Evidence-Based Medicine

Speaker: Yu-Xuan Lin Date: 2017.02.18



Two fundamental questions...

- What is the purpose of medicine?
- How do I decide what to do?

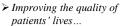


You have to know where you're going before deciding how to get there...



What is the purpose of medicine?

- · Patient care
- · Public health
- · Research
- > Improvi.
 patients







What is "Evidence-Based Medicine?"



Evidence based medicine is...

> Tracking down the best external evidence with which to answer our clinical questions...

Evidence-based medicine is the conscientious explicit and judicious use of current best evidence in making decisions about the care of individual patients.

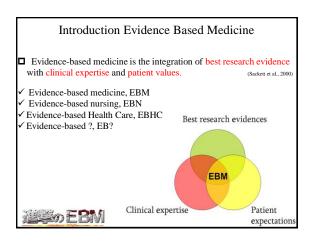
J Trauma Acute Care Surg. 2013 Dec;75(6):927-35.

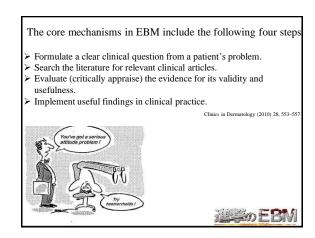


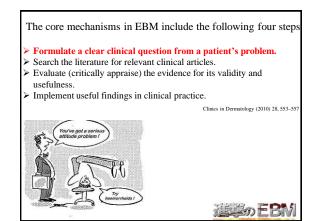


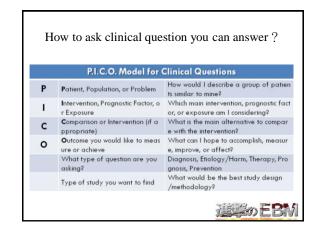
引用一位哈佛醫學院院長對畢業生的一段演講:"恭喜各位同學順利畢業,但是我有二個壞消息要告訴大家:第一個是你們現在所學的知識,有三分之一在五年後會變成過時的,甚至是錯誤的;第二個是,到底是哪三分之一,需要靠大家去發現。

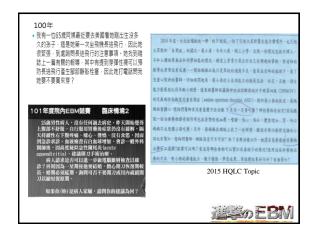




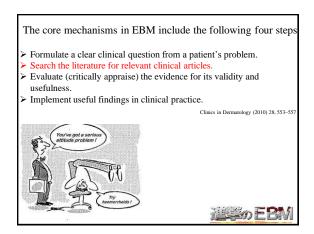








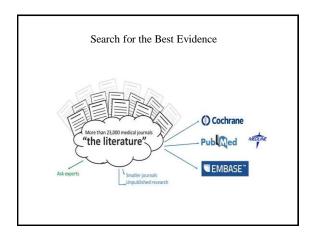
	實證醫學類文獻查證銀評分項	B				
項目(報查)			给分			
	1.清楚描述病人(族群)及疾病	5	4	3	2	1
PICO 的質與量 10%	2.清楚描述主要/其它的介入處置或暴露因素	5	4	3	2	1
	3.正確指出結果成效的測量指標	5	4	3	2	1
	1.關鍵字使用合適	5	4	3	2	1
	2.清楚的数建检索策略	5	4	3	2	1
方法與分析 30%	3.利用各種檢索功能提昇搜導效率	5	4	3	2	1
	4.清楚地描述挑選文獻的理由	5	4	3	2	1
-	1. 正確使用文獻評讀指南工具	5	4	3	2	1
最格的文獻	2.正確且嚴謹的評讀「效度」(validity)	5	4	3	2	1
5年線 35%	3.是確且嚴謹的評讀「效益」(importance)	5	4	3	2	1
2000000	4.正確的整合及評定證據等級	5	4	3	2	1
	1.是否能應用在本案例及類似的病人上	5	4	3	2	1
接權之臨床	2.是否考虑到成本效益	5	4	3	2	1
應用 20%	3.描述不同臨床決策對醫療品質的影響	5	4	3	2	1
	4.有考量病人觀點	5	4	3	2	1
现场表现	1.報告內容來統分明、前後進貫	5	4	3	2	1
5%	2.圖表文字清晰簡明,易於瞭解	5	4	3	2	1
加分項目 2%	1.國際的呈現千法劃新	2		1		0











How to choose the right format for your research?

