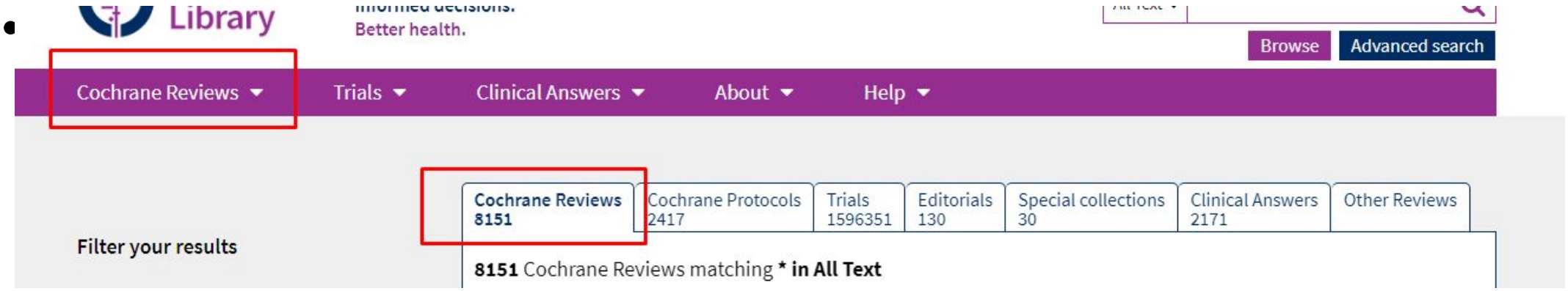
Шаблон работы с систематическим обзором

Общие замечания

- Каждый желающий может представить любой интересующий его обзор. (Предварительно согласовать с руководителем СНК.)
- Обзоры искать на сайте https://www.cochranelibrary.com/cdsr/reviews
- Презентация представляется на русском языке
- Данный шаблон может быть изменен и дополнен
-



Структура

- Заглавие
- Актуальность
- Цели
- Методы
- Результаты
- Выводы авторов

Заглавие

- Указывается на заглавном слайде презентации
- Указывается в PICO формате

PICO acronym

P = Patient, population or target problem at hand

How would you describe a group of patients similar to your own?
What is the condition or disease you are interested in?

I = Intervention

What do you want to do to this patient?
Treat, diagnose or observe?

