

CANADIAN
TASK FORCE ON
PREVENTIVE HEALTH CARE



GROUPE
D'ÉTUDE CANADIEN SUR
LES SOINS DE SANTÉ PRÉVENTIFS



THE CANADIAN COCHRANE
NETWORK AND CENTRE



Guide de pratique, méta-analyse, revue de littérature, recommandations de groupe d'experts : du pareil au même ?

Yv Bonnier Viger

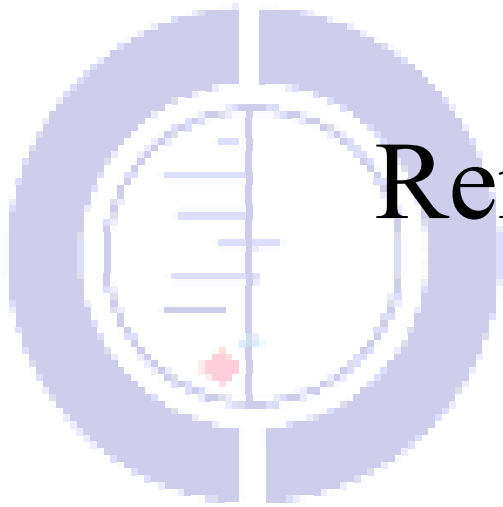
Direction de santé publique de la Gaspésie et des Îles-de-la-Madeleine

Journées annuelles de santé publique 2002

La prévention et le clinicien

Québec, 19 novembre 2002

www.inspq.qc.ca/jasp

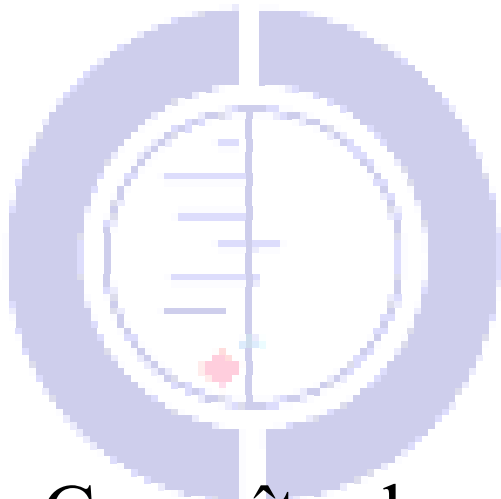


Remerciements



Christian Bernier
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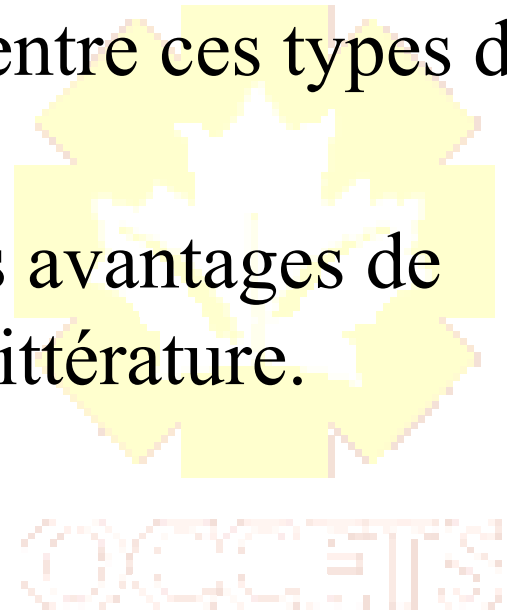


Objectifs



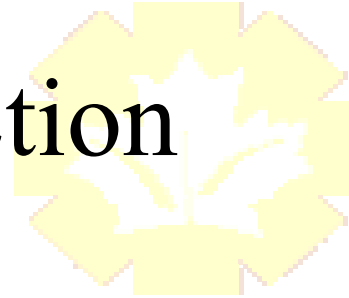
Connaître les différences entre ces types de littérature

Connaître les limites et les avantages de chacun de ces types de littérature.





