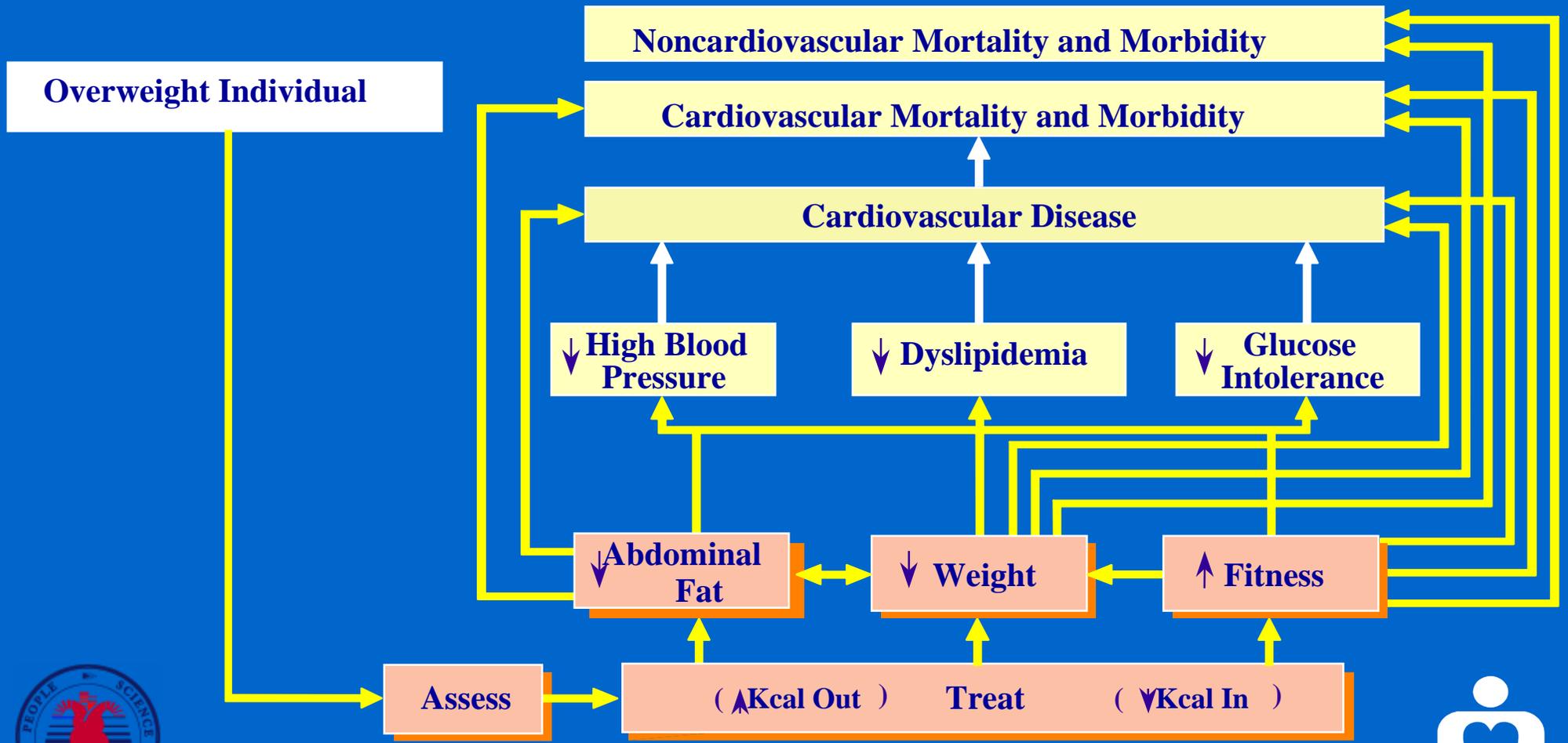
