Evidence-based medicine



Gordon S. Doig PhD (Epidemiology and Biostatistics) Head of Research, Centre for Eye Health, Associate Professor, School of Optometry and Vision Science, University of New South Wales, Australia www.centreforeyehealth.com.au 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

- 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.

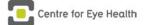


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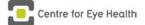
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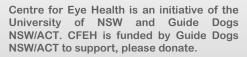


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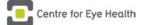




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In the early 1990's these two worlds collided





McMaster meets MEDLINE:





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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 phydose 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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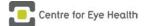
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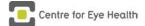
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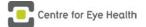




Two *new* core skills:

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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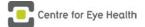


Two new core skills:

- 1. Learn (and teach) how to conduct an efficient search of the literature and;
- 2) Apply and trust a set of formal rules of evidence to identify valid studies (critical appraisal).

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 - Always use PubMed and always use the PubMed Clinical Queries feature





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











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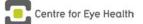


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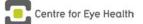




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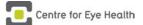
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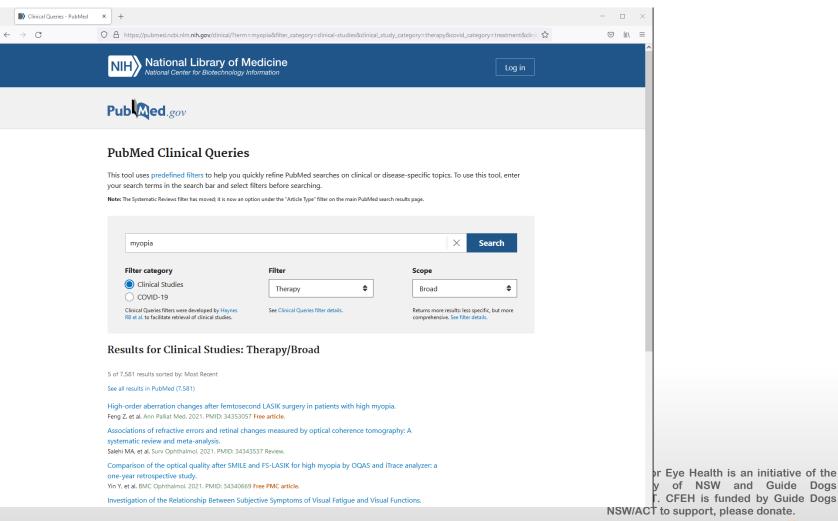




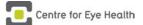
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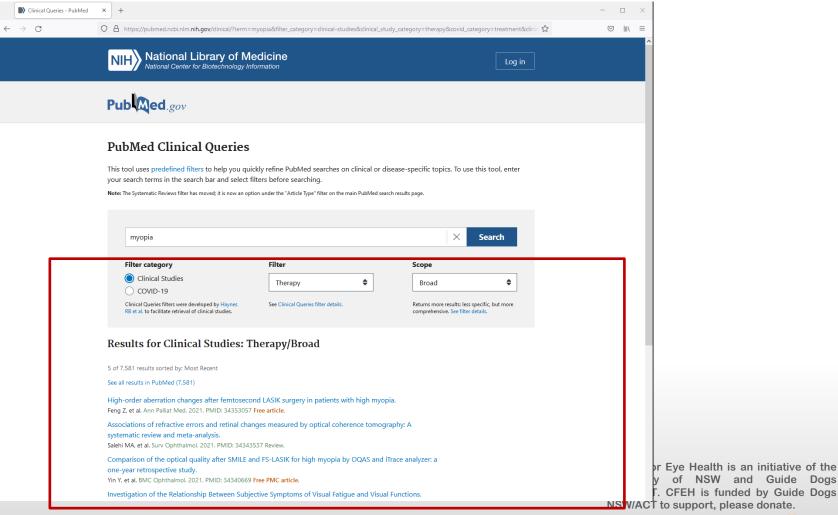




