



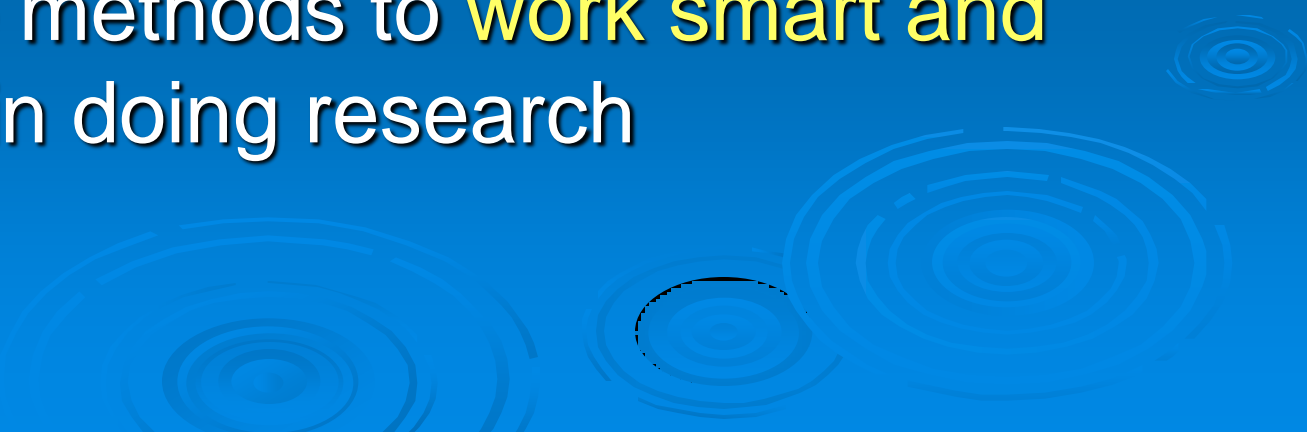
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Searching for Evidence on the Web: 5 Steps for Nursing Researchers

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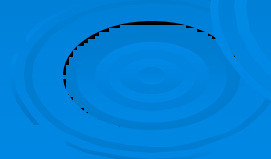
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Objectives

- Identify **5 ways** to improve research skills in searching for evidence
 - Describe **web resources** for evidence-based nursing
 - Recognize methods to **work smart and save time** in doing research
- 

#1

***Clarify Your Topic
and
Create a Plan***



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

Scenario

- You have been asked to sit on a quality improvement committee working on Emergency Room issues. The new ED head wants to streamline the triage of patients coming into “Fast Track,” the ED’s Pediatric Emergency Unit. Fever is one of the criteria being suggested as a way to triage patients quickly. A discussion followed about who should objectively measure the temperature before assigning the child to a waiting room. The nurses favor taking the mother’s word as part of the triage and then taking the temperature as part of the physical exam. The Medical Director says that she will accept this as policy if there is good evidence to show that mothers can accurately detect fever without using a thermometer.

PICO

- Initial question: Can mothers accurately diagnose fevers in children?
- Reformulated question: In children, can a mother accurately detect the presence or absence of a fever without using a thermometer?

PICO


PATIENT/PROBLEM – children with fever

INTERVENTION – mother's touch/palpitation

COMPARISON, IF ANY – thermometer

OUTCOME – diagnosis (assignment to a room)

What type of question is it?

- Diagnosis
 - Therapy
 - Harm/Etiology
 - Prognosis
 - Prevention
 - Costs/economics
- 
- The bottom right corner of the slide features a decorative graphic of several concentric, light blue circles that resemble ripples on water, set against the dark blue background.

What is the best study design to answer the type of question?

- **Therapy** – RCT, cohort, case control, case series
- **Diagnosis** – prospective, blind comparison to a gold standard
- **Harm/Etiology** – RCT, cohort, case control, case series
- **Prevention** – RCT, cohort study, case control, case series
- **Prognosis** – cohort study, case control, case series
- **Cost** – economic analysis

Create a Plan

- Time Line
 - Outline
 - Background searches
 - Focused searches
 - Obtaining literature
 - Analysis/research
 - Writing

What can be “shared”?

- Literature searching: your librarian can work with you to create a focused search
 - Sometimes this takes **several iterations** because you will discover new information and ideas
 - You may need to **revise** your research question
 - You need to **think critically** about the search

Organize Your Research

- Citation managers (RefWorks, EndNote)
 - Save references
 - Keep track of references and articles
 - Create bibliographies quickly and easily



ED crowding AND patient satisfaction Folder











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Authors:
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Title: Number of freestanding EDs up, helping ease overcrowding, serving rural areas
Authors:
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Where to Publish

- Based upon your research question, your librarian can help you identify the most appropriate journal in which you might like to publish.

