Clinical Foundations II: EBM and Resource Review

How to prepare the perfect CPC

Presented by:

Linda Suk-Ling Murphy, MLIS
Steve Clancy, MLS
UCI Science Library

January 10, 2010

Learning Objectives

- Distinguish the difference between evidence-based information and expert opinion.
- Search, identify and evaluate relevant RCTs from PubMed for your CPC
- Conduct searches in Cochrane for Systematic Reviews
- Locate practice guidelines in NGC
- Utilize additional evidence-based resources to support your CPC presentation

Library Course Guide for Medical Students

http://libguides.lib.uci.edu/MS_courseguide

UCI LIBRARIES
UNIVERSITY of CALIFORNIA · IRVINE

Libraries Home » Subject and Course Guides Home » Medical Student Course Guide — Admin Sign In
* UC Irvine access only

Medical Student Course Guide

This guide is specifically designed for UCI medical students. It provides direct links to online key resources and textbooks for the undergraduate medical education curriculum.

Last update: Nov 19th, 2010 | URL: http://libguides.lib.uci.edu/MS_courseguide | Print Guide | RSS Updates | SHARE

MS1 Basic Science | MS2 Basic Science | CF 1 | CF2 | Core Clerkships | USLME | Library Services & Res. | Medical Students Resource Map

MS1 Basic Science Comments (0) Print Page — Search: This Guide — Go

Anatomy - Embryology

* = UC Irvine access only

Required Textbooks, Atlas, and Dissector

- **Before we are born : essentials of embryology and birth defects** / Keith L. Moore, T.V.N. Persaud ; w Moore, Keith L Philadelphia, PA : Saunders/Elsevier, c2008. 7th edition.
  - **Available in Print at Ayala Sci Bar**. Library CALL No.: QS 604 M822b 2008
- **Gray's atlas of anatomy** / Richard L. Drake ... [et al.] Philadelphia : Churchill Livingstone, c2008. 2nd edition.
  - **Available in Print at Ayala Sci Bar.** CALL #: QS 17 G784 2008
- **Gray's anatomy for students / Richard L. Drake, Wayne Vogl, Adam W.M. Mitchell ; illustrations by Richard Tibbitts and Paul Richardson.** Philadelphia : Elsevier/Churchill Livingstone, c2005 Library Location and Call no.:
  - **Available in Print at Grunigen Medical Library.** CALL # QS 4 D762g 2005
- ***Human gross anatomy [electronic resource] : an outline text** / by Robert J. Leonard. New York : Oxford University Press, 1995. 1st edition.
  - **Available online** via: MyiLibrary. Restricted to UCI. http://www.myilibrary.com?id=44160
- **Atlas of human anatomy** / Frank H. Netter (Frank Henry), 1906-1991. Philadelphia, PA : Saunders/Elsevier, c2011

Medical Biochemistry - Molecular Biology

Medical Biochemistry/Molecular Biology Course Textbooks:

- Lippincott's illustrated Q&A review of biochemistry / Michael A. Lieberman, Rick Ricer . Philadelphia : Lippincott Williams & Wilkins, c2010
  - **Available in Print at Ayala Sci Bar.** QU 18.2 L695L 2010
  - Limited preview via Google Book.
- Medical physiology : a cellular and molecular approach / [edited by] Walter F. Boron, Emile L. Boulpaep. Philadelphia, PA : W.B. Saunders, c2003
  - **Available in Print at Ayala Sci Bar.** QT 104 B7356M 2003

Comments (0)

Histology

Core Textbook:

- Color textbook of histology / LeslieP. Gartner, James L. Hiatt / Gartner, Leslie P., 1943- Philadelphia, PA : Saunders/Elsevier, 2007.
  - **Available in Print at Grunigen Medical Library** QS

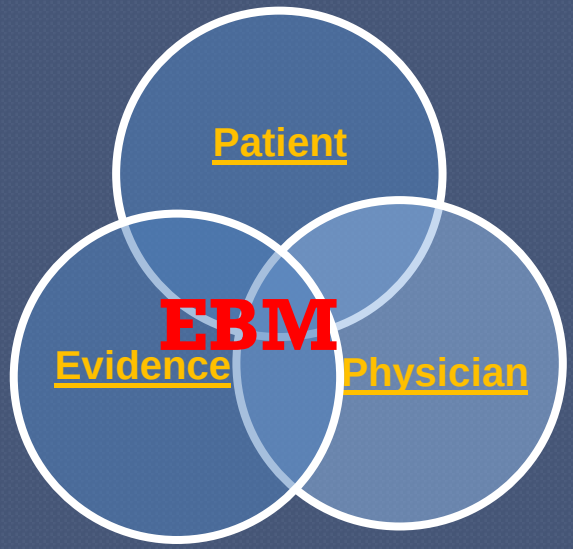
What is EBM?

"It is the integration of:
available research evidence with your **clinical experience/expertise** and your **patient's needs** .

Ref:
1. Evidence-based medicine : how to practice and teach EBM / David L. Sackett ... [et al.] New York : Churchill Livingstone, 2000.

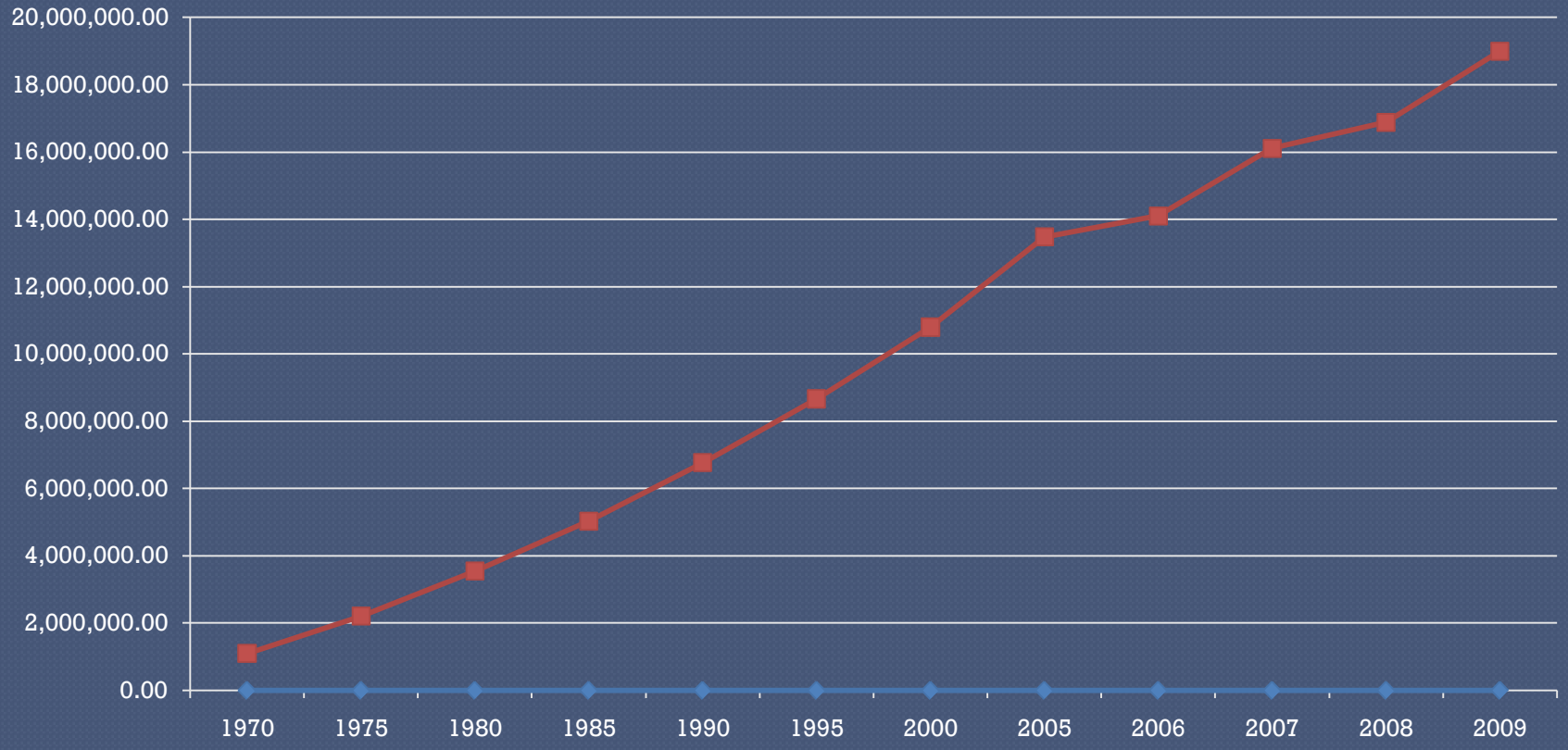
Dr. Sackett is the founding father of EBM movement.

http://www.youtube.com/watch?v=Nbd--s2dFY0&feature=related



Other Reasons: Information Overload

Ever-increasing volume of journals and articles makes it impossible to keep up.



