

How do you use systematic reviews in your work?

I use systematic reviews as a baseline of published evidence, then compare them with real-world data such as patient registries, surveillance data, and longitudinal symptom tracking to identify gaps and undercounting.

What most often limits the usefulness of systematic reviews for you?

They reflect the limits of the underlying studies. Excluded severe patients, static measurements, and omission of community data make findings less relevant for prevalence, policy, and real-world care.

If the standards were updated with end users in mind, what is one change that would most improve usability for your context?

Require reviews to document and evaluate patient registries, community datasets, and longitudinal self-tracking using transparent criteria to reduce blind spots and improve real-world applicability.