

Con il Patrocinio di



# REVISIONI SISTEMATICHES E META-ANALISI

Coordinatore:  
**Dr.ssa Stefania Gori**

*Evento ECM MODULO 3*  
*(formazione di base)*



**NEGRAR**  
**6-7 Maggio 2016**  
Centro Formazione  
Ospedale Sacro Cuore  
Don Calabria

## Definizione della strategia di ricerca e di selezione degli studi; *study flow*

Negrar, 06 maggio 2016

# Strutturare la strategia di ricerca

- A clearly formulated research question following the PICOS approach is required. The research question is commonly broken into concepts, and only the most important ones are used to develop the search strategy. The main challenge is not to introduce too many concepts

P	I	C	O

# Information Specialist

**Information specialists should form an integral part of the project team of a guideline from the beginning of the project. Search strategy development requires expertise and skills in search methodology. Navigating through different information sources is a complex task, especially as the structure and functionalities of the databases and their interfaces are continually modified.**

# Strategia di ricerca

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## OBIETTIVO

To be extensive as possible in order to ensure that **as many as possible of the necessary and relevant studies are included in the review**

## DOVE CERCARE

**Numerose banche dati**



A search of MEDLINE alone is not considered adequate.

A systematic review showed that only 30% - 80% of all known published randomized trials were identifiable using MEDLINE

*Dickersin 1994*

# Inoltre...

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- Ricerca manuale su **riviste non indicizzate** nelle banche dati
- Ricerca tra le **referenze bibliografiche** delle revisioni narrative o degli studi inclusi
- Ricerca della **letteratura grigia**

# Letteratura grigia

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***“not formally published in sources such as books or journal articles”***

Cochrane Handbook 2011

**Atti di convegni**

**Contattare autori e case farmaceutiche**

**Tesi di laurea**

**Studi ongoing**



<b>Databases</b>			
<a href="#">Australian Education Index</a>	<a href="#">Current Controlled Trials</a>	<a href="#">Index to Theses</a>	<a href="#">PAIS Archive</a>
<a href="#">Bib of Nordic Criminology</a>	<a href="#">Directory of OA Journals</a>	<a href="#">INASP</a>	<a href="#">PAIS International</a>
<a href="#">British Education Index</a>	<a href="#">Dissertation Abstracts</a>	<a href="#">ISI Conf Proceedings Index</a>	<a href="#">PolicyFile</a>
<a href="#">Canadian Eval Society</a>	<a href="#">DissOnline</a>	<a href="#">LILACS Latin American</a>	<a href="#">Project Cork</a>
<a href="#">CBCA Education</a>	<a href="#">DrugScope DrugData</a>	<a href="#">NTIS</a>	<a href="#">PsycArticles</a>
<a href="#">CERUK</a>	<a href="#">EconLit</a>	<a href="#">NCJRS Abstracts Database</a>	<a href="#">PsycEXTRA</a>
<a href="#">Child Welfare Info Gateway</a>	<a href="#">Educ Research Global</a>	<a href="#">NLM Gateway</a>	<a href="#">Social Care Online</a>
<a href="#">ClinicalTrials.gov</a>	<a href="#">ERIC</a>	<a href="#">NARCIS</a>	<a href="#">SSRN eLibrary</a>
<a href="#">CORDIS Library</a>	<a href="#">HINARI</a>	<a href="#">NBBF</a>	<a href="#">Theses Canada</a>
<a href="#">CRD</a>	<a href="#">HMIC</a>	<a href="#">NY Acad of Med</a>	<a href="#">TRID</a>
<a href="#">CrimDOC</a>	<a href="#">HUD User Database</a>	<a href="#">Open Grey</a>	<a href="#">WHO Trials</a>

**Attenzione a PUBLICATION BIAS**  
**Probabilità di pubblicare studi con soli risultati positivi.**

- **In a recently updated Cochrane methodology review, all five studies reviewed showed that *published trials showed an overall greater treatment effect than grey literature trials* (Hopewell 2007b).**
- **Conference abstracts and other grey literature have been shown to be sources of approximately *10% of the studies referenced in Cochrane reviews* (Mallett 2002).**





## About *Journal of Negative Results in Biomedicine*

*Journal of Negative Results in BioMedicine* is an open access, peer-reviewed, online journal that provides a platform for the publication and discussion of unexpected, controversial, provocative and/or negative results in the context of current tenets.

*Journal of Negative Results in BioMedicine* aims to encourage scientists and physicians of all fields to publish results that challenge current models, tenets or dogmas. The journal invites scientists and physicians to submit work that illustrates how commonly used methods and techniques are unsuitable for studying a particular phenomenon. *Journal of Negative Results in BioMedicine* strongly promotes and invites the publication of clinical trials that fall short of demonstrating an improvement over current treatments. The aim of the journal is to provide scientists and physicians with responsible and balanced information in order to improve experimental designs and clinical decisions.

Articles published in traditional journals frequently provide insufficient evidence regarding negative data. They hardly allow a rigorous evaluation of the quality of these results. In addition, controversial results that refute a current model or simply negative results within a current dogma, frequently meet considerable resistance before they are acknowledged. This is particularly the case if current techniques and technologies are too crude to shed further light on the findings. As more sophisticated techniques become available such findings may turn out to have been groundbreaking only decades later.

# Selezione studi: minimizzare bias

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Evitare **bias di lingua**  
Includere tutte le fonti non  
solo di lingua inglese

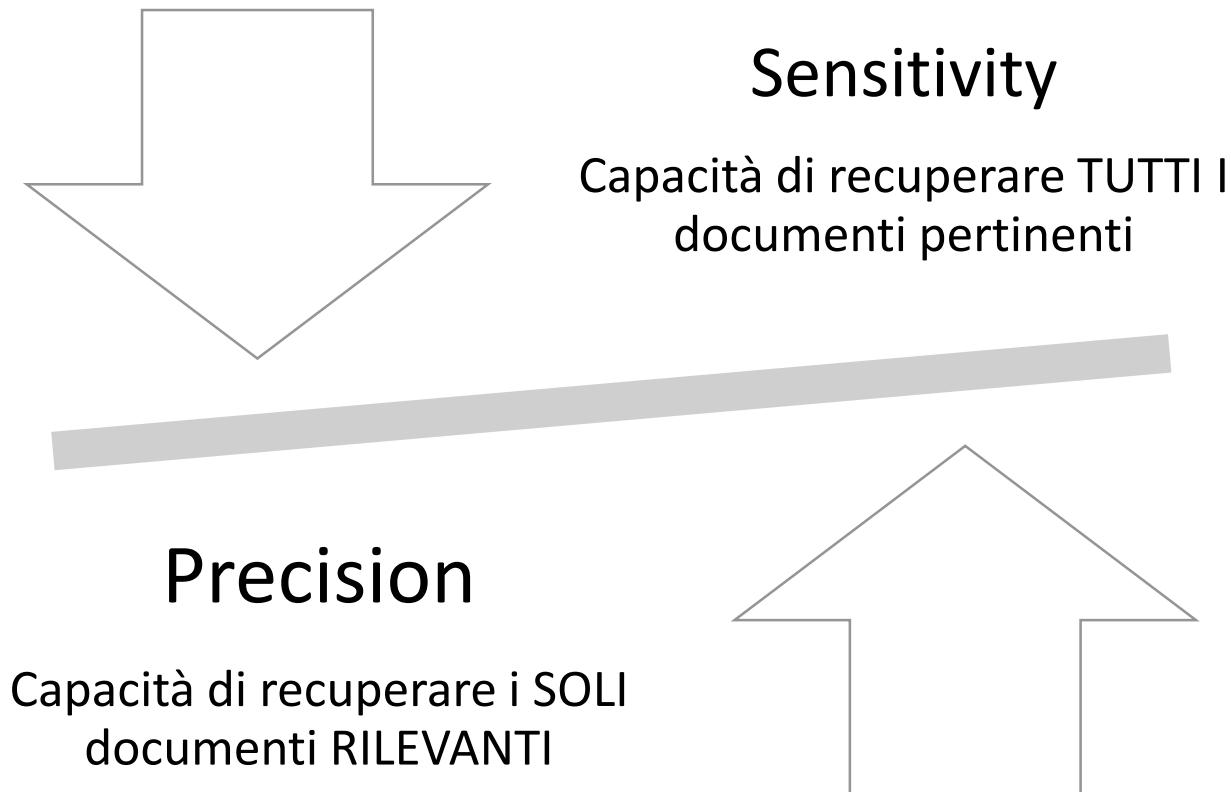
Non porre limiti **all'anno di  
pubblicazione**

