

# Minimal clinically important difference

In the field of medical statistics, the minimal clinically important difference (also known as MCID), is a statistical model which tries to define the smallest change in a treatment outcome that a patient would identify as important.

The minimal clinically important difference (MCID) has been defined as “the smallest difference in score in the domain of interest which patients perceive as beneficial and would mandate, in the absence of troublesome side effects and excessive cost” <sup>1)</sup>.

The cutoff for the MCID (external criterion or anchor) is usually defined on a self-reported global perceived health-effect scale. It has also been suggested that this method be used to define evidence-based criteria for successful outcomes after spine surgery <sup>2)</sup>

Such success criteria would be valuable for spine surgery registries in comparing effectiveness of treatment over time and between surgical units.

Conceptually, there is a difference between the MCID and success. Success indicates an improvement that reflects a substantial amount of change rather than a minimal amount of change. A source of bias is attached to estimates of minimal amount of change, simply because it is difficult to judge whether patients who report themselves to be “slightly” or “moderately” improved have had a change that one can consider to be important. One simple way around this obstacle is to provide estimates of success that include only patients with a substantial amount of change, defined by self-reports of “completely recovered” or “much better”.

## Minimal clinically important difference in lumbar spine surgery

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<sup>1)</sup>

Jaeschke R, Singer J, Guyatt GH. Measurement of health status. Ascertaining the minimal clinically important difference. *Control Clin Trials*. 1989;10:407-15.

<sup>2)</sup>

Copay AG, Subach BR, Glassman SD, Polly DW, Jr., Schuler TC. Understanding the minimum clinically important difference: a review of concepts and methods. *Spine J*. 2007;7:541-6.

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