

A camel is standing on a sand dune in a desert landscape. The dunes are white and have a rippled texture. The sky is a clear, deep blue. The camel is positioned on the left side of the frame, facing right.

Ravijuhised (sõltumatule) arstile

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SA Põhja-Eesti Regionaalhaigla
Neurokirurgia keskus

Level	Therapy / Prevention, Aetiology / Harm	Prognosis	Diagnosis	Differential diagnosis / symptom prevalence study	Economic and decision analyses
1a	SR (with homogeneity*) of RCTs	SR (with homogeneity*) of inception cohort studies; CDR* validated in different populations	SR (with homogeneity*) of Level 1 diagnostic studies; CDR* with 1b studies from different clinical centres	SR (with homogeneity*) of prospective cohort studies	SR (with homogeneity*) of Level 1 economic studies
1b	Individual RCT (with narrow Confidence Interval*)	Individual inception cohort study with > 80% follow-up; CDR* validated in a single population	Validating** cohort study with good* * * * reference standards; or CDR* tested within one clinical centre	Prospective cohort study with good follow-up****	Analysis based on clinically sensible costs or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
1c	All or none§	All or none case-series	Absolute SpPins and SnNouts* “ “	All or none case-series	Absolute better-value or worse-value analyses* * * * “
2a	SR (with homogeneity*) of	SR (with homogeneity*) of either retrospective	SR (with homogeneity*) of Level >2 diagnostic	SR (with homogeneity*) of 2b	SR (with homogeneity*) of Level >2 economic studies

5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on economic theory or “first principles”
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3a	SR (with homogeneity*) of case-control studies		SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies
3b	Individual Case-Control Study		Non-consecutive study; or without consistently applied reference standards	Non-consecutive cohort study, or very limited population	Analysis based on limited alternatives or costs, poor quality estimates of data, but including sensitivity analyses incorporating clinically sensible variations.
4	Case-series (and poor quality cohort and case-control studies§§)	Case-series (and poor quality prognostic cohort studies***)	Case-control study, poor or non-independent reference standard	Case-series or superseded reference standards	Analysis with no sensitivity analysis
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on physiology, bench research or “first principles”	Expert opinion without explicit critical appraisal, or based on economic theory or “first principles”

Mõisted ja lühendid

Ravijuhendite juhendid

Korduma kippuvad küsimused

Koostööpartnerid

Uudised

Üldinfo

Üldinfo ravijuhendite koostamisest

Ravijuhend on dokument, mis annab soovitusi tervist mõjutavate tegevuste kohta, toetudes sellel ja/või muudest andmetest ja ravimise viiside kohta, samuti või patsientide koolitusstrateegiad vms. Ravijuhendis toodud teave aitab teha val tervist, ravikvaliteeti ning tervishoiuressursside kasutamist.

Kõigis tervishoiu valdkondades on ravijuhendeid koostades vaja arvestada riigi olu koostamisel tuleb arvestada nii kliinilise tõendusmaterjali kui ka kohalike kulude hindamisel on teel rahvusvahelise andmevahetuse.

NB! Ravijuhendi ja õpiku peamine erinevus on, et ravijuhendis keskendutakse ees tegevustele, õpikus aga kirjeldatakse põhjalikult haiguse kõiki aspekte.

Ravijuhendi koostamise protsess peab olema läbipaistev, hoolikalt läbi mõeldud ja huvirühmadega. See protsess ei lõpe ravijuhendi heakskiitmisega. Oluline on koos koostajate ja tegevusala juhtidega, et hinnata seadud eesmärkide saavutamist.

Ravijuhendi koostamise algatus võib tulla ükskõik milliselt organisatsioonilt (nt er Ravijuhendite koostamise algataja esitab Ravijuhendite Nõukojale (Nõukoda) ette käsitusala (scope) kirjelduse. Nõukoda koosneb asjatundjatest, kes valivad algata koostamiseks sobivad ja olulised teemad ning hiljem kinnitavad valminud ravijuh

Ravijuhendi koostamist koordineerib mitme eriala esindajatest koosnev ravijuhend ravijuhendi sekretariaadiga, kes pakub töörühmale sisulist ja administratiivset tu töörühma ja selle juhi. Ravijuhendi sekretariaadi liikmed määratakse koostöös Haigekassaga.

