Publishing Rapid Reviews:

Risks and Opportunities

Lesley Stewart
Conflict of interest

- Director, Centre for Reviews and Dissemination, University of York
- CRD produces rapid reviews
- CRD initiated and produces PROSPERO
- Member of PRISMA-P group
- Co-Editor in Chief of Systematic Reviews
- No financial conflicts
Rapid review

Describes a range of outputs

- Scoping studies
  systematically derived bibliography
  ± critical appraisal of key studies

- Evidence bulletin/summary/briefing
  existing systematic reviews ± new/key primary studies

- Review of reviews
  descriptive/analytic

- Rapid systematic review
  expedited process/ methods
Rapid reviews in PROSPERO

PROSPERO includes systematic reviews and reviews of reviews

- Simple search “rapid” in title

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<thead>
<tr>
<th>Registration no.</th>
<th>Title</th>
<th>Status</th>
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<tbody>
<tr>
<td>CRD42015016151</td>
<td>Health workers’ compliance to Rapid Diagnostic Tests (RDTs) to guide malaria treatment: a systematic review and meta-analysis.</td>
<td>Ongoing</td>
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<td>CRD42015016138</td>
<td>Exploring the factors that predict long-term change in practice when multidisciplinary staff teams in inpatient mental health rehabilitation units undertake training aimed at increasing their engagement with recovery-based practice: a rapid realist review protocol</td>
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<td>A Rapid Evidence synthesis of Outcomes and Care Utilisation following Self-care support for children and adolescents with long term conditions (RE</td>
<td>OCUS): reducing care utilisation without comprising health outcomes</td>
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<td>Systematic review and meta-analysis of out-of-hospital rapid sequence intubation safety</td>
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<td>CRD42014014539</td>
<td>The effectiveness of rapid response teams activated by patients or family members of patients admitted to inpatient hospital units: a systematic review protocol</td>
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<td>CRD42014014458</td>
<td>Enhanced recovery after elective caesarean: protocol for a rapid review of clinical protocols, and an umbrella review of systematic reviews</td>
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<td>CRD42014014416</td>
<td>Comparison of parenteral routes for fluid administration: a rapid systematic review of randomised controlled trials</td>
<td>Ongoing</td>
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<tr>
<td>CRD42014014000</td>
<td>How patients, their legal representatives and/or clinicians view consent procedures for research participation during acute or emergency treatment: a rapid review</td>
<td>Ongoing</td>
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<td>CRD42014013279</td>
<td>Improving outcomes for people in mental health crisis: a rapid synthesis of the evidence for available models of care</td>
<td>Ongoing</td>
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Terminology

13 records 2013-2015  12 UK/Ireland  1 USA

Small numbers: illustrative of current practice
Planned timescale

Range 6 weeks to 15 months median 6 months
Dissemination strategy

Optional field

- 10 provided information on dissemination plans
- 7 journal article
  - 5 full report
  - 2 ‘briefings’
- 2 direct to decision making
  - 1 ‘briefing’
- 1 conference presentation & sharing with stakeholders
Informal comparison

- PROPERO most recent 20 records (excluding Cochrane protocols) did not have rapid in title
- Anticipated duration
  - 6 weeks to 16 months
  - median 5 months
- Dissemination strategy
  - 15 provided information
  - 15 journal articles
  - 3 reports
  - 2 direct feedback to stakeholders
Systematic reviews published

From DARE

Year of publication

From DARE

University of York
Centre for Reviews and Dissemination
Why publish

- Transparency and accountability
- Peer review and comment
- Knowledge transfer and translation
- Help avoid unintended duplication/waste
- Academic credit
Publishing ‘rapid reviews’

- Best evidence to inform decisions
  - matched to decision making timeframes

- Often commissioned and tailored to specific needs and set in specific context
  - input to decision making assured

- Same questions/issues likely to be of wider importance
  - core research evidence should hold even where details on context/implementation differ
  - duplication in locating and ‘unpicking’ research evidence is wasteful
Publication

- Formal (academic journal)
- Informal
  - Website
  - Database
  - Bulletin (electronic or paper)
Publishing in academic journals

<table>
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<th>Advantages</th>
<th>Disadvantages</th>
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<tr>
<td>▪ Credibility</td>
<td>▪ Time and effort</td>
</tr>
<tr>
<td>peer review, journal quality</td>
<td>preparation and publication process may take many months</td>
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<tr>
<td>▪ Discoverability</td>
<td>▪ Format may not suit some types of rapid review outputs, or be accessible to some audiences</td>
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<tr>
<td>indexed in bibliographic databases</td>
<td>▪ Cost</td>
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<tr>
<td>▪ Permanence</td>
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<td>▪ Easier to cite and track citations</td>
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Informal publishing

Advantages

- Immediate
- Unconstrained format
  - structure and format to suit output and user
  - to achieve maximum impact/knowledge transfer
- ~Free

Disadvantages

- Outputs may be more difficult for others to discover
  - not indexed on bibliographic databases
- May be interpreted as less credible and of lesser value
  - But producer may engender credibility/trust
- Need to be maintained
Publishing ‘rapid reviews’

- Rapid systematic review
  - Not fundamentally different from a standard systematic review
  - Publish following PRISMA
  - Explain rationale for adopting a ‘rapid’ approach
  - Pay particular attention to describing any deviations from accepted systematic review process used to ensure timeliness

- For all systematic reviews, also consider knowledge translation aspect and how best to reach relevant audiences
Publishing ‘rapid reviews’
Bulletins/ summaries/ briefings

- Accessible
- Language, design, format
- Distilled to short ‘bottom lines’

**Effective HEALTH CARE**

The Treatment of Depression in Primary Care

Which treatments are effective in the management of depression in primary care?

- The homes we live in impact on health, wellbeing and health inequalities
- Treating illnesses directly related to living in cold, damp and dangerous homes costs the NHS £2.5 billion per year
- Ensuring affordable warmth through insulation and more efficient heating can improve health and wellbeing
- Home safety assessment and modification can reduce falls and risk of falling in older people
- Education, promotion of exercise and wearing of appropriate footwear, environmental modifications and training of healthcare workers can reduce the rate of fall-related injuries (including fractures) in older people
- Homes can be made safer through education delivered by health or social care professionals, school teachers, lay workers, and voluntary organisations
- Home assessment followed by tailored packages and co-ordinated care from healthcare providers and social services can reduce the number of asthma-symptom days, school absenteeism and acute-care visits amongst children and adolescents

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The views expressed in this bulletin are those of the authors and not necessarily those of the University of York, the NIHR SPPH or the MRC SPPHSU.
Publication

- Is journal publication desirable?
  - what type of article
  - not well suited to IMRAD format
  - can journals be more innovative and creative

- Can informal publishing methods provide an alternative means of sharing information and communicating findings
  - ‘one stop shop’
  - trusted source

- How can contribution be acknowledged outside of formal publication (academic reward)
Registering rapid reviews

- Registration
  - transparency
  - helps avoid duplication/waste
  - minimal effort
  - free

- Applies to rapid systematic reviews and reviews of reviews

- may be issues of timeliness
- register before data extraction (ideally before screening)
- may be heightened anxiety of idea theft
Before the Great Subscription Crash of 2017, scientists believed the more inaccessible the study, the greater the impact.