NAVIGUER DANS L'OCÉAN DES DIFFÉRENTS TYPES DE REVUE : QUELQUES PISTES

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AFPSA - Journées doctorales

Liège, 20/02/2025

PLAN

- IMPORTANCE ET INTÉRÊT DES REVUES
- DIFFÉRENTS TYPES DE REVUES
- REVUES TRADITIONNELLES
- REVUES SYSTÉMATIQUES
- REVUES SYSTÉMATIQUES QUALITATIVES
- SCOPING REVIEWS
- REVUE DES REVUES (UMBRELLA REVIEWS)

IMPORTANCE ET INTÉRÊT DES REVUES

- ↗ production de savoirs
- Grand nombre d'articles sur un thème donné
- Intérêt des revues de la littérature pour :
  - Synthétiser l'état des connaissances
  - Identifier les études clés
  - Développer des théories
  - Formuler des recommandations
  - Identifier les lacunes

Haddaway, 2015; Snyder, 2019

DIFFÉRENTS TYPES DE REVUES

- Grant & Booth (2009) : 14 types de revues
- Sutton et al., (2019) : 48 types de revues

REVUES TRADITIONNELLES

- Quoi ?
  - Revues narratives ou revues de la littérature
  - Objectif assez large
  - Vue d'ensemble sur un sujet donné
- Comment ?
  - Pas de guidelines reconnues
  - Généralement pas une recherche exhaustive
  - Manque de clarté sur la méthodologie
- Problèmes ?
  - Biais

Byrne, 2016; Chigbu et al., 2023; Haddaway et al., 2015; Sutton et al., 2019

REVIEW

Determinants of adheren review

Arya M. Sharma[1] | Susie Birney[2]
Gabriella Segal-Lieberman[5,6] | Ver

1 | INTRODUCTION

Overweight and obesity prevalence is increasing, and by 2035 the global prevalence in adults is projected to reach 54% (1.77 billion and 1.53 billion, respectively). In the same timeframe, it is estimated that 770 million children (age 5–19 years) will be living with overweight or obesity.[1] Obesity is caused by a complex interplay of several factors[2]: biological, genetic, psychological, social, medication use, and environmental,[3,4] with key environmental factors including education, family, agricultural, food environment, and built environment.[3] The high prevalence and complex nature of obesity mean there is a substantial need for effective and sustainable management of people living with obesity.[1] Use of obesity medications (OMs) for the treatment of obesity is increasing and might significantly improve obesity management;[5] however, in order to achieve long-term efficient management with OMs, optimal adherence to these medications is key.[5–7]

2 | THE NEED FOR LONG-TERM MEDICATION IN PEOPLE LIVING WITH OBESITY

As with the treatment of other chronic diseases, effective treatment of obesity requires a long-term, personalized, multimodal approach, which takes into account an individual's beliefs and expectations of the benefits and risks of available therapies, as well as appropriate treatment goals.[2,8,9] However, achieving such comprehensive care for people living with obesity, including when prescribing OMs, may be challenging to implement, especially in the long term.[10–13] When initiating treatment in people living with obesity, a non-judgmental, collaborative, and person-centered framework has been recommended

counteracting many of these physiological and biological mechanisms.[7,19] Behavioral interventions require self-regulated processes (executive function) to reduce eating, while pharmacotherapy can act to reduce both homeostatic (generated by real or perceived nutrient need) and hedonic (generated by other than nutrient need) eating, thereby supporting executive control.[20,21] Long-term pharmacotherapy in conjunction with behavioral interventions is recommended to maximize the chance of clinically relevant, persistent weight loss in people with obesity;[2,16–18,22,23] adherence to these medications is necessary to achieve this.

3 | ADHERENCE TO OM AND OTHER CHRONIC DISEASE MEDICATIONS

Efficient long-term treatment requires adherence to medication.[24,25] Adherence to medications is defined as the process by which patients take their medications as prescribed. Historically, the definition of adherence has been confused with terms such as compliance and concordance, which have been used interchangeably. Adherence is considered a more specific, appropriate, and collaborative term in comparison with the term compliance when discussing the extent to which patients take their medication appropriately, while the term concordance was introduced to describe the patient–prescriber relationship and implies a mutual agreement between the physician and patient in which the patient or their caregiver bears responsibility for the correct administration of the medication(s).[25] For later mentions of adherence in the context of study data and specific studies, we have used quotation marks (i.e., "adherence") to signify the varied definitions of medication adherence used across studies.

REVUES SYSTÉMATIQUES

- Contexte d'émergence :
  - Limites des revues traditionnelles
  - Prise de décision responsable
- Quoi ?

« Une revue systématique de la littérature (RSL) résume les résultats de toutes les études disponibles sur un sujet spécifique et fournit un haut niveau de preuve. Les auteurs de la RSL doivent suivre un plan qui couvre la définition a priori d'informations concernant la question de recherche, les sources qu'ils vont rechercher, les critères d'inclusion appliqués pour choisir les études répondant à la question de recherche, et la façon dont ils vont résumer les résultats. » (Smela et al., 2023, p.1)

- Indications/objectifs :
  - Le plus souvent, pour évaluer l'efficacité d'une intervention
  - Étudier la prévalence ou l'incidence de certains troubles/maladies/phénomènes
  - Identifier les facteurs étiologiques, les facteurs de risque d'un phénomène
  - Analyser comment une intervention est mise en place
  - Etc.

