

In the name of God

Digital Information Databases Searching Workshop

The literature searching process

“is not an exact science but an art.”

Samuel Butler

Controlled Vocabulary

Controlled Vocabulary

A controlled vocabulary is a set of established terms
where every term represents a single concept
only one term is used for that concept

Example: Many words can be used to represent the concept "people who teach."

teachers
faculty
instructors
professors
tutors
educators
lecturers, etc

In a controlled vocabulary
one of these will be chosen
to represent the concept

MeSH = Faculty
Faculty, Dental
Faculty, Medical
Faculty, Nursing, etc.

Another example

How many words could you think of for the idea of “cancer”?

Cancer, tumor, malignancy, neoplasm, Neoplasms, sarcoma...

Articles in a database

Article one: “Breast tumors in young women”

Article two: “Surgery for prostate cancer.”

Article three: “Diagnosing Melanoma.”

All three articles are about types of cancer but different terms are used in titles.

In a controlled vocabulary ONE word (*i.e.*, Neoplasms) is chosen and placed in a special field, usually called a subject field or MeSH term.

For all three articles

Article one: “Breast tumors in young women”

Article two: “Surgery for prostate cancer.”

Article three: “Diagnosing Melanoma.”

The subject term (concept term) “Neoplasms” is placed in the subject field by database indexers.

Now, Searching the database for Neoplasms in the subject field will identify all records about the concept of cancer even if a different word for Neoplasms is used.

Search ‘Neoplasms-in-subject-field’ finds all three articles

How many articles would the search ‘cancer-in-title-field’ find?

Subject vs. Keyword Searching

Controlled vocabulary searching

Matches terms against a specific field in the record.

You need to consult a thesaurus (paper or online) to find out what the controlled vocabulary term is for each concept.

Free-text (keyword) searching

Some concepts have many synonyms. A free-text search statement would mean "OR"ing all those terms together

Matches terms against words anywhere in record (abstract, title, etc.).

Advantages to Controlled Vocabularies

Using the controlled vocabulary can make your search more precise and easier.

Increases the relevancy of results (fewer false drops)

The indexers have already done much of the work for you.

Problems with Controlled Vocabularies

NOT all databases use a controlled vocabulary

New concepts take time to be added

There is often a lag phase during which the newest articles aren't indexed

Controlled vocabularies can contain some very strange things and some concepts may not be handled well

The controlled vocabulary must be easily searchable

Trying to understand what is and isn't in a particular controlled vocabulary can give you a big headache!

Combining Subject and Keyword Searching

To be comprehensive, it is often helpful to combine subject and keyword searching

(diabetes mellitus[Mesh term] OR diabetes[tw])

(sickle cell anemia[Mesh term] OR sickle cell anaemia[ti])



Principles are similar

but

Methods are different

A decorative graphic on the left side of the slide, featuring a green chalkboard texture. It includes two pieces of pink chalk and some faint white chalk markings, including a curved line and a downward-pointing arrow.

MeSH

PubMed

Searching flowchart

Question

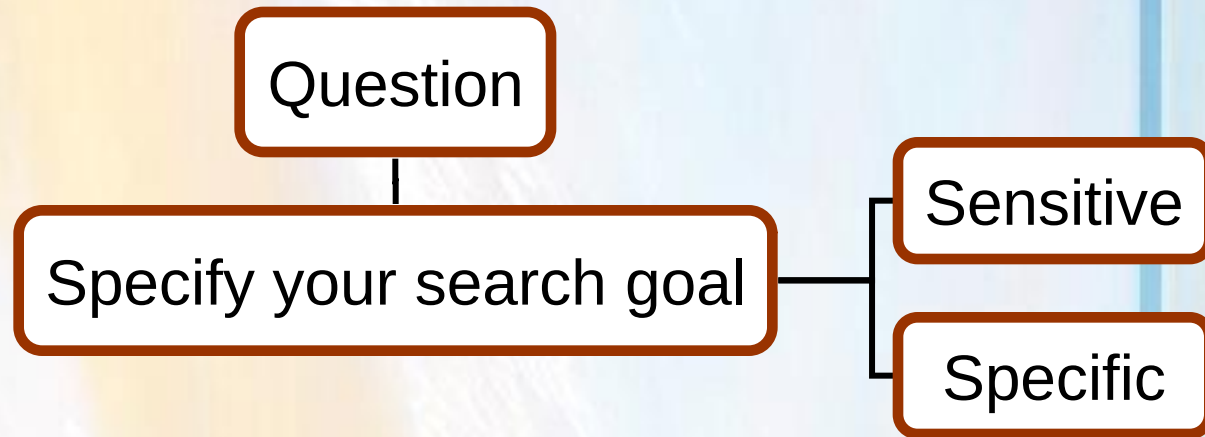
Surf/Problem

Question

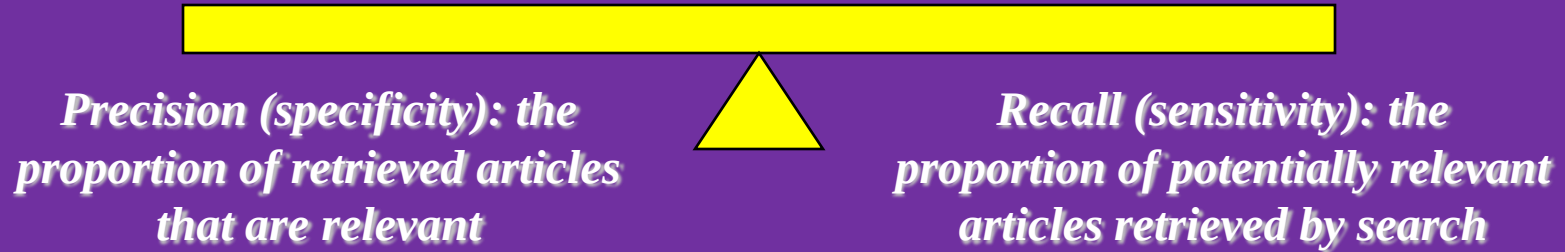
Specify your search goal

Sensitive

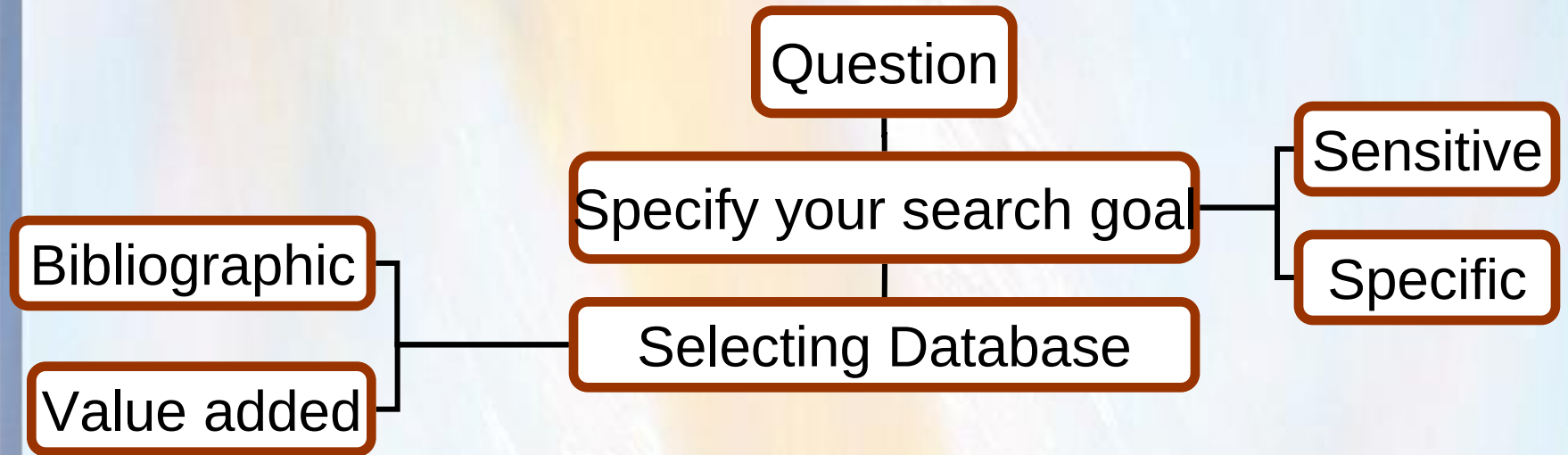
Specific

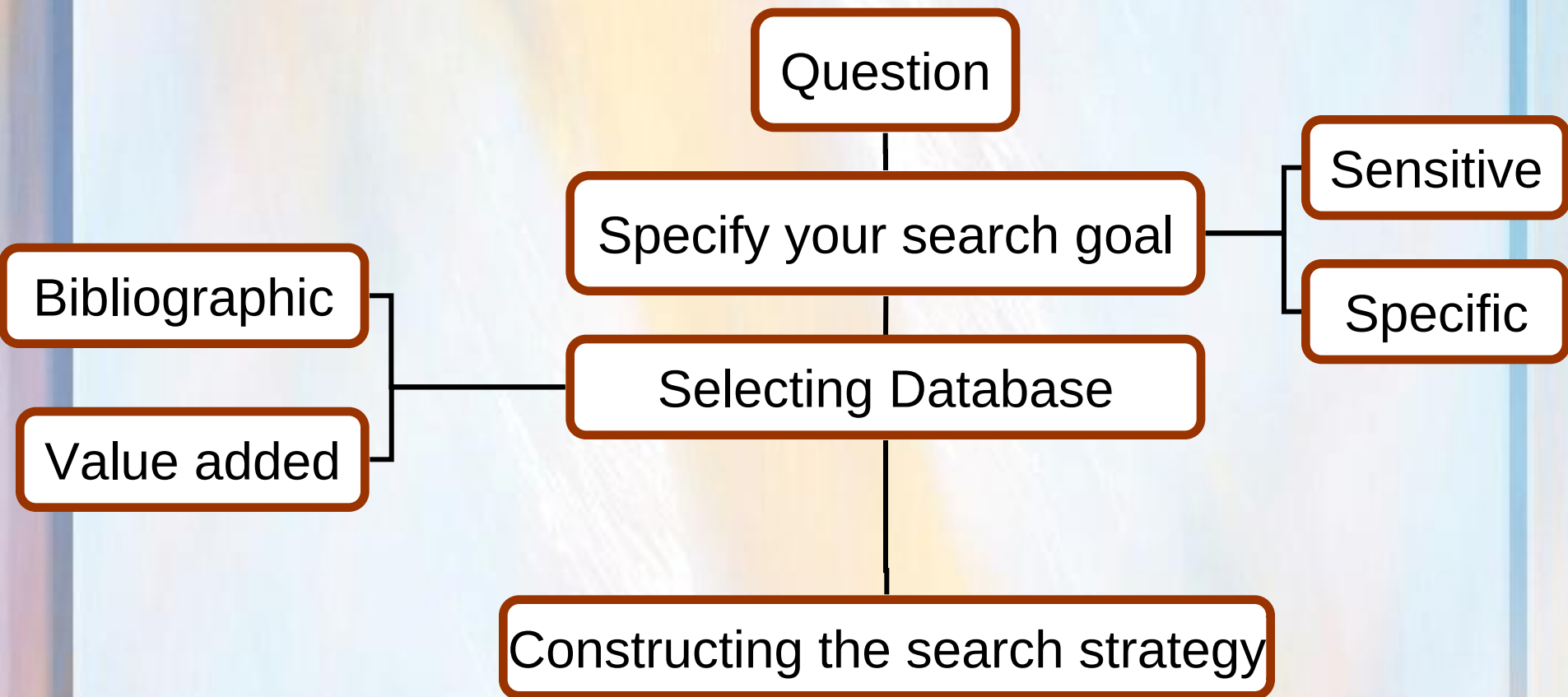


Balancing Precision and Recall



- Systematic reviews require comprehensive searches.
- Searching many databases by using a generic term gives high recall but is very imprecise.
- The goal is to carefully construct a search to keep precision high while maximizing recall.





Constructing the search strategy

Selecting the most important
and relevant words

Constructing the search strategy

```
graph TD; A[Constructing the search strategy] --> B[Selecting the most important and relevant words]; B --> C[Broad searching];
```

