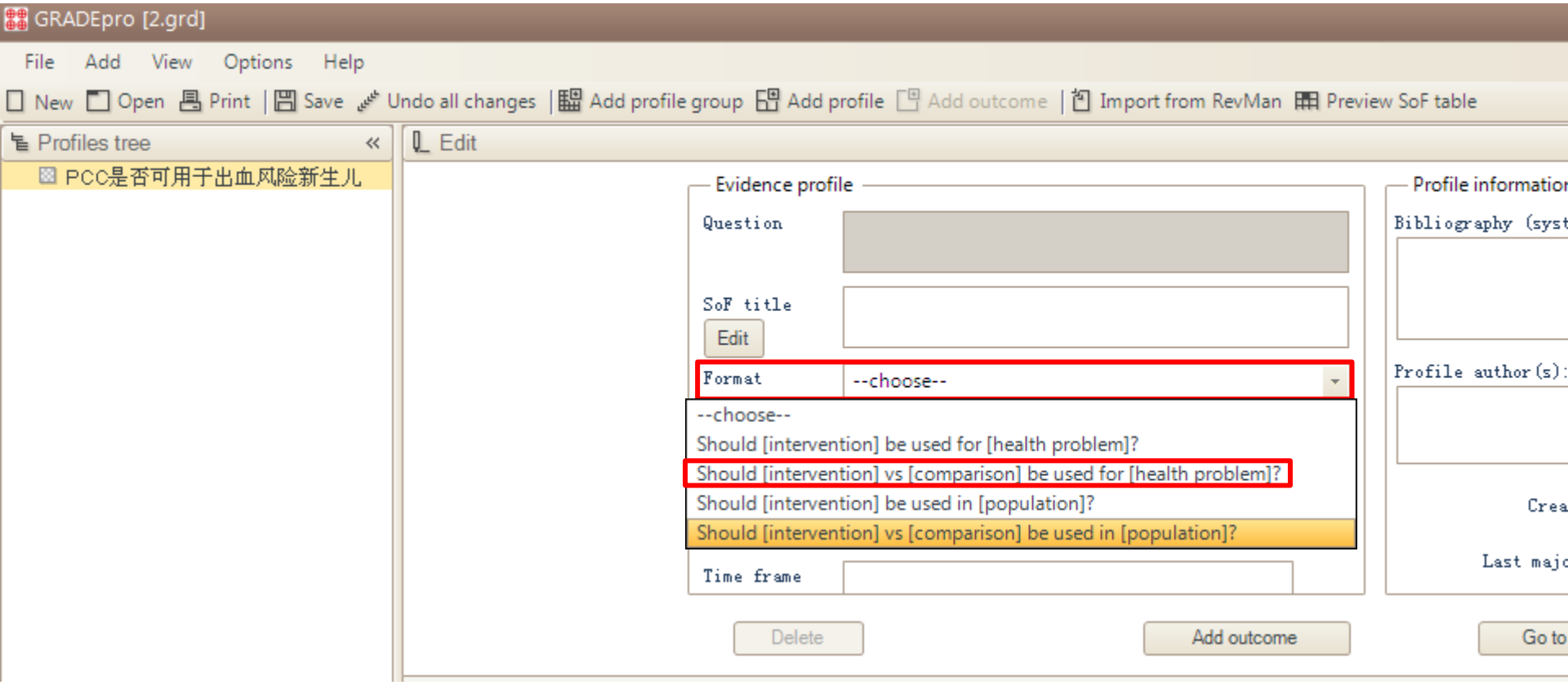
Evidence based pharmacy

步骤1：添加项目名称



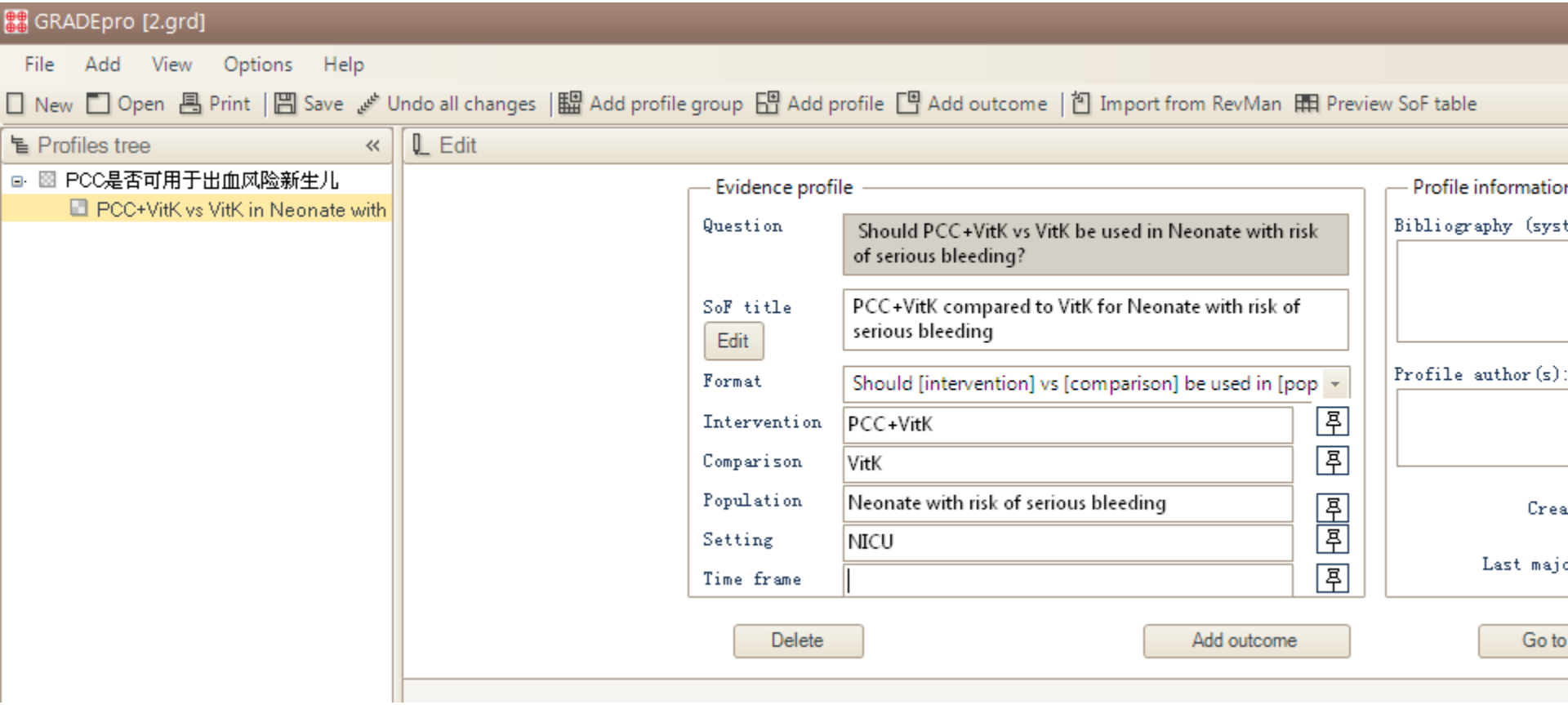
Evidence based pharmacy

步骤2：添加问题



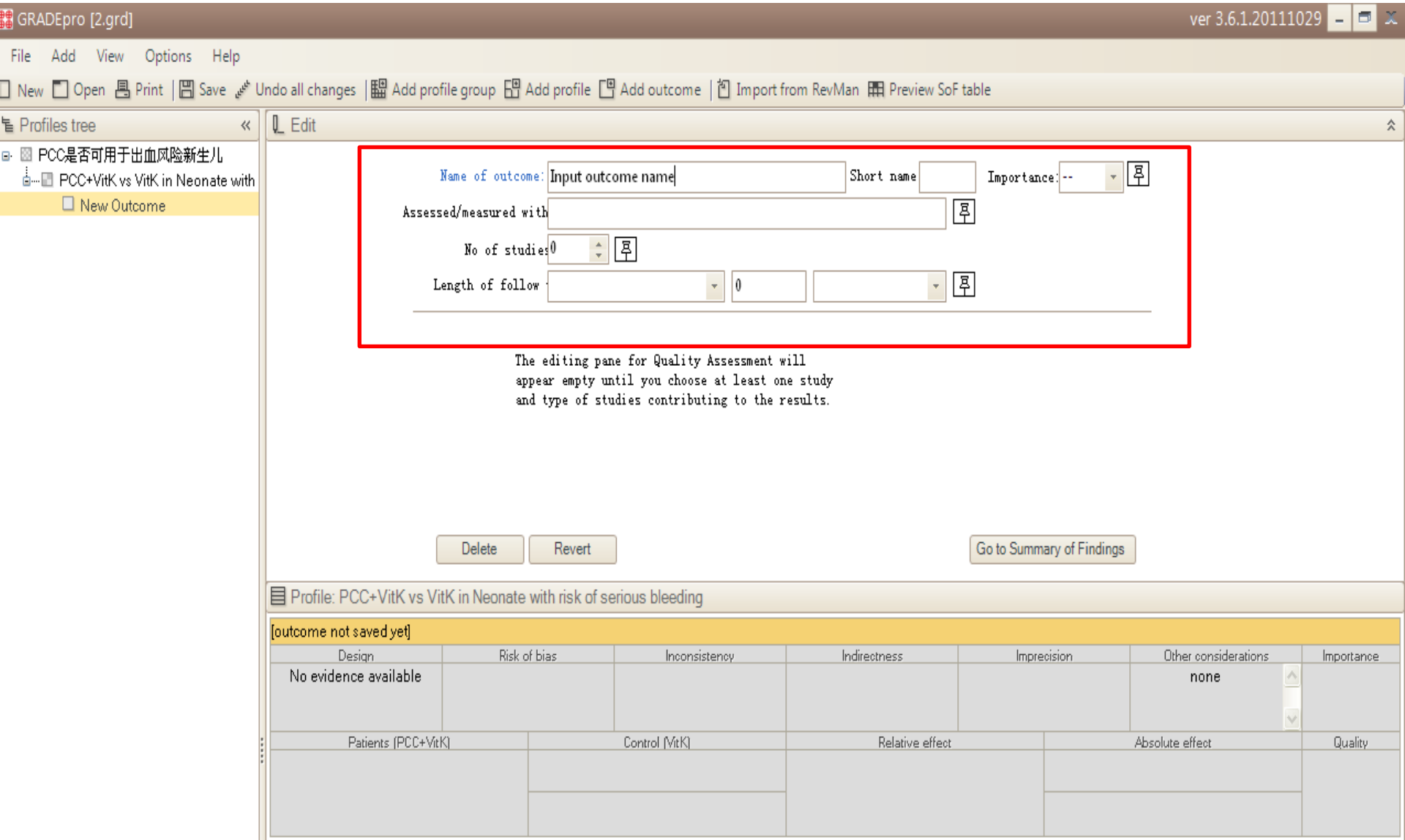
Evidence based pharmacy

步骤2：添加问题

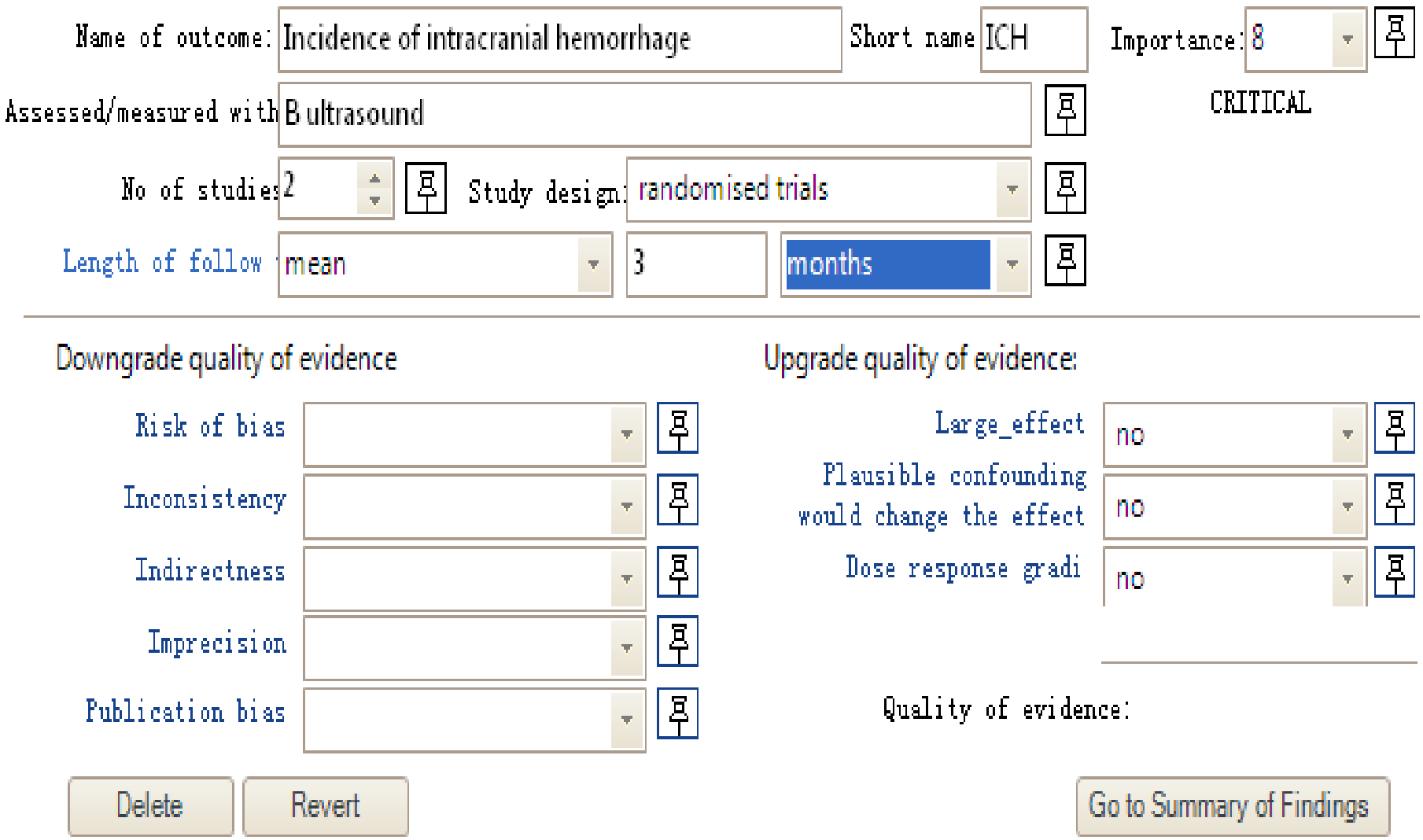


Evidence based pharmacy

步骤3：添加结局指标


GRADEpro [2.grd]
ver 3.6.1.20111029
File
Add
View
Options
Help
New
Open
Print
Save
Undo all changes
Add profile group
Add profile
Add outcome
Import from RevMan
Preview SoF table
Profiles tree
PCC是否可用于出血风险新生儿
PCC+VitK vs VitK in Neonate with
New Outcome
Edit
Name of outcome:
Input outcome name
Short name
Importance:
--
Assessed/measured with
No of studies
0
Length of follow
0
The editing pane for Quality Assessment will
appear empty until you choose at least one study
and type of studies contributing to the results.
Delete
Revert
Go to Summary of Findings
Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding
[outcome not saved yet]
Design
Risk of bias
Inconsistency
Indirectness
Imprecision
Other considerations
Importance
No evidence available
none
Patients (PCC+VitK)
Control (VitK)
Relative effect
Absolute effect
Quality

步骤3：添加结局指标


Name of outcome: Incidence of intracranial hemorrhage
Short name ICH
Importance: 8
CRITICAL
Assessed/measured with B ultrasound
No of studies 2
Study design: randomised trials
Length of follow mean 3 months
Downgrade quality of evidence
Risk of bias
Inconsistency
Indirectness
Imprecision
Publication bias
Upgrade quality of evidence:
Large_effect no
Plausible confounding would change the effect no
Dose response gradi no
Quality of evidence:
Delete
Revert
Go to Summary of Findings

