Clinical Evidence

A BMJ database of the very best evidence for effective health care

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What is Clinical Evidence?

- An international source of the best available evidence on the effects of common clinical interventions.

- It summarizes the current state of knowledge and uncertainty about the prevention and treatment of clinical conditions.
Choosing the topics

- CE covers clinical conditions seen in primary and hospital care.
- The decision on which conditions to include, is determined by:
  - National consultation data
  - Morbidity & mortality data
  - National health priorities
  - Advice from clinicians & patient groups.
- Each new issue of CE includes new questions and updates on existing questions.
The process of finding the evidence

- Literature is searched for:
  - Randomized controlled trials
  - Systematic reviews
  - Observational studies are only included in the absence of sufficient RCT or systematic reviews.

- Databases such as EMBASE, Medline & Cochrane Library are searched.

- Feedback is incorporated continuously
The process of summarizing the evidence

- Expert contributors summarize the evidence
- Topics are peer reviewed by at least two external expert clinicians
- The revised text is extensively edited by editors with clinical and epidemiological training
- Data is checked against the original study reports.
How to access CE
UP Homepage

Click on Academic Information Service
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Clinical Evidence database

Click on Clinical Evidence
Clinical Evidence a BMJ product

search options

Select a condition from listed sections

Select from a full list of BMJ Clinical Evidence systematic reviews.

Type in words of topic
Search tips for “typing in words” search option

- Use boolean operators AND, OR & NOT
- The truncation symbol for different forms of a stem word is the * symbol, eg surg* to retrieve surgery or surgical
- Use double quotation marks for phrase searching, eg “breast cancer”
- Search tips under the “About us” tab
Clinical Evidence

BMJ Clinical Evidence is one of the world’s most authoritative medical resources for informing treatment decisions and improving patient care.

The Challenge of Personalising Evidence
How can we tailor research to meet the needs of both clinicians and patients?

See the letter from the editor for more...

Latest updated reviews
- Hepatitis C (chronic) (updated)
- OA knee (updated)
- Chronic pancreatitis (new)
- Fracture prevention (updated)

Smoking cessation (new)
We present a new review on an evidence-based approach to Smoking cessation. Click to view

Managing HIV Infection

20 September 2007
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Nominate your research question
Tell the NIHR HTA programme what you consider to be the most important unanswered research question and you will go in the draw to WIN BMJ CE Online and FREE ticket for HTA Conference

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Results for search "urinary tract infection*" and child*

Retrieve a list of different reviews containing the search words
Select condition from a section
Systematic Review
Select condition from the list

Urinary tract infection in children
A systematic review in CE

BMJ Clinical Evidence

Urinary tract infection in children
James Lencioni

You may prefer to read the key points to this review.

We have searched the evidence for systematic and rigorous answers to the clinical questions and situations below, focusing on the outcomes that matter most to patients and clinicians. We have then categorised each treatment or intervention according to its harms and benefits in those situations.

Acute urinary tract infection

Likely to be beneficial

- Antibiotics (more effective than placebo)*
- Oral antibiotics (as effective as initial intravenous antibiotics in children without severe vesicoureteric reflux or renal scarring)

Unknown effectiveness

- Immediate empirical antibiotic treatment (unclear benefit compared with delayed treatment based on microscopy and culture)
Information on the summary page

- Interventions
- About the condition
- Guidelines
- Responses
- Key points on condition
- References in review
Interventions
Each intervention is categorized according to its harms & benefits

- Beneficial
- Likely to be beneficial
- Trade off between benefits & harms
- Unknown effectiveness
- Unlikely to be beneficial
- Likely to be ineffective or harmful
At least 8% of girls and 2% of boys will have a urinary tract infection (UTI) in childhood, and recurrence of infection is common.

- Vesicoureteric reflux is identified in up to 40% of children being investigated for a first UTI, and is a risk factor for, but weak predictor of, renal scarring.

- Renal scarring occurs in 5.15% of children within 1-2 years of their first presentation with UTI, and is associated with increased risk of progressive renal damage. The risk of scarring probably diminishes over time.

There is a consensus that antibiotics are beneficial in children with UTI, although few studies have been done to confirm this.

- We don't know whether immediate empirical antibiotic treatment is more effective at resolving symptoms or preventing renal scarring compared with treatment after a delay of 24 hours.

- Immediate treatment may reduce the risk of renal scarring compared with treatment delayed for more than 4 days.

- Longer courses of antibiotics don't seem to be more effective at treating uncomplicated, non-recurrent UTI or pyelonephritis than short (2-4 day) courses.
About the condition

Summary of condition with e.g. definition, incidence, etiology and prognosis
Guidelines

Links to major guidelines from different bodies or organizations under different countries
Link to a NHS guideline
References

List of references used to compile the systematic review.
You may send comments on the review directly from this page.
Other Clinical Evidence Resources

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A new look for BMJ Clinical Evidence

Announcing major new enhancements to one of the world's most trusted and effective sources of medical evidence for clinical decisions.

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Updated this month
- Acne vulgaris
- Breast cancer (metastatic)
- Chronic prostatitis
- End stage renal disease
- MMR: prevention

Drug safety alert
- FDA issues alert on mortality associated with darbepoetin use (26 January 2007)
- Influenza: FDA drug safety alert on self-injury and delirium associated with oseltamivir (13 November 2006). See

What our users say
"I can see a large place for this in my day-to-day decision making?"
K. Hennezy, New Zealand

The latest news from bmj.com
- Heart tissue generated from human embryonic stem cells

Link to helpful EBM Resources
EBM Tools

EBM tools include an EBM glossary and methods for estimating and calculating risk.
Links to international high-quality drug resources
EBM Resources
EBM Training

Helpful EBM learning modules
Updating CE

- The CE website is updated monthly
- The Concise CE paper edition is produced twice a year
- The aim is to update each topic every 12 months
Clinical Evidence
formats available in library

- BMJ Clinical Evidence Online available on UP network
- BMJ Clinical Evidence Handbook in printed format on Reserved shelf of Medical library.
Clinical Evidence is an authoritative tool worldwide

- In the UK, free online access to all clinical staff.
- Thanks to the BMA, 10,500 UK medical students receive a copy of the concise edition.
- In the USA, 500,000 clinicians receive copies of the concise edition thanks to the United Health Foundation.
- The governments of Norway and New Zealand now provide everyone in their countries with free online access.
- Due to the Italian Ministry of Health and the work of the Italian Cochrane Centre, 300,000 Italian doctors receive a copy of *Clinical Evidence Concise* in Italian.
- Available in 6 languages
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It’s out there!!