

benzodiazepines [11]. We agree with the authors' conclusion: "We encourage clinicians to adapt treatment based on specific circumstances and characteristics of their individual patients." Emergency physicians on the front line caring for agitated patients should choose the most effective, rapid, and safe combination of medication based on their education, experience, objective evidence, and not the outdated opinions of a few.

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11 April 2019

<https://doi.org/10.1016/j.ajem.2019.05.013>

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## Evidence over dogma and anecdotes



### Keywords:

Cocaine  
Amphetamine  
Antipsychotic  
Benzodiazepine  
Sympathomimetic toxicity

## To the Editor:

We thank the authors for their interest in our work and their complimentary assessment of our systematic review. We agree that dogma without some foundation in evidence can be counterproductive. Unfortunately the authors also introduced their opinions about issues not within the scope of our review. As such, the propagation of anecdotal care without scientific basis is equally counterproductive. Specifically, their assertions about the utility of antihistamines, lipophilic beta-adrenergic antagonists, and multiple combined therapies are offered without providing the level of supporting evidence that we provided for the therapies within the chosen scope of work. Likewise their unsupported personal communications with unspecified clinicians have no place in evidence based medicine. Finally, they misinterpret our inability to find a signal of harm as evidence of safety. These two statements are quite distinct and rarely, if ever, to be used interchangeably.

While we agree that better evidence is needed, the answers we seek are likely only to be found in controlled trials that are well designed, rigorously implemented, and thoroughly analyzed. We strongly reject the notion that the appearance of safety in anecdotal and uncontrolled interventions should take precedence over the need to prove efficacy. While it is challenging to make rapid decisions in uncertain and life-threatening circumstances we must shift the focus of knowledge translation away from statements that begin with "we routinely..." toward ones that sound like "the evidence shows that..." or "the evidence suggests that..." We hope that our systematic review helps shift that focus.

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4 May 2019

<https://doi.org/10.1016/j.ajem.2019.05.014>