



循证医学之证据检索

2025.9



主要内容



- 一. 概况
- 二. 临床实践步骤
- 三. 证据的种类与级别
- 四. 证据的检索与导出



循证医学的先驱

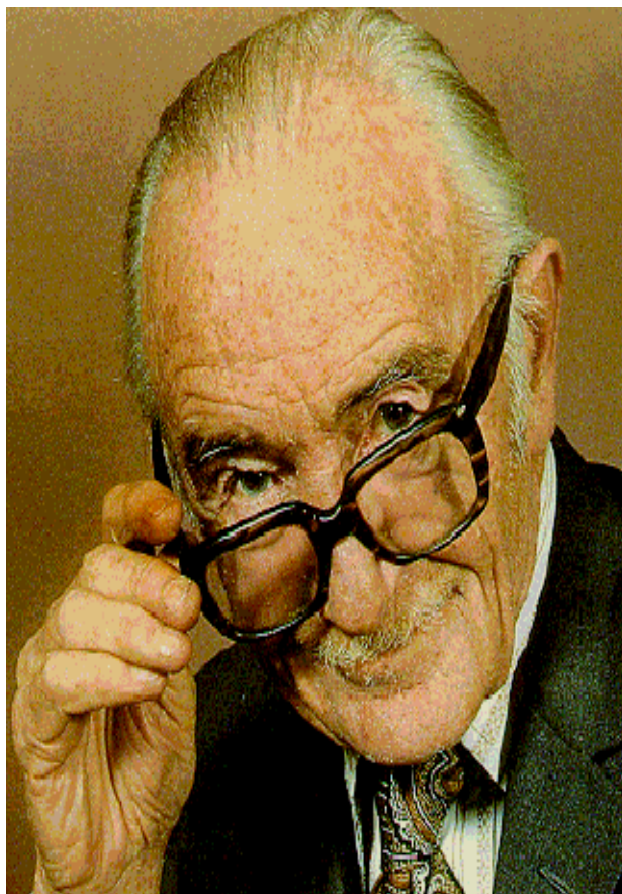


- **Evidence Based Medicine
EBM**
- **循证医学是慎重、准确、明智地利用现有最好的证据制定病人的诊治方案。实施循证医学意味着医生要参照最好的研究证据、临床经验和病人的意见。**
—David L. Sackett
(1934-2015)



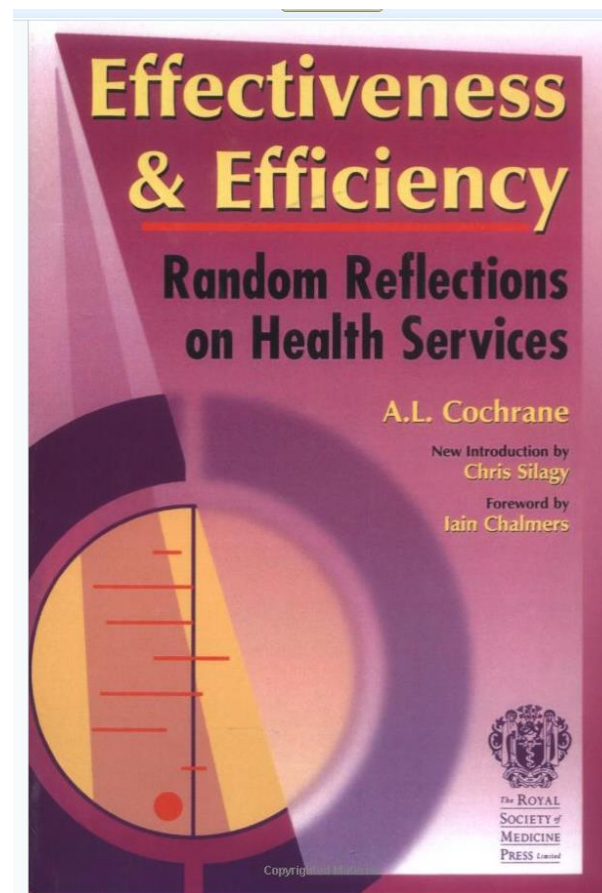


循证医学的先驱



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应》问世。这部经典巨著催生了循证医学的诞生。





Cochrane协作网 (www.cochrane.org)



1993年10月以其姓氏Cochrane命名的循证医学国际协作网宣布正式成立。

Cochrane About us Our evidence Get involved Learn Products and services For authors

STATISTICS THAT SAVE LIVES

We examine the evidence behind questions that affect people's lives, empowering everyone to make better decisions

We change lives and systems

75% of new World Health Organization guidelines in the past 5 years cite at least 1 Cochrane review. [Read about our impact.](#)

Our evidence is trusted

Scientists, policymakers and decision-makers turn to us for evidence they can rely on. [Learn why our evidence is trusted.](#)

We collaborate globally

We produce outstanding evidence by collaborating with a wide range of experts and members of the public. [Get involved.](#)



Cochrane标志：森林图



- 每一**横线**代表一个试验结果的可信区间，横线**越短**试验**精度越高**，**结果越肯定**；
- 横线与垂直线**相接触或相交**，表明该试验的不同治疗措施间**差异无统计学意义**；
- 横线落在垂直线**右侧**，表明该措施会**增加**研究事件（如：导致痴呆）的**发生概率**；
- 横线落在垂直线**左侧**，表明该措施会**减少**研究事件（如：导致痴呆）的**发生概率**；
- 圆形图内下方的**菱形**符号代表7个试验的**综合结果**。



我国的循证医学



- 1999.3.31，中国经Cochrane协作网指导委员会正式批准，注册成为Cochrane协作网的第十四个成员国。
- 总部设在四川大学华西医院。





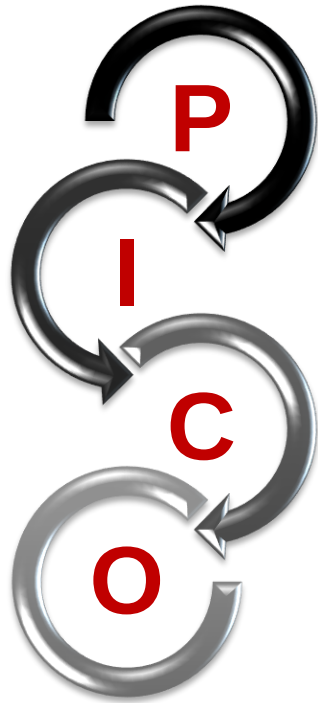
二. 循证医学实践步骤“5A”



1. 构建临床问题 (asking)
2. 检索相关文献 (accessing)
3. 严格评价文献 (appraising)
4. 应用最佳证据 (applying)
5. 评价改进效果 (auditing)



1. 构建临床问题 (asking)



