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Healthcare professional and patient views, behaviours and experiences surrounding novel oral anticoagulants (NOACs) for the management of non-valvular atrial fibrillation (AF): a systematic review protocol

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Review question(s)

The aim of the systematic review is to critically appraise, synthesize and present the available evidence of views, behaviours and experiences of healthcare professionals and patients surrounding NOACs for the management of non-valvular AF.

In relation to NOACs for the management of non-valvular AF:

1. What are healthcare professionals' views and experiences, both positive and negative?

2. What are healthcare professionals' behaviours (e.g. prescribing practice, adherence to guidelines) and behavioural determinants (e.g. knowledge, skills, beliefs of capabilities, beliefs of consequences, professional role and identity, social influences etc.)?

3. What are patients' views and experiences, both positive and negative?

4. What are patients' behaviours (e.g. adherence) and behavioural determinants (e.g. knowledge, skills, beliefs of capabilities, beliefs of consequences, professional role and identity, social influences etc.)?

Searches

A three-step search strategy will be conducted in this review as follows:

1. An initial scoping search of MEDLINE and CINAHL will be undertaken, using search terms of ['doctor*' or 'clinician *' or 'practitioner*' or 'nurse*' or 'pharmacist*'] and ['novel oral anticoagulant*' or 'direct oral anticoagulant*' or 'dabigatran' or 'rivaroxaban' or 'apixaban] and ['view*' or 'experience*' or 'behaviour*'] (and the repeated for 'patient*')

2. Using the keywords and main title and abstract words/phrases identified, searches of all databases will be undertaken. The search string will be applied with results and exceptions recorded.

3. The reference lists of all identified papers will be reviewed for additional studies. Studies will be identified from the following bibliographic databases:

i. MEDLINE

ii. Cumulative Index to Nursing and Allied Health Literature (CINAHL)

iii. International Pharmaceutical Abstracts (IPA)

iv. Embase

v. Scopus

vi. PsycARTICLES

vii. Cochrane Database of Systematic Reviews

viii. JBI Database of systematic reviews

ix. Database of Abstracts of Reviews of Effectiveness

The search will include peer reviewed studies published in English from 2006 (providing a ten year period and including pre-launch studies). All studies identified during the database search will be assessed by two independent reviewers for relevance to the review based on information via the title, abstract and description. A third reviewer will be consulted if consensus cannot be reached. The full articles will be retrieved for all those that appear to meet the inclusion criteria. A search of Google Scholar will be undertaken to further ensure that all relevant studies have been identified.

Only studies published as peer reviewed papers will be included: abstracts, conference proceedings and letters etc. will be excluded.

Types of study to be included
This review will include primary research studies which have employed qualitative, quantitative or mixed methodologies. Views, experiences and behaviours may be researched using qualitative methodologies such as narrative, phenomenology, grounded theory, case studies and discourse analysis etc. In terms of quantitative methodologies, cross sectional sectional surveys may use Likert type scales to quantify views, experiences and behaviours.

Condition or domain being studied
Non-valvular atrial fibrillation.

Participants/ population
This review will include health professionals, largely doctors, nurses and pharmacists, as these are most likely to have been involved in prescribing, dispensing and administration of NOACs. It will also include patients prescribed NOACs for the management of non-valvular AF.

Intervention(s), exposure(s)
The review will focus on studies involving NOACs as a drug class and any of the individual NOACs.

Comparator(s)/ control
There is no comparator for this review as there is no intention to compare the views, experiences and behaviours across different groups of health professionals or patients.

Context
While there is a wealth of evidence on aspects such as efficacy, effectiveness, cost-effectiveness and safety, there is less evidence on the use of NOACs in clinical practice. A scoping search of MEDLINE for the years 2007-2015 has identified a number of relevant primary research. However, to date, no systematic reviews of health professional or patient views, behaviours and experiences have been published. Furthermore, a search of the Cochrane Collaboration, the Centre for Reviews and Dissemination and the Joanna Briggs Institute did not identify any registered systematic review protocols focusing on these aspects. To achieve optimal benefit and outcomes comparable to those observed in clinical trials, it is essential that NOACs are used appropriately by health professionals and patients. The evidence generated through systematic review will provide a robust and rigorous evidence base around appropriate use and hence best possible patient outcomes.

Outcome(s)
Primary outcomes
Healthcare professionals:

This review will include studies which report their views, experiences and behaviours in relation to the prescribing and use of NOACs.

Patients:

This review will include studies which report their views, experiences and behaviours in relation to the use of NOACs.

Data will be collected on the timing of the outcomes in relation to prescribing practice (healthcare professionals) and prescribing (patients).

Secondary outcomes
None.

Data extraction, (selection and coding)

Quantitative and qualitative data will be extracted independently by two reviewers from papers included in the review using a standardized data extraction tool. The data extracted will include specific details of significance to the objective and specific review questions. Attempts will be made to contact authors of studies if data are missing or if clarification is required regarding unclear data.

• Authors and year of publication

• Aim

• Method (setting, outcome measures)

• Number of participants

• Key findings

• Conclusions

Risk of bias (quality) assessment

All studies identified during the database search will be assessed for relevance to the review protocol based on information via the title, abstract and full study review by two independent reviewers. A third reviewer will be consulted if consensus cannot be reached.

Quantitative papers selected for retrieval will be assessed by the two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments (e.g. STROBE checklists). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments (e.g CASP). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Strategy for data synthesis

All results will be subject to double data entry. Findings of studies relating to health professionals and patients will be synthesised separately.

Findings of quantitative will be presented in narrative form including tables and figures to aid in data presentation where appropriate.

Qualitative research findings will, where possible, be pooled. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings (Level 1 findings) rated according to their quality, and categorizing these findings on the basis of similarity in meaning (Level 2 findings). These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of

synthesized findings (Level 3 findings) that can be used as a basis for evidence-based practice. Where textual pooling is not possible, the findings will be presented in narrative form.

Analysis of subgroups or subsets
The synthesis of healthcare professional and patient studies will be conducted and presented separately.

Dissemination plans
The review findings will be disseminated via the Healthcare Improvement website as well as presented at relevant international conferences and peer reviewed publications.

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None known

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English

Country

Scotland

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Subject indexing assigned by CRD

Subject index terms
Anticoagulants; Atrial Fibrillation; Humans; Patient Acceptance of Health Care; Patient Care; Patient Preference

Stage of review
Ongoing

Date of registration in PROSPERO
23 February 2016

Date of publication of this revision
23 February 2016

Stage of review at time of this submission	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No