De Vet et al., 2005; Durieux, 2022; Muka et al., 2019; Randles & Finnegan, 2023; Rhoades, 2011; Siddaway et al., 2019

Etapes-clés/procédures :

1) Formuler une question de recherche claire et précise

- Canevas PICO : Population, Intervention, intervention de Comparaison et résultat (Outcome).

scientific reports

Drafting of the research question was based on the PICO strategy[12], considering: P (Patients with obesity with indication for bariatric surgery based on BMI); I (Bariatric Surgery); C (Pharmacological treatment); O (Long term morbidity/mortality—at least 5 years of follow up).

than pharmacological treatment for obesity: a systematic review and meta-analysis

Leonardo Zumerkorn Pipek[1], Walter Augusto Fabio Moraes[2], Rodrigo Massato Nobetani[2], Vitor Santos Cortez[2], Alberto Santos Condi[2], João Victor Taba[2], Rafaela Farias Vidigal Nascimento[3], Milena Oliveira Suzuki[2], Fernanda Sayuri do Nascimento[2], Vitoria Carneiro de Mattos[2], Leandro Ryuchi Iuamoto[4], Wu Tu Hsing[4], Luiz Augusto Carneiro-D'Albuquerque[5], Alberto Meyer[5]✉ & Wellington Andraus[5]

Etapes-clés/procédures :

2) Définir les critères d'éligibilité

- avict "acana"

Eligibility criteria

Inclusion criteria

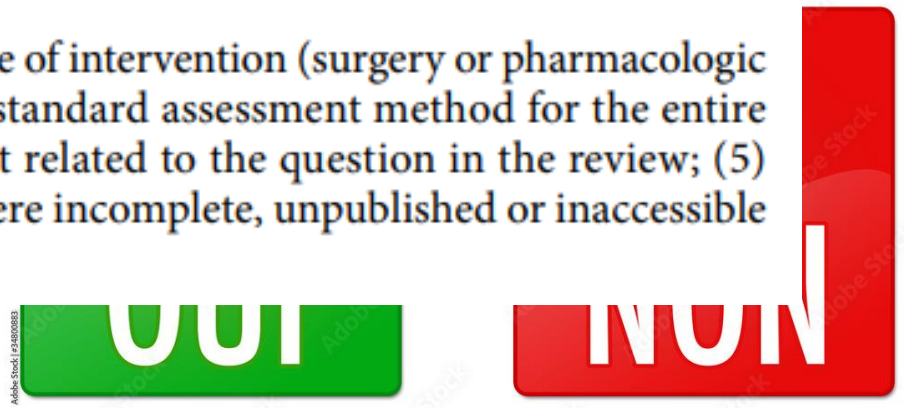
Types of studies: Randomized clinical trials.

Types of participants: Patients eligible for bariatric surgery, according to the American Society for Metabolic and Bariatric Surgery (ASMBS).

Types of intervention: Bariatric surgery or medical treatment.

Exclusion criteria

Studies were excluded if they: (1) did not have one group for each type of intervention (surgery or pharmacologic treatment); (2) had a heterogeneous population; (3) did not use a standard assessment method for the entire duration of the study, or did not have pre-assessment; (4) were not related to the question in the review; (5) were in a language other than English, Portuguese or Spanish; (6) were incomplete, unpublished or inaccessible to the authors.



Etapes-clés/procédures :

3) Recherche exhaustive de la littérature

The survey was from inception to October 10, 2023, without language restrictions, in the Medline database (via PubMed), EMBASE and Web of Science.

Using the search tool, we selected MeSH terms from the most relevant publications to conduct a new search to obtain articles that could be included in this systematic review. In addition, a manual search of theses, meetings, references, study records and contact with experts in the field was carried out.

Search strategy

The same keywords were used in all databases, according to each database input format.

The search strategy was:

Pubmed:

(Bariatric Surgery) AND ((nonsurgical) OR (Orlistat) OR (phentermine) OR (topiramate) OR (lorcaserin) OR (naltrexone) OR (bupropion) OR (liraglutide) OR (conservative) OR (conventional) OR (Anti-Obesity Agents) OR (Intensive medical)) AND (obesity) → 3024.

Embase:

(Bariatric Surgery) AND ((nonsurgical) OR (conservative) OR (Anti-Obesity Agents) OR (Intensive medical)) AND (obesity) → 4732.

Web of Science:

(Bariatric Surgery) AND ((nonsurgical) OR (conservative) OR (Anti-Obesity Agents) OR (Intensive medical)) AND (obesity) → 1772.

Etapes-clés/procédures :

4) Sélectionner les études

- Regrouper les références dans un seul fichier
- Supprimer les doublons
- Screening title/abstract
- Lecture du texte intégral
- DEUX reviewers

