

# Las revisiones sistemáticas Cochrane: actualización y perspectivas de uso

Las revisiones Cochrane desde la perspectiva del investigador

Evidencia fiable.  
Decisiones informadas.  
Mejor salud.

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Hospital Universitario Ramón y Cajal



@Ingrid\_ArevaloR

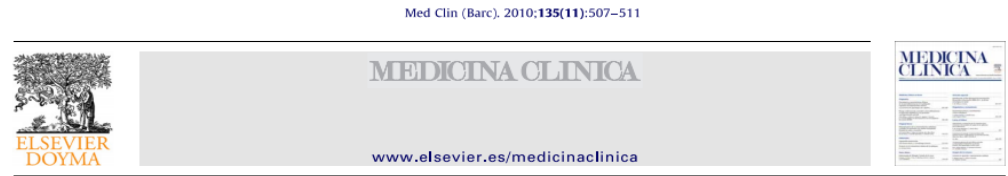
# Una revisión sistemática (RS) representa...



# 1. Un diseño de investigación de tipo secundario (basado en estudios primarios)

Síntesis de (toda) la evidencia sanitaria acerca de:

- La efectividad
- La seguridad
- La exactitud diagnóstica
- El papel como factor pronóstico
- (...)



Med Clin (Barc). 2010;135(11):507-511

Artículo especial

**Declaración PRISMA: una propuesta para mejorar la publicación de revisiones sistemáticas y metaanálisis**

PRISMA declaration: A proposal to improve the publication of systematic reviews and meta-analyses

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## AMSTAR-2: herramienta de evaluación crítica de revisiones sistemáticas de estudios de intervenciones de salud

AMSTAR-2: critical appraisal tool for systematic reviews of healthcare interventions

