

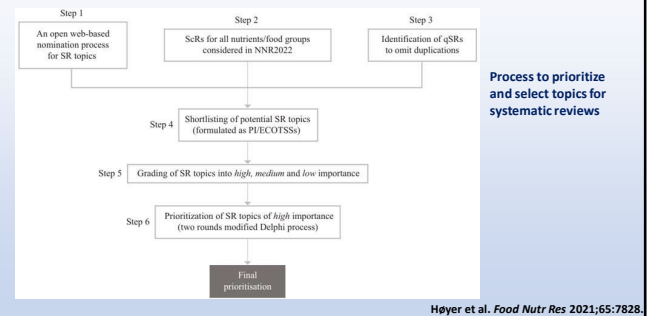
Question for Letter Report

Are *de novo* systematic reviews always needed or can qualified systematic reviews be identified?

If qualified systematic reviews can be used, what are the inclusion criteria and exclusion criteria for suitability?

Can previous systematic reviews be updated?

Nordic Nutrition Recommendations (NNR)



NNR Identification of Qualified Systematic Reviews (SR)

Inclusion Criteria:

- Commissioned by national food or health authorities, or international food and health organization
- Authored by a multidisciplinary group of experts
- Consists of an original SR of the evidence for a nutrient/food-health relationship
- Includes at least one outcome related to a chronic disease or condition that is of public health interest in Nordic or Baltic countries
- Includes a clear description of SR methodology, which would be similar to the methodology used for NNR2022
- Includes an assessment of the quality of primary studies
- Provides an evidence grade for the overall quality of the evidence
- English language

NNR Identification of Qualified Systematic Reviews (SR)

Exclusion Criteria:

- SR should not be commissioned or sponsored by industry or an organization with a business or ideological interest
- SR should not be updated later in another qualified SR on the same topic
- SR should not focus on an outcome outside the scope of the NNR (e.g. disease management or food safety)

NNR Identification of Qualified Systematic Reviews

Qualified SRs:

- National Academy of Sciences, Engineering and Medicine, the United States
- Dietary Guidelines Advisory Committee, the United States
- World Health Organization (WHO)
- World Cancer Research Fund (WCRF)
- European Food Safety Agency (EFSA)
- Scientific Advisory Committee on Nutrition (SACN), the United Kingdom
- Germany Nutrition Society, Germany
- Health Council, The Netherlands
- National Health and Medical Research Council, Australia
- Ministry of Health, New Zealand
- Health Canada, Canada

Example of a topic selected for a new review (NNR)

Topic								
Fat and fatty acids								
Population	Intervention or exposure	Comparators	Outcomes	Timing	Setting	Study design	Ranking	Argument for ranking
Adults (>50 years)	Quality of fat (e.g. E% from different sub-types, such as saturated fatty acids (SFA), monounsaturated fatty acids (MUFA), polyunsaturated fatty acids (PUFA) not total amount)	Other level of intake and substitution models	Outcome: Specific dementias: Alzheimer's disease (ICD8 290.10 and ICD10 F00 and G30), vascular dementia (ICD10 F01) and unspecified dementia (ICD8 290.18 and ICD10). All-cause dementia. For	Minimum 5 years follow-up in cohort studies. Minimum 12 months intervention in intervention studies. The duration of follow-up depends on age at inclusion	Relevant for the general population in the Nordic and Baltic countries	Prospective cohort studies and intervention studies	5	High priority due to new evidence on outcome. With ageing population and increasing prevalence of cognitive disorders this is important, health issues and relationship unclear. Increasing elderly population justifies at least one topic on this group



Request for Standing Committee:
Formalized decision tree on whether qualified systematic reviews can be used

- If existing reviews be used?
 - Inclusion criteria
 - Exclusion criteria
- Identification of appropriate sources for qualified systematic reviews
- Can previous reviews be updated?