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# **Finding Evidence on the Web to Improve Patient Care**

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# Objectives

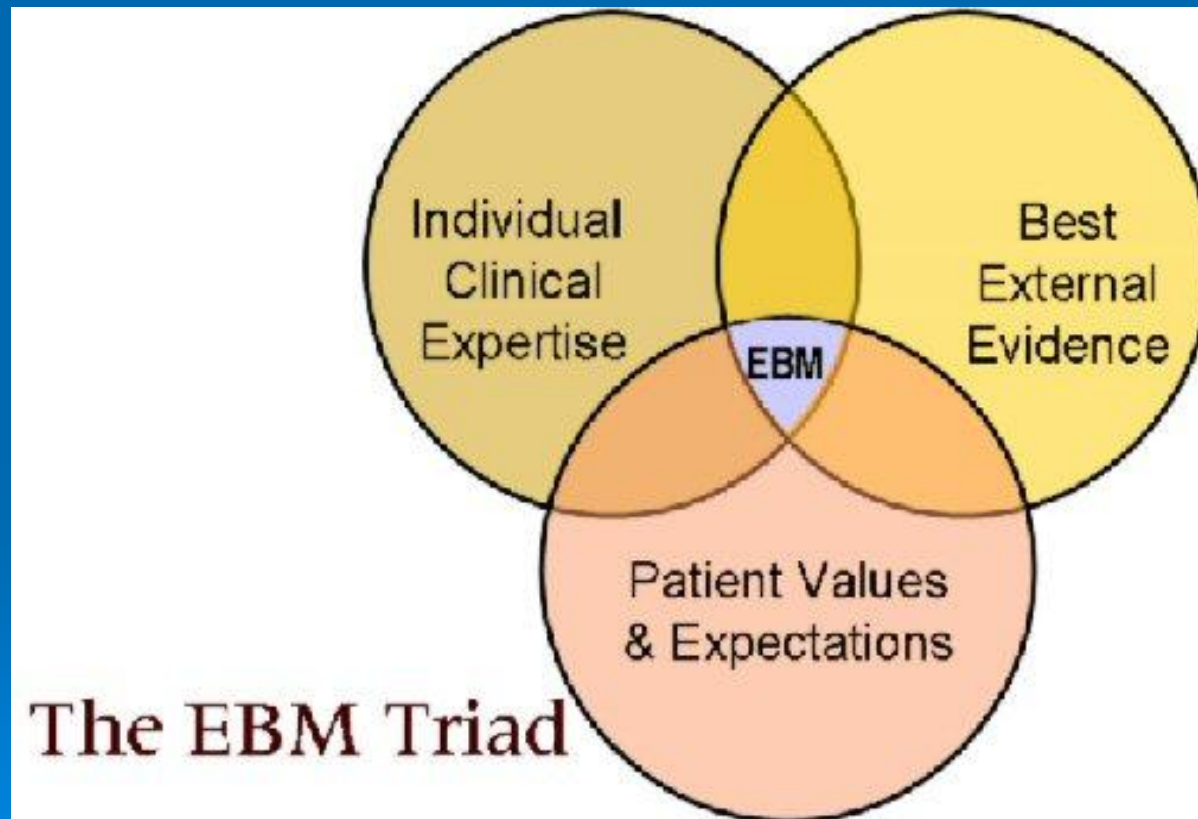
- Describe web resources to use for evidence-based nursing practice
- Locate e-resources on **HEAL-WA**, the health evidence website for Washington State nurses
- Identify ways to improve searching skills to find appropriate evidence on the web

# What is evidence-based practice?

- Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
- The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Sackett DL et al. *Evidence based medicine: what it is and what it isn't.* BMJ 1996 Jan 13; 312 (7023): 71-2.

# Evidence-Based Practice



# What makes good evidence?

## *Good*

- Based on scientific research
- RCT
- Systematic review
- Meta-analysis
- Clinical guidelines

## *Shoddy*

- Opinion
- Consensus
- Because it's been done this way for 100 years

# EBP Implications for Nursing

- **Are U.S. nurses ready for evidence-based practice?**
  - Many don't understand or value research
  - Many have little or no training to help find evidence on which to base their practice
  - Pravikoff DS, Tanner AB, Pierce ST. Readiness of U.S. nurses for evidence-based practice. *American Journal of Nursing* 2005 Sep;105(9):40-52.
- **Failure to use evidence results in lower quality, less effective and more expensive care.**
  - Berwick DM. Disseminating innovations in health care. *JAMA* 2003 Apr 16;289(15):1969-75.

# Barriers to Nurses using EBP

- Lack of time
- Lack of value of research in practice
- Lack of understanding of electronic databases
- Lack of computer skills
- Difficulty understanding research articles

# Why do nurses need to do EBP?

- Results in better patient outcomes
- Keeps practice current and relevant
- Increases confidence in decision making
- Fact: Research gap... takes 17 years for research result to make it into practice

# Understand what you find

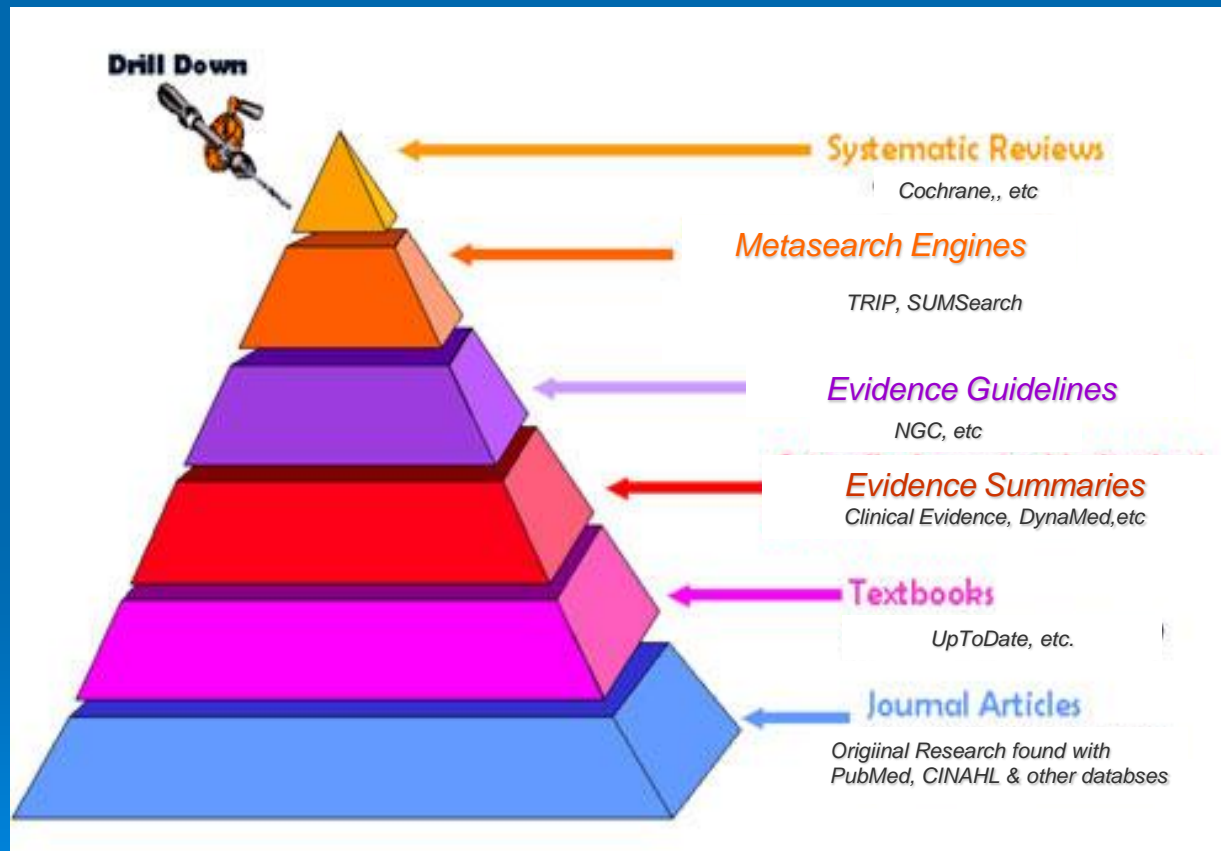
- **Quantitative:** numerical
  - Primary: RCT, cohort study...
  - Secondary: meta-analysis, systematic review practice guideline, consensus report...
- **Qualitative:** narrative; collection of data through observation or in-depth interviews
  - Primary: ethnography, grounded theory...
  - Secondary: meta-analysis, systematic review, practice guideline...

# Levels and Grades of Evidence

## Levels of Evidence and Grades of Recommendations

Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research

# Searching for Evidence Categories





***Search for the Best Evidence  
to answer the Question***



# Search Databases Efficiently for Research Journal Articles

- PubMed *pubmed.gov*
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# PubMed

*pubmed.gov*

- Includes MEDLINE (late 1940's+)
- Indexes 5,000 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week

# 2 *PubMed* Strategies for Finding Evidence-Based Citations

- Use *PubMed* Type of Article limits
  - Randomized Controlled Trial
  - Meta-Analysis
  - Practice Guideline
  - Clinical Trial
  - Consensus Development Conference
- Use the *PubMed* Clinical Queries and Systematic Reviews section

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PubMed Nucleotide Protein Genome Structure

for exercise therapy osteoarthritis hip Go Clear

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Limit your search by any of the following criteria.

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- English
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- Italian
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- Spanish

*More Languages*

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- Albanian

**Subsets** CLEAR

*Topics*

- AIDS
- Bioethics
- Cancer
- Complementary Medicine
- History of Medicine
- Space Life Sciences
- Systematic Reviews
- Toxicology

*Journal Groups*

**Type of Article** CLEAR

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

*More Publication Types*

- Addresses
- Bibliography

**Ages** CLEAR

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years
- Adult: 19-44 years
- Middle Aged: 45-64 years

for exercise therapy osteoarthritis hip   [Save Search](#)

Limits





Limits: **Humans, Randomized Controlled Trial, English**

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- 1:** [Wang TJ, Belza B, Elaine Thompson F, Whitney JD, Bennett K.](#) [Related Articles](#), [Links](#)  
 Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.  
J Adv Nurs. 2007 Jan;57(2):141-52.  
PMID: 17214750 [PubMed - indexed for MEDLINE]
- 2:** [Hinman RS, Heywood SE, Day AR.](#) [Related Articles](#), [Links](#)  
 Aquatic physical therapy for hip and knee osteoarthritis: results of a single-blind randomized controlled trial.  
Phys Ther. 2007 Jan;87(1):32-43. Epub 2006 Dec 1.  
PMID: 17142642 [PubMed - indexed for MEDLINE]
- 3:** [Veenhof C, Koke AJ, Dekker J, Oostendorp RA, Bijlsma JW, van Tulder MW, van den Ende CH.](#) [Related Articles](#), [Links](#)  
 Effectiveness of behavioral graded activity in patients with osteoarthritis of the hip and/or knee: A randomized clinical trial.  
Arthritis Rheum. 2006 Dec 15;55(6):925-34.  
PMID: 17139639 [PubMed - indexed for MEDLINE]
- 4:** [Rooks DS, Huang J, Bierbaum BE, Bolus SA, Rubano J, Connolly CE, Alpert S, Iversen MD, Katz JN.](#) [Related Articles](#), [Links](#)  
 Effect of preoperative exercise on measures of functional status in men and women undergoing total hip and knee arthroplasty.

Limits: Humans, Randomized Controlled Trial, English

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Related Articles

1: J Adv Nurs. 2007 Jan;57(2):141-52.



Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.

Wang TJ, Belza B, Elaine Thompson F, Whitney JD, Bennett K.

Department of Nursing, National Taipei College of Nursing, Taipei, Taiwan. tsaejyy@ntcn.edu.tw

AIM: This paper reports a study of the effects of aquatic exercise on physical fitness (flexibility, strength and aerobic fitness), self-reported physical functioning and pain in adults with osteoarthritis of the hip or knee. BACKGROUND: Osteoarthritis is a common cause of disability and a primary reason for hip and knee joint replacement. Exercise is important for preventing and/or managing the functional limitations associated with joint disease. Aquatic exercise is thought to be beneficial and often recommended for people with osteoarthritis; however, few studies have examined the effects on people with osteoarthritis, and these have yielded inconsistent results. METHODS: A two-group randomized controlled trial with a convenience sample was used. Participants were recruited from community sources and randomly assigned to a 12-week aquatic programme or a non-exercise control condition. Data for 38 participants were collected at baseline, week 6, and week 12 during 2003 and 2004. Instruments were a standard plastic goniometer, a handheld dynamometer, the 6-minute walk test, the multidimensional Health Assessment Questionnaire, and a visual analogue scale for pain. RESULTS: Repeated measures analysis of variance showed that aquatic exercise statistically significantly improved knee and hip flexibility, strength and aerobic fitness, but had no effect on self-reported physical functioning and pain. The exercise adherence rate was 81.7%, and no exercise-related adverse effect was observed or reported. CONCLUSIONS: Beneficial short-term effects of aquatic

## Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee

Tsae-Jyy Wang<sup>1</sup>, Basia Belza<sup>2</sup>, F. Elaine Thompson<sup>3</sup>, Joanne D. Whitney<sup>4</sup> & Kim Bennett<sup>5</sup>

Accepted for publication 2 August 2006

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*Professor*

WANG T.-J., BELZA B., THOMPSON F.E., WHITNEY J.D. & BENNETT K. (2007) Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee. *Journal of Advanced Nursing* 57(2), 141–152  
doi: 10.1111/j.1365-2648.2006.04102.x

### Abstract

**Title.** Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.

**Aim.** This paper reports a study of the effects of aquatic exercise on physical fitness (flexibility, strength and aerobic fitness), self-reported physical functioning and pain in adults with osteoarthritis of the hip or knee.

**Background.** Osteoarthritis is a common cause of disability and a primary reason for hip and knee joint replacement. Exercise is important for preventing and/or managing the functional limitations associated with joint disease. Aquatic exercise is thought to be beneficial and is often recommended for people with osteoarthritis; however, few studies have examined the effects on people with osteoarthritis, and these have yielded inconsistent results.

