

Clinical Foundations II: EBM and Resource Review

How to prepare the perfect CPC

Presented by:

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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

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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.

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Anatomy - Embryology

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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: [MyLibrary](#). Restricted to UCI. <http://www.mylibrary.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](#)

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Histology

Core Textbook:

- **Color textbook of histology** / Leslie P. Gartner, James L. Hiatt / Gartner, Leslie P., 1943- Philadelphia, PA : Saunders/Elsevier, 2007.
 - Available in Print at [Grunigen Medical Library](#) [QS 517 G244a 2007](#)

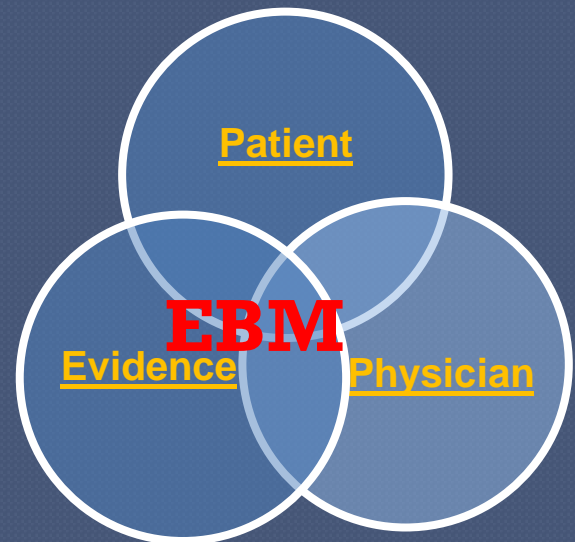
What is EBM?

“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.

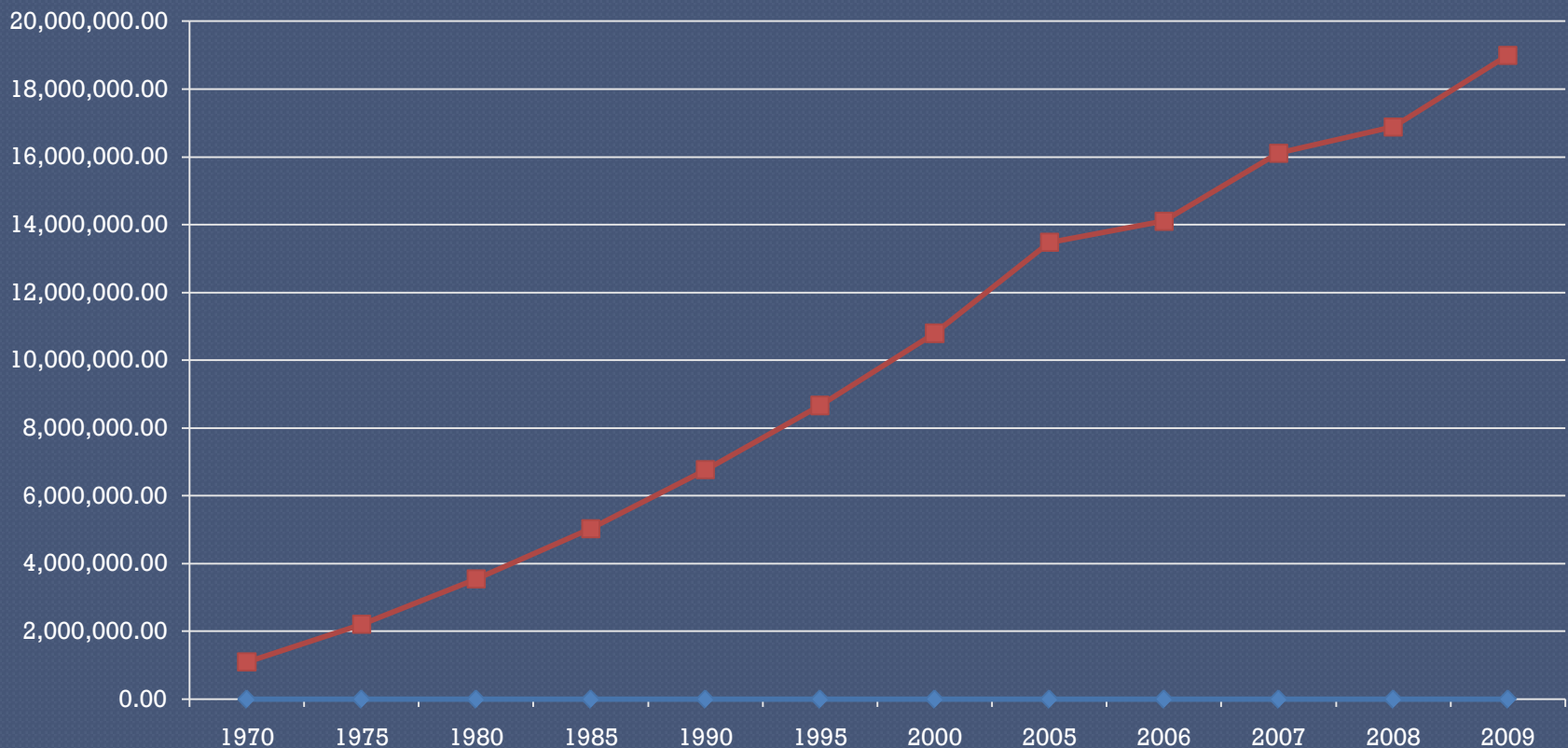
Dr. Sackett is the founding father of EBM movement.



