

Prof. Carl Heneghan, Dr. Kamal Mahtani, Mrs. Ruth Davis



Intro to EBM for schools

Centre for Evidence-Based Medicine, University of Oxford

The screenshot shows the CEBM website home page. At the top, there is a navigation bar with links for HOME, EDUCATION & TRAINING, EVENTS, EBM RESOURCES, BLOG, and PROJECTS. Below the navigation bar, there are several featured sections: 'Practising EBM' with a sub-section for 'RECOMMENDED READING' (including Presentations, YouTube Channel, and EBM Tools); 'RECOMMENDED CONTENT' featuring 'Deadly Devices & Dangerous Drugs'; 'EDUCATION AND TRAINING' with a sub-section for 'EBM RESOURCES'; 'CEBM BLOGS'; and 'CEBM PROJECTS'. A search bar is located in the top right corner of the page.

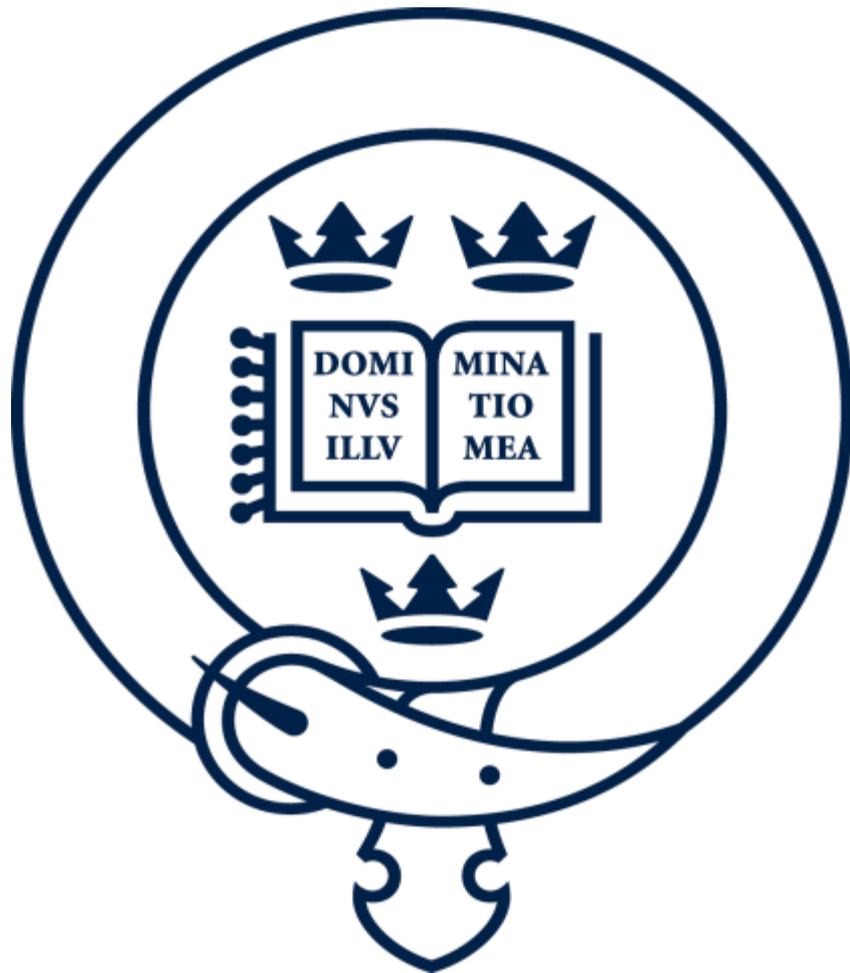


The screenshot shows the personal website of Carl Heneghan. The header features his name 'Carl Heneghan' and a navigation bar with links for ABOUT, MEDIA, PUBLICATIONS, and VIDEO/PODCASTS. The main content area is titled 'EVIDENCE BASED MEDICINE ON TRIAL' and includes a sub-section for 'ACCESS TO DATA, BLOG'. Below this, there is a section for 'RECENT POSTS' with several articles listed, including 'Evidence based medicine on trial', 'What makes a good clinical question?', 'Medical Devices: where is the publicly available evidence?', 'How EBM has saved lives: the golden hour', 'Statin safety and efficacy: eminance or evidence-based medicine?', 'Predicting the time to death - when a doctor has a 50% chance of being wrong', and 'Wikipedia for critical appraisal: not bad'. The website also features a search bar and social media links.

Warm up quiz









Thinking Can Make You Fat



Glycemic Instability and Spontaneous Energy Intake: Association with Knowledge-Based Work *Psychosomatic Medicine, 2008*

After a session of knowledge-based work, such as reading or taking tests on a computer, subjects who were led to a buffet ate at least 200 calories more than a control group.

Bacon Gives Kids Cancer



Cured Meat, Vegetables, and Bean-Curd Foods in Relation to Childhood Acute Leukemia Risk: A Population Based Case-Control Study, *BMC Cancer*, 2009

Action-packed 85-word story, we find out that children who eat bacon more than once a week apparently increase their leukemia risk by 75%

KILLER FOOD
BUG HITS BRITAIN
Wash ALL fruit and veg to be safe say experts

15-MINUTE ONLINE TEST FOR DEMENTIA
One million pupils don't speak English as first language

DIET DRINKS MAKE YOU FAT
Weight gain the same despite fewer calories

CANCER ALERT
HOUSE CLEAN
Using polish can double risk of breast tumours

SEAWEED CAN HALT

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NEW AGONY FOR CLIFF AS POLICE EXPAND SEX ABUSE INQUIRY
SEE PAGE 7



VICTORIA CROSS FOR HERO WHO TOOK ON TWENTY TALIBAN KILLERS
SEE PAGE 5



GET FALSE IMPRESSION BY JEFFERY ARCHER FOR £1
AT WHSmith SEE PAGE 32
HIGH STREET STORES ONLY. EXCLUDES IN SUBJECT TO AVAILABILITY

TOO MUCH SLEEP COULD KILL YOU

What strategies do you use to assess evidence about health claims?

By David Pritchard

SLEEPING more than eight hours a night could dramatically increase the risk of suffering a stroke, scientists warned yesterday.

Researchers from Cambridge University found that people who regularly slept more than eight hours were twice as likely to suffer a stroke compared with average sleepers.

And those who went from sleeping less than six hours a night to more than eight hours were four times as likely to suffer the life-threatening condition, where the blood supply is cut off to part of the brain.

The scientists behind the new research say the results of their major study of 10,000 people could save the NHS millions of pounds every year.

Doctors have regularly extolled the virtues of a good night's sleep to recharge the batteries.

Previous studies have found that too little sleep may contribute to coronary heart disease

TURN TO PAGE 4



How the Palace blocked a BBC tribute to Diana
SEE PAGE 3

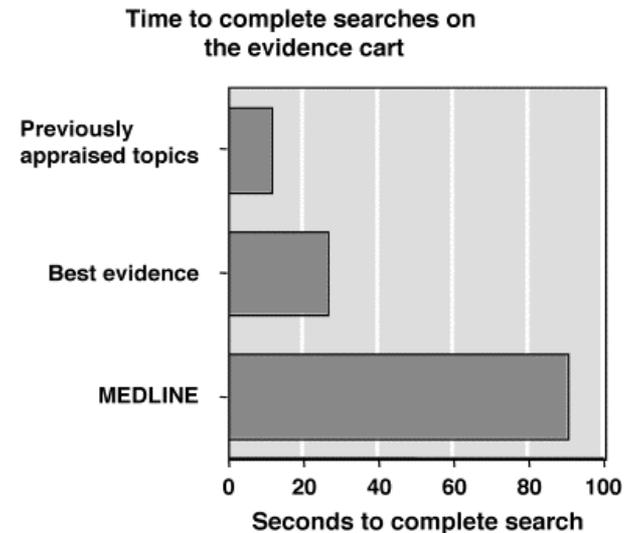
What is Evidence-Based Medicine?

“Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values”

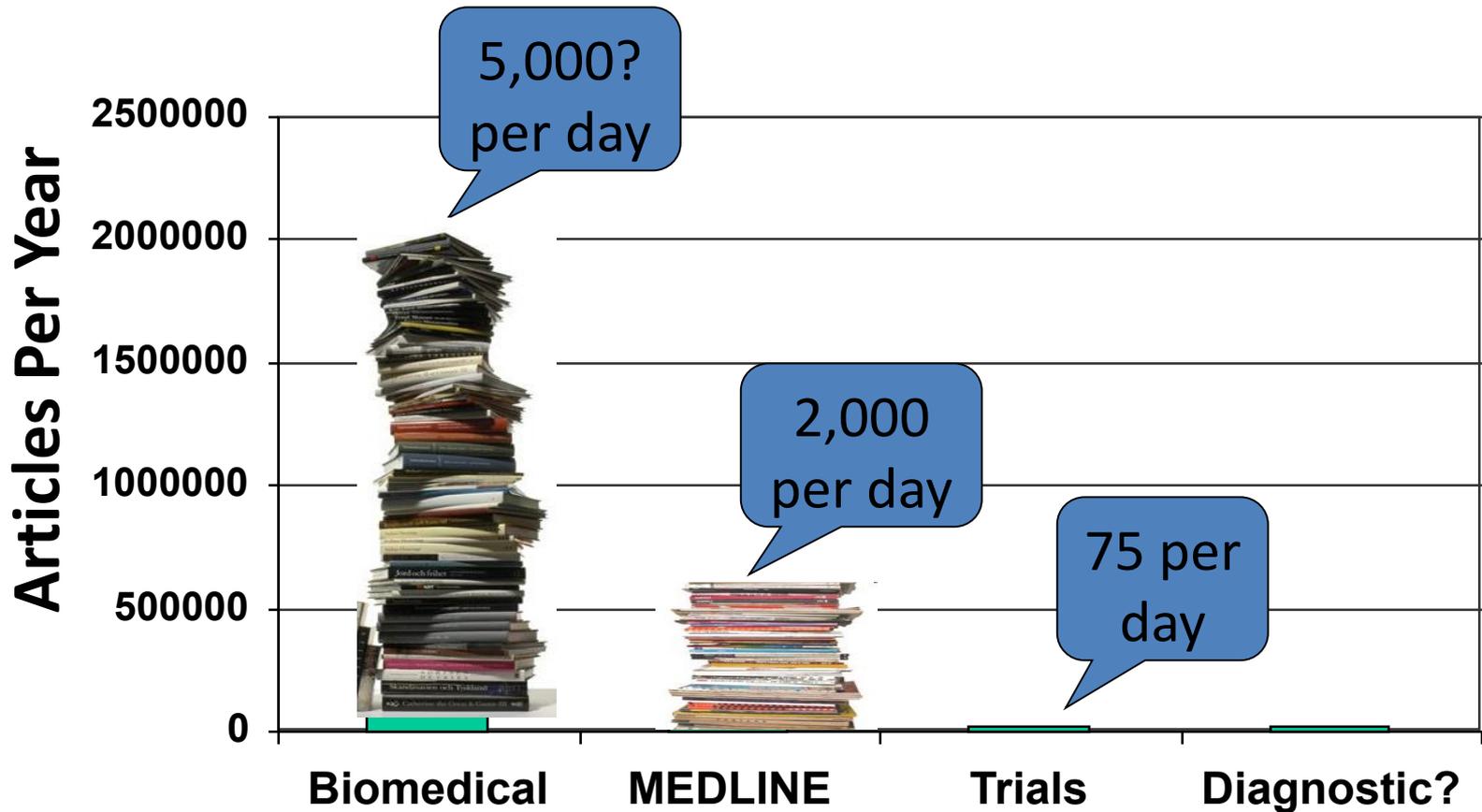
“Just in Time” learning

The EBM Alternative Approach

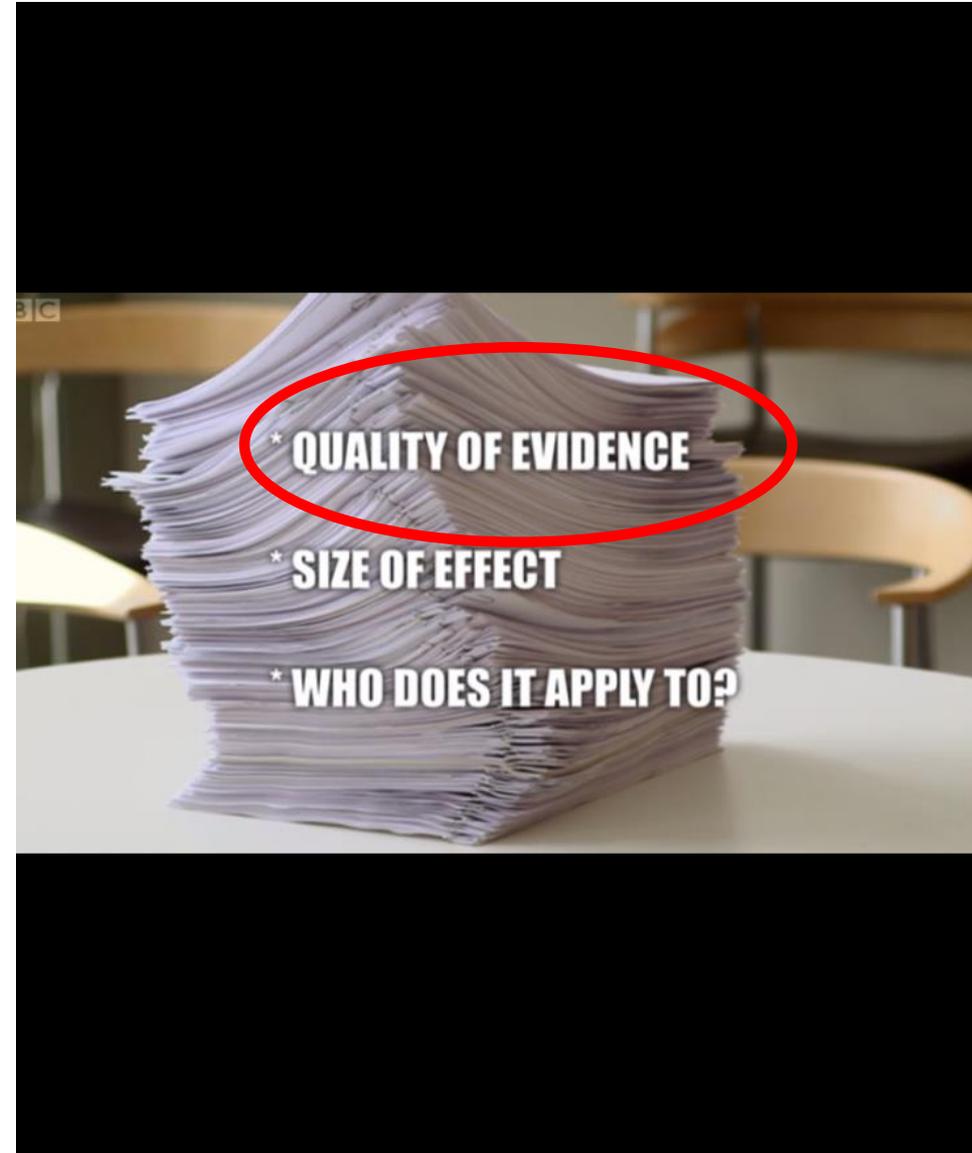
- Shift focus to current patient problems (“just in time” education)
 - Relevant to YOUR practice
 - Memorable
 - Up to date
- Learn to obtain best current answers



why do we need to use evidence efficiently?



