實證醫學 Evidence Based Medicine (EBM)

文獻搜尋

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實證醫學的五個步驟

- 1) Ask an answerable question [問可以回答的問題]
- 2) Search for the best evidences [搜尋最佳證據]
- 3) Critically appraise those evidences 〔嚴格的文獻評讀〕
- 4) Apply to the patient [臨床應用]
- 5) Evaluate our performance [評估與稽核以上步驟]

大綱

• 文章類型介紹

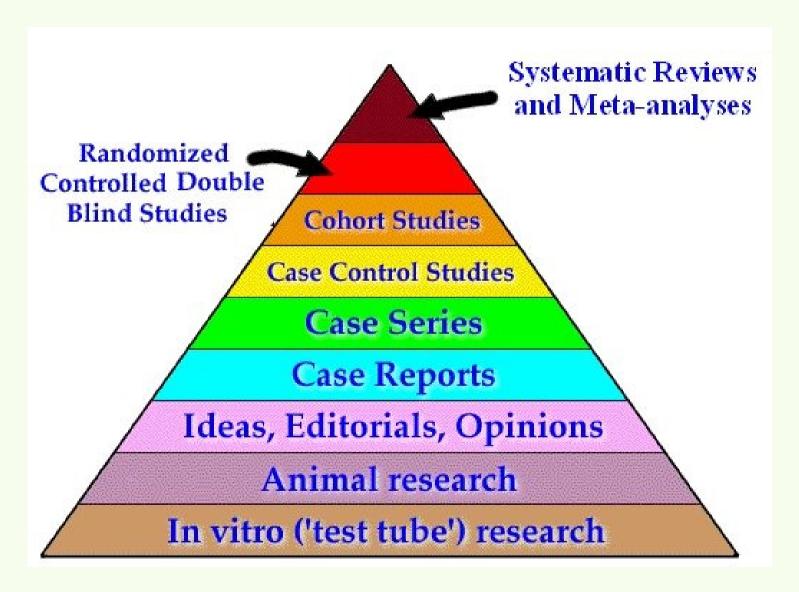
• 資料庫介紹

• 文獻搜尋的方法與技巧

文章類型介紹



Pyramid of EBM



Systematic review 系統性文獻回顧

特色:

- 1. 文內有清楚的主題與完整的內含或除外之定義。
- 2.引用多源之文獻資料。
- 3. 引用之各文獻中皆有分析評估其個別之研究品質。
- 4. 有將各文獻結果依其品質程度或統計分析水準做『統合分析』(Meta-analysis)。

PLoS One. 2018 Nov 26;13(11):e0207947. doi: 10.1371/journal.pone.0207947. eCollection 2018.

Metformin induces significant reduction of body weight, total cholesterol and LDL levels in the elderly - A meta-analysis.

Solymár M¹, Ivic I¹, Pótó L², Hegyi P^{1,3,4}, Garami A¹, Hartmann P⁵, Pétervári E¹, Czopf L⁶, Hussain A⁷, Gyöngyi Z⁸, Sarlós P⁹, Simon M¹⁰, Mátrai P², Bérczi B⁸, Balaskó M¹.

Abstract

BACKGROUND: Metformin is the first-choice drug for patients with Type 2 diabetes, and this therapy is characterized by being weight neutral. However, in the elderly an additional unintentional weight loss could be considered as an adverse effect of the treatment.

OBJECTIVES: We aimed to perform a meta-analysis of placebo-controlled studies investigating the body weight changes upon metformin treatment in participants older than 60 years.

MATERIALS AND METHODS: PubMed, EMBASE and the Cochrane Library were searched. We included at least 12 week-long studies with placebo control where the mean age of the metformin-treated patients was 60 years or older and the body weight changes of the patients were reported. We registered our protocol on PROSPERO (CRD42017055287).

RESULTS: From the 971 articles identified by the search, 6 randomized placebo-controlled studies (RCTs) were included in the meta-analysis (n = 1541 participants). A raw difference of -2.23 kg (95% CI: -2.84 --1.62 kg) body weight change was detected in the metformin-treated groups as compared with that of the placebo groups (p<0.001). Both total cholesterol (-0.184 mmol/L, p<0.001) and LDL cholesterol levels (-0.182 mmol/L, p<0.001) decreased upon metformin-treatment.

CONCLUSIONS: Our meta-analysis of RCTs showed a small reduction of body weight together with slight improvement of the blood lipid profile in patients over 60 years. With regard to the risk of unintentional weight loss, metformin seems to be a safe agent in the population of over 60 years. Our results also suggest that metformin treatment may reduce the risk of major coronary events (-4-5%) and all-cause mortality (-2%) in elderly diabetic populations.

1: Arch Surg. 2009 Jan; 144(1):69-76; discussion 76.

Antiplatelet agents in the perioperative period.

O'Riordan JM, Margey RJ, Blake G, O'Connell PR.

Department of Surgery, Mater Misericordiae University Hospital, Dublin, Ireland.

OBJECTIVE: To determine the use of the 3 major classes of antiplatelet drugs (aspirin, thienopyridines, and glycoprotein IIb/IIIa inhibitors), their management in the perioperative period, and the risks associated with premature withdrawal, DATA SOURCES: We reviewed the PubMed, EMBASE, and Cochrane databases using the terms antiplatelet agents in the perioperative period, antiplatelet agents and management of bleeding, drug-eluting stents and stent thrombosis, substitutes for antiplatelet agents, and premature withdrawal of antiplatelet agents, STUDY SELECTION: Randomized, doubleblind, placebo-controlled trials; prospective observational studies; review articles; clinical registry data; and guidelines of professional bodies pertaining to antiplatelet agents were included. DATA EXTRACTION AND SYNTHESIS: Two researchers independently read the selected abstracts and selected the studies that matched the inclusion criteria. Any discordance between the 2 researchers was resolved by discussion so that 99 articles were finally included, CONCLUSIONS: Aspirin use should not be stopped in the perioperative period unless the risk of bleeding exceeds the thrombotic risk from withholding the drug. With the exception of recent drug-eluting stent implantation, clopidogrel bisulfate use should be stopped at least 5 days prior to most elective surgery. Use of alvcoprotein IIb/IIIa inhibitors must be discontinued preoperatively for more than 12 hours to allow normal hemostasis. Premature withdrawal of antiplatelet agents is associated with a 10% risk of all vascular events. Following drug-eluting stent implantation, withdrawal is associated with stent thrombosis and potentially fatal consequences. No definitive quidelines exist to manage patients who are actively bleeding while taking these drugs.

Meta-analysis (Forest plot)

Review: Glucosamine therapy for treating osteoarthritis

Comparison: 02 Glucosamine versus NSAIDs [Piroxicam, Ibuprofen]
Outcome: 04 Toxicity (Number of Withdrawals due to Adverse Events)

Study	Glucosamine n/N	NSAIDs n/N	Relative Risk (Fixed) 95% CI	Weight ୯ବ	Relative Risk (Fixed) 95% Cl
Muller-FassBender 94	1/100	7/99		20.6	0.14 [0.02, 1.13]
Qiu 1998	0/88	9/90	- ■	27.5	0.05 [0.00, 0.91]
Rovati 1997	0/79	18/86	←	51.9	0.03 [0.00, 0.48]
Vaz 1982	0/18	0/20		0.0	Not estimable
Total (95% CI) Total events: 1 (Glucosam Test for heterogeneity chi Test for overall effect z=3	-square=0.92 df			100.0	0.06 [0.01, 0.25]
			0.01 0.1 1 10 Favours Glucosamine Favours N	100 NSAIDs	

Randomized controlled double-blind study

1: <u>J Am Coll Cardiol.</u> 2008 Jan 22;51(3):256-60.

Influence of omeprazole on the antiplatelet action of clopidogrel associated with aspirin: the randomized, double-blind OCLA (Omeprazole CLopidogrel Aspirin) study.

<u>Gilard M, Arnaud B, Cornily JC, Le Gal G, Lacut K, Le Calvez G, Mansourati J, Mottier D, Abgrall JF, Boschat J.</u>

Department of Cardiology, Brest University Hospital, Brest, France. martine.gilard@chu-brest.fr

OBJECTIVES: This trial sought to assess the influence of omegrazole on clopidogrel efficacy, BACKGROUND: Clopidogrel has proved its benefit in the treatment of atherothrombotic diseases. In a previous observational study, we found clopidogrel activity on platelets, tested by vasodilator-stimulated phosphoprotein (VASP) phosphorylation, to be diminished in patients receiving proton pump inhibitor (PPI) treatment, METHODS: In this double-blind placebo-controlled trial all consecutive patients undergoing coronary artery stent implantation received aspirin (75 mg/day) and clopidogrel (loading dose, followed by 75 mg/day) and were randomized to receive either associated omeprazole (20 mg/day) or placebo for 7 days. Clopidogrel effect was tested on days 1 and 7 in both groups by measuring platelet phosphorylated-VASP expressed as a platelet reactivity index (PRI). Our main end point compared PRI value at the 7-day treatment period in the 2 groups, RESULTS; Data for 124 patients were analyzed. On day 1, mean PRI was 83.2% (standard deviation [SD] 5.6) and 83.9% (SD 4.6), respectively, in the placebo and omegrazole groups (p = NS), and on day 7, 39.8% (SD 15.4) and 51.4% (SD 16.4), respectively (p < 0.0001). RESULTS: Omegrazole significantly decreased clopidogrel inhibitory effect on platelet P2Y12 as assessed by VASP phosphorylation test. Aspirin-clopidogrel antiplatelet dual therapy is widely prescribed worldwide, with PPIs frequently associated to prevent gastrointestinal bleeding. The clinical impact of these results remains uncertain but merits further investigation.

PMID: 18206732 [PubMed - indexed for MEDLINE]

Cohort study

- 由現況追蹤到結果 (prospective)
- 例:找500個健康的抽煙者當study group, 找500個健康的不抽煙者當control group. 追蹤10年,看那一組得lung cancer的比率 較高。

Case-control study

- 由結果向前追蹤其原因(retrospective)
- 例:找500個有lung cancer者當study group,找500個沒有lung cancer者當 control group. 追溯其病史,看那一組的抽煙比率較高。

Case Report

1: <u>Thyroid.</u> 2005 Nov; 15(11): 1299-302.

Definitive treatment for persistent hypoparathyroidism in a kidney transplant patient: parathyroid allotransplantation.

<u>Torregrosa NM, Rodríguez JM, Llorente S, Balsalobre MD, Rios A, Jimeno L, Parrilla P.</u>

Department of General Surgery and Nephrology, Hospital Universitario Virgen de la Arrixaca, Murcia, Spain.

Post-surgical hypocalcemia is usually a transitory complication in thyroid and parathyroid surgery that can be resolved quickly, although it becomes a delicate matter when the problem persists. Parathyroid transplantation is the choice of treatment; however, the associated immunosuppression can cause side effects. The following case study shows the transplantation of parathyroid tissue from a patient with secondary hyperparathyroidism to another kidney transplant patient with severe hypocalcemia that was medically intractable. The graft is functioning after 2 years.

PMID: 16356096 [PubMed - indexed for MEDLINE]

Expert Opinion

1: Expert Opin Pharmacother. 2008 Sep;9(13):2273-80.

An update on treatment strategies for acromegaly.

Katznelson L.

Department of Medicine, Stanford University School of Medicine, 875 Blake Wilbur Drive, Stanford, CA 94305-5821, USA. atznelson@stanford.edu

BACKGROUND: Acromegaly is an insidious disease due to growth hormone (GH) hypersecretion from a pituitary adenoma, and is associated with multiple comorbidities and risk of premature mortality. OBJECTIVES: To review the therapeutic goals and options for acromegaly. METHODS: Literature review. RESULTS/CONCLUSION: Surgery is the mainstay of therapy, but a role for primary medical therapy using somatostatin analogs is described as well. Somatostatin analogs are the mainstay for medical therapy, largely in an adjuvant setting. The GH receptor antagonist is also used and may be considered in addition to the somatostatin analogs, or as second line therapy. Based on these multiple modalities of therapy, it should be possible to achieve biochemical control in almost all patients.

PMID: 18710352 [PubMed - indexed for MEDLINE]

Oxford Center for EBM 2011 Levels of Evidence

Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence

Question	Step 1 (Level 1*)	(Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
How common is the problem?	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
Is this diagnostic or monitoring test accurate? (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard**	Mechanism-based reasoning
What will happen if we do not add a therapy? (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case- control studies, or poor quality prognostic cohort study**	n/a
Does this intervention help? (Treatment Benefits)	Systematic review of randomized trials or <i>n</i> -of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning
What are the COMMON harms? (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, <i>n</i> -of-1 trial with the patient you are raising the question about, or observational study with dramatic effect	study with dramatic effect	Non-randomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
What are the RARE harms? (Treatment Harms)	Systematic review of randomized trials or <i>n</i> -of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
Is this (early detection) test worthwhile? (Screening)	Systematic review of randomized trials	Randomized trial	Non -randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

Level may be graded down on the basis of study quality, imprecision, indirectness(study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small. Level may be graded up if there is a large or very large effect size.

Grades of recommendation

A	consistent level 1 studies
В	consistent level 2 or 3 studies <i>or</i> extrapolations from level 1 studies
С	level 4 studies <i>or</i> extrapolations from level 2 or 3 studies
D	level 5 evidence <i>or</i> troublingly inconsistent or inconclusive studies of any level

 "Extrapolations" are where data is used in a situation which has potentially clinically important differences than the original study situation



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資料庫介紹



Primary (unfiltered) databases

- PubMed
- Medline
- EMBASE
- CINAHL
- CEPS中文電子期刊

Medline

- 醫學資料庫
- 1966年,緣起於美國國家醫學圖書館(National Library of Medicine)(NLM)發行的 Index Medicus。
- 收錄期刊數:5600多種(含括37種語言,超過80個國家),其中48%的出版品來自美國,將近88%出版品是以英文寫成,76%有作者寫的英文摘要。
- 學科主題:臨床及基礎醫學、護理、牙醫、獸醫及醫療相關 如醫技、職治、物治及生命科學如生物學、環境科學等。

Medline

• 收錄年代: Old Medline: 1949-1965

Medline: 1966- present

- 資料更新速度:每天(從星期二至星期六)
- 所有文章均由專業圖書館員加上醫學標題(Medical Subject Headings,簡稱MeSH)。
- 查詢的介面:

PubMed:該網站為NCBI所提供免費使用 由各商業出版界添加各種查詢介面功能的 Medline,如 Ovid Medline、EBSCO Medline、Proquest Medline。

PudMed

- 為美國國家醫學圖書館(NLM)的國家生技資訊中心 (National Center for Biotechnology Information) (NCBI)所製作的生物醫學相關文獻的書目索引摘要資料 庫,並提供部分免費及付費全文連結服務。
- 1996年1月設立,1997年6月供網路上免費使用。
- 透過 PubMed可以查到 MEDLINE 資料庫所收錄之資料 ,但不限於 MEDLINE。
- 資料更新速度:每天(從星期二至星期六)

PudMed

- 除了可找MEDLINE收錄的文章外, PudMed還可找下列資訊:
- 1. 處理中的文章(In-process citations),此類文章尚未由專業館員加上MeSH,亦尚未收錄於MEDLINE。
- 2. 尚未正式發表的期刊文章,此類文章通常是出版社經由電子方式 提交給NLM。
- 3. 部分尚未更新為近代辭彙,或尚未收錄於MEDLINE的 OLD MEDLINE資料。
- 4. 非MEDLINE收錄範圍之生命科學相關主題的文章。
- 5. 尚未被MEDLINE收錄,但已提交電子全文予PubMed Central,且經由NLM審核過的生命科學期刊文章。
- 6. 美國國家衛生研究院 (National Institutes of Health, 簡稱 NIH) 資助之研究者所發表的文章。

EMBASE (Excerpta Medica dataBASE)

- 醫學、生物醫學與藥理學資料庫。
- 完整函蓋 MEDLINE,且多收錄50%期刊。
- 更多歐洲與亞洲文獻。
- 有較多非英語的生醫期刊。
- 涵蓋期刊、會議摘要以及藥名索引並且每日更新資 訊,含 articles in press。
- 只有訂閱者可以使用 EMBASE 資料庫。