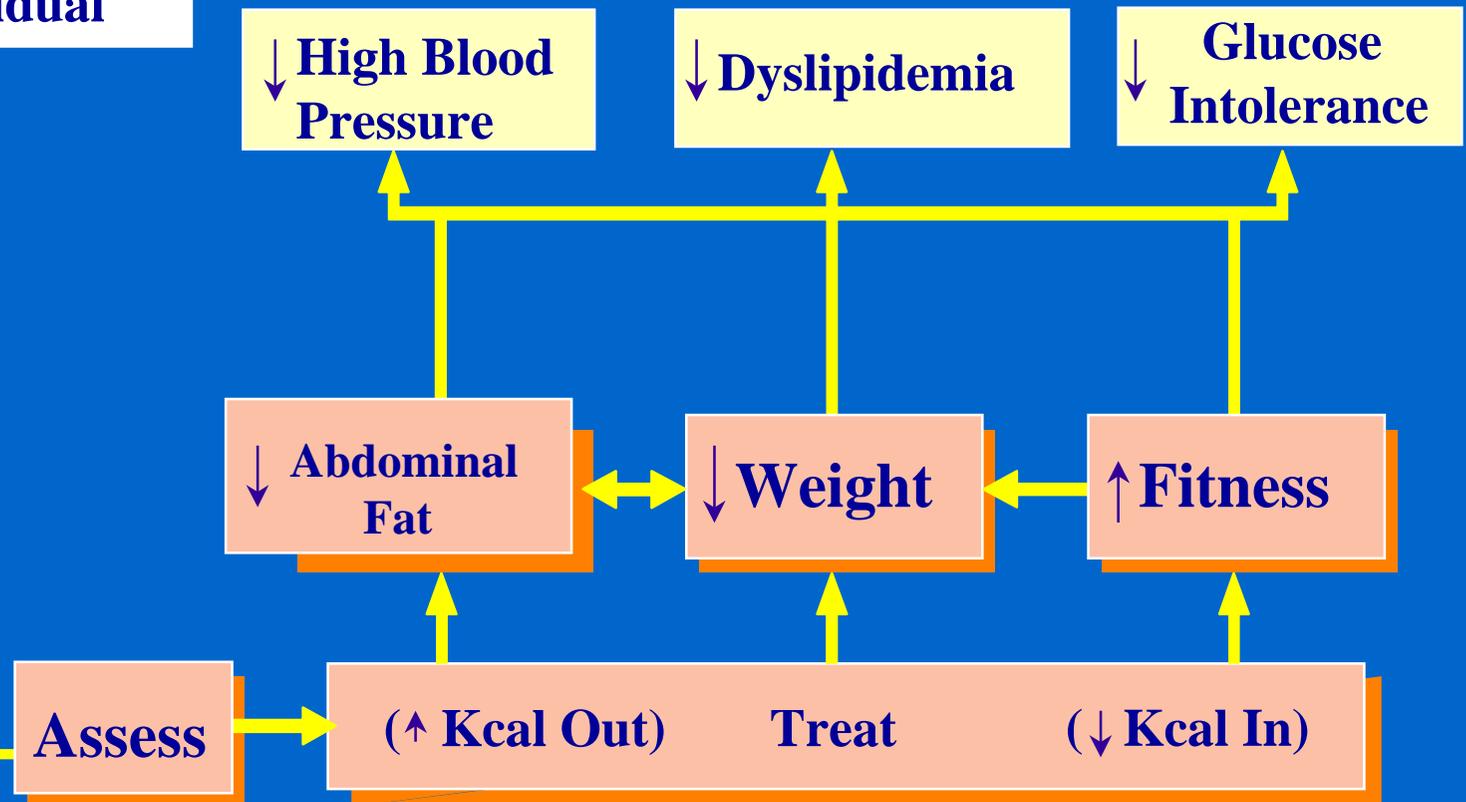


