

Taipei Medical University — Municipal Wanfang Hospital EBM Center



萬芳醫院實證醫學中心 http://www.wanfang.gov.tw/ebm/ 2005/11/10

「2005台灣醫學週-台灣聯合醫學會學術演講會」









Outline

1. Dr. Vincent Wu (吳明順) **Cochrane** library 2. Dr. Cliff Chen(陳杰峰) Pubmed Sumsearch National Guideline Clearinghouse 3. Stella Chang (張愛鈴, TMU librarian) Chinese literature database introduction

第3頁,共頁 「2005台灣醫學週-台灣聯合醫學會學術演講會」



Level of Evidence





第5頁,共頁 「2005台灣醫學週-台灣聯合醫學會學術演講會」

Case study

Expert opinions



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Systematic Review Databases



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Pre-filtered" EBM resources"

 To answer focused clinical questions, the most efficient approach is to begin with a "pre-filtered" evidence-based medicine resource such as

Best Evidence
Clinical Evidence
Cochrane Library



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Pre-filtered DATABASES

- Cochrane Library –EBM reviews
 - ACJ Journal Club

EMBASE

- Cochrane Database of Systematic Reviews
- Database of Abstracts of Reviews of Effects (DARE)
- Cochrane Central Register of controlled trials
 NHS Economic Evaluation Database (NHSEED)
- Health Technology Assessment Database (HTA)



Systematic Review Databases

- Cochrane Library :
 - Best source for structured, <u>systematic</u> reviews
 - Explicit search & quality criteria (free abstracts)
- Database of Abstracts of Reviews of Effects (DARE)
 - Structured abstracts of systematic reviews meeting highest quality standards
 - A (free) part of the Cochrane Library
- Joanna Briggs Institute : international Research and Development Unit of Royal Adelaide Hospital, and an Affiliated Institute of the University of Adelaide
 - Systematic reviews, Nursing, Pharmacy, community health, health promotion, speech pathology

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Each topic below corresponds to a Cochrane Review Group dedicated to the topic.

A protocol is a review under development.

Acute Respiratory Infections

<u>Airways</u>

<u>Anaesthesia</u>

<u>Back</u>

Bone, Joint and Muscle Trauma

Breast Cancer

Colorectal Cancer

Consumers and Communication

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OESOPHAGUS

Helicobacter pylori infection

STOMACH

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gastroduodenal ulcers

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⊳ Gastric lymphoma		
Stress gastritis/ulceration (4)		
Zollinger-Ellison syndrome		
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▶ Other gastric disorders (2)		
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► Gastric ulcer (uncomplicated) (17)
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► anti-H pylori therapy (1)
Prevention of NSAID-induced gastroduodenal ulcers
▶ use of non-steroidal anti-inflammatory drugs (2)
use of corticosteroids
lifestyle advice
⊳ acute treatment (8)
▶ maintenance therapy (6)
⊳ Gastric carcinoma (6)
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► Stress gastritis/ulceration (4)
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ulcers	A Rostom, C Dube, G Wells, P Tugwell, V Welch, E Jolico	Seur, J MicGowan	
PDF (Size 686K)	The Cochrane Database of Systematic Reviews 2005 Issu		
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• Abstract	Date of Most Recent Substantive Amendment: 25 July 20		
• Synopsis	This record should be cited as: Rostom A, Dube C, Wells		
Background	gastroduodenal ulcers. The Cochrane Database of System	matic Reviews 2002, Issue 4. Art. No.: CD002296.	DOI: 10.1002/14651858.CD002296.
Objectives			Next >
Criteria for considering	Abstract		
studies for this review			
Search strategy for	Background Non-steroidal anti-inflammatory drugs (NSAIDs) :	are important agents in the management of a	thritic and informatory
identification of studies	conditions, and are among the most frequently pre-		-
Methods of the review Description of studies	overwhelming evidence linking these agents to a va		
Methodological quality	011 11		
Results	Objectives To review the effectiveness of common intervention	ng for the prevention of NSATD induced we	ner GI toxicity
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[Review] Acupuncture for idiopathic headache PDF (Size 456K) • Abstract • Background • Objectives • Criteria for considering	[Review] Acupuncture for idiopathic he D Melchart, K Linde, B Berman, A White, A Vickers, G A The Cochrane Database of Systematic Reviews 2005 Issu Copyright © 2005 The Cochrane Collaboration. Publisher DOI: 10.1002/14651858.CD001218 This version first publ Date of Most Recent Substantive Amendment: 27 Novem This record should be cited as: Melchart D, Linde K, Bern The Cochrane Database of Systematic Reviews 2001, Iss	llais, B Brinkhaus ue 4 d by John Wiley & Sons, Ltd. lished online: 22 January 2001 in Issue 1, 2001 aber 2000 man B, White A, Vickers A, Allais G, Brinkhaus B.	
studies for this review			<u>Next</u> >
Search strategy for	Abstract		
identification of studies • Methods of the review	Background		
Methods of the review Description of studies	Acupuncture is widely used for the treatment of he	adache, but its effectiveness is controversial	
Methodological quality			
Results	Objectives		
	To determine whether acupuncture is:		
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[Review]	Objectives To determine whether acupuncture is:		
Acupuncture for idiopathic			
headache	• more effective than no treatment		
PDF (Size 456K)	• more effective than 'sham' (placebo) acupunctu	re	
	• as effective as other interventions used to treat i	idionathic (nrimary) headaches	
• Abstract	as encente as outer intertentions used to iteat		
Background			
Objectives	Search strategy		
Criteria for considering studies for this review	Electronic searches were performed in MEDLINE		-
Search strategy for	Cochrane Field for Complementary Medicine. We articles obtained.	e also contacted researchers in the field and (checked the bibliographies of all
identification of studies	articles obtailed.		
• Methods of the review	Selection criteria		
Description of studies	Randomized or quasi-randomized clinical trials con idiopathic (primary) headaches were included.	nparing acupuncture with any type of contro	l intervention for the treatment of
Methodological quality	iciopanic (prinary) neadacnes were ficluded.		
• Results	Data collection and analysis		
Discussion	Information on natients interventions methods and	d results was extracted by at least two inder	pendent reviewers using a pre
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Acupuncture for idiopathic headache PDF (Size 456K) • Abstract • Background • Objectives • Criteria for considering	Information on patients, interventions, methods, an tested standard form. Results on headache frequer (responder rate in treatment group/responder rate acupuncture-controlled trials. Quantitative meta-ar Main results Twenty-six trials including a total of 1151 patients conducted among patients with migraine, six amon types of headaches. The majority of trials had meth	ncy and intensity were summarized descr in control group) were calculated as a cr nalysis was not possible due to trial heter (median, 37; range, 10-150) met the inc g patients with tension-type headache, a hodological and/or reporting shortcoming	iptively. Responder rate ratios rude indicator of results for sham- rogeneity and insufficient reporting. clusion criteria. Sixteen trials were nd four among patients with various gs. In eight of the 16 trials comparing
studies for this review • Search strategy for identification of studies	true and sham (placebo) acupuncture in migraine a significantly superior, in four trials there was a tren- between the two interventions. (Two trials were un treatment yielded contradictory results.	d in favor of true acupuncture; and in two	o trials there was no difference
 Methods of the review Description of studies Methodological quality Results Discussion 	Authors' conclusions Overall, the existing evidence supports the value of and amount of evidence are not fully convincing. The effectiveness and cost-effectiveness of acupuncture	here is an urgent need for well-planned,	
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陳杰峰 主任

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4. EBM Guidelines/Technology assessment

- Clinical practice guidelines
 - The best sources rate the strength of evidence
 - U.S. repository for practice guidelines at AHRQ:
 - National Guideline Clearinghouse (free)
 - Taiwan
 - <u>NHRI</u>—專家意見 (free)

第57頁,共頁 「2005台灣醫學週-台灣聯合醫學會學術演講會」

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National Guideline Clearinghouse (http://www.guideline.gov/)





操作

2 網際網路

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This is the last week to take the Fifth Annual Customer Satisfaction Survey!

<u>New/updated ACP, CDC, Finnish Med Soc, ICSI, and SCCM guidelines; updated Chlamydia and Pharyngitis syntheses. Go to "What's New This Week."</u>

<u>One new guideline from an organization new to NGC! The National Anemia Action Council has</u> <u>submitted the following: "Identifying, diagnosing, and managing the ambulatory patient with</u> <u>chronic anemia."</u>

Look for practical, ready-to-use tools for measuring and improving the quality of health care in the Agency for Healthcare Research and Quality's (AHRQ's) QualityTools Web site.

Look for Quality Measures in AHRQ's National Quality Measures Clearinghouse (NQMC).

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		Other Guidelines from this Developer
		 Prevention of pressure ulcers. University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core - Academic Institution. 1997 (revised 2002 May). 21 pages. NGC:002684 Other Guidelines from this Developer The use of pressure-relieving devices (beds, mattresses and overlays) for the prevention of
		pressure ulcers in primary and secondary care. National Collaborating Centre for Nursing and Supportive Care - National Government Agency [Non-U.S.]. 2003 Oct. 167 pages. NGC:003548
		Other Guidelines from this Developer
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References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The evidence in this protocol is based upon research studies that included older adult populations.

The type of supporting evidence is identified and graded for selected recommendations (see "Major Recommendations").

Top^

- 6

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Folkedahl BA, Frantz R. Treatment of pressure ulcers. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2002 Aug. 30 p. [58 references]

ADAPTATION

The quideline was adapted from the Agency for Health Care Policy and Research (AHCPR) Clinical Guidelines "Pressure Ulcers in Adults: Prediction and Prevention" (May 1992) and "Treatment of Pressure Ulcers" (December 1994).

