

循证医学之证据检索

2020.11

主要内容



- 一. 概况
- 二. 临床实践的步骤
- 三. 证据种类
- 四. 证据检索

循证医学的先驱

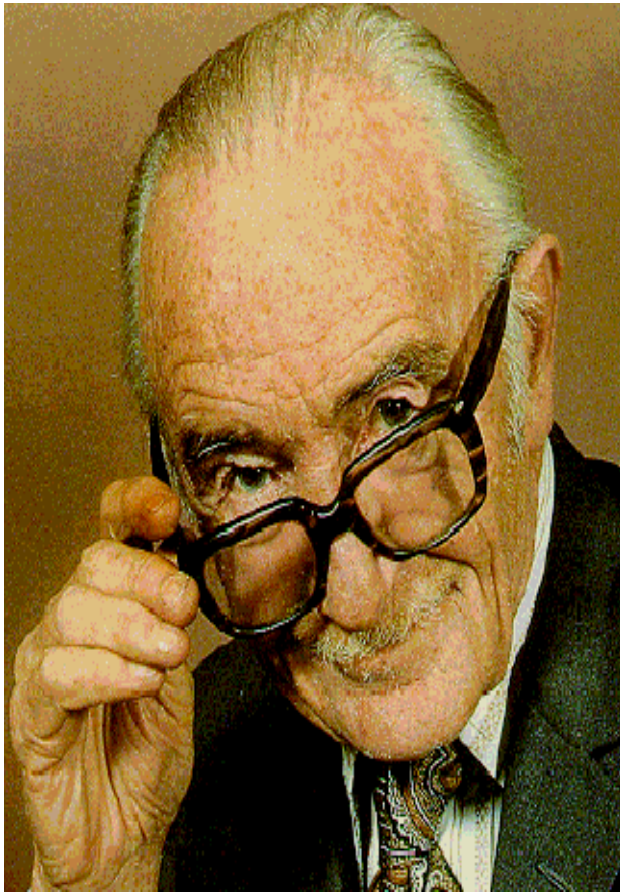


- **Evidence Based Medicine
EBM**
- **循证医学是有意识地、明确地、审慎地利用现有最好的证据制定病人的诊治方案。实施循证医学意味着医生要参照最好的研究证据、临床经验和病人的意见。**

**—David L. Sackett
(1934-2015)**

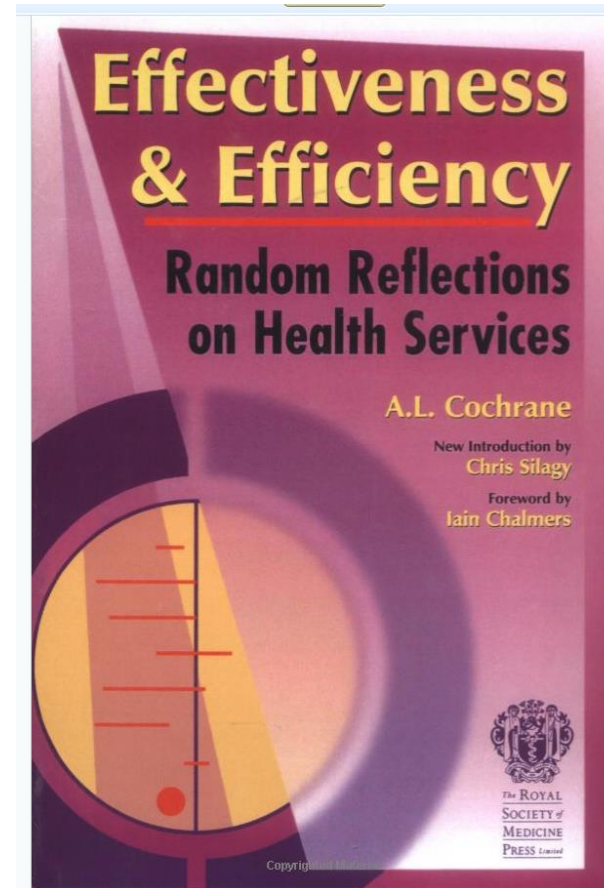


循证医学的先驱



Archie Cochrane
(英国, 1909-1988)

1972年, 其力作《疗效与效益: 健康服务中的随机反映》问世。这部经典巨著催生了循证医学的诞生。



循证医学的先驱



◆ Iain Chalmers
(英国, 1943-)

◆ 对有早产倾向的产妇使用糖皮质激素有效减少早产儿呼吸窘迫综合征的出现。

◆ Cochrane协作网创始人之一

Cochrane协作网 www.cochrane.org



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我们的证据

我们的证据

- 我们的健康相关证据如何帮助您
- 什么是Cochrane简语概要?
- 如何检索简语概要

检索...

如需使用高级检索, 请转到[Cochrane图书馆网页](#)。

二. 临床实践的步骤



1. 构建临床问题
2. 检索相关文献
3. 严格评价文献
4. 应用最佳证据
5. 不断提高改进

1. 构建临床问题

□ 构建临床问题 – 国际通用PICO原则



病人或疾病 (即问题) **Patients/Problems**



干预 **Intervention**



比较干预或暴露 **Comparison(optional)**



临床结局 **Outcome**

◆ 研究设计 **Study** (etiology/diagnosis/therapy/prognosis)

临床问题举例



PICO



一位64岁肥胖的男性病人，尝试用各种方式减轻体重。他向王医师呈交一篇报道：“肥胖者的福音”——壳聚糖（chitosan），患者想了解服用壳聚糖对他减肥是否有效，但王医师凭借以往经验无法给出答案。

P	I	C	O
肥胖病人 Obesity overweight	壳聚糖 chitosan	是否有对照组 (not clear)	减轻体重 Weight

S 治疗
therapy



临床问题举例

- 构建不够好的问题

壳聚糖对肥胖病人有效吗?

I P

- 构建良好的问题

壳聚糖与奥利斯他相比是否更能降低肥胖病人的脂肪吸收?

I C P O



2. 检索相关文献

- 根据提出的临床问题，确定“检索词”
- 利用各种权威的检索系统检索相关文献。
 - 原始研究
 - 二次研究
- 从检索结果中找出与问题关系密切的资料，作为分析评价之用。
- **文献检索虽是循证医学实践中的一个环节，但检索策略的制定很重要。**



- Cochrane Library: Cochrane协作网建立
<http://www.thecochranelibrary.com>
- PubMed: 美国国立医学图书馆创建
<http://ncbi.nlm.nih.gov/PubMed>
- BMJ Best Practice: BMJ创建
<http://bestpractice.bmj.com>
- 中文生物医学文献数据库 (CBM) : 中国医学科学院医学信息研究所研制



3. 严格评价文献

- 应用临床流行病学及EBM质量评价标准，从证据的真实性、可靠性、临床价值及其适用性作出具体的评价。
- 如果收集的合格文献较多的话，可以作系统评价(systematic review) 和Meta-分析(meta- analysis)
- 学习循证医学最好的方法是制作一篇系统评价。

学习系统评价的历程



- 1、提出问题，确定系统评价的题目
- 2、与相关的Cochrane系统评价组联系，申请注册题目
- 3、题目批准后，根据协作网提供的RevMan软件和Handbook制作系统评价的 protocol
- 4、计划书完成后提交协作网，接受评价组的修改
- 5、修改到编辑部满意后，发表在CL上
- 6、完成SR全文并送协作网审批
- 7、再修改直到发表在CL上
- 8、跟踪本课题的进展，随时更新。

摘自丁香园

系统评价手册



《Cochrane 干预措施系统评价手册》
中文翻译版
The Translation of Cochrane
Handbook for Systematic Reviews of
Interventions

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四川大学华西医院中国 Cochrane 中心
兰州大学循证医学中心

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系统评价手册

Citations Month X, 200X' 非索引记录文件。关于这一问题的进一步指导，联系试验检索协调员。

6.4.13 检索策略示范

框6.4.e提供了一个主题为“它莫西芬治疗乳腺癌”的CENTRAL检索策略演示。注意：它仅包括主题词（随机对照试验过滤器不适合CENTRAL）。没有限制于人类。该策略只用于演示目的：检索CENTRAL中研究以纳入系统评价时针对每一个概念需要更多的检索词汇。

框6.4.f提供一个主题为“它莫西芬治疗乳腺癌”的Ovid MEDLINE检索策略演示。注意MEDLINE使用了主题词和一个随机对照试验过滤器，检索仅限于人类。提供这一策略仅作为演示目的：检索MEDLINE中研究以纳入系统评价时针对每一概念需要更多的检索词汇。

