

Resource corner

Clinical Evidence. London: BMJ Publishing Group; Philadelphia: American College of Physicians—American Society of Internal Medicine; 2000.*



The publication of *Clinical Evidence* is a major event in the process of assisting clinicians in making their practices evidence based. Its aims are precise: to provide evidence to assist clinicians in answering the questions most relevant to clinical practice and to highlight areas where that evidence is lacking. The book does not aim to make recommendations, nor does it judge effectiveness or cost-effectiveness. Both beneficial and harmful effects of therapy are presented, but clinicians are left to translate these effects into an estimate of effectiveness for the individual patient.

An explicit and multilayered approach was used in the systematic retrieval and appraisal of the evidence in this text. Topics were chosen from national data on morbidity and mortality, with advice from clinicians and patient groups. Questions were selected for relevance and formulated by editors and contributors in collaboration with primary care physicians and patients. Contributors searched for the evidence to answer these questions, using, as a minimum, the *Cochrane Library*, Medline, and EMBASE/Excerpta Medica. Searches initially focused on looking for good quality systematic reviews and, failing this, went on to well designed primary studies. Retrieved articles were appraised by using validated methodologic criteria. Evidence from these articles was assembled, summarised, and reviewed by 4 groups of experts, including clinicians with expertise in clinical epidemiology. Finally, the text was checked against the original studies for accuracy.

The contents of this book are generally organised by clinical area, including infectious diseases; endocrine diseases; mental health; neurological disorders; eye diseases; diseases of the ear, nose, and throat; respiratory diseases; digestive diseases; skin diseases; wounds; musculo-skeletal diseases; gynaecologic disorders; urologic disorders; sexual health; breast diseases; child health; and cardiovascular diseases. Each section begins with a list of the questions addressed, some key points, and a list of interventions categorised according to their effectiveness. The focal point of each section is a selection of clinical questions and answers detailed enough to include summary statistics, confidence intervals, and references to the key overviews and primary studies. Treatment options are listed after each clinical question, and the benefits and harms of the intervention are summarised. Details on the benefits and harms are also provided in the text.

The clear layout of this book eases the reader through a complex structure. However, the concise writing makes this no easy read. Even the summaries are too complex for the book to be used during consultation with a patient either in primary care or on a ward round. It is better suited for those moments of reflection when the reader wants to review the management of a particular target disorder.

As yet, the contents of *Clinical Evidence* are limited, which the editors themselves point out. Despite the rigorous process used to identify topics and questions, there are omissions. For example, depression is included but not anxiety; neck pain but not low back pain. Furthermore, only questions about therapy are included thus far, but questions about diagnosis, prognosis, and aetiology may be addressed in the future. Finally, the evidence presented almost entirely omits questions about the organisation of health care. No doubt these important topics will be covered in future editions (which will be published biannually), but the expansion of the material will create a problem of size. An electronic version is planned for the year 2000 that will solve this problem for some readers but not for all. The present volume, however, has made an excellent start with therapy issues, which is where most clinical interest lies. Few clinicians or health care managers can afford to be without this book.

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Ratings for this resource

Methods/Quality of information: ★★★★★

Clinical usefulness: ★★★★★

Also published in *Evidence-Based Medicine*,
Evidence-Based Nursing and *ACP Journal Club*.

*This review is based on Version 1, June 1999.

Clinical Evidence can be purchased online at <http://www.evidence.org/> for £55/US\$115; the contents of the book can also be viewed on this site.



Netting the Evidence: A SchARR Introduction to Evidence-Based Practice on the Internet. *Netting the Evidence* is available at <http://www.shef.ac.uk/~scharr/ir/netting.html>.

Real time evidence-based practice is much more efficient when information can be found and retrieved online. The profusion of web sites and other electronic information sources, however, is so great that it is easy to get lost if you stray beyond such standard databases as Medline and the *Cochrane Library* or such favorites as the web site of the Centre for Evidence-Based Medicine (<http://cebim.jr2.ox.ac.uk/>).

Andrew Booth, Director of Information Resources at the School for Health and Related Research (SchARR) in Sheffield, UK, compiles and maintains *Netting the Evidence*. Although not stated explicitly, the goal of the web site is to provide a complete list of evidence-based practice resources available on the internet. No criteria are given for inclusion of resources, nor is information provided about how they are identified.

This vast collection of links to key web sites is arranged alphabetically. There are > 140 listings, each of which includes a short description of the resource with a link to it, and links to related resources are frequently provided. This extensive list is preceded by a link to “the latest articles on evidence based medicine from the Medline database.”

Listings available on the web site include the Arcus Statistical Package (downloadable statistical software), the Centre for Reviews and Dissemination, a very useful Core Library of Evidence Based Practice, a Critical Appraisal Resource Guide, Evidence Based Medicine Training Packages, the Health Technology Assessment Database, and many others. It includes every resource that I have ever used and many of which I have never heard. Some links, such as *Best Evidence*, only show you how to order the CD-ROM and do not provide online access to the resource. 1 site that I particularly enjoyed was Quackwatch (<http://www.quackwatch.com/>). Its purpose is to “combat health-related frauds, myths, and fallacies.”

This web site is easy to use but not quick: the absence of a search engine for the site is a major drawback. And even when you find a site that looks promising, sometimes links are not available. For example, Resources for Evidence Based Surgery (http://www.rcseng.ac.uk/public/infores/reso_ir.htm), which is maintained by the Royal College of Surgeons of England, had many unusable links. Furthermore, browsing can take a long time. I spent 30 minutes just getting a general idea of what was available (and printing it out covered 21 sheets of paper), so users in a hurry for information could easily become frustrated.

However, I have used this web site in the past and will continue to do so. It is most useful as a tool for finding resources that you want to return to. When I find a good site, I bookmark it and then access it directly. One other shortcoming of the site is the lack of explicit inclusion criteria for entries. In some ways it reminds me of a bookstore: it assembles a wide variety of resources in 1 place, and you can visit it to choose a few for your regular use. But it also has a bookstore’s drawbacks: you cannot be sure that it contains everything you might need, it takes time to find what suits you, and you might have to order some items and pay for them.

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