

BestPractice

bestpractice.bmj.com

User Guide

BMJ Evidence Centre

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Introducing *Best Practice*

Health care professionals need to have fast and easy access to reliable, up-to-date information when making diagnosis and treatment decisions. This is precisely what *Best Practice* provides.

Best Practice is a completely new concept for information delivered at the point of care. In one single source we have combined the latest research evidence, guidelines and expert opinion – presented in a step-by-step approach, covering prevention, diagnosis, treatment and prognosis. *Best Practice* provides a second opinion in an instant, without the need for checking multiple resources. Its unique patient-focused approach represents a major new advancement in information delivery at the point of care.

About this guide

This user guide will provide you with an overview of *Best Practice* including how to browse and navigate content, the structure of content, and some of the additional features.

Browse and search

Finding information in *Best Practice* can be done by browsing in a variety of different ways, or by full text searching. The browse and search functions can be found at the top of any page including the homepage as shown below.

Click on 'Browse conditions' anywhere in the site to access the browse functionality

Browse by content type (assessments or overviews) or broad clinical categories

Free text search is available via the search box

Browse all content alphabetically

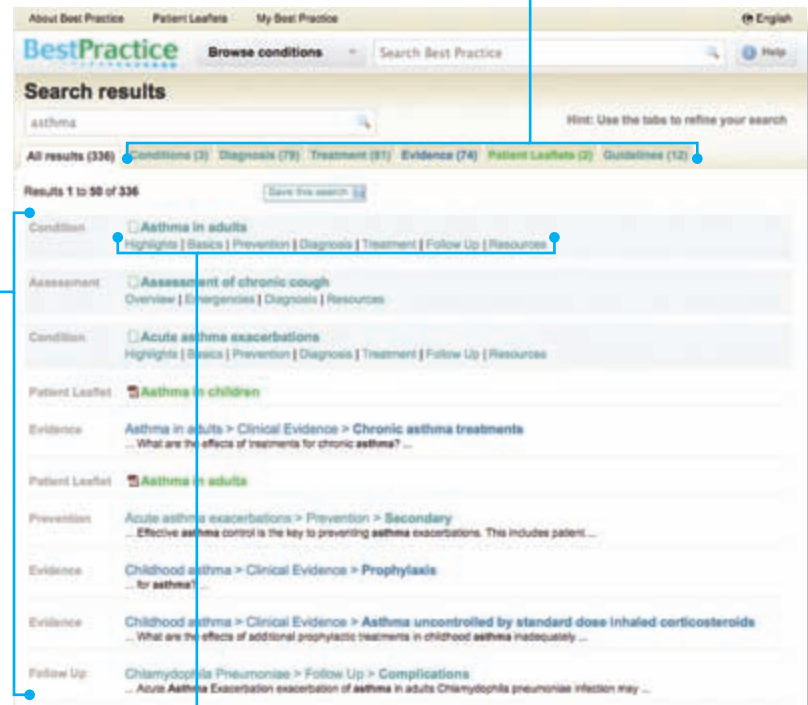
The screenshot displays the top navigation bar of the Best Practice website. It includes links for 'About Best Practice', 'Patient Leaflets', and 'My Best Practice', along with a language selector for 'English'. Below the navigation bar, there is a 'Browse conditions' button and a search box labeled 'Search Best Practice'. A vertical alphabetical index (A-Z) is positioned below the search box. A list of medical conditions is displayed, including 'Abdominal aortic aneurysm', 'Abdominal pain, chronic, assessment of', 'Abetalipoproteinaemia', 'Abscess, anorectal', 'Abscess, retropharyngeal', 'Absence seizures', 'Acetabular fractures', 'Acetylcholine-receptor post-synaptic receptors', 'Acid Reflux Disease', 'Acid-base abnormality', and 'Acid-base disorder'. A 'Close browser' button is located at the bottom of the list. Below the search and browse area, the Best Practice logo is shown, followed by a descriptive paragraph: 'Best Practice is a completely new concept in decision-support information. Structured around the patient consultation, it covers diagnosis, prognosis, treatment and prevention. Your instant second opinion,'. At the bottom, there are links for 'Purchasing Options', 'Take a Tour', 'Free Trial', and 'Sample Content', and the text 'from BMJ Evidence Centre'.

