

**Search Method** (electronic, handsearch, reference list, other) \_\_\_\_\_

**Authors (in order):** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Journal:** \_\_\_\_\_

**Volume:** \_\_\_\_\_

**Issue:** \_\_\_\_\_

**Pages:** \_\_\_\_\_

**Reference ID:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_

Instructions for completion: Check Yes or No for each criterion. The article must satisfy all criteria in order to be included in the registry. Please record whether **additional references** are to be retrieved. Complete the **quality assessment tool** for relevant reviews.

CRITERION	Yes	No
1. Is this a review article?		
2. Is the review relevant to public health or health promotion practice?		
3. Is the effectiveness of an intervention/program/service/policy the subject of the review?		
4. Is evidence on outcomes included?		
5. Is the search strategy described?		
REVIEWER DECISION		
1. Include this review in registry? (If yes, complete quality assessment tool)		
2. Are there additional references? (If yes, mark items on reference list)		

### Check as completed

- ☐ entered as retrieved
- ☐ relevance 1
- ☐ relevance 2 (if a 'maybe')
- ☐ references checked
- ☐ references entered
- ☐ QA #1 done
- ☐ QA #1 entered
- ☐ QA #2 done
- ☐ QA #2 entered
- ☐ keywording checked
- ☐ keywords entered

## CRITERION

Examples have been extracted from review registry found on health-evidence.ca

### 1) Is this a review article?

An article's title is often the easiest way to assess this criterion. Many articles include the terms 'systematic review' or 'meta-analysis' directly in their titles. Others may use these terms in the *Objectives* section of the review. Both cases lead to a 'Yes' for this particular criterion.

Often, the absence of a search strategy indicates a *non-review* article. Clinical practice guidelines and/or consensus statements often fall into this category. In certain cases, a *literature review* can be relevant. It is essential, however, that the literature review include detailed table(s) of study characteristics and outcomes to enable comparison to one's own population.

#### Yes

- *Exercise for health for early postmenopausal women: a systematic review of randomised controlled trials*
- *Effectiveness of prevention programs for adolescent pregnancy: A meta-analysis*

#### No

- *Should recommendations be made to reduce dietary sodium intake?*
- *Positioning to reduce the risk of Sudden Infant Death Syndrome (SIDS): current trends and research*

### 2) Is the review relevant to public health or health promotion practice?

Consider the '3 Ps' of public health/health promotion: *Promotion, Protection, and Prevention*

Also ask: Who is the health care/intervention provider (e.g., physician vs. community health nurse)? What type of intervention is being administered (e.g., drug treatment vs. disease prevention program)? In what setting is the intervention being administered (e.g., hospital vs. community clinic)?

The populations examined should be comprised of subjects from developed countries (e.g., North America, Europe, Australia) in order to enhance their external validity.

Common components of titles for reviews receiving a 'No' include: pharmacological focus; treatment of an existing condition; epidemiology.

A number of 'grey' areas exist in public health. If you are unsure as to whether or not a review is relevant to public health, indicate a 'maybe' by criterion 2 and plan to discuss relevance with your co-reviewer.

Some common grey areas that ARE relevant include:

- Case management and/or Assertive Community Treatment (ACT) Teams in relation to Mental Health
- Vaccinations
- The built environment (e.g., homes, roads) in relation to safety and injury prevention
- Motivational interviewing

#### Yes

- *Meta-analysis of the effectiveness of physical activity for the prevention of bone loss in postmenopausal women*
- *Interventions for promoting smoke alarm ownership and function*

#### No

- *Cannabinoids for control of chemotherapy induced nausea and vomiting: quantitative systematic review*
- *Partial versus full hospitalization for adults in psychiatric distress: A systematic review of the published literature*

### 3) Is the effectiveness of an intervention/program/service/policy the subject of the review?

The review should examine the effectiveness of a specific public health intervention which may be a program, service, or policy. Often the term 'intervention' appears in the review title. Many systematic reviews/meta-analyses examine causation, correlation, and cost-effectiveness. These are NOT to be included in the registry.

#### Yes

- *Reviews of evidence regarding interventions to improve vaccination coverage in children, adolescents, and adults*
- *Effectiveness of community-based interventions to increase fruit and vegetable consumption*

#### No

- *Effect of breast feeding on intelligence in children: Prospective study, sibling pairs analysis, and meta-analysis*
- *Teenage childbearing is not so bad after all... or is it: A review of new literature*

### 4) Is evidence on outcomes included?

Individual study outcomes, both positive AND/OR negative, should be clearly described. Typically this information will appear in a detailed table. In a meta-analysis, a comprehensive statistical analysis for an overall outcome appears as Odds Ratios (OR) and/or Relative Risks (RR) either in a table or forest plot.

### 5) Is the search strategy described?

An explicit search strategy is a key feature of review articles, and is most often included in a *Methods* section. The systematic review/meta-analysis should include a *detailed* search strategy. Ideally, the reader should be able to replicate the search with the information provided by the authors. In some cases, the search strategy may be included in an electronic appendix. This may be the case in an update of a review, as the authors will only describe the search strategies unique to the current update and simply cite the strategy used in the previous review. These types of descriptions are acceptable as long as the original, detailed strategy can be retrieved.

Stating: "10 electronic databases were searched" is NOT sufficient.

Search terms may or may not be included.

#### Yes

*We searched the Cochrane Bone, Joint and Muscle Trauma Group (formerly Musculoskeletal Injuries Group) trials register (to February 2005), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 1, 2005), MEDLINE (1966 to February 2005), EMBASE (1980 to week 12, 2005), CINAHL (1982 to Feb wk 3 2004), LILACS (searched to Sept 2000), CABNAR (Commonwealth Agricultural Bureau Nutrition Abstracts and Reviews) (1984 to Dec 2003), BIOSIS (1985 to Feb 2004), HealthSTAR (1975 to Mar 2002), Current Contents (to 1996), and reference lists of articles. We also contacted active researchers in the field.*

#### No

*Computerized literature searches were conducted to identify randomized controlled trials of various psychosocial interventions, with emphasis on studies published since a previous review of psychosocial treatments for schizophrenia in 1996.*

### Reviewer Decision

1) *ALL* five criteria must be met in order for a review to receive a 'Yes' and be included in the registry. If a reviewer feels the answer to a criterion is 'maybe', wait to discuss the issue with the additional reviewer before indicating a 'Yes' or 'No' decision on the relevance tool.

2) Relevant articles must have their reference lists reviewed as a means of obtaining additional relevant reviews. Please highlight/mark the reference list entry for potential articles, and then check to see whether they already exist in the *Master Relevant 1985-2007* or the *Master Reject* RefMan databases, as well as the database for the update currently being worked on.

### Check as Completed

In order to ensure every stage of the pre-registry assessment is completed, please indicate completion of a stage as per the relevance tool checklist. The final decision to include or reject an article from the online registry may require discussion between the two reviewers. In this case, both the 'relevance 1' and 'relevance 2' boxes should be checked. A quality assessment score need not be entered until both reviewers have completed this (next) step and have reached consensus on a final score.