

Introduction

Evidence based medicine

Much of the information supplied in these pages has been collated from various different sources. There has been little attempt in the past to stratify the evidence for this information and how it has come about. Evidence based medicine requires that information about treatment, prognosis, harm and diagnoses be qualified as to its source, its closeness to the truth and its applicability to your patient.

It is with this in mind that we wish to make you aware of the various levels of evidence that are important to bear in mind. This system of levels of evidence has been derived from the Centre for Evidence Based Medicine and it contains 5 levels. The following table shows these levels of evidence for Therapy. Levels for prognosis, diagnoses etc are available from their Website <http://cebm.jr2.ox.ac.uk/docs/levels.html>

Some of the interventions that we practice easily achieve Level 1a evidence (e.g. thrombolysis). Many others will be of a lower level. As we develop our guidelines further we hope to be able to improve the levels of evidence based care and hence the quality of EB medicine practised.

Level of evidence	Therapy
1a	Systematic Review (SR) with homogeneity of RCTs
1b	Individual RCT (with narrow Confidence Interval)
1c	All or none
2a	SR (with homogeneity*) of cohort studies
2b	Individual cohort study (including low quality RCT; e.g., <80% follow-up)
2c	"Outcomes" Research; Ecological studies
3a	SR (with homogeneity*) of case-control studies
3b	Individual Case-Control Study
4	Case-series (and poor quality cohort and case-control studies)
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"