Selecting the most important
and relevant words

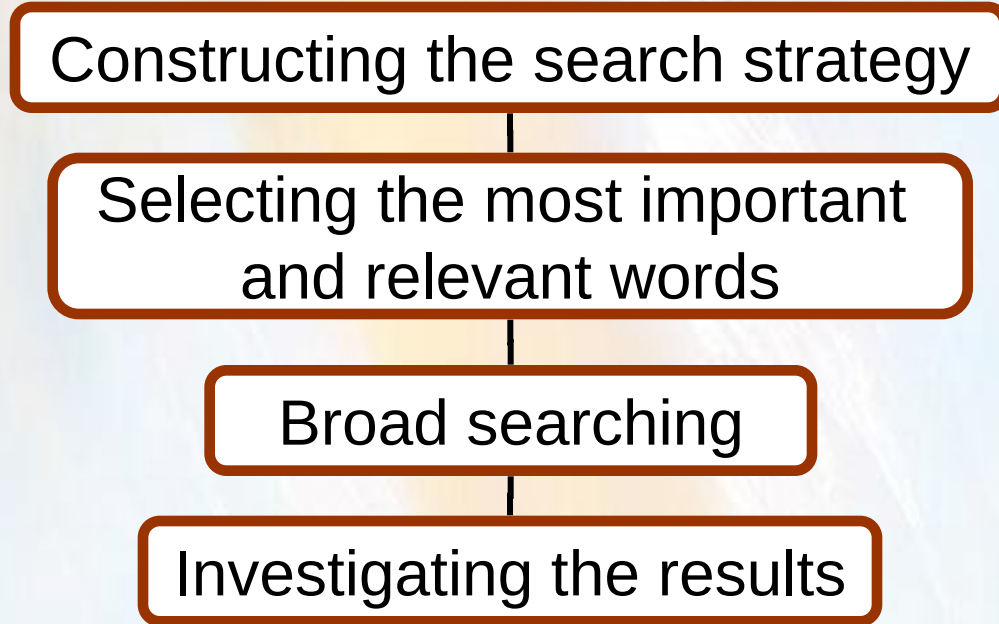
Broad searching

Constructing the search strategy

Selecting the most important
and relevant words

Broad searching

Investigating the results



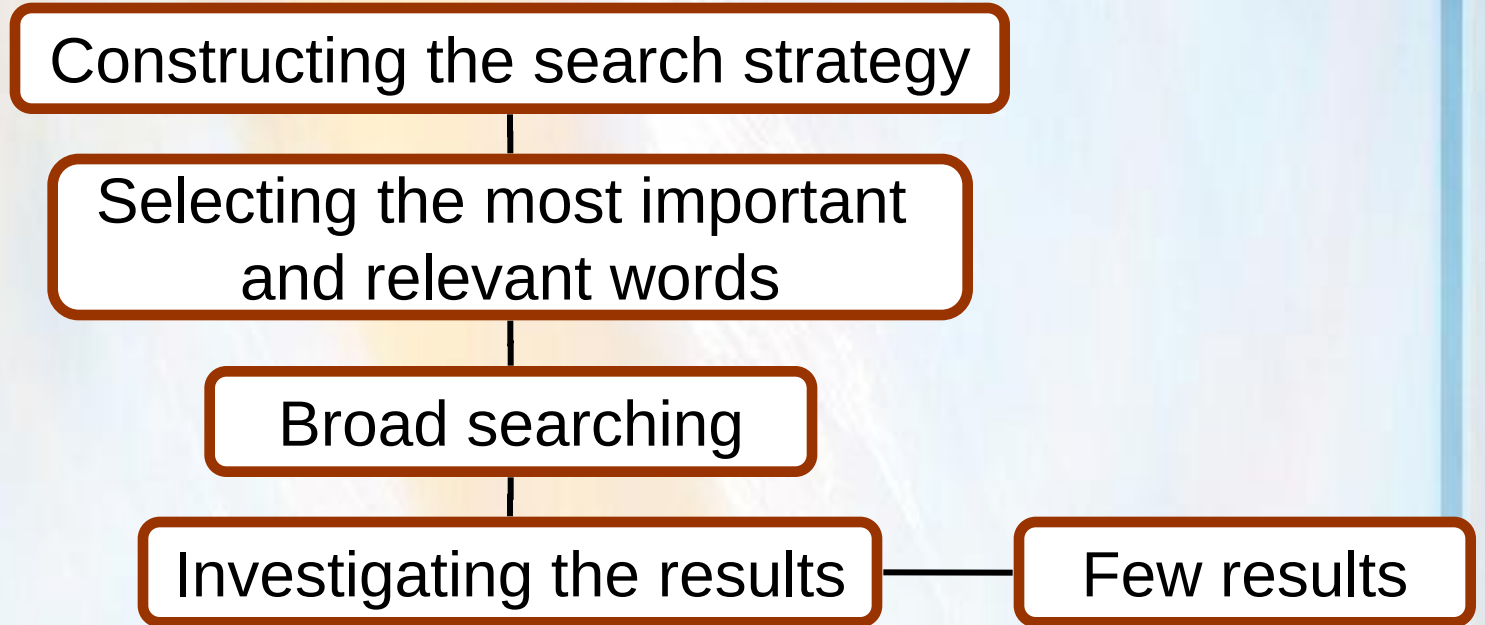
Constructing the search strategy

Selecting the most important
and relevant words

Broad searching

Investigating the results

Few results



Constructing the search strategy

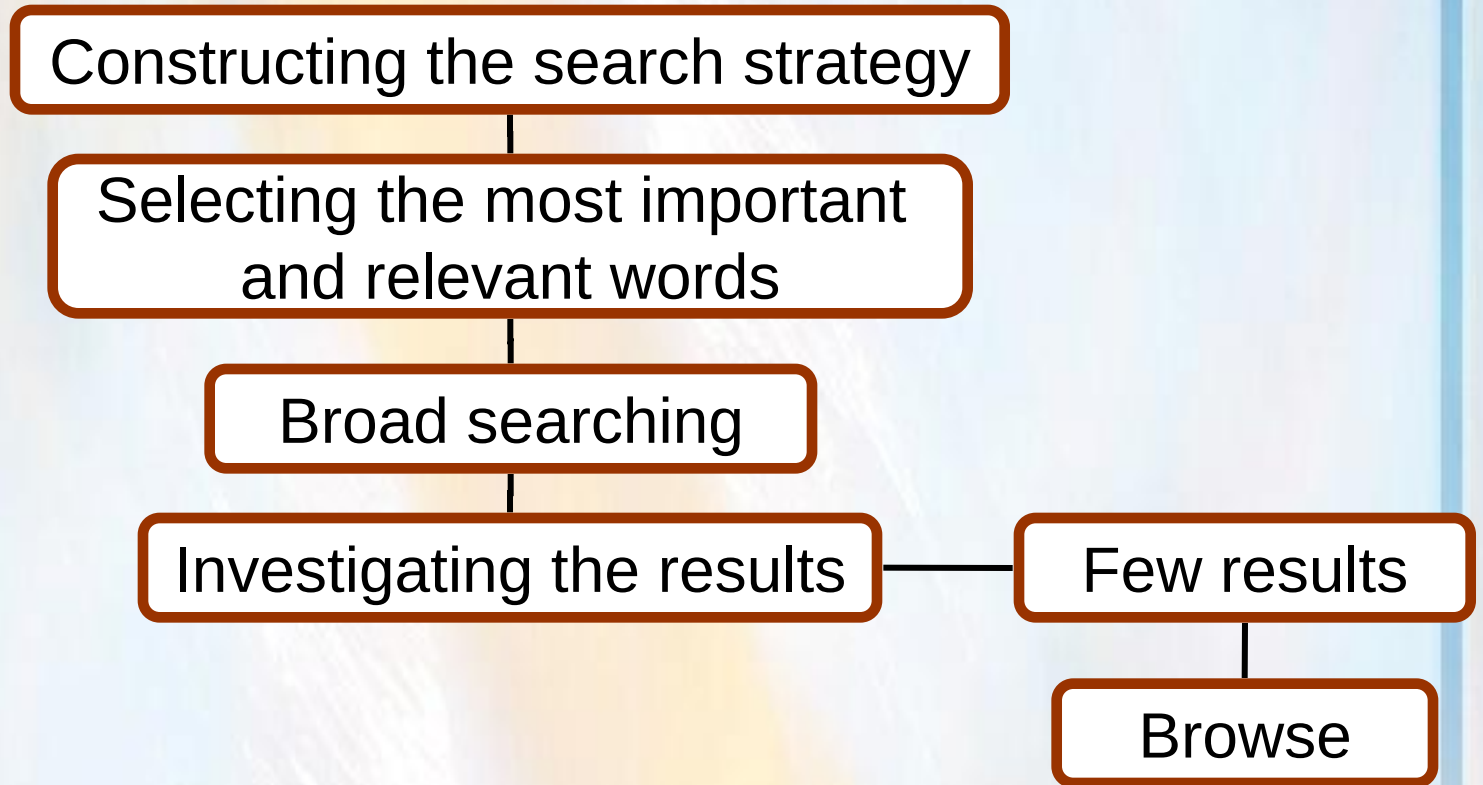
Selecting the most important
and relevant words

Broad searching

Investigating the results

Few results

Browse



Constructing the search strategy

Selecting the most important
and relevant words

Broad searching

Investigating the results

Few results

Browse

Apply

Change the words

Change database

Finding synonyms

Constructing the search strategy

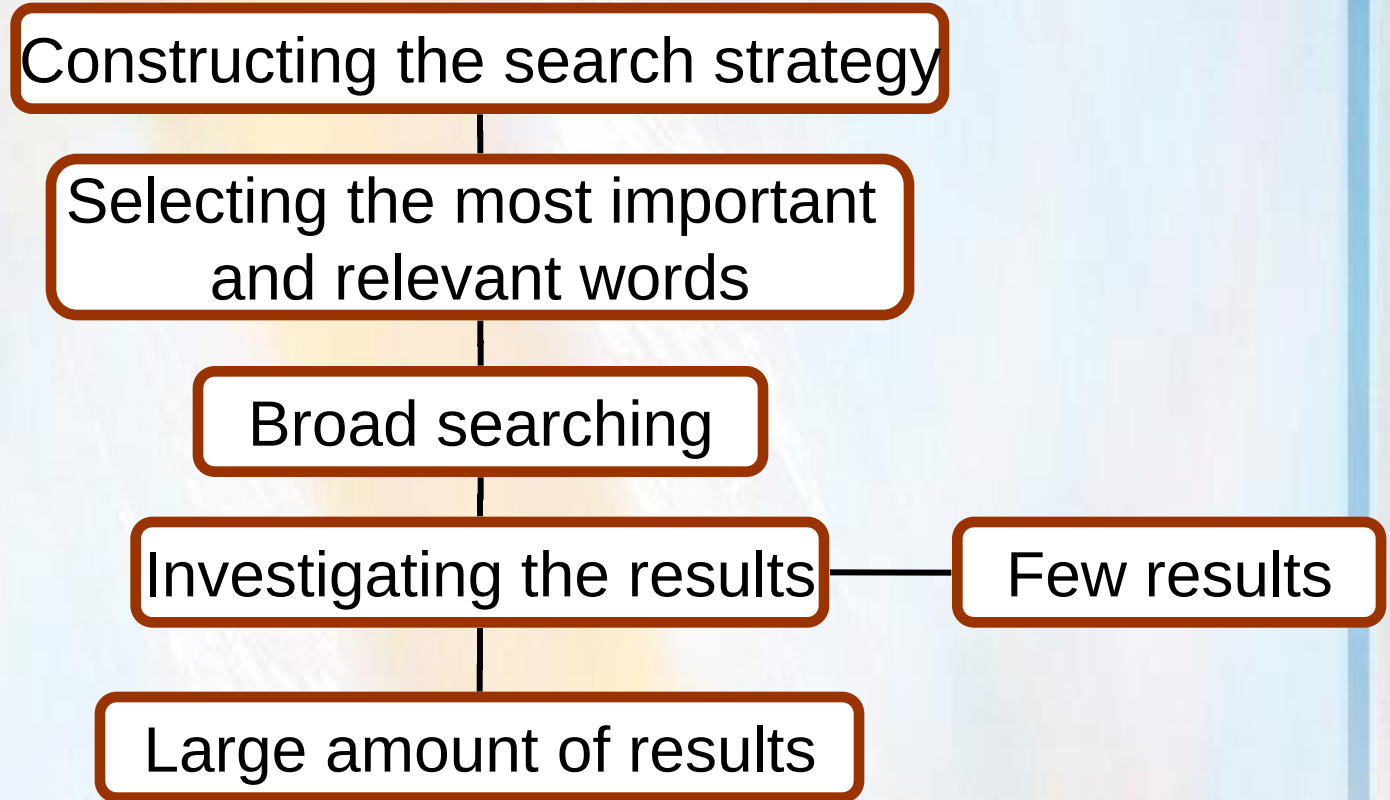
Selecting the most important
and relevant words

Broad searching

Investigating the results

Few results

Large amount of results



Large amount of results

Large amount of results

```
graph TD; A[Large amount of results] --> B[Boolean searching]; A --> C[Limit fields]; A --> D[Search filters];
```