Evidence Model for Treatment of Overweight and Obesity



Evidence Model for Treatment of Overweight and Obesity

Overweight Individual



Evidence Collection Schema

MEDLINE **literature** search assesses each relationship in Evidence Model

Evidence Model defines ~39 relationships

MEDLINE literature search assesses each relationship in EVIDENCE MODEL

ProCite reference database marked for duplicates (18,217 dupes)

Literature search merged into ProCite reference database (43,627 records)

19,596 records not relevant

Print titles of ProCite database (25,410 records) two rounds of screening

Expert Panel member literature search merged into ProCite database (2,226 abstracts)

8,040 abstracts screened (two rounds)

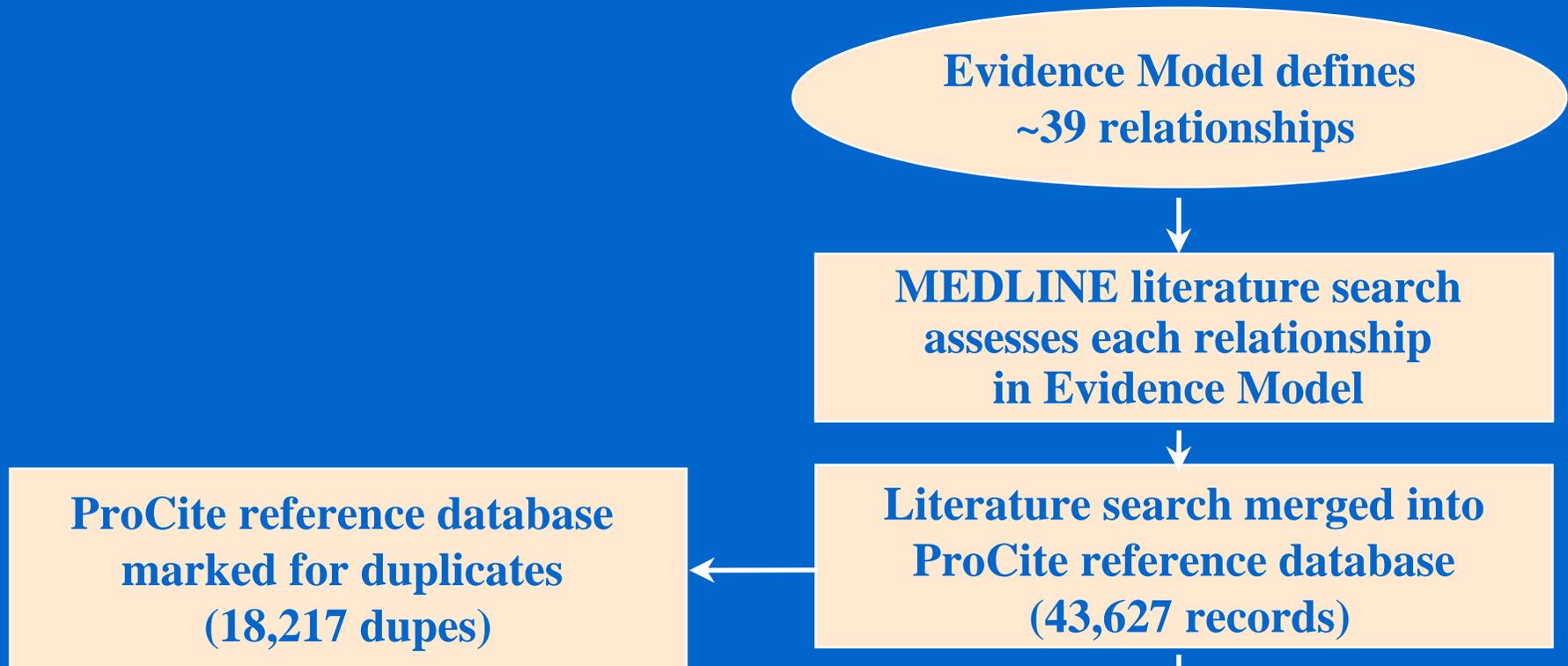
2,440 abstracts marked as possibly relevant for article retrieval

