

The what, the how and the why: can we work together to change clinical practice?

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BMJ Knowledge

can we work together to change clinical practice?

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BMJ Knowledge

Plan for the session

- Introductions
- Background to BMJ Knowledge / Clinical Evidence
- What we might have in common with guideline providers and potential differences
- Interactive workshop to examine whether we have common interests and goals
- Possible ways forward?

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[Cardiovascular disorders](#)

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Acute myocardial infarction

Search date February 2003

Nicolas Danchin, Edoardo De Benedetti, and Philip Urban

Introduction

Key messages

Background

Which treatments improve outcomes in acute myocardial infarction?

Which treatments improve outcomes for cardiogenic shock after acute myocardial infarction?

SECTIONS

[Blood and lymph disorders](#)[Cardiovascular disorders](#)[Child health](#)[Digestive system disorders](#)[Ear, nose, and throat](#)

Introduction

We have evaluated the treatments for Acute myocardial infarction and categorised them according to the evidence on their benefits and harms.

Which treatments improve outcomes in acute myocardial infarction?

Beneficial

- [Aspirin](#)
- [Thrombolysis](#)
- [\$\beta\$ Blockers](#)
- [Angiotensin converting enzyme inhibitors](#)
- [Primary percutaneous transluminal coronary angioplasty versus thrombolysis \(performed in specialist centres\)](#)

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Angina (unstable)

Search date November 2002

Madhu Natarajan

[Introduction](#)
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[What are the effects of antiplatelet treatments?](#)
[What are the effects of antithrombin treatments?](#)
[What are the effects of anti-ischaemic treatments?](#)
[What are the effects of invasive treatments?](#)

SECTIONS

[Blood and lymph disorders](#)
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Clopidogrel/ticlopidine

Two RCTs have found that clopidogrel or ticlopidine reduce mortality and myocardial infarction compared with placebo or conventional treatment alone. One RCT found that clopidogrel increased major bleeding, but not haemorrhagic strokes, compared with placebo after 6–9 months. Ticlopidine may cause reversible neutropenia. These drugs may be an alternative in people who are intolerant of or allergic to aspirin.

[Benefits](#)
[Harms](#)
[Comment](#)

We found no systematic review. We found two RCTs comparing clopidogrel or ticlopidine versus placebo or conventional treatment.^{[2] [3]} The first RCT (12 562 people) compared clopidogrel (300 mg orally within 24 hours of onset of symptoms followed by 75 mg/day) versus placebo.^[2] It found that clopidogrel significantly reduced the combined outcome of death, myocardial infarction, and stroke after 9 months compared with placebo (AR 9% with clopidogrel v 11% with placebo; OR 0.8, 95% CI 0.7 to 0.9). The second RCT (652 people) found that ticlopidine plus conventional treatment significantly reduced the combined outcome of vascular deaths and myocardial infarction after 6 months

Non-english editions

- Spanish
- Italian
- Chinese
- French
- German
- Japanese
- Russian

Other potential opportunities

- **New Zealand:** CE & BT trials
- **Australia:** GPs start Sept 2004
- **Norway:** open access + BT + print 2005
- **Hungary:** CE trial and explore translation
- **Northern Ireland:** Print for all GPs
- **Wales:** CE open access

- **Scotland:** BMJ Knowledge package
- **Ireland:** exploring access for hospital doctors and GPs
- **Iceland:** trial of CE & BT
- **Sweden:** exploring
- **Italy:** began June 2004

Recent changes in *Clinical Evidence*


- Enhanced website
- CE introduced into UK Clinical system (EMIS)
- More guidance (not just the evidence)


Welcome to BestTreatments

We can help you find out which treatments really work. Our information comes from the *British Medical Journal's* worldwide survey of the best, most up-to-date medical research, used by doctors everywhere.

BestTreatments can help you and your doctor use the evidence from medical research to decide together which treatments are best for you.

