

實證醫學研討會 Evidence-Based Medicine Workshop

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> > Annual Meeting of TSIM, 2005

#### Outline of workshop by NTUH team

- \* Introduction: Definition of EBM
- \* List the problem: PICO
- Strategies in searching
- Sources
- Examples
- Critical appraisal
- \* Special terms in EBM literature
- \* Suggested points to GP



#### Definition of EBM

- Conscientious, explicit, and judicious use of current best evidence in making decisions about individual patients
- Integrating individual clinical expertise with the best available external clinical evidence from systematic research









Element	Tips
Patient or Problem	Starting with your patient ask " How would I describe a group of patients similar as this patient?"
Intervention	Ask "Which main intervention am I considering?"
Comparison intervention	Ask "What is the main alternative to compare with the intervention?"
Outcome	Ask "What can I hope to accomplish?" or "What could the exposure really affect?"



- Your patient is a 72-year-old woman with osteoarthritis of the knees and moderate hypertension, accompanied by her daughter, a lab tech from the hospital.
- The daughter wants you to give her mother a prescription for one of the new COX-2 inhibitors.
- She has heard that they cause less GI bleeding. Her mother is concerned that the new drugs will mean more out of pocket costs each month.

PATIENT/ PROBLEM	INTERVENTION	COMPARSION INTERVENTION	OUTCOME
72 year old woman with osteoarthritis of the knee and moderate hypertension	COX-2 Inhibitor	other NSAIDS	less BI bleeding pain control



#### Clinical scenarios -2:

You have been treating a 54-year old woman for years and despite the excellence of fixed partial denture restorations, the intense routine maintenance by her periodontist, and good homecare,

She has been experiencing a continued deterioration of her periodontal tissues. Her attempts to quit smoking have been unsuccessful; otherwise she is in good health and taking no medications. Because you are her primary care dentist, she has questioned you about her current dilemma.

The periodontist has suggested a 3-week course of doxycycline therapy to control her latest exacerbation of periodontal disease, but she is concerned about Food and Drug Administration (FDA) reports asking for prudent use of antibiotics. How do you advise this patient?



#### Scenerio-3:

- ♦ 45歲男性
- 因上腹不適、解黑便及吐血到某醫院急診求診
- 經禁食及靜脈輸液後安排上消化道內視鏡檢 查。
- 術中發現胃潰瘍併活動性出血,施以經內視鏡 止血治療,並達到止血效果。
- ◆問題:是否使用氫離子幫浦阻斷劑(proton pump inhibitor)後續治療,以減少併發症?

#### PICO-3: PATIENT/ INTERVENTION OUTCOME COMPARSION ROBLEM INTERVENTION 45 y/o man, H2 blocker, Rebleeding, Proton pump ulcer inhibitor antacid, no use morbidity, bleeding mortality Specific Question: For a 45 year old man with ulcer bleeding, how effective is the proton pump inhibitor compared to other treatment?

#### Scenario-4:

- A 51-year-old Chinese gentleman comes to your clinics because of chronic atrial fibrillation
- \* No other heart nor medical disorders
  - Question: Is the practice recommended by the current guideline suitable for this patient in INR between 2.0 and 3.0 v.s. INR >3.0 or INR < 2.0</li>



### Scenario-5:

- 70-year-old woman undergoes a health examination, which shows bacteriuria. She does not have dysuria, urinary frequency or other discomfort
  - 老年女性發生無症狀之尿菌症 (asymptomatic bacteriuria)時是否需要抗生素的治療?





#### Scenario-6:

- A 64-year-old man presents to the ER with acute dyspnea
- How to D/D CHF and/or COPD?
  - Brain Natriuretic Peptide (BNP) test

66 y/o male,         Brain         Symptoms/signs         Diagnosi           acute dyspnea         Natriuretic         Echocardiography         of CHF v           due to CHF         Peptide (BNP)         COPD           and/or COPD         test         COPD

	xamples
性質	題目
治療	成年人使用乙狀阻斷器藥物與否對高血壓治療後,對冠心病及腦中風初 級預防的效果是否有差別?
預後	成年人充血性心臟衰竭時伴隨心房顫動與否對預後是否有差別?
檢查篩檢	利用colonoscopy(大腸鏡)一般族群作直腸大腸良性瘤(adenoma)的篩檢對 直腸大腸癌的發生及死亡的影響有何利弊?
治療	有成年族群發生急消化性潰瘍出血時,經過內視鏡治療後使用PPI (proton pump inhibitors)類的藥物是否有幫忙?
治療	成年人有小型肝癌(3公分以下)時,用酒精局部注射或手術切除兩種治療 方式對預後的差異是否不同?
治療	華人單獨性心房顫動(lone Af)的情況下使用抗凝血劑治療(Anticoagulant therapy)的合理劑量為何?
治療	停經婦女骨質疏鬆的治療Vit D的劑量是否是以400 I µ 或是更高?
治療	老年女性發生無症狀之尿菌症(asymptomatic bacteria)時是否需要抗生素 的治療?
診斷工具	運動心電圖作為醫院成年人的冠狀動脈心臟病診所工具的利弊考量為何?







