

Se servir des meilleures données scientifiques pour des décisions éclairées en matière de santé

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Cochrane Croatie

Conférence européenne de la FECRIS
Le 25 mars 2023

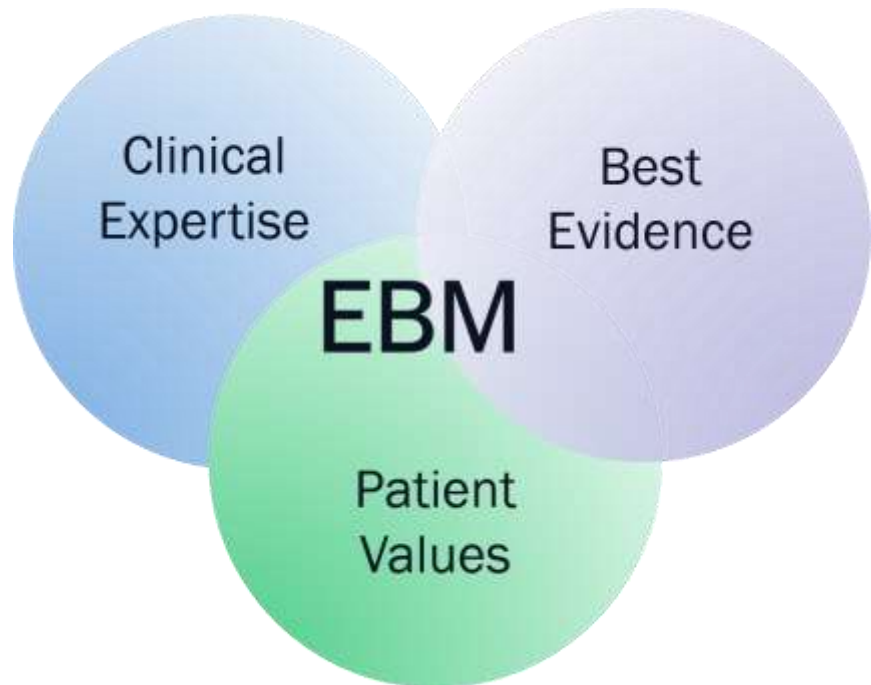
Qu'est-ce que la médecine fondée sur des données probantes ?

« La médecine fondée sur des données probantes est l'intégration des meilleures données de la recherche avec l'expertise clinique et les valeurs du patient »

Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS: Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71-2.



Triade de la médecine fondée sur des données probantes



Mais quelles sont les meilleures données probantes ?

- En médecine, toutes les données probantes ne se valent pas
- Hiérarchie des preuves – pyramide qui indique les données auxquelles nous pouvons accorder le plus de confiance
- Quelles sont celles à rechercher en premier lieu
- Plus haut dans la hiérarchie – moins de biais

LEVEL OF EVIDENCE PYRAMID

Enter your sub headline here

Sources: University Libraries



Données issues de la recherche

- La clé pour rechercher les meilleures données
- Consiste à se mettre en quête de données - càd des études qui ont été menées et (idéalement) publiées
- Mais toutes les études ne se valent pas
- Dans la quête de données de recherche, il faut
 - d'abord trouver les études (savoir où chercher)
 - Mais aussi avoir l'esprit critique
 - Pour évaluer leur rigueur et savoir si nous pouvons nous fier à l'étude

Le message le plus important : toutes les données probantes ne se valent pas

- Se méfier des données anecdotiques
 - Quelqu'un a une histoire intéressante ? Ce n'est peut-être qu'une histoire
- Rapports de cas individuels dans la littérature
 - Un cas ou plusieurs ? Pas forcément généralisable
- Avis d'expert ?
 - Les gens sont très subjectifs
 - Biais de confirmation – on recherche la confirmation de ce qu'on croit

Exemple typique de « preuve anecdotique »

- Photos de perte de poids : avant et après
- Une foule de photos de ce type dans les publicités
 - Malgré les solutions miracles proposées, l'humanité prend de plus en plus de poids

