

實證醫學資料庫搜尋與網路資源應用

萬芳醫院實證醫學中心

http://www.wanfang.gov.tw/ebm/

2005/11/10



Learning map

Question formation

Evidence finding

Critical appraisal

Clinical application

Process auditing



Outline

1. Dr. Vincent Wu (吳明順)

Cochrane library

2. Dr. Cliff Chen(陳杰峰)

Pubmed

Sumsearch

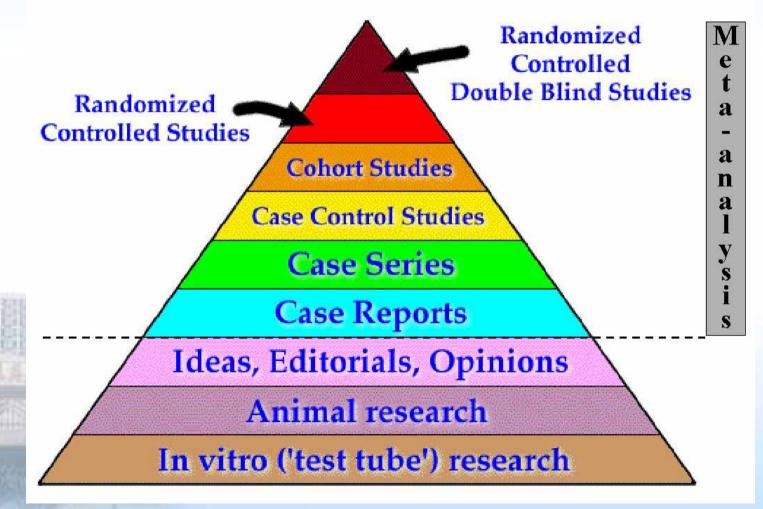
National Guideline Clearinghouse

3. Stella Chang (張愛鈴, TMU librarian)

Chinese literature database introduction

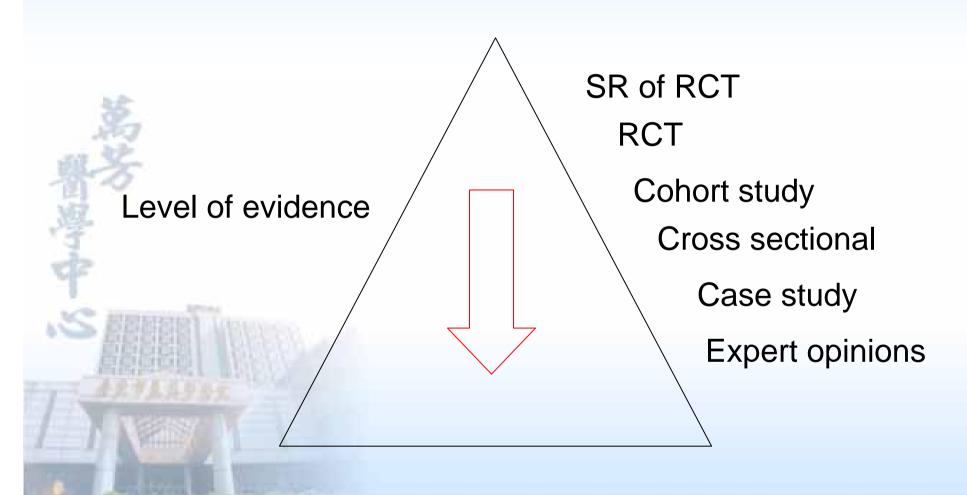


Level of Evidence





搜尋策略







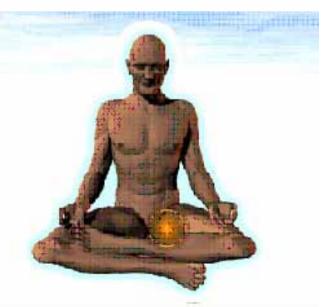
Systematic Review Databases



吳明順主任

Pre-filtered" EBM resources"

- To answer focused clinical questions, the most efficient approach is to begin with a "pre-filtered" evidence-based medicine resource such as
 - -Best Evidence
 - -Clinical Evidence
 - Cochrane Library



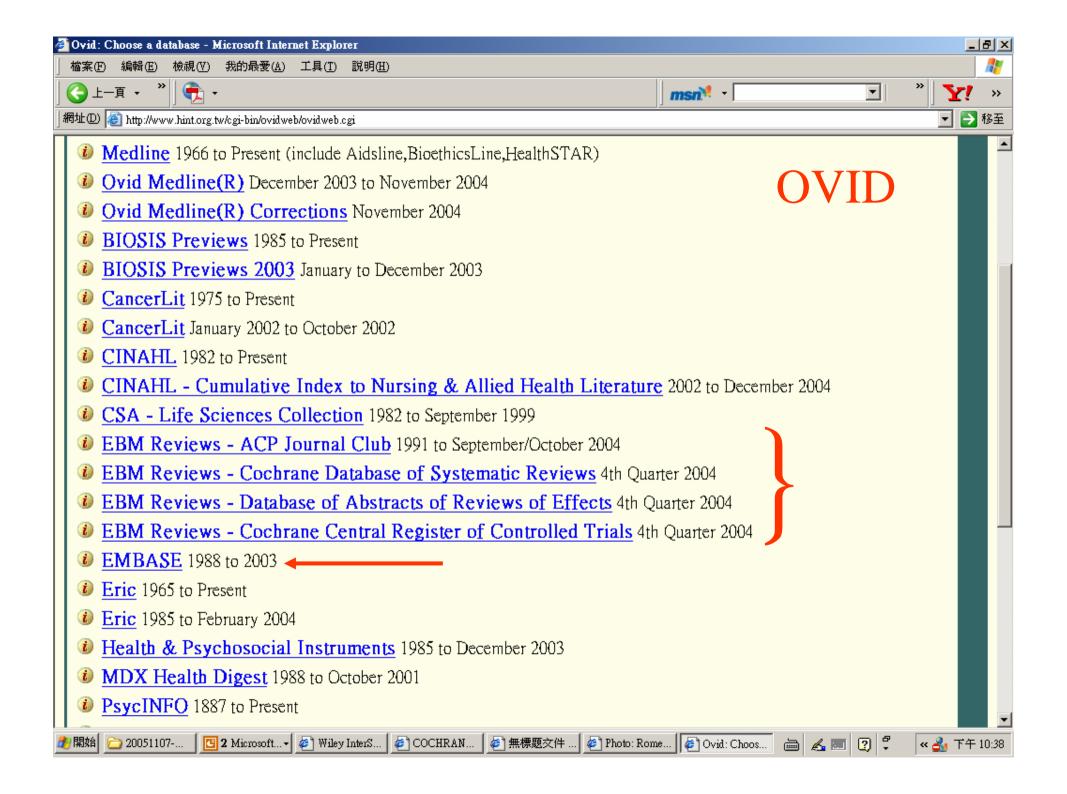
Pre-filtered DATABASES

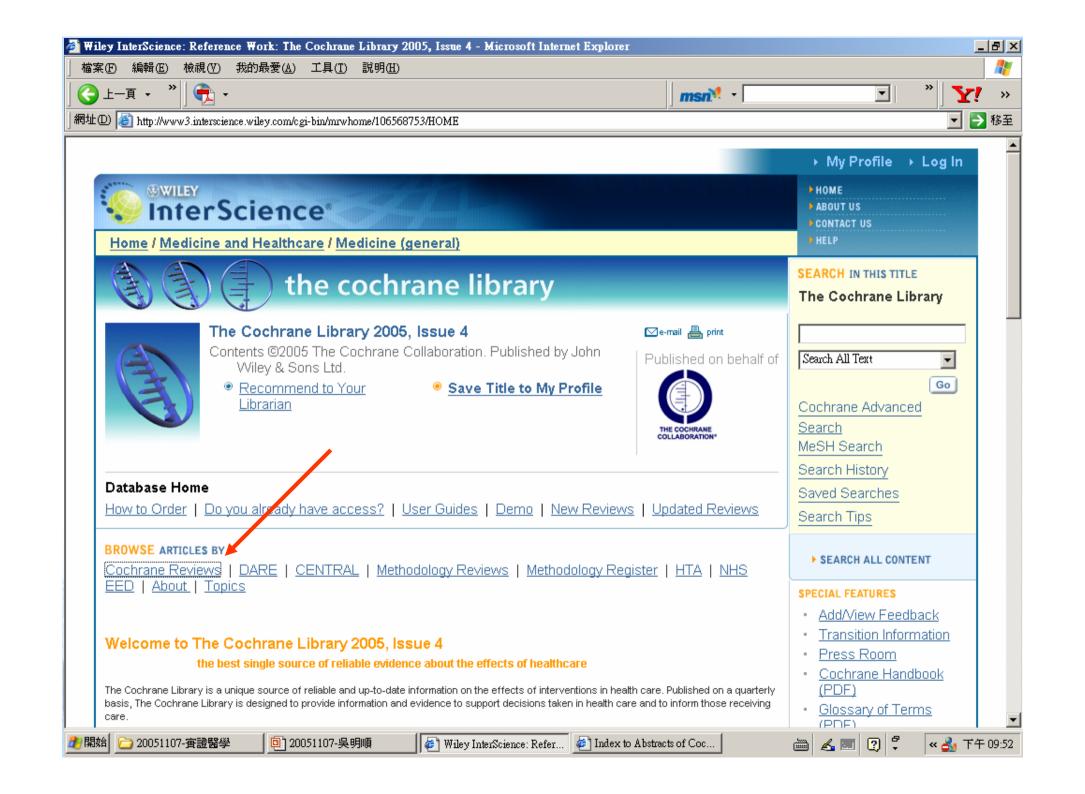
- Cochrane Library –EBM reviews
 - ACJ Journal Club
 - Cochrane Database of Systematic Reviews
 - Database of Abstracts of Reviews of Effects (DARE)
 - Cochrane Central Register of controlled trials
 - NHS Economic Evaluation Database (NHSEED)
 - Health Technology Assessment Database (HTA)
- EMBASE

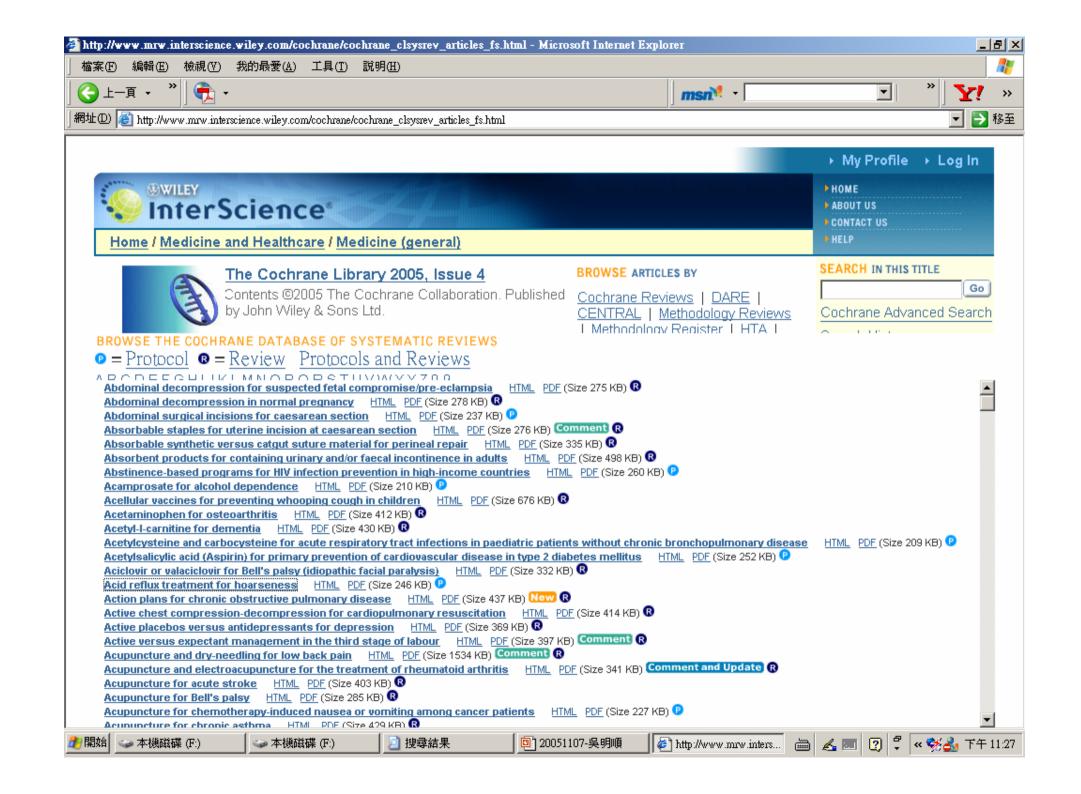
Systematic Review Databases

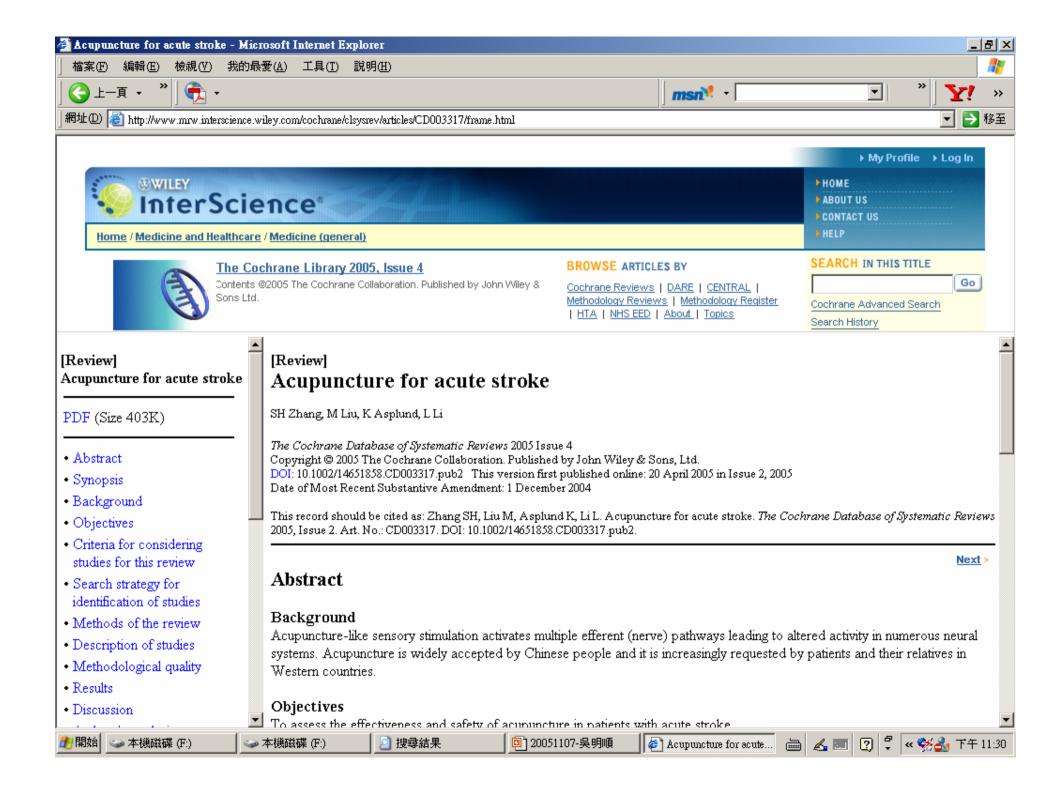
- Cochrane Library :
 - Best source for structured, <u>systematic</u> reviews
 - Explicit search & quality criteria (free abstracts)
- Database of Abstracts of Reviews of Effects (DARE)
 - Structured abstracts of systematic reviews meeting highest quality standards
 - A (free) part of the Cochrane Library
- Joanna Briggs Institute: international Research and Development Unit of Royal Adelaide Hospital, and an Affiliated Institute of the University of Adelaide
 - Systematic reviews, Nursing, Pharmacy, community health, health promotion, speech pathology