Boolean searching

Limit fields

Search filters

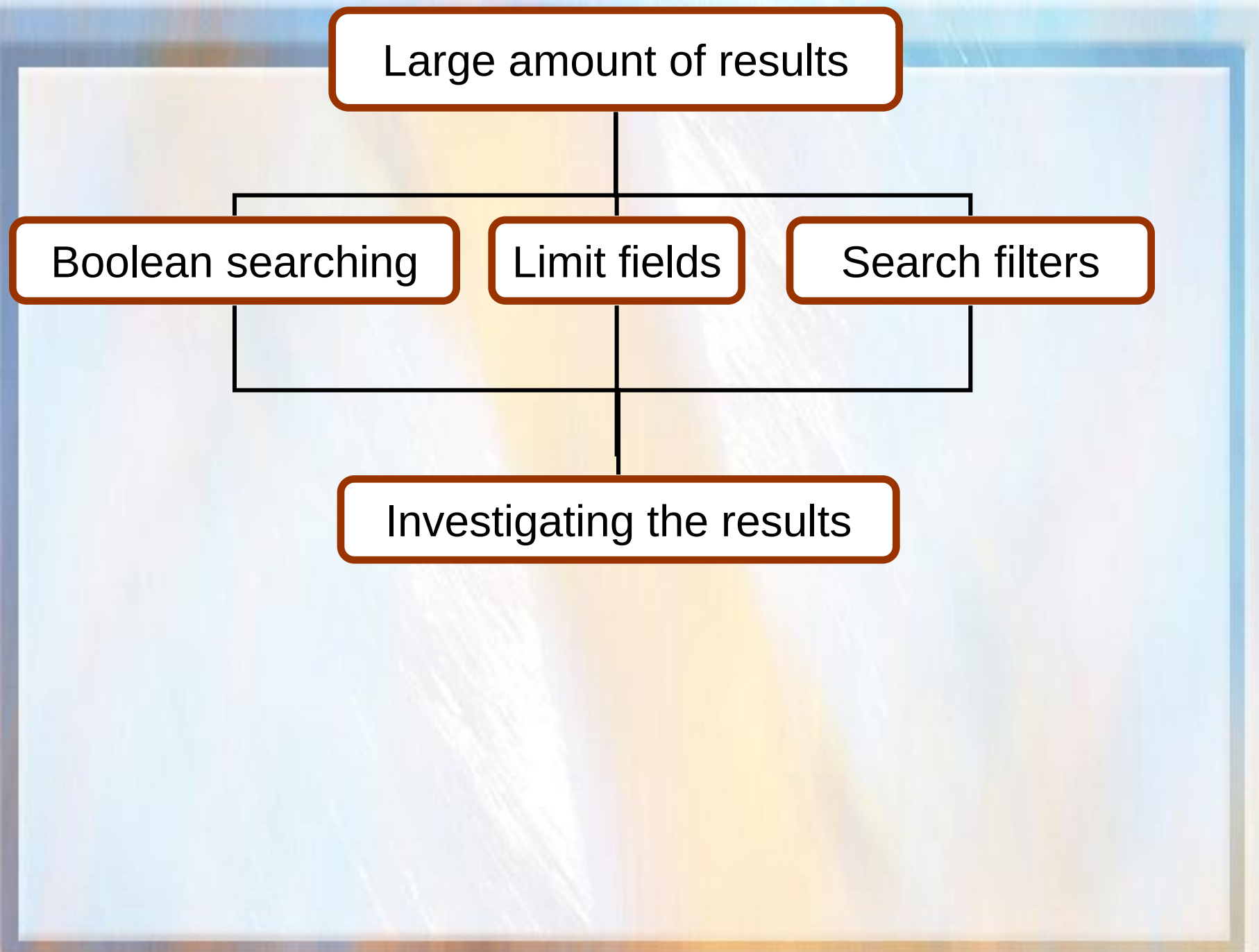
Large amount of results

Boolean searching

Limit fields

Search filters

Investigating the results



Large amount of results

Boolean searching

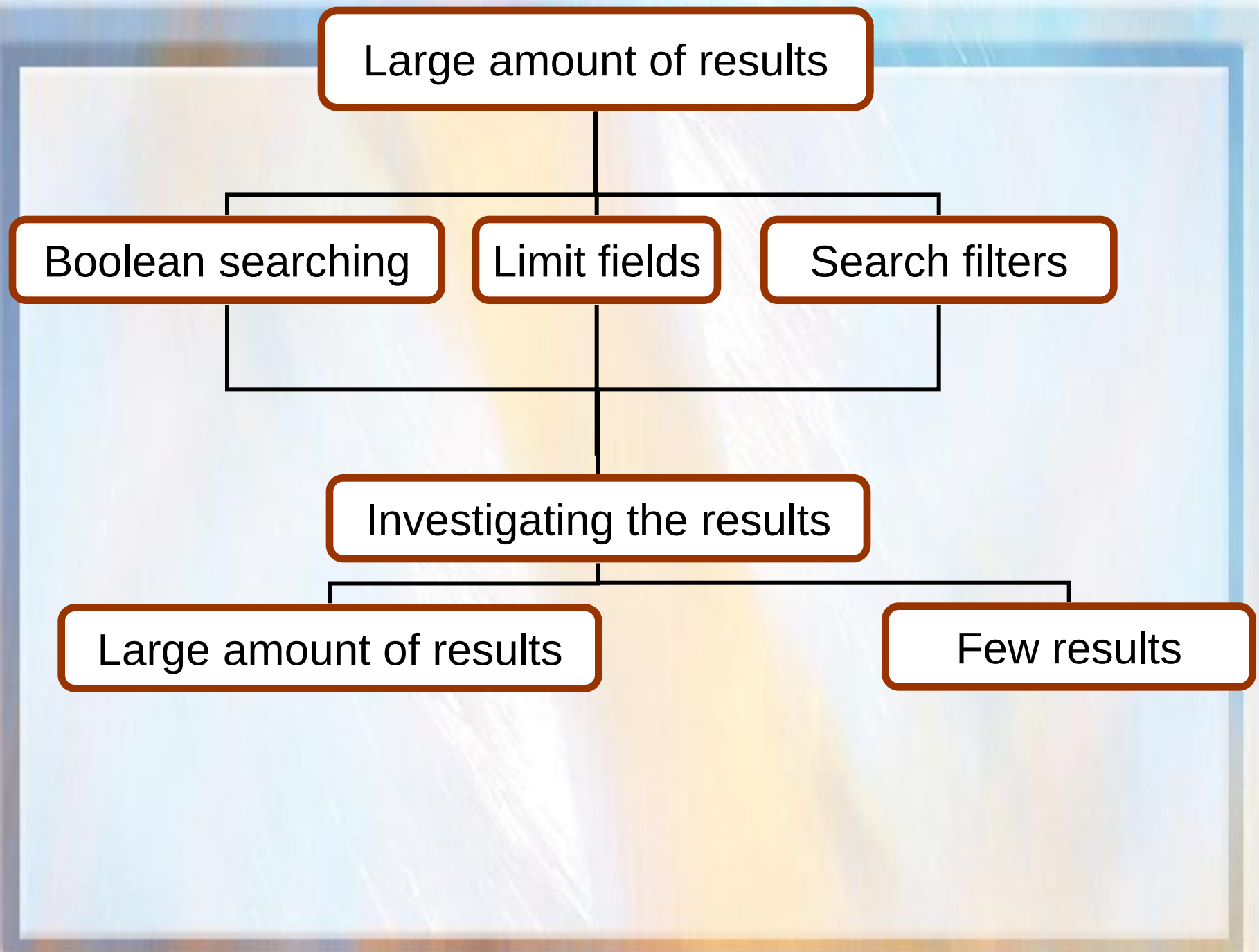
Limit fields

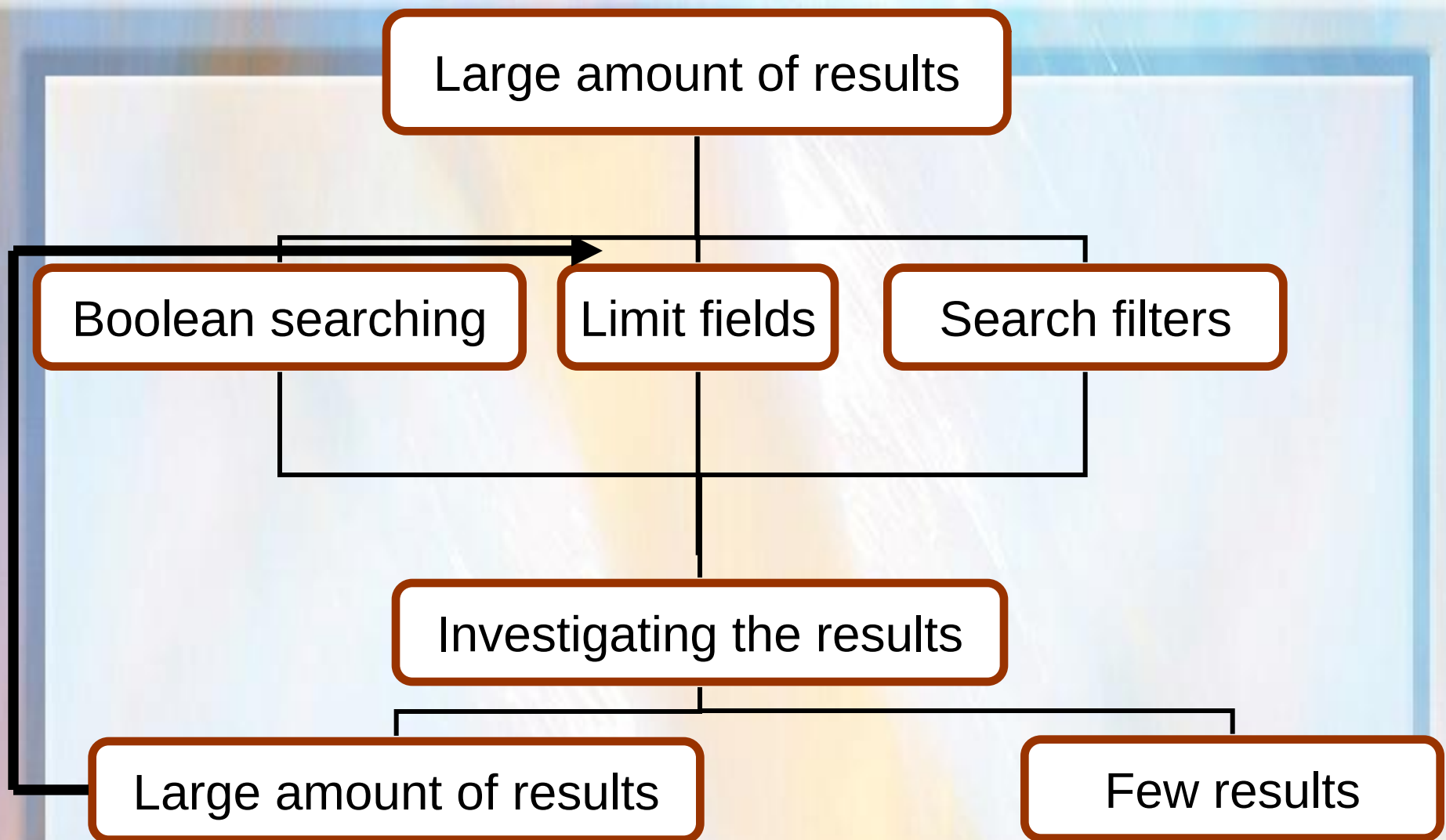
Search filters

Investigating the results

Large amount of results

Few results





Large amount of results

Boolean searching

Limit fields

Search filters

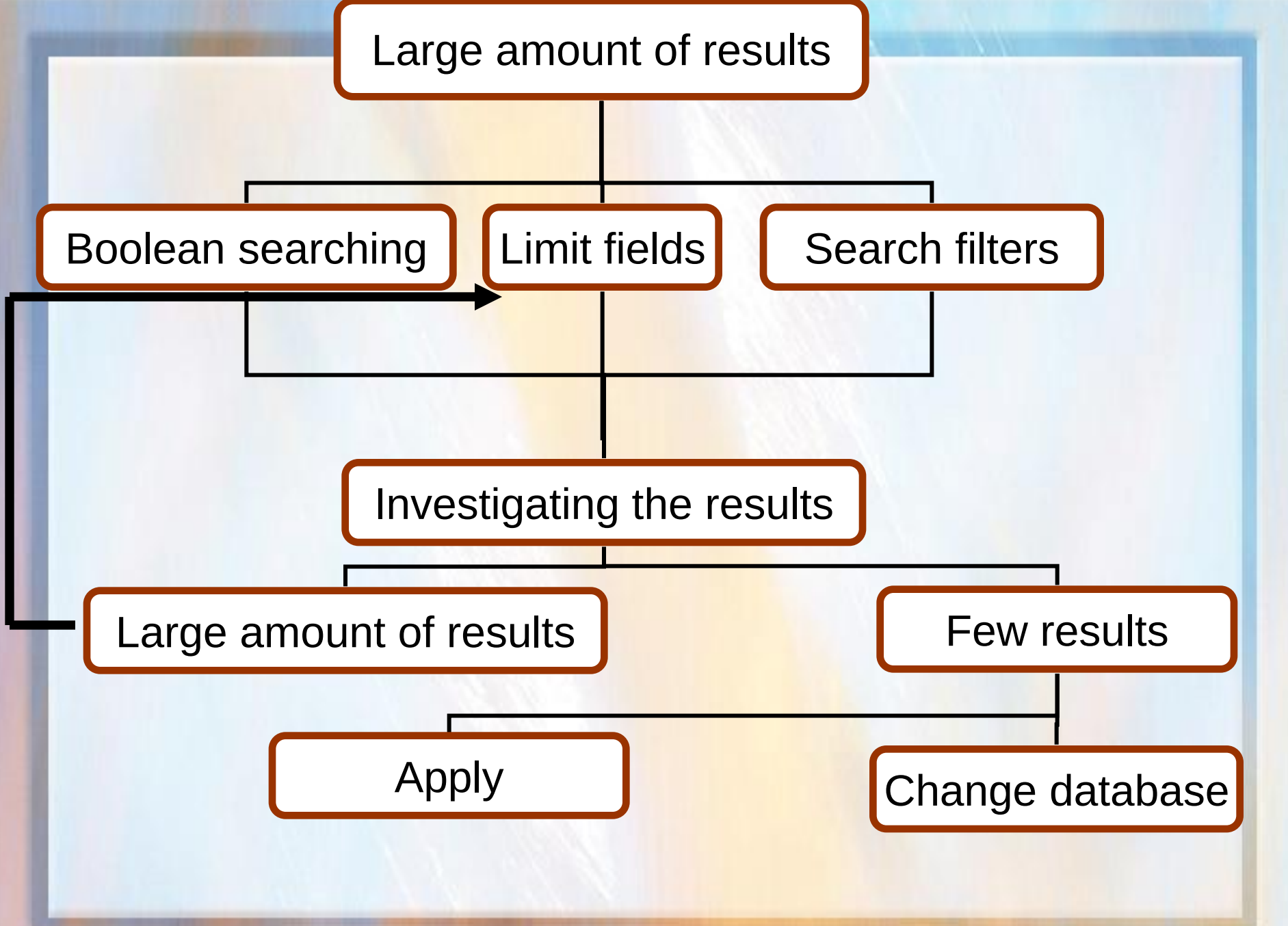
Investigating the results

Large amount of results

Few results

Apply

Change database



Systematic Review Process Overview

Prepare Topic

- Refine topic
- Develop analytic framework

Search for and Select Studies for Inclusion

- Identify study eligibility criteria
- Search for relevant studies
- Select evidence for inclusion

