



Cochrane
Library

Cochrane Database of Systematic Reviews

2019 Impact Report

The Impact Report presents information on different measures of 'impact' and aims to support the Cochrane Networks and Cochrane Review Groups with publication strategies and prioritisation.

The report focuses on citations (including Journal Impact Factor and guidelines), usage and alternative metrics. The data and respective analysis may evolve in future reports.

“ We want to continue to work with our groups and networks to improve the way we measure the impact of Cochrane Reviews and this document intends to support their activities. We welcome feedback on how we can make it more useful ”

Karla Soares-Weiser
Editor-in-Chief, Cochrane Library

Trusted evidence.
Informed decisions.
Better health.



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1. The Journal Impact Factor of the *Cochrane Database of Systematic Reviews (CDSR)*

Each year in June, Clarivate Analytics publish the Journal Impact Factors (JIF) of all journals indexed in the Journal Citation Report. The 2019 JIF for the *CDSR* is **7.890**, which is generated from a calculation that involves dividing the number of citations received in 2019 (to reviews published in 2017 and 2018) by the number of reviews published in 2017 and 2018 (see calculation below).

Cites in 2019 to reviews published in 2017 and 2018 (in-window citations)	2018 = 6,963 2017 = 4,012	Number of reviews published in 2017 and 2018 (in-window citable items)	2018 = 644 2017 = 747
CDSR JIF calculation 2019:			A CDSR review published in 2017 or 2018 was cited, on average, 7.890 times in 2019
In-window citations	10,975	7.890	
In-window citable items	1,391		

When considering the citation data presented below, please be aware of the following:

- The data used to generate Impact Factors for individual Cochrane Review Groups (CRG) was extracted from the Clarivate Analytics Web of Science¹. All JIFs (including that of the *CDSR*) are published in the Journal Citation Reports (JCR). The data used to calculate Impact Factors are not made publicly available. Individual CRG Impact Factor data, therefore, should not be quoted as ‘official’, but can be used internally.
- Cites for individual Cochrane Reviews are allocated by a process of hand-matching. Each year a proportion of cites cannot be matched to citable items due to citing errors (e.g. an omission of the version number or suffix from the DOI). The accuracy of the source data provided by Clarivate Analytics also has an impact on the success rate of the citation matching. Table 1 shows the percentage of cites that were successfully matched to individual reviews. This does not impact the JIF calculation – it just means for 2019, 7% of cites were not able to be matched to a specific review. This is an improvement on the previous year where 10% of cites could not be matched to a specific review. As you can see in the table below, citation matching has been consistently more successful over time.
- All reviews that have a new citation record (excluding withdrawn reviews) are included in the *CDSR* JIF calculation. Protocols and Editorials are not included.

Table 1: Percentage of 2019 JIF cites matched to individual Cochrane Reviews

Impact Factor Year	Cites received*	Cites matched	% matched cites
2019	10,975	10,205	93%
2018	12,106	10,844	90%
2017	11,914	11,249	94%
2016	11,520	9,885	86%
2015	11,522	9,397	82%
2014	11,932	11,720	98%
2013	9,859	8,515	86%
2012	8,087	6,411	79%
2011	7,721	6,685	87%

*Source – Journal Citation Reports

¹ Other citation databases such as Scopus, CrossRef, and Google Scholar capture cites for Cochrane Reviews, but those data are not included here. Citation counts differ between databases.

Table 2: Top 10 highest-cited reviews in 2019 JIF window

Times Cited	Title	Authors	CD Number	Review Group	Publication Date*	CCA** number
271	Decision aids for people facing health treatment or screening decisions	Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L	CD001431.pub5	Consumers and Communication Group	Apr-2017	1693
124	Ataluren and similar compounds (specific therapies for premature termination codon class I mutations) for cystic fibrosis	Aslam AA, Higgins C, Sinha IP, Southern KW	CD012040.pub2	Cystic Fibrosis and Genetic Disorders Group	Jan-2017	In production
113	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Roberts D, Brown J, Medley N, Dalziel SR	CD004454.pub3	Pregnancy and Childbirth Group	Mar-2017	1788
71	Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews	Geneen LJ, Moore RA, Clarke C, Martin D, Colvin LA, Smith BH	CD011279.pub3	Pain, Palliative and Supportive Care Group	Apr-2017	3073
61	Comprehensive geriatric assessment for older adults admitted to hospital	Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, Conroy SP, Kircher T, Somme D, Saltvedt I, Wald H, O'Neill D, Robinson D, Shepperd S	CD006211.pub3	Effective Practice and Organisation of Care Group	Sept-2017	2030
60	Interventions to improve antibiotic prescribing practices for hospital inpatients	Davey P, Marwick CA, Scott CL, Charani E, McNeil K, Brown E, Gould IM, Ramsay CR, Michie S	CD003543.pub4	Effective Practice and Organisation of Care Group	Feb-2017	1718
57	Continuous support for women during childbirth	Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A	CD003766.pub6	Pregnancy and Childbirth Group	Jul-2017	1851
54	Effectiveness of brief alcohol interventions in primary care populations	Kaner EFS, Beyer FR, Muirhead C, Campbell F, Pienaar ED, Bertholet N, Daeppen JB, Saunders JB, Burnand B	CD004148.pub4	Drugs and Alcohol Group	Feb-2018	2086
52	Early palliative care for adults with advanced cancer	Haun MW, Estel S, Rücker G, Friederich H-C, Villalobos M, Thomas M, Hartmann M	CD011129.pub2	Pain, Palliative and Supportive Care Group	Jun-2017	1838
52	Cannabis-based medicines for chronic neuropathic pain in adults	Mücke M, Phillips T, Radbruch L, Petzke F, Häuser W	CD012182.pub2	Pain, Palliative and Supportive Care Group	Mar-2018	2117

*The Impact Factor is calculated using data from the two previous years (for 2019, the data concerns articles published in 2017 and 2018). For the 2020 Impact Factor, reviews published in 2018 and 2019 will be included and 2017 reviews will drop out of the 'window'. It is worth noting that, depending on publication time, some reviews will have longer to collect citations than others i.e. an article published in January will have two full years to collect cites. **If the review listed has an associate Cochrane Clinical Answer (CCA) published on the Cochrane Library, the number of this will be included in the CCA number column.

CDSR JCR category comparison

The CDSR is included in the 'Medicine, General and Internal' category on the JCR and category data from 2019 for the top 10 journals, as ranked by Journal Impact Factor, are reported below.

Table 3: JCR category 'Medicine, General and internal' top 10 journals ranked by JIF

2019 Rank	Journal name	Impact Factor	In-window* citations	In-window* citable items	% in-window items cited	In-window reviews published	5-Year Impact Factor	Total cites 2019	Self-citation rate	IF w/o self-citations
1	NEW ENGLAND JOURNAL OF MEDICINE	74.699	48,405	648	91%	97	72.098	347,451	1%	73.983
2	LANCET	60.392	34,182	566	99%	134	59.345	256,199	2%	59.208
3	JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION	45.540	19,127	420	100%	93	47.677	158,632	3%	44.379
4	Nature Reviews Disease Primers	40.689	3,662	90	99%	0	42.523	7,567	1%	40.622
5	BMJ-British Medical Journal	30.223	10,155	336	97%	63	27.997	118,586	7%	28.202
6	ANNALS OF INTERNAL MEDICINE	21.317	5,649	265	98%	67	19.792	58,033	4%	20.430
7	JAMA Internal Medicine	18.652	4,924	264	97%	35	19.658	17,260	4%	17.890
8	PLOS MEDICINE	10.500	4,053	386	92%	7	13.488	32,312	2%	10.298
9	Journal of Cachexia Sarcopenia and Muscle	9.802	1,686	172	94%	21	9.428	3,553	15%	8.360
10	Cochrane Database of Systematic Reviews	7.890	10,975	1,391	91%	1,391	7.974	67,763	5%	7.480

* 'In-window' refers to data included in the JIF window - for 2019, this includes citations made in 2019 to reviews published in the previous 2 years (2017-2018)

Ranking: The 2019 CDSR Impact Factor of 7.890 is a slight improvement on the previous year (7.755). CDSR now ranks 10 of 165 journals in the Medicine, General and Internal category, up one place from 11th in 2018.

