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Cochrane Database of Systematic Reviews

2022 CRG Impact Report for the Emergency and Critical Care Group

The CRG Impact Report presents information on different measures of 'impact' and aims to support work on publication strategies and prioritisation. The report focuses on citations (including Journal Impact Factor and guidelines), usage and Altmetric attention. The data and respective analysis may evolve in future reports.

“For the past 30 years, Cochrane have been making an impact on health and social care around the world. The metrics we use to measure our impact continue to develop - these reflect our growing global reach and application of Cochrane evidence in practice. I'm proud to celebrate the efforts of our community”

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

Informed decisions.
Better health.



1. How the Emergency and Critical Care Group contributes to the *Cochrane Database of Systematic Reviews (CDSR)* Journal Impact Factor

Each year in June, Clarivate Analytics publish the Journal Impact Factors (JIFs) of all journals indexed in the Journal Citation Report.

The 2022 Impact Factor for the *CDSR* is **8.4**, generated by a calculation that divides the number of citations received in 2022 to reviews published between 2020 and 2021 (9258) by the number of reviews published in 2020 and 2021 (1099).

The 2022 CRG Impact Factor for the Emergency and Critical Care Group is **15.9** (7 publications cited 111 times). This therefore means that a review published by the Emergency and Critical Care Group in 2020 and 2021 was cited, on average, 15.9 times in 2022.

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 (CRGs) were 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 – for example, this year the source data included 249 cites to protocols, editorials, abstracts and other pages on the Cochrane Library that aren't included in the JIF calculation. 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 2022, 7% of cites were not able to be matched to a specific review.
- All reviews that have a new citation record (excluding withdrawn reviews) are included in the *CDSR* JIF calculation. Protocols and editorials are not included.

Table 1: Percentage of 2022 JIF cites matched to individual Cochrane Reviews

Impact Factor Year	Cites received*	Cites matched	% matched cites
2022	9,258	8,618	93%
2021	13,572	10,356	77%
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%

*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.

The Journal Impact Factor is calculated using data from the two previous years (for 2022, the data concerns articles published in 2020 and 2021). For the 2023 Journal Impact Factor, reviews published in 2022 and 2021 will be included and 2020 reviews will drop out of the window and this includes 4 of the top cited group reviews below. 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.

The highest-cited reviews from the Emergency and Critical Care Group contributing to the 2022 Impact Factor are listed in Table 2; Table 3 shows the top highest cited reviews from the whole CDSR. The full list of Cochrane Reviews contributing to the 2022 Impact Factor for the Emergency and Critical Care Group is provided in the accompanying Excel file.

Table 2: Top highest-cited reviews for the Emergency and Critical Care Group in the 2022 JIF window

Times Cited	Title	CD Number	Publication Date*
57	Interleukin-6 blocking agents for treating COVID-19: a living systematic review	CD013881	Mar-2021
19	Chest ultrasonography versus supine chest radiography for diagnosis of pneumothorax in trauma patients in the emergency department	CD013031.pub2	Jul-2020
18	Anticoagulants for people hospitalised with COVID-19	CD013739	Oct-2020
10	High-flow nasal cannulae for respiratory support in adult intensive care patients	CD010172.pub3	Mar-2021
4	Care bundles for improving outcomes in patients with COVID-19 or related conditions in intensive care – a rapid scoping review	CD013819	Dec-2020
3	Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review	CD013708	Sep-2020
0	High versus low positive end-expiratory pressure (PEEP) levels for mechanically ventilated adult patients with acute lung injury and acute respiratory distress syndrome	CD009098.pub3	Mar-2021

