

toolbox

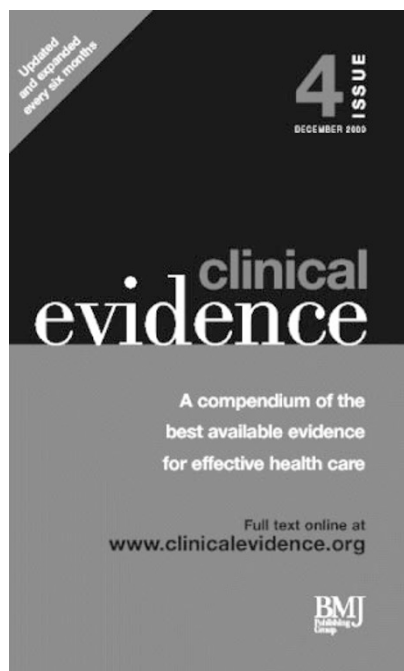
Clinical Evidence

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A compendium of the best available evidence for effective health care. BMJ Publishing Group, www.clinicalevidence.com (£75 a year).

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Clinical Evidence is a compendium of concise and regularly updated reviews and summaries of the best available evidence on clinical interventions that work and do not work in health care. The principle used by the editors of the publications, which are updated and expanded every six months, is that the usefulness of any source of information is equal to its relevance, multiplied by its validity, divided by the work required to extract the information. So it is relevant, valid and easy to use. Its contents includes over 100 topics grouped under sections such as cardiovascular diseases, child health, men's health, women's health, digestive disorders, ENT, eye disorders, mental health, musculoskeletal disorders and so on. Oral health is one section of the compendium.

Clinical Evidence has been called the friendly front of the Cochrane Library since it takes this, and other, high quality information and pulls it together in one place in a concise format. The questions in Clinical Evidence concern the benefits and harms of preventive and therapeutic interventions, with emphasis on outcomes that matter to patients. The contributors who are commissioned to work on each question, summarise the evidence and collaborate with the staff of Clinical Evidence to carry out systematic searches as well as reviewing existing systematic reviews.

Clinical Evidence is helpful to all clinicians to know when their uncertainty stems from gaps in the evidence rather than gaps in their own knowledge. It specifically aims not to make recommendations because it is nearly impossible to make recommendations that are appropriate in every situation and evidence is only part of a clinical decision. So Clinical Evidence provides the raw material for developing applicable practice guidelines, and for clinicians and patients – yes, patients are using it too – to make up their own minds on the best course of action.

Why should dentists and professions complimentary to dentistry read Clinical Evidence?

To keep up-to-date with clinical treatments which their patients are having and being in an informed position to detect some of the recognised harmful effects of some of them. Second, being aware of the current beneficial treatments for oral health conditions. Are you familiar with the most effective treatments of such relatively common oral conditions as aphthous ulcers, burning mouth syndrome or oropharyngeal candidiasis? If not, consult Clinical Evidence. Your patients and their GPs are reading it. And if there are any conditions that you would like included in Clinical Evidence the editors respond to the needs of clinicians, so your request may lead to a review. Third, Clinical Evidence has a very informative glossary of terms used in systematic reviews and trials. Do you know your AR (Absolute Risk) from your RR (Relative Risk)? Well here is you will find standard definitions. Fourth, patients are using publications such as Clinical Evidence. They will expect their dentist to have done so too.

The Compendium is used by around 400,000 people, including all General Medical Practitioners in the UK and USA and many in Germany. As well as the printed versions, which all subscribers get, there is online access. The online version is fully searchable and has links to the Cochrane Library and Pubmed (Medline). It is updated the full text of current issues plus updates and new topics as they are finalised.

In an era of evidence based medicine/dentistry, subscribing to Clinical Evidence should be an essential part of Clinical Governance. General Dental Council take note please.