Editorial

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About evidence and personal experiences in transition

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Evidence based medicine has become more and more the “holy grail” for decision making. Not all evidence is weighted the same. Evidence pyramids [1] have focused on showing weaker study designs (basic science and case series) at the bottom, followed by case control and cohort studies in the middle, with randomized, controlled trials

next, and systematic reviews and meta-analyses at the very top (Figure 1A). As there are often methodological problems with reviews, these have been separated from the rest of the pyramid (Figure 1B) and the hierarchy of the different study types themselves has been less strictly applied. For example, some well-designed case-controlled studies with larger number of patients might give better evidence than weak cohort studies (Figure 1C). Especially if the number of randomized controlled trials (RCT) is low

Figure 1: The evidence pyramid.

as in transition medicine transplantation, it is important to re-think the usability of studies with weaker designs. According to different underlying diseases and health systems it is not easy to design RCTs in transition medicine and to apply results of RCTs on different settings. Therefore, we have decided also to publish local retrospective and prospective cohort studies taking into account transition in one disease in the *Journal of Transition Medicine* as successful ones might serve as a blueprint for transition in other diseases. Classically, journals also publish Case Reports in order to make special cases with difficult differential diagnosis and individualized treatments available for the readers in order to learn about complicated and rare events that would not be covered in larger studies. In Transition Medicine, these classical case reports from the physician's perspective are not feasible as we primarily describe processes and outcomes, not complicated diagnostic approaches. However, we have realized, that patients reports, describing individual transition experiences in different diseases and health systems, might shed a different light on the implementation of transition procedures as compared to the views of health professionals. The success of transition as experienced by the patient is of utmost importance for all of us and is one of the

most important measures of success in transition. Many requests considering this option have reached us via our JTM Twitter-account and therefore we have decided to react. In our opinion, published patient reports will help health care professionals to better take the patients' perspectives into consideration when discussing transition and planning studies with the goal to achieve more evidence for the optimal ways and structures of transition. Therefore, we have decided to implement patient reports as a new category in The *Journal of Transition Medicine* and hope you are as enthusiastic as we are on this new option. Please encourage your patients to contribute to this new opportunity.

References

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