



REGIONE  
LAZIO



D/EP / Lazio

Dipartimento di Epidemiologia del Servizio Sanitario Regionale - Regione Lazio



# CONDIVIDERE LE INFORMAZIONI MIGLIORA LA SALUTE

Roma - 26 maggio 2014 | h 9,30 - 13

Apertura dei lavori - ANGELO TANESE – DIRETTORE GENERALE ASL RME

**La Biblioteca Alessandro Liberati del Servizio sanitario regionale del Lazio**

Chair: LAURA AMATO – DIPARTIMENTO DI EPIDEMIOLOGIA DEL SSR DEL LAZIO

NICOLA ZINGARETTI – Presidente della Regione Lazio

Flori Degrassi – Direttore della Direzione salute e integrazione sociosanitaria, Regione Lazio

**Conoscere per prendere decisioni informate**

MARINA DAVOLI – DIRETTORE DEL DIPARTIMENTO DI EPIDEMIOLOGIA DEL SSR DEL LAZIO

**Utilità e valore dei dati e dei saperi: il progetto della nuova Biblioteca**

LUCA DE FIORE - Associazione Alessandro Liberati – Network Italiano Cochrane e Il Pensiero Scientifico Editore

**Le risorse per l'assistenza e per la crescita professionale**

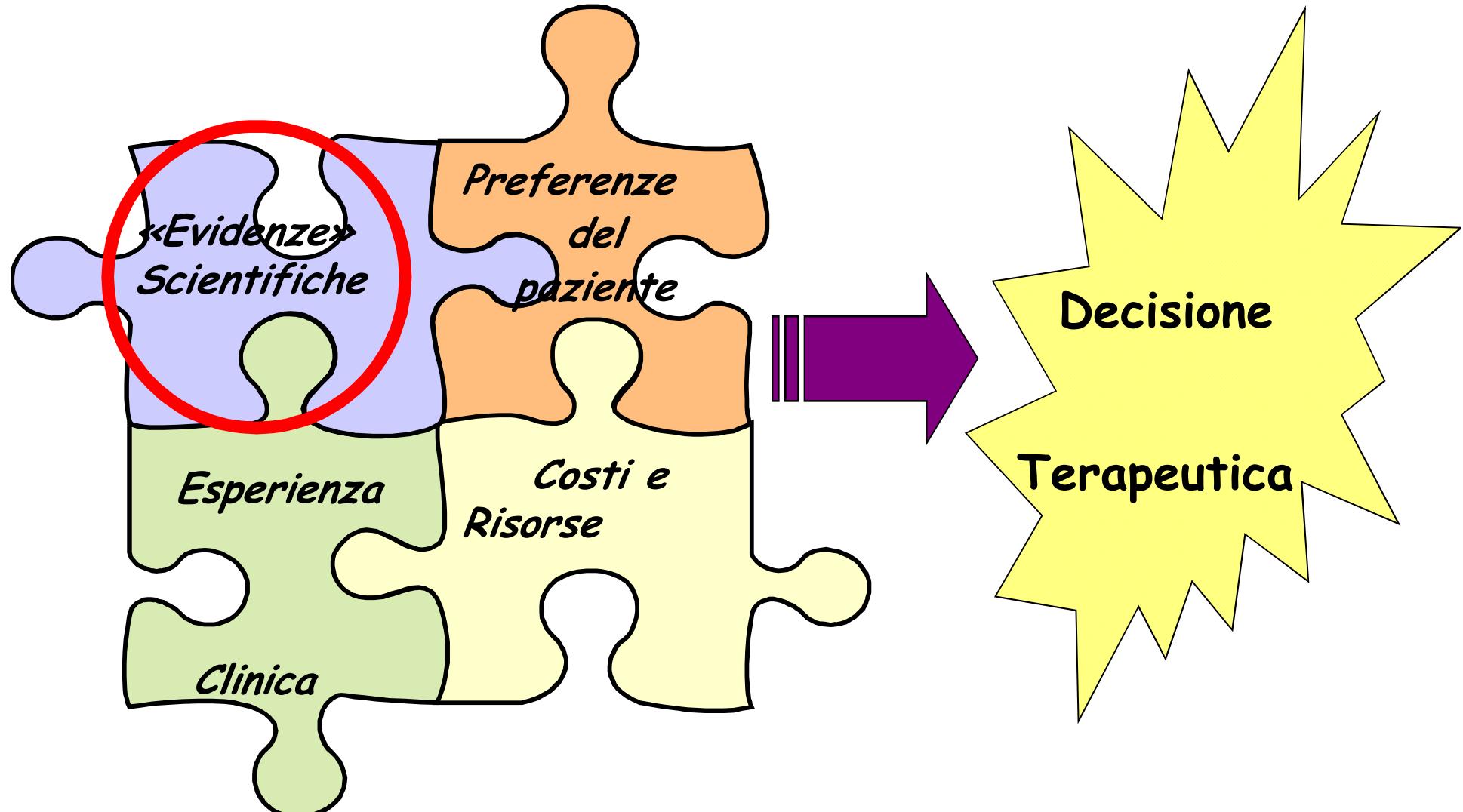
CARLO SAITTO – DIRETTORE GENERALE ASL RMC

