Evidence Based Dermatology

循证皮肤病学

第 2 版

Howard I. Maibach Farzam Gorouhi





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Preface

This book is for practitioners at any stage of their career who have clinical, teaching, or research interests in the management of cutaneous diseases. It is critical to attempt to manage patients based on evidence based principles; however, it is even more important to remember that relying on the best evidence is not the only factor in delivering the best care for each patient. Patients' beliefs and preferences should also be considered. This is why the individual patient is the central focus of evidence based decision making. Physicians are not only dealing with facts and odds (e.g. handling a computerized stock market trading system) but also a human being with feelings, intelligence, judgment, fears, preferences, and values. Having said that, we believe this book will be more useful for patients if the physician applies the recommendations in the light of the patient's conditions and healthcare provider's competencies. Additionally, the hierarchy of evidence is always important. This basically means that even though systematic reviews and randomized controlled trials are the best available resources, it is not enough to limit your analyses to the best evidence. In a recent study, Golder et al. performed a comprehensive meta-analysis to assess the level of agreement or disagreement in the estimates of harm derived from meta-analysis of RCTs as compared to meta-analysis of observational studies. They noted that observational research can be as credible as randomized trials when investigating side effects of a drug. It is also essential to utilize the major models to report different types of studies such as CONSORT for randomized controlled trials, PRISMA (formerly QUOROM) for systematic reviews and metaanalyses, STROBE for observational studies and STARD for diagnostic studies. These guidelines were not created to impose rigid structural disciplines. They only require the authors to include all of the items from a checklist properly and explicitly anywhere in the manuscript. We suggest that our readers use these tools to interpret any published report or to design and report their own projects. "Evidence based medicine" is a growing phenomenon; however, it has not been fully integrated into medical education in the field of dermatology. We encourage all dermatology faculty members specifically dermato-epidemiology experts to

develop a well defined explicit strategy to integrate EBM better into their residency/clerkship training programs.

In this second edition, we have reduced the content of the chapters on "principles of evidence based medicine", as we assume many of those principles have been engraved in the minds of our readers. Additionally, we avoid using detailed epidemiological language unless it is necessary to convey a specific concept. Thus, you will find a small number of introductory chapters in parts of this book. We have introduced new sections including a section entitled "Diagnosis of a cutaneous disease," where diagnostic evidence in dermatology is briefly reviewed. Studies on risk factor analysis for cutaneous diseases are also reviewed in a new section. Furthermore, specific modalities were examined in order to obtain more detailed evidence based details on efficacy and safety. At last but not least, cost effectiveness studies are another new focus in this book. We do not attempt to review all dermatological diseases in this book but rather bring up new horizons in evidence based dermatology. Our mission is to introduce and encourage the use of different evidence-based strategies among our readers in their daily practice and, if applicable, in their teaching/ education. Please remember that evidence based learning is a lifelong process not a two day workshop.

We are honored to be a part of a legendary team of 140 outstanding contributors from the States and 14 other countries.

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The editors strongly encourage the readers to comment on the contents of the book and inform them of any corrections. They will be acknowledged in the next edition. We also welcome any general recommendations to help improve the next edition.

> Howard I. Maibach, M.D. Farzam Gorouhi, M.D. May 2011

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