

Systematische reviews KCVG

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Kenniscentrum Verzekeringsgeneeskunde: een samenwerkingsverband tussen het AMC-UMCG-UWV-VUmc

Enorme hoeveelheid informatie en evidence:



Probleem van evidence:

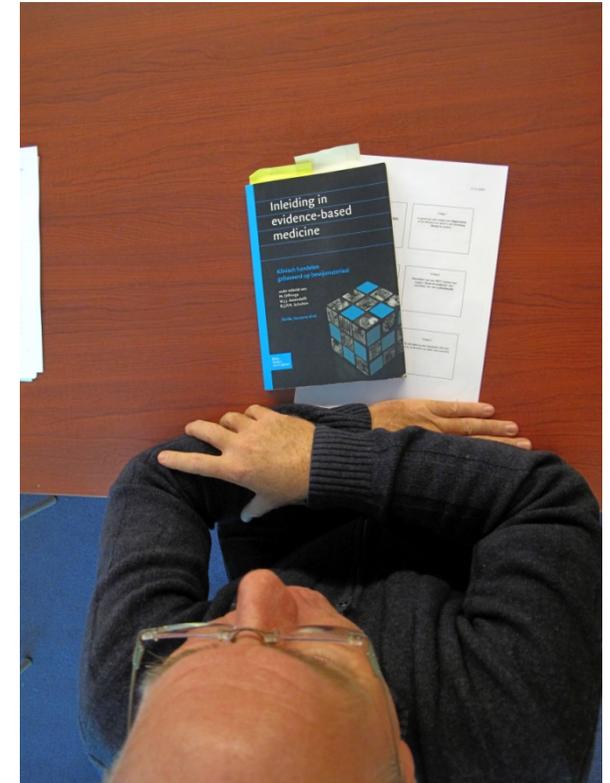
- Verspreid aanwezig
- Veel is niet relevant
- Soms slechte kwaliteit
- Beperkte tijd
- Geen zoekvaardigheden
- Geen / beperkte kennisinfrastructuur

DOI: 10.1871/journal.pmed.0010035.g001

Doctors are overloaded with information, much of it irrelevant to their practice
(Illustration: Rusty Howson, sososo design)

Belang systematische reviews, voor wie en waarom?

- Onderzoekers
 - Onderdeel onderzoek (AIO trajecten), richtlijnengroep etc
- Professionals / VAen
 - Praktijk, bij actuele kennisvragen, casuïstiek groepen,
- Beleidsmakers / UWV
 - Beleid, protocollen, richting/beleid bepalen, inzet middelen



Kansen?



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Waarom systematische reviews?