步骤4：评价证据质量：5个降级因素，3个升级因素

Name of outcome: Incidence of intracranial hemorrhage | Short name: ICH | Importance: 8 (CRITICAL)

Assessed/measured with: B ultrasound

No of studies: 2 | Study design: randomised trials

Length of follow: mean 3 months

Downgrade quality of evidence

Risk of bias	no
Inconsistency	no
Indirectness	no
Imprecision	no
Publication bias	undetected

Upgrade quality of evidence:

Large_effect	no
Plausible confounding would change the effect	no
Dose response gradi	no

Quality of evidence: **HIGH**

Delete | Revert | Go to Summary of Findings

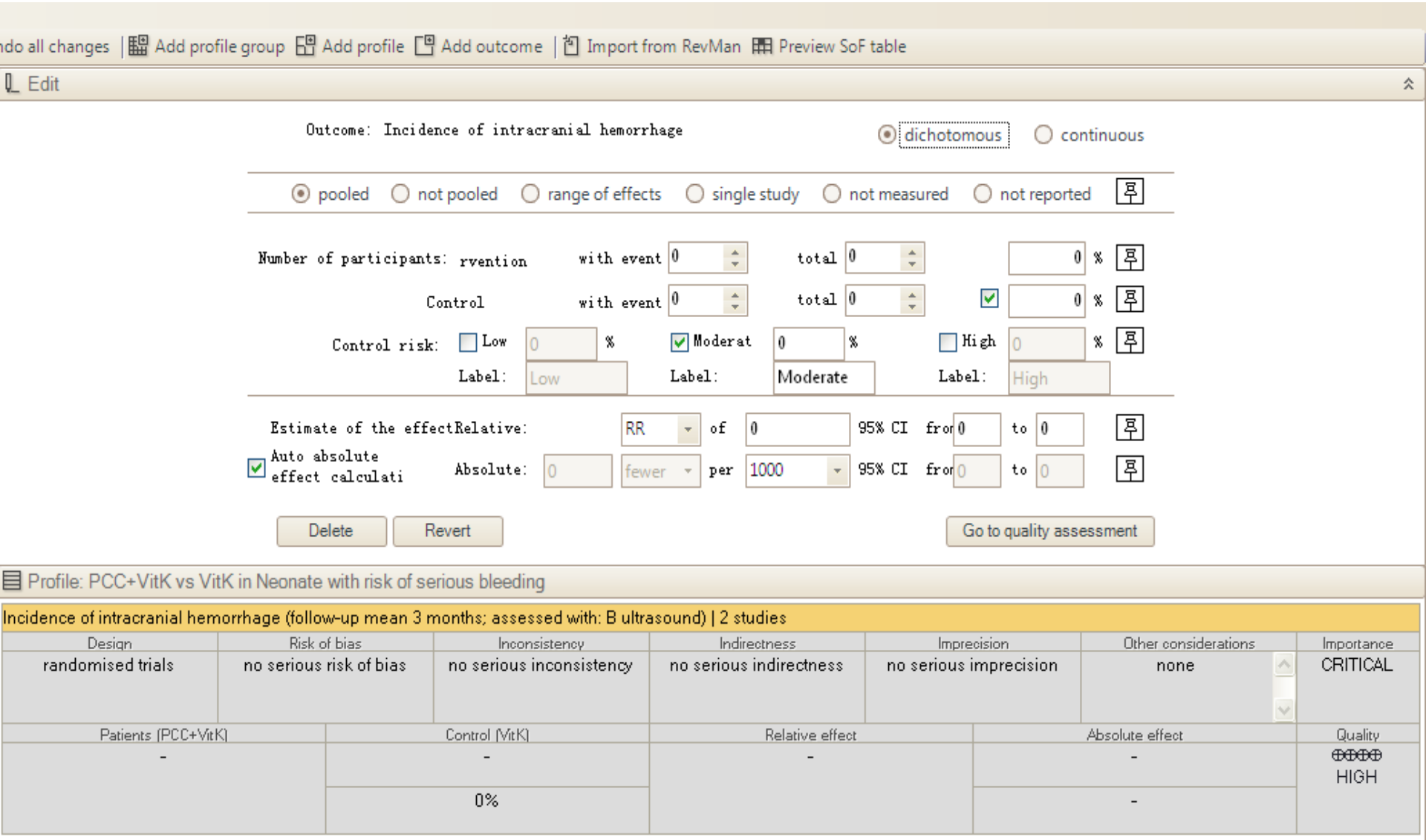
Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding

Incidence of intracranial hemorrhage (follow-up mean 3 months; assessed with: B ultrasound) | 2 studies

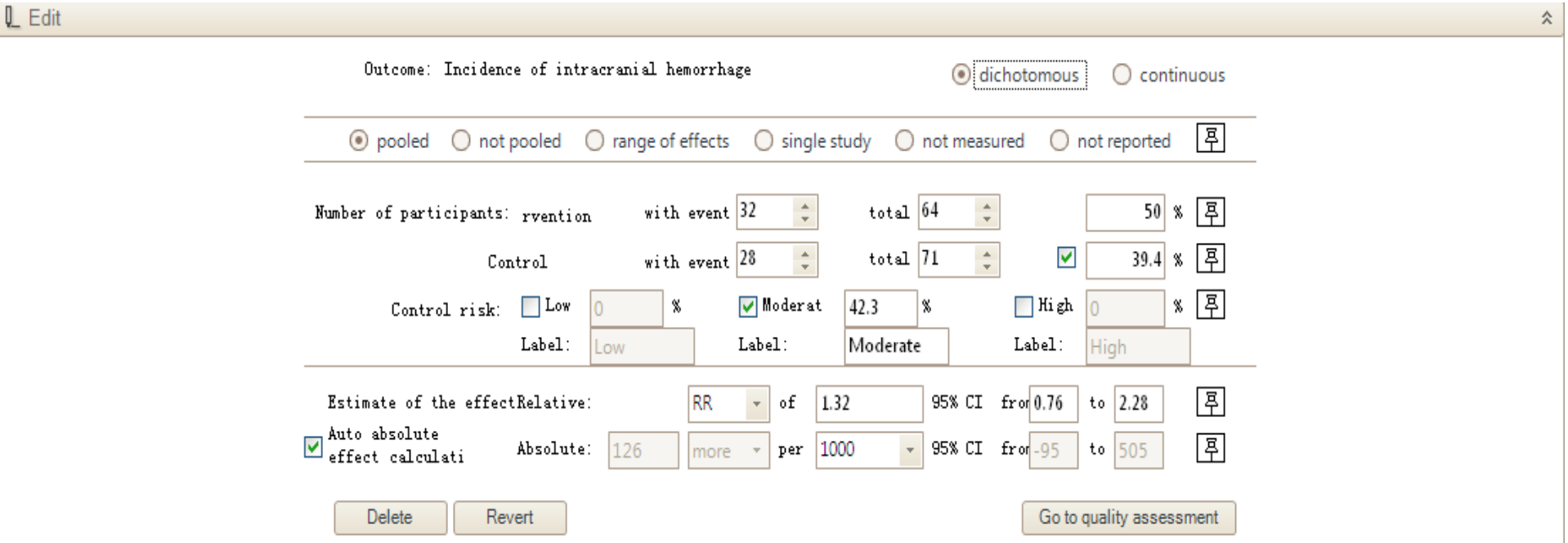
Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	CRITICAL

Patients (PCC+VitK)	Control (VitK)	Relative effect	Absolute effect	Quality
-	-	-	-	⊕⊕⊕⊕ HIGH
	0%		-	

步骤5：添加结果


ndo all changes
Add profile group
Add profile
Add outcome
Import from RevMan
Preview SoF table
Edit
Outcome: Incidence of intracranial hemorrhage
dichotomous
continuous
pooled
not pooled
range of effects
single study
not measured
not reported
Number of participants: rvention
with event 0
total 0
0 %
Control
with event 0
total 0
0 %
Control risk:
Low 0 %
Moderat 0 %
High 0 %
Label: Low
Label: Moderate
Label: High
Estimate of the effectRelative:
RR
of 0
95% CI fro 0 to 0
Auto absolute effect calculati
Absolute: 0 fewer per 1000 95% CI fro 0 to 0
Delete
Revert
Go to quality assessment
Profile: PCC+VitK vs VitK in Neonate with risk of serious bleeding
Incidence of intracranial hemorrhage (follow-up mean 3 months; assessed with: B ultrasound) | 2 studies
Design
randomised trials
Risk of bias
no serious risk of bias
Inconsistency
no serious inconsistency
Indirectness
no serious indirectness
Imprecision
no serious imprecision
Other considerations
none
Importance
CRITICAL
Patients (PCC+VitK)
-
Control (VitK)
-
0%
Relative effect
-
Absolute effect
-
-
Quality
HIGH