\* How to effectively search the sources?



- 1a: systematic review on multiple RCTs

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- 1b: well designed, analyzed, RCT
  1c: all or none
  2a: systemic review on several cohort studies

  - 2b: cohort study, poor designed RCT
    2c: "outcomes" research; ecological studies
  - 3a: systemic review on several case-control studies
  - 3b: case-control study
  - 4: one hospital experience, poor designed cohort or case-control studies
  - 5: personal opinions, bench, animal data



入口網站	性質	優點	缺點
ACP Journal Club	Structured abstract	Best quality, most clinically useful recent data	Limited coverage,
Center for EBM, Oxford	Guidelines	CATs (Critically Appraised Topics) Nation-levels	Only one study per CAT; time-limited; quality control
Cochrane Collaboration Full Text		High-quality systematic reviews which cover a complete topic, over 1,000	Limited coverage, time lag, can be difficult to use One center, expertise, unknown quality control Time consuming

次級入口的	间網站的性質	優劣點: Second	dary sources
入口網站	性質	優點	缺點
<u>UptoDate</u>	Summary	Review	Registered, Expensive One center, expertise, unknown quality control
Agency for Healthcare Research and Quality (AHRQ)	USA	National levels	
Bandolier	Oxford	User-friendly, searchable collection of evidence-based summaries and commentaries	One center

次級入口	口的網站的	性質優劣點: Se	econdary
入口網站	性質	優點	缺點
Best Evidence Resources - W K Kellogg Health Sciences Library		Pre-appraised summaries filtered for clinical relevance	Limited coverage
BMJ, Clinical Evidence	BMJ sponsored		

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入口網站	性質	優點	缺點
National Guideline Clearinghouse, AHRQ	Platform for international guideline	Guideline, national level	Scanty data
MDConsult	summarized	Updated, detailed	membership
SIGN, Scottish Intercollegiate Guidelines Network	guideline	Complete guideline	Limited resource

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	Health technology assessment (HTA)	Canadian	National level	Common drug review
	National Institute	UK	National level	
	for Clinical Excellence, NICE		Good quality control	
K	New Zealand Guideline Group, NZGG	New Zealand, National levels	National level	
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-	SUMSearch	Free text	Specialized search engine, other sites, organized	
	TRIP database		Linked to PubMed	subscription
3	e-MEDICINE	General, consumer health	Simple	Not for professionals, but for patients

初級	入口的約	周站的性質	優劣點:			
1 H P	Primary, bibliographic databases					
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PubMed Medline	US database for all clinical medicine	Original research articles, up-to-date, RCT database, original	Very detailed			
MEDLINE®		Primary data	cost			
CINAHL			Cost			
			Difficult to search effectively, no quality filtering, bibliographic text			
EMBASE	European equivalent of MEDLINE	Drugs and pharmacology	Cost, membership			

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	Yahoo, <u>Google</u>	Free text	Ranking the outcome of search	Too diverse	

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彰基証據醫學	証據醫學中心 的網路資訊	Specialist- oriented	-
<u>萬芳醫院實證</u> 醫學中心	Various resources	News, updated	-

入口網站	性質	優點	缺點
J <u>apan</u> Cardiovascular Trial Database	Clinical Trials	Updated CV field, RCT, Worldwide, Special part in Japanese databases	Japanese, not English
中國循証醫學專題	From Chinese viewpoints	Updated news	Simple Chinese membership

St	Strategies in PubMed: MEDLINE-1					
Feature	Key	Explanation				
Expand	Thesaurus (MeSH)	Use explosion and include all sub-heading to expand your search.				
Truncation	*(or \$)	analy* = analysis, analytic, analyse, etc.				
Wildcards	?	Gyn?ecology = gynecology, gynecology; Randomi?*= randomization, randomization, randomized.				
Boolean	AND	Article must include both terms.				
6	OR	Article can include either term.				
Y	NOT	Excludes articles containing the term (for example econom* NOT economy picks up economic and economical but not economy).				

