Resource corner

The Cochrane Library

The aim of the *Cochrane Library* is to prepare, maintain, and promote the accessibility of systematic reviews of the effects of healthcare interventions. It contains 4 databases: the Cochrane Database of Systematic Reviews (CDSR), the Database of Abstracts of Reviews of Effectiveness (DARE), the Cochrane Controlled Trials Register (CCTR), and the Cochrane Review Methodology Database (CRMD). They all use the same search engine.

The CDSR contains systematic reviews that are prepared by using explicit criteria for searching the literature and for appraising and synthesising the retrieved evidence. Evidence is included or excluded on the basis of quality criteria to minimise bias. These reviews focus on issues of treatment and thus primarily include randomised controlled trials. 47 Collaborative Review Groups are currently working on reviews. Each systematic review contains an informative abstract; detailed descriptions of the objectives, study inclusion criteria, search strategy, study methods, methodological quality of the studies, and study results; and a discussion.

DARE includes structured abstracts of systematic reviews from many sources that have been critically appraised by reviewers at the UK National Health Service Research and Development Centre for Reviews and Dissemination.

The CCTR is a database of controlled trials that have been identified by the Cochrane Collaboration in an effort to hand search the world's healthcare journals and to examine bibliographic databases (eg, Medline and EMBASE/Excerpta Medica). It includes reports published in conference proceedings and in other sources not indexed in other bibliographic databases. Several pharmaceutical manufacturers have provided the results of their unpublished studies for this register.

The CRMD contains >1000 articles on how to produce systematic reviews and meta-analyses.

I use the *Cochrane Library* frequently during my consultations with patients. For example, 2 weeks ago I saw a patient in my office who had Bell palsy <48 hours in duration. My question was, "What is the efficacy of steroids in such a patient?" Within 30 seconds, I was able to launch the software, which appears as an icon on my desktop, to unsuccessfully search for "Bell's," to subsequently search using the MeSH term "facial paralysis," and to find a review in DARE. After an additional 35 seconds, I determined 4 important facts: 77% of patients with Bell palsy who take steroids recover, 64% of patients who are prescribed placebo recover, the mean time required for patients to recover is 2 months, and the quality of the studies is not sufficiently good to date for the authors to be confident of the results. The main message I presented to my patient was that two thirds of patients with Bell palsy get better without any treatment, which was reassuring to her. I was also able to tell her that it might take ≥ 2 months for the paralysis to resolve and that the additional benefits of steroids are unclear. Given this information, she decided to try a course of steroid treatment. She watched and participated in the entire process of searching the *Cochrane Library*.

The *Cochrane Library* has not always been as useful to me as it was in the above scenario. Only 1388 reviews are listed in CDSR Issue 1 for 2000, and therefore, not all topics are covered. I've also found that searches of the *Cochrane Library* can take a long time and that you may not always be able to finish a search during your consultation. It also takes a while to become familiar with the layout of the library. Sometimes the systematic review is quite complex, and it is often difficult to find the clinical bottom line. Finally, if you are becoming familiar with numbers needed to treat (NNTs), then you will be disappointed with the *Cochrane Library*. No software is included that allows calculation of NNTs by using odds ratios.

Despite these minor concerns, I have used the *Cochrane Library* since the first issue was published and regard it as the best source for the highest quality evidence.

New editions of the *Cochrane Library* are prepared quarterly. New reviews are added, and existing reviews in the CDSR are modified and updated with each new version.

MARTIN DAWES, MD
Centre for Evidence-Based Medicine
University of Oxford
Oxford, UK

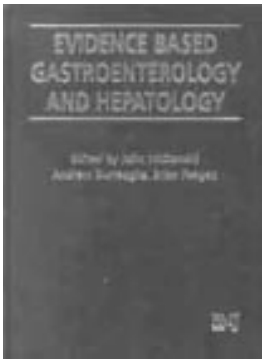
Ratings for this resource

Methods/Quality of information: ★★★★☆
Clinical usefulness: ★★★☆☆

The *Cochrane Library* can be purchased on CD-ROM and online at http://www.updateusa.com/cochrane.htm for £120. The abstracts from the CDSR may be searched free of charge on the Cochrane Web site at http://hiru.mcmaster.ca/cochrane/cochrane/revabstr/mainindex.htm and through Medline.The CDSR is also available online through Ovid (www.ovid.com).

Evid Based Med: first published as 10.1136/ebm.5.4.102 on 1 July 2000. Downloaded from http://ebm.bmj.com/ on May 26, 2022 by guest. Protected by copyright.

McDonald J, Burroughs A, Feagan B, eds. *Evidence Based Gastroenterology and Hepatology*. London: BMJ Publishing Group; 1999.



This book aims to provide an evidence-based resource for gastroenterologists and hepatologists. The editors have assembled an impressive array of contributors, many of whom are leading authorities in the field. It does not set out to replace traditional textbooks but rather to present up-to-date summaries of the evidence in key areas of clinical practice. The book assumes that clinicians are too busy to access primary or secondary evidence for themselves.

The chapters are heavily referenced, but no indication is provided of how the evidence was retrieved or selected. An outline of how to critically appraise articles about treatment and diagnosis is provided, adapting the "Users' Guides to the Medical Literature" series of articles published in *JAMA*. However, no explicit statement indicates that contributing authors were required to use this common set of criteria. Some authors have apparently adhered to some guidelines for critical appraisal, but it is not clear that all authors have used the same guidelines.

A simplified set of criteria for grading recommendations and levels of quality of evidence has been taken from the textbook *Evidence Based Cardiology*. [1] Recommendations are only made for evidence concerning treatment, and 3 grades of recommendation are recognised.

The introductory chapter focuses on one aspect of evidence-based medicine (critical appraisal), and no mention is made of question formulation, searching for evidence, or the integration of evidence into the care of patients. The editors establish a dichotomy between evidence-based medicine (redefined as "the application of the most valid scientific information to the care of patients") and "traditional skills," asserting that evidence-based medicine will "never supersede the recognised virtues of careful observation, sound judgment, and compassion for the patient." These statements suggest that the editors may misunderstand what is meant by "evidence-based medicine," ignoring that by definition it involves the integration of the best available evidence with clinical expertise and patients' values.

Evidence Based Gastroenterology and Hepatology covers most of the key topics in the field. The chapters cover the gastrointestinal tract in a traditional order: esophagus to rectum, gallbladder, liver, and pancreas. Each chapter focuses on a clinical problem and attempts to examine epidemiology, clinical presentation, diagnosis, treatment, and prognosis. Recommendations about treatment appear in shaded margin boxes with an "R" logo beside the paragraph containing the evidence. Unfortunately, these paragraphs often contain more than 1 reference, and it is not clear to which reference the recommendation applies. In some chapters, small boxes containing recommendation grades are incorporated at the end of sentences and are much easier to understand.

For all of its shortcomings as an evidence-based textbook, this work is clinically useful as a short, problem based textbook of gastroenterology and hepatology. It is well researched, well written, and up to date with plans for electronic updates on a web site, according to the publishers. It remains to be seen how regularly and how well this site will be maintained, which might be the test of the book's shelf life. This book will probably be used by either specialists or generalists who wish to gain a rapid overview of the evidence relating to common problems in gastroenterology and hepatology. Most answers to questions about treatment are easily accessible and can be found within a matter of minutes, especially where the recommendations occur in the text rather than just in the margin boxes. However, the parts of the book that attempt to cover the skills of clinical epidemiology are poor, and most aspects of the practice of evidence-based medicine are neglected. These omissions do not detract from the usefulness of the book; they merely raise questions about the labelling and packaging of the contents. Were this book called *A Short Textbook of Gastroenterology and Hepatology*, I would have little hesitation in recommending it.

WILLIAM ROSENBERG, MA, MBBS, DPhil
University of Southampton
Southampton, UK

1 Yusef S, editor. *Evidence based cardiology*. London: BMJ Publishing Group, 1998.

Ratings for this resource

Methods/Quality of information: ★★☆☆☆
Clinical usefulness: ★★☆☆☆

Evidence Based Gastroenterology and Hepatology *can be purchased online at http://www.bmjbookshop.com for £85; the contents of the book can also be viewed on this site.*

Evid Based Med: first published as 10.1136/ebm.5.4.102 on 1 July 2000. Downloaded from http://ebm.bmj.com/ on May 26, 2022 by guest. Protected by copyright.