

What this says is that for published studies:

-57% need updating (are outmoded) within 5.5 years

-23% in 2 years

-15% in 1 year and

-7% were out-of-date by the time they were published

The hubris of us all !!!

23% within 1: Ann Intern Med. 2007 Aug 21;147(4):224-33. Epub 2007 Jul 16.
Links

Comment in:

[Ann Intern Med. 2007 Aug 21;147\(4\):273-4.](#)

How quickly do systematic reviews go out of date? A survival analysis.

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BACKGROUND: Systematic reviews are often advocated as the best source of evidence to guide clinical decisions and health care policy, yet we know little about the extent to which they require updating. **OBJECTIVE:** To estimate the average time to changes in evidence that are sufficiently important to warrant updating systematic reviews. **DESIGN:** Survival analysis of 100 quantitative systematic reviews. **Sample:** Systematic reviews published from 1995 to 2005 and indexed in ACP Journal Club. Eligible reviews evaluated a specific drug or class of drug, device, or procedure and included only randomized or quasi-

randomized, controlled trials. MEASUREMENTS: Quantitative signals for updating were changes in statistical significance or relative changes in effect magnitude of at least 50% involving 1 of the primary outcomes of the original systematic review or any mortality outcome. Qualitative signals included substantial differences in characterizations of effectiveness, new information about harm, and caveats about the previously reported findings that would affect clinical decision making. RESULTS: The cohort of 100 systematic reviews included a median of 13 studies and 2663 participants per review. A qualitative or quantitative signal for updating occurred for 57% of reviews (95% CI, 47% to 67%). Median duration of survival free of a signal for updating was 5.5 years (CI, 4.6 to 7.6 years). However, a signal occurred within 2 years for 23% of reviews and within 1 year for 15%. In 7%, a signal had already occurred at the time of publication. Only 4% of reviews had a signal within 1 year of the end of the reported search period; 11% had a signal within 2 years of the search. Shorter survival was associated with cardiovascular topics (hazard ratio, 2.70 [CI, 1.36 to 5.34]) and heterogeneity in the original review (hazard ratio, 2.15 [CI, 1.12 to 4.11]). LIMITATION: Judgments of the need for updating were made without involving content experts. CONCLUSION: In a cohort of high-quality systematic reviews directly relevant to clinical practice, signals for updating occurred frequently and within a relatively short time.

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