Table 3: Top 10 highest-cited reviews for the CDSR in the 2022 JIF window

Times Cited	Title	Authors	CD Number	Review Group	Publication Date*	CCA** number
334	Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection	Dinnes J, Deeks JJ, Adriano A, Berhane S, Davenport C, Dittrich S, Emperador D, Takwoingi Y, Cunningham J...	CD013705	Infectious Diseases Group	Aug-2020	4053
145	Antibody tests for identification of current and past infection with SARS-CoV-2	Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Spijker R, Taylor-Phillips S, Adriano A, Beese S, Dretzke J...	CD013652	Infectious Diseases Group	Jun-2020	4160, 4164
142	Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19	Struyf T, Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Leeftang MMG, Spijker R, Hooft L, Emperador D, Dittrich S, Domen J, Horn SR A, Van den Bruel A...	CD013665	Infectious Diseases Group	Jul-2020	3998
128	Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review	Pollock A, Campbell P, Cheyne J, Cowie J, Davis B, McCallum J, McGill K, Elders A, Hagen S, McClurg D, Torrens C, Maxwell M	CD013779	Effective Practice and Organisation of Care Group	Nov-2020	3392
113	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	McGoldrick E, Stewart F, Parker R, Dalziel SR	CD004454. pub4	Pregnancy and Childbirth Group	Dec-2020	3534
93	Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis	Houghton C, Meskell P, Delaney H, Smalle M, Glenton C, Booth A, Chan XHS, Devane D, Biesty LM	CD013582	Effective Practice and Organisation of Care Group	Apr-2020	3067
78	Ivermectin for preventing and treating COVID-19	Popp M, Stegemann M, Metzendorf M-I, Gould S, Kranke P, Meybohm P, Skoetz N, Weibel S	CD015017. pub2	Infectious Diseases Group	Jul-2021	4030
72	Convalescent plasma for people with COVID-19: a living systematic review	Valk SJ, Piechotta V, Chai KL, Doree C, Monsef I, Wood EM, Lamikanra A, Kimber C, McQuilten Z, SoOsman C...	CD013600	Haematology Group	May-2020	4155
72	Psychological therapies for people with borderline personality disorder	Storebø OJ, Stoffers-Winterling JM, Völlm BA, Kongerslev MT, Mattivi JT, Jørgensen MS, Faltinsen E...	CD012955. pub2	Developmental, Psychosocial and Learning Problems Group	May-2020	3193
72	Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review	Nussbaumer-Streit B, Mayr V, Dobrescu Alulia, Chapman A, Persad E, Klerings I, Wagner G, Siebert U, Christof C, Zachariah C, Gartlehner G	CD013574	Infectious Diseases Group	Apr-2020	3272, 3273, 3274

*The Impact Factor is calculated using data from the two previous years (for 2022, the data concerns articles published in 2021 and 2020). For the 2023 Impact Factor, reviews published in 2022 and 2021 will be included and 2020 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.

3. How the Emergency and Critical Care Group Impact Factor compares with that of journals publishing in the same category

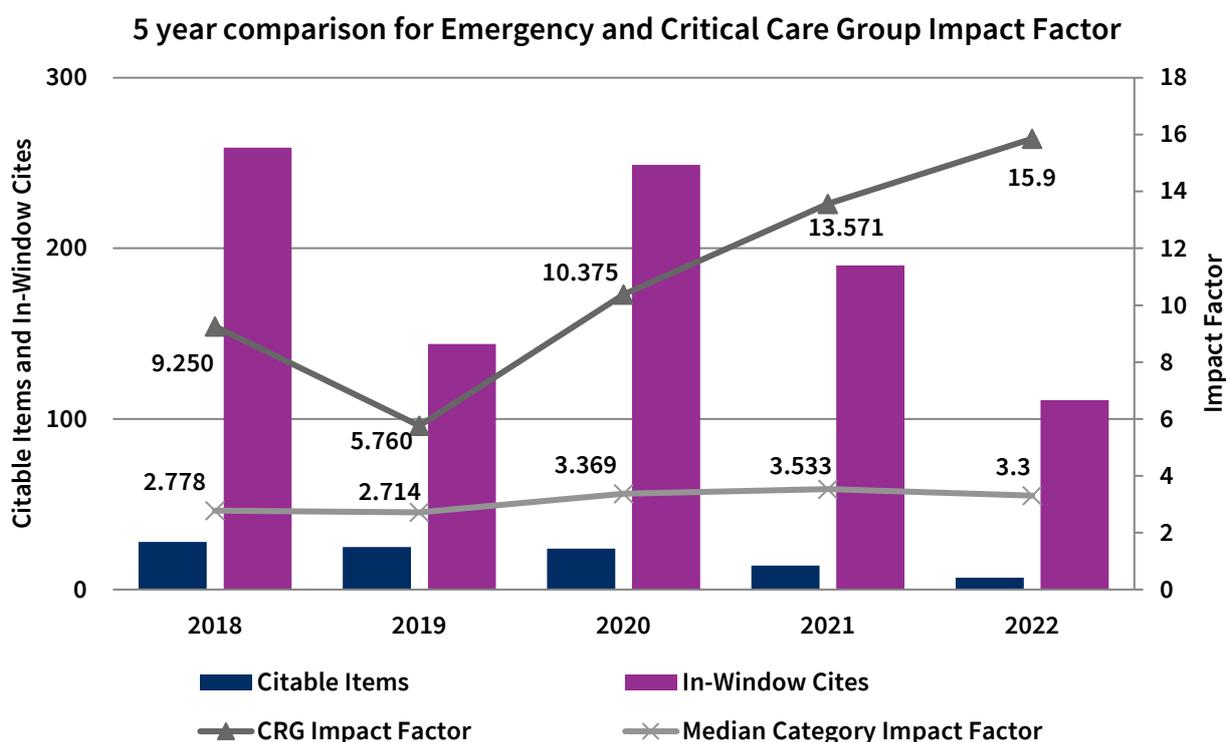
We have compared the CRG data with journals in the relevant Journal Citation Reports subject categories. The journal with the top Impact Factor in the category is not always directly comparable – either because of the scope of the journal, or the number of reviews published. Please contact Cathryn Fowler, cfowler@wiley.com, if you would like to compare your group’s Impact Factor to journals other than those included in the table below.

