Evidence: Standards: Outcomes
Jennifer Tieman
CareSearch Director
Why evidence?

- Determine effectiveness of interventions and approaches
- Identify issues, needs and contexts
  → Inform clinical decision making
  → Inform policy and service decisions
What do we mean by evidence?

- Developed through research/study
- Study design suitable for question
- Best available evidence
- Evidence from multiple disciplines
- Relationship to literature
- Evidence as one component of evidence based practice
End point of evidence

• Purpose of research is not to complete the study
• To be valuable, relevant quality research must be used
• Emerging role of implementation science/knowledge translation
Palliative care’s evidence base

- Diffuse nature
  - Searching challenges: Topics; Search terms; Databases
- Accessing literature
  - Not published, not indexed, in progress
- Assessing evidence
  - Generalisability (across diseases, populations and settings)
  - Significance/relevance to clinical practice
- Emerging and rapidly expanding
  - Can be hard to find
  - Soon may be hard to manage
A few findings

• Multiple databases
  – Unique contribution from Medline, CINAHL, PsycINFO and Embase

• Size of literature base/Number of journals
  – 56,000 palliative articles in Ovid Medline alone
  – In 2005 - 6,983 citations in 1,985 journals (or 19 per day).

• Searching for palliative is complex
  – Indexing is not precise
    (9 MeSH terms and 3 textwords retrieved only 45.4% of the palliative care literature)
  – Not only in specialist journals
    (4% of general biomedical journal articles relevant to palliative care)

• “Missing” literature
  – Conference conversion rate low
    Approx 16% compared to average of 45%
Why CareSearch?

• Consolidate and develop evidence base
• Facilitate access to evidence and quality information
• Encourage use of evidence in palliative care
• Support interactions between groups
Welcome to CareSearch. CareSearch is an online resource of palliative care information and evidence. All materials included in this website are reviewed for quality and relevance.

What's New...
on CareSearch?
in the community?
in the literature?

Quick Links
PubMed Topic Searches
Indigenous
GPs

NOW AVAILABLE:
Revised gsp pages and Patient-Family pages

What is Palliative Care
For Patients and Families
Finding Services
Clinical Practice
Finding Evidence
Education
Research Resources
Professional Groups
About CareSearch

Proudly linked to:
Flinders University
HealthInsite

We comply with the HONCode standard for trustworthy health information: verify here.

CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.
This page was created on 26 May 2008. This website was last updated on 21 September 2009.

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Evidence: Standards: Outcomes

- What we know
- What our (shared) goal is
- What we do clinically
Evidence and quality improvement

• Evidence resources
  – Symptoms, interventions, approaches
  – Change management
  – Prevalence, population issues

• Working together in quality improvement
  – Participating in making evidence available
  – Supporting teams/projects
  – Sharing findings with community
  – Identifying gaps in evidence and in implementing evidence
Why pain?

- Frequent complication
- Most feared symptom
- Causes significant distress/disability
- Complex multi-factorial issue
- Core business for palliative care
Pain: Focus of work

- Most cursory search pain AND palliative AND effectiveness in PubMed
- 448 items
- Topics that are being investigated/discussed
  - Patient characteristics (e.g. paediatric, female)
  - Disease specific factors
  - Patient experience
  - Management issues
  - Specific therapies: Conventional, complementary
  - Adverse effects
  - Site of care (e.g. hospice, community, aged care facilities)
  - Prevalence estimates
  - Assessment tools characteristics
  - And many others
Implications

• Complex symptom
• Considerations for:
  – Individual clinician
    My knowledge and practice
  – Service
    Our patients and our approaches
  – Discipline/Profession
    Our role and recommendations
  – System
    Our responsibilities and focus
CareSearch: Pain Resources

- **Clinical Practice Pages**
  - Pain; health services issues; assessment tools; opioid analgesics; radiotherapy and adjuvants; non pharmacological approaches

- **Finding and using evidence pages**
  - CareSearch Review Collection
    - 107 identified pain reviews
  - PubMed Search Topics
    - Choices by strongest evidence, everything, free full text
  - CareSearch Grey Literature
    - Hard to find, Australian contexts

- **GP pages**
Pain

Key messages

> The majority of pain in palliative care patients can be effectively treated with available drugs and best practice management strategies, which includes regular assessment of pain with validated assessment tools. [1]


> Whilst many opioid formulations are available and are effective, the recommended first line treatment for cancer pain continues to be oral morphine. [4]

> Recent evidence-based guidelines for neuropathic pain [5,6] suggest that two groups of medications may be used as first line adjuvant treatment – of the antidepressants, either

Results: 1 to 20 of 72

   Lazenby JM, Seif MW.
   Related citations

   Oliver DP, Wittenberg-Lyles E, Washington K, Sehrawat S.
   Related citations

3. Clear cell carcinoma of the pancreas - a case report and review of the literature--.
   Lee HY, Lee DG, Chun K, Lee S, Song SY.
   Related citations

4. The evaluation of psychiatric drug therapy on oral lichen planus patients with psychiatric disorders.
   Delavarian Z, Javadzadeh-Bolouri A, Dalirsani Z, Arshadi HR, Toofani-Asl H.
   Related citations
Review Collection: Pain

107 reviews

2010


2009

Pain: Research/evidence considerations

- Generalisability, applicability
  - Populations studied
  - Tools and measures
  - Intervention processes, mechanisms

- Implementing research evidence
  - Gap between what is known and what is done
  - Testing whether research findings work in practice
  - Identifying barriers, modifiers

- Not linear but circular/iterative
CareSearch’s role in pain

• Consolidating evidence and promoting use
• Supporting researchers generating new evidence
• Updating resources and disseminating new evidence

• Working together in Quality Improvement
  – Participation in benchmarking (PCOC)
  – Supporting data collection (NSAP)
  – Supporting virtual engagement
  – Identifying relevant evidence
  – Sharing findings from NSAP/PCOC
  – Identifying needed areas for research/evidence
CareSearch would like to thank the many people who contribute their time and expertise to the project including members of the National Advisory Group and the Knowledge Network Management Group.

CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.

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