

5^a Conferenza Nazionale GIMBE®

Bologna, 5 febbraio 2010

**Strumenti informativi
online da usare al
“letto del paziente”**

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Portare le **evidenze** nella pratica clinica

- Facilitare l'accesso alle fonti informative
- Diffondere la capacità di analisi critica
- Sviluppare strumenti informativi che selezionano e “pre-digeriscono” le prove di efficacia rilevanti per la pratica clinica in modo accurato e valido
- Integrare ed adattare le prove di efficacia ai sistemi e alle politiche locali
- Stimolare i medici verso un'applicazione delle prove di efficacia nella loro pratica clinica

Information Mastery



Mission:

- Insegnare l'utilizzo della migliore fonte di informazione disponibile per guidare le decisioni cliniche
- Rispondere almeno all'80% dei bisogni informativi dei professionisti sanitari in ~~50~~ secondi o meno

"The ideal information sources will be directly relevant, contained valid information, and be accessed with a minumun amount of work"

Smith R. BMJ 1996



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The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making. It includes reliable evidence from Cochrane and other systematic reviews, clinical trials, and more. Cochrane reviews bring you the combined results of the world's best medical research studies, and are recognised as the gold standard in evidence-based health care.

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[What are Systematic Reviews & Protocols?](#) | [Product Descriptions](#) | [About the DVD-ROM](#)**Notice to all users: Searches for new and updated content are affected by the recent changes to the Cochrane Database of Systematic Reviews. Please find more details [here](#).**

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As a new user we recommend you use the following resources to help you navigate through the evidence and get the most out of The Cochrane Library. [More](#)

For Clinicians

As a clinician you are under constant pressure to have high-quality, up-to-date evidence at your fingertips. [More](#)stant access to a huge large volume of problem in itself. [More](#)

patients need the effectiveness of

For Policy Makers

As a policy maker or healthcare manager you are a generalist in search of high-quality information across a broad range of issues. [More](#)

Prove di efficacia per guidare la pratica clinica

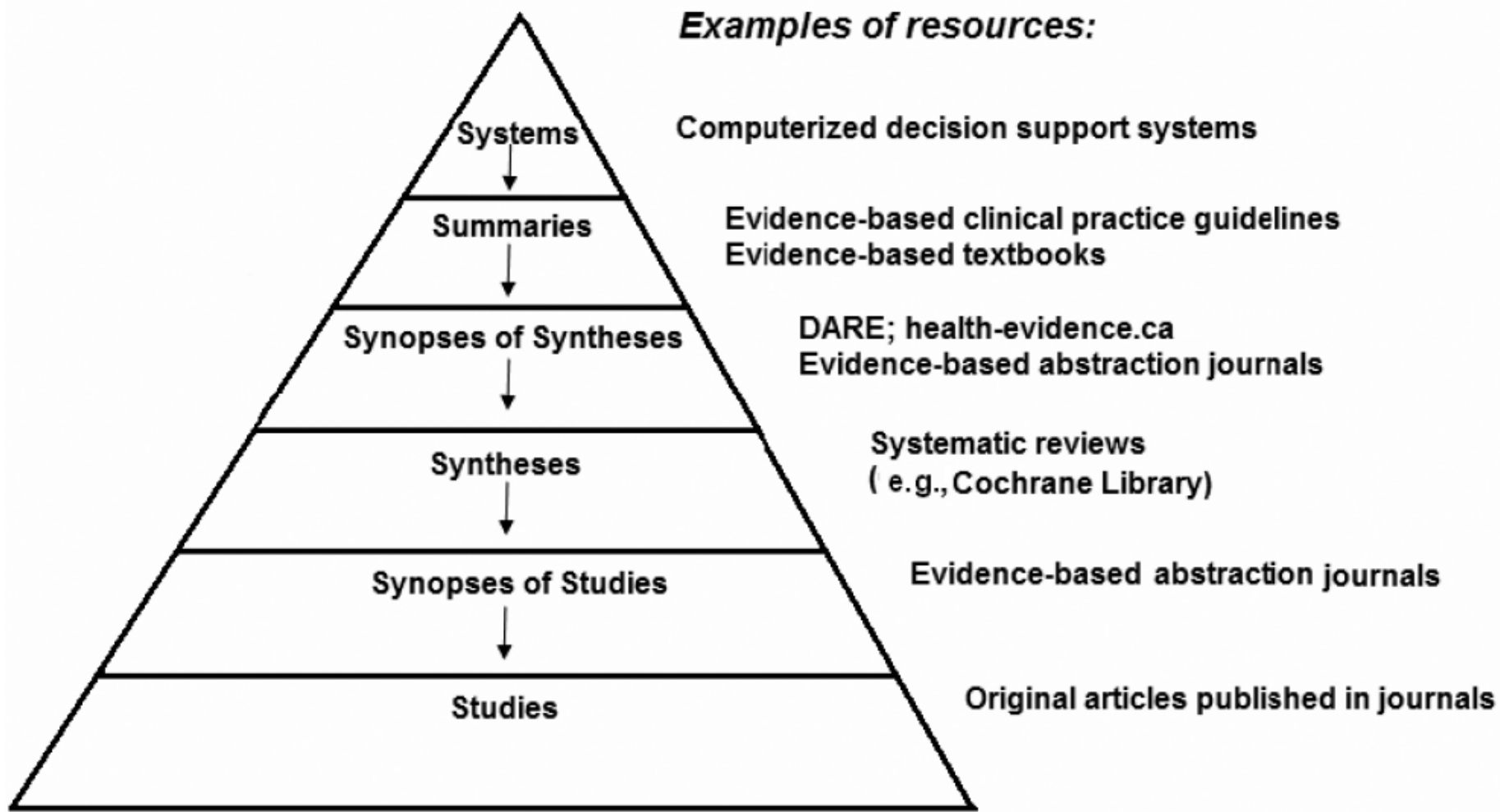
What's New in January 2010?