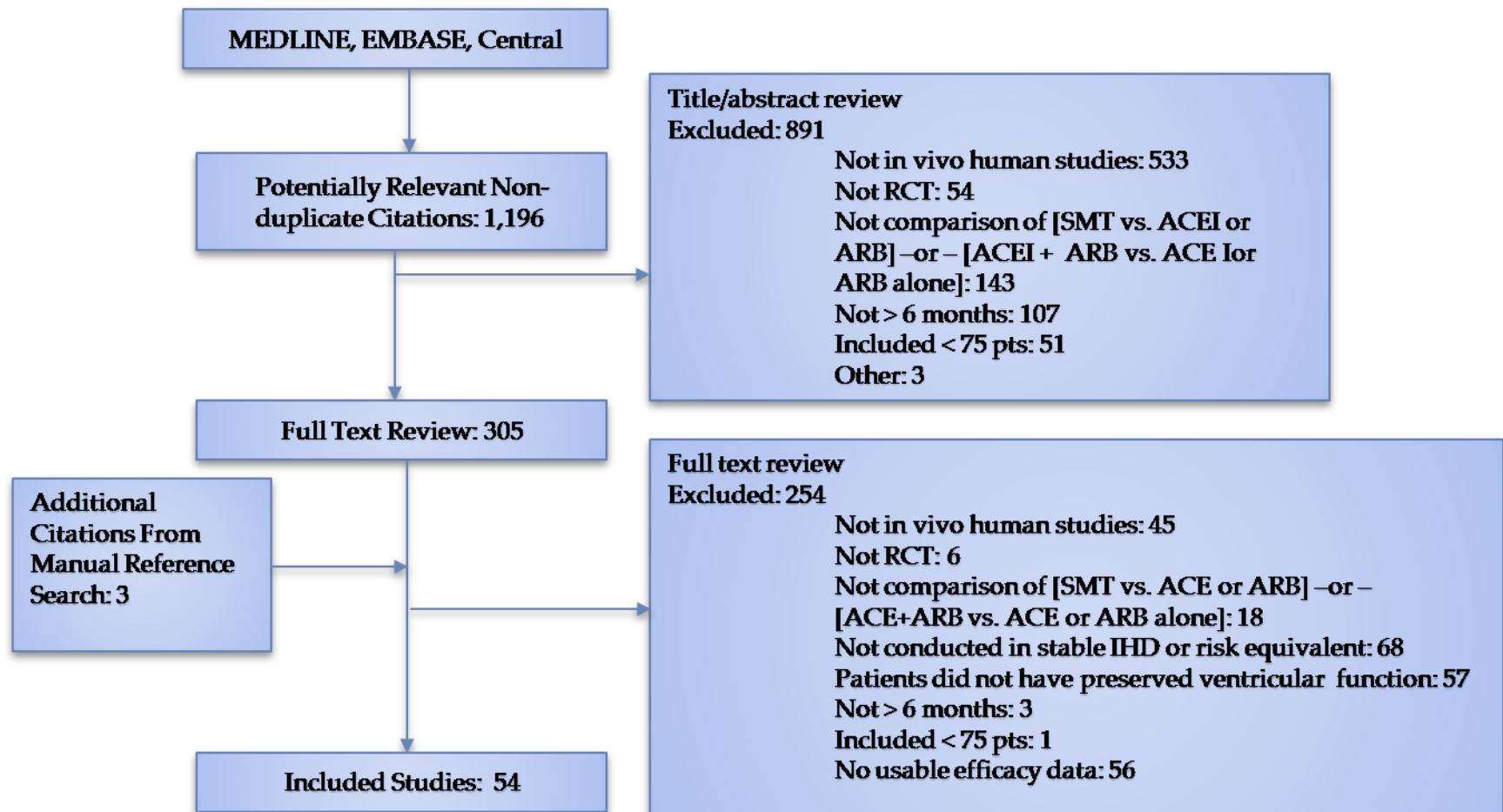
Extract Data from Studies

Analyze and Synthesize Studies

- Assess the quality of individual studies
- Assess applicability
- Present findings
- Synthesize quantitative data
- Grade strength of evidence

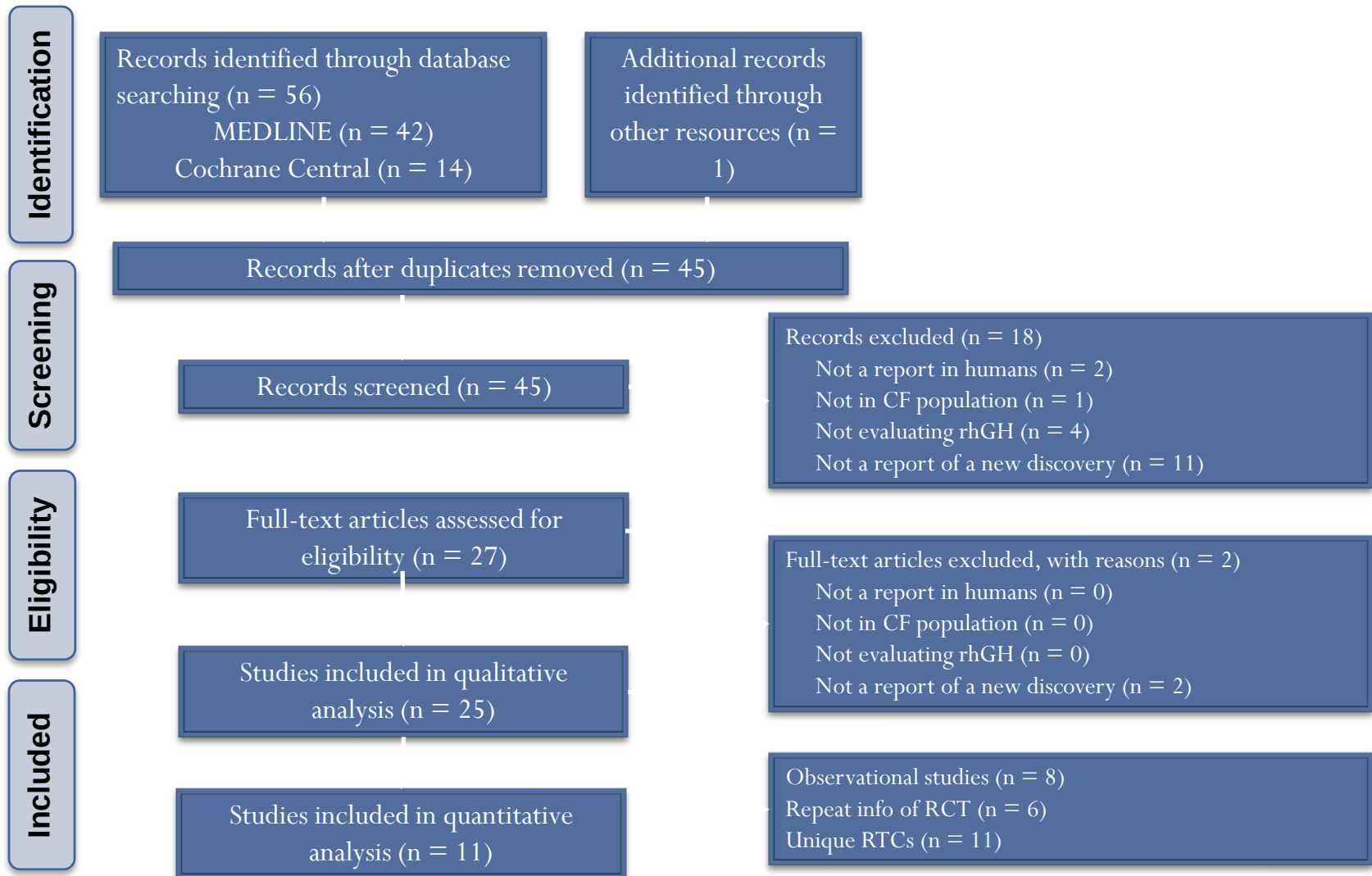
Report Systematic Review

Transparent Reporting: QUOROM Figure



QUOROM : Quality of Reporting of Meta-Analyses

Transparent Reporting: PRISMA Figure



PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses



Databases

- Free
- Not free

OR

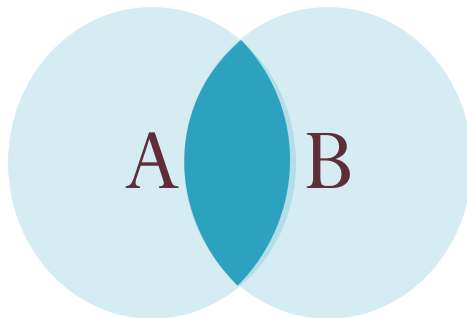
- Prefiltered
- Nonfiltered

OR

- Bibliographic
- Fulltext

Search Operator

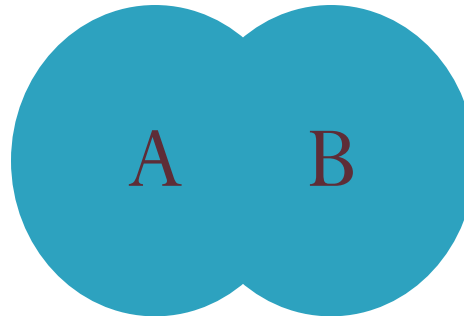
AND Operator



A AND B

ARDS and Steroids

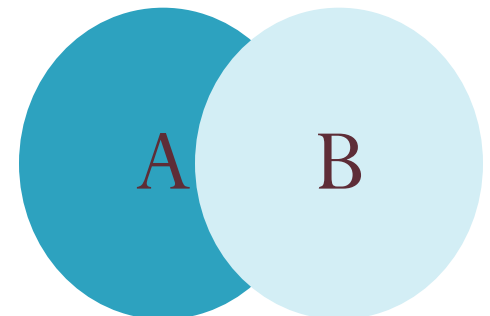
OR Operator



A OR B

ARDS Or “Septic Shock”

Not Operator



A NOT B

ARDS Not “Septic Shock”

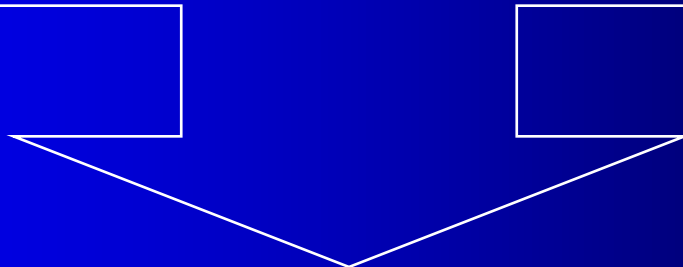
Acute respiratory distress syndrome (ARDS)

Wildcards

- Use the asterisk (*), a wildcard character, to search for all terms that begin with the same root word.
 - Use of the asterisk turns off automatic mapping of keyword terms to MeSH terms.
- child* :
 - Finds terms that begin with the root term child, such as:
 - child, children, childhood, childbearing, etc.

Types of questions raised

- What is idiopathic thrombocytopenic (ITP)
- What is the clinical signs and symptoms?
- How can we diagnose this disease?
- What are the treatment options for ITP?



Background Questions

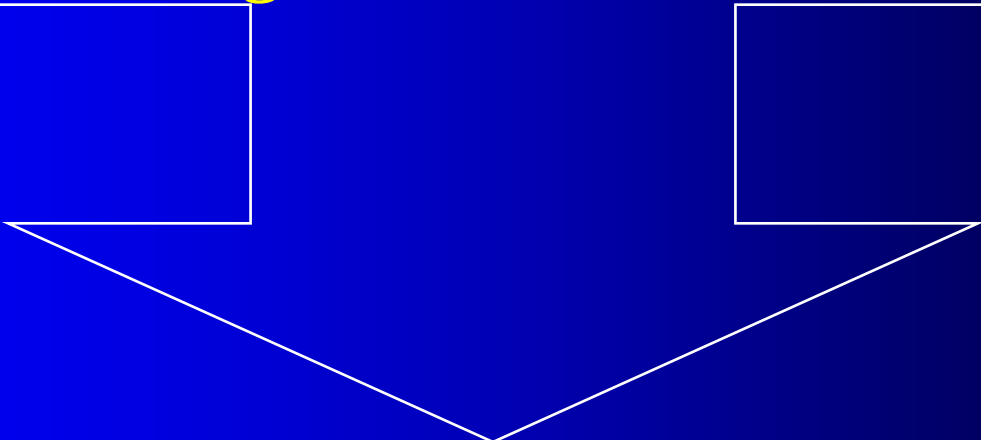
When you need to know more information about the disease

Answers to Background Questions

Quickest places to find answers in drug monographs and review articles

Types of questions raised

- In child suffering from ITP does treatment with steroids, compared to IVIG(Intravenous Immunoglobulin) results in rapid cure
- In children suffering from ITP is complete blood picture as accurate as bone marrow aspirate in diagnosis.



Foreground question

Foreground questions

- When you need to know information that you will:
 - Tell your patient about
 - Decide on his management
 - Usually related to
 - Diagnosis
 - Therapy
 - Prognosis
 - harm

Usually compare two or more concepts – drugs, treatments, tests, prognosis of two groups, harms or benefits of two approaches, etc.

Answers to Foreground Questions

- Require precise information about complex issues
- Sources should provide current, original clinical research data
- - **Pub Med** / *The Cochrane Library*

The Case

We will focus on the following patient case:

Mr. J. is a 70-year-old African American man with a history of acute myocardial infarction (MI) six weeks ago. He appears to be doing well on medical therapy (including aspirin, beta blocker, ACE inhibitor, and statin), though post-MI echocardiography has shown a low left ventricular ejection fraction (LVEF) of 30%. Mr. J. is very close to his grandchildren and reports that his eldest granddaughter just got into law school. He is concerned that, given the state of his heart, he will not survive to see her graduate.

Mr. J's physician tells you that several studies have investigated whether prophylactic placement of an implantable defibrillator can reduce mortality in patients such as Mr. J. who have problems with ejection fraction following an MI. She tells you to find evidence that would indicate whether or not Mr. J. might benefit from implantation of a defibrillator.

You are asked to do a **PubMed** search and bring the answer to morning rounds.

Formulating your Question

One of the most important steps in doing a PubMed search is creating a focused question. PubMed includes over 18 million citations, but not all of them will meet your information needs. Think about your topic and formulate a specific question that will help you retrieve and identify relevant information. The following framework, often referred to as **PICO** or **PICOTT**, helps you to identify the important elements of a question (the who, what and why).

Patient Problem – Describe the primary condition or patient's problem.

Intervention, diagnostic test, prognostic factor, or exposure - What treatment, test, or exposure are you considering?

Comparison - What are you comparing this to? (You don't always have an active comparison.)

Outcome - Describe what you and the patient want to have happen.

TT - Type of Question/Type of Study

Type of Question and Study

Type of Question	Type of Study*
Therapy	RCT (randomized controlled trial) > prospective cohort Can also be answered by a meta-analysis or systematic review
Diagnosis	prospective, blind comparison to a gold standard
Prognosis	cohort study > case control > case series
Etiology/Harm	RCT** > cohort > case control > case series

Formulate the Strategy using Key Concepts

Now, what would you search? Using the **PICOTT** framework helps you set up your search strategy. You don't always need to include all concepts in a search such as race, gender, or age. But having these concepts defined in the **PICOTT** will help you choose the most relevant articles later on. (Even if you think age is important here, you don't need to include it in your search at the beginning; rather wait until the end to limit by age group on the **Limits** page.)

*This is a therapy question. We will get at the concept of therapy by searching for the type of study that correlates with it (**RCT**).

PICOTT:	Our Case:	Key Concepts:
Patient Problem	male, African American, history of myocardial infarction and low left ejection fraction	myocardial infarction low left ejection fraction
Intervention	implantable defibrillator	implantable defibrillator
Comparison	none	
Outcome	reduce risk of death; reduce mortality	mortality
Type of Question	therapy	*
Type of Study	randomized controlled trial	randomized controlled trial

Forming the Clinical Question

Your clinical question would be something like:

In patients with a history of acute MI and low left ejection fraction, will an implantable defibrillator help reduce mortality?

