درمان‌های مبتینی بر شواهد: رفع شهیاپ شایع

سردیب محترم

همانگونه که قرار بود به‌تدریج به رفع شهایهات مطرح پیرامون روش‌کرده پژوهشی مبتینی بر شواهد (evidence-based medicine [EBM]) و به‌عنوان یکی از وجوه شهایهات از ارتباط با نزد برخی همکاران دستیاران رشته تخصصی بیماری‌های بوست و دانشجویانی که طی هماش‌ها یا زمان‌بر گزاری کلسی درس یا آن‌ها صحبت داشتند، تصمیم گرفتن بنا گزارش این توضیح کوتاه نسبت به رفع این شهای شایع کام برادرم.

با آنکه نرخ‌های به سه دهه از شکل گیری بیماری امروزی آن‌گونه که در سطح شواهد براساس سلسله‌مراتب (hierarchy) آن‌ها باز می‌گردد و در اثبات‌گریتفن و «وجود نداشت» پژوهشی، نظر مطالعات مرور نظام‌بند کارآلپایی‌های بالینی با کیفیت خوب درخصوص مداخلات درمانی، «به‌نوعی شاهدی برای یکی مداخله» رشته دارد. کلیدوژه‌ها: پژوهشی مبتینی بر شواهد، درمان‌وآموزشی بیماری‌های پوست و جدایی، دانشگاه علوم پزشکی تهران، ایران نویسنده مسئول: دکتر علی‌رضا خانمی تهران، خیابان طالقانی، نبش خیابان شهید نادری، شماره 145، مرکز آموزش و پژوهش بیماری‌های پوست و جدایی.

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References


Evidence-based dermatology: Clarifying a common misunderstanding

I commonly meet colleagues, resident dermatologists, and medical students who have a misunderstanding about an important point of evidence-based medicine (EBM). Their problem is rooted in their misinterpretation of the "highest level of evidence" and "current best evidence". They usually do not differentiate the crucial difference between the two. Indeed, if they cannot find the "highest level of evidence" for a certain disease, they interpret it as "not having the current best evidence".

It is important to remember that when the "highest level of evidence" cannot be found, the next level of evidence will be considered as the "best current evidence". For example, if there is no systematic review of homogenous, high quality randomized controlled trials for the treatment of a certain disease, the next level, i.e. high quality randomized controlled trial(s), will be "the current best level of evidence". So, there is a need for looking for lower levels of evidence when we could not find the higher ones. Rare diseases are common in dermatology, in many cases the "current best evidence" may be limited to a case report or a colleague's experience.

**Keywords**: evidence-based medicine, dermatology, skin diseases

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**Conflict of interest:** None to declare

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