

EBM - 2

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Objectives

- Revised the terms of PICO question.
- Identify available resources for EBM (primary and secondary)
- Identify the hierarchy of major study designs
- Explain how to select scientific literature that is relevant to a clinical question.
- Explain The FINER Criteria for good research question
- Show in live practice some useful on-line resources to practice EBM

What are the Sources of Good Evidence?

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Ranking * = Good; **Very Good; ***Excellent

Systematic Reviews, Journal Articles and other Databases

- [National Guideline Clearinghouse](#)*** - EBM practice guidelines
- [Cochrane](#)*** - Systematic reviews of literature on specific subjects
- [TRIP-CeRes](#)*** - British meta-search engine; covers 58 resources
- [Clinical Queries - PubMed](#)*** - Evidence Based filters for Medline
- [UpToDate](#)*** - Topic reviews on specific clinical issues
- [MD Consult](#) - Practice guidelines, clinical topics
- [Clinical Evidence Online](#)** - Provides a searchable list of reviewed topics, BMJ
- [Best Evidence](#) - Provides a searchable list of reviewed topics, ACP
- [CAT Bank](#)* - 63 Critically Appraised Topics
- [SUM Search - Univ. of Texas](#) - Meta-search for Merck, NGC, and PubMed
- [Bandolier](#) - Reviewed literature, offers subjects by medical speciality

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- [National Guideline Clearinghouse](#)^{***} -
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- [Best Evidence](#) - Provides a searchable database of clinical evidence
- [CAT Bank](#)* - 63 Critically Appraised Topics
- [SUM Search](#) - Univ. of Texas - Meta-search engine
- [Bandolier](#) - Review of literature

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Wednesday, March 20, 2002

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(1/37)

[Preventive health care, 2000 update. Use of ambulatory electrocardiography for the detection of paroxysmal atrial fibrillation in patients with stroke.](#) Canadian Task Force on Preventive Health Care. 2000. 7 pages.

(2/37)

[Antithrombotic therapy in atrial fibrillation. In: Sixth ACCP Consensus Conference on Antithrombotic Therapy.](#) American College of Chest Physicians. 2001 Jan. 13 pages.

(3/37)

[AAACE clinical practice guidelines for the evaluation and treatment of hyperthyroidism and hypothyroidism.](#) American Association of Clinical Endocrinologists/American College of Endocrinology. 1996. 24 pages.

(4/37)

[Driving and heart disease.](#) European Society of Cardiology. 1998 Aug. 13 pages.

(5/37)

[Atrial fibrillation: drug treatment and DC electroversion.](#) Finnish Medical Society Duodecim. 2001 Apr 30. Various pagings.

(6/37)

[Screening for thyroid disease.](#) American College of Physicians-American Society of Internal Medicine. 1997 Mar 6. 3 pages (guideline); 14 pages (background paper).

Restoration of sinus rhythm

- Measures to convert **atrial fibrillation** to sinus rhythm should be undertaken if sinus rhythm does not restore after decrease of heart rate and correction of possible heart failure **[B]**.
- Direct current electroversion is recommended if the patient:
 - Has used several antiarrhythmic drugs
 - Is hypotensive
 - Is in a critical condition because of the arrhythmia
 - Has chronic **atrial fibrillation**
- Drugs used in this indication include flecainide and propafenone; previously, quinidine 0.2 grams 3 times at 2-hour intervals was often used. Monitoring the patient during conversion of the rhythm, and for at least 3 hours after that, is recommended because of the risk of ventricular tachycardia.

Definitions:

Levels of Evidence

A: Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.

B: Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.

C: Limited research-based evidence. At least one adequate scientific study.

D: No scientific evidence. Expert panel evaluation of other information.

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مصادر المعرفة الصحية

تُعنى مصادر المعرفة الصحية بدعم القرار الطبي بالأدلة بواسطة آراء الخبراء والمتخصصين في الشأن الصحي عالمياً، ومن ثم تحظى هذه المصادر بثقة الأطباء لاستخدامها كمراجع في اتخاذ قرارات الرعاية الصحية الصائبة.

وإيماناً من وزارة الصحة بأهمية هذه المصادر لاكتساب المعرفة الطبية في مجال الرعاية وجودتها، فقد حرصت على تيسير الوصول إلى محتوى أهم المصادر المتخصصة في هذا الشأن، وذلك عبر الحاسب أو الجوال. ومن أهم هذه المصادر ما يلي:



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التوعية الصحية

محتوى المعرفة الصحية من (BMJ)

(ما عليك إلا أن تمارس الطب المعزّز بالبراهين، وتعمل على تحسين نتائج الرعاية الصحية)

شركة **BMJ** هي شركة تحظى بموثوقية عالية، متخصصة في إتاحة المعرفة المتعلقة بالرعاية الصحية، وتولى نشر المطبوعة الذائعة المسماة: "المجلة الطبية البريطانية" (The BMJ). فيما يلي، يمكنك استعراض الأدوات التي من شأنها أن تسهم في تلبية متطلباتك المهنية، وجميعها خدمات يقدمها ويستفيد منها الأطباء.

استكمال رحلة التطوير المهني والتعليم الطبي المستمر (CME/CPD) مع إتاحة الاطلاع على نماذج تعليمية عبر الإنترنت

عن طريق "BMJ Learning"، تقدم الشركة دورات تعليمية عبر الإنترنت للممارسين الصحيين، تتيح لك الدراسة على النحو الذي يناسبك وبمريضك، سيكون في إمكانك الاختيار من بين 1000 دورة تعليمية، قد تكون عبارة عن ملفات صوت أو صورة أو رسوم متحركة، وتشمل طبقاً واسعاً من التخصصات الطبية والمجالات السريرية. وعلاوة على ذلك، تقيس هذه الدورات مقدار ما تحرزه من تقدّم من خلال الأسئلة التي يتعين عليك إجابتها قبل وبعد الدورة. وما إن تنجح في اجتياز الدورة، ستحصل على شهادة معتمدة تفيد بذلك. كما يمكنك - من خلال "حافزة BMJ" - تسجيل كافة الدورات التي أمكن اجتيازها، جنباً إلى جنب مع الدورات الأخرى التي تخطط لها أو تطمح فيها، بالإضافة إلى الشهادات التي حصلت عليها.

