A overview of systematic reviews about patients' values and preferences with AMSTAR II

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Background: Nowadays, there are more and more systematic reviews (SRs) published to measure the patients' values and preferences in different areas of diseases, but the the methodological quality varied and unclear. The AMSTAR II (A MeaSurement Tool to Assess systematic Reviews II) checklist consisting of 16 items can assist decision makers in the identification of high quality systematic reviews, including those based on randomised or non-randomised studies of healthcare interventions, or both.

Objective: We conducted a overview to evaluate the methodological quality of the systematic reviews about patients' values and preferences during the development of clinical practice guidelines.

Methods: We included SRs of patient values and preferences until July 2017 by searching the Cochrane Library, MEDLINE, Embase, Chinese Biomedical Database (CBM), China National Knowledge Infrastructure (CNKI) and the Wanfang Database . Two authors independently selected studies, extracted data, and evaluated the methodological quality of about patients' values and preferences using the AMSTAR II.

Results: Fifty-seven SRs involving a total of 1355 studies were included in this overview. The results of AMSTAR II showed that the lowest quality was "a list of a list of excluded studies item" with only one (1.8%, 1/57) study provided, followed by the "use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review" item with only six (10.5%, 6/57) studies conforming to this item, the next were "authors account for RoB in individual studies

when interpreting/discussing the results of the review" item, with only nine (15.8%, 9/57) studies conforming to these items. Item 3 (authors perform study selection in duplicate) and item 16 (the review authors report any potential sources of conflict of interest were reported conducted with 36 (63.2%, 36/57), indicating inadequate methodological quality.

Conclusions: SRs of variable quality showed the methodological quality of the included SRs about patients' preferences was not high, the more higher methodological quality of SRs about patients' preferences are needed.

Patient or healthcare consumer involvement: Patients' data were involved.