Patients/**P**opulation/**P**roblem

病患/人群/问题

Intervention

干预措施或暴露因素

Comparison

比较 干预或暴露

Outcome

临床结局



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



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（accessing）



- 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。**



EBM资源（数据库）



- Cochrane Library: Cochrane协作网建立
- UpToDate: 荷兰威科集团出版发行
- PubMed: 美国国立医学图书馆创建
- BMJ Best Practice: BMJ创建
- 中国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 (appraising)



- 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。



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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兰州大学循证医学中心

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c2014中文版.pdf

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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（applying）



- 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. 评价改进效果（auditing）



- 通过对患者的实践，总结应用证据的经验教训，从中获益；
- 为临床研究设计和改进提供实证依据；
- 促进学术水平和医疗质量的提高。



三. 证据的种类与级别



“**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. Systematic Review 和 Meta-Analysis



系统综述（评价）和Meta分析

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。



系统综述（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

DOI: 10.1002/14651858.CD002142.pub4 [View/save citation](#)

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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

[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
-



课题背景

研究目的

检索方法

选择标准

主要结果

作者结论

Postoperative radiotherapy for non - small cell lung cancer

✉ 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 Authors' declarations of interest

Version published: 11 October 2016 Version history

<https://doi.org/10.1002/14651858.CD002142.pub4>

Fudan SFX

[Collapse all](#) [Expand all](#)

Abstract

Available in [English](#) | [Español](#) | [فارسی](#) | [Français](#) | [한국어](#) | [简体中文](#)

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 CANCERLIT 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

系统综述的摘要



Cochrane系统综述手册

例：Cochrane Handbook for Systematic Reviews of Interventions



第2部分：核心方法

Online learning Learning events Guides and handbooks Trainers' Hub Log in

Cochrane Handbook for Systematic Reviews of Interventions

Search Handbook

Version 6.4, 2023

2023年6.4版

Senior Editors: Julian Higgins¹, James Thomas²
Associate Editors: Jacqueline Chandler³, Miranda Cumpston^{4,5}, Tianjing Li⁶, Matthew Page⁴, Vivian Wells⁷

Part 1: About Cochrane Reviews

Part 2: Core methods

Part 3: Specific perspectives in reviews

Part 4: Other topics

Part 1: About Cochrane Reviews

I. Introduction

II. Planning a Cochrane Review

III. Reporting the review

IV. Updating the review

V. Overviews of Reviews

Part 3: Specific perspectives in reviews

16. Equity

17. Intervention complexity

18. Patient-reported outcomes

19. Adverse effects

20. Economic evidence

21. Qualitative evidence

Part 2: Core methods

1. Starting a review

2. Determining the scope and questions

3. Inclusion criteria & grouping for synthesis

4. Searching & selecting studies

5. Collecting data

6. Effect measures

7. Bias and conflicts of interest

8. Risk of bias in randomized trials

9. Preparing for synthesis

10. Meta-analyses

11. Network meta-analyses

12. Synthesis using other methods

13. Bias due to missing results

14. 'Summary of findings' tables & GRADE

15. Interpreting results

23. Variants on randomized trials

24. Including non-randomized studies

25. Risk of bias in non-randomized studies

26. Individual participant data

C25: Searching specialist bibliographic databases (Highly desirable)

Search appropriate national, regional and subject-specific bibliographic databases.

Searches for studies should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible. Databases relevant to the review topic should be covered (e.g. CINAHL for nursing-related topics, APA PsycInfo for psychological interventions), and regional databases (e.g. LILACS) should be considered.

C19: Planning the search (Mandatory)

Plan in advance the methods to be used for identifying studies. Design searches to capture as many studies as possible that meet the eligibility criteria, ensuring that relevant time periods and sources are covered and not restricted by language or publication status.

Searches should be motivated directly by the eligibility criteria for the review, and it is important that all types of eligible studies are considered when planning the search. If searches are restricted by publication status or by language of publication, there is a possibility of publication bias, or language bias (whereby the language of publication is selected in a way that depends on the findings of the study), or both. Removing language restrictions in English language databases is not a good substitute for searching non-English language journals and databases.

C24: Searching general bibliographic databases and CENTRAL (Mandatory)

Search the Cochrane Review Group's (CRG's) Specialized Register (internally, e.g. via the Cochrane Register of Studies, or externally via CENTRAL). Ensure that CENTRAL, MEDLINE and Embase (if Embase is available to either the CRG or the review author), have been searched (either for the review or for the Review Group's Specialized Register).

Searches for studies should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible. The minimum databases to be covered are the CRG's Specialized Register (if it exists and was designed to support reviews in this way), CENTRAL, MEDLINE and Embase (if Embase is available to either the CRG or the review author). Expertise may be required to avoid unnecessary duplication of effort. Some, but not all, reports of eligible studies from MEDLINE, Embase and the CRG's Specialized Registers are already included in CENTRAL.



2. Randomized Controlled Trial



随机对照试验

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。



随机对照试验



· 高血

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



3. Health Technology Assessment



卫生技术评估

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。



卫生技术评估



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、社会性等六方面进行评估。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 at 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 年世界卫生大会上就表达医疗设备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他卫生资源的配置, 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设备的可及性和使用率、

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

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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
梯度感应电压 (V/m)	21.02	19.60	19.50
梯度磁场变化率 (T/s)	210.2	33.2	33.5
SAR 限值 (W/kg)			
全身	2	0.054	0.055
头颈部	10	3.2	3.3
肢	20	8.0	8.2

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 诊断疾病类型及检出率 (%)

疾病类型	漏检数	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)
颅脑淋巴瘤 ^[7]	9	100	
脑白质变 ^[8]	77	98.7	
垂体瘤 ^[9]	6	100	
肝脾癌 ^[10]	78	100	97.06 (US)
胰腺内占位性病变 ^[11]	22	90.0	
胰腺间质增生 ^[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)
隐匿性骨折 ^[15]	79	100	85.5 (MSCT)
膝关节力性骨折 ^[16]	21	100	38.1 (X 线)
颈椎曲度 ^[17]	40	82.5	92.5 (CT)
2.3.1 与进口品牌设备对比	5	100	60 (US)

2.4 利用率

在 7 家三甲医院、1 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 总体使用合理, 过度使用率较低^[18]。高场 MRI 的使用率在 50% 左右^[19], 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
评估人次 (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
年开机使用率	98.7%
年时间利用率	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
折旧率	10%
单位投资成本	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^[20], 运行成本结构包括人员工资、管理费、材料费、维修费、业务费、折旧费^[21]。某国产品牌永磁型 MRI 初次投资 318 万元, 是进口价格的一半^[22], 人均检查费 350 元, 平均投资回收率 37.9%, 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, 年保本服务量需达到 2864 人次^[23]。头部检查定价 973-1336 元^[24]。显然, 该型机器的经济效益比同类进口机高。