DATE RELEASED

1997 (revised 2002 Aug)

GUIDELINE DEVELOPER(S)

University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core -Academic Institution

SOURCE(S) OF FUNDING

Developed with the support provided by Grant #P30 NR03979, National Institute of Nursing Research, National Institutes of Health (NIH)

GUIDELINE COMMITTEE

University of Iowa Gerontological Nursing Interventions Research Center Dissemination Core

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Authors: Beverly A. Folkedahl, RN, BSN, CWOCN, Rita A. Frantz, PhD, RN, FAAN, Colleen Goode, PhD, RN, FAAN

Series Editor: Maria Titler, PhD, RN, FAAN



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Ulcers" (December 1994).

DATE RELEASED

1997 (revised 2002 Aug)

GUIDELINE DEVELOPER(S)

University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core – Academic Institution

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Series Editor: Maria Titler, PhD, RN, FAAN

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It updates a previous version: Research Dissemination Core. Treatment of **pressure** ulcers. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center; 1997. 22 p.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core, 4118 Westlawn, Iowa City, IA 52242. For more information, please see the University of Iowa Gerontological Nursing Interventions Research Center Web site.

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PATIENT RESOURCES

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基本介紹 Basic Introduction

實證醫學(Evidence-based Medicine, EBM)與臨床診療指引(Clinical Practice Guideline, CPG)的發展,可促進醫療品質水準之提昇。其特色在於應用專業的醫學資訊理念架構,系統化搜尋經專家評估的醫學知識,並將所擷取之醫學資訊,提供醫療決策者作爲臨床診斷、治療指引、療效證據以及臨床研究的應用。因此,在醫學資訊應用範疇中,如何有效運用醫學資訊專業邏輯與資訊技術,藉由實證醫學與臨床診療指引之共同知識平台,進行文獻評讀、大量資料統計、評讀者相互交換評讀意見,資料內容個體化的儲存、新增、修訂、刪除,具體實踐實證醫學的理念。

近年來,國內各醫療機構及專科醫學會對臨床診療指引之日益重視,並從事積極相關研究發展,但卻欠 缺整合臨床診療指引之資源資訊平台,以及公正客觀之機構,進行指引之外部審查、評核、監測與修訂 等相關工作。本計畫主要目標即在於建構國內臨床診療指引之知識平台,以整合國內各臨床診療指引之 發展,並建立臨床診療指引審查評核制度,以期建構適用於台灣之臨床診療指引系統,員正發揮臨床診 療指引的效益。

> 「實證臨床指引平台」網站初步架設畫面 第65頁,共頁「2005台灣醫學週-台灣聯合醫學會學術演講會」







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- -綜合領域(含醫藥衛生及休閒)
- -台灣及部份港澳地區所出版的中西文期
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CLINICAL GUIDELINES

Screening for Abdominal Aortic Aneurysm: Recommendation Statement

U.S. Preventive Services Task Force*

This statement summarizes the U.S. Preventive Services Task Force

SUMMARY OF THE RECOMMENDATIONS

The U.S. Preventive Services Task Force (USPSTF) recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men age 65 to 75

This applies to Mr. Rosen. He has a 30 pack year history of smoking! 這個可以應用到Rosen 的 例子上. 他擁有30年左右的抽煙歷史

good evidence that abdominal ultrason. Seed in a setting with adequate quality assurance (that is, m. dited facility with credentialed technologists), is an accurate screening test for AAA. There is also good evidence of important harms of screening and early treatment, including an increased number of surgeries with associated clinically significant morbidity and mortality, and short-term psychological harms. On the basis of the moderate magnitude of net benefit, the USPSTF concluded that the benefits of screening for AAA in men age 65 to 75 years who have ever smoked outweigh the harms. (See Appendix Table 2 for a description of the USPSTF classification of levels of evidence.) and in the evidence synthesis on this topic. which is available on

The USPSTF recommends against routine screening for AAA in women. This is a grade D recommendation.

Because of the low prevalence of large AAAs in women, the number of AAA-related deaths that can be prevented by screening this population is small. There is good evidence that screening and early treatment result in important harms, including an increased number of surgeries with associated morbidity and mortality, and psychological harms. The USPSTF concluded that the harms of screening women for AAA outweigh the benefits.

CLINICAL CONSIDERATIONS

The major risk factors for AAA include age (≥ 65 years), male sex, and a history of ever smoking (≥ 100 cigarettes in a person's lifetime). A first-degree family history of AAA requiring surgical repair also elevates a man's risk for AAA; this may also be true for women but the evidence is less certain. There is only a modest association between risk factors for atherosclerotic disease and AAA.

Screening for AAA would most benefit those who have a reasonably high probability of having an AAA that is large enough or will become large enough to benefit from