In-window citations: The CDSR received the fourth highest number of citations in 2019 to papers published in 2017 and 2018.

In-window citable items: The CDSR published considerably more citable items (in 2017 and 2018) than any of the higher ranked journals (1,391 vs median 336). Please note that for other journals, this may include article types other than reviews such as original articles or research papers.

% of in-window items cited: 91% of in-window Cochrane Reviews were cited in this JIF window, compared with 77% in the previous window.

Total cites: In 2019, the CDSR received a total of 67,763 cites to all reviews (published anytime). The only journals in the category to receive more cites than the CDSR were NEJM, Lancet, JAMA and BMJ (ranked as 1st, 2nd, 3rd and 5th respectively). This is consistent with last year's trend.

CDSR metric trends and comparisons

The tables below show trends on citations and citable items from year to year for the CDSR with additional context about comparisons with other journals. The 2019 5-Year Impact Factor is 7.974. This is calculated by taking the number of citations made in 2019 to items published between 2014 and 2018 (32,229) and dividing this by the number of items published between 2014 and 2018 (4,042).

Table 4: CDSR citation trends 2009-2019

Year	Ranking	Impact Factor	In-Window Cites	In-window citable items	Total cites	Self-citation rate	IF w/o self-citations	5-Year Impact Factor
2019	10	7.890	10,999	1,394	67,763	5%	7.480	7.974
2018	11	7.755	12,106	1,561	67,607	5%	7.350	7.949
2017	12	6.754	11,914	1,764	62,332	7%	6.311	7.669
2016	14	6.264	11,520	1,839	57,740	5%	5.931	7.084
2015	12	6.103	11,522	1,888	47,899	5%	5.748	6.665
2014	13	6.035	11,932	1,977	43,592	5%	5.693	6.539
2013	10	5.939	9,859	1,660	39,856	8%	5.433	6.706
2012	12	5.785	8,087	1,398	34,230	8%	5.288	6.553
2011	10	5.912	7,721	1,306	29,593	5%	5.630	6.309
2010	10	6.186	6,978	1,128	27,366	7%	5.784	6.346
2009	11	5.653	6,574	1,163	23,102	6%	5.305	-

The number of reviews published in the CDSR in 2018 was 14% lower than in 2017 (644 vs 747). In 2019, the JCR recorded the CDSR as publishing 573 citable items. This will form part of the denominator for next year's Impact Factor calculation. When looking at the top 10 journals in the CDSR's JCR category (ranked by JIF), the CDSR published a much higher number of citable items (573 vs median 179).

The journals in the JCR category can also be ranked by number of citable items published in 2019. The CDSR published the sixth highest number of citable items in the category. Of these journals, the CDSR has the highest Impact Factor. The journals that published the 7th and 8th highest numbers of citable items produced a similar number of items to the CDSR (554 and 539, respectively) but had JIFs of 0.249 and 1.005; when looking at the category sorted by Journal Impact Factor, these ranked 158 and 121 respectively. The CDSR therefore has a comparatively high JIF compared with journals that publish a similar number of citable items.

Table 5: In-category journals ranked by no of 2019 citable items

Journal Title	Citable items 2019	Impact Factor 2019	Impact Factor rank in category
MEDICINE	4,464	1.552	89
BMJ Open	3,887	2.496	52
Journal of Clinical Medicine	2,181	3.303	36
Medicina-Lithuania	779	1.205	107
JAMA Network Open	758	5.032	19
Cochrane Database of Systematic Reviews	573	7.890	10

2. The Impact Factors of Review Group Networks

The table below shows the unofficial Impact Factors for each Review Group Network. These have been calculated using a similar calculation used to produce the overall CDSR JIF – dividing the number of citations received in 2019 to reviews published in 2017 and 2018 (by each CRG* in the Network) by the number of reviews published in 2017 and 2018 (by each CRG in the Network). The unofficial impact factors represent the average number of times that a review in the Review Group Network, published in 2017 or 2018, was cited in 2019.

It is important to remember that these figures have been calculated using hand-matched data from Web of Science and are not ‘official’ Impact Factors.

Table 6: Review Group Network 2019 Impact Factors

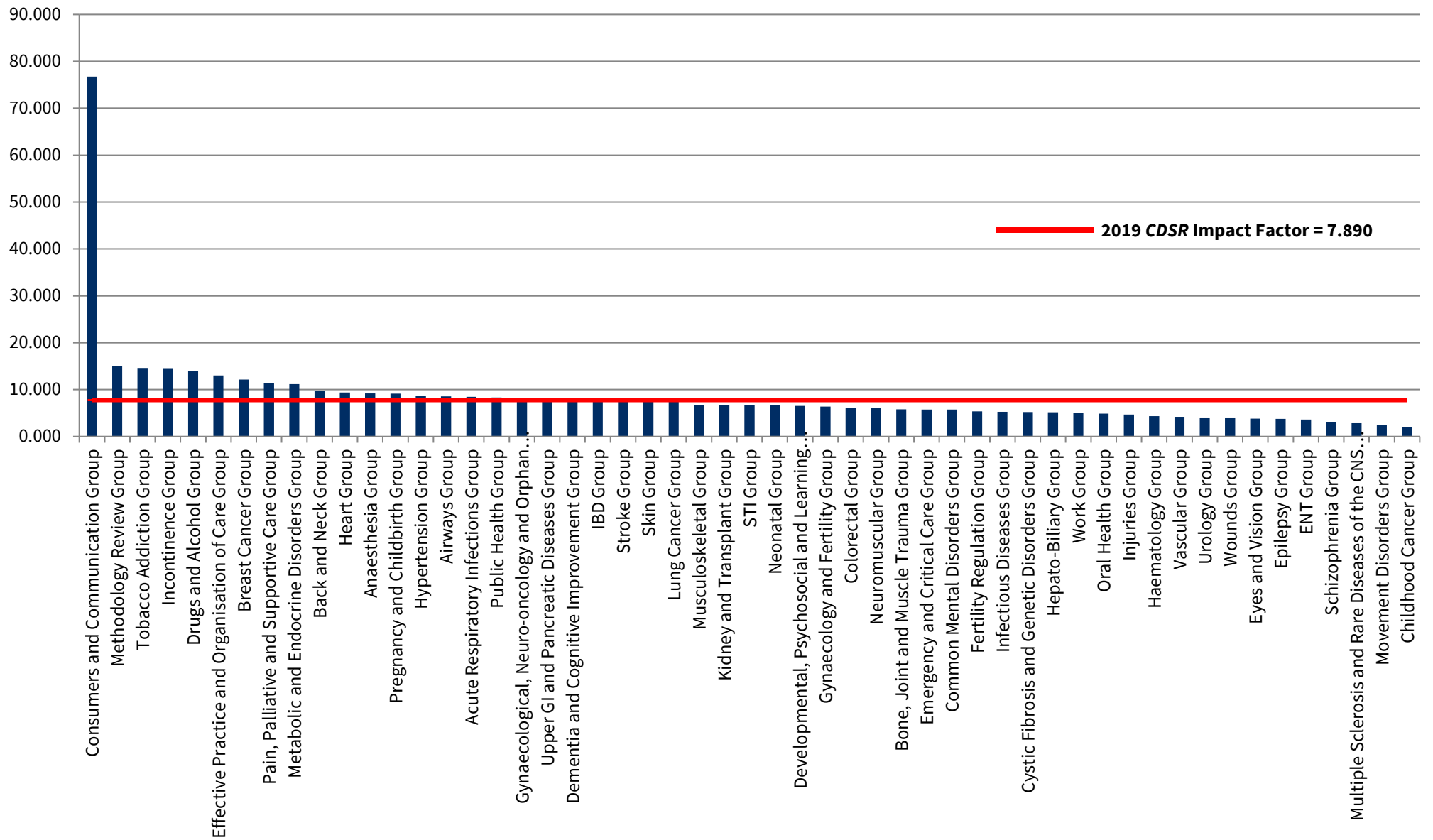
Network	In-Window Cites	In-window citable items	Unofficial Impact Factor
Cochrane Abdomen and Endocrine	917	134	6.843
Cochrane Acute and Emergency Care	791	106	7.462
Cochrane Cancer	713	104	6.856
Cochrane Children and Families	2272	307	7.401
Cochrane Circulation and Breathing	1437	190	7.563
Cochrane Mental Health and Neuroscience	1153	204	5.652
Cochrane Musculoskeletal, Oral, Skin and Sensory	1526	232	6.578
Cochrane Public Health and Health Systems	1336	113	11.823
For comparison – overall CDSR	10,975	1,391	7.890

