

countries (LMICs) and have the potential to reduce the cost of chronic diseases for the health systems in these countries. Brazil, for example, has the largest public health system of the world, named Sistema Único de Saúde and offers in his primary, secondary and tertiary care non-pharmacological interventions. This said, highlighting and diminishing outcome reporting bias especially in the non-pharmacological literature would enhance overall research reporting and quality, improving emerging health literature that guide research areas that are emerging worldwide and that can reduce the overall cost of disease, this being especially important (but not only) in LMICs that can suffer from lack of proper investment in the public health system. In the light of this, it is also worth mentioning that me and my research collaborators and orienteers are currently leading an initiative to map these occurrences in the literature of NPT's (as described in <https://osf.io/8gtfj/>) and with this we hope to make a positive contribution in the whole scenario outlined above.

Note: This text will be publicly available at <https://osf.io/2fxh4/> at the moment of submission for this fellowship.

6 ADDING EVIDENCE OF THE EFFECTS OF TREATMENTS INTO RELEVANT WIKIPEDIA PAGES: A RANDOMISED TRIAL

¹Umer Siddique*, ²Clive Adams, ³Mohsin Hussein, ⁴Alan Montgomery, ⁵Tony Aburrow, ⁶Sophie Bloomfield, ⁷Paul Briley, ⁸Ebun Carew, ⁹Suravi Chatterjee-Woolman, ⁹Ghalia Feddah, ¹⁰Johannes Friedel, ¹¹Josh Gibbard, ¹²Euan Haynes, ¹³Mahesh Jayaram, ⁹Samuel Naylor, ¹⁴Luke Perry, ^{15,16}Lena Schmidt, ¹⁷Ayla Tabakert, ¹⁸Douglas Taylor, ¹⁹Aarti Velani, ²⁰Douglas White, ^{21,22}Jun Xia. ¹North East London NHS Foundation Trust, London, UK; ²Division of Psychiatry and Applied Psychology, University of Nottingham, Nottingham, UK; ³Department of Radiology, University Hospitals of Leicester NHS Trust, Leicester, UK; ⁴Nottingham Clinical Trials Unit, University of Nottingham, Nottingham, UK; ⁵Health Sciences, Research, John Wiley Ltd, Chichester, UK; ⁶Department of Critical Care, East Kent Hospitals University NHS Foundation Trust, Canterbury, UK; ⁷General Medicine, Nottingham University Hospitals Healthcare NHS Trust, Nottingham, UK; ⁸Department of Orthopaedics, Sherwood Forest Hospitals NHS Foundation Trust, Sutton-in-Ashfield, UK; ⁹Emergency Department, Gold Coast University Hospitals, Queensland, Australia; ¹⁰Faculty Management and Business Science, University of Aalen, Aalen, Germany; ¹¹The Acute Stroke Unit: Huggett Suite, Royal Lancaster Infirmary, Lancaster, UK; ¹²Haematology, Gateshead Health NHS Foundation Trust, Gateshead, UK; ¹³Psychiatry, University of Melbourne, Melbourne, Australia; ¹⁴Department of Anaesthesia, Royal Melbourne Hospital, Melbourne, Australia; ¹⁵Bristol Medical School, University of Bristol Faculty of Health Sciences, Bristol, UK; ¹⁶Fakultat Gesundheit, Sicherheit und Gesellschaft, Hochschule Furtwangen University, Furtwangen, Germany; ¹⁷Liaison Psychiatry, Northumbria Healthcare NHS Foundation Trust, North Shields, UK; ¹⁸Wikimedia UK, Wikimedia Foundation, London, UK; ¹⁹Acute Medicine, Lewisham and Greenwich NHS Trust, London, UK; ²⁰Accident and Emergency, Epsom and Saint Helier University Hospitals NHS Trust: Epsom Hospital, Epsom, UK; ²¹Nottinham Ningbo GRADE Centre, Nottingham China Health Institute, The University of Nottingham Ningbo, Ningbo, China; ²²Department of Epidemiology and Public Health, School of Medicine, The University of Nottingham, Nottingham, UK

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Background Wikipedia is among the most popular sites on the internet, and around a fifth of all healthcare searches online directs to a Wikipedia page. In recent years steps have been taken to enhance the quality of their healthcare pages, such as the creation of the WikiProject Medicine initiative. In 2014 a partnership was formalised between Wikipedia and Cochrane Collaboration with similar aims. Three years ago, a group of medical students helped to formulate a protocol for the first ever randomised trial, whose aim was to test the value of Wikipedia in informing users about healthcare.

Objectives To investigate the effects of adding high-grade quantitative evidence of outcomes of treatments into relevant

Wikipedia pages on further information-seeking behaviour by the end-user. **Methods:** We randomised 70 Wikipedia pages, identified as highly relevant to up-to-date Cochrane Schizophrenia systematic reviews that contained a Summary of Findings table. Eligible Wikipedia pages in the intervention group (35) were seeded with tables listing best evidence of the effects of treatment, and hyperlinks to the source Cochrane review. Eligible pages in the control group (35) remained unchanged.

Results The main outcome measures were routinely collected data on access to the full text and summary web page of the relevant Cochrane reviews (after 12 months). There was 100% follow-up of the 70 randomised pages. Six of the 35 in the intervention group had the tabular format deleted by other Wikipedia users during the course of the study, but all pages continued to report the same data within the text. The study found no evidence of significant effect on either of the co-primary outcomes: full text access adjusted ratio of geometric means 1.30, 95% CI: 0.71 to 2.38; page views 1.14, 95% CI: 0.6 to 2.13. Results were similar for all other outcomes, with the exception of Altmetric score for which there was evidence of clear effect (1.36, 95% CI: 1.05 to 1.78).

Conclusions The pursuit of fair balance within Wikipedia healthcare pages is impressive and its reach unsurpassed. Enriching Wikipedia content is, potentially, a powerful way to improve health literacy among the public, and it is possible to test the effects of seeding pages with evidence. Though increased traffic to Cochrane reviews in the intervention group lacked statistical significance, there was nonetheless consistently an increase in all outcome measures. For every person that sought and clicked the reference on the 'intervention' Wikipedia page to seek more information (the primary outcome), many more are likely to have been informed by the page alone; the inclusion of high-quality data may have lessened the desire to click out to the original source. If demonstrated that the end-user becomes more informed as a result of such intervention, the potential as a tool for dissemination could be invaluable. Future studies should take such factors into consideration, and aim to replicate, expand and further develop our trial. Trial registration number IRCT2017070330407N2

7 MEETING THE NEEDS OF A DIVERSE READERSHIP: TOWARDS INTERACTIVE MANUSCRIPTS

Krish Bilimoria*. University of Toronto Faculty of Medicine, Toronto, Canada

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Among the ecosystem of academic journals, clinical journals have a particularly diverse readership. Clinician-scientists, epidemiologists, and statisticians all strategically sift through clinical manuscripts to explore conclusions of interest. Very rarely are all three groups satisfied. Due to size limitations, journals regularly relegate 'obscure' methodological details to an unformatted supplementary document. The underlying code and data used to generate manuscript figures are also rarely shared in computer-readable forms that would promote reproducibility of study findings. Lastly, navigating and manually extracting data from formatted tables, instead of computer-readable tables make secondary analyses of clinical literature more labour-intensive than necessary. These problems emerge from a system where novelty is prioritized above relevance, ease of