

Say
CHEESE

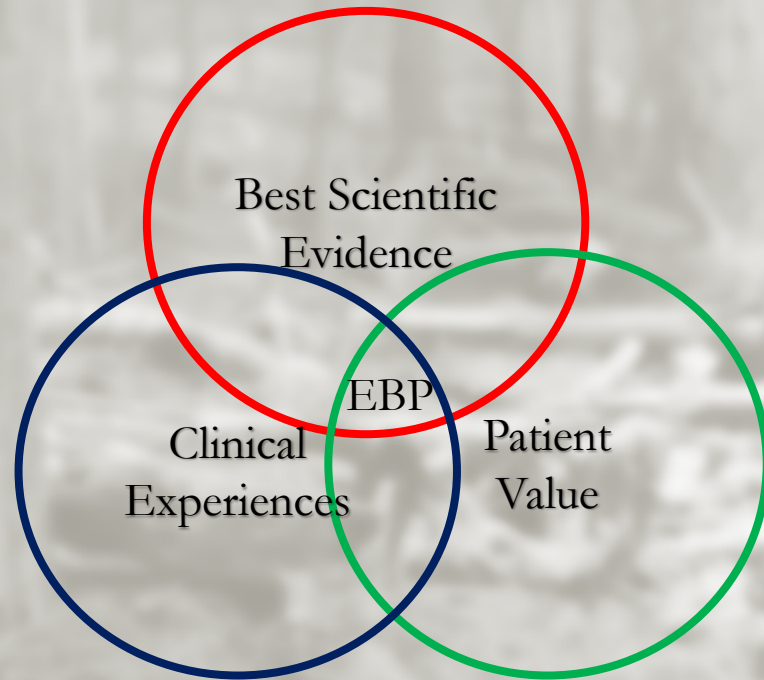


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Evidence-based medical resources



Presented by Wong Suei Nee

Date: 8th Aug 2022, 5pm-6pm



Overview

What is EBM?

A **systematic approach to medicine** in which doctors and other health care professionals use the **best available scientific evidence** from clinical research to help **make decisions** about the care of individual patients.

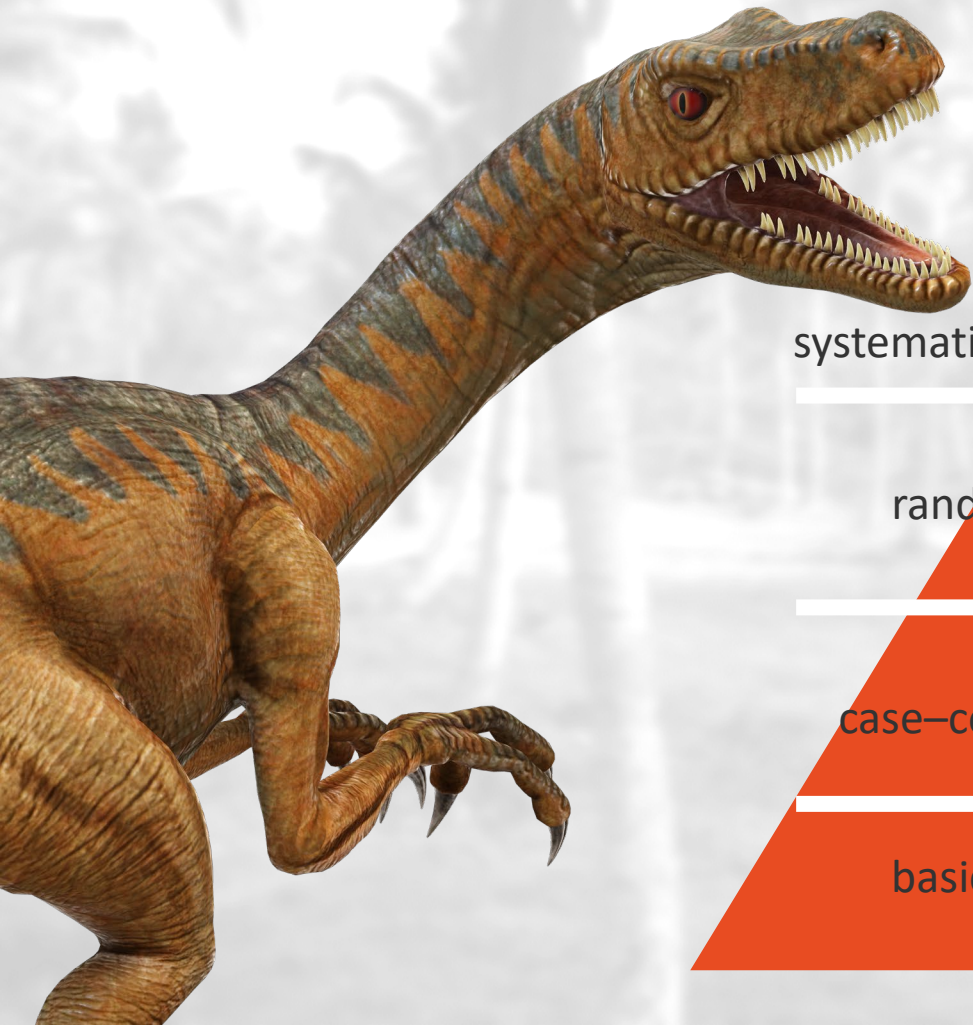
A **physician's clinical experience** and the **patient's values and preferences** are also important in the process of using the evidence to make decisions.

The use of evidence-based medicine may help **plan the best treatment and improve quality of care and patient outcomes**. Also called EBM.

<https://www.cancer.gov/publications/dictionaries/cancer-terms/def/evidence-based-medicine>