فضلاً عن ذلك، ترتبط هذه الدورات بما يُعرف بـ "BMJ Best Practice"، وهي أداة أخرى تتيحها الشركة يمكنك من تعيين المصادر

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Antiarrhythmic drugs to maintain sinus rhythm after cardioversion in atrial fibrillation: Recommendations

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- ▶ [ACC/AHA pharm Rx paroxysmal AF](#)
- ▶ [ACC/AHA drugs perm persist AF](#)
- ▶ [ACC/AHA drugs maintain NSR AF](#)
- ▶ [Drug doses maintain NSR](#)
- ▶ [Types of proarrhythmia AADs](#)
- ▶ [Quinidine in AF](#)
- ▶ [ACC/AHA oral drug HR control AF](#)
- ▶ [Proarrhythmia in CAST](#)

RELATED TOPICS

- ▶ [Restoration of sinus rhythm in atrial fibrillation: Recommendations](#)
- ▶ [Antiarrhythmic drugs to maintain sinus rhythm after cardioversion](#)

Antiarrhythmic drugs to maintain sinus rhythm after cardioversion in atrial fibrillation: Recommendations

[Morton F Arnsdorf, MD](#)

UpToDate performs a continuous review of over 270 journals and other resources. Updates are added as important new information is published. The literature review for version 10.1 is current through December 2001; this topic was last changed on November 9, 2001. The next version of UpToDate (10.2) will be released in June 2002.

GENERAL PRINCIPLES — DC shock and antiarrhythmic drugs are usually effective in converting atrial fibrillation (AF) to a sinus mechanism, thereby improving symptoms, lessening the liability for the development of a tachycardia-induced cardiomyopathy involving the ventricles and atria, and minimizing the long-term risk of peripheral and cerebral emboli. ([See "Restoration of sinus rhythm in atrial fibrillation: Recommendations"](#)).

However, maintenance of normal sinus rhythm (NSR) is often problematic. Only 20 to 30 percent of patients who are successfully cardioverted will maintain NSR for more than one year without chronic antiarrhythmic therapy [[1-7](#)]. The risk of recurrence is highest in the patient who has hypertension, an enlarged LA, AF for more than one year, or heart failure [[8](#)]. On the other hand, patients who are most likely to maintain NSR usually have one or more of the following characteristics:

- LA size less than 4.5 or 5 cm

Antiarrhythmic drugs to maintain sinus rhythm after cardioversion in atrial fibrillation: Clinical trials

▶ **CLASS IA ANTIARRHYTHMIC DRUGS**

▶ [Efficacy and proarrhythmia](#)

▶ **CLASS IC ANTIARRHYTHMIC DRUGS**

▶ **CLASS III ANTIARRHYTHMIC AGENTS**

▶ [Sotalol](#)

▶ [Amiodarone](#)

▶ [Dofetilide](#)

▶ [Azimilide](#)

▶ [Ibutilide](#)

▶ **BETA BLOCKERS**

▶ **MAGNESIUM**

▶ **COMBINATION ANTIARRHYTHMIC DRUG THERAPY**

▶ **HYBRID THERAPY IN PATIENTS WHO DEVELOP ATRIAL FLUTTER**

▶ **REFERENCES**

GRAPHICS

▶ [Quinidine in AF](#)

▶ [Proarrhythmia in CAST](#)

▶ [AF sotalol versus amiodarone](#)

▶ [Post CABG AF with amiodarone](#)

▶ [Embolic risk with AF](#)

▶ [Warfarin in AF](#)

Antiarrhythmic drugs to maintain sinus rhythm after cardioversion in atrial fibrillation: Clinical trials

[Morton F Arnsdorf, MD, MACC](#)

UpToDate performs a continuous review of over 270 journals and other resources. Updates are added as important new information is published. The literature review for version 10.1 is current through December 2001; this topic was last changed on December 5, 2001. The next version of UpToDate (10.2) will be released in June 2002.

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National Guideline Clearinghouse*** -

- [Cochrane***](#) - Systematic reviews of literature
- [TRIP - CeRes***](#) - British meta-search engine
- [Clinical Queries - PubMed***](#) - Evidence-based medicine
- [UpToDate***](#) - Topic reviews on specific clinical questions
- [MD Consult](#) - Practice guidelines, clinical decision support
- [Clinical Evidence Online**](#) - Provides a searchable database of clinical evidence
- [Best Evidence](#) - Provides a searchable database of clinical evidence
- [CAT Bank*](#) - 63 Critically Appraised Topics
- [SUM Search - Univ. of Texas](#) - Meta-search engine
- [Bandolier](#) - Reviewed literature, offers a searchable database

Cochrane

Website

The screenshot shows the Cochrane website search interface. At the top, there are navigation links: CLEAR, TOPICS, RECORDS, MeSH, HISTORY, and HELP. Below these is a search bar with the text "atrial fibrillation" and a "Go" button. A "Refine your search" dropdown menu is also visible. Below the search bar, there are three buttons: "View selected", "Unselect all", and "Save selected". The search results are listed below, each with a checkbox and a description of the database and the number of results found.