Journal Citation Reports

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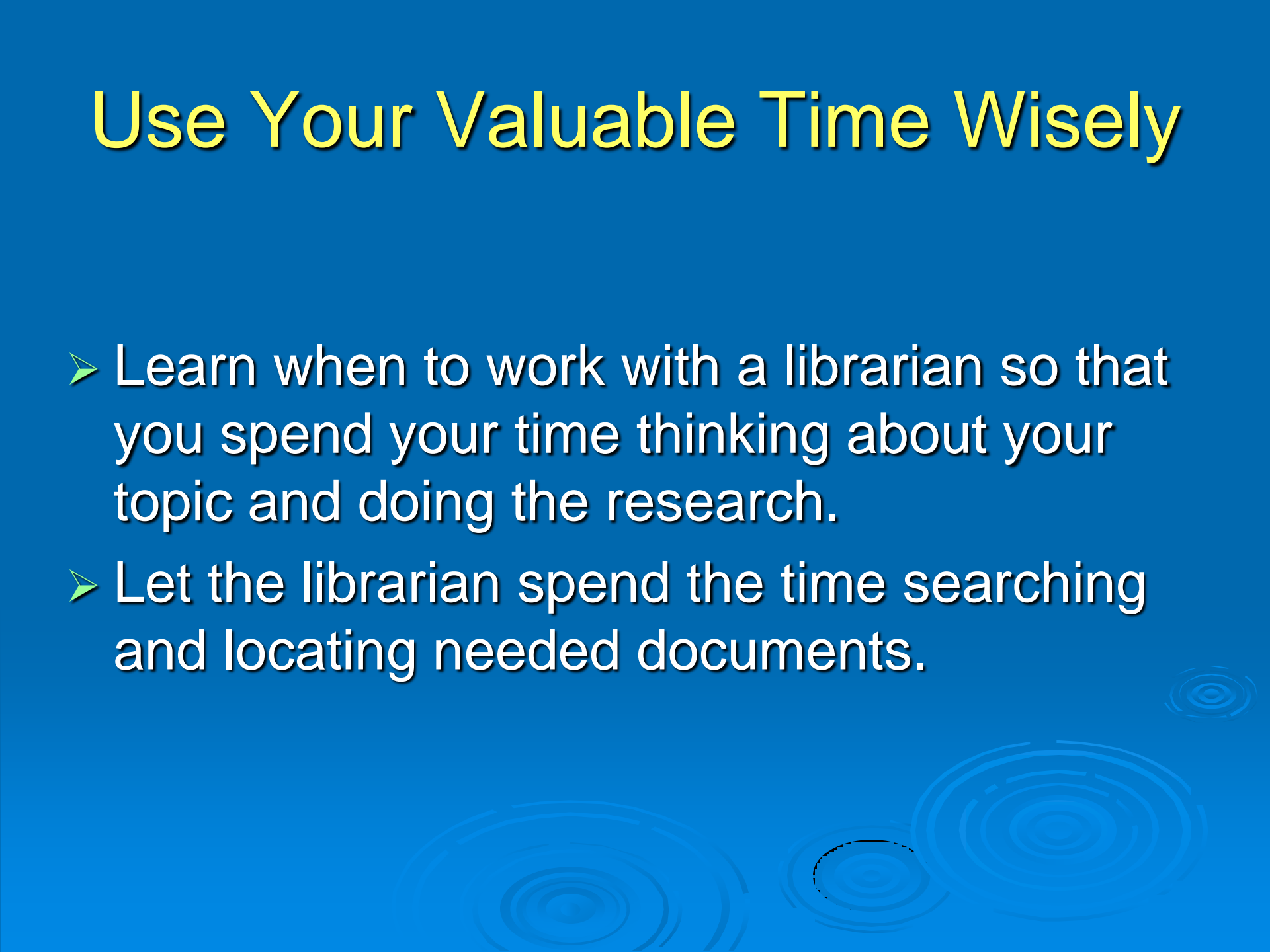
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| <input type="checkbox"/> | 17 | NURS SCI QUART | 0894-3184 | 317 | 1.074 | 0.400 | 35 | 6.7 |
| <input type="checkbox"/> | 18 | INT J NURS STUD | 0020-7489 | 998 | 1.073 | 0.202 | 89 | 6.2 |
| <input type="checkbox"/> | 19 | CIN-COMPUT INFORM NU | 1538-2931 | 138 | 1.042 | 0.115 | 26 | 2.8 |
| <input type="checkbox"/> | 20 | JOGNN-J OBST GYN NEO | 0884-2175 | 702 | 0.987 | 0.056 | 89 | 4.7 |

Use Your Valuable Time Wisely

- Learn when to work with a librarian so that you spend your time thinking about your topic and doing the research.
 - Let the librarian spend the time searching and locating needed documents.
- 



#2

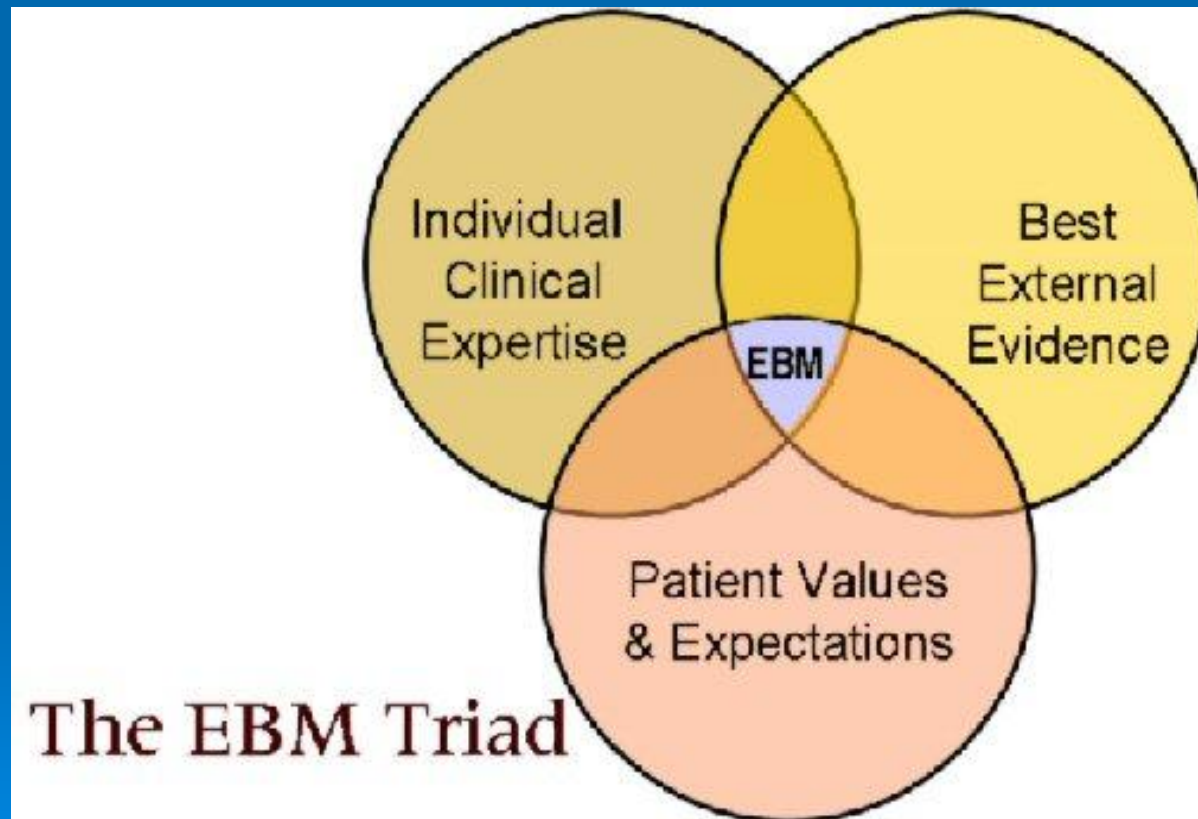
***Search for Evidence
in a Database***

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.

