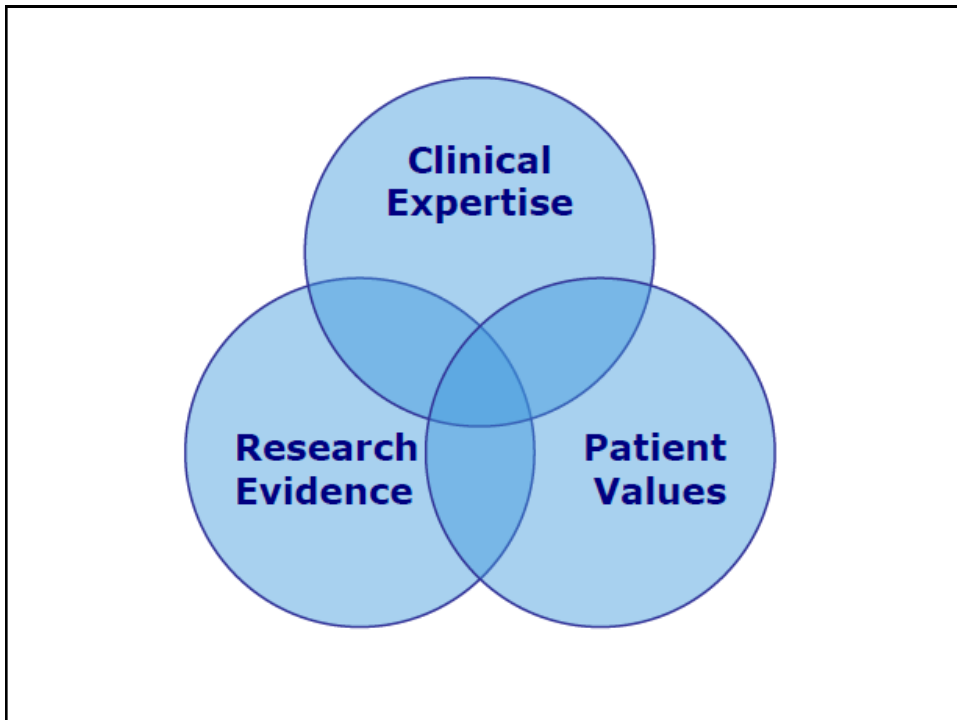




KONSEP

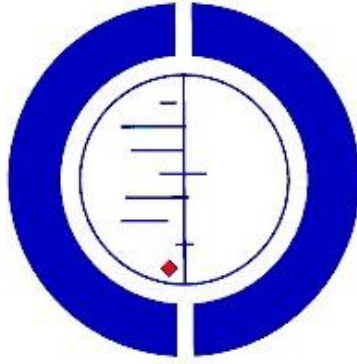
- *Evidence-based medicine:*
 - *“the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett, 1996)*
- *Evidence + clinical skills*
 - Aplikatif
 - Tidak kadaluwarsa
 - *Reduce HARM on patients*

The slide has a blue-tinted background with a faint, repeating pattern of a medical professional in a white coat. In the foreground, a blurred image shows a person in a blue uniform, likely a nurse, holding a white IV drip chamber. The word 'KONSEP' is enclosed in a blue-bordered box with a textured background. The text is in a dark blue serif font, with the definition and key points in italics.



KONSEP

- **Mengapa kita perlu mengadopsi EBM?**
 - *Practice without the best evidence*
 - *The failure of common sense*
 - *Variation in current practice*
 - *Difficulty in managing medical information*
 - *Knowledge declines over time*



