



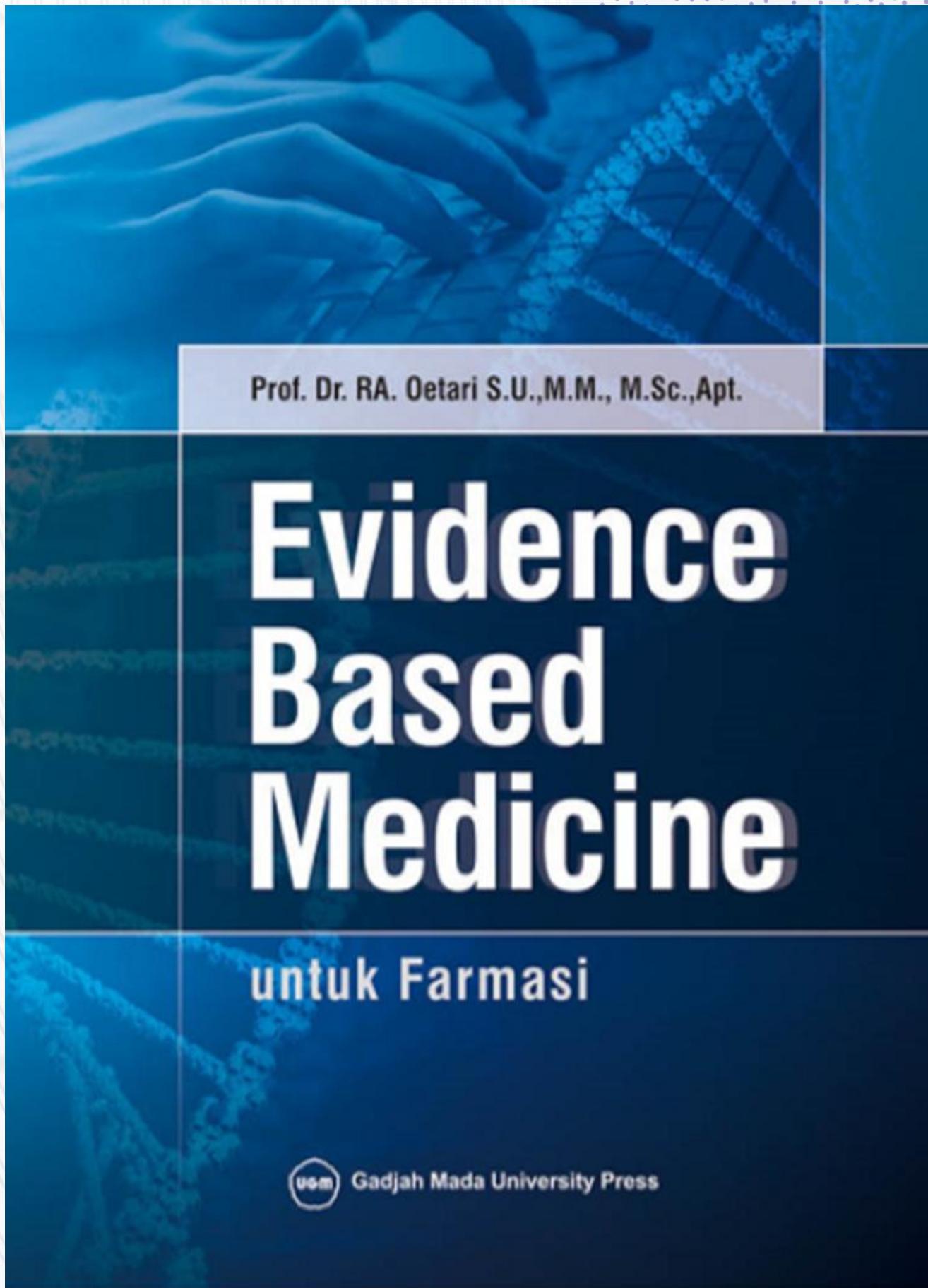
FAKULTAS ILMU KESEHATAN FARMASI  
FIK UNUGIRI FIK UNUGIRI

# BASIC EVIDENCE BASED MEDICINE

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Titi Agni Hutahaen





# EVIDENCE-BASED MEDICINE

## HOW TO PRACTICE AND TEACH EBM

Fifth Edition

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ELSEVIER

# Apa itu Evidence-based Medicine (EBM)?

EBM merupakan bentuk integrasi dari (Sharon,2018):

