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Finding Evidence on the Web to Improve Patient Care

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Auburn Regional Medical Center
Grand Rounds, March 11, 2008

Objectives

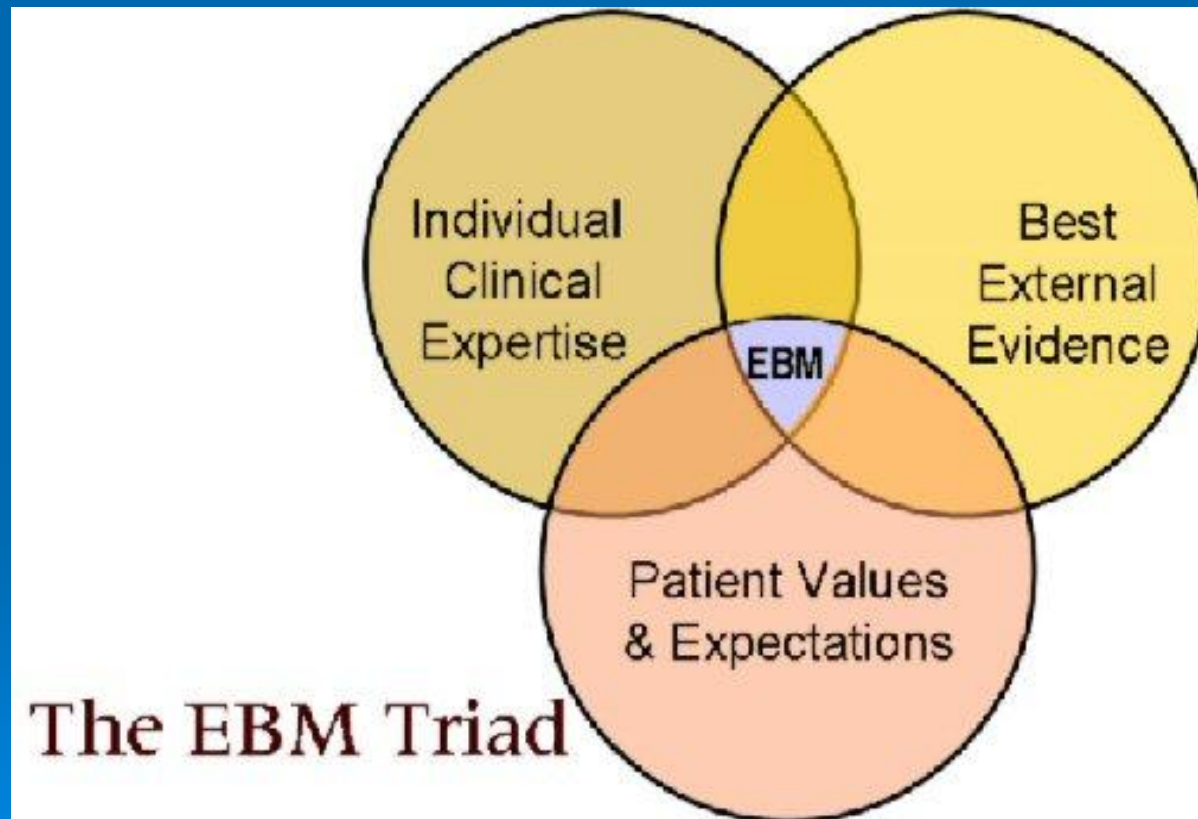
- Identify web resources for evidence-based practice
- Describe different methods to improve research skills in searching for evidence on the web
- Perform a *PubMed* search to identify evidence-based journal articles

What is evidence-based medicine?

- 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 Medicine



Clarify Your Topic

- What is your question?
- What do you already know?
- Any research by others?
- Consider using a stepwise process, e.g. PICO, to clarify and create a question that can be answered

PICO

- **P** = Patient or Problem
- **I** = Intervention, prognostic factor, or exposure
- **C** = Comparison
- **O** = Outcomes

Case

- A 51-year-old woman with a total hysterectomy presents to a primary health care clinic with signs of menopause. She is having hot flashes and night sweats. She is an active and healthy woman with no family history of breast cancer or cardiovascular disease. She is reluctant to consider HRT because her friend said there is a higher risk of breast cancer, strokes, and heart attacks. However, the menopause symptoms are affecting her QoL and she wants to do something.

Initial question:

Is it safe to prescribe HRT to this woman?

Reformulated question using PICO:

Among healthy middle-aged women, does estrogen increase the incidence of breast cancer, cardiovascular death, or stroke?

