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資料庫簡介



為什麼需要 The Cochrane Library?

持續知識需求

「你們現在在醫學院所學到的,其中有一半在十年內將會被證實是錯誤的;糟糕的是,連你的老師也不知道哪些是錯誤的。」

~Dr. Sydney Burwell (1956 Dean, Harvard Medical School)

時間有限

- >2百萬篇文章發表於2萬種生物醫學期刊/年
- →台北101大樓(500公尺)
- >21篇/天→掌握核心發展最新狀況

專業審閱 專業推薦 醫學界重要的出版品一致推崇Cochrane Review是目前最具參考價值的系統評論(Gold Standard)



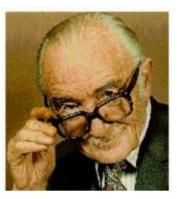








資料庫背景



- 使用已被證明有效果的醫療措施
 - →避免醫療資源浪費
- 呼籲健康照護的成效應有實證研究支持
 - →RCT研究 Randomized Controlled Trial

Professor Archibald Leman Cochrane, CBE FRCP FFCM, (1909-1988) 英國內科醫師及流行病學專家

1972

1992

EBM Gordon

Cochrane
Collaboration
@England

Cochrane Taiwan 成立 @TMU

2009

2015

Cochrane

更名為 The Cochrane 目標:成 為全球健 康決策的 證據核心

THE ROCK CARLING FELLOWSHIP

1971

EFFECTIVENESS AND EFFICIENCY

RANDOM REFLECTIONS ON HEALTH SERVICES

A. L. Cochrane

CBE, FRCP

Director

MRC Epidemiology Unit

Cardiff





事 主 見 見 見 見 見 見 見 見

evidence-based medicine

謹慎地、明確地、小心地採用

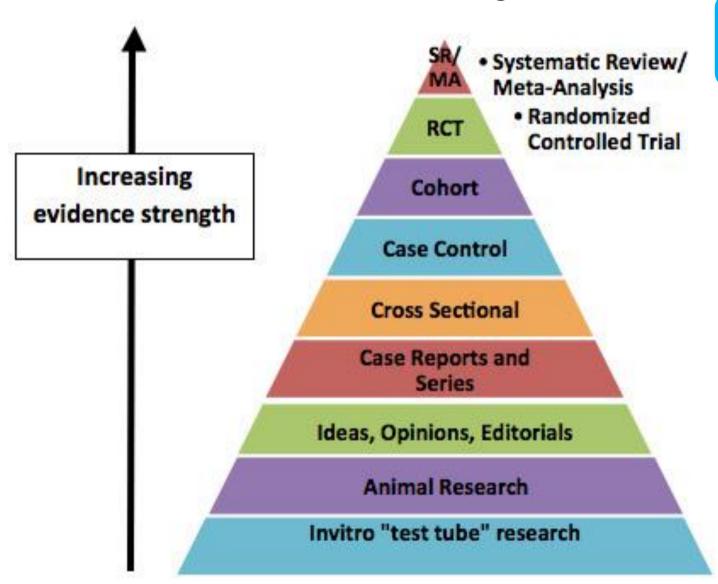
目前最佳的證據

作為照顧病人臨床決策的參考

Sackett, et al., 1996



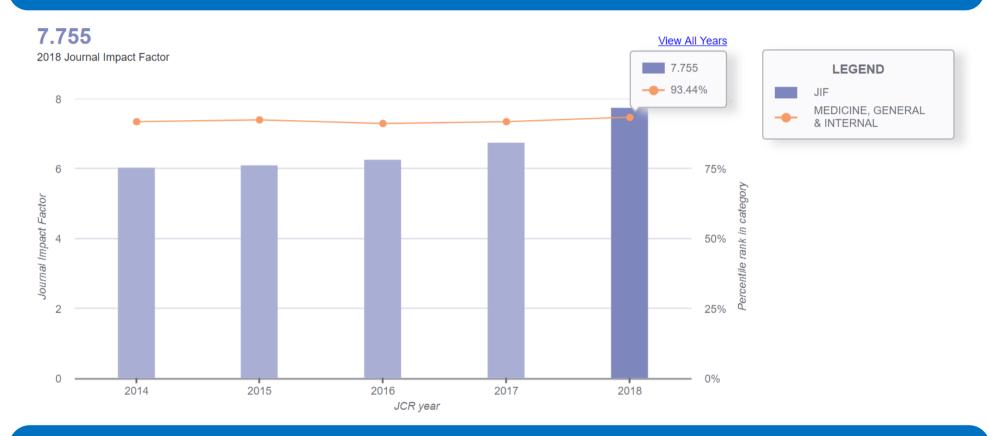
Evidence Pyramid



STRATEGY
Top → Down



研究成果收錄成CDSR(Cochrane Database of Systematic Review) 一段時間會重新進行資料收集及評讀



針對特定**臨床醫療照護問題**的介入方式評斷其療效協助醫療專業人士進行診療判斷與決策



收錄三個資料庫

收錄資料庫	特色
Cochrane Database of Systematic Reviews (Cochrane Reviews)	針對特定臨床問題(健康照護)的介入方式評斷其療效,是 全文資料庫
Cochrane Central Register of Controlled Trials (Clinical Trials)	收錄隨機臨床實驗的 書目資料庫
Clinical Answers (CCAs) New	從Cochrane Reviews擷取易讀、易懂的臨床切入重點,便於臨床照護的決策與操作
Other reviews Epistemonikos New 聯合檢索	便於Cochrane使用者串連查找此實證 醫療衛生資料庫 (僅限系統性評論)



Cochrane Review的類型

Review 類型	說明
Intervention reviews	評估介入使用健康照護及健康策略的效益及 傷害。
Diagnostic test accuracy reviews	評估在診斷和檢測特定疾病時的診斷測試執 行表現。
Methodology reviews	解決系統性回顧和臨床試驗如何實施及被報告的相關議題。
Qualitative reviews	綜合質性的證據來解決有效以外的介入問題。
Prognosis reviews	解決可能發生的過程或健康有問題的人未來的狀況。





Other Reviews

綜合最佳健康照護基礎證據、資訊科技和專家網絡為臨床決策或健康政策問題提供特別的工具。Cochrane使用者可連接
 Epistemonikos看到系統性回顧。







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versus crystalloids Read the review





Can Omega-3 prevent cardiovascular disease? Read the review

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Editorials

Special Collections

Corticosteroids for preventing neonatal respiratory morbidity after elective caesarean section at term

Alexandros Sotiriadis, George Makrydimas, Stefania Papatheodorou, John PA Ioannidis, Emma McGoldrick 3 August 2018

Correctors (specific therapies for class II CFTR mutations) for cystic fibrosis

Kevin W Southern, Sanjay Patel, Ian P Sinha, Sarah J Nevitt

2 August 2018

Antibiotics for prolonged wet cough in children

Julie M Marchant, Helen L Petsky, Peter S Morris, Anne B Chang





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1

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o	Genetic disorders
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Child health	Health professional education
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Consumer & communication strategies	i
1	Infectious disease
Dentistry & oral health	k
Developmental, psychosocial & learning problems	Kidney disease
Diagnosis	<u>l</u>

Highlighted Reviews

Editorials Special Collections

Corticosteroids for preventing neonatal respiratory morbidity after elective caesarean section at term

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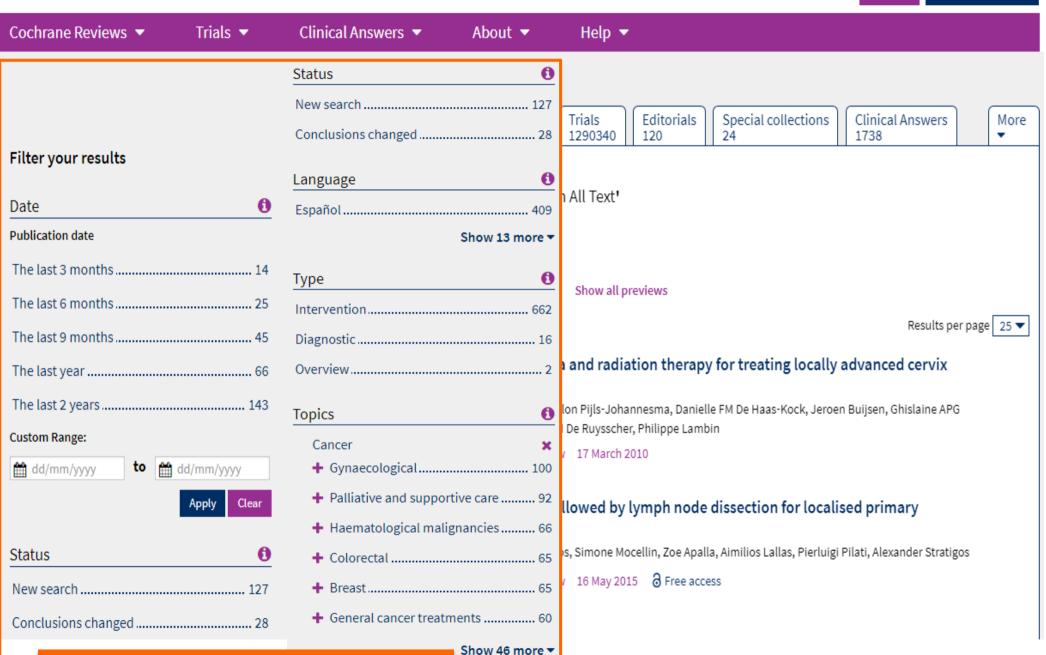
2 August 2018





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Filter your results 0 Date **Publication date** The last 6 months..... The last 2 years 6 **Custom Range:** to dd/mm/yyyy dd/mm/yyyy Status New search Conclusions changed Language Show 11 more ▼ Type Intervention..... **Topics** Allergy & intolerance

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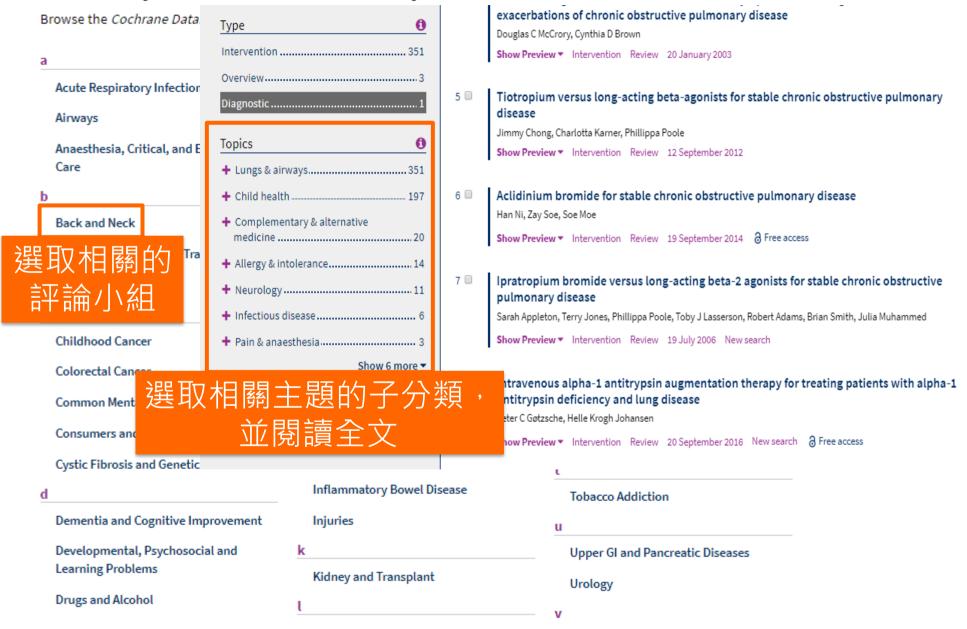
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20 Cochrane Reviews matching Allergy & intolerance in Cochrane Topic

