# Pragmatic Use of Research in Clinical Care

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# Or: "Gee, doc, that's pretty interesting, but what do I do now?"

(Until further studies provide additional guidance?)

## Approaches to EBM & Practice

- ♦ Research constrains choice when it's available
- ♦ Clinical practice guidelines at lower levels of evidence (consensus of the experts) provide guidance but are less constraining
- ♦Otherwise, we're making it up as we go (within important limits)

- ♦ Be careful of claims of effectiveness (including your own!) without solid evidence
- ♦There are many roads to the same goal
- ♦ Humility and acceptance go a long way
- ♦Do no harm
- ♦ Listen to patients and families
- ♦ Don't be afraid to do what makes sense (within professional boundaries)

- ♦In MH and SUD, there are many routes to success
  - ✓ All antidepressants have about the same efficacy
  - ✓ Conceptually different psychotherapies have the same results when applied well (w/ exceptions)
- ♦In general, overall empathy & skill more important than technique or school

- ♦RCT not needed for some obvious good ideas
- ♦Performance measurement & quality improvement are essential to good care
- ♦ Measure outcomes in each pt continuously
- ♦ Examine our own practice (together if possible)
- ♦ Examine outcomes for each provider

### **Practice Guidelines**

- ♦Bridge from research to practice
- ♦ Provide a decision logic tree
- ♦ Guidance for clinicians and policymakers
- ♦Allow for deviation depending on individual circumstances
- ♦ Constrain choices to only allow deviation when clearly indicated

#### **Better Guidelines**

- ♦ include representatives of key disciplines
  & consumers
- ♦note explicit links between recommendations and scientific evidence.

<sup>»</sup> Grimshaw J, Eccles M. et al. "Developing clinically valid practice guidelines," J Eval Clin Pract 1995;1(1):37-48

# NIAAA Clinician's Guide:

# Helping Patients Who Drink Too Much

Available at <a href="https://www.niaaa.nih.gov/guide">www.niaaa.nih.gov/guide</a>

Updated

Helping Patients Who Drink Too Much



Updated 2005 Edition

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES National Institutes of Health National Institute on Alcohol Abuse and Alcoholism New tings Supportings

HOW TO HELP PATIENTS: A CLINICAL APPROACH **Actions** How to Help Patients Who Drink Too Much: A Clinical Approach STEP 1 Ask About Alcohol Use ("Do Boxes") Prescreen: Do you sometimes drink beer, wine, or other alcoholic beverages? YES Screening complete. Ask the screening question about Questions heavy drinking days: How many times in the past year have you had . . . ("Ask Boxes") 5 or more drinks in 4 or more drinks in a day? (for men) a day? (for women) One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits-see chart on page 24. Is the screening positive? If the patient used a written self-I or more heavy drinking days or report (such as the AUDIT, p. 11), AUDIT score of 28 for men or START HERE Lines & Arrows ■ Advise staying within maximum drinking limits: Your patient needs additional evaluation. For a more complete picture of the drinking pattern, For healthy men up to age 65determine the weekly average: · no more than 4 drinks in a day AND no more than 14 drinks in a week On average, how many days a week do you have an alcoholic drink? For healthy women (and healthy men over X no more than 3 drinks in a day AND On a typical drinking day, how many drinks do you have? no more than 7 drinks in a week Recommend lower limits or abstinence as Weekly average medically indicated: for example, for patients Record heavy drinking days in the past year and the weekly average in the patient's chart (see page 27 for a downloadable baseline progress note). take medications that interact with alcohol have a health condition exacerbated by "Go Boxes"

are pregnant (advise abstinence)
 Express openness to tuning and any concerns it may raise

■ Rescreen annually

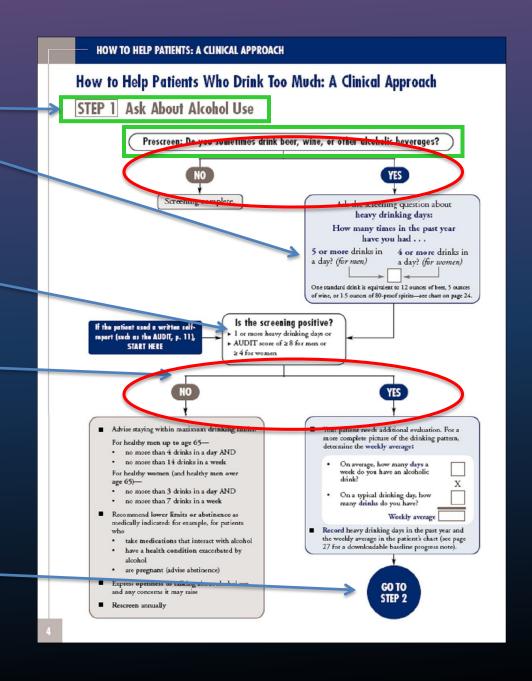
STEP 2

Actions ("Do Boxes")

Questions ("Ask Boxes")

Lines & Arrows

"Go Boxes"



# Best Guidelines: VA/DOD Clinical Practice Guidelines

### www.healthquality.va.gov

- **♦** Substance Use Disorders
- **♦PTS**D
- **♦**Depression
- **♦**Opioid Treatment of Chronic Pain
- ♦ Post-Deployment Health
- ♦ Medically Unexplained Symptoms

### What Is Evidence?

- ♦ What I learned in school
- ♦ What I saw on TV or read somewhere
- ♦ What my colleagues think
- ♦ What the pharmaceutical rep said
- **♦**Religious texts
- ♦ What the experts tell me

# Clinical & Personal Experience vs. Research Studies

- ♦ Counterintuitive findings: "Who are you going to believe, me or your lyin' eyes?"
- **♦**Mammography
- ♦PSA test for prostate cancer
- ♦ Angioplasty for stable angina
- ♦ Surgery for herniated lumbar disc

### Levels of Evidence

- **♦**Level I: Consensus of experts
- **♦Level II: Small clinical trials**
- ♦ Level III: Large randomized controlled trials (RCTs)
- ♦ Meta-analyses





### Problems with Evidence-Based Care

- ♦ Can't do an RCT for everything
- ♦ Typical RCT excludes many complex patients
- ♦ Difficult to study for long periods
- Applying evidence obtained comparing two groups on average to individual patients

#### On the other hand...

- ♦ Margarine (trans-fats)
- ♦Vit E to prevent heart disease
- ♦ Vit A to reduce cancer risk
- ♦ Estrogen for postmenopausal women
- ♦Added fiber to reduce colon cancer
- ♦ Be skeptical of association (correlation) studies!

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### **Examples of Measures**

- ♦Therapeutic alliance at session 3
- ♦ Engagement and retention
- **♦**End-of-treatment outcomes
- ♦1 month follow up
- ♦ Disorder-specific outcomes
  - ✓ Symptom rating scales (many available)
  - ✓ 0-10 scales: Pain, depression, anxiety, sleep
  - ✓ For SUD: days using per month, drinks per week

### This afternoon

- ♦ Track 1: Trauma-Related Caregiving
- ♦ Track 2: Child and Adolescent Development
- ♦ Track 3: Family Functioning

# Thank you!

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