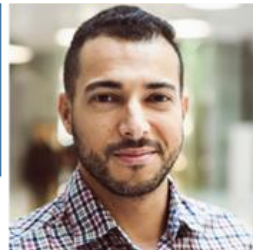


SWEDISH AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT AND ASSESSMENT OF SOCIAL SERVICES

Visit our website
www.sbu.se/en

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[@SBU_en](https://twitter.com/SBU_en)



SBU – evaluates methods used by health care and social services

A Swedish government agency that assess interventions in health care and social services from a broad perspective, including medical, economic, ethical and social aspects.

Our mission is to ensure improved health and social services by answering questions like:

What type of intervention, care or support is the safest and most effective?

Which methods or interventions are the most cost-effective?

Are there any evidence gaps?



The Evidence Wheel

activities to increase the benefits of practice based research



Evidence gaps



Inform researchers and research funding agencies of topics where important clinical questions are unanswered and where there is a need for new clinical research.



Provide the health services with a basis for priority setting.



Continuous publication in the SBU database:
<https://www.sbu.se/en/publications/evidence-gaps/>



SWEDISH AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT AND
ASSESSMENT OF SOCIAL SERVICES



Publications



Ongoing projects



Method



Evidence gaps

Evidence gaps

SBU identifies evidence gaps in health care and social services.



🕒 Reading time approx. 1 minute

A method or practice is an evidence gap if:

- Systematic literature reviews find there is no conclusive evidence of benefits and harms
- No systematic literature reviews can be identified.

Identified evidence gaps are collected in a database on SBU's website. SBU's Database of Evidence gaps is intended to help researchers and research funding agencies identify topics where new research is needed. The database is also intended to help decision makers set priorities in health care and social services.

During 2021 we have started to translate evidence gaps published in SBU's database into English, focusing on what has been published recently. So far, only a small amount of these evidence gaps have been published on SBU's website, but the work will continue for the coming years.

However, if you are interested in our work with evidence gaps, or if you would like to know if a certain topic has been identified and registered as an evidence gap in our database, you are most welcome to contact us.

Contact persons

- Marie Österberg (marie.osterberg@sbu.se)
- Lena Wallgren (lena.wallgren@sbu.se)

English publications

[Practice-based research and scientific evaluation within health care and social services >](#)

Find on page

[Contact persons](#)

[English publications](#)

[Links](#)

Prioritised research areas

- [about maternal birth injuries >](#) (2019)
- [research on social services – perspectives from users, policy-makers and practitioners &](#) (2019)
- [within the fields of prevention, diagnosis and treatment of maternal birth injuries >](#) (2018)
- [relating to treatments for ADHD >](#) (2014)



Search evidence gaps...



Publications



Ongoing projects



Method



Evidence gaps

Advanced search

AND -- Choose filter -- -

Include hits older than five years

Add filter Search Clear

Export to Excel

Title and registration number

All data from search result

Items: 1 to 20 of 71

Result restricted to evidence gaps. Search for other publications and pages >

Order search results by: Date Title Type of evidence needed Reg. no. Relevance

Diets for gestational diabetes

More primary research is needed. Published 2022-09-22 Reg. no. SBU 2022/625

Higher compared to lower relational continuity of care for persons with asthma or chronic obstructive pulmonary disease (COPD) regarding adherence to prescribed medication, experience of participation in care and self-management of the disease

More primary research is needed. Published 2022-09-21 Reg. no. SBU 2022/622

Higher compared to lower relational continuity of care for persons with severe mental illness/severe mental disorder regarding hospitalisation, symptoms and functioning, and adherence to prescribed medication

More primary research is needed. Published 2022-09-21 Reg. no. SBU 2022/623



Cognitive behavioural therapy (CBT) for fibromyalgia in adults compared to treatment as usual (TAU) or waiting list

- Adults (≥ 18 years) diagnosed with fibromyalgia
- Cognitive behavioural therapy (CBT)
- Treatment as usual (TAU) or waiting list
- Fibromyalgia symptoms (Fibromyalgia Impact Questionnaire, FiQ), mental quality of life, physical quality of life, global quality of life, pain intensity, pain interference, depression, anxiety, sleep problems, catastrophising, cognitive and physical function, activities of daily life (ADL), self-efficacy, acceptance, side effects and risks

Higher compared to lower relational continuity of care for persons with asthma or chronic obstructive pulmonary disease (COPD) regarding adherence to prescribed medication, experience of participation in care and self-management of the disease

- Persons with asthma or chronic obstructive pulmonary disease (COPD)
- Higher relational continuity of care
- Lower relational continuity of care
- Adherence to prescribed medication, experience of participation in care, self-management of the disease

Diets for gestational diabetes

- Women, from 18 years, with gestational diabetes
- All types of food (recommended, self-reported and estimated by biomarkers) if any of the following is defined:
 - diet composition
 - individual foods
 - dietary treatment

Meal replacement based on Very Low Energy Diet (VLED). Beverages (beverages that contain alcohol is excluded). Intermittent fasting or meal frequency. Carbohydrate counting. Diet in combination with physical activity.

- **Main outcomes:**

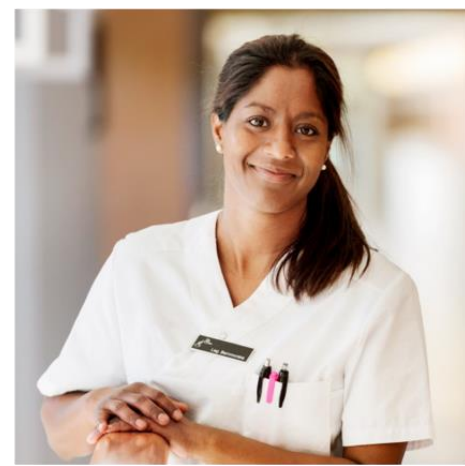
Preeclampsia and negative pregnancy outcomes

Additional outcomes:

Changes in fasting blood sugar, HbA1c, and 2h sugar after oral glucose tolerance test (OGTT), body weight and the child's birth weight



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