Evidence Supporting the Interaction

a topic started by [username]

1. Quantity of Evidence: Adequacy of documentation in the literature

2. Quality of Evidence: Association of the evidence with the study design and source of evidence. For example, randomised trials can be rated as providing high quality evidence and observational studies or case reports as low quality evidence.

3. Biological Plausibility: Causal association as supported by medical evidence

Evidence

I think the quantity of evidence is the least important of these criteria. It does not take a lot of evidence to predict that a CYP3A4 substrate will interact with a CYP3A4 inhibitor. A study of the interaction simply gives a better estimation of the magnitude of the interaction. Today, one good study is often enough to establish potential risk to patients. When it was not possible to predict which drugs would interact, the number of publications - usually case reports followed by a controlled study - helped to establish the interaction.

Evidence

I agree with [username]

Quality of evidence is better than quantity

This vital statistic is the likelihood (point estimate with confidence interval) of harm due to co-prescribing the pair of drugs.

Quality vs quantity

Quantity only should become a factor when the evidence exists only in case reports and not in controlled studies. A number of good causality cases may help to establish existence more than one good causality case. Comments regarding the gold standard to be good studies are absolutely true, but often these don't exist. The key with case reports, regardless of the number, is the determination that causality is likely...this then obviously brings quality to the forefront, even in that type of literature.