2.6 社会性

在 7 家三甲医院、1 家二甲医院、1 家民营医院 (余姚市人民医院、余姚市第一医院、余姚市第二医院、余姚市中医院、余姚市广济医院、余姚市慈东医院、余姚市红十字会医院) 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 类 55 个指标评价, 结果见图 1。

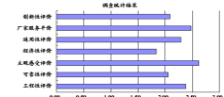


图1 某国产品牌永磁型MRI的卫生技术评估结果
调查的主观感受是某国产品牌产品性能稳定, 故障率低, 图像质量好, 操作简单, 主观感受满意, 后续费用较低, 厂家定期回访, 跟踪指导, 服务周到。

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4. Clinical Practice Guideline



临床实践指南

“基于系统综述所生成的证据，并对各种备选方案进行利弊评价和权衡之后提出的最优推荐意见。”

——2011年，美国医学研究所

- 强调了临床实践指南在医疗决策中的科学性和系统性。
- 多由政府卫生部门、研究机构或学术团体制定。
- 促进了医疗实践的标准化和规范化，为全球范围内的医疗服务质量提升提供了有力支持。



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-HBs, antibody to

实用肝病杂志 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



临床实践指南数据库



- 国际指南协作网 (Guidelines International Network, GIN)
- <https://guidelines.ebmportal.com>
- 全球性的非政府学术组织
- 成立于2002年，现已有来自50多个国家的103个成员单位



临床实践指南数据库: GIN



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Academies and Institutes; Aged; Alzheimer Disease*; Analgesics; Dementia*; Humans; Neurology*; Randomized Controlled Trials as Topic

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Keywords

antipsychotics, dementia, epilepsy, follow-up, guideline, medical management, pain, vascular

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GUIDELINES

A European Academy of Neurology guideline on medical management issues in dementia

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Keywords: antipsychotics, dementia, epilepsy, follow-up, guideline, medical management, pain, vascular

Background and purpose: Dementia is one of the most common disorders and is associated with increased morbidity, mortality and decreased quality of life. The present guideline addresses important medical management issues including systematic medical follow-up, vascular risk factors in dementia, pain in dementia, use of antipsychotics in dementia and epilepsy in dementia.

Methods: A systematic review of the literature was carried out. Based on the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) framework, we developed a guideline. Where recommendations based on GRADE were not possible, a good practice statement was formulated.

Results: Systematic management of vascular risk factors should be performed in patients with mild to moderate dementia as prevention of cerebrovascular pathology may impact on the progression of dementia (Good Practice statement). Individuals with dementia (without previous stroke) and atrial fibrillation should be treated with anticoagulants (weak recommendation). Discontinuation of opioids should be considered in certain individuals with dementia (e.g. for whom there are no signs or symptoms of pain or no clear indication, or suspicion of side effects; Good Practice statement). Behavioral symptoms in persons with dementia should not be treated with mild analgesics (weak recommendation). In all patients with dementia treated with opioids, assessment of the individual risk-benefit ratio should be performed at regular intervals. Regular, preplanned medical follow-up should be offered to all patients with dementia. The setting will depend on the organization of local health services and should, as a minimum, include general practitioners with easy access to dementia specialists (Good Practice statement). Individuals

Received 6 May 2020
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European Journal of Neurology 2020, 0: 1–16

doi:10.1111/ene.14412

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EUROPEAN JOURNAL OF NEUROLOGY



临床实践指南数据库：临床指南（医脉通）



<http://guide.medlive.cn>

The screenshot shows the Medlive Clinical Guidelines website. The top navigation bar includes links for '临床指南' (Clinical Guidelines), '首页' (Home), '订阅' (Subscribe), '指南' (Guidelines), '机构' (Institutions), '会员' (Members), '专题' (Topics), '指南云盘' (Guidelines Cloud), and 'MedSeeker'. A search bar and '登录/注册' (Login/Register) button are also present.

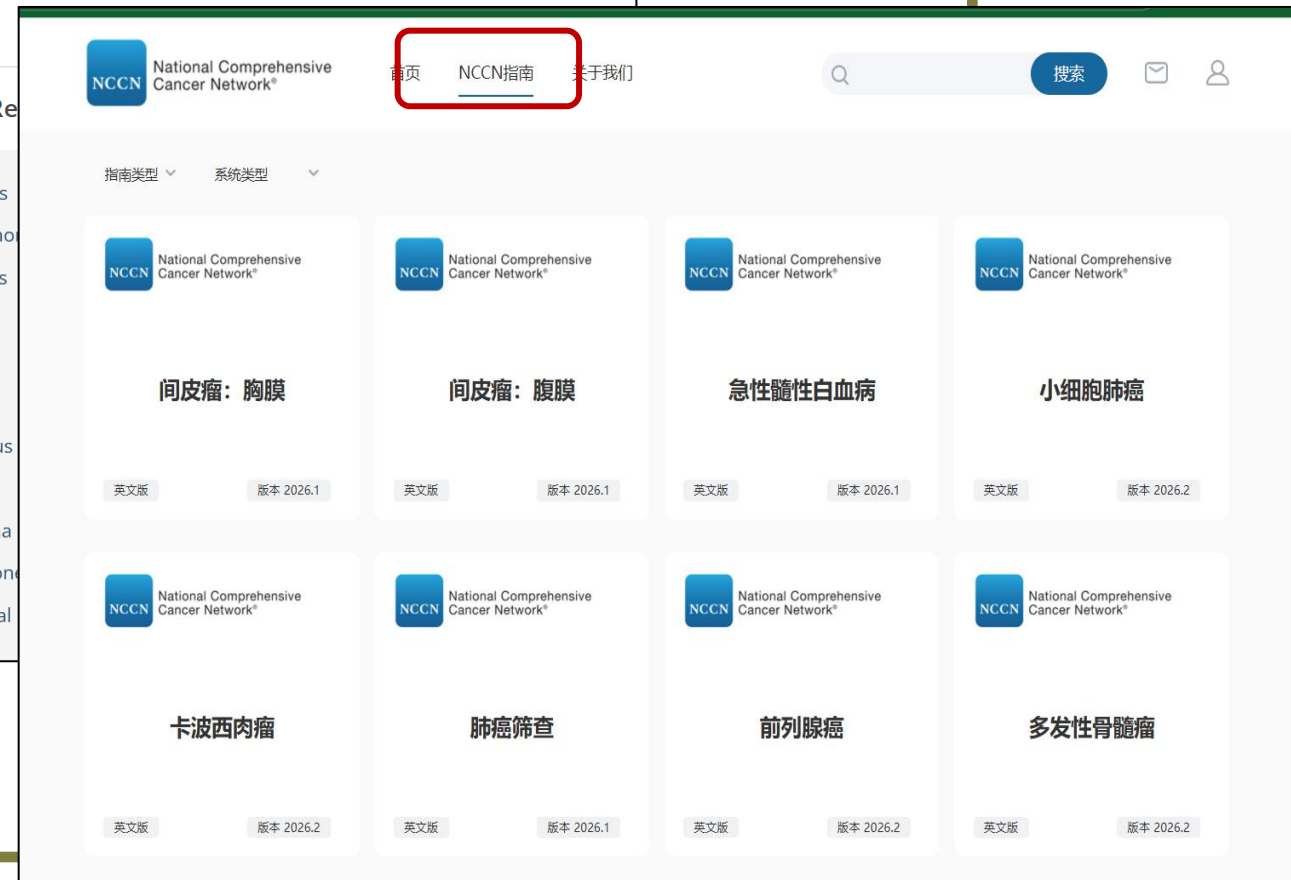
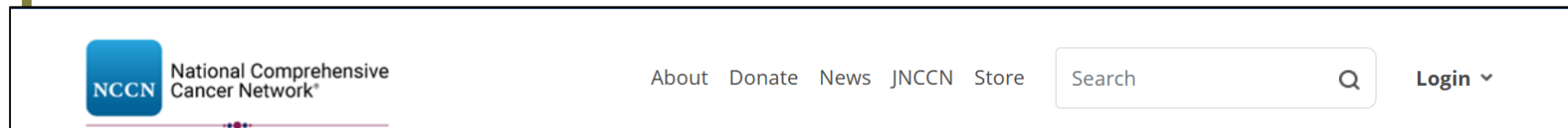
The main content area features a large banner for the '临床指南APP 种草计划' (Clinical Guidelines APP Grass-Planting Plan) with details about content creation, participation, and rewards. Below this, there are four smaller images representing different clinical topics: '肺结核与肺癌共病诊疗专家共识' (Expert Consensus on the Diagnosis and Treatment of Tuberculosis and Lung Cancer), '糖尿病肾脏病中西医结合防治指南' (Guidelines for the Integrated Treatment of Diabetes-related Kidney Disease), '成人腺毒症相关心肌损伤和（或）心功能障碍：...', and '2025 ERS/EULAR 临床实践指南：结缔组织病相...'. To the right, a '按科室浏览' (Browse by Department) section lists various medical specialties and their corresponding guidelines, including Internal Medicine, Surgery, and Other departments.

