

L'impulsivité et la dépendance à l'alcool chez l'humain : synthèse méthodologique de la littérature (scoping review)

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8. Annexes

Annexe 1 : Stratégie de recherche dans la base de données PsycInfo

Database: APA PsycInfo <1806 to March Week 3 2022>

Search Strategy:

-
- 1 Impulsiveness/ (9859)
 - 2 impulsiv*.ti,ab,id. (27982)
 - 3 Behavioral Inhibition/ (1706)
 - 4 inhibit*.ti,ab,id. (160804)
 - 5 1 or 2 or 3 or 4 (186243)
 - 6 Alcoholism/ (30586)
 - 7 alcoholism.ti,ab,id. (22222)
 - 8 Alcohol Abuse/ (18857)
 - 9 (alcohol* adj3 (abuse* or addict* or dependen* or disorder* or intoxication*)).ti,ab,id. (46053)
 - 10 (ethanol* adj3 (abuse* or addict* or dependen* or disorder* or intoxication*)).ti,ab,id. (1448)
 - 11 (chronic* adj3 alcohol* adj3 intoxication*).ti,ab,id. (78)
 - 12 (alcohol* adj3 abuse* adj3 disorder*).ti,ab,id. (1322)
 - 13 (alcohol* adj3 related* adj3 disorder*).ti,ab,id. (954)
 - 14 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 (76179)
 - 15 5 and 14 (4154)
 - 16 limit 15 to (human and "300 adulthood <age 18 yrs and older>" and last 3 years) (281)
 - 17 human*.ti,ab,id. (425701)
 - 18 15 and 17 (439)
 - 19 limit 18 to ("300 adulthood <age 18 yrs and older>" and last 3 years) (23)
 - 20 16 or 19 (281)
-

Annexe 2 : Stratégie de recherche dans la base de données Medline

Database: Ovid MEDLINE(R) ALL <1946 to March 25, 2022>

Search Strategy:

- 1 Impulsive Behavior/ (9241)
- 2 impulsiv*.ti,ab,kf. (23435)
- 3 Inhibition, Psychological/ (12385)
- 4 inhibit*.ti,ab,kf. (2562704)
- 5 1 or 2 or 3 or 4 (2587732)
- 6 Alcoholism/ (78263)
- 7 alcoholism*.ti,ab,kf. (30865)
- 8 (alcohol* adj3 (abuse* or addict* or dependen* or disorder* or intoxication*)).ti,ab,kf. (58291)
- 9 (ethanol* adj3 (abuse* or addict* or dependen* or disorder* or intoxication*)).ti,ab,kf. (4578)
- 10 (chronic* adj3 alcohol* adj3 intoxication*).ti,ab,kf. (475)
- 11 (alcohol* adj3 abuse* adj3 disorder*).ti,ab,kf. (1223)
- 12 (alcohol* adj3 related* adj3 disorder*).ti,ab,kf. (1318)
- 13 6 or 7 or 8 or 9 or 10 or 11 or 12 (122820)
- 14 5 and 13 (7248)
- 15 limit 14 to (humans and "all adult (19 plus years)" and last 3 years) (265)

Annexe 3 : CASP (Critical Appraisal Skills Programme)



Paper for appraisal and reference:

Section A: Are the results of the study valid?

1. Is the CPR clearly defined?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT:

- is the type of patients to whom the CPR will be applied clearly defined
- are the variables included in the rule clearly defined
- is the outcome relevant and is it clinically reasonable (the outcome can be expressed as a probability or as a course of action)

Comments:

2. Did the population from which the rule was derived include an appropriate spectrum of patients?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- Is it adequate the way the patients were selected
- The spectrum of patient, to whom the rule will apply, is represented well

Comments:

3. Was the rule validated in a different group of patients?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT:

- it's not good enough that the rule had a good performance on the patient group used to derive it. The rule should be validated in a different set of patients
- the validation was done in a group of patients similar to the one used to derive it

Comments:

Is it worth continuing?

4. Were the predictor variables and the outcome evaluated in a blinded fashion?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT:

- did people evaluating the outcome know the predictor variables
- did people evaluating the predictor variables know the outcome

Comments:

5. Were the predictor variables and the outcome evaluated in the whole sample selected initially?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT:

- are exclusions and drop outs well described and do the authors discuss the reasons for them
- sometimes the outcome cannot be measured in the same way in all patients

Comments:

6. Are the statistical methods used to construct and validate the rule clearly described?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT:

- were all important variables included and the positivity criteria explained
- is the statistical method adequately described
- was the reliability of the rule considered

Comments:

Section B: What are the results?

7. Can the performance of the rule be calculated?

HINT:

- performance results can be presented as: Sens, Sp, +LR, -LR, ROC curve, calibration curves etc.
 - sensitivity = $a/(a+c)$
 - specificity = $d/(b+d)$
 - $LR+ = sens/(1-sp)$
 - $LR- = (1-sens)/sp$

		Outcome +	Outcome -
		a	b
Rule +	Rule +	a	b
	Rule -	c	d

Comments:

8. How precise was the estimate of the treatment effect?

(did they try to refine the rule with other variables to see whether the precision could be improved or the rule simplified?)

HINT: Think about

- the sample size and the number of variables included in the CPR
- is the rule robust, has there been any attempt to refine it

Comments:

Section C: Will the results help locally? Are the findings applicable to the scenario?

9. Would the prediction rule be reliable and the results interpretable if used for your patient?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- is your setting too different from that of the study

Comments:

10. Is the rule acceptable in your case?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- the ease of use and the availability of the rule and the costs
- if the rule is reasonable from a clinical point of view

Comments:

11. Would the results of the rule modify your decision about the management of the patient, or the information you can give to him/her?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- in addition to your opinion, might there be studies analysing the impact (in monetary terms or health results) of the rule
- if nothing will change, the rule is at best useless in terms of benefit to the patients
- how the initial estimation has changed after applying the rule, and the effect it has had on the action threshold

Comments: