



Work Smarter, Work Faster

5 Steps to Using the Health
Sciences Library for your
Empirical Research Project

Joanne Rich
Leilani St. Anna
April 3, 2012



Step 1

Read up on your topic

Use textbooks for
background information



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Step 2

Catch up on current research

Use databases to see
current articles on your topic



The screenshot shows a web browser window with the URL <http://hsl.uw.edu/databases>. The page features a dark blue header with the Health Sciences Library logo (including a '150 YEARS' anniversary mark) and navigation links for 'UW Libraries', 'NNLM Pacific Northwest Region', and 'HEAL-WA'. A prominent 'ask us!' section offers contact options for 'email | chat | phone'. Below the header, a yellow banner states the library's mission: 'Meeting the educational, research and clinical information needs of the UW community.' The main content area is titled 'Databases' and includes an alphabetical index (A-Z) and a search bar. A list of database services is provided, each with a green circular icon and a brief description:

- ABLEDATA**: Information about assistive technology products.
- AccessMedicine**: Textbooks, medicine, thousands of images and illustrations, interactive self-assessment, case files, diagnostic tools, and the ability to view/download content to mobile devices.
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- AccessSurgery**: Textbooks, multimedia, images, drug information, quick answers sources.
- Active Living Research Literature Database**: Citations for journal articles that examine how environments and policies influence active living for children and their families.

On the left side of the page, there are several menu sections: 'HEALTHLINKS DIGITAL LIBRARY', 'HOW DO I...?' (with links for Connect From Off-Campus, Order Articles/Books, Contact A Librarian, Course Guides, and More Help Guides...), 'TOOLKITS' (with links for Care Provider, Nurse, Nurse Practitioner, Pharmacist, Public Health, and Social Worker), 'ALL RESOURCES', 'ALL SERVICES', and 'ABOUT US'. A 'Featured Resource:' section is also present at the bottom left.

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PubMed Clinical Queries

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

Clinical Study Categories

Category:

Scope:

Results: 5 of 279

Circulatory arrest versus cerebral perfusion during pulmonary rearterectomy surgery (PEACOG): a randomised controlled trial. [Lancet. 2011]

Sildenafil citrate for the prevention of high altitude hypoxic pulmonary hypertension: double blind, randomized, placebo-controlled trial. [High Alt Med Biol. 2011]

Acute effect of sildenafil is maintained in pulmonary arterial hypertension patients chronically treated with bosentan. [Int Heart J. 2011]

Dexamethasone improves maximal exercise capacity of individuals susceptible to high altitude pulmonary edema at 4559 m. [High Alt Med Biol. 2011]

Pulmonary hypertension in heart failure with preserved ejection fraction: a target of phosphodiesterase-5 inhibition in a 1-year study. [Circulation. 2011]

[See all \(279\)](#)

Systematic Reviews

Results: 5 of 142

Hyperthyroidism and pulmonary hypertension: an important association. [Am J Med Sci. 2011]

Japanese-Western consensus meeting on biomarkers. [Int Heart J. 2011]

Regular long-term red blood cell transfusions for managing chronic chest complications in sickle cell disease. [Cochrane Database Syst Rev. 2011]

Pulmonary thromboendarterectomy for chronic thromboembolic pulmonary hypertension : a systematic review. [Ann Thorac Cardiovasc Surg. 2011]

Meta-analysis of monotherapy versus combination therapy for pulmonary arterial hypertension. [Am J Cardiol. 2011]

[See all \(142\)](#)

Medical Genetics

Topic:

Results: 5 of 642

A critical role for the protein apoptosis repressor with caspase recruitment domain in hypoxia-induced pulmonary hypertension. [Circulation. 2011]

Risk factors for pulmonary hypertension in patients with β thalassemia intermedia. [Eur J Intern Med. 2011]

Calpain mediates pulmonary vascular remodeling in rodent models of pulmonary hypertension, and its inhibition attenuates pathologic features of disease. [J Clin Invest. 2011]

CYBA and GSTP1 variants associate with oxidative stress under hypobaric hypoxia as observed in high-altitude pulmonary oedema. [Clin Sci (Lond). 2012]

Pulmonary arterial hypertension in a patient with Cowden syndrome and anorexigen exposure. [Chest. 2011]

[See all \(642\)](#)

Refine your PubMed searches for better results
(see PubMed at the UW)