C= Comparison

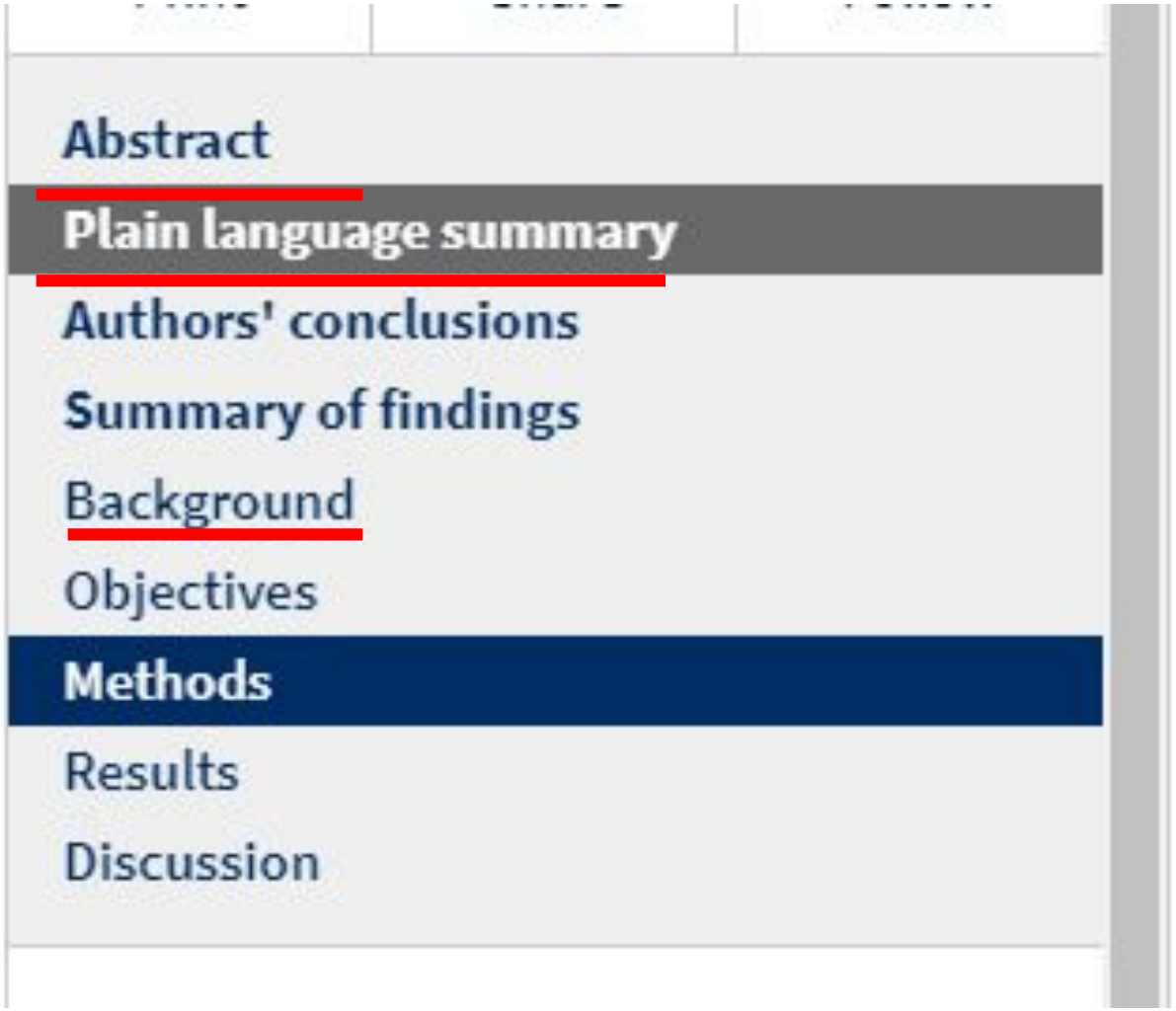
What is the main alternative (gold standard) to compare with the intervention?
Your clinical question does not always need a direct comparison.

O= Outcome

What can you hope to improve, accomplish, measure or affect?
What are the relevant outcomes? (morbidity, death, complications)

Актуальность

- Источники:
- 1. Abstract (Background)
- Plain language summary
- 2. Background
- 3. Другие иссточники: википедия и тд.



Актуальность

Abstract

Background

Fluoxetine is a serotonin reuptake inhibitor indicated for major depression. It is also thought to affect weight control: this seems to happen through appetite changes resulting in decreased food intake and normalisation of unusual eating behaviours. However, the benefit-risk ratio of this off-label medication is unclear.

Plain language summary

Background

Fluoxetine is a medicine used for the treatment of depression, which reduces appetite as a side effect. Therefore, it is suspected that fluoxetine could be used as a treatment for overweight or obese people. In this group of people administration of fluoxetine means an off-label treatment which means it is not licensed for treating obesity.

Цели

- формируются одним предложением
- Указываются в разделе Objectives

Objectives

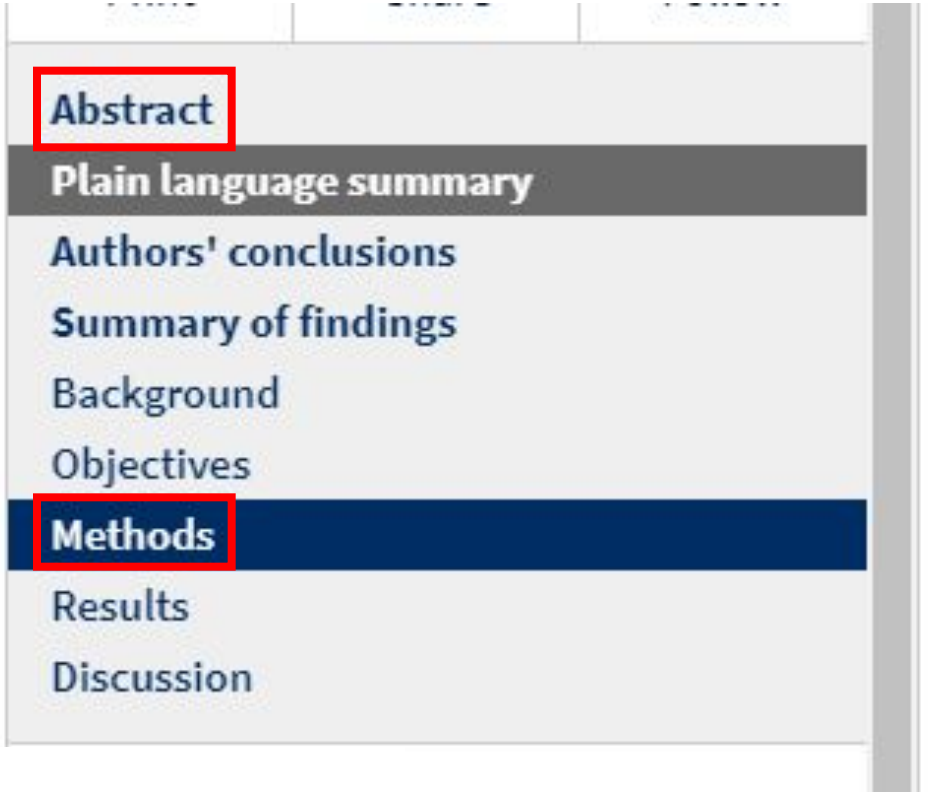
To assess the effects of fluoxetine for overweight or obese adults.

