**Critically Appraised Topic (CAT)**

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| **Project Team:**  |
| 7B-4 |
| **Project Team Participants:**  |
| Artyom Grigoryan, Marjey Razdolsky, Veronica Nakhla, Robert Bulin |
| **Clinical Question:** |
| Does providing resources to a patient undergoing domestic abuse improve their situation? |
| **PICO Format:** |
| **P:** |
| Patients undergoing domestic abuse |
| **I:** |
| Providing patients with resources |
| **C:** |
| Not doing anything proactive |
| **O:** |
| Help get these patients out of abusive situations |
| **PICO Formatted Question:** |
| In patients undergoing domestic abuse, does providing them with resources, versus not doing anything proactive, aid in getting these patients out of abusing situations? |
| **Clinical Bottom Line:** |
| Providing patient with domestic abuse resources improves their overall quality of life. |
| **Date(s) of Search:**  |
| 11/08/20, 11/09/20 |
| **Database(s) Used:** |
| PubMed |
| **Search Strategy/Keywords:** |
| Articles containing information regarding inter-partner violence and effectiveness of intervention strategies. |
| **MESH terms used:** |
| Dentist, domestic violence, spouse abuse, abuse prevention, intervention, tooth injury |
| **Article(s) Cited:** |
| Article 1: Zaher, E., Keogh, K., & Ratnapalan, S. (2014). Effect of domestic violence training: systematic review of randomized controlled trials. Canadian family physician Medecin de famille canadien, 60(7), 618–e347.Article 2: Coulthard, P., Yong, S. L., Adamson, L., Warburton, A., Worthington, H. V., Esposito, M., & Sharif, M. O. (2010). Domestic violence screening and intervention programmes for adults with dental or facial injury. The Cochrane database of systematic reviews, (12), CD004486. https://doi.org/10.1002/14651858.CD004486.pub3Article 3: Ramsay, J., Richardson, J., Carter, Y. H., Davidson, L. L., & Feder, G. (2002). Should health professionals screen women for domestic violence? Systematic review. BMJ (Clinical research ed.), 325(7359), 314. https://doi.org/10.1136/bmj.325.7359.314Article 4: Hameed, M., O'Doherty, L., Gilchrist, G., Tirado-Muñoz, J., Taft, A., Chondros, P., Feder, G., Tan, M., & Hegarty, K. (2020). Psychological therapies for women who experience intimate partner violence. The Cochrane database of systematic reviews, 7(7), CD013017. https://doi.org/10.1002/14651858.CD013017.pub2 |
| **Study Design(s):** |
| Article 1: Systematic Review of RCTsArticle 2: Systematic Review of RCTsArticle 3: Systematic Review of RCTsArticle 4: Meta-Analysis |
| **Reason for Article Selection:** |
| Article 1: High level of evidence, diverse intervention strategiesArticle 2: High level of evidence, thought it could directly answer clinical questionArticle 3: High level of evidence, applicability to patientArticle 4: High level of evidence, applicability to patient |
| **Article(s) Synopsis:** |
| Article 1: Physician training with system support interventions increased referrals to domestic violence support resources and benefited domestic violence victims more than any other interventions.Article 2: There is no evidence from RCTs to support or refute that screening for domestic violence in adults with dental and/or facial injuries is beneficial, nor that it causes harm. Lack of evidence that intervention programs are effective at reducing frequency and severity of physical assaults.Article 3: Implementation of screening programs in healthcare settings cannot be justified, mostly due to lack of evidence for the effectiveness of screening. Health professionals need education and training to remain aware of the problem if they are to recognize women experiencing domestic violence.Article 4: Women who experience IPV, psychological therapies potentially reduce depression and anxiety. Unconclusive data on whether psychological therapies improve self-efficacy, PTSD, re-exposure to IPV, safety planning, and harm. Need for more trauma-focused interventions with more rigorous trials. |
| **Levels of Evidence:** (For Therapy/Prevention, Etiology/Harm) See <http://www.cebm.net/index.aspx?o=1025>[x]  **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control Trials (RCTs)[ ]  **1b** – Individual RCT[ ]  **2a** – Systematic Review of Cohort Studies[ ]  **2b** – Individual Cohort Study[ ]  **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research[ ]  **4a** – Systematic Review of Case Control Studies[ ]  **4b** – Individual Case Control Study[ ]  **5** – Case Series, Case Reports[ ]  **6** – Expert Opinion without explicit critical appraisal, Narrative Review[ ]  **7** – Animal Research[ ]  **8** – In Vitro Research |
| **Strength of Recommendation Taxonomy (SORT) For Guidelines and Systematic Reviews**See article **J Evid Base Dent Pract 2007;147-150**[x]  **A** – Consistent, good quality patient oriented evidence[x]  **B** – Inconsistent or limited quality patient oriented evidence[ ]  **C** – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening |
| **Conclusion(s):** |
| While screening may not be the most appropriate or effective way to improve the quality of life of a patient who has experienced domestic violence, proper education and training of healthcare providers is critical to recognize victims and provide them with proper resources. I would advise my D4 to provide patient with resources for the Milwaukee Women’s Center, Sojourner Family Peace Center, and referral to a psychologist if the patient is interested. |