

Evidence-based-chiropractic care: an exciting challenge or just a pain in the neck?

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**Conference on the Neck Pain Patient
Paris, April 4, 2009**

Outline of presentation



- **Defining what is Evidence-Based Medicine (Médecine fondée sur les faits)**
- **Clarify some sources of misunderstanding**
- **Analyze potential obstacles to the diffusion of EBM/MFF**
- **Suggest some challenges to implement an evidence-based chiropractic care**

Historical introduction



- **“Recent” approach to clinical practice**
 - ✓ Clinical epidemiology and critical reading
 - ✓ To provide explicit arguments for medical decision
- **PubMed**
 - ✓ Medical Subject Heading introduced in 1997
 - ✓ 32 439 references (18/03/2009)
 - ✓ oldest article in 1992
 - ✓ chiropractic: 54 articles; only one in French
 - ✓ neck pain: 35 articles; none in French

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Definition



- **Ability**
 - ✓ to access,
 - ✓ to summarize available information, and
 - ✓ to apply it to solve
 - ✓ daily practical
 - ✓ clinical (or public health) problems
- **Utilization of documented facts**

Faits documentés

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Terminology



- **Synonyms**
 - ✓ *Evidence-Based Medicine (EBM)*
 - ✓ Médecine basée sur les preuves/niveau de preuve
- **Problem with the French terminology**
 - ✓ “Evidence” is not “proof” (« preuve »)
 - ✓ Variations of conclusions in time
- **Suggestions**
 - ✓ Médecine factuelle
 - ✓ Médecine fondée sur les faits (MFF)

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BEST EVIDENCE TOPIC REPORTS

Role of flexion/extension radiography in neck injuries in adults



Bridging the gap between research and practice: a continuing challenge

**The neck is not the back:
obvious, but the research gap should be reduced**

Using decision aids to help patients navigate the “grey zone” of medical decision-making

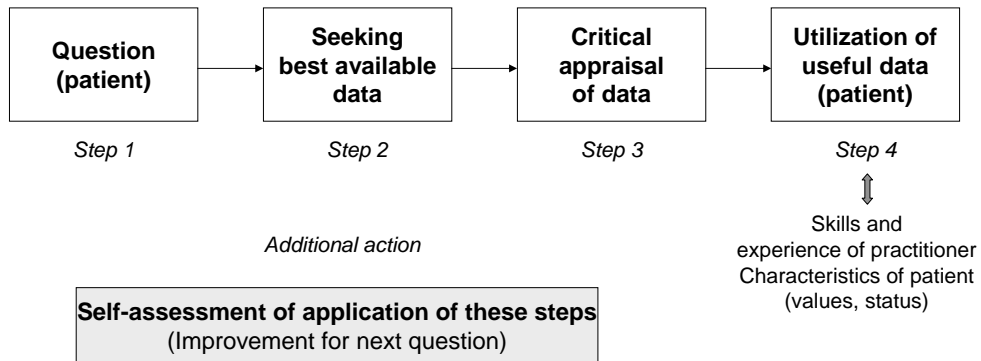
**Supporting patients facing
difficult health care decisions**

Use of the Ottawa Decision Support Framework

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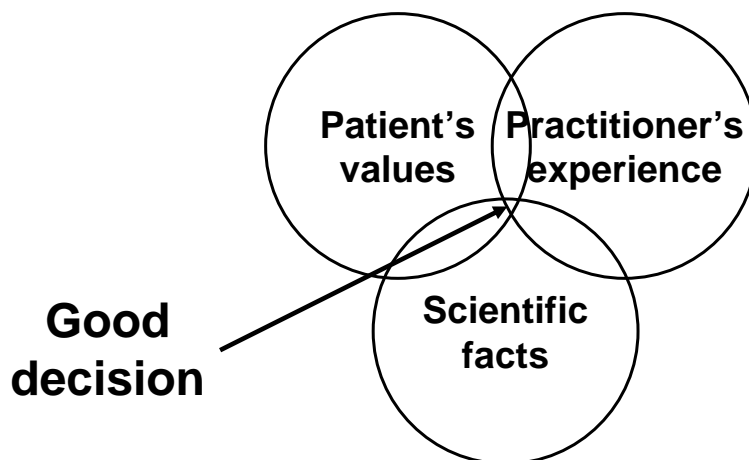
Principles of EBM

Several steps “from patient to patient”

