Detailed Methods

Task Force Methods

For every topic selected by the Task Force, a topic working group is formed. This working group consists of two to five Task Force members who volunteer to join the working group (one of whom is selected as chair), a scientific research manager from the Public Health Agency of Canada and members from the Evidence Review and Synthesis Centre, as well as from partner organizations, if any such organizations are involved for the particular topic.

The topic working group develops the analytic framework and key questions, which define the scope and focus of the review and influence the associated workload. The Task Force as a whole and partner organizations (if applicable) review and approve these documents. The chair or co-chair of the working group then sends the analytical framework and key questions to the Evidence Review and Synthesis Centre and they begin the review.

The Evidence Review and Synthesis Centre and its clinical experts develop a protocol based on information received from the working group. The protocol contains information about the literature search, the analytic framework, the research questions (key and contextual), and the project schedule. The working group reviews and discusses the protocol and revises it if necessary.

The protocol is also sent to all members of the Task Force for approval and comment. The protocol is then peer reviewed by experts in the topic area and by stakeholder groups. If a partner organization is involved, that organization also reviews the protocol. Comments received from task force members, peer reviewers, stakeholder and partners (if applicable) are incorporated into the protocol. The final protocol is then approved first by the working group and then by the broader Task Force.

The Evidence Review and Synthesis Centre conducts a systematic review of the available evidence according to the final, approved protocol.

The draft systematic review is peer reviewed and reviewed by stakeholder groups and comments are incorporated. The systematic review is finalized once the members of the working group and the Task Force have reviewed and approved the revisions. Subsequently, the chair of the working group and the scientific research manager discuss potential recommendations and clinical considerations arising from the evidence. They then draft the recommendations and share them with the topic working group. Once the topic working group has approved the recommendations, they are then shared with the entire Task Force.

During a meeting of the Task Force, the Evidence Review and Synthesis Centre presents the findings of the systematic review, and the working group presents the draft recommendations. Members of the Task Force discuss the systematic review and recommendations and may propose changes to the wording of the recommendations. The Task Force votes on the draft recommendations. The timeline from approval of the protocol to presentation of the draft recommendations to the Task Force is usually 9 to 15 months.

Following the discussion and voting during a meeting of the Task Force, the chair of the topic working group revises the recommendations and shares the revised version with all members for the Task Force for approval. The approved statement of recommendations is then sent to external peer reviewers and to stakeholder reviewers for comments.

Comments provided by peer reviewers are shared with the topic working group who decide whether any changes are required. If substantial revisions are required or if the recommendations are controversial, the entire Task Force may be asked to review and discuss the comments. If no substantial revisions are required, the Task Force approves the final recommendations at its next meeting or by email if no meeting is scheduled. If substantial revisions are deemed necessary, the working group makes the changes and brings the recommendations back to the entire Task Force for approval. Details on Task Force methods have been described elsewhere[13].

Hypertension Screening Systematic Review

A search strategy was developed to identify the literature on screening for hypertension. The search was limited to English and French language literature published between 1985 and September 2011[19]. The search was performed in three bibliographic databases: Medline, EMBASE and EBM Cochrane Controlled Trials. Separate search strategies were used to incorporate the distinct subject headings employed in Medline and Cochrane Controlled Trials (MESH) and in EMBASE (Emtree).

The review focused on general population adults aged 18 years and older, including those with higher than average risk of hypertension, vascular risk and average baseline blood pressure. Eligible study designs included systematic reviews, randomized controlled trials and controlled clinical trials, experimental designs and observational designs with comparison groups and modelling studies. Studies of patient preferences and values could be any study design, including qualitative studies.

To be included in the evidence review studies had to be conducted in a primary care setting or in a setting supervised by a primary care practitioner. For key question one, eligible studies were required to follow patients for a minimum of one year. The systematic review that supports these recommendations is published on the Task Force's website.

The titles and abstracts were reviewed in duplicate by members of the synthesis team; any article marked for inclusion by either team member went on to full text rating. Full text inclusion, quality assessment, and data abstraction were done by two people. All disagreements were resolved through discussions. Data were abstracted by two people using a standard format. The exception to this process was studies related to the contextual questions of costs, patient preferences, subpopulations, and grey literature, for which abstraction was done by one person. More details on the methods used for the hypertension review can be found elsewhere.[21]

The Task Force workgroup independently developed the recommendation statements based on a detailed review of the evidence. In formulating recommendations, the workgroup considered both the benefits and harms associated with screening for high blood pressure, patient values and preferences, and the quality of the evidence. The strength of evidence was determined based on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system of rating quality of evidence.[30] Consensus by all workgroup members was obtained on the final recommendations.