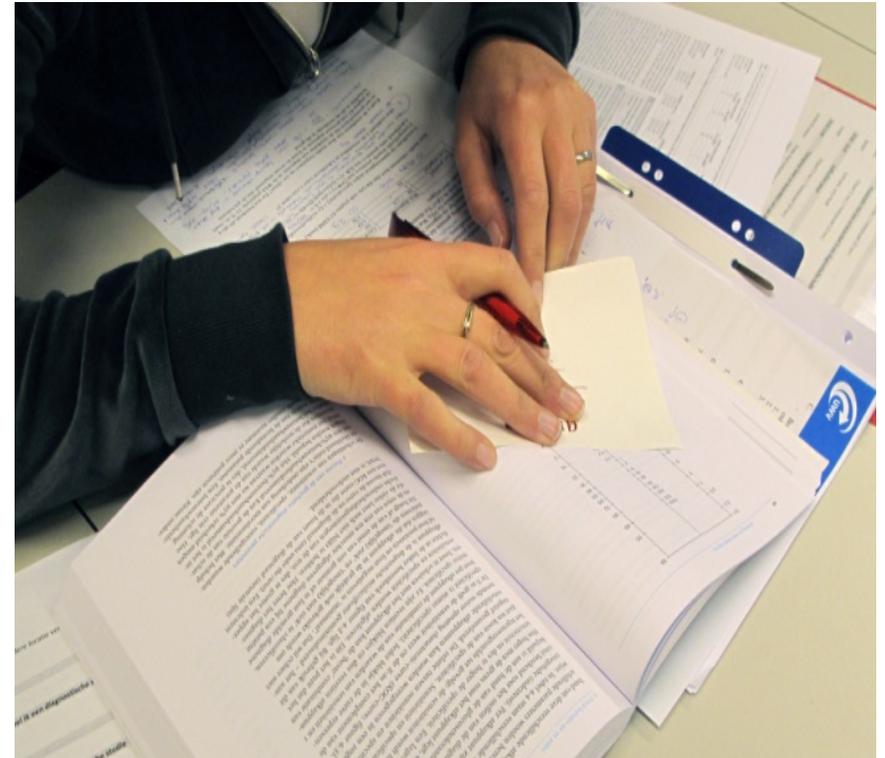
Rapporten SMZ/NVVG/ GR: aanbevelingen

- profilering UWV als expert op gebied arbeidsongeschiktheid:
gebruik beste en meest up-to-date kennis
- versterk kwaliteit bij gebruik evidence in oordeelvorming en mediprudentie
- handelen moet toetsbaar en transparant -> evidence based
- ondersteun specialistische rol VA: gebruik recente literatuur