The '最新指南' (Latest Guidelines) section highlights two recent updates: '2025 PRES/CARRA建议：幼年型皮炎的达标治疗' (2025 PRES/CARRA Recommendation: Standardized Treatment of Juvenile Dermatitis) and '2025-26 ACIP建议：流感季节流感疫苗防控' (2025-26 ACIP Recommendation: Influenza Vaccine Prevention and Control during the Influenza Season). Each entry includes the issuing organization, a '站内免费阅读' (Free Reading on Site) button, and the publication date and view count.

At the bottom, there is a '上传指南' (Upload Guidelines) button, a '欢迎关注' (Follow Us) section with QR codes for WeChat, App, and Mini-program, and a '医脉通电脑版下载' (Download Medlive Desktop Version) button. A sidebar on the right contains links to '90s图书馆登录入口官网' (90s Library Login Portal), '医脉通临床指南' (Medlive Clinical Guidelines), '临床指南电脑版官网' (Clinical Guidelines Desktop Version Website), and '临床指南' (Clinical Guidelines).



临床实践指南数据库：NCCN

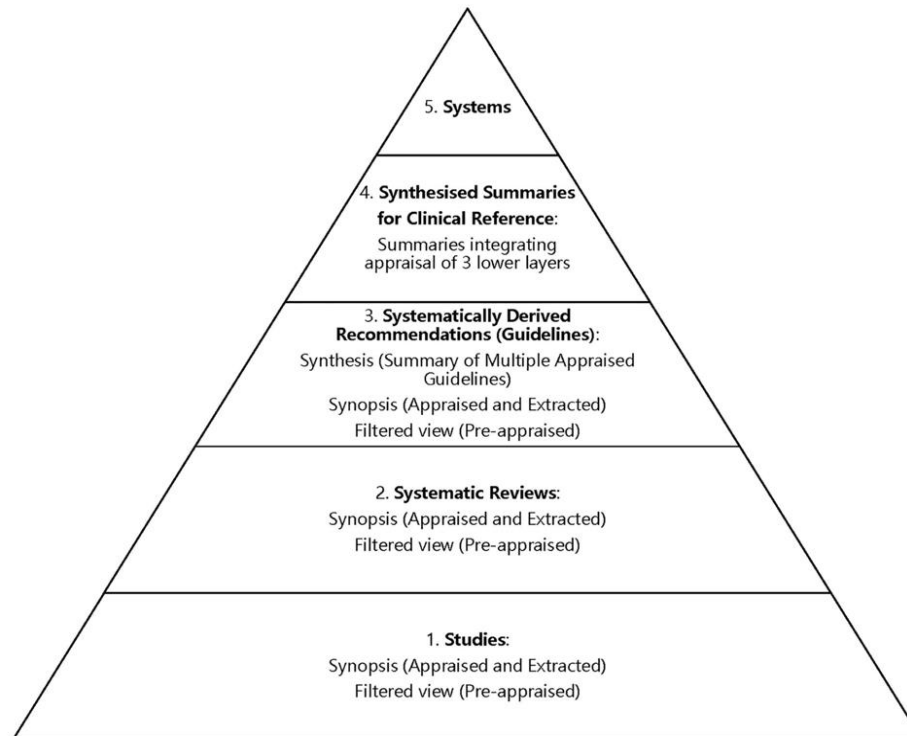




5. 证据级别(5S)



Evidence-based healthcare pyramid 5.0 for finding preappraised evidence and guidance.



Brian S Alper, and R Brian Haynes Evid Based Med 2016;21:123-125

5. 决策支持系统

4. 综合性证据总结

3. 循证指南推荐

2. 系统综述

1. 原始研究



GRADE系统：明确界定证据质量和推荐强度



表 2 证据四个等级的含义

质量等级	当前定义	早前定义
高	我们非常确信真实的效应值接近效应估计值	进一步研究非常不可能改变我们对效应估计值的确信程度
中	对效应估计值我们有中等程度的信心：真实值有可能接近估计值，但仍存在二者大不相同的可能性	进一步研究有可能对我们对效应估计值的确信程度造成重要影响，且可能改变该估计值
低	我们对效应估计值的确信程度有限：真实值可能与估计值大不相同	进一步研究很有可能对我们对效应估计值的确信程度造成重要影响，且很可能改变该估计值
极低	我们对效应估计值几乎没有信心：真实值很可能与估计值大不相同	任何效应估计值都是非常不确定的

