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# LAMPIRAN

Table 1| **Cochrane Collaboration's tool for assessing risk of bias (adapted from Higgins and Altman13)**

| Bias domain | Source of bias | Support for judgment | Review authors' judgment (assess as low, unclear or high risk of bias) |
|---|---|---|---|
| Selection bias | Random sequence generation | Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups | Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence |
| | Allocation concealment | Describe the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen before or during enrolment | Selection bias (biased allocation to interventions) due to inadequate concealment of allocations before assignment |
| Performance bias | Blinding of participants and personnel* | Describe all measures used, if any, to blind trial participants and researchers from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective | Performance bias due to knowledge of the allocated interventions by participants and personnel during the study |
| Detection bias | Blinding of outcome assessment* | Describe all measures used, if any, to blind outcome assessment from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective | Detection bias due to knowledge of the allocated interventions by outcome assessment |
| Attrition bias | Incomplete outcome data* | Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomised participants), reasons for attrition or exclusions where reported, and any reinclusions in analyses for the review | Attrition bias due to amount, nature, or handling of incomplete outcome data |
| Reporting bias | Selective reporting | State how selective outcome reporting was examined and what was found | Reporting bias due to selective outcome reporting |
| Other bias | Anything else, ideally prespecified | State any important concerns about bias not covered in the other domains in the tool | Bias due to problems not covered elsewhere |

*Assessments should be made for each main outcome or class of outcomes.

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**CASP Checklist:** 11 questions to help you make sense of a **Randomised Controlled Trial**

**How to use this appraisal tool:** Three broad issues need to be considered when appraising a trial:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 11 questions on the following pages are designed to help you think about these issues systematically. The first three questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

**About:** These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

**Referencing:** we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Randomised Controlled Trial) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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**CASP Checklist:** 12 questions to help you make sense of a **Cohort Study**

**How to use this appraisal tool:** Three broad issues need to be considered when appraising a cohort study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 12 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

