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臺北護理健康大學100年度教學卓越計畫
分項計畫1-5 全方位T型教師之成長
實證醫學工作坊

「實證醫學在護理教育之應用」



張元玖主任

新光吳火獅紀念醫院
護理部

吳欣懷經理

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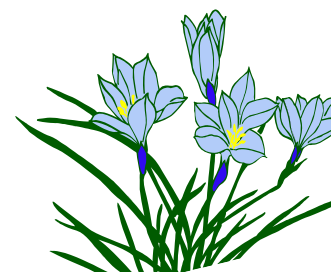
時間：100年6月10日(星期五)

12:20-15:40

地點：親仁樓B314、B210教室

主辦單位：教師發展中心

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Evidence for healthcare decision-making

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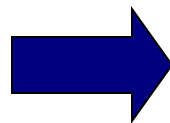
WILEY 公司背景

- John Wiley & Sons, Inc. 成立於1807年
- 出版超過 3萬本書及超過 1500種期刊
- 每年出版超過 3,000種出版品
- 主要產品項目
 - Professional/Trade 專業/大眾
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 - 2007 → Wiley-Blackwell
 - Higher Education 高等教育



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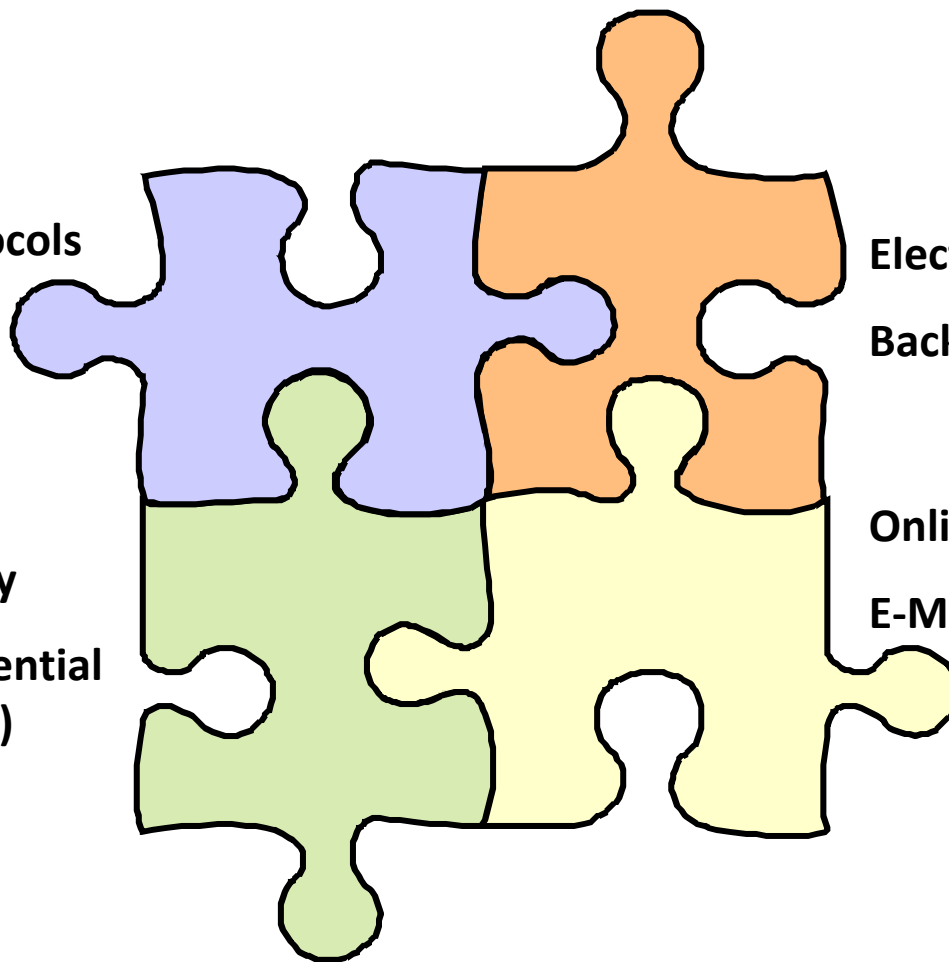


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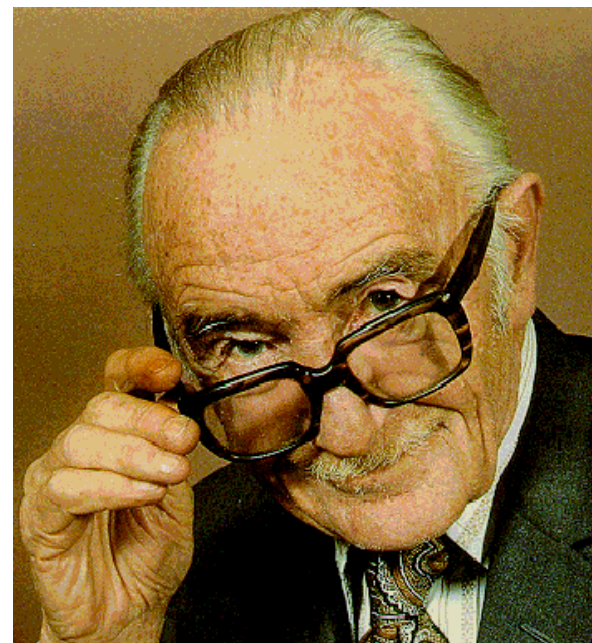
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Professor Archibald Leman Cochrane, CBE FRCP FFCM, (1909 - 1988)