Strategies to assess the evidence for health claims





• Pharma Blog • 2010 • September • 16

Do You Know Who Frances Kelsey Is?

By Ed Silverman // [September 16th, 2010](#) // 12:35 pm

[6 Comments](#)



The odds are that you don't, but her actions a half-century ago helped transform the way prescription drugs are tested and approved. Kelsey, you see, was a new FDA employee in 1960, when she was assigned to review Kevadon, which was the brand name for thalidomide. The drug caused severe birth defects in thousands of babies born overseas after being prescribed to help women sleep or manage morning sickness. But babies often had limbless arms, malformed legs or extra appendages.

A physician and pharmacologist, Kelsey questioned its safety. "It just came with so many extravagant claims that I didn't believe," Kelsey, now 96, tells *The Washington Post*. Her decision set in motion a lot of intrigue as the manufacturer, Merrell, pushed back by complaining about her to the FDA. But Kelsey held her ground and after the scandal became known, President John Kennedy gave her the Federal Civilian Service award.

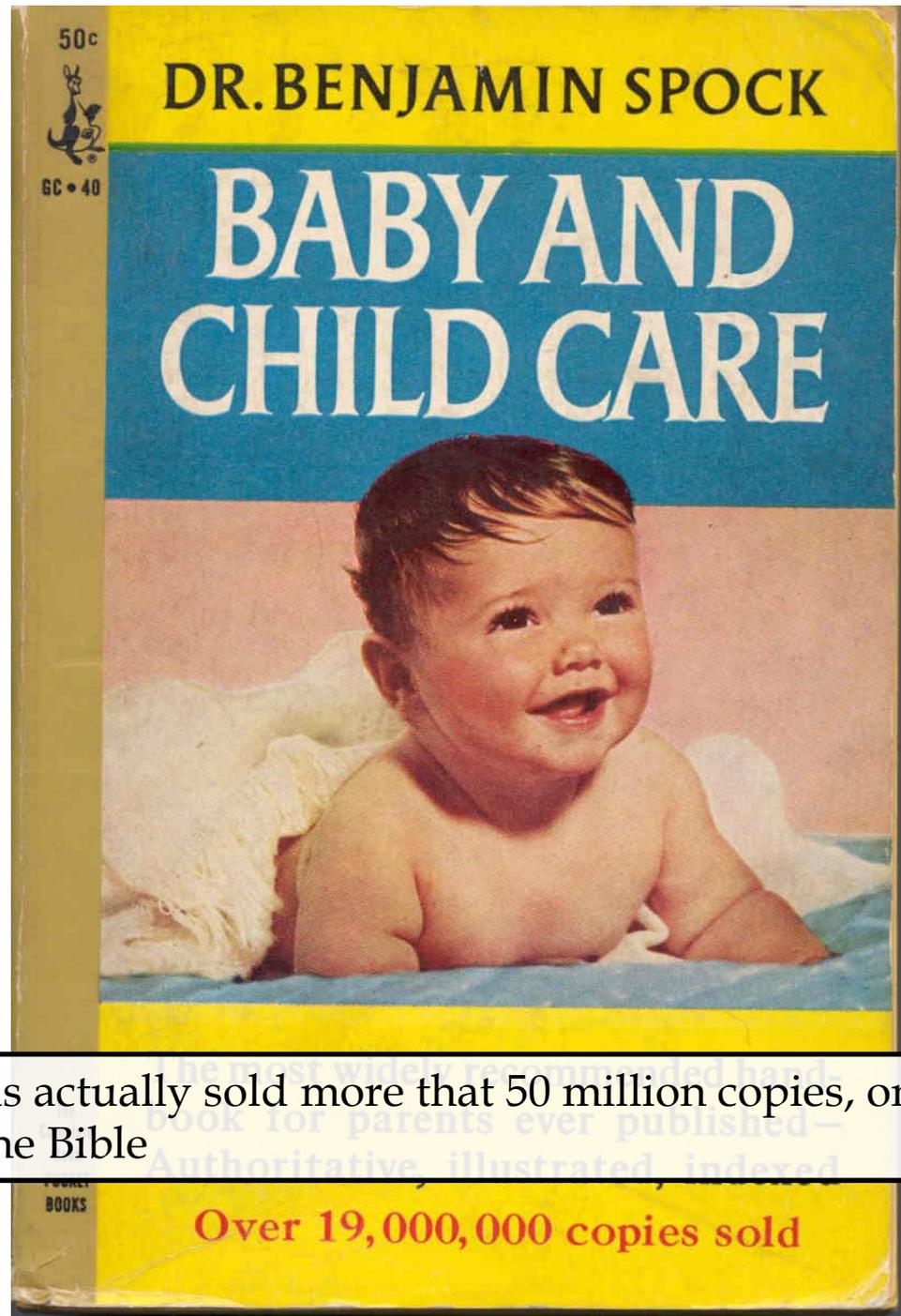
Congress, meanwhile, amended the Food, Drug & Cosmetic Act to require safety and effectiveness testing and informed consent in clinical trials. What did informed consent have to do with it? As the paper notes, Merrell gave the drug to more than 1,000 US docs to distribute to 20,000 patients as part of a so-called investigational trial, but some patients were not informed they were participating in a trial. The upshot - about 40 babies in US were born with deformities.