Search strategy

myocardial infarction OR low left ejection fraction
AND implantable defibrillator AND mortality

Exercises: PICO scenarios

Aspirin for the primary thrombosis prevention
in the antiphospholipid syndrome

The accuracy of single serum progesterone
measurement in the diagnosis of ectopic
pregnancy

Antibiotics versus placebo for postoperative
infection after appendicectomy

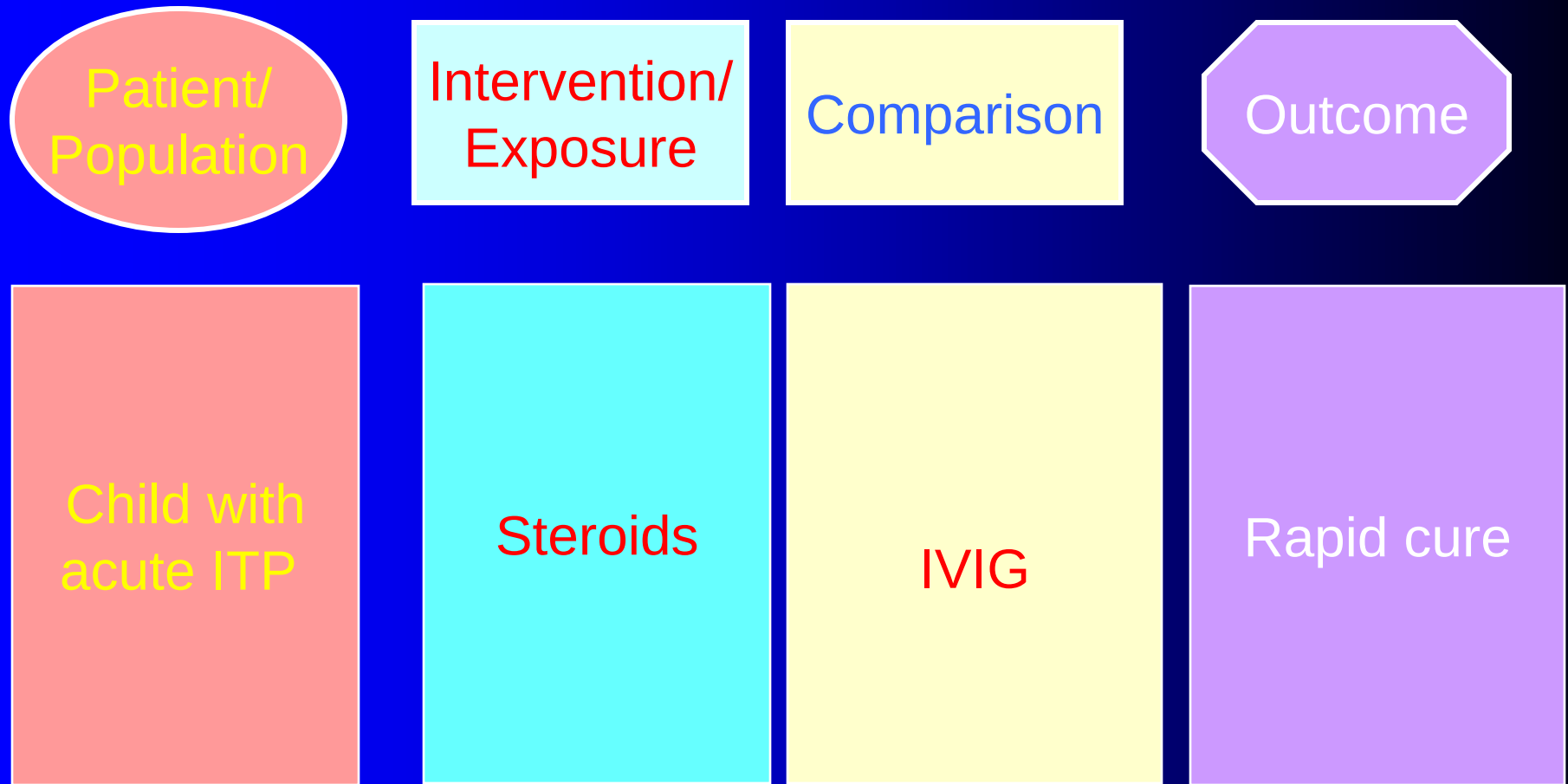
In diabetic patients does aspirin prevent CVD

Does Steroid Treatment improve renal recovery
in patients with induced acute interstitial
nephritis

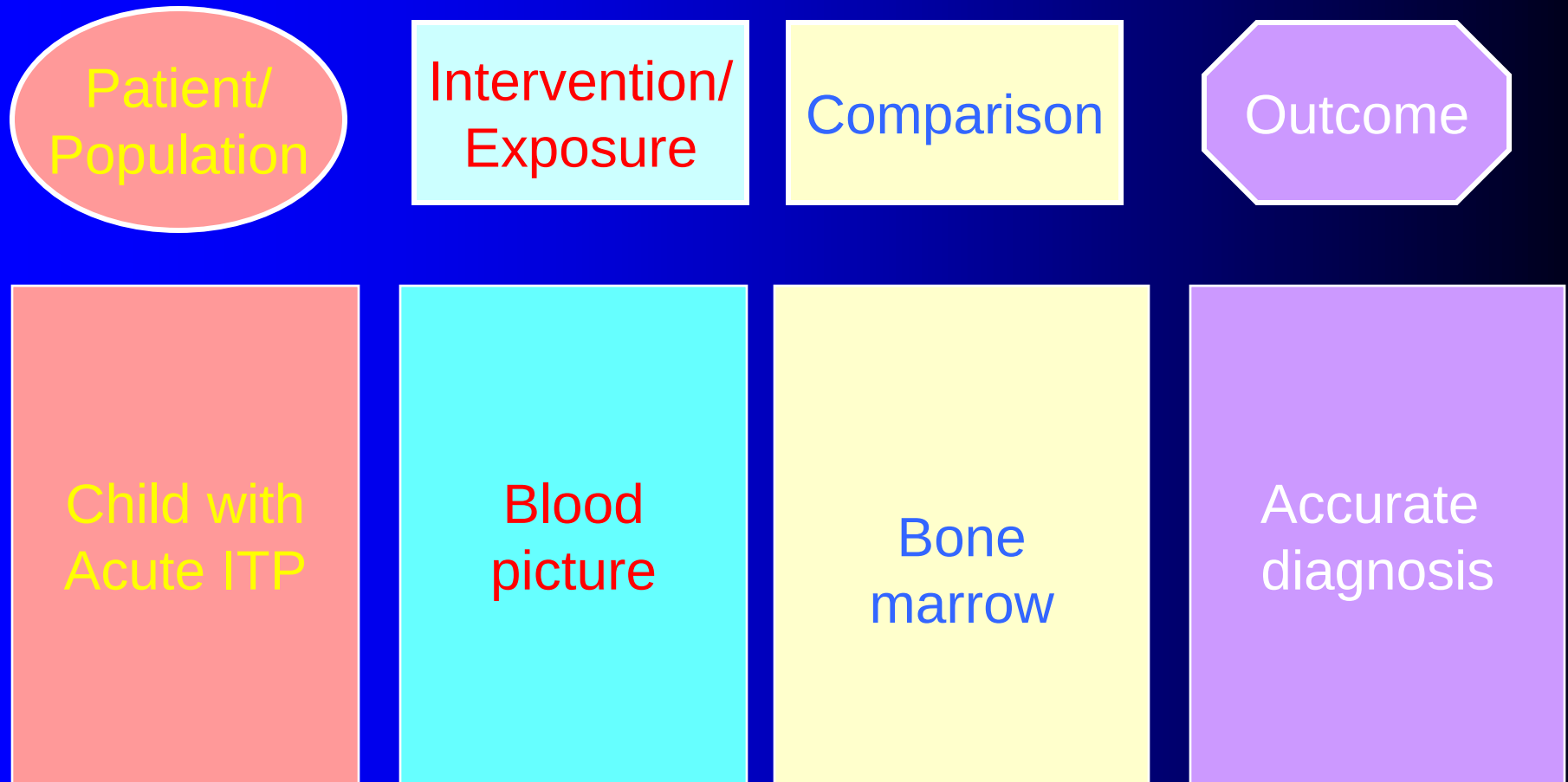
In patients with suspected heart failure does
BNP accurately predict disease compared to
the gold standard

