

Revue systématique d'études qualitatives : approche proposée par le JBI

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Liège, le 14 octobre 2022

Objectif - *framework*

- ▶ “Systematic reviews aim to provide a **comprehensive, unbiased synthesis** of many relevant studies in a single document **using rigorous and transparent methods**. A systematic review aims to synthesize and summarize existing knowledge. It attempts to uncover “all” of the evidence relevant to a question.”



CORRESPONDENCE

What kind of systematic review should I conduct? A proposed typology and guidance for systematic reviewers in the medical and health sciences

1. Effectiveness reviews
2. Experiential (Qualitative) reviews
3. Costs/Economic Evaluation reviews
4. Prevalence and/or Incidence reviews
5. Diagnostic Test Accuracy reviews
6. ...

“As with all research,
the value of a systematic review depends on
what was done, what was found,
and the clarity of reporting”



Différentes étapes

1. Formuler une question (précise)

2. Définir des critères d'éligibilité

3. Effectuer une recherche exhaustive des publications scientifiques

4. Sélectionner les études à inclure



5. Evaluer la qualité méthodologique des études incluses



6. Extraire les données



7. Analyser et synthétiser les données

8. Présenter et interpréter les résultats

Spécificités (1)



Population

Phénomène d'Interêt


Context

Spécificités (2)

JBI QARI Data Extraction Tool for Qualitative Research

Study Description
Methodology
Method
Phenomena of interest
Setting

Findings	Illustration form Publication (page number)	Evidence		
		Unequivocal	Credible	Unsupported



Extraction of findings complete Yes No

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(Lockwood et al., 2020)

Spécificités (3)

JBI Critical Appraisal Checklist for Qualitative Research

Yes	No	Unclear	Not applicable
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Is there congruity between the stated philosophical perspective and the research methodology?
2. Is there congruity between the research methodology and the research question or objectives?
3. Is there congruity between the research methodology and the methods used to collect data?
4. Is there congruity between the research methodology and the representativeness of participants?
5. Is there congruity between the research methodology and the interpretation of the data?

6. Is there a statement locating the researcher culturally or theoretically?
7. Is the influence of the researcher on the research, and vice-versa, addressed?
8. Are participants, and their voices, adequately represented?
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

Spécificités (4)

Méta-agrégation : 3 phases

Extraire les données et les assembler

Catégoriser les données

Agréger ces catégories pour élaborer des données synthétisées



Tiré de <https://sumari.jbi.global/> (consulté le 12-10-2022)

ORIGINAL RESEARCH ARTICLE

Patients' perceptions of the mechanisms underlying alcohol use problems after bariatric surgery: A qualitative systematic review

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First published: 12 September 2022 | <https://doi.org/10.1111/cob.12551>