Stra	ategies	in PubMed: MEDLINE-2
Feature	Key	Explanation
Proximity	NEAR	Terms must occur close to each other (for example within 6 words) (heart NEAR failure)
Limit	Variable	As appropriate, restrict by publication type (clinicaltrial.pt) year, language, possible by study characteristics, or by searching for terms in specific parts of the document (for example diabet* I ti will search for articles which have diabetes or diabetic I the title).
Related	Variable	Once you've found a useful article, this feature (for example in PubMed by clicking the "Related" hyperlink) searches for similar items in the database.

	Strate	gies i	n Internet: Yahoo & Google
	Feature	Key	Explanation
	Truncation	*	Analy* = analysis, analytic, analytical, analyse, ect.
1	Adjacency	u»	Words must be adjacent to each other: for example "heart attack"
	AND	+	+natural+childbirth=documents must contain both words
K	Limits	t: u:	Words must occur I title of the document (t:natural childbirth) or words must occur in web address (u:uk)





## How to improve the search results: specificity

- Narrowing your question
- Using more specific terms
- Using Subject search rather than Free Text/Text word
- Selecting specific subheadings ( drug therapy,..., etc.)
- Adding in terms (using AND) to represent other aspects of the question
- Limiting language of article, publication types, years

## How to improve the search results: sensitivity

- Finding more search terms from relevant records and combining terms of related meanings (using OR)
- Using more general terms or categories
- Trying different combinations of terms
- Using Free Text/Text word and MeSH/Subject search
- Selecting all subheadings
- Using explore
- Using truncation (\* or \$) or Wildcard (?)



#### Dr. Huang's example

- ◆有成年族群發生急消化性潰瘍出血時, 經過內視鏡治療後使用PPI (proton pump inhibitors)類的藥物是否有幫忙?
  - 45 year-old man suffered from peptic ulcer bleedings, after endoscopic therapy, what are the roles of PPIs for his treatment?

#### EBM 個案討論

- ◆臨床個案摘要
- PICO
- Source of evidence: primary database
- Searching strategy
- Appraisal strategy

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#### 臨床個案摘要

- ♦ 45歲男性
- 因上腹不適、解黑便及吐血到某醫院急診求診
- 經禁食及靜脈輸液後安排上消化道內視鏡檢查。
- 術中發現胃潰瘍併活動性出血,施以經內視鏡 止血治療,並達到止血效果。
- 問題:是否使用氫離子幫浦阻斷劑(proton pump inhibitor)後續治療,以減少併發症?





#### Searching strategy

- Primary or secondary database?
- \* Thesaurus or textword searching?
- Searching skills
- Expanding or focusing?
  - Purpose of searching
  - Strategy of limiting
  - Select papers of satisfactory quantity and quality
- Practice and Try!



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Dvervlew Help   FAQ Futurial	Prognostic factors in upper gastrointestinal bleeding.
NewPicteworthy E-Utilities	Kutschinski B. Logan R. Davies J. Fasikner G. Pearson J. Langman M.
PubMed Services Journals Database	Department of Therapeutics and Epidemiology, University Hospital, Nottingham, UK.
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#### Positive features of causation

- Time relationship
- Strength
- Dose response
- Consistency
- \* Specificity



#### External validity

- \* To the eligible population
- To the source population
- To other population

#### Other evidence

- Consistency
- Specificity
- Plausibility
- Coherence









Panameter	High-dose group (n = 52)	Low-dose group (n = 53)	va
Femalemale	16:36	22:31	(
Mean age (years))	62.5 (12.5)	65.8 (13.8)	- 0
Location of ulcer (n), Stomachaduodenum:both SRH (n),	28:19:5	29:20:4	>(
majorminor	49:3	49:4	- >0
Size of ulcer (cm))	1.2 (0.8)	1.2(1.0)	>0
II. pylori infection (%)	51.5	40.5	>0
NSAID user (%)	25.0	22.6	>0
Aspirin user (%)	1.9	5.7	>0
Anticoagulant user (%)	3.8	1.9	>0
Two more conserved discusses (%)	48.1	34.0	- 0.3
ASA physical status classification (a) Class II:III:IV:V	h 7:26:19:1	4:29:19:0	>0
Hemoglobin (g/dL))	8.9 (2.8)	9.1 (2.6)	>0.
Platelet court (103/mm3)/	230.6 (111.9)	232.3 (118.0)	>0
PT (sec))	13.3 (4.3)	12.8 (2.4)	0.
APTT (sec):	32.1 (13.9)	33.0 (12.5)	>0.
Albumin (g/dL))	2.8 (0.6)	2.8(0.6)	>0
Creatinine ≥1.5 mg/dL (%)	46.2	45.3	>0.