Web of ScienceSM

Results Topic=(pulmonary arterial hypertension)
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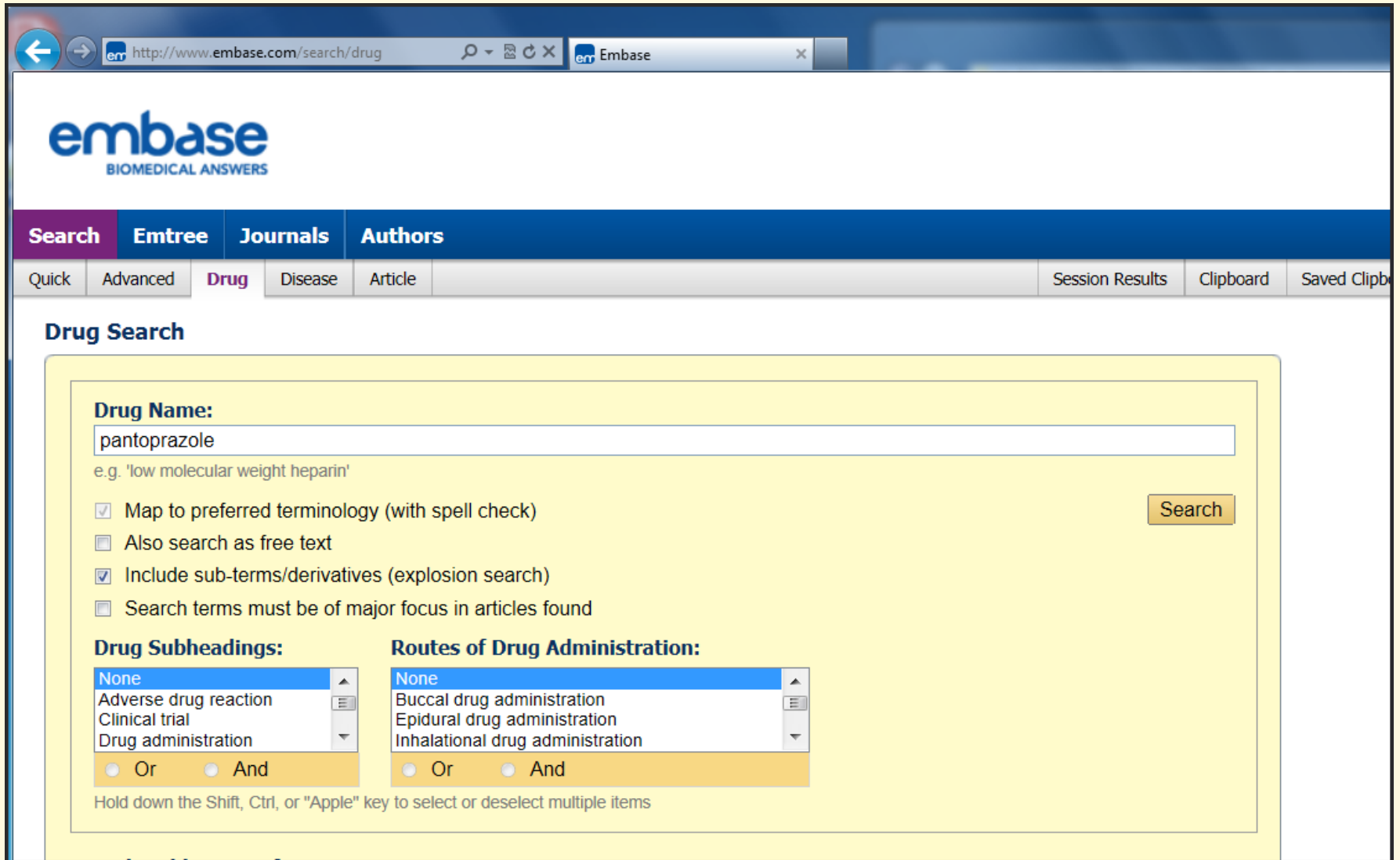
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Author(s): ROSSAINT R; FALKE KJ; LOPEZ F; et al.
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Author(s): Rubin LJ; Badesch DB; Barst RJ; et al.
Group Author(s): Bosentan Randomized Trial Endothel
Source: NEW ENGLAND JOURNAL OF MEDICINE Volume: 346 Issue: 12 Pages: 896-903 DOI: 10.1056/NEJMoa012212 Published: MAR 21 2002
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3. Title: EXPRESSION OF ENDOTHELIN-1 IN THE LUNGS OF PATIENTS WITH PULMONARY-HYPERTENSION
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The screenshot shows the Embase website interface for a drug search. The browser address bar displays <http://www.embase.com/search/drug>. The page features the Embase logo (BIOMEDICAL ANSWERS) and a navigation menu with tabs for Search, Entree, Journals, and Authors. Below this, there are sub-tabs for Quick, Advanced, Drug (selected), Disease, and Article, along with buttons for Session Results, Clipboard, and Saved Clipboard.

The main content area is titled "Drug Search" and contains a search form with the following elements:

- Drug Name:** A text input field containing "pantoprazole". Below it, a note reads "e.g. 'low molecular weight heparin'".
- Search Options:** Four checkboxes:
 - Map to preferred terminology (with spell check)
 - Also search as free text
 - Include sub-terms/derivatives (explosion search)
 - Search terms must be of major focus in articles found
- Drug Subheadings:** A dropdown menu with "None" selected. Other options include "Adverse drug reaction", "Clinical trial", and "Drug administration".
- Routes of Drug Administration:** A dropdown menu with "None" selected. Other options include "Buccal drug administration", "Epidural drug administration", and "Inhalational drug administration".
- Logic:** Radio buttons for "Or" and "And" are provided for both the subheadings and routes of administration.
- Search Button:** A yellow "Search" button is located to the right of the search options.
- Instructions:** A note at the bottom states: "Hold down the Shift, Ctrl, or 'Apple' key to select or deselect multiple items".

