

How to create Cochrane blogshots

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This document, developed by Sarah Chapman and Selena Ryan-Vig at Cochrane UK, explains how to create blogshots, using the Cochrane branded PowerPoint template. It can be used in conjunction with a brief summary document here (<http://bit.ly/2Z2qdkj>).

Blogshots are a way of sharing the key messages of a Cochrane Review in an image that can be shared on social media, like an infographic. This guidance is intended for use by anyone producing Cochrane blogshots of intervention reviews. The intention is to evaluate this format and potentially adapt it for sharing the results of other types of Cochrane Reviews.

This is not a rigid step-by-step guide, largely because Cochrane Reviews are not uniform products, varying, for example, in the language used to report findings. As such, there may be a need for judgement and discretion at various points in the production of a blogshot. However, blogshots should comply with Cochrane standards for the conduct and reporting of Cochrane Reviews: <https://community.cochrane.org/mecir-manual>

To create a blogshot, you will need:

- An understanding of [GRADE](#) and an ability to interpret Summary of findings (SoF) tables.
- Sufficient time to carefully read the abstract, Plain Language Summary, SoF tables and, if required, elsewhere in the review for clarification.
- Time to review the draft blogshot with a colleague, for quality assurance, particularly if the blogshot producer has any questions or uncertainties about any aspect of the blogshot or review. This might be someone from your Group, Network or relevant Field. If you are external to the Review Group, consider communicating with them while making the blogshot and ensure you share the completed blogshot with them.

Deciding whether a review is appropriate for sharing as a blogshot

Read the abstract, Plain Language Summary and SoF in order to consider:

- Are the review findings of interest to your target audience(s)?
- Does the review have a Summary of findings table? Cochrane UK only shares reviews that have at least one SoF, as this enables blogshots to be made quickly and accurately.
- Are there key findings that can be shared *accurately* within the limited space available? Reviews with multiple comparisons and/or outcomes may be unsuitable for sharing as a blogshot, particularly if the certainty of the evidence varies for the different outcomes. Alternatively, it might be helpful to consider two or three important findings that your audience might want to know about.
- Are there inconsistencies between the abstract, Plain Language Summary and/or SoF that would make the message in the blogshot discrepant with the message from the review?
If so, you may decide not to share the review as a blogshot. Consider contacting the review group to let them know.
- You may wish to share empty reviews (with no included studies) to highlight an evidence gap.

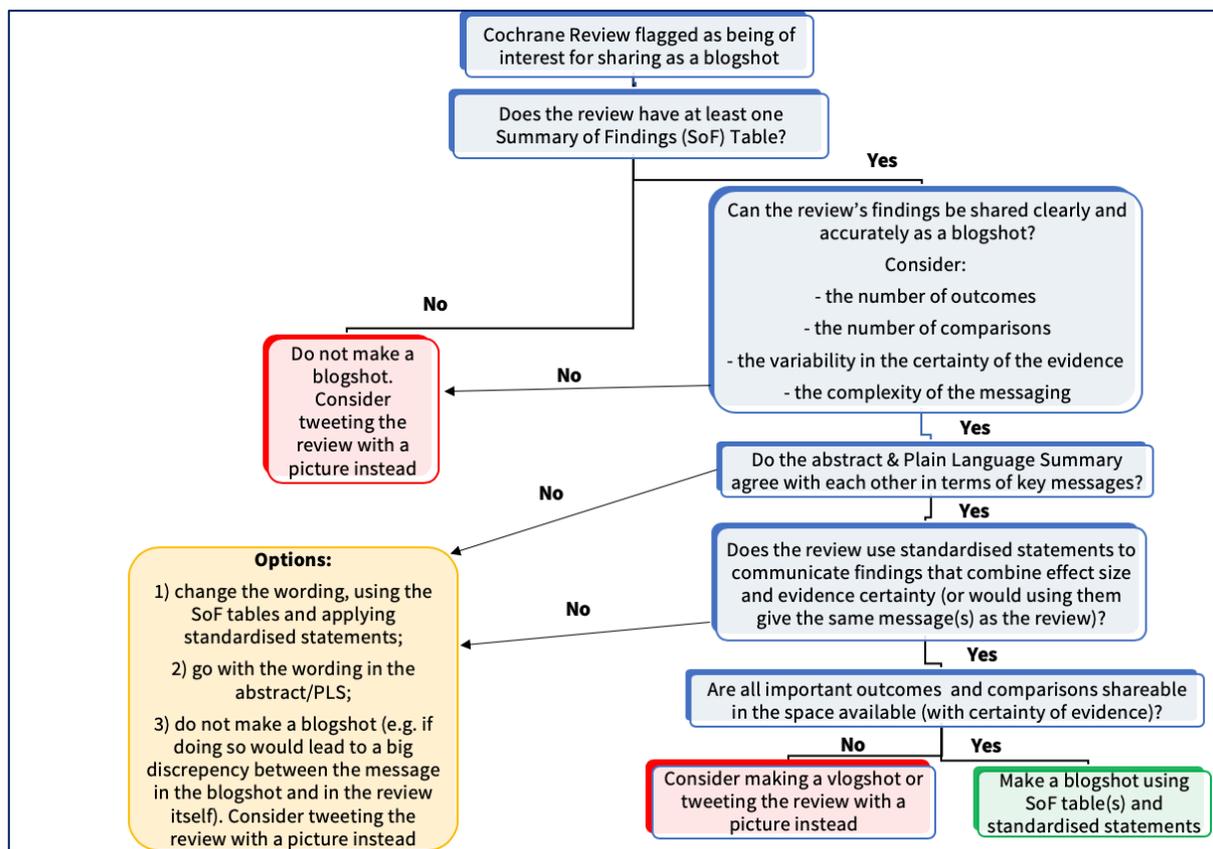


Figure 1. Process for deciding whether a review is suitable for sharing as a blogshot

How to start making your blogshot

- Find the PowerPoint slide template with your entity's colour here: <https://community.cochrane.org/organizational-info/resources/resources-groups/brand-resources/cochrane-community-brand-resources>
- Open the template and Save as a .ppt or .pptx

Please note: the blogshot templates have been approved by the Cochrane Editorial Team, this includes, icons, headings and layout. It is important that you follow the template. If you have any questions, please contact Sabrina Khamissa, skhamissa@cochrane.org Cochrane's Events and Brand Support Officer.