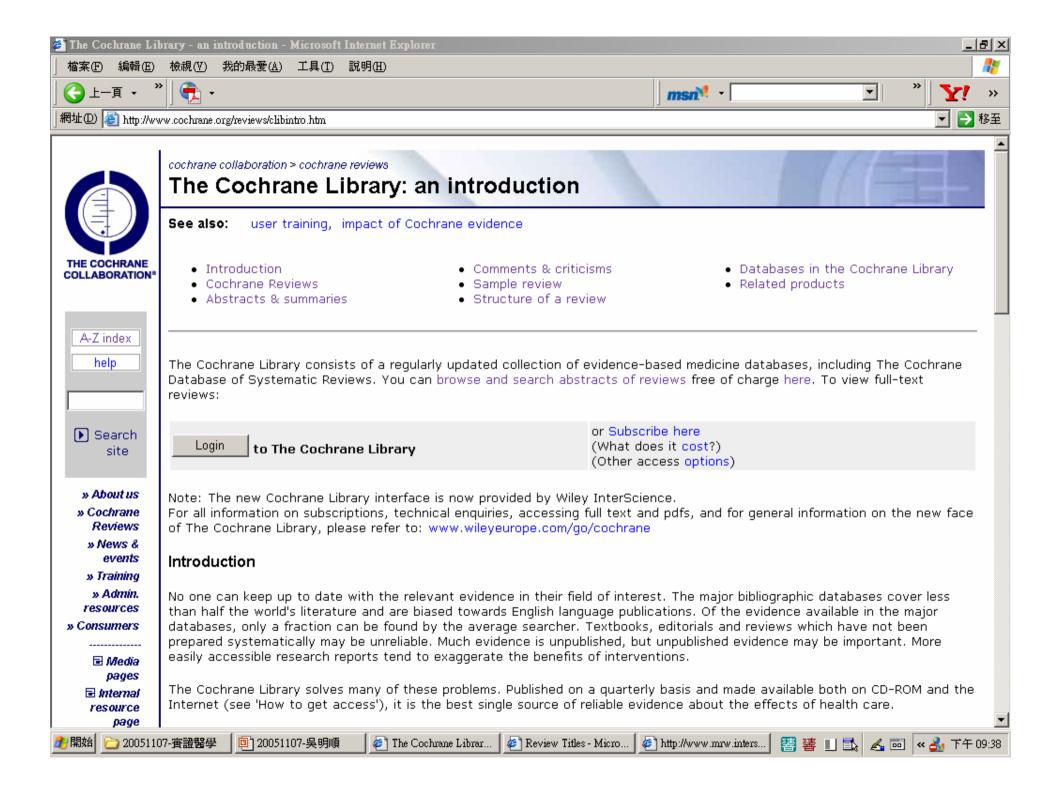


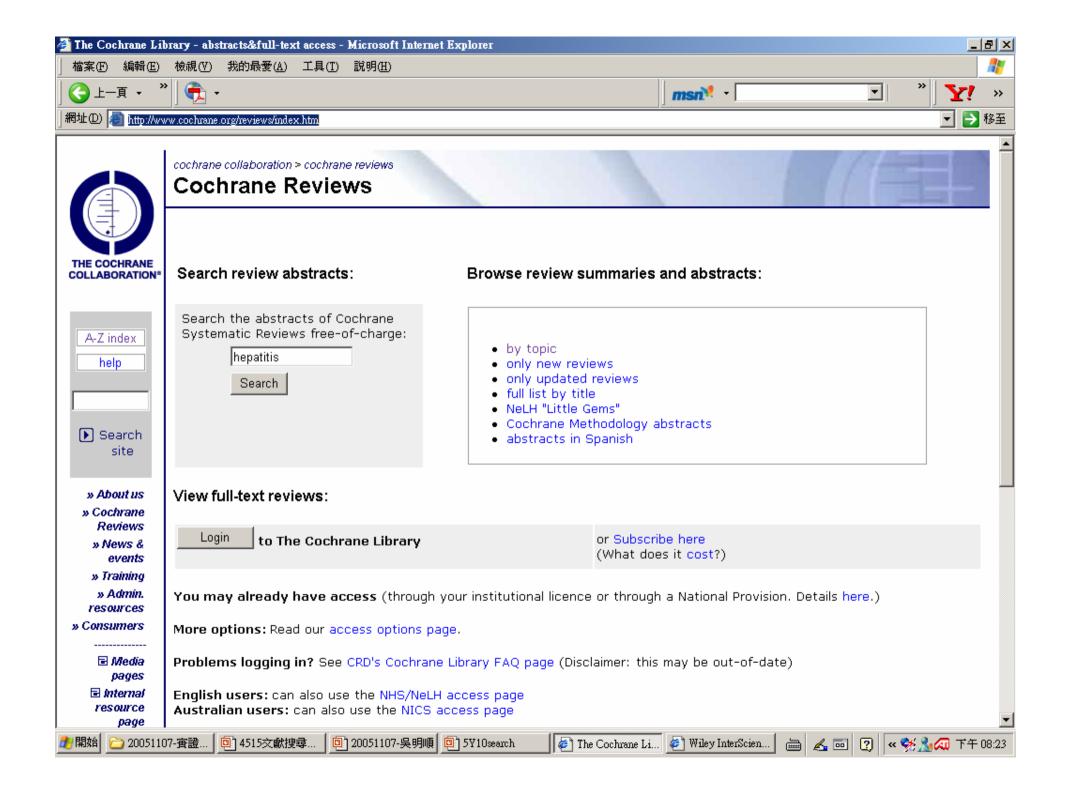


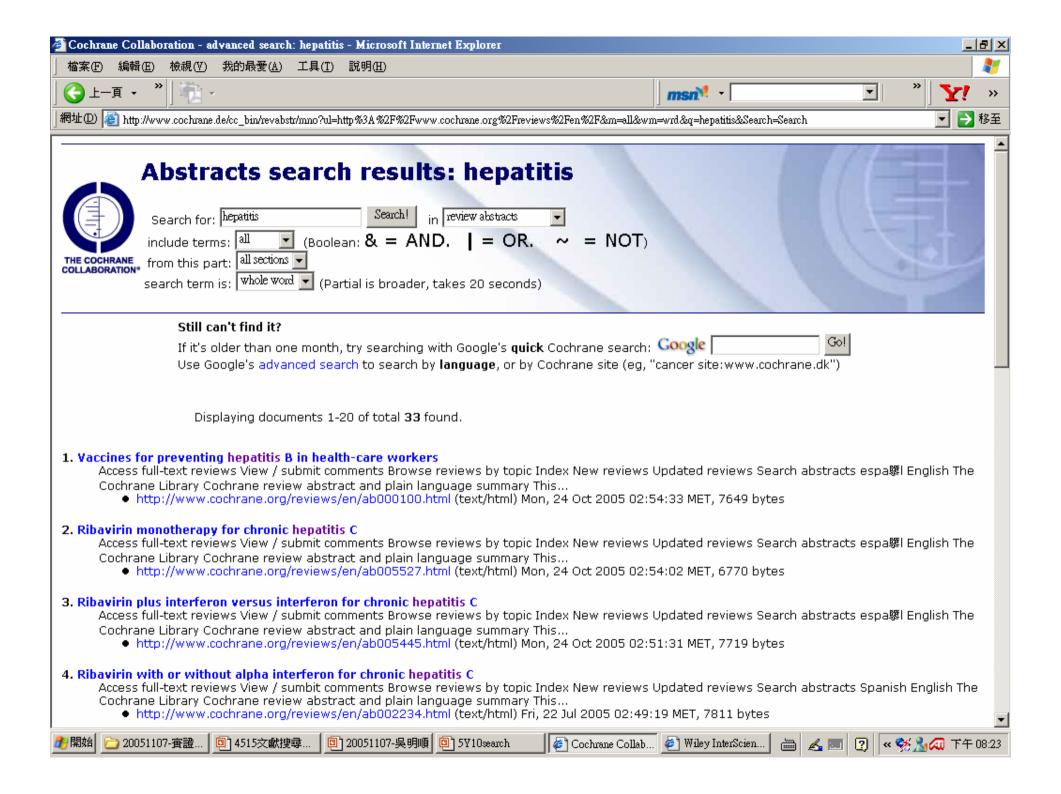


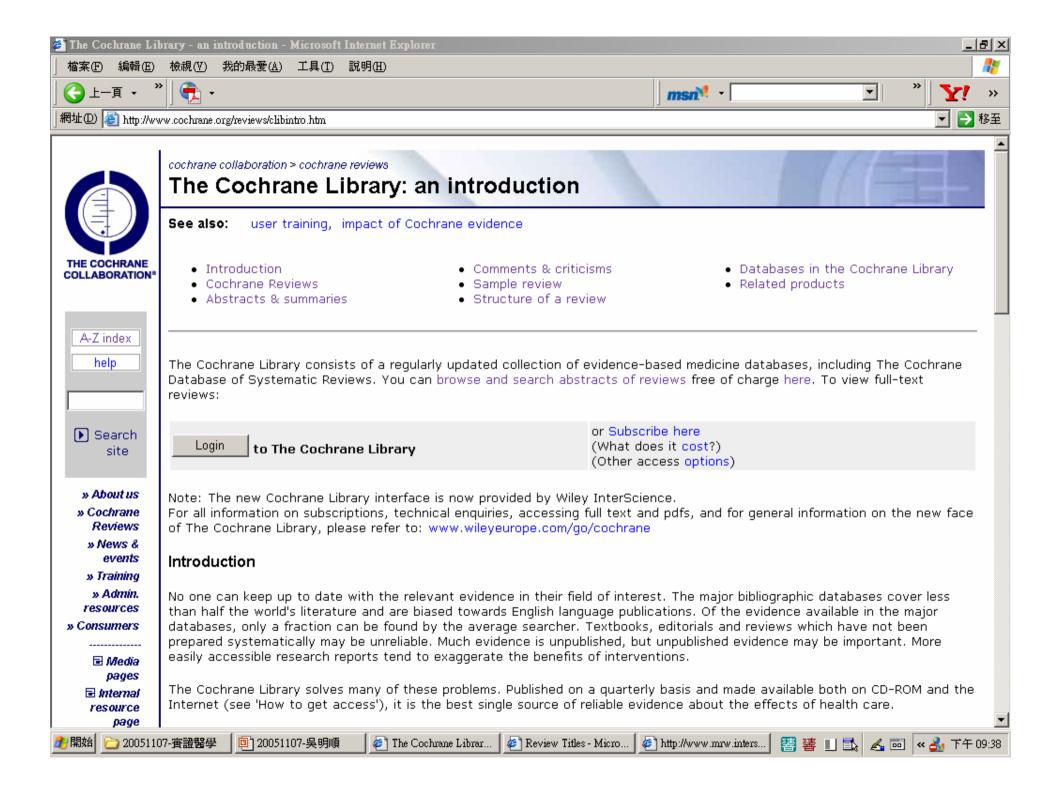


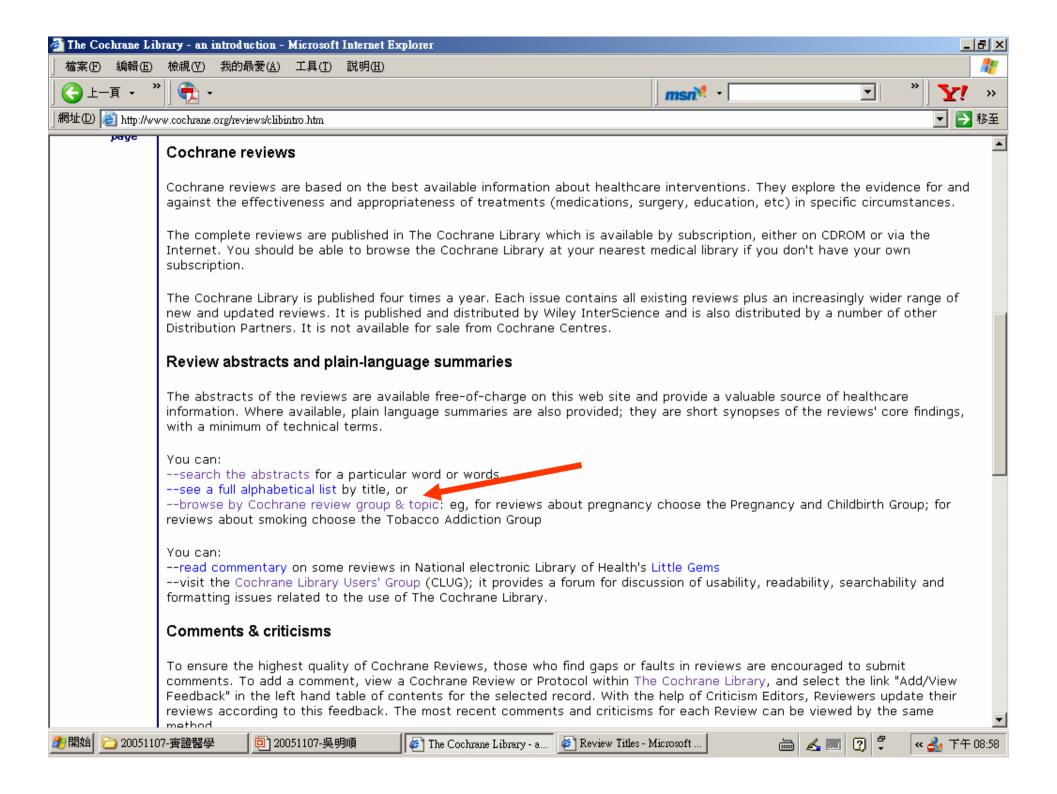




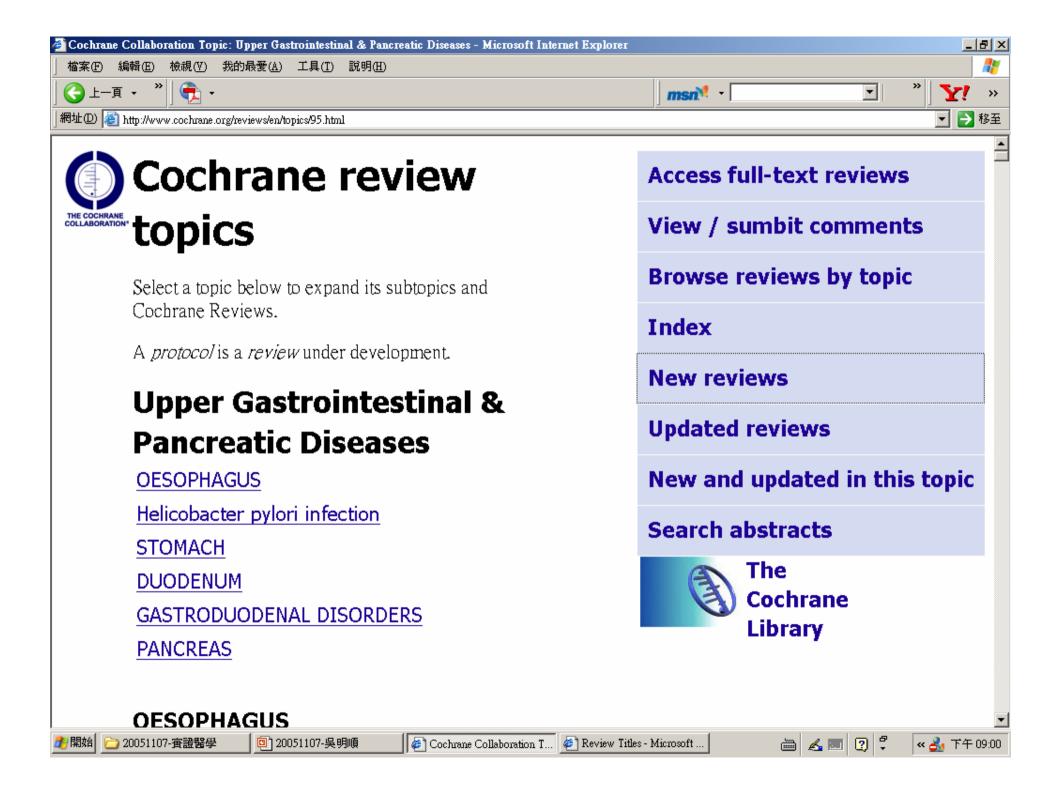


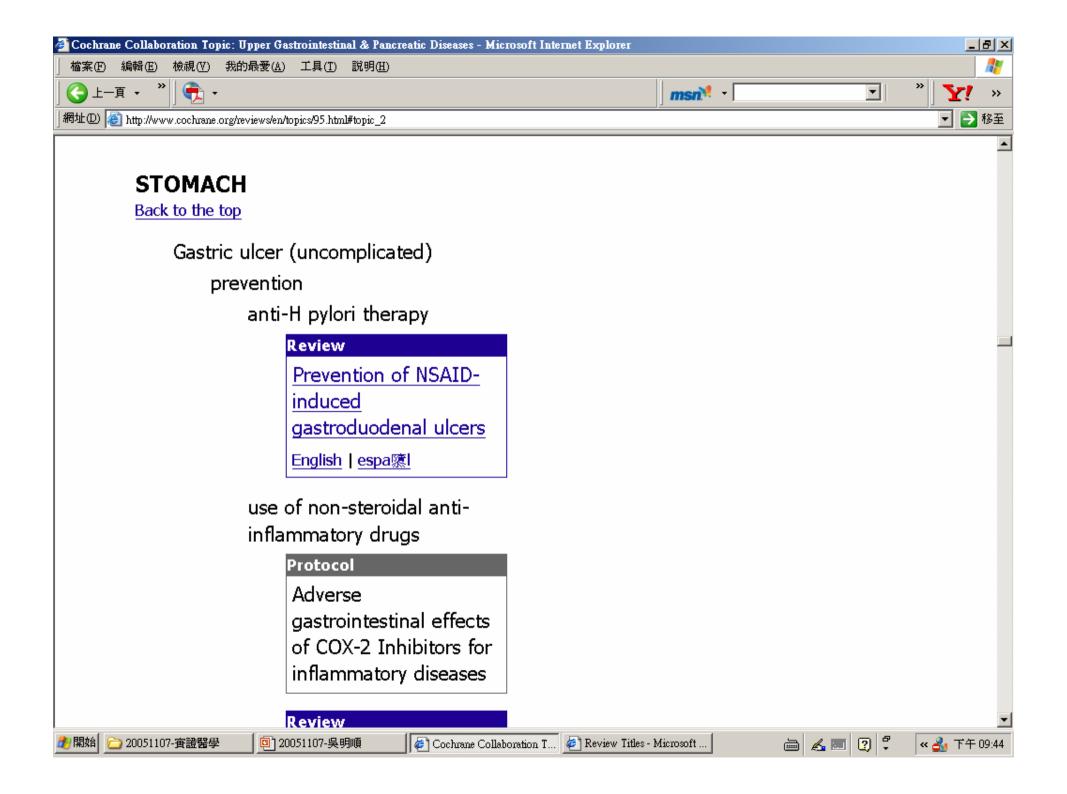








