Evidensprofiler NKR distal radiusfraktur Final

PICO 4
Question: Should K-tråde vs konservativ behandling be used for distal radiusfraktur?

			Quality ass	sessment			No	of patients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	K-tråde	Konservativ behandling	Relative (95% CI)	Absolute		
SF36 mei	ntal score (fo	llow-up me	an 12 months; m	easured with: S	F36; range of s	cores: 0-100; Bett	er indica	ited by higher v	alues)			
1	randomised trials ¹	serious ²	no serious inconsistency	no serious indirectness	serious ³	none	27	27	-	mean 51.0 higher (46.02 to 55.98 higher)	⊕⊕OO LOW	CRITICAL
SF36 fysi	sk score (foll	ow-up mea	nn 12 months; me	easured with: SF	36; range of sc	ores: 0-100; Bette	er indicat	ted by higher va	llues)			
1	randomised trials ¹	serious ²	no serious inconsistency	no serious indirectness	serious ³	none	27	27	-	mean 42.2 higher (38.54 to 45.86 higher)	⊕⊕OO LOW	CRITICAL
Function	 al grading: Fa	ir og Poor	6 mth (follow-up	mean 6 months	; assessed with	i: Excellent, good	, fair og	poor)				
2	randomised trials	very serious ^{2,4}	no serious inconsistency	serious ^{5,6}	no serious imprecision	none	14/73 (19.2%)	19/75 (25.3%)	RR 0.76 (0.41 to 1.4)	61 fewer per 1000 (from 149 fewer to 101 more)	⊕000 VERY LOW	CRITICAL
Function	al grading: Fa	air og poor	12 mth (follow-u	p mean 12 mont	hs; assessed w	vith: Excellent, go	od, fair o	g poor)				
2	randomised trials	very serious ^{2,4}	no serious inconsistency	serious ^{5,6}	no serious imprecision	none	6/43 (14%)	19/42 (45.2%)	RR 0.31 (0.14 to 0.69)	312 fewer per 1000 (from 140 fewer to 389 fewer)	⊕000 VERY LOW	CRITICAL
Smerte V	AS (follow-up	mean 12 ı	months; measure	d with: VAS; rai	nge of scores: ()-10; Better indica	ited by Ic	ower values)			1	
1	randomised trials	serious ²	no serious inconsistency	no serious indirectness	serious ³	none	27	27	-	mean 0.7 higher (0.21 to 1.19 higher)	⊕⊕OO LOW	IMPORTANT

Smerte le	ejlighedsvis (a	assessed v	vith: egen skala)										
1	randomised	serious ²	no serious	no serious	serious ³	none	2/20	4/20	RR 0.50 (0.1	100 fewer per 1000	$\oplus \oplus OO$	IMPORTANT	
	trials ⁷		inconsistency	indirectness			(10%)	(20%)	to 2.42)	(from 180 fewer to	LOW		
										284 more)			
Tilbagev	Tilbagevenden til arbejde (follow-up mean 12 months; assessed with: hvor mange der ikke vendte tilbage til arbejde)												
1	randomised	serious ²	no serious	no serious	serious ³	none	0/5	2/6	RR 0.23	257 fewer per 1000	$\oplus \oplus OO$	IMPORTANT	
	trials ⁷		inconsistency	indirectness			(0%)	(33.3%)	(0.01 to	(from 330 fewer to	LOW		
									3.97)	990 more)			

² Ingen blinding

³ Brede konfidensintervaller og kun 1 studie

⁴ Ingen ITT analyse, lost to follow up dårligt beskrevet

⁵ Målemetoden er ikke et reelt patientrelateret effektmål, men derimod flere forskellige sammenlignelige metoder hvor der indgår radiologiske parametre, kirurgens vurdering samt funktionsmålinger.

⁶ Bandageringsstilling volart og ulnart flekteret hånd

PICO 5

Question: Ex fix vs konservativ beh for DRF

	Quality assessment No of Risk of Other							of patients		Effect	Quality	Importance	
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ex fix	konservativ beh	Relative (95% CI)	Absolute			
Functiona	nctional grading: Fair or poor 3-6 md (follow-up 3-6 months)												
3	randomised trials	10	no serious inconsistency		no serious imprecision	none	34/91 (37.4%)	14/74 (18.9%)	RR 2.11 (1.26 to 3.54)	210 more per 1000 (from 49 more to 481 more)	⊕OOO VERY LOW	CRITICAL	
Functiona	nctional grading: Fair og poor 12md-10 år (follow-up 1-10 years)												
10	randomised trials	very serious ^{1,2}	no serious inconsistency		no serious imprecision	none	68/276 (24.6%)	87/282 (30.9%)	RR 0.75 (0.57 to 0.98)	77 fewer per 1000 (from 6 fewer to 133 fewer)	⊕OOO VERY LOW	CRITICAL	

ingen blinding
oftest ingen ITT analyse og manglende redegørelse for patienter lost to follow-up
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oftest ingen ITT analyse og manglende redegørelse for patienter lost to follow-up funktionsniveau.