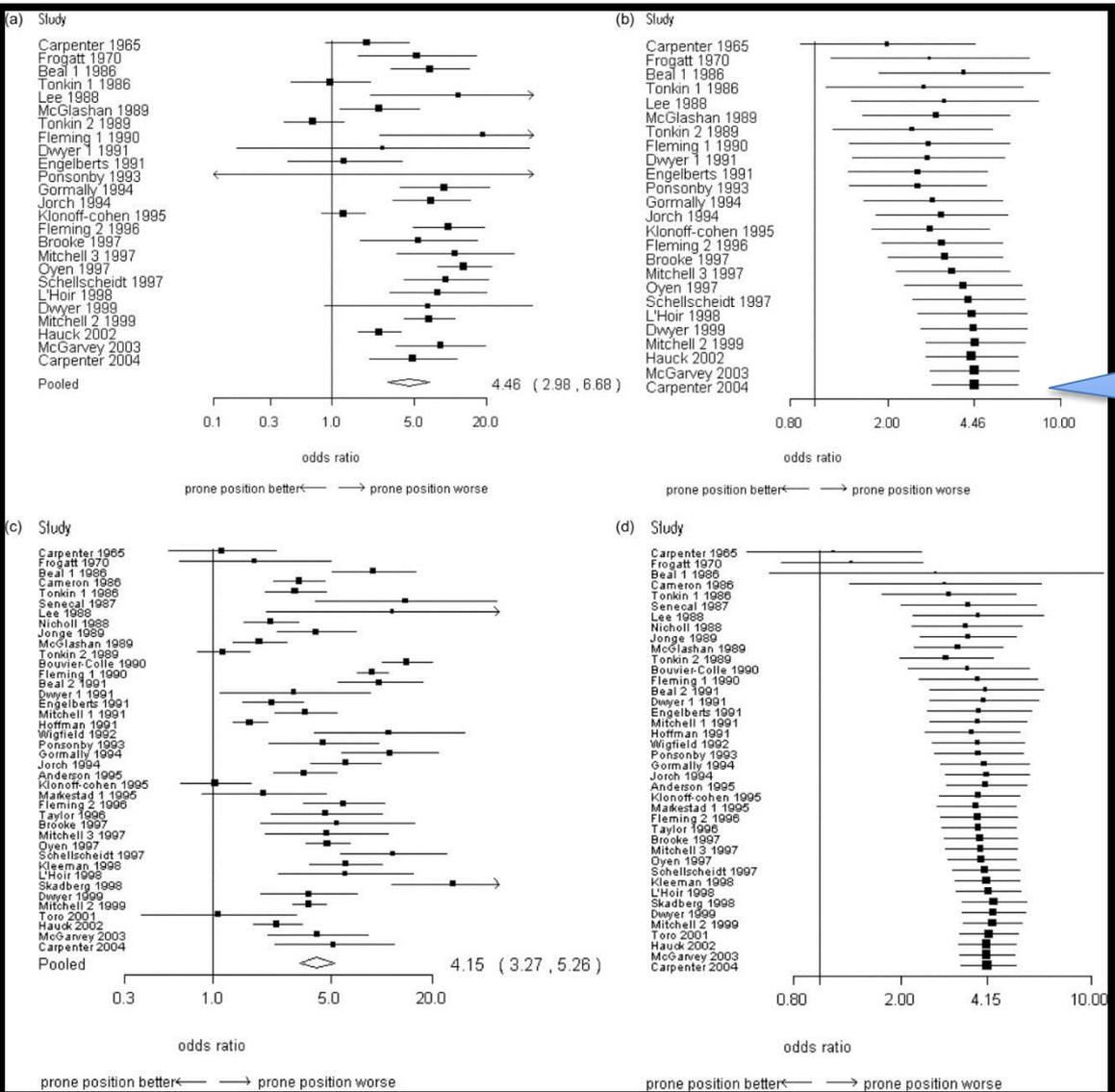
Types of evidence affect the quality



Expert opinion



"Baby and Child Care" has actually sold more than 50 million copies, only outmatched in sales by the Bible

