

Judging the Strength of a Recommendation

In determining the strength of a recommendation, the development group makes a considered judgment.

The judgment is made explicit in a consensus process which considers critically appraised evidence, clinical experience, and other dimensions. The development group will consider what the relative weight each dimension listed below contributes when determining the strength of a recommendation.

Reflecting on your answers to the dimensions below and given that more answers to the left of the scales indicates support for a stronger recommendation, complete one of the sentences below to judge the strength of this recommendation.*

**(Note that for negative recommendations, the left/right logic may be reversed for one or more dimensions.)*

- It is strongly recommended that...
- It is recommended that...
- There is insufficient evidence and a lack of consensus to make a recommendation on...

Dimensions			
1. Grade of the Body of Evidence	<input type="checkbox"/> High grade evidence	<input type="checkbox"/> Moderate grade evidence	<input type="checkbox"/> Low grade evidence
2. Safety / Harm	<input type="checkbox"/> Has minimal adverse effects	<input type="checkbox"/> Has moderate adverse effects	<input type="checkbox"/> Has serious adverse effects
3. Health benefit to patient <i>(direct benefit)</i>	<input type="checkbox"/> Has significant health benefit	<input type="checkbox"/> Has moderate health benefit	<input type="checkbox"/> Has minimal health benefit
4. Burden on patient to adhere to recommendation <i>(cost, hassle, discomfort, pain, motivation, ability to adhere, time)</i>	<input type="checkbox"/> Low burden of adherence	<input type="checkbox"/> Unable to determine burden of adherence	<input type="checkbox"/> High burden of adherence
5. Cost-effectiveness to healthcare system <i>(balance of cost / savings of resources, staff time, and supplies based on published studies or onsite analysis)</i>	<input type="checkbox"/> Cost-effective to healthcare system	<input type="checkbox"/> Inconclusive economic effects	<input type="checkbox"/> Not cost-effective to healthcare system
6. Directness <i>(the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])</i>	<input type="checkbox"/> Evidence directly relates to recommendation for this target population.	<input type="checkbox"/> There is some concern about the directness of evidence as it relates to the recommendation for this target population.	<input type="checkbox"/> Evidence only indirectly relates to recommendation for this target population.
7. Impact on morbidity/mortality or quality of life	<input type="checkbox"/> High impact on morbidity/mortality or quality of life	<input type="checkbox"/> Medium impact on morbidity/mortality or quality of life	<input type="checkbox"/> Low impact on morbidity/mortality or quality of life

Some of the concepts for this development based on: **Guyatt:** Grading strength of recommendations and quality of evidence in clinical guidelines: report from an American College of Chest Physicians task force. *Chest*, 129(1): 174-81, 2006; **Harbour:** A new system for grading recommendations in evidence based guidelines. *BMJ*, 323(7308): 334-6, 2001; and **Steinberg:** Evidence based? Caveat emptor! *Health Aff (Millwood)*, 24(1): 80-92, 2005.