



OUT BEHIND THE BARN DANS LE FEU DE L'ACTION

CMA Web site: InfoPOEMs

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Mary had a little lamb,
It followed her to school,
It went behind the teachers desk,
And left a little pool.

That children's poem is an interesting case study in overflow incontinence, hazardous waste disposal and livestock management. However, the POEMs discussed in this article are part of the CMA's new InfoPOEMs database.

WHAT'S A POEM?

A POEM (Patient-Oriented Evidence that Matters™) is a short review of an article in the medical literature that is relevant to primary care physicians. Specialists may also find them a useful way to stay up-to-date in fields outside their own. POEMs must meet 3 criteria: 1) answer a question that we physicians face as clinicians; 2) measure outcomes that we and our patients care about (e.g., symptoms, morbidity, quality of life and mortality); and 3) have the potential to change the way we practise.

ACCESSING POEMs THROUGH THE CMA WEB SITE

Access to InfoPOEMs through the Canadian Medical Association's Web site is free to all members, but registration is required. Go to the CMA Home page (www.cma.ca), select Clinical Resources, then InfoPOEMs Clinical Tools.

DAILY INFOPOEMs

You can have a new POEM sent to you by email every weekday. You can choose to receive the messages in plain text or HTML. Plain text is more com-

pact, but HTML format will display active hyperlinks. To receive daily InfoPOEMs, click on the links provided or go to the CMA's My Profile section, under Email Information.

INFOPOEMs ARCHIVE

An option is provided to browse the InfoPOEMs Archive by month and year, or enter a search term to find all related items. To print a POEM, use the Print It link rather than your browser's print feature.

LEVEL OF EVIDENCE

When on the Daily POEM Archive page, choose a POEM. You'll note that at the end of the Bottom Line section of each POEM there's a code stating the applicable level of evidence (LOE) (e.g., 1a, 1a-, 1b, 2a). Click on the code to display a pop-up list of the different levels of evidence. Right-click on this list to print a copy.

INFORETRIEVER® DATABASE

The InfoRetriever database contains all POEMs, and more (see "InfoRetriever Options, below). Simply click on Visit InfoRetriever Now at the bottom of the InfoPOEMs Home page.

INFOPOEMs WEB SITE

The Visit InfoRetriever Now link takes you to the InfoPOEMs Online Access Web site and opens the Welcome page in a new browser window. To see this new page, you may need to disable the "pop-up blocker" feature of your browser program. Don't bother with the listed video tours, as they may require you to download additional software and are very slow to load, even over a high-speed Internet connection.

GETTING STARTED

While on the InfoPOEMs Welcome page, click on Getting Started to see an overview of available resources, then select Using the InfoRetriever Program (last item), followed by Using InfoRetriever. To return to the Welcome page, you may need to use your browser's Back button. Some of the information is only applicable if you have an individual InfoPOEMs subscription.

INFORETRIEVER: INITIATING A SEARCH

To initiate a search through InfoRetriever, return to the InfoPOEMs Welcome page and click on InfoRetriever. Enter a search term, then click on Find Matching Keywords. The default is a text

search in all available databases, not just the InfoPOEMs Archive. Other search options allow you to select from a list of key words or to search by ICD-9 (*International Classification of Diseases*, 9th rev) codes. Several options are provided for narrowing your search.

INFORETRIEVER OPTIONS

Clinical rules and calculators: This option under the InfoRetriever menu displays a list of several rules and calculators, organized by body system. Some calculators, such as the Body Mass Index, have a metric option, but others have no option to enter the International System (SI) laboratory values used in Canada.

