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Making public health interventions more evidence based

TREND statement for non-randomised designs will make a difference

The movement towards evidence based public health policy has been gaining momentum over the past decade. It takes an important step forward with the recent publication of the TREND statement (transparent reporting of evaluations with non-randomised designs). Its aim is to improve the quality of reporting of non-randomised evaluations so that the conduct and findings of such research are transparent and consistent with that caused by continued smoking—which is extremely harmful to both the woman and her child. Clear evidence of effectiveness and safety is required. We need definitive randomised, placebo controlled, clinical trials of a range of doses and administration routes for nicotine replacement in pregnancy.

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information across studies can be consolidated and translated into generalisable knowledge and practice more easily. Have they got it right?

The answer is both yes and no. The authors rightly say that this is work in progress and that improvements might be necessary. With this publication they aim to start a dialogue; they invite comments and feedback. Their decision to follow rigidly the 22 items of the CONSORT statement is a major limitation—this is not a case where one size fits all. Although I strongly endorse the suggestion that alternative ways, such as linked web pages, are needed to tackle fully the level of detail needed if an intervention is to be reproducible,1 I encourage a rethink and expansion to include named items relating to the development of interventions, and additional items for process and confounding variables. I would also redo item 8 (renamed assignment method), which attempts to capture the evaluation design used. This is the weakest part of the TREND statement, and it needs to be expanded to capture the whole range of evaluation designs; at present it is biased towards the evaluation of newly introduced interventions. I recommend an entry called evaluation design, including separate items for the two main dimensions:1 comparisons to be used (before and after, adopters vs non-adopters, intervention vs control and whether randomised or not,) and design of data collection (longitudinal, cross sectional, case-control).

However, this is an excellent and encouraging start and an important milestone in public health research. Having the TREND statement of agreed reporting standards for non-randomised designs increases their scientific credibility and draws attention to the scientific rigour involved in their conduct and design. It should challenge the prejudice that evaluation research is second rate and encourage more to do such research. We should look forward to its continuing development and evaluation.

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5 Black N. Why we need observational studies to evaluate the effectiveness of healthcare. BMJ 1996;312:1215-8.