Table 4: Emergency and Critical Care Group Impact Factor comparison

CRG	Category (Median IF)	IF of journal ranked 10 th in the category	Highest ranked journal by IF
Emergency and Critical Care Group	Critical Care Medicine	Anaesthesia Critical Care & Pain Medicine	Lancet Respiratory Medicine
15.9	3.3	5.5	76.2

How does the 2022 group Impact Factor compare to previous years?

In the below graph, we show the CRG Impact Factor, the median Impact Factor for the JCR subject category (as above), the number of citable items published, and the number of in-window citations received over the past 5 years. This provides an indication of how the CRG’s ‘Impact Factor’ would compare to similar outputs in its respective JCR category if it were a journal. It also allows the CRG to see trends in articles being published, citations made and the average number of citations that an article receives (CRG Impact Factor). This gives an overview of how authors and their reviews are performing. This data is for information only as other journals in the JCR category are not always directly comparable and the nature of the CDSR is different to that of journals.



4. Usage data for the Emergency and Critical Care Group

When considering the usage data for 2022 presented below, please be aware of the following:

- A proportion of full text accesses (HTML + PDF) to the Cochrane 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 in Tables 5 and 6 may be useful for prioritisation.

Table 5: Top most-accessed active reviews in 2022 (reviews published anytime) for the Emergency and Critical Care Group

Full text accesses	Review title	CD Number	Publication date
63,483	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
12,823	Efficacy and safety of COVID-19 vaccines	CD015477	Dec-2022
10,161	High-flow nasal cannulae for respiratory support in adult intensive care patients	CD010172.pub3	Mar-2021
8,153	Prophylactic anticoagulants for people hospitalised with COVID-19	CD013739	Oct-2020
6,763	Anticoagulants for people hospitalised with COVID-19	CD013739.pub2	Mar-2022
6,730	Interventions for preventing intensive care unit delirium in adults	CD009783.pub2	Nov-2018
6,324	Early intervention (mobilization or active exercise) for critically ill adults in the intensive care unit	CD010754.pub2	Mar-2018
4,946	Prone position for acute respiratory failure in adults	CD008095.pub2	Nov-2015
4,939	Interleukin-1 blocking agents for treating COVID-19	CD015308	Jan-2022
4,727	Vasopressors for hypotensive shock	CD003709.pub4	Feb-2016

Table 6 shows the top highest cited reviews from the whole CDSR. The full list of Cochrane Reviews accessed in 2022 for the Emergency and Critical Care Group is provided in the accompanying Excel file.

Table 6: Top 10 most-accessed active reviews for the whole CDSR in 2022 (reviews published anytime)

Full text accesses	Review title	CD Number	Publication date	CRG	CCA number
80,680	Ivermectin for preventing and treating COVID-19	CD015017.pub2	Oct-2021	Infectious Diseases Group	4030
63,483	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
47,951	Single dose oral etoricoxib for acute postoperative pain in adults	CD004309.pub3	Apr-2012	Pain, Palliative and Supportive Care Group	-
39,682	Antibiotics for the treatment of COVID-19	CD015025	Jul-2022	Haematology Group	3870, 3871
38,342	Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19	CD013665.pub2	Mar-2021	Infectious Diseases Group	3998
37,587	Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection	CD013705.pub2	Jul-2022	Infectious Diseases Group	4053
35,662	Colchicine for the treatment of COVID-19	CD015045	Oct-2021	Haematology Group	3848, 3849
30,546	Antibody tests for identification of current and past infection with SARS-CoV-2	CD013652	Jun-2020	Infectious Diseases Group	4160, 4164
27,696	Amitriptyline for neuropathic pain in adults	CD008242.pub2	Dec-2012	Pain, Palliative and Supportive Care Group	-
25,792	Exercise therapy for chronic low back pain	CD009790.pub2	Oct-2021	Back and Neck Group	3575