Evidence Pyramid



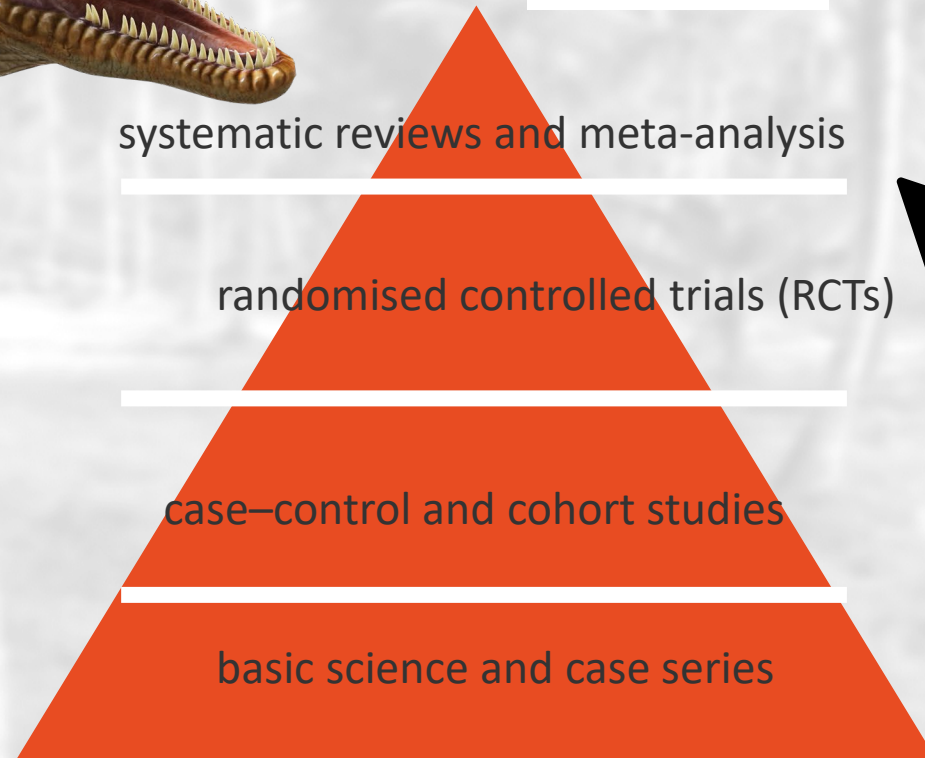
Not all evidence is the same!

Murad MH, Asi N, Alsawas M, *et al*

New evidence pyramid

BMJ Evidence-Based Medicine 2016;**21**:125-127.

<https://ebm.bmj.com/content/21/4/125>



- Filtered
- Critically-appraised
- Gone through an evaluation process

Types of Studies

Ivy leaf (*Hedera helix*) for acute upper respiratory tract infections: an updated systematic review


[Elizabeth Sierocinski](#) , [Felix Holzinger](#) & [Jean-François Chenot](#)

European Journal of Clinical Pharmacology **77**, 1113–1122 (2021) | [Cite this article](#)

3634 Accesses | **4** Citations | **4** Altmetric | [Metrics](#)

<https://link.springer.com/article/10.1007/s00228-021-03090-4#MOESM1>

Safety of English ivy (*Hedera helix*) leaf extract during pregnancy: retrospective cohort study

[Abdullah Alkattan](#) , [Raad Alameer](#), [Eman Alsalamdeen](#), [Maram Almaary](#), [Mansour Alkhairat](#), [Ahmed Alkhalifah](#), [Fatimah Alghanim](#) & [Nashwa Radwan](#)

DARU Journal of Pharmaceutical Sciences **29**, 493–499 (2021) | [Cite this article](#)

207 Accesses | **3** Altmetric | [Metrics](#)

[https://link-springer-com.libproxy1.nus.edu.sg/article/10.1007/s40199-021-00415-7](https://link.springer-com.libproxy1.nus.edu.sg/article/10.1007/s40199-021-00415-7)

Research article

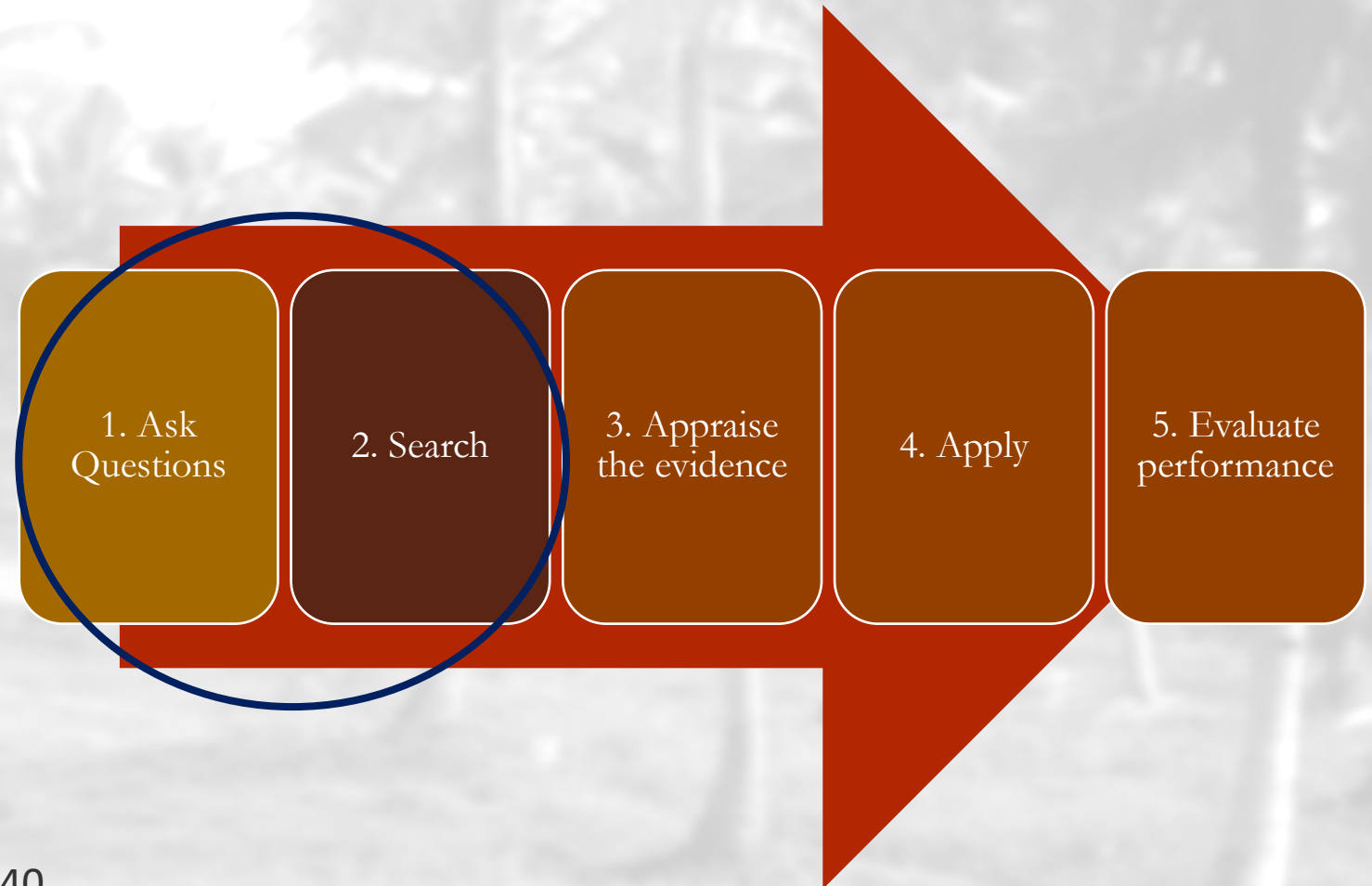
Bioactive phenolics fraction of *Hedera helix* L. (Common Ivy Leaf) standardized extract ameliorates LPS-induced acute lung injury in the mouse model through the inhibition of proinflammatory cytokines and oxidative stress

[Aya A. Shokry](#) ^a , [Riham A. El-Shiekh](#) ^b, [Gehan Kamel](#) ^a, [Alaa F. Bakr](#) ^c, [Amer Ramadan](#) ^a 

<https://www-sciencedirect-com.libproxy1.nus.edu.sg/science/article/pii/S2405844022007654?via%3Dihub>

5 steps of Evidence Based Practice

The practice of EBM involves five essential steps as discussed in the paper:



Akobeng AK

Principles of evidence based medicine

Archives of Disease in Childhood 2005;**90**:837-840.