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 - ◆ 在左方限縮條件點選一個選項就會 在上方出現一個過濾器,可點按 x 自行移除



Browse by Cochrane Review Group





閱讀全文

Cochrane Database of Systematic Reviews

Colloids versus crystalloids for fluid resuscitation in critically ill people

Cochrane Systematic Review - Intervention | Version published: 03 August 2018 see what's new https://doi.org/10.1002/14651858.CD000567.pub7 ☑

New search Conclusions changed

Am score 37

View article information

Sharon R Lewis | Michael W Pritchard | David JW Evans | Andrew R Butler | Phil Alderson | Andrew F Smith | Ian Roberts View authors' declarations of interest

Collapse all Expand all

Abstract

Available in English | Español | Français | Português | 简体中文

Background

Critically ill people may lose fluid because of serious conditions, infections (e.g. sepsis), trauma, or burns, and need additional fluids urgently to prevent dehydration or kidney failure. Colloid or crystalloid solutions may be used for this purpose. Crystalloids have small molecules, are cheap, easy to use, and provide immediate fluid resuscitation, but may increase oedema. Colloids have larger molecules, cost more, and may provide swifter volume expansion in the intravascular space, but may induce allergic reactions, blood clotting disorders, and kidney failure. This is an update of a Cochrane Review last published in 2013.

Objectives

To assess the effect of using colloids versus crystalloids in critically ill people requiring fluid volume replacement on mortality, need for blood transfusion or renal replacement therapy (RRT), and adverse events (specifically: allergic reactions, itching, rashes).

Search methods

We searched CENTRAL, MEDLINE, Embase and two other databases on 23 February 2018. We also searched clinical trials registers.

Selection criteria

We included randomised controlled trials (RCTs) and quasi-RCTs of critically ill people who required fluid volume replacement in





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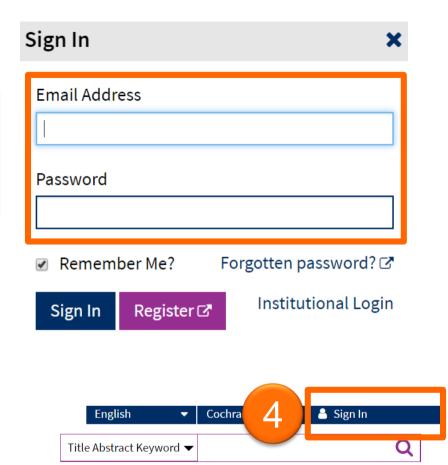
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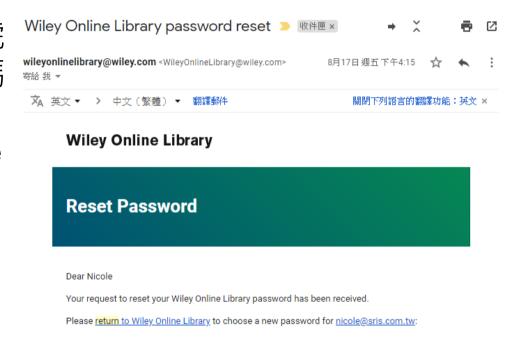
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實證醫學檢索



5As

Standard EBM Steps in EBM process

Ask

Formulate an answerable question PICO

Acquire

Track down the best evidence

Appraisal

Critically appraise the evidence

Apply

Integrate with clinical expertise and patient values

Audit

Critically appraise the evidence



P

Patient or Problem

病人或問題



Intervention or Indicator

介入或指標 某種治療、檢查 、危險因子等



Comparator or Comparison

比較 該治療和什麼相比



Outcome

結果

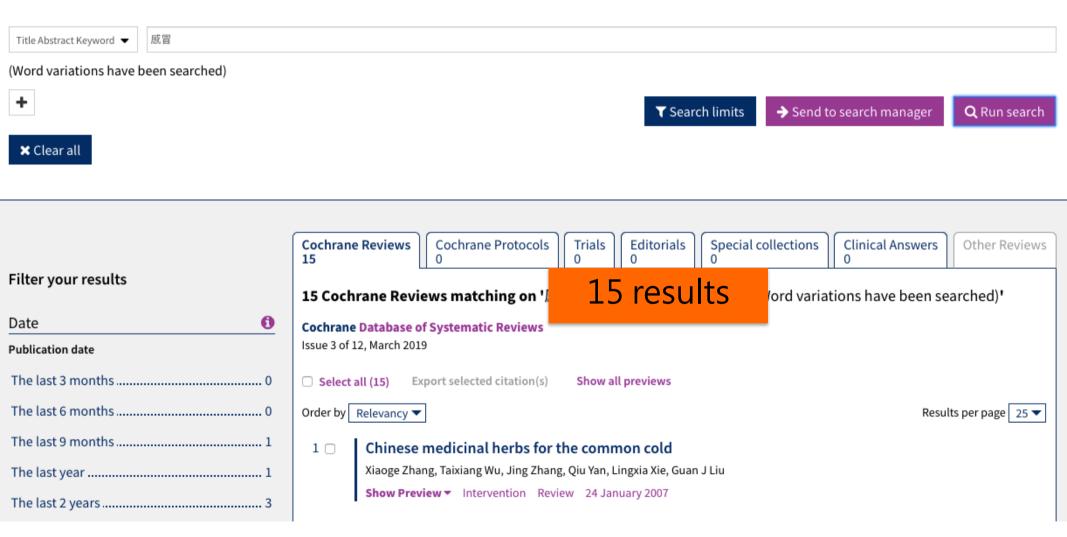
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檢索

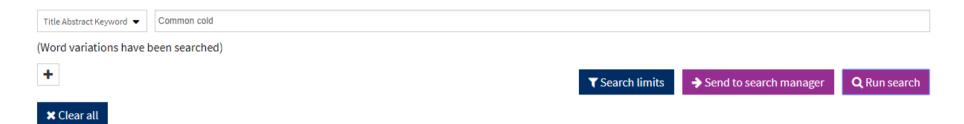


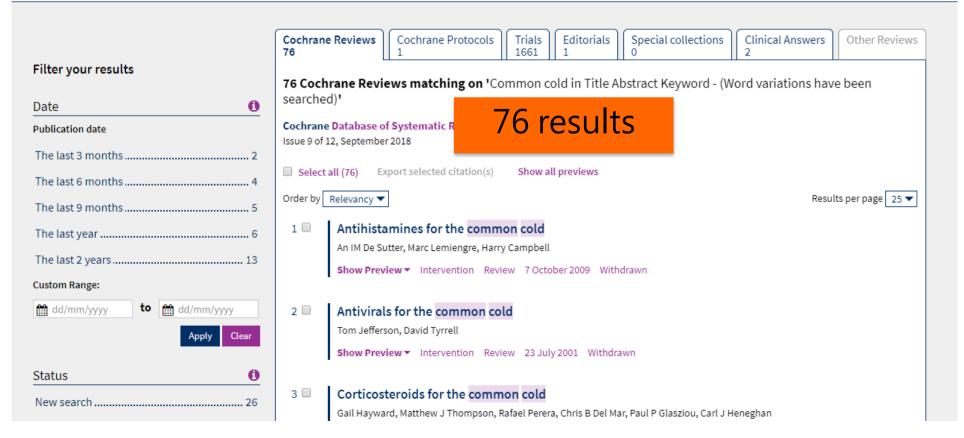
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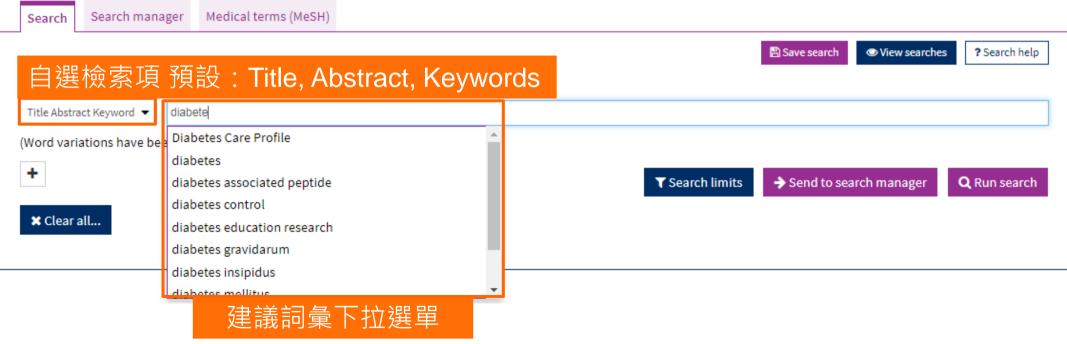
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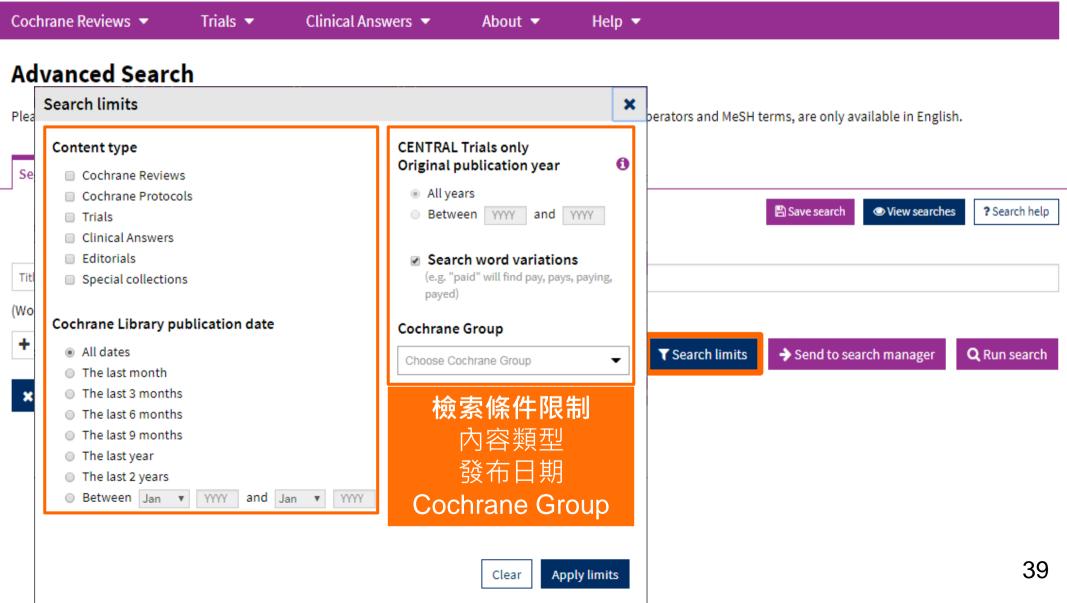