KONSEP

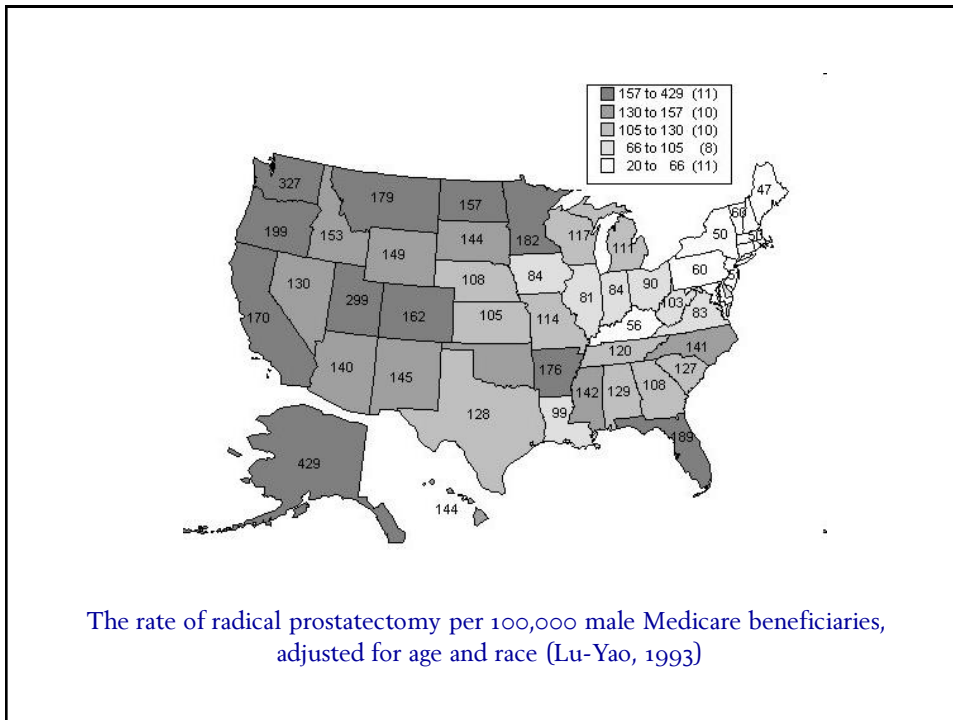
- **Mengapa kita perlu mengadopsi EBM?**
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post hoc ergo propter hoc

- ❖ Saya menggoyangkan pohon, dan sebuah kelapa jatuh ke kepala saya. Hmm... Mungkin menggoyangkan pohon menyebabkan kelapa jatuh ke kepala saya! Lebih baik lain kali jangan menggoyangkan pohon ini tanpa berhati-hati kalau-kalau ada kelapa yang jatuh...
- ❖ Saya memberi pasien saya yang terkena bronkhitis terapi antibiotika selama 4-5 hari, dan 3 hari kemudian dia merasa lebih sehat. Hmm.. Mungkin memberi pasien ini antibiotiklah yang membuat pasien ini merasa lebih sehat! Kalau begitu saya akan memberi semua pasien saya yang terkena bronkhitis terapi antibiotik...

KONSEP

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$$\text{Usefulness of medical information} = \frac{\text{Relevance} \times \text{validity}}{\text{Work}}$$

Information source	Relevance	Validity	Work	Usefulness
Evidence-based textbook	High	High	Low	High
Systematic review (evidence-based)	High	High	Low	High
Portable summary of systematic reviews (InfoRetriever)	High	High	Low	High
POEMs based resources: Journal of Family Practice POEMs feature and Evidence-Based Practice newsletter	High	High	Low	High
Internet in 10 years	High	High	Low	Practice guidelines (evidence-based) Mod High Low High-mod
Drug reference book (PDR)	High	Mod	Low	Cochrane Database of Systematic reviews Mod-High High Mod-High High-mod
ACP Journal Club , Evidence-Based Medicine	Moderate	High	Low	Standard textbook High Low Low Mod
Colleagues	High	Mod	Low	Standard journal review High Mod Low Mod
				Free medical newspapers High Low Low Mod
				CME lectures Mod Mod Low Mod
				CME small groups High Mod Mod Mod
				Consensus statements Mod Mod Low Mod
				Practice guidelines (consensus) Mod Mod Low Mod
				Online searching Mod High High Mod
				Journal articles Low High High Low
				Drug advertising Mod Low Low Low
				Drug company representatives High Low Low Low
				Mass media Low Low Low Low
				Internet now Low Low High Low


 KONSEP

- **POEM** = *Patient Oriented Evidence that Matters*
 - *addresses a clinical problem or clinical question that primary care physicians will encounter in their practice*
 - *uses patient-oriented outcomes (symptom severity, symptom duration, mortality, hospital length of stay, cost, healing rate, complications)*
 - *has the potential to change our practice if the results are valid and applicable*
 - **DOE** = *Disease-Oriented Evidence*
 - *common in the medical literature*
 - *often brought to our attention by pharmaceutical representatives*
 - *often misleading and generally should be considered premature.*
- *When POEMs exist, forget the DOEs.*