框6.4.e 主题为“它莫西芬治疗乳腺癌”的CENTRAL检索策略示范

```

#1 MeSH descriptor Breast Neoplasms explode all trees
#2 breast near cancer*
#3 breast near neoplasm*
#4 breast near carcinoma*
#5 breast near tumour*
#6 breast near tumor*
#7 #1 OR #2 OR #3 OR #4 OR #5 OR #6
#8 MeSH descriptor Tamoxifen explode all trees
#9 tamoxifen
#10 #8 OR #9
#11 #7 AND #10

```

“near”运算符默认为在6个字内；
‘*’表示阶段符。

129

框6.4.f 主题为“它莫西芬治疗乳腺癌”的MEDLINE (Ovid格式) 检索策略示范

```

1 randomized controlled trial.pt.
2 controlled clinical trial.pt.
3 randomized.ab.
4 placebo.ab.
5 drug therapy.fs.
6 randomly.ab.
7 trial.ab.
8 groups.ab.
9 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8
10 animals.sh. not (humans.sh. and animals.sh.)
11 9 not 10
12 exp Breast Neoplasms/
13 (breast adj6 cancer$.)mp.
14 (breast adj6 neoplasm$.)mp.
15 (breast adj6 carcinoma$.)mp.
16 (breast adj6 tumour$.)mp.
17 (breast adj6 tumor$.)mp.
18 12 or 13 or 14 or 15 or 16 or 17
19 exp Tamoxifen/
20 tamoxifen.mp.
21 19 or 20
22 11 and 18 and 21

```

‘adj6’运算符表示在6个字内；

‘\$’表示截断符；

.mp.表示检索标题、原标题、摘要、实义词及主题词。



4. 应用最佳证据

- 将获得的真实可靠的并有临床应用价值的最佳证据，用于指导临床决策。
- 否定经严格评价认为乏效甚至有害的治疗措施。
- 对于尚难定论并有期望的治疗措施，可为进一步研究提供信息。
- 遵循个性化原则



5. 不断提高改进

- 通过对患者的实践，总结经验教训，从中获益，促进学术水平和医疗质量的提高。



三. 证据种类

“证”就是对临床研究的文献，应用临床流行病学的原则和方法，经过认真的分析和评价获得的新近的最真实可靠且有临床重要应用价值的研究成果。



1. 证据的种类

1.1 Systematic Review 和 Meta-Analysis

针对某一具体临床问题，全面搜集相关文献，运用统计学的原理和方法，对符合标准的文献进行全新的综合和研究而产生的新文献。

[例] 非小细胞肺癌完全切除术后的放射治疗，存在争议。近年来系统评价得出结论：术后放射治疗不利于完全切除的早期非小细胞肺癌病人。



Postoperative radiotherapy for non-small cell lung cancer

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Editorial group: Cochrane Lung Cancer Group.

Publication status and date: New search for studies and content updated

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课题背景

研究目的

检索方法

选择标准

数据搜集与分析

主要结果

作者结论

Abstract

Jump to...

Background

The role of postoperative radiotherapy (PORT) in the treatment of patients with completely resected non-small cell lung cancer (NSCLC) was not clear. A systematic review and individual participant data meta-analysis was undertaken to evaluate available evidence from randomised controlled trials (RCTs). These results were first published in *Lung Cancer* in 2013.

Objectives

To evaluate the effects of PORT on survival and recurrence in patients with completely resected NSCLC. To investigate whether predefined patient subgroups benefit more or less from PORT.

Search methods

We supplemented MEDLINE and CANCELIT searches (1965 to 8 July 2016) with information from trial registers, handsearching of relevant meeting proceedings and discussion with trialists and organisations.

Selection criteria

We included trials of surgery versus surgery plus radiotherapy, provided they randomised participants with NSCLC using a method that precluded prior knowledge of treatment assignment.

Data collection and analysis

We carried out a quantitative meta-analysis using updated information from individual participants from all randomised trials. We sought data on all participants from those responsible for the trial. We obtained updated individual participant data (IPD) on survival and date of last follow-up, as well as details on treatment allocation, date of randomisation, age, sex, histological cell type, stage, nodal status and performance status. To avoid potential bias, we requested information on all randomised participants, including those excluded from investigators' original analyses. We conducted all analyses on intention-to-treat on the endpoint of survival.

Main results

We identified 14 trials evaluating surgery versus surgery plus radiotherapy. Individual participant data were available for 11 of these trials, and our analyses are based on 2343 participants (1511 deaths). Results show a significant adverse effect of PORT on survival, with a hazard ratio of 1.18, or an 18% relative increase in risk of death. This is equivalent to an absolute detriment of 5% at two years (95% confidence interval (CI) 2% to 9%), reducing overall survival from 58% to 53%. Subgroup analyses showed no differences in effects of PORT by any participant subgroup covariate.

We did not undertake analysis of the effects of PORT on quality of life and adverse events. Investigators did not routinely collect quality of life information during these trials, and it was unlikely that any benefit of PORT would offset the observed survival disadvantage. We considered risk of bias in the included trials to be low.

Authors' conclusions

Results from 11 trials and 2343 participants show that PORT is detrimental to those with completely resected non-small cell lung cancer and should not be used in the routine treatment of such patients. Results of ongoing RCTs will clarify the effects of modern radiotherapy in patients with N2 tumours.

系统评价的格式



Postoperative radiotherapy for non-small cell lung cancer

New search | Review | Intervention

Sarah Burdett, Larysa Rydzewska, Jayne Tierney, David Fisher, Mahesh KB Parmar, Rodrigo Arriagada, Jean Pierre Pignon, Cecile Le Pechoux, on behalf of the PORT Meta-analysis Trialists Group

First published: 11 October 2016

Editorial Group: Cochrane Lung Cancer Group

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Am score 8

See clinical summaries based on this review

Abstract English | French

Background

The role of postoperative radiotherapy (PORT) in the treatment of patients with completely resected non-small cell lung cancer (NSCLC) was not clear. A systematic review and individual participant data meta-analysis was undertaken to evaluate available evidence from randomised controlled trials (RCTs). These results were first published in *Lung Cancer* in 2013.

Objectives

Text size Share Comment

- Abstract
- Background
- Objectives
- Methods
- Results
- Discussion
- Authors' conclusions
- Acknowledgements
- Data and analyses
- Appendices
- What's new
- History
- Contributions of authors
- Declarations of interest
- Sources of support
- Characteristics of studies
- References to studies included in this review
- References to studies excluded from this review
- References to ongoing

- 摘要：结构式
- 课题背景
- 研究目的
- 方法
- 结果
- 讨论
- 作者结论
-



1. 证据的种类

1.2 Randomized Controlled Trial, RCT

采用随机分配的方法，将符合要求的研究对象分别分配到试验组与对照组。然后接受相应的人为干预措施，在一致的条件下或相同的环境里，同步进行研究和观察，并采用客观的、公认的效应指标对试验结果进行测量和评价的试验设计。

奥美沙坦酯与氯沙坦钾治疗中国轻、中度原发性高血压患者 8 周的疗效与安全性比较

诸骏仁 蔡迺绳 范维琥 朱鼎良 何奔 吴宗贵
柯元南 郭静莹 马虹 黄峻 李新立 陈运贞

【摘要】 **目的** 通过与氯沙坦钾比较评价奥美沙坦酯治疗轻、中度原发性高血压患者的疗效和安全性。**方法** 采用随机、双盲、双模拟、阳性对照、平行分组、多中心临床试验方法。共入选 287 例轻、中度原发性高血压患者,按照 1:1 的比例随机分组,分别接受奥美沙坦酯 20 mg 或氯沙坦钾 50 mg,每天 1 次口服治疗。在用药 4 周后对患者进行血压评价,如果患者舒张压(DBP)仍 ≥ 90 mm Hg (1 mm Hg = 0.133 kPa),则试验药物剂量加倍,直至 8 周试验结束;治疗 4 周后 DBP < 90 mm Hg 的患者则维持原剂量继续治疗至第 8 周。**结果** (1) 治疗 4 周后,奥美沙坦酯组坐位 DBP 谷值平均下降 11.72 mm Hg,氯沙坦钾组平均下降 9.23 mm Hg,两组间比较 $P = 0.004$ 。(2) 治疗 8 周后,奥美沙坦酯组坐位 DBP 谷值平均下降 12.94 mm Hg,氯沙坦钾组平均下降 11.01 mm Hg,两组间比较 $P = 0.035$ 。(3) 治疗 4 周后,奥美沙坦酯组有效数为 81 例(65.3%),氯沙坦钾组有效数为 68 例(52.7%),两组间比较 $P = 0.028$;治疗 8 周后,两组有效病例数和有效率相当, $P > 0.05$ 。(4) 治疗 8 周后,24 h 动态血压监测显示,奥美沙坦酯组 DBP 和 SBP 的个体和总体谷/峰比值均高于氯沙坦钾组,奥美沙坦酯在 24 h 内的作用持续时间比氯沙坦钾组长。(5) 奥美沙坦酯组和氯沙坦钾组发生的与试验药物有关的不良事件的发生率分别为 10.5% 和 13.9%, $P > 0.05$ 。**结论** 奥美沙坦酯每日口服 20 ~ 40 mg 能够有效、安全地治疗高血压。与氯沙坦钾每日口服 50 ~ 100 mg 相比,奥美沙坦酯的降压效果优于氯沙坦钾。

