The Cochrane Library

Special points of interest:

- This should take no longer than 1 hour to prepare
- First time you undertake a journal club in this way it may be a bit nerve-wracking

but….

- It should be fun to conduct and attend
- It should begin and end on the practical day-to-day clinical situation

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Cessation of medication for people with schizophrenia already stable on chlorpromazine - THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group
http://szg.cochrane.org/en/index.html, email: jun.xia@nottingham.ac.uk

from
Almerie MQ, Alkhateeb H, Essali A, Matar HE, Rezk E. Cessation of medication for people with schizophrenia already stable on chlorpromazine. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD006329. DOI: 10.1002/14651858.CD006329

Background explanation

Thank you for giving this guide a go. The idea behind this is to make things easier for you when you lead the journal club.

Journal clubs are often difficult to conduct and far removed from clinical life. Even if the leaders do prepare well, those turning up may be more in need of lunch, coffee or a social time than practical academic stimulation and the implicit pressure to read a difficult paper.

This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

This journal club design should really help those attending see that this research may have some clinical value.

What you will need to do is:

- ☑ Have a good read of this
- ☑ Then read the review to which this is attached.
- ☑ Distribute the review to those attending well before the club
- ☑ Make more copies for those turning up on spec
- ☑ Do not really expect many to have read the review

PRINTING GUIDE

Pages 1-4 - one copy for you

Pages 5-6 - one copy for each participant - distributed at **start** of journal club

Page 7– one copy for each participant distributed at **end** of journal club

Page 8 - one copy for you to collate feedback

Full review for everyone

Try to find a colour printer that does double sided printing

The three parts

Part 1. Set the clinical scene (5 mins)

Be clear, but really make the participants feel the pressure of the situation...just like you would in clinical life

Part 2. Critical appraisal of the review (20 mins)

Get participants to list what is needed from the review before John and parents arrive, get them to talk, split into groups—with a feeling of urgency.

Part 3. Use of evidence in clinical life (20 mins)

Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

Part 1.1 Setting the scene – John

Introduce participants in the journal club to their scenario

John has had schizophrenia for some years. He is reasonably well on his antipsychotic medication but does not like taking it.

He wants to stop it. He has never been convinced that he should really keep on with it anyway.

His parents are worried that he will be worse off without the drug - but do not like the odd movements that are beginning to appear around his face.

They are all coming to see you in clinic…….in about an hour.

Questions for participants:

Q 1. What do you think John may ask?

A 1. [Suggestion] "Well, doc, what are my odds of staying OK if I stop it?"

Q 2. What do you think John means by 'OK'?

A 2. ***List*** the suggestions from participants as these are what John will come back to in the role play

Q 3. What do you think John's parents will ask?

A 3. Again, list answers.

Part 1.2 Setting the scene – the Journal club

Complicate the scenario by adding the need to attend this journal club

Knowing you are due to see John and his family in less than an hour you are nevertheless compelled to attend journal club.

You have not had time to read the paper and need some lunch.

By a stroke of luck the paper for discussion focuses on cessation of medication for people with schizophrenia already stable on chlorpromazine.

Questions for participants:

Q 1. If you had not had this paper fall into your lap where might you have gone for reliable information?

A 1. There are now lots of answers to this - The Cochrane Library, Clinical Evidence, NICE Technology Appraisals.

Anything that has a **reproducible method** by which results are obtained.

Part 2.1 Critical appraisal of the review

For every review there are only three important questions to ask:

1. Are the results valid?

2. What *are* the results?

3. Are the results applicable to patient?

You now have only 20 mins to get participants though this large review. To do this quickly is not easy, especially as many will not have read the paper in preparation.

Suggestion: Ask participants what salient facts they want to know - especially considering their tight time-scale.

Remind them that John and parents now arrive in about 20 mins.

You should be able to fit most of the suggestions supplied by participants into the three categories of question outlined above.

Read 2.2 as this give more detail of the issues that will, in some shape or form, be supplied by the participants.

If they are not lively—give them a hand.

Do not panic. Bright journal club attendees will come up with all the answers—your job is to help focus their efforts and categorise their answers.

Do not be worried by silence.

Take time to read and think about the review - this is the only time-consuming bit

LIST 1:

1.

2.

3.

4.

5.

List 2:

1.

2.

3.

4.

5.

Participants will think of most of the issues - you just need to catch them and write them on a board or flip chart.

Part 2.2 The three parts of appraising a review

1. Are the results valid?

There is no point looking at the result if they are clearly not valid.

a. Did the review address a clearly focused issue?

Did the review describe the population studied, intervention given, outcomes considered?

b. Did the authors select the right sort of studies for the review?

The right studies would address the review's question, have an adequate study design

c. Do you think the important, relevant studies were included?

Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

d. Did the review's authors do enough to assess the quality of the included studies?

Did they use description of randomization, a rating scale?

2. What *are* the results?

a. Were the results similar from study to study?

Are the results of all included studies clearly displayed?

Are the results from different studies similar?

If not, are the reasons for variations between studies discussed?

b. What is the overall result of the review?

