



PUBMED

Istruzioni per l'uso

*«We cannot change the past, but you can change the future»
(Pat Patfoort)*

**Alessandro Battaggia e
Andrea Stimamiglio**

SIMG nazionale – Area Critical Appraisal

Angiotensin II receptor blockers and myocardial infarction: deeds and misdeeds

Massimo Volpe^a, Giuseppe Mancia^b and Bruno Trimarco^c

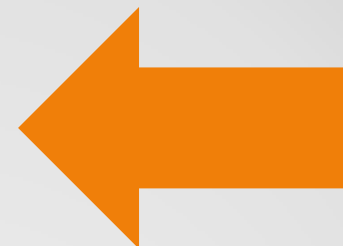
Journal of Hypertension 2005, 23:2113–2118

Methods

Data searching and selection

We reviewed the medical literature to identify all major, randomized, controlled, multicentre, morbidity and mortality clinical trials, evaluating the efficacy of ARBs in patients at risk for fatal and non-fatal myocardial infarction, both as part of the primary end point or as a secondary end point. Only the studies including selected data on myocardial infarction as an end point or a pre-specified event were considered for further analysis.

A computerized literature search was carried out using the Pub-Med database up to March 2005. According to these criteria, a total of 11 trials were included in the meta-analysis [12–22]. The Angiotensin II Receptor Blocker Valsartan in Congestive Heart Failure Trial (Val-HeFT) [23] was not included because selected



NO!

Pubmed e MedLine sono la stessa cosa?

- Medline è il database
- Pubmed è un servizio di accesso

- Non è una banca dati di articoli scientifici!
- E' una banca dati di citazioni bibliografiche
- Ogni citazione è un 'record' = unità informativa del database

Cosa contiene MedLine?

Medline

- è il più grande database di dati biomedici (21.000.000 citazioni al 2012)
- è gestito dalla National Library of Medicine (NLM)

Pubmed

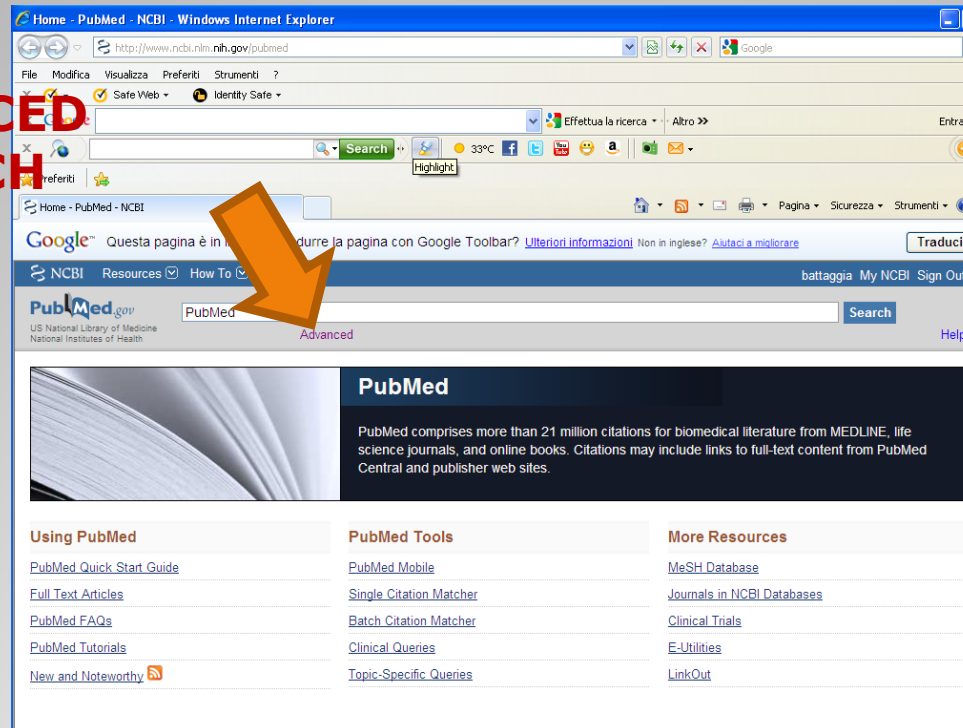
- è un servizio di accesso a Medline (non è l' unico)
- è fornito gratuitamente da NLM
- utilizza il potentissimo software Entrez

National Library of Medicine

- è la più grande tra le organizzazioni che gestiscono database biomedici
- da oltre cent' anni pubblica l' Index Medicus
- Dal 1956 è un Ente del Public Health Service USA
- All' inizio degli anni 60 iniziò il progetto MedLars, ossia la progressiva digitalizzazione delle informazioni contenute in Index Medicus
- Il 18 ottobre 1971 nacque il servizio MEDlars on Line (MEDLINE®)

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

**ADVANCED
SEARCH**



Home page

Andiamo a vedere un RECORD

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PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed coronary disease[MH] Search

RSS Save search Advanced Help

Display Settings: ☒ Summary, 20 per page, Sorted by Recently Added

Format	Items per page	Sort by
☒ Summary	☐ 5	☒ Recently Added
☐ Summary (text)	☐ 10	☐ Pub Date
☐ Abstract	☒ 20	☐ First Author
☐ Abstract (text)	☐ 50	☐ Last Author
☐ MEDLINE	☐ 100	☐ Journal
☐ XML	☐ 200	☐ Title
☐ PMID List		

Apply

Lanciata una ricerca qualsiasi , cambiate il formato dell' output attraverso il menù DISPLAY SETTING

CAMPI

titolo

pagina iniziale

autore

lingua

indirizzo

Publication type

MeSH Terms

```
PMID- 22642052
OWN - NLM
STAT- MEDLINE
DA - 2012 Apr 25
DCOM- 2012 Apr 25
IS - 0023-7205 (Print)
IS - 0023-7205 (Electronic)
VI - 109
IP - 17-18
DP - 2012 Apr 25
TI - [Who can ...]
PG - 861
AD - Beroende Centrum, Stockholm. sven.wahlin@sl1.se
FAU - Wahlin, Sven
AU - Wahlin S
LA - swe
PT - Journal Article
TT - Vem kan man lita p
PL - Sweden
TA - Lakartidningen
JT - Lakartidningen
JID - 0027707
RN - 64-17-5 (Ethanol)
SB - IM
MH - *Alcohol Drinking
MH - Coronary Disease/*pr
MH - Ethanol
MH - Humans
EDAT- 2012/05/31 06:00
MHDA- 2012/06/21 06:00
CRDT- 2012/05/31 06:00
PST - ppublish
SO - Lakartidningen. 2012 Apr 25-May 8;109(17-18):861.
```

= insieme omogeneo di informazioni destinate a recuperare il record

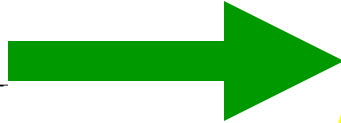
Chi attribuisce i campi ai record?

i passaggi



ricercatore

JOURNAL



**ORGANIZZA
ZIONE
CHE GESTI-
SCE IL DATA
BASE**



**Base
di dati**



utente

**FORNITORE
(rende i dati
disponibili)**



**Ora vediamo di entrare un po in
dettaglio..**



Record utili trovati

Record utili esistenti
in MedLine

?

Sensibilità della ricerca



Record utili trovati

Record trovati

Precisione della ricerca

	vantaggi	svantaggi
Sensibilità	Fa trovare tutto (ricerca completa)	Fa trovare anche record inutili (aumenta il rumore di fondo)
Precisione	Riduce il numero di record inutili (riduce il rumore di fondo)	Non fa trovare record utili (ricerca incompleta)

Sensibilità o precisione?

Antihypertensive Efficacy of Hydrochlorothiazide as Evaluated by Ambulatory Blood Pressure Monitoring

A Meta-Analysis of Randomized Trials

Franz H. Messerli, MD,* Harikrishna Makani, MD,* Alexandre Benjo, MD,* Jorge Romero, MD,*
Carlos Alviar, MD,* Sripal Bangalore, MD, MHA†
New York, New York

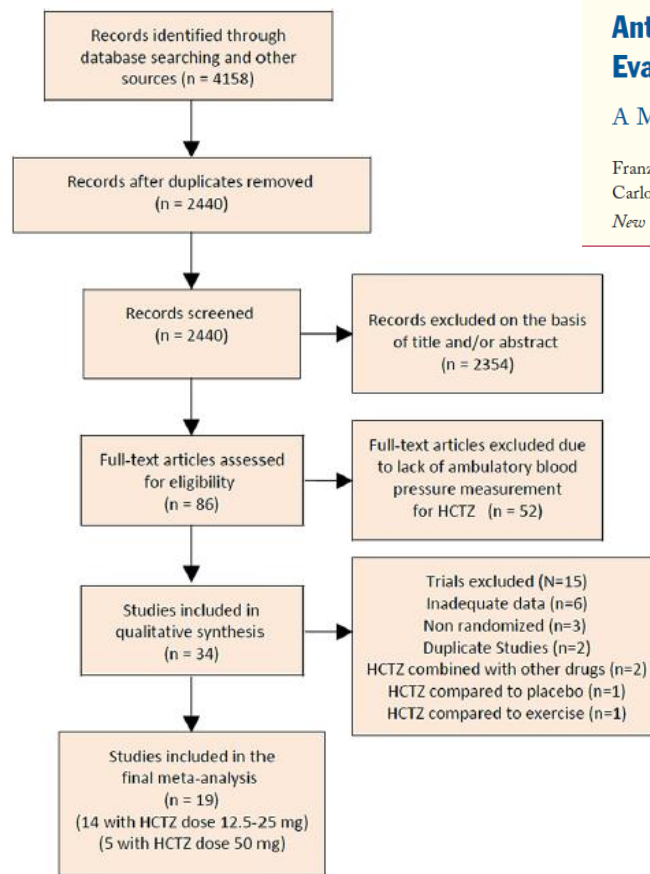


Figure 1 Selection of Studies

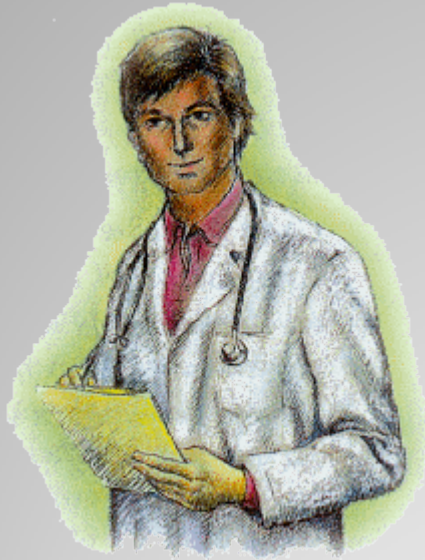
HCTZ = hydrochlorothiazide.

19 utili

4158 trovati

Precisione=0.4%

Un metanalista deve fare ricerche SENSIBILI



10 utili

20 trovati

Precisione=50 %

A un clinico interessano ricerche PRECISE

I paletti per una ricerca ben fatta..



*se non sai dove andare non vai da nessuna parte:
metti la tua query per iscritto*

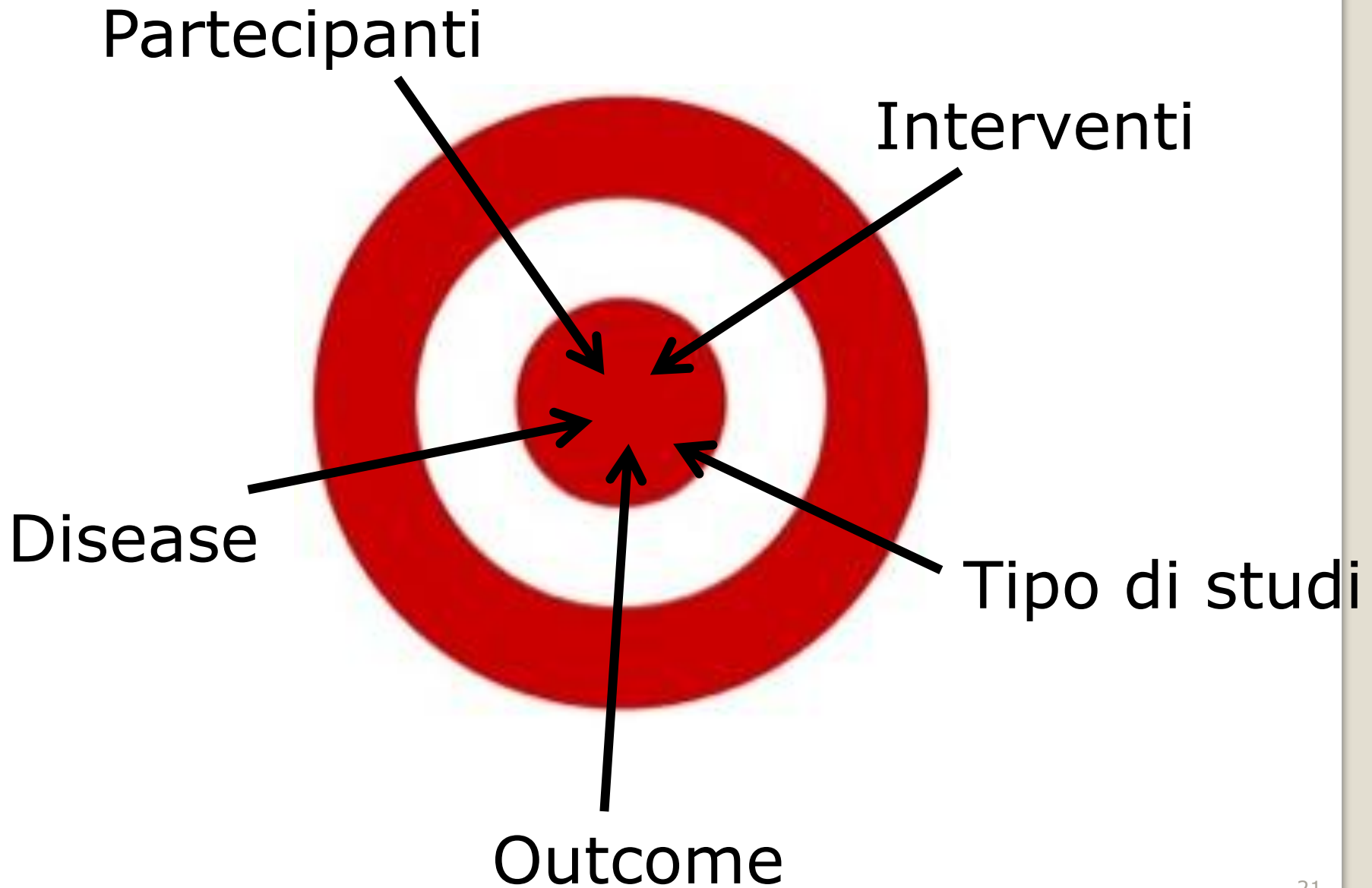
Regola numero 1

Formula la query

Scrivi in italiano (su carta!) come imposteresti una ricerca Bibliografica sulla

.....TERAPIA DELL' IPERCOLESTEROLEMIA

Esercizio 1



Interventi

Dieta?

