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Locating Evidence-Based Pediatric Nutrition Resources on the Web

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Objectives

- Describe web resources to use for evidence-based dietetics practice
- Identify web sites of interest to pediatric nutritionists
- Identify ways to improve searching skills to find appropriate evidence on the web

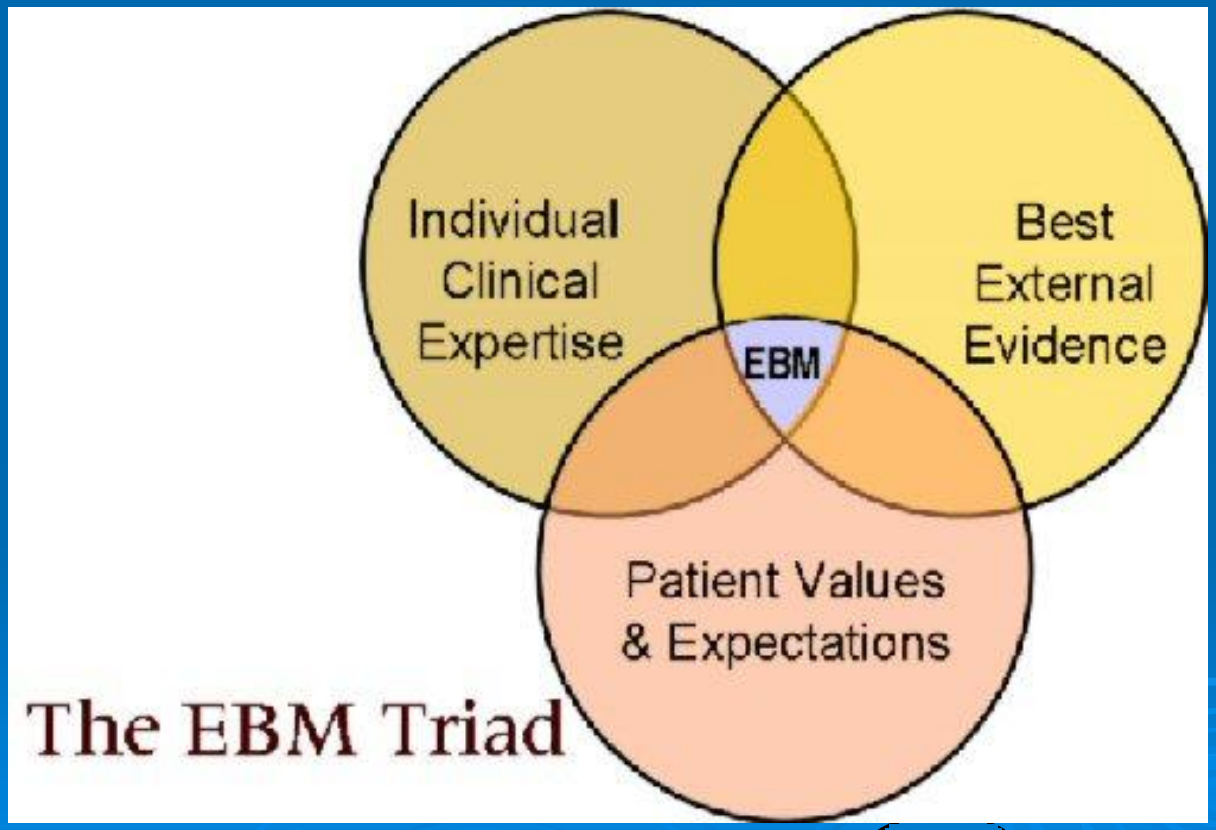
What is Evidence-Based Dietetics Practice?

- Evidence-based dietetics practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.

Approved by ADA House of Delegates February 2006

Updated by ADA 2007

Evidence-Based Practice

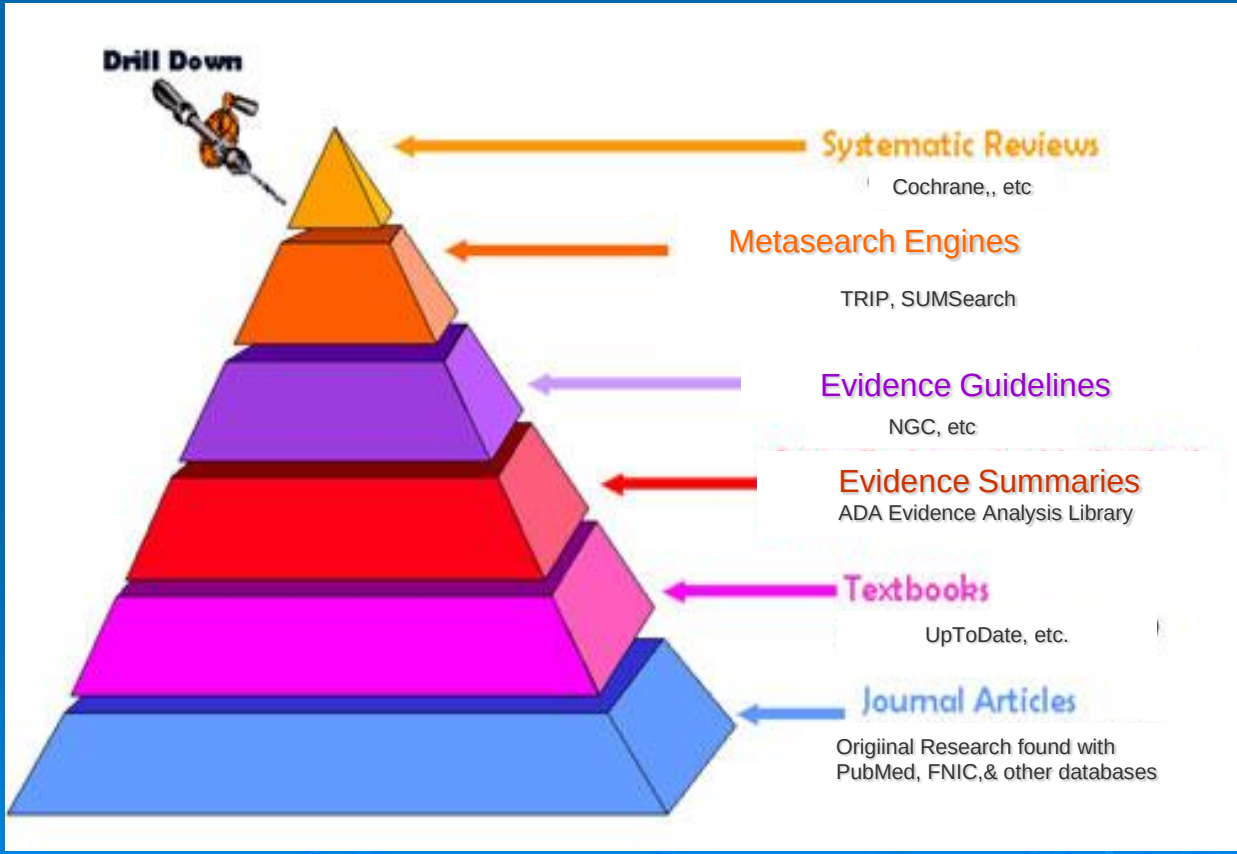


Levels and Grades of Evidence

Levels of Evidence and Grades of Recommendations

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

Searching for Evidence Categories



Search for the Best Evidence to answer Nutrition Questions

Search Databases Efficiently to Research Journal Articles

- PubMed *pubmed.gov*

  Search *PubMed* to find citations to evidence-based articles on nutrition
- FNIC (Food and Nutrition Information Center) *www.nal.usda.gov/fnic/databases.shtml*
- See *Handout* for additional databases

  healthlinks.washington.edu/hsl/liaisons/schnall/pednutrition2009.doc

PubMed

pubmed.gov

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

2 *PubMed* Strategies for Finding Evidence-Based Citations

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

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PubMed

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#1 Strategy: Limits

All Databases | PubMed | Nucleotide | Protein | Genome | Structure | OMIM

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- To get started, enter one or more search terms.
- Search terms may be topics, authors or journals.

Can easily *limit* your search to:

- **Age groups**
- **Human or Animal studies**
- **Language**
- **Review or Randomized Controlled Trial**
- **Subsets, i.e., Core Clinical Journals or CAM**

Read the World Bank's Disease Control Priorities Project books on the NCBI Bookshelf

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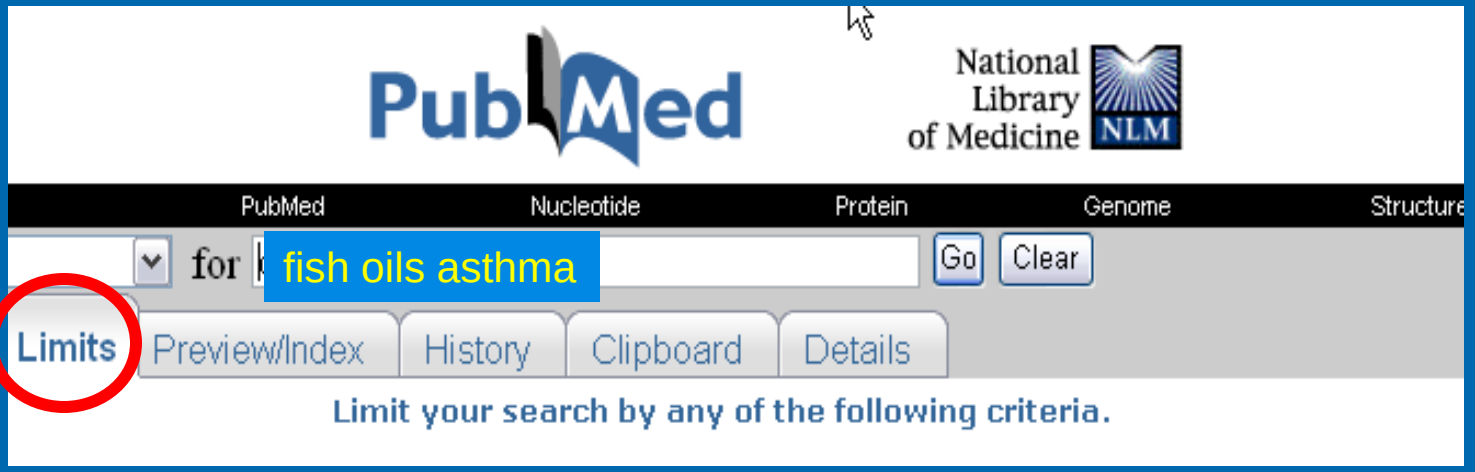

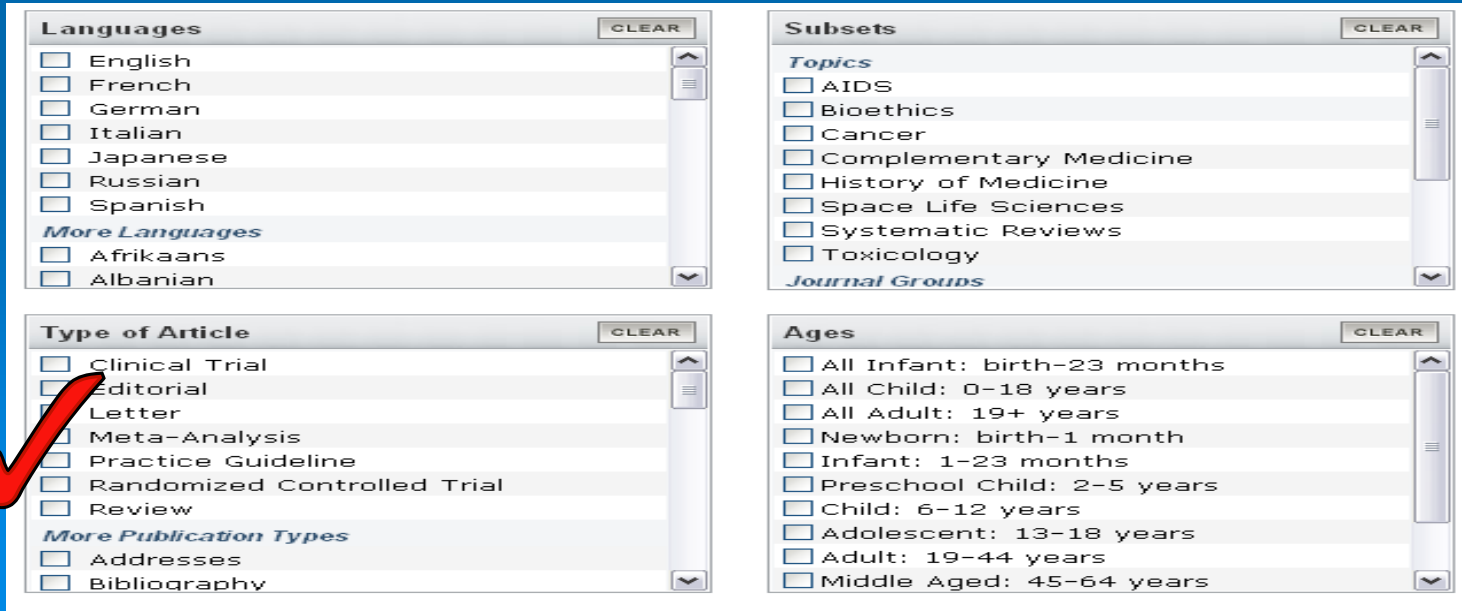

Limits: **Humans, Randomized Controlled Trial, English, All Child: 0-18 years**

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1: Fish oil intake compared with olive oil intake in late pregnancy and asthma in the offspring: 16 y of registry-based follow-up from a randomized controlled trial.
Olsen SF, Østerdal ML, Salvig JD, Mortensen LM, Rytter D, Secher NJ, Henriksen TB.
Am J Clin Nutr. 2008 Jul;88(1):167-75.
PMID: 18614738 [PubMed - indexed for MEDLINE]
Related Articles

2: Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years.
Almqvist C, Garden F, Xuan W, Mihrshahi S, Leeder SR, Oddy W, Webb K, Marks GB; CAPS team.
J Allergy Clin Immunol. 2007 Jun;119(6):1438-44. Epub 2007 Mar 26.
PMID: 17379291 [PubMed - indexed for MEDLINE]
Related Articles

3: Nutritional supplements and pediatric upper respiratory tract illnesses.
Linday LA.
J Allergy Clin Immunol. 2006 Apr;117(4):953-4; author reply 954. Epub 2006 Feb 7. No abstract available.
PMID: 16630960 [PubMed - indexed for MEDLINE]
Related Articles

4: Effect of omega-3 fatty acid concentrations in plasma on symptoms of asthma at 18 months of age.
Mihrshahi S, Peat JK, Webb K, Oddy W, Marks GB, Mellis CM; CAPS Team.
Pediatr Allergy Immunol. 2004 Dec;15(6):517-22.
PMID: 15610365 [PubMed - indexed for MEDLINE]
Related Articles

5: Three-year outcomes of dietary fatty acid modification and house dust mite reduction in the Childhood Asthma Prevention Study.
Peat JK, Mihrshahi S, Kemp AS, Marks GB, Tovey ER, Webb K, Mellis CM, Leeder SR.
J Allergy Clin Immunol. 2004 Oct;114(4):807-13.

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1: J Allergy Clin Immunol. 2007 Jun;119(6):1438-44. Epub 2007 Mar 26.

ELSEVIER FULL-TEXT ARTICLE Links

Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years.

Almqvist C, Garden F, Xuan W, Mihrshahi S, Leeder SR, Oddy W, Webb K, Marks GB; CAPS team.

Woolcock Institute of Medical Research, Camperdown NSW, Australia. calmqvist@woolcock.org.au

BACKGROUND: The Childhood Asthma Prevention Study was a randomized controlled trial conducted in children with a family history of asthma in whom omega-3 fatty acid supplementation and restriction of dietary omega-6 fatty acids did not prevent asthma, eczema, or atopy at age 5 years. OBJECTIVE: We sought to examine the relation of all measures of omega-3 and omega-6 polyunsaturated fatty acids with outcomes at age 5 years in the whole birth cohort, regardless of randomization group. METHODS: Plasma fatty acids were measured at 18 months, 3 years, and 5 years. Compliance with the fatty acid supplements was estimated every 6 months. Dietary intake was assessed at 18 months by means of weighed-food record and at 3 years by means of food-frequency questionnaire. At age 5 years, 516 children were examined for wheeze and eczema (questionnaire) and atopy (skin prick tests, n = 488). Multiple logistic regression was used to evaluate associations between exposures and outcomes. RESULTS: Plasma levels of omega-3 or omega-6 fatty acids were not associated with wheeze, eczema, or atopy at age 5 years (P = .11-.96). Overall, fatty acid exposure, measured as plasma levels, dietary intake, and compliance with supplements, was not associated with any respiratory or allergic outcomes (P = .35-.59). CONCLUSION: This observational analysis of the cohort, using the full range of observed variation in omega-3 and omega-6 fatty acid exposure, supports the negative findings of the randomized controlled trial. CLINICAL IMPLICATIONS: Modification of dietary polyunsaturated fatty acids in early childhood is not helpful in preventing atopy and asthma.

PMID: 17379291 [PubMed - indexed for MEDLINE]

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- Effect of omega 3 and omega 6 fatty acid intakes from diet and supplements on plasma fatty acid levels in the [Asia Pac J Clin Nutr. 2008]
- Effect of omega-3 fatty acid concentrations in plasma on symptoms of asthma at 18 months of age. [Pediatr Allergy Immunol. 2004]
- Prevention of asthma during the first 5 years of life: a randomized controlled trial. [J Allergy Clin Immunol. 2006]
- *Review* N-3 polyunsaturated fatty acids and allergic disease. [Curr Opin Clin Nutr Metab Care. 2004]
- *Review* Treating asthma with omega-3 fatty acids: where is the evidence? A systematic review. [BMC Complement Altern Med. 2006]

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Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years

Catarina Almqvist, MD, PhD,[a,b,c] Frances Garden, BAppSci,[d] Wei Xuan, MSc, PhD,[a] Seema Mihrshahi, MPH,[e] Steve R. Leeder, MD, PhD,[b] Wendy Oddy, PhD,[f] Karen Webb, MPH, PhD,[b] and Guy B. Marks, MBBS, PhD[a,b,c] for the CAPS team *Sydney and Perth, Australia, and Stockholm, Sweden*

Background: The Childhood Asthma Prevention Study was a randomized controlled trial conducted in children with a family history of asthma in whom omega-3 fatty acid supplementation and restriction of dietary omega-6 fatty acids did not prevent asthma, eczema, or atopy at age 5 years.

