

實證醫學討論報告

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臨床場景 (clinical scenario)

- 1~病人基本資料及主訴
- 2~診斷 (包含理學檢查、實驗室檢查、影像學檢查)
- 3~治療方式及對治療的反應
- 4~後續治療計畫

clinical scenario-基本資料及主訴

- CC: irritated mood in past 2 weeks
- General data:
 - ☞ 28-year-old female
 - ☞ Depressive disorder with **Kinxetine(fluoxetine)** control
- PI:
 - ☞ Depressive mood for near half year (Stress: adjust new environment)
 - ☞ Other associated s/s: **irritable mood, negative thought (worthless), hyperactive, poor attention**
 - ☞ Denied loss of energy, no interest, poor appetite, BW loss, insomnia, suicide idea, thought retardation
 - ☞ Denied manic episode
 - ☞ Drug compliance: normal
 - ☞ Substance: denied
 - ☞ **Stress: exam, new environment**



clinical scenario

■ Mental Examination:

☞ 1.Appearance:

- Body build:normal
- Facial expression: social smile
- Personal care and hygiene: kempt
- Attitude: cooperative

☞ 2.Psychomotor activity and behavior:

- Gait: steady , no involuntary movement

☞ 3.Affect:

- Mood: **depress**
- Affective expression: flat
- Appropriateness: appropriate

☞ 4.Speech:

- Overall quantity and quality: **hypertalkative**, coherent and relevant
- Rate of production: **rapid**
- Productivity: spontaneous

☞ 5.Cognition:

- Stream of thought: fluent
- Content of thought: delusion(-), suicidal idea(-) ,homicidal idea(-)

☞ 6.Perception:

- ☞ auditory hallucination: denied

☞ 7.Intellect: JOMAC



clinical scenario

- Impression:

- ☞ Axis I :depressive disorder, NOS

- ☞ Axis II :Defer

- ☞ Axis III: Defer

- ☞ Axis IV : 考試壓力, 新環境

- ☞ Axis V :GAF:71-80

- Treatment:

- ☞ Efexor(venlafaxine) 1# qd hs





提出 background questions

What is the choice of anti-depressant?

Question 1: What is the choice of anti-depressant?



- SSRI: GI, SEX
 - ☞ Kinxetine(fluoxetine), seroxat(paroxetine), Zoloft (sertraline), Lexapro(escitalopram)
- SNRI: GI, SEX
 - ☞ Efexor(venlafaxine), Cymbalta, Ixel
- TCA: CV, anti-cholinergic
 - ☞ Tofranil, copran,sinequan
- NDRI: insomnia, agitation
 - ☞ wellbutrin (bupropion)



Question 1: What is the choice of anti-depressant?

- NaSSa: liver dysfunction
 - ☞ Smilon
- SARI:
 - ☞ mesyrel (trazodone)



提出 foreground questions

使用Efexor(*venlafaxine*)比較SSRI對 *depressive disorder*的療效

將問題寫成PICOT

| | |
|----------|-------------------------------------|
| P | Patient with depressive disorder |
| I | Management with Efexor(venlafaxine) |
| C | Management with SSRI |
| O | Severity of depression |