Search Limits





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檢索範例

多數住院患者在住院期間內,會接受透過靜脈 導管注射輸液或藥物治療,通常例行每3至4天 更換一次,以預防對靜脈的刺激或血液感染, 但此例行程序可能造成患者的不適日相當昂貴 ,亦為醫療照護人員丁作負擔與壓力的來源, 因此醫院希望重新評估依臨床狀況移除周邊靜 脈導管與常規移除並重新置入靜脈導管之局部 感染和導管阳塞比率是否有顯著差異。



檢索範例

多數住院患者在住院期間內,會接受透過靜脈 導管注射輸液或藥物治療,通常例行每3至4天 更換一次,以預防對靜脈的刺激或血液感染, 但此例行程序可能造成患者的不適及醫材消耗 ,亦為醫療照護人員工作負擔與壓力的來源, 因此醫院希望重新評估依臨床狀況移除周邊靜 脈導管與常規移除並重新置入靜脈導管之局部 感染和導管阳塞比率是否有顯著差異。



檢索範例

Participants Problems

住院病人

Interventions

依臨床狀況更換周邊靜脈導管

Comparisons

常規更換周邊靜脈導管(原來照護方式)

Outcomes

局部感染和導管阻塞比率



檢索範例

Participants Problems

住院病人

In-patient

Interventions

依臨床狀況更換周邊靜脈導管

Clinically-indicated replacement of peripheral venous catheters, Clinically-indicated IV replacement

Comparisons

常規更換周邊靜脈導管(原來照護方式)

Routine replacement of peripheral intravenous catheters, routine IV replacement, routine removal of peripheral IV catheters

Outcomes

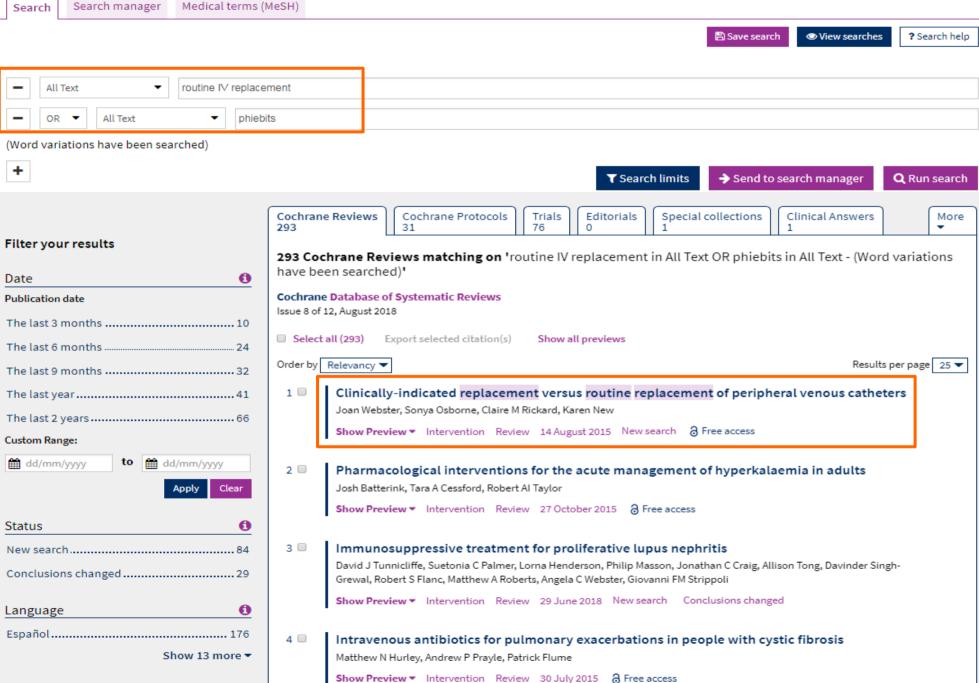
局部感染和導管阻塞比率

Difference in peripheral catheter-related complications / phlebitis rates

Type

Intervention 275

5 🗆



Blood biomarkers for the non-invasive diagnosis of endometriosis



Cochrane Database of Systematic Reviews

Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Cochrane Systematic Review - Intervention | Version published: 23 January 2019 | see what's new

New search



View article information

🔽 Joan Webster | Sonya Osborne | Claire M Rickard | Nicole Marsh

View authors' declarations of interest

Abstract

Background

US Centers for Disease Control guidelines recommend replacement of peripheral intravenous catheters (PIVC) no more frequently than every 72 to 96 hours. Routine replacement is thought to reduce the risk of phlebitis and bloodstream infection. Catheter insertion is an unpleasant experience for patients and replacement may be unnecessary if the catheter remains functional and there are no signs of inflammation or infection. Costs associated with routine replacement may be considerable. This is the third update of a review first published in 2010.

Objectives

To assess the effects of removing peripheral intravenous catheters when clinically indicated compared with removing and resiting the catheter routinely.

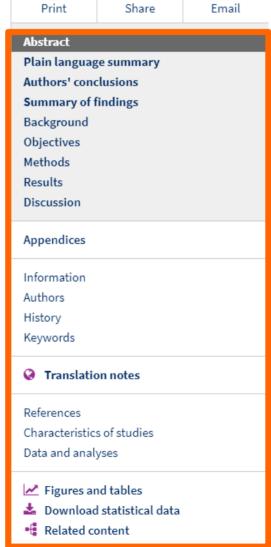
Search methods

The Cochrane Vascular Information Specialist searched the Cochrane Vascular Specialised Register, CENTRAL, MEDLINE, Embase and CINAHL and World Health Organization International Clinical Trials Registry Platform and Clinical Trials registers to 18 April 2018. We also undertook reference checking, and contacted researchers and manufacturers to identify additional studies.

Selection criteria

We included randomised controlled trials that compared routine removal of PIVC with removal only when clinically indicated, in hospitalised or community-dwelling patients receiving continuous or intermittent infusions.







Plain language summary available in English | Français | Polski | Русский | 繁體中文

Replacing a peripheral venous catheter when clinically indicated versus routine replacement

Review question

We reviewed the evidence about the effects of chan only if there were signs or symptoms of a problem w

Background

Most hospital patients receive fluids or medications An intravenous catheter (also called an IV drip, an IV allow administration of medications, fluids or nutrie three to four days to try to prevent irritation of the v discomfort to patients and is quite costly. This is the

Study characteristics

In April 2018 we searched for randomised controlled change) with changing the catheter only if there we blood stream infection, phlebitis and other problem blockage. We included two new studies for this upd

Key results

We found no clear difference in rates of catheter-relastream infection from any cause, local infection, mo catheters are changed when clinically indicated. Infi blockage (an inability to infuse fluids or medication routinely. Cost is reduced when catheters are replaced 'number of catheter re-sites per patient', and 'satisfa'

Quality of the evidence

The overall quality of the evidence was judged to be uncertainty is largely due to outcomes, such as phle

淺顯易懂的口語結論 available in English | Français | Polski | Русский | 繁體中域

依臨床狀況更換與常規更換周邊靜脈導管之比較

回顧問題

我們回顧實證報告關於定期更換導管(每3至4天)及只有在導管出現問題或症狀時才更換導管之差異。

研究背景

大多數醫院患者在住院期間,通常會通過外周靜脈導管接受液體或藥物治療。靜脈導管(也稱為靜脈滴注、靜脈或靜脈插管)為放置在靜脈中的一個短且空心的管路,用於將藥物、液體或營養物質直接輸送到血液中。這些導管通常每三到四天更換一次,以防止靜脈刺激或血液感染。然而,更換導管可能會給患者帶來不適,而且成本相當高。本篇這是第三次更新首次發表於2010的評論文章。

研究特點

2018年4月, 我們尋找隨機對照試驗 (RCT), 僅在出現併發症或治療完成的情況下才更換導管及每72至96小時更換導管 (常規更換) 進行比較。我們測量導管相關的血液感染、靜脈炎和其他與外周導管有關的問題, 如局部感染和導管堵塞。我們總共發現了9項研究,包含此次納入的兩項新研究,有7412名參與者。

主要結果

我們發現,導管相關的血液感染率、靜脈炎(靜脈炎症)、任何原因引起的血液流感染、局部感染、死亡率或疼痛的發生率並沒有顯著差異。依照臨床狀況更換導管,並無法確定局部感染是否因此減少或增加。常規更換導管者,滲漏(液體滲入導管周圍的組織)和導管堵塞(無法通過導管注入液體或藥物)可能會減少。在依照臨床徵兆才更換導管者,成本降低。研究結果的假設,"每名患者的導管重新置放管路次數",及,"滿意度"並未包括在任何研究報告評價中

證據品質

證據整體的品質被批判對大多數結果是模稜兩可的,這研究的結果無法說服我們。不確定性主要歸因由於患者對靜脈炎等結果進行評估,這些結果可能或也可能不影響他們關於問題是否存在的決定。

uncertainty is largely due to outcomes, such as phlebins, being assessed by people who were aware or the group anocation,



情境

四十五歲男性,事業有成,父親過去因急性心肌梗塞猝 死,因此一直注重養生不抽菸。定期接受健康檢查:沒有 高血壓、糖尿病或高血脂。最近哥哥突然又發生急性心 肌梗塞接受緊急心導管治療救回來。這些親人狀況令他 非常焦慮,在安排例行健康檢查時,問了一連串的問題: 有沒有什麼檢查可以讓他及早預防類似狀況?聽說深海 魚油可以預防心血管疾病,真的嗎?聽說降血脂藥也可以 預防心血管疾病,但又聽說吃降血脂藥會增加糖尿病的 風險及造成腎臟病,真的嗎?那平常多吃些通血管的藥有 沒有幫忙????

取自北榮實證醫學中心何主任案例



情境分析

四十五歲男性,事業有成,父親過去因急性心肌梗塞猝 死,因此一直注重養生**不抽菸**。定期接受健康檢查:沒有 高血壓、糖尿病或高血脂。最近哥哥突然又發生急性心 肌梗塞接受緊急心導管治療救回來。這些親人狀況令他 非常**焦慮**,在安排例行健康檢查時,問了一連串的問題: 有沒有什麼檢查可以讓他及早預防類似狀況?聽說深海 **魚油**可以預防心血管疾病,真的嗎?聽說**降血脂藥**也可以 預防心血管疾病,但又聽說吃降血脂藥會增加糖尿病的 風險及造成**腎臟病**,真的嗎?那平常多吃些**通血管的藥**有 沒有幫忙????

