

Appendices

Appendix 1. Levels of evidence and degrees of recommendations

Levels of evidence

1++	High quality meta-analyses, systematic reviews of randomized clinical trials or high-quality clinical trials with a very low risk of bias.
1+	Well conducted meta-analyses, systematic reviews or randomized clinical trials with a low risk of bias.
1-	Meta-analyses, systematic reviews of clinical trials or clinical trials with a high risk of bias.
2++	High quality systematic reviews of cohort studies or case-control studies or high-quality diagnostic test studies, high-quality cohort studies or case-control studies of diagnostic tests with a very low risk of bias and a high probability that the relationship is causal.
2+	Well conducted cohort studies or case-control studies or diagnostic test studies with a low risk of bias and a moderate probability that the relationship is causal..
2-	Cohort studies or case-control studies with a high risk of bias.
3	Non-analytical studies, such as case reports and case series.
4	Expert opinion.

Strength of the recommendations

A	At least one meta-analysis, systematic review of RCT, rated as 1++, and directly applicable to the target population, or sufficient evidence derived from level 1+ studies that are directly applicable to the target population and that demonstrate overall consistency of results.
B	A body of evidence derived from level 2++ studies that are directly applicable to the target population and that demonstrate overall consistency of results. Extrapolated evidence from level 1++ or 1+ studies.
C	A body of evidence derived from level 2+ studies that are directly applicable to the target population and that demonstrate overall consistency of results. Extrapolated evidence from level 2++ studies.
D	Evidence level 3 or 4 evidence. Extrapolated evidence from level 2+ studies.

The studies classified as 1- and 2- should not be used in the process of preparing recommendations due to their high possibility of skewing.

Good clinical practice

✓ ¹	Recommended best practice based on the clinical experience and the consensus of the guideline development group.
Source: Scottish Intercollegiate Guidelines Network. SIGN 50: <i>A guideline developers' handbook</i> (Section 7: Forming guideline recommendations), SIGN publication no. 50, 2001.	

1. The development group occasionally notices that there is an important practical aspect that it wants to emphasise but about which there probably is no scientific evidence that supports it. In general, these cases are related to an aspect of the treatment that is considered to be good clinical practice and that nobody would normally question. These aspects are assessed as points of good clinical practice. These messages are not an alternative to the recommendations based on scientific evidence, but rather they must be considered only when there is no other way to highlight that aspect.