PICO

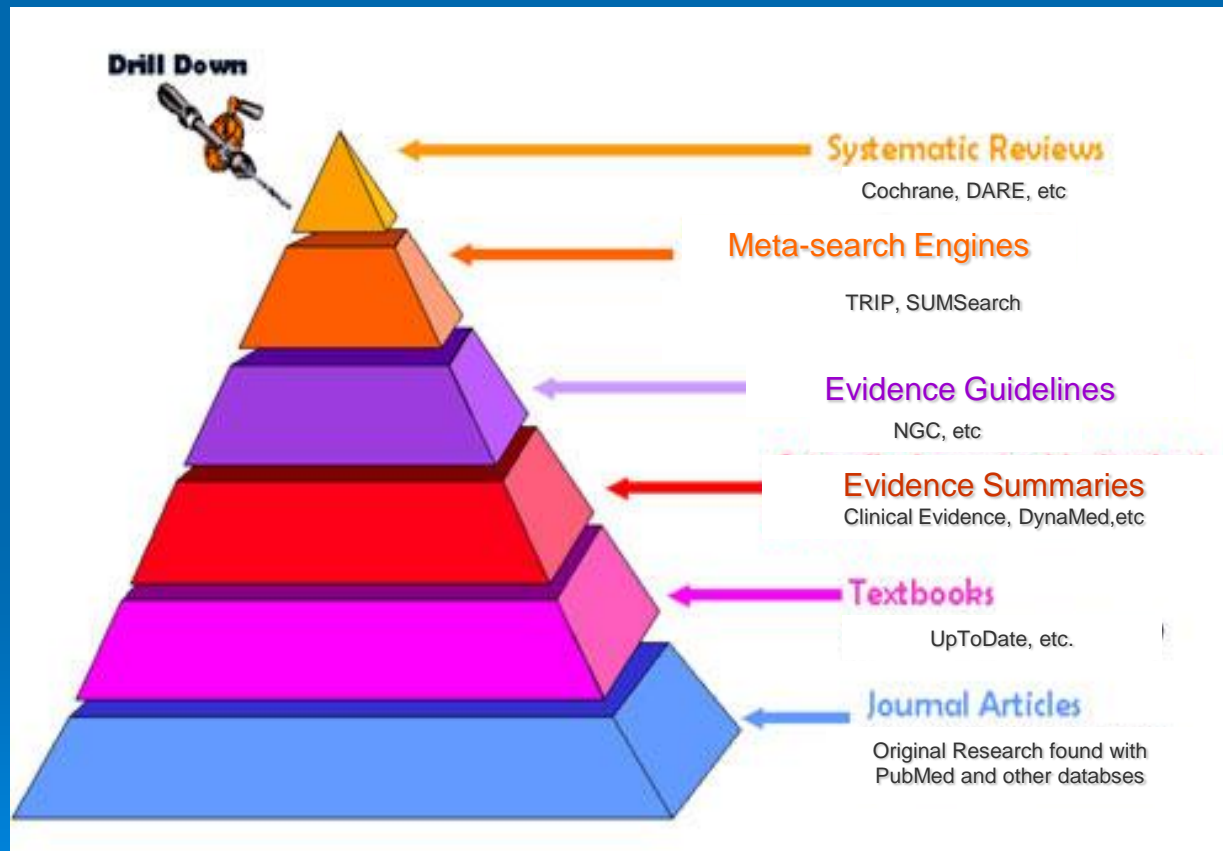
PATIENT/PROBLEM – healthy middle-aged women with menopause symptoms

INTERVENTION – HRT

COMPARISON, IF ANY – no HRT

OUTCOME – is there a risk in developing stroke, breast cancer or heart attack

Searching for Evidence Categories





Search for the Best Evidence in a Database



Search Databases Efficiently for Research Journal Articles

- PubMed

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PubMed

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- Includes MEDLINE (1950's to present)
- Indexes 5,000 biomedical journals
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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

Search PubMed

- To get started, enter one or more search terms.
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Can easily *limit* your search to:

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Language

Research or Review articles

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PubMed Nucleotide Protein Genome Structure

for exercise therapy osteoarthritis hip Go Clear

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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

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Ages CLEAR

- All Infant: birth-23 months
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for exercise therapy osteoarthritis hip [Save Search](#)

Limits

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

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Items 1 - 20 of 22

Page of 2 Next

- 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.

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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 Wang¹, Basia Belza², F. Elaine Thompson³, Joanne D. Whitney⁴ & Kim Bennett⁵

Accepted for publication 2 August 2006

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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

#2 Strategy:
Clinical Queries

This page provides the following specialized PubMed searches for clinicians:

- [Search by Clinical Study Category](#)
- [Find Systematic Reviews](#)
- [Medical Genetics Searches](#)

After running one of these searches, you may further refine your results using PubMed's [Limits](#) feature.

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

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<input type="radio"/> diagnosis	<input type="radio"/> broad, sensitive search
<input checked="" type="radio"/> therapy	
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1: [Kurugol Z, Akilli M, Bayram N, Koturoglu G.](#)

One
Related Articles

The prophylactic and therapeutic effectiveness of zinc sulphate on common cold in children.
Acta Paediatr. 2006 Oct;95(10):1175-81.
PMID: 16982486 [PubMed - indexed for MEDLINE]

2: [Eby GA, Halcomb WW.](#)

Related Articles

Ineffectiveness of zinc gluconate nasal spray and zinc orotate lozenges in common-cold treatment: a double-blind, placebo-controlled clinical trial.
Altern Ther Health Med. 2006 Jan-Feb;12(1):34-8.
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3: [Silk R, LeFante C.](#)

Related Articles

Safety of zinc gluconate glycine (Cold-Eeze) in a geriatric population: a randomized, placebo-controlled, double-blind trial.
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Internet

Advantages of *PubMed*

- **Free**
- **Links** to publisher's sites for full-text journals
- Or, can **order** full-text journal articles
- **Clinical Queries/Systematic Reviews** section limits retrieval to evidence-based citations

NLM Gateway

gateway.nlm.nih.gov

- Provides "one-stop shopping" for many of the National Library of Medicine (NLM)'s databases
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[Genetics Home Reference](#)

[Household Products Database](#)

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

Open Access Journal Sites

➤ BioMed Central



www.biomedcentral.com

- Independent publishing house providing immediate free access to peer-reviewed biomedical research

➤ PubMed Central



pubmedcentral.gov

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

NIH Open Access Mandate

- December 6, 2007 law
- 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

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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

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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Overview of the management of osteoporosis in women