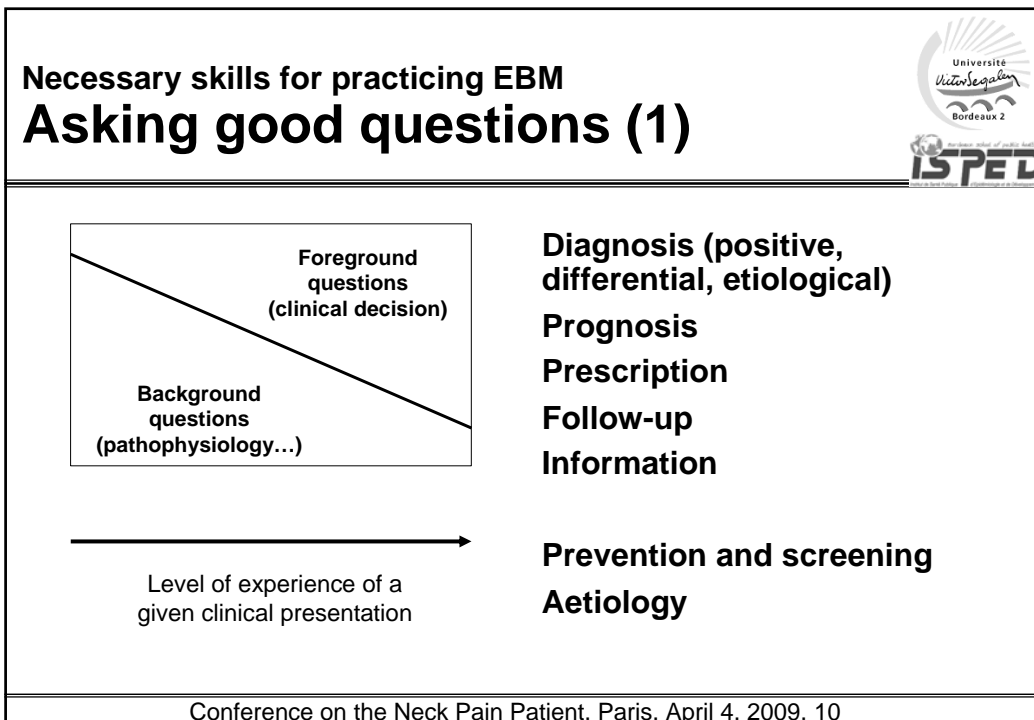
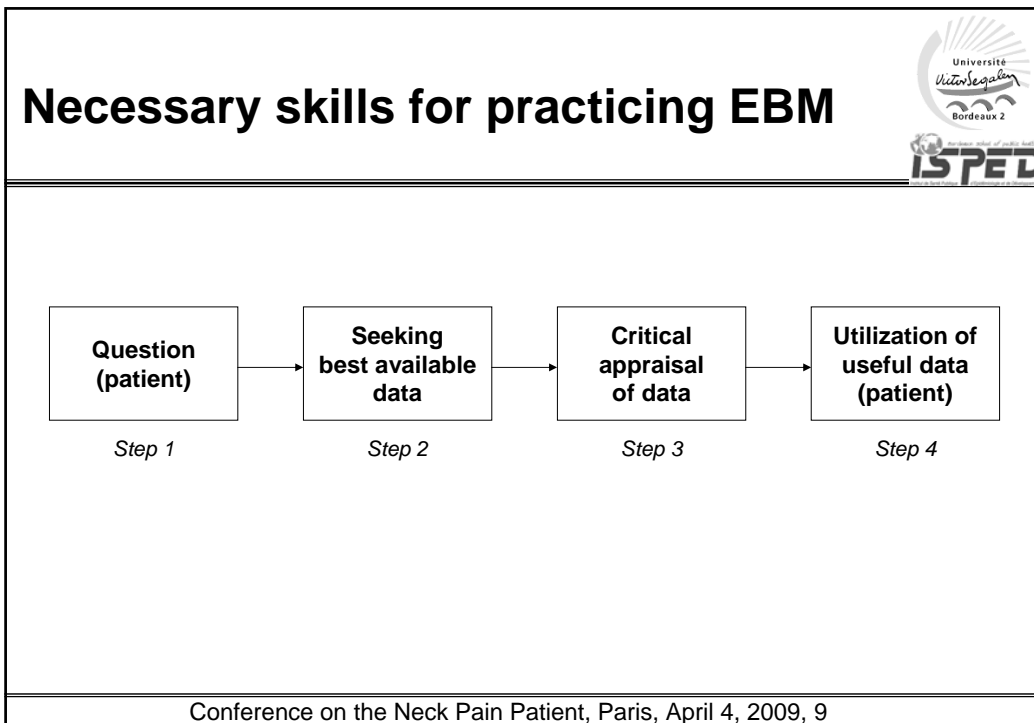