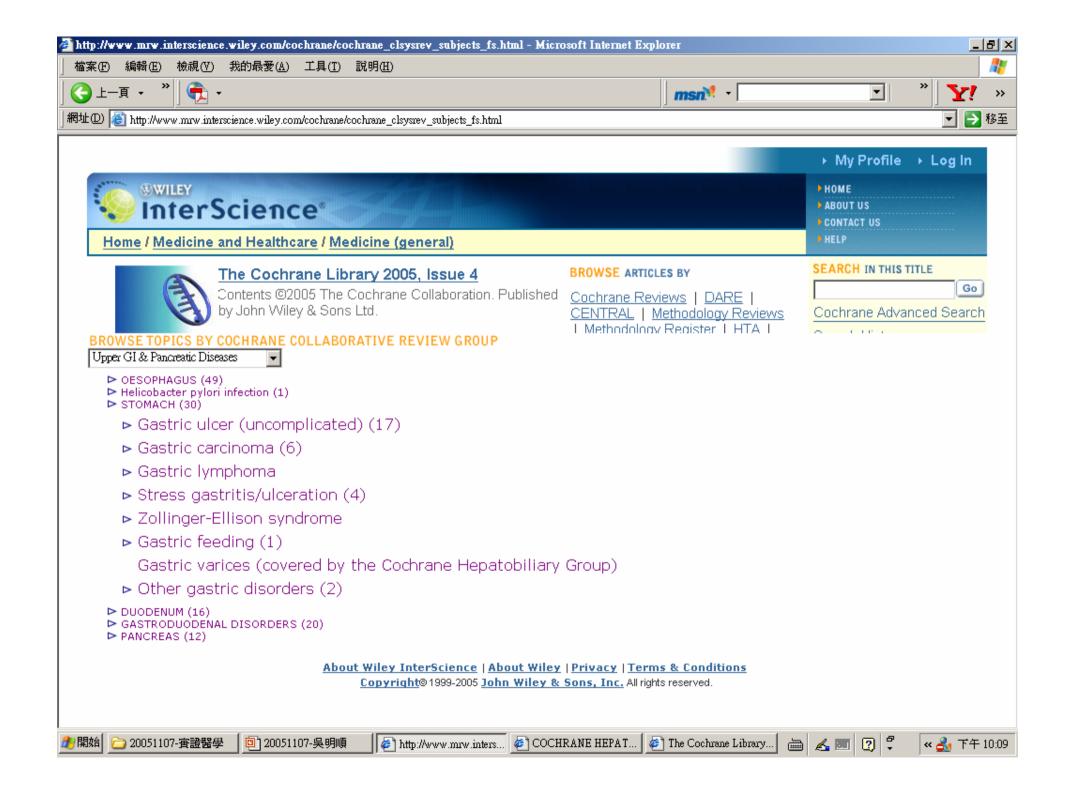


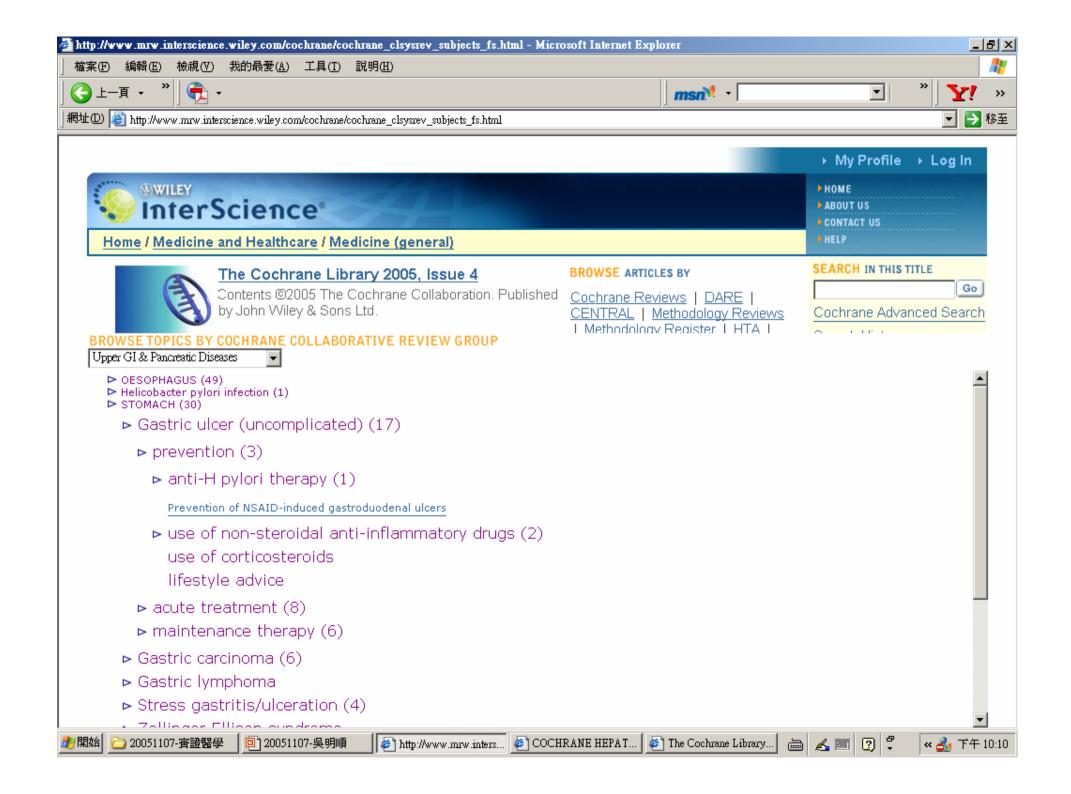


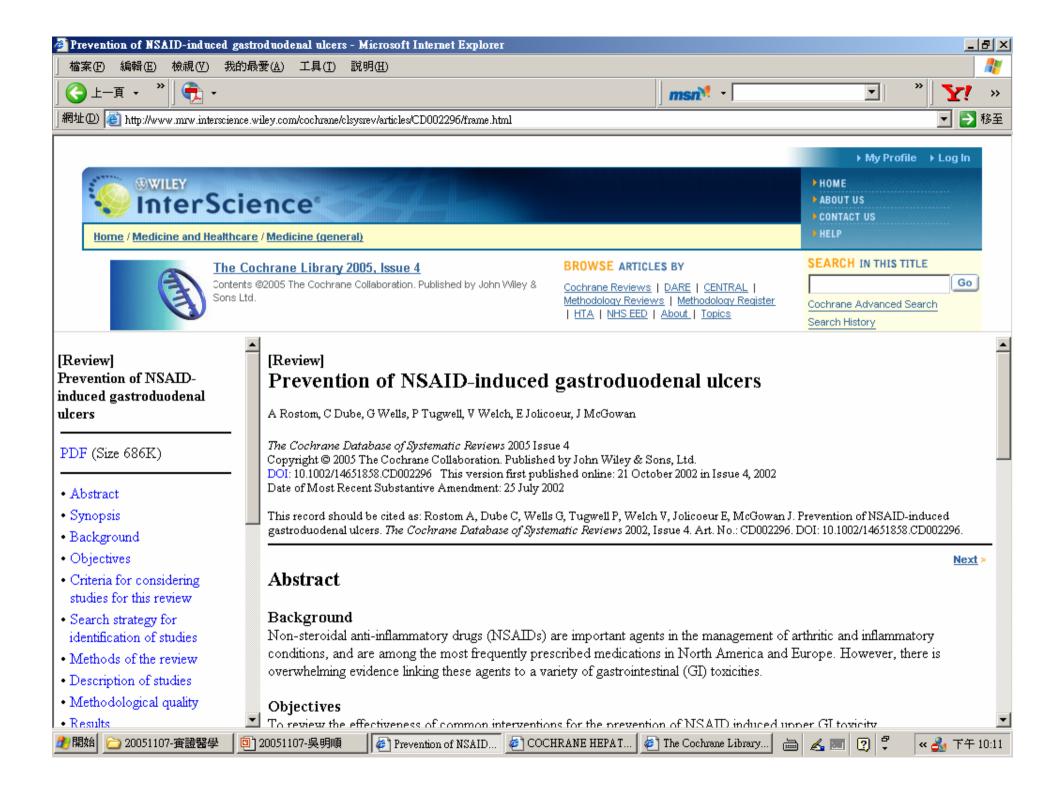


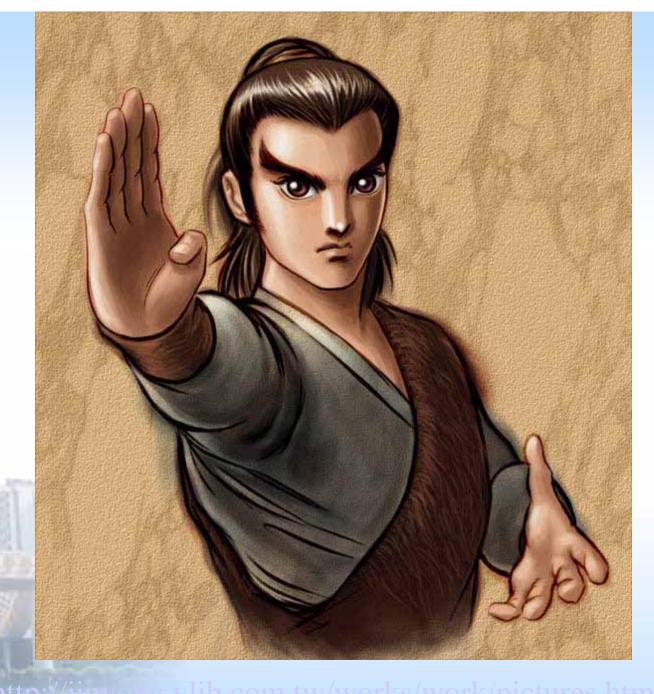
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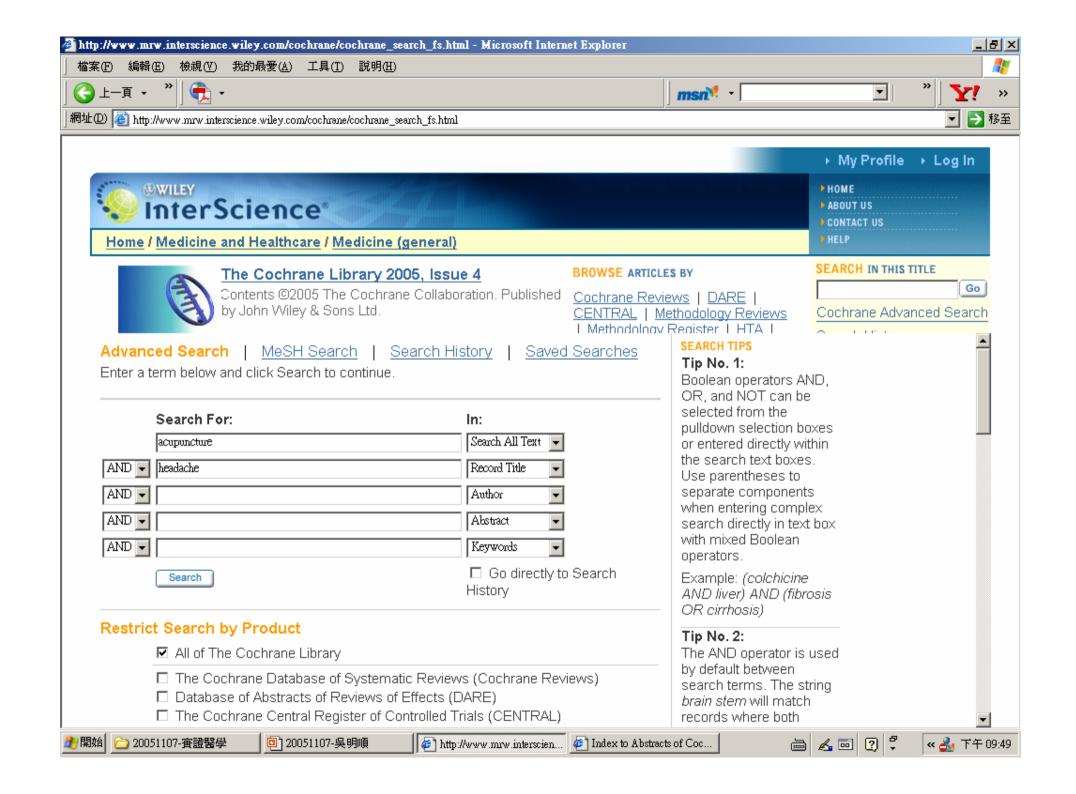