Terapia farmacologica?

Outcome

*Abbassamento del colesterolo
plasmatico?*

Mortalità generale?

Incidenza di Infarto?

***Terapia dell' iperco-
lesterolemia***

Tipo di studi

Studi osservazionali?

Studi RCT?

Metanalisi?

Partecipanti

Uomini? Donne?

Giovani? Anziani?

Non farlo
mai!



Gli errori più comuni

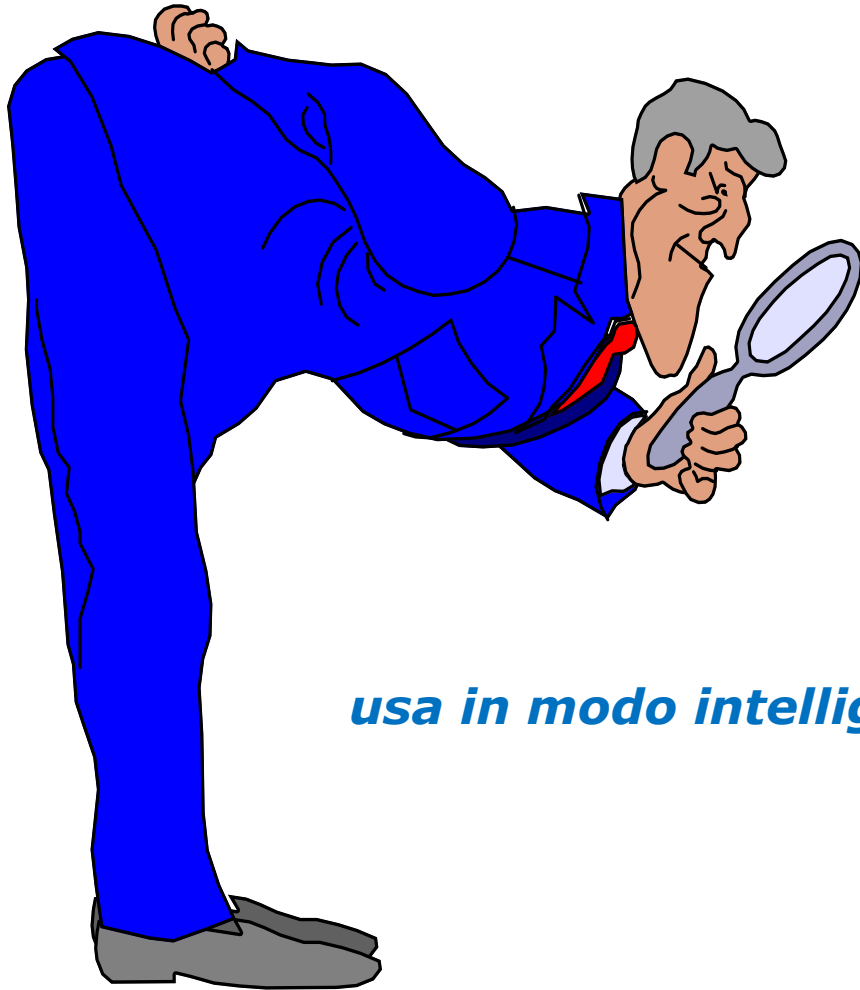
✓ **lanciare la ricerca senza specificare la strategia**

cholesterol → enter

✓ **lanciare complicate sintassi fin dall' inizio**

cholesterol therapy AND elderly AND mortality AND..ecc

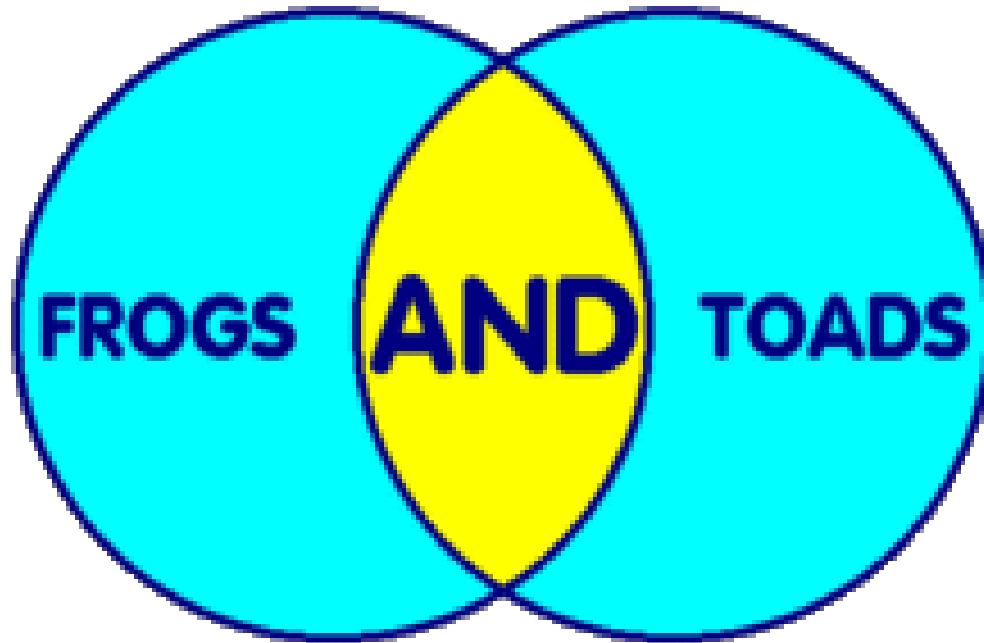
✓ **Utilizzare in modo indiscriminato AND**



usa in modo intelligente gli operatori booleani

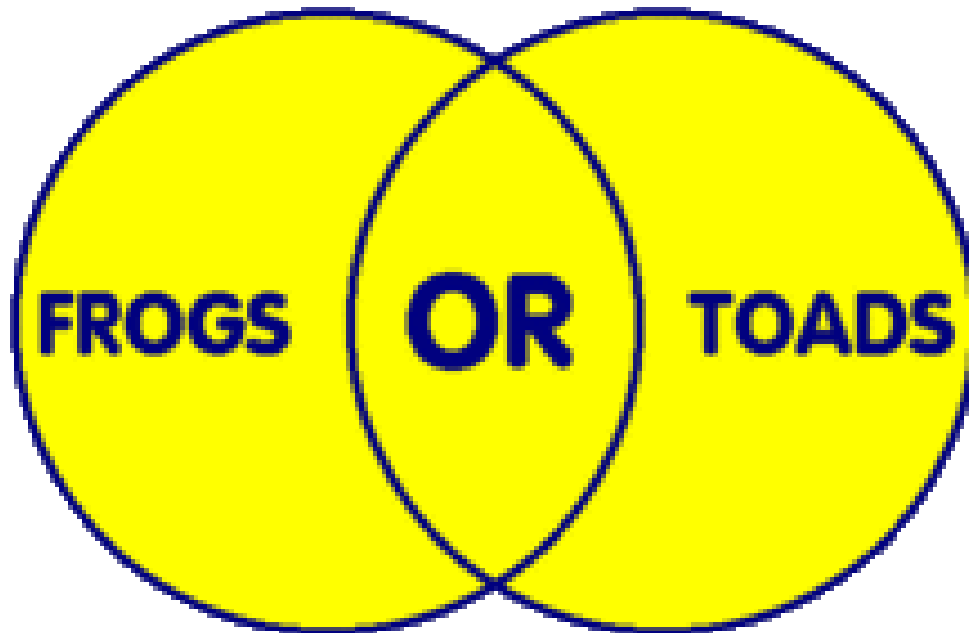
Regola numero 2

AND RESTRINGE LA RICERCA



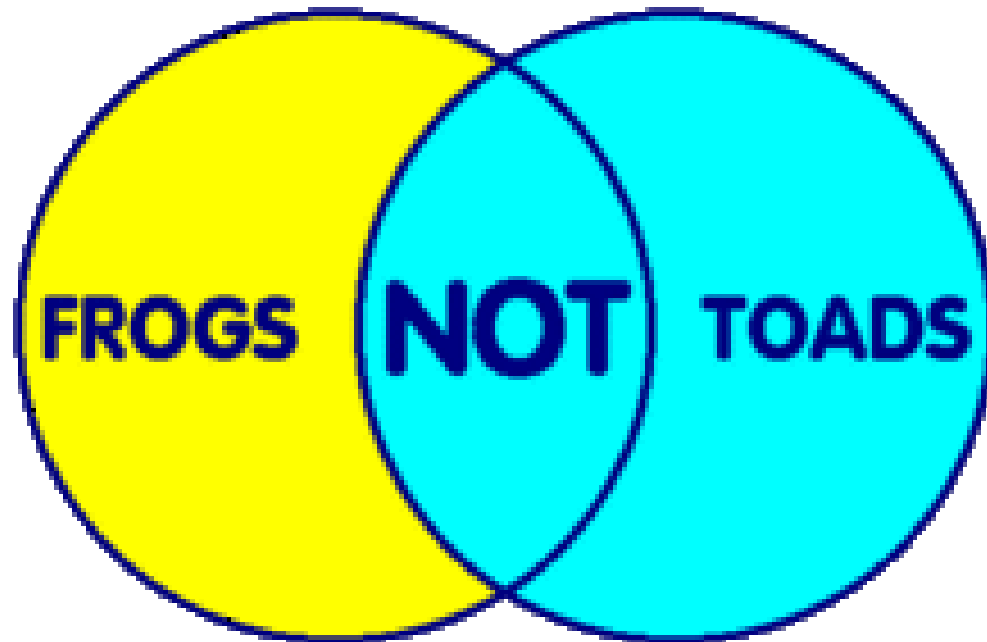
➤ Aumenta la precisione

OR ESPANDE LA RICERCA



➤ Aumenta la sensibilità

NOT ESCLUDE TERMINI



➤ Aumenta la precisione

usa bene gli operatori

accorpa questi due vocaboli cercandoli nel titolo dei record

heart
disease

CON AND

CON OR

CON NOT

..e commenta i risultati

Esercizio 2

History

[Clear history](#)

Search	Add to builder	Query	Items found	Time
#3	Add	Search heart[ti] NOT disease[ti]	173247	04:37:24
#2	Add	Search heart[ti] OR disease[ti]	771687	04:36:56
#1	Add	Search heart[ti] AND disease[ti]	47593	04:36:30

