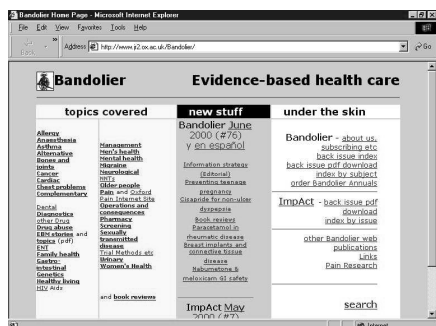


Bandolier



A typically busy morning surgery* draws to an end with several important clinical questions being raised. Many of these go unanswered under the pressures of a full waiting room and too little time, but the problems presented by 3 patients merit further reflection at the end of the day. All 3 patients had problems commonly seen in primary care, and I might have done a better job for them if I were a better-informed physician. These cases included

- a 37-year-old businessman who wants effective therapy for his neck that remains stiff and sore 3 months after a minor car accident
- a 15-year-old boy with fatigue and a recent diagnosis of glandular fever (infectious mononucleosis) who wonders if he will be well enough for a skiing holiday in 4 weeks
- a 45-year-old woman who wonders if her facial pain might be sinusitis.

Can a Web-based resource quickly provide reliable evidence for these patients? This review considers *Bandolier*, a monthly newsletter of secondary publication. It is available free on the Internet (www.jr2.ox.ac.uk/Bandolier), and a paper version can be purchased (free to National Health Service [NHS] staff in the United Kingdom). The Web site provides succinct “bullets” of evidence (hence *Bandolier*) to support evidence-based health care—with clinical ammunition stockpiled for the past 6 years. The contents are downloadable as portable document files (PDFs).

Bandolier's orderly home page offers access to 36 topic areas (e.g., asthma; ear, nose, and throat [ENT]; and pain). The intended audience seems to be general practitioners, and many of the topics are relevant to primary care. An efficient search engine provides an alternate route to the “bullets” of evidence. The contents include access by date of issue of the original newsletters. The site also includes *ImpAct*, a bimonthly publication that reports on the implementation of research evidence from the NHS, and there are several links to other important evidence-based health care sites.

The criteria for selecting and appraising evidence for *Bandolier* are not explicitly stated. Topics seem to be selected on the basis of the recent medical literature and on questions from clinicians. The concise summaries are clearly written and suggest a careful appraisal of the evidence.

Bandolier's extensive pain section contained no information about the treatment of neck pain, and its search engine did not locate any information on the prognosis of glandular fever. This information is available from such other Web-based resources as MEDLINE through PubMed (1) and the Cochrane Library (2).

Evidence about the diagnosis of sinusitis for my patient with facial pain was rapidly retrievable from the ENT section of *Bandolier* (and also by the search engine). The *Bandolier* article on diagnosing acute sinusitis is a succinct summary of a prospective study with sufficient detail to indicate that the key elements for a valid evaluation of a diagnostic test were addressed (3). Only 4 features (pus in nasal cavity, purulent rhinorrhea, “double-sickening” [defined as the presence of 2 phases of the illness history], and an erythrocyte sedimentation rate of > 10 mm/h) were associated with acute sinusitis. A helpful nomogram clearly showed how I could apply the findings to my patient in primary care.

Bandolier is a user-friendly and useful evidence-based Web resource. It is quick and easy to use and merits bookmarking alongside such other Web resources as PubMed and the Cochrane Library.

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References

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2. Hurwitz EL, Aker PD, Adams AH, Meeker WC, Shekelle PG. *Spine*. 1996;21:1746-60.
3. Lindbaek M, Hjortdahl P, Johnsen UL. *Fam Med*. 1996;28:183-8.

Ratings:

Quality of information: ★★★★★

Clinical usefulness: ★★☆☆☆

*Primary medical care clinics in the United Kingdom are quaintly called “surgeries,” although we don't usually cut the patients open.