- Archie Cochrane 是當時英國內科醫師及著名的流行病學專家，他對於流行病學發展的偉大貢獻，以致 Cochrane Collaboration 以他的名字命名以表達對他的敬意
- 1972年出版的著作- Effectiveness and Efficiency: Random Reflections on Health Services 明確的提出以下重要論述
 - 由於資源終將有限，因此應該使用已被證明有明顯效果的醫療保健措施
 - 來自於隨機對照試驗（ Randomised Controlled Trials, RCTs ）的證據，比其他任何證據更為可靠



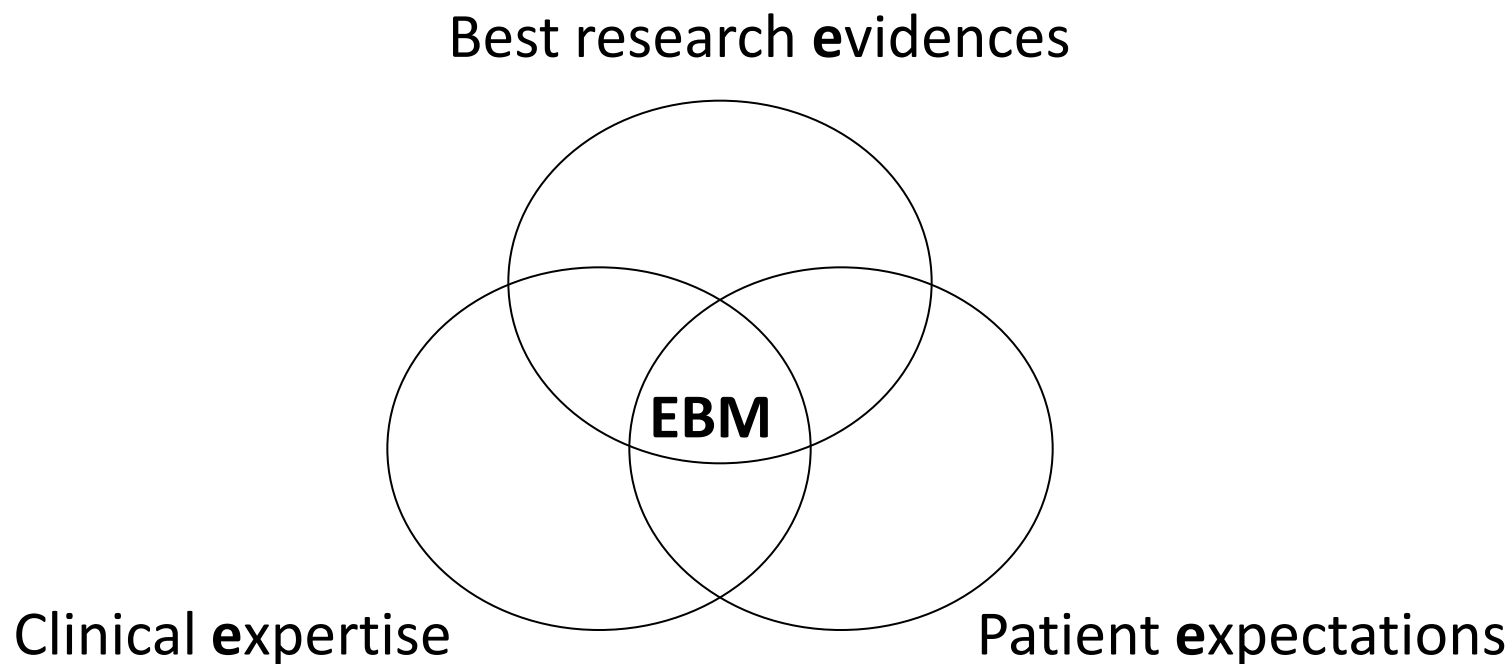


實證醫學發展

- 1979 -> Archie Cochrane 教授倡導應依據特定地疾病及治療方法，蒐集並分析所有相關的隨機對照試驗，同時隨著新資料的出現不斷更新，以便獲得更為可靠的結論
- 1980 -> 加拿大著名臨床流行病學家 David Sackett 教授將臨床流行病學的方法和原理實際應用於臨床指導，以提高臨床療效，為實證醫學的方法學奠定重要基礎
- 1992 -> 全世界第一個 Cochrane 中心在 National Health Service (NHS) 的資助下於牛津大學成立，旨在促進及協調醫療保健方面隨機對照試驗系統評價的生產和保存，以便依據最好的科學進展和研究結果服務於臨床醫療、衛生管理和高層決策
- 1993 -> Cochrane Collaboration 正式成立