取自北榮實證醫學中心何主任案例



情境分析、形成問題

形成問題:

- •四十五歲男性,急性心肌梗塞家族史(+),不抽菸、沒有 高血壓、糖尿病或高血脂、糖尿病或高血脂。焦慮(A型個性) [高/中/低心血管疾病風險族群?]。
- •[什麼]檢查可以及早預防類似狀況?篩檢或確診?
- •深海魚油可預防心血管疾病?fish oil或特別成分
- <u>降血脂藥</u>可預防心血管疾病,但會增加糖尿病及造成腎臟病? stain, niacin or fibrate; Therapy vs harm
- 通血管的藥 有沒有幫忙? aspirin, 銀杏(Ginkgo), plavix

取自北榮實證醫學中心何主任案例

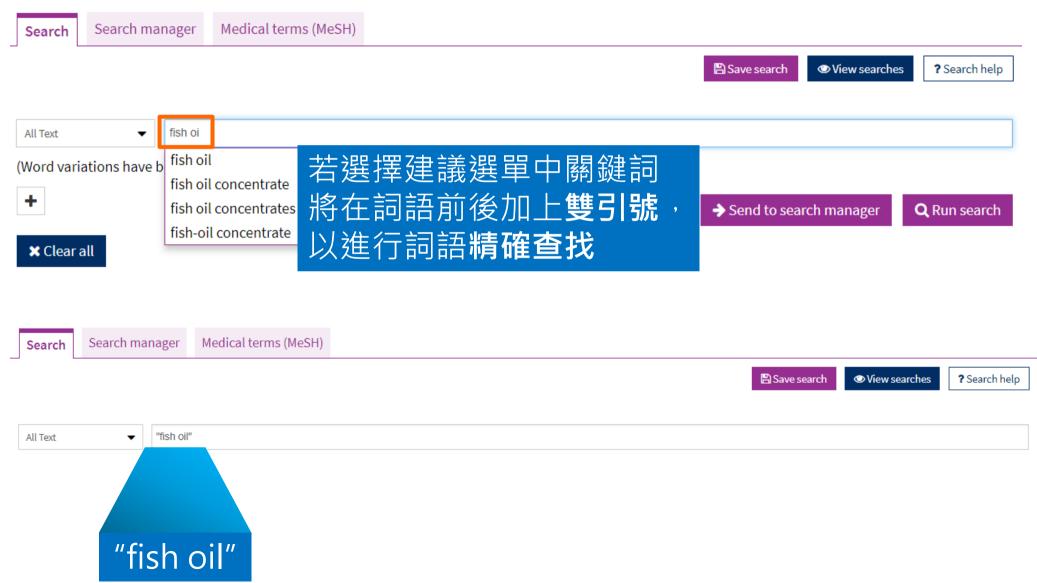


P.I.C.O.

P	45歲男性,急性心肌梗塞家族史(+),A型個性[中度心血管疾病風險族群]					
Type of Q	Diagnostic	Therapy	Interventions			
I	MDCT	深海魚油 Statin		Aspirin		
С	ETT	-/ healthy life style	-/ healthy life style	-/ healthy life style		
Ο	Survey for CAD (high sensitivity)	Decrease risk of CVD	Decrease risk of CVD	Decrease risk of CVD		



鍵入關鍵字檢索





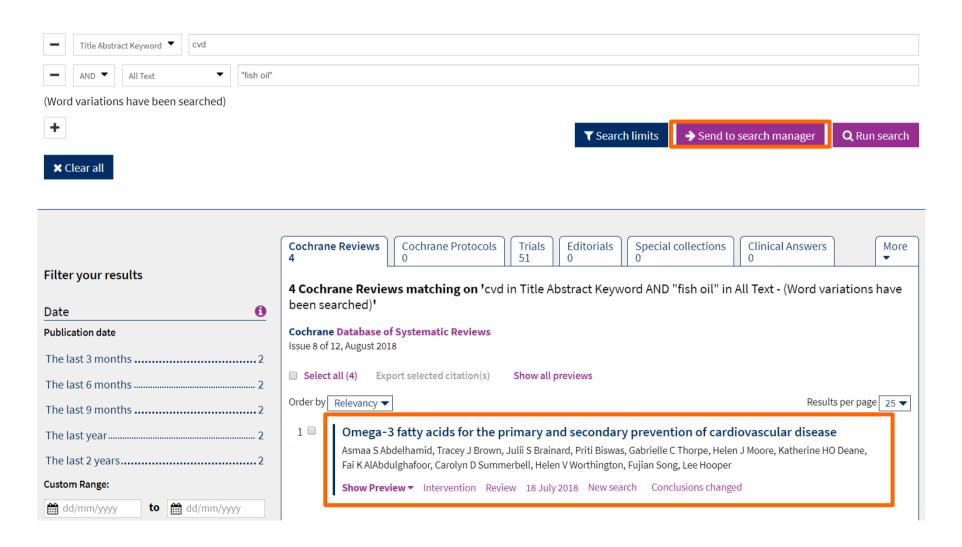
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-	AND ▼ Title Abstract Keyword ▼	Enter Search String
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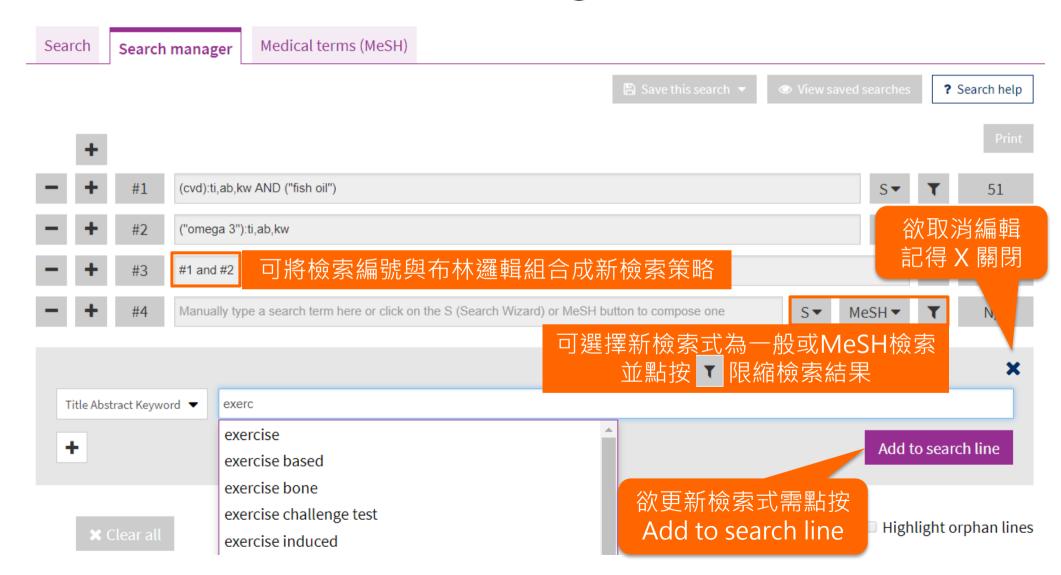


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Cochrane Database of Systematic Reviews

Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease

Cochrane Systematic Review - Intervention | Version published: 30 November 2018 | see what's new



View article information

Asmaa S Abdelhamid | Tracey J Brown | Julii S Brainard | Priti Biswas | Gabrielle C Thorpe | Helen J Moore | Katherine HO Deane | Fai K AlAbdulghafoor | Carolyn D Summerbell | Helen V Worthington | Fujian Song | ■ Lee Hooper View authors' declarations of interest

Abstract

Background

Researchers have suggested that omega-3 polyunsaturated fatty acids from oily fish (long-chain omega-3 (LCn3), including eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA)), as well as from plants (alpha-linolenic acid (ALA)) benefit cardiovascular health. Guidelines recommend increasing omega-3-rich foods, and sometimes supplementation, but recent trials have not confirmed this.

Objectives

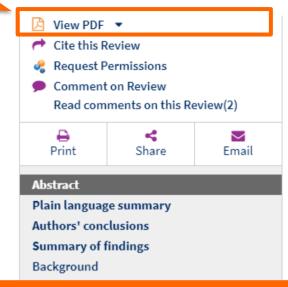
To assess effects of increased intake of fish- and plant-based omega-3 for all-cause mortality, cardiovascular (CVD) events, adiposity and lipids.

Search methods

We searched CENTRAL, MEDLINE and Embase to April 2017, plus Clinical Trials.gov and World Health Organization International Clinical Trials Registry to September 2016, with no language restrictions. We handsearched systematic review references and bibliographies and contacted authors.

Selection criteria

We included randomised controlled trials (RCTs) that lasted at least 12 months and compared supplementation and/or advice to increase LCn3 or ALA intake versus usual or lower intake.



切換閱讀全文段落

Discussion
Appendices
Information
Authors
History
Keywords
References
Characteristics of studies
Data and analyses
Figures and tables
📥 Download statistical data
· Related content



Appendices

Appendix 1. Medline (Ovid) search strategy run in 2002 for the previous version of this review.

- 1 exp Fish Oils/
- 2 exp Linseed Oil/
- 3 linolenic acids/ or exp alpha-linolenic acid/
- 4 exp Fatty Acids, Omega-3/
- 5 (fish adj5 (diet\$ or nutrit\$ or oil\$ or supplement\$)).tw.
- 6 (oil\$ adj3 (cod\$ or marin\$ or rapeseed\$ or canola\$)).tw.
- 7 (omega-3 or omega3).tw.
- 8 (eicosapentaen\$ or icosapentaen\$).tw.
- 9 docosahexaen\$.tw.
- 10 (Linolen\$ or alpha-linolen\$ or alphalinolen\$).tw.
- 11 (maxepa\$ or omacor\$).tw.
- 12 (trout or kipper\$ or salmon or mackerel\$ or tuna or tunafish or sardine\$ or pilchard\$ or herring\$).tw.
- 13 flax\$.tw.
- 14 rapeseed\$.tw.
- 15 canola\$.tw.
- 16 alphalinolen\$.tw.
- 17 perilla\$.tw.
- 18 linolen\$.tw.