Title: No antibiotics necessary for lower respiratory infection
Clinical question: What is the optimal management strategy for acute uncomplicated lower respiratory tract infection?
Bottom line: After excluding patients with chronic lung disease or clinically suspected pneumonia, antibiotics provide little or no benefit for patients with cough and lower respiratory tract symptoms, including those with fever and green sputum. Regardless of treatment method, cough will last about 3 weeks for the majority of patients and for at least 1 month in 25%. Patients given an immediate prescription for an antibiotic are more likely to expect antibiotics in the future. Providing a verbal explanation about the expected course and potential complications of cough during the consultation is most likely to assure optimal patient satisfaction.
Reference: Little P, Rumsby K, Kelly J, et al. Information leaflet and antibiotic prescribing strategies for acute lower respiratory tract infection. A randomized controlled trial. <i>JAMA</i> 2005;293:3029-35.
Study design: Randomized controlled trial (single-blinded)
Setting: Outpatient (primary care)
Synopsis: The investigators enrolled 807 adults and children presenting to their primary care clinician with cough and at least 1 other symptom referable to the lower respiratory tract (colored sputum, chest pain, dyspnea, or wheezing). Patients with asthma, other chronic lung diseases, or suspected pneumonia were excluded. Subjects were randomly assigned (concealed allocation assignment) in a factorial design to 1 of 6 groups: They received an educational leaflet on cough or no leaflet, and were then placed in 1 of 3 antibiotic groups (immediate antibiotics, no offer of antibiotics, or delayed antibiotic). Antibiotic treatment included amoxicillin 250 mg 3 times daily or erythromycin 250 mg 4 times daily. The delayed prescription could be picked up from the receptionist up to 14 days later without further physician contact. Patients were similar to those seen with acute bronchitis in primary care practice: 2 in 3 patients reported fever and more than 40% reported production of colored sputum. Patients not blinded to treatment group assignment self-reported symptoms for 3 weeks. Follow-up occurred for 70% of the subjects at 3 weeks. Using intention-to-treat analysis, there was no significant difference in the duration of cough or severity of cough or other symptoms between patients receiving or not receiving antibiotics. The duration of "moderately bad symptoms" was shorter in the immediate antibiotic group, but only by 1 day. Cough lasted a mean of 12 days regardless of treatment, with 25% of patients reporting a cough lasting more than 17 days, after physician consultation (which is usually 7 to 10 days after the cough began). Children and adults with colored sputum did not benefit more than other groups and elderly patients were less likely to benefit from antibiotics. Compared with the immediate antibiotic group, fewer patients in the delayed and control groups used antibiotics (96% vs 20% and 16%, respectively). The leaflet had no effect on any outcomes. Although slightly fewer patients were satisfied in the delayed and control groups, more than 75% of patients were satisfied with not receiving an immediate prescription for an antibiotic. The study was 80% powered to detect an 11% difference in reconsultation rates.
No antibiotics necessary for lower respiratory infection. (Daily InfoPOEM). In: InfoPOEMs: The Clinical Awareness System. www.InfoPOEMs.com. Received August 17, 2005. Reproduced with permission.

A sample POEM from August 17, 2005.

Practice guidelines: This option displays a pull-down menu of clinical guidelines from the US National Guideline Clearinghouse. For Canadian guidelines, use the Clinical Practice Guidelines link on the CMA Clinical Resources page.

Internet resources: Allows you to search selected Internet-based resources, including MEDLINE, a dermatology atlas (Dermis.net) and the US Centers for Disease Control and Prevention (CDC). The MEDLINE search engine is fine for a simple search, but is not as powerful as PubMed (www.pubmed.gov).

Individual databases: Gives direct access to a number of other resources, such as the Cochrane database, InfoPOEMs Archives and the 5-Minute Clinical Consult (5MCC). Some of these resources also have direct links to PubMed. The 5MCC is a well-known quick-reference medical text that gives you the option to browse by body system. To search for

a topic by name, use InfoRetriever's Search By Text feature.

INFOPOEMS ARCHIVE REVISITED

Note that the Archive link on the InfoPOEMs database provides some features that are not available in the version you access through the CMA Web site — such as the ability to download the archives in PDF format, to display the MEDLINE abstract of the original article and to see a list of the journals that are reviewed as sources of POEMs. A search can be limited to different sections of the POEM, such as Title, Clinical Question, Synopsis and Bottom Line.

INFOPOEMS FOR PDAS

The PDA version of InfoPOEMs and InfoRetriever is available for both Palm and Windows Mobile (Pocket PC) devices. You can purchase it at a discount in the CMA's online store.

Competing interests: None declared.