實證醫學核心內容 – 三大要素



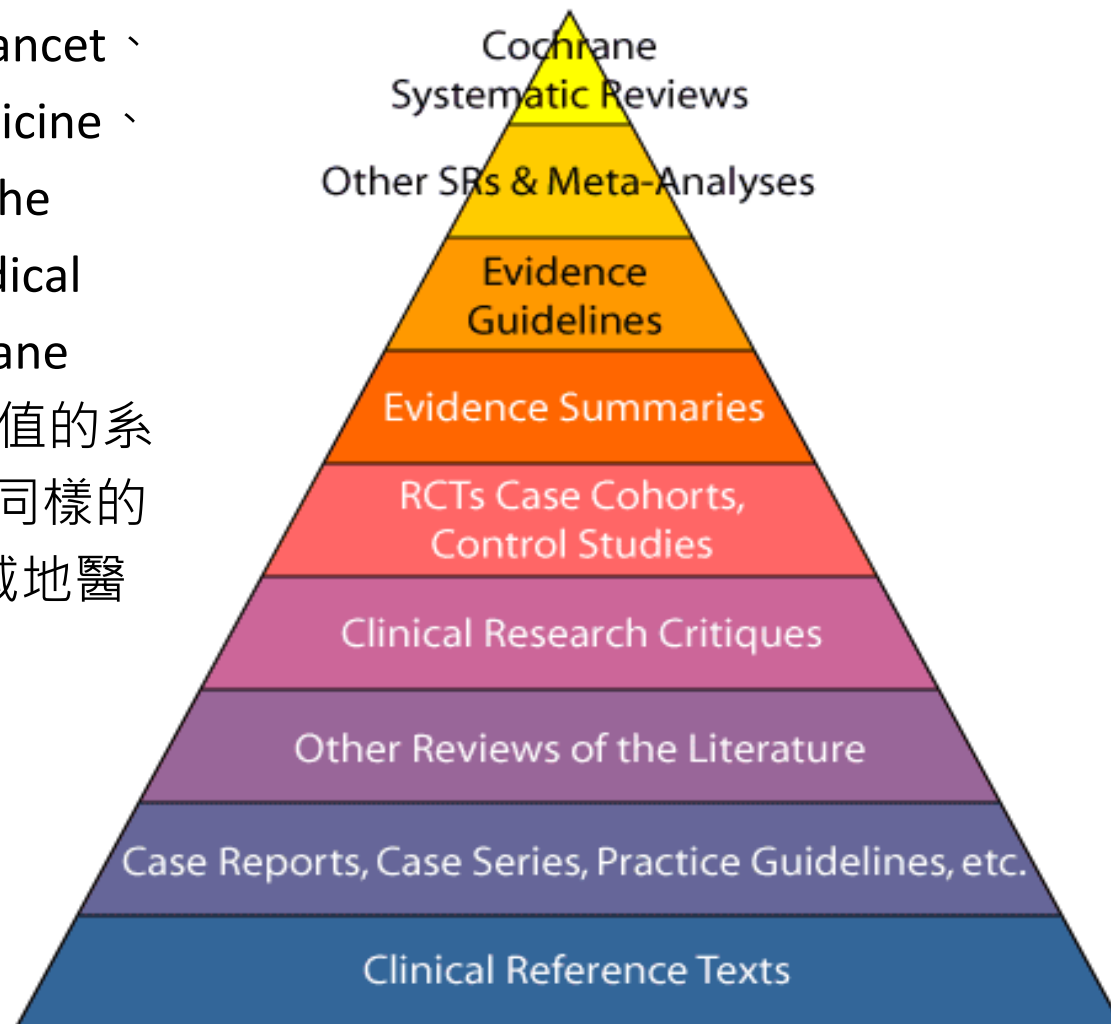


實踐實證醫學的五大步驟

1. 將資訊需求轉變成可以回答的臨床問題
 - **Patient/Problem**, 代表問題所關心的病人族群或特質
 - **Intervention**, 代表所關心的臨床介入, 可以是治療或診斷
 - **Comparison intervention**, 與臨床介入比較的對照介入, 通常是比較傳統的治療或診斷技術
 - **Outcome**: 比較的指標, 可以是治療的效果或診斷的正確率
2. 尋找相關的醫學證據
3. 以批判的方法檢驗證據的可信度
4. 結論是否能應用於病人
5. 評估執行實證醫學的效用和效率



醫學界重要的出版品 The Lancet 、
New England Journal of Medicine 、
British Medical Journal and the
Journal of the American Medical
Association 一致推崇 Cochrane
Reviews 是目前最具參考價值的系
統評論 (“gold standard”) ，同樣的
評價也出現在其他不同領域地醫
學專業期刊中





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Page last updated at 23:18 GMT, Tuesday, 7 July 2009 00:18 UK

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'No proof' that muscle rubs work

There is no convincing evidence that liniments and balms work on sore muscles and joints, say experts.

There are unlimited over-the-counter purchases and more than a million prescriptions a year for rubefacient rubs, giving a heat rush to the skin.

Cochrane researchers who looked at data from 16 studies looking at creams containing painkiller salicylate found no proven benefits.

They said other analgesic gels may well work, and recommended more research.

Strains and sprains

They looked at 16 studies involving nearly 1,300 patients using creams containing salicylate - a close drug relative of aspirin.

Results from four of the studies showed topical salicylates performed better than dummy creams against acute pain, but when lower quality studies were excluded, the results were not statistically significant.

Again, when used for chronic conditions, salicylates performed better than placebos.