步骤5：添加结果　　步骤4和步骤5可交换



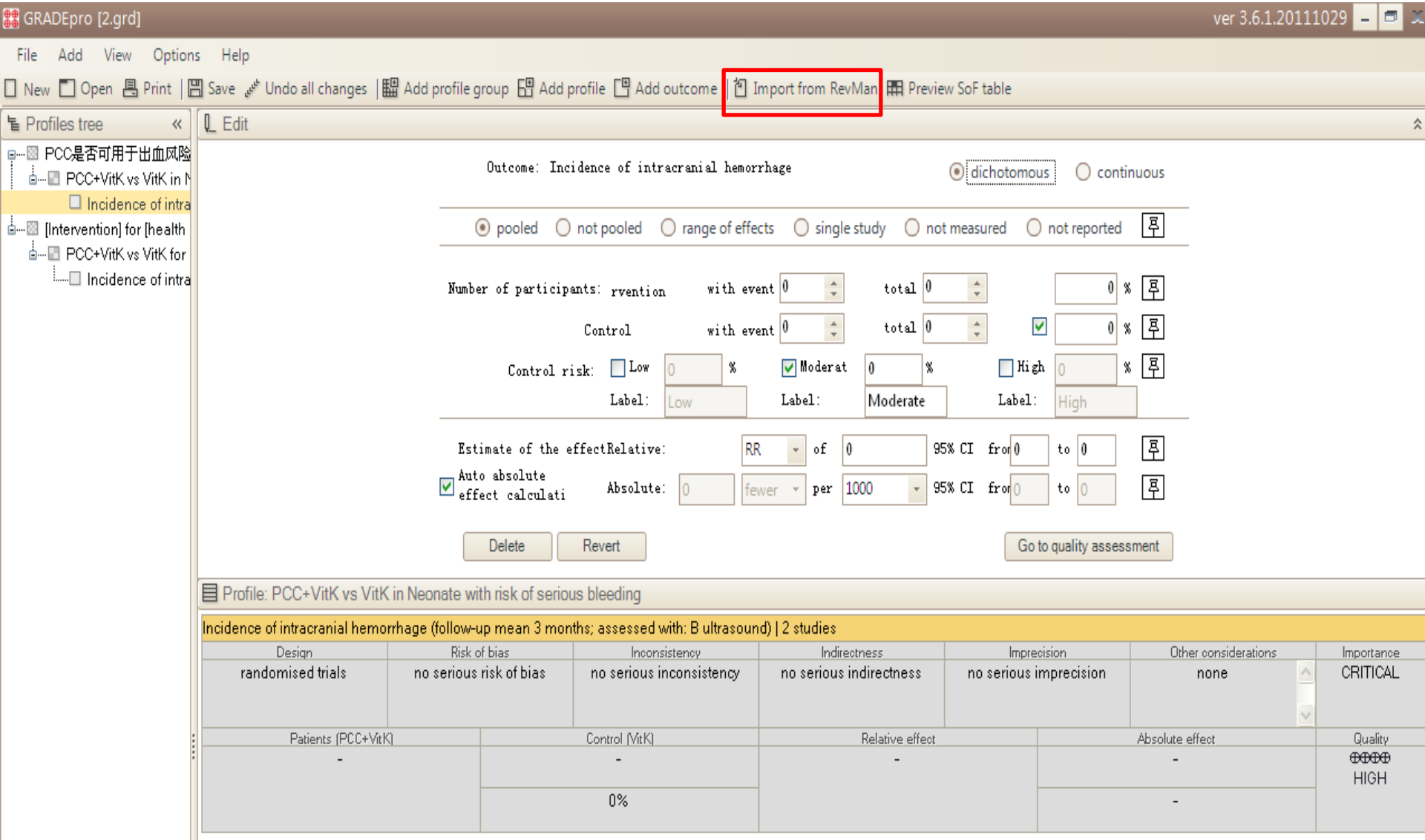
Profile: PCC+VitK vs VitK for [health problem]

Incidence of intracranial hemorrhage (follow-up mean 3 months) | 2 studies

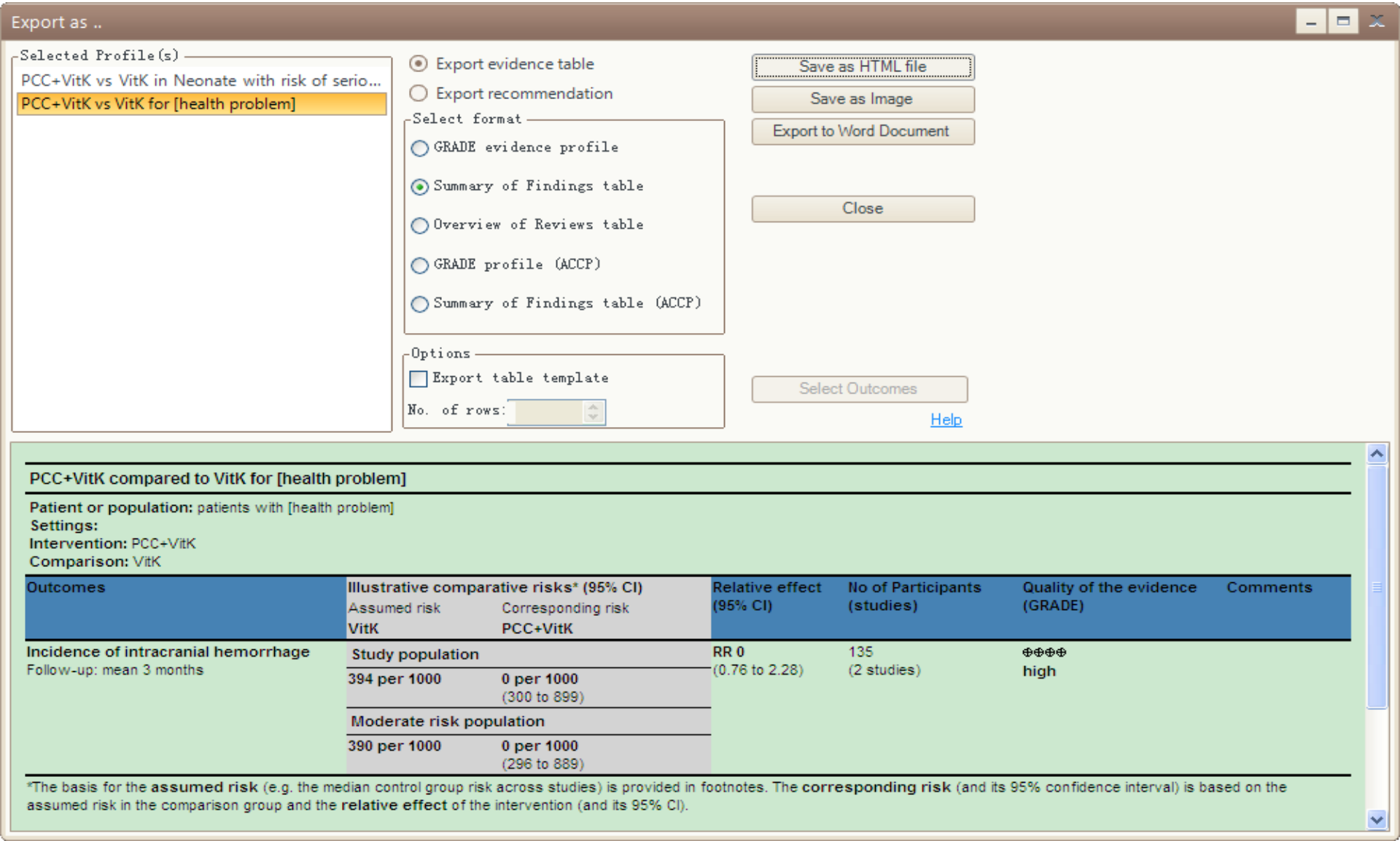
Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Importance
randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	CRITICAL

