Putting the issues on the table: Rapid reviews of effectiveness to inform health policy

Ginny Brunton[1], James Thomas[1], Jenny Caird[1], Nicole Paraskeva[2], Nichola Rumsey[2]
[1] EPPI-Centre, Social Science Research Unit, Institute of Education, University of London UK
[2] Centre for Appearance Research, Department of Psychiatry, University of the West of England, Bristol UK

Background

Systematic reviews are increasingly used to inform health policy (Grimshaw et al. 2012). These often employ rapid evidence assessment methods. Together, these result in particular challenges: a tendency to ask broad questions and a timetable suited to narrow questions (Caird et al. 2010; Gough et al. 2012; Armstrong & Waters 2007). The navigation of these issues both precede and support a more downstream need: for knowledge translation to represent evidence in a way that is appropriate for policy use (Lavis 2009).

Objectives

To demonstrate a novel method of representing evidence from a systematic rapid review assessment (SREA).

Methods

We undertook a SREA of the effect of cosmetic interventions on post-procedure psychological and psychosocial outcomes. As part of the descriptive synthesis, we mapped in tabular format the statistically significant effects (positive effect/negative effect/no change) for each outcome and quality markers against each type of intervention.

Results

The tabular format (see Table 1) allowed us to see the impact of cosmetic interventions on each outcome (e.g. satisfaction, self-esteem, anxiety/depression). It also allowed us to see quickly the overall impact (i.e. all outcomes) of any one cosmetic intervention. These produced very different results. For example, post-procedure self-esteem improves across cosmetic interventions, but findings across abdominoplasty studies suggest small or no improvements for post-procedure self-esteem.

Conclusions

This type of cross-tabulation adds depth to the SREA process in that evidence on narrower (i.e. procedure-specific) interventions can be visually summarised to address broader policy questions of effectiveness. It may be a helpful method of data presentation for those undertaking SREAs using primary- and review-level evidence.

Table 1. Outcomes and type of surgery: Direction of effect*

Type of cosmetic intervention	Evidence Source / Review and Study Quality	Outcome: Self-esteem	Quality of life/ Social functioning	Satisfaction	Anxiety/ Depression	Body image/ BDD	Psychological disturbance/ Emotional disorder/ Mental Health	Suicide
Abdominoplasty	Evidence from one systematic review (SR) (Cook 2006) AMSTAR 9/11 Data from two included studies of low methodological quality	+/o	+/o			+/o/-	o	
Botulinium toxin	Evidence from one SR (Fagien & Carruthers 2008) AMSTAR 5/11 Data from two included studies of low methodological quality			+				
Breast augmentation	Evidence from three SRs (Cook 2006-Honigman 2004-Shridharani 2010) AMSTAR 5/11 - 5/11 - 5/11 Data from 16 included studies of low methodological quality	+	+	+	+	+/o		-
Breast reduction	Evidence from three SRs (Cook 2006-Honigman 2004-Shridharani 2010) AMSTAR 5/11 - 5/11 - 5/11 Data from 17 included studies of low methodological quality	+	+	+	+	+	+/o	
Facelift	Evidence from two SRs (Honigman 2004-Shridharani 2010) AMSTAR 5/11 – 5/11 Data from three included studies of unclear methodological quality	+	+		-		-	
LASIK eye surgery	Evidence from one SR (Solomon 2009) AMSTAR 8/11 Data from three included studies of sound methodological quality			+				
Orthognathic surgery	Evidence from one SR (Alanko 2010) AMSTAR 7/11 Data from 14 included studies of low methodological quality	+/o	+/-		+/o/-	+/o	o	
Rhinoplasty	Evidence from three SRs (Cook 2006; Honigman 2004; Shridharani 2010) AMSTAR 5/11 - 5/11 Data from 16 included studies of unclear methodological quality	+	+	+/-	+	o	+/o/-	

*Findings from studies describe:
+ positive effect; - negative effect; **o** no change in outcome; +/- both positive and negative effects;
+/**o** both no effect and positive effects ; -/**o** both no effect and negative effects;
+/**o**/- positive effects, no change in outcome and negative effects; blank cell = outcome not reported

References

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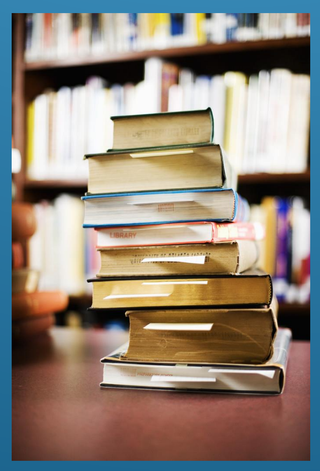

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