How to add your logo

- Delete the example logo and paste in your group's landscape logo, making sure there is enough white space around it.
- Re-align the logo so that it appears top left, in line with the title text box.
- If needed, repeat these steps for second and third logos. Be careful of logo size and make sure there is white space between each logo. You may need to shrink the title text or move it below the logos, in order to keep all logos in a line along the top.

Choosing and inserting an image

Cochrane has access to stock photos that can be used for Cochrane products for free. These can be accessed here: <https://community.cochrane.org/organizational-info/resources/resources-groups/brand-resources/cochrane-community-brand-resources#cochranestockphotos>

Images you use should adhere to [Cochrane Brand Guidelines](#), >, avoid triggers (such as images of smoking or tobacco/tobacco-related items), and should be:

- accurate (e.g. the correct medical equipment is shown, being used correctly)
- relevant
- respectful (e.g. avoid exaggerated facial expressions)

Replace the image on the template with one relating to the topic. To do so:

- select the box where the image will sit.
- go to Insert – Photo – Picture from file... and choose the image you would like to add.
- crop the image to fit the space, without distorting it. It should extend from the top to the bottom of the PowerPoint slide.
- right click on the image and select ‘send to back’ to ensure the image appears behind the forest plot. Do not distort the forest plot.

Example

In the example below, the image is respectful and realistic. It appears behind the forest plot, it has not been distorted, and it extends from the top to the bottom of the slide.

Cochrane UK Cognitive behavioural therapy (CBT) for adults and adolescents with asthma