MARINELLA D'INNOCENZO – RESPONSABILE AREA FORMAZIONE DELLA REGIONE LAZIO

**Wikipedia: se quantità e qualità andassero d'accordo?**

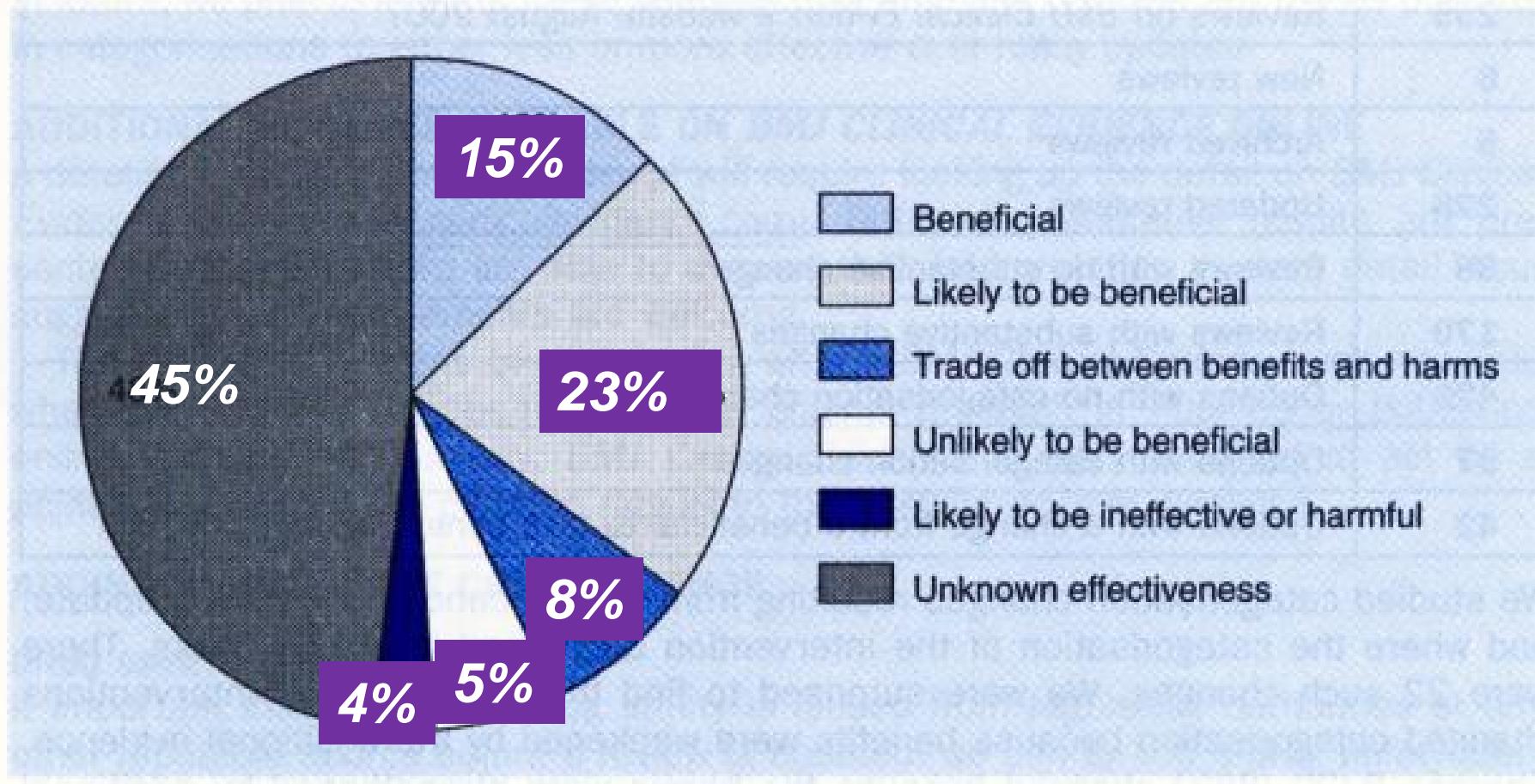
JAMES HEILMAN - WikiProject Med Foundation e University of British Columbia

