

Cochrane Database of Systematic Reviews

2020 Impact Report

The Impact Report presents information on different measures of 'impact' and aims to support the 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.

66 We want to continue to work with our groups 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 \$9

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

Trusted evidence.
Informed decisions.
Better health.

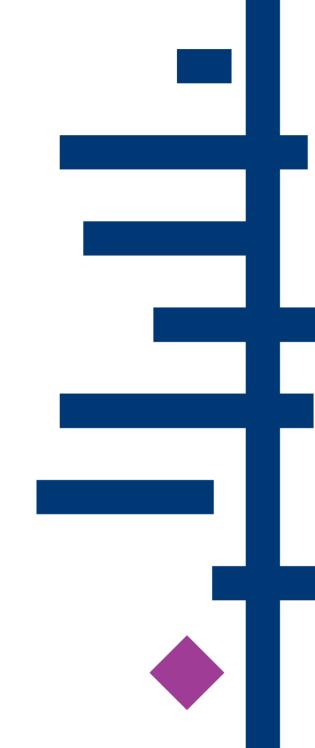


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1. The Journal Impact Factor of the Cochrane Database of Systematic Reviews (CDSR)

Each year in June, Clarivate Analytics publish the Journal Impact Factors (JIF) of all journals indexed in the Journal Citation Report. The 2020 JIF for the *CDSR* is **9.289**, which is generated from a calculation that involves dividing the number of citations received in 2020 (to reviews published in 2018 and 2019) by the number of reviews published in 2018 and 2019 (see calculation below).

Cites in 2020 to reviews published in 2018 and 2019 (in-window citations)	2019 = 4,249 2018 = 7,056	Number of review published in 2018 (in-window citabl	and 2019	2019 = 573 2018 = 644
CDSR JIF calculation 2020: In-window citations	11 205			ew published 019 was cited,
In-window citable items	11,305 1,217	9.289	on average, in 2020	,

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 2020, 12% of cites were not able to be matched to a specific review. This is a slight decrease on the previous year where 7% of cites could not be matched to a specific review. As you can see in the table below, success of citation matching has been fairly consistent over time.
- All reviews that have a new citation record are included in the CDSR JIF calculation. Protocols and Editorials are not included.

Table 1: Percentage of 2020 JIF cites matched to individual Cochrane Reviews

Impact Factor Year Cites received* Cites matched % matched cit

Impact Factor Year	Cites received*	Cites matched	% matched cites
2020	11,305	9,963	88%
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%

^{*}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 2020 JIF window

Times Cited	Title	Authors	CD Number	Review Group	Publication Date*	CCA** number
133	Exercise for preventing falls in older people living in the community	Sherrington C, Fairhall NJ, Wallbank GK, Tiedemann A, Michaleff ZA, Howard K, Clemson L, Hopewell S, Lamb SE	CD012424.pub2	Bone, Joint and Muscle Trauma Group	Jan-2019	2469
72	Prostate MRI, with or without MRI-targeted biopsy, and systematic biopsy for detecting prostate cancer	Drost F-JH, Osses DF, Nieboer D, Steyerberg EW, Bangma CH, Roobol MJ, Schoots IG	CD012663.pub2	Urology Group	Apr-2019	2789
70	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
66	Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women	Dumoulin C, Cacciari LP, Hay-Smith EJC	CD005654.pub4	Incontinence Group	Oct-2018	2360
64	Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors	Arbyn M, Xu L, Simoens C, Martin-Hirsch PPL	CD009069.pub3	Gynaecological, Neuro- oncology and Orphan Cancer Group	May-2018	-
61	Interventions for preventing falls in older people in care facilities and hospitals	Cameron ID, Dyer SM, Panagoda CE, Murray GR, Hill KD, Cumming RG, Kerse N	CD005465.pub4	Bone, Joint and Muscle Trauma Group	Sep-2018	2429, 2430
60	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
59	Nurses as substitutes for doctors in primary care	Laurant M, van der Biezen M, Wijers N, Watananirun K, Kontopantelis E, van Vught AJAH	CD001271.pub3	Effective Practice and Organisation of Care Group	Jul-2018	2276
56	Corticosteroids as adjunctive therapy in the treatment of influenza	Lansbury L, Rodrigo C, Leonardi-Bee J, Nguyen- Van-Tam J, Lim WS	CD010406.pub3	Acute Respiratory Infections Group	Feb-2019	2596
56	Interventions for preventing obesity in children	Brown T, Moore THM, Hooper L, Gao Y, Zayegh A, Ijaz S, Elwenspoek M, Foxen SC, Magee L, O'Malley C, Waters E, Summerbell CD	CD001871.pub4	Public Health Group	Jul-2019	2702, 2703, 2704,

^{*}The Impact Factor is calculated using data from the two previous years (for 2020, the data concerns articles published in 2018 and 2019). For the 2021 Impact Factor, reviews published in 2019 and 2020 will be included and 2018 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 2020 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