From Elsevier

Embase.com

~ 3500 萬篇文獻, 8300 種期刊 ~240 萬篇會議文摘 (收錄至 7000+ 專業研討會)

MEDLINE

~2419 萬篇文獻 ~5300 種期刊

Pubmed ~2800 萬篇

2018/10/24 更新數據

CINAHL (Cumulative Index to Nursing and Allied Health Literature)

- 自1956年至今爲護理學最具權威性的資料庫。
- 在所持續收錄的2,800多種醫護與健康領域的期刊中,逾1,000 種是MEDLINE所沒有收錄的。
- 收錄有全球英文護理專業期刊、美國護理協會、國際護理聯盟組織及護理衛生科學聯盟組織及選錄自生物醫學Index Medicus中有關護理文獻之資料,共計約有3,200種期刊。有關於護理學主題之博、碩士論文,及多種衛生健康科學方面之文獻與理學之博、碩士論文、心理學、行爲科學、管理學文獻等資料亦收錄於其中。目前資料庫筆數共計約有23萬筆左右。
- 自CINAHL資料庫檢索結果可連結至Nursing Collection 40種全文期刊。

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(2008/09)

作者: 黄十魁:陳進財:李軾揚:張

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- » 建立傷口照護標準一以壓瘡傷口爲例
- » 老年人常見之泌尿道感染
- 、 但口昭誰與數料渾用

Secondary (prefiltered) databases

- The Cochrane Library
- Secondary journals: EBM, ACP Journal Club
- Evidence-based textbook/summary: UpToDate,
 DynaMed Plus, Best Practice
- Evidence-based guideline: National Guideline Clearinghouse, NICE

The Cochrane Library

- 由 Cochrane collaboration 設立。
- Cochrane collaboration是一個國際性、非營利性且獨立的機構,建立於 1993 年。
- 此組織致力於提供目前世上關於健康照護成效之 最新的、最精確的訊息,並且宣傳健康照護之系 統性回顧以及促進臨床試驗之證據檢索。

The Cochrane Library

- Cochrane Database of Systematic Reviews (CDSR)
- Database of Abstracts of Reviews of Effects (DARE)
- Cochrane Central Register of Controlled Trials (CENTRAL)(CCRT)
- Cochrane Methodology Register
- Health Technology Assessment Database
- NHS Economic Evaluation Database

The Cochrane Library

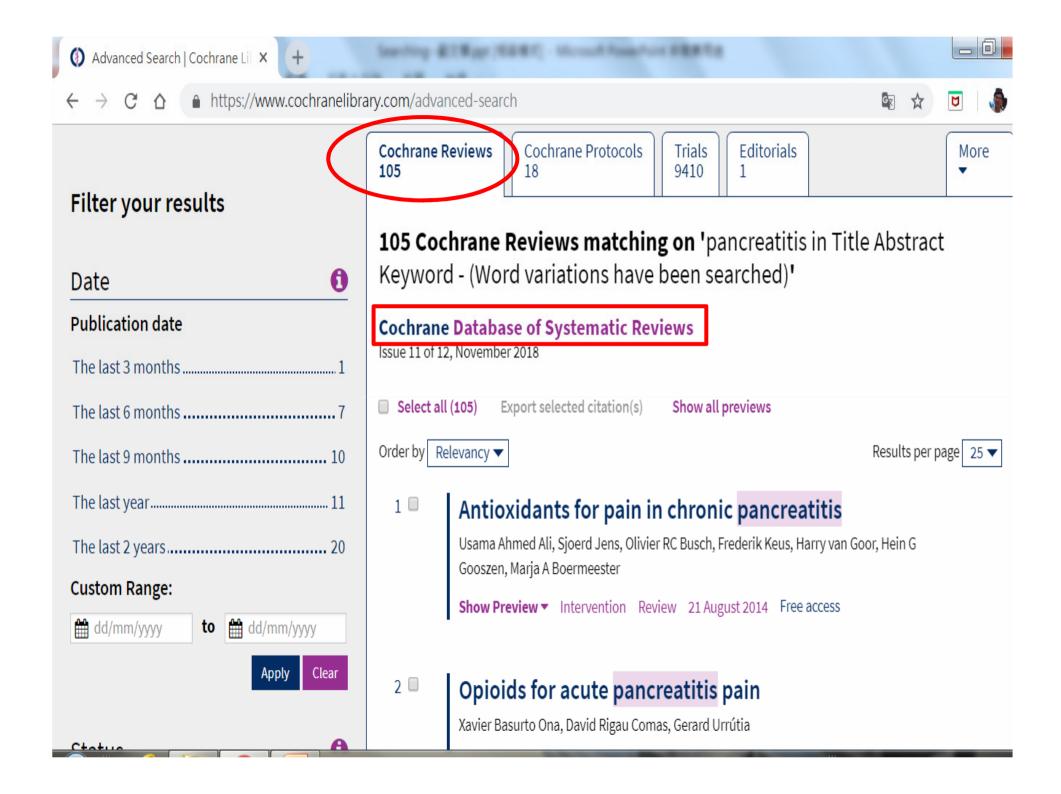
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- Health Technology Assessment Database
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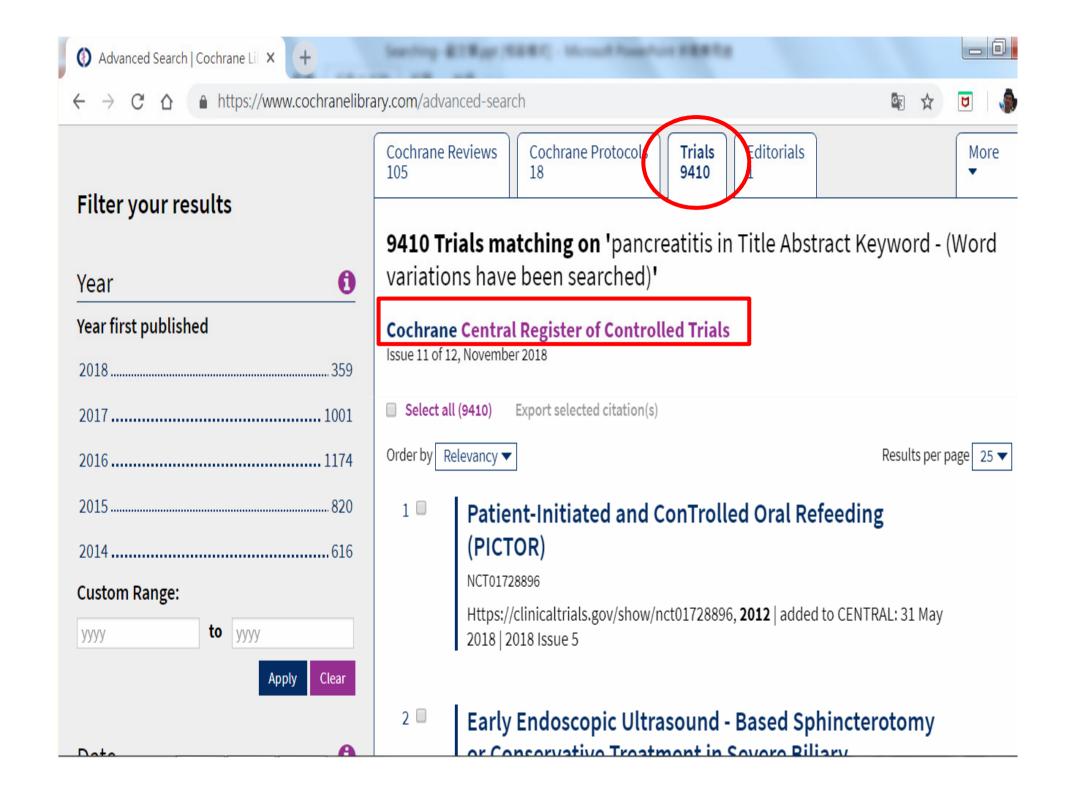
Cochrane Database of Systematic Reviews (Cochrane Reviews, CDSR)

- o 提供疾病與健康照護問題系統性的評論與治療效果 結論全文
- o 針對特定的疾病或其他健康照顧方面的問題給予系統評論定義,並裁定這項治療方法是否有效(53個系統評論小組)
- o 2010年起由每季更新調整爲每月更新
- o 包含 7835筆 Reviews及 2453筆進行中的 Protocols (December 2018)

Cochrane central register of controlled trials (Trials)(CENTRAL)

- · 資料來自 MEDLINE 及 EMBASE 書目資料庫,數百種專業醫學期刊、會議資料及其他尚未出版的臨床實驗計劃,或僅於研討會發表之文獻報告。
- 大約有五分之三的內容來自MEDLINE。
- 內容包括文章標題、出版來源及文章大綱,不包含全文資料。
- 全世界收錄最多且最大的隨機臨床實驗資料庫。





Database of Abstracts of Reviews of Effectiveness (DARE)

- · 內容由設立於英國約克大學(University of York)的 Centre for Reviews and Dissemination (CRD) 所提供。
- ·由組織經過評估、從有學術價值的醫學期刊中選出系統性回顧(systematic review)的文章,並將之集合而成摘要型資料庫,並提供文獻品質之評核。
- 唯一收錄經過嚴格審核標準的系統評論摘要資料庫;每一筆摘要包括總結概述,以及審核標準的說明。

UNIVERSITY of York Centre for Reviews and Dissemination



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News

DARE and NHS EED archives secure on CRD website until at least 2021

CRD would like to reassure our many thousands of users that we are committed to maintaining archive versions of DARE and NHSEED until at least 2021 (the point to which we have funds to support maintenance). [Bibliographic records were published on DARE and NHS EED until 31st March 2015. Searches of MEDLINE, Embase, CINAHL, PsycINFO and PubMed were continued until the end of the 2014.]

We know the databases remain a valuable resource to those seeking to find out if reviews and economic evaluations have already been done before embarking on new projects, and in

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ACP Journal Club, Evidence-Based Medicine

ACP Journal Club Collection

· 含括「ACP Journal Club」(American College of Physicians,美國內科醫師學會出版)與「Evidence-Based Medicine」(ACP與 British Medical Journal Group 合作出版)兩種出版品,每月至少過濾50種以上之核心期刊,搜尋最佳之原始與評論性文章,結構化整理摘要評論及摘要出其中重要實證所得。







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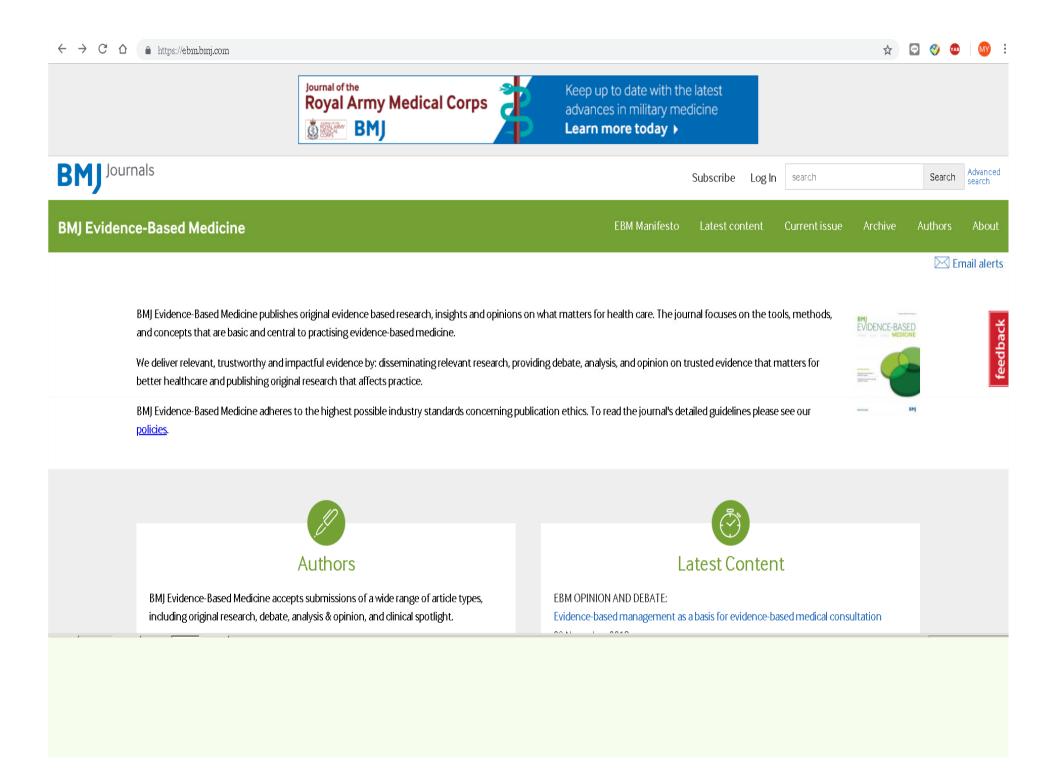


ACP Journal Club summarizes the best new evidence for internal medicine from over 120 clinical journals. Once a bimonthly stand-alone journal, ACP Journal Club is now a monthly feature of Annals of Internal Medicine. Research staff and clinical editors rigorously assess the scientific merit of the medical literature as it is published and a worldwide panel of over 5000 physicians assesses the clinical relevance and newsworthiness of rigorous studies.

Purpose and Procedure | Glossary | Editorial Staff







Plasma exchange led to a higher rate of renal recovery than intravenous methylpredisolone in severe vasculitis

Jayne DR, Gaskin G, Rasmussen N, et al. Randomized trial of plasma exchange or high-dosage methylprednisolone as adjunctive therapy for severe renal vasculitis. J Am Soc Nephrol. 2007;18:2180-8.

Clinical impact ratings: Hospitalists ★★★★★☆☆ Allerg & Immunol ★★★★★☆ Hematol/Thrombo ★★★★★☆☆ Nephrology ★★★★★★

QUESTION

In patients with severe vasculitis who receive cyclophosphamide and oral prednisolone, does plasma exchange increase renal recovery more than intravenous (IV) methylprednisolone?

METHODS

Design: Randomized controlled trial.

Allocation: Concealed.* Blinding: Unblinded.*

Follow-up period: 12 months.

Setting: 28 hospitals in 9 countries in

Europe.

Patients: 137 patients (median age 66 y, 61% men) with Wegener granulomatosis or microscopic polyangiitis; biopsy-proven, pauci-immune, necrotizing, or crescentic glomerulonephritis; and serum creatinine level > 500 μmol/L (5.8 mg/dL). Exclusion criteria included age < 18 or > 80 years, pregnancy, circulating antiglomerular basement

ma exchanges given within 14 days of study entry, with an exchange volume of 60 mL/kg at each session, and volume replacement with 5% albumin (n = 70). In addition, all patients received oral prednisolone (1 mg/kg per d, tapered to 0.25 mg/kg per d by 10 wk, 15 mg/d by 3 mo, and 10 mg/d between 5 and 12 mo) and oral cyclophosphamide (2.5 mg/kg per d, or 2 mg/kg per d for those aged > 60 y, reduced to 1.5 mg/kg per d at 3 mo, and stopped at 6 mo). Azathioprine, 2 mg/kg per day, was started at 6 months.

Outcomes: Renal recovery (survival, dialysis independence, and serum creatinine < 500 µmol/L [5.8 mg/dL]) at 3 months. Secondary outcomes were survival, end-stage renal disease (ESRD), and adverse events.

Patient follow-up: 84% at 3 months (intention-to-treat analysis).

MAIN RESULTS

At 3 months, renal recovery was higher with plasma exchange than with methylprednisolone (Table). The risk for ESRD at 3 months was lower in the plasma-exchange group than the methylprednisolone group (Table). At 12 months, groups did not differ for survival or adverse events (Table).

CONCLUSION

In patients with severe vasculitis who received cyclophosphamide and prednisolone, plasma exchange led to greater renal recovery than did intravenous methylprednisolone.

Source of funding: European Union.

For correspondence: Dr. D. Jayne, Addenbrooke's Hospital, Cambridge, England, UK. E-mail dj106@cam.ac.uk.