# EBM



## HOW MUCH DO WE KNOW?

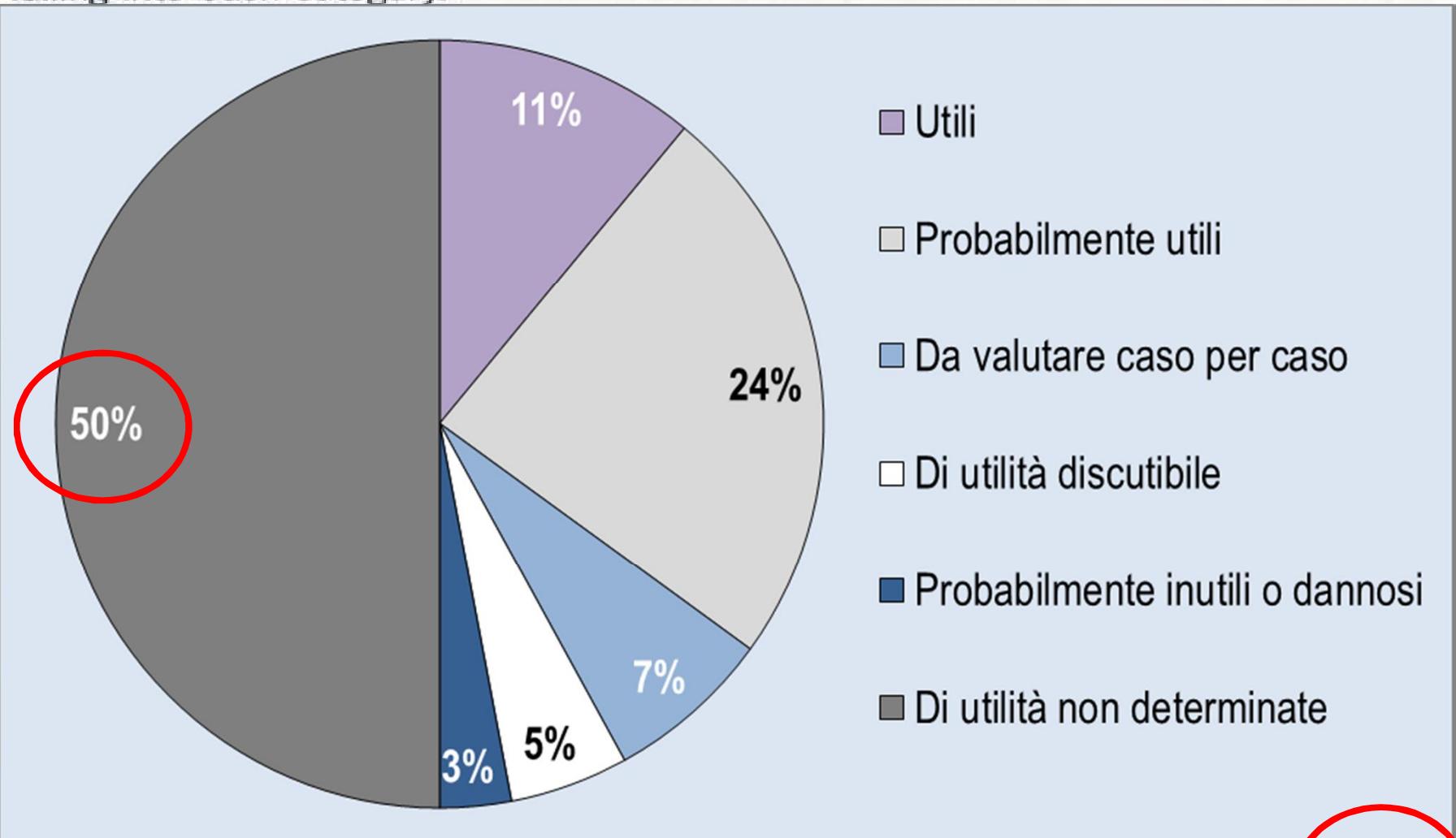
So what can *BMJ Clinical Evidence* tell us about the state of our current knowledge from our evidence categories? Figure 1 illustrates the percentage of treatments falling into each category.



