

IMPACTE Group Summary

The form may be saved to your computer and completed electronically in Word **or** printed and completed by hand.

Practice/Group Meeting Date No. Attendees

A Your Question/Topic

Reason for choosing topic?

B Evidence You Used

- Type of evidence Guideline Study Other
- Study type Systematic Review RCT Qualitative Other

Appraising the evidence

Nationally recognised guidelines e.g. NICE are assumed to be based on high quality evidence and do not need to be appraised. For all study types, following steps (1), (2) and (3) will help you to make sense of the evidence.

(1) What question did **the study ask? What is the ...**

Population/clinical problem?

Intervention/therapy?

Control/comparison?

Outcome?

Is the study question the same as yours? Yes No

(2) How well was the study done? Below are some questions to help you make sense of a RCT (See supplementary sheet for other study types)

- Recruitment? Subjects representative of target population
- Allocation? Randomised & concealed Comparable groups at start of trial
- Maintenance? Equal co-interventions for each group Adequate follow-up; losses <20%
- Measurement of outcomes? Blinded subjects and assessors Objective outcomes

(3) What do the results mean? Some tips for interpreting statistics in a RCT study

P-Value $p < 0.05$ is often accepted as "statistically significant" i.e. there is a less than 1 in 20 (or 5 in 100) chance that the difference seen in the study would have arisen by chance.

95% CI (Confidence Interval) - If the CI does NOT cross 1 (for a ratio) or 0 (for a mean) - it is statistically significant. There is evidence of an effect and it may be clinically significant.

NNT (Number Needed to Treat) is used to help assess clinical significance, for example, if $NNT = 5$ then treating 5 patients with the new treatment will prevent 1 adverse event occurring.

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C Discussion Points
Consider, for example, whether this is new evidence (or old evidence not yet acted upon) - could it have an impact on patient care? Are the results credible and clinically significant? Is there a large variation in current practice? What barriers exist to its implementation?

Review presented by Dr Harun
NICE CG17 (2004, Amd 2005; reviewed 2011) Dyspepsia: Managing dyspepsia in adults in primary care
NICE CG61 (2008) Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care

Questions arising from discussion:

Is there an association between spicy foods and dyspepsia?
Effect of H2RAs on C13 urea breath test - time between stopping H2RA and test?
H-pylori and re-testing
Current diet advice for patients with IBS

Local availability of new Faecal calprotectin diagnostic test (NICE DG11 Oct 2013)

Does the evidence confirm or change current practice? Confirm Change Not relevant

Implementation Plan

What action(s) are you going to take?

For example, do you need to find more evidence / have training/ undertake an audit / take advice from specialists / change your practice management / spread to other practices?

		Who by?	Date by?
Action 1	Follow-up searches to 'find the evidence' to answer questions that came up during the discussion	LP	
Action 2			

Summary drafted by Date
Verified / transcribed by Date

Please take a copy for your records and e-mail the original to Linda.potter@mkhospital.nhs.uk or send in the internal mail to MKH Library, Postgrad Centre, Standing Way, Eaglestone, Milton Keynes MK6 5LD. Use your copy to record outcomes of actions.

Reviewing your agreed action(s)

Please use the space below on your copy to record benefits and/or outcomes of action(s) taken; it is recommended that agreed action(s) are reviewed 3 months after your IMPACTE meeting discussion. (On review, please send a copy to Linda.potter@mkhospital.nhs.uk)

		Date
Action 1		
Action 2		

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