Patients (PCC+VitK)	Control (VitK)	Relative effect	Absolute effect	Quality
32/64 (50%)	28/71 (39.4%)	RR 1.32 (0.76 to 2.28)	126 more per 1000 (from 95 fewer to 505 more)	⊕⊕⊕⊕ HIGH
	42.3%		135 more per 1000 (from 102 fewer to 541 more)	

步骤5：添加结果-Revman导入



步骤6：生成表格（证据概要表/结果总结表）

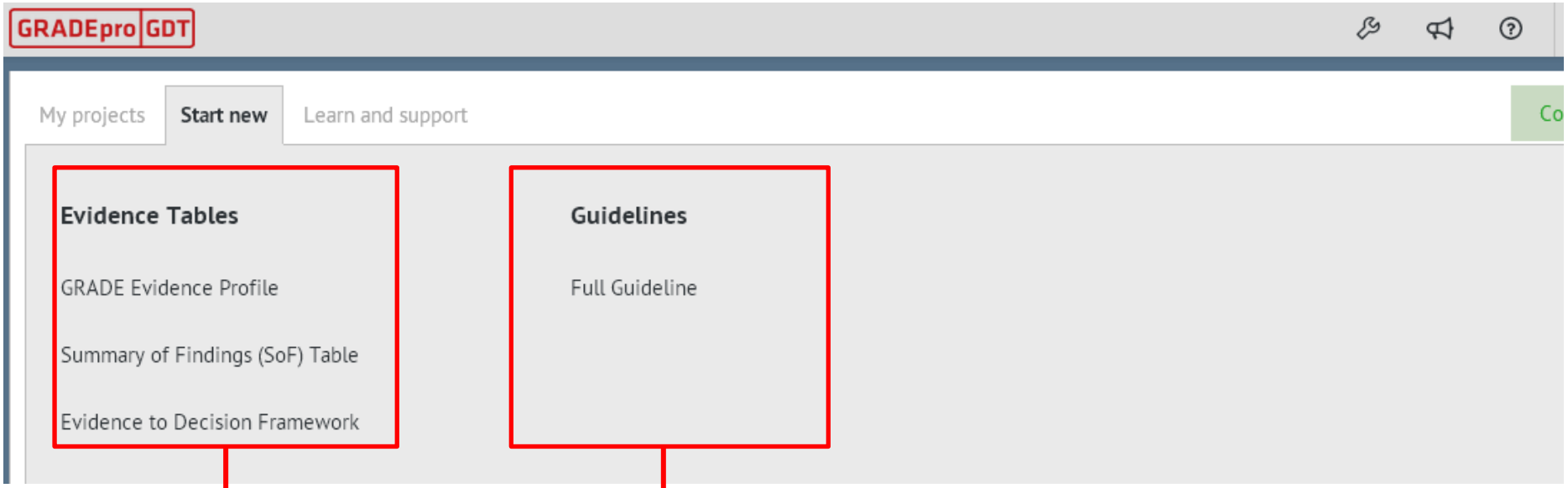


PCC+VitK compared to VitK for [health problem]

Patient or population: patients with [health problem]
Settings:
Intervention: PCC+VitK
Comparison: VitK

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk VitK	Corresponding risk PCC+VitK	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
Incidence of intracranial hemorrhage Follow-up: mean 3 months	Study population		RR 0 (0.76 to 2.28)	135 (2 studies)	⊕⊕⊕⊕ high	
	394 per 1000	0 per 1000 (300 to 899)				
	Moderate risk population					
	390 per 1000	0 per 1000 (296 to 889)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