		rate, % (n)	ANAL YSIS	
	High-dose group	Low-dose group	P value*	Odds ratio [95% Cl
3 days	15.4 (8/52)	11.3 (6/53)	0.75	1.42 [0.46, 4.43]
7 days ITT PP	21.2 (11/52) 19.6 (10/51)	24.5 (13/53) 20 (10/50)	0.86	0.83 [0.33, 2.06] 0.98 [0.37, 2.60]
14 days ITT	36.5 (19/52)	39.6 (21/53)	0.90	0.88 [0.40, 1.93]
PP 28 days ITT	32.7 (16/49) 40.4 (21/52)	28.9 (13/45) 43.4 (23/53)	0.86	1.19 [0.50, 2.87] 0.88 [0.41, 1.92]
pp	35.4 (17/48)	33.3 (15/45)	1.00	1.10[0.47, 2.58]





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Rebleeding rate of related fa	1073	Odds ratio (95% CI)*	P value?
Initial 3 days			
Creatinine ≥1.5 vs. <1.5 mp/dL (%)	22.9 vs. 5.3	5.35 (1.40-20.51)	0.018
Albumin <3.0 vs. ≥3.0 g/dL (%)	19.0 vs. 2.9	7,77 (0.96-62,6)	0.03
Days 15-28 ESRD vs. non-ESRD (%)1	25.0 vs. 1.8	18.33 (1.44-233.4)	0.039
Overall during 28 days	2.00 vs. 1.6	10.33 (1344-63334)	00039
Albumin <3.0 vs. ≥3.0 g/dL (%);	49.1 ys. 10.3	8.37 (2.27-30.80)	0.001
ESRD vs. non-ESRD (%)	62.5 vs. 28.6	4.17 (1.35-12.85)	0.021
Nuc, FSRD, end-stage read disease. "CL, contidence interval. This indicated th as not significant. (Chi-square text, employing Yates' correct [An independent factor predictive of reblec	ion for continuity.		

Within 3 days Creatinine ≥1.5 vs. <1.5 mg/dL	Coefficient		P volac	95% CI
Creatinine ≥1.5 vs. <1.5 mg/dL				
	1.251	0.708	0.077	0.873-13.98
Albumin <3.0 vs. ≥3.0 g/dL	1.856	1.075	0.084	0.778-52.613
Days 15-28 ESRD vs. non-ESRD	2.909	1.298	0.025*	1.440-233.4
Overall during 28 days	2.909	1.298	0.025*	1.440-233.4
Albumin <3.0 vs. ≥3.0 µ/dL	2.066	0.672	0.002*	2.112-29.46
ESRD vs. non-ESRD	1.072	0.634	0.091	0.844-10.12
*Statistically significan.				







老年女性發生無症狀之尿菌症(asymptomatic bacteria)時是否需要抗生素的治療?
 66-year-old man with dyspnea

• BNP as diagnosis for CHF vs. COPD









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#### Summary

• The optimal dose of warfarin for chronic atrial fibrillation in Chinese population may be lower than that in white population