^{*}See Glossary.

membrane (GBM) antibodies or linear IgG staining of the GBM on renal biopsy, other multisystem autoimmune disease, life-threatening nonrenal manifestations of vasculitis, creatinine > 200 μ mol/L (2.3 mg/dL) \geq 1 year before study entry, dialysis > 2 weeks before study entry, a second cause of renal failure, previous episode of biopsy-proven necrotizing glomerulonephritis, > 2 weeks of cyclophosphamide or azathioprine, > 500 mg of IV methylprednisolone, plasma exchange in the preceding year, and > 3 months of treatment with oral prednisolone. Intervention: IV methylprednisolone, 1000 mg/d for 3 days (n = 67), or a total of 7 plas-

Plasma exchange (PE) vs high-dose IV methylprednisolone (Met) in patients with severe vasculitist

Outcomes	PE	IV Met	RBI (95% CI)	NNT (CI)
Renal recovery at 3 mo	69%	49%	39% (5 to 89)	6 (3 to 36)
			RBR (CI)	NNH (CI)
Survival at 12 mo	73%	76%	4% (—17 to 22)	Not significant
			RRR (CI)	NNT (CI)
ESRD at 3 mo	19%	41%	55% (18 to 76)	5 (3 to 17)
			RRI (CI)	NNH (CI)
Severe or life-threatening adverse events at 12 mo	50%	48%	4.7% (-26 to 48)	Not significant

†ESRD = end-stage renal disease; other abbreviations defined in Glossary. RBI, RBR, RRR, RRI, NNT, NNH, and CI calculated from data in article.

COMMENTARY

As our understanding of the pathogenesis of small-vessel vasculitis (SVV) expands, evidence of a contributory role for antineutrophil cytoplasmic autoantibodies (ANCAs) increases, and a study of therapy directed at elimination of these autoantibodies is timely. Current practice (prompt treatment with glucocorticoids and cyclophosphamide) is supported by several observational studies. Observational data also suggest that induction therapy with pulse steroids is more efficacious than oral steroids alone in reversing inflammation in rapidly progressive glomerulonephritis (1). The addition of plasma exchange to immunosuppressive therapy has been studied in several randomized controlled trials: Renal recovery was increased in dialysis-dependent patients but not in those with less-severe renal disease (2). Furthermore, observational data suggest that mortality due to pulmonary hemorrhage, a strong risk factor for death, can be greatly diminished with the addition of plasmapheresis (3).

The study by Jayne and colleagues showed that plasma exchange was superior to IV methylprednisolone as part of induction for patients with ANCA-SVV and severe renal dysfunction. Speedy removal of presumed pathogenic antibody burden appears to facilitate amelioration of

the disease. The report by Jayne and colleagues suggests that when people with ANCA-SVV glomerulonephritis and creatinine > 500 $\mu mol/L$ are being treated with methylprednisolone, adding plasma exchange to inductive treatment should be considered. However, it should be considered only in patients with advanced severe disease because benefits are unlikely in those with less-severe disease. No evidence to date can support combined treatment with both plasma exchange and IV steroids, even in patients with severe disease.

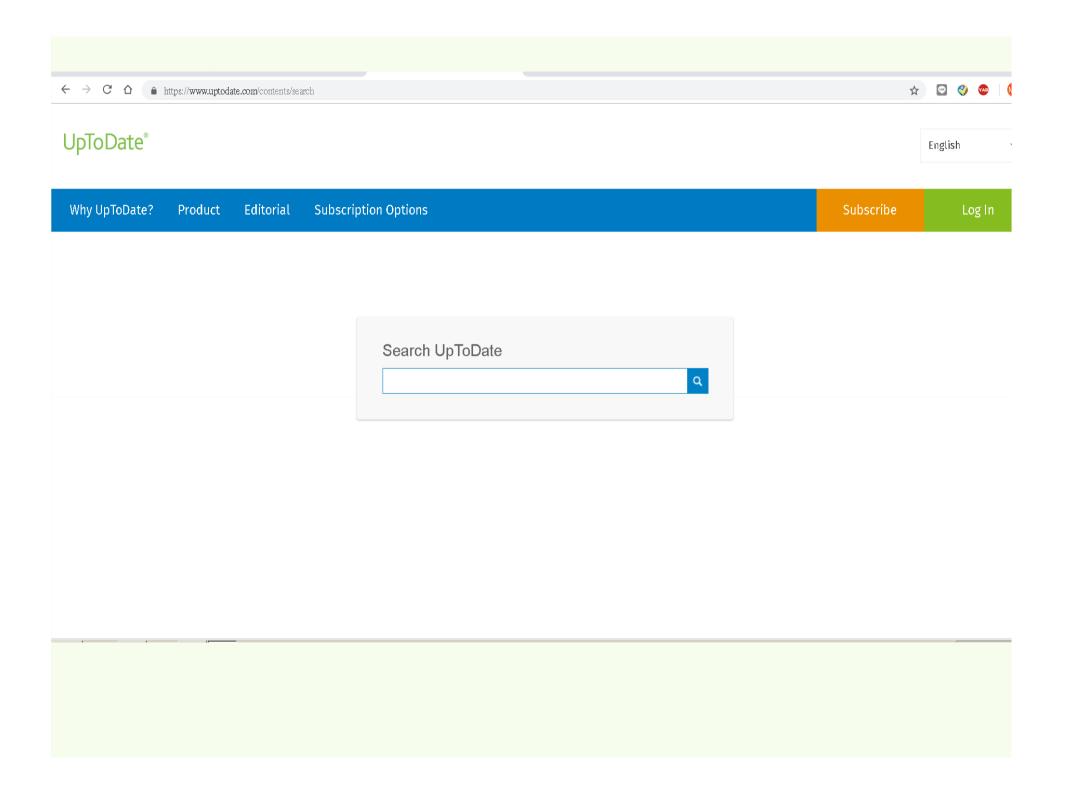
Sofia Lionaki, MD Ronald J Falk, MD University of North Carolina Chapel Hill, North Carolina, USA

References

- 1. Bolton WK, Sturgill BC. Am J Nephrol. 1989;9:368-75.
- 2. Pusey CD, Rees AJ, Evans DJ, Peters DK, Lockwood CM. Kidney Int. 1991;40:757-63.
- 3. Klemmer PJ, Chalermskulrat W, Reif MS, et al. Am J Kidney Dis. 2003; 42:1149-53.

Evidence based textbook or summary

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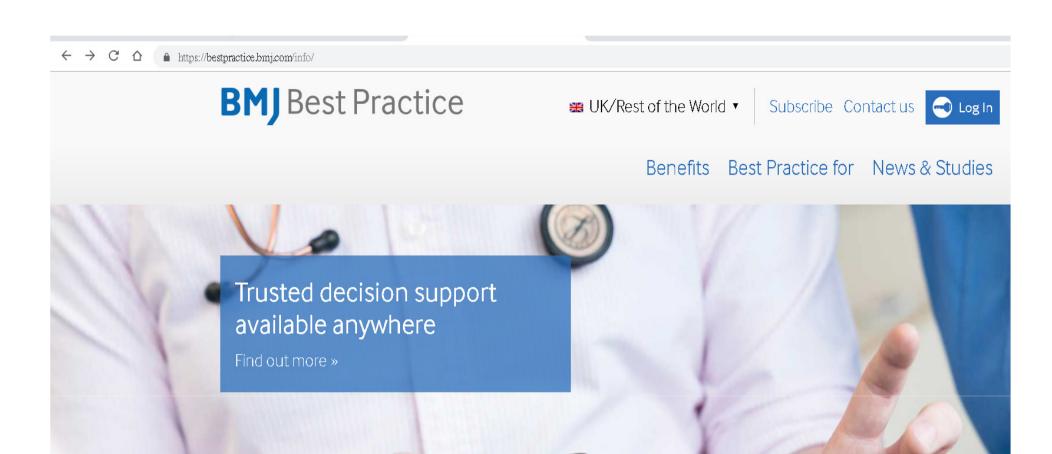
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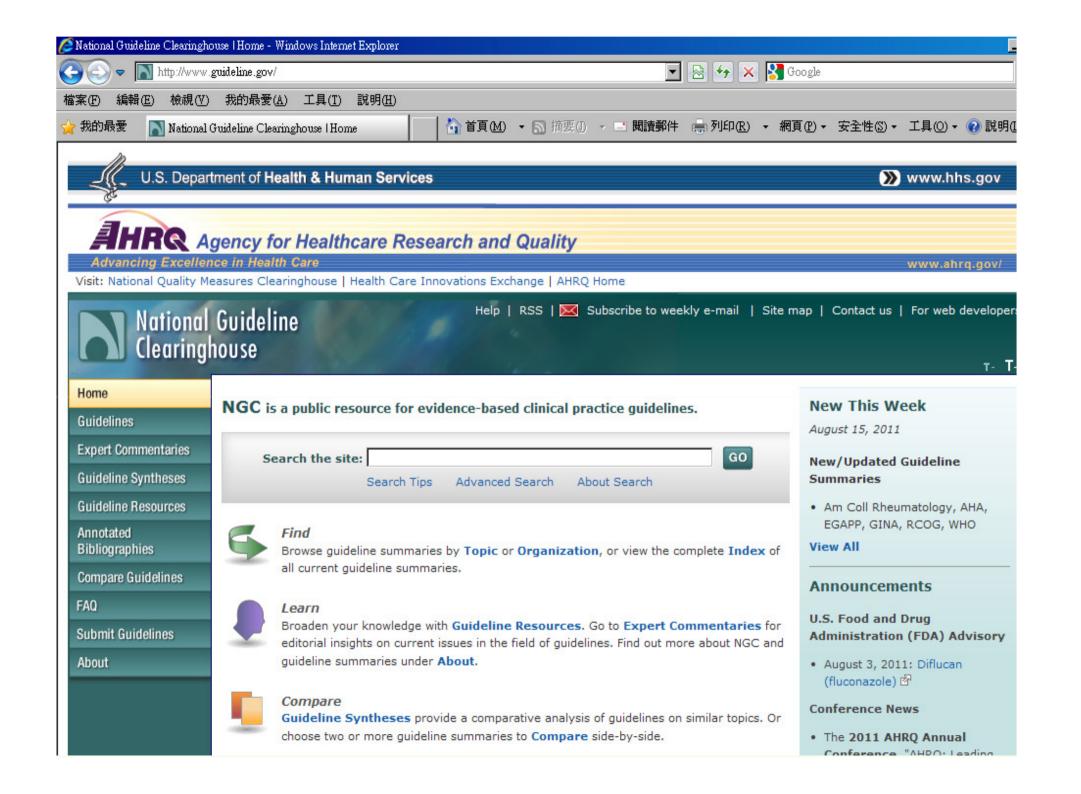
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 National Guideline Clearinghouse ---closed on July 16, 2018

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Guidelines and Measures

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About NGC and NQMC

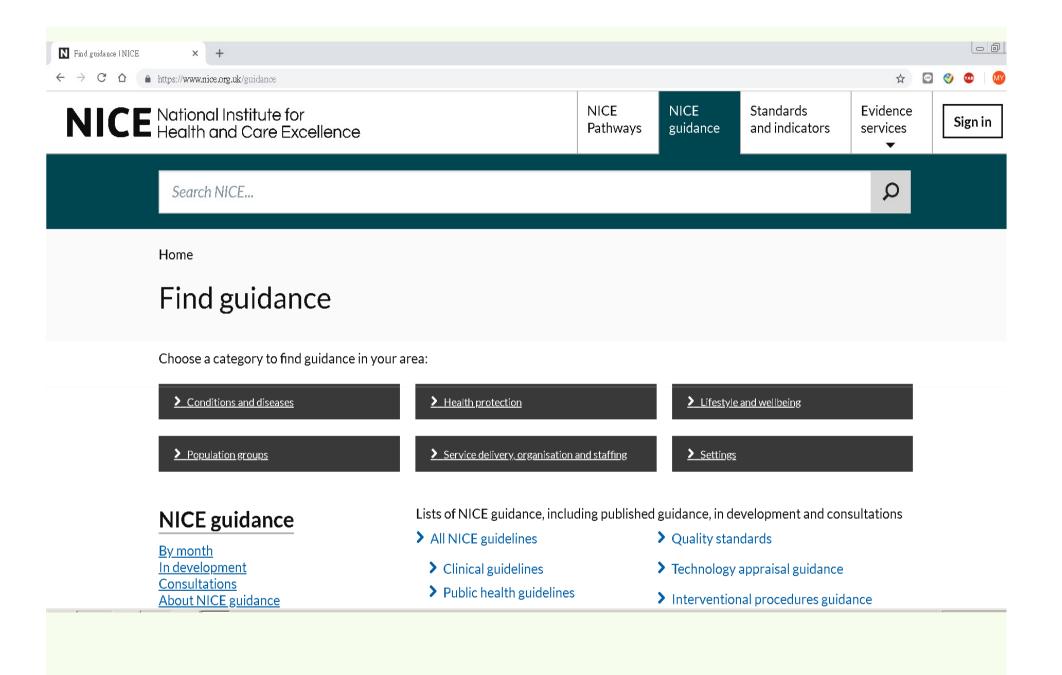
This AHRQ microsite, Guidelines and Measures (GAM), was set up by AHRQ to provide users a place to find information about its legacy guidelines and measures clearinghouses, National Guideline Clearinghouse (NGC) and National Quality Measures Clearinghouse (NQMC). This information was previously available on guideline.gov and qualitymeasures.ahrq.gov, respectively. Both sites were taken down on July 16, 2018 because federal funding though AHRQ was no longer available to support them.

National Guideline Clearinghouse (NGC)

NGC was an initiative of AHRQ, U.S. Department of Health and Human Services. NGC was originally created in 1997 by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]). In January 1999, the database-driven Web site was made available to the public and it was maintained and improved by AHRQ for nearly twenty years.

The NGC mission was to provide physicians and other health care professionals, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use.

National Quality Measures Clearinghouse (NQMC)



Metasearch engines

• SUMsearch 2

TRIP Database







Search Pubmed for studies, systematic reviews and guidelines:

thyroid nodule			
Connect search terms with	'AND'.		
Focus:	Intervention	Diagnosis	None
Age:	Adult	Pediatrics	Either
Human only: ■	English only: \square	Require abstracts:	
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Target # of original studies:	20	50	<u>Explain</u>
MeSH - 提交 - Please click	once.		

News:

- 7/22/2018: National Guidelines Clearinghouse no long available.
- Comparison of SUMSearch, Scholar, PubMed published

About SUMSearch 2

Other resources:

- Citation maker
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- Health care policy search
- Internet browser bookmarklets
- Internet browser search plugins
- <u>openRules</u> (open source, collaborative prediction rules) (currently has New Pooled Cohort ASCVD Risk Equations and Mayo rule for

Keep up:

ACP Journal Club:

- Guideline: USPSTF recommends exercise a prevention in older adults (posted: 8/20/2018)
- Guideline: Insufficient evidence for vitamin community-dwelling adults (posted: 8/20/201:
- <u>In symptomatic COPD</u>, <u>once-daily triple vs</u> <u>exacerbations at 1 year</u> (posted: 8/20/2018)
- Review: Immunotherapy improves some sy use in mild to moderate asthma (posted: 8/20.
- Early vs deferred endovenous ablation redu ulcers with varicose veins (posted: 8/20/2018)
- 5-day nitrofurantoin increased clinical resol 1-dose fosfomycin (posted: 8/20/2018)
- <u>Tenecteplase before thrombectomy for isch</u> compared with alteplase (posted: 8/20/2018)
- NT-proBNP-guided and conventional thera mortality in acute decompensated HF (poste
- <u>In gluteal tendinopathy, education + exercis</u> <u>injection or wait strategy</u> (posted: 8/20/2018)
- <u>Review: Flexible vs restrictive ICU visiting j</u> <u>severity in patients</u> (posted: 8/20/2018)
- Correction to ACP Journal Club: Guideline recommendations for early management of 8/20/2018)





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Systematic reviews

Guidelines

82 possible original studies PubMed found after 5 searches. The first 50 citations are:

1. Thyroid Nodules in Pediatric Patients: Sonographic Characteristics and Likelihood of Cancer.

Radiology 2018;288:2. PMID: 29714678, doi: 10.1148/radiol.2018171170. Cite

Conclusion: Interobserver variability for assessment of sonographic characteristics ranged from moderate to very strong. Conclusion In children with thyroid nodules, solitary nodules, larger nodule size, solid parenchyma, tallerthan-wide shape, speckled calcifications, irregular margins, and abnormal lymph nodes raise concern for malignancy.