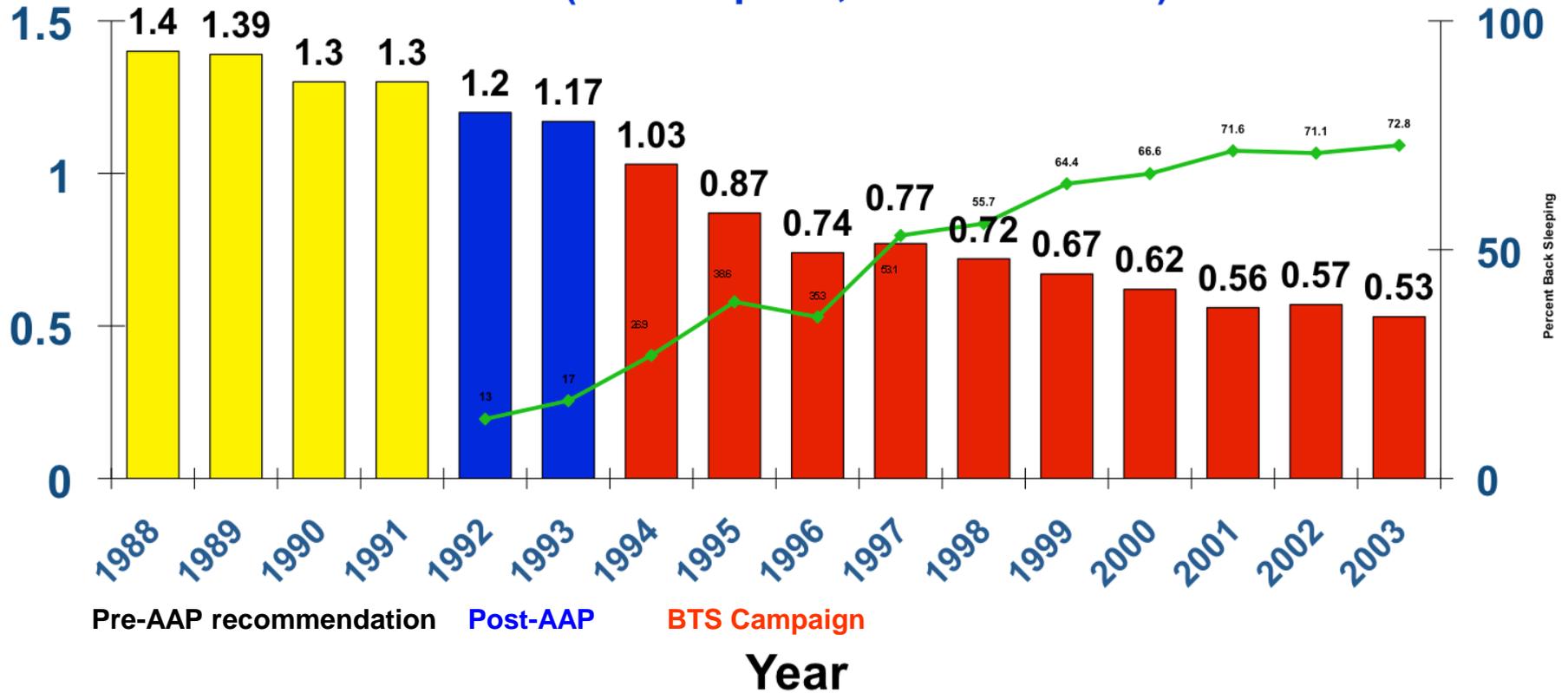


Front vs. back

Over four fold increase risk of sudden infant death syndrome

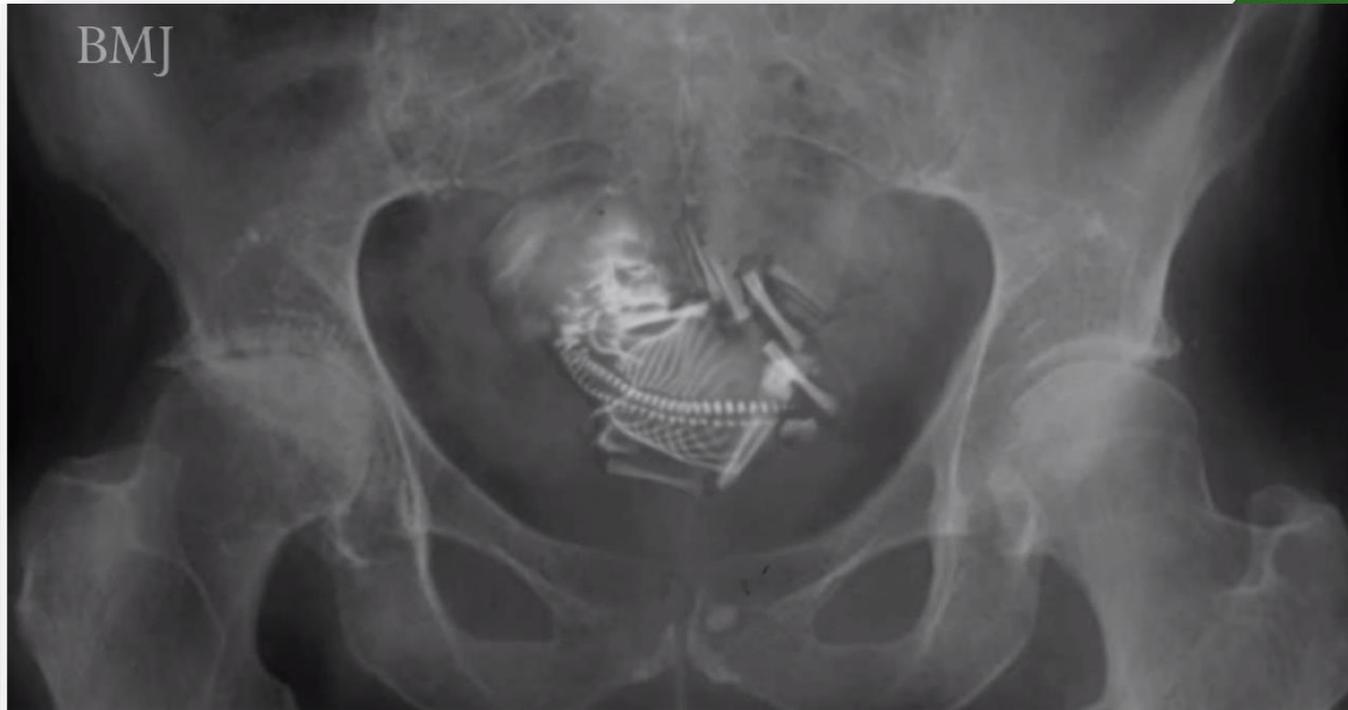
front vs. non-front

SIDS Rate and Sleep Position, 1988-2003 (Deaths per 1,000 Live Births)



Sleep Position Source: NICHD Household Survey
SIDS Rate Source: National Center for Health Statistics, CDC

Case control studies



CERTIFICATE

SHOE-FITTING TEST DATA FOR _____

1. ANKLE ROLL GOOD FAIR POOR

2. WEIGHT DISTRIBUTION

3. X-RAY FITTING TEST



LEFT RIGHT
 _____% BALL _____%
 _____% OUTER _____%
 _____% HEEL _____%



WRONG WAY



RIGHT WAY

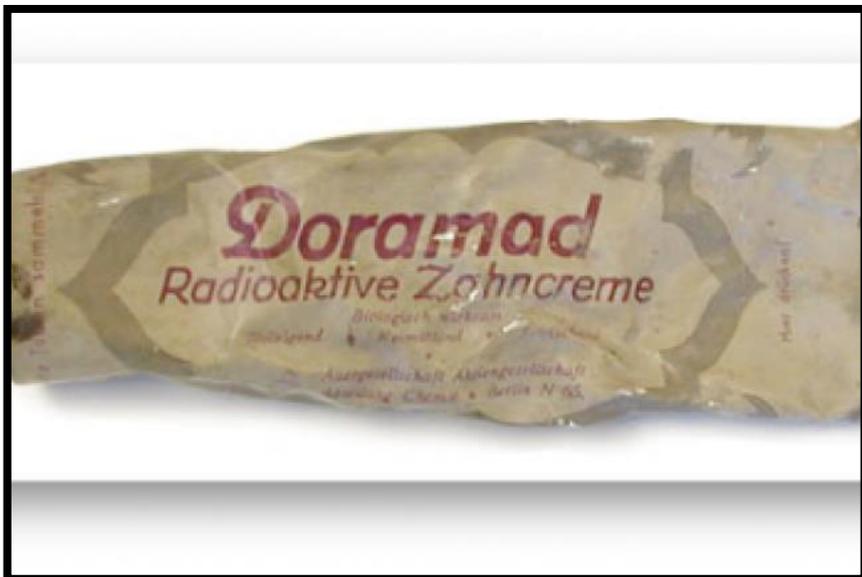


LEFT RIGHT
 GOOD
 FAIR
 POOR



WRONG WAY

This scientific way of approaching the problem of poorly-fitted shoes eliminates guesswork. Now you can see for yourself!