【关键词】 高血压; 抗高血压药; 治疗结果

1. 证据的种类



1.3 Health Technology Assessment

对卫生技术的技术特性、安全性、有效性（效能、效果和生存质量）、经济学特性（成本效果）和社会的适应性（法律、伦理）进行评价，为决策者提供合理选择卫生技术的证据。

专栏 FEATURES

国产永磁型磁共振成像设备的卫生技术评估

Health Technology Assessment of Domestic Permanent Magnetic Type Magnetic Resonance Imaging Equipment

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摘要 对国产永磁型磁共振成像设备进行卫生技术评估, 为政府制定公共卫生政策、产业发展规划、技术创新提供科学依据。采用公开文献、企业调查、医院问卷等方式, 对某国产永磁型磁共振成像设备的图像质量、安全性、有效性、利用率、经济性、社会性等方面进行评价。结果显示该型设备图像质量和安全性符合技术标准; 诊断检查多数比CT、MSCT、US、X线等检出率高; 设备使用率达到95%以上, 适合各级别医院使用, 尤其是二甲医院; 成本收益远高于进口同类设备; 社会已有较好的认可度。

关键词 磁共振成像设备; 永磁型; 卫生技术评估

Abstract: A domestic permanent magnet magnetic resonance imaging (MRI) was evaluated by health technology assessment (HTA) so as to provide the scientific basis for the public health policies, the industrial development planning, and the guide of technological innovation for China government. The paper assessed the image quality, safety, effectiveness, efficiency, economy, sociality of the domestic MRI equipment by analyzing data from the public literature and surveys to the company and hospital. Results showed that image quality and safety performance of the MRI met technical standards; the relevance ratio of diagnostic was more than that of CT, MSCT, US and X-ray; utilization rate of the MRI was above 95%, which made it suitable for hospitals in all levels, especially second senior-class hospitals. And the cost-benefit was much higher than similar imported equipment.

Key words: magnetic resonance imaging; permanent magnet; health technology assessment

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0 引言

近年来, 随着医疗器械产业的发展, 医疗设备的支付持续增长, 增加了社会负担, 严重影响了医改。世界卫生组织 (WHO) 在 2007 年世界卫生大会上已有议案表达医疗器械对卫生资源侵占的关注, 认为过渡医疗设备的投入剥夺了其卫生资源的配置, 从而破坏了整个卫生服务体系^[1]。提出基于流行病学和人口数据对医疗器械的可及性和使用率

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使用人员的能力、购置的成本效益分析, 以及适宜卫生技术中的应用进行评估^[2]。

医用磁共振成像设备 (MRI) 是一种高值乙类大型医疗设备, 价格从几百万到上千万不等。我国目前主要依靠进口, 与我国日益增长的医疗需求与现实支付能力形成了一对矛盾。国产 MRI 具有价格低、成本效益高、备件易得等特点, 正被国内医疗机构所接受, 并且经过十多年的发展, 已经涌现了如鑫高益、贝斯达、安科、万东、东软、联影等一批国产 MRI 产品。然而, 国产 MRI 因缺少客观的评估, 社会认可度还不高, 阻碍了我国卫生事业的发展。因此, 对国产 MRI 进行全性能评价具有现实意义。

本文采用卫生经济学公认的卫生技术评估 (Health

专栏 FEATURES

对 MRI 的比吸收率 (SAR) 作出了限制, 3 台抽检设备的全身 SAR 比标准低 2 个数量级。静磁场的生物效应相对较弱, 限值可以达到 8 T。本评价 MRI 属低场。因此, 抽检设备所有检测项目均满足标准要求, 在用设备也没有电磁安全不良事件报告。

表 2 某国产品牌永磁型 MRI 安全特性

限值标准	抽检 1	抽检 2	抽检 3	
有效刺激持续时间 (ms)	0.30	0.28	0.28	0.30
梯度场总幅 (V/m)	21.02	19.60	19.50	20.60
梯度磁场变化率 (T/s)	210.2	33.2	33.5	32.8
SAR 限值 (W/kg)				
全身	2	0.054	0.055	0.064
头部 (扫描干)	10	3.2	3.3	3.9
眼	20	8.0	8.2	9.6

2.3 有效性

从文献分析, 低场永磁型 MRI 在肿瘤、骨科、脑等检查与 CT、螺旋 CT (MSCT)、超声 (US)、X 线比较, 见表 3, 表明 MRI 检查多数比 CT、MSCT、US、X 线等检出率高, 但在颅脑外伤检查 CT 比 MRI 占优。有研究表明 MRI 的脑部检查一致性比 CT 高, 椎体要低^[3]。然而, 表 3 表明其不具备这种特性, 表明制定 MRI 诊断的“金标准”具有重要意义。

表 3 诊断疾病类型检出率 (%)

疾病类型	病例数	检出率	其他检出率
直肠癌 ^[4]	79	72.15	
鼻咽癌 ^[5]	36	72.2	38.9 (CT)
鼻咽癌 ^[6]	23	91.3	78.3 (CT)
颅脑出血 ^[7]	9	100	
脑白质变 ^[8]	77	98.7	
垂体瘤 ^[9]	6	100	
肝肿瘤 ^[10]	78	100	97.06 (US)
椎管内占位性病变 ^[11]	22	90.0	
腰椎间盘突出 ^[12]	40	95.0	92.5 (CT)
颅骨骨膜炎 ^[13]	57	96	84 (CT)
股骨头缺血性坏死 ^[14]	38	100	80.6 (CT)
隐睾扭转 ^[15]	79	100	85.5 (MSCT)
膝关节急性骨髓炎 ^[16]	21	100	38.1 (X 线)
急性化脓性鼻窦炎 ^[17]	40	82.5	92.5 (CT)
鼻窦恶性肿瘤 ^[18]	5	100	60 (US)

2.4 利用率

在 7 家三甲医院、7 家二甲医院、1 家民营医院 (1 家三甲医院, 7 家二甲医院, 1 家民营医院) 进行关于 MRI 利用率和经济效益的问卷调查, 结果见表 4 和 5。调查表明: 某国产品牌永磁型 MRI 使用率达到 95% 以上, 表明该型设备适合各级别医院使用, 尤其是二甲医院。外地患者承担指数很低, 表明该型设备完全适应于本地卫生资源配置。我国 MRI 总体上使用合理, 过度使用率较低^[19]。高场 MRI 的使用率在 50% 左右^[20]。而某国产品牌利用率高的因素之一是许多疾病可用该型机器诊断。

表 4 某国产品牌永磁型 MRI 利用率

评估项目	数据
年检查人次 (次)	5867 ± 1075
人均检查时间 (分钟)	20.0 ± 4.3
年实际开机时间 (小时)	1981 ± 96
年实际可能工作时间	2080
外地患者检查数	很少
年开机利用率	98.7%
年同时利用率	94.0%
外地患者承担指数	很少

表 5 某国产品牌永磁型 MRI 经济性

评估项目	数据
人均投资 (元)	350 ± 60
初次投资 (万元)	318 ± 47
年折旧	10%
单位变动成本	291 ± 44
成本回收期 (年)	37.9 ± 4.0
投资回收期 (年)	3.7 ± 0.5
年保本服务量 (人次)	2200 ± 229
外地患者承担指数	很少

2.5 经济性

成本-效益分析是医院分级标准的必需指标^[21]。运行成本结构包括人工工资、管理费、材料费、维修费、业务费、折旧费等^[22]。某国产品牌永磁型 MRI 初次投资 318 万元, 是进口价格的一半^[23]。人均检查费 350 元, 平均投资回收期 3.7 年, 投资回收期 3.7 年, 年保本服务量 2200 人次。而同类进口机的投资回收期要达到 6.3 年, 年保本服务量要达 3284 人次^[24]。头部检查定价 973-1336 元^[25]。显然, 该型机器的经济效益优于同类进口机。

