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SALUD PÚBLICA

Cochrane Iberoamérica

Búsqueda de la evidencia Científica: Herramientas para la búsqueda de Información

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Centro Cochrane Asociado

Cochrane México

HOSPITAL INFANTIL *de* MÉXICO
FEDERICO GÓMEZ

10 Septiembre 2025

Cochrane México

HOSPITAL INFANTIL de MÉXICO
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- MD, PhD Salud Publica y Metodología de la Investigación Biomédica por la Universidad Autónoma de Barcelona, España.
- Investigador en Ciencias Médicas de los Institutos Nacionales de Salud, México
- Sistema Nacional de Investigadores (SNI) - Nivel 2
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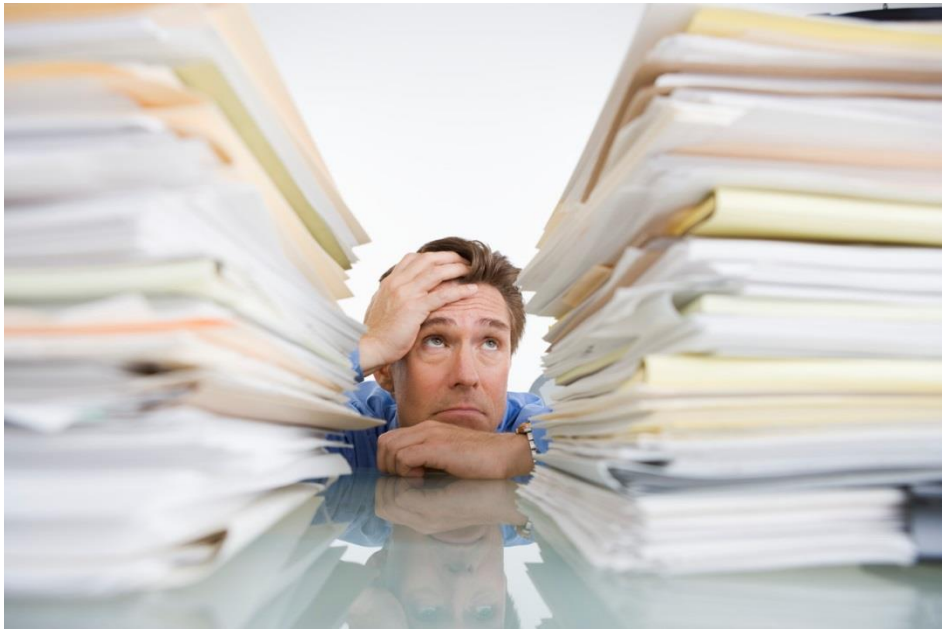
Contenidos

A. Formulación de preguntas estructuradas
B. Búsqueda de literatura: consideraciones clave
C. Recursos de información

En la actualidad existen aprox. 17.000 libros 30.000 revistas biomédicas en el mundo (incremento anual 7%).[1]

Para mantenerse actualizado un médico necesitaría leer en promedio **17 artículos originales cada día**.[2]

1 Smith R. Where is the wisdom...? BMJ 1991; 303:798-799.
2 Davidoff F., Haynes B., Sackett D., and Smith R. Evidence based medicine. BMJ 1995; 310:1085-1086.



Ante el creciente número de publicaciones que sobrepasa la posibilidad de mantenerse actualizado…

Debemos ser capaces de distinguir las evidencias científicas válidas.

Herramientas para el uso adecuado de literatura científica

(**1991**) concepto MBE

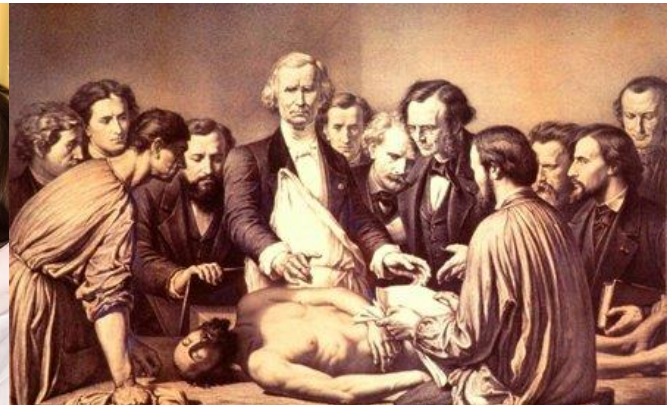
(**1992**) el *Evidence Based Medicine Working Group* - enuncia nueva forma de entender la asistencia sanitaria

(1993 -1996) publica en JAMA serie de artículos que marcan las directrices de cómo evaluar un artículo científico (*User´s Guides to the Medical Literature).*

Medicina Basada en Evidencias

Es una metodología desarrollada para aplicar, de manera consciente, explícita y pertinente, la información científica más adecuada para la toma de decisiones clínicas o sanitarias que incrementen las probabilidades de producir beneficios y reduzcan generar daños.