Radium Girls

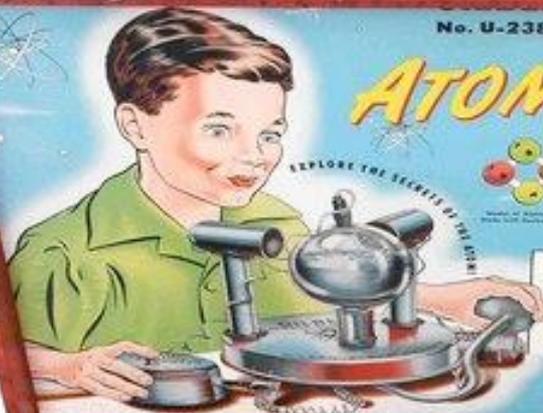


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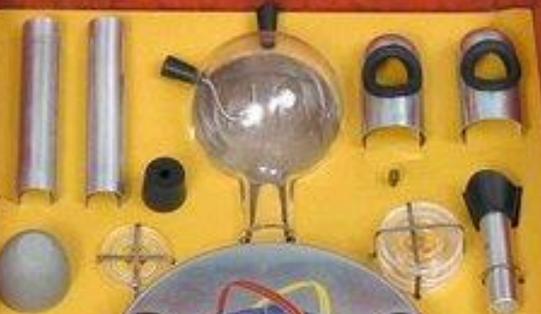
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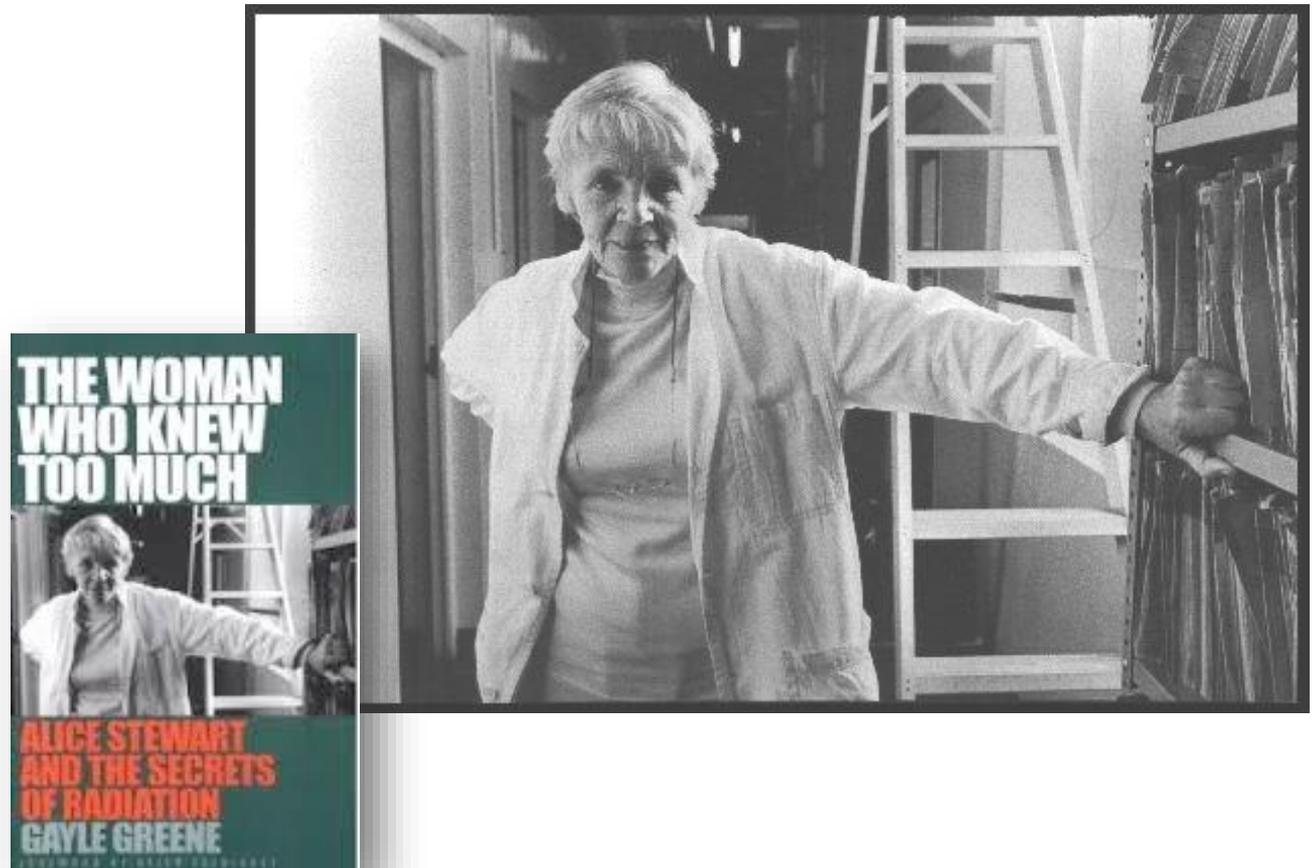
1. GILBERT CLOUD CHAMBER
2. GILBERT DEIONIZER
3. ELECTROSCOPE
4. ALPHA PARTICLE SOURCE
5. ALPHA PARTICLE DETECTOR
6. ALPHA PARTICLE TRACKER
7. ALPHA PARTICLE COUNTER
8. ALPHA PARTICLE MEASUREMENT
9. ALPHA PARTICLE RECORDING
10. ALPHA PARTICLE ANALYSIS
11. ALPHA PARTICLE IDENTIFICATION
12. ALPHA PARTICLE QUANTIFICATION
13. ALPHA PARTICLE CHARACTERIZATION
14. ALPHA PARTICLE CLASSIFICATION
15. ALPHA PARTICLE SEPARATION
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19. ALPHA PARTICLE STORAGE
20. ALPHA PARTICLE DISPOSAL

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Her tough, fearless and dedicated attitude resulted in her being maligned by her colleagues for having ideas which did not fit in with the accepted view.

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JUNE 28 1958

A SURVEY OF CHILDHOOD MALIGNANCIES

BY

ALICE STEWART, M.D., F.R.C.P., JOSEFINE WEBB,* M.B., and DAVID HEWITT, M.A.

From the Department of Social Medicine, Oxford University

SECTION I. BACKGROUND TO THE SURVEY

The present survey is based on an earlier study of the vital statistics relating to leukaemia (Hewitt, 1955). This had revealed an unusual peak of mortality in the third and fourth years of life which indicated that the subsequent survey should, in the first instance, be restricted to children. The earlier investigation had also led to the suggestion that it might be particular to study modern innovations, such as r

Collecting of Data

Each survey doctor was given a list of the cases in his area. If the mothers or foster-mothers were still living in the area he was to see them and the corresponding control-mothers: if a mother had left the area he was to find and interview a control, but return the case papers to Oxford. These were eventually sent on to the new

Method

An attempt was made to trace all chi and Wales who had died of leukaemia

BRITISH MEDICAL JOURNAL

LONDON SATURDAY NOVEMBER 26 1960

INCIDENCE OF LEUKAEMIA AFTER EXPOSURE TO DIAGNOSTIC RADIATION IN UTERO

BY

W. M. COURT BROWN, M.B., B.Sc., F.F.R.

Director of the Medical Research Council's General Effects of Radiation Research Unit, Western General Hospital, Edinburgh

R. DOLL, M.D., D.Sc., F.R.C.P.

Deputy Director of the Medical Research Council's Statistical Research Unit

AND

A. BRADFORD HILL, F.R.S.

Professor of Medical Statistics and Honorary Director of the Medical Research Council's Statistical Research Unit, London School of Hygiene and Tropical Medicine

With the co-operation of Drs. D. H. Cummack, Margaret S. King, Eric Samuel, and W. N. Thomson (Edinburgh), and R. E. Lawrence, F. Pygott, R. E. Steiner, and E. Rohan Williams (London)

Interest in the effects of small doses of ionizing ... London. With the co-operation of the radiological

BRITISH MEDICAL JOURNAL

LONDON

A SURVEY

Alice Stewart, M.D., F.R.C.S.

From the

SECTION I. BACKGROUND TO

The present survey is based on an earlier vital statistics relating to leukaemia (Hill) had revealed an unusual peak of mortality at the third and fourth years of life which indicated that a subsequent survey should, in the first instance, be directed to children. The earlier investigation had suggested the possibility that it might be particularly interesting to study modern innovations, such as

Method

An attempt was made to trace all children in England and Wales who had died of leukaemia

TABLE XI.—Case/Control Ratio for Direct Foetal Irradiation. Comparison of Cases and Controls Defined by Age at the "Final Date"

	Cases	Controls	Ratio
Deaths at ages 0 to 4	123	71	1.73
.. .. 5 to 9	55	22	2.50
.. .. 0 to 9	178	93	1.91

Estimates of Risk

The following estimates are based on the figures shown in Table II and necessarily represent a rough appraisal of the situation. In the case group 13.7% of the children were x-rayed before birth and 86.3% were not. The corresponding percentages for control children were 7.2 and 92.8. On this showing children who have been x-rayed *in utero* are $\frac{(13.7 \times 92.8)}{(7.2 \times 86.3)}$ times, or twice as likely to die of a malignant disease before their tenth birthday as other children. Since at the present time about one in every 1,200 children in Britain die in this way, it follows that less than one in a thousand of the pre-natal x-ray examinations performed in recent years have led to death from malignant disease before the age of 10 years. An alternative way of expressing this estimate is to say that abdominal x-ray examinations of pregnant women have in recent years been responsible for (13.7-7.2) % or between 6 and 7% of all deaths from malignant disease before the age of 10 years.