# Sensitivity vs Precision

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**In structuring the search, maximize sensitivity whilst striving for reasonable precision.**

MECIR - Cochrane Collaboration



# Our focus...

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**PubMed** <http://www.ncbi.nlm.nih.gov/pubmed>




**EMBASE** <https://www.elsevier.com>

# MEDLINE – Pubmed

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US National Library of Medicine  
National Institutes of Health



## PubMed


PubMed comprises more than 25 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.

## PubMed COMMONS



**Featured comment** - Feb 23  
Revisiting evidence of gene transfer: S Kumar (@sujaik) links to preprint reporting new tardigrade genome analysis.  
[1.usa.gov/1ZYH4zH](https://1.usa.gov/1ZYH4zH)

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# MEDLINE – Pubmed

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- MEDLINE is the U.S. National Library of Medicine® (NLM)
- MEDLINE currently contains over 22 million references to journal articles from the 1946 onwards. Currently 5,200 journals in 37 languages are indexed for MEDLINE
- PubMed provides access to a free version (since 1997) of MEDLINE that also includes up-to-date citations not yet indexed for MEDLINE
- Additionally, PubMed includes records from journals that are not indexed for MEDLINE and records considered 'out-of-scope' from journals that are partially indexed for MEDLINE. For further information about the differences between MEDLINE and PubMed

# Struttura di una banca dati

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- Le banche dati sono costituite da un insieme di unità informative: **i record**
- Ad **ogni record è associata una citazione bibliografica** che individua un documento
- Un **record è composto da più campi (*field*)**, ognuno dei quali contiene determinate informazioni: nomi degli autori, affiliazione, titolo, riassunto, estremi della pubblicazione (anno, volume), descrittori per indicizzazione, ecc.

# Il record bibliografico di PubMed

[Thorax](#). 2015 May;70(5):451-7. doi: 10.1136/thoraxjnl-2014-206449. Epub 2015 Feb 27.

## Double-blind randomised placebo-controlled trial of bolus-dose vitamin D3 supplementation in adults with asthma (ViDiAs).

[Martineau AR](#)<sup>1</sup>, [MacLaughlin BD](#)<sup>2</sup>, [Hooper RL](#)<sup>2</sup>, [Barnes NC](#)<sup>1</sup>, [Jolliffe DA](#)<sup>2</sup>, [Greiller CL](#)<sup>2</sup>, [Kilpin K](#)<sup>2</sup>, [McLaughlin D](#)<sup>2</sup>, [Fletcher G](#)<sup>2</sup>, [Mein CA](#)<sup>2</sup>, [Hoti M](#)<sup>2</sup>, [Walton R](#)<sup>2</sup>, [Griq J](#)<sup>2</sup>, [Timms PM](#)<sup>3</sup>, [Rajakulasingham RK](#)<sup>3</sup>, [Bhowmik A](#)<sup>3</sup>, [Rowe M](#)<sup>3</sup>, [Venton TR](#)<sup>3</sup>, [Choudhury AB](#)<sup>4</sup>, [Simcock DE](#)<sup>5</sup>, [Sadique Z](#)<sup>6</sup>, [Monteiro WR](#)<sup>7</sup>, [Corrigan CJ](#)<sup>8</sup>, [Hawrylowicz CM](#)<sup>8</sup>, [Griffiths CJ](#)<sup>9</sup>.

### ⊕ Author information

#### Abstract

**RATIONALE:** Asthma exacerbations are commonly precipitated by viral upper respiratory infections (URIs). Vitamin D insufficiency associates with susceptibility to URI in patients with asthma. Trials of vitamin D in adults with asthma with incidence of exacerbation and URI as primary outcome are lacking.

**OBJECTIVE:** To conduct a randomised controlled trial of vitamin D3 supplementation for the prevention of asthma exacerbation and URI (coprimary outcomes).

**MEASUREMENTS AND METHODS:** 250 adults with asthma in London, UK were allocated to receive six 2-monthly oral doses of 3 mg vitamin D3 (n=125) or placebo (n=125) over 1 year. Secondary outcomes included asthma control test and St George's Respiratory Questionnaire scores, fractional exhaled nitric oxide and concentrations of inflammatory markers in induced sputum. Subgroup analyses were performed to determine whether effects of supplementation were modified by baseline vitamin D status or genotype for 34 single nucleotide polymorphisms in 11 vitamin D pathway genes.

**MAIN RESULTS:** 206/250 participants (82%) were vitamin D insufficient at baseline. Vitamin D3 did not influence time to first severe exacerbation (adjusted HR 1.02, 95% CI 0.69 to 1.53, p=0.91) or first URI (adjusted HR 0.87, 95% CI 0.64 to 1.16, p=0.34). No clinically important effect of vitamin D3 was seen on any of the secondary outcomes listed above. The influence of vitamin D3 on coprimary outcomes was not modified by baseline vitamin D status or genotype.

**CONCLUSIONS:** Bolus-dose vitamin D3 supplementation did not influence time to exacerbation or URI in a population of adults with asthma with a high prevalence of baseline vitamin D insufficiency.

**TRIAL REGISTRATION NUMBER:** [NCT00978315](#) (ClinicalTrials.gov).

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**KEYWORDS:** Asthma; Respiratory Infection; Viral infection

PMID: 25724847 [PubMed - indexed for MEDLINE]



# Ricerca con PubMed

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**Ricerca libera semplice**

**Ricerca libera avanzata (Advance Search + Limits)**

**Ricerca con termini MeSH (dizionario)**

# Strumenti di ricerca

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✓ OPERATORI BOOLEANI

✓ CARATTERI SPECIALI

✓ THESAURUS/MeSH

# Strumenti di ricerca

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✓ **OPERATORI BOOLEANI**

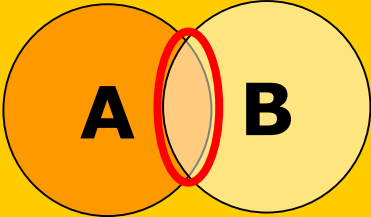
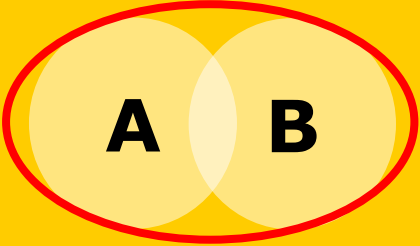
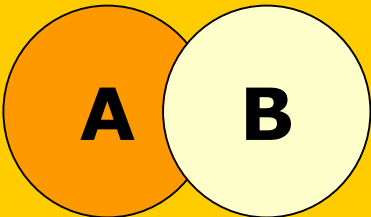
✓ CARATTERI SPECIALI

✓ THESAURUS/MeSH

# Operatori Booleani

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SEMPRE IN MAIUSCOLO

AND		I RECORDS CHE CONTENGONO sia A che B
OR		I RECORDS CHE CONTENGONO A, B, e sia A che B
NOT		I RECORDS CHE CONTENGONO A ma non B

# Gli operatori booleani

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## ESEMPIO

1. Infarction	262179
2. Aspirin	57655
3. Infarction <u>AND</u> Aspirin	7863
4. Infarction <u>OR</u> Aspirin	311971
5. Infarction <u>NOT</u> Aspirin	254316

# Strumenti di ricerca

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✓ OPERATORI BOOLEANI

✓ **CARATTERI SPECIALI**

✓ THESAURUS/MeSH

# Carattere speciale «jolly»

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- Il carattere *jolly* ( “\*”) consente di ricercare parole che hanno la stessa radice
- Per esempio usando il termine di ricerca *diabet\** estendiamo la ricerca a tutti i termini che iniziano con *diabet* compresi *diabetes*, *diabetic*, ecc.
- Si può anche estendere la ricerca al plurale di certi termini. Per esempio con *cancer\** estendiamo la ricerca anche al termine *cancers*.

# Strumenti di ricerca

---

✓ OPERATORI BOOLEANI

✓ CARATTERI SPECIALI

✓ **THESAURUS/MeSH**



# THESAURUS/MeSH (1)

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- I thesauri sono vocabolari di termini
- Ogni parola ha un solo significato
- Ogni concetto è rappresentato sempre e solo dalla stessa parola
- Limitano problemi linguistici causati da:
  1. sinonimia: (esempio cancer, neoplasm);
  2. omonimia: (AIDS come malattia, ma anche, in inglese, aiuti, strumenti);
  3. diverse ortografie (come hemophilia e haemophilia);
  4. singolari e plurali (cancer/cancers)

- PubMed
- GEO DataSets
- GEO Profiles
- GSS
- GTR
- HomoloGene
- MedGen
- MeSH
- NCBI Web Site
- NLM Catalog
- Nucleotide
- OMIM
- PMC
- PopSet
- Probe
- Protein
- Protein Clusters
- PubChem BioAssay
- PubChem Compound
- PubChem Substance
- PubMed

prises more than 25 million citations for biomedical literature from  
e science journals, and online books. Citations may include links to  
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## Arthritis, Rheumatoid

A chronic systemic disease, primarily of the joints, marked by inflammatory changes in the synovial membranes and articular structures, widespread fibrinoid degeneration of the collagen fibers in mesenchymal tissues, and by atrophy and rarefaction of bony structures. Etiology is unknown, but autoimmune mechanisms have been implicated.

PubMed search builder options

[Subheadings:](#)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> analysis              | <input type="checkbox"/> enzymology                      | <input type="checkbox"/> physiopathology               |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> epidemiology                    | <input type="checkbox"/> prevention and control        |
| <input type="checkbox"/> blood                 | <input type="checkbox"/> ethnology                       | <input type="checkbox"/> psychology                    |
| <input type="checkbox"/> blood supply          | <input type="checkbox"/> etiology                        | <input type="checkbox"/> radiography                   |
| <input type="checkbox"/> cerebrospinal fluid   | <input type="checkbox"/> genetics                        | <input type="checkbox"/> radionuclide imaging          |
| <input type="checkbox"/> chemically induced    | <input type="checkbox"/> history                         | <input type="checkbox"/> radiotherapy                  |
| <input type="checkbox"/> chemistry             | <input type="checkbox"/> immunology                      | <input type="checkbox"/> rehabilitation                |
| <input type="checkbox"/> classification        | <input type="checkbox"/> isolation and purification      | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> complications         | <input type="checkbox"/> metabolism                      | <input type="checkbox"/> surgery                       |
| <input type="checkbox"/> congenital            | <input type="checkbox"/> microbiology                    | <input type="checkbox"/> therapy                       |
| <input type="checkbox"/> cytology              | <input type="checkbox"/> mortality                       | <input type="checkbox"/> transmission                  |
| <input type="checkbox"/> diagnosis             | <input type="checkbox"/> nursing                         | <input type="checkbox"/> ultrasonography               |
| <input type="checkbox"/> diet therapy          | <input type="checkbox"/> organization and administration | <input type="checkbox"/> urine                         |
| <input type="checkbox"/> drug therapy          | <input type="checkbox"/> parasitology                    | <input type="checkbox"/> veterinary                    |
| <input type="checkbox"/> economics             | <input type="checkbox"/> pathology                       | <input type="checkbox"/> virology                      |
| <input type="checkbox"/> embryology            | <input type="checkbox"/> physiology                      |  |

Restrict to MeSH Major Topic.

Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C05.550.114.154, C05.799.114, C17.300.775.099, C20.111.199

MeSH Unique ID: D001172

Entry Terms:

- Rheumatoid Arthritis

[All MeSH Categories](#)

[Diseases Category](#)

[Musculoskeletal Diseases](#)

[Joint Diseases](#)

[Arthritis](#)

**Arthritis, Rheumatoid**

[Caplan Syndrome](#)

[Felty Syndrome](#)

[Rheumatoid Nodule](#)

[Rheumatoid Vasculitis](#)

[Sjogren's Syndrome](#)

[Still's Disease, Adult-Onset](#)

- I termini sono organizzati in maniera gerarchica
- i rami principali corrispondono a concetti generali *esempio le neoplasie (neoplasms)*
- i rami più estremi corrispondono a concetti circoscritti *esempio breast neoplasms*

## Arthritis, Rheumatoid

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PubMed search builder options

[Subheadings:](#)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> analysis              | <input type="checkbox"/> enzymology                      | <input type="checkbox"/> physiopathology               |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> epidemiology                    | <input type="checkbox"/> prevention and control        |
| <input type="checkbox"/> blood                 | <input type="checkbox"/> ethnology                       | <input type="checkbox"/> psychology                    |
| <input type="checkbox"/> blood supply          | <input type="checkbox"/> etiology                        | <input type="checkbox"/> radiography                   |
| <input type="checkbox"/> cerebrospinal fluid   | <input type="checkbox"/> genetics                        | <input type="checkbox"/> radionuclide imaging          |
| <input type="checkbox"/> chemically induced    | <input type="checkbox"/> history                         | <input type="checkbox"/> radiotherapy                  |
| <input type="checkbox"/> chemistry             | <input type="checkbox"/> immunology                      | <input type="checkbox"/> rehabilitation                |
| <input type="checkbox"/> classification        | <input type="checkbox"/> isolation and purification      | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> complications         | <input type="checkbox"/> metabolism                      | <input type="checkbox"/> surgery                       |
| <input type="checkbox"/> congenital            | <input type="checkbox"/> microbiology                    | <input type="checkbox"/> therapy                       |
| <input type="checkbox"/> cytology              | <input type="checkbox"/> mortality                       | <input type="checkbox"/> transmission                  |
| <input type="checkbox"/> diagnosis             | <input type="checkbox"/> nursing                         | <input type="checkbox"/> ultrasonography               |
| <input type="checkbox"/> diet therapy          | <input type="checkbox"/> organization and administration | <input type="checkbox"/> urine                         |
| <input type="checkbox"/> drug therapy          | <input type="checkbox"/> parasitology                    | <input type="checkbox"/> veterinary                    |
| <input type="checkbox"/> economics             | <input type="checkbox"/> pathology                       | <input type="checkbox"/> virology                      |
| <input type="checkbox"/> embryology            | <input type="checkbox"/> physiology                      |  |

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Entry Terms:

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[All MeSH Categories](#)

[Diseases Category](#)

[Musculoskeletal Diseases](#)

[Joint Diseases](#)

[Arthritis](#)

**Arthritis, Rheumatoid**

[Caplan Syndrome](#)

[Felty Syndrome](#)

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## SUBHEADINGS

Insieme di identificatori che puntualizzano alcuni aspetti specifici del concetto rappresentato dal termine MeSH

# Subheadings - Esempio

## Arthritis, Rheumatoid

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PubMed search builder options

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| <input type="checkbox"/> embryology            | <input type="checkbox"/> physiology                      |  |

Restrict to MeSH Major Topic.

Do not include MeSH terms found below this term in the MeSH hierarchy.



**Explode**

**97847**

**Major topic**

**78960**

**Explode**

**97847**

**Single term**

**86315**

*“major topics of the article, usually obtained from the title and/or statement of purpose”*

# Ricerca libera

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- Inserimento nella barra degli strumenti dei termini identificati
- Eventuale scelta tra i termini suggeriti
- Tasto Search
- Analisi dei risultati

Search: PubMed Limits Advanced search Help

DIABETES

- 2 diabetes
- diabetes
- diabetes mellitus
- type 2 diabetes
- 1 diabetes
- type 1 diabetes
- gestational diabetes
- diabetes type

Turn off

Search Clear



...llion citations for biomedical literature from MEDLINE, life science  
may include links to full-text content from PubMed Central and publisher

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PubMed.gov

US National Library of Medicine  
National Institutes of Health

PubMed ▾

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PubMed comprises more than 25 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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Featured comment - Fe  
Revisiting evidence of gene  
preprint reporting new tardi  
[1.usa.gov/1ZYH4zH](https://pubmed.ncbi.nlm.nih.gov/1ZYH4zH)

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# PubMed Advanced Search Builder

Use the builder below to create your search

[Edit](#)

Build

⊖ [Show index list](#)  
 ⊖ ⊕ [Show index list](#)

AND ▾

Search

History

Search

- All Fields ▾
- Affiliation
- All Fields
- Author
- Author - Corporate
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- Author - Full
- Author - Identifier
- Author - Last
- Book
- Date - Completion
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- Date - Entrez
- Date - MeSH
- Date - Modification
- Date - Publication
- EC/RN Number
- Editor
- Filter
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- ISBN

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Search	Query	Items found	Time
<a href="#">#26</a>	Arthritis, Rheumatoid"[Mesh:NoExp]	<a href="#">86315</a>	04:
<a href="#">#25</a>	Arthritis, Rheumatoid"[Majr]	<a href="#">78960</a>	04:
<a href="#">#24</a>	Arthritis, Rheumatoid"[Mesh]	<a href="#">97847</a>	04:
<a href="#">#22</a>	Diabetes Mellitus, Type 2"[Mesh:NoExp]	<a href="#">95322</a>	04:
<a href="#">#21</a>	Diabetes Mellitus, Type 2"[Majr]	<a href="#">76498</a>	04:
<a href="#">#16</a>	Diabetes Mellitus, Type 2"[Mesh]	<a href="#">95434</a>	04:

# Il comando “Filters”

---

Se una ricerca risulta troppo ampia (troppi risultati) si può restringere/limitare usando alcune possibilità che questo comando offre, ad esempio per:

- gruppi d'età
- data di pubblicazione dell'articolo
- lingua di pubblicazione
- sesso
- tipo di pubblicazione
- altro

# Filters

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PubMed

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**Search results**  
Items: 1 to 20 of 538614

<< First < Prev Page 1 of 26916 Next > Last >>

[Effects of High Glucose on Cell Viability and Differentiation in Primary Cultured Schwann Cells: Potential Role of ERK Signaling Pathway.](#)  
Liu D, Liang X, Zhang H.  
Diabetes. 2016 Feb 25. [Epub ahead of print]

[Telecommunication tools to 'reach' the disengaged patient with diabetes.](#)  
Patterson MJ.  
Diabetes Obes. 2016 Apr;23(2):111-120.

[Insulin resistance in diabetic retinopathy research.](#)  
Wong TY.  
Diabetes Obes. 2016 Apr;23(2):91-96.

[Association between the rs7903146 Polymorphism in the TCF7L2 Gene and Parameters Derived from Continuous Glucose Monitoring in Individuals without Diabetes.](#)  
Hoogdam R, Deelen J, Akintola AA, Jansen SW, Postmus I, Wijsman CA, Beekman M, Slagboom PE, van Heemst D.  
Diabetes Obes. 2016 Apr;23(2):111-120. doi: 10.1371/journal.pone.0149992. eCollection 2016.

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- Ages
- Search fields

**Results by year**

**Related searches**

- [diabetes mellitus](#)
- [gestational diabetes](#)
- [diabetes type 2](#)
- [diabetes insipidus](#)
- [diabetes type 1](#)

**Titles with your search**

- [Metformin decreases food intake and induces weight loss in sub...](#)

# Formati

Display Settings:

Am J Cardiol. 2008 Dec 22;10

## Expert perspective lipoprotein cholest

Jones PH.

Section of Atherosclerosis ar

Even with optimal statin th

events. Add-on lipid-modifying therapy that is effective in improving the triglyceride and high-density lipoprotein (HDL) cholesterol abnormalities characteristic of these conditions is a recommended approach to reduce this risk. Fibrates or niacin is a logical option, supported by clinical studies showing improved lipid control in combination with a statin. Of the fibrates, fenofibrate may offer microvascular benefits in type 2 diabetes--as demonstrated by the Diabetes Atherosclerosis Intervention Study (DAIS) and the Fenofibrate Intervention and Event Lowering in Diabetes (FIELD) study--as well as a low risk of myopathy when combined with statins compared with gemfibrozil. Although there is good evidence that both agents favorably affect clinical outcome, we need to evaluate their impact against a baseline of statin therapy. We await data from ongoing large-scale studies to evaluate the efficacy and safety of these combinations and to determine the most appropriate option for reducing residual cardiovascular risk in this important patient population.

PMID: 19084089 [PubMed - indexed for MEDLINE]

[+ Publication Types, MeSH Terms, Substances](#)

[+ LinkOut - more resources](#)

### Format

- Summary
- Summary (text)
- Abstract
- Abstract (text)
- MEDLINE
- XML
- PMID List

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- 5
- 10
- 20
- 50
- 100
- 200

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- First Author
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- Title

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of cardiovascular

# Formati

**Display Settings:**  Abstract

Am J Cardiol. 2008 Dec 22;101  
**Expert perspective lipoprotein cholest**  
Jones PH.  
Section of Atherosclerosis ar

Even with optimal statin th  
events. Add-on lipid-modifying therapy that is effective in improving the triglyceride and high-density lipoprotein (HDL) cholesterol abnormalities characteristic of these conditions is a recommended approach to reduce this risk. Fibrates or niacin is a logical option, supported by clinical studies showing improved lipid control in combination with a statin. Of the fibrates, fenofibrate may offer microvascular benefits in type 2 diabetes--as demonstrated by the Diabetes Atherosclerosis Intervention Study (DAIS) and the Fenofibrate Intervention and Event Lowering in Diabetes (FIELD) study--as well as a low risk of myopathy when combined with statins compared with gemfibrozil. Although there is good evidence that both agents favorably affect clinical outcome, we need to evaluate their impact against a baseline of statin therapy. We await data from ongoing large-scale studies to evaluate the efficacy and safety of these combinations and to determine the most appropriate option for reducing residual cardiovascular risk in this important patient population.

PMID: 19084089 [PubMed - indexed for MEDLINE]

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<input type="radio"/> Summary (text)	<input type="radio"/> 10	<input type="radio"/> Pub Date
<input checked="" type="radio"/> Abstract	<input checked="" type="radio"/> 20	<input type="radio"/> First Author
<input type="radio"/> Abstract (text)	<input type="radio"/> 50	<input type="radio"/> Last Author
<input type="radio"/> MEDLINE	<input type="radio"/> 100	<input type="radio"/> Journal
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"Diabetic Diet"[MeSH Major Topic]

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Results: 1 to 20 of 2048

<< First < Prev Page 1 of 103 Next > Last >>

All (2048)

Free Full Text (179)

Review (239)

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Fish.

1. [No authors listed]

Diabetes Forecast. 2011 Mar;64(3):53-8. No abstract available.

PMID: 21462872 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Are carbs the enemy? The debate over eating and diabetes.](#)

2. Neithercott T.

Diabetes Forecast. 2011 Mar;64(3):36-43. No abstract available.

PMID: 21462869 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Special sauce: cooking with oil can be central to a healthy \(and tasty\) diet.](#)

3. Neithercott T.

Diabetes Forecast. 2011 Mar;64(3):31-4. No abstract available.

PMID: 21462868 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Adherence to diet in youth with type 1 diabetes.](#)

4. Patton SR.

J Am Diet Assoc. 2011 Apr;111(4):550-5. Review.

PMID: 21443987 [PubMed - indexed for MEDLINE]

[Related citations](#)

[\[A case of severe obese patient complicated with type-2 diabetes--transition from Very Low Calorie Diet\(VLCD\) therapy to Low Calorie Diet\(LCD\) therapy\].](#)

5. Iyata T, Hata A, Shinoki K, Nishijima R, Mito S, Doi S, Nakashita C, Komuro R, Iijima S.

Gan To Kagaku Ryoho. 2010 Dec;37 Suppl 2:272-4. Japanese.

PMID: 21368547 [PubMed - indexed for MEDLINE]

[Related citations](#)

[Making great chili.](#)

6. Webb R.

Diabetes Forecast. 2011 Feb;64(2):47-51, 53. No abstract available.

PMID: 21375990 [PubMed - indexed for MEDLINE]

## Titles with your search terms

Dapagliflozin monotherapy in type 2 diabetic patients with inadequate ... [Diabetes Care. 2010]

Effects of a plant-based high-carbohydrate/high-fiber diet versus high-moi ... [Diabetes Care. 2009]

Abnormal in vivo myocardial energy substrate uptake in ... [Am J Physiol Endocrinol Metab. 2010]

See more...

## 75 free full-text articles in PubMed Central

Antecedent caloric intake and glucose excursion following a subsequent meal ... [J Diabetes. 2009]

The beneficial effects of a Paleolithic diet on type 2 diabetes a ... [J Diabetes Sci Technol. 2009]

Prospective randomized controlled trial to evaluate effectiveness of ... [Diabetes Care. 2010]

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<input type="checkbox"/>	Name		Database	Last Searched	Schedule
<input checked="" type="checkbox"/>	<a href="#">"Diabetic Diet"[MeSH Major Topic]</a>		PubMed	today	<a href="#">monthly</a>
<input type="checkbox"/>	<a href="#">wiki</a>		PubMed	2 days ago	<a href="#">weekly</a>
<input type="checkbox"/>	<a href="#">podcast</a>		PubMed	2 days ago	<a href="#">weekly</a>
<input type="checkbox"/>	<a href="#">haemophilia</a>		PubMed	4 days ago	<a href="#">weekly</a>
<input type="checkbox"/>	<a href="#">kogenate</a>		PubMed	4 days ago	<a href="#">weekly</a>
<input type="checkbox"/>	<a href="#">blog</a>		PubMed	18 days ago	<a href="#">monthly</a>
<input type="checkbox"/>	<a href="#">factor VIII - clinical trials</a>		PubMed	18 days ago	<a href="#">monthly</a>
<input type="checkbox"/>	<a href="#">online social network*</a>		PubMed	18 days ago	<a href="#">monthly</a>
<input type="checkbox"/>	<a href="#">santoro e</a>		PubMed	18 days ago	<a href="#">monthly</a>
<input type="checkbox"/>	<a href="#">"factor VIII" AND "severe haemophilia A"</a>		PubMed	23 days ago	<a href="#">none</a>

Edit Saved Search Name and Schedule

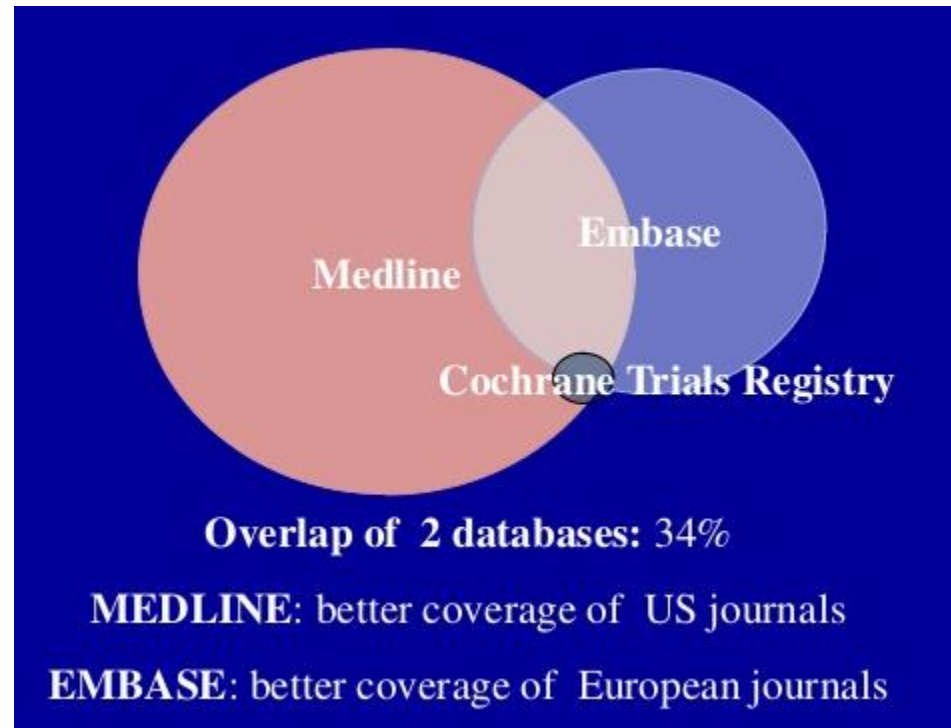


# Database Overlap

---

Of the 4,800 journals indexed in EMBASE, 1,800 are not indexed in MEDLINE.

Similarly, of the 5,200 journals indexed in MEDLINE, 1,800 are not indexed in EMBASE.



# Embase®

- EMBASE è una banca dati bibliografica di ambito biomedico specializzata in campo farmacologico-farmaceutico
- A partire dagli ultimi anni dedica un'attenzione particolare all'*Evidence Based Medicine* (studi clinici controllati, meta-analisi, revisioni sistematiche, Cochrane Reviews)
- I record sono indicizzati con descrittori e sottodescrittori di un thesaurus (EMTREE)

<https://www.elsevier.com/solutions/embase-biomedical-research>

# Contenuti

---

- Embase oggi comprende i record provenienti da:
  - ❑ Embase Classic 1947-1973
    - ❑ Embase (1974-oggi)
    - ❑ Medline più Oldmedline
- I record presenti sia in Embase che in Medline sono deduplicati (è mantenuto solo il record di Embase)

# Modalità di ricerca

---

## Come?

- QUICK
- ADVANCED
- (PER CAMPI)

## Cosa?

- DRUG
- DISEASE
- ARTICLE

## Oltre a:

- AUTHORS
- JOURNALS

# Strumenti di ricerca

---

## ✓ OPERATORI BOOLEANI (AND/OR/NOT)

## ✓ CARATTERI SPECIALI (\*, ?)

\* = recupera le parole con la radice indicata, qualsiasi sia la desinenza.

Esempio: cat\* trova cat, cats, catalyst, catastrophe

? = sostituisce una sola lettera.

Esempio: wom?n trova woman oppure women

## ✓ THESAURUS (Emtree)

## ✓ Limiti

# Output della strategia di ricerca

---



**RISULTATO**

**Lista di studi potenzialmente includibili**

# List of records

Summary ▾ 20 per page ▾ Sort by Most Recent ▾

## Search results

Items: 1 to 20 of 22772 Selected: 3

- << First < Prev
- [Evaluation of a new tablet formulation of deferasirox to reduce chronic blood transfusions.](#)  
Chalmers AW, Shammo JM.  
Ther Clin Risk Manag. 2016 Feb 15;12:201-8. doi: 10.2147/TCRM.S82449. eCollection PMID: 26929633
  - [Plasma levels of TGF- \$\beta\$ 1 in homeostasis of the inflammation in sickle cell disease.](#)  
Torres LS, Okumura JV, Silva DG, Belini Júnior É, Oliveira RG, Mimun Bonini Domingos CR.  
Cytokine. 2016 Feb 26;80:18-25. doi: 10.1016/j.cyto.2016.02.012. [Epub ahead of print] PMID: 26928604
  - [Sofosbuvir and Simeprevir Treatment of a Stem Cell Transplanted Teenager with Chronic Hepatitis C Infection.](#)  
Fischler B, Priftakis P, Sundin M.  
Pediatr Infect Dis J. 2016 Feb 26. [Epub ahead of print] PMID: 26928522
  - [Numerical simulation of healthy and defective red blood cell settling in blood plasma.](#)  
Hashemi Z, Rahnama M, Jafari S.  
J Biomech Eng. 2016 Feb 29. doi: 10.1115/1.4032851. [Epub ahead of print] PMID: 26926169

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 Citation manager

---

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## Results by year



## Related searches

[sickle cell disease review](#)  
[management sickle cell disease](#)

PMID- 26929633

OWN - NLM

STAT- PubMed-not-MEDLINE

DA - 20160301

DCOM- 20160301

IS - 1176-6336 (Print)

IS - 1176-6336 (Linking)

VI - 12

DP - 2016

TI - Evaluation of a new tablet formulation of deferasirox to reduce chronic iron overload after long-term blood transfusions.

PG - 201-8

LID - 10.2147/TCRM.S82449 [doi]

AB - Transfusion-dependent anemia is a common feature in a wide array of hematological disorders, including thalassemia, sickle cell disease, aplastic anemia, myelofibrosis, and myelo-dysplastic syndromes. In the absence of a physiological mechanism to excrete excess iron, chronic transfusions ultimately cause iron overload. Without correction, iron overload can lead to end-organ damage, resulting in cardiac, hepatic, and endocrine dysfunction/failure. Iron chelating agents are utilized to reduce iron overload, as they form a complex with iron, leading to its clearance. Iron chelation has been proven to decrease organ dysfunction and improve survival in certain transfusion-dependent anemias, such as beta-thalassemia. Several chelating agents have been approved by the United States Food and Drug Administration for the treatment of iron overload, including deferoxamine, deferiprone, and deferasirox. A variety of factors have to be considered when choosing an iron chelator, including dosing schedule, route of administration, tolerability, and side effect profile. Deferasirox is an orally administered iron chelator with proven efficacy and safety in multiple hematological disorders. There are two formulations of deferasirox, a tablet for suspension, and a new tablet form. This paper is intended to provide an overview of iron overload, with a focus on deferasirox, and its recently approved formulation Jadenu((R)) for the reduction of transfusional iron overload in hematological disorders.

FAU - Chalmers, Anna W

AU - Chalmers AW



PMID- 26929633

OWN - NLM

STAT- PubMed-not-MEDLINE

DA - 20160301

DCOM- 20160301

IS - 1176-6336 (Print)

IS - 1176-6336 (Linking)

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FAU - Chalmers, Anna W

AU - Chalmers AW



# What and How?

---

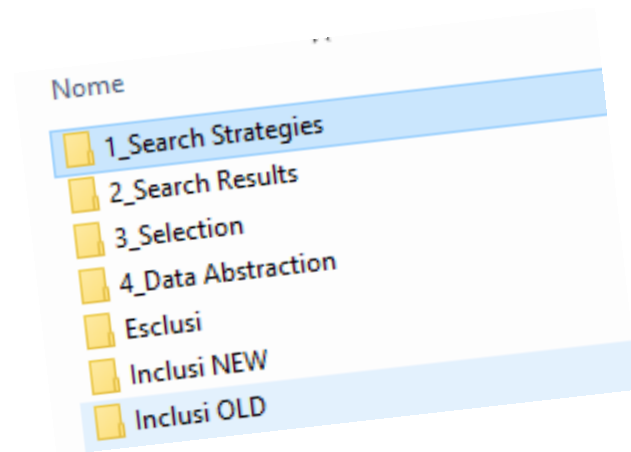


# Conducting

---

## Document

the selection process in sufficient detail to complete a PRISMA flow chart



Conducting

Reporting

# Included or excluded?

---

## Was a list of studies (included and excluded) provided?

- A list of included and excluded studies should be provided.
- Provide justification for each exclusion.

AMSTAR - A measurement tool for the 'assessment of multiple systematic reviews'

# Duplicate selection

---

## **Was there duplicate study selection?**

There should be at least two independent data extractors and a consensus procedure for disagreements should be in place

AMSTAR - A measurement tool for the 'assessment of multiple systematic reviews'

Conducting

Reporting

# In pratica..

---

## 1. Ottenere una unica lista di referenze

- I risultati della ricerca di ogni database vanno importati su un programma di gestione delle referenze (endnote, excel)
- Eliminare i doppioni (stesso articolo indicizzato su più di una banca dati e quindi trovato più volte)

# In pratica..

---

## **1. Ottenere una unica lista di referenze**

- I risultati della ricerca di ogni database vanno importati su un programma di gestione delle referenze (endnote, excel)
- Eliminare i doppi (stesso articolo indicizzato su più di una banca dati e quindi trovato più volte)

## **2. Selezionare gli articoli potenzialmente rilevanti da acquisire in full text**

- Scriversi su un foglio i criteri di inclusione sotto forma di PICOS
- Valutare ogni titolo e abstract rispetto al PICOS

### 3. Obiettivo è non perdere nulla

- Fare il lavoro in due in modo indipendente
- In caso di dubbio, disaccordo o mancanza di abstract il titolo si seleziona lo stesso



### **3. Obiettivo è non perdere nulla**

- Fare il lavoro in due in modo indipendente
- In caso di dubbio, disaccordo o mancanza di abstract il titolo si seleziona lo stesso

### **4. Procurarsi i full text**

### **3. Obiettivo è non perdere nulla**

- Fare il lavoro in due in modo indipendente
- In caso di dubbio, disaccordo o mancanza di abstract il titolo si seleziona lo stesso

### **4. Procurarsi i full text**

### **5. Rivalutare ogni articolo leggendo il full text rispetto al PICOS**

- Fare il lavoro in due in modo indipendente
- Confrontarsi sui risultati
- In questa fase vanno presi solo gli articoli realmente pertinenti  
In caso di differenze:
  - Risolvere il disaccordo tramite discussione
  - Rivolgersi a terzo revisore

## 6. Fare lista di studi esclusi

- Indicare ragione dell'esclusione sempre in base al PICOS
- Es: studi esclusi perché partecipanti non nei criteri di inclusione, intervento non nei criteri di inclusione, disegno di studio non nei criteri di inclusione
- Questo lavoro va fatto solo sui full text, non per gli studi esclusi sulla base dell' abstract

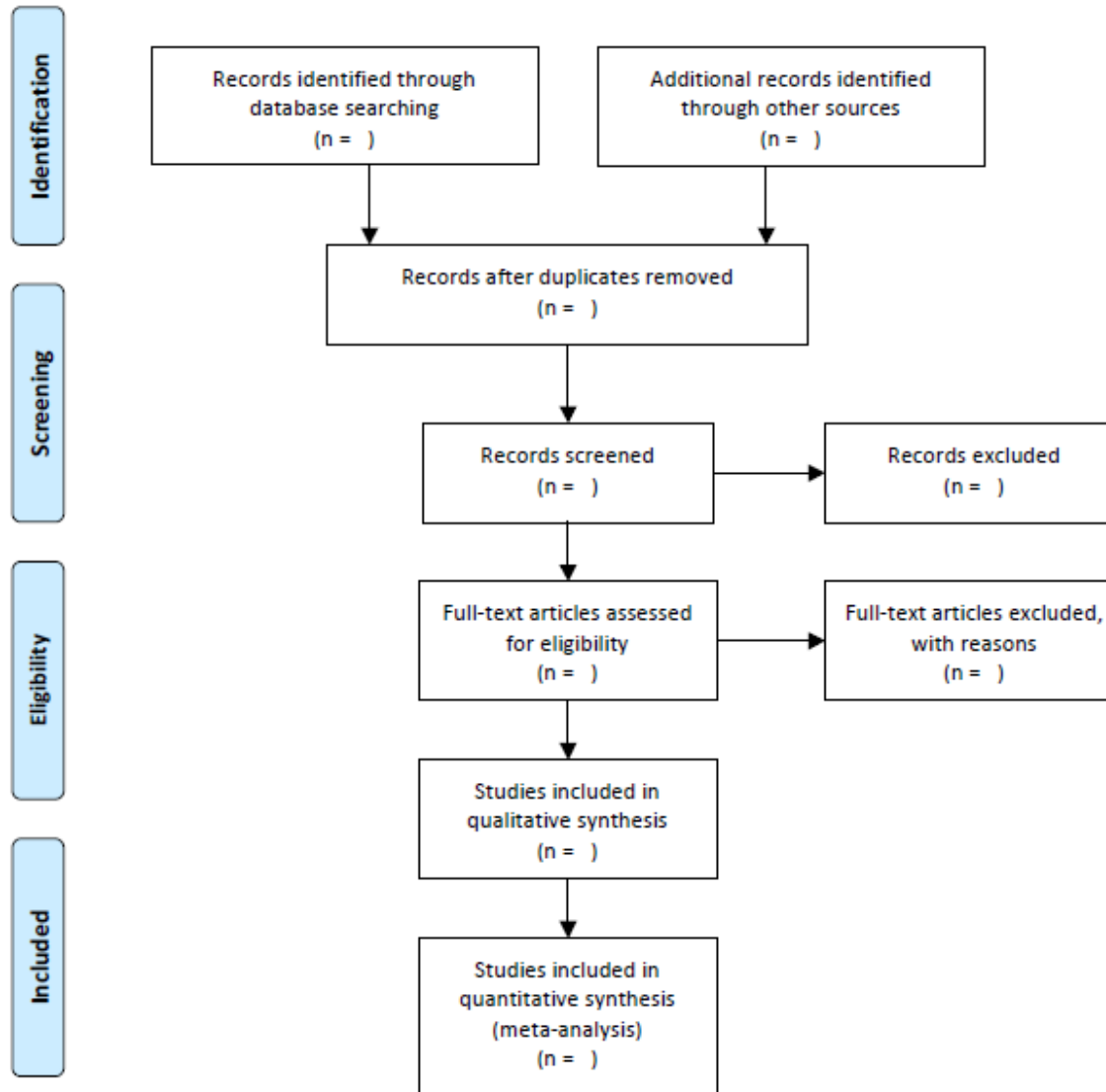
## 6. Fare lista di studi esclusi

- Indicare ragione dell'esclusione sempre in base al PICOS
- Es: studi esclusi perché partecipanti non nei criteri di inclusione, intervento non nei criteri di inclusione, disegno di studio non nei criteri di inclusione
- Questo lavoro va fatto solo sui full text, non per gli studi esclusi sulla base dell' abstract

## 7. Fare lista finali di studi inclusi

- Se presenti più record di un articolo tenerli per eventuali dati  
Es: diversi periodi di follow up, analisi di sottogruppi; doppie pubblicazioni (stesso studio pubblicato più volte su riviste diverse con titolo diverso e/o diverso ordine degli autori)

## 8. Fare flow chart ( es: PRISMA)



Conducting

Reporting

# Reporting

---

**METHOD SECTION**

**RESULTS SECTION**

Conducting


Reporting

# Method section

---

## Search methods for identification of studies

We searched the Cochrane Central Register of Controlled Trials (Issue 3, 2004) and these electronic databases: MEDLINE and EMBASE (up to October 2004), PsychInfo and CINAHL (1999 to October 2004). We conducted citation searches, screened cited references of exercise reviews and contacted content experts for additional trials. We did not restrict the searches or inclusion criteria to any specific language (see Appendix 1; Appendix 2 for full strategy).



**Riportate per esteso per  
permettere  
RIPRODUCIBILITA' e  
UPDATE**

**Salvare le strategie di  
ricerca per poter includerle  
nella review**

Hyden et al. 2011

Conducting

Reporting

# Appendix

---

## Appendix I. CENTRAL search strategy

1. #1 MeSH descriptor Back explode all trees
2. #2 MeSH descriptor Buttocks, this term only
3. #3 MeSH descriptor Leg, this term only
4. #4 MeSH descriptor Back Pain explode tree 1
5. #5 MeSH descriptor Back Injuries explode all trees
6. #6 MeSH descriptor Low Back Pain, this term only
7. #7 MeSH descriptor Sciatica, this term only
8. #8 (low next back next pain)
9. #9 (lbp)
10. #10 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9)
11. #11 MeSH descriptor Musculoskeletal Manipulations explode all trees
12. #12 MeSH descriptor Chiropractic explode all trees
13. #13 manip\*
14. #14 MeSH descriptor Osteopathic Medicine explode all trees
15. #15 osteopath\*
16. #16 chiropract\*
17. #17 (#11 OR #12 OR #13 OR #14 OR #15 OR #16)
18. #18 (#17 AND #10)
19. #19 (#18)

**RIPRODUCIBILITA'  
e UPDATE**



# Update della strategia di ricerca

---

- La ricerca bibliografica è il primo processo da eseguire dopo aver scritto il protocollo
- È probabile che quando si sottomette la review per la pubblicazione la ricerca sia «vecchia»
- Le riviste sono più interessate a studi aggiornati...

**Rerun or update searches for all relevant databases within 12 months before publication of the review or review update, and screen the results for potentially eligible studies.**

**Mandatory**

**Incorporate fully any studies identified in the rerun or update of the search within 12 months before publication of the review or review update.**

**Highly desirable**

# Method section

---

## Study selection

- State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis)
- How many people are involved
- Did they work independently?
- Describe how disagreements were handled

# ..in the text

---

## Selecting trials for inclusion:

All the citations identified by the above searches were downloaded into a reference manager database. Two authors (ES and RYN), non-blinded to authors and publication journals, independently screened for inclusion, using the pre-specified criteria. If it was clear from the abstract that the study did not meet the selection criteria, it was excluded. If it was unclear from the abstract whether the study met the selection criteria, the full paper was retrieved. Two authors (MAK and SAMH), using the same selection criteria used for the abstract screening, read the full paper and made final selection decisions. Any discrepancies were resolved by discussion, followed, if necessary, by a third reviewer (RYN) if disagreement persisted.

For studies that were excluded following review of the full text, reasons for exclusion were detailed in the Characteristics of Excluded Studies table, with a summary provided in the text of the review.

# Results section

---

## Study selection

- Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram

## Studies awaiting classification

- List the characteristics of any studies that have been identified as potentially eligible but have not been incorporated into the review - Studies about which an inclusion or exclusion decision cannot be made because sufficient information is not currently available.

# ..in the text

---



## Good quality of reporting

We identified 5220 reports from the electronic search of the databases. See [Figure 1](#) for a summary of the process for identifying trials for inclusion. We identified 33 reports by checking the reference lists of relevant reviews and through communication with experts in the tobacco control and depression field. After screening, we reviewed the full text of 106 trials that were considered potentially eligible. Of these, 45 trials were excluded after reviewing the full text (see Characteristics of excluded studies). Four studies were ongoing and the outcomes are expected in 2013 to 2014 (see Characteristics of ongoing studies). Eight studies are awaiting classification. We asked the authors for additional data, which they have not yet supplied (see Characteristics of studies awaiting classification).

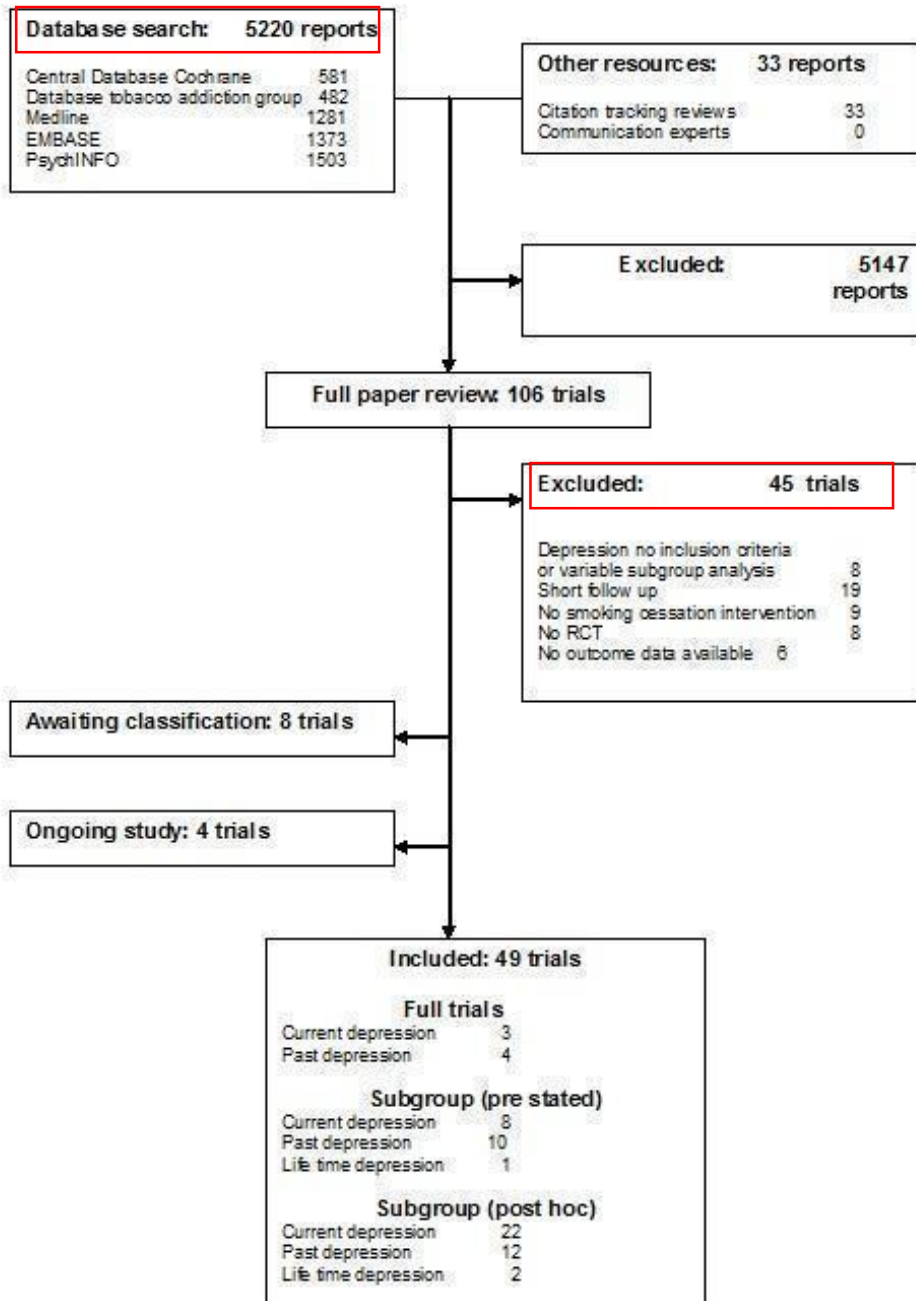
(Van der Meer RM 2013 Rev Cochrane Database)



## Poor quality of reporting

We identified and included 21 reports of 7 trials with a total of 260 participants. (Tsoi 2010)

# ..in the text



(Van der Meer RM 2013 Rev Cochrane Database)

Conducting

Reporting