[Cochrane Evidence Aid: resources for Haiti earthquake](#)[Highlights of new and updated Reviews \(PDF\)](#)[Cochrane Reviews of Prevention and Treatment of Influenza](#)[Nonsteroidal anti-inflammatory drugs for dysmenorrhoea](#)[Restricting oral fluid and food intake during labour \(Podcast\)](#)[Fluoride toothpastes of different concentrations for preventing dental caries](#)[Interventions for preventing falls in older people in nursing care facilities and hospitals](#)[Long-term opioid management for chronic noncancer pain \(Podcast\)](#)[Reducing uncertainties about the effects of chemoradiotherapy for cervical cancer: individual patient data meta-analysis \(Podcast\)](#)[Treadmill training for patients with Parkinson's disease \(Podcast\)](#)[Motivational interviewing for smoking cessation](#)[Continuous subcutaneous insulin infusion \(CSII\) versus multiple insulin injections for type 1 diabetes mellitus \(Podcast\)](#)[Interventions for acute otitis externa](#)

Le Cochrane reviews sono:

- lunghe
- tecniche
- difficili
- sempre più indirizzate a ricercatori e policy-makers
- relative a tematiche non sempre vicine alla pratica clinica

The 6S' levels of organisation of evidence





Informazione al “letto del paziente”

- Online: laptop, PDA, iPhone...
- Rapido e semplice da consultare
- Sintesi ragionata delle evidenze disponibili
- Argomenti rilevanti per la pratica clinica e costantemente aggiornati
- Comprende numerose patologie, elementi per la diagnosi, la prognosi, il trattamento ecc.

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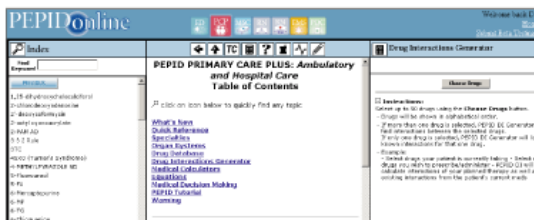
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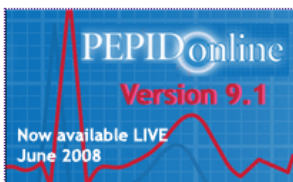
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→ PRIVACY POLICY → TRADEMARKS → SITEM

increased risk of fibrosis, particularly cardiac fibrosis associated with chronic use of acetaminophen

Evidence result from a rigorous process aimed at ensuring that they are both



from users of BMJ Clinical Evidence and why evidence-based

NYS \$31 *Qu

more devices online or down their critical app appraisals indep features can be

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Migraine headache is one of the most common complaints in medicine today. Find out the latest on diagnosis and treatment.



• Learn more



Mercato editoriale

- Coinvolti i principali editori scientifici mondiali
- E' un mercato molto "ghiotto"
(\$ 700 millions – 1.0 billion market in US)
- Marketing spinto

"...Superior evidence-based results... Designed for use at the point of care, providing best-available evidence and updated daily"

E' vero?



Obiettivi

- Descrivere gli strumenti informativi online da usare al “letto del paziente” (point-of-care)
- Valutare la loro qualità in 3 dimensioni:
 1. Volume/ampiezza degli argomenti trattati
 2. Qualità editoriale
 3. Metodologia evidence-based (nella costruzione dei contenuti)



Metodi

- Analisi dei contenuti e delle regole editoriali
- Ricerca sistematica dei prodotti informativi “point-of-care” tra gennaio e dicembre 2008
 - letteratura, siti web, congressi delle principali società editoriali e dei documentalisti, Google
- Inclusione ed estrazione dati da parte di due revisori



1. Volume/Ampiezza

...delle condizioni mediche trattate

Come si "misura" la grandezza di un prodotto informativo online?



