

Deciding when to make a Cochrane Review update the final iteration

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Background and Objectives: The current iteration of the Cochrane Handbook for Systematic Reviews of Interventions advocates for updating a review when the review question is still relevant, new data or methods available, and incorporating these new data is likely to impact upon the overall findings of the previously published version of the review. It is also important that a review update is designed to answer current questions about policy and practice, but also takes into account areas of importance for the patient population which the review is relevant to.

Methods: Between January and April 2020 we undertook a definitive final update of a Cochrane Review examining the use of anticholinergic drugs versus placebo for overactive bladder syndrome in adults. The review group comprised clinicians who had contributed to previous iterations of the review, the Cochrane Incontinence Editorial base team and Evidence Synthesis Specialists who were new to Cochrane methodology. The updated Cochrane Review was produced using the methods outlined in the 2019 version of the Cochrane Handbook, however subgroup analyses were planned around a published core set of outcome measures developed in collaboration with patient groups (ICHOM standard set for overactive bladder).

Results: Between an unpublished update in 2016 and the 2020 update, the number of randomized controlled trials available to meta-analyse had increased by a third. As a result, cross-over trials and cluster randomized controlled trials were removed from the analysis. Subgroup analyses were by type of anticholinergic for patient perception of cure or improvement, urgency episodes in 24 hours, withdrawal due to adverse events, and adverse events.

Conclusions: When the addition of a large amount of new data to a meta-analysis does not change the overall conclusions of a Cochrane Review, authors can have increased confidence in the longevity of the results and conclusions of the definitive update. Although in other speciality areas the closure of a review has generated concern that it will be detrimental to further research in that area, in fact the results of subgroup analyses can be used to spark new questions for additional research into outcomes of interest to patient populations

Patient or healthcare consumer involvement: The outcome selection was based on a previously published core outcome set for overactive bladder syndrome, which was developed with patient input.