

CRITICAL REVIEW FORM: SYSTEMATIC REVIEW

Citation: McIntyre WF, Um KJ, Alhazzani W, Lengyel A, Hajjar L, Gordon AC, Lamontagne F, Healey J, Whitlock R, Belley-Côté. Association of vasopressin plus catecholamine vasopressors vs catecholamine alone with atrial fibrillation in patients with distributive shock. JAMA 2018;319(18):1889-1900.

Assessing the Credibility of the Systematic Review Process	
Did the review explicitly address a sensible clinical question?	
Was the search for relevant studies exhaustive?	
Were selection and assessment of studies reproducible?	
Did the review address possible explanations of between-study differences in results?	
Did the review present results that are ready for clinical application?	
Did the review provide a rating for confidence in effect estimates or provide the information I need to evaluate confidence (e.g. risk of bias in included studies)?	
Rating the Quality of Evidence (the confidence in the estimates)	
<i>Randomized trials start high and observational studies start low; then confidence rating can be decreased or increased</i>	
What is the risk of bias across all the studies (i.e., methodological limitations)?	
Do the systematic review population, intervention, comparison, and outcomes fit the patient at hand (i.e., indirectness)?	
Would your decisions differ if either boundary of the confidence interval represented the truth (i.e., imprecision which occurs with a small number of events and wide confidence intervals)?	

Are the results inconsistent across studies (i.e., inconsistency)?	
Is there a high likelihood of publication bias?	
Do you consider the magnitude of treatment effect large (e.g. RR > 2.0 or < 0.5)?	
Overall confidence in the estimates	

Adapted from Duke and McMaster Evidence-based Practice Workshops and Users' Guide to the Medical Literature 3rd Ed.