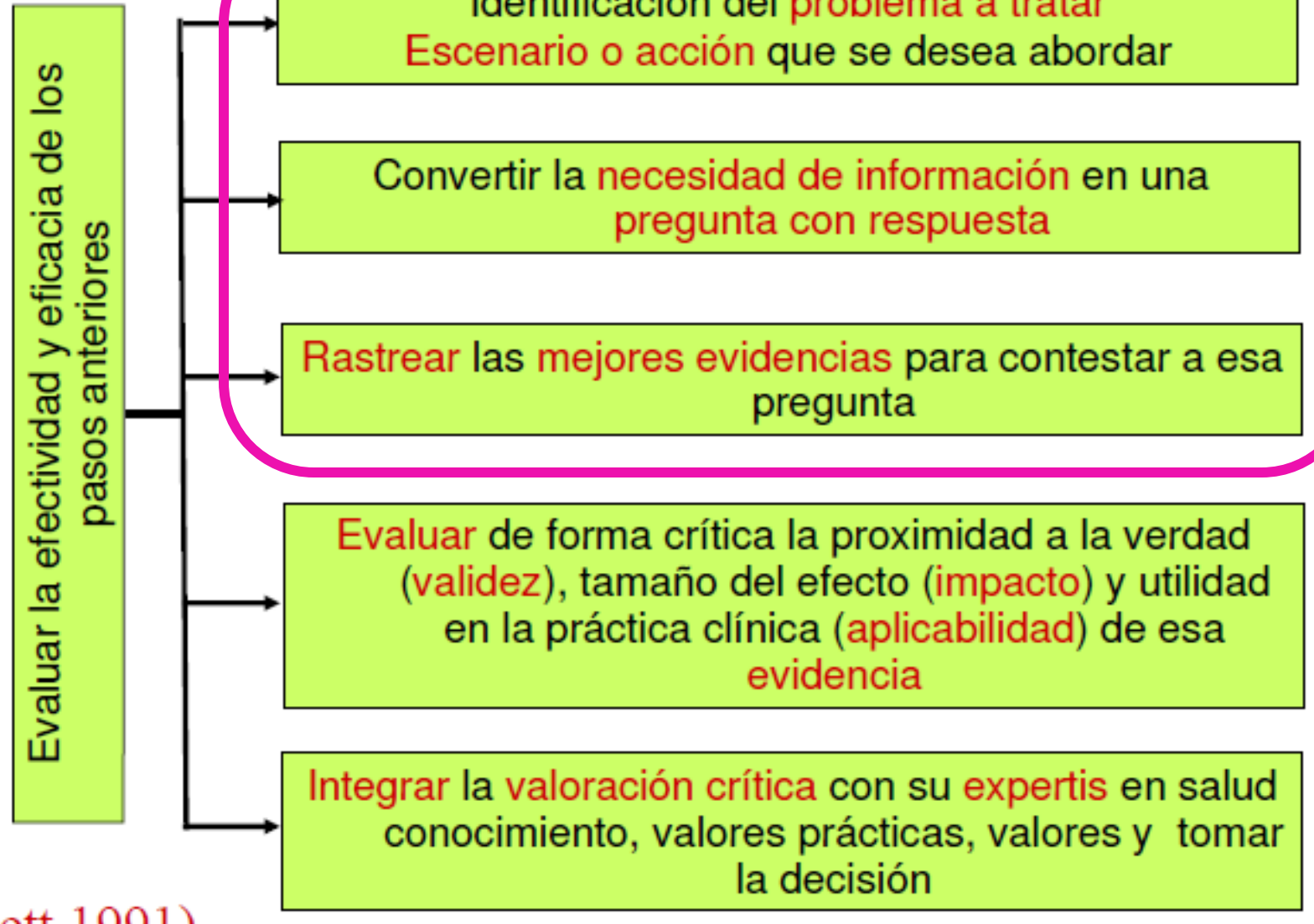
Medicina Basada en Evidencias (MBE)