Introduction



Plan de la présentation

Introduction

L'univers

Caractéristiques comparées

Quelques exemples

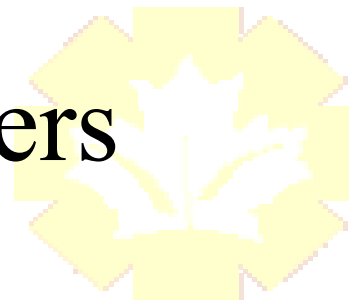
Conclusion



Outils pour les professionnels de la santé



L'univers



Outils pour les patientes et les patients



Caractéristiques comparées

	Spécificité	Limites	Avantages
Guides de pratique			
Méta-analyses			
Revue de littérature			
Recommandations de groupes d'experts			



Caractéristiques comparées

Guides de pratique

Spécificité

Norme fondée sur des données probantes

Limites

Absence de données probantes dans certains domaines

Nécessité de mises à jour fréquentes

Avantages

Matière digérée prête à l'utilisation



Caractéristiques comparées

Méta-analyses

Spécificité

Réanalyse d'un amalgame de données disponibles dans des études

Limites

Une trop grande hétérogénéité peut invalider une méta-analyse

Avantages

L'augmentation de puissance des études regroupées permet de tirer des conclusions.



Caractéristiques comparées

Revue de littérature

Spécificité

le point des connaissances acquises sur un sujet à un moment donné dans le temps

Limites

différence entre ce que qu'on sait et ce qui est publié sur un sujet

biais de publication

Avantages

permet de ne pas réinventer la roue



Caractéristiques comparées

Recommandations de groupes d'experts

Spécificité

Norme proposée appuyée sur l'opinion d'experts dans le domaine

Limites

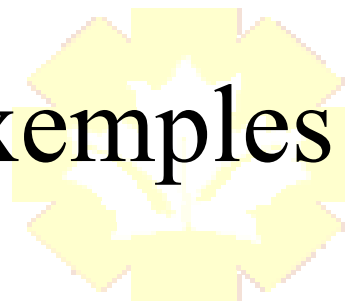
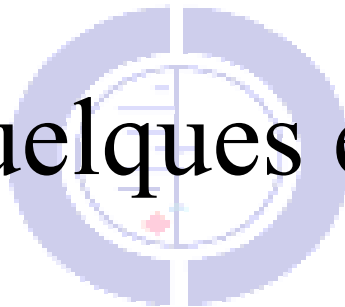
Confiance que l'on fait à une personne

Avantages

Façon rapide et économique de confronter son jugement.



Quelques exemples

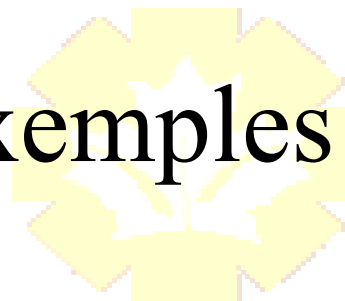
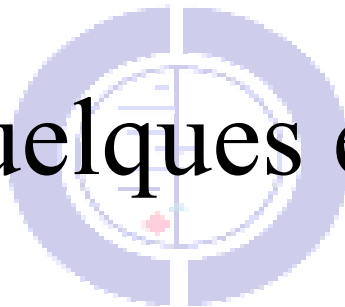


«tabac et conseil»

«tobacco and counselling»



Quelques exemples



Agency for Healthcare Research and Quality - Preventive Services (USPSTF & PPIP)

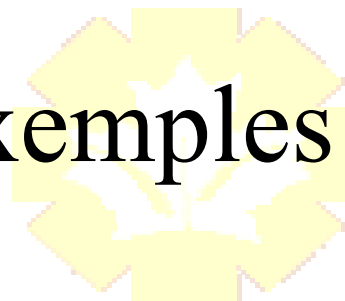
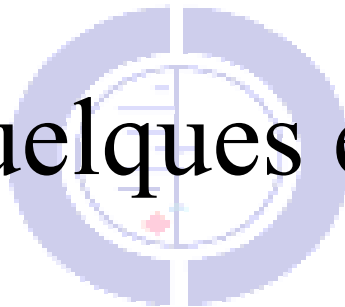
www.ahrq.gov/clinic/prevenix.htm

Rien de disponible à ce sujet via le moteur de recherche.