www.ravijuhend.ee

Telli teavitus eelmisel kuul lisatud ning muudetud koolitustest, ravijuhenditest, patsiendijuhenditest siit

Pärast ravijuhendi valmimist on Nõukoja ülesanne ravijuhend koos rakenduskaavaga peab Nõukoda veenduma, et ravijuhendi koostajad on järginud käesolevas käsira

Ravijuhend on dokument, mis annab soovitusi tervist mõjutavate tegevuste kohta

... koostamise protsess peab olema läbipaistev

... koostamist võib rahastada EHK või mõni muu sõltumatu organisatsioon

E	T	K	N	R	L	P
2	3	4	5	6	7	8
9	10	11				
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



- Ravijuhendid on olnud kasutusel kogu meditsiini ajaloo vältel
- Muutunud on nende olemus
 - Soovitused ja kogemused
 - Käsiraamatud
 - Uuringutest saadud infol põhinevad juhised

Evidence Based Medicine

THE ROCK CARLING FELLOWSHIP
1971

**EFFECTIVENESS
AND EFFICIENCY**

RANDOM REFLECTIONS ON
HEALTH SERVICES

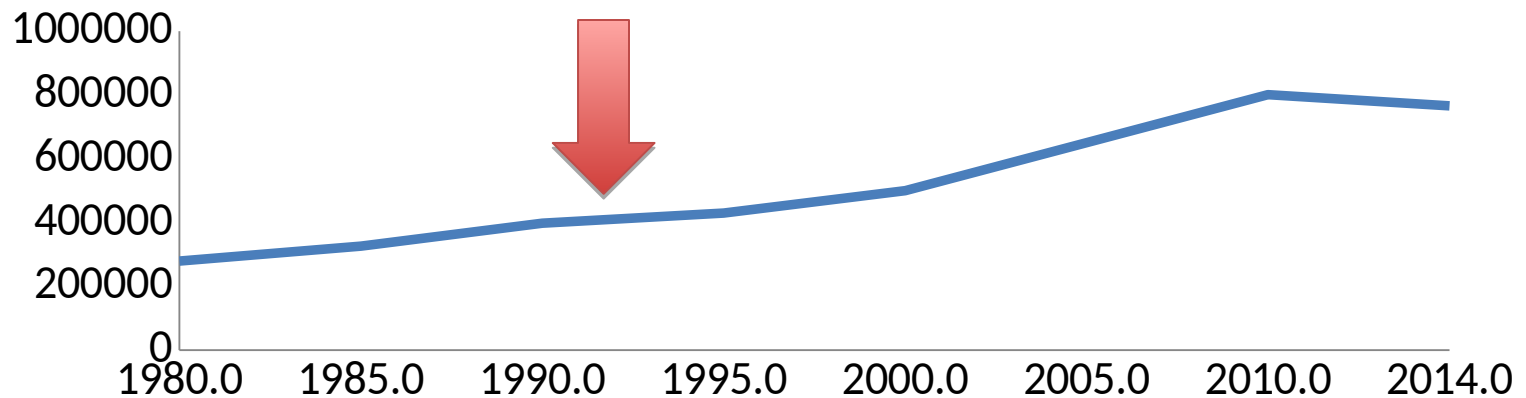
A. L. Cochrane
CBE, FRCP
*Director
MRC Epidemiology Unit
Cardiff*

THE NUFFIELD
PROVINCIAL HOSPITALS TRUST
1972

The report clearly stated its four main concerns: first, there must be good evidence that each test or procedure recommended is medically effective in reducing morbidity or mortality; second, the medical benefit must outweigh the risks; third, the cost of each test or procedure must be reasonable compared with its expected benefits; and finally, the recommended actions must be practical and feasible.

On the other hand, it is discouraging to learn that in many instances the American Cancer Society guidelines are not being followed even though most physicians agree that they are helpful.

- >5600 ajakirja
- >22 000 000 kirje
- Iga päev lisandub kuni 4000 kirjet
 - 2014 kokku 765 850
- 2014 tehti andmebaasi >2,7 miljardit päringut





Kuluefektiivsus

Autonoomia

Parem ravi

Kas kvaliteedi mõõtmine ja ravijuhised parandavad tervishoidu?