表 3 GRADE 证据质量分级方法概要

研究设计	证据集群的初始质量	如果符合以下条件，降级	如果符合以下条件，升级	证据集群的质量等级
随机试验	高	偏倚风险 -1 严重 -2 非常严重 不一致性 -1 严重 -2 非常严重	效应量大 +1 大 +2 非常大 剂量反应 +1 梯度量效证据	高(4个“+”：++++) 中(3个“+”：+++ ○)
观察性研究	低	间接性 -1 严重 -2 非常严重 不精确 -1 严重 -2 非常严重 发表偏倚 -1 可能 -2 非常可能	所有可能的剩余混杂因素 +1 降低所展示的效应 +1 如未观察到效应意味着是一种假效应	低(2个“+”：++ ○○) 极低(1个“+”：+ ○○○)



四、证据的检索与导出



- **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)**

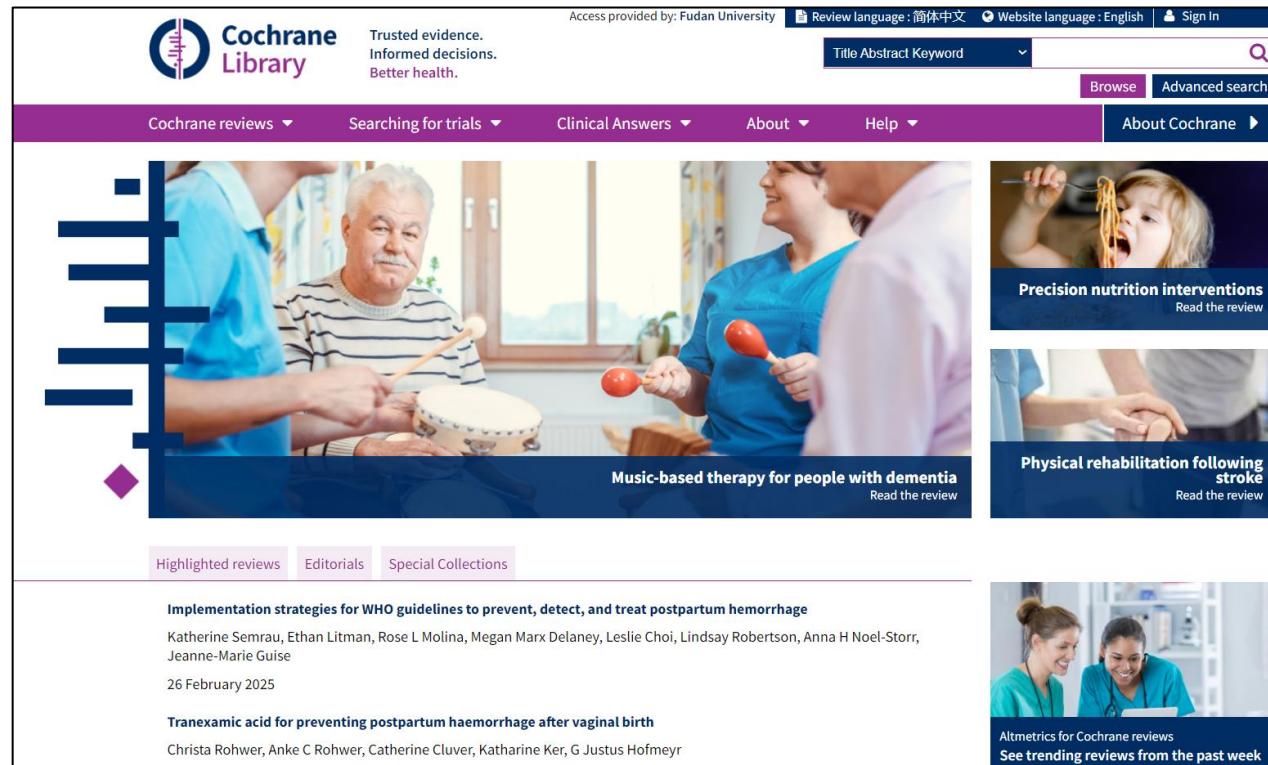




1. The Cochrane Library



- 是获取循证医学证据的主要来源，由Cochrane协作网创建。可免费获取文摘。<https://www.cochranelibrary.com>





Advanced Search



Search limits

Content type

☒ Cochrane Reviews
☐ Cochrane Protocols
☐ Trials
☐ Clinical Answers
☐ Editorials
☐ Special Collections

CENTRAL Trials only

Original publication year i
☐ All years
☐ Between and
☒ Search word variations
(e.g. "paid" will find pay, pays, paying, paved)

Date published on the Cochrane Library i

☒ All dates
☐ The last month
☐ The last 3 months
☐ The last 6 months
☐ The last 9 months
☐ The last year
☐ The last 2 years
☐ Between and

Content type:
证据类型

Clear

Apply limits



(1) Content Type



① Cochrane Reviews

由Cochrane协作网系统综述组在统一工作手册(The Reviewer' s Handbook)指导下完成的系统综述，并随着读者的建议、评论以及新的临床试验的出现不断补充更新。



(1) Content Type



② Cochrane Protocols

由Cochrane协作网系统评价组在统一工作手册(The Reviewer' s Handbook)指导下完成的研究方案(Protocol)。



(1) Content Type



③ Trials

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。



(1) Content Type



④ Clinical Answers

从Cochrane系统评价中提取出基本信息，形成简短的问题和答案，非常适合在护理时使用。



(2)浏览 (Browse)



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Title Abstract Keyword

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Browse by Topic

Browse the Cochrane Reviews, Protocols and Clinical Answers.

a	g	n
Allergy & intolerance	Gastroenterology & hepatology	Neonatal care
b	Genetic disorders	Neurology
Blood disorders	Gynaecology	o
c	h	Orthopaedics & trauma
Cancer	Health & safety at work	p
Child health	Health professional education	Pain & anaesthesia
Complementary & alternative medicine	Heart & circulation	Pregnancy & childbirth
Consumer & communication strategies	i	Public health
d	Infectious disease	r
Dentistry & oral health	Insurance medicine	Reproductive & sexual health
Developmental, psychosocial & learning problems	k	Rheumatology
Diagnosis	Kidney disease	s
e	l	Skin disorders



浏览：Heart & circulation



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The last 6 months 17

The last 9 months 21

The last year 27

The last 2 years 55

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dd/mm/yyyy to dd/mm/yyyy

Apply Clear

Status

New search 261

Conclusions changed 84

Available Translations

Cochrane Reviews 860

Cochrane Protocols 164

Trials 0

Editorials 0

Special Collections 0

Clinical Answers 437

More

Topics: Heart & circulation

860 Cochrane Reviews matching Heart & circulation in Cochrane Topic

Cochrane Database of Systematic Reviews

Issue 3 of 12, March 2025

Select all (860) Export selected citation(s) Show all previews

Order by Publish Date - New To Old Results per page 25

1 ☐ Renin inhibitors versus angiotensin receptor blockers for primary hypertension

