

# A Tool for Surviving the Data Deluge

PETER DOSKOCH

One of the main benefits of living in the Information Age—namely, the wealth of information—can, of course, also be a drawback. The quantity of data on almost any given subject is increasing exponentially, while the number of hours in a day that we have to absorb all of this information remains constant (and frequently seems to be decreasing). I could cite for you various statistics on how the number of medical studies published in scientific journals has mushroomed in the past quarter century, but it would probably be redundant; if you're like many clinicians, the pile of journals sitting in your office waiting to be read—not to mention the journals you feel that you ought to read but probably will never get around to—tells you all you need to know on the subject of information overload.

Of course, the saving grace is that much of the new information coming our way can safely remain off of the clinical radar screen. For example, each year sees the publication of countless basic science studies that may help lay the groundwork for future advances but need not concern clinicians at the moment. Other studies fill in minor gaps in our medical knowledge but have little practical import. Even if we restrict ourselves to randomized placebo-controlled clinical trials—the gold standard of medical evidence—we find all too many studies that have serious methodologic flaws or that are essentially confirmations of previous confirmatory reports. They may be worthwhile additions to the literature nonetheless, but they need not be scrutinized by the average clinician.

Our foremost goal at *Women's Health in Primary Care* is to help clinicians navigate through the data deluge by presenting information that *does* merit their scrutiny—information that is practical and timely. Our review articles and Research Reports, for example, are designed to be as clinically relevant as possible. Along similar lines, in this issue of the journal we introduce

a new department, POEMs (page 95). The name isn't literary but rather an acronym for Patient-Oriented Evidence that Matters. Many readers will already be familiar with the POEM concept, which was developed about a decade ago by David Slawson, MD, and Allen Shaughnessy, PharmD, while both were at the Harrisburg Family Practice Residency in Pennsylvania. (Dr. Slawson is now at the University of Virginia.) The idea behind POEMs is simple yet powerful—to provide a brief synopsis and analysis of a recent study that:

- ◆ Addresses a question that clinicians face.
- ◆ Measures outcomes that clinicians and patients care about: symptoms, morbidity, quality of life, and mortality.
- ◆ Has the potential to change the way that clinicians practice.

In other words, POEMs focus on quality studies that you need to know about.

POEMs are produced by the staff of InfoRetriever ([www.infopoems.com](http://www.infopoems.com)), who wade through the contents of more than 100 major medical journals to find studies—including treatment trials, assessments of diagnostic tests, review articles, and other reports of interest—that are clinically valid and relevant. Each article is evaluated by at least three expert reviewers, who come to a consensus on the article's value. The study's methodology and key findings are then condensed into a synopsis that concludes with an explanation of the clinical import of the work.

Further details on the life cycle and inclusion criteria of POEMs can be found on the InfoRetriever Web site, where visitors also have the option of signing up to receive a daily POEM by e-mail and to subscribe to InfoRetriever's various other services. We thank them for allowing us to publish each month a selection of POEMs that are particularly relevant to female patients. We're sure that you'll find the POEMs useful and interesting.