	POEM	DOE
Common	Read these!	Dangerous
Uncommon	Read if you have time.	Worthless

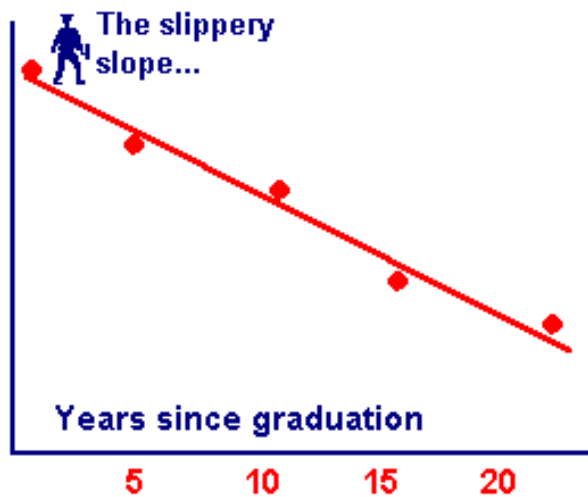
KONSEP

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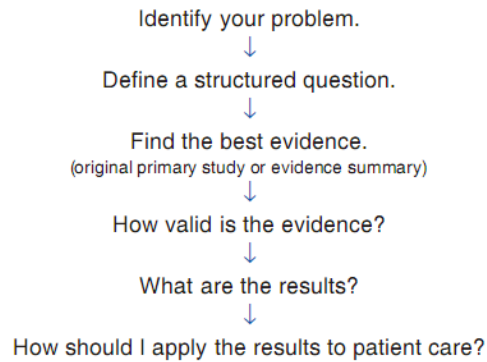
Knowledge
of best
hypertension
care

Shiri et al,
CMAJ, 1993

$r = -.54$
 $p < 0.001$



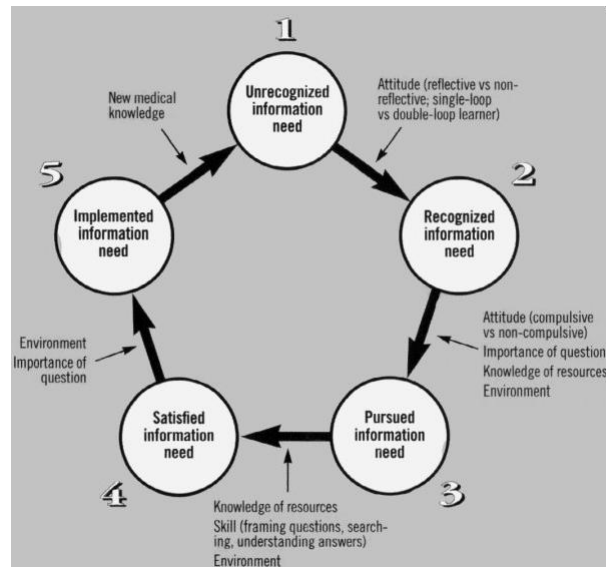
Using the Medical Literature to Provide Optimal Patient Care



KONSEP

- **5 langkah dalam EBM:**
 - *Asking answerable questions*
 - *Searching for the evidence*
 - *Critically appraising the evidence for its validity and relevance*
 - *Making a decision*
 - *Evaluating your performance*

Asking Answerable Questions



Asking Answerable Questions

- **Background questions**
 - A question root (*who, what, when, etc.*) with a verb
 - A disorder, test, treatment, or other aspect of healthcare
- **Foreground questions**
 - PICO

Asking Answerable Questions

Foreground questions: PICO

- *Patient/Population*: identifikasi karakteristik klinis pasien yang mempengaruhi masalah dan relevan dengan praktek
- *Intervention*: deskripsi tentang obat/tindakan (terapi), tes atau program skrining (diagnosis), paparan pada sebuah agen penyebab/faktor risiko (etiologi)
- *Comparison*: alternatif dari *intervention*
- *Outcome*

- Apa penyebab migren?
- Kapan seorang wanita harus di-Pap Smear?
- Apa obat untuk asma bronchiale?
- Pada pasien dengan bronchitis akut, apakah pemberian antibiotik menurunkan produksi sputum dan mengurangi batuk dibandingkan tanpa pemberian antibiotik?
- Pada pasien dengan osteoarthritis, apakah pemberian kondroitin dan glukosamin sama efektifnya dengan NSAID dalam mengurangi nyeri sendi?
- Pada pasien lanjut usia dengan hipertensi, apakah ACEI menurunkan mortalitas dan infark miokard dibandingkan diuretik tiazid?