Database	Number of Results
<input type="checkbox"/> The Cochrane Database of Systematic Reviews	2935 out of 2935
<input type="checkbox"/> Database of Abstracts of Reviews of Effects	4006 out of 4006
<input type="checkbox"/> The Cochrane Central Register of Controlled Trials (CENTRAL)	362540 out of 362540
<input type="checkbox"/> The Cochrane Database of Methodology Reviews	16 out of 16
<input type="checkbox"/> The Cochrane Methodology Register (CMR)	4553 out of 4553
<input type="checkbox"/> About the Cochrane Collaboration	84 out of 84
<input type="checkbox"/> Health technology assessment database (HTA)	3138 out of 3138
<input type="checkbox"/> NHS Economic evaluation database (NHS EED)	11485 out of 11485

Search phrase:

atrial fibrillation

Go

Refine your search ↓

(atrial next fibrillation) - 1457 hits

View selected • Unselect all • Save selected

Refine your search ↓

(atrial next fibrillation) - 1457 hits

View selected • Unselect all • Save selected

The Cochrane Database of Systematic Reviews
(47 out of 2935)

Complete reviews (33 out of 1669)

documents 1 to 20 of 33



- [1. Anticoagulants for acute ischaemic stroke.](#)
- 2. Anticoagulants for preventing recurrence following presumed non-cardioembolic ischaemic stroke or transient ischaemic attack.
- 3. Anticoagulants for preventing stroke in patients with nonrheumatic atrial fibrillation and a history of stroke or transient ischemic attacks.
- 4. Anticoagulants or antiplatelet therapy

[Send a comment about this review](#)

[Printer-friendly view](#)

ANTICOAGULANTS FOR ACUTE ISCHAEMIC STROKE

Gubitz G, Counsell C, Sandercock P, Signorini D



Date of most recent substantive amendment: 22 February 1999

This review should be cited as: Gubitz G, Counsell C, Sandercock P, Signorini D. Anticoagulants for acute ischaemic stroke (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2003. Oxford: Update Software.

ABSTRACT

Background

Most ischaemic strokes are caused by blood clots blocking an artery in the brain. Clot prevention with anticoagulant therapy could have a significant impact on patient survival, disability and recurrence of stroke.

Objectives

The objective of this review was to assess the effect of anticoagulant therapy in the early treatment of

Anticoagulants or antiplatelet therapy for non-rheumatic atrial fibrillation and flutter

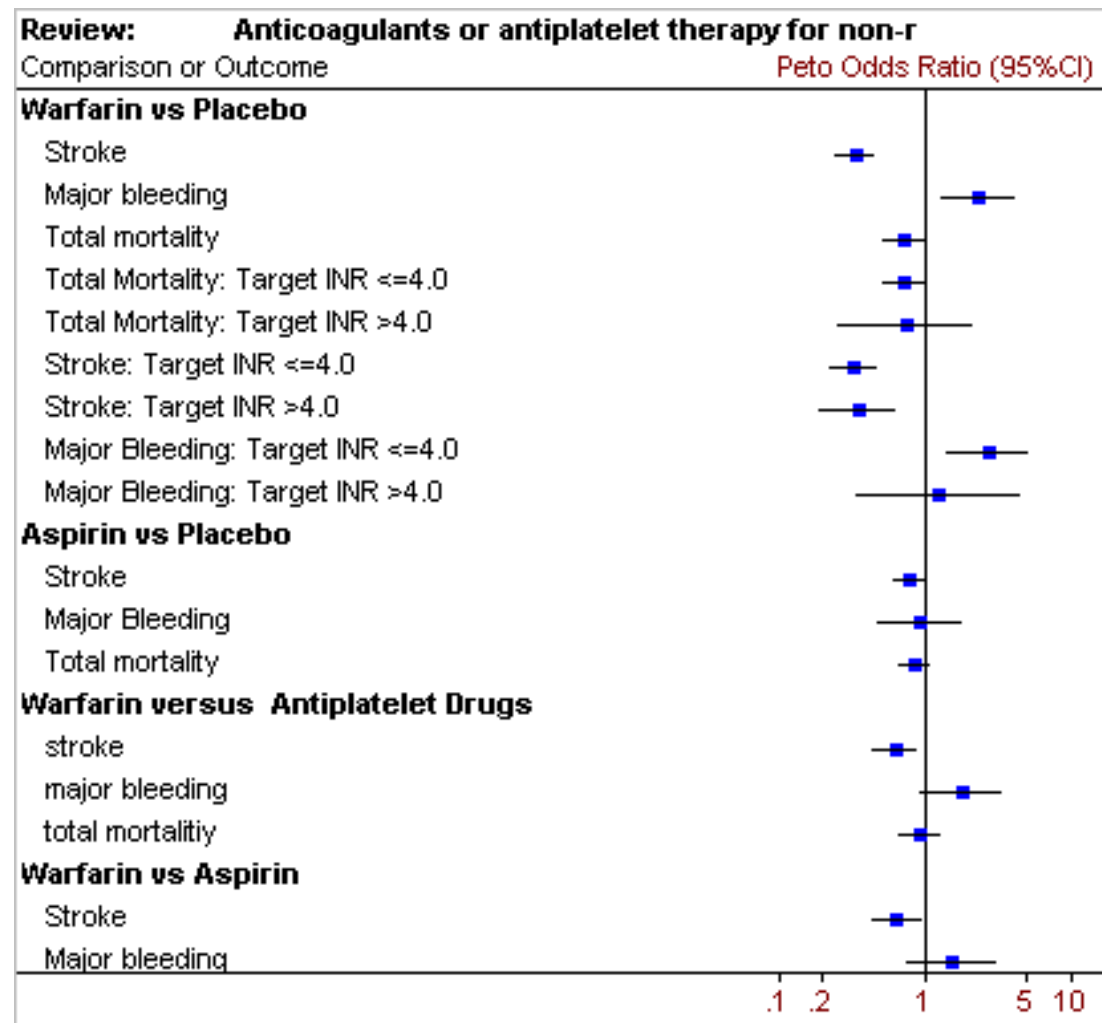
Segal JB, McNamara RL, Miller MR, Powe NR, Goodman SN, Robinson KA, Bass EB