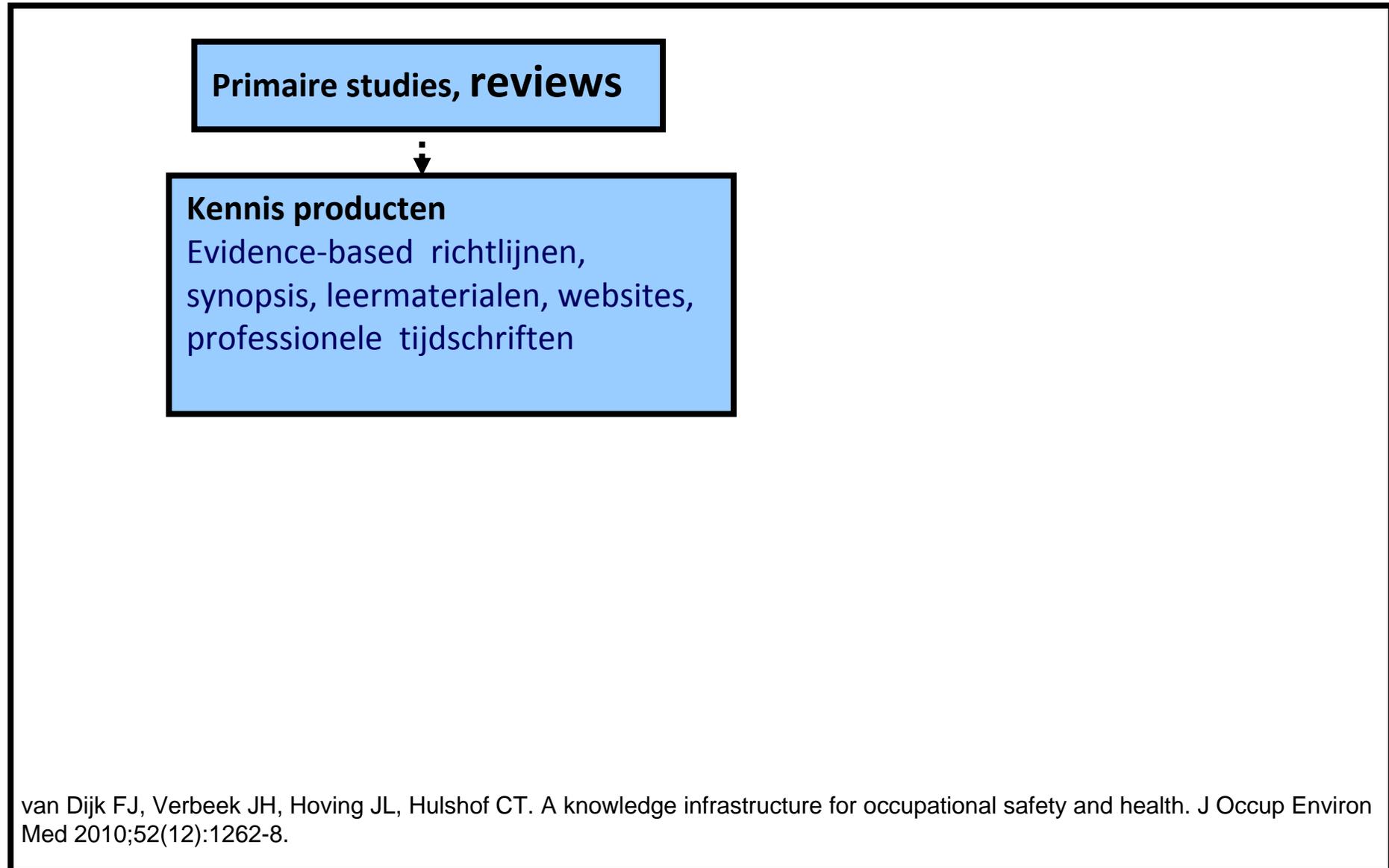


Verschillende levels van kennis

- Eerste generatie kennis
 - primaire studies, wetenschappelijke artikelen en boeken
- Tweede generatie kennis
 - reviews, meta-analyses
- Derde generatie kennis
 - Kennisproducten en beslissingstools, synopsis, richtlijnen, kwaliteitswebsites etc