- ▶ INTRODUCTION
- ▶ NONPHARMACOLOGIC THERAPY
 - Calcium/Vitamin D
 - Diet
 - Exercise
 - Intensity of exercise
 - Cessation of smoking
- ▶ DRUG THERAPY
 - Monitoring the response to therapy
 - Option 1
 - Option 2
 - Option 3
 - Option 4
 - Bisphosphonates
 - Selective estrogen receptor modulators
 - Estrogen/progestin therapy
 - Premenopausal women with hypothalamic amenorrhea
 - Parathyroid hormone
 - PTH plus bisphosphonate therapy
 - Calcitonin
 - Calcitriol
 - Sodium fluoride
 - Combination therapy
 - Isoflavones
 - Thiazide diuretics
 - Tibolone
 - Recommendations
- ▶ MEDICAL INTERVENTION AFTER FRACTURE
- ▶ OTHER POTENTIAL THERAPIES
 - Androgens
 - Growth factors
 - Statins
 - Strontium ranelate
 - Folate and vitamin B12
- ▶ REFERENCES

GRAPHICS

- ▶ FIGURES
 - Alendronate dose osteoporosis
 - Alendronate prevents bone loss
 - Continuous alendronate and BMD
 - HRT and hip fracture WHI
 - CT and osteoporotic bone pain
 - Estrogen plus CT osteoporosis
- ▶ TABLES
 - 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

Child health

Asthma and other wheezing disorders in children

Duncan Keeley and Michael McKean

[Interventions](#)
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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"> * Beta₂ agonists (high dose nebulised) *
Likely to be beneficial		<ul style="list-style-type: none"> * Theophylline (intravenous)
Unknown effectiveness		<ul style="list-style-type: none"> * Ipratropium bromide (inhaled) added to salbutamol (after initial stabilisation) * Single dose ipratropium bromide (inhaled) added to beta₂ agonists (in emergency room)

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 [FEV₁], 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 FEV₁ 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 FEV₁ 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

Clinical Evidence

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Carpal tunnel syndrome [Expand All](#) [Collapse All](#) 

General Information (including ICD-9/-10 Codes)
Causes and Risk Factors
Complications and Associated Conditions
History
Physical
Diagnosis
Prognosis
Treatment
Prevention and Screening

Carpal tunnel syndrome
Updated 2007 Sep 21 03:37 PM: review article commentary (BMJ 2007 Sep 1)
Work Loss Data Institute disability guideline for carpal tunnel syndrome (National Guideline Clearinghouse 2007 Sep 3)
continued peer review

- ▶ [General Information \(including ICD-9/-10 Codes\)](#)
- ▶ [Causes and Risk Factors](#)
- ▶ [Complications and Associated Conditions](#)
- ▶ [History](#)
- ▶ [Physical](#)
- ▶ [Diagnosis](#)
- ▶ [Prognosis](#)
- ▶ [Treatment](#)
- ▶ [Prevention and Screening](#)
- ▶ [References including Reviews and Guidelines](#)
- ▶ [Patient Information](#)
- ▶ [Acknowledgements](#)

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

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

Additional Evidence Summaries and Structured Abstract Resources

- ACP Journal Club (\$) www.acpjc.org
- Essential Evidence Plus (\$) (formally InfoPOEMS) essentialevidenceplus.com
- Bandolier www.ebandolier.com

Evidence Guidelines Resources

- National Guideline Clearinghouse
guideline.gov
- PubMed
pubmed.gov

Search

adhd

20 Results

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

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- » [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 2001)
- [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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[Disease/Condition](#)[Treatment/Intervention](#)[Organization](#)

Compare Guidelines

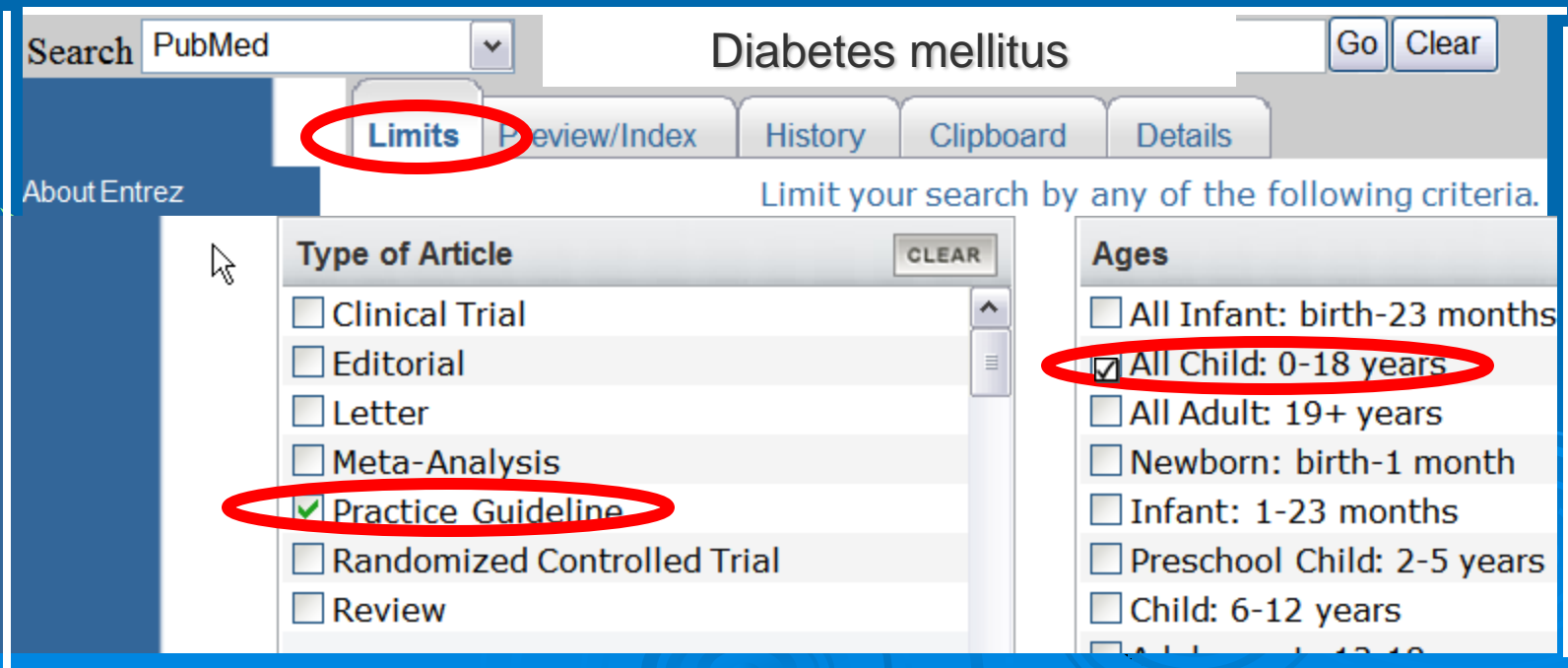
[View Guideline Collection](#)

