

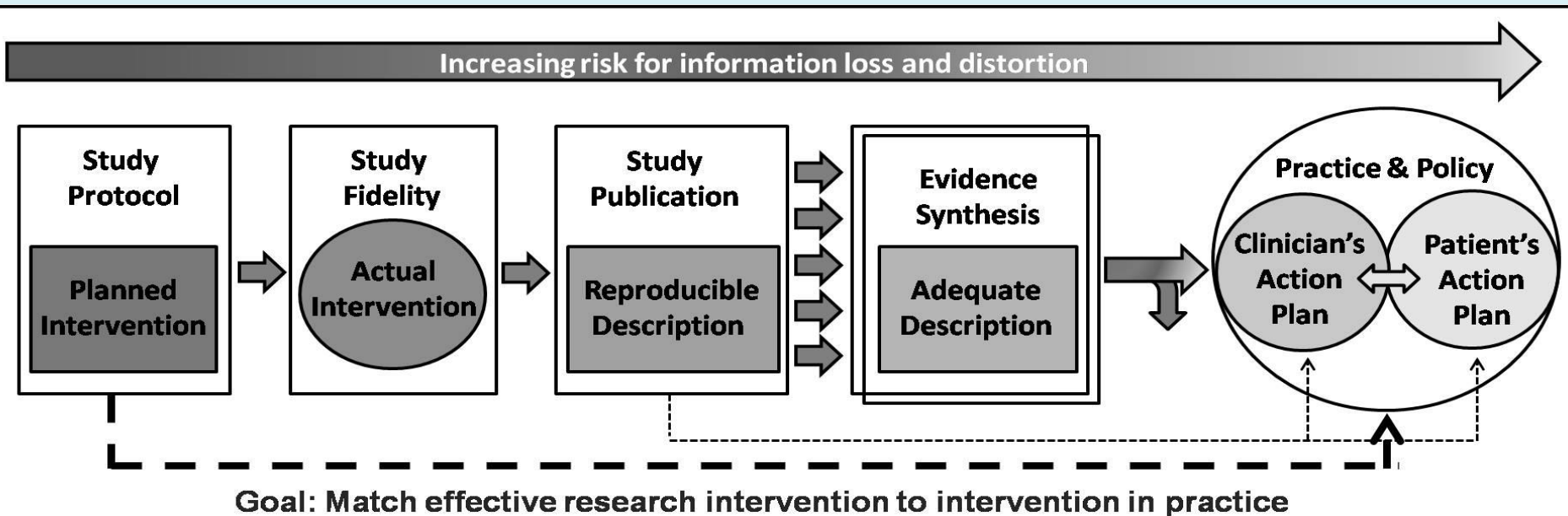
What is the intervention?

(adequate reporting for implementation)

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Evidence, but what specific regimen?

- STUDY: meta-analysis of behavioural interventions for insomnia adults
 - “.. confirms the efficacy of behavioral interventions for person with chronic insomnia.”



Evidence, but what specific regimen?

- **STUDY:** meta-analysis of behavioural interventions for insomnia adults
 - “.. confirms the efficacy of behavioral interventions for person with chronic insomnia.”
- **PROBLEM:** What is ‘behavioural intervention’
 - **Author asked:** “what specific treatment regime (or regimes) would you recommend based on your review?”
 - **Author response:** “It was found that cognitive, behavioral and relaxation therapies all in general lead to similar improvements in sleep outcomes--- although cognitive approaches might have been a bit better. The references for these studies are found in the article.”

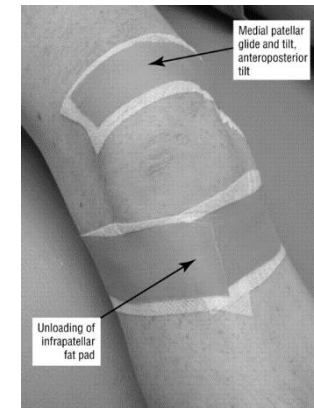
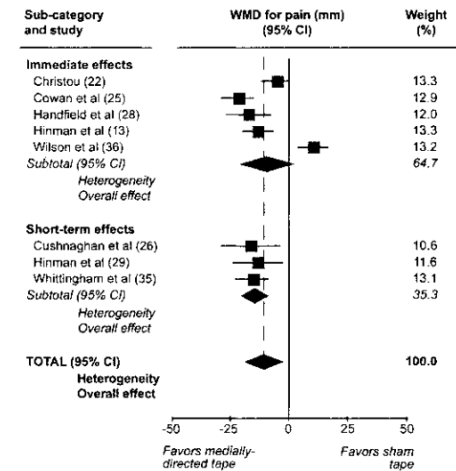
A screenshot of a medical prescription form from the NHS. The form is green and white. The text "Rx Behavioural Intervention" is written in the center. Below the text, there is a signature that reads "Paul Glasgow". The form includes fields for "Pharmacist Name", "Age", "Name (including telephone and address)", "Prescriber's Name", "Specialist", "N.P.", "Prescriber's Address", "Pack & quantity", "Signature of Doctor", "Date", "For Dispensing", "NHS", and "FP10 NC 1000".