Shea BJ y col. BMJ. 2017;358:j4008

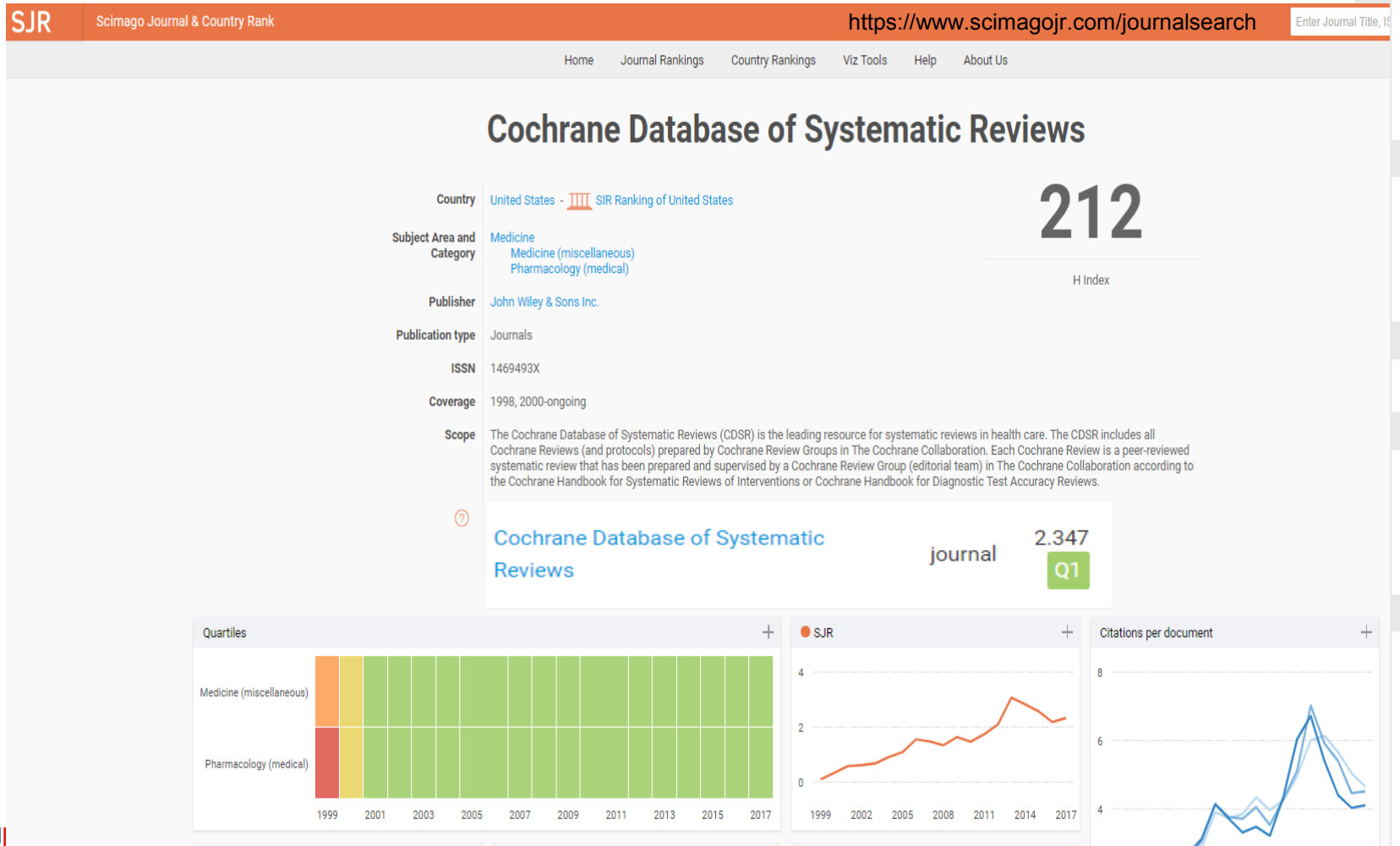
### Resumen

El número de revisiones sistemáticas (RS) de estudios de intervenciones sanitarias publicadas ha aumentado rápidamente. Estos documentos de síntesis son ampliamente utilizados para la toma de decisiones clínicas y de políticas de salud, pero están sujetos a una serie de sesgos y es importante que los usuarios puedan identificar las RS de mejor calidad. Considerando la relevancia de la actualización de la herramienta Ameasurement Tool to Assess Systematic Reviews (AMSTAR) para la valoración crítica de RS de estudios de intervenciones en salud, el autor resume los aspectos más relevantes de la publicación de Shea y col, traduce el instrumento y su guía de aplicación, y comenta los aspectos salientes del instrumento AMSTAR-2 junto con sus potenciales implicancias en el desarrollo y reporte de RS.

### Abstract

The number of published systematic reviews (SR) of studies of healthcare interventions has increased rapidly. These synthesis documents are used extensively for clinical and policy decisions, but they are subject to a range of biases and it is important that users can distinguish high quality SR. Taking in consideration the relevance of the updated Ameasurement Tool to Assess Systematic Reviews (AMSTAR) tool for the assessment of SR of healthcare interventions, the author synthesizes the most relevant features of the article by Shea et al, translates the tool and it's user's guide, and comments on the AMSTAR-2 highlights and their potential implications in development and report of SR.

## 2. Publicaciones (protocolo+ revisión completa + co-publicaciones + actualizaciones)



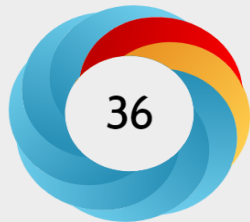


Wikipedia is a free on-line encyclopedia, written collaboratively by the people who use it. Wikipedia contains over 40,000 health-related articles. Medical Wikipedia articles receive approximately 10 million visits per day from around the world, and the English health articles alone received over 2.2 billion views in 2017.

Cochrane has a [partnership with Wikipedia](#) and a number of projects which are on-going which are summarised [here](#).

## Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis

Overview of attention for article published in Cochrane database of systematic reviews, December 2018



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Mentioned by  
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SUMMARY | News | Blogs | Twitter | Dimensions citations

**Title** Uterotonic agents for preventing postpartum haemorrhage: a network meta-analysis  
**Published in** Cochrane database of systematic reviews, December 2018  
**DOI** 10.1002/14651858.cd011689.pub3  
**Pubmed ID** 30569545  
**Authors** Ioannis D Gallos, Argyro Papadopoulou, Rebecca Man, Nikolaos Athanasopoulos, Aurelio Tobias... [show]

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### 3. Oportunidad de apoyar la toma de decisiones (local/regional/mundial)



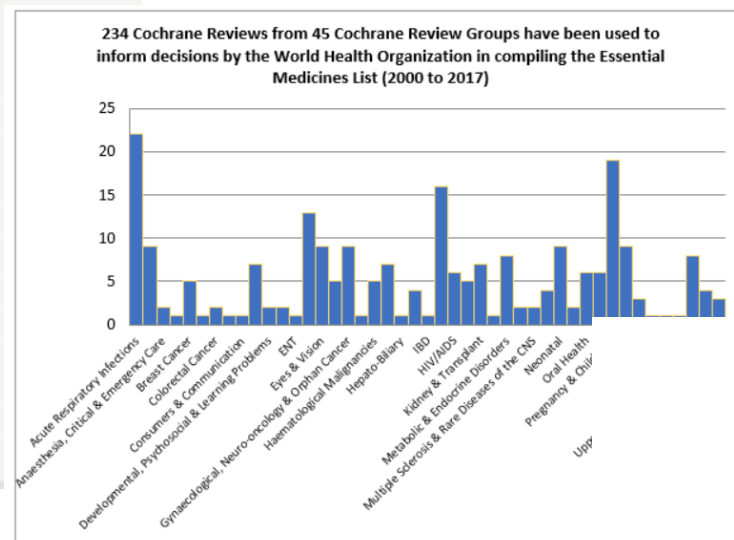
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<https://www.who.int/medicines/publications/essentialmedicines/en/>



Executive summary

World Health Organization Model List of Essential In Vitro Diagnostics  
First edition (2018)



Report of the first Strategic Advisory Group on In Vitro Diagnostics (SAGE-IVD)