2020 Rank	Journal name	Impact Factor	In- window* citations	In-window* citable items	% in-window items cited	In-window <u>reviews</u> published	5-Year Impact Factor	Total cites 2020	Self- citation rate	IF w/o self- citations	Immedi- acy Index
1	New England Journal of Medicine	91.253	59,223	649	92%	96	89.676	464,37	1%	90.595	162.030
2	Lancet	79.323	42,755	539	100%	156	77.237	369,61	2%	78.111	259.056
3	JAMA-Journal of The American Medical Association	56.274	23,185	412	100%	107	60.151	224,16 5	2%	55.148	178.704
4	Nature Reviews Disease Primers	52.329	4,291	82	100%	0	65.357	14,221	0%	52.244	7.325
5	BMJ-British Medical Journal	39.890	13,802	346	99%	74	38.658	158,75	3%	38.59	60.269
6	Annals of Internal Medicine	25.391	6,551	258	99%	62	25.270	72,594	3%	24.736	40.550
7	Lancet Digital Health	24.519	662	27	93%	2	24.519	1,260	2%	23.926	12.122
8	JAMA Internal Medicine	21.873	5,512	252	99%	27	23.067	25,005	3%	21.266	24.813
9	Journal of Cachexia Sarcopenia and Muscle	12.910	2,285	177	98%	22	12.911	5,908	16%	10.814	2.705
10	PLOS Medicine	11.069	4,782	432	96%	4	14.412	42,447	2%	10.859	1.618
11	Cochrane Database of Systematic Reviews	9.289	11,305	1,217	89%	1,219	9.880	81,217	4%	8.949	2.276

Ranking: The 2020 *CDSR* Impact Factor of 9.289 is a slight improvement on the previous year (7.890). *CDSR* now ranks 11 of 167 journals in the Medicine, General and Internal category, down one place from 10th in 2019.

In-window citations: The CDSR received the fifth highest number of citations in 2020 to papers published in 2018 and 2019.

In-window citable items: The *CDSR* published considerably more citable items (in 2018 and 2019) than any of the higher ranked journals (1,217 vs median 346). 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: 89% of in-window Cochrane Reviews were cited in this JIF window, compared with 91% in the previous window.

Total cites: In 2020, the CDSR received a total of 81,217 cites to all reviews (published anytime). The only journals in the category to receive more cites the CDSR were NEJM, Lancet, JAMA and BMJ (ranked as 1st, 2nd, 3rd and 5th respectively). This is consistent with last year's trend.

^{* &#}x27;In-window' refers to data included in the JIF window - for 2020, this includes citations made in 2020 to reviews published in the previous 2 years (2018-2019)

Immediacy Index: The Immediacy Index in 2020 is **2.276**, up from 1.077 in 2019. This index is the count of citations in the current year to content published in the same year and is helpful for showing engagement in near-real time. Journals that have a consistently high Immediacy Index attract citations rapidly. This increase was most likely driven by interest in COVID-19 content and all the top 10 journals in the Medicine, General & Internal subject category experienced a similar increase this year. We can expect to see the future Impact Factors for 2021 and 2022 benefit from the COVID-19 content published in 2020.

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 2020 5-Year Impact Factor is 9.880. This is calculated by taking the number of citations made in 2020 to items published between 2015 and 2019 (36,831) and dividing this by the number of items published between 2015 and 2019 (3,728).

Table 4: CDSR citation trends 2010-2020

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
2020	11	9.289	11,305	1,217	81,217	4%	8.949	9.880
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

The number of reviews published in the *CDSR* in 2019 was 11% lower than in 2018 (573 vs 646). In 2020, the JCR recorded the *CDSR* as publishing 583 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 (583 vs median 199).

The journals in the JCR category can also be ranked by number of citable items published in 2020. The *CDSR* published the tenth highest number of citable items in the category. Of these journals, the *CDSR* has the highest Impact Factor. The journals that published the 11th and 12th highest numbers of citable items produced a similar number of items to the CDSR (567 and 485 respectively) but had JIFs of 5.128 and 1.437; when looking at the category sorted by Journal Impact Factor, this ranked 27 and 115. 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 2020 citable items

Journal Title	Citable items 2020	Impact Factor 2020	Impact Factor rank in category
Medicine	5,078	1.889	99
Journal of Clinical Medicine	4,015	4.242	39
BMJ Open	3,266	2.692	64
JAMA Network Open	1,083	8.485	15
Diagnostics	1,069	3.706	45
Frontiers in Medicine	982	5.093	28
World Journal of Clinical Cases	747	1.337	119
Medicina-Lithuania	708	2.43	80
Acta Medica Mediterranea	602	0.219	162
Cochrane Database of Systematic Reviews	583	9.289	11

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 2020 to reviews published in 2018 and 2019 (by each CRG* in the Network) by the number of reviews published in 2018 and 2019 (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 2018 or 2019, was cited in 2020.