PICO 6
Question: Should volar vinkelstabil skinne vs reposition og gips (konservativ behandling) be used for distal radiusfraktur?

			Quality ass	essment					Effect ps Relative		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Volar vinkelstabil skinne	Reposition og gips (konservativ behandling)	Relative (95% CI)	Absolute		
Funktion	sscore 3 mår	neder (foll	l low-up mean 12 v	l veeks; measure	d with: Patie	nt-rated wrist eva	l Iluation score; r	range of scores: 0-100	; Better i	ndicated by lowe	r values)	
		very serious ¹	no serious inconsistency	no serious indirectness	serious ^{2,3}	none	36	37	-	mean 33.7 higher (23.3 to 44.2 higher)	⊕000 VERY LOW	CRITICAL
Funktion	sscore 1 år (f	ollow-up	mean 1 years; m	easured with: P	atient-rated	wrist evaluation s	core (0 bedst);	range of scores: 0-100); Better	indicated by lowe	er values)
		very serious ¹	no serious inconsistency	no serious indirectness	serious ^{2,3}	none	36	37	-	mean 12.8 higher (5.2 to 20.4 higher)	⊕OOO VERY LOW	CRITICAL
Funktion	sscore 3 mår	eder (me	asured with: Diss	sability of the sl	houlder and	hand score; rang	e of scores: 0-1	l 00; Better indicated by	lower v	alues)		
		very serious ¹	no serious inconsistency	no serious indirectness	serious ^{2,3}	none	36	37	-	mean 13.3 higher (8.5 to 18.1 higher)	⊕OOO VERY LOW	CRITICAL
Funktion	sscore 1 år (r	measured	with: Disability o	of shoulder and	ar score; rai	nge of scores: 0-1	l l00; Better indic	ated by lower values)				
		very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	36	37	-	mean 5.7 higher (2.1 to 9.3 higher)	⊕OOO VERY LOW	CRITICAL
Smerter i	hvile 3 måne	eder (follo	w-up mean 3 mo	nths; measured	l with: VAS s	kala; range of sc	ores: 0-10; Bette	er indicated by lower v	/alues)			
1		very serious ¹	no serious inconsistency	no serious indirectness	serious ^{2,3}	none	36	37	-	mean 0.2 higher (0 to 0.4 higher)	⊕OOO VERY LOW	IMPORTANT

Smerter	i hvile 1 år (fo	ollow-up r	nean 1 years; me	asured with: VA	AS skala; ran	ge of scores: 0-10); Better indicate	ed by lower values)				
1		very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	36	37	-	MD 0.1 higher (0 to 0.2 higher)	⊕OOO VERY LOW	IMPORTANT
Smerter i	i aktivitet 3 m	åneder (f	ollow-up mean 3	months; measu	red with: VA	AS scala; range of	scores: 1-10; B	etter indicated by lowe	er values	;)		
1		very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	36	37	-	mean 1.4 higher (0.8 to 2.1 higher)	⊕OOO VERY LOW	IMPORTANT
Smerter	i aktivitet 1 år	์ (follow-เ	ip mean 1 years;	measured with	: VAS scala;	range of scores:	0-10; Better indi	cated by lower values				
1		very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	36	37	-	mean 0.7 higher (0.4 to 1 higher)	⊕000 VERY LOW	IMPORTANT

PICO 7

Question: Should volar vinkelstabil skinne vs ekstern fiksation be used for distal radius fraktur?

