1. Rating the quality of the evidence

1. Establish initial level of confidence

Study design	*Initial confidence in an estimate of effect*
Randomized trials ➔	High confidence
Observational studies ➔	Low confidence

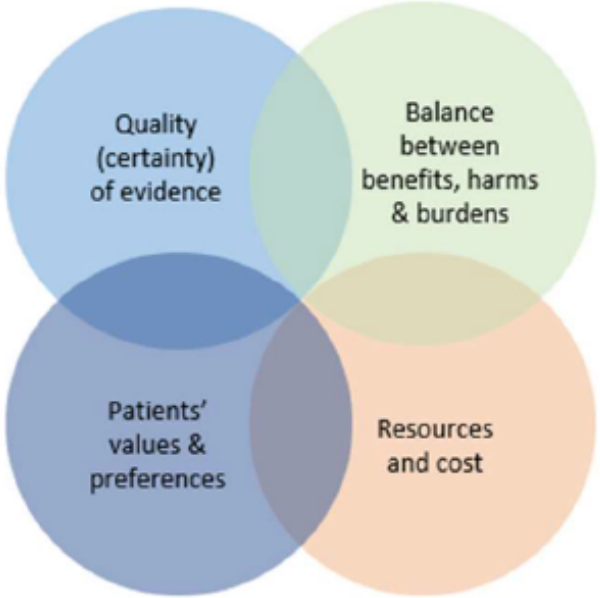
2. Consider lowering or raising level of confidence

Reasons for considering lowering or raising confidence	
⬇ Lower if	⬆ Higher if
Risk of Bias	Large effect
Inconsistency	Dose response
Indirectness	All plausible confounding & bias • would reduce a demonstrated effect **or** • would suggest a spurious effect if no effect was observed
Imprecision	
Publication bias	

3. Final level of confidence rating

Confidence in an estimate of effect across those considerations
High ⊕⊕⊕⊕
Moderate ⊕⊕⊕◯
Low ⊕⊕◯◯
Very low ⊕◯◯◯

2. Determinants of the Strength of Recommendation



3. Implication of the Strength of Recommendation

Strong

- 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

Conditional

- 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