Cao Mi Wang, Liang He Li, Huiyi Fan, Meng Xu, Wen Lu Tang, James Wright

Intervention Review 27 February 2025

Show PICOs Show preview

2 ☐ Angioplasty or stenting for deep venous thrombosis

Ronald LG Flumignan, Luis CU Nakano, Carolina DQ Flumignan, Jose CC Baptista-Silva

Intervention Review 19 February 2025

Show PICOs Show preview

3 ☐ Physical rehabilitation approaches for the recovery of function and mobility following stroke

Alex Todhunter-Brown, Ceri E Sellers, Gillian D Baer, Pei Ling Choo, Julie Cowie, Joshua D Cheyne, Peter Langhorne, Julie Brown, Jacqui Morris, Pauline Campbell

Intervention Review 11 February 2025 New search Conclusions changed

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Title Abstract Keyword

[Cochrane reviews](#) | [Searching for trials](#) | [Clinical Answers](#) | [About](#) | [Help](#) | [About Cochrane](#)

Cochrane Database of Systematic reviews | [Review - Intervention](#)

Renin inhibitors versus angiotensin receptor blockers for primary hypertension

Gan Mi Wang, Liang Jin Li, Linyi Fan, Meng Xu, [Wen Lu Tang](#), James M Wright | [Authors' declarations of interest](#)

Version published: 27 February 2025 | [Version history](#)
<https://doi.org/10.1002/14651858.CD012570.pub2>

Fudan SFX

Full text views: 251

score 13

Contents

- Abstract**
- PICOs
- Plain language summary
- Authors' conclusions
- Summary of findings
- Background
- Objectives
- Methods
- Results
- Discussion
- Figures and tables
- References

Supplementary materials

- [Search strategies](#)

Abstract

Available in [English](#) | [Español](#) | [Français](#)

Background

Renin inhibitors, which inhibit the first and rate-limiting step in the renin angiotensin system (RAS), are thought to be more effective than other RAS inhibitors in blocking the RAS. Previous meta-analyses have shown that renin inhibitors have a favourable tolerability profile in people with mild-to-moderate hypertension and a blood-pressure-lowering magnitude that is similar to that of angiotensin receptor blockers (ARBs).

ARBs inhibit the RAS by interfering with the binding of angiotensin II with its receptors. ARBs are widely prescribed and recommended as first-line therapy by some hypertension guidelines.

However, a drug's efficacy in lowering blood pressure cannot be considered as a definitive indicator of its effectiveness in reducing mortality and morbidity. The benefits and harms of renin inhibitors compared to ARBs in treating hypertension are unknown.



(3)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)



(4)Search: 经皮冠状动脉介入治疗急性心肌梗死

Advanced Search

[Search](#) [Search manager](#) [Medical terms \(MeSH\)](#) [PICO search](#)

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

Did you know you can now select fields from Search manager using the [S](#) button (next to the search box)?
Search manager lets you add unlimited search lines, view results per line and access the MeSH browser using the new [MeSH](#) button.

-

Title Abstract Keyword

acute myocardial infarction

-

AND

Title Abstract Keyword

percutaneous coronary intervention

+

×

Clear all

[In Cochrane Reviews, Cochrane Protocols and Trials \(Word variations have been searched\)](#)

[Send to search manager](#) [Run search](#)

Filter your results

Date [Publication date](#)

The last 3 months 0

The last 6 months 0

The last 9 months 1

The last year 1

The last 2 years 1

Custom Range:

to

[Apply](#) [Clear](#)

Status

Conclusions changed 3

New search 2

Cochrane Reviews 11 **Cochrane Protocols** 0 **Trials** 4684 **Editorials** 0 **Special Collections** 0 **Clinical Answers** 0 [More](#)

11 Cochrane Reviews matching acute myocardial infarction in Title Abstract Keyword AND percutaneous coronary intervention in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)

Cochrane Database of Systematic Reviews
Issue 3 of 12, March 2025

☐ **Select all (11)** [Export selected citations](#)

Order by [Relevancy](#)

Results per page [25](#)

☐

腺苷和维拉帕米辅助治疗经皮冠状动脉介入治疗急性心肌梗塞患者无复流现象
Qiang Su, Tun Swe Nyl, Lang Li
Intervention Review 18 May 2015 New search Conclusions changed Free access
[Show PICO](#) [Show preview](#)

☐

Preoperative coronary interventions for preventing acute myocardial infarction in the perioperative period of major open vascular or endovascular surgery
Francesco E Botelho, Ronald LG Flumignan, Gabriella Yuka Shiomatsu, Guilherme de Castro-Santos, Daniel G Cacione, Jose Oyama Leite, Jose CC Baptista-Silva
Intervention Review 3 July 2024
[Show PICO](#) [Show preview](#)

执行检索

选择字段并输入检索词

可进一步
筛选记录

点击篇名获取摘要



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.



Cochrane Database of Systematic Reviews

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选中文献导入EndNote



Filter your results

Date

Publication date

The last 3 months 0

The last 6 months 0

The last 9 months 0

The last year 0

The last 2 years 1

Custom Range:

dd/mm/yyyy to dd/mm/yyyy

Apply Clear

Status

New search 4

Conclusions changed 3

Language

Español 10

Show 11 more ▼

Type

Intervention 10

Topics

+ Heart & circulation 10

+ Complementary & alternative medicine... 1

+ Consumer & communication strategies... 1

+ Insurance medicine 1

Cochrane Reviews 10

Cochrane Protocols 0

Trials 3745

Editorials 0

Special Collections 0

Clinical Answers 0

More

10 Cochrane Reviews matching acute myocardial infarction in Title Abstract Keyword AND percutaneous coronary intervention in Title Abstract Keyword - in Cochrane Reviews, Cochrane Protocols, Trials (Word variations have been searched)

Cochrane Database of Systematic Reviews

Issue 3 of 12, March 2021

Select all (10) Export selected citation(s) Show all previews

Order by Relevancy

1 ☒ **Platelet glycoprotein IIb/IIIa blockers during initial medical treatment of non-ST segment**
Xavier Bosch, Jaume Marrugat, Juan Sanchis
Intervention Review 8 November 2013 Conclusions changed
Show preview ▼

2 ☒ **Adenosine and verapamil for no-reflow during in people with acute myocardial infarction**
Qiang Su, Tun Swe Nyi, Lang Li
Intervention Review 18 May 2015 New search Conclusions changed
Show PICO's BETA ▼ Show preview ▼

3 ☒ **Percutaneous transluminal coronary angioplasty for people with stable angina or acute coronary syndrome**
Ameeta Bakhal, Ruairaidh A Hill, Yenal Dundar, Rumona C Dickson
Intervention Review 24 January 2005
Show PICO's BETA ▼ Show preview ▼

4 ☐ **Beta-blockers for suspected or diagnosed acute coronary syndrome**
Sanam Safi, Naqash J Sethi, Emil Eik Nielsen, Joshua Feinberg
Intervention Review 17 December 2019 Free access
Show PICO's BETA ▼ Show preview ▼