Asking Answerable Questions

- Model PICO bisa dilakukan untuk membuat pertanyaan dalam hal:
 - Etiologi
 - Diagnosis
 - Prognosis
 - Terapi
 - Pencegahan
 - *Cost-effectiveness*
 - *Quality of life*

KONSEP

- **5 langkah dalam EBM:**
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Searching for the Evidence

- Oxford Centre for Evidence-based Medicine - Levels of Evidence
 - 1a: Systematic reviews (with homogeneity) of randomized controlled trials
 - 1a-: Systematic review of randomized trials displaying worrisome heterogeneity
 - 1b: Individual randomized controlled trials (with narrow confidence interval)
 - 1b-: Individual randomized controlled trials (with a wide confidence interval)
 - 1c: All or none randomized controlled trials
 - 2a: Systematic reviews (with homogeneity) of cohort studies
 - 2a-: Systematic reviews of cohort studies displaying worrisome heterogeneity
 - 2b: Individual cohort study or low quality randomized controlled trials (<80% follow-up)
 - 2b-: Individual cohort study or low quality randomized controlled trials (<80% follow-up / wide confidence interval)
 - 2c: 'Outcomes' Research; ecological studies
 - 3a: Systematic review (with homogeneity) of case-control studies
 - 3a-: Systematic review of case-control studies with worrisome heterogeneity
 - 3b: Individual case-control study
 - 4: Case-series (and poor quality cohort and case-control studies)
 - 5: Expert opinion without explicit critical appraisal, or based on physiology, bench research or 'first principles'

Searching for the Evidence

- U.S. Preventive Services Task Force - Levels of Evidence
 - Level I: Evidence obtained from at least one properly designed randomized controlled trial.
 - Level II-1: Evidence obtained from well-designed controlled trials without randomization.
 - Level II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.
 - Level II-3: Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.
 - Level III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

KONSEP

- **5 langkah dalam EBM:**
 - *Asking answerable questions*
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Critical Appraisal

- **3 isu penting:**
 - *Bagaimana validitasnya?*
 - *Apakah hasilnya penting?*
 - *Apakah relevan dengan praktek?*

Critical Appraisal

- **Bagaimana Validitasnya?**
 - Apakah masalah penelitiannya didefinisikan dengan jelas? (ingat PICO)
 - Apakah pasien dirandomisasi terhadap perlakuan dan apakah cara randomisasinya dijelaskan dengan rinci?
 - Apakah subyek penelitian (dan peneliti) di-*blinding*?
 - Apakah randomisasi menghasilkan kelompok-kelompok yang serupa pada awal studi?
 - Apakah semua pasien diperhitungkan dalam analisis? Apakah ada analisis “*intention-to-treat*”?
 - Apakah seluruh kelompok dilakukan perlakuan yang sama sejak awal sampai selesai penelitian?

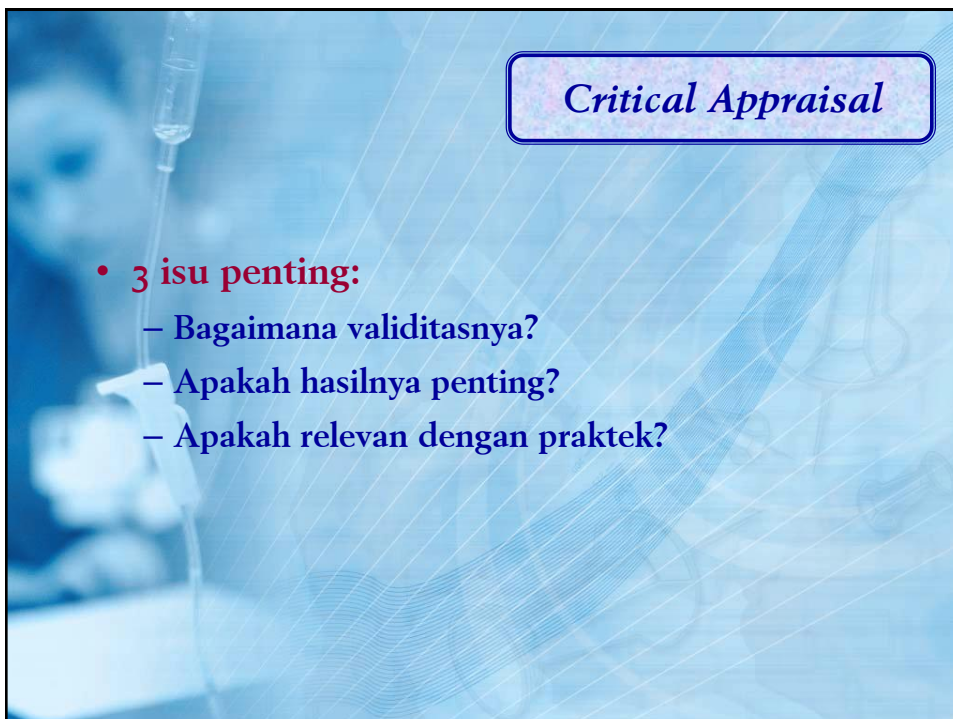
Five Groups That Should, if Possible, Be Blind to Treatment Assignment

