

Risk of Bias (Critical Appraisal)

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

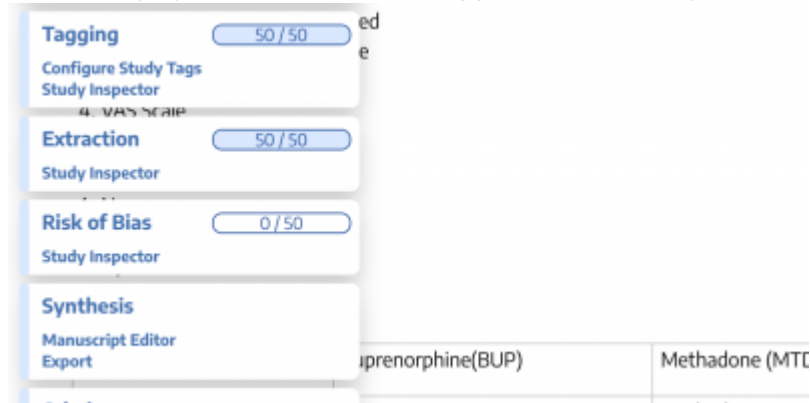
Select Outcomes:

Data Element	Timepoint	RoB
% Change employed	Outcome	<input type="checkbox"/>
% abstinence	Outcome	<input checked="" type="checkbox"/>
% change insured	Outcome	<input checked="" type="checkbox"/>
% negative urine sample	Outcome	<input type="checkbox"/>
Anxiety	Outcome	<input type="checkbox"/>
COWS Scale	Outcome	<input checked="" type="checkbox"/>
Confusion	Outcome	<input type="checkbox"/>

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.



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

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

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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.

Thomson 1 / 8 90%

ORIGINAL RESEARCH

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. Romquest, 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 (8 × 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-5L index (300/300 mg: difference = 0.0636, $P = 0.003$), EQ-5D-5L 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 (69%). Employment and percentage of insured participants increased by 10.8% and 4.1% with BUP-XR 300/300 mg and 10.0%

Navigation

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Risk of Bias

Study Type
Controlled Clinical Trial

Internal Validity

The study addresses an appropriate and clearly focused question.
Well covered (Yes) Comment

The assignment of subjects to treatment groups is randomised.
Adequately addressed Comment

An adequate concealment method is used.
No Selection Comment

Participants 'blind' about treatment allocation.
Well covered (Yes) Adequately addressed Poorly addressed Not addressed (no) Not reported NA Comment

Comments (0)

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

Risk of Bias Visuals

By completing Risk of Bias, you automatically generate **Risk of Bias visuals**: Domain Distribution and Stoplight diagrams on Synthesis.

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