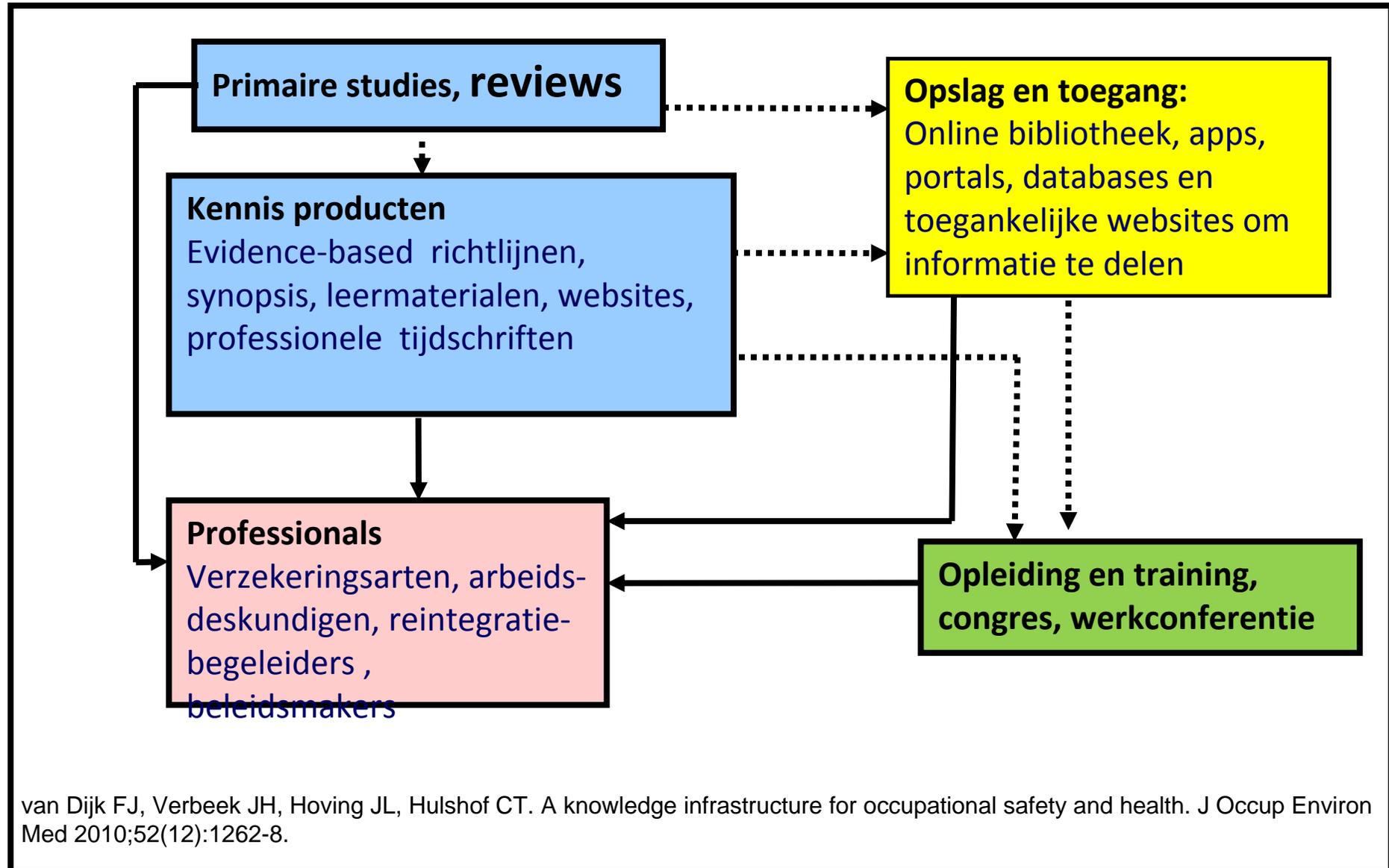


Kennis: van primaire studies en reviews naar kennisproducten



van Dijk FJ, Verbeek JH, Hoving JL, Hulshof CT. A knowledge infrastructure for occupational safety and health. J Occup Environ Med 2010;52(12):1262-8.

Kennisinfrastructuur: nog verbetering mogelijk (?!)



Belang van SRs als input voor Evidence-based richtlijnen

- Evidence-based richtlijnen:
 - Er is systematisch gezocht naar bewijs uit de literatuur + transparante rapportage
- Samenvatting literatuur
 - Gebaseerd op systematische reviews



Verzekeringsgeneeskundig protocol

Artrose heup en knie

Fragment uit VG protocol artrose
zie blz 36 – <http://www.nvvg.nl/?pag=90>

-
- Dit protocol moet worden gelezen in samenhang met de *Algemene inleiding bij de verzekeringsgeneeskundige protocollen*. Daarin vindt u een toelichting op de bedoeling, structuur en beoogde toepassing van de protocollen.
 - Van dit protocol kan gemotiveerd worden afgeweken.

Hoewel er maar bescheiden evidence is over zinvolle interventies voor de werkhervatting komt de werkgroep op grond van de beschikbare gegevens tot de volgende aanbevelingen.

Interventies gericht op werk:

- Taakverschuivingen en werkafspraken bij kortdurende of geringe klachten.
- Risicofactoren aanpakken, bijvoorbeeld een ergonomisch slechte werkhouding, vibratie, continu herhaalde bewegingen, werksnelheid opgelegd door een machine, buigen, draaien, knielen, kruipen, hurken, traplopen (vooral bij knieklachten), lopen (vooral op oneffen ondergrond), lang staan en tillen en/of dragen van zware lasten [19, 21, 22, 54, 55].
- Een urenbeperking per dag en/of week, bijvoorbeeld bij nachtelijke pijnen, waardoor de nachtrust verstoord is. Ook kan na een aantal uren activiteit de pijn toenemen, en is meer beperking in het gebruik van het gewricht wenselijk.

Ref no. 19: Lieveense, A., Bierma-Zeinstra, S., Verhagen, A., Verhaar, J., Koes, B. Influence of work on the development of osteoarthritis of the hip: a systematic review. *J Rheumatol.* 2001 Nov; 28 (11): 2520-8.

