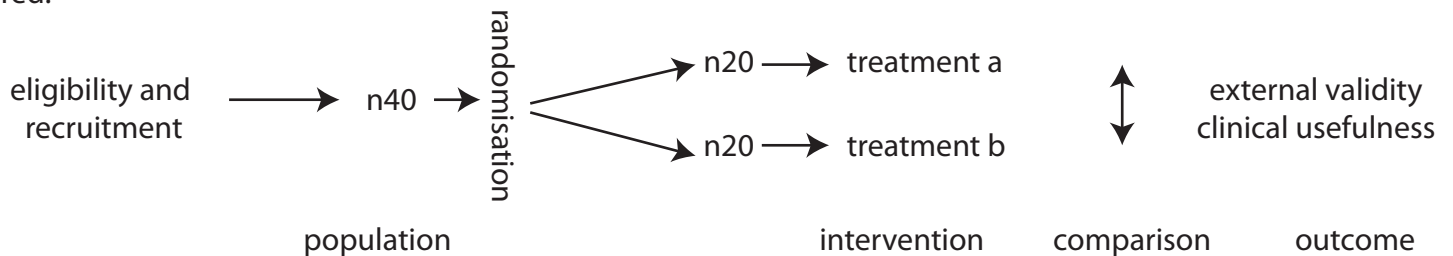


Randomised controlled trial is where after assesment of eligibility and recruitment, study subjects are randomly allocated into different treatment groups, and the difference in outcome variables are then compared.



Classification

design - parrallell (same as above - most common), crossover, cluster
 outcome - efficacy (narrow - aim to explain), effectiveness (broader - aim to test clinical utility)
 hypothesis - superiority (most studies aim to show one treatment is superior), inferiority, equivalence
 randomisation characteristics - double blind (most superior, subjects and investigators are blinded)

Advantages

- Considered the gold standard
- Higher internal validity compared to other designs
- Prospective therefore outcome not predetermined
- Unbiased distribution of confounders
- Statistical analysis
 meaningful
 enables probablility assessment
- Blinding is more likely
 less selection bias
- More likely than other designs to be reproducible

Disadvantages

- Limitations of external validity
 may only be relevant to specific population
 reduced by multicentre/international study
- More expensive
- Time consuming
- Efficacy studies have limited applicability
 eligibility rules may exclude many
- Ethical limitations / consent
 withholding treatment / harm / paedes
- May not be feasible to randomise
- Effects may occur far into the future
 environmental radiation exposure lead time
- Not practical to study very rare effects
 idiosyncratic drug effects
- Subject to publication bias
 positive studies more likely to be reported