*All CRGs are included in the Networks listed above apart from Cochrane Methodology Group (60 citations, 4 citable items)

3. The Impact Factors of individual Cochrane Review Groups (CRGs)

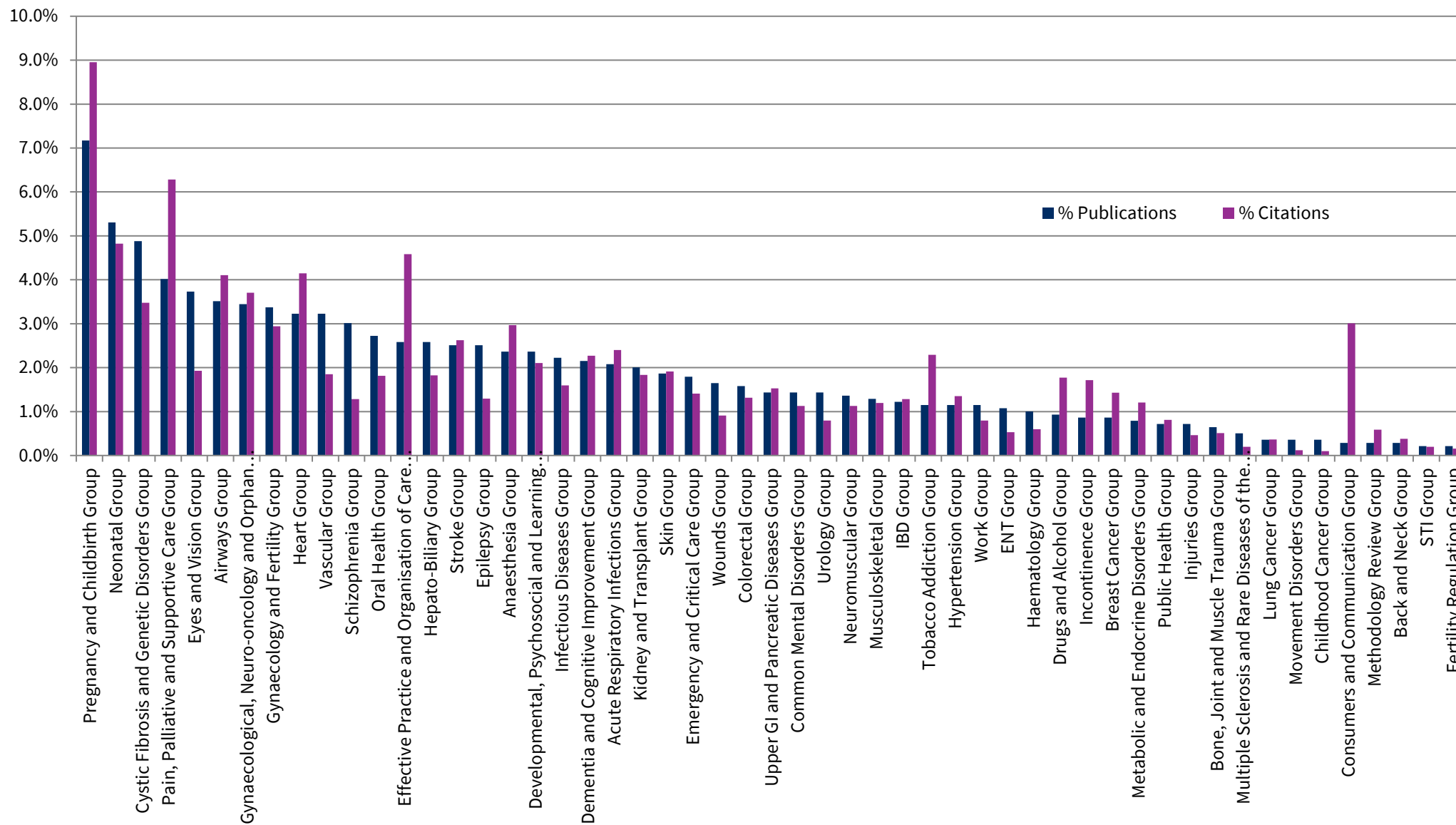
Figure 1 shows the 2019 CRG unofficial Impact Factors for each CRG. Figure 2 shows the number of publications and citations contributing to the 2019 Impact Factors for each CRG as a percentage of the CDSR. It is important to remember that these figures have been calculated using hand-matched data from Web of Science and are not ‘official’ Impact Factors. The comparison is just for information and should not be used as a measure of ‘success’ regarding other CRGs. Again, the unofficial impact factors represent the average number of times that a review, published in 2017 or 2018 by each CRG, was cited in 2019.

Figure 1: ‘Impact Factor’ for each CRG (i.e. number of cites in 2019 to reviews published in 2017–2018, divided by the number of reviews published in 2017–2018)



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

Figure 2: % Publications (blue) and % Citations (purple) of CDSR for each CRG (in order of percentage of publications)



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

4. Usage data for the Cochrane Library

When considering the usage data for 2019 presented below, please be aware of the following:

- A proportion of full text accesses (HTML + PDF) to the Library cannot be associated with an individual Cochrane Review so the usage data included in this report is an underestimate of overall usage activity.
- Only usage activity related to Cochrane Systematic Reviews hosted on the Cochrane Library platform is included in this report. The report does not include usage activity related to Cochrane Systematic Reviews hosted on third-party platforms.
- The information included below may be useful for prioritisation.

