

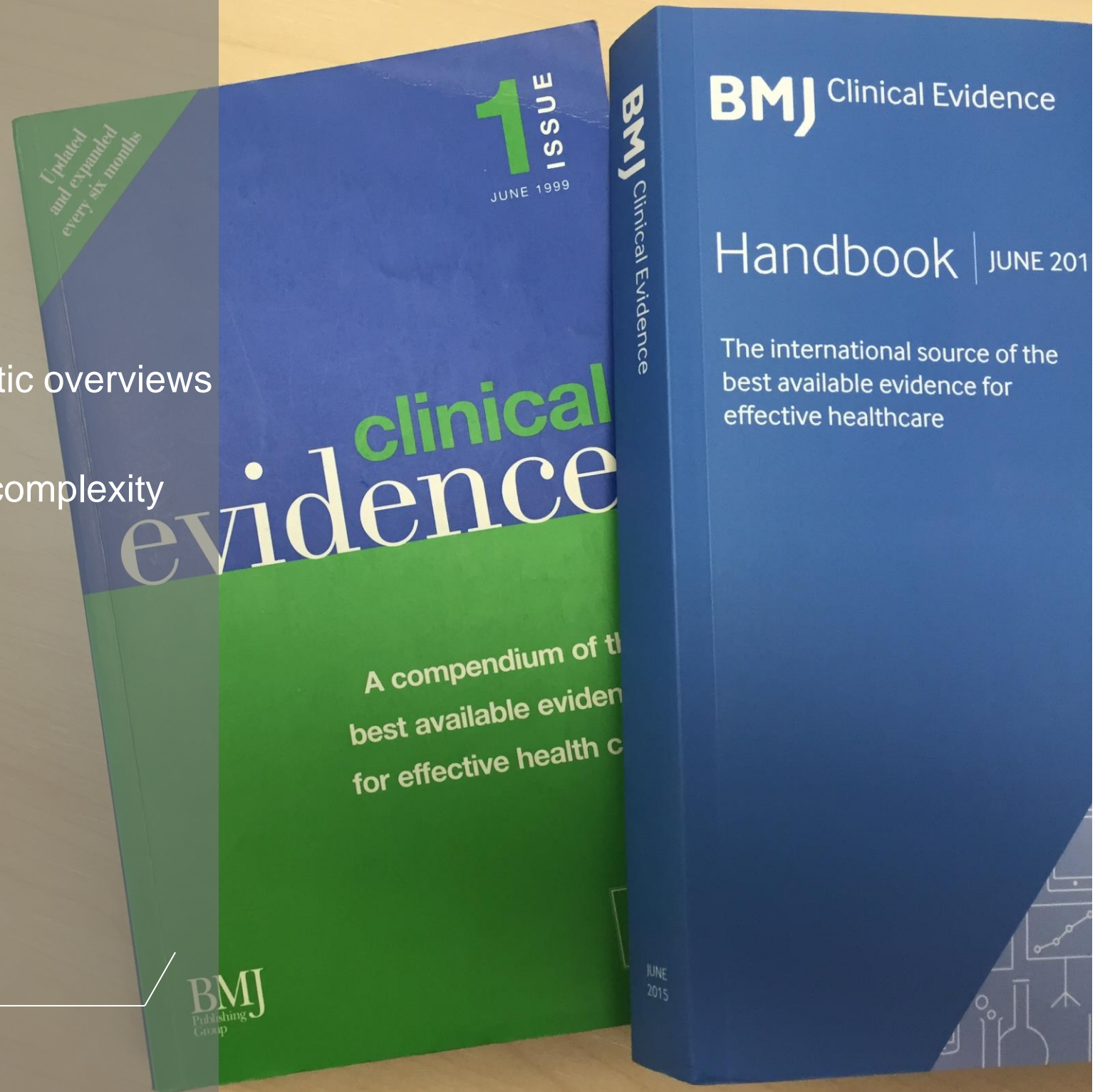


Increasing value of systematic reviews: the re-scoping process for *BMJ Clinical Evidence*

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Background

- Database of systematic overviews
- Launched 1999
- Increase in length & complexity



Aims and Methods

- Rescope all 253 topics
- Focus on areas with maximum impact on clinical decision making
- Key clinical questions e.g. areas of uncertainty or emerging evidence
- New topic landing pages

The screenshot shows the BMJ Clinical Evidence website. At the top, there is a blue navigation bar with the BMJ logo, 'Clinical Evidence', and links for 'Subscribe', 'Sign in', and 'Resources'. Below this is a search bar with a 'Search' button and a 'Show conditions' button. The main content area is divided into three columns. The first column, 'Discover more about evidence-based medicine', features three icons: a graduation cap, a stethoscope, and a first aid kit. The second column, 'Latest citations', lists three articles with their titles and dates. The third column, 'Latest updated overviews', lists three overviews with their titles and dates. On the right side, there is a 'Free sample' section with a link to a systematic overview on Trigeminal neuralgia. At the bottom right, there is a blue box with the text 'Sign-up for a 'My BMJ Clinical Evidence' account now'.