Методы

- Критерии включения исследований в этот обзор
- Стратегия поиска исследований
- Оценка риска предвзятости
- Качество доказательств

Критерии включения исследований в этот обзор

- Abstract (selection criteria)
- Methods (Criteria for considering studies for this review)



Selection criteria

We included randomised controlled trials (RCTs) comparing the administration of fluoxetine versus placebo, other anti-obesity agents, non-pharmacological therapy or no treatment in overweight or obese adults without depression, mental illness or abnormal eating patterns.

Criteria for considering studies for this review

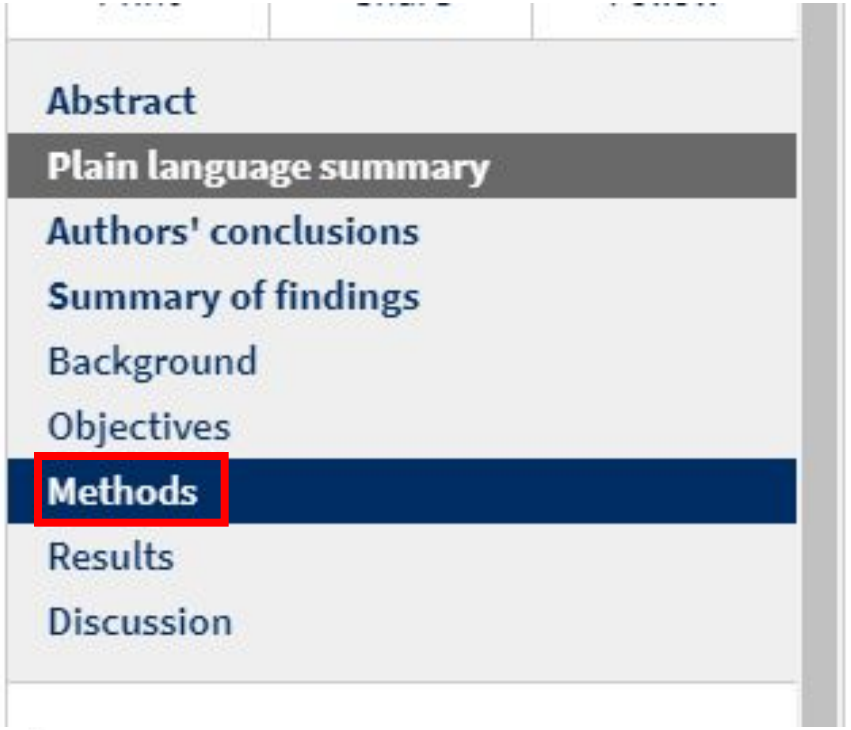
Types of studies

We included randomised controlled trials (RCT) comparing the administration of fluoxetine versus another pharmacological therapy with anti-obesity agents, no treatment or placebo for overweight or obese adults.

Types of participants

Стратегия поиска исследований

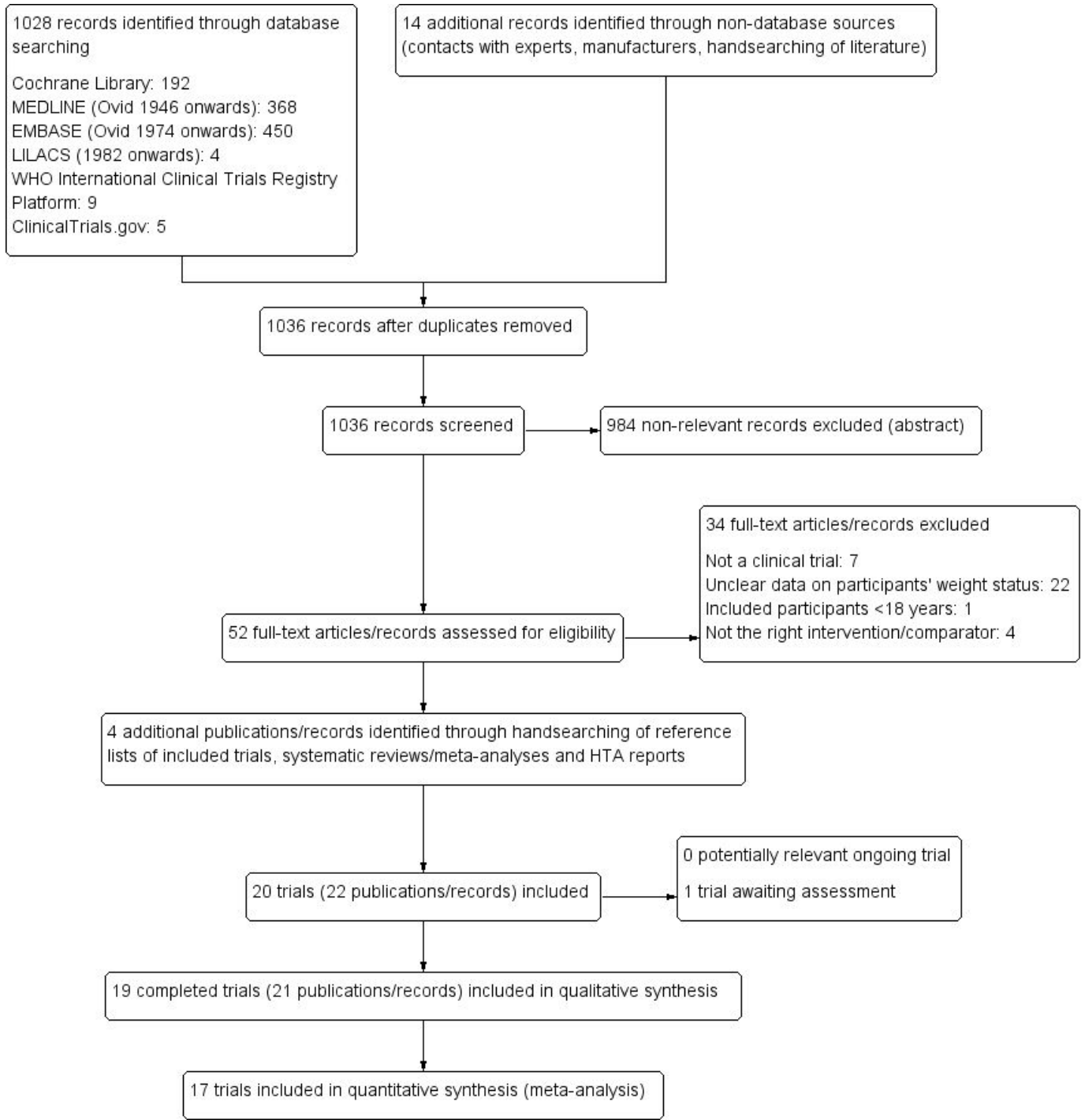
- Methods (Search methods for identification of studies)



- Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Register of Studies Online (December 2018).
- MEDLINE Ovid (Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily from 1946 until 20 December 2018.
- Embase Ovid (from 1974 until 25 December 2018).
- LILACS (Latin American and Caribbean Health Science Information database; from 1982 until 28 Decem
- ClinicalTrials.gov (www.clinicaltrials.gov) (until 31 December 2018).
- World Health Organization International Clinical Trials Registry Platform (ICTRP) (www.who.int/trialsearch) (until 31 December 2018).

