



CyberSearch

QUICK CLICKS TO ANSWER CLINICAL QUESTIONS

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Recently, the resident I worked with came to me feeling frustrated and helpless. Mr Felvey, a 77-year-old man whom she had met for the first time, had high blood pressure and was not the least bit interested in doing anything about it. Readings in the office today (after several intervals) averaged 195/85. Mr Felvey had been told by a doctor long ago that the bottom number was the one that counted, and he figured there was no reason to consider starting medication for systolic hypertension.

By the look of my resident (who had clearly spent the better part of half an hour trying to change Mr Felvey's mind), she might have been the one at risk of stroke that afternoon! With primary and secondary prevention in my mind, I turned to the Internet for some perspective on the situation.

One of my favorite haunts is Bandolier (<http://www.jr2.ox.ac.uk/Bandolier/>). Named for the "bullet belt" slung across the shoulder in days gone by, Bandolier delivers relevant family medicine tidbits that are completely evidence-based and ultimately sensible.

Bandolier keeps an up-to-date table of "numbers needed to treat" (NNTs). These numbers, to my mind, are the best way of helping patients understand the consequences of their actions and of achieving truly informed consent.

Clicking on my Bandolier bookmark led me to their home page. The home page has a direct link to the NNT tables (look under "specialist sub-sites"). The NNT page has several tantalizing distractions, but I went directly to "Table of NNTs."

There I could review with my resident the NNTs according to several large randomized trials of isolated systolic hypertension. We saw that Mr Felvey's risk was palpable, but perhaps not quite as dire as the resident feared. We would need to treat 37 Mr Felveys (ie, men in excellent health with no coronary disease risk factors other than hypertension) for 5 years to prevent one stroke.

Armed with those numbers, the resident went back in to let Mr Felvey know what risk he had chosen to take. He agreed to an annual review of all his age-related risk factors, but did not seem too perturbed by the possibility of a stroke. Fortunately, we also avoided having to medicate my resident.

The next time we encounter this situation, we will have saved several steps by creating a direct link to the NNT table at Bandolier (<http://www.jr2.ox.ac.uk/Bandolier/band50/b50-8.html>). ♦

This Internet tip is best replicated using bookmarks (the Netscape term) or Favorites (for those who use Internet Explorer). Feeling comfortable with bookmarking is essential: you will not ever feel at home on the Internet unless you figure out how to return easily to places you once visited and thought you might visit again. If you are not sure how to use the bookmark features of your browser, go to www.ehow.com, click on "computers" and "World Wide Web" and scroll down to the "surfing the Web" links. "Book-mark a webpage" will tell you exactly what to do next.

Do you have questions about how to use the Internet for clinical practice? Have you found some effective cybersearch strategies that you would like to share with readers of *Canadian Family Physician*? Questions, dilemmas, and solutions are all welcome. E-mail me at risdonc@fhs.mcmaster.ca

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