Choose a condition below. Or check [What's coming next?](#)

 **Patients**
Choose a condition

 **Doctors**
Choose a condition

What we do

- We sort through hundreds of thousands of research studies to tell you which treatments work.
- We tell you which drugs work and what side effects they have.
- We tell you how other patients live with their condition.

What we don't do

- We don't give you information that's misleading or biased. We tell you what the research says.
- We don't take advertising.

Our information is based on [Clinical Evidence](#), which comes from the [BMJ Publishing Group](#).



Have you read about us in **BMJ**?

[Click here to help your patients understand risk](#)

Why do we focus on the evidence?

Some research studies are better than others. And it's important to use the best evidence when you're trying to decide which treatment to have.

Common attributes between CE and BT

- Rank treatments for effectiveness
- Key messages – the bottom line
- Shared evidence base
- Look at both benefits and harms of treatment
- Tell people when there is no evidence
- Focus on outcomes that matter
- Fully referenced
- Updated regularly

Things we do differently

- Language, tone, style
- In-depth background information
- Cover surgical operations and tests

Operations and tests

[HOME](#)

[CONDITIONS AND TREATMENTS](#)

[DECISION SUPPORT](#)

[OPERATIONS AND TESTS](#)

Eye surgery

More operations and tests

Cataract surgery

In this section

- [What is cataract surgery?](#)
- [What happens during the operation?](#)
- [How can this operation help me?](#)
- [What are the risks?](#)
- [What will happen if I choose not to have an operation?](#)
- [What other treatments are there?](#)
- [What can I expect after the operation?](#)

This information tells you about an operation to remove a cloudy lens (a cataract) in your eye. It explains how the operation is done, how it can help, what the risks are and what to expect afterwards.

The benefits and risks described here are based on research studies and may be different in your hospital. You may want to talk about this with the doctors and nurses treating you.

What is cataract surgery?

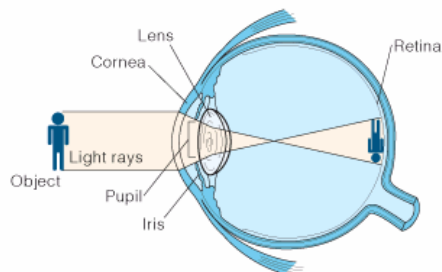


If you have a cataract it means the natural lens in your eye is cloudy. In a cataract operation your surgeon will remove the cloudy lens and put an artificial clear lens in its place.¹

Your **lens** sits behind the coloured part of your eye (the **iris**) and helps you to see things in focus.

In a normal eye, the natural lens is clear.

When you look at something, light comes into your eye through the hole in the centre (the



 [Print this page](#)

 [Print as leaflet \(PDF\)](#)





Struggling with appraisal and revalidation?

This free online service will guide you through the maze.

The site is for both GP principals and non-principals.

How to use this site

- Step 1: [Help with appraisal](#)
- Step 2: [My needs assessment](#)
- Step 3: [My plan and record](#).

If you have a username, log in here:

[Log in](#)

If you don't have a username, register here:

[Register](#)

If you have forgotten your username or password, or need help logging in, please [click here](#).

You can also [log in as a guest](#), with limited access.

Plan and record your learning

Identify your learning needs, [create your plan](#), and record what you learn.



Our 5 most popular learning resources.

- 1 [Hypertension: diagnosis and evaluation](#)
- 2 [Heart failure: an update on management](#)
- 3 [Alzheimer's disease: diagnosis](#)
- 4 [Hypertension: treatment](#)
- 5 [Accepting gifts and hospitality from drug companies](#)

The BMA has published [Appraisal: a guide for medical practitioners](#).

Learning resources

We have three types of learning resources for you to use.

[Just in time learning](#)

Review the essentials on everyday conditions.



[Interactive case histories](#)

Try a real life consultation.