But only one in six patients with



Muscle rubs may not offer any relief from aches and pains

“ When it comes to rubefacients they do not work well enough to take any notice of them ”

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Exercise cuts fall risk in elderly

ANI17 April 2009, 08:00am IST

Print Email Discuss Bookmark/Share Save Comment Text Size: A | A

Physical activities can help prevent falls among older people, says a study.



According to Cochrane Researchers, exercise programmes are an effective option for preventing falls among elderly living in the community.

Although few falls result in serious injuries, they may have many additional impacts on an older person's quality of life. For example, after a fall, they may feel less confident and decide to restrict their own activities to avoid further accidents. It is therefore important to consider how falls can be prevented in order to provide peace of mind for those at risk, as well as family members.

Exercise may help to prevent falls by improving strength, flexibility, balance, and endurance.

"Programmes that contain a combination of these components reduce falls. These include exercising in supervised groups, participating in Tai Chi, and carrying out

individually prescribed exercise programmes at home," says lead researcher Lesley Gillespie, who is based at Dunedin School of Medicine at the University of Otago in New Zealand.

"What remains less clear is whether some other interventions really do reduce falls. Some may be of more benefit to those at higher risk of falling. There also seem to be differences in the effectiveness of some kinds of interventions when carried out in different [health care](#) settings," the expert added.

To reach the conclusion, researchers reviewed data from 111 trials that included 55,303 older people altogether. As

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16 February 2011 Last updated at 01:18 GMT



Zinc can be an 'effective treatment' for common colds

By Michelle Roberts

Health reporter, BBC News

Taking zinc syrup, tablets or lozenges can lessen the severity and duration of the common cold, experts believe.

A review of the available scientific evidence suggests taking zinc within a day of the onset of cold symptoms speeds recovery.

It may also help ward off colds, say the authors of the Cochrane Systematic Review that included data from 15 trials involving 1,360 people.

But they say zinc cannot be used long-term because of toxicity concerns.

Excessive amounts can cause nausea, vomiting, abdominal pain and diarrhoea.

Now more work is needed to determine the exact dosing required, say the experts.

Cold viruses

Adults catch between two to four colds a year and children up to 10 a year.



Common cold viruses are spread by sneezes

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英國研究 吃鋅可防治感冒

〔編譯陳成良、記者林相美／綜合報導〕科學家仍未找到一般感冒的療方，但研究人員指出，鋅可能成為對抗一般感冒的利器。

感冒後服用可縮短復元時間

一項針對一九八四年以來十五項臨床實驗結果的回顧與統合分析研究報告指出，服用鋅補充劑可縮短感冒持續的時間，並在第一時間抵擋感冒發生。

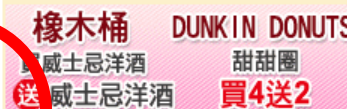
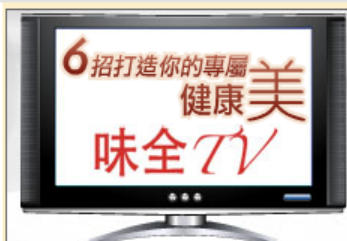
總部設在英國牛津的非營利學術機構「考科藍協作」(Cochrane Collaboration)得出前述結論，可能使鋅取代維他命C，成為一般感冒的「治療」選擇。

「考科藍協作」是一個收集、總結和傳播醫學證據的國際協作組織，該組織最新回顧檢討報告發現，罹患感冒的人，每隔兩小時服用一份鋅糖漿或鋅錠，在一週內痊癒的比率，比服用安慰劑的對照組高出一倍；此外，每天服用一顆鋅片、持續至少五個月的兒童，得到感冒的機率也比服用安慰劑的對照組少三分之一。

醫生建議每日食用量15毫克

不過科學家提醒，他們仍不知鋅的最佳劑量為何，也指出一些鋅的配方會出現噁心、胃口不佳及拉肚子等副作用。

在利用鋅作為治療藥物的實驗中，劑量從三十至一百六十毫克不等。市



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- 生日可放假 致茂電子、堂朝...
- 最寵愛女人 新日光、智邦...

➡ 超多爽帖，快上yes123！



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The review

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[Intervention Review] Zinc for the common cold

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Editorial group: [Cochrane Acute Respiratory Infections Group](#).

Publication status and date: New search for studies and content updated (conclusions changed), published in Issue 2, 2011.

Review content assessed as up-to-date: 31 May 2010.

Citation: Singh M, Das RR. Zinc for the common cold. *Cochrane Database of Systematic Reviews* 2011, Issue 2. Art. No.: CD001364. DOI: 10.1002/14651858.CD001364.pub3.

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Abstract

Background

The common cold is one of the most widespread illnesses and is a leading cause of visits to the doctor and absenteeism from school and work. Trials conducted since 1984 investigating the role of zinc for the common cold symptoms have had mixed results. Inadequate treatment masking and reduced bioavailability of zinc from some formulations have been cited as influencing results.

Objectives

To assess the effect of zinc on common cold symptoms.

Search strategy

We searched CENTRAL (2010, Issue 2) which contains the Acute Respiratory Infections Group's Specialised Register, MEDLINE (1966 to May week 3, 2010) and



醫界的引證 - 馬偕兒科黃璫寧醫師 超視「請你跟我這樣過」





WHAT IS THE COCHRANE LIBRARY?