<http://clincialevidence.bmj.com/ceweb/about/knowledge.jsp> 2008

## HOW MUCH DO WE KNOW?

So what can *BMJ Clinical Evidence* tell us about the state of our current knowledge from our evidence categories? Figure 1 illustrates the percentage of treatments falling into each category.



<http://clincialevidence.bmj.com/ceweb/about/knowledge.jsp> 2014

*Every time I learn something new, it pushes some old stuff out of my brain.*

## **Ricerca delle evidenze scientifiche**



**Troppi studi  
Troppe informazioni  
Poco tempo** Å



DIEPI  
Lazio

**Oltre 25 mila riviste  
pubblicano oltre un milione di  
lavori ogni anno.**

**Prodotti per chi scrive molto  
più che per chi legge.**

***Luca De Fiore È Master di comunicazione della  
scienza SISSA febbraio 2014***

**A reminder of the responsibilities of  
practitioners, policy makers and researchers  
to the public**

**Good intentions and plausible theories  
are no substitute for  
reliable evidence from empirical research  
about the effects of social and healthcare  
interventions**

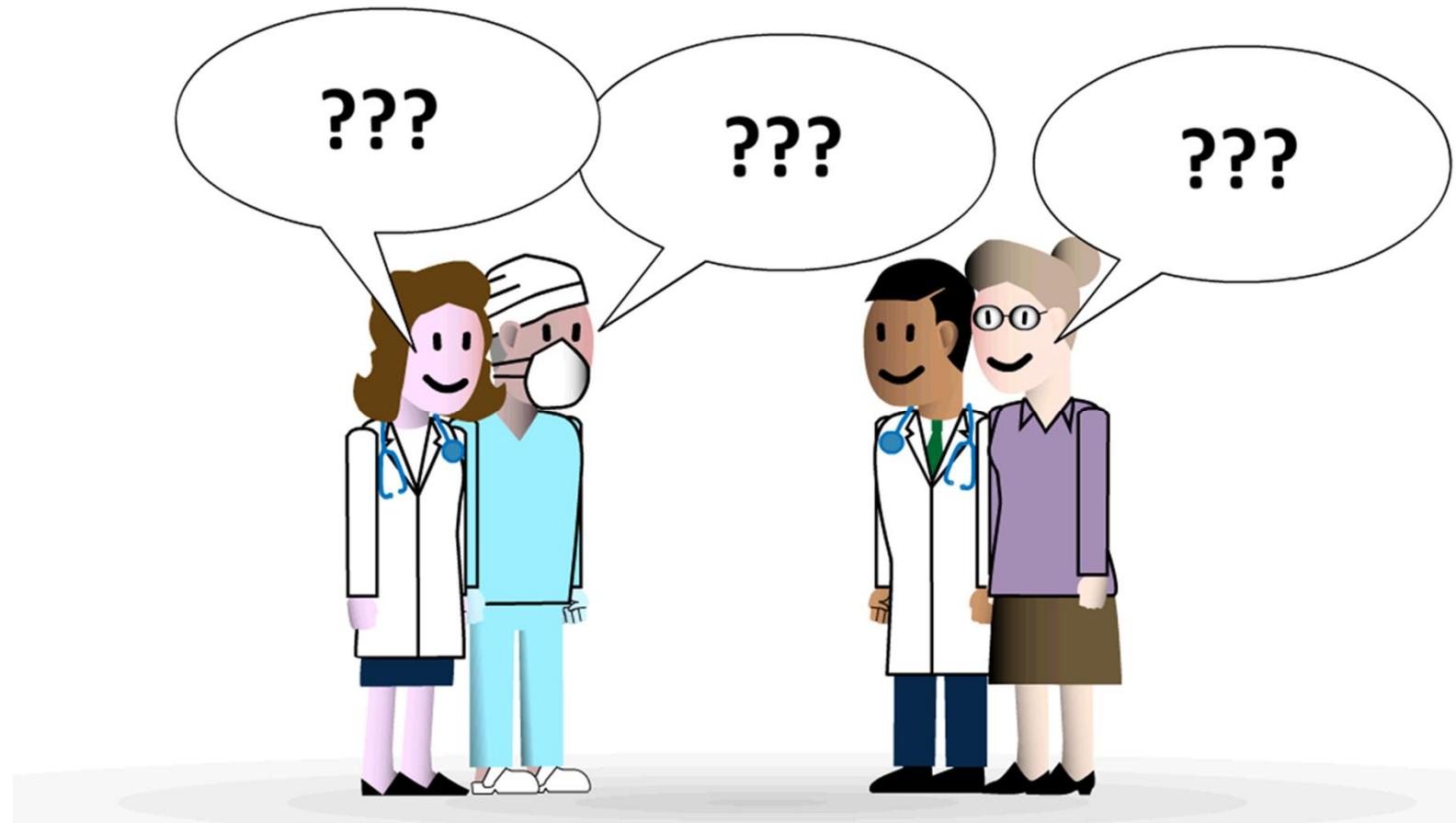
# All D'Onizio... Respiratory Distress Syndrome



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1993 - 2013 **20 years**

HIGH QUALITY EVIDENCE  
FOR HEALTHCARE

# People making decisions need



knowledge about which interventions are beneficial,  
which are harmful and which have little or no effect

reliable evidence which has minimised chance and bias

# **Perchè sono importanti le revisioni sistematiche?**

- Nessun clinico è in grado di essere continuamente aggiornato sulla letteratura scientifica rilevante per rispondere ai diversi quesiti clinici
- La valutazione critica degli studi richiede competenze e tempo



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<a href="#">SPIRIT</a>	<a href="#">Full Record</a>   <a href="#">Checklist</a>

# Perchè sono importanti le revisioni sistematiche?

- Nessun clinico è in grado di essere continuamente aggiornato sulla letteratura scientifica rilevante per rispondere ai diversi quesiti clinici
- La valutazione critica degli studi richiede competenze e tempo
- Le RS rappresentano una risposta %pratica+al sovraccarico informativo
- La disponibilità di sintesi delle conoscenze dovrebbe aiutare a ridurre il gap tra conoscenze e pratica e ridurre l'inappropriatezza di trattamento .



