

British HIV Association Guidelines for the Management of Hepatitis Viruses in Adults Infected with HIV 2013

Appendices

Contents

Appendix 1: Summary modified GRADE system

Appendix 2: Literature search

- 2.2: Questions and PICO criteria

- 2.2: Search protocols

Appendix 1

Summary of the modified GRADE system

BHIVA revised and updated the association's guideline development manual in 2011 [1]. BHIVA has adopted the modified Grading of Recommendations Assessment, Development and Evaluation (GRADE) system for the assessment, evaluation and grading of evidence and the development of recommendations [2,3].

1A

Strong recommendation.

High-quality evidence.

Benefits clearly outweigh risk and burdens, or vice versa.

Consistent evidence from well performed randomised, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.

Strong recommendations, can apply to most patients in most circumstances without reservation.

Clinicians should follow a strong recommendation unless there is a clear rationale for an alternative approach.

1B

Strong recommendation.

Moderate-quality evidence.

Benefits clearly outweigh risk and burdens, or vice versa

Evidence from randomised, controlled trials with important limitations (inconsistent results, methods flaws, indirect or imprecise), or very strong evidence of some other research design. Further research may impact on our confidence in the estimate of benefit and risk.

Strong recommendation and applies to most patients.

Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.

1C

Strong recommendation.

Low-quality evidence.

Benefits appear to outweigh risk and burdens, or vice versa

Evidence from observational studies, unsystematic clinical experience, or from randomised, controlled trials with serious flaws. Any estimate of effect is uncertain.

Strong recommendation, and applies to most patients. Some of the evidence base supporting the recommendation is, however, of low quality.

1D

Strong recommendation.

Very low-quality evidence.

Benefits appear to outweigh risk and burdens, or vice versa.

Evidence limited to case studies. Strong recommendation based mainly on case studies and expert judgment.

2A

Weak recommendation.

High-quality evidence.

Benefits closely balanced with risks and burdens

Consistent evidence from well performed randomised, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.

Weak recommendation, best action may differ depending on circumstances or patients' or societal values.

2B

Weak recommendation.

Moderate-quality evidence.

Benefits closely balanced with risks and burdens, some uncertainty in the estimates of benefits, risks and burdens.

Evidence from randomised, controlled trials with important limitations (inconsistent results, methods flaws, indirect or imprecise). Further research may change the estimate of benefit and risk.

Weak recommendation, alternative approaches likely to be better for some patients under some circumstances.

2C

Weak recommendation.

Low-quality evidence.

Uncertainty in the estimates of benefits, risks, and burdens; benefits may be closely balanced with risks and burdens.

Evidence from observational studies, unsystematic clinical experience, or from randomised, controlled trials with serious flaws. Any estimate of effect is uncertain.
Weak recommendation; other alternatives may be reasonable.

2D

Weak recommendation.

Very low-quality evidence.

Uncertainty in the estimates of benefits, risks, and burdens; benefits may be closely balanced with risks and burdens.

Evidence limited to case studies and expert judgment.

Very weak recommendation; other alternatives may be equally reasonable.

References

1. BHIVA Guideline Development Manual, 13th September 2011. www.bhiva.org
2. Guyatt GH, Oxman AD, Kunz R et al. Going from evidence to recommendations. BMJ 2008; 336: 1049–1051.
3. The Grading of Recommendations Assessment, Development and Evaluation (short GRADE) Working Group. www.gradeworkinggroup.org