Evidence-based medicine

Centre for Eye Health

Gordon S. Doig PhD (Epidemiology and Biostatistics)
Head of Research, Centre for Eye Health,
Associate Professor, School of Optometry and Vision Science,
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gdoig@cfeh.com.au
23 September 2021

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Evidence-based medicine:

Is it really for ALL clinicians???

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Overview

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Overview

- Where does evidence-based medicine come from?
- What is it?
- Is it different for *me*?
- How can I do it?
- Example of EBM in action.

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In the early 1990's these two worlds collided

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Where does EBM come from?

McMaster meets MEDLINE:

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McMaster meets MEDLINE:

- A number of early papers from key people at McMaster University recognised how MEDLINE would transform care

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2420 JAMA, November 4, 1992—Vol 268, No. 17 Evidence-Based Medicine—Evidence-Based Medicine Working Group

Evidence-Based Medicine

A New Approach to Teaching the Practice of Medicine

Evidence-Based Medicine Working Group

A NEW paradigm for medical practice is emerging. Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research. Evidence-based medicine requires new skills of the physician, including efficient literature searching and the application of formal rules of evidence evaluating the clinical literature.

An important goal of our medical residency program is to educate physicians in the practice of evidence-based medicine. Strategies include a weekly, formal academic half-day for residents, devoted to learning the necessary skills; recruitment into teaching roles of physician

dose of phenytoin intravenously and the drug is continued orally. A computed tomographic head scan is completely normal, and an electroencephalogram shows only nonspecific findings. The patient is very concerned about his risk of seizure recurrence. How might the resident proceed?

The Way of the Past

Faced with this situation as a clinical clerk, the resident was told by her senior resident (who was supported in his view by the attending physician) that the risk of seizure recurrence is high (though he could not put an exact number on it) and that was the information that should be conveyed to the patient. She now follows this path, emphasizing

year is between 43% and 51%, and at 3 years the risk is between 51% and 60%. After a seizure-free period of 18 months his risk of recurrence would likely be less than 20%. She conveys this information to the patient, along with a recommendation that he take his medication, see his family doctor regularly, and have a review of his need for medication if he remains seizure-free for 18 months. The patient leaves with a clear idea of his likely prognosis.

A PARADIGM SHIFT

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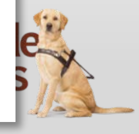

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How do I do it?

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Two *new* core skills:

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2) **Apply and trust a set of formal rules of evidence to identify valid studies (critical appraisal).**

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    - *Always* make sure your search terms map to MeSH headings.

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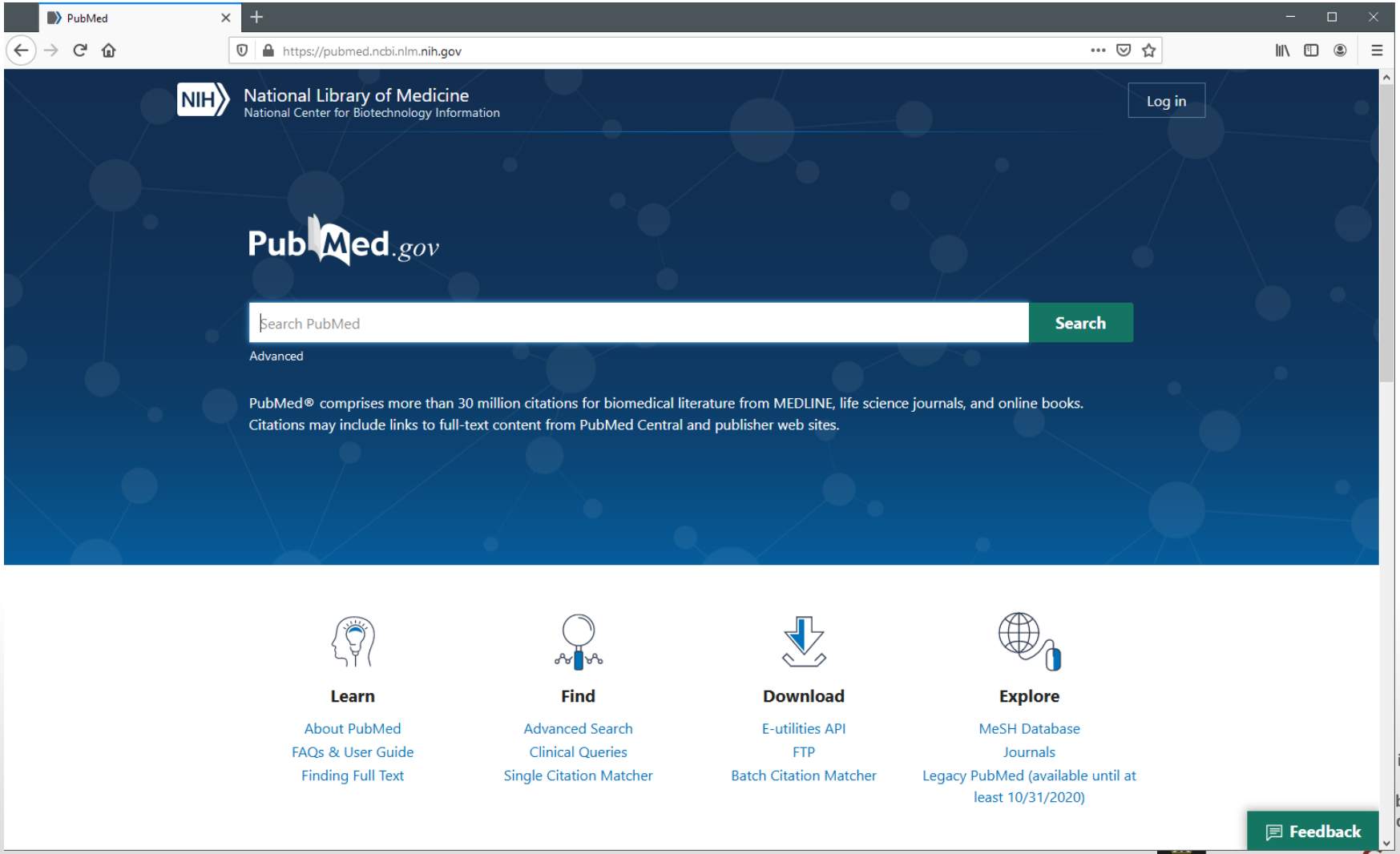

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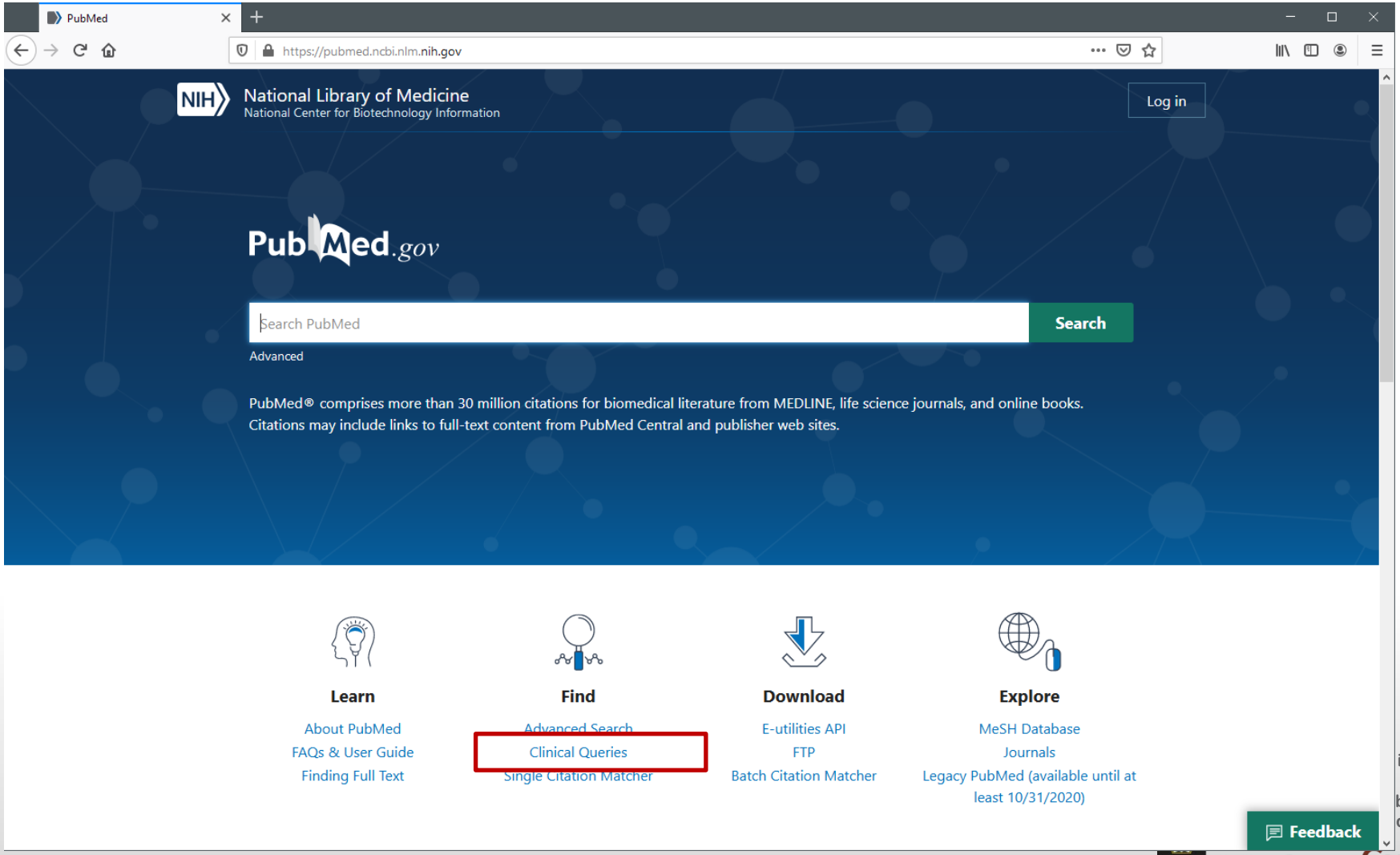

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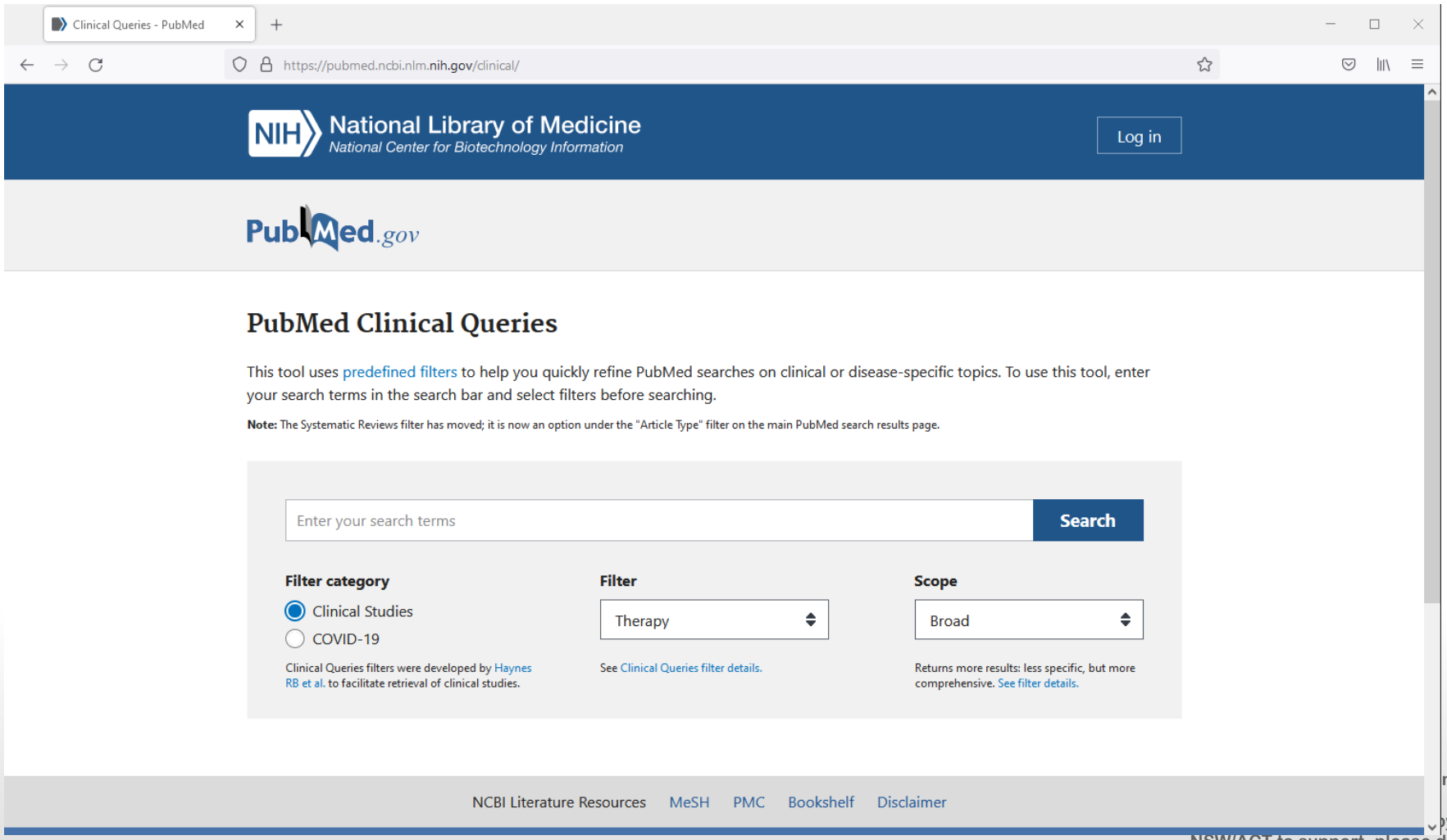

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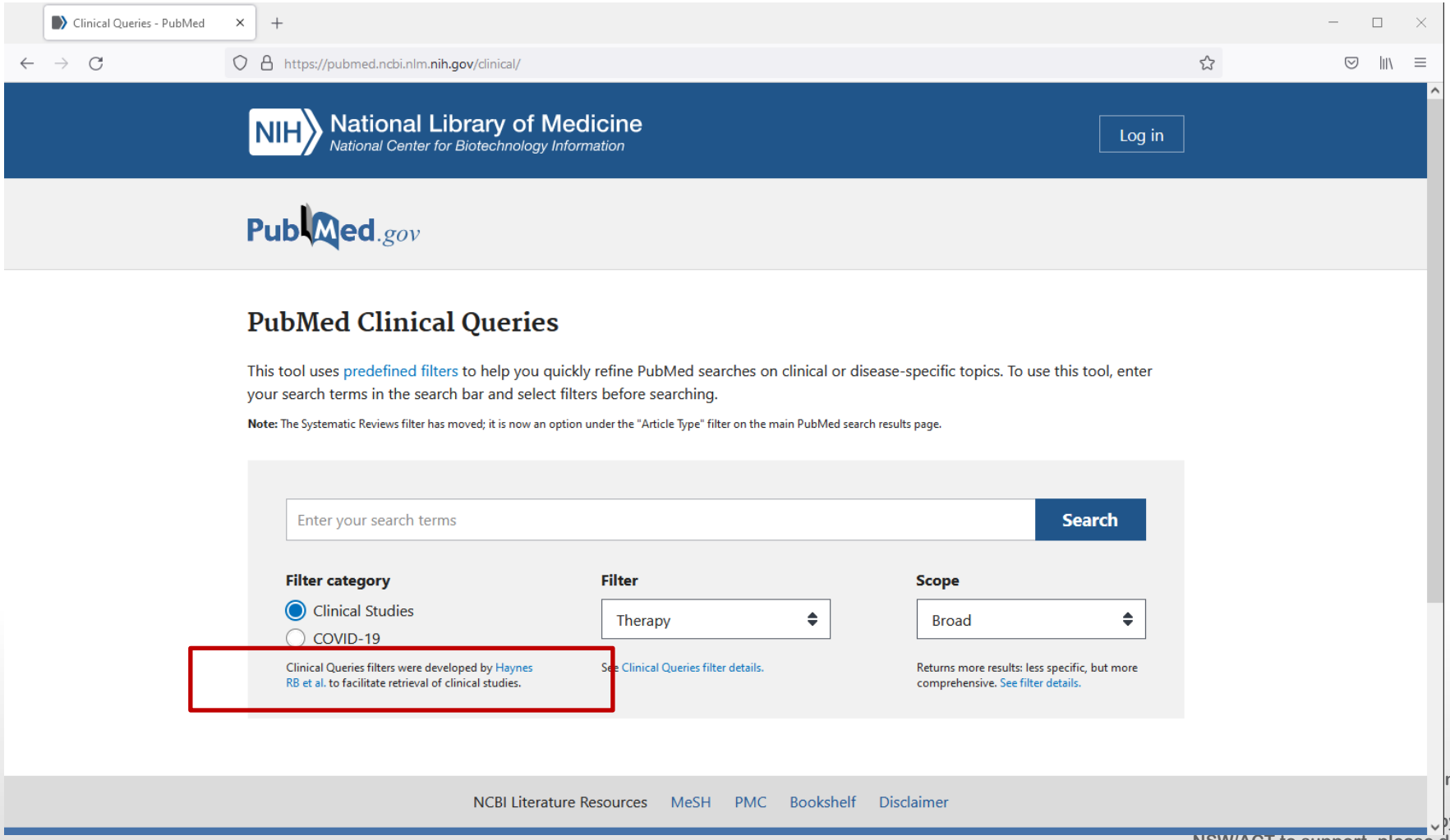

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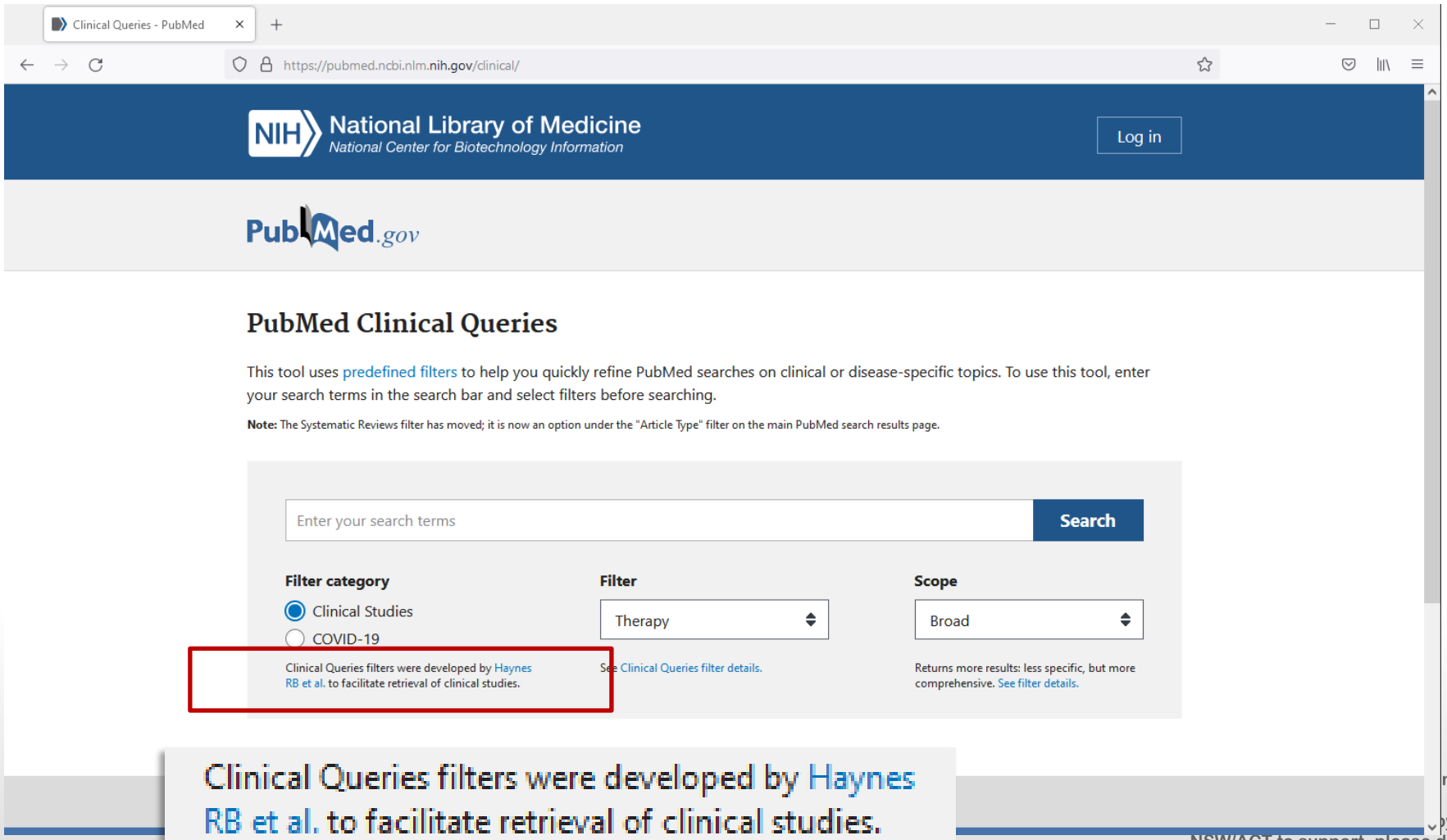

Clinical Queries filters were developed by Haynes RB et al. to facilitate retrieval of clinical studies.