5,398 journals being indexed 20,335,162 PubMed records

Steps in the Practice of Evidence-Based Medicine

1. **Assess** Your patient
2. **Identify** Information needs and ask a focused clinical question
3. **Search** for relevant information from literature
4. **Evaluate** the evidence that you found or identify absence of evidence.
5. **Apply** the evidence to your patient
6. **Evaluate** the patient's outcome and your practice

Evidence Based Medicine…
Begins with your patient and ends with your patient.

Clinical Scenario: Right Side Abdominal Pain

Ms EH, a 23 yo Hispanic female presents to the GI clinic complaining of episodes of right sided abdominal pain, fevers, night sweats and a 30 lb weight loss over the last 7 months. She has not had diarrhea or seen blood in her stool. She has a history of episodic vomiting, fever, weight loss, and nausea since she was 18 years old.

- Presents for Dx and management/cure

Clinical Scenario: Physical Exam

CC: "I often have pain on my right side [abdomen]."

HPI presents to the GI clinic with severe right-side abdominal pain. often has fevers, night sweats and has had a 30 lb weight loss over the last 7 months.

FHx: Father passed away at the age of 60 from a colorectal cancer. Mother is alive and well at the age of 72. Family history is also significant for inflammatory Bowel Disease in her uncle.

PMHx: Has had episodic vomiting, fever, weight loss, and nausea since 18 yo. Was seen at the Santa Ana clinic in 2007 for continual fatigue and weight loss. No firm diagnosis made at the time, and she did not return for follow-up.

Medications: Takes calcium carbonate (Tums) when pain is bad. It rarely helps. Takes loperamide (Maalox) for diarrhea which patient reports to be effective.

Vitals: BP: 157/90 mmHg, Pulse: 99, RR: 20, Temp: 100.3, Weight: 90 lbs, Height: 5'3"

Step 1 : Assess Your Patient

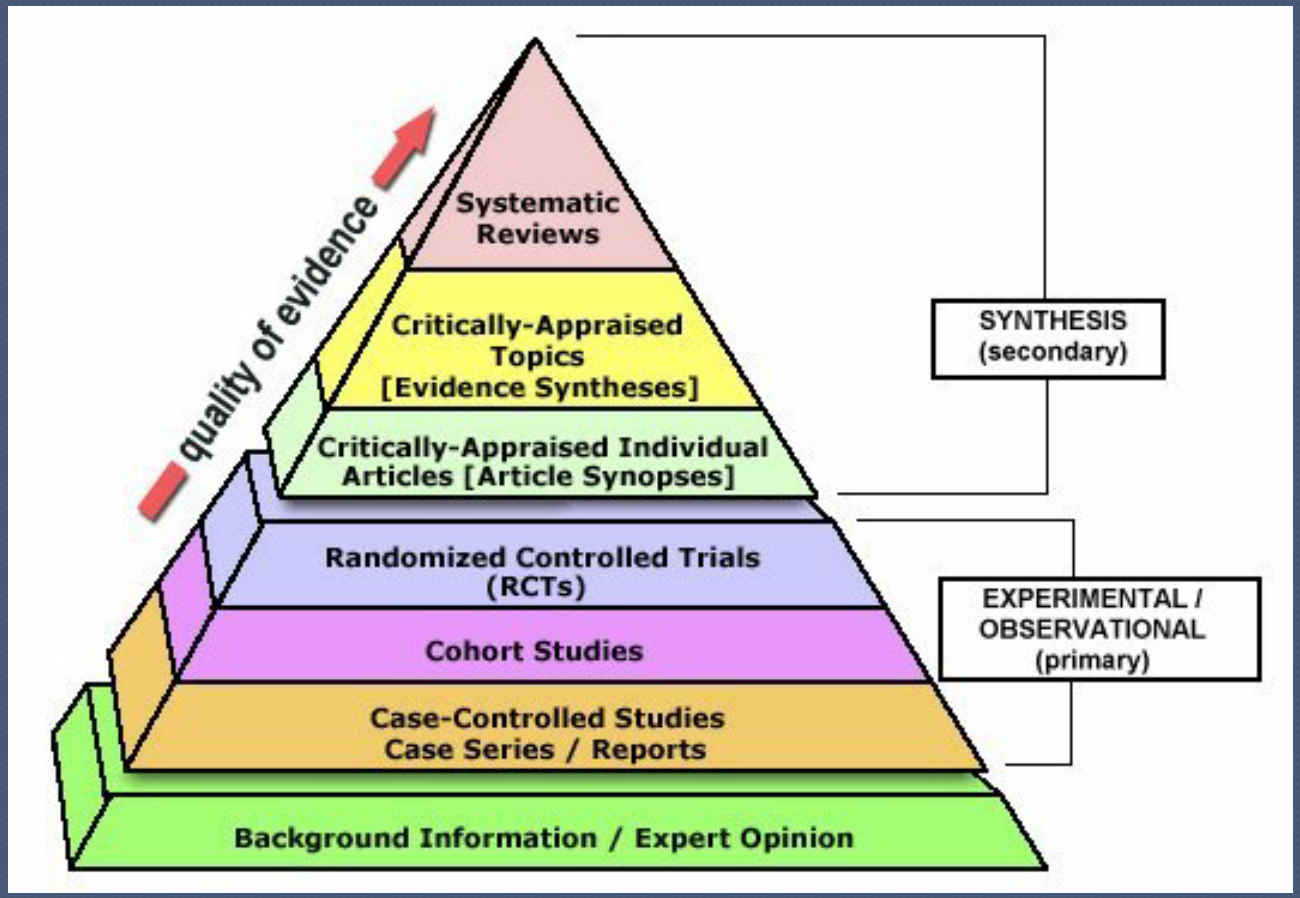
- Acquire the patient's history
- Physical examination
- Discussing the patient's concerns
- Determine the problem (Several clinical questions may arise)

From this, we can construct a clinical question building from the patient and the problem

"Good questions are the backbone of practicing EBM. It takes practice to ask the well-formulated question."

"An undefined problem has an infinite number of solutions."

Study Type and Methodology Evidence Pyramid



Ref: Based on the "EBM Pyramid and EBM Page Generator, " c 2006 Trustees of Dartmouth College and Yale University. All Rights Reserved. Produced by Jan Glover, David Izzo, Karen Odato and Lei Wang.

Evidence-Based Point-of-Care Resource Tools (Primary vs. Secondary)

Primary Resources (Original Research)

- PubMed@UCI

Secondary Resources (Synthesis)

- Systematic Reviews, Meta Analysis
  - Cochrane Library
- Practice Guidelines
  - National Guideline Clearinghouse
- Critically Appraised Topics /Article Synopses
  - eMedicine
  - UpToDate
  - ACP PIER
  - ACP Journal Club

