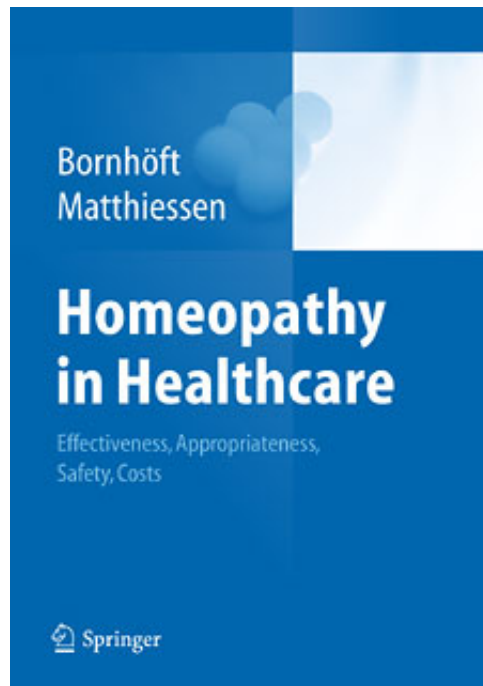


# Bornhöft G. / Matthiessen P. Homeopathy in Healthcare

Extrait du livre

[Homeopathy in Healthcare](#)  
de [Bornhöft G. / Matthiessen P.](#)  
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### 6.2.3 Systematic literature search: general search strategy and article selection

#### Search strategy (general)

1. A general extended search was conducted in online accessible databases (Table 6.1) and all articles shown were saved to an internal database (Reference Manager Version 10). For the search strategy, possible search terms were decided upon and gradually extended and fine-tuned (Fig. 6.1). The search strategy depended on the research question and also on the make-up of the databases to be searched. In general, a generic term was used for the specialisation and then coupled with additional search words for the respective questions. To cover different spellings of search terms as well as errors in the databases searched, truncations and wildcards such as 'hom?eopath\$.af' were used.
2. In a second step, detailed electronic and manual searches (based on titles and abstracts) were carried out in the general database set up in step one.
3. Additional searches with special search terms were then conducted in the online databases to find articles that were relevant to individual questions.
4. The bibliographic references of all full-text articles were systematically screened (selection criteria as for 2 and 3).

The decision to obtain a full-text article for inclusion into the HTA depended on its potential relevance to one of the research questions (see Chap. 2.2).

For selecting articles that were to be ordered in full text the following **inclusion and exclusion criteria** were agreed:

**Study design:** any study design that investigated the effectiveness/efficacy, use, safety or economy of an intervention

**Population:** The populations and individual patients concerned had to be treated for therapeutic or prophylactic purposes.

**Intervention:** any therapeutic or prophylactic intervention of the therapy approach under investigation

**Comparison:** No restrictions applied regarding the treatment of the control group; i.e. placebo, conventional or complementary treatment were accepted.

**Outcome:** Studies were included only if they investigated results that were relevant to patient care (i.e. parameters regarding therapeutic and prophylactic effectiveness, safety, use on economy).

**Study status:** The study had to be published or an evaluable interim report had to be available.

**Language:** The following languages were included for the PEK: English, German, Italian and French. (There was no language restriction for the database search, which means that relevant findings in other languages were also registered).

#### Review process for article selection:

The lists of articles were examined by two reviewers in the case of clinical studies and by one reviewer in the case of systematic reviews. Based on title and abstract (if available) the respective full-text articles were ordered.

#### 6.2.4 Systematic literature search for individual HTA aspects: search strategy and article selection

Including all study designs meant that the iterative procedure recommended by Linde (see Fig. 6.2) was extended. All reviews available for the respective complementary medical speciality were taken into account (as suggested). As this was not considered sufficient for a conclusive evaluation further informative material was assessed.

In addition, a representative indication (domain) was chosen for investigating the 'effectiveness/efficacy' aspect. All clinical study designs were accepted for the evaluation of the domain.