The Cochrane Library is a collection of Evidence-Based Medicine databases:

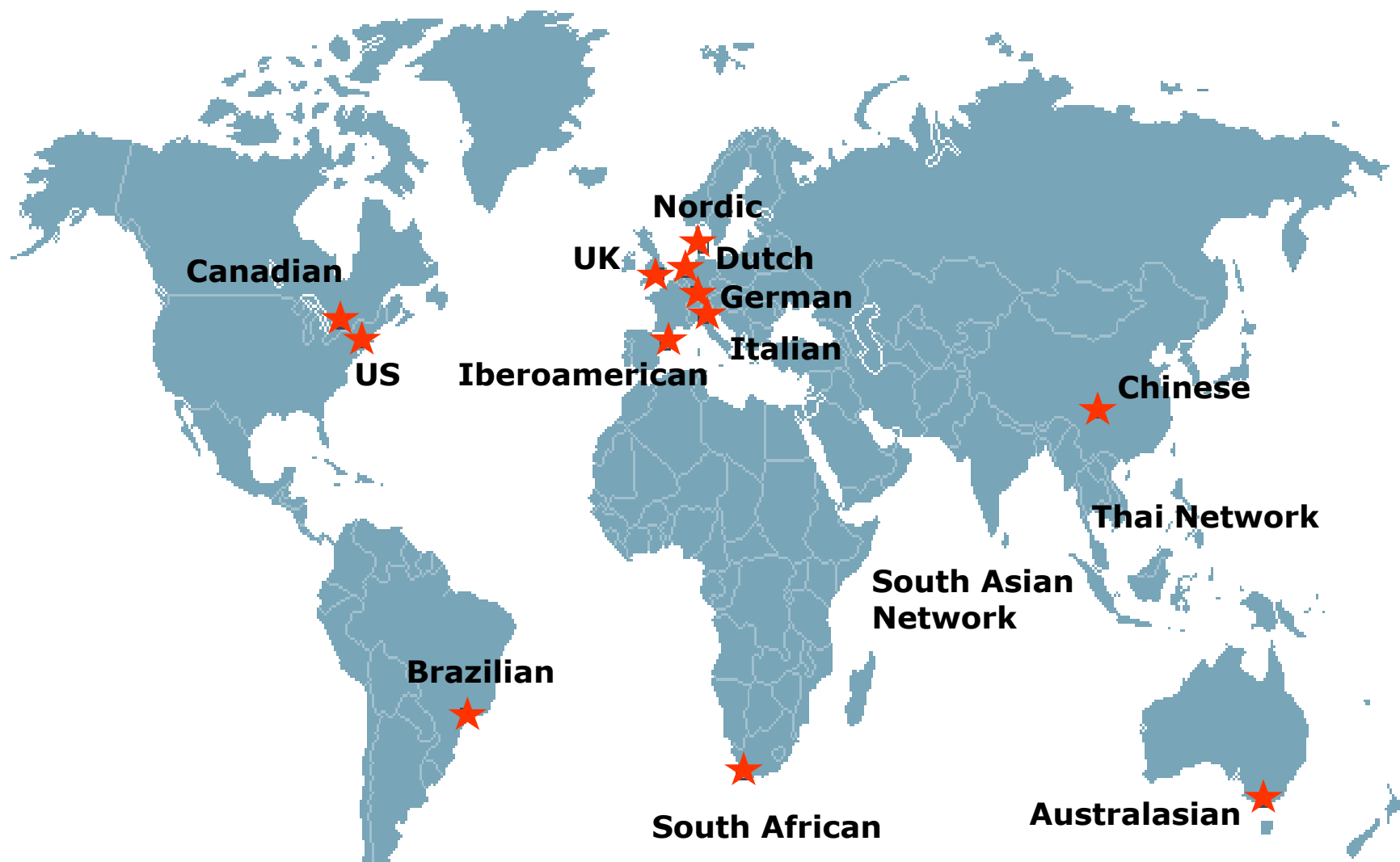
- The Cochrane Database of Systematic Reviews ([Cochrane Reviews](#))
- The Cochrane Database of Reviews of Effects ([Other Reviews](#))
- The Cochrane Central Register of Controlled Trials ([Clinical Trials](#))
- The Cochrane Methodology Register ([Methods Studies](#))
- Health Technology Assessment Database ([Technology Assessments](#))
- NHS Economic Evaluation Database ([Economic Evaluations](#))

It also contains information about The Cochrane Collaboration and the Cochrane Collaborative Review Groups



About The Cochrane Collaboration (About; Cochrane Groups)

- o Cochrane Collaboration Steering Group
 - ❖ 任務宣言、十大原則、利益聲明
 - ❖ 爲 The Cochrane Collaboration的管理中心；由所有的會員臨選出任，每三年一任
- o Cochrane Review Groups (CRGs)
 - ❖ 提供成立背景、研究領域、評選標準及編輯人員名單
- o Fields
 - ❖ 整合相關議題的 CRG內容；提供背景、目標及活動、研究領域及議題、組織架構及人員名單
- o Methods Groups
- o Networks - Cochrane Consumer Network
- o Centres





BREAKING NEWS

The *CDSR* has an Impact Factor of 5.653 for 2009

- The 2009 impact factors have now been published by Thomson ISI. The Cochrane Database of Systematic Reviews has an Impact Factor of 5.653 and is ranked 11th in the ISI category Medicine, General & Internal.