Main results: Fourteen articles were included in this review. Warfarin was more efficacious than placebo for primary stroke prevention {aggregate odds ratio (OR) of stroke=0.30 [95% Confidence Interval (C.I.) 0.19,0.48]}, with moderate evidence of more major bleeding { OR= 1.90 [95% C.I. 0.89,4.04]}. Aspirin was inconclusively more efficacious than placebo for stroke prevention {OR=0.68 [95% C.I. 0.29,1.57]}, with inconclusive evidence regarding more major bleeds {OR=0.81[95% C.I. 0.37,1.78]}. For primary prevention, assuming a baseline risk of 45 strokes per 1000 patient-years, warfarin could prevent 30 strokes at the expense of only 6 additional major bleeds. Aspirin could prevent 17 strokes, without increasing major hemorrhage. In direct comparison, there was moderate evidence for fewer strokes among patients on warfarin than on aspirin {aggregate OR=0.64[95% C.I. 0.43,0.96]}, with only suggestive evidence for more major hemorrhage {OR =1.58 [95% C.I. 0.76,3.27]}. However, in younger patients, with a mean age of 65 years, the absolute reduction in stroke rate with warfarin compared to aspirin was low (5.5 per 1000 person-years) compared to an older group (15 per 1000 person-years). Low-dose warfarin or low-dose warfarin with aspirin was less efficacious for stroke prevention than adjusted-dose warfarin.

Reviewers' conclusions: The evidence strongly supports warfarin in AF for patients at average or greater risk of stroke, although clearly there is a risk of hemorrhage. Although not definitively supported by the evidence, aspirin may prove to be useful for stroke prevention in sub-groups with a low risk of stroke, with less risk of hemorrhage than with warfarin. Further studies are needed of low- molecular weight heparin and aspirin in lower risk patients.

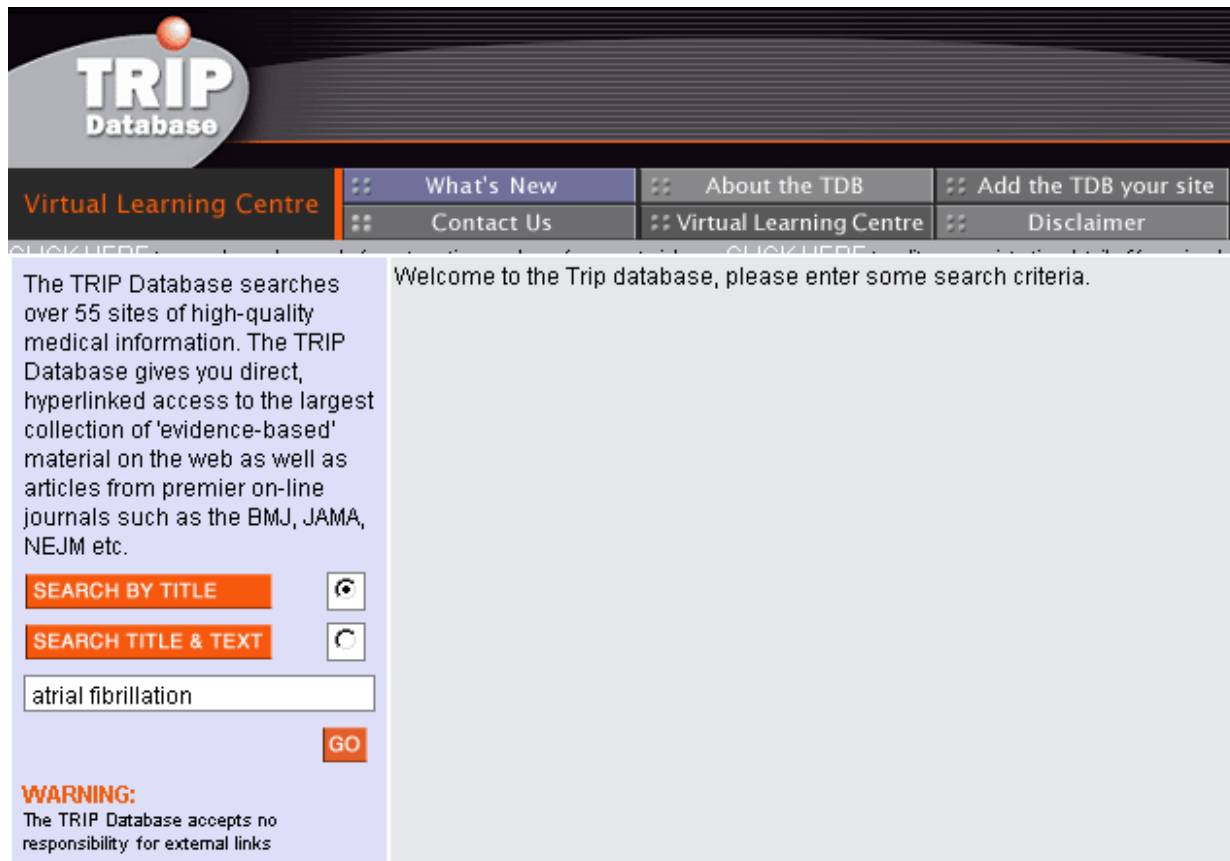
Tables & Graphs

- [MetaView graphs](#)



TRIP Database

Website



The screenshot displays the TRIP Database website. At the top left is the TRIP Database logo. A navigation menu includes links for 'Virtual Learning Centre', 'What's New', 'About the TDB', 'Add the TDB your site', 'Contact Us', 'Virtual Learning Centre', and 'Disclaimer'. The main content area features a search box with the text 'atrial fibrillation' and a 'GO' button. Below the search box are two radio buttons for search criteria: 'SEARCH BY TITLE' (selected) and 'SEARCH TITLE & TEXT'. A 'WARNING' message states: 'The TRIP Database accepts no responsibility for external links'. The search results area shows 'Welcome to the Trip database, please enter some search criteria.' and '(75 resources...)'.