AND

A. BRADFORD HILL, F.R.S.

Professor of Medical Statistics and Honorary Director of the Medical Research Council's Statistical Research Unit, London School of Hygiene and Tropical Medicine

With the co-operation of Drs. D. H. Cummack, Margaret S. King, Eric Samuel, and W. N. Thomson (Edinburgh), and R. E. Lawrence, F. Pygott, R. E. Steiner, and E. Rohan Williams (London)

Interest in the effects of small doses of ionizing radiation on the foetus. With the co-operation of the radiological

JOURNAL

SURE

0

earch Unit,

Unit

Cohort studies



Cite this article as: BMJ, doi:10.1136/bmj.38142.554479.AE (published 22 June 2004)

Papers

Smoking Kills

The Revolutionary
Life of Richard Doll
A Good Reading



Mortality in relation to smoking: 50 years' observations on male

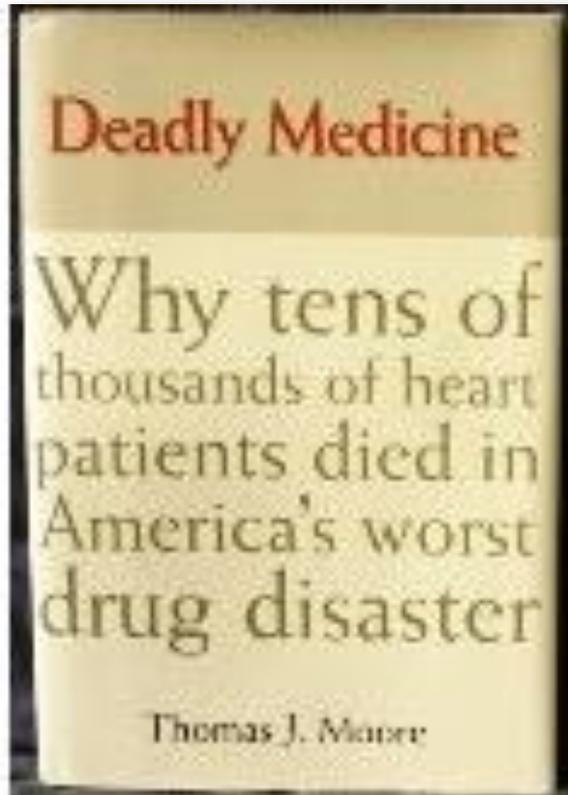
1951 and has now continued for 50 years.¹¹⁻¹⁷ The decision that this study would be conducted among doctors was taken partly because it was thought that doctors might take the trouble to describe their own smoking habits accurately, but principally because their subsequent mortality would be relatively easy to follow, as they had to keep their names on the medical register if they were to continue to practise. Moreover, as most doctors would themselves have access to good medical care, the medical causes of any deaths among them should be reasonably accurately certified.

major cause
of the haz-
ard around the
studies of

when we withdrew them. Among the remaining 31 496 the follow up of mortality is, irrespective of any other migration, 99.2% complete (with only 248 untraced (usually since the 1970s)); 5902 are known to have been alive on 1 November 2001 and 25 346 are known to have died before then. Those withdrawn before the end of the study

Main outcome measures Overall mortality by smoking habit, (cancer, coronary heart disease, stroke, and other causes), including a UK prospective study of smoking and death among British doctors that began in 1951 and has now

Why we need RANDOMIZED CONTROLLED TRIALS ?



In the early 1980s newly introduced antiarrhythmics were found to be highly successful at suppressing arrhythmias.

Not until a RCT was performed was it realized that, although these drugs suppressed arrhythmias, they actually increased mortality.

The CAST trial revealed Excess mortality of 56/1000.

By the time the results of this trial were published, at least 100,000 such patients had been taking these drugs.

However, not all Randomized trials are valid

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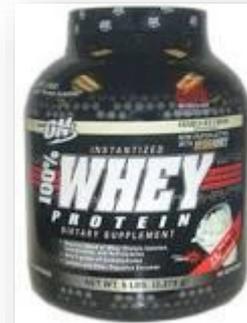




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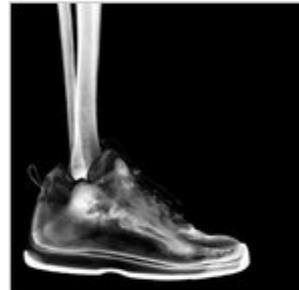
‘Puma's EverTrack technology ensures that your grip and traction never leave you.’

No research found

Phys Ed: Do Certain Types of Sneakers Prevent Injuries?

By GRETCHEN REYNOLDS

A few years ago, the military began analyzing the shapes of recruits' feet. Injuries during basic training were rampant, and military authorities hoped that by fitting soldiers with running shoes designed for their foot types, injury rates would drop. Trainees obediently began clambering onto a high-tech light table with a mirror beneath it, designed to help outline a subject's foot. Evaluators classified the recruits as having high, normal or low arches, and they passed out running shoes accordingly.



Digital Vision/Getty Images

But as the military prepared to invest large sums in more arch-diagnosing light tables, someone thought to ask if the practice of assigning running shoes by foot shape actually worked.

pronation, or the inward motion of your foot and ankle as you run. Pronation dissipates some of the forces generated by each stride. Flat-footed, low-arched runners, who tend to over-pronate, have typically been told to try sturdy "motion control" shoes with firm midsoles and Teutonic support features, while runners with normal arches are offered neutral shoes (often called "stability" shoes by the companies that make and categorize them).



But as the military prepared to invest large sums in more arch-diagnosing light tables, someone thought to ask if the

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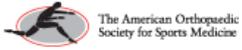


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Injury Reduction Effectiveness of Assigning Running Shoes Based on Plantar Shape in Marine Corps Basic Training

Joseph J. Knapik, ScD^{*†}, Daniel W. Trone, PhD(c)[‡], David I. Swedler, MPH[§], Adriana Villasenor, MPH[‡], Steve H. Bullock, DPT[†], Emily Schmied, MPH[‡], Timothy Bockelman, BEd^{||}, Peggy Han, MPH[‡] and Bruce H. Jones, MPH, MD[†]

Author Affiliations

^{*}Joseph J. Knapik, ScD, Directorate of Epidemiology and Disease Surveillance, US Army Public Health Command, Aberdeen Proving Ground, MD 21010 (e-mail: joseph.knapik@us.army.mil).

Abstract

Background: Shoe manufacturers market motion control, stability, and cushioned shoes for plantar shapes defined as low, normal, and high, respectively. This assignment procedure is presumed to reduce injuries by compensating for differences in running mechanics.

Hypothesis: Assigning running shoes based on plantar shape will not reduce injury risk in Marine Corps basic training.

Study Design: Randomized controlled clinical trial; Level of evidence, 1.

Methods: For foot examinations, Marine Corps recruits in an experimental group (0.70–1.10).

Conclusion: This prospective study demonstrated that assigning shoes based on the shape of the plantar foot surface had little influence on injuries even after considering other injury risk factors.

Results: Cox regression indicated little difference in injury risk between the E and C groups among men (hazard ratio [E/C] = 1.01; 95% confidence interval, 0.82–1.24) or women (hazard ratio [E/C] = 0.88; 95% confidence interval, 0.70–1.10).

Conclusion: This prospective study demonstrated that assigning shoes based on the shape of the plantar foot surface had little influence on injuries even after

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This Article

Published online before print June 24, 2010, doi: 10.1177/0363546510369548
Am J Sports Med September 2010 vol. 38 no. 9 1759–1767

Abstract *Free*
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Full Text (PDF) *Free to you*
Appendices

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- Articles by Knapik, J. J.

Randomized controlled trial

408 men and 314 women provided motion control, stability, or cushioned shoes for plantar shapes.