			Quality ass	essment			No of pat	tients		Effect	Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Volar vinkelstabil skinne	Ekstern fiksation	Relative (95% CI)	Absolute		
Disabilitie	es of the arm,	shoulder	and hand score	(follow-up mean	3 months; n	l neasured with: DA	SH; Better indic	ated by low	er values)			
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	84	90	-	MD 15.58 higher (24.52 to 6.64 higher)	⊕⊕OO LOW	CRITICAL
Disabilitie	es of the arm,	shoulder	and hand score	(follow-up mean	12 months;	measured with: D	ASH; Better indi	cated by lov	ver values)			
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	84	90	-	MD 8.00 higher (15.55 to 0.44 higher)	⊕⊕OO LOW	CRITICAL
Komplika	tioner (follow	/-up mean	12 months; asse	essed with: Tota	l antal kompl	ikationer)						
3	randomised trials	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	17/84 (20.2%)	23/90 (25.6%)	OR 0.71 (0.34 to 1.46)	60 fewer per 1000 (from 151 fewer to 78 more)	⊕⊕OO LOW	CRITICAL
Smerter i	hvile 3 md (fo	ollow-up ı	l mean 3 months; n	neasured with: \	VAS; Better i	ndicated by lower	values)					
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ²	none	43	51	-	MD 3 lower (8 lower to 2 higher)	⊕⊕OO LOW	IMPORTANT
Smerter i	aktivitet 3 mg	d (follow-	up mean 3 month	s; measured wit	h: VAS; Bette	er indicated by lov	ver values)					
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ²	none	43	50	-	MD 6 higher (14 to 1 higher)	⊕⊕OO LOW	IMPORTANT
Smerter i	hvile 1 år (fo	llow-up m	lean 12 months; n	neasured with: \	VAS; Better i	ndicated by lower	values)	<u> </u>			1	
1	randomised	serious ³	no serious	no serious	serious ²	none	50	54	-	MD 2 higher (5 to 1	⊕⊕00	IMPORTANT

	trials		inconsistency	indirectness						higher)	LOW	
Smerter i	aktivitet 1 år	(follow-u	p mean 12 month	s; measured with	h: VAS; Betto	er indicated by lov	ver values)					
1	randomised trials			no serious indirectness	serious ³	none	50	54	-	MD 3 higher (3 to 9 higher)	⊕⊕OO LOW	IMPORTANT

<sup>Ingen blinding, Mulighed for attrion bias
Brede konfidens intervaller.
Ingen blinding, Ikke blokrandomiseret i forhold til AO grupper</sup>

			Quality as	sessment			No of patients Effect Volar Relative				Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Volar vinkelstabil skinne	K-tråd	Relative (95% CI)	Absolute		
DASH, 3 r	ndr (follow-u	o mean 3 r	nonths; Better inc	dicated by lower	values)			<u> </u>				
	randomised trials	- ,	no serious inconsistency	no serious indirectness	no serious imprecision	none	114	122	-	MD 9.29 lower (13.21 to 5.38 lower)	⊕⊕OO LOW	CRITICAL
DASH, 6 r	ndr (follow-u	o mean 6 r	months; Better inc	dicated by lower	values)							
	randomised trials	- ,	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	82	-	MD 6.68 lower (10.15 to 3.21 lower)	⊕⊕OO LOW	CRITICAL
DASH 12	mdr (follow-u	p mean 12	2 months; Better i	ndicated by low	er values)							
	randomised trials	, ,	no serious inconsistency	no serious indirectness	serious ²	none	37	39	-	MD 3.04 lower (9.96 lower to 3.87 higher)	⊕OOO VERY LOW	CRITICAL
Tilbageve	nden til arbej	de (follow	-up mean 12 mon	ths; assessed w	rith: antal)							
	randomised trials		no serious inconsistency	no serious indirectness	serious ³	none	18/18 (100%)	15/16 (93.8%)	-	938 fewer per 1000 (from 938 fewer to 938 fewer)	⊕OOO VERY LOW	IMPORTANT

¹ Ingen blinding og ingen ITT analyse ² bredt konfidensinterval ³ Kun et studie

PICO 9 Question: Should tidlig mobilisering (indenfor 14 dage) vs sen mobilisering (6 uger) be used for distal radus fraktur behandlet med volar vinkelstabil skinne?