[Read, reflect, respond](#)

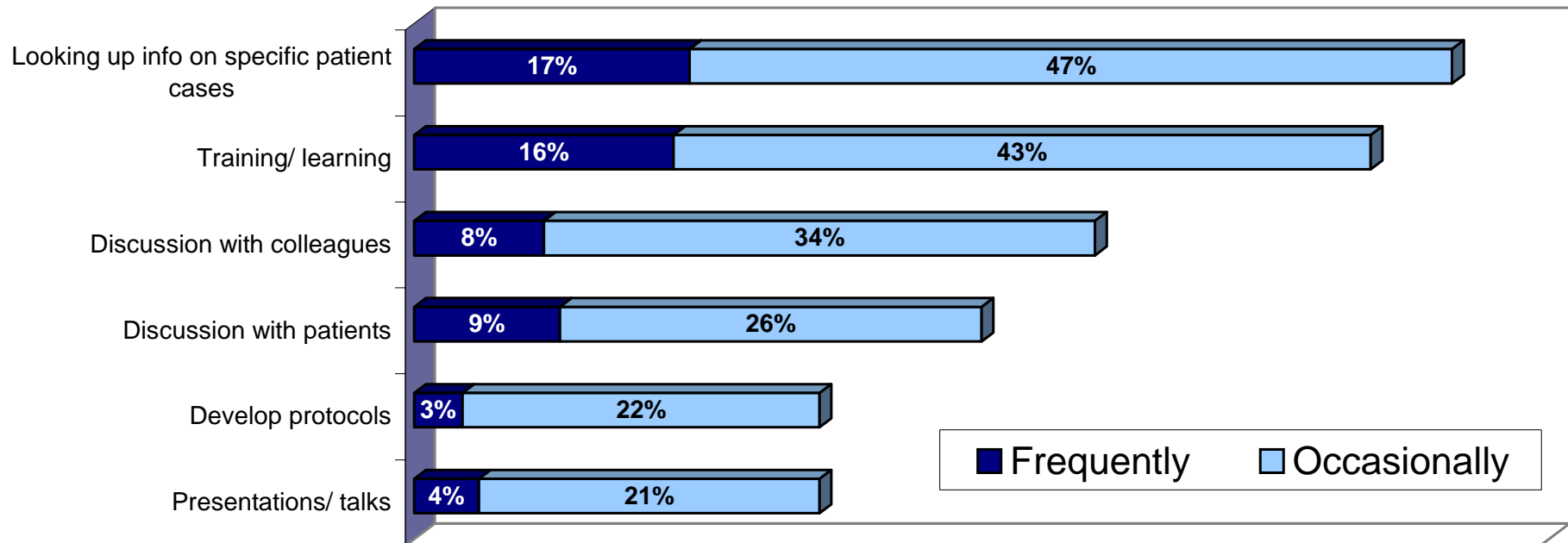
Read and reflect on current issues, see what others think, and have your say.



Why are we here?

- Traditionally thought of our users being clinicians and patients
- Part of the evidence based community
- Is there scope for forging relationships with guidelines providers?

CE is most frequently used for specific cases and learning purposes



- Specific patient cases plus training/learning are where the most frequent usage occurs
- Good potential for increasing usage within the surgery - particularly consultations

What might we have in common?

- Shared aims:
 - To answer the “what” questions?
 - To be rigorous but accessible to users
 - To be independent but need to listen to our customers / sponsors
 - To get close to clinicians / patients
 - To influence practice

What might we have in common?

- Shared challenges
 - Difficulty of updating
 - Treatment harms
 - Gaps in the evidence – is evidence based guidance achievable?
 - Presentation of evidence – small is beautiful?
 - Grading the evidence
 - How good is good enough?
 - Specific content areas: surgery, oncology

What might we have in common?

- Shared tasks:
 - Literature searching
 - Appraising original papers
 - Data extraction
 - Assessing and presenting the evidence

What possible differences?