2. Reduction in Thyroid Nodule Biopsies and Improved Accuracy with American College of Radiology Thyroid Imaging Reporting and Data System.

Radiology 2018;287:1. PMID: 29498593, doi: 10.1148/radiol.2018172572. Cite

Conclusion: Conclusion ACR TI-RADS criteria offer a meaningful reduction in the number of thyroid nodules recommended for biopsy and significantly improve the accuracy of recommendations for nodule management. © RSNA. 2018 Online supplemental material is available for this article

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Original studies

Systematic reviews

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249 possible systematic reviews found at PubMed. Will restrict search terms to title words and MeSH major terms.

173 possible systematic reviews found from PubMed (View at PubMed)

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- 1. [A comparison of fine needle nonaspiration cytology versus fine needle aspiration for thyroid nodules: a Meta-analysis]. Lin Chung Er Bi Yan Hou Tou Jing Wai Ke Za Zhi. 2018 PMID: 29921061 (DARE summary if available); Cite
- 2. Complications following ultrasound-guided core needle biopsy of thyroid nodules: a systematic review and meta-analysis. Eur Radiol. 2018 PMID: 29589112 (DARE summary if available); Cite
- 3. The Preciseness in Diagnosing Thyroid Malignant Nodules Using Shear-Wave Elastography. Med Sci Monit. 2018 PMID: 29391387 (DARE summary if available); Cite
- 4. Use of the Kwak Thyroid Image Reporting and Data System (K-TIRADS) in differential diagnosis of thyroid nodules: systematic review and meta-analysis. Eur Radiol. 2018 PMID: 29294156 (DARE summary if available); Cite

The systematic reviews are from PubMed using the systematic reviews subset strategy.

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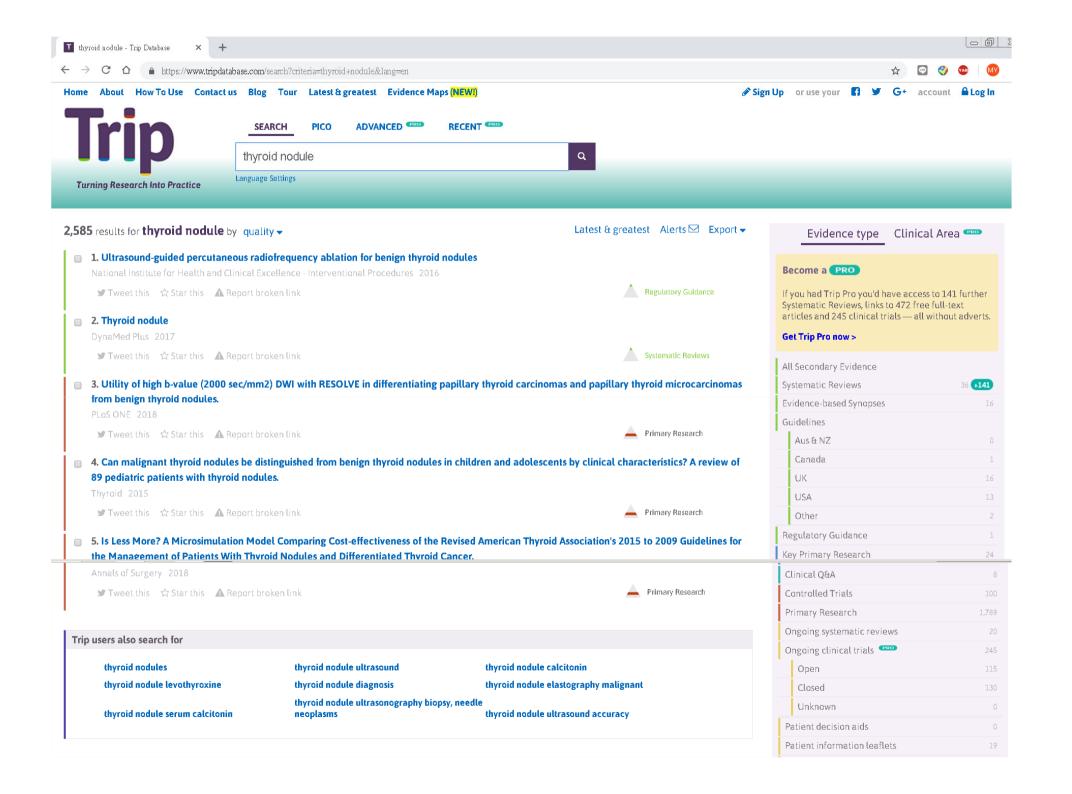
Guidelines

32 possible guidelines found from PubMed (View at PubMed)

- 1. [Study and management of thyroid nodes by non specialist physicians: SOCHED consensus]. Rev Med Chil. 2017 PMID: 29189861; Cite
- 2. American Thyroid Association Guidelines on the Management of Thyroid Nodules and Differentiated Thyroid Cancer Task Force Review and Recommendation on the Proposed Renaming of Encapsulated Follicular Variant Papillary Thyroid Carcinoma Without Invasion to Noninvasive Follicular **Thyroid Neoplasm with Papillary-Like Nuclear Features.** Thyroid. 2017 PMID: 28114862; Cite
- 3. Core Needle Biopsy of the Thyroid: 2016 Consensus Statement and Recommendations from Korean Society of Thyroid Radiology. Korean J Radiol. Korean Society of Thyroid Radiology (KSThR) and Korean Society of Radiology. 2017 PMID: 28096731; Cite
- 4. Management of thyroid cancer: United Kingdom National Multidisciplinary Guidelines. J Laryngol Otol. 2016 PMID: 27841128; Cite
- 5. AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, AMERICAN COLLEGE OF ENDOCRINOLOGY, AND ASSOCIAZIONE MEDICI ENDOCRINOLOGI MEDICAL GUIDELINES FOR CLINICAL PRACTICE FOR THE DIAGNOSIS AND MANAGEMENT OF THYROID

The guidelines are from PubMed using the practice guideline publication type.

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文獻搜尋的方法與技巧



Searching

Formulate a focused question

Turn a focused question into a search strategy

• Look for keyword (關鍵詞)

 In a healthy adult with upper respiratory tract infection, does oral vitamin C reduce the duration or severity of the disease?

Look for "keyword"

關鍵字

- e.g.:
- P: Healthy adult with upper respiratory tract infection
- I: oral vitamin C
- C: placebo
- O: reduce duration or severity of disease

- e.g.:
- P: Healthy adult with upper respiratory tract infection
- I: oral vitamin C
- C: placebo
- O: reduce duration or severity of disease

Number the order of importance from 1 to 4

- e.g.:
- P: Healthy adult with upper respiratory tract infection ---- 2
- •I: oral vitamin C ---- 1
- C: placebo ---- 4
- O: reduce duration or severity of disease ---- 3

Number the order of importance from 1 to 4

Look for "synonym"

同義字

- upper respiratory tract infection --common cold
- vitamin C --- ascorbic acid
- bleeding --- hemorrhage
- bloody stool --- hematochezia --lower gastrointestinal bleeding
- estrogen --- hormone replacement therapy

如何找到英文的關鍵字或同義字?

- Google 或Google Scholar之查詢結果
- 翻譯軟體或線上翻譯功能
- 中文資料中之英文摘要
- Medline 和 Cochrane library 中的 MeSH
- 維基百科

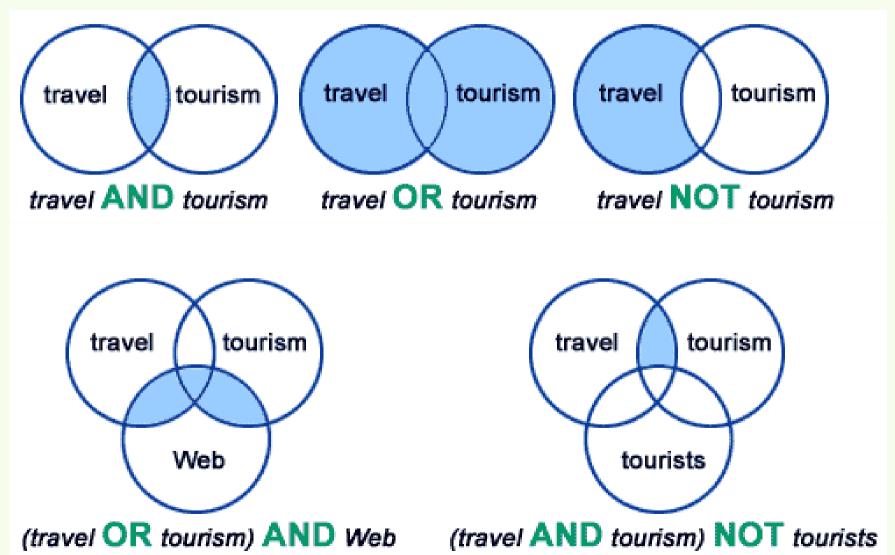
Use Boolean operators* (布林邏輯)

- AND = both terms
- OR = either term
- NOT = not this term

^{*} George Boole (a man) is claimed to have invented "logic"

Use Boolean operators*

(布林邏輯)



Use truncation -- * (asterisk) or \$ (dollar sign)

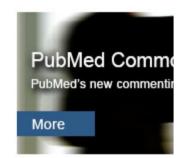
- child* ---- child, children, childhood
- hemoly\$ ---- hemolysis, hemolytic
- diabet* ---- diabetes, diabetic
- osteopen\$ ---- osteopenia, osteopenic
- complicat* ---- complicate, complicated, complication, complications.
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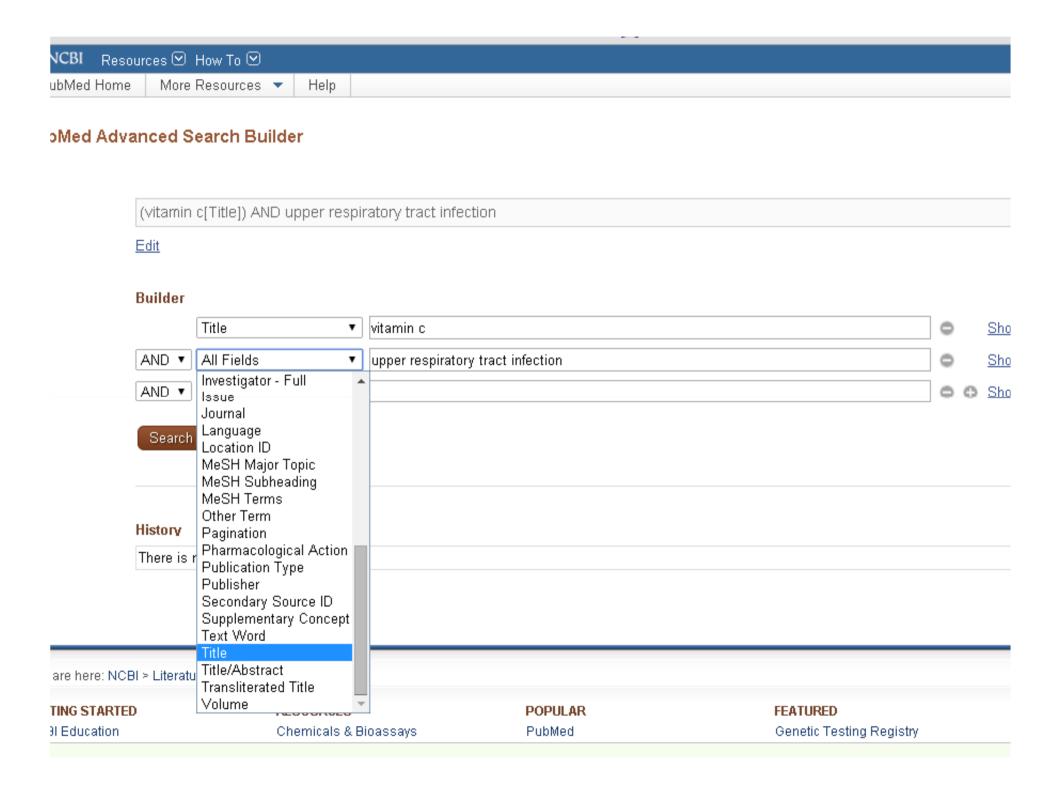
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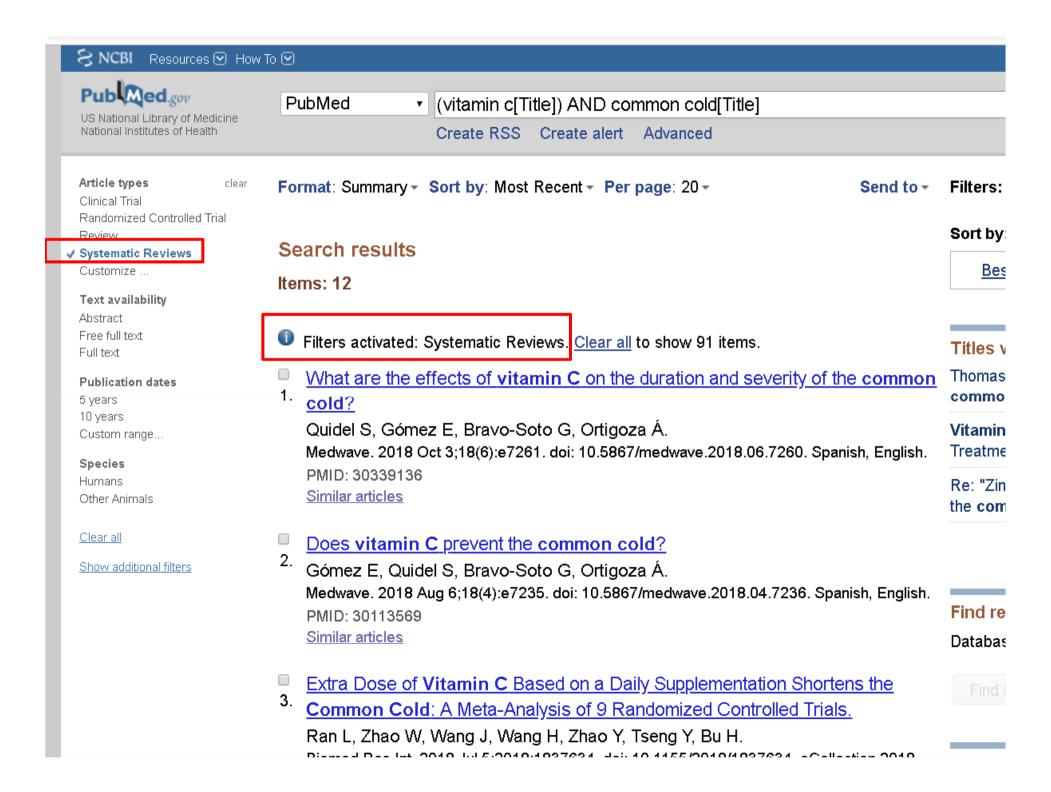


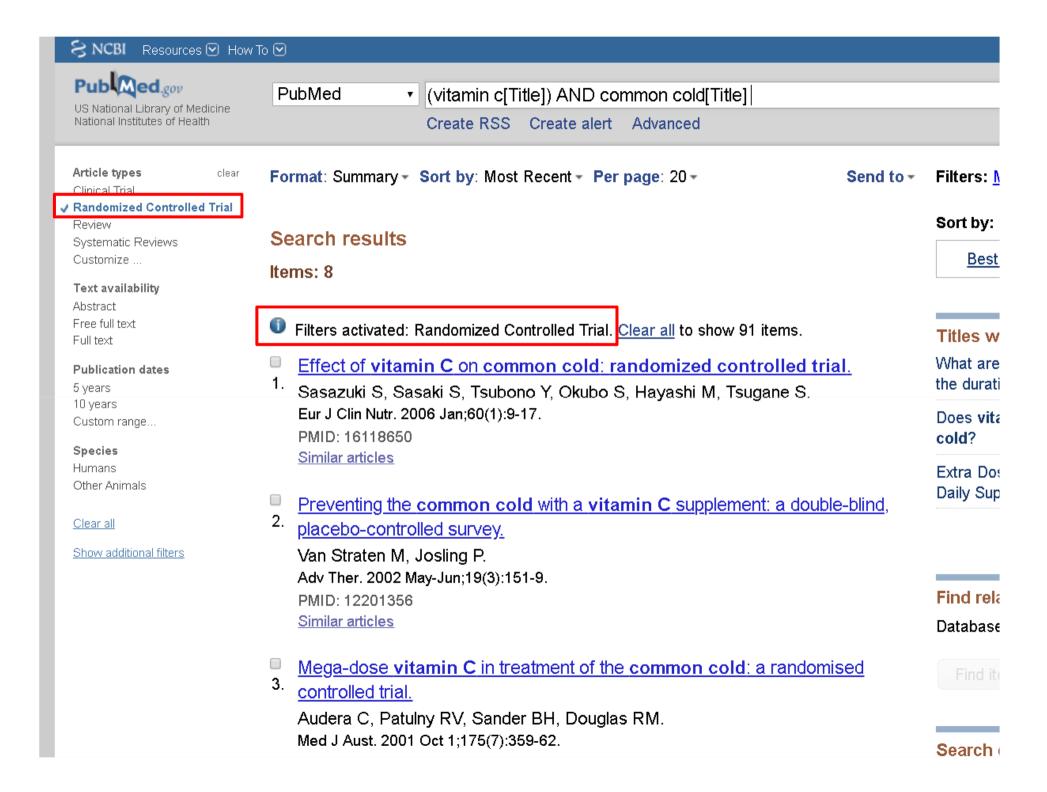


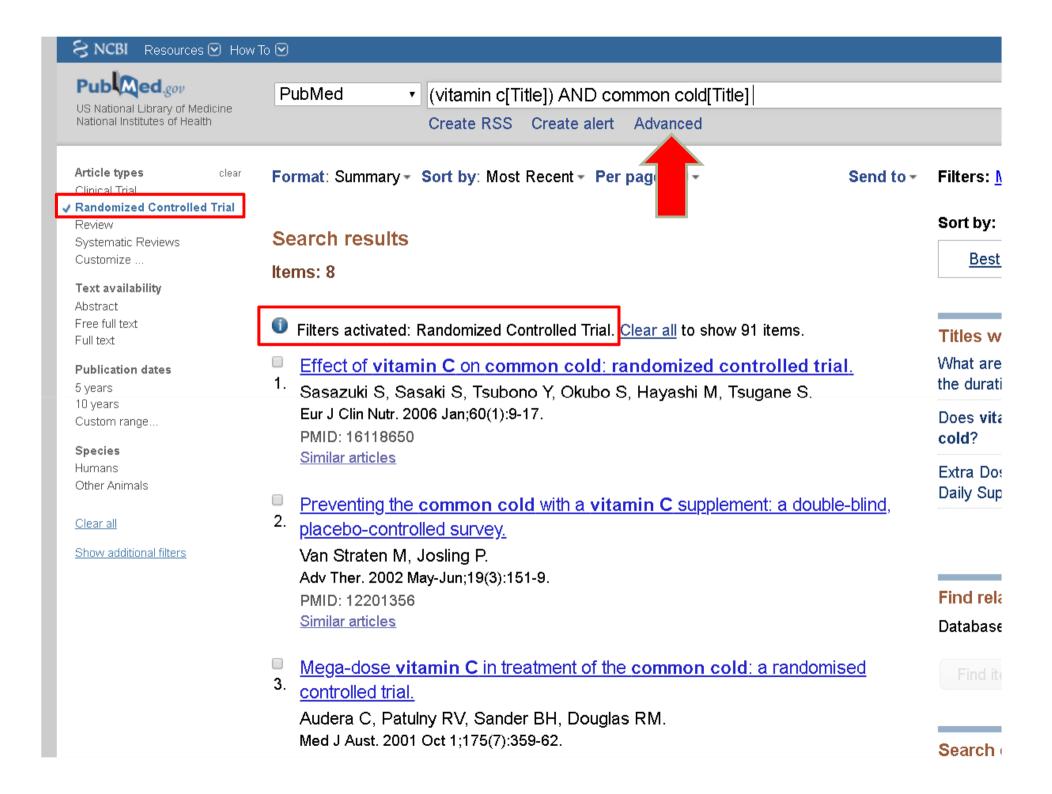
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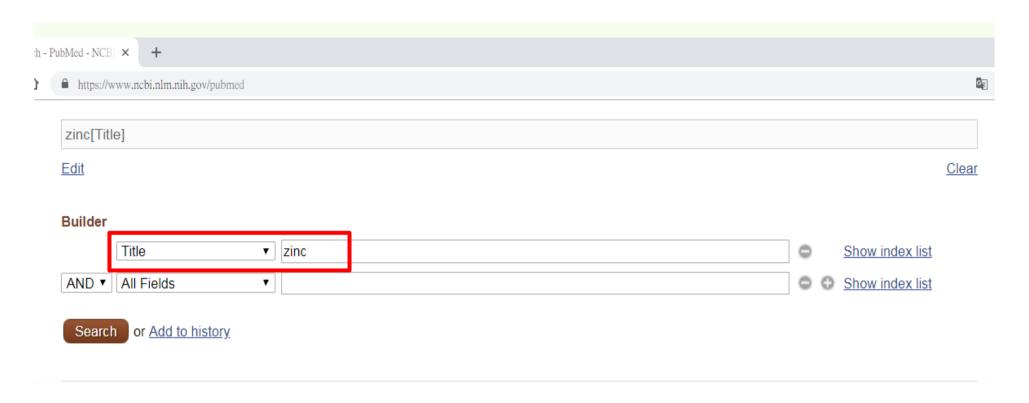
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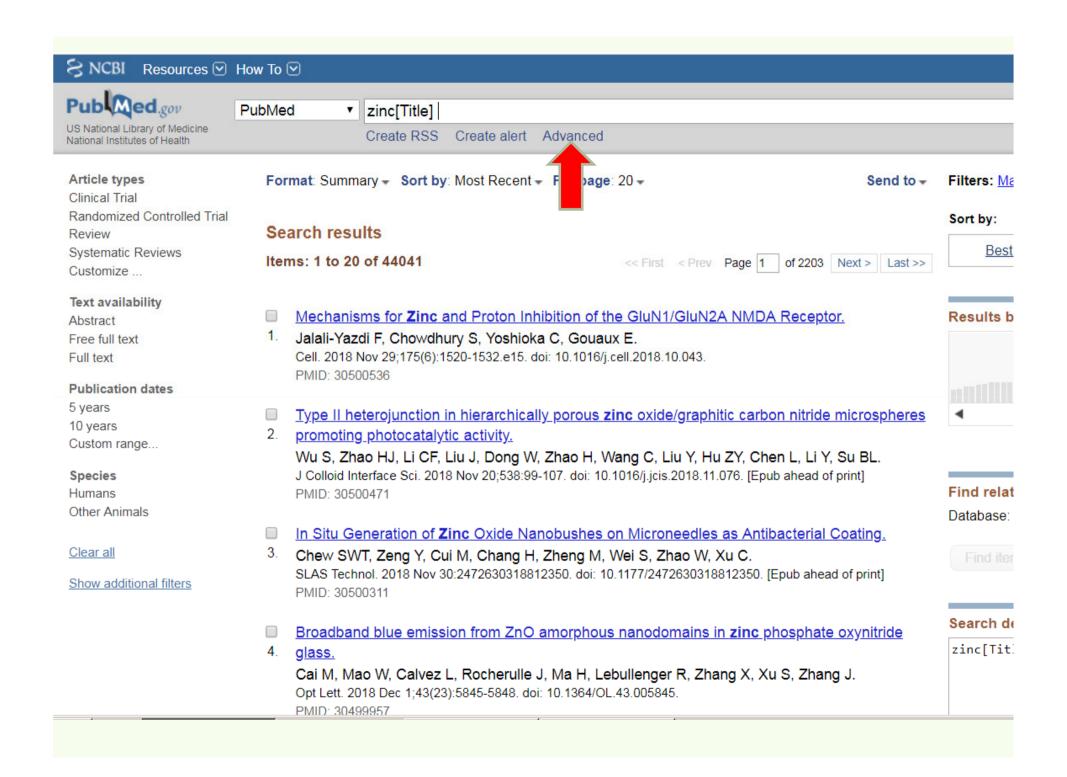




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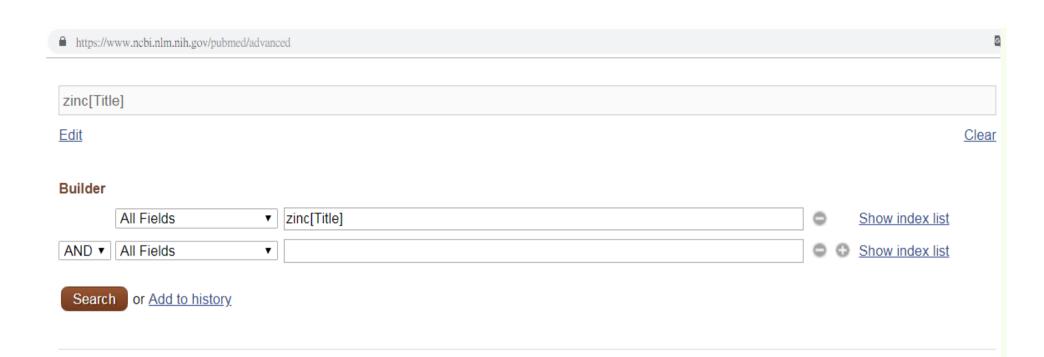
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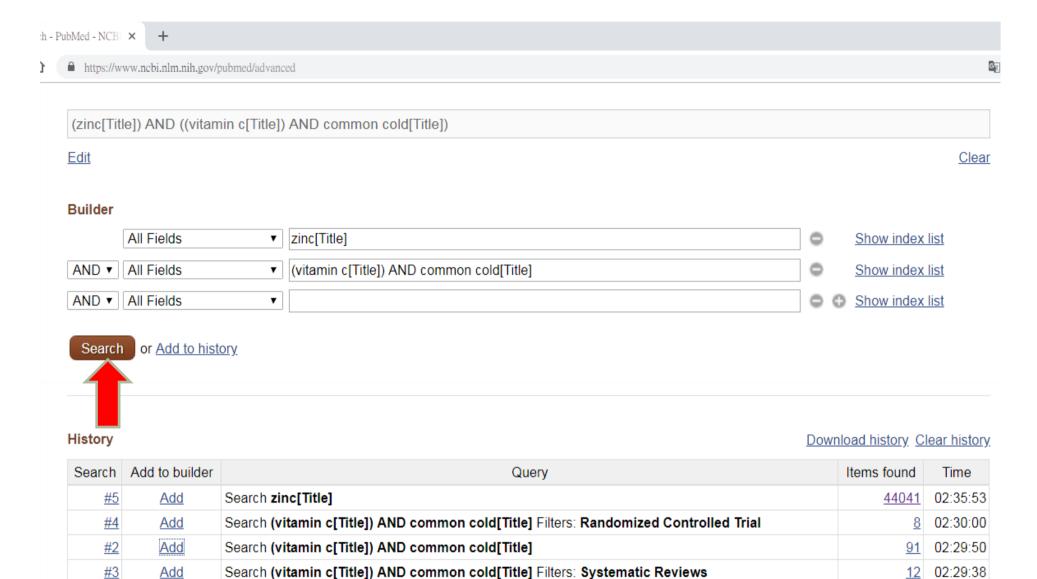
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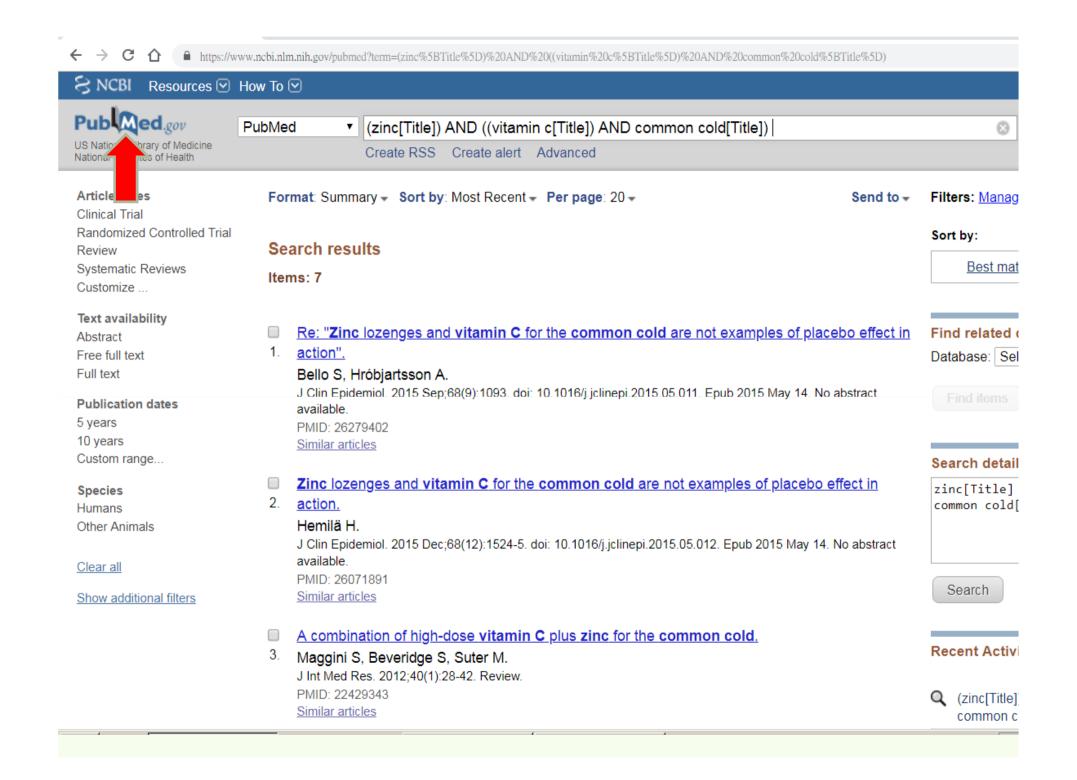


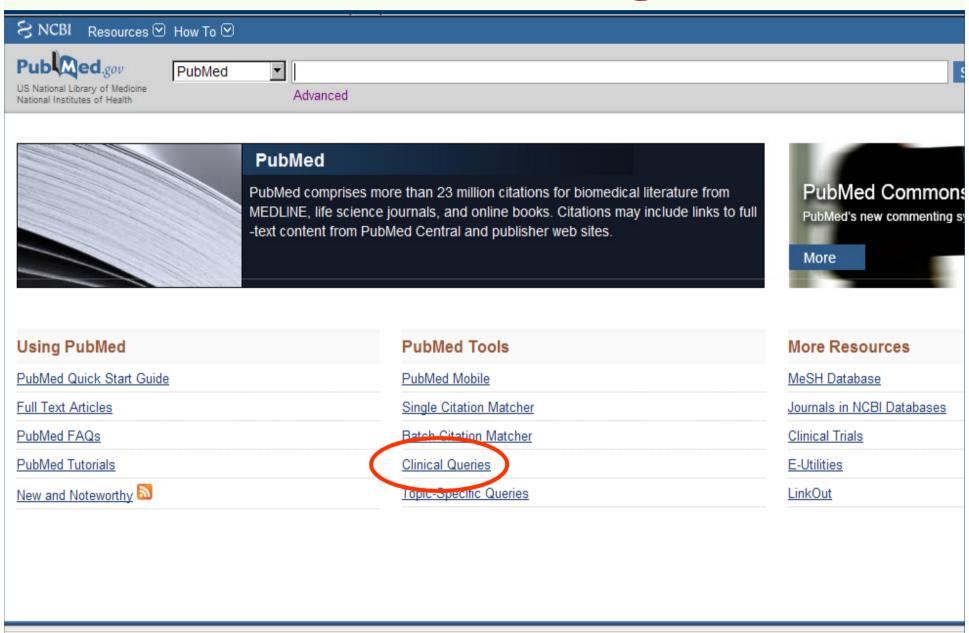
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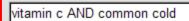
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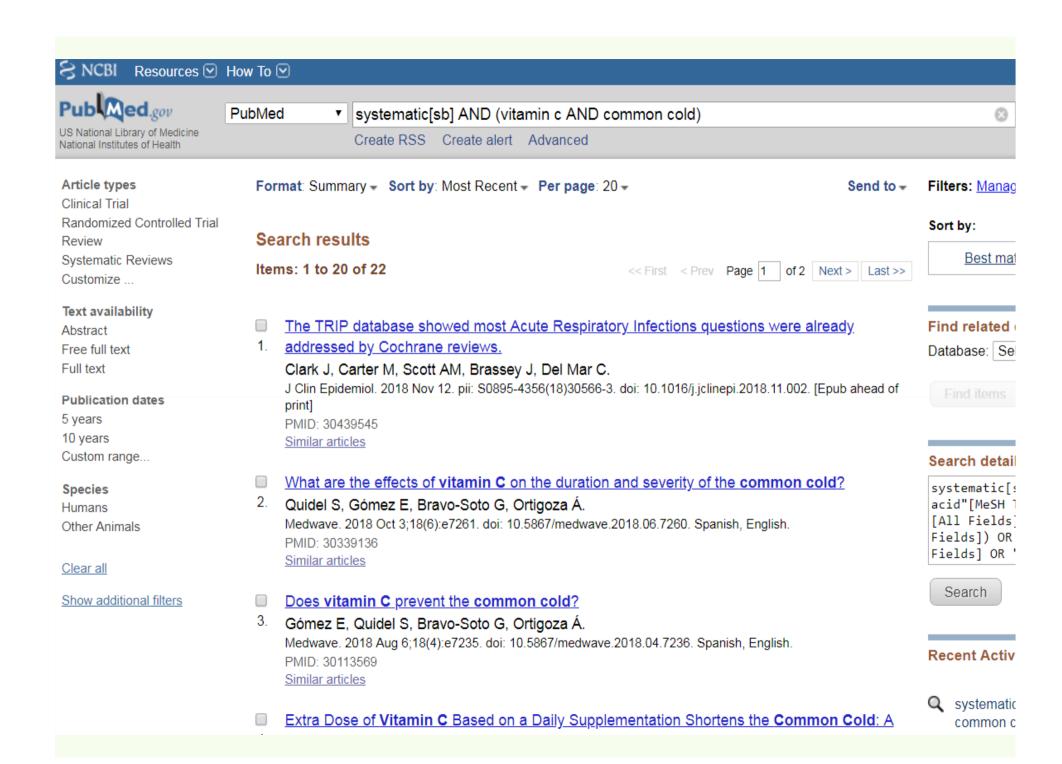
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Results: 5 of 271 What are the effects of vitamin C on the duration and severity of the common cold? Quidel S, Gómez E, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Oct 3; 18(6):e7261. Epub 2018 Oct 3.	Results: 5 of 22 The TRIP database showed most Acute Respiratory Infections questions were already addressed by Cochrane reviews. Clark J, Carter M, Scott AM, Brassey J, Del Mar C. J Clin Epidemiol. 2018 Nov 12; . Epub 2018 Nov 12.	Results: 0 of 0 This column displays citations pertaining to See more filter information.
Does vitamin C prevent the common cold? Gómez E, Quidel S, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Aug 6; 18(4):e7235. Epub 2018 Aug 6.	What are the effects of vitamin C on the duration and severity of the common cold? Quidel S, Gómez E, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Oct 3; 18(6):e7261. Epub 2018 Oct 3.	
Extra Dose of Vitamin C Based on a Daily Supplementation Shortens the Common Cold: A Meta-Analysis of 9 Randomized Controlled Trials. Ran L, Zhao W, Wang J, Wang H, Zhao Y, Tseng Y, Bu H.	Does vitamin C prevent the common cold? Gómez E, Quidel S, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Aug 6; 18(4):e7235. Epub 2018 Aug 6.	
Biomed Res Int. 2018; 2018:1837634. Epub 2018 Jul 5. Randomised controlled trial of rhinothermy for treatment of the common cold: a feasibility study. Hei SV, McKinstry S, Bardsley G, Weatherall M, Beasley R, Fingleton J. BMJ Open. 2018 Mar 27; 8(3):e019350. Epub 2018 Mar 27.	Extra Dose of Vitamin C Based on a Daily Supplementation Shortens the Common Cold: A Meta-Analysis of 9 Randomized Controlled Trials. Ran L, Zhao W, Wang J, Wang H, Zhao Y, Tseng Y, Bu H. Biomed Res Int. 2018; 2018:1837634. Epub 2018 Jul 5.	
Safer and healthier reduced nitrites turkey meat sausages using lyophilized Cystoseira barbata seaweed extract. Sellimi S, Benslima A, Ksouda G, Montero VB, Hajji M, Nasri M. J Complement Integr Med. 2017 Oct 21; 15(1). Epub 2017 Oct 21.	Vitamin C and common cold-induced asthma: a systematic review and statistical analysis. Hemilä H. Allergy Asthma Clin Immunol. 2013 Nov 26; 9(1):46. Epub 2013	
See all (271)	See all (22)	



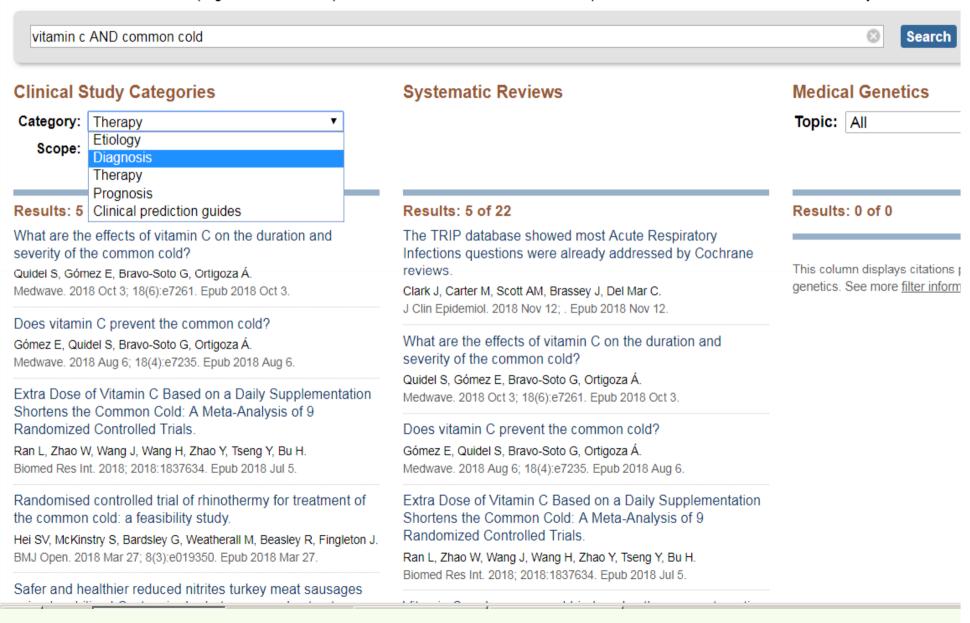
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Clinical Study Categories Category: Therapy	Systematic Reviews	Medical Genetic
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Clinical Study Categories	Systematic Reviews	Medical Geneti
Category: Therapy ▼ Scope: Narrow ▼	by Stelliado Neviews	Topic: All
Results: 5 of 25	Results: 5 of 22	Results: 0 of 0
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Vitamin C supplementation slightly improves physical activity levels and reduces cold incidence in men with marginal	J Clin Epidemiol. 2018 Nov 12; . Epub 2018 Nov 12. What are the effects of vitamin C on the duration and	
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[Dietary efficacy of a micronutrient combination in patients with recurrent upper respiratory tract infections. Results of a placebo-controlled double-blind study].	Does vitamin C prevent the common cold? Gómez E, Quidel S, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Aug 6; 18(4):e7235. Epub 2018 Aug 6.	
Schmidt K, Zirkler S. MMW Fortschr Med. 2011 Oct 6; 153 Suppl 3:83-9.	Extra Dose of Vitamin C Based on a Daily Supplementation Shortens the Common Cold: A Meta-Analysis of 9	
[Dietary efficacy of a micronutrient combination in patients with recurrent upper respiratory tract infections. Results of a placebo-controlled doubleblind study.] Schmidt K, Zirkler S.	Randomized Controlled Trials. Ran L, Zhao W, Wang J, Wang H, Zhao Y, Tseng Y, Bu H. Biomed Res Int. 2018; 2018:1837634. Epub 2018 Jul 5.	

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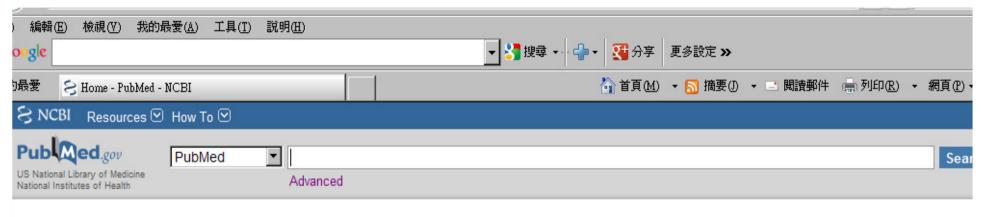
vitamin c AND common cold Search			
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[Clinical features analysis of Qingkailing injection for adolescent patients based on real world HIS]. Chen LZ, Xie YM, Wang LX, Zhang Y, Wang Q, Jia PP, Feng B. Zhongguo Zhong Yao Za Zhi. 2017 Aug; 42(15):2864-2870.	What are the effects of vitamin C on the duration and severity of the common cold? Quidel S, Gómez E, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Oct 3; 18(6):e7261. Epub 2018 Oct 3.		
Diagnosis and treatment of the common cold in pediatric patients. Robohm C, Ruff C. JAAPA. 2012 Dec; 25(12):43-7.	Does vitamin C prevent the common cold? Gómez E, Quidel S, Bravo-Soto G, Ortigoza Á. Medwave. 2018 Aug 6; 18(4):e7235. Epub 2018 Aug 6.		
Tooth sensitivity experience among residential university students. Bamise CT, Kolawole KA, Oloyede EO, Esan TA. Int J Dent Hyg. 2010 May; 8(2):95-100.	Extra Dose of Vitamin C Based on a Daily Supplementation Shortens the Common Cold: A Meta-Analysis of 9 Randomized Controlled Trials. Ran L, Zhao W, Wang J, Wang H, Zhao Y, Tseng Y, Bu H. Biomed Res Int. 2018; 2018:1837634. Epub 2018 Jul 5.		

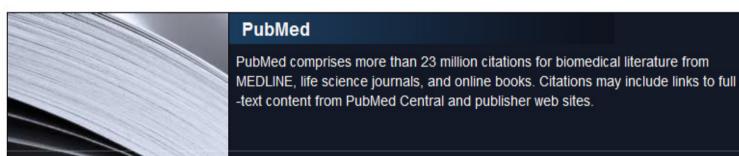
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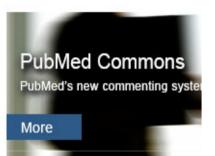
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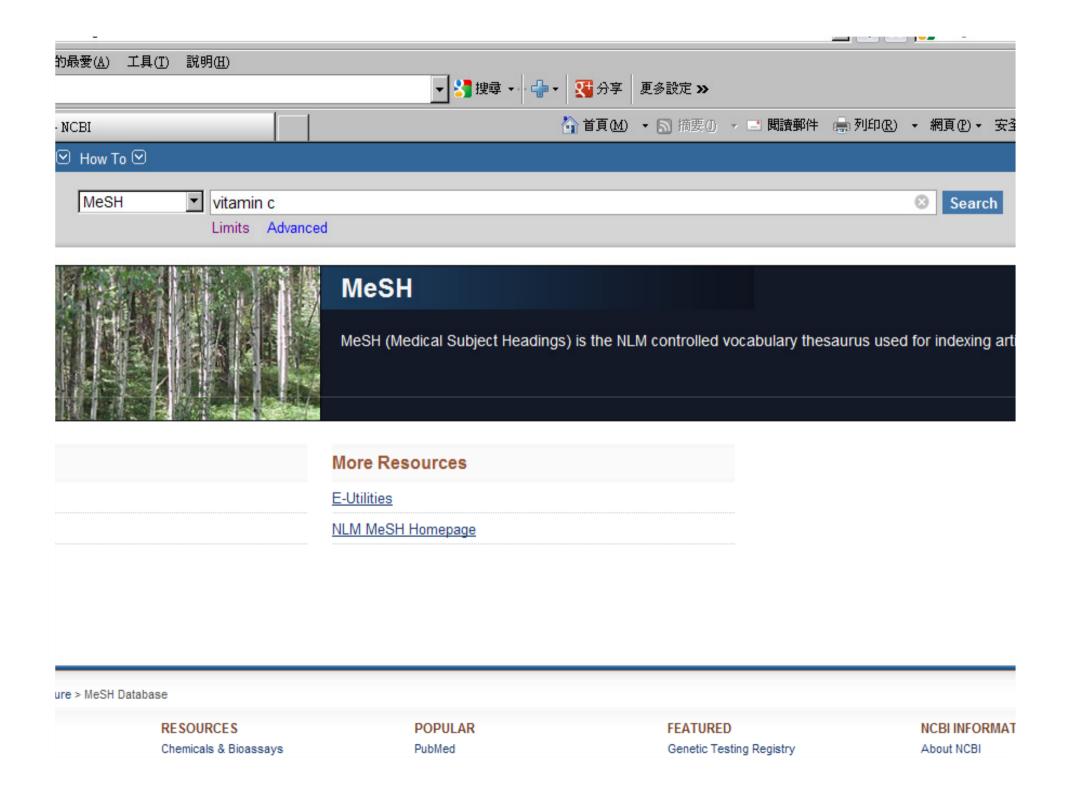
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Summary - 20 per page -

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Search results

Items: 11

Ascorbic Acid

1. A six per compound related to glucose. It is found naturally in citrus fruits and many vegetables. **Ascorbic acid** is an essential nutrien human diets, and necessary to maintain connective tissue and bone. Its biologically active form, **vitamin C**, functions as a reducing agent and coenzyme in several metabolic pathways. **Vitamin C** is considered an antioxidant.

Year introduced: /therapeutic use was **ASCORBIC ACID**, THERAPEUTIC 1965

Sodium-Coupled Vitamin C Transporters

Membrane transport proteins that actively co-transport ASCORBIC ACID and sodium ions across the CELL MEMBRANE. Dietary
absorption of VITAMIN C is highly dependent upon this class of transporters and a subset of SODIUM GLUCOSE TRANSPORTERS
which transport the oxidized form of vitamin C, DEHYDROASCORBIC ACID.
Year introduced: 2012(1999)

Ascorbic Acid Deficiency

3. A condition due to a dietary deficiency of ascorbic acid (vitamin C), characterized by malaise, lethargy, and weakness. As the disease progresses, joints, muscles, and subcutaneous tissues may become the sites of hemorrhage. Ascorbic acid deficiency frequently develops into SCURVY in young children fed unsupplemented cow's milk exclusively during their first year. It develops also commonly in chronic alcoholism. (Cecil Textbook of Medicine, 19th ed, p1177)

Slc23a2 protein, rat [Supplementary Concept]

RefSeq NM_017316
 Date introduced: June 24, 2011

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agonists	diagnosis	physiology	PubN
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blood	history	supply and distribution	Med(
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Ascorbic Acid

A six carbon compound related to glucose. It is found naturally in citrus fruits and many vegetables. Ascorbic acid is an essential nutrient in hiddets, and necessary to maintain connective tissue and bone. Its biologically active form, vitamin C, functions as a reducing agent and coenzy several metabolic pathways. Vitamin C is considered an antioxidant.

