

What's Practical in the Daily Practice of Evidence-Based Medicine?

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2014-2015

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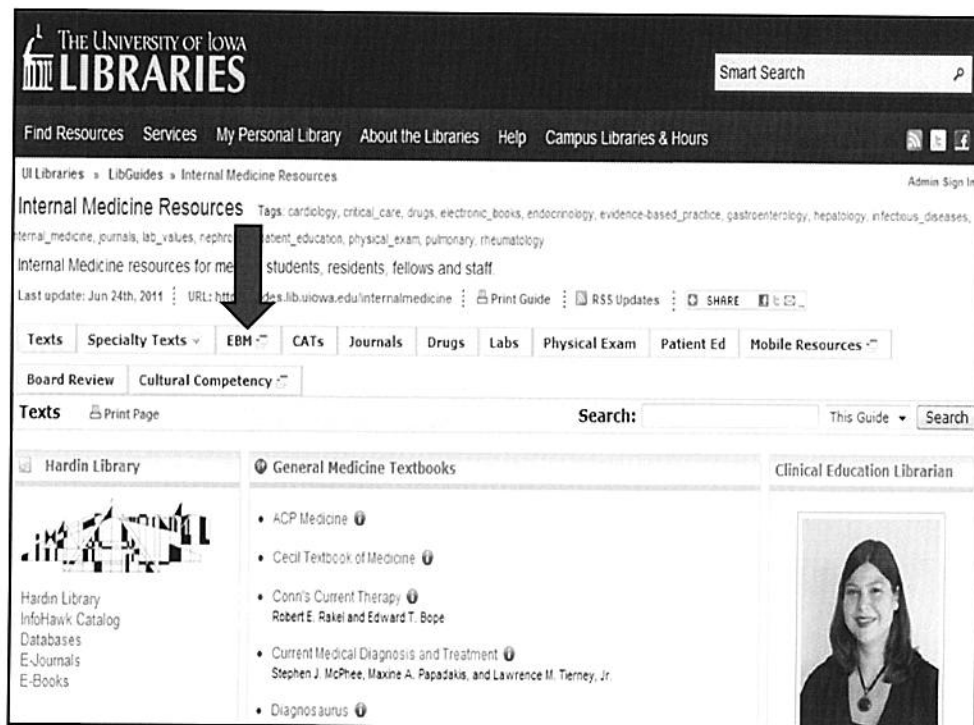
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UI Libraries > Subject Guides > Evidence Based Practice

Evidence Based Practice Tags: evidence-based_practice, medical_students, medicine

This page provides information on locating and evaluating literature used to support evidence based practice

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Know of a great resource that is not on this list? Let us know!

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Clinical Tools for EBP

- ACP Pier
- ACP Journal Club
- Clinical Evidence
- The Cochrane Library (including DARE)
- Dynamed
- Natural Standard
- PubMed Main Search page
- PubMed Clinical Queries
- TRIP Database
- UpToDate
- More Resources

Comments (0)

Learning Tools for EBP

- JAMA Evidence
- User's Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice
- The Rational Clinical Examination: Evidence-Based Clinical Diagnosis
- CMAJ Evidence-Based Medicine Series
- How to Read a Paper: Papers that Report Diagnostic or Screening Tests
- How to Read a Paper: Papers that Summarize Other Papers (Systematic Reviews and Meta-Analyses)
- See "Critical Appraisal" and "Teaching EBP" for additional resources

Comments (0)

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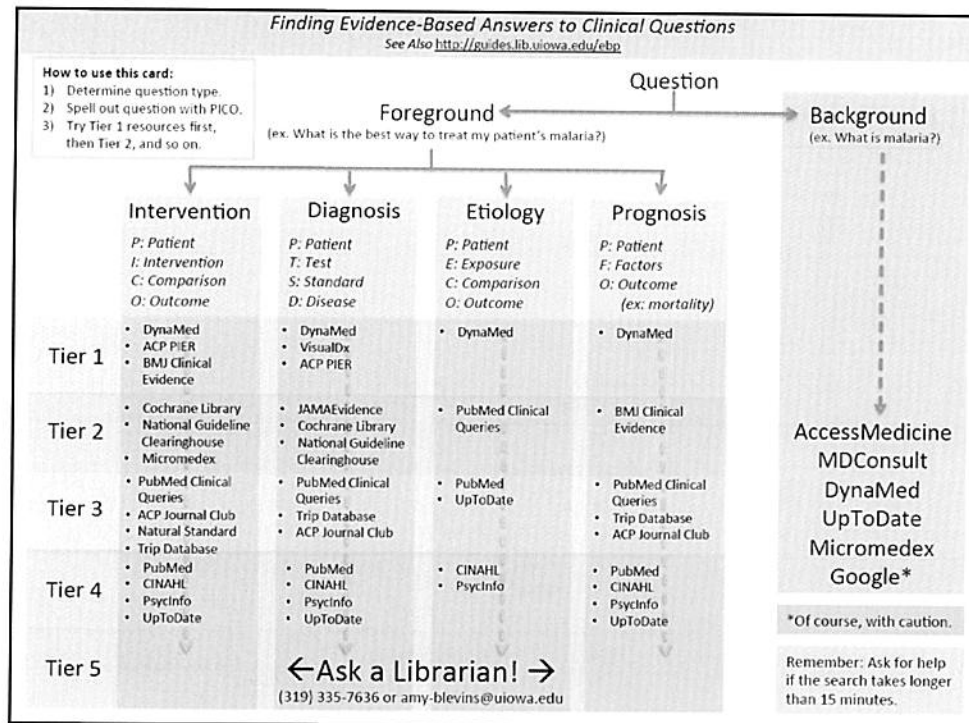
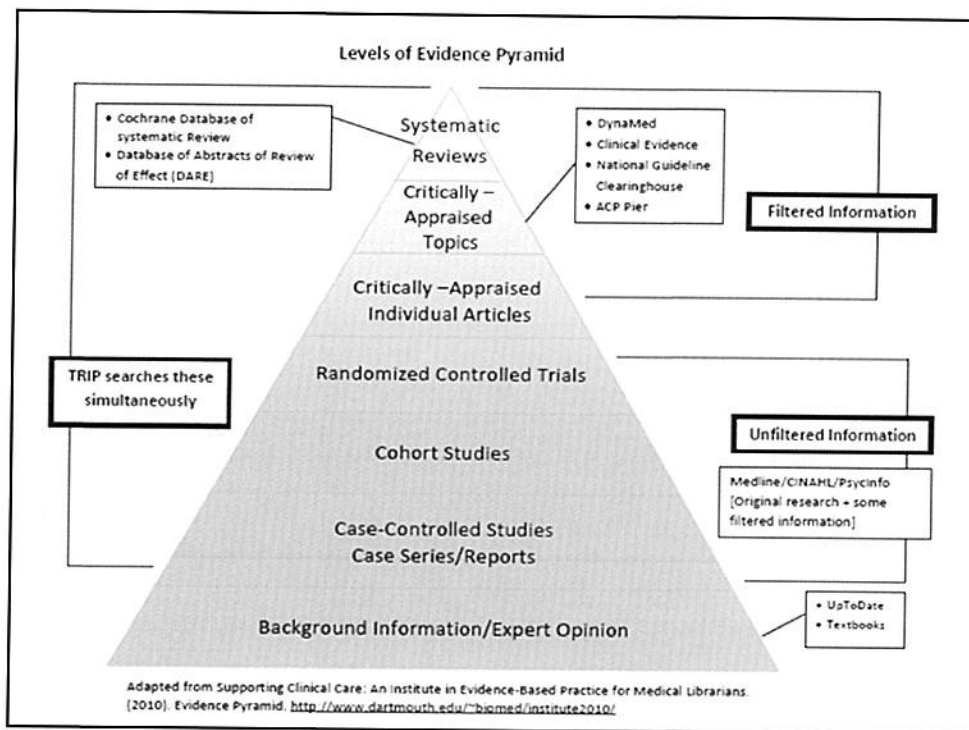
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Resources for EBP

ACP-Peer

What is it? The American College of Physicians' editorial staff screen the top medical journals for high-quality research articles then write structured abstracts highlighting their clinical value.

Highlights: These condensed topic summaries make keeping up with new literature easy.

EBM: Study designs and methodologies are clearly addressed in each critically appraised article.

ACP Journal Club

(Select the first option for American College of Physicians)

What is it? The American College of Physicians' editorial staff review individual articles.

Highlights: These condensed article summaries make keeping up with new literature easy.

EBM: Study designs and methodologies are clearly addressed in each critically appraised article.

Clinical Evidence

What is it? This electronic book documents the best evidence available (or lack thereof) for treatments and preventative measures.

Highlights: Clearly stated clinical questions, interventions sorted by effectiveness, with tradeoffs between options indicated where appropriate.

EBM: Methodologies of summarized studies are labeled. Overall utility of therapeutic options is noted.

The Cochrane Library

What is it? The Cochrane Library is a collection of evidence-based medicine databases, providing clinicians reliable and current information on the effects of interventions in health care.

Highlights: The Cochrane Database of Systematic Reviews are the gold standard of medical literature, providing comprehensive research analyses on a variety of medical treatments.

DARE: critiques other systematic reviews in a structured abstract format. CENTRAL provides a repository of clinical trial citations.

EBM: The Cochrane Collaboration is world renowned for their quality evidence-based publications.

DynaMed

What is it? A point of care medical reference updated daily by a review of the medical literature.

Highlights: Organized in a structured note format, content is easy to navigate, both overall recommendations and specific study results are included, available for mobile resource download.

EBM: References are provided for recommendations. These references are given a grade based on the level of evidence behind the recommendation.

First Consult

What is it? A point of care medical reference with a differential diagnosis component.

Highlights: Provides the option of comparing different diagnoses based on a chief complaint.

EBM: References are provided for recommendations.

Natural Standard

What is it? Natural Standard was founded by healthcare providers and researchers to provide high-quality, evidence-based information about complementary and alternative therapies.

Highlights: When available, the evidence for using substances for specific uses is provided in a table. Interactions and side effects are also listed. You are able to look up information by desired effect or by therapies.

EBM: Grades reflect the level of available scientific data for or against the use of each therapy for a specific medical condition.

National Guideline Clearinghouse (www.guidelines.gov)

What is it? The National Guideline Clearinghouse is a public comprehensive database of evidence-based clinical practice guidelines and related documents. It is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services.

Highlights: Very reliable database of guidelines for physicians, nurses and other healthcare practitioners, with a guideline comparison feature (called Guideline Synthesis).

EBM: Search for guidelines for treatment, intervention, measures and tools.

PubMed Clinical Queries

What is it? Clinical Queries is designed to locate articles in PubMed with higher levels of evidence.

Highlights: Use Clinical Queries to search by study type (etiology, diagnosis, therapy, prognosis or clinical prediction guides) or search for systematic reviews, evidence-based practice guidelines and meta-analyses.

EBM: Clinical trials, meta-analyses and practice guidelines are labeled, but other evidence levels must be self-identified.

PubMed Main Search Page

What is it? This database contains over 19 million citations for biomedical literature. Apply limits for publication types with higher levels of evidence.

Highlights: Gives access to most current medical research including yet to be published materials. Set up an NCBI account to set up alerts and save searches.

EBM: Limit publication types to meta-analysis, randomized-controlled trials, etc.

SumSearch

What is it? This search engine was developed by the University of Texas Health Sciences Center as a way to quickly search and filter health sciences literature.

Highlights: SUMSearch 2 simultaneously searches for studies (original studies and systematic reviews), and practice guidelines. Searches for studies are revised up to 6 times as needed, while guidelines may be revised once.

EBM: Uses the Haynes filters in addition to journal lists from McMaster to search multiple resources.

TRIP Database

What is it? TRIP (Turning Research into Practice) locates the highest possible evidence with which to inform clinical decisions, using the principles of evidence based medicine.

Highlights: Provides integrated results from a variety of clinical resources.

EBM: Results include evidence-based synopses, systematic reviews, guidelines and PubMed.

UpToDate

What is it? A point of care tool written and edited by a global community of 4,800 physicians.

Highlights: Recommendations are often graded in terms of supporting evidence.

EBM: Provides a grading system for recommendations that shows whether the recommendation is weak or strong and whether or not there is evidence to support the recommendation.

IDS: 4.0

What is it? A database of index records to articles about drugs and drug therapy in humans taken from over 200 leading medical and pharmaceutical journals, FDA approval packages, FDA Advisory Committee briefing documents, FDA boxed warnings, AHRQ publications, National Institute for Health and Clinical Excellence (NICE) guidelines and appraisals, clinical practice guidelines and more.

Highlights: The system is designed to retrieve specific information concerning a drug and/or drug treatment of a disease state.

EBM: Descriptors are available for limiting to publication types with higher levels of evidence.

Comments (0)

ACP Smart Medicine

- Adult-only topics – mostly IM & subspecialties
- Designed for point-of-care use
- Modules covering Diseases, Screening & Prevention, CAM, Ethical & Legal Issues, Procedures
- Disease-based Modules include sections on prevention, screening, diagnosis, consultation, hospitalization, therapy, patient education, follow-up
- Strength of evidence assigned to all recommendations

The screenshot displays the ACP Smart Medicine web application. At the top, the 'STAT!Ref' logo is visible alongside a search bar with the placeholder text 'Enter a search query and click Go:'. Navigation links for 'Back to Results', 'Search within this title', and 'Advanced Search Page' are present. The main content area is titled 'ACP Smart Medicine & ACP's DIB Essentials™' and features a 'Full Text' tab. A sidebar on the left lists various medical topics under 'OVERVIEW', including 'About', 'Evidence Ratings and Criteria', 'What's New', and a comprehensive list of diseases (A-Z). The main content area includes the 'ACP Smart Medicine™' logo, a copyright notice for 2014 by the American College of Physicians, and a description of the tool as a 'Web-based decision-support tool designed for rapid point-of-care delivery of up-to-date, evidence-based guidance for clinicians.' It also lists the five topic types: Diseases, Screening and Prevention, Complementary and Alternative Medicine, Ethical and Legal Issues, and Procedures. A detailed list of sections for a disease-based module is provided: Prevention, Screening, Diagnosis, Consultation, Hospitalization, Therapy, Patient Education, and Follow-up. A copyright notice for 2013 is at the bottom, along with a 'Show / Hide Bibliography' button.

ACP Journal Club

- Review of highest quality studies from over 150 general medicine & subspecialty medicine journals
- From 1998 - present
- Structured abstracts critically review chosen studies & highlight their clinical value
- Studies reviewed on etiology, diagnosis, prevention, treatment, prognosis, economics, clinical prediction rules, and systematic reviews

ACP Journal Club®
The Best New Evidence for Patient Care™

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2010 May 18, Volume 154, Number 13
2010 Apr 20, Volume 154, Number 12
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2010 Feb 16, Volume 154, Number 10
2010 Jan 19, Volume 154, Number 9

2009

Clinical Evidence

- A service of the British Medical Journal
- Website updated monthly + handbook twice yearly
- Systematic reviews of important treatments: quality of evidence rated for treatments reviewed
- Every systematic review updated at least yearly
- Treatments for over 250 conditions included
- Rating System:



ClinicalEvidence

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Learn, teach, and practise evidence-based medicine

Clinical Evidence comprises a database of high-quality, rigorously developed systematic overviews assessing the benefits and harms of treatments, and a suite of EBM resources and training materials.

LATEST UPDATED REVIEWS

Chronic suppurative otitis media (06 August 2012)
Asthma and other recurrent wheezing disorders in children (acute) (06 July 2012)
Schizophrenia (28 June 2012)
Diabetes, treating hypertension (28 March 2012)
Genital prolapse in women (14 March 2012)

see more >>

LATEST CITATIONS

Oral clodronate for adjuvant treatment of operable breast cancer (National Surg... (09 August 2012)
Six Cycles of Doxorubicin and Cyclophosphamide or Paclitaxel Are Not Superior to... (08 August 2012)
Carpal tunnel syndrome and musculoskeletal symptoms in postmenopausal women with... (02 August 2012)
Breast conserving therapy versus mastectomy for stage III breast cancer, 20 yea... (02 August 2012)
Cognitive behavioural treatment for women who have menopausal symptoms after bre... (27 July 2012)

see more >>

Free sample

To get an understanding of what we do, view the updated Clinical Evidence systematic review on Chronic obstructive pulmonary disease (COPD)

EvidenceLive¹³



Cochrane Library

- Independently done systematic reviews of therapies
- Gold Standard of systematic reviews
- Library Includes:
 - * Cochrane Database of Systematic Reviews
 - * Database of Abstracts of Reviews of Effects (DARE)
 - * Central Register of Clinical Trials (CENTRAL)
- New: Cochrane Reviews of Diagnostic Test Accuracy

The screenshot shows the Cochrane Library homepage. At the top, the logo and name 'THE COCHRANE LIBRARY' are displayed, along with the tagline 'Independent high-quality evidence for health care decision making' and a link to 'from The Cochrane Collaboration'. Below this is a search bar with a dropdown menu set to 'Title, Abstract or Keywords' and a 'GO' button. A navigation bar contains links for HOME, SIGN UP, LEARN, ACCESS, and HELP. The main content area is divided into three columns. The left column, 'BROWSE COCHRANE DATABASE OF SYSTEMATIC REVIEWS', lists various medical topics with their respective review counts. The middle column, 'SPECIAL COLLECTIONS', features three featured reviews with small images and titles. The right column, 'EDITORIAL', highlights a new article about oxygen therapy in acute myocardial infarction. On the far right, there are promotional banners for the 'Cochrane Journal Club' and 'Podcasts from The Cochrane Library'.

THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making

from The Cochrane Collaboration

SEARCH THE COCHRANE LIBRARY

Title, Abstract or Keywords

GO

HOME SIGN UP LEARN ACCESS HELP

or try an [Advanced Search](#)

BROWSE COCHRANE DATABASE OF SYSTEMATIC REVIEWS

- [Anaesthesia & pain control](#) (166)
- [Blood disorders](#) (97)
- [Cancer](#) (310)
- [Consumers & communication](#) (30)
- [Dentistry and oral health](#) (109)
- [Developmental, psychosocial, and learning problems](#) (76)
- [Ear, nose, & throat](#) (92)
- [Effective practice/health systems](#) (62)
- [Endocrine & metabolism](#) (90)

[expand](#)

SPECIAL COLLECTIONS

- [Intrauterine devices for contraception](#)
- [Acupuncture: ancient tradition meets modern science](#)
- [World No Tobacco Day \(31 May 2010\)](#)

[View all](#)

EDITORIAL

Oxygen therapy in acute myocardial infarction – too much of a good thing? by Dr Clive Weston

Myocardial infarction occurs when heart muscle cells die as a consequence of oxygen deprivation. Occasionally this can happen when the oxygen-carrying capacity of the blood is reduced, and there is general hypoxaemia...

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Cochrane Journal Club
Join the discussion

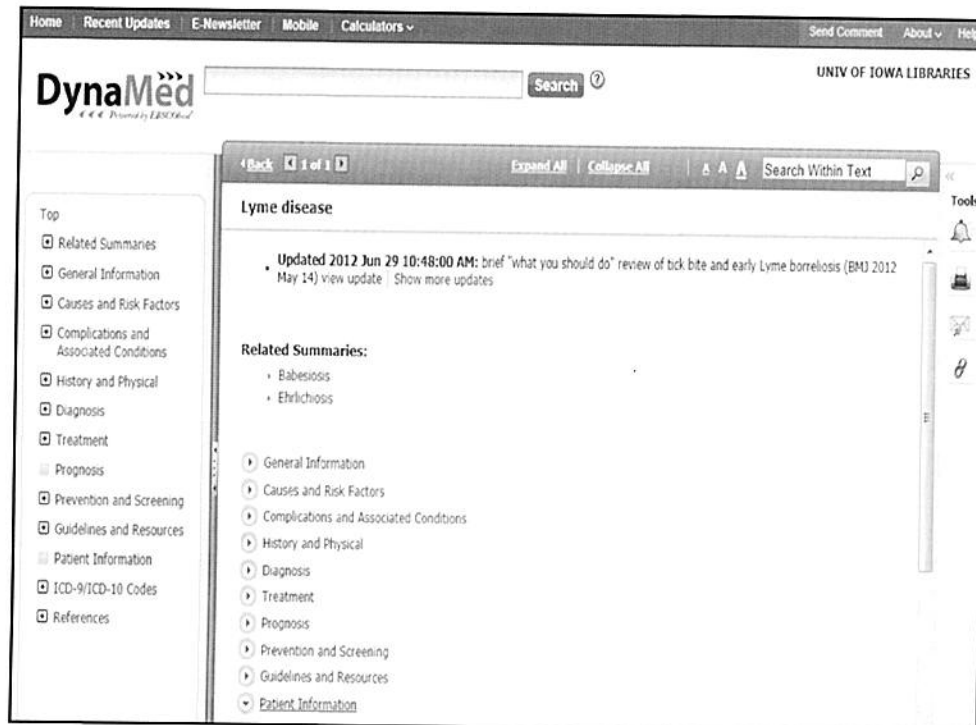
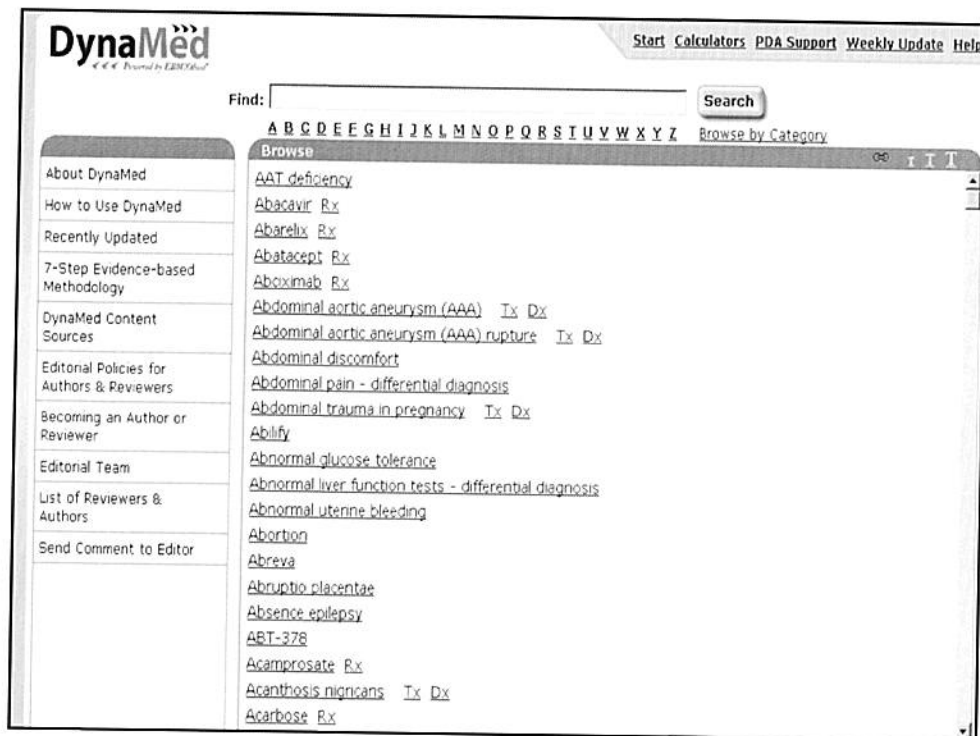
Podcasts from The Cochrane Library

DynaMed

- Clinical reference tool for point-of-care use
- Produced by EBSCO Publishing: can apply to become an author (comes with free access to site)
- Updated daily based on monitoring of over 500 medical journals + systematic review databases
- New evidence is integrated with existing content so synthesis of best available evidence provided
- Organized in a structured note format
- Free downloadable version available

DynaMed Evidence Ratings

- Level of Evidence Ratings
 - Level 1: highly reliable
 - Level 2: mid-level (moderately) reliable
 - Level 3: lacking solid evidence
- SORT Ratings (Strength of Recommendation Taxonomy)
 - Grade A: Recommended (consistent high level evidence)
 - Grade B: Limited (or inconsistent) evidence to recommend
 - Grade C: Lacking direct evidence to recommend



First Consult

- High quality, regularly updated medical reference
- From MD Consult: ***A Clinical Key Reference***
- Search clinical condition, differential diagnosis, procedures
- Summary of evidence quality with citations provided
- Free downloadable version available

First Consult Clinical Conditions

Organized by:

- * Summary
- * Background
- * Diagnosis
- * Treatment
- * Summary of Evidence
- * Outcomes
- * Prevention
- * Resources

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CLINICAL KEY ELSEVIER Abdominal Aortic Aneurysm Search THE UNIVERSITY OF LOW Welcome to CanvasKey!

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Board of Editors: Ben Jackson, MD, Fred F. Farn, MD, FACP, Russell C. Jones, MD, MPH, Dale K. Mueller, MD, and John MCB Hodgson, MD, FACC, FSCAI. Forward: 11 May 2010. Copyright Elsevier B.V. All rights reserved.

Abdominal aortic aneurysm

Summary

Description

- Defined as a localized dilation of the abdominal aorta 50% greater than the normal diameter; hence, in men whose normal abdominal aortic diameter is approximately 2 cm, any 3-cm dilation constitutes an abdominal aortic aneurysm.
- Abdominal aortic aneurysm is seen in 5% to 7% of people aged 60 years or greater in the U.S. Men outnumber women by a ratio of approximately 4 to 1. Incidence rises sharply after age 55 years in men and age 70 years in women. Cigarette smoking, hypertension, and family history are significant risk factors.
- Due to the high death rate from rupture (35%-80%), elective surgical repair or endovascular aneurysm repair (EVAR) is advisable in appropriate patients. In general, patients with aneurysms 5 cm or larger in diameter, symptomatic aneurysms, or rapidly enlarging aneurysms should be considered for repair. Treatment for aneurysms between 4 and 5 cm is controversial and is currently being evaluated by multiple clinical trials. Most surgeons observe aneurysms between 4 and 5 cm unless they are symptomatic or demonstrate rapid expansion.
- Most abdominal aortic aneurysms encountered by primary care physicians are intact and asymptomatic. These are often found incidentally on routine physical examination (palpable abdominal mass), or in radiographic studies performed for other indications.
- The possibility of a ruptured abdominal aortic aneurysm should be considered in middle-aged or elderly patients with any of the following: sudden onset pain in abdomen, back, or flank; palpable abdominal mass; or hypertension. Unfortunately, this triad is present in fewer than half of the patients with ruptured abdominal aortic aneurysms.

Immediate action

- Arrange urgent surgical evaluation for patients with the three classic signs of rupture: (1) pain in abdomen, back, or flank; (2) palpable abdominal mass; and (3) hypertension, which sometimes presents as syncope.
- Diagnostic tests should be kept to a minimum when a ruptured abdominal aortic aneurysm is suspected. Ultrasonography can confirm the presence of an aneurysm but not of rupture. It can be performed in the emergency department by emergency physicians.
- In patients who are hemodynamically stable with an uncertain diagnosis, a computed tomography (CT) scan should be performed. This exam should be done in a well-monitored environment after adequate resuscitation has been performed, including large bore IV catheters, blood drawn for cross-matching, crystalloid infusion, chest radiography, and electrocardiography (ECG). The importance of establishing a quick and accurate diagnosis cannot be overstated. It leads to a higher survival rate. In addition, expedient CT scanning may allow identification of a ruptured or symptomatic abdominal aortic aneurysm.
- If the likelihood of a ruptured abdominal aortic aneurysm is high, the patient should be transferred immediately for operative intervention.

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Summary of evidence

Evidence

Screening

- A systematic review of four studies of abdominal aortic aneurysm screening found evidence for a reduction in mortality for men aged 65 to 79 years [9] Level A.
- The U.S. Preventive Services Task Force (USPSTF) recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 years who have ever smoked. The USPSTF make no recommendations concerning screening for men aged 65 to 75 years who have not smoked, and it recommends against routine screening in women [10] Level C.
- An RCT found ultrasound screening to lower the death rate during follow-up of men aged 67 to 74 years in whom an abdominal aortic aneurysm (3 cm or more in diameter) had been detected [11] Level B.

Open surgical repair

- A systematic review included two large trials that found no difference in mortality between early surgery and ultrasound surveillance of people with asymptomatic aneurysms of 4 to 5.5 cm in diameter [1] Level A.
- The ADAM study was a prospective, randomized Veterans Affairs study whose results were reported in 2002. Despite a low operative mortality (2.7%), early open aneurysm repair did not confer a survival benefit over a mean of 4.9 years in patients with abdominal aortic aneurysms of 4 to 5.4 cm [2] Level A.
- The UK Small Aneurysm Trial was a prospective, randomized study in patients with abdominal aortic aneurysms of 4 to 5.5 cm, whose results were reported in 1999. Perioperative mortality was 5.8%, and early open aneurysm repair did not confer a survival benefit over 2, 4, or 6 years [3] Level A.

Endovascular aneurysm repair

- A multicenter RCT documented improved perioperative mortality and lower complication rates up to 30 days postsurgery in patients randomized to endovascular repair of aneurysms ≥ 5 cm vs open repair [4] Level B.
- Another large RCT compared EVAR with open repair in 1062 patients aged 60 years or older with aneurysms of at least 5.5 cm in diameter, who had been referred for treatment [5] Level B.
- Both studies found no difference in the all-cause long-term mortality between EVAR and open repair [4][5] Level B.
- A retrospective meta-analysis of 21,178 patients, including those in the aforementioned RCTs, found that EVAR is associated with fewer complications and lower perioperative mortality. EVAR was also associated with a reduction in aneurysm-related mortality, but not in all-cause mortality [6] Level B.
- Another RCT compared EVAR with surveillance in patients aged 60 years or older with aneurysms ≥ 5.5 cm in diameter, who had been referred for treatment but were considered unfit for open repair. There was no significant difference between the groups for all-cause mortality at 4-year follow-up [7] Level A.

Surveillance


- A systematic review included two large trials that found no difference in mortality between early surgery and ultrasonographic surveillance of people with asymptomatic abdominal aortic aneurysms of 4 to 5.5 cm in diameter [1] Level A.
- An observational multicenter study of 790 men with abdominal aortic aneurysms 3 to 3.9 cm in diameter undergoing surveillance with ultrasound scanning, found no ruptures during a mean follow-up of 3.69 years. Expansion rates and the incidence rate of operative repair are more common in abdominal aortic aneurysms of 3.5 to 3.9 cm when compared with those that are 3 to 3.4 cm in diameter. Overall, abdominal aortic aneurysms of 3 to 3.9 cm in diameter expanded slowly, did not rupture, and rarely required operative repair [8] Level B.

References


[1][4], [5], [7], [10][11][12][13][6], [9]

Natural Standard

- High quality, evidence-based information about complementary and alternative therapies.
- Evidence behind use of each substance + interactions and side effects provided.
- Grading system used to assess evidence for or against use of each therapy for a specific medical condition.



Natural Standard
The Authority on Integrative Medicine
provided by




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Testimonials

"At last! An authoritative reference on the many rubrics of Alternative Medicine: how to separate the good from the bad and the unknown. An extraordinary piece of work that will become the standard text in this area."

Vincent T. DeVita Jr., MD
The Amy and Joseph Perella Professor of Medicine, Yale School of Medicine
Former Director, National Cancer Institute

Natural Standard was founded by healthcare providers and researchers to provide high-quality, evidence-based information about complementary and alternative medicine including dietary supplements and integrative therapies. Grades reflect the level of available scientific data for or against the use of each therapy for a specific medical condition.

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Grading System

| | |
|----------|-------------------------------------|
| A | Strong Positive Scientific Evidence |
| B | Positive Scientific Evidence |
| C | Unclear Scientific Evidence |
| D | Negative Scientific Evidence |
| F | Strong Negative Scientific Evidence |

Natural Standard provides Decision-support Tools for:

| Providers | Insurers | Manufacturers | Retailers | Consumers |
|--|---|---|--|---|
| <ul style="list-style-type: none"> Check Interactions & Depletions Counsel Patients Reconcile LMR | <ul style="list-style-type: none"> Establish Guidelines Maintain Formulary Educate Members Encourage Prevention | <ul style="list-style-type: none"> Substantiate Claims Research & Development Regulatory Affairs White Papers | <ul style="list-style-type: none"> Promote Quality Products Generate Loyalty Increase ROI | <ul style="list-style-type: none"> Expert Press Interviews Make Safe & Effective Healthcare Decisions Trust Provider Recommendations |

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National Guideline Clearinghouse (www.guideline.gov)

- Sponsored by US Department of HHS and the Agency for Healthcare Research and Quality (AHRQ)
- Database of evidence-based clinical practice guidelines & related documents
- Can access by disease, by treatment, by organization producing guideline, by new & updated guidelines, etc.
- Includes side-by-side guideline comparison option
- **Guideline Syntheses** provided (for some of the most common diseases)

The screenshot shows the National Guideline Clearinghouse website. At the top, it features the U.S. Department of Health & Human Services logo and the AHRQ Agency for Healthcare Research and Quality logo. The main navigation bar includes links for Home, Guidelines, and a search bar. Below the navigation bar, there is a section titled "Guidelines by Topic" which lists various categories such as Disease/Condition, Treatment/Intervention, and Health Services Administration. Each category has a list of sub-topics with associated counts. For example, under Disease/Condition, there are 12 sub-topics, and under Treatment/Intervention, there are 70 sub-topics. The website also includes a sidebar with links to Home, Guidelines, and other resources.

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www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
www.ahrq.gov

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Guidelines by Topic

Browse topics to find guidelines represented in NQC that are linked to a particular term derived from the U.S. National Library of Medicine's (NLM) Medical Subject Headings (MeSH) or a controlled vocabulary for disease/condition, treatment/intervention, and health services administration. MeSH is one of the controlled vocabularies included within the Unified Medical Language System (UMLS) (what's this?)

MeSH terms are arranged hierarchically ranging from broad headings to more narrow concepts. For example, the general concept "Nervous System Diseases" can be followed through the MeSH hierarchy down to the concept "Myasthenia Gravis, Neonatal"; the broad concept "Diagnostic Techniques, Digestive System" can be followed through "Endoscopy, Gastrointestinal" to the narrow concept "Sigmoidoscopy."

[Create Topic E-mail Alerts](#)

Disease/Condition

- Anatomy (12)
- Organisms (40)
- Diseases (2471)
- Chemicals and Drugs (13)
- Analytical, Diagnostic and Therapeutic Techniques and Equipment (132)
- Psychiatry and Psychology (465)
- Phenomena and Processes (578)
- Disciplines and Occupations (1)
- Anthropology, Education, Sociology and Social Phenomena (70)
- Technology, Industry, Agriculture (4)
- Humanities (1)
- Information Science (7)
- Named Groups (110)
- Health Care (241)

Treatment/Intervention

- Anatomy (70)
- Organisms (52)
- Diseases (103)
- Chemicals and Drugs (1786)
- Analytical, Diagnostic and Therapeutic Techniques and Equipment (2473)
- Psychiatry and Psychology (801)
- Phenomena and Processes (932)
- Disciplines and Occupations (429)
- Anthropology, Education, Sociology and Social Phenomena (574)
- Technology, Industry, Agriculture (291)
- Humanities (57)
- Information Science (294)
- Named Groups (26)
- Health Care (1041)
- Publication Characteristics (14)

Health Services Administration

- Chemicals and Drugs (3)
- Analytical, Diagnostic and Therapeutic Techniques and Equipment (60)
- Psychiatry and Psychology (65)
- Phenomena and Processes (29)
- Disciplines and Occupations (52)
- Anthropology, Education, Sociology and Social Phenomena (162)
- Technology, Industry, Agriculture (15)
- Humanities (9)
- Information Science (136)
- Named Groups (21)
- Health Care (291)
- Publication Characteristics (2)
- Geographicals (17)

PubMed

- **Free** Search engine developed by NLM to retrieve publications from MEDLINE & other sources
- MEDLINE developed by NLM to access biomedical journal articles (5200+ journals / 37 languages)
- All articles indexed using NLM's MeSH
- **Limits** feature allows you to restrict types of publications retrieved
- **My NCBI** option allows you to set preferences, save old searches, receive alerts if new citations

When Using PubMed: Sign In to NCBI

The screenshot displays the PubMed website interface. At the top, there is a navigation bar with the NCBI logo, a search bar, and links for "Resources" and "How To". Below the search bar, the "PubMed" logo is prominently displayed, along with a description: "PubMed comprises more than 22 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." To the right of the search bar, there is a "Sign in to NCBI" link and a "Help" link.

The main content area is divided into three columns:

- Using PubMed:**
 - PubMed Quick Start Guide
 - Full Text Articles
 - PubMed FAQs
 - PubMed Tutorials
 - News and Alerts
- PubMed Tools:**
 - PubMed Mobile
 - Single Citation Matcher
 - Batch Citation Matcher
 - Clinical Queries
 - Topic-Specific Queries
- More Resources:**
 - MeSH Database
 - Journals in NCBI Databases
 - Clinical Trials
 - PubMed
 - Link Out

At the bottom of the page, there is a footer section with the following categories:

- GETTING STARTED:**
 - NCBI Education
 - NCBI Help Manual
 - NCBI Handbook
 - Training & Tutorials
- RESOURCES:**
 - Chemicals & Biomarkers
 - Data & Software
 - DBA & BSA
 - Dynamics & Structures
 - Genes & Expression
 - Genetics & Medicine
 - Genomes & Maps
 - Immunology
 - Literature
 - Proteins
 - Sequence Analysis
 - Taxonomy
 - Training & Tutorials
 - Variation
- POPULAR:**
 - PubMed
 - Nucleotide
 - BLAST
 - PubMed Central
 - Gene
 - Bioproject
 - Protein
 - Ortho
 - Genome
 - SNP
 - Structure
- FEATURED:**
 - Genetic Testing Registry
 - PubMed Health
 - GenBank
 - Reference Sequences
 - Map Viewer
 - Human Genome
 - Mouse Genome
 - Influenza Virus
 - Protein Data Bank
 - Sequence Read Archive
- NCBI INFORMATION:**
 - About NCBI
 - Research at NCBI
 - NCBI Newsletter
 - NCBI Press Release
 - NCBI on Facebook
 - NCBI on Twitter
 - NCBI on YouTube

SUMSearch:

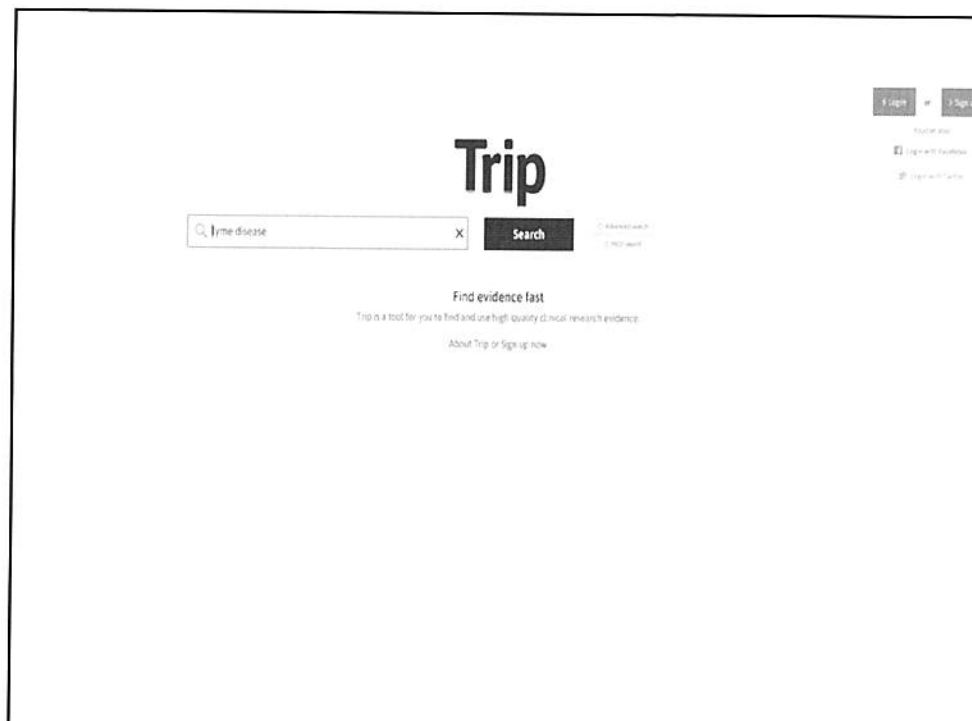
multi-source search engine

- Originally developed at UT - San Antonio
- Automates the search for evidence
- Primarily searches NLM, DARE, NGC for journal entries, systematic reviews, practice guidelines
- Categories of Answers Provided:
 - * Practice Guidelines
 - * Systematic Reviews
 - * Original Research
- Recently revised as site developer has moved from UTSA to KU: SUMSearch 2

[illegible]

TRIP (Turning Research into Practice)

- Developed at University of Wales, supported by UK NHS but also accept other sponsors and advertisers
- Tool for quickly locating evidence from multiple sources to answer key clinical questions
- Categories of Answers Provided:
 - * Systematic Reviews
 - * Guidelines
 - * Evidence-Based Synopses
 - * Clinical Answers
 - * Core Primary Research (Medline search of top journals)
 - * eTextbooks



UpToDate

New Search Table Use Start Here Capabilities

New Search

Search in selected language

All Topics Search

Show Instructions

Want the UpToDate mobile app? Register Now

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UpToDate Concerns

| <u><i>Advantages</i></u> | <u><i>Concerns</i></u> |
|--|---|
| <ul style="list-style-type: none">■ Extensive review of both pediatric & adult topics■ Easy to search■ Very easy to read■ Excellent graphics: tables, photos, references■ PDA version for easy point-of-care use■ Discounted price for students & residents | <ul style="list-style-type: none">■ Variable quality of topics reviewed■ Lack of consistency in stating quality of evidence behind recommendations■ Difficulty separating opinion from fact■ Updates misleading: don't address all new evidence■ Business plan concerns |

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- Business plan concerns

IDIS: 4.0

- Produced by Division of Drug Information Service at UI College of Pharmacy
- Database of index records to articles about drugs and drug therapy in humans
- System designed to retrieve specific information concerning a drug and/or drug treatment of a disease
- Evidence-Based: Searches for highest evidence (systematic reviews, clinical guidelines, etc.)

DDIS
Division of Drug Information Service

DDIS IDIS IDIH IDIS 4.0 Contact Us Scholarship Request a Trial Search

Login to IDIS
IDISWeb is now IDIS 4.0 Drug Database.
Your institution might be using IP authentication. If you do not know your Username and Password, try clicking the "Login by IP" button.
Login by IP
*Leave Username and Password Blank.
Username:
Password:
Login

IDIS 4.0
Find what you need to succeed
IDIS Drug Database 1966 - July 2013
Learn about IDIS 4.0 Drug Database by reading [New Features](#) or viewing this [video](#).
IDIS Training Tools
Find us on Facebook
Join our Update Lists
IDIS Drug Information Blog
CAMPUR
Monthly Update Information

Full-text articles/reports from 1988 through the current month are available in IDIS Drug Database.
IDIS is a database of index records to articles about drugs and drug therapy in humans taken from over 200 leading medical and pharmaceutical journals, FDA approval packages, FDA Advisory Committee briefing documents, FDA boxed warnings, AHRQ publications, National Institute for Health and Clinical Excellence (NICE) guidelines and appraisals, clinical practice guidelines and more. The complete article/report is also available online (1988 through the current month). The system is designed to retrieve specific information concerning a drug and/or drug treatment of a disease state. Authoritative publications have been selected to provide broad coverage of both general and specialty areas of pharmacy and medicine.
System Usage: Data retrieved from the database is intended for distribution solely within the subscriber's organization and may not be accessed from more than one computer concurrently without prior written permission from DDIS. The data is not to be transferred, retransmitted or used with other information for the creation of a combined or consolidated database. Under no circumstances may copies of the data be offered for sale or resale.

IDIS Tips and News
Adverse Effects, Drug-Induced
PDE of this tip
When searching for a specific drug-induced adverse effect, combine a drug term in the Drug field with a free-text truncated keyword in the Title or Abstract fields, e.g. Drug: clozapine, Title or Abstract: "agranulocytosis".
If this does not find the information you want, try a broader search by combining the drug term with an appropriate side effect descriptor, e.g. Drug: clozapine, Descriptor: "SIDE EF HEMIC LYMPHATIC 83".
A common mistake when searching for drug-induced adverse effects is using the *Drug* field to search for
More Tips

Division of Drug Information Service
University of Iowa Research Park
2500 Crosspark Road, Room W145
Coralville, IA 52241-4710 USA
Telephone: 319-335-4500
U.S. Toll-free: 800-525-4347
Fax: 319-335-4440
E-mail: ddis@uiowa.edu

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The Hierarchy of Evidence

The Evidence Pyramid



Resources for Systematic Reviews

- Cochrane Systematic Reviews (gold standard)
- Database of Abstracts of Reviews of Effects (DARE)
- TRIP Database
- SUMSearch
- PubMed Clinical Queries search for systematic reviews

Resources for Critically-Appraised Topics

- ACP PIER
- Clinical Evidence
- DynaMed
- First Consult
- National Guideline Clearinghouse
- TRIP Database
- SUMSearch
- IDIS 4.0

Resources for Critically-Appraised Individual Articles

- ACP Journal Club
- BMJ Updates
- TRIP Database

Unfiltered Resources

- Individual Research Studies: RCTs > Cohort Studies > Case-Controlled Studies > Case Series
 - * Medline
 - * PubMed Search Engine
 - * Ovid Search Engine
 - * CENTRAL Registry
(available via Cochrane website)

Background Information & Expert Opinion

- UpToDate
- Other electronic textbooks such as Harrison's Online, Nelson's Textbook of Pediatrics, Schwarz Principles of Surgery etc.

Mobile Resources

- Click on: *Mobile Resources*
- Also click on: *Hardin Library Mobile Device Resources*
Organized by *Platform Type* & by *Resource Type*
- Amy Blevins, Hardin Library Staff can assist. Contact her at: 319-335-7636 or amy-blevins@uiowa.edu

Available Resources to Download

- Diagnosaurus
- DynaMed
- Epocrates
- First Consult (via Clinical Key)
- Johns Hopkins ABX Guide
- Micromedex
- Micromedex Drug Interactions
- Natural Standard
- StatRef! (includes ACP Smart Medicine)
- UpToDate
- VisualDx

The End.

Questions?