5,600 abstracts not relevant

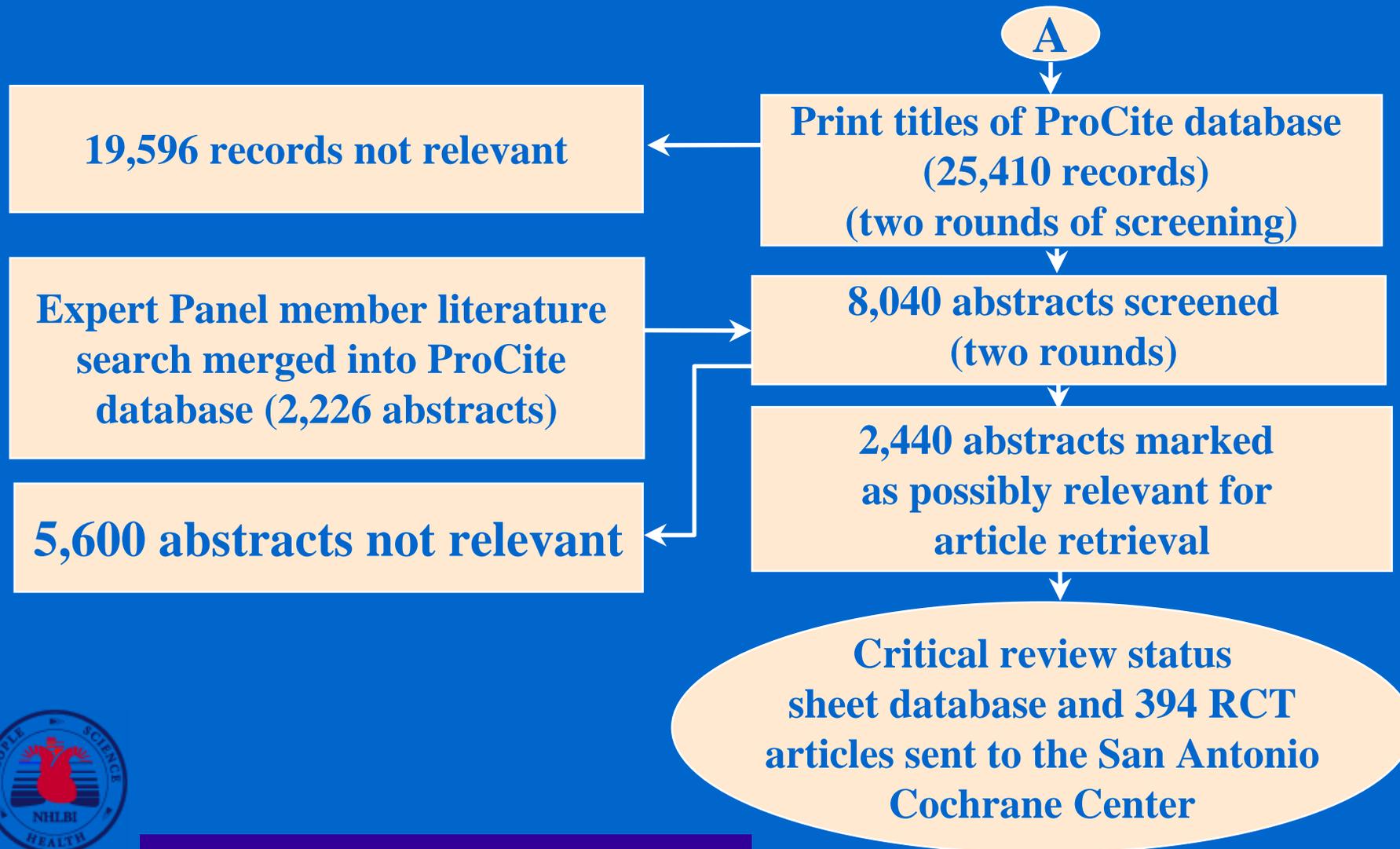
Critical review status sheet database and 394 RCT articles sent to San Antonio Cochrane Center



Evidence Collection Schema (continued)



Evidence Collection Schema (continued)



Evidence Table

Ref #	Subjects	Design	Intervention	Results
28499 Wood NEJM 1988	N:155 F:0 Age: 44 Weight: 94	RCT 52 Wks	1. Control 2. Diet 3. Exercise	Weight (kg) 1. 95.4 2. 93 3. 94.1
				Body Fat 1. 27.2 2. 25.5 3. 25.5
				Cholesterol 1. 5.7 2. 5.7 3. 5.64



Inclusion and Exclusion Criteria

- Timeframe of the study—at least 4 months.
- For long-term maintenance—1 year or more.
- Excluded studies with self-reported weights, patients not overweight, dropout rate $>35\%$, or no appropriate control group.