Table 7: Top 10 most-accessed active reviews in 2019 (reviews published anytime)

Full text accesses	Review title	CD Number	Publication date	CRG	CCA number
21,783	Music therapy for depression	CD004517.pub3	Nov-2017	Common Mental Disorders Group	-
21,044	Interventions for preventing falls in older people in care facilities and hospitals	CD005465.pub4	Sep-2018	Bone, Joint and Muscle Trauma Group	2429, 2430
20,038	Exercise for preventing falls in older people living in the community	CD012424.pub2	Jan-2019	Bone, Joint and Muscle Trauma Group	2469
19,621	Interprofessional collaboration to improve professional practice and healthcare outcomes	CD000072.pub3	Jun-2017	Effective Practice and Organisation of Care Group	2674
19,371	Antibiotics and antiseptics for venous leg ulcers	CD003557.pub5	Jan-2014	Wounds Group	-
19,110	Cannabis-based medicines for chronic neuropathic pain in adults	CD012182.pub2	Mar-2018	Pain, Palliative and Supportive Care Group	2117
17,903	Midwife-led continuity models versus other models of care for childbearing women	CD004667.pub5	Apr-2016	Pregnancy and Childbirth Group	1349
17,862	Repositioning for pressure injury prevention in adults	CD009958.pub2	Apr-2014	Wounds Group	In production
17,072	Exercise for depression	CD004366.pub6	Sep-2013	Common Mental Disorders Group	355
15,935	Continuous support for women during childbirth	CD003766.pub6	Jul-2017	Pregnancy and Childbirth Group	1851

Note: 137,346 full text accesses in 2019 were made to withdrawn reviews

5. Usage data for the Review Group Networks

The table below shows the sum of the number of reviews published by each Review Group Network alongside the total number of full text accesses that these have received in 2019. Reporting usage data for Networks is relatively new and may develop further in future reports.

Table 8: Review Group Network article usage 2019

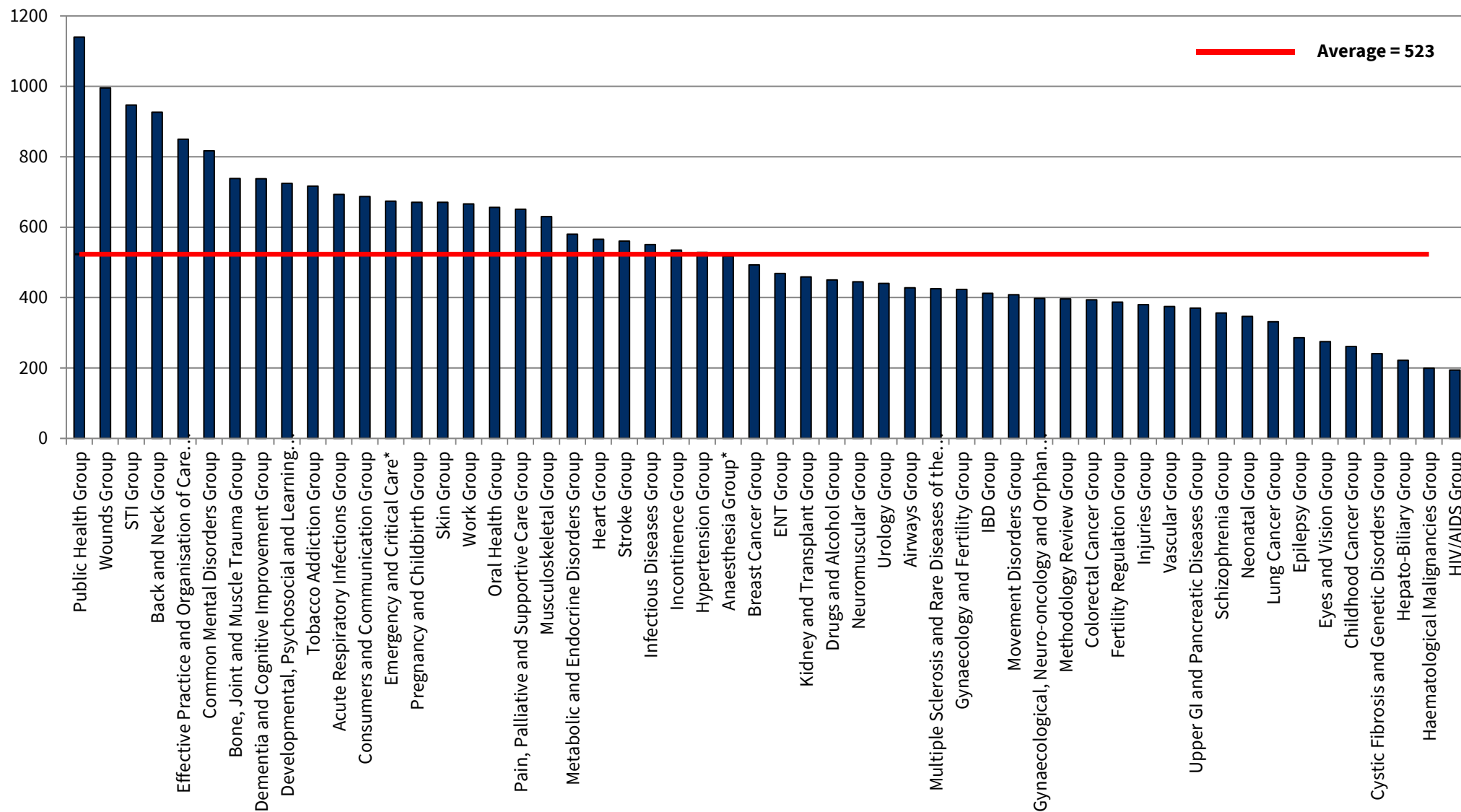
Network	Number of reviews accessed	Total number of full text accesses	Average number of full text accesses per review
Cochrane Abdomen and Endocrine	2,391	926,701	388
Cochrane Acute and Emergency Care	1,889	1,149,463	609
Cochrane Cancer	1,375	508,664	370
Cochrane Children and Families	4,345	2,072,208	477
Cochrane Circulation and Breathing	2,537	1,222,942	482
Cochrane Mental Health and Neuroscience	3,120	1,685,540	540
Cochrane Musculoskeletal, Oral, Skin and Sensory	3,597	2,281,188	634
Cochrane Public Health and Health Systems	1,519	1,107,018	729
For comparison – overall CDSR	21,094	11,036,102	523

*All CRGs are included in the Networks listed above apart from Cochrane Methodology Group (39,216 full text accesses, 99 reviews) and HIV/AIDs group (43,162 full text accesses, 222 reviews)