Browse and search

Search results

Search results are ranked by relevance and allow easy access direct to the type of content most relevant to you.

Refine results by content type using the tabs



Content type clearly listed in search results

Links are available directly to different sections of articles to aid quick navigation

Assessment monographs provide detailed guidance on the diagnosis of key clinical symptoms and the use of diagnostic tests and procedures.

Information on urgent considerations

Sort differential diagnosis by frequency or category

Click to expand and link through to additional information

Detailed information on how to make the diagnosis

The screenshot shows the 'Assessment of chronic cough' monograph on the Best Practice website. The page is organized into several sections:

- Overview:** Includes sub-sections for Summary, Antibiogram, Emergencies, and Urgent considerations.
- Diagnosis:** Includes sub-sections for Step-by-step and Differential diagnosis.
- Resources:** Includes References, Images, Online resources, Patient leaflets, and Credits.
- Differential diagnosis:** A list of conditions sorted by common/uncommon or category. The 'Common' section includes: Upper airway cough syndrome (UACS), Asthma, Gastro-oesophageal reflux disease (GORD), and Non-allergic eosinophilic bronchitis (NAEB). The 'Uncommon' section includes Lung cancer and Bronchiectasis.
- History:** chronic non-productive cough; no differentiating features on history.
- Exam:** no differentiating features on examination.
- 1st test:** sputum or broncho-alveolar lavage (BAL) differential count; eosinophilia [More](#).
- Other tests:** exhaled nitric oxide (ENO) elevated [More](#); therapeutic response to inhaled steroids: present [More](#).

Blue lines from the annotations point to the 'Urgent considerations' link, the 'Sort by: common/uncommon or category' dropdown, the 'Differential diagnosis' section header, and the expandable links for 'UACS', 'Asthma', and 'GORD'.

Monograph overviews

Condition

Condition monographs contain information on the complete management of a patient with this disease including background information, prevention and information on follow-up.

Navigation within monographs is easy with a consistent, easy-to-use content menu. This menu provides a quick reference to the different sections as well as enabling fast access to the most relevant content.

Click through to the precise information within each section which is most relevant

Headings in grey indicate that there is no relevant content under that heading within this article

Highlights from the diagnosis and treatment sections are provided on the overview page

The top navigation bar provides access to each section within the monograph

The screenshot displays the 'Asthma in adults' monograph overview page on the Best Practice website. The page is organized into several sections:

- Highlights:** Overview
- Basics:** Definition, Epidemiology, Aetiology, Pathophysiology, Classification
- Prevention:** Primary, Secondary
- Diagnosis:** History & examination, Tests, Differential, Step-by-step, Criteria, Guidelines, Case history
- Treatment:** Details, Step-by-step, Emerging, Guidelines, Evidence
- Follow Up:** Recommendations, Complications, Prognosis
- Resources:** References, Images, Online resources, Patient leaflets, Credits

The 'Highlights' section is expanded to show 'Overview' and 'Key factors':

- presence of risk factors
- recent upper respiratory tract infection
- dyspnoea
- cough
- expiratory wheezes
- nasal polyposis

The 'Diagnosis' section is expanded to show '1st tests to order' and 'Tests to consider':

- FEV1/FVC ratio
- FEV1
- PEFR
- CXR
- FBC
- exhaled nitric oxide (eNO)
- sputum eosinophils
- serum IgE
- skin prick allergy testing

The 'Treatment' section is expanded to show 'Ongoing' and 'Acute' management steps:

- Ongoing:** patient education and environmental control, known single allergen, allergen vaccine immunotherapy
- Acute:** step 1: mild intermittent and exercise induced asthma, short-acting beta agonist as needed, step 2: mild persistent, low-dose inhaled corticosteroids, leukotriene receptor antagonists or sodium cromoglycate or nedocromil or theophylline, short-acting beta agonist as needed, step 3: moderate persistent

Diagnosis and treatment information is clear and easy to find. It is not necessary to scroll through pages of text - users can expand or hide detailed text as appropriate to their requirements.

