Part 5: Finding secondary literature

The most efficient approach to finding the best evidence to a clinical scenario is to begin by searching the secondary literature. Two of the most important resources for finding the best secondary literature are the National Guidelines Clearinghouse for practice guidelines and the Cochrane Database for Systematic Reviews for meta analyses. Let's take a look a these two valuable databases.

As its name implies the national guidelines clearinghouse or NGC is a clearinghouse of health practice guidelines created by disparate sources including government agencies, public and private medical organizations and facilities. Although this resource is administered by an agency within the US Dept of Health and Human Services, it includes practice guidelines created globally.

Let's take a look at this resource for the example scenario and use the search query we constructed. To get to the NGC from the Ebling Library website you can either select the a-z database list and drill down or you can use the pharmacy resource portal to get to this resource.

Once into the NGC, we can enter our search into the search box. To make things easier, I have copied my search and can paste it in the search box.

This search retrieves 12 guidelines, nearly all are not relevant, but this first one looks good. It is relatively current (from 2007) and it's created by the European Federation of Neurological Societies. Now, if we scroll down through the guideline summary, we can see that this guideline states:

"There is insufficient evidence to consider the use of statins in the treatment or prevention of Alzheimer's Disease" This is apretty conclusive answer to our question. Also note that this statement is backed by an evidence scale. So, just a reminder when using the NGC: search with synonyms (OR) and combined concepts with AND always check the date of guideline.

Check for an evidence weighting grade or scale. Be aware that the guidelines run the gamut from those using explicit EBM principles (which is what we want) to those that are big on advocacy but low on evidence.

Since we did not have a lot of luck finding many practice guidelines on our topic, let's stay atop the evidence hierarchy and look for systematic reviews. The single most important resource for systematic reviews is the Cochrane Database, which is a database of over 5000 systematic reviews (mainly meta analyses) created by the international Cochrane Collaboration. These reviews are based on exhaustive searches for evidence and provide a clear conclusion about the effects of an intervention as the accumulated evidence will allow. Also all reviews within Cochrane are considered current.

Let's return to our example scenario, and search the Cochrane Database for relevant systematic reviews. The Cochrane Library is listed in the Articles/Databases box of the Ebling website.

Once in, note that the Cochrane Library is a platform for several databases. This module will only discuss the CDSR.

We can now enter our search query. I will put my synonym groups in each box. I will also select the Title, Abstract, or Keywords drop-down, because I want to make sure my terms are central to that review.

This search retrieved two records but only one is a review. The other is a protocol, which is a report of a review in development. The one systematic review that we did find is certainly of interest. To look at the full review, just select "record'. This gets you to the table of contents of the review. Each review is consists of several sections, including the authors conclusions. This section discusses the implications of the topic for practice and research. For our scenario, the conclusion reads quite clear: there is good evidence that statins given in late life to individuals have no effect in preventing Alzheimer's disease and dementia.

So, just a reminder when using the Cochrane Database: again search with synonyms (OR) and combined concepts using AND or separating the concepts by the search boxes. Search using the title, abstracts, and keywords drop down.