<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

4. **Evaluate** the evidence that you found or identify absence of evidence.

3. **Search** for relevant information from literature

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)

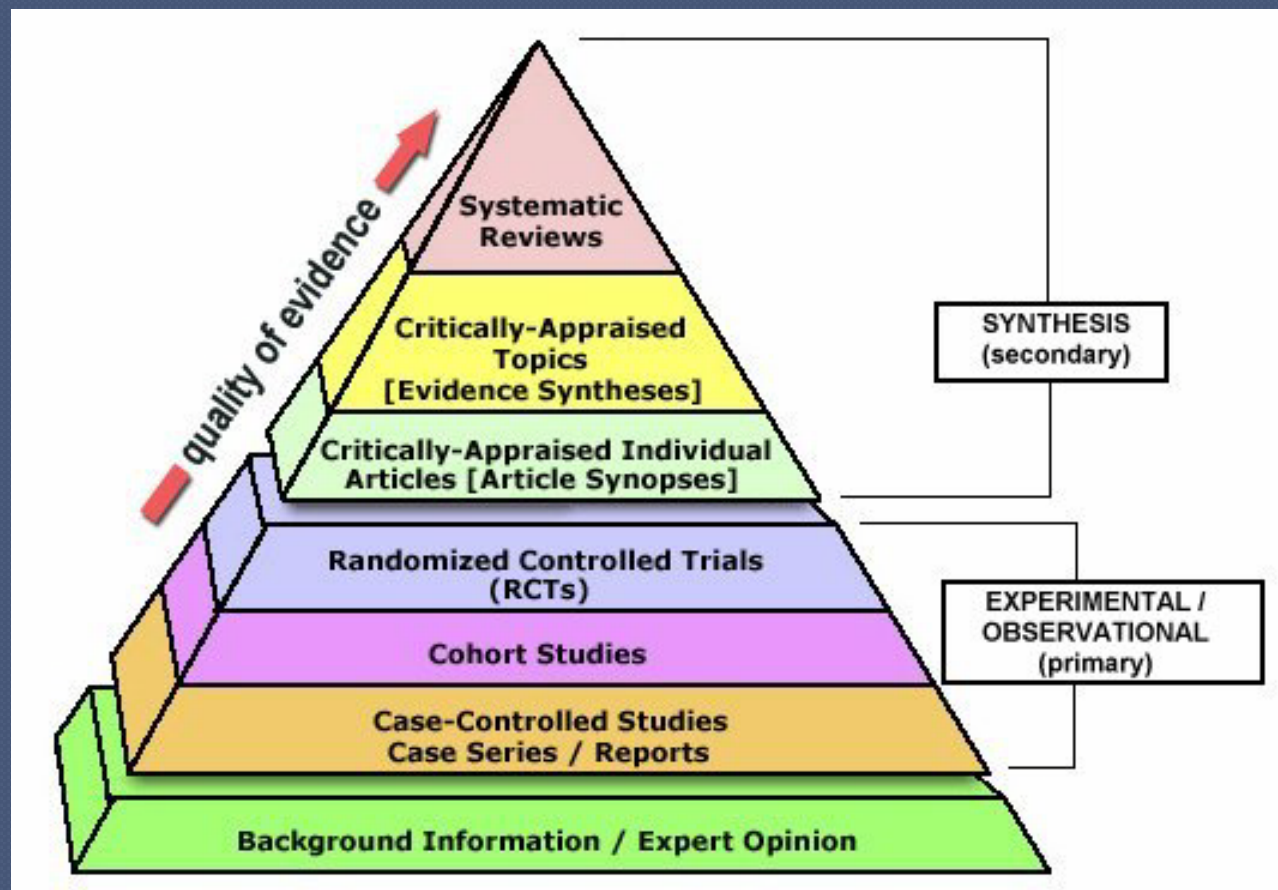
From this, we can construct a clinical question building from the patient and the problem

