DAFTAR PUSTAKA


81


Woodham, N. S., Taneepanichskul, S., Samrongthong, R., & Auamkul, N. (2018). Self-Care Management Among Elderly Patients With Hypertension and

<table>
<thead>
<tr>
<th>Section/topic</th>
<th>#</th>
<th>Checklist item</th>
<th>Reported on page #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITLE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>1</td>
<td>Identify the report as a systematic review, meta-analysis, or both.</td>
<td></td>
</tr>
<tr>
<td><strong>ABSTRACT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structured summary</td>
<td>2</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>3</td>
<td>Describe the rationale for the review in the context of what is already known.</td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>4</td>
<td>Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).</td>
<td></td>
</tr>
<tr>
<td><strong>METHODS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol and registration</td>
<td>5</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>6</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Information sources</td>
<td>7</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Search</td>
<td>8</td>
<td>Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.</td>
<td></td>
</tr>
<tr>
<td>Study selection</td>
<td>9</td>
<td>State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).</td>
<td></td>
</tr>
<tr>
<td>Data collection process</td>
<td>10</td>
<td>Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.</td>
<td></td>
</tr>
<tr>
<td>Data items</td>
<td>11</td>
<td>List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.</td>
<td></td>
</tr>
<tr>
<td>Risk of bias in individual studies</td>
<td>12</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Summary measures</td>
<td>13</td>
<td>State the principal summary measures (e.g., risk ratio, difference in means).</td>
<td></td>
</tr>
<tr>
<td>Synthesis of results</td>
<td>14</td>
<td>Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I²) for each meta-analysis.</td>
<td></td>
</tr>
<tr>
<td>Risk of bias across studies</td>
<td>15</td>
<td>Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).</td>
<td></td>
</tr>
<tr>
<td>Additional analyses</td>
<td>16</td>
<td>Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS**

<table>
<thead>
<tr>
<th>Study selection</th>
<th>17</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study characteristics</td>
<td>18</td>
<td>For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.</td>
</tr>
<tr>
<td>Risk of bias within studies</td>
<td>19</td>
<td>Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).</td>
</tr>
<tr>
<td>Results of individual studies</td>
<td>20</td>
<td>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.</td>
</tr>
<tr>
<td>Synthesis of results</td>
<td>21</td>
<td>Present results of each meta-analysis done, including confidence intervals and measures of consistency.</td>
</tr>
<tr>
<td>Risk of bias across studies</td>
<td>22</td>
<td>Present results of any assessment of risk of bias across studies (see Item 15).</td>
</tr>
<tr>
<td>Additional analysis</td>
<td>23</td>
<td>Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).</td>
</tr>
</tbody>
</table>

**DISCUSSION**

<table>
<thead>
<tr>
<th>Summary of evidence</th>
<th>24</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations</td>
<td>25</td>
<td>Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Conclusions</strong></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide a general interpretation of the results in the context of other evidence, and implications for future research.</td>
<td></td>
</tr>
</tbody>
</table>

**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. |

Lampiran 2: Instrumen Penilaian Kualitas Artikel

CASPRandomised Controlled Trial Standard Checklist:
11 questions to help you make sense of a randomised controlled trial (RCT)

Main issues for consideration: Several aspects need to be considered when appraising a randomised controlled trial:

- Is the basic study design valid for a randomised controlled trial? (Section A)
- Was the study methodologically sound? (Section B)
- What are the results? (Section C)
- Will the results help locally? (Section D)

The 11 questions in the checklist are designed to help you think about these aspects systematically.

How to use this appraisal tool: The first three questions (Section A) are screening questions about the validity of the basic study design and can be answered quickly. If, in light of your responses to Section A, you think the study design is valid, continue to Section B to assess whether the study was methodologically sound and if it is worth continuing with the appraisal by answering the remaining questions in Sections C and D.

Record ‘Yes’, ‘No’ or ‘Can’t tell’ in response to the questions. Prompts below all but one of the questions highlight the issues it is important to consider. Record the reasons for your answers in the space provided. As CASP checklists were designed to be used as educational/teaching tools in a workshop setting, we do not recommend using a scoring system.

About CASP Checklists: The CASP RCT checklist was originally based on JAMA Users’ guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL and Cook DJ), and piloted with healthcare practitioners. This version has been updated taking into account the CONSORT 2010 guideline (http://www.consort-statement.org/consort-2010, accessed 16 September 2020).

Citation: CASP recommends using the Harvard style, i.e. Critical Appraisal Skills Programme (2020). CASP (insert name of checklist i.e. Randomised Controlled Trial) Checklist. [online] Available at: insert URL. Accessed: insert date accessed.

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial- Share Alike. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc/4.0/
### Section A: Is the basic study design valid for a randomised controlled trial?

1. **Did the study address a clearly focused research question?**
   - **CONSIDER:**
     - Was the study designed to assess the outcomes of an intervention?
     - Is the research question ‘focused’ in terms of:
       - Population studied
       - Intervention given
       - Comparator chosen
       - Outcomes measured?
   - **Yes**
   - **No**
   - **Can’t tell**

2. **Was the assignment of participants to interventions randomised?**
   - **CONSIDER:**
     - How was randomisation carried out? Was the method appropriate?
     - Was randomisation sufficient to eliminate systematic bias?
     - Was the allocation sequence concealed from investigators and participants?
   - **Yes**
   - **No**
   - **Can’t tell**

3. **Were all participants who entered the study accounted for at its conclusion?**
   - **CONSIDER:**
     - Were losses to follow-up and exclusions after randomisation accounted for?
     - Were participants analysed in the study groups to which they were randomised (intention-to-treat analysis)?
     - Was the study stopped early? If so, what was the reason?
   - **Yes**
   - **No**
   - **Can’t tell**

### Section B: Was the study methodologically sound?

4. **Were the participants ‘blind’ to intervention they were given?**
   - **Yes**
   - **No**
   - **Can’t tell**

5. **Were the study groups similar at the start of the randomised controlled trial?**
   - **CONSIDER:**
     - Were the baseline characteristics of each study group (e.g. age, sex, socio-economic group) clearly set out?
     - Were there any differences between the study groups that could affect the outcome/s?
   - **Yes**
   - **No**
   - **Can’t tell**
6. Apart from the experimental intervention, did each study group receive the same level of care (that is, were they treated equally)?

**CONSIDER:**
- Was there a clearly defined study protocol?
- If any additional interventions were given (e.g., tests or treatments), were they similar between the study groups?
- Were the follow-up intervals the same for each study group?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Can’t tell</th>
</tr>
</thead>
</table>

---

Section C: What are the results?

7. Were the effects of intervention reported comprehensively?

**CONSIDER:**
- Was a power calculation undertaken?
- What outcomes were measured, and were they clearly specified?
- How were the results expressed? For binary outcomes, were relative and absolute effects reported?
- Were the results reported for each outcome in each study group at each follow-up interval?
- Was there any missing or incomplete data?
- Was there differential drop-out between the study groups that could affect the results?
- Were potential sources of bias identified?
- Which statistical tests were used?
- Were p values reported?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Can’t tell</th>
</tr>
</thead>
</table>

---

8. Was the precision of the estimate of the intervention or treatment effect reported?

**CONSIDER:**
- Were confidence intervals (CIs) reported?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Can’t tell</th>
</tr>
</thead>
</table>

---

9. Do the benefits of the experimental intervention outweigh the harms and costs?

**CONSIDER:**
- What was the size of the intervention or treatment effect?
- Were harms or unintended effects reported for each study group?
- Was a cost-effectiveness analysis undertaken? (Cost-effectiveness analysis allows a comparison to be made between different interventions used in the care of the same condition or problem.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Can’t tell</th>
</tr>
</thead>
</table>
### Section D: Will the results help locally?

#### 10. Can the results be applied to your local population/in your context?

**CONSIDER:**
- Are the study participants similar to the people in your care?
- Would any differences between your population and the study participants alter the outcomes reported in the study?
- Are the outcomes important to your population?
- Are there any outcomes you would have wanted information on that have not been studied or reported?
- Are there any limitations of the study that would affect your decision?

#### 11. Would the experimental intervention provide greater value to the people in your care than any of the existing interventions?

**CONSIDER:**
- What resources are needed to introduce this intervention taking into account time, finances, and skills development or training needs?
- Are you able to disinvest resources in one or more existing interventions in order to be able to re-invest in the new intervention?

---

**APPRAISAL SUMMARY:** Record key points from your critical appraisal in this box. What is your conclusion about the paper? Would you use it to change your practice or to recommend changes to care/interventions used by your organisation? Could you judiciously implement this intervention without delay?
**JBI Critical Appraisal Checklist for Quasi-Experimental Studies**  
(non-randomized experimental studies)

<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Record</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is it clear in the study what is the ‘cause’ and what is the ‘effect’ (i.e. there is no confusion about which variable comes first)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were the participants included in any comparisons similar?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Was there a control group?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Were the outcomes of participants included in any comparisons measured in the same way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Were outcomes measured in a reliable way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Was appropriate statistical analysis used?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall appraisal:**  Include □  Exclude □  Seek further info □

Comments (Including reason for exclusion)
**Lampiran 3: Penilaian Risiko Bias**

Cochrane Collaboration’s tool for assessing risk of bias (adapted from Higgins and Altman13)

<table>
<thead>
<tr>
<th>Bias domain</th>
<th>Source of bias</th>
<th>Support for judgment</th>
<th>Review authors’ judgment (assess as low, unclear or high risk of bias)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection bias</td>
<td>Random sequence generation</td>
<td>Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups</td>
<td>Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence</td>
</tr>
<tr>
<td></td>
<td>Allocation concealment</td>
<td>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</td>
<td>Selection bias (biased allocation to interventions) due to inadequate concealment of allocations before assignment</td>
</tr>
<tr>
<td>Performance bias</td>
<td>Blinding of participants and personnel*</td>
<td>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</td>
<td>Performance bias due to knowledge of the allocated interventions by participants and personnel during the study</td>
</tr>
<tr>
<td>Detection bias</td>
<td>Blinding of outcome assessment*</td>
<td>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</td>
<td>Detection bias due to knowledge of the allocated interventions by outcome assessment</td>
</tr>
<tr>
<td>Attrition bias</td>
<td>Incomplete outcome data*</td>
<td>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</td>
<td>Attrition bias due to amount, nature, or handling of incomplete outcome data</td>
</tr>
<tr>
<td>Reporting bias</td>
<td>Selective reporting</td>
<td>State how selective outcome reporting was examined and what was found</td>
<td>Reporting bias due to selective outcome reporting</td>
</tr>
<tr>
<td>Other bias</td>
<td>Anything else, ideally Prespecified</td>
<td>State any important concerns about bias not covered elsewhere</td>
<td>Bias due to problems not covered elsewhere</td>
</tr>
</tbody>
</table>

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