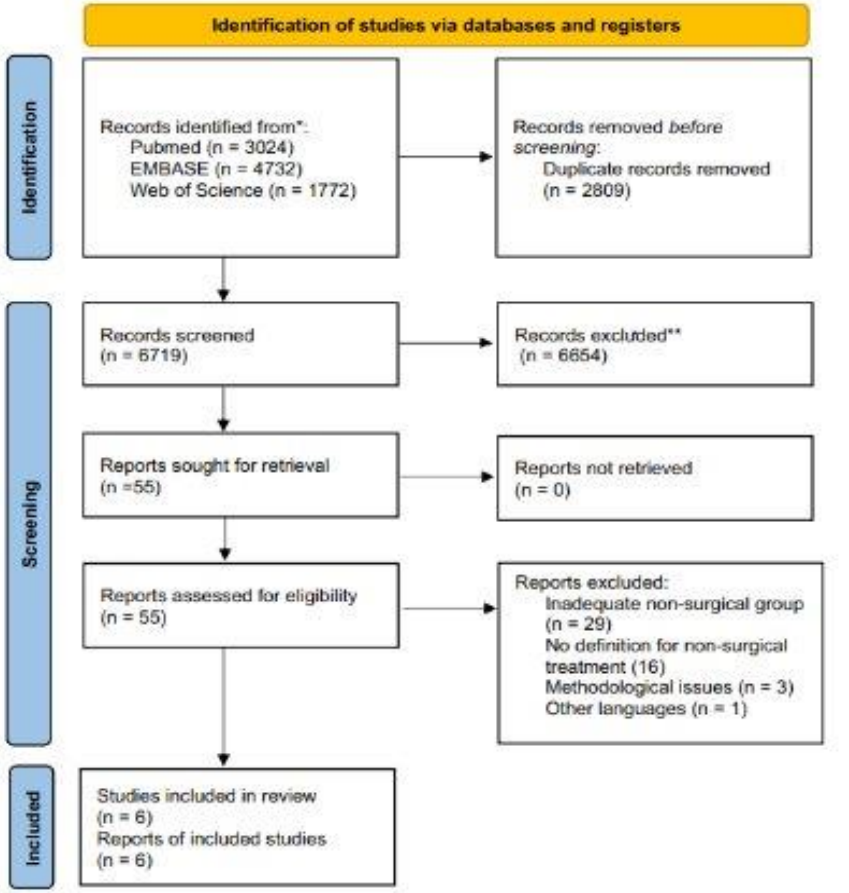
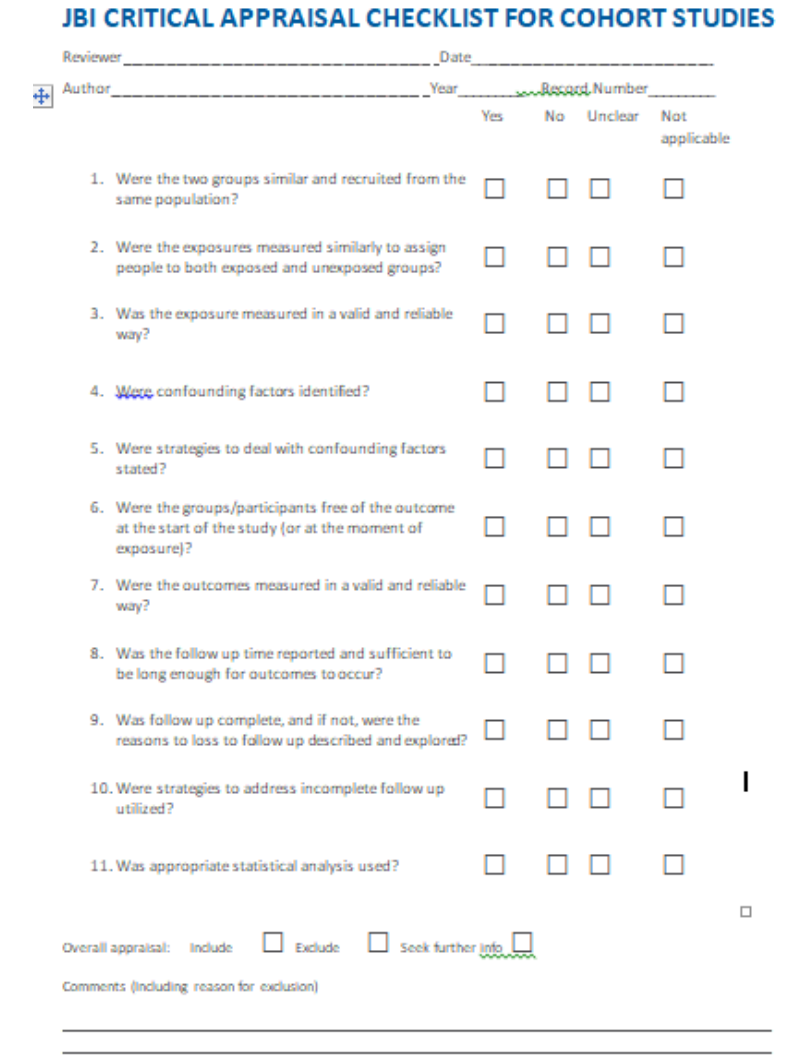


Figure 1. PRISMA 2020 flow diagram for new systematic reviews.

Etapes-clés/procédures :

5) Evaluer la qualité méthodologique des études

- Pour chaque étude sélectionnée
- Utilisation de grilles d'évaluation en fonction du design de recherche
- https://jbi.global/critical-appraisal-tools
- DEUX reviewers



JBI CRITICAL APPRAISAL CHECKLIST FOR COHORT STUDIES

Reviewer_____ Date_____

Author_____ Year_____ Record Number_____

	Yes	No	Unclear	Not applicable
1. Were the two groups similar and recruited from the same population?	☐	☐	☐	☐
2. Were the exposures measured similarly to assign people to both exposed and unexposed groups?	☐	☐	☐	☐
3. Was the exposure measured in a valid and reliable way?	☐	☐	☐	☐
4. Were confounding factors identified?	☐	☐	☐	☐
5. Were strategies to deal with confounding factors stated?	☐	☐	☐	☐
6. Were the groups/participants free of the outcome at the start of the study (or at the moment of exposure)?	☐	☐	☐	☐
7. Were the outcomes measured in a valid and reliable way?	☐	☐	☐	☐
8. Was the follow up time reported and sufficient to be long enough for outcomes to occur?	☐	☐	☐	☐
9. Was follow up complete, and if not, were the reasons to loss to follow up described and explored?	☐	☐	☐	☐
10. Were strategies to address incomplete follow up utilized?	☐	☐	☐	☐
11. Was appropriate statistical analysis used?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (including reason for exclusion)

_____

_____

Etapes-clés/procédures :

6) Extraire les données

- En général : auteurs, pays, design de recherche, caractéristiques de l'échantillon, mesures, principaux résultats
- DEUX reviewers

Data extraction

The data for each study was extracted independently by two authors. Disagreements were resolved by consensus. If no consensus was reached, a third author was consulted. Data extraction was carried out using the Rayyan tool—https://rayyan.qcri.org/[13].

