

# 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)

# General Principles

- ✧ 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)

# General Principles

- ✧ 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

# General Principles

- ✧ 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

- ✧ are developed using systematic reviews
- ✧ use national or regional guideline development groups
- ✧ include representatives of key disciplines & consumers
- ✧ note explicit links between recommendations and scientific evidence.

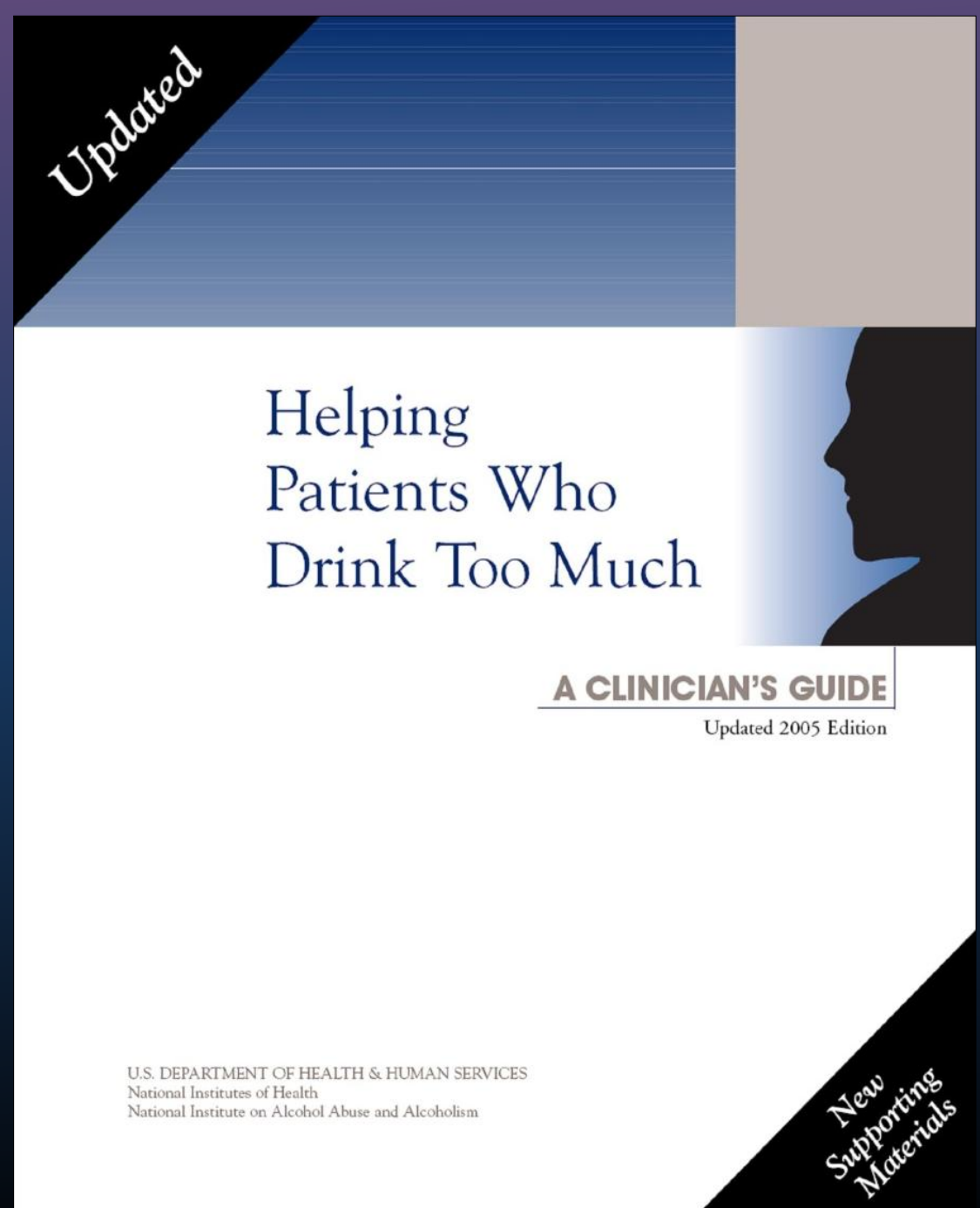
» Grimshaw J, Eccles M. et al. "Developing clinically valid practice guidelines," J Eval Clin Pract 1995;1(1):37-48



