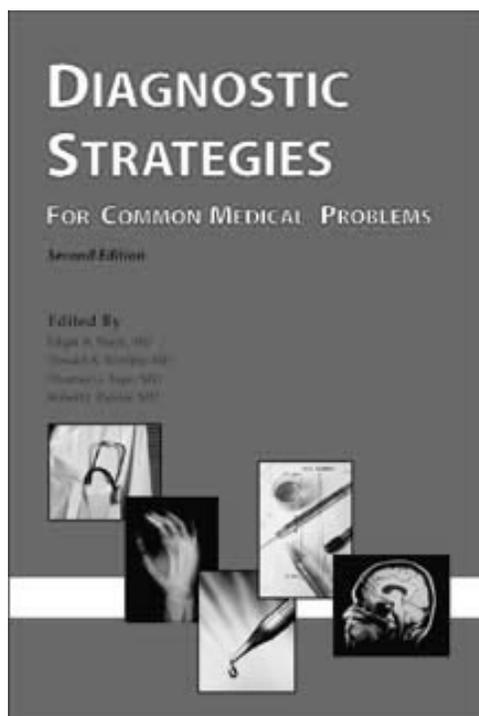


Resource corner

At last, the second edition of *Diagnostic Strategies for Common Medical Problems* has arrived to replace the well-used first edition, published in 1991. Evidence about the precision and accuracy of diagnostic tests is not always readily available, and this resource attempts to overcome the problem. Its aim is to help clinicians with both critical appraisal of diagnostic tests and quantitative decision making about diagnostic strategies. It provides information about the operating characteristics of diagnostic tests and procedures that are commonly used in clinical practice, particularly in internal medicine.

Unfortunately, this book does not provide any information on whether the literature was systematically reviewed and critically appraised for each topic. References are provided in each chapter, but no mention is made of the methodological rigour of the referenced studies. The authors provide quantification of the results of the diagnostic studies and present them as sensitivities, specificities, and likelihood ratios, although no confidence intervals are included.

An electronic version of *Diagnostic Strategies* will be published with the year 2000 issue of *Best Evidence*. No information, however, is provided on how often it will be updated. The editors suggest that users go to the literature to retrieve the most up-to-date evidence, and indeed, they provide a chapter on searching and appraising evidence about diagnostic tests.



Black ER, Bordley DR, Tape TG, et al. *Diagnostic Strategies for Common Medical Problems*. Second edition. Philadelphia: American College of Physicians, 1999. *Diagnostic Strategies for Common Medical Problems* can be purchased online at http://www.acponline.org/catalog/books/diagnostic_strategies.htm for US\$45; the contents of the book can also be viewed on this site.

The chapters on searching, critical appraisal of the literature, and the interpretation of diagnostic tests serve as a great introduction. 51 common medical problems are discussed in 9 sections covering cardiovascular, gastrointestinal, infectious disease, respiratory, musculoskeletal and immunological, endocrinological, genitourinary, haematological, and neurological problems. Each chapter focuses on a presenting problem rather than on a specific disease and begins with a box of key points that include statements about pretest probability and diagnostic strategies. Discussion is organised under the headings of background, estimating pretest probability, diagnostic tests, diagnostic strategies, and clinical problems. The subsection "Clinical Problems" describes a common clinical problem, a testing strategy and rationale, and a clinical example that applies the evidence to an individual patient. For example, in the chapter on myocardial infarction (MI), a patient with chest pain suggestive of myocardial ischaemia is described. His electrocardiographic result shows a 2-mm ST segment elevated in leads V1 to V4. It is suggested that because the pretest probability of MI is high (80%) and the onset of pain is recent, such interventions as thrombolysis or percutaneous transluminal coronary angioplasty should be considered. It recommends that serial enzyme testing for either troponin I or creatine kinase-MB levels should be done and that a positive test result increases the likelihood of MI to 99%, thus confirming the diagnosis. In contrast, if the test result is negative, the probability of MI is reduced to 10%.

I used *Diagnostic Strategies* for 1 week while attending on an inpatient clinical service. There I found its information on pretest probability and test characteristics to be particularly useful because these data are often difficult to find quickly. Furthermore, the clinical problems served as good examples for teaching about quantitative decision making in the diagnostic process. One of the highest compliments paid to this book is how frequently it was borrowed by the housestaff. They found the information useful and easy to access, although the book is heavy to carry around. The information in some of the chapters was scant, probably reflecting the paucity of evidence in some areas, but one citation we were surprised to see missing in the deep venous thrombosis chapter was the high-quality study by Wells and colleagues,¹ which describes a brief clinical exam for assessing the probability of deep venous thrombosis.

This book is the single best resource available for information on operating characteristics of diagnostic tests, and I hope that its editors and publishers are able to produce future editions more frequently.

SHARON E STRAUS, MD
Mount Sinai Hospital
Toronto, Ontario, Canada

- 1 Wells PS, Anderson DR, Bormanis J, et al. Value of assessment of pretest probability of deep-vein thrombosis in clinical management. *Lancet* 1997;**350**:1795–8.

Ratings for this resource

Methods/Quality of information: ★★★☆☆

Clinical usefulness: ★★★★★



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://cebm.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. I 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.

TOBY LIPMAN, MBBS
Westerhope Medical Group
Newcastle-upon-Tyne, UK

Ratings for this resource

Methods/Quality of information: ★★☆☆☆

Clinical usefulness: ★★☆☆☆