A new format for plain language summaries: does it improve understanding, and is it useful and preferable?

A randomised controlled trial

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Nancy Santesso, Claire Glenton, Tamara Rader, Elin Strømme Nilsen, Lorenzo Moja, Jordi Pardo Pardo, Agustín Ciapponi, Holger Schünemann

# Initial concern for quality of plain language summaries

- Work for German Cochrane Centre 2004 (Falk-Ytter, 2004)
- Random sample of 243 plain language summaries

"A substantial number of synopses have errors and some do not have a sufficient quality for publication"

# Plain Language Summaries Opportunities Fund

Explore possibility of creating a Plain Language Summary format and template

- I. Redesign and feedback
- 2. User testing
- 3. RCT comparing Plain Language Summaries
- 4. User testing of template to create Plain Language Summaries

Across Cochrane entities

# User Testing of 3 different formats showed....

- A short version was not enough
  - approx 450 words
  - standard sentences about effect and the quality of the evidence,
  - no numbers
- People liked a table of the results
- People wanted more detailed information about the effect using numbers (e.g. number of people who improved)

#### The effect of Vitamin C on the common cold

Douglas RM, Hemilä H, Chalker E, Treacy B. Vitamin C for preventing and treating the common cold. Cochrane Database of Systematic Reviews 2007. Issue 3.

#### Plain Language Summary of a Cochrane Review

A review of the effect of vitamin C on the common cold was conducted by researchers in the <u>Cochrane</u> <u>Collaboration</u>. After searching for all relevant studies, they found 30 studies done by other researchers. Their findings are summarised below.

#### What is the common cold and why take Vitamin C?

Symptoms of the common cold are well-known and can include runny nose, sore throat, fever and headache. Most adults, who are at normal risk, will have two to three colds a year that last about 3 to 4 days. However, adults doing intense physical activity or working outside in sub-arctic conditions, as well as children, may be at high risk of colds and have colds that last about 6 days.

The common cold is caused by a virus and cannot be cured by antibiotics. Since it cannot be cured, much research has been done to find ways to prevent a cold or to reduce the symptoms. The effect of taking more vitamin C than what is recommended for a usual diet has been researched for over 60 years. Most countries recommend that adults have about 40 to 90 mg of vitamin C a day in their diet to be healthy.

The 30 studies in this review have tested taking Vitamin C supplements (usually pills) which provide about 1000 to 2000 mg (1 to 2 grams) a day — which is much more than the recommended doses. Vitamin C was either taken before a cold to prevent one and reduce symptoms, or as soon as the cold started to reduce the symptoms.

#### What the research says

Not all research provides the same quality of evidence. The higher the quality, the more certain we are about what will happen. Below we describe what will happen when taking vitamin C. The words will (high quality evidence), probably (moderate quality evidence) or may (low quality evidence) describe different levels of how certain we are about what will happen. The word slightly means that there is a small effect.

#### Taking 1 to 2 grams of vitamin C per day for about 12 weeks to prevent a cold In people at normal risk, vitamin C

- will not decrease the chance of catching a cold
  - · will decrease how long a cold lasts by a few hours
- · will not lead to side effects

#### In people at high risk, vitamin C

- may decrease the chance of catching a cold
- · probably decreases how long the cold lasts by a few hours
- will not lead to side effects

#### Taking 1 to 2 grams of vitamin C per day as soon as a cold starts

probably will not decrease how long the cold lasts

The effect of mega-doses of Vitamin C, such as 4 to 8 grams per day, is not known.

#### What happens to people who take vitamin C

\*The numbers in brackets show the range where the actual effect may be

This table calculates what happens to people using the best estimates from research. Numbers have been provided where possible.

What happens	Not taking Vitamin C	Taking Vitamin C (1 to 2 g per day)	Quality of evidence
Will decrease how long the cold lasts if vitamin C taken before the cold	People at normal risk		
	The cold lasts 84 hours or 3 ½ days	The cold lasts 7 fewer hours (3 to 11 fewer hours)*	⊕⊕⊕O Moderate
Probably decreases how long the cold lasts if vitamin C taken C before the cold	People at high risk		
	The cold lasts 134 hours or 6 days	The cold lasts 19 fewer hours (8 to 30 fewer hours)	⊕⊕⊕O Moderate
Probably will not decrease how long the cold lasts if vitamin C taken as soon as the cold starts	The cold lasts 84 hours or 3 ½ days	The cold lasts 2 fewer hours (9 fewer to 4 more hours)	⊕⊕⊕⊜ Moderate
Will not decrease the chance of catching a cold	People at normal risk		
	50 per 100 people	49 per 100 people (48 to 50 per 100)	— ⊕⊕⊕⊕ High
May decrease the chance of catching a cold	People at high risk		****
	70 per 100 people	35 per 100 people (27 to 48 per 100)	— ⊕⊕⊖⊝ Low
Will not lead to side effects	6 per 100 people	6 per 100 people	⊕⊕⊕⊜ Moderate

### Wanted to test.....

- Is it really better than what we have now?
- Isn't too long?
- Surely people would prefer a short summary?
- Does the table really improve their understanding?
- Do you need a PhD to understand this?

