Guest Editorial/Editorial Convidado

LITERATURE REVIEW: A REVIEW WITH A FOCUS ON THE SYSTEMATIC REVIEWS

Following, desirably, the increasing universal trend in health, Speech-Language Pathology and Audiology has stressed the importance of evidence-based practice (EBP). This approach assigns a prominent position to the systematic reviews (SR), which are identified, by consensus, as the maximum degree of strength in terms of scientific evidence.

In this scenario, this methodological procedure must be specified to be incorporated with rigor to the studies developed in the field of Speech-Language Pathology and Audiology. I chose a particular way to approach the subject, starting with arguments that clarify what SR is not, namely, it is not narrative (NR) or integrative review (IR).

In NR, also named traditional, bibliographic material is selected at random by the researcher to provide theoretical support to the topic and established study goals. This characteristic does not disqualify this type of review, however, it rules it out from the scale of scientific evidence due to possible selection biases¹.

IR, a prestige procedure in EBP, follows more rigorous methodological criteria compared to the NR to carry out a comprehensive synthesis of research findings on various topics (definition of concepts, review of existing theories, and analysis of methodological procedures used). Thus, it articulates bibliography material from empirical and theoretical studies².

Given these considerations, the differences between NR and IR are evident, but the differences between RI and SR are not so clear. Thus, let us get right to the heart of this differentiation: what essentially characterizes the SR is the goal of "answering a clinical question formulated with extreme precision," which will define the quality of the review. By extension, the selection criteria of the revised bibliography (primary studies) depend on the question that the researcher intends to respond. In this sense, the fact that, in medicine, SR studies strongly address the effectiveness of medicines in treating various medical conditions is exemplary.

The SR may or may not be complemented by meta-analysis, that is, a summary of the material conducted by means of statistical techniques. However, although this will add reliability to SR, it does not replace a careful evaluation of the studies reviewed. This is a point made in studies on the subject, which I reproduce in full agreement.

Arguments to justify and extol the qualities of the SR as one of the pillars of EBP are vast and could yield several pages to this editorial. However, it is also necessary to point out some limitations.

From this perspective, I would like to highlight the risks in replicating and expanding misconceptions in the primary studies reviewed, as well as the difficulties to formulate accurate/focal questions about complex phenomena. In my view, the second limitation significantly affects Speech-Language Pathology and Audiology, particularly when it comes to the multiplicity of aspects involved in the operation (and in dysfunctions) of human language.

Valuing the historical and scientific context in which the SR has established itself, it is indispensable to reference the Cochrane Collaboration http://www.cochrane.org/index.htm, an international organization founded in the 1990s that advises on the development and promotes the dissemination of SR in health, with institutional representation in Brazil. The collection of the Cochrane Library can be accessed by professionals from Latin America and the Caribbean in http://www.bireme.br/php/index.php

Finally, I thank the publishers of CoDAS for honoring me with an invitation to give an opinion on a subject of such contemporary relevance for our area.

Maria Claudia Cunha

Pontífica Universidade Católica de São Paulo - São Paulo (SP), Brazil.

REFERENCES

- 1. Cordeiro AM, Oliveira GM, Rentería JM, Guimarães CA. Revisão sistemática: uma revisão narrativa. Rev Col Bras Cir. 2007;34(6):428-31.
- 2. Ercole FF, Melo LS, Alcoforado CLGC. Revisão integrativa versus sistemática. Rer Min Enferm. 2014;18(1):10.