Referentie nummer 19 uit VerzekeringsGeneeskundig protocol artrose:

Lievensse, A., Bierma-Zeinstra, S., Verhagen, A., Verhaar, J., Koes, B. Influence of work on the development of osteoarthritis of the hip: a systematic review. *J Rheumatol.* 2001 Nov; 28 (11): 2520-8.

Influence of Work on the Development of Osteoarthritis of the Hip: A Systematic Review

ANNET LIEVENSE, SITA BIERMA-ZEINSTRAS, ARIANNE VERHAGEN, JAN VERHAAR, and BART KOES

ABSTRACT. *Objective.* To evaluate the evidence for the influence of physical workload on the occurrence of osteoarthritis (OA) of the hip.

Methods. We carried out a database search of Medline, Embase, and the Cochrane library to identify observational studies, and articles on the relationship between workload and hip OA were identified. Methodological quality of the selected studies was assessed using a standardized set of criteria. The outcome of each study was compared with its study characteristics and methodological quality score. Finally, a best-evidence synthesis was used to summarize the results from the individual studies.

Results. Two retrospective cohort studies and 14 case-control studies were included in this review. There was a slight negative, but not significant association between the study outcome and the methodological quality score. Overall, moderate evidence was found for a positive association, with an odds ratio of approximately 3, between previous heavy physical workload and the occurrence of hip OA. In addition, for the subcategories, i.e., ≥ 10 years farming or lifting heavy weights (≥ 25 kg), moderate evidence was found for a positive relationship with hip OA. Possible selection of the populations studied may be partly responsible for the association we identified.

Conclusion. The evidence for the influence of previous heavy physical workload on the occurrence of hip OA is moderate. (*J Rheumatol* 2001;28:2520–8)

Vraag:

Wat zijn kenmerken en kwaliteit van systematische reviews binnen KCVG?



Methode

- Type studie: review van systematische reviews
- Identificatie reviews KCVG
 - Pubmed
 - Review filter clinical queries AND 'namen promotoren KCVG' [Author]
- Selectie:
 - Inclusiecriteria: systematische review door promovendus KCVG /binnen VG
- Data-extractie:
 - titel, domein, conclusie, aanbeveling praktijk
 - Kwaliteit reviews: AMSTAR lijst voor SRs
- Analyse: beschrijvend, geen statistiek
- Proces: 1 beoordelaar
 - identificatie, selectie, kwaliteitsbeoordeling, data-extractie



Research article

Open Access

Development of AMSTAR: a measurement tool to assess the methodological quality of systematic reviews

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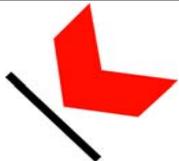
BMC Medical Research Methodology 2007, 7:10 doi:10.1186/1471-2288-7-10

Accepted: 15 February 2007

AMSTAR: an instrument to assess the methodological quality of systematic reviews, building upon previous tools, empirical evidence and expert consensus.

AMSTAR lijst: kwaliteit SRs

- | |
|---|
| 1. Was an “a priori” design provided? |
| 2. Was there duplicate study selection and data extraction? |
| 3. Was a comprehensive literature search performed? |
| 4. Was the status of publication (i.e., grey literature) used as an inclusion criterion? |
| 5. Was a list of studies (included and excluded) provided? |
| 6. Were the characteristics of the included studies provided? |
| 7. Was the scientific quality of the included studies assessed and documented? |
| 8. Was the scientific quality of the included studies used appropriately in formulating conclusions? |
| 9. Were the methods used to combine the findings of studies appropriate? |
| 10. Was the likelihood of publication bias assessed? |
| 11. Was the conflict of interest included? |



Use the builder below to create your search

[Edit](#)

Resultaat: opbrengst met zoekstrategie

Builder

[Show index list](#)
 [Show index list](#)

or [Add to history](#)

