

Research Corner (Feb 2009)- our understandings about AOM, and its potential for being part of Integrative Medicine, are shaped by contemporary research.

Learning about current research allows us to speak confidently about what we know and what we don't know about our medicine.

*Editors' Note: Feel free to send in ideas for this corner, addressed to info@oaaom.com. This section of our Newsletter is supported by OCOM Research. NOTE: **emphasis** and italics added.*

This is an interesting and educational article, available for free download, about the tools used to qualify Evidence Based Medicine. Recommended by Ryan Milley, who works at OCOM Research and supports OAAOM's Legislative and Legal Affairs Committee.

H. Walach, T. Falkenberg, V. Fonnebo, G. Lewith, and W. B. Jonas. **Circular Instead of Hierarchical: Methodological Principles for the Evaluation of Complex Interventions.** *BMC.Med Res.Methodol.* 6 (1):29, 2006.

<http://www.ncbi.nlm.nih.gov/pubmed/16796762?dopt=Citation>

BACKGROUND

◇The reasoning behind evaluating medical interventions is that a hierarchy of methods exist which successively produce improved and therefore more rigorous **evidence based medicine** upon which to make clinical decisions.

◇At the foundation of this hierarchy are case studies, retrospective and prospective case series, followed by cohort studies with historical and concomitant non-randomized controls. **Open-label randomized controlled studies (RCTs), and finally blinded, placebo-controlled RCTs, which offer most internal validity are considered the most reliable evidence.**

◇Rigorous RCTs remove bias. **Evidence from RCTs forms the basis of meta-analyses and systematic reviews.** (*Note: Policy decisions are often based on these meta-analyses and systematic reviews.*)

This **hierarchy, founded on a pharmacological model of therapy**, is generalized to other interventions which may be complex and non-pharmacological (healing, acupuncture and surgery).

DISCUSSION

◇The hierarchical model is valid for limited questions of efficacy, for instance for regulatory purposes and newly devised products and pharmacological preparations. (*See entry above about HB2129, in the Legislative Updates section for this month.*)

◇It is inadequate for the evaluation of complex interventions such as physiotherapy, surgery and complementary and alternative medicine (CAM).

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◇This has to do with the essential tension between internal validity (rigor and the removal of bias) and external validity (generalizability). *(Note: This “tension” is a key issue regarding the difficulties experienced by many practitioners of Western medicine in understanding our medicine!)*

SUMMARY

◇**Instead of an Evidence Hierarchy, we propose a Circular Model.**

◇This would imply a multiplicity of methods, using different designs, counterbalancing their individual strengths and weaknesses to arrive at pragmatic but equally rigorous evidence which would provide significant assistance in clinical and health systems innovation.

◇**Such evidence would better inform national health care technology assessment agencies and promote evidence based health reform.** *(Note: See entry about HB2129, in the Legislative Updates section for this month.)*

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