

Appendix 1. Checklist for assessing relevance

Author	Year	Article number			
		Yes	No	Unclear	Not applicable
1. Study population					
a) Is the population from which the participants were selected clearly described and relevant?					
b) Is the way of recruiting participants acceptable?					
c) Are the study's inclusion criteria adequate?					
d) Are the study's exclusion criteria adequate? ¹					
2. Intervention investigated					
a) Is the investigated intervention relevant? ²					
b) Is the investigated intervention administered/ executed correctly? ³					
c) Is the investigated intervention administered/ executed so that it can be reproduced? ⁴					
3. Compared intervention					
a) Is the compared intervention relevant? ⁵					
b) Can the possibility be excluded that the choice of compared intervention that is, dosage, administration/conduct, did not result in bias to the advantage of either intervention?					
4. Measure of effect					
a) Are investigated measures of effect clinically relevant?					
5. Duration of study ⁶					
a) Is the duration of the study adequate?					
b) Is the follow-up time adequate?					
Overall assessment of study's relevance					
		Relevant		Not relevant	

Comments on the checklist for assessing relevance

Study population

1. The choice of exclusion criteria often influences generalizability and can influence the outcome. Patients are often wrongly excluded due to, for example, co-morbidity, age, concomitant use of common medicines or female gender. Several other reasons for excluding patients have been reported. Not even half of the exclusion criteria reported in randomized studies that are published in well-reputed journals have been assessed as well-founded.

Investigated intervention

2. An example of interventions with insufficient relevance is a dosage form that is not accepted in Sweden.
3. For studies on medicines there is a risk of wrong dosage, way of administering the medicine, form of dosage and time of administration. Similar reasoning is applicable to methods such as surgery and psychotherapy (choice of technique, point in time etc.).
4. Do all caregivers achieve the same result or does the result depend on the caregiver's skills (rather than the intervention itself)? This can be particularly relevant for psychotherapy, surgery and other manual techniques.

Compared intervention

5. Studies on medicines: Has placebo been used even if active controls were available when the study was performed? Is the compared intervention representative? It is common, for example, for the control medicines to be inferior to the average or not even available in Sweden. See also under point 2 above.

Duration of the study

Was the study interrupted prematurely? Why?