<https://adc.bmj.com/content/90/8/837>

I. Ask Questions

Scenario:

You have a four-month-old baby admitted to your ward with viral bronchiolitis. The child's symptoms get progressively worse, and you wonder whether giving **corticosteroids** might help the child improve and reduce the length of stay in hospital. You decide to use "clinical score" as a measure of improvement.

P:

I:

C:

O:

Refer to the resource guide for more examples:

<https://libguides.nus.edu.sg/c.php?g=145717&p=2948890>

From : Akobeng AK

Principles of evidence based medicine

Archives of Disease in Childhood 2005;**90**:837-840.

<https://adc.bmj.com/content/90/8/837>

Databases to start with...

Databases	Strengths	Source
The Cochrane Library	Includes Cochrane Systematic Reviews as well as randomized controlled trials from ClinicalTrials.gov, PubMed, Embase, CINAHL and WHO's International Clinical Trials Registry Platform.	https://www.cochranelibrary.com/central/about-central
PubMed Clinical Queries	This tool uses predefined filters to help you quickly refine PubMed searches on clinical or disease-specific topics	https://pubmed.ncbi.nlm.nih.gov/clinical/?term=respiratory%20uscle%20strength%20covid
TRIP (Turning Research into Practice) Pro	One of the nice features of the TRIP database is that results are displayed in categories based on Haynes' work on the 4S approach to current best evidence of studies, syntheses, synopses, and systems https://ebm.bmj.com/content/6/2/36	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1852635/#i1536-5050-095-02-0215-b2
UpToDate	Graded recommendations allow you to make decisions even when evidence is not clear. Regular training is provided to their physician editors about evidence-based medicine and grading.	https://www.wolterskluwer.com/en/solutions/uptodate/about/evidence-based-medicine
Clinicalkey	You can support healthcare professionals and students with the latest evidence across specialties in a variety of formats, including full-text reference books and journals, synoptic content, drug information, videos, practice guidelines, customized patient education handouts, clinical calculators , and more.	https://www.elsevier.com/solutions/clinicalkey

Medicine Subject Guide

Databases

AccessMedicine

UpToDate

Clinicalkey

Trip Pro

The Cochrane Library

PubMed

Embase

Medline (Ovid)

Micromedex

PsycINFO

CINAHL

Scopus

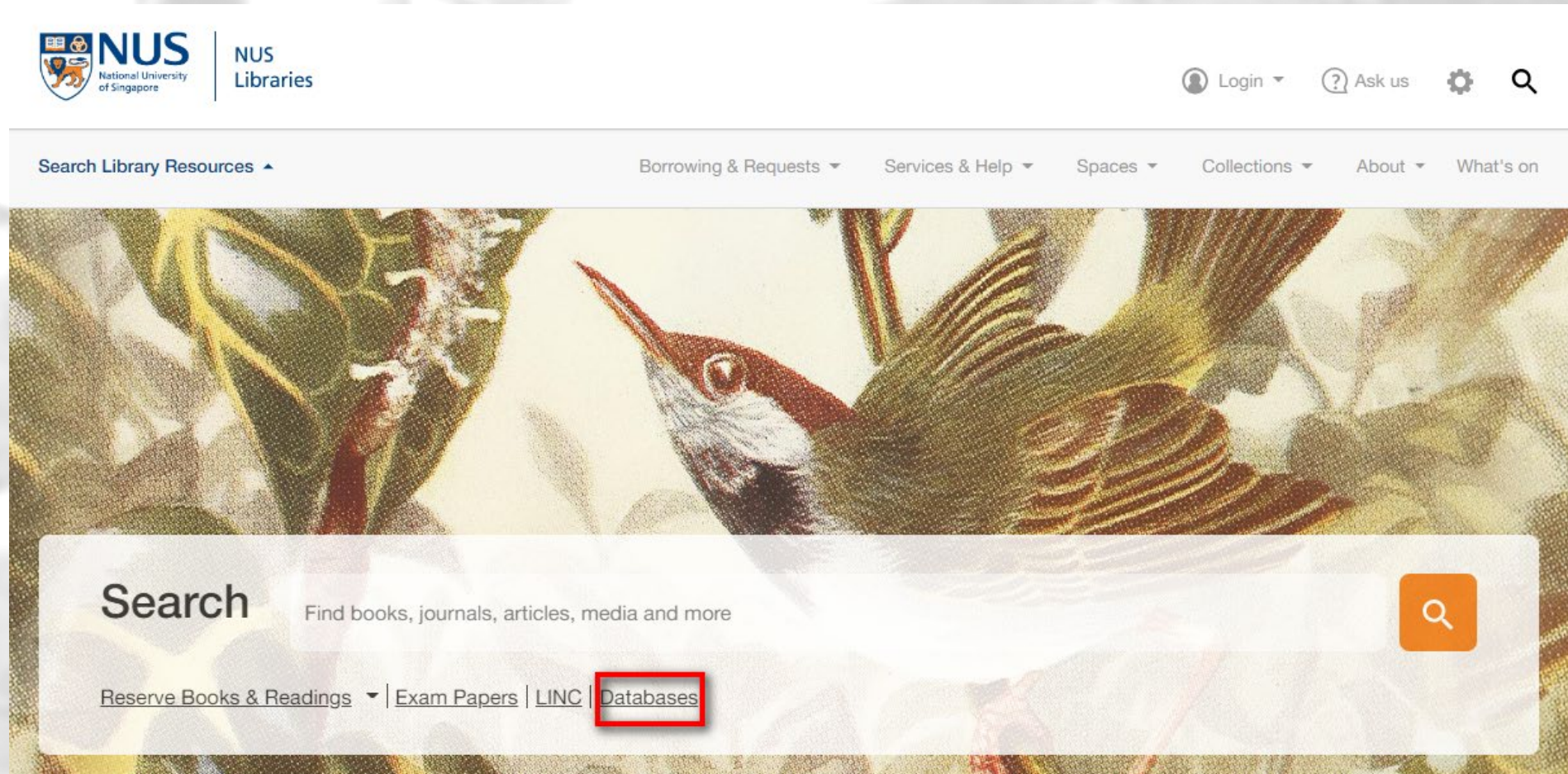
Web of Science

- [Access Medicine](#)

AccessMedicine™ (AM) is an online database of more than 60 [medical textbooks](#) published by McGraw-Hill. A number of these titles are in the Medical / Science Library RBR (recommended readings) collection, e.g. *Harrison's Principles of Internal Medicine*, *Basic & Clinical Pharmacology*, *Jawetz, Melnick & Adelberg's Medical Microbiology*, and others. AM also includes *CURRENT Diagnosis and Treatment series*, *Lange Case Files* (real-life cases), and *USMLE Self-assessment tool*.

