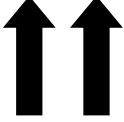


## 2. Absolute risk formats

	<p><b>Recommendation</b></p> <p><b>“Benefits and harm must be presented in absolute risk formats.”</b></p> <p>Agreed: 15, Disagreed: 0, Abstentions: 0</p> <p><b>Quality of the evidence:</b> moderate quality</p>
<p><b>Comment on the recommendation:</b></p> <p>The recommendation refers to the comparison of the presentation as ARR with the exclusive presentation of RRR in health information.</p> <p>Regarding the cognitive outcome <i>understanding / risk perception</i>, two out of three studies showed that, if details concerning the basic risk are missing, ARR enables more precise estimates to be made. In addition, ARR is usually superior to RRR, if the basic risks are given. However, RRR leads to an overestimation of the effects. No effects were shown in two studies with regard to the cognitive outcomes <i>knowledge and comprehensibility</i>.</p> <p>The effects on affective outcomes (two studies) were inconsistent.</p>	

### Summary of the findings

#### Characteristics of the included studies

For this comparison, five studies with a total of 4,314 participants were included. The sample sizes were between 209 and 2,978 participants and the age ranged between 18 and 74 years, depending on the target group. The studies had been carried out in Great Britain (32), the USA (33-36), Canada (33), Germany (33) and Norway (33). The participants included people from the general public (30, 34), women (34), patients (35) and people working in reservations and members of the First Nations (36). The interventions consisted of scenarios concerning influenza vaccinations (32), fictitious diseases (35, 36), the taking of statins for high cholesterol (33) and risk information for mammography screening (34).

## Results for the relevant outcomes

With regard to the outcomes *understanding / risk perception* an effect was shown for ARR (32, 34). No differences could be seen for the outcomes *knowledge* and *comprehensibility / readability* (33, 36). For the outcomes *acceptance / attractiveness* the findings were inconsistent (32, 33).