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### ***Reference information***

All PEDE citations are cross-referenced with an Endnote library that contains detailed information on all accepted publications. This includes author(s) names, article title, journal name, volume, and issue, page numbers, and publication date.

### ***Target population***

This describes the study population that the intervention(s) are being directed towards. Examples include: universal (everyone), pregnant women, children with neutropenia, neonates with respiratory infection, etc. There may be more than one target population per citation.

### ***Age group(s)***

Age categories are used to describe the target population(s) for each citation. These include:

- *Perinates*: antenatal period of the fetus or premature newborn, up to 7 days of life
- *Neonates*: newborns, until the first month of age
- *Infants*: 1 month to 1 year of age
- *Children*: 1 to 12 years of age
- *Adolescents*: 13 to 18 years of age

There may be more than one age group per citation.

*Disease class*

ICD-9-CM (up to 2003)

ICD-10 (2004 and later)

The ICD-9-CM classifies all disease according to major organ systems, including:

- Infectious and Parasitic Disease
- Neoplasms
- Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders
- Diseases of the Blood and Blood-Forming Organs
- Mental Disorders
- Diseases of the Nervous System and Sense Organs
- Diseases of the Circulatory System
- Diseases of the Respiratory System
- Diseases of the Digestive System
- Diseases of the Genitourinary System
- Complications of Pregnancy, Childbirth, and the Puerperium
- Diseases of the Musculoskeletal System and Connective Tissue
- Congenital Anomalies
- Certain Conditions Originating in the Perinatal Period
- Symptoms, Signs and Ill-defined Conditions
- Injury and Poisoning

The ICD-10 classifies all disease according to major organ systems, including:

- Certain infectious and parasitic diseases
- Neoplasms
- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- Endocrine, nutritional and metabolic diseases
- Mental and behavioural disorders
- Diseases of the nervous system
- Diseases of the eye and adnexa
- Diseases of the ear and mastoid process
- Diseases of the circulatory system
- Diseases of the respiratory system
- Diseases of the digestive system
- Diseases of the skin and subcutaneous tissue
- Diseases of the musculoskeletal system and connective tissue
- Diseases of the genitourinary system
- Pregnancy, childbirth and the puerperium
- Certain conditions originating in the perinatal period
- Congenital malformations, deformations and chromosomal abnormalities

- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- Injury, poisoning and certain other consequences of external causes
- External causes of morbidity and mortality
- Factors influencing health status and contact with health services
- Codes for special purposes

With regard to antenatal care or family planning interventions, pregnancy is not considered a state of ill health. Non-disease categories labeled "General Health" and "Dental Health" were created for these and other interventions related to basic health services.

### ***Experimental intervention***

This describes the intervention that is being directed at the paediatric population. Examples include: vaccination against influenza A, after school obesity prevention program, infliximab treatment (5 mg/kg), bilateral cochlear implantation, etc. There may be more than one intervention per citation, in which case the interventions are listed in order of decreasing importance in the study.

### ***Intervention category***

Categories were created to reflect the types of interventions encountered and include:

- *Prevention (specified as Health or Dental):* An intervention for the prevention of illness or disease. There was no distinction made between primary, secondary, or tertiary prevention.
- *Treatment (specified as Health or Dental):* An intervention administered directly to the patient for the cure or amelioration of a disease or condition.
- *Program (specified as Health or Dental):* An organization or organizational unit, clinic, department, or health system.
- *Surgical:* Operative procedures used to correct deformities and defects, repair injuries, diagnose, or cure certain diseases.
- *Educational:* An educational process or program designed for the improvement and maintenance of health.
- *Health care delivery:* A process, service, tool, test or treatment pathway.
- *Detection:* Tests used to screen for disease or the potential of developing disease.
- *Diagnosis:* The use of clinical tests to confirm the cause of illness.
- *Psychological:* Interventions used for normal and abnormal mental health conditions.

### ***Primary health outcome(s)***

This describes the outcome used to define the consequence(s) of the health intervention targeted at the paediatric population. In many cases, multiple outcomes are listed in which case the first mentioned, the most clinically relevant, or the outcome most closely linked to the analytic technique (e.g. QALY for a cost-utility analysis) is considered the primary outcome. Examples include: cases of caries, life years gained, cases of hepatitis B, DALYs, etc. All outcomes are listed in order of decreasing importance in the study.

### ***Analytic techniques***

An analytic technique is assigned to each citation. The assignment is based on a careful reading of the methods, rather than the author's designation. Options include:

- Cost-utility analysis (CUA)
- Cost-benefit analysis (CBA)
- Cost-effectiveness analysis (CEA)
- Cost-minimization analysis (CMA)

In cases where multiple techniques are used in the analysis and the primary analysis is not clear, the following hierarchy is used: CUA > CEA & CBA > CEA.

### ***Health state utility weight(s)***

This describes a set of data unique to cost-utility analyses. All cost-utility analyses that adjust survival by a utility or disability weight to measure quality-adjusted life years or disability-adjusted life years, respectively, and report the weights in the citation, are described in table format. Tables include detailed information about the condition (if applicable), the health state, and the utility or disutility weight associated with that health state, as reported in the citation. Utility weights fall between 0 and 1 (with 0 representing death and 1 representing perfect health). In some cases, negative weights representing states worse than death are reported. There may be multiple health state utility weights reported per cost-utility citation and more than one utility weight provided per health state.

### ***Utility weight source***

This describes how and or where the utility weight was derived by the citation authors. Options include:

- *Measured*: The authors used instruments or tools to measure utility direct or indirectly. In these cases the method used to elicit preferences (e.g. time trade-off,

- standard gamble, HUI, EQ-5D), whose preferences were measured (e.g. patient, parent proxy, society), and the total number of subjects (e.g. n=40) are provided.
- *Literature*: The authors used utility weights reported in the published literature and reference the original articles. In these cases the details of the original source are provided (i.e. first author name, date of publication, name of database/catalog)
  - *Author assigned weight based on similar condition*: The authors assigned a weight based on a similar condition or study population. In these cases the details of the similar condition are provided (e.g. author assigned weight based on adult with asthma)
  - *Author assumptions*: The authors stated that a utility weight was assumed to be a certain value without further explanation.
  - *Not reported*: The authors did not describe the source of the utility weight.
  - *Other*: Utility weight sources that cannot be described by the above categories, were described in detail.

More than one utility weight and/or source may be provided for a single health state. In these cases, each weight and the method used to derive that weight is described separately.

### ***Keywords***

All PEDE citations are cross-referenced with an Endnote library that contains detailed information on all accepted publications. This includes keywords or MeSH terms associated with a citation in the original citation database.

***For more information please contact:***

Kate Tsiplova  
[kateryna.tsiplova@sickkids.ca](mailto:kateryna.tsiplova@sickkids.ca)