

# 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

The screenshot shows the Cochrane Library website interface. At the top left is the Cochrane Library logo with the tagline "informed decisions. Better health." To the right is a search bar with a magnifying glass icon and buttons for "Browse" and "Advanced search". Below the search bar is a purple navigation bar with dropdown menus for "Cochrane Reviews", "Trials", "Clinical Answers", "About", and "Help". The "Cochrane Reviews" menu item is highlighted with a red box. Below the navigation bar is a table of search results. The table has a header row with "Cochrane Reviews 8151" (highlighted with a red box), "Cochrane Protocols 2417", "Trials 1596351", "Editorials 130", "Special collections 30", "Clinical Answers 2171", and "Other Reviews". Below the table, the text "8151 Cochrane Reviews matching \* in All Text" is displayed. On the left side of the results area, the text "Filter your results" is visible.

Cochrane Reviews 8151	Cochrane Protocols 2417	Trials 1596351	Editorials 130	Special collections 30	Clinical Answers 2171	Other Reviews
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8151 Cochrane Reviews matching \* in All Text

Filter your results

# 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 источники: википедия и тд.

Abstract
<b>Plain language summary</b>
Authors' conclusions
Summary of findings
<u>Background</u>
Objectives
<b>Methods</b>
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# 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

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## Objectives

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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

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# Стратегия поиска исследований

- **Methods (Search methods for identification of studies)**

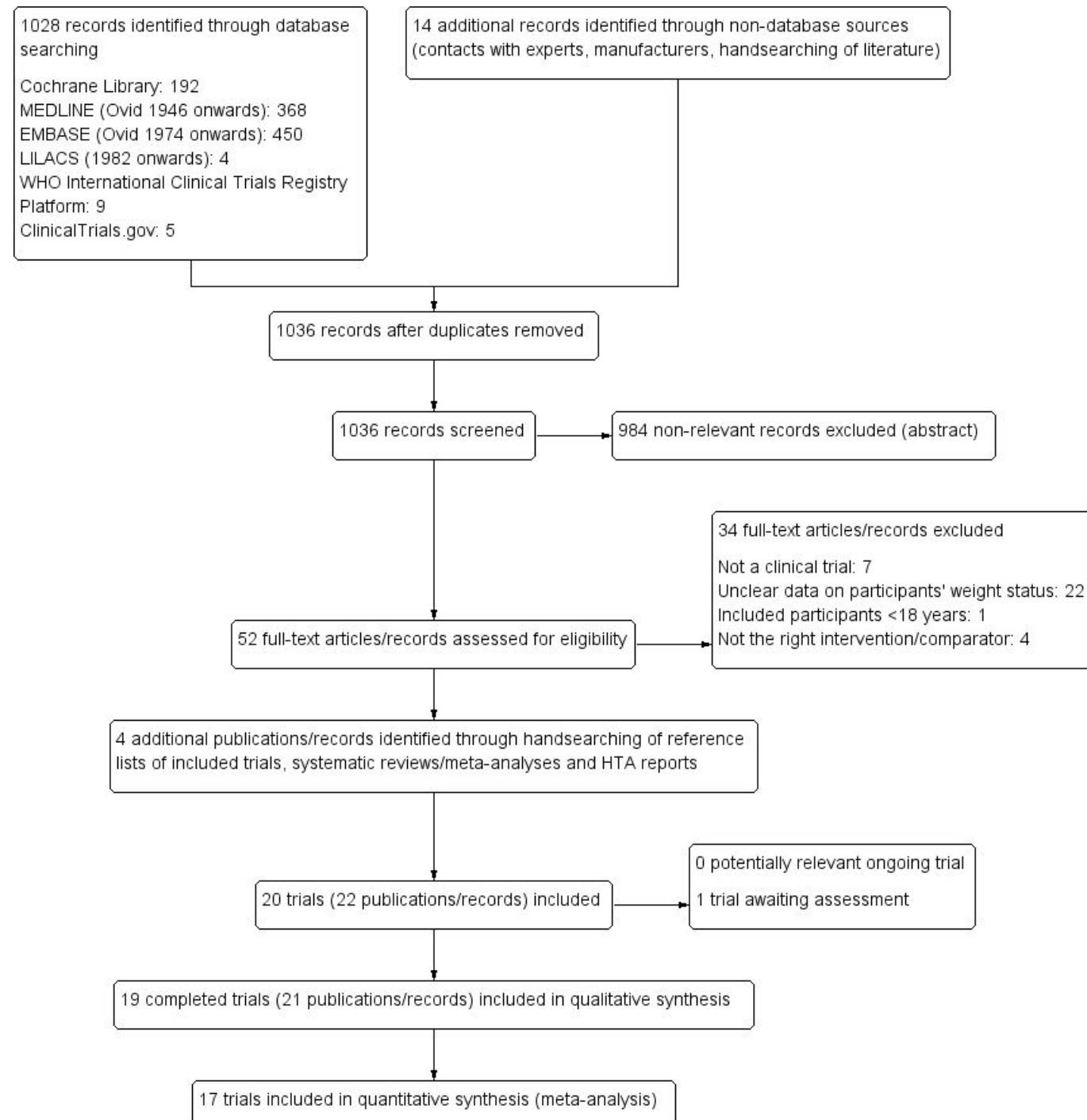
- Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Register of Studies Online (December 2018).
- MEDLINE Ovid (Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily from 1946 until 20 December 2018).
- Embase Ovid (from 1974 until 25 December 2018).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

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# Стратегия поиска исследований

- Methods (Trial flow diagram.)

