

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

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

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

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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

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-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 (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)

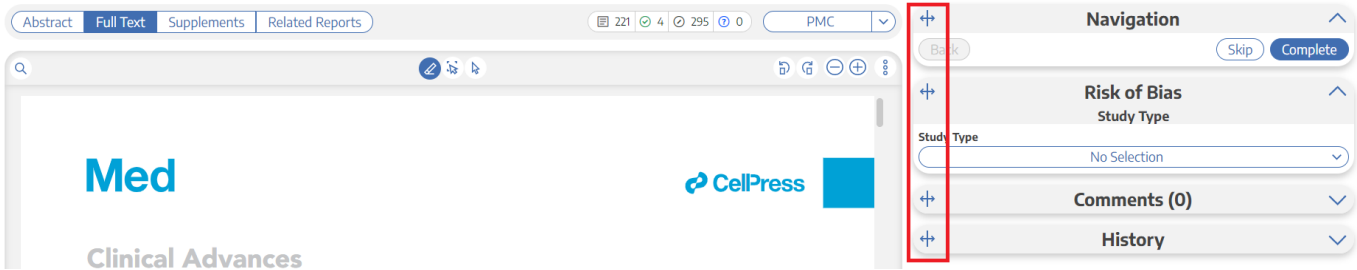
Not reported

NA

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.

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Last update:

2023/04/08 19:49