47%

Ei, neil on negatiivne mõju tervishoiule

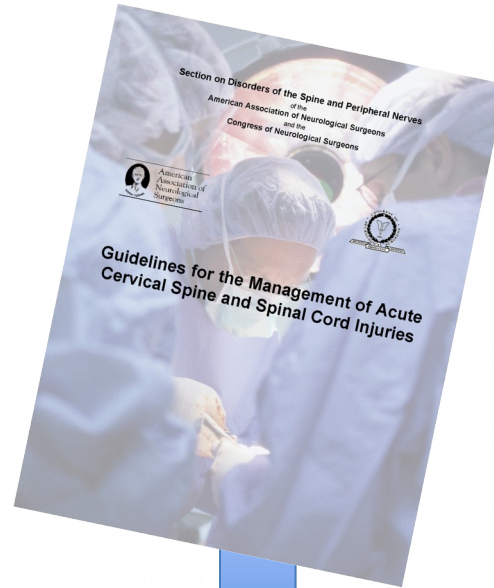
29%

Ei, neil ei ole mõju tervishoiu kvaliteedile

25%

Jah, parandavad tervishoiu kvaliteeti

Raske seljaajuvigastus



**Metüülprednisoloon
30mg/kg esimese 8h jooksul**

Miks hormoonid?

- NASCIS uuringud
 - 1 (1984)
 - MP 100mg vs 1000mg – ei ole erinevust
 - 2 (1990)
 - MP vs naloksoon vs platseebo
 - Funktsiooni paranemine?
 - 3 (1997)
 - MP boolusdoos ja siis MP vs tirilazad
 - Ei ole erinevust

Steroids for acute spinal cord injury

Published:

17 October 2012

Authors:

Bracken MB

Primary Review Group:

Injuries Group

Every year, about 40 million people worldwide suffer a spinal cord injury. Most of them are young men. The results are often devastating. Various drugs have been given to patients in attempts to reduce the extent of permanent paralysis. Steroids have probably been used more for this purpose than any other type of drug. The [review](#) looked for studies that examined the [effectiveness](#) of this treatment in improving movement and reducing the death rate. Nearly all the [research](#), seven trials, has involved just one steroid, methylprednisolone. The results show that treatment with this steroid does improve movement but it must start soon after the injury has happened, within no more than eight hours. It should be continued for 24 to 48 hours. Different dose rates of the drug have been given and the so-called high-dose rate is the most effective. The treatment does not, however, give back the patient a normal amount of movement and more [research](#) is necessary with steroids, possibly combining them with other drugs.



Hormooni kasutamine

- 26% usub, et GKS parandab neuroloogilise taastumise ulatust
- 19,2% kasutab GKS, kuna asutuse juhised nõuavad seda
- 25,6% kasutab GKS õiguslikel põhjustel, kuigi ei usu nende toimesse
- 50% ei kasutaks GKS teadmises, et see ei omaks võimalikke juriidilisi tagajärgi

Kas uuringud, millel juhised põhinevad, on universaalselt usaldatavad?

Impact factor	Artikleid	Viidatud MITTE korrata vaid N=47	Viidatud korrata vaid N=6
>20	21	248 (3-800)	231 (82-519)
5-19	32	169 (6-1909)	13 (3-24)

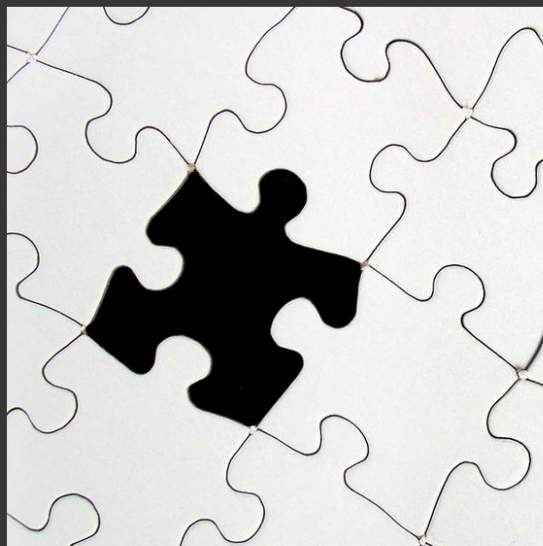
Table of Contents: The Missing Pieces: A Collection of Negative, Null and Inconclusive Results

▶ Cover

Research Article

COVER

Image Credit: Willi Heidelbach, Wikimedia Commons



The publication of negative, null and inconclusive results is important to provide scientists with balanced information and avoid the duplication of efforts testing similar hypotheses, which waste valuable time and research resources in the process.