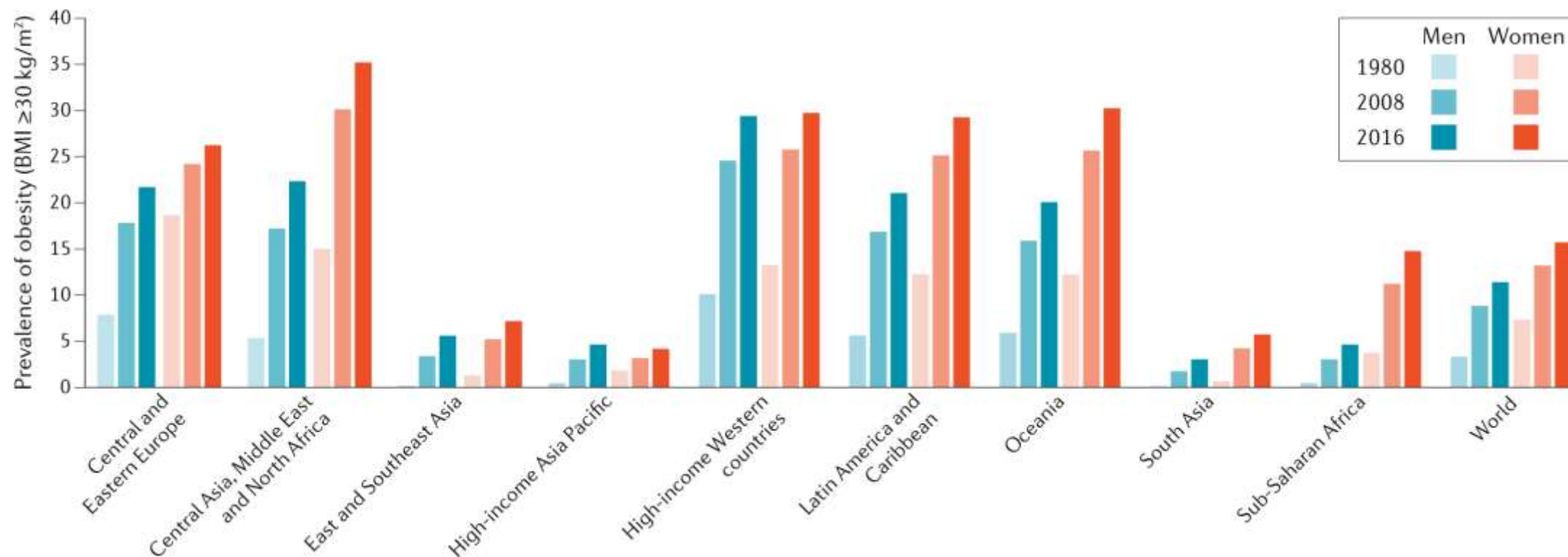


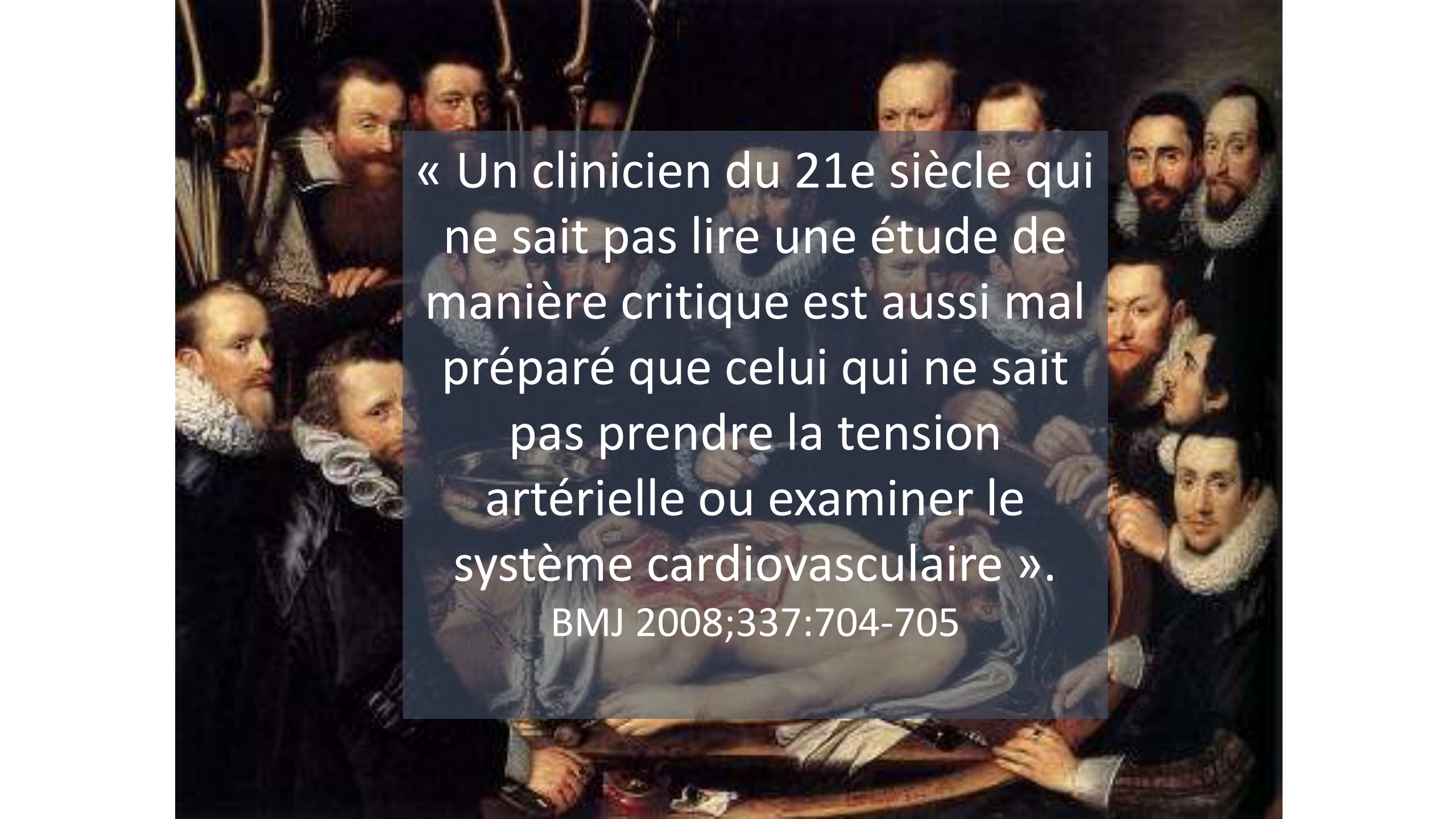
BEFORE



AFTER

Prévalence mondiale de l'obésité



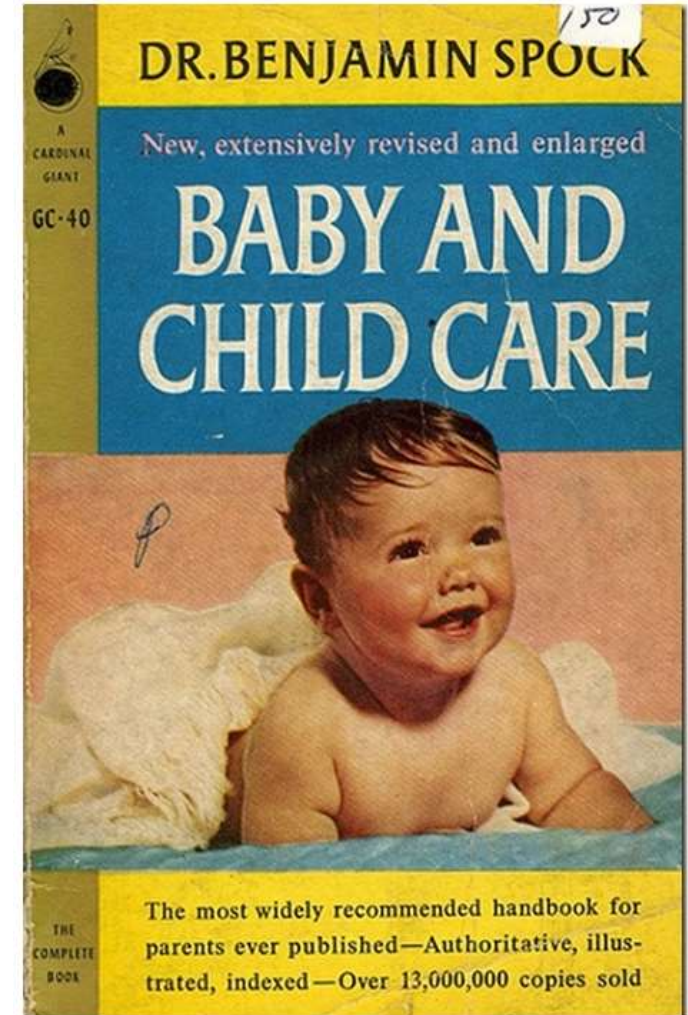
An anatomical engraving depicting a dissection of a human body. The body is lying on a table, and several figures are gathered around it, some holding instruments. The scene is crowded with many people, some looking on with interest, others appearing to be part of the dissection. The