AM's updated content on wide range of topics from basic sciences, internal medicine, surgery, pharmacy, ethics, with thousands of images, illustrations and videos, interactive self-assessment, case files, diagnostic tools and a comprehensive search platform makes it one of the first database to access for students, residents, clinicians, researchers, and all health professionals. Updated continuously.

How to access databases from the library portal:



The screenshot shows the NUS Libraries portal homepage. At the top left is the NUS logo and 'NUS Libraries' text. On the top right are links for 'Login', 'Ask us', a settings gear, and a search icon. Below this is a navigation bar with 'Search Library Resources' and several dropdown menus: 'Borrowing & Requests', 'Services & Help', 'Spaces', 'Collections', 'About', and 'What's on'. The main content area features a large background image of a bird. Overlaid on this is a search bar with the text 'Search' and 'Find books, journals, articles, media and more'. Below the search bar is a horizontal menu with links: 'Reserve Books & Readings', 'Exam Papers', 'LINC', and 'Databases'. The 'Databases' link is highlighted with a red rectangular box.

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NUS Libraries

Login Ask us

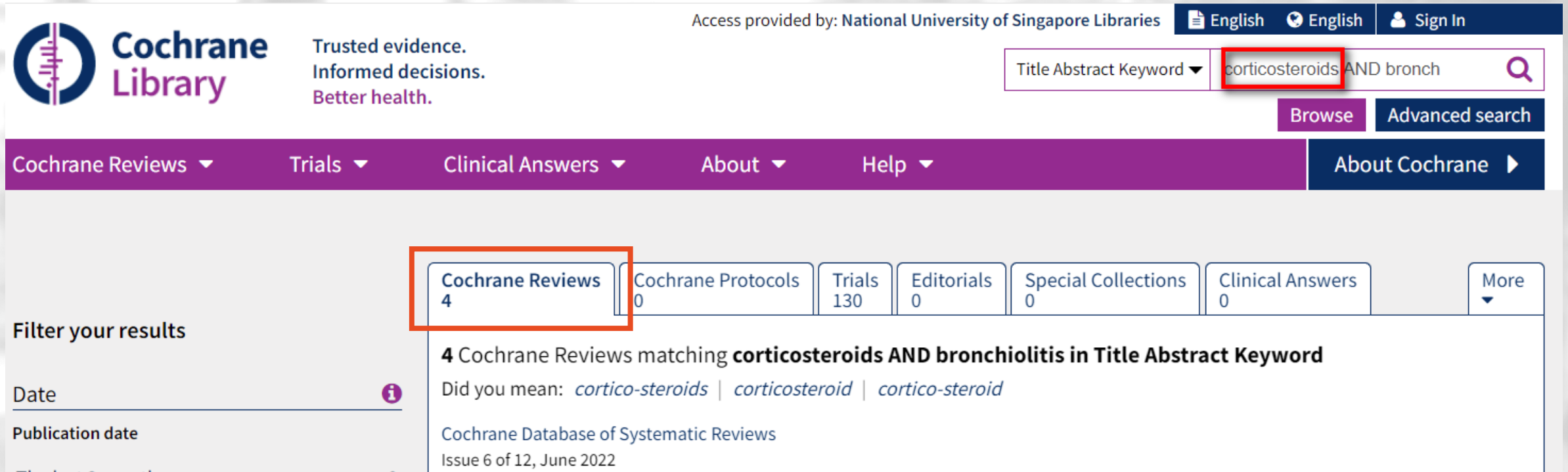
Search Library Resources

Borrowing & Requests Services & Help Spaces Collections About What's on

Search Find books, journals, articles, media and more

Reserve Books & Readings Exam Papers LINC **Databases**

How to search in The Cochrane Library



Access provided by: National University of Singapore Libraries

English English Sign In

Cochrane Library Trusted evidence. Informed decisions. Better health.

Title Abstract Keyword **corticosteroids AND bronch**

Cochrane Reviews ▾ Trials ▾ Clinical Answers ▾ About ▾ Help ▾

Filter your results

Date

Publication date

4 Cochrane Reviews matching corticosteroids AND bronchiolitis in Title Abstract Keyword

Did you mean: *cortico-steroids* | *corticosteroid* | *cortico-steroid*

Cochrane Database of Systematic Reviews
Issue 6 of 12, June 2022

Tips:

1. Search **ONE** concept if combining more than one concepts gives no result
2. Find out more about the intervention by reading “Cochrane Reviews” as well as “Clinical Answers”.
3. Look at the “Trials” tab when more information needed

How to search in PubMed Clinical Queries



Learn

About PubMed
FAQs & User Guide
Finding Full Text



Find

Advanced Search
Clinical Queries
Single Citation Matcher



Download

E-utilities API
FTP
Batch Citation Matcher



Explore

MeSH Database
Journals

Tips:

1. Combine **more than ONE** concepts if too many results
2. Filter by "Therapy" as filter will help to narrow the search.
3. Apply more filters in the result page for less result

PubMed.gov

PubMed Clinical Queries

This tool uses [predefined filters](#) to help you quickly refine PubMed searches on clinical or disease-specific topics. To use this tool, enter your search terms in the search bar and select filters before searching.

Note: The Systematic Reviews filter has moved; it is now an option under the "Article Type" filter on the main PubMed search results page.

corticosteroids × Search

Filter category

- Clinical Studies
 COVID-19

Clinical Queries filters were developed by [Haynes RB et al.](#) to facilitate retrieval of clinical studies.

Filter

Therapy ▾

See [Clinical Queries filter details](#).

Scope

Broad ▾

Returns more results: less specific, but more comprehensive. See [filter details](#).

PubMed Clinical Queries

Safety of corticosteroids in young children with viral bronchiolitis

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

Article Type

- Books and Documents
- Clinical Trial
- Meta-Analysis
- Randomized Controlled Trial
- Review

Systematic Review

[Respiratory Syncytial Virus **Bronchiolitis** in Children.](#)

2 Smith DK, Seales S, Budzik C.

Cite Am Fam Physician. 2017 Jan 15;95(2):94-99.

