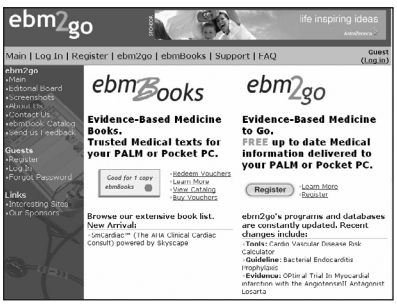
Ebm2go.www.ebm2go.com



We all struggle to keep abreast of the clinical literature, and many resources have been developed for personal digital assistants (PDAs) to provide evidence at the point of care. Ebm2go is a resource developed for use on Palms and Pocket PCs to help clinicians meet this challenge. Although its target audience is not explicitly stated on the Web site, it appears to be aimed at family physicians and general internists. I downloaded this free software to a Pocket PC and explored its usefulness while attending on a general medicine clinical teaching unit.

Ebm2go is divided into 4 sections: Formulary, Guidelines, Evidence, and Tools. The Formulary section contains some Canadian provincial drug benefit formularies, including those from Ontario. The information is limited to drugs contained in these formularies and relevant access codes for prescribing. Little information is provided about indications, interactions, or adverse events, and no referenced information is given.

The Guidelines section contains summaries of approximately 50 guidelines with topics ranging from advanced cardiac life support to monkeypox and SARS. I could not tell how the guidelines were selected, appraised, or summarized. The guideline on dementia management begins with the question, "What are the recommendations for prescribing anti-dementia drugs to patients with Alzheimer dementia?" A statement follows that there is good evidence for donepezil in patients with mild-to-moderate dementia if no contraindications exist. It also suggests that patients be followed regularly after initiation of therapy. The URL for the Ontario Ministry of Health Guidelines Advisory Committee is provided as the source of this information. No specific recommendations are given about the quality of evidence, dose, contraindications, or potential adverse events from donepezil.

The Evidence section lists some of the cardiovascular randomized trials by their acronyms. Summaries of these trials are provided, but the format is inconsistent. Again, I could not tell how the trials were selected or summarized, and citations for the original articles are not often provided. Many of these have been summarized by product sponsors, and the resource developers have made this explicit.

For the Pocket PC, a cardiovascular risk disease calculator is provided in the Tools section. Clicking on this tab takes the user to a page advertising AstraZeneca, and a second click links to the calculator. It is similar to (but not as comprehensive as) one prepared by the UK Prospective Diabetes Study group and asks the user to enter relevant patient information, including cholesterol levels and history of diabetes, hypertension, and smoking. An estimate of cardiac risk is calculated, and links are provided to a list of drugs available to lower cholesterol levels and to the Canadian guidelines on cholesterol management.

Overall, no explicit criteria are provided by the authors on how evidence is selected or appraised. It is not clear how often the materials will be updated, although users are encouraged to "hotsynch" with the Web site regularly to download updates. It is not explicitly stated whether any information about use of the various resources, including what drug information is retrieved by the user, will be provided to any of the corporate sponsors. The authors have made their sponsorship explicit, including a listing of the 7 pharmaceutical companies who have provided them with funding. Moreover, in the various sections, they explicitly state which company sponsored the relevant materials.

Because the database is small, the materials can be easily browsed. To date, there is no searching capability. Although we are continuing to see more resources provided for clinicians to facilitate the provision of evidence at the point of care, given the lack of explicit criteria for seeking and appraising evidence, this is not one that I would use in my own clinical practice.

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Ratings:
Methods/quality of information: ★☆☆☆☆
Clinical Usefulness: ★★☆☆☆