Author(s): Date: 2018-06-20

Question: Should Regional vs. General anesthesia vs Regional vs. General anesthesia be used in Hip fractures geriatric patients (≥ 60 years old)?

Settings: Different anesthesia technique

Bibliography: Cochrane Database of Systematic Reviews

			Quality ass	essment	No of patients		Effect					
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Regional vs. General anesthesia	Regional vs. General anesthesia	Relative (95% CI)	Absolute	Quality	Importance
30-day	30-day mortality											
5		no serious risk of bias	serious ¹	no serious indirectness	no serious imprecision	strong association ² increased effect for RR ~1 ³	2073/25725 (8.1%)	1987/20336 (9.8%)	OR 0.96 (0.86 to 1.08)	4 fewer per 1000 (from 13 fewer to 7 more)	⊕⊕⊕O MODERATE	CRITICAL
								7.3%		3 fewer per 1000 (from 10 fewer to 5 more)		
30-day	30-day mortality											
1	randomised trials	serious ⁴	no serious inconsistency	no serious indirectness	no serious imprecision	none	1/28 (3.6%)	1/15 (6.7%)	OR 0.52 (0.03 to 8.93)	31 fewer per 1000 (from 65 fewer to 323 more)	⊕⊕⊕O MODERATE	IMPORTANT
								0%		-		
in-hosp	ital mortality	L								L		
5			no serious inconsistency	no serious indirectness	no serious imprecision	strong association ² increased effect for RR ~1 ³	2708/68993 (3.9%)	1916/64306 (3%)	OR 1.21 (1.14 to 1.28)	6 more per 1000 (from 4 more to 8 more)	⊕⊕⊕⊕ HIGH	CRITICAL
								2.1%		4 more per 1000 (from 3 more to 6 more)		

¹ The sample content varies greatly

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			Quality ass	essment			No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		Regional vs. General anesthesia	Relative (95% CI)	Absolute	Quality	Importance
pneumonia												
-		no serious risk of bias				strong association ¹	2107/32073 (6.6%)	1785/24638 (7.2%)			⊕⊕⊕O MODERATE	IMPORTANT
acute re	spiratory fail	ure					•					
-	observational studies	no serious risk of bias				increased effect for RR ~1 ²	877/52278 (1.7%)	336/52330 (0.6%)	OR 2.66 (2.34 to 3.02)		⊕⊕⊕O MODERATE	IMPORTANT
								0.6%		10 more per 1000 (from 8		

² this is a big sample

 $[\]overset{\circ}{\mathbf{3}}$ use the propensity score matching to reduce select bias

⁴ It's not clear what the random allocation is

										more to 12 more)		
acute ro	nal failure	l .	I	l	<u> </u>	<u> </u>			l		l	
4	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	111/59531 (0.2%)	70/54919 (0.1%)	OR 1.32 (0.98 to 1.79)	0 more per 1000 (from 0 fewer to 1 more)	⊕⊕OO LOW	IMPORTANT
								0.8%		3 more per 1000 (from 0 fewer to 6 more)		
heart fa		•					•		•			
	randomised trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none ²	4/28 (14.3%)	1/15 (6.7%)	OR 2.33 (0.24 to 23)		⊕⊕⊕O MODERATE	IMPORTANT
								0.6%		8 more per 1000 (from 5 fewer to 116 more)		
heart fa	iluro											
3	observational studies	no serious risk of bias ³	no serious inconsistency	no serious indirectness	no serious imprecision	none ²	1091/15091 (7.2%)	1317/15351 (8.6%)	OR 0.98 (0.85 to 1.13)	2 fewer per 1000 (from 12 fewer to 10 more)	⊕⊕OO LOW	IMPORTANT
								0.6%		0 fewer per 1000 (from 1 fewer to 1 more)		
DVE/PE										l		
2	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	388/16882 (2.3%)	179/9186 (1.9%)	OR 1.42 (0.84 to 2.38)	8 more per 1000 (from 3 fewer to 26 more)	⊕⊕OO LOW	IMPORTANT
								1.7%		7 more per 1000 (from 3 fewer to 23 more)		
postope	rative deliriu	m										
	observational studies	no serious risk of bias	serious ⁴	no serious indirectness	no serious imprecision	none	1571/6373 (24.7%)	1115/3297 (33.8%)	(0.16 to	97 more per 1000 (from 263 fewer to 539 more)		NOT IMPORTANT
								18.1%		69 more per 1000 (from 147 fewer to 574 more)		
cerebro	vascular acci	dent										
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	892/59464 (1.5%)	740/54801 (1.4%)	OR 1.08 (0.82 to 1.42)	1 more per 1000 (from 2 fewer to 6 more)	⊕⊕OO LOW	IMPORTANT
								0.9%		1 more per 1000 (from 2 fewer to 4 more)		
acute m	yocardial infa	arction	l	<u> </u>	<u> </u>	l			1	l .	<u> </u>	
5	observational studies	no	no serious inconsistency	no serious indirectness	no serious imprecision	increased effect for RR ~1 ²	1314/83978 (1.6%)	1323/76529 (1.7%)		1 more per 1000 (from 0	⊕⊕⊕O MODERATE	IMPORTANT

		risk of bias						fewer to 3 more)		
							1.9%	1 more per 1000 (from 0 fewer to 3 more)		
acute n	nyocardial infa									
1	randomised trials	serious ³		no serious imprecision	none ²	1/28 (3.6%)	1/15 (6.7%)	31 fewer per 1000 (from 65 fewer to 323 more)	⊕⊕⊕O MODERATE	IMPORTANT
							0.6%	3 fewer per 1000 (from 6 fewer to 45 more)		

¹ this is a big sample

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		No of patients		Effect								
No of studies	Design	Risk of bias	Quality ass		Imprecision	Other considerations		Regional vs. General anesthesia	, CI/	Absolute	Quality	Importance
length o	length of hospital stay (Better indicated by lower values)											
				no serious indirectness	l	increased effect for RR ~1 ¹	61164	64390	-	MD 0.6 lower (2.64 lower to 1.45 higher)	⊕⊕⊕O MODERATE	CRITICAL
readmis	sion											
				no serious indirectness		increased effect for RR ~1 ²	2842/17117 (16.6%)	1575/9259 (17%)	OR 1.09 (1.01 to 1.18)	13 more per 1000 (from 1 more to 25 more)	⊕⊕OO LOW	IMPORTANT
								20.1%		14 more per 1000 (from 2 more to 28 more)		

¹ use the propensity score matching to reduce select bias

 $[\]overset{\circ}{\text{2}}$ use the propensity score matching to reduce select bias

 $^{^{\}mbox{\scriptsize 3}}$ It's not clear what the random allocation is

⁴ There's a big sample difference

² use the prepensity score matching to reduce select bias