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NARRATIVE REVIEW STUDIES ON PHARMACEUTICAL ASSISTANCE: WHAT IS THEIR VALIDITY?

Luciane Cruz Lopes

Among health technologies, medicines represent a large share of public expenditure with health. As new medicines come to the market every year, pharmaceutical laboratories, users and health professionals generate demands that they be incorporated by the public health system. Such demands have grown substantially, placing important pressure on decision makers.

The information about medicine cost-efficacy-safety and drug use may come either from primary studies (controlled and randomized clinical trials with representative samples or methodologically well-elaborated cohorts with consistent results and large estimated effect) or from secondary studies (systematic reviews and meta-analyses), or even from tertiary studies (synopsis or evidence synthesis, among others).

Studies which comprise issues regarding treatment are ranked according to the level of confidence about results, that is, according to their internal and external validity. The ranking is based on methodological restraints regarding the type of study, given that independently of researchers' efforts, the complete elimination of some types of biases (systematic errors) is unattainable. For instance, we can quote cohort studies in which the selection bias cannot be eradicated due to patients not randomized before becoming study subjects, and also retrospective studies (control cases), which hardly ever eliminate the memory bias, registry failure, data confirmation, etc.

Thus, observational studies present bigger methodological restraints to establish the connection between studied outcome and intervention, resulting in lower levels of evidence than randomized clinical trials. The same reasoning is applicable to secondary studies. Systematic reviews are placed at the top of the evidence pyramid, whereas the narrative reviews (experts' judgments) are at the base of the pyramid, following to pre-clinical studies.

In the context of health research, the word evidence should be understood as the body of facts (proof) or the information available indicating that the findings to answer a problem are true or valid.

We should consider the evidence level where the study is placed in the selection process for decision making in Health. Information provided by more highly ranked studies are to have superior scientific value to answer a question with better levels of results validity (provided they are methodologically well designed) than those placed at lower levels. Anyway, in the Health decision making process, and especially in Pharmaceutical Services issues, we must weigh all the available evidence and its level of confidence rather than simply choose those supporting our ideas or interest conflicts.

Strictly speaking, I would like to discuss the role of Pharmaceutical Services reviews. The reviews show to be the most demanded type of paper in scientific libraries and journals. Review studies feature the information analysis and synthesis available in all the relevant studies published on a specific theme/issue, so as to summarize the body of knowledge available and wrap up the theme. There are several types of review studies, and each of them follows a specific methodology.

In this editorial, we will highlight narrative reviews or literature reviews, as they are usually called.

Narrative reviews have a qualitative approach, that is, they neither have a methodology which allows data reproduction nor provide quantitative answers for specific issues. They usually comprise the state of the art (up-to-date knowledge) stemming from the descriptive trajectory and the distribution of scientific production on the theoretical and contextual perspective. This type of study establishes relationships with previous productions, identifies recurrent themes, points out new perspectives, or those which have received slighter emphasis in the literature.

There may be very good reasons for writing a quality narrative review. For example, narrative syntheses are useful educational papers once they group information in a format to make comprehension easier. They are also helpful in presenting a broad perspective on a theme, and they often describe the history or the development of the problematic issue, and its management.

Professors recommend narrative reviews in their classes, as they are often more up-to-date than the content in the books. Many times, the discussion of the theory and the context of narrative syntheses may be useful to provoke reflection and controversy. For this reason, such reviews may be a good source for the presentation of philosophical perspectives in a balanced way.

However, it is important to point out that as far as Pharmaceutical Services is concerned, this type of study is not helpful in decision making and it is unsuitable for the evaluation of Health technology. In fact, this type of study is at the base of the evidence pyramid whose main restraint involves arbitrary selection of the studies compiled, providing the author with information subjected to selection bias, with serious interference of subjective perception. The search for sources is not predetermined and specific, frequently encompassing lack of comprehensiveness and incompleteness, lacking explicit criteria for inclusion of the studies and creating insignificant knowledge basis from which biased conclusions may be drawn.

The absence of a section with a clear and objective method leads to a series of methodological flaws which may well influence the author's conclusions. The author's interpretation in the synthesis of the information should take into account the main differences among the studies. For instance, patients' samples in the different studies compiled may diverge, or the measures used may not be comparable. The shortage of conflicts identification results in risk of providing wrong conclusions or incorrect information. Many times, these flawed syntheses may be repeated by other authors and the mistakes transmitted from study to study, resulting in their perpetuation.

In the past, many literature reviews were based on the author's personal documents, creating bias, because they depicted what the author found interesting or controversial. When this occurs, it is difficult to detect whether the author has built an objective literature review, based on data, or just a long comment that does not represent the true research.

Authors of narrative syntheses are usually well-known experts in the area of the theme to be revised. Editors sometimes order narrative syntheses from specific authors, to bring light to some questions. However, some studies show that experts are not as likely to follow methodological rigor as non-experts when writing such reviews. Should the author be an expert or a non-expert, the critical factor for writing a good narrative review is the use of good methods.

The aspects pinpointed show that narrative reviews are a potential danger in health care if readers are to use such studies for clinical decision. This way, it is the author's and the reader's responsibility to know how to use and how to give due weight to the narrative review according to the purposes for which it is intended.

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