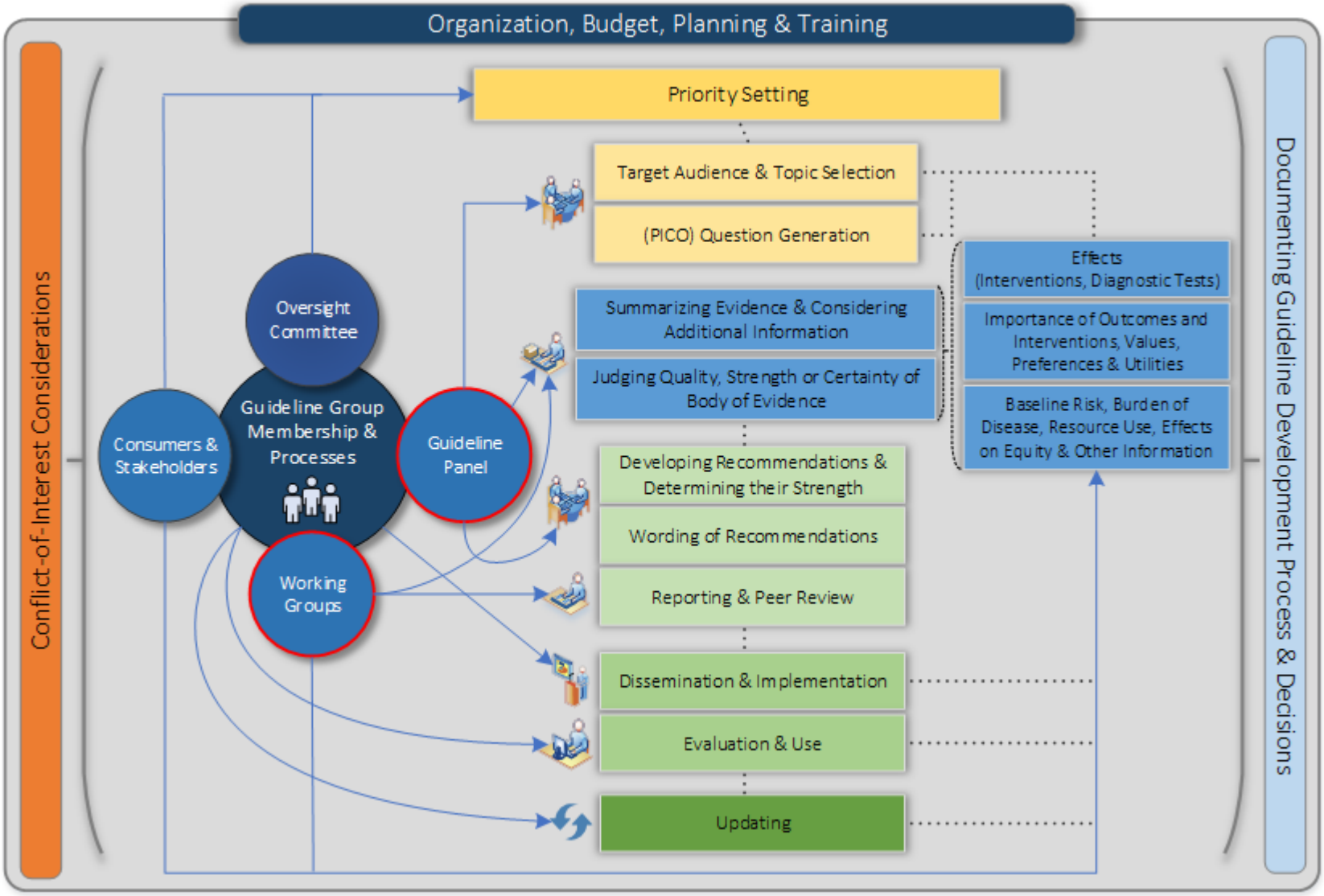


证据表格（结果、质量）

指南

Evidence based pharmacy

指南制定流程

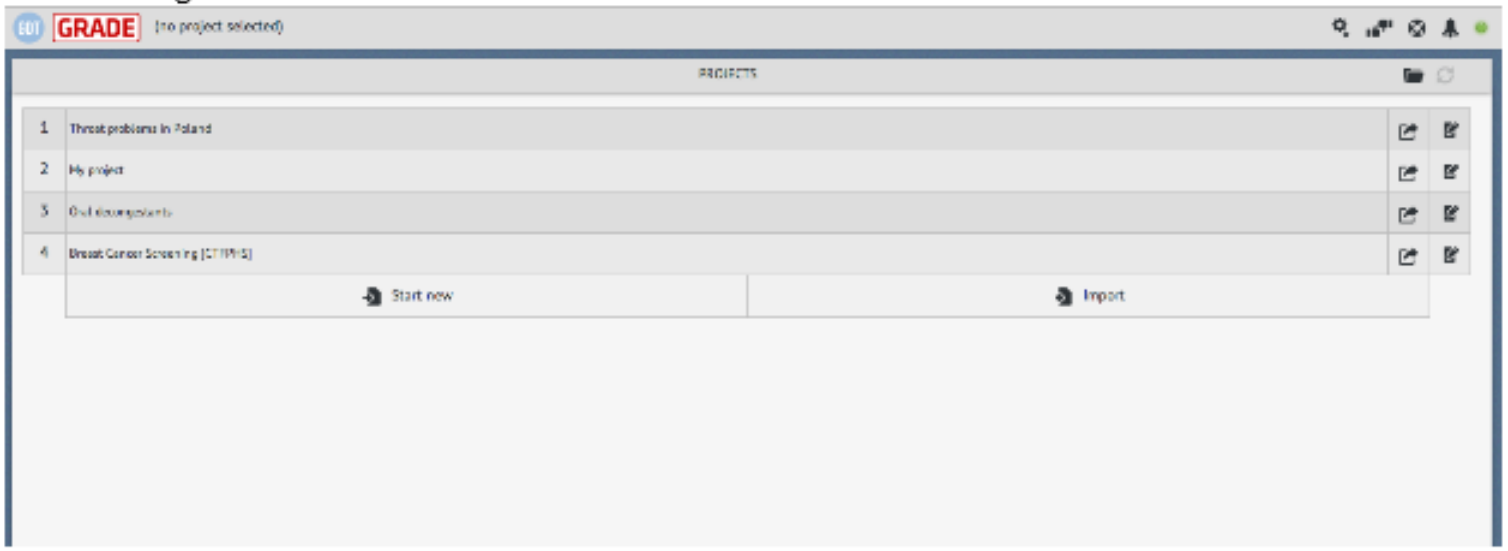


Evidence based pharmacy

- 项目管理（Project Management）

The Project Management screen

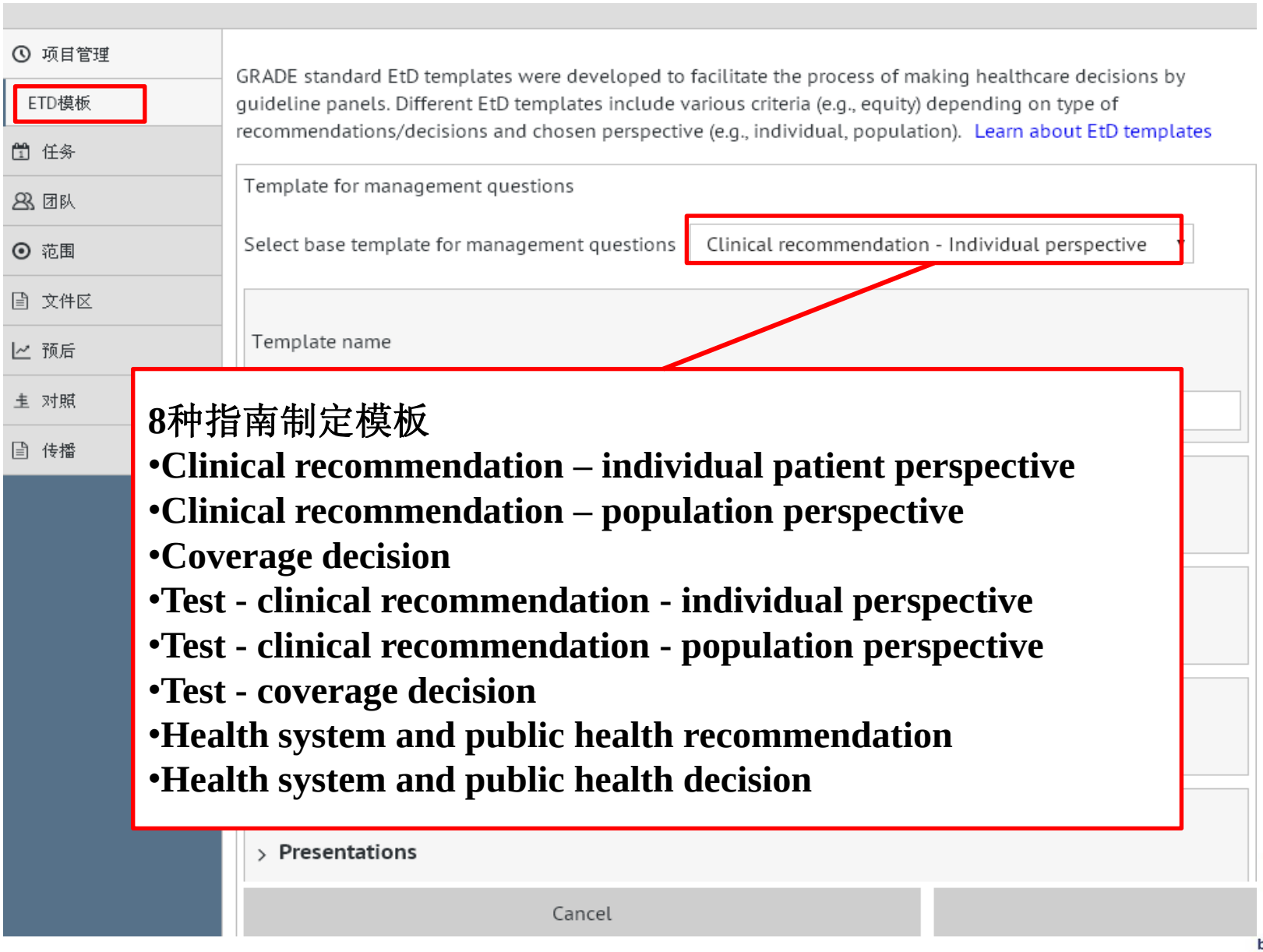
One of the first screens contains a list of the user projects (own or shared by the others), similar to the following:



Available options:

1) **Add a project** by clicking "***Start new***"
2) **Import projects** from .grd () files by clicking "***Import***"

Evidence based pharmacy

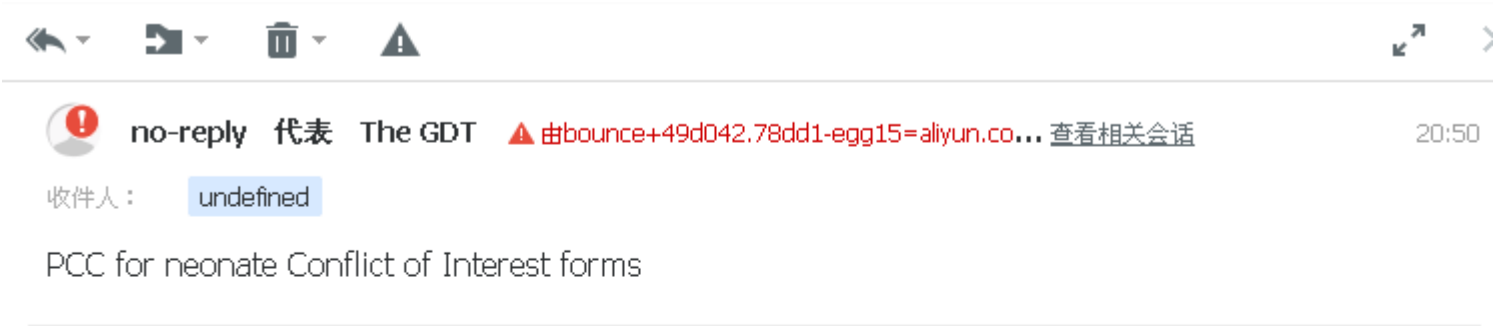


8种指南制定模板

- **Clinical recommendation – individual patient perspective**
- **Clinical recommendation – population perspective**
- **Coverage decision**
- **Test - clinical recommendation - individual perspective**
- **Test - clinical recommendation - population perspective**
- **Test - coverage decision**
- **Health system and public health recommendation**
- **Health system and public health decision**

Evidence based pharmacy

Evidence based pharmacy



no-reply 代表 The GDT 由bounce+49d042.78dd1-egg15=aliyun.co... 查看相关会话 20:50

收件人： undefined

PCC for neonate Conflict of Interest forms

Recently the PCC for neonate team invited you to fill out the Conflict of Interests form for Guideline panel members and participants.