Year introduced: /therapeutic use was ASCORBIC ACID, THERAPEUTIC 1965

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Tree Number(s): D02.241.081.844.107, D02.241.511.902.107, D09.811.100

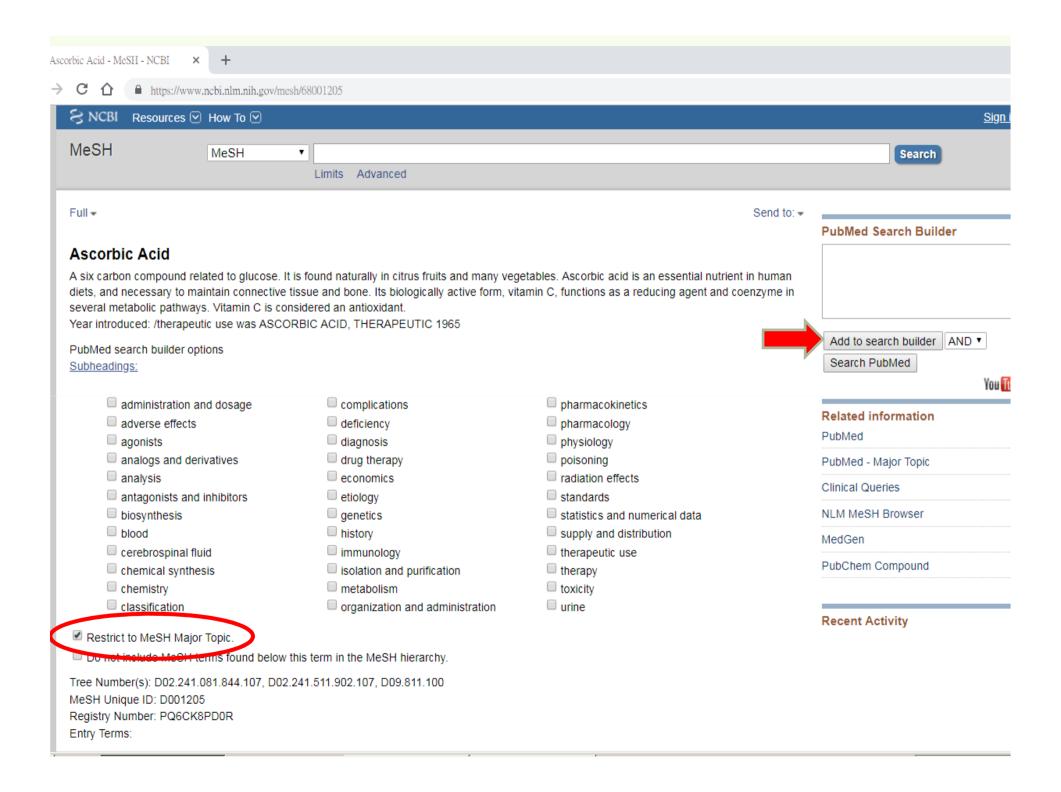
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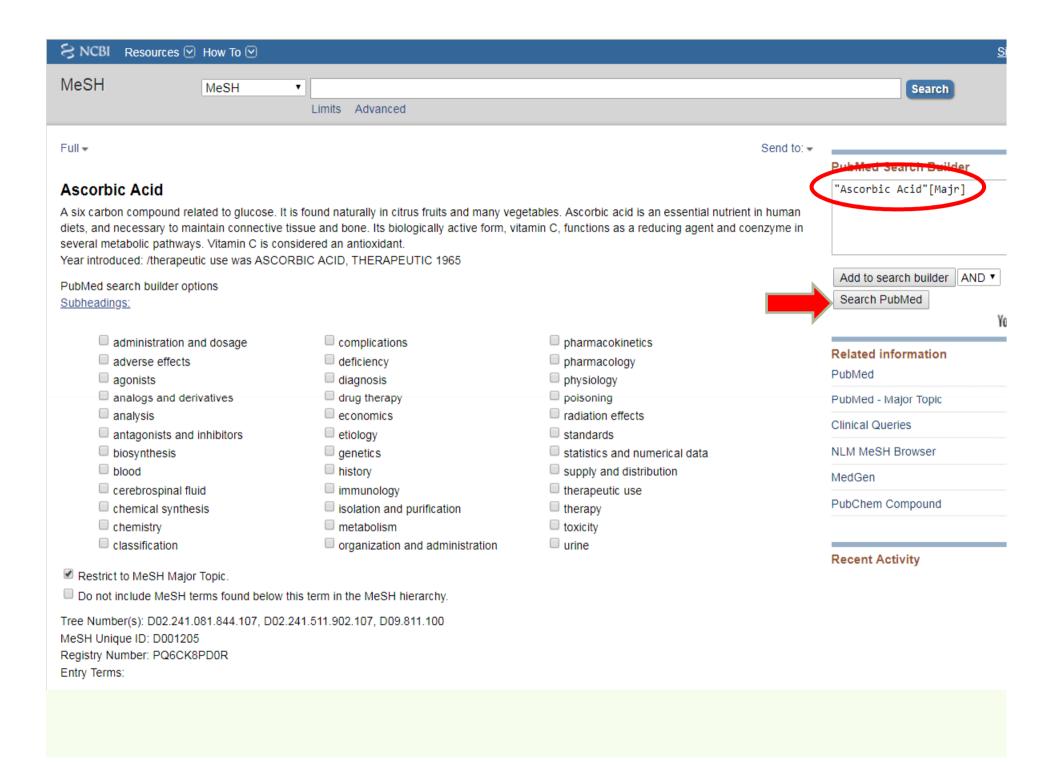
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adverse effects	deficiency	pharmacology
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analogs and derivatives	☐ drug therapy	poisoning
analysis	economics	□ radiation effects
antagonists and inhibitors	etiology	standards
biosynthesis	genetics	statistics and numerical data
blood	history	supply and distribution
cerebrospinal fluid	immunology	therapeutic use
chemical synthesis	isolation and purification	therapy
chemistry	metabolism	toxicity toxicity
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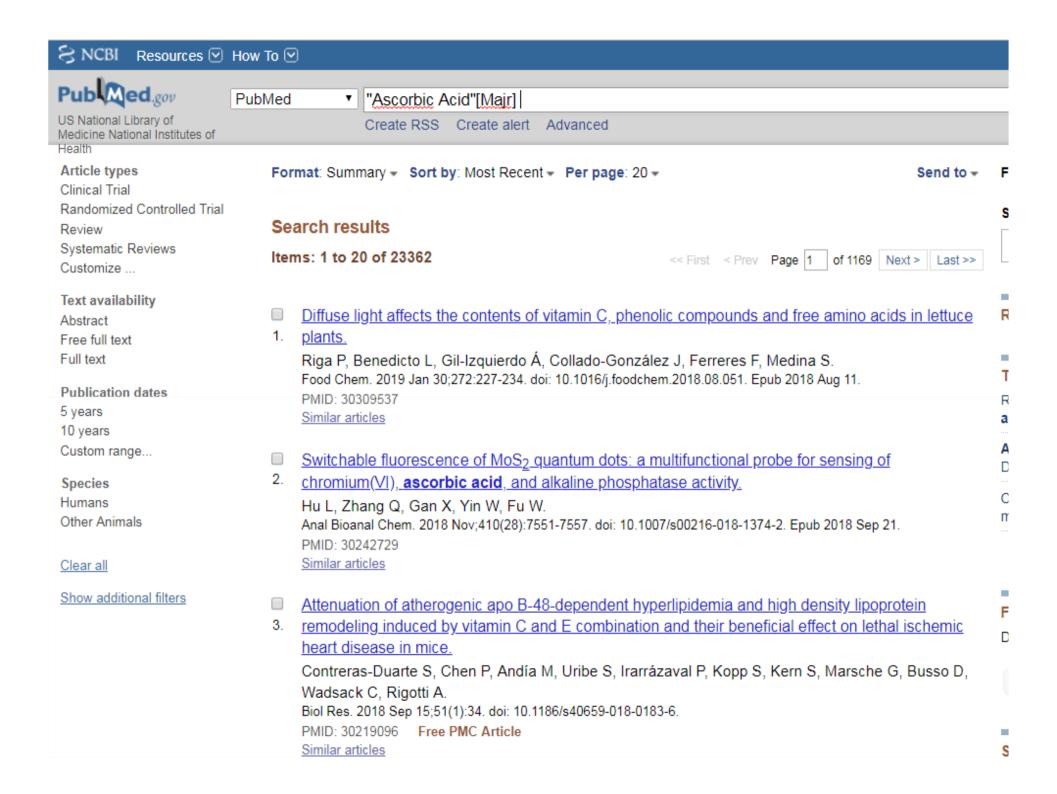
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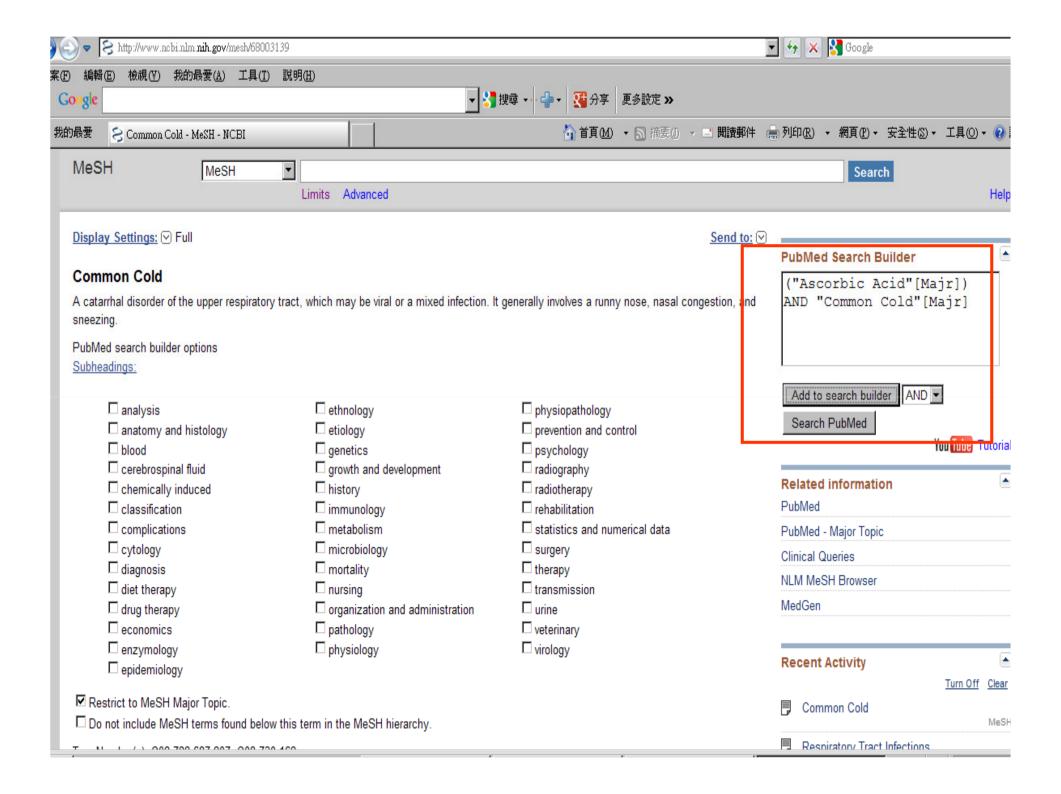
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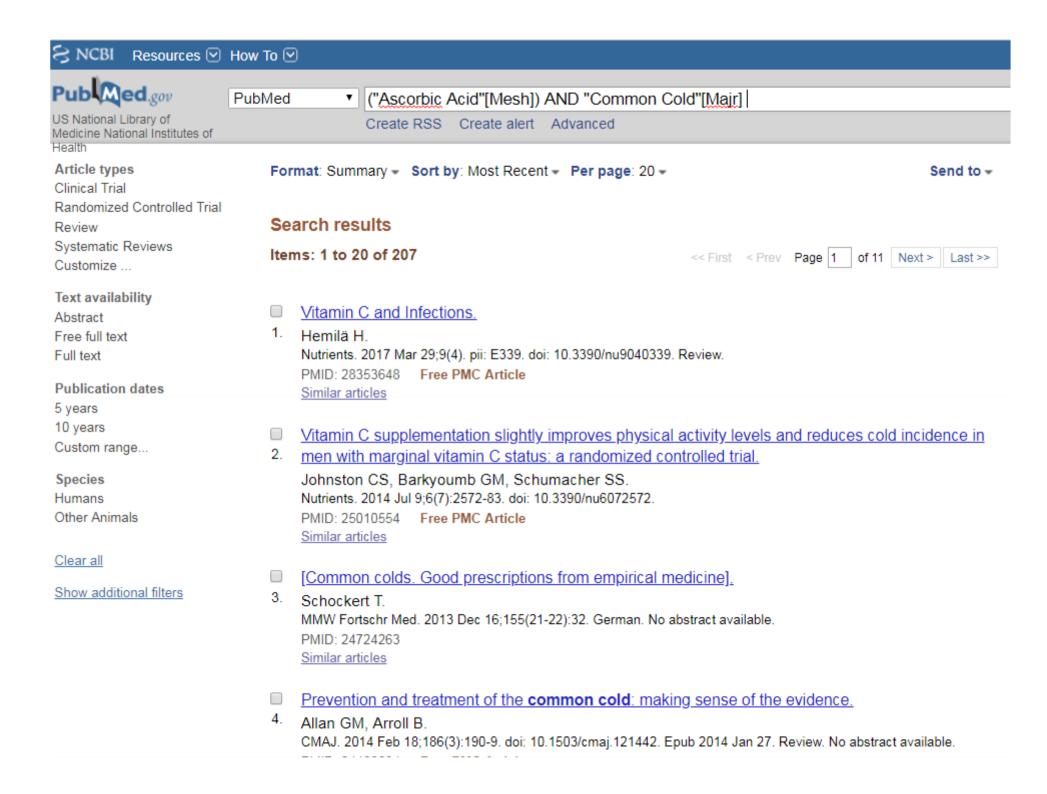
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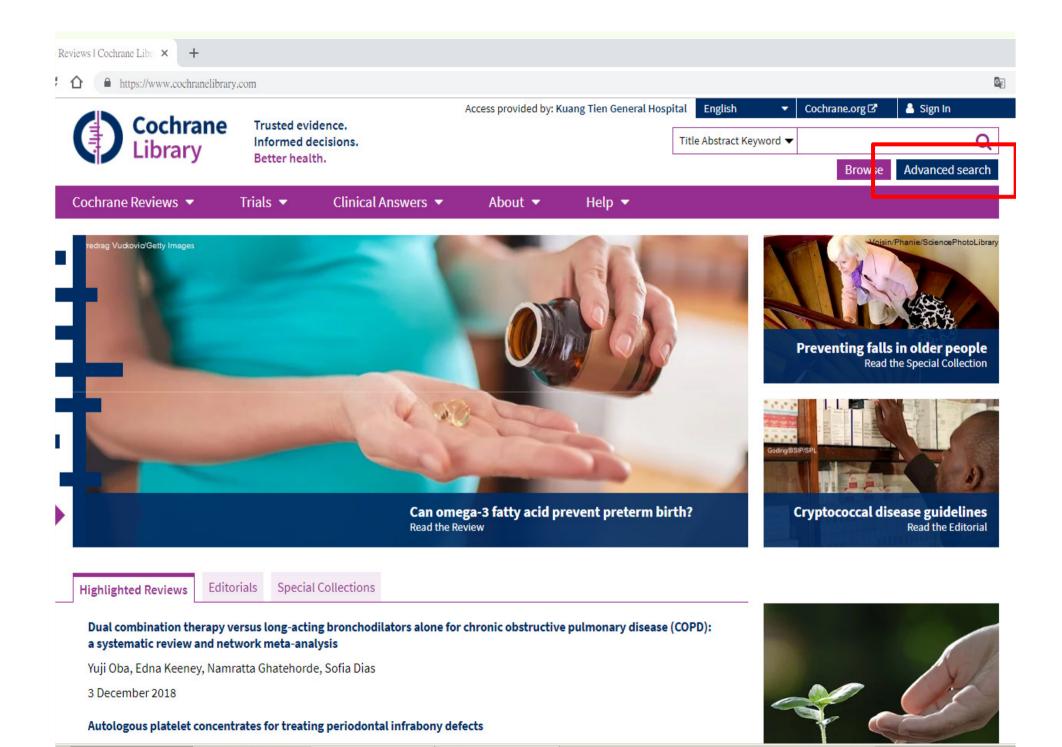