Patients	To avoid placebo effects
Clinicians	To prevent differential administration of therapies that affect the outcome of interest (cointervention)
Data collectors	To prevent bias in data collection
Adjudicators of outcome	To prevent bias in decisions about whether or not a patient has had an outcome of interest
Data analysts	To avoid bias in decisions regarding data analysis

	Trial A		Trial B	
	Treatment	Control	Treatment	Control
Number of patients randomized	1000	1000	1000	1000
Number (%) lost to follow-up	30 (3)	30 (3)	30 (3)	30 (3)
Number (%) of deaths	200 (20)	400 (40)	30 (3)	60 (6)
RRR not counting patients lost to follow-up	0.2/0.4 = 0.50		0.03/0.06 = 0.50	
RRR—worst-case scenario ^a	0.17/0.4 = 0.43		0.00/0.06 = 0	

Abbreviation: RRR, relative risk reduction.

^aThe worst-case scenario assumes that all patients allocated to the treatment group and lost to follow-up died and all patients allocated to the control group and lost to follow-up survived.



Critical Appraisal

- **3 isu penting:**
 - Bagaimana validitasnya?
 - Apakah hasilnya penting?
 - Apakah relevan dengan praktek?

Critical Appraisal

- **Apakah hasilnya penting:**
 - Seberapa besar efek terapinya?
 - ARR, RRR, NNT, RR
 - Seberapa ketepatan estimasi efek terapinya?
(95%CI)

The 2 × 2 Table

Exposure	Outcome	
	Yes	No
Yes	<i>a</i>	<i>b</i>
No	<i>c</i>	<i>d</i>

$$\text{Relative risk} = \frac{a/(a+b)}{c/(c+d)}$$

$$\text{Relative risk reduction} = \frac{c/(c+d) - a/(a+b)}{c/(c+d)}$$

$$\text{Risk difference}^a = \frac{c}{c+d} - \frac{a}{a+b}$$

Number needed to treat = 100/(risk difference expressed as %)

$$\text{Odds ratio} = \frac{a/b}{c/d} = \frac{ad}{cb}$$

^aAlso known as the absolute risk reduction.

Results From a Randomized Trial of Endoscopic Sclerotherapy as Compared With Endoscopic Ligation for Bleeding Esophageal Varices^a

Exposure	Outcome		Total
	Death	Survival	
Ligation	18	46	64
Sclerotherapy	29	36	65

Hitunglah:

- ARR
- RRR
- NNT
- RR

Considerations in the Decision to Treat 2 Patients With Myocardial Infarction With Tissue Plasminogen Activator or Streptokinase

	Risk of Death 1 Year After MI With Streptokinase (CER)	Risk With tPA (EER) (ARR = CER - EER)	Number Needed to Treat (100/ARR When ARR Is Expressed as a Percentage)
40-Year-old man with small MI	2%	1.86% (0.24% or 0.0024)	417
70-Year-old man with large MI and heart failure	40%	35.2% (4.8% or 0.048)	21

Abbreviations: ARR, absolute risk reduction; CER, control event rate; EER, experimental event rate; tPA, tissue plasminogen activator; MI, myocardial infarction.