"Herramienta que integra la *búsqueda, evaluación y análisis de la evidencia disponible* para la toma de decisiones"

"Es el *uso juicioso*, *consciente* y *explícito* de la ***mejor evidencia científica*** actual en la toma de decisiones clínicas"

Ely J, BMJ; 2002; 324: 710-713, Guyatt GH 2007, Sackett DL 2000

Modelo de la Medicina Basada en Evidencia

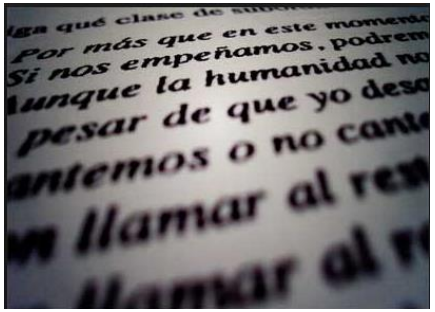


(Sackett,1991)

Búsqueda de la literatura científica

Problemática en la búsqueda de información

- Crecimiento exponencial de la literatura científica
- Diversidad de medios: impresa, electrónica, Internet
- Literatura primaria repartida en varias fuentes (difícil de resumir)
- Fuentes de literatura secundaria no sistemáticas
- Sintaxis y gramática
  - Identificación de conceptos
  - Idioma



- Mala organización
- Resultados contradictorios

Búsqueda sistematizada de información

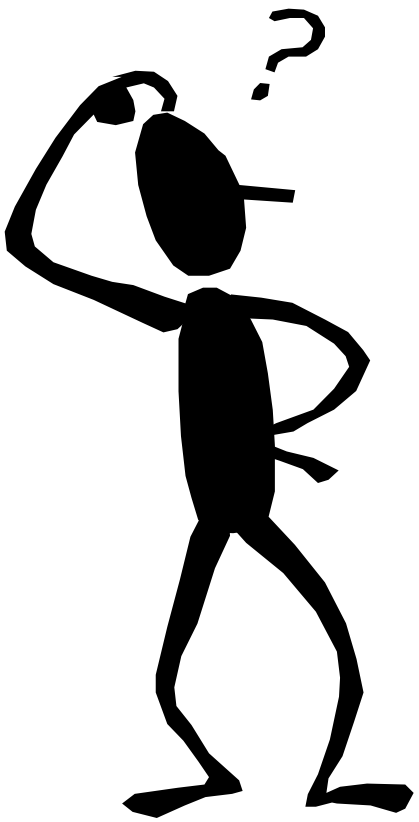
- Estrategia de búsqueda - eficiente
- Conocer las fuentes de información
- Determinar que tipo de información se necesita
- Seleccionar información adecuada
- Obtener con rapidez información general sobre el tema

ABC para el diseño de una búsqueda

A. Desglose los componentes clave de la pregunta (PICO)

B. Defina los términos principales de la búsqueda (decida entre el lenguaje natural o controlado), y dónde buscarlos (todo el texto, título, resumen)

C. Utilice los operadores booleanos pertinentes (AND – OR)



reconocemos
la necesidad de
información

Transformamos el problema en una pregunta de investigación

Formulación de Preguntas Estructuradas

Elementos o componentes

- **P**articipante (s)
- **I**ntervención
- **C**omparación
- **O**utcomes (Resultados de interés)

