Comment

The paucity of information yielded by the electronic searches is disappointing. The lack of authoritative, up to date, immunisation guidelines was surprising. None of the possibly relevant papers could be accessed in full-text format. The limited evidence that was found needs to be interpreted with caution. Ideally, when assessing individual studies one should obtain the full texts of the papers to critically appraise their methods so that one can judge the validity of the studies and the applicability of the results to one's patients. At present only a few journals (such as *Australian Prescriber*) allow electronic access to their full text without prior subscription. In most instances clinicians are unable to access the papers they need to appraise.

The electronic searches conducted independently by the doctor and by the experienced medical librarian found different information. Each search took approximately 35 minutes. If critical appraisal of the full text of the articles had been possible, it would have added even more time to the process required for the practice of evidence-based medicine.

Conclusion

The road to evidence-based medicine is long, and we are but part way along it. Nonetheless, in the same way that modern transport has shrunk physical distances, it seems likely that information technology will continue to make accessible health-related information that previously was not accessible.

What are practitioners to do? To stretch the analogy further still, intrepid explorers will continue to take paths into the unknown and will through their trailblazing make information more accessible to the less adventurous. The intrepid explorers may be members of the Cochrane Collaboration or members of special societies or other organisations that take it upon themselves to produce evidence-based practice guidelines. Some individual clinicians who make the extraordinary effort of seeking out the best available evidence when they need it might also be among these explorers. Economic and other pressures dictate that not everyone can be an explorer. For the moment, in many areas there is no evidence and if there is, many doctors do not have the skills or time to find and appraise it.

Postscript

The doctor contacted an expert by e-mail for advice, and received the following reply.

'In previous years the flu vaccine has not been recommended for pregnant women. This year, the NHMRC has recommended it for all pregnant women. The reason for the change was the result of a case where a pregnant woman got influenza and actually ended up dying from it; the vaccine would have prevented her death. There is no evidence that the vaccine does any harm to the mother or the baby.' (Personal communication, Associate Professor Philip Hegarty, Faculty of Health and Behavioural Sciences, Deakin University, 2000)

The Consumer Medicine Information 2001 now recommends influenza vaccination for pregnant women who are in an at-risk group.

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REFERENCE

1. National Health and Medical Research Council. A guide to the development, implementation and evaluation of clinical practice guidelines. Canberra: Commonwealth of Australia; 1999. http://www.nhmrc.health.gov.au/publicat/cp-home.htm

For detailed search results, click here.

Self-test questions

The following statements are either true or false (answers on page 131)

5. The Medline database contains the full text of all the journals it includes.
6. The highest level of evidence, according to the National Health and Medical Research Council, is a randomised-controlled trial.

Your questions to the PBAC

Availability of methylphenidate

What is the Pharmaceutical Benefits Advisory Committee's justification for not including methylphenidate on the Pharmaceutical Benefits Scheme for attention deficit hyperactivity disorder, while allowing dexamphetamine?

G. Shakkal
By e-mail

PBAC response:

The Pharmaceutical Benefits Advisory Committee (PBAC) has considered whether methylphenidate 10 mg tablet should be recommended for listing for the treatment of attention deficit hyperactivity disorder. Data submitted by the manufacturer indicated that although this drug may be superior to dexamphetamine in some patients, the reverse is true in others, i.e. there is no difference in overall effectiveness between the two drugs. As a consequence, the PBAC recommended that methylphenidate be listed at a price equivalent to that currently applying to the listing of dexamphetamine. However, implementation of a recommendation depends on the negotiation, between the Government and the manufacturer, of a mutually acceptable price for the product. In the case of methylphenidate the negotiations have not been successful.

The *National Health Act 1953* under which the PBAC operates does not provide for merit appeals against the recommendations of the Committee. Rather, the applicant may address the issues by re-submission to the PBAC. A re-submission may include new data, new circumstances, new argument and new approaches to provide a basis for any change in the Committee's earlier decision.