2.6 社会性

在 7 家某国产品牌永磁型 MRI 的医疗机构 (余姚市人民医院、成都医学院第一附属医院、昆明骨科医院、民权县中医院、湖南岳阳广济医院、河南鹤壁鑫高益医院、隆县红十字会医院) 进行关于 MRI 社会性问卷调查, 调查内容包括对某国产品牌永磁型磁共振成像设备在工程评价、可靠性、主观感受、经济性、适用性、厂家服务、创新性等 7 大类 55 个指标评价, 结果见图 1。

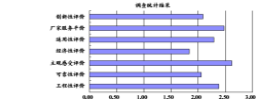


图 1 医院对企业及其产品的评价
调查的主观结果是某国产品牌产品性能稳定, 故障率低, 图像质量好, 操作简单, 主观感受满意, 后续费用较低, 厂家定期回访, 跟踪指导, 服务周到。

1. 证据的种类



1.4 Clinical Practice Guideline

针对特定的临床问题，系统地制定出指导性意见，帮助临床医师和病人做出的恰当处理。

HEPATOLOGY

PRACTICE GUIDELINE

AASLD Guidelines for Treatment of Chronic Hepatitis B

Norah A. Terrault,¹ Natalie H. Bzowej,² Kyong-Mi Chang,³ Jessica P. Hwang,⁴ Maureen M. Jonas,⁵ and M. Hassan Murad⁶

See Editorial on Page 31

Objectives and Guiding Principles

Guiding Principles

This document presents official recommendations of the American Association for the Study of Liver Diseases (AASLD) on the treatment of chronic hepatitis B (CHB) virus (HBV) infection in adults and children. Unlike previous AASLD practice guidelines, this guideline was developed in compliance with the Institute of Medicine standards for trustworthy practice guidelines and uses the Grading of Recommendation Assessment, Development and Evaluation (GRADE) approach.¹ Multiple systematic reviews of the literature were conducted to support the recommendations in this practice guideline. An enhanced understanding of this guideline will be obtained by reading the applicable portions of the systematic reviews.

This guideline focuses on using antiviral therapy in chronic HBV infection and does not address other related and important issues, such as screening, prevention, and surveillance. For broader issues related to diagnosis, surveillance, and prevention as well as treatment in special populations (e.g., liver transplant recipients) that are not addressed by this guideline, the previous AASLD guideline² and recent World Health Organization (WHO) guideline³ are excellent additional resources.

Objectives

Guideline developers from the AASLD formulated a list of discrete questions that physicians are faced with in daily practice. These questions were:

1. Should adults with immune active CHB be treated with antiviral therapy to decrease liver-related complications?
2. Should adults with immune-tolerant infection be treated with antiviral therapy to decrease liver-related complications?
3. Should antiviral therapy be discontinued in hepatitis B e antigen (HBeAg)-positive persons who have developed HBeAg seroconversion on therapy?
4. Should antiviral therapy be discontinued in persons with HBeAg-negative infection with sustained HBV DNA suppression on therapy?
5. In HBV-monoinfected persons, does entecavir therapy, when compared to tenofovir therapy, have a different impact on renal and bone health?
6. Is there a benefit to adding a second antiviral agent in persons with persistent low levels of viremia while being treated with either tenofovir or entecavir?
7. Should persons with compensated cirrhosis and low levels of viremia be treated with antiviral agents?
8. Should pregnant women who are hepatitis B surface antigen (HBsAg) positive with high viral load receive antiviral treatment in the third trimester to prevent perinatal transmission of HBV?
9. Should children with HBeAg-positive CHB be treated with antiviral therapy to decrease liver-related complications?

Target Audience

This guideline is intended primarily for health care professionals caring for patients with CHB. Additionally, this guideline may assist policy makers in optimizing the care of individuals living with CHB.

Abbreviations: AASLD, American Association for the Study of Liver Diseases; ALT, alanine aminotransferase; anti-HBe, antibody to HBeAg; anti-HBc, antibody to

实用肝脏病杂志 2020 年 1 月第 23 卷第 1 期 J Prac Hepatol, Jan. 2020, Vol. 23 No. 1

S9

· 指南 ·

慢性乙型肝炎防治指南 (2019年版)

中华医学会感染病学分会 中华医学会肝病学分会

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【摘要】 为了实现世界卫生组织提出的“2030年消除病毒性肝炎作为重大公共卫生威胁”的目标, 中华医学会感染病学分会和肝病学分会于2019年组织国内有关专家, 以国内外慢性乙型肝炎病毒感染的基础、临床、预防研究进展为依据, 结合现阶段我国的实际情况, 更新形成了《慢性乙型肝炎防治指南(2019年版)》, 为慢性乙型肝炎的预防、诊断和治疗提供重要依据。

【关键词】 肝炎, 乙型, 慢性; 治疗; 预防; 指南

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The guidelines of prevention and treatment for chronic hepatitis B (2019 version) Chinese Society of Infectious Diseases, Chinese Medical Association; Chinese Society of Hepatology, Chinese Medical Association
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Co-corresponding author: Duan Zhongping, Email: duan2517@163.com, Artificial Liver Center, Beijing Youan Hospital of Capital Medical University, Beijing 100069, China

【Abstract】 Based on the progression of clinical and basic research in hepatitis B virus (HBV), we updated the previous HBV guidelines from 2015. The guidelines included the prevention, diagnosis, and antiviral therapy of chronic hepatitis B, which accelerates to achieve the goal of "the elimination of viral hepatitis as a public health threat by 2030" proposed by the World Health Organization.

【Key words】 Hepatitis B, chronic; Treatment; Prevention; Guideline



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- [胃癌2016年第1版（中文）](#)
- [毛细胞白血病2018年第2版（中文）](#)

四、证据检索



- **EBM数据库**

1. **The Cochrane Library**
2. **BMJ Best Practice**

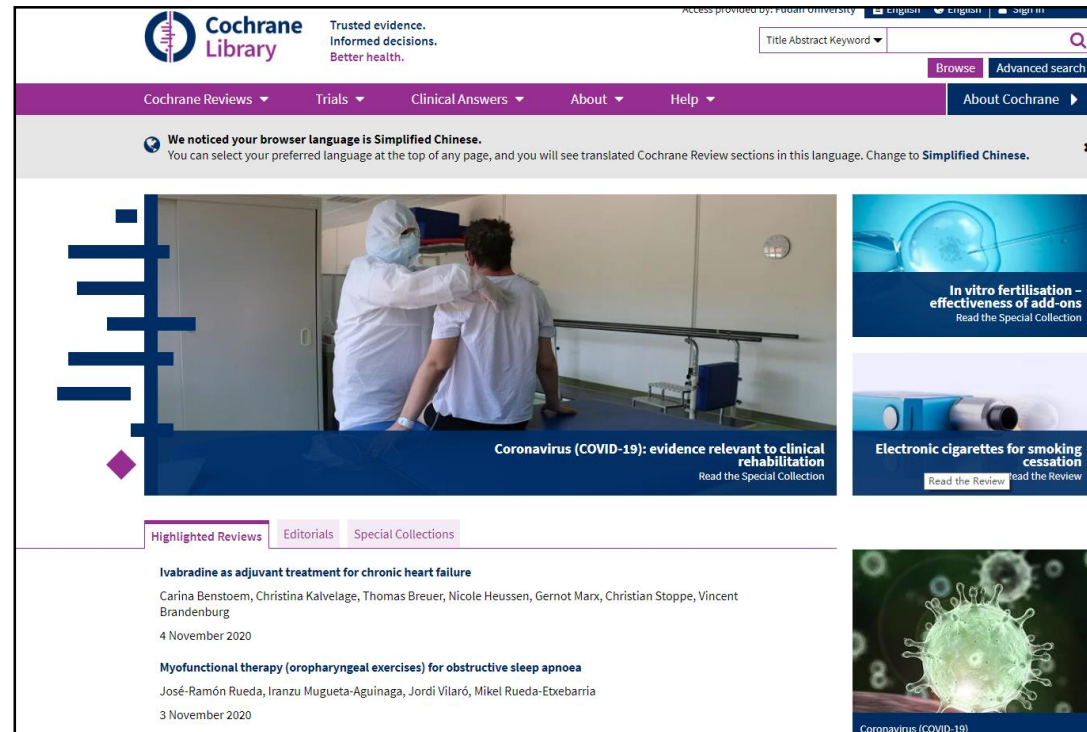
- **综合性数据库**

3. **PubMed**
4. **中国生物医学数据库(CBM)**



1. The Cochrane Library

- 是获取循证医学证据的主要来源，由Cochrane协作网创建。 <http://www.thecochranelibrary.com>



CL的主要子库



(1) Cochrane Reviews & Protocol

收录由Cochrane协作网系统评价组在统一工作手册(The Reviewer' s Handbook)指导下完成的系统评价, 包括系统评价(Review)和研究方案(Protocol), 并随着读者的建议和评论以及新的临床试验的出现不断补充和更新。