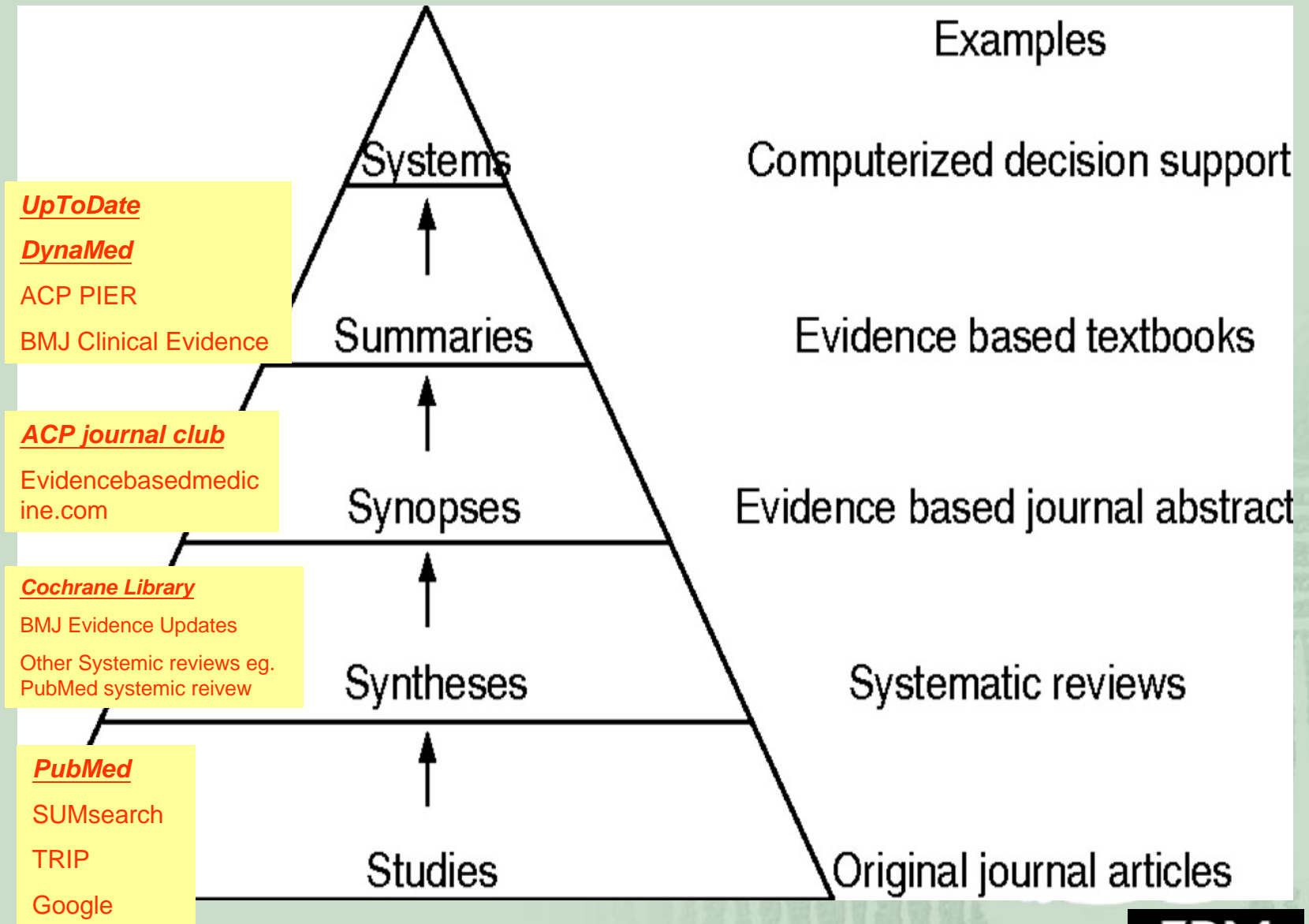
搜尋最有用的資料

先從已經過評讀的database開始找起
(system,synopses,synthesis)

最後再找尚未經過嚴格評讀的study

The "5S" levels of organisation of evidence from healthcare research

Brian Haynes, R Evid Based Med 2006;11:162-164



搜尋 Synopses , ACP Journal Club

- Key word: venlafaxine ,SSRI
- 搜尋到的文章標題: 1篇
 - ☞ **Review: Venlafaxine is more effective than selective serotoninreuptake inhibitors for depression**



搜尋到的文章內容

- Data source

- ☞ MEDLINE, EMBASE, BIOSIS, PsycLIT, National Research Register, Health Systematic Reviews, DARE Cochrane

- Study selection:

- ☞ randomized, double-blind, controlled trials that compared venlafaxine with another antidepressant

- Main result:

- ☞ 32 studies (5562 patients) were included

- ☞ sizes ranged from 28 to 382, length of follow-up ranged from 4 to 48 weeks

- ☞ Venlafaxine did not differ from other antidepressants for total dropout rates.



