

## Criteria for applying or using GRADE

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### **Background:**

One of the aims of the GRADE Working Group was to reduce unnecessary confusion arising from multiple systems for grading evidence and recommendations. To avoid adding to this confusion by having multiple variations of the GRADE system we suggest that the criteria below should be met when stating that the GRADE approach was used to assess evidence or develop recommendations. Also, while users may believe there may be good reasons for modifying the GRADE system, we discourage the use of “modified GRADE approaches” that differ from the approach described by the GRADE Working Group.

On the other hand, we encourage and welcome constructive criticism of the GRADE approach, suggestions for improvements, and involvement in the GRADE Working Group. As most scientific approaches to advancing healthcare, the GRADE approach will continue to evolve in response to new evidence and to meet the needs of systematic review authors, guideline developers and other users.

Suggested criteria for stating that the GRADE system or approach was used:

1. The certainty in the evidence (also known as quality of evidence or confidence in the estimates) should be defined consistently with the definitions used by the GRADE Working Group.
2. Explicit consideration should be given to each of the GRADE domains for assessing the certainty in the evidence (although different terminology may be used).
3. The overall certainty in the evidence should be assessed for each important outcome using four or three categories (such as high, moderate, low and/or very low) and definitions for each category that are consistent with the definitions used by the GRADE Working Group.
4. Evidence summaries and evidence to decision criteria should be used as the basis for judgements about the certainty in the evidence and the strength of recommendations. Ideally, evidence profiles should be used to assess the certainty in the evidence and these should be based on systematic reviews. At a minimum, the evidence that was assessed and the methods that were used to identify and appraise that evidence should be clearly described.
5. Explicit consideration should be given to each of the GRADE criteria for determining the direction and strength of a recommendation or decision. Ideally, GRADE evidence to decision frameworks should be used to document the considered research evidence, additional considerations and judgments transparently.
6. The strength of recommendations should be assessed using two categories (for or against an option) and definitions for each category such as strong and weak/conditional that are consistent

with the definitions used by the GRADE Working Group (although different terminology may be used), such as strong (1, 2).

## References

1. Andrews JC, Schunemann HJ, Oxman AD, Pottie K, Meerpohl JJ, Coello PA, Rind D, Montori VM, Brito JP, Norris S, Elbarbary M, Post P, Nasser M, Shukla V, Jaeschke R, Brozek J, Djulbegovic B, Guyatt G. GRADE guidelines: 15. Going from evidence to recommendation-determinants of a recommendation's direction and strength. *J Clin Epidemiol.* 66: 726-35, 2013.
2. Andrews J, Guyatt G, Oxman AD, Alderson P, Dahm P, Falck-Ytter Y, Nasser M, Meerpohl J, Post PN, Kunz R, Brozek J, Vist G, Rind D, Akl EA, Schunemann HJ. GRADE guidelines: 14. Going from evidence to recommendations: the significance and presentation of recommendations. *J Clin Epidemiol.* 66: 719-25, 2013.