Cochrane Database of Systematic Reviews (Cochrane Reviews)

- 針對特定的疾病或其他健康照顧方面的問題給予系統評論定義，並裁定這項治療方法是否有效 ([53個系統評論小組](#))
- 編輯群為了做出總結而盡其所能的尋找、評估及綜合來自各種相關的、尚未出版的及非英文語系的科學研究資料。他們提供治療效果的總體結論，同時將每一項結果以一個獨特的標題標示，因此使用者可以輕易的查詢相關的原始文獻
- 系統評論與其他評論不同之處，在於他們堅持一套精密嚴格地設計來使它們的內容更廣泛，以降低誤差的機率，並確保所獲得的結果更具可信度
- 每月更新
- 包含 4,622筆 Reviews及 2,019筆進行中的 Protocols (Issue 5, 2011)



Cochrane Review Groups (CRGs)

Acute Respiratory Infections
Airways
Anaesthesia
Back
Bone, Joint and Muscle Trauma
Breast Cancer
Childhood Cancer
Colorectal Cancer
Consumers and Communication
Cystic Fibrosis and Genetic Disorders
Dementia and Cognitive Improvement
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Developmental, Psychosocial and Learning Problems
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Infectious Diseases

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Schizophrenia
Sexually Transmitted Diseases
Skin
Stroke
Tobacco Addiction
Upper Gastrointestinal and Pancreatic Diseases
Wounds



Database of Abstracts of Reviews of Effects (Other Reviews)

- o DARE是唯一收錄經過嚴格審核標準的系統評論摘要資料庫；每一筆摘要包括總結概述，以及審核標準的說明
- o 對於忙碌的決策者是重要的參考資料，並且可以用於回答有關特殊療法效用的問題
- o 內容廣泛地涵蓋與健康相關的治療方法及超過 3000筆各種領域的摘要內容，包括診斷測試、公共衛生、健康促進、藥理學、外科醫學、心理學等
- o 內容由設立於英國約克大學（University of York）的 Centre for Reviews and Dissemination (CRD) 所提供
- o 收錄 14,602筆資料 (Issue 5, 2011)



Cochrane Central Register of Controlled Trials (Clinical Trials)

- o 資料來自MEDLINE及EMBASE書目資料庫，數百種專業醫學期刊、會議資料及其他尚未出版的臨床實驗計劃；內容包括文章標題、出版來源及文章大綱，不包含全文資料
- o 大約有五分之三的內容來自MEDLINE。此外，每個系統評論小組負責維護更新相關的資料或有興趣的內容。
- o 全世界收錄最多且最大的隨機臨床實驗資料庫
- o 收錄645,068筆資料 (Issue 5, 2011)



Cochrane Methodology Register (Methods Studies)

- o 蒐集已出版的且針對產生對照實驗的方法使用的書目資訊

After the Women's Health Initiative: decision making and trust of women taking hormone therapy. 「婦女健康倡導」研究與賀爾蒙替代療法

目標: 評估自2002年7月WHI的發現對更年期女性決定賀爾蒙療法的影響

- o 資料來源包括期刊文獻、圖書和會議記錄；這些文獻是從MEDLINE和人工查找取得
- o 內容包括文獻的題名、出版資訊(書目資料)，且部份案例包含有文獻摘要，但並未包含該文獻的全文
- o 收錄 14,604筆資料 (Issue 5, 2011)



Health Technology Assessment Database (Technology Assessments)

- o 收錄關於全球健康管理技術評估 (即醫療科技評估) 的資訊，包括進行中的計畫和健康技術評估單位完整的出版品的詳細資訊，內容包括出版資訊和摘要，可透過網路連結至全文內容
- o 目的在於改善健康照顧的品質及成本效益
- o 內容由設立於英國約克大學 (University of York) 的 Centre for Reviews and Dissemination (CRD) 所提供，參考資料來源包括 INAHTA及其他健康科技評論組織
- o 收錄 9,965筆資料 (Issue 5, 2011)



NHS Economic Evaluation Database (Economic Evaluations)

- o 收錄醫療經濟評估相關之文獻摘要，文獻主要來自重要醫學期刊及書目資料庫
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一名孩童到門診求診, 呈現耳痛、發燒、全身倦怠等症狀, 觀察後發現中耳腔有發炎, 且耳膜為紅色且向外膨脹等現象。詢問抗生素治療的療效。

提出臨床問題 (PICO)

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Intervention: 抗生素治療

Comparison:

Outcome: 短期治療成功率



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AND Enter search term 3	Author
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View: **1-25** | [26-50](#) | [51-68](#)

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- ☐ [Interventions for acute otitis externa](#)
Vivek Kaushik, Tass Malik, Shakeel R Saeed
January 2010
[Review](#)
- ☐ [Antibiotics for the prevention of acute and chronic suppurative otitis media](#)
Amanda J Leach, Peter S Morris
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January 2009
[Review](#)
- ☐ [Antibiotics for acute otitis media in children](#)
Sharon Sanders, Paul P Glasziou, Chris B Del Mar, Maroeska M Rovers
September 2010