1. Bukti ilmiah berdasarkan hasil penelitian terbaik.
2. Kepakaran klinis tenaga Kesehatan
3. Keinginan dan nilai yang dianut pasien dalam menentukan keputusan.

Evidence-Based Medince



Clinical expertise



Best research evidence



Patient values and preferences

•**EBM adalah integrasi bukti riset terbaik dengan ketrampilan klinis dan nilai-nilai pasien.**

# Mengapa perlu EBM??

1

Jumlah publikasi medis **tumbuh sangat cepat**, sehingga para dokter, apoteker, perawat, tenaga Kesehatan dan Mahasiswa kewalahan untuk mengidentifikasi bukti yang relevan, berguna dan dapat dipercaya.

2

**Melunturnya “trust”** (Kepercayaan) masyarakat terhadap integritas pelayanan kedokteran, kefarmasian, keperawatan dan praktisi yang memberikan pelayanan medis.

# Manfaat EBM

EBM sangat dibutuhkan tidak hanya oleh Praktisi medis, tetapi juga oleh peserta didik seperti mahasiswa dan pelajar sebagai metode atau cara bagaimana mengelola informasi baru dibidang Kesehatan serta cara untuk memilah informasi Kesehatan agar hanya informasi yang benar dan penting yang akan dibaca dan dipelajari.



**Clinical outcome optimal**

# Proses Evidence -5A :

1. Ask (tanyakan) a clinical question
2. Acquire (dapatkan) Relevant Literature
3. Appraise (nilai) the Literature
4. Apply the Evidence
5. Assess the Effectiveness of the Evidence