Bon on passe au suivant



Quelques exemples



Agency for Healthcare Research and Quality - Clinical Practice Guidelines

www.ahrq.gov/clinic/cpgsix.htm

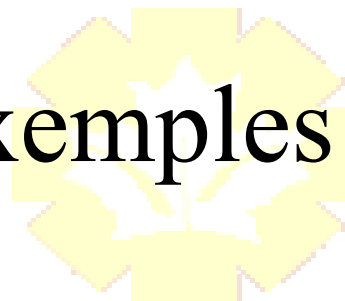
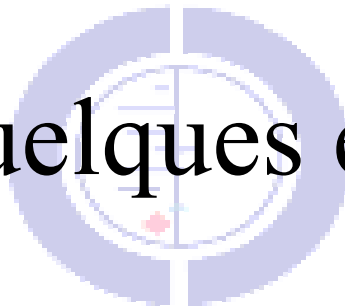
lien qui semble nous mener vers la réponse :

Tobacco Cessation

[U.S. Public Health Service Guideline](#)



Quelques exemples



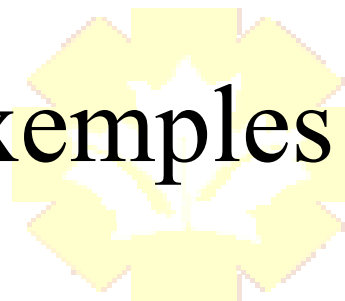
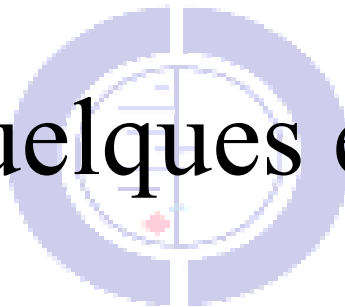
These six strategies are recommended in the PHS guideline,
Treating Tobacco Use and Dependence:

- Every clinic should implement a tobacco-user identification system.
- All health care systems should provide education, resources, and feedback to promote provider interventions.
- Clinical sites should dedicate staff to provide tobacco dependence treatment and assess the delivery of this treatment in staff performance evaluations.
- Hospitals should promote policies that support and provide tobacco dependence services.

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Quelques exemples



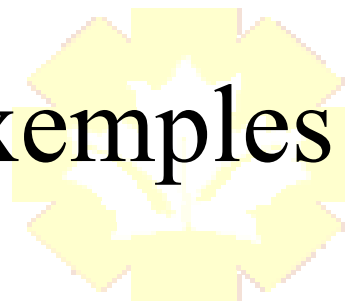
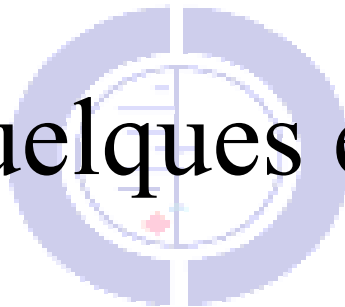
Alberta Clinical Practice Guidelines Program (Alberta Medical Association)

www.albertadoctors.org/resources/guidelines.html

L'outil de recherche nous ramène plusieurs articles écrits dans le bulletin de l'AMA. On y trouve entre autres...