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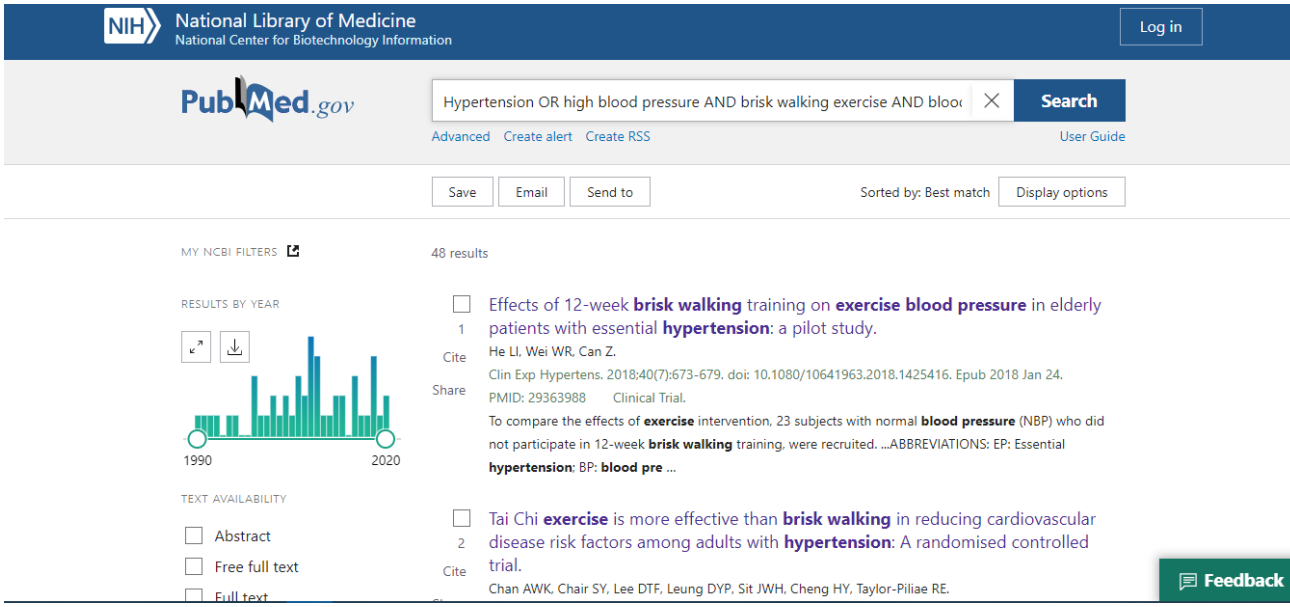
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He LI, Wei WR, Can Z.
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PMID: 29363988 Clinical Trial.
To compare the effects of exercise intervention, 23 subjects with normal blood pressure (NBP) who did not participate in 12-week brisk walking training, were recruited. ...ABBREVIATIONS: EP: Essential hypertension: BP: blood pre ...
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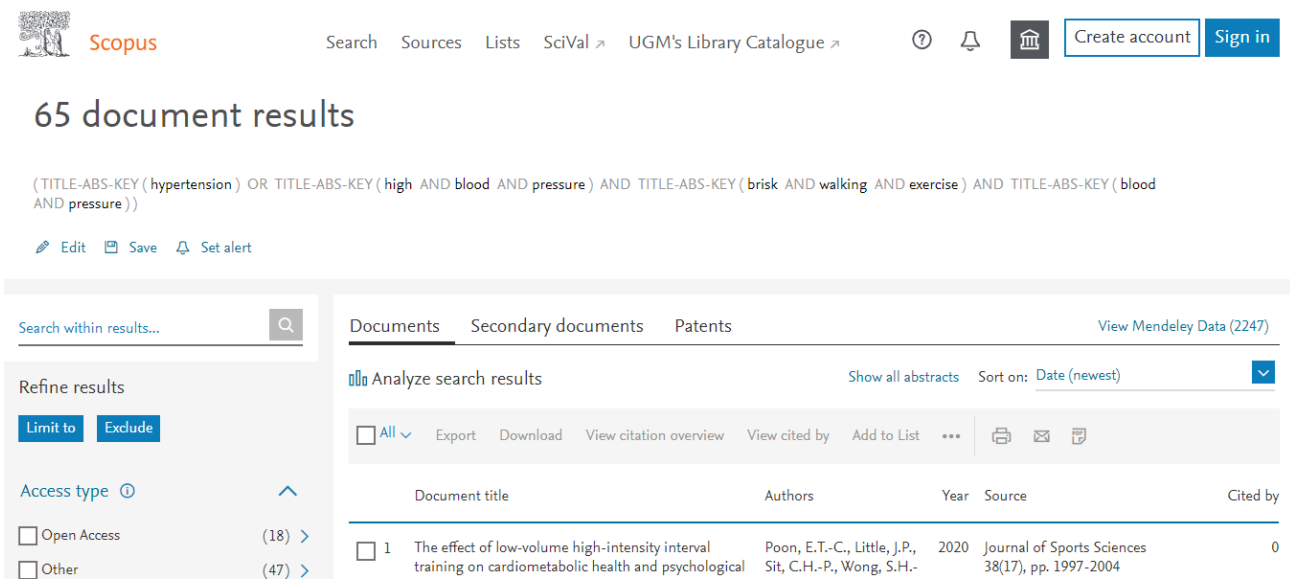
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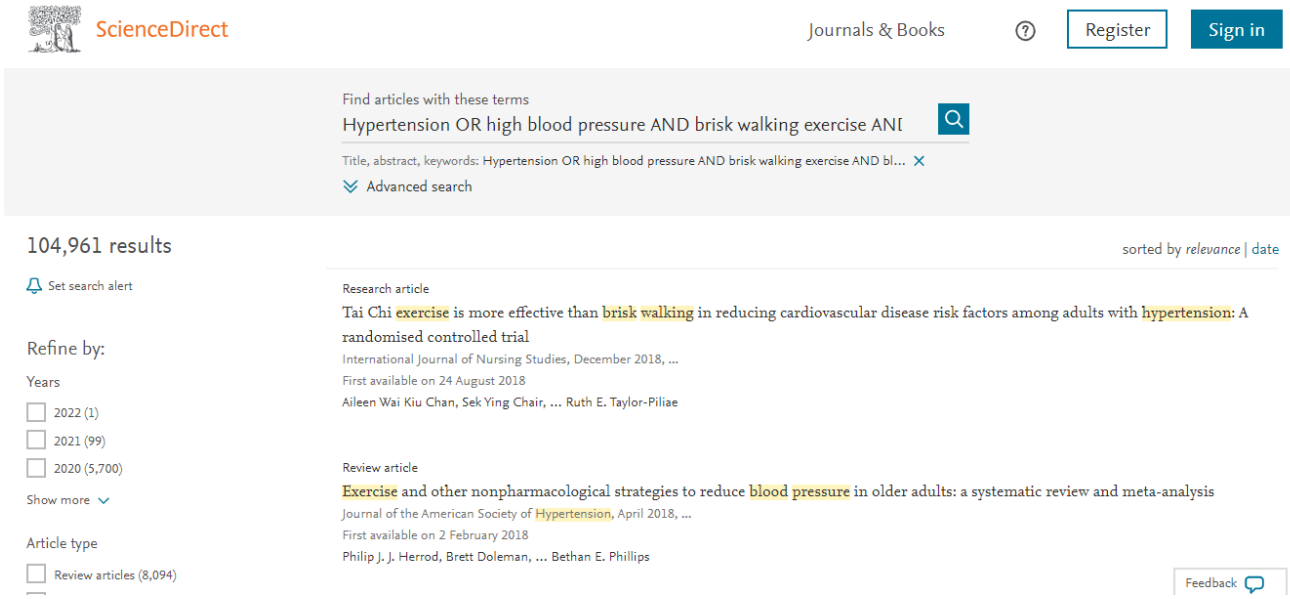
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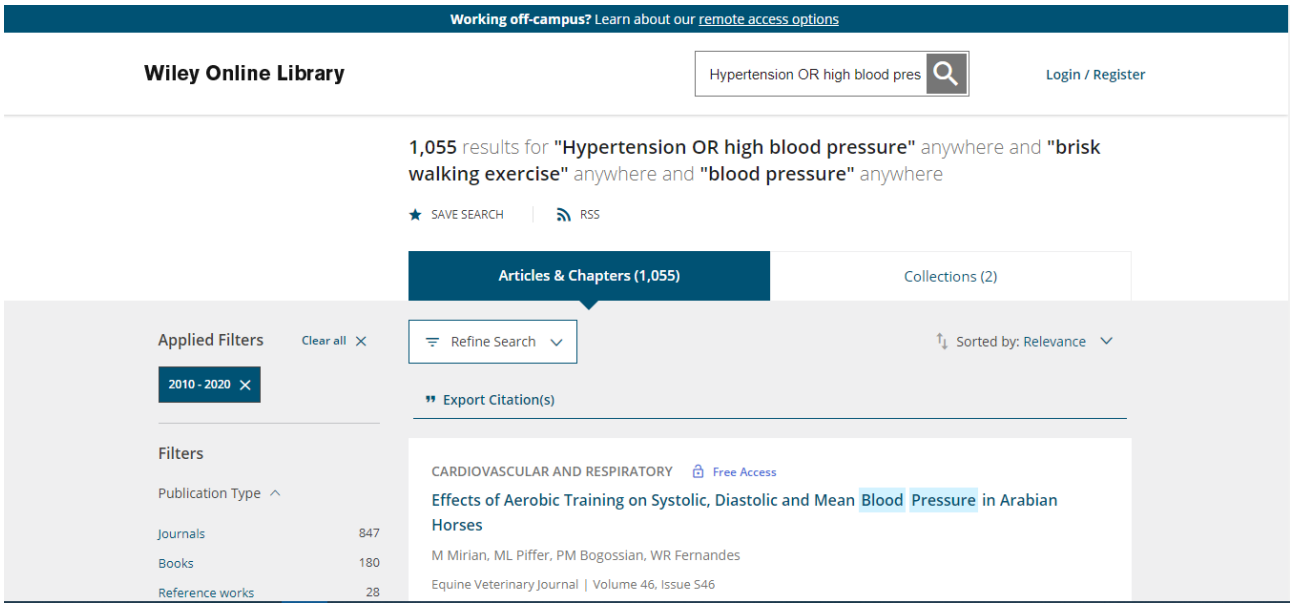