			Quality asses	sment			No of patients Effect				Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Tidlig mobilisering (indenfor 14 dage)	Sen mobilisering (6 uger)	Relative (95% CI)	Absolute		·
Smerte 3	måneder (fol	llow-up mea	n 3 months; mea	asured with: V	/AS skala; ra	nge of scores: 0-	l 10; Better indicated k	by lower values)	1			
	randomised trials	no serious risk of bias	no serious inconsistency	serious ¹	serious ²	none	29	27	-	mean 2.4 higher (1.7 to 3.2 higher)	⊕⊕OO LOW	IMPORTANT
Smerter 6	6 måneder (m	easured wit	th: VAS skala; ra	nge of scores	: 0-10; Bette	r indicated by low	ver values)		,			
	randomised trials	no serious risk of bias	no serious inconsistency	serious ^{1,3}	serious ²	none	28	26	-	MD 1.5 higher (0.7 to 2.3 higher)	⊕⊕OO LOW	IMPORTANT
Funktions	sscore 3 mån	neder (meas	ured with: Disab	ilities of the a	rm, shouldei	r and hand score;	range of scores: 0-1	00; Better indica	ted by lo	wer values)		
	randomised trials	no serious risk of bias	no serious inconsistency	serious ^{1,3}	serious ²	none	29	27	-	mean 19 higher (13 to 25 higher)	⊕⊕OO LOW	CRITICAL
Funktions	sscore 6 mån	neder (meas	ured with: Disab	ilities of the a	rm, shouldei	r and hand score;	range of scores: 0-1	00; Better indica	ted by lo	wer values)		
	randomised trials	no serious risk of bias	no serious inconsistency	very serious ^{1,3}	serious ^{2,4}	none	28	26	-	mean 8.5 higher (2.6 to 14 higher)	⊕OOO VERY LOW	CRITICAL

¹ 8 pt havede AO B type frakturer og passede derfor ikke med vores population
² Der findes kun 1 randomiseret studie om emnet
³ 6 måneders follow-up er væsentligt forskelligt fra 12 måneder som var ønsket follow-up tid i PICO spørgsmålet

⁴ brede konfidensintervaller

PICO 10

Question: Should Superviseret vs Ikke supervisert træning be used for Distal radius fraktur efter op med volar skinne?

		Quality ass	essment			No of patients Effect				Quality	Importance
Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Superviseret	Ilkka augamicant	Relative (95% CI)	Absolute		
2 mdr. (follov	w-up mear	n 8 weeks; measu	red with: PRWE	og DASH; Be	tter indicated by	lower values)					
randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	61	57	-	SMD 0.42 lower (0.79 to 0.05 lower)	⊕000 VERY LOW	CRITICAL
6 mdr (follow	/-up mean	6 months; measi	ured with: DASH	; Better indic	ated by lower val	ues)					
randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	37	38	-	MD 1.10 higher (2.18 lower to 4.38 higher)	⊕OOO VERY LOW	CRITICAL
a mdr (follow-	up mean	 3 months; measu	red with: VAS; B	letter indicate	d by lower values	()					
randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	38	34	-	MD 00.10 higher (0.46 lower to 0.26 higher)	⊕000 VERY LOW	CRITICAL
6 mdr (follow-	up mean	 6 months; measu	red with: VAS; B	 Setter indicate	d by lower values	6)					
randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	37	39	-	MD 0.40 higher (0.22 lower to 1.02 higher)	⊕000 VERY LOW	CRITICAL
	2 mdr. (follow randomised trials 6 mdr (follow randomised trials 3 mdr (follow randomised trials	2 mdr. (follow-up mean randomised trials very serious¹ 6 mdr (follow-up mean randomised very serious¹ 3 mdr (follow-up mean randomised very serious¹ 6 mdr (follow-up mean randomised very serious¹ 7 mdr (follow-up mean randomised very serious¹	Pesign Risk of bias Inconsistency 2 mdr. (follow-up mean 8 weeks; measured frials Very serious inconsistency 6 mdr (follow-up mean 6 months; measured frials very serious inconsistency 3 mdr (follow-up mean 3 months; measured frials very serious inconsistency 6 mdr (follow-up mean 3 months; measured frials very serious inconsistency 7 mdr (follow-up mean 6 months; measured frials very serious inconsistency inconsistency	2 mdr. (follow-up mean 8 weeks; measured with: PRWE randomised trials very serious inconsistency indirectness 6 mdr (follow-up mean 6 months; measured with: DASH randomised very serious inconsistency indirectness 8 mdr (follow-up mean 3 months; measured with: VAS; Bardomised very serious inconsistency indirectness randomised very no serious inconsistency indirectness 6 mdr (follow-up mean 3 months; measured with: VAS; Bardomised very serious inconsistency indirectness 6 mdr (follow-up mean 6 months; measured with: VAS; Bardomised very no serious indirectness	Design Risk of bias Inconsistency Indirectness Imprecision 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Be randomised very inconsistency inconsistency indirectness very serious² 6 mdr (follow-up mean 6 months; measured with: DASH; Better indicate randomised very inconsistency inconsistency indirectness indirectness 3 mdr (follow-up mean 3 months; measured with: VAS; Better indicate randomised very inconsistency inconsistency indirectness very serious² 6 mdr (follow-up mean 3 months; measured with: VAS; Better indicate randomised very inconsistency indirectness very serious² 6 mdr (follow-up mean 6 months; measured with: VAS; Better indicate randomised very no serious no serious very	Design Risk of bias Inconsistency Indirectness Imprecision Considerations 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Better indicated by Imprecision Regions Inconsistency Inconsis	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Better indicated by lower values) randomised trials very serious inconsistency indirectness very serious none 6 months; measured with: DASH; Better indicated by lower values) randomised very no serious inconsistency indirectness serious none 37 amdr (follow-up mean 3 months; measured with: VAS; Better indicated by lower values) randomised very no serious indirectness very serious none 38 randomised very inconsistency indirectness very serious none 38 randomised very inconsistency indirectness very serious very serious none 38 randomised very no serious indirectness very serious very none 38 randomised very no serious indirectness very none 37	Design Risk of bias Inconsistency Indirectness Imprecision Other considerations Superviseret Ikke superviseret træning 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Better indicated by lower values) randomised very serious¹ no serious indirectness very serious² none 6 mdr (follow-up mean 6 months; measured with: DASH; Better indicated by lower values) randomised very serious¹ no serious indirectness serious³ none 37 38 38 mdr (follow-up mean 3 months; measured with: VAS; Better indicated by lower values) randomised very inconsistency indirectness serious² none 38 mdr (follow-up mean 3 months; measured with: VAS; Better indicated by lower values) randomised very inconsistency indirectness serious².3 none 38 34 34 randomised very no serious no serious serious very serious².3 none 39 39	Design Risk of bias Inconsistency Indirectness Imprecision Considerations Superviseret Ikke supervisert (95% CI) 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Better indicated by lower values) randomised very trials very serious inconsistency indirectness very serious indirectness very serious indirectness very serious indirectness indir	Design Risk of bias Inconsistency Indirectness Imprecision Considerations Superviseret Ikke supervisert træning Relative (95% CI) Absolute 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Better indicated by lower values) Fandomised Very serious inconsistency indirectness indi	Design Risk of bias Inconsistency Indirectness Imprecision Cother considerations Superviseret Ikke superviseret (95% CI) Absolute 2 mdr. (follow-up mean 8 weeks; measured with: PRWE og DASH; Better indicated by lower values) Frandomised Very serious inconsistency indirectness