Campione random di capitoli dell'ICD-10
(proxy of the comprehensiveness of the information
tool-external validity)



2. Qualità editoriale

- Trasparenza dello sviluppo editoriale dei contenuti
 - Chiara indicazione degli autori
 - Peer reviewing
 - Modalità e tempi di aggiornamento
 - Dichiarazione di possibili conflitti di interesse degli Autori
 - Supporto commerciale allo sviluppo dei contenuti



3. Metodologia evidence-based

- Ricerca/sorveglianza sistematica della letteratura
- Approccio cumulativo alle prove di efficacia
 - Ad esempio inserimento preferenziale di revisioni sistematiche (particolarmente revisioni Cochrane)
- Processo esplicito di *critical appraisal*
- Sistema formale per valutare la qualità delle prove di efficacia
- Possibilità di identificare l'eventuale "contaminazione" di opinioni di esperti

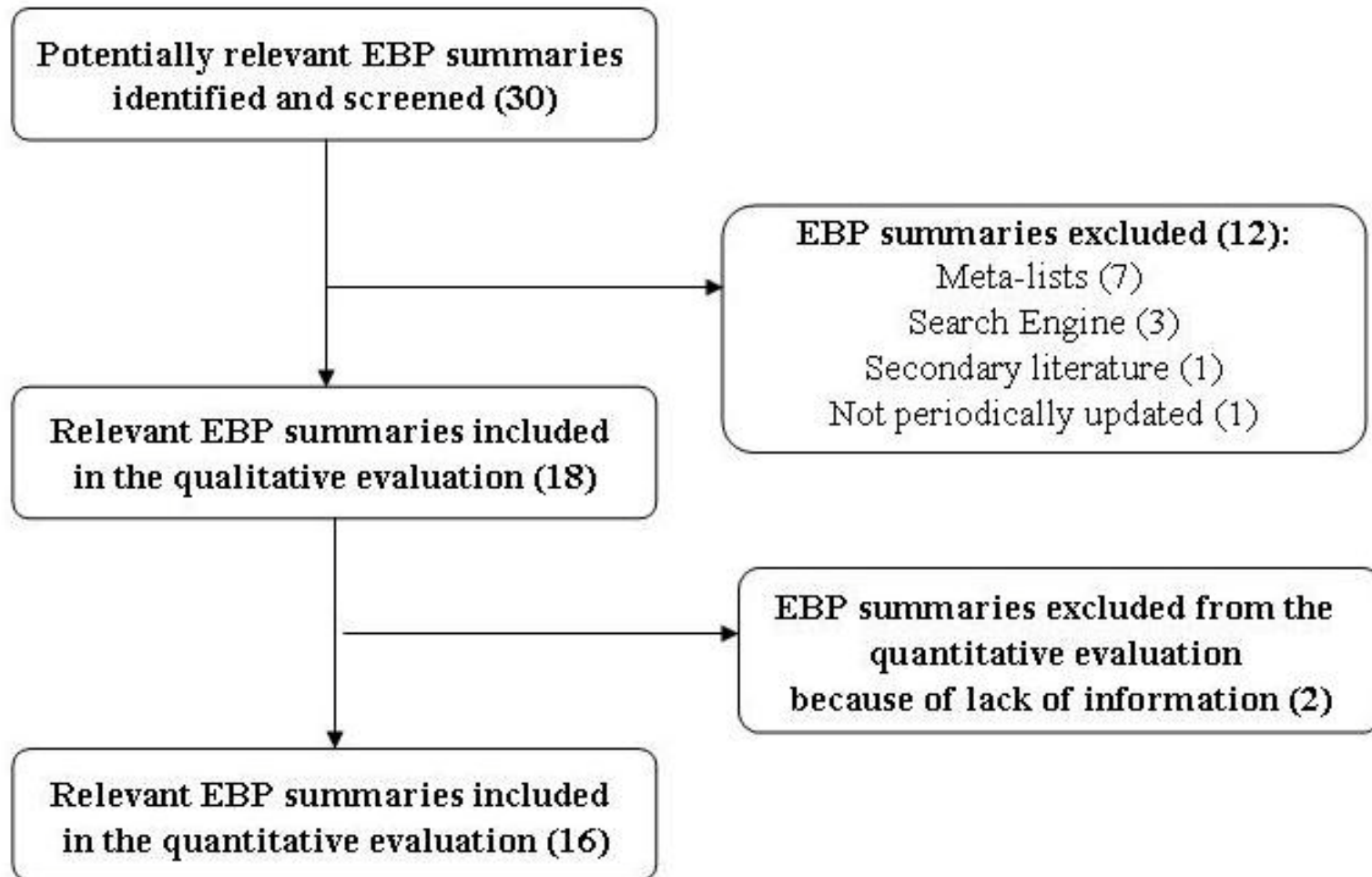
Valutazione quantitativa (empirica)