Your Therapy Question

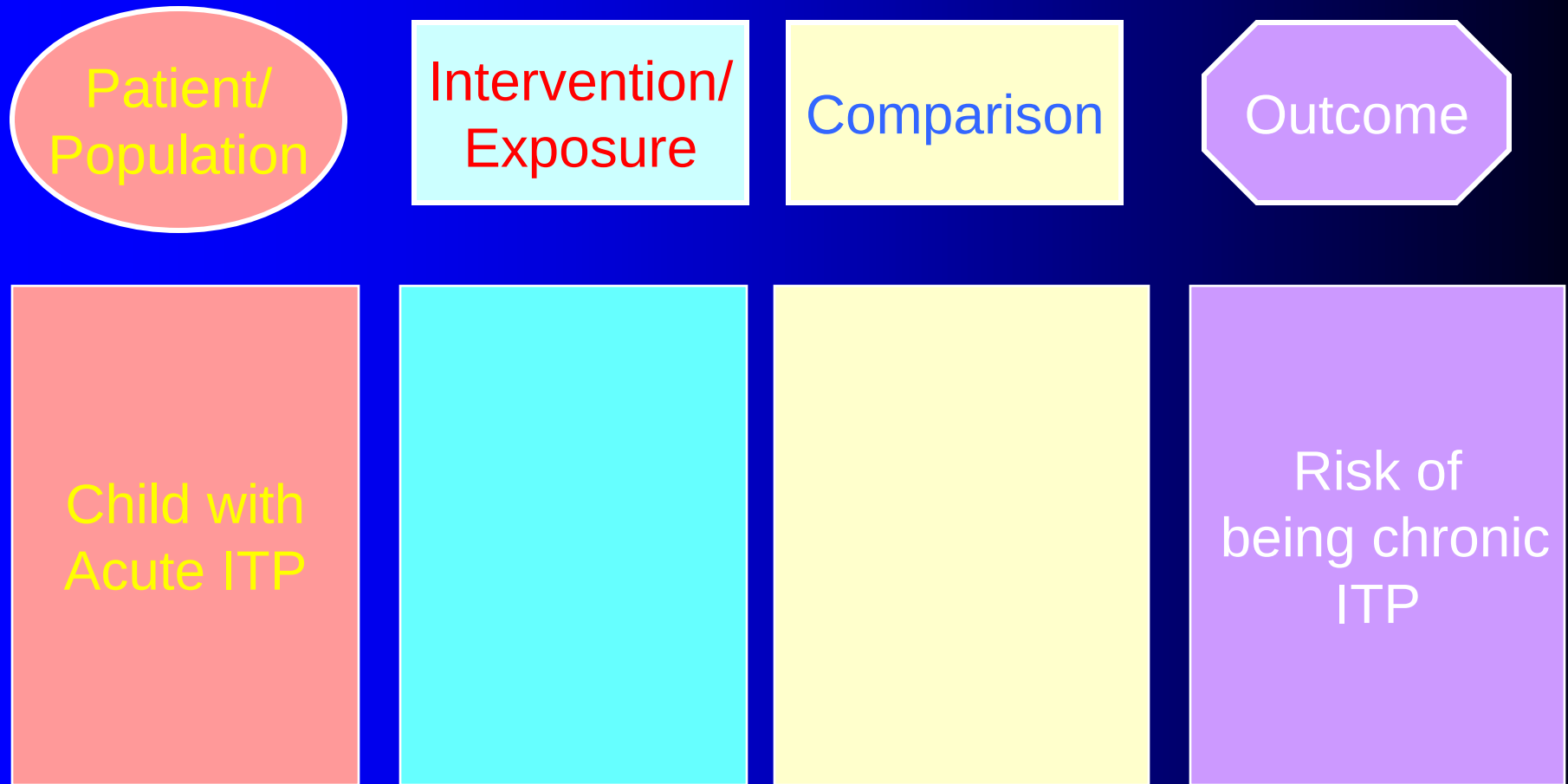
The PICO



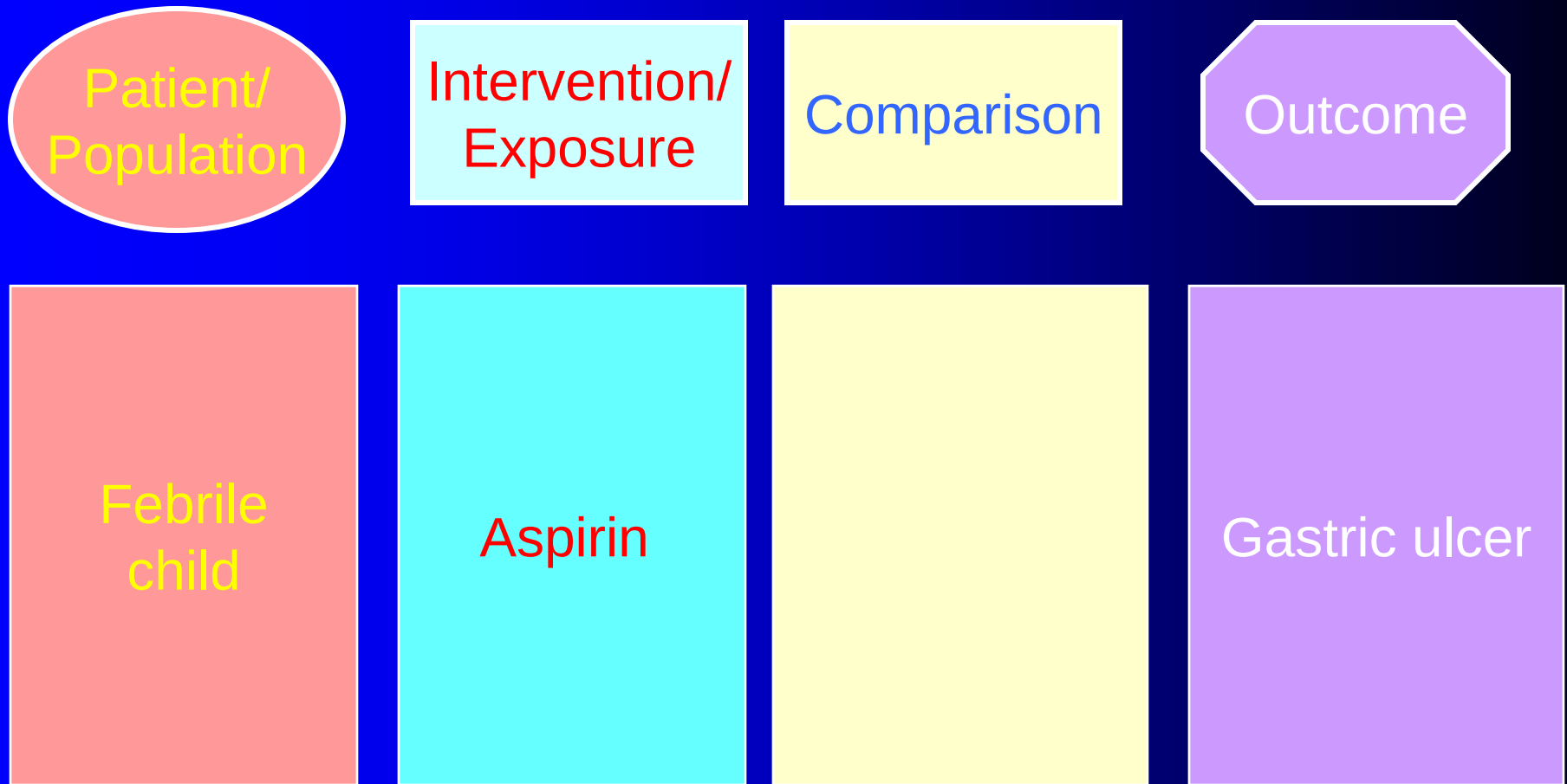
Your Diagnosis PICO Question

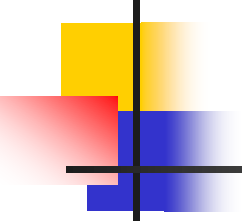


Your Prognosis PICO Question



Your Harm PICO Question





Ask Clinical Questions

Components of Clinical Questions

Patient/
Population

Intervention/
Exposure

Comparison

Outcome

In patients with
acute MI

In women with
suspected
coronary disease

In post-
menopausal
women

does early treat-
ment with a statin

what is the
accuracy of
exercise ECHO

does hormone
replacement
therapy

compared to
placebo

compared to
exercise
ECG

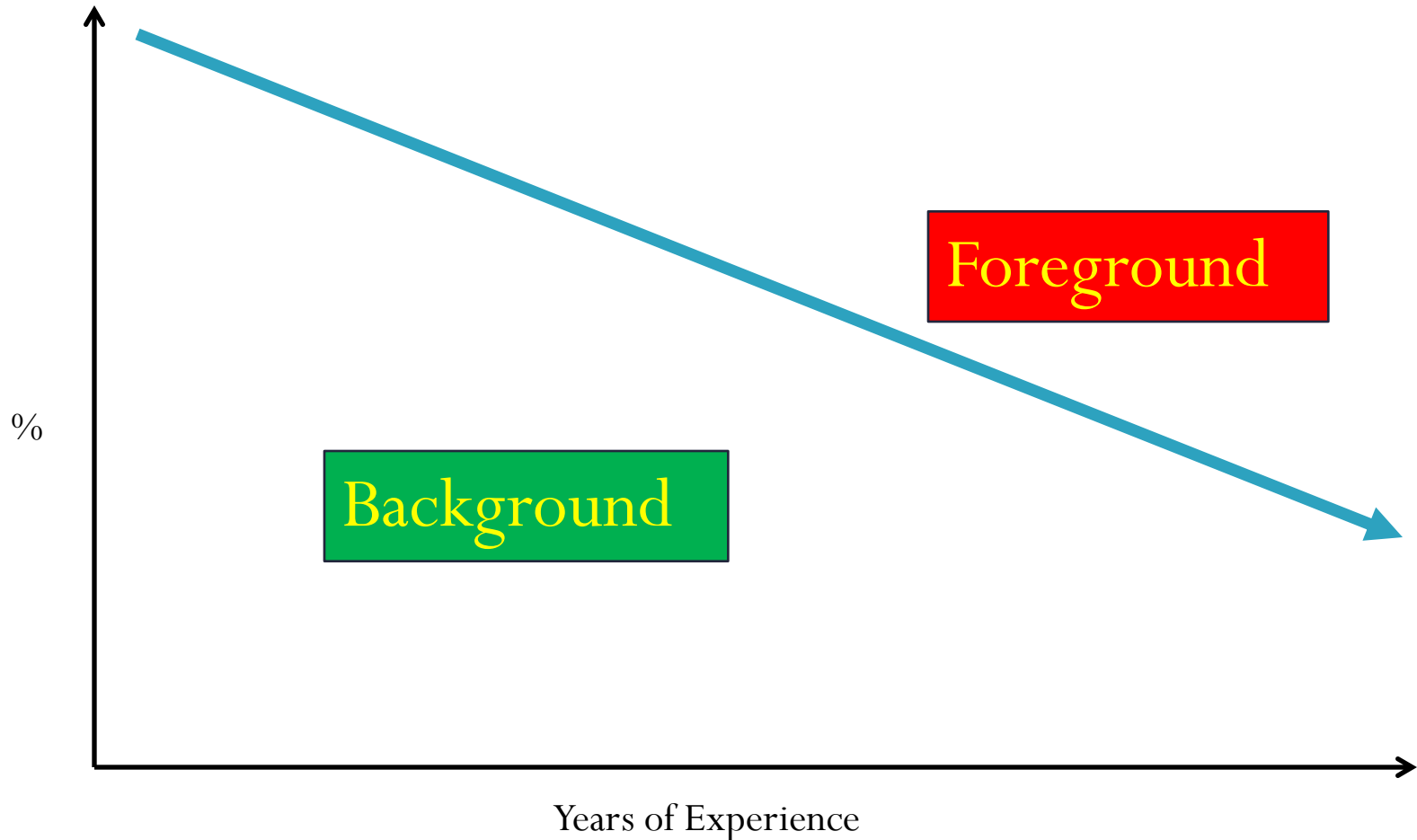
compared to no
HRA_T

decrease cardio-
vascular mortality?

for diagnosing
significant
CAD?

increase the
risk of
breast cancer?

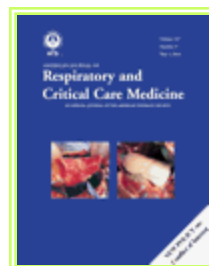
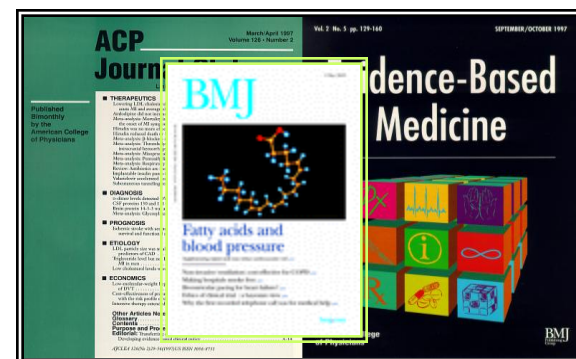
Relationship between Clinical Experience and Questions

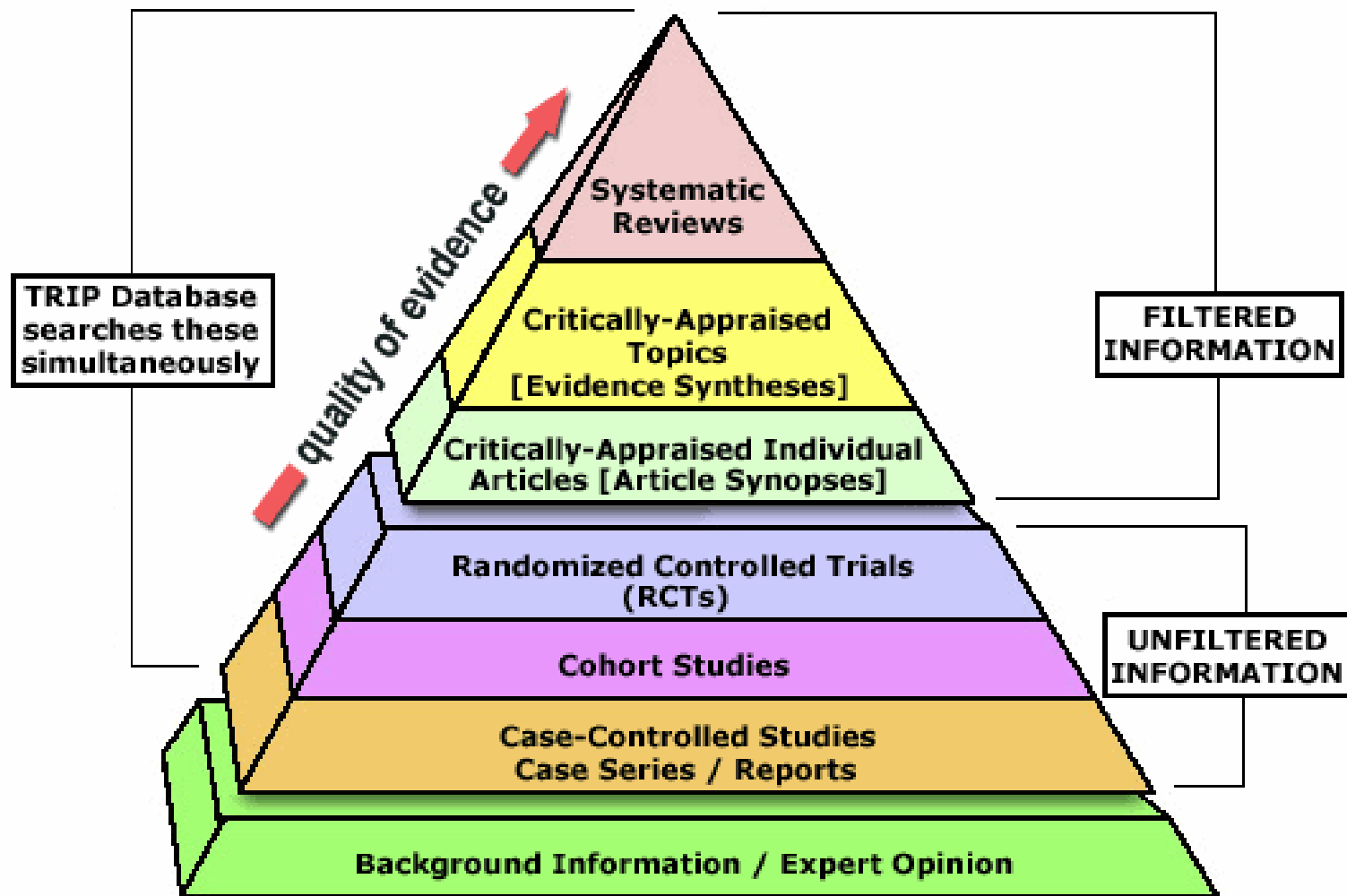




Resources

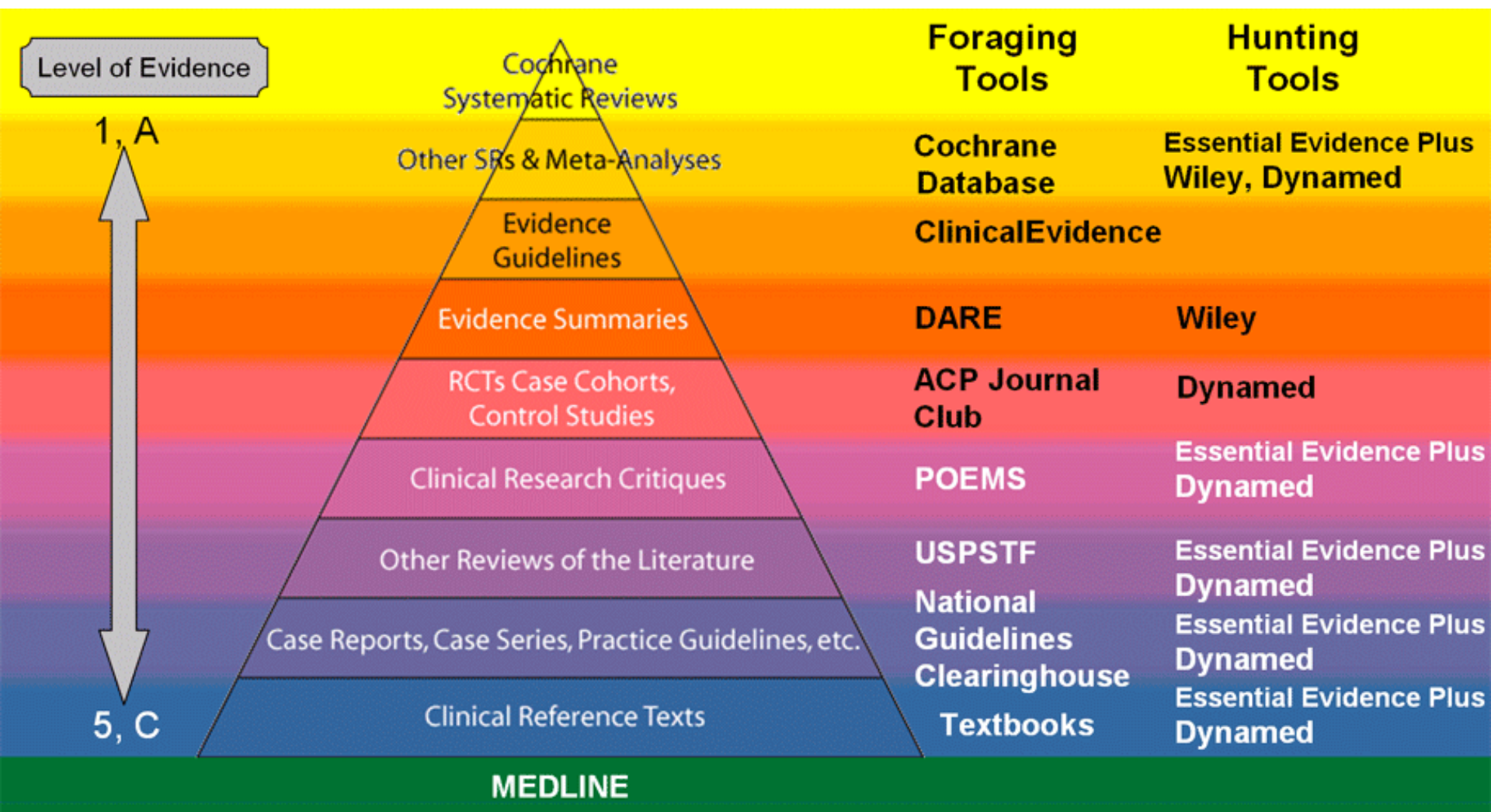
- Filtered:
 - Systematic Reviews / Meta-Analyses
 - Critically-Appraised Topics
 - Critically-Appraised Individual Articles
- Unfiltered
- Expert





Focusing on outcomes that matter

- ***POE: Patient-oriented evidence***
 - mortality, morbidity, quality of life
 - Live longer and/or better
- ***DOE: Disease-oriented evidence***
 - pathophysiology, pharmacology, etiology



DARE: The *Database* of Abstracts of Reviews of Effects

The *United States Preventive Services Task Force (USPSTF)* is "an independent panel of experts in primary care and prevention that systematically reviews the ..