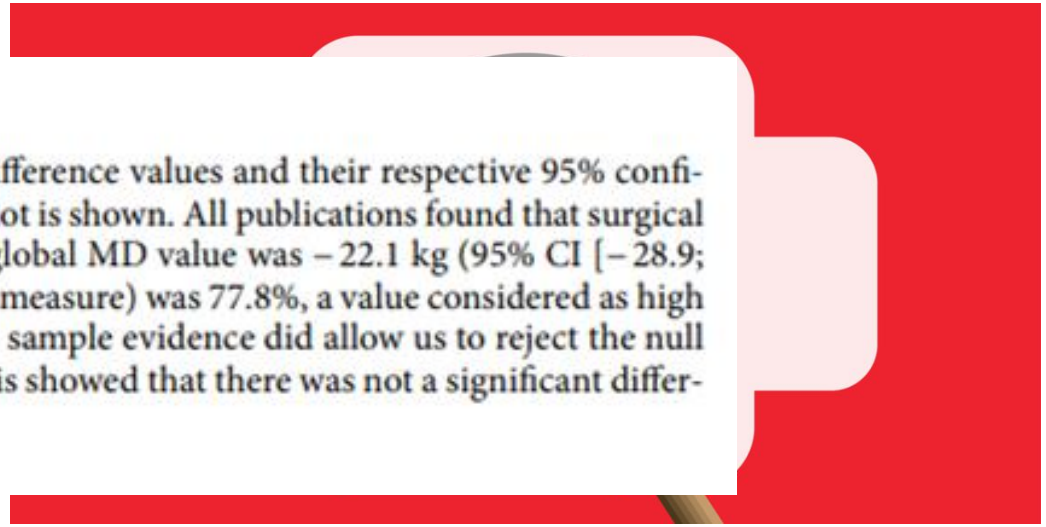
All studies were analyzed by their titles and abstracts, according to inclusion and exclusion criteria. If the eligibility criteria was met, the full text would be extracted. All studies eligible for qualitative analysis are described in the "Results" section.

Missing data was clarified by contacting the authors directly.

Etapes-clés/procédures :

7) Synthétiser les résultats

- Qualitative
- Quantitative (méta-analyse)



Outcomes

Weight

All six studies had data on weight loss after treatment. Mean difference values and their respective 95% confidence intervals (95% CI) were calculated. In Fig. 3A, the forest plot is shown. All publications found that surgical procedures were more efficient for long term weight loss. The global MD value was −22.1 kg (95% CI [−28.9; −15.2). The measure of heterogeneity I2 (Higgins heterogeneity measure) was 77.8%, a value considered as high heterogeneity. According to Cochran's Q heterogeneity test, the sample evidence did allow us to reject the null hypothesis of non-heterogeneity ($p = 0.01$).The subgroup analysis showed that there was not a significant difference between the types of surgery ($p = 0.30$).

Etapes-cléS/procédures :

- 8) Rapporter les résultats
    - Guidelines PRISMA

The main PRISMA reporting guideline (the PRISMA 2020 statement) guidance for the reporting of systematic reviews evaluating the effects of interventions. PRISMA 2020 is complemented by various PRISMA extensions, which provide guidance for the reporting of different types or aspects of systematic reviews and other types of evidence synthesis (e.g. scoping reviews).

Etapes-clés/procédures :

9) Implications pour la pratique et la recherche

Enregistrer le protocole (p.ex., sur PROSPERO, OSF)

REVUES SYSTÉMATIQUES QUALITATIVES

- Contexte d'émergence :
  - Reconnaissance du rôle que la recherche qualitative peut jouer pour éclairer les pratiques de santé basées sur les preuves
- Quoi ?
  - Aussi appelées, méta-synthèse ou méta-agrégation
  - *"La méta-agrégation est une méthode qui se calque aux conventions acceptées pour la revue systématique tout en respectant les traditions et les exigences de la recherche qualitative »* *(Lockwood et al., 2024)*

Hannes & Lockwood, 2011; Hannes & Pearson, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

- Objectifs/indications :
  - Expérience, compréhension d'un phénomène d'intérêt
  - Pourquoi une intervention est ou n'est pas efficace
  - Pourquoi une intervention n'est pas adoptée malgré son efficacité (obstacles)

Durieux, 2022; Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

Etapes-clés/procédures : similaires à la revue systématique classique

1) Formuler une question de recherche claire et précise
2) Etablir les critères d'éligibilité

Utilisation du canevas PICo :
Population, phénomène d'Intérêt et au Contexte

ORIGINAL RESEARCH ARTICLE

Clinical OBESITY | WILEY

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

Esin Er[1] | Nancy Durieux[1,2] | Marie Vander Haegen[1] | Cécile Flahault[3] | Anne-Marie Etienne[1]

Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

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.

Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

Etapes-clés/procédures : similaires à la revue systématique classique

3) Recherche exhaustive de la littérature dans plusieurs bases de données

4) Sélectionner les références

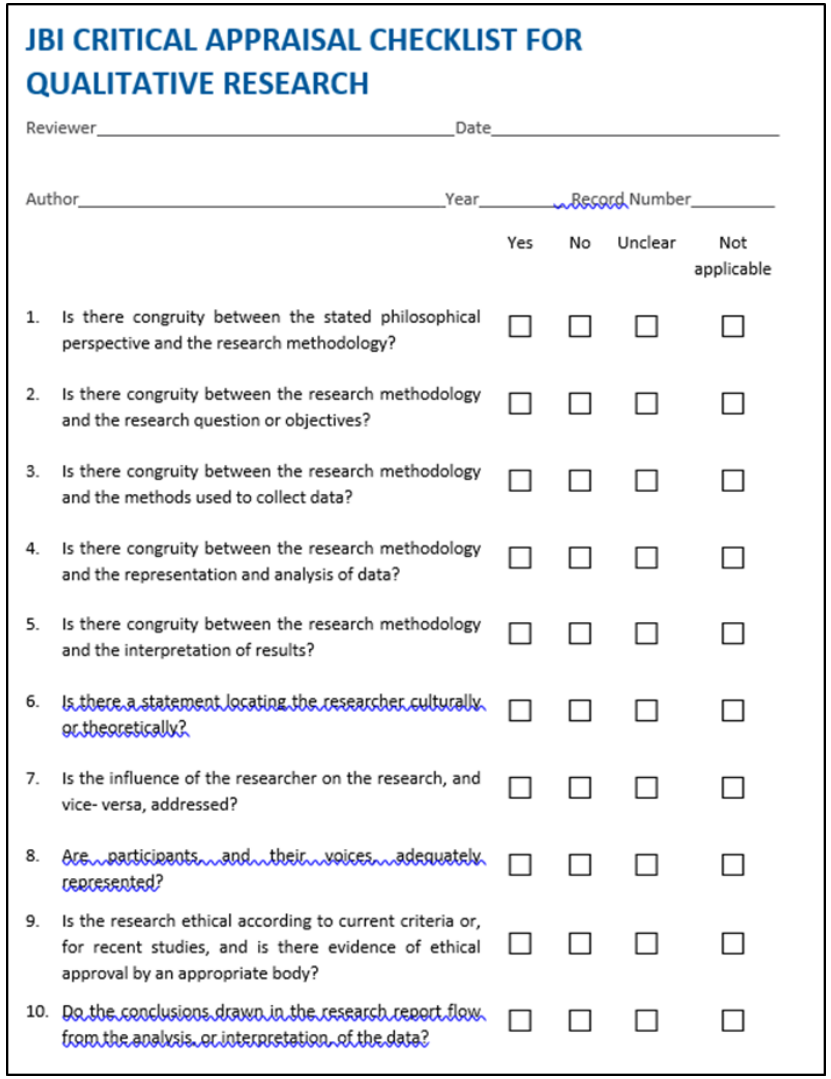
→ pas de différence, processus réalisé avec deux reviewers

Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

Etapes-clés/procédures :

5) Evaluer la qualité méthodologique des études

- o Pour chaque étude sélectionnée
- o Grille spécifique
- o DEUX reviewers



JBI CRITICAL APPRAISAL CHECKLIST FOR QUALITATIVE RESEARCH

Reviewer_____ Date_____

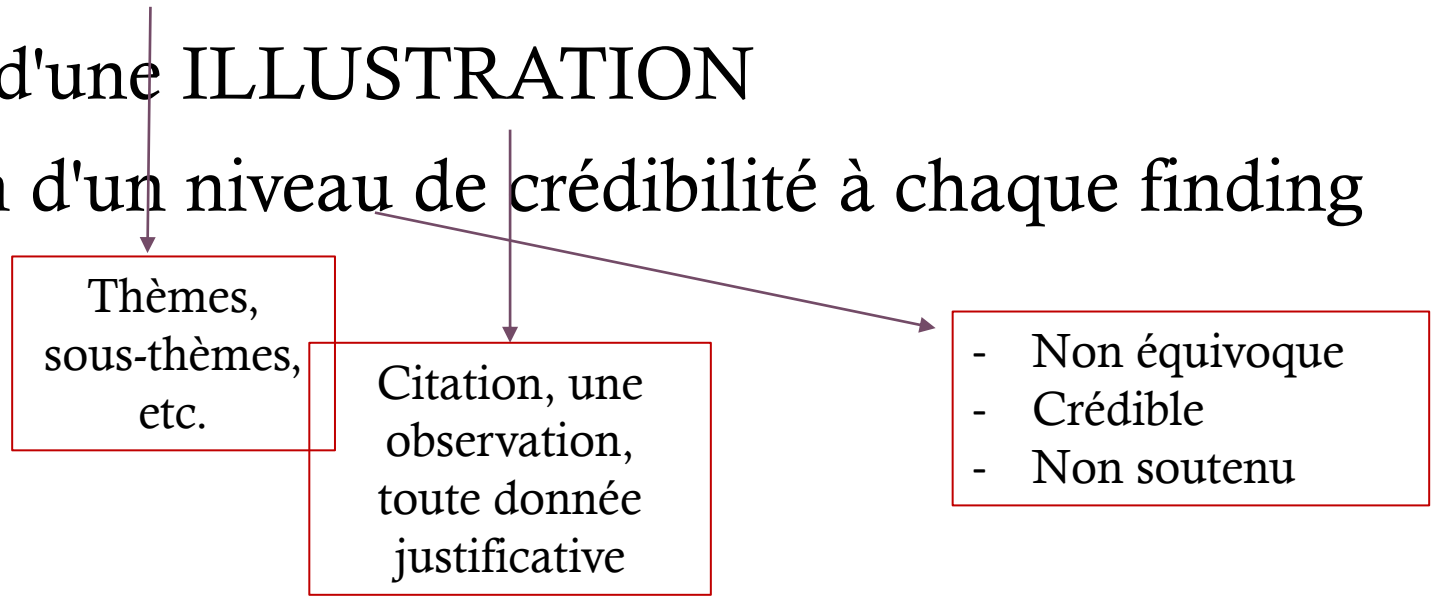
Author_____ Year_____ Record Number_____

		Yes	No	Unclear	Not applicable
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 representation and analysis of data?	☐	☐	☐	☐
5.	Is there congruity between the research methodology and the interpretation of results?	☐	☐	☐	☐
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?	☐	☐	☐	☐

Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

Etapes-clés/procédures :

- 6) Extraire les données
  - o Informations générales
  - o + extraction des FINDINGS
  - o + extraction d'une ILLUSTRATION
  - o + assignation d'un niveau de crédibilité à chaque finding



Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

EXTRACTION DES DONNÉES

• **Alternating behaviours**	« So I kind of was in a Catch-22. It was either one problem, same problem that I was dealing with. I had two things to help me with it, like. And I was jumping from one to the other, one to the other, one to the other. »	U
Filling the void • **The void of unmet needs**	« In hindsight, I didn't realise it at the time, but yes, I think, before I started drinking, I would have used food as a comfort, yes, to fill that void. »	C
• **The void as a vacuum previously occupied by eating**	« I was an absolute teetotaller before the operation. Wouldn't even touch the stuff because it was like vinegar to me. …. And it was only post-op that I started drinking. And it roller-coastered very quickly. »	C
• **Filling the void in recovery**	« I've never taken drugs, luckily, thank God I haven't. And touch wood I never will. But I'm just afraid that one day if I have to cut out the two of them (comfort eating and alcohol) and the anxiety is not controlled, I will turn to drugs to help with it. » « My family know I'm an alcoholic and my few friends that I choose to tell, they know I'm an alcoholic and I'm not afraid say I'm an alcoholic. Because I'm an alcoholic, because I went to after-care, because I go to AA, because I pray to my Holy Spirit, which I pray to all day every day, I go to church and I say my prayers, at this moment I'm not drinking, because of all those things. But as people in AA say, it's just one day at a time. Because I'm not drinking, I have a life. As I said earlier, I'm with my nieces and nephews, I'm with my family and I'm included in activities, my sister can confide in me with her problems, she won't confide in anybody else, but she will confide in me. So I'm proud to be not drinking. »	NS