PMID: 28084708 [Free article.](#) [Review.](#)

Share

In 2014, the American Academy of Pediatrics updated its **clinical** practice guideline for diagnosis and management of RSV **bronchiolitis** to minimize unnecessary diagnostic testing and interventions.

Bronchiolitis remains a **clinical** diagnosis, and diagnost ...

[Acute **bronchiolitis**: assessment and management in the emergency department.](#)

3 Joseph MM, Edwards A.

Cite Pediatr Emerg Med Pract. 2019 Oct;16(10):1-24. Epub 2019 Oct 2.

PMID: 31557431 [Review.](#)

Share

Acute **bronchiolitis** is the most common lower respiratory tract infection in young children that leads to emergency department visits and hospitalizations. **Bronchiolitis** is a **clinical** diagnosis, and diagnostic laboratory and radiographic tests play a limited r ...

[**Bronchiolitis**: an update on management and prophylaxis.](#)

4 Karampatsas K, Kong J, Cohen J.

Cite Br J Hosp Med (Lond). 2019 May 2;80(5):278-284. doi: 10.12968/hmed.2019.80.5.278.

PMID: 31059347 [Review.](#)

Evaluate the Document



Meta-Analysis > BMJ Open 2019 Aug 1;9(8):e028511. doi:10.1136/bmjopen-2018-028511. **Currency**

Safety of corticosteroids in young children with acute respiratory conditions: a systematic review and meta-analysis

Ricardo M Fernandes^{1 2}, Aileen Wingert³, Ben Vandermeer³, Robin Featherstone³, Samina Ali^{4 5}, Amy C Platts-Rouillon⁶, Antonia S. Stang⁷, Brian H Rowe^{8 9}, David W Johnson¹⁰, Dominic Allain⁴, Terry Klassen¹⁰, Terry Klassen^{3 4}

Authority

Affiliations + expand

PMID: 31375615 PMCID: PMC6688746 DOI: 10.1136/bmjopen-2018-028511

Free PMC article

Abstract

Objective: Adverse events (AEs) associated with short-term corticosteroid use in young children.

Design: Systematic review of primary studies.

Data sources: Medline, Cochrane CENTRAL, Embase and regulatory agencies were searched September 2014; search was updated in 2017.

Eligibility criteria: Children <6 years with acute respiratory condition, given inhaled (high-dose) or systemic corticosteroids up to 14 days.

Relevance

Check full text, title and abstract for

FULL TEXT LINKS

[BMJ Free Full Text](#)

[FREE Full text](#) [PMC](#)

ACTIONS

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PAGE NAVIGATION

[Title & authors](#)

[Abstract](#)

[Conflict of interest statement](#)

Read full text for Purpose Accuracy

Validate Accuracy by cross-checking with these source references for the cited information

References

1. de Benedictis FM, Bush A. Corticosteroids in respiratory diseases in children. *Am J Respir Crit Care Med* 2012;185:12–23. 10.1164/rccm.201107-1174CI - DOI - PubMed
2. Johnson D. Croup. *BMJ Clin Evid* 2009;2009. - PMC - PubMed
3. Russell KF, Liang Y, O’Gorman K, et al. . Glucocorticoids for croup. *Cochrane Database Syst Rev* 2011;1:CD001955. - PubMed
4. Adams NP, Bestall JC, Jones P, et al. . Fluticasone at different doses for chronic asthma in adults and children. *Cochrane Database Syst Rev* 2008:CD003534 10.1002/14651858.CD003534.pub3 - DOI - PMC - PubMed
5. Kelly HW, Sternberg AL, Lescher R, et al. . Effect of inhaled glucocorticoids in childhood on adult height. *N Engl J Med* 2012;367:904–12. 10.1056/NEJMoa1203229 - DOI - PMC - PubMed

Show all 118 references

Finding More Search Terms

Meta-Analysis > BMJ Open. 2019 Aug 1;9(8):e028511. doi: 10.1136/bmjopen-2018-028511.

Safety of corticosteroids in young children with acute respiratory conditions: a systematic review and meta-analysis

Ricardo M Fernandes^{1 2}, Aileen Wingert³, Ben Vandermeer³, Robin Featherstone³, Samina Ali^{4 5}, Amy C Plint⁶, Antonia S Stang⁷, Brian H Rowe^{8 9}, David W Johnson¹⁰, Dominic Allain⁴, Terry P Klassen¹¹, Lisa Hartling^{3 4}

Affiliations + expand

PMID: 31375615 PMCID: PMC6688746 DOI: 10.1136/bmjopen-2018-028511

Free PMC article

FULL TEXT LINKS



ACTIONS



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MeSH terms

Substances

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LinkOut - more resources

Eligibility criteria: Children <6 years with acute respiratory condition, given inhaled (high-dose) or systemic corticosteroids up to 14 days.

Data extraction and synthesis: One reviewer extracted with another reviewer verifying data. Study selection and methodological quality (McHarm scale) involved duplicate independent reviews. We extracted AEs reported by study authors and used a categorisation model by organ systems. Meta-analyses used Peto ORs (pORs) and DerSimonian Laird inverse variance method utilising Mantel-Haenszel Q statistic, with 95% CI. Subgroup analyses were conducted for respiratory condition and dose.

Results: Eighty-five studies (11 505 children) were included; 68 were randomised trials. Methodological quality was poor overall due to lack of assessment and inadequate reporting of AEs. Meta-analysis (six studies; n=1373) found fewer cases of vomiting comparing oral dexamethasone with prednisone (pOR 0.29, 95% CI 0.17 to 0.48; I²=0%). The mean difference in change-from-baseline height after one year between inhaled corticosteroid and placebo was 0.10 cm (two studies, n=268; 95% CI -0.47 to 0.67). Results from five studies with heterogeneous interventions, comparators and measurements were not pooled; one study found a smaller mean change in height z-score with recurrent high-dose inhaled fluticasone over one year. No significant differences were found comparing systemic or inhaled corticosteroid with placebo, or between corticosteroids, for other AEs; CIs around estimates were often wide, due to small samples and few events.

Conclusions: Evidence suggests that short-term high-dose inhaled or systemic corticosteroids use is not associated with an increase in AEs across organ systems. Uncertainties remain, particularly for recurrent use and growth outcomes, due to low study quality, poor reporting and imprecision.

Keywords: asthma; bronchiolitis; corticosteroids; croup; paediatrics; safety.

