

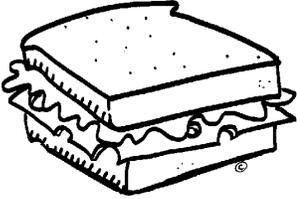


HARM Critical Review Form (combined case-control and cohort) 12.22.12

Name _____ Date _____ Section _____

Citation: _____

Summarize what you found in an EBP sandwich in 1-3 sentences:



The EBP sandwich

The “meat”: what was the answer to the clinical or research question?

The “bread”: What is the magnitude of treatment effect? (This should be expressed in numbers whenever possible).

The other bread: How strong is the evidence? (High quality study? Flawed? Low quality?)

Example:

The meat: Vitamin B may help decrease the frequency of migraine headaches.

How good: Frequency was cut in half with an NNT 4.

The evidence: Based on a small moderate quality 2004 RCT (lack of blinding of outcome assessors).

Harm Critical Review Guide		Comments:
	Is this a cohort study or case control?	
I	Quality/validity: How good was the study?	In part I, answer only the appropriate questions (based on the type of study)
1	Cohort study: aside from the exposure of interest, did the exposed and control groups start and finish with the same risk for the outcome?	
2	Cohort study: Were patients in the groups similar for important prognostic factors (or did statistical adjustment level the playing field)?	
3	Cohort study: Were the outcomes and exposures measured in the same way in the groups being compared?	
4	Cohort study: Was the follow-up sufficiently complete (lost patients)?	
5	Case-control study: Did the cases and controls have the same risk of exposure?	
6	Case-control study: Were controls similar with respect to the indication or circumstances that would lead to exposure?	
7	Case-control study: Were exposed patients equally likely to be identified in the case and control groups?	
II	What are the Results?	
1	How strong is the association between exposure and outcome (e.g., OR or RR)?	
2	How <i>precise</i> was the estimate of risk (e.g., <i>confidence intervals</i>)?	
III	Generalizability: Can I apply the results to my patients?	
1	Were the study patients similar to patients in my practice?	
2	Was the <u>duration</u> of follow-up adequate?	
3	Is the exposure similar to what might occur in my patient?	
4	Was the magnitude of the risk large enough to cause concern?	
5	Are there benefits that offset the risks of the exposure?	

Helpful Hints

A cohort study is a prospective study, tracking patients forward. It generally is a stronger design than a case control study. Results are usually expressed as relative risk (RR), relative risk reduction (RRR) or number needed to harm (NNH).

A case control study is retrospective in nature and not as strong a design as a cohort study. Results should be reported in odds ratios (ORs), but are sometimes reported as relative risk (RR). Unless the condition is very rare, there is some controversy as to whether expressing the results as RR is appropriate because the RR can somewhat overinflate the results.

In both study designs it is critical that the characteristics of the patients in the two groups and the exposures be matched as evenly as possible.

Remember, these type of studies can demonstrate the strength of an association, but cannot themselves prove causality.