History

[Download history](#) [Clear](#)

clinical queries: filter voor reviews

Search	Add to builder	Query	Items found
#30	Add	Search systematic[sb] AND (#28)	<u>104</u> 11
#28	Add	Search (#4 or #7 or #13 or #16 or #18 or #9 or #21)	<u>901</u> 11
#21	Add	Search Wind H[Author] Sort by: Computed Author	<u>32</u> 10
#9	Add	Search Frings-Dresen MH[Author] Sort by: Computed Author	<u>197</u> 10
#18	Add	Search van Dijk FJ[Author] Sort by: Computed Author	<u>133</u> 10
#16	Add	Search van der Klink JJ[Author]	<u>64</u> 10
#13	Add	Search Groothoff JW[Author]	<u>329</u> 10
#7	Add	Search van der Beek AJ[Author] Sort by: Computed Author	<u>174</u> 10
#4	Add	Search Anema JR[Author]	<u>108</u> 10



Titels van SRs = 9 studies geïnccludeerd

1. *Predictors of return to work and employment in cancer survivors: a systematic review.* van Muijen 2013. PMID: 23279195
2. *Predictors for work participation in individuals with an Autism spectrum disorder: a systematic review.* Holwerda 2012. PMID: 22270229
3. *Instruments used to assess functional limitations in workers applying for disability benefit: a systematic review.* Spanjer J. 2011. PMID: 21495908
4. *Prognostic factors of long term disability due to mental disorders: a systematic review.* Cornelius 2011. PMID: 21057974
5. *Effectiveness of web-based interventions on patient empowerment: a systematic review and meta-analysis.* Samoocha D 2010 PMID: 20581001
6. *Vocational interventions for unemployed: effects on work participation and mental distress. A systematic review.* Audhoe SS 2010. PMID: 20039106
7. *Factors that promote or hinder young disabled people in work participation: a systematic review.* Achterberg 2009. PMID: 19308709
8. *Factors associated with long-term sick leave in sick-listed employees: a systematic review.* Dekkers-Sánchez 2008. PMID: 17881466
9. *Assessment of functional capacity of the musculoskeletal system in the context of work, daily living, and sport: a systematic review.* Wind 2005. PMID: 15844681

Onderwerpen SRs

Onderwerpen SRs	
Type review	
- prognostisch	5 (!)
- interventie	2
- instrumenten	2
Aandoening/groep	
- psychisch	2
- kanker	1
- wajong/autisme	2
- long term sick leave / workers	2
- mix aandoeningen	2

Kwaliteit SRs met AMSTAR

review no	1	2	3	4	5*	6	7	8	9
Kwaliteit SR									
1. Question/inclusion criteria	X	X	X	X	X	X	X	X	X
2. Duplicate selection	X	-	X	X	X	X	X	X	X
3. Comprehensive search	X	X	X	X	X	X	X	X	X
4. Publication type/ grey literature	-	-	-	-	-	-	-	-	-
5. List included/ <u>excluded</u> studies	-	-	-	-	-	-	-	-	-
6. Characteristics included studies	X	X	-	X	X	X	X	-	X
7. Scientific quality	X	X	-	X	X	X	-	X	X
8. Scientific quality assessed in conclusions	X	X	-	-	X	-	-	-	-
9. Methods pooling appropriate					X				
10. Likelihood publication bias		-			X				
11. Potential sources of support acknowledged	-	-	-	-	-	-	-	-	-

* Enige studie waarin werd 'gepooled'



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Conclusies & aanbevelingen tav kwaliteit

Eisen aan rapportage / uitvoering reviews steeds hoger

AMSTAR: Kwaliteit SRs over algemeen goed

Verbeterpunten tbv kwaliteit (rapportage/uitvoering)

- *Gebruik 'grijze literatuur': rapporten etc*
- *Ook vermelden lijst geëxcludeerde studies (naast geïnccludeerde studies)*
- *Bespreek conclusies /resultaten in licht van kwaliteit studies*
- *Sources of support aangeven*