Resources include references (with abstract and/or full text links), images (available under resources as well as incorporated into full text) and further online resources

Treatment guidelines appropriate to the condition are listed from international and regional organisations

Click to see a full list of all available leaflets

Access relevant patient leaflets relevant to this topic

Click to expand/reveal information

Click 'show all' to see all available text

The screenshot displays the Best Practice website interface for the condition 'Asthma in adults'. The top navigation bar includes 'About Best Practice', 'Home', 'Leaflets', 'My Best Practice', and 'English'. The main content area is titled 'Asthma in adults' and features a 'Browse conditions' dropdown and a search bar. Below the title, there are several tabs: 'Highlights', 'Basics', 'Prevention', 'Diagnosis', 'Treatment', 'Follow Up', and 'Resources'. The 'Diagnosis' tab is selected, showing 'History & examination' details. The 'Resources' tab is also visible, with a 'References' sub-tab selected. The 'History & examination' section is expanded, showing 'Key diagnostic factors' and 'Risk factors'. The 'Key diagnostic factors' section includes a list of factors such as 'presence of risk factors', 'recent upper respiratory tract infection', 'dyspnoea', 'cough', 'expiratory wheezes', and 'nasal polyposis'. The 'Risk factors' section is divided into 'Strong' and 'Weak' categories, with 'Strong' factors including 'FHx' and 'parental history of asthma'. The 'Weak' factors include 'viral infection', 'nasal polyposis', and 'obesity'. The 'Resources' section includes 'References', 'Images', 'Online resources', 'Patient leaflets', and 'Credits'. The page is last updated on January 16, 2009.

Statements on the treatment of disease in *Best Practice* are backed up by the latest evidence from the BMJ Evidence Centre. *Clinical Evidence* is one of the world's most respected and trusted sources of evaluated medical research. Where appropriate content from *Clinical Evidence* is incorporated directly into *Best Practice* monographs.

Link through to the detailed *Clinical Evidence* article on benefits and harms of treatment options

Clinical Evidence incorporated

Systematic reviews: Questions Intervention Table ClinicalEvidence

What are the effects of treatments for chronic asthma?

Beneficial	• Adding long-acting inhaled beta ₂ agonists in people with mild to moderate, persistent asthma that is poorly controlled by inhaled corticosteroids
	• Low-dose inhaled corticosteroids in people with persistent asthma
	• Short-acting inhaled beta ₂ agonists as needed in adults with mild or moderate asthma
Likely to be beneficial	• Adding leukotriene antagonists in people with mild to moderate, persistent asthma not taking inhaled corticosteroids
	• Adding theophylline in people with mild to moderate, persistent asthma poorly controlled by inhaled corticosteroids
Unknown effectiveness	• Adding leukotriene antagonists to inhaled corticosteroids in people with mild to moderate, persistent asthma

Clear summary of effectiveness of treatment

Customisation features

Best Practice contains additional features which allow you to personalise our content to fit your requirements.

Sign up for a 'My Best Practice' account (or use an existing BMJ Group account) to enable personalised features

Headings and navigation available in 17 languages

'My Best Practice' enables you to save searches and bookmark favourite articles

Institutions can choose to incorporate their chosen local guidelines and links

The screenshot displays the Best Practice website interface. At the top, there are navigation tabs for 'About Best Practice', 'Patient Leaflets', and 'My Best Practice'. Below these is a search bar labeled 'Search Best Practice' and a 'Browse conditions' button. A list of medical conditions is visible, including 'Abdominal aortic aneurysm', 'Abdominal pain, chronic, assessment of', 'Abetalipoproteinaemia', 'Abscess, anorectal', 'Abscess, respiratory', 'Absence seizures', 'Acanthosis nigricans', 'Acetylcholine nicotinic post-synaptic receptors', 'Acid Reflux Disease', 'Acid-base abnormality', and 'Acid-base disorder'. On the right side, there is a language selection menu with options for English, español, français, italiano, 中文 (中國), 日本語, ไทย, العربية, Deutsch, and 中文 (台灣). Below the language menu, there are options for 'email address here', 'remember me (Y)', 'if you sign in details?', 'sign up for a free trial', 'links for unlimited access', 'no users sign in here', and 'connect Best Practice to institution'. At the bottom, there is a banner for 'BestPractice' with the text: 'Best Practice is a completely new concept in decision-support information. Structured around the patient consultation, it covers diagnosis, prognosis, treatment and prevention. Your instant second opinion.' and a 'View the full list of over 50 free modules' link.

Best Practice is brought to you by the BMJ Evidence Centre
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tools that make evidence useful in practice.

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