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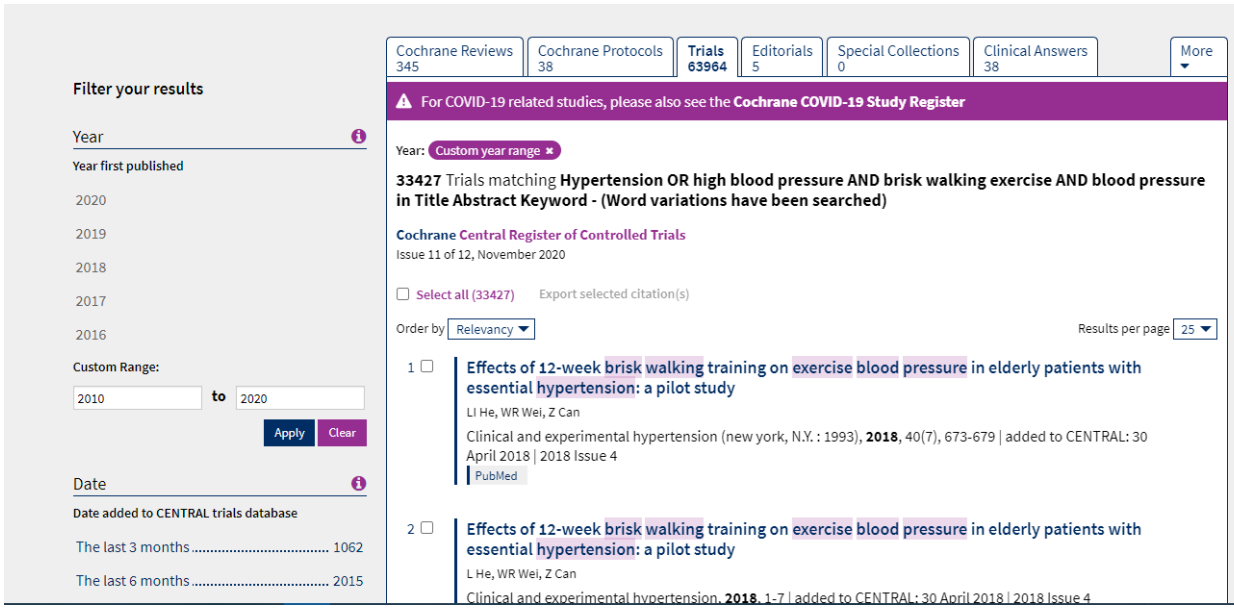
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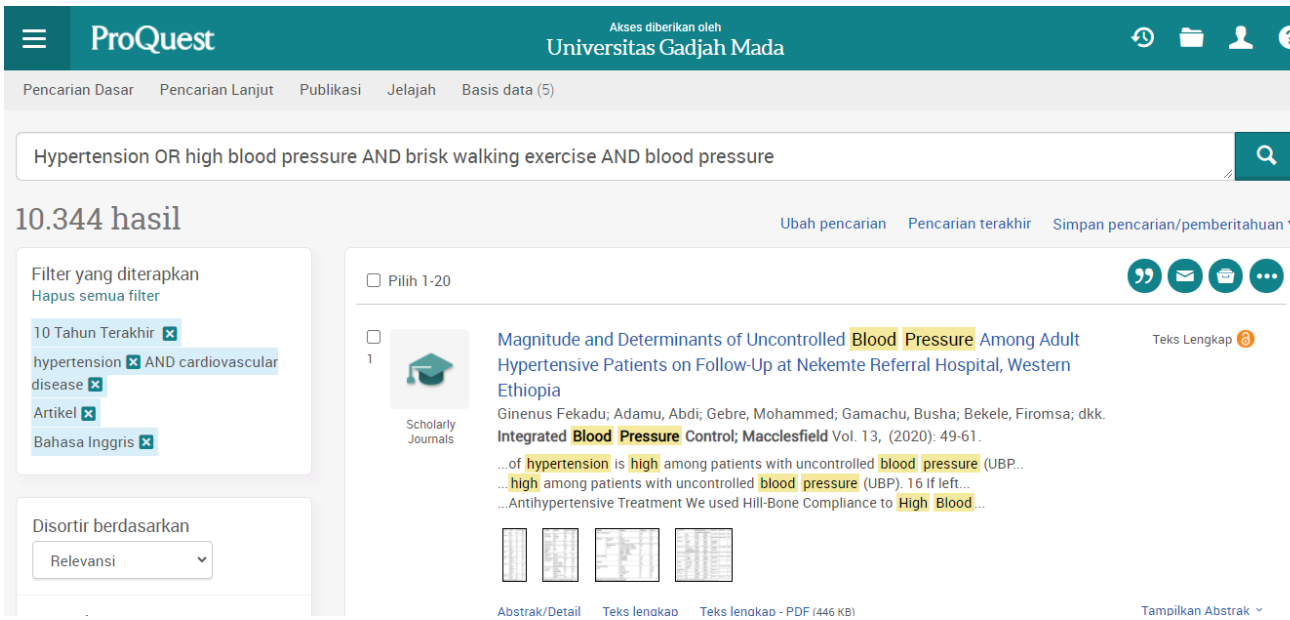
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...of hypertension is high among patients with uncontrolled blood pressure (UBP...
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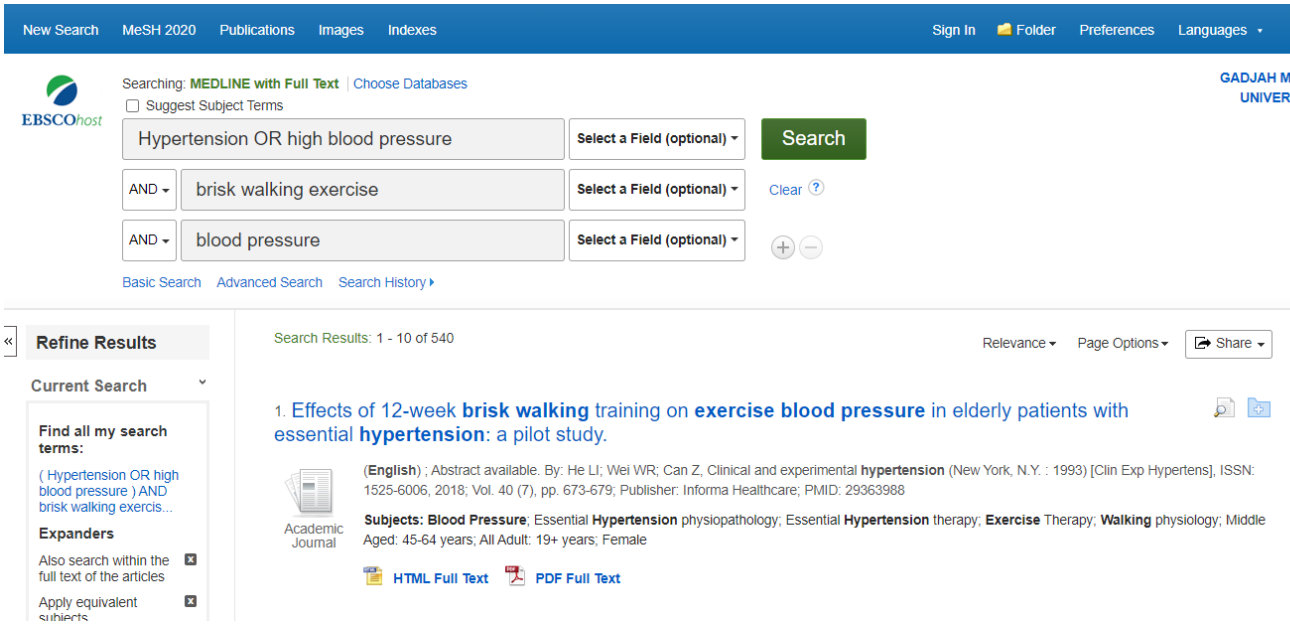
Tampilkan Abstrak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1. Effects of 12-week brisk walking training on exercise blood pressure in elderly patients with essential hypertension: a pilot study.
Academic Journal
(English) ; Abstract available. By: He LI; Wei WR; Can Z. Clinical and experimental hypertension (New York, N.Y. : 1993) [Clin Exp Hypertens], ISSN: 1525-6006, 2018; Vol. 40 (7), pp. 673-679; Publisher: Informa Healthcare; PMID: 29363988
Subjects: Blood Pressure; Essential Hypertension physiopathology; Essential Hypertension therapy; Exercise Therapy; Walking physiology; Middle Aged: 45-64 years; All Adult: 19+ years; Female
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| Section/topic | # | Checklist item | Reported on page # |
|---|---|---|---|
| **TITLE** | | | |
| Title | 1 | Identify the report as a systematic review, meta-analysis, or both. | Cover Line 2 |
| **ABSTRACT** | | | |
| Structured summary | 2 | Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number. | |
| **INTRODUCTION** | | | |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. | Page 3 Line 57-83 |
| Objectives | 4 | Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). | Page 4 line 97-103 |
| **METHODS** | | | |
| Protocol and registration | 5 | Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number. | Page 3 line 81-84 |
| Eligibility criteria | 6 | Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. | Page 24 Line 12-17 |
| Information sources | 7 | Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched. | Page 24 line 20-31 |
| Search | 8 | Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. | Page 25 line 56-69 |
| Study selection | 9 | State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis). | Page 26 line 74-80 |
| Data collection process | 10 | Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators. | Page 27 line 97-101 |