**Methods.** A two-group randomized controlled trial with a convenience sample was



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3: [Silk R, LeFante C.](#)

Related Articles

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Am J Ther. 2005 Nov-Dec;12(6):612-7.  
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<input checked="" type="radio"/> therapy	
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## Medical Genetics Searches

# Results for Systematic Reviews

- 6: [Hulisz D.](#) Related Articles,
-  Efficacy of zinc against common cold viruses: an overview.  
J Am Pharm Assoc (2003). 2004 Sep-Oct;44(5):594-603. Review.  
PMID: 15496046 [PubMed - indexed for MEDLINE]
- 7: [Jackson JL, Lesho E, Peterson C.](#) Related Articles,
-  Zinc and the common cold: a meta-analysis revisited.  
J Nutr. 2000 May;130(5S Suppl):1512S-5S.  
PMID: 10801968 [PubMed - indexed for MEDLINE]
- 8: [Marshall I.](#) Related Articles,
-  Zinc for the common cold.  
Cochrane Database Syst Rev. 2000;(2):CD001364. Review. Update in: [Cochrane Database Syst Rev. 2006;\(3\):CD001364.](#)  
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8. [Treatment of vasomotor symptoms of menopause with black cohosh, multibotanicals, soy, hormone therapy, or placebo.](#) (includes abstract); Newton KM; Reed SD; LaCroix AZ; Grothaus LC; Ehrlich K; Guiltinan J; Annals of Internal Medicine, 2006 Dec 19; 145 (12): 869-79, I-25 (journal article - clinical trial, consumer/patient teaching materials, **research**, tables/charts) ISSN: 0003-4819 PMID: 17179056 CINAHL AN: 2009373837

Abstract: BACKGROUND: Herbal supplements are widely used for vasomotor symptoms. OBJECTIVE: To test the efficacy of 3 herbal regimens and hormone therapy for relief of vasomotor symptoms compared with placebo. DESIGN: 1-year randomized, double-blind, placebo-controlled trial conducted from May 2001 to September 2004. SETTING: Group Health, Washington State. PARTICIPANTS: 351 women age 45 to 55 years with 2 or more vasomotor symptoms per day; 52% of the women were in menopausal transition and 48% were postmenopausal. MEASUREMENTS: Rate and intensity of vasomotor symptoms (1 = mild to 3 = severe), and Wiklund Vasomotor Symptom Subscale. INTERVENTIONS: 1) **Black cohosh**, 160 mg daily; 2) multibotanical with **black cohosh**, 200 mg daily, and 9 other ingredients; 3) multibotanical plus dietary soy counseling; 4) conjugated equine estrogen, 0.625 mg daily, with or without medroxyprogesterone acetate, 2.5 mg daily; or 5) placebo. RESULTS: Vasomotor symptoms per day, symptom intensity, Wiklund Vasomotor Symptom Subscale score did not differ between the herbal interventions and placebo at 3, 6, or 12 months or for the average over all the follow-up time points ( $P \geq 0.05$  for all comparisons) with 1 exception: At 12 months, symptom intensity was significantly worse with the multibotanical plus soy intervention than with placebo ( $P = 0.016$ ). The difference in vasomotor symptoms per day between placebo and any of the herbal treatments at any time point was less than 1 symptom per day; for the average over all the follow-up time points, the difference was less than 0.55 symptom per day. The difference for hormone therapy versus placebo was -4.06 vasomotor symptoms per day for the average over all the follow-up time points (95% CI, -5.93 to -2.19 symptoms per day;  $P < 0.001$ ). LIMITATIONS: The trial did not simulate the whole-person approach used by naturopathic physicians. Differences between treatment groups smaller than 1.5 Vasomotor symptoms per day cannot be ruled out. CONCLUSION: **Black cohosh** used in isolation, or as part of a multibotanical regimen, shows little potential as an important therapy for relief of vasomotor symptoms. Clinical Trials Registration number: NCT00169299.


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9. [Phase III double-blind, randomized, placebo-controlled crossover trial of black cohosh in the management of hot flashes: NCCTG Trial N01CC1.](#)

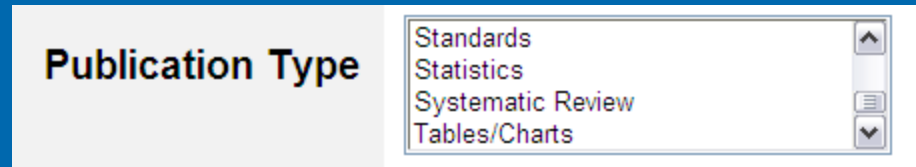
(includes abstract); Pockaj BA; Gallagher JG; Loprinzi CL; Stella PJ; Barton DL; Sloan JA; Lavoisier BI; Rao RM; Fitch TR; Rowland KM; et al.; Journal of Clinical Oncology, 2006 Jun 20; 24 (18): 2836-41 (journal article - clinical trial, **research**) ISSN: 0732-183X PMID: 16782922 CINAHL AN: 2009213332

Abstract: PURPOSE: Hot flashes can cause significant morbidity in postmenopausal women undergoing or finished with breast cancer treatment. **Black cohosh** has been used to treat hot flashes, but definitive clinical data about efficacy have been equivocal. METHODS: A double-blind, randomized, cross-over clinical trial with two 4-week periods, was used to study the efficacy of **black cohosh** (1 capsule, Cimicifuga racemosa 20 mg BID) for the treatment of hot flashes in women. Participants kept a daily hot flash diary during a baseline week and then during two 4-week crossover treatment periods. Hot flash scores were measured by assigning points (1 to 4 for mild to very severe) to each hot flash based on severity and then adding the points for a given time period. RESULTS: Between October 31, 2003, to March 4, 2004, 132 patients were randomly assigned. Toxicity was minimal and not different by treatment group. Patients receiving **black cohosh** reported a mean decrease in hot flash score of 20% (comparing the fourth treatment week to the baseline week) compared with a 27% decrease for patients on placebo ( $P = .53$ ). Mean hot flash frequency was reduced 17% on **black cohosh** and 26% on placebo ( $P = .36$ ). Patient treatment preferences were measured after completion of both treatment periods by ascertaining which treatment period, if any, the patient preferred. Thirty-four percent of patients preferred the **black cohosh** treatment, 38% preferred the placebo, and 28% did not prefer either treatment. CONCLUSION: This trial failed to provide any evidence that **black cohosh** reduced hot flashes more than the placebo.

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# CINAHL Publication Type Limits

- Clinical trial
- Critical path
- Practice guidelines
- Research
- Standards
- Systematic review



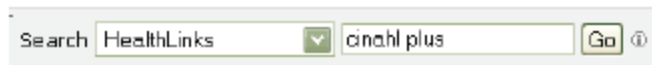
## Searching CINAHL Plus: Cumulative Index to Nursing and Allied Health Literature

### What is CINAHL Plus?

CINAHL Plus with Full Text provides access to the literature in nursing and 17 allied health disciplines dating back to 1937. Over 3500 journals are indexed including virtually all English language nursing journals along with selected titles in biomedicine, alternative therapies, and consumer health. It also offers access to Evidence-Based Care Sheets, searchable cited references, and over 300 research instrument descriptions.

### Getting Connected

Connect through the HealthLinks > Resources > Databases page, or type CINAHL Plus in the Search box on the upper right corner of HealthLinks and follow the link.



Search   ⓘ

- Searching for research instruments:
  - Search for a description of an instrument and possible full text using the research instrument Publication Type (PT): Type *Rosenberg self esteem scale* in one Search box and *research instrument* in another and select the Publication Type field.
  - Search for studies that use a particular instrument by using the Instrumentation (IN): Type *Rosenberg self esteem scale* and choose the Instrumentation field.

### Step 3: Combining Sets/Search History

- Click  next to the search box to remove the current search terms.
- Click  and select the search sets to combine by clicking the Add Search box, choose the desired Boolean operator (AND, OR, etc) from the Combine search with drop down box, and then  and .
- Alternatively, combine results by typing a search number into a new Search box, i.e. *and s2* or *( keyword(s) and s1)*, and click .

# E-Journals

- Check with **your library** for access to full-text e-journals
- For **UW Affiliates**: use the Proxy service to access full-text e-journals from off-campus *[healthlinks.washington.edu/howto/connect](http://healthlinks.washington.edu/howto/connect)*
- **HEAL-WA** is here! *CINAHLplus* there.

# Open Access Journal Sites

## ➤ BioMed Central



[biomedcentral.com](http://biomedcentral.com)

- Independent publishing house providing immediate free access to peer-reviewed biomedical research
- Includes *BMC Nursing*

## ➤ PubMed Central



[pubmedcentral.gov](http://pubmedcentral.gov)

- National Library of Medicine's free digital archive of biomedical and life sciences journal literature

# NIH Open Access Mandate

*see [healthlinks.washington.edu/hsl/scholcom](http://healthlinks.washington.edu/hsl/scholcom)*

- December 2007 law
- Policy made permanent March 2009
- all investigators funded by NIH submit to NLM's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication to be made publicly available no later than 12 months after the official date of publication

# Additional Free Journal Sites

- Free Medical Journals [freemedicaljournals.com](http://freemedicaljournals.com)
- Highwire Press [highwire.stanford.edu](http://highwire.stanford.edu)  
A Stanford University web site providing full-text access to over 1,000 highly cited, peer-reviewed journals, including scientific, medical, and social sciences information.

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- Allows you to order full-text articles after searching  
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*Loansome Doc*

1: [Circulation](#). 2007 Feb 20;115(7):855-60.

**Prehypertension and cardiovascular disease risk in the Women's Health Initiative.**

[Hsia J](#), [Margolis KL](#), [Eaton CB](#), [Wenger NK](#), [Allison M](#), [Wu L](#), [LaCroix AZ](#), [Black HR](#); [Women's Health Initiative Investigators](#).

Department of Medicine, George Washington University, 2150 Pennsylvania Ave NW, Washington, DC 20037, USA. [jhsia@mfa.gwu.edu](mailto:jhsia@mfa.gwu.edu)

BACKGROUND: Prehypertension is common and is associated with increased vascular mortality. The extent to which it increases risk of nonfatal myocardial infarction, stroke, and congestive heart failure is less clear. METHODS AND RESULTS: We determined the prevalence of prehypertension, its association with other coronary risk factors, and the risk for incident cardiovascular disease events in 60,785 postmenopausal women during 7.7 years of follow-up using Cox regression models that included covariates as time-dependent variables. Prehypertension was present at baseline in 39.5%, 32.1%, 42.6%, 38.7%, and 40.3% of white, black, Hispanic, American Indian, and Asian women, respectively (P<0.0001 across ethnic groups). Age, body mass index, and prevalence of diabetes mellitus and hypercholesterolemia increased across blood pressure categories, whereas smoking decreased (all P<0.0001). Compared with normotensive women (referent), adjusted hazard ratios for women with prehypertension were 1.58 (95% confidence interval [CI] 1.12 to 2.21) for

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- ▶ Breast vascular heart disease, s
- ▶ Prevalence of h persons with p
- ▶ Migraine and ris women.
- ▶ The course of v occurrence of v
- ▶ Is diabetes mel equivalent for f
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# HEAL-WA

*heal-wa.org*

- Health Electronic Resource for Washington
- Began: January 2009
- Website offering online access to a collection of health information resources
- Who has access? selected health care providers in Washington **YES, NURSES !**
- Funded by: license fees
- Its mission: to provide evidence-based information to support patient care

# What is included in HEAL-WA?

- Resources such as electronic databases, online texts, and e-journals
- Gives practitioners access to timely, evidence-based answers to patient care Q's
- Includes information resources specific to nurses, such as *CINAHLplus* and *the Nursing Reference Center*
- Other excellent resources: *DynaMed*, *Cochrane*, *Natural Standard*

## Welcome to HEAL-WA

HEAL-WA is a collection of health information resources funded by license fees from selected health care providers in Washington State. Its mission is to provide evidence-based information to support patient care.

### Getting Started

Certain resources in HEAL-WA (indicated by a lock icon) require a HEAL-WA access code (UW NetID) and password for access.

**Set up HEAL-WA access** - If you need to set up a HEAL-WA access code (UW NetID) and password, or if you have a UW NetID and need to add HEAL-WA affiliation to it, see the instructions on the [Getting Started](#) page.

If you have already set up your HEAL-WA access code (UW NetID) and password, log in to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of the screen.