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 2020 Impact Factors

Network	In-Window Cites	In-window citable items	Unofficial Impact Factor
Cochrane Abdomen and Endocrine	891	118	7.551
Cochrane Acute and Emergency Care	1168	98	11.918
Cochrane Cancer	1011	109	9.275
Cochrane Children and Families	1600	233	6.867
Cochrane Circulation and Breathing	1066	138	7.725
Cochrane Mental Health and Neuroscience	1383	203	6.813
Cochrane Musculoskeletal, Oral, Skin and Sensory	1456	186	7.828
Cochrane Public Health and Health Systems	1312	130	10.092
For comparison – overall CDSR	11,305	1,217	9.289

^{*}All CRGs are included in the Networks listed above apart from Cochrane Methodology Group (77 citations, 5 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 2020 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 2018 or 2019 by each CRG, was cited in 2020.

Figure 1: 'Impact Factor' for each CRG (i.e. number of cites in 2020 to reviews published in 2018–2019, divided by the number of reviews published in 2018–2019)

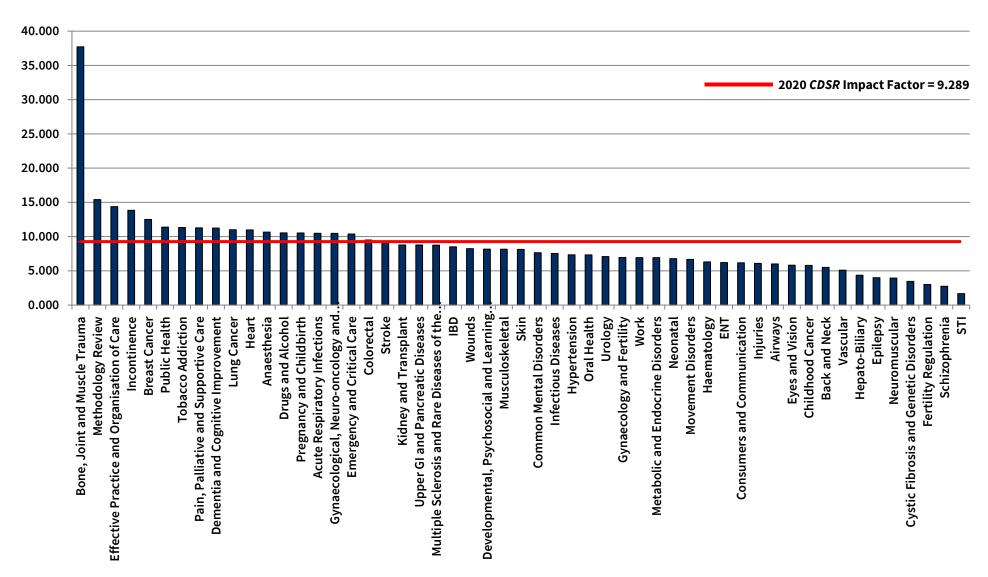
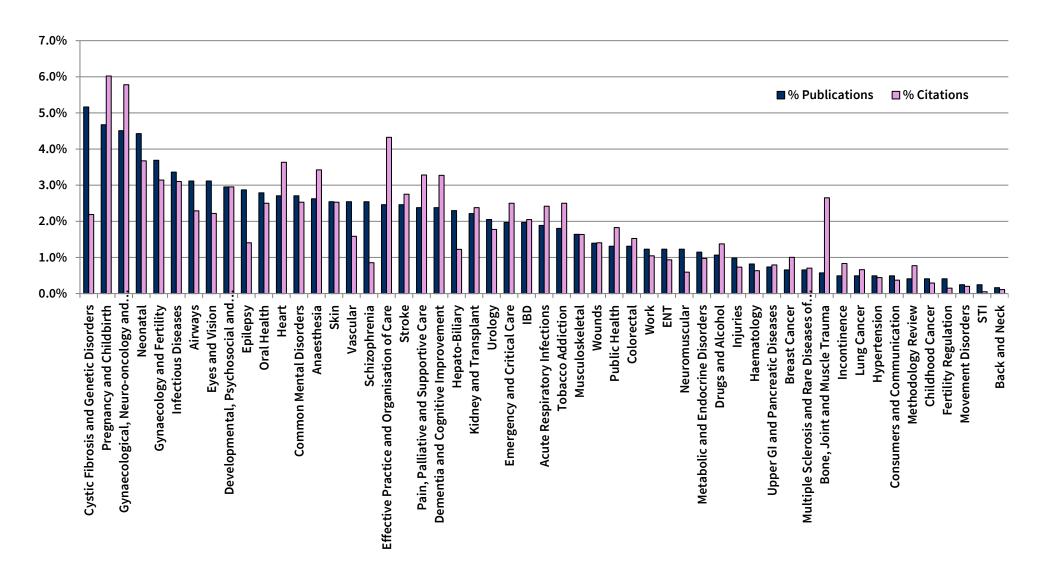


Figure 2: % Publications (blue) and % Citations (purple) of CDSR for each CRG (in order of percentage of publications)