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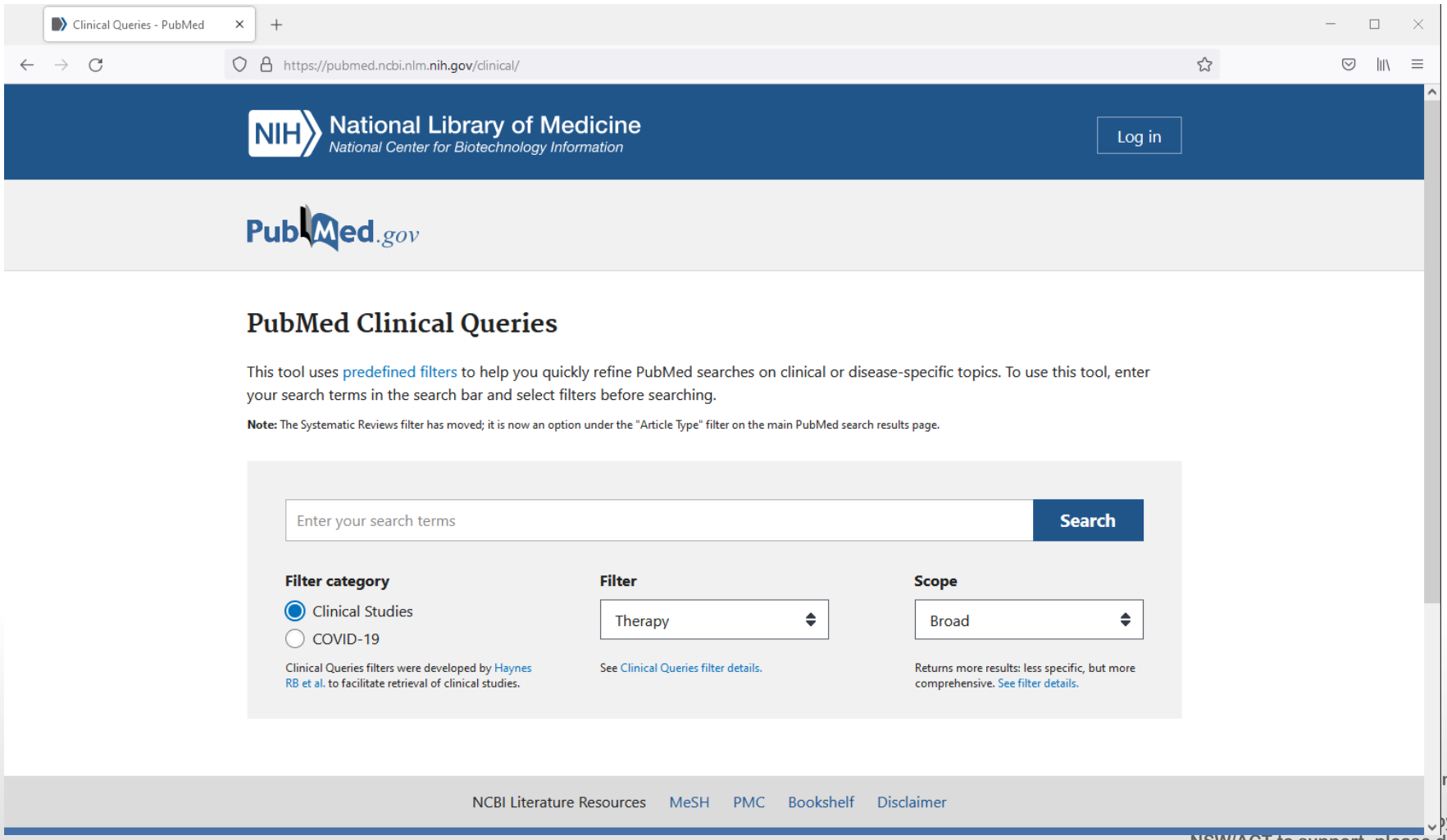

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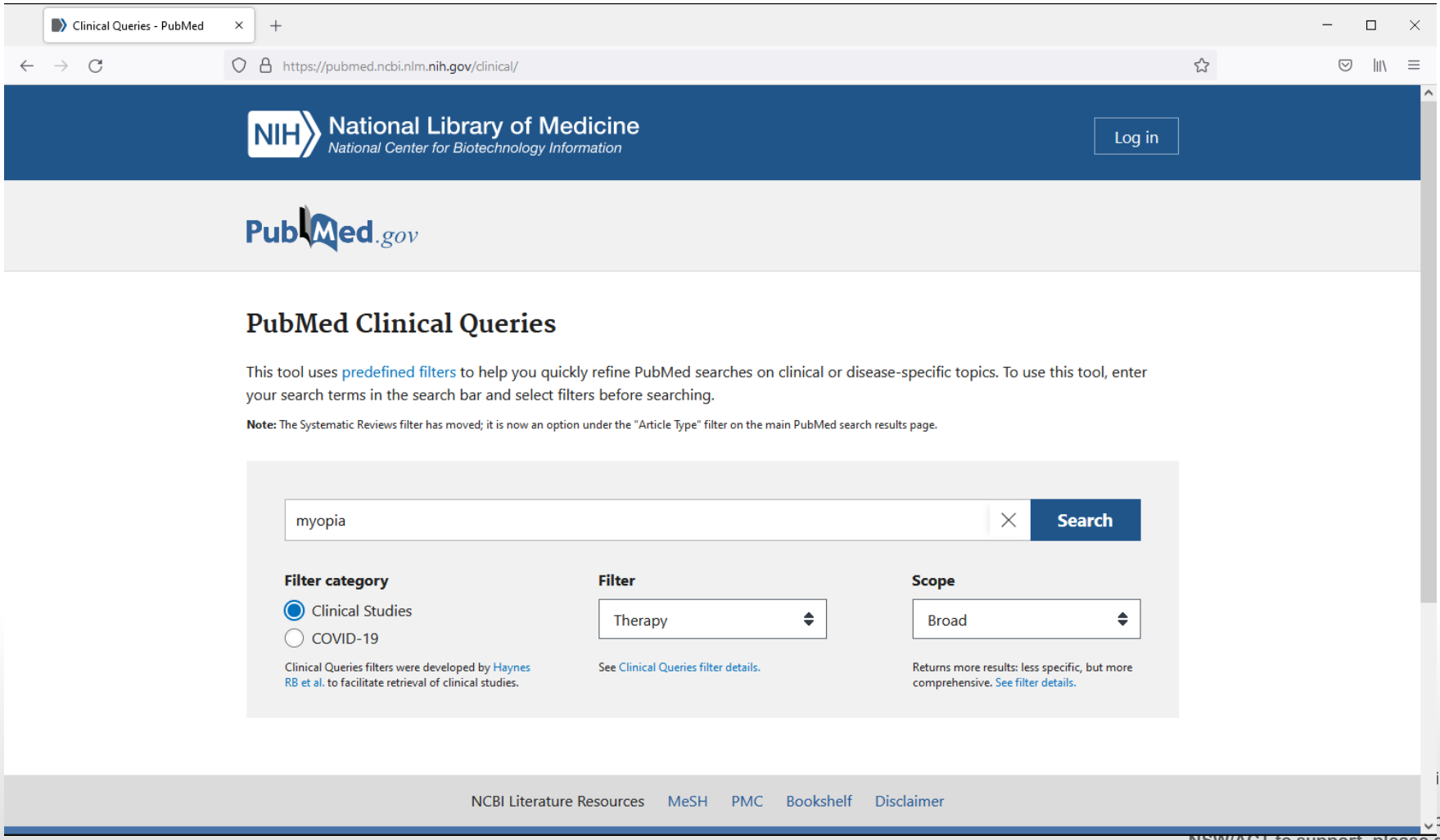

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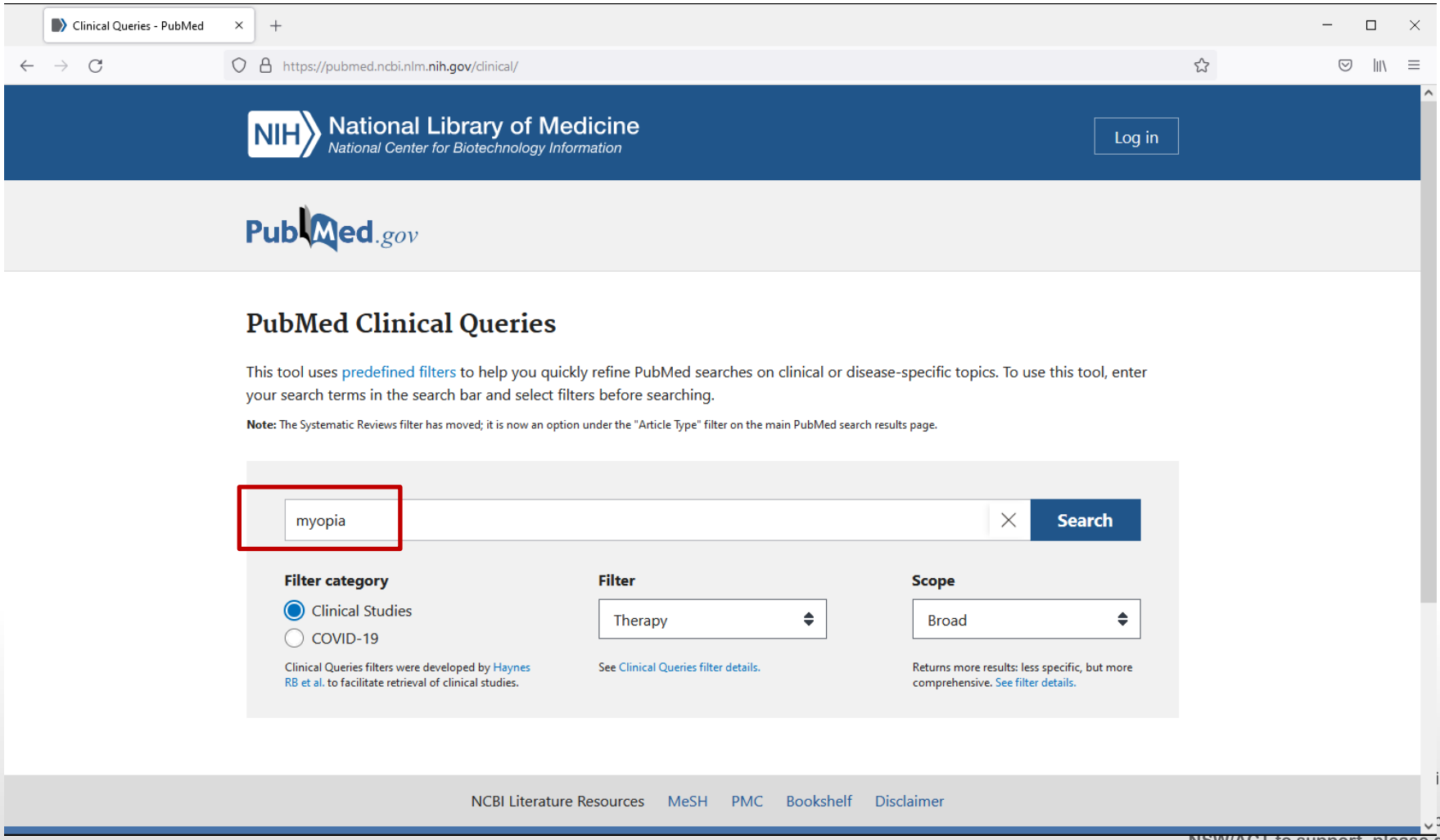

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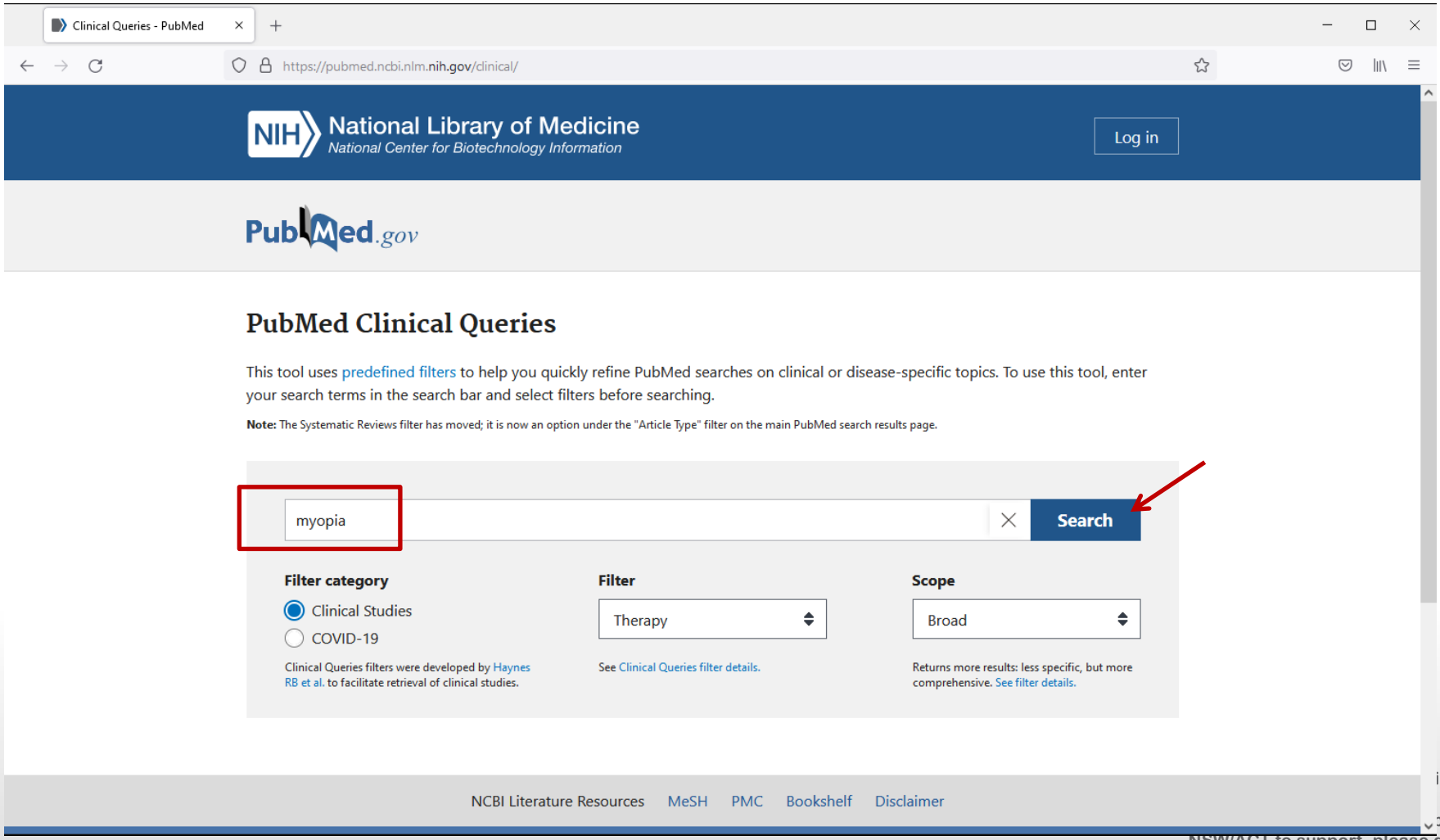

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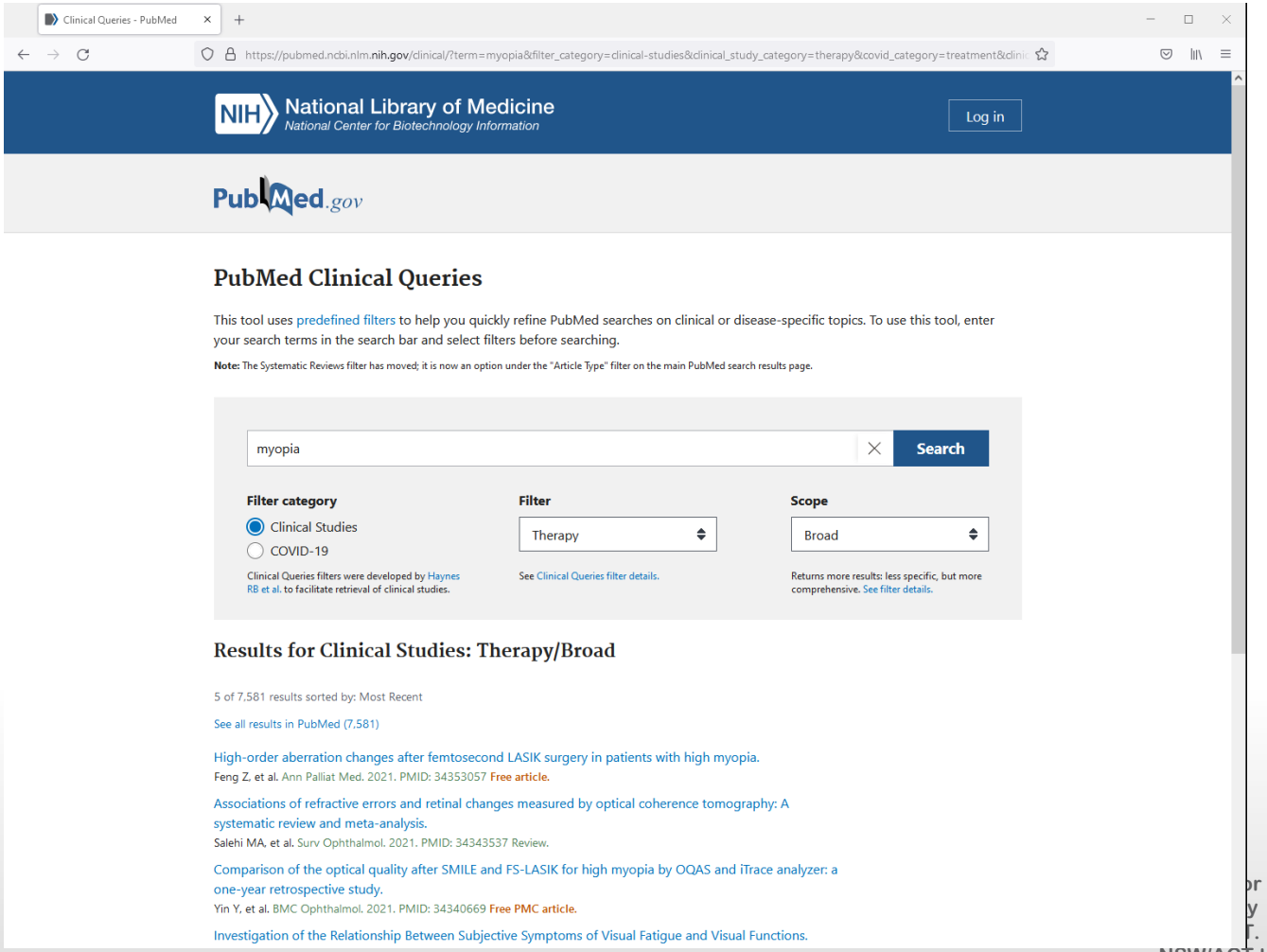