Accesso 25/06/2012



*prima costruisci semplici ricerche su ciascun
elemento della query*

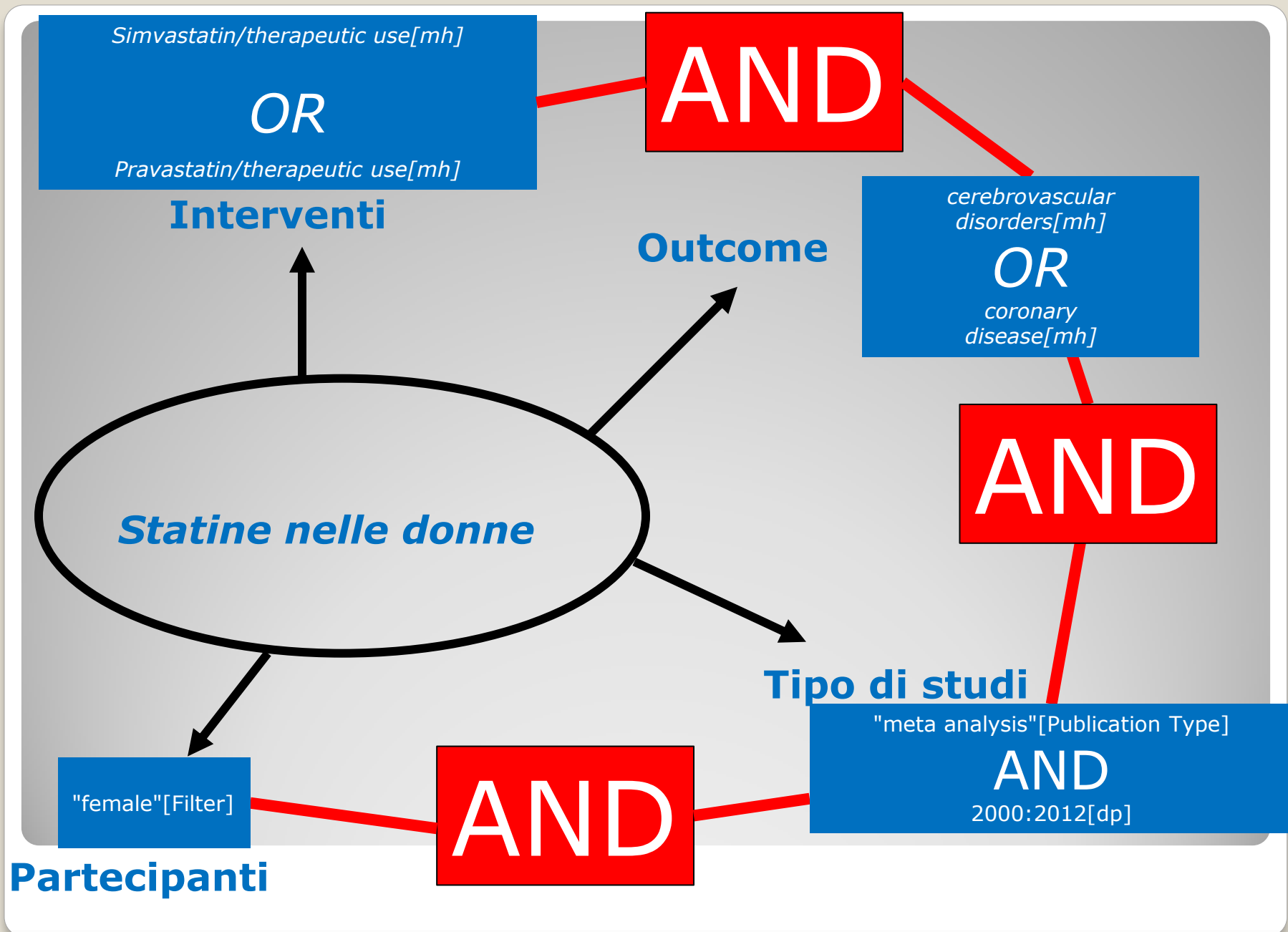
poi solo alla fine

accorpale tutte con AND

Regola numero 3

query corretta

Ricerca di Metanalisi pubblicate dal 2000 al 2012 (tipo di studi) sugli effetti sulla morbidità coronarica e cerebrovascolare (outcome1 e 2) del trattamento con simvastatina o pravastatina (intervento 1 e 2) nei pazienti di sesso femminile (partecipanti)



FATE RICERCE SEMPLICI E ACCORPATELE CON AND SOLO ALLA FINE!!

PubMed Advanced Search Builder

You Tube Tutorial

Use the builder below to create a search

[Edit](#)

[Clear](#)

Builder

All Fields

AND

All Fields

[Search](#) or [Add to history](#)

[Show index list](#)

[Show index list](#)

History

Search	Add to builder	Query	Count	Time
#25	Add	Search #21 AND #22 AND #23 AND #24		05:17:28
		Search "female"[Filter]	5911736	05:16:37
		Search "simvastatin/therapeutic use"[MeSH Terms] OR "pravastatin/therapeutic use"[MeSH Terms]	4509	05:16:10
		Search "cerebrovascular disorders"[MeSH Terms] OR coronary disease[MeSH Terms]	410465	05:15:40
		Search "meta analysis"[Publication Type] AND 2000:2012[dp]	28406	05:15:12

Partecipanti
AND
Interventi
AND
Outcome
AND
Tipo di studi

Partecipanti

Interventi

Outcome

Tipo di studi

Cliccate su EDIT

PubMed Advanced Search Builder

Use the builder below to create your search

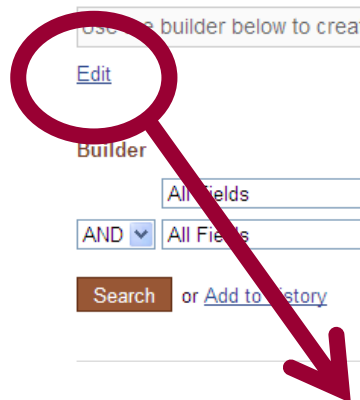
[Edit](#) [Clear](#)

Builder

All Fields [Show index list](#)

AND All Fields [Show index list](#)

or [Add to history](#)



PubMed Advanced Search Builder

YouTube Tutorial

DIGITATE LA SINGOLA RICERCA IN QUESTA MASCHERA, CHE SI APRE CLICCANDO SU EDIT
E POI MEMORIZZATELA IN ADD TO HISTORY

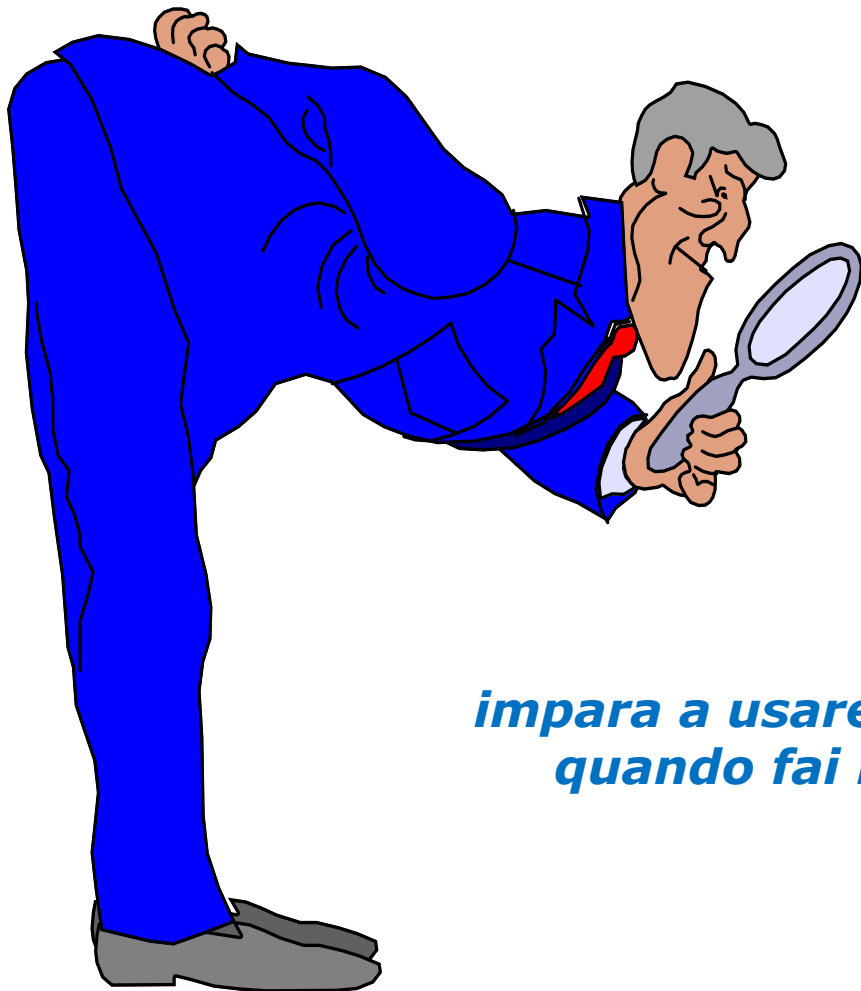
[Cancel](#)

[Clear](#)

or [Add to history](#)



Partite dalla pagina ADVANCED SEARCH



*impara a usare correttamente i CAMPI
quando fai ricerche in 'free-text'*

Regola numero 4

- I PRINCIPALI FIELDS (CAMPI) DI MEDLINE -

FIELDS		Informazioni ricavabili	Dettagli operativi
[ad]	Affiliation	Ente di appartenenza e indirizzo del primo autore; tipo di attività svolta nell'ente (es: clinic[ad]); identificazione di contratti e di borse di studio	
[all]	All Fields	Tutti i campi; è il campo di default	Digitare un vocabolo seguito da [all] con la sintassi: vocabolo [all] equivale a una ricerca in Automatic Term Mapping (vedi); in questo caso Pubmed esegue la ricerca [All Fields] solo per i vocaboli che non riesce ad associare a vocaboli affini trovati nelle quattro tabelle della ricerca in Automatic Term Mapping (vedi ricerca automatica) Se invece il vocabolo viene digitato tra virgolette con la sintassi: "vocabolo" [all] Pubmed ricerca la parola come textword in tutti i campi del database
[au]	Author	Nomi degli autori	Il formato necessario per questa ricerca è cognome_prima lettera del primo nome/prima lettera del secondo nome [au] (es: Smith AB[au]). Attenzione ai nomi di battesimo unici: se ad esempio si desidera cercare Smith Albert e si digita Smith A[au] il programma restituisce tutti gli Smith con il primo nome che inizia per A quindi: Smith A, Smith AA, Smith AB, Smith AC ecc: per forzare la ricerca al solo nome Smith A occorre digitare "Smith A"[au]
[dp]	Publication Date	Data di pubblicazione di un articolo	Formato di una data: aaaa/mm/gg; mese e giorno sono facoltativi. Per identificare un range utilizzare due date unite da (:) (esempio 1984:2002). E' consigliabile cercare solo per anno, dato che sono molto diversi i modi con cui le varie riviste identificano la data (alcune usano anche le stagioni)
[edat]	Entrez Date	Data di inserimento della pubblicazione (record) nel database. Questo campo è stato aggiunto al database nel 1997.	Inserire la data nel formato: aaaa/mm/gg; mese e giorno sono facoltativi. Per identificare un range di anni utilizzare due date unite da (:) esempio: 1984:2002.
[ip]	Issue	Numero della rivista in cui è stato pubblicato l'articolo	
[la]	Language	Lingua in cui è scritto l'articolo	Il formato per può essere: lingua[la] oppure primetrelletteredellalingua[la] (es: Chinese[la] o chi[la]). L'unica eccezione a questa regola è il giapponese che si identifica attraverso jpn [la]. Attenzione: l'abstract è in inglese anche per articoli non scritti in inglese

Nella dispensina troverete i principali campi utilizzati per indicizzare i record

Esercitati sui Campi

Cerca la parola heart in questi campi

- *titolo*
- *titolo ed abstract*
- *indirizzo*
- *autore*
- *rivista*

Esercizio 3



Aging, metabolic syndrome and the heart.

1. Veronica G, Esther RR.

Aging Dis. 2012 Jun;3(3):269-79. Epub 2012 Mar 13.

PMID: 22724085 [PubMed - in process]

[Related citations](#)

Heart[ti]

Physiological Responses and Physical Performance during Football in the Heat.

Mohr M, Nybo L, Grantham J, Racinais S.

Sport and Health Sciences, College of Life and Environmental Sciences, St. Lukes Campus, University of Exeter, Exeter, United Kingdom.

Abstract

PURPOSE: To examine the impact of hot ambient conditions on physical performance and physiological responses during football match-play.

METHODS: Two experimental games were completed in temperate ($\approx 21^{\circ}\text{C}$; CON) and hot ambient conditions ($\approx 43^{\circ}\text{C}$; HOT). Physical performance was assessed by match analysis in 17 male elite players during the games and a repeated sprint test was conducted after the two game trials. Core and muscle temperature were measured and blood samples were obtained, before and after the games.

RESULTS: Muscle and core temperatures were $\approx 1^{\circ}\text{C}$ higher ($P < 0.05$) in HOT (40.3 ± 0.1 and $39.5 \pm 0.1^{\circ}\text{C}$, respectively) compared to CON (39.2 ± 0.1 and $38.3 \pm 0.1^{\circ}\text{C}$). Average heart rate, plasma lactate concentration, body weight loss as well as post-game sprint performance were similar between the two conditions. Total game distance declined ($P < 0.05$) by 7% and high intensity running ($> 14 \text{ km} \cdot \text{h}^{-1}$) by 26% in HOT compared to CON, but peak sprint speed was 4% higher ($P < 0.05$) in HOT than in CON, while there were no differences in the quantity or length of sprints ($> 24 \text{ km} \cdot \text{h}^{-1}$) between CON and HOT. In HOT, success rates for passes and crosses were 8 and 9% higher ($P < 0.05$), respectively, compared to CON. Delta increase in core temperature and absolute core temperature in HOT were correlated to total game distance in the heat ($r = 0.85$ and $r = 0.53$, respectively; $P < 0.05$), whereas, total and high intensity distance deficit between CON and HOT were not correlated to absolute or delta changes in muscle or core temperature.

CONCLUSION: Total game distance and especially high intensity running were lower during a football game in the heat, but these changes were not directly related to the absolute or relative changes in core or muscle temperature. However, peak sprinting speed and execution of successful passes and crosses were improved in the HOT condition.