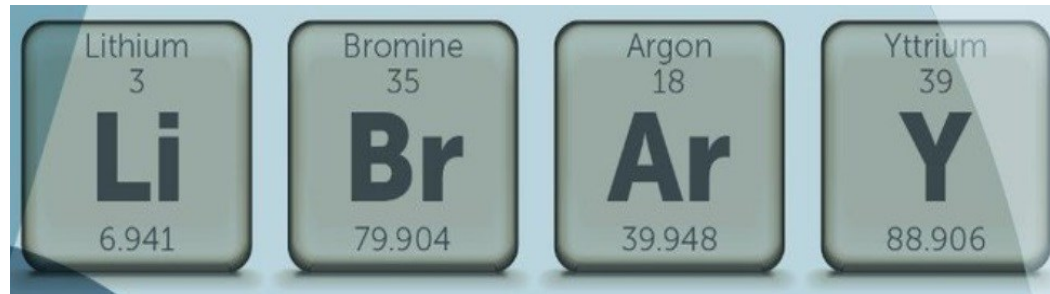
WHO headquarters, Geneva, 16–20 April 2018

# Un deporte de equipo...

- ❖ Oportunidad de colaboración en red (nacional/regional/mundial)
- ❖ Clínicos + Metodólogos + Pacientes + Estadísticos + Documentalistas
- ❖ Documentalista (Information Specialist):  
Garantiza que toda la evidencia sea identificada para responder a la pregunta de la revisión
  - Profesional perteneciente al grupo Cochrane
  - Base de la institución del autor líder
  - Externo (servicios especializados)
  - Autor de la revisión



# Algunos casos seleccionados...



- A. En la solicitud del título
- B. En la escritura del protocolo/revisión
- C. En los resultados de las búsquedas
- D. En la localización de artículos específicos
- E. En la etapa de comentarios



# A. En la solicitud de títulos/temas



**Cochrane**  
Priority Reviews

Trusted evidence.  
Informed decisions.  
Better health.

Search...



Browse

About this list

## Network

- Acute and Emergency Care Network (5)
- Brain, Nerves and Mind Network (30)
- Cancer Network (19)
- Children and Families Network (20)
- Circulation and Breathing Network (22)
- Long-term Conditions and Ageing Network 1 (17)
- Musculoskeletal, Oral, Skin and Sensory Network (42)
- Public Health and Health Systems Network (29)

## Cochrane Review Group

- Acute Respiratory Infections Group (2)
- Airways Group (4)
- Anaesthesia Group (1)
- Back and Neck Group (2)
- Bone, Joint and Muscle Trauma Group (1)
- Breast Cancer Group (2)
- Colorectal Cancer Group (3)

## Search results: 184

### Accuracy of screening methods for pancreatic cancer

Upper GI and Pancreatic Diseases Group

### Acupuncture for chronic non-specific low back pain

Back and Neck Group

### Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation

Tobacco Addiction Group

### Advanced care planning for adults receiving palliative care

Pain, Palliative and Supportive Care Group

### Adverse effects of immunotherapies for multiple sclerosis: a network meta-analysis

Multiple Sclerosis and Rare Diseases of the CNS Group

### Adverse events in patients taking cephalosporin antibiotics versus placebo for any indication

Acute Respiratory Infections Group

### Alarm interventions for nocturnal enuresis in children

Incontinence Group

## Home versus office blood pressure monitoring for hypertension

### CRG:

Hypertension Group

### Network:

Circulation and Breathing Network

### Availability:

Open to new authors

### Stage:

New

### Status:

Commissioned

### Date added:

25 Oct 18



## Review team proposal form



Please complete and email this form to [csg@nottingham.ac.uk](mailto:csg@nottingham.ac.uk)

E

Authors completing this form should note they are required to follow the [Cochrane Handbook for Systematic Reviews of Interventions](#) when preparing their review. They also need to adhere to Cochrane [MECIR](#) (Methodological Expectations of Cochrane Intervention Reviews) standards. Please read Managing Expectations: [What does Cochrane expect of authors, and what can authors expect of Cochrane?](#)

### Title

Interventions for alopecia areata

### Contact/Lead author name

Guillermo Sánchez-Vanegas

### Please write a sentence to explain your motivation for wanting to do this review

Alopecia areata is a common cutaneous disorder that affects individuals of any age, sex and ethnicity, in which there is a transient, non-scarring hair loss, with significant compromise of quality of life and serious social and emotional impact. In 2010, the Cochrane Skin group published a systematic review (SR) about the management of this condition and the authors remarked the need for large well conducted trials evaluating long term effects of therapies on critical patient-important outcomes, such as quality of life. In a preliminary search we found at least 10 new eligible trials published between 2011 and 2018. An update of the findings of the 2010 SR is urgently needed, in order to provide updated information to clinicians and patients about the best alternatives in the management of alopecia.



# B. En la escritura del protocolo/revisión

Dos apartados esenciales:

- Sección de búsquedas planeadas (Donde se buscará la evidencia?)
- Anexo: Búsqueda en MEDLINE/PUBMED (Cómo se buscará?)

## Search methods for identification of studies

### Electronic searches

We will conduct a literature search to identify RCTs. No language or publication status restrictions will be applied. When necessary, we will translate non-English language studies.