Here are some tips to help you choose the right format for your research

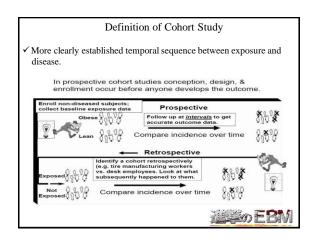
Know that the types of publications are different fields.
Example:
-social sciences > Empirical study

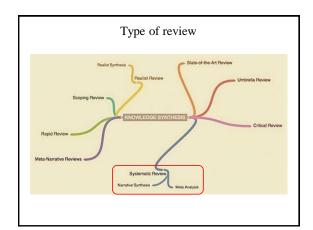
Remember that not all journals publish all types of articles.

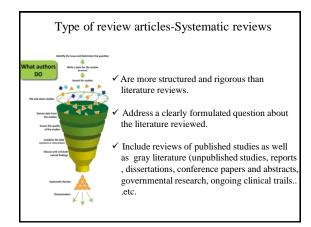
Look at the journal's author guidelines for details about the types of articles accepted.

Speak to your supervisors or senior colleagues for advice.

Type of question	Suggested best type of study		
Therapy	RCT>Cohort>case control>case series		
Diagnosis	Prospective, blind comparison to a gold standard		
Etiology/Harm	Cohort>case control>case series		
Prognosis	Cohort study>case control>case series		
Prevention	RCT>Cohort>case control>case series		
Clinical Exam	Prospective, blind comparison to a gold standard		
Cost	Economic analysis		







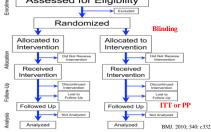
Definition of Meta-analysis Meta-analysis is a quantitative approach for systematically combining results of previous research to arrive at conclusions about the body of research. • Quantitative: numbers • Systematic: methodical • Combining: putting together • Previous research: what's already done • Conclusions: new knowledge In a Meta-analysis, each study becomes a subject in the new study. Therefore, the mean of study one becomes the score for subject one and so on.

Narrative reviews, systematic reviews and Meta-Analysis

- ✓ Narrative Reviews: traditional expert review subjective, no formal rules in selecting studies, no standard statistical methods for combing studies.
- ✓ Systematic Review: review in which there is a comprehensive search for relevant studies on a specific topic and those identified are then appraised and synthesized according to a predetermined and explicit method
- Meta-Analysis: systematic review that employs statistical methods (a quantitative summary) to combine and summarize the results of several studies.

RCT are quantitative, comparative, controlled experiments in which investigators study two or more interventions in a series of individuals who receive them in random order. Assessed for Eligibility Exclusive

Definition of Randomized controlled trial



What is a blinded study?

- This approach avoids bias because when people know what they are taking, it might change the way they react.
 - In a single blinded study, the patient does not know which arm of the protocol
 they have been assigned to.
- Double blinded studies are those studies where neither the patient or the research
 physician know whether the patient is receiving the actual study drug or standard
 drug.



What is Bias?

The RCT is one of the simplest and most powerful tools in clinical research

Any trend in the collection, analysis, interpretation, publication or review of data that can lead to conclusions that are systematically different from the truth. $_{\rm Last,\ 2001}$

A process at any state of inference tending to produce results that depart systematically from the true values.

