**Criteria to assess the quality of Evidence-Based Resources in Osteoporosis[[1]](#footnote-2)**

Please complete as many boxes as possible. Enter N/A if not applicable. Adoption may be considered without a favourable assessment in each box.

**Note this completed quality assessment form will be uploaded alongside the resource on the website.**

\*Questions are mandatory

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| **Quality assessment** | **Applicant response**  | **ERO panel assessment –** any points of concern or importance to bring to panel discussion |
| **General** |  |  |
| * Briefly describe how the resource was developed and by whom\* (max 300 words)
 | These recommendations were developed as part of a PhD studentship funded by Versus Arthritis, using the results of research undertaken at Keele University. Three studies informed the recommendations. 1) A media study identifying how osteoporosis and its treatment are represented in UK news media. 2) A focus group study exploring the impact of media messages about osteoporosis and its treatment. 3) A document analysis identifying and exploring characteristics of existing media recommendations for reporting other health-related topics. Recommendations have been co-designed with people living with osteoporosis, healthcare professionals and representatives from Versus Arthritis and the Royal Osteoporosis Society. Developed by: Rosie Jones PhD student Keele University (e.r.jones@keele.ac.uk), Professor Clare Jinks (c.jinks@keele.ac.uk), Dr Siobhan Holohan (s.holohan@keele.ac.uk), Professor Zoe Paskins (z.paskins@keele.ac.uk) |  |
| * Was the work that underpinned the resource peer reviewed?\* by competitive fundings or otherwise
 | Yes[x] /No[ ] **If yes describe**PhD won competitive funding bid from Versus Arthritis |  |
| * Who funded the development/testing of the resource\*
 | Versus Arthritis |  |
| * Were patients and public were involved.\* If yes give details\* (max 300 words)
 | Yes[x] /No[ ] **If yes describe \_\_\_\_\_** Patient and public involvement and engagement (PPIE) was an integral part of this research. The PPIE group confirmed this study is important due tothe need for patients to receive consistent health messages from the media and healthcare professionals. Improving media descriptions of osteoporosis may improve treatment uptake and have a positive impact on reducing the societal burden of osteoporosis. PPIE involvement included the following: * Informing the recruitment strategy to ensure a diverse and inclusive sample.
* Ensuring accessibility and readability of participant information sheets and consent forms.
* Co-designing the topic guide for focus group discussions.
* Interpreting findings from focus groups.
* Participation in stakeholder workshops to co-design recommendations in the final phase of the research.
* Informing how the study findings should be shared.
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| * Describe any regulatory approvals for development and/or testing of the resource\*
 | NA |  |
| **Royal Osteoporosis Society involvement**  |  |  |
| Were the Royal Osteoporosis Society involved in the development of the resources?\* (max 300 words) | Yes[x] /No[ ] **If yes describe** Stakeholders from the Royal Osteoporosis Society were involved in two stakeholder engagement meetings. The first meeting was an opportunity for the researchers to introduce the study and for stakeholders to give input about the design of the study. The second stakeholder meeting representatives from the Royal Osteoporosis Society attended is where the recommendations were co-designed with members of the public and other stakeholders. |  |
| **Inclusivity and Diversity** |  |  |
| How have the needs of underserved communities been considered when developing the resource?\* (max 300 words) | Some of the recommendations relate to being inclusive of underserved groups. This was raised in PPIE discussions.There are further plans to explore the acceptability of these recommendations in people of different ethnicities.  |  |
| How has accessibility been considered?\* (e.g. provision of Alt Text for images, tables and hyperlinks, provision of alternative versions) (See ERO accessibility guidelines {link} for details) | Yes[x] /No[ ] **Details \_\_There are plans working with the IAU to develop these into an accessible PDF\_\_\_** |  |
| Is the resource written at a level that can be understood by the intended audience?\* (max 300 words) | Yes[x] /No[ ] **Details \_\_\_\_\_**  |  |
| **Resource content** |  |  |
| Does the resource content align with current clinical guidelines? (National Osteoporosis Guideline Group, Scottish Intercollegiate Guideline Network)\* | Yes[ ] /No[x] **Details \_\_\_Not applicable\_\_**  |  |
| Does the resource explicitly state the target audience?\* | Yes[x] /No[ ] **Details \_\_\_\_\_**  |  |
| Does the resource cite sources of evidence?\* | Yes[x] /No[ ] **Details \_\_\_\_\_**  |  |
| Does the resource cite sources of funding?\* | Yes[x] /No[ ] **Details**Funded by Versus Arthritis |  |
| Does the resource include any necessary disclosure statements?\* | Yes[ ] /No[x] **Details** Not applicable  |  |
| Does the resource include a date of completion?\* | Yes[x] /No[ ] **Details**  |  |
| Are there plans for the resource to be updated?\* | Yes[x] /No[ ] **Details** The researchers are currently exploring way in which the recommendations can be disseminated. This may include updates to the format of the document including branding and imagery. |  |
| **Testing of the resource** |
| Has the resource been explored for acceptability amongst the target audience?\* If yes, please provide detail\* (max 300 words) | Yes[ ] /No[x] **Details \_\_\_\_\_\***  |  |
| Has the resource been tested for effectiveness?\* If yes, please provide detail\* (max 300 words) | Yes[ ] /No[x] **Details \_\_\_\_\_\*** |  |

