

# POEMs in the *PJ*: a new series about treatments relevant to your patients

A new series starts this week in *The Journal*. Harriet Adcock explains what POEMs are

This week, *The Journal* publishes its first POEM — a short synopsis of research that has been identified as being valid and of significance to patients (see below).

POEM stands for Patient-Oriented Evidence that Matters, a concept originally thought up by David Slawson, professor of family medicine at the University of Virginia in Charlottesville, and Allen Shaughnessy, a pharmacist and adjunct professor of family and community medicine at the Penn State College of Medicine, Hershey, Pennsylvania. Pharmacists may already have come across

POEMs, either because they have access to the database of research summaries produced by the company behind POEMs or because they have seen them published in the *BMJ*.

The idea of POEMs was born out of a need for useful information. The most useful of useful information must be relevant to everyday practice, it must be correct and it should be easily obtained. Professor Slawson and Professor Shaughnessy came up with a neat equation to describe this:

$$\text{Usefulness} = \frac{\text{relevance} \times \text{validity}}{\text{work to access}}$$

The formula reveals that the best source of information provides highly relevant and valid information with minimal effort required to obtain it.

It is important that pharmacists are familiar with the latest research in therapeutics. They should also be aware of the level of evidence that backs up trial conclusions. However, pharmacists, like other health care professionals, are busy people experiencing information overload. Extracting meaningful information relevant to the treatment of patients is not always easy.

POEMs are designed to address the problem of information overload. Each month, a group of editors reviews over 100 journals looking for valid pieces of research. Articles that meet the POEM criteria for validity and relevance (see Panel) are summarised. These summaries, in turn, are reviewed and revised.

## Pharmacists need access to valid, relevant information

Each POEM is then allocated a “level of evidence” indicator, based on codes used by the Oxford Centre for Evidence-Based Medicine ([www.cebm.net/levels\\_of\\_evidence.asp](http://www.cebm.net/levels_of_evidence.asp)).

Although POEMs were originally designed to help doctors working in primary care, *The Journal* believes that some will be useful to pharmacists. InfoPOEMs, the commercial enterprise behind POEMs, agrees. InfoPOEMs has access to a range of journals beyond the reach of *PJ* staff and is allowing us to publish up to four POEMs a month.

Pharmacists interested in subscribing to the full POEM service should access the InfoPOEMs website ([www.infopoems.com](http://www.infopoems.com)).

## What is a POEM?

POEMs are designed to be relevant and must:

- Address a clinical question faced by health care professionals
- Measure outcomes that are important to clinicians and patients, such as symptoms, morbidity, quality of life and mortality
- Have the potential to change practice

Only original research and systematic reviews are used to produce POEMs. Preliminary results or evaluations reporting on intermediate or surrogate outcomes are not usually reviewed.

POEMs must also be valid. For example, studies of treatments must be randomised controlled trials. For reviews, only systematic reviews, including meta-analyses, are considered.

## POEM

### Withdrawal of long-acting nitrates is safe in stable angina

**Clinical question** Is it safe to withdraw long-acting nitrates from patients with stable angina who may no longer need them?

**Bottom line** There is little risk in withdrawing patients with stable angina from long-acting nitrates as long as they have access to rescue medication and can restart the medication if they have recurrent angina. Patients with a low ejection fraction may be at higher risk of recurrence.

**Synopsis** There are many patients who have been taking nitrates for stable angina for a long time. How safe is it to withdraw the nitrate if, say, the patient wants to try sildenafil (Viagra)?

In this randomised controlled trial, haemodynamically stable patients taking long-term nitrates for symptom relief who had been free of angina for at least three months were randomised to either abrupt discontinuation of the nitrate or continued treatment in a 2:1 ratio. Most were taking a long-acting oral nitrate once or twice a day, with a mean daily dose of 41–45mg per day. At the end of the three-month study period, eight of 80 patients in the withdrawal group and two of 40 in the continued

treatment group had recurrent angina and had to use their rescue medication, a short-acting nitrate spray (10 per cent vs 2 per cent;  $P=0.141$ ). This study is limited by the lack of blinding and failure to disclose information about allocation concealment.

It is possible that a much larger study would reveal more hazards of nitrate discontinuation but, at least in this group of 80 patients, to do so was safe and generally well tolerated. An estimate for a 95 per cent confidence interval for 0/80 deaths is 3/80, or 3.7 per cent. The authors note that most of the patients with recurrent angina had a low ejection fraction, although this trend was not statistically significant.

**Level of evidence** 2c (outcomes research).

**Reference** George J, Kitzis I, Zandorf D et al. Safety of nitrate withdrawal in angina-free and hemodynamically stable patients with coronary artery disease. *Chest* 2003;124:1652–57.

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