Information

DOI: 10.1002/14651858.CD003177.pub4 🖲 Check for updates

Database: Cochrane Database of Systematic Reviews

Version published: 30 November 2018 see what's new

Type: Intervention Stage: Review

Cochrane Editorial Group: Cochrane Heart Group

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Article metrics

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Željko Reiner, Ulrich Laufs, Francesco Cosentino, Ulf Landmesser. European Heart Journal, The year in cardiology 2018: prevention, 2019, 4, 336
Crossref





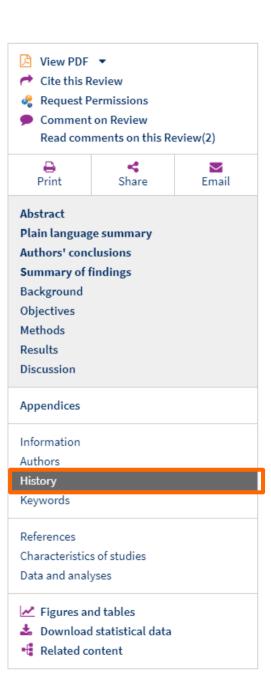
Version history

Title	Stage	Authors	Version	Publication Date
Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease	Review	Asmaa S Abdelhamid, Tracey J Brown, Julii S Brainard, Priti Biswas, Gabrielle C Thorpe, Helen J Moore, Katherine HO Deane, Fai K AlAbdulghafoor, Carolyn D Summerbell, Helen V Worthington, Fujian Song, Lee Hooper	https://doi.org/1 0.1002/1465185 8.CD003177.pub 4 🗹	30 November 2018
Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease	Review	Asmaa S Abdelhamid, Tracey J Brown, Julii S Brainard, Priti Biswas, Gabrielle C Thorpe, Helen J Moore, Katherine HO Deane, Fai K AlAbdulghafoor, Carolyn D Summerbell, Helen V Worthington, Fujian Song, Lee Hooper	https://doi.org/1 0.1002/1465185 8.CD003177.pub 3 🗷	18 July 2018
Omega 3 fatty acids for prevention and treatment of cardiovascular disease	Review	Lee Hooper, Roger A Harrison, Carolyn D Summerbell, Helen Moore, Helen V Worthington, Andrew Ness, Nigel Capps, George Davey Smith, Rudolph Riemersma, Shah Ebrahim	https://doi.org/1 0.1002/1465185 8.CD003177.pub 2 🗷	18 October 2004
Omega-3 fatty acids for prevention of cardiovascular disease	Protocol	Lee L Hooper, Rachel L Thompson, Roger Harrison, Carolyn D Summerbell, Julian PT Higgins, Andy Ness, Nigel E Capps, George G Davey Smith, Rudolph A Riemersma, Shah BJ Ebrahim	https://doi.org/1 0.1002/1465185 8.CD003177 🗗	23 July 2001

Differences between protocol and review

Differences between the previous version of this review (2004) and this update (2018):

- Authors altered. The Acknowledgments recognise authors of the previous version who chose not to participate in this update.
- Background updated.
- Objectives: primary objective altered from 'Do dietary or supplemental omega-3 fatty acids alter total mortality,





References to studies included in this review

Jump to: excluded studies | ongoing studies | additional references | other published versions

ADCS 2010 (published data only)

Quinn JF, Raman R, Thomas RG, Yurko-Mauro K, Nelson EB, Dyck C, et al. Docosahexaenoic acid supplementation and cognitive decline in Alzheimer disease: a randomized trial. *JAMA* 2010;304(17):1903-11.

CENTRAL | Link to article

AFFORD 2013 (published data only)

Nigam A, Talajic M, Roy D, Nattel S, Lambert J, Nozza A, et al. Fish oil for the reduction of atrial fibrillation recurrence, inflammation, and oxidative stress. *Journal of the American College of Cardiology* 2014;64(14):1441-8.

CENTRAL | Link to article | PubMed | CAS | Web of Science® Times Cited: 23

Nigam A, Talajic M, Roy D, Nattel S, Lambert J, Nozza A, et al. Multicentre trial of fish oil for the reduction of atrial fibrillation recurrence, inflammation and oxidative stress: the atrial fibrillation fish oil research study. *Canadian Journal of Cardiology* 2013;1:S383.

Link to article

Ahn 2016 (published data only)

Ahn J, Park SK, Park TS, Kim JH, Yun E, Kim SP, et al. Effect of n-3 polyunsaturated fatty acids on regression of coronary atherosclerosis in statin treated patients undergoing percutaneous coronary intervention. *Korean Circulation Journal* 2016;46(4):481-9. [PUBMED: 27482256]

CENTRAL Link to article

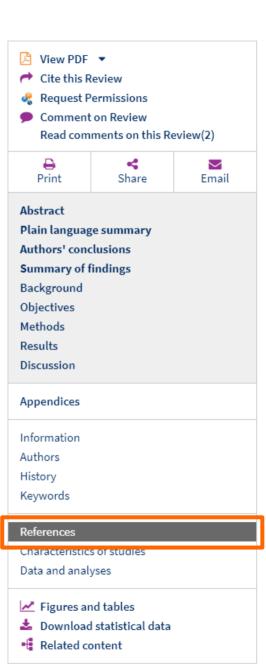
AlphaOmega - ALA 2010 (published and unpublished data)

Brouwer IA, Geleijnse JM, Klaasen VM, Smit LA, Giltay EJ, Goede J, et al. Effect of alpha linolenic acid supplementation on serum prostate specific antigen (PSA): results from the alpha omega trial. *PLOS ONE* 2013;8(12):e81519.

Link to article

Eussen SR, Geleijnse JM, Giltay EJ, Rompelberg CJ, Klungel OH, Kromhout D. Effects of n-3 fatty acids on major cardiovascular events in statin users and non-users with a history of myocardial infarction. *European Heart Journal* 2012;33(13):1582-8.

CENTRAL | Link to article | PubMed | CAS | Web of Science® Times Cited: 10





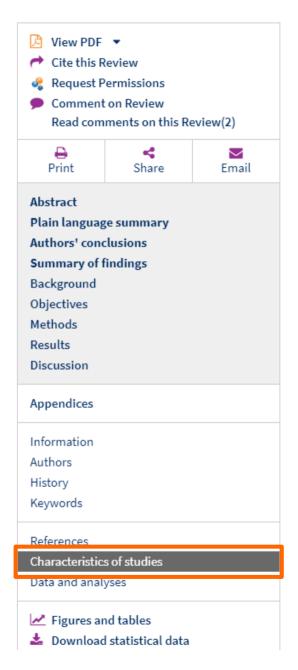
Characteristics of studies

Characteristics of included studies [ordered by study ID]

Jump to: excluded studies | ongoing studies

ADCS 2010

Methods	Alzheimer's Disease Cooperative Study (ADCS)
	RCT, parallel, (n-3 DHA vs n-6 LA), 18 months
	Summary risk of bias: low
Participants	Individuals with mild to moderate Alzheimer's disease
	N: 238 intervention, 164 control
	Level of risk for CVD: low
	Men: 52.9% intervention, 40.2% control
	Mean age in years (SD): 76 (9.3) intervention, 76 (7.8) control
	Age range: unclear
	Smokers: 24.4% intervention, 21.9% control
	Hypertension: not reported
	Medications taken by at least 50% of those in the control group: cholinesterase inhibitor, memantine
	Medications taken by 20%-49% of those in the control group: none
	Medications taken by some, but less than 20% of the control group: none
	Location: USA
	Ethnicity: not reported





Data and analyses

Comparison 1. High vs low LCn3 omega-3 fats (primary outcomes)

Open in table viewer

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 All-cause mortality (overall) - LCn3 Show forest plot ▼	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
2 All-cause mortality - LCn3 - sensitivity analysis (SA) fixed-effect Show forest plot ▼	39	90244	Risk Ratio (M-H, Fixed, 95% CI)	0.97 [0.93, 1.01]
3 All-cause mortality - LCn3 - SA by summary risk of bias Show forest plot ▼	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
3.1 Low risk of bias	15	33146	Risk Ratio (M-H, Random, 95% CI)	1.01 [0.94, 1.08]
3.2 Moderate/high risk of bias	24	59507	Risk Ratio (M-H, Random, 95% CI)	0.94 [0.86, 1.03]
4 All-cause mortality - LCn3 - SA by compliance and study size Show forest plot ▼	38		Risk Ratio (M-H, Random, 95% CI)	Subtotals only
4.1 SA - low risk of compliance bias	18	15654	Risk Ratio (M-H, Random, 95% CI)	0.99 [0.86, 1.14]
4.2 SA - 100+ randomised	35	92397	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
5 All-cause mortality - LCn3 - subgroup by dose Show forest plot ▼	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
5.1 LCn3 ≤150 mg/d	0	0	Risk Ratio (M-H, Random, 95% CI)	0.0 [0.0, 0.0]
5.2 LCn3 > 150 ≤ 250 mg/d	1	407	Risk Ratio (M-H, Random, 95% CI)	0.77 [0.27, 2.18]





Figures Tables

Summary of findings for the main comparison. High versus low LCn3 for preventing cardiovascular disease and mortality (primary outcomes)

Summary of findings 2. High versus low ALA omega-3 fats for preventing cardiovascular disease (primary outcomes)

Summary of findings 3. High versus low omega-3 fats for modification of CVD risk factors (adiposity and lipids): key outcomes

Table 1. Risk of bias assessment methods in greater detail

Table 2. Meta-regression results for cardiovascular mortalitya

Table 3. Meta-regression results for cardiovascular eventsa

Table 4. Meta-regression results for CHD deathsa

Table 5. Metaregression results for CHD eventsa

Table 6. Metaregression results

Figures and Tables - Omega-3 fatty acids for the primary and secondary prevention of cardiovascular di... 🗶

◀ Hide table list

High versus low LCn3 for preventing cardiovascular disease and mortality (primary outcomes)

Patient or population: adults with or without existing CVD

Setting: participants were living at home for most or all of the duration of their trials. Most studies were carried out in high-income economies (World Bank 2018), but four trials were carried out in upper-middle income countries (Argentina, Iran, Turkey and China). No studies took place in low- or low-middle income countries.

Intervention: higher intake of long-chain omega-3 fats Comparison: lower intake of long-chain omega-3 fats

The intervention was dietary supplementation, a provided diet or advice on diet. Supplementation may have been in oil or capsule form or as foodstuffs provided, to be consumed by mouth (excluding enteral and parenteral feeds and enemas). The foodstuffs or supplements must have been: oily fish or fish oils as a food, oil, made into a spreading fat or supplementing another food (such as bread or eggs). Refined eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA) or concentrated fish or algal oils, were also accepted.