搜尋到的文章內容

Venlafaxine vs other antidepressants for depressive disorders at mean follow-up of 10 weeks*

| Outcomes | Comparator drug | Number of trials | Pooled effect size (95% CI) | |
|--------------------------|--------------------------------|------------------|-----------------------------|---------------|
| Mean depression severity | TCA | 7 | -0.13 (-0.33 to 0.09)† | |
| | SSRI | 19 | -0.17 (-0.27 to -0.08) | |
| | Other (mirtazapine, trazodone) | 3 | -0.09 (-0.42 to 0.23)† | |
| | Overall | 29 | -0.14 (-0.22 to -0.07) | |
| | | | Pooled odds ratio (CI) | MNT (CI) |
| Response rates | TCA | 8 | 1.29 (0.89 to 1.85)† | |
| | SSRI | 17 | 1.26 (1.02 to 1.58) | |
| | Other (mirtazapine, trazodone) | 3 | 1.28 (0.43 to 4.31)† | |
| | Overall | 28 | 1.27 (1.07 to 1.52) | 19 (11 to 63) |
| Remission rates | TCA | 1 | 1.03 (0.46 to 2.32)† | |
| | SSRI | 16 | 1.43 (1.21 to 1.71) | |
| | Other (mirtazapine) | 1 | 0.69 (0.33 to 1.43)† | |
| | Overall | 18 | 1.36 (1.14 to 1.61) | 14 (9 to 29) |

搜尋到的文章內容

■ Conclusions

- ☞ In patients with depressive disorders, venlafaxine is **more effective** than selective-serotonin reuptake inhibitors.
- ☞ Dropout rates do not differ between venlafaxine and other types of antidepressants



搜尋 syntheses, Cochrane Central Register of Controlled Trials

- Key word: venlafaxine ,SSRI
- 搜尋到的文章標題: 0 篇



搜尋 Studies, Pubmed

- Key word:
venlafaxine ,SSRI, depressive disorder

搜尋到的文章標題:6篇

- Venlafaxine extended release versus citalopram in patients with depression unresponsive to a selective serotonin reuptake inhibitor
 - ∞ International Clinical Psychopharmacology 2008, Vol 23
No 3



搜尋到的文章內容

- Goal:

- ∞ after treatment failure with an SSRI, switching to venlafaxine extended release (ER) would offer advantages over switching to another SSRI, citalopram.
- ∞ 12-week, double-blind, randomized, parallel-group, multicenter study
- ∞ compare the efficacy and safety of venlafaxine ER and citalopram
- ∞ investigate the effects of severity of depression

搜尋到的文章內容

■ Data:

- ☞ Age: 18-65 Y/O, met DSM-IV major depressive disorder , use SSRI > 8wk but in vain, HAM D21 >20
- ☞ No differ in two group in database
- ☞ Efexor from 75-300 mg/day
- ☞ Citalopram 20-60 mg/day
- ☞ Scale: Hamilton Rating Scale for Depression (HAM D21), Montgomery–Åsberg Depression Rating Scale(MADRS), Clinical Global Impressions – Severity (CGI-S)/ – Improvement (CGI-I)