(75 resources...)

www.tripdatabase.com

Search RESULTS:You searched on **atrial fibrillation**

Total records matched > 79 of 24709

Evidence-Based (Direct links)	Records Matched: 43
Query-answering services	Records Matched: 0
Peer-reviewed journal	Records Matched: 29
Guidelines	Records Matched: 3
eTextbooks	Records Matched: 4
Experimental links to Clinical Queries on PubMed.	

REPEAT SEARCH FOR: **atrial fibrillation** using title and text Search within these results Search by: TITLE ONLY Search by: TITLE & TEXTNew Search Search by: TITLE ONLY Search by: TITLE & TEXT

Evidence-Based (Direct links) The links under this section come from 'Evidence based sources', i.e. they have been pre-critically appraised using a pre-defined method. Most sites have been recommended from the 'Netting the Evidence' site. (<http://www.shef.ac.uk/~scharr/ir/netting.html>)

Initial energy for elective external cardioversion of persistent atrial fibrillation ACP Journal Club	2001
Comparing digoxin with amiodarone and sotalol for converting new onset atrial fibrillation POEMs	2001
Prevalence of atrial fibrillation (AF) Bandolier	2001
Amiodarone as a first-choice drug for restoring sinus rhythm in patients with atrial fibrillation . A randomized,	2001

Query-answering services The sources used in this section specifically respond to clinical queries received from practitioners/purchasers. The query-answering process is not uniform and the quality may vary. You are strongly advised to familiarise yourself with the strengths and weaknesses of each sources approach.

Peer-reviewed journal The links in this section are from peer-reviewed journals. As such they have not undergone a systematic critical appraisal.

Warfarin Therapy for an Octogenarian Who Has atrial fibrillation Annals of Internal Medicine	2001
Incident Thromboembolism in the Aorta and the Renal, Mesenteric, Pelvic, and Extremity Arteries After Discharge From the Hospital With a Diagnosis of atrial fibrillation Archives of Internal Medicine	2001
Systematic review of long term anticoagulation or antiplatelet treatment in patients with non-rheumatic atrial

Guidelines The links in this section are taken from sites whose main remit is the production of guidelines. NOTE: Other guidelines may appear in other sections.

Preventive health care, 2000 update. Use of ambulatory electrocardiography for the detection of paroxysmal atrial fibrillation in patients with stroke. National Guideline Clearinghouse	2001
atrial fibrillation PRODIGY	2001
atrial fibrillation : current knowledge and recommendations for management European Society for Cardiology	1998

eTextbooks The links in this section originate predominantly from eTextbooks and similar sources - as with other textbooks they may not be regularly updated.

atrial fibrillation eMedicine.com	2000
Sustained atrial fibrillation Medscape (13th Edition)	1999

Experimental links to Clinical Queries on Pubmed. These will return a number of hits - some of which will be inappropriate. To refine your search further find at least one article that matches your query and use the related article function to improve your search.

Therapy emphasis

Diagnosis emphasis

Etiology emphasis

Prognosis emphasis

Getting to PubMed



PubMed Response

for

[Limits](#) [Preview/Index](#) [History](#) [Clipboard](#)

Display

Show: Page 1 of 795

- 1: [Kalaria RN.](#)
Small vessel disease and Alzheimer's dementia: pathological considerations.
Cerebrovasc Dis. 2002;13 Suppl 2:48-52.
PMID: 11901243 [PubMed - in process]
- 2: [Bertomeu Martinez V, Morillas Blasco PJ, Gonzalez Juanatey JR, Alegria Ezquerro Gonzalez Maqueda I, Frutos Garcia A, Valero Parra R, Rodriguez Ortega JA.](#)
[Antithrombotic treatment in hypertensive patients with chronic atrial fibrillation].
Med Clin (Barc). 2002 Mar 16;118(9):327-31. Spanish.
PMID: 11900700 [PubMed - in process]
- 3: [Chinushi Y, Chinushi M, Toida T, Aizawa Y.](#)
Class I antiarrhythmic drug and coronary vasospasm-induced T wave alteration in
tachyarrhythmia in a patient with Brugada syndrome and vasospastic angina.
J Cardiovasc Electrophysiol. 2002 Feb;13(2):101-4.

- [National Guideline Clearinghouse](#)*** -
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- [Clinical Queries - PubMed](#)*** - Evidence-based medicine
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- [Bandolier](#) - Reviewed literature, offers search filters

PubMed Clinical Query

National Library of Medicine
PubMed

PubMed Nucleotide Protein Genome

Search PubMed for

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About Entrez

Entrez PubMed
Overview
Help | FAQ

PubMed Services
Journal Browser
MeSH Browser
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
Related Resources

PubMed is the National Library of Medicine's search service that provides access to over 10 million citations in MEDLINE, PreMEDLINE, and other related databases, with links to participating online journals.

Books linked to PubMed

 In collaboration with book publishers, NCBI is adapting [books](#) for the web and linking them to PubMed. The first book, *Molecular Biology of the Cell* by Alberts et al., is now available.

The New PubMed!

This new version of PubMed has a single search interface with pull-down menus that display search field limits, indexes, your search history, and a clipboard for gathering selected articles. See [help](#) and [FAQ](#) for more information.

PubMed, Clinical Query, cont'd

[Website](#)

PubMed

[Nucleotide](#)

[Protein](#)

[Genome](#)

[Structure](#)

[Pop Set](#)

Clinical Queries using Research Methodology Filters

This specialized search is intended for clinicians and has built-in search "filters" based largely upon [Haynes RB et al.](#) Four study categories--therapy, diagnosis, etiology, prognosis--are provided, and you may indicate whether you wish your search to be more sensitive (i.e., include most relevant articles but probably including some less relevant ones) or more specific (i.e. including mostly relevant articles but probably omit a few). See [this table](#) for details regarding filtering.