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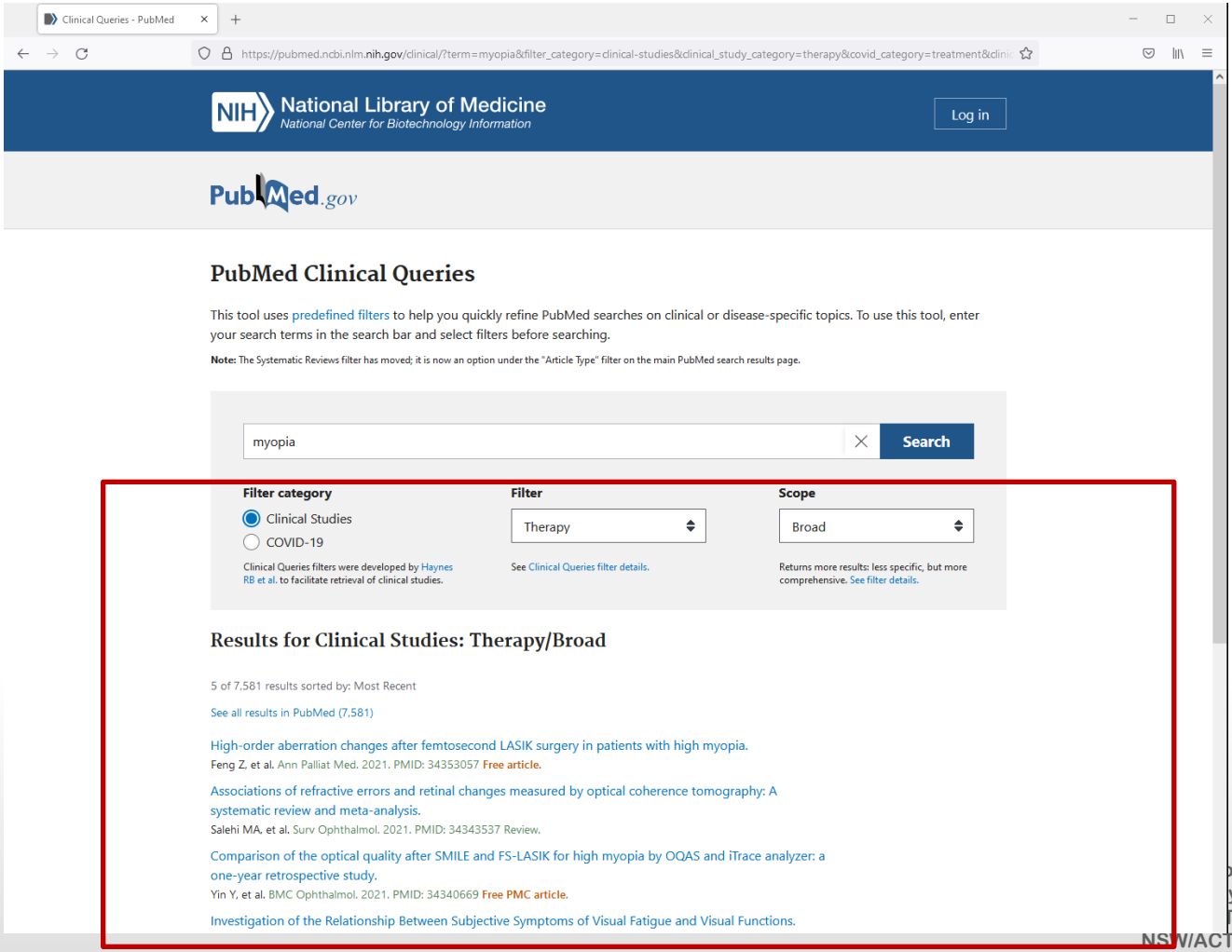

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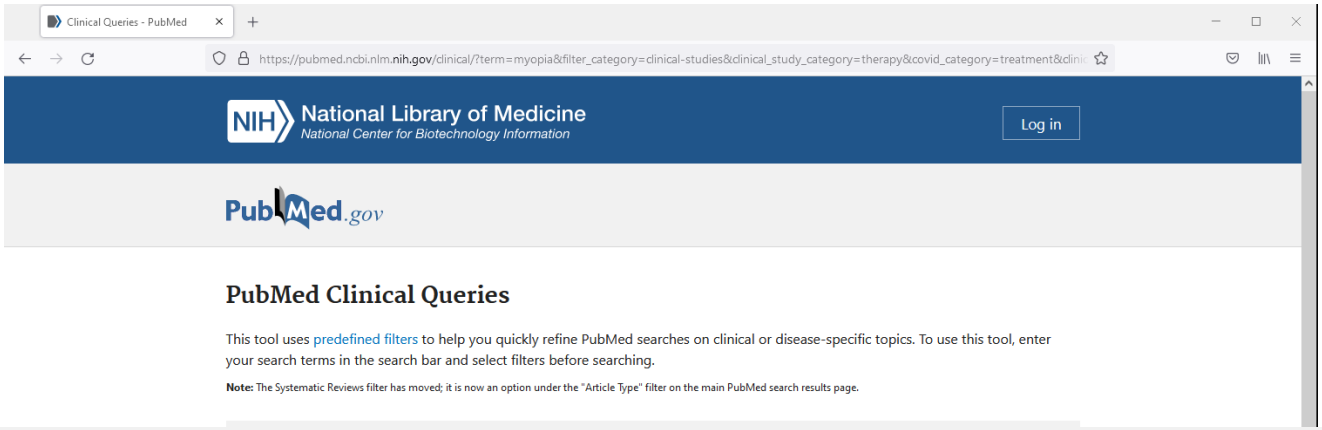

Filter category

- (●) Clinical Studies
- ( ) COVID-19

Clinical Queries filters were developed by Haynes RB et al. to facilitate retrieval of clinical studies.

Filter

Therapy

See Clinical Queries filter details.

Scope

Broad

Returns more results: less specific, but more comprehensive. See filter details.

Results for Clinical Studies: Therapy/Broad

5 of 7,581 results sorted by: Most Recent

See all results in PubMed (7,581)

High-order aberration changes after femtosecond LASIK surgery in patients with high myopia.

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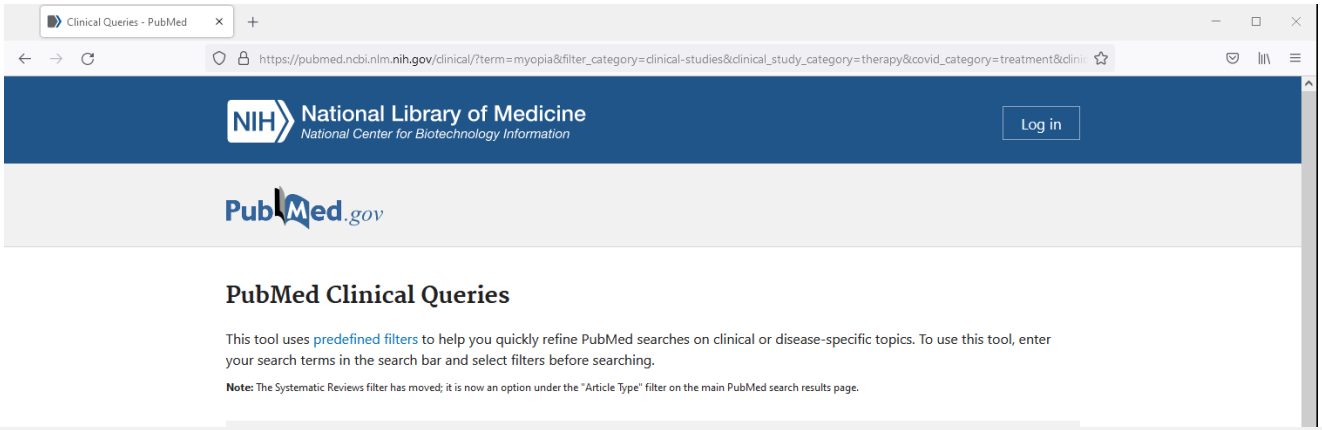
PubMed Clinical Queries



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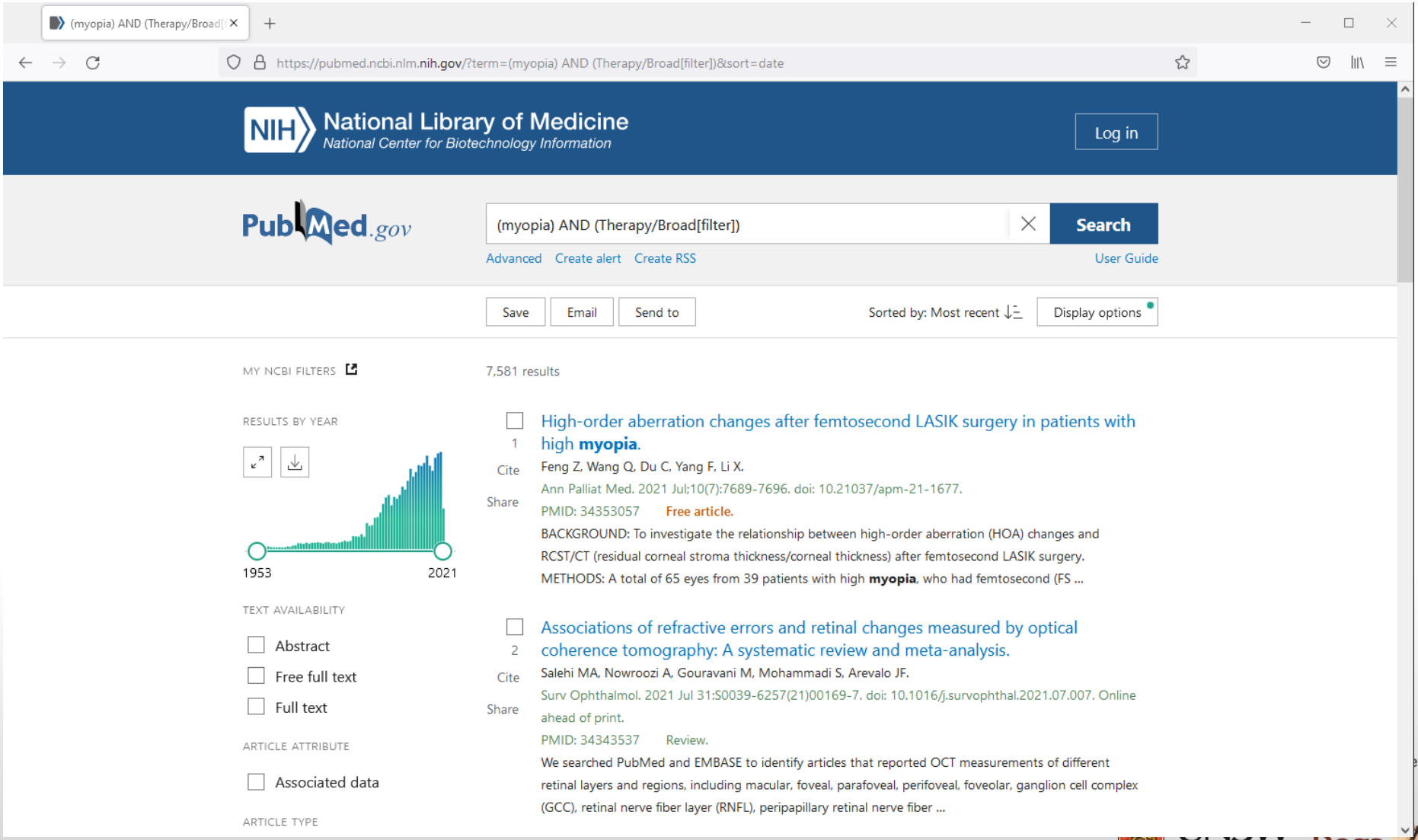

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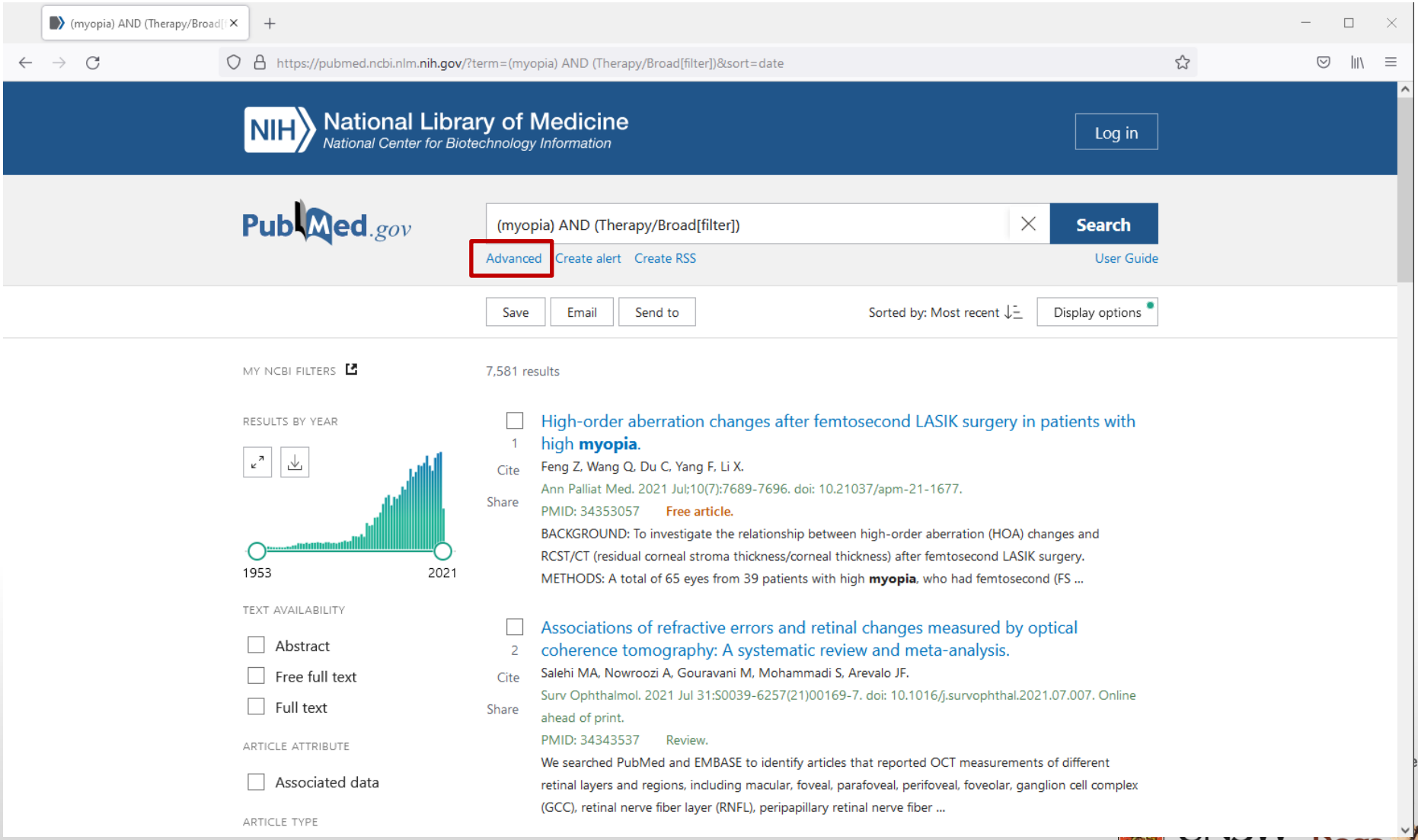

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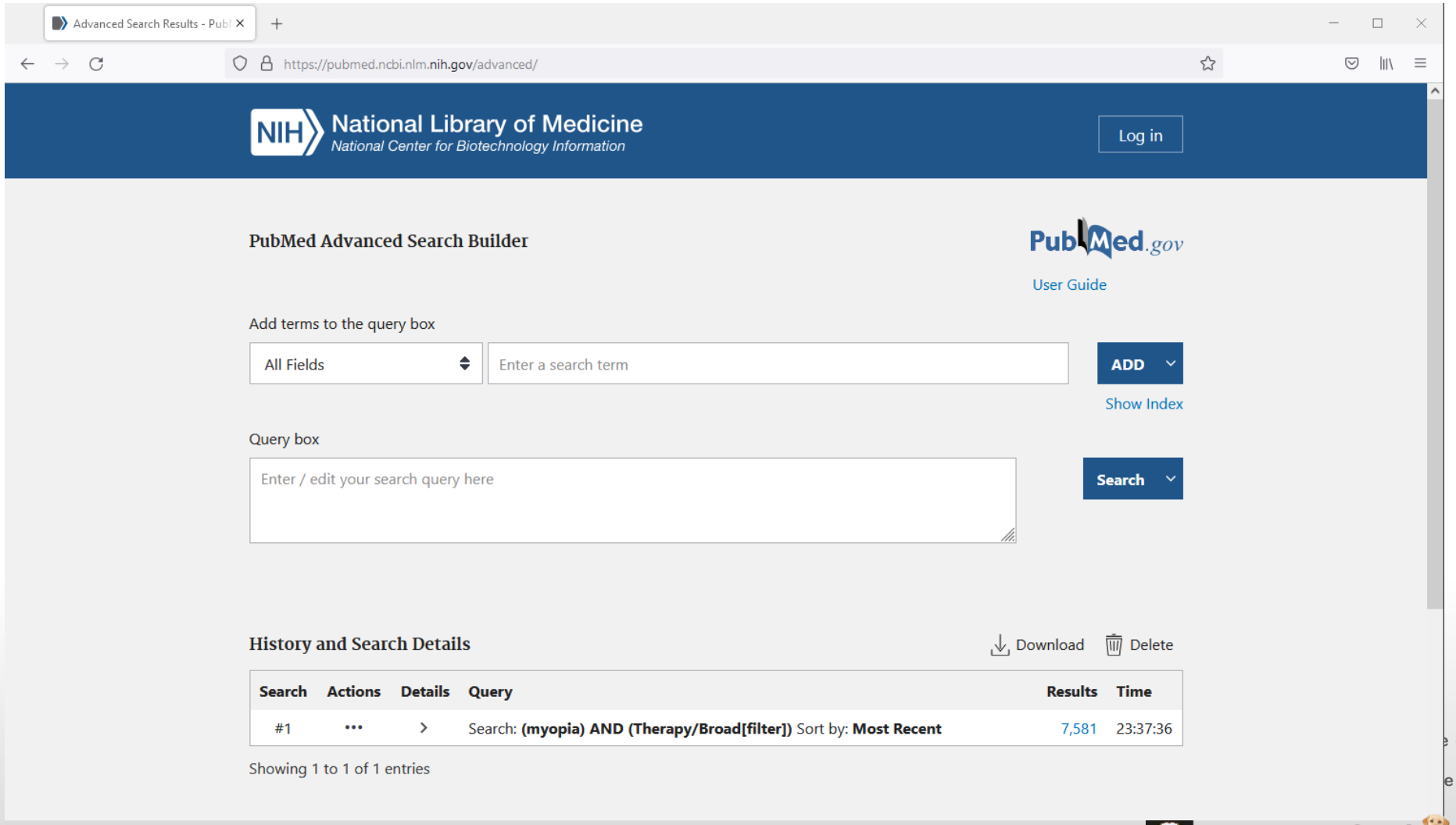

