

Aug 18, 2022

Scoping Review Protocol

DOI

dx.doi.org/10.17504/protocols.io.yxmvmndzng3p/v1

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Protocol Citation: natalie.riblet, Sara Matsunaga, Brian Shiner, Paula P Schnurr, Bradley V Watts 2022. Scoping Review Protocol. protocols.io https://dx.doi.org/10.17504/protocols.io.yxmvmndzng3p/v1

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Protocol status: Working

We use this protocol and it's working

Created: August 18, 2022



Last Modified: August 18, 2022

Protocol Integer ID: 68860

Keywords: scoping review, scale, risk of death, suicide

Funders Acknowledgements: VA CSR&D CDA Program Grant ID: MHBC-007-19F

Disclaimer

This protocol is specifically designed to address our research question. The views expressed in this protocol do not necessarily represent the views of the Department of Veterans Affairs or of the United States government.

Abstract

Clinician- and patient-administered instruments are frequently used to assess risk of death by suicide. There has been limited review of the ability of these scales to assess change in risk over time. We plan to perform a scoping review to describe the available evidence reporting on the sensitivity to change of scales to detect risk of death by suicide.

Troubleshooting



General Information

- 1 **Title:** Are suicide risk scales sensitive to change? A scoping review protocol
- 2 Authors: Riblet N, Matsunaga S, Shiner B, Schnurr PP, Watts BV

Background

3 Clinician- or self-administered instruments are frequently used in clinical and research settings to assist providers and researchers to identify patients at risk for suicide. There has been limited review, however, of the role of these instruments in monitoring suicide risk over time. Specifically, it is unclear to what degree if any these scales are sensitive to change based on both internal responsiveness as well as external responsiveness. It is also unclear the methods researchers are using to determine sensitivity to change of available scales.

Research Question

We will perform a scoping review to describe the available evidence on the sensitivity to change of scales to detect risk of suicide.

Methods

Selection of included scales: In a prior review paper by Riblet et al (in press), the authors identified 38 scales that were designed to detect risk of suicide and have been cross-sectionally tested to determine their association with death by suicide. Based on these findings, we will preform a scoping review of existing studies on the sensitivity to change of these 38 scales.

Data sources and searches: We will search Medline and EMBASE from inception through March 17, 2022. We will use the Boolean terms "AND" to find the intersection between the theme of scales to detect risk of death by suicide, suicide risk, and sensitivity to change as well as between the theme of scales to detect risk of death by suicide and test-retest reliability. We will apply no limits to our search. We will supplement this primary search by searching the scales by name in Medline and Embase and performing a reference review of included studies and prior reviews.



Inclusion Criteria: We will include randomized controlled trials (RCTs), pooled analysis, quasi-experimental studies, and cohort studies that administered a scale to a person two or more times.

Outcomes:

Primary Outcome: Our primary outcome is the sensitivity to change of suicide risk scales. This may be measured using approaches that assess internal responsiveness and/or external responsiveness of scales.

Secondary Outcome: Our secondary outcome is the test-retest reliability. This can be calculated in a number of ways though we will preferentially report on Intraclass Correlation Coefficients (ICC) if provided. We will also require that reliability test was completed within a two-week period.

Data Extraction: One reviewer will perform an initial title and abstract screen of all possibly relevant studies. Two reviewers will then perform in duplicate and independently a full-text review of articles that were not excluded at the title/abstract stage. Any discrepancies will be resolved by involving a third reviewer. For those studies that meet inclusion criteria, two reviewers will apply a standardized data collection form in duplicate and independently to these articles. The data collection form will gather information such as study characteristics and outcomes. Discrepancies will be resolved through consensus. If consensus cannot be reached a third reviewer will make a final determination.

Data Synthesis and Analysis: We will first examine each of the 38 eligible scales to determine whether the scale includes any items that are potentially modifiable. For those scales that include modifiable items, we will then describe the results of studies that assessed the sensitivity to change or test-retest reliability of the scale.