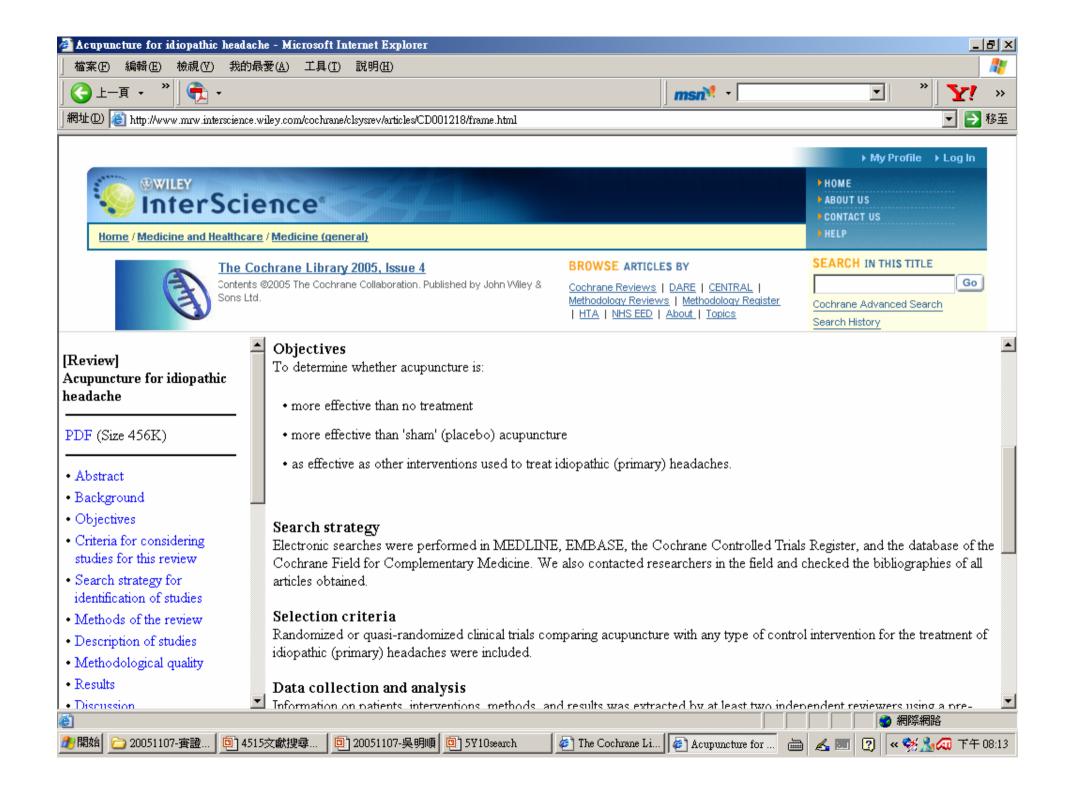
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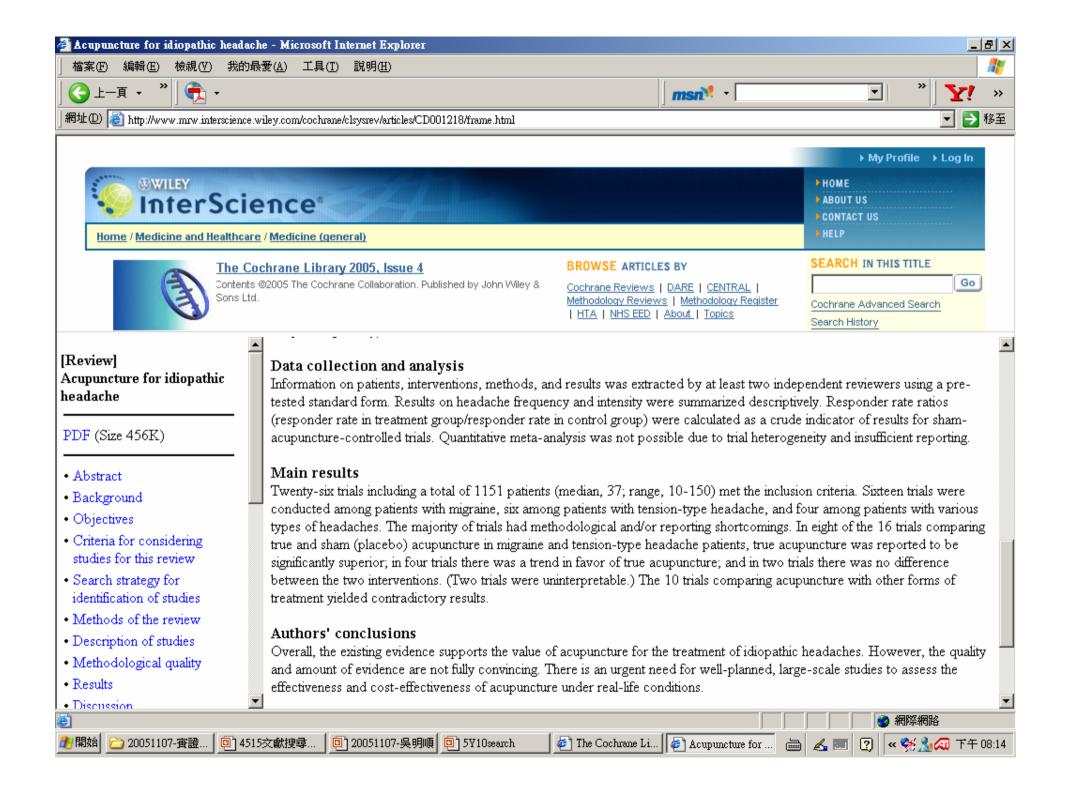