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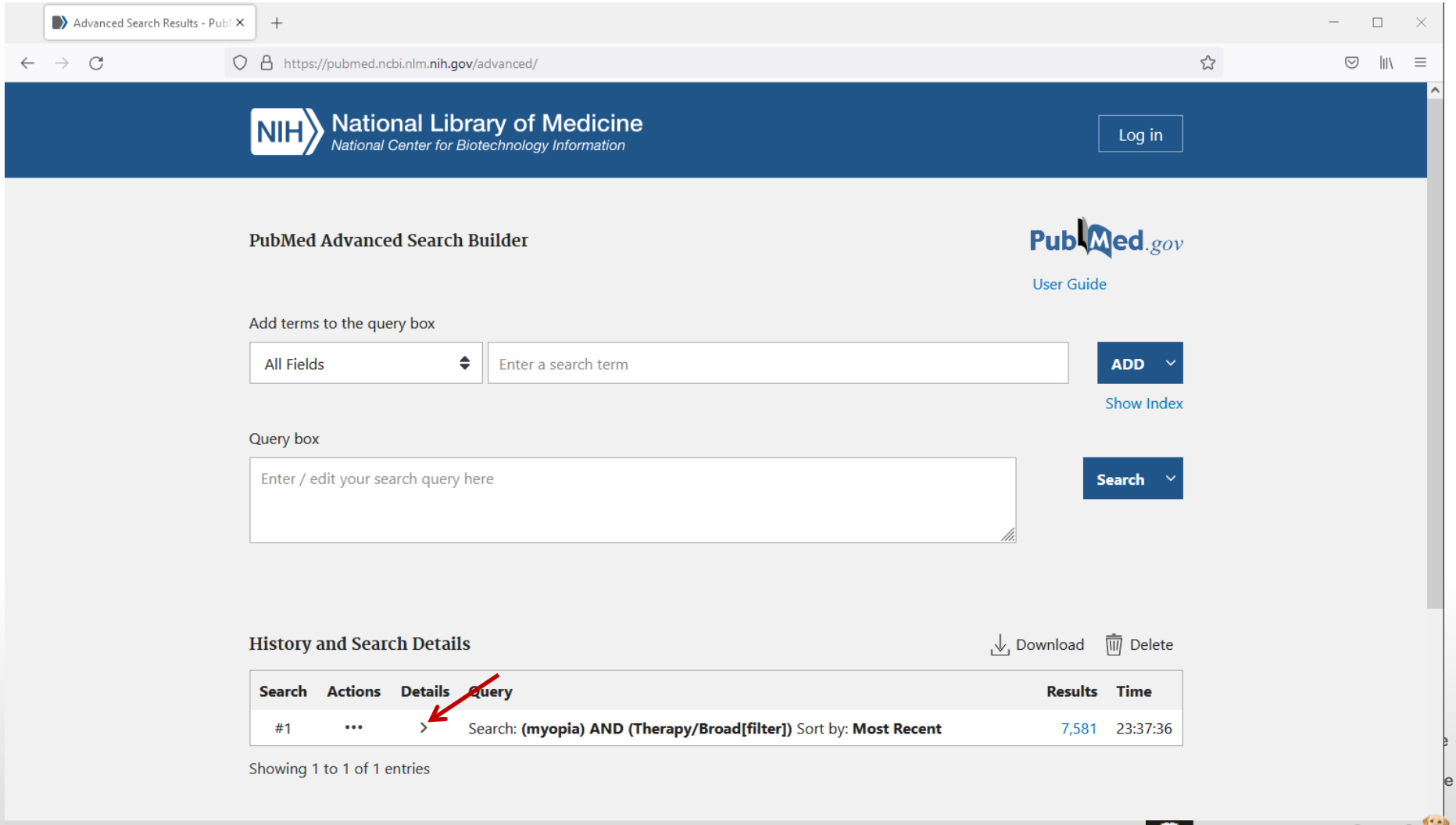

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PubMed Clinical Queries

Search	Actions	Details	Query	Results	Time
#1	•••		Search: **(myopia) AND (Therapy/Broad[filter])** Sort by: **Most Recent** ("myopia"[MeSH Terms] OR "myopia"[All Fields] OR "myopias"[All Fields]) AND (("clinical"[Title/Abstract] AND "trial"[Title/Abstract]) OR "clinical trials as topic"[MeSH Terms] OR "clinical trial"[Publication Type] OR "random*"[Title/Abstract] OR "random allocation"[MeSH Terms] OR "therapeutic use"[MeSH Subheading]) **Translations** **myopia:** "myopia"[MeSH Terms] OR "myopia"[All Fields] OR "myopias"[All Fields] **Therapy/Broad[filter]:** (clinical[Title/Abstract] AND trial[Title/Abstract]) OR clinical trials as topic[MeSH Terms] OR clinical trial[Publication Type] OR random*[Title/Abstract] OR random allocation[MeSH Terms] OR therapeutic use[MeSH Subheading]	7,581	23:37:36

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This search retrieved all possible clinical trials of any treatment for myopia!

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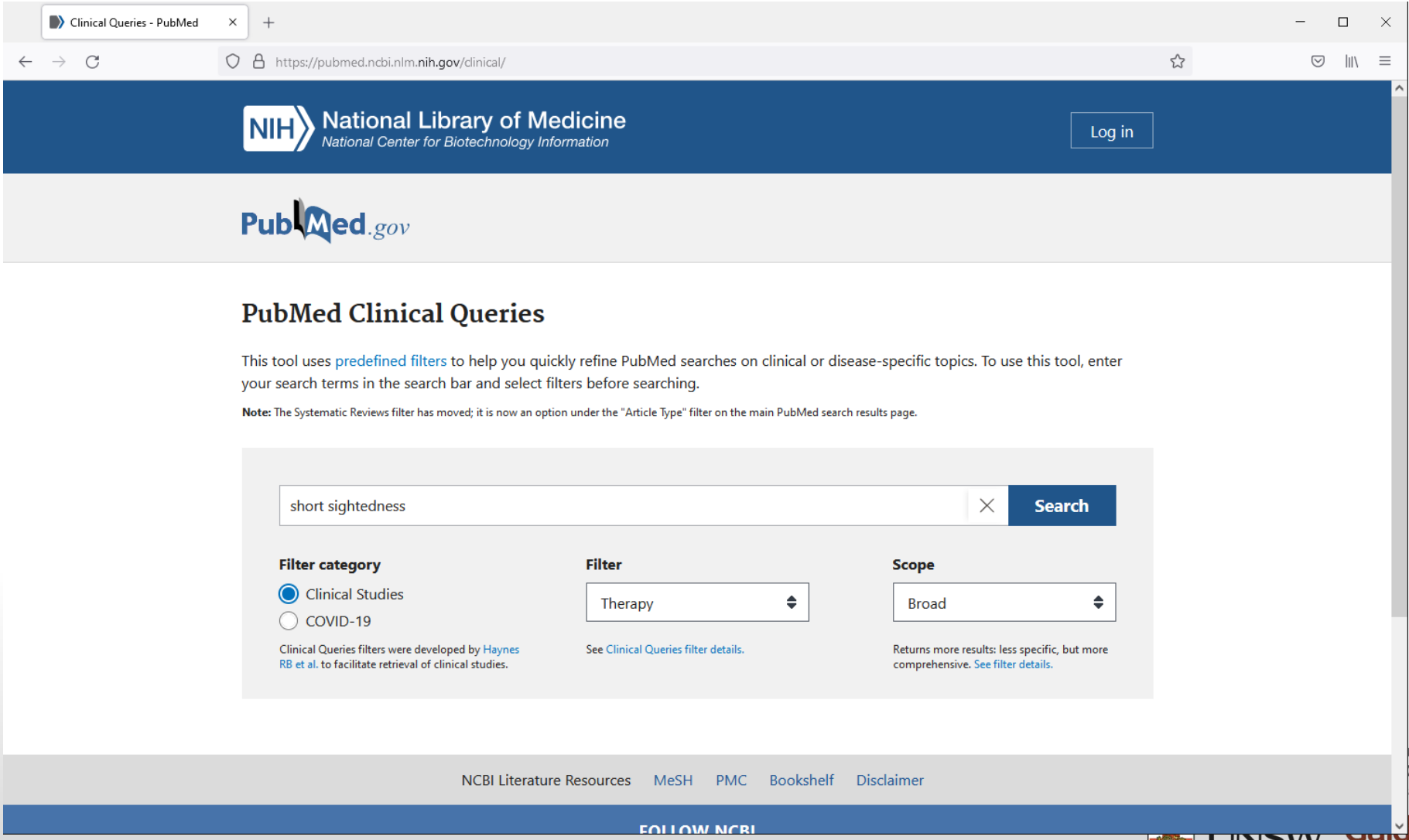

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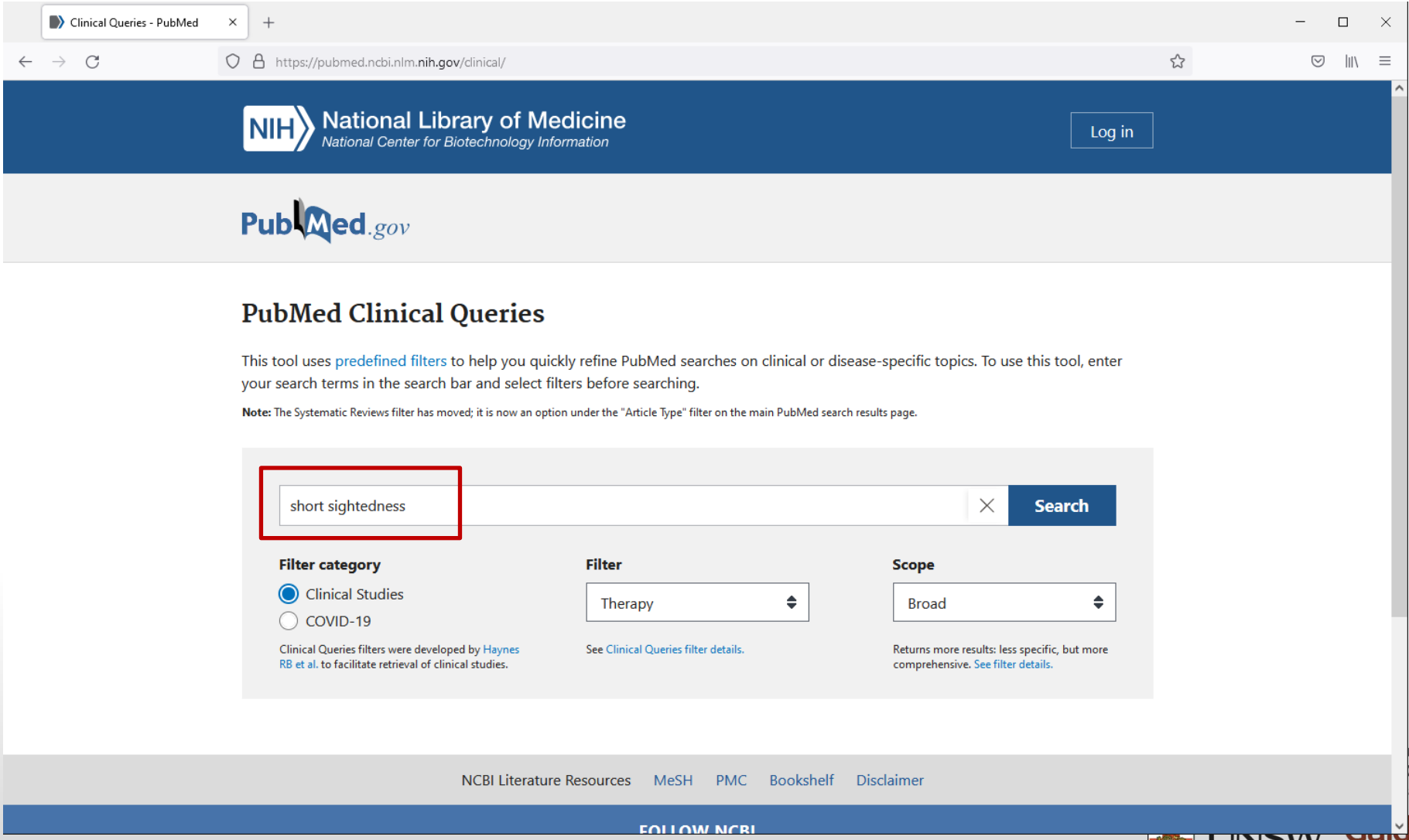

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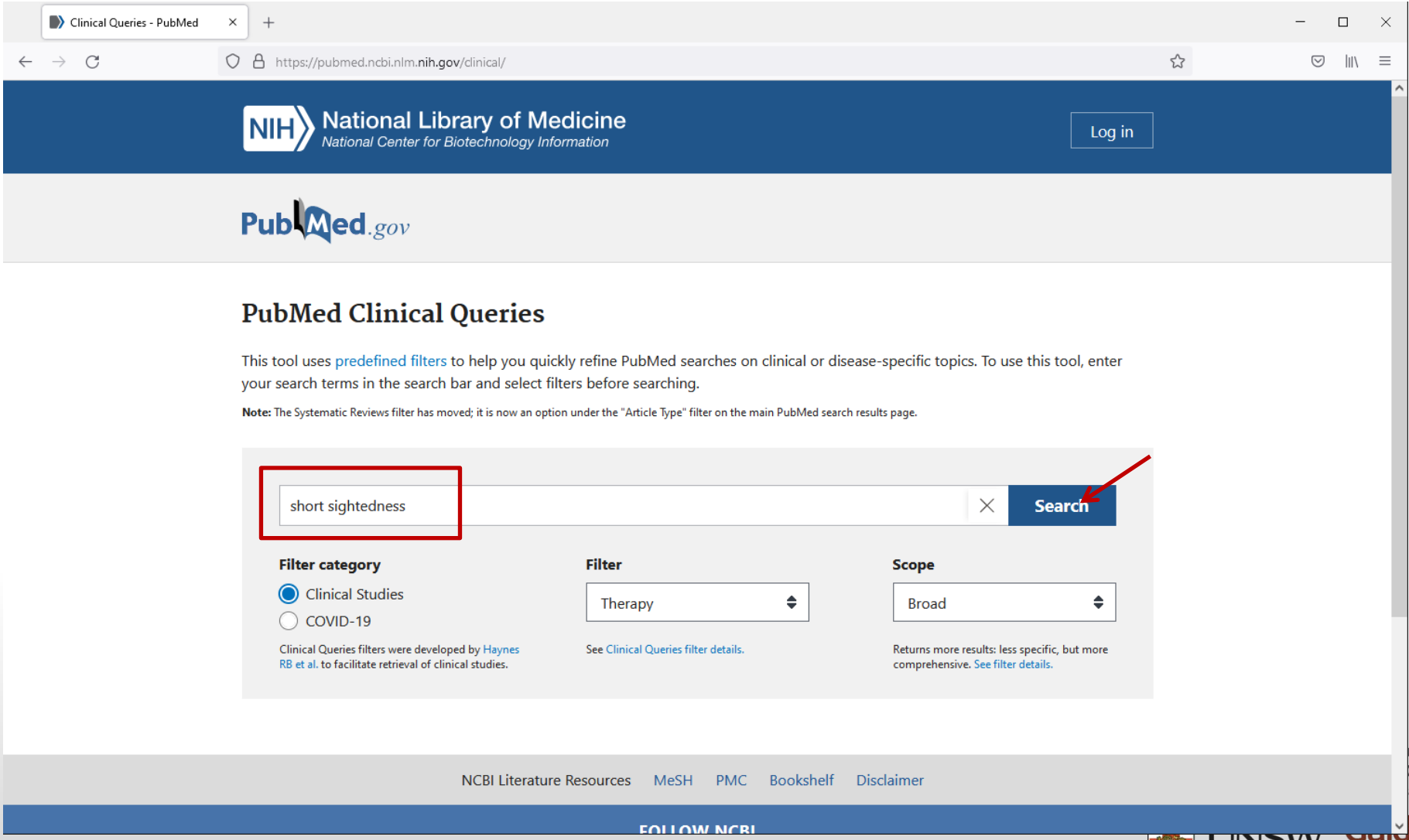

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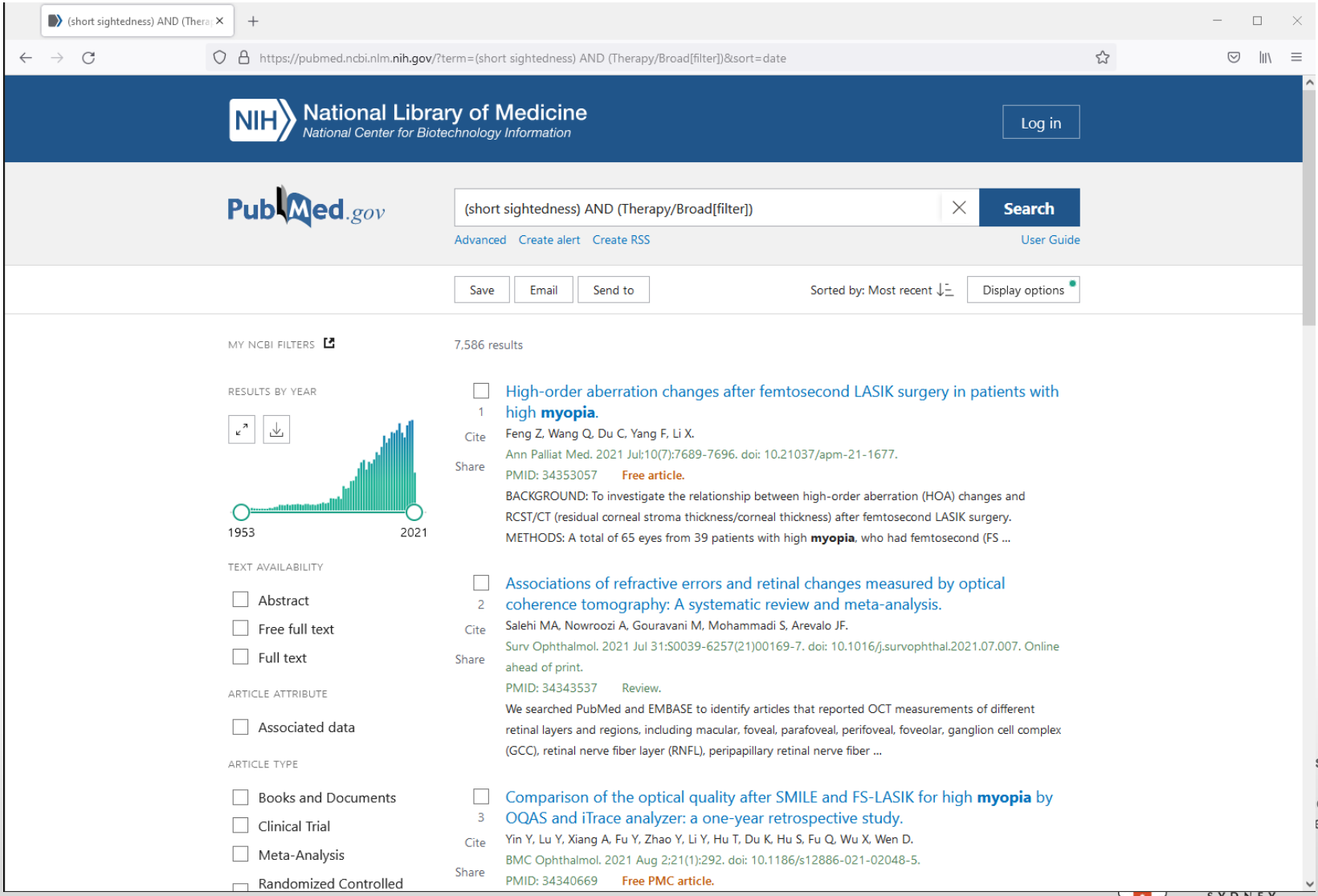