We have not received your form yet. Please follow this personalized link and fill out the form at your earliest convenience http://gdt.guidelinedevelopment.org/forms/#coi/ec6a99fc4dc217e3d33cd990c49fbf6e/sections.

Evidence based pharmacy

Identifying information | **The work under consideration for publication** | Relevant financial activities outside the submitted work

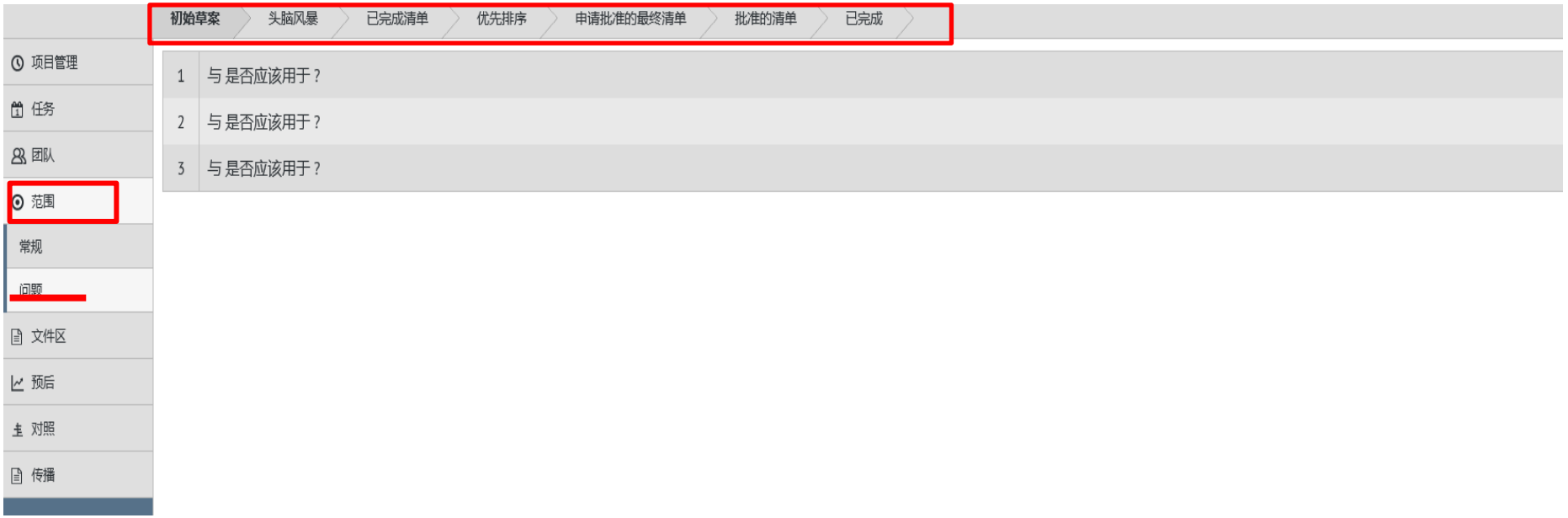
No.	Type	No	Money Paid to You	Money to Your Inst.	Name of Entity	Comments	
1.1	Grant	☑	☐	☐			ADD
2.1	Consulting fee or honorarium	☑	☐	☐			ADD
3.1	Support for travel to meetings for the or other purposes	☑	☐	☐			ADD
4.1	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			ADD
5.1	Payment for writing or reviewing the manuscript	☑	☐	☐			ADD
6.1	Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			ADD
7.1	Other	☑	☐	☐			ADD

Previous step

Next step

Evidence based pharmacy ®

Evidence based pharmacy



Evidence based pharmacy

PCC for neonate

It will likely not be possible to address in the document all questions identified as potentially important. Some questions may have higher priority than the other. For instance, they may address a more frequent and/or more severe problem, or there is higher uncertainty among target users about the answer.

Keeping in mind the scope of the document, please indicate **which of the following questions, in your opinion, have higher priority** to to be addressed in this document and/or answered with decisions/recommendations. **"1" means the lowest priority, "9" means the highest priority.**

Questions	1 - lowest priority	2	3	4	5	6	7	8	9 - highest priority	
Should **[干预]** vs **[对照]** be used for **[健康问题和（或）人群]**?	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Should **[干预]** vs **[对照]** be used for **[健康问题和（或）人群]**?	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Should **[干预]** vs **[对照]** be used for **[健康问题和（或）人群]**?	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Save | Save and finish