Objective: We sought to examine the relation of all measures of omega-3 and omega-6 polyunsaturated fatty acids with outcomes at age 5 years in the whole birth cohort, regardless of randomization group.

Methods: Plasma fatty acids were measured at 18 months, 3 years, and 5 years. Compliance with the fatty acid supplements was estimated every 6 months. Dietary intake was assessed at 18 months by means of weighed-food record and at 3 years by means of food-frequency questionnaire. At age 5 years, 516 children were examined for wheeze and eczema (questionnaire) and atopy (skin prick tests, n = 488). Multiple logistic regression was used to evaluate associations between exposures and outcomes.

Results: Plasma levels of omega-3 or omega-6 fatty acids were not associated with wheeze, eczema, or atopy at age 5 years (P = .11-.96). Overall, fatty acid exposure, measured as plasma levels, dietary intake, and compliance with supplements, was not associated with any respiratory or allergic outcomes (P = .35-.59).

Conclusion: This observational analysis of the cohort, using the full range of observed variation in omega-3 and omega-6 fatty acid exposure, supports the negative findings of the randomized controlled trial.

Clinical implications: Modification of dietary polyunsaturated fatty acids in early childhood is not helpful in preventing atopy and asthma. (J Allergy Clin Immunol 2007;119:1438-44.)

Key words: *Asthma, allergy and immunology, birth cohort, child, eczema, omega-3 fatty acids, omega-6 fatty acids, primary prevention*

The recent increase in asthma and allergic diseases has partly been attributed to environmental changes, such as dietary intake of polyunsaturated fatty acids. Some observational and ecologic studies showed beneficial associations between dietary intake of oily fish, which is rich in omega-3 fatty acids, and asthma and allergic diseases in

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1: Eicosapentaenoic acid is more effective than docosahexaenoic acid in inhibiting proinflammatory mediator production and transcription from LPS-induced human asthmatic alveolar macrophage cells.

Mickleborough TD, Tecklenburg SL, Montgomery GS, Lindley MR.

Clin Nutr. 2009 Feb;28(1):71-7. Epub 2008 Dec 2.

PMID: 19054597 [PubMed - indexed for MEDLINE]

Related Articles

2: Effect of n-3 polyunsaturated fatty acids in asthma after low-dose allergen challenge.

Schubert R, Kitz R, Beermann C, Rose MA, Lieb A, Sommerer PC, Moskovits J, Alberternst H, Böhles HJ, Schulze J, Zielen S.

Int Arch Allergy Immunol. 2009;148(4):321-9. Epub 2008 Nov 11.

PMID: 19001792 [PubMed - indexed for MEDLINE]

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3: Fish oil intake compared with olive oil intake in late pregnancy and asthma in the offspring: 16 y of registry-based follow-up from a randomized controlled trial.

Olsen SF, Østerdal ML, Salvig JD, Mortensen LM, Rytter D, Secher NJ, Henriksen TB.

Am J Clin Nutr. 2008 Jul;88(1):167-75.

PMID: 18614738 [PubMed - indexed for MEDLINE]

Related Articles

4: A nutritional approach to managing exercise-induced asthma.

Mickleborough TD.

Exerc Sport Sci Rev. 2008 Jul;36(3):135-44. Review.

PMID: 18580294 [PubMed - indexed for MEDLINE]

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This page provides the following specialized PubMed searches for clinicians:

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Category	Scope
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○ prognosis	

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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.

For more information, see Help. See also related sources for systematic review searching.

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This search finds citations and abstracts related to various topics in medical genetics. See the filter table for details.

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1: Kurugol Z, Akilli M, Bayram N, Koturoglu G. 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, place 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

Safety of zinc gluconate glycine (Cold-Eeze) in a geriatric population: a randomized, placebo-controlled, double-blind
Am J Ther. 2005 Nov-Dec;12(6):612-7.
PMID: 16280656 [PubMed - indexed for MEDLINE]

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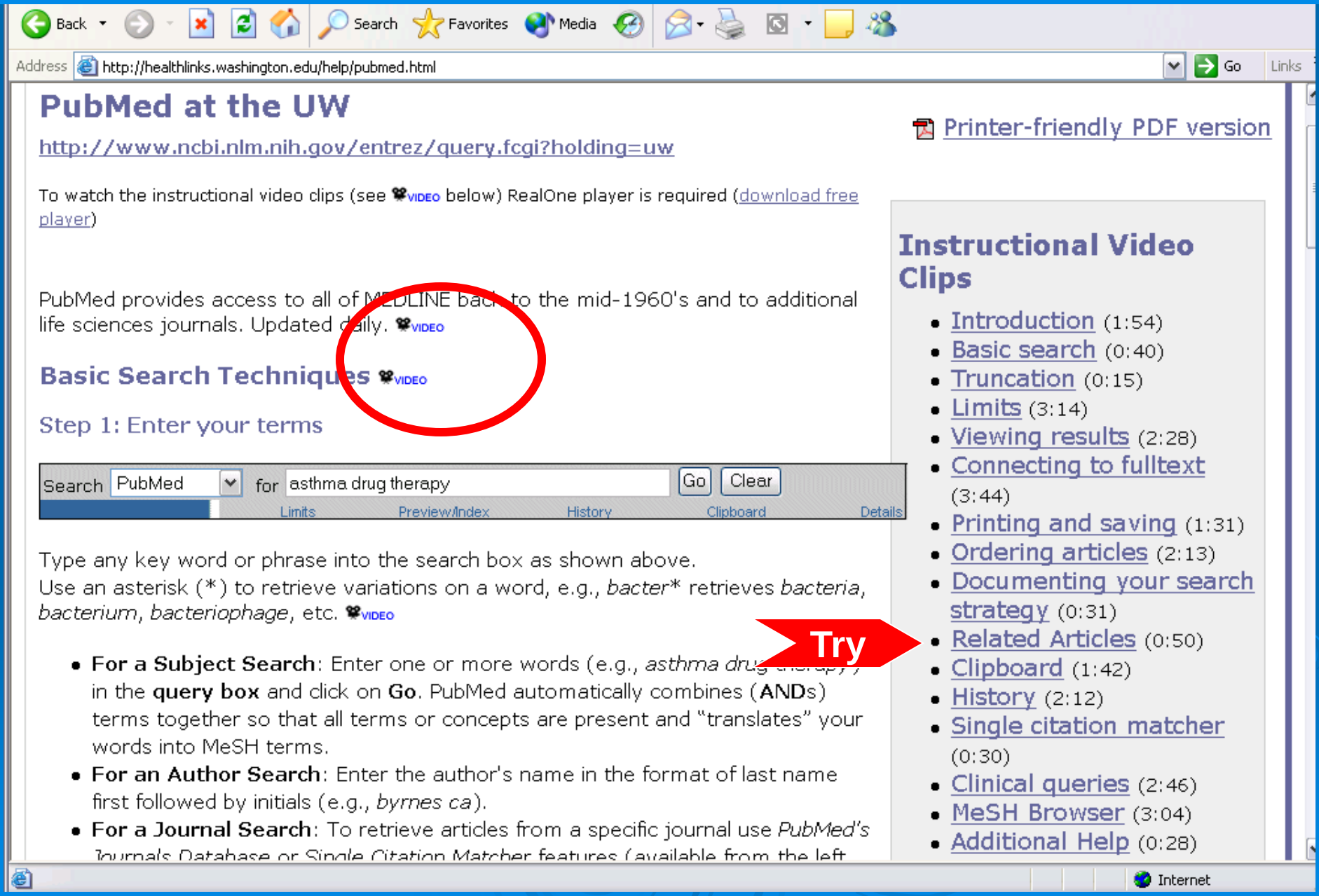

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  www.biomedcentral.com
  - Independent publishing house providing immediate free access to peer-reviewed biomedical research
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- PubMed Central 

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

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- December 2007 law
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Additional Free Journal Sites

- Free Medical Journals *freemedicaljournals.com*

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International Bibliographic Information on Dietary Supplements Database (IBIDS)

Title:	**Omega-3 polyunsaturated fatty acid intake and islet autoimmunity in children at increased risk for type 1 diabetes.**
Author:	Norris,-J-M; Yin,-X; Lamb,-M-M; Barriga,-K; Seifert,-J; Hoffman,-M; Orton,-H-D; Baron,-A-E; Clare-Salzler,-M; Chase,-H-P; Szabo,-N-J; Erlich,-H; Eisenbarth,-G-S; Rewers,-M
Citation:	JAMA. 2007 Sep 26; 298(12): 1420-8
Abstract:	CONTEXT: Cod liver oil supplements in infancy have been associated with a decreased risk of type 1 diabetes mellitus in a retrospective study. OBJECTIVE: To examine whether intakes of omega-3 and omega-6 fatty acids are associated with the development of islet autoimmunity (IA) in children. DESIGN, SETTING, AND PARTICIPANTS: A longitudinal, observational study, the Diabetes Autoimmunity Study in the Young (DAISY), conducted in Denver, Colorado, between January 1994 and November 2006, of 1770 children at increased risk for type 1 diabetes, defined as either possession of a high diabetes risk HLA genotype or having a sibling or parent with type 1 diabetes. The mean age at follow-up was 6.2 years. Islet autoimmunity was assessed in association with reported dietary intake of polyunsaturated fatty acids starting at age 1 year. A case-cohort study (N = 244) was also conducted in which risk of IA by polyunsaturated fatty acid content of erythrocyte membranes (as a percentage of total lipids) was examined. MAIN OUTCOME MEASURE: Risk of IA, defined as being positive for insulin, glutamic acid decarboxylase, or insulinoma-associated antigen-2 autoantibodies on 2 consecutive visits and still autoantibody positive or having diabetes at last follow-up visit. RESULTS: Fifty-eight children developed IA. Adjusting for HLA genotype, family history of type 1 diabetes, caloric intake, and omega-6 fatty acid intake, omega-3 fatty acid intake was inversely associated with risk of IA (hazard ratio [HR], 0.45; 95% confidence interval [CI], 0.21-0.96; P = .04). The association was strengthened when the definition of the outcome was limited to those positive for 2 or more autoantibodies (HR, 0.23; 95% CI, 0.09-0.58; P = .002). In the case-cohort study, omega-3 fatty acid content of erythrocyte membranes was also inversely associated with IA risk (HR, 0.63; 95% CI, 0.41-0.96; P = .03). CONCLUSION: Dietary intake of omega-3 fatty acids is associated with reduced risk of IA in children at increased genetic risk for type 1 diabetes.
Review References:	None
Notes:	None
Language:	English
Publication Type:	Journal-Article; Research-Support,-N.I.H.,-Extramural
Keywords:	*Autoantibodies-blood; *Autoimmunity-; *Diabetes-Mellitus,-Type-1-epidemiology; *Erythrocyte-Membrane-metabolism; *Fatty-Acids,-Omega-3-administration-and-dosage; *Fatty-Acids,-Omega-3-metabolism; *Islets-of-Langerhans-immunology

Textbooks

- Medical Nutrition Handbook
  www2.medicine.wisc.edu/home/naa/medicalnutritionhandbook
- Merck Manual of Medical Information
  www.merck.com/mmpe
- eMedicine *emedicine.medscape.com*
  Open access clinical textbook containing chapters on diseases, practice guidelines and evidence-based content
- UptoDate ($) *www.uptodate.com*
  Concise comprehensive uptodate reviews of clinical topics in multiple specialties

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Diabetes: Nutrition Evaluation and Management

BRIEF NUTRITION COUNSELING TOOLS — for Diabetes

- Five Minute
- Fifteen Minute

Medical Nutrition Handbook
www2.medicine.wisc.edu/home/naa/medicalnutritionhandbook

GOAL

RATIONALE

EVALUATION

- ASSESS
  - Weight—BMI, waist circumference and weight history
  - Laboratory values and blood pressure
  - Risk for Metabolic Syndrome
  - Diet history
  - Alcohol intake
  - Physical activity history and limitations
  - Readiness for lifestyle change

MANAGEMENT

- ADVISE: Medical nutrition therapy and physical activity to reach treatment goals
- AGREE: Determine diet and physical activity goals with patient
- ASSIST: Provide diet and physical activity resources
- ARRANGE: Schedule follow-up and make referrals for assistance and support

WEB RESOURCES

Downloadable Diabetes web page - (PDF Format)

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- Endocrine and Metabolic Disorders
- Eye Disorders
- Gastrointestinal Disorders
- Genitourinary Disorders
- Gynecology and Obstetrics
- Hematology and Oncology
- Hepatic and Biliary Disorders
- Immunology; Allergic Disorders
- Infectious Diseases
- Injuries; Poisoning
- Musculoskeletal and Connective Tissue Disorders
- Nutritional Disorders
- Pediatrics

SECTION | Nutritional Disorders

Nutritional Disorders

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Mineral Deficiency and Toxicity

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- Chromium
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- Selenium
- Zinc

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- Introduction
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- Nutrient-Drug Interactions
- Nutritional Requirements
- Nutrition in Clinical Medicine

Nutritional Support

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- Enteral Tube Nutrition
- Nutritional Support for Dying or Severely Demented Patients
- Total Parenteral Nutrition (TPN)

Obesity and the Metabolic Syndrome

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- Bariatric Surgery
- Metabolic Syndrome

Undernutrition

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- Carnitine Deficiency
- Essential Fatty Acid Deficiency
- Protein-Energy Undernutrition

Vitamin Deficiency, Dependency, and Toxicity

- Introduction
- Biotin and Pantothenic Acid
- Folate
- Niacin
- Riboflavin
- Thiamin
- Vitamin A
- Vitamin B_{12}
- Vitamin B_6
- Vitamin C
- Vitamin D
- Vitamin E
- Vitamin K

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SECTION	Nutritional Disorders
SUBJECT	Vitamin Deficiency, Dependency, and Toxicity

Vitamins may be fat soluble (vitamins A, D, E, and K) or water soluble (B vitamins and vitamin C). The B vitamins include biotin, folate, niacin, pantothenic acid, riboflavin (B_2), thiamin (B_1), B_6 (eg, pyridoxine), and B_{12} (cobalamins). For dietary requirements, sources, functions, effects of deficiencies and toxicities, blood levels, and usual therapeutic dosages for vitamins, see Table 1: Vitamin Deficiency, Dependency, and Toxicity: Recommended Daily Intakes for Vitamins* and Table 2: Vitamin Deficiency, Dependency, and Toxicity: Sources, Functions, and Effects of Vitamins

Dietary requirements for vitamins (and other nutrients) are expressed as daily recommended intake (DRI). There are 3 types of DRI:

- **Recommended daily allowance (RDA):** RDAs are set to meet the needs of 97 to 98% of healthy people.
- **Adequate intake (AI):** When data to calculate an RDA are insufficient, AIs are based on observed or experimentally determined estimates of nutrient intake by healthy people.
- **Tolerable upper intake level (UL):** ULs are the largest amount that of a nutrient most adults can ingest daily without risk of adverse health effects.

In developed countries, vitamin deficiencies result mainly from poverty, food faddism, drugs (see Nutrition: General Considerations: Nutrient–Drug Interactions and Table 3: Vitamin Deficiency, Dependency, and Toxicity: Potential Vitamin-Drug Interactions), alcoholism, or prolonged and inadequately supplemented parenteral feeding. Mild vitamin deficiency is common among frail and institutionalized elderly people who have protein-

Table 1

Recommended Daily Intakes for Vitamins*

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Table 2

Sources, Functions, and Effects of Vitamins

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Table 3

Potential Vitamin-Drug Interactions

Nutrient	Drug
Biotin	Antibiotics, anticonvulsants

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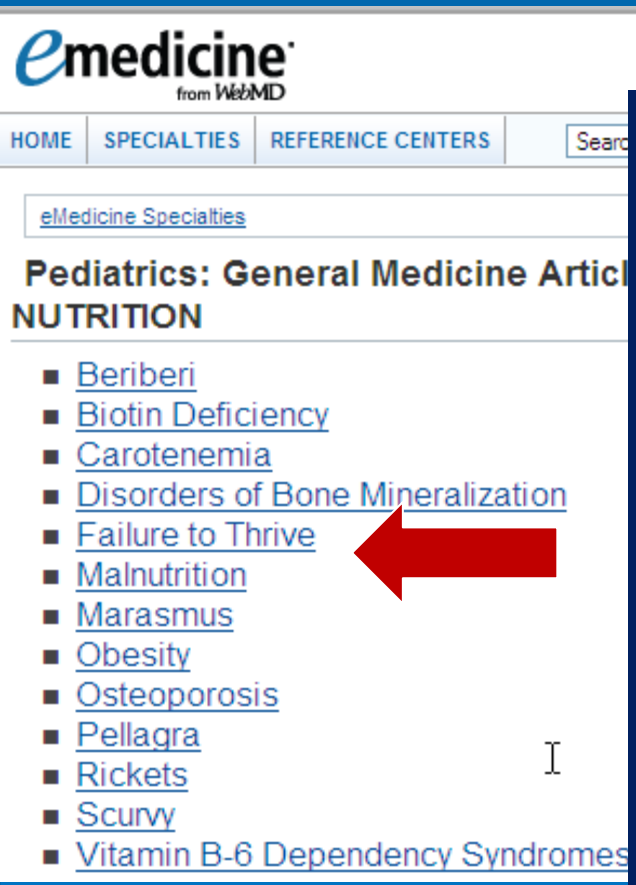