Dec 19, 2008 08

### Professional Toolkits

- Acupuncturist
- Chiropractor
- Massage Practitioner
- Mental Health Counselor, Psychologist, Licensed Social Worker
- Naturopath
- Optometrist
- Physician, PA, ARNP
- Podiatrist
- Registered Nurse

### Diagnosis & Therapy

- [Dynamed \(Diseases & Conditions\)](#)
- [Merck Manual of Diagnosis and Therapy](#)
- [Merck Manual of Geriatrics](#)

### Guidelines & Evidence

- [Cochrane Database of Systematic Reviews](#)
- [Clinical Information from the Agency for Healthcare Research and Quality](#)
- [National Guideline Clearinghouse](#)
- [PubMed Clinical Queries](#)

### Search for Articles

[PubMed Search](#)

### Drugs, Labs, Diagnostic Tests

- [AHFS Drug Information® \(2008\)](#)
- [Drug Information Portal](#)
- [LactMed](#)

### Complementary & Alternative Medicine

- [AMED \(Alternative & Natural Medicine Database\)](#)
- [Alt-HealthWatch](#)
- [Natural Standard](#)

### Prevention, Screening, Immunizations

- [Guide to Clinical Preventive Services](#)

### Patient Care Management

- [Nursing Reference Center](#)
- [CINAHL \(Nursing Literature\)](#)
- [Nursing Calculators](#)

### Information for Patients

- [AHFS Consumer Medication Information](#)
- [MedlinePlus - Health Information for Patients](#)
- [MedlinePlus Health Information in Other Languages \(for patients\)](#)
- [Merck Manual - Home Edition](#)

### News

PsycInfo and other databases now available  
Mar 06, 2009

New eBooks available on HEAL-WA  
Feb 05, 2009




Natural Standard database added to HEAL-WA  
Jan 30, 2009

## Professional Toolkits

-  Acupuncturist
-  Chiropractor
-  Massage Practitioner
-  Mental Health Counselor, Psychologist, Licensed Social Worker
-  Naturopath
-  Optometrist
-  Physician, PA, ARNP
-  Podiatrist
-  Registered Nurse

## Registered Nurse




### Nursing Resources

-  [Nursing Reference Center](#)
-  [CINAHL \(Nursing Literature\)](#)
-  [PubMed Search](#)

### Calculators & Tools

-  [Nursing Calculators](#)




### Drugs, Labs, & Diagnostic Tests

-  [Davis's Drug Guide for Nurses - 11th Ed. \(2009\)](#)
-  [Laboratory Tests and Diagnostic Procedures with Nursing Diagnoses - 7th Ed. \(2008\)](#)
-  [Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests - with Nursing Implications - 2nd Ed. \(2006\)](#)

### Complementary & Alternative Medicine

-  [Natural Standard](#)

### Patient Education

-  [Detailed Drug Information for the Consumer](#)
-  [MedlinePlus - Health Information for Patients](#)
-  [National Center for Complementary and Alternative Medicine Health Topics A-Z](#)

## Professional Toolkits



-  [Acupuncturist](#)
-  [Chiropractor](#)
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-  [Mental Health Counselor, Psychologist, Licensed Social Worker](#)
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-  [Optometrist](#)
-  [Physician, PA, ARNP](#)
-  [Podiatrist](#)
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## Physician, PA, ARNP




### Diagnosis & Therapy

-  [Dynamed \(Diseases & Conditions\)](#)
-  [Merck Manual of Diagnosis and Therapy](#)
-  [Current Medical Diagnosis & Treatment \(2009\)](#)

### Search for Articles

-  [PubMed Clinical Queries](#)
-  [PubMed Search](#)



### Drugs

-  [AHFS Drug Information® \(2008\)](#)
-  [Drug Information Portal](#)
-  [LactMed](#)


### Tools & Calculators

-  [MedCalc3000](#)

### Information for Patients

-  [MedlinePlus - Health Information for Patients](#)
-  [MedlinePlus Health Information in Other Languages \(for patients\)](#)

### Complementary & Alternative

-  [Natural Standard](#)

# *Search for Clinical Practice Guidelines*



# Clinical Practice Guidelines

- Systematically developed statements of appropriate care designed to assist the practitioner and patient make decisions about appropriate health care for specific clinical circumstances
- Usually based on the most current available research if from reputable, authoritative organizations
- Developed using widely varying standards
  - *Cost* may be considered as well as *health outcomes* or *politics*

# Practice Guidelines Resources

- National Guideline Clearinghouse [guideline.gov](http://guideline.gov)
- MD Consult (\$) [www.mdconsult.com](http://www.mdconsult.com)
- Nursing Consult (\$) [nursingconsult.com](http://nursingconsult.com)
- Nursing Reference Center (\$) [on HEAL-WA] [ebscohost.com](http://ebscohost.com)
- PubMed [pubmed.gov](http://pubmed.gov)
- CINAHL/CINAHL Plus (\$) [on HEAL-WA] [cinahl.com](http://cinahl.com)
- Google or Advanced Google or Google Scholar  
[google.com](http://google.com)  
[google.com/advanced\\_search?hl=en](http://google.com/advanced_search?hl=en)  
[scholar.google.com](http://scholar.google.com)

### Search

adhd

20 Results

Search

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- » [Disease / Condition](#)
- » [Treatment / Intervention](#)
- » [Organization](#)

### Compare

- » [View My Collection](#)
- » [Guideline Syntheses](#)

## NGC Search Results

Your search criteria:

**Keyword:** *adhd*

Your search found 7 related guidelines, which are listed below.

To view a guideline summary, click on a title. The default view is the Brief Summary, from which you can view the Full Summary, XML View, Full Text, Palm Download, MS Word, Adobe PDF, or Guideline Synthesis by choosing the appropriate Summary Box on the side menu.

To prepare a Guideline Comparison, add any of the guidelines listed to "My Collection" by selecting that guideline and clicking the "Add to My Collection" button. For additional help, see [Guideline Comparison Help](#).

Remember - Check the box next to a guideline to add it to "My Collection". Then click on the "Add to My Collection" button on the page.

### Search Results:

The following guidelines were retrieved because they are linked to [concepts related to your query](#) or because they are [in your query](#). Search results are listed in order of [relevance](#), unless otherwise specified in a Detailed Search.

Display results 1 to 7 of 7

#### Title

- [Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children](#)  
Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1997 Oct (revised 2000)
- [Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder](#)  
Pediatrics - Medical Specialty Society. 2000 May. 13 pages. NGC:001506
- [Clinical practice guideline: treatment of the school-aged child with attention-deficit/hyperactivity disorder](#)  
Pediatrics - Medical Specialty Society. 2001 Oct. 12 pages. NGC:002298
- [Practice parameters for the assessment and treatment of children, adolescents, and adults with mental disorders](#).  
American Academy of Child and Adolescent Psychiatry - Medical Specialty Society

## Brief Summary

### GUIDELINE TITLE

Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics. Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics* 2000 May; 105(5):1158-70. [60 references]

## BRIEF SUMMARY CONTENT

[RECOMMENDATIONS](#)

[EVIDENCE SUPPORTING THE RECOMMENDATIONS](#)

[IDENTIFYING INFORMATION AND AVAILABILITY](#)

[Go to the Complete Summary](#)

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

*Excerpted by the National Guideline Clearinghouse:*

**RECOMMENDATION 1:** In a child 6 to 12 years old who presents with inattention, hyperactivity, impulsivity, academic underachievement, or behavior problems, primary care clinicians should initiate an evaluation for attention-deficit/hyperactivity disorder (**ADHD**) (*strength of evidence: good; strength of recommendation: strong*).

Presentations of **ADHD** in clinical practice vary. Symptoms may not be apparent in a structured clinical setting that is free from demands and distraction of the home and school. The following general questions may be useful at all visits for school-aged children to heighten attention about **ADHD** and as an initial screening for school performance:

1. How is your child doing in school?
2. Are there any problems with learning that you or the teacher has seen?
3. Is your child happy in school?
4. Are you concerned with any behavioral problems in school, at home, or when your child is playing with friends?
5. Is your child having problems completing classwork or homework?

Alternatively, a previsit questionnaire may be sent to parents or given while the family is waiting in the reception area.

**RECOMMENDATION 2:** The diagnosis of **ADHD** requires that a child meet *Diagnostic and Statistical Manual of Mental Disorders*

Search NGC:

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Browse NGC:

[Disease/Condition](#)[Treatment/Intervention](#)[Organization](#)

Compare Guidelines

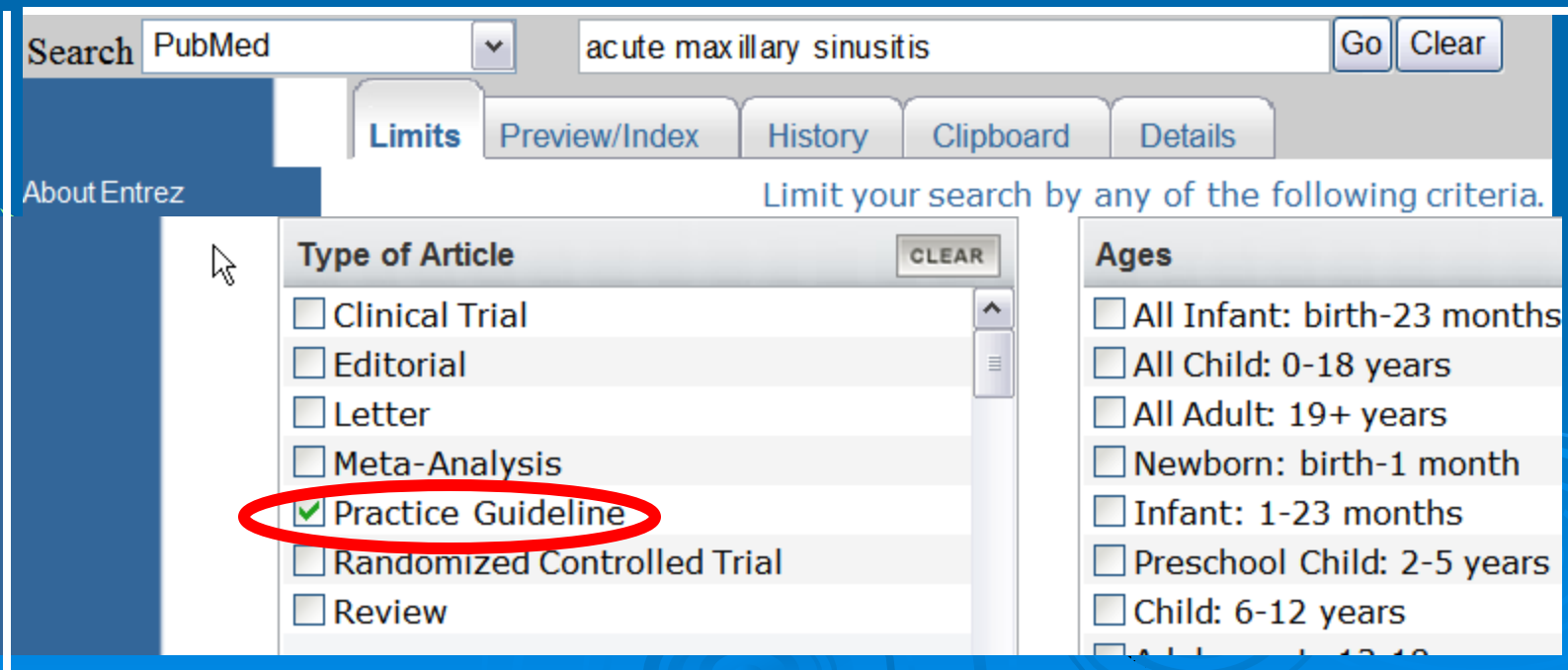
[View Guideline Collection](#)

## Guideline Comparison

	Am Acad Child Adolesc Psychiatr 1997 Feb 14	Am Acad Pediatr 2000 May
<b>TITLE:</b>	<a href="#">Practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder.</a>	<a href="#">Clinical practice guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.</a>
<b>ADAPTATION:</b>	Not applicable: The guideline was not adapted from another source.	Not applicable: Guideline was not adapted from another source.
<b>LENGTH:</b>	37 pages	13 pages
<b>DEVELOPER(S):</b>	American Academy of Child and Adolescent Psychiatry - Medical Specialty Society	American Academy of Pediatrics - Medical Specialty Society
<b>FUNDING SOURCE:</b>	Not stated	American Academy of Pediatrics (AAP)
<b>RATING SCHEME:</b>	The validity of scientific findings was judged by design, sample selection and size, inclusion of comparison groups, generalizability, and agreement with other studies.	Not applicable
<b>METHODS TO ANALYZE EVIDENCE:</b>	Review	Systematic Review with Evidence Tables
<b>VIEW MAJOR RECOMMENDATIONS:</b>	<a href="#">View Major Recommendations</a>	<a href="#">View Major Recommendations</a>
<b>AVAILABILITY OF FULL TEXT:</b>	<a href="#">View Availability Information</a>	<a href="#">View Full-text Guideline</a>

# Searching for Practice Guidelines in *PubMed*

Limit to **Practice Guideline** under  
Type of Article



The screenshot shows the PubMed search interface. At the top, there is a search bar with the text "acute maxillary sinusitis" and buttons for "Go" and "Clear". Below the search bar, there are several tabs: "Limits", "Preview/Index", "History", "Clipboard", and "Details". The "Limits" tab is active. Underneath the tabs, there is a section titled "Limit your search by any of the following criteria." which contains two main categories: "Type of Article" and "Ages".

In the "Type of Article" section, the following options are listed with checkboxes:

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

The "Practice Guideline" option is highlighted with a red oval. To the right of this list is a "CLEAR" button and a scroll bar. In the "Ages" section, the following options are listed with checkboxes:


- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years

# Searching for Practice Guidelines in CINAHL PLUS

## Limit to **Practice Guidelines** as a Publication Type

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Searching: **CINAHL Plus with Full Text** | [Choose Databases >](#)

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and practice guidelines in PT Publication Type Clear ?  
and in Select a Field (optional) Add Row

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	<input type="radio"/> <b>Find all my search terms</b>	Also search within the full text of the articles <input type="checkbox"/>
	<input type="radio"/> <b>Find any of my search terms</b>	

Limit your results

*Search for  
Structured Abstracts and  
Evidence Summaries*



# Evidence Summaries and Structured Abstract Resources

- Clinical Evidence (\$) *clinicalevidence.bmj.com*
- DynaMed (\$) [on HEAL-WA]  
*www.ebscohost.com/dynamed*
- Evidence-Based Nursing (\$) *www.evidencebasednursing.com*

Child health

## Asthma and other wheezing disorders in children

Duncan Keeley and Michael McKean

[Interventions](#)
[Key points](#)
[About this condition](#)
[Updates \(19\)](#)
[Guidelines \(14\)](#)
[References](#)

You may prefer to [read the key points](#) of this review.

 [Print page](#)

We have searched the evidence for systematic and rigorous answers to the clinical questions and situations below, focusing on the outcomes that matter most to patients and clinicians. We have then categorised each treatment or intervention according to its harms and benefits in those situations.




### Updates

We provide updates on this review evidence.

### Respond

Remember to respond to comments that have not been addressed.

### What are the effects of treatments for acute asthma in children?

Beneficial		<ul style="list-style-type: none"> <li>* <a href="#">Beta<sub>2</sub> agonists (high dose nebulised)</a> *</li></ul>
Likely to be beneficial		<ul style="list-style-type: none"> <li>* <a href="#">Theophylline (intravenous)</a></li> </ul>
Unknown effectiveness		<ul style="list-style-type: none"> <li>* <a href="#">Ipratropium bromide (inhaled) added to salbutamol (after initial stabilisation)</a></li> <li>* <a href="#">Single dose ipratropium bromide (inhaled) added to beta<sub>2</sub> agonists (in emergency room)</a></li> </ul>

### High dose inhaled corticosteroids versus oral corticosteroids:

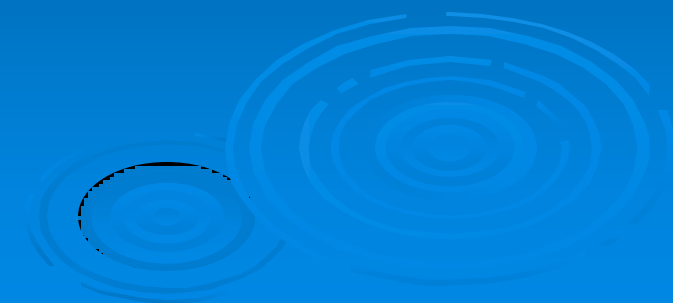
We found one systematic review (search date 2003, 4 RCTs, [13], one subsequent RCT, [14] and one additional RCT. [15] The systematic review compared the effects of initial treatment with high dose inhaled corticosteroids versus oral corticosteroids in hospital emergency departments on admission rates. [13] The review did not pool results from the RCTs because of marked heterogeneity among the studies. One RCT (103 children with moderate to severe asthma, aged 5–16 years, mean initial forced expiratory volume in 1 second [FEV<sub>1</sub>], 45%) compared fluticasone (2 mg through metered dose inhaler with spacer) versus prednisolone 2 mg/kg orally. [16] It found that prednisolone reduced hospital admission (31% with inhaled fluticasone v 10% with oral prednisolone; P = 0.01) and increased mean FEV<sub>1</sub> at 4 hours (9% with inhaled fluticasone v 19% with oral prednisolone; P = 0.001). [16] The second RCT (128 children with mild to moderate asthma, aged 1–17 years) in the review compared dexamethasone (1.5 mg/kg through nebuliser) versus prednisolone 2 mg orally. [17] It found no significant difference between nebulised dexamethasone and oral prednisolone in rates of hospital admission (12/56 [21%] with nebulised dexamethasone v 17/55 [31%] with oral prednisolone; ARR +9.5%, 95% CI –8.0% to +21.0%; RR 0.69, 95% CI 0.36 to 1.27), but found fewer relapses with nebulised dexamethasone within 48 hours after discharge (0/44 [0%] with nebulised dexamethasone v 6/38 [16%] with oral prednisolone; ARR 16.0%, 95% CI 27.0% to 4.5%); however, all children in the RCT received a 5 day course of prednisolone (2 mg/kg/day) on discharge. [17] In the remaining two RCTs (104 children with mild to moderate asthma, budesonide (800 µg through nebuliser at 1, 30, and 60 minutes; [18] 1600 µg through turbohaler [19] ) was compared with prednisolone 2 mg/kg orally. [18] [19] One RCT found no significant difference between treatments in hospital admission (1/41 [2.4%] with inhaled corticosteroids v 5/39 [12.8%] with oral corticosteroids; OR 0.17, 95% CI 0.02 to 1.53). [18] The other RCT reported no admissions. [19] The subsequent RCT (321 children aged 4–16 years, peak expiratory flow rate 40–75% predicted) compared nebulised fluticasone (1 mg twice daily for 7 days) versus oral prednisolone (2 mg/kg for 4 days then 1 mg/kg for 3 days). It found that nebulised fluticasone significantly improved mean morning peak expiratory flow rate over 7 days compared with oral prednisolone (difference 9.5 L/minute, 95% CI 2.0 L/minute to 17.0 L/minute). No significant differences were found in symptom scores or withdrawals. [14] The additional RCT (46 children, aged 5–16 years, admitted to hospital with severe exacerbations of asthma) compared nebulised budesonide (2 mg/hour) versus oral prednisolone 2 mg/kg at admission and after 24 hours. [15] It found no significant difference between groups in FEV<sub>1</sub> at 24 hours, or at 3 and 24 days after admission. All children in this trial were treated with budesonide 800 µg daily after discharge from hospital.

### Harms

The systematic review found no significant adverse effects with inhaled corticosteroids. [13] The subsequent RCT found no significant difference in the profile of adverse events between inhaled fluticasone and oral prednisolone, except

Top

## Clinical Evidence



# DynaMed (\$) [on HEAL-WA]

[www.ebscohost.com/dynamed](http://www.ebscohost.com/dynamed)

- Provides summaries of the best evidence for over 3,000 clinical topics
- Can quickly browse and find key recommendations
- Updated daily
- Download available for PDA



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## Carpal tunnel syndrome

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### Get CME For This Search

You are viewing a DynaMed summary. Use of DynaMed indicates acceptance of [DynaMed Terms of Use](#). Limitations of DynaMed are contained in [Use](#).

Top

General Information  
(including ICD-9/-10 Codes)

### Carpal tunnel syndrome

Updated 2009 Mar 12 06:04 PM: AAOS guideline on treatment of carpal tunnel syndrome (National Guideline Clearinghouse 2009 Feb 9) [update](#)  
Work Loss Data Institute disability guideline (National Guideline Clearinghouse 2009 Jan 5) [update](#)  
surgery (open carpal tunnel release) is more effective than splinting (Cochrane Database Syst Rev 2008 Oct 8)

Causes and Risk Factors

### Related Summaries:

- [Carpal tunnel steroid injection](#)

Complications and  
Associated Conditions

▶ [General Information \(including ICD-9/-10 Codes\)](#)

History

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References including  
Reviews and Guidelines

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▶ [References including Reviews and Guidelines](#)

Patient Information

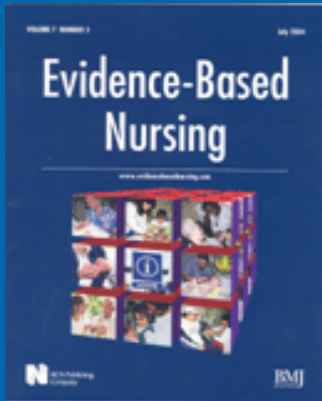
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## Treatment overview:

DynaMed

Level 1  
evidence

- treat any underlying disorder
- avoid, reduce or modify exacerbating activities (including ergonomic changes)
- **treatments with randomized trial evidence for short-term efficacy**
  - local corticosteroid injection - systematic review of 12 trials (level 1 [likely reliable] evidence)
  - oral corticosteroids - 2 trials (level 1 [likely reliable] evidence)
  - yoga - 1 trial (level 2 [mid-level] evidence)
  - continuous low-level heat wrap therapy - 1 trial (level 2 [mid-level] evidence)
  - carpal bone mobilization - 1 trial (level 2 [mid-level] evidence)
  - lidocaine patch 5% - 1 trial compared to injection (level 2 [mid-level] evidence)
  - local insulin injection - 1 trial in patients with diabetes (level 2 [mid-level] evidence)
- **treatments with inconsistent evidence for short-term efficacy**
  - splinting (hand brace) (level 2 [mid-level] evidence)
  - exercises (level 2 [mid-level] evidence)
  - pyridoxine (vitamin B6) - likely ineffective (level 2 [mid-level] evidence)
  - therapeutic ultrasound (level 2 [mid-level] evidence)
  - ergonomic keyboards (level 2 [mid-level] evidence)
  - topical steroids via iontophoresis/phonophoresis (level 2 [mid-level] evidence)
- **treatments unlikely to be beneficial** - ineffective in randomized trials
  - NSAIDs (level 2 [mid-level] evidence)
  - diuretics (level 2 [mid-level] evidence)
  - magnet therapy (level 2 [mid-level] evidence)
  - chiropractic care (level 2 [mid-level] evidence)
  - internal neurolysis in conjunction with open carpal tunnel release



# *Evidence-Based Nursing*

- Surveys a wide range of international medical journals applying strict criteria for the quality and validity of research
- Practicing clinicians assess the clinical relevance of the best studies
- Key details of these essential studies are presented in a succinct, informative **abstract** with an **expert commentary** on its clinical application

# Evidence-Based Nursing review

## Review: soft drink consumption is associated with increased energy intake and body weight

Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health* 2007;97:667-75.

Q Is soft drink consumption associated with increased energy intake, increased body weight, displacement of nutrients, and an increased risk of chronic disease?

### METHODS



**Data sources:** Medline, PsycINFO, Web of Science database, bibliographies of identified articles, and authors of included articles.



**Study selection and assessment:** articles that assessed the relation between soft drink consumption and the 4 primary outcomes listed below. 88 articles (cross-sectional studies, longitudinal studies, and randomised controlled trials) were included in the analysis



**Outcomes:** milk intake nutrition or as follows: medium, a

### CONCLUSION

Soft drink consumption is associated with increased energy intake and body weight and reduced milk and calcium intake.

### MAIN RESULTS

Only the results of the longitudinal studies associated with increased energy intake and reduced milk and calcium intake.

For correspondence: Dr K D Brownell, Yale University, New Haven, CT, USA. [kelly.brownell@yale.edu](mailto:kelly.brownell@yale.edu)

Source of funding: Rudd Foundation.

### Commentary

The review by Vartanian *et al* adds to our knowledge of the negative effects of soft drink consumption on nutrition and health. Overall, this review of 88 randomised controlled trials, longitudinal, and cross-sectional studies was strong. The authors considered variables such as funding sources, and the results of the review are strengthened by greater associations found across these studies with more robust designs.

review: the greater the soft drink consumption, the greater the energy intake. Using clinical expertise, most practitioners would agree that the benefits of limiting soft drink consumption outweigh the risks. Thus, the review by Vartanian *et al* provides practitioners with evidence to recommend limiting soft drink consumption to their clients.

Jennifer  
New York University College of  
New York

### Associations between soft drink consumption and various outcomes\*

Outcomes	Number and type of studies	Mean effect size (p)
Energy intake	5 longitudinal studies	0.24 (p < 0.001)

# Evidence-Based Nursing

## Contents

<b>Purpose and procedure</b> .....	98	A care management intervention improved depression after stroke .....	11
<b>EBN notebook</b>		<b>Assessment (screening or diagnosis)</b>	
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## ➤ UpToDate (\$)

- Concise comprehensive uptodate reviews of clinical topics in multiple specialties
- Most heavily used clinical e-resource at the UW Health Sciences Libraries

## Overview of the management of osteoporosis in women

- ▶ [INTRODUCTION](#)
- ▶ [NONPHARMACOLOGIC THERAPY](#)
  - [Calcium/Vitamin D](#)
  - [Diet](#)
  - [Exercise](#)
    - [Intensity of exercise](#)
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- ▶ [DRUG THERAPY](#)
  - [Monitoring the response to therapy](#)
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  - [Selective estrogen receptor modulators](#)
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    - [Premenopausal women with hypothalamic amenorrhea](#)
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### GRAPHICS

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  - [Alendronate dose osteoporosis](#)
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  - [Cost of Rx of osteoporosis](#)

### RELATED TOPICS

- ▶ [Overview of osteoporosis in men](#)
- ▶ [Epidemiology and causes of osteoporosis](#)

## Overview of the management of osteoporosis in women

[Hillel N Rosen, MD](#)  
[Marc K Drezner, MD](#)

UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 13.3 is current through August 2005; this topic was last changed on September 13, 2005. The next version of UpToDate (14.1) will be released in February 2006.

**INTRODUCTION** — Prevention and treatment of osteoporosis consists of non-drug and drug or hormonal therapy [1,2]. This topic review will provide an overview of the approach to therapy of osteoporosis in postmenopausal women. The treatment of osteoporosis in men, and the pathogenesis, causes, and diagnosis of osteoporosis are discussed separately. (See "[Overview of osteoporosis in men](#)", see "[Epidemiology and causes of osteoporosis](#)", and see "[Pathogenesis of osteoporosis](#)" and see "[Clinical manifestations and diagnosis of osteoporosis](#)", section on Suggested approach to exclude secondary causes).

In the past, estrogen replacement was considered a primary therapy for the prevention of postmenopausal osteoporosis. Estrogen had the additional advantages of controlling menopausal symptoms and presumptive prevention or delay of cardiovascular disease. However, data from the Women's Health Initiative (WHI) revealed that estrogen-progestin therapy does not reduce the risk of coronary heart disease, and increases the risk of breast cancer, stroke, and venous thromboembolic events [3]. (See "[Postmenopausal hormone therapy: Benefits and risks](#)").

As a result of these findings, other antiresorptive agents are now the drugs of choice, and are prescribed more frequently for the prevention and treatment of osteoporosis in postmenopausal women [4].

**NONPHARMACOLOGIC THERAPY** — There are three components to the nondrug therapy of osteoporosis: diet, exercise, and cessation of smoking. In addition, affected patients should avoid, if possible, drugs that increase bone loss, such as glucocorticoids. (See "[Glucocorticoids and osteoporosis: Pathogenesis and clinical features](#)" and see "[Drugs that affect bone metabolism](#)").

**Calcium/Vitamin D** — An optimal diet for treatment (or prevention) of osteoporosis includes an adequate intake of calories (to avoid malnutrition), calcium, and [vitamin D](#).

Postmenopausal women (and older men) should take adequate supplemental elemental calcium (generally 500 to 1000 mg/day), in divided doses, at mealtime, such that their total calcium intake, inclusive of food calcium, approximates 1500 mg/day [5]. (See "[Calcium supplementation in osteoporosis](#)"). In addition to its beneficial effects on the skeleton, calcium supplementation may favorably affect serum lipids [6]. Furthermore, there is some evidence that calcium intake is inversely associated with cardiovascular disease in postmenopausal women. (See "[Lipid lowering with diet or dietary supplements](#)", section on Calcium).

Women should also ingest a total of 800 IU of [vitamin D](#) daily. Higher doses are required if they have malabsorption or rapid metabolism of vitamin D due to concomitant anticonvulsant drug therapy. Data on the efficacy of vitamin D replacement for osteoporosis are discussed in detail elsewhere. (See "[Vitamin D therapy in osteoporosis](#)", section on Recommendations).

**Diet** — When celiac disease is a major contributor to osteopenia, a gluten-free diet will result in improvement in bone mineral density [7]. (See "[Management of celiac disease in adults](#)").