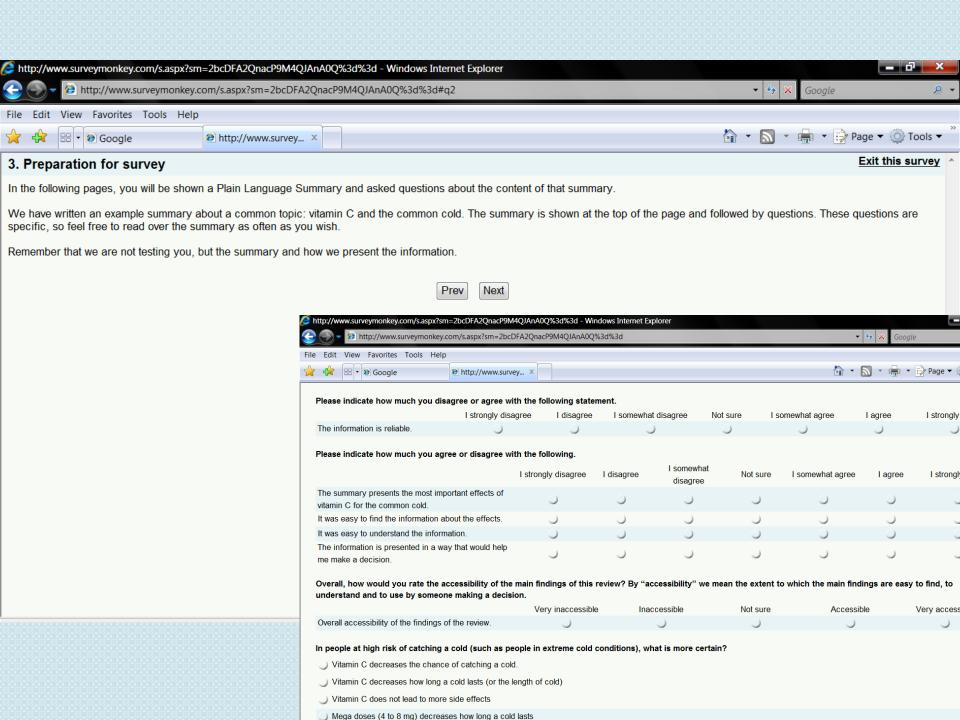
### Randomised Controlled Trial

- 2 groups:
  - Old format
  - New format
- Literature suggests a 40% difference in understanding between groups
- Needed at least 32 people in each group
- Convenience sample from each Cochrane entity
  - Canada, Norway, Spain, Argentina and Italy

### Randomised Controlled Trial

- Block randomisation
- 191 people randomised to new or old format
- 143 completed the study

	English	Non-English	Total
New summary	41	33	74
Old summary	38	31	69
TOTALS	79	64	143





#### PLAIN LANGUAGE SUMMARY

Vitamin C for preventing and treating the common cold

The term 'the common cold' does not denote a precisely defined disease, yet the characteristics of this illness are familiar to most people. It is a major cause of visits to a doctor in Western countries and of absenteeism from work and school. It is usually caused by respiratory viruses for which antibiotics are useless. Other potential treatment options are of substantial public health interest.

Since vitamin C was isolated in the 1930s it has been proposed for respiratory infections, and became particularly popular in the 1970s for the common cold when (Nobel Prize winner) Linus Pauling drew conclusions from earlier placebo-controlled trials of large dose vitamin C on the incidence of colds. New trials were undertaken.

This review is restricted to placebo-controlled trials testing at least 0.2 g per day of vitamin C. Thirty trials involving 11,350 participants suggest that regular ingestion of vitamin C has no effect on common cold incidence in the ordinary population. It reduced the duration and severity of common cold symptoms slightly, although the magnitude of the effect was so small its clinical usefulness is doubtful. Nevertheless, in six trials with participants exposed to short periods of extreme physical or cold stress or both (including marathon runners and skiers) vitamin C reduced the common cold risk by half.

Trials of high doses of vitamin C administered therapeutically (starting after the onset of symptoms), showed no consistent effect on either duration or severity of symptoms. However, there were only a few therapeutic trials and their quality was variable. One large trial reported equivocal benefit from an 8 g therapeutic dose at the onset of symptoms, and two trials using five-day supplementation reported benefit. More therapeutic trials are necessary to settle the question, especially in children who have not entered these trials.

- Edited slightly to include similar background information
- Results exact wording of the author

### What did we measure?

### Understanding

- What results from the systematic review would we want people to understand?
  - Magnitude of effects
  - Certainty of the results

### Accessibility

- Is it reliable information?
- Easy to understand?