(2)Trials (Cochrane中心对照试验注册库, CENTRAL)

- 来源于协作网各系统评价小组和其它组织的专业临床试验资料库以及在MEDLINE上被检索出的随机对照试验 (RCT) 和临床对照试验 (CCT) 。
- 还包括了全世界Cochrane协作网成员从有关医学杂志会议论文集和其他来源中收集到的CCT报告。
- 是获得Cochrane系统评价合格试验的最好来源。
- 普遍认为CENTRAL、MEDLINE和 EMBASE这三个数据库是检索试验报告最重要的信息源, 也是撰写系统评价时必查的数据库。



(3) Cochrane Clinical Answers

- 基于高质量的Cochrane系统评价证据。
- 为床旁诊疗提供研究证据和决策支持。
- 每个CCA都包含一个临床问题、一个简短的答案和来自Cochrane系统评价结论中的数据。

浏览与检索



Cochrane Library
Trusted evidence. Informed decisions. Better health.

Search title, abstract, keyword

Browse Advanced Search

Cochrane Reviews ▾ Trials ▾ More Resources ▾ About ▾ Help

Browse by Topic

Browse the *Cochrane Database of Systematic Reviews* by Topic...

A Allergy & intolerance	G Gastroenterology & hepatology Genetic disorders Gynaecology	P Pain & anaesthesia Pregnancy & childbirth Public health
B Blood disorders	H Health & safety at work Heart & circulation	R Rheumatology
C Cancer Child health Complementary & alternative medicine Consumer & communication strategies	I Infectious disease	S Skin disorders
D Dentistry & oral health Developmental, psychosocial & learning problems Diagnosis	K Kidney disease	T Tobacco, drugs & alcohol
	L Lungs & airways	U Urology
	M Mental health	W Wounds

高级检索

按主题浏览

CL检索规则

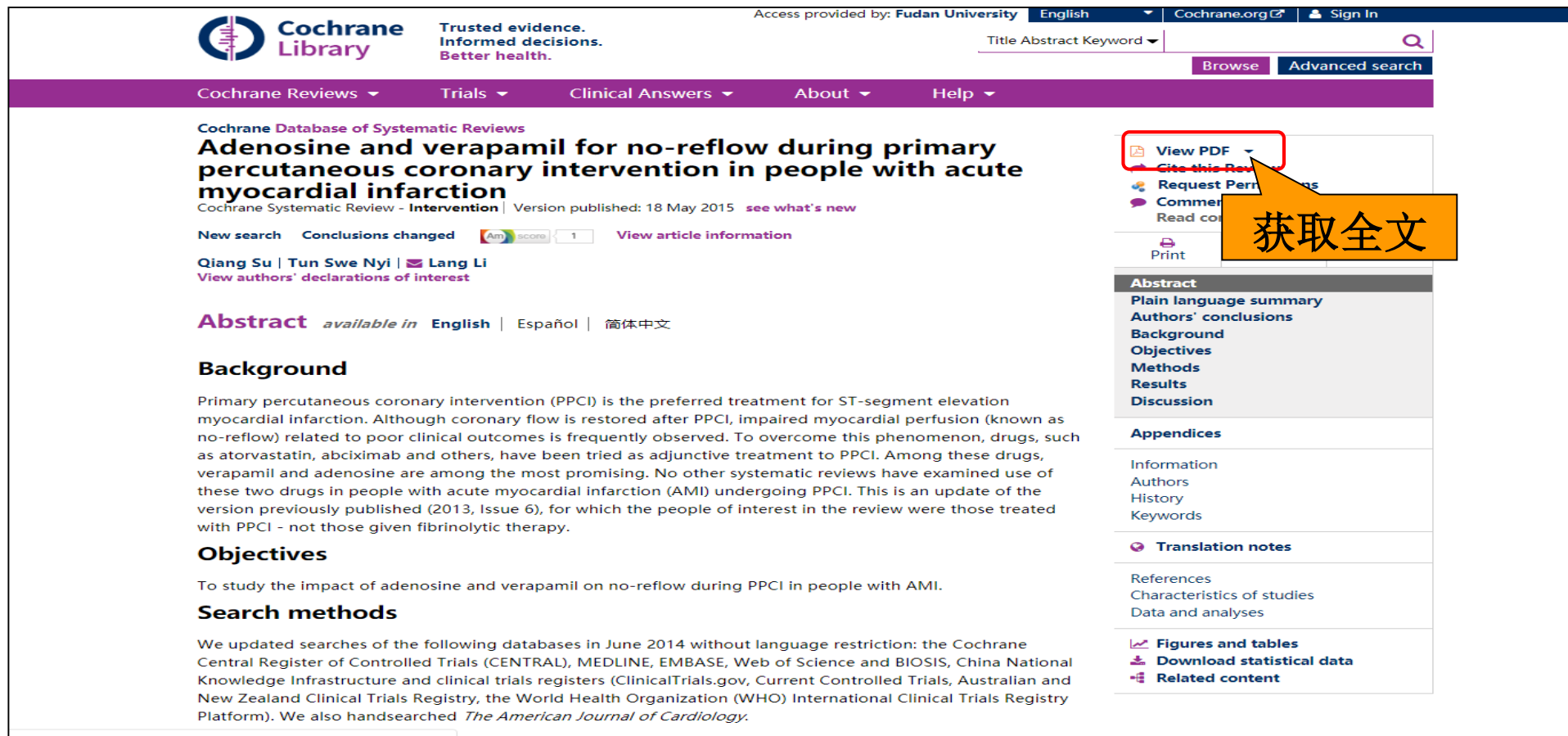


- 1.支持布尔算符，运算符大写，优先运算用括弧
如：liver AND (fibrosis OR cirrhosis)
- 2.默认空格为AND运算，强迫词组用双引号
如：“Molecular targeted therapy”
3. * 号可用作截词、? 号可用作替代检索。
- 4.检索词大小写不敏感
- 5.支持临近检索 (near)



Search: 经皮冠状动脉介入治疗急性心肌梗死

The screenshot shows the Cochrane Library search page. At the top, there is a navigation bar with 'Cochrane Reviews', 'Trials', 'Clinical Answers', 'About', and 'Help'. Below this is the 'Advanced Search' section with tabs for 'Search', 'Search manager', 'Medical terms (MeSH)', and 'PICO search^{BETA}'. The search box contains two terms: 'acute myocardial infarction' and 'percutaneous coronary intervention', separated by an 'AND' operator. A red box highlights the search terms, with an orange callout bubble containing the text '输入检索词'. To the right of the search box, there is a 'Run search' button, also highlighted with a red box and an orange callout bubble containing the text '执行检索'. Below the search box, there are buttons for 'Search limits', 'Send to search manager', and 'Run search'. On the left side, there is a 'Filter your results' section with a callout bubble containing the text '可进一步筛选记录'. The search results are displayed in a list format, with the first result highlighted in blue. An orange callout bubble points to the first result with the text '点击篇名获取摘要'. The results list includes the title 'Platelet glycoprotein IIb/IIIa blockers during percutaneous coronary intervention and as the initial medical treatment of non-ST segment elevation acute coronary syndromes' and the author 'Xavier Bosch, Jaume Marrugat, Juan Sanchis'. The second result is 'Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction'.



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Cochrane Reviews | Trials | Clinical Answers | About | Help

Cochrane Database of Systematic Reviews

Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction

Cochrane Systematic Review - Intervention | Version published: 18 May 2015 | [see what's new](#)

New search | Conclusions changed |  score 1 | [View article information](#)

Qiang Su | Tun Swe Nyi |  Lang Li
[View authors' declarations of interest](#)

Abstract available in [English](#) | [Español](#) | [简体中文](#)

Background

Primary percutaneous coronary intervention (PPCI) is the preferred treatment for ST-segment elevation myocardial infarction. Although coronary flow is restored after PPCI, impaired myocardial perfusion (known as no-reflow) related to poor clinical outcomes is frequently observed. To overcome this phenomenon, drugs, such as atorvastatin, abciximab and others, have been tried as adjunctive treatment to PPCI. Among these drugs, verapamil and adenosine are among the most promising. No other systematic reviews have examined use of these two drugs in people with acute myocardial infarction (AMI) undergoing PPCI. This is an update of the version previously published (2013, Issue 6), for which the people of interest in the review were those treated with PPCI - not those given fibrinolytic therapy.