PLOS ONE considers all work that makes a contribution to the field, independent of impact. This includes negative findings which are valuable to the community in cases where the result is illuminating in the context of previous work.

www.ploscollections.org/missingpieces

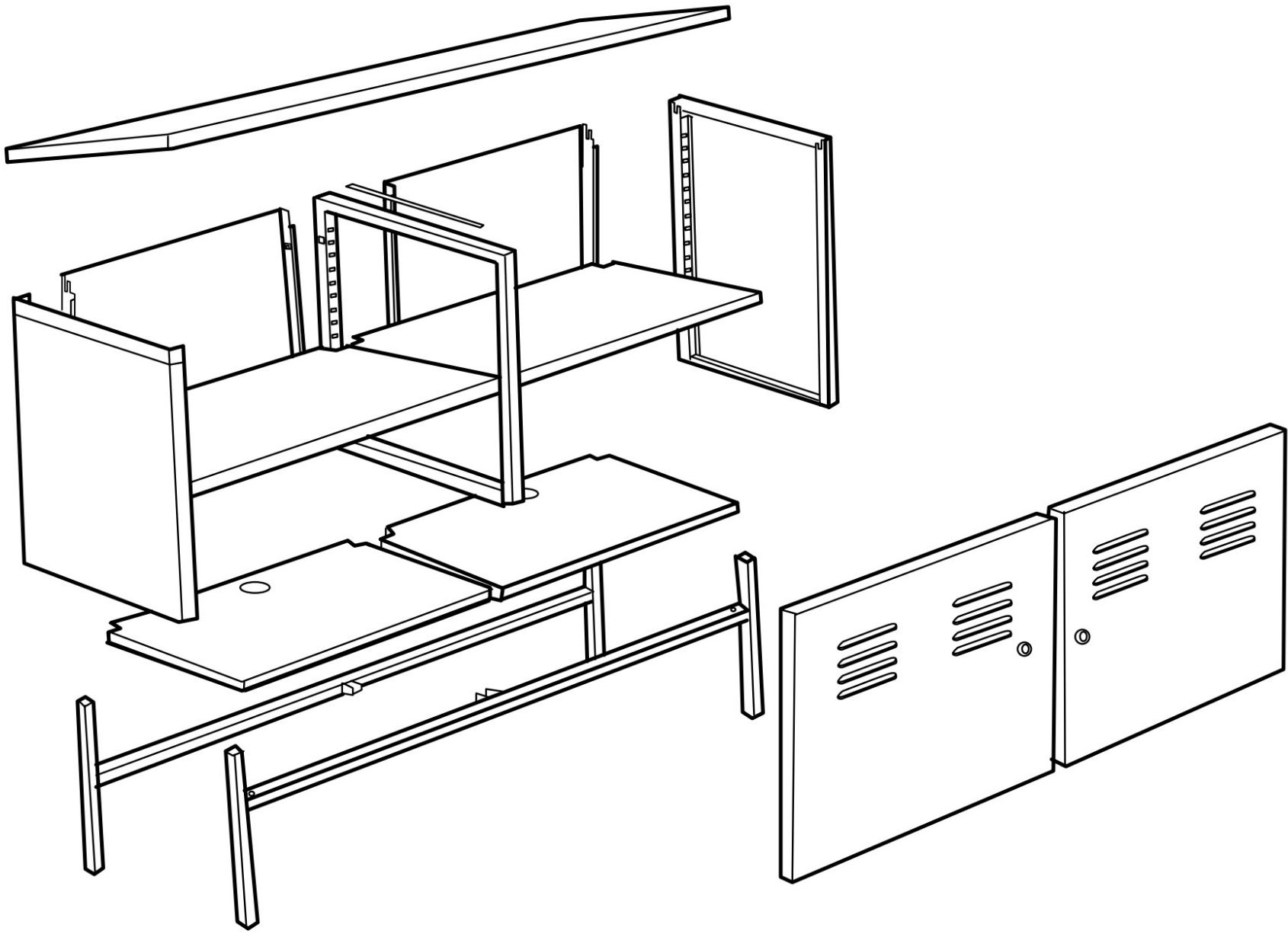