First section of text

Second section of text

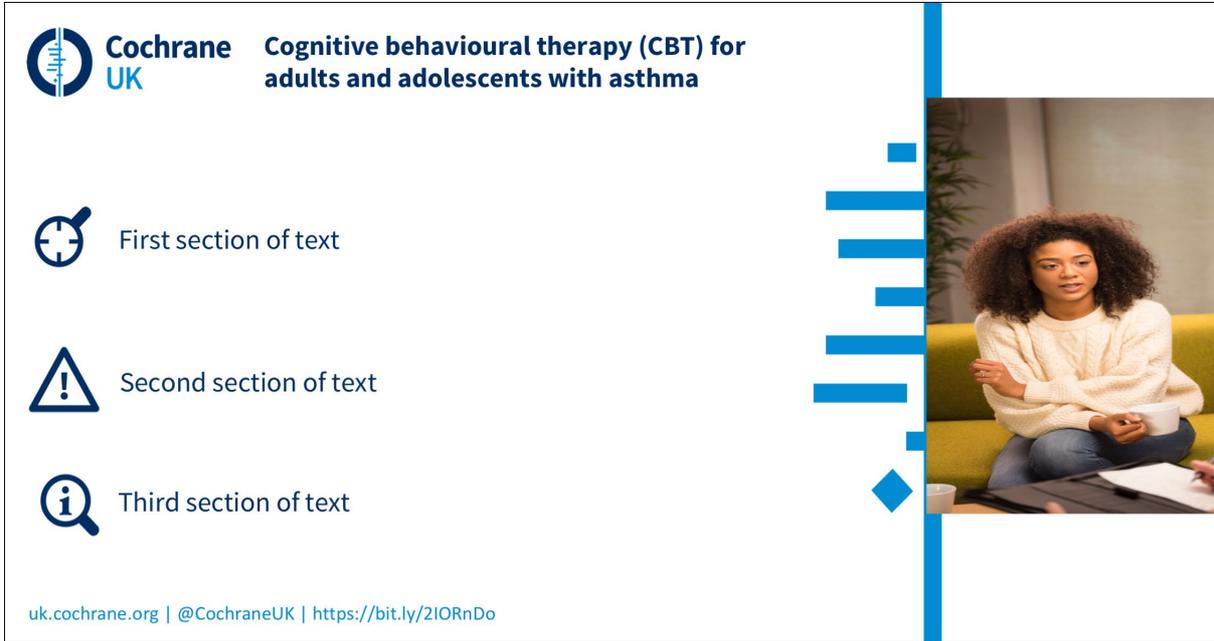
Third section of text

uk.cochrane.org | @CochraneUK | <https://bit.ly/2IORnDo>

Things to avoid when adding images

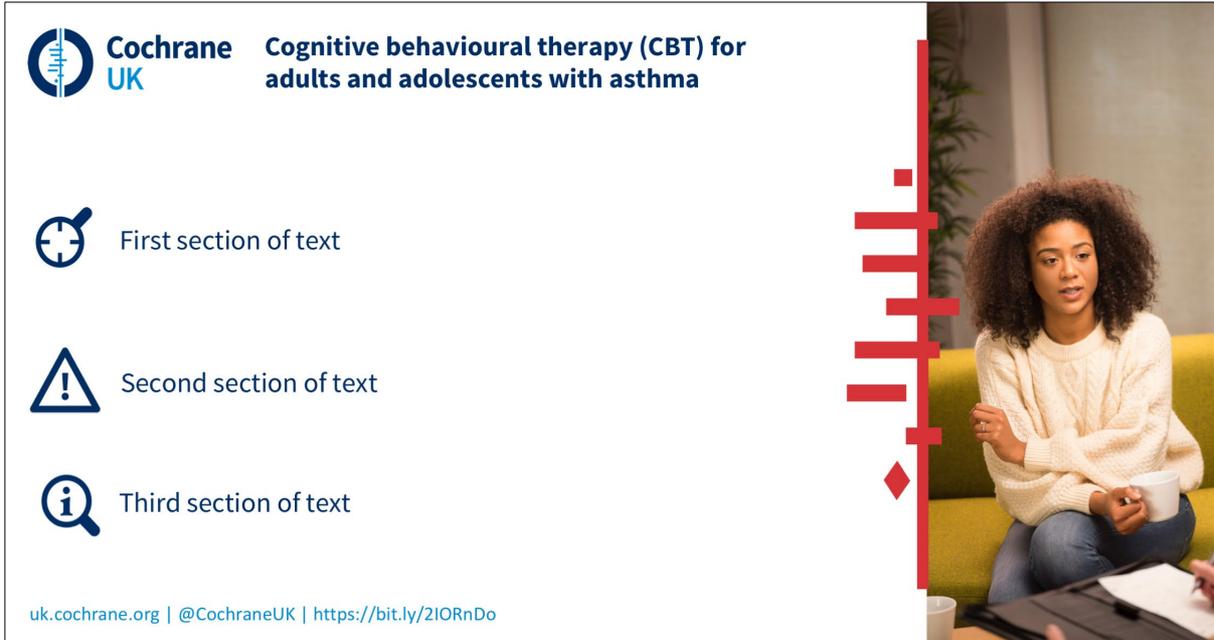
Example 1

In the example below, the image is distorted and does not fill the space available. The forest plot appears behind the image.



Example 2

In the below example, the forest plot has been distorted, does not extend to the full height of the PowerPoint slide. It is also in the wrong colour. Use graphics only in your entity's colour.



Example 3

In the below example, the forest plot and image do not extend to the top of the PowerPoint slide. The image is not respectful, authentic or clinically accurate. The background colour has been changed from the template, which should be avoided.

Cochrane UK Cognitive behavioural therapy (CBT) for adults and adolescents with asthma

First section of text

Second section of text

Third section of text

uk.cochrane.org | @CochraneUK | https://bit.ly/XXXXX

Example 4

In the below example, an image appears behind the text, which makes text difficult to read.

Cochrane UK Cognitive behavioural therapy (CBT) for adults and adolescents with asthma

First section of text

Second section of text

Third section of text

uk.cochrane.org | @CochraneUK | bit.ly/XXXXX

Adding text

Consider your audience

Tailor the language you use to talk about interventions, medical conditions and outcomes for the main target audience for your blog. For example, ‘fetal macrosomia’ in a blogshot for midwives could be changed to ‘babies who are very large’ in one targetting pregnant women. The Plain Language Summary will often provide a good alternative. A technical term could be accompanied by a plain language explanation in brackets.

Font style and size

All text should be in Source Sans Pro font. If Source Sans Pro is not available, use Arial. The slides have been designed with a fixed text area for maximum visibility for the audience. Font should be no smaller than 44. If you find there is not enough space for all of your text, it may not be appropriate to create a blogshot.

Title

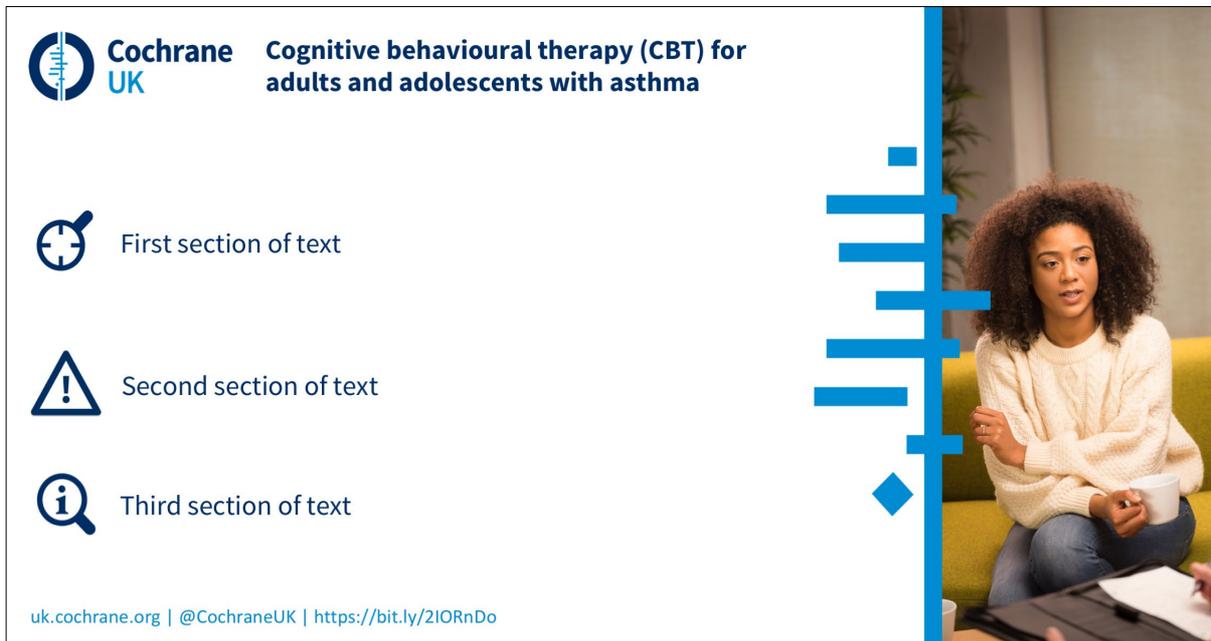
In the ‘Blogshot title’ textbox, add either the title of the Cochrane Review or the Plain Language Summary title, in bold. Place the title centrally at the top of the slide, with a white background and not on top of an image. You may need to shrink the title text or move it below the logos, in order to keep all logos in a line along the top.