##### Selection of studies on effectiveness/efficacy - reviews

The databases for homeopathy literature generated according to the search strategy mentioned (Reference Manager Version 10) were screened with the terms 'systematic review' and 'meta-

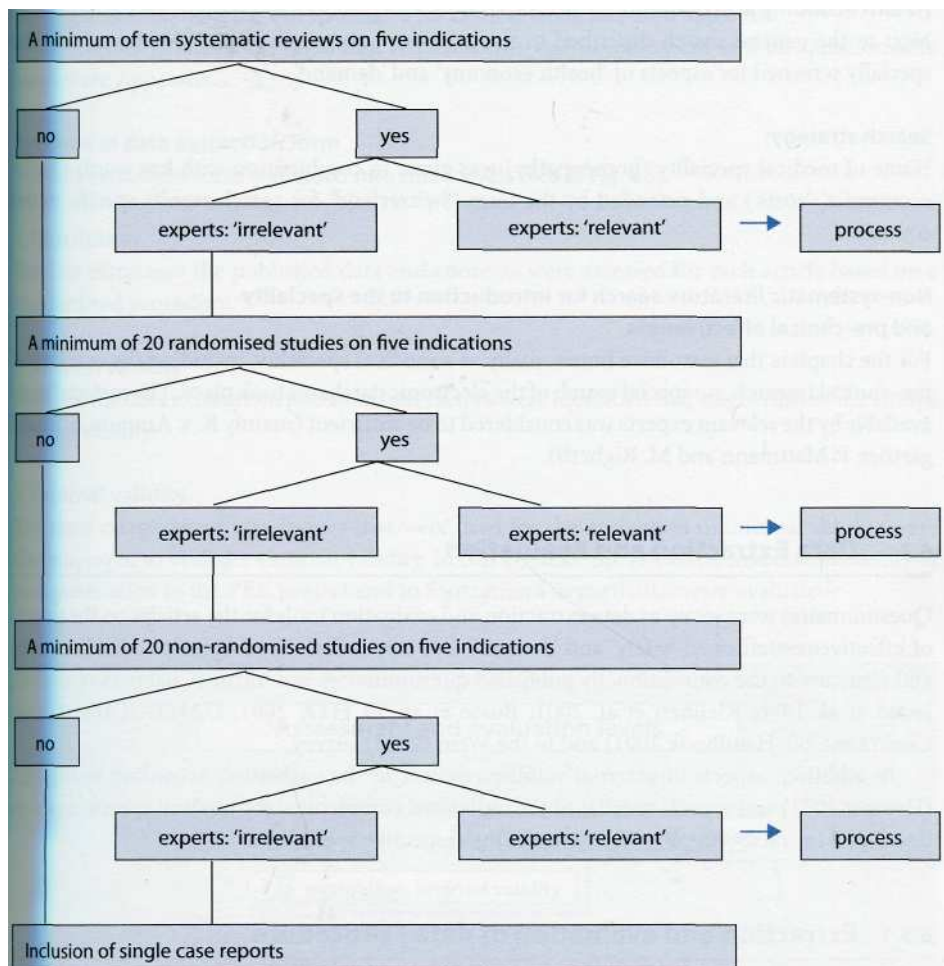


Fig. 6.2 Flowchart showing the step-by-step procedure in selecting the publications to be evaluated for the HTA (source: commission documents, K. Linde)

analysis' so that, on the basis of title lists and abstracts, studies that were irrelevant to the research question could be excluded. For the period leading up to 2000 the survey by Linde et al. (2001) was used as a basis.

#### **Selection of studies on effectiveness/efficacy - domains (particular indications)**

Depending on the domains chosen (for homeopathy they were 'upper respiratory tract infections' URTI) other specific search terms (for detailed list see below) were entered in the HTA databases and those accessible online (see *O* Table 6.1).

#### **Safety**

Apart from a general search in the databases mentioned, the online database Toxline was screened using specialist search terms (homeopath\*, homeopath\*), partly in combination with side effects.

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#### **Health economy and demand**

Next to the general search described in the previous paragraph various databases were also specially screened for aspects of 'health economy' and 'demand'.

#### **Search strategy:**

Name of medical speciality (homeopathy) was given in combination with key words ('health economies', costs') and extended by the term 'Switzerland' for search results specific to this country.

#### **Non-systematic literature search for introduction to the speciality and pre-clinical effectiveness**

For the chapters that introduce homeopathy as a medical speciality, including the overview of pre-clinical research, no special search of the electronic databases took place. The material made available by the relevant experts was considered to be sufficient (mainly K. v. Ammon, S. Baumgartner, P. Mattmann and M. Righetti).