All Trials Registered | All Results Reported









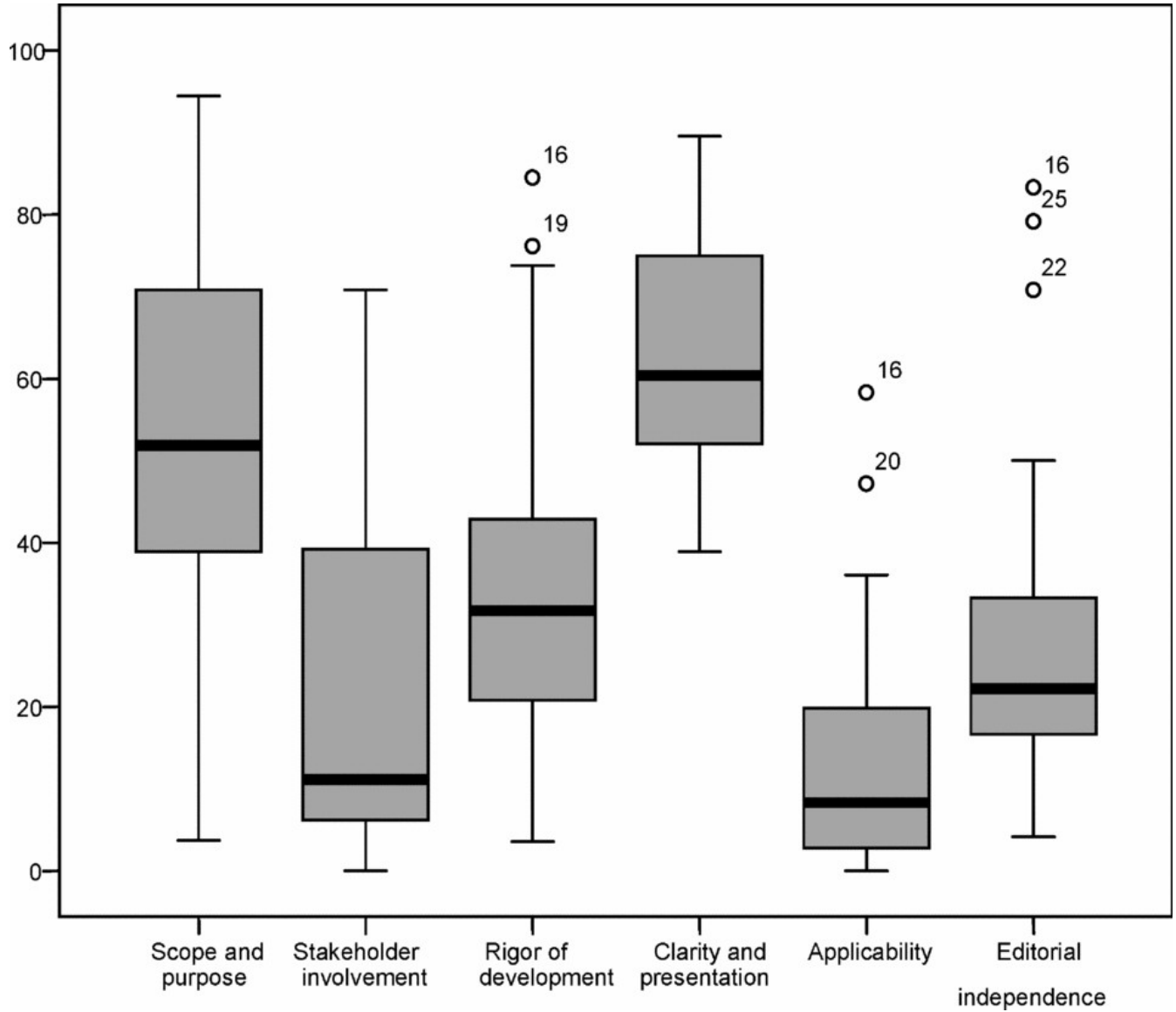


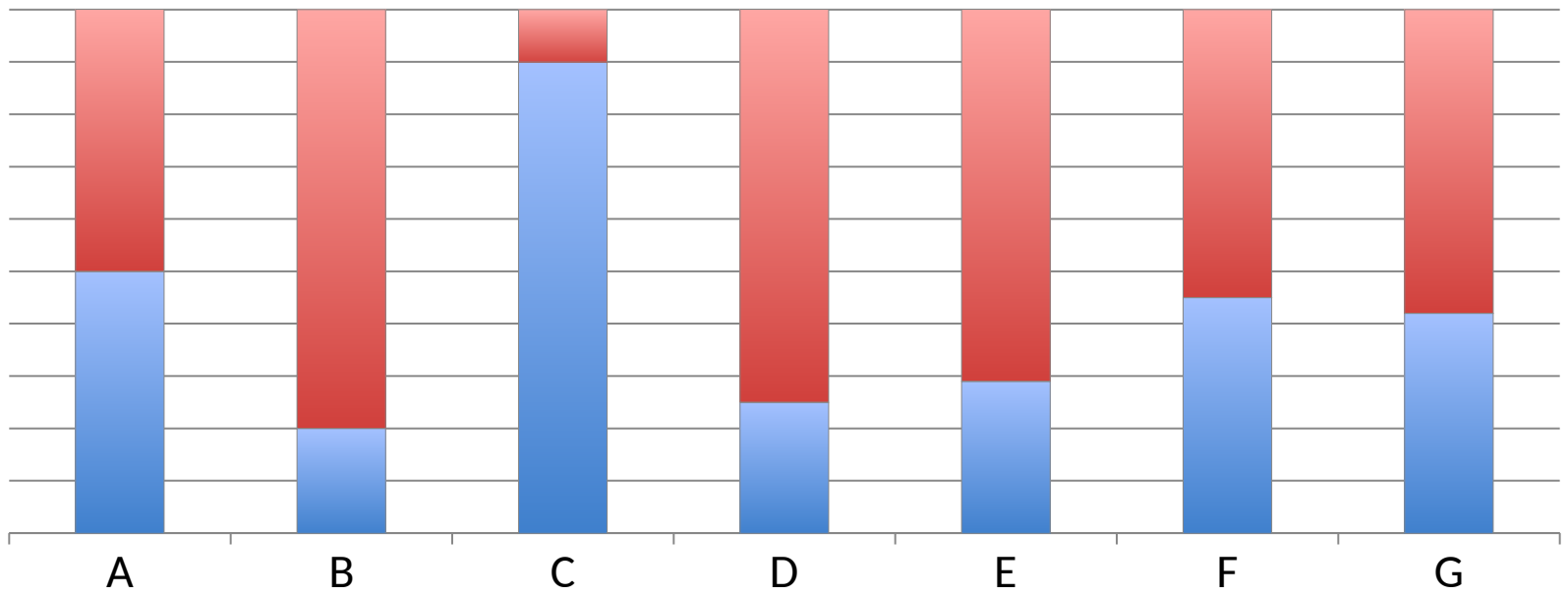
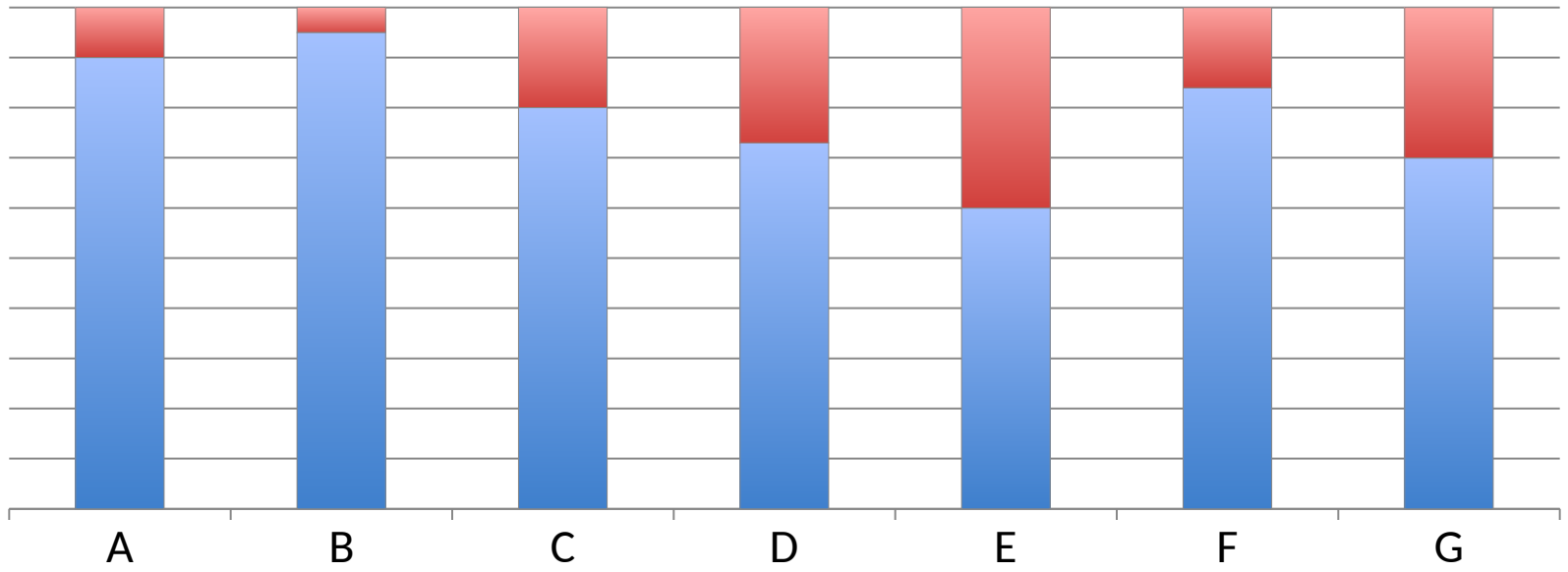
Erisused?