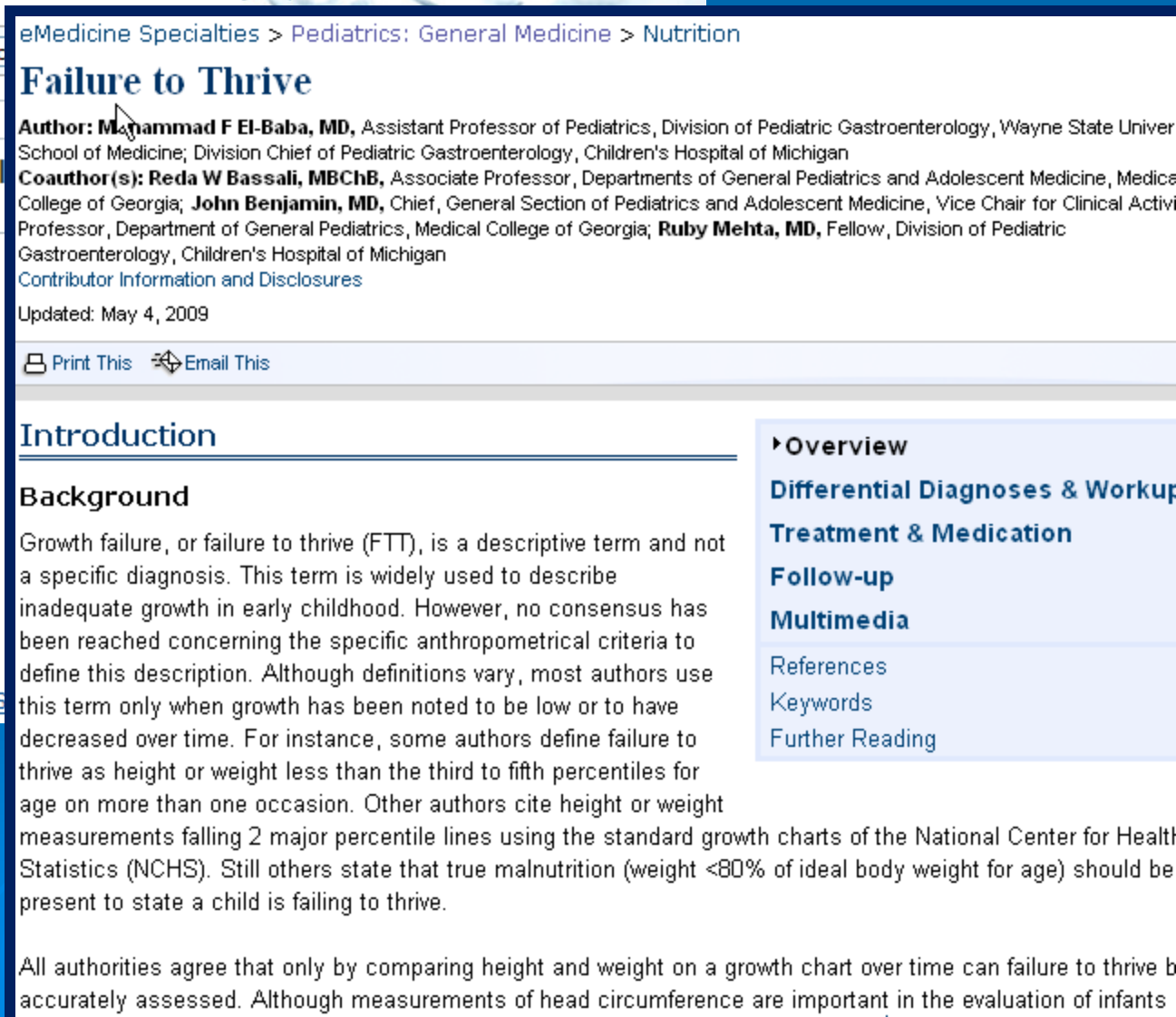

Vegetarian diets for children

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Last literature review version 17.1: January 2009 | **This topic last updated:** June 11, 2008 (More)

INTRODUCTION — Vegetarian diets are becoming increasingly popular [1-4]. One survey suggested that in 1994 as r 12.4 million people in the United States called themselves vegetarians, compared to an estimated 6.5 million people in [5]. In addition, approximately 5 percent of people claim to be vegetarian in the United Kingdom, Germany, and Austra [6-8].

No specific estimates of the current number of children who eat a vegetarian diet exist, but it is known that more paren in the past are choosing to rear their children on a vegetarian eating style [9,10]. An estimated 8 percent of adolescent United Kingdom [11] and 6 percent of public middle- and high-school students surveyed in the midwestern United State consume a vegetarian diet. A poll conducted in 2000 estimated that 6 percent of American youth aged 6 to 17 years d eat meat; 2 percent do not eat meat, fish, or poultry; and 0.5 percent do not eat meat, fish, poultry, dairy, or eggs [1

It is difficult to establish a specific estimate of the number of children who eat a vegetarian diet because studies vary in definition for the term "vegetarian" used to classify individuals—whether the individual considers himself or herself as vegetarian ("self-defined" vegetarians), avoids meat only, or lives by the strict definition (never consuming meat, fish, poultry). One review of dietary patterns and nutrient intakes of self-defined vegetarians (aged 6 years and older), for e found that patterns ranged from those who consumed reduced amounts of red meat but included poultry and fish, to t who excluded all animal foods [14].

Reasons for choosing a vegetarian diet are varied and include potential health benefits and sociopolitical, ecological, and issues related to allocation of resources and animal rights [4,15-18]. The types and composition of vegetarian diets als varied and have important implications for the growth and development of children and adolescents.

The nutritional quality of vegetarian diets and strategies to prevent nutritional deficiencies while consuming vegetarian d reviewed here. Nutrition requirements, deficiencies, and supplementation of specific nutrients are discussed separately. appropriate topic reviews).

TYPES OF VEGETARIAN DIETS — Vegetarian diets vary according to the degree of avoidance of foods of animal orig

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The American Association for the Study of Liver Diseases has submitted guideli
B, hepatitis C, and management of ascites due to cirrhosis. Look for these in N

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Brief Summary

GUIDELINE TITLE

Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on American Indian Native children.

BIBLIOGRAPHIC SOURCE(S)

Gahagan S, Silverstein J. Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on A and Alaska Native children. American Academy of Pediatrics Committee on Native American Child Health. Pediatrics 20 (4):e328-e347. [137 references]

BRIEF SUMMARY CONTENT

Go to the Complete Summary

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Primary and Secondary Prevention

Prevention must take highest priority and should focus on decreasing the risk, incidence, and consequences of type 2 mellitus among American Indian/Alaska Native (AI/AN) children. Primary prevention efforts by primary health care prof recommended in 2 arenas: 1) general community health promotion and health education and 2) clinically based activit based health promotion activities should not duplicate community-wide health promotion but instead should offer addi When type 2 diabetes mellitus is the established diagnosis, secondary prevention efforts by primary health care profe important for the prevention of complications (e.g., vascular, neural, renal, retinal). Early diagnosis and optimal medica keys to effective secondary prevention.

To be effective, prevention efforts need a strong community base and acceptance. Current evidence suggests that mo for type 2 diabetes mellitus include obesity and lack of breastfeeding. Primary prevention efforts can focus on the pre obesity in children and the promotion of breastfeeding. Preventing obesity in women of childbearing age is another prin prevention goal, because exposure to the environment of a diabetic pregnancy places the fetus at increased risk of fut diabetes.

National Guideline Clearinghouse Guideline Comparison

Guideline Comparison

GUIDELINE TITLE	Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on American Indian and Alaska Native children.	Care of children and adolescents with type 1 diabetes: a statement of the American Diabetes Association.
DATE RELEASED	2003 Oct	2005 Jan
ADAPTATION	Not applicable: The guideline was not adapted from another source.	Not applicable: The guideline was not adapted from another source.
GUIDELINE DEVELOPER(S)	American Academy of Pediatrics - Medical Specialty Society	American Diabetes Association - Professional Association
INTENDED USERS	Advanced Practice Nurses Dietitians Physician Assistants Physicians Social Workers	Advanced Practice Nurses Allied Health Personnel Dietitians Nurses Patients Physician Assistants Physicians
METHODS USED TO ANALYZE THE EVIDENCE	Review	Review Review of Published Meta-Analyses
METHODS USED TO FORMULATE THE RECOMMENDATIONS	Not stated	Expert Consensus
METHODS USED TO COLLECT/SELECT EVIDENCE	Searches of Electronic Databases	Searches of Electronic Databases
VIEW MAJOR RECOMMENDATIONS	View Major Recommendations	View Major Recommendations
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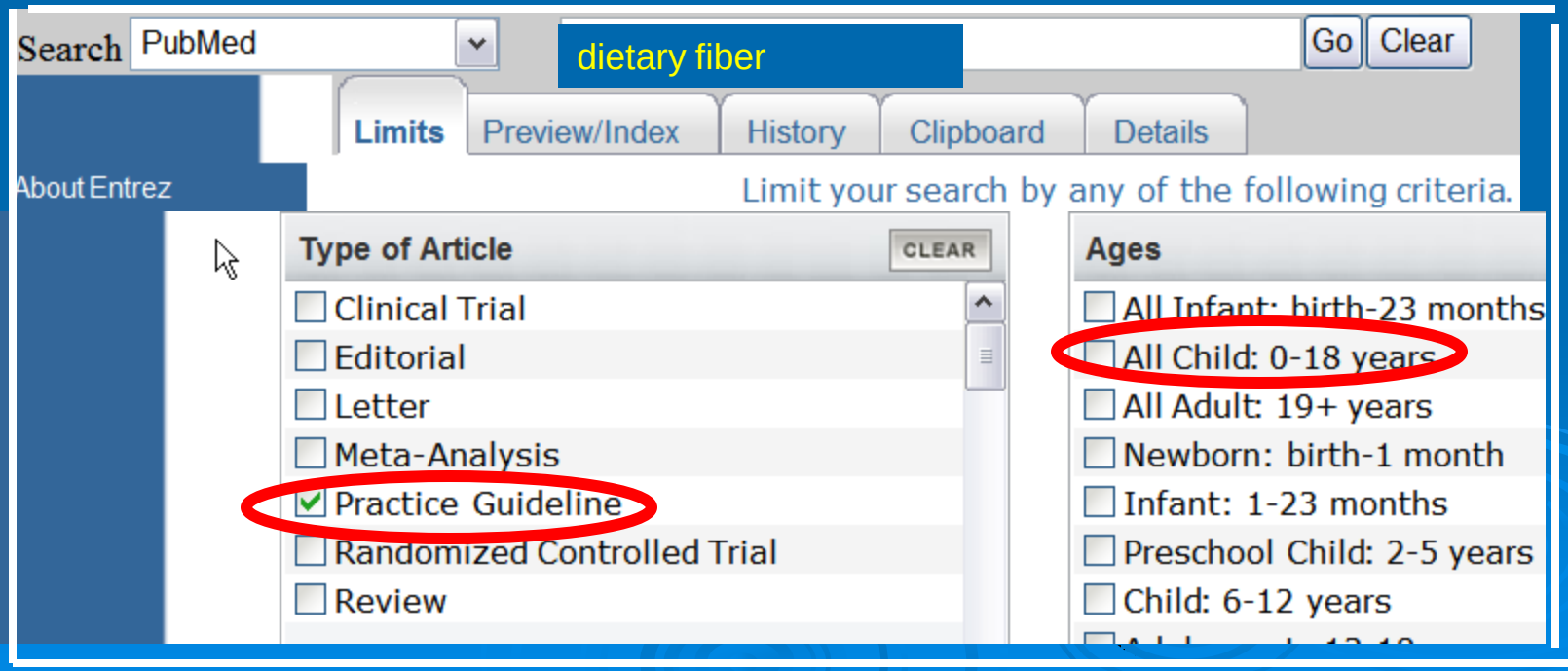
Limit to **Practice Guideline** under Type of Article



PubMed Results for "dietary fiber" limited to "Practice Guideline"

1: Position of the American Dietetic Association: health implications of dietary fiber.
Slavin JL.
J Am Diet Assoc. 2008 Oct;108(10):1716-31. Erratum in: J Am Diet Assoc. 2009 Feb;109(2):350.
PMID: 18953766 [PubMed - indexed for MEDLINE]
Related Articles

2: Evaluation and treatment of constipation in children: summary of updated recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.
J Pediatr Gastroenterol Nutr. 2006 Sep;43(3):405-7. Review.
PMID: 16954970 [PubMed - indexed for MEDLINE]
Related Articles

3: Position of the American Dietetic Association and Dietitians of Canada: Vegetarian diets.
American Dietetic Association; Dietitians of Canada.
J Am Diet Assoc. 2003 Jun;103(6):748-65.
PMID: 12778049 [PubMed - indexed for MEDLINE]
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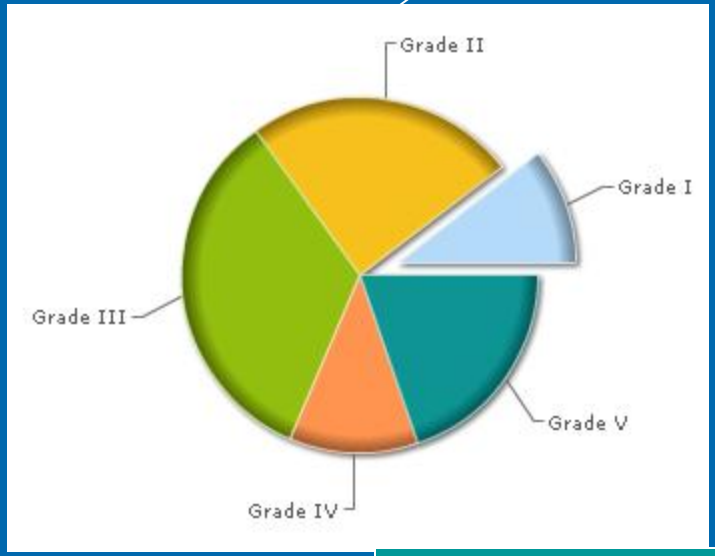
- Pediatric Overweight
- Spinal Cord Injury
- Unintended Weight Loss

Pediatric Overweight: Grade Chart



Questions, Evidence Summaries, Bibliography

Evidence Analysis Questions:

What is the evidence to support the Food Guide Pyramid as an approach to limiting calorie/food intake in children?

What is the evidence to support using the Traffic Light Diet to limiting calorie and food intake in children?

Bibliography

Epstein LH, Paluch RA, and Raynor HA. Sex Differences in Obese Children and Siblings in Family-based Obesity Treatment. Obesity Research 2001;9:746-753

Epstein LH, Paluch RA, Gordy CC, Dorn J. Decreasing sedentary behaviors in treating pediatric obesity. Arch Pediatr Adolesc Med 2000; 154 (3):220-6.

Epstein LH, Paluch RA, Gordy CC, Saelens BE, Ernst MM. Problem solving in the treatment of childhood obesity. J Consult Clin Psychol 2000;68:717-21.

Evidence Summary

Related Topics

- Family-based Counseling to Reduce Childhood Overweight
- Dietary counseling to Reduce Childhood Overweight

View Conclusion Statement

- What is the evidence to support using the Traffic Light Diet to limiting calorie and food intake in children?

- Quality Rating Summary
- Bibliography

The Traffic Light Diet and Treating Childhood Overweight

The Traffic Light Diet (sometimes called the Stop Light Diet) was developed by Leonard H. Epstein and colleagues for use in their family-based childhood overweight research. This group of scholars has been responsible for a large portion of the best research on childhood overweight for over two decades. Perhaps because of the ground-breaking nature of their research, the Traffic Light Diet has become broadly recognized and in some cases copied.

Epstein and colleagues describe their Traffic Light Diet as part of a larger core "package" of interventions that generally includes family components and interaction with a therapist. Typically, however, the core of their intervention program is used for all interventions, while other variables are manipulated. While this approach of holding the diet intervention constant makes for good research on the effects of other factors on childhood overweight, it presents a problem when trying to isolate the independent effects of the specific dietary intervention on weight loss.

Traffic Light Diet Description

The goal of the diet is to provide the most nutrition with the least number of calories. At a minimum, Epstein's Traffic Light Diet has the following characteristics:

- Foods are divided into five categories:
  - Fruits and vegetables
  - Grains
  - Milk and dairy
  - Protein
  - Other.
- Foods in each category are color-coded according to caloric density per average serving:
  - Green Foods: Foods containing <20 calories per average serving
  - Yellow Foods: Staples of the diet that provide most of the nutrition
  - Red Foods: Foods high in fat and simple carbohydrates (for example, sweets and sugared drinks).
- Daily calorie intake is determined for program participants with a minimum of 900 calories and a maximum of 1,200 calories (a range of 1,200 to 1,500 calories in some later studies, e.g., Epstein, Paluch et al, 2001)
- Families are provided with a food reference guide listing foods according to their color-code and group.

Pediatric Weight Management Nutrition **Practice Guideline**

View Conclusion Statement

- Are low-glycemic diets effective in treating obesity in children (age 6-12) and adolescents?
- Do low-glycemic meals increase satiety in children and adolescents compared to higher glycemic meals?

Pediatric Weight Management

- Executive Summary of Recommendations
- Introduction
- Major Recommendations
- Algorithms
- Appendices
- Background Information
- References

Recommendations Summary

Pediatric Weight Management (PWM) Reduced Glycemic Load Diet

Click here to see the explanation of recommendation ratings (Strong, Fair, Weak, Consensus, Insufficient Evidence) and labels (Imperative or Conditional). To see more detail on the evidence from which the following recommendations were drawn, use the hyperlinks in the Supporting Evidence Section below.

Recommendation(s)

PWM: Reduced Glycemic Load Diet - Children Six to 12 Years

If an ad libitum, reduced glycemic load diet is selected for use in **children (ages six to 12)**, then this diet could be used to produce modest short-term improvement in weight status. Limited research shows that an ad libitum reduced glycemic load diet results in short-term improvement in weight status in this age group.

Rating: Weak
Conditional

PWM: Reduced Glycemic Load Diet - Adolescents

If an ad libitum reduced glycemic load diet is selected for use in **adolescents (ages 13 to 18)**, then this diet could be used to produce modest short-term and longer-term improvement in weight status and body composition. Limited research shows that an ad libitum reduced glycemic load diet results in short-term improvement in weight status and body composition in this age group. One study shows weight status improvement at one year.