Outcomes		Anticipated absolute effects* (95% CI)		№ of participants (studies)	Certainty of the evidence (GRADE)	Comments	
	Risk with	Risk with					
	lower	higher					
	LCn3	LCn3					
All-cause mortality – deaths	90	88 per	RR 0.98	92,653	0000	Meta-analysis and indications	
Assessed with: number of participants dying of any cause,	per	1,000	(0.93 to	(39 RCTs)	High ^a	of bias suggest risk reduction	
whether reported as an outcome or a reason for dropout	1,000	(83 to	1.03)			of less than 2%. Long-chain	
Duration; range 12 to 72 months		92)				omega-3 fat intake makes	

Summary of findings for the main comparison. High versus low LCn3 for preventing cardiovascular disease and mortality (primary outcomes)

Navigate to table in Review





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Polyunsaturated fatty acids for the primary and secondary prevention of cardiovascular disease

Asmaa S Abdelhamid, Nicole Martin, Charlene Bridges, Julii S Brainard, Xia Wang, Tracey J Brown, Sarah Hanson, Oluseyi F Jimoh, Sarah M Ajabnoor, Katherine HO Deane, Fujian Song, Lee Hooper | **27 November 2018**

Fibrates for secondary prevention of cardiovascular disease and stroke

Deren Wang, Bian Liu, Wendan Tao, Zilong Hao, Ming Liu | 25 October 2015

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Cochrane Clinical Answers

How do high and low concentrations of long-chain fatty acids (LCn3) compare for primary and secondary prevention of cardiovascular disease?

Jane Burch, Sera Tort | 19 December 2018

How do high and low concentrations of alpha linolenic acid (ALA) compare for primary and secondary prevention of cardiovascular disease?

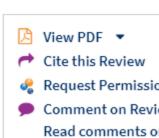
Jane Burch, Sera Tort | 19 December 2018

Topics

Complementary & alternative medicine

- → Heart & circulation
 - → Heart disease prevention

Heart & circulation





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Abstract

Plain language summ Authors' conclusions

Summary of findings

Background Objectives

Methods

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Clinical Answers

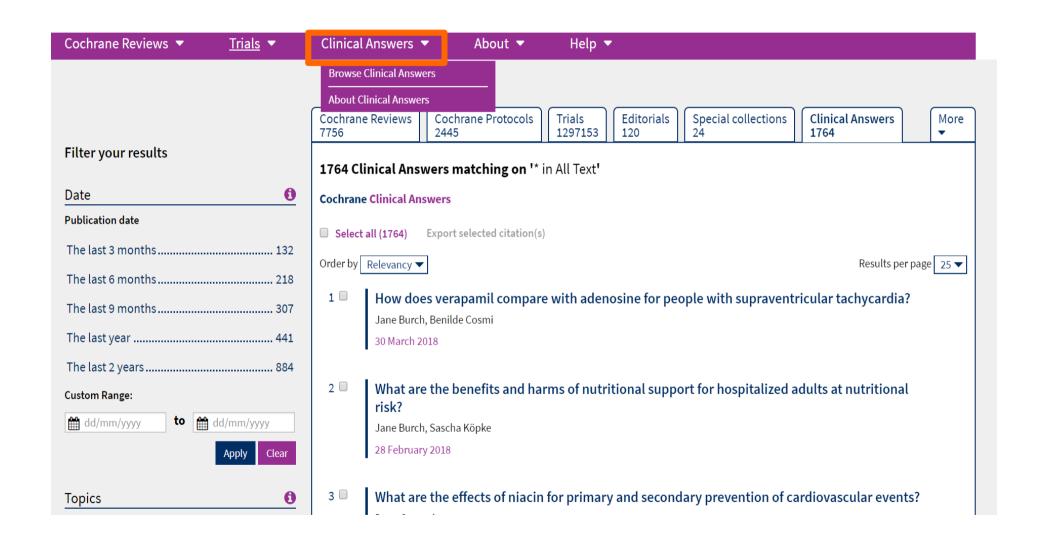


Clinical Answers

- Cochrane Clinical Answers(CCAs) 針對Cochrane 系統性文 獻回顧中嚴謹的研究結果,提供使用者一個易讀、易懂且切 入重點的臨床決策參考。
- 每個 CCAs 涵蓋臨床問題、解答摘要,以及從Cochrane reviews 可深入探究的相關性證據。實證結合情境敘述、數 據與圖表,以可讀性高的介面呈現,讓使用者更容易獲得所 需要的臨床解答。
- 主要使用族群為健康照護醫護專業人員與健康照護決策者。
- CCAs 以 Cochrane 高質量系統性文獻回顧為基礎,專注於以「病人安全」為中心,CCAs 提供醫護人員權威且專業的實證臨床問題解答。



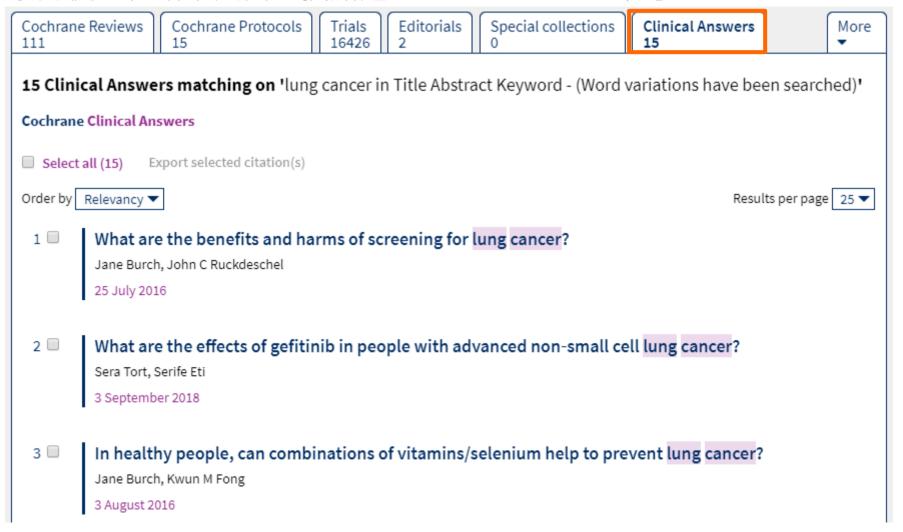
瀏覽Clinical Answers





檢索Clinical Answers

檢索完後,在結果頁面直接點選Clinical Answers即可。





Cochrane Clinical Answers

Question:

What are the benefits and harms of screening for lung cancer?

Jane Burch, John C Ruckdeschel | 25 July 2016

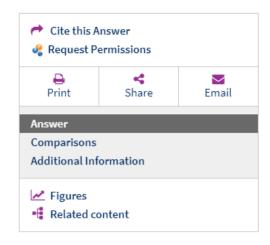
Clinical Answer:

Available randomized controlled trial data does not support screening for lung cancer with chest X-ray with or without sputum cytology. Screening with low dose CT may reduce lung-cancer mortality in smokers, but effects in other populations need to be further assessed.

Moderate to high-quality evidence shows that more intense screening (with chest X-ray +/- sputum cytology) had similar effects than less intense screening on lung cancer mortality; however, when longer follow-up data was added, lung cancer mortality was higher with more intense screening; this may be a consequence of overtreatment. Conversely, low to moderate-quality evidence shows higher lung cancer 5-year survival with more intense screening. High-quality evidence shows no benefit of annual chest X ray compared with no regular screening on lung cancer mortality at 6 or 13 years' follow-up but when annual-low dose CT was compared with annual chest X-ray in smokers or former smokers, lung cancer mortality was lower. Benefits for CT screening in people with a history of smoking would have been even higher if it had been compared with the community standard (no screening) rather than with X-ray. Harms were poorly reported and mostly associated with subsequent invasive investigations and death post-surgery, but harms directly related to screening were not reported.

Comparisons

1. 4 to 12 monthly screening versus less frequent screening (chest X-ray +/- sputum cytology)	Expand All »
2. Annual chest X-ray screening versus no regular screening	Expand All »
3. Annual low dose computed tomography (CT) screening versus annual chest X-ray	Expand All »



1. 4 to 12 monthly screening versus less frequent screening (chest X-ray +/- sputum cytology)

Collapse All ¥

✓ OUTCOME 1.1 Lung cancer mortality (duration unclear – seems to be 3 years)

Narrative result

Studies evaluating more frequent chest x-ray screening versus less frequent screening, and annual chest X-ray plus 4 -monthly cytology versus annual X-ray alone, were reported separately. There were no statistically significant difference between groups for either analysis. Click below for full details.[1]

Reference

Manser R, Lethaby A, Irving LB, Stone C, Byrnes G, Abramson MJ, Campbell D. Screening for lung cancer. *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD001991. DOI: 10.1002/14651858.CD001991.pub3. [Review search date: May 2012]

- > Subgroup analysis 1.1.1 Lung cancer mortality [subgroup: More frequent chest X-ray screening versus less frequent screening]
- > Subgroup analysis 1.1.2 Lung cancer mortality [subgroup: Annual chest X-ray plus 4-monthly cytology versus annual X-ray alone]
- ✓ OUTCOME 1.2 Lung cancer mortality (including longer follow-up data (seems to be up to 6 years))

Narrative result

Studies reporting more frequent chest X-ray screening versus less frequent screening found higher mortality with more intense screening. In contrast, studies comparing annual chest X-ray plus 4-monthly cytology versus annual X-ray alone found no statistically significant difference between groups. Click below for full details.[4]

Reference

Manser R, Lethaby A, Irving LB, Stone C, Byrnes G, Abramson MJ, Campbell D. Screening for lung cancer. *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD001991. DOI: 10.1002/14651858.CD001991.pub3. [Review search date: May 2012]

> Subgroup analysis 1.2.1 Lung cancer mortality (longer follow-up) - [subgroup: More frequent chest X-ray screening versus less frequent screening]



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CDSR翻譯

翻譯志工招募

「讓全世界看到你!!!」考科藍摘要中文翻譯志工招募計畫

- 一、計畫簡介: CDSR (Cochrane Database of Systematic Reviews) 為考科藍圖書館 (the Cochrane Library) 的子資料庫之一,收錄大量系統性文獻回顧相關的研究論文及摘要,2016年Cochrane review之科學引文索引 (Science Citation Index, SCI) 的影響係數 (Impact Factor) 為6.124。考科藍臺灣研究中心(由臺北醫學大學實證醫學研究中心升格,以下簡稱本中心) 持續進行CDSR摘要繁體中文的翻譯工作,並發布至考科藍圖書館資料庫,供全球華語健康照護者查詢及閱讀,以促進實證醫學知識之傳遞及交流。為增加考科藍圖書館中繁體中文資料的數量及品質,及拓展臺灣能見度,本中心持續招募「考科藍摘要中文翻譯志工」,除了讓國際看見臺灣在實證醫學領域的用心與努力外,也將在翻譯文稿末尾留下譯者大名以表彰譯者之貢獻,讓全世界看到你!
- 二、翻譯流程:加入翻譯志工後,我們會依據志工的專業領域挑選1~2篇英文摘要,連同「翻譯原則」一起 Email給志工。志工完成中文翻譯後,在文末註明服務單位及大名,於1個月內回覆本中心,由本中心審稿後將 翻譯稿件上傳至Cochrane Library網頁,再進行下一次的翻譯。
- 三、計畫聯絡方式: Email: cochranetaiwan@tmu.edu.tw; 電話: 02-27361661#7323
- 四、註冊申請志工:於Cochrane Join us網頁(http://join.cochrane.org/)進行申請註冊程序,詳細步驟如附檔。