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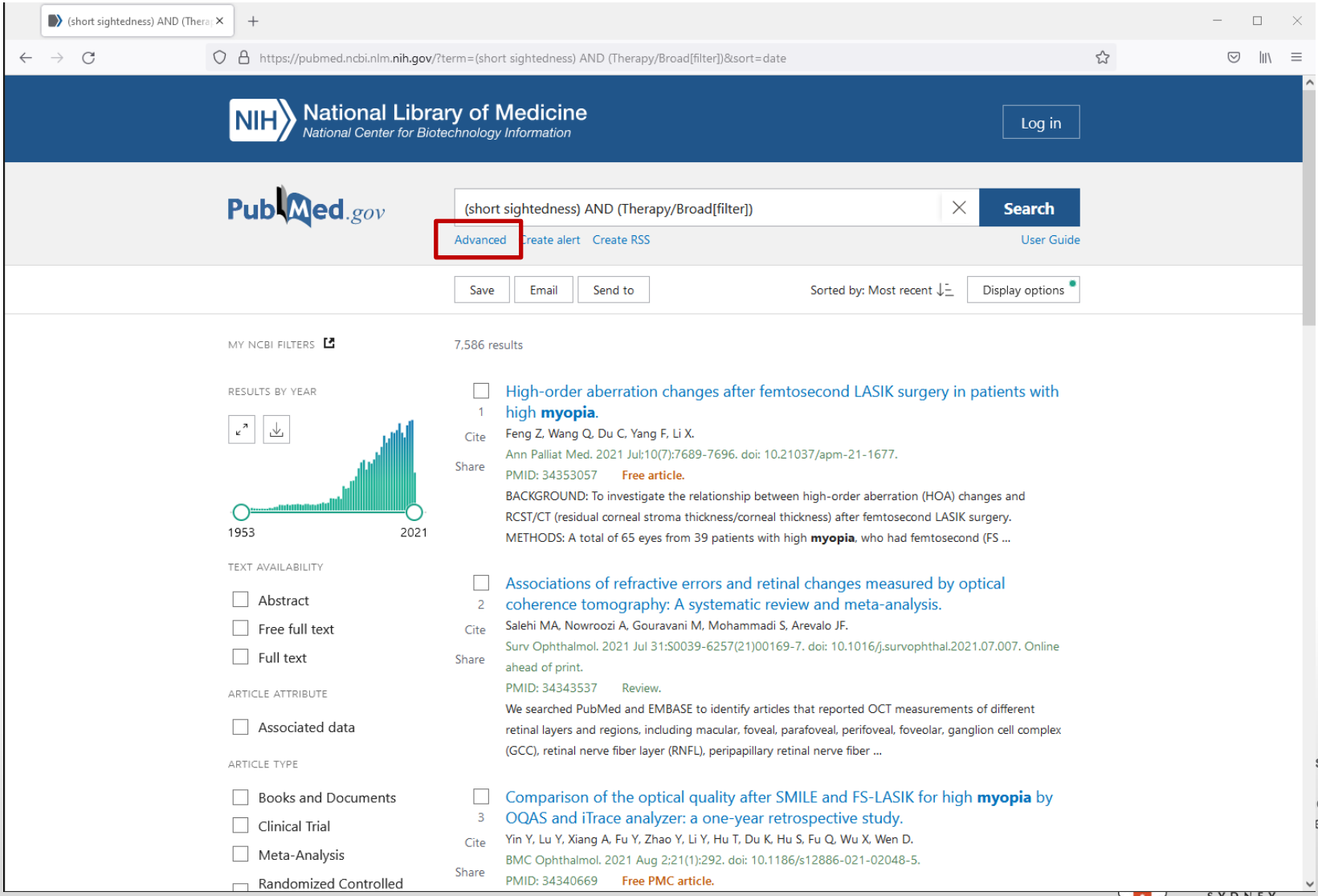

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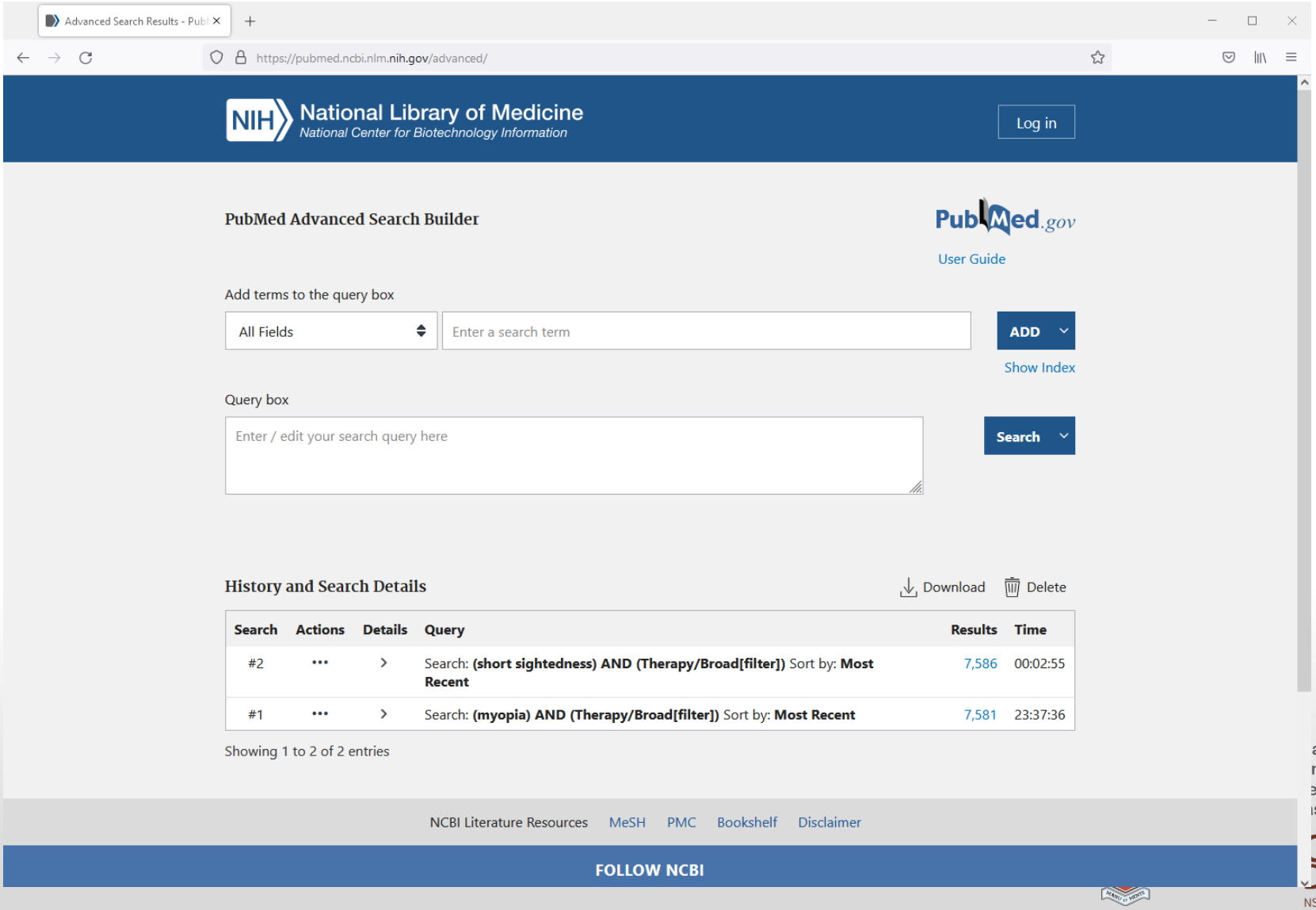

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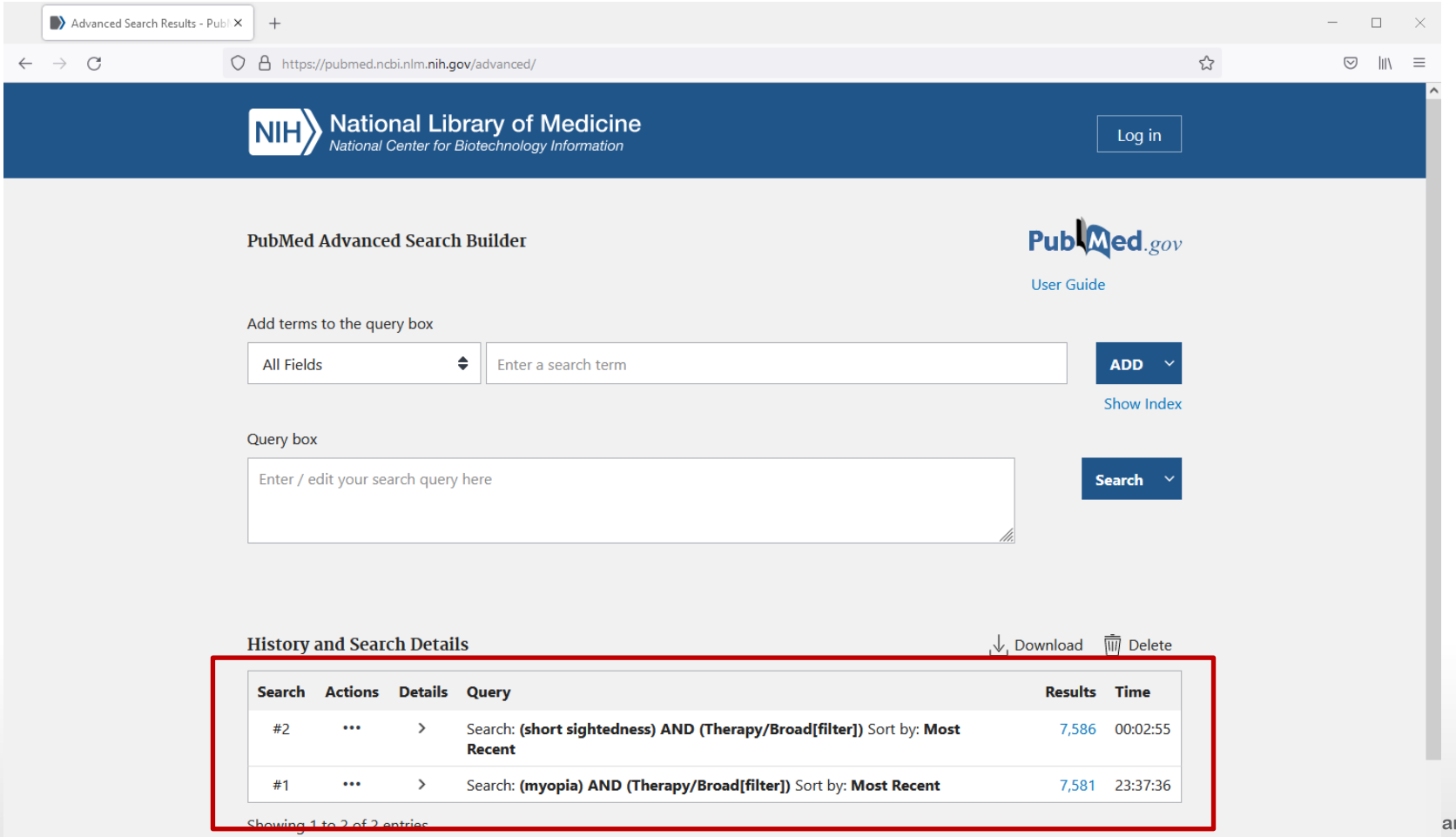

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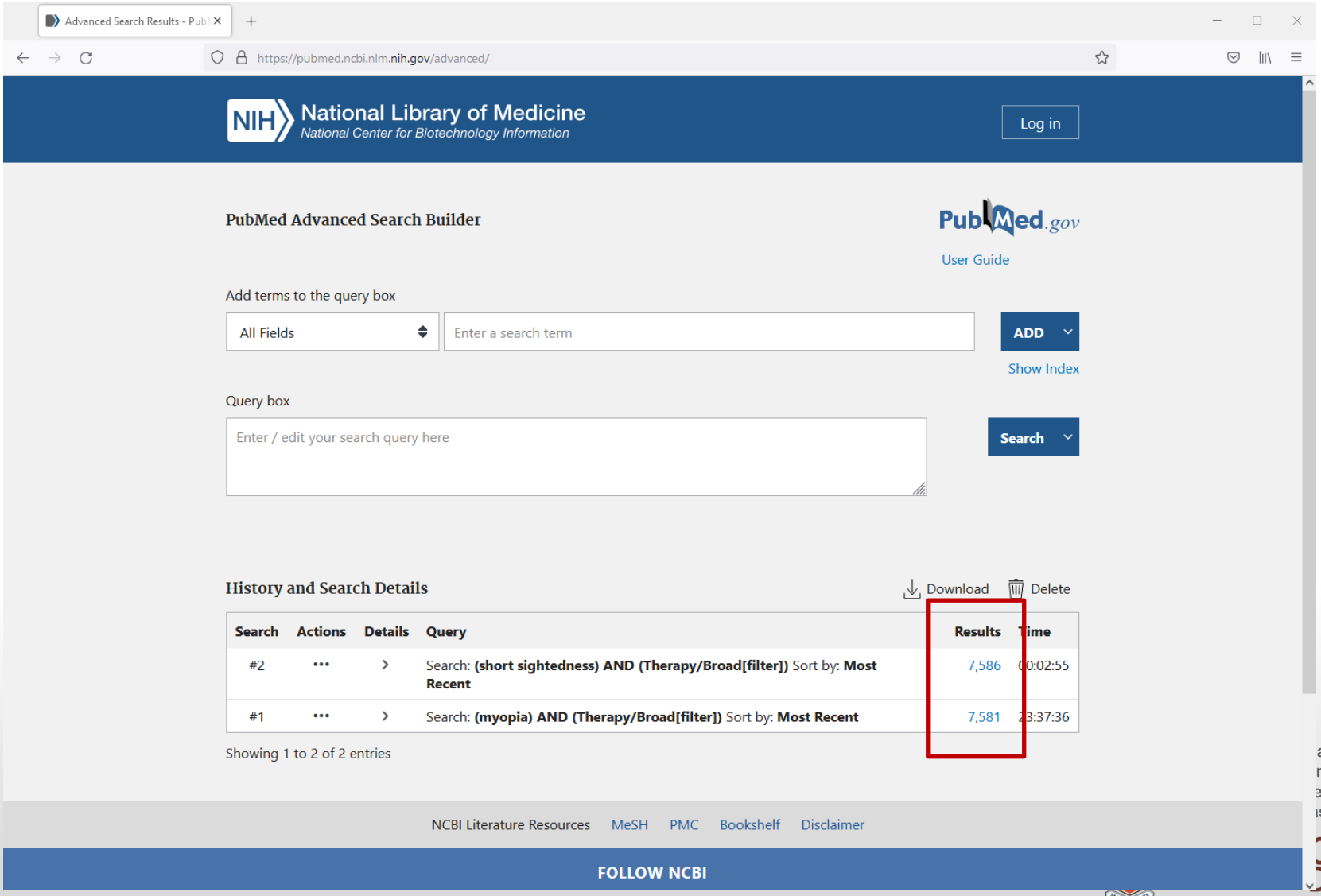

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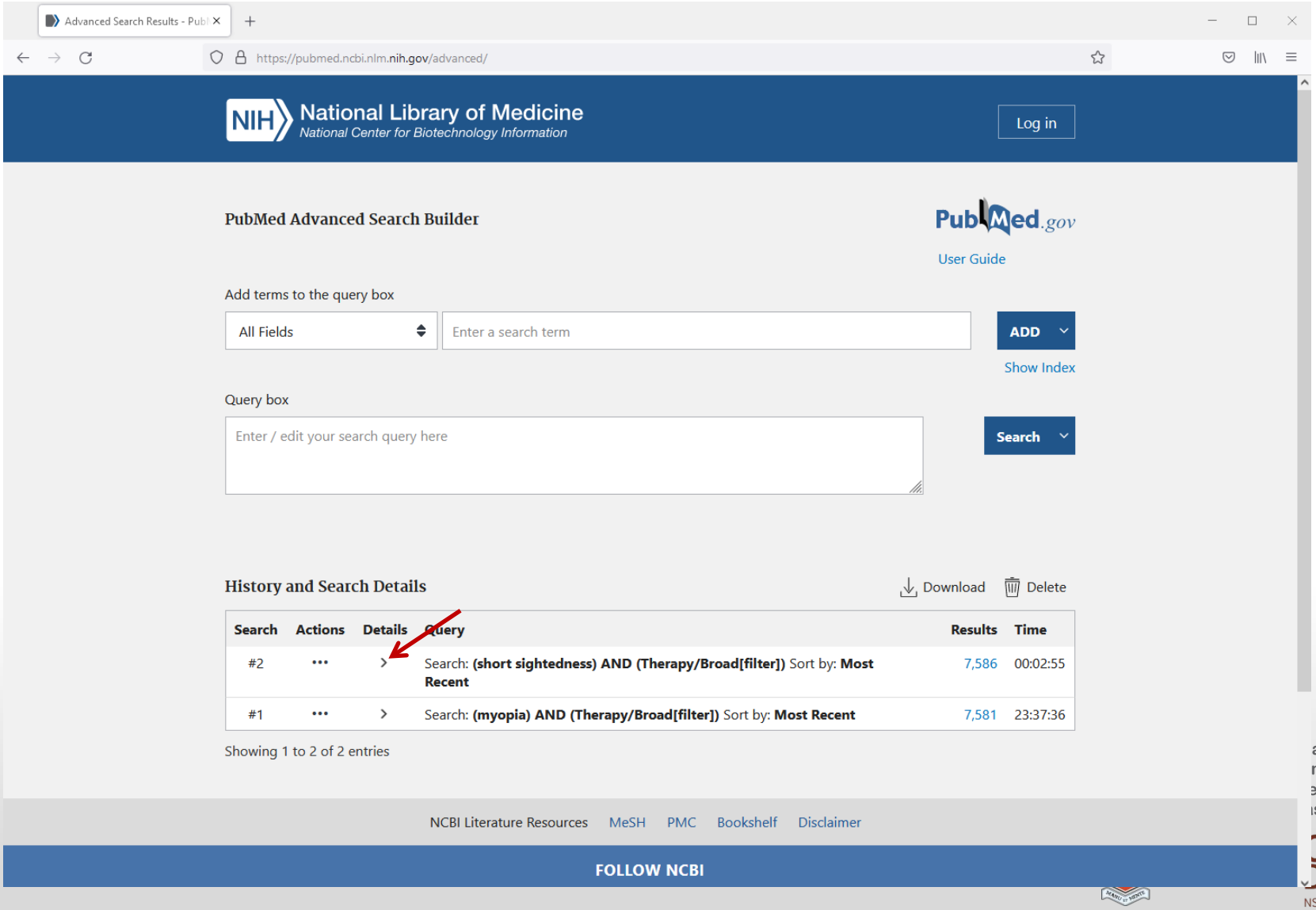