Is there a clinical bottom-line?

What is it?

What is the numerical result?

c. How precise are the results?

Is there a confidence interval?

3. Can I use the results to help John?

a. Can I apply the results to John?

Is John so different from those in the trial that the results don't apply?

b. Should I apply the results to John?

How great would the benefit of therapy be for this particular person?

Is the intervention consistent with John's values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?

Part 2.3 Doing the appraisal

Having managed the interactive session with the participants - acquiring the three questions that need to be addressed by those appraising a review and some idea of how to answer each of those questions - now divide the room into three.

Apportion one of the questions per group and ask each group to get a feel for the whole review (1 min) but to focus on answering their particular question for the rest of the participants (5 mins or so).

Encourage talking to each other.

Move round the room to help the groups if they seem to need it.

Have your copy of the review marked up with where they may look for answers -although in a good review it should be obvious.

Stop the flow after about 10 minutes and ask each group to report in turn.

Do Group 1 really think that the review uses valid methods? Why?

After the first group's report you may want to ask everyone to vote whether to proceed or not.
If they agree to proceed —see if you can **get Group 2 to give you the clinical bottom line.**

We suggest that the Graph providing data for 'Global state: 2. Relapse' best fits John's request of information about staying 'OK'.

And from **Group 3 get some feel of how applicable the findings are.**

There is no point proceeding to the second question if journal club participants think the results are not valid

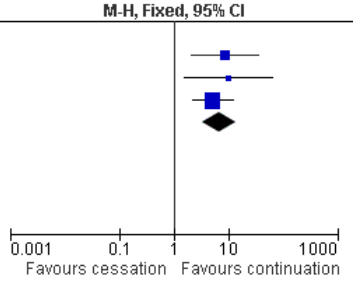
"Well, Doc, what are my odds of staying OK if I stop it?"

Part 2.4 A quick and dirty way to work out NNT

Comparison 1 CESSATION OF CHLORPROMAZINE vs CONTINUATION OF CHLORPROMAZINE
Outcome 2 Global state: 2. Relapse.

Study or Subgroup	CPZ cessation Events	Total	CPZ continuation Events	Total	Weight	Risk Ratio M-H, Fixed, 95% CI
1.2.1 short term						
Caffey 1964	34	171	2	88	29.3%	8.75 [2.15, 35.57]
Mathur 1981	10	11	1	11	11.1%	10.00 [1.53, 65.41]
Zeller 1956	30	51	5	44	59.6%	5.18 [2.20, 12.19]
Subtotal (95% CI)		**233**		**143**	**100.0%**	**6.76 [3.37, 13.54]**
Total events	74		8			

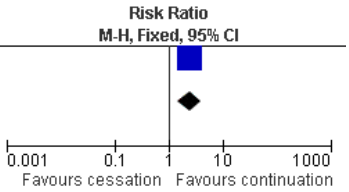
Heterogeneity: Chi² = 0.67, df = 2 (P = 0.72); I² = 0%
Test for overall effect: Z = 5.39 (P < 0.00001)



Comparison 1 CESSATION OF CHLORPROMAZINE vs CONTINUATION OF CHLORPROMAZINE Outcome 1 Global state: 1. Not improved or worsened - short term

Study or Subgroup	CPZ cessation Events	Total	CPZ continuation Events	Total	Weight	Risk Ratio M-H, Fixed, 95% CI
Zeller 1956	37	51	13	44	100.0%	2.46 [1.51, 3.99]
Total (95% CI)		**51**		**44**	**100.0%**	**2.46 [1.51, 3.99]**
Total events	37		13			

Heterogeneity: Not applicable
Test for overall effect: Z = 3.62 (P = 0.0003)



Even in the short term - only 8 out of 143 (6%) people relapse if they continue on chlorpromazine compared with 74 out of 233 (32%) if it is stopped.
So, because a few people would have relapsed anyway - while on antipsychotic - the proportion *attributable* to continuing chlorpromazine, according to these results, is the difference between the groups (or 32% minus 6% = 26%).
Just round up or down to make it easy. Lets say, in this case, 25%.
So 25% of people in these trials, in the short term, have avoided relapse by continuing with the drug – or put another way, 1 in 4, or put another way NNT = 4.

Part 3. John and parents arrive

This is the most important part of the journal club - the *practical application* of what knowledge you have gained.

This is one way of doing it.

Set out two chairs in consultation style.

Do not call for a volunteer - just nominate someone to be the clinician and you be John and his parents.

Make sure that the clinician feels they can have time to ask their [relieved for not being singled out] colleagues for help [remember - this has got to be a combination of practical and fun].

Back on page 2 there are suggestions for what John and parents may ask - use them.

Well, Doc, what are my odds of staying OK if I stop it?
See if they can put across in a supportive way the best evidence as they understand it.

There is no perfect way to do this - but perhaps something like this:

"The best evidence we have is from less than perfect trials - but there is the impression that, for people not too dissimilar to you, about 1 in 3 manage to avoid relapse in the short term, if they continue the anti-psychotic medication. The benefit also extends into medium and long term - up to two years."

