Reviewer's report

Title: Does anybody read "evidence-based" articles?

Authors:

Dr Yoon K Loke (yoon.loke@clinpharm.ox.ac.uk)
Mrs Sheena Derry (sheena.derry@clinpharm.ox.ac.uk)

Version: 1 Date: 18 Apr 2003

Reviewer: David L. L Streiner

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

a) Discretionary Revisions

1. Combine Tables 1 and 2.

2. I agree wholeheartedly with the authors that far too many systematic reviews are written in a style that is rigid, boring, and may give far too much methodological details for the clinician, as well as their recommendations for change. However, whether or not these are the reasons the articles are not read more often is speculation, and should be clearly labelled as such.

b) Compulsary Revisions

1. My main problem with this very interesting paper that uses an original methodology, is that it may be comparing apples with oranges. Their major finding, that narrative reviews are "hit" more than systematic ones, may be a function of the content of the articles rather than the methodology. Of the top 5 clinical reviews, four are by the same team of authors and address similar issues (hepatic and renal disease), while the five top papers are all over the map. Thus, the number of hits may be a reflection of the demography of the readers rather than the style of the papers. A better strategy may be to compare narrative and systematic reviews within the same field (e.g., cardiology, primary care, hepatic and renal, etc.); this would allow these two effects to be disentangled.

2. The authors state that proponents of EBM may be disappointed by the results because they "worked hard in encouraging readers to critically appraise primary data." This is true only in part. If one takes the advice of EBMers seriously, their "levels of evidence" place reviews over individual studies, so that readers SHOULD look first at reviews rather than a single study.

3. Regarding the comparison of hits on editorials versus the original articles, the authors may benefit from dividing the editorials into (a) positive versus critical; and (b) those that summarise the results versus those that do not. If I were deciding which articles to read, I would opt for those where the editorial was positive, but did not summarise the findings; I definitely would not read those where the editorial was negative, and may skip those where the editorial gives the bottom line.

Competing interests:

None declared.