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Dispersive and a series of the dispersion of the series of the dispersion of the series of the dispersion of the series of the s	some ham. Recommendation — Screening for or treatment of asymptomatic bacteriula in diabetic women is not indicated (A-D). Gider persons reading in the community — Large, long-term, cohort studies of asymptomatic bacterius have reading in the community — Large, long-term, cohort studies of asymptomatic bacterius have reading bacteria and the studies of the studies of the studies prospective, randomiced their of allocations or placetor allocations aged 20-65 years, the angelian gabetionend - 64 years (20). Thus, these studies report that catcodes of bacteriors and treatment of bacteriors are halfing polarized women, are single to those discrete in presengencies, forepreparat weeks.
IDSA guidelines for the disgnosis and treatment of asymptomatic actentival in adults; 2005 ACCOUNT ADULTS (ADULTS) ACCOUNT ADULTS (ADULTS) ACCOUNT ADULTS) ACCOUNT ADULTS ACCOUNT ADULTS	bacterism have enrolled both pre- and postmenopsusal women (1;1;6;2;2)). These studies uniformly report to access adverse outcomes in women with symplematic bacterisms. A prospective, machined study of <u>statisfuration</u> or placeba also enrolled women aged 20-65 years, main terms and the symplematic bacterisms. A substatistical study of the statistical study of the statistical study of the symplematic bacterism. A substatistical study of the statistical study of the stu
SUMMARY OF RECOMMENDATIONS OF SUMPOSE OFFICIENCE OFFICIENCE SUMPOSE SU	observed in premenopausal, nonpregnant women.
	A prospective, randomized clinical trial of antimicrobial treatment versus placebo for bacteriuria enrolled ambulatory women who resided in a geriatric apartment facility and reported a decrease in
RACTREAMENT MICROBIOLOGY OF ASYMPTOMATIC MICROBIOLOGY OF ASYMPTO	the previence of asymptomatic bacterius at 6 months, but there was no significant difference in the number of symptomatic spisodes (22). A prospective cohers shully of 134 ambulatory male veterans a6 years of age observed for 1-4.5 years, including 29 subjects with bacteriums, reported on adverse outcomes attributable to uncetated bacteriums (32). Reputation based cohers taudes inport no association between bacteriums and survival for Sireddin men and nomen at 5 years of flow-up (22) of finanti men and nomen aged a5 years of bottom-up (22).
	Recommendation — Routine screening for and treatment of asymptomatic bacteriuria in older persons resident in the community is not recommended (A-II).
"Alder seasons resides in the community "Assortmentiation "Information and and holisata "Assortmentiation "Assor	Clarity institutionalized valgets — hrogenite, radiosized drived twise of antimicrobial through on brancy for delay vasisation at doing values can be facilito status expected no landered of screening for or transferred of appropriate bacterized ( <u>lander tables</u> ) ( <u>176-127</u> ). There was no decrease in the character of symptomatic becterized in this status ( <u>176-127</u> ), and there was no charages in character generationaries y symptoms ( <u>127</u> ) associated with interactival through relations of the symptomatic status ( <u>176-127</u> ) associated with interactival through relations of a character generation of the symptometer of relations ( <u>176-127</u> ). There was no decrease in the <u>175-127</u> status ( <u>176-127</u> ) associated with interactival through relations of the <u>175-127</u> status ( <u>176-127</u> ) associated with interactival through relations ( <u>176-127</u> ).
Unologic interventions     Si	similar survival data for long-term care facility residents with and those without bacteriaria among women in the United States [23], men in Canada [80], and women or men in Greece [83]. Recommendation — Screening for and treatment of asymptomatic bacterium in elderly
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Approach to the patient with dyspnea	Next failure and BMP — Establishing heart failure (H) as a cause of dyp presenting to the emergency renorm is externiny important, but synthesis and the sufficiently sensitive to make an accurate diagnosis. With chronic as ventricular cells are noticed to secrete both shart and instruction pages and (BMP) in response to the high ventricular filling pressures. The plasma conclusions are concreted to secrete both shart and instruction pages and (BMP) in response to the high ventricular filling pressures. The plasma conclusions are increased in pagestore, the approximation of the presenting their use in diagnosis. (Size Trans.and atoxi nativetic pagestore) distances and plasma conclusions.	nd physical findings may nd more advanced HF, I brain natriuretic peptide entrations of both ft ventricular dysfunction,	
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- Accordinguing - Cascondinguing - The Landounde of Orginals - The Landounde of Orginals - Replayment of According - According of According - According and BMI	The cutoff points for a normal and abnormal plasma UMP values have varee assays, as have the sensitivity and specificity. With the ragid bedded ass with HF have values above 400 pg/mL, while left ventricular dysfunction wi pulmonary webbilsm, and cor pulmonale shruld be excluded in dyspore; part concentrations between 100 and 400 pg/mL ( <u>show.figure 1</u> ) [25,28].	ay, most dyspneic patients ithout exacerbation,	
Controls Contense     Thistory and abusical examination     Ashoratory and Assistance examination     Contrological Assistance     Scottenses     Scottenses     Scottenses     Scottenses     Scottenses     Scottenses     Scottenses     Scottenses	A consistent finding in most studies in a high negative predictive value of h suggesting that BM may have particular value in ruling out H <sup>®</sup> and saving additional costly tests. In the Breathing Not Properly (MP) study, for exam of 250 gp/m, compared to 2100 gp/m, increased the sensitivity for H <sup>®</sup> (37 cost of reduced specificity [23]. Thus, only 3 and 30 percent of patients w values below 50 and 300 gp/m, respectively.	the need to perform nple, a plasma BNP cutoff versus 90 percent), at a	
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and o	nt that could help establish the diagnosis of CHF in patients with dyspesa would be a boon to the clinician; such a set is described in the study by Maisel collargese. Already shown to be useful in predicting functional capacity [1] and outcome ⊆in patients with CHF, the behinde ENP assay was field in the toughest or proving grounds, the E. New did it suc?
Quite Usin	e well, judged against the final diagnosis of 2 independent castiologists in possession of all clinical data available from the patient's hospital encounter, g a cut point of 100 pg/mL, the assay had 90% sensitivity and 76% specificity and contributed useful information when added to clinical data.
place	M the study have used a better gold standard? An absolute standard for the diagnosis of CHF does not exist. Even if a pulmonary actery catheter is in a, in case be difficult to decide if also ase from CHF or assocration. The saway was superior to the validated Frantingham and National Health and Numition insistion Survey Source for establishing the diagnosis of CHF.
and s also : to cli	ther report from the same group (()) show how the BNP assay compares with the LD physician's determination: it increased diagnostic accuracy by 7% would have concreted the diagnostic ingression a understand number of times, even where the clinician was contain of the diagnostic. That mane study regions a nonzenna to clinical the physiciality of CH (2009 and BNP) and and a physicial histolical of CHF for these where physician's approxed incid destina making. Core can styp genes how much hepsing, althoutice, or antifories would be saved if a valished diagnosis of CHF core also they for a structure approach (1) Although it find have of physicians's approxed by a set for diagnosis right.
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## Techniques in reviewing the original data