| | | | |
|---|---|---|---|
| Data items | 11 | List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. | Page 27 line 103-106 |
| Risk of bias in individual studies | 12 | Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. | Page 27 line 82-96 |
| Summary measures | 13 | State the principal summary measures (e.g., risk ratio, difference in means). | |
| Synthesis of results | 14 | Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$) for each meta-analysis. | |

| Section/topic | # | Checklist item | Reported on page # |
|---|---|---|---|
| Risk of bias across studies | 15 | Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies). | |
| Additional analyses | 16 | Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. | |
| **RESULTS** | | | |
| Study selection | 17 | Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram. | |
| Study characteristics | 18 | For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. | |
| Risk of bias within studies | 19 | Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). | |
| Results of individual studies | 20 | For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. | |
| Synthesis of results | 21 | Present results of each meta-analysis done, including confidence intervals and measures of consistency. | |
| Risk of bias across studies | 22 | Present results of any assessment of risk of bias across studies (see Item 15). | |
| Additional analysis | 23 | Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). | |
| **DISCUSSION** | | | |
| Summary of evidence | 24 | Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers). | |
| Limitations | 25 | Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias). | |
| Conclusions | 26 | Provide a general interpretation of the results in the context of other evidence, and implications for future research. | |
| **FUNDING** | | | |

| | | | |
|---|---|---|---|
| Funding | 27 | Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. | |