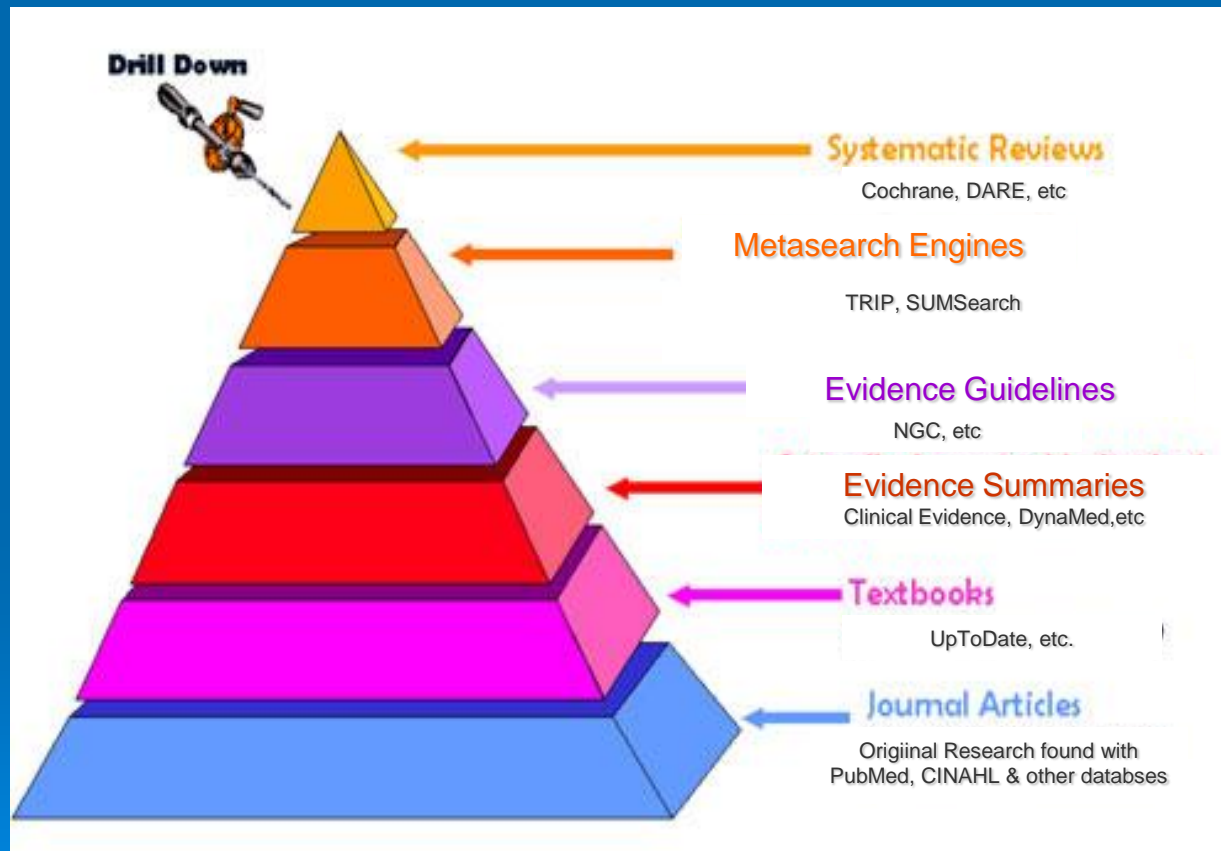
Evidence-Based Medicine



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.

Searching for Evidence Categories



Search Databases Efficiently for Research Journal Articles

- PubMed *pubmed.gov*
- NLM Gateway
gateway.nlm.nih.gov/gw/Cmd
- CINAHL (\$) *cinahl.com*

PubMed

pubmed.gov

- Includes MEDLINE (1950's to present)
- 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

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

Search PubMed

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PubMed Nucleotide Protein Genome Structure

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- Practice Guideline
- Randomized Controlled Trial
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- Bibliography

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- All Child: 0-18 years
- All Adult: 19+ years
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- 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

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

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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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for (zinc common cold) AND (randomized controlled trial) [Save Search](#)

Limits

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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.
PMID: 16454145 [PubMed - indexed for MEDLINE]

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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Category

Scope

 etiology

 diagnosis

 therapy

 prognosis

 narrow, specific search

 broad, sensitive search

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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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Basic Search Techniques VIDEO


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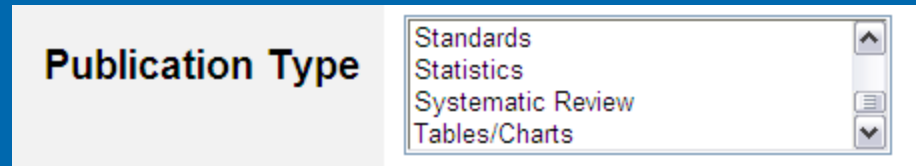
- 1. Jorgensen H, Wetterslev J, Moiniche S, Dahl JB. **Epidural local anaesthetics versus opioid-based analgesic regimens for.** *The Cochrane Library.* 2006;(4): (CD001893)
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 - 2. Burkard J. **16th International Nursing Research Congress. A comparison of ondansetron and transdermal scopolamine patches for patients identified to be at high risk for the development of postoperative nausea and vomiting.** *Sigma Theta Tau International* 2005; 1p.
AN: 2009255855.
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 - 3. Chaiyakunapruk N, Kitikannakorn N, Nathisuwan S, Leeprakobboon K, Leelasattagool C. **The efficacy of ginger for the prevention of postoperative nausea and vomiting: a meta-analysis.** *American Journal of Obstetrics and Gynecology.* 2006 Jan; 194(1): 95-9. (29 ref)
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CINAHL Publication Types

- Clinical trial
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Searching CINAHL Plus: Cumulative Index to Nursing and Allied Health Literature

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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.



