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Systematic Reviews of Systematic Reviews and Meta-Analyses Including Use of the DLQI

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We use this protocol and it's working

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Abstract

There are a substantial number of published systematic reviews and meta-analyses on the use of the Dermatology Life Quality Index (DLQI). Of the 3,776 results found in PubMed by searching for "DLQI" or "dermatology life quality index" (filtered for "systematic review" or "meta-analysis"), 142 are categorised as systematic reviews, and 89 as meta-analyses. Likewise, searching Ovid-EMBASE found 9804 results for the DLQI, of which 532 are tagged as systematic reviews and 310 meta-analyses. Searching SCOPUS found 6607 results with 417 systematic reviews and 265 meta-analyses (all searches 24/10/24). Although the DLQI is the most widely used outcome measure internationally in dermatology, there is currently no source of information to give current and future users of the DLQI structured access to reviewed studies and meta-analyses.

Guidelines

Systematic reviews (along with meta-analyses) provide the highest level of evidence to inform evidence-based practice. "Systematic reviews are designed to synthesize information from multiple studies and provide conclusions about the effectiveness, efficacy, or validity of an intervention or treatment and can help medical professionals apply current research to patient care." They provide the "gold standard" of evidence that drives our evidence-based medical systems nationally and globally. There is now a significant body of systematic reviews and meta-analyses published in peer-reviewed journals pertaining to the use of the DLQI in clinical trials, routine clinical practice, and validation of other quality of life/patient-reported outcome measures, but it has yet to be synthesised and reported in an easy-to-access manner.

Materials

Electronic databases will be searched from 1 January 1994 (DLQI creation) to present. Electronic databases used will be MEDLINE (Ovid), EMBASE (Ovid), Scopus and CINAHL(EBSCO).



Header

- 1 **Review title:** Systematic reviews of systematic reviews and meta-analyses including use of the DLQI
- 2 Anticipated or actual start date. 01/02/2025
- 3 Anticipated completion date. 01/10/2025
- 4 Stage of review at time of this submission. The review has not yet started
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- 12 Conflicts of interest. Andrew Y Finlay is joint copyright owner of the DLQI. Cardiff University receives royalties from some use of the DLQI: AYF receives a proportion of these under standard university policy. Jeffrey Johns' department receives income from royalties from the DLQI and related instruments.
- 13 Collaborators. None

Main body

- 14 Review question.
There are a substantial number of published systematic reviews and meta-analyses on the use of the Dermatology Life Quality Index (DLQI). Of the 3,776 results found in PubMed by searching for "DLQI" or "dermatology life quality index" (filtered for "systematic review" or "meta-analysis", 142 are categorised as systematic reviews, and 89 as meta-analyses. Likewise, searching Ovid-EMBASE found 9804 results for the DLQI, of which 532 are tagged as systematic reviews and 310 meta-analyses. Searching SCOPUS found 6607 results with 417 systematic reviews and 265 meta-analyses (all searches 24/10/24). Although the DLQI is the most widely used outcome measure internationally in dermatology, there is currently no source of information to give current and future users of the DLQI structured access to reviewed studies and meta-analyses.

Searches

- 15 Electronic databases will be searched from 1 January 1994 (DLQI creation) to present. Electronic databases used will be MEDLINE (Ovid), EMBASE (Ovid), Scopus and CINAHL(EBSCO).
The search is to be comprehensive, systematic and well documented. Scripts will be written for the searches so that they can be easily replicated.

Condition or Domain Being Studied

- 16 Any inflammatory and non-inflammatory dermatological conditions.

Participants/Population

- 17 Inclusion criteria: Any adult, gender, ethnicity, settings, countries.
Exclusion: Studies of subjects under 18 years of age.

Intervention(s), Exposure(s)

- 18 Any drug, therapeutic intervention or alternative medicines e.g. acupuncture, fire needle, Chinese traditional (herbal) medicine, Ayurvedic, educational and lifestyle interventions.

Comparator(s)/Control

- 19 Comparator will depend on the study design.

Types of Articles to be Included/Excluded

- 20 Types of Articles to be Included: The review will be limited to original research articles in peer-reviewed journals published in English. Studies included must specifically focus on the use of the DLQI.
Types of Articles Excluded: 'Grey' literature including dissertations, conference abstracts, reports, editorials, pre-prints, commentaries, reviews, conference proceedings, and dissertations.