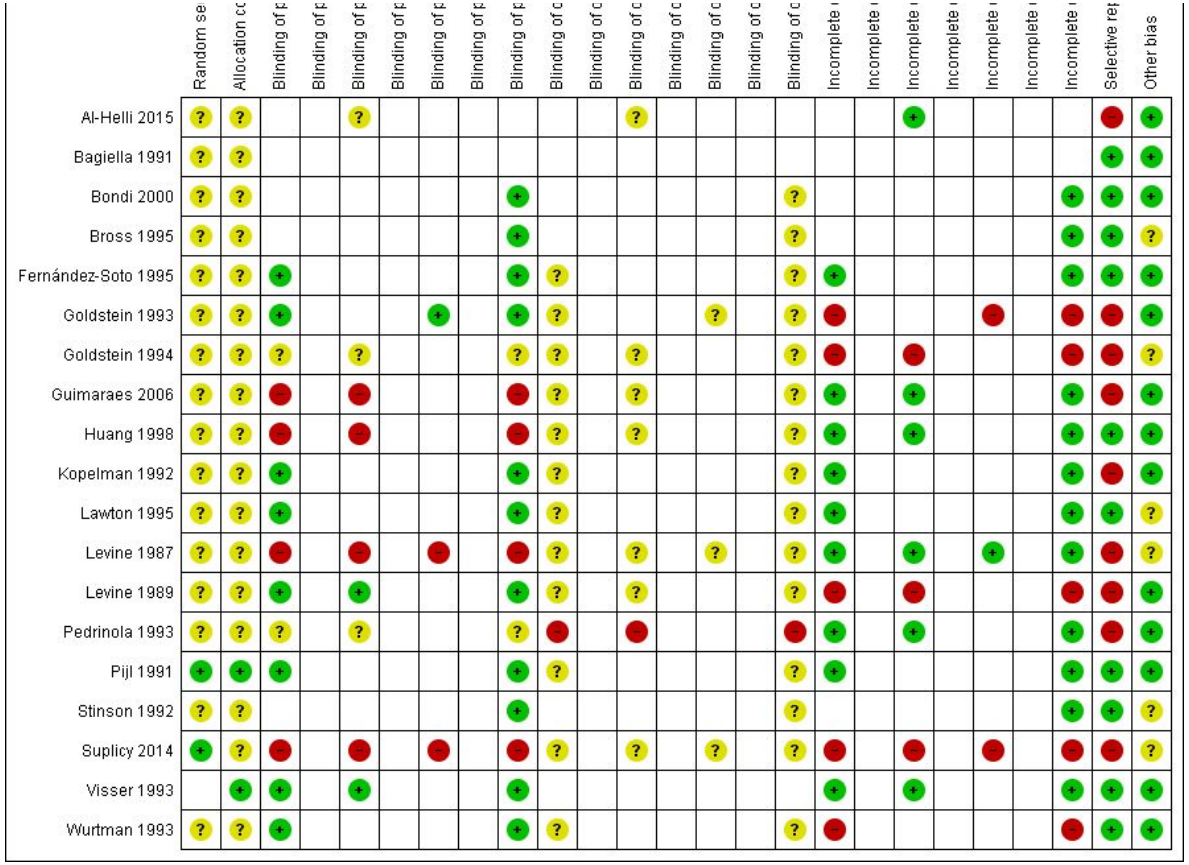
Стратегия поиска исследований

- Methods (Trial flow diagram.)



Оценка риска предвзятости

- Methods (Assessment of risk of bias in included studies)
- Обязательно: таблица «риск предвзятости», минимальное текстовое описание.



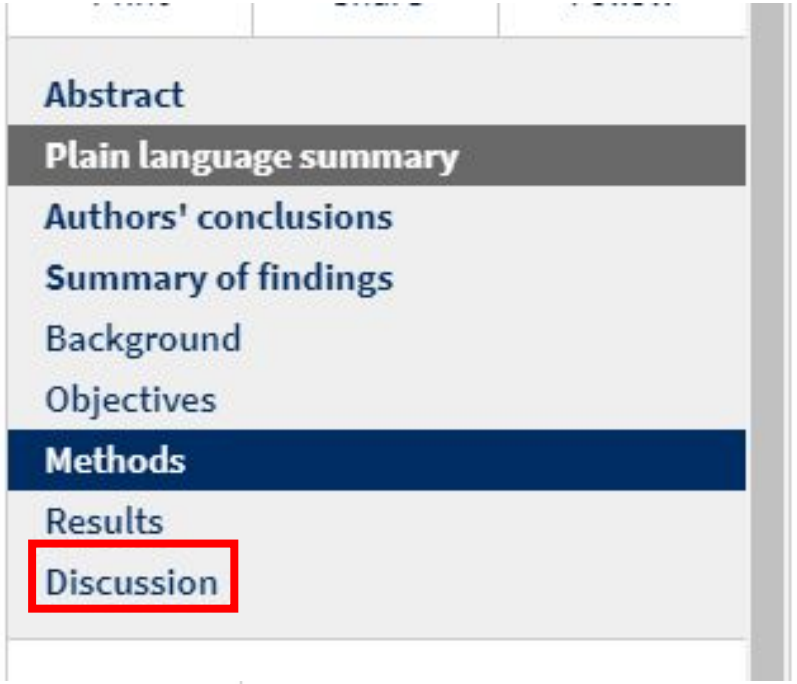
Качество доказательств.

- Summary of findings

Outcomes	Placebo	Fluoxetine	Relative effect (95% CI)	No of participants (trials)	Certainty of the evidence (GRADE)	Comments
Weight loss (kg) (a) All fluoxetine dosages (b) Fluoxetine 60 mg/d (c) Fluoxetine 40 mg/d (d) Fluoxetine 20 mg/d Follow-up: (a) 11 days to 52 weeks	(a) The mean weight loss ranged across placebo groups from −4.9 kg to 0.3 kg (b) The mean weight loss ranged across placebo groups from −4.9 kg to 0.3 kg (c) The mean weight	(a) The mean weight loss in the fluoxetine groups was **2.7 kg** higher (4 kg higher to 1.4 kg higher) (b) The mean weight loss in the fluoxetine groups was **2.5 kg** higher (3.8 kg higher to 1.2 kg higher) (c) The mean weight loss in the	—	(a) 956 (10) (b) 819 (7) (c) 182 (2) (d) 279 (3)	(a) & (b) ⊕⊖⊖⊖ **low**[a] (c) & (d) ⊖⊖⊖⊖ **very low**[b]	(a) The 95% prediction interval ranged between −7.1 kg and 1.7 kg (b) The 95% prediction interval ranged between −6.4 kg and 1.4 kg

Качество доказательств

- Discussion (Quality of the evidence)



Quality of the evidence

We identified a great variety of doses and durations of treatment in the intervention groups, many different groups of comparators, and variation in the diagnostic criteria and characteristics of the grade of obesity in the participants, which limited comparability and increased the heterogeneity between trials.

Результаты

- Abstract (в большинстве случаев достаточ
- Так же можно смотреть: Results, Discussion.
- Мета-анализ, если проводился

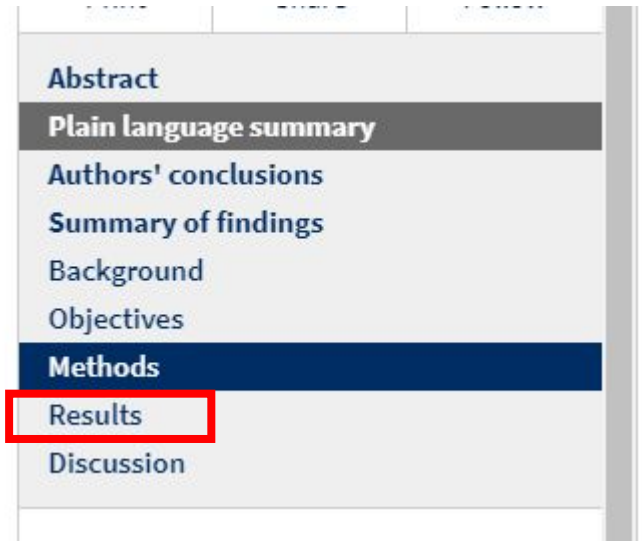
Main results

We identified 1036 records, scrutinized 52 full-text articles and included 19 completed RCTs (one trial is awaiting assessment). A total of 2216 participants entered the trials, 1280 participants were randomly assigned to fluoxetine (60 mg/d, 40 mg/d, 20 mg/d and 10 mg/d) and 936 participants were randomly assigned to various comparison groups (placebo; the anti-obesity agents diethylpropion, fenproporex, mazindol, sibutramine, metformin, fenfluramine, dexfenfluramine, fluvoxamine, 5-hydroxy-tryptophan; no treatment; and omega-3 gel). Within the 19 RCTs there were 56 trial arms. Fifteen trials were parallel RCTs and fou were cross-over RCTs. The participants in the included trials were followed up for periods between three weeks and one year. The certainty of the evidence was low or very low: the majority of trials had a high risk of bias in one or more of the risk of bias domains.

