Reviewer's report

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

Authors:

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Reviewer: Mike Clarke

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

Advice on publication: Other (see below)

This is an important and interesting article. I am pleased to have had the opportunity to read it. However, as you will see from my comments below, I have some concerns about the conclusions you reach because I disagree with your implicit assumption that page hit data from the first week after the publication of a set of articles is an adequate guide to the relative number of times it is read or used.

a) Discretionary revisions

1. It would be helpful if you could include more information on how the BMJ's "Hit Parade" defines a "hit" and how accurately this relates to someone "reading" an article. For example, does the person need to stay on the page for a set length of time, do they need to scroll down it, etc?

2. It would be interesting to include data on whether the inclusion of an article in, for example, the "Editors Note" or "This week in ..." had any influence on the number of times it was hit. Do you have any such data?

3. Background: You report a very wide range for the total number of hits for issues of the journal, ranging from 38,000 to 141,000. It would be helpful to include your views (and the relevant data) on whether the total number of hits for an issue is influence more by the types of articles it contained or other factors. If other factors are important (e.g. summer holidays), did you correct your analyses for fluctuations in the number of times an issue containing one of the articles of interest to your study was accessed? My specific concern is that if a disproportionate number of the systematic reviews appeared in issues that were "quiet", this could this have skewed the data against them. On the other hand, if a disproportionate number of the systematic reviews did appear in "quiet" weeks, the question would be: was it the inclusion of the review which led to it being a "quiet" week?

4. Systematic reviews compared with narrative reviews: What definition are you using for narrative reviews? Is it not true that many of the clinical review articles, although written in a narrative style, are based on information from systematic reviews?

5. Articles and accompanying editorials: It would be interesting to see the data on whether articles with an accompanying editorial were hit more or less frequently than articles that did not have an accompanying editorial.

6. Have you been able to collect any data on the number of citations to the articles in your sample?
Do you think that citation counts would contribute anything to a study of how often articles are read?

7. Discussion, paragraph 2: Following on from point 4 above, I disagree that it would be "immensely disappointing news" to supporters of evidence-based medicine to find that the clinical review articles in the BMJ are accessed more frequently in the first week of publication than systematic reviews, unless these clinical review articles are of the same poor quality as the "traditional" narrative review in which an author is allowed to provide mainly opinion and ignore evidence. Are the clinical review articles in the BMJ, closer to high quality overviews of the evidence-base or to highly biased articles that allow the author to use research and other information in a non-systematic way?

8. Discussion, paragraph 3: I disagree that it is worrying that readers often do not read beyond the editorial in the first week after publication. It would be worrying to me if they base health care decisions on an editorial (which may have been deliberately chosen to be provocative or controversial). Are you aware of any evidence that equates health care decisions with the reading of articles in the first week after their publication?

9. Discussion, paragraph 5: You should also note that the eBMJ is free. This is a key factor in its accessibility.

10. Discussion, changing the style: The Cochrane Collaboration has had a style guide for Cochrane reviews for a number of years. It was recently revised but there has been one in RevMan since, I believe, 1999.

11. Discussion, Finding out what readers want: Unless you feel that there is no place for narrative reviews and editorials, it seems inappropriate to see these as competitive, rather than complementary to systematic reviews. Do you believe it is better to try to tempt people away from narrative reviews and editorials or, rather, to encourage them to read and use systematic reviews? How long a "short break" do you think is needed from the quest for high quality research to make articles more attractive? Do you feel that the underlying research is good enough for such a break or that attractiveness is more important than improved quality? In addition, your use of the term "proponents of evidence-based medicine" seems to reflect a view that these are people who are in some way separate from everyone else involved in making health care decisions. Is it not the case that everyone should be interested in, and a proponent of evidence-based medicine (where this term is defined in its correct way so that it is seen to be much more than simply randomised trials and systematic reviews)?

12. Authors' contribution: I am unclear what you mean by "conceptualised the review, developed the protocol". Could you clarify the meaning of "conceptualised", how this article might be thought of as a review and the role of the protocol (which does not seem to be discussed in the article itself)?

b) Compulsory revisions

13. Are you aware of any evidence that that the number of times an article is accessed in the first week after publication equates to how widely it is read or used? Is it not possible that articles such as systematic reviews should be regarded as long-term reference documents that people can (and will) refer back and read at the time they need them, rather than in the seven days after they are published?

14. Unless you are able to include the sort of evidence I ask about in the first sentence of point 13, it is especially that you make it more explicit in the abstract and summary, and perhaps also in your title, that your study deals only with the accessing of articles in the first week following publication.

Competing interests:

I am employed by the National Health Service as Director of the UK Cochrane Centre (80%).
I am employed by Cancer Research UK as Scientific Coordinator of Cancer Overviews at the Clinical Trial Service Unit (20%). This post involves the preparation and maintenance of systematic reviews. I am an author of research articles published in journals such as the BMJ.