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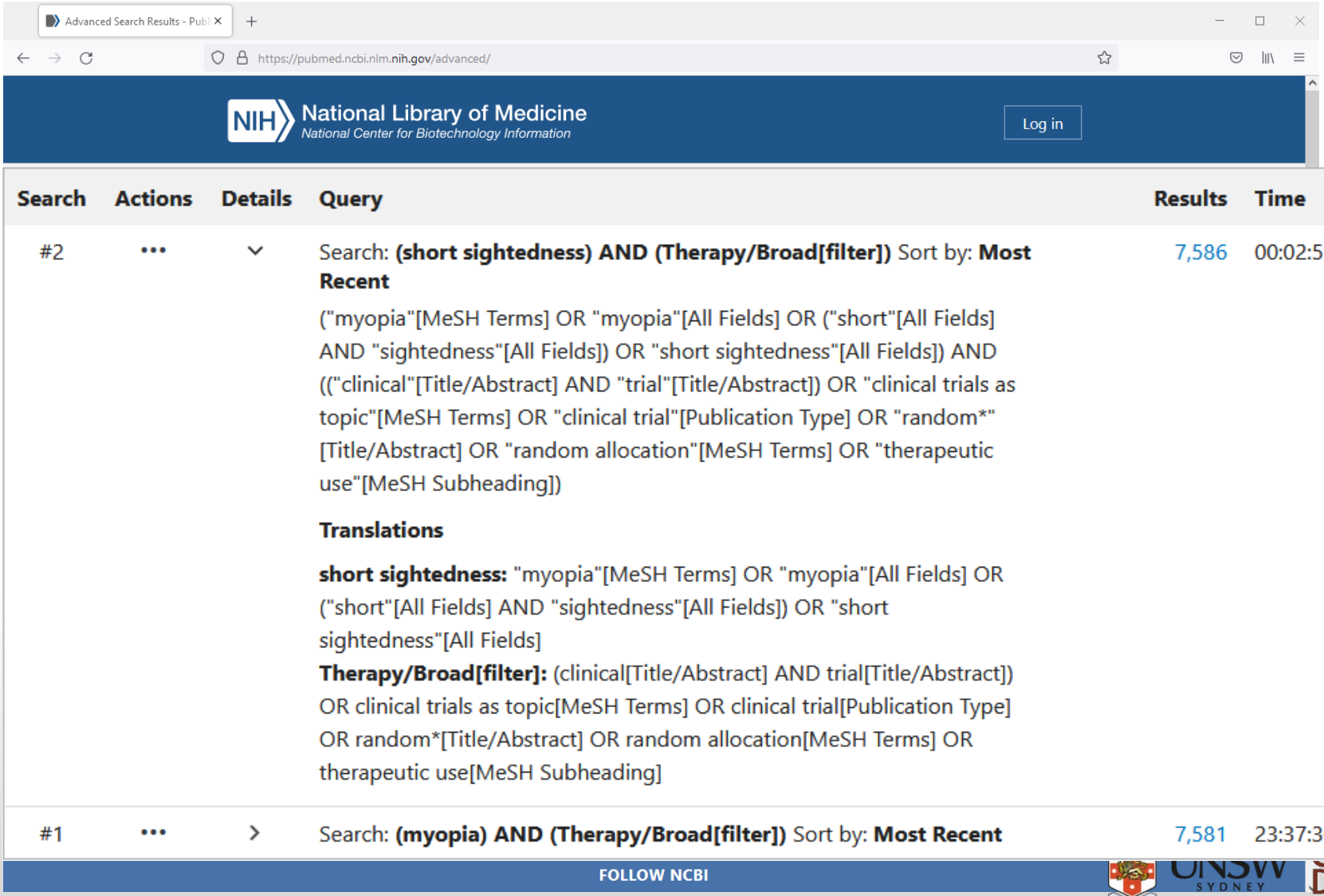

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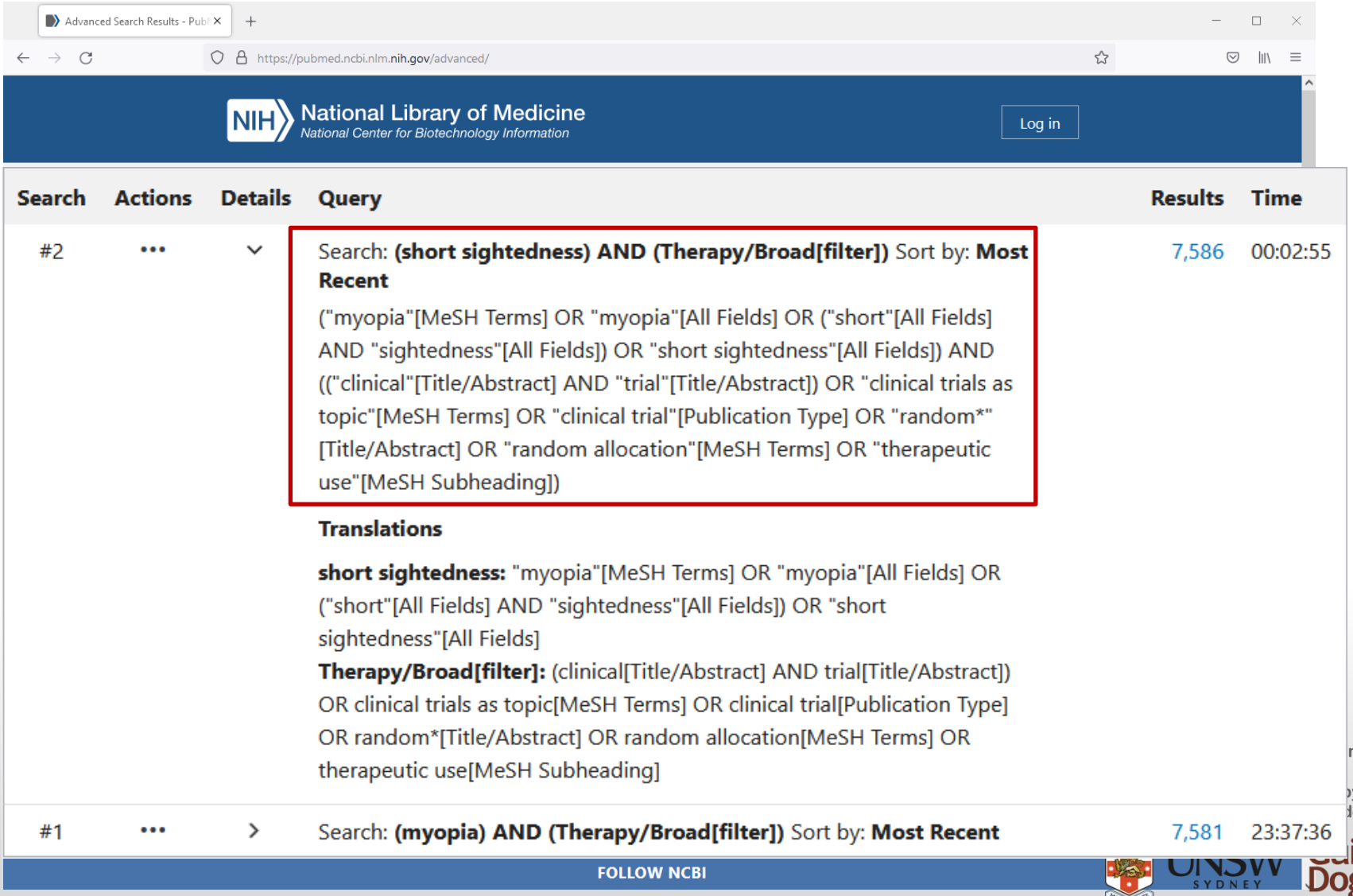

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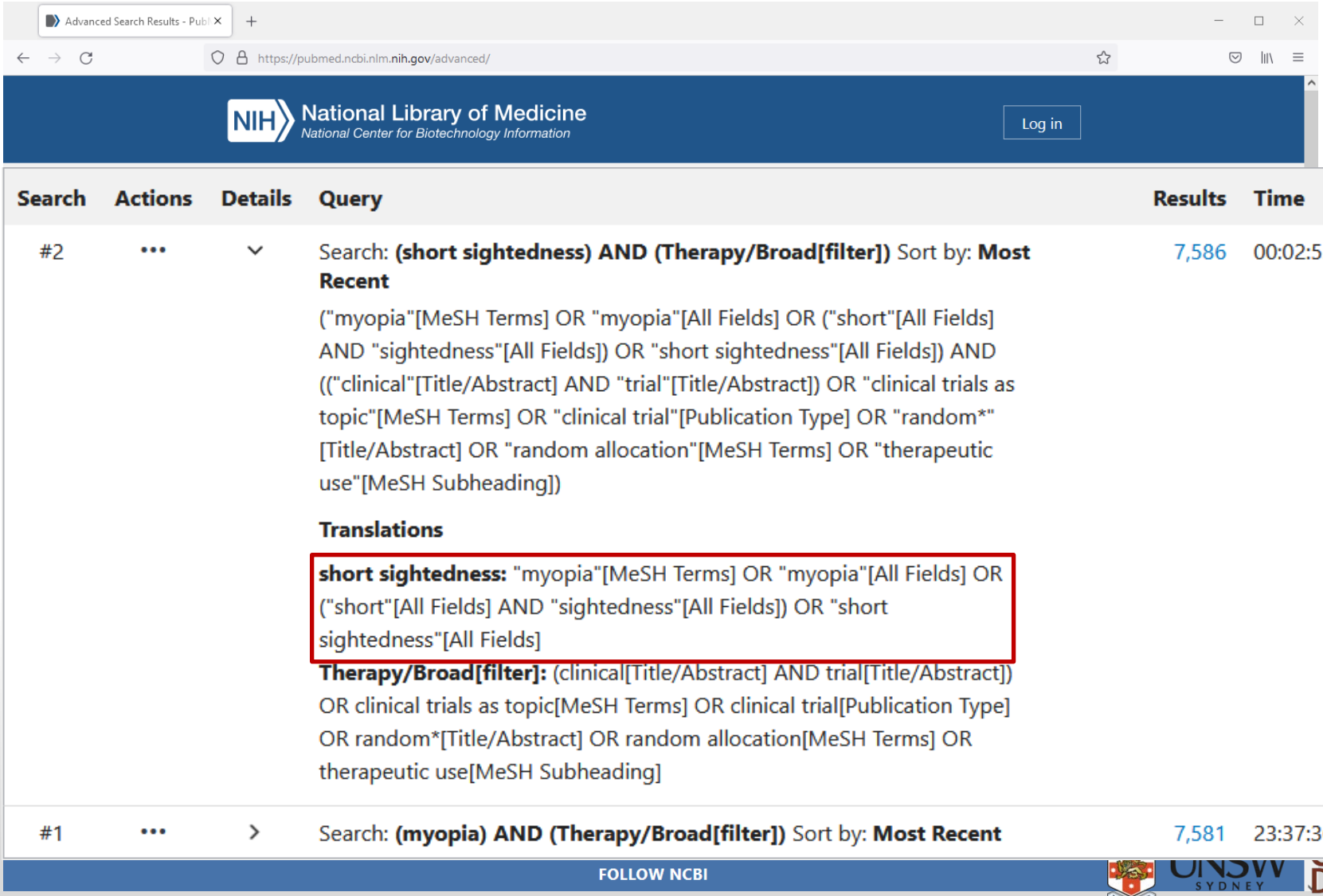

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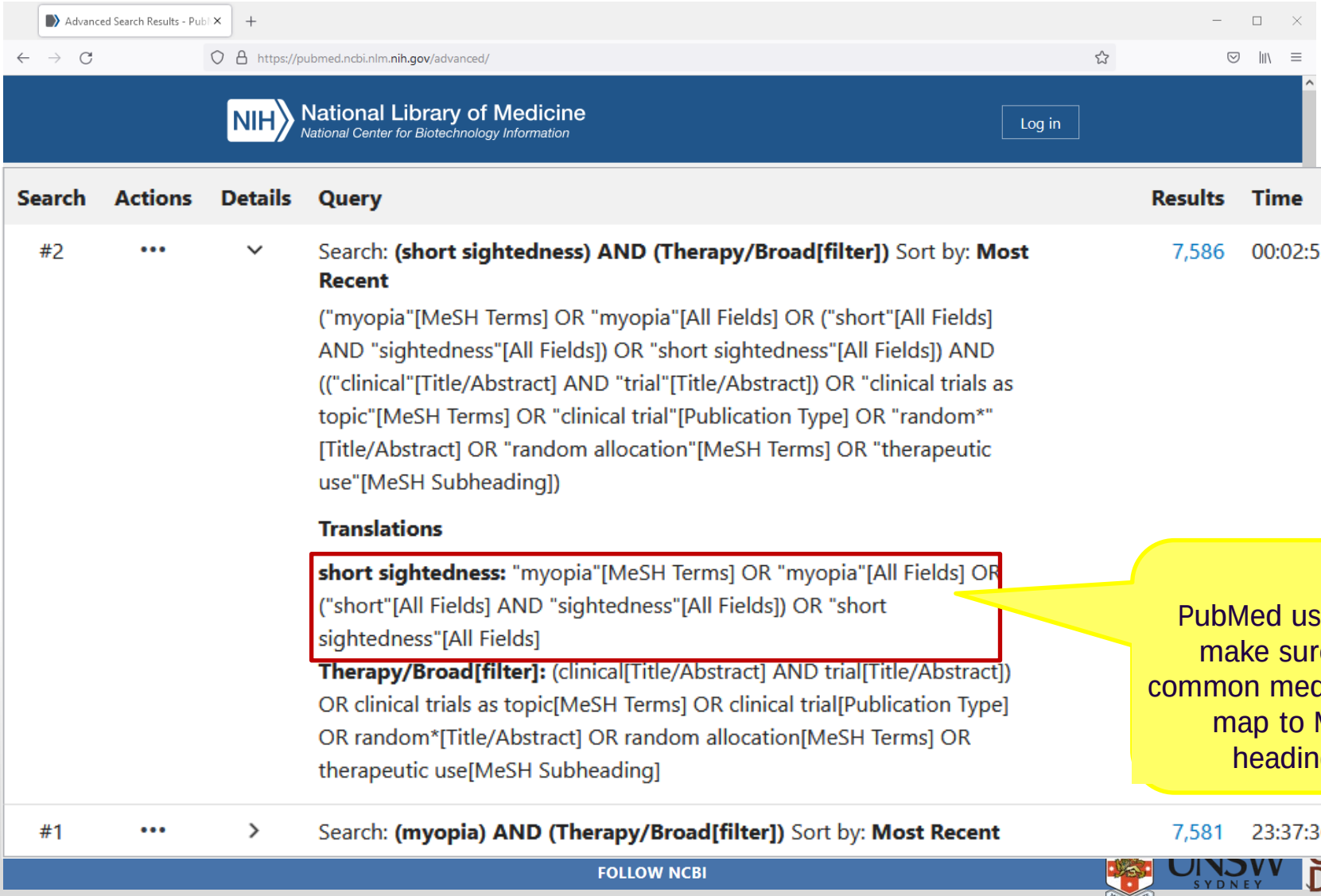

PubMed uses AI to make sure your common medical terms map to MeSH headings!!

How do I do it?

1. Learn (and teach) how to conduct an efficient search of the literature and;
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P Kang, M Kalloniatis, GS Doig. Using Updated PubMed: New Features and Functions to Enhance Literature Searches. *JAMA* **2021**; 326(6):479-480.
https://doi.org/10.1001/jama.2021.12021

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https://web.archive.org/web/20051231064848/http://www.cche.net/usersguides/main.asp

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If the study is not valid, throw it out!!!

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Is it different for *me*?

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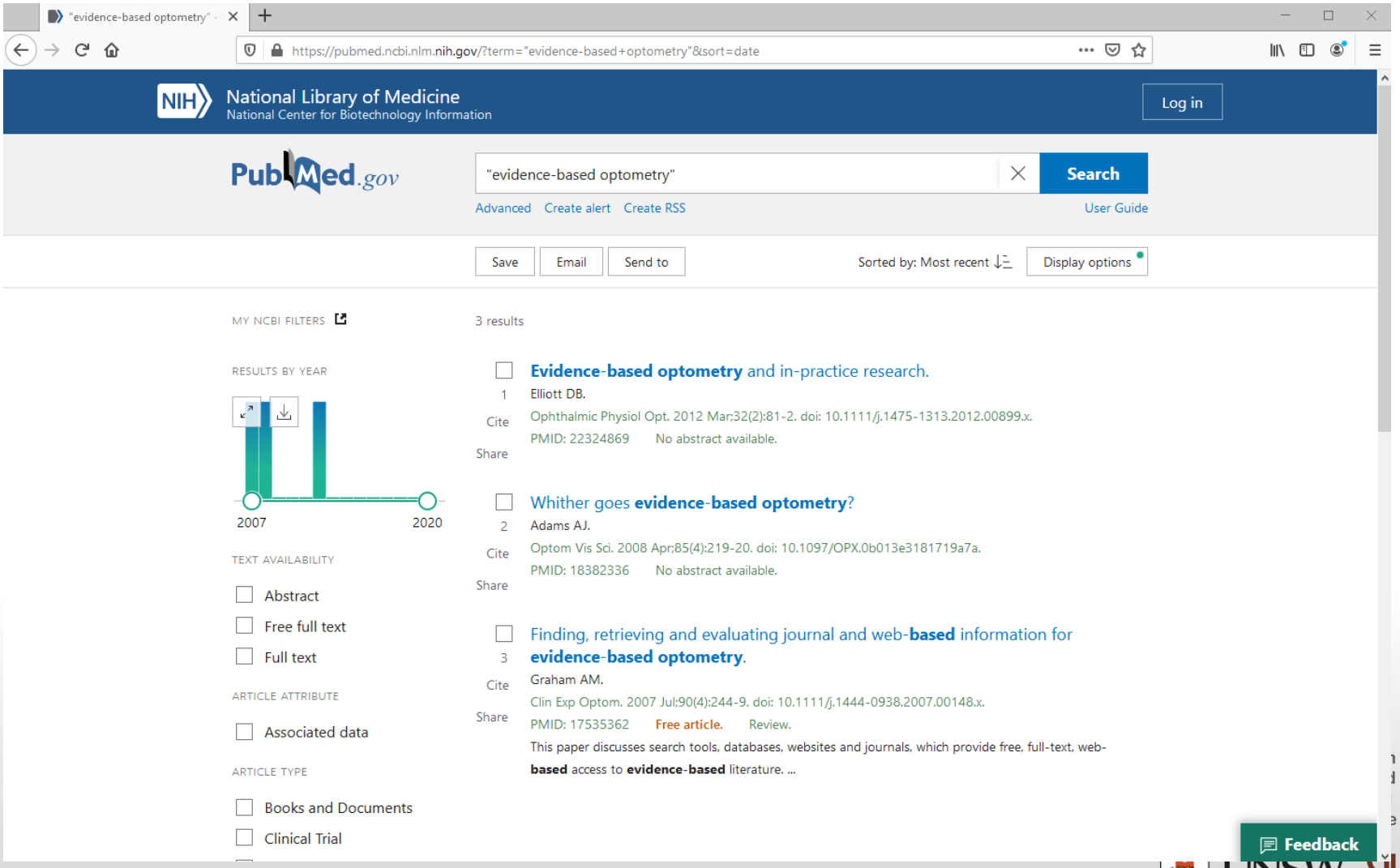