style is characteristic of 17th or 18th-century medical illustrations.

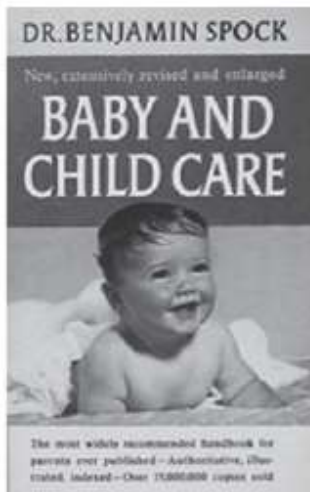
« Un clinicien du 21e siècle qui ne sait pas lire une étude de manière critique est aussi mal préparé que celui qui ne sait pas prendre la tension artérielle ou examiner le système cardiovasculaire ».

BMJ 2008;337:704-705

Les avis peuvent aussi être mortifères

- Dr. Benjamin Spock: Comment soigner et éduquer son enfant
- 1946-
- Décrit un temps comme : « Le livre le plus populaire après la Bible »
- Conseils pour le sommeil : le visage vers le bas (sur le ventre ; position couchée)
- Mais nous savons maintenant que cette pratique – qui n'a jamais fait l'objet d'une évaluation rigoureuse – a entraîné des dizaines de milliers de morts subites du nourrisson qui auraient pu être évitées
- SMSN : syndrome de la mort subite du nourrisson
- Campagne de santé publique « Back to sleep » (« retourner dormir »).