Rating: Fair
Conditional

ADA Evidence Analysis Manual

www.adaevidencelibrary.com/files/Docs/ADA_EA_Manual_Oct2008.pdf

- From ADA Scientific Affairs and Research
- updated Fall 2008
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  - Step 4: write the evidence summary
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Non-nutritive sucking for promoting physiologic stability and nutrition in preterm infants
Cochrane Database of Systematic Reviews. 2005

Breast Milk is Recommended for All Infants Both Premature and Term
Evidence-Based Pediatrics. 2007

Iron-Fortified Formulas Provide Adequate Iron for Preterm Infants to Prevent Iron Deficiency Anemia
Evidence-Based Pediatrics. 2006

Increased energy intake for preterm infants with (or developing) bronchopulmonary dysplasia/chronic lung disease
Cochrane Database of Systematic Reviews. 2009

Are there strategies to reduce the length of stay for well near-term babies?
BestBETS. 2008

Delayed introduction of progressive enteral feeds to prevent necrotising enterocolitis in very low birth weight infants
Cochrane Database of Systematic Reviews. 2008

Probiotics for prevention of necrotizing enterocolitis in preterm infants
Cochrane Database of Systematic Reviews. 2008

Physical activity programs for promoting bone mineralization and growth in preterm infants
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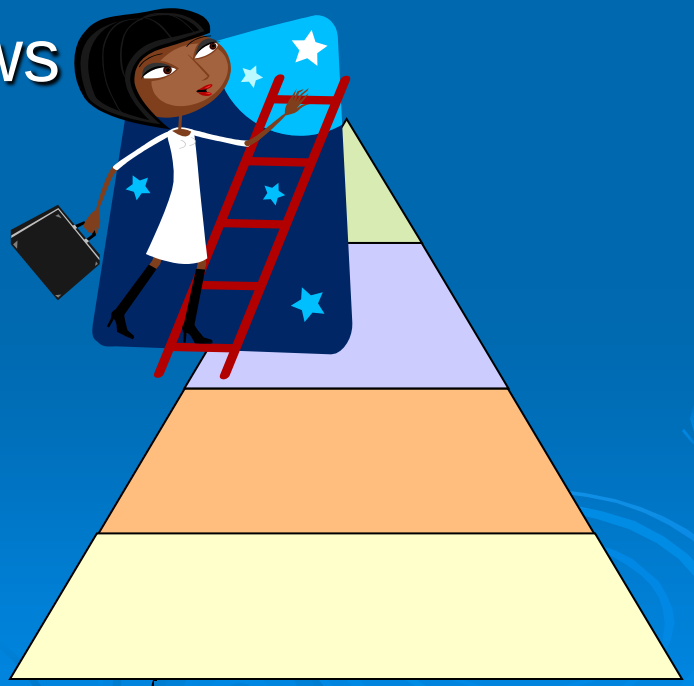

[Intervention Review]

Dietary interventions for recurrent abdominal pain (RAP) and irritable bowel syndrome (IBS) in childhood

Angela A Huertas-Ceballos[1], Stuart Logan[2], Cathy Bennett[3], Colin Macarthur[4]

[1]Neonatal Unit, E
[3]Cochrane UGPD

Contact address:
Ceballos@uclh.nh

Cochrane Datab

DOI: 10.1002/146
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syndrome (IBS) i

Abstract

Background
Between 4% a
activities. It is
their pain can
measures, a la

Abstract

Background
Between 4% and 25% of school-age children complain of recurrent abdominal pain (RAP) of sufficient severity to interfere with daily activities. It is unclear whether the dia
different aetiologies for their pain. For the majority no organic cause for their pain can be found on physical examination or investigation. Although most children are likely
simple measures, a large range of interventions have been recommended.

Objectives
To determine the effectiveness of dietary interventions for recurrent abdominal pain in school-age children.

Search strategy
The Cochrane Library (CENTRAL) 2006 (Issue 4), MEDLINE (1966 to Dec 2006), EMBASE (1980 to Dec 2006), CINAHL (1982 to Dec 2007), ERIC (1966 to Dec 2006), PsycIN
(1982 to Dec 2006), SIGLE (1980 to March 2005), and JICST (1985 to 06/2000) were searched . Where appropriate, search filters were employed. Researchers working in this
relevant studies.

Selection criteria
Randomised or quasi-randomised studies of any dietary treatment versus placebo or no treatment in school-age children with a diagnosis of RAP or functional gastrointes
Rome II criteria.

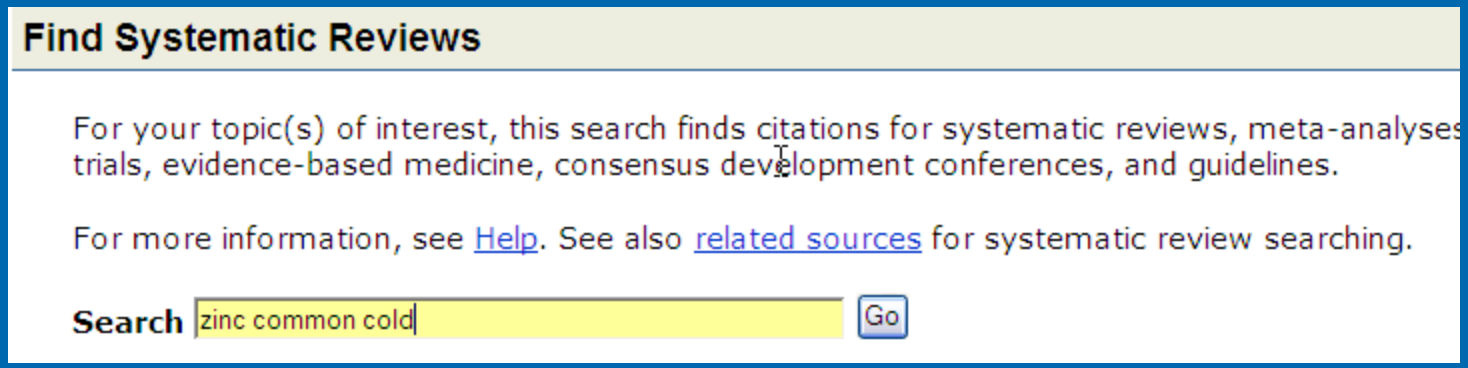
Data collection and analysis
Two authors independently assessed trials for inclusion, assessed quality and extracted data. Where appropriate studies were pooled using a random effects meta-analysi

Main results
Seven trials were included in this review. Two trials, including 83 participants, compared fibre supplements with placebo (Christensen 1982, Feldman 1985), with data from
papers (Christensen 1982, Christensen 1986). The pooled odds ratio for improvement in the frequency of abdominal pain was 1.26 (0.25, 6.29).
Two trials, including 90 participants (Lebenthal 1981, Dearlove 1983) compared lactose-containing with lactose-free diets. Neither reported data in a form which could be us
former trial had a loss to follow-up of 45%. We were not able to obtain further data for either trial.
Three trials (Bausserman 2005, Gavronska 2007, Young 1997) comparing supplementation with Lactobacillus with placebo met the inclusion criteria but only two (Bausserm
including a total of 168 children, provided analysable data. The pooled odds ratio for improvement of symptoms was 1.17 (95% CI 0.62, 2.21).

Authors' conclusions
There is a lack of high quality evidence on the effectiveness of dietary interventions. This review provides no evidence that fibre supplements, lactose free diets or lactoba
effective in the management of children with RAP.

Finding Systematic Reviews and Meta-Analyses in *PubMed*

- Use Clinical Queries Section: Systematic Reviews



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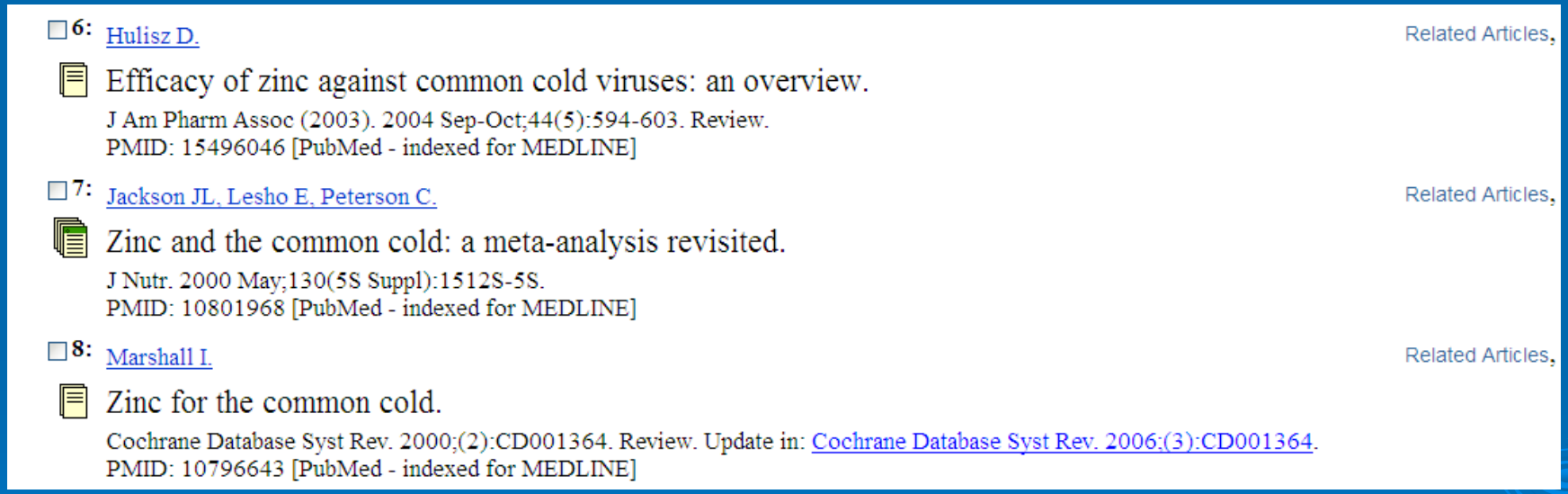

6: Hulisz D. Related Articles,

Efficacy of zinc against common cold viruses: an overview.

J Am Pharm Assoc (2003). 2004 Sep-Oct;44(5):594-603. Review.
PMID: 15496046 [PubMed - indexed for MEDLINE]

7: Jackson JL, Lesho E, Peterson C. Related Articles,

Zinc and the common cold: a meta-analysis revisited.

J Nutr. 2000 May;130(5S Suppl):1512S-5S.
PMID: 10801968 [PubMed - indexed for MEDLINE]

8: Marshall I. Related Articles,

Zinc for the common cold.

Cochrane Database Syst Rev. 2000;(2):CD001364. Review. Update in: Cochrane Database Syst Rev. 2006;(3):CD001364.
PMID: 10796643 [PubMed - indexed for MEDLINE]

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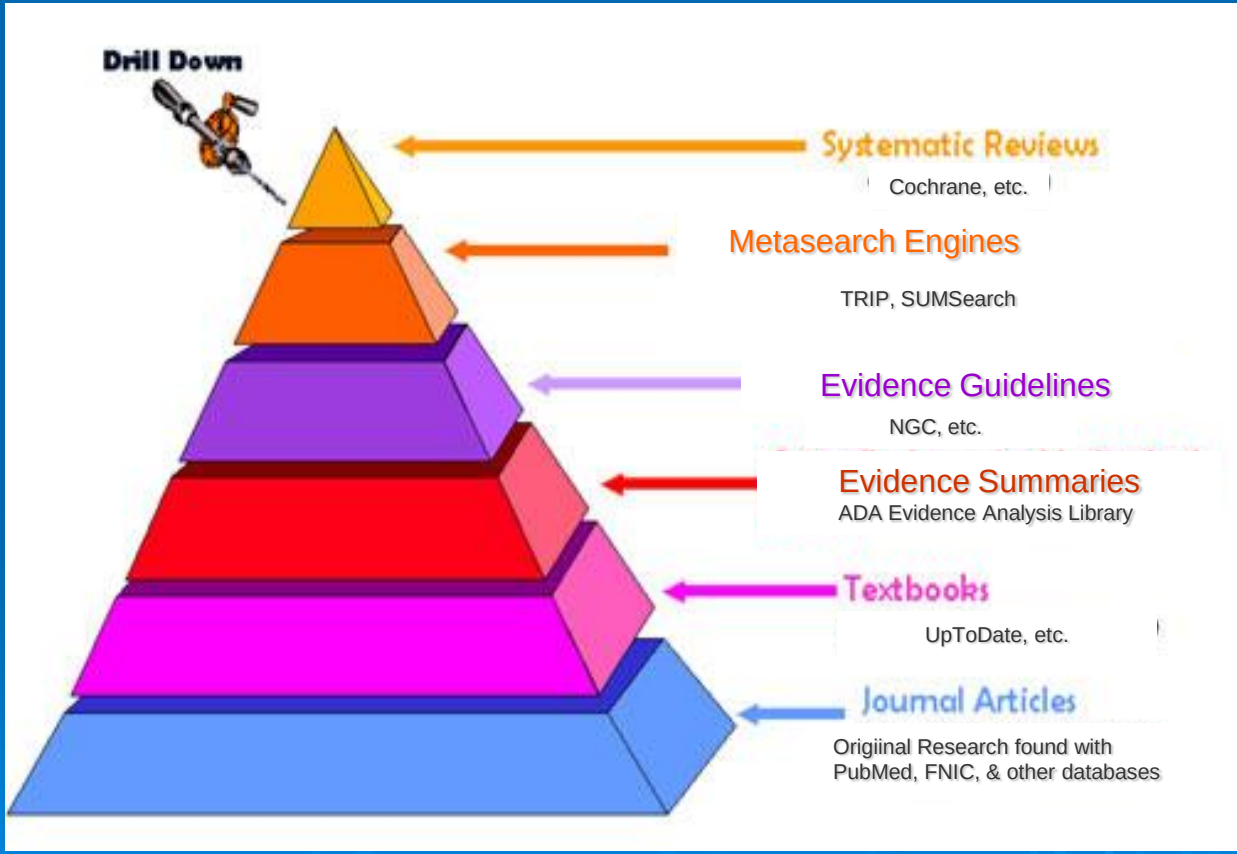

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- Assuring Pediatric Nutrition Care in the Community *depts.washington.edu/nutrpeds*
- Dietary Supplements Labels Database *dietarysupplements.nlm.nih.gov*
- Food and Nutrition Information Center *www.nal.usda.gov/fnic*
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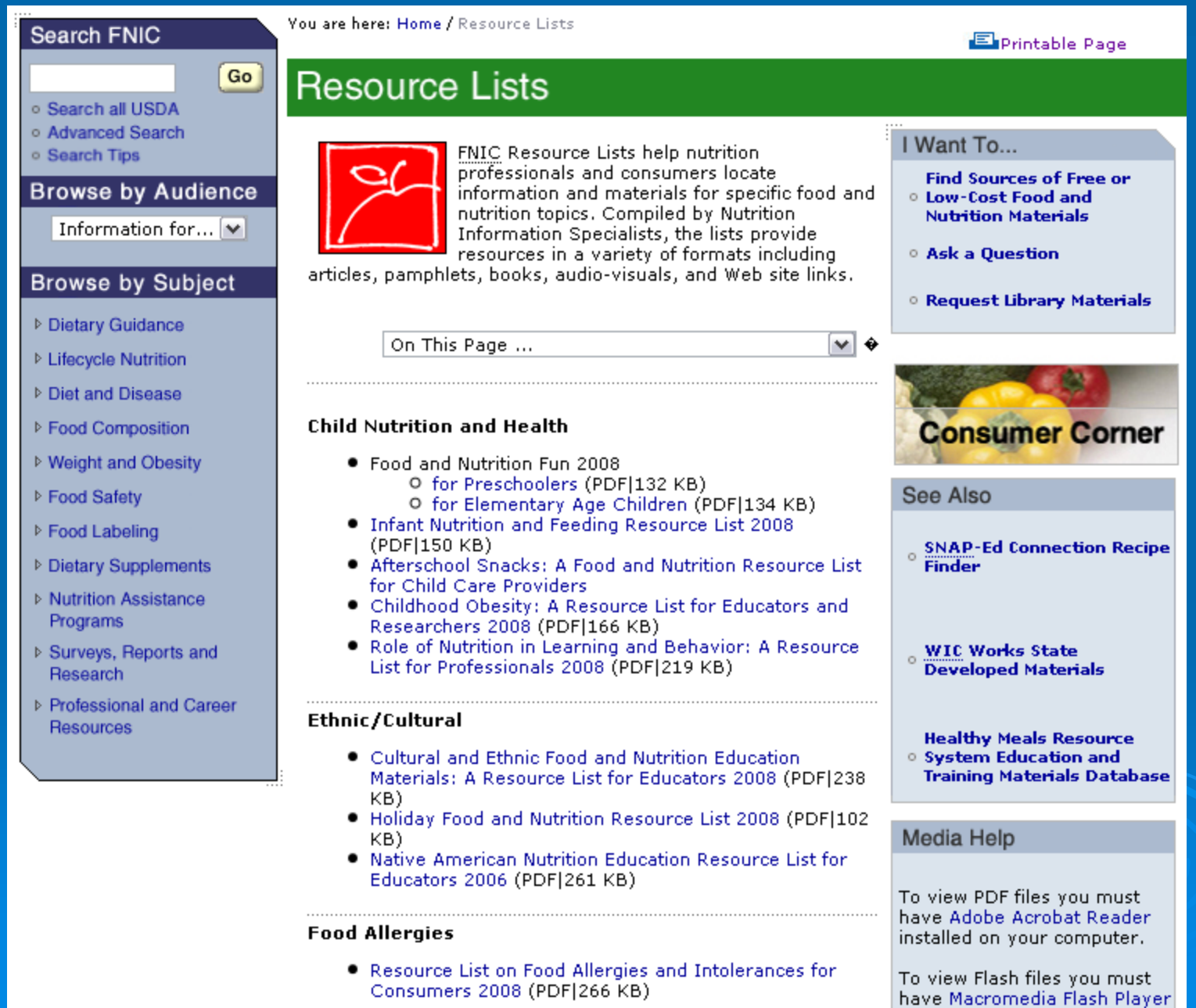

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Food Composition

USDA Nutrient Data Laboratory

USDA Nutrient Data Laboratory (NDL)
USDA. Agricultural Research Service.
Home page for NDL, responsible for developing USDA's National Nutrient Database for Standard Reference, the foundation of most food and nutrition databases in the US, used in food policy, research and nutrition monitoring.

