

EVIDENCE AND GUIDELINE RECOMMENDATION GRADING SYSTEM USED FOR THIS GUIDELINE

The guideline development team ranked the evidence according to the revised system of the Scottish Intercollegiate Guidelines Network (SIGN).⁸⁸ The SIGN Grading System for Recommendations in Evidence-based Clinical Guidelines is a revised version of the system developed by the US Agency for Health Care Policy and Research (AHCPR).⁸⁹ Evidence statements relating to interventions have been assigned a grading according to the 'strength' of the supporting evidence where 1 is the best quality evidence and 4 is expert opinion.

Qualitative material was systematically appraised for quality, but was not ascribed a level of evidence.

LEVELS OF EVIDENCE

1++	High quality meta-analyses/systematic reviews of randomised controlled clinical trials (RCTs), or RCTs with a very low risk of bias
1+	Well-conducted meta-analyses/systematic reviews, or RCTs with a low risk of bias
1-	Meta-analyses/systematic reviews, or RCTs with a high risk of bias
2++	High quality systematic reviews of case-control or cohort studies High quality case-control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2+	Well-conducted case-control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2-	Case-control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies eg, case reports. Case series
4	Expert opinion Qualitative material was systematically appraised for quality, but was not ascribed a level of evidence.