Criteria To Evaluate the Evidence

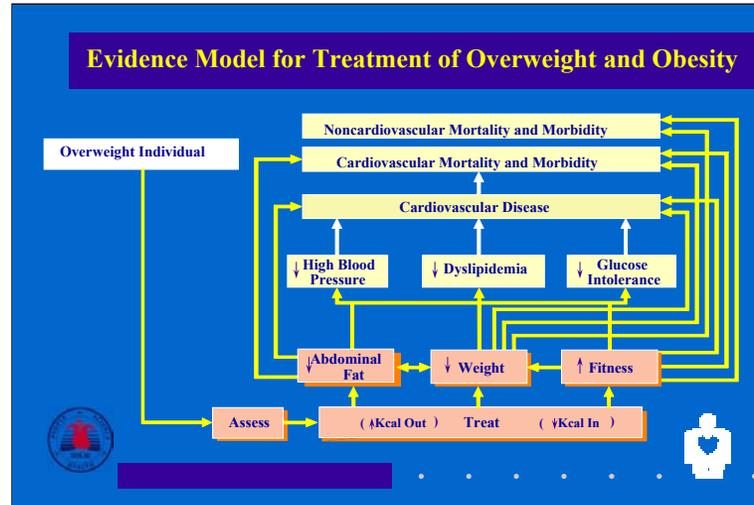
- **A**—Strong evidence: Evidence from well-designed randomized controlled trials (or trials that depart only minimally from randomization) that provides a consistent pattern of findings.
- **B**—Suggestive evidence (from randomized studies): Evidence as in A, but involving a smaller number of studies and/or a less consistent pattern of findings.

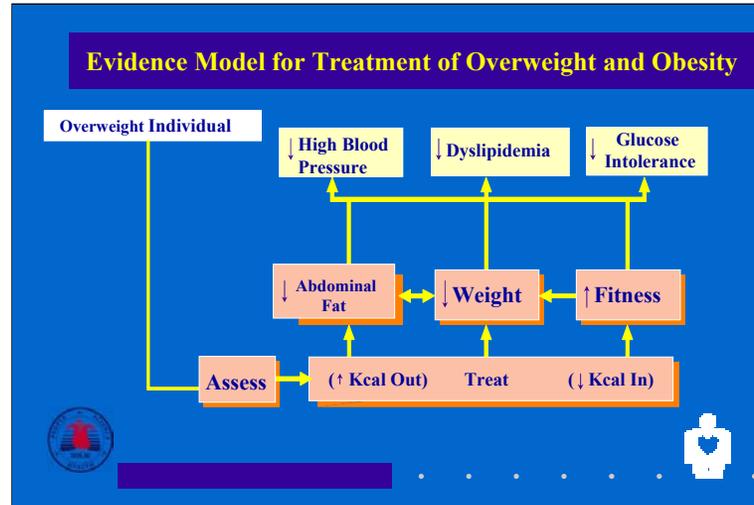


Criteria To Evaluate the Evidence (continued)

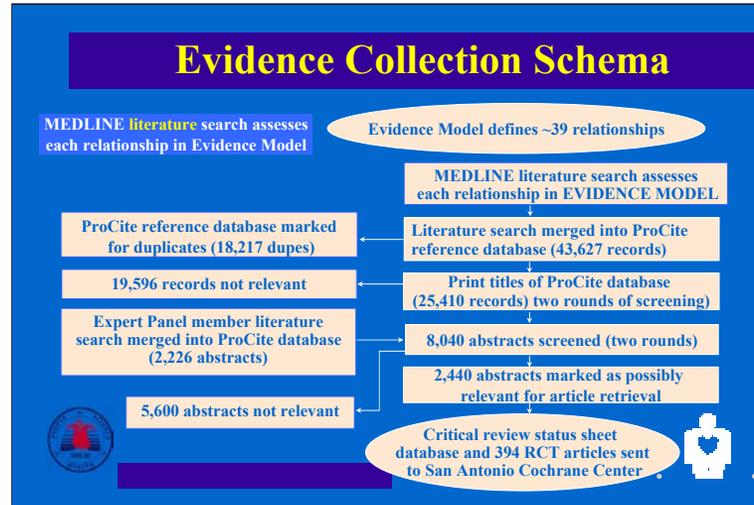
- **C**—Suggestive evidence (from nonrandomized studies): Evidence from the panel’s interpretation of uncontrolled or observational studies.
- **D**—Expert judgment: Evidence from clinical experience or experimental research.



