

Referenz	Charakteristika , Methodik	Ergebnisse	methodische Qualität	Kommentar
	<p>usual care</p> <p>Quality assessment: certainty of the evidence (GRADE approach)</p> <p>Outcomes: 1. clinical outcomes, including physical health outcomes such as blood pressure and mental health outcomes such as depression scores; 2. patient-reported outcome measures (PROMs); 3. hospital admissions; 4. process of care, including visits, prescribing and management of risk factors; 5. participation and default rates; 6. treatment satisfaction if this was reported by validated measures in a study that also reported patient outcomes or provider behaviours; 7. patient health behaviours; or 8. cost outcomes including simple cost and economic analyses of cost-effectiveness</p>	<ul style="list-style-type: none"> - differences in patient-reported outcome measures (PROMs), processes of care and participation and default rates in shared care services were probably limited (based on moderate-certainty evidence) - studies probably showed little or no difference in hospital admissions, service utilisation and patient health behaviours (with evidence of moderate certainty) <p>Authors' conclusions:</p> <ul style="list-style-type: none"> - suggests that shared care improves depression outcomes - limitations: methodological shortcomings, particularly inadequate length of follow-up - growing evidence base for shared care in the management of depression - shared care interventions for other conditions should be developed within research settings 		

Weeks 2016 (prescribing)

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Weeks G. Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care. Cochrane Database Syst	<p>Objectives: To assess clinical, patient-reported, and resource use outcomes of non-medical prescribing* for managing acute and chronic</p>	<p>Main results: n=46 studies (37,337 participants);</p> <ul style="list-style-type: none"> - non-medical prescribing <ul style="list-style-type: none"> o by nurses (n=26 studies; n=28,621 participants), Colombia, South Africa, 	AMSTAR II high	blinding was rated as high risk of bias in all included studies

* non-medical prescribing was used to cover prescribing of medicines by a broad range of healthcare providers other than medical doctors, prescribing in primary or secondary care; non-medical prescribing is done in collaboration or partnership with doctors, and within this practice there are different models of prescribing practice

