

Reporting Quality Assessment of Randomized Controlled Trials Published in Hepatitis Monthly

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Dear Editor,

It is important that randomized clinical trials (RCTs), as the most valuable research method for assessing the efficacy of treatments, are reported with the highest possible level of quality (1). To evaluate the quality of published RCTs reported in Hepatitis monthly, we examined whether there was a change in the quality of reporting over time. Of the 610 articles published from 2010 to 2014, 583 non-trial or non-human trials were screened, and 27 trials were identified. Within these 27 trials, ten reports were without a control group and failed to meet our eligibility criteria. Therefore, 17 RCTs were identified. We completed a comprehensive quality assessment of each report using the short form of the CONSORT 2010 checklist (www.consort-statement.org) and a five-point quality assessment instrument called the Jadad scale (2).

According to the Jadad score, the items including randomized, method of randomization, blinding, method of blinding, and dropouts/withdrawal of the Jadad scale were reported in 82.4%, 70.6%, 47%, 47%, and 94.1% of RCTs, respectively. According to this scale, the quality score of reporting was 3, 2.67, 3, 3.25, and 5 in the years 2010, 2011, 2012, 2013, and 2014, respectively, showing a decrease in 2011 with an increase in quality of reporting thereafter. However, according to the CONSORT checklist, only two studies earned full points. The quality reporting score was 5, 5, 5.75, 6, and 5.67, in the years 2010, 2011, 2012, 2013, and 2014, respectively. The 12 RCTs submitted from Iran demonstrated higher quality than the others (Table 1).

In conclusion, in this assessment, we observed moderate quality scores in the reports of this journal. Training courses for reviewers, editorial use of standard reporting tools such as the CONSORT 2010 Statement, and consultation with methodologists can improve the quality of published RCTs.

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Footnote

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Table 1. Randomized Controlled Trials Published in Hepatitis Monthly, According to the Year of Publication

Controlled Trials	Years	2010	2011	2012	2013	2014	Total	Country	
								Iran	Other
	n	3	3	4	4	3	17	12	5
Jadad scale	Mean score	3	2.67	3	3.25	5	4.07	3.5	3
CONSORT statement	Mean of number of appropriate reported items	5	5	5.75	6	5.67	5.48	5.75	5

References

1. Begg C, Cho M, Eastwood S, Horton R, Moher D, Olkin I, et al. Improving the quality of reporting of randomized controlled trials. The CONSORT

statement. *JAMA*. 1996;**276**(8):637-9. [PubMed: [8773637](#)].

2. Martyn-St James M, Carroll S. Meta-analysis of walking for preservation of bone mineral density in postmenopausal women. *Bone*. 2008;**43**(3):521-31. doi: [10.1016/j.bone.2008.05.012](#). [PubMed: [18602880](#)].

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