6. Usage data for the Cochrane Review Groups (CRGs)

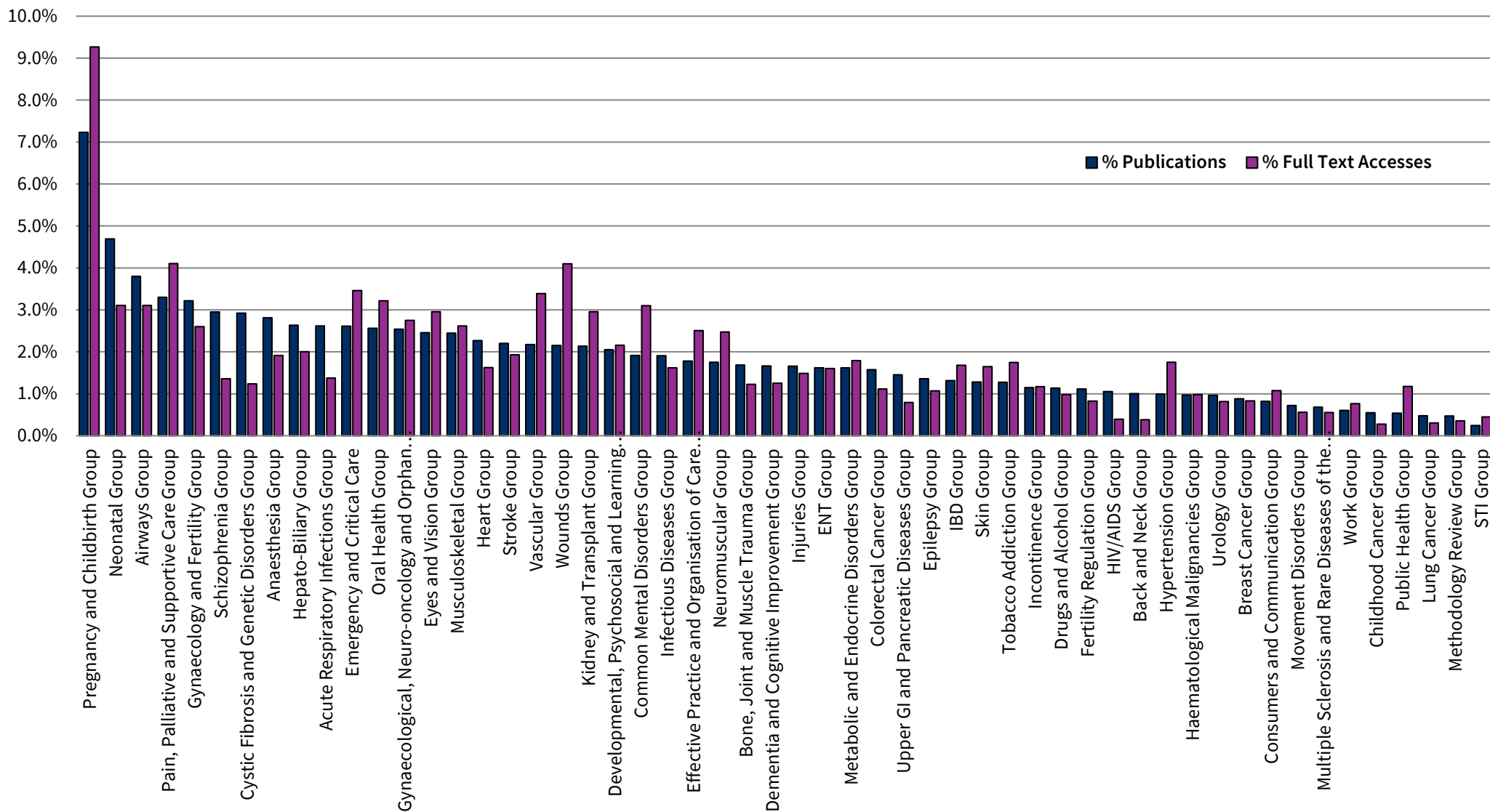
Figure 3 shows the average number of full text accesses per review as accessed via Cochrane Library during 2019 (regardless of publication date). Figure 4 shows the number of publications and full text accesses for each CRG as a percentage of the CDSR.

Figure 3: Average number of Full Text Accesses received by Cochrane Review Groups in 2019



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

Figure 4: % Publications (blue) and % Full Text Accesses (purple) of CDSR for each CRG (in order of percentage of publications)



Note: Due to the data format, figures for the Gut Group are separated by the former individual group names - Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD

7. Altmetric scores

Using the Altmetric Explorer for Publishers (<http://www.altmetric.com/>), we are able to report on further measures of the impact of Cochrane Reviews beyond cites and usage. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles. The unique Altmetric Attention Score is available on the abstract page of every Cochrane Review that has achieved a score of one or above. Altmetric has tracked mentions of 12,771 articles from the CDSR up to May 2020.

Table 9: Top 10 Altmetric scores for reviews published in 2019

Score	Review title	CD Number	Publication date	CRG	CCA number	B	T	N	F	W	M
774	Exercise for preventing falls in older people living in the community	CD012424.pub2	Jan-2019	Bone, Joint and Muscle Trauma Group	2469	6	949	29	17	0	355
641	General health checks in adults for reducing morbidity and mortality from disease	CD009009.pub3	Jan-2019	Effective Practice and Organisation of Care Group	1598	4	1058	3	11	0	105
420	Constraint-induced movement therapy in children with unilateral cerebral palsy	CD004149.pub3	Apr-2019	Developmental, Psychosocial and Learning Problems Group	-	0	99	44	1	1	141
355	Environmental interventions to reduce the consumption of sugar-sweetened beverages and their effects on health	CD012292.pub2	Jun-2019	Public Health Group	-	4	246	26	10	1	269
307	Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation	CD013308	Apr-2019	Tobacco Addiction Group	2626	8	226	28	8	2	91
304	Incentives for smoking cessation	CD004307.pub6	Jul-2019	Tobacco Addiction Group	1533	3	165	30	2	1	194
290	Paracetamol versus placebo for knee and hip osteoarthritis	CD013273	Feb-2019	Musculoskeletal Group	2520	2	467	2	7	1	110
224	Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease	CD009825.pub3	Mar-2019	Heart Group	2536	4	347	2	5	2	224
211	Memantine for dementia	CD003154.pub6	Mar-2019	Dementia and Cognitive Improvement Group	2645	0	367	1	2	2	403
147	C-reactive protein for diagnosing late-onset infection in newborn infants	CD012126.pub2	Jan-2019	Neonatal Group	-	1	291	0	6	0	64

B=Bloggers T=Twitterers N=News outlets F=Facebook mentions W=Wikipedia pages M=Mendeley readers

The Altmetric Attention Score is a quantitative measure of the attention that a scholarly article has received. It is derived from three main Factors:

- **Volume** - The score for an article rises as more people mention it.
- **Sources** - Each category of mention contributes a different base amount to the final score (see [Useful links](#) for further information on breakdown of sources).
- **Authors** - How often the author of each mention talks about scholarly articles influences the contribution of the mention.

Altmetric track 'mentions' from different sources including references in policy documents, citations in Wikipedia pages and discussions on Peer Review sites. Only sources that contributed substantially to the scores of the Cochrane Reviews in the table above have been included.

The Cochrane Review ranked first in the table above; 'Exercise for preventing falls in older people living in the community' falls in the top 20 highest scoring Cochrane Reviews of all time on Altmetric Explorer.

How different sources contribute to the Altmetric Attention Score can be observed in the table above. The Cochrane Review ranked second, 'General health checks in adults for reducing morbidity and mortality from disease' was only mentioned 3 times in the news (average for the top 10 was 17) but received the most Twitter mentions (1058 vs average for the top 10 of 422) which bumped up its score. In comparison, 'Constraint-induced movement therapy in children with unilateral cerebral palsy' received the most news mentions but only had no blog mentions and only 99 twitter mentions.

8. Cochrane evidence featured in guidelines

A key impact measure of Cochrane Reviews in healthcare decision-making is their inclusion in evidence-based clinical guidelines. With thanks to Cochrane UK, this Impact Report now includes data on the use of Cochrane Reviews in guidelines.

Cochrane UK continually search a wide range of accredited, validated guidelines across the world, in multiple languages, that are open access, check guideline portals (including the Guidelines International Network database (GIN), for example) and regularly run tailored searches in PubMed to help populate a dataset of guidelines that have been informed by Cochrane evidence. The full text of each guideline identified by the searches is checked to see whether Cochrane evidence has been used. Cochrane UK send the guideline data to Wiley on a monthly basis, and the information is presented on the Cochrane Review on the Cochrane Library (see example below). This feature provides an opportunity for Cochrane Review Groups and Cochrane Library users to see up-to-date details of the impact of Cochrane evidence in healthcare decision-making.