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➤ PubMed Central



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

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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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- Clinical Evidence (\$) *clinicalevidence.bmj.com*
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Child health

Asthma and other wheezing disorders in children

Duncan Keeley and Michael McKean

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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) |

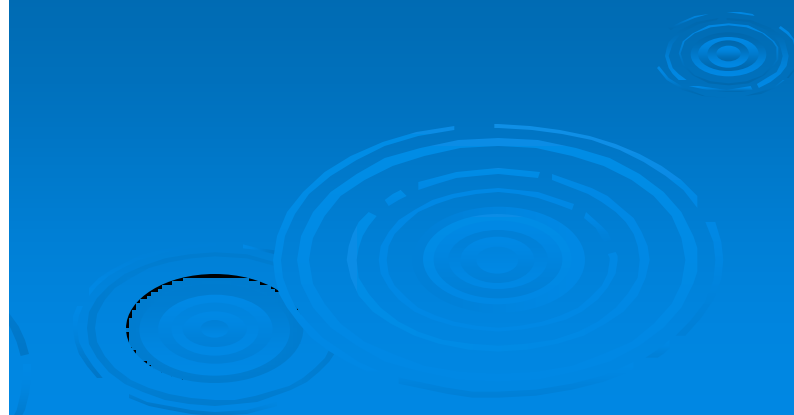
High dose inhaled corticosteroids versus oral corticosteroids:

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](#) 

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| 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 \(including ICD-9/-10 Codes\)](#)
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Treatment overview:

DynaMed

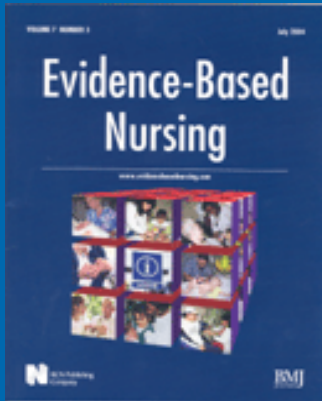
Level 1
evidence

- 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

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 |



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

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
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

| | | | |
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| Purpose and procedure | 98 | A care management intervention improved depression after stroke | 11 |
| EBN notebook | | Assessment (screening or diagnosis) | |
| How to write a commentary—an editor’s perspective | 100 | Review: ultra-short screening tests are not highly accurate for detecting depression in primary care..... | 11 |
| Thanks to our commentators who contributed to <i>Evidence-Based Nursing</i> in 2007 | 104 | Causation | |
| Treatment | | Review: bed sharing between parents and infants exposed to smoke may increase the risk of sudden infant death syndrome..... | 11 |
| A cognitive–behavioural parenting intervention reduced problem behaviours in at-risk preschool children and improved parenting skills in socially disadvantaged families | 105 | Review: soft drink consumption is associated with increased energy intake and body weight | 12 |
| Review: advance provision of emergency contraception increases its use but does not reduce unplanned pregnancies..... | 106 | Quality improvement | |
| Review: partner notification interventions can reduce persistent or recurrent sexually transmitted infections | 107 | Use of a treatment algorithm did not improve blood pressure control in primary care patients with type 2 diabetes..... | 12 |
| Duct tape was not effective for common warts in adults | 108 | Clinical prediction guide | |
| Review: inhaled corticosteroids increase risk of oral candidiasis, dysphonia, and pharyngitis in persistent | 108 | A severity score comprising patient age, ulcer chronicity, and venous refill time predicted venous leg ulcer healing at 24 weeks | 12 |

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*
 - CINAHL/CINAHL Plus (\$) *cinahl.com*
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adhd

20 Results

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

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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](#)

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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*

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Compare Guidelines

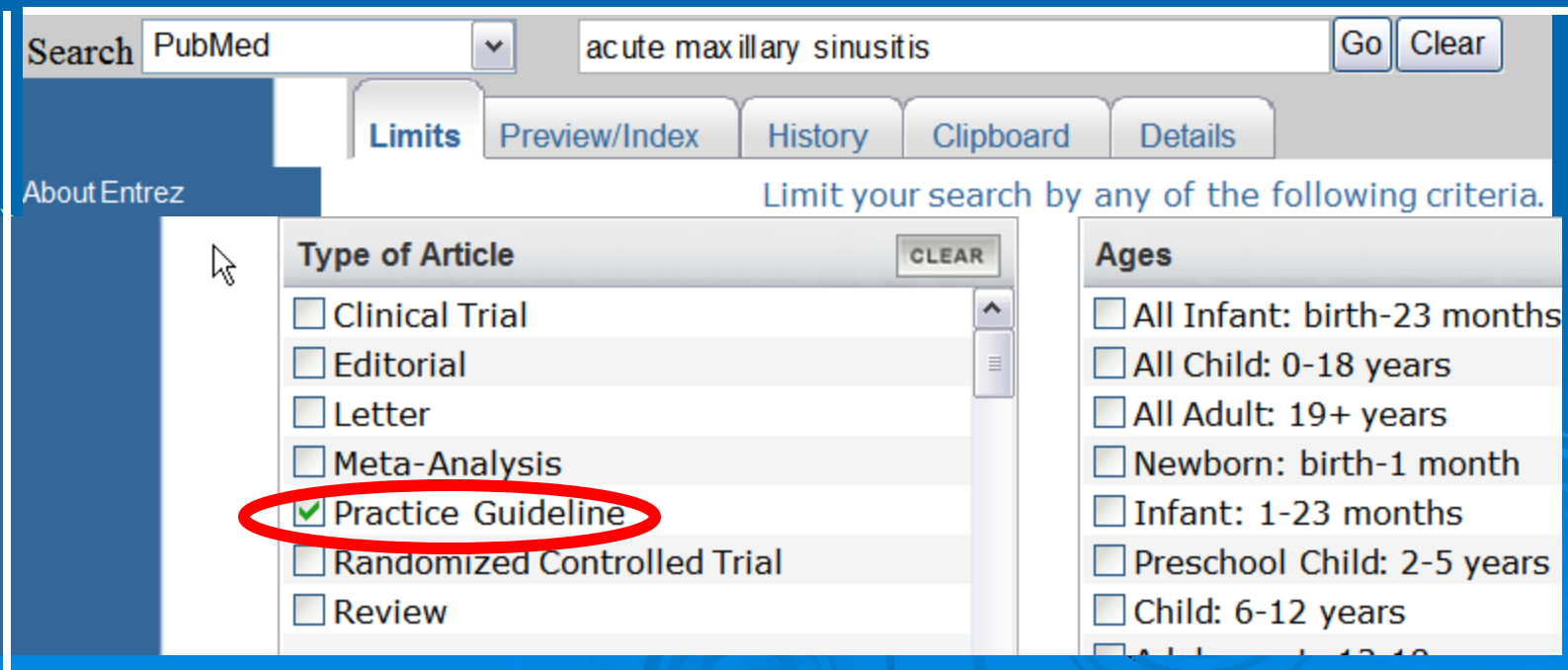
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Guideline Comparison

| | 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 |

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Search PubMed

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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
- Adolescent: 13-18 years