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Decision model of EBM



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Necessary skills for practicing EBM Asking good questions (2)



➤ Clinical scenario

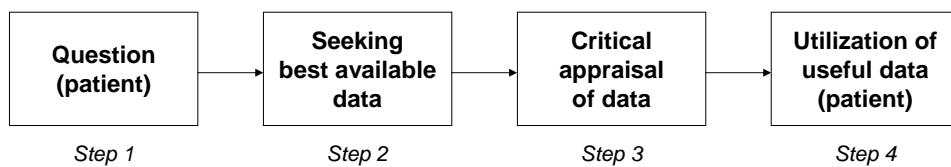
A man attends the emergency department having been involved in a high speed road traffic accident. He complains of neck pain and midline neck spinal tenderness but has no neurological signs or symptoms. Standard 3-view cervical spine radiology shows no abnormality. You wonder if a flexion/extension radiograph would show any significant injury/instability.

➤ Three part question

In [a neurologically intact adult patient with neck pain following trauma but normal plain radiographs] do [flexion/extension xrays] aid [diagnosis of ligamentous or soft tissue injury with instability]? (Pitt E, Thakore S. Emerg Med J 2004;21:587.)

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Necessary skills for practicing EBM



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Necessary skills for practicing EBM Bibliographical search (1)



Tasks

- ✓ Identification of bibliographical sources
- ✓ Selection of relevant sources
- ✓ Identification of relevant key-words
- ✓ Formulation of equations
- ✓ Access of original documents

Difficulties

- ✓ Specialized areas
- ✓ Languages
- ✓ Quality of sources
- ✓ Management of abundance
- ✓ Costs

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NCBI PubMed a service of the U.S. National Library of Medicine and the National Institutes of Health www.pubmed.gov

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Search PubMed for

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Necessary skills for practicing EBM Bibliographical search (2)

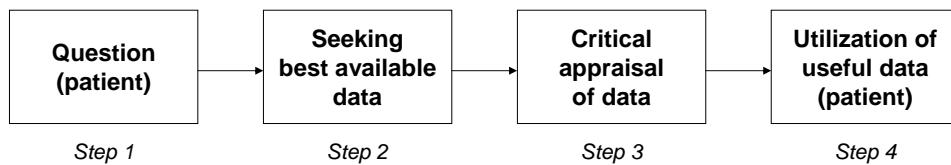


Search strategy

Medline 1966-05/04 and Embase 1980-05/04 using the Ovid interface. [exp neck injuries/OR neck trauma.mp OR cervical spine trauma.mp OR exp spinal injuries/OR exp spinal cord injuries/Or exp spinal fractures/OR exp fractures/OR cervical spine injur\$.mp OR exp dislocations/OR exp cervical vertebrae/OR cervical spinal cord trauma.mp OR exp spinal cord compression/] AND [flexion-extension.ti OR dynamic cervical spine radiograph\$.mp OR flexion-extension radiograph\$.mp OR flexion-extension cervical spine radiograph\$.mp OR flexion-extension x-ray\$.mp] AND [exp joint instability/OR ligamentous injury.mp OR ligament injury.mp OR cervical vertebrae/OR exp fractures/OR ligamentous instability.mp OR exp soft tissue injuries/OR soft tissue injury.mp] LIMIT to human AND English.

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Necessary skills for practicing EBM



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Necessary skills for practicing EBM Critical reading (1)



Tasks

- ✓ Read
- ✓ Understand
- ✓ Extract key information
- ✓ Assess quality
- ✓ Assess relevance
- ✓ Conclude

Difficulties

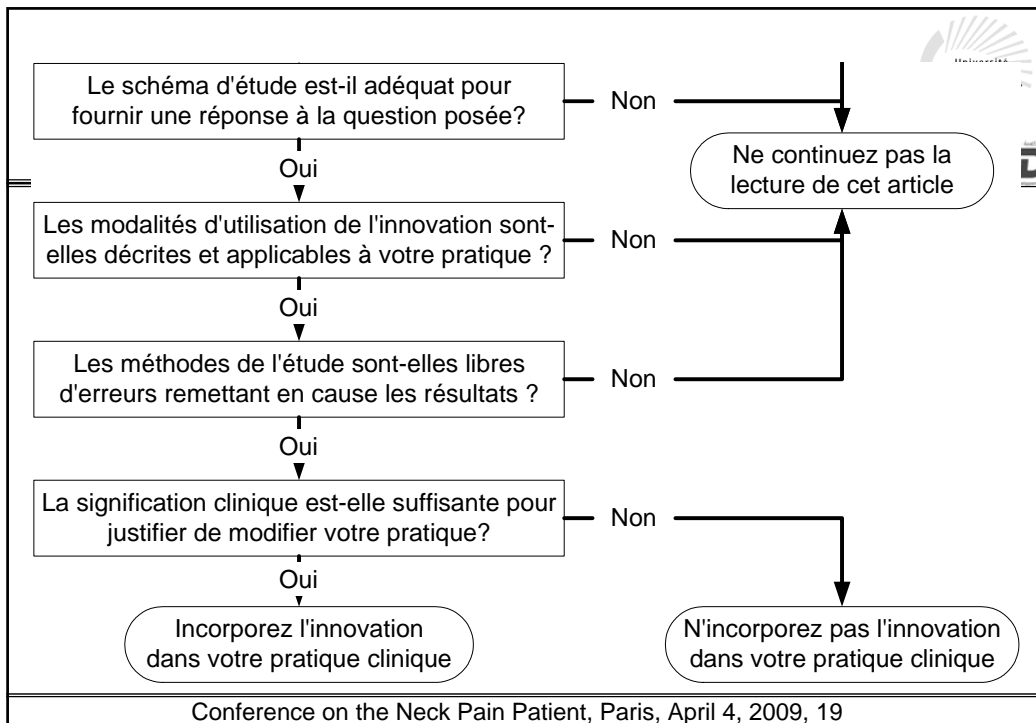
- ✓ Language
- ✓ Quality of support
- ✓ Time
- ✓ Availability of tools
- ✓ Methodological skills
- ✓ Knowledge of clinical context (the patient)

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Présentation synoptique des étapes de lecture critique

Section	Point	Question à se poser	Éléments particuliers selon l'objet de l'étude				ECN*	
			Thérapeutique	Diagnostique	Pronostique	Étiologique	Éléments du résumé	Objectifs pédagogiques
Titre	1	Reflète-t-il une question pertinente ?						1, 24
	2	Reflète-t-il une population pertinente ?						
Résumé	3	Rapporte-t-il des résultats informatifs ?	Mesures d'efficacité	Mesures de pronostic		Mesures d'association	Le résumé de l'étude est supprimé pour l'épreuve	
Introduction	4	Les lacunes dans les connaissances, évoquées pour justifier la question posée, sont-elles claires et logiques ?					I	22
	5	La justification repose-t-elle sur une revue brève et synthétique des connaissances ?						
	6	L'introduction se termine-t-elle par l'énoncé d'un objectif clair et complet ?					II	
	7	L'objectif reflète-t-il une question pertinente ?						
	8	L'objectif reflète-t-il une population pertinente ?						1, 2, 24
Méthodes	9	Commencez-elles par une description de la structure générale de l'étude (schéma d'étude/design) ?	Essai randomisé (cohorte ou cas-témoins critiques)	Comparaison avec un test de référence (gold standard)	Étude de cohorte (cas-témoins critiques)	Étude de cohorte, cas-témoins ou transversale représentative	III	8, 22
	10	Le schéma d'étude est-il cohérent avec la question posée ?		Panorama complet des maladies et des non-malades	Panorama complet de la maladie ; début du suivi précis	Début du suivi précis ; maladie et facteur d'exposition		3, 4, 22
	11	La population étudiée est-elle bien définie (critères d'inclusion et d'exclusion) ?	Indication pertinente				IV	4, 14, 22
	12	Les modalités de sélection sont-elles décrites et correctes ?	Similaires pour tous les groupes, quelles que soient les caractéristiques des sujets					5, 14, 22
	13	La répartition dans les groupes comparés est-elle décrite et correcte ?	Répartition aléatoire vraie	Définition claire des groupes comparés				10, 22
14	Les règles éthiques sont-elles respectées ?	Déclarations réglementaires ; confidentialité ; consentement éclairé					17, 21, 22	
15	Les modalités d'utilisation de l'innovation proposée sont-elles décrites et applicables ?	Traitements comparés	Description des	Description des				

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Necessary skills for practicing EBM Critical reading (2)



SPINE Volume 33, Number 4S, pp S5-S7
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The Bone and Joint Decade 2000–2010 Task Force on Neck Pain and Its Associated Disorders