What do think John means by "OK"? would be a good next question.

Again there is no right answer - perhaps John is concerned about if he will begin to hear voices, if he stops his medication. There is very little data on mental state available in this review - the only trial providing evidence on mental state suggests that discontinuing medication does not worsen a patient's mental state. But do you feel comfortable to make a suggestion based on data from one small trial?

As has been said - there is no right answer and all depends on personal style and situation. Your job is to encourage the best answer out of the clinician.

If it is going well there are other questions that you may ask - see side **Box 1**.

Limitations of using this means of calculating NNT is that is does not take into account the baseline risk of the control group and does not give confidence intervals.

In this case factoring in baseline risk of the control group does make a difference.

NNT = 3, CI 8 to 12

http://www.nntonline.net/ebm/visualrx/what.asp

This can be part of a store of Critically Appraised Topics - see CATmaker online

Box 1. Additional questions

☑ **How much of your salary would you put on me getting better in the next few weeks, if I continue the medication?**

It may not be good practice to rise to this challenge literally - but it may be that some evidence-based deal could be arrived at with John and his parents. Short term 'Global state' data (Graph 1.1) does indicate potential benefit of continuing Chlorpromazine. Perhaps you could say that if he has not really noticed good effects by 8 weeks you would understand if he wanted to stop. To give it a consistent go up to 8 weeks does seem indicated.

☑ **What about the odd movements, Doc?**

Well, there is no data on movement disorder provided in this review. What should you do in the absence of evidence? Do you have to use other sources - after all this review only contain a few small trials and small short trials are not great sources of rare important adverse effects.

End on a positive note. Feedback how in a matter of minutes they have got though the bare bones of a big review, appraised and applied it - and, you hope, enjoyed doing it.

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Special points of interest:

- The idea of this is to lead you from the clinical situation, trough the research and back to the real-world clinical situation again
- You may or may not have read the paper - but even if you have not that does not mean that you cannot get something out of this

- Make sure you participate, and speak up - you will have to in the real clinic
- There is no perfect way of doing this - each person has an individual way of interacting and conveying information

Cessation of medication for people with schizophrenia already stable on chlorpromazine - HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group
http://szg.cochrane.org/en/index.html, email: jun.xia@nottingham.ac.uk

from
Almerie MQ, Alkhateeb H, Essali A, Matar HE, Rezk E. Cessation of medication for people with schizophrenia already stable on chlorpromazine. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD006329. DOI: 10.1002/14651858.CD006329

John and parents *will* arrive soon

What do you think John and his parents may ask?

List:

1.

2.

3.

4.

5.

If you had not had this paper fall into your lap where might you have gone for reliable information?

What key points do you need to know to see if this review can help?*

1.

2.

3.

4.

5.

***John and parents arrive in 30 mins**

After discussion do you want to change the key points you need to know to see if this review can help?*

1.

2.

3.

***John and parents arrive in 10 mins**

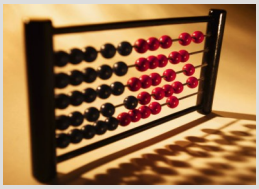
Can you extract numbers that will be useful to you and John?

Clue: focus on what you think John and parents may ask - main effects and adverse effects - graph 1.2 may be a good one to use

1. Can you put relative risk into words?

2. Can you work out the proportion of improvements *attributable* to the continuation of Chlorpromazine?

3. Can you work out the number needed to treat?



The arithmetic is not complicated

4. Can you put that into words?

John and parents arrive

Is there a good use of words you would want to use?

The Cochrane Library

Special points of interest:

- Best evidence suggests that clinically focused problem-based learning "has positive effects on physician competency" even long into the future. [1]

1. Koh GC, Khoo HE, Wong ML, Koh D. The effects of problem-based learning during medical school on physician competency: a systematic review. CMAJ 2008; 178(1):34-41. (free online)

CATmaker

This can be part of a store of Critically Appraised Topics - see CATmaker online

Cessation of medication for people with schizophrenia already stable on chlorpromazine - PARTICIPANTS' CRIB SHEET

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A quick a dirty way to work out NNT (Graph 1.2)

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Please return to:

Jun Xia
Cochrane Schizophrenia Group
Division of Psychiatry
The University of Nottingham
Sir Colin Campbell Building
Jubilee Campus, Triumph Road
Nottingham
NG7 2TU
UK

E-mail:
jun.xia@nottingham.ac.uk
Tel: +44 (0)115 823 1287
Fax: +44 (0)115 823 1392

Thank you

This is one of 40 Cochrane Schizophrenia Group Guides for Journal Clubs

A full list is found on

http://szg.cochrane.org/journal-club

Cessation of medication for people with schizophrenia already stable on chlorpromazine - FEEDBACK

Date and place of journal club

1. How many attended?

About

2. What was the background of the people attending? (please tick)

Health care professionals

Consumers

Policymakers

Undergraduate

Postgraduate

Others

3. Marks out of ten compared with usual journal club

(10=much better, 5=same, 0 = much worse)

Free text feedback