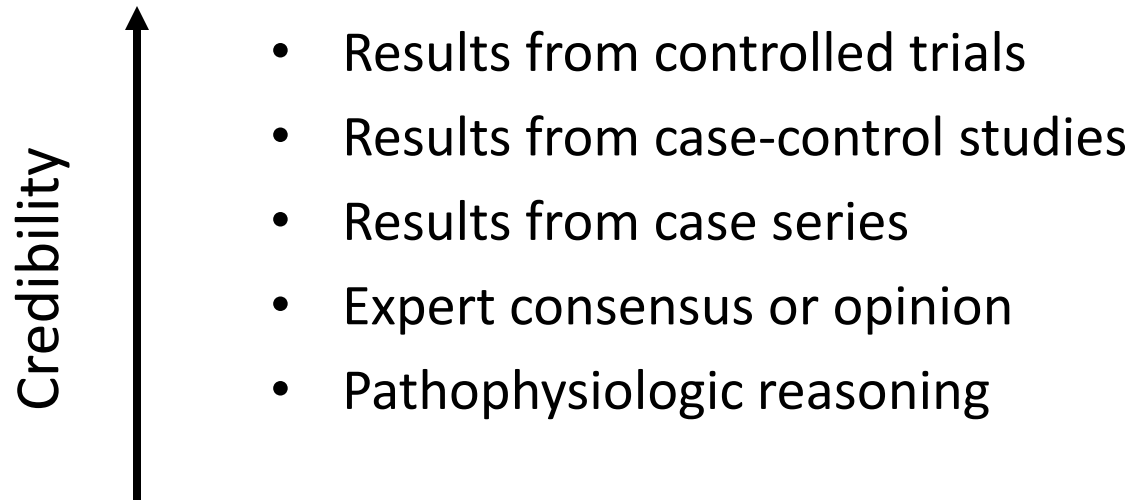
Levels of Evidence

Level of Evidence	Type of Study
1a	Systematic reviews of randomized clinical trials (RCTs)
1b	Individual RCTs
2a	Systematic reviews of cohort studies
2b	Individual cohort studies and low-quality RCTs
3a	Systematic reviews of case-controlled studies
3b	Individual case-controlled studies
4	Case series and poor-quality cohort and case-control studies
5	Expert opinion based on clinical experience

Evidence Grading – UTD GRADE

RECOMMENDATION GRADES		
Grade 1	Strong Recommendation	Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
	“We recommend...”	
Grade 2	Weaker Recommendation	Benefits and risks closely balanced and/or uncertain
	“We suggest...”	
EVIDENCE GRADES		
Grade A	High Quality Evidence	Consistent evidence from randomized trials, or overwhelming evidence of some other form
Grade B	Moderate Quality Evidence	Evidence from randomized trials with important limitations, or very strong evidence of some other form
Grade C	Low Quality Evidence	Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

The Hierarchy of Evidence



Eminence Based Medicine



- Making the same mistakes with increasing confidence over an impressive number of years

Five Alternatives to Evidence-based Medicine

- ***Vehemence based medicine*** - The substitution of volume for evidence is an effective technique for brow beating your more timorous colleagues and for convincing relatives of your ability.
- ***Eloquence based medicine*** - The year round suntan, carnation in the button hole, silk tie, Armani suit, and tongue should all be equally smooth. Sartorial elegance and verbal eloquence are powerful substitutes for evidence.
- ***Providence based medicine*** - If the caring practitioner has no idea of what to do next, the decision may be best left in the hands of the Almighty
- ***Diffidence based medicine*** - Some doctors see a problem and look for an answer. Others merely see a problem. The diffident doctor may do nothing from a sense of despair. This, of course, may be better than doing something merely because it hurts the doctor's pride to do nothing.
- ***Nervousness based medicine*** - Fear of litigation is a powerful stimulus to over investigation and overtreatment.

Confidence based medicine



Restricted to Surgeons

Systematic Reviews / Meta-Analyses

- [The Cochrane Database of Systematic Reviews](#)

Consists of detailed, structured topic reviews of hundreds of articles. Teams of experts complete comprehensive literature reviews, evaluate the literature, and present summaries of the findings of the best studies. Published by the International Cochrane Collaboration.

- [The Database of Abstracts of Reviews of Effects \(DARE\)](#)

Full-text database containing structured abstracts of systematic reviews from a variety of medical journals. DARE is produced by the National Health Services' Centre for Reviews and Dissemination (NHS CRD) at the University of York. Available through Ovid.

- Systematic Reviews are also searchable in MEDLINE:

- [Ovid MEDLINE](#): Enter your search query. Click on "More Limits"; select "Systematic Reviews" under "Subject Subsets."
- [PubMed](#): Click on "Clinical Queries" on the left side of the screen; select "Find Systematic Reviews" and enter your search query.



Critically-Appraised Topics

- Clinical Evidence

Summarizes the current state of knowledge about the prevention and treatment of clinical conditions, based on thorough searches and appraisal of the literature. It describes the best available evidence from systematic reviews, RCTs, and observational studies where appropriate, and if there is no good evidence it says so. Available through BMJ.

- National Guideline Clearinghouse

A comprehensive database of evidence-based clinical practice guidelines and related documents produced by the Agency for Health Care Research and Quality, in partnership with the American Medical Association and the American Association of Health Plans. Updated weekly.

- ACP PIER

Evidence-based clinical guidance designed for rapid access to clinical information at the point of care. PIER is peer-reviewed, updated continually and includes recommendations based on all levels of medical evidence. Recommendations also include strength-of-recommendation ratings based on the quality of the underlying evidence. From the American College of Physicians. Available through Stat!Ref.



Critically-Appraised Individual Articles

- [Daily POEMS/ EssentialEvidencePlus](#)

Patient-oriented Evidence that Matters developed for use by the American Academy of Family Practice: Correlation between Statin use and decreased mortality.

- [The ACP Journal Club](#)

The editors of this journal screen the top 100+ clinical journals and identify studies that are methodologically sound and clinically relevant. An enhanced abstract, with conclusions and commentary clearly stated, Published by the American College of Physicians-American Society of Internal Medicine. Available through Ovid.

- [EvidenceUpdates](#)

Quality articles from over 110 clinical journals are selected by research staff, and then rated for clinical relevance and interest by an international group of physicians. From BMJ Publishing Group and McMaster University's Health Information Research Unit.



Unfiltered Resources



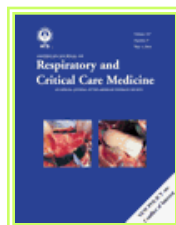
- [PubMed](#)[Useful MeSH for EBM:](#) Medical Subject Headings (MeSH) recommended for evidence-based medicine research.
- [Ovid Medline](#)
- [Cochrane Central Register of Controlled Trials](#)
- [PsycINFO](#)



International coverage of the professional and academic literature in psychology, medicine, psychiatry, nursing, sociology, education, pharmacology, physiology, linguistics, and other areas.

[CINAHL](#)

Cumulative Index to Nursing and Allied Health Literature



Background Information/Expert Opinion



- [UpToDate](#)

A clinical information resource, which offers up-to-date, fully referenced expert answers to patient-care, diagnosis, and treatment questions. Topic reviews are written by recognized authorities who review the topic, synthesize the evidence, summarize key findings, and provide specific recommendations.

- [Medscape Reference: Diseases & Conditions](#)

Physician authors and editors contribute to the eMedicine Clinical Knowledge Base, which contains articles on 7,000 diseases and disorders. The evidence-based content provides the latest practice guidelines in 62 medical specialties. eMedicine's professional content undergoes multiple levels of physician peer review.

- [ACP Medicine](#)

Electronic textbook of general medicine; updated continually.

Searching the Medical Literature

Tools

MeSH Database & Terms

PubMed home - Windows Internet Explorer

File Edit View Favorites

NCBI Resources How To My NCBI Sign In

PubMed.gov
U.S. National Library of Medicine
National Institutes of Health

Search: PubMed

Limits Advanced search Help

Search Clear

PubMed
Protein
Nucleotide
GSS
EST
Structure
Genome
BioSystems
Books
CancerChromosomes
Conserved Domains
dbGaP
dbVar
3D Domains
Gene
Genome Project
GENSAT
GEO Profiles
GEO DataSets
HomoloGene
Journals
MeSH
NCBI Web Site
NLM Catalog
OMIA
OMIM
Peptidome
PMC
PopSet
Probe

More than 19 million citations for MEDLINE and life science include links to full-text articles or publisher web sites.

Using PubMed

- PubMed Quick Start
- New and Noteworthy
- PubMed Tutorials
- Full Text Articles
- PubMed FAQs

Med Tools

- Publication Matcher
- Publication Matcher
- Queries
- Specific Queries

More Resources

- MeSH Database
- Journals Database
- Clinical Trials
- E-Utilities
- LinkOut

PubMed home - Wi... Completed Presenta... Evidence Based Me...

EN

NCBI MeSH A service of the National Library of Medicine and the National Institutes of Health

My NCBI [Sign In] [Register]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search MeSH for ARDS Go Clear Save Search

Limits Preview/Index History Clipboard Details

Suggestions: [Hards](#), [Chards](#), [Arab](#), [Art](#), [Birds](#), [Awards](#), [Arum](#), [Arm](#), [Arga](#), [Arco](#), [More...](#)

Display Full Show 20 Send to

All: 1

- If making selections (e.g., Subheadings, etc.), use the [Send to Search Box](#) feature to see PubMed records with those specifications.
- Select PubMed under the Links menu to retrieve all records for the MeSH Term.
- Select [NLM MeSH Browser](#) under the Links menu for additional information.

☐ **1: Respiratory Distress Syndrome, Adult** Links

A syndrome characterized by progressive life-threatening RESPIRATORY INSUFFICIENCY in the absence of known LUNG DISEASES, usually following a systemic insult such as surgery or major TRAUMA.

Year introduced: 1977

Subheadings: This list includes those paired at least once with this heading in MEDLINE and may not reflect current rules for allowable combinations.

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1: Epistaxis

Bleeding from the nose.

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☐ 1: [Measles](#)

A highly contagious infectious disease caused by MORBILLIVIRUS, common among children but also seen in the nonimmune of any age, in which the virus enters the respiratory tract via droplet nuclei and multiplies in the epithelial cells, spreading throughout the MONONUCLEAR PHAGOCYTE SYSTEM

☐ 2: [Measles-Mumps-Rubella Vaccine](#)

A combined vaccine used to prevent MEASLES, MUMPS, and RUBELLA.
Year introduced: 2001

☐ 3: [Measles Vaccine](#)

A live attenuated virus vaccine of chick embryo origin, used for routine immunization of children and for immunization of adolescents and adults who have not had measles or been immunized with live measles vaccine and have no serum antibodies against measles. Children are usually immunized with measles-mumps-rubella combination vaccine. (From Dorland, 28th ed)
Year introduced: 1964

☐ 4: [Measles virus](#)

The type species of MORBILLIVIRUS and the cause of the highly infectious human disease MEASLES, which affects mostly children.

☐ 5: [hemagglutinin protein G, measles virus \[Substance Name\]](#)

79,000 MW measles virion membrane glycoprotein isolated from purified measles virus; amino acid sequence given in second source

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1. Liu J, Qiu B, Luo H.

Rapid Commun Mass Spectrom. 2010 May 15;24(9):1365-70.

PMID: 20391610 [PubMed - in process]

☐ [Environmental and food analysis by desorption atmospheric pressure photoionization-mass spectrometry.](#)

2. Luosujärvi L, Kanerva S, Saarela V, Franssila S, Kostianen R, Kotiaho T, Kauppila TJ.

Rapid Commun Mass Spectrom. 2010 May 15;24(9):1343-50.

PMID: 20391607 [PubMed - in process]

☐ [Direct analysis of Salvia divinorum leaves for salvinorin A by thin layer chromatography and desorption electrospray ionization multi-stage tandem mass spectrometry.](#)

3. Kennedy JH, Wiseman JM.

Rapid Commun Mass Spectrom. 2010 May 15;24(9):1305-11.

PMID: 20391602 [PubMed - in process]

☐ [Improved detection of reactive metabolites with a bromine-containing glutathione analog using mass defect and isotope pattern matching.](#)

4. Leblanc A, Shiao TC, Roy R, Sleno L.

Rapid Commun Mass Spectrom. 2010 May 15;24(9):1241-50.

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☐ [Rapid characterization of high/low producer CHO cells using matrix-assisted laser desorption/ionization time-of-flight.](#)

5. Feng HT, Wong NS, Sim LC, Wati L, Ho V, Lee MM.

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☐ [\[Myocarditis and fibroplastic endocarditis in Wegener's granulomatosis\]](#)

2. [No authors listed]
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3. Sun JJ, Li C, Wu DW, Li CH, Qin WH, Li YL, Liu QY, Li JX, Zou YG, Huang DQ, Xie JJ, Li EJ.
Zhongguo Wei Zhong Bing Ji Jiu Yi Xue. 2010 Mar;22(3):156-60. Chinese.
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4. File TM Jr.
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Hiroshima J Med Sci. 2009 Dec;58(4):83-8.
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4. Lyons WS.
J Trauma. 2010 Mar;68(3):749. No abstract available.
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4. [Efficacy and safety of tigecycline versus levofloxacin for community-acquired pneumonia.](#)

4. Tanaseanu C, Milutinovic S, Calistru PI, Strausz J, Zolubas M, Chernyak V, Dartois N, Castaing N, Gandjini H, Cooper CA; 313 Study Group.