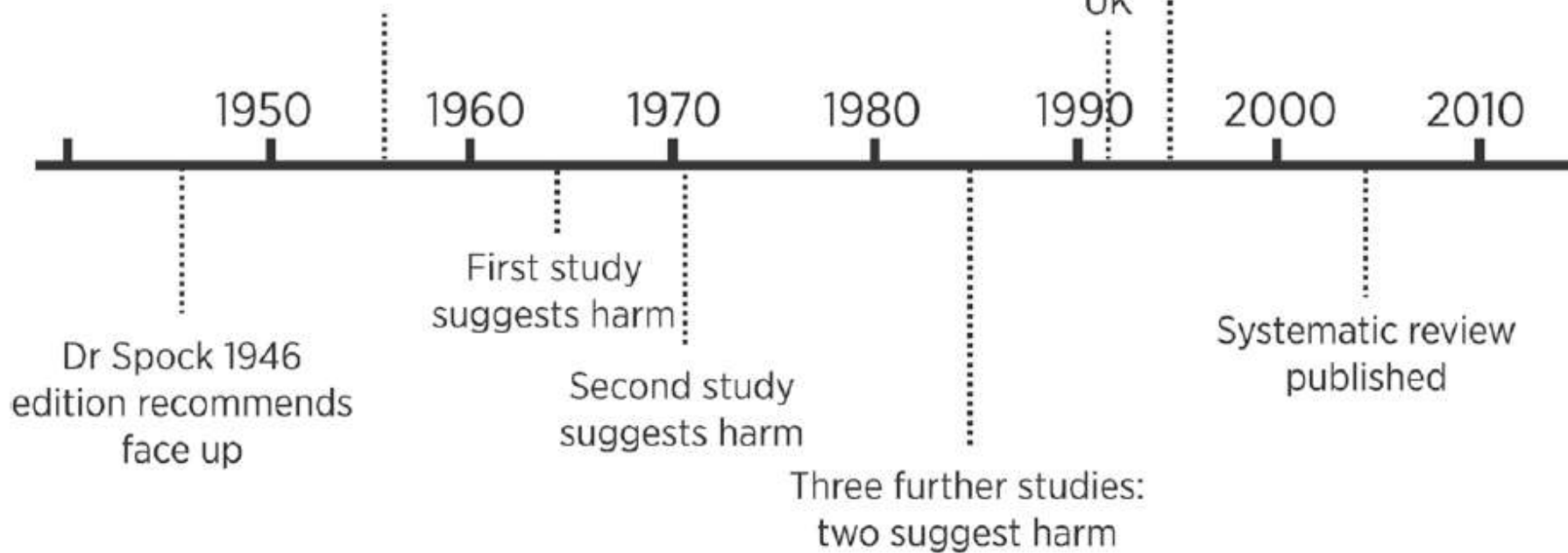




Dr Spock 1956 edition
switches recommendation
to face down

Back to Sleep
campaigns
USA

UK



Infant sleeping position and the sudden infant death syndrome: systematic review of observational studies and historical review of recommendations from 1940 to 2002.

[Gilbert R](#)¹, [Salanti G](#), [Harden M](#), [See S](#).

⊕ Author information

Abstract

BACKGROUND: Before the early 1990s, parents were advised to place infants to sleep on their front contrary to evidence from clinical research.

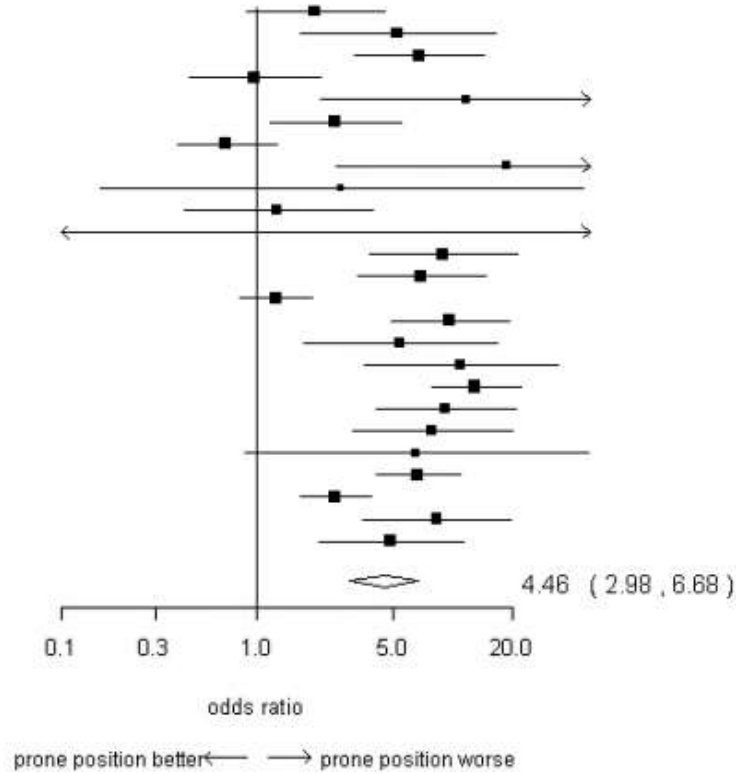
METHODS: We systematically reviewed associations between infant sleeping positions and sudden infant death syndrome (SIDS), explored sources of heterogeneity, and compared findings with published recommendations.

