A Methodological Section in *Cerebrovascular Diseases*: Why?

In this issue of *Cerebrovascular Diseases*, the second paper dealing with methodological and statistical problems is published [1]; the first one [2] appeared in the May issue in 2010. Thus, the question is: why should we clinicians bother with topics which, at first glance, appear rather far from the practical problems we are faced with every day? Admittedly, noninferiority, heterogeneity and multivariate analysis and modeling may be of some interest to those of us who write protocols and plan clinical trials, but what about the busy 'strokologist' who has a couple of minutes per week to go through various journals and keep updated? In fact, this section is meant mostly for them. Our aim is to summarize some topics which have a clear impact on our practice when we make decisions on how to treat our patients, but can be easily overlooked if their role in reaching practical conclusions is not clarified. For instance, not all the conclusions from well-conducted and well-written systematic reviews can be used in clinical practice if heterogeneity undermines their results, as Peter Sandercock clearly explains in this issue [1]!

It is our hope to give some hints to readers of papers, and to help them decide in full knowledge on the use of these papers' findings; with this aim in mind, we welcome any suggestions on future topics, and any criticism of how the topics have been dealt with. We all live and practice in the era of evidence-based medicine, i.e. with a mixture of physician's expertise, patient's preference and the best available information; to obtain the most from the latter, we clinicians need to add some words to our medical dictionary, remembering that 'it is better to put the horse in front of the cart and to seek evidence before changing practice', as Professor Charles Warlow once said.

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References

- 1 Sandercock P: The authors say: 'the data are not so robust because of heterogeneity' – so, how should I deal with this systematic review? Meta-analysis and the clinician. *Cerebrovasc Dis* 2011;31:615–620.
- 2 Ricci S: What does 'non-inferior to' really mean? A clinician thinking out loud. *Cerebrovasc Dis* 2010;29:607–608.