Guideline Comparison

	Am Acad Child Adolesc Psychiatr 1997 Feb 14	Am Acad Pediatr 2000 May
TITLE:	Practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder.	Clinical practice guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.
ADAPTATION:	Not applicable: The guideline was not adapted from another source.	Not applicable: Guideline was not adapted from another source.
LENGTH:	37 pages	13 pages
DEVELOPER(S):	American Academy of Child and Adolescent Psychiatry - Medical Specialty Society	American Academy of Pediatrics - Medical Specialty Society
FUNDING SOURCE:	Not stated	American Academy of Pediatrics (AAP)
RATING SCHEME:	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
METHODS TO ANALYZE EVIDENCE:	Review	Systematic Review with Evidence Tables
VIEW MAJOR RECOMMENDATIONS:	View Major Recommendations	View Major Recommendations
AVAILABILITY OF FULL TEXT:	View Availability Information	View Full-text Guideline

Searching for Practice Guidelines in *PubMed*

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



The screenshot shows the PubMed search interface for the query "Diabetes mellitus". The "Limits" tab is selected and circled in red. Below the search bar, the "Type of Article" filter is open, showing a list of article types with checkboxes. The "Practice Guideline" option is checked and circled in red. To the right, the "Ages" filter is also open, showing a list of age groups with checkboxes. The "All Child: 0-18 years" option is checked and circled in red. Other options include "Clinical Trial", "Editorial", "Letter", "Meta-Analysis", "Randomized Controlled Trial", "Review", "All Infant: birth-23 months", "All Adult: 19+ years", "Newborn: birth-1 month", "Infant: 1-23 months", "Preschool Child: 2-5 years", and "Child: 6-12 years".

Search PubMed

Limits Preview/Index History Clipboard Details

About Entrez Limit your search by any of the following criteria.

Type of Article

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

Ages

- 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

Practice Guideline Results

PubMed A service of the [U.S. National Library of Medicine](#) and the [National Institutes of Health](#)
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es PubMed Nucleotide Protein Genome Structure OMIM PMC Journals

for diabetes mellitus [Save Search](#)

Limits

Limits: **Humans, Practice Guideline, English, All Child: 0-18 years**

Display Show Sort By Send to

All: 65 University of Washington Online: 50

Items 1 - 20 of 65

- 1: [Rewers M, Pihoker C, Donaghue K, Hanas R, Swift P, Klingensmith GJ; International Society for Pediatric and Adolescent Diabetes \(ISBAD\).](#)
Assessment and monitoring of glycemic control in children and adolescents with diabetes.
Pediatr Diabetes. 2007 Dec;8(6):408-18. No abstract available.
PMID: 18036070 [PubMed - indexed for MEDLINE]
- 2: [Brink S, Laffel L, Likitmaskul S, Liu L, Maguire AM, Olsen B, Silink M, Hanas R; International Society for Pediatric and Adolescent Diabetes \(ISPAD\).](#)
Sick day management in children and adolescents with diabetes.
Pediatr Diabetes. 2007 Dec;8(6):401-7. No abstract available.
PMID: 18036069 [PubMed - indexed for MEDLINE]

Special Meta-Search Engines that find evidence sites

TRIP

tripdatabase.com



SUMSearch

sumsearch.uthscsa.edu

SUMSearch 

TRIP Database

www.tripdatabase.com

- Meta-search engine
- Performs a simple search of more than 75 databases
- Finds evidence-based resources
- Searches Cochrane, National Guideline Clearinghouse, Bandolier, etc.

TRIP search: prevention of pressure ulcers

The screenshot shows the TRIP database search results for the query 'prevention of pressure ulcers'. The search bar is highlighted with a red circle. The page features a navigation bar with links to Home, About Us, EBM Links, My Trip, Trip Blog, and Contact Us. Below the navigation bar are tabs for Evidence Based Medicine, Medical Images, and Patient Information Leaflets. The main content area displays search results, including a list of records with titles and publication details. A right-hand sidebar provides a 'Filter by' section with counts for various categories and a 'Medline Articles' section with counts for specific article types.

trip database

Turning Research Into Practice

pressure ulcers prevention Search

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Search Results
1266 records
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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.
BMJ, 2006

Pressure ulcer prevention
NHS Quality Improvement Scotland, 2005

Support surfaces for pressure ulcer prevention
Cochrane Database of Systematic Reviews, 2004

Prevention of pressure ulcers.
National Guideline Clearinghouse (USA), 2002

Prediction and prevention of pressure ulcers in adults.
National Guideline Clearinghouse (USA), 2001

Filter by:

Evidence Based Synopses	48
Clinical Questions	10
Systematic Reviews	91
Guidelines	
- North America	90
- Europe	96
- Other	14
Core Primary Research	11
E-Textbooks	906
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Medline Articles:

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Diagnosis	24
Systematic Reviews	172
Prognosis	46
Etiology	74

SUMSearch

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SUMSearch - Documents found

Search for **PRESSURE ULCERS**
(Focus: NOFOCUS, ages: all, subjects: HUMAN)

[New Online EBP calculator](#)

For broad discussions that are easy to read, but not as up-to-date

Texts

 Wikipedia 276 documents.