RESULTS: By 1970, there was a statistically significantly increased risk of SIDS for front sleeping compared with back (pooled odds ratio (OR) 2.93; 95% confidence interval (CI) 1.15, 7.47), and by 1986, for front compared with other positions (five studies, pooled OR 3.00; 1.69-5.31). The OR for front vs the back position was reduced as the prevalence of the front position in controls increased. The pooled OR for studies conducted before advice changed to avoid front sleeping was 2.95 (95% CI 1.69-5.15), and after was 6.91 (4.63-10.32). Sleeping on the front was recommended in books between 1943 and 1988 based on extrapolation from untested theory.

CONCLUSIONS: Advice to put infants to sleep on the front for nearly a half century was contrary to evidence available from 1970 that this was likely to be harmful. Systematic review of preventable risk factors for SIDS from 1970 would have led to earlier recognition of the risks of sleeping on the front and might have prevented over 10 000 infant deaths in the UK and at least 50 000 in Europe, the USA, and Australasia. Attenuation of the observed harm with increased adoption of the front position probably reflects a "healthy adopter" phenomenon in that families at low risk of SIDS were more likely to adhere to prevailing health advice. This phenomenon is likely to be a general problem in the use of observational studies for assessing the safety of health promotion.

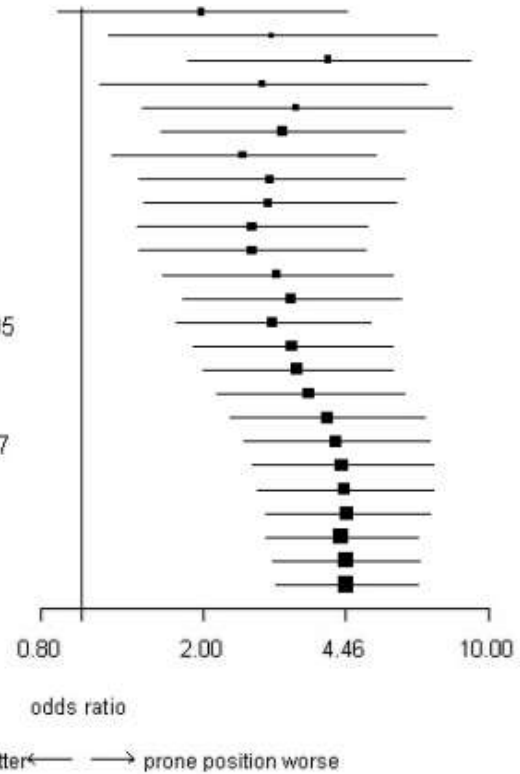
(a) Study

Carpenter 1965
Frogatt 1970
Beal 1 1986
Tonkin 1 1986
Lee 1988
McGlashan 1989
Tonkin 2 1989
Fleming 1 1990
Dwyer 1 1991
Engelberts 1991
Ponsonby 1993
Gormally 1994
Jorch 1994
Klonoff-cohen 1995
Fleming 2 1996
Brooke 1997
Mitchell 3 1997
Oyen 1997
Schellscheidt 1997
L'Hoir 1998
Dwyer 1999
Mitchell 2 1999
Hauck 2002
McGarvey 2003
Carpenter 2004



(b) Study

Carpenter 1965
Frogatt 1970
Beal 1 1986
Tonkin 1 1986
Lee 1988
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Tonkin 2 1989
Fleming 1 1990
Dwyer 1 1991
Engelberts 1991
Ponsonby 1993
Gormally 1994
Jorch 1994
Klonoff-cohen 1995
Fleming 2 1996
Brooke 1997
Mitchell 3 1997
Oyen 1997
Schellscheidt 1997
L'Hoir 1998
Dwyer 1999
Mitchell 2 1999
Hauck 2002
McGarvey 2003
Carpenter 2004



