

Evidence-based psychiatry: a practical approach

John Geddes

Faced with the combination of rapid developments and increasing demands for information from patients, psychiatrists need improved access to high-quality, clinically relevant information. Most psychiatrists will now have heard of the term 'evidence-based medicine' (EBM) and understand that EBM is a practical approach to meeting the information needs of clinicians (Geddes & Harrison, 1997).

The challenge now is how to begin to implement evidence-based practice. Here there are signs that psychiatry is leading the way among medical specialities. In a far-sighted move, the Royal College of Psychiatrists is planning to introduce a Critical Review Paper into the membership exam – recognising that the central clinical epidemiological skills of evidence-based practice are required by the modern clinician. But there is still some uncertainty, or even scepticism, about the possibility of introducing EBM into everyday clinical practice. Even now, few psychiatrists have adequate access to good information sources and the information needs of clinicians sometimes seem to have a low priority with managers. We are still some way from the goal of easy access to high-quality, useable information within seconds of formulating the clinical question. Furthermore, our critical appraisal and clinical epidemiological skills are, at best, a little rusty. The end result is that most of us remain a little uncertain about how to begin introducing EBM into our clinical practice and postgraduate training courses (although tools such as the Cochrane Library and the journal *Evidence-Based Mental Health*, partly funded by the Royal College of Psychiatrists, are beginning to make real-life, evidence-based practice both feasible and useful).

A new series starts this month in the *Psychiatric Bulletin* describing a practical approach to introducing evidence-based approaches into the journal club. Others have described how the journal club can be modified to introduce the strategies of EBM (Gilbody, 1996; Sackett *et al.*, 1997). James Warner, Bob Blizard and their colleagues have performed a valuable service by describing the practical aspects of setting-up and running an EBM journal club. The series consists of a series of linked articles which

demonstrate how EBM can be used to answer different kinds of clinical question, which often require different kinds of research architecture. Warner and Blizard have chosen therapy, diagnosis, prognosis, guidelines and meta-analysis – which probably covers the majority of commonly occurring clinical questions. They emphasise that each article is based on a real-life journal club which they have structured along evidence-based lines. There are several benefits of using this approach with the journal club:

- (a) The journal club uses a real-life clinical problem. This makes the conclusions of the journal club more relevant for the participants and emphasises the need for linking research to clinical practice – a fundamental goal of EBM
- (b) The journal club develops an efficient and explicit approach to searching for evidence which is achievable within current resources
- (c) By using explicit criteria to critically appraise the evidence, the participants can rapidly assess the validity and importance of the evidence and move on to the important issue of clinical interpretation and the integration of evidence and clinical judgement.
- (d) By emphasising the need to reach a clinical 'bottom-line', participants avoid the hopeless situation arrived at after being overly negative about research papers. The key question at the end of the journal club is usually 'bearing in mind the x flaws with this paper, am I and my patient in a better position after reading it?'. Because the selected article will usually have been the best available evidence, if the paper is fatally flawed, evidence from further down the hierarchy of evidence will also be needed to answer the clinical question – this may be simply clinical experience.
- (e) The journal club becomes multi-disciplinary. The medical statistician can help the participants develop their skills in biostatistics and clinical epidemiology and can themselves obtain useful knowledge about

the complexities of clinical decision-making.

A successful evidence-based journal club requires some organisation and commitment. Is it worth it? The journal club described by Warner and colleagues seems to be working. In a survey they have already reported how adopting an evidence-based approach has revitalised the journal club, with 88% of participants reporting that it improved their critical appraisal skills and 81% preferring this approach to the traditional journal club (Warner & King, 1997). With a little practice the whole process, including setting the question, doing the literature search, and critically appraising the article takes about two hours, which is probably comparable to that required for a conventional journal club (James Warner, personal communication). It looks like the evidence-based journal club is an achievable first step in the implementation of evidence-based practice.

References

GEDDES, J. R. & HARRISON, P. J. (1997) Evidence-based psychiatry: closing the gap between research and practice. *British Journal of Psychiatry*, **171**, 220-225.
 GILBODY, S. (1996) Evidence-based medicine: an improved format for journal clubs. *Psychiatric Bulletin*, **20**, 673-675.
 SACKETT, D. L., RICHARDSON, S., ROSENBERG, W., *et al* (1997) *Evidence-Based Medicine: How to Practise and Teach EBM*. London: Churchill-Livingstone.
 WARNER J. P. & KING, M. (1997) Evidence-based medicine and the journal club: a cross-sectional survey of participants' views. *Psychiatric Bulletin*, **21**, 532-534.

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