Website, Twitter handle and link to the Review

In the bottom left hand corner, add your entity’s website and Twitter handle and a shortened link to the full Cochrane Review. Although users cannot click on this link, it is important to include it so that the Cochrane Review the blogshot is based on can always be identified. <https://bit.ly> is a free website that will shorten your links, to save space. Copy and paste the created short link into your blogshot. Do not include any other information, such as hashtags.

Example

The example below shows the title centrally aligned, with sufficient space around the Cochrane UK logo in the top left corner. The Cochrane UK website, Twitter handle and a bit.ly link to the Cochrane Review appear in the bottom left. No other hashtags appear.



Adding information from the review

There should be three sections of text, each centrally aligned next to three separate icons.

To extract the following information from the review, refer to the Summary of findings table(s), the abstract and the Plain Language Summary of the review. You may also need to refer to other parts of the full review to check or clarify information. Where there is a press release associated with a particular review, check that your blogshot is consistent with the wording in this. See Appendix 1 for information on interpreting Summary of findings tables.

In each section you should:

- Use plain language. Although, depending on your intended audience, you may wish to use medical terminology.
- Keep the message succinct and the wording consistent.
- Never make treatment recommendations.
- Avoid acronyms or ensure they are written in full at least once.

First section of text

This section is centrally aligned next to the first magnifying glass icon. It should contain the key findings, with information about the PICO (Population; Intervention; Comparator(s); Outcomes) and the certainty of the evidence.

- Report on all important outcomes. What is considered ‘important’ may require some judgement, although be aware to avoid ‘spin’, for example by presenting findings in a more positive way than the actual results reflect or down-playing harms.
- After each outcome, state the certainty of the evidence in brackets e.g. (moderate-certainty evidence), using consistent wording.
- If you are able to combine outcomes in one sentence because they are of the same certainty evidence, state this in brackets at the end of the sentence e.g. (all low-certainty evidence).
- Consider reporting effects using standardised statements in plain language, using similar words for similar combinations of the importance of the effect and the certainty of the evidence. For example:
https://epoc.cochrane.org/sites/epoc.cochrane.org/files/public/uploads/Resource_s-for-authors2017/how_to_report_the_effects_of_an_intervention.pdf
 and:
https://www.cochrane.no/sites/cochrane.no/files/public/uploads/how_to_write_a_cochrane_pls_12th_february_2019.pdf
- At the end of the first section, in red font and capital letters, write EVIDENCE GAP in the following scenarios:
 - the evidence for all outcomes is very low-certainty
 - the review is empty (no eligible studies found)

Template: first section of text

Cochrane UK **Title of Cochrane Review OR plain language summary title**

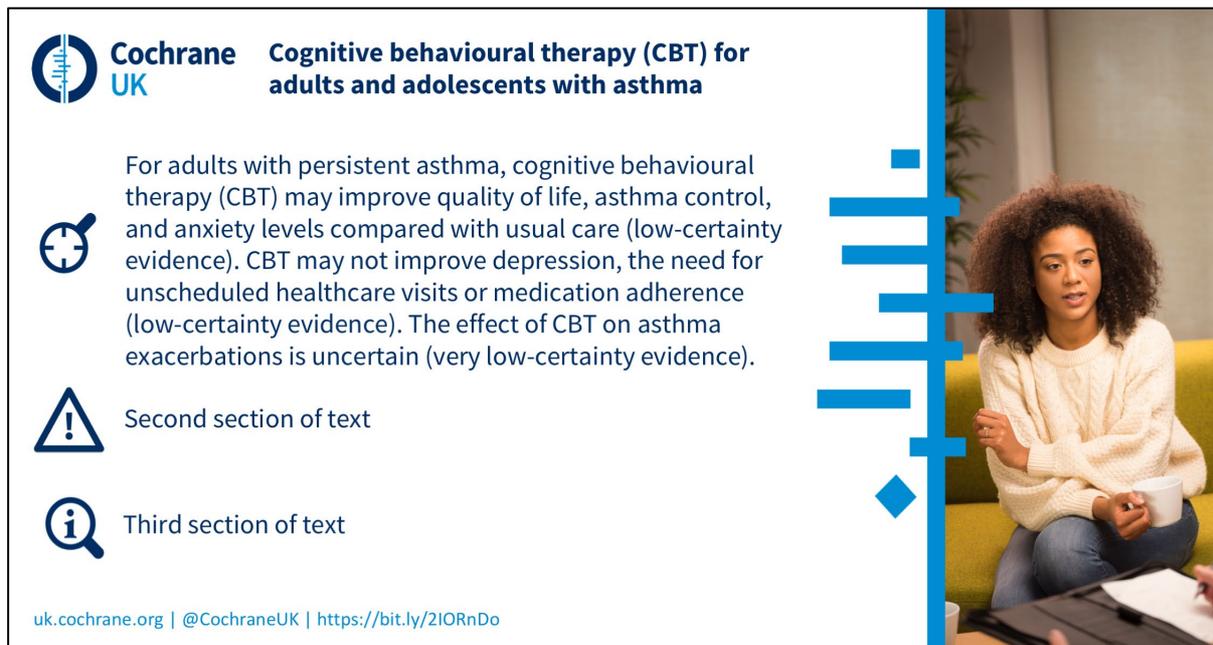
For POPULATION with CONDITION, INTERVENTION reduces OUTCOME A when compared with COMPARATOR (high-certainty evidence). It probably reduces OUTCOME B (moderate-certainty evidence). It may result in a slight reduction in OUTCOME C (low-certainty evidence). The evidence is very uncertain about the effect of INTERVENTION on OUTCOME D (very low-certainty evidence).

