

## Editorial

# Evidence Based Mental Healthcare: Perspective

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Evidence Based Medicine (EBM) is one of the most exciting clinical tools that we dispose of. It helps retrieve evidence and appraise it in a systematic way, using transparent methodology and explaining in a detailed way not only the what, but also the how and the why of any decision we take as clinicians for the benefit of our patients.

A cautious disclosure should be stated here. As Atul Butte humorously put it in one of his inspiring speeches [1] on the clinical uses of big data, if we are entering the era of Precision Medicine that somewhat implies that we have been practicing Imprecision Medicine until now. Likewise, if we advocate for Evidence Based Medicine, what have doctors based their clinical decisions on until now? EBM should be considered as one of the cornerstones of Medicine, without disregarding the observational perspective that has guided doctors for millennia.

Evidence Based Mental Healthcare falls into this general pattern of EBM. There are three main reasons why EMB produces better Medicine:

1. Search strategies try to be as comprehensive and rigorous as possible. Published and unpublished evidences are sought all over, and then sorted out. EBM systematic reviews try to come up with all the existing studies on a specific clinical question (see more on this below).

2. There must be a protocol. All the steps to be taken in a systematic review are written down and published so that researchers cannot “change minds” along the review process and throw bias into the systematic review.

3. The evidence is critically appraised and the risk of bias of the studies included in the review is determined, so that the reader will be able to know if it is reliable or not, and why.

The Cochrane Common Mental Disorders group, formerly based in Auckland, Bristol and London, and now in the process of moving to the University of York, is a thriving and rigorous group that has hosted the publication of 772 studies to the date of this editorial.

Constructive criticism to the Cochrane Collaboration has come from relevant figures like Jon Brassey [2], the founder and director of the EBM search engine Trip Database. He has argued that the Cochrane Collaboration promulgates methods that are so costly in terms of money and time that too few are done and the majority is not being kept up to date. He, among others, has advocated for Rapid Reviews as viable alternatives. The Cochrane Collaboration has set the Rapid Reviews Methods Group, to tackle this problem.

As explained in their website [3]. All Trials is an initiative that calls for all past and present clinical trials to be registered and their full methods and summary results reported. It is estimated that up to 30% of all trial results are not registered and this causes reporting or publication bias to the process of a systematic review (point 1 above).

Even though EBM has its imperfections, it is indeed invaluable for the everyday practice of researchers and clinicians. Much is still to be studied and vast possibilities lie ahead. This Journal is eager to be a platform for the diffusion of rigorous, evidence based knowledge in Mental Health [4].

## References

1. Atul Butte on the future of big data and the potential for 'garage biotech'.
2. The BMJ Blogs. Jon Brassey: Threats to traditional systematic reviews. 2016.
3. The Cochrane Collaboration. Rapid Reviews Methods Group.
4. <http://www.alltrials.net/>.