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EDITORIAL

EVIDENCE BASED MEDICINE IN PSYCHIATRY

Evidence based medicine implies blending the best available evidence with clinical judgement and patient preferences in managing their illnesses (Sackett et al.,1996). The growing interest in evidence based medicine among practising clinicians has prompted specialists of every branch to ask themselves, "to what extent is the care of my patients evidence based?"

Evaluating one's own performance is the final step in the five stage process of traditional evidence based practice. The first four steps are: to formulate for each chosen clinical problem an answerable question, to search the medical literature and other sources for information pertaining to that question, to assess the validity (closeness to the truth) and usefulness (relevance to the problem) of the evidence identified, and to manage the patient accordingly (Sackett et al., 1991; Greenhalgh, 1996).

Evidence based medicine closes the gap between research and practice by incorporating the advances in clinical epidemiology and medical informatics in to clinical activities (Evidence Based Medicine Working Group, 1992).

Evidence based medicine is intended to overcome the problems faced by clinicians in day to day practice that the clinician may not always make the best decisions; that they may not realise this, and if they do, they may not know how to improve the situation. By providing clinicians with a set of skills which allow them to base clinical decisions on the best available, most up-to-date evidence, evidence based medicine also aims to be a method of self directed, career-long learning (Geddes & Harrison, 1997).

Some are apprehensive that evidence based medicine may be used by health care providers and managers as a tool to dictate medical practice only on the basis of evidence based medicine. However, the ability of evidence based medicine to do good or harm, like that of any other tool, will depend on our wisdom by one estimate. Today only 4% of health care decisions are based on sound evidences, 45% on strong consensus among physicians, and 51% in neither (Segars & Rouse,1998). Therefore, the need for evidence based medicine is obvious.

To pursue evidence based practice, psychological medicine will need to cope with challenges that are unique to its nature and methods. It deals with mind rather than brain. Clinical psychiatry involves making difficult decisions about diagnosis, therapy and prognosis. Sometimes we may be entirely confident about our decisions, but often we are uncomfortably aware that we are making a choice without being sure that there is a convincing evidence to justify it. May be we don't known or have forgotten what the evidence is, or perhaps there isn't any (Anderson,1997; Sheldon & Gilbody,1997).

Clinicians turn to colleagues, textbooks and reviews to keep abreast of developments so as to improve their decision making. However, these sources suffer from a number of limitations.

The 'knowledge gap' is filled by a number of other factors which together influence the decisions we make : such factors include the conceptual aetiological school to which we subscribe (e.g. biological vs. social psychiatry) and the combination of experience and habits which we accumulate during our career. In this context, it is easy to understand the marked differences between psychiatrists, decisions, for example in the use of electroconvulsive therapy (Pippard, 1992; Hermann et al.,1995), continuation of antipsychotics (Melse et al., 1994) and the treatment of depression (Wells et al.,1994). Variation in therapeutic and diagnostic practice is justified, even desirable, if all the variants are equally effective or if there really is no evidence.

However, most psychiatrists would agree this is unlikely always to be the case, and that better application of the existing evidence would lead to greater uniformity and to higher overall standards of psychiatric care with improved outcomes.

The idea that practice should be based on good evidence is hardly new, and the aims of evidence based medicine are the same as traditional medical practice (Lewis,1958). While exceptional clinicians may always have kept themselves fully up-to-date, without using evidence based medicine the existence of variations in practice implies that this is not generally true for all clinicians. At the very least, by making the link between evidence and practice efficient and explicit, evidence based medicine allows outstanding clinicians to demonstrate their prowess and allows the rest of us to emulate them.

Psychiatrists must keep abreast of therapeutic advances, cope with rapidly changing mental health policies, and face increasing public expectations and demands. I would therefore argue that the best course of action is to use evidence based medicine, because it optimizes our clinical decisions and also justifies them. It also makes practice easier and more efficient. Our country which resembles Europe in variety and diversity, offers both a challenge and an opportunity (Nanivadekr,1999). It is high time that we seize this opportunity and leave our mark of evidence based medicine on the clinical practice of psychiatry rather than wait for it to be foisted upon us.

J.K. Trivedi

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