- En 1970, il y a suffisamment de preuves que la position conseillée est plus à risque

Il faut une synthèse des données – les meilleures données

- Synthèses des données – résumés des connaissances existantes
- Désormais considérées comme les meilleures données pour la prise de décision
- **Revue systématique – au sommet de la hiérarchie des preuves**
- Type de recherche (conception de l'étude) qui recense et évalue rigoureusement toutes les preuves disponibles (systématique) sur une question clinique donnée

Steps in a systematic review



Revue Cochrane

- Cochrane : organisation mondiale, dont la vocation est d'améliorer les décisions en matière de soins de santé
- Objectif n° 1 : Produire des preuves fiables
 - Plus de 7 500 revues systématiques ont été publiées dans la bibliothèque Cochrane
- Objectif n° 2 : Plaider en faveur des données probantes
- Objectif n° 3 : Éclairer les décisions en matière de santé et de soins



Trusted evidence.
Informed decisions.
Better health.

Bibliothèque Cochrane

The screenshot shows the Cochrane Library website homepage. At the top left is the Cochrane Library logo with the tagline "Trusted evidence. Informed decisions. Better health." To the right of the logo is a search bar with a dropdown menu showing "Title Abstract Keyword" and a search icon. Below the search bar are buttons for "Browse" and "Advanced search". A navigation bar below the search bar contains links for "Cochrane Reviews", "Trials", "Clinical Answers", "About", "Help", and "About Cochrane". The main content area features a large banner for "Vitamin D for the management of asthma" with a "Read the Review" link. To the right of this banner are two smaller promotional tiles: "SCS for low back pain" and "Looking back, looking forward" (celebrating 30 years of evidence). Below the main banner is a section for "Highlighted Reviews" with three tabs: "Highlighted Reviews", "Editorials", and "Special Collections". Under "Highlighted Reviews", three items are listed: "Trunk training following stroke", "Splinting for carpal tunnel syndrome", and "Prognostic factors for the development and progression of proliferative diabetic retinopathy in people with diabetic retinopathy". To the right of this list is a tile for "Allmetrics for Cochrane Reviews" with a "See trending Reviews from the past week" link.

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Read the Review

SCS for low back pain
Read the Review

30
Cochrane
30 years of evidence

Looking back, looking forward
Read the Editorial

Highlighted Reviews Editorials Special Collections

Trunk training following stroke
Liselot Thijs, Eline Voets, Stijn Denissen, Jan Mehrholz, Bernhard Elsner, Robin Lemmens, Geert SAF Verheyden
2 March 2023

Splinting for carpal tunnel syndrome
Teemu V Karjalainen, Vieda Lusa, Matthew J Page, Denise O'Connor, Nicola Massy-Westropp, Susan E Peters
27 February 2023

Prognostic factors for the development and progression of proliferative diabetic retinopathy in people with diabetic retinopathy

Allmetrics for Cochrane Reviews
See trending Reviews from the past week

Résumés en langage simplifié des revues Cochrane

- Chaque revue Cochrane est accompagnée d'un résumé scientifique et d'un résumé en langage simplifié
- Le message principal de la revue est rendu dans un langage simple
- Les résumés en langage simplifié sont traduits en 15 langues
- Destiné aux consommateurs, c'est-à-dire aux patients

- [Croatian](#)
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- [German](#)
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- [Tamil](#)
- [Thai](#)
- [Traditional Chinese](#)

Homeopathic medicinal products for preventing and treating acute respiratory tract infections in children

Kate Hawke, ✉ David King, Mieke L van Driel, Treasure M McGuire [Authors' declarations of interest](#)

Version published: 13 December 2022 [Version history](#)

<https://doi.org/10.1002/14651858.CD005974.pub6> [↗](#)

Main results

In the treatment or prevention of ARTIs in children, homeopathic medicines showed little or no beneficial effects, whether individualised by a trained homeopath or a standard commercially available homeopathic therapy (11 studies, 1813 children).

