

BMJ Best Practice

Integrating case reports into BMJ
Best Practice

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Background

- BMJ Best Practice is a generalist point of care tool that mainly provides information on common diseases and presentations. This is what our users tell us they need to support them at the point of care
- Users have told us they have limited access to reliable and peer reviewed information on rare diseases and uncommon presentations
- Users have told us that these rare conditions and uncommon presentations are difficult to diagnose
- Because of the nature of the use case, it's value to the user, when it is needed, is considerable.

What is a case report?

A case report provides a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence, they are peer-reviewed and used in all medical disciplines. They provide healthcare professionals, researchers, and students clinically important information on common and rare conditions.

Case reports bring practice to life and provide healthcare professionals with fast access to information on rare diseases and uncommon conditions and presentations from a trusted source.

As humans we're better at remembering something as a story - case reports offer a narrative that supports this.

Key messages

- BMJ Best Practice has integrated a carefully curated selection of case reports which cover rare diseases and uncommon conditions and presentations
- These case reports are only included in our licensed packages 'Everywhere' and '360'.
- Currently, 5,000+ case reports are included. This collection is date limited to case reports published in the last 5 years
- Case reports bring practice to life and provide healthcare professionals with fast access to information on rare diseases and uncommon conditions and presentations from a trusted source
- Case reports are fully searchable via a new section on the BMJ Best Practice website.
- Case reports are kept intentionally separate from the evidence-based information that forms the core of BMJ Best Practice. This ensures healthcare professionals' workflow is not interrupted or distracted with rare and uncommon cases until the time they need them
- Case reports are not included on the app
- As humans we're better at remembering something as a story - case reports offer a narrative that supports this

The solution

To add case reports of rare diseases and uncommon presentations into BMJ Best Practice

What does this mean?

- Integration of selected case reports into Best Practice 360 and Best Practice Everywhere licenses.
- Supports clinicians and students with quick access to information and guidance on **rare diseases and uncommon conditions and presentations** within the tool they are already using
- Integration of a selection of recent case reports
- These case reports cover rare diseases and uncommon conditions and presentations.
- There are approximately 5,000+ case reports included and this collection is date limited to the last 5 years.
- On website only. Not on the app at this time.

What isn't it?

- **It isn't a way to publish case reports** – for this you still need a licence to BMJ Case Reports
- **It is not a way to access of all BMJ Case Reports** - only a relevant subset of case reports included in Best Practice based on topics and date.
- Therefore we/you should not refer to this as BMJ Case Reports integration

The solution

Finding case reports on BMJ Best Practice

- ★ A user can search for a generic word such as “Asthma” from the main search bar, and see relevant results of case reports, by going to the ‘Case reports’ tab on the search results page
- ★ Please note that case reports articles are not included in the autosuggest

The screenshot shows the BMJ Best Practice website interface. At the top, there is a blue header with the 'BMJ Best Practice' logo on the left and a search bar on the right containing the text 'asthma'. To the right of the search bar are links for 'Local guidance', 'Help', and '59.07 CME / CPD'. Below the header is a navigation bar with icons and labels for 'Recent updates', 'Specialties', 'Calculators', 'Comorbidities', 'Patient leaflets', 'Videos', 'Case reports', 'Evidence', and 'Drugs'. The main content area is titled 'Search results for: asthma'. Below this title are three tabs: 'ALL', 'IMAGES AND VIDEOS', and 'CASE REPORTS', with the 'CASE REPORTS' tab being the active selection. The results are listed in a vertical column, each starting with a title, followed by the source 'BMJ Case Reports' and a date, and then a brief excerpt. The titles of the case reports are: 'Insidious-onset, non-wheezing carteolol-induced asthma in an atopic patient without asthma history', 'New-onset asthma in a bilateral lung transplant patient', 'Obstructive retrosternal goitre mimicking severe bronchial asthma in pregnancy', 'Extracorporeal membrane oxygenation (ECMO) for near-fatal asthma refractory to conventional ventilation', 'Case of paradoxical adverse response to mepolizumab with mepolizumab-induced alopecia in severe eosinophilic asthma', and 'Disappearance of angina attacks after administration of mepolizumab'. To the right of the main results list is a white box with a pink header 'Case reports' and a disclaimer: 'Case Reports are not necessarily evidence-based in the same way that the other content on BMJ Best Practice is. They should not be relied on to guide clinical practice. Please check the date of publication.'

BMJ Best Practice

Local guidance Help 59.07 CME / CPD

asthma

Recent updates Specialties Calculators Comorbidities Patient leaflets Videos Case reports Evidence Drugs

Search results for: asthma

ALL IMAGES AND VIDEOS CASE REPORTS

Insidious-onset, non-wheezing carteolol-induced asthma in an atopic patient without asthma history

BMJ Case Reports - 4 Apr 2019

... regarding the risk in prescribing these preparations to patients with only associated risk factors of asthma. Here, we report the case of a 24-year-old woman with a history of atopy but without...

