

- ★ We have developed a brief tool to assess the risk of bias in studies of prevalence in mental health.
- ★ It has three items that address selection and information bias.


A tool to assess risk of bias in studies estimating the prevalence of mental health disorders (RoB-PrevMH)

Background: Risk of bias assessment is an essential step in a systematic review. The existing available tools to assess the quality or risk of bias in prevalence studies focus mainly on reporting rather than identifying potential biases in prevalence studies.

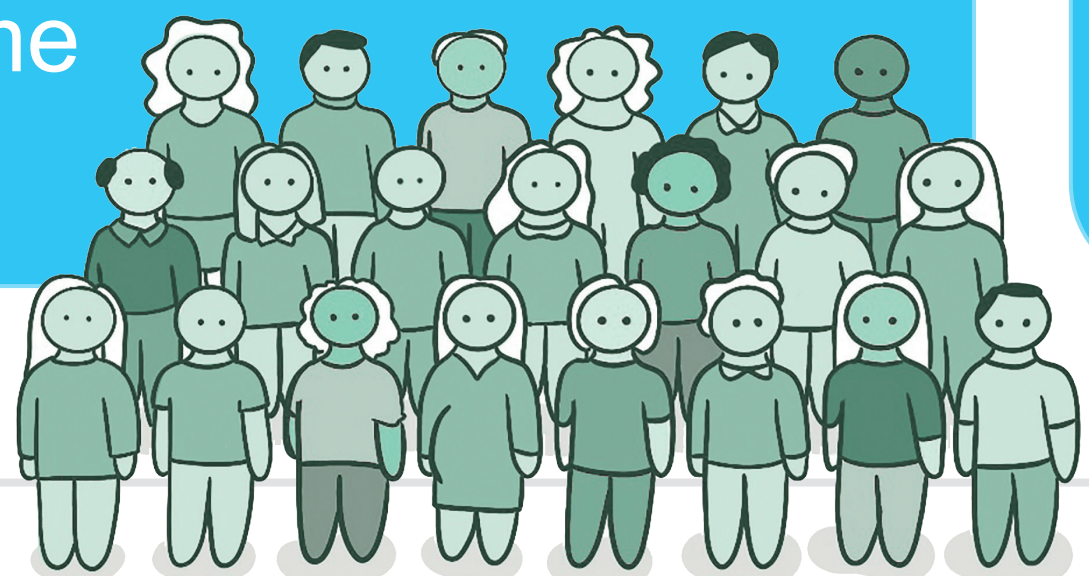
Results

Selection Bias


- Was the sample invited to participate in the study a true or close representation of the target population?

 Examine if the people invited to the study match the target population in demographic or clinical characteristics related to the measured condition.

Domain 1
Representativeness of the sampling frame



- Was the sample that provided data a true or close representation of the sample invited to participate?


 Examine the characteristics and presence of the condition in people who were invited but did not respond.

Domain 2
Representativeness of the responders



Information Bias

- Was the condition measured/detected in an unbiased and reproducible way for all participants?

 Examine the appropriateness and reliability of the instrument or method used to measure the condition.

Domain 3
Measurement of the condition



 For each question we used detailed instructions with examples for better understanding

Weighted Kappa (95% CI) 0.63 (0.54 - 0.73)

% Agreement 83.1

Weighted Kappa (95% CI) 0.71 (0.67 - 0.85)

% Agreement 90.3

Weighted Kappa (95% CI) 0.32 (-0.04 - 0.63)

% Agreement 93.4

Methods

- We searched in multiple sources for checklists designed to assess the quality or risk of bias in prevalence studies. We identified 10 existing tools relevant to our project.
- The initial version of the tool was pre-tested with a core group and then with a group of volunteers (MH-COVID project).
- Four researchers assessed reproducibility in two set studies. First, a random selection of 50 studies included in the MH-COVID project and second, a set of 33 studies included in a systematic review assessing the prevalence of mental health disorders in migrants exposed to armed conflict. We calculated the unweighted and weighted kappa statistic (with 95% confidence intervals, CI) and percentage of agreement.

Discussion: Initial results for interrater agreement were fair to substantial. In future projects a larger research group should test the tool's validity, reliability, and applicability. Our project will be registered in the Latitudes Network.



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Citation: Tonia T, Buitrago-Garcia D, Peter N, Mesa-Vieira C, Li T, Furukawa TA, Cipriani A, Leucht S, Low N, Salanti G. A tool to assess risk of bias in studies estimating the prevalence of mental health disorders (RoB-PrevMH). medRxiv [Preprint]. 2023 Feb 2:2023.02.01.23285335. doi: 10.1101/2023.02.01.23285335.

Funding: Swiss National Science Foundation. Project 198418.