# NIAAA Clinician's Guide:

# Helping Patients Who Drink Too Much

Available at  
[www.niaaa.nih.gov/guide](http://www.niaaa.nih.gov/guide)



Updated

## Helping Patients Who Drink Too Much

**A CLINICIAN'S GUIDE**

Updated 2005 Edition

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

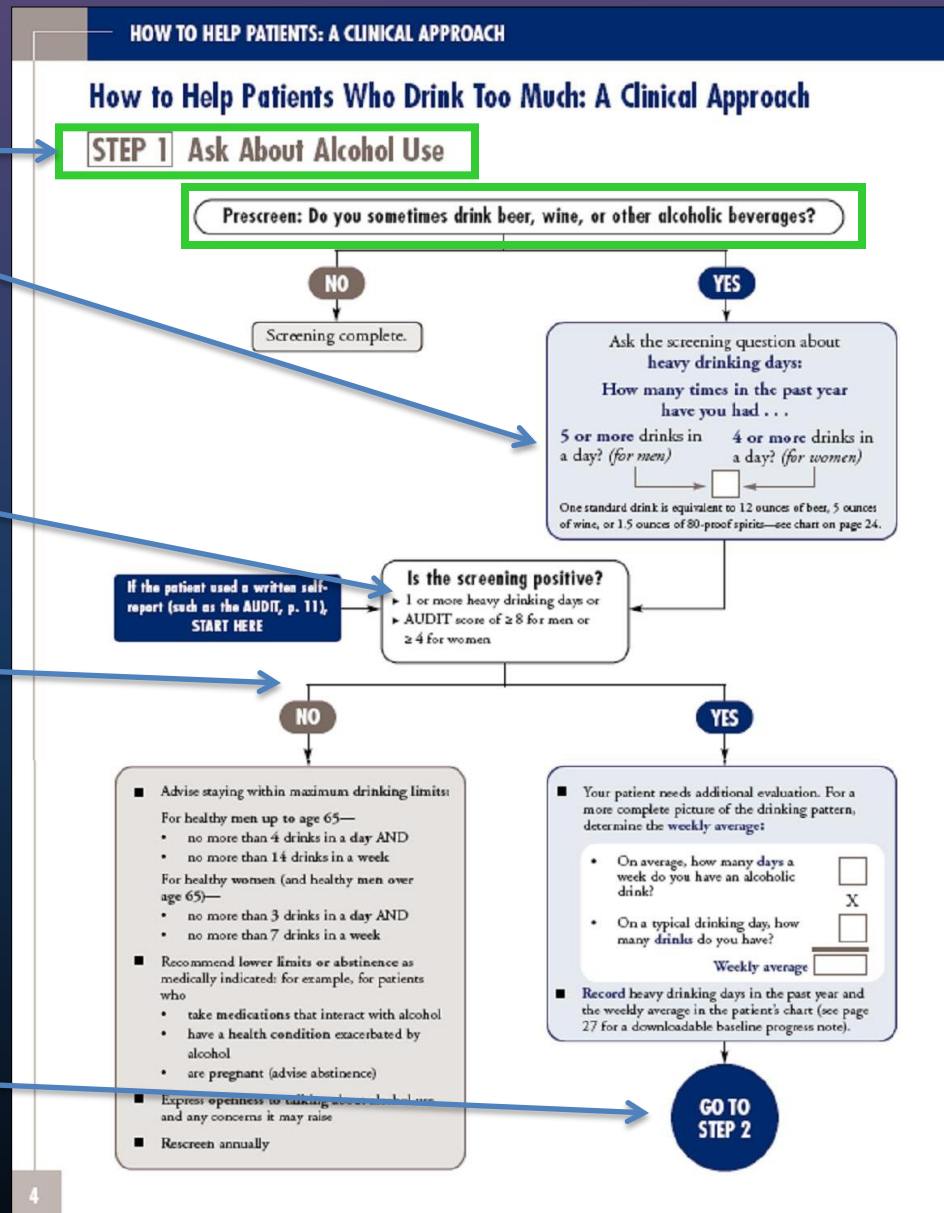
New  
Supporting  
Materials

Actions  
("Do Boxes")

Questions  
("Ask Boxes")

Lines &  
Arrows

"Go Boxes"