Critical Appraisal

- Hasil:
 - Seberapa besar efek terapinya?
 - ARR, RRR, NNT, RR
 - Seberapa ketepatan estimasi efek terapinya? (95%CI)
 - 95% on NNT = 1/95% CI on ARR

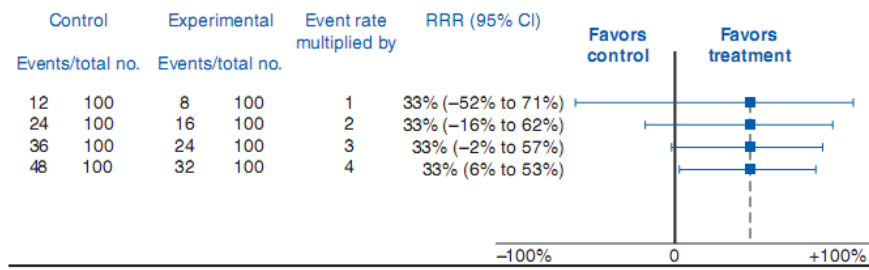
$$95\% \text{ CI on the ARR} = \pm 1.96 \times \sqrt{\frac{\text{CER} \times (1 - \text{CER})}{\# \text{ of control patients}} + \frac{\text{EER} \times (1 - \text{EER})}{\# \text{ of exper. patients}}}$$

Confidence Intervals Around the Relative Risk Reduction for the Hypothetical Results of 5 Successively Larger Trials

Control Event Rate	Treatment Event Rate	Relative Risk, %	Relative Risk Reduction (RRR), %	Intuitive Confidence Interval, %	Calculated 95% Confidence Interval Around the RRR, %
2/4	1/4	50	50	-50 to 90	-174 to 92
10/20	5/20	50	50	-20 to 90	-14 to 79.5
20/40	10/40	50	50	0 to 90	9.5 to 73.4
50/100	25/100	50	50	20 to 80	26.8 to 66.4
500/1000	250/1000	50	50	40 to 60	43.5 to 55.9

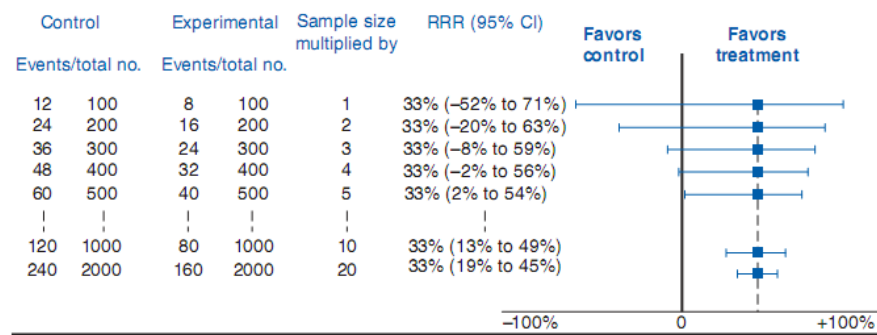
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Event Rate and the Width of the Confidence Interval (With a Constant Sample Size)



Abbreviations: CI, confidence interval; RRR, relative risk reduction.

Sample Size and the Width of the Confidence Interval (Assuming Constant Event Rate)



Abbreviations: CI, confidence interval; RRR, relative risk reduction.

Critical Appraisal

- **3 isu penting:**
 - Bagaimana validitasnya?
 - Apakah hasilnya penting?
 - Apakah relevan dengan praktek?

Critical Appraisal

- **Relevansi:**
 - Apakah pasien dalam studi serupa dengan pasien saya? (age, comorbidity, compliance)
 - Seberapa besar efek terapi studi terjadi pada pasien saya?
 - $NNT = 1 / (PEER \times RRR)$
 - Apakah intervensi/terapi itu realistik di tempat praktek saya?
 - Apakah intervensi/terapi pembanding merefleksikan praktek saya sehari-hari?
 - Apakah semua *outcome* klinis yang penting sudah dipertimbangkan?
 - Apakah manfaat terapi sebanding dengan *harm* dan biaya?



Critical Appraisal

- *Substitute/surrogate outcomes:*
 - Bronkodilator menghasilkan peningkatan kecil tetapi bermakna pada *forced expired volume pasien* dengan COPD
 - Vasodilator meningkatkan *cardiac output* pada pasien gagal jantung
 - Obat hipolipidemik memperbaiki profil lipid



Critical Appraisal

- *Patient-important outcomes*
 - Bronkodilator menurunkan sesak nafas selama aktivitas sehari-hari
 - Vasodilator mencegah MRS karena gagal jantung
 - Obat hipolipidemik menurunkan risiko infark miokard



KONSEP

- **5 langkah dalam EBM:**
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