備註:本翻譯計畫為志願參加(無提供翻譯費),本中心保有翻譯文章修改及上傳至Cochrane Library之最終權利。

活動

> 醫學人工智慧 「從如果/然後到擬人學習」

相關網站

- Cochrane Taiwan
- East Asian Cochrane Aliance
- International Society of Evidence-Based Healthcare, Taiwan
- > The Cochrane Collaboration
- The Cochrane Library
- Unbound Medicine
- 台灣實證醫學學會
- > 考科藍中文版
- > 考科藍台灣 Cochrane Taiwan粉絲專頁
- > 行政院衛生福利部



MeSH search

※請善用此檢索方式



檢索問題

用詞不一致

 同樣指癌症,有人使用「cancer」,有人使用「 tumor」,需把相同概念的各式同義詞及狹義詞 完整蒐集,查找文獻才不會遺漏。

需過濾不相關文獻

輸入的關鍵字可能只與文章某處有關聯,但並非 文章重點,需花大量時間過濾「出現這個字但實 際上並不相關」的文章。



MeSH Search

醫學主題詞表 (Medical Subject Headings;簡稱MeSH)

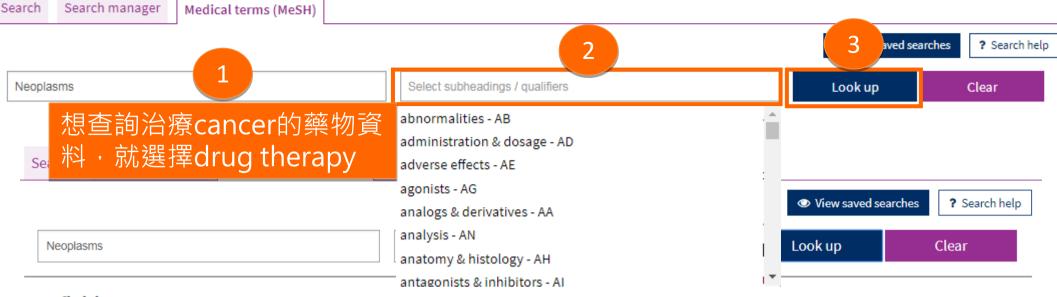
- 美國國家醫學圖書館 (National Library of Medicine) 出版
- 分析生物醫學方面之期刊文獻等資源的主題內容之 控制語彙表
 - NLM出版之MEDLINE/PubMed資料庫主題檢索的索引典。





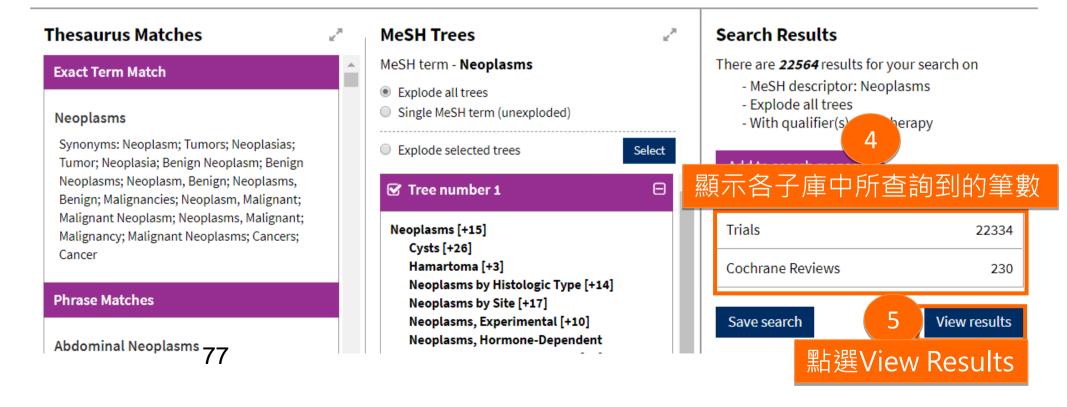
使用MeSH的好處

- 可以協助找出精確符合主題的資料
 - 無須煩惱因縮寫、別名而遺漏相關文獻
 - 使用同義詞也可準確查詢出相關文獻資料
- 使用MeSH Tree
 - 可以依需求擴展或縮小查詢範圍
 - 了解各醫學標題的橫向與縱向關聯
 - MeSH Tree可顯示標題間分類的層級關係。最上層顯示者,表示該標題詞所代表的主題意涵較廣(generic),而愈下層顯示者,則表示所代表的主題意涵愈為特異(specific)。



Definition

Neoplasms - New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms.





於治療 "癌症"的可用藥物資料(橘色框框),可做為醫療 人員使用的參考

1 Chemotherapy for resistant or recurrent gestational trophoblastic neoplasia

Mo'iad Alazzam, John Tidy, Raymond Osborne, Robert Coleman, Barry W Hancock, Theresa A Lawrie

Show Preview ▼ Intervention Review 13 January 2016 New search Free access

Treatment including anthracyclines versus treatment not including anthracyclines for childhood cancer

Elvira C van Dalen, Martine F Raphaël, Huib N Caron, Leontien CM Kremer

Show Preview ▼ Intervention Review 4 September 2014 New search Conclusions changed Free access

Systemic treatments for metastatic cutaneous melanoma

Tom Crosby, Reg Fish, Bernadette Coles, Malcolm Mason

Show Preview ▼ Intervention Review 7 February 2018 Withdrawn Free access

Adjuvant chemotherapy for small intestine adenocarcinoma

Nimit Singhal, Deepti Singhal

Show Preview Theorem Review 18 July 2007

Danazol for uterine fibroids

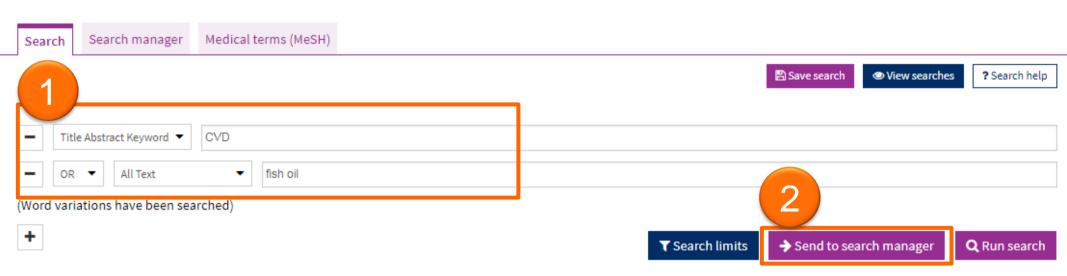
Lin -qiu Ke, Kun Yang, Chun-Mei Li, Jing Li

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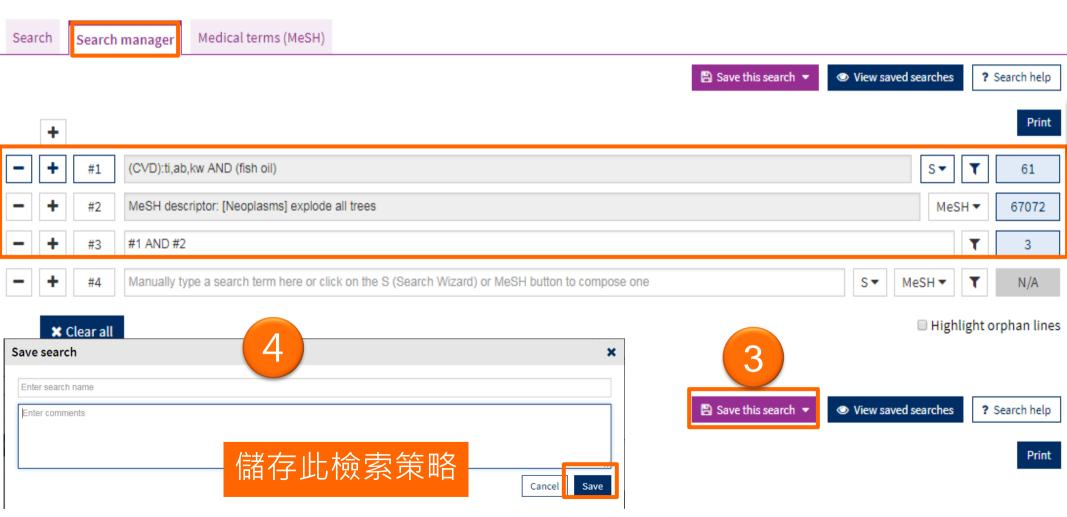


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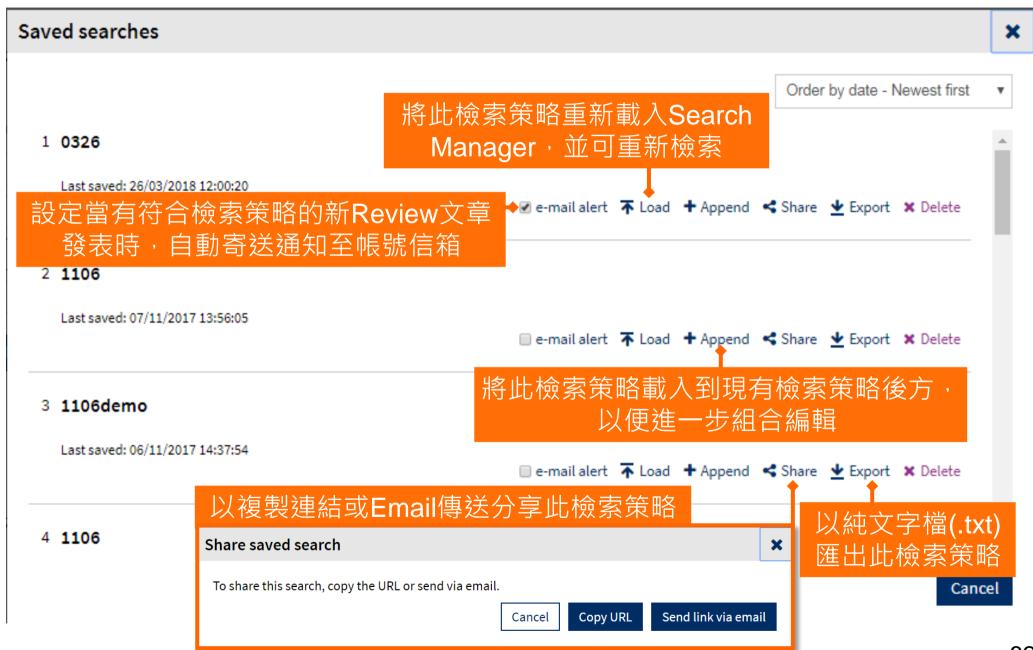
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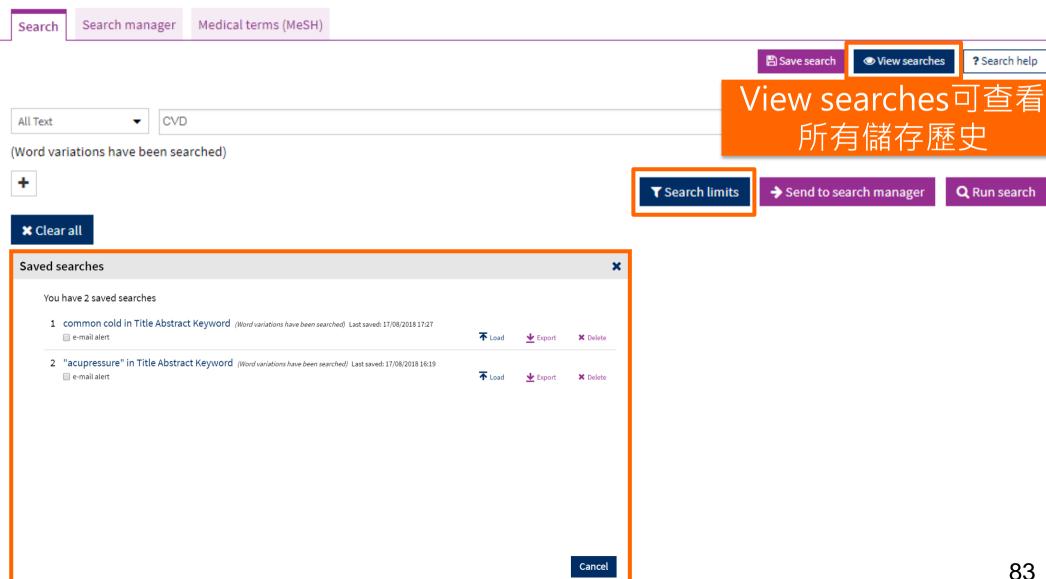