Question

Indicate the category and emphasis below:

Category: therapy diagnosis etiology prognosis

Emphasis: sensitivity specificity

Context

Enter subject search (do not repeat any of the words above):

atrial fibrillation

Search

Reset

Subject matter

Controlled Vocabulary for Subject Matter

[All MeSH Categories](#)

[Diseases Category](#)

[Cardiovascular Diseases](#)

[Heart Diseases](#)

[Arrhythmia](#)

Atrial Fibrillation

[All MeSH Categories](#)

[Diseases Category](#)

[Pathological Conditions, Signs and Symptoms](#)

[Pathologic Processes](#)

[Arrhythmia](#)

Atrial Fibrillation

- blood
- chemically induced
- classification
- complications
- congenital
- diagnosis
- drug therapy
- economics
- embryology
- enzymology
- epidemiology
- ethnology
- etiology
- genetics
- history
- immunology
- metabolism
- mortality
- nursing
- pathology
- physiopathology
- prevention and control
- psychology
- radiography
- radionuclide imaging
- radiotherapy
- rehabilitation
- surgery
- therapy
- ultrasonography
- urine
- veterinary

www.ncbi.nlm.nih.gov/pubmed



PubMed

PubMed comprises more than 21 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.


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[Clinical Queries](#)

[Topic-Specific Queries](#)

More Resources

[MeSH Database](#)

[Journals in NCBI Databases](#)

[Clinical Trials](#)

[E-Utilities](#)

[LinkOut](#)



- Key concepts!
- Auther

Stopwords

Stopwords	
A	a, about, again, all, almost, also, although, always, among, an, and, another, any, are, as, at
B	be, because, been, before, being, between, both, but, by
C	can, could
D	did, do, does, done, due, during
E	each, either, enough, especially, etc
F	for, found, from, further
H	had, has, have, having, here, how, however
I	i, if, in, into, is, it, its, itself
J	just
K	kg, km
M	made, mainly, make, may, mg, might, ml, mm, most, mostly, must
N	nearly, neither, no, nor
O	obtained, of, often, on, our, overall
P	perhaps, pmid
Q	quite
R	rather, really, regarding
S	seem, seen, several, should, show, showed, shown, shows, significantly, since, so, some, such
T	than, that, the, their, theirs, them, then, there, therefore, these, they, this, those, through, thus, to
U	upon, use, used, using
V	various, very
W	was, we, were, what, when, which, while, with, within, without, would

MeSH(The Medical Subject Headings)

Examples of MeSH Headings:

- **Body Weight**
- **Dental Cavity Preparation**
- **Radioactive Waste**
- **Kidney**
- **Self Medication**
- **Brain Edema**

Face

Cheek
Chin
Eye
Eyebrows
Eyelids
Eyelashes
Forehead
Mouth
Lip
Nose
Parotid Region

<http://www.youtube.com/watch?v=uyF8uQY9wys>

361,987
عدد مرات مشاهدة الفيديو

4,783
من المشتركين

4,782

اشترك



NCBI YouTube Channel



البحث في القناة

تصفح مقاطع الفيديو

مقاطع فيديو مميزة

حول NCBI YouTube Channel

Videos from the National Center for Biotechnology Information including presentations and tutorials about NCBI biomolecular and biomedical literature databases and tools

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بواسطة NCBINLM

تاريخ الانضمام

البلد

19/02/2010

الولايات المتحدة

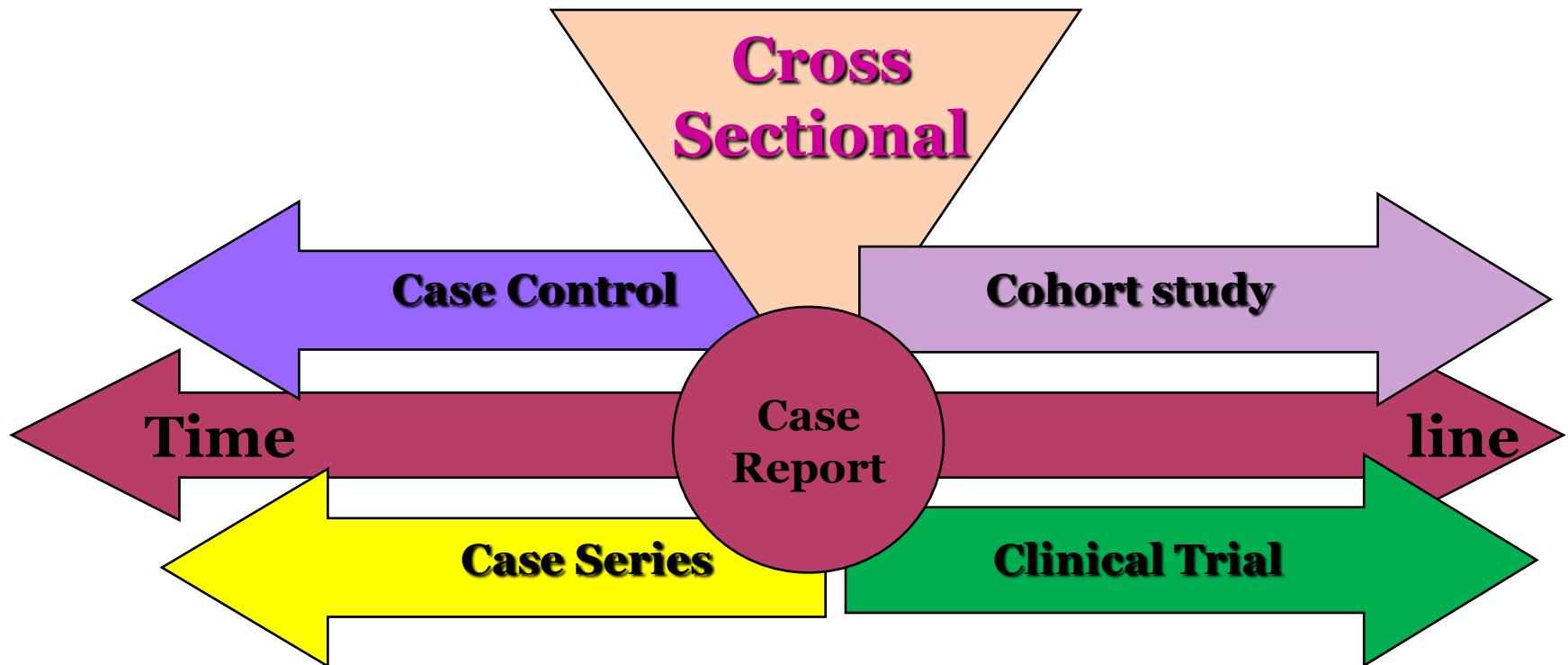
Search	Add to builder	Query
#1	Add	Search hyperxycemia[MESH Terms] AND newborn

