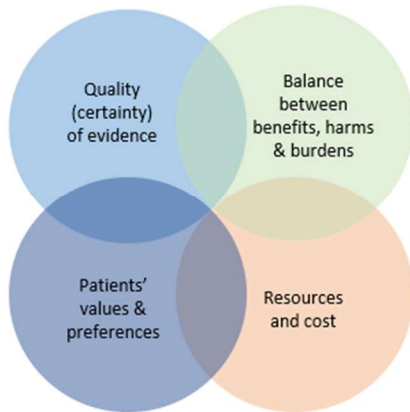


1. Rating the quality of the evidence

1. Establish initial level of confidence		2. Consider lowering or raising level of confidence		3. Final level of confidence rating
Study design	Initial confidence in an estimate of effect	Reasons for considering lowering or raising confidence		Confidence in an estimate of effect across those considerations
Randomized trials →	High confidence	↓ Lower if	↑ Higher if	High ⊕⊕⊕⊕
		Risk of Bias	Large effect	
		Inconsistency	Dose response	Moderate ⊕⊕⊕○
Observational studies →	Low confidence	Indirectness	All plausible confounding & bias	
		Imprecision	• would reduce a demonstrated effect or	Low ⊕⊕○○
		Publication bias	• would suggest a spurious effect if no effect was observed	Very low ⊕○○○

2. Determinants of the Strength of Recommendation



3. Implication of the Strength of Recommendation	Strong
	<ul style="list-style-type: none"> ❖ Population: Most people in this situation would want the recommended course of action and only a small proportion would not ❖ Health care workers: Most people should receive the recommended course of action ❖ Policy makers: The recommendation can be adapted as a policy in most situations
3. Implication of the Strength of Recommendation	Conditional
	<ul style="list-style-type: none"> ❖ Population: The majority of people in this situation would want the recommended course of action, but many would not ❖ Health care workers: Be prepared to help people to make a decision that is consistent with their own values/decision aids and shared decision making ❖ Policy makers: There is a need for substantial debate and involvement of stakeholders