

Why we need

Cochrane in Sweden



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EBM



Vested interests



Manipulation of data



Surrogate Outcomes



Publication bias /
SOR



Intellectual Col



Disregard of harms



Statistical but not
clinical significance



Overwhelming
amount of evidence

IEWS & REVIEWS

FROM THE FRONTLINE

Evidence based medicine is broken

Des Spence *general practitioner, Glasgow*



Corruption in clinical research is sponsored by billion dollar marketing razzmatazz and promotion passed off as postgraduate education. By contrast, the disorganised protesters have but placards and a couple of felt tip pens to promote their message, and no one wants to listen to tiresome naysayers anyway. How many people care that the research pond is polluted,² with



Evidence based medicine (EBM) wrong footed the drug industry for a while in the 1990s. We could fend off the army of pharmaceutical representatives because often their promotional material was devoid of evidence. But the drug industry came to realise that EBM was an opportunity rather than a threat. Research, especially when published in a prestigious journal, was worth more than thousands of sales representatives. Today



Making evidence based medicine work for individual patients

Margaret McCartney and colleagues argue that new models of evidence synthesis and shared decision making are needed to accelerate a move from guideline driven care to individualised care

Margaret McCartney *general practitioner*¹, Julian Treadwell *general practitioner*², Neal Maskrey *visiting professor*³, Richard Lehman *senior advisory fellow in primary care*⁴

¹Fulton Street Medical Centre, Glasgow G13 1NG, UK; ²Hindon Surgery, Wiltshire, UK; ³School of Pharmacy, Keele University, Staffordshire, UK; ⁴Cochrane UK, Oxford, UK

A Google Scholar search using the term "evidence based medicine" identifies more than 1.8 million papers. Over more

ANALYSIS

ESSAY

Evidence based medicine: a movement in crisis?

Trisha Greenhalgh and colleagues argue that, although evidence based medicine has had many benefits, it has also had some negative unintended consequences. They offer a preliminary agenda for the movement's renaissance, refocusing on providing useable evidence that can be combined with context and professional expertise so that individual patients get optimal treatment

Trisha Greenhalgh *dean for research impact*¹, Jeremy Howick *senior research fellow*², Neal Maskrey *visiting professor*³, Richard Lehman *senior advisory fellow in primary care*⁴

¹Centre for Evidence-Based Medicine, University of Oxford, Oxford

ides of enthusiasm and funding have produced successes for evidence based medicine. An early was the British Thoracic Society's 1990 asthma s, developed through consensus but based on a ion of randomised trials and observational studies.⁹ ntly, the use of personal care plans and step wise on of inhaled steroids for asthma increased,¹⁰ and / and mortality fell.¹¹ More recently, uptake of the UK

ANALYSIS

risks drug-drug and drug-disease interactions and futile polypharmacy.⁵

Antidepressants - SSRI

- 23 of 74 trials not published (31%)
- 37 of 38 trials with positive effect published (97%)
- 36 trials with negative or inconclusive results:
 - 22 not published (61%)
 - 11 published as positive (31%)
 - 3 published as negative (8%)

Turner EH, et al. *N Engl J Med* 2008;358:252–60.

Solution

- Pre-registration of protocols (2005)
- Publish results within 1 year (2007)
- Problem solved?

Huser V, et al. *PLoS ONE* 2013;8:e68409.

Problem solved?

- 25% not registered at all
- 50% adequately registered
 - one third - selective outcome reporting
- 22% published results within 1 year
- Publications are short summaries
 - not enough for re-analysis
 - raw data!

Mathieu S, et al. *JAMA* 2009;302:977-84.

Neuraminidase inhibitors

- Systematic reviews – positive effect
- Hoarded for 10 billion dollars
- Cochrane-review 2014 – reanalysis of raw data
 - no evidence of effect on hospitalization, serious complications or pneumonia

Jefferson T, et al. Cochrane Database of Systematic Reviews 2014, Issue 4.

Methylphenidate for children with ADHD

- **SBU:** "high or moderately high quality"
 - evidence "moderately strong"
- **Cochrane:** serious methodological flaws
 - evidence of "very low quality"

SBU-rapport nr 217. ISBN 91-85413-58-4.

Storebø OJ, et al. Cochrane Database of Systematic Reviews 2015, Issue 11.

Methylphenidate for adults with ADHD

Cochrane review withdrawn because:

"The authors have been unable to provide satisfactory response to a number of criticisms received on the review"

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005041.pub3/abstract>

Screening for aortic aneurysm

- Socialstyrelsen recommended screening 2016
- Evaluating the evidence base
 - 3 vascular surgeons involved in implementing and running AAA screening programs
- The final decision
 - 13 people – majority involved in running AAA screening programs
- Conflicts of interest?

Johansson et al., Läkartidningen 2016;113:EACF

Läkartidningen

DEBATT

3 KOMMENTARER

Krafttag krävs mot intellektuell bias

En högre vetenskaplig nivå samt krafttag mot intellektuell bias att upprätthålla förtroendet för Socialstyrelsens rekommendati

Läkartidningen

DEBATT

1 KOMMENTARER

Slutreplik: Oroväckande inställning från Socialstyrelsen

Läkartidningen

NYHETER

8 KOMMENTARER

Debattörer: Socialstyrelsen partisk om riktlinjer

Partiskhet och toppstyrning har kännetecknat arbetet med att ta fram de nya riktlinjerna för vård vid ångest och depression. Det skriver tre debattörer, som varit med om att ta fram riktlinjerna, i Svenska Dagbladet.

| **Jesper Cederberg**

Debatten har gått varm efter att Socialstyrelsen presenterat nationella riktlinjer för vård vid depression och ångest i Läkartidningen. Kritikerna menar att riktlinjerna inte sig från dem i andra länder.

Gruppen som sattes samman för att ta fram riktlinjerna fick förmån för kognitiv beteendeterapi, KBT, och andra metoder. skriver psykoterapeuterna Björn Philips, Peter Eriksson i Svenska Dagbladets debattsida (<https://www.svd.se/ett-haveri/om/debatt>). Två av dem var veterinärer som utvärderat riktlinjerna och menar att processen utmärks

att ämnesexperter inte ska ingå i arbetsgruppen, men om bara vetenskapliga intressekonflikter ingår finns stor risk för okritisk bedömning, skriver en av författarna i en slutreplik om bland annat screeningrekommendationerna.

Anders Eriksson, avdelningen för samhällsmedicin och folkhälsa, institutionen för medicin, kirurgi och klinisk forskning, vice direktör, Nordic Cochrane Centre, Köpenhamn

Läkartidningen

DEBATT

3 KOMMENTARER

Undanhållet jäv bör leda till avstängning från publicering i LT



Bengt Järhult, specialist i allmänmedicin, Ryd
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Som Läkartidningen observerat (<http://www.lakartidningen.se/id=EEM4>) [1] har en artikel i BMJ [2] gett starkt stöd för att industrifinansiering av artikelförfattare (resor, arvoden etc) är en oberoende variabel för rapporterat utfall till och med i randomiserade kontrollerade studier (RCT). Även i studier som inte finansieras av bolag, men där jäv redovisas, finns sambandet [2].

Enligt ett representativt urval av RCT 2012 fanns i 76 procent av studierna ekonomiska

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BMJ 2016;353:i2452 doi: 10.1136/bmj.i2452 (Published 16 May 2016)

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**We need to trust in the power
of challenging each other!**



<http://funkidos.com/pictures-world/wild-life/12-most-impressive-fighting-animals/>

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We Can Do It!





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