

8- Maillefert JF et al. "Relevant change in radiological progression in patients with hip osteoarthritis. 1. Determination using predictive validity for total hip arthroplasty" *Rheumatology* 2002; **41**: 142-147.

9- Calin A et al. "Defining disease activity in ankylosing spondylitis: is a combination of variables (Bath ankylosing spondylitis disease activity index) an appropriate instrument?" *Rheumatology* 1999; **38**: 878-882.

10- Bannwarth B et al. "Cardiovascular thrombotic events and COX-2 inhibitors: results in patients with osteoarthritis receiving rofecoxib" *J Rheumatol* 2003; **30** (2): 421-422.

11- Prescrire Rédaction "Coxibs, suite: demi-mesures et maintien sur le marché" *Rev Prescrire* 2005; **25** (260): 281.

12- Prescrire Rédaction "Rofécoxib: arrêt de commercialisation (suite)" *Rev Prescrire*; **24** (256): 835.

Translated from *Rev Prescrire* July-August 2005; **25** (263): 550

Internet addresses: just how reliable are they?

As a medical student, I studied the recent growth in the number of internet addresses used as references for biomedical publications (a). I wondered just how reliable these references were in comparison to traditional 'paper' references, and decided to verify how many of these addresses were 'operational' at the time of publication and how long they remained so.

Methods. In order to evaluate the quality and lifespan of internet addresses published in the reference sections of articles published in biomedical journals, I systematically checked whether those listed as references in the January 2002, January 2003, January 2004 and March 2004 issues of two English-language journals (*The Lancet* and the *Canadian Family Physician*) remained functional in April 2004. I also checked those listed in the January 2002, January 2003, January 2004 and June 2004 issues of *la revue Prescrire*.

First, I assembled the internet addresses listed in each issue (4 to 5 issues per month for *The Lancet*, and one issue per month for the *Canadian Family Physician* and *la revue Prescrire*), and tested each one using an internet connection. I classified the results as follows: -successful, if I immediately obtained the relevant document; -semi-successful, if I found the document, but with difficulty; -semi-failure, if I obtained a different document from the one mentioned in the reference; -complete failure, if I obtained an error message.

I limited the search time for each reference to 5 minutes; if I did not find the document within this time period, I considered the search to be a failure.

Results. I compared the results for the three journals and for the different time periods, with the last period corresponding to the immediate validity of the references.

The Lancet: (2000 electronic references per month on average): in January 2002 the success rate was relatively low (44%), but it increased over the years to 75% in January and March 2004. The average monthly rate of complete failure was 18%.

Canadian Family Physician: (about 200 electronic references per month): here too the success rate increased over the years, from 65% in January 2002 to 80% in March 2004. The rate of complete failure was 14% on average.

La revue Prescrire: (the number of electronic references fluctuated from between 160 to 460 per issue). The average success rate was 65%, except for January 2003 (semi-failure rate 56%). The complete failure rate was 4% on average.

Discussion. Regardless of the journal, the average success rate never exceeded 75% for any time period. The immediate validity tests done in March and June 2004 included failures and semi-failures for some references at the time of publication.

In comparison to the other two journals, the electronic addresses given in *la revue Prescrire* were often incomplete, leading only to the home page rather than directly to the document concerned, making it necessary for the reader to complete the search. This may explain the lower failure rate I obtained for *la revue Prescrire*, as the other two journals usually gave addresses leading directly to the document in question.

These results suggest that biomedical journal editors should pay more attention to the reliability and accuracy of electronic references, so that they offer the same guarantees as traditional paper references.

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a- See: Prescrire Rédaction: "Glossaire de la recherche de documents électroniques dans le domaine de la santé" *Rev Prescrire* 2003; **23** (245 suppl. Se documenter): 899-900.

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