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Search **Show conditions**

Search BMJ Clinical Evidence

Discover more about evidence-based medicine

Free sample

To get an understanding of what we do, view the BMJ Clinical Evidence systematic overview on Trigeminal neuralgia

Latest citations

Efficacy of Adjuvant Trastuzumab for Patients With Human Epidermal Growth Factor... (25 September 2015)

Regional Nodal Irradiation in Early-Stage Breast Cancer.... (25 September 2015)

Effect of mammographic screening from age 40 years on breast cancer mortality in... (25 September 2015)

Latest updated overviews

Chronic fatigue syndrome (28 September 2015)

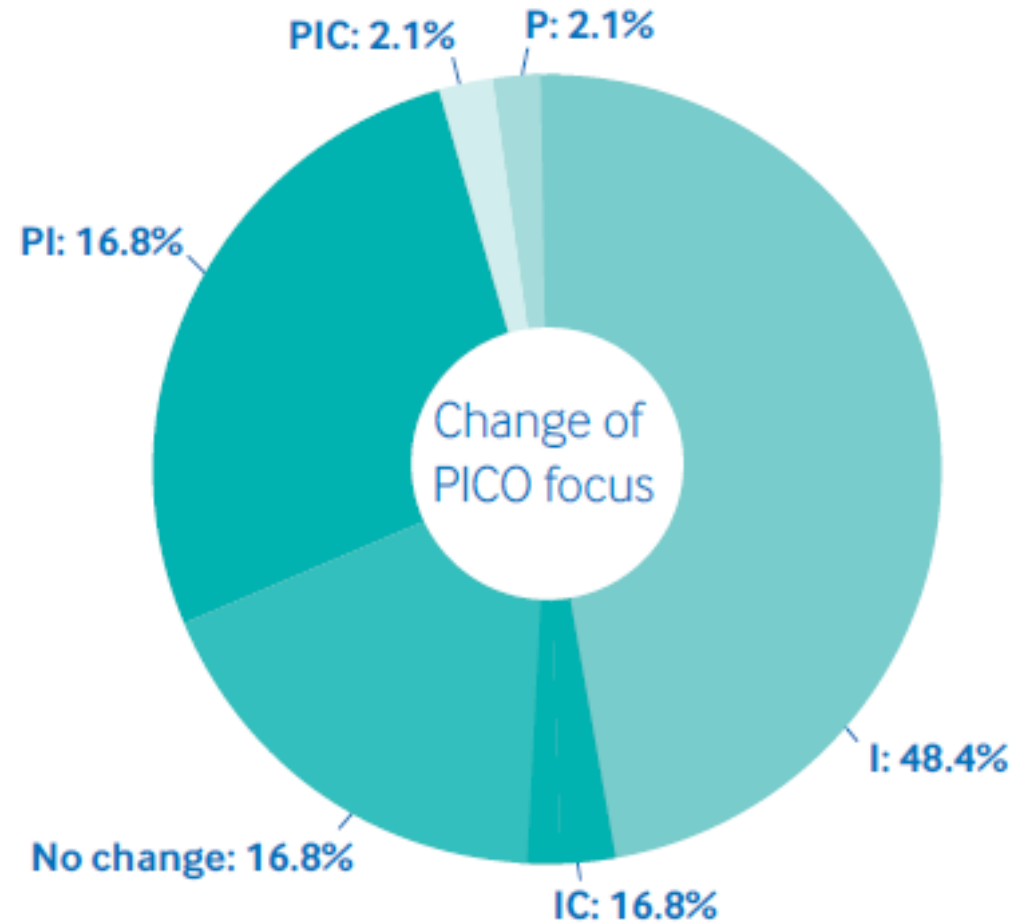
Athlete's foot: oral antifungals (24 September 2015)

Cardiovascular medication: improving adherence using prompting mechanisms (21 September 2015)