AND in builder
OR in builder
NOT in builder
Delete from history
Show search results
Show search details
Save in My NCBI

72,184

PubMed Advanced Search Builder

Types of Studies



“Best Available Clinical Evidence”

- **Therapy**
 - Double-blind, placebo-controlled, randomized clinical trial
- **Diagnosis**
 - Independent, blind comparison with a reference standard
- **Prognosis**
 - Representative and well-defined prospective cohort of patients at a similar point in the course of disease
- See [Centre for Health Evidence](#)

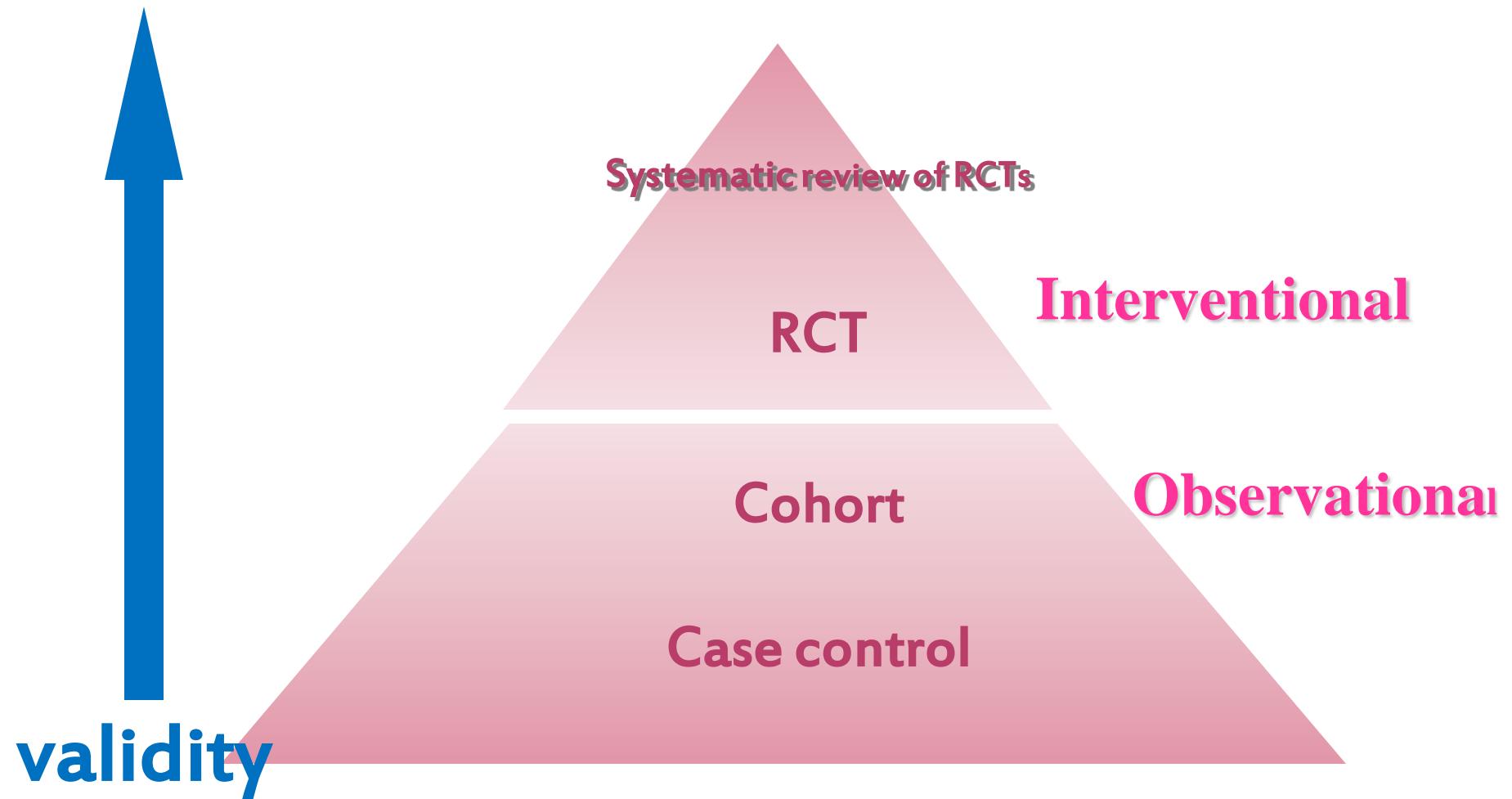
Levels of Evidences

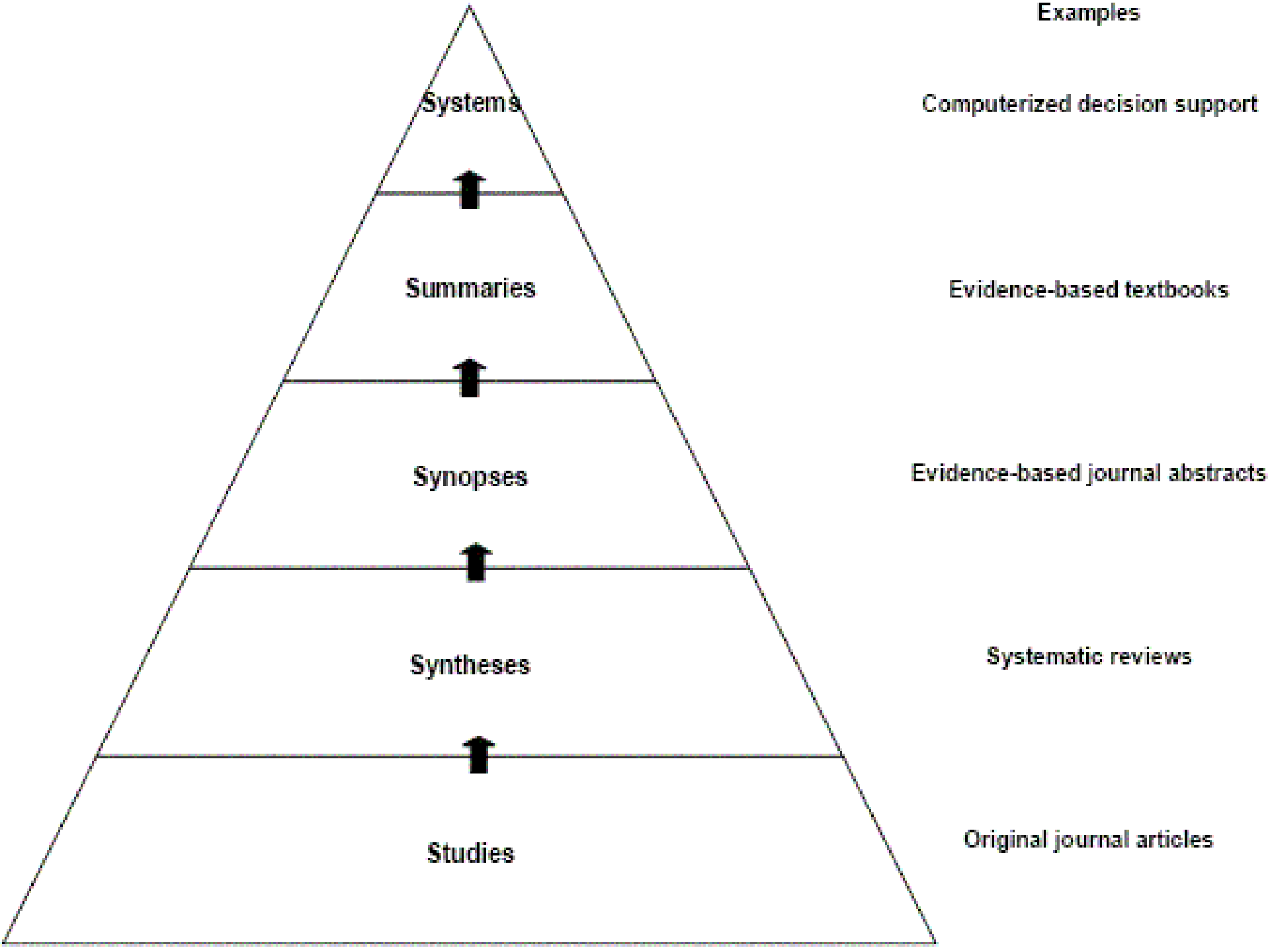
- (I-1) a well done systematic review of 2 or more RCTs
- (I-2) a RCT
- (II-1) a cohort study
- (II-2) a case-control study
- (II-3) a dramatic uncontrolled experiment
- (III) respected authorities, expert committees, etc..
- (IV) ...someone once told me....
 - <http://www.phru.org/casp/>
 - See also [AAFP](#)

Types of Epidemiological Studies

- Observational
 - Case Reports, Case series
 - Cross - Sectional
 - Case- Control
 - Cohort
- Interventional
 - Clinical Trials

Hierarchy of major study designs





Examples

Systems

Computerized decision support



Summaries

Evidence-based textbooks



Synopses

Evidence-based journal abstracts



Syntheses

Systematic reviews



Studies

Original journal articles



The FINER Criteria

- Picking a good research question is perhaps the most important step in the research process.
- F- Feasible. Is the question answerable?