- Ealised äärmused
 - Kliinilistes uuringutes vähe esindatud
 - Miks?

Juhiste kvaliteet

- Ravijuhiste hindamine
 - AGREE instrument
 - AMSTAR instrument
- Juhiste kasutamine kui kvaliteedi indikaator?





Ravijuhis = ravistandard ?

- Kas ravijuhis peaks käsitlema kõiki aspekte?
- Kas kõik soovitused peavad olema tõenduspõhised?
 - Millisel juhul võiks kasutada soovitusi, mis põhinevad kogemustel?

Hazardous Journeys

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

BMJ 2003 ; 327 doi: <http://dx.doi.org/10.1136/bmj.327.7429.1459> (Published 18 December 2003)

Cite this as: *BMJ* 2003;327:1459

Individuals who insist that all interventions need to be validated by a randomised controlled trial need to come down to earth with a bump

Evidence-Based Assessment of Well-Established Interventions: The Parachute and the Epidural Hematoma

The report clearly stated its four main concerns: first, there must be good evidence that each test or procedure recommended is medically effective in reducing morbidity or mortality; second, the medical benefit must outweigh the risks; third, the cost of each test or procedure must be reasonable compared with its expected benefits; and finally, the recommended actions must be practical and feasible.

TABLE 4. Treatment Effect for Parachutes and Epidural Hematoma Evacuation^a

	Parachute	Epidural Hematoma (for 1988)
Mortality without intervention	74% (69-79)	98.5% (95.1-99.9)
Mortality with intervention	0% (0.0011-0.0017)	12.9% (10.5-15.3)
ARR (absolute risk reduction) ^b	74% (69-79)	85.6% (81.8-88.5)
RRR (relative risk reduction) ^c	99.99%	86.9%
NNT (number needed to treat) ^d	1.35 (1.27-1.45)	1.17 (1.13-1.22)



Ja veel palju küsimusi...

- Ravijuhised on kättesaadavad kõigile
 - Patsiendid, juristid, ajakirjanikud...
- Teiste riikide juhiste ülekandmine
 - Erinevad võimalused, traditsioonid...
- Ravijuhiste osa õppeprotsessis
 - Võimalik liigne sõltumine juhistest?
- Jne...

Kokkuvõtteks

- Ravijuhised on head abivahendid juhul, kui vastavad koostamisele seatud kriteeriumitele
- Antud soovitusi tuleks hinnata kriitiliselt ja sobitada konteksti

It is astonishing with how little reading a doctor can practise medicine, but it is not astonishing how badly he may do it. Not three months ago a physician living within an hour's ride of the Surgeon-General's Library brought to me his little girl, aged twelve. The diagnosis of infantile myxoedema required only a half glance. In placid contentment he had been practising twenty years in 'Sleepy Hollow,' and not even when his own flesh and blood was touched did he rouse from an apathy deep as Rip Van Winkle's sleep. In reply to questions: No, he had never seen anything in the journals about the thyroid gland; he had seen no pictures of cretinism or myxoedema; in fact his mind was a blank on the whole subject. He had not been a reader, he said, but he was a practical man with very little time.

KOFFIN

Assembly Instructions