Executive Summary

Scott Haldeman, DC, MD, PhD,* Linda Carroll, PhD,† J. David Cassidy, DC, PhD, DrMedSc,‡
Jon Schubert, CMA,§ and Åke Nygren, DDS, MD, DrMedSc¶

Necessary skills for practicing EBM Data synthesis (1)



Tasks

- ✓ Standardized critical appraisal
- ✓ Narrative description
- ✓ Meta-analysis
- ✓ Decision analysis
- ✓ Consensus techniques
- ✓ Evidence grading
- ✓ Recommendation writing

Difficulties

- ✓ Methodological skills
- ✓ Writing skills
- ✓ Experience
- ✓ Timeliness

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Necessary skills for practicing EBM Data synthesis (2)




Author, date and country	Patient group	Study type(level of evidence)	Outcomes	Key results	Study weaknesses
Lewis LM <i>et al</i> , 1991, USA	141 consecutive adult trauma patients who had flexion extension cervical spine radiography (FECSR) after static cervical spine radiography (SCSR) series	Retrospective review	Radiological abnormality on SCSR Instability on FECSR Neurological sequelae from performing radiographs	11 of 141 instability on FECSR of which four had normal SCSR. Four had equivocal SCSR and three had fractures on SCSR FECSR (compared with SCSR alone) increased the sensitivity and specificity for recognising injury from 71% to 99% and 89% to 93% respectively but this was not statistically significant because of small numbers No neurological complications from FECSR	Retrospective No comment on blinding or not of radiologist If abnormal SCSR, CT as well as FECSR done but sometimes before FECSR. Not clear if diagnosis made on CT or FECSR Adequacy of radiography not defined
Wang JC <i>et al</i> 1999, USA	290 patients after trauma—with neck pain, alert, neurologically intact had FECSR	Retrospective review	Instability on FECSR	1 of 290 (0.34%) instability on FECSR	Retrospective

Pitt E, Thakore S. *Emerg Med J* 2004;21:587

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Necessary skills for practicing EBM




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graph LR; S1[Question (patient)] --> S2[Seeking best available data]; S2 --> S3[Critical appraisal of data]; S3 --> S4[Utilization of useful data (patient)];
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Step 1 Step 2 Step 3 Step 4

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Necessary skills for practicing EBM

Decision making (1)



- Possible if conclusions are clear

- Difficult circumstances
 - ✓ No available (good) study
 - ✓ No convincing results
 - ✓ Several possible options

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Example



- Smith GCS, Pell JP. Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. *BMJ* 2003;**327**:1459-61.

- **Results**

Our search strategy did not find any randomised controlled trials of the parachute.



Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomised controlled trials

- **Discussion: 2 options**

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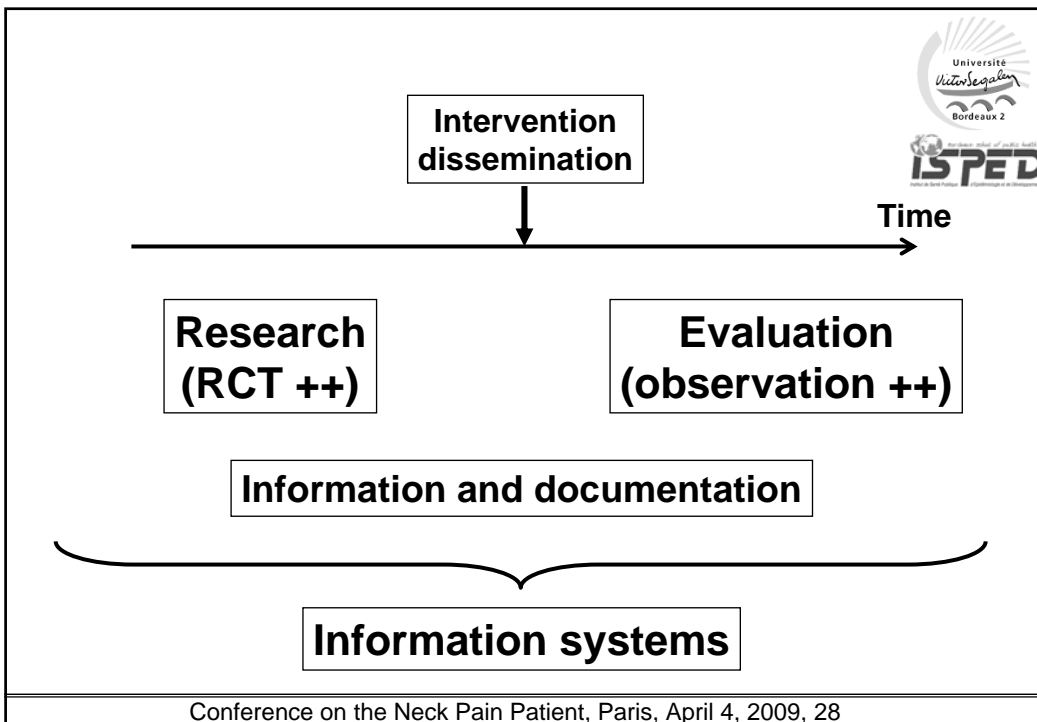
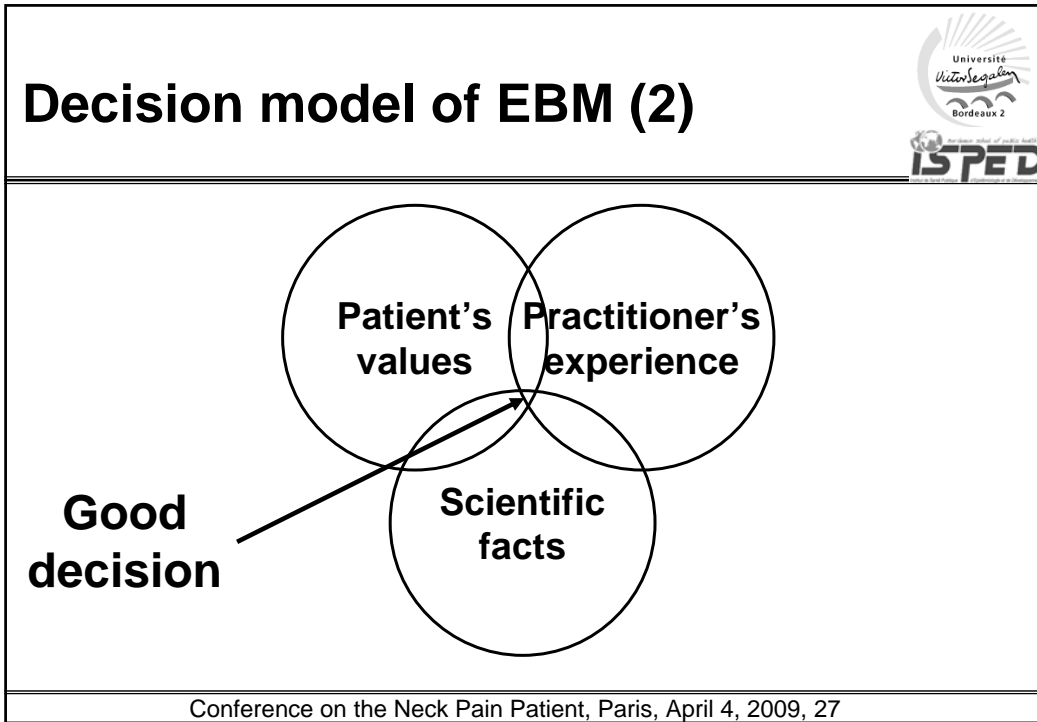
Necessary skills for practicing EBM Decision making (2)



- **Implications**

- ✓ EBM, if only based on scientific information, does not solve everything
- ✓ The lack of scientific information is an information
- ✓ EBM must include other kind of information

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Necessary skills for practicing EBM Decision making (3)



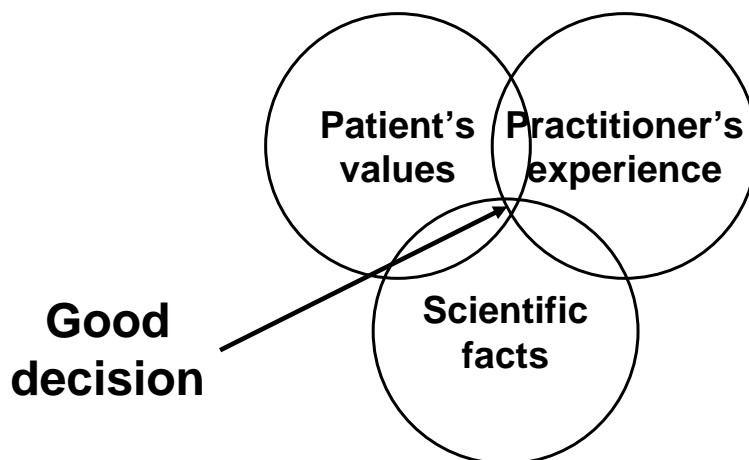
AMERICAN JOURNAL OF INDUSTRIAL MEDICINE 49:557-568 (2006)