Intervention Synthesis: A Missing Link between a Systematic Review and Practical Treatment(s)

Paul P. Glasziou^{1*}, Iain Chalmers², Sally Green³, Susan Michie⁴

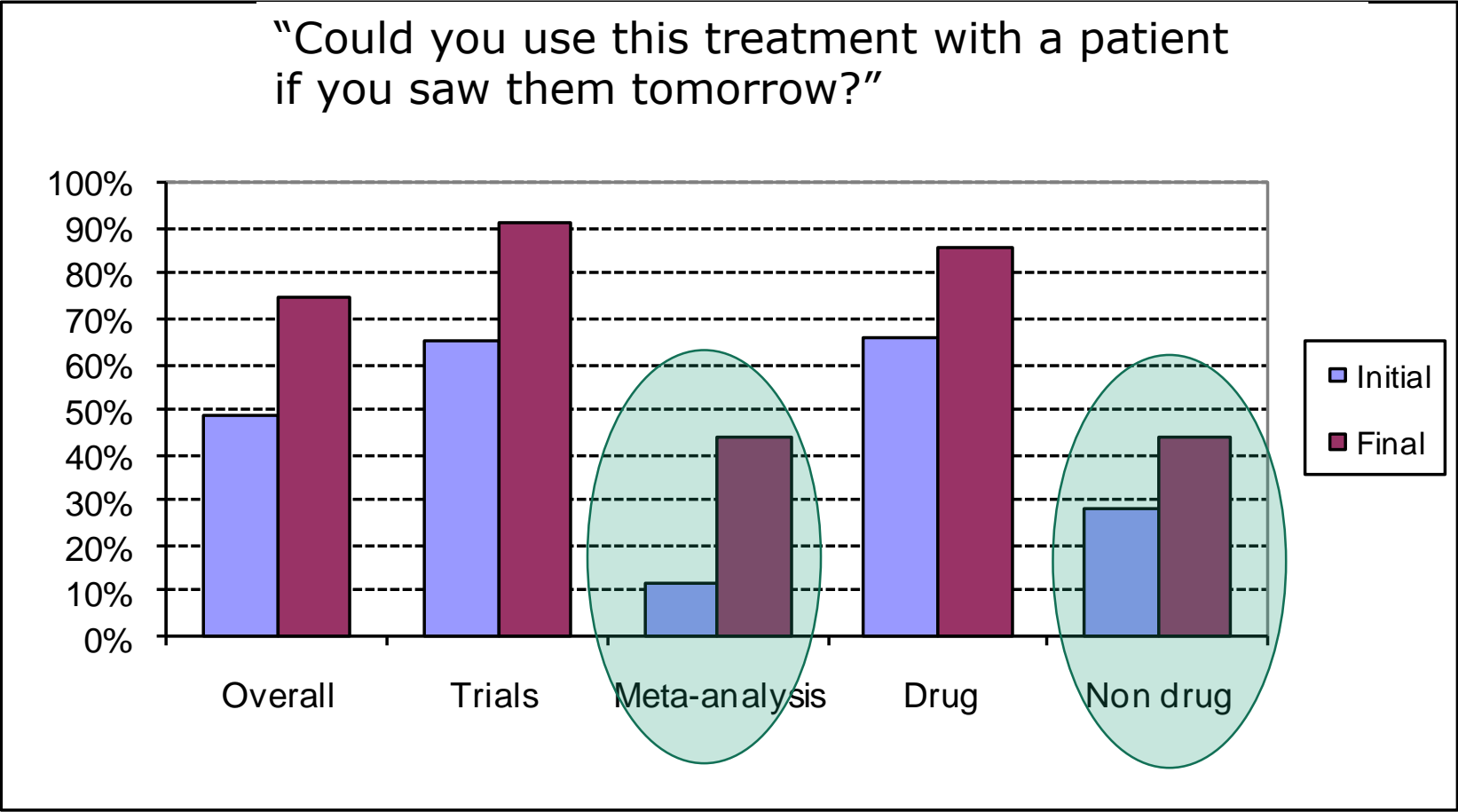
- “Whether to”
 - Evidence quality
 - Individual applicability

- “How to”
 - What & where?
 - How long & how often?