Etapes-clés/procédures :

- 7) Synthèse des résultats
  - o Formation de CATE
  - o Formation de RESU des CATEGORIES

TABLE 3 Meta-aggregative diagram

Findings	Categories	Synthesized results
Unresolved psychological problems (U)	Maintenance of psychological problems after bariatric surgery	Persistence or reappearance of psychological problems after bariatric surgery
Unresolved psychological issues (U)		
Psychological problems (U)		
Trauma (U)		
Loss (C)		
Internally unchanged (U)	Postoperative course: from the honeymoon to the return to normality	
The honeymoon (U)		
Honeymoon over (U)		
Coping challenges (U)	Using alcohol to cope with stress or negative emotional states	Using alcohol as a coping strategy, sometimes as a replacement for food
Utilizing alcohol as a coping mechanism (U)		
Drinking motivations: coping and disinhibition (U)		
Addiction substitution (U)	Switching from food to alcohol after the operation	
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)		

Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

Etapes-clés/procédures :

- 8) Evaluer le niveau de confiance pouvant être accordé aux résultats
  - o Ap

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: • 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 **Downraded 1 level for mix of unequivocal and credible findings
Using alcohol as a coping strategy, sometimes as a replacement for food	Qualitative: • 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 **Downraded 1 level for mix of unequivocal and credible findings
Changes in the physiological response to alcohol	Qualitative: • 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 [illegible] inclusion of only unequivocal findings

Hannes & Lockwood, 2011; Korhonen et al., 2012; Lockwood et al., 2015; Lockwood et al., 2019; Lockwood et al., 2024; Munn et al., 2014

SCOPING REVIEW

- Quoi ?

« Les scoping reviews sont un type de synthèse des preuves qui visent à identifier et à cartographier ***systématiquement*** *l'étendue des preuves disponibles sur un sujet, un domaine, un concept ou une question particulière, souvent indépendamment de la source (c'est-à-dire recherche primaire, revues, preuves non empiriques) dans ou à travers des contextes particuliers. »*

Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

- Indications/objectifs :
  - Types de preuves disponibles
  - Clarifier les concepts/définitions clés
  - Examiner la façon dont la recherche est menée sur un certain sujet ou dans un domaine
  - Identifier les caractéristiques ou facteurs clés liés à un concept
  - Avant une revue systématique
  - Identifier les lacunes dans les connaissances

Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

Obesity Surgery (2021) 31:1755–1766
https://doi.org/10.1007/s11695-020-05160-5

REVIEW

Weight Regain and Insufficient Weight Loss After Bariatric Surgery: Definitions, Prevalence, Mechanisms, Predictors, Prevention and Management Strategies, and Knowledge Gaps—a Scoping Review

Walid El Ansari[1,2,3] · Wahiba Elhag[4]

- Parfois, plusieurs questions

…n tel thème ?"

The present review "scoped" the literature in order to respond to six questions related to WR and IWL following BS: (1) What are the definition/s?; (2) What is the reported prevalence?; (3) What are the possible mechanisms and preoperative predictors?; (4) What are the clinical impacts and implications?; (5) What are the prevention and management strategies?; and, given the answers to the first 5 questions, (6) what are the knowledge gaps and possible ways forward?

Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

Etapes-clés/procédures :

2) Etablir les critères d'éligibilité

- Plus étendus que dans les revues systématiques
- P.ex., : tout type de recherche

3) Recherch

4) Sélectior

pas de

Inclusion criteria included original studies; published in English; from 1 January 1994 through 30 September 2020; that assessed BS, WR/IWL; and enrolled patients of any age, gender, and ethnicity. Exclusion criteria comprised studies that did not include BS or WR/IWL.

Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

Etapes-clés/procédures :

5) Pas d'obligation d'évaluation de la qualité méthodologique des études

- Faire une cartographie des preuves existantes, pas une approche critique des recherches réalisées

6) "Charting" des données plutôt qu'extraction des données

- Organisation des données extraites dans un format structuré (e.g., un tableau)

Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

Etapes-clés/procédures :

- 7) Synthèse qualitative
- 8) Rapporter les résultats
- 9) Pas ou peu de recommandations

PRISMA for Scoping Reviews (PRISMA-ScR)

The PRISMA extension for scoping reviews was published in 2018. The checklist contains 20 essential reporting items and 2 optional items to include when completing a scoping review.

Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

	Scoping review (SR)	Revue systématique de la littérature (RSL)
QUETION DE RECHERCHE	Pus large que dans la RSL (« que sait-on à partir de la littérature sur un tel thème ? ») Possibilité d'utiliser le PCC (Population, Concept et Contexte)	Question très ciblée ou plus large en utilisant le PICO (Population, Intervention, Comparateur, outcome)
CRITERES D'ELIGIBILITE	Critères d'inclusion plus étendus	Critères d'éligibilité précisément définis avant l'entreprise de la revue
COLLECTE DES DONNEES	Processus de charting des données	Extraction de toute information permettant de répondre à la question de recherche
EVALUATION DE LA QUALITE METHODOLOGIQUE	Pas nécessaire	Nécessaire
SYNTHESE DES DONNEES	Typiquement qualitative	Qualitative ou quantitative
IMPLICATIONS POUR LA PRATIQUE	Généralement pas ou peu de recommandations	Caractéristique des RSL et même recommandé

Points communs : approche rigoureuse, un protocole préenregistré, démarche transparente, reproductible, inclusion de deux reviewers pour éviter les erreurs et augmenter la fiabilité, extraction et présentation structurées des résultats.