Where results could be combined, there was little or no difference between groups for short-term cure (2 studies, 155 participants) or long-term cure (2 studies, 155 participants), but the evidence is very uncertain. There may be little or no difference between groups for prevention of ARTI (3 studies, 735 participants).

There was no important difference between homeopathy and placebo groups for parents' time off work, antibiotic use, or adverse events. We are unsure about the safety of homeopathic medicines because data on adverse events were poorly reported. Overall, the findings of this review do not support the use of homeopathic medicinal products for ARTIs in children.

What are the limitations of the evidence?

We have little confidence in the evidence because the studies involved only small numbers of children, used different types of homeopathic medicines for various ARTIs, contained numerous biases, and failed to report information about important outcomes. Further research could provide results that differ from the results of this review.

How up-to-date is this evidence?

The evidence is current to 16 March 2022.

Omega-3 fatty acids for depression in adults

✉ Katherine M Appleton, Philip D Voyias, Hannah M Sallis, Sarah Dawson, Andrew R Ness, Rachel Churchill, Rachel Perry

Authors' declarations of interest

Version published: 24 November 2021 [Version history](#)

<https://doi.org/10.1002/14651858.CD004692.pub5> [↗](#)

Which studies were included in the review?

This review is an update of earlier work (Appleton 2015), using the same methods. We searched scientific databases for all randomised controlled trials in adults with MDD, where individuals received either n-3PUFAs or an alternative, that were completed up to January 2021.

We have included 35 relevant studies: 34 of them involving 1924 people compared the effects of n-3PUFAs with those of placebo, and one study involving 40 people compared the effects of n-3PUFAs with those of antidepressants. All studies were of direct relevance to our review, but we considered the certainty of the evidence to be low to very low.

What does the evidence from the review tell us?

At present, we do not have enough high quality evidence to determine the effects of n-3PUFAs as a treatment for MDD. We found a small-to-modest positive effect of n-3PUFAs compared to placebo, but the size of this effect is unlikely to be meaningful to people with MDD, and we considered the evidence to be of low or very low certainty, with many differences between studies. There was also insufficient high quality evidence to determine the effects of n-3PUFAs on negative side effects or numbers not completing studies.

Cannabinoids for the treatment of dementia

Dina Bosnjak Kuharic, Domagoj Markovic, Tonci Brkovic, Milka Jeric Kegalj, Zana Rubic, Ana Vuica Vukasovic, Ana Jeroncic,

✉ [Livia Puljak](#) Authors' declarations of interest

Version published: 17 September 2021 [Version history](#)

<https://doi.org/10.1002/14651858.CD012820.pub2> [↗](#)

Our conclusions

Based on data from four small trials of short duration, it is uncertain whether cannabinoids have any beneficial or harmful effects on dementia, compared to placebo. Even if the benefit reported in these studies is real, the effect was modest and may not be important to people living with dementia. Furthermore, available studies were very short, with efficacy examined over 3 to 14 weeks, and one study did not report its methods and results completely. A large, well-conducted study is needed to understand better if cannabinoids are a useful treatment for people living with dementia.

Le principal message à retenir

- Il y a beaucoup de charlatans et d'escrocs
 - Des personnes qui veulent uniquement exploiter le désespoir d'autrui pour leur gain personnel
 - La médecine occidentale n'a pas de réponse à toutes les questions
 - On vit plus longtemps et mieux, avec des maladies chroniques, on veut des solutions (et rapidement)
 - Ces patients sont une **proie facile pour les escrocs**
- Lorsque nous voulons prendre des décisions en matière de santé
- Nous devrions prendre appui sur des données de recherche de haute qualité – des études qui se situent de préférence en haut dans la hiérarchie des données
- Toujours se tourner en premier lieu vers les revues systématiques – une synthèse rigoureuse des preuves
 - Ne vous fiez pas aux bonnes histoires – demandez des preuves

Merci

