Practicing evidence-based medicine: The Holy Grail?



n page 380 of this issue of The Journal OF FAMILY PRACTICE, Dr. William Cayley highlights one of the major challenges of evidence-based medicine: translating evidence for patients in a way that is not unduly influenced by our own values,

biases, and expectations. We face this challenge every day.

Recently I saw a patient with uncomplicated low back pain who wanted me to prescribe a muscle relaxant. Another person, after experiencing a first episode of major depressive disorder, requested lifelong antidepressant therapy. An older woman wanted advice about treatment for shingles.

The difficulty I encountered lay neither with the availability of authoritative, explicit evidence-based summaries on these topics, nor with my knowledge of the evidence in these areas. The dilemma was that most studies, I suspect, were of patients unlike the 3 individuals in my care, and that I had little more than anecdotal information about the potential harms the interventions might cause these patients. Moreover, in such instances, how much should patients' preferences count?

Should I divulge that trials of muscle relaxants are equivocal at best, and share my belief that muscle relaxants do little more than make a person sleepy? How should I frame the current recommendation that maintenance therapy for depression be considered after the second or third episode of major depressive disorder?² And, for the woman with herpes zoster, what to make of the tradeoffs of various therapies versus watchful waiting?3

All this information to convey to my patients, and I was running late for a meeting with the Dean. If you are like me, many days the practice of evidence-based medicine feels like the holey grail.

No, I haven't become disillusioned with evidence-based medicine—just comfortable that there will always be a need for family physicians to translate the best evidence to our patients, as biased and value-laden as our recommendations may be.

What are your observations about actually practicing evidence-based medicine? Drop me an e-mail at jfp@fammed.uc.edu, and I will share the results in an upcoming issue.

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REFERENCES

- 1. Deyo RA, Weinstein JN. Low back pain. N Engl J Med 2001; 344:363-370.
- 2. Keller MB, Boland RJ. Implications of failing to achieve successful long-term maintenance treatment of recurrent unipolar major depression. Biol Psychiatry 1998; 44:348–360.
- 3. Gnann JW, Whitney RJ. Clinical practice: Herpes zoster. N Engl J Med 2002; 347:340-346.