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Tips to find articles on your topic

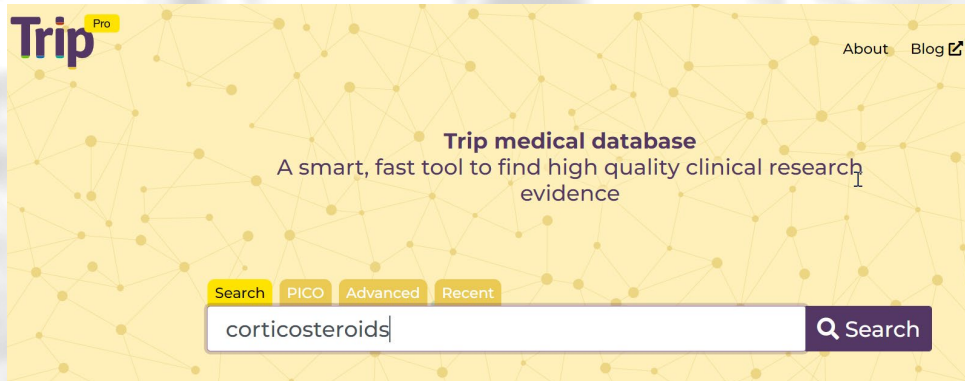
Based on a good article found, you can

- find out other keywords used by the author by reading the abstracts
- find out what are the MeSH terms (Subject headings) used to index this topic

MeSH terms

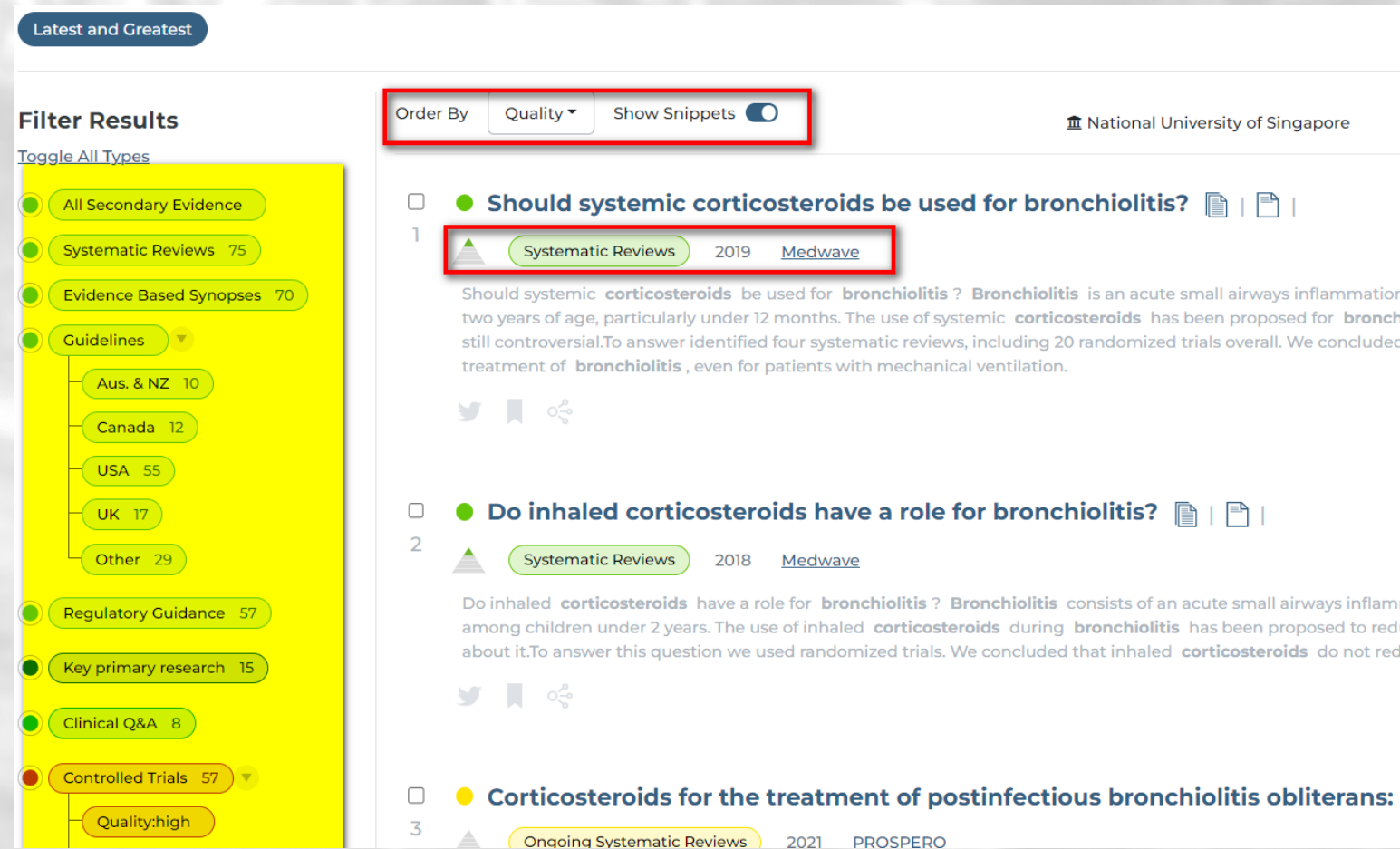
- > Acute Disease
- > Administration, Inhalation
- > Administration, Intravenous
- > Administration, Oral
- > Adrenal Cortex Hormones / administration & dosage
- > Adrenal Cortex Hormones / adverse effects
- > Asthma / drug therapy
- > Bronchiolitis, Viral / drug therapy
- > Child, Preschool
- > Croup / drug therapy
- > Dexamethasone / administration & dosage
- > Dexamethasone / adverse effects
- > Fluticasone / administration & dosage
- > Fluticasone / adverse effects
- > Glucocorticoids / administration & dosage
- > Glucocorticoids / adverse effects*
- > Growth Disorders / chemically induced
- > Headache / chemically induced
- > Humans
- > Infant
- > Injections, Intramuscular
- > Pneumonia / drug therapy
- > Prednisone / administration & dosage
- > Prednisone / adverse effects
- > Respiratory Sounds
- > Respiratory Tract Diseases / drug therapy*

TRIP Pro (Turning Research into Practice)



Tips:

1. Combine **more than ONE** concepts if too many results
2. Order by "quality".
3. Apply filters to find the high level of evidence



Latest and Greatest

Filter Results

Toggle All Types

- All Secondary Evidence
- Systematic Reviews 75
- Evidence Based Synopses 70
- Guidelines
 - Aus. & NZ 10
 - Canada 12
 - USA 55
 - UK 17
 - Other 29
- Regulatory Guidance 57
- Key primary research 15
- Clinical Q&A 8
- Controlled Trials 57
 - Quality:high

Order By Quality Show Snippets

National University of Singapore

1 **Should systemic corticosteroids be used for bronchiolitis?** Systematic Reviews 2019 Medwave

Should systemic **corticosteroids** be used for **bronchiolitis**? **Bronchiolitis** is an acute small airways inflammation two years of age, particularly under 12 months. The use of systemic **corticosteroids** has been proposed for **bronchiolitis** still controversial. To answer identified four systematic reviews, including 20 randomized trials overall. We concluded treatment of **bronchiolitis**, even for patients with mechanical ventilation.