## Cochrane Reviews in healthcare decision making

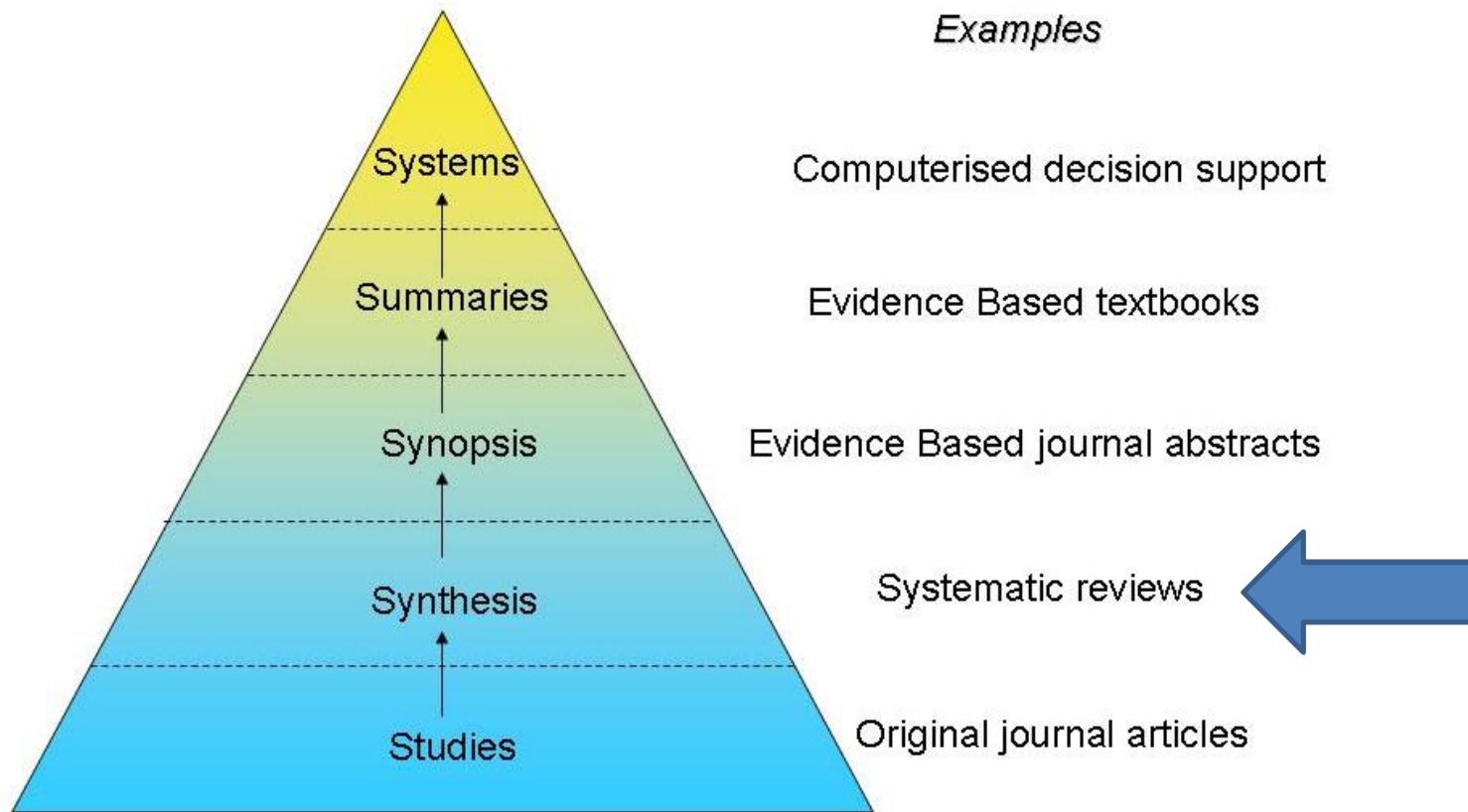
“...a good systematic review of  
whatever evidence is available,  
even in highly uncertain situations,  
helps make the policymaking process more transparent  
and  
the political or commercial considerations more visible.”