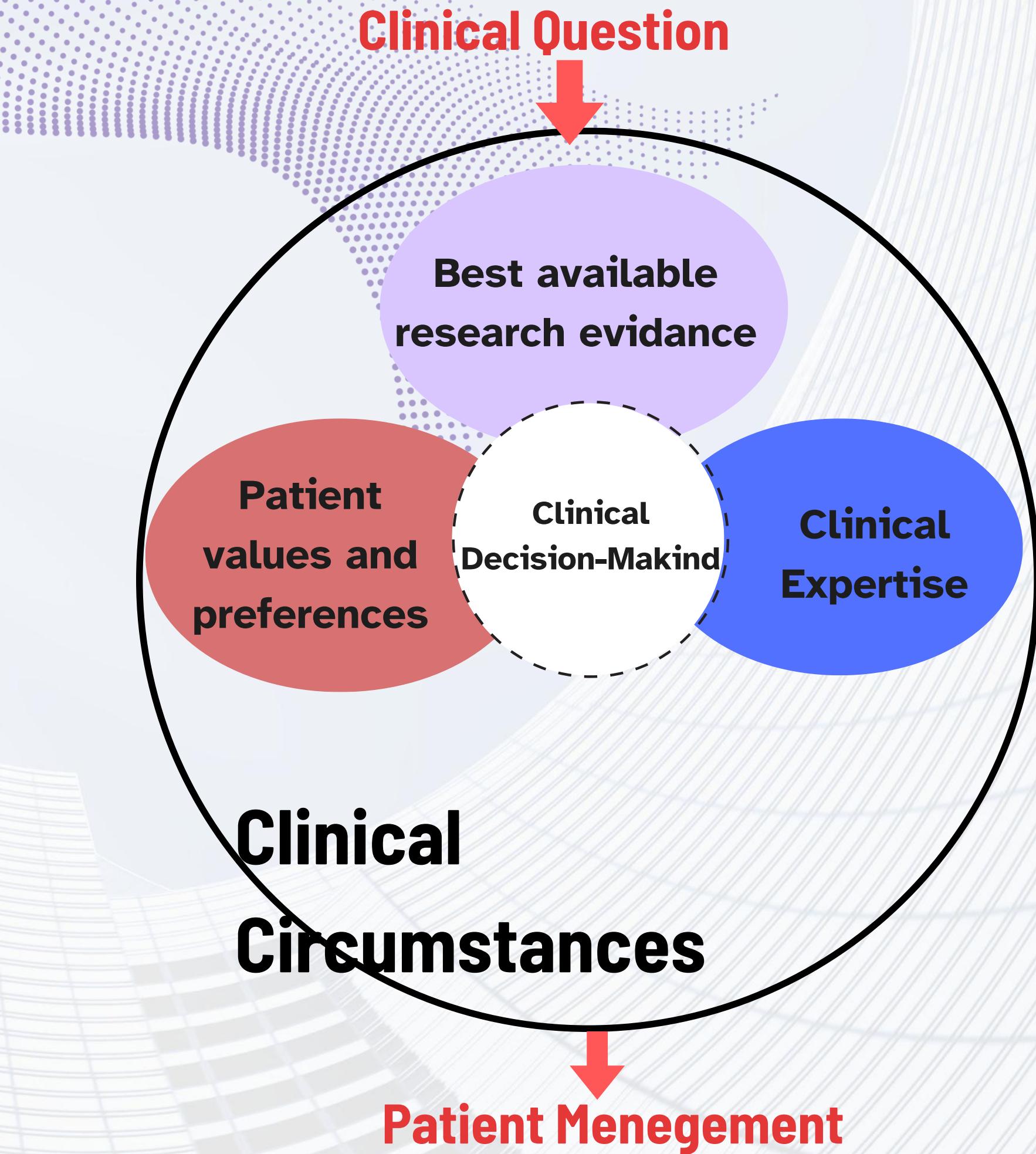


Figure 5-2 The components of EBP as a framework for clinical decision-making

Levels of evidence

1

Clinical Practice Guidelines

Meta-Analysis  
Systematic Reviews

Randomized Controlled Trial

Prospective: tests treatment

Cohort Studies

Prospective: cohort has been exposed to a risk; observe for outcome of interest

Case Control Studies

Retrospective: subjects have the outcome of interest; looking for risk factor

Case Report or Case Series

Narrative reviews, expert opinions, or editorials

2

3

4

5

Secondary, pre-appraised or filtered studies

Experimental

Nonexperimental observational studies

Primary Studies

No design

Not involved with humans

# Meta Analisis atau sistemik overview



Evaluasi terapi, efektifitas dan rencana penelitian baru



Meningkatkan kekuatan (akibat intervensi ) secara statistik bila dibandingkan dengan penelitian RCT dalam jumlah kecil.