Evidence based pharmacy

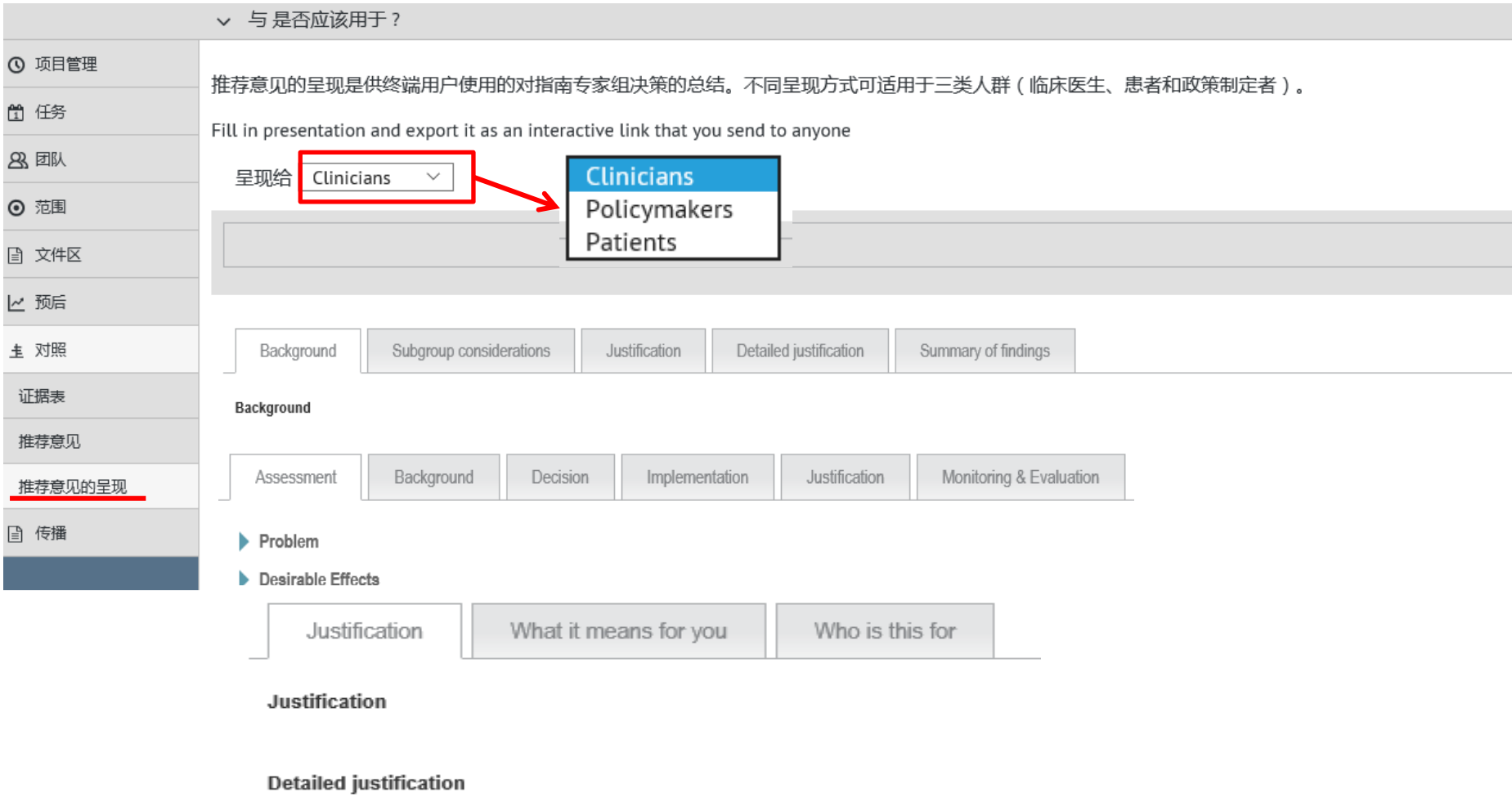
Evidence based pharmacy

Evidence based pharmacy

Evidence based pharmacy

- 证据决策表（Evidence to Decision Table）

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
PROBLEM **Is there a problem priority?**	○ No ○ Probably no ○ Uncertain ○ Probably yes ◉ Yes ○ Varies	1. Overall risk of AR in adults Saudi Arabia is 90 per 1000 (79% SAR) Overall in the Middle East: · Runny nose, nasal and throat itching, postnasal drip, and nasal congestion or stuffed up nose were the most common and bothersome symptoms of AR. · 58% of participants with AR reported that the condition had an impact on their daily private and professional life. · 72% reported that limitations on their work/school activities · 35% reported that interfered with and caused them to miss work or · Sleep disturbances were shown in this survey to be extremely troubling in 15% of AR patients. (Abdulrahman H, 2012. Survey conducted in Middle East including KSA) 2. A high percentage of patients with AR surveyed missed work or had their work performance affected by allergies: work productivity decreasing by 23% in AIA, 24% in AIAP, 33% in AILA and 30% in Middle East when allergy symptoms were at their worst. Nasal allergies also interfered with many patients' sleep, and were associated with feelings of depression, anxiety, irritability and tiredness. (Blaiss 2012, America, Asia pacific, Latin America, and Middle East)	The Saudi Expert Panel estimates a prevalence of 20% to 40% of AR in KSA. They consider that due to the lack of an appropiate data base with this data, the self- reporting studies could underestimate the prevalence (for not recognize the symptoms or not having a medical diagnosis) or overestimate (for considering any kind of rhinitis not only the allergic one).
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:** Outcome / Relative importance / Certainty of the evidence (GRADE) Nasal symptoms — CRITICAL — ⊕⊕⊕◯ MODERATE Nasal congestion — IMPORTANT — ⊕⊕⊕◯ MODERATE Rhinorrhea — IMPORTANT — ⊕⊕⊕◯ MODERATE Sneezing — IMPORTANT — ⊕⊕⊕◯ MODERATE Nasal Itching — IMPORTANT — ⊕⊕⊕◯ MODERATE Ocular and non-nasal symptoms — IMPORTANT — ⊕⊕⊕◯ MODERATE Quality of Life — CRITICAL — ⊕⊕⊕◯ MODERATE	Based on two systematic reviews of intranasal corticosteroids versus placebo, and our own update of the evidence from individual RCTs, in patients with seasonal/intermittent AR intranasal glucocorticosteroids moderately reduced total nasal symptoms (measured by the total nasal symptom score -TNSS) of seasonal allergic rhinitis in adults; as well as the symptoms of nasal congestion, rhinorrhea, sneezing, itching, and a small reduction on ocular symptoms. Three studies measured quality of life with a reduction in the total score in favour of the intranasal glucocorticosteroids. One study was performed in children with seasonal allergic rhinitis and found an effect of mometasone on nasal symptoms similar to that in adults.
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	**Summary of findings**: Intranasal corticosteroids compared to no intranasal corticosteroids in patients with seasonal/intermittent allergic rhinitis Outcome / Without intranasal corticosteroids / With intranasal corticosteroids / Difference (95% CI) / Relative effect (RR) (95% CI) The mean nasal	Both systematic reviews included patients with perennial allergic rhinitis and the information could be updated with new randomized trials. Based on this body of evidence, intranasal glucocorticosteroids moderately reduced total nasal symptoms (measured by the total nasal symptom score –TNSS) in patients with perennial / persistent AR. As in seasonal rhinitis, intranasal



Evidence based pharmacy

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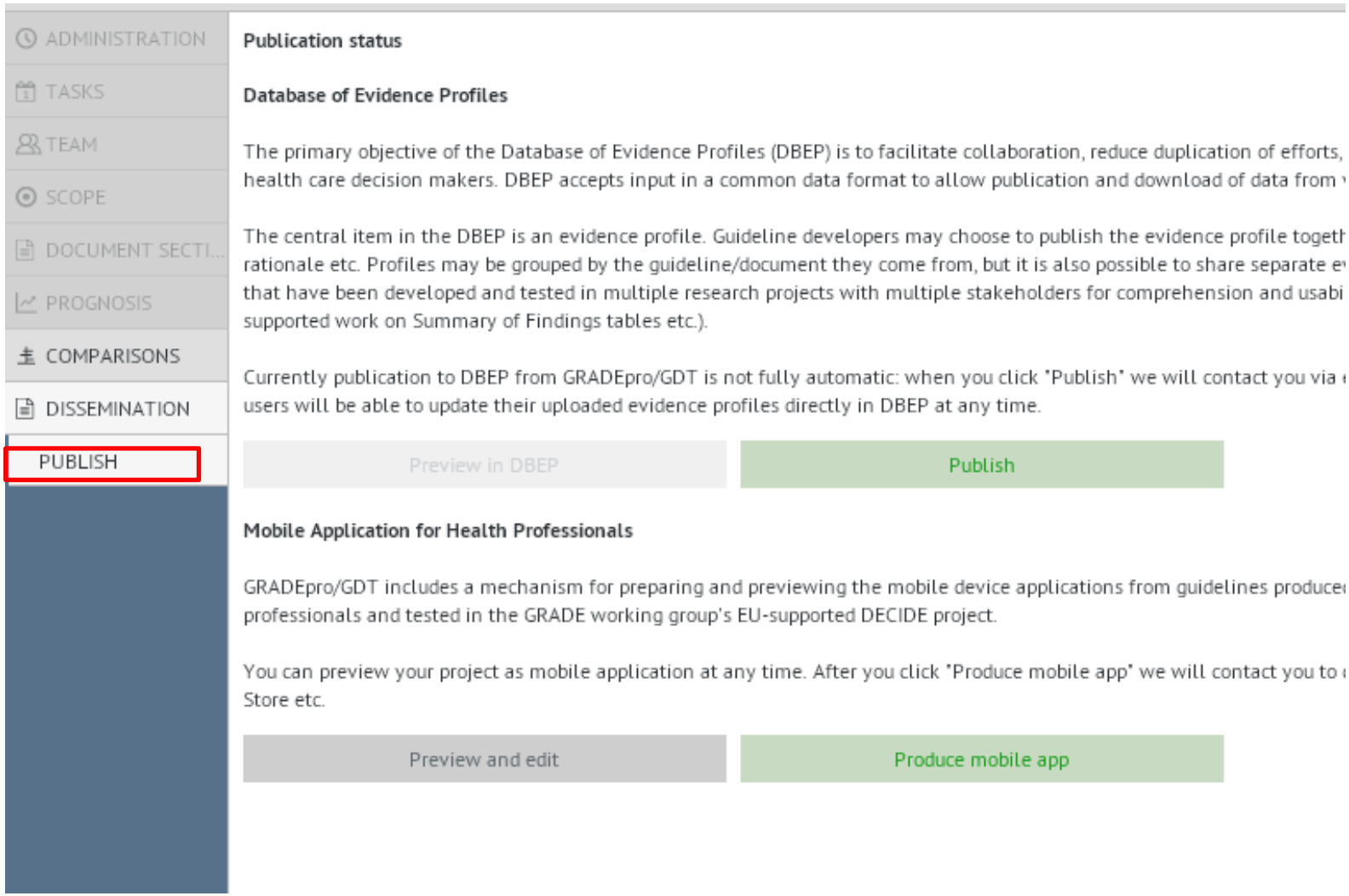

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- Database of Evidence Profile(证据概要数据库)

➢ 目的：共享信息（系统评价、指南、卫生决策者）

➢ 核心条目：证据概要表

➢ 功能：

将证据概要表按内容分组

指南制定者提取证据概要表和证据

➢ 目前尚未与GRADEpro对接

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感谢聆听，敬请指正

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