

Resource review

ebm2go. <http://www.ebm2go.com/>



ebm2go is free and can be obtained by registering at www.ebm2go.com/

We all struggle to keep abreast of the clinical literature, and many resources have been developed for personal digital assistants (PDAs) to provide evidence at the point of care. ebm2go is a resource developed for use on Palms and Pocket PCs to help clinicians meet this challenge. Although its target audience is not explicitly stated on the website, it appears to be aimed at family physicians and general internists. I downloaded this free software to a Pocket PC and explored its usefulness when attending on a general medicine clinical teaching unit.

ebm2go is divided into 4 sections: formulary, guidelines, evidence, and tools. The *formulary* section contains some Canadian provincial drug benefit formularies including those from Ontario. The information is limited to drugs contained in these formularies and relevant access codes for prescribing. Little information is provided about indications, interactions, or adverse events, and no referenced information is given.

The *guidelines* section contains summaries of approximately 50 guidelines with topics ranging from Advanced Cardiac Life Support to monkeypox and SARS. I could not tell how the guidelines were selected, appraised, or summarised. The guideline on dementia management begins with the question “What are the recommendations for prescribing antedementia drugs to patients with Alzheimer Dementia?” A statement follows that there is good evidence for donepezil in patients with mild to moderate dementia if no contraindications exist. It also suggests that patients be followed regularly after initiation of therapy. The URL for the Ontario Ministry of Health Guidelines Advisory Committee is provided as the source for this information. No specific recommendations are given about the quality of evidence, dose, contraindications, or potential adverse events from donepezil.

The *evidence* section lists some of the cardiovascular randomised trials by their acronyms. Summaries of these trials are provided but the format is not consistent. Again I could not tell how the trials were selected or summarised, and citations for the original articles are not often provided. Many of these have been summarised by product sponsors and the resource developers have made this explicit.

For the Pocket PC, a cardiovascular risk disease calculator is provided in the *tools* section. When I clicked on this tab, it linked to a page advertising AstraZeneca and a second click on this page took me to the calculator. It is similar (but not as comprehensive) to that prepared by the UKPDS group and asks the user to enter relevant patient information including cholesterol levels and history of diabetes, hypertension, and smoking. An estimate of cardiac risk is calculated and links are provided to a list of drugs available to lower cholesterol and to the Canadian guidelines on cholesterol management.

Overall, no explicit criteria are provided by the authors on how evidence is selected or appraised. It is not clear how often the materials will be updated although users are encouraged to “hotsync” with the website regularly to download updates. It is not explicitly stated whether any information about use of the various resources, including what drug information is retrieved by the user, will be provided to any of the corporate sponsors. The authors have made their sponsorship explicit, including a listing of the 7 pharmaceutical companies who have provided them with funding. Moreover, in the various sections, they explicitly state which company sponsored the relevant materials.

Because the database is small, the materials can be easily browsed. To date, there is no searching capability. Although we’re continuing to see more resources provided for clinicians to facilitate the provision of evidence at the point of care, given the lack of explicit criteria for seeking and appraising evidence, this isn’t one that I would use in my own clinical practice.

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RATINGS

Methods/quality of information ★★★★★

Clinical usefulness ★★★★★