Searching for Practice Guidelines in CINAHL

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

The screenshot displays the EBSCOhost search interface. At the top left is the EBSCOHOST logo with the text "Research Databases". To the right are links for "Sign In", "Folder", "Preferences", and "New Features". Below the logo are four search options: "Basic Search", "Advanced Search", "Visual Search", and "Choose Databases". A green navigation bar contains links for "New Search", "Keyword", "Publications", "CINAHL Headings", "Evidence-Based Care Sheets", "Quick Lessons", "Cited References", and "Indexes". The search results section shows "Results for: sinusitis AND PT practice guidelines" with options to "Add search to folder" and "Display link to search". A red oval highlights the search criteria table:

| | | | | | | |
|-------|---------------------|----|---------------------------|---------|-------|---|
| Find: | sinusitis | in | Select a Field (optional) | Search | Clear | ? |
| and | practice guidelines | in | PT Publication Type | | | |
| and | | in | Select a Field (optional) | Add Row | | |

Below the table, the search is limited to "CINAHL Plus with Full Text". A note indicates "(Searching: CINAHL Plus with Full Text)". At the bottom, there are buttons for "Refine Search", "Search History/Alerts", and "Results".

Special Meta -Search Engines that find evidence sites

TRIP

tripdatabase.com



SUMSearch

sumsearch.uthscsa.edu



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 for 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 like Evidence Based Synopses, Clinical Questions, Systematic Reviews, Guidelines, Core Primary Research, E-Textbooks, and Clinical Calculators. Below the filter section is a "Medline Articles:" section with counts for Therapy, Diagnosis, Systematic Reviews, Prognosis, and Etiology.

trip database

Turning Research Into Practice

pressure ulcers prevention Search

Advanced Search

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Search Results
1266 records
[See the synonyms used](#)

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 |
| Clinical Calculators | 0 |

Medline Articles:

| | |
|------------------------------------|-----|
| Therapy | 100 |
| Diagnosis | 24 |
| Systematic Reviews | 172 |
| Prognosis | 46 |
| Etiology | 74 |

SUMSearch

sumsearch.uthscsa.edu

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](#)

 [Selected journals](#) at PubMed 0 documents.
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.

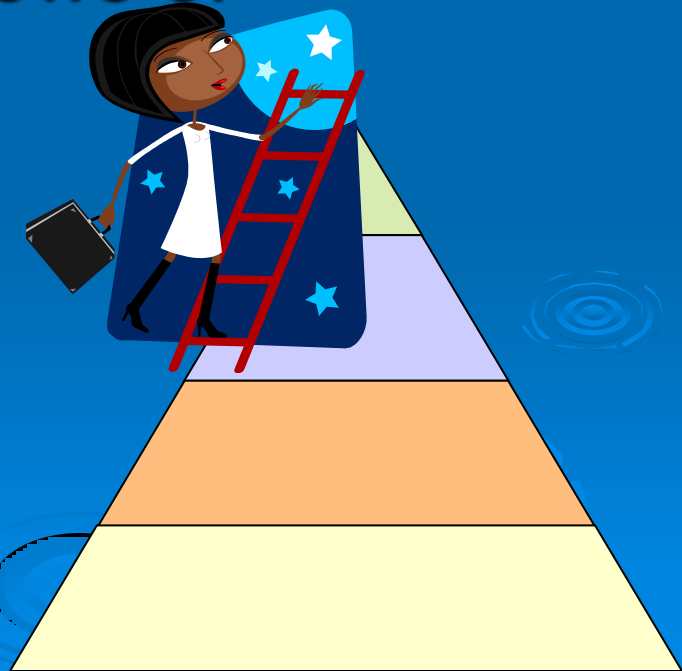
Scroll down or [Click here to view first 20](#)

 PubMed (possible systematic reviews) 284 documents.

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Systematic Review/Meta-Analyses Resources

- Cochrane Database of Systematic Reviews (CDSR) (\$)
- Database of Abstracts of Reviews of Effects (DARE)
- PubMed Systematic Reviews
- CINAHL/CINAHL Plus (\$)



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.



BROWSE

Cochrane Reviews: [By Topic](#) | [New Reviews](#) | [Updated Reviews](#) | [A-Z](#) | [By Review Group](#)
Other Resources: [Other Reviews](#) | [Clinical Trials](#) | [Methods Studies](#) | [Technology Assessments](#) | [Economic Evaluations](#)

SEARCH

Pressure ulcers beds

Title, Abstract or

[More Info](#) | [Advanced Search](#) | [MeSH Search](#) | [Search History](#)

[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
Copyright © 2007 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
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

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

- Home
- Results
- MeSH
- Search history

Print Export selected Export all

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 |

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.

