Gut

Editorial

Clinical Alert: evidence-based medicine in *Gut*

Many clinicians have attempted to practise evidence-based medicine (EBM) long before it came into vogue in the 1990s. My mentor, Tony Dawson, was a leading protagonist. His weekly departmental ward rounds were frequently brought to a temporary halt by a razor sharp comment, "don't tell what you think we should do, just give me the data." Many clinicians, however, have not taken such a critical approach to practice, hence the need to highlight the fundamental importance of the EBM message. I do not suggest that all clinical practice must be evidence-based and that experience counts for nought; indeed, in many instances the data are just not available. However, when data are available, I believe that they should form the basis of clinical decision making.

With this in mind, we are launching a new section, *Clinical Alert*, and have enlisted the help of the EBM team at McMaster University who produce *Evidence-Based Medicine* and its sister journals. Our approach is similar to that for *Science Alert* in which the biomedical literature is screened for articles of particular interest to gastroenterologists and hepatologists, and an expert is invited to produce a commentary identifying the strengths and weaknesses of the work and placing it in current context. For *Clinical Alert*, the literature is searched on a regular basis by the EBM team and any papers meeting their criteria, given in detail elsewhere,¹ are forwarded to us for more detailed consideration. This procedure will enable us to identify the best original and review articles describing important advances which are most likely to influence clinical practice. The articles are scrutinised for quality by EBM

experts and a standard, structured abstract is then prepared. *Gut* will select an expert commentator who will be provided with the original article, the EBM structured abstract, and encouraged to produce a high quality, evidence-based commentary. We hope that like *Science Alert*, *Clinical Alert* will bring important advances in clinical practice to you in a constructive, lively and prompt manner.

In this issue, *Clinical Alert* features three studies which evaluate different approaches to the management of variceal bleeding. The first compares octreotide plus sclerotherapy and sclerotherapy alone for acute variceal haemorrhage, the second compares TIPSS and sclerotherapy plus propranolol, and the third examines the efficacy and cost effectiveness of transjugular intrahepatic portosystemic stent shunt (TIPSS) versus H graft portocaval shunt for bleeding varices. Dr Andrew Burroughs comments on all three studies, highlighting their strengths but also some of the weaknesses in design and data interpretation. Even good studies are not perfect. *Clinical Alert* will initially appear bimonthly but providing there are sufficient articles of interest in the world literature, we hope that this will become a monthly feature in the near future.

M J G FARTHING
July 1998

1 Anonymous. Purpose and procedure. *Evidence-Based Medicine* 1998;3(2): 2-3.