

# Guideline for rapid reviews of the research evidence

## **Definition:**

A rapid review is a brief synthesis and judgement of the available research evidence related to a specific question posed by policy officers. Reviews are conducted by a senior researcher with expertise in a particular field of research. The research evidence is drawn primarily from existing systematic reviews, meta-analyses and economic evaluations.

## **What it includes:**

A rapid review should be presented in written form. It should be around 3 pages in length and include:

- A statement of the research question;
- An answer to the research question, which may be one statement and a series of supporting statements, with clear links to the supporting evidence;
- Consideration of how the evidence applies to the Victorian context;
- The methods used in the review, including inclusion/exclusion criteria, search strategy (including date of last search) and search terms;
- The results of the review in terms of number of studies/reviews found;
- A statement about the quality of the research; and
- All references cited in the review.

Note: it is okay to include expert opinion on what the literature is saying and how it might apply to the Victorian context but this should be explicit.

## **Timeline:**

Usually around 3-4 weeks.

## **Further details:**

### ***Specifying the research question***

Examples showing how the question should be defined:

Is intervention A effective in preventing risk factor B?

Is intervention A cost-effective in preventing risk factor B?

### ***Specifying the inclusion criteria***

*Population:* May include populations, communities or individuals. May be limited by age or other characteristics, e.g. disadvantage, Aboriginal etc.

*Interventions:* Can be a specific intervention (e.g. immunisation for measles), general (e.g. mass media interventions to prevent smoking), a type of approach

(e.g. peer-led strategies for changing behaviour) or based on a particular theory.

*Comparisons:* May be no intervention, another intervention or standard care/practice.

*Outcomes:* Can be a disease (e.g. diabetes), change in behaviour or risk factor (e.g. quantity of physical activity, obesity), quality of life, cost-effectiveness or a combination. Can also include process measures (e.g. reach) and intermediate measures (e.g. attitudes, knowledge).

*Study types:* Study types most relevant for rapid reviews are: systematic reviews of all relevant randomised controlled trials, controlled trials or comparative studies (NHMRC levels II to III-2); economic evaluations (including cost-effectiveness and cost-utility analyses).

### **Search strategy**

For evidence of efficacy the National Health and Medical Research Council (National Health and Medical Research Council, 1999) criteria are used (Table 1). Search first for systematic reviews of all relevant randomised controlled trials (Level I). If sound, relevant material of this type is identified, the search stops. If not, search for properly designed randomised controlled trials (Level II). If none, the search strategy is broadened to go progressively down the levels of evidence.

The evidence of efficacy is supplemented with economic evaluations where available, giving preference to cost-effectiveness and cost-utility analyses.

When summarising the resources searched, specify the date and/or issue last searched and search strategy where relevant.

### **Sources of studies**

#### **Systematic reviews and economic evaluations:**

- The Cochrane Library: <http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME>;
- The Database of Abstracts of Reviews of Effectiveness, the Health Technology Assessment Database and the NHS Economic Evaluation Database (all found at: <http://www.crd.york.ac.uk/crdweb/>).
- The Campbell Collaboration (<http://www.campbellcollaboration.org/frontend.aspx>)
- Effective Public Health Practice Project (<http://old.hamilton.ca/phcs/ephpp/ReviewsPortal.asp>)
- Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre) (<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=61>)
- Health-evidence Canada (<http://health-evidence.ca/articles/search>)
- National Institute for Health and Clinical Excellence (<http://www.nice.org.uk/search/advsearch.jsp?guidancesearch=1>)
- Guide to Community Preventive Services, Centers for Disease Control and Prevention (<http://www.thecommunityguide.org/index.html>)

#### **Controlled trials:**

The Cochrane Central Register of Controlled Trials (CENTRAL) is a good source of published RCTs and Controlled trials taken from bibliographic databases (notably

[MEDLINE](#) and [EMBASE](#)), and other published and unpublished sources. It is found at: <http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME>.

**Table 1. Designation of levels of evidence**

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I	Evidence obtained from a systematic review of all relevant randomised controlled trials
II	Evidence obtained from at least one properly designed randomised controlled trial
III-1	Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method)
III-2	Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case-control studies, or interrupted time series with a control group
III-3	Evidence obtained from comparative studies with historical control, two or more single-arm studies, or interrupted time series without a parallel control group
IV	Evidence obtained from case series, either post-test or pre-test and post-test

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Source: (National Health and Medical Research Council, 1999)

### **Results**

Give an indication of the number of potentially relevant studies found and how many were actually included in the review.

### **References**

National Health and Medical Research Council (1999) *A guide to the development, implementation and evaluation of clinical practice guidelines*, Canberra, NHMRC.

### **For further information contact the:**

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