Fletcher et al. 1988

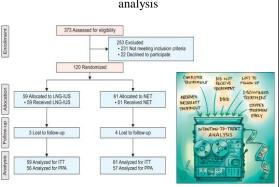
Systematic error in design or conduct of a study. Szklo et al, 2000

Bias

- ✓ Selection bias
- ✓ Performance bias
- ✓ Attrition bias
- ✓ Detection bias



Intention to treat (ITT) analysis and Per-protocol (PP) analysis



The core mechanisms in EBM include the following four steps

- ➤ Formulate a clear clinical question from a patient's problem.
- Search the literature for relevant clinical articles.
- Evaluate (critically appraise) the evidence for its validity and usefulness.
- Implement useful findings in clinical practice.

Clinics in Dermatology (2010) 28, 553-557





Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
low common is the roblem?	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances.**	Local non-random sample**	Case-series**	n/a
s this diagnostic or nonitoring test occurate? Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard"*	Mechanism-basi reasoning
What will happen if we do not add a herapy? Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case- control studies, or poor quality prognostic cohort study**	n/a
loes this intervention help? Treatment Benefits	Systematic review of randomized trials or n-of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-basi reasoning
Vhat are the OMMON harms? Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, as af-1 mal with the patient you are raising the question about, or observational study with dramatic affect.	study with dramatic effect	Non-motomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-basi reasoning
What are the RARE narms? Treatment Harms)	Systematic review of randomized trials or e-of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
s this (early letection) test worthwhile? Screening)	Systematic review or randomized brials	eancomizes trial	Non-randomized controlled controllen-up study**	case-series, case-controlled or historically controlled studies**	reasoning
** As always, a sys How to cite the Lev OCESM Levels of Evil Oxford Centra for Evil	the absolute effect size is very ar- ternatic review is generally better els of Evidence Table ence Working Group*. "The Oxford 21 Sence-Based Neddone. http://www.co	nall; Level may be graded up in them an individual study. 311 Levels of Evidence". frm.net/index.espx?c=3653	a (aludy PICO does not match questions PICO f there is a large or very large effect size. Yeavy, Paul Glissrin, Train Greenhalph, Carl Home		

2.	** 非連續性研究 成 沒有 使用一致的學生(資金) 推進的研究** 定 世代研究 成 隨機對版 研究的控制如**	發揮等級 4" 系列病例報告** 病例對照試驗, 核品質 成 無獨立年考標準的研 完* 系列病例報告。病例對 就試験 表 然品質的強 被型使研交**	設在年級 5* n/a 总价基本在保险按明 n/a
我研究 標準及冒近的新代研究 可以用文 的数(Inception)进代研 CT) 或 随线到级效率 或有最	E 使用一致的参考(资金) 推集的研究** 克 世代研究 成 随我對放 研究的控制组**	及 無猶立本考樣準的研究** 京列病例報告, 病例對 短試驗 或 然品質的語	
CT & 随线對照試験 近 有展	研究的技制组**	照试验 炎 医品質的語	n/a
	申结典控制的世代/运 箱		
PL or All	研究**	及判案例報告, 病例對 原試驗 或 歷史對照試 檢**	基价基本原理的推测
of-1) ⁰⁰		东河病例核告,病例到 斑状验 或 歷史到班政 檢**	暴於基本原理的推斷
驗 著傷害的異常觀察型品			
CT)的非 - 线线野丝状态	非随模控制的世代/迫放 研究**	直列病例数告。病例到 以试验 或 歷史到班以 始**	基价基本原理的推断
	版。通典、海域等中的資金製物の (中国) 一年 (中国) 一年 (中	原 通常 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	版 通報 美名音等有限数据 神文 L を集削機 展 現場 東東州県区 中間 日本







Characteristics of Clinical Trail

> Usually medical or clinical studies on human volunteers, these investigations follow a pre-determined research protocol.

Can be of two broad types:

- -**Observational** (investigators observe the participants)
- -Interventional (participants receive specific treatments or interventions)