Objectives

To study the impact of adenosine and verapamil on no-reflow during PPCI in people with AMI.

Search methods

We updated searches of the following databases in June 2014 without language restriction: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Web of Science and BIOSIS, China National Knowledge Infrastructure and clinical trials registers (ClinicalTrials.gov, Current Controlled Trials, Australian and New Zealand Clinical Trials Registry, the World Health Organization (WHO) International Clinical Trials Registry Platform). We also handsearched *The American Journal of Cardiology*.

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Abstract
Plain language summary
Authors' conclusions
Background
Objectives
Methods
Results
Discussion

Appendices
Information
Authors
History
Keywords

Translation notes
References
Characteristics of studies
Data and analyses

Figures and tables
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Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction (Review)

Su Q, Nyi TS, Li L

Su Q, Nyi TS, Li L.
Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction.
Cochrane Database of Systematic Reviews 2015, Issue 5. Art. No.: CD009503.
DOI: 10.1002/14651858.CD009503.pub3.

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Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction (Review)
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WILEY

[Intervention Review]

Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction

Qiang Su¹, Tun Swe Nyi¹, Lang Li¹

¹Department of Cardiology, The First Affiliated Hospital of Guangxi Medical University, Nanning, China

Contact address: Lang Li, Department of Cardiology, The First Affiliated Hospital of Guangxi Medical University, No. 6, Shuang Yong Road, Nanning, Guangxi, 530021, China. drilang@163.com.

Editorial group: Cochrane Heart Group.

Publication status and date: New search for studies and content updated (conclusions changed), published in Issue 5, 2015.

Citation: Su Q, Nyi TS, Li L. Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction. *Cochrane Database of Systematic Reviews* 2015, Issue 5. Art. No.: CD009503. DOI: 10.1002/14651858.CD009503.pub3.

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ABSTRACT

Background

Primary percutaneous coronary intervention (PPCI) is the preferred treatment for ST-segment elevation myocardial infarction. Although coronary flow is restored after PPCI, impaired myocardial perfusion (known as no-reflow) related to poor clinical outcomes is frequently observed. To overcome this phenomenon, drugs, such as atorvastatin, abciximab and others, have been tried as adjunctive treatment to PPCI. Among these drugs, verapamil and adenosine are among the most promising. No other systematic reviews have examined use of these two drugs in people with acute myocardial infarction (AMI) undergoing PPCI. This is an update of the version previously published (2013, Issue 6), for which the people of interest in the review were those treated with PPCI - not those given fibrinolytic therapy.

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We updated searches of the following databases in June 2014 without language restriction: the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, Web of Science and BIOSIS, China National Knowledge Infrastructure and clinical trials registers (ClinicalTrials.gov, Current Controlled Trials, Australian and New Zealand Clinical Trials Registry, the World Health Organization (WHO) International Clinical Trials Registry Platform). We also handsearched *The American Journal of Cardiology*.

Selection criteria

We selected randomised controlled trials (RCTs) in which adenosine or verapamil was the primary intervention. Participants were individuals diagnosed with AMI who were undergoing PPCI.

Data collection and analysis

Two review authors collected studies and extracted data. When necessary, we contacted trial authors to obtain relevant information. We calculated risk ratios (RRs), P values and 95% confidence intervals (CIs) of dichotomous data.

Adenosine and verapamil for no-reflow during primary percutaneous coronary intervention in people with acute myocardial infarction (Review)

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Search Manager: 检索管理器



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Cochrane Reviews ▾ Trials ▾ Clinical Answers ▾ About ▾ Help ▾ About Cochrane ▶

Advanced Search

Search Search manager Medical terms (MeSH) PICO search^{BETA}

Save this search View saved searches Search help

+

Print

- + #1 (acute myocardial infarction):ti,ab,kw AND (percutaneous coronary intervention):ti,ab,kw S Limits 3673
in Cochrane Reviews, Cochrane Protocols and Trials (Word variations have been searched)

- + #2 Type a search term or use the S or MeSH buttons to compose S MeSH Limits N/A

Highlight orphan lines

Save this search View saved searches Search help

Print

✕ Clear all

检索历史，可展开浏览编辑旧的检索式，也可添加新的检索。

Medical Terms: 新冠肺炎的治疗



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Cochrane Reviews Trials Clinical Answers About Help About Cochrane

Advanced Search

Search Search manager Medical terms (MeSH) PICO search^{BETA}

View saved searches Search help

Did you know the MeSH browser features are also available on the Search manager tab by selecting the MeSH button? Search manager lets you add unlimited search lines, view results per line, and select fields using the S button (next to the search box).

Coronavirus Infections drug therapy - DT x therapy - TH x Look up Clear

Definition

Coronavirus Infections - Virus diseases caused by the CORONAVIRUS genus. Some specifics include transmissible enteritis of turkeys (ENTERITIS, TRANSMISSIBLE, OF TURKEYS); FELINE INFECTIOUS PERITONITIS; and transmissible gastroenteritis of swine (GASTROENTERITIS, TRANSMISSIBLE, OF SWINE).

Thesaurus Matches

Exact Term Match

Coronavirus Infections
Synonyms: Middle East Respiratory Syndrome; MERS (Middle East Respiratory Syndrome); Infections, Coronavirus; Infection, Coronavirus; Coronavirus Infection

Phrase Matches

Coronavirus Infections
Synonyms: Coronavirus Infection

Any Word Match

Coronavirus Infections
Synonyms: MERS (Middle East Respiratory Syndrome); Middle East Respiratory Syndrome; Infection

MeSH Trees

MeSH term - Coronavirus Infections

Explode all trees
 Single MeSH term (unexploded)
 Explode selected trees

Select

Tree number 1

Infections [+39]
Virus Diseases [+17]
RNA Virus Infections [+17]
Nidovirales Infections [+2]
Coronaviridae Infections [+2]
Coronavirus Infections [+4]
Enteritis, Transmissible, of Turkeys
Feline Infectious Peritonitis
Gastroenteritis, Transmissible, of Swine
Severe Acute Respiratory Syndrome

Search Results

There are 71 results for your search on

- MeSH descriptor: Coronavirus Infections
- Explode all trees
- With qualifier(s) drug therapy; therapy

Add to search manager

Trials	67
Cochrane Reviews	4

Save search View results

Medical Terms: 新冠肺炎的治疗



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Advanced Search

[Search](#) [Search manager](#) [Medical terms \(MeSH\)](#) [PICO search^{BETA}](#)

[Save this search](#) [View saved searches](#) [Search help](#)

[Print](#)

<input type="checkbox"/>	<input type="checkbox"/>	#1	covid 19	Limits	2768		
<input type="checkbox"/>	<input type="checkbox"/>	#2	MeSH descriptor: [Coronavirus Infections] explode all trees and with qualifier(s): [drug therapy - DT, immunology - IM, therapy - TH]	MeSH	74		
<input type="checkbox"/>	<input type="checkbox"/>	#3	#1 AND #2	Limits	52		
<input type="checkbox"/>	<input type="checkbox"/>	#4	Type a search term or use the S or MeSH buttons to compose	S	MeSH	Limits	N/A

[Clear all](#) Highlight orphan lines

[Save this search](#) [View saved searches](#) [Search help](#)

[Print](#)

检索结果



Cochrane Reviews 4 | Cochrane Protocols 0 | Trials 48 | Editorials 0 | Special Collections 0 | Clinical Answers 0 | More

4 Cochrane Reviews matching "#3 - #1 AND #2"

Cochrane Database of Systematic Reviews
Issue 11 of 12, November 2020

Select all (4) Export selected citation(s) [Show all previews](#)

