

Global Hepatitis Programme

Guideline development for Hepatitis C virus Screening, Care and Treatment in low- and middle-income countries PICO 3 Care (Behavioural Interventions and Alcohol Consumption) – Decision Making Table

Health system and public health evidence to recommendations framework

Are behavioural interventions targeting alcohol consumption effective among persons with chronic HCV infection?

Population: Individuals with chronic HCV infection

Intervention: Behavioural alcohol-reduction interventions

Comparison: No behavioural alcohol-reduction intervention

Outcomes: Reduction or cessation of alcohol intake, SVR, liver fibrosis, decompensated liver cirrhosis (DCC), hepatocellular carcinoma (HCC), quality of life, all-cause mortality

Background:

Alcohol consumption has been shown to accelerate the progression of liver disease among people with HCV¹. The impact of behavioural interventions to reduce consumption of alcohol among people with HCV is uncertain. The purpose of the systematic review was to investigate the effectiveness of behavioural interventions to reduce alcohol consumption among people with HCV, in terms of HCV treatment outcomes, liver disease progression, and quality of life.

CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL INFORMATION
<p>Is the problem a priority?</p>	<p>No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <i>Varies</i> <input type="checkbox"/></p>	<p>Alcohol consumption accelerates the rate of liver disease progression and reduces sustained virological response rates to HCV antiviral therapy². A heavy alcohol intake, of between 210 and 560 g/week, has been shown to double the risk of cirrhosis and even moderate alcohol consumption can be detrimental³.</p>	
<p>Are a large number of people affected?</p>	<p>No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <i>Varies</i> <input type="checkbox"/></p>	<p>Alcohol use in patients with HCV varies considerably in different contextual settings. Some countries such as Egypt and Saudi Arabia report extremely low or negligible alcohol use in patients with HCV^{4,5}. Considerably higher alcohol use is evident in other countries, especially in injecting drug users (IDUs) and in prisoners. In China, the majority of IDUs in one region were found to use alcohol regularly prior to starting injecting drug use⁶ and in India, 38% of HCV-infected IDUs in Chennai drank alcohol at least once per week⁷. 26-30% of IDUs in Russia drank moderate-heavy amounts of alcohol⁸. In Brazil, HCV-infected youth offenders had high rates of alcohol use⁹ and in a study of Nigerian prisoners, 59% with HCV also drank alcohol¹⁰. Alcohol intake has also been found to be high in other groups of HCV-infected individuals; 37% of male and 9% of female commercial plasma donors inadvertently infected with HCV in Guan were found to drink >40g of alcohol per day¹¹. The Guidelines Committee considered that even in countries where alcohol intake is low among the general population, alcohol reduction advice should be given as required.</p> <p>Alcohol use varies considerably in different geographical regions and in different risk groups. Many countries have no published prevalence rates of alcohol use in HCV-infected individuals. Further information collected by WHO on alcohol use by country is however available online: http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/en/index.html</p>	

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL INFORMATION
BENEFITS & HARMS OF THE OPTIONS	Are the desirable anticipated effects large?	No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <i>Varies</i> <input type="checkbox"/>	Behavioural alcohol-reduction interventions in HCV-infected individuals A systematic review of studies examining an alcohol reduction intervention in HCV-infected individuals identified 5 trials that met the PICO criteria for assessment (data shown in Table 1, p7); two randomised control trials ^{12,13} and three cohort studies ^{14,15,16} .	
	Are the undesirable anticipated effects small?	No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <i>Varies</i> <input type="checkbox"/>	Despite a limited number of relevant studies, there is moderate evidence that alcohol reduction interventions can reduce alcohol consumption among people living with chronic HCV. However, a significant limitation for data analysis was the heterogeneity of the interventions and comparison groups across the studies. Also, whilst alcohol-targeted interventions reduced consumption in each study, participants in the two RCT comparison groups also received varying broad support and reduced their drinking. The heterogeneity of the intervention and comparison groups makes it difficult to draw any firm conclusions about the effect of specific alcohol-focused interventions for this population.	
	What is the overall certainty of this evidence?	No included studies <input type="checkbox"/> Very low <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High <input type="checkbox"/>	Behavioural alcohol-reduction interventions In addition to these studies, which involve interventions amongst people with HCV, two Cochrane reviews offer summaries of evidence for brief alcohol interventions for non-HCV populations. Kaner et al. (2009) ¹⁷ found that amongst 5860 hazardous or dependent drinkers across 22 studies, HCV screening followed by brief intervention, compared with no intervention, significantly reduced mean weekly alcohol consumption from 313g per week by 38.42g per week. Klimas et al. (2012) investigated the efficacy of psychosocial interventions for drinkers with concurrent illicit drug use. Amongst 594 participants across 4 studies, alcohol-focused interventions resulted in significant reductions in alcohol consumption at 3 months (RR 0.32, 95%CI 0.19 to 0.54) and 9 months (RR 0.16, 95%CI 0.08 to 0.33) compared to treatment as usual. The quality of the evidence overall was considered to be moderate.	

