



# REDUCING WORKLOAD IN SYSTEMATIC REVIEWS ON MEDICATION MANAGEMENT

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## Background

- Systematic reviews are essential for evidence-based decision-making in hospital pharmacy but require labor-intensive manual screening (title/abstracts) prone to error due to the large numbers of irrelevant records.
- Large language models have enabled artificial intelligence tools using active learning (AL)-assisted screening.
- AL-assisted screening ranks abstracts by inclusion probability, updating as decisions are made. AL-based tools (e.g. ASReview) may reduce the screening workload [1].

## Objectives

- Determine if AL-assisted screening can indeed *reduce screening workload* without increasing the risk of missing relevant articles.
- Determine if AL-assisted screening tools may help *minimize human screening errors*.
- To develop *practical guidance* on how to use the AL-assisted screening tool ASReview in the best possible way, including which settings to choose for the tool to work most effectively.

## Conclusions

- ASReviews assisted screening **can reduce screening workload by almost 90%** whilst maintaining accuracy of full text includes comparable or better than that of manual screening.
- ASReview can also **aid in identifying human errors** in manual screening.
- Optimal parameters depend on dataset characteristics: full-text labeling is best for most, but title/abstract labelling with simpler models may be preferable when the overall proportion of includes in the final systematic review is very low.

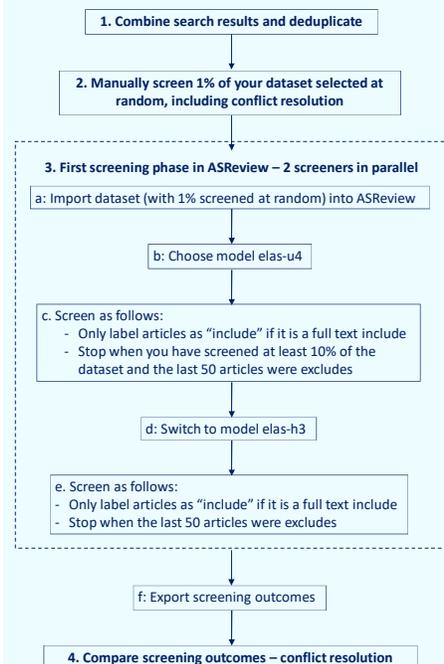
## Methods

- ASReview was used, an open-source tool for AL-assisted screening.
- Screening of four large systematic review datasets was simulated using ASReview. The systematic reviews focused on summarizing prescribing cascades, adverse drug reactions/events, hospital pharmacy interventions on length of stay, and pharmacy technician interventions on wards.
- The four systematic review datasets had 3475–16,218 records; eventually, 0.08–1% of articles was included in the final systematic review.
- ASReview parameters were systematically varied [2], including labeling strategies. Since ASReview learns from each new labeled record, accurate labeling is critical for tool performance.
  - In title/abstract labeling, only the title/abstract is used to label potential includes. Final inclusion is determined in a second stage based on reviewing the full text, and initial title/abstract include labels are often incorrect.
  - In full-text labeling, an include label of a paper is determined after reading the complete article.
- In addition, ASReview was trained with 1% of random abstracts, and including at least one relevant article. The top 100 records selected by the tool were manually checked by dataset lead researcher to detect missed inclusions.
- Primary outcome: screening efficiency; secondary outcome: human error detection.
- Descriptive analysis was used.

## Results

- ASReview reduced records to screen by ~90% while maintaining sensitivity.
- For three datasets, optimal performance was achieved with recommended ASReview parameters [2] and full-text labeling (100% full-text includes, 89–90% screening reduction).
- For the largest dataset (16,218 abstracts, 0.08% eventual included articles), 87% of full-text includes were detected with the ASReview parameters and full-text labeling. With simpler models and title/abstract labeling 100% detection was achieved.
- In two datasets, ASReview identified an additional article inclusion in the top 100 which was mistakenly excluded during the initial manual title/abstract screening.
- The proposed workflow (see flowchart) shows a practical guidance for using ASReview for most systematic reviews.

## Proposed workflow for screening with ASReview



## More details on the study setup & outcomes

Verdonschot et al. (2025)

<https://doi.org/10.1101/2025.09.26.25336705>



## References

- Van de Schoot et al. (2021). <https://doi.org/10.1038/s42256-020-00287-7>
- Boetje et al. (2024). <https://doi.org/10.1186/s13643-024-02502-7>