

Grading Scales: Explanation

Institute for Clinical Systems Improvement (ICSI) grading system for recommendations

Strength of recommendation

Strong recommendation	Benefits outweigh risks or harms, recommendation applies to most patients
Weak recommendation	Benefits and harms are balanced or uncertainty exists about best estimates of benefits and harms; recommendation may depend on local circumstances, patient values, or preferences

Quality of evidence

High-quality evidence	Further research unlikely to change confidence in estimate of effect
Moderate-quality evidence	Further research may impact recommendation and confidence in estimate of effect
Low-quality evidence	Further research very likely to have important impact on confidence in estimate of effect and likely to change, so any estimate of effect is very uncertain

Synthesized Recommendation Grading System for DynaMed Plus

Strength of recommendation

Strong recommendation	Used when, based on the available evidence, clinicians (without conflicts of interest) consistently have a high degree of confidence that the desirable consequences (health benefits, decreased costs and burdens) outweigh the undesirable consequences (harms, costs, burdens).
Weak recommendation	Used when, based on the available evidence, clinicians believe that desirable and undesirable consequences are finely balanced, or appreciable uncertainty exists about the magnitude of expected consequences (benefits and harms). Weak recommendations are used when clinicians disagree in judgments of relative benefit and harm, or have limited confidence in their judgments. Weak recommendations are also used when the range of patient values and preferences suggests that informed patients are likely to make different choices.

American Academy of Neurology (AAN) Classification of Recommendations

Level of evidence

Level A	Established as effective, ineffective, or harmful for given condition in specified population (requires ≥ 2 consistent class I studies)
Level B	Probably effective, ineffective, or harmful for given condition in specified population (requires ≥ 1 class I study or ≥ 2 consistent class II studies)
Level C	Possibly effective, ineffective, or harmful for given condition in specified population (requires ≥ 1 class II study or 2 consistent class III studies)
Level U	Data inadequate or conflicting; given current knowledge, treatment is unproven

Classification of evidence for therapeutic intervention

Class I	Prospective, randomized, controlled clinical trial with masked outcome assessment, in a representative population, with following requirements
Class Ia	Primary outcome(s) clearly defined
Class Ib	Exclusion/inclusion criteria clearly defined
Class Ic	Adequate accounting for dropouts and cross-overs with numbers sufficiently low to have minimal potential for bias
Class Id	Relevant baseline characteristics are presented and substantially equivalent among treatment groups or there is appropriate statistical adjustment for differences
Class II	Prospective matched group cohort study in representative population with masked outcome assessment that meets a-d above, or randomized trial in representative population that lacks 1 criteria a-d
Class III	All other controlled trials (including well-defined natural history controls or patients serving as own controls) in representative population, where outcome is independently assessed or derived by objective outcome measurement
Class IV	Evidence from uncontrolled studies, case series, case reports, or expert opinion

American College of Physicians/American Pain Society (ACP/APS) grading system

Strength of recommendation

Strong recommendation	Strong - benefits do or do not clearly outweigh risks
Weak recommendation	Weak - benefits and risks and burdens finely balanced

Quality of evidence

High-quality evidence	Randomized trials without important limitations, or overwhelming evidence from observational studies
Moderate-quality evidence	Randomized trials with important limitations (inconsistent results, methodologic flaws, indirect, or imprecise), or exceptionally strong evidence from observational studies
Low-quality evidence	Observational studies or case series
Insufficient evidence	Evidence is conflicting, poor quality, or lacking

European Cooperation in Science and Technology (COST) B13

Quality of evidence

Level A	Generally consistent findings from multiple high-quality studies
Level B	Generally consistent findings from multiple low-quality studies
Level C	Single study or inconsistent findings from multiple studies
Level D	No studies

American Academy of Neurology (AAN) grading system for recommendations

Quality of evidence

Level A	Level A - established as effective, ineffective, or harmful, or established as useful/predictive or not useful/predictive, for given condition in specified population. Requires greater than 2 consistent Class I studies, or (in exceptional cases) 1 convincing Class I study meeting all criteria with large magnitude of effect (relative rate of improved outcome > 5 with lower limit of confidence interval > 2)
Level B	Level B - probably effective, ineffective, or harmful, or probably useful/predictive or not useful/predictive, for given condition in specified population. Requires > 1 Class I study or > 2 consistent Class II studies
Level C	Level C - possibly effective, ineffective, or harmful, or possibly useful/predictive or not useful/predictive, for given condition in specified population. Requires > 1 Class II study or > 2 consistent Class III studies

American Academy of Neurology (AAN) 2000 grading system for recommendation

Quality of evidence and strength of recommendation

Grade A	Multiple well-designed randomized clinical trials, directly relevant to recommendation, and yielded consistent pattern of findings
Grade B	Some evidence from randomized clinical trials supported recommendation but scientific support was not optimal
Grade C	United States Headache Consortium achieved consensus on recommendation in absence of relevant randomized controlled trials

Recommendations are explicitly labeled as Strong or Weak recommendations when a qualified group has explicitly deliberated on making such a recommendation.

[Reference - COST ACTION B13 levels of evidence](#)