Table 3. GRADE evidence profile for HCV testing followed by a brief alcohol intervention versus no intervention

Outcome	Summary of findings						
	Quality assessment			Study event rates		Anticipated absolute effects	
	No. Participants	No. Studies	Overall quality of evidence	HCV testing followed by no intervention No.	HCV testing followed by intervention No.	Risk with failed or no treatment Mean	Absolute effect with SVR Mean CI
Alcohol use	5,860 (ref 20)	22	Moderate	2,922	2,938	313 g alcohol/week*	38.42 g lower (54.16-22.67)

Abbreviations: GRADE – Grading of Recommendations, Assessment, Development, and Evaluation; HCV – hepatitis C virus; CI – 95% confidence interval.
 * A total of 21 trials reported baseline alcohol consumption: range: 89–456 g/week; overall mean = 313 g/week (26 standard U.S. drinks [approximately 12 g each] per week; average: 3.7 drinks per day).

Problem: [Problem]

Option: [Option]

Comparison: [Comparison]

Setting: [Setting]

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL INFORMATION
			<p>Implications for clinical practice Brief alcohol reduction interventions for chronic HCV patients could encourage abstinence or reduce the number of drinking days per month. However, there are no data on whether longer-term important outcomes including treatment response, morbidity, mortality and quality of life are affected by alcohol reduction interventions.</p> <p>PICO 3 Alcohol intervention systematic review</p>	

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL INFORMATION																								
VALUES	How certain is the relative importance of the desirable and undesirable outcomes?	<p>Important uncertainty or variability <input type="checkbox"/></p> <p>Possibly important uncertainty or variability <input type="checkbox"/></p> <p>Probably no important uncertainty or variability <input type="checkbox"/></p> <p>No important uncertainty or variability <input checked="" type="checkbox"/></p> <p>No known undesirable outcomes <input type="checkbox"/></p>	<p>The relative importance or values of the main outcomes of interest:</p> <table border="1"> <thead> <tr> <th>Outcome</th> <th>Relative importance</th> <th>Certainty of the evidence</th> </tr> </thead> <tbody> <tr> <td>Reduction or cessation of alcohol intake</td> <td></td> <td>Moderate</td> </tr> <tr> <td>SVR</td> <td></td> <td>No evidence</td> </tr> <tr> <td>Liver fibrosis</td> <td></td> <td>No evidence</td> </tr> <tr> <td>Decompensated liver cirrhosis (DCC)</td> <td></td> <td>No evidence</td> </tr> <tr> <td>Hepatocellular carcinoma (HCC)</td> <td></td> <td>No evidence</td> </tr> <tr> <td>Quality of life</td> <td></td> <td>No evidence</td> </tr> <tr> <td>All-cause mortality</td> <td></td> <td>No evidence</td> </tr> </tbody> </table>	Outcome	Relative importance	Certainty of the evidence	Reduction or cessation of alcohol intake		Moderate	SVR		No evidence	Liver fibrosis		No evidence	Decompensated liver cirrhosis (DCC)		No evidence	Hepatocellular carcinoma (HCC)		No evidence	Quality of life		No evidence	All-cause mortality		No evidence	
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Hepatocellular carcinoma (HCC)		No evidence																										
Quality of life		No evidence																										
All-cause mortality		No evidence																										
Are the desirable effects large relative to undesirable effects?	<p>No <input type="checkbox"/></p> <p>Probably No <input type="checkbox"/></p> <p>Uncertain <input type="checkbox"/></p> <p>Probably Yes <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Varies <input type="checkbox"/></p>	<p>The evidence in favour of a brief alcohol intervention was considered to be moderate and the evidence of undesirable effects minimal. However, the relevance of this advice is highly likely to be context-specific and those countries with low alcohol use may not wish to commit time and resources to this.</p>																										

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL INFORMATION								
RESOURCE USE	Are the resources required small?	No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/>	Main resource requirements <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>Practice-based training in behavioural intervention</td> </tr> <tr> <td>Supervision and monitoring</td> <td> 1. 5-10 minute intervention 2. 4 sessions of Alcohol targeted Motivational Enhancement Therapy (MET) 3. 6 x 2hr professional led sessions stressing dangers of alcohol use and benefits held over weeks </td> </tr> <tr> <td>Supplies</td> <td>Promotional materials for health care provider and patients</td> </tr> </tbody> </table>	Resource	Settings	Training	Practice-based training in behavioural intervention	Supervision and monitoring	1. 5-10 minute intervention 2. 4 sessions of Alcohol targeted Motivational Enhancement Therapy (MET) 3. 6 x 2hr professional led sessions stressing dangers of alcohol use and benefits held over weeks	Supplies	Promotional materials for health care provider and patients	
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Supplies	Promotional materials for health care provider and patients											
	Is the incremental cost small relative to the net benefits?	No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/>	A 5-10 minute intervention was considered to be unlikely to substantially increase costs.									
EQUITY	What would be the impact on health inequities?	Increased <input type="checkbox"/> Probably increased <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably reduced <input checked="" type="checkbox"/> Reduced <input type="checkbox"/> Varies <input type="checkbox"/>	An intervention targeted at patients most at risk e.g. IDUs and prisoners is likely to improve health inequities.									
ACCEPTABILITY	Is the option acceptable to key stakeholders?	No <input type="checkbox"/> Probably No <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/>	Alcohol reduction strategies may be more or less appropriate in settings with varying prevalence of alcohol use but the option was considered to be acceptable to key stakeholders.									

Problem: [Problem]

Option: [Option]

Comparison: [Comparison]

Setting: [Setting]

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL INFORMATION												
FEASIBILITY	Is the option feasible to implement?	<table><tr><td>No</td><td>Probably No</td><td>Uncertain</td><td>Probably Yes</td><td>Yes</td><td>Varies</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This intervention is likely to be feasible to implement in most healthcare settings.	
No	Probably No	Uncertain	Probably Yes	Yes	Varies											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Problem: [Problem]	Option: [Option]	Comparison: [Comparison]	Setting: [Setting]		
Balance of consequences	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings <input type="checkbox"/>	Undesirable consequences <i>probably outweigh</i> desirable consequences in most settings <input type="checkbox"/>	The balance between desirable and undesirable consequences <i>is closely balanced or uncertain</i> <input type="checkbox"/>	Desirable consequences <i>probably outweigh</i> undesirable consequences in most settings <input checked="" type="checkbox"/>	Desirable consequences <i>clearly outweigh</i> undesirable consequences in most settings <input type="checkbox"/>
Type of recommendation	We recommend against the option <input type="checkbox"/>		We suggest considering the option <input type="checkbox"/> Only in the context of rigorous research <input type="checkbox"/> Only with targeted monitoring and evaluation <input type="checkbox"/> Only in specific contexts		We recommend the option <input checked="" type="checkbox"/>
Recommendation	An alcohol intake assessment is recommended for all persons with HCV infection followed by the offer of a behavioural alcohol reduction intervention for persons with moderate to high alcohol intake. Strong recommendation, moderate quality of evidence.				
Justification	The quality of evidence was considered to be of moderate quality for the benefit of a brief alcohol reduction intervention and this was considered to outweigh any associated risk.				
Implementation considerations	Alcohol intake varies considerably in different cultural settings and time spent on alcohol reduction behavioural intervention is not of value in settings where alcohol intake is low. Alcohol reduction interventions should be voluntary.				
Monitoring and evaluation					
Research priorities	Additional research is required to fully assess the impact of behavioural interventions for HCV infected individuals, and also to determine whether alcohol reduction interventions have any impact on other important outcomes including morbidity, mortality and quality of life. Measuring alcohol consumption is complex and different instruments are used across studies making comparisons and synthesis of the evidence difficult. Future research should consider using validated and standardised tools for measuring alcohol consumption where possible.				

