

Critical Appraisal (previously named Risk of Bias)

Objective

Evaluate the quality of evidence of included cohort studies or controlled trials.

Configure Risk of Bias

From administrative settings, select the ROB mode.

Administrator Settings: Opioid Use Disorder - Phase I

Risk of Bias

Choose a system:

No Selection

None

System: SIGN 50, Version: 2011

System: Cochrane RoB, Version: 2

System: JBI, Version: 2020

Choose Scope

Assess Risk of Bias the study level or the outcome level:

Administrator Settings: Opioid Use Disorder - Phase I

Risk of Bias

Choose a system:

System: SIGN 50, Version: 2011

Choose a scope:

Some systems allow you evaluate the risk of bias of entire studies or individual outcomes.

Entire Study

Individual Outcomes

Select Outcomes:

Data Element	Timepoint	RoB
% Change employed	Outcome	
% abstinence	Outcome	
% change insured	Outcome	
% negative urine sample	Outcome	
Anxiety	Outcome	
COWS Scale	Outcome	
Confusion	Outcome	

Start Assessing Risk of Bias

Navigate to ROB Module

After selecting the system and scope, reviewers can begin assessing ROB. You may need to refresh. Once the page reloads, ROB will appear in the navigation menu.

Nest Home

Dashboard
Settings

Literature Search 1 / 1

Other Sources
Duplicate Review
Search Exploration
Query Builder

Screening 271 / 274

Configure Screening

Tagging 3 / 6

Configure Tagging

Extraction 6 / 6

Configure Extraction

Risk of Bias 6 / 6

Study Inspector

Synthesis

Manuscript Editor
Abstract Editor
Export

Show Table of Contents

H B I U S : = < > [] { } " '

Introduction

Acute ischemic stroke (AIS) is caused by embolic or thromboembolic occlusion of a cervical or cerebral artery. Until recently, AIS treatment focused on intravenous thrombolysis with tissue plasminogen activator (IV-tPA), and eligible patients could be treated within 3–4.5 h of symptom onset ([1](#)). More recently, multiple randomized clinical trials demonstrated that mechanical thrombectomy (MT) results in superior functional outcomes compared to standard medical therapy, which includes IV-tPA treatment ([2–9](#)). Moreover, MT may be offered to eligible patients up to 24 h after symptom onset, which has expanded treatment options for thousands of AIS patients.

Currently, patients who are eligible for both MT and IV-tPA are recommended to receive both treatments ([10](#)). However, the effectiveness of MT has raised the question of whether IV-tPA offers any additional benefit in the treatment of AIS patients who are eligible for both therapies.

The recently reported DIRECT-MT, SKIP, DEVT, and MR CLEAN NO IV trials randomized patients to either MT alone to MT+tPA, and each of these trials failed to identify a significant difference in functional outcomes between these two treatment strategies ([11–14](#)). In addition, it is not clear whether MT+tPA results in a higher frequency of vessel recanalization compared to MT alone ([11–14](#)). We hypothesized that these individual studies were underpowered to detect significant differences in recanalization rates and functional outcomes between MT+tPA and MT alone patients. Therefore, we performed a systematic review and meta-analysis to consolidate the findings of all eligible randomized controlled trials that address this comparison.

Traditional reviews and meta-analyses require researchers to manually identify relevant literature across multiple databases, a process which can be inefficient and unorganized. The data extraction process too requires manually standardizing the format of data, units, and time point definitions, which lends itself to errors and can often be tedious ([15](#)). We sought to investigate a more streamlined approach, and thus performed this study using a novel semi-automated software platform (AutoLit, Nested Knowledge, Saint Paul, MN) that allows for the rapid identification, collation, synthesis, and analysis of data. Assessing the performance of this software platform was a secondary aim of this study.

Methods

Nested Knowledge Systematic Review Platform

A PRISMA and MOOSE-compliant systematic review of the literature was undertaken on the PubMed database through the Nested Knowledge (NK) platform ([Supplementary Video 1](#)). Prior to study selection and screening, two authors (G.A. and J.J.H.) established the framework for the study by writing up a protocol for the systematic review that included acceptable study designs, intervention arms, patient characteristics to collect as baseline and outcome variables, as depicted in the NK sunburst diagram in [Figure 1](#). These authors, also non-affiliates of NK, were also responsible for evaluating the functionality and efficiency of the NK platform as a secondary aim of this study.

Read study and select study type

Depending on the selected ROB system, you may need to select a Cohort Study or Controlled Study to begin assessment.

Risk of Bias: Opioid Use Disorder - Phase I

0 / 50

Initiating buprenorphine treatment for opioid use disorder during short-term in-patient 'detoxification': a randomized clinical trial.

Abstract Full Text Supplements PubMed

Initiating buprenorphine treatment for o... 1 / 13 125%

ADDICTION

RESEARCH REPORT

doi:10.1111/add.14737

Initiating buprenorphine treatment for opioid use disorder during short-term in-patient 'detoxification': a randomized clinical trial

Michael Stein^{1,2}, Debra Herman^{2,3}, Micah Conti², Bradley Anderson² & Genie Bailey³

Boston University School of Public Health, Boston, MA, USA¹; Department of General Medicine and Addictions Research, Butler Hospital, Providence, RI, USA² and Department of Psychiatry and Human Behavior, The Warren Alpert Medical School of Brown University, Providence, RI, USA³

ABSTRACT

Background and Aims The effectiveness of linking people from short-term in-patient managed withdrawal programs ('detoxification') to long-term, primary care-based buprenorphine is unknown. We tested whether buprenorphine initiation during an opioid withdrawal program and linkage to office-based buprenorphine (LINK) after discharge would increase engagement with office-based buprenorphine and decrease illicit opioid use during the ensuing 6 months compared with standard withdrawal management (WM). Design Single-site randomized controlled trial.