Second section of text

Third section of text

uk.cochrane.org | @CochraneUK | <https://bit.ly/XXXX>

Example: first section of text



Cochrane UK **Cognitive behavioural therapy (CBT) for adults and adolescents with asthma**

For adults with persistent asthma, cognitive behavioural therapy (CBT) may improve quality of life, asthma control, and anxiety levels compared with usual care (low-certainty evidence). CBT may not improve depression, the need for unscheduled healthcare visits or medication adherence (low-certainty evidence). The effect of CBT on asthma exacerbations is uncertain (very low-certainty evidence).

Second section of text

Third section of text

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/2IORnDo>

Second section of text

This section is centrally aligned next to the second icon (the exclamation mark within the triangle). It should contain information about adverse effects and the certainty of the evidence. This section is useful for most reviews, where decision makers are being informed about both intended and unintended effects. For some reviews, such as where unintended effects are the focus, it may be appropriate to omit this section.

- State information about adverse effects, as outlined in the Summary of findings table(s), followed by the certainty of the evidence in brackets.
- As in the first section of text, consider using standardised statements.
- If no, or insufficient, data are available on adverse effects, state: “There was no/not enough information about harms”.

Template: second section of text

Cochrane UK **Title of Cochrane Review OR plain language summary title**

 First section of text

 **INTERVENTION may increase/may make little or no difference to THE RISK OF ADVERSE EFFECTS (low-certainty evidence).**

 Third section of text

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/XXXX>

Example: second section of text

Cochrane UK **Cognitive behavioural therapy (CBT) for adults and adolescents with asthma**

 First section of text

 **The effect of CBT on asthma exacerbations is uncertain (very low-certainty evidence).**

 Third section of text

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/2IORnDo>

Third section of text

This section is centrally aligned next to the final magnifying glass icon. It should contain key information about the review as described below.

- Begin by stating ‘Cochrane Review’ and give the month and year of publication.
- Then state the number of included studies, the number of participants and basic population information. Use the term ‘studies’ rather than ‘trials’ or ‘RCTs’ as it is more accurate and likely to be more easily understood.
- Then state the intervention and the comparator(s). In the case of multiple comparators, you could group them rather than listing them all individually e.g. ‘comparing a variety of antiseptic solutions with each other or with no intervention’ rather than ‘comparing solution A, solution B, solution C etc.’
- You may wish to add information you judge would be helpful and relevant. For example, if there were multiple interventions but most of the data refers to one particular type of intervention; information about the setting of the studies (e.g. LMIC vs. UMIC); if no data were available on an important subgroup (e.g. children or adolescents). Other important contextual information may include the severity of the health condition or other population details.

Template: third section of text



**Cochrane
UK**

**Title of Cochrane Review OR plain language
summary title**



First section of text



Second section of text



Cochrane Review (published May 2019); X studies with X participants comparing INTERVENTION with COMPARATOR. (OPTIONAL ADDITIONAL INFORMATION ABOUT THE POPULATION, INTERVENTION OR COMPARATOR e.g. if no data were available on an important subgroup or outcome, such as adverse effects).

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/XXXX>



Example: third section of text



 **Cochrane UK** **Cognitive behavioural therapy (CBT) for adults and adolescents with asthma**

 First section of text

 Second section of text

 Cochrane Review (published September 2016); nine studies with 407 participants comparing CBT with usual care. None of the studies included adolescents under 18 years of age.

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/21ORnDo>

In the example above, it was considered important to add that none of the studies included adolescents, given that the review aimed to look at adults and adolescents.

Full blogshot template



 **Cochrane UK** **Title of Cochrane Review OR plain language summary title**

 For POPULATION with CONDITION, INTERVENTION improves/does not improve OUTCOME A compared with COMPARATOR (high certainty evidence). It probably improves/does not improve OUTCOME B (moderate-certainty evidence). It may/may not improve OUTCOME C (low-certainty evidence). The effect of INTERVENTION on OUTCOME D is uncertain (very low-certainty evidence).

 INTERVENTION may increase/may make little or no difference to THE RISK OF ADVERSE EFFECTS (low-certainty evidence).

 Cochrane Review (published month year); X studies with X participants comparing INTERVENTION with COMPARATOR. (OPTIONAL ADDITIONAL INFORMATION ABOUT THE POPULATION, INTERVENTION OR COMPARATOR e.g. if no data were available on an important subgroup or outcome, such as adverse effects).

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/XXXX>

Full worked example of a blogshot

Cochrane UK **Cognitive behavioural therapy (CBT) for adults and adolescents with asthma**

For adults with persistent asthma, cognitive behavioural therapy (CBT) may improve quality of life, asthma control, and anxiety levels compared with usual care (low-certainty evidence). CBT may not improve depression, the need for unscheduled healthcare visits or medication adherence (low-certainty evidence).

The effect of CBT on asthma exacerbations is uncertain (very low-certainty evidence).

