Health and Medical Research Council (NHMRC) in 1998. Sibthorpe et al identified their difficulties as primarily the result of having overestimated the number of suitable participants, for a number of complex reasons.

Jamrozik's criticisms rest disproportionately with the NHMRC and are based on procedures and processes in effect in 1996 and 1997, yet they are informed by contemporary knowledge and wisdom. This seems somewhat anomalous.

In 2000, the NHMRC revised its system for assessing research applications. This involved several developments which would have had a direct impact on the assessment of this application had they been instituted in 1996. Some of these include:

- the introduction of panels comprising 11 experts in the domain of the application;

General Practitioner, PO Box 1966, Queanbeyan, NSW 2620. tom.gavranic@bigpond.com

TO THE EDITOR: The recent article by Sibthorpe et al[1] and the accompanying editorial[2] on the issue of the failure of an alcohol intervention trial in an Aboriginal Health Service deal with problems facing all primary care practitioners in the field of "alcohol misuse" and should not be seen as a peculiarly Aboriginal problem.

Firstly, despite what the academics may tell us, administering an Alcohol Use Disorders Identification Test (AUDIT) questionnaire in general practice as a screening measure meets with huge resistance, no matter where you practice. Denial of the disease-inducing potential of alcohol is certainly not peculiar to Aboriginal society.

EBM in action

Richard L Prince

Associate Professor, University Department of Medicine, University of Western Australia, and Department of Endocrinology and Diabetes, Sir Charles Gairdner Hospital, Nedlands, WA

rlprince@cyllene.uwa.edu.au

TO THE EDITOR: I read with interest the recent correspondence in the Journal from Del Mar and Glasziou.[1] Their appeal to one of their critics was to "abandon throwing bricks from the sidelines and join us in trying to help clinicians assess research evidence in [a] timely fashion". More recently, their defence in relying on generalists, rather than experts, to assess the evidence was, somewhat curiously, that "a

cat may look at a king".[2] In response to these comments, I believe that one of their recent presentations relating to natural remedies for osteoporosis in postmenopausal women[3] falls short of current evidence-based medicine requirements. I suspect that this may be because they have no expert in the area they are reviewing to assist them in assessing the data.

An expert would have been able to tell them that their statement "Although no trials specifically compared 'just walking' with 'exercise in the gym', there was reasonable evidence supporting the beneficial role of walking in this patient group"[3] was incorrect.[4] Furthermore, an expert would have known that the fundamental biological basis of the effect of exercise on the skeleton relates to the induction of significant strains within the skeleton.[5] Because these effects are site-specific and load-dependent, the physiological mechanisms differ from those involved in cardiovascular health. Secondly, an expert in the area may have pointed out that the principal constituent of codliver oil that affects the skeleton is vitamin D. To claim that there were no benefits on bone mineral density or fracture from vitamin D would not be supported by current data.[6]

Keeping up-to-date in medical practice has become more difficult as the information base expands. Performing an Internet search may be adequate for answering some patient-based specific questions, but, in general, reading an up-to-date review is probably better. Presenting the results of a rapidly performed, deficient analysis in an internationally renowned journal is another thing entirely.

1. Del Mar CB, Glasziou PP. EBM in action: is laser treatment effective and safe for musculoskeletal pain? [letter]. *Med J Aust* 2002; 176: 195.
2. Del Mar CB, Glasziou PP. Safety of hormone replacement therapy after mastectomy. *Med J Aust* 2002; 176: 618-620.
3. Del Mar CB, Glasziou PP, Spinks AB, Sanders SL. Natural remedies for osteoporosis in postmenopausal women. *Med J Aust* 2002; 176: 182-183.
4. Kerr D, Ackland T, Maslen B, et al. Resistance training over 2 years increases bone mass in calcium-replete postmenopausal women. *J Bone Miner Res* 2001; 16(1): 175-181.
5. Kerr D, Morton A, Dick I, Prince R. Exercise effects on bone mass in postmenopausal women are site-specific and load-dependent. *J Bone Miner Res* 1996; 11: 218-225.
6. Chapuy MC, Arlot ME, Duboeuf F, et al. Vitamin D3 and calcium to prevent hip fractures in elderly women. *N Engl J Med* 1992; 327: 1637-1642. ❑

Christopher B Del Mar,* Paul P Glasziou†
*Professor of General Practice, †Professor of Evidence Based Medicine, Centre for General Practice, University of Queensland, Herston, QLD
c.delmar@cgp.uq.edu.au

IN REPLY: We agree with Prince that expertise is needed. The only question is, expertise in what? If we rely on experts in the content area, we are subject to error from ignoring studies that do not fit the expert's view or from an overemphasis on studies familiar to the expert.[1] On the other hand, if we rely on experts in systematic reviews, we are likely make other errors, especially errors of omission, because we do not know the content area so well.

Perhaps what we need is a marrying of the two. First, experts should learn the business of evidence-based medicine (EBM). It should be part of the training of specialists and general practitioners, as well as medical students. In addition, the Australasian Cochrane Centre runs Australia-wide courses in preparing and interpreting systematic reviews.[2] Second, we should find a content expert to assist any review being undertaken (and, indeed, we try to do this when writing systematic Cochrane reviews).

But when we need to respond rapidly to clinicians' and our own questions, there is not time to consult experts for each one. (The doctor in question[3] asked five rather separate questions, of which Prince addresses only two.) Instead, we try to do exactly what Prince has suggested: we first look for an up-to-date review (a *systematic* review, to avoid bias),[1] and, in the absence of one of those, proceed with weaker levels of evidence progressively down a cascade. And that is exactly what we did in this case.[3]

The purpose of our rapid search service is to provide, as quickly as possible, the best available evidence to assist a doctor help a patient — "EBM *in action*". The five meta-analyses we identified[3] did not include your references. We do not, and do not claim to, offer the last word in a very complicated area of clinical practice.

1. McAlister FA, Clark HD, van Walraven C, et al. The medical review article revisited: has the science improved? *Ann Intern Med* 1999; 131: 947-951.
2. Australasian Cochrane Centre. Available at: <http://www.med.monash.edu.au/healthservices/cochrane>. Accessed 15 July 2002.
3. Del Mar CB, Glasziou PP, Spinks AB, Sanders SL. Natural remedies for osteoporosis in postmenopausal women. *Med J Aust* 2002; 176: 182-183. ❑

MJA Advertisers' Index

Merck Sharp and Dohme Aust P/L
Vioxx p171
Pfizer Pty Ltd
Diflucan p220
Roche Products
Dilatrend p179
Schering Pty Limited
Mirena . . . . Inside front cover
Diane 35-ED . . . . . . Inside back cover
Diane 35-ED prescribing information p192
Primolut N . . . . Outside back cover

The Medical Journal of Australia

Editor
Martin Van Der Weyden, MD, FRACP, FRCPA
Deputy Editors
Bronwyn Gaut, MBBS, DCH, DA
Ruth Armstrong, BMed
Mabel Chew, MBBS(Hons), FRACGP, FAChPM
Kincaid-Smith Editorial Fellow
Jenny Bergen, MBBS, FRANZCP
Manager, Communications Development
Craig Bingham, BA(Hons), DipEd
Senior Assistant Editor
Helen Randall, BSc, DipOT
Assistant Editors
Elsina Meyer, BSc
Kerrie Lawson, BSc(Hons), PhD, MASM
Tim Badgery-Parker, BSc(Hons)
Josephine Wall, BA, BAppSci, GradDipLib
Proof Reader
Richard Bellamy
Editorial Administrator
Kerrie Harding
Editorial Assistant
Christine Tsim
Production Manager
Glenn Carter
Editorial Production Assistant
Melissa Sherman
Librarian, Book Review Editor
Joanne Elliot, BA, GradDipLib
Consultant Biostatistician
Val Gebski, BA, MStat
Content Review Committee.
Leon Bach, PhD, FRACP; **Adrian Bauman**, PhD, FAFPHM; **Flavia Cicuttini**, PhD, FRACP; **Mark Harris**, MD, FRACGP; **David Isaacs**, MD, FRACP; **Paul Johnson**, PhD, FRACP; **Jenepher Martin**, MEd, FRACS; **Adrian Mindel**, MD, FRACP; **Michael Solomon**, MSc, FRACS; **Campbell Thompson**, MD, FRACP; **Tim Usherwood**, MD, FRCGP; **Owen Williamson**, FRACS, GradDipClinEpi; **John Wilson**, PhD, FRACP; **Jeffrey Zajac**, PhD, FRACP
Australasian Medical Publishing Co Pty Ltd
Advertising Manager: Peter Butterfield
Media Coordinator. Stephanie Elliott

The Medical Journal of Australia (MJA) is published on the 1st and 3rd Monday of each month by the Australasian Medical Publishing Company Proprietary Limited, Level 2, 26-32 Pyrmont Bridge Rd, Pyrmont, NSW 2009. ABN 20 000 005 854. Telephone: (02) 9562 6666. Fax: (02) 9562 6699. E-mail: ampco@ampco.com.au. The Journal is printed by Offset Alpine Printing Ltd, 42 Boorea St, Lidcombe, NSW 2141.

MJA on the Internet: http://www.mja.com.au/

None of the Australasian Medical Publishing Company Proprietary Limited, ABN 20 000 005 854, the Australian Medical Association Limited, or any of its servants and agents will have any liability in any way arising from information or advice that is contained in *The Medical Journal of Australia (MJA).* The statements or opinions that are expressed in the Journal reflect the views of the authors and do not represent the official policy of the Australian Medical Association unless this is so stated. Although all accepted advertising material is expected to conform to ethical and legal standards, such acceptance does not imply endorsement by the Journal.
All literary matter in the Journal is covered by copyright, and must not be reproduced, stored in a retrieval system, or transmitted in any form by electronic or mechanical means, photocopying, or recording, without written permission.

Published in 2 volumes per year.
Annual Subscription Rates for 2002 (Payable in Advance) to:
AMPCo, Locked Bag 3030, Strawberry Hills, NSW 2012
Individual Subscriptions (includes 10% GST)
Australia–$A284.90, Medical students (Australia only)–$A55.00
Overseas Economy Air–$A396.00, Airmail–$A539.00
NZ & PNG Economy Air–$A363.00, Airmail–$A490.00
Indexes are published every 6 months and are available on request as part of the current subscription.
Single or back issues contact: AMPCo (02) 9562 6666.
Advice to Authors—
http://www.mja.com.au/public/information/instruc.html

27,324 circulation as at 31 March, 2002

ISSN 0025-729X