## From the Centre for Evidence-Based Medicine, Oxford

For the most up-to-date levels of evidence, see www.cebm.net/?o=1025

**Therapy/Prevention/Etiology/Harm:**

| | |
|---|---|
| 1a: | Systematic reviews (with homogeneity) of randomized controlled trials |
| 1b: | Individual randomized controlled trials (with narrow confidence interval) |
| 1c: | All or none randomized controlled trials |
| 2a: | Systematic reviews (with homogeneity) of cohort studies |
| 2b: | Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up) |
| 2c: | "Outcomes" Research; ecological studies |
| 3a: | Systematic review (with homogeneity) of case-control studies |
| 3b: | Individual case-control study |
| 4: | Case-series (and poor quality cohort and case-control studies) |
| 5: | Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles" |

Table 5

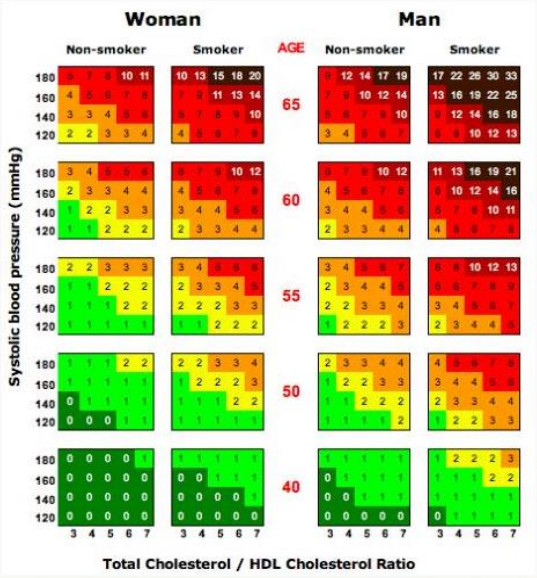
Grade Practice Recommendations*

| Grade | Descriptor | Qualifying Evidence | Implications for Practice |
|---|---|---|---|
| A | Strong recommendation | Level I evidence or consistent findings from multiple studies of levels II, III, or IV | Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present |
| B | Recommendation | Levels II, III, or IV evidence and findings are generally consistent | Generally, clinicians should follow a recommendation but should remain alert to new information and sensitive to patient preferences |
| C | Option | Levels II, III, or IV evidence, but findings are inconsistent | Clinicians should be flexible in their decision-making regarding appropriate practice, although they may set bounds on alternatives; patient preference should have a substantial influencing role |
| D | Option | Level V evidence: little or no systematic empirical evidence | Clinicians should consider all options in their decision making and be alert to new published evidence that clarifies the balance of benefit versus harm; patient preference should have a substantial influencing role |

*From the American Society of Plastic Surgeons. Evidence-based clinical practice guidelines. Available at: http://www.plasticsurgery.org/Medical_Professionals/Health_Policy_and_Advocacy/Health_Policy_Resources/Evidence-based_GuidelinesPractice_Parameters/Description_and_Development_of_Evidence-based_Practice_Guidelines/ASPS_Grade_Recommendation_Scale.html. Accessed March 3, 2011

SCORE FROM AMERICA Heart Association

# SCORE 10 year Fatal Cardiovascular Risk Evaluation in Canada




SCORE Canada : Systematic Cerebrovascular and cOronary Risk Evaluation

**Find the cell nearest to the person's risk factors values :**

**Age**

**Sex**

**Smoking Status**

**Systolic Blood Pressure**

**Total-Chol. / HDL-C. Ratio**


** Systematic Coronary Risk Evaluation*

# Systematic coronary risk evaluation