Step 2 : Ask a Clinical Question

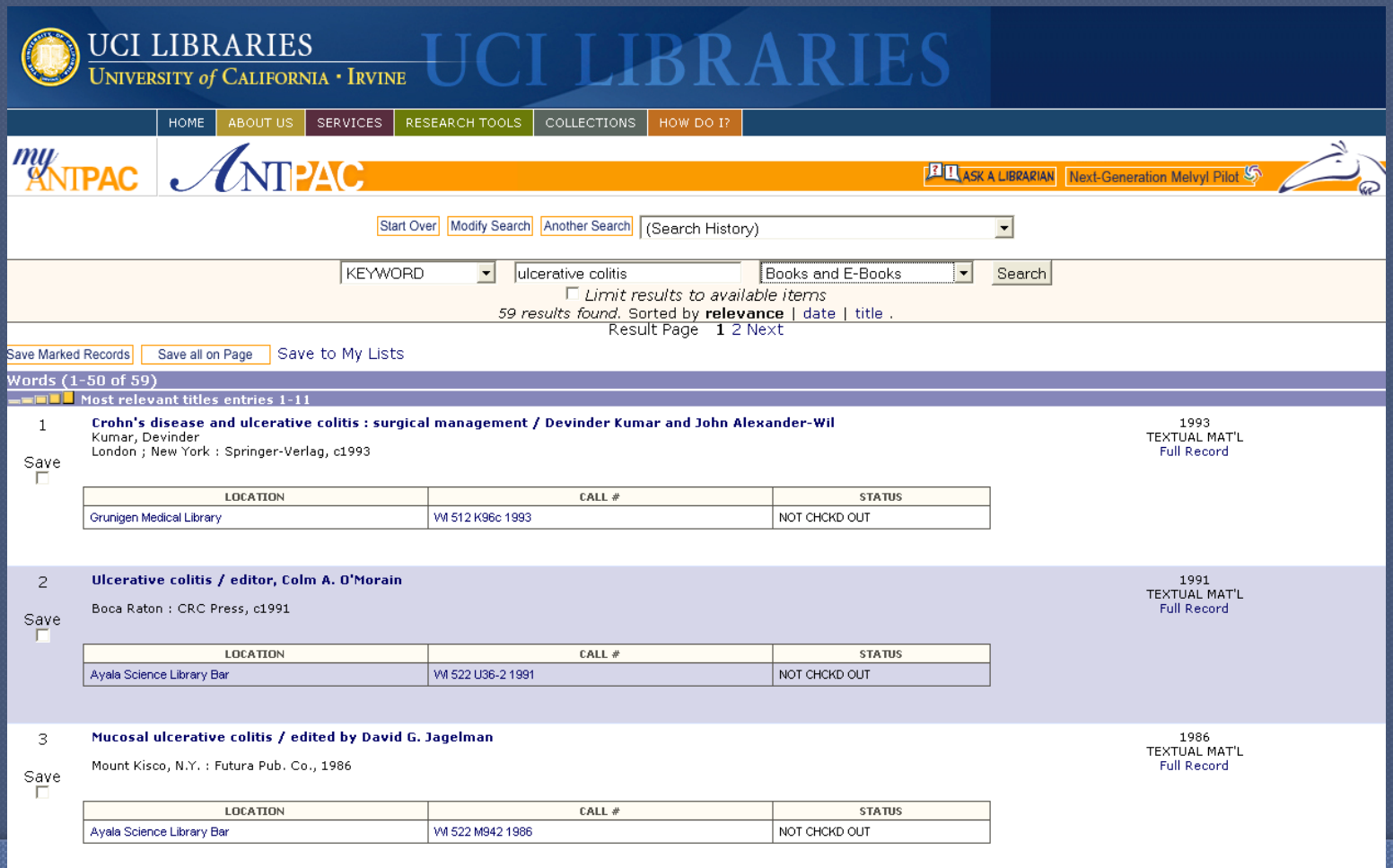
A Background question:

- Asks for general knowledge about a disorder and available treatment.

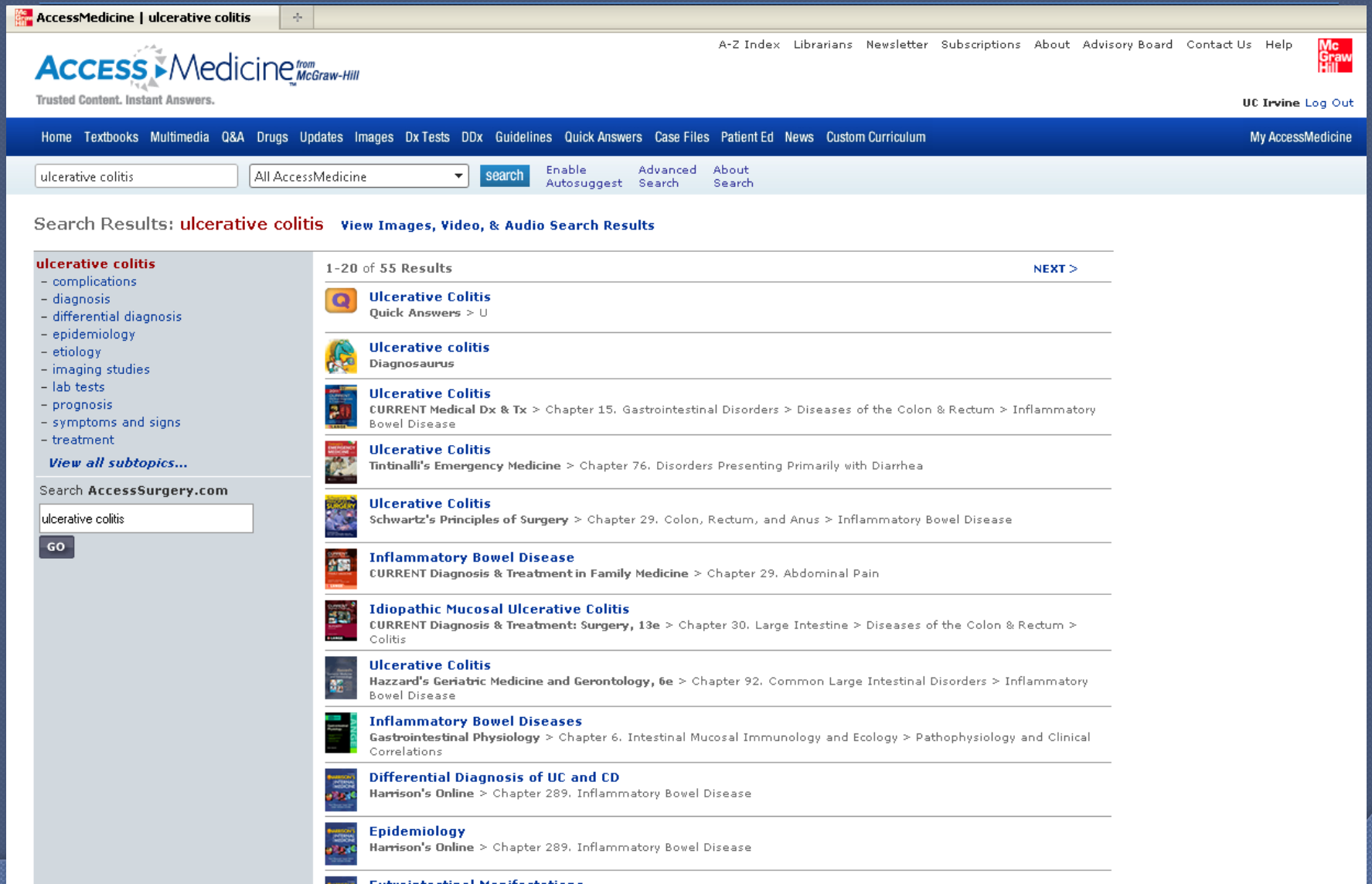
- Answers can often be found in medical texts, book chapters and review articles.
  1. What are the symptoms of ulcerative colitis?
  2. What are the symptoms of Crohn disease?
  3. What is the etiology of Crohn disease?
  4. What are the available treatments for Crohn disease?