Resultaten & Conclusies SRs

N

1. Muijen: Old age, low education and low income were negatively associated with employment. Moderate evidence was found for extensive disease being negatively associated with both return to work and employment, and for female gender being negatively associated with return to work.....	28
2. Holwerda: Seventeen factors were identified and categorized as disease-related factors, personal factors or external factors. Limited cognitive ability was the only significant predictor consistently found for work outcome	18
3. Spanjer: Studies on four instruments specifically focusing on assessing physical functional limitations in workers applying for disability benefit were found. All four instruments have limitations regarding their psychometric qualities or contents.	10
4. Cornelius: ... identifies a number of prognostic factors, ...consistent with findings in related literature (mental health factors, age, history of previous sickness absence, negative recovery expectation, socio-economic status, unemployment, quality and continuity of occupational care), while other prognostic factors (gender, level of education, sole breadwinner, supervisor support) conflict with existing evidence.	7
5. Samoocha: Web-based interventions have a significant positive effect on empowerment measured with the DES (two studies), self-efficacy measured with disease-specific self-efficacy instruments (nine studies), and mastery measured with the Pearlin Mastery Scale (one study). No statistical significant effect when comparing Web-based interventions with face-to-face deliveries.	14

Resultaten & Conclusies SRs	N
<p>6. Audhoe: interventions focused on acquiring job-search skills, maintaining paid work, personal development and preparedness against setbacks during the job-search process. ... weak evidence to support the use of vocational interventions to improve work participation and limited evidence to reduce mental distress for the unemployed.</p>	5
<p>7 Achterberg: Promoting factors are male gender, high educational level, age at survey, low depression scores, high dispositional optimism and high psychosocial functioning. Female and low educational level gives high odds of unemployment just like low IQ, motor impairment, etc etc</p>	10
<p>8. Dekkers: Evidence was found for 14 individual factors and two work-related factors. The level of evidence was found to be insufficient for all factors, except for the factors older age and history of sick leave. there is weak evidence for older age and history of sickness absence as factors associated with long-term sick leave in sick-listed employees. ...</p>	5
<p>9. Wind: Four questionnaires (the Oswestry Disability Index, the Pain Disability Index, the Roland–Morris Disability Questionnaire, and the Upper Extremity Functional Scale) have high levels on both validity and reliability. None of the functional tests had a high level of both reliability and validity. Ten out of 13 questionnaires were used in the context of work.</p>	34

Belang van aanbevelingen voor doelgroep

Voorbeeld: recommendations

SR van Muijen

For policy : ... therefore, government policy combined with willingness of employers, should address this specific group of employees by means of legislation accommodating return to work and providing education, acting as an intervention tool in vocational rehabilitation.

For practice:Finally, physicians concerned with the care of cancer survivors should be aware of the fact that certain treatment modalities can act as a barrier in return to work and should take this into consideration in advising their patients if confronted with questions on the topic

For research: ... the results underline the need to increase the number of high-quality cohort studies implementing more uniformity in prospective studies in order to identify potential strong factors or yet undisclosed factors that influence return to work and/or employment of cancer survivors

Conclusies aanbevelingen SRs

- We doen het goed, veel SRs op verschillende onderwerpen, in meeste gevallen veel geïnccludeerde studies
- Kwaliteit goed, verbetering mogelijk op aantal methodologische / rapportage aspecten (AMSTAR)
- Verbeteren rapportage SRs: elke SR voortaan voorzien van expliciete aanbevelingen voor praktijk en onderzoek
- Nog geen Cochrane reviews: mogelijk in toekomst?
- Naast promotie trajecten: hoe evidence uit SRs te gebruiken?
- Belang van aansluiting bij praktijk / onderwerpen die voor UWV van belang zijn (in toekomst)
- Ontwikkelen kennisinfrastructuur: faciliteren gebruik en toegang SRs, richtlijnen en andere evidence toepassingen voor professionals

Discussie?



Graag!



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