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| ***TO COMPLETE FOR PATIENT INFORMATION RESOURCES ONLY*** |
| ***If describing osteoporosis, does the resource…*** |
| use recommended terms, e.g. ‘weak bone’ and avoid unrecommended terms such as ‘spongy’ and ‘honeycomb’[[2]](#footnote-3) | Yes[x] /No[ ] /NA[ ]  |  |
| explain anyone can be affected by osteoporosis (i.e. is inclusive of men, younger people and people of colour) | Yes[x] /No[ ] /NA[ ]  |  |
| avoid contradictory statements about absence or presence of symptoms | Yes[x] /No[ ] /NA[ ]  |  |
| include discussion of the physical, social and psychological impact of osteoporotic fractures | Yes[x] /No[ ] /NA[ ]  |  |
| use labelled images or animations where possible | Yes[ ] /No[ ] /NA[x]  |  |
| ***If describing osteoporosis drug treatment, does the resource…*** |
| Balance the amount of information about benefits and risks of drugs | Yes[x] /No[ ] /NA[ ]  |  |
| Use probabilities or simple event rates rather than percentages | Yes[ ] /No[ ] /NA[x]  |  |
| Avoid misleading terms such as ‘prevent’, ‘renew’ and ‘restore’[[3]](#footnote-4) | Yes[x] /No[ ] /NA[ ]  |  |
| Provide accurate information about the practical aspects of treatment and why these procedures are important | Yes[x] /No[ ] /NA[ ]  |  |

**Summary of Panel Discussion**

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| The team agreed that this was a well written application. The team appreciated the inclusion of younger people and the mention of different ethnic groups and everyone was in agreement to include/adopt onto ERO platform and felt relevant to all HCPs across all elements of communication about osteoporosis and relevant to many different sections of the website (e-learning, service improvement, diagnosis, decision making) – as supports good communication.  |

1. These standards were obtained from a synthesis of quality assessment tools (patient information quality standards (m-IPDAS) and IPDAS), and recommendations in Crawford-Manning F, et al. Evaluation of quality and readability of online patient information on osteoporosis and osteoporosis drug treatment and recommendations for improvement. Osteoporos Int. 2021 Aug;32(8):1567-1584. doi: 10.1007/s00198-020-05800-7. Epub 2021 Jan 27. PMID: 33501570; PMCID: PMC8376728. [↑](#footnote-ref-2)
2. Recommended terms – less strong or weaker bone

Unrecommended terms – spongy, fragile, honeycomb, weaker than average, established, idiopathic. Osteopenia should not be described as a diagnosis or condition [↑](#footnote-ref-3)
3. Recommended terms – lower fracture risk, strengthen bone

Unrecommended terms – prevent fracture. Renew, restore [↑](#footnote-ref-4)