2 **Do inhaled corticosteroids have a role for bronchiolitis?** Systematic Reviews 2018 Medwave

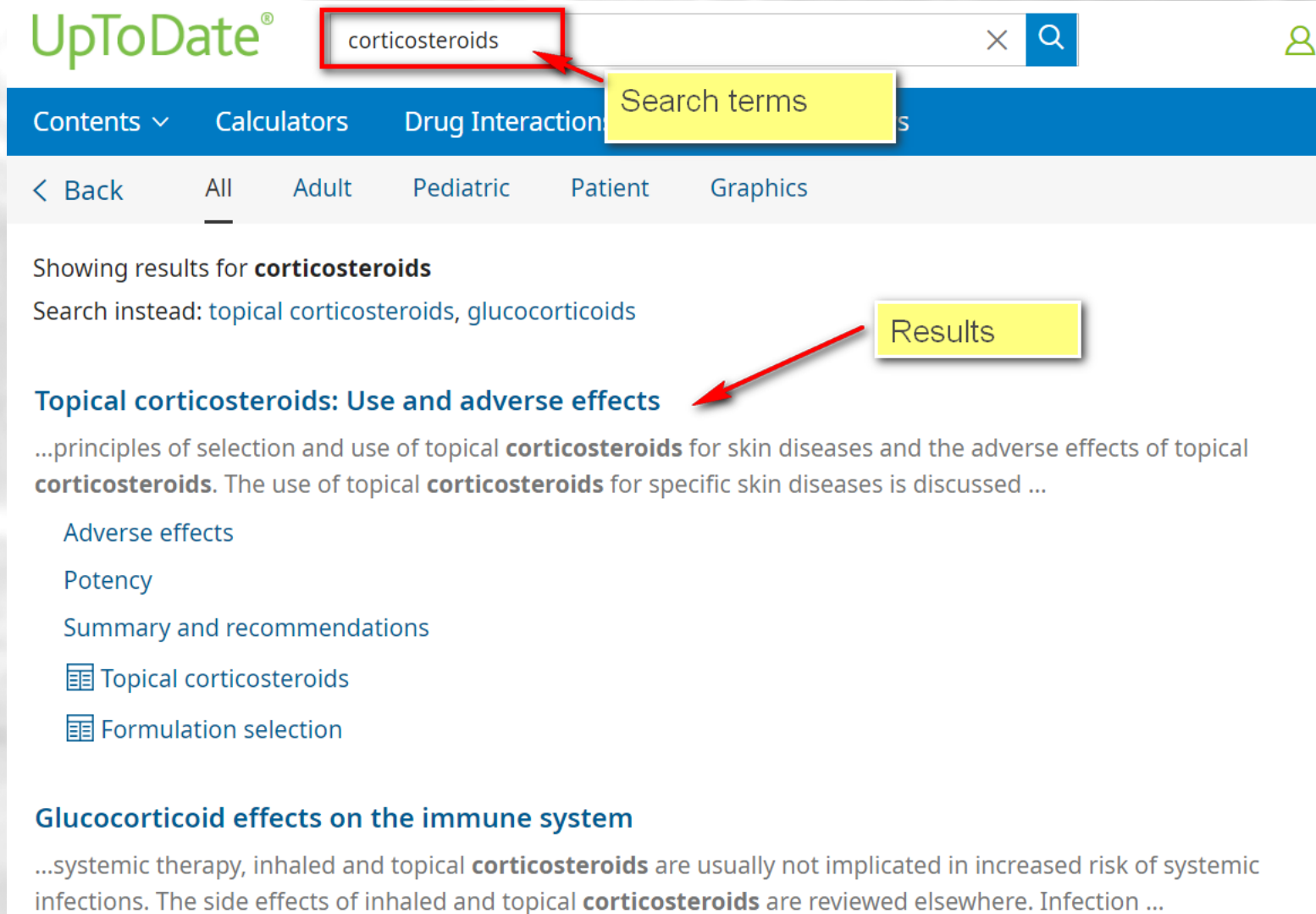
Do inhaled **corticosteroids** have a role for **bronchiolitis**? **Bronchiolitis** consists of an acute small airways inflammation among children under 2 years. The use of inhaled **corticosteroids** during **bronchiolitis** has been proposed to reduce mortality. To answer this question we used randomized trials. We concluded that inhaled **corticosteroids** do not reduce mortality.

3 **Corticosteroids for the treatment of postinfectious bronchiolitis obliterans:** Ongoing Systematic Reviews 2021 PROSPERO

UpToDate

Tips:

1. Search **ONE** concept if combining more than one concepts gives irrelevant result
2. Ask yourself, what is your focus: drug/treatment/disease?



UpToDate® × 🔍 👤



Contents ▾ Calculators Drug Interaction **Search terms** s

[← Back](#)
[All](#)
[Adult](#)
[Pediatric](#)
[Patient](#)
[Graphics](#)

Showing results for **corticosteroids**
 Search instead: topical corticosteroids, glucocorticoids

Topical corticosteroids: Use and adverse effects **Results**

...principles of selection and use of topical **corticosteroids** for skin diseases and the adverse effects of topical **corticosteroids**. The use of topical **corticosteroids** for specific skin diseases is discussed ...

- Adverse effects
- Potency
- Summary and recommendations
-  Topical corticosteroids
-  Formulation selection

Glucocorticoid effects on the immune system

...systemic therapy, inhaled and topical **corticosteroids** are usually not implicated in increased risk of systemic infections. The side effects of inhaled and topical **corticosteroids** are reviewed elsewhere. Infection ...

ClinicalKey

The screenshot shows the ClinicalKey search interface. At the top left is the Elsevier logo and the ClinicalKey brand name. A search bar contains the term "corticosteroid" and a search button. Below the search bar, a dropdown menu lists several related terms: corticosteroid adverse reactions, corticosteroid contraindications, corticosteroid indications, corticosteroid monitoring, corticosteroid therapy, corticosteroid Injection, corticosteroid withdrawal syndrome, corticosteroid receptor, corticosteroid myopathy, and corticosteroid-induced glaucoma. To the left of the search results, there are filter options under "Filter By:" and "Source Type:". The "Source Type" filter is set to "Full Text Only" (1621 results). Other filters include "Journal Articles" (1621), "Meta-analyses" (6), and "Randomized" (45). The main search results area shows "2081 results" and a "Rate Results" button. The first result is for "Bronchiolitis", with a brief description: "Bronchiolitis is a viral infection of the airways causing inflammation, mucus production and airway obstruction, air trapping, and atelectasis. Typically presents in children younger than 2 ...".

