Identifying the most relevant outcomes for reviews of CRS research – Cochrane review Lay Summary

This project aimed to identify the most important outcomes (results) for reviews of research into chronic sinusitis. Outcomes are what we expect to see change, improve or get worse during or after clinical trials of treatments for chronic sinusitis. Examples could include changes in symptoms, changes in the need for type of further treatments required, side effects of treatments and/or general quality of life. What outcomes researchers choose to use may depend on a variety of issues such as how measurable they are, and how important they are to health professionals and/or people living with chronic sinusitis.

Reviews of research compare and combine the results of previous clinical trials to enable researchers to get the best possible understanding of how well treatments and care for chronic rhinosinusitis work. Those results can be used by patients, carers, health professionals, and health providers to make treatment decisions based on the best available information and evidence.

Identifying the most important treatment outcomes and then using them in reviews of research will help to ensure that future reviews are more useful to patients with CRS and those involved in their care.

To find out what the important outcomes are for people we used an online survey which had been tested beforehand with a variety of people. We used existing contacts (email addresses) and social media (Face book, Twitter) to publicise the survey. 235 people completed the survey; 155 healthcare professionals and 80 people with rhinosinusitis. Healthcare professionals included mostly Ear Nose and Throat specialists but also GP, and specialists in allergies. Over half of the people (with CRS) who completed the survey were currently experiencing problems with their condition.

The people who completed the survey provided 653 suggestions of important outcomes. Of these 169 were from people who have rhinosinusitis, and 380 were from healthcare professionals. We removed 104 because they didn't fit the description of an outcome, e.g. suggestions for treatments (taking a steamy shower), 56 of these were from professionals and 48 from patients.

The majority of the suggested outcomes (70%) concerned how well the symptoms of chronic rhinosinusitis were improved and managed. These came from both patients and health professionals showing that there is shared opinion from respondents that reviews of research into chronic rhinosinusitis should use outcomes that measure symptoms (and improvements), but the relative importance of the symptoms was different between the two groups. Individual symptoms listed as important outcomes included (in order of importance) nasal discharge or drip, facial pain, nasal blockage, headache (as distinct from facial pain) impaired sense of smell, congestion and breathing difficulties. Less frequently suggested symptoms were sleep disturbance and tiredness, no less important though for those that experience them.