DIRECT COMPARATIVE DRUG STUDIES OF MS ARE AN IMPORTANT GUIDE TO MEDICAL PRACTICE (CONS) D. Mitsikostas

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Evidence Based Medicine (EBM) is the integration of best research evidence with clinical expertise and patient values. By best research evidence we mean the clinically relevant research, especially from patient-centered clinical research into the accuracy and precision of diagnostic tests, the power of prognostic markers and the efficacy and safety of therapeutic and preventive regiments. By clinical experience we mean the ability to use our clinical skills and past experience to rapidly identify each patients' unique health state and diagnosis, their individual risks and benefits of potential interventions, and their personal values and expectations. By patient values we mean the unique preferences, concerns and expectations each patient brings to a clinical encounter and which must be integrated into clinical decisions if they are to serve the patient [1]. Undoubtedly, the best research evidence is provided by randomized controlled trials and if more than one trials for the same drug and disease exist, from meta-analyses (=systemic reviews) of these trials. To compare the efficacy and safety of two drugs on the same disease, again, the best scientific way is to follow the results from direct randomized, comparative and placebo controlled (when ethically permitted) trials [2]. These data offer to the clinician the best evidence to make the decision in the daily clinical practice. However, according to the EBM not only the research evidence, but the physician's clinical experience and the patients' values are also very important. In this presentation the specific issues associated these two parameters that should influence the physician's final decision and patients approach will be presented.

Reference

Sackett DL et al. Evidence Based Medicine. 2nd edition. Churchill Livingstone, Toronto 2000. 2. D.D. Mitsikostas. Methodology of clinical trials in multiple sclerosis. Neurol Sci (2006) 27:S362S364