- I- Interesting. The question has to be interesting to the investigator, but should also be interesting to others.
- N- Novel. Has this study been done before? Does it add to the current body of medical knowledge?
- E- Ethical.
- R- Relevant. Will it further medical science? Will the results change clinical practice, health policy or point towards further avenues of research?



Key points

- It is important when searching for evidence that search terms are referred back to your original PICO question.
- The process of finding evidence therefore follow three key steps; Identify terms to fit PICO question, Look for secondary sources then Search for primary sources.

Resources

- Searching exercise <http://www.cebm.net/searching-exercise-warm/>
- Five tips to jumpstart your evidence-based practice <http://www.cebm.net/five-tips-to-jumpstart-your-evidence-based-practice/>

Resources

- Secondary sources: Guidelines: UK [National Library for Health](#), [NICE](#), [SIGN](#); US [National Guidelines Clearinghouse](#); [Canadian Medical Association](#); [New Zealand Guidelines Group](#). Evidence-Based Summaries: [Bandolier](#), [Clinical Evidence](#) Structured Abstracts: [EBM Online](#), [ACP Journal Club](#) Systematic Reviews: [Cochrane Library](#) To search several of the databases simultaneously you can use: www.tripdatabase.com

Resources

- Primary Sources: Use methodological filters to target the right type of study. For instance, PubMed filters for: therapy, diagnosis, prognosis or etiology.

Thank You!