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Major change: protocol 的背景或目標應修改而產生重要的改變



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Select the appropriate MeSH descriptor:

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[Otitis Externa](#)
[Otitis Interna](#)
 see: [Labyrinthitis](#)
[Otitis Media](#)
[Otitis Media with Effusion](#)
[Otitis Media, Purulent](#)
 see: [Otitis Media, Suppurative](#)
[Otitis Media, Secretory](#)
 see: [Otitis Media with Effusion](#)

利用 Go To MeSH Tree 可以瀏覽相關詞彙的樹狀結構

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 [Otitis Externa](#)
 Otitis Media [+3]
 [Mastoiditis](#)
 [Otitis Media with Effusion](#)
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Issue: [Current](#) | [All](#) Restrict to: [Reviews](#) | [Protocols](#) Sort by: [Record Title](#) | [Match %](#) | [Date](#)

- ☐ [Adenoidectomy for otitis media in children](#)
Maaïke TA van den Aardweg, Anne GM Schilder, Ellen Herkert, Chantal WB Boonacker, Maroeska M Rovers
May 2010
[Review](#)
- ☐ [Adenoidectomy for recurrent or chronic nasal symptoms in children](#)
Maaïke TA van den Aardweg, Anne GM Schilder, Ellen Herkert, Chantal WB Boonacker, Maroeska M Rovers
March 2010
[Review](#)
- ☐ [Antibiotics for acute otitis media in children](#)
Sharon Sanders, Paul P Glasziou, Chris B Del Mar, Maroeska M Rovers
September 2010
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- ☐ [Antibiotics for preventing complications in children with measles](#)
Sushil K Kabra, Rakesh Lodha, Deborah J Hilton
September 2010
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- ☐ [Antibiotics for the prevention of acute and chronic suppurative otitis media in children](#)
Amanda J Leach, Peter S Morris
January 2011
[Review](#)
- ☐ [Antihistamines and/or decongestants for otitis media with effusion \(OME\) in children](#)
Glenn Griffin, Cheryl A Flynn, R Eugene Bailey, Jennifer K Schultz
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☐ Commented

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#1	(antibiotic*) and (otitis)	558	edit	delete
#2	MeSH descriptor Otitis Media explode all trees	1006	edit	delete
#3	(Child):ti,ab,kw	58678	edit	delete
#4	(#1 AND #2 AND #3)	18	edit	delete

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☐	hormone therapy for menopausal women	Run	Export	2009-08-10 03:25:22.0	n/a
☐	Arthritis-cyclooxygenase-GI bleeding	Run	Export	2008-04-27 10:47:24.0	n/a
☐	Search Tip - NEXT	Run	Export	2008-03-19 10:51:47.0	n/a
☐	mitral valve prolapse in all products	Run	Export	2008-03-19 10:47:27.0	+ Activate Alert
☐	Schizo* in All Fields and atypical in All Fields and antipsychotic in All Fields and drug in All Fields in all products	Run	Export	2008-01-06 11:25:16.0	+ Activate Alert
☐	hypno and smoking cessation - combination	Run	Export	2006-04-13 12:34:48.0	n/a

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October 2009
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February 2010
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[Intervention Review]

Antibiotics for acute otitis media in children

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Antibiotics for acute otitis media in children

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Editorial group: [Cochrane Acute Respiratory Infections Group](#).

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Review content assessed as up-to-date: 8 November 2008.

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Abstract

Background

Acute otitis media (AOM) is one of the most common diseases in early infancy and childhood. Antibiotic use for AOM varies from 56% in the Netherlands to 95% in the USA and Australia.

Objectives

To assess the effects of antibiotics for children with AOM.

Search strategy

We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*, 2008, issue 2) which contains the Acute Respiratory Infections (ARI) Group's Specialized Register; MEDLINE (1966 to June week 4 2008); OLDMEDLINE (1958 to 1965); EMBASE (January 1990 to July 2008); and Current Contents (1966 to July 2008).

Selection criteria

Randomised controlled trials comparing 1) antimicrobial drugs with placebo 2) immediate antibiotic treatment with observational treatment approaches in children with AOM.



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observation without prescription and no complications were reported.

Of note, is a recent paper that has shown that doctors commonly over-diagnose AOM ([Rothman 2003](#)). What effect might this have on the efficacy of antibiotics (or any treatment)? One effect will be to apparently blunt any treatment effect by dilution (from the cases of non-AOM). On the other hand, if clinicians commonly use the same diagnostic methods (perhaps even less stringent), then the efficacy is a true reflection of actual clinical practice. However, if new and more accurate diagnostic procedures are employed, then the estimate of efficacy will have to be reconsidered.

Authors' conclusions

Implications for practice

Antibiotics produce a small reduction in the number of children with pain two to seven days from assessment. However in high-income countries, most cases spontaneously remit with no complications, and the NNT is about 16. Therefore management should emphasize advice about adequate analgesia and the limited role for antibiotics. Antibiotics seem to be most beneficial in children under two years of age with bilateral disease and in children with both AOM and otitis media. [Cates](#) has developed an appropriate handout and tested this together with an optional antibiotic prescription ([Cates 1999](#)). The handout is available at URL <http://www.nntonline.net/>.

