JMIR DERMATOLOGY Adelman & Weber

Research Letter

Reflecting on Decades of Data: The Global Burden of Disease-Cochrane Project

Madeline Adelman^{1*}, MD; Isaac Weber^{2*}, MD

Corresponding Author:

Isaac Weber, MD Mercy Hospital St. Louis 615 S New Ballas Rd St. Louis, MO, 63141 **United States**

Phone: 1 (314) 251 6000

(JMIR Dermatol 2024;7:e41323) doi: 10.2196/41323

Email: isaac.weber@mercy.net

KEYWORDS

Global Burden of Disease; Cochrane Library; review; trachoma; onchocerciasis; vitamin A deficiency; data; glaucoma; macular degeneration; vision loss; disorders; disease burden

Introduction

The Global Burden of Disease (GBD) 2010 study was a systemic epidemiological collaboration between seven institutions to quantify health loss due to diseases, injuries, and risk factors [1]. Its purpose was to develop a platform to compare the magnitude of these health metrics across age groups, countries, sexes, and times, producing comparative metrics for hundreds of causes of premature death and disability. Participating institutions included the "Institute for Health Metrics and Evaluation as the coordinating center, the University of Queensland School of Population Health, the Harvard School of Public Health, the Johns Hopkins Bloomberg School of Public Health, the University of Tokyo, Imperial College London, and the World Health Organization (WHO)" [1].

This project set out to broadly expand the previous GBD 1990 study, conducted primarily by researchers at the World Health Organization and Harvard, to include nearly 500 experts from around the world [2]. In addition, it generated estimates for more than double the number of diseases and sequelae, and improved methods for estimating disability weights. GBD 2010 resulted in estimated disease risk factors, morbidity, and mortality for 291 diseases and injuries and 1160 sequelae [2].

The Cochrane Database of Systematic Reviews (CDSR) is the leading resource for systemic reviews in health care. The GBD-Cochrane project works to assess the representation of different conditions studied in GBD 2010 within CDSR and determine if CDSR accurately reflects GBD disability-adjusted life year metrics.

Methods

The GBD 2010 study used all available data on cause of death from 187 countries; this included data on vital registration, verbal autopsy, mortality surveillance, censuses, surveys, hospitals, police records, and mortuaries. This data was used to quantify disease burden, disability-adjusted life years, and years of life lost to premature mortality [3].

The GBD-Cochrane project maps the cause-specific disease burden as established by the GBD study to associated systematic reviews of interventions evaluating the same diseases in CDSR. There are seven completed GBD-Cochrane projects and three active projects [4].

Results

These projects provide high-quality data on systematic reviews and help determine if they poorly or strongly correlate with disease burden. For example, a review of ophthalmologic conditions showed that trachoma, onchocerciasis, vitamin A deficiency, and refraction and accommodation disorders were all underrepresented in the CDSR, while glaucoma, macular degeneration, and other vision loss disorders overrepresented [5]. Other completed projects have shown poor representation of tropical diseases, while mental health and behavioral conditions are overrepresented [6,7].



¹Department of Dermatology, University of Colorado, Aurora, CO, United States

²Mercy Hospital St. Louis, St. Louis, MO, United States

^{*}all authors contributed equally

JMIR DERMATOLOGY Adelman & Weber

Discussion

There are a plethora of reasons a condition might be overrepresented in the CDSR. Overrepresentation might reflect the high prevalence of these conditions and, therefore, greater availability for randomized clinical trials. Alternatively, overrepresentation may reflect a disparity in funding, the disparity in research in high- versus low-income countries, or the prioritized interest of the public and pharmaceutical companies. Underrepresentation may reflect a decreasing disease

burden, existing effective interventions for those conditions, or a lack of researchers in low- and middle-income nations where certain conditions are more prevalent.

The active GBD-Cochrane projects include conditions in the realm of heart disease, cancer, and infectious disease. As the GBD-Cochrane project continues to map systematic reviews and protocols against disease burden, we will continue to identify research gaps and opportunities to make informed decisions with future research.

Acknowledgments

MA receives fellowship funding from the Pfizer Global Medical Grant (65894351 and 58858477) Dermatology Fellowship 2022 (principal investigator: RP Dellavalle).

Conflicts of Interest

None declared.

References

- 1. Murray CJ, Ezzati M, Flaxman AD, Lim S, Lozano R, Michaud C, et al. GBD 2010: design, definitions, and metrics. Lancet. Dec 15, 2012;380(9859):2063-2066. [doi: 10.1016/S0140-6736(12)61899-6] [Medline: 23245602]
- 2. GBD history. The Institute for Health Metrics and Evaluation. URL: https://www.healthdata.org/gbd/about/history [accessed 2023-06-28]
- 3. Lozano R, Naghavi M, Foreman K, Lim S, Shibuya K, Aboyans V, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet. Dec 15, 2012;380(9859):2095-2128. [doi: 10.1016/S0140-6736(12)61728-0] [Medline: 23245604]
- 4. Global Burden of Disease (GBD) Cochrane project. Cochrane Methods. URL: https://methods.cochrane.org/prioritysetting/global-burden-disease-gbd-cochrane-project [accessed 2022-07-19]
- 5. Boyers LN, Karimkhani C, Hilton J, Richheimer W, Dellavalle RP. Global burden of eye and vision disease as reflected in the Cochrane Database of Systematic Reviews. JAMA Ophthalmol. Jan 2015;133(1):25-31. [doi: 10.1001/jamaophthalmol.2014.3527] [Medline: 25232930]
- 6. Bhaumik S, Karimkhani C, Czaja C, Williams H, Rani M, Nasser M, et al. Identifying gaps in research prioritization: the global burden of neglected tropical diseases as reflected in the Cochrane database of systematic reviews. J Family Med Prim Care. 2015;4(4):507-513. [FREE Full text] [doi: 10.4103/2249-4863.174266] [Medline: 26985407]
- 7. Yoong SL, Hall A, Williams CM, Skelton E, Oldmeadow C, Wiggers J, et al. Alignment of systematic reviews published in the Cochrane Database of Systematic Reviews and the Database of Abstracts and Reviews of Effectiveness with global burden-of-disease data: a bibliographic analysis. J Epidemiol Community Health. Jul 2015;69(7):708-714. [FREE Full text] [doi: 10.1136/jech-2014-205389] [Medline: 25888595]

Abbreviations

CDSR: Cochrane Database of Systematic Reviews

GBD: Global Burden of Disease

Edited by J Solomon; submitted 21.07.22; peer-reviewed by WD Dotson, E Stallings; comments to author 23.02.23; revised version received 29.06.23; accepted 27.11.23; published 05.01.24

Please cite as:

Adelman M, Weber I

Reflecting on Decades of Data: The Global Burden of Disease-Cochrane Project

JMIR Dermatol 2024;7:e41323

URL: https://derma.jmir.org/2024/1/e41323

doi: <u>10.2196/41323</u> PMID: <u>38180789</u>



JMIR DERMATOLOGY Adelman & Weber

©Madeline Adelman, Isaac Weber. Originally published in JMIR Dermatology (http://derma.jmir.org), 05.01.2024. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Dermatology, is properly cited. The complete bibliographic information, a link to the original publication on http://derma.jmir.org, as well as this copyright and license information must be included.