We will search the following databases:

- Cochrane Central Register of Controlled Trials (CENTRAL, latest issue) in the Cochrane Library;
- MEDLINE (via PubMed; 1946 to date);
- Embase (1980 to date).

The Cochrane Lung Cancer Group Information Specialists developed the search strategies for the three main databases: CENTRAL (Appendix 1), MEDLINE (Appendix 2), and Embase (Appendix 3) using the Cochrane highly sensitive search strategy for identifying randomized trials in MEDLINE, as referenced in Chapter 6.4.11.1 and detailed in box 6.4c of the *Cochrane Handbook for Systematic Reviews of Interventions* (Higgins 2011b).

We will search the following sources for unpublished clinical trials:

- ClinicalTrials.gov ([www.clinicaltrials.gov](http://www.clinicaltrials.gov));
- WHO International Clinical Trials Registry Platform ([www.who.int/ictrp/](http://www.who.int/ictrp/));
- European Union Clinical Trials Registry ([www.clinicaltrialsregister.eu](http://www.clinicaltrialsregister.eu));
- International Joint Meeting on Thoracic Surgery (<http://thoracicsurgery2018.org>).

### Searching other resources

We will also search other resources, including the following:

- contacting authorities in the field for additional references;
- checking the reference lists of the RCTs included in the review;
- handsearching conference abstracts from the World Congress on Pain (International Association for the Study of Pain) and the World Congress of Anaesthesiologists from 2014 to present;

## Appendix 2. MEDLINE search strategy

#1	((thoracotomy[tiab] OR pneumonectomy[tiab] OR lobectomy[tiab]) OR "Thoracic Surgery, Video-Assisted"[Mesh])
#2	((("Lung Neoplasms"[Mesh]) OR SCLC[tiab]) OR NSCLC[tiab]) OR "lung cancer"[tiab]
#3	(operation[tiab] OR surgery[tiab])
#4	#1 OR #2 OR #3
#5	gabapentin[tiab]
#6	pregabalin[tiab]
#7	gabapentinoids[tiab]
#8	(Convallis[tiab] OR (1-(aminomethyl)cyclohexaneacetic acid[tiab]) OR (Gabapentin Hexal[tiab]) OR (PMS-Gabapentin[tiab]) OR (Gabapentin-ratiopharm[tiab]) OR (Neurontin[tiab]) OR (Novo-Gabapentin[tiab]) OR (Apo-Gabapentin[tiab]) OR (Gabapentin Stada[tiab]))
#9	((S)-3-(aminomethyl)-5-methylhexanoic acid[tiab]) OR (3-isobutyl GABA[tiab]) OR (3 isobutyl GABA[tiab]) OR (GABA, 3-isobutyl[tiab]) OR (3-(aminomethyl)-5-methylhexanoic acid[tiab]) OR ((R)-3-isobutyl GABA[tiab]) OR ((S+)-3-isobutyl GABA[tiab]) OR (Lyrica[tiab]) OR (CI 1008[tiab]) OR (1008, C[tiab]) OR (CI-1008[tiab]) OR (CI1008[tiab]) OR (PD 0144723[tiab]))
#10	#5 OR #6 OR #7 OR #8 OR #9
#11	(randomized controlled trial[pt]) OR (controlled clinical trial[pt])
#12	(Randomized[tiab]) OR (placebo[tiab]) OR (randomly[tiab]) OR (trial[tiab]) OR (groups[tiab])
#13	drug therapy[fs]
#14	#11 OR #12 OR #13
#15	Animals[mh] NOT humans[mh]
#16	#14 NOT #15
#18	#4 AND #10 AND #16

## Electronic searches

The Cochrane Common Mental Disorders Group's Information Specialist will run searches on the following databases.

- CCMDCTR (Studies and References Registers) (all available years).
- Cochrane Central Register of Controlled Trials (CENTRAL) (current issue).
- Ovid MEDLINE databases (1946 onwards) [Appendix 2].
- Ovid Embase (1974 onwards).
- Ovid PsycINFO (all available years).
- Ebsco CINAHL (1980 onwards).

## Electronic searches

We will develop electronic search strategies with the assistance of a library scientist. We will search the Cochrane Central Register of Controlled Trials (CENTRAL, *The Cochrane Library*) (up to current) and the following electronic databases: MEDLINE and EMBASE (up to current), PsycINFO, SportDiscus, PEDro, and CINAHL (1999 to current). The search strategies are shown in Appendix 1 and Appendix 2.

## Electronic searches

We will search the following databases:

- the Cochrane Breast Cancer Group's (CBCG's) Specialised Register. The process of identifying studies and coding references are outlined in the CBCG's website ([https://breastcancer.cochrane.org/sites/breastcancer.cochrane.org/files/public/uploads/specialised\\_register\\_details.pdf](https://breastcancer.cochrane.org/sites/breastcancer.cochrane.org/files/public/uploads/specialised_register_details.pdf)). Trials coded with the key words 'breast cancer', 'traditional Chinese medicine', 'Chinese herbal medicine', 'Chinese medicine', 'herbal medicine', and 'Chinese proprietary medicine' will be extracted and considered for inclusion in the review.
- MEDLINE (via OvidSP) (from 2017 until present), see Appendix 1;
- Embase (via OvidSP) (from 2017 until present), see Appendix 2;
- CENTRAL (the Cochrane Library, latest issue), see Appendix 3;
- The World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) search portal ([apps.who.int/trialsearch/Default.aspx](https://apps.who.int/trialsearch/Default.aspx)) for all prospectively registered and ongoing trials, see Appendix 4;
- Clinicaltrials.gov ([clinicaltrials.gov](https://clinicaltrials.gov)), see Appendix 5;
- China National Knowledge Infrastructure (CNKI), one of the most commonly used electronic Chinese databases, see Appendix 6.

We will handsearch conference papers relating to breast cancer and immunity with CM, including the Euro Breast Cancer Summit, the Global Breast Cancer Conference, the Asia-Pacific Breast Cancer Summit and the Australian Society for Breast Disease Conference.

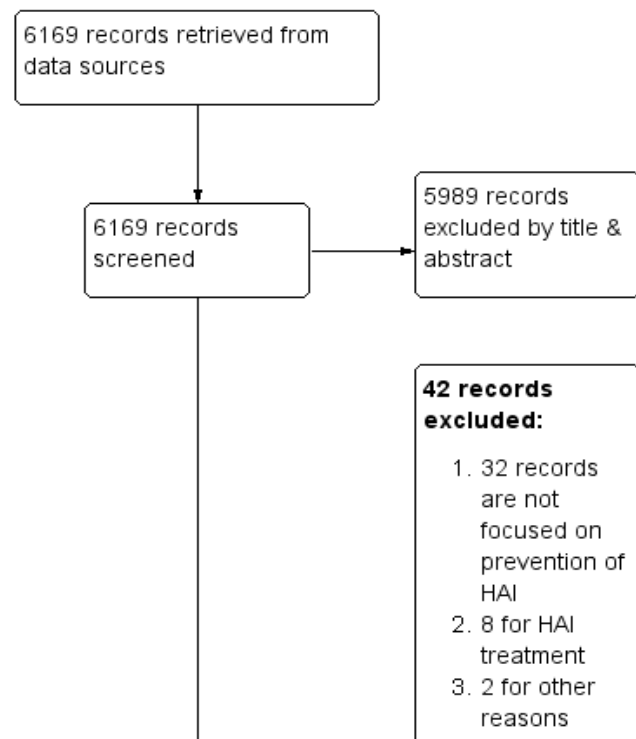
# C. En los resultados de las búsquedas

SEARCH STRATEGY IL-6 AUGUST 2018

DATABASE	DATE	RESULTS	RESULTS AFTER REMOVING DUPLICATES
Medline-Ovid 1946 to ALL <1946 to August 03, 2018>	August 2018	10878	10549
Embase-Elsevier	August 2018	7666	6721
Cochrane Library-CDSR	August 2018	94	94
CENTRAL	August 2018	163	66
Lilacs	August 2018	198	174
TOTAL			18999