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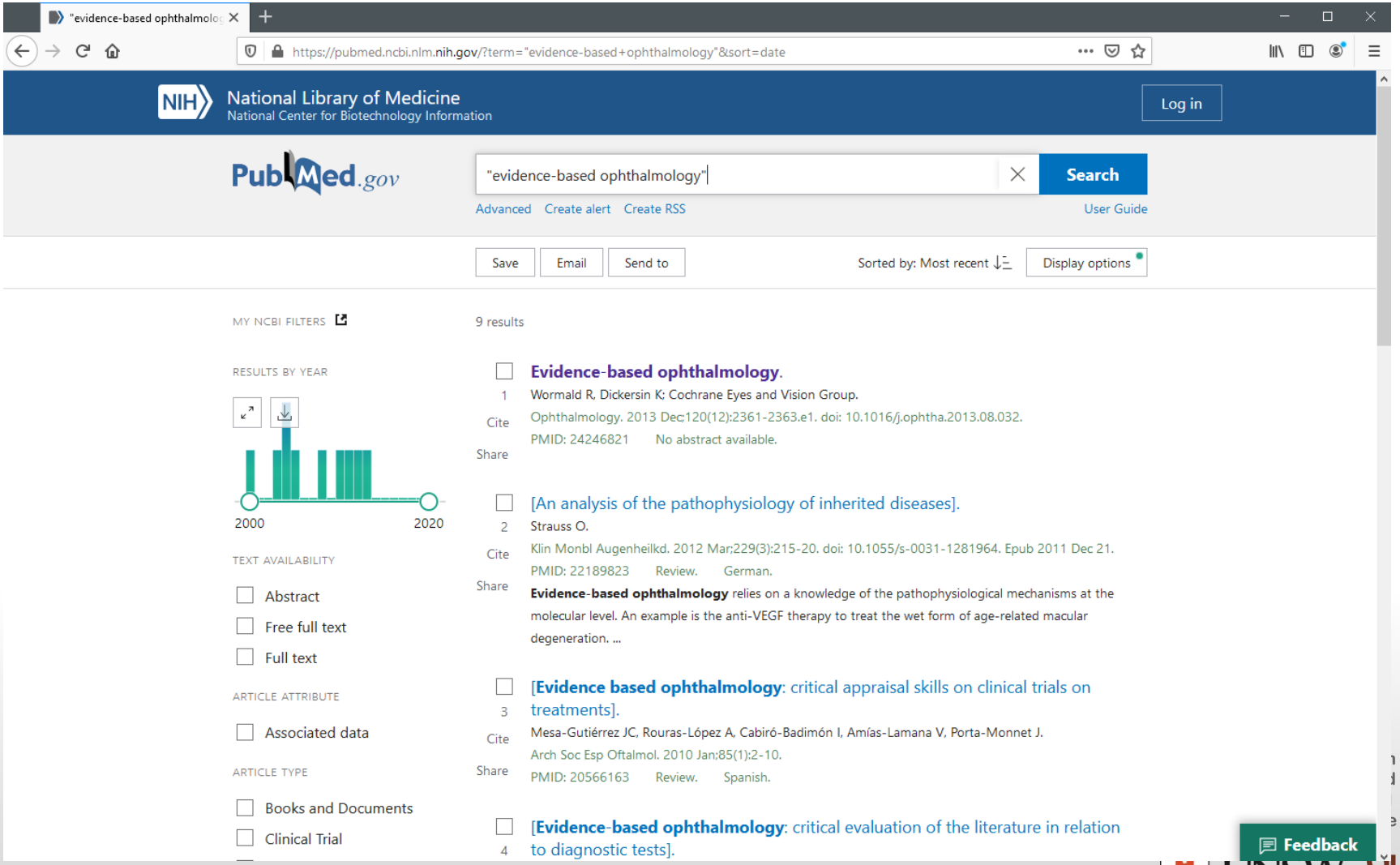

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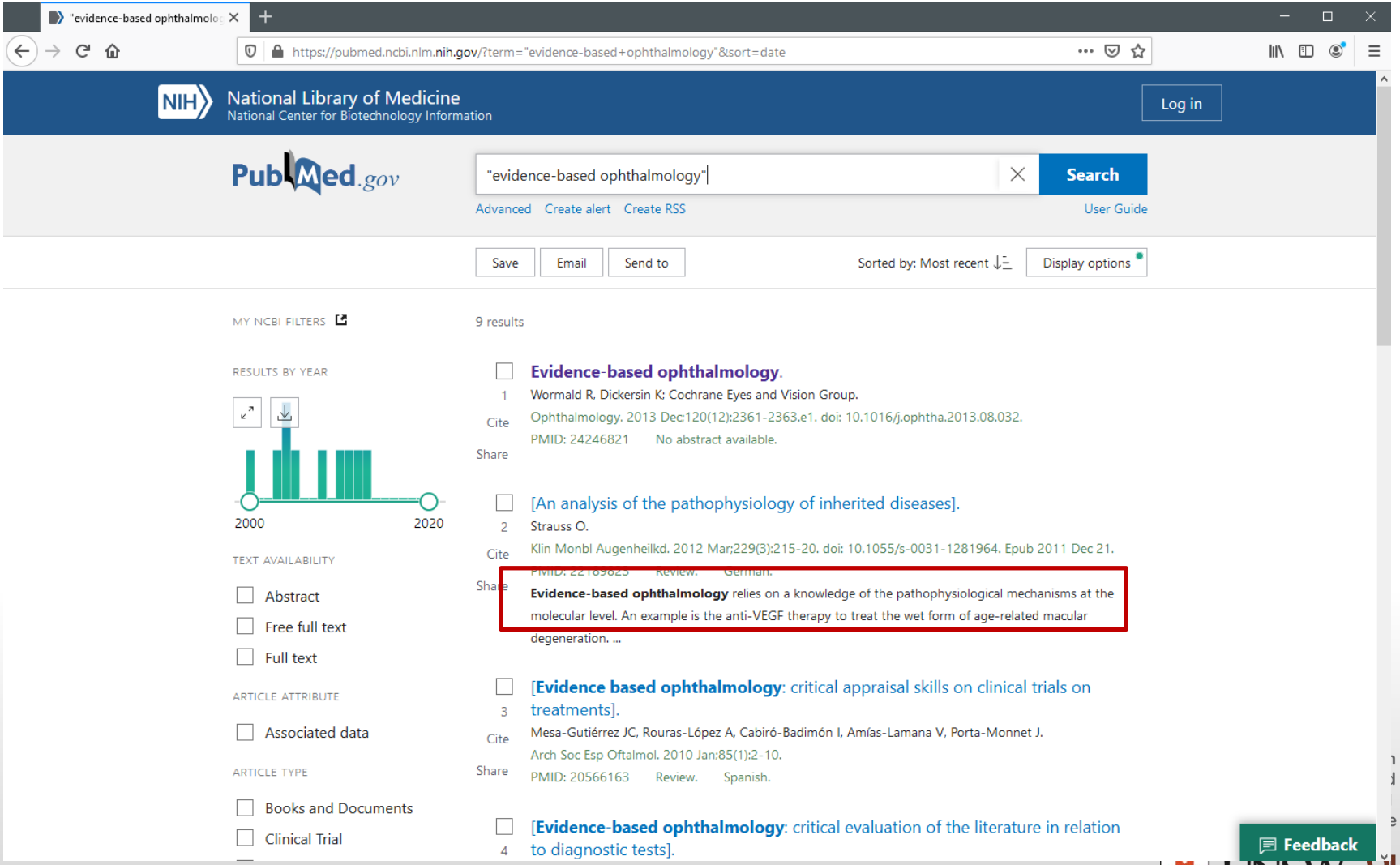

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Evidence-Based Medicine

A New Approach to Teaching the Practice of Medicine

Evidence-Based Medicine Working Group

A NEW paradigm for medical practice is emerging. Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research. Evidence-based medicine requires new skills of the physician, including efficient literature searching and the application of formal rules of evidence evaluating the clinical literature.

An important goal of our medical residency program is to educate physicians in the practice of evidence-based medicine. Strategies include a weekly, formal academic half-day for residents, devoted to learning the necessary skills; recruitment into teaching roles of phy-

dose of phenytoin intravenously and the drug is continued orally. A computed tomographic head scan is completely normal, and an electroencephalogram shows only nonspecific findings. The patient is very concerned about his risk of seizure recurrence. How might the resident proceed?

The Way of the Past

Faced with this situation as a clinical clerk, the resident was told by her senior resident (who was supported in his view by the attending physician) that the risk of seizure recurrence is high (though he could not put an exact number on it) and that was the information that should be conveyed to the patient. She now follows this path, emphasizing

year is between 43% and 51%, and at 3 years the risk is between 51% and 60%. After a seizure-free period of 18 months his risk of recurrence would likely be less than 20%. She conveys this information to the patient, along with a recommendation that he take his medication, see his family doctor regularly, and have a review of his need for medication if he remains seizure-free for 18 months. The patient leaves with a clear idea of his likely prognosis.

A PARADIGM SHIFT

Thomas Kuhn has described scientific paradigms as ways of looking at the world that define both the problems that can legitimately be addressed and the range of admissible evidence that may

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2420 JAMA, November 4, 1992—Vol 268, No. 17 Evidence-Based Medicine—Evidence-Based Medicine Working Group

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A New Approach to Teaching the Practice of Medicine

Evidence-Based Medicine Working Group

A NEW paradigm for medical practice is emerging. Evidence-based medicine de-emphasizes intuition, unsystematic clinical experience, and pathophysiologic rationale as sufficient grounds for clinical decision making and stresses the examination of evidence from clinical research. Evidence-based medicine requires new skills of the physician, including efficient literature searching and the application of formal rules of evidence evaluating the clinical literature.

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An important goal of our medical residency program is to educate physicians in the practice of evidence-based medicine. Strategies include a weekly, formal academic half-day for residents, devoted to learning the necessary skills; recruitment into teaching roles of phy-

n 43% and 51%, and at 3
s between 51% and 60%.
-free period of 18 months
urrence would likely be
She conveys this infor-
patient, along with a rec-
that he take his medica-
nily doctor regularly, and
f his need for medication
izure-free for 18 months.
aves with a clear idea of
nosis.

nior resident (who was supported in his view by the attending physician) that the risk of seizure recurrence is high (though he could not put an exact number on it) and that was the information that should be conveyed to the patient. She now follows this path, emphasizing

A PARADIGM SHIFT

Thomas Kuhn has described scientific paradigms as ways of looking at the world that define both the problems that can legitimately be addressed and the range of admissible evidence that may

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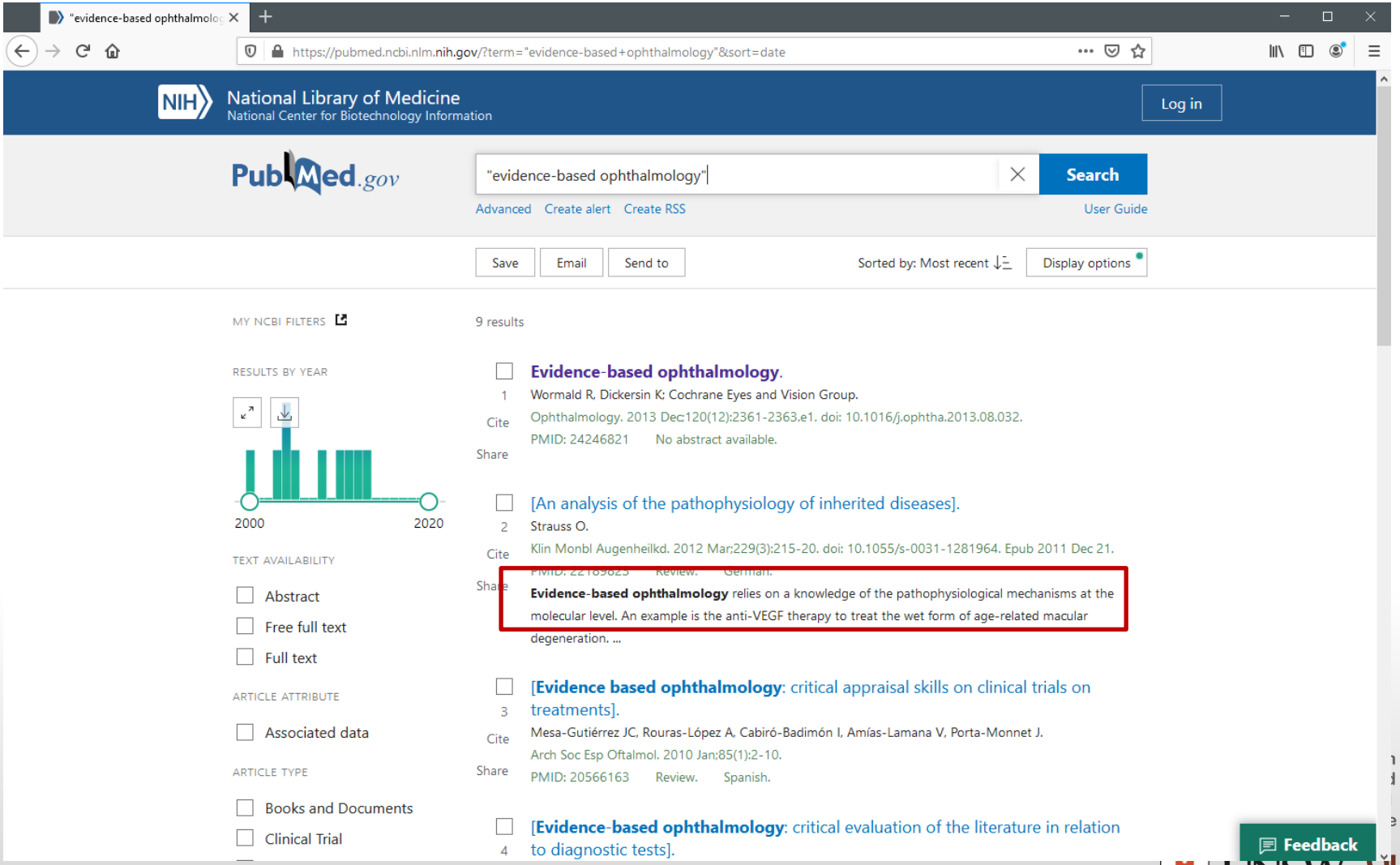
Is it different for *me*?



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EBM, by any other name....

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Is it different for *me*?

EBM, by any other name....

....make sure it is still EBM.

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10 minute RCT Update:

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10 minute RCT Update: Atropine for Myopia

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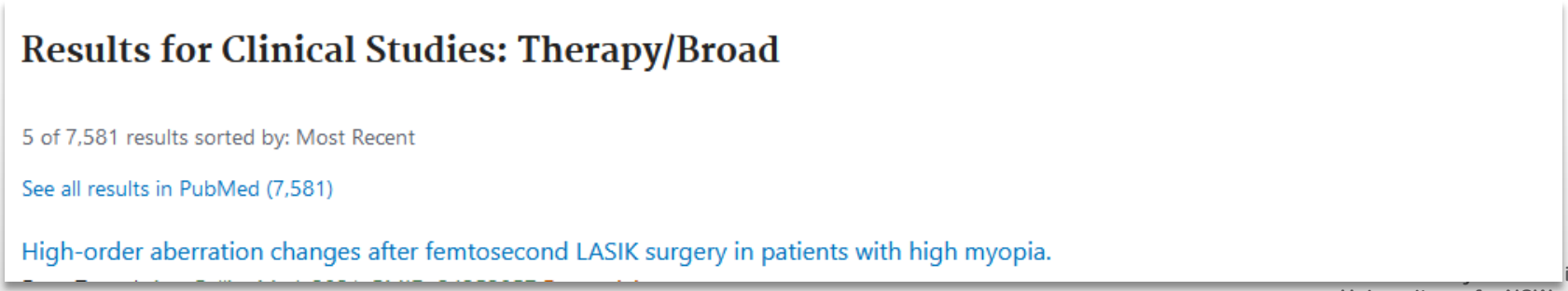

Results for Clinical Studies: Therapy/Broad

5 of 7,581 results sorted by: Most Recent

See all results in PubMed (7,581)

High-order aberration changes after femtosecond LASIK surgery in patients with high myopia.

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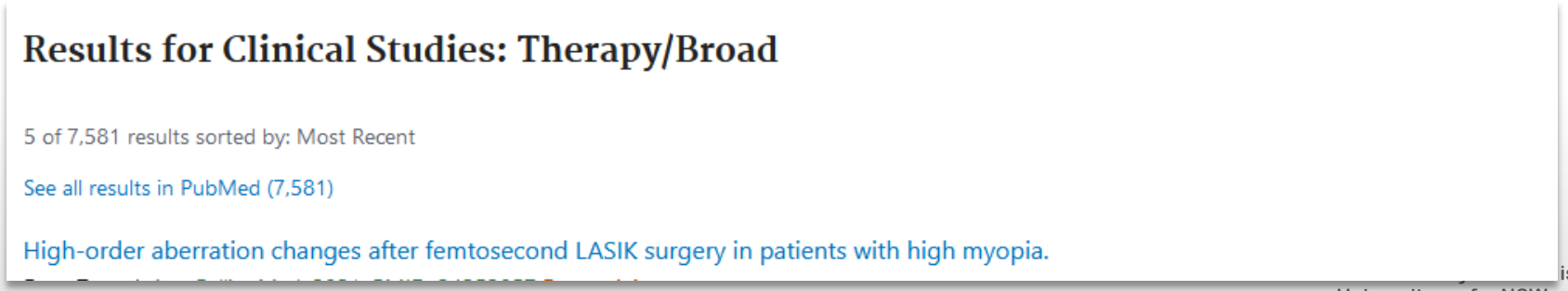

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Low-Concentration Atropine for **Myopia** Progression (LAMP) Study: A **Randomized**, Double-Blinded, Placebo-**Controlled Trial** of 0.05%, 0.025%, and 0.01% Atropine Eye Drops in **Myopia** Control.

Yam JC, Jiang Y, Tang SM, Law AKP, Chan JJ, Wong E, Ko ST, Young AL, Tham CC, Chen LJ, Pang CP.

Ophthalmology. 2019 Jan;126(1):113-124. doi: 10.1016/j.ophtha.2018.05.029. Epub 2018 Jul 6.

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438 children aged 4 to 12 of at least -1.0 D and astigmatism of -2.5 or less randomised to: 0.05%, 0.025%, 0.01% atropine or placebo

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   - 438 subjects recruited, 383 subjects (87%) followed to primary outcome

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93%(102/109)	84%(91/108)	88%(97/110)	84%(93/111)

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> 20% loss to follow-up is major flaw.

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Results and conclusion:

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Primary question, compared to placebo, does treatment effect persist until 12 months , as assessed by SE?

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SE		Baseline	1 year	Change	Lower 95% CI	Upper 95% CI
0.05	102	-3.98	-4.25	-0.27	-0.39	-0.15
0.025	91	-3.71	-4.17	-0.46	-0.55	-0.37
0.01	97	-3.77	-4.36	-0.59	-0.71	-0.47
placebo	93	-3.85	-4.66	-0.81	-0.92	-0.70

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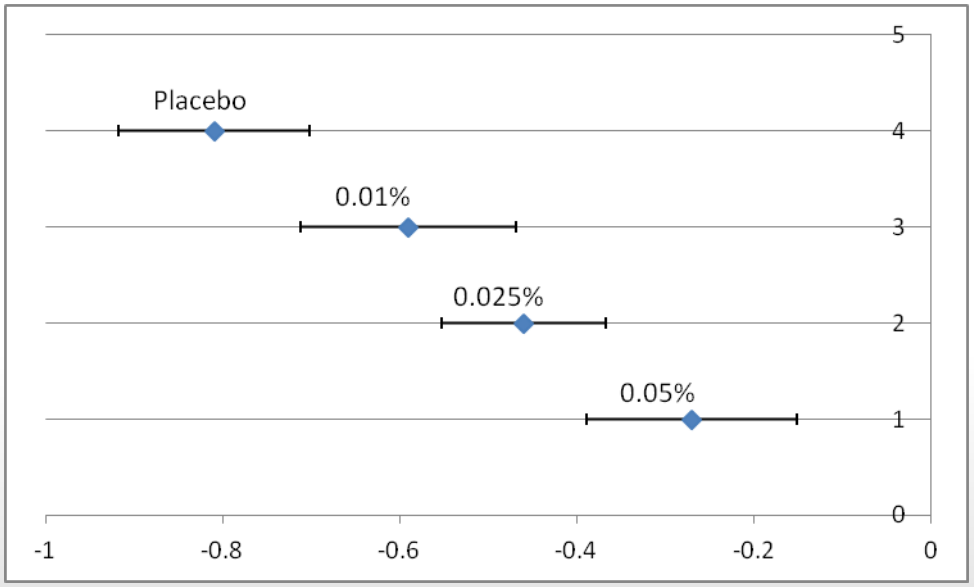

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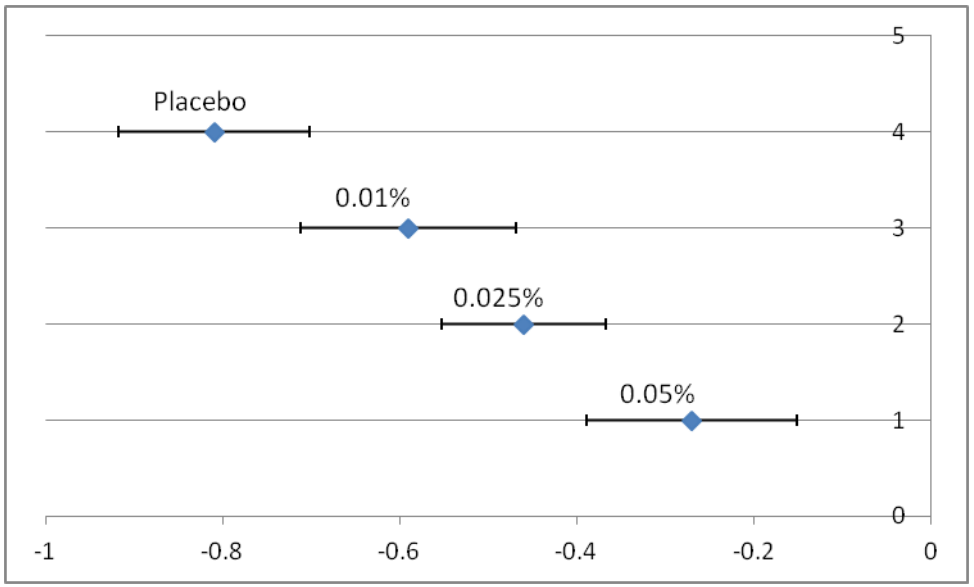

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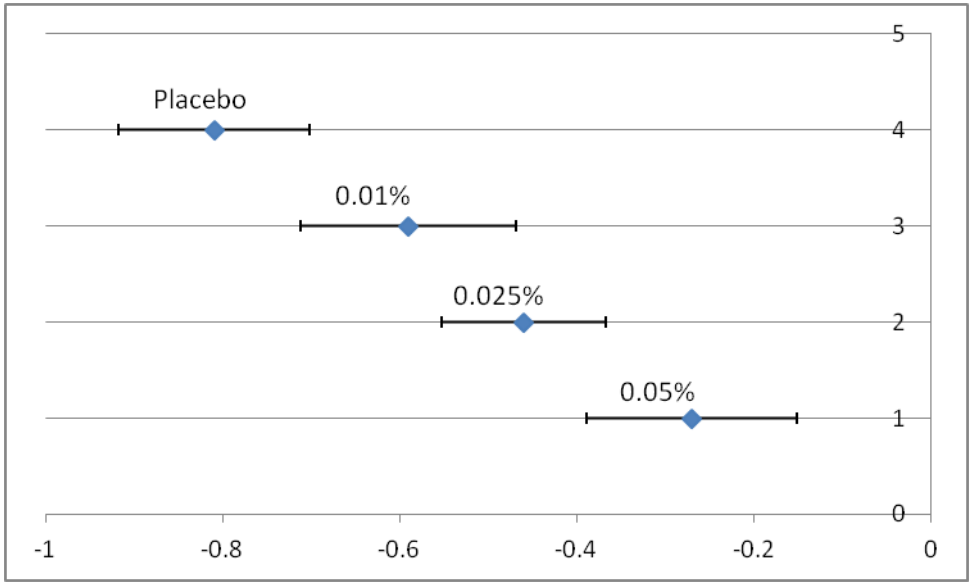

If 95% Confidence Intervals overlap, results are not significantly different.