### **6.3 Data Extraction and Evaluation**

Questionnaires were set up as data extraction and evaluation tools for the articles on the themes I of 'effectiveness/efficacy', 'safety' and 'demand' (see Appendix). They corresponded in content and structure to the conventionally published questionnaires and forms (Chalmers et al. 1981, Jadad et al. 1996, Kleijnen et al. 2001; Busse et al. 'ECHTA' 2001; DAHTA/DIMDI 2004; Cochrane Coll. Handbook 2001) and to the Wein (2002) survey.

In addition, aspects of external validity relevant to the evaluation according to the PEK (Heusser 2001) and aspects specific to the individual complementary medical approaches were developed in collaboration with experts of the respective specialities.

#### **6.3.1 Extraction and evaluation of data / procedure**

Each full-text article for clinical trials was checked by two reviewers, those for systematic reviews and meta-analyses by at least one reviewer each. The relevant data were then extracted I

and evaluated using a questionnaire. Following the completion of the review, all data were compared and checked for consistency. Evaluation discrepancies were discussed, and a uniform set of data for PEK was drawn up for each article. There were no discrepancies that could not be resolved. The data sets formed the basis for further descriptive summaries.

### 6.3.2 Extraction and evaluation of data

Depending on the study design and the respective research question there were three **data extraction forms**:

- Review/meta-analysis
- Clinical trial
- Use of CAM ('demand') and costs

For single case analyses the questionnaire for clinical trials was used as a basis.

For further information regarding requirements and development and for questionnaire samples see Appendix.

#### Structure of data extraction form

The data extraction form is divided into three levels (see *O* Fig. 6.3):

##### 1. Description

For data extraction the published data and contents were assessed for each article based on a standardized procedure.

##### 2 Internal validity

Based on the data extraction, potential bias factors were identified that might distort the study's internal validity.

##### 3 External validity

The same categories of bias factors that were used for the evaluation of internal validity were also employed to evaluate external validity. In this context, the relevance and transferability of each publication to the PEK project and to Switzerland in particular were evaluated.

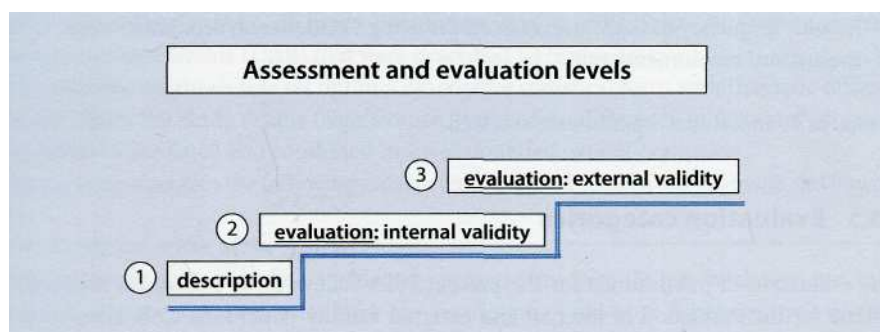
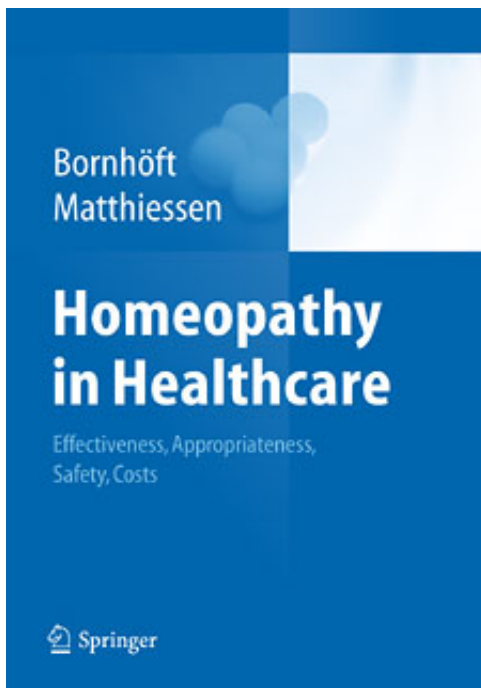


Fig. 6.3 Assessment and evaluation levels of the questionnaire



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