Capturing Cases in Workers' Compensation Databases: The Example of Neck Pain

Dwayne Van Eerd, MSc,^{1*} Pierre Côté, PhD,^{1,2} Dorcas Beaton, PhD,^{1,3,4,5}
Sheilah Hogg-Johnson, PhD,^{1,2,6} Marjan Vidmar,¹ and Vicki Kristman, MSc^{1,2}

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Decision model of EBM (3)



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Necessary skills for practicing EBM

Decision making (4)

Deciding about spinal manipulation

Reasons to try spinal manipulation for acute low back pain	Reasons not to try spinal manipulation for acute low back pain
<ul style="list-style-type: none"> You do not have leg pain or numbness. You do not have severe pain. You know of a reputable practitioner who will coordinate treatment with your other health professional(s). <p>Are there other reasons you might want to try spinal manipulation?</p>	<ul style="list-style-type: none"> You also have leg pain or numbness. You have severe pain, and your doctor has not yet ruled out a serious medical cause. You are uncomfortable with manual treatments that involve physical contact. <p>Are there other reasons you might not want to try spinal manipulation?</p>



The IPDAS assessment of this decision aid indicates that it meets:

8	out of 14 of the content criteria
4	out of 9 of the development process criteria
0	out of 2 of the effectiveness criteria

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Necessary skills for practicing EBM

Decision making (5)

Guide personnel pour la prise décision (Ottawa)

Date: _____

Décision: Quelle décision devez-vous prendre? _____
 Quand la décision doit-elle être prise? _____
 Où en sont vos réflexions sur cette décision?
 aucune réflexion réflexion en cours sur le point de choisir le choix est fait
 Favorisez-vous une option? Non Oui laquelle? _____

Certitude: Etes-vous certain du meilleur choix pour vous? Non Oui

Connaissance: Connaissez-vous les options disponibles pour vous? Non Oui
 Connaissez-vous les avantages et les désavantages de chaque option? Non Oui

Valeurs: Connaissez-vous les avantages / désavantages qui ont le plus d'importance pour vous? Non Oui



A. Au tableau suivant, énumérez les options ainsi que les avantages / désavantages pour chacune que vous connaissez déjà. ?
 B. Soulignez, selon vous, les avantages / désavantages les plus susceptibles de survenir.
 C. Identifiez par le nombre d'étoiles [*] (5 étoiles signifiant le maximum) l'importance pour vous des avantages / désavantages.

	Avantages (raison pour choisir)	Importance (*)	Désavantage (raison pour éviter)	Importance (*)
Option 1	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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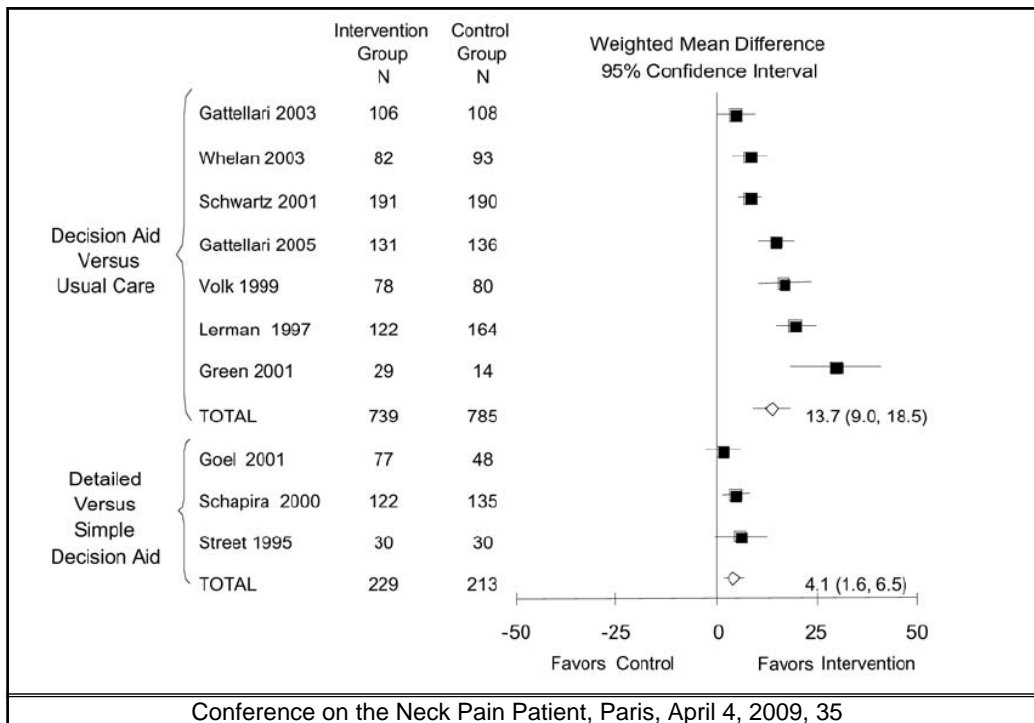
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Decision making (6)

État	Intitulé	Utilités
3	Conducteur ayant une incapacité médicale à la conduite identifiée	Le pire état imaginable _____ Le meilleur état imaginable
4	Conducteur faussement identifié comme ayant une incapacité médicale à la conduite	Le pire état imaginable _____ Le meilleur état imaginable
5	Blessé grièvement	Le pire état imaginable _____ Le meilleur état imaginable
6	Effets secondaires de l'arrêt volontaire de la conduite	Le pire état imaginable _____ Le meilleur état imaginable
9	Décès	Le pire état imaginable _____ Le meilleur état imaginable

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Necessary skills for practicing EBM Decision making (7)



Physicians' intentions and use of three patient decision aids

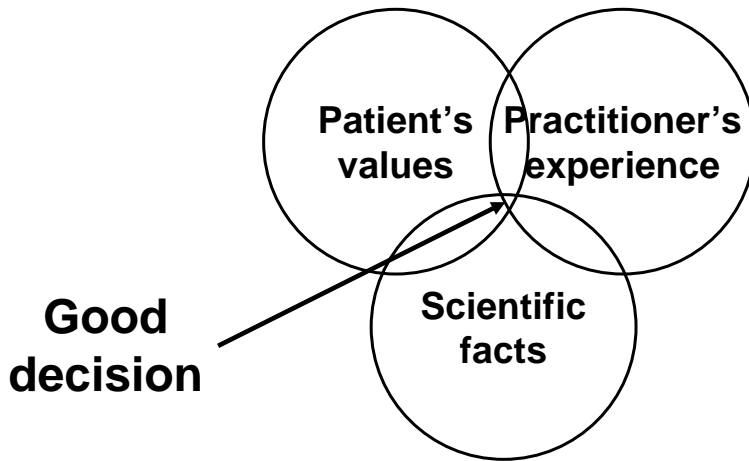
Ian D Graham^{*1,2,3}, Jo Logan², Carol L Bennett¹, Justin Presseau¹, Annette M O'Connor^{1,2,3}, Susan L Mitchell⁴, Jacqueline M Tetroe¹, Ann Cranney^{1,3,5}, Paul Hebert^{1,3} and Shawn D Aaron^{1,3,6}

BMC Medical Informatics and Decision Making 2007, 7:20

	Family Physicians n = 84	Geriatricians n = 67
Need for decision aid	54 (64%)	56 (84%)
Comfortable, very comfortable offering decision aid to patients	68 (81%)	57 (85%)
Likely, very likely to use decision aid within 3 months	51 (61%)	30 (45%)

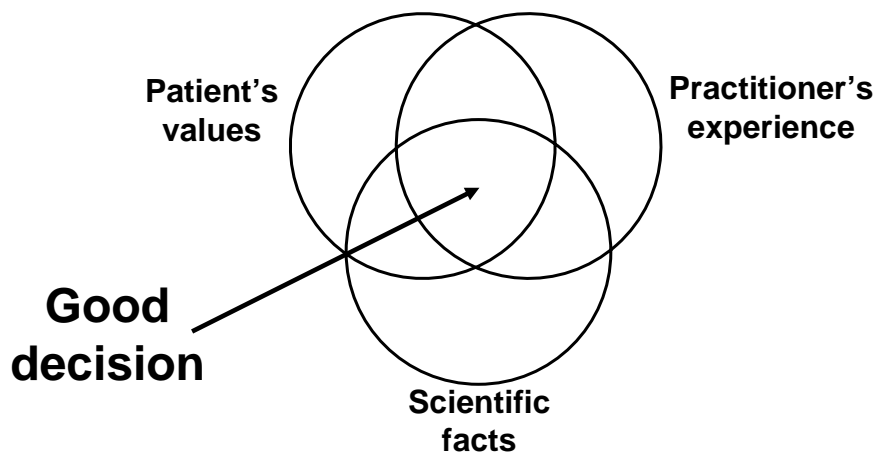
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Decision model of EBM (4)



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Decision model of EBM (5)



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