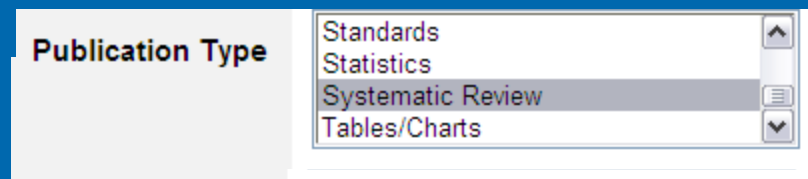
Search

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

| 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*

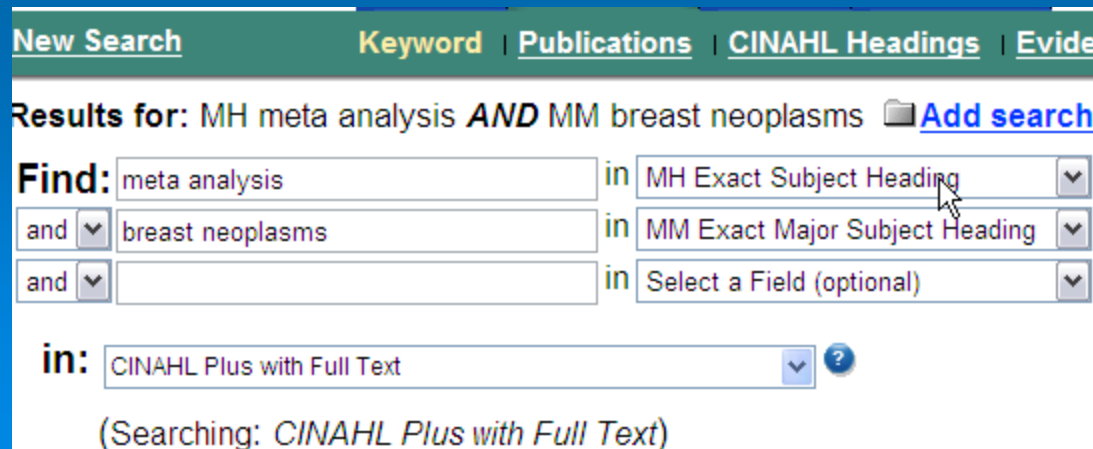
- Refine search to Publication Type: Systematic Reviews



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

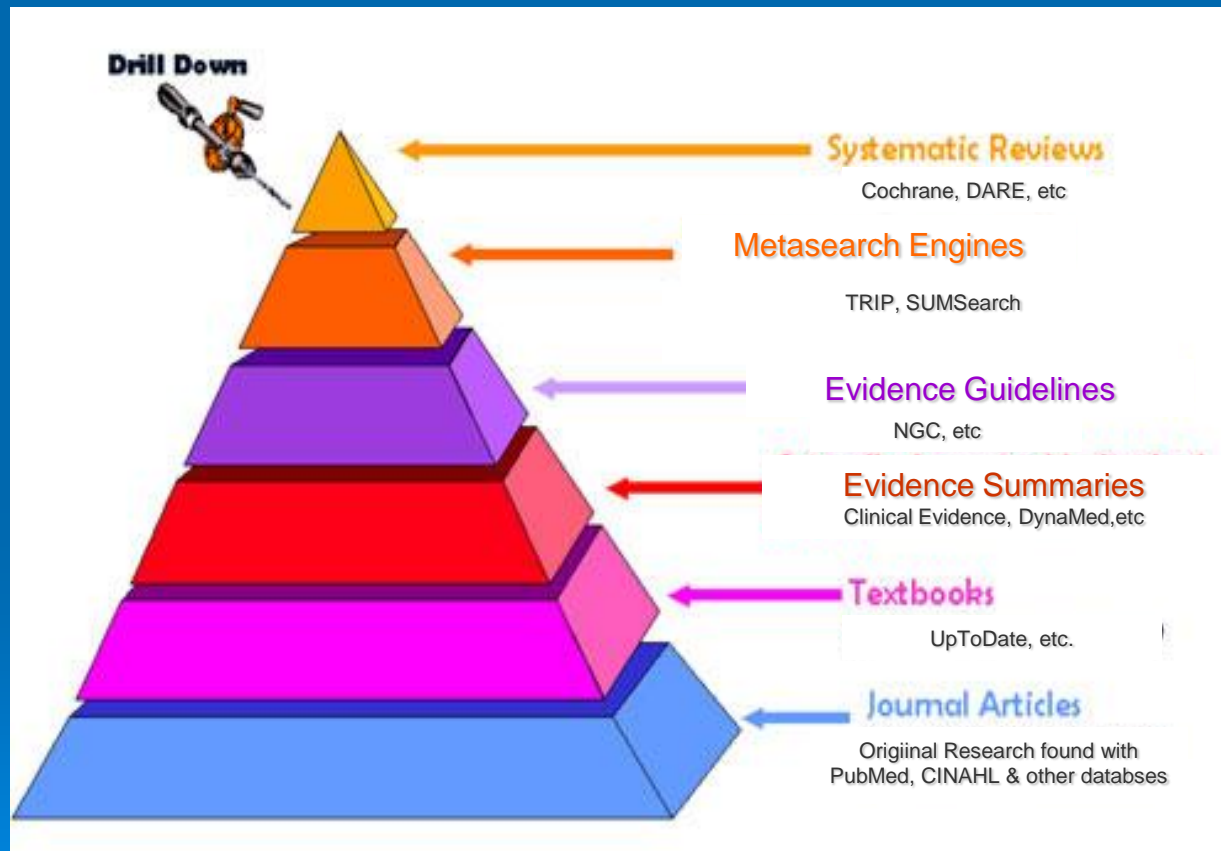
and breast neoplasms in MM Exact Major Subject Heading

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

- 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

INSULIN

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Overview

– Dosing Information

- Drug Properties
- Storage and Stability
- Adult Dosage
- Pediatric Dosage

– Pharmacokinetics

- Onset and Duration
- Drug Concentration Levels
- ADME

– Cautions

- Contraindications
- Precautions
- Adverse Reactions
- Teratogenicity / Effects in Pregnancy / Breastfeeding
- Drug Interactions

– Clinical Applications

- Monitoring Parameters
- Patient Instructions
- Place In Therapy
- Mechanism of Action / Pharmacology
- Therapeutic Uses
- Comparative Efficacy / Evaluation With Other Therapies

References

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3.3 Adverse Reactions

- [Cardiovascular Effects](#)
- [Dermatologic Effects](#)
- [Endocrine/Metabolic Effects](#)
- [Gastrointestinal Effects](#)
- [Hematologic Effects](#)
- [Hepatic Effects](#)
- [Immunologic Effects](#)
- [Neurologic Effects](#)
- [Ophthalmic Effects](#)
- [Otic Effects](#)
- [Respiratory Effects](#)
- [Other](#)

Micromedex

3.3.1 Cardiovascular Effects

- [Cardiomyopathy](#)
- [Cardiovascular finding](#)
- [Chest pain](#)
- [Edema](#)

3.3.1.A Cardiomyopathy

1) Summary

a) Premature infants who were treated for respiratory symptoms became hyperglycemic upon administration of total parenteral nutrition (TPN). They developed cardiomyopathy that was resolved upon cessation of dexamethasone and **insulin** (Gill et al, 1996).

2) LITERATURE REPORTS

a) Two infants born at 28 and 25 weeks of gestation developed cardiomyopathy on days 25 and 29, respectively, following a few days of **insulin** (Gill et al, 1996). Dexamethasone 1 milligram/kilogram/day or less was used in both infants for respiratory distress. In both infants, the cardiomyopathy resolved within a few days. Hypertrophic cardiomyopathy has been reported in premature infants receiving dexamethasone and **insulin**, the cardiomyopathy resolved within a few days. Hypertrophic cardiomyopathy has been reported in premature infants with diabetes mellitus and is probably due to excess **insulin**. Glucocorticoids are also associated with hypertrophic cardiomyopathy. **Insulin** and dexamethasone had a synergistic effect in producing hypertrophic cardiomyopathy.

3.3.1.B Cardiovascular finding

1) Summary

a) **Insulin**-induced hypoglycemia not only produces electrocardiogram (ECG) changes but also causes various arrhythmias including premature ventricular contractions (PVC) (Shimada et al, 1984). Increases in the level of plasma epinephrine are associated with changes in the frequency of PVCs.

2) **Insulin** induced hypoglycemia has been associated with electrocardiogram changes resulting in various arrhythmias as well as hypotension.

3.3.1.C Chest pain


1) Incidence: 4.7%

2) Non-specific chest pain occurred in 4.7% of inhaled **insulin** treated patients compared with 3.2% of patients in comparative studies of moderate severity. The incidence was similar between inhaled **insulin** and the comparator agent for all-causality adverse events including angina pectoris (0.7% vs 1.3%, respectively) or myocardial infarction (0.7% vs 0.7%, respectively) (Prod Info EXUBERA(R) inhaled insulin).

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:

| | | |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| Full Monograph | Interactions with Drugs | Also Known As |
| Safety | Interactions with Herbs | People Use This For |
| Effectiveness | Interactions with Food | Mechanism of Action |
| Adverse Reactions | Interactions with Lab Tests | Editor's Comments |
| Dosage/Administration | Interactions with Diseases | References |
| | | Patient Handout |

[View Products Containing: FENUGREEK](#)

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

www.nlm.nih.gov/medlineplus/druginformation.html

Skip navigation



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[español](#)

Drug Information

Browse by first letter of generic or brand name drug:

[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](#) [0-9](#)

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 \(ASHP\)](#)
- USP DI® Advice for the Patient® ‡, a product of the [United States Pharmacopeia \(USP\)](#).

For additional drug information, see the MedlinePlus [drug therapy](#) topic pages.

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.

- Using a comprehensive methodology and reproducible grading scales, information is created that is evidence-based, consensus-based, and peer-reviewed
- Tapping into the collective expertise of a multidisciplinary Editorial Board.

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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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®.

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 crespá, 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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- Medical Encyclopedia – full-text with illustrations
- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
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MedlinePlus Content

Interactive tutorials:

175 total (soon)

ClinicalTrials links on display:

640 (today)

NIH-Seniorhealth

22 topics

OR-Live surgery videos:

73

Announcement listservs:

11 daily & weekly

Health Topics
Start here with over 700 topics on conditions, diseases and wellness

Drug Information
About your prescription and over-the-counter medicines

Medical Encyclopedia
Includes pictures and diagrams

Dictionary
Spellings and definitions of medical words

News
Health News from the past 30 days

Directories
Find doctors, dentists and hospitals

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In the Spotlight

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657 Spanish

3 drug and herbal databases:

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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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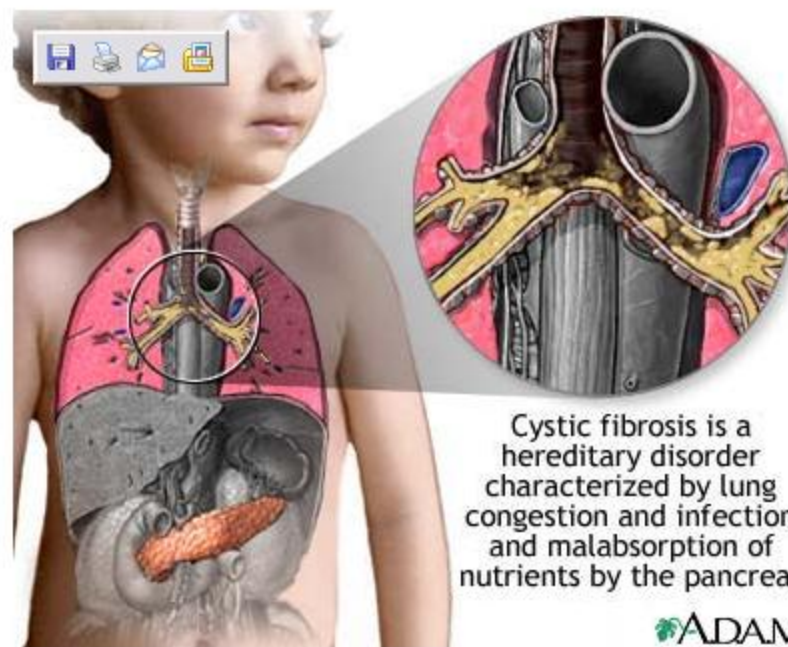
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Medical Encyclopedia

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

#3

***Keep Current with
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Information Overload!

- 2 million articles published in biomedical journals each year
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- If you only read 2 articles a day, at the end of year you would be 60 centuries behind.

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#4

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e-Textbooks

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Overview of the management of osteoporosis in women

- ▶ [INTRODUCTION](#)
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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



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Title **Depression research in nursing : global perspectives / Reg Arthur Williams & Bonnie Hagerty, volume editors ; Shaké Ketefian, executive editor.**

Pub info New York : Springer Pub. Co., 2005.