## Figures

### Figure 1



Search  Options ▾

Author  Contains

Search Whole Library ▾

Research Notes	Author	Year	Title	Journal
● EXCLUDED	Li, J. L.; Li, G.; Jing, X. Z.; Li, Y. F.; Ye, Q...	2018	Assessment of clinical sepsis-associated biomarkers in a septic mouse model	Journal of In...
● EXCLUDED	Li, J. L.; Li, G.; Jing, X. Z.; Li, Y. F.; Ye, Q...	2018	Assessment of clinical sepsis-associated biomarkers in a septic mouse model	Journal of In...
● EXCLUDED	Perenyi, A.; Johann-Liang, R.; Stavola, J. J.	1999	Assessment of cord blood IL-6 levels as an indicator of neonatal sepsis	American Jo...
● EXCLUIDO	Rosanova, M. T. Tramonti N. Taicz M. M...	2015	Assessment of C-reactive protein and procalcitonin levels to predict infection and mortality in burn children	Archivos Arg...
● EXCLUDED	Battista, S.; Audisio, U.; Galluzzo, C.; Ma...	2016	Assessment of Diagnostic and Prognostic Role of Copeptin in the Clinical Setting of Sepsis	BioMed Rese...
● EXCLUDED	Battista, S.; Audisio, U.; Galluzzo, C.; Ma...	2016	Assessment of Diagnostic and Prognostic Role of Copeptin in the Clinical Setting of Sepsis	BioMed Rese...
●	Titov, L. P.; Chehovich, N. I.; Dubuske, L...	2018	Assessment of gene expression of immune cells during interaction with structural components of Streptococcus pneumoniae	Allergy: Euro...
● EXCLUDED	Pfortmueller, C. A.; Meisel, C.; Fux, M.; ...	2017	Assessment of immune organ dysfunction in critical illness: utility of innate immune response markers	Intensive Car...
● EXCLUDED	Pfortmueller, C. A.; Meisel, C.; Fux, M.; ...	2017	Assessment of immune organ dysfunction in critical illness: utility of innate immune response markers	Intensive Car...
● EXCLUIDO	Jokar, A. Mosayebi G. Movahed G. M. Ba...	8655	Assessment of immune status in relation to vitamin D levels in patients with severe sepsis	Biomedical R...
● EXCLUDED	Payen, D.; Favre, V.; Lukaszewicz, A. C.; ...	2000	Assessment of immunological status in the critically ill	Minerva Ane...
● EXCLUIDO	Ferrari, G. Quinto B. Queiroz K. Monte J...	2009	Assessment of in vitro simvastatin effect on inflammatory markers of monocytes cultured cells in critically ill patients with acute kidney injury	Atherosclero...
●	Obeid, O. E.; Hassan, M. I.	2011	Assessment of inflammatory cytokines and soluble adhesion molecules in patients with systemic inflammatory response syndrome in an intensive care unit of ...	African Jour...
● EXCLUDED	Takakuwa, T.; Endo, S.; Inada, K.; Kasai, ...	1997	Assessment of inflammatory cytokines, nitrate/nitrite, type II phospholipase A2, and soluble adhesion molecules in systemic inflammatory response syndrome	Research Co...
● EXCLUDED	Kikuchi, M.; Endo, S.; Inada, K.; Inoue, Y...	1999	Assessment of inflammatory mediators in patients with generalized peritonitis	Journal of M...
● EXCLUDED	Abou El-Khier, N. T.; El Ganainy Ael, R.; ...	2013	Assessment of interleukin-6 and other inflammatory markers in the diagnosis of Egyptian patients with periprosthetic joint infection	Egyptian Jou...
●	Kikkawa, T.; Shozushima, T.; Suzuki, Y.; ...	2009	Assessment of interleukin-18 values in septic acute lung injury/acute respiratory distress syndrome patients	Intensive Car...
● EXCLUIDO	Masuda, T. Shozushima T. Suzuki Y. Tak...	2011	Assessment of interleukin-18 values in septic acute lung injury/acute respiratory distress syndrome patients	Intensive Car...
●	Montag, B.; Nierhaus, A.	2003	Assessment of key markers in sepsis	Sepsis, Sirs, I...
● EXCLUIDO	Nakae H. Endo S. Yamada Y. Aoki H. In...	2003	Assessment of matrix metalloproteinases-1 in septic acute respiratory distress syndrome: A report of two cases	Critical Care ...

# D. En la localización de artículos específicos

Reference Preview Attached PDFs

Fu, Y., et al. (2013). "[Application value of procalcitonin and immune inflammatory factors for prediction of bacteraemia in patients with hematologic malignancy combined with febrile neutropenia]." *Zhongguo Shi Yan Xue Ye Xue Za Zhi* 21(5): 1296-1300.

This study was purposed to evaluate the diagnostic value of procalcitonin (PCT), C-reactive protein, interleukin-6 (IL-6), serum amyloid A (SAA) for bacteremia in patients with hematologic malignancy combined with febrile neutropenia. The total of 297 patients with hematologic malignancy combined with febrile neutropenia were analyzed retrospectively from 1253 patients admitted to West China hospital of Sichuan University from March 2011 to October 2012. They were divided into sepsis group (n = 95) and non-sepsis group (n = 202) according to blood culture. The results showed that the levels of PCT, CRP, IL-6 and SAA in sepsis group were higher than those in non-sepsis group, and there was statistically significant difference between the two groups. The cut-off value of PCT was 1.06 ng/ml, which was superior to that of CRP, IL-6 and SAA.

• 1296 • 中国实验血液学杂志 *Journal of Experimental Hematology* 2013; 21(5):1296 - 1300

文章编号 ( Article ID ):1009 - 2137(2013)05 - 1296 - 05

· 论著

## 降钙素原和免疫炎性因子在粒细胞减少的恶性血液病菌血症患者中的临床应用价值

付阳, 江虹, 李立新, 陈捷, 张君龙, 王兰兰\*  
四川大学华西医院实验医学科, 四川成都 610041

**摘要** 本研究探讨降钙素原 (procalcitonin, PCT)、免疫炎性因子 C-反应蛋白 (C-reactive protein, CRP)、血清淀粉样蛋白 A (serum amyloid A, SAA)、白介素-6 (interleukin-6, IL-6) 对中性粒细胞减少的恶性血液病菌血症患者的诊断价值。对四川大学华西医院 2011 年 3 月 - 2012 年 10 月确诊为恶性血液病伴发热的 1253 例住院患者进行了回顾性分析, 按照严格的纳入排除标准选取 297 例, 以血培养作为金标准分为菌血症组和非菌血症组, 分析数据, 评价诊断效能。结果表明: 在恶性血液病粒细胞减少的患者中, 菌血症组患者血清 PCT、CRP、IL-6 以及 SAA 水平较非菌血症组增高, 差异具有统计学意义 ( $P < 0.05$ )。PCT 的曲线下面积 (AUC) 为 0.974 ( $P < 0.05$ ), 明显优于 CRP (AUC = 0.681,  $P < 0.05$ )、IL-6 (AUC = 0.661,  $P < 0.05$ ) 和 SAA (AUC = 0.605,  $P < 0.05$ ), 差异具有统计学意义。当 PCT 的 cut-off 值为 1.06 ng/ml 时, 灵敏度达 95.8%, 特异度达 92.1%, Youden 指数为 0.879, 阴、阳性预测值分别为 97.8% 和 85.0%, 阴、阳性似然比分别为 0.05 和 12.2, 均明显优于 CRP、IL-6 和 SAA。结论: 在恶性血液病中性粒细胞减少合并细菌感染的患者中, 血清 PCT 的诊断效能优于传统免疫炎性因子 CRP、IL-6、SAA。PCT 可作为预测细菌感染的一个快速可靠的指标, 为临床合理使用抗生素、降低死亡风险提供实验室依据。