Note: 134,949 full text accesses in 2022 were made to withdrawn reviews

6. Altmetric scores for the Emergency and Critical Care Group

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 for 12,809 articles from the CDSR up to June 2023.

Table 7: Top Altmetric scores for Emergency and Critical Care Group reviews published in 2022

Score	Review title	CD Number	Publication date	B	T	N	F	W	M
963	Efficacy and safety of COVID-19 vaccines	CD015477	Dec-2022	4	1723	7	7	1	44
58	Interleukin-1 blocking agents for treating COVID-19	CD015308	Jan-2022	3	82	1	0	0	109
47	Anticoagulants for people hospitalised with COVID-19	CD013739.pub2	Mar-2022	13	37	3	0	1	105
15	Early spontaneous breathing for acute respiratory distress syndrome in individuals with COVID-19	CD015077	Jun-2022	0	22	0	0	1	45
0	Prone position for management of respiratory failure in non-intubated adults	CD014828	May-2022	0	0	0	0	0	8

Table 8: Top 10 Altmetric scores for reviews published in 2022 for the whole CDSR

Score	Review title	CD Number	Publication date	CRG	CCA number	B	T	N	F	W	M
1,277	Electronic cigarettes for smoking cessation	CD010216.pub7	17/11/2022	Tobacco Addiction Group	4184	10	3061	119	5	6	174
1,106	Ivermectin for preventing and treating COVID-19	CD015017.pub3	21/06/2022	Infectious Diseases Group	4030	4	1604	77	4	8	159
963	Efficacy and safety of COVID-19 vaccines	CD015477	07/12/2022	Emergency and Critical Care Group	4073	4	1723	7	7	1	44
750	Rapid, point-of-care antigen tests for diagnosis of SARS-CoV-2 infection	CD013705.pub3	22/07/2022	Infectious Diseases Group	4053	10	187	82	1	2	245
605	Low-carbohydrate versus balanced-carbohydrate diets for reducing weight and cardiovascular risk	CD013334.pub2	28/01/2022	Public Health Group	3968, 3970	8	478	44	7	4	177
407	Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries	CD011135.pub3	29/03/2022	Public Health Group	3971	3	420	27	2	16	267
330	Replacing salt with low-sodium salt substitutes (LSSS) for cardiovascular health in adults, children and pregnant women	CD015207	10/08/2022	Public Health Group	4054	11	173	30	1	0	96
330	Psychological treatments for depression and anxiety in dementia and mild cognitive impairment	CD009125.pub3	25/04/2022	Dementia and Cognitive Improvement Group	4094	4	117	35	1	4	79
303	Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation	CD011136.pub3	04/04/2022	Anaesthesia Group	4031	2	553	0	2	3	90
300	Antidepressants for hip and knee osteoarthritis	CD012157.pub2	21/10/2022	Musculoskeletal Group	4246	3	34	36	1	0	27

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. Further information including a breakdown of sources can be found at www.altmetric.com/about-our-data/the-donut-and-score/.
- **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.

6. How the Emergency and Critical Care Group contributes to the *CDSR* Altmetric data

Figure 5 shows the average Altmetric score per review published in 2022. Figure 6 shows the number of publications and Altmetric scores for each CRG as a percentage of the *CDSR*. The comparison is just for information and should not be used as a measure of 'success' regarding other CRGs.

7. Emergency and Critical Care Group 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.

Interventions for preventing falls in older people living in the community

✉ Lesley D Gillespie, M Clare Robertson, William J Gillespie, Catherine Sherrington, Simon Gates, Lindy Clemson, Sarah E Lamb Authors' declarations of interest

Version published: 12 September 2012 [Version history](#)

<https://doi.org/10.1002/14651858.CD007146.pub3>

The screenshot shows a toolbar for a Cochrane Review. It includes a 'Download PDF' button, a 'Cite this Review' button, and four buttons for 'Print', 'Comment', 'Share', and 'Follow'. Below these buttons is an 'Am score' badge showing '368' and a badge that says 'Cited in 63 guidelines', which is circled in purple.