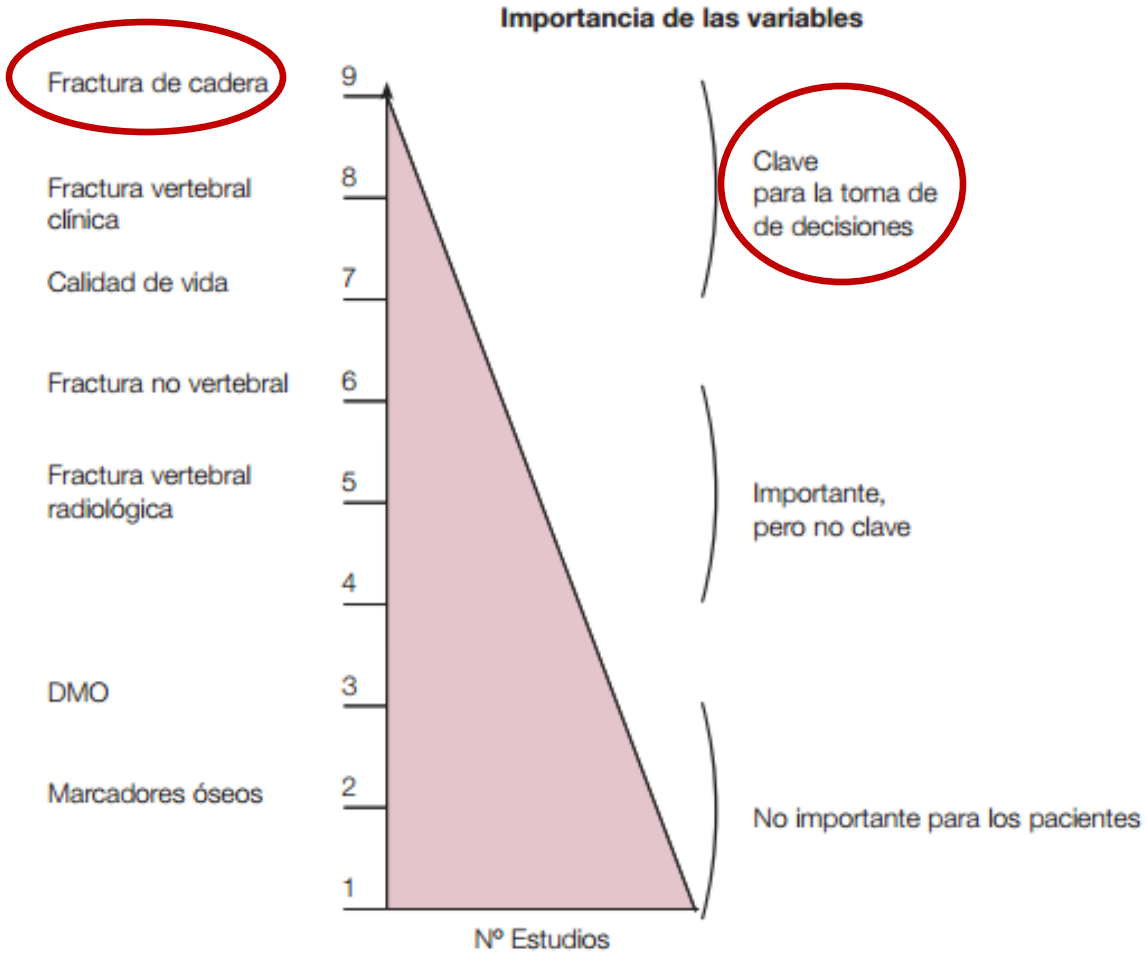
La pregunta clínica (PICO)

1. Definir la pregunta e identificar sus componentes

1. El participante o problema de interés (definir enfermedad, población, ámbito, subgrupos)
2. La intervención o exposición de interés (tratamiento, test diagnostico, factor pronostico, percepción del paciente)
3. Grupo control – Intervención con la cual Comparar (placebo, comparaciones múltiples) – - no siempre es necesario
4. El resultado clínico [outcome] (beneficios, efectos, daño, costes, etc.) considerar variables relevantes para los pacientes – Evitar datos **triviales**

Variables de resultado [outcomes] clasificadas según su importancia para los pacientes.

Jerarquía de las variables de resultado en el tratamiento con bifosfonatos en mujeres osteoporóticas.



Pacientes

-Edad y sexo
-Estadio de la Enfermedad
-Factores de riesgo

Intervención Comparación

-Comparación adecuada
-Dosis
-Efecto de clase

Variables

-¿Variables importantes?
-¿Compuestas?
-¿Intermedias?