4. Usage data for the Cochrane Library

When considering the usage data for 2020 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 2020 (reviews published anytime)

Full text accesses	Review title	CD Number	Publication date	CRG	CCA number
268,508	Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease	CD013665	Jul-2020	Infectious Diseases Group	3215
128,274	Antibody tests for identification of current and past infection with SARS-CoV-2	CD013652	Jun-2020	Infectious Diseases Group	3386
72,327	Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review	CD013574	Apr-2020	Infectious Diseases Group	3272, 3273, 3274
53,343	Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection	CD013705	Aug-2020 Infectious Diseases Group		3282
38,531	Physical interventions to interrupt or reduce the spread of respiratory viruses	CD006207.pub4	Jul-2011	Acute Respiratory Infections Group	3279
36,104	Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review	CD013600	May-2020	Haematology Group	3333
28,905	Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff	CD011621.pub4	Apr-2020	Work Group	3056
27,465	Enteral versus parenteral nutrition and enteral versus a combination of enteral and parenteral nutrition for adults in the intensive care unit	CD012276.pub2	Jun-2018	Emergency and Critical Care Group	2278
26,435	Music therapy for depression	CD004517.pub3	Nov-2017	Common Mental Disorders Group	-
26,345	Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis	CD013582	Apr-2020	Effective Practice and Organisation of Care Group	3067

Note: 143,628 full text accesses in 2020 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 2020.

Table 8: Review Group Network article usage 2020

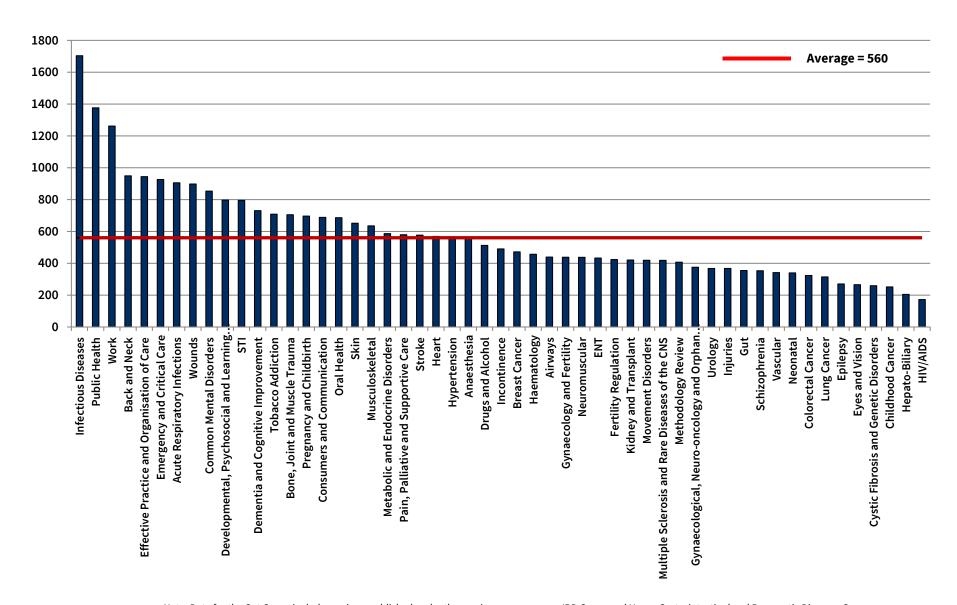
Network	Number of reviews accessed	Total number of full text accesses	Average number of full text accesses per review
Cochrane Abdomen and Endocrine	2,453	877,472	358
Cochrane Acute and Emergency Care	1,908	1,347,015	706
Cochrane Cancer	1,427	549,599	385
Cochrane Children and Families	4,507	2,185,816	485
Cochrane Circulation and Breathing	2,665	1,297,035	487
Cochrane Mental Health and Neuroscience	3,235	1,808,020	559
Cochrane Musculoskeletal, Oral, Skin and Sensory	3,704	2,239,041	604
Cochrane Public Health and Health Systems	1,592	1,834,672	1152
For comparison – overall CDSR	21,806	12,218,013	560

^{*}All CRGs are included in the Networks listed above apart from Cochrane Methodology Group (43,558 full text accesses, 107 reviews) and HIV/AIDs group (35,785 full text accesses, 208 reviews)

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

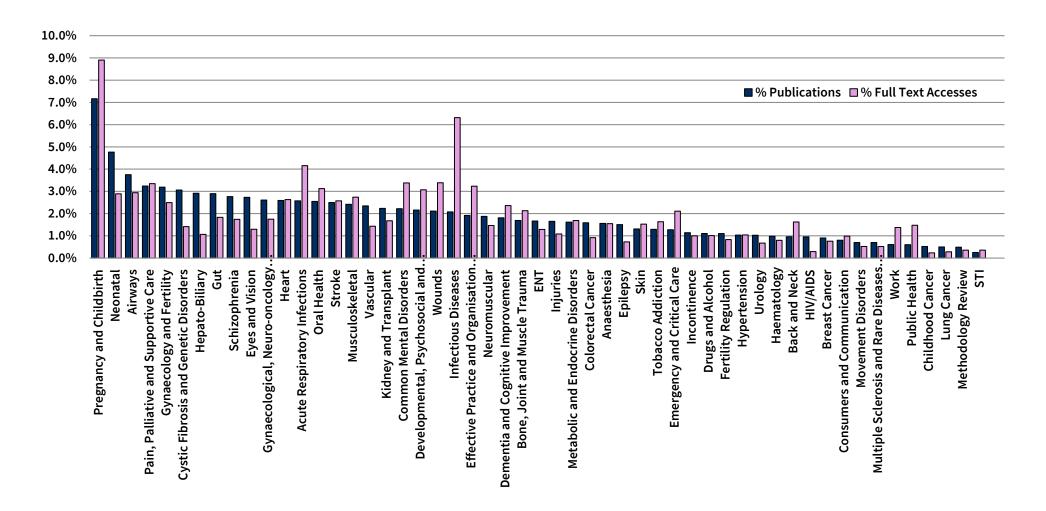
Figure 3 shows the average number of full text accesses per review as accessed via Cochrane Library during 2020 (regardless of publication date). Figure 4 shows the number of publications and full text accesses for each CRG as a percentage of the *CDSR*.

Figure 3: Average number of Full Text Accesses received by Cochrane Review Groups in 2020



Note: Data for the Gut Group includes reviews published under the previous group names IBD Group and Upper Gastrointestinal and Pancreatic Diseases Group

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



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 13,350 articles from the CDSR up to April 2021.

Table 9: Top 10 Altmetric scores for reviews published in 2020

Score	Review title	CD Number	Publication date	CRG	CCA number	В	T	N	F	W	М
1909	Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review	CD013574	Apr-2020	Infectious Diseases Group	3272, 3273, 3274	7	1364	134	19	2	0
1886	Antibody tests for identification of current and past infection with SARS-CoV-2	CD013652	Jun-2020	Infectious Diseases Group	3386	14	2078	105	27	1	0
1684	Physical interventions to interrupt or reduce the spread of respiratory viruses	CD006207.pub5	Nov-2020	Acute Respiratory Infections Group	3279	0	2915	11	7	2	0
906	Electronic cigarettes for smoking cessation	CD010216.pub4	Oct-2020	Tobacco Addiction Group	3341	6	2083	51	3	5	0
752	Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review	CD013574.pub2	Sep-2020	Infectious Diseases Group	3272, 3273, 3274	2	1138	12	11	0	0
663	Alcoholics Anonymous and other 12-step programs for alcohol use disorder	CD012880.pub2	Mar-2020	Drugs and Alcohol Group	2976	12	386	56	6	2	0
539	Vaccines for measles, mumps, rubella, and varicella in children	CD004407.pub4	Apr-2020	Acute Respiratory Infections Group	3166, 3186	7	297	46	7	16	0
492	Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review	CD013600.pub3	Oct-2020	Haematology Group	3333	4	386	32	4	3	0
474	Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection	CD013705	Aug-2020	Infectious Diseases Group	3590	4	476	27	7	1	0
429	Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review	CD013600.pub2	Jul-2020	Haematology Group	3333	3	315	40	7	0	0

B=Bloggers T=Tweeters 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:

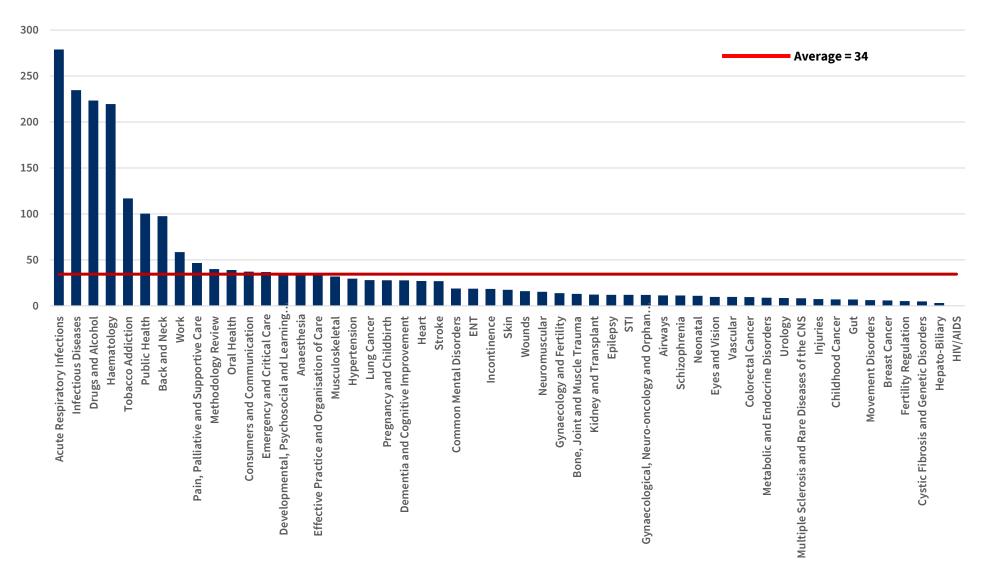
- **Volume** The score for an article rises as more people mention it.
- **Sources** Each category of mention contributes a different base amount to the final score (see Useful links for further information on breakdown of sources).
- **Authors** How often the author of each mention talks about scholarly 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; 'Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review' falls in the top 20 highest scoring Cochrane Reviews of all time on Altmetric Explorer (currently 3rd). As this year's altmetric data looks at reviews published in 2020, we expect to see a number of COVID-related reviews included in this dataset. Interestingly for this year, there are 2 reviews which have multiple versions included in the top 10; 'Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review' and 'Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review'. This is because each version has a new DOI, so becomes a new entry in Altmetric Explorer (similarly to how the JCR and Adobe Analytics track reviews for citations and usage, respectively).

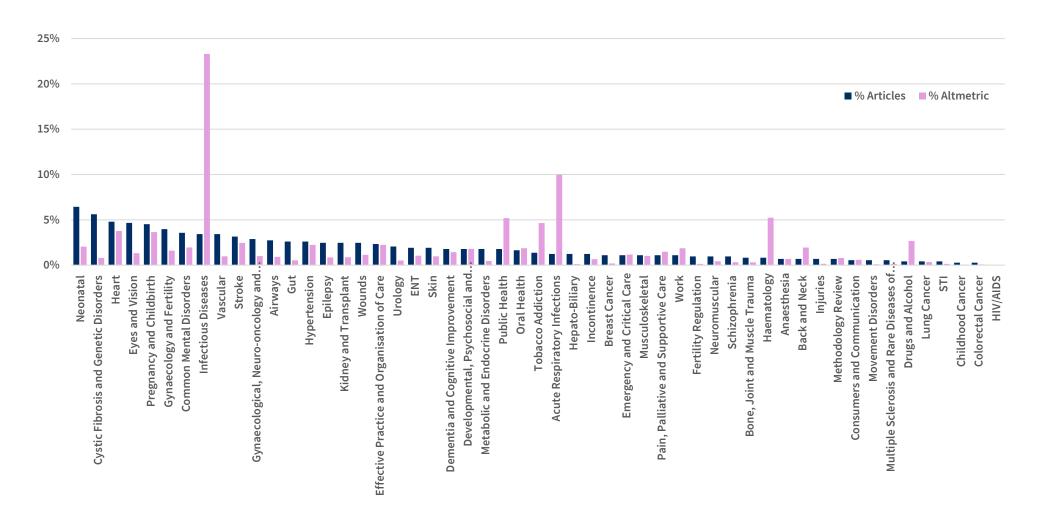
How different sources contribute to the Altmetric Attention Score can be observed in the table above. The Cochrane Review ranked third, 'Physical interventions to interrupt or reduce the spread of respiratory viruses' was only mentioned 11 times in the news (average for the top 10 was 51) but received the most Twitter mentions (2915 vs average for the top 10 of 1143) which bumped up its score. In comparison, 'Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review' received the most news mentions but only had 7 blog mentions and 1364 twitter mentions.

Figure 5: Average number of Altmetric attention received by Cochrane Review Groups in 2020



Note: Data for the Gut Group includes reviews published under the previous group names IBD Group and Upper Gastrointestinal and Pancreatic Diseases Group.

Figure 6: % Publications (blue) and % Altmetric Attention (purple) of CDSR for each CRG (in order of percentage of publications)



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 @



Used in 51 guidelines

Guideline data

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

- 1. Clinical guidelines (published between 1st January 2019 to 31st March 2021) that have cited Cochrane Reviews (all versions) According to data collected by Cochrane UK, 1,698 guidelines published between January 2019 and 31st March 2021 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, 8,378 Cochrane Reviews (all versions) have been included in guidelines. Of these citations, 4,898 were to NICE guidelines and 697 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 86% of WHO guidelines published in 2020 were informed by Cochrane Reviews (44 unique Cochrane Reviews were included in 19 of 22 WHO guidelines published in 2020). 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 7 and 8 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*, 8,378 reviews (all versions) have received at least one guideline cite, and that those reviews have received 29,770 guideline cites in total, giving an average of 3.5 guideline citations per article:

You could consider this a 'guideline factor' of 3.553 for the CDSR. The same method has been used to calculate a 'guideline factor' for each CRG (see Figure 7). Figure 8 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 2019-March 2021) 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. Available from: http://www.asthmahandbook.org.au	2019
103	National Asthma Council Australia. Australian Asthma Handbook (Version 2.1, published September 2020). Web. Accessed April 2021. Available from: http://www.asthmahandbook.org.au	2020
90	Schulz M, Martin E, Dalhoff K, Schäfer H, Alsdorf E, Köhler M, Worth H, Criée C-P, Weber M, Hellmann A, Lommatzsch M, Hamelmann E, Taube C, Schneider A, Nowak D, Kraus T, Kainer F, Beule AG, Hosemann W, Klimek L, Buhl R, Lepper P, Seiler F, Schuster A, Kopp M, Schultz K, Virchow J-C, Hering T, Deter H-C, Orth M, Hein H, Kaufmann J, Pfeiffer-Kascha D, Reiter K, Vogelberg C, Spindler T, Gappa M, Gerstlauer M, Langhorst J, Klose P, Hothacker M, Vader I, Schaefer C, Schorr S. Bundesärztekammer (BÄK) Arbeitsgemeinschaft der Deutschen Ärztekammern; Kassenärztliche Bundesvereinigung (KBV); Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF). Nationale VersorgungsLeitlinie: Asthma, 4. Auflage, 2020, Version 1. [National Care Guideline: Asthma, Edition 4 2020, Version 1]. Berlin: Ärztliches Zentrum für Qualität in der Medizin (ÄZQ); 2020. Available from: https://www.leitlinien.de/nvl/html/asthma/4-auflage/kapitel-1	2020
84	Australian Government Department of Health. Clinical Practice Guidelines: Pregnancy Care 2020 Edition. Canberra, Australia: Australian Government Department of Health; 2020. Available from: https://www.health.gov.au/sites/default/files/documents/2021/02/pregnancy-care-guidelines-pregnancy-care-guidelines.pdf	2020
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
80	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 2020. Version 2.62, October 2020. Sydney, NSW, Australia: Lung Foundation Australia and Thoracic Society of Australia and New Zealand; 2020. Available from: https://copdx.org.au/wp-content/uploads/2021/02/COPDX-V2.62-June_Oct-2020-PUBLISHED.pdf	2020
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

CDSR 2020 Impact Report	22

55	Alobid I, Álvarez Rodríguez C, Blanco Aparicio M, Ferreira J, García G, Gómez-Outes A, et al; Asociación Española de Pediatría de Atención Primaria; Asociación Latinoamericana del Tórax; Sociedad de Respiratorio de Atención Primaria; Sociedad Española de Alergología e Inmunología Clínica; Sociedad Española de Farmacia Familiar y Comunitaria; Sociedad Española de Farmacología Clínica; Sociedad Española de Inmunología Clínica, Alergología y Asma Pediátrica; Sociedad Española de Médicos de Atención Primaria; Sociedad Española de Medicina de Urgencias y Emergencias; Sociedad Española de Medicina Familiar y Comunitaria; Sociedad Española de Médicos Generales y de Familia; Sociedad Española de Neumología Pediátrica; Sociedad Española de Otorrinolaringología y Cirugía de Cabeza y Cuello; Sociedad Española de Neumología y Cirugía Torácica; Sociedad Española de Pediatría Extrahospitalaria y Atención Primaria; Sociedad Portuguesa de Pneumología.	2020	
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Table 11: Top 10 international/multinational guidelines (published Jan 2019-March 2021) ranked by number of Cochrane Reviews cited

No. unique reviews cited	(-III/QIINQ CITATION			
61	Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention (Updated 2020). Vancouver (WA): Global Initiative for Asthma (GINA); 2020. Available from: https://ginasthma.org/wp-content/uploads/2020/04/GINA-2020-full-reportfinalwms.pdf			
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			
44	Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease: 2021 report. Fontana, Wisconsin: Global Initiative for Chronic Obstructive Lung Disease (GOLD); 2020. Available from: https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1-25Nov20_WMV.pdf	2020		
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		
44	Fokkens WJ, Lund VJ, Hopkins C, Hellings PW, Kern R, Reitsma S, Bernal-Sprekelsen M, Mullol J, et al. European Position Paper on Rhinosinusitis and Nasal Polyps 2020. Rhinology. 2020 Feb;58(Suppl S29):1-464. doi: 10.4193/Rhin20.600. Available from: https://epos2020.com/Documents/supplement_29.pdf	2020		
43	Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease: 2020 report. Vancouver (WA): Global Initiative for Chronic Obstructive Lung Disease (GOLD); 2020. Available from: https://goldcopd.org/wp-content/uploads/2019/12/GOLD-2020-FINAL-ver1.2-03Dec19_WMV.pdf	2020		
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	Orlandi RR, Kingdom TT, Smith TL, Bleier B, DeConde A, Luong AU, et al. International consensus statement on allergy and rhinology: rhinosinusitis 2021. Int Forum Allergy Rhinol. 2021 Mar;11(3):213-739. doi: 10.1002/alr.22741. Available from: https://onlinelibrary.wiley.com/doi/pdf/10.1002/alr.22741	2021		