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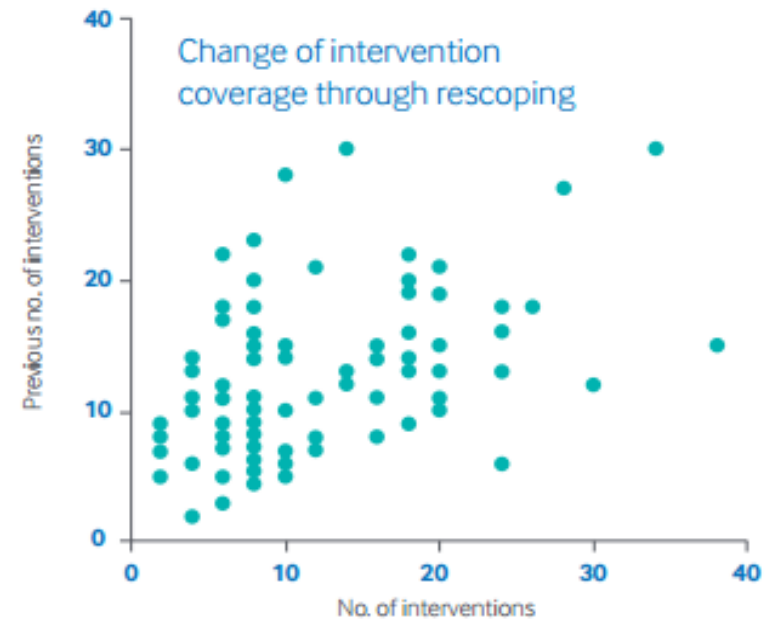
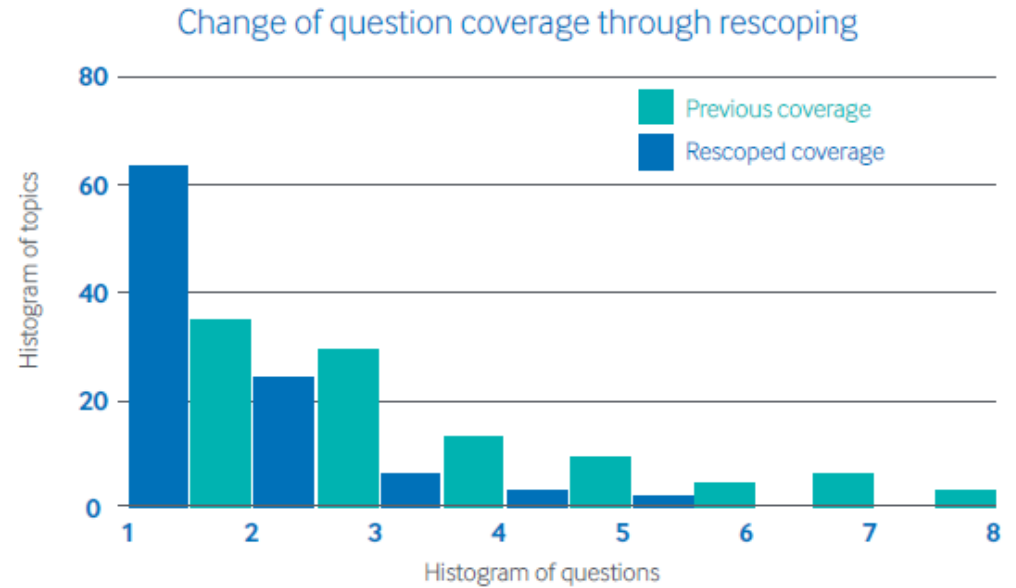
Results

- User feedback and over 400 expert authors
- New PICO focus varied widely
- Almost half focus on interventions
- In most cases where the population was the key aspect, the interventions of interest also changed



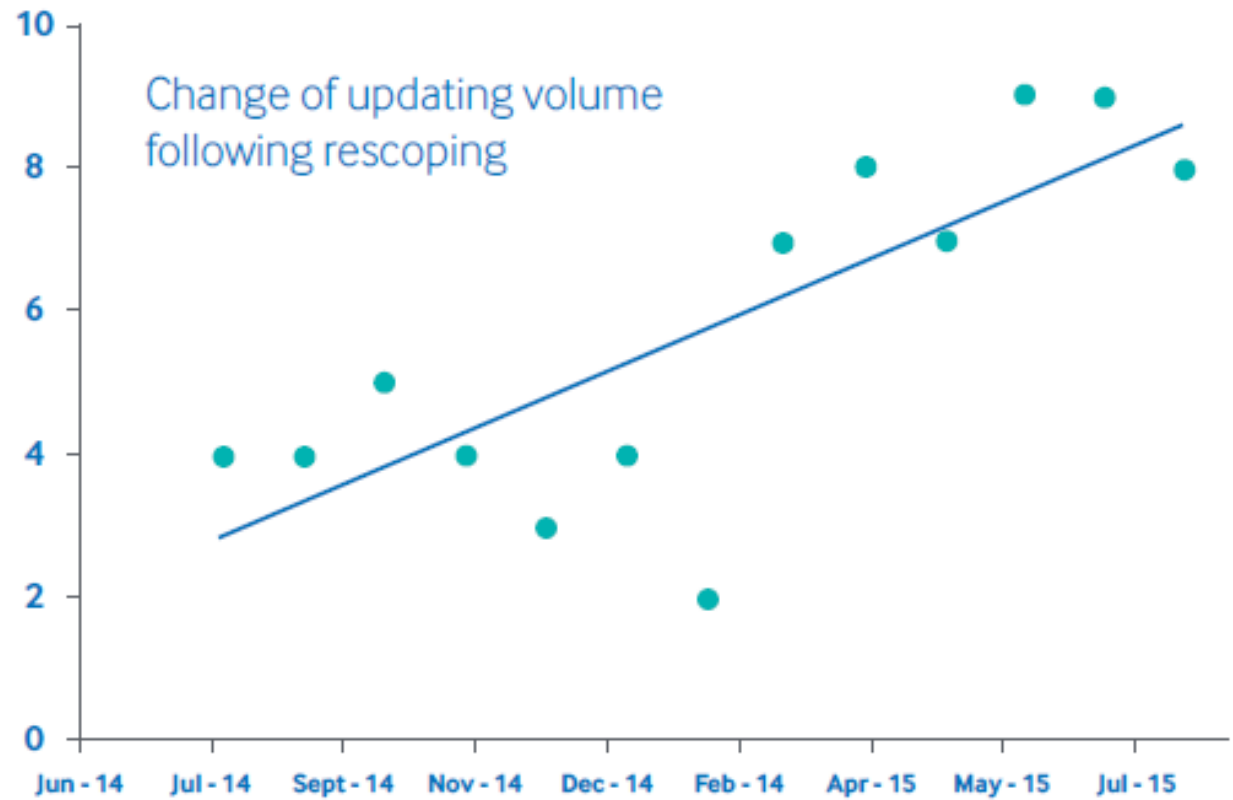
Results

- In general, focusing has resulted in fewer PICO questions and fewer interventions
- Key issues – discussed and contextualised



Results

- Steady increase in the average number of updates



- New structured landing page
- Rationale for update
- Clinical comments and context

Bronchitis (acute)

Web publication date: 17 July 2015 (based on May 2015 search)

Peter Wark

[Interventions table \(6\)](#)

[Key points](#)

[GRADE table](#)

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[Citations \(8\)](#)

[Patient information \(1\)](#)

[Guidelines \(3\)](#)

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Overview

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General background

Top

Acute bronchitis is a common, though usually self-limiting, illness affecting people of all ages. It is also a common reason for presentation to primary care.

Focus of the review

Top

This systematic overview was performed to assess what interventions were suitable to improve outcomes for acute bronchitis, with minimal adverse effects.

Comments on evidence

Top

Interventions that assessed the effectiveness of antibiotics had the most evidence, with RCTs judged to be from moderate to low quality. RCTs that assessed antihistamines, antitussive agents, inhaled beta₂ agonists, and mucolytics were all judged to be of low to very low quality in terms of their evidence, and clinical conclusions could not be made.

Search and appraisal summary

Top

The update literature search for this review was carried out from the date of the last search, March 2010, to May 2015. For more information on the electronic databases searched and criteria applied during assessment of studies for potential relevance to the overview, please see the Methods section. Searching of electronic databases retrieved 420 studies. After deduplication and removal of conference abstracts, 306 records were screened for inclusion in the overview. Appraisal of titles and abstracts led to the exclusion of 245 studies and the further review of 61 full publications. Of the 61 full articles evaluated, three updated systematic reviews and three RCTs were added at this update.

Substantive changes at this update

Top

Limits

- Phase one only
- Continue to liaise with users and expert
- To evaluate the impact on usage figures and gather user and patient feedback on the refocused overviews.

The bottom line

- It is equally important for secondary research to be prioritised on the basis of what is useful for clinical decision making and evidence-based practice
- Facilitate EBM → EBP by making the clinical relevance of the evidence immediately apparent
- More timely updates on evidence issues that matter

Thank You

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