

Annexe 2. Gradation des messages clés

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• R : « il est recommandé de », • RN : « il est recommandé de ne pas » • O : « option » : prescription laissée à l'appréciation du prescripteur, attitude à adapter au patient en fonction de la notion bénéfices-risques et à négocier avec lui, en tenant compte des ressources et du contexte local.

Source: *Diagnosis and management of bronchiolitis*: fig1; AAP: Oct 2006.
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;114/3/874>

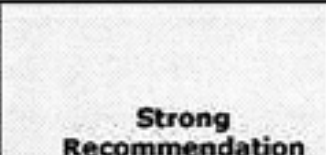
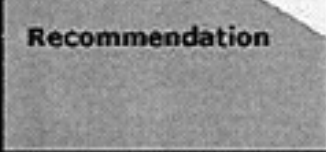
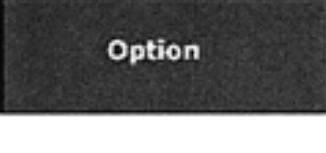
Evidence Quality	Preponderance of Benefit or Harm	Balance of Benefit and Harm
A. Well-designed, randomized controlled trials or diagnostic studies on relevant populations	 Strong Recommendation	 Option
B. RCTs or diagnostic studies with minor limitations; overwhelmingly consistent evidence from observational studies	 Recommendation	
C. Observational studies (case control and cohort design)		
D. Expert opinion, case reports, reasoning from first principles	 Option	 No Recommendation
X. Exceptional situations where validating studies cannot be performed and there is a clear preponderance of benefit or harm	 Strong Recommendation Recommendation	

Fig 1. Integrating evidence quality appraisal with an assessment of the anticipated balance between benefits and harms if a policy is carried out leads to designation of a policy as a strong recommendation, recommendation, option, or no recommendation.