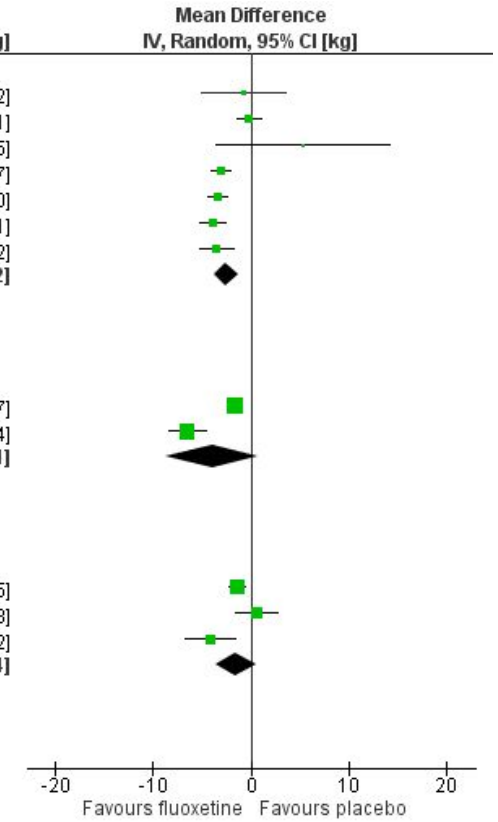
For our main comparison group — fluoxetine versus placebo — and across all fluoxetine dosages and durations of treatment, the MD was −2.7 kg (95% CI −4 to −1.4; P < 0.001; 10 trials, 956 participants; low-certainty evidence). The 95% prediction interval

Результаты

- Мета-анализ



Study or Subgroup	Fluoxetine Mean [kg]	Fluoxetine SD [kg]	Fluoxetine Total	Placebo Mean [kg]	Placebo SD [kg]	Placebo Total	Weight	Mean Difference IV, Random, 95% CI [kg]
1.1.1 Fluoxetine 60 mg/d								
Bondi 2000 (1)	-5.6	5.89	12	-4.9	4.85	12	6.3%	-0.70 [-5.02, 3.62]
Goldstein 1994 (2)	-1.4	7.1	217	-1.2	5.7	217	18.7%	-0.20 [-1.41, 1.01]
Guimaraes 2006 (3)	83	9.01	9	77.7	10.66	10	1.9%	5.30 [-3.55, 14.15]
Levine 1987 (4)	-4.5	4	60	-1.4	0.77	60	19.6%	-3.10 [-4.13, -2.07]
Levine 1989 (5)	-3.91	3.87	87	-0.54	2.34	74	19.9%	-3.37 [-4.34, -2.40]
Pijl 1991 (6)	-3.6	1.66	11	0.3	1.73	12	17.8%	-3.90 [-5.29, -2.51]
Visser 1993 (7)	-5.9	2.8	18	-2.4	2.8	20	15.7%	-3.50 [-5.28, -1.72]
Subtotal (95% CI)			**414**			**405**	**100.0%**	**-2.50 [-3.78, -1.22]**
Heterogeneity: Tau² = 1.90; Chi² = 26.38, df = 6 (P = 0.0002); I² = 77%								
Test for overall effect: Z = 3.83 (P = 0.0001)								
1.1.2 Fluoxetine 40 mg/d								
Levine 1989 (8)	-2.16	2.56	90	-0.54	2.34	74	51.8%	-1.62 [-2.37, -0.87]
Pedrinola 1993 (9)	-8.2	2.8	10	-1.7	1.3	8	48.2%	-6.50 [-8.46, -4.54]
Subtotal (95% CI)			**100**			**82**	**100.0%**	**-3.97 [-8.75, 0.81]**
Heterogeneity: Tau² = 11.34; Chi² = 20.85, df = 1 (P < 0.00001); I² = 95%								
Test for overall effect: Z = 1.63 (P = 0.10)								
1.1.3 Fluoxetine 20 mg/d								
Levine 1989 (10)	-1.93	3.06	86	-0.54	2.34	74	42.9%	-1.39 [-2.23, -0.55]
Suplicy 2014 (11)	-2.5	4.1	31	-3.1	4.3	29	30.7%	0.60 [-1.53, 2.73]
Wurtman 1993 (12)	-7.1	5.97	30	-3	3.99	29	26.5%	-4.10 [-6.68, -1.52]
Subtotal (95% CI)			**147**			**132**	**100.0%**	**-1.50 [-3.53, 0.54]**
Heterogeneity: Tau² = 2.33; Chi² = 7.58, df = 2 (P = 0.02); I² = 74%								
Test for overall effect: Z = 1.44 (P = 0.15)								