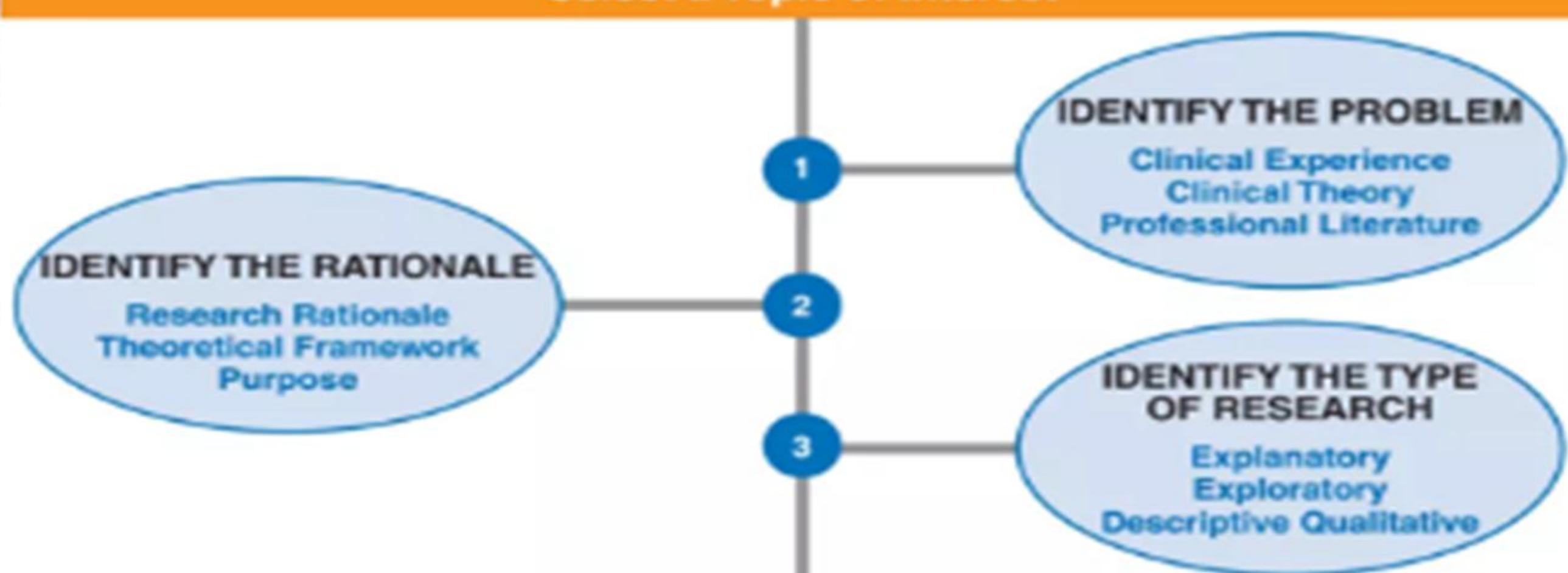
Meningkatkan presisi bila dibandingkan dengan beberapa penelitian RCT.



Bisa memperkirakan efek terapi.

# Randomized Controlled Trial / RCT

- 1 Diagnostik, terapi dan efektifitas profilaksi
- 2 Bila dilakukan dalam jumlah besar, menjadi sumber yang paling baik untuk memperkirakan manfaat dan kerugian dari hasil penelitian.
- 3 Kesempatan yang sama diantara kelompok penelitian.
- 4 Bisa menimalkan bias (kesalahan)
- 5 Metode doubel-blind RCT merupakan gold standar untuk mengetahui efek terapi atau intervensi.



#### 4 Define the Research Question

What is the target **population** or **problem** of interest? To what types of patients or people do you want to generalize your results? You may be interested in subgroups of the population, or subjects from specific settings.

What are the **outcomes** that you will study? These are your dependent variables. You may specify primary and secondary outcomes. These may be intervention effects or outcomes of predictive associations.