Cochrane Review (published September 2016); nine studies with 407 participants comparing CBT with usual care. None of the studies included adolescents under 18 years of age.

uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/2IORnDo>

Things to avoid

Example 1

Cochrane UK **Cognitive behavioural therapy (CBT) for adults and adolescents with asthma**

For adults with persistent asthma, cognitive behavioural therapy (CBT) may improve quality of life, asthma control, and anxiety levels compared with usual care (low-certainty evidence). CBT may not improve depression, the need for unscheduled healthcare visits or medication adherence (low-certainty evidence).

The effect of CBT on asthma exacerbations is uncertain (very low-certainty evidence).

Cochrane Review; nine studies with 407 participants comparing CBT with usual care. None of the studies included adolescents under 18 years of age.

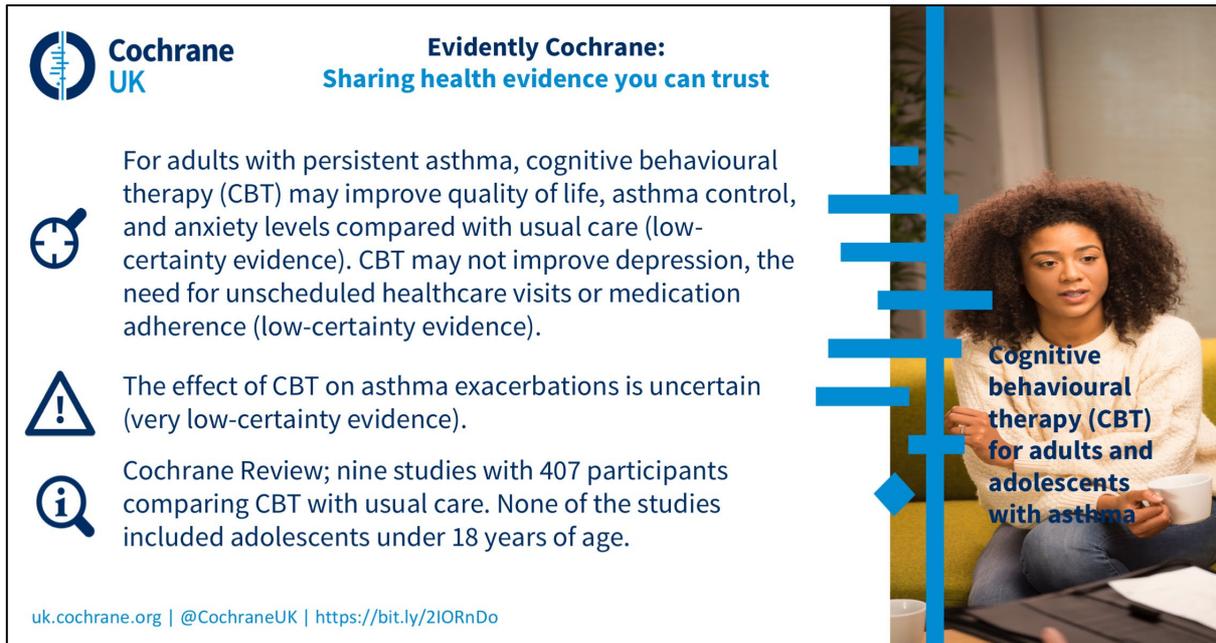
uk.cochrane.org | [@CochraneUK](https://twitter.com/CochraneUK) | <https://bit.ly/2IORnDo>

New review published

The above example has the following issues:

- Distorted forest plot
- Distorted image
- ‘New review published’ (top right) is unnecessary because this is potentially meaningless to users, becomes quickly out-of-date and blogshots should always refer to the current version of the review.

Example 2



Cochrane UK **Evidently Cochrane: Sharing health evidence you can trust**

- For adults with persistent asthma, cognitive behavioural therapy (CBT) may improve quality of life, asthma control, and anxiety levels compared with usual care (low-certainty evidence). CBT may not improve depression, the need for unscheduled healthcare visits or medication adherence (low-certainty evidence).
- The effect of CBT on asthma exacerbations is uncertain (very low-certainty evidence).
- Cochrane Review; nine studies with 407 participants comparing CBT with usual care. None of the studies included adolescents under 18 years of age.

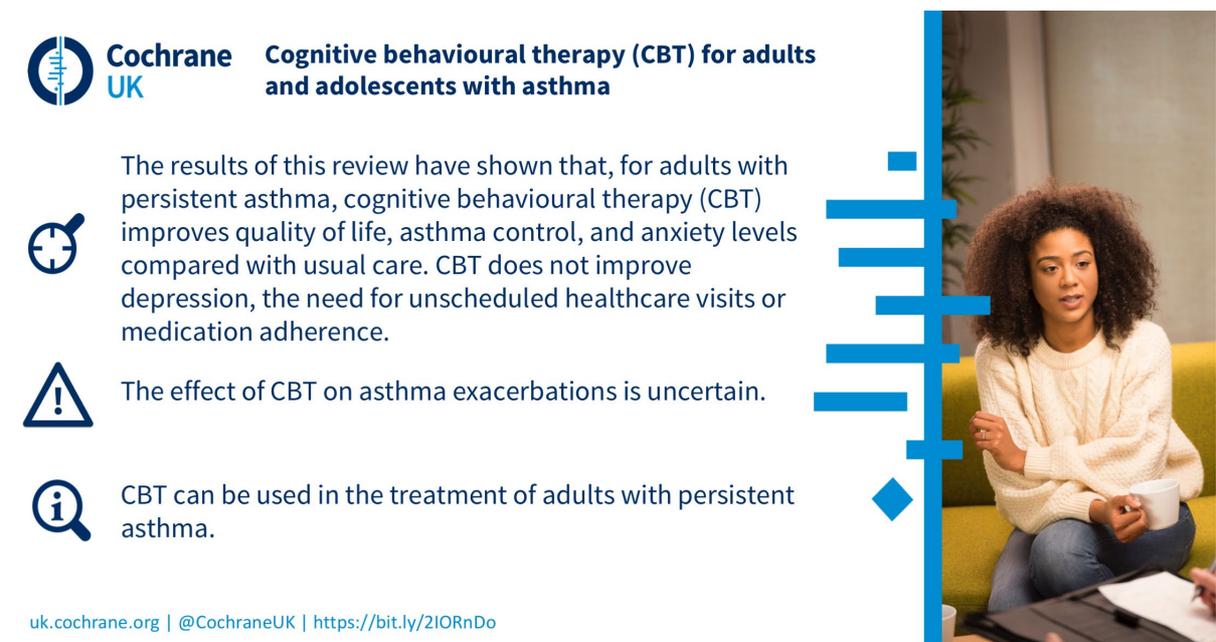
uk.cochrane.org | @CochraneUK | <https://bit.ly/2IORnDo>