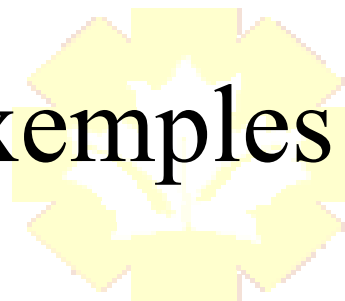
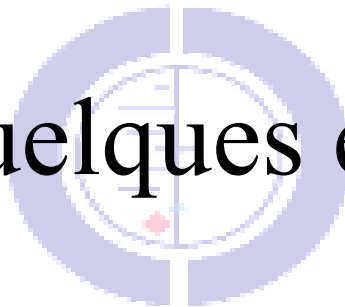
Quelques exemples



Studies have shown that, on an individual basis, systematic, brief clinical intervention* in tobacco use by physicians is a proven approach to lowering the prevalence of smoking.1 Randomized controlled trials have show that, among smokers who are subject to brief intervention by their physicians, the smoking cessation rate doubles from 6% to 12% each year.2 Clinical intervention in tobacco use is supported by the highest level of evidence, but systematic clinical intervention in tobacco use does not appear to be widely conducted by physicians.3



Quelques exemples



Canadian Task Force on Preventive Health Care

www.ctfphc.org

There is good evidence to support smoking cessation counselling by physicians for all patients who smoke [[A](#), [I](#)].

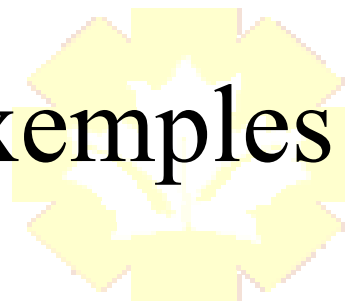
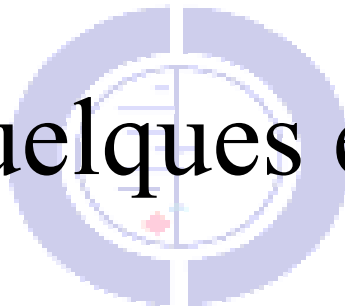
Nicotine replacement therapy may be offered as an adjunct [[A](#), [I](#)].

There is fair evidence to support referral to validated smoking cessation programs after cessation counselling [[B](#), [I](#)].

There is fair evidence to support counselling of children and adolescents to prevent smoking initiation [[B](#), [I](#), [III](#)].



Quelques exemples



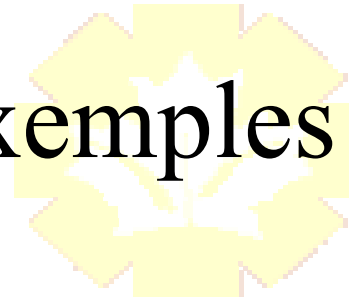
Centers for Disease Control Recommends (Prevention Guidelines System)

www.phppo.cdc.gov/cdcRecommends/AdvSearchV.asp

Effective treatments for tobacco dependence now exist, and every patient should receive at least minimal treatment every time he or she visits a clinician. The first step in this process—identification and assessment of tobacco use status—separates patients into three treatment categories:



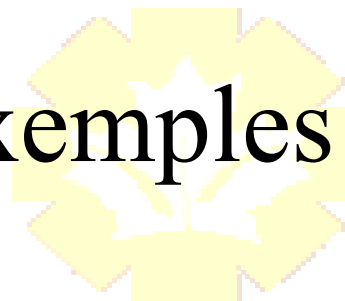
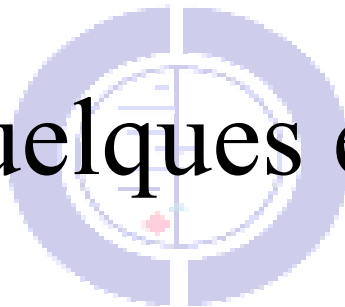
Quelques exemples



- Patients who use tobacco and are willing to quit should be treated using the "5 A's" (Ask, Advise, Assess, Assist, and Arrange).
2. Patients who use tobacco but are unwilling to quit at this time should be treated with the "5 R's" motivational intervention (Relevance, Risks, Rewards, Roadblocks, and Repetition).
 3. Patients who have recently quit using tobacco should be provided relapse prevention treatment.