Protein intake may be an important component of the diet, particularly in women who already have osteoporotic fractures. This was

# Point of Care EBP Nursing Resources: have some level of evidence-based information (\$)

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  - includes evidence-based nursing monographs
  - full-text journals and texts
  - practice guidelines
- Nursing Reference Center (\$) [on HEAL-WA]  
*ebscohost.com*
  - includes evidence-based care sheets
  - full-text journals and texts
  - practice guidelines

## Evidence-Based Nursing Monographs

### Cerebrovascular Accident (CVA)

October 28, 2007

Contributed by Cynthia Saver, RN, MS

**Clinical Question:** *Based on advances in the management of **cerebrovascular accident** (CVA), what nursing implications can be derived for the provision of effective quality patient care?*

### Hemorrhagic Stroke<sup>5</sup>

- Rapidly evaluate the patient and promptly treat.
- A lumbar puncture may show bloody cerebrospinal fluid.
- The overall approach to treatment is stopping or slowing the bleeding, removing blood from the parenchyma or ventricles as indicated, managing complications such as increased intracranial pressure (ICP) and decreased cerebral perfusion, and providing general supportive measures such as oxygen, elevation of the head of the bed by 30 degrees, and management of blood glucose levels and hypertension.
- Help prevent DVT and pulmonary embolism (PE) with intermittent pneumatic compression.
- Patients with ruptured aneurysms should be taken to the OR for repair.
- Patients with larger hemorrhages who are deteriorating neurologically should be taken to surgery for evacuation of the hemorrhage. Use of minimally invasive devices or endoscopy still needs further testing to determine usefulness.
- More information on treatment of **stroke** can be found from [Get with the Guidelines-Stroke](#) and the [Acute Stroke Treatment Program](#).

## Synopsis of Current Literature

### Rapid Evaluation

<p><i>Description:</i> A systematic review of the literature to identify areas of delay in seeking care for ischemic <b>stroke</b>.</p> <p><i>Findings:</i> Early recognition is important so that eligible patients can benefit from TT. Treatment with TT within 3 hours is beneficial; greater benefit is gained the sooner treatment is received. The median time for delay in treatment in patients with ischemic <b>stroke</b> is 3 to 6 hours. Hemorrhagic <b>stroke</b> is associated with shorter delay times. Delay among patients with ischemic <b>stroke</b> include social factors such as living alone or being alone at the time of symptom onset and taking time to consult with a physician, family member, or nonrelative. More research is needed to determine the types of programs that would be effective in reducing delay.</p>	<p>Moser DK, Kimble LP, Alberts MJ, et al. <a href="#">Reducing delay in seeking treatment by patients with acute coronary syndrome and stroke: a scientific statement from the American Heart Association Council on Cardiovascular Nursing and Stroke Council</a>. <i>Circulation</i>. 2006;114:168-182.</p>
	<input type="checkbox"/> Level of Evidence I

### Risk Reduction

<p><i>Description:</i> Prospective cohort study of 37,636 women 45 years or older who are participating in the Women's Health Study. A healthy lifestyle was defined as never smoking; alcohol consumption of 4 to 10.5 drinks per week; exercise 4 or more times a week; body mass index less than 22; and diet high in cereal, fiber, folate, and omega-3 fatty acids with a high ratio of polyunsaturated to saturated fat and low in trans fat and glycemic load. These factors were self-reported.</p> <p><i>Findings:</i> A healthy lifestyle reduced risk of ischemic, but not hemorrhagic <b>stroke</b>.</p>	<p>Kurth T, Moore SC, Gaziano JM, et al. <a href="#">Healthy lifestyle and the risk of stroke in women</a>. <i>Arch Intern Med</i>. 2006;166:1403-1409.</p>
	<input type="checkbox"/> Level of Evidence VI

# Nursing Consult Levels of Evidence

Levels Of Evidence																																							
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	Ranking Levels of Evidence													
All Levels												I	II	III	IV	V	VI	VII																					
<a href="#">Acute Bronchitis</a>													✓					✓																					
<a href="#">Acute Coronary Syndrome/Myocardial Infarction</a>												✓	✓			✓	✓																						
<a href="#">Acute Pain</a>												✓																										✓	
<a href="#">Acute Renal Failure</a>																																							✓
<a href="#">Adult Dehydration</a>																																						✓	
<a href="#">Amyotrophic Lateral Sclerosis</a>												✓																										✓	
<a href="#">Appendicitis</a>												✓																		✓								✓	
<a href="#">Asthma</a>												✓	✓																	✓									

**Levels of Evidence**  
Studies are ranked according to the following criteria:

**Level I** All relevant randomized controlled trials (RCTs)

**Level II** At least one well-designed RCT

**Level III** Well-designed controlled trials without randomization

**Level IV** Well-designed case-controlled or cohort studies

**Level V** Descriptive or qualitative studies

**Level VI** Single descriptive or qualitative study

**Level VII** Authority opinion or expert committee reports

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[Becker's Muscular Dystrophy: Rehabilitation](#)

[Bedwetting: Behavioral Intervention \(Alarms\)](#) 

## Low Back Pain: Alternative Therapy

### Contents

[What We Know](#)

[What We Can Do](#)

[References](#)

[Reviewer\(s\)](#)

### Evidence-Based Care Sheet

By: Sharon Richman, MSPT

Edited by: Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems; Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems

#### What We Know

- Low back pain (LBP) is a very common health problem, with an 80% lifetime incidence in the United States<sup>(8)</sup>
- The costs related to LBP are significant (approximately \$90 billion per year in the U.S.), and a significant percentage of patients (25%) are not satisfied with the care they receive for LBP<sup>(8)</sup>
- Acute LBP is defined as LBP lasting less than 4 weeks<sup>(6)</sup>
- Subacute LBP is defined as LBP lasting 4–12 weeks<sup>(5)(6)</sup>
- Chronic LBP is defined as LBP lasting more than 12 weeks<sup>(5)(6)</sup>
- Multiple alternative therapy options have been investigated for patients with LBP
  - Alternative therapy treatments are healthcare practices, such as homeopathy, naturopathy, and herbal medicine, that are not considered conventional medicine by the traditional medical community
  - Massage reduces subacute and chronic LBP<sup>(5)</sup>
    - Massage is more effective when performed by an experienced or licensed massage therapist and when used in conjunction with exercise and patient education
    - Preliminary evidence suggests that acupressure or pressure point massage reduces pain to a greater extent than classic/Swedish massage
    - Pain reduction lasts for up to 1 year after treatment for subacute and chronic LBP ends
    - There is insufficient evidence to support massage in the treatment of acute LBP
  - Acupuncture and dry needling both reduce chronic LBP and improve function<sup>(6)</sup>
    - Dry needling, like acupuncture, involves the placement of solid needles in the patient's skin. Dry needling, however, is based on Western medicine philosophy (e.g., anatomy and physiology oriented) rather than Eastern philosophy
    - Pain reduction lasts for up to 3 months after treatment for chronic LBP ends
    - The combination of acupuncture and conventional therapy is more effective than conventional treatments alone in improving function and reducing pain
    - There is insufficient evidence to support acupuncture or dry needling to treat acute LBP
  - Spinal manipulation is equally as effective as conventional treatments (e.g., physical therapy, medications, back school) for acute or chronic LBP<sup>(1)</sup>
  - Prolotherapy refers to the injection of irritant solutions into the lumbosacral area to strengthen ligaments<sup>(3)</sup>
    - There is preliminary evidence that prolotherapy, used in conjunction with other alternative or conventional treatments, may reduce chronic LBP and improve function
    - Prolotherapy does not reduce chronic LBP when used alone
  - Other interventions that seem promising to treat LBP but require further clinical investigation to ensure efficacy and/or safety include the following herbal medications: *Harpagophytum procumbens* (devil's claw), ginger, rose hip and seed powder, *Salix alba* (white willow bark), and topical *Capsicum frutescens* (cayenne)<sup>(2)(7)</sup>
  - There is insufficient evidence to support the use of nonsurgical spinal decompression therapy (i.e., a type of intermittent motorized traction) to treat LBP and improve function<sup>(4)</sup>

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# Nursing Reference Center

## EVIDENCE-BASED CARE SHEET

I

### Stroke and Hormone Replacement Therapy

#### What We Know

- ▶ Stroke (see series of *Quick Lessons* and *Evidence-Based Care Sheets* on stroke) is a **medical emergency** that occurs as a result of cerebral ischemia (ischemic stroke) or cerebral hemorrhage (hemorrhagic stroke), reducing the flow of blood and oxygen to the brain and resulting in permanent damage.<sup>(10)</sup>
- ▶ Risk factors for stroke include older age, high blood pressure, high cholesterol, cigarette smoking, heart disease, diabetes, history of transient ischemic attack (TIA), family history of stroke, and alcohol abuse.<sup>(1, 6, 10, 11)</sup>
- ▶ **Facts and figures**
  - Approximately 3 million American women suffered a stroke in 2003<sup>(1)</sup>
  - In the United States, stroke occurs more often in Black women than in White women<sup>(1, 9, 10)</sup>
  - Worldwide, more women than men die from stroke. In 2003, stroke was the third leading cause of death among American women; in 2003, strokes killed 96,000 American women<sup>(1, 4, 6)</sup>
  - Stroke is a leading cause of disability among women<sup>(1)</sup>
- ▶ Menopause (see series of *Quick Lessons* and *Evidence-Based Care Sheets* on menopause) usually occurs between the ages of 45 and 54. Surgery (e.g., hysterectomy) can also result in menopause<sup>(5, 11)</sup>
  - Symptoms of menopause include hot flashes, night sweats, insomnia, vaginal dryness, mood swings, impaired memory, and bone density loss (osteoporosis)
  - Hormone Replacement Therapy (HRT) is the primary treatment used to relieve symptoms of menopause and improve quality-of-life
    - HRT consists of the use of estrogen alone (e.g., conjugated equine estrogen, micronized estradiol, estropipate, or esterified estrogens) or estrogen with progesterone (e.g., medroxyprogesterone acetate) or progestin (e.g., megestrol)
    - HRT drugs comes in oral form, as a transdermal skin patch, and as a vaginal cream/gel, ring, and tablet
    - HRT is usually taken daily or cyclically and often taken for less than 5 years
- ▶ Because of its ability to lower cholesterol, estrogen was once believed to decrease the risk of cardiovascular disease. However, **research in the past 2 decades has shown that estrogen may increase the risk of stroke.**<sup>(8)</sup> **The exact mechanism by which estrogen increases this risk is unclear**

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**Alternating pressure air mattresses as prevention for pressure ulcers: A literature review**  
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**Enteral nutritional support in prevention and treatment of pressure ulcers: a systematic review and meta-analysis**  
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**Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE (pressure relieving support surfaces) trial.**  
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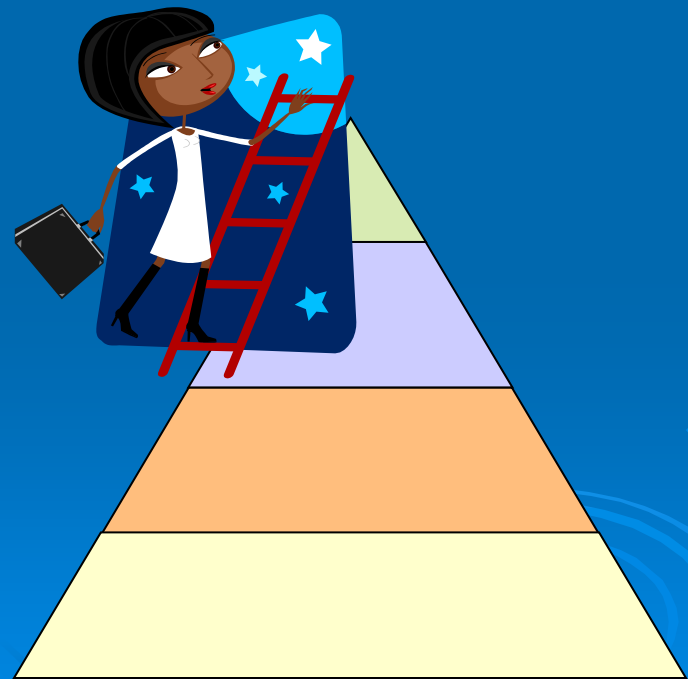
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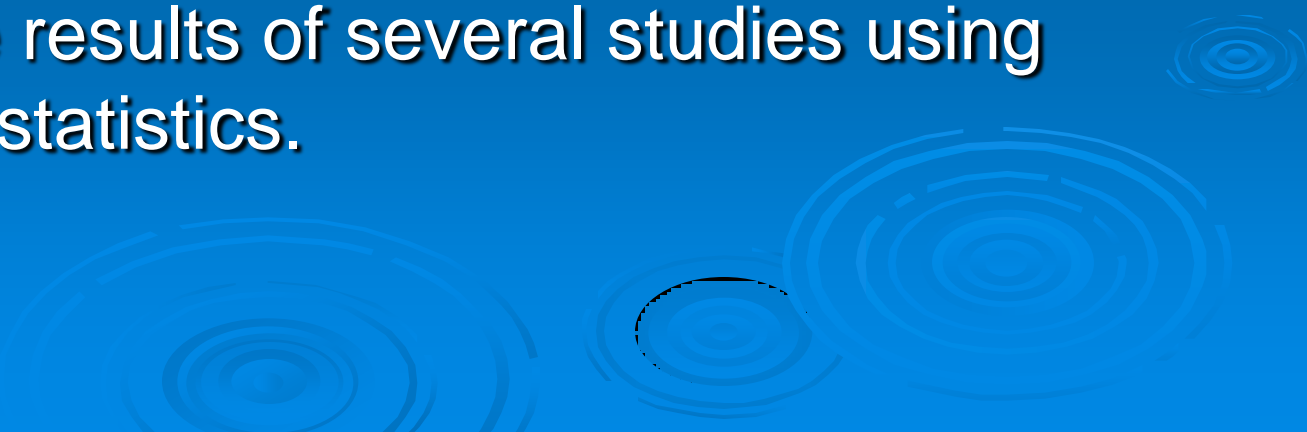
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# Systematic review vs Meta-analysis

**Systematic review:** a literature review focused on a single question which tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question.

**Meta-analyses:** systematic reviews that combine the results of several studies using quantitative statistics.

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.