Scroll down or [Click here to view first 10](#)

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PubMed-FullText did not complete a response within time, consider searching PubMed-FullText [directly](#) or searching later.

Practice Guidelines *([some guidelines are systematic reviews](#))*

 National Guideline Clearinghouse™ 29 documents.

Scroll down or [Click here to view first 20](#)
Additional guidelines for your topic may be available from:
[AHRQ-Practice Guidelines](#)

 PubMed (possible guidelines) 30 documents.

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For more up-to-date answers to specific questions, but are harder to read

Systematic reviews *([what is so good about systematic reviews?](#))*

 DARE (includes [Cochrane abstracts](#)) 33 documents.

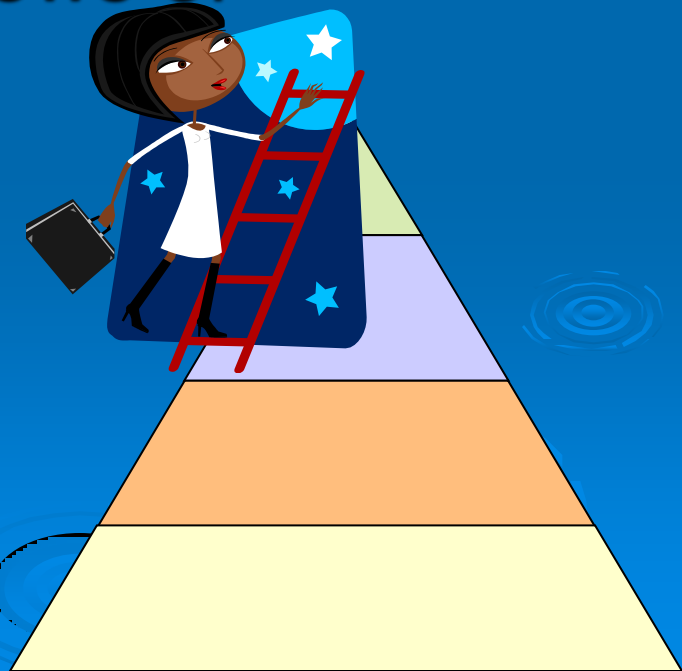
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 PubMed (possible systematic reviews) 284 documents.

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Systematic Review/Meta-Analyses Resources

- Cochrane Database of Systematic Reviews (CDSR) (\$) www.cochrane.org
- Database of Abstracts of Reviews of Effects (DARE)
www.crd.york.ac.uk/crdweb
- PubMed Systematic Reviews
www.ncbi.nlm.nih.gov/entrez/query/static/clinical.shtml



A ***Systematic review***: is 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: are 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. The circles are light blue and vary in size and opacity, creating a subtle background pattern.



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SEARCH

Pressure ulcers beds

Title, Abstract or

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[Review] Support surfaces for pressure ulcer prevention

[PDF](#) (Size 366K)

- [Abstract](#)
- [Plain language summary](#)
- [Background](#)
- [Objectives](#)
- [Criteria for considering studies for this review](#)
- [Search methods for identification of studies](#)
- [Methods of the review](#)
- [Description of studies](#)
- [Methodological quality](#)
- [Results](#)
- [Discussion](#)
- [Authors' conclusions](#)
- [Potential conflict of interest](#)
- [Acknowledgements](#)
- [Characteristics of included studies](#)
- [Characteristics of excluded studies](#)

[Review] Support surfaces for pressure ulcer prevention

N Cullum, E McInnes, SEM Bell-Syer, R Legood

Cochrane Database of Systematic Reviews 2007 Issue 1

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DOI: 10.1002/14651858.CD001735.pub2 This version first published online: 19 July 2004 in Issue 3, 2004

Date of Most Recent Substantive Amendment: 20 May 2004

This record should be cited as: Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention. *Cochrane Database* No.: CD001735. DOI: 10.1002/14651858.CD001735.pub2.

Abstract

Background

Pressure ulcers (also known as bedsores, pressure sores, decubitus ulcers) are areas of localised damage to the skin and underlying tissue caused by prolonged pressure and friction. They are common in the elderly and immobile and costly in financial and human terms. Pressure-relieving beds, mattresses and overlays are used to prevent pressure ulcers. This review assesses the effectiveness of pressure-relieving beds, mattresses and overlays to prevent pressure ulcers in both institutional and non-institutional settings.

Objectives

This systematic review seeks to answer the following questions:

- to what extent do pressure-relieving cushions, beds, mattress overlays and mattress replacements reduce the incidence of pressure ulcers on support surfaces?
- how effective are different pressure-relieving surfaces in preventing pressure ulcers, compared to one another?

Search strategy

The Specialised Trials Register of the Cochrane Wounds Group (compiled from regular searches of many electronic databases including

DARE

www.crd.york.ac.uk/crdweb

Search

All these words

Any of these words

(Searches using AND/OR/NOT combinations override the above)

Year published From - restrictions

info

10 results per page

pressure ulcers beds: 19 documents found

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- [Results](#)
- [MeSH](#)
- [Search history](#)

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All results (19)

DARE (6)

NHS EED (8)

HTA (5)

Select	Database	Title	Year published	Author	Source	Record type
<input type="checkbox"/>	DARE	Preventing pressure ulcers: a systematic review	2006	Reddy M, Gill S S, Rochon P A	JAMA	Abstract
<input type="checkbox"/>	DARE	Air-fluidized beds used for treatment of pressure ulcers in the home environment	2001	ECRI	Rockville, MD, USA: Agency for Healthcare Research and Quality	Abstract
<input type="checkbox"/>	DARE	Prone positioning of patients with acute respiratory distress syndrome: a systematic review	1999	Curley M A	American Journal of Critical Care	Abstract
<input type="checkbox"/>	DARE	Why appraise the evidence: a case study of vitamin C and the healing of pressure sores	1999	North G, Booth A	Journal of Human Nutrition and Dietetics	Abstract

PubMed Clinical Queries: Find Systematic Reviews

This page provides the following specialized PubMed searches for clinicians:

- [Search by Clinical Study Category](#)
- [Find Systematic Reviews](#)
- [Medical Genetics Searches](#)

After running one of these searches, you may further refine your results using PubMed's [Limits](#) feature.