New-onset asthma in a bilateral lung transplant patient

BMJ Case Reports - 1 Nov 2019

... He had no history of asthma, asthma-related symptoms or allergy in childhood or before lung transplantation did not prevent the development of asthma and supports asthma as a multifactorial...

Obstructive retrosternal goitre mimicking severe bronchial asthma in pregnancy

BMJ Case Reports - 4 Aug 2019

... that not all women of childbearing age who presents with shortness of breath are due to a bronchial asthma. Medical history was significant for a benign goitre, which was diagnosed 3 years...

Extracorporeal membrane oxygenation (ECMO) for near-fatal asthma refractory to conventional ventilation

BMJ Case Reports - 20 Mar 2018

... Background Approximately 2%–4% of all patients hospitalised for acute asthma develop respiratory failure requiring invasive mechanical ventilation. 1 2 Seven per cent of mechanically...

Case of paradoxical adverse response to mepolizumab with mepolizumab-induced alopecia in severe eosinophilic asthma

BMJ Case Reports - 20 Feb 2020

... Background Severe asthma is characterised by uncontrolled symptoms and exacerbations despite treatment. Specifically in the case of eosinophilic asthma anti-interleukin (IL)-5 therapy...

Disappearance of angina attacks after administration of mepolizumab

BMJ Case Reports - 5 Nov 2019

... with polyangiitis. 1 2 Bronchial asthma with eosinophilia can be associated with olfactory

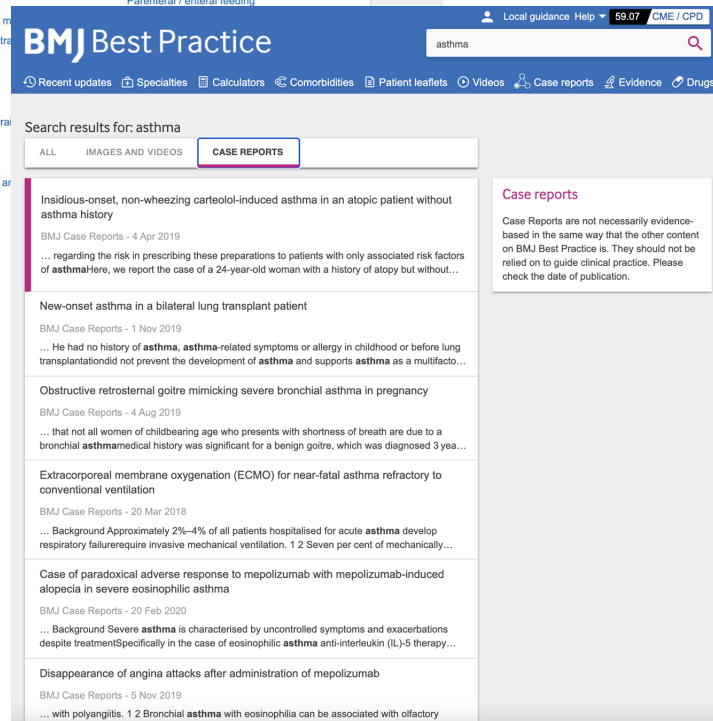
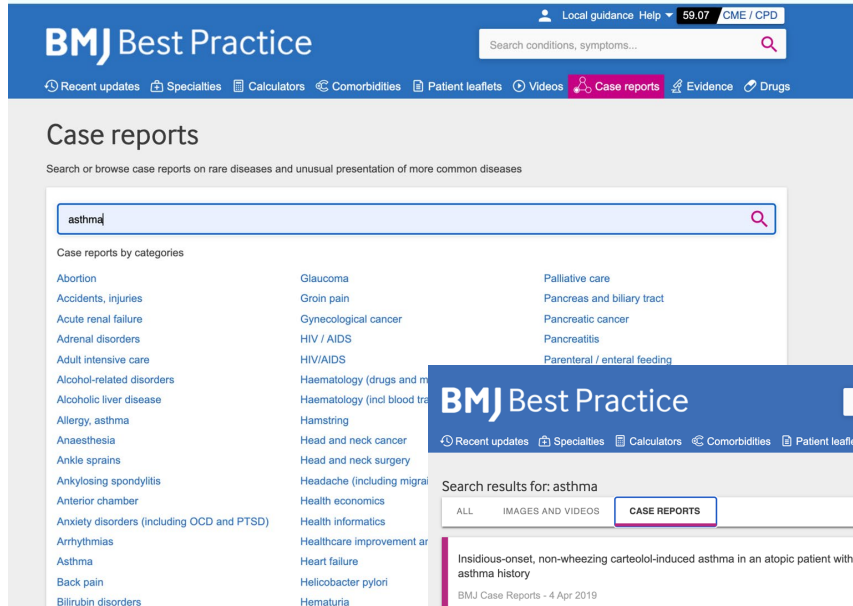
Case reports

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The solution

Case reports landing page

- ★ Where an institution has a BP Everywhere or 360 license, case reports will appear on the main navigation
- ★ By clicking on the navigation item, the **user can browse case reports by specialty**, as well as **perform a search** that will take them directly to the **search results page of case reports**