Implications for research

Further research is needed to determine if it is possible to predict which children are more likely to suffer from the complications of AOM.

Acknowledgements

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Thank you to David McCormick and his colleagues for allowing us to access raw study data from the trial comparing immediate antibiotics and watchful waiting ([McCormick 2005](#)).



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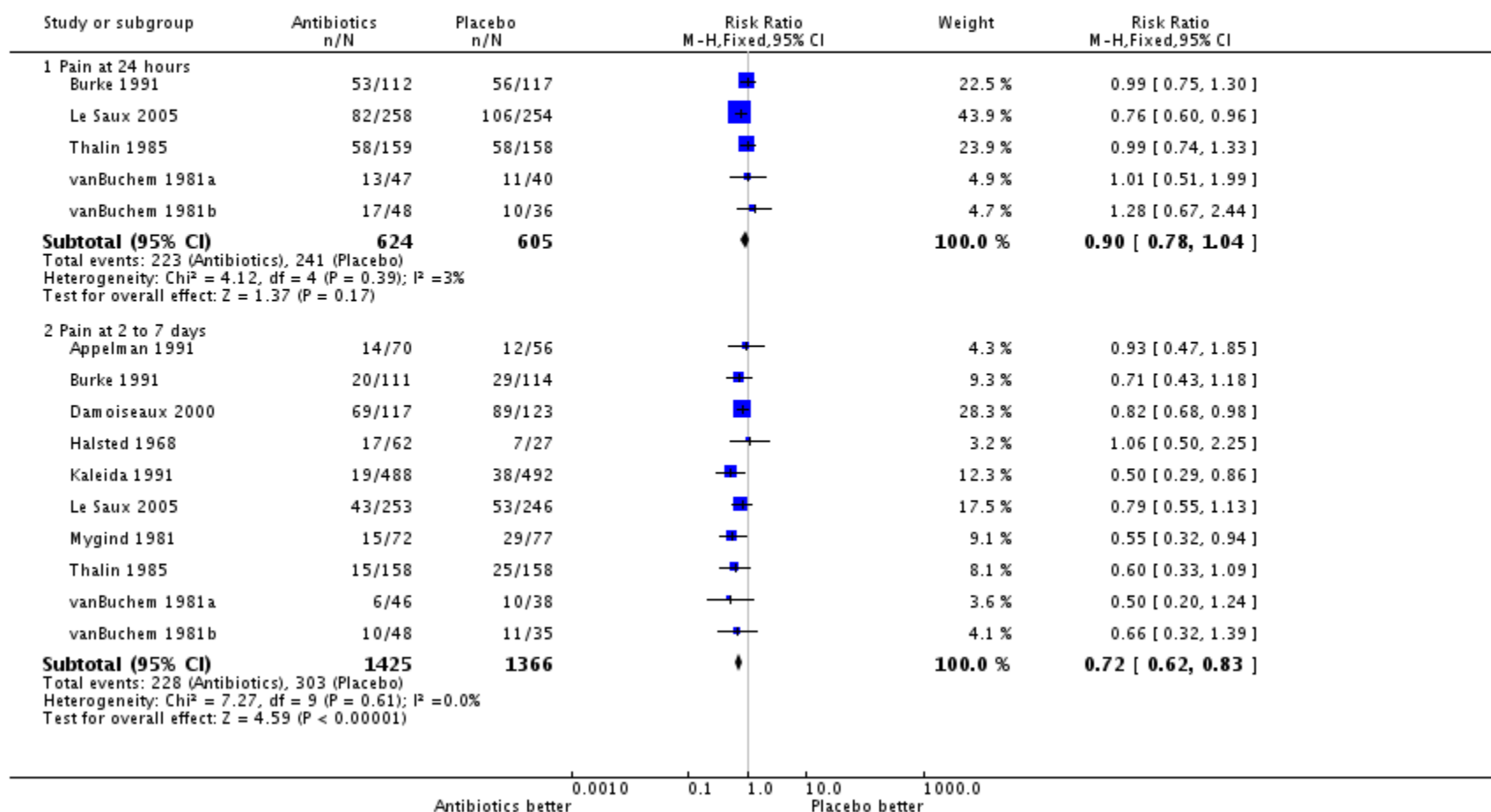
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Analysis 1.1. Comparison 1 Antibiotic versus placebo, Outcome 1 Pain.

Review: Antibiotics for acute otitis media in children
Comparison: 1 Antibiotic versus placebo
Outcome: 1 Pain





Antibiotics for acute otitis media in children (The Cochrane Database of Systematic Reviews 2004, Issue 1.)

- Cochrane Review Objective: to assess the effects of antibiotics for children with acute otitis media
- Dr Chris Cates Project: Given antibiotics prescription, but advised to wait 1-2 days, use only if symptoms remain
- In 2004, the American Academy of Pediatrics and the American Academy of Family Physicians' guideline revised to include deferring antibiotics for children with ear infections who are not unduly ill



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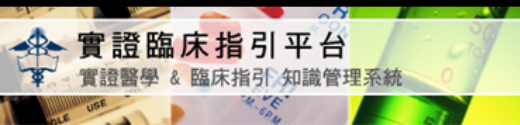
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