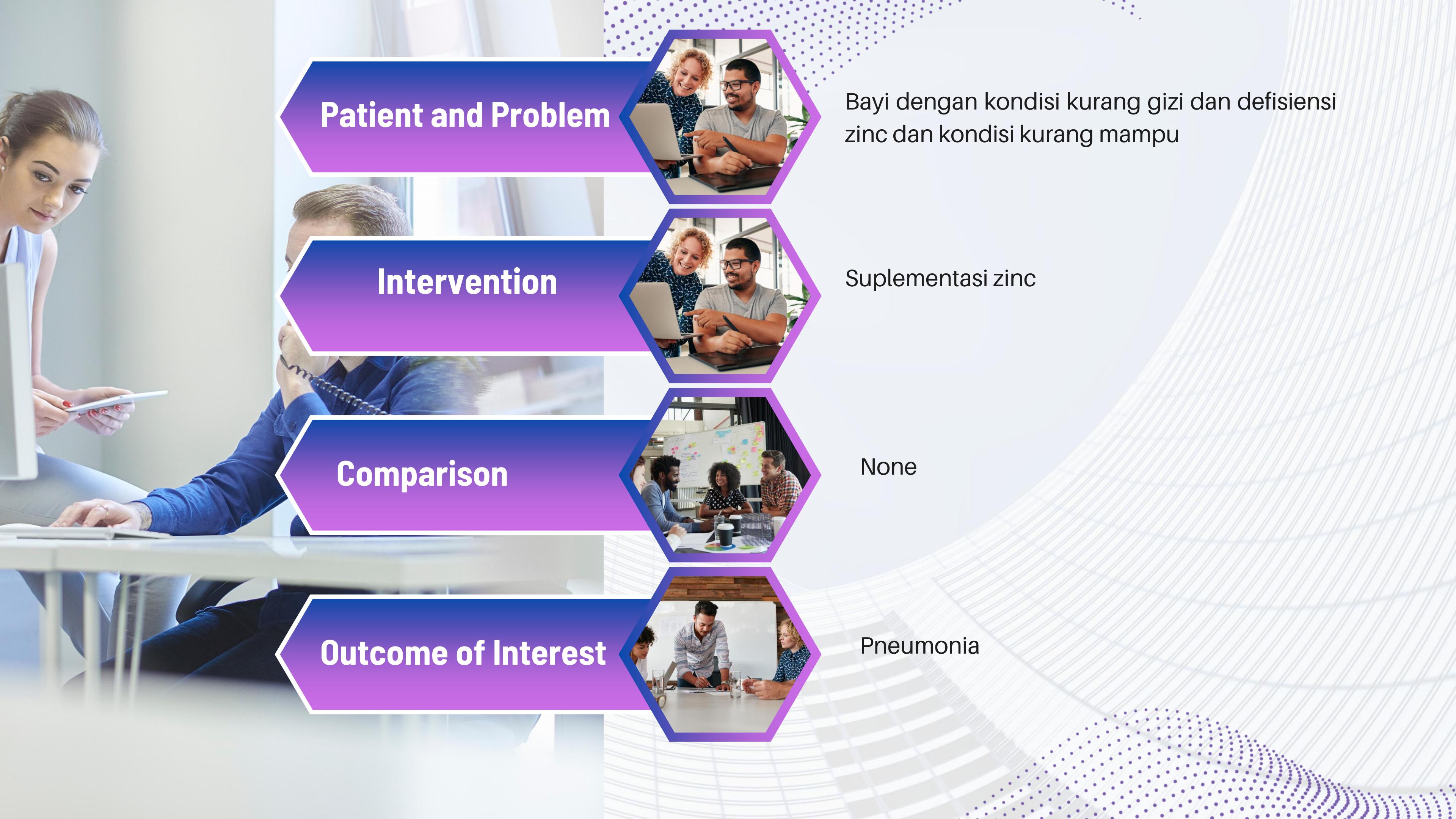
**P** What **intervention** is being studied? This component may include interventions or diagnostic tests. It can also refer to **independent** (predictor) variables in observational studies.

**I** **O** **C** Will you study any **comparison variables**? These will define levels of the independent variable, including comparing interventions, relative validity of diagnostic tests, or relative differences between risk factors.

# Studi Kasus

**Seorang ibu usia 28 th yang bertempat tinggal di pemukiman kumuh datang ke pelayanan Kesehatan membawa bayi laki-laki usia 17 bulan. 2 minggu yang lalu si bayi MRS karena diagnose pneumonia, setelah sembuh dokter meresepkan obat pulang diberikan sirup zinc 1 x 20 mg.**

**Data rekam medis menunjukkan si anak dengan status gizi kurang dengan kadar zinc serum 9,2  $\mu\text{mol/L}$ .  
Kadar Normal; 10.7 - 18.4  $\mu\text{mol/L}$**