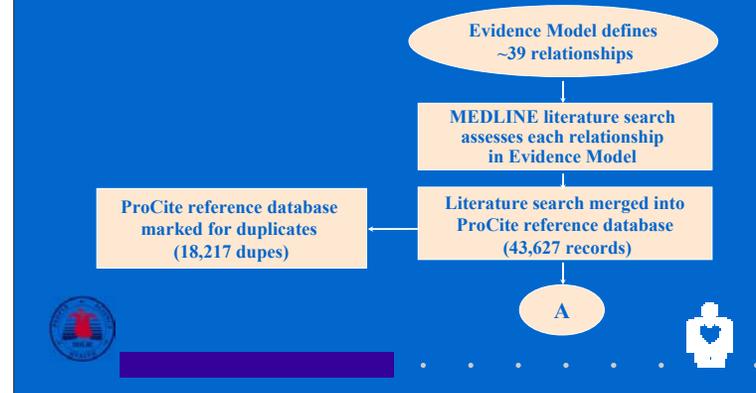




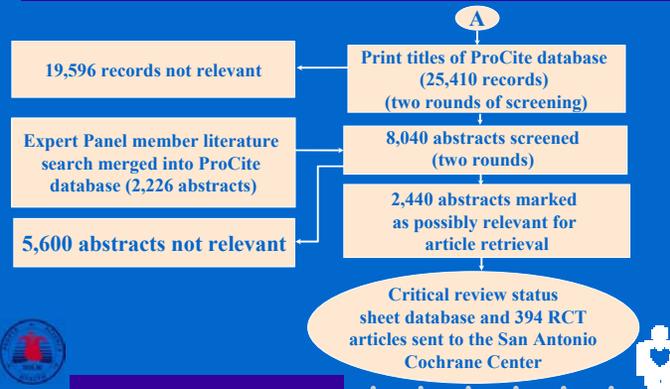
Evidence Collection Schema



Evidence Collection Schema (continued)



Evidence Collection Schema (continued)



Evidence Table

Ref #	Subjects	Design	Intervention	Results
28499 Wood NEJM 1988	N:155 F:0 Age: 44 Weight: 94	RCT 52 Wks	1. Control 2. Diet 3. Exercise	Weight (kg) 1. 95.4 2. 93 3. 94.1
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Inclusion and Exclusion Criteria

- Timeframe of the study—at least 4 months.
- For long-term maintenance—1 year or more.
- Excluded studies with self-reported weights, patients not overweight, dropout rate >35%, or no appropriate control group.



The panel used several criteria to determine whether a study should be accepted and included in the guidelines:

- The study's timeframe had to be at least 4 months, i.e., the minimum amount of time that must pass before the outcome measure is made.
- For considering long-term maintenance, studies had to have data collected after 1 year or more.

Studies were excluded from the guidelines if they :

- Used self-reported weights.
- Had dropout rates greater than 35 percent.
- Had no control group.

Criteria To Evaluate the Evidence

- **A**—Strong evidence: Evidence from well-designed randomized controlled trials (or trials that depart only minimally from randomization) that provides a consistent pattern of findings.
- **B**—Suggestive evidence (from randomized studies): Evidence as in A, but involving a smaller number of studies and/or a less consistent pattern of findings.



The panel determined specific criteria to evaluate the evidence. The criteria ranged from A to D level and were used to rank each evidence statement and recommendation provided in the guidelines:

- A. Strong evidence: Evidence from well-designed RCTs (or trials that depart only minimally from randomization) which provides a consistent pattern of findings. Category A therefore includes a substantial number of studies involving a substantial number of participants.
- B. Suggestive evidence: Some evidence from RCTs supports the recommendation, but the scientific support is not optimal. For instance, either few randomized trials exist, they are small in size, they are somewhat inconsistent, or they were undertaken in a population which differs from the target population of the recommendation.

Criteria To Evaluate the Evidence *(continued)*

- **C**—Suggestive evidence (from nonrandomized studies): Evidence from the panel's interpretation of uncontrolled or observational studies.
- **D**—Expert judgment: Evidence from clinical experience or experimental research.



- C. Suggestive Evidence: Evidence from nonrandomized studies or evidence from uncontrolled or observational studies.
- D. Expert Judgment: Derived from the consensus of panel members on the basis of knowledge that does not meet the other criteria. This category was used only in cases where the provision of some guidance was deemed necessary but adequately compelling empirical literature addressing the subject of the recommendation did not yet exist.