Quelques exemples



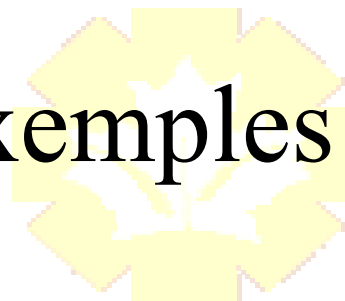
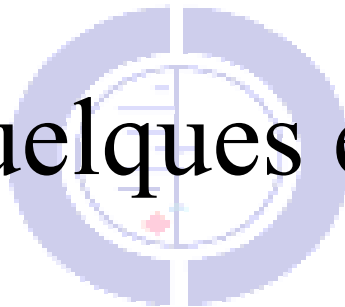
Health Evidence Bulletins (Wales)

www.hebw.uwcm.ac.uk

1.8c. Brief simple advice, and more **complex advice** to quit smoking (not to cut down) is effective when delivered by any type of health care professional, compared to no intervention (for psychologist/ social worker/ counsellor: odds ratio 1.8 [95% CI 1.5, 2.2]; for physician odds ratio: 1.5 [95% CI 1.2, 1.9]; for dentist/ nurse/ pharmacist: odds ratio 1.4 [95% CI 1.1, 1.8])ⁱ. There is no clear advantage to any professional type but **very high cessation rates** occur when many types of professionals reinforce the advice to each client (odds ratio compared to no intervention 3.8 [95% CI 2.6, 5.6])ⁱ.
(Health gain notation – 1 "*beneficial*")



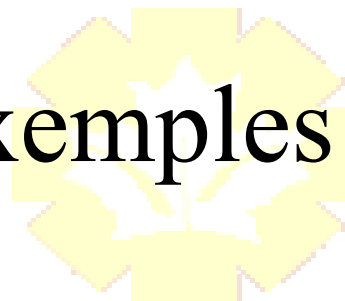
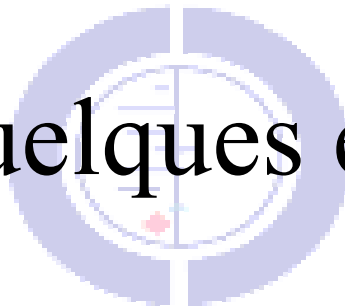
Quelques exemples



**1.8g. Simple brief advice by a general practitioner to quit smoking is effective^{i,ii} (GP advice versus no advice odds ratio 1.32 [95% CI 1.18,1.48], NNT 35)ⁱⁱ. (Odds ratio for abstinence at least at 6 months, for brief advice over no advice 1.73 [95% CI: 1.47, 2.02])ⁱ, (odds ratio 1.5 [95% CI 1.2, 1.9])ⁱⁱ. Advice was defined as taking 3 minutes or less.
(Health gain notation – 1 "*beneficial*")**



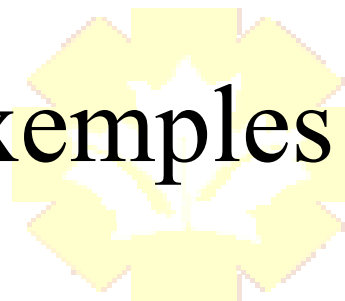
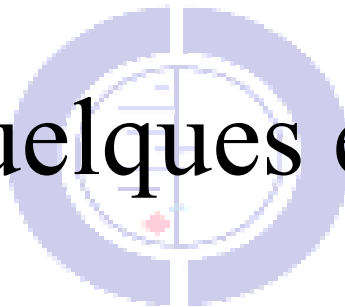
Quelques exemples



