

Resource corner

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



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

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; musculoskeletal 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: ★★★★★

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

UpToDate [CD-ROM]. Wellesley, MA, USA:
UpToDate Inc; 2000.*



UpToDate has 2 main goals: “to become the first place that clinicians, including students, will go when they need an answer to a specific clinical question”, and to make the information comprehensive, accurate, verifiable (well referenced), easy to access, and updated regularly. Its contents include all areas of internal medicine, but the dermatology, oncology, and neurology sections are still being developed. It is currently available on CD-ROM, with a Web version forthcoming.

UpToDate is organised in the form of “cards” (>3900). For example, see the list of cards obtained by searching the term stroke (fig 1). An example of a card is given in the next screen shot (fig 2), which describes the use of thrombolytic therapy for stroke. Each card may be 3 to 10 pages in length and includes Medline citations with abstracts for most references.

Explicit criteria for seeking and appraising evidence are not described, but contributing authors are asked to include descriptions of the most important relevant studies and a brief review of quantitative data. They are also asked, in general terms, to note the quality of the evidence, to provide a specific clinical recommendation, and to identify areas of controversy or limited evidence. Internal and external reviewers—experts in the relevant field—subsequently review the cards. A team of in house physician editors work with the authors and section editors to update continuously the entire CD-ROM. This process includes reviewing and incorporating information from >100 clinical journals (including *ACP Journal Club* and *Evidence-Based Medicine*). New CD-ROMs are sent out at 4 month intervals.

To explore the extent to which this process leads to inclusion of valid evidence, I conducted a short review in which a colleague not familiar with UpToDate identified 10 clinical questions for which good quality evidence is available. For 9 of the 10 topics (6 related to treatment and 3 to diagnosis), UpToDate cards reviewed the data from the studies we expected to find (abstracts for most of these studies were available, but relevant Cochrane reviews were not always identified). One prognostic topic was not covered (prognosis of acute stroke), and the neurology section is still incomplete.

10 clinical trainees working on a clinical teaching unit in Hamilton, Ontario, Canada, were asked to grade the user friendliness of a variety of evidence resources. On a scale ranging from 1 (easy to use), through 3 (so-so), to 5 (difficult to use), UpToDate was assigned a “1” by all 10 trainees (Best Evidence mean score 1.8, Cochrane 3.8). UpToDate was the most commonly used information database among these trainees.

As I have previously stated, the resource is not yet entirely comprehensive because some areas are still being developed. In addition, the lack of explicit criteria by which the authors support their conclusions may occasionally (in my experience, rarely) lead to a situation where part of the evidence is omitted or an existing controversy ignored. Finally, although UpToDate can be used for general orientation to a topic, people trying to learn more about basic biology, physiology, or anatomy might want to look elsewhere.

UpToDate is practical for answering questions about management issues, and it contributes to patient based learning. Over the past year, use of UpToDate has become part of my daily clinical practice.

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Ratings for this resource

Methods: ★★★★★☆

Clinical usefulness: ★★★★★

*This review is based on Version 7.2.
More information can be found online at
<http://www.uptodate.com>.
UpToDate can be purchased online at
<http://www.uptodateinc.com/html/ordernow.htm> for
£311 (individual subscription), 1 year renewal £248.