Title **The Inclusion of Reports of Randomized Trials Published in Languages Other than English in Systematic Reviews**

Agency **NCCHTA, National Coordinating Centre for Health Technology Assessment**
Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom;
Tel: +44 2380 595586, Fax: +44 2380 595639

Reference Health Technol Assess 2003;7(41). Dec 2003. www.ncchta.org/execsumm/summ741.htm

Aim

To assemble a large dataset of language restricted (English language RCTs only – EL) and language inclusive (including languages other than English – LOE) systematic reviews of conventional medicine (CM) and complementary and alternative medicine (CAM). To assess the quality of these reports by comparing different types of systematic reviews and associated RCTs; CM and CAM interventions; effects of language restrictions versus language inclusions, and whether other methodological factors, eg, statistical heterogeneity and publication bias, influence the results of systematic reviews.

Conclusions and results

The LOE RCTs were predominantly in French and German. Language inclusive/LOE systematic reviews had the highest quality compared to other types of reviews. CAM reviews were of higher quality than the CM reviews. The quality of EL RCT reports differed little compared with eight other languages. Differences in the quality of LOE reports vary depending on intervention type. The results suggest that it may be reasonable to exclude reports of RCTs in LOE from the analytical part of a systematic review. Since every type of CM RCT has not been included in the research, and it is uncertain as to when bias will be present by excluding LOE, it is prudent to search for all evidence. This result only applies to reviews of CM benefits. Systematic reviewers should not, however, neglect reports in LOE. Language restrictions on CAM significantly shift the estimates of effectiveness. Here, excluding trials reported in LOE reduced the intervention effect. The results do not appear to be influenced by statistical heterogeneity and publication bias.

Recommendations

Except for CAM systematic reviews, the quality of recently published systematic reviews is less than optimal. Language inclusive/LOE systematic reviews appear to be a marker for a better quality systematic review. Language restrictions do not appear to bias the estimates of a conventional intervention's effectiveness. The results of a CAM systematic review are subject to substantial bias if LOE reports are excluded.

Methods

The monograph included three types of systematic reviews. Fisher's exact test was applied to compare these with respect to their reporting characteristics and a systematic review quality assessment tool. The odds ratio of LOE trials versus EL trials was computed for each review. Several sensitivity analyses were performed.

Further research/reviews required

Developing a national database of systematic reviews is likely to facilitate meta-epidemiology research. To improve the quality of reporting on systematic reviews of RCTs, authors and medical journal editors need to agree to a standardized, evidence-based way of reporting. The QUOROM statement is one option for systematic reviews. The CONSORT statement is likely to improve the quality of reporting of randomized trials. In-depth examination of CAM trials and their influence on the conduct of systematic reviews is required. Aspects of CAM methodology and content need to be incorporated in critical appraisal skills training programs.

Written by Dr David Moher, Chalmers Research Group, Children's Hospital of Eastern Ontario Research Inst, Canada