- Per ogni item:
 - 3 punti: completamente soddisfatto
 - 1 punto: parzialmente soddisfatto
 - 0 punti: non soddisfatto o non riportato
- Classifica per ogni dimensione esplorata
 - Volume/ampiezza
 - Qualità editoriale
 - Metodologia evidence-based
- Associazione tra le tre dimensioni (Spearman)
 - Globalmente stabilire “buoni e cattivi”



Risultati (fine 2008)



Nero= quartile inferiore. Bianco= quartile superiore

	Volume	Editorial Quality	EB Methodology
5-minutes consults	Light Gray	Black	Black
ACP Pier	Dark Gray	Light Gray	Light Gray
BestBets	Black	Dark Gray	White
CKS	Black	Dark Gray	Light Gray
Clinical Evidence	Black	White	White
Dynamed	White	White	Light Gray
EBM Guidelines	White	Light Gray	White
Emedicine	White	White	Dark Gray
eTG	Black	Light Gray	Dark Gray
First Consult	White	Dark Gray	Dark Gray
GP Notebook	Light Gray	Black	Dark Gray
Harrison's Practice	Dark Gray	Black	Dark Gray
Map Of Medicine	Dark Gray	Dark Gray	Light Gray
Micromedex	Dark Gray	Black	Light Gray
Pepid	Light Gray	Light Gray	Dark Gray
Up to Date	Light Gray	White	White



Risultati

- Nessuna associazione tra le dimensioni analizzate
 - 3 possibili confronti (Spearman rank correlation test):
 - Qualità editoriale e volume $p=0.998$
 - Metodologia evidence-based e volume $p=0.479$
 - Qualità editoriale e Metodologia evidence-based $p=0.094$

Name	Volume		Editorial quality		EB methodology	
	%	Rank	Score	Rank	Score	Rank
5-minutes consults	83.7	5.5	4	14.5	0	16
ACP Pier	75.5	10.5	9	7	10	8.5
BestBets	53.1	14.5	6	11	15	2.5
CKS	53.1	14.5	6	11	10	8.5
Clinical Evidence	67.3	13	15	1.5	15	2.5
Dynamed	87.8	2	11	4	12	5.5
EBM Guidelines	85.7	4	9	7	15	2.5
Emedicine	87.8	2	13	3	1	13
eTG	44.9	16	10	5	1	13
First Consult	87.8	2	7	9	1	13
GP Notebook	83.7	5.5	4	14.5	1	13
Harrison's Practice	79.6	9	3	16	1	13
Map Of Medicine	69.4	12	6	11	12	5.5
Micromedex	75.5	10.5	5	13	11	7
Pepid	81.6	7.5	9	7	2	10
Up to Date	81.6	7.5	15	1.5	15	2.5



Limiti

- Scelta arbitraria delle dimensioni analizzate e dei criteri di adeguatezza
- Manca una valutazione della navigabilità e della soddisfazione dell'utente
- *Reporting vs. conducting*
- Per alcuni prodotti non è stato possibile ottenere dati sufficienti per l'analisi qualitativa



Conclusioni

- 18 prodotti, in continua crescita, classificabili come strumenti informativi al “letto del paziente”
- Notevole interesse, e relativi investimenti, di gruppi editoriali e organizzazioni pubbliche
- Nessuno dei prodotti analizzati eccelle nelle tre dimensioni valutate
- I publishers dovrebbero fornire descrizioni complete e trasparenti sul processo editoriale e di sviluppo dei contenuti



Prossimi obiettivi

- Come è cambiato lo scenario negli ultimi due anni: nuovi prodotti, nuove tecnologie per raggiungere il “letto del paziente”
- Valutazione dell'aggiornamento: sono davvero strumenti “continuously updated”?
- Questi strumenti hanno un impatto misurabile sui comportamenti professionali?



Il medico del futuro...

“I know a lot, therefore I am”
Replaceable by a computer

“I think, therefore I am”
Never replaceable by computer

Hand held computer = stethoscope of the future

Slawson, Shaughnessy, Ebell



Disclosure

- **Funding/support:** This project was carried out in the context of a programme to evaluate the quality of point-of-care information resources for physicians, funded by the Italian Drug Agency (AIFA)
- **Conflict of interests:** The Italian Cochrane Centre (ICC) was the recipient of grants from the Italian Drug Agency (AIFA) for the Italian translations of one of the products assessed (Clinical Evidence). The Italian Cochrane Centre is an entity of the Cochrane Collaboration which forms a publishing partnership with Wiley-Blackwell to deliver The Cochrane Library through Wiley InterScience.
- Finally we are likely to develop new projects with Duodecim (EBM Guidelines).



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