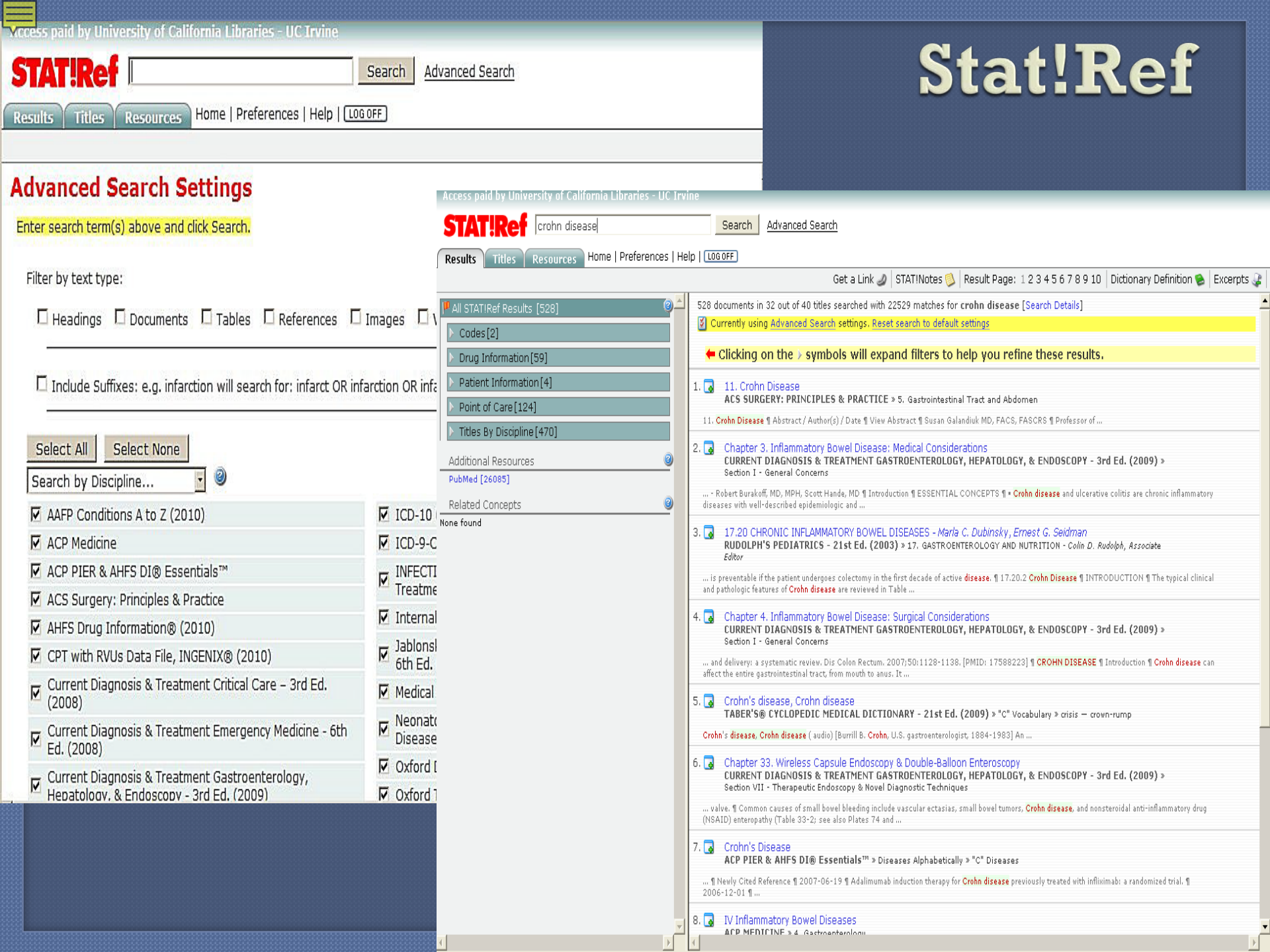
Background Resources: Books and eBooks

- Antpac antpac.lib.uci.edu -- UCI Libraries Online Catalog
  - Locate both online and print copies of textbooks

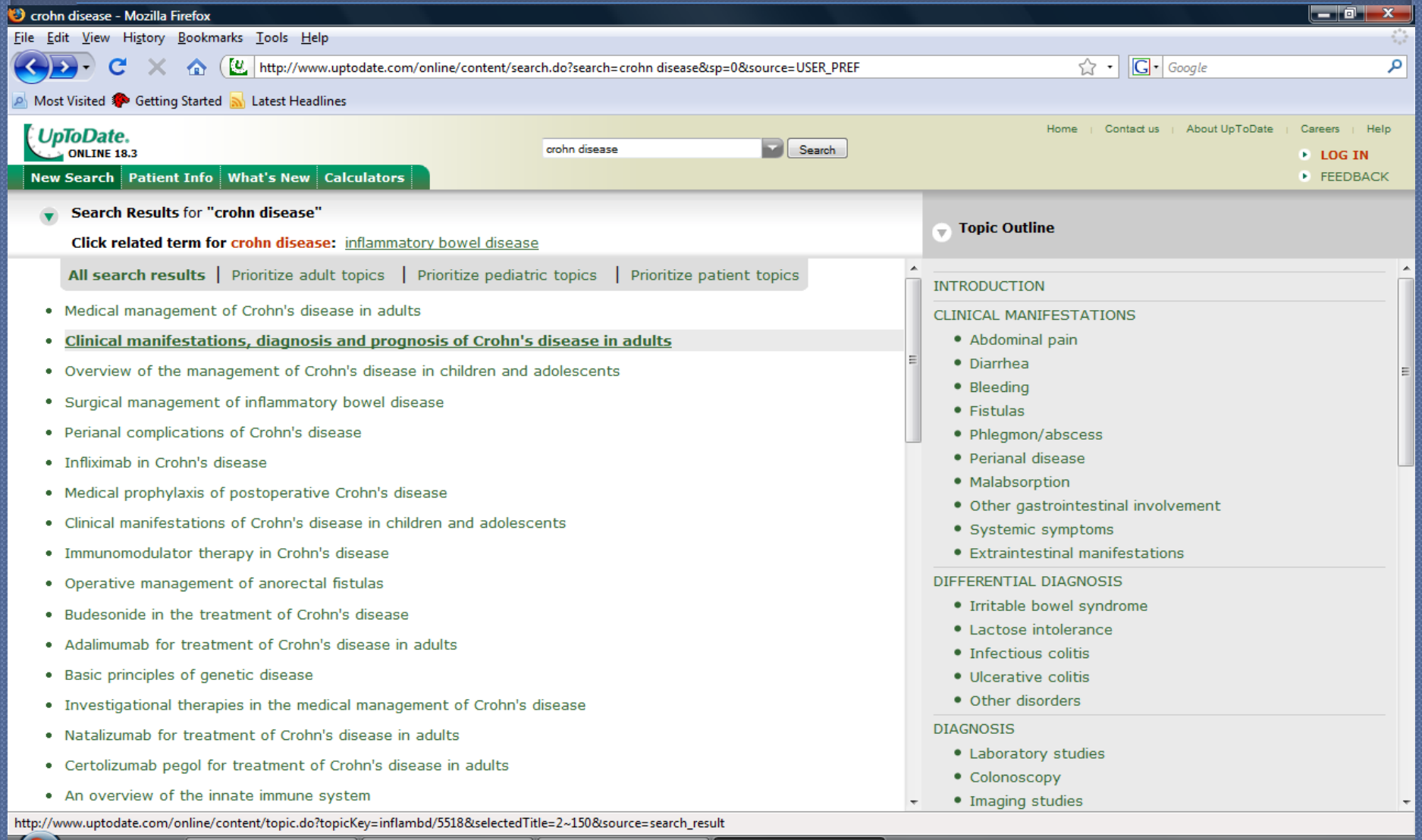


Background Resources: AccessMedicine




Access paid by University of California Libraries - UC Irvine
STAT!Ref
Search
Advanced Search
Results
Titles
Resources
Home | Preferences | Help | LOG OFF
Stat!Ref
Advanced Search Settings
Enter search term(s) above and click Search.
Filter by text type:
Headings
Documents
Tables
References
Images
Include Suffixes: e.g. infarction will search for: infarct OR infarction OR infa
Select All
Select None
Search by Discipline...
AAFP Conditions A to Z (2010)
ACP Medicine
ACP PIER & AHFS DI® Essentials™
ACS Surgery: Principles & Practice
AHFS Drug Information® (2010)
CPT with RVUs Data File, INGENIX® (2010)
Current Diagnosis & Treatment Critical Care – 3rd Ed. (2008)
Current Diagnosis & Treatment Emergency Medicine - 6th Ed. (2008)
Current Diagnosis & Treatment Gastroenterology, Hepatology, & Endoscopy - 3rd Ed. (2009)
ICD-10
ICD-9-C
INFECTI Treatme
Internal
Jablonsl 6th Ed.
Medical
Neonat Disease
Oxford
Oxford
Access paid by University of California Libraries - UC Irvine
STAT!Ref
crohn disease
Search
Advanced Search
Results
Titles
Resources
Home | Preferences | Help | LOG OFF
Get a Link
STAT!Notes
Result Page: 1 2 3 4 5 6 7 8 9 10
Dictionary Definition
Excerpts
All STAT!Ref Results [528]
Codes [2]
Drug Information [59]
Patient Information [4]
Point of Care [124]
Titles By Discipline [470]
Additional Resources
PubMed [26085]
Related Concepts
None found
528 documents in 32 out of 40 titles searched with 22529 matches for crohn disease [Search Details]
Currently using Advanced Search settings. Reset search to default settings
Clicking on the symbols will expand filters to help you refine these results.
1. 11. Crohn Disease
ACS SURGERY: PRINCIPLES & PRACTICE » 5. Gastrointestinal Tract and Abdomen
11. Crohn Disease ¶ Abstract / Author(s) / Date ¶ View Abstract ¶ Susan Galandiuk MD, FACS, FASCRS ¶ Professor of ...
2. Chapter 3. Inflammatory Bowel Disease: Medical Considerations
CURRENT DIAGNOSIS & TREATMENT GASTROENTEROLOGY, HEPATOLOGY, & ENDOSCOPY - 3rd Ed. (2009) »
Section I - General Concerns
... - Robert Burakoff, MD, MPH, Scott Hande, MD ¶ Introduction ¶ ESSENTIAL CONCEPTS ¶ • Crohn disease and ulcerative colitis are chronic inflammatory diseases with well-described epidemiologic and ...
3. 17.20 CHRONIC INFLAMMATORY BOWEL DISEASES - Marla C. Dubinsky, Ernest G. Seidman
RUDOLPH'S PEDIATRICS - 21st Ed. (2003) » 17. GASTROENTEROLOGY AND NUTRITION - Colin D. Rudolph, Associate Editor
... is preventable if the patient undergoes colectomy in the first decade of active disease. ¶ 17.20.2 Crohn Disease ¶ INTRODUCTION ¶ The typical clinical and pathologic features of Crohn disease are reviewed in Table ...
4. Chapter 4. Inflammatory Bowel Disease: Surgical Considerations
CURRENT DIAGNOSIS & TREATMENT GASTROENTEROLOGY, HEPATOLOGY, & ENDOSCOPY - 3rd Ed. (2009) »
Section I - General Concerns
... and delivery: a systematic review. Dis Colon Rectum. 2007;50:1128-1138. [PMID: 17588223] ¶ CROHN DISEASE ¶ Introduction ¶ Crohn disease can affect the entire gastrointestinal tract, from mouth to anus. It ...
5. Crohn's disease, Crohn disease
TABER'S® CYCLOPEDIC MEDICAL DICTIONARY - 21st Ed. (2009) » "C" Vocabulary » crisis — crown-rump
Crohn's disease, Crohn disease (audio) [Burrill B. Crohn, U.S. gastroenterologist, 1884-1983] An ...
6. Chapter 33. Wireless Capsule Endoscopy & Double-Balloon Enteroscopy
CURRENT DIAGNOSIS & TREATMENT GASTROENTEROLOGY, HEPATOLOGY, & ENDOSCOPY - 3rd Ed. (2009) »
Section VII - Therapeutic Endoscopy & Novel Diagnostic Techniques
... valve. ¶ Common causes of small bowel bleeding include vascular ectasias, small bowel tumors, Crohn disease, and nonsteroidal anti-inflammatory drug (NSAID) enteropathy (Table 33-2; see also Plates 74 and ...
7. Crohn's Disease
ACP PIER & AHFS DI® Essentials™ » Diseases Alphabetically » "C" Diseases
... ¶ Newly Cited Reference ¶ 2007-06-19 ¶ Adalimumab induction therapy for Crohn disease previously treated with infliximab: a randomized trial. ¶ 2006-12-01 ¶ ...
8. IV Inflammatory Bowel Diseases
ACP MEDICINE » 4. Gastroenterology