Test for subgroup differences: Chi² = 1.17, df = 2 (P = 0.56), I² = 0%

Footnotes

(1) 12 weeks intervention
(2) 52 weeks intervention
(3) 90 days intervention
(4) 11 days intervention; value of 0.1 in publication probably SE and recalculated as SD
(5) 8 weeks intervention
(6) 6 weeks intervention
(7) 12 weeks intervention
(8) 8 weeks intervention
(9) 12 weeks intervention
(10) 8 weeks intervention
(11) 52 weeks intervention
(12) 12 weeks intervention

Выводы авторов

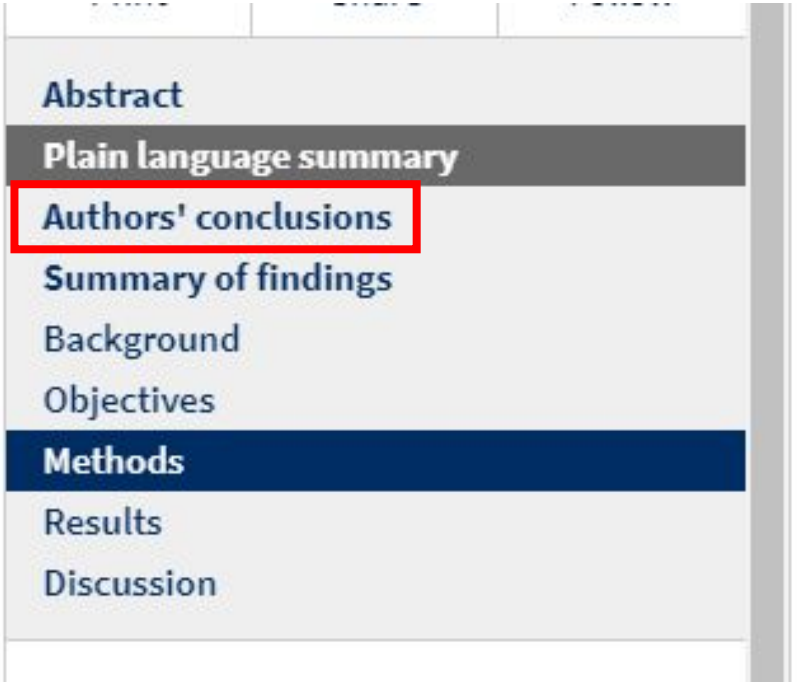
Authors' conclusions

Implications for practice

Approved indications for use of fluoxetine are major depression, obsessive behaviours, panic disorders and bulimia. We observed low-certainty evidence suggesting that off-label fluoxetine may produce a modest weight loss compared with placebo at any dose, especially when given at a dose of 60 mg/day. However, we found low-certainty evidence of a small increase in the risk for specific adverse events, such as dizziness, drowsiness, fatigue, insomnia and nausea following fluoxetine consumption. With respect to other findings of our review, there were limited data from other comparator anti-obesity agents and non-pharmacological therapies were scarce.

Implications for research

Further research is required to determine whether the administration of fluoxetine has any effect on morbidity, socioeconomic effects and health-related quality of life in overweight and obese people, as well as whether this intervention might be useful in combination with other anti-obesity agents or with non-pharmacological interventions to reduce weight. To ensure the efficacy and safety of fluoxetine in overweight or obese adults high-certainty evidence is needed to analyse the effects of long-term use of fluoxetine to promote weight loss and to determine the severity of adverse events. On the other hand, researchers should improve their efforts to reduce high attrition rates in these types of long-term therapies.



Краткое резюме обзора (по желанию)