5 ☐ **Hyperbaric oxygen therapy for acute coronary syndrome**
Michael H Bennett, Jan P Lehm, Nigel Jepson
Intervention Review 23 July 2015 New search Free access
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Export selected citation(s)

3 citation(s) selected for download

RIS (EndNote) can be imported into Mendeley, RefWorks, Zotero, Sciwheel

Select the format you require from the list below

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Export help

Preview of format

Provider: John Wiley & Sons, Ltd
Content: text/plain; charset="UTF-8"

TY - JOUR
AN - CD002130
AU - Bosch, X
AU - Marrugat, J
AU - Sanchis, J
TI - Platelet glycoprotein IIb/IIIa blockers during percutaneous coronary intervention and as the initial medical treatment of non-ST segment elevation acute coronary syndromes

☒ Include abstract **Download**



(5) Medical Terms: 甲型肝炎预防控制的临床试验证据



Advanced Search

Search

Search manager

Medical terms (MeSH)

PICO search

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).

Hepatitis A

prevention & control - PC x

Look up

Clear

点击Look up

Definition

Hepatitis A - INFLAMMATORY
contamination of food or

caused by a member of the HEPATOVIRUS

输入主题词
Hepatitis A

选择副主题词：
prevention & control-PC

Thesaurus Matches

Exact Term Match

Hepatitis A

Synonyms: Hepatitides; Infectious; Infectious Hepatitis;
Hepatitis, Infectious; Infectious Hepatitides

Phrase Matches

Hepatitis A Antigens

Synonyms: Hepatitis A Virus Antigens; Antigens,
Hepatitis A

Hepatitis A virus

Synonyms: Hepatitis A viruses

MeSH Trees

MeSH term - Hepatitis A

- ☒ Explode all trees
- ☐ Single MeSH term (unexploded)

- ☐ Explode selected trees

Select

☒ Tree number 1

Infections [+42]
Virus Diseases [+16]
Hepatitis, Viral, Human [+5]
Hepatitis A
Hepatitis B [+1]
Hepatitis C [+1]
Hepatitis D [+1]
Hepatitis E

Search Results

There are **159** results for your search of

- MeSH descriptor: Hepatitis A
- Explode all trees
- With qualifier(s) prevention & control

Add to search manager

Trials

Cochrane Reviews

Save search

添加到检索
管理器

浏览检索结果

View results



检索结果 (Trials 临床试验)



Filter your results

Year

Year first published

2024 0

2023 8

2022 0

2021 2

2020 1

Custom Range:

yyyy to yyyy

Apply Clear

Date

Date added to CENTRAL trials database

The last 3 months 0

The last 6 months 3

The last 9 months 4

The last year 6

The last 2 years 8

Custom Range:

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Apply Clear

Cochrane Reviews 2

Cochrane Protocols 0

Trials 171

Editorials 0

Special Collections 0

Clinical Answers 0

More

For COVID-19 related studies, please also see the Cochrane Register

Trials

171 Trials matching MeSH descriptor: [Hepatitis A] explode all trees and with qualifier(s): [prevention & control - PC]

Cochrane Central Register of Controlled Trials

Issue 3 of 12, March 2024

☐ Select all (171) **Export selected citation(s)**

Order by Relevancy Results per page 25

1 ☒ Immunogenicity and adverse effects of inactivated virosome versus alum-adsorbed hepatitis A vaccine: a randomized controlled trial
BR Holzer, C Hatz, D Schmidt-Sissol
Vaccine, 1996, 14(10), 982-988
PubMed Embase

2 ☒ The pros and cons of using communicable disease and prevention
N Crowcroft
Communicable disease and prevention
PubMed Embase

3 ☒ Immunogenicity and safety of a double-blind, immunogenic hepatitis A vaccine: a double-blind, randomized controlled trial
WP Jiang, YL Wang, WY Chen, WG Xie
Zhonghua liu xing bing xue za zhi
PubMed

4 ☐ Simultaneous vaccination with hepatitis A and B vaccines
MC Receveur, JM Quiniou, P Delprat, E Monlun, V Lehner, M Le Bras

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TY - JOUR
AN - CN-00132005
AU - Holzer, BR
AU - Hatz, C
AU - Schmidt-Sissol, D
AU - Glück, R
AU - Althaus, R

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(6)PICO search



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Search Search manager Medical terms (MeSH) **PICO search**

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

-		Essential Hypertension	Lookup ▾
-	AND ▾	Calcium Channel Blockers	Lookup ▾
-	AND ▾	Placebo	Lookup ▾
-	AND ▾	All Cause Mortality	Lookup ▾
+			

**Essential Hypertension
AND Calcium Channel Blockers
AND Placebo
AND All Cause Mortality**

About ? Search help

☒ Population
☐ Outcome
☒ Intervention
☐ Comparison
☐ Intervention
☒ Comparison
☒ Outcome

Clear All Run search

从PICO四个方面选词检索：
Population、Intervention、
Comparison、Outcome



PICO search检索结果: 2篇Cochrane综述



Filter your results

Population

Condition

Essential Hypertension..... 2

Intervention / Comparison

Intervention Name

Beta Blocking Agent..... 2

Calcium Channel Blockers..... 2

Angiotensin II Antagonists, Plain..... 2

Angiotensin-converting enzyme inhibit... 1

Alpha 1 adrenergic blocking agent..... 1

Minoxidil..... 1

Alpha And Beta Blocking Agents..... 1

Centrally Acting Sympathomimetics..... 1

Hydralazine..... 1

Diuretic..... 1

[Show all](#)

High-level Intervention Classification

Pharmacological Interventions..... 2

Outcome

Outcome Name

All Cause Mortality..... 2

Cochrane Reviews
2

2 results matching '**Population** "Essential Hypertension" AND **Intervention** "Calcium Channel Blockers" AND **Comparison** "Placebo" AND **Outcome** "All Cause Mortality"'
06, April 2024

☐ Select all (2) [Export selected citations](#)

Order By [Relevancy](#)

Results per page 25

1 ☐ **Pharmacotherapy for hypertension in adults aged 18 to 59 years**
[Hide PICO](#) 16 August 2017

Population (3)	Intervention (11)	Comparison (1)	Outcome (15)
Adult ☒	Diuretic ☒	Placebo ☒	Myocardial Infarction ☒
Child ☒	Centrally Acting Symp... ☒		All Cause Mortality ☒
Essential Hypertension ☒	Hydralazine ☒		Cardiovascular Mortality ☒
	Alpha-adrenoreceptor... ☒		Stroke ☒
	Minoxidil ☒		Coronary Heart Disease ☒
	Beta Blocking Agent ☒		Ruptured cerebral ane... ☒
	Angiotensin-convertin... ☒		Accelerated And Malig... ☒
	Alpha And Beta Blocki... ☒		Transient Cerebral Isc... ☒
	Show more		Show more

2 ☐ **First-line drugs for hypertension**
[Hide PICO](#) 18 April 2018

Population (4)	Intervention (6)	Comparison (1)	Outcome (11)
Adult ☒	Angiotensin II Antagon... ☒	Placebo ☒	All Cause Mortality ☒
Aged (65+) ☒	Calcium Channel Bloc... ☒		Hospitalization ☒
Child ☒	Thiazides ☒		Cardiovascular Event ☒
Essential Hypertension ☒	Beta Blocking Agent ☒		Ruptured cerebral ane... ☒
	Alpha-adrenoreceptor... ☒		Stroke ☒
	ACE Inhibitors, Plain ☒		Sudden Cardiac Death ☒
			Myocardial Infarction ☒
			Coronary Heart Disease ☒
			Show more

检出的Cochrane 综述概要

对照措施

结果

患者类型

干预措施



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



- 综合性证据总结（2级证据）
- 数千项的国际治疗指南和诊断标准的全文内容,并可用于定制中文的临床指南和标准;
- 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;
- 大量的病症彩色图像和证据表格等资料。



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临床实践

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Specialties

Allergy and immunology	Geriatric medicine
Anaesthesiology	Haematology
Cardiology	Health maintenance
Cardiothoracic surgery	Infectious diseases
Critical care medicine	Nephrology
Dermatology	Neurology
Ear, nose, and throat	Neurosurgery
Emergency medicine	Nutrition
Endocrinology and metabolic disorders	Obstetrics and gynaecology
Gastroenterology and hepatology	Oncology
General surgery	Ophthalmology
Genetics	Orthopaedics

Cardiac arrest

Cardiac tamponade

Carotid artery stenosis

Chronic atrial fibrillation

Chronic venous insufficiency

Congenital heart disease

D

Diabetic cardiovascular disease

Digoxin toxicity

E

Essential hypertension

F

Focal atrial tachycardia



对每一种疾病都提供了标准结构内容



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Essential hypertension

Ver contenido en español

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: 30 Sep 2023Last updated: 17 Oct 2023

Summary

Essential hypertension is typically diagnosed by screening of an asymptomatic individual.

Treatment of uncontrolled hypertension reduces the risks of mortality and of cardiac, vascular, renal, and cerebrovascular complications.

Lifestyle changes are recommended for all patients: weight loss, exercise, decreased sodium intake, Dietary Approaches to Stop Hypertension (DASH) diet, and moderation of alcohol consumption.

Choice of drug therapy is often driven by considerations related to comorbid disease, but achievement of blood pressure goal may be accomplished with a variety of therapeutic agent(s).

Definition

Essential hypertension is defined as persistently raised blood pressure (BP) with no secondary

Differentials

- Drug-induced hypertension
- Chronic kidney disease
- Renal artery stenosis

More Differentials



3. PubMed——文献类型 Article type



注意：Review中也会包含一些系统综述和Meta分析。若想查全，则要勾选。

PubMed®

iron deficiency anemia

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RESULTS BY YEAR

1968 2025

PUBLICATION DATE

☐ 1 year
☐ 5 years
☐ 10 years
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☐ Free full text
☐ Full text

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☐ Associated data

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☐ Books and Documents
☐ Clinical Trial
☒ Meta-Analysis
☒ Randomized Controlled Trial
☐ Review
☒ Systematic Review
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Filters applied: Meta-Analysis, Randomized Controlled Trial, Systematic Review. [Clear all](#)

1 ☐ Low-dose ferric carboxymaltose vs. oral iron for improving hemoglobin levels in postpartum East Asian women: A randomized controlled trial.
Cite Nagao T, Takahashi K, Takahashi S, Yokomizo R, Samura O, Okamoto A.
PLoS One. 2025 Mar 12;20(3):e0319795. doi: 10.1371/journal.pone.0319795. eCollection 2025.
PMID: 40073039 [Free PMC article](#). Clinical Trial.
Ferric carboxymaltose (FCM) is widely used to correct **anemia** and replenish **iron** stores rapidly, particularly in Western populations. However, lower doses of FCM are typically used in East Asia, with limited research on their effectiveness, especially in postpartum w ...
[查看PDF](#)

2 ☐ Assessing and managing iron deficiency anemia in sickle cell disease: Insights from a systematic review and meta-analysis.
Cite Jose A, Bodade A, Madkaikar MR.
J Postgrad Med. 2025 Mar 6. doi: 10.4103/jpgm.jpgm_590_24. Online ahead of print.
PMID: 40047486 [Free article](#).
Sickle cell disease (SCD) is prevalent in Sub-Saharan Africa, the Middle East, and parts of India, where it is often complicated by **iron deficiency anemia** (IDA). Untreated IDA exacerbates SCD symptoms, reducing quality of life (QOL) and increasing morbidity a ...
[Searching](#)

3 ☐ Neurodevelopmental Impairments as Long-term Effects of Iron Deficiency in Early Childhood: A Systematic Review.
Cite Theola J, Andriastuti M.
Balkan Med J. 2025 Mar 3;42(2):108-120. doi: 10.4274/balkanmedj.galenos.2025.2024-11-24. Epub 2025 Jan 31.
PMID: 39887058 [Free PMC article](#).
BACKGROUND: Numerous studies have reported neurodevelopmental disorders in children with a history of early-life **iron deficiency** (ID), though findings vary. AIMS: To evaluate the long-term impact of early childhood ID on neurodevelopmental outcomes. ...METHODS: A li ...
[Searching](#)

4 ☐ Comparative effectiveness of daily therapeutic supplementation with multiple micronutrients and iron-folic acid versus iron-folic acid alone in children with



随机对照试验的高敏感检索策略 (MEDLINE数据库, 含文献类型与自由词检索)



- #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



“他莫昔芬治疗乳腺癌” Cochrane Library-Trials 检索策略



#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

注意：在Trials中检索研究，纳入系统评价时，针对每个概念需要更多的检索词汇。



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



- 康德英，许能锋. 循证医学[M]. 4版. 北京：人民卫生出版社，2023.
- 李幼平，李静. 循证医学[M]. 4版. 北京：高等教育出版社，2020.
- 杨克虎，田金徽. 循证医学证据检索与评估[M]. 北京：人民卫生出版社，2018.



1.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



2. 下列哪个证据的级别最高？



- A、系统综述（评价）
- B、随机对照试验
- C、决策支持系统 ✓
- D、指南



3.在PubMed中查找系统综述（评价）,可使用下列哪个方法？



- A、字段限定systematic[MeSH]
- B、Clinical Queries
- C、Article Type ✓
- D、Limits



4. 以下哪些是循证医学数据库？



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



谢谢大家，欢迎提问！