

# UpToDate 資料庫新增功能介紹

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UpToDate 在今年第 14.1 版增加了 Evidence Grading (證據等級), 您將會在 Topic Review 的 **Summary and Recommendations** 這個段落裡看到 Evidence Grading。然而目前 Evidence Grading 只會出現在部份 Topic Review 中, 我們將持續把 Evidence Grading 加入所有的 Topic Review 中。

我們採用的 Evidence Grading 是依據內容而制定的 UTD-GRADE System (UTD-GRADE), 其中包含二個組成單位: 數字 (1 或 2) 和英文字母 (A, B, C)。數字代表醫囑的強度; 英文字母則代表證據的品質。數字和英文字母會依據 Topic Review 中醫囑的強度和證據的品質做不同的呈現如: 1A, 2A 或 1B, 1C, 2B, 2C。

UTD-GRADE 以下列表格簡要說明之:

RECOMMENDATION		
Grade 1	Strong Recommendation “We recommend...”	Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
Grade 2	Weaker Recommendation “We suggest...”	Benefits and risks closely balanced and/or uncertain
EVIDENCE		
Grade A	High Quality Evidence	Consistent evidence from randomized trials, or overwhelming evidence of some other form
Grade B	Moderate Quality Evidence	Evidence from randomized trials with important limitations, or very strong evidence of some other form
Grade C	Low Quality Evidence	Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

以下畫面則為出現在 Topic Review 中的 Evidence Grading:

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**Intensity of lipid lowering therapy in secondary prevention of coronary heart disease**

- INTRODUCTION
- DEFINITIONS
- INTENSIVE THERAPY WITH STATINS
  - Trials showing consistent benefits
  - Trials showing lack of mortality benefit
  - Pleiotropic effects
  - Putting the evidence together
- USE OF MEDICATIONS OTHER THAN STATINS
- SUMMARY AND RECOMMENDATIONS
- REFERENCES

GRAPHICS

- FIGURES
  - PROVE IT KM curves
  - CHD secondary events versus LDL
- TABLES
  - ATPIII LDL goals
  - NCEP very high risk
  - Proposed ATPIII LDL goals

**SUMMARY AND RECOMMENDATIONS** — Major guideline groups, including the US National Cholesterol Education Program (NCEP), the European Society of Cardiology, and the Canadian Medical Association have not published revised guidelines since the results of the TNT and IDEAL trials were published in 2005. As discussed above, in 2004 the NCEP proposed guidelines that take into account the results of PROVE IT-TIMI 22 but not those of TNT (see "Intensive therapy with statins" above).

The recommendations we make take into account our interpretation of the current state of evidence and attempt to balance apparent benefits, burdens, and potential risks of cholesterol-lowering therapy.

- Statin therapy reduces cardiovascular events in both primary and secondary prevention, and also appears to reduce all-cause mortality in most groups studied. (See "Clinical trials of cholesterol lowering for primary prevention of coronary heart disease" and see "Clinical trials of cholesterol lowering in patients with coronary heart disease").
- Compared with less intensive statin therapy, more intensive statin therapy in patients with stable CHD results in small reductions in cardiovascular events, but appears to have no effect on all-cause mortality. Higher doses of statins are more likely to produce side effects. Additionally, high-dose brand name statins may not be worth the added expense to some patients, when compared with slightly less efficacious generic statins (see "intensive therapy with statins" above).
- Lowering LDL-C with medications other than statins has generally not been proven to reduce overall mortality in either primary or secondary prevention (see "Use of medications other than statins" above).
- We recommend that patients with an acute coronary syndrome be treated with intensive statin therapy with atorvastatin 80 mg daily, which has been shown to reduce mortality (Grade 1A). (See "Cholesterol lowering after an acute coronary syndrome").

點選 Grade 1A 後, 會出現說明畫面, 如下所示:

## Grade 1 A Recommendation

**A Grade 1 A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.**

Explanation:

A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all of your patients.

Grade A means that the best estimates of the critical benefits and risks come from consistent data from well-performed, randomized, controlled trials or overwhelming data of some other form (eg, well-executed observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.

### Recommendation grades

- |                          |  |
|--------------------------|--|
| 1. Strong recommendation | Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients |
| 2. Weak recommendation   | Benefits and risks closely balanced and/or uncertain   |

### Evidence grades

- |                              |   |
|------------------------------|---|
| A. High-quality evidence     | Consistent evidence from randomized trials, or overwhelming evidence of some other form                               |
| B. Moderate-quality evidence | Evidence from randomized trials with important limitations, or very strong evidence of some other form                |
| C. Low-quality evidence      | Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws |

For a complete description of our grading system, please see the UpToDate editorial policy that can be found by clicking on Help, and then About UpToDate

關於 UTD-GRADE 在 14.1 的 newsletter 中有簡要的說明，可連線至 UpToDate 的網站閱讀：  
[http://www.uptodate.com/about/individual\\_archive.asp](http://www.uptodate.com/about/individual_archive.asp)。若想要更進一步的了解，亦可參照 editorial policy：  
[http://www.uptodate.com/service/editorial\\_policy.asp](http://www.uptodate.com/service/editorial_policy.asp)。