Article Synopses: UpToDate



Step 2 : Ask a Clinical Question

A Foreground question:

- Asks for specific knowledge about a disorder or treatment.
- Usually relates to a specific patient or population
- Includes four components -- **PICO**

What is PICO?

P – the patient and problem of interest
I – the main intervention (therapeutic, diagnostic, prognostic) or exposure (etiologic/harm)
C – a comparison intervention if relevant.
O – the clinical outcome of interest

Why Bother with PICO?

- Helps focus on evidence directly relevant to your patient's needs and your specific knowledge needs
- Forces you to ask a specific and answerable question
- Helps make a search of the medical literature easier by identifying specific search concepts and keywords
- Questions are answerable, reinforcing the satisfaction of finding evidence that makes you a better, more effective clinician

Step 2 : Ask a Clinical Question

A clinical question usually falls into one of four clinical categories:

- **Therapy**
  - How to select treatments that do more good than harm and that are worth the effort and cost of using them
- **Diagnosis**
  - How to select and interpret diagnostic tests
- **Harm/Etiology**
  - How to identify causes for disease (including iatrogenic forms)
- **Prognosis**
  - How to estimate the patient's likely clinical course over time and anticipate likely complications of disease

Case Scenario Recap

Elena Hildago, a 23 yo hispanic female presents to the GI clinic complaining of episodes of right sided abdominal pain, fevers, night sweats and a 30 lb weight loss over the last 7 months.

She has not had diarrhea or seen blood in her stool. She has a history of episodic vomiting, fever, weight loss, and nausea since she was 18 years old.

A Therapy Question

In a 23 yo Hispanic female with newly diagnosed Crohn Disease, is treatment with infliximab or azathioprine vs. budesonide (corticosteroid) effective in inducing remission?

PICO -- Therapy	
Patient / **P**roblem	23 yo hispanic female diagnosed with Crohn's disease
Intervention	infliximab OR azathioprine
Comparison	budesonide OR corticosteroid
Outcome	remission of symptoms

A Diagnosis Question

What is the sensitivity and specificity of capsule endoscopy in comparison to either Magnetic Resonance Imaging (MRI) or Computed Tomography (CT Scan) in detecting patients with Crohn disease or ulcerative colitis?

PICO -- Diagnosis	
Patient / **P**roblem	Patients with suspected Crohn disease or Ulcerative colitis
Intervention	Capsule endoscopy
Comparison	MRI OR CT Scan
Outcome	Sensitivity and specificity of the test

An Etiology Question

In patients with Crohn disease, does treatment with infliximab or azathioprine increase the risk of developing lymphoma or other malignancies?

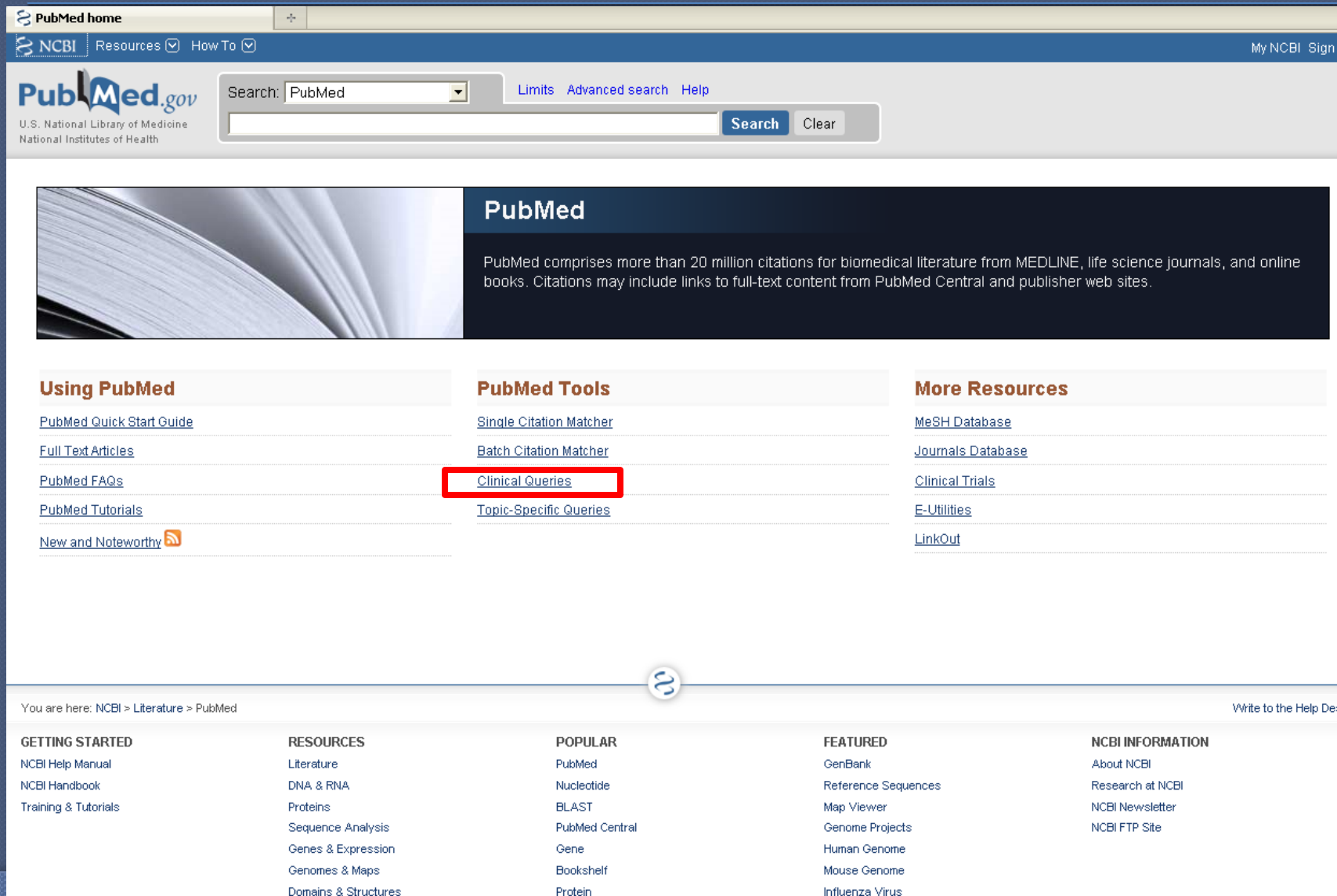
PICO -- Etiology	
Patient / **P**roblem	Patients with Crohn disease
Intervention	infliximab OR azathioprine
Comparison	placebo
Outcome	increase the risk of developing lymphoma or other malignancies

A Prognosis Question

In patients with Crohn disease does scheduled maintenance therapy with infliximab increase the rate of remission and improve the quality of life?