Moynihan R. Evaluating Health Services: A Reporter Covers the Science of Research Synthesis, Milbank Memorial Trust 2004;p31.

and identifies context, research needs

## A review of online evidence-based practice point-of-care information summary providers.

Banzi R<sup>1</sup>, Liberati A, Moschetti I, Tagliabue L, Moja L.



The 5 levels of organisation of evidence from healthcare research  
(adapted from Haynes model)

# EBP point-of-care summary ranking

	Volume	Editorial Quality	EB Methodology
5-minutes consults			
ACP Pier			
BestBets			
CKS			
Clinical Evidence			
Dynamed			
EBM Guidelines			
Emedicine			
eTG			
First Consult			
GP Notebook			
Harrison's Practice			
Map Of Medicine			
Micromedex			
Pepid			
Up to Date			

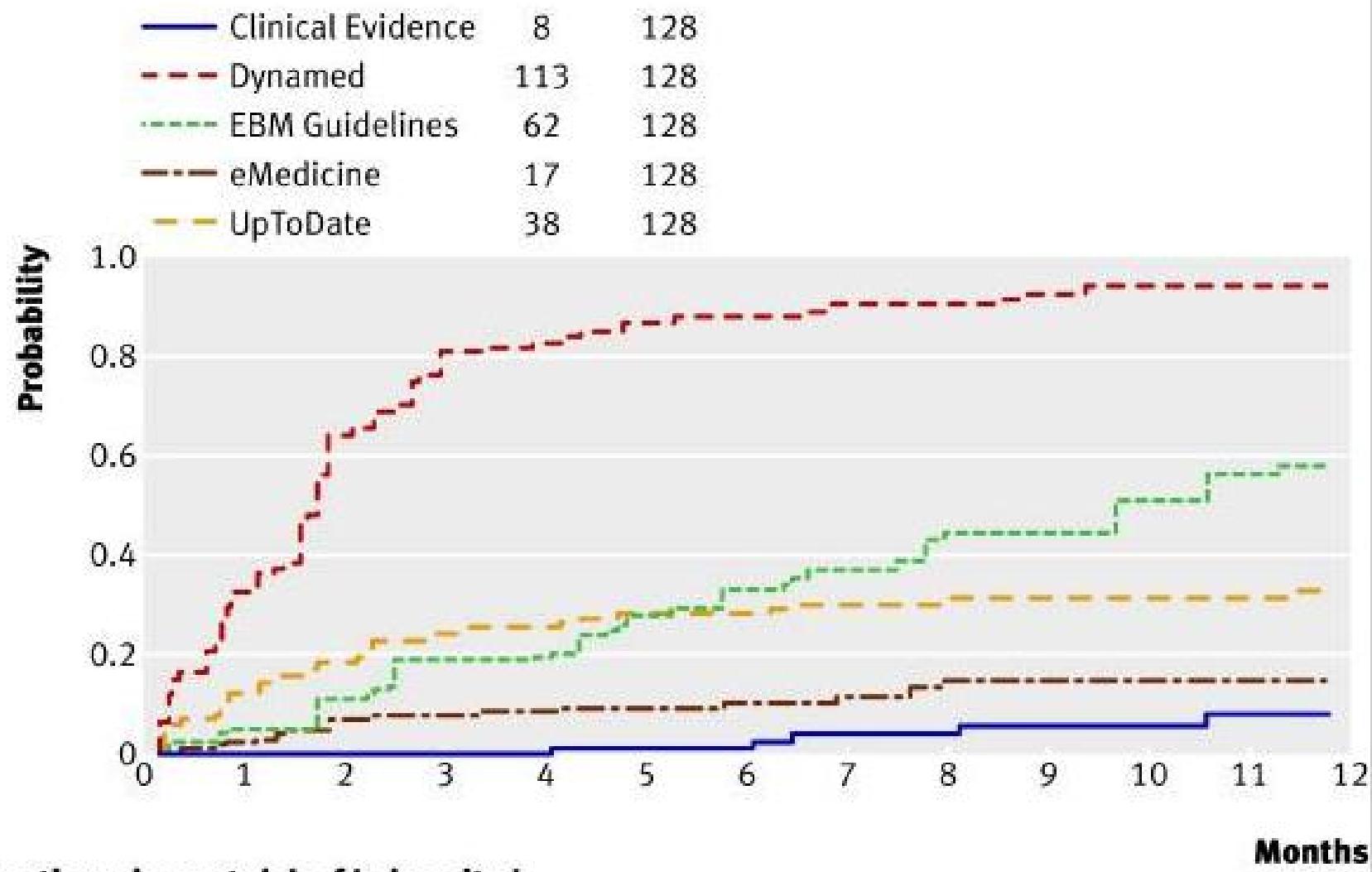
Black, bottom quartile; white, top quartile.

# Speed of updating online evidence based point of care summaries: prospective cohort analysis

OPEN ACCESS

BMJ 2011;343:d5856

Rita Banzi *researcher*<sup>1,2</sup>, Michela Cinquini *statistician*<sup>2</sup>, Alessandro Liberati *associate professor*<sup>1,3</sup>, Ivan Moschetti *general practitioner*<sup>1</sup>, Valentina Pecoraro *researcher*<sup>1</sup>, Ludovica Tagliabue *medical resident*<sup>1,4</sup>, Lorenzo Moja *assistant professor*<sup>1,4</sup>



No of systematic reviews at risk of being cited



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medicine

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Infectious disease

Kidney disease

Lungs & airways

Mental health

Neurology

Orthopedics & trauma

Pregnancy & childbirth

Rheumatology

Skin

Wounds

...with more topics to come!

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[Treatment for peritoneal dialysis-associated peritonitis](#)

[Pneumococcal conjugate vaccines for preventing otitis media](#)



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[Assistenza infermieristica e ricerca](#)

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App a prova di Ebm

22 maggio 2014 | Notizie | Nessun commento

## Una finestra sui Big Five

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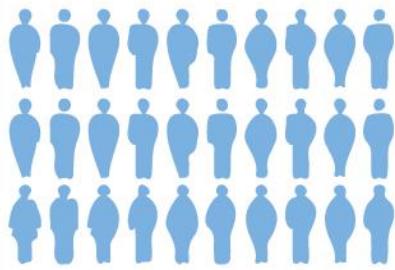
Routine Echocardiography Screening for Asymptomatic Left Ventricular Dysfunction in Childhood Cancer Survivors: A Model-Based Estimation of the Clinical and Economic Effects

20 May 2014

Cost-Effectiveness of the Children's Oncology Group Long-Term Follow-up Screening Guidelines for Childhood Cancer Survivors at Risk for Treatment-Related Heart Failure

20 May 2014

Si stima che nel 2017  
**3.4 miliardi**  
di persone nel mondo  
avranno un smartphone e  
la metà di questi userà un  
mHealth app<sup>2</sup>



**97000**  
mHealth APP  
sono disponibili  
sul mercato<sup>2</sup>



**70%**  
dei medici italiani  
usa internet  
in corsia,  
di cui il **40%**  
attraverso smartphone  
e tablet



**80%**  
dei medici italiani  
si collega almeno 3  
volte a settimana  
a siti internet  
di medicina



**62%**  
degli italiani  
possiede uno  
smartphone<sup>1</sup>



**Uso degli  
smartphone**

**91%**  
dei medici in USA

**81%**  
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Fonte: EPG Health Media

1 <http://www.nielsen.com/us/en/newswire/2013/how-the-mobile-consumer-connects-around-the-globe.html>

2 <https://ec.europa.eu/digital-agenda/en/news/green-paper-mobile-health-mhealth>





# “Know-do gap”



Evidence



Practice