The solution

Case reports browse by specialty

- ★ On the case reports landing page, user can click on a specialty to then browse all case report articles related to that specialty

The solution

Reading a case report article

All case report articles have the following format:

- English only
- Case report title
- Case report details; author, publication history
- Content disclaimer
- Abstract
- Graphics – photos, charts, imaging etc
- Background
- Case presentation
- Investigations
- Differential diagnosis
- Outcome and follow-up
- Discussion
- Learning points
- References
- Footnotes

Case report: Acute intermittent porphyria: analgesia can be dangerous

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Case reports

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Abstract

Acute intermittent porphyria (AIP) is a rare condition, a metabolic disorder of the haem biosynthesis. An acute crisis of AIP can present as a combination of symptoms, such as abdominal pain, autonomic dysfunction, hyponatremia, muscle weakness and neurological symptoms in the absence of other obvious causes. We report the case of a 53-year-old woman, who was previously diagnosed with AIP 5 weeks after therapeutic suspension has developed an acute disease exacerbation. During hospitalisation, further exacerbation has occurred after analgesia with metamizole. Glucose and hemin infusions resulted in slow improvement. Physical rehabilitation was crucial to peripheral polyneuropathy recovery. Taking into account the porphyriogenic effect described for metamizole, this drug might have triggered the second attack. Clinical history was sufficient to suspect the diagnosis and to start the treatment immediately, preventing important sequelae.

Background

Porphyrias are disorders of haem synthesis, among which acute intermittent porphyria (AIP) is the most prevalent of all eight types in European population.[1] It affects 1 in 2000 people and only 10% manifest the disease, usually young women. It is an autosomal dominant disease and results from deficiency in the third enzyme of haem synthesis, *ALA dehydratase*. The enzyme defect leads to overproduction of the porphyrin precursors, δ -ALA and δ -ALA dehydratase, that causes nervous system injury and explains the main symptoms.[2] Diagnosis of this condition is challenging because the symptoms and signs are non-specific. Pharmacological history is important not only before the crisis, but also during treatment. All health professionals who are involved should know about the potential porphyriogenic effect of the drugs that the patient is taking, in order to enhance disease management, avoiding adverse effects.[3]

We report a case where the patient is already diagnosed with AIP for several years. In patients like these ones who are presented with unexplained abdominal pain, neurological complications, psychiatric features and hyponatraemia, the attention should be directed to the possibility of an acute crisis. This work reports a typical presentation of acute crisis of AIP, its management, the dangers of drug prescription (including the potential porphyriogenic induction) and the possible sequelae of this entity.

Case presentation

A 53-year-old Caucasian woman, diagnosed with AIP since the age of 37, was being treated with hemin 150mg every 2 weeks without exacerbation for the last 8 years. During a period of prolonged travelling vacation, the patient discontinued her medication for 5 weeks. She had no history of taking porphyriogenic drugs. After this period of medication suspension, she has checked-in to the emergency department with a 3 days' history of generalised muscle pain, tremor, weakness, headache, constipation and altered mental status. Her blood pressure was 180/98 mm Hg, heart rate of 92 bpm and auricular temperature was at 37.4°C. She was confused and disoriented in time and space, but there were no other neurological changes. On physical examination, there was diffuse abdominal pain with no changes on the palpation. Urine had a characteristic reddish colour after prolonged light exposition (figure 1).

Figure 1
Reddish colour urine after prolonged light exposition.



FAQs

I'm an existing BMJ Case Reports customer - why should I continue to subscribe to both resources?

Approximately 5,000 case reports from the last five years will be made available in BMJ Best Practice to support healthcare professionals with quick access to information and guidance on rare diseases and uncommon conditions and presentations.

Case reports are fully searchable via a new section on the site and kept intentionally separate from the evidence-based information that forms the core of BMJ Best Practice. This ensures healthcare professionals' workflow is not interrupted or distracted with rare and uncommon cases until the time they need them.

This is a subset from BMJ Case Reports which has in excess of 25,000 case reports going back to 2008. The selection within BMJ Best Practice therefore equates to ~12% of the entire case reports database.

Case reports on BMJ Best Practice will only ever cover the latest five years. **Users of BMJ Best Practice will not be able to submit a case for publication;** this can only be done via a subscription to BMJ Case Reports.

BMJ Best Practice **users will not be able to access these case reports on the app.**

What are case reports?

Are they evidence based? Or peer reviewed?

They are an educational resource offering healthcare professionals access to clinically important information on common and rare conditions. All articles are peer reviewed and copy edited before publication.

What are the benefit of these case reports to my practice and/or learning?

They highlight cases worthy of discussion, particularly around aspects of differential diagnosis, decision making, management, clinical guidelines and pathology. The advantage is that we learn from real and current cases.

How many of them are there?

Approximately 5,000 case reports from the last three years will be made available in BMJ Best Practice to support healthcare professionals with quick access to information and guidance on rare diseases and uncommon conditions and presentations.

How recent are they?

The case reports in BMJ Best Practice have been published since 2018. The collection of case reports will be kept updated to ensure they are no more than 5 years old.

BMJ