

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Budget Estimates 2018 - 2019, 29 & 30 May 2018**

**Ref No:** SQ18-000695

**OUTCOME:** 1 - Health System Policy, Design and Innovation

**Topic:** Homeopathy Review

**Type of Question:** Written Question on Notice

**Senator:** Stirling Griff

**Question:**

Regarding the 176 trials that were identified in the Homeopathy Review:

- a) How many of these trials had less than 150 participants and accordingly, were considered to not “warrant further consideration of their findings”?
- b) How many of these trials were not rated 5/5 on the Jadad (or equivalent in other quality rating scales) and accordingly, were considered to not “warrant further consideration of their findings”?
- c) What methodological and/or other expert peer review feedback did NHMRC receive regarding the criterion that the findings of the trials not rated 5/5 on the Jadad (or equivalent in other quality rating scales) were ‘unreliable’? Where is this feedback reported?

**Answer:**

a) Regardless of the number of participants, all studies were considered when describing the body of evidence on homeopathy. In considering the precision of the evidence, which relates to the number of participants in individual studies and as a whole, studies that had less than 150 participants were considered to be small, thus lowering the level of confidence rating assigned to the body of evidence for that particular condition. The level of confidence in the evidence was then reflected in the concluding evidence statement about the effectiveness of homeopathy for that particular condition.

Of the 176 studies identified, 156 had less than 150 participants.

b) 135 of the 156 studies were rated with a Jadad score (or equivalent) of less than 5/5.

Regardless of the number of participants, all studies were considered when describing the body of evidence on homeopathy. In considering the quality of the evidence, a Jadad score <5 (or equivalent) could indicate serious or very serious bias. This limitation in the confidence in the reliability of the evidence was reflected in drafting a final conclusion on the effectiveness of homeopathy for that particular condition. Therefore the reviewer used their judgement to assign a level of confidence to reflect these concerns about the quality of the evidence.

c) The Australasian Cochrane Centre (ACC) provided a methodological review of the draft Overview Report and noted limitations with the use of quality scales to estimate an ‘overall risk of bias’. However, it acknowledged that the Overview authors were restricted by the information provided in the systematic reviews and, as such, any approach to categorising the ‘quality’ of the trials needed to work within these parameters. To address this, ACC recommended discussion of the limitations of this approach. This information was incorporated in the final Overview Report as well as NHMRC’s Homeopathy Information Paper (2015). Although the ACC emphasised the importance of addressing these points to enhance transparency and facilitate interpretation of NHMRC’s findings, it noted that addressing these points was unlikely to alter the overall conclusions arising from the Overview because the evidence base consisted primarily of small studies of poor quality.

Professor Alan Bensoussan provided expert review of a draft version of the Information Paper. He commented that there was an inter-rater reliability issue with the use of quality rating scales and stated that the NHMRC Report should address this issue more explicitly. To address this comment more detail was provided in Appendix C of the Overview Report and the Information Paper to outline how the quality of the studies in the review was rated. This provided greater clarity on the decision-making process.

A summary of the expert reviewer comments and the Homeopathy Working Committee’s responses are available on the NHMRC website.