Heart[tiab]

PMID- 22724005
OWN - NLM
STAT- In-Data-Review
DA - 20120622
IS - 1932-6203 (Electronic)
IS - 1932-6203 (Linking)
VI - 7
IP - 6
DP - 2012
TI - Human Umbilical Cord Blood-Derived CD34(+) Cells Reverse Osteoporosis in NOD/SCID Mice by Altering Osteoblastic and Osteoclastic Activities.
PG - e39365
AB - BACKGROUND: Osteoporosis is a bone disorder associated with loss of bone mineral density and micro architecture. A balance of osteoblasts and osteoclasts activities maintains bone homeostasis. Increased bone loss due to increased osteoclast and decreased osteoblast activities is considered as an underlying cause of osteoporosis. METHODS AND FINDINGS: The cures for osteoporosis are limited, consequently the potential of CD34+ cell therapies is currently being considered. We developed a nanofiber-based expansion technology to obtain adequate numbers of CD34(+) cells isolated from human umbilical cord blood, for therapeutic applications. Herein, we show that CD34(+) cells could be differentiated into osteoblastic lineage, in vitro. Systemically delivered CD34(+) cells home to the bone marrow and significantly improve bone deposition, bone mineral density and bone micro-architecture in osteoporotic mice. The elevated levels of osteocalcin, IL-10, GM-CSF, and decreased levels of MCP-1 in serum parallel the improvements in bone micro-architecture. Furthermore, CD34(+) cells improved osteoblast activity and concurrently impaired osteoclast differentiation, maturation and functionality. CONCLUSIONS: These findings demonstrate a novel approach utilizing nanofiber-expanded CD34(+) cells as a therapeutic application for the treatment of osteoporosis.
AD - Cardiovascular Stem Cell Research Laboratory, David Heart and Lung Research Institute, The Ohio State University Medical Center, Columbus, Ohio, United States of America.
FAU - Aggarwal, Reeva
AU - Aggarwal R
FAU - Lu, Jingwei
AU - Lu J
FAU - Kanji, Suman
AU - Kanji S
FAU - Joseph, Matthew
AU - Joseph M
FAU - Das, Manjusri
AU - Das M

Heart[ad]

☐ [NAD kinase \(NADK\) regulates the size of NADPH pool and insulin secretion in pancreatic beta cells.](#)

1. Gray JP, Alavian KN, Jonas EA, **Heart** EA.
Am J Physiol Endocrinol Metab. 2012 May 1. [Epub ahead of print]
PMID: 22550069 [PubMed - as supplied by publisher]
[Related citations](#)

Heart[au]

- ☐ [Identification of a strong genetic background for progressive cardiac conduction defect by epidemiological approach.](#)
- 2. [epidemiological approach.](#)
Gourraud JB, Kyndt F, Fouchard S, Rendu E, Jaafar P, Gully C, Gacem K, Dupuis JM, Longueville A, Baron E, Karakachoff M, Cebron JP, Chatel S, Schott JJ, Le Marec H, Probst V.
Heart. 2012 Jun 19. [Epub ahead of print]
PMID: 22717692 [PubMed - as supplied by publisher]
[Related citations](#)

Heart[ta]

trova questo record (I)

un collega ti riferisce che ha letto da qualche parte un articolo sulla terapia della ipercolesterolemia in cui la rosuvastatina viene confrontata con un altro farmaco in pazienti dislipidemici ad alto rischio di coronaropatia; si tratta di un RCT eseguito dall' università del Colorado

Esercizio 4

trova questo record (I)

rosuvastatin[ti]

un collega ti riferisce che ha letto da qualche parte un articolo sulla terapia della ipercolesterolemia in cui la rosuvastatina viene confrontata con un altro farmaco in pazienti dislipidemici ad alto rischio di coronaropatia; si tratta di un RCT eseguito dall' università del Colorado

randomized controlled trial[pt]

colorado[ad]

Esercizio 4

[Display Settings:](#) ☒ Abstract

[Send to:](#) ☐

[Am Heart J.](#) 2004 Jul;148(1):e4.

Efficacy and safety of rosuvastatin and atorvastatin in patients with hypercholesterolemia and a high risk of coronary heart disease: a randomized, controlled trial.

[Schwartz GG](#), [Bolognese MA](#), [Tremblay BP](#), [Caplan R](#), [Hutchinson H](#), [Raza A](#), [Cressman M](#).

University of Colorado, Denver VA Medical Center, Denver, Colo 80220, USA. Gregory.Schwartz@med.va.gov

Abstract

BACKGROUND: This double-blind, multicenter, randomized trial compared rosuvastatin and atorvastatin for reducing low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia and a high risk of coronary heart disease.

METHODS: After a 6-week dietary lead-in period, patients with LDL-C levels ≥ 160 and < 250 mg/dL and triglyceride levels < 400 mg/dL were randomly assigned to 24 weeks' treatment in 1 of 3 groups, each with forced dose titrations at 12 and 18 weeks. Starting and titrated doses for each group were rosuvastatin 5, 20, and 80 mg ($n = 127$); rosuvastatin 10, 40, and 80 mg ($n = 128$); and atorvastatin 10, 40, and 80 mg ($n = 128$).

RESULTS: At 24 weeks, LDL-C was reduced significantly more with 80 mg rosuvastatin (combined rosuvastatin group) than with atorvastatin 80 mg (60% vs 52% [$P < .001$]). At 12 weeks, rosuvastatin 5 and 10 mg reduced LDL-C significantly more than atorvastatin 10 mg (40% [$P < .01$], 47% [$P < .001$] vs 35%). At 18 weeks, LDL-C reductions were also significantly greater in both rosuvastatin groups than in the atorvastatin group (52% [$P < .01$], 59% [$P < .001$] vs 47%). Consequently, more patients receiving rosuvastatin achieved LDL-C goals. Total cholesterol, high-density lipoprotein cholesterol (HDL-C), non-HDL-C, apolipoproteins B and A-I, and all lipid ratios were more favorably modified by rosuvastatin at 24 weeks ($P < .01$). Effects of the 2 agents on triglycerides were similar.

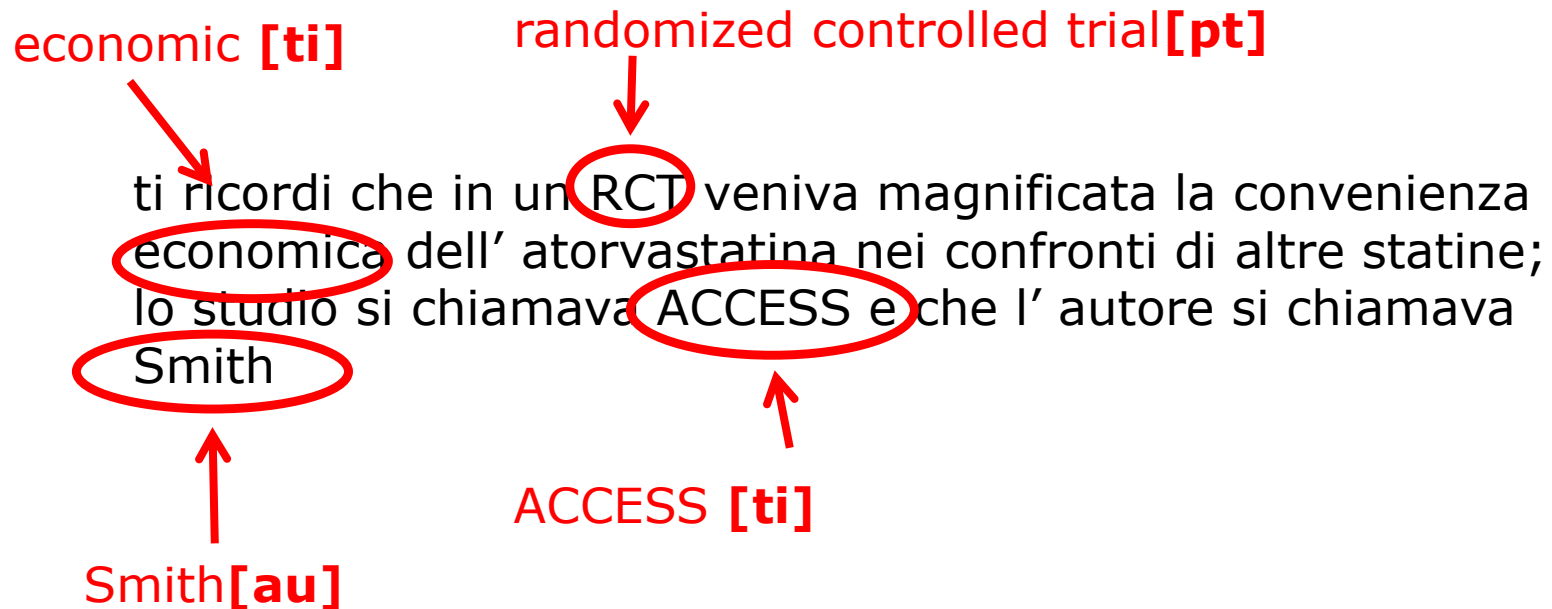
CONCLUSIONS: Rosuvastatin was more efficacious than atorvastatin in modifying lipids in patients with hypercholesterolemia and

trova questo record (II)

ti ricordi che in un RCT veniva magnificata la convenienza economica dell' atorvastatina nei confronti di altre statine; lo studio si chiamava ACCESS e che l' autore si chiamava Smith

Esercizio 5

trova questo record (II)



Esercizio 5

[Display Settings:](#) ☒ Abstract[Send to:](#) ☒[Pharmacoeconomics](#). 2003;21 Suppl 1:13-23.

An economic analysis of the Atorvastatin Comparative Cholesterol Efficacy and Safety Study (ACCESS).

[Smith DG](#), [McBurney CR](#).Department of Health Management and Policy, University of Michigan, Ann Arbor, Michigan 48109-2029, USA. deans@umich.edu

Abstract

INTRODUCTION: The objective of the Atorvastatin Comparative Cholesterol Efficacy and Safety Study (ACCESS) was to compare the efficacy and safety of the five 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors in a randomised, controlled, yet large-scale study. ACCESS also produced data that permitted comparative analysis of the cost to achieve National Cholesterol Education Panel (NCEP) II low density lipoprotein-cholesterol (LDL-C) targets.

STUDY DESIGN: A 54-week, multicentre, open-label, randomised, parallel-arm, active-control study in men and women with or without documented coronary heart disease or peripheral vascular disease. Data included medication use, clinic visits, adverse events, LDL-C and other laboratory measures. Analyses of resource use and cost are reported from a third-party payer perspective.

METHODS: Patients were randomly assigned to receive one of the following treatments: atorvastatin (10-80 mg/day); fluvastatin (20-40 mg/day, or 40 mg twice daily); lovastatin (20-40 mg/day, or 40 mg twice daily); pravastatin (10-40 mg/day); or simvastatin (10-40 mg/day). Patients were started at the lowest available dose and titrated to higher doses at 6-week intervals until they achieved the NCEP II LDL-C target or reached the highest available dose of medication.

PATIENTS: A total of 153 centres enrolled 3887 patients: atorvastatin (n = 1944); fluvastatin (n = 493); lovastatin (n = 494); pravastatin (n = 478); and simvastatin (n = 478). Inclusion criteria included LDL-C $\geq$ 30 mg/dL higher than NCEP II LDL-C target (stratified by risk factors), fasting triglyceride values $<$ 400 mg/dL, and a confirmed negative serum pregnancy test. Known hypersensitivity to statins, use of prohibited medications, uncontrolled diabetes, acute liver disease and age $>$ 80 years or $\leq$ 18

trova questo record (III)

hai visto ad un congresso una diapositiva in cui un inibitore dell' angiotensina II veniva sperimentato con successo in un RCT sull' ipertensione arteriosa; hai fatto in tempo solo ad annotarti l' autore (MacGregor) e la prima pagina dell' articolo (454)

Esercizio 6

trova questo record (III)

randomized controlled trial[pt]

hai visto ad un congresso una diapositiva in cui un
inibitore dell' angiotensina II veniva sperimentato con
successo in un RCT sull' ipertensione arteriosa; hai fatto in
tempo solo ad annotarti l' autore MacGregor e la prima
pagina dell' articolo 454

454[pg]

macgregor [au]

Esercizio 6

[Display Settings:](#) ▾ Abstract

[Send to:](#) ▾

[Hypertension](#), 2000 Sep;36(3):454-60.

Efficacy of candesartan cilexetil alone or in combination with amlodipine and hydrochlorothiazide in moderate-to-severe hypertension. UK and Israel Candesartan Investigators.

[MacGregor GA](#), [Viskoper JR](#), [Antonios TE](#), [He FJ](#).

Blood Pressure Unit, Department of Medicine, St. George's Hospital Medical School, London, UK.

Abstract

This multicenter study evaluated the efficacy of candesartan cilexetil, an angiotensin II type 1 receptor antagonist, used alone or in combination with amlodipine or in combination with amlodipine and hydrochlorothiazide in the treatment of patients with moderate-to-severe essential hypertension. After a 2-week, single-blind, placebo run-in period, patients entered a 12-week, open-label, dose-titration period. The candesartan cilexetil dose was increased from 8 to 16 mg once daily; amlodipine (5 mg once daily), hydrochlorothiazide (25 mg once daily), and additional medication were also added sequentially if necessary. Patients then entered a final 4-week, parallel-group, double-blind, randomized, placebo-controlled withdrawal period of candesartan alone. A total of 216 patients were recruited. After a 2-week run-in period on placebo tablets, mean sitting blood pressure (BP) was 175/108 mm Hg. At the end of the 12-week dose-titration/maintenance period, mean sitting BP fell to 141/88 mm Hg. In 67 patients who were randomized to placebo and had their candesartan withdrawn, there was a highly significant increase in mean systolic/diastolic BP (13/6 mm Hg) compared with those patients who continued with candesartan (ANCOVA, $P < 0.0001$). In conclusion, candesartan cilexetil is an effective BP-lowering drug when used alone or in combination with amlodipine or amlodipine plus hydrochlorothiazide in the treatment of moderate-to-severe essential hypertension. The drug was well tolerated throughout the investigation period.