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This search finds citations that correspond to a specific clinical study category. The search may be either broad and sensitive or narrow. The search filters are based on the work of [Haynes RB et al.](#) See the [filter table](#) for details.

Search

Category	Scope
<input type="radio"/> etiology	<input checked="" type="radio"/> narrow, specific search
<input type="radio"/> diagnosis	<input type="radio"/> broad, sensitive search
<input checked="" type="radio"/> therapy	
<input type="radio"/> prognosis	

Find Systematic Reviews

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

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6: [Hulisz D.](#)


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 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.](#)
PMID: 10796643 [PubMed - indexed for MEDLINE]

Finding Meta-Analyses in *PubMed*

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

PubMed A service of the [U.S. National Library of Medicine](#) and the [National Institutes of Health](#)
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PubMed Nucleotide Protein Genome Structure OMIM PMC

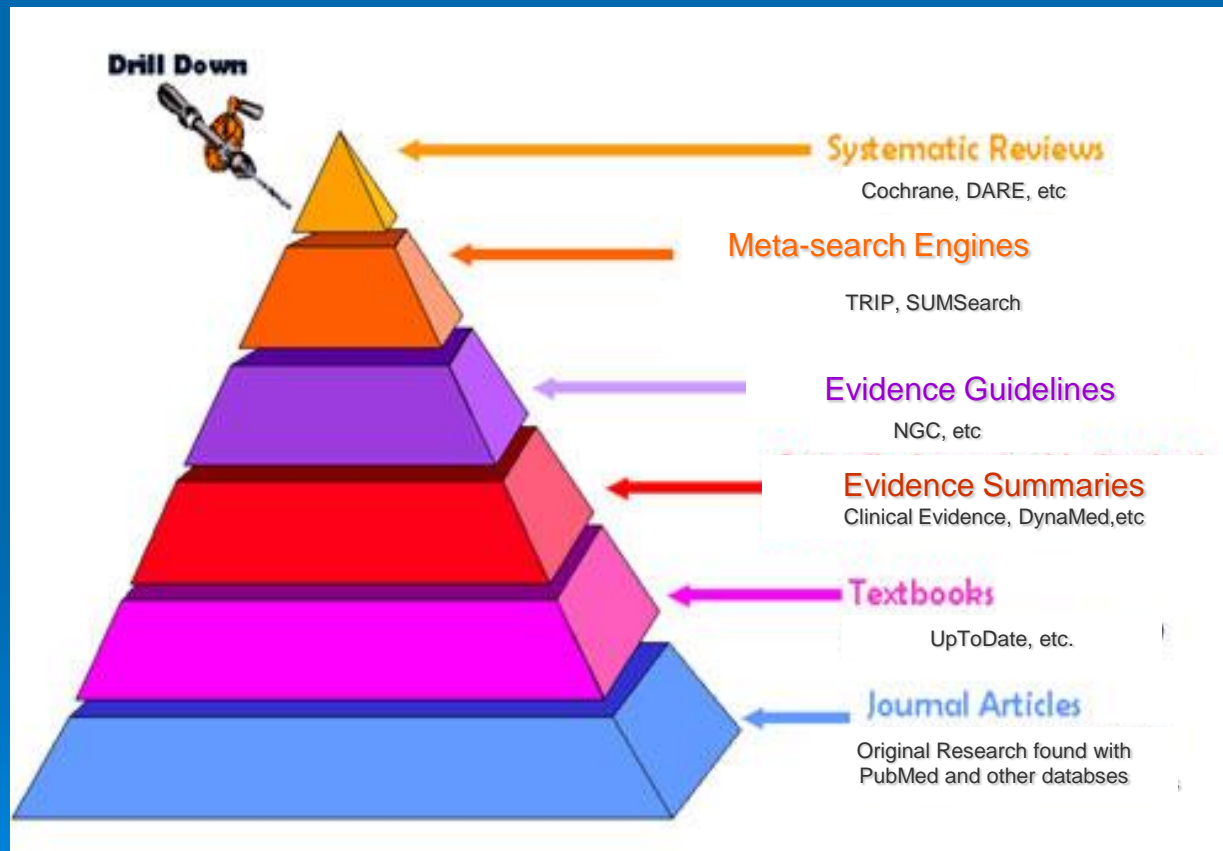
for zinc common cold

Limits Previous/Index History Clipboard Details

Limit your search by any of the following criteria.

