

Mechanistic Evidence in Evidence-Based Medicine: A Conceptual Framework



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Reviews

This publication will be worth purchasing. It really is written in simple terms instead of difficult to understand. It has been designed in an exceptionally simple way and is particularly only right after I finished reading this ebook in which basically modified me, alter the way I believe.

(Prof. Loyce Runolfsson Jr.)

MECHANISTIC EVIDENCE IN EVIDENCE-BASED MEDICINE: A CONCEPTUAL FRAMEWORK



CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 124 pages. Dimensions: 11.0in. x 8.5in. x 0.3in. Interest has increased in recent years in comparative effectiveness, that is, assessing the efficacy of new or established medical interventions, with particular emphasis on head to head comparisons of established therapies, or understanding their real-world performance. Randomized controlled trials (RCTs), while the ostensible gold standard for establishing efficacy and sometimes effectiveness, have well recognized liabilities, most notably the time and expense it often takes to mount them, as well as the sometimes limited scope of the questions they address. Alternatives to RCTs include a variety of observational designs. Those attracting considerable attention are typically derived from very large databases, often assembled for non-research purposes, such as hospital billing, reimbursement, prescription data, electronic patient records, etc. Studies derived from such data sources promise real-world relevance, and relatively rapid results, compared to some RCTs. The middle ground is occupied by observational designs with original data gathering and RCTs that utilize surrogate endpoints for example, death versus tumor progression, elevated LDL or coronary artery narrowing versus MI or death. A dilemma facing patients, physicians, regulatory entities, insurance providers, guideline developers and others with an interest in evidence assessment involves: (1) how pertinent existing RCT evidence is to the decisions they have to make and (2) how informative and reliable results from either observational designs or RCTs that use surrogate outcomes are in determining either efficacy or effectiveness. It is generally recognized that observational designs are subject to subtle biases that can have large effects (e. g. , WHI), and that data not gathered for research purposes often lacks the precision or validity to make reliable inferences. The main approaches to these problems currently being discussed are three-fold; improving the quality and completeness...



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