

identify and synthesise evidence on the effectiveness of different interventions aiming to prevent child maltreatment or reduce the adverse consequences of this maltreatment. Four gap maps focus on interventions targeting: (a) domestic violence; (b) high-risk adolescents with behavioural problems; (c) children with disabilities; and, (d) indigenous populations. A fifth map focuses on trauma-informed interventions.

Methods: EGMs provide a visual overview of the availability of evidence for a sector. EGMs consolidate what is known about 'what works' by mapping out existing and ongoing systematic reviews and impact evaluations in a field; and by providing a graphical display of areas with strong, weak or non-existent evidence on the effect of interventions.

Results: By date of submission, 6300 titles and abstracts of systematic reviews and randomised-controlled trials have been screened. Full-text screening is in progress. The EGM will be finalised by May 2017 and present the extent of evidence across types of interventions – prevention; early intervention; and therapeutic interventions – and across outcome domains, including child and parent/caregiver-related wellbeing (e.g. safety, physical, emotional, social and cultural wellbeing, education and learning, structural wellbeing).

Conclusions: This project is an example of how EGMs can inform policy development and strategically support key stakeholders in their decision making around policy, programmes and practice within child and family services.

19336

Priority areas for systematic reviews in chronic otitis media – findings of a systematic-scoping process

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Background: In 2016, we started a project to produce a suite of Cochrane reviews for people with chronic otitis media (COM). COM is chronic inflammation of the middle ear with discharge through a tympanic membrane perforation. Incidence is higher among children and people in lower and middle-income countries, and from certain ethnic groups.

Objectives: To identify priority areas in COM for Cochrane reviews through a scoping process and stakeholder consultation.

Methods: There were four stages in the scoping process described in a companion paper. The first three stages found six possible review topics and key outcomes to be used across all reviews. In the final stage, stakeholders around the world were consulted on the proposed scope.

Results: The consultation confirmed the importance, and method of measurement, of outcomes. Patient input suggested complete resolution of ear discharge was more meaningful than reduction in discharge, with important psychological and lifestyle implications. This resolved our initial uncertainty about the most relevant outcome to measure improvement. Engagement with stakeholders confirmed the priority of six proposed reviews, but another priority review was also identified. This topic was based on variations in practice, which had a greater influence on prioritisation than availability of evidence. Cost and accessibility of treatment options were highlighted as important during the process due to the epidemiology of the disease. The prioritised reviews were: 1) topical antiseptics vs. topical antibiotics; 2) topical antibiotics, with steroids; 3) topical antibiotics (without steroids); 4) aural toileting; 5) systemic antibiotics; 6) systemic vs. topical antibiotics; and, 7) topical antiseptics.

Conclusions: The scoping process identified 7 prioritised reviews that can be completed within available resources. The exercise showed that globally, factors other than efficacy and availability of evidence are important. Although most stakeholders believed that topical antibiotics are the most effective treatment, the variations in practice, often driven by resource constraints, show the need to consider other treatments.