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## SEARCH

cough children

Title, Abstract or Keywords

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### [Intervention Review] Over-the-counter medications for acute cough in children and adults in ambulatory settings

- PDF
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- [Full](#) (303 K)

- [Abstract](#)
- [Plain language summary](#)

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#### The review

- [Background](#)
- [Objectives](#)
- [Methods](#)
- [Results](#)
- [Discussion](#)
- [Authors' conclusions](#)
- [Acknowledgements](#)
- [References](#)

### [Intervention Review]

## Over-the-counter medications for acute cough in children and adults in ambulatory settings

Susan M Smith<sup>2</sup>, Knut Schroeder<sup>3</sup>, Tom Fahey<sup>1</sup>

<sup>1</sup>Department of Family Medicine and General Practice, Royal College of Surgeons in Ireland Medical School, Dublin, Ireland. <sup>2</sup>Department of Public Health and Primary Care, Centre for Health Sciences, Dublin, Ireland. <sup>3</sup>Academic Unit of Primary Health Care, Department of Community Based Medicine, Cotham Hill, UK

Contact address: Tom Fahey, Department of Family Medicine and General Practice, Royal College of Surgeons in Ireland Medical School, Mercer's Medical Centre, Lower St 2, Ireland. [tfahey@cochraneprimarycare.org](mailto:tfahey@cochraneprimarycare.org). [tomfahey@rcsi.ie](mailto:tomfahey@rcsi.ie). (Editorial group: [Cochrane Acute Respiratory Infections Group](#).)

*Cochrane Database of Systematic Reviews*, Issue 1, 2009 (Status in this issue: *Unchanged*)

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DOI: 10.1002/14651858.CD001831.pub3

This version first published online: 23 January 2008 in Issue 1, 2008. Last assessed as up-to-date: 3 January 2007. (Help document - [Dates and Statuses](#) explained).

This record should be cited as: Smith SM, Schroeder K, Fahey T. Over-the-counter medications for acute cough in children and adults in ambulatory settings. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD001831. DOI: 10.1002/14651858.CD001831.pub3.

### Abstract

#### Background

Acute cough due to upper respiratory tract infection (URTI) is a common symptom. Non-prescription over-the-counter (OTC) medicines are frequently a first-line treatment, but there is little evidence as to whether these drugs are effective.

#### Objectives

To assess the effects of oral OTC cough preparations for acute cough.

#### Search strategy

# Finding Systematic Reviews and Meta-Analyses in *PubMed*

- Use **Clinical Queries** Section: Systematic Reviews

## Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, trials, evidence-based medicine, consensus development conferences, and guidelines.

For more information, see [Help](#). See also [related sources](#) for systematic review searching.

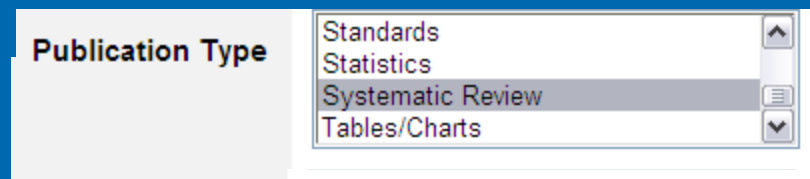
Search

- **Limit** to Type of Article: Meta-Analysis

Type of Article	CLEAR
<input type="checkbox"/> Clinical Trial	↑ ☰ ↓
<input type="checkbox"/> Editorial	
<input type="checkbox"/> Letter	
<input checked="" type="checkbox"/> Meta-Analysis	
<input type="checkbox"/> Practice Guideline	
<input type="checkbox"/> Randomized Controlled Trial	
<input type="checkbox"/> Review	

# Finding Systematic Reviews and Meta-Analyses in *CINAHL Plus*

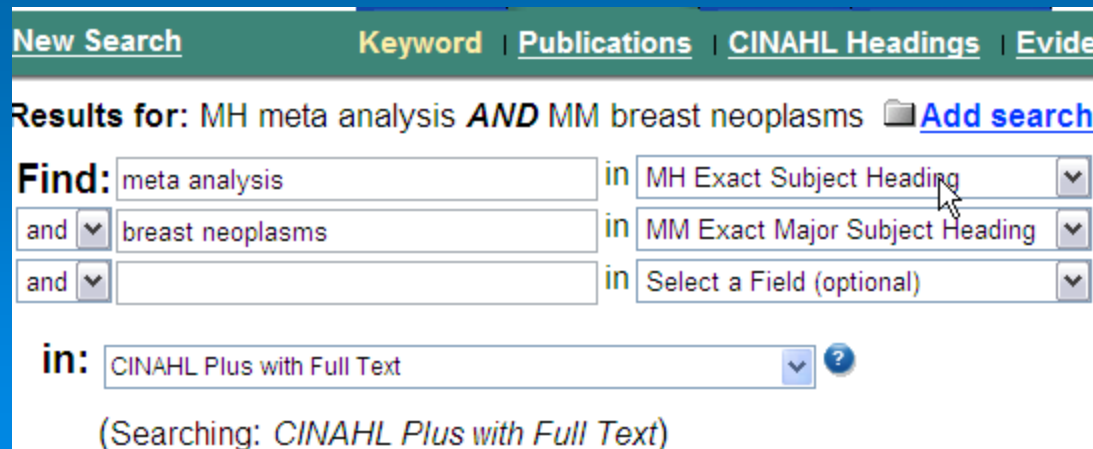
- Refine search to Publication Type: Systematic Reviews



Publication Type

- Standards
- Statistics
- Systematic Review
- Tables/Charts

- Search for Meta Analysis as a Subject Heading



New Search | Keyword | Publications | CINAHL Headings | Evid

Results for: MH meta analysis **AND** MM breast neoplasms [Add search](#)

Find: meta analysis in MH Exact Subject Heading

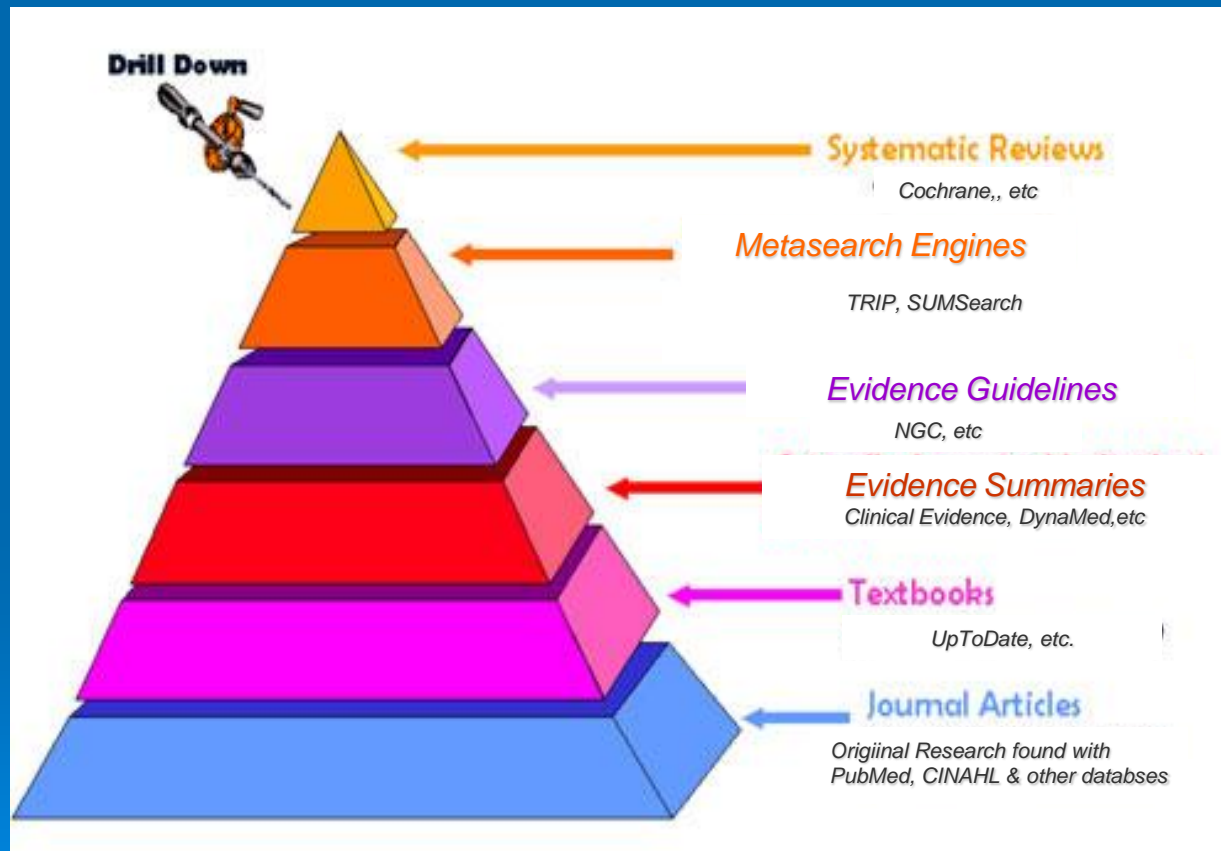
and ▼ breast neoplasms in MM Exact Major Subject Heading

and ▼ in Select a Field (optional)

in: CINAHL Plus with Full Text

(Searching: CINAHL Plus with Full Text)

# Searching for Evidence Categories



# Search for Evidence in Drug and Natural Medicines Databases

- AHFS Drug Information (\$) [on HEAL-WA]  
*ahfsdruginformation.com*
- Davis's Drug Guide for Nurses (\$) [on HEAL-WA]
- Natural Medicines Comprehensive Database (\$) *naturaldatabase.com*
- Natural Standard (\$) [on HEAL-WA]  
*naturalstandard.com*
  - Also available partially through *MedlinePlus*  
*www.nlm.nih.gov/medlineplus/druginformation.html*

# AHFS Drug Information (\$)

[ahfsdruginformation.com](http://ahfsdruginformation.com)

## Escitalopram Oxalate

### Introduction

$C_{20}H_{21}FN_2O \cdot C_2H_2O_4$

- Escitalopram, the S-enantiomer of citalopram, is a selective serotonin-reuptake inhibitor (SSRI) and an antidepressant.<sup>1</sup>

### Uses

#### • Major Depressive Disorder

Escitalopram oxalate is used in the established in 3 placebo-controlled disorder.<sup>1, 2</sup> In these studies, 10-Montgomery Asberg Depression Ra Impression Improvement and Seve aspects of depressive disorder, inc HAM-D scores was noted in patien therapy.<sup>2, 14, 16</sup> In addition, esciti: of 20-40 mg daily.<sup>4, 16</sup> There is som selective serotonin-reuptake inhibi however, additional studies are ne established to date.<sup>1, 8</sup> For further choosing the most appropriate ant Hydrobromide 28:16.04.20.

Routes	Dosage Forms	Strengths	Brand Names
Oral	Solution	5 mg (of escitalopram) per 5 mL	<b>Lexapro</b> ®
	Tablets, film-coated	5 mg (of escitalopram)	<b>Lexapro</b> ®
		10 mg (of escitalopram)	<b>Lexapro</b> ® (scored)
		20 mg (of escitalopram)	<b>Lexapro</b> ® (scored)

#### • Comparative Pricing

*This pricing information is subject to change at the sole discretion of DS Pharmacy. For the information, please visit [drugstore.com](http://drugstore.com).*

**Lexapro** 10MG Tablets (FOREST): 30/\$92.99 or 90/\$259.97

**Lexapro** 20MG Tablets (FOREST): 30/\$95.99 or 90/\$265.98

### References

**Lexapro** 5M

**Lexapro** 5M

1. Forest Pharmaceuticals, Inc. **Lexapro**® (escitalopram oxalate) tablets/oral solution prescribing info

2. Burke WJ, Gergel I, Bose A. Fixed-dose trial of the single isomer SSRI escitalopram in depressed c 63:331-6. [IDIS 479908] [\[PubMed 12000207\]](http://pubmed.ncbi.nlm.nih.gov/12000207/)

3. Anon. Forest **Lexapro**® approval includes label claim of greater potency than celexa. FDC Rep. Au

# Davis's Drug Guide for Nurses 2009

## NURSING IMPLICATIONS

### ASSESSMENT

- Monitor mood changes and level of anxiety during therapy.
- Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient. Risk may be increased for children or adolescents. After starting therapy, children and adolescents should be seen by health care professional at least weekly for 4 wks, every 2 wks for next 4 wks, and on advice of health care professional thereafter .
- Assess for sexual dysfunction (erectile dysfunction; decreased libido) .

### POTENTIAL NURSING DIAGNOSES

Ineffective coping (Indications).  
Risk for injury (Side Effects).  
Sexual dysfunction (Side Effects).  
(Indications).

### IMPLEMENTATION

- Do not administer escitalopram and citalopram concomitantly. Taper to avoid potential withdrawal reactions. Reduce dose by 50% for 3 days, then again by 50% for 3 days, then discontinue.
- **PO:** Administer as a single dose in the morning or evening without regard to meals.

### PATIENT/FAMILY TEACHING

- Instruct patient to take escitalopram as directed. Take missed doses on the same day as soon as remembered and consult health care professional. Resume regular dosing schedule next day. Do not double doses. Do not stop abruptly, should be discontinued gradually .
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to avoid alcohol and other CNS-depressant drugs during therapy and to consult a health care professional before taking other Rx or OTC medications or herbal products.
- Instruct female patients to notify health care professional if pregnancy is planned or suspected or if they plan to breastfeed an infant.
- **Caution patients that escitalopram should not be used for at least 14 days after discontinuing MAO inhibitors, and at least 14 days should be allowed after stopping escitalopram before starting an MAO inhibitor.**
- Emphasize importance of follow-up exams to monitor progress.
- Encourage patient participation in psychotherapy to improve coping skills .
- Refer patient/family to local support groups.


### EVALUATION/DESIRED OUTCOMES

- Increased sense of well-being - Renewed interest in surroundings. May require 1-4 wk of therapy to obtain antidepressant effects. Full antidepressant effects occur in 4-6 wks .

# Natural Medicines Comprehensive Database (\$)

Search:

[Advanced Search](#)

**NATURAL MEDICINES**  
COMPREHENSIVE DATABASE 

Scientific Gold Standard for Evidence-Based, Clinical Information on Natural Medicines

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Search Results > FENUGREEK

## FENUGREEK

**Quick Links:**

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[Effectiveness](#)  
[Adverse Reactions](#)  
[Dosage/Administration](#)

[View Product](#)

**Also Known As:**  
Alholva, Bird's Foot, Foenugreek, Gre

**Scientific Name:**  
Trigonella foenum-graecum  
Family: Fabaceae

**People Use This For:**  
Orally, fenugreek is used for constipation, gastritis, and constipation.

### Adverse Reactions:

Orally, fenugreek can cause diarrhea, dyspepsia, abdominal distention, and flatulence (622,12534). With high doses, hypoglycemia is possible (164). Fenugreek can cause allergic reactions including nasal congestion, hoarseness, persistent coughing, wheezing, facial angioedema, and shock (719). The paste of fenugreek applied to the scalp can cause allergic symptoms, including head numbness, facial swelling, and wheezing (719). Consumption of fenugreek by pregnant women just before delivery may cause the neonate to have an unusual body odor, which may be confused with maple syrup disease. It does not appear to cause long-term sequelae (9781). This unusual body odor may occur in children drinking fenugreek tea. Loss of consciousness may also occur in children drinking tea made from fenugreek (9782).

### Interactions with Herbs & Supplements:

**HERBS WITH ANTICOAGULANT/ANTIPLATELET POTENTIAL:** Concomitant use of herbs that have anticoagulant/antiplatelet potential that might affect platelet aggregation could theoretically increase the risk of bleeding in some people (5191,7162,7389). These herbs include angelica, clove, danshen, garlic, ginger, ginkgo, red clover, turmeric, and others.

**HERBS WITH HYPOGLYCEMIC POTENTIAL:** Theoretically, fenugreek might have additive effects with herbs that decrease blood glucose levels (10283,10284). Herbs with hypoglycemic potential include devil's claw, fenugreek, guar gum, Panax ginseng, and Siberian ginseng.

### Interactions with Drugs:

**ANTICOAGULANT/ANTIPLATELET DRUGS <<interacts with>> FENUGREEK**  
Interaction Rating = **Moderate** Be cautious with this combination

# Natural Standard

## [on HEAL-WA]



## Natural Standard

The Authority on Integrative Medicine

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**Natural Standard** was founded by clinicians and researchers to provide high quality, evidence-based information about complementary and alternative therapies. This international multidisciplinary collaboration now includes contributors from more than 100 eminent academic institutions.

### DATABASES



[Foods, Herbs  
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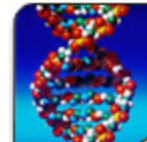
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For each therapy covered by **Natural Standard**, a research team systematically gathers scientific data and expert opinions. Validated rating scales are used to evaluate the quality of available evidence. Information is incorporated into comprehensive monographs which are designed to facilitate clinical decision making. All monographs undergo blinded editorial and peer review prior to inclusion in **Natural Standard** databases.



# Natural Standard

## Peppermint oil

### Scientific Evidence for common/studied use:

Indication	Evidence Grade
<a href="#">Antispasmodic</a>	<a href="#">B</a>
<a href="#">Cough</a>	<a href="#">B</a>
<a href="#">Dyspepsia</a>	<a href="#">B</a>
<a href="#">Irritable bowel syndrome (IBS)</a>	<a href="#">B</a>
<a href="#">Tension headache treatment (topical)</a>	<a href="#">B</a>
<a href="#">Abdominal distention</a>	<a href="#">C</a>
<a href="#">Asthma</a>	<a href="#">C</a>
<a href="#">Bad breath</a>	<a href="#">C</a>

Indication	Level of Evidence Grade
<a href="#">Breast tenderness (preventing cracked nipples)</a>	<a href="#">A</a> (Strong Scientific Evidence)
<a href="#">Functional bowel disorders</a>	<a href="#">A</a> (Strong Scientific Evidence)

Level of Evidence Grade	Criteria
<a href="#">A</a> (Strong Scientific Evidence)	Statistically significant evidence of benefit from >2 properly conducted RCTs, OR evidence from one properly conducted RCT, OR evidence from one properly conducted meta-analysis, OR evidence from multiple properly conducted trials showing a clear majority of the properly conducted trials showing statistically significant evidence of benefit AND with supporting evidence in basic science, animal studies, or theory.
<a href="#">B</a> (Good Scientific Evidence)	Statistically significant evidence of benefit from 1-2 properly conducted RCTs, OR evidence of benefit from ≥1 properly conducted RCT with supporting evidence in basic science, animal studies, or theory. <i>grade applies to situations in which a well designed randomized controlled trial reports negative results but stands in contrast to the results of multiple other less well designed trials or a well designed meta-analysis, while awaiting confirmatory evidence from an additional well designed randomized controlled trial.</i>
<a href="#">C</a> (Unclear or conflicting scientific evidence)	Evidence of benefit from ≥1 small RCT(s) without adequate statistical significance, or quality of design by objective criteria, or conflicting evidence from multiple RCTs without a clear majority of the RCTs showing statistically significant evidence of benefit.

# MedlinePlus: Drugs, Supplements & Herbal Information

[www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)

105 Herbs and Supplements Monographs in English & Spanish  
adapted from *Natural Standard*

## Peppermint oil (*Mentha x piperita* L.)

*Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Commercial distribution prohibited. This monograph is intended for informational purposes only, and should not be interpreted as specific medical advice. You should consult with a qualified healthcare provider before making decisions about therapies and/or health conditions.*



While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional organization that adheres to clearly published standards. In addition, before starting a new technique or engaging a practitioner, it is recommended that patients speak with their primary healthcare provider(s). Potential benefits, risks (including financial costs), and alternatives should be carefully considered. The below monograph is designed to provide historical background and an overview of clinically-oriented research, and neither advocates for or against the use of a particular therapy.

### Related Terms:

- Balm mint, black peppermint, brandy mint, curled mint, Feullis de menthe, Japanese peppermint, Katzenkraut (German), lamb mint, *Mentha arvensis* L. var *piperascens*, menta prima (Italian), *Menthae piperitae aetheroleum* (peppermint oil), *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (peppermint leaf), *Menthe anglaise*, *Menthe poivre*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), Porminzen, Schmecker, spearmint (*Mentha spicata* L.), water mint (*Mentha aquatica*), white peppermint, WS(R) 1340.
- **Essential oil constituents:** Cineol, isomenthone, liminene, menthofuran, menthol, menthone, menthyl acetate, terpenoids.
- **Leaf constituents:** Caffeic acid, chlorogenic acid, luteolin, hesperidin, rutin, "volatile" oil.
- **Selected brand names:** Ben-Gay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contains peppermint and caraway oil), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination products:** Absorbine Jr.®, Iberogast®, Listerine®.

## Peppermint oil

## Aceite de menta (*menta piperita*)

*Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Se prohíbe su distribución comercial. Esta monografía tiene la intención de servir para fines informativos únicamente, por lo cual no se debe interpretar como un consejo médico específico. Usted deberá consultar con un proveedor médico calificado antes de tomar decisiones respecto a terapias y/o afecciones de salud.*



No obstante se han estudiado de forma científica ciertas técnicas complementarias y alternas, para la mayoría de las terapias hay limitación o controversia sobre los datos de alta calidad respecto a la seguridad, eficacia y mecanismo de acción. Se recomienda, al máximo posible, que los practicantes cuenten con licencias expedidas por una organización profesional reconocida que se adhiera a normas claramente publicadas. Además, antes de iniciar una nueva técnica o contratar a un practicante, se recomienda que los pacientes consulten con su(s) proveedor(es) médico(s) principal(es). Se deben considerar atentamente los beneficios y riesgos potenciales (incluye los costos financieros) así como las alternativas. La siguiente monografía está diseñada para ofrecer una historia y un resumen de la investigación con orientación clínica, y la misma ni defiende ni se opone al uso de una terapia en particular.

### Términos relacionados:

- Bálsamo de menta, menta negra, menta de brandy, menta crespa, Feullis de menthe, menta japonesa, Katzenkraut (alemán), menta de cordero, menta arvensis, L. var *piperascens*, menta prima (italiano), *Menthae piperitae aetheroleum* (aceite de menta) *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (hoja de menta), *Menthe anglaise*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (danés), Pfefferminz (alemán), Porminzen, Schmecker, hierbabuena (*Mentha spicata*), menta acuática (*Mentha aquatica*), menta blanca, WS (R) 1340.
- **Elementos constituyentes esenciales del aceite:** Cineol, isomentona, limoneno, mentofurano, mentol, mentona, acetato de mentilo, terpenoides.
- **Elementos constituyentes de la hoja:** Ácido cafeico, ácido clorogénico, luteolina, hesperidina, rutín, aceite "volátil".
- **Selección de marcas registradas:** BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

# MedlinePlus

*medlineplus.gov*

- **#1 SOURCE** for basic quality consumer/patient information
- Includes drug information
- Medical Encyclopedia – full-text with illustrations
- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
- Current health news

# MedlinePlus Content

Interactive tutorials:  
**175 total**

ClinicalTrials links on display:  
**640 (today)**

NIH-Seniorhealth  
**40 topics**

OR-Live surgery videos:  
**73**

Announcement listservs:  
**11 daily & weekly**



Health topics (today):  
**750 English**  
**657 Spanish**

3 drug and herbal databases:  
**approx 1700 monographs**

ADAM.com encyclopedia:  
**approx 4000 monographs**

Health news:  
**Approx 15-20 new stories added per day**

Directories:  
**Over 100 directories covering doctors, hospitals, clinics and libraries.**

Page last updated: 07 September 2005  
URL for this page: <http://medlineplus.gov>

# Cystic Fibrosis

Also called: CF

Cystic fibrosis (CF) is an inherited disease of the mucus and sweat glands. It affects mostly your lungs, pancreas, liver, intestines, sinuses and sex organs. CF causes your mucus to be thick and sticky. The mucus clogs the lungs, causing breathing problems and making it easy for bacteria to grow. This can lead to problems such as repeated lung infections and lung damage.

The symptoms and severity of CF vary widely. Some people have serious problems from birth. Others have a milder version of the disease that doesn't show up until they are teens or young adults.

Although there is no cure for CF, treatments have improved greatly in recent years. Until the 1980s, most deaths from CF occurred in children and teenagers. Today, with improved treatments, people with CF live, on average, to be more than 35 years old.

National Heart, Lung, and Blood Institute

## Start Here

- [Cystic Fibrosis NIH](#) (National Heart, Lung, and Blood Institute)
- [Cystic Fibrosis Interactive Tutorial](#) (Patient Education Institute) - Requires Flash Player  
Also available in [Spanish](#)
- [Genetics Home Reference: Cystic fibrosis NIH](#) (National Library of Medicine)

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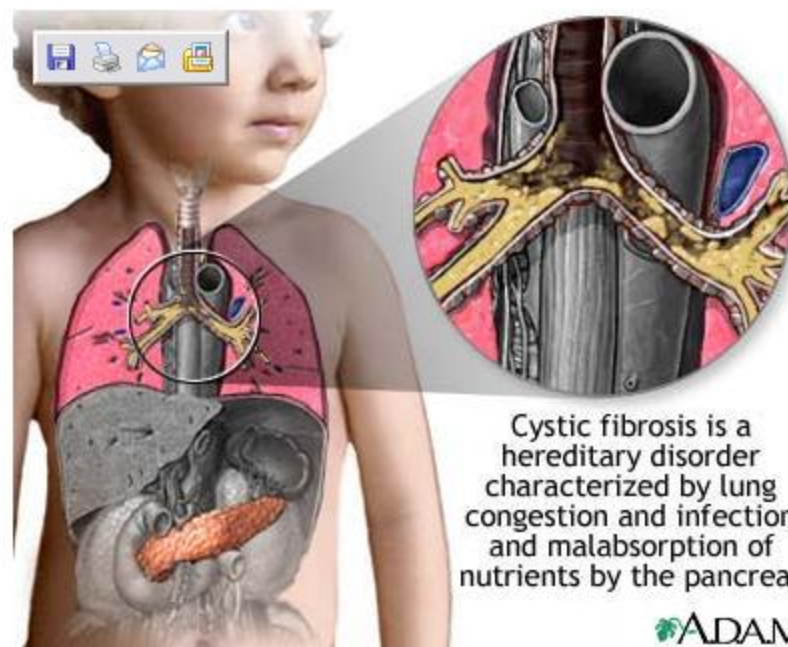
## Overviews

- [Cystic Fibrosis](#) (March of Dimes Birth Defects Foundation)

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## Medical Encyclopedia

### Cystic fibrosis



Cystic fibrosis is a hereditary disorder characterized by lung congestion and infection and malabsorption of nutrients by the pancreas

Cystic fibrosis is the most common cause of chronic lung disease in children and young adults, and the most common fatal hereditary disease in the US.

**Update Date:** 3/23/2001

Updated by: A.D.A.M. Medical Illustration Team

***Navigate the Web  
Beyond Basic Google  
To Find Evidence?***



# Navigation Difficulties

- Size of the Web
- Lack of control or review
- Lack of quality standards



# Navigating the Web Beyond Google

## ➤ Google [google.com](http://google.com)

- Largest search engine: over **11.5 billion** pages
- **Relevance ranking** based on link analysis

## ➤ Google Advanced Search

[www.google.com/advanced\\_search?hl=en](http://www.google.com/advanced_search?hl=en)

## ➤ Google Scholar [scholar.google.com](http://scholar.google.com)

# Searching Google for Guideline/Guidelines



Web

Results

## [Clinical Practice \*\*Guideline\*\*: Management of \*\*Sinusitis\*\*](#)

This clinical practice **guideline** is not intended as a sole source of guidance in the diagnosis and management of acute bacterial **sinusitis** in children. ...

[www.aap.org/policy/0106.html](http://www.aap.org/policy/0106.html) - 70k - [Cached](#) - [Similar pages](#)

## [Updated \*\*Guidelines\*\* for Diagnosis and Management of \*\*Sinusitis\*\*](#)

The American Academy of Allergy, Asthma, and Immunology and the American College of Allergy, Asthma, & Immunology have jointly updated their practice ...

[www.medscape.com/viewarticle/518379](http://www.medscape.com/viewarticle/518379) - [Similar pages](#)

## [\[PDF\] \*\*ADULT ACUTE \*\*SINUSITIS\*\* \*\*GUIDELINE\*\*\*\*](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

**ADULT ACUTE **SINUSITIS** **GUIDELINE****

This **guideline** is to be used to assist in clinical efficiency, but is not a substitute for clinical judgement. ...