+

DISEÑO/S MÁS ADECUADO DE LOS ESTUDIOS

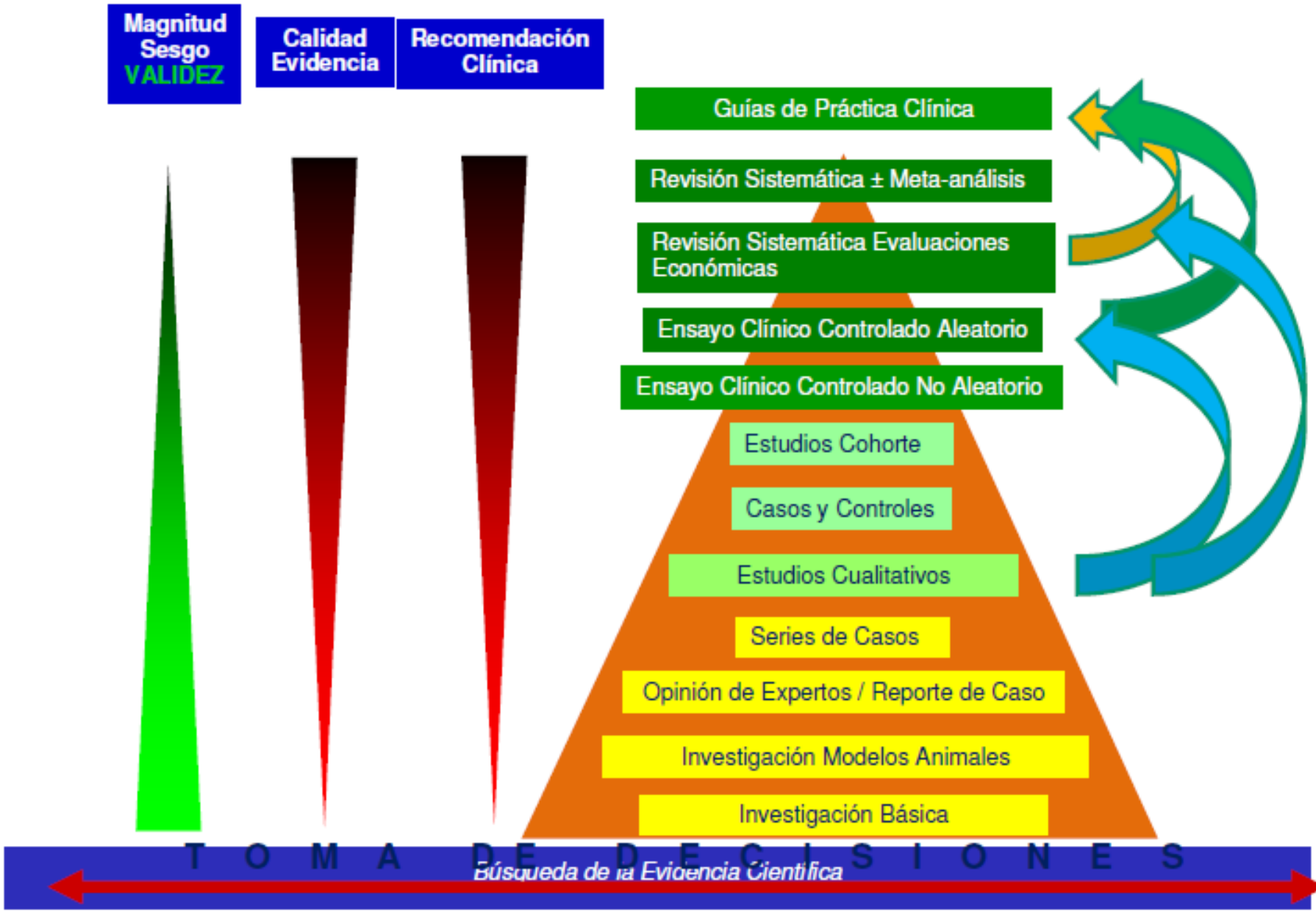
Tipo de pregunta y tipo de estudios más apropiados

Pregunta	Tipo de estudio más apropiado
Tratamiento	Ensayos clínicos Controlado aleatorizado (ECA) Revisiones Sistemáticas
Diagnóstico	Estudios de cohorte, transversales, comparación ciega con un Gold Estándar, Revisiones Sistemáticas
Pronóstico	Estudios de cohorte, casos y controles, series de casos, Revisiones Sistemáticas
Etiología	Estudio de caso y control, estudios de cohorte y RS.
Costos	Análisis económicos

Tipo de pregunta y tipo de estudios más apropiados

Tipo Pregunta	Tipos de Estudios	Estrategias Principales para reducir el error de medición
Intervención	▪ Revisión Sistemática ▪ Ensayo Clínico Aleatorizado ▪ Estudio de Cohorte ▪ Estudio de Casos y controles	Aleatorización Seguimiento completo Cegamiento del paciente y médicos
Frecuencia Carga de la enfermedad	▪ Revisión Sistemática ▪ Estudio de Cohorte ▪ Estudio Transversal	Marco muestral Definición e identificación de caso Tasa de respuesta Seguimiento completo
Prueba Diagnóstica	▪ Revisión Sistemática ▪ Estudio Transversal	Mediciones independientes y cegadas (pba a estandarizar vs pba de referencia) Selección de los pacientes
Etiología y factores de riesgo	▪ Revisión Sistemática ▪ Estudio de Cohorte ▪ Estudio Casos y controles	Ventana de exposición Medidas resultado Plausibilidad biológica
Predicción y Pronóstico	▪ Revisión Sistemática ▪ Estudio de Cohorte o supervivencia	Cohorte de inicio Tiempo de seguimiento suficiente

Modelo para la Toma de Decisiones en Salud



Una **búsqueda efectiva** requiere del **conocimiento de recursos** que permitan: acceder de forma rápida a una información actual, concreta y de calidad.