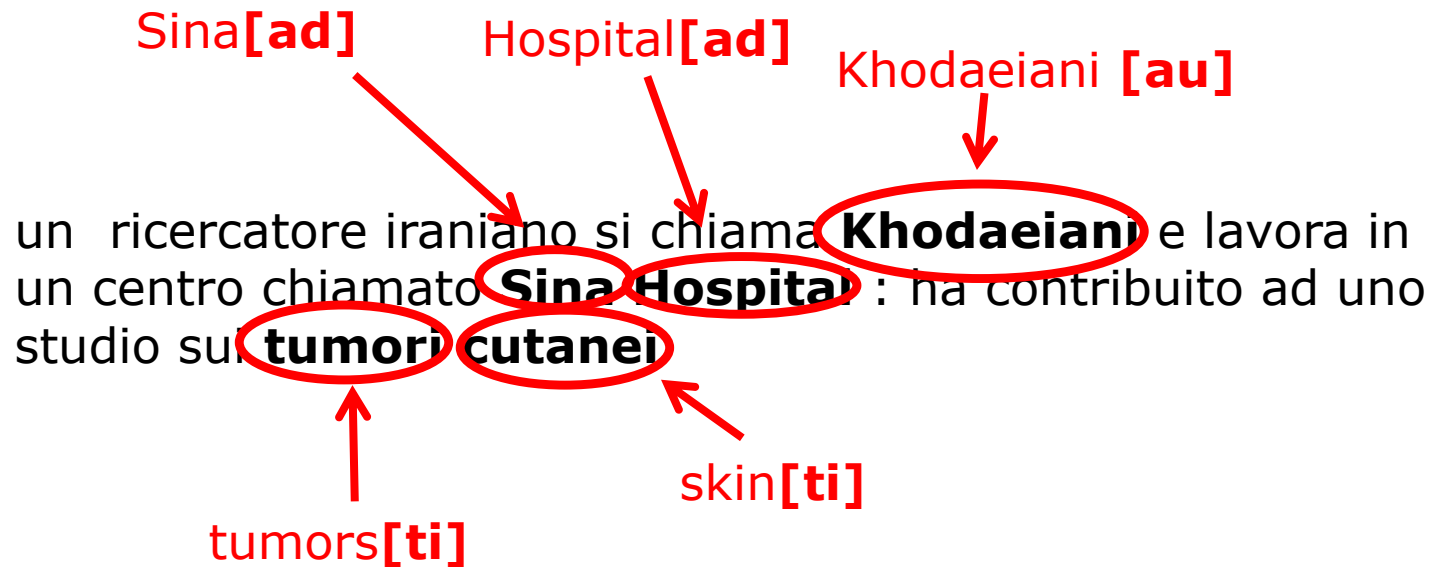
PMID: 10988281 [PubMed - indexed for MEDLINE] [Free full text](#)

trova questo record (I advanced)

un ricercatore iraniano si chiama **Khodaeiani** e lavora in un centro chiamato **Sina Hospital** : ha contribuito ad uno studio sui **tumori cutanei**

Esercizio 7

trova questo record (I advanced)



Esercizio 7

Nell' uso del free-text ricorda che esistono anche i Plurali!



History

[Clear history](#)

Search	Add to builder	Query	Items found	Time
#2	Add	Search Khodaeiani[au] AND (Sina[ad] AND Hospital[ad]) AND skin[ti] AND tumors[ti]	1	06:50:38
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[Display Settings:](#) ☒ Abstract[Send to:](#) ☒[J Dermatolog Treat.](#) 2012 Jun 5. [Epub ahead of print]

Immunohistochemical study of cyclooxygenase-2 in skin tumors.

[Amirnia M.](#), [Babaie-Ghazani A.](#), [Fakhriou A.](#), [Khodaeiani E.](#), [Alikhah H.](#), [Naghavi-Behzad M.](#), [Zarrintan A.](#)

Department of Dermatology, Sina Hospital, Tabriz University of Medical Sciences , Tabriz , Iran.

Abstract

Abstract Introduction: Anti-cancerous effects of cyclooxygenase-2 (COX-2) inhibitors have been reported in different cancers. High expression of COX-2 has been demonstrated in various neoplasms such as colorectal, gastric, esophageal, breast, non-small cell lung cancers, and pre-neoplastic lesions such as colorectal adenomas and Barrett's esophagus. **Goal:** The purpose of this study was to investigate percentage of positive COX-2 expression in skin tumors, including pre-malignant and malignant tumors. **Methods:** This is an analytic cross-sectional study that includes 62 skintumor samples, among which 49 samples were malignant and 13 were pre-malignant. After study for determination of pathologic kind of tumors, samples underwent immunohistochemical study for COX-2 expression. The DakoCytomation EnVision+System-HRP is a two-step extremely sensitive IHC staining technique which we used in this study. **Results:** Among the skin tumors, a considerable number of COX-2 expression were found in squamous cell carcinomas (SCC) (16 of 17; 94%), basal cell carcinomas (BCC) (28 of 32; 87.5%), Bowen's disease (BD) (8 of 9; 89%), and actinic keratosis (AK) (4 of 4; 100%). **Conclusion:** COX-2 expression was positive in skin tumors including malignant and pre-malignant skin lesions. This study strongly suggests that COX-2 can be one of the molecular targets in treating various skin tumors.

trova questo record (II advanced)

un ricercatore si chiama **Mondal** e ha pubblicato uno studio su un raro caso di **tumore ovarico** in un **ermafrodita**

Esercizio 8

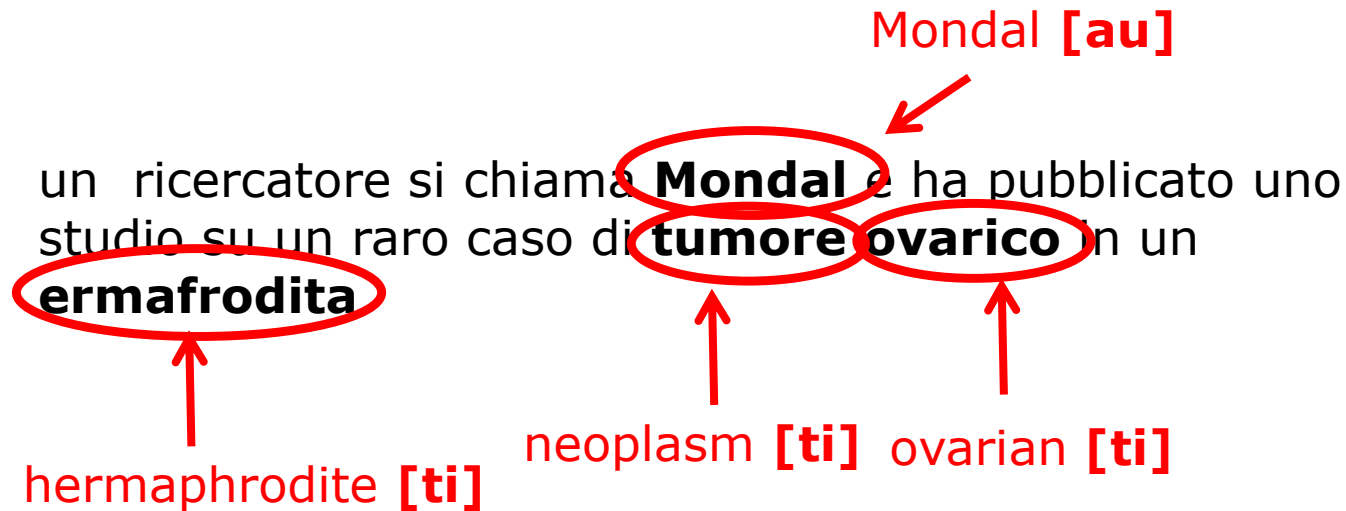
trova questo record (II advanced)

un ricercatore si chiama **Mondal** e ha pubblicato uno studio su un raro caso di **tumore ovarico** in un **ermafrodita**

Mondal [au]

hermaphrodite [ti]

neoplasm [ti] ovarian [ti]



Esercizio 8

Nell' uso del free-text ricorda
che esistono anche i Sinonimi!

History

[Clear history](#)

Search	Add to builder	Query	Items found	Time
#3	Add	Search Mondal[au] AND hermaphrodite[tj] AND ovarian[tj] AND tumor[tj]	0	07:00:05
#2	Add	Search Mondal[au] AND hermaphrodite[tj] AND ovarian[tj] AND cancer[tj]	0	06:59:45
#1	Add	Search Mondal[au] AND hermaphrodite[tj] AND ovarian[tj] AND neoplasm[tj]	1	06:59:32

soluzione...

 NCBI

Resources ☐ How To ☐

 PubMed

US National Library of Medicine
National Institutes of Health

PubMed

Mondal[au] AND hermaphrodite[ti] AND ovarian[ti] AND neoplasm[ti]

 RSS

Save search

Advanced

Display Settings: ☐ Abstract

Send to: ☐

J Indian Med Assoc. 2011 Nov;109(11):832-3, 835.

Ovarian germ cell neoplasm in a true hermaphrodite.

Mondal S, Chatterjee K, Bhattacharya SK, Nath SK.

Department of Radiotherapy, RG Kar Medical College, Kolkata 700004.

Abstract

True hermaphrodites are extremely rare. The incidence of malignancies in cases of true hermaphrodites range between 1.9-2.6%, and is almost exclusively associated with cytogenetic mosaicism. All of the malignancies reported till date are germ cell neoplasms, namely, seminoma, gonadoblastoma or teratoma, mostly in the male phenotype. In this case we illustrate a rare occurrence of a dysgerminoma of the ovary, its treatment and responses, in a 35-year-old true hermaphrodite with a female phenotype, and cytogenetic mosaicism.

PMID: 22666943 [PubMed - in process]

trova questo record (III advanced)

coesistenza di **cancro ovarico** in pazienti con **carcinoma endometriale** di stadio I (Cetin & coll)

Esercizio 9

trova questo record (III advanced)



Esercizio 9

Nell' uso del free-text ricorda che esistono anche i Concetti Affini

History

[Clear history](#)

Search	Add to builder	Query	Items found	Time
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soluzione...

 NCBI

Resources ☐ How To ☐

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US National Library of Medicine
National Institutes of Health

PubMed

Advanced

Display Settings: ☒ Abstract

Send to: ☐

[Arch Gynecol Obstet.](#) 2012 Jun 12. [Epub ahead of print]

Coexisting ovarian malignancy in patients with clinical stage I endometrial carcinoma.

[Akbavir O, Kuru O, Goksedef P, Numanoglu C, Corbacioğlu A, Cetin A.](#)

Department of Obstetrics and Gynecology, Kanuni Sultan Süleyman Research and Training Hospital, Seyidomer mah. Kopruluzade sok. no:5/4 Fatih, 34098, Istanbul, Turkey.

Abstract

AIM: To evaluate the feasibility of ovarian preservation at the time of operation in patients with clinical stage I endometrial carcinoma.

MATERIALS AND METHODS: The data of 499 consecutive patients with clinical stage 1 endometrial cancer operated between January 2001 and December 2011 were retrospectively reviewed. Clinical and pathologic information and the intraoperative inspection findings of ovaries were evaluated to find the factors associated with the coexisting ovarian malignancy.

RESULTS: The mean age of patients was 56.8 ± 9.8 years. Coexisting ovarian tumors were detected in 38 patients (7.6 %), and 28 (5.6 %) of them were malignant (12 metastatic and 16 synchronous primaries). Most of the patients were postmenopausal ($n = 371$, 74.3 %) and 60 (12 %) of the patients were at the age of 45 years or less. Coexisting malignancy was detected in 9 % ($n = 11$) of the premenopausal patients and in 5 % ($n = 3$) of the patients aged 45 years or less. Multivariate analysis revealed that serosal invasion, tubal involvement, and positive abdominal cytology were independent risk factors for coexisting ovarian malignancy. The sensitivity, specificity, positive predictive value and negative predictive value of the intraoperative examination for the diagnosis of benign/normal ovary was 99.6, 78.8, 98.5 and 92.9 %, respectively.

CONCLUSION: The incidence of coexisting ovarian malignancy in clinical stage I endometrial carcinoma is low. Although occult metastasis cannot be excluded at all, careful intraoperative inspection of ovaries seems valuable for the prediction of co-existing ovarian malignancy.

trova questo record (IV advanced)

Tumore pancreatico negli infanti (pag 41)

Esercizio 10

trova questo record (IV advanced)

tumour [ti] pancreatic [ti] infants [ti]

Tumore pancreatico negli infanti (pag 41)

41 [pg]

Esercizio 10

Nell' uso del free-text ricorda
che esiste anche diversità di
spelling

History

[Clear history](#)

Search	Add to builder	Query	Items found	Time
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#1	Add	Search Pancreatic[tj] AND tumour [ti] AND infants[tj] AND 41[pg]	1	08:06:23



[Display Settings:](#) ▾ Abstract

[Send to:](#) ▾

[S Afr J Surg.](#) 1973 Mar;11(1):41.

Pancreatic tumour in infants.

[Chappell J.](#)

PMID: 4699810 [PubMed - indexed for MEDLINE]

[+ Publication Types, MeSH Terms](#)

[+ LinkOut - more resources](#)

Infine ricorda che è possibile cercare anche «per radici di vocabolo» attraverso il troncamento*

History

[Clear history](#)

Search	Add to builder	Query	Items found	Time
#4	Add	Search canc*[tiab]	912165	10:13:20
#3	Add	Search cancerous[tiab]	11553	10:12:42
#2	Add	Search cancers[tiab]	131506	10:12:12
#1	Add	Search cancer[tiab]	888499	10:11:53



(spelling)
tumour

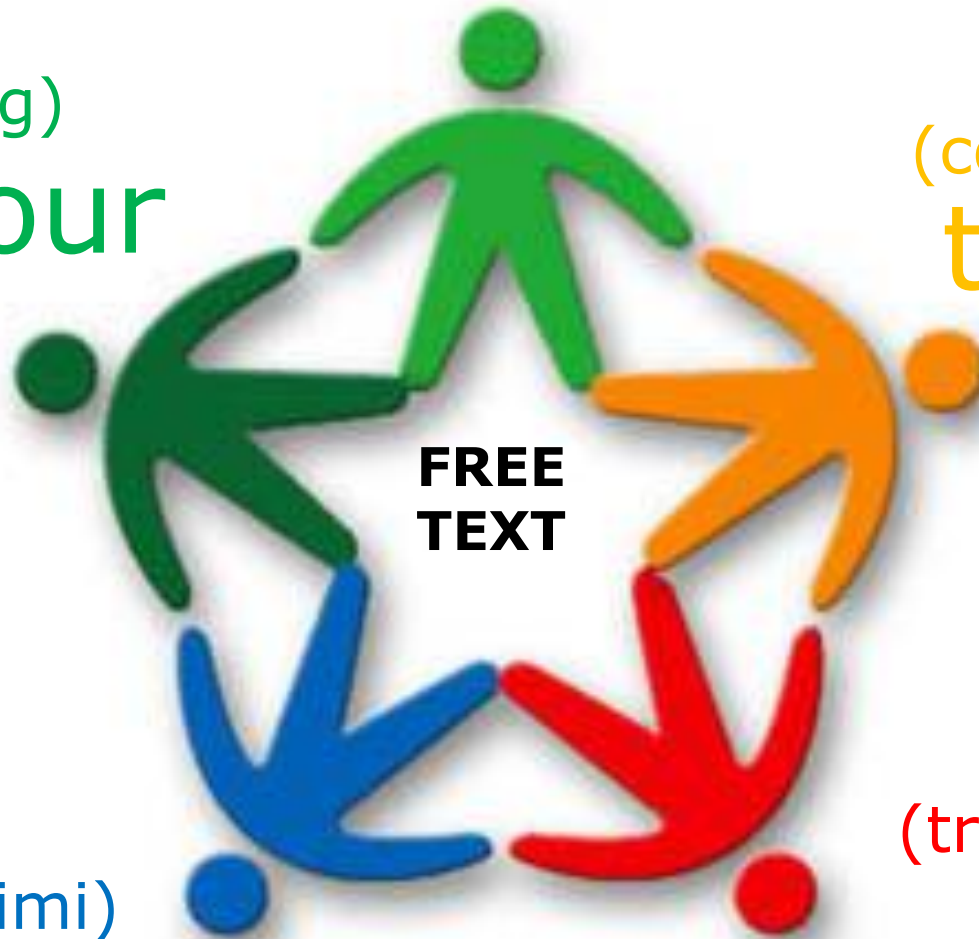
(concetti affini)
tumoral

**FREE
TEXT**

(troncamento)
tum*

(sinonimi)
neoplasm

(plurali)
tumors



- Rende la ricerca molto sensibile
 - aumenta la probabilità di recuperare tutto
 - aumenta il rumore di fondo
- Molto utile per cercare vocaboli non ancora indicizzati in MeSH terms
- Molto utile per ricercare un record in possesso di scarse e frammentarie informazioni

A che cosa serve la ricerca in Free-text?

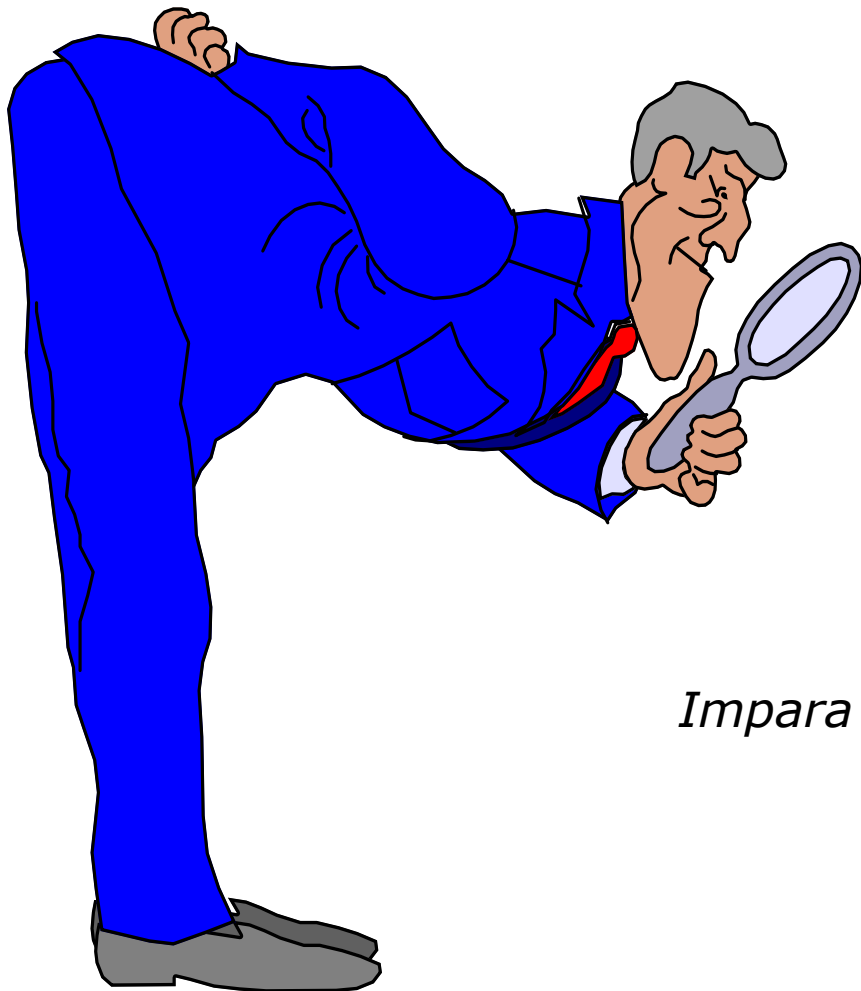
Bevacizumab non è ancora stato indicizzato come concetto

History [Clear history](#)

Search	Add to builder	Query	Items found	Time
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#3	Add	Search bevacizumab[ti]	3324	09:29:47
#2	Add	Search simvastatin[mh]	5087	09:29:31
#1	Add	Search simvastatin[ti]	2983	09:29:15

ricerca in mesh
ricerca in free-text
ricerca in mesh
ricerca in free-text

Simvastatin è stata indicizzata come concetto



Impara la ricerca in MeSH

Regola numero 5

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PubMed Home More Resources ▾ Help

PubMed Advan

Wildcard search

See the search

MeSH Database

Journals in NCBI Databases

Single Citation Matcher

Clinical Queries

Topic-Specific Queries

Use the builder below to create your search

Edit Clear

Search or Add to history

History Clear history

Search	Add to builder	Query	Items found	Time

Una delle modalità di accesso al MeSH database

- E' il vocabolario dei termini MeSH memorizzato in Pubmed
- I termini MeSH esprimono concetti clinici
- Ciascun concetto è identificato da termini molto precisi (deve essere assolutamente usato quel termine)
- La ricerca dei termini MeSH nel Thesaurus è indipendente dalla ricerca in MedLine (sono due archivi diversi)

Cos' è il Thesaurus?

Display Settings: Full

Coronary Disease

An imbalance between myocardial functional requirements and the capacity of the CORONARY VESSELS to supply sufficient blood flow. It is a form of MYOCARDIAL ISCHEMIA (insufficient blood supply to the heart muscle) caused by a decreased capacity of the coronary vessels.

PubMed search builder options

Subheadings:

- | | | |
|--|--|--|
| ☐ blood | ☐ etiology | ☐ prevention and control |
| ☐ cerebrospinal fluid | ☐ genetics | ☐ psychology |
| ☐ chemically induced | ☐ growth and development | ☐ radiation effects |
| ☐ chemistry | ☐ history | ☐ radiography |
| ☐ classification | ☐ immunology | ☐ radionuclide imaging |
| ☐ complications | ☐ injuries | ☐ radiotherapy |
| ☐ congenital | ☐ legislation and jurisprudence | ☐ rehabilitation |
| ☐ diagnosis | ☐ metabolism | ☐ statistics and numerical data |
| ☐ diet therapy | ☐ microbiology | ☐ surgery |
| ☐ drug effects | ☐ mortality | ☐ therapeutic use |
| ☐ drug therapy | ☐ nursing | ☐ therapy |
| ☐ economics | ☐ parasitology | ☐ ultrasonography |
| ☐ embryology | ☐ pathology | ☐ urine |
| ☐ enzymology | ☐ physiology | ☐ veterinary |
| ☐ epidemiology | ☐ physiology | ☐ virology |
| ☐ ethnology | | |

☐ Restrict to MeSH Major Topic.

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

Tree Number(s): C14.280.647.250, C14.907.585.250

Entry Terms:

Subheading: sono dei descrittori secondari:
permettono di selezionare ancora più a fondo
il concetto indagato

PubMed search builder

Add to search builder AND

Search PubMed

Related information

PubMed

PubMed - Major Topic

Clinical Queries

NLM MeSH Browser

Recent activity

Turn Off Clear

coronary disease (2)

MeSH

heart[ta] (7536)

PubMed

heart[au] (31)

PubMed

Human Umbilical Cord Blood-Derived CD34
(+) Cells Reverse Osteoporosis in

PubMed

heart[ad] (53306)

Rendono la ricerca in MeSH ancora più precisa

NCBI Resources [v] How To [v]

MeSH [MeSH] [v] Limits Advanced

Display Settings: [v] Full

Coronary Disease

An imbalance between myocardial functional requirements and the capacity of the CORONARY VESSELS to supply sufficient blood flow. It is a form of MYOCARDIAL ISCHEMIA (insufficient blood supply to the heart muscle) caused by a decreased capacity of the coronary vessels.

PubMed search builder options

Subheadings:

☐ blood	☐ etiology	☐ prevention and control
☐ cerebrospinal fluid	☐ genetics	☐ psychology
☐ chemically induced	☐ growth and development	☐ radiation effects
☐ chemistry	☐ history	☐ radiography
☐ classification	☐ immunology	☐ radionuclide imaging
☐ complications	☐ injuries	☐ radiotherapy
☐ congenital	☐ legislation and jurisprudence	☐ rehabilitation
☐ diagnosis	☐ metabolism	☐ statistics and numerical data
☐ diet therapy	☐ microbiology	☐ surgery
☐ drug effects	☐ mortality	☐ therapeutic use
☐ drug therapy	☐ nursing	☐ therapy
☐ economics	☐ parasitology	☐ ultrasonography
☐ embryology	☐ pathology	☐ urine
☐ enzymology	☐ physiology	☐ veterinary
☐ epidemiology	☐ physiopathology	☐ virology
☐ ethnology		

☐ Restrict to MeSH Major Topic.

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

Tree Number(s): C14.280.647.250, C14.907.585.250

Entry Terms:

MeSH Major: rappresentano l'argomento principale trattato dall'articolo a cui il Record si riferisce

PubMed search builder

Add to search builder AND [v]

Search PubMed

Related information

PubMed

PubMed - Major Topic

Clinical Queries

NLM MeSH Browser

Recent activity

Turn Off Clear

coronary disease (2) MeSH

heart[ta] (7536) PubMed

heart[au] (31) PubMed

Human Umbilical Cord Blood-Derived CD34 (+) Cells Reverse Osteoporosis in PubMed

heart[ad] (53306) PubMed

Rendono la ricerca in MeSH più precisa

Opzione «non esplodere il termine MeSH»

NCBI Resources [x] How To [x]

MeSH [MeSH] [Search]

Limits Advanced

Display Settings: [x] Full Send to: [x]

Coronary Disease

An imbalance between myocardial functional requirements and the capacity of the CORONARY VESSELS to supply sufficient blood flow. It is a form of MYOCARDIAL ISCHEMIA (insufficient blood supply to the heart muscle) caused by a decreased capacity of the coronary vessels.

PubMed search builder options

Subheadings:

☐ blood	☐ etiology	☐ prevention and control
☐ cerebrospinal fluid	☐ genetics	☐ psychology
☐ chemically induced	☐ growth and development	☐ radiation effects
☐ chemistry	☐ history	☐ radiography
☐ classification	☐ immunology	☐ radionuclide imaging
☐ complications	☐ injuries	☐ radiotherapy
☐ congenital	☐ legislation and jurisprudence	☐ rehabilitation
☐ diagnosis	☐ metabolism	☐ statistics and numerical data
☐ diet therapy	☐ microbiology	☐ surgery
☐ drug effects	☐ mortality	☐ therapeutic use
☐ drug therapy	☐ nursing	☐ therapy
☐ economics	☐ parasitology	☐ ultrasonography
☐ embryology	☐ pathology	☐ urine
☐ enzymology	☐ physiology	☐ veterinary
☐ epidemiology	☐ physiopathology	☐ virology
☐ ethnology		

☐ Restrict to MeSH Major Topic.

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

Number(s): C14.280.647.250, C14.907.585.250

Entry terms:

PubMed search builder

Add to search builder AND [v]

Search PubMed

Related information

PubMed

PubMed - Major Topic

Clinical Queries

NLM MeSH Browser

Recent activity

Turn Off Clear

coronary disease (2) MeSH

heart[ta] (7536) PubMed

heart[au] (31) PubMed

Human Umbilical Cord Blood-Derived CD34 (+) Cells Reverse Osteoporosis in PubMed

heart[ad] (53306)

Rende la ricerca in MeSH più precisa

NCBI Resources How To battaggia My NCBI Sign Out

MeSH MeSH Search Limits Advanced Help

[Display Settings:](#) ☒ Full

Coronary Disease

An imbalance between myocardial functional requirements and the capacity of the CORONARY VESSELS to supply sufficient blood flow. It is a form of MYOCARDIAL ISCHEMIA (insufficient blood supply to the heart muscle) caused by a decreased capacity of the coronary vessels.

See Also:

- [Coronary Artery Bypass](#)
- [Myocardial Revascularization](#)
- [Angioplasty, Balloon, Coronary](#)

[All MeSH Categories](#)

[Diseases Category](#)

[Cardiovascular Diseases](#)

[Heart Diseases](#)

[Myocardial Ischemia](#)

Coronary Disease

- [Coronary Aneurysm](#)
- [Coronary Artery Disease](#)
- [Coronary Occlusion](#)
- [Coronary Stenosis](#)
- [Coronary Restenosis](#)
- [Coronary-Subclavian Steal Syndrome](#)
- [Coronary Thrombosis](#)
- [Coronary Vasospasm](#)

I «Tree» rappresentano la struttura gerarchico- relazionale dei termini MeSH

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Display Settings: Full

Coronary Disease

An imbalance between myocardial functional requirements and the capacity of the CORONARY VESSELS to supply sufficient blood flow. It is a form of MYOCARDIAL ISCHEMIA (insufficient blood supply to the heart muscle) caused by a decreased capacity of the coronary vessels.

See Also:

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- [Myocardial Revascularization](#)
- [Angioplasty, Balloon, Coronary](#)

[All MeSH Categories](#)

[Diseases Category](#)

[Cardiovascular Diseases](#)

[Heart Diseases](#)

[Myocardial Ischemia](#)

Coronary Disease

- [Coronary Aneurysm](#)
- [Coronary Artery Disease](#)
- [Coronary Occlusion](#)
- [Coronary Stenosis](#)
- [Coronary Restenosis](#)
- [Coronary-Subclavian Steal Syndrome](#)
- [Coronary Thrombosis](#)
- [Coronary Vasospasm](#)

TERMINE MESH «NON ESPLOSO»

La «non esplosione» rende la ricerca in MeSH più precisa

NCBI Resources How To battaglia My NCBI Sign Out

MeSH MeSH Search Limits Advanced Help

Display Settings: Full

Coronary Disease

An imbalance between myocardial functional requirements and the capacity of the CORONARY VESSELS to supply sufficient blood flow. It is a form of MYOCARDIAL ISCHEMIA (insufficient blood supply to the heart muscle) caused by a decreased capacity of the coronary vessels.

See Also:

- [Coronary Artery Bypass](#)
- [Myocardial Revascularization](#)
- [Angioplasty, Balloon, Coronary](#)

[All MeSH Categories](#)

[Diseases Category](#)

[Cardiovascular Diseases](#)

[Heart Diseases](#)

[Myocardial Ischemia](#)

Coronary Disease

- [Coronary Aneurysm](#)
- [Coronary Artery Disease](#)
- [Coronary Occlusion](#)
- [Coronary Stenosis](#)
- [Coronary Restenosis](#)
- [Coronary-Subclavian Steal Syndrome](#)
- [Coronary Thrombosis](#)
- [Coronary Vasospasm](#)

TERMINE MESH «ESPLOSO»

Attenzione: la «esplosione» avviene per default: se non la vogliamo dobbiamo specificarlo (vedi dietro)

Lavora in MeSH a diversi livelli di precisione

coronary disease

Lancia la ricerca in MeSH

- *Facendo esplodere il termine*
- *Facendolo non esplodere*
- *Selezionandolo come MeSH Major*
- *Usando il subheading «drug therapy»*

Esercizio 11

Usa questo schema

CORONARY DISEASE	Esplosione	Non esplosione
MeSH		
MeSH major		
MesH/subheading		
MesH/subheading major		

Esercizio 11

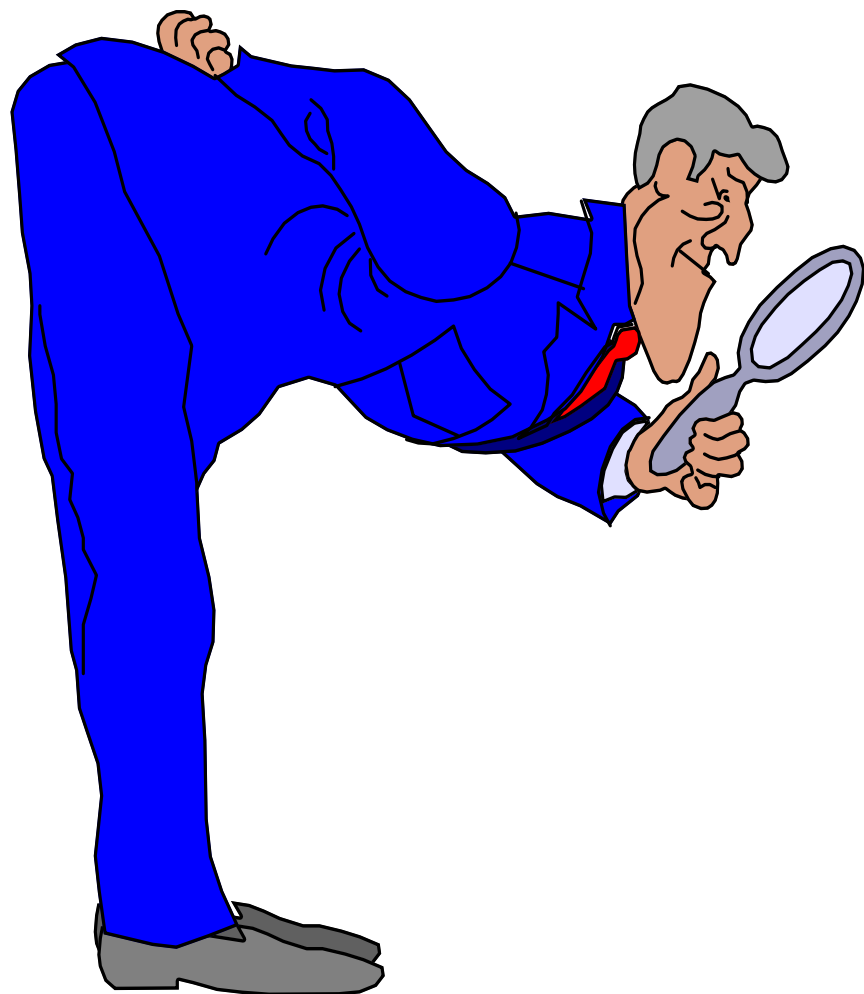
CORONARY DISEASE	Esplosione	Non esplosione
MeSH	169515	122603
MeSH major	129604	90716
MesH/subheading	15770	11164
MesH/subheading major	9305	6700

Esercizio 11

History

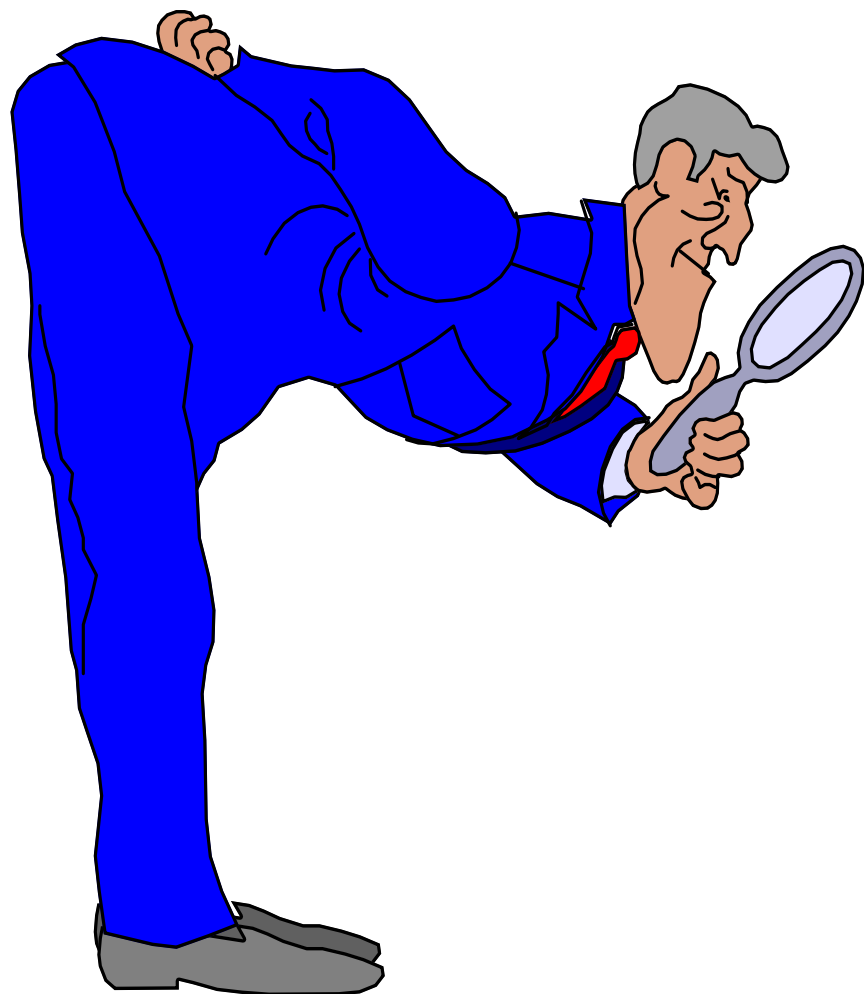
[Clear history](#)

Search	Add to builder	Query	Items found	Time
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#13	Add	Search Coronary Disease/drug therapy"[Majr]	9305	11:02:24
#12	Add	Search "Coronary Disease/drug therapy"[mh:noexp]	11164	11:01:50
#11	Add	Search "Coronary Disease/drug therapy"[Mesh]	15770	10:59:38
#10	Add	Search "Coronary Disease"[Majr:noexp]	90716	10:58:45
#9	Add	Search "Coronary Disease"[Majr]	129604	10:58:02
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#7	Add	Search coronary disease[MeSH Terms]	169515	10:53:55



Un plusvalore: il tocco del maestro

Elementi della ricerca	Orientano verso la sensibilità	Orientano verso la precisione
Modalità di impostazione della query	Utilizzo di pochi elementi della query (es: interventi, outcome)	Utilizzo di molti elementi della query (partecipanti, interventi, outcome, tipo di studi)
Ricerche per vocaboli e ricerche per concetti	Ricerca per vocaboli (Free text)	Ricerca per concetti (Mesh)
Perfezionamento delle ricerche per vocaboli e delle ricerche per concetti	Simboli di troncamento* nella ricerca in free text	Utilizzo di singoli campi nella ricerca in free-text
	Esplosione del termine nella ricerca in mesh (default)	Non esplosione del termine nella ricerca in mesh
		Uso Mesh major nella ricerca in mesh
		Uso Subheading nella ricerca in mesh
Utilizzo degli operatori booleani	Uso di OR	Uso di AND



Un altro plusvalore: l' uso di FILTRI

**A) Filtri disponibili in Pubmed
dopo la ricerca**

[Choose additional filters](#)

Text availability

Abstract available
Free full text available
Full text available

Publication dates

5 years
10 years
Custom range...

Species

Humans
Other Animals

Article types

Clinical Trial
Meta-Analysis
Practice Guideline
Randomized Controlled Trial
Review
Systematic Reviews
more ...

Languages

English
more ...

Sex

Female
Male

Subjects

AIDS
Cancer
more ...

← Full text non a pagamento

FILTRI DISPONIBILI DOPO LA RICERCA

[Choose additional filters](#)**Text availability**

Abstract available

Free full text available

Full text available

**Publication
dates**

5 years

10 years

Custom range...

Species

Humans

Other Animals

Article types

Clinical Trial

Meta-Analysis

Practice Guideline

Randomized Controlled Trial

Review

Systematic Reviews

more ...

Languages

English

more ...

Sex

Female

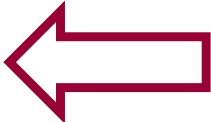
Male

Subjects

AIDS

Cancer

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 Arco di pubblicazione

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c) Filtri di Haines per argomento clinico

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PubMed Clinical Queries

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#) directly.

Clinical Study Categories

Category:

Scope:

Results: 5

Clinical prediction guides

Statins improve myocardial perfusion in metabolic syndrome patients who have perfusion defects on myocardial perfusion imaging and angiographically normal coronary arteries.

Ulus T, Parspour A, Cavusoglu Y, Entok E, Uslu I, Demirustu C.
Eur Rev Med Pharmacol Sci. 2012 Mar; 16(3):328-34.

Patient-focused intervention to improve long-term adherence to evidence-based medications: a randomized trial.

Calvert SB, Kramer JM, Anstrom KJ, Kallenberg LA, Stafford JA, Allen LaPointe NM.
Am Heart J. 2012 Apr; 163(4):657-65.e1.

[Beta-blocker].

Anzai T.
Nihon Rinsho. 2011 Sep; 69 Suppl 7:445-9.

[Renin-angiotensin system blocker: selective aldosterone

Systematic Reviews

Results: 5 of 376

Patient-focused intervention to improve long-term adherence to evidence-based medications: a randomized trial.

Calvert SB, Kramer JM, Anstrom KJ, Kallenberg LA, Stafford JA, Allen LaPointe NM.
Am Heart J. 2012 Apr; 163(4):657-65.e1.

Primary and secondary prevention of cardiovascular disease: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines.

Vandvik PO, Lincoff AM, Gore JM, Gutterman DD, Sonnenberg FA, Alonso-Coello P, Akl EA, Lansberg MG, Guyatt GH, Spencer FA, et al.
Chest. 2012 Feb; 141(2 Suppl):e637S-68S.

[Focus on beta-blockers for vascular specialists in 2012].

Mairesse S, Blacher J, Safar ME.

Medical Genetics

Topic:

Results: 5 of 357

MicroRNA-34a regulates the longevity-associated protein SIRT1 in coronary artery disease: effect of statins on SIRT1 and microRNA-34a expression.

Tabuchi T, Satoh M, Itoh T, Nakamura M.
Clin Sci (Lond). 2012 Aug 1; 123(3):161-71.

Statin therapy in the elderly: might there be uncertainty in the majority?

Goldstein MR, Mascitelli L, Pezzetta F.
Eur J Prev Cardiol. 2012 Feb; 19(1):72.

[The effectiveness of Ticagrelor does not depend on CYP2C19 gene polymorphism and ABCB1: results of a genetic analysis of the study PLATO].

Dankovtseva EN, Sidorenko BA.
Kardiologiya. 2011; 51(12):90-2.

D) Singole citazioni

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	Studi osservazionali	Cohort Studies[mh] OR Follow-Up Studies[mh] OR Longitudinal Studies[mh] OR Prospective Studies[mh]
STUDI CASO-CONTROLLO		(Case-Control Studies[mh] OR Retrospective Studies[mh] OR trohoc[tw]) NOT (Meta-Analysis[ptyp] OR Meta-Analysis[mh])
STUDI TRASVERSALI		Cross-Sectional Studies[mh]
REVISIONI SISTEMATICHE (METANALITICHE E NON)		"meta-analysis" [pt] OR "meta-anal*" [tw] OR "metaanal*" [tw] OR ("quantitativ*" review*" [tw] OR "quantitative*" overview*" [tw]) OR ("systematic*" review*" [tw] OR "systematic*" overview*" [tw]) OR ("methodologic*" review*" [tw] OR "methodologic*" overview*" [tw]) OR ("review" [pt] AND "medline" [tw])
METANALISI		(Meta-Analysis[ptyp] OR Meta-Analysis[mh])
LINEE GUIDA		("guideline" [pt] OR "practice guideline" [pt] OR "health planning guidelines" [mh] OR "consensus development conference" [pt] OR "consensus development conference, nih" [pt] OR "consensus development conferences" [mh] OR "consensus development conferences, nih" [mh] OR "guidelines" [mh] OR "practice guidelines" [mh] OR (consensus [ftil] AND statement [ftil]))

Un paziente difficile...

A.B. è un paziente maschio di sessantasei anni che da 1 anno soffre di fibrillazione atriale. Da poco tempo è tuo assistito e oggi si reca in studio per la prima volta. Dal colloquio la prima impressione che ricevi è quella di un individuo pignolo ed aggressivo; esercita a tutt'oggi la professione di magistrato. Il giudice non presenta evidenti fattori di rischio (non fuma, è normopeso, non è affetto da dislipidemia o da diabete) ma ha una familiarità positiva per ictus (il padre è morto a 56 anni dopo lunga emiplegia). Un amico cardiologo gli ha raccomandato una profilassi a lungo termine con dicumarolo; lui però è perplesso sulla bontà di questo consiglio: preferirebbe il dabigatran, farmaco «più moderno» ma è allergico sia a questa classe di molecole sia all'aspirina. Se da un lato vuole assolutamente evitare un ictus (non accetterebbe una condizione di invalidità come quella subita dal padre) è stato scottato da un'altra esperienza: trent'anni or sono ha subito infatti una melena di origine imprecisata rischiando la vita: ha molta paura quindi anche delle emorragie. Sa che il warfarin è un potente anticoagulante e ti chiede esplicitamente i rischi connessi con l'adozione della terapia o con la ricusazione della stessa, affinché possa essere messo nelle condizioni di potere decidere nel modo più conveniente.

Esercizio 12

Questi sono gli unici studi utili

AFASAK I

Petersen P et al

Placebo-controlled, randomized trial of warfarin and aspirin for prevention of thromboembolic complications in chronic atrial fibrillation: the Copenhagen AFASAK study
Lancet 1989;1:175-9.

CAFA

Connolly SJ et al

Canadian Atrial Fibrillation Anticoagulation (CAFA) Study
J Am Coll Cardiol 1991;18:349-55.

SPAF I

Stroke Prevention in Atrial Fibrillation Investigators

The Stroke Prevention in Atrial Fibrillation Study: Final results
Circulation 1991;84:527-39.

SPINAF

Veterans Affairs Stroke Prevention in Nonrheumatic Atrial Fibrillation Investigators

Warfarin in the prevention of stroke associated with nonrheumatic atrial fibrillation
N Engl J Med 1992;327:1406-12.

Esercizio 12

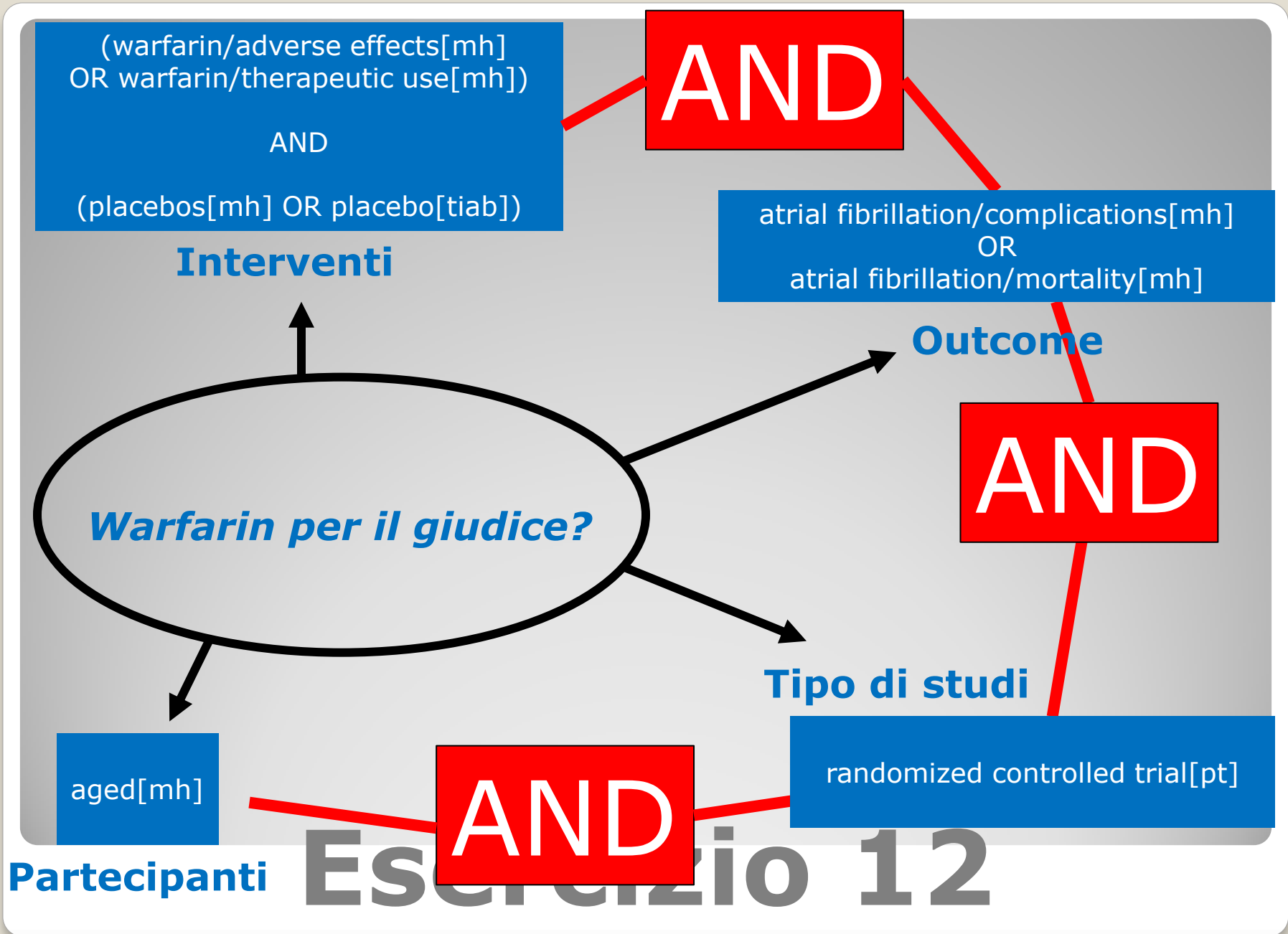
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- b. lancia la tua ricerca
- c. calcola la sensibilità e la precisione della tua ricerca

Esercizio 12

Esempio di query corretta

fibrillazione atriale nei pazienti di età >65a (**partecipanti**)
: effetti collaterali (**outcome 1**) nei pazienti trattati con
warfarin (**intervento 1**) e complicanze della malattia (**outcome 2**)
nei pazienti trattati con placebo (**intervento 2**)

Esercizio 12



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#9	Add	Search #1 AND #2 AND #3 AND #4 AND #5	13	08:46:24
#5	Add	Search randomized controlled trial[pt]	325665	08:36:54
#4	Add	Search Aged[mh]	2086420	08:36:40
#3	Add	Search ("Placebos"[MESH] OR placebo[tiab])	154519	08:36:23
#2	Add	Search ("atrial Fibrillation/complications"[mesh] OR "atrial Fibrillation/mortality"[mesh])	6217	08:35:47
#1	Add	Search ("warfarin/adverse effects"[mesh] OR "warfarin/therapeutic use"[mesh])	10065	08:35:17

Esercizio 12

1: Krishnan S, Chawla N, Ezekowitz MD, Peixoto AJ. Warfarin therapy and systolic hypertension in men with atrial fibrillation. *Am J Hypertens*. 2005 Dec;18(12 Pt 1):1592-9. PubMed PMID: 16364831.

2: Lideff C, Svedberg LE, Lindell P, Bandh S, Job B, Wallentin L. Clopidogrel and warfarin: absence of interaction in patients receiving long-term anticoagulant therapy for non-valvular atrial fibrillation. *Thromb Haemost*. 2005 May;89(5):842-8. PubMed PMID: 12719782.

3: Laupacis A, Sullivan K. Canadian atrial fibrillation anticoagulation study: were the patients subsequently treated with warfarin? Canadian Atrial Fibrillation Anticoagulation Study Group. *CMAJ*. 1995 Jun 1;154(11):1669-74. PubMed PMID: 8646654; PubMed Central PMCID: PMC1487895.

4: Ezekowitz MD, James KE, Nazarian SM, Davenport J, Broderick JP, Gupta SR, Thadani V, Meyer ML, Bridgers SL. Silent cerebral infarction in patients with nonrheumatic atrial fibrillation. The Veterans Affairs Stroke Prevention in Nonrheumatic Atrial Fibrillation Investigators. *Circulation*. 1995 Oct 15;92(8):2178-82. PubMed PMID: 7554199.

5: Archer SL, James KE, Kvernén LR, Cohen IS, Ezekowitz MD, Gornick CC. Role of transesophageal echocardiography in the detection of left atrial thrombus in patients with chronic nonrheumatic atrial fibrillation. *Am Heart J*. 1995 Aug;130(2):287-95. PubMed PMID: 7631609.

6: Ezekowitz MD, Bridgers SL, James KE, Carliner NH, Colling CL, Gornick CC, Krause-Steinrauf H, Kurtzke JF, Nazarian SM, Padford MJ, et al. Warfarin in the prevention of stroke associated with nonrheumatic atrial fibrillation. Veterans Affairs Stroke Prevention in Nonrheumatic Atrial Fibrillation Investigators. *N Engl J Med*. 1992 Nov 12;327(20):1406-12. Erratum in: *N Engl J Med* 1993 Jan 14;328(2):148. PubMed PMID: 1406859.

7: Predictors of thromboembolism in atrial fibrillation: II. Echocardiographic features of patients at risk. The Stroke Prevention in Atrial Fibrillation Investigators. *Ann Intern Med*. 1992 Jan 1;116(1):6-12. PubMed PMID: 1727097.

8: Predictors of thromboembolism in atrial fibrillation: I. Clinical features of patients at risk. The Stroke Prevention in Atrial Fibrillation Investigators. *Ann Intern Med*. 1992 Jan 1;116(1):1-5. PubMed PMID: 1727091.

9: Stroke Prevention in Atrial Fibrillation Study. Final results. *Circulation*. 1991 Aug;84(2):527-39. PubMed PMID: 1860198.

10: Connolly SJ, Laupacis A, Gent M, Roberts RS, Cairns JA, Joyner C. Canadian Atrial Fibrillation Anticoagulation (CAFA) Study. *J Am Coll Cardiol*. 1991 Aug;18(2):549-55. PubMed PMID: 1856405.

11: Petersen P, Kastrup J, Helweg-Larsen S, Boysen G, Godfredsen J. Risk factors for thromboembolic complications in chronic atrial fibrillation. The Copenhagen AFASAK study. *Arch Intern Med*. 1990 Apr;150(4):819-21. PubMed PMID: 2183733.

12: Preliminary report of the Stroke Prevention in Atrial Fibrillation Study. *N Engl J Med*. 1990 Mar 22;322(12):865-8. PubMed PMID: 2407958.

13: Petersen P, Boysen G, Godfredsen J, Andersen ED, Andersen B. Placebo-controlled, randomised trial of warfarin and aspirin for prevention of thromboembolic complications in chronic atrial fibrillation. The Copenhagen AFASAK study. *Lancet*. 1989 Jan 28;1(8631):175-8. PubMed PMID: 2563096.

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Precisione = 4/13 (31%)

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