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Step 3

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Objective Develop a cerebrospinal fluid biomarker signature for mild Alzheimer's disease (AD) in Alzheimer's Disease Neuroimaging Initiative (ADNI) subjects. Methods Amyloid- β 1 to 42 peptide (A β 1-42), total tau (t-tau), and tau phosphorylated at the threonine 181 ...
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DG Georganopoulou, L Chang... - Proceedings of the ..., 2005 - National Acad Sciences
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Summary Currently available evidence strongly supports the position that the initiating event in Alzheimer's disease (AD) is related to abnormal processing of β -amyloid (A β) peptide, ultimately leading to formation of A β plaques in the brain. This process occurs while ...
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Step 4

Manage your information

Use citation managers:

- organize your references
- format your bibliographies

to be ruled out as possible causes of the outcome.

D. Has the patient had a similar result with previous exposure to the same drug?

The patient had to have been taking the interacting drug in addition to warfarin at a time prior to that reported with a similar outcome.

E. Was a dose-response relationship demonstrated for the interacting drug? The alterations in the dose of the implicated interacting drug or food being administered with warfarin correlated with subsequent changes in coagulation variables, inferring a dose-response relationship.

F. Was the subject rechallenged and, if so, did a similar response occur?

The interacting drug had to have been administered simultaneously with warfarin in 2 or more separate courses (the second course conducted to confirm the results of the first), with similar results each time.

G. Are the authors' conclusions supported by other objective evidence?

Other objective evidence such as plasma levels of warfarin or coagulation factors supported the authors' conclusions.

RELIABILITY AND VALIDITY

The criteria and rating scheme were evaluated and approved a priori by a panel of experts in the fields of thromboembolism, clinical pharmacology, and clinical epidemiology to assure face validity. Interrater agreement for interaction direction and severity, quality of study, and level of causation was assessed using a weighted κ statistic.⁶

CONFLICTING EVIDENCE

If ratings differed among articles for the same interacting drug or food, a hierar-

chical approach was used to determine the final rating.¹⁰ For 2 level III causation patient case reports describing amoxicillin's effect on warfarin, the report describing major potentiation¹¹ outweighed the one describing moderate potentiation.¹¹

RESULTS

A total of 642 citations were identified, of which 205 contained original data on drug or food interactions with warfarin. Of these 205 articles, 181 were retrievable and available for review. The reviewed articles contained 187 separate reports of interactions involving 120 drugs or foods. The weighted κ statistic for the interaction direction and severity rating, level of causation evaluation, and quality of study rating among the reviewers were 0.98, 0.84, and 1.0 respectively. All rating disagreements were resolved by repeated review and consensus.

No study met our definition of excellent quality. Thirty-three small RCTs were rated fair or good quality, of which 28 involved healthy subjects and 26 concluded a lack of interaction between warfarin and the drug or food studied. Olestra,¹² vitamin E,¹³ clopidogrel,¹⁴ coenzyme Q10/ginkgo biloba 10,¹⁵ and ciprofloxacin¹⁶ were the only drugs for which patient-based RCTs were conducted, with a "no effect" conclusion for olestra, vitamin E, clopidogrel, and coenzyme Q10/ginkgo biloba and nonclinical potentiation for ciprofloxacin. Of the reviewed studies, 148 (82%) were rated poor quality and 130 (88%) of these were case reports, of which 125 (96%)

lactapone,¹⁷ gemifloxacin,¹⁸ levofloxacin,¹⁹ losartan,²⁰ meloxicam,²¹ metronidazole,²² miglitol,²³ modafinil,²⁴ moxipril,²⁵ montelukast,²⁶ nateglinide,²⁷ nefazodone,²⁸ omeprazole,²⁹ pantoprazole,³⁰ sevelamer hydrochloride,³¹ and vitamin E¹³).

For 38 drugs or foods, level II causation (probable) criteria were met, and for the remaining 41 drugs or foods, the evidence was even less conclusive. Only 57 (31%) of the studies ruled out potential confounders, and fewer than 20% of the articles provided rechallenge data, demonstration of a dose response relationship, or a description of a previous exposure in which the patient experienced a similar effect.

Of all 184 reviewed reports, 128

IV (Highly improbable)

Green tea²⁰⁵

Ubidicarenone²¹²

Abbreviations: CNS, central nervous system; GI, gastrointestinal.

instead of NSAIDs). More frequent INR testing during the 2 weeks of the onset or discontinuation of treatment with other medications is advisable. Finally, we recommend the use of more rigorous methods to examine warfarin interactions in patients (eg, RCTs, N of 1 crossover studies, or large health database analyses).

Accepted for Publication: December 21, 2004.

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