431 men and 257 women received a stability shoe regardless of foot shape



Scientists in Sport is a GlaxoSmithKline schools outreach programme, inspired by the London 2012 Olympic and Paralympic Games.



Nicholas CW, Williams C, Lakomy HK Phillips G, Nowitz A

Influence of ingesting a CHO electrolyte solution on endurance capacity during intermitent, high intensity shuttle running J Sports Sci 1995;13:283-90

Seven Participants had an overnight fast for at least 10 hours and then 15 minute warm up followed by 75 minutes of exercise and then ran to exhaustion.

One group was randomized to consume CHO 6.9% whilst the other consumed a non-carbohydrate placebo.

Difference in run time to exhaustion was 2.2 minutes (8.9min versus 6.7 mins).

The control group by the time of the exhaustion run had not fed for a minimum of 11 ½ hours

Inadequate comparator

J Sports Sci 1995;13:283-90



‘Studies testing endurance athletes, such as marathon or long distance runners, have proven that the running speed is higher over the course of an event among those drinking Lucozade Sport, compared to those solely drinking water.’



Tsintzas, Williams, Singh, Wilson & Burrin

Influence of carbohydrate-electrolyte drinks on marathon running performance.

Relevant
outcome

7 endurance-trained runners completed three 42.2-km treadmill time-trials following a 12 h overnight fast.

It is not clear why the ingestion of the 6.9% CHO solution was not equally effective in maintaining running speed after the first 25 km of the run.

Differences in CHO concentration and composition, palatability and flavour between the two drinks could have contributed in some way to difference in performance or rather the lack of difference in performance between the CHO drink and the water drink

Inadequate
Blinding



Nassif C, Ferreira AP, Gomes AR, Silva Lde M, Garcia ES, Marino FE.

Double blind carbohydrate ingestion does not improve exercise duration in warm humid conditions.

Inadequate
Blinding

Increased time to exhaustion resulted **when participants and researchers knew the capsule content, but not in the double BLIND CONDITION.** The difference could be related to a combined effect of CHO ingestion and knowledge of what was ingested possibly acting as a potent psychological motivator.

J Sci Med Sport. 2008 Jan;11(1):72-9. Epub
2007 Nov 26.



Galloway SD, et al. J appl Physiol 2001;91:654-60.

Exogenous carbohydrate oxidation from drinks ingested during prolonged exercise in a cold environment in humans.



‘Results confirm previous data that there is no effect of CHO drink [glucose concentrations of 2, 6 and 12%] ingestion compared to flavoured water on exercise capacity in a **COLD ENVIRONMENT** [mean temperature 10 °C] in terms of cycle rides to exhaustion at 80% of VO₂ max.

MORRIS JG, et al. J Sports Sci 2003; 21:371-81

The influence of a 6.5% carbohydrate electrolyte solution on performance of prolonged intermittent high-intensity running at 30 degrees

Who do the results apply to?

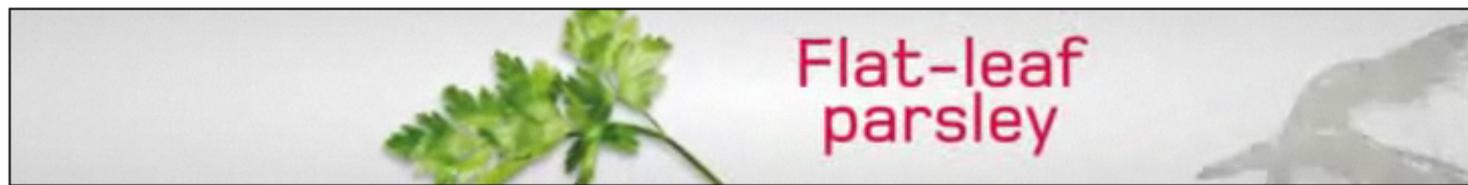


Although drinking the carbohydrate-electrolyte solution induced greater metabolic changes than the flavoured water and placebo solutions, **it is unlikely that in these unacclimated males carbohydrate availability was a limiting factor in the performance of intermittent running in hot environmental conditions.**



Should I give
Tamiflu to my
children if
they have a
fever ?





Don't give Tamiflu or Relenza to under-12s, warn researchers

- Swine flu drugs may have side-effects that outweigh benefits
- Government stresses 'safety first' approach for severe symptoms

James Sturcke
 guardian.co.uk, Monday 10 August 2009 12.52 BST
[Article history](#)

Antiviral drugs such as Tamiflu and Relenza that form the cornerstone of the government's fight against [swine flu](#) should not be given to those under the age of 12, researchers claimed today.

They called on the Department of Health to immediately reassess its pandemic [flu](#) policy after finding that side-effects from medicines such as Tamiflu could outweigh any benefit.

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24 April - 06 May 2009

13 days	Swine Flu	Tuberculosis
Death (who.int)	31	63 066
News (news.google.com)	254 442	6 501
News/Death ratio	8 176	

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24 April - 06 May 2009

13 days	Swine Flu	Tuberculosis
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Traditional Chinese medicine for the treatment of influenza: a systematic review and meta-analysis of randomized controlled trials.

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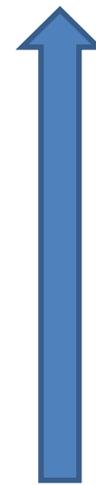
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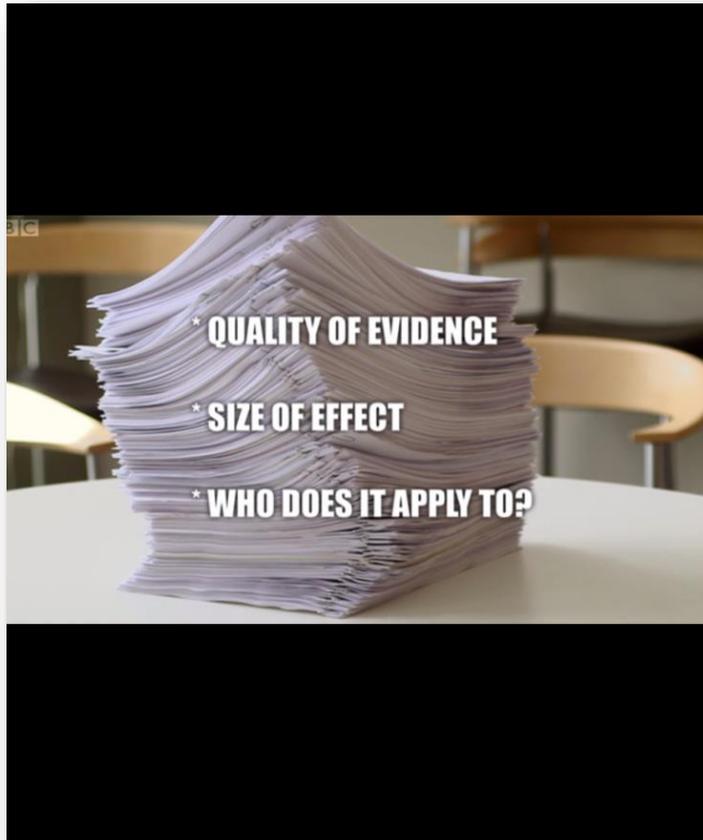
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- Were the losses to follow-up minimal
- Were the participants Blinded
- Was the comparator adequate
- Who do the results apply to
- Was the outcome clinically relevant



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