Tips:

1. Search **ONE** concept if combining more than one concepts gives irrelevant result
2. Auto suggest terms helps to retrieve relevant results.
3. Filter by source type to narrow the search.

2. Search

STEP 2: WHERE TO SEARCH?

Bibliographic Databases

Grey Literature

Trials Registers

Theses / Dissertations

STEP 3: HOW TO SEARCH?

Basic search

Comprehensive Search

Hierarchy of Evidence & Study Types

Search Filters

Refer to the resource guide
for more information :
[https://libguides.nus.edu.sg/
c.php?g=145717&p=285991
0](https://libguides.nus.edu.sg/c.php?g=145717&p=2859910)

Findings from different sources

Authors' conclusions

This review **does not demonstrate an effect** of inhaled corticosteroids given during the acute phase of bronchiolitis in the prevention of post-bronchiolitic wheezing. This finding precludes us from making any recommendation for or against the use of inhaled corticosteroids for the prevention of post-bronchiolitic wheezing.

From **Cochrane**: Blom DJM, Ermers M, Bont L, van Woensel JBM, Van Aalderen WMC. Inhaled corticosteroids during acute bronchiolitis in the prevention of post-bronchiolitic wheezing. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD004881. DOI: 10.1002/14651858.CD004881.pub2. Accessed 29 June 2022.

UptoDate

- **Management of nonsevere bronchiolitis** – Infants and children with nonsevere bronchiolitis usually can be managed in the outpatient setting unless there are concerns about the caregivers' ability to care for them at home.

Supportive care (maintenance of adequate hydration, relief of nasal congestion/obstruction, monitoring disease progression) and anticipatory guidance are the mainstays of management. We **generally do not use pharmacologic interventions** (eg, bronchodilators, glucocorticoids) or nebulized hypertonic saline in the management of children with nonsevere bronchiolitis. (See 'Severity assessment' above and 'Nonsevere bronchiolitis' above.)

- **Management of severe bronchiolitis** – Infants and children with severe bronchiolitis require assessment in the emergency department and usually require supportive care in the inpatient setting.

Supportive care (maintenance of adequate hydration, provision of oxygen and respiratory support as necessary, monitoring disease progression) and anticipatory guidance are the mainstays of management of severe bronchiolitis. (See 'Severity assessment' above and 'Severe bronchiolitis' above and 'Fluid management' above and 'Supplemental oxygen' above and 'Monitoring clinical status' above.)

Results for Clinical Studies: Therapy/Broad

5 of 837 results sorted by: Most Recent

[See all results in PubMed \(837\)](#)

PubMed

[Efficacy of Nebulized Hypertonic Saline \(3%\) Versus Normal Saline and Salbutamol in Treating Acute Bronchiolitis in A Tertiary Hospital: A Randomized Controlled Trial.](#)

Pandit P, et al. Mymensingh Med J. 2022. PMID: 35383741 Clinical Trial.

[Effect of glucocorticoid therapy on long-term growth and development of children with bronchiolitis.](#)

Aili ZY, et al. Zhongguo Dang Dai Er Ke Za Zhi. 2022. PMID: 35351255 **Free PMC article**. Chinese, English.

[Severe diffuse proliferative bronchiolitis complicating culture-proven disseminated BCG infection after intravesical instillation for bladder cancer.](#)

Notghi AAA, et al. BMJ Case Rep. 2022. PMID: 35321917

[Cryptogenic Organizing Pneumonia.](#)

King TE Jr, et al. N Engl J Med. 2022. PMID: 35294814 Review. No abstract available.

[Childhood Respiratory Conditions: Lower Respiratory Tract Infection.](#)

Lowe MC. FP Essent. 2022. PMID: 35143151

[See all results in PubMed \(837\)](#)

Pharmacologic agents have largely proven **ineffective** in the management of bronchiolitis. Cochrane reviews have **failed to demonstrate** any impact on clinical outcomes with use of albuterol or **corticosteroids** in bronchiolitis; neither are currently recommended for management. Response to bronchodilators is unlikely and unpredictable in children younger than 1 yr, and there is no validated method of assessing response in the clinical setting. The use of inhaled or oral steroids in very young children with wheezing has not been shown to prevent the progression of childhood wheezing or development of asthma. There is debate over the use

From **ClinicalKey**: Kliegman, R., Stanton, B., St. Geme, Joseph W., III, Schor, N. F., Behrman, R. E., & Nelson, W. E. (2020). Nelson textbook of pediatrics (21.th ed.). Elsevier Inc.

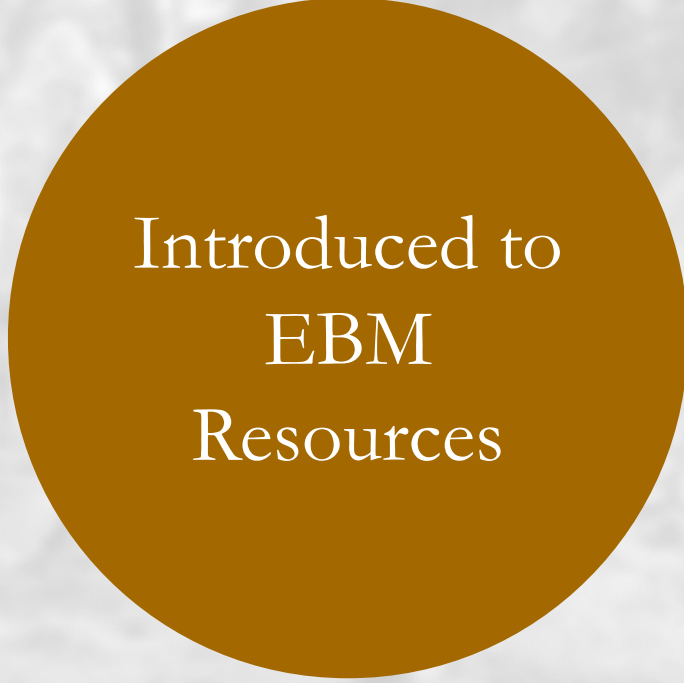
to suggest that it may reduce risk of hospitalization when used in the outpatient setting. Ribavirin, the only currently available antiviral medication targeting RSV, is also *not* currently recommended, because of minimal impact on disease outcomes, and because it is costly, difficult to administer, and associated with important toxicities.

Summary

We have come to the end....



Introduced to
EBM



Introduced to
EBM
Resources

Works Cited

- Murad MH, Asi N, Alsawas M, et al. New evidence pyramid. *BMJ Evidence-Based Medicine* 2016;21:125-127.
- Akobeng AK. Principles of evidence based medicine. *Archives of Disease in Childhood* 2005;90:837-840.

Thank you!