

From the Desk of the Managing Editor

Evidence Based Medicine (EBM) is a term frequently used in the healthcare setting and in particular, when considering the appropriate use of medicines. A common cited definition of EBM is the “conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett et al. 1996). The aim being to increase the use of high quality clinical research in clinical decision making.

EBM is not restricted to randomised trials and meta-analyses. It involves tracking down the best evidence with which to answer our clinical questions. It is the individual healthcare professional’s clinical expertise that decides whether the evidence applies to the individual patient. For any clinician, the real key to assessing the usefulness of a clinical study and interpreting the results to an area of work is through the process of critical appraisal. This is a method of assessing and interpreting the evidence by systematically considering its validity, outcome and relevance to the area of work considered.

Much has been achieved in the field of evidence based medicine over the last 20 years, with the establishment of the Cochrane Collaboration, development of publication standards for primary and secondary research, and the compilation of clinical practice guidelines.

However, a recent article in the BMJ asks the question “Evidence based medicine: a movement in crisis?” Despite highlighting some of the numerous successes of EBM it goes on to identify that the “wide variation in implementing evidence based practice remains a problem.” (Greenhalgh et al, 2014) In this article, a number of problems with the practice of EBM are identified with possible solutions postulated.

One of the valuable aspects of the provision of electronic medicines information is that the information required to aid clinical decision making can be at the point of patient care. ‘Decision support’ tools may be available in the form of ‘reference’ products as well as being integrated within medicines management systems.

Drug interactions are one such example, where evidence can influence the quality and safety of the use of medicines. MIMS incorporates the use of EBM practices in the development and maintenance of its drug interaction database and provides clinicians with a quick view of the severity and level of documentation to support the interaction. References are also provided to enable to health professional to gather further information if required.

MIMS Clinical Decision Support is internationally referenced and clinically reviewed. Our clinical editorial charter places the highest value on independence and quality of this information.

- Data and information presented as clinical decision support are obtained only from recognised published medical literature or internationally accepted drug references, and not from the manufacturer’s prescribing information.
- Monthly literature searches are done to ensure that the information is up-to-date.
- Monthly updates are completed using leads from online tertiary references. New prescribing indications are reviewed for new information and drug classes also undergo periodic review.

Our partnership with IMgateway and the University of Sydney has also enabled us to include a large number of evidence based interactions between medicines and herbal preparations and foods. This is currently available as an additional module in eMIMSCloud and eMIMSDesktop. For further information on IMgateway please contact our MIMS Client Services Team at subscriptions@mims.com.au or by phone on: 1800 800 629 or visit our website: www.mims.com.au.

References:

Greenhalgh T, et al. Evidence based medicine: a movement in crisis? *BMJ*; June 2014.
Sackett DL, et al. Evidence based medicine: what it is and what it isn’t. *BMJ* January 1996.