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# Качество доказательств.

- Summary of findings

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

# 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.

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# Результаты

- Abstract (в большинстве случаев достаточно)
- Так же можно посмотреть: Results, Discussion.
- Мета-анализ, если проводился

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## Main results

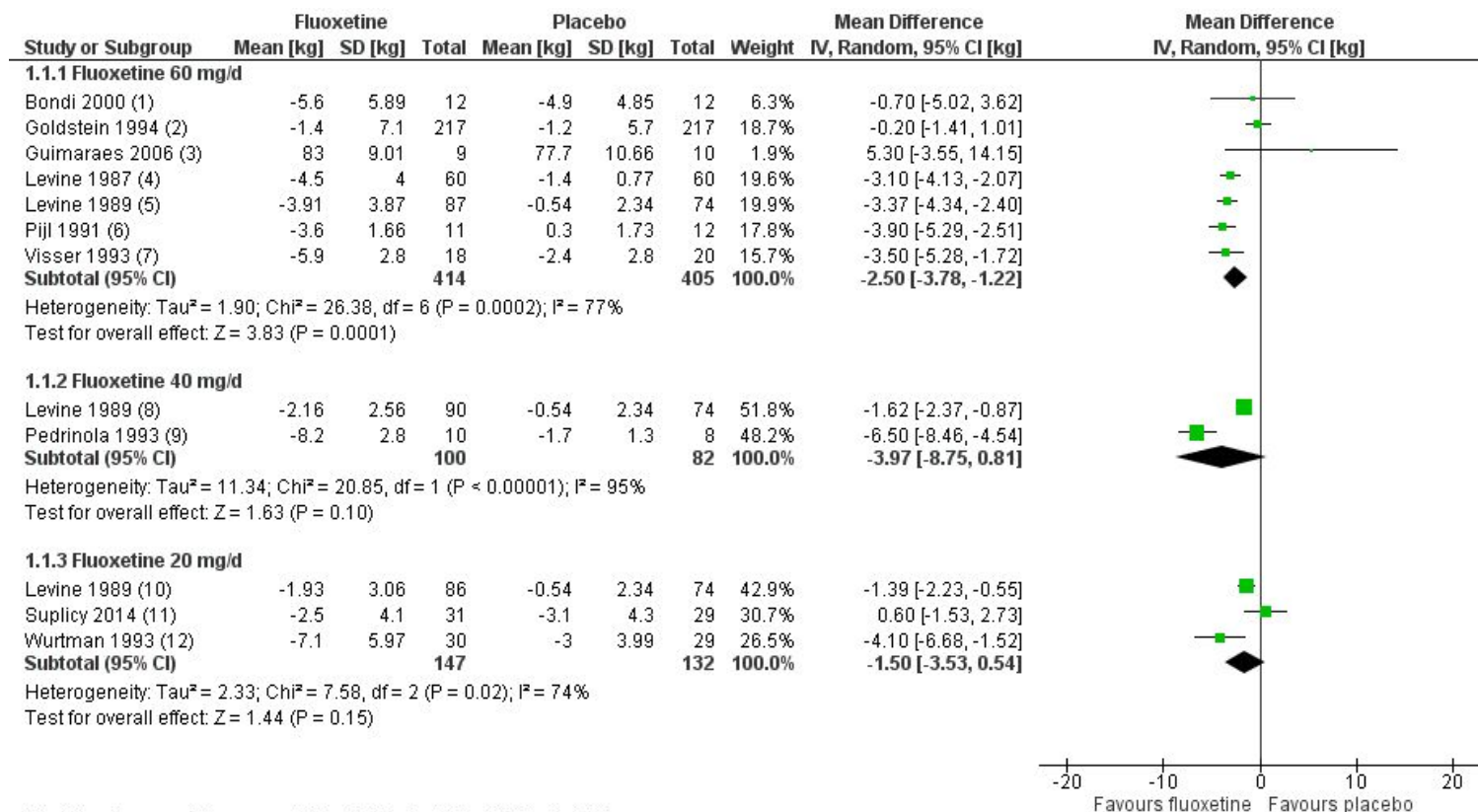
We identified 1036 records, scrutinized 52 full-text articles and included 19 completed RCTs (one trial is awaiting assessment). A total of 2216 participants entered the trials, 1280 participants were randomly assigned to fluoxetine (60 mg/d, 40 mg/d, 20 mg/d and 10 mg/d) and 936 participants were randomly 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 four 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

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### 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.

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Краткое резюме обзора (по желанию)