- Online searchable database of foods.
- USDA National Nutrient Database for Standard Reference - Release 21
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Reports are sorted by nutrient content of selected foods in alphabetical order, or in descending order by nutrient content.

- Frequently Asked Questions
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- Dietary Supplement Ingredient Database (DSID)

USDA National Nutrient Database for Standard Reference, Release 21 Nutrient Lists -Reports by Single Nutrients
USDA. ARS. Nutrient Data Laboratory.
Reports of selected food items and nutrients, sorted either by food description or in descending order by nutrient content in terms of common household measures. Single nutrients include protein, fat, energy (calories) carbohydrate, fiber, sugar, calcium, iron, magnesium, phosphorus, potassium, sodium, zinc, copper, manganese, selenium, vitamin A, vitamin E, vitamin K, vitamin C, thiamin, riboflavin, niacin, pantothenic acid, vitamin B6, vitamin B12, folate, cholesterol, fatty acids and various phytonutrients and antioxidants.

Nutritive Value of Foods, Home and Garden Bulletin No. 72 (HG-72)
USDA. ARS. Nutrient Data Laboratory.
Contains data on over 1,274 foods expressed in terms of common household units. The 19 nutrients in the table are water; calories; protein; total fat; saturated, monounsaturated, and polyunsaturated fatty acids; cholesterol; total dietary fiber;

Food Composition

- USDA Nutrient Data Laboratory
- Agricultural Research Service (ARS) Food Surveys Research Group
- Individual Macronutrients, Phytonutrients, Vitamins & Minerals
- International Food Composition Resources
- Food FYI
- Additional Resources

Media Help

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Nutritive Value of Foods

United States Department of Agriculture

Agricultural Research Service

Home and Garden Bulletin Number 72

Table 9. Nutritive Value of the Edible Part of Food

Food No.	Food Description	Measure of edible portion	Weight (g)	Water (%)	Calories (kcal)	Protein (g)	Total fat (g)	Fatty acids: Saturated (g)	Fatty acids: Monounsaturated (g)	Fatty acids: Polyunsaturated (g)
	Fruits and Fruit Juices (continued)									
	Avocados, raw, without skin and seed									
278	California (about ⅕ whole)	1 oz	28	73	50	1	5	0.7	3.2	0.6
279	Florida (about ⅒ whole)	1 oz	28	80	32	Tr	3	0.5	1.4	0.4
	Bananas, raw									
280	Whole, medium (7" to 7⅞" long)	1 banana	118	74	109	1	1	0.2	Tr	0.1
281	Sliced	1 cup	150	74	138	2	1	0.3	0.1	0.1
282	Blackberries, raw	1 cup	144	86	75	1	1	Tr	0.1	0.3
	Blueberries									
283	Raw	1 cup	145	85	81	1	1	Tr	0.1	0.2
284	Frozen, sweetened, thawed	1 cup	230	77	186	1	Tr	Tr	Tr	0.1
	Cantaloupe. See Melons.									
	Carambola (starfruit), raw									
285	Whole (3⅝" long)	1 fruit	91	91	30	Tr	Tr	Tr	Tr	0.2
286	Sliced	1 cup	108	91	36	1	Tr	Tr	Tr	0.2
	Cherries									
287	Sour, red, pitted, canned, water pack	1 cup	244	90	88	2	Tr	0.1	0.1	0.1
288	Sweet, raw, without pits and stems	10 cherries	68	81	49	1	1	0.1	0.2	0.2
289	Cherry pie filling, canned	⅕ of 21-oz can	74	71	85	Tr	Tr	Tr	Tr	Tr
290	Cranberries, dried, sweetened	¼ cup	28	12	92	Tr	Tr	Tr	Tr	0.1
291	Cranberry sauce, sweetened									

Avocados, raw, California

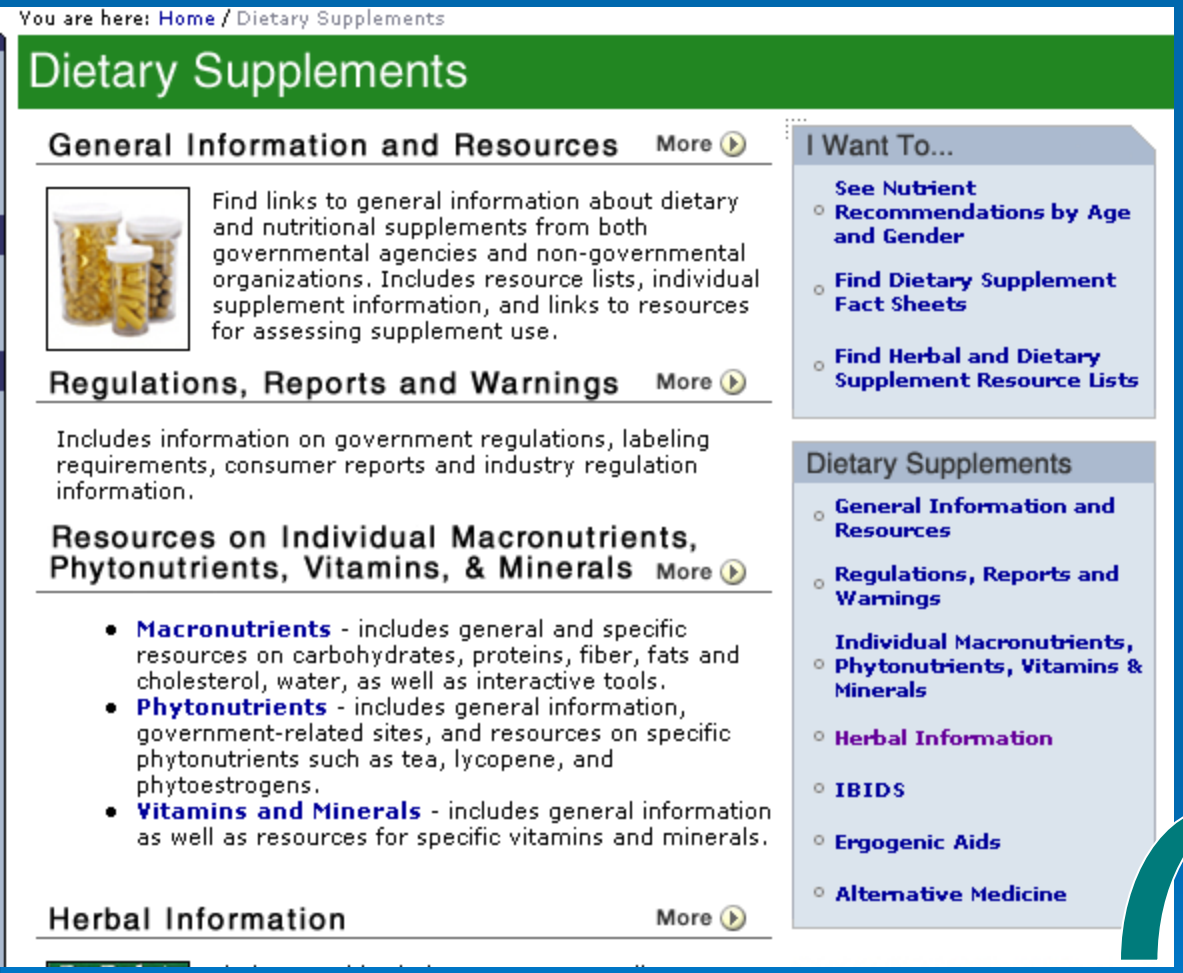
USDA Nutrient Data Laboratory

Scientific Name: *Persea americana*

NDB No: 09038

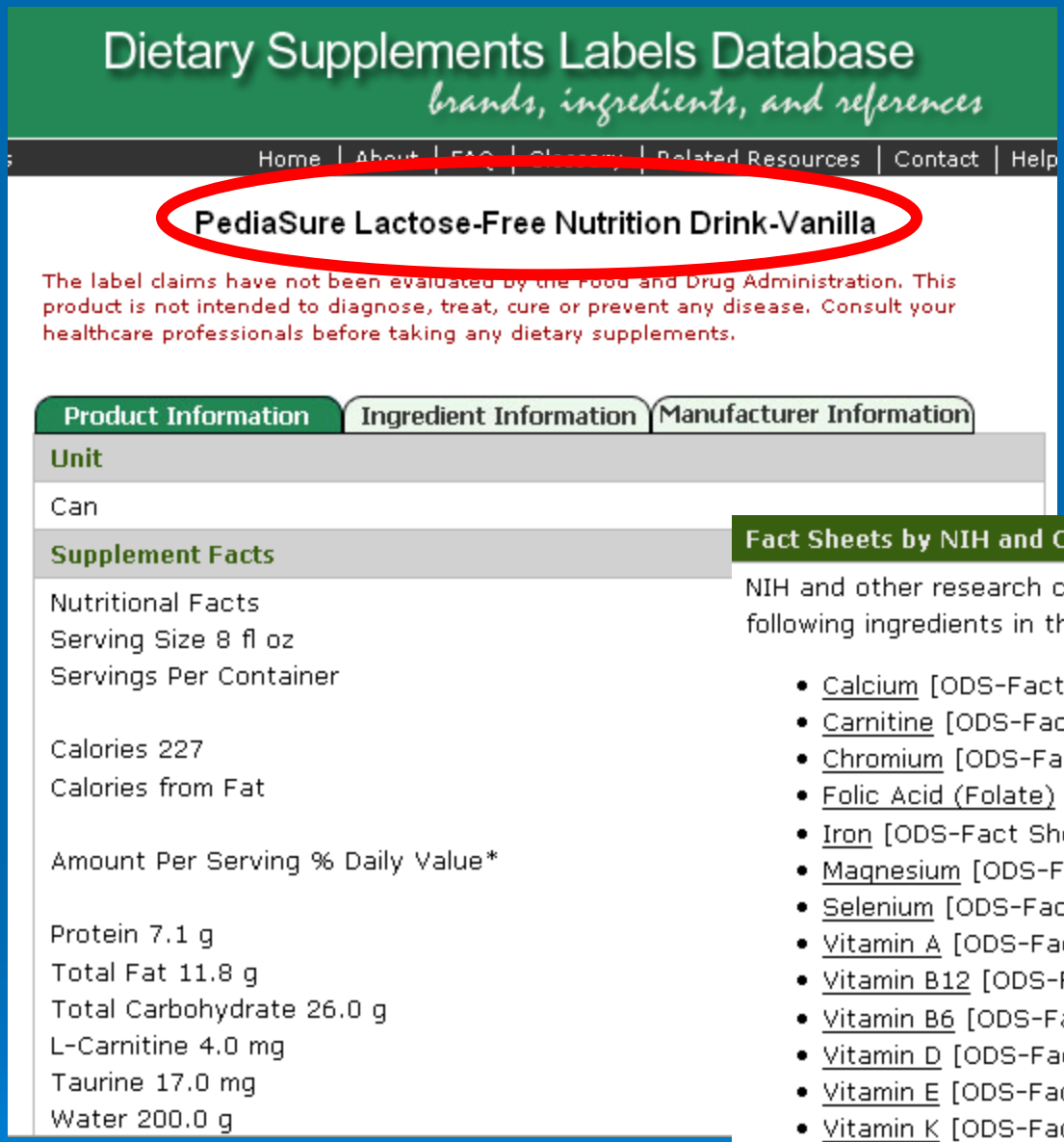
Nutrient	Units	Value per 100 grams of edible portion	Number of Data Points	Std. Error
Proximates				
Water	g	72.33	33	2.17
Energy	kcal	167	0	0
Energy	kj	697	0	0
Protein	g	1.96	30	0.158
Total lipid (fat)	g	15.41	31	0.63
Ash	g	1.66	30	0.138
Carbohydrate, by difference	g	8.64	0	0
Fiber, total dietary	g	6.8	21	1.014
Sugars, total	g	0.30	11	0.098
Sucrose	g	0.06	9	0.043
Glucose (dextrose)	g	0.08	9	0.035
Fructose	g	0.08	9	0.019
Lactose	g	0.00	9	0
Maltose	g	0.00	9	0

Food and Nutrition Information Center *www.nal.usda.gov/fnic*



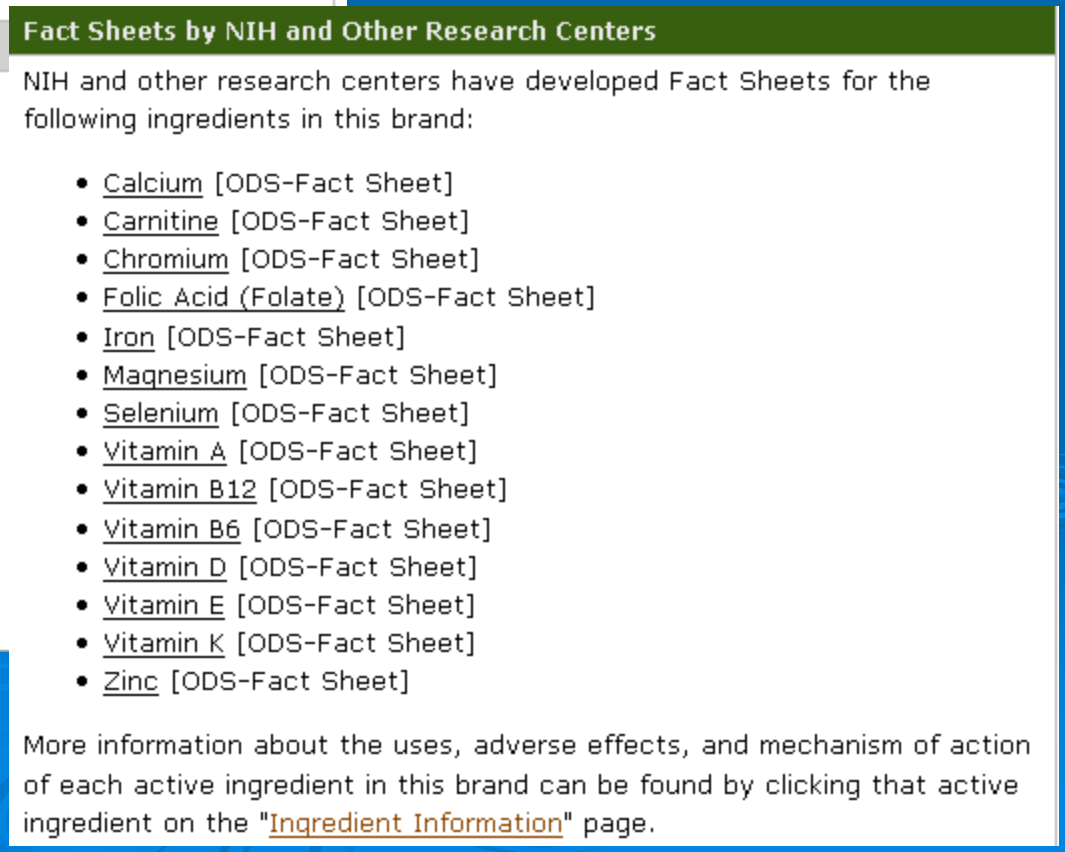
Links to Dietary Supplements Labels Database

dietarysupplements.nlm.nih.gov



Ingredients of >3,000 dietary Supplements:

*uses in humans
*adverse effects
*mechanisms of action



dietarysupplements.nlm.nih.gov

Dietary Supplements Labels Database

brands, ingredients, and references

PediaSure Lactose-Free Nutrition Drink-Vanilla

Select ingredient from list below for general information, and links to information about its therapeutic use, adverse effects and mechanisms of action.

Product Information | Ingredient Information | Manufacturer Information

Active Ingredients	Amount/Unit	Units	Daily Value(%)
Biotin	76.00	mcg	25.0
Calcium	230.00	mg	23.0
Carnitine	4.00	mg	Not Est.
Chloride	240.00	mg	7.0
Choline	71.00	mg	Not Est.
Chromium	7.00	mcg	6.0
Copper	0.24	mg	12.0
Folic Acid (Folate)	88.00	mcg	22.0
Inositol	19.00	mg	Not Est.
Iodine	23.00	mcg	15.0
Iron	3.00	mg	19.0
Magnesium	47.00	mg	12.0
Manganese	0.24	mg	12.0
Molybdenum	8.00	mcg	11.0

Food and Nutrition Information Center *www.nal.usda.gov/fnic*

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- Food Labeling
- Dietary Supplements
- Nutrition Assistance Programs
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- Professional and Career Resources

Databases

Non-FNIC Databases

More

Find on-line searchable databases such as AGRICOLA and PubMed from Federal government agencies, scientific literature and bibliographic databases such as ERIC, databases offered by colleges and universities and more.

FNIC Databases

FNIC and its special project Web sites, the SNAP-Ed Connection (formerly Food Stamp Nutrition Connection), the Healthy Meals Resource System (HMRS), and WIC Works Resource System (WWRS), maintain databases of nutrition education materials. There is also a small Native American Nutrition Education Database, as well as databases available from the International Bibliographic Information on Dietary Supplements (IBIDS) and the Food Safety Research Information Office (FSRIO).

Search Individual Databases

- **WIC Works Education and Training Materials Database**
- **SNAP-Ed Connection Resource Finder Database**
- **Healthy Meals Resource System Education and Training Materials Database**
- **Native American Nutrition Education Database**
- **Food Safety Education and Training Materials Database**
- **Food Safety Research Information Office Research Projects Database**
- **IBIDS - Internationational Bibiliographic Information on Dietary Supplements**

I Want To...

- **Ask a Question**

Databases

- **Native American Nutrition Education Database**

See Also

- **AGRICOLA**
- **PubMed**

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More

Providing easy, online access to government information on food and human nutrition for consumers.

