


4. Number Needed to Treat (NNS, NNH)

	<p>Recommendation</p> <p>“The presentation as number needed to treat (NNT), number needed to screen (NNS), number needed to harm (NNH) should not be used.”</p> <p>Agreed: 11, Disagreed: 0, Abstentions: 2</p> <p>Quality of the evidence: moderate quality</p>
<p>Comment on the recommendation:</p> <p>The recommendation refers to the comparison of the presentation as NNT (NNS, NNH) to the presentation as absolute risk reduction (ARR).</p> <p>Studies concerning the outcome <i>understanding / risk perception</i> show that the presentation as NNT (NNS, NNH) is inferior to presentation as ARR. Particularly when no basic risks were given, the NNT led in two studies to the overestimation of the effect.</p> <p>For all other outcomes (<i>comprehensibility / readability</i> – 1 study; <i>acceptance / attractiveness</i> – 2 studies) no differences could be seen.</p>	

Summary of the findings

Characteristics of the included studies

For this comparison, three studies with a total of 3,653 participants were included. The sample sizes were between 268 and 2,978, the ages ranged between 18 and over 60 years of age. The studies were carried out in the USA (33, 35), England (38), Canada (38), Germany (38) and Norway (38). The included participants were women passers-by in a town center (38), patients of both sexes (35) and people from the general public (33). The interventions consisted of scenarios concerning the anti-baby pill (38), fictitious diseases (35) and taking statins for high cholesterol (33).

Results for the relevant outcomes

For the outcome *understanding / risk perception* an effect for the presentation of ARR was shown (35, 38). No differences were shown for the outcomes *comprehensibility / readability* and *acceptance / attractiveness* (33, 38).