Type of Article <input type="button" value="CLEAR"/>	Ages <input type="button" value="CLEAR"/>
<input type="checkbox"/> Clinical Trial	<input type="checkbox"/> All Infant: birth-23 months
<input type="checkbox"/> Editorial	<input type="checkbox"/> All Child: 0-18 years
<input type="checkbox"/> Letter	<input type="checkbox"/> All Adult: 19+ years
<input checked="" type="checkbox"/> Meta-Analysis	<input type="checkbox"/> Newborn: birth-1 month
<input type="checkbox"/> Practice Guideline	<input type="checkbox"/> Infant: 1-23 months
<input type="checkbox"/> Randomized Controlled Trial	<input type="checkbox"/> Preschool Child: 2-5 years
<input type="checkbox"/> Review	<input type="checkbox"/> Child: 6-12 years
More Publication Types	<input type="checkbox"/> Adolescent: 13-18 years
<input type="checkbox"/> Addresses	<input type="checkbox"/> Adult: 19-44 years
<input type="checkbox"/> Bibliography	<input type="checkbox"/> Middle Aged: 45-64 years

Searching for Evidence Categories



Search for Evidence in Drug and Natural Medicines Databases

- Micromedex (\$)
 - www.micromedex.com
- Natural Medicines Comprehensive Database (\$)
 - www.naturaldatabase.com
- Natural Standard Online
 - Available through *MedlinePlus*
 - www.nlm.nih.gov/medlineplus/druginformation.html

Micromedex (\$)


www.micromedex.com

- Clinical information on toxicology, drugs, drug interactions, and reproductive risks
- Provides evidence-based medical information: *DiseaseDex*
- Provides evidence-based drug information
- Available at most hospitals and on the UW HealthLinks Care Provider Toolkit

Natural Medicines Comprehensive Database (\$)

Search:

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Full Monograph	Interactions with Drugs	Also Known As
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Adverse Reactions	Interactions with Lab Tests	Editor's Comments
Dosage/Administration	Interactions with Diseases	References
		Patient Handout

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Also Known As: [Alholva](#), [Bird's Foot](#), [Bockshornklee](#), [Bockshornsame](#), [Chandrika](#), [Egypt Fenugreek](#), [Foenugraeci Semen](#), [Foenugreek](#), [Greek Clover](#), [Greek Hay](#), [Greek Hay Seed](#), [Hu Lu Ba](#), [Methi](#), [Methika](#), [Medhika](#), [Trigonella](#).

Scientific Name: [Trigonella foenum-graecum](#); [Trigonella foenugraecum](#).
Family: [Fabaceae/Leguminosae](#).

People Use This For: Orally, fenugreek is used for lowering blood glucose in people with diabetes, loss of appetite, dyspepsia, gastritis, constipation, atherosclerosis, high serum cholesterol and triglycerides, and for promoting lactation.

and flatulence (622,12534). V
ctions including nasal con
ck (719). The paste of fenu
ness, facial swelling, and w
may cause the neonate to
does not appear to cause l
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 co
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, tur

Drugs, Supplements & Herbal Information page

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Drug Information

Browse by first letter of generic or brand name drug:

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Information on thousands of prescription and over-the-counter medications is provided through two drug resources

- MedMaster™†, a product of the [American Society of Health-System Pharmacists \(ASHP\)](#)
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Herbs and Supplements

[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](#)

Natural Standard is an international research collaboration that aggregates and synthesizes data on complementary and alternative therapies.

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For additional herb and supplement information, see the MedlinePlus [herbal medicine](#) topic page.

105 Herbs and Supplements Monographs in English & Spanish Peppermint oil

Peppermint oil (*Mentha x piperita* L.)

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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®.

Aceite de menta (*menta piperita*)

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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 arvenis, 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, rutin, 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®.

Evidence [Return to top](#)

These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these conditions should be evaluated by a qualified healthcare provider.

Uses based on scientific evidence	Grade*
Indigestion (non-ulcer dyspepsia) <p>There is preliminary evidence from a small number of controlled trials that a combination of peppermint oil and caraway oil may be beneficial for dyspepsia (heartburn) symptoms. However, most studies have been poorly designed (methodologically weak with small sample sizes, inadequate use of control or placebo groups, unclear descriptions of blinding and randomization, and lack of use of standardized scales for identifying subjects or assessing endpoints). It is not clear which constituent(s) may be beneficial. Nonetheless, the existing evidence does suggest efficacy of this combination. It should be noted that heartburn can actually be a side effect of taking oral peppermint oil, which has been reported by patients in several controlled trials of peppermint oil. Patients with chronic heartburn should be evaluated by a qualified healthcare provider and may be advised to undergo a diagnostic endoscopy prior to initiating any treatment for heartburn.</p>	B
Irritable bowel syndrome (IBS) <p>Multiple randomized controlled trials of peppermint suggest significant improvements in irritable bowel syndrome (IBS) symptoms. Although the mechanism of action is not clear, pre-clinical studies suggest smooth muscle relaxing properties of peppermint (calcium antagonism may play a role). Enteric-coated peppermint preparations are generally recommended. Overall, studies have been brief with small sample sizes and methodological weaknesses (unclear diagnostic criteria, lack of validated measurement scales, unclear blinding and randomization procedures). Well-designed large trials are necessary before a strong recommendation can be made. Future studies should use standardized symptom scales and established diagnostic criteria to classify patients prior to enrollment (such as Rome II Diagnostic Criteria), uniform dosing and standardization, and longer duration.</p>	B
Antispasmodic (gastric spasm) <p>One study reports that peppermint oil solution administered intraluminally can be used as an antispasmodic agent with superior efficacy and fewer side effects than hyoscine-N-butylbromide administered by intramuscular injection during upper endoscopy.</p>	C
Tension headache <p>Application of diluted peppermint oil to the forehead and temples has been tested in people with headache. Studies have not been well conducted, and it is not clear if this is an effective treatment.</p>	C

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In the Spotlight

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750 English
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ADAM.com encyclopedia:

approx 4000 monographs

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Approx 15-20 new stories added per day

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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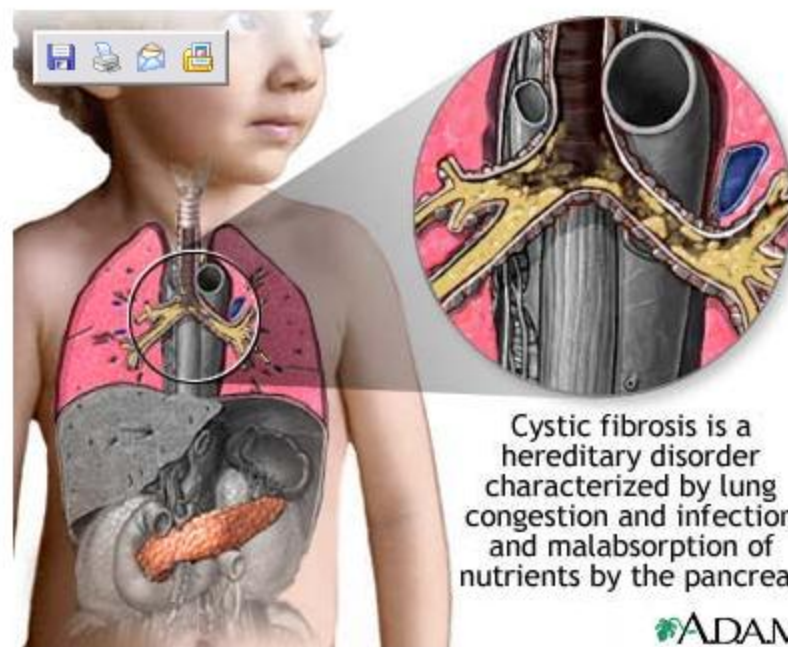
Overviews

- [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

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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 ...

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[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 ...

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[Palpation as a method of fever determination in Malawian children who are less than 5 years - Find UW Holdings - all 3 versions »](#)

OC Nwanyanwu, C Ziba, SC Redd, SP Luby - Annals of Tropical Medicine and Parasitology, 1997 - informaworld.com

... Whenever and wherever possible, information from the **mother** and **thermometer** readings ... is palpation as a screening method for **fever**: can **touch** substitute for ...

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[The Accuracy of Mother's Touch to Detect Fever in Children: A Systematic Review - Find UW Holdings - all 3 versions »](#)

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? ...

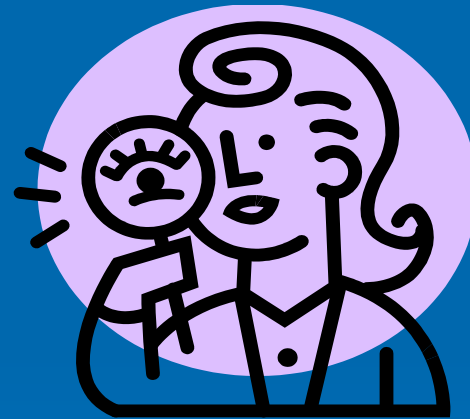
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- Determine the type of site by analyzing **Web Site Addresses**
- A User's Guide to Finding and Evaluating Health Information on the Web
www.mlanet.org/resources/userguide.html

Criteria for Evaluating Web Sites

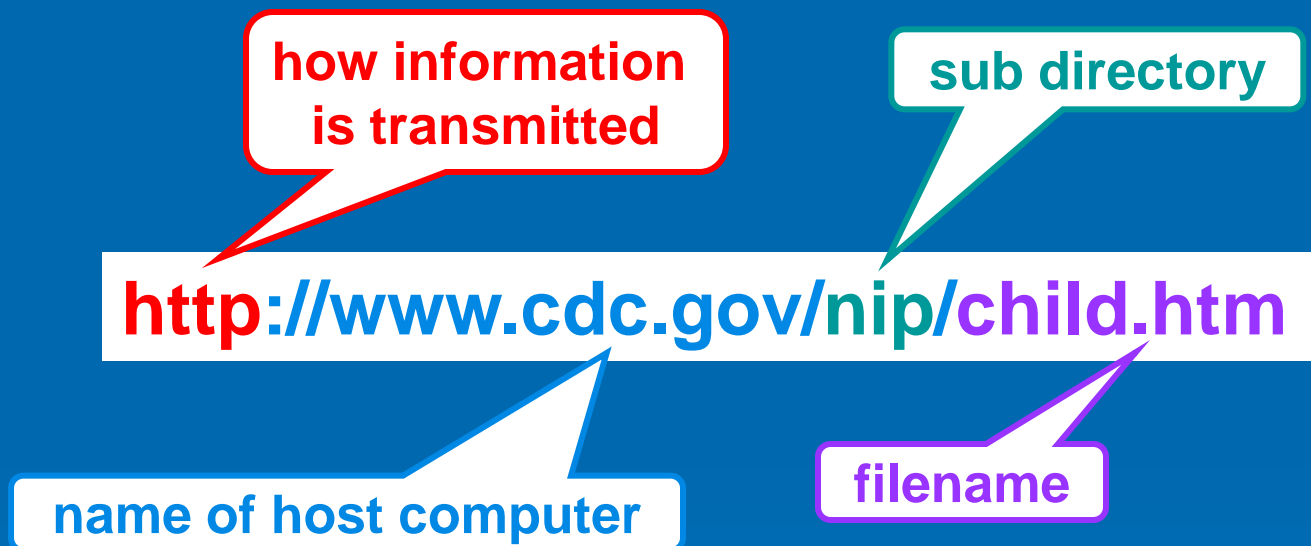
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Final Thoughts

- Use *Finding Evidence on the Web to Improve Patient Care*
- Remember PubMed, DynaMed and other evidence-based practice resources
- Navigate the web efficiently with Advanced Google or Google Scholar
- Select one or two tools and get to know them well
 - Read the Help and try Advanced Search options
- Know when NOT to search: 10 minute rule
 - Is it worth your time?
 - Would a phone call to a colleague or librarian be more productive?

For more information...

- If you are **affiliated with the UW**, contact:

Janet G. Schnall, MS, AHIP
206.543.7474
schnall@u.washington.edu



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

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PowerPoint presentation:

healthlinks.washington.edu/hsl/liaisons/schnall/auburn2008.ppt

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