- How important are the “why questions”?
- Different perspective on balance between evidence and eminence?
- Guidance versus guidelines
- How wide is the target audience?
- How importance is cost?
- Public versus private sector

Questions

- Complementary or competitive?
Is the “what” and “why” model useful?
- Is what we share more important than our differences?
- Is it important that we present consistent conclusions to users?

Thank you

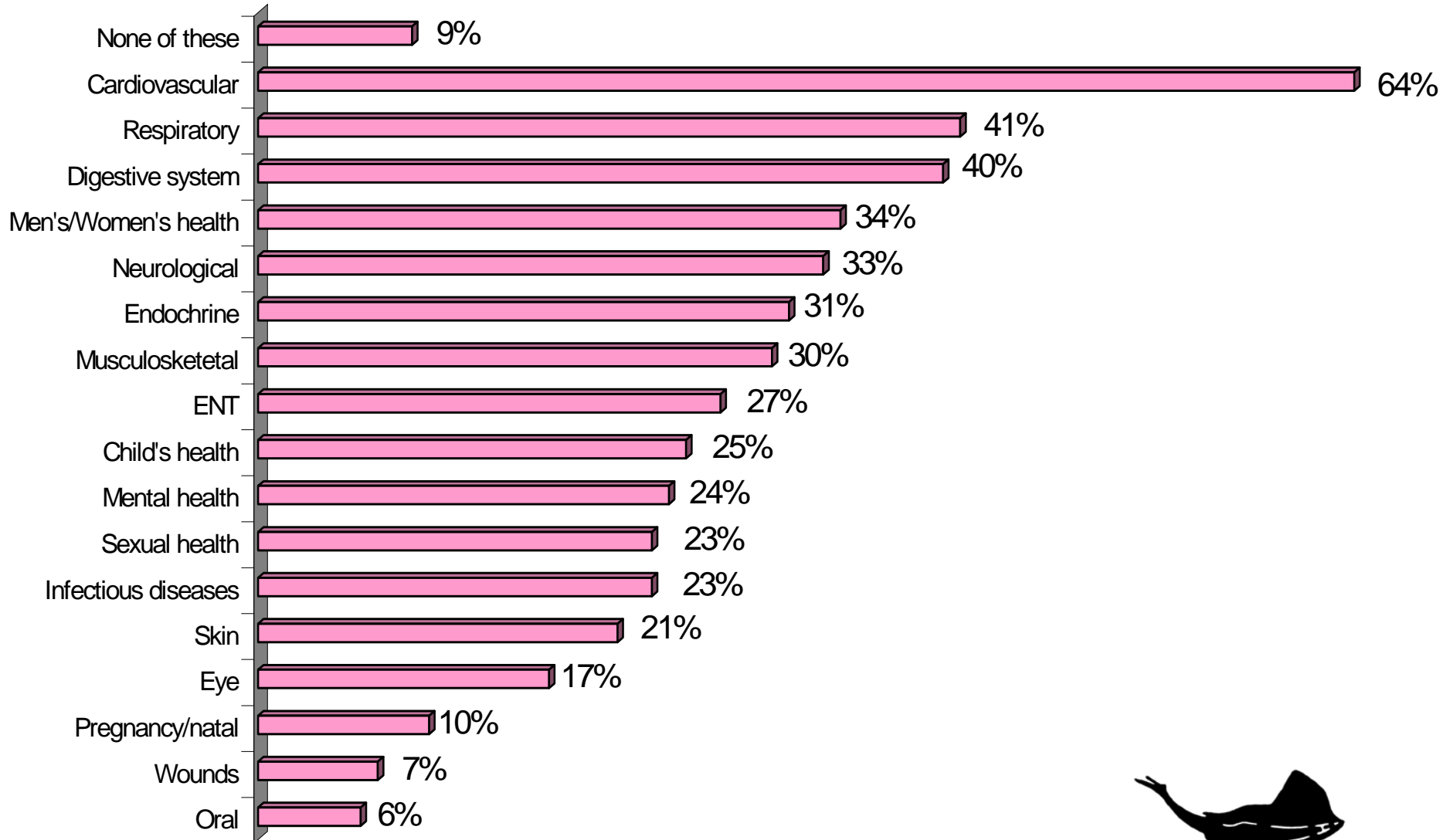
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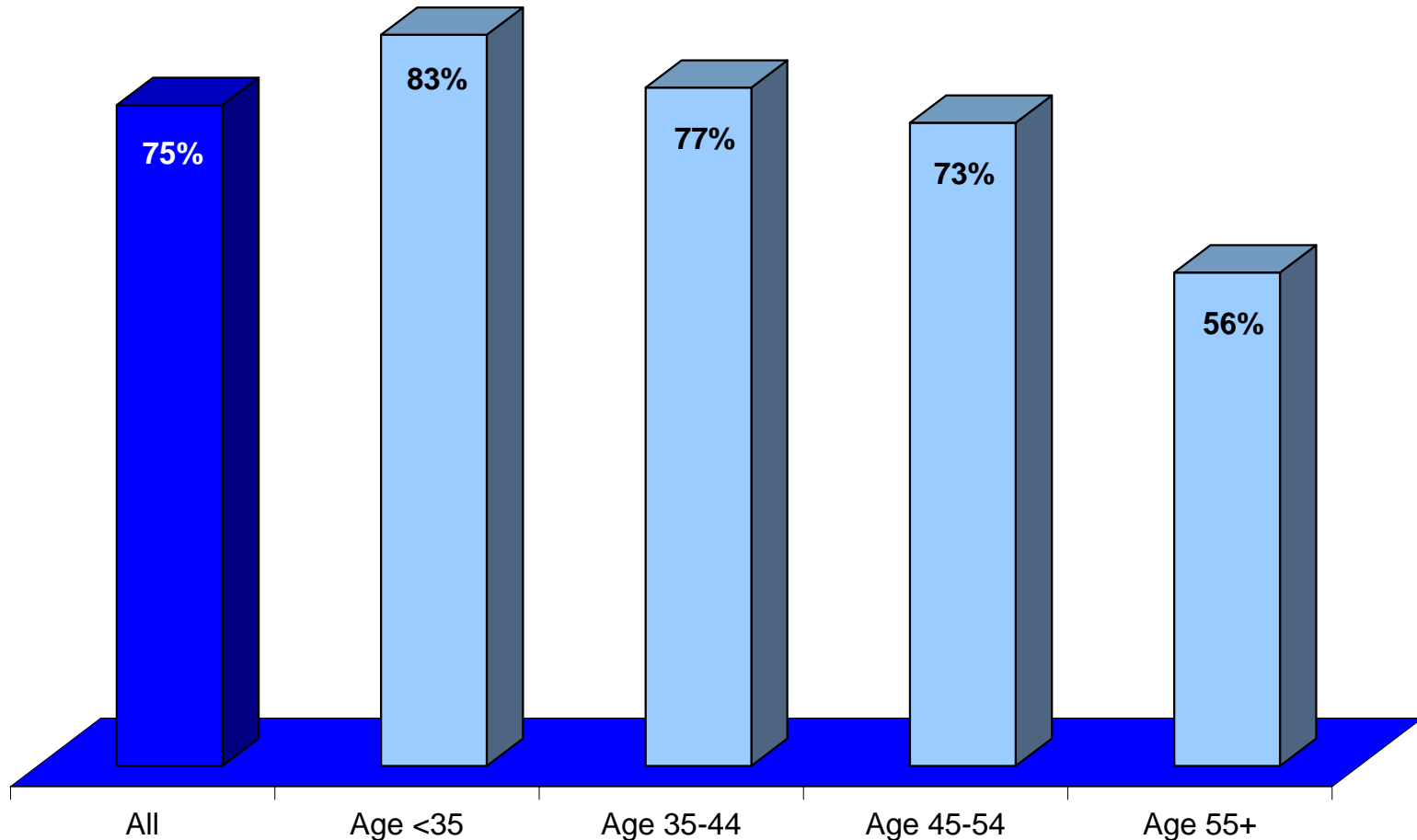
Workshop

- Are there practical ways in which we could work together?
- How can evidence based resources make their products more useful to guidelines producers?
- How can the evidence community and guidelines providers provide useful material directly for the public?
- How we can increase influence on clinical practice?

