McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. The class ratings, I through V, are intended to provide a classification of the evidence but are not necessarily hierarchical. Classifications appear in parentheses at the end of each reference. References followed by an (NC) are not classified; examples include pre-published research or information from government, manufacturer, laboratory, or patient education websites.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis or systematic review</td>
</tr>
<tr>
<td>Class II</td>
<td>Well-designed controlled clinical trial or experimental study</td>
</tr>
<tr>
<td>Class III</td>
<td>Well-designed observational or epidemiologic study</td>
</tr>
<tr>
<td>Class IV</td>
<td>Evidence-based guideline</td>
</tr>
<tr>
<td>Class V</td>
<td>Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series</td>
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</tbody>
</table>

**Class I**
A meta-analysis is an analysis of the results from multiple trials. A systematic review is a qualitative means of summarizing multiple trials on the same intervention. Class I studies can show a statistically significant difference in support of an intervention when smaller studies could not. A meta-analysis or systematic review that finds insufficient evidence to support or refute an intervention (due to a lack of properly designed trials) is inconclusive. A potential weakness of Class I studies is that they may only assess published studies. Since studies demonstrating significant differences are more likely to be published than those that do not, publication bias is of concern.

**Class II**
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. An RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

**Class III**
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms. Nonrandomized controlled trials are sometimes used when randomization is impossible or unethical.

**Class IV**
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

**Class V**
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer
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technologies or medication. Text book information may be out of date by the time the book is published.

Comparative Effectiveness Research (CER)
"Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in 'real world' settings." (U.S. Department of Health and Human Services, Report to the President and the Congress on Comparative Effectiveness Research; 2009. Available from: http://www.hhs.gov/recovery/programs/cer/execsummary.html [cited Apr 20 2010])

Bibliography


Budney. Are specific dependence criteria necessary for different substances: how can research on cannabis inform this issue? Addiction 2006. 101 Suppl 1:125-133. (V)

Budney et al. Marijuana abstinence effects in marijuana smokers maintained in their home environment. Arch Gen Psychiatry 2001. 58(10):917-924. (III)


Camidge et al. Hospital admissions and deaths relating to deliberate self-harm and accidents within 5 years of a cancer diagnosis: a national study in Scotland, UK. Br J Cancer 2007. 96(5):752-757. (III)


Collins et al. Anesthesia-assisted vs buprenorphine- or clonidine-assisted heroin detoxification and naltrexone induction: a randomized trial. JAMA 2005. 294(8):903-913. (II CER)


InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


Elbogen and Johnson. The intricate link between violence and mental disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Arch Gen Psychiatry 2009. 66(2):152-161. (III)

InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


Farand et al. Completed suicides among Quebec adolescents involved with juvenile justice and child welfare services. Suicide Life Threat Behav 2004. 34(1):24-35. (III)

Feeney et al. Combined acamprosate and naltrexone, with cognitive behavioural therapy is superior to either medication alone for alcohol abstinence: a single centres' experience with pharmacotherapy. Alcohol Alcohol 2006. 41(3):321-327. (III CER)


InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


Freyer-Adam et al. The performance of two motivation measures and outcome after alcohol detoxification. Alcohol Alcohol 2009. 44(1):77-83. (III)


InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


Hillbom et al. Seizures in alcohol-dependent patients: epidemiology, pathophysiology and management. CNS Drugs 2003. 17(14):1013-1030. (I)


Hua et al. Has occasional cannabis use among adolescents also to be considered as a risk marker? Eur J Public Health 2008. 18(6):626-629. (III)


Joint Commission on Accreditation of Healthcare Organizations. 2009 Standards for behavioral healthcare. Oakbrook Terrace IL: Joint Commission on Accreditation of Healthcare Organizations; 2008. (V)


Kalant. The pharmacology and toxicology of "ecstasy" (MDMA) and related drugs. CMAJ 2001. 165(7):917-928. (V)


InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


London et al. Mood disturbances and regional cerebral metabolic abnormalities in recently abstinent methamphetamine abusers. Arch Gen Psychiatry 2004. 61(1):73-84. (III)


Manning et al. Differences in mental health, substance use, and other problems among dual diagnosis patients attending psychiatric or substance misuse treatment services. Mental Health and Substance Use: dual diagnosis 2008. 1(1):54-63. (III)


Mota et al. Relationship between mental disorders/suicidality and three sexual behaviors: results from the National Comorbidity Survey Replication. Arch Sex Behav 2010. 39(3):724-34. (III)


Neto et al. Effectiveness of sequential combined treatment in comparison with treatment as usual in preventing relapse in alcohol dependence. Alcohol Alcohol 2008. 43(6):661-8. (III CER)


Ploderl and Fartacek. Suicidality and associated risk factors among lesbian, gay, and bisexual compared to heterosexual Austrian adults. Suicide Life Threat Behav 2005. 35(6):661-670. (III)


Pope et al. Effects of supraphysiologic doses of testosterone on mood and aggression in normal men: a randomized controlled trial. Arch Gen Psychiatry 2000. 57(2):133-140. (II)


Powell et al. Alcohol consumption and nearly lethal suicide attempts. Suicide Life Threat Behav 2001. 32(1 Suppl):30-41. (III)


Reutfors et al. Risk factors for suicide in schizophrenia: Findings from a Swedish population-based case-control study. Schizophr Res 2009 (III)


Riggs. Treating adolescents for substance use and comorbid psychiatric disorders. NIDA Science and Practice Perspectives; 2003. (V)


InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


Spann et al. Suicide and African American teenagers: risk factors and coping mechanisms. Suicide Life Threat Behav 2006. 36(5):553-568. (III)
InterQual® Behavioral Health Criteria Bibliography: CHEMICAL DEPENDENCY & DUAL DIAGNOSIS


Teesson et al. The impact of treatment on 3 years’ outcome for heroin dependence: findings from the Australian Treatment Outcome Study (ATOS). Addiction 2008. 103(1):80-88. (III)

Tellier. The adolescent and substance use, an approach to office management. Prim Care 2006. 33(2):517-530. (V)


Thompson et al. Associations between delinquency and suicidal behaviors in a nationally representative sample of adolescents. Suicide Life Threat Behav 2006. 36(1):57-64. (III)


Tremeau et al. Suicide attempts and family history of suicide in three psychiatric populations. Suicide Life Threat Behav 2005. 35(6):702-713. (III)


Umbricht et al. Opioid detoxification with buprenorphine, clonidine, or methadone in hospitalized heroin-dependent patients with HIV infection. Drug Alcohol Depend 2003. 69(3):263-272. (II CER)


Velleman et al. The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. Drug Alcohol Rev 2005. 24(2):93-109. (V)


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Wetterling et al. The severity of alcohol withdrawal is not age dependent. Alcohol Alcohol 2001. 36(1):75-78. (III)


Wojtowicz et al. Withdrawal from gamma-hydroxybutyrate, 1,4-butanediol and gamma-butyrolactone: a case report and systematic review. CJEM 2008. 10(1):69-74. (V)

Wolff and Winstock. Ketamine: from medicine to misuse. CNS Drugs 2006. 20(3):199-218. (V)


Wu et al. Substance use, suicidal ideation and attempts in children and adolescents. Suicide Life Threat Behav 2004. 34(4):408-420. (III)