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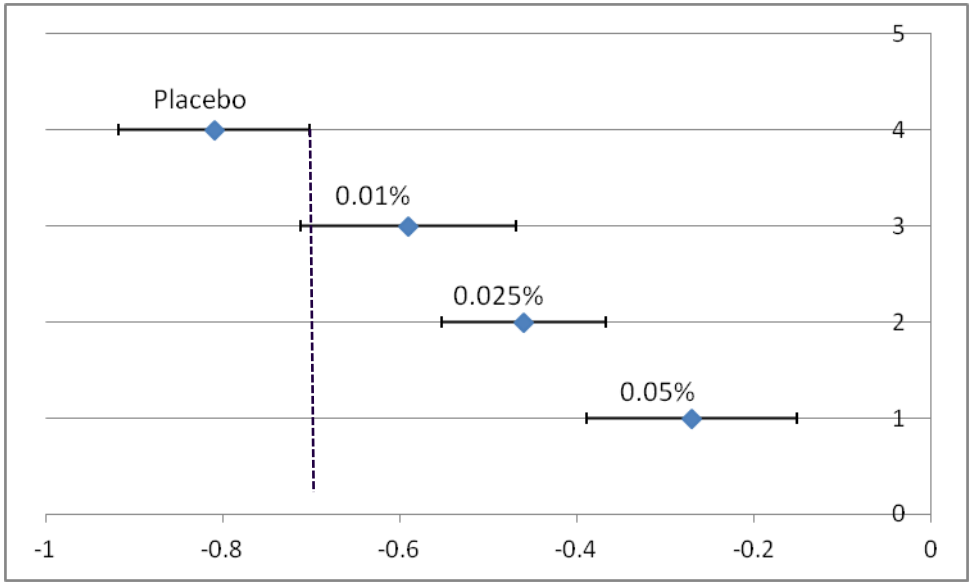

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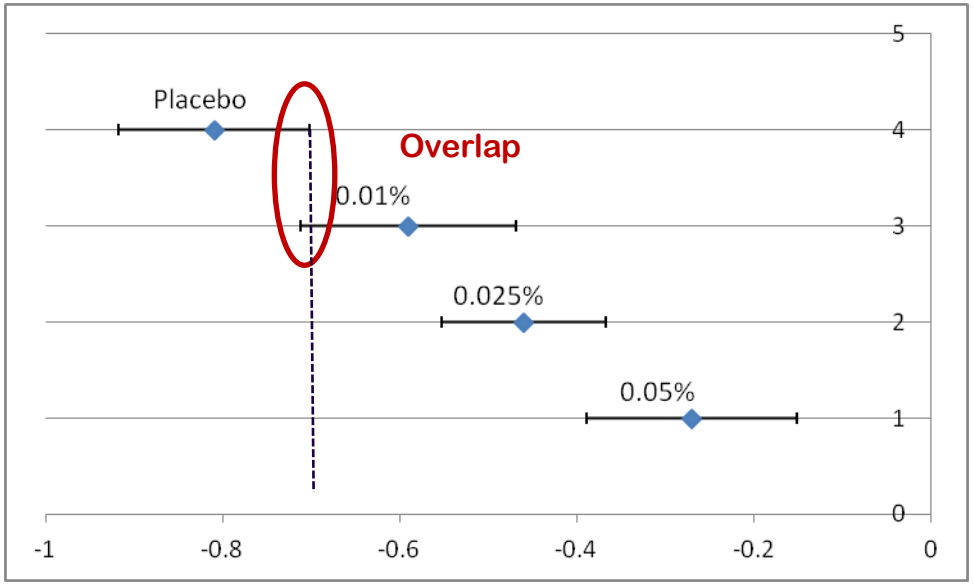

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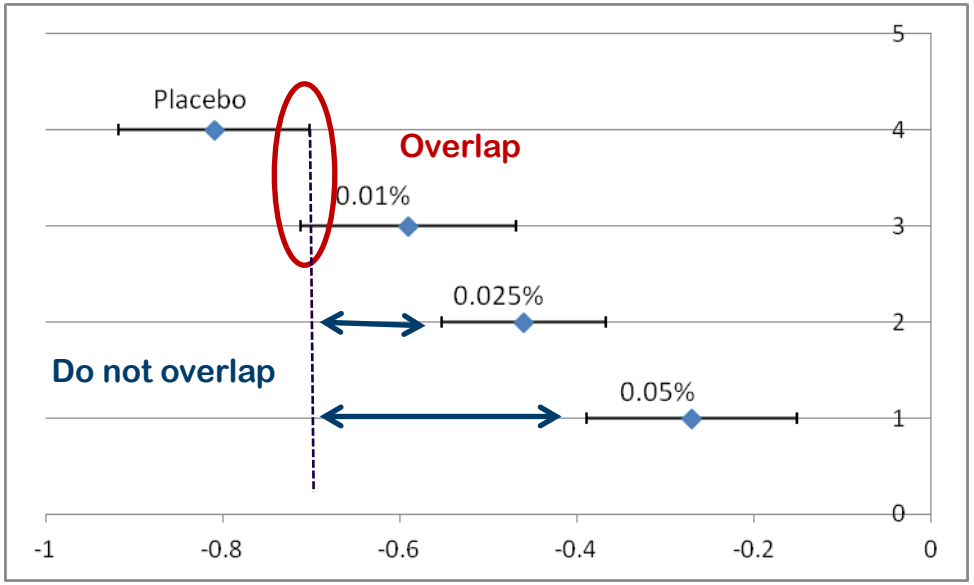

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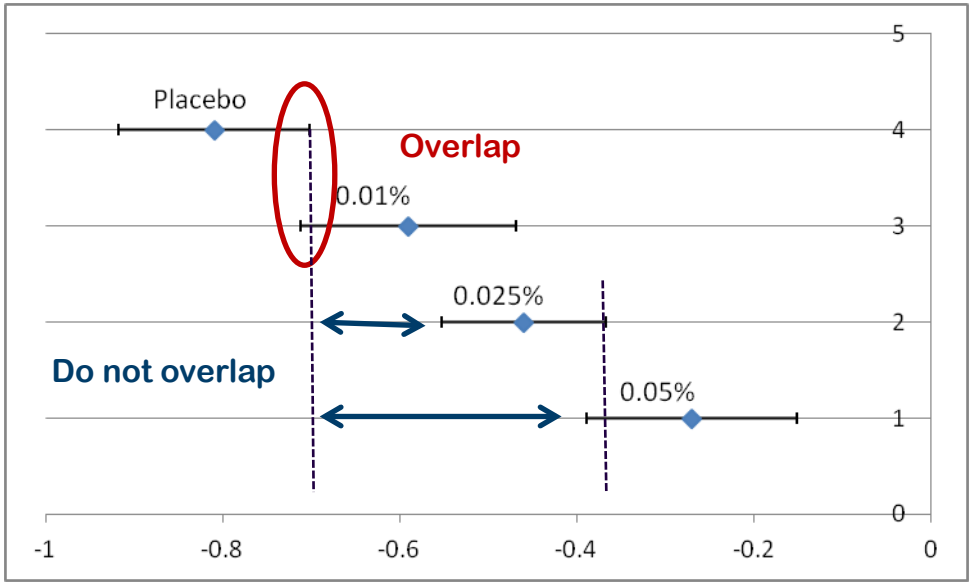

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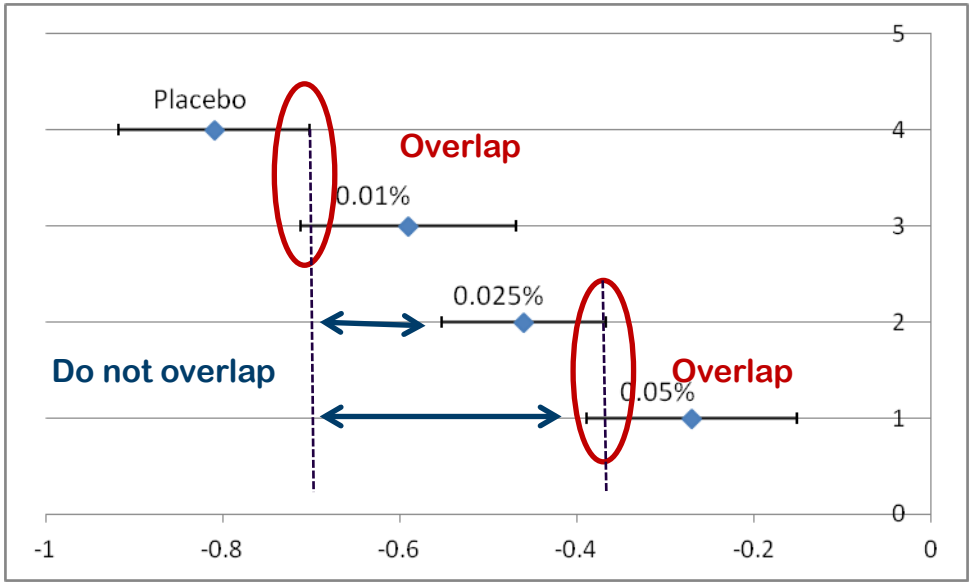

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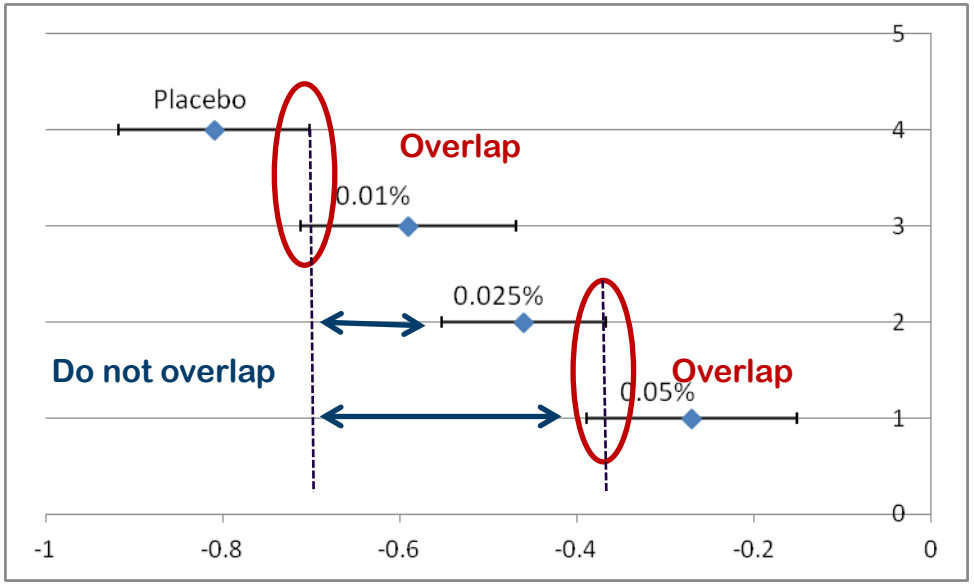

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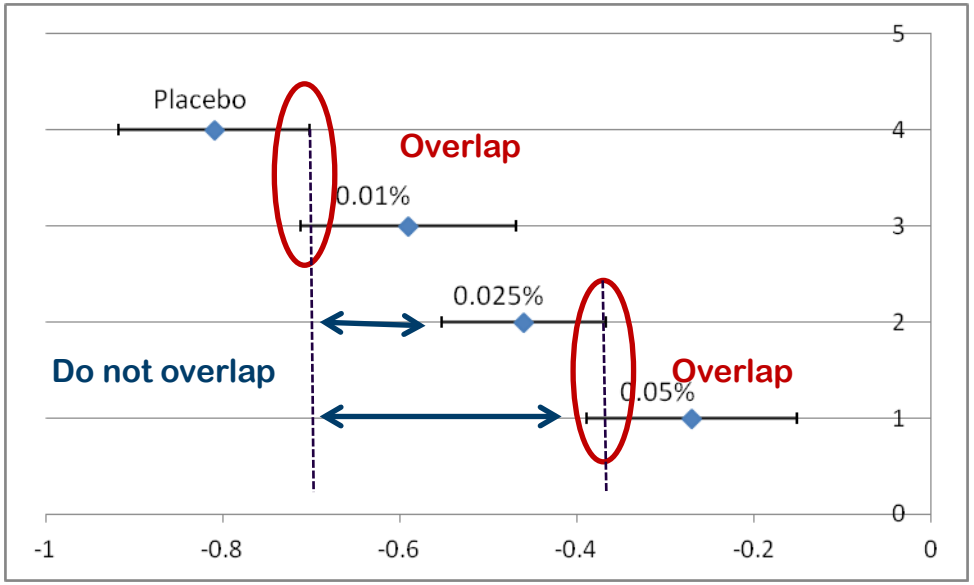

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More appropriate conclusion: ***Both*** **0.025% and 0.05% atropine differ significantly from placebo at 1 year with regards to SE.** ***But they do not differ significantly from each other with regards to the primary outcome SE, (or AL).***

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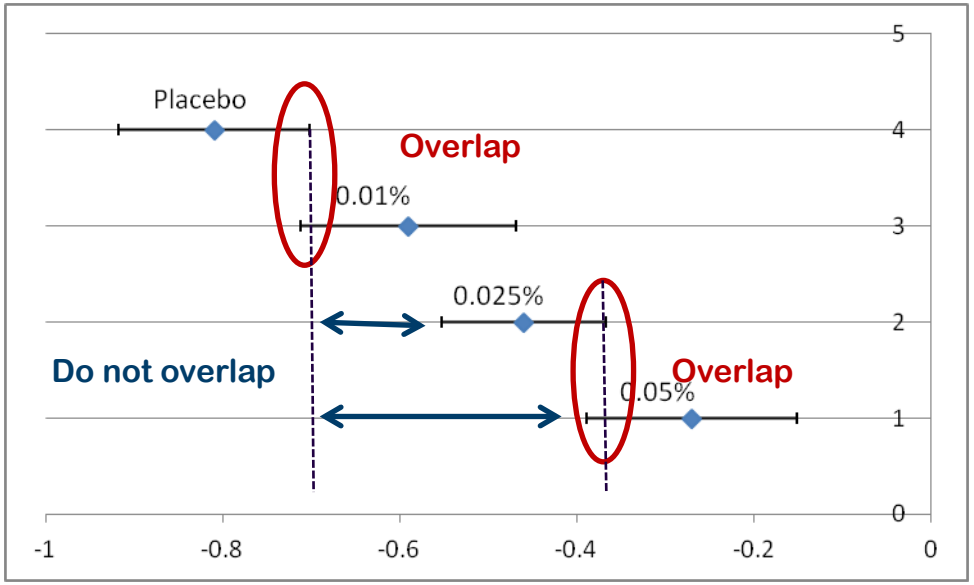

If 95% Confidence Intervals overlap, results are not significantly different.

Author concludes: "0.05% atropine was most effective in controlling SE"

More appropriate conclusion: ***Both*** **0.025% and 0.05% atropine differ significantly from placebo at 1 year with regards to SE.** ***But they do not differ significantly from each other with regards to the primary outcome SE, (or AL).***

Both are potentially viable doses.

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10 minute RCT Update: Atropine for Myopia

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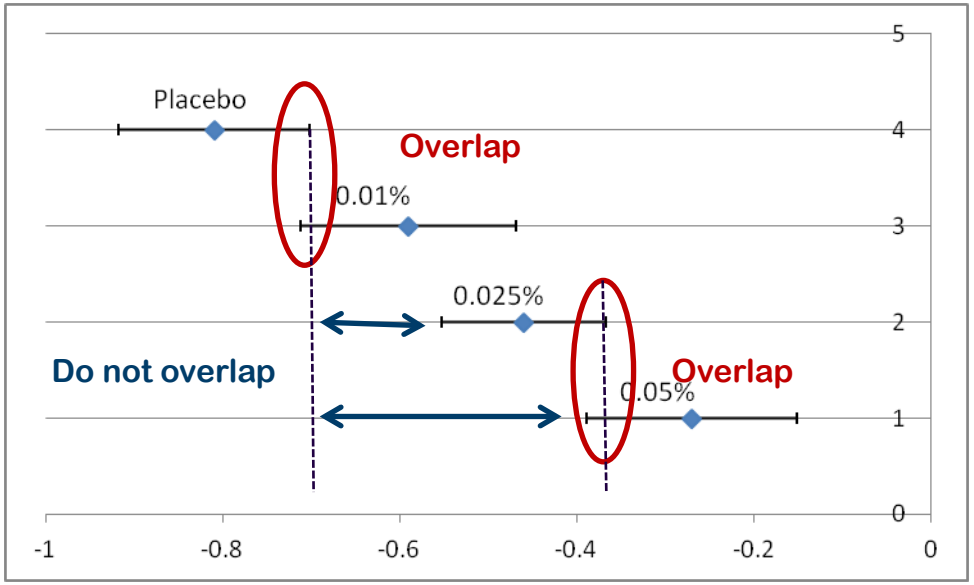

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Now we know Validity and Results we can discuss clinical context….

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Summary: What is EBM?

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A new way of teaching the practice of medicine :

Evidence-based medicine requires new skills for the physician, skills that training programs should be equipped to teach.....

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Evidence-Based Medicine Working Group. Evidence-Based Medicine A New Approach to Teaching the Practice of Medicine. *JAMA* **1992**;268(17):2420-2425.

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Questions?

www.EvidenceBased.net

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