Evidence Based Medicine and

Abstract

Objective: The present study aimed to classify the evidence of the systematic reviews from the Cochrane

[illegible]: Evidence based medicine; Anesthesiology; Systematic review; Meta-analyzes; Scientific research

[illegible]

Systematic reviews are one of the best methods for mapping, gathering and producing scientific evidence, because they assess several data from different studies simultaneously, based on reproducible and consistent methodology. According to the number and type of included studies in systematic reviews, meta-analyses can be plotted, representing the combined statistical data from the trials that have met the inclusion criteria.

The Cochrane Collaboration has the largest database of systematic reviews and it aim1C /66-1ng (en-GB)MCID 73615o2.004 Tc 0.004 with 9 0 0 9 176.6819 193.5178 Tm[(t)-10 (he) Tm( )Tj]E(en-816EMC /Span-GB)MCID 7 the highest standard of quality

to these several advantages, systematic reviews are often criticized due to the production of data with no statistical significance, the inconsistency of evidence and the absence of solid recommendations for interventions in clinical practice. Only a small proportion of these systematic reviews have been

anesthesiology,

***Corresponding author:** Paulo do Nascimento Jr, Department of Anesthesiology, Botucatu Medical School, UNESP, Distrito de Rubião Jr s/n, CEP 18.618-970m, Botucatu/SP, Brazil, Tel: 5571991165794; E-mail: pnasc@fmb.unesp.br

Received October 06, 2016; **Accepted** November 23, 2016; **Published** November 30, 2016

Citation: Santos RS Jr, El Dib R, Pereira AJB, Alves RL, da Silva VCS, et al. (2016) Evidence from Cochrane Systematic Reviews in Anesthesiology is Insufficient to Support or Reject the Studied Interventions and Highlights the Need of Further Research. Evid Based Med Pract 2: 111. doi: 10.4172/2471-9919.1000111

Citation: Santos RS Jr, El Dib R, Pereira AJB, Alves RL, da Silva VCS, et al. (2016) Evidence from Cochrane Systematic Reviews in Anesthesiology is Insufficient to Support or Reject the Studied Interventions and Highlights the Need of Further Research. Evid Based Med Pract 2: 111. doi: 10.4172/2471-9919.1000111

it is due to the poor methodological quality of the primary studies, specifically no clear randomization [8], single-center research with small sample sizes, no concealment of patients' distribution into groups, lack of blinding of results for outcome evaluators [9], bias due to pharmaceutical company financing [10] and different types of heterogeneity.

Publication bias can also erroneously affect the clinical care of patients and future research. De Oliveira et al. [11] analyzed 1163 papers in anesthesiology, demonstrating that a positive result, or a result favorable to an intervention, was an independent predictive factor for publication in higher-impact journals. Moreover, a study with negative or unfavorable results took considerably more time to be accepted for publication [12]. In the present study, there were a higher number of systematic reviews with positive or favorable results in comparison to the negative outcomes, similarly to the fact previously described. A recently published meta-epidemiological analysis [13] that included 93 meta-analyses from 735 randomized controlled trials, published in journals from different specialties, showed significant variation in the sample sizes of the studies in their meta-analyses, with the smaller studies having a higher probability of overestimation of the positive effects of the tested

Citation: Santos RS Jr, El Dib R, Pereira AJB, Alves RL, da Silva VCS, et al. (2016) Evidence from Cochrane Systematic Reviews in Anesthesiology is Insufficient to Support or Reject the Studied Interventions and Highlights the Need of Further Research. Evid Based Med Pract 2: 111. doi: 10.4172/2471-9919.1000111

12. Stern JM, Simes RJ (1997) Publication bias: Evidence of delayed publication in a cohort study of clinical research projects. BMJ 315: 640-645.

13. Dechartres A, Trinquart L, Boutron I, Ravaud P (