Evidence-based hemorheology. Does it exists? Applying evidence from clinical studies to the individual patient

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Clinicians are used to treat individual patients, and therefore may feel that clinical trials do not give individual information for optimal treatment. However, one should bear in mind that all the diagnostic or therapeutic techniques available for us were developed in groups of patients similar to the ones we wish to manage.

Evidence Based Medicine (EBM) is the integration of research evidence (from clinically relevant studies conducted using sound methodology) with clinical expertise (clinician’s cumulated experience) and patient values (personal preferences and unique concerns and expectations).

The practical steps of EBM include:
1) assess the patient
2) ask the clinical question
3) acquire the evidence
4) critically appraise the evidence
5) apply the results to the patient and 6) self-evaluate one’s practice.

Clinical studies in clinical hemorheology include – among other – interventions in vascular medicine: coronary disease, stroke, peripheral vascular disease, venous insufficiency and thrombosis, etc.

Of these, we will present some practical steps on how to apply therapy results of stroke studies to the individual patient (this addresses step number 5 in the previous definition of EBM practice).

We will do this by discussing the differences between internal and external validity of clinical trials, and defining the importance of baseline risks to choose therapy using the data from the best and most useful studies available. In the end, clinicians will understand how to use evidence effectively.