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Int J Rheum Dis. 2009 Apr;12(1):44-51.
PMID: 20374316 [PubMed - in process]

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Soheillan M, Rabbanikhah Z, Ramezani A, Kiavash V, Yaseri M, Peyman GA.
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1. COITSS Study Investigators, Annane D, Cariou A, Maxime V, Azoulay E, D'honneur G, Timsit JF, Cohen Y, Wolf M, Fartoukh M, Adrie C, Santré C, Bollaert PE, Mathonet A, Amathieu R, Tabah A, Clec'h C, Mayaud J, Lejeune J, Chevret S.
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3. Annane D, Sébille V, Bellissant E; Ger-Inf-05 Study Group.

Crit Care Med. 2006 Jan;34(1):22-30.

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1. van de Beek D, Farrar JJ, de Gans J, Mai NT, Molyneux EM, Peltola H, Peto TE, Roine I, Scarborough M, Schultz C, Thwaites GE, Tuan PQ, Zwinderman AH.

Lancet Neurol. 2010 Mar;9(3):254-63. Epub 2010 Feb 3.

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2. McIntyre P.

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3. Falci DR, Lunardi LW, Ramos CG, Bay MB, Aquino VR, Goldani LZ.

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4. Ndreu AH, Shytaj KM, Pilaca AS, Harxhi AK, Kraja DV, Petrela EY, Bara PY, Mingomataj EC.

J Infect Dev Ctries. 2009 Dec 14;3(11):849-55.

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Studies on Map

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Use AND (all upper case) to search for multiple terms. For example:
prostate cancer AND radiation
heart disease AND stroke AND California

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Found 5 studies with search of: Steroids AND ARDS

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Rank	Status	Study
1	Completed	Early Low Dose Steroid Therapy of Acute Respiratory Distress Syndrome Conditions: Acute Respiratory Distress Syndrome; Acute Lung Injury; Postoperative Complications Intervention: Drug: Methylprednisolone sodium succinate
2	Not yet recruiting	Steroids in Patients With Early ARDS Conditions: Acute Lung Injury; ARDS, Human Interventions: Drug: Methylprednisolone; Other: Normal saline intravenously and vitamin B1 per os
3	Completed	Corticosteroids as Rescue Therapy for the Late Phase of Acute Respiratory Distress Syndrome Conditions: Acute Respiratory Distress Syndrome; Lung Diseases Intervention: Drug: Methylprednisolone
4	Recruiting	Evaluation of Corticosteroid Therapy in Childhood Severe Sepsis - a Randomised Pilot Study Conditions: Paediatric Sepsis; Pediatric Sepsis Intervention: Drug: hydrocortisone
5	Recruiting	6-Methyl-Prednisolone for Multiple Organ Dysfunction Syndrome Condition: Multiple Organ Dysfunction Syndrome Intervention: Drug: 6-methyl-prednisolone

Save this search by bookmarking this page.

When you use your bookmark, the search will be performed again on the most recent collection of studies.

RSS Feeds for studies found by your search that were:



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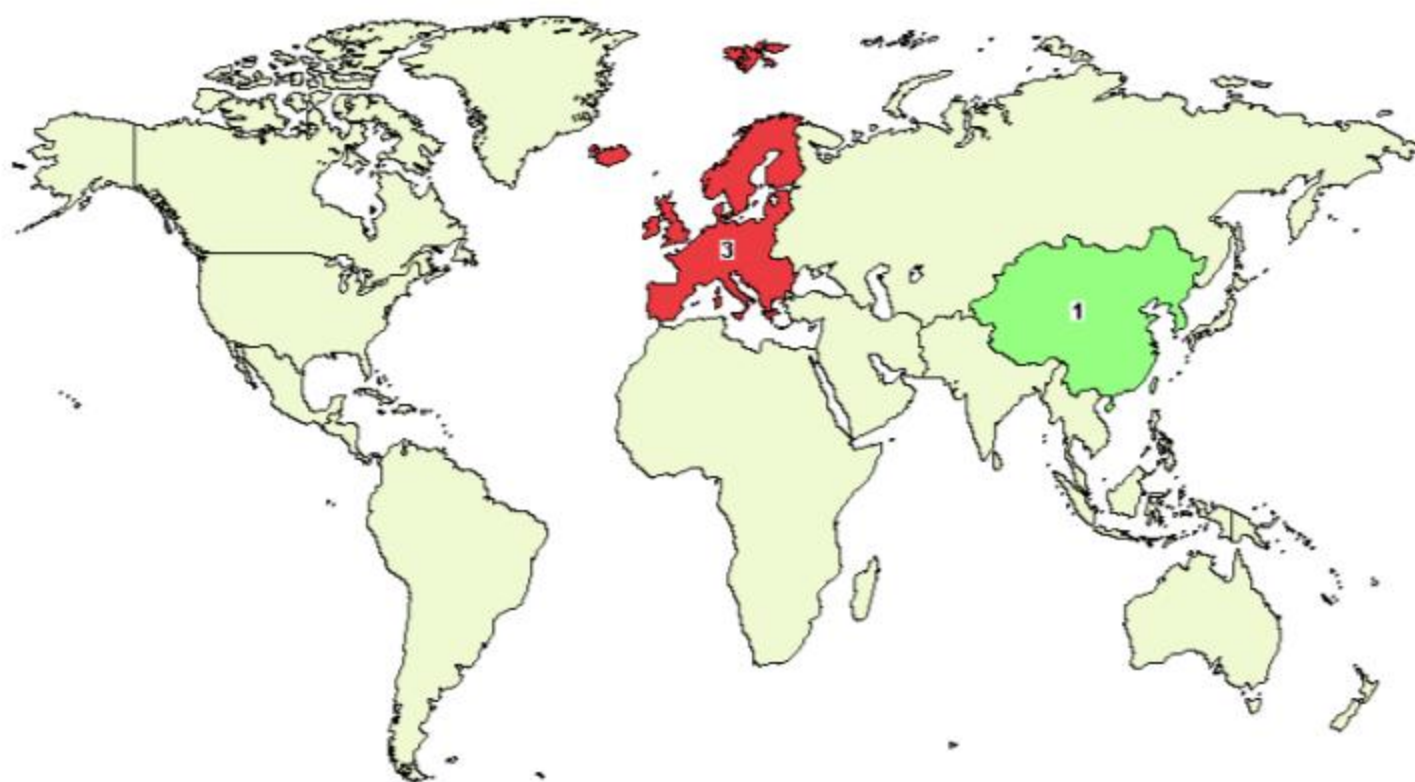


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Map of 5 studies found by search of Steroids AND ARDS

Click on the map below to show a more detailed map (when available) or search for studies (when map not available).



Colors indicate number of studies with locations in that region

Least  Most

Labels give exact study count

<http://www.cochrane.org/>

Guide to Guideline Clinical Practice Guideline

Clinical Practice Guideline چیست؟

- راه کارهای بالینی که راهکارهای طبابت بالینی که Clinical Practice Guideline نیز نامیده می شوند، عبارات ساختارمندی هستند که به پزشک و بیمار در تصمیم گیری مناسب برای مواجهه با یک شرایط بالینی خاص کمک می کنند.
- راهکارها طراحی می شوند تا کیفیت ارائه خدمات برای بیماران را بهبود بخشند، اطلاعات مناسبی برای تشخیص های خاص، شرایط یا درمان های ویژه فراهم نمایند، منجر به ارتقا سلامت شده و از تحمیل هزینه های اضافی جلوگیری نمایند.

Clinical Practice Guideline چیست؟

- راهکارهای بالینی دقیق و علمی می‌توانند به ارتقا کیفیت خدمات سلامت منجر شوند، فرایند ارائه خدمات را متحول نمایند و برای بهبود استانداردهای خدمات بالینی مورد استفاده قرار گیرند.
- این راهکارها توصیه‌هایی به ارائه دهندگان خدمات سلامت در زمینه چگونگی ارائه مراقبت و ارتقا سلامت مردم ارائه می‌نمایند و می‌توانند در جهت آموزش پرسنل سلامت مورد استفاده قرار گیرند.
- علاوه بر این به بیماران نیز کمک می‌کنند تا تصمیمات آگاهانه‌تری بگیرند و منجر به تقویت ارتباط میان بیمار و پزشک می‌شوند.

منابع و شیوه‌های بازیابی راه‌کارهای طبابت بالینی

- (1) بانک‌های اطلاعاتی شامل CINAHL، Medline و ...
- (2) وب سایت‌های اختصاصی و عمومی ارائه‌کننده راه‌کارهای طبابت بالینی
- (3) جستجو در وب از طریق جستجوگرهای عمومی و یا اختصاصی (Search Engine ها)

1- بانک اطلاعاتی Medline (نسخه PubMed)

- این بانک دربرگیرنده بیش از **27000** راه کار طبابت بالینی است.
- کافی است نوع منبع مورد جستجو (**Publication Type**) را را به عبارت **Guideline** محدود کنیم.

شیوه آسان جستجو و بازیابی
راه کارهای طبابت بالینی در مدلاین

Guideline[Publication Type] AND (موضوع موردنظر)



Guideline[Publication Type] AND headache

شیوه آسان جستجو و بازیابی راه کارهای طبابت بالینی در مدلاین



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- ☐ 1: [Ethical issues arising from commercial sponsorship and from relationships with the pharmaceutical industry--report and recommendations of the Ethics Subcommittee of the International Headache Society.](#)

Steiner TJ.

Cephalalgia. 2008 Sep;28 Suppl 3:1-25. No abstract available.

PMID: 18666973 [PubMed - indexed for MEDLINE]

[Related Articles](#)

شیوه دوم بازیابی راه کارهای طبابت بالینی در مدلاین

- استفاده از گزینه جستجوی پیشرفته Advanced Search مجموعه PubMed
- انتخاب فیلد اول جستجو به صورت Publication Type و سپس تایپ عبارت Guideline
- جستجوی موضوعی و یا کلمه‌ای گایدلاین مورد نظر در فیلد دوم

شیوه دوم بازیابی راه کارهای طبابت بالینی در **مدلاین**

 Search by Author, Journal, Publication Date, and more

Fill in any or all of the fields below, as needed.

☒ All of these (AND) ☐ Any of these (OR)

Publication Type	▼	Guideline	Index
Title/Abstract	▼	headache	Index
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2- وب سایت‌های اختصاصی و عمومی

- www.guideline.gov (AHRQ)
- www.clinicalkey.com (MD Consult)
- www.nice.org.uk/Guidance/ (NICE)
- www.sign.ac.uk/guidelines (SIGN clinical guidelines)
- www.g-i-n.net (Guidelines International Network (G-I-N))

الف) سایت www.guideline.gov

- National Guideline Clearinghouse (NGC)
- Agency for Healthcare Research and Quality
- دربرگیرنده بیش از 2300 گایدلاین
- امکان Search و Browse گایدلاین‌ها
- امکان استفاده از عملگرهای AND, OR و NOT
- امکان مقایسه دو یا چند گایدلاین انتخابی از طریق گزینه Compare Checked Guidelines

ب) سایت Clinical Key

www.clinicalkey.com

- دربرگیرنده بیش از 5000 گایدلاین
- امکان Search و Browse گایدلاین‌ها
- امکان بازیابی راه‌کارهای طبابت بالینی موجود در این مجموعه
برحسب موضوع (Topic)
فهرست موضوعی رشته‌های تخصصی (Specialty)
برحسب سازمان تهیه‌کننده (Authoring Organization)

ج) مجموعه NICE clinical guidelines

- www.nice.org.uk/Guidance
- National Institute for Clinical Excellence انگلستان
- امکان جستجو از طریق Search Box
- امکان بازیابی راه کارهای طبابت بالینی بر حسب نوع (Type) موضوع (Topic) و تاریخ انتشار

(د) مجموعه

SIGN clinical guidelines

- www.sign.ac.uk/guidelines
- **S**cottish **I**ntercollegiate **G**uidelines **N**etwork
انگلستان

- دربرگیرنده بیش از 100 گایدلاین
- امکان بازیابی راه کارهای طبابت بالینی برحسب شماره
(By number) و نیز موضوع راه کار (By Subject)

ه) مجموعه Guidelines International Network (G-I-N)

- www.g-i-n.net

- دربرگیرنده حدود 5500 راه کار

3- جستجو در وب از طریق Search Engine های عمومی

- استفاده از جستجوگر علمی Google، یعنی Google Scholar

<http://scholar.google.com>

3- جستجو در وب از طریق Search Engine های عمومی

روش:

موضوع ("Clinical Practice Guideline" OR guideline)
(موردنظر)

مثال:

("Clinical Practice Guideline" OR guideline)
headache

3- جستجو در وب

از طریق Search Engine های عمومی



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("Clinical Practice Guideline" OR guideline)

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Scholar All articles - [Recent articles](#) Results 1 - 10 of about 23,500 for ("[Clinical Practice Guideline](#)" OR [guid](#)

[EFNS guideline on the drug treatment of migraine-report of an EFNS task force.](#) - ► [efns.org](#) [PDF]

S Evers, J Afra, A Frese, PJ Goadsby, M Linde, A ... - [European Journal of Neurology](#), 2006 - [pt.wkhealth.com](#)

... EFNS **guideline** on the drug treatment of migraine - report of ... shown to reduce pain including **headache** in the ... reported fewer and less severe **headaches** during the ...

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[Pharmacologic Management of Acute Attacks of Migraine and Prevention of Migraine Headache](#) - ► [anna](#)

V Snow, K Weiss, EM Wall, C Mottur-Pilson - [Annals of Internal Medicine](#), 2002 - [Am Coll Physicians](#)

... ACP-ASIM **guideline** and the US **Headache Consortium Guideline**. ... **Headache** has many potential causes. Most **headaches** are caused by the primary **headache** disorders ...

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[PDF] ► [...-based guidelines in the primary care setting: neuroimaging in patients with nonacute headache](#)

BM Frishberg, JH Rosenberg, DB Matchar, DC McCrory ... - Available from the American Academy of Neurology at [http:// ...](#), 20

... evidence. ‡ Specifically, the evidenced-based **Guideline** focuses on three questions: ...

Headache. 1978;18(5):272-273. 31. ... **Clinical Practice Guideline No 18**. ...

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<http://elearnica.ir/>

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Take-Home Points

Academia will be/are valued by how they *think* and not by what they *know*

“I know a lot, therefore I am”

Replaceable by a computer

“I think, therefore I am”

Never replaceable by computer

Thanks