“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 Odatto 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](#)
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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

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Words (1-50 of 59)

Most relevant titles entries 1-11

- 1 Crohn's disease and ulcerative colitis : surgical management / Devinder Kumar and John Alexander-Wil**
Kumar, Devinder
London ; New York : Springer-Verlag, c1993
1993
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- 2 Ulcerative colitis / editor, Colm A. O'Morain**
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Background Resources: AccessMedicine

AccessMedicine | ulcerative colitis

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Ulcerative Colitis

[CURRENT Medical Dx & Tx > Chapter 15. Gastrointestinal Disorders > Diseases of the Colon & Rectum > Inflammatory Bowel Disease](#)



Ulcerative Colitis

[Tintinalli's Emergency Medicine > Chapter 76. Disorders Presenting Primarily with Diarrhea](#)



Ulcerative Colitis

[Schwartz's Principles of Surgery > Chapter 29. Colon, Rectum, and Anus > Inflammatory Bowel Disease](#)



Inflammatory Bowel Disease

[CURRENT Diagnosis & Treatment in Family Medicine > Chapter 29. Abdominal Pain](#)



Idiopathic Mucosal Ulcerative Colitis

[CURRENT Diagnosis & Treatment: Surgery, 13e > Chapter 30. Large Intestine > Diseases of the Colon & Rectum > Colitis](#)



Ulcerative Colitis

[Hazzard's Geriatric Medicine and Gerontology, 6e > Chapter 92. Common Large Intestinal Disorders > Inflammatory Bowel Disease](#)



Inflammatory Bowel Diseases

[Gastrointestinal Physiology > Chapter 6. Intestinal Mucosal Immunology and Ecology > Pathophysiology and Clinical Correlations](#)



Differential Diagnosis of UC and CD

[Harrison's Online > Chapter 289. Inflammatory Bowel Disease](#)



Epidemiology

[Harrison's Online > Chapter 289. Inflammatory Bowel Disease](#)

[Extraintestinal Manifestations](#)

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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
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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 Galandluk 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 - Maria 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® CYCLOPEDIA 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

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- Medical management of Crohn's disease in adults
- Clinical manifestations, diagnosis and prognosis of Crohn's disease in adults**
- Overview of the management of Crohn's disease in children and adolescents
- Surgical management of inflammatory bowel disease
- Perianal complications of Crohn's disease
- Infliximab in Crohn's disease
- Medical prophylaxis of postoperative Crohn's disease
- Clinical manifestations of Crohn's disease in children and adolescents
- Immunomodulator therapy in Crohn's disease
- Operative management of anorectal fistulas
- Budesonide in the treatment of Crohn's disease
- Adalimumab for treatment of Crohn's disease in adults
- Basic principles of genetic disease
- Investigational therapies in the medical management of Crohn's disease
- Natalizumab for treatment of Crohn's disease in adults
- Certolizumab pegol for treatment of Crohn's disease in adults
- An overview of the innate immune system

Topic Outline

INTRODUCTION

CLINICAL MANIFESTATIONS

- Abdominal pain
- Diarrhea
- Bleeding
- Fistulas
- Phlegmon/abscess
- Perianal disease
- Malabsorption
- Other gastrointestinal involvement
- Systemic symptoms
- Extraintestinal manifestations

