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EPISTEMONIKOS PROJECT
1 Introduction

Systematic reviews are increasingly accepted as a useful basis for evidence-informed decision-making because they summarize all available on evidence on both benefits and harms and are more easily appraised.

However, as systematic reviews have been progressively adopted as a valuable summary for clinical and policy decision-making, their number have steadily increased, and now we are faced with many systematic reviews for the same question, not uncommonly reaching to different conclusions.

Additionally, rigorous systematic reviews are not always practical, or easy to understand by the final user. Different structured summaries have been developed to assist in this knowledge translation process. They provide the opportunity to incorporate the views of experts or users, in order to add value to the evidence, especially concerning applicability issues. Access to these summaries is even more difficult, since they are usually excluded from electronic databases, and those that include them (e.g. TRIP database), have limited search functionalities.

So, at this moment, to answer a clinical question using the best available evidence, clinicians and policy-makers usually need to look at many systematic reviews, and also to a bunch of structured summaries to evaluate a single question.

The epistemonikos project team has developed a database where all these “evidence-products” remain linked, following the principles of evidence-based medicine, so the user has instant access to the whole evidence for a single question.

If wide scale collaboration is achieved, this database might constitute an updated “one-stop shop” for evidence users.

About epistemonikos and what it does at this time

The preliminary version of epistemonikos (www.epistemonikos.org) is available on the web.

Structure of the database: We have created a relational database that allows users to navigate from one related document to another. These relationships follow the principles of Evidence-Based Health care; however the user does not need to know about this methodology in order to obtain the best available evidence. The conceptual framework for this way of linking the evidence relies on what we have named “the dolmen” a 5-categories diagram that can accommodate all what is usually called “evidence”. The dolmen is displayed in the lower portion of each document, showing the related articles.

Search engine: We have incorporated an intuitive search page. It follows the same principles of general search engines (e.g. google). The cardinal difference with these resources comes at the moment of displaying the results. So, from any piece of
information that answers the health question, regardless of its relevance, the user gets access to the best available evidence.

**Multilingual functionalities:** The database is fully searchable in 9 languages. It also provides an automatic translation of title and abstracts for all the available documents. Users are able to collaboratively edit these translations, in an easy way. Editorial control has not been necessary in the initial tests of the site, since only registered users can edit content. More editorial control can be incorporated using a wiki, or other tools for collaborative writing.

The documents that have an official translation become “not editable”. This is the case for translations made by the publishing journal, the authors, or other formal initiatives (e.g. the Cochrane Library plus, which is the Spanish translation of the Cochrane Library).

**Systematic database:** The traditional approach to decide upon the inclusion of documents into a health care database relies on articles published in indexed journals. It is known that studies showing a positive result (i.e. the intervention being evaluated shows a beneficial effect), are more likely to be published in high-impact journals, mainly in English. This incorporates what is called publication bias: Positive trials are overrepresented if only published, English, high impact journals are considered. Systematic reviews intend to minimize this form of bias through a series of methods to locate all available evidence, even if it hasn’t been published.

Epistemonikos uses a different approach, since it indexes all the studies included in systematic reviews. This method allows users to have an unbiased estimation of the effects of interventions.

![Epistemonikos Interface](image)

*Figure 1. Searches can be run in 9 languages, in a way resembling general search engines (e.g. google). The structure of the database, instead of controlled vocabulary or study designs filters, is what makes possible to provide easy access to the best available evidence.*

*EPISTEMONIKOS combines the best of Evidence-Based Health Care and information technologies to provide a unique tool for people making decisions concerning clinical or health-policy questions.*
Impact Evaluation of a Conditional Cash Transfer Program: The Nicaraguan Red de Protección Social

Category: Primary Study
This article is referenced by 3 Systematic Reviews

The impact of conditional cash transfers on health outcomes and use of health services in low and middle income countries.

Category: Systematic Review
This article references 3 Primary Studies

Conditional cash transfers for improving uptake of health interventions in low- and middle-income countries: a systematic review.

Category: Systematic Review
This article references 7 Primary Studies | 1 Structured Summary of Systematic Reviews

Figure 2. Related resources are connected. All the resources have been correctly classified by collaborators, and the way of linking them follows the EBAT principles.

Further research is needed to clarify the cost-effectiveness of conditional cash transfer programs and better understand which components play a critical role. The potential success and desirability of such programs in low-income settings, with more limited health system capacity, also deserves more investigation.

External links:
PubMed
Doi

Evidence that is probably related with this article:

Figure 3. A simple framework links all related evidence, based in health-care questions evaluated by systematic reviews.
Health Policy and Systems Research in epistemonikos:

We intend to search in several sources in order to identify different types of evidence in HPSR. Considering the health Systems Evidence database has already set some strategies with the same goal, we started with the uploading of systematic reviews in this database, and the studies included in these reviews. At this moment, 313 systematic reviews (See Annex 1) related with HPSR and the studies included in those reviews (approximately 6,000 different studies) have been uploaded into the database. The content is fully searchable, according to the characteristics described above. It is important to note that epistemonikos contains clinical and HPS information. Even though the user cannot distinguish these as separate domains in the web site, we are keeping this information in the system. In the future, we will explore different alternatives to provide access to HPSR information, based on user tests.