¿Internet es la solución?

Navegar por la Web… cambia todo!!!

Pasamos de **”surfear” o ”chapotear”** a...

»»Búsqueda más efectiva para obtener evidencia y conocimiento científico»»

Selección de las fuentes de información

Fuentes de información y bases de datos a consultar para la identificación de estudios.

- **Fuentes Primarias.**
- **Fuentes Secundarias.**
- **Fuentes Terciarias.**

PubMed

trip database

Google España

2. Seleccionar base de datos

BASE DE DATOS BIBLIOGRAFICA:

Conjunto de referencias bibliográficas de publicaciones, almacenadas informáticamente y que pueden ser recuperadas interactivamente gracias a un lenguaje de consulta.

Cada registro se articula en diferentes campos que contienen información relativa al documento:

autores, título, revista, año de publicación,
tipo de publicación,
resumen, palabras clave, etc.

Principales bases de datos bibliográficas:

❖ Generales

MEDLINE Contiene más de 39 **millones de citas** de revistas y resúmenes de la literatura biomédica de todo el mundo**. A través de PubMed** ofrece **acceso gratuito** a MEDLINE y enlaces de artículos en texto completo.

EMBASE Más de **40 millones de registros indexados** y más de **8.500 revistas** indexadas. Cubre la más importante literatura biomédica internacional **desde 1947** hasta la actualidad

LILACS Índice de la literatura científica y técnica en Salud de América Latina y el Caribe.
30 países - 935 revistas – 1.124 millón registros – 700mil textos completos

- **The Cochrane Library**

Cochrane Library

Trusted evidence.
Informed decisions.
Better health.

Colección de 6 bases de datos

(*Systematic Reviews* 9,890; Controlled Trials 1,065,345; HTA *16,559;* Economic Evaluation *15,015*)

❖ Especializadas

PsycINFO, Social Science Citation Index (Ciencias Sociales)

- CINAHL (enfermería)
- ERIC (educación)
- PEDRO (fisioterapia)
- CISCOM (terapias alternativas)

CINAHL
Available via EBSCOhost

APA ONLINE PsycINFO

ERIC
Education Resources Information Center

PEDro
PHYSIOTHERAPY EVIDENCE DATABASE

RCCM
Research Council for Complementary Medicine
evidence & best practice

❖ Otras bases de datos

ScienceDirect

Base de datos de texto completo - 2000 revistas electrónicas de ciencia y medicina.

SCOPUS

Bases de datos bibliográfica incluye revistas de ciencias físicas, de la vida y medicina.
Incorpora artículos de revistas, actas de congresos y registros de patentes.
Incluye material de otras bases de datos como GeoBase y MedLine.

Web of Science

1945-presente. 12,000 revistas de ciencias, medicina, ciencias sociales y humanidades. Se accede a través de la plataforma Web of Knowledge.

❖ Otras bases de datos

Registros prospectivos de ensayos

- Current Controlled Trial http://www.controlled-trials.com/
- Clinical Trials http://clinicaltrials.gov/ct/gui
- LATINREC Registro Latinoamericano de Ensayos Clínicos en Curso

- **Registro Prospectivo de Revisiones Sistemáticas**
  - PROSPERO https://www.crd.york.ac.uk/PROSPERO/

- **Literatura gris**
  - Dissertation Abstracts
  - ISI Index to Scientific & Technical Proceedings
  - UK National Research Register
  - TESEO (tesis doctorales)


WEB
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Búsqueda de la literatura en MEDLINE

Base de datos MEDLINE

Producida por la ***National Library of Medicine*** (NLM) de Estados Unidos

Contiene más de 39 millones de referencias bibliográficas de literatura biomédica desde el año 1940 hasta el presente.

Actualmente 5.200 revistas indizadas, en 40 idiomas. [PubMed - indexed for MEDLