

Quality of a body of evidence

The **quality** of a body of **evidence** refers to the degree to which the available evidence supports a particular **conclusion** or **decision**. In general, high-quality evidence is considered to be more reliable and trustworthy than low-quality evidence.

Several factors can affect the **quality of evidence**, including the **design** of the **study**, the size and representativeness of the **study sample**, the accuracy and precision of the measurements used, the level of **bias** and **confounding**, and the **consistency** of the findings across different studies.

The hierarchy of **evidence-based medicine** is often used to classify the quality of evidence, with **systematic reviews** and **meta-analysis** of **randomized controlled trials** (RCTs) generally considered to provide the highest-quality evidence, followed by individual RCTs, observational studies, and **expert opinion**. However, the quality of evidence can also depend on the specific context and the specific question being asked.

The **GRADE** approach is a **system** for **rating** the **quality of a body of evidence** in **systematic reviews** and other evidence syntheses, such as health technology assessments, and guidelines and grading recommendations in health care. GRADE offers a transparent and structured process for developing and presenting evidence summaries and for carrying out the steps involved in developing recommendations. It can be used to develop **clinical practice guidelines** (CPG) and other health care **recommendations** (e.g. in public health, health policy and systems and coverage decisions).

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