Manglende blinding og stort bortfald

² Bredt konfidensintaerval. Anbefaling vil vriere afhængigt af øvre og nedre grænse.

³ Usikkerhed på grund af kun et publiceret studie

PICO 10 Question: Should Superviseret træning vs Ikke superviseret be used for DRF, behandlet konservativt?

			Quality asse	essment			No of patients Effect				Quality	y Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Superviseret træning	Ikke superviseret	Relative (95% CI)	Absolute		·
Funktion,	6 uger (follo	w-up mean	6 weeks; measur	ed with: PRWE,	aktivitet; Bet	ter indicated by lo	wer values)					
1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	19	16	-	MD 6.8 lower (25.55 lower to 11.95 higher)	⊕OOO VERY LOW	CRITICAL
Smerter,	6 uger (follow	v-up mean	6 weeks; measure	ed with: PRWE,	smerter; Bette	er indicated by lov	ver values)	<u> </u>	!			
1	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	19	16	-	MD 5.50 lower (23.03 lower to 12.03 higher)	⊕OOO VERY LOW	CRITICAL
Funktion,	24 uger (follo	ow-up mea	n 24 weeks; meas	ured with: PRW	E, funktion; E	Better indicated by	lower values)					
1	randomised trials	very serious ⁴	no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	19	14	-	MD 5.10 lower (24.33 lower to 14.03 higher)	⊕OOO VERY LOW	CRITICAL
Smerter,	 24 uger (follo	w-up mean	24 weeks; meas	ured with: PRWE	E, smerter; Be	tter indicated by l	ower values)					
1	randomised trials	very serious ^{1,4}	no serious inconsistency	no serious indirectness	very serious ^{2,3}	none	19	14	-	MD 8.4 lower (27.07 lower to 10.27 higher)	⊕OOO VERY LOW	CRITICAL

Ingen blinding

² Usikkerhed på grund af kun et publiceret studie

³ Bredt konfidensinterval. Anbefaling vil variere afhængigt af øvre og nedre grænse

⁴ Ingen blinding og 19 % bortfald