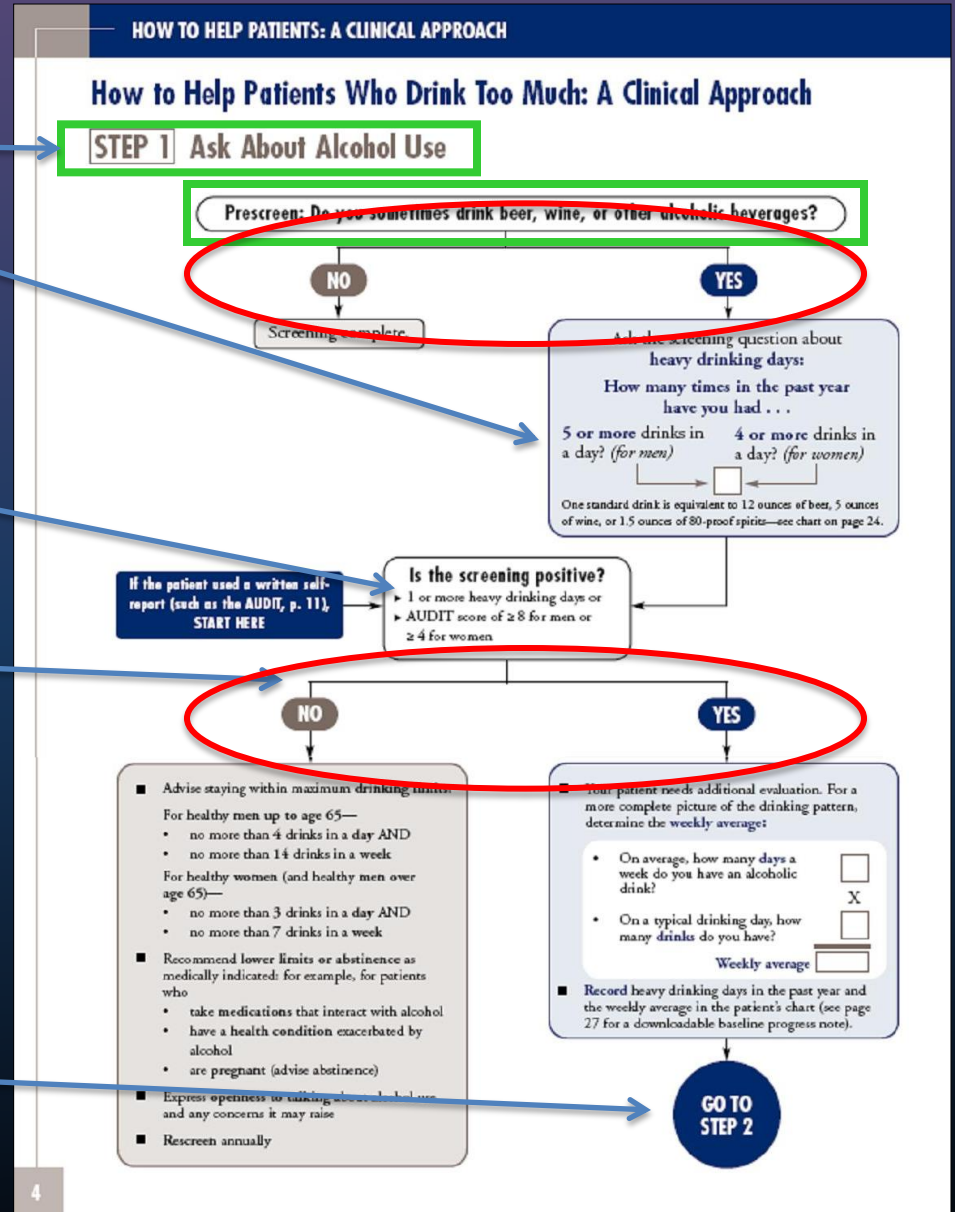


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# Best Guidelines: VA/DOD Clinical Practice Guidelines

[www.healthquality.va.gov](http://www.healthquality.va.gov)

- ✧ Substance Use Disorders
- ✧ PTSD
- ✧ 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
- ✧ Generalizing from one population (e.g. civilians) to others (e.g. military)
- ✧ 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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Blog: Substance Matters  
[www.mattsub.blogspot.com](http://www.mattsub.blogspot.com)