

Poem Poem

EJHP is the Official Journal of the European Association of Hospital Pharmacists (EAHP)

PATIENT-ORIENTED EVIDENCE THAT MATTERS: POEMS

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Evidence-based practice is not new. What has changed in the past 10 or 15 years is what is accepted as evidence. Textbooks, specialist opinion, basic principles and personal experience were once our most important guides to practice. Now evidence is graded according to its level of authority (1) and we are urged to seek and use the best available evidence. Levels of evidence range from systematic reviews of randomised controlled trials (RCTs) as the gold standard through individual RCTs, all or none studies, cohort studies, case-control studies, with expert opinion at the bottom of the evidence hierarchy.

However, finding evidence and then appraising it critically is time-consuming and not easy to incorporate into the life of a busy hospital pharmacist or doctor. Introducing POEMs, the BMJ says (2) Doctors suffer from "the information paradox": they are overwhelmed with information, many receiving their own weight in journals and newspapers every month, and yet cannot find the information they need when they need it. At least two questions arise during the average consultation between a doctor and patient. Most of those questions can be answered but few are. A great many studies give information that may be important but don't matter to patients. Faced with far more material than they can ever hope to master doctors might find it useful to concentrate on the studies that provide evidence that will matter to patients. They will discover that it is a minority of studies.

To help doctors and pharmacists with this problem there are now professional organisations that are regularly searching and critically appraising the medical literature. So in this issue, we are pleased to introduce an ongoing feature called POEMs, a series that may already be familiar to some of our readers. POEMs, which stands for Patient-Oriented Evidence that Matters, are summaries of valid research that is important to doctors and to their patients, produced by InfoRetriever (3). Their editors review more than 1250 articles each month from more than 120 medical journals and present around 40 POEMs a month. POEMs are designed to address a question that doctors encounter in practice, with specific reference to the information required by their patients.

An increasing number of journals (mainly medical journals) are presenting these summaries, to bring to doctors the essentials of a particular medical or medication issue that is of interest to patients. The EJHP hopes that you too will appreciate concise, up-to-date and relevant summaries of the

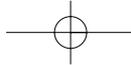
best evidence-based positions on relevant issues. You too have to cope with information overload and full schedules. The POEMs concept attempts to provide a filtering system, screening out most research findings and leaving only information that is correct and relevant to everyday practice.

The most important aspect of a POEM is that it provides information that matters to patients. Patients come to us with the understanding that what we do to them, or what we ask them to do, will make them live longer, better, or both. Our goal is to do just that. POEMs are available commercially also; you can arrange to be sent one daily by email.

The criteria used to assemble POEMs are: discusses a common clinical problem in family practice; reports on a new development; provides practical pointers for day-to-day practice; may summarise a review article; has a rigorous methodology for selecting the article; focuses on clinically important outcomes (morbidity, mortality, quality of life); presented in an explicit, structu-

WHAT IS A POEM?
POEM stands for Patient-Oriented Evidence that Matters.
POEMs have to meet three criteria: <ul style="list-style-type: none"> • They address a question that doctors encounter • They measure outcomes that doctors and their patients care about: symptoms, morbidity, quality of life, and mortality • They have the potential to change the way doctors practise.





red format; provides editorial commentary; 100 journals are reviewed; written by family practice educators. Pharmacists are increasingly being chal-

lenged to commit themselves to continuing education. The EJHP is pleased to offer POEMs as a service to our hospital pharmacists

REFERENCES

1. http://www.cebm.net/levels_of_evidence.asp
2. Editorial in British Medical Journal Volume 325
- 2 November 2002 [bmj.com](http://www.bmj.com)
3. <http://www.infopoems.com/>

4 DRUGS FOR 1 DAY ELIMINATES H. PYLORI

Clinical Question:

Is a 1-day treatment of *Helicobacter pylori* as effective as a 7-day regimen in patients with dyspepsia?

Bottom Line:

A 4-drug, single day treatment was as effective as 7 days of treatment with 3 drugs in eradicating *Helicobacter pylori* and symptoms in patients with *H. pylori*-positive dyspepsia. (LOE = 1b)

Reference:

Lara LF, Cisneros G, Gurney M, et al. One-day quadruple therapy compared with 7-day triple therapy for *Helicobacter pylori* infection. *Arch Intern Med* 2003; 163:2079-84.

Study Design:

Randomized controlled trial (nonblinded)

Setting:

Outpatient (any)

Synopsis:

The researchers recruited 160 adult patients with dyspepsia scoring 3 or higher (of a possible 20) on the Glasgow Dyspepsia Severity Score (GDSS) and had a positive urea breath test, signifying the presence of *H. pylori*. Patients were randomized to receive either a 4-drug cocktail for 1 day or treatment with 3 drugs for 7 days. Allocation may not have been concealed from the enrolling researcher (patients randomized to receive the 7-day treatment were an average 7 years older than the other patients and less likely to smoke). The 1-day regimen consisted of 2 tablets of 262 mg bismuth subsalicylate (Pepto-Bismol), 500

mg metronidazole (Flagyl), and 2 g amoxicillin (suspension), all taken 4 times over the course of the day, along with 60 mg lansoprazole (Prevacid) taken once. The control group took 500 mg clarithromycin (Biaxin), 1 g amoxicillin, and 30 mg lansoprazole twice daily for 7 days. The urea breath test was readministered 5 weeks after the start of treatment to the 150 patients who returned. Eradication rates were similar in the 2 groups: 95% in the 1-day group and 90% in the 7-day group. Treatment success rates were also similar between the 2 groups: The GDSS scores dropped an average of 7.5 points in both groups (from a baseline of 7 to 11). Side effects were tallied at the 5-week follow-up rather than during or immediately after treatment and may not be particularly accurate.

DELAYED PRESCRIPTIONS FOR URIs REDUCE ANTIBIOTIC USE

Clinical Question:

Do delayed prescriptions reduce antibiotic use in upper respiratory tract infections?

Bottom Line:

Delayed prescriptions for upper respiratory tract infections reduces the use of antibiotics; patient satisfaction, however, may be worse. (LOE = 1a-)

Reference:

Arroll B, Kenealy T, Kerse N. Do delayed prescriptions reduce antibiotic use in respiratory tract infections? A systematic review. *Br J Gen Pract* 2003; 53:871-7.

Study Design:

Systematic review

Setting:

Outpatient (primary care)

Synopsis:

For this systematic review, the authors included controlled trials of studies in which the intervention was a delayed prescription compared with an immediate prescription for patients with upper respiratory tract infections. They searched several databases (MEDLINE, Embase, Cochrane) and searched for unpublished studies. Two of the authors independently assessed the quality of the trials (randomization, concealment of allocation, co-interventions, losses to follow-up, and so forth). Disagreements among the reviewers were resolved by discussion and consensus. The authors

were only able to find 5 controlled trials, 4 of which were randomized. All the randomized controlled trials had Jadad scores above 3, indicating reasonable to good quality. Since the authors found significant heterogeneity among the studies, they refrained from pooling the data. However, each study demonstrated significant reduction in the rate of antibiotic use. In 2 of the studies, however, patient satisfaction was significantly worse, and in 3 studies the symptoms were worse among those receiving a delayed prescription.

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