[health.ucsd.edu/ClinicalResources/sinusitisadult.pdf](http://health.ucsd.edu/ClinicalResources/sinusitisadult.pdf) - [Similar pages](#)

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- **Occurrences**, *i.e.* terms appear in title
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## Advanced Search

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Web

Results 1 - 10 of about 202,000 for sinusitis g

## [\[PDF\] ADULT ACUTE SINUSITIS GUIDELINE](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

ADULT ACUTE **SINUSITIS GUIDELINE**. This **guideline** is to be used to assist in clinical efficiency, but is not a substitute for clinical judgement. ...

[health.ucsd.edu/ClinicalResources/sinusitisadult.pdf](http://health.ucsd.edu/ClinicalResources/sinusitisadult.pdf) - [Similar pages](#)

## [\[PDF\] Sinusitis Guideline: General Comments](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

Related National **Guidelines**. The UMHC Clinical **Guideline** on Rhinosinusitis is consistent with Diagnosis and Treatment of Acute Bacterial. **Sinusitis** (1999) ...

[cme.med.umich.edu/pdf/guideline/rhino05.pdf](http://cme.med.umich.edu/pdf/guideline/rhino05.pdf) - [Similar pages](#)

## [\[PDF\] CPG - Sinusitis](#)

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Clinical Practice **Guideline** for. **Sinusitis** Treatment (Rhinosinusitis). Acute bacterial **sinusitis** is an infection of the paranasal **sinuses** with inflammation ...

[www.mahealthcare.com/practice\\_guidelines/Sinusitis.pdf](http://www.mahealthcare.com/practice_guidelines/Sinusitis.pdf) - [Similar pages](#)

## [\[PDF\] AMERICAN ACADEMY OF PEDIATRICS Clinical Practice Guideline](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

erbatons of chronic **sinusitis** are not included in this. **guideline**. .... CLINICAL PRACTICE **GUIDELINE: MANAGEMENT OF SINUSITIS** ...

[www.antibioticos.msc.es/PDF/AAP\\_management\\_of\\_sinusitis.pdf](http://www.antibioticos.msc.es/PDF/AAP_management_of_sinusitis.pdf) - [Similar pages](#)

# Google Scholar (beta)

*[scholar.google.com](http://scholar.google.com)*

- Searches for **scholarly literature**, including peer-reviewed papers, theses, books, abstracts and technical reports
- Finds articles from academic publishers, professional societies, universities, etc. as well as scholarly articles on the web
- "**Cited by**" link identifies # that have cited the original
- Access to full text only available with subscription
- **Caution:** Not a reliable sole source for searching scholarly literature

All Results

- [J Graneto](#)
- [L Harrison](#)
- [I Loudon](#)
- [D Soglin](#)
- [L Olivet](#)

Did you mean: [mother \*fevertouch\* thermometer](#)

[Diagnosing fever by touch: observational study - Find UW Holdings - all 3 versions »](#)

K Whybrew, M Murray, C Morley - *BMJ*, 1998 - [pubmedcentral.nih.gov](#)  
 ... whether mothers and medical students could use **touch** to determine if children had **fever**. ... medical students and the child's **mother** felt children's ...

[Cited by 12](#) - [Related Articles](#) - [Web Search](#) - [Import into RefWorks](#)

[Maternal screening of childhood fever by palpation. - Find UW Holdings - all 3 versions »](#)

JW Graneto, DF Soglin - *Pediatr Emerg Care*, 1996 - [ncbi.nlm.nih.gov](#)  
 ... The interventions were interviewing the **mother** and the performance of ... about the presence or absence of **fever** in their children by **touch** and without the ...

[Cited by 27](#) - [Related Articles](#) - [Web Search](#) - [Import into RefWorks](#)

[Palpation as a method of fever determination in Malawian children who are less than 5 years versions »](#)

OC Nwanyanwu, C Ziba, SC Redd, SP Luby - *Annals of Tropical Medicine and Parasitology*, 1997 - [informa](#)  
 ... Whenever and wherever possible, information from the **mother** and **thermometer** readings ... is palpation as a screening method for **fever**: can **touch** substitute for ...

[Cited by 8](#) - [Related Articles](#) - [Web Search](#) - [Import into RefWorks](#)

[The Accuracy of Mother's Touch to Detect Fever in Children: A Systematic Review - Fi](#)

CL Teng, CJ Ng, H Nik-Sherina, AH Zailinawati, SF ... - *Journal of Tropical Pediatrics*, 2007 - [Oxford Univ Pr](#)  
 ... 8] mentioned blinding of the assessment by **mother** and healthcare ... is palpation as a screening method for **fever**? can **touch** substitute for **thermometer** readings? ...

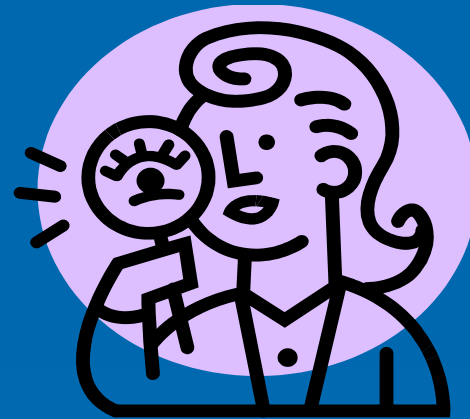
# Must Evaluate Web Resources: Evaluation Strategies

- Evaluate using **Criteria for Evaluating Web Resources**
- Determine the type of site by analyzing **Web Site Addresses**
- A User's Guide to Finding and Evaluating Health Information on the Web  
*[www.mlanet.org/resources/userguide.html](http://www.mlanet.org/resources/userguide.html)*

# Criteria for Evaluating Web Sites

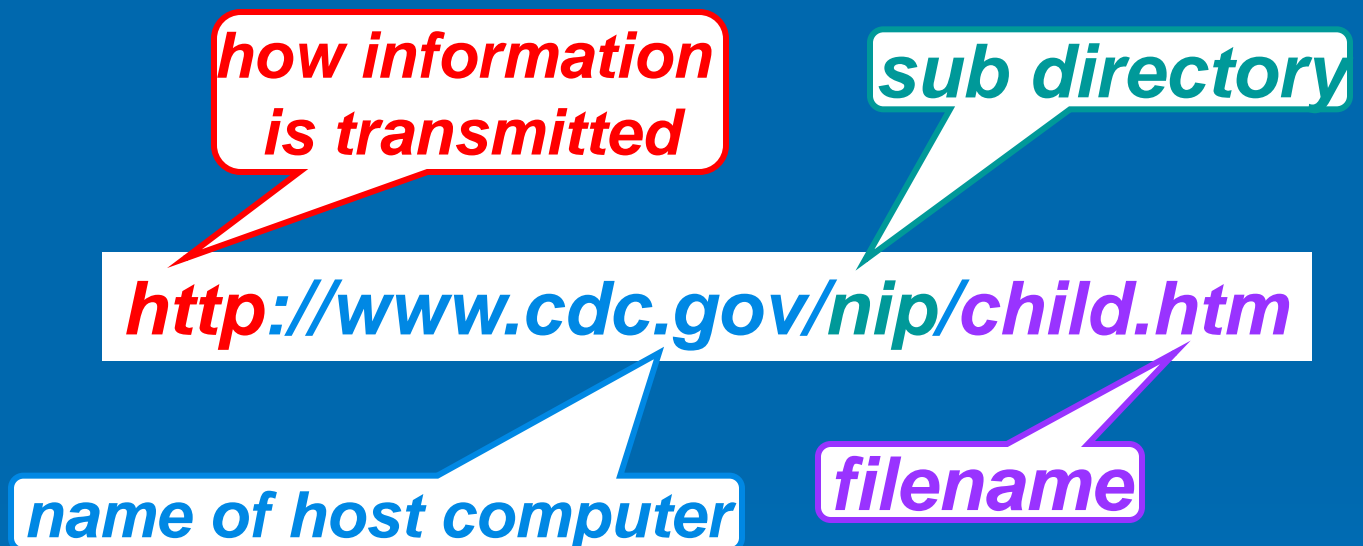
[healthlinks.washington.edu/howto/navigating/criteria.pdf](http://healthlinks.washington.edu/howto/navigating/criteria.pdf)

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage
- Design



# Web Site Address: URL (Uniform Resource Locator)

- edu
- org
- com
- gov
- net



The URL includes the name of the host computer which can indicate the purpose of the web site.

***Keep Current with  
Alerting Services***



# Information Overload!

- 2 million articles published in biomedical journals each year
- considering everything of potential biomedical importance would require perusing about 6,000 articles per day...
- If you only read 2 articles a day, at the end of year you would be 60 centuries behind.

# What are Email Alert Services?

- Deliver current citations into your email
- Based on a search strategy you create
- In most cases, abstracts of the articles are provided
- May provide links to *PubMed*, *CINAHL* and full-text articles

# *PubMed: My NCBI*

- Your personal space on the NLM computer system for **storing search strategies** to generate updates
- **Free** registration required
- Recent *PubMed* citations sent **automatically** to your email

# My NCBI

The image displays the My NCBI web interface. At the top, the NCBI logo is on the left, and the PubMed logo is in the center, with the text "A service of the U.S. National Library of Medicine and the National Institutes of Health" and the URL "www.pubmed.gov". Below this is a navigation bar with links for "All Databases", "PubMed", "Nucleotide", "Protein", "Genome", "Structure", "OMIM", and "PMC". A search bar is present with a dropdown menu set to "PubMed" and buttons for "Go", "Clear", and "Advanced Search".

On the left side, there is a vertical menu with categories: "About Entrez" (Text Version), "Entrez PubMed" (Overview, Help | FAQ, Tutorials, New/Noteworthy, E-Utilities), and "PubMed Services" (Journals Database, MeSH Database, Single Citation Matcher, Batch Citation Matcher, Clinical Queries, Special Queries, LinkOut, My NCBI). The "My NCBI" link is circled in red, with a red arrow pointing to the main content area.

The main content area features a "To get started" section with a "Search terms" input field and a "My NCBI" heading. Below this is a "Table of Contents" sidebar with links: "My NCBI Home", "My Saved Data", "Search Filters", "Preferences", and "About My NCBI". The central panel contains a "Sign into My NCBI" form with fields for "Username" and "Password", checkboxes for "Keep me signed in" and "Remember my username", and a green "Sign In" button. A yellow box highlights the text "Use My NCBI to save your searches and data, and to se".

On the right side, there is a "My Saved Data" section showing "You have:" followed by "32 Saved Searches", "3 Collections", and "1 Bibliography". Below this is a "Search Filters" section showing "You've set filters for:" with a "PubMed" filter selected. At the bottom right, a "Preferences" section shows "You've set:" with "Common Preferences" and "PubMed Preferences" options. A red arrow points from the bottom center towards the right side of the interface.

# Alerting Services

*[healthlinks.washington.edu/howto/alerts.html](http://healthlinks.washington.edu/howto/alerts.html)*

Alert Service	Database Coverage	RSS
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My NCBI	PubMed	yes
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Alerts	CINAHL [on HEAL-WA]	yes
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# Final Thoughts

- Contact Your **Ultimate Search Engine...**  
*a librarian!*
- Use **HEAL-WA!**

## Welcome to HEAL-WA

HEAL-WA is a collection of health information resources funded by license fees from selected health care providers in Washington State. Its mission is to provide evidence-based information to support patient care.

### Getting Started

Certain resources in HEAL-WA (indicated by a lock icon) require a HEAL-WA access code (UW NetID) and password for access.

**Set up HEAL-WA access** - If you need to set up a HEAL-WA access code (UW NetID) and password, or if you have a UW NetID and need to add HEAL-WA affiliation to it, see the instructions on the [Getting Started](#) page.

If you have already set up your HEAL-WA access code (UW NetID) and password, log in to HEAL-WA by clicking on the "HEAL-WA Access" button at the upper right hand corner of the screen.

Dec 19, 2008 08

### Professional Toolkits

- Acupuncturist
- Chiropractor
- Massage Practitioner
- Mental Health Counselor, Psychologist, Licensed Social Worker
- Naturopath
- Optometrist
- Physician, PA, ARNP
- Podiatrist
- Registered Nurse

### Diagnosis & Therapy

- [Dynamed \(Diseases & Conditions\)](#)
- [Merck Manual of Diagnosis and Therapy](#)
- [Merck Manual of Geriatrics](#)

### Guidelines & Evidence

- [Cochrane Database of Systematic Reviews](#)
- [Clinical Information from the Agency for Healthcare Research and Quality](#)
- [National Guideline Clearinghouse](#)
- [PubMed Clinical Queries](#)

### Search for Articles

[PubMed Search](#)

### Drugs, Labs, Diagnostic Tests

- [AHFS Drug Information® \(2008\)](#)
- [Drug Information Portal](#)
- [LactMed](#)

### Complementary & Alternative Medicine

- [AMED \(Alternative & Natural Medicine Database\)](#)
- [Alt-HealthWatch](#)
- [Natural Standard](#)

### Prevention, Screening, Immunizations

- [Guide to Clinical Preventive Services](#)

### Patient Care Management

- [Nursing Reference Center](#)
- [CINAHL \(Nursing Literature\)](#)
- [Nursing Calculators](#)

### Information for Patients

- [AHFS Consumer Medication Information](#)
- [MedlinePlus - Health Information for Patients](#)
- [MedlinePlus Health Information in Other Languages \(for patients\)](#)
- [Merck Manual - Home Edition](#)

### News

PsycInfo and other databases now available  
Mar 06, 2009

New eBooks available on HEAL-WA  
Feb 05, 2009

Natural Standard database added to HEAL-WA  
Jan 30, 2009

# For more UW information...

If you are **affiliated with the UW**, contact the *nursing library liaison*:

Janet G. Schnall, MS, AHIP

206.543.7474

[schnall@u.washington.edu](mailto:schnall@u.washington.edu)



# For more information...

- For non- UW affiliates, contact the **National Network of Libraries of Medicine (NN/LM)** for exhibits, workshops, classes, and project collaborations

NN/LM                      800.338.7657

Linda Milgrom            206.221.3400

[lmilgrom@u.washington.edu](mailto:lmilgrom@u.washington.edu)



Health Sciences Libraries  
UNIVERSITY OF WASHINGTON

# Finding Evidence on the Web to Improve Patient Care

PowerPoint presentation:

[healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.ppt](http://healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.ppt)

Handout:

[healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.doc](http://healthlinks.washington.edu/hsl/liaisons/schnall/ambcare2009.doc)