PICO -- Prognosis	
Patient / **P**roblem	Patients with Crohn disease
Intervention	Scheduled maintenance therapy with infliximab
Comparison	episodic treatment
Outcome	increase the rate of remission and improve the quality of life

Step 3: Find the Best Evidence -- PubMed Search



PubMed Clinical Queries

- Search Strategy:

  (Therapy/Narrow[filter]) AND (crohn disease AND (infliximab OR azathioprine) AND (budesonide OR Corticosteroids)

  - Limits: Published in the last 10 years, English, All Adults: 19+ years

Display Settings: Summary, 20 per page, Sorted by Recently Added

Send to:

Limits Activated: English, All Adult: 19+ years, published in the last 10 years Change | Remove

Results: 14

1. Infliximab, azathioprine, or combination therapy for Crohn's disease.
Colombel JF, Sandborn WJ, Reinisch W, Mantzaris GJ, Kornbluth A, Rachmilewitz D, Lichtiger S, D'Haens G, Diamond RH, Broussard DL, Tang KL, van der Woude CJ, Rutgeerts P; SONIC Study Group.
N Engl J Med. 2010 Apr 15;362(15):1383-95.
PMID: 20393175 [PubMed - indexed for MEDLINE] **Free Article**
Related citations

2. Increased response and remission rates in short-duration Crohn's disease with subcutaneous certolizumab pegol: an analysis of PRECiSE 2 randomized maintenance trial data.
Schreiber S, Colombel JF, Bloomfield R, Nikolaus S, Schölmerich J, Panés J, Sandborn WJ; PRECiSE 2 Study Investigators.
Am J Gastroenterol. 2010 Jul;105(7):1574-82. Epub 2010 Mar 16.
PMID: 20234346 [PubMed - indexed for MEDLINE]
Related citations

3. A pilot study comparing hydrocortisone premedication to concomitant azathioprine treatment in preventing loss of response to infliximab.
Mantzaris GJ, Viazis N, Petraki K, Papamichael K, Theodoropoulos I, Roussos A, Karakoidas C, Koilakou S, Raptis N, Smyrnidis A, Agalos G, Karamanolis DG.
Eur J Gastroenterol Hepatol. 2009 Sep;21(9):1042-8.
PMID: 20139856 [PubMed - indexed for MEDLINE]
Related citations

4. Azathioprine is superior to budesonide in achieving and maintaining mucosal healing and histologic remission in steroid-dependent Crohn's disease.
Mantzaris GJ, Christidou A, Sfakianakis M, Roussos A, Koilakou S, Petraki K, Polyzou P.
Inflamm Bowel Dis. 2009 Mar;15(3):375-82.
PMID: 19009634 [PubMed - indexed for MEDLINE] **Free Article**
Related citations

5. Steroid-sparing effect of wormwood (Artemisia absinthium) in Crohn's disease: a double-blind placebo-controlled study.
Omer B, Krebs S, Omer H, Noor TO.
Phytomedicine. 2007 Feb;14(2-3):87-95. Epub 2007 Jan 19.
PMID: 17240130 [PubMed - indexed for MEDLINE]

PubMed Search Results

Display Settings: Abstract

Send to:

FULL TEXT ONLINE FREE InterScience

UC-eLinks

Inflamm Bowel Dis. 2009 Mar;15(3):375-82.

Azathioprine is superior to budesonide in achieving and maintaining mucosal healing and histologic remission in steroid-dependent Crohn's disease.

Mantzaris GJ, Christidou A, Sfakianakis M, Roussos A, Koilakou S, Petraki K, Polyzou P.

First Department of Gastroenterology, Evangelismos Hospital, Athens, Greece. gman195@yahoo.gr

Abstract

BACKGROUND: The effects of azathioprine (AZA) and budesonide (BUD) on mucosal healing and histologic remission of Crohn's disease (CD) are insufficiently studied. In this prospective study we evaluated the comparative effects of AZA and BUD on endoscopic and histologic activity in patients with steroid-dependent Crohn's ileocolitis or proximal colitis who had achieved clinical remission on conventional steroids.

METHODS: Patients were randomized to AZA (2.0-2.5 mg/kg a day) or BUD (6-9 mg a day) for 1 year. The study protocol included clinical examination, laboratory tests, calculation of the Crohn's Disease Activity Index (CDAI), completion of the Inflammatory Bowel Disease Questionnaire (IBDQ), at baseline and then every 2 months for 1 year. Ileocolonoscopy with regional biopsies was performed at baseline and then at the end of the study to assess mucosal healing and the histologic activity of CD.

RESULTS: Thirty-eight patients were randomized to AZA and 39 to BUD. At the end of the study 32 and 25 patients in the AZA and BUD groups, respectively, were in clinical remission ($P = 0.07$). The Crohn's Disease Endoscopic Index of Severity (CDEIS) score fell significantly only in the AZA group ($P < 0.0001$). Complete or near complete healing was achieved in 83% of AZA-treated patients compared with only 24% of BUD-treated patients ($P < 0.0001$). Histologic activity as assessed by an average histology score (AHS) fell significantly only in the AZA group ($P < 0.001$ versus baseline) and was significantly lower than in the BUD group at the end of the study ($P < 0.001$). Eight patients in the AZA group were withdrawn for adverse events ($n = 6$) or relapse of disease compared with 14 patients in the BUD group who were withdrawn for relapse of disease.

CONCLUSIONS: In patients with steroid-dependent inflammatory Crohn's ileocolitis or proximal colitis who achieve clinical remission with conventional steroids, a 1-year treatment with AZA was superior to BUD in achieving and maintaining mucosal healing and histologic remission.

PMID: 19009634 [PubMed - indexed for MEDLINE] Free Article

Publication Types, MeSH Terms, Substances

LinkOut - more resources

Related citations

Budesonide versus mesalamine for maintaining re [Clin Gastroenterol Hepatol. 2003]

A prospective randomized observer-blind 2-year trial of azathioprine m [Am J Gastroenterol. 2004]

Endoscopic and histologic healing of Crohn's (ileo-) colitis with az [Gastrointest Endosc. 1999]

Review Budesonide for maintenance of remission [Cochrane Database Syst Rev. 2009]

Review Methotrexate for induction of remission in refractor [Cochrane Database Syst Rev. 2005]

See reviews...

See all...

Cited by 2 PubMed Central articles

Review Role of endoscopy in predicting the disease course in [World J Gastroenterol. 2010]

Limitations in assessment of mucosal healing in inflammatory bo [World J Gastroenterol. 2010]

All links from this record

Related Citations

Compound (MeSH Keyword)

Substance (MeSH Keyword)

Cited in PMC

Recent activity

ORIGINAL ARTICLE

Azathioprine Is Superior to Budesonide in Achieving and Maintaining Mucosal Healing and Histologic Remission in Steroid-dependent Crohn's Disease

Gerassimos J. Mantzaris, MD, PhD, Angeliki Christidou, MD,* Michael Sfakianakis, PhD,† Anastassios Roussos, MSc, MD, PhD,* Stavroula Koilakou, MD,* Kalliopi Petraki, MD, PhD,‡ and Paraskevi Polyzou, MD, PhD**

Background: The effects of azathioprine (AZA) and budesonide (BUD) on mucosal healing and histologic remission of Crohn's disease (CD) are insufficiently studied. In this prospective study we evaluated the comparative effects of AZA and BUD on endoscopic and histologic activity in patients with steroid-dependent Crohn's ileocolitis or proximal colitis who had achieved clinical remission on conventional steroids.

Methods: Patients were randomized to AZA (2.0–2.5 mg/kg a day) or BUD (6–9 mg a day) for 1 year. The study protocol included clinical examination, laboratory tests, calculation of the Crohn's Disease Activity Index (CDAI), completion of the Inflammatory Bowel Disease Questionnaire (IBDQ), at baseline and then every 2 months for 1 year. Ileocolonoscopy with regional biopsies was performed at baseline and then at the end of the study to assess mucosal healing and the histologic activity of CD.

Results: Thirty-eight patients were randomized to AZA and 39 to BUD. At the end of the study 32 and 25 patients in the AZA events ($n = 6$) or relapse of disease compared with 14 patients in the BUD group who were withdrawn for relapse of disease.

Conclusions: In patients with steroid-dependent inflammatory Crohn's ileocolitis or proximal colitis who achieve clinical remission with conventional steroids, a 1-year treatment with AZA was superior to BUD in achieving and maintaining mucosal healing and histologic remission.

(Inflamm Bowel Dis 2009;15:375–382)

Key Words: Crohn's disease, azathioprine, budesonide, mucosal healing, histologic remission

Crohn's disease (CD) is a lifelong idiopathic intestinal inflammatory disease characterized by a chronic relapsing or unremitting course that reduces health-related quality of life (QOL).[1,2] Corticosteroids are the first-line treatment for active CD but even after the first course a substantial proportion of patients become dependent or

Finding Systematic Reviews

THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making

from The Cochrane Collaboration

SEARCH THE COCHRANE LIBRARY

Title, Abstract or Keywords

GO

or try an Advanced Search

HOME | SIGN UP | LEARN | ACCESS | HELP

BROWSE COCHRANE DATABASE OF SYSTEMATIC REVIEWS

Issue 12 of 12, Dec 2010

- Anaesthesia & pain control (155)
- Blood disorders (99)
- Cancer (324)
- Consumer & communication strategies (35)
- Dentistry & oral health (114)
- Developmental, psychosocial, & learning problems (78)
- Ear, nose, & throat (104)
- Effective practice/health systems (80)
- Endocrine & metabolic (83)

expand

Other Browse Options

SPECIAL COLLECTIONS


Burns


Opportunistic infections and HIV-associated malignancies in people with HIV/AIDs


Depression and anxiety in people with physical illness

View all

EDITORIAL

The role of Cochrane Review authors in exposing research and publication misconduct

At the Joint Colloquium of the Cochrane & Campbell Collaborations in Keystone in October 2010, we ran a workshop about the problems of detecting research misconduct,[1] and had a wonderful discussion with participants. The US Office of Research Integrity defines research misconduct as...