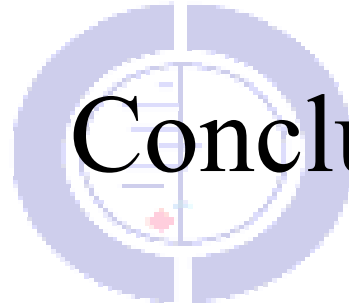
1.8h. Simple brief advice to quit (not cut down) smoking from **nurses and health visitors** is effective in increasing smoking cessation compared to no intervention or usual care (odds ratio 1.43 [95% CI: 1.24 to 1.66])ⁱ. There is no evidence that more intensive interventions are more effective than less intensive ones. Advice to quit is effective for both hospitalised and non-hospitalised patients.
(Health gain notation – 1 "*beneficial*")



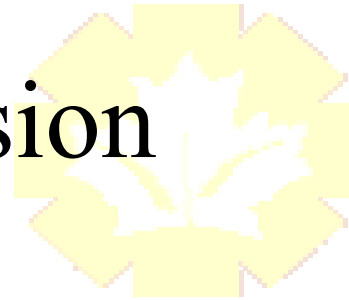
Quelques exemples



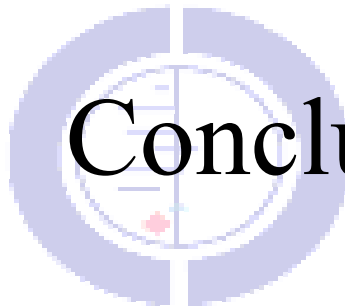
Et ainsi de suite...



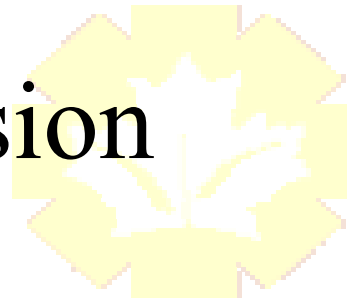
Conclusion



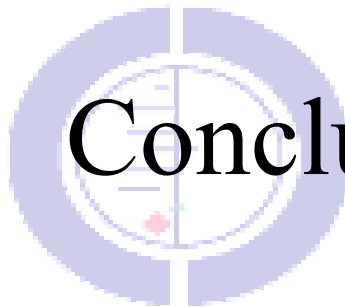
	Spécificité	Limites	Avantages
Guides de pratique			
Méta-analyses			
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Recommandations de groupes d'experts			



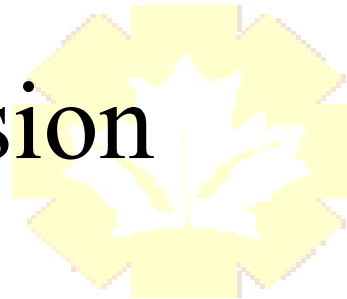
Conclusion



Choudhry Niteesh K., Stelfox Henry Thomas, Detsky Allan S.,
**Relationships Between Authors of Clinical Practice
Guidelines and the Pharmaceutical Industry ,**
JAMA, Vol. 287 No. 5, February 6, 2002

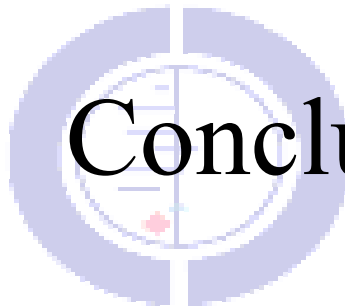


Conclusion

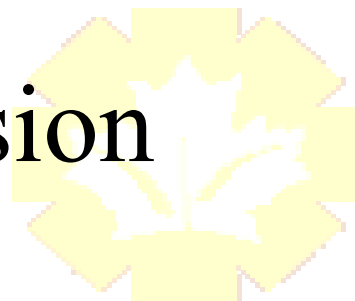


Pour en apprendre un peu plus

Et même beaucoup plus...



Conclusion



Bonne suite des JASP !