

## Background

- Reviewers invest considerable effort sorting all relevant publications into distinct studies within their reviews. Study-based registers can store and enhance these groupings
- Now, at least 12 CRGs also use study-based registers and maintain these within MeerKat, ProCite, Reference Manager or RefTrak (TSC survey 2005)

## This type of register

- Contains the same information as reference-based registers but links references reporting the same study
- Has the capacity to have references neatly grouped into studies

Already some study-based registers can supply fully linked data – i. references, ii. full text records of references, filed by study group, and iii. a study report with details of reviews in which this study already appears. Systems are evolving to include data seen within reviews in study search results

## Study coding

- Study-based registers store links to
  - references, and perhaps
  - reviewers, reviews, reports, full text records, and to
  - data describing the study – including RevMan data.
- This study coding is
  - conducted incrementally, and
  - stored in either
    - user defined fields of reference records (reference-based study register) or
    - unique study records which link to the related references (study-based register).

## Benefits I. For authors of reviews

- Hugely reduces duplication of effort
  - Search results show references grouped into studies. For example, studies with 10, 20, 30 or even 100 citations, already reliably grouped by study are supplied, pre-packaged, to the authors

### Bagadia 1981 (Study record)

**Design**  
CCT

**Reviews**  
Electroconvulsive therapy for schizophrenia  
Chlorpromazine versus placebo for schizophrenia

**Interventions**  
Chlorpromazine  
Electroconvulsive therapy  
Imipramine  
Placebos

**Participants**  
Adults

**Health care conditions**  
Depression  
Schizophrenia

**Method of allocation**  
Blinding - double

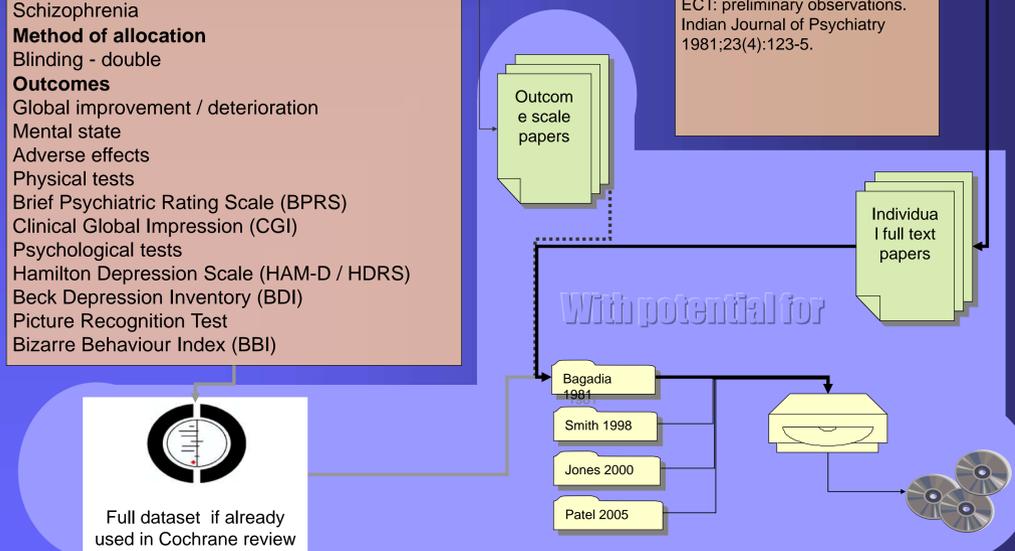
**Outcomes**  
Global improvement / deterioration  
Mental state  
Adverse effects  
Physical tests  
Brief Psychiatric Rating Scale (BPRS)  
Clinical Global Impression (CGI)  
Psychological tests  
Hamilton Depression Scale (HAM-D / HDRS)  
Beck Depression Inventory (BDI)  
Picture Recognition Test  
Bizarre Behaviour Index (BBI)

### References

Bagadia VN, Abhyankar RR, Doshi J, Pradhan PV, Shah LP. A double blind controlled study of ECT vs chlorpromazine in schizophrenia. Journal of the Association of Physicians of India 1983;31(10): 637-40.

Bagadia VN, Abhyankar RR, Doshi J, Pradhan PV, Shah LP. Re-evaluation of ECT in schizophrenia. Psychopharmacology Bulletin 1983;19(3):50-5.

Bagadia VN, Shah LP, Pradhan PV, Doshi J, Abhyankar RR. Evaluation of cognitive effects of ECT: preliminary observations. Indian Journal of Psychiatry 1981;23(4):123-5.



## Benefits II. For TSCs + Collaboration

- Hugely reduces duplication of effort
  - More efficient coding (for TSCs who code). Data are coded once per study, multiple reports are scanned for any further study data. In reference-based registers study coding is often repeated for each reference.
- Authors value TSCs for producing study searches
- Numbers of studies in a given area can be accurately assessed, rather than the number of references
- Efficient removal of references, once a non-RCT/CCT study is identified the study and linked reference records are removed together
- Planned and ongoing trials can be more easily tracked to full publication
- Organisation and linking of references to studies is consistent with RevMan

## Challenges

- For TSCs aiming to increase sophistication of information retrieval and supply
- For software designers working on RevMan and register softwares