

Knowledge Attitude and Practices of Commercial Drivers Towards HIV/AIDS and Prevention in Ose Local Government Area Ondo State Nigeria

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Abstract

The presented article on 'Reducing bias in open-label trials where blinded outcome assessment is not feasible: strategies from two randomized trials' provides strategic approach towards creating unbiased approach were blinding in the study is not possible. The study has been supported by two randomized trials which have been well accepted before.

Introduction

The article for review is taken from 'Trials Journal' and the topic is 'Reducing bias in open-label trials where blinded outcome assessment is not feasible: strategies from two randomized trials'. The review is mainly divided into Critical Review, conclusion and references.

Critical Review

Generally it is observed that blinding of the study involving devices, surgical interventions, non-pharmacological interventions are more difficult to blind as compared to traditional drug trials. It is necessary to use blinded outcome assessment to prevent bias in case of open study and this blinded outcome assessment requires use of independent clinician and independent adjudication committee. But there are instances where neither independent clinician presence nor adjudication committee is possible to bring blinded assessment. These have been explained in the given study 'Reducing bias in open-label trials where blinded outcome assessment is not feasible: strategies from two randomized trials' by Brennan C Kahan. Single approach use for introducing blindness is by modification of outcome assessment definition. The approach has been explained by giving example of two randomized trials, TRIGGER Trial and TAPPS Trial.

However it is not always possible to modify the outcome assessment and thereby may be difficult to reduce bias in all open label study. A randomised trial can be methodologically sound and not be double blind or, conversely, double blind and not methodologically sound.

Although double blinding suggests a strong design, it is not the primary indicator of overall trial quality. Moreover, many trials cannot be double blinded. Such trials must, therefore, be judged on overall merit rather than an inapplicable standard based on double blinding. Methodological investigations tend to show that double blinding prevents bias but is less important, on average, in prevention of bias than is adequate allocation concealment.

Double blinding proves difficult or impossible in many trials. For instance, in general, surgical trials cannot be double blinded. Specifically, a trial that compares degrees of pain associated with sampling blood from the ear or thumb cannot be double-blinded. If researchers do not describe their trial as double-blind or the equivalent, it could still be scientifically strong. Apart from assessment of the other methodological aspects of the trial, readers would have to assess how much bias might have ensued due to absence of blinding. Readers should identify if anybody was blinded in the trial and what benefits might have accrued.

Conclusions

Overall the article presents what it means by the topic itself. The two cited examples of the trials also justify what the author wants to convey to the reader. But still there are number of open label studies where blinding is not possible and chances of bias may remain.

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