Cognitive behavioural therapy (CBT) for adults and adolescents with asthma

The above example has the following issues:

- The image extends beyond the right-hand edge of the forest plot
- Text appears over an image, which is difficult to read. Instead, the title of the review should be placed in the centre of the white space above the text (where 'Evidently Cochrane' appears).

Example 3



Cochrane UK **Cognitive behavioural therapy (CBT) for adults and adolescents with asthma**

- The results of this review have shown that, for adults with persistent asthma, cognitive behavioural therapy (CBT) improves quality of life, asthma control, and anxiety levels compared with usual care. CBT does not improve depression, the need for unscheduled healthcare visits or medication adherence.
- The effect of CBT on asthma exacerbations is uncertain.
- CBT can be used in the treatment of adults with persistent asthma.

uk.cochrane.org | @CochraneUK | <https://bit.ly/2IORnDo>

The above example has the following issues:

- In the first section of text, the phrase 'The results of this review have shown that' is unnecessary. Aim to keep the wording succinct.

- In the first and second sections of text, the certainty of evidence for each outcome is unclear. For example, referring to the Summary of findings table for this review tells us that, for all of all of the outcomes listed in the first section of text, the evidence is low-certainty. As such, the text should read: ‘CBT **may** improve quality of life, asthma control, and anxiety levels compared with usual care (**low-certainty evidence**). CBT **may not** improve depression, the need for unscheduled healthcare visits or medication adherence (**low-certainty evidence**)’.
- In the third section of text, no information about the number of included studies or participants is presented.
- In the third section of text, there is a treatment recommendation. This should be avoided.
- The certainty of evidence for each outcome is unclear. For example, referring to the Summary of findings table for this review tells us that, for all of all of the outcomes listed in the first section of text, the evidence is low-certainty. As such, the text should read: ‘CBT **may** improve quality of life, asthma control, and anxiety levels compared with usual care (**low-certainty evidence**). CBT **may not** improve depression, the need for unscheduled healthcare visits or medication adherence (**low-certainty evidence**)’.

Example 4

Cochrane UK Cognitive behavioural therapy (CBT) for adults and adolescents with asthma

i Background information to the review e.g. asthma is a common problem. There is debate about whether cognitive behavioural therapy (CBT) is useful.

+ Nine RCTs with 407 participants were included. Trials compared CBT with usual care. Quality of the evidence for outcomes was low to very low, and subject to bias. Future research needs to address the evidence gap.

Website | @Twitter handle |

The above example has a number of issues:

Missing information:

- In the first section, no findings are presented for any of the outcomes
- No information is presented about harms
- The final section of text should begin by stating ‘Cochrane Review’
- There is no bit.ly link to the Cochrane Review in the bottom left corner

Extraneous information:

- In order to focus on the key messages of the review, background information or context to the review does not need to be included
- The comment about bias and the need for further research is not needed

Other issues:

- The font size varies
- The use of the terms RCTs and trials should be avoided, instead use 'studies'
- Use of background colour should be avoided
- The forest plot and image have been distorted and do not extend to the top
- The image is not respectful, authentic or clinically accurate
- The colour of one of the icons has been manipulated

Saving and archiving the blogshot

It is helpful for the blogshot to be stored centrally so that it is easy for other Cochrane groups to adapt, translate and disseminate for their own audiences and to avoid duplication of effort. There is a shared [Dropbox for Cochrane Dissemination Products](#) where all blogshots can be stored and viewed.

If you are creating a blogshot you will need editing access for this Dropbox folder. Please contact khead@cochrane.org for details.

The blogshot should be saved as an image (PNG or JPEG) for sharing publicly and as a PowerPoint file to allow for future editing. These should be saved along with the photo used for the blogshot in the shared [Dropbox for Cochrane Dissemination Products](#). Further information about using the Dropbox can be found [here](#).

- Within the 'blogshot folder' there will be a folder for each of the Cochrane Review Groups.
- Within the Review Group folder which has authored the review, you need to find or make a folder for the blogshot files with the accession (CD) number and review title.
- The blogshot and photo should be put into the folder for the specific review in the folder named after the Review Group.
- Within that folder, the blogshot is saved as an image, using *File > Export > PNG or JPEG > 'save current slide'*.
- In order to assist searching the blogshot, label the files with the CD number (do not leave a space between 'CD' and the numbers and make sure you include all '0'), and 'blogshot'. You may also wish to add a brief description, review group, language (if not English) and date.