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	75	5	1693
CD000165	Physician advice for smoking cessation	Tobacco Addiction Group	69	3	
CD007146	Interventions for preventing falls in older people living in the community	Bone, Joint and Muscle Trauma Group	65	3	
CD000146	Nicotine replacement therapy for smoking cessation	Tobacco Addiction Group	64	5	2197
CD000011	Interventions for helping patients to follow prescriptions for medications	Consumers and Communication Group	64	4	2835
CD002733	Influenza vaccine for patients with chronic obstructive pulmonary disease	Airways Group	52	3	2235
CD001800	Exercise-based rehabilitation for coronary heart disease	Heart Group	50	3	1187
CD006103	Nicotine receptor partial agonists for smoking cessation	Tobacco Addiction Group	49	6	1502
CD005305	Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease	Airways Group	49	3	1650
CD000052	Holding chambers versus nebulisers for beta-agonist treatment of acute asthma	Airways Group	49	3	261, 262

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.

^{*}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).

Figure 7: Average number of guideline cites to reviews (published anytime) for each Cochrane Review Group

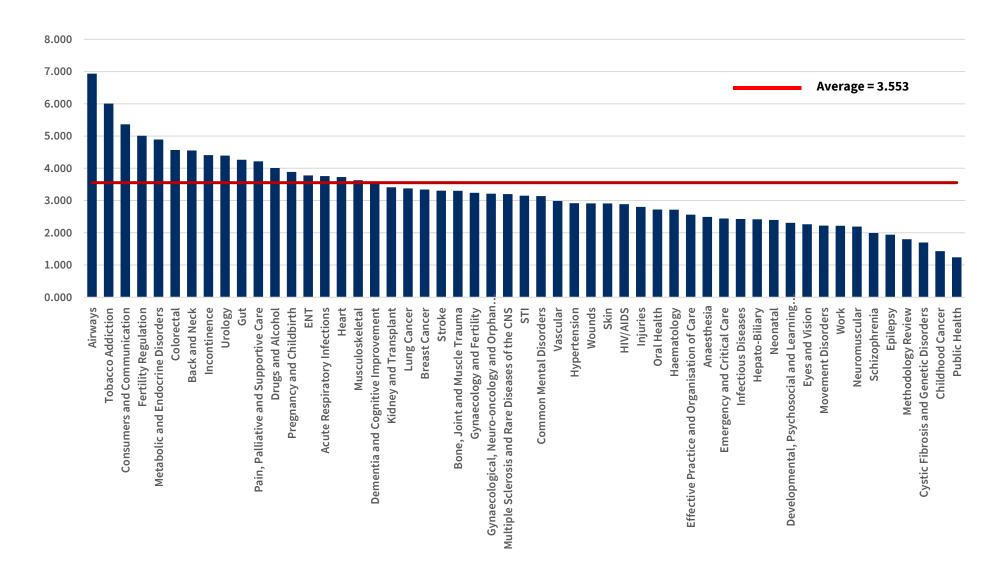
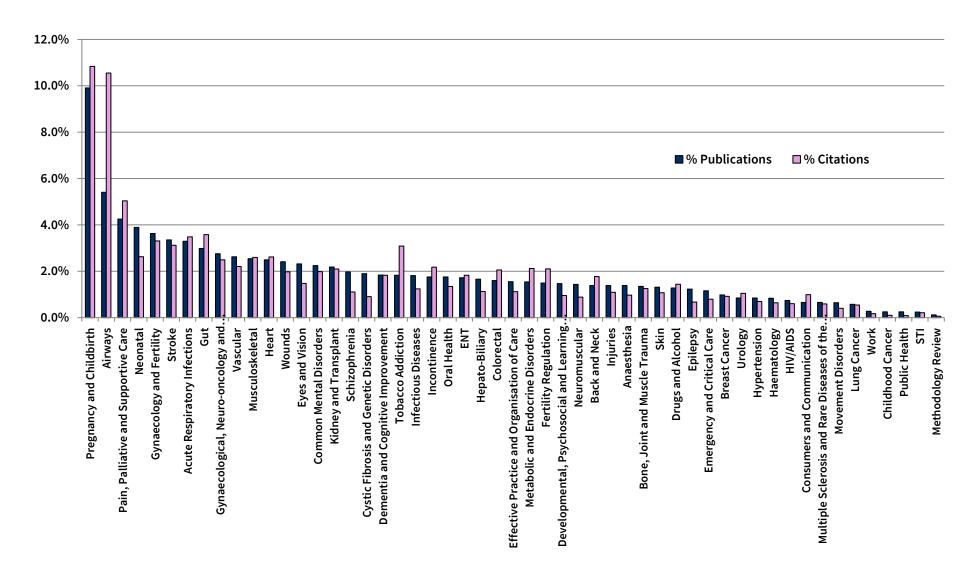


Figure 8: % Publications (blue) and % cites (purple) of reviews included and cited in guidelines for each CRG (in order of percentage of publications)



Additional information

If you have any further queries regarding these data, please contact Georgina Smith, Associate Journals Publishing Manager, Wiley, geosmith@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