Guideline data

1. The data presented below offers only one of many impressions of the impact of Cochrane Reviews in clinical guidelines - Cochrane Reviews that have been cited in clinical guidelines published anytime. To date, 6,543 Cochrane Reviews (all versions; 9,556 individual versions) have been included in guidelines. The top 10 reviews that have received the highest number of guideline citations overall (including all versions) to date for the Acute Respiratory Infections Group and the whole CDSR are shown in Tables 9 and 10. Of these citations, 6,301 were to NICE guidelines and 1039 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 77% of WHO guidelines published in 2022 were informed by Cochrane Reviews (125 unique Cochrane Reviews were included in 20 of 26 WHO guidelines published in 2022).

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, 6,543 reviews (all versions) have received at least one guideline citation, and that those reviews have received 39,221 guideline citations in total, giving an average of 6.0 guideline citations per article.

You could consider this a 'guideline factor' of 6.0 for the CDSR. The same method has been used to calculate a 'guideline factor' for each CRG. For the Emergency and Critical Care Group, the 'guideline factor' would be **3.9** (see Figure 7 for all CRGs). Figure 8 shows the percentage of contributing articles per group alongside the percentage of contributing guideline citations. 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, specialised 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 live figure presented on the Cochrane Library due to the 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, this is counted as two citations.
- The data in Table 9 and Table 10 are available in the datapack files. Editors can use these data to gain insight into where their reviews are being cited; this may be useful for prioritisation.

Table 9: Top reviews (published anytime) for the Emergency and Critical Care Group ranked by number of cites in guidelines

CD Number	Review title	No. cites in guidelines*	No. review versions cited in guidelines**
CD013739	Prophylactic anticoagulants for people hospitalised with COVID-19	17	1
CD012247	Buffered solutions versus 0.9% saline for resuscitation in critically ill adults and children	8	1
CD013769	Interventions for the prevention and treatment of COVID-19: a living mapping of research and living network meta-analysis	5	1
CD013881	Interleukin-6 blocking agents for treating COVID-19: a living systematic review	5	1
CD013819	Care bundles for improving outcomes in patients with COVID-19 or related conditions in intensive care – a rapid scoping review	3	1
CD004477	Pharmacological agents for adults with acute respiratory distress syndrome	2	1
CD010593	Liberal versus conservative fluid therapy in adults and children with sepsis or septic shock	2	1
CD011749	Pharmacological interventions for the treatment of delirium in critically ill adults	2	1
CD012631	Higher versus lower fraction of inspired oxygen or targets of arterial oxygenation for adults admitted to the intensive care unit	1	1
CD012764	Community first responders for out-of-hospital cardiac arrest in adults and children	1	1
CD013708	Oxygen targets in the intensive care unit during mechanical ventilation for acute respiratory distress syndrome: a rapid review	1	1

*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).

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.

Table 10: Top reviews (published anytime) for the whole CDSR ranked by number of citations 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	110	5	1693
CD000146	Nicotine replacement therapy for smoking cessation	Tobacco Addiction Group	79	5	2197
CD000165	Physician advice for smoking cessation	Tobacco Addiction Group	78	3	-
CD007146	Interventions for preventing falls in older people living in the community	Bone, Joint and Muscle Trauma Group	78	3	-
CD000011	Interventions for helping patients to follow prescriptions for medications	Consumers and Communication Group	74	4	2835
CD004454	Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth	Pregnancy and Childbirth Group	67	3	3534
CD006103	Nicotine receptor partial agonists for smoking cessation	Tobacco Addiction Group	65	6	1502
CD002733	Influenza vaccine for patients with chronic obstructive pulmonary disease	Airways Group	64	3	2235
CD001800	Exercise-based rehabilitation for coronary heart disease	Heart Group	63	4	3897
CD000031	Antidepressants for smoking cessation	Tobacco Addiction Group	61	4	4337, 4338, 4339

*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).

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.

Additional information

If you have any further queries regarding these data, please contact Cathryn Fowler, Editor, Wiley; cfowler@wiley.com.

Useful links

Clarivate Analytics Web of Science Journal Citation Reports

<https://clarivate.com/blog/clarivate-announces-changes-to-the-2023-journal-citation-reports-release/>

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>