#### Preference

n people at high risk of catching a cold (such as peopl	e in extreme cold	
conditions), what is more certain?		
Vitamin C decreases the chance of catching a cold.		
Vitamin C decreases how long a cold lasts (or the length of cold)		
Vitamin C does not lead to more side effects		
Mega doses (4 to 8 mg) decreases how long a cold lasts		
All of the above are just as certain		
n an ordinary population (such as people at normal ris	will vitamin C	
lecrease the chance of catching a cold?	ok) wiii vitaliilii C	
-	How many people at normal risk (such as in an ordinary population) will	
it will not	catch a cold if they take vitamin C?	
it may not	5 per 100 people or around that number	
it probably will not	10 per 100 people or around that number	
it will	35 per 100 people or around that number	
it may	49 per 100 people or around that number	
	70 or more per 100 people or around that number	
	When people take 8 grams or high doses of vitamin C as soon as a cold	
	starts,	
	they will probably see a benefit	
	they will see a benefit	
	they will not see a benefit	
	they will probably not see a benefit	
	the benefits are not known	
	In people at normal risk of catching a cold (or in an ordinary population), how many fewer hours will their cold last if they took vitamin C regularly before the cold even started?	
	2 fewer hours or around that much	
	7 fewer hours or around that much	
	15 fewer hours or around that much	
	19 fewer hours or around that much	
	24 fewer hours or around that much	

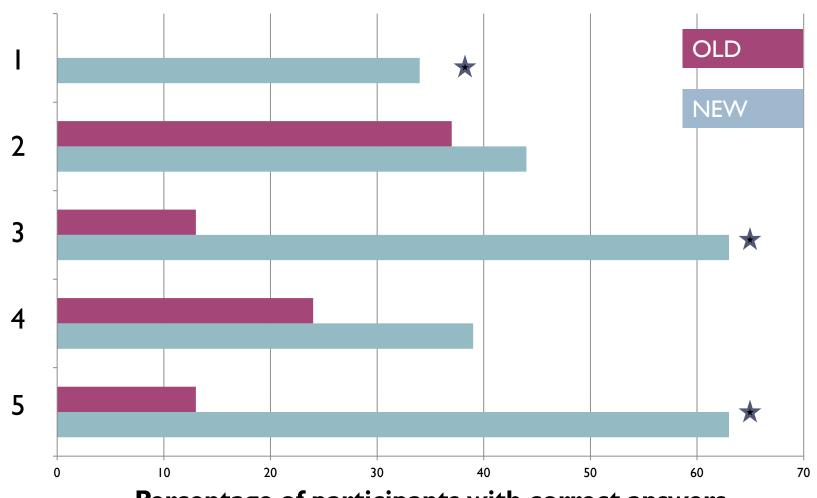
## **Participants**

	OLD FORMAT	NEW FORMAT
Male/Female (%)	87/13	85/15
Age (median)	36 to 45	26 to 35
Education		
High school	45	39
College	13	32
University	44	39
Seeking health information on the Internet	Once per month	Once per month

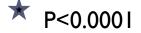
## Accessibility

- Significantly more people indicated that the new format
  - Was reliable
  - Presented the important effects
  - Was easy to find information about effects
  - Presented information in a way that would help with decision making
- No significant difference in "easy to understand" (p=0.55)
  - New Format 78% easy to understand
  - Old Format
     84% easy to understand

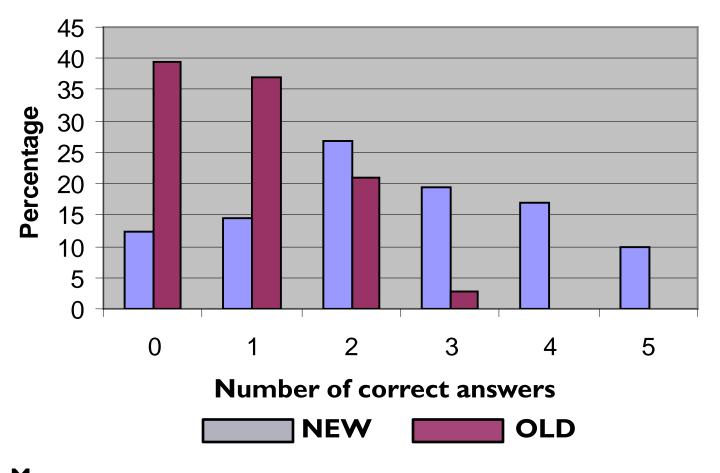
## Understanding by question



Percentage of participants with correct answers



# Overall number of correct answers (out of 5 questions)



Mean
NEW FORMAT 2.3
OLD FORMAT 0.9
significantly different pvalue <0.0001

### Preference of New or Old format

- More people preferred the new version
- People tended to choose the second format they were given



## English and Non-English participants

#### Similar results

Mean number of correct answers

	English only	English and Non- English
New Format	2.3	2.6
Old Format	0.9	0.9
P value	<0.0001	<0.0001

Preference for second format was also found

### Some limitations

- Did we ask the right questions? Was the wording understood?
- Was the electronic format of the questionnaire cumbersome?
- Is vitamin C really of interest to people?
- What was the degree of engagement

### What now?

- Some evidence that doing something right with this new format
- Should provide something different than what providing now
- Potential to test in people who need to make a health care related decision with a summary of interest (testing in different reviews)
- How to fit within the Cochrane review format?
- Separate patient information ?cochrane.org?
- Test the 'how to' guide for writing plain language summaries'