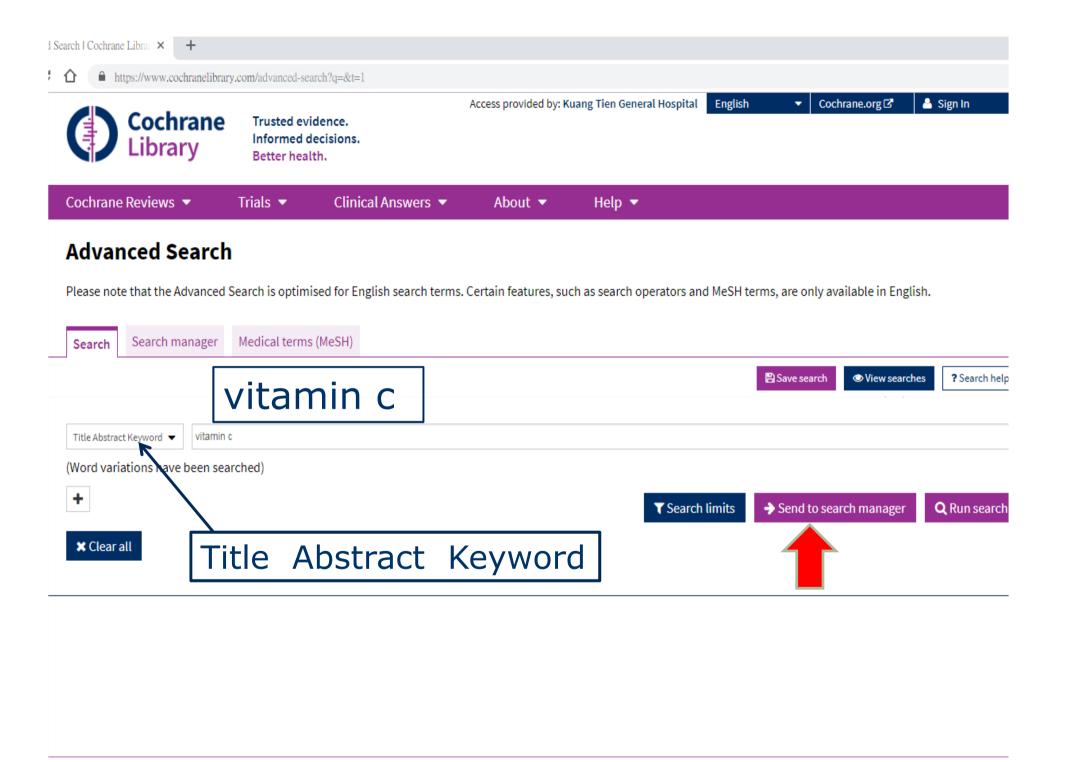






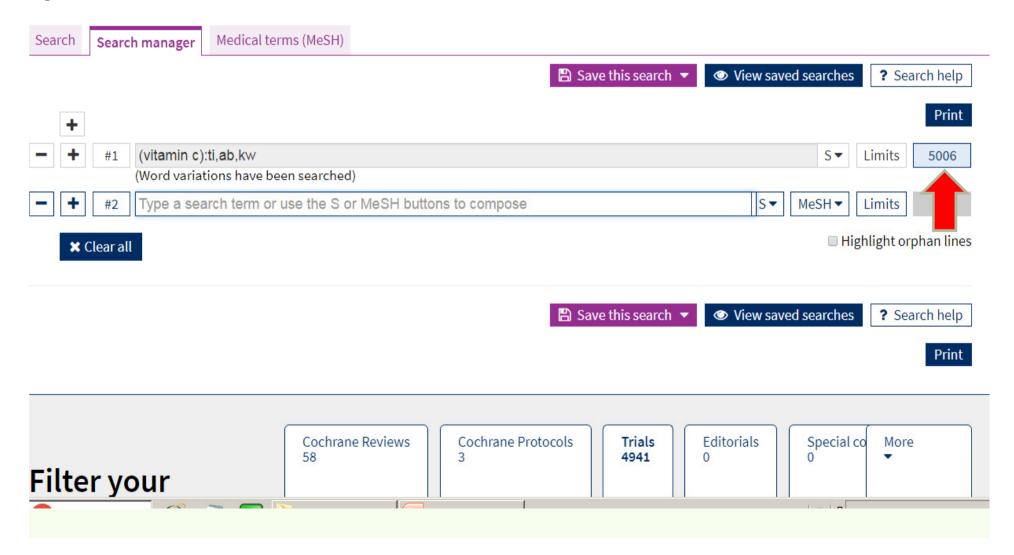


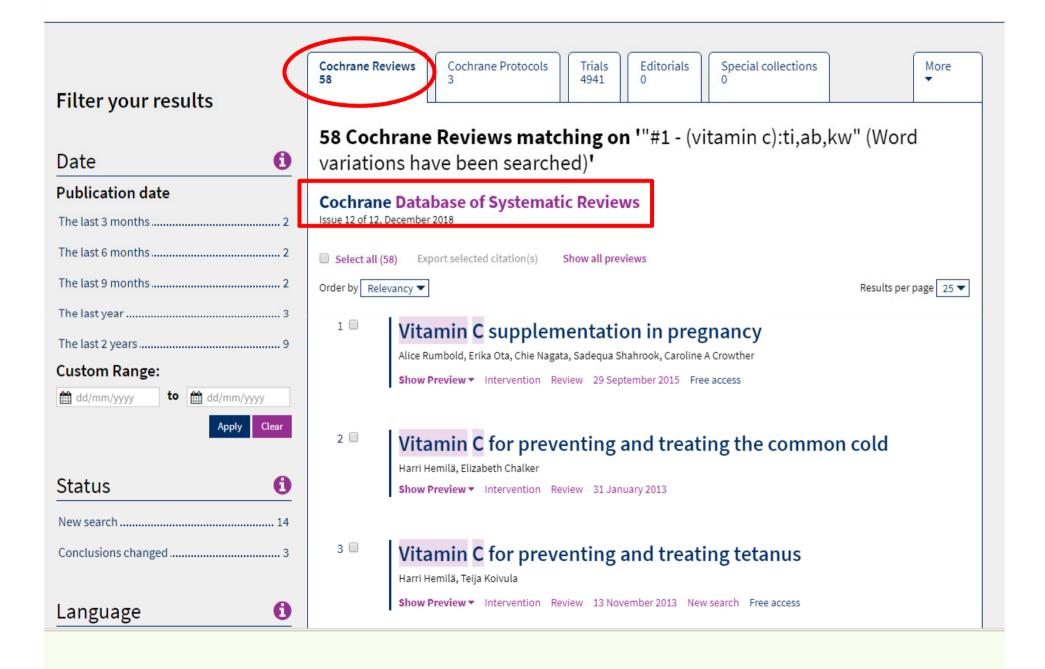


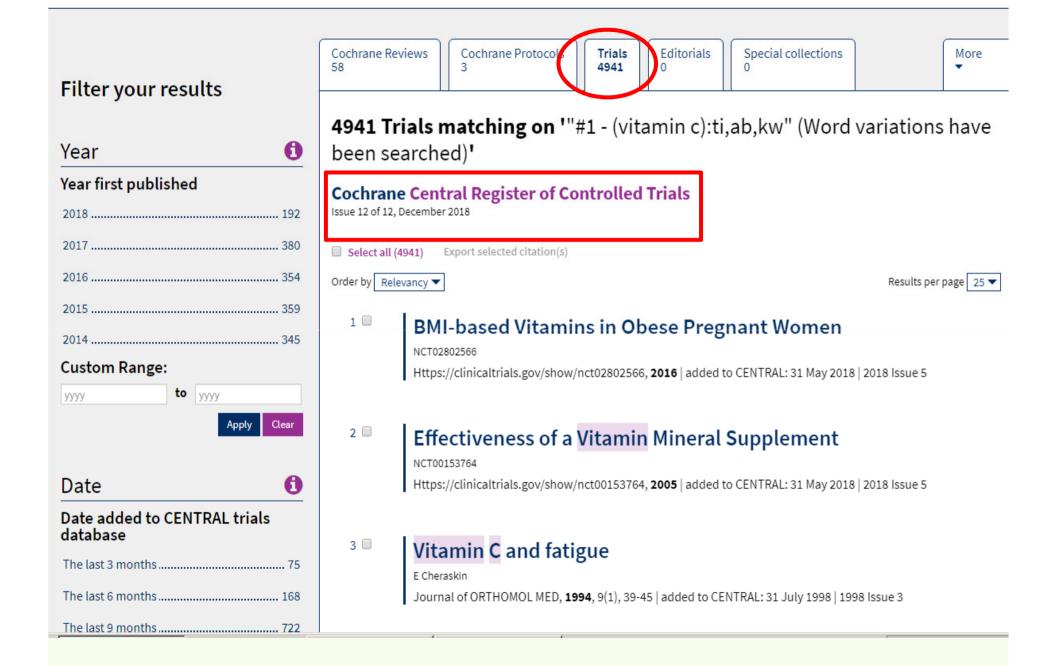


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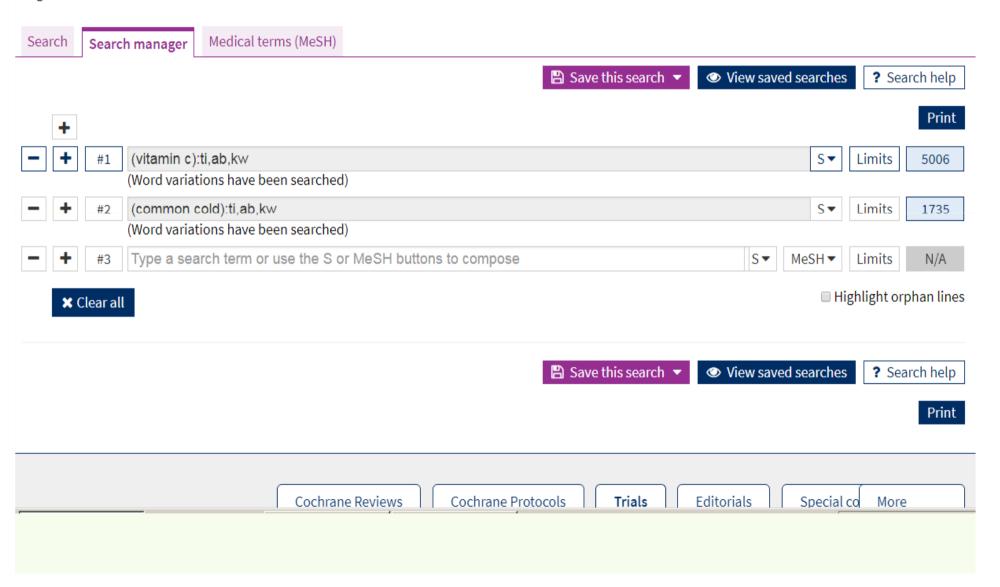


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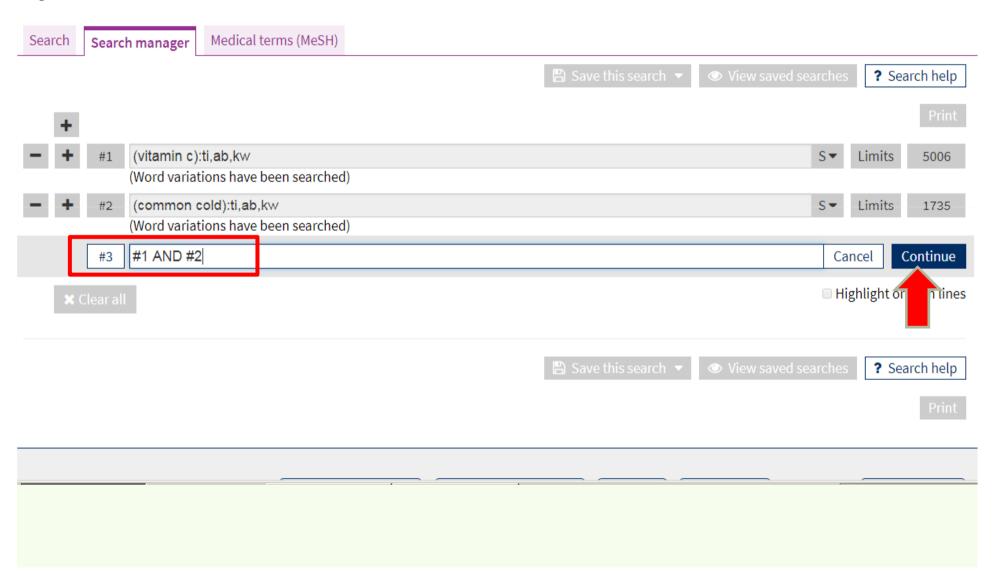
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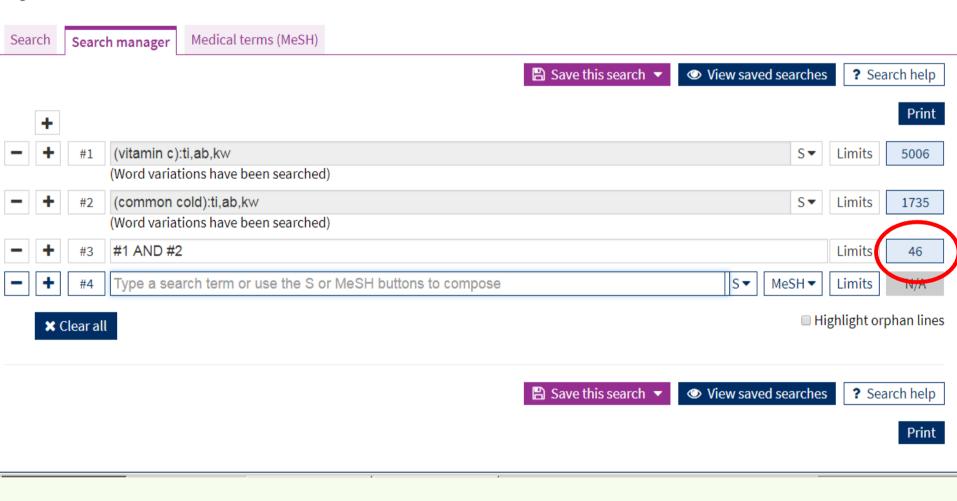
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Advanced Search



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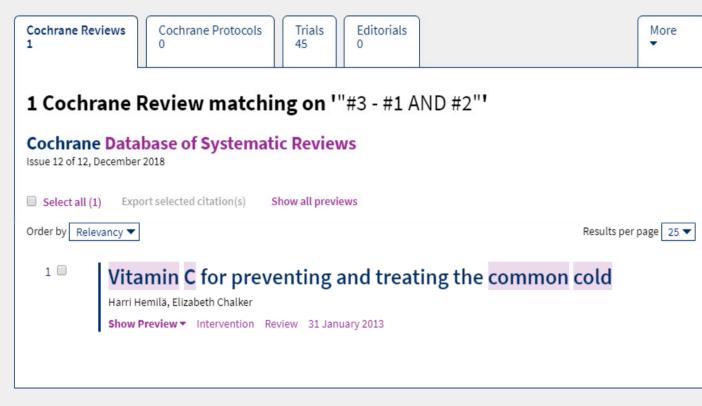


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Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.

Winston Churchill
Speech at the Lord Mayor's Day Luncheon, London
10 Nov 1942

Thank You