CE is used across a wide range of conditions

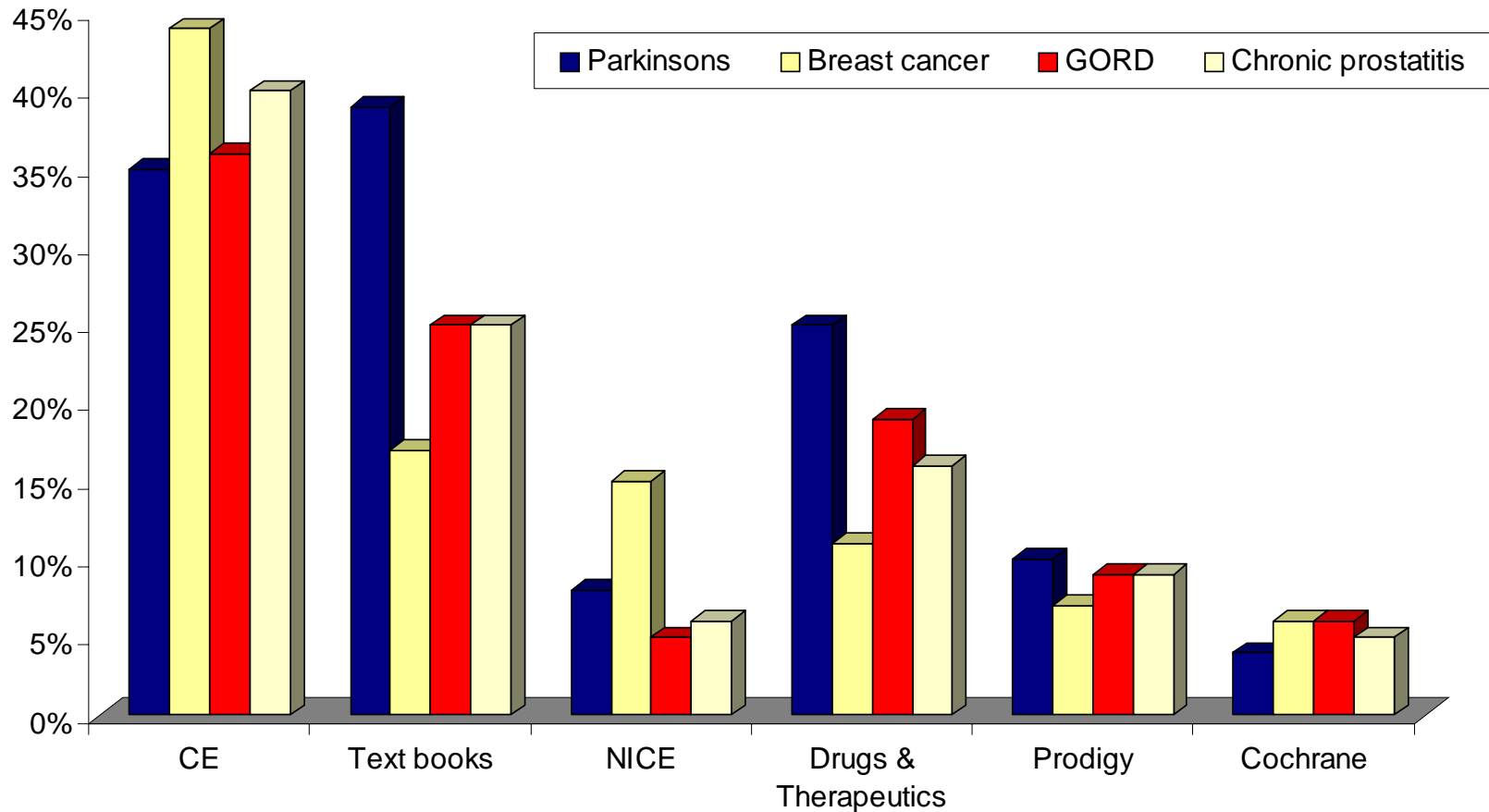


CE's impact on changing clinical practice



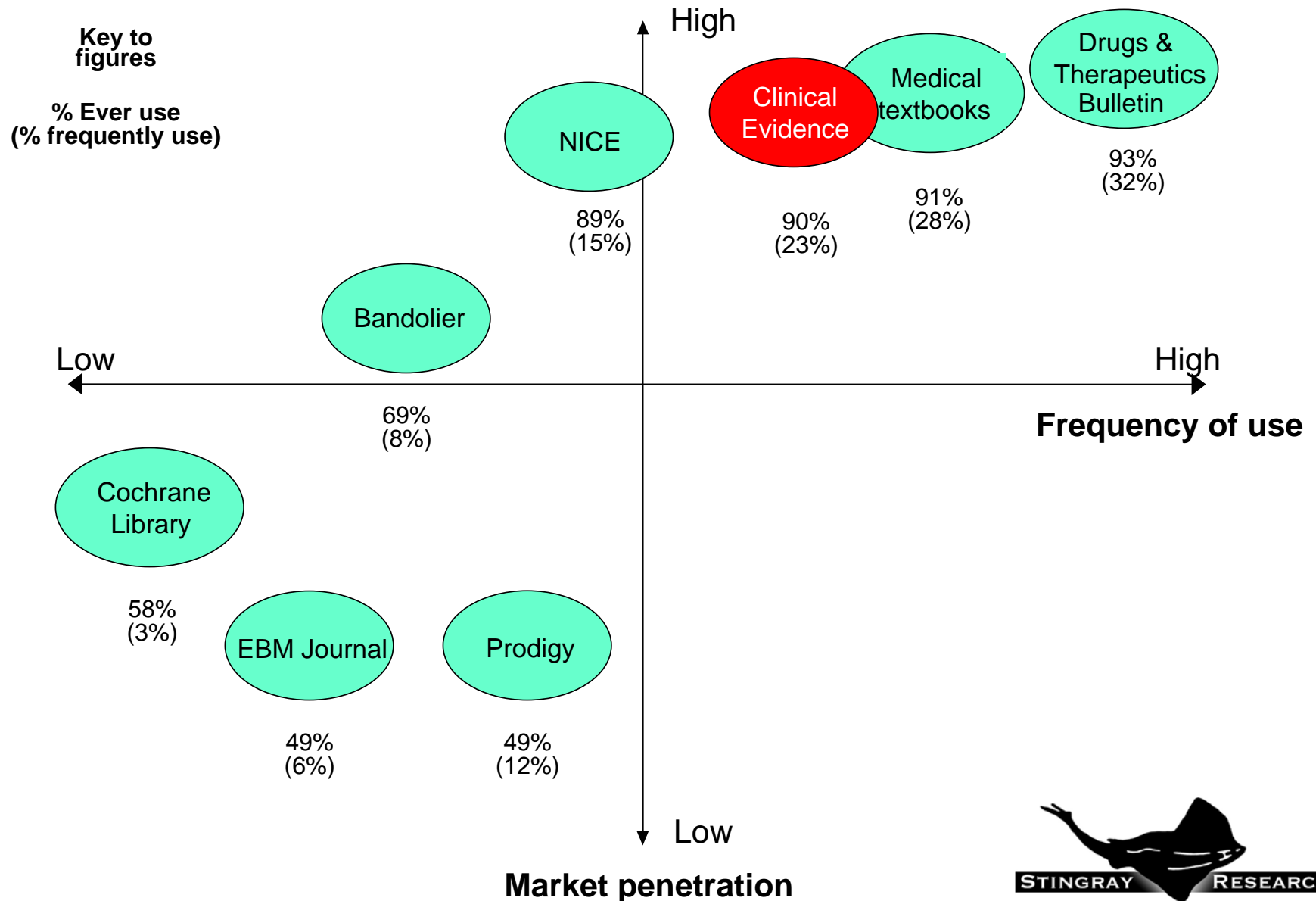
- Three quarters of all GPs agreed that CE had influenced aspects of their clinical practice - two thirds of these stated that they had changed their practice within the last 6 months