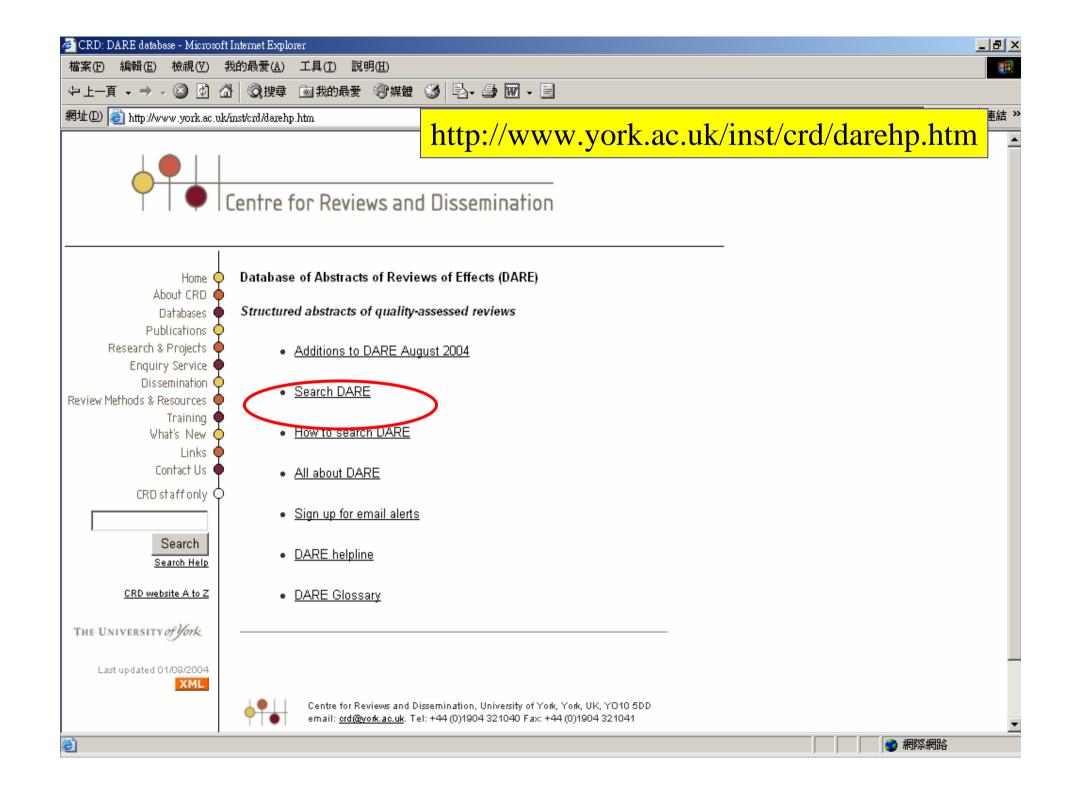


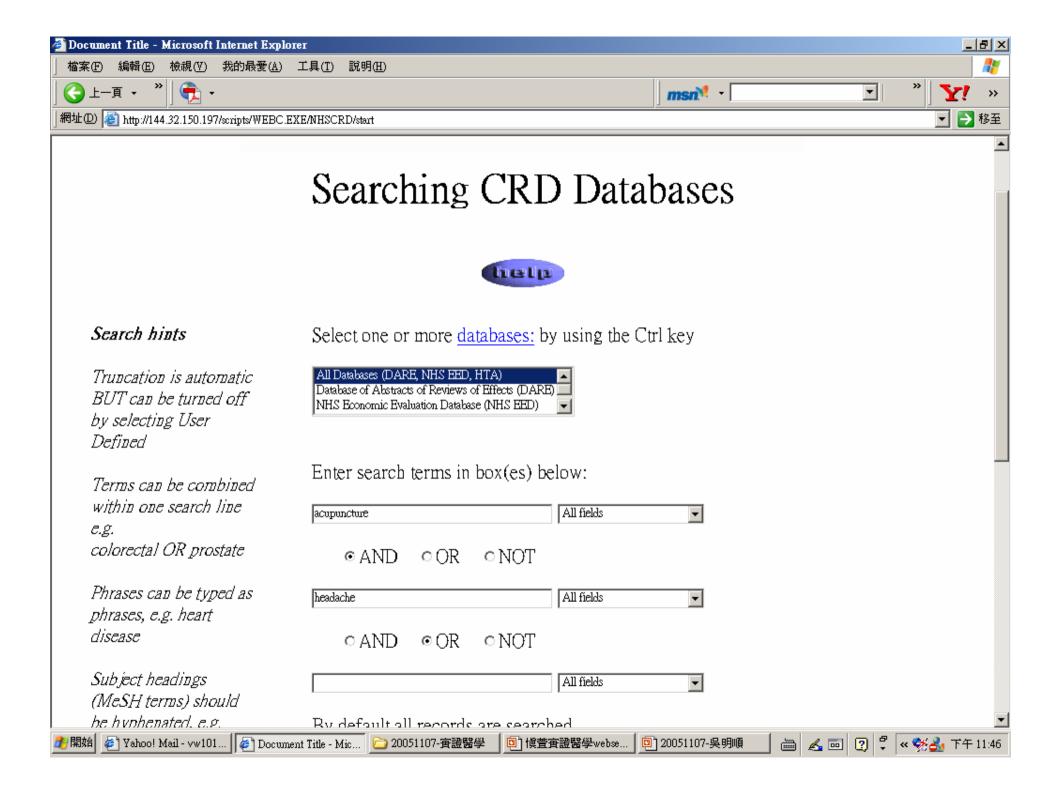


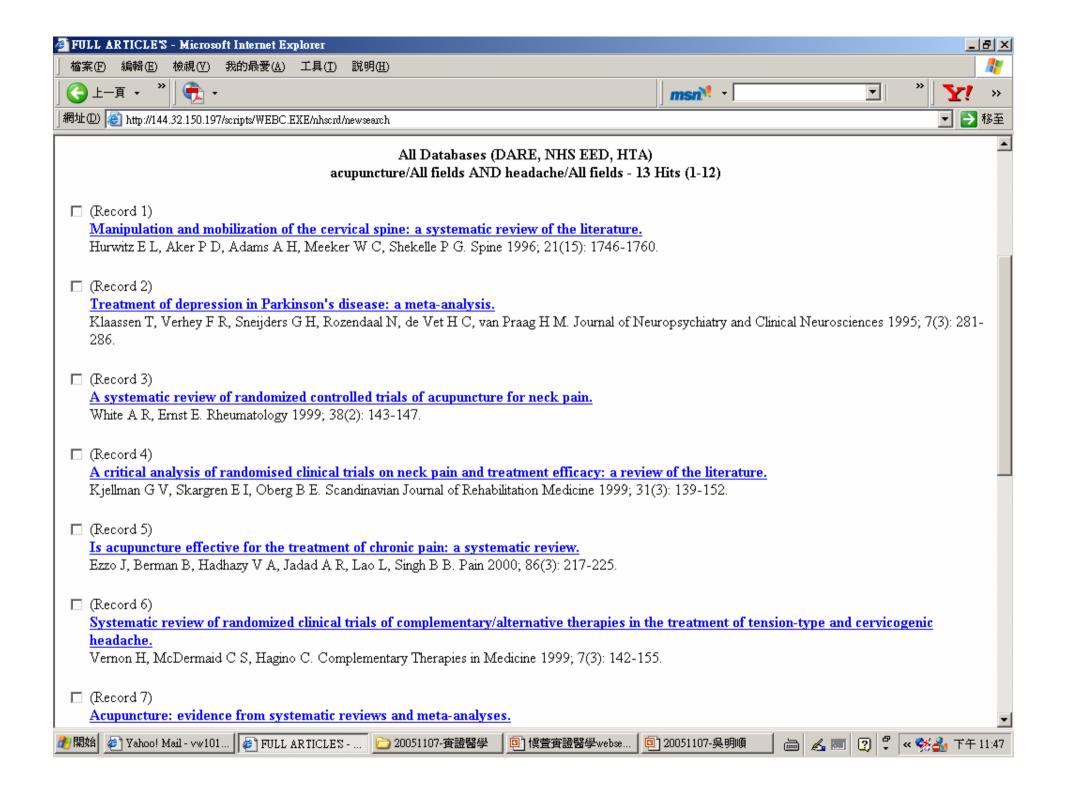


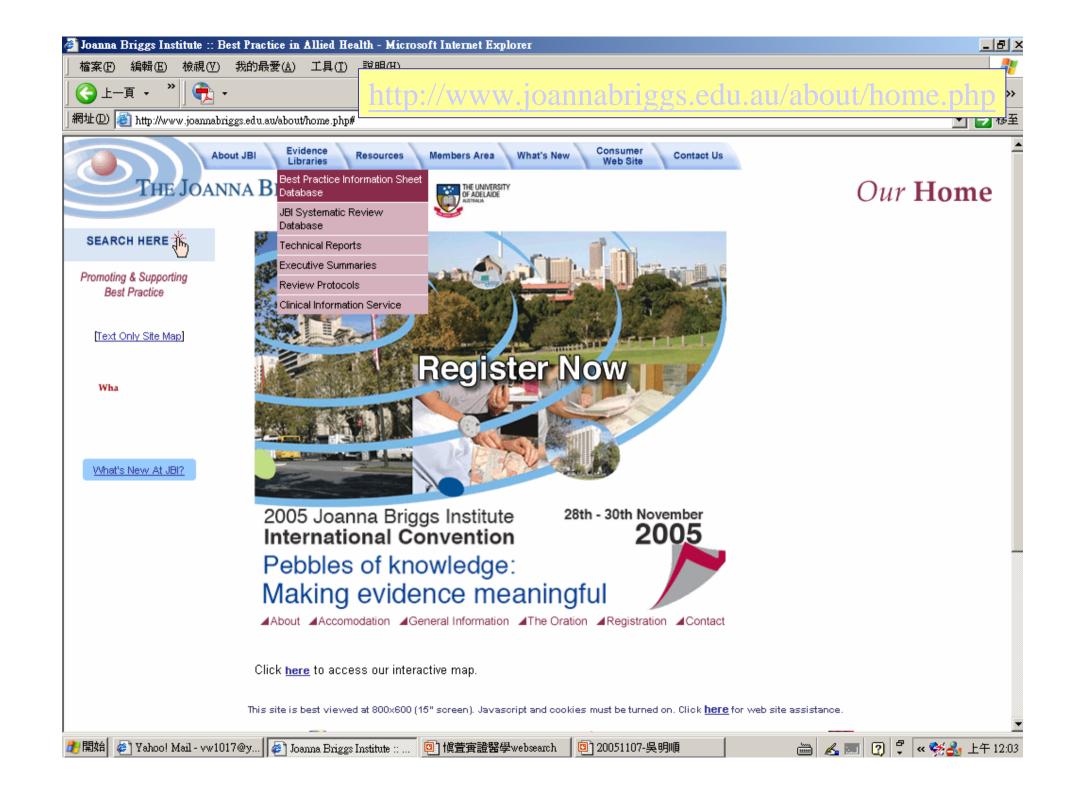


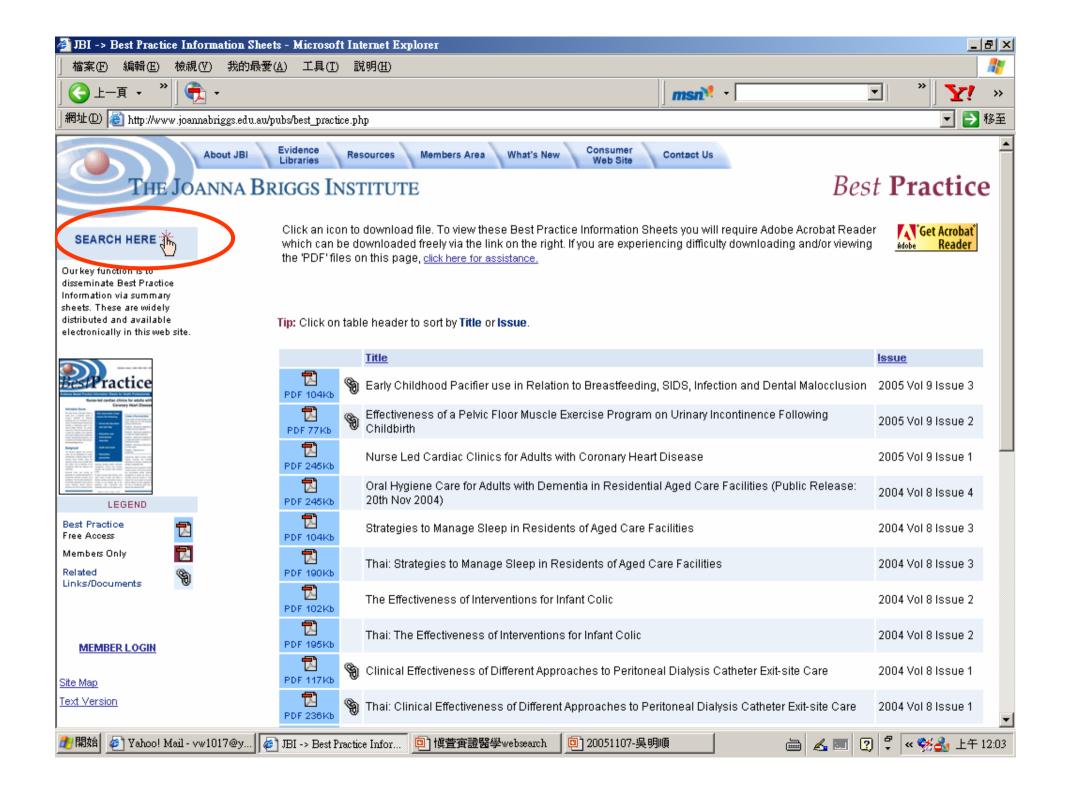












使用網站

- Interscience
 - http://www3.interscience.wiley.com/cgibin/mrwhome/106568753/HOME
- Cochrane
 - http://www.cochrane.org/index0.htm
- Database of Abstracts of Reviews of Effects (DARE)
 - http://www.york.ac.uk/inst/crd/darehp.htm
- Joanna Briggs Institute
 - http://www.v.joannabriggs.edu.au/about/home



PubMed / SumSearch / National Guideline Clearinghouse

陳杰峰 主任

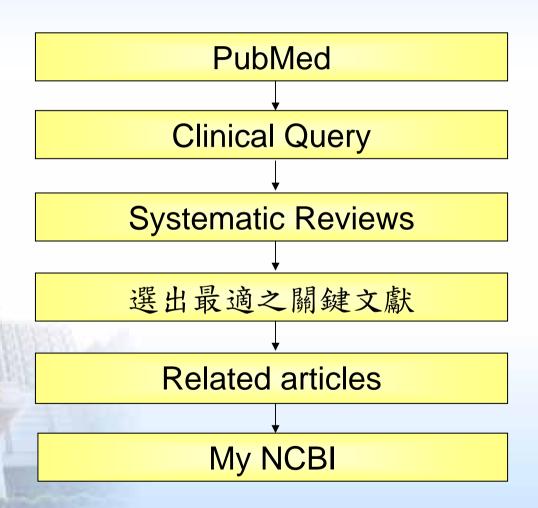


2. PubMed / Electronic Databases

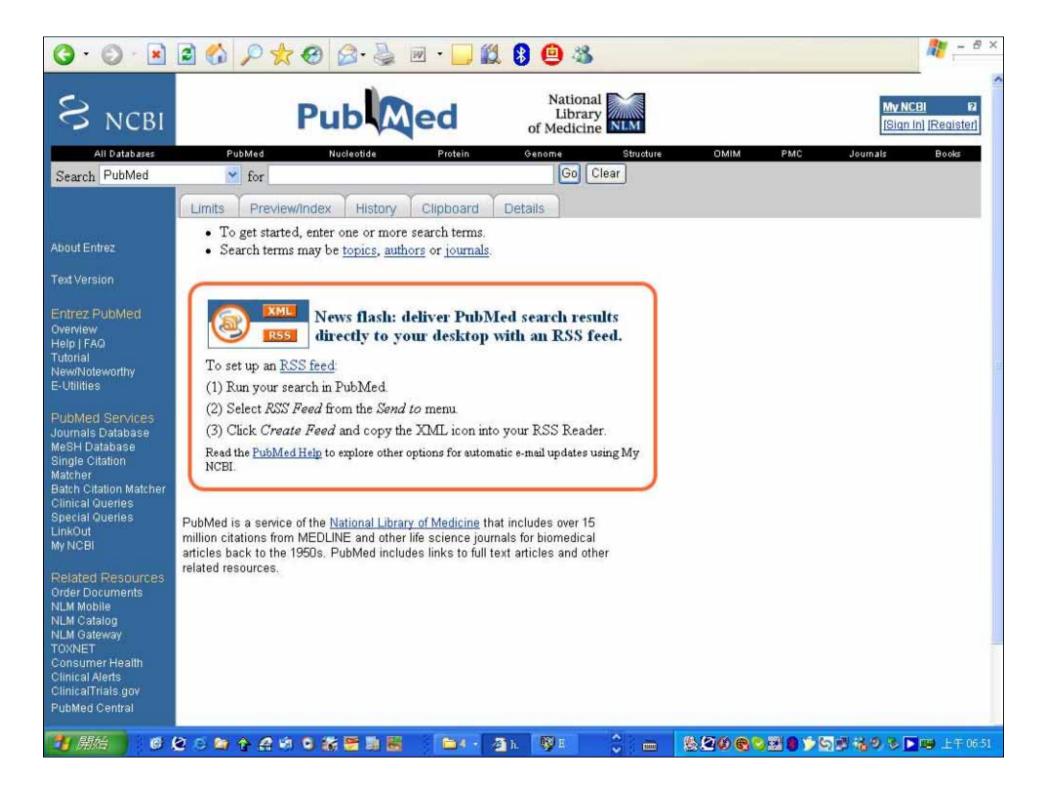
- PubMed is a free Medline service with Boolean and other search capabilities.
- Clinical query filter facilitates clinical searches

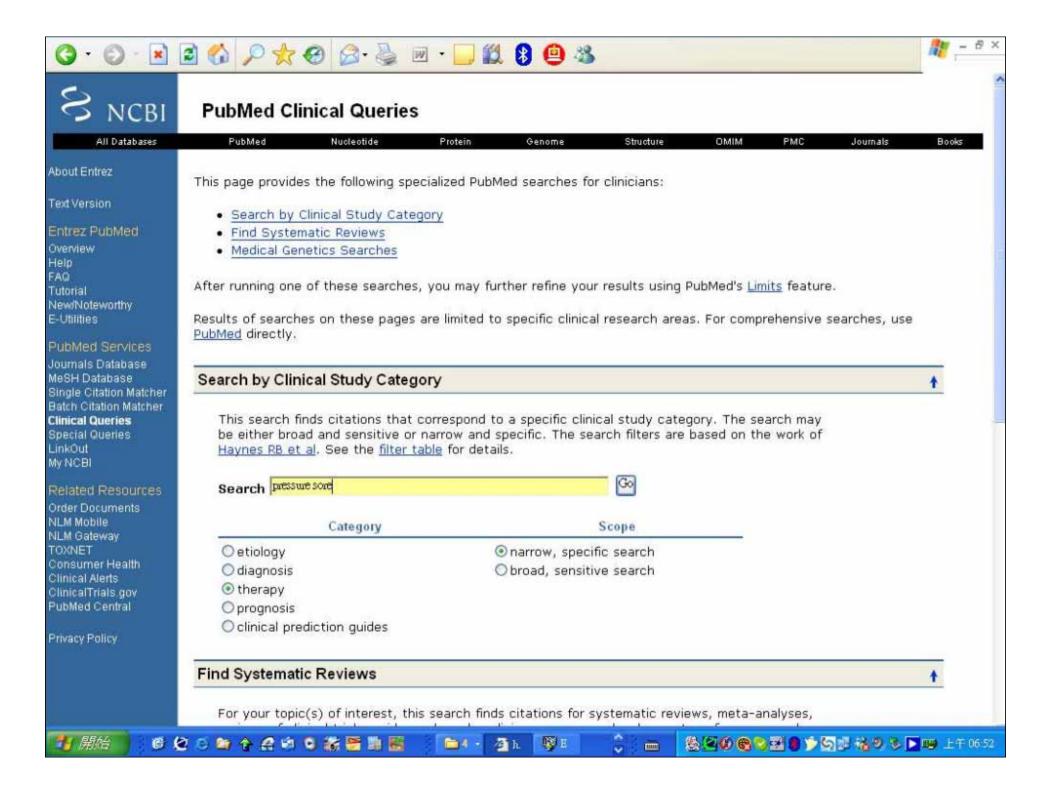


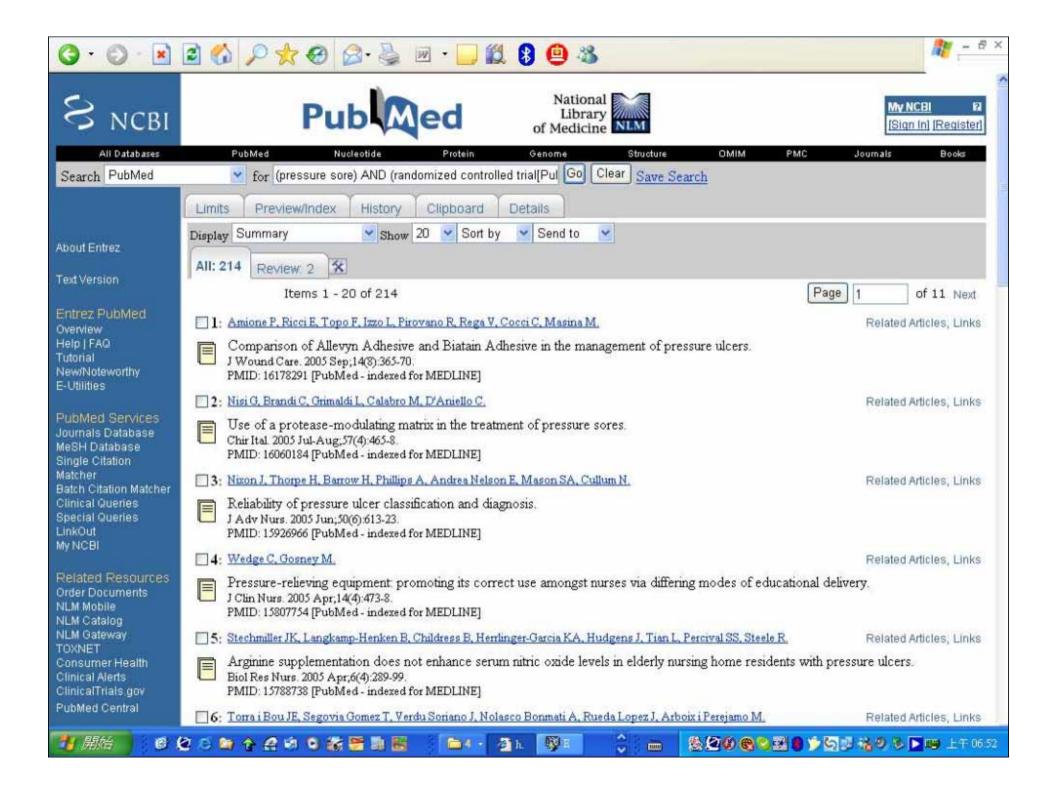
PubMed搜尋策略

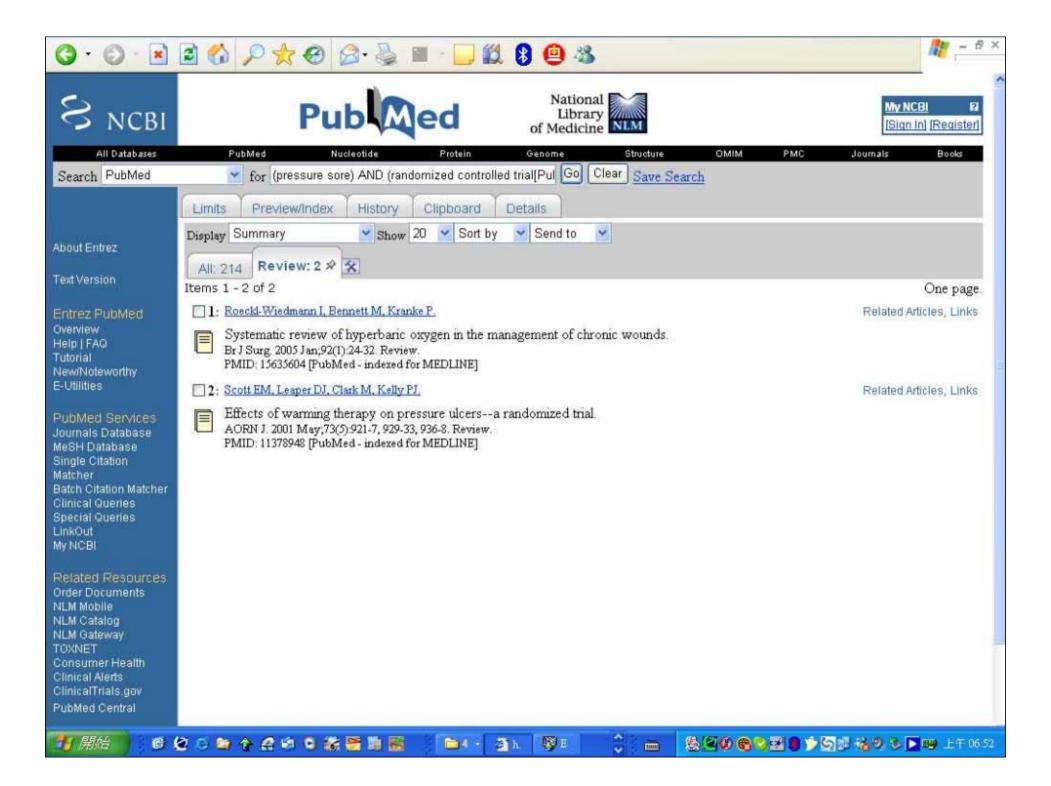


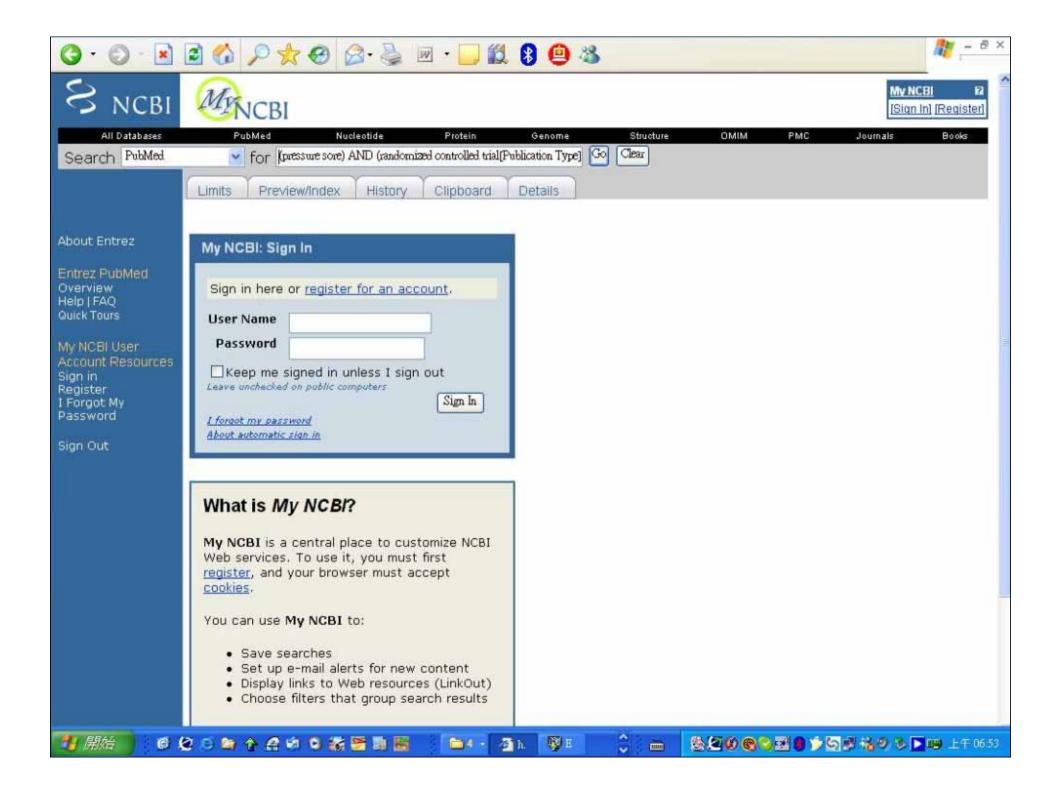
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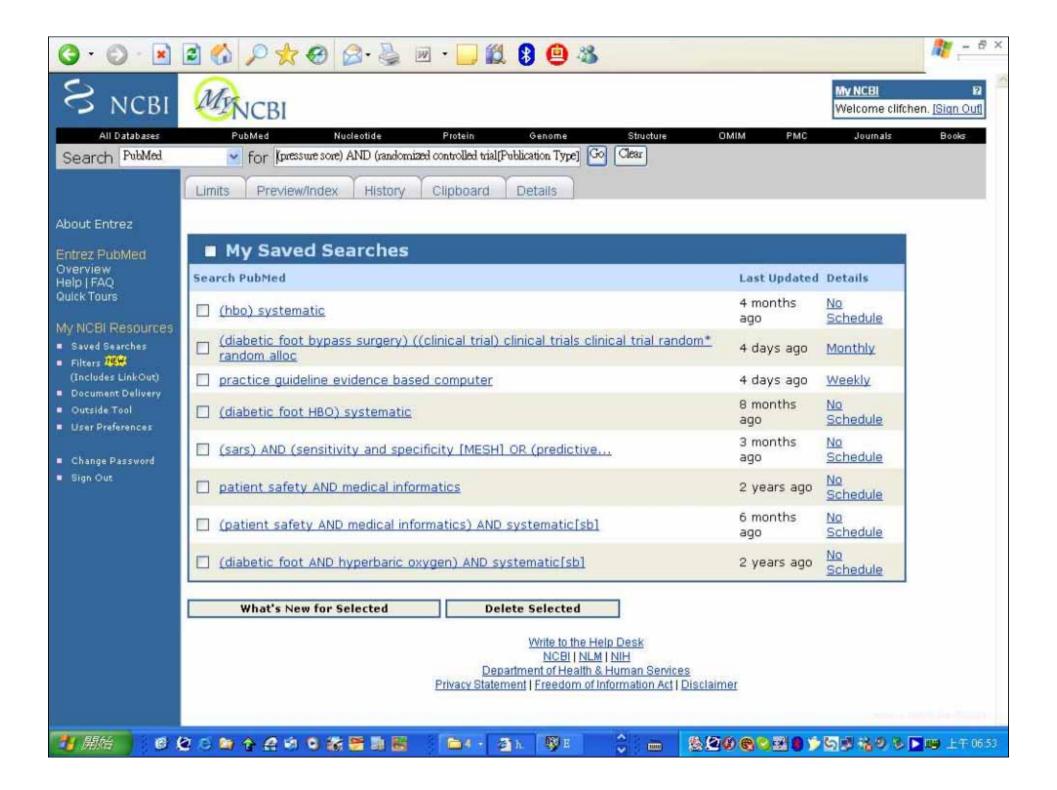