A service of the National Agricultural Library, U.S. Department of Agriculture

In the News

More

Tips for a Healthy Life for Men
For Men's Health Week ~ June 11-17 and Father's Day, and for every day, learn more about living healthier, starting with the web page from **CDC**.

Insidious Consumption
Find out surprising factors that influence what we eat and how much in a new USDA Economic Research Service (ERS) article. You can also listen online (MP3) or download a podcast.

Outdoor Eating Food Safety Tips
Protect yourself, your family, and friends from foodborne illness. Keep in mind these tips from the FDA when preparing, storing, and cooking food for picnics and barbecues.

Weight Loss Study Focuses on Dairy Foods
The relationship between low-fat dairy foods and weight loss is being studied by USDA Agricultural Research Service (ARS) scientists - read more. Then check out milk group tips from MyPyramid.

I Want To...

- See MyPyramid Food Guidance System
- See the 2005 Dietary Guidelines
- Look up Calories or Nutrients in a Food
- Learn about Federal Nutrition Assistance Programs
- See USDA Nutrition Education Materials
- Get Information on Food Safety

Nutrition Info About...

Information about...

Patient Education

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

MedlinePlus Content

Health topics (today):

750 English

657 Spanish

2 drug and herbal databases:

approx 1700 monographs

ADAM.com encyclopedia:

approx 4000 monographs

Health news:

Approx 15-20 new stories added per day

Interactive tutorials:

175 total

ClinicalTrials links on display:

640 (today)

NIH-Seniorhealth

40 topics

OR-Live surgery videos:

73

Directories:

Over 100 directories covering doctors, hospitals, clinics and libraries.

Announcement listservs:

11 daily & weekly

Cystic Fibrosis

MedlinePlus medlineplus.gov

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)

Basics

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- Treatment
- Prevention/Screening

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- Children
- Teenagers

Overviews

- Cystic Fibrosis (March of Dimes Birth Defects Foundation)

MedlinePlus
Trusted Health Information for You

A servic

Overviews

- Cystic Fibrosis (Mayo Foundation for Medical Education and Research)
- Cystic Fibrosis: Frequently Asked Questions (Cystic Fibrosis Foundation)

Latest News

- Problem Behaviors Beset Kids with Cystic Fibrosis (06/04/2009, Reuters Health)
- New Spray Could Benefit Cystic Fibrosis Patients (05/18/2009, HealthDay)
- FDA Approves Pancreatic Enzyme Replacement Product for Marketing in United States (05/07/2009, Food and Drug Administration)
- Insights Give New Hope Against Cystic Fibrosis (03/20/2009, HealthDay)

Diagnosis/Symptoms

- CF Gene Mutation Testing (American Association for Clinical Chemistry)
- Cystic Fibrosis (CF): Chloride Sweat Test (Nemours Foundation)
- Sweat Test (American Association for Clinical Chemistry)
- Trypsin and Chymotrypsin Test (American Association for Clinical Chemistry)
- Trypsinogen Test (American Association for Clinical Chemistry)

Treatment

- Building Strength: Therapies for CF (Cystic Fibrosis Foundation)
- Current Treatments (Cystic Fibrosis) (American Association for Respiratory Care)

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Prevention/Screening

- Cystic Fibrosis: Prenatal Screening and Diagnosis (American College of Obstetricians and Gynecologists)
- Newborn Screening for Cystic Fibrosis (Cystic Fibrosis Foundation)

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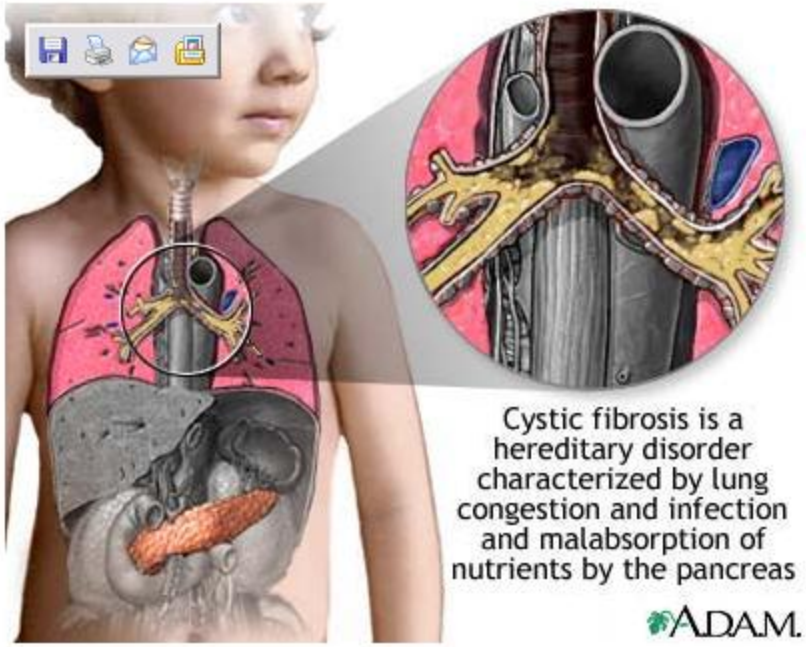
Nutrition

- Nutrition and Cystic Fibrosis: Changes through Life (Cystic Fibrosis Foundation) - Links to PDF
- Nutrition for Your Child with Cystic Fibrosis (Four to Seven Years) (Cystic Fibrosis Foundation) - Links to PDF
- Nutrition for Your Infant with Cystic Fibrosis (Birth to One Year) (Cystic Fibrosis Foundation) - Links to PDF
- Nutrition for Your Toddler with Cystic Fibrosis (One to Three Years) (Cystic Fibrosis Foundation) - Links to PDF
- Nutrition: Bone Health and Cystic Fibrosis (Cystic Fibrosis Foundation) - Links to PDF
- Nutrition: School, Enzymes, and Sports for the Child with Cystic Fibrosis (Cystic Fibrosis Foundation) - Links to PDF
- Pancreatic Enzyme Replacement in People with Cystic Fibrosis (Cystic Fibrosis Foundation) - Links to PDF
- Pancreatic Enzyme Supplements: Food and Drug Administration Requirements (Cystic Fibrosis Foundation)
- Supporting Nutrition: Understanding Tubefeeding (Cystic Fibrosis Foundation) - Large PDF file

Medical Encyclopedia

Cystic fibrosis



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

Update Date: 3/23/2001

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

Montelukast (Systemic)

Contents of this page:

Side Effects of This Medicine

Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your doctor as soon as possible if the following side effect occurs:

Rare

Pus in the urine

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your doctor if any of the following side effects continue or are bothersome:

More common

Headache

Less common

Abdominal or stomach pain; cough; dental pain; dizziness; fever; heartburn; skin rash; stuffy nose; weakness or

MedlinePlus: Drugs, Supplements & Herbal Information

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

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

Peppermint oil

Peppermint oil (Mentha x piperita L.)

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)

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 (Menta 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 cafeíco, ácido clorogénico, luteolina, hesperidina, rutín, aceite "volátil".
- **Selección de marcas registradas** : BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

Evidence Return to top

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

Uses based on scientific evidence	Grade*
Indigestion (non-ulcer dyspepsia) 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.	B
Irritable bowel syndrome (IBS) Multiple randomized controlled trials of peppermint suggest significant improvements in irritable bowl 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 proir to enrollment (such as Rome II Diagnostic Criteria), uniform dosing and standardization, and longer duration.	B
Antispasmodic (gastric spasm) 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.	C
Tension headache 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.	C

Cross-Cultural Healthcare Resources

- EthnoMed *ethnomed.org*

  Cultural beliefs and medical issues pertinent to healthcare of ethnic groups in the Seattle area

- Culture Clues

  depts.washington.edu/pfes/CultureClues.htm

  Tip sheets for increasing awareness about preferences from diverse cultures

- SPIRAL *spiral.tufts.edu*

  Patient information resources in Asian languages

- Health Information in Multiple Languages

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

- Consumer Health Information in Many Languages

  nnlm.gov/outreach/consumer/multi.html

ethnomed

ethnomed.org

HealthLinks | HMC | UW

Search Ethnomed:

Culture Specific Pages

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- Eritrean
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- Hispanic
- Hmong
- Karen
- Oromo
- Somali
- Tigrean
- Vietnamese
- Other groups

Cross Cultural Health

- Clinical Topics
- Community HouseCalls
- Cultural Competency
- Immigration
- Patient Education
- Pearls of Cross Cultural Care
- Related Sites

The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.

Can't find what you want? Try using the Search within EthnoMed using a word or topic.

Print this Page

May 15, 2009

Public Health Alert Information - H1N1 "Swine Flu"

The outbreak of disease in people caused by a new influenza virus of swine origin continues to grow in the United States and internationally. In an effort to reach the immigrant and refugee populations, some information has been translated into other languages by different groups and EthnoMed has compiled a brief list: Swine Flu Translated Resources

For use in a clinic setting, Harborview Medical Center has created videos in the following languages narrated by interpreters at HMC. These videos are approximately 5-7 minutes in length, and could be used in a clinic waiting room or public setting.

Amharic	Mandarin	Russian	Tigrinya
Cantonese	Mien	Somali	Vietnamese
Khmer	Oromo	Spanish	

English Text (PDF) used in the videos.

February 2009: International Rescue Committee Fact Sheets about the health of refugees from the following countries:

Bhutan Burma Ethiopia & Eritrea Iraq

Infant Feeding, Care (Including weaning)

Vietnamese Cultural Profile

Most Vietnamese women breastfeed their infants for the first 6-12 months (both in the US and in Vietnam). This can be difficult when t work outside the home and such women may stop breastfeeding sooner than they would in Vietnam. Children are often delayed in wean from the nursing bottle to the cup until 2 years of age. This may result in an iron deficient diet.

Child Rearing Practices

"Children sit where their parent's place them." This traditional Vietnamese expression characterizes the Confucian based parent-child relationship. Though parents in Seattle have adopted various degrees of western parenting styles, they take their responsibility to teach their children very seriously. The first priority is to teach filial obedience and respect, the second is to provide as much educational succ as possible. In many homes, homework must be completed when arriving home from school, and television is only allowed on the weeke If the parents don't feel the teacher is providing enough homework, they may make homework assignments themselves, or write quest for the child to answer.

In Vietnam, corporal punishment was the norm. In the US, parents are aware that this is not commonly accepted and they have had to change methods of discipline. Some parents state their children are harder to control here than they would have been in Vietnam and ar frustrated that their children seem to lack respect for their elders.

Adolescence, Adulthood, and Old Age

Refugee families have had to deal with many issues in adapting to their new home. In Vietnam, elders were the leaders in families, had t strongest influence in decision making, and were respected and sought after for advice. Younger family members were to be obedient ar respectful. Also, elders held property rights of the family, and could retire once their children could support the family.

When these elders were transported to the US, they lost their property and much of their material goods. Many elders who want to wor outside the home are unable to because of their lack of training for available work, their age, and lack of English skills. They can become very socially and culturally isolated while their younger family members become more Americanized. This can create a fundamental rol reversal: the elders no longer have power, money or land, and become financially dependent on their children. Because they are cultura isolated, they are no longer sought after for advice. This creates much tension in families where elders feel ignored and disrespected, wh

REPORT ON SOMALI DIET

COMMON DIETARY BELIEFS AND PRACTICES OF SOMALI PARTICIPANTS IN WIC NUTRITION EDUCATION GROUPS

Somali Health and Illness: Nutrition

Content by Aliya S. Haq, MS, RD, CD, WIC and Pediatric Dietitian at Harborview Medical Center, Seattle
Edited by Christine Wilson Owens, B.A. Anthropology
Reviewed by Carey Jackson, MD
Community Reviewer: Salma Musa, Caseworker Cultural Mediator, Harborview
Date August, 2003

Contents of Article:

Methods

The following information was collected during more than 70 nutrition education groups for Somali patients taught by dietitian

Preventing Rickets in Breastfed Babies (Cambodian version)

Translated by Jeniffer Huong, August 1995

ការប្រុងប្រយ័ត្នចំពោះម្តាយដែលចំបៅដោះកូន

ពិធីការពាររោគគ្រិសក្នុងការចំបៅដោះកូនរបស់អ្នក

អ្វីទៅដែលហៅថារោគគ្រិស?

វាគឺជាជម្ងឺដែលធ្វើឲ្យឆ្អឹងគ្មានភាពមាំមួនបណ្តាលមកពីការខ្វះខាតជាតិវីតាមីនឌីនៅក្នុងខ្លួន។ នៅក្នុងភូមិភាគខាងជើងឈៀងខាងលិចតាមធម្មតារោគគ្រិសនេះកើតមកពីទារកបាន ទទួលពន្លឺថ្ងៃតិចពេក។

តើទារកណាខ្លះនឹងទទួលរោគគ្រិស?

គឺទារកទាំងឡាយណាដែលទទួលទានទឹកដោះម្តាយពីរយៈពេលប្រាំមួយខែ ឬ ច្រើនជាង ទារកគ្រប់សញ្ជាតិដែលទទួលទានទឹកដោះម្តាយ ទារកដែលកើតមិនគ្រប់ខែនឹងទារកដែលត្រូវបានផ្តាច់ដោះដើម្បីទទួលទានម្ហូប

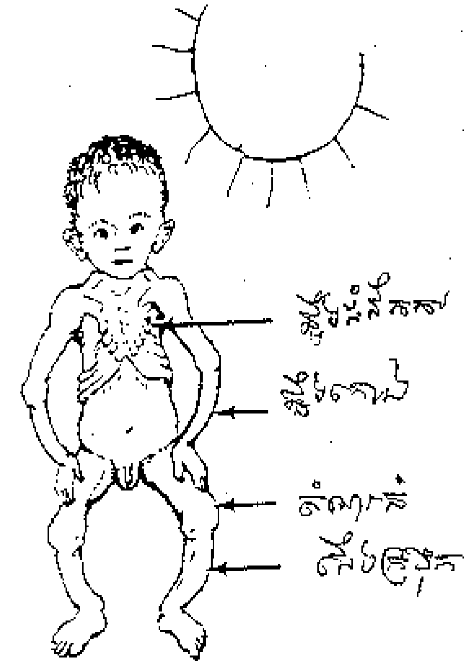
...គ្រប់ខែនឹងទារកដែលត្រូវបានផ្តាច់ដោះដើម្បីទទួលទានម្ហូប

...នជាតិសាច់ , ទឹកដោះគោ, ពោតខាន, ពោតទា

...ដែលរោគគ្រិស?

...ខ្សោយ , មិនអាចដើរលេង , ដើរបាន , មានការលូតលាស់យឺត

...នឹង រោគសើស្បែក

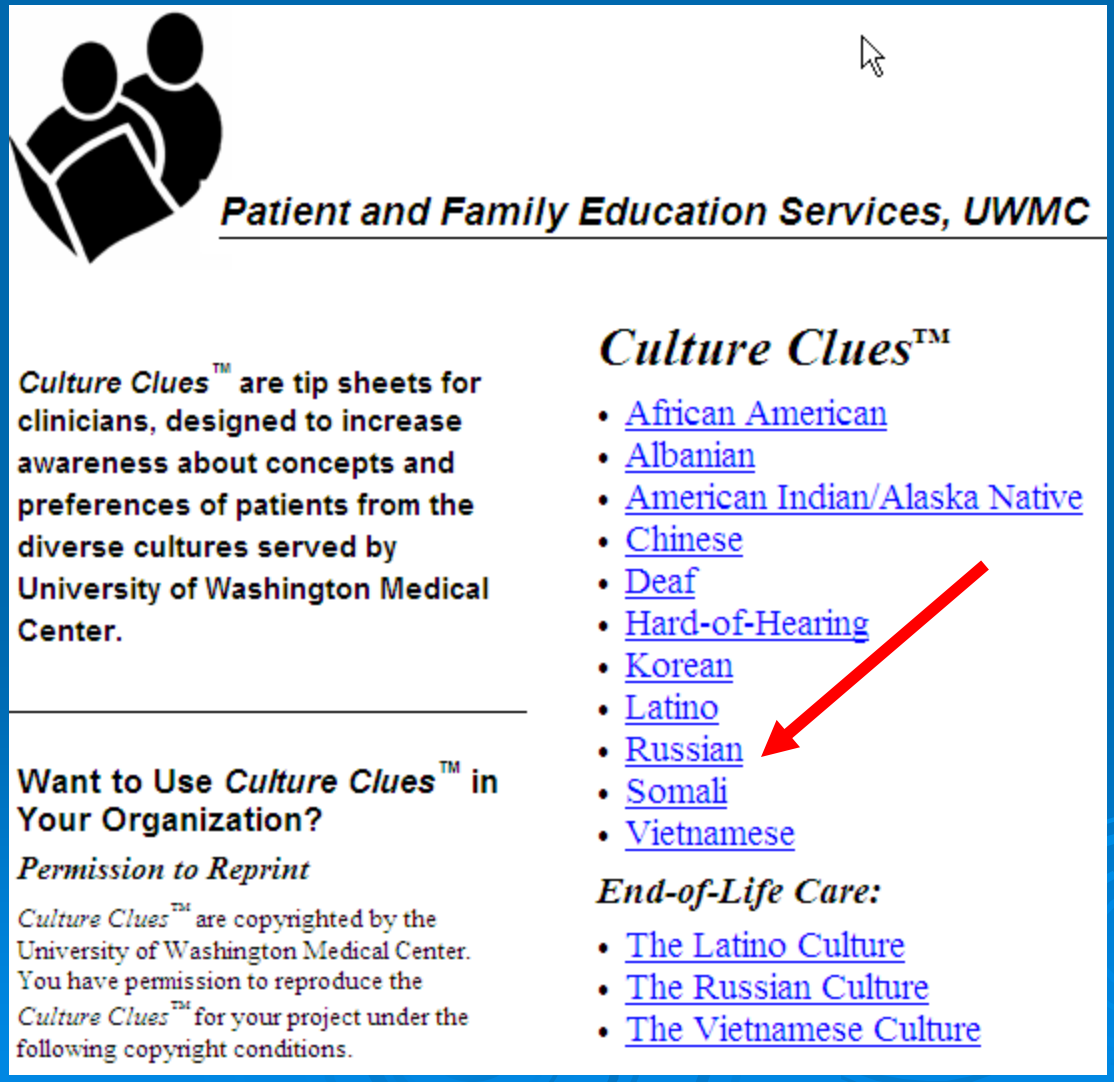


...ការយ៉ាងណាឲ្យកូនអ្នកជៀសវាងពីរោគគ្រិស ?