Cochrane Database of Systematic Reviews

Interventions for preventing falls in older people living in the community

Cochrane Systematic Review - Intervention | Version published: 12 September 2012 [see what's new](#)

<https://doi.org/10.1002/14651858.CD007146.pub3>



293

Used in 35 guidelines

[View article information](#)

Guideline data

The data presented below offer two impressions of the impact of Cochrane Reviews in clinical guidelines:

1. **Clinical guidelines (published between Jan 2018 and June 2020) that have cited Cochrane Reviews (all versions)** - According to data collected by Cochrane UK, 1,688 guidelines published between January 2018 and June 2020 mentioned at least one Cochrane Review (any version). The top 10 national and international guidelines that mentioned the highest number of unique Cochrane Reviews are shown in Tables 10 and 11.
2. **Cochrane Reviews (all versions) that have been cited in clinical guidelines (published anytime)** - To date, 7,766 Cochrane Reviews (all versions) have been included in guidelines. Of these citations, 4394 were to NICE guidelines and 646 to WHO guidelines (note: one review may be cited by more than one guideline, and a guideline may cite multiple versions of the same review). An additional figure provided by Cochrane UK shows that 45 unique Cochrane Reviews were included in 9 of 12 WHO guidelines published in 2019. The top 10 reviews that have received the highest number of guideline citations overall (including all versions) to date are shown in Table 12.

To give an impression of how guideline citations are distributed across Cochrane Review Groups, Figures 5 and 6 provide a view of the number of reviews published per group (all versions) that were included in guidelines (published anytime) alongside the number of ‘guideline citations’ that those reviews received. A similar calculation to the impact factor (without a publication window) can indicate the average number of guideline citations per group. For example, the data (available in the CRG datapacks) show that for the entire CDSR, 7,766 reviews (all versions) have received at least one guideline cite, and that those reviews have received 25,186 guideline cites in total, giving an average of 3 guideline citations per article:

$$\begin{array}{l} \text{Guideline citations} \\ \text{Reviews in guidelines} \end{array} \quad \frac{25,186}{7,766} = \mathbf{3.243}$$

You could consider this a ‘guideline factor’ of 3.243 for the CDSR. The same method has been used to calculate a ‘guideline factor’ for each CRG (see Figure 5). Figure 6 shows the percentage of contributing articles per group alongside the percentage of contributing guideline cites. As with citations and usage, these figures are an impression of distribution by CRG within the CDSR and should not be used as group-to-group comparison.

Notes on guideline data:

- Guidelines included have been scheduled to be developed and published in this given period and therefore reflect the priorities of individual guideline developers, which may not necessarily reflect national priorities or global burdens of disease.
- Although ‘living guidelines’ (those continually updated online) are now beginning to be developed, these are in the minority at present.
- Guidelines on common conditions affecting large populations globally covering a broad range of questions, and whose topic is covered by single CRGs (such as asthma (Airways Group) or pregnancy (Pregnancy & Childbirth Group)), are likely to generate a higher ranking for those groups than (a) guidelines on common conditions affecting large populations covering a broad range of questions but whose topic is covered by a range of CRGs (such as diabetes (Metabolic & Endocrine Disorders, Eyes & Vision, Kidney & Transplant, Neuromuscular, Wounds, Pregnancy & Childbirth, Public Health, Heart, Oral Health, Pain, Palliative & Supportive Care)), or than (b) guidelines with a more specific, specialized focus with a narrower remit and fewer questions.
- These data include accredited guidelines that are published as open access; there are likely to be guidelines in sources only accessible via subscription that are not yet included here.
- Data included in this report for each review may differ slightly from the figure presented on the Cochrane Library due to format of the data and date of data collection.
- Guidelines may cite multiple versions of a single review (e.g. CD001423 and CD001423.pub2). For this report, we have counted all citations to any version of a review – this means that if a guideline cites two versions of a review, it has been counted as 2 citations.
- The data in Table 12 is available to Review Networks and CRGs in the datapack files – we would recommend Editors look at this to gain insight into where their reviews are being cited. This may be useful for prioritisation.

Table 10: Top 10 national guidelines (published Jan 2018-Jun 2020) ranked by number of Cochrane Reviews cited

No. unique reviews cited	Guideline citation	Year published
105	National Asthma Council Australia. Australian Asthma Handbook. Version 2.0. [website]. Melbourne: National Asthma Council Australia; 2019 March. Available from: http://www.astmahandbook.org.au	2019
105	National Aboriginal Community Controlled Health Organisation; Royal Australian College of General Practitioners. National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people: Evidence base (Third edition). Victoria: The Royal Australian College of General Practitioners; 2018. Available from: https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/Evidence-base-to-a-preventive-health-assessment-3rd-edition	2018
83	Department of Health. Clinical Practice Guidelines: Pregnancy Care 2018 Edition. Canberra: Australian Government Department of Health; 2018. Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/4BC0E3DE489BE54DCA258231007CDD05/\$File/Pregnancy%20care%20guidelines%205Feb18.pdf	2018
83	Yang IA, Dabscheck E, George J, Jenkins S, McDonald CF, McDonald V, Smith B, Zwar N; on behalf of the Lung Foundation Australia and the Thoracic Society of Australia and New Zealand. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2019. Version 2.59, August 2019. Sydney, NSW, Australia: Lung Foundation Australia and Thoracic Society of Australia and New Zealand; 2019. Available from: https://copdx.org.au/wp-content/uploads/2019/11/COPDX-V2-59-Aug-2019-FINAL2.pdf	2019
82	Australian Government Department of Health. Clinical Practice Guidelines: Pregnancy Care 2019 Edition. Canberra, Australia: Australian Government Department of Health; 2019. [Last updated June 2019]. Available from: https://www.health.gov.au/sites/default/files/pregnancy-care-guidelines_0.pdf	2019
81	Scottish Intercollegiate Guidelines Network (SIGN) and British Thoracic Society. British guideline on the management of asthma. Edinburgh: SIGN; 2019. [SIGN publication no. 158]. [Issued 2003; updated July 2019]. Available from: https://www.sign.ac.uk/assets/sign158.pdf	2019
79	Yang IA, Dabscheck E, George J, Jenkins S, McDonald CF, McDonald V, Smith B, Zwar N; on behalf of the Lung Foundation Australia and the Thoracic Society of Australia and New Zealand. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2018. Version 2.56, December 2018. Sydney, NSW, Australia: Lung Foundation Australia and Thoracic Society of Australia and New Zealand; 2018. Available from: http://copdx.org.au/	2018
68	Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft; Deutsche Krebshilfe; AWMF). S3-Leitlinie: Palliativmedizin für Patienten mit einer nicht heilbaren krebserkrankung. [S3 guideline: palliative care for patients with incurable cancer]. Berlin: Leitlinienprogramm Onkologie; 2019. Available from: https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Palliativmedizin/Version_2/LL_Palliativmedizin_2.0_Langversion.pdf	2019
60	Schulz M, Martin E, Dalhoff K, Worth H, Crieé C-P, Lommatzsch M, Hamelmann E, Schneider A, Freitag M, Nowak D, Kraus T, Kainer F, Beule G, Hosemann W, Buhl R, Virchow J-C, Schuster A, Kopp M, Virchow J-C, Hering T, Schultz K, Deter H-C, Pfeiffer-Kascha D, Tholen GR, Vogelberg C, Spindler T, Gappa M, Gerstlauer M, Langhorst J, Klose P, Köhler M, Alsdorf E. Nationale VersorgungsLeitlinie Asthma. [National Care Guideline: Asthma]. Berlin: Ärztliches Zentrum für Qualität in der Medizin (ÄZQ); 2018. Available from: https://www.awmf.org/uploads/tx_szleitlinien/nvl-002l_S3_Asthma_2018-09.pdf	2018
57	Deutsche Gesellschaft für Psychosomatische Medizin und Ärztliche Psychotherapie e.V. (DGPM); Deutsches Kollegium für Psychosomatische Medizin (DKPM). S3-Leitlinie: Funktionelle Körperbeschwerden. [S3-Guideline: Functional ailments of the body]. Berlin: Deutsche Gesellschaft für Psychosomatische Medizin und Ärztliche Psychotherapie e.V. (DGPM); 2018 July. Available from: https://www.awmf.org/leitlinien/detail/ll/051-001.html .	2018

Table 11: Top 10 international/multinational guidelines (published Jan 2018-Jun 2020) ranked by number of Cochrane Reviews cited

No. unique reviews cited	Guideline citation	Year published
60	Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention (Updated 2019). Vancouver (WA): Global Initiative for Asthma (GINA); 2019. Available from: https://ginasthma.org/wp-content/uploads/2019/06/GINA-2019-main-report-June-2019-wms.pdf	2019
49	Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention (Updated 2018). Vancouver (WA): Global Initiative for Asthma (GINA); 2018. Available from: https://ginasthma.org/wp-content/uploads/2018/04/wms-GINA-2018-report-V1.3-002.pdf	2018
44	Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease: 2019 report. Vancouver (WA): Global Initiative for Chronic Obstructive Lung Disease (GOLD); 2019. Available from: https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.7-FINAL-14Nov2018-WMS.pdf	2019
42	Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease: 2018 report. Vancouver (WA): Global Initiative for Chronic Obstructive Lung Disease (GOLD); 2018. Available from: https://goldcopd.org/wp-content/uploads/2017/11/GOLD-2018-v6.0-FINAL-revised-20-Nov_WMS.pdf	2018
39	Sweet DG, Carnielli V, Greisen G3 Hallman M, Ozek E, Te Pas A, Plavka R, Roehr CC, Saugstad OD, Simeoni U, Speer CP, Vento M, Visser GHA, Halliday HL. European Consensus Guidelines on the Management of Respiratory Distress Syndrome - 2019 Update. Neonatology. 2019;115(4):432-450. doi: 10.1159/000499361. Available from: https://www.ncbi.nlm.nih.gov/pubmed/30974433	2019
28	Burkhard FC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Thiruchelvam N, Tubaro A; European Association of Urology. Guidelines on Urinary Incontinence. Arnhem (The Netherlands): European Association of Urology; 2020. [Updated 2020]. Available from: https://uroweb.org/guideline/urinary-incontinence/	2020
28	Burkhard FC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Thiruchelvam N, Tubaro A; European Association of Urology. Guidelines on Urinary Incontinence. Arnhem (The Netherlands): European Association of Urology; 2019. [Updated 2019]. Available from: https://uroweb.org/guideline/urinary-incontinence/	2019
28	Burkhard FC, Bosch JLHR, Cruz F, Lemack GE, Nambiar AK, Thiruchelvam N, Tubaro A; European Association of Urology. Guidelines on Urinary Incontinence. Arnhem (The Netherlands): European Association of Urology. [Updated 2018]. Available from: https://uroweb.org/guideline/urinary-incontinence/	2018
20	World Health Organization. WHO Recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Available from: http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf?ua=1	2018
19	Batchelor TJP, Rasburn NJ, Abdelnour-Berchtold E, Brunelli A, Cerfolio RJ, Gonzalez M, Ljungqvist O, Petersen RH, Popescu WM, Slinger PD, Naidu B. Guidelines for Enhanced Recovery After Lung Surgery: Recommendations of the Enhanced Recovery After Surgery (ERAS®) Society and the European Society of Thoracic Surgeons (ESTS). European Journal of Cardio-Thoracic Surgery. 2019 Jan;55(1):91-115. doi: 10.1093/ejcts/ezy301. Available from: https://academic.oup.com/ejcts/article/55/1/91/5124324 .	2019

Table 12: Top Cochrane Reviews (published anytime) ranked by number of cites in guidelines

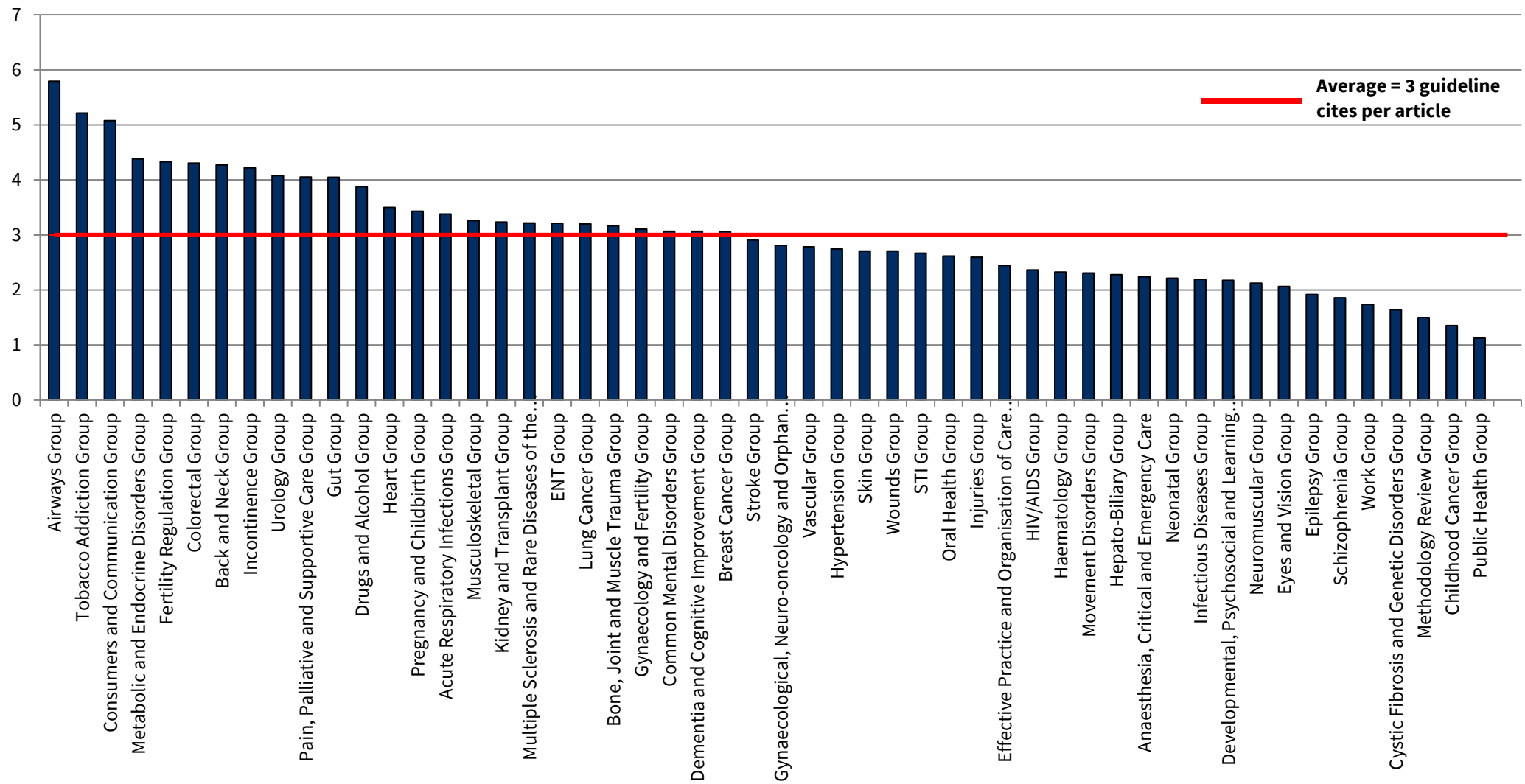
CD Number	Review title	Review Group	No. cites in guidelines*	No. review versions cited in guidelines**	CCA number
CD001431	Decision aids for people facing health treatment or screening decisions	Consumers and Communication Group	69	5	1693
CD007146	Interventions for preventing falls in older people living in the community	Bone, Joint and Muscle Trauma Group	60	3	-
CD000165	Physician advice for smoking cessation	Tobacco Addiction Group	58	3	-
CD000011	Interventions for helping patients to follow prescriptions for medications	Consumers and Communication Group	56	4	2835
CD000146	Nicotine replacement therapy for smoking cessation	Tobacco Addiction Group	51	5	2197
CD001800	Exercise-based rehabilitation for coronary heart disease	Heart Group	44	3	1187
CD005305	Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease	Airways Group	43	3	1650
CD002733	Influenza vaccine for patients with chronic obstructive pulmonary disease	Airways Group	40	3	2235
CD006103	Nicotine receptor partial agonists for smoking cessation	Tobacco Addiction Group	40	6	1502
CD000052	Holding chambers versus nebulisers for beta-agonist treatment of acute asthma	Airways Group	39	3	261, 262
CD004454	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Pregnancy and Childbirth Group	39	2	1788