Read more | View archive

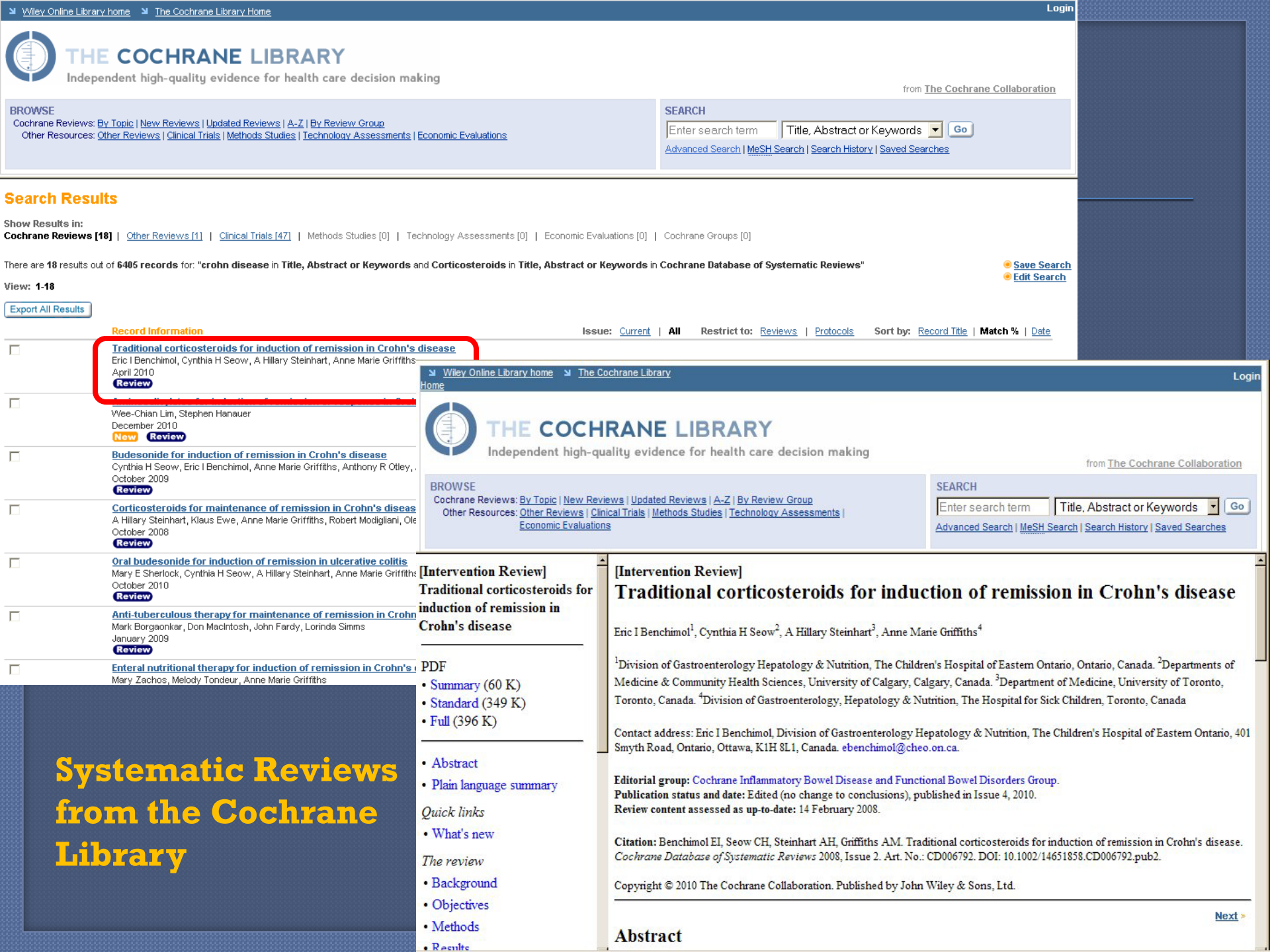
HIGHLIGHTED NEW AND UPDATED COCHRANE REVIEWS

Music interventions for mechanically ventilated patients

Narrative vs. Systematic Reviews

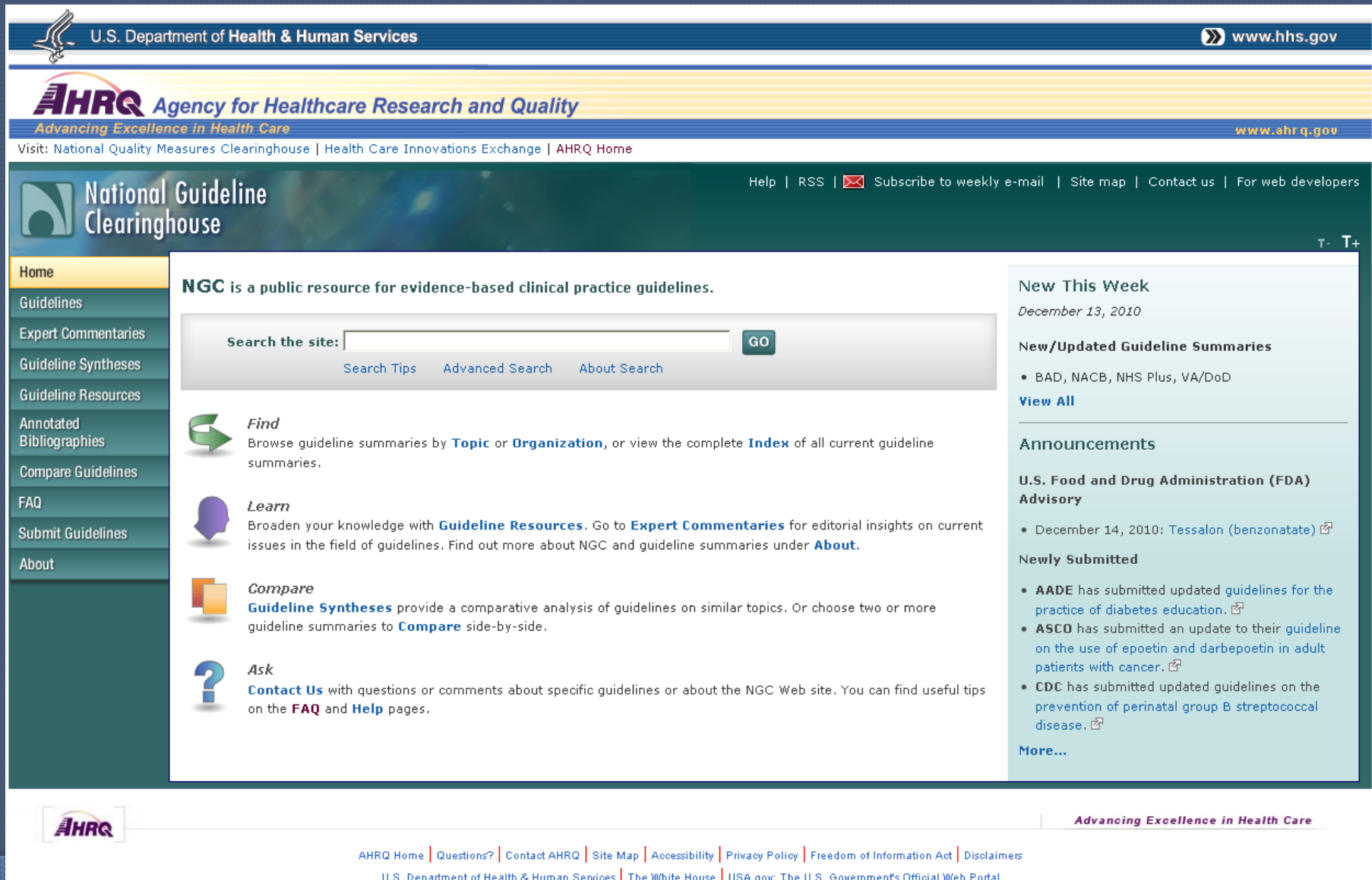
Feature	Narrative review	Systematic Review
Subject coverage	Broad in scope	A focused clinical question
Sources & Search	Not specified, potentially biased	Comprehensive sources & explicit search strategy
Study Selection	Not specified, potentially biased	Criterion-based selection, uniformly applied
Appraisal	Variable & opinion based	Rigorous critical appraisal
Synthesis	Qualitative summary	Quantitative summary (includes a statistical synthesis)

Ref: Annals of Internal medicine Marc 1997, v. 126(5) pp389-391.