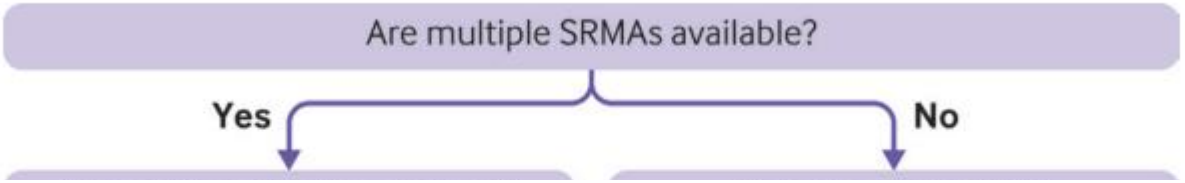
Mak & Thomas, 2022; Munn et al., 2018; Munn et al., 2022; Peters et al., 2015; Peters et al., 2024; Pollock et al., 2023; Tricco, 2018

REVUE DES REVUES

- Contexte d'émergence :
  - Augmentation rapide du nombre de revues
  - Nécessité d'obtenir des données dans des délais réduits
- Quoi ?
  - Umbrella review, overview of reviews, review of reviews, etc.
  - Même caractéristique : revues systématiques comme principal, voir unique « type d'étude » considéré

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

- Indications/objectifs :
  - Besoin de prendre des décisions rapides en santé sur base de données probantes
  - Beaucoup de revues systématiques (récentes !)
  -
  -



t donné

OPEN ACCESS RESEARCH METHODS AND REPORTING

bmjmedicine

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Conducting umbrella reviews

Lazaros Belbasis [1], Vanesa Bellou,[2] John P A Ioannidis [1,3,4,5,6,7]

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

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Review

No consensus on causality of spine postures or physical exposure and low back pain: A systematic review of systematic reviews

Christopher T.V. Swain [a,*], Fumin Pan [b], Patrick J. Owen [c], Hendrik Schmid

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ABSTRACT

Specific spinal postures and physical activities have been linked to low back pain (LBP) but previous reviews have produced contrasting outcomes. This umbrella review examined (1) what relationship, if any, is evident between specific spinal postures or physical activities and LBP; (2) the quality of existing systematic reviews in this area; and (3) the extent to which previous systematic reviews demonstrate causality.

Five electronic databases and reference lists of relevant articles were searched from January 1990 to June 2018. Systematic reviews and meta-analyses on spine posture or physical exposure and LBP symptoms (self-report) or outcomes (e.g. work absence, medical consultation) were included. The AMSTAR and the Bradford Hill Criteria were utilised to critically appraise the quality of included systematic reviews and to determine the extent to which these reviews demonstrated causality.

Two independent reviewers screened 4285 publications with 41 reviews included in the final review. Both positive and null associations between spine posture, prolonged standing, sitting, bending and twisting, awkward postures, whole body vibration, and components of heavy physical work were reported. Results from meta-analyses were more consistently in favour of an association, whereas systematic reviews that included only prospective studies were less able to provide consistent conclusions. Evidence that these factors precede first time LBP or have a dose response relationship with LBP outcomes was mixed.

Despite the availability of many reviews, there is no consensus regarding causality of physical exposure to LBP. Association has been documented but does not provide a causal explanation for LBP.

Etapes-clés/procédures :

1) Formuler une question de recherche claire et précise

Sports Medicine (2024) 54:3097–3110
https://doi.org/10.1007/s40279-024-02099-w

SYSTEMATIC REVIEW

Check for updates

Impact of Sedentary Behaviors on Blood Pressure and Cardiovascular Disease: An Umbrella Review of Systematic Reviews and Meta-Analyses

Myles W. O'Brien[1,2,3] · Madeline E. Shivgulam[3] · Angélica Huerta Domínguez[4] · Hao
Molly Courish[6] · Jorge Tovar-Díaz[4]

The objective of this umbrella review was to determine if, in adults (population), more time in sedentary postures or behaviors (intervention/comparator) was associated with worse arterial blood pressure and a higher incidence of CVD (outcomes), based on systematic reviews on the topic (study design).

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

Etapes-clés/procédures :

2) Etablir les critères d'éligibilité

A population, intervention, comparator, outcome, and study design (PICOS) approach was used to define inclusion/exclusion criteria.

For population, only studies examining adults (age ≥ 18 years) were included. No restrictions were placed on participants' health status.

For intervention, no restriction was placed on study design (e.g., not exclusive to reviews of randomized controlled trials only). Reviews analyzing observational or interventional studies were included. No restriction on the date of publication or the language of publication was implemented in the search. Conducting a meta-analysis was not a requirement of inclusion but was extracted if presented. A measurement of sedentary time (e.g., sitting time) or sedentary behavior (e.g., television time) was required, but articles were not excluded based on the type of measurement.

For the comparator, systematic reviews and/or meta-analyses that included studies without or with a comparator group were included.

For the outcome, the two main outcomes were arterial blood pressure (or hyper/hypotension) and CVD

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

Etapes-clés/procédures

- 3) Recherche exhaustive de la littérature dans plusieurs bases de données
  - Focus sur les revues systématiques
  - Recherches publiées après 1990, voir les cinq ou dix dernières années
  - + littérature grise
- 4) Sélectionner les références
  - Pas de difference

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

Etapes-clés/procédures :

- 5) Evaluer la qualité méthodologique des revues
    - o Pour chaque revue sélectionnée
    - o Grille spécifique
    - o DEUX reviewers

JBI CRITICAL APPRAISAL CHECKLIST FOR SYSTEMATIC REVIEWS AND RESEARCH SYNTHESES

Reviewer_____ Date_____

Author_____Year_____Record Number_____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	☐	☐	☐	☐
2. Were the inclusion criteria appropriate for the review question?	☐	☐	☐	☐
3. Was the search strategy appropriate?	☐	☐	☐	☐
4. Were the sources and resources used to search for studies adequate?	☐	☐	☐	☐
5. Were the criteria for appraising studies appropriate?	☐	☐	☐	☐
6. Was critical appraisal conducted by two or more reviewers independently?	☐	☐	☐	☐
7. Were there methods to minimize errors in data extraction?	☐	☐	☐	☐
8. Were the methods used to combine studies appropriate?	☐	☐	☐	☐
9. Was the likelihood of publication bias assessed?	☐	☐	☐	☐
10. Were recommendations for policy and/or practice supported by the reported data?	☐	☐	☐	☐
11. Were the specific directives for new research appropriate?	☐	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