搜尋到的文章內容

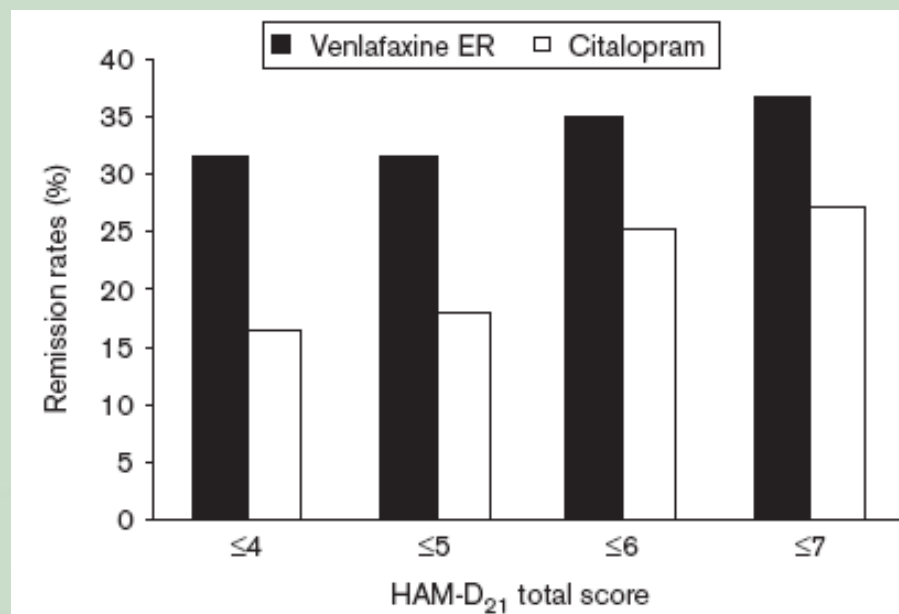
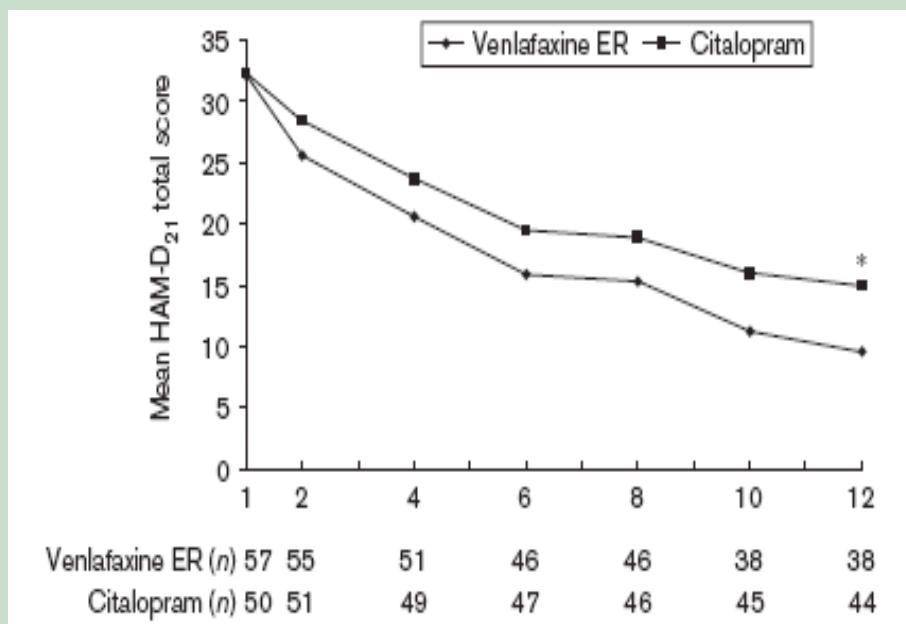
■ Result:

- ☞ primary analysis, there was no statistical difference between groups
- ☞ HAM-D21 total score > 31, the venlafaxine ER group differed significantly from the citalopram group
- ☞ CGI-S score was statistically significant

■ Conclusion:

- ☞ More severely depressed patients, venlafaxine ER was **significantly more effective**
- ☞ Patients who remain severely depressed following treatment with an SSRI may **gain more benefit from the dual-action drug venlafaxine**, rather than switching to another SSRI

搜尋到的文章內容



Appraisal (嚴格評讀)

對找到的文章
進行critical appraisal

證據等級(針對PubMed這篇)

| Level | 與[治療/預防/病因/危害]有關的文獻 |
|-------|--|
| 1a | 用多篇RCT所做成的綜合性分析(SR of RCTs) |
| 1b | 單篇RCT(有較窄的信賴區間) |
| 1c | All or none |
| 2a | 用多篇世代研究所做成的綜合性分析 |
| 2b | 單篇cohort及低品質的RCT |
| 2c | Outcome research / ecological studies |
| 3a | SR of case-control studies |
| 3b | Individual case-control studies |
| 4 | Case-series(poor quality :cohort / case-control studies) |
| 5 | 沒有經過完整評讀醫學文獻的專家意見 |



使用work sheet嚴格評讀

THERAPY WORKSHEET

10 questions to help you make sense of reviews-1 Screening Questions

- **Did the review ask a clearly-focused question?** Consider if the question is ‘focused’ in terms of:
 - ☞ *the population studied*
 - ☞ *the intervention given or exposure*
 - ☞ *the outcomes considered*
- **Did the review include the right type of study?** Consider if the included studies:
 - ☞ *address the review’s question*
 - ☞ *have an appropriate study design*



10 questions to help you make sense of reviews-2 Screening Questions

- **Did the reviewers try to identify all** *Consider:*
which bibliographic databases were used
 - ❧ *if there was follow-up from reference lists*
 - ❧ *if there was personal contact with experts*
 - ❧ *if the reviewers searched for unpublished studies*
 - ❧ *if the reviewers searched for non-English-language studies*
- **Did the reviewers assess the quality of the included studies?**
 - ❧ *– if a clear, pre-determined strategy was used to*
 - ❧ *determine which studies were included. Look for:*
 - *a scoring system*
 - *more than one assessor*



10 questions to help you make sense of reviews-3 Screening Questions

- **If the results of the studies have been combined, was it reasonable to do so? Consider whether:**
 - ☞ *– the results of each study are clearly displayed*
 - ☞ *– the results were similar from study to study (look for tests of heterogeneity)*
 - ☞ *the reasons for any variations in results are discussed*
- **How are the results presented and what is the main result? Consider:**
 - ☞ *– how the results are expressed (e.g. odds ratio, relative risk, etc.)*
 - ☞ *– how large this size of result is and how meaningful it is*
 - ☞ *– how you would sum up the bottom-line result of the review in one sentence*



10 questions to help you make sense of reviews-4 Screening Questions

- **How precise are these results? Consider:**

- ☞ *if a confidence interval were reported. Would your decision about whether or not to use this intervention be the same at the upper confidence limit as at the lower confidence limit?*
- ☞ *if a p-value is reported where confidence intervals are unavailable*

- **Can the results be applied to the local population?**

Consider whether:

- ☞ *the population sample covered by the review*
- ☞ *could be different from your population in ways that would produce different results*
- ☞ *your local setting differs much from that of the review*
- ☞ *you can provide the same intervention in your setting*



10 questions to help you make sense of reviews-5 Screening Questions

- **Were all important outcomes considered? Consider outcomes from the point of view of the:**
 - ☞ *individual*
 - ☞ *policy makers and professionals*
 - ☞ *family/carers*
 - ☞ *wider community*
- **Should policy or practice change as a result of the evidence contained in this review? Consider:**
 - ☞ *whether any benefit reported outweighs any harm and/or cost.*
 - ☞ *If this information is not reported can it be filled in from elsewhere?*



使用 work sheet 嚴格評讀

| Should these valid, potentially important results of a critical appraisal about a harmful treatment change the treatment of your patient? | |
|--|------------------------------|
| Can the study results be extrapolated to your patient? | 我們的病人符合實驗中病人的條件。 |
| What are your patient's preferences, concerns and expectations from this treatment?(病人的期望、喜好、關心) | improved depressive mood |
| What alternative treatments are available? | Other anti-depressive agents |



Thank for your attention