Evidence profile

Authors: David Hunt, Esther Aspinall, and Hamish Innes **Date:** 2013-05-16

Question: Are behavioural interventions targeting alcohol consumption effective among persons with chronic HCV infection?

Settings: Individuals with chronic HCV infection **Bibliography:**

Table 1: GRADE Evidence Summary - Effect of alcohol reduction interventions among persons with chronic HCV

Outcomes (Follow up)	No of participants (Studies)	Quality of the Evidence (GRADE)	Relative Effect (95% CI)	Anticipated absolute effects	
				Risk without intervention	Risk difference with alcohol reduction intervention
Alcohol consumption:					
Measure One: Mean Drinking Days in preceding month (at 6 months)	135 (1 RCT)	Moderate ¹	Cohen's D = 0.40 (21% reduction in mean drinking days, no CI available)	20 mean drinking days per month	A reduction of 4.2 mean drinking days per month
Measure Two: Overall AUDIT score (at 6 months)	334 (1 RCT)	Moderate ¹	OR 0.99 (0.96-1.01)	Baseline data not available	
Measure Three: AUDIT - alcohol consumption score only (at 6 months)	334 (1 RCT)	Moderate ¹	OR 1.03 (0.94-1.13)	Baseline data not available	
Measure Four: Achieved abstinence (at 6 months)	53 (1 observational study)	Low	OR 3.36 (2.62-4.10)	208 per 1000 abstinent	232 per 1000 increased abstinence
Measure Five: Mean quantity of alcohol consumed on a drinking day during preceding month (at 1 month)	64 (2 observational studies)	Very Low ²	Pool RR cannot be calculated from data. Risk difference estimates: 3.1g EtOH/day (1 study, p<0.01); 56g EtOH/day (1 study, p<0.001)	Range from 20g to 133g EtOH/day	Range from 3.1g less alcohol consumed on drinking day to 56g less alcohol consumed on drinking day
SVR	No data				
Morbidity	No data				
Mortality	No data				
Quality of Life	No data				

Problem: [Problem]

Option: [Option]

Comparison: [Comparison]

Setting: [Setting]

¹Assessed moderate GRADE evidence given some imprecision in measuring outcome

²This outcome (drinking days/month) downgraded quality of evidence due to imprecision of outcome measurement, and inadequate level of detail in study data to estimate comparative effect sizes and pooling data across observational studies.

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Explanations

Definitions for ratings of the certainty of the evidence (GRADE)**

Ratings	Definitions	Implications
⊕⊕⊕⊕ High	This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different* is low.	This evidence provides a very good basis for making a decision about whether to implement the intervention. Impact evaluation and monitoring of the impact are unlikely to be needed if it is implemented.
⊕⊕⊕○ Moderate	This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different ⁴ is moderate.	This evidence provides a good basis for making a decision about whether to implement the intervention. Monitoring of the impact is likely to be needed and impact evaluation may be warranted if it is implemented.
⊕⊕○○ Low	This research provides some indication of the likely effect. However, the likelihood that it will be substantially different ⁴ is high.	This evidence provides some basis for making a decision about whether to implement the intervention. Impact evaluation is likely to be warranted if it is implemented.
⊕○○○ Very low	This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different ⁴ is very high.	This evidence does not provide a good basis for making a decision about whether to implement the intervention. Impact evaluation is very likely to be warranted if it is implemented.

*Substantially different: large enough difference that it might have an effect on a decision

**The Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group began in the year 2000 as an informal collaboration of people with an interest in addressing the shortcomings of present grading systems in health care. The working group has developed a common, sensible and transparent approach to grading quality of evidence and strength of recommendations. Many international organizations have provided input into the development of the approach and have started using it.

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For most recent version of this framework (and additional frameworks): www.decide-collaboration.eu/WP5/Strategies/Framework