...ល្អបំផុតក្នុងការការពារមិនឲ្យមានរោគគ្រិសគឺត្រូវឲ្យទារកបាន

Culture Clues

depts.washington.edu/pfes/CultureClues.htm



Patient and Family Education Services, UWMC

***Culture Clues*™ are tip sheets for clinicians, designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center.**

Want to Use *Culture Clues*™ in Your Organization?

Permission to Reprint

Culture Clues™ are copyrighted by the University of Washington Medical Center. You have permission to reproduce the *Culture Clues*™ for your project under the following copyright conditions.

Culture Clues™

- African American
- Albanian
- American Indian/Alaska Native
- Chinese
- Deaf
- Hard-of-Hearing
- Korean
- Latino
- Russian
- Somali
- Vietnamese

End-of-Life Care:

- The Latino Culture
- The Russian Culture
- The Vietnamese Culture

Culture Clues™ **Patient and Family Education Services**

Communicating with Your Russian Patient

Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use *Culture Clues*™ and information from the patient and family to guide your communication and your patient care.

How does the Russian culture deal with illness?

Helping Your Patient Feel Comfortable with UWMC

- Remember to find out if this is your patient's first visit to University of Washington Medical Center.
  - **If it is your patient's first visit to UWMC, take a few moments for orientation.**
  - **Keep in mind that patients who are new to the system may not be aware of the role of the Primary Care Team or the process for getting a referral to a specialist.**

Explaining the Causes of Illness and Disease

- Your patient and his or her family may believe that illness is caused by weather or social experiences, such as stress from the living situation or because of arguing with the family.
  - **Ask your patient if they have experienced stresses or strains recently.**
- Your patient may not like to take excessive medications. When an option, ask your patients if they prefer over-the-counter or homeopathic medicine.
- Spend time with the patient to show that the patient is cared for.

Nutrition

Healthy Food Options: What to Eat More Of and What to Eat Less Of
Source: College of Natural Resources, University of California - Berkeley

Cambodian Khmer - English
Chinese 中文 - English
Hmong/English
Korean 한국어 - English
Laotian Lao - English
Vietnamese Tiếng Việt - English

Healthy Snacks for Adults
Source: Ministry of Health Services - British Columbia, Ca

Chinese - Traditional 繁體中文
English (HTML)
Vietnamese Tiếng Việt

Healthy Weight for My Child
Source: College of Natural Resources, University of Califo

Cambodian Khmer
Chinese 中文
Hmong - English
English
Korean 한국어
Laotian Lao
Vietnamese Tiếng Việt

Heart Healthy Eating
Source: Ministry of Health Services - British Columbia, Ca

Chinese - Traditional 繁體中文
English (HTML)
Vietnamese Tiếng Việt

Helping Children Maintain a Healthy Weight
Source: New South Wales Health Department - Australia

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Laotian Lao
Thai ภาษาไทย
Vietnamese Tiếng Việt

SPIRAL
spiral.tufts.edu

給家長，照料人及兒童的資料

兒童需要很多能量去成長，玩耍和學習。在進膳及小吃時選擇適當的食物，可以幫助你的孩子建立一個健康的將來。

兒童可以與其他家人享用同樣的食物。一起進膳可以幫助他們有良好的飲食。良好的飲食習慣是可以終生受用的。

食物是無分好與壞的，而最重要的是飲食要均衡。在本小冊內的每個食物類別對發展良好健康都非常重要，因此每人都要將每一個類別的食物包括在內。

很多時食都有從這五個食物類別加入不同的食物。想一想你孩子的飲食中缺少了哪類別的食物，然後將它們加入他們的膳食內。

麵包，穀類食品及馬鈴薯

這些食物提供能量及維他命。每餐都應包括這些食物在內。

嘗試用不同的食品，包括麵包片，pitta 包，印度薄餅(chapatti)，麵包圈(bagels)，義大利粉，芋頭，飯，麵，與餐穀類食品或大麥。

奶類及奶類食品

MedlinePlus
Trusted Health Information for You

MedlinePlus Health Information in Multiple Languages

nlm.nih.gov/medlineplus/languages/languages.html

A B C D E F G H I J K L M N O P Q R S T U V W XYZ Li

Infant and Toddler Nutrition – Multiple Languages

Arabic (العربية)
Bosnian (Bosanski)
Chinese - Simplified (简体中文)
Chinese - Traditional (繁體中文)
French (français)
Hindi (हिन्दी)
Japanese (日本語)
Korean (한국어)
Marshallese (kajin Majöl)
Portuguese (português)
Russian (Русский)
Somali (af Soomaali)
Spanish (español)
Vietnamese (Tiếng Việt)

Arabic (العربية)

- Bottle Feeding Your Baby
  (Arabic) العربية PDF Bilingual
  Health Information Translations

Bosnian (Bosanski)

- Bottle Feeding Your Baby
  Hranjenje bebe flašicom – Bosanski (Bosnian) PDF Bilingual
  Health Information Translations

Chinese - Simplified (简体中文)

- Bottle Feeding Your Baby
  用奶瓶喂哺宝宝 – 简体中文 (Chinese - Simplified) PDF Bilingual
  Health Information Translations

General Drug Resources

- FDA *www.fda.gov/Drugs/default.htm*

  Drugs@FDA *www.accessdata.fda.gov/Scripts/cder/DrugsatFDA*

  Approved Drug Products with Therapeutic Equivalence Evaluations *www.fda.gov/Drugs/InformationOnDrugs/ucm129662.htm*
- Lact Med: Drugs and Lactations Database

  toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
- MedlinePlus: Drugs, Supplements and Herbal Information

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

  Information on thousands of prescription and over-the-counter medications, herbals and supplements
- PillBot.com *pillbot.com* Prescription comparison shopping guide
- RxList *rxlist.com* Includes the Top 200 list and a Pill Identification

Drugs@FDA

FDA Approved Drug Products

Start Over

savella

Drug Details

Drug Name(s)	SAVELLA (Brand Name Drug)
FDA Application No.	(NDA) 022256
Active Ingredient(s)	MILNACIPRAN HYDROCHLORIDE
Company	CYPRESS BIOSCIENCE
Original Approval or Tentative Approval Date	January 14, 2009
Chemical Type	1 New molecular entity (NME)
Review Classification	S Standard review drug

- There are no Therapeutic Equivalents
- Approval History, Letters, Reviews, and Related Documents
- Label Information
- Risk Evaluation and Mitigation Strategy

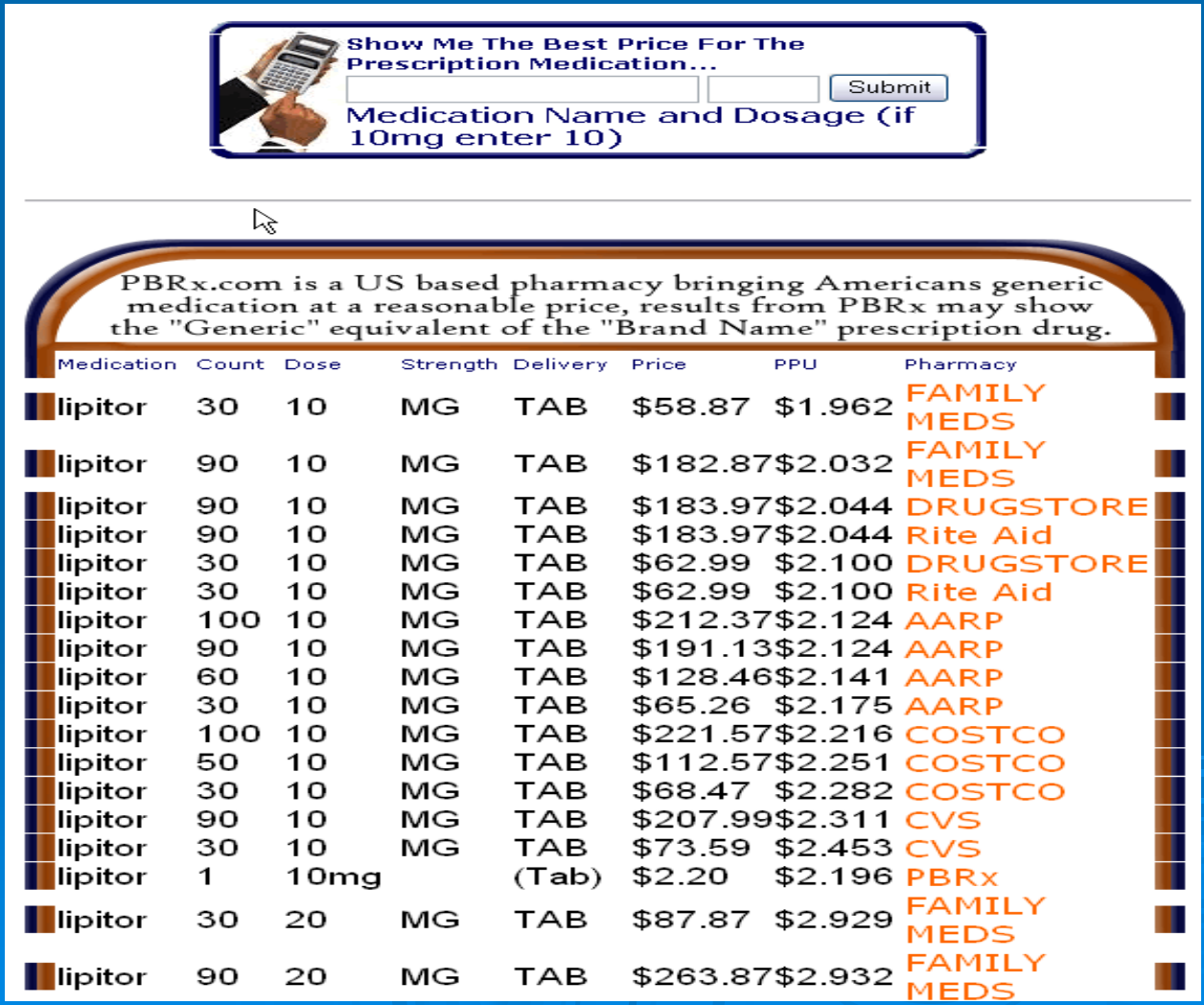
Products on Application (NDA) #022256

Click on a column header to re-sort the table:

Drug Name	Active Ingredients	Strength	Dosage Form/Route	Marketing Status	RLD	TE Code
SAVELLA	MILNACIPRAN HYDROCHLORIDE	12.5MG	TABLET; ORAL	Prescription	No	None
SAVELLA	MILNACIPRAN HYDROCHLORIDE	25MG	TABLET; ORAL	Prescription	No	None
SAVELLA	MILNACIPRAN HYDROCHLORIDE	50MG	TABLET; ORAL	Prescription	No	None
SAVELLA	MILNACIPRAN HYDROCHLORIDE	100MG	TABLET; ORAL	Prescription	Yes	None

Pillbot

pillbot.com



Show Me The Best Price For The Prescription Medication...

Submit

Medication Name and Dosage (if 10mg enter 10)

PBRx.com is a US based pharmacy bringing Americans generic medication at a reasonable price, results from PBRx may show the "Generic" equivalent of the "Brand Name" prescription drug.

Medication	Count	Dose	Strength	Delivery	Price	PPU	Pharmacy
lipitor	30	10	MG	TAB	$58.87	$1.962	FAMILY MEDS
lipitor	90	10	MG	TAB	$182.87	$2.032	FAMILY MEDS
lipitor	90	10	MG	TAB	$183.97	$2.044	DRUGSTORE
lipitor	90	10	MG	TAB	$183.97	$2.044	Rite Aid
lipitor	30	10	MG	TAB	$62.99	$2.100	DRUGSTORE
lipitor	30	10	MG	TAB	$62.99	$2.100	Rite Aid
lipitor	100	10	MG	TAB	$212.37	$2.124	AARP
lipitor	90	10	MG	TAB	$191.13	$2.124	AARP
lipitor	60	10	MG	TAB	$128.46	$2.141	AARP
lipitor	30	10	MG	TAB	$65.26	$2.175	AARP
lipitor	100	10	MG	TAB	$221.57	$2.216	COSTCO
lipitor	50	10	MG	TAB	$112.57	$2.251	COSTCO
lipitor	30	10	MG	TAB	$68.47	$2.282	COSTCO
lipitor	90	10	MG	TAB	$207.99	$2.311	CVS
lipitor	30	10	MG	TAB	$73.59	$2.453	CVS
lipitor	1	10mg		(Tab)	$2.20	$2.196	PBRx
lipitor	30	20	MG	TAB	$87.87	$2.929	FAMILY MEDS
lipitor	90	20	MG	TAB	$263.87	$2.932	FAMILY MEDS

RxList

rxlist.com

Ex: Accupril

SIDE EFFECTS

Hypertension

ACCUPRIL has been evaluated for safety in 4960 subjects and patients. Of these, 3203 patients, including 655 elderly patients, participated in controlled clinical trials. ACCUPRIL has been evaluated for long-term safety in over 1400 patients treated for 1 year or more.

Adverse experiences were usually mild and transient.

In placebo-controlled trials, discontinuation of therapy because of adverse events was required in 4.7% of patients with hypertension.

Adverse experiences probably or possibly related to therapy or of unknown relationship to therapy occurring in 1% or more of the 1563 patients in placebo-controlled hypertension trials who were treated with ACCUPRIL are shown below.

Adverse Events in Placebo-Controlled Trials

	Accupril (N=1563) Incidence (Discontinuance)	Placebo (N=579) Incidence (Discontinuance)
Headache	5.6 (0.7)	10.9 (0.7)
Dizziness	3.9 (0.8)	2.6 (0.2)
Fatigue	2.6 (0.3)	1.0
Coughing	2.0 (0.5)	0.0
Nausea and/or Vomiting	1.4 (0.3)	1.9 (0.2)
Abdominal Pain	1.0 (0.2)	0.7

Includes Top 200 Drugs By Prescriptions Dispensed

Top 200 Drugs

BY NAMES SEARCHED | BY PRESCRIPTIONS DISPENSED

1. Lipitor
2. Singulair
3. Lexapro
4. Nexium
5. Synthroid
6. Plavix
7. Toprol XL
8. Prevacid
9. Vytorin
10. Advair Diskus
11. Zyrtec
12. Effexor XR
13. Protonix
14. Diovan
15. Fosamax
16. Zetia
17. Crestor
18. Levaquin
19. Diovan HCT
20. Klor-Con
21. Cymbalta

Search for Evidence in Drug and Natural Medicines Databases

- Natural Medicines Comprehensive Database ($)
  naturaldatabase.com
- Natural Standard ($)
  naturalstandard.com
  - Also available partially through *MedlinePlus Drugs, Supplements and Herbal Information*

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

Drug Information for PDAs and Smartphones

- Epocrates Rx *epocrates.com/products/rx/*
  - monographs for the most prescribed meds
  - free download after registration
- PDA resources for UW

  healthlinks.washington.edu/howto/pda

Navigate the Web to find evidence?