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Contact Ellen Howard, ehh@u.washington.edu

#5

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Beyond Basic Google***



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K Whybrew, M Murray, C Morley - BMJ, 1998 - pubmedcentral.nih.gov

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JW Graneto, DF Soglin - Pediatr Emerg Care, 1996 - ncbi.nlm.nih.gov

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

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CL Teng, CJ Ng, H Nik-Sherina, AH Zailinawati, SF ... - Journal of Tropical Pediatrics, 2007 - Oxford Univ Pr

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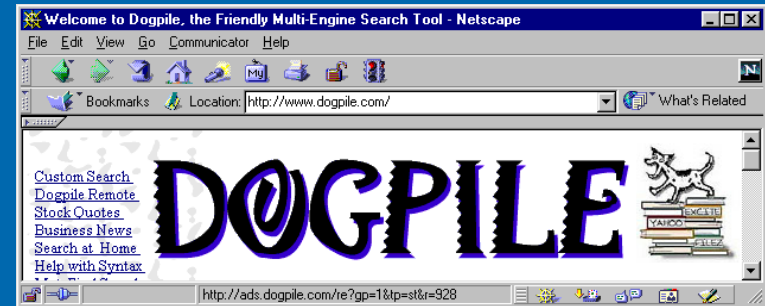
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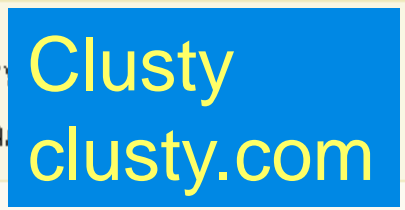
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5. [The Tucker Sling](#)
 Learn about this safe alternative to medicine for **infant** acid reflux.
 Sponsored by: <http://www.tuckersling.com/>
6. [Shae Lynne Brooke ~ Infant Reflux](#)
 Within this site you will find out what **infant** reflux is, current treatment options for **infant** reflux disease (**GERD**) , and some wonderful links...
<http://www.infantrefluxdisease.com/>
7. [Infants with GERD](#)
 Credit Card Order - Mail Payment. Infants with **GERD**. Most infants occasionally "spit up" or "throw up" after they eat.
<http://www.restright.com/infants.htm>
8. [Gastroesophageal Reflux Disease \(GERD\) / Heartburn - Lucile ...](#)
 ... death syndrome). Infants and children with **GERD** who vomit frequently may not gain weight and grow normally. Inflammation (esophagitis ...
<http://www.lnch.org/DiseaseHealthInfo/HealthLibrary/digest/n>

Tips and Strategies

- Select one or **two tools** and get to know them well
 - Read the **Help**
 - 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?
 - Is the information you seek likely to be on the web?

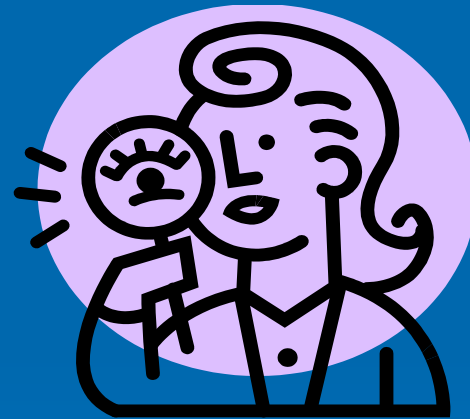
Must Evaluate Web Resources: Evaluation Strategies

- 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

Criteria for Evaluating Web Sites

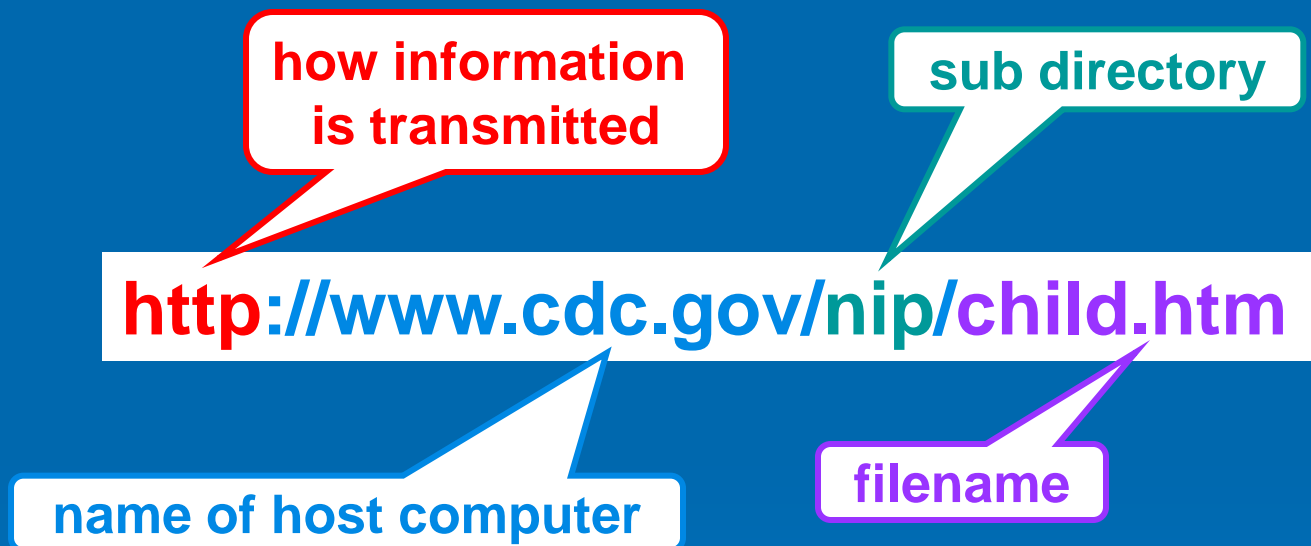
healthlinks.washington.edu/howto/navigating/criteria.pdf

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



Analyze the Website Address: URL (Uniform Resource Locator)

- edu
- org
- com
- gov
- net



Final Thoughts

- Contact Your **Ultimate Search Engine...**
a librarian!
- Remember **key resources:**
 - PubMed and CINAHL
 - Evidence based practice resources
 - Advanced Google and Google Scholar

Saved the best for last...

- Starting **2009**, the University of Washington Health Sciences Library, with funding from health professionals mandated by the Washington State Legislature, will begin **offering online access to evidence based information to health professionals** in Washington State.

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



- Or, **at HMC**, contact the *KK Sherwood librarian*:

Amy Harper, MLIS

206.604.9876

alharper@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

Searching for Evidence on the Web: 5 Steps for Nurse Researchers

PowerPoint presentation located:

healthlinks.washington.edu/hsl/liaisons/schnall/hmc2008.ppt