*No. cites in guidelines includes all versions of the review published in any guideline – it is important to note that multiple versions of one review (pub2, pub 3) may be cited by one guideline and may contribute to this figure.

** No. review versions cited indicates how many versions of each review have been cited in any guideline (pub2, pub3 etc).

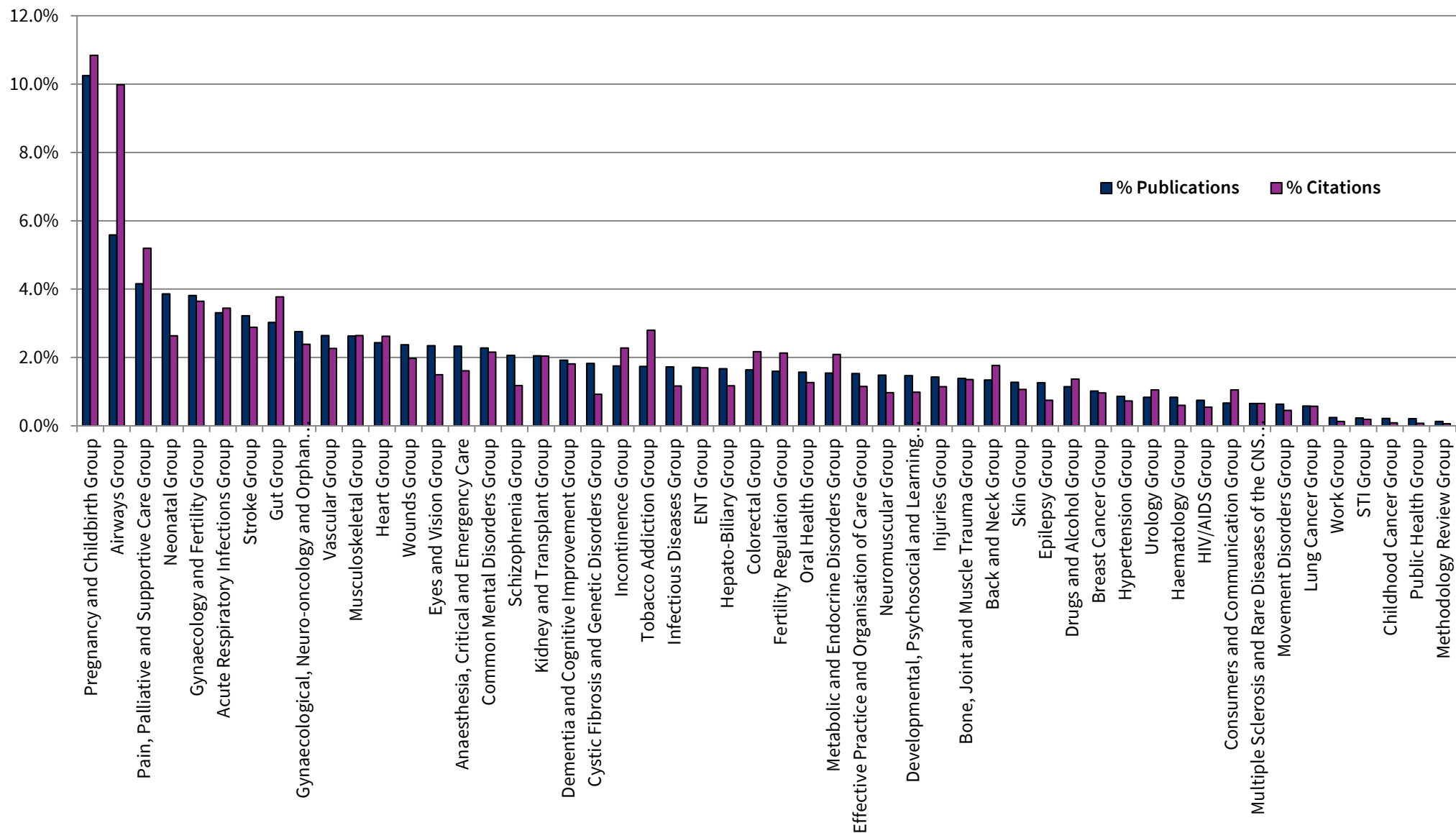
NOTE: Some guideline developers tackle a wide range of questions designed to cover all aspects of a condition (e.g prevention, diagnosis, prognosis, treatment) in all populations (e.g adults, adolescents, children, infants) in a single guideline and these guidelines are therefore more likely to feature more reviews and be ranked higher in the tables than guidelines from developers who tackle a similar range of questions but choose to publish these in a series of separate guidelines targeted for particular stakeholders.

Figure 5: Average number of guideline cites to reviews (published anytime) for each Cochrane Review Group



Note: As the Anaesthesia Group and Emergency and Critical Care Group were previously combined, data reported here for these groups is also combined. Further, data for the Gut Group includes reviews previously published under the Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD groups

Figure 6: % Publications (blue) and % cites (purple) of reviews included and cited in guidelines for each CRG (in order of percentage of publications)



Note: As the Anaesthesia Group and Emergency and Critical Care Group were previously combined, data reported here for these groups is also combined. Further, data for the Gut Group includes reviews previously published under the Upper Gastrointestinal and Pancreatic Diseases and Cochrane IBD groups

Additional information

If you have any further queries regarding these data, please contact Cathryn Jordan, Associate Editor, Wiley; cjordan2@wiley.com.

Useful links

Clarivate Analytics Web of Science Journal Citation Reports

<https://clarivate.com/webofsciencegroup/web-of-science-journal-citation-reports-2020-infographic/>

The donut and Altmetric Attention Score

www.altmetric.com/about-our-data/the-donut-and-score/.

Cochrane at the WHO: Identifying and charting the impact of Cochrane evidence

<https://community.cochrane.org/news/cochrane-who-identifying-and-charting-impact-cochrane-evidence>