Systematic Reviews from the Cochrane Library

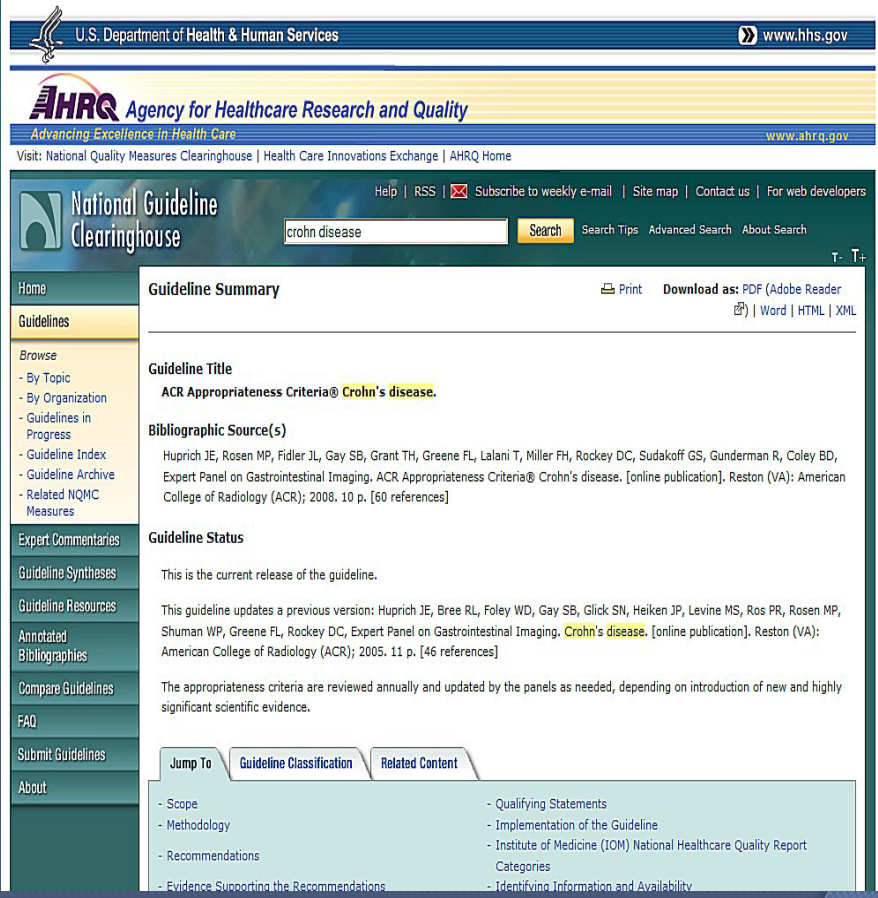
Finding Practice Guidelines



Clinical Practice Guidelines

- Official statements that outline how to prevent, diagnose and treat specific medical conditions
- Issued by medical specialty societies, government agencies and other health organizations.
- May be published as journal articles, books, organizational publications.
- Also known as practice parameters, clinical policies, standards, treatment protocols, etc.

Are there any practice guidelines regarding the treatment of Crohn's disease?



Critically Appraised Individual Study

ACP Journal Club®
The Best New Evidence for Patient Care℠

ACP ONLINE
ACP Products & Services

Current Table of Contents | Past Issues | Search | Subscribe

■ About ACP Journal Club ■ Contact Us Site Map/Help Classifieds

ACP Journal Club - Search Results

Search for: crohn disease Go

Phrases must be in "quotes"

Article type: All
Therapeutics
Diagnosis
Clinical Prediction Guide
Prognosis

☐ Don't use synonyms

Search Help

Found 36 matches. Showing 1 - 10.

1. 2002 - Review: One tenth of patients with Crohn disease have prolonged remission

2. OAN: 2005 - Diagnosis of small bowel Crohn's disease: a prospective comparison of capsule endoscopy with magnetic resonance imaging and fluoroscopic enteroclysis.

3. OAN: 2007 - Survival after colorectal cancer in patients with Crohn's disease: A nationwide population-based Danish follow-up study.

4. 2001 - Olsalazine was not better than placebo in maintaining remission in inactive Crohn disease

5. 2002 - Review: Infliximab increases response and remission rates in fistulizing or treatment resistant Crohn disease

6. 2008 - Review: Azathioprine, infliximab, certolizumab, and adalimumab are effective for maintaining remission in Crohn disease

7. 2003 - Natalizumab increased clinical remission and clinical response in moderate-to-severe Crohn disease

8. OAN: 2006 - A meta-analysis of the yield of capsule endoscopy compared to other diagnostic modalities in patients with

ACP Journal Club®
Table of Contents ◄ 17 June 2008 - Volume 148, Number 4

ACP ONLINE
ACP Products & Services

Current Table of Contents | Past Issues | Search | Subscribe

Prev. Article Next ■ About ACP Journal Club ■ Contact Us Site Map/Help Classifieds

- Page Top
- Commentary
- References
- PDF

- Home
- Editorials
- Resource Corner
- Glossary

Therapeutics

Review: Azathioprine, infliximab, certolizumab, and adalimumab are effective for maintaining remission in Crohn disease

Gastroenterology ★★★★★☆☆

About Star Ratings

ACP Journal Club. 2008 Jun 17;148:JC4-9.
Akobeng AK. **Review article: the evidence base for interventions used to maintain remission in Crohn's disease.** Aliment Pharmacol Ther. 2008;27:11-8. [PubMed ID: 17919275]

Question

Which interventions are effective for maintaining remission in Crohn disease?

Review scope

Studies selected evaluated interventions for maintaining remission in Crohn disease. Outcome was maintenance of remission (or relapse).

Review methods

MEDLINE (1966 to May 2007) and Cochrane Library (Issue 2, 2007) were searched for randomized controlled trials (RCTs) or systematic reviews or meta-analyses of RCTs; then Cochrane Inflammatory Bowel Disease Group was contacted. 8 interventions (azathioprine, 5-aminosalicylates, corticosteroids, budesonide, antimycobacterial agents, probiotics, omega-3 fatty acids, and enteral nutrition) were evaluated in systematic reviews, and 6 interventions (methotrexate, infliximab, adalimumab, natalizumab, certolizumab, and cyclosporine) were evaluated in RCTs.

Main results

Meta-analysis showed that azathioprine and omega-3 fatty acids were more effective than placebo for maintaining remission (Table). Single studies showed that methotrexate, infliximab, adalimumab, natalizumab, and certolizumab were more effective than placebo and enteral nutrition

What Else is Left?

Step 4:

Appraise the evidence for its quality and usefulness (validity and applicability)

Critical Appraisal Resource:

UCI School of Medicine EBM Guide Book

http://www.lib.uci.edu/grunigen/ebm/guide/index.html

Use this resource to assist you in critically analyzing the medical literature, and preparing a presentation.

http://www.lib.uci.edu/grunigen/ebm/guide/ebmguide_page15.html

EBM Guidebook

Table of Contents

◀ Back to Evidence-Based Instruction page

UCI School of Medicine

EBM Guidebook

from the *Medical Student Survival Manual*
18th Edition
UCI School of Medicine
2005-2006

Read the Guidebook online

Get Adobe Reader

Download Full PDF version

Step 5:

Implement useful findings to treat the patient along with your clinical expertise, and the patient's preferences, values and concerns.

Step 6:

Evaluate your performance with this patient (the evidence, intervention, and EBM process)

Key Points to Remember

1. Summarize your case scenario
2. Identify your knowledge gaps:
   - Ask a background clinical question from the scenario and find the answer from a reliable source.
   - Ask a focused clinical question in PICO format
3. Conduct searches to fill your knowledge gaps:
   - Search **PubMed** for a clinical study
   - Search **Cochrane Library** for a systematic review
   - Search **NGC** for a practice guideline
   - Search **ACP Journal Club** for a synopsis
4. Appraise the article you found
5. Prepare your CPC presentation

Online In-Class Exercise & Exit Survey

- Please login with your UCInetID and complete the class exercise at: https://eee.uci.edu/quiz/CF2_CPC

- Volunteers presenting their work will receive a gift bag

Before you leave:

- Complete the online survey at: http://eee.uci.edu/survey/CF2_CPC_Survey

Questions and Comments??

Feel free to contact your medical librarians anytime!

Steve Clancy
Science Library
949-824-7309
sclancy@uci.edu
AIM: ucilibsclancy

Linda Murphy
Science Library
949-824-6419
lmurphy@uci.edu
AIM: uciliblmurphy

http://grunigen.lib.uci.edu/hs-education-team.html

Thank you!!