Order by Results per page

- Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review**
Khai Li Chai, Sarah J Valk, Vanessa Piechotta, Catherine Kimber, Ina Monsef, Carolyn Doree, Erica M Wood, Abigail A Lamikanra, David J Roberts, Zoe McQuilten, Cynthia So-Osman, Lise J Estcourt, Nicole Skoetz
[Intervention](#) [Review](#) 12 October 2020 [New search](#) [Conclusions changed](#)
[Show preview](#)
- Antimicrobial mouthwashes (gargling) and nasal sprays administered to patients with suspected or confirmed COVID-19 infection to improve patient outcomes and to protect healthcare workers treating them**
Martin J Burton, Janet E Clarkson, Beatriz Goulao, Anne-Marie Glenny, Andrew J McBain, Anne GM Schilder, Katie E Webster, Helen V Worthington
[Intervention](#) [Review](#) 16 September 2020
[Show preview](#)
- Antibody tests for identification of current and past infection with SARS-CoV-2**
Jonathan J Deeks, Jacqueline Dinnes, Yemisi Takwoingi, Clare Davenport, René Spijker, Sian Taylor-Phillips, Ada Adriano, Sophie Beese, Janine Dretzke, Lavinia Ferrante di Ruffano, Isobel M Harris, Malcolm J Price, Sabine Dittrich, Devy Emperador, Lotty Hooft, Mariska MG Leeftang, Ann Van den Bruel, [Cochrane COVID-19 Diagnostic Test Accuracy Group](#)
[Diagnostic](#) [Review](#) 25 June 2020
[Show preview](#)

Filter your results

Date ⓘ

Publication date

The last 3 months 3

The last 6 months 4

The last 9 months 4

The last year 4

The last 2 years 4

Custom Range:

to

Status ⓘ

Conclusions changed 1

New search 1

Language ⓘ

Español 4

[Show 12 more](#) ▾

Type ⓘ

PICO search^{BETA}



Cochrane Reviews ▾ Trials ▾ Clinical Answers ▾ About ▾ Help ▾

Advanced Search

Search Search manager Medical terms (MeSH) **PICO search^{BETA}**

Enter a search term and select a PICO vocabulary term from the dropdown

Essential Hypertension

AND Calcium Channel Blockers

AND Placebo

AND All Cause Mortality

Clear All Run search

About / Help

从PICO四个方面选词检索

- Population
- Outcome
- Intervention
- Comparison
- Intervention
- Comparison
- Outcome

Filter your results

Population

Condition

Essential Hypertension..... 3

Hypertensive Left Ventricular Hypertrop... 1

Intervention / Comparison

Cochrane Reviews 3

3 Cochrane Reviews matching "Essential Hypertension AND Calcium Channel Blockers AND Placebo AND All Cause Mortality"

21, October 2019

Select all (3) Export selected citation(s) Show all PICO^s BETA

Order By Relevancy

Results per page 25

PICO search^{BETA}



Filter your results

Population

Condition

Essential Hypertension..... 3

Hypertensive Left Ventricular Hypertrop... 1

Intervention / Comparison

Intervention Name

Beta Blocking Agents..... 3

Calcium Channel Blockers..... 3

Angiotensin-converting enzyme inhibito... 2

Minoxidil..... 2

Hydralazine..... 2

Diuretic..... 2

Angiotensin II Antagonists, Plain..... 2

Central alpha-adrenoceptor agonist..... 1

Alpha 2 adrenergic blocking agent..... 1

Alpha 1 adrenergic blocking agent..... 1

[Show all](#)

High-level Intervention Classification

Pharmacological..... 3

Cochrane Reviews
3

3 Cochrane Reviews matching "Essential Hypertension AND Calcium Channel Blockers AND Placebo AND All Cause Mortality"
21, October 2019

Select all (3) Export selected citation(s) Show all PICOs^{BETA}

Order By Results per page

1 **Pharmacotherapy for hypertension in adults aged 18 to 59 years**
[ShowPICOs^{BETA}](#) 12 August 2017

2 **First-line drugs for hypertension**
[HidePICOs^{BETA}](#) 17 April 2018

Population (4)	Intervention (6)	Comparison (1)	Outcome (11)
Adult	Angiotensin II Antagonist...	Placebo	All Cause Mortality
Aged (65+)	Calcium Channel Blockers		Hospitalization
Child	Thiazides, Plain		Cardiovascular Event
Essential Hypertension	Beta Blocking Agents		Ruptured Cerebral Aneur...
	Alpha-adrenoreceptor An...		Stroke
	Ace Inhibitors, Plain		Sudden Cardiac Death
			Myocardial Infarction
			Coronary Arteriosclerosis
			Show more

3 **Pharmacotherapy for hypertension-induced left ventricular hypertrophy**
[ShowPICOs^{BETA}](#) 12 January 2016

CH 册 中 心 简 介

1



2. BMJ Best Practice

- Best Practice整合了BMJ Clinical Evidence（临床证据）中的治疗研究证据，增添了由全球知名学者和临床专家执笔撰写的，以个体疾病为单位，涵盖基础、预防、诊断、治疗和随访等各个环节的内容（包括临床常见疾病和非常见病），尤其像鉴别诊断，实验室检查，诊断和治疗的方法和步骤等。



2. BMJ Best Practice

- Best Practice还提供数千项的国际治疗指南和诊断标准的全文内容,并可定制中文的临床指南和标准;
- 嵌入了国际权威的药物处方数据库, 提供最新的药物副反应和多种药物相互作用的最新证据;
- 以及收录大量的病症彩色图像和证据表格等资料。

Best Practice主页



Access provided by: Fudan University Log in Create account Help ▾

BMJ 临床实践

Search conditions, symptoms...

Recent updatesSpecialtiesCalculatorsProcedural videosEvidenceDrugs

Best Practice app



Get fast access to clinical answers. Anywhere. Even when offline.

Important updates

- 18 五月 2018 [Schizoaffective disorder](#)
- 18 五月 2018 [Migraine headache in children](#)
- 18 五月 2018 [Generalised seizures](#)
- 18 五月 2018 [Generalised seizures in children](#)

Re-inventing BMJ Best Practice



Our programme of product development continues. Find out how our customers and users have changed our approach.

Specialties 专业



The screenshot shows the BMJ Best Practice website interface. At the top, there is a blue navigation bar with the BMJ logo and the text 'Best Practice 临床实践'. To the right of the logo is a search bar with the placeholder text 'Search conditions, symptoms...'. Further right are links for 'Log in', 'Create account', and 'Help'. Below the navigation bar is a secondary menu with icons and labels for 'Recent updates', 'Specialties', 'Calculators', 'Procedural videos', 'Evidence', and 'Drugs'. The main content area is titled 'Specialties' and contains a grid of 18 links to various medical specialties. The 'Cardiology' link is highlighted with a red rectangular box.

Allergy and immunology	Geriatric medicine	Paediatrics and adolescent medicine
Anaesthesiology	Haematology	Palliative care
Cardiology	Health maintenance	Primary care
Cardiothoracic surgery	Infectious diseases	Psychiatry
Critical care medicine	Nephrology	Respiratory disorders
Dermatology	Neurology	Rheumatology
Ear, nose, and throat	Neurosurgery	Urology
Emergency medicine	Nutrition	Vascular surgery
Endocrinology and metabolic disorders	Obstetrics and gynaecology	-----
Gastroenterology and hepatology	Oncology	Assessments
General surgery	Ophthalmology	Overviews
Genetics	Orthopaedics	

Specialties 专业

A screenshot of the BMJ Best Practice website. The page is titled "Cardiology" and shows a list of specialties under the letter "A". The specialty "Angina, unstable" is highlighted with a red box. The website header includes "BMJ Best Practice 临床实践", a search bar, and navigation links for "Recent updates", "Specialties", "Calculators", "Procedural videos", "Evidence", and "Drugs".

BMJ Best Practice 临床实践

Log in Create account Help

Search conditions, symptoms...

Recent updates Specialties Calculators Procedural videos Evidence Drugs

← Cardiology

A - Z EMERGENCY

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

A

- Abdominal aortic aneurysm
- Acute coronary syndrome (overview)
- Acute exacerbation of congestive heart failure
- Aneurysm, abdominal aorta
- Angina, chronic stable
- Angina, unstable**
- Aortic arch syndrome
- Aortic coarctation
- Aortic dissection
- Aortic regurgitation
- Aortic stenosis
- Arteritis, Takayasu
- ASD
- Assessment of cardiomyopathy
- Assessment of chest pain
- Assessment of clubbing



对每一种疾病都提供了标准结构内容

BMJ Best Practice 临床实践

Log in Create account Help

Search conditions, symptoms...

