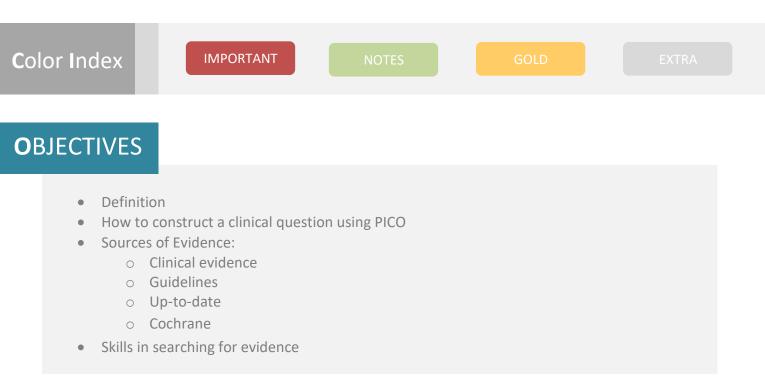


Introduction to Evidence Based Medicine



DONE BY

Team Leader	
Members	
Revise	
S ources	

Case Scenarios

Ibrahim is a 30 years old teacher, he is known to have allergic rhinitis. He presented with a flare up of rhinitis symptoms, and he wants to get refills of the antihistamine pills

You wonder should you prescribe intranasal steroids or refill the antihistamines?!

When confronted with a clinical question whom would you consult?

- 1. **Experts and colleagues**: A great source of information. Quick, affordable and accessible. But potentially very biased:
 - Not updated
 - Variability
- 2. textbooks: Rapidly out-of-date (2-4y).

A good source of background information (pathophysiology). But a poor source of information for most foreground questions (clinical).

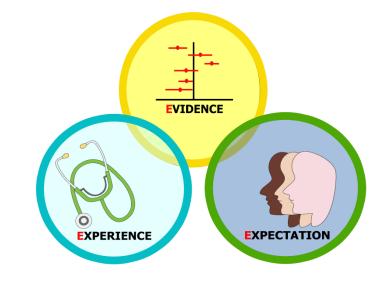
3. others

What is EBM?

The integration of the current best evidence (from research) with our clinical expertise and patients' values.

Three Es of EBM Components

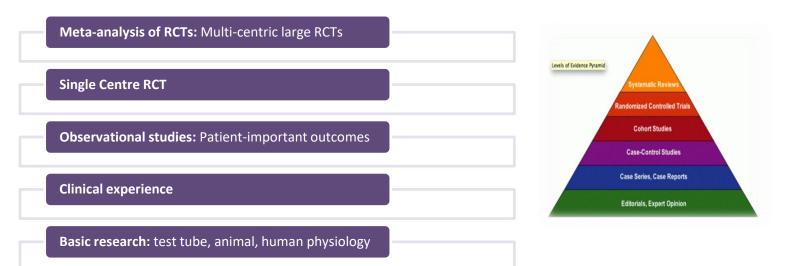
Rules of Evidence

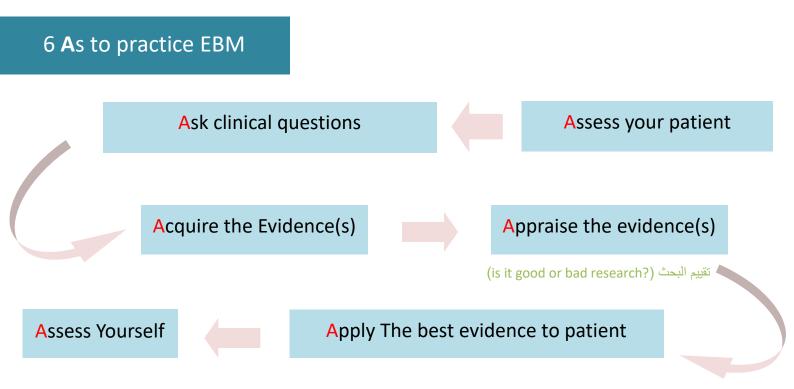


• All evidence is **not** created equal.

• Evidence alone **never** makes clinical decisions.

Hierarchy of Evidence





- 1. Asses your patient: history, physical examination, objective data (labs, x rays), formulate DDx.
- 2. to answer clinical question effectively: First, turn your scenarios into 'well-built' clinical Q.

Four domains: **PICO**

- 1) the Patient (Problem)
- 2) the Intervention or exposure
- 3) the Comparison (intervention)
- 4) the clinical Outcomes

Example: Ibrahim (case scenario in the beginning)

- 1. Patient Population: patients attending with allergic rhinitis
- 2. intervention: intranasal steroids
- 3. comparison intervention: anti-histamines
- 4. outcomes: ??

"In Patients attending the family medicine clinic with allergic rhinitis, is the use of intranasal steroids as compared to antihistamines?

For healthy adults is it worthwhile to give aspirin as a prophylaxis to reduce MI and or stroke?

- 1. Patient Population: asymptomatic adults with no risk factors
- 2. intervention: aspirin
- 3. comparison: placebo
- 4. outcomes: incidence of CVA events

"In asymptomatic adults no risk factors, would the use of aspirin reduce the incidence of cardiovascular events?

Khalid is a 60 years old teacher, he is known to have hypertension. He presented to the ED with severe chest pain for the last two hours.

- In addition to history / exam and ECG, you wonder should you request for a timely diagnosis: troponin or creatine kinase- MB or both?
- 1. Patient Population: patients attending the ED with chest pain
- 2. intervention: Troponin
- 3. comparison: creatine kinase- MB
- 4. outcomes: accuracy of diagnosis of IHD

"In Patients attending the ED with chest pain, is troponin as compared to creatine kinase-MB more valid for the diagnosis of ischemic heart disease?

Components of Clinical Questions (PICO)

1. **Patient/Population**: In patients with acute MI, in women with suspected coronary disease, in postmenopausal women.

2. **intervention**: early treatment with statin, what is the accuracy of exercise ECHO, hormone replacement therapy.

3. comparison: compared to placebo, compared to exercise ECG, compared to no HRT.

4. **outcomes**: decrease cardio-vascular mortality, for diagnosing significant CAD, increase the risk of breast cancer.

A comparison of answer retrieval. Ahmadi SF Med <u>Teach - 2011</u>		UpToDa te	Clinical key	PIER	Essenti Evid +
	Rate retriev	<u>86%</u>	69%	49%	45%
	The mean time	<u>14.6 min</u>	15.9 min	17.3 min	16.3 min

Prefiltered Sources:

- UpToDate
- Best practice
- Dynamed
- Physicians Information and Education Resource (PIER)
- Clinical Practice Guidelines
- Cochrane Library?
- Medscape
- MD Consult

Unfiltered Sources:

MEDLINE

(www.pubmed.gov)

• Google scholar

(www.google.com)

Other Prefiltered Sources:

- ACP Journal Club <u>www.acpjc.org</u>
- The database of abstracts of reviews of effects (DARE) www.crd.york.ac.uk
- Evidence Based Medicine
 <u>ebm.bmj.com</u>
- Evidence Based mental health <u>ebmh.bmj.com</u>

QUESTIONS

QUESTIONS (1)

EBM components are:

A) Evidence, expectations, Experience B) Evidence, expectations, excitement

C) expectations, experience, endorsement

QUESTIONS (2)

EBM IS:

The integration of the current best evidence (from research) with our clinical expertise and patients' values.