DIFFERENTIAL DIAGNOSIS

- Irritable bowel syndrome
- Lactose intolerance
- Infectious colitis
- Ulcerative colitis
- Other disorders

DIAGNOSIS

- Laboratory studies
- Colonoscopy
- Imaging studies

http://www.uptodate.com/online/content/topic.do?topicKey=inflamdbd/5518&selectedTitle=2~150&source=search_result

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9:23 PM

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 **p**atient and **p**roblem of interest


I – the main **i**ntervention (therapeutic, diagnostic, prognostic) or exposure (etiologic/harm)

C – a **c**omparison intervention if relevant.

O – the clinical **o**utcome 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

P atient / P roblem	23 yo hispanic female diagnosed with Crohn's disease
I ntervention	infliximab OR azathioprine
C omparison	budesonide OR corticosteroid
O utcome	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

P atient / P roblem	Patients with suspected Crohn disease or Ulcerative colitis
I ntervention	Capsule endoscopy
C omparison	MRI OR CT Scan
O utcome	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

P atient / P roblem	Patients with Crohn disease
I ntervention	infliximab OR azathioprine
C omparison	placebo
O utcome	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

P atient / P roblem	Patients with Crohn disease
I ntervention	Scheduled maintenance therapy with infliximab
C omparison	episodic treatment
O utcome	increase the rate of remission and improve the quality of life

Step 3: Find the Best Evidence

-- PubMed Search

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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

Search: PubMed

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

Search

Clear

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Limits Activated: English, All Adult: 19+ years, published in the last 10 years [Change](#) | [Remove](#)

Results: 14

☐ [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](#)

☐ [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](#)

☐ [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, Smyrdis A, Agalos G, Karamanolis DG.

Eur J Gastroenterol Hepatol. 2009 Sep;21(9):1042-8.

PMID: 20139856 [PubMed - indexed for MEDLINE]

[Related citations](#)

☐ [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**

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☐ [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]

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OR ("crohn"[All Fields] AND
"disease"[All Fields]) OR
"crohn disease"[All Fields])
AND ("infliximab"[Substance]

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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, Kollakou 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.

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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.

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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

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



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Traditional corticosteroids for induction of remission in Crohn's disease

Eric I Benchimol¹, Cynthia H Seow², A Hillary Steinhart³, Anne Marie Griffiths⁴

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Editorial group: Cochrane Inflammatory Bowel Disease and Functional Bowel Disorders Group.

Publication status and date: Edited (no change to conclusions), published in Issue 4, 2010.

Review content assessed as up-to-date: 14 February 2008.

Citation: Benchimol EI, Seow CH, Steinhart AH, Griffiths AM. Traditional corticosteroids for induction of remission in Crohn's disease. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD006792. DOI: 10.1002/14651858.CD006792.pub2.

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- [ASCO](#) has submitted an update to their guideline on the use of epoetin and darbepoetin in adult patients with cancer.
- [CDC](#) has submitted updated guidelines on the prevention of perinatal group B streptococcal disease.

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

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ACR Appropriateness Criteria® Crohn's disease.

Bibliographic Source(s)

Huprich JE, Rosen MP, Fidler JL, Gay SB, Grant TH, Greene FL, Lalani T, Miller FH, Rockey DC, Sudakoff GS, Gunderman R, Coley BD, Shuman WP, Greene FL, Rockey DC, Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria® Crohn's disease. [online publication]. Reston (VA): American College of Radiology (ACR); 2008. 10 p. [60 references]

Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Huprich JE, Bree RL, Foley WD, Gay SB, Glick SM, Heiken JP, Levine MS, Ros PR, Rosen MP, Shuman WP, Greene FL, Rockey DC, Expert Panel on Gastrointestinal Imaging. **Crohn's disease.** [online publication]. Reston (VA): American College of Radiology (ACR); 2005. 11 p. [46 references]

The appropriateness criteria are reviewed annually and updated by the panels as needed, depending on introduction of new and highly significant scientific evidence.

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Critically Appraised Individual Study

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Therapeutics

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

Gastroenterology ★★★★★★

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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

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from the *Medical Student Survival Manual*

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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

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Thank you!!