Sharing the blogshot

Send the Dropbox link to the blogshot, along with a suggested tweet for dissemination, to:

- Muriah Umoquit mumoquit@cochrane.org, Cochrane's Communications and Analytics Officer, for inclusion in the weekly Comms Digest
- The Managing Editor of the Review Group who have authored the review

You can share the blogshots on Twitter (and other social media platforms you may use) as an image. The accompanying text should always include the bit.ly link to the Cochrane Review. Tag the relevant Review Group in the tweet.

Sharing pre-made blogshots

You are welcome to share pre-made blogshots. Use the [Dropbox folder](#) to find blogshots that you would like to use. If labelled correctly you should be able to search for the 'CD number' and/or 'blogshot' to show relevant files.

How to use:

- Right click on the image to download
- Share on social media
- Attach the blogshot as an image alongside your social media message
- Make sure to copy the bit.ly link in the blogshot image, into your message alongside the blogshot. This means people can click through to the review
- Tag the relevant Cochrane entities that made the blogshot and produced the review

Updating the blogshot

- When the review for a blogshot is updated, you will need to update the blogshot to reflect the latest findings. You will also need to make a new bit.ly link which directs to the most up-to-date version of the review.
- Save the updated version in the Shared [Cochrane Dissemination Products](#) Dropbox as a PowerPoint file (for future editing) and as an image (jpeg) in a folder for the group producing the review, replacing the old version. The date the blogshot was created (month and year) is updated in the title of the files saved in the Dropbox.
- Blogshots are translated by various entities. You should alert the Cochrane Translations Coordinator (Juliane Ried: juliane.ried@cochrane.org) that there may be translated versions of a blogshot that also need to be updated.
- You may decide that an existing blogshot is not suitable for updating. In which case you withdraw the existing blogshot and notify relevant colleagues and the Translations Coordinator.

Translating blogshots

Detailed instructions on how to translate blogshots are available here:

<https://documentation.cochrane.org/display/TH/How+to+translate+and+disseminate+blogshots>

In summary, to translate a blogshot:

- Email Sabrina Khamissa (skhamissa@cochrane.org) to request a branded template with your Cochrane colours and logo. e.g. Cochrane Brazil would use the green blogshot template as their secondary colour is green.

- Translate the main body of the blogshot, copy the images, and add it both to your template.
- Please attribute the Group who has produced the blogshot e.g. "This is a translated Cochrane UK blogshot" (following the Creative Commons Attribution-NoDerivatives 4.0 International License) in small text at the bottom of the blogshot.
- Save the .pptx file as a .jpeg or .png file.
- Share on social media as described above and send the blogshot, along with a suggested tweet for dissemination, to:
 - The Managing Editor of the Review Group who have authored the review

Evaluating impact

- Keep a record of all the blogshots you produce, enabling you to identify when existing blogshots need updating.
- To monitor the impact of blogshots, you can track metrics such as:
 - Twitter impressions; engagement rate; retweets; likes; replies; number of URL clicks.

Acknowledgements

We are grateful to the following Cochrane colleagues for their help: Karen Head for her comments on the whole document; Chiara Arienti, Bert Avau, Francesca Gimigliano, Eugenie Johnson, Anne Littlewood and Caitlin O'Connell for trying out the guidance and providing feedback; Claire Glenton, Toby Lasserson and Nancy Santesso for advice on standardised statements and reporting effects; Muriah Umoquit for advice on blogshot storage; Juliane Ried for help with the translations section; Emma Carter for help with formatting the document.

Appendix 1: Interpreting a Summary of findings (SoF) table

The below shows part of a Summary of findings table for the review ‘[Cognitive behavioural therapy \(CBT\) for adults and adolescents with asthma](#)’. For illustration, only one outcome ‘asthma-related quality of life’ is highlighted, but we would repeat the process below to report on all outcomes.

Summary of findings						
Summary of findings for the main comparison. Cognitive behavioural therapy versus usual care						Open in table viewer
Cognitive behavioural therapy (CBT) for adults and adolescents with asthma						
Patient or population: <u>adults and adolescents with asthma</u> Setting: outpatient care Intervention: <u>CBT</u> Comparison: <u>usual care</u> (some variation in control group definitions among studies such as "no treatment", "waiting list")						
The weighted mean outcome assessment was taken at 3.3 months (range 1.2 to 12 months).						
Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Quality of the evidence (GRADE)	Comments
	Risk with usual care**	Risk with CBT				
Asthma-related quality of life (AQLQ) 1 to 7 scale (higher scores better)	The mean change in AQLQ score in the usual care group was 0.53 .	The mean AQLQ score in the intervention group was 0.55 better (0.17 better to 0.93 better).	-	214 (6 RCTs)	⊕⊕⊕⊕ LOW ^{1,2}	Benefit of CBT over usual care The MCID on the AQLQ is 0.5 units.

In creating a blotsheet, we would extract the following information.

“For (PATIENT OR POPULATION), (INTERVENTION) (QUALIFIER DEPENDING ON THE CERTAINTY (GRADE) OF THE EVIDENCE) improves/does not improve OUTCOME compared with COMPARISON”.

For the outcome ‘asthma-related quality of life’, we can see that there was a benefit of the intervention (cognitive behavioural therapy) over the comparator (usual care) and that the certainty of the evidence (GRADE) is low. As such, we would write:

“For adults and adolescents with asthma, cognitive behavioural therapy (CBT) may improve asthma-related quality of life compared with usual care”.

In this case, we have used the qualifier ‘may’ because the certainty of the evidence (GRADE) is low.