_____

_____

_____

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

Table 1 (continued)

Study	Search date range	No. of studies	Population of interest	Participants (females)	Study designs included	SR/MA	Sedentary outcome(s) (measurement type)	CV outcomes
Jingjie et al. (2022) [46]	2015–2020	19	General adults	1,451,730 (883,077)	Prospective cohort ($n=17$), cross sectional ($n=2$)	SR	Total sedentary time, screen time, (Self-reported and objective measures)	CVD incidence, CVD mortality
Katzmarzyk et al. (2019) [11]	Inception–2018	2	General adults	17,358 (NR)	Prospective cohort	SR	TV viewing (self-reported)	CVD mortality
Lacombe et al. (2019) [20]	2010–2017	1	Female adults	71,018 (71,018)	Prospective cohort	SR	Sitting time (self-reported)	CVD incidence
Lee and Wong (2015) [47]	Inception–2014	31	General adults	200,241 (NR)	Cross-sectional and longitudinal	SR + MA	Total sedentary time, TV viewing (self-reported and objective measures)	SBP, DBP
Liang et al. (2022) [48]	Inception–2022	18	General adults	427,008 (274 436)	Prospective cohort	SR + MA	Sedentary time (self-reported)	CVD incidence and mortality
Marin et al. (2020) [49]	2010–2018	4	General adults	117,759 (54,617)	Cross sectional	SR	Sedentary time and TV viewing (self-reported)	Hypertension
Oye-Somefun et al. (2021) [50]	Inception–2020	13	Normotensive adults	351 (268)	Cross sectional ($n=7$), interventional ($n=6$)	SR + MA	Prolonged sitting time (objectively measures)	SBP, DBP
Pandey et al. (2016) [51]	Inception–2015	9	General adults	720,425 (NR)	Prospective cohort	MA	Sedentary time (self-reported)	CVD incidence
Paterson et al. (2022) [52]	Inception–2021	33	General adults	569 (288)	Acute interventional	SR + MA	Prolonged sedentary time, sedentary breaks (objective measures)	SBP, DBP, MAP
Patterson et al. (2018) [53]	2014–2016	11	General adults	822,138 (452 427)	Prospective cohort	SR + MA	Total sedentary time and TV viewing (self-reported and objective measures)	CVD incidence
Proper et al. (2011) [54]	1989–2010	1	General adults	6742 (4167)	Prospective cohort	SR	Sedentary time	Hypertension incidence
Qui et al (2021) [55]	2014–2018	2	General adults	4553 (NR)	Prospective cohort	SR	Total sedentary time (objective measures)	CVD mortality
Reichel et al. (2022) [56]	2009–2017	17	General adults	365,089 (199,953)	Cohort ($n=12$), case control ($n=5$)	SR	Occupational sitting time (self-reported)	CVD incidence, CVD mortality
Saeidifar et al. (2020) [57]	Inception–2019	5	Nonpregnant adults	378 (NR)	Interventional	SR + MA	Replacing sedentary time with standing (NR)	SBP, DBP

Aromataris et al., 2024; Aromataris et al., 2015; Belbasis et al., 2022; Cant et al., 2022

CONCLUSION

- Un grand nombre de revues différentes
- D'autres existent (e.g., revues rapides, revues par les méthodes mixtes) !!!
- Se baser sur recommandations d'organismes reconnus
- Choix du type de revue :
  - Objectifs
  - Ce qui a déjà été fait
  - Ressources en termes de temps
  - Nombre de reviewers
- Justifier son choix

NOTES DE FIN

- Revues rapides
- Revues par les méthodes mixtes

- Contexte
  - Longueur et ressources importantes nécessaires pour les revues systématiques
- Quoi ?
  - Synthèse des preuves sur une question précise et ciblée, en simplifiant ou en omettant certaines étapes des revues systématiques classiques
- Indications :
  - Manque de temps
  - Besoin de données fiables rapide
  - Exemple : covid

Smela et al., 2023

Cochrane Library
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[Rapid Review]

Travel-related control measures to contain the COVID-19 pandemic: a rapid review

Jacob Burns[1,2a], Ani Movsisyan[1,2b], Jan M Stratil[1,2], Michaela Coenen[1,2], Karl MF Emmert-Fees[3], Karin Geffert[1,2], Sabine Hoffmann[1,2], Olaf Horstick[4], Michael Laxy[3], Lisa M Pfadenhauer[1,2], Peter von Philipsborn[1,2], Kerstin Sell[1,2], Stephan Voss[1,2], Eva Rehfuess[1,2]

To conduct this rapid review, we employed abridged procedures of systematic reviewing at certain stages, according to the Cochrane guidance for rapid reviews (Garritty 2020). Specifically, only one review author conducted data extraction, assessment of risk of bias

of epidemiological studies and quality assessment of modelling studies. At least one additional review author, and in most cases two additional review authors, checked for correctness of all data reported in the 'Risk of bias' assessment, quality appraisal and data synthesis, and three or more review authors discussed any uncertainties. To ensure that the abridged procedures did not

Etapes-clés/procédure : similaires à la revue systématique classique, mais simplification

1) Question de recherche est plus ciblée
2) Critères d'éligibilité :
    - Limiter le nombre d'outcomes
    - Limites temporelles
    - Restreindre le contexte géographique
    - Limiter la langue des études
3) Recherche dans un nombre plus limité de base de données et pas forcément la littérature grise

Etapes-clés/procédure : similaires à la revue systématique classique, mais simplification

4) Sélection des études

- Deux évaluateurs pour au moins 20 % des références
- Si accord est élevé (par exemple, un kappa $\geq 0,8$), un seul reviewer pour la suite.

5) Evaluer le risque de biais :

- Deux reviewers

Etapes-clés/procédure : similaires à la revue systématique classique, mais simplification

6) Extraction des données :

- Uniquement les informations essentielles.
- Deux reviewers

7) Synthèse :

- Narrative mais si ressources et si approcprié : méta-analyse