CE is the source of first resort for most



- Surprisingly, medical text books are the first choice for a large minority. In the case of Parkinsons, as many as CE
- CE is particularly strong with breast cancer, GORD and prostatitis
- NICE and Prodigy are rarely the first choice. Drugs & Therapeutics Bulletin is a strong third

CE is one of the most widely used resources



WHO - Essential drug list harmonization (Reproductive Health)

- Used Clinical Evidence, Cochrane Library and individual searches to address these discrepancies.
- Clinical Evidence solved about 35% clinical questions

WHO - Essential drug list harmonization (Reproductive Health)

- International Planned Parenthood Federation
- USAID
- DFID
- GTZ
- KfW Development Bank
- Family Health International
- Program for Appropriate Technology in Health
- John Snow Inc.
- Medicines Sans Frontieres
- The Supply Initiative
- UN Organizations: UNAIDS, UNICEF, UNFPA, World Bank

WHO - Essential drug list harmonization (Reproductive Health)

- Choose the best drug
- Add drugs not included in all lists
- Remove harmful drugs
- Support primary research
- Update reviews
- Commission systematic reviews
- The project will be extended to make the relevant policy changes, commission additional research and filter the information out to all member countries

Partnerships and influence

In other countries

Objectives



- Visit 7 countries and explore interest in the Spanish version of CE, BT and a Spanish edition of the BMJ
- Identify influence opportunities
- Learn about our local partners
- Explore opportunities for a Portuguese edition



- Visited 7 countries
- 60 hours, 12 flights
- 8 high level conferences
- >70 meetings
- 7 interviews for national press + media at events
- Potential:
 - 469,000 Medics
 - 262 Million people
- Testing S-CE in DC's

Cochrane

- Harms Project
- Training
 - Searches
 - Peer reviewing
 - Workshops; ethics, writing, dissemination, eHealth
- Diagnostics
- Translations
- Links between publications
- Authoring tools and feedback
- Choosing topics
- Colloquiums, developing countries, 10/90 gap

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Infectious diseases

SECTIONS

- Blood and lymph disorders
- Cardiovascular disorders
- Child health
- Digestive system disorders
- Ear, nose, and throat disorders
- Endocrine disorders
- Eye disorders
- HIV and AIDS
- Infectious diseases
- Kidney disorders
- Men's health
- Mental health
- Musculoskeletal disorders
- Neurological disorders
- Oral health
- Perioperative care
- Poisoning
- Pregnancy and childbirth

Conditions

- [Chickenpox](#)
- [Congenital toxoplasmosis](#)
- [Dengue fever](#)
- [Diarrhoea in adults \(acute\)](#)
- [Hepatitis B \(prevention\)](#)
- [Influenza](#)
- [Leprosy](#)
- [Lyme disease](#)
- [Malaria: prevention in travellers](#)
- [Malaria: severe, life threatening](#)
- [Meningococcal disease](#)
- [Postherpetic neuralgia](#)
- [Tuberculosis](#)

Developing world topics in CE (2)

- Eye disorders:
 - [Trachoma](#)
- HIV and AIDS:
 - [HIV infection](#)
 - [HIV: mother to child transmission](#)
 - [HIV: prevention of opportunistic infections](#)
 - [*Pneumocystis carinii* pneumonia treatment in people infected with HIV](#)
- Child health
 - [Measles: prevention](#)