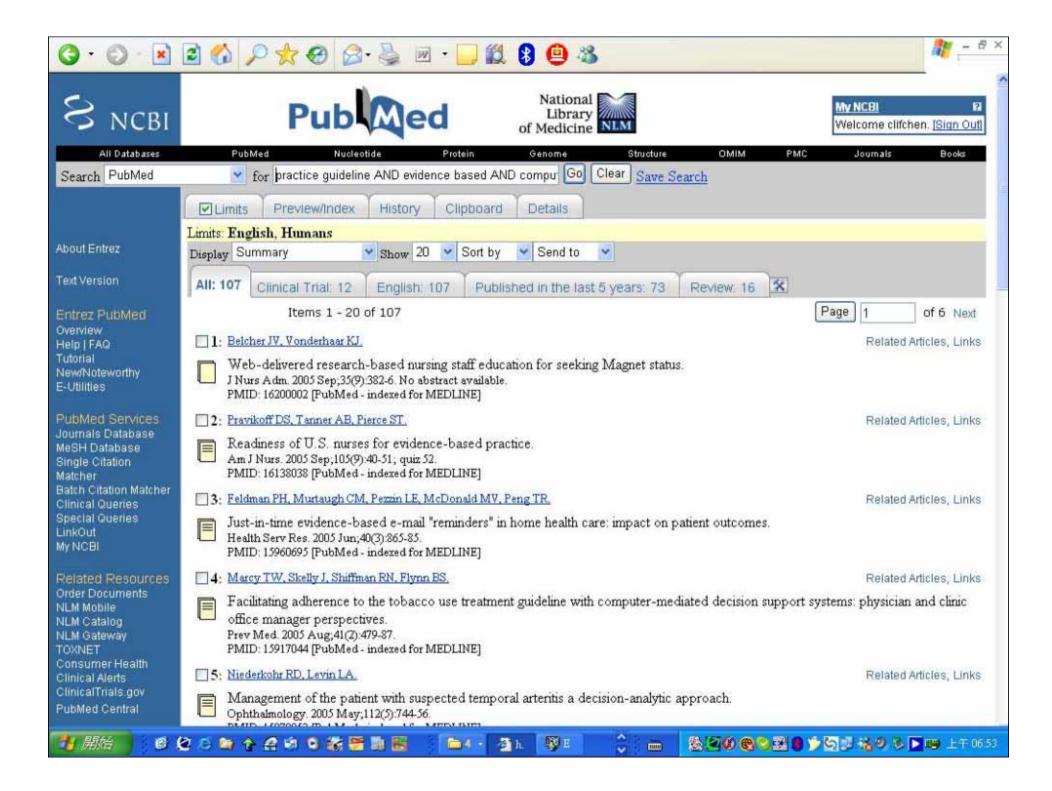


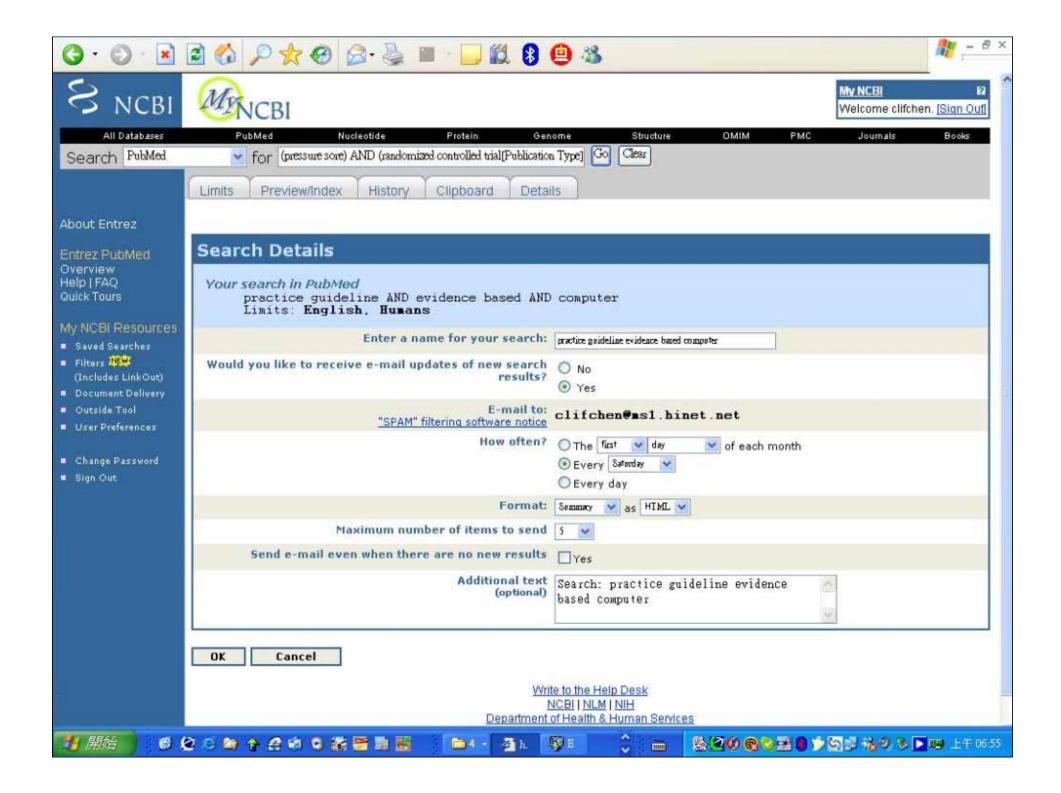








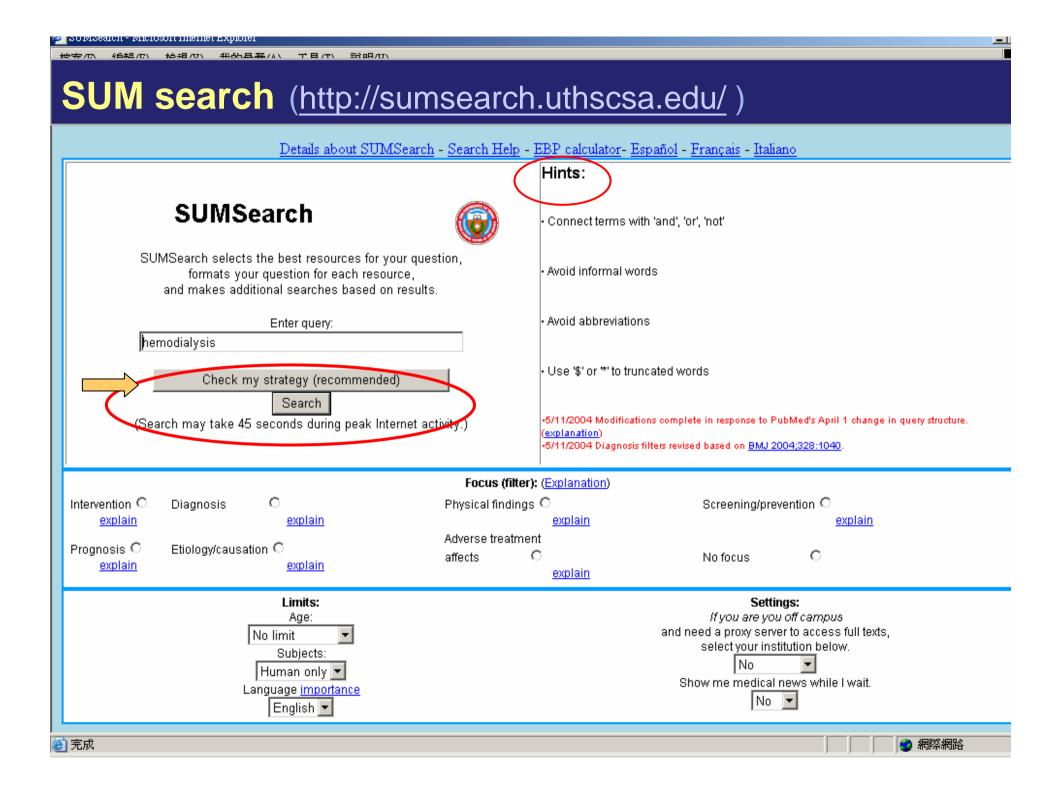


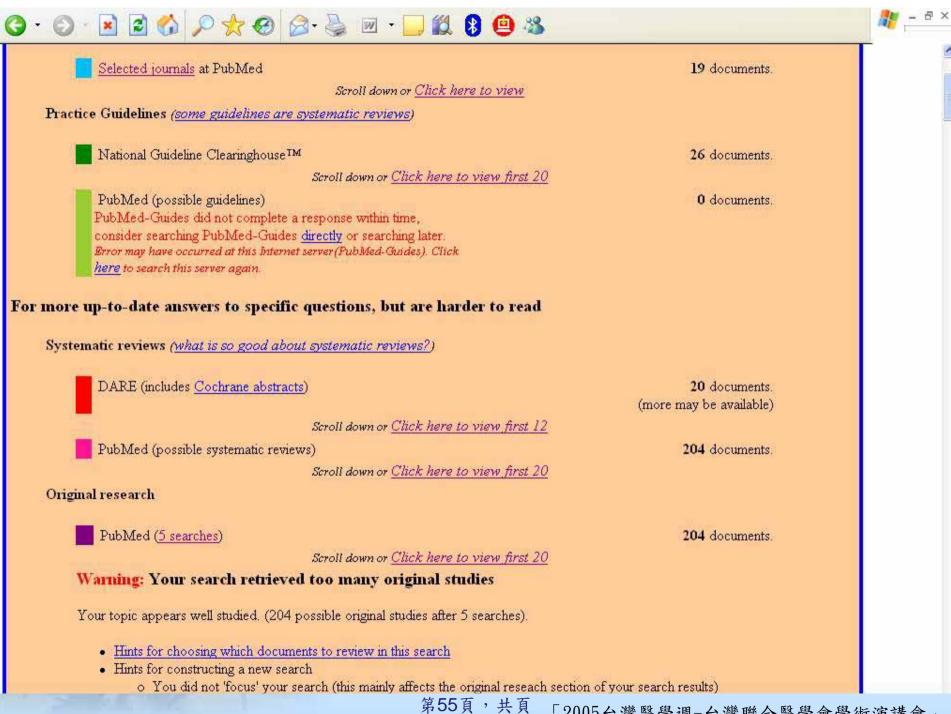


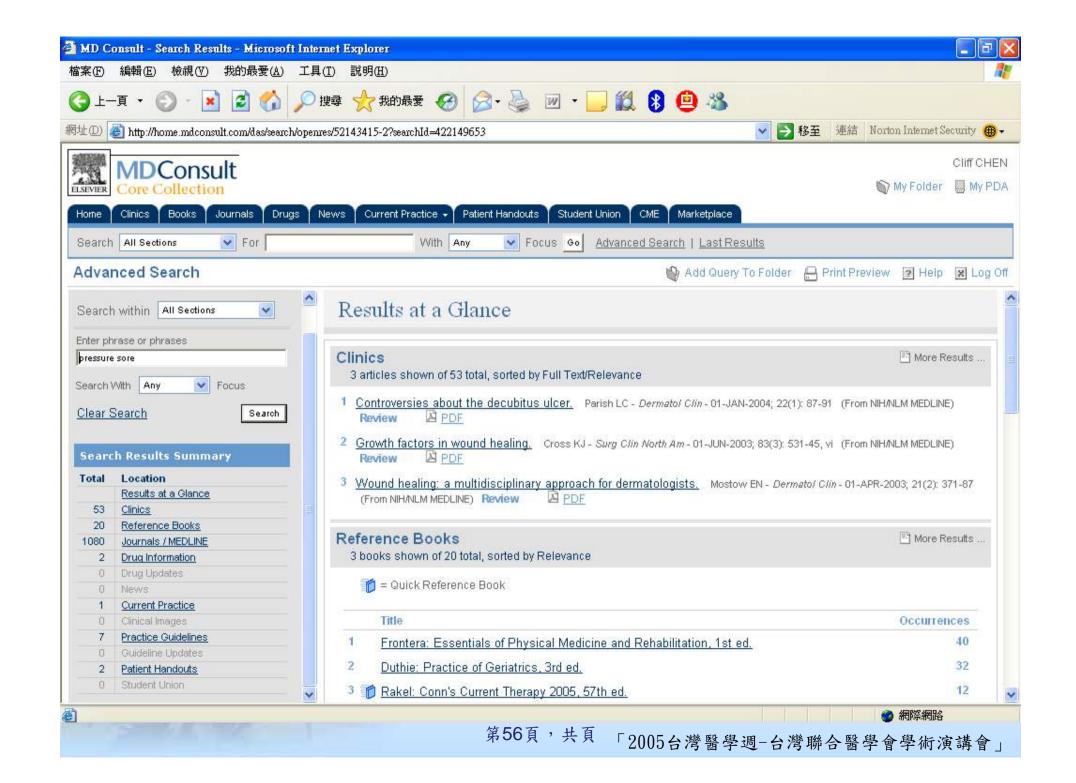


3. Meta Search

- MD Consult
- ScholarMD
- SUMSearch (free)









4. EBM Guidelines/Technology assessment

- Clinical practice guidelines
 - The best sources rate the strength of evidence
 - U.S. repository for practice guidelines at AHRQ:
 - National Guideline Clearinghouse (free)
 - Taiwan
 - NHRI—專家意見 (free)

National Guideline Clearinghouse (http://www.guideline.gov/)





What's New

Contact Us

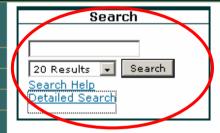
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Welcome!

You are connected to the National Guideline Clearinghouse™ (NGC™), a public resource for evidence-based clinical practice guidelines. NGC is an initiative of the <u>Agency for Healthcare Research and Quality (AHRQ)</u>, U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the <u>American Medical Association</u> and the <u>American Association of Health Plans</u> (now America's Health Insurance Plans [AHIP]). Click on <u>About NGC</u> to learn more about us.

Start your search by typing keywords into the search box on this page, or use the <u>NGC Browse</u> or <u>Detailed Search</u> features.

NGC News

This is the last week to take the Fifth Annual Customer Satisfaction Survey!

New/updated ACP, CDC, Finnish Med Soc, ICSI, and SCCM guidelines; updated Chlamydia and Pharyngitis syntheses. Go to "What's New This Week."

One new guideline from an organization new to NGC! The National Anemia Action Council has submitted the following: "Identifying, diagnosing, and managing the ambulatory patient with chronic anemia."

Look for practical, ready-to-use tools for measuring and improving the quality of health care in the Agency for Healthcare Research and Quality's (AHRO's) QualityTools Web site.

Look for Quality Measures in AHRQ's National Quality Measures Clearinghouse (NQMC).

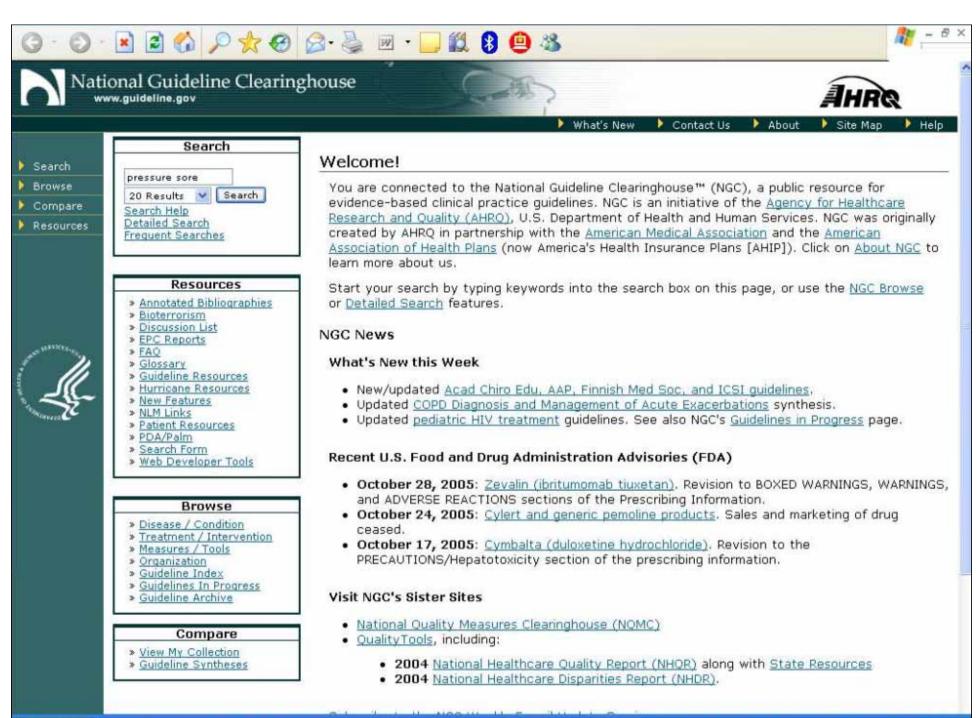
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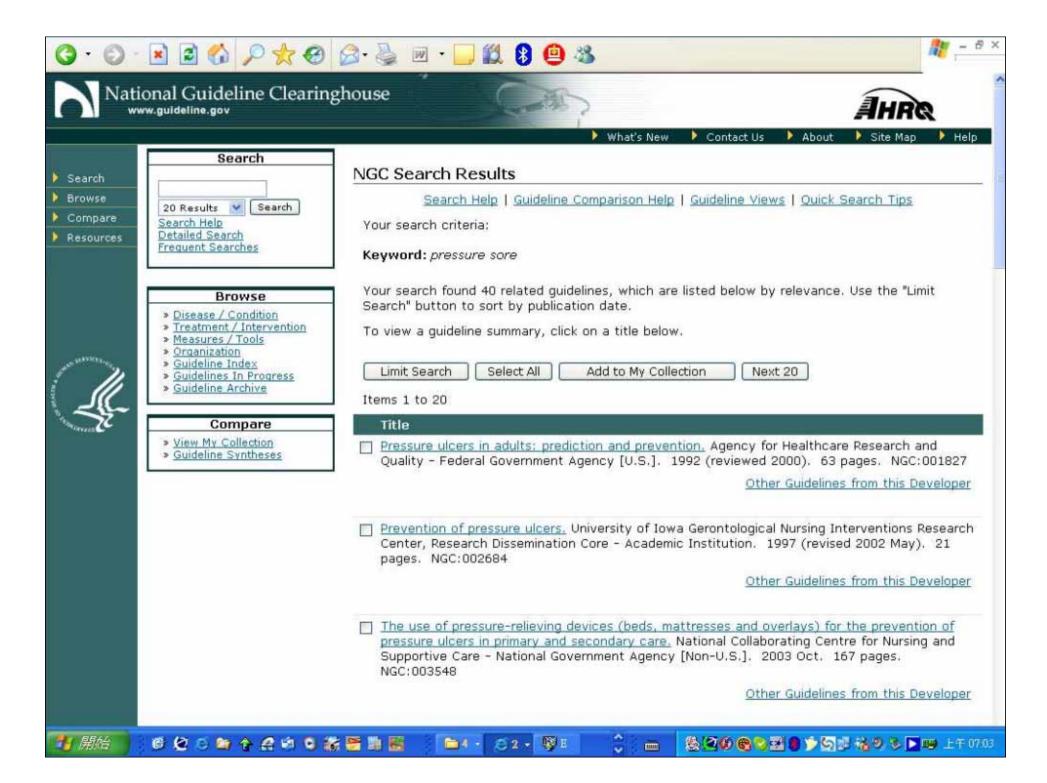


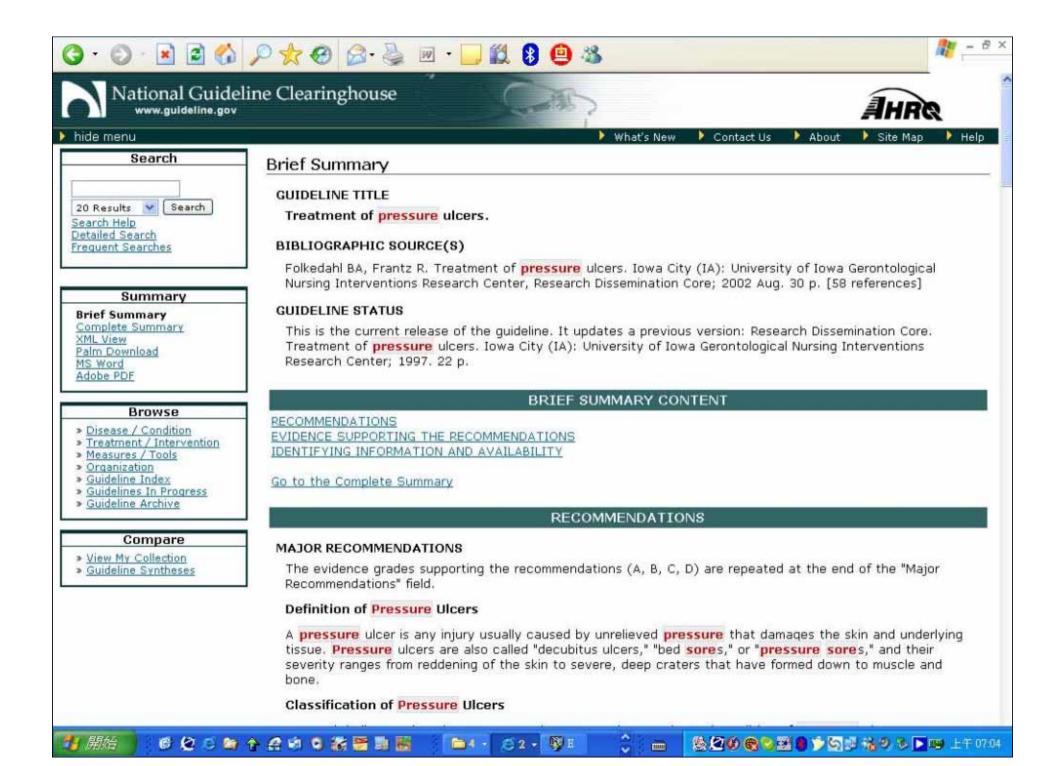














References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The evidence in this protocol is based upon research studies that included older adult populations.

The type of supporting evidence is identified and graded for selected recommendations (see "Major Recommendations").

Top^

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Folkedahl BA, Frantz R. Treatment of pressure ulcers. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2002 Aug. 30 p. [58 references]

ADAPTATION

The quideline was adapted from the Agency for Health Care Policy and Research (AHCPR) Clinical Guidelines "Pressure Ulcers in Adults: Prediction and Prevention" (May 1992) and "Treatment of Pressure Ulcers" (December 1994).

DATE RELEASED

1997 (revised 2002 Aug)

GUIDELINE DEVELOPER(S)

University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core -Academic Institution

SOURCE(S) OF FUNDING

Developed with the support provided by Grant #P30 NR03979, National Institute of Nursing Research, National Institutes of Health (NIH)

GUIDELINE COMMITTEE

University of Iowa Gerontological Nursing Interventions Research Center Dissemination Core

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Authors: Beverly A. Folkedahl, RN, BSN, CWOCN, Rita A. Frantz, PhD, RN, FAAN, Colleen Goode, PhD, RN, FAAN

Series Editor: Maria Titler, PhD, RN, FAAN

























Ulcers" (December 1994).

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the quideline. It updates a previous version: Research Dissemination Core. Treatment of pressure ulcers. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center; 1997, 22 p.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core, 4118 Westlawn, Iowa City, IA 52242. For more information, please see the University of Iowa Gerontological Nursing Interventions Research Center Web site.

