

# KEY TO EVIDENCE GRADINGS USED IN THE 'EVIDENCE IN BRIEF' SUMMARIES

Information presented in the far right column of the **Evidence Table** in many of the 'Evidence in Brief' summaries was graded according to the following criteria <sup>(adapted from 1)</sup>:

- Strong** – consistent findings from at least two good quality randomised controlled trials (RCTs);
- Moderate** – consistent findings from one good quality RCT and/or at least two average quality RCTs and/or at least two poor quality trials (RCT or controlled clinical trial (CCT)) and/or one average and one poor quality trial (RCT or CCT):
- Limited** – findings from one average quality RCT or one poor quality trial (RCT or CCT):
- Conflicting** – inconsistent findings among multiple trials (RCT or CCT) of any quality.

AHFMR EVIDENCE IN BRIEF REPORT/SERIES XX

**INTERVENTION A**

**CLINICAL QUESTION**  
Is Intervention A safe and effective in the management of chronic non-malignant low back pain  $\geq$  3 months' duration?

**THE EVIDENCE**

| Treatment                                 | Condition   | Comparator     | Relevant Results/Authors' Conclusions   |
|---|---|----------------|---|
| Intervention A <sup>1</sup>               | Chronic non-malignant, non-specific low back pain | Control        | Limited evidence that Intervention A is more effective than control.                |
| Intervention A plus exercise <sup>2</sup> | Chronic non-malignant, non-specific low back pain | Intervention A | Moderate evidence that Intervention A plus exercise is more effective than control. |

<sup>1</sup>Based on one **POOR**\* quality randomised controlled trial published in 1987; <sup>2</sup>Based on two **AVERAGE**\* quality randomised controlled trials published in 1987 and 2004

**IMPLICATIONS FOR PRACTICE**

**What we don't know:**

- Is Intervention A more effective than no treatment?
- Is Intervention A more effective in particular patient subgroups?

**Research Evidence: What we know**

In patients with chronic low back pain, evidence indicates that Intervention A:

- is not effective as a sole treatment;
- may be effective when used in conjunction with exercise.

**Recommendation from Clinical Ambassadors**

Intervention A is most appropriate and effective in carefully selected and monitored patients who are participating in an appropriate program of exercise.

The Clinical Ambassadors: Dr Pamela Barton, Dr Safee Rashed, Dr Paul Taenzer September 2004

**Reference:** This Evidence Brief is based on results from a **GOOD**\* quality systematic review (SR).  
Smith MJ, Jones C. Intervention A for chronic low back pain. In: *The Cochrane Library* Issue 3, 2004. Chichester, UK: John Wiley & Sons, Ltd.

\*Quality ratings for RCTs and SR:    Good    ●    Average    ●    Poor    ●

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The RCTs were rated with respect to quality criteria as follows:

- Good** – at least 80% of criteria met
- Average** – between 50% and 80% of criteria met
- Poor** –  $\leq$ 50% of criteria met

**Quality assessment of the systematic review (SR):** Published systematic reviews were rated on how well their methods excluded bias and confounding by examining the inclusion/exclusion criteria and search strategy used; how the data extraction, quality assessment of the included studies, and data analysis/synthesis were conducted; whether the conclusions of the review matched the results; and if conflicts of interest and funding sources were reported. The reviews were rated with respect to six essential quality criteria as follows:

- Good** – six criteria met, or five criteria met and one criterion only partially met;
- Average** – one criterion not met, or one criterion not met and one criterion only partially met, or two criteria only partially met;
- Poor** – at least two criteria not met.

1. van Tulder et al. Updated method guidelines for systematic reviews in the Cochrane Collaboration Back Review Group. *Spine* 2003;28(12):1290-1299.

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