Difficulties…

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

Navigating the Web Beyond Basic Google

- Google *google.com*
  - Largest search engine: over *11.5 billion* pages
  - *Relevance ranking* based on link analysis
- Google Advanced Search

  www.google.com/advanced_search?hl=en
- Google Scholar *scholar.google.com*

File Edit View Favorites Tools Help

Google Images

Web **Images** Groups News Froogle **more »**

food pyramid vegetarian Search Advanced Image Search Preferences

Moderate SafeSearch is on

Images

Results **1 - 20** of about **86** for **food pyr**

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Vegetarian Pyramid.gif
440 x 432 pixels - 26k
mywebpages.comcast.net/.../p4.htm

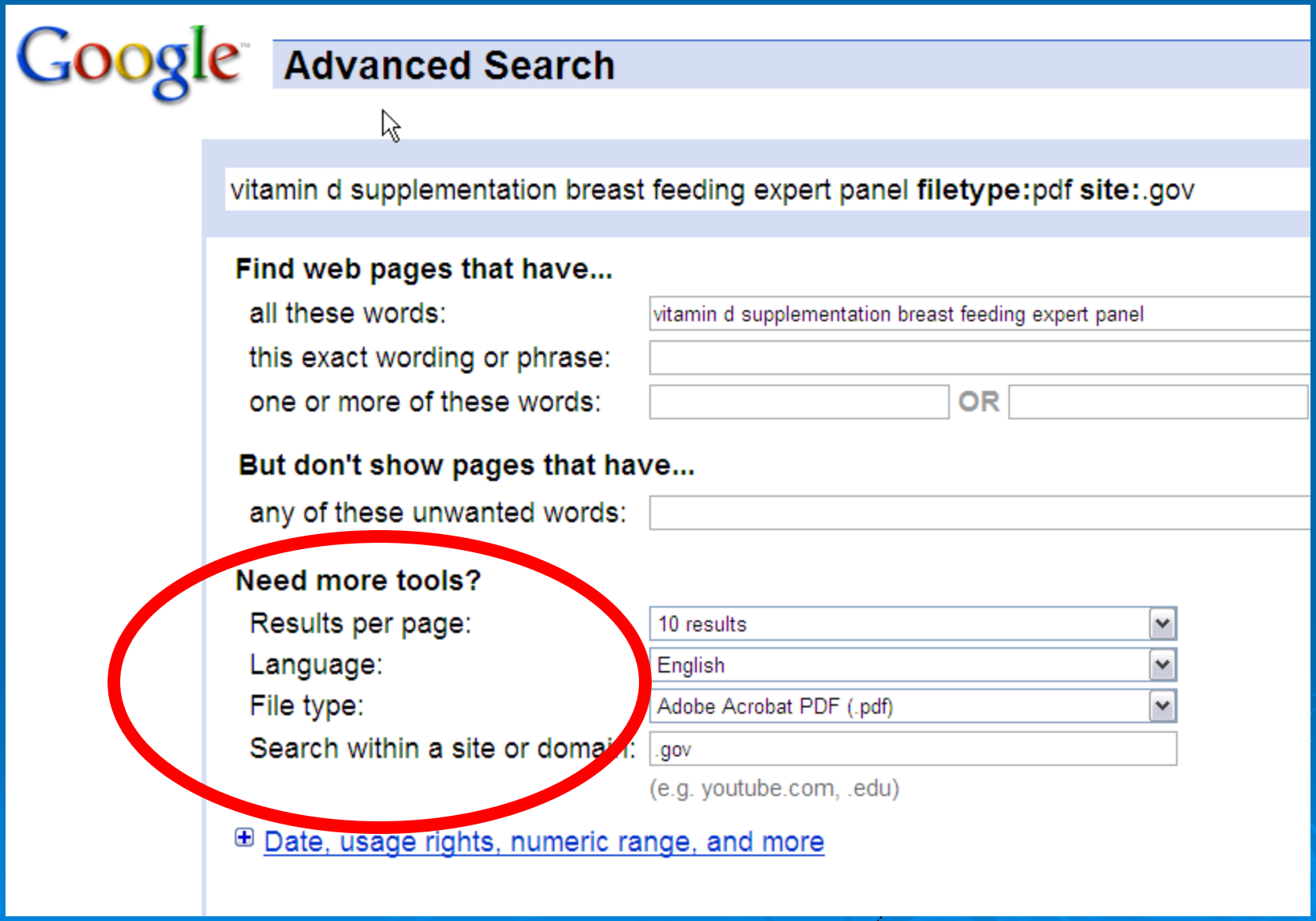
vegetarian-food-pyramid.jpg
323 x 400 pixels - 42k
www.weight-loss-i.com/vegetarian-food-pyramid.htm

Pyramid-Vegetarian-01.jpg
500 x 400 pixels - 31k
www.sdada.org/GCNC_Position_Statement_on_Veg_...

vegp.gif
363 x 464 pixels - 42k
www.moriahsda.org/ pyramid.htm

pyramid.gif
425 x 517 pixels - 130k
www.andrews.edu/NUFS/veggiediet.html

vegetarian pyramid.gif
633 x 785 pixels - 203k
www.state.sd.us/.../ vegetarian%20pyramid.htm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Advanced Search
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Find web pages that have...
all these words:
vitamin d supplementation breast feeding expert panel
this exact wording or phrase:
one or more of these words:
OR
But don't show pages that have...
any of these unwanted words:
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Language:
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File type:
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Date, usage rights, numeric range, and more

Google

Web Images Groups News Froogle more »

vitamin d supplementation breastfeeding expert | Search | Advanced Search | Preferences

Search the Web Search English pages

Web Results **1 - 10** of about **63 English** pages for **vitamin d supplementation breastfeeding expert panel**

[PDF] **Vitamin D Expert Panel** Meeting
File Format: PDF/Adobe Acrobat - View as HTML
... Calikoglu's presentation by **expert panel** members and **...** interfere with the physiologic aspects of **breastfeeding**? **... vitamin D** and **vitamin D supplementation** do not **...**
www.cdc.gov/nccdphp/dnpa/nutrition/ pdf/Vitamin_D_Expert_Panel_Meeting.pdf - Similar pages

[PDF] Data to Action
File Format: PDF/Adobe Acrobat - View as HTML
... 8 **d**. Prenatal Care **...** drug use, 8 failure to take prena tal **vitamins**, 5 and **...** shared 1996–1997 data with the Alaska Special **Supplemental** Nutrition Program for **...**
www.cdc.gov/reproductivehealth/ dataAct2002/pdfs/data_to_action_2002.pdf - Similar pages
[More results from www.cdc.gov]

[PDF] Facts About Dietary Supplements
File Format: PDF/Adobe Acrobat - View as HTML
... Shaw GM, Schaffer **D**, Velie EM, Morland K **...** Periconceptional **vitamin** use, dietary folate, and the occurrence of **...** W. Multivitamin/folic acid **supplementation** in early **...**
www.cc.nih.gov/ccc/supplements/folate.pdf - Similar pages

[PDF] Proposed Rules
File Format: PDF/Adobe Acrobat - View as HTML
... Intakes (Calcium, Phosphorus, Magnesium, **Vitamin D**, and Fluoride **...** Niacin, **Vitamin** B6, Folate, **Vitamin** B12, Pantothenic **...** Program to provide **supplemental** foods and **...**
www.fns.usda.gov/cga/Federal-Register/2003/091503.pdf - Similar pages

Google Scholar (Beta)
scholar.google.com

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

nutrition intervention "failure to thrive" since 2004 Search

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Results **1** - **10** of about **4,640** for **nutrition inte**

Early intervention and recovery among children with failure to thrive: follow-up at age 8 - ►pediatrics.org - Find UW
MM Black, H Dubowitz, A Krishnakumar, RH Starr Jr - Pediatrics, 2007 - Am Acad Pediatrics
... Infants with **failure to thrive** were treated in an interdisciplinary growth and **nutrition** clinic and randomized into clinical-**intervention**-plus-home **...**
Cited by 5 - Related articles - Web Search - BL Direct - All 5 versions

Failure to thrive in a population context: two contrasting studies of feeding and nutritional status - Find UW Holdings
C Wright, J Loughridge, G Moore - Proceedings of the **Nutrition** Society, 2007 - Cambridge Univ Press
... It is recognized that **failure to thrive** (FTT) in **...** in FTT children subjected to dietary **interventions** (Bithoney et al **... Nutritional** studies then face the additional **...**
Cited by 19 - Related articles - Web Search - BL Direct - All 3 versions

►**Postdischarge growth failure among extremely low birth weight infants: Correlates and consequences** - Find UW Holdi
L Sices, D Wilson-Costello, N Minich, H Friedman, ... - Paediatrics & Child Health, 2007 - pubmedcentral.nih.gov
... This was possibly due to clinical or **nutritional interventions**, although we do not **...** weights under 2.5 kg, which was defined as the **failure to thrive** by three **...**
Related articles - Web Search - BL Direct - All 3 versions

Failure to thrive
DA Frank - Developmental and behavioral pediatrics: a handbook for ..., 2004 - books.google.com
... which always reflects inadequate **nutritional** intake for **...** 40 **Failure to Thrive** 185 to ascertain a 24 **...** diarrhea should prompt further evaluation and **intervention**. **...**
Cited by 101 - Related articles - Web Search - All 3 versions

... does maternal and child feeding behavior relate to weight gain and failure to thrive? Data from a ... - ►pediatrics.c
CM Wright, KN Parkinson, RF Drewett - Pediatrics, 2006 - Am Acad Pediatrics
... two contrasting case control studies of feeding and **nutritional** status. **...** controlled trial of specialist health visitor **intervention** for **failure to thrive**. **...**
Cited by 17 - Related articles - Web Search - All 4 versions

[CITATION] Inflammation, Old Age, and **Nutrition** Assessment - Find UW Holdings
C Mueller, C RD - Topics IN Clinical **Nutrition**, 2008
... do not respond to **nutritional intervention** during inflammatory **...** Frailty has also been characterized as **failure to thrive**. **...** The role that **nutrition** plays is not **...**
Related articles - Web Search - BL Direct

[CITATION] A SYSTEMATIC REVIEW OF NUTRITIONAL INTERVENTIONS FOR CHILDREN WITH **FAILURE TO THRIVE**.
EJ Rogers, ML Wilson, DC Wilson - Journal of Pediatric Gastroenterology & **Nutrition**, 2006
Related articles - Web Search

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

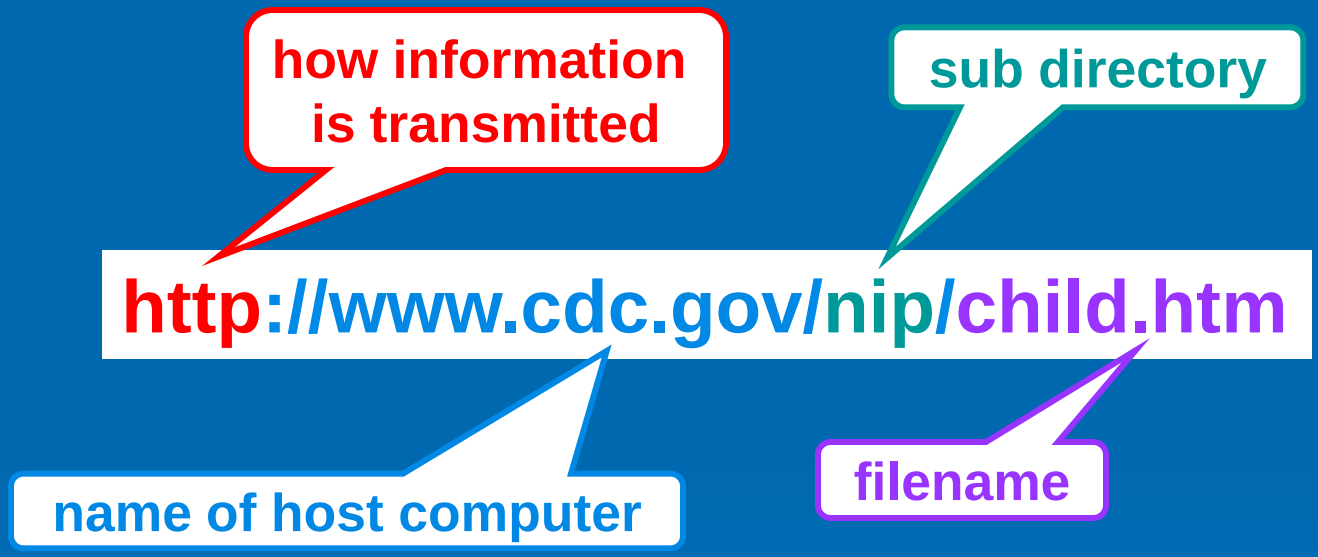
Criteria for Evaluating Web Sites

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

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

Web Site Address:
URL (Uniform Resource Locator)

- edu
- org
- com
- gov
- net



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

Keep Current with Email Alert Services

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

Lundberg GD. Perspective from the editor of JAMA, The Journal of the American Medical Association *Bull Med Libr Assoc.* 1992 Apr;80(2):110-4.

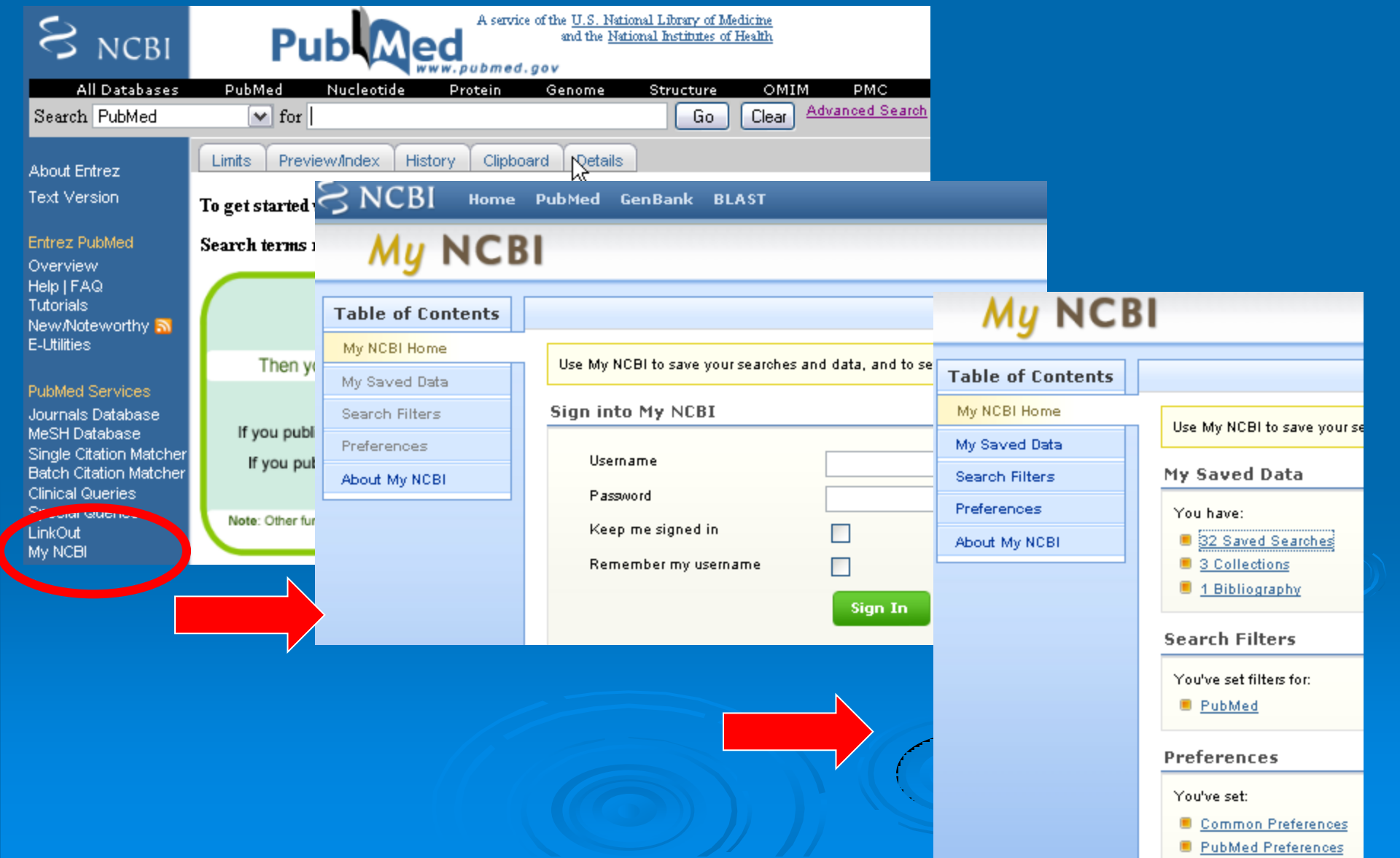
What are Email Alert Services?

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

PubMed: My NCBI

- Your personal space on the NLM computer system for storing search strategies to generate updates
- Free registration required
- Recent *PubMed* citations sent automatically to your email
- *PubMed: My NCBI* help page: *healthlinks.washington.edu/howto/myncbi.html*

My NCBI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www.pubmed.gov
A service of the U.S. National Library of Medicine and the National Institutes of Health
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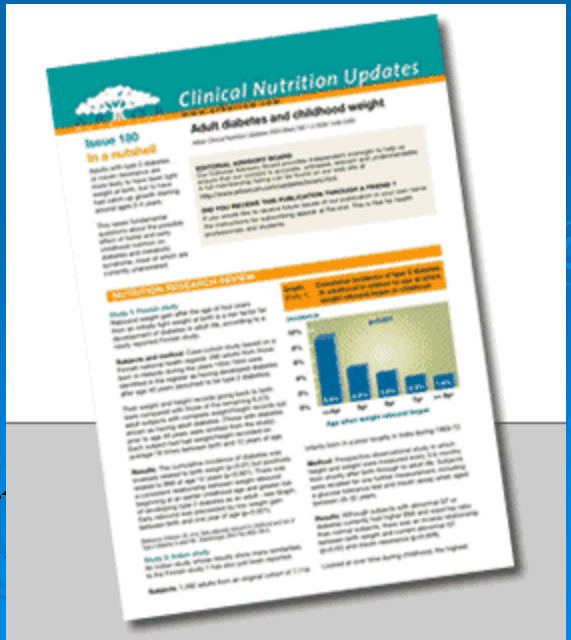
Arbor Clinical Nutrition Updates

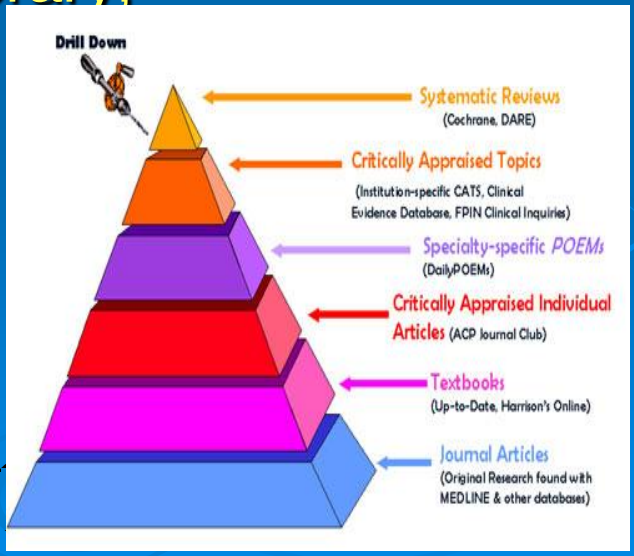
www.nutritionupdates.org

- Free evidence-based electronic nutrition journal
- Summarizes recent clinical research papers
- Adds commentaries



Final Thoughts

- Use the *Finding Evidence-based Pediatric Nutrition Resources on the Web* handout to find evidence
- Navigate the web efficiently using *Advanced Google* or *Google Scholar* and evaluate!
- Remember ADA Evidence Analysis Library, *PubMed, MedlinePlus*, *EthnoMed*, and nutrition sites
- Ask a colleague or librarian, your ultimate search engine!



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

  NN/LM 800.338.7657
  Linda Milgrom 206.221.3400
  lmilgrom@u.washington.edu

Finding Evidence-Based Pediatric Nutrition Resources on the Web

PowerPoint presentation:

healthlinks.washington.edu/hsl/liaisons/schnall/pednutrition2009.ppt

Handout:

healthlinks.washington.edu/hsl/liaisons/schnall/pednutrition2009.doc

Reference:

Schnall JG. Clicking Your Way to Nutrition Resources on the Web.

Nutrition Focus 2007 Jan/Feb 22(1):1-9.

depts.washington.edu/cshcnnut/download/resources/nutfocus22_1.pdf