Navigation

Back Skip Complete

Risk of Bias

Study Type

No Selection

Controlled Clinical Trial

Cohort Study

Assess study bias

Fill out the ROB questions as you read through the uploaded study.

Risk of Bias: Opioid Use Disorder - Phase I

0 / 50

Patient-centered Outcomes in Participants of a Buprenorphine Monthly Depot (BUP-XR) Double-blind, Placebo-controlled, Multicenter, Phase 3 Study.

Abstract Full Text Supplements PMC

Patient-centered Outcomes in Participants of a Buprenorphine Monthly Depot (BUP-XR) Double-blind, Placebo-controlled, Multicenter, Phase 3 Study.

Thomson 1 / 8 90%

ORIGINAL RESEARCH

OPEN

Patient-centered Outcomes in Participants of a Buprenorphine Monthly Depot (BUP-XR) Double-blind, Placebo-controlled, Multicenter, Phase 3 Study

Walter Ling, MD, Vijay R. Nadipelli, MS, Caitlyn T. Solem, PhD, Naoko A. Ronquest, PhD, Yu-Chen Yeh, MS, Susan M. Learned, MD, Vishaal Mehra, MD, and Christian Heidbreder, PhD

Objective: Opioid use disorder (OUD) is associated with physical, social, psychological, and economic burden. This analysis assessed the effects of BUP-XR (extended-release buprenorphine), a subcutaneously injected, monthly buprenorphine treatment for OUD compared with placebo on patient-centered outcomes measuring meaningful life changes.

Methods: Patient-centered outcomes were collected in a 24-week, phase 3, placebo-controlled study assessing the efficacy, safety, and tolerability of BUP-XR 300/300 mg (6 × 300 mg) and 300/100 mg (2 × 300 mg) followed by 4 × 100 mg injections in treatment-seeking participants with moderate-to-severe OUD. Measures included the

Results: Participants receiving BUP-XR (n = 389) versus placebo (n = 98) had significantly greater changes from baseline on the EQ-5D-SL index (300/300 mg: difference = 0.0636, P = 0.003), EQ-5D-SL visual analog scale (300/300 mg: difference = 5.9, P = 0.017; 300/100 mg: difference = 7.7, P = 0.002), and SF-36v2 physical component summary score (300/300 mg: difference = 3.8, P < 0.001; 300/100 mg: difference = 3.2, P = 0.002). Satisfaction was significantly higher for participants receiving BUP-XR 300/300 mg (88%, P < 0.001) and 300/100 mg (88%, P < 0.001) than placebo (46%). Employment and percentage of insured participants increased by 10.8% and 4.1% with BUP-XR 300/300 mg and 10.0% and 4.7% with 300/100 mg, but decreased by 12.6% and 8.4% with

Navigation

Back Skip Complete

Risk of Bias

Study Type

Controlled Clinical Trial

Internal Validity

The study addresses an appropriate and clearly focused question.

Well covered (Yes)

The assignment of subjects to treatment groups is randomised.

Adequately addressed

An adequate concealment method is used.

No Selection

Well covered (Yes)

Adequately addressed

Poorly addressed

Not addressed (no)

Not reported

NA

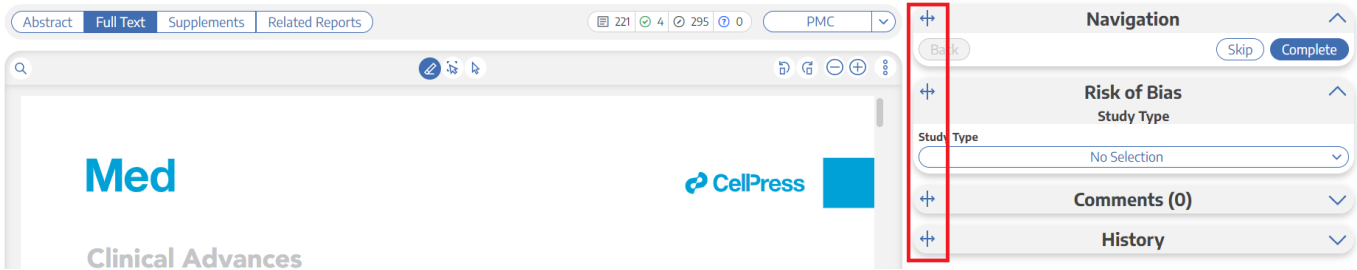
Factors 'blind' about treatment allocation.

Similar at the start of the trial.

Comments (0)

You can monitor your progress, skip studies (and return to them later), and leave comments!

Note: Anytime there is a module box with the adjustable icon, you can drag to adjust the width of the box depending on your preference.



Risk of Bias Visuals

By completing Risk of Bias, you automatically generate [Risk of Bias visuals](#): Domain Distribution and Stoplight diagrams on Synthesis.

From:

<https://wiki.nested-knowledge.com/> - **Nested Knowledge**

Permanent link:

https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:risk_of_bias&rev=1680984334

Last update:

2023/04/08 20:05