Inadequate descriptions of treatment

Analysis of 80 studies from EBM journal



Poor descriptions of treatments

RESEARCH

Poor description of non-pharmacological interventions: analysis of consecutive sample of randomised trials

OPEN ACCESS

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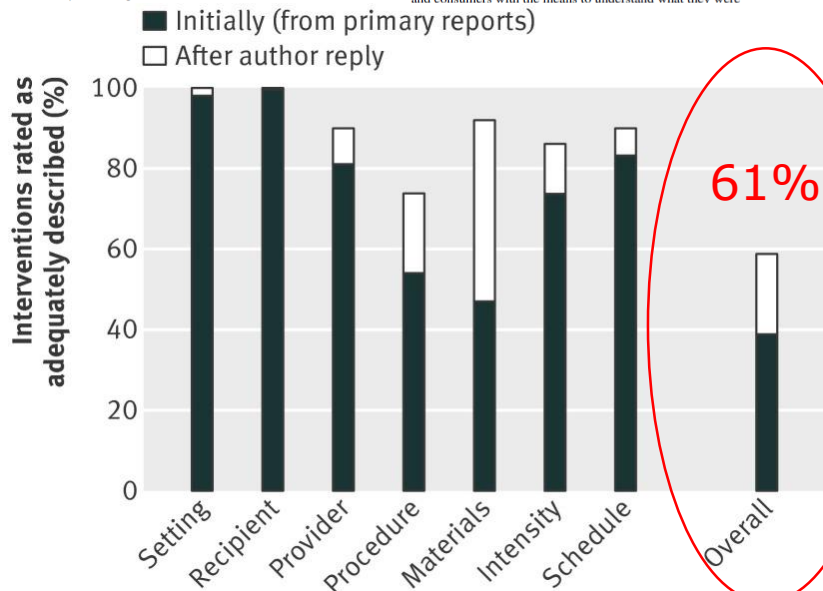
Abstract

Objectives To evaluate the completeness of descriptions of non-pharmacological interventions in randomised trials, identify which elements are most frequently missing, and assess whether authors can provide missing details.

Design Analysis of consecutive sample of randomised trials of non-pharmacological interventions.

Introduction

Secret remedies—branded drugs whose ingredients were kept secret—were once common, until successful campaigns in the United States and United Kingdom in the early 20th century required labels to include all ingredients.¹ This policy allowed independent evaluation of treatments and provided clinicians and consumers with the means to understand what they were



RESEARCH METHODS & REPORTING

Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide

Tammy C Hoffmann *associate professor of clinical epidemiology*¹, Paul P Glasziou *director and professor of evidence based medicine*¹, Isabelle Boutron *professor of epidemiology*², Ruairidh Milne *professional fellow in public health and director*³, Rafael Perera *university lecturer in medical statistics*⁴, David Moher *senior scientist*⁵, Douglas G Altman *professor of statistics in medicine*⁶, Virginia Barbour *medicine editorial director, PLOS*⁷, Helen Macdonald *assistant editor*⁸, Marie Johnston *emeritus professor of health psychology*⁹, Sarah E Lamb *Kadoorie professor of trauma rehabilitation and co-director of Oxford clinical trials research unit*¹⁰, Mary Dixon-Woods *professor of medical sociology*¹¹, Peter McCulloch *clinical reader in surgery*¹², Jeremy C Wyatt *leadership chair of ehealth research*¹³, An-Wen Chan *Phelan scientist*¹⁴, Susan Michie *professor*¹⁵



The TIDieR (Template for Intervention Description and Replication) Checklist*

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
1.	BRIEF NAME Provide the name or a phrase that describes the intervention.	_____	_____
2.	WHY Describe any rationale, theory, or goal of the elements essential to the intervention.	_____	_____
3.	WHAT Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	_____	_____
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	_____	_____
5.	WHO PROVIDED For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	_____	_____
6.	HOW Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	_____	_____
7.	WHERE Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	_____	_____

Getting the descriptions to Users Handbook of Non-Drug Interventions

60 entries; 15 new / year
Free access at

www.racgp.org.au/handi/
Indexed in PubMedHealth



Home / Your practice / Clinical guidelines / HANDI Making non-drug interventions easier to find and use

HANDI Making non-drug interventions easier to find and use

The Handbook of Non-Drug interventions (HANDI) is making effective non-drug treatments more visible and easier to use. HANDI aims to make 'prescribing' a non-drug therapy almost as easy as writing a prescription. The topics in HANDI have been developed by the HANDI Project team and is supported by appropriate evidence.

Mandibular devices for obstructive sleep apnoea

READ MORE



Paul Glasziou



Marie Pirota



John Bennett



Tammy Hoffman



Jane Gunn



Peter Greenberg



Sally Green



Kim Bennell



Dan Ewald



Ben Ewald

HANDI Committee
GPs, Occupational Therapist,
Physiotherapist, Physician

Information loss over 5 stages from treatment idea to clinical practice

