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SPECIAL ARTICLE

If the results of an article are noteworthy, read the entire article; do not rely on the abstract alone[☆]



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PALABRAS CLAVE

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Diagnóstico;

Abstract Clinicians typically update their knowledge by reading articles on the Internet. Easy access to the articles' abstracts and a lack of time to access other information sources creates a risk that therapeutic or diagnostic decisions will be made after reading just the abstracts. Occasionally, however, the abstracts of articles from clinical trials that have not obtained statistically significant differences in the primary study endpoint have reported other positive results, for example, of a secondary endpoint or a subgroup analysis. The article, however, correctly reports all results, including those of the primary endpoint. In the abstract, the safety information of the experimental treatment is usually deficient. The whole article should be read if a clinical decision is to be made.

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Si le llaman la atención los resultados de un artículo, léalo completo, no se fíe solo del resumen

Resumen Es habitual que los clínicos actualicen sus conocimientos con la lectura de artículos a través de Internet. El fácil acceso al resumen de los artículos y la falta de tiempo para acceder a otros tipos de fuentes de información hace que exista el riesgo de que, en ocasiones, se puedan tomar decisiones terapéuticas o diagnósticas tras la sola lectura de los resúmenes. Ocasionalmente, sin embargo, en los resúmenes de artículos de ensayos clínicos que no han

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obtenido diferencias estadísticamente significativas en la variable principal de evaluación, se informa de otros resultados positivos, por ejemplo, de una variable secundaria o en un subgrupo de participantes. En el artículo, no obstante, se informa correctamente de todos los resultados obtenidos, incluso de los de la variable principal de evaluación. En el resumen, la información de seguridad del tratamiento experimental suele ser deficiente. Se debe leer el artículo completo si se va a tomar una decisión clínica.

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Dr. Arthur Ammann, President of Global Strategies for Human Immunodeficiency Virus (HIV) Prevention, reported some 10 years ago that the program for preventing perinatal HIV transmission in South Africa was modified after a physician had read the abstract of an online article. It turned out that the introduced program was less effective than the discontinued program.¹ This example demonstrates how numerous physicians get their information essentially through free access to abstracts of scientific articles published in PubMed² or simply Google, and that they make clinical or public health decisions from the information obtained. In addition to the fact that the amount of information that can be included in abstracts is limited, in many cases the abstracts can lead to mistakes because they do not accurately and rigorously report the findings described in the article.³

Access to medical information

There are numerous information sources to which clinicians have access for improving their professional activity, which range from clinical sessions and expert consultations to having access to the results of clinical research. The application of the acquired knowledge to a specific case will depend on several factors, which should include consideration of the usage protocols in the healthcare center and the patient's preferences.⁴

A survey showed that 75% of physicians in Spain used the Internet to update their knowledge,⁵ a similar percentage to that of other countries.^{6,7} Keeping up to date with the reading of scientific publications influences the quality of care.⁸⁻¹⁰ The enormous increase in the number of openly published journals and articles¹¹ increasingly speeds access to the required information. However, many physicians have little time to read articles and tend to trust the information from abstracts. In fact, it is assumed that the editorial teams of journals ensure the rigor and quality of articles they publish, such that physicians limit themselves to reading the abstracts of 63% of the articles.¹² It is only after reading the abstract do the physicians decide to read (or not) the rest of the article.¹³ Making an attractive abstract is thus the first step in encouraging the reader to finish the whole article.

The communication of the design and results of clinical trials is often deficient in the articles and abstracts,^{14,15} as is those of studies on diagnostic tests.¹⁶ The CONSORT guidelines were drawn up in 1996 and were subsequently updated with the objective, among others, of systematizing

the information that must be communicated from randomized clinical trials.¹⁷ In 2003, the STARD guidelines were published with the same objective for diagnostic tests.¹⁸ However, we are still far from this communication being optimal.^{19,20} Because for many physicians, the information in the articles' abstracts is the main (or only) source of information, in 2008, CONSORT published a list of the elements of information that the abstracts should include¹⁷ and that has shown usefulness.^{21,22}

Biases in the publication of clinical trial results

It is common knowledge that the publication of results from studies is subject to various types of biases. These include the well-known publication bias,^{23,24} which leads many authors to not send studies with negative results for publication,²⁵ and the selective publication of results bias, which can take various and subtle forms.²⁶

Occasionally, a clinical trial shows no significant differences in the results of the main study endpoints, but the results are presented in the article in such a way as to lead to misinterpretations in favor of the experimental treatment. This can include, for example, an emphasis on the benefit achieved in a secondary variable or in a specific patient subgroup.²⁷ That is what is known as spin, which in effect communicates distorted and misleading information on the results of a trial. Spin can occur unconsciously, due to ignorance of the scientific problem at hand or with the intention of fooling the reader²⁷ and can appear from the article's title to its conclusion.

The reporting of conflicting results (with spin) is very common.^{27,28} Spin occurs in 38% of the results and 58% of the conclusions of abstracts, as well as in 50% of the conclusions in the body of the article for clinical trials whose primary endpoint results do not achieve statistical significance.²⁷ Moreover, the complete reporting in the abstracts of the endpoint results of systematic reviews is associated with the statistical significance they possess.²⁹ The problem of publishing studies with conflicting information in the abstract also affects articles that report on diagnostic tests.³⁰

Discrepancies between the information in the abstract and in the rest of the article

In this case, the authors properly report the findings of their study in the body of the article, but not in the article's

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