## Patient and Problem

Bayi dengan kondisi kurang gizi dan defisiensi zinc dan kondisi kurang mampu

## Intervention

Suplementasi zinc

## Comparison

None

## Outcome of Interest

Pneumonia

# Strategi Pencarian:

<http://www.ncbi.nlm.nih.gov/pubmed>

Keyword: Zinc supplement Penumonia, children, Urban Slum

The screenshot shows the PubMed search interface. The search bar contains the query "zinc supplement pneumonia children urban slum". Below the search bar are links for "Advanced", "Create alert", "Create RSS", and "User Guide". The search results section indicates "Found 1 result for zinc supplement pneumonia childre...". The result is a clinical trial from BMJ, 2002 Jun 8;324(7350):1358. The title of the study is "Effect of routine zinc supplementation on pneumonia in children aged 6 months to 3 years: randomised controlled trial in an urban slum". The authors listed are Nita Bhandari, Rajiv Bahl, Sunita Taneja, Tor Strand, Kåre Mølbak, Rune Johan Ulvik, Halvor Sommerfelt, and Maharaj K Bhan. The PMID is 12052800, the PMCID is PMC115208, and the DOI is 10.1136/bmj.324.7350.1358.

Hasil penelitian: Bahwa pemberian zinc pada usia 6 bln- 3 th dapat mencegah terjadinya pneumonia, dengan mekanisme peningkatan sistem imun dan mencegah peradangan, meblokir virus pada pernafasan. Dihasilkan dari metode RCT (uji klinik acak)

# Strategi Pencarian: <http://www.ncbi.nlm.nih.gov/pubmed>

Keyword: Zinc supplement Penumonia, children, Urban Slum

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Effect of routine zinc supplementation on pneumonia in children aged 6 months to 3 years: randomised controlled trial in an urban slum

Bhandari, Nita; Bahl, Rajiv; Taneja, Sunita; Strand, Tor; Mølbak, Kåre ; et al. > BMJ : British Medical Journal; London Vol. 324, Iss. 7350, (Jun 8, 2002): 1358.  
DOI:10.1136/bmj.324.7350.1358

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Full Text

Translate

What is already known on this topic

Mild to moderate zinc deficiency is common in children in developing countries and increases the risk of respiratory morbidity

What this study adds

A third of children from low socioeconomic classes in India have low plasma concentrations of zinc

Routine zinc supplementation of such children aged 6 months to 3 years substantially reduced the incidence of pneumonia

Suggested sources

Looking for more  
[Log in through your library](#) to see what you may have access to

# Critical Appraisal..

Section & Topic	No	Item
TITLE OR ABSTRACT	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)
ABSTRACT	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)
INTRODUCTION	3	Scientific and clinical background, including the intended use and clinical role of the index test
	4	Study objectives and hypotheses
METHODS		
<i>Study design</i>	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)
<i>Participants</i>	6	Eligibility criteria
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)
	8	Where and when potentially eligible participants were identified (setting, location and dates)
	9	Whether participants formed a consecutive, random or convenience series
<i>Test methods</i>	10a	Index test, in sufficient detail to allow replication
	10b	Reference standard, in sufficient detail to allow replication
	11	Rationale for choosing the reference standard (if alternatives exist)

## Where to search ?

[www.ncbi.nlm.nih.gov/pubmed/](http://www.ncbi.nlm.nih.gov/pubmed/)

<http://highwire.stanford.edu/>

<http://www.bmj.com>

<http://content.nejm.org>

<http://pediatrics.aappublications.org>

# Kesimpulan

- Terapi diberikan apabila seorang klinisi sudah mempunyai kejelasan tentang tujuan terapi.
- Terapi diberikan berdasarkan hasil-hasil uji klinis dengan prinsip EBM.
- Dalam membaca journal terapi sebaiknya dipilih journal dengan metode Randomised clinical trials atau Meta-analysis

# Daftar Pustaka

- Greenberg,et al, 2001 . Medical Epidemiology. Edisi 3Lange Medical Books/ McGraw-Hill.Toronto
- Gerstein H.C and Haynes RB. 2001 Evidence-based diabetes care. BC decker Inc London.
- Tierney et al. 2005.Current medical Diagnosis & treatment . MacGraw-Hill Toronto.

# **TERIMA KASIH ATAS PERHATIAN ANDA**

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