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PROSPERO

International prospective register of systematic reviews

P

I

Co

+ Types d'études

2.1 | Eligibility criteria

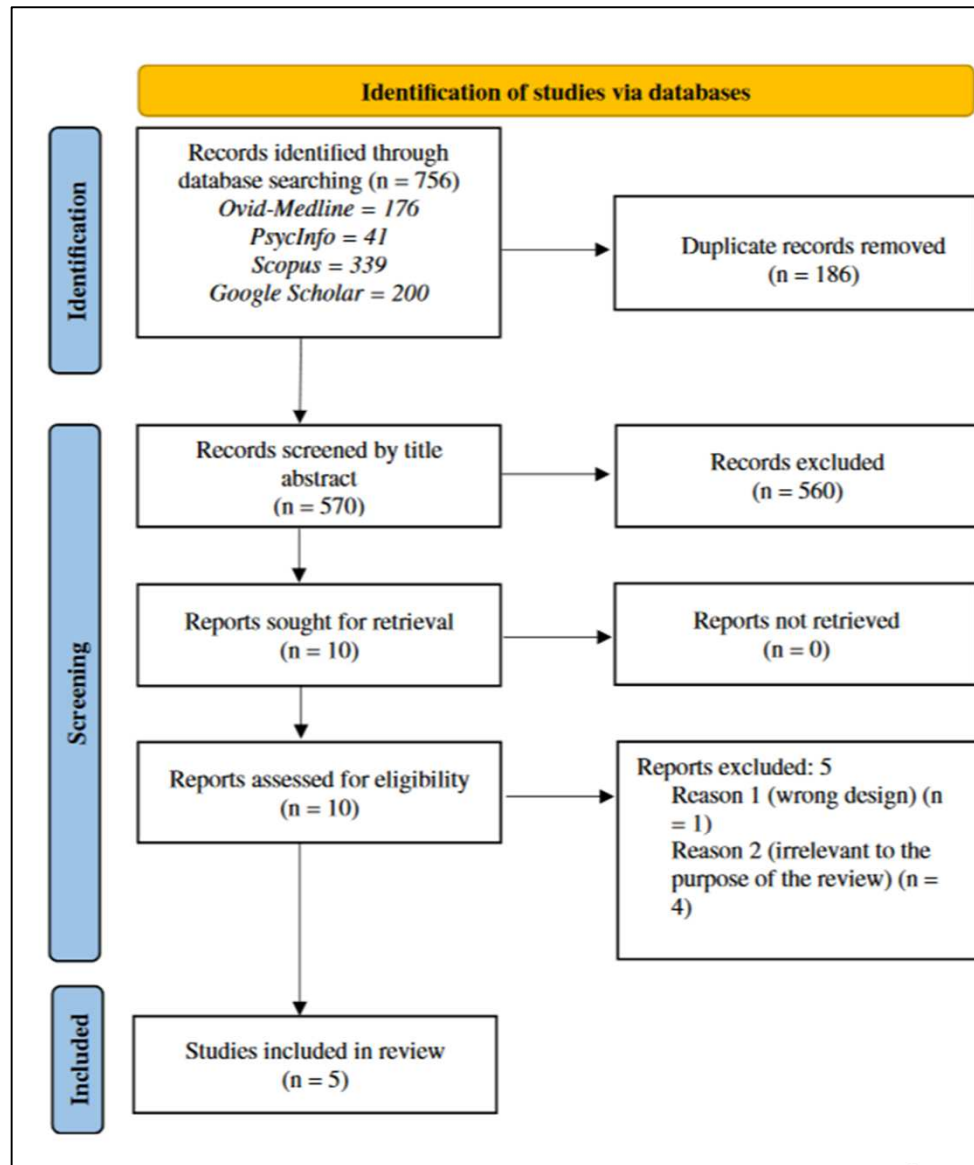
Regarding participants, this review considered studies involving adults who had undergone bariatric surgery and had suffered from PAC. There was no restriction on the type of surgical procedure. Qualitative studies including individuals who developed a new-onset PAC post-surgery and individuals who started consuming alcohol again at a problematic level after surgery (i.e., alcohol relapse) were included.

The phenomenon of interest was patients' perceptions of the mechanisms leading to PAC postoperatively. In this review, the concept of PAC referred to a variety of clinical issues such as alcohol abuse or dependence, AUD, binge drinking, alcoholic intoxication or excessive alcohol consumption. The presence of PAC might have been evaluated by a healthcare professional, with validated assessment tools or based on the participants' own perception of their consumption (patients perceiving their consumption as problematic).

As regards the context, this review considered studies conducted in any country, any cultural context and any setting (e.g., patients in aftercare centres, hospitals).

The review included qualitative studies written in French or English, which examined the phenomenon of interest. There was no restriction as to the methodology (grounded theory, phenomenology, thematic analysis, etc.) or the research method (interview, focus groups, etc.). Qualitative data arising from mixed-methods studies were also considered.

(Extrait tiré de Er et al., 2022)



(Extrait tiré de Er et al., 2022)

TABLE 1 Methodological quality of included studies (n = 4)

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total out of 10
Ivezaj et al. (2012)	U	Y	Y	N	N	N	N	Y	U	Y	4
Spadola et al. (2018)	U	Y	Y	Y	Y	N	N	Y	Y	Y	7
Yoder et al. (2018)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
Reaves et al. (2019)	U	Y	Y	Y	Y	N	N	Y	Y	Y	7

Note: The critical appraisal questions are: Q1: Is there congruity between the stated philosophical perspective and the research methodology? Q2: Is there congruity between the research methodology and the research question or objectives? Q3: Is there congruity between the research methodology and the methods used to collect data? Q4: Is there congruity between the research methodology and the representation and analysis of data? Q5: Were those delivering treatment blind to treatment assignment? Q6: Is there a statement locating the researcher culturally or theoretically? Q7: Is the influence of the researcher on the research, and vice-versa, addressed?; Q8: Are participants, and their voices, adequately represented? Q9: Is the research ethical according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body? Q10: Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

Abbreviations: N, no; U, unclear; Y, yes.