Recent updates Specialties Calculators Procedural videos Evidence Drugs

Unstable angina

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria Screening	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis	Guidelines Images and videos References Calculators Evidence

Last reviewed: September 2018 Last updated: September 2018

Summary

Most commonly presents with chest pain and/or dyspnoea, although atypical symptoms may be present...
[READ MORE](#)

Definition

Unstable angina (UA) is an acute coronary syndrome that is defined by the absence of biochemical evidence of myocardial damage. [1] It is characterised by specific clinical findings of prolonged (>20 minutes) angina at rest; new onset of severe angina; angina that is increasing in frequency, longer in duration, or lower in threshold; or angina that occurs after a recent episode of myocardial infarction. [1]

Differentials

- Stable angina
- Prinzmetal (variant or vasospastic) angina
- Non-ST-elevation myocardial infarction

[Full details](#)

Guidelines

2018 ESC/EACTS guidelines on

3. PubMed



方法一：字段限定

例：iron deficiency anemia AND **systematic[sb]**

The screenshot shows a PubMed search results page. The search query is 'iron deficiency anemia AND systematic[sb]'. The results are sorted by 'Best Match' and show 422 items. A yellow callout box highlights the search results, stating: '包含系统评价、meta分析、实践指南等多种文献类型。' (Includes systematic reviews, meta-analysis, practice guidelines, and other types of literature.)

Search results include:

1. **Iron deficiency anemia in adolescents: a literature review.** De Andrade Cairo RC, Rodrigues Silva L, Carneiro Bustani N, Ferreira Marques CD. *Nutr Hosp.* 2014 Jun 1;29(6):1240-9. doi: 10.3305/nh.2014.29.6.7245. Review. PMID: 24972460
2. **Screening and routine iron supplementation in children: a systematic review.** McDonagh MS, Blazi P. *Pediatrics.* 2015 Apr;135(4):e12. doi: 10.1542/peds.2014-2087. Review. PMID: 25825534
3. **Management of iron deficiency anemia in children: a systematic review.** Nielsen CH, Ainsworth M, Ainsworth M. *Medicine (Baltimore).* 2015 Apr;94(8):e9. doi: 10.1097/MD.0000000000000222. Review. PMID: 26061331
4. **Routine iron supplementation and screening for iron deficiency anemia in pregnant women: a systematic review.** Cantor AG, Bougatsos C, Dana T, Blazina I, Rockville (MD): Agency for Healthcare Research and Quality (US); 2015 Mar. PMID: 25927136
5. **Routine Iron Supplementation and Screening for Iron Deficiency Anemia in Pregnant Women: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation [Internet].** McDonagh M, Cantor A, Bougatsos C, Dana T, Blazina I, Rockville (MD): Agency for Healthcare Research and Quality (US); 2015 Mar. PMID: 25927136
6. **Obesity and iron deficiency: a quantitative meta-analysis.** Zhao L, Zhang X, Shen Y, Fang X, Wang Y, Wang F. *Obes Rev.* 2015 Dec;16(12):1081-93. doi: 10.1111/obr.12323. Epub 2015 Sep 23. Review. PMID: 26395622
7. **Multiple-Micronutrient Fortified Non-Dairy Beverage Interventions Reduce the Risk of Anemia and Iron Deficiency in School-Aged Children in Low-Middle Income Countries: A Systematic Review and Meta-Analysis (Iv).** Aaron GJ, Dror DK, Yang Z. *Nutrients.* 2015 May 21;7(5):3847-68. doi: 10.3390/nu7053847. Review. PMID: 26007336

方法二：Clinical Queries



NCBI Resources How To My NCBI Sign In

PubMed Clinical Queries

Search Search Clear

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

Clinical Study Categories

Category: Scope:

Systematic Reviews

Results: 5 of 146

Positive predictive values of $\geq 5\%$ in primary care for cancer: systematic review. [Br J Gen Pract. 2010]

Screening for Iron Deficiency Anemia in Childhood and Pregnancy: Update of the 1996 U.S. Preventive Task Force Review [Internet] [2006]

Maternal iron-folic acid supplementation programs: evidence of impact and implementation. [Food Nutr Bull. 2010]

Adjusting plasma ferritin concentrations to remove the effects of subclinical inflammation in the assessment of iron deficiency: a meta-analysis. [Am J Clin Nutr. 2010]

The effects of changing vitamin D levels on anemia in chronic kidney disease patients: a retrospective cohort review. [Clin Nephrol. 2010]

See all (146)

Medical Genetics

Topic:

Results: 5 of 652

Benefits and risks of iron supplementation in anemic neonatal pigs. [Am J Pathol. 2010]

Altered heme catabolism by heme oxygenase-1 caused by mutations in human NADPH cytochrome P450 reductase. [Biochem Biophys Res Commun. 2010]

A novel TMPRSS6 mutation that prevents protease auto-activation causes IRIDA. [Biochem J. 2010]

Increased susceptibility to iron deficiency of Tmprss6-haploinsufficient mice. [Blood. 2010]

Two to tango: regulation of Mammalian iron metabolism. [Cell. 2010]

See all (652)

Filter citations to a specific clinical study category and scope. These search filters were developed by [Haynes RB et al.](#)

Filter citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See [related sources](#).

Filter citations to topics in medical genetics.

方法三： Article types



The screenshot shows a PubMed search for "hypertension drug therapy". The search results are displayed in a list format, with the first six results visible. The "Article types" filter is expanded, showing a list of article types including Clinical Trial, Meta-Analysis, Practice Guideline, Randomized Controlled Trial, Review, and Systematic Reviews. The first result is "Initial Combination Therapy Reduces the Risk of Cardiovascular Events in Hypertensive Patients: A Matched Cohort Study" by Gradman AH, Parisé H, Lefebvre P, Falvey H, Lafeuille MH, Duh MS. The second result is "Incidence and risk of hypertension with pazopanib in patients with cancer: a meta-analysis" by Qi WX, Lin F, Sun YJ, Tang LN, He AN, Yao Y, Shen Z. The third result is "Identifying patients with resistant hypertension and options for clinical management" by Tsang Cheung T, Man Yung Cheung B. The fourth result is "Clinical studies of renal nerve ablation. Unanswered questions for its efficacy and safety" by Doulmas M, Faselis C, Kokkinos P, Tsioufis C, Papademetriou V. The fifth result is "Cost analysis in favor of a combined approach for cytomegalovirus after kidney transplantation: a single-center experience" by Hellemans R, Beutels P, Ieven M, Verpooten GA, Bosmans JL. The sixth result is "A Trial of 2 Strategies to Reduce Nocturnal Blood Pressure in Blacks With Chronic Kidney Disease" by Rahman M, Greene T, Phillips RA, Agodoa LY, Bakris GL, Charleston J, Contreras G, Gabbai F, Hiremath L, Jamerson K, Kendrick C, Kusek JW, Lash JP, Lea J, Miller ER 3rd, Rostand S, Toto R.



随机对照试验的高敏感检索策略 (MEDLINE)

- #1 randomized controlled trial [pt]
- #2 controlled clinical trial [pt]
- #3 randomized [tiab]
- #4 placebo [tiab]
- #5 drug therapy [sh]
- #6 randomly [tiab]
- #7 trial [tiab]
- #8 groups [tiab]
- #9 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8
- #10 animals [mh] NOT humans [mh]
- #11 #9 NOT #10

4. 中国生物医学文献数据库(CBM)



在CBM中检索有关“系统评价”的检索策略可写成:

- #1 系统评价 or 系统综述 or 系统性评价 or 系统性综述
or 系统评述 or 系统性评述
- #2 英文题目: systematic and review
- #3 循证医学 or 证据医学 or 实证医学
- #4 meta 分析 or 荟萃分析 or 汇总分析 or 集成分析
- #5 #1 or #2 or #3 or #4



参考书目

- 王家良, 循证医学(第3版).人民卫生出版社, 2016
- 李幼平, 循证医学(第2版).高等教育出版社, 2009
- 邓可刚等, 循证医学证据的检索与利用(第2版)。人民卫生出版社, 2008
- 丁香园——循证医学与临床应用讨论版
<http://www.dxy.cn/bbs/index.html>



在EBM实践中构建临床问题,一般遵循以下哪个原则?

- A、POCI
- B、PICO ✓
- C、IOPC
- D、COPI



下列哪个证据的级别最高(可靠性最强)?

- A、系统评价 ✓
- B、随机对照试验
- C、病例对照
- D、动物研究



在PubMed中查找系统评价,可使用下列哪些方法?

- A、 字段限定 ✓
- B、 Clinical Queries ✓
- C、 Article Types ✓
- D、 Limits



以下哪些是循证医学数据库？

- A、The Cochrane Library ✓
- B、MEDLINE
- C、BMJ Best Practice ✓
- D、Web of Science



若想撰写一篇系统评价，必须检索的数据库是：

- A、The Cochrane Library
- B、MEDLINE ✓
- C、BMJ Best Practice
- D、CENTRAL ✓
- E、EMBase ✓

谢谢大家，欢迎提问！