Study design

- Randomized controlled clinical trial design
- Observational
  - Cohort
  - Case-control
  - Cross-sectional
  - Case report
- Meta-analysis, systematic review ?

## How to critically review an empirical study

- Empirical study: actual observation or measurement in a population, study design
- \* Compared with:
  - Theoretical, review article, development of new measurement, case report
- Abstract & Objective, Materials and methods, Results, Discussion



## Validity of measurement in research

- Measurement methods
- Validity of causal studies
- Comparability between exposed and reference groups
  - Sampling procedures
- Validity of descriptive studies
  - Representativeness of the sample
  - Non-respondents



## Examination of the results and discussion

- Is there any new finding in this study, and has the study achieved its goal?
- If I carry out a similar study, how shall I modify the study design and data analysis?
- Practice makes perfect
- How to write up a paper based on an empirical study



#### Appraisal therapy articles: randomized controlled trial

- \* Is the study valid?
  - Was there a clearly defined research question?
  - Was the assignment of patients to treatments randomized and was the randomization list concealed?



#### Appraisal therapy articles: randomized controlled trial

- Randomization
- Double-blinding
- Placebo-control, active-control
- \* "Intention to treat" principle
- \* Relative risk, hazard risk, risk difference
- \* Number needed to treat (NNT)
- \* Subgroup analysis

#### Appraising diagnosis articles

- Is the study valid?
  - Was there a clearly defined question?
  - Was the "gold" or reference standard available?
  - Was the test evaluated on an appropriate spectrum of patients?
  - Was the reference standard applied to all patients?
- \* Are the results important?
  - What is mean by test accuracy?

#### Appraising diagnosis articles

- Sensitivity
- \* Specificity
- \* Positive predictive value
- \* Negative predictive value
- Likelihood ratio



#### Appraising systematic reviews

- Is the systematic review valid?
  Is high-quality studies?
  - Does the method section adequately describe?
  - Are the studies consistent, both clinically and statistically?
- \* Are the results important?



#### Appraising systematic reviews Meta-analysis

- \* Systematic review, synthetic analysis
- Effect sizes
- Heterogeneity
- \* Fixed effects vs. random effects model
- Forest plot
- Publication bias

#### Appraising articles on etiology

- Is the study valid?
  - \* Clearly defined research question
  - Clearly defined, similar groups of patients
  - Exposure and clinical outcomes measured the same ways in both groups
  - Follow-up complete and long enough
  - Suggestive causative link
- Are the valid results from this study important?



# Applying the evidence Are your patients similar to those of the study? How much of the study effect can you expect

- How much of the study effect can you expect for your patient or problem?
- Therapy, diagnostic tests
- Is the intervention realistic in your setting?
  Does the comparison intervention reflect your current practice?
- Was alternatives are available?
- \* Are the outcomes appropriate to your patient?



- \* Specify problems, build up PICO
- Primary or secondary sources first
- \* Strategy for data searching
- Critical appraisal of data
- Apply back to your patient's problems