TABLE 3 Meta-aggregative diagram

Findings	Categories	Synthesized results
Unresolved psychological problems (U) Unresolved psychological issues (U) Psychological problems (U) Trauma (U) Loss (C) Internally unchanged (U) The honeymoon (U) Honeymoon over (U)	Maintenance of psychological problems after bariatric surgery Postoperative course: from the honeymoon to the return to normality	Persistence or reappearance of psychological problems after bariatric surgery
Coping challenges (U) Utilizing alcohol as a coping mechanism (U) Drinking motivations: coping and disinhibition (U) Addiction substitution (U) Utilizing alcohol as a replacement self-soothing mechanism for food (U) Eating to cope (U) Drinking to cope (C) A new buzz (U) Behavioural substitution (U) Alternating behaviours (U) Drinking motivations: coping and disinhibition (U) Impact of restriction on eating behaviour: «I drank because I could not eat» (U) The void of unmet needs (C) The void as a vacuum previously occupied by eating (C)	Using alcohol to cope with stress or negative emotional states Switching from food to alcohol after the operation	Using alcohol as a coping strategy, sometimes as a replacement for food

(Extrait tiré de Er et al., 2022)

TABLE 4 ConQual summary of findings

Synthesized finding	Type of research	Dependability	Credibility	ConQual score	Comments
Persistence or reappearance of psychological problems after bariatric surgery	Qualitative: <ul style="list-style-type: none"> • Grounded theory 	Downgrade 1 level*	Downgrade 1 level**	Low	*Downgraded 1 level for no statement locating the researcher culturally or theoretically and no information about the influence on the research findings for all the included studies **Downgraded 1 level for mix of unequivocal and credible findings
Using alcohol as a coping strategy, sometimes as a replacement for food	Qualitative: <ul style="list-style-type: none"> • Grounded theory • Thematic analysis • Two coding cycles 	Downgrade 1 level*	Downgrade 1 level**	Low	*Downgraded 1 level for no statement locating the researcher culturally or theoretically and no information about the influence on the research findings for all the included studies **Downgraded 1 level for mix of unequivocal and credible findings
Changes in the physiological response to alcohol	Qualitative: <ul style="list-style-type: none"> • Grounded theory • Thematic analysis • Two coding 	Downgrade 1 level*	High**	Moderate	*Downgraded 1 level for no statement locating the researcher culturally or theoretically and no information about the influence on the research findings for all the included studies **Remains at the level due to the inclusion of only unequivocal findings

(Extrait tiré de Er et al., 2022)

4.1 | Recommendations

Several recommendations for practice can be made based on this review's results. First, patients with psychological disorders should undergo psychological treatment before having surgery, as these disorders seem to be at the root of the alcohol problems experienced by many of the participants in the included studies. Therefore, beyond eating behaviour, the presence of psychological disorders in general and antecedents of major life events (e.g., trauma, abuse) must be systematically assessed before the operation (as recommended by Sogg et al.⁴⁷). Similarly, the results highlight the importance of assessing patients' coping skills prior to bariatric surgery. Treatment focused specifically on the acquisition of adaptive coping strategies could prevent patients from using alcohol as a coping strategy after the operation and ultimately reduce the risk of postoperative PAC.

The review's results also suggest assessing patients' expectations of the operation. Patients can have very high expectations of bariatric surgery.⁴⁸ Several participants in the included studies reported that ultimately the operation had not changed their psychological state and that they remained the same people. It is important to work with patients on their expectations early in the preoperative process in order to make sure they know that psychological problems may persist after the operation or reappear after an initial period of relief.

Plus d'informations

- ▶ Chapitre de livre (disponible gratuitement en ligne)

Lockwood C, Porritt K, Munn Z, Rittenmeyer L, Salmond S, Bjerrum M, Loveday H, Carrier J, Stannard D. Chapter 2: Systematic reviews of qualitative evidence. In: Aromataris E, Munn Z (Editors). JBI Manual for Evidence Synthesis. JBI, 2020.
<https://doi.org/10.46658/JBIMES-20-03>

- ▶ Vidéo “What are qualitative systematic reviews ?”

<https://www.youtube.com/watch?v=FcGgolhdDco>

- ▶ Formation dispensée chaque année par le JBI-BICEP

<https://www.cebam.be/fr/systematic-reviews>

Références

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Merci pour votre attention

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