AVAILABILITY OF COMPANION DOCUMENTS

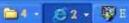
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PATIENT RESOURCES







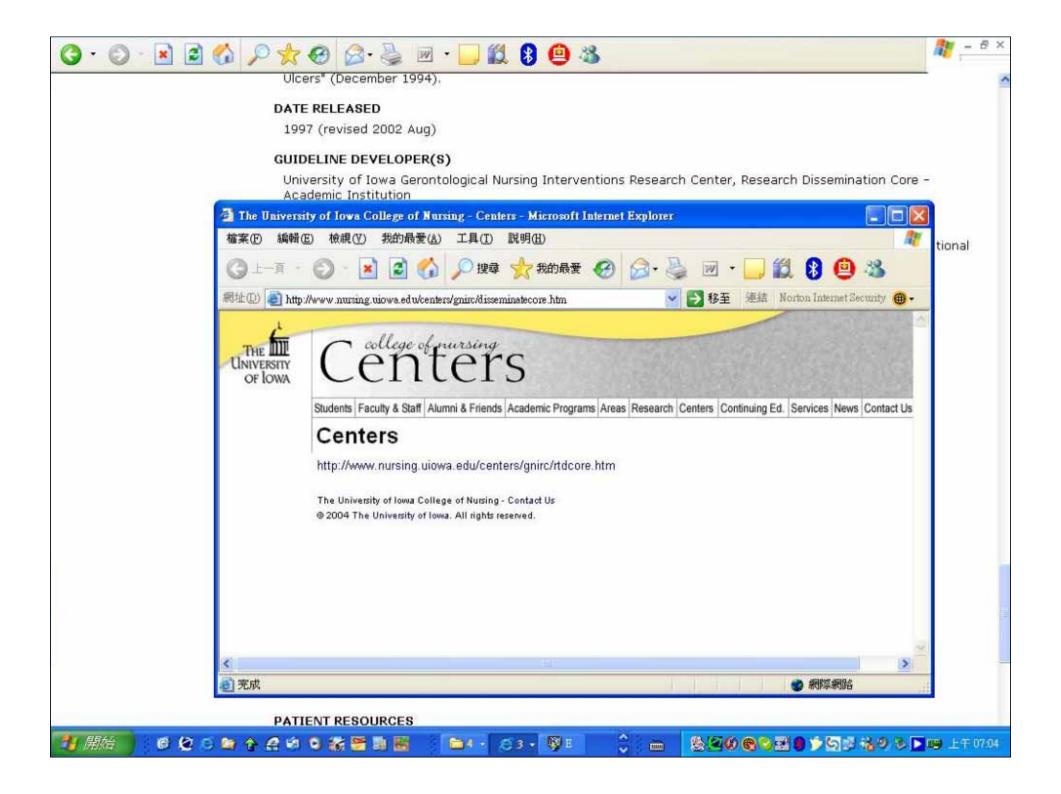














實證醫學&臨床指引知識平台資訊系統





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基本介紹

公開資訊

外部資源連結

專業社群

知識庫

知識搜尋

訂閱

基本介紹

Basic Introduction

實際學(Evidence-based Medicine, EBM)與臨床診療指引(Clinical Practice Guideline, CPG)的發展,可促進醫療品質水準之提昇。其特色在於應用專業的醫學資訊理念架構,系統化搜尋經專家評估的醫學知識,並將所擷取之醫學資訊,提供醫療決策者作爲臨床診斷、治療指引、療效證據以及臨床研究的應用。因此,在醫學資訊應用範疇中,如何有效運用醫學資訊專業邏輯與資訊技術,藉由實證醫學與臨床診療指引之共同知識平台,進行文獻評讀、大量資料統計、評讀者相互交換評讀意見,資料內容個體化的儲存、新增、修訂、刪除,具體實踐實證醫學的理念。

近年來,國內各醫療機構及專科醫學會對臨床診療指引之日益重視,並從事積極相關研究發展,但卻欠 缺整合臨床診療指引之資源資訊平台,以及公正客觀之機構,進行指引之外部審查、評核、監測與修訂 等相關工作。本計畫主要目標即在於建構國內臨床診療指引之知識平台,以整合國內各臨床診療指引之 發展,並建立臨床診療指引審查評核制度,以期建構適用於台灣之臨床診療指引系統,真正發揮臨床診療指引的效益。

> 「實證臨床指引平台」網站初步架設畫面 第65頁,共頁 「2005台灣醫學週-台灣聯合醫學會學術演講會」



中文資料庫的查詢

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張愛鈴



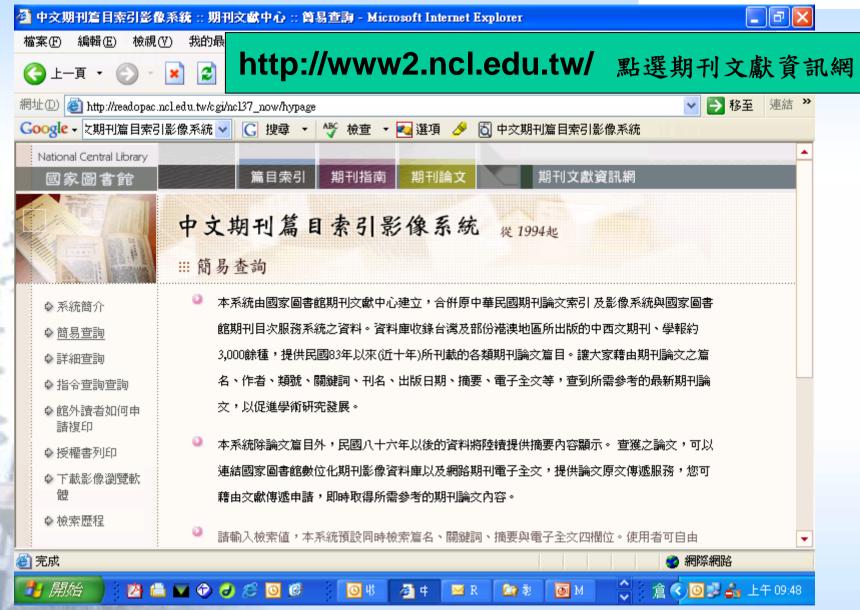
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 - 一台灣及部份港澳地區所出版的中西文期刊、學報約3,000餘種
 - 包含專科期刊content內科學誌、台灣醫學會雜誌



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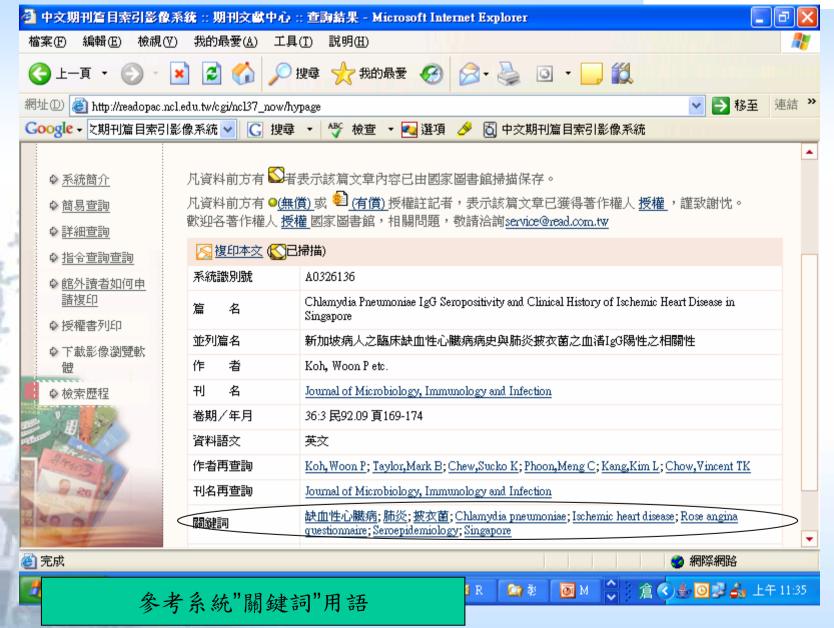
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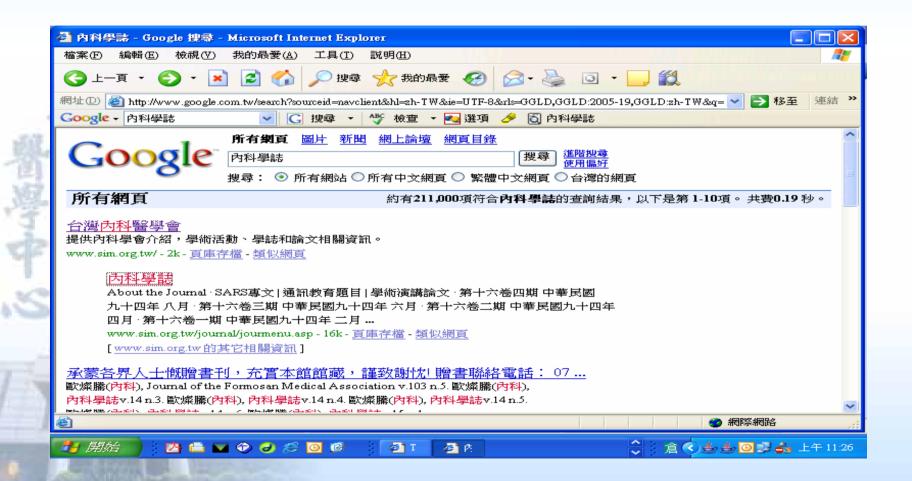




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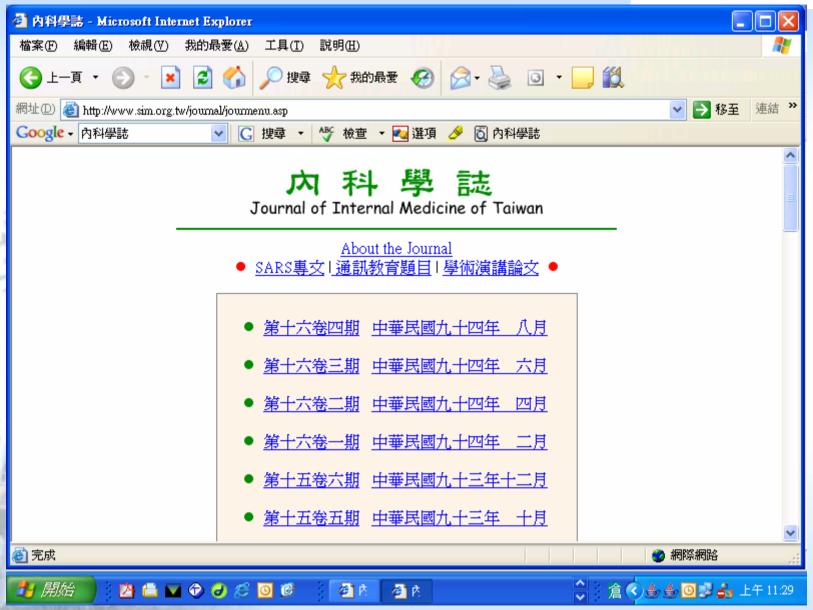




習學中以

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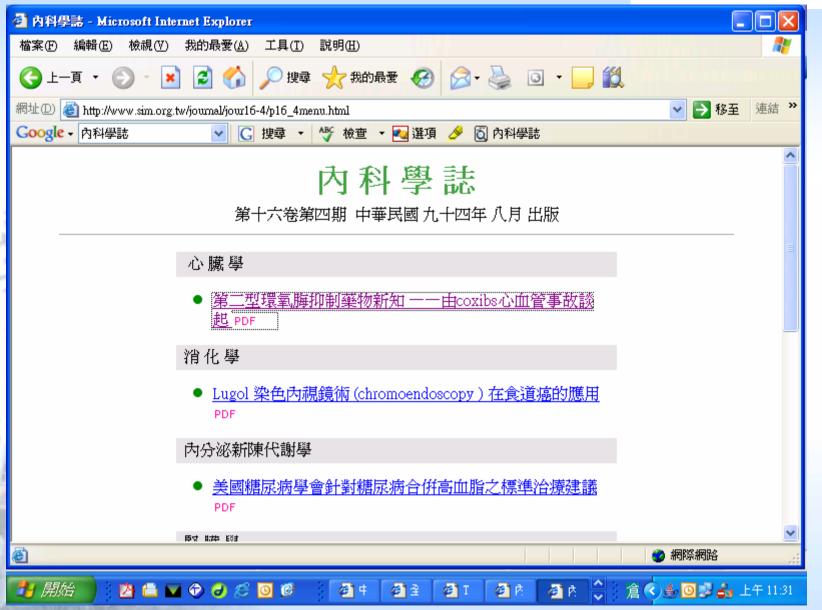




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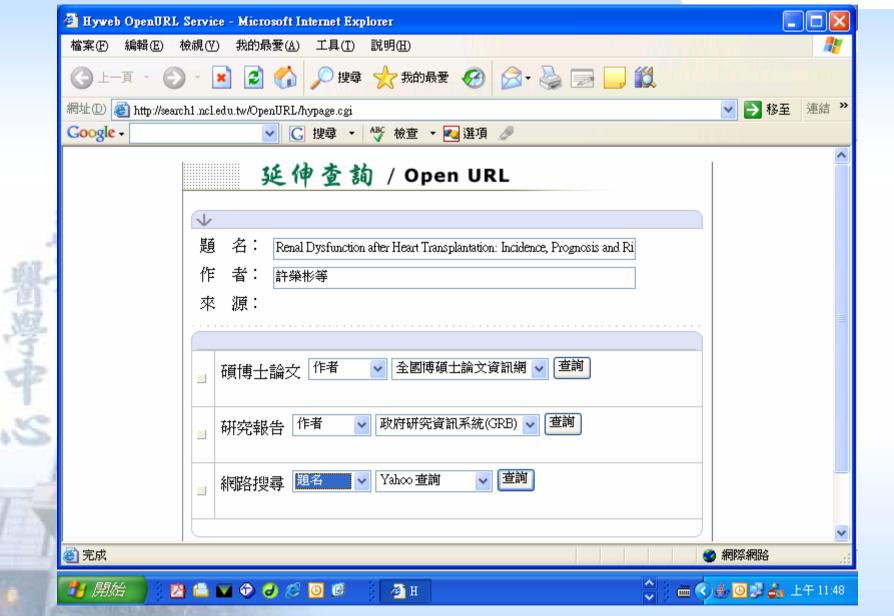




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善用檢索技巧

- Boolean logic (and or not)
- Truncation (pubmed* \ medline ovid \$)
- 控制詞彙與自然語言
- Related article
- 延伸查詢



評估蒐集的資訊

- 網路資源可信度判斷
 - -官方網站、學會
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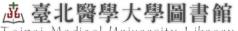




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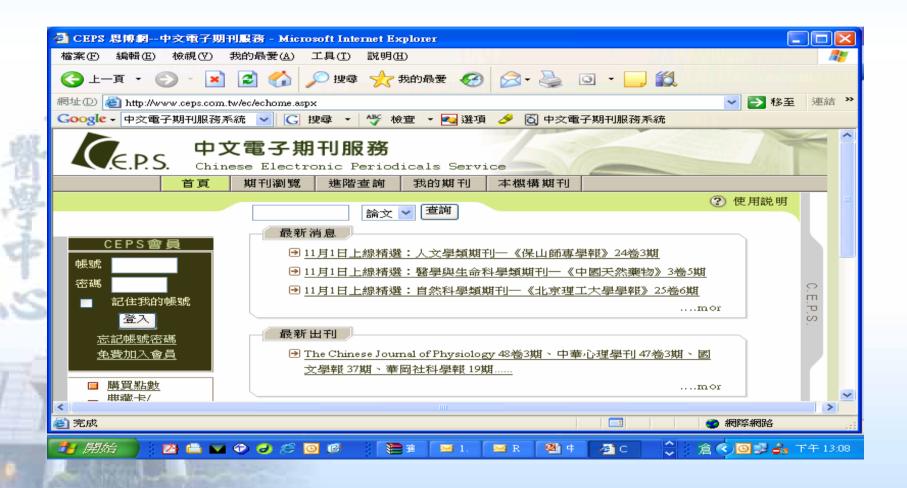




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Thank you!

CLINICAL GUIDELINES

Screening for Abdominal Aortic Aneurysm: Recommendation Statement

U.S. Preventive Services Task Force*

This statement summarizes the U.S. Preventive Services Task Force

SUMMARY OF THE RECOMMENDATIONS

The U.S. Preventive Services Task Force (USPSTF) recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men age 65 to 75

This applies to Mr. Rosen. He has a 30 pack year history of smoking! 這個可以應用到Rosen 的 例子上. 他擁有30年左右的抽煙歷史

good evidence that uvaominal aurason.

setting with adequate quality assurance (that is, in ited facility with credentialed technologists), is an accurate screening test for AAA. There is also good evidence of important harms of screening and early treatment, including an increased number of surgeries with associated clinically significant morbidity and mortality, and short-term psychological harms. On the basis of the moderate magnitude of net benefit, the USPSTF concluded that the benefits of screening for AAA in men age 65 to 75 years who have ever smoked outweigh the harms. (See Appendix Table 2 for a description of the USPSTF classification of levels of evidence.)

and in the evidence synthesis on this topic, which is available on

The USPSTF recommends against routine screening for AAA in women. This is a grade D recommendation.

Because of the low prevalence of large AAAs in women, the number of AAA-related deaths that can be prevented by screening this population is small. There is good evidence that screening and early treatment result in important harms, including an increased number of surgeries with associated morbidity and mortality, and psychological harms. The USPSTF concluded that the harms of screening women for AAA outweigh the benefits.

CLINICAL CONSIDERATIONS

The major risk factors for AAA include age (≥65 years), male sex, and a history of ever smoking (≥100 cigarettes in a person's lifetime). A first-degree family history of AAA requiring surgical repair also elevates a man's risk for AAA; this may also be true for women but the evidence is less certain. There is only a modest association between risk factors for atherosclerotic disease and AAA.

Screening for AAA would most benefit those who have a reasonably high probability of having an AAA that is large enough or will become large enough to benefit from