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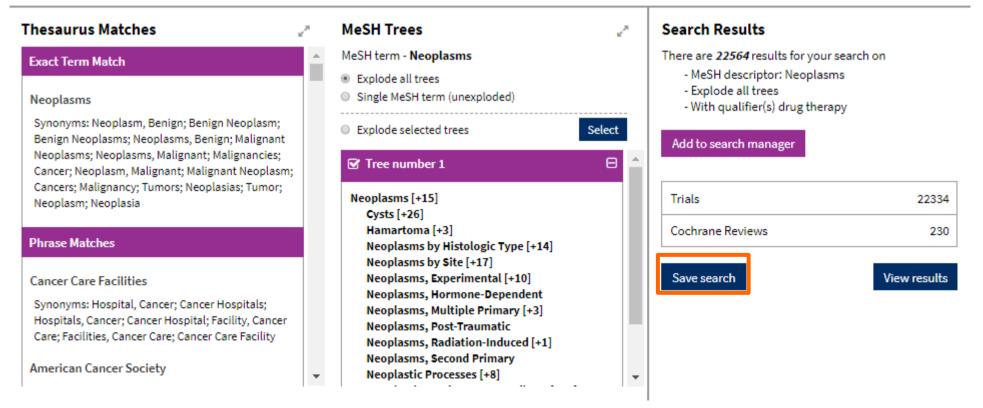
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Neoplasms - New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms.

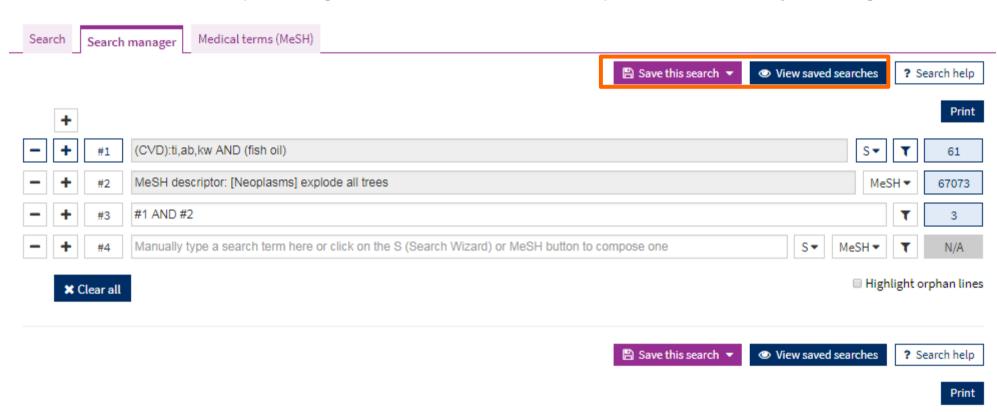




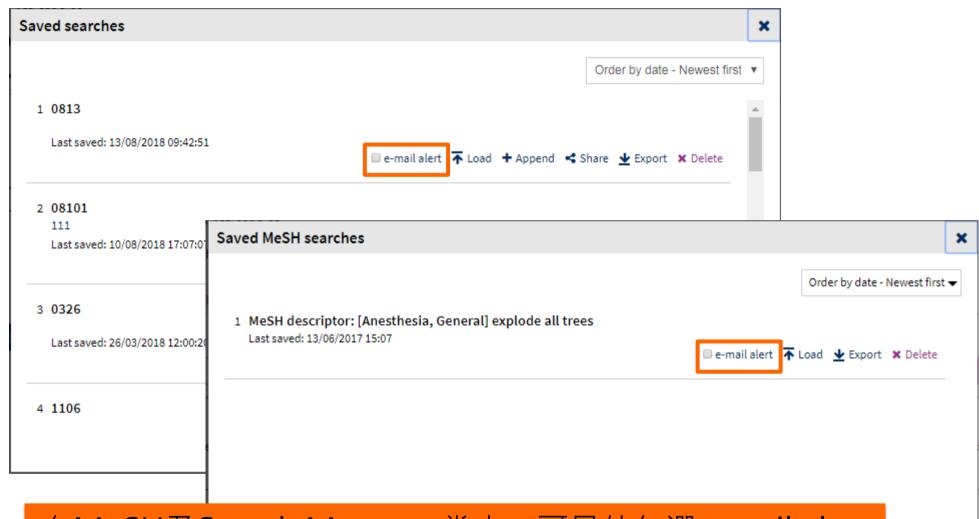
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Advanced Search

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在MeSH及Search Manager當中,可另外勾選e-mail alert 進行檢索結果追蹤,當儲存的檢索策略有新資料時即會自動 寄送通知信到e-mail提醒

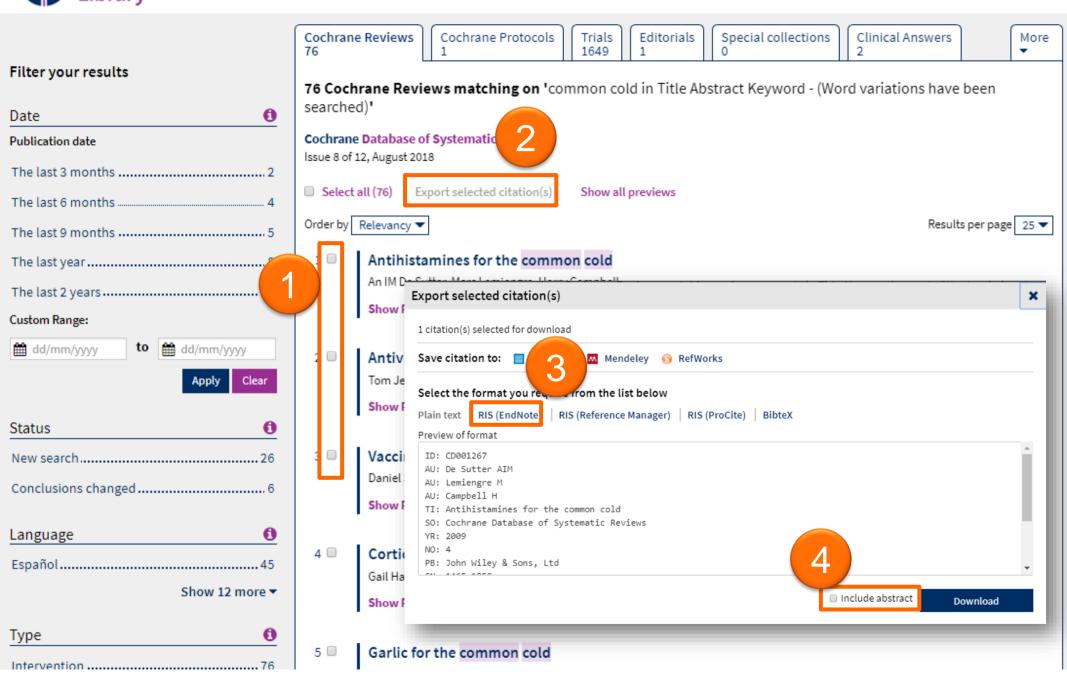
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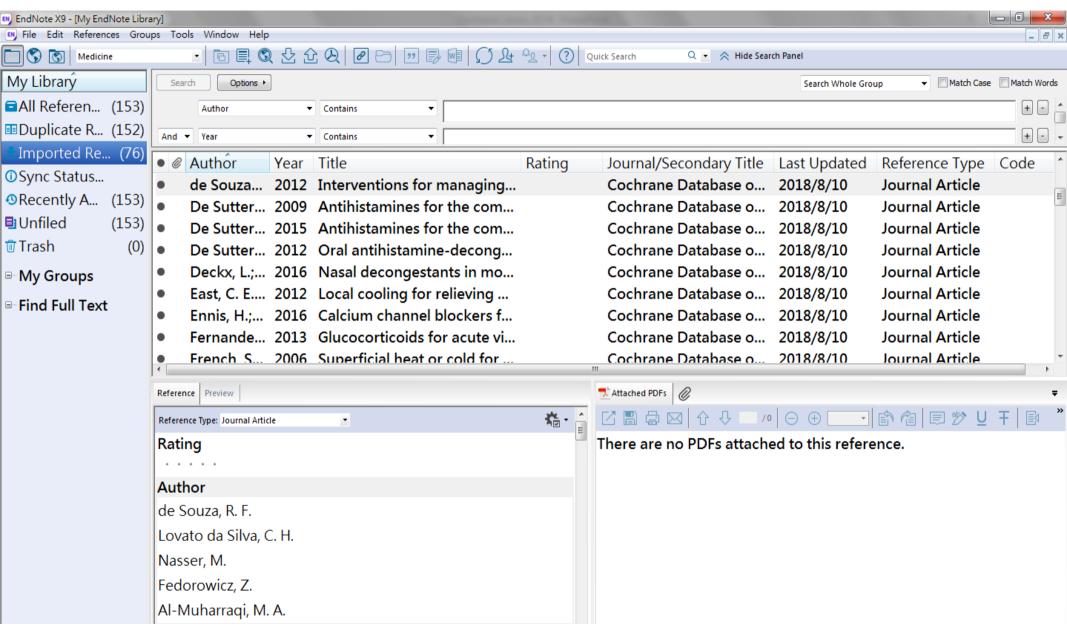
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Q & A Thank You!

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