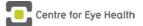


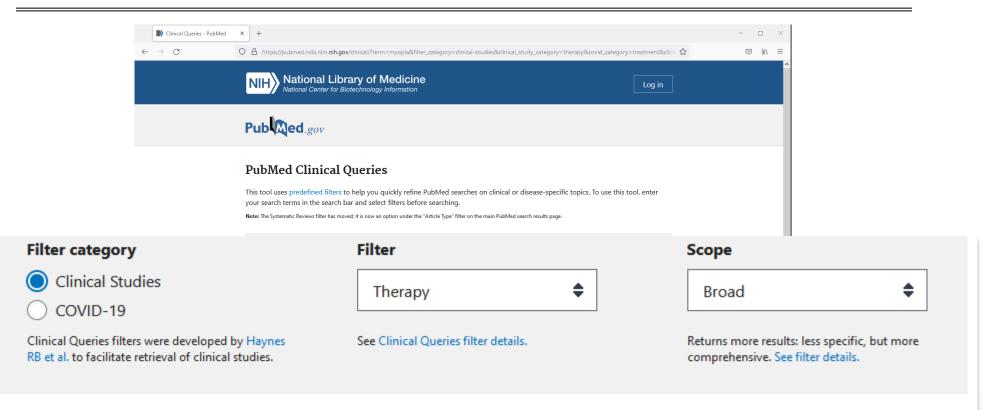










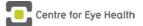


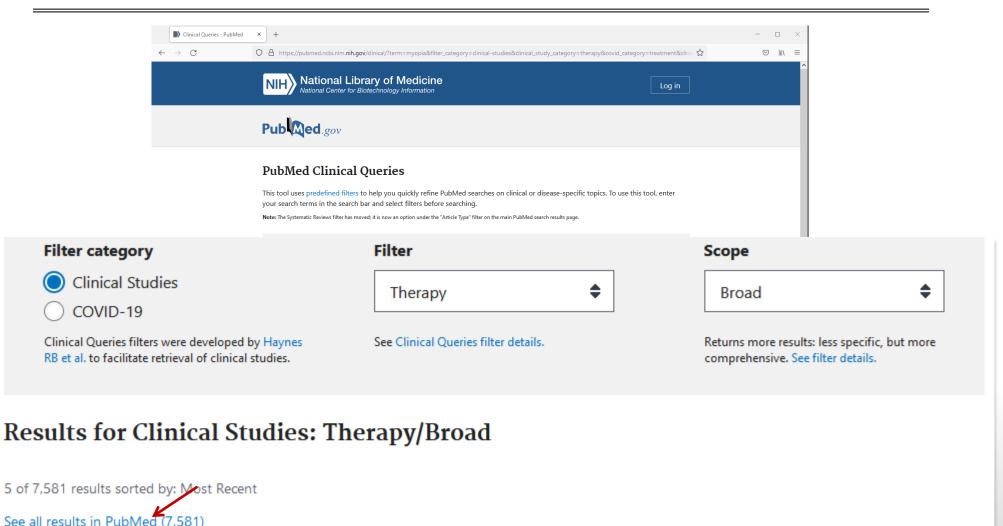
#### Results for Clinical Studies: Therapy/Broad

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





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



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- 1. Learn (and teach) how to conduct an efficient search of the literature and;
  - Always use PubMed and always use the PubMed Clinical Queries feature
  - *Always* make sure your search terms map to MeSH headings





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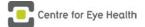




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P Kang, M Kalloniatis, GS Doig. Using Updated PubMed: New Features and Functions to Enhance Literature Searches. JAMA 2021; 326(6):479-480. https://doi.org/10.1001/jama.2021.12021





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





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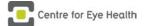


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If the study is not valid, throw it out!!!









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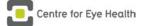
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2420 JAMA, November 4, 1992-Vol 268, No. 17

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 phydose 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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JAMA, November 4, 1992-Vol 268, No. 17 2420

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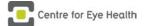
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EBM, by any other name....





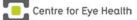
EBM, by any other name....

....make sure it is still EBM.

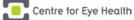






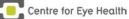






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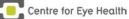




Updated PubMed search was conducted using the following terms:

("randomized controlled trial"[Publication Type] OR (("randomized"[Title/Abstract] AND "controlled"[Title/Abstract]) AND "trial"[Title/Abstract]))

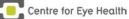




Updated PubMed search was conducted using the following terms:

("randomized controlled trial"[Publication Type] OR (("randomized"[Title/Abstract] AND "controlled"[Title/Abstract]) AND "trial"[Title/Abstract])) AND (("myopia"[MeSH Terms] OR "myopia"[All Fields]) OR "myopias"[All Fields])



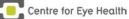


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Lokker C, Haynes RB, Wilczynski NL, McKibbon KA, Walter SD. Retrieval of diagnostic and treatment studies for clinical use through PubMed and PubMed Clinical Queries filters. *J Am Med Inform Assoc*. 2011 PMID:21680559.





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**Results for Clinical Studies: Therapy/Broad** 

5 of 7,581 results sorted by: Most Recent

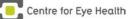
See all results in PubMed (7,581)

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

is an initiative of the

University of NSW and Guide Dogs NSW/ACT. CFEH is funded by Guide Dogs NSW/ACT to support, please donate.





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("randomized controlled trial"[Publication Type] OR (("randomized"[Title/Abstract] AND "controlled"[Title/Abstract]) AND "trial"[Title/Abstract])) AND (("myopia"[MeSH Terms] OR "myopia"[All Fields]) OR "myopias"[All Fields])

Lokker C, Haynes RB, Wilczynski NL, McKibbon KA, Walter SD. Retrieval of diagnostic and treatment studies for clinical use through PubMed and PubMed Clinical Queries filters. *J Am Med Inform Assoc*. 2011 PMID:21680559.

PS - all I really did was type 'myopia' into the Clinical Queries Filter of PubMed!!!

#### Scroll through retrieved titles until I find most recent RCT on Atropine:

**Results for Clinical Studies: Therapy/Broad** 

5 of 7,581 results sorted by: Most Recent

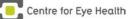
See all results in PubMed (7,581)

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

is an initiative of the

University of NSW and Guide Dogs NSW/ACT. CFEH is funded by Guide Dogs NSW/ACT to support, please donate.





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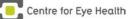
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Low-Concentration Atropine for **Myopia** Progression (LAMP) Study: A **Randomized**, Double-Blinded, Placebo-**Controlled Trial** of 0.05%, 0.025%, and 0.01% Atropine Eye Drops in **Myopia** Control.

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.

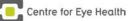




438 children aged 4 to 12 of at least -1.0 D and astigmatism of -2.5 or less randomised to: 0.05%, 0.025%, 0.01% atropine or placebo

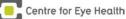
Primary outcome reported as change in SE at 1 year follow-up.





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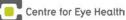
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  - Unclear how patients were randomised.





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# 10 minute RCT Update: Atropine for Myopia

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0.05%	0.025%	0.01%	Placebo
93%(102/109)	84%(91/108)	88%(97/110)	84%(93/111)



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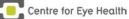
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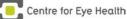
0.05%	0.025%	0.01%	Placebo		
93%(102/109)	84%(91/108)	88%(97/110)	84%(93/111)		
> 20% loss to follow-up is major flaw.					





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Results and conclusion:



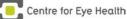


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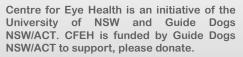
**Results and conclusion:** 

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

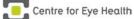




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- Primary outcome reported as change in SE at 1 year follow-up.
- **Results and conclusion:**
- Author concludes "0.05% atropine was most effective in controlling SE" however, overall conclusions reached are not supported by data presented.

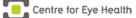






Primary question, compared to placebo, does treatment effect persist until 12 months , as assessed by SE?

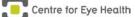




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SE	Bas	seline 1 y	ear Ch	ange	Lower 95% CI U	pper 95% Cl
0.05	102	-3.98	-4.25	-0.27	-0.39	-0.15
0.025	91	-3.71	-4.17	-0.46	-0.55	-0.37
0.01	97	-3.77	-4.36	-0.59	-0.71	-0.47
placebo	93	-3.85	-4.66	-0.81	-0.92	-0.70

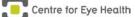




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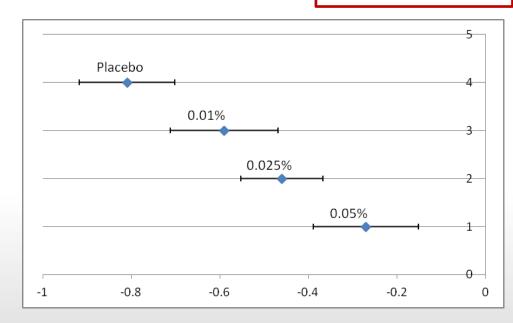
SE	Baseline 1 year		ear Ch	ange	Lower 95% Cl Upper 95% Cl	
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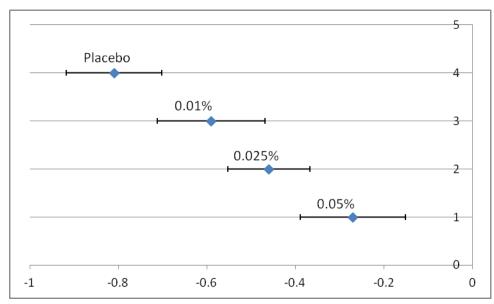
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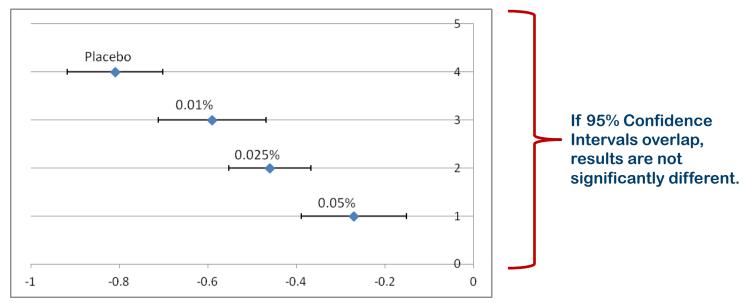


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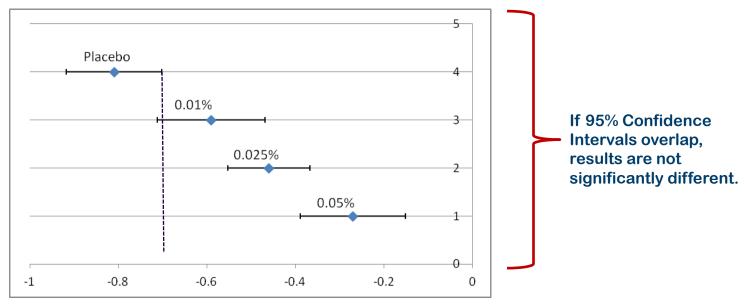


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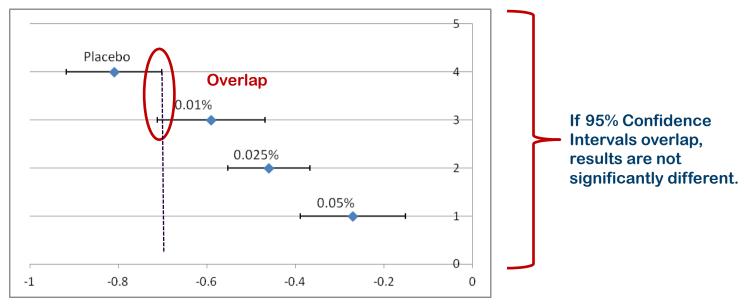


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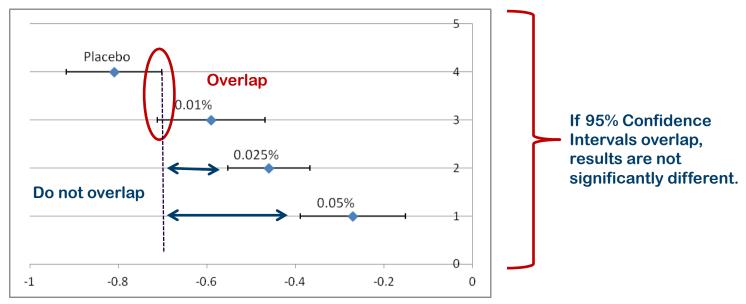


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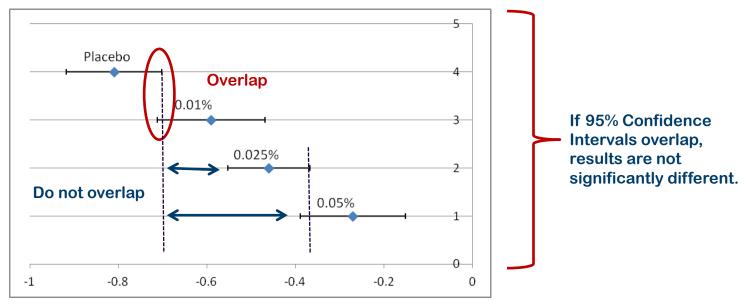


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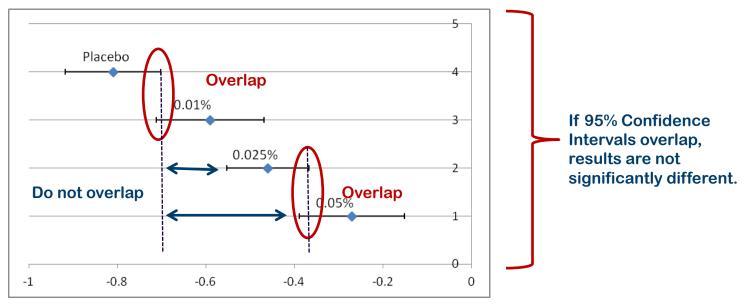


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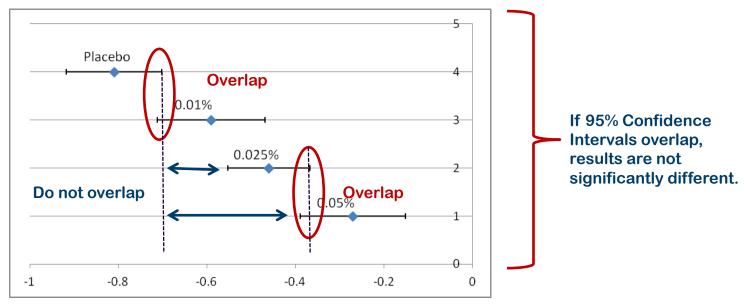
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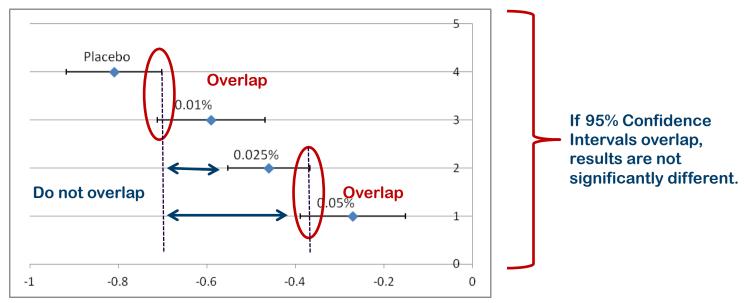


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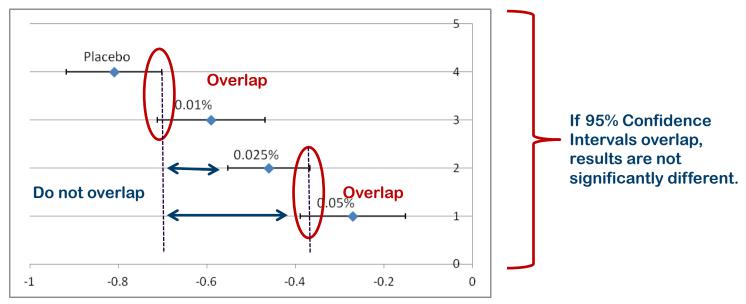


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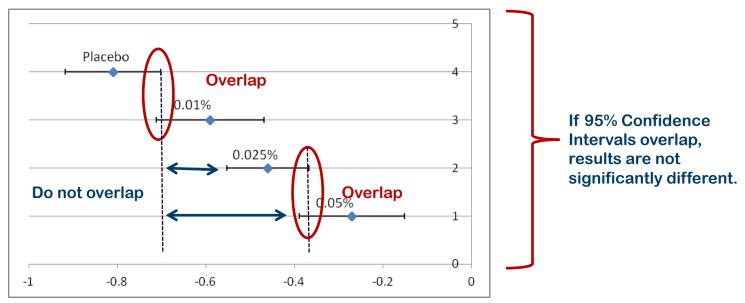


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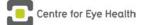
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Now we know Validity and Results we can discuss clinical context....









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.....

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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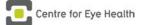
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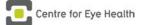
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#### **Questions?**



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