Context

- 21 Systematic reviews (along with meta-analyses) provide the highest level of evidence to inform evidence-based practice (<https://oxford-review.com/evidence-based-practice-essential-guide/>).
"Systematic reviews are designed to synthesize information from multiple studies and provide conclusions about the effectiveness, efficacy, or validity of an intervention or treatment and can help medical professionals apply current research to patient care" (Hardi et al. Mo Med. 2014 Sep-Oct; 111(5): 416–418.). They provide the "gold standard" of evidence that drives our evidenced based medical systems nationally and globally (<https://www.nice.org.uk/process/pmg20/chapter/reviewing-evidence#identifying-and-selecting-relevant-evidence>).

There is now a significant body of systematic reviews and meta-analyses published in peer-reviewed journals pertaining to the use of the DLQI in clinical trials, routine clinical practice, and validation of other quality of life/patient reported outcome measures, but it has yet to be synthesised and reported in an easy to access manner.

Main Outcome(s)

- 22 This systematic review will bring together into one published article, a snapshot summary of all the systematic review and meta-analysis peer-reviewed publications. This is not a systematic review, as it is not examining interventions or treatment, but will follow the rigorous methodology of systematic reviews. The published review will categorise included studies into tables under useful headings e.g. diseases, treatments etc. to provide a rich source of information for researchers, clinicians and any other interested parties. It will also provide information on the topic of the reviews, number of studies included in the reviews, disease severity/activity if relevant, types of study designs/trial types included in the reviews, whether the review is specifically national or multinational (number of countries), the role of the DLQI in the selected studies, issues investigated e.g. treatment efficacy, safety, treatment tolerability, quality of life, drug survival (tolerability window), treatment outcomes, drug dosage cost-effectiveness etc., and how risk of bias analysis was performed and reported.

Data Extraction (Selection and Coding)

- 23 Selection of studies: Two authors will independently select studies (systematic reviews or meta-analyses) from a compiled Endnote database of studies recovered from online bibliographic database searches, based on inclusion/exclusion criteria from the titles/abstracts of the studies, also using full texts if necessary. Reasons for exclusion of studies will be recorded and counts for inclusions/exclusions will be recorded in a PRISMA 2020 flowchart.

Data extraction and management: The authors will extract data (based on the main outcomes of the review (specified in the Outcome section above) from full texts of studies that meet the inclusion criteria, to a bespoke REDCap database (a secure web application for building and managing online surveys and databases that will also code data), following the guidance of Higgins & Deeks (editors) Chapter 5: Collecting data: Cochrane Handbook for Systematic Reviews of Interventions version 6.2 Cochrane, 2021. Missing data will be noted in the data templates. Study investigators will contact authors for unreported data/additional details if deemed sufficiently important. A third author will resolve any disagreements in study selection or data extraction.

The main data extracted from each study will be:

- bibliographic reference
- systematic review or meta-analysis or both
- topic of the systematic review/meta-analyses e.g. specific disease(s), treatments,
- aim of the study
- number of studies included in the review
- the disease(s) being reviewed

- dermatological specific disease or non-dermatological conditions
- disease severity/activity
- drugs or treatment(s) being reviewed
- types of study designs/trial types included in the review
- review is specifically national or multinational (number of countries)
- role of the DLQI in the selected studies
- issues investigated e.g. treatment efficacy, safety, treatment tolerability, quality of life, drug survival tolerability window), treatment outcomes, drug dosage cost-effectiveness etc.
- review was conducted by a well-recognised, leading research group
- was risk of bias analysis performed and reported (if relevant) and method used.

Risk of Bias (Quality) Assessment

- 24 The study does not lend itself to analysis of risk of bias between studies, as they are incomparable. Risk of bias analysis reported within the individual studies will be recorded and reported. Summary analysis of risk of bias reported will be conducted by systematic review topic category e.g. reviews of randomised controlled trials, diseases etc.

Measures of Effect

- 25 Measures of effect will depend on what is reported in the publications reviewed.

Strategy for Data Synthesis

- 26 Data synthesis will not be performed in this study. Extracted data in a RedCAP database will be exported and analysed with Microsoft Excel to produce aggregated and summary data tables for publication. A brief summary of the interventions along with quality of life outcomes will be aggregated.

Analysis of Subgroups or Subsets

- 27 Sub-groups will be analysed depending on what is presented in the included publications.

Type and Method of Review

- 28 Systemic review of systemic reviews and meta-analyses



Health Area of the Review

29 Skin disorders.

Keywords

30 Dermatology Life Quality Index, DLQI, skin diseases, systematic reviews, meta-analyses.