**关键词** 降钙素原; 免疫炎性因子; 血培养; 菌血症; 粒细胞减少

中图分类号 R733.7; R557.3; R515.3 文献标识码 A doi:10.7534/j.issn.1009-2137.2013.05.042





# Prophylaxe der Höhenkrankheit

Erfahrungen mit Acetazolamid in Nepal

G. Hochapfel, W. Schlemmer

NEURORADIOLOGIE

18 Mitglieder einer Trekking-Gruppe nahmen an einer doppelblindstudie zur Prüfung von Acetazolamid gegen Placebo über 7 Tage, in denen sich die Teilnehmer bei 3000 und 5500 m befanden. Die Teilnehmer berichteten über Beschwerden und die Pulsfrequenz war bei beiden Höhenlagen signifikant erhöht. In der Placebogruppe und der Acetazolamidgruppe traten keine statistisch signifikanten Unterschiede auf. Die Wirkung wird als prophylaktische Wirkung von Acetazolamid bei Höhen über 3000 m empfunden. In erster Linie auf Beobachtung und körperlichen Befindlichkeiten beruht die Diagnose.

Prophylaxis of Acute Mountain Sickness in Nepal: Experiences with Acetazolamide in Nepal. Eighteen members of a trekking group participated in a randomized trial of acetazolamide prophylaxis for acute mountain sickness. The group spent 7 days between 3000 and 5500 m during which subjective data about symptoms of mountain sickness and the pulse rates

Bei raschem Aufstieg in Höhen

Zusammenfassung

Die Myelographie zusammen mit der Postmyelographie-CT ist eine wichtige Untersuchungsmethode in der präoperativen Diagnostik. Bei nahezu der Hälfte der Patienten können postpunktionelle Beschwerden bis zu einem Postmyelographie-Syndrom (PMS) auftreten. Pathophysiologisch kann dies durch ein Punktionsteck mit anschließendem Liquorverlust erklärt werden. Ziel der Studie ist es, den Einfluß zweier Nadeltypen (21 G Nadel nach Sprötte vs 22 G Nadel nach Quincke) auf die Inzidenz postpunktioneller Beschwerden zu überprüfen.

In einer prospektiven randomisierten Studie wurden bei 412 Patienten nach lumbaler intrathekaler Kontrastmittelapplikation (Iotrolan, Fa. Schering) die Häufigkeit des PMS und postpunktioneller Nebenwirkungen in Abhängigkeit vom verwendeten Nadeltyp untersucht.

Die Häufigkeit postpunktioneller Beschwerden nach lumbaler Punktion mit der bleistiftförmigen Nadel nach Sprötte im Vergleich zur geschliffenen Nadel nach Quincke lag deutlich niedriger (Kopfschmerzen: 6,3% vs 18,9%,  $p < 0,0001$ ; Kofschmerzen für mindestens drei Tage: 0,5% vs 7,8%,  $p < 0,0001$ ; Kofschmerzen für

Radiologe (1996) 36: 921-927

## Inzidenz des Postmyelographie-Syndroms (PMS) und postpunktioneller Beschwerden nach Punktion mit 21 G Nadel nach Sprötte vs 22 G Nadel nach Quincke

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Die Myelographie zusammen mit der Postmyelographie-CT ist eine gute Darstellung von Bandscheiben und kontrastfülltem Durasack eine wichtige Untersuchungsmethode in der präoperativen Diagnostik. Ziel der Studie ist es, den Einfluß zweier Nadeltypen (21 G Nadel nach Sprötte vs 22 G Nadel nach Quincke) auf die Inzidenz postpunktioneller Beschwerden zu überprüfen. In einer prospektiven randomisierten Studie wurden bei 412 Patienten nach lumbaler intrathekaler Kontrastmittelapplikation (Iotrolan, Fa. Schering) die Häufigkeit des PMS und postpunktioneller Nebenwirkungen in Abhängigkeit vom verwendeten Nadeltyp untersucht. Die Häufigkeit postpunktioneller Beschwerden nach lumbaler Punktion mit der bleistiftförmigen Nadel nach Sprötte im Vergleich zur geschliffenen Nadel nach Quincke lag deutlich niedriger (Kopfschmerzen: 6,3% vs 18,9%,  $p < 0,0001$ ; Kofschmerzen für mindestens drei Tage: 0,5% vs 7,8%,  $p < 0,0001$ ; Kofschmerzen für

sprechende Höhe wegfällt. So sind die Symptome der Höhenkrankheit eine relativ häufige Komplikation, die schon für viele zur vorzeitigen Beendigung und für einzelne zum tödlichen Ausgang der Reise führten.

Inzwischen wurde

## Self-Rated Moods of Humans at 4300 m Pretreated with Placebo or Acetazolamide Plus Staging

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BANDERET, L. E. Self-rated moods of humans at 4300 m pretreated with placebo or acetazolamide plus staging. *Aviat. Space Environ. Med.* 48(1):19-22, 1977.

Self-rated moods were determined twice daily with the Clyde Mood Scale on 35 human subjects at 200 m (baseline) during a study concerned with evaluating the efficacy of staging plus acetazolamide (treatment) for the prevention of acute mountain sickness (AMS). Mood states also were determined on all subjects at 4300 m (Pikes Peak, Co) and on 18 of these subjects at 1600 m (staging site). Mood state changes were not observed at 1600 m, but four of the six mood factors were sensitive to the 4300 m altitude. At 4300 m, all subjects, treatment and control, rated themselves as less friendly and clear thinking and more tired and dizzy. At 4300 m, the treatment strategy resulted in an improved mood on the friendly, sleepy, and dizzy factors. Altitude-induced changes in clear thinking were not altered by the treatment strategy.

WHEN MAN TRAVELS to and remains at terrestrial altitudes in excess of 3000 m, the first few days often are accompanied by considerable subjective discomfort and some functional disability. This disorder, called the Acute Mountain Sickness syndrome (AMS), is characterized by signs and symptoms such as headache, nausea, vomiting, lethargy, insomnia, irregular pulse, and hyperventilation. The number, severity, rapidity of onset, and duration of AMS symptoms vary somewhat from person to person. Initial symptoms generally appear within 8-10 h after ascent and decrease with increased time at altitude (3,4,14-19,24,26). Following ascent to altitude, and attendant with the AMS syn-

drome, reductions in physical work capacity (7,9,10), visual processes (20,29), psychomotor performance (11,29), and mental functioning (11,27-29) have been reported. Both subjective discomfort and functional disabilities are greatly reduced by the end of the first week at altitude.

The biological processes which cause AMS are not known. It is not surprising, in a disorder whose etiology is not known, that attempts at prevention or treatment of AMS have not been entirely successful. Therapeutic strategies have involved either staging (25), i.e., temporary residence for a few days at a moderate altitude before ascent to a higher altitude, or administration of drugs. Acetazolamide (3,13,15), benzolamide (21), and furosemide (2,13,26) are examples of drugs recently evaluated for the treatment of this disorder.

Overt behaviors and incidents that occur during the first few days at a high altitude of 4300 m, as anecdotally described, suggest that people can be more argumentative, irritable, introverted, and less affective. In addition, some accounts from travelers suggest that, during the first few days at intermediate altitudes, e.g., Denver, Co, they suffer from sleepiness and other discomforts. We are not aware of any studies that have assessed "mood" at either 1600 or 4300 m of altitude in a systematic and quantitative manner. This paper describes data collected to evaluate mood at these altitudes and the efficacy of the combination of staging and acetazolamide as a treatment strategy for AMS.

MATERIALS AND METHODS

**Subjects:** Sixteen females and 19 males, ranging in age from 19 to 28 years, from Fort Sam Houston, Tx, were test subject volunteers for this study. All subjects were medically screened and excluded if they were born at an altitude  $\geq 1000$  m, resided in the last 3 years for more than 1 month at an altitude  $\geq 1000$  m, or sojourning at an altitude  $\geq 3000$  m in the 3 months prior to the study. Subjects also were excluded if they were ill at the time of subject selection.

**Mood questionnaire:** The Clyde Mood Scale (6) was used to assess the subjects' moods. Prior studies have shown its usefulness in evaluating the effects of psycho-

This human research study, in protocol form, was reviewed and approved by the Office of The Surgeon General for the Department of the Army in accordance with Army Regulation 70-25. The opinions or assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the Department of Defense. Appreciation is expressed to CPT J. L. Szurek and his group for their computer scoring of the scale and the statistical analyses of these data. The expert and dedicated assistance of Ms. P. Phair, SP5 R. L. Jackson, and SP5 P. J. Provencher is acknowledged and appreciated. The contribution of MAJ R. L. Jackson is recognized for exacting and detailed test subject histories.



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- ❖ La meta final de una RS es asistir en la toma de decisiones sanitarias informadas en la evidencia científica
- ❖ El documentalista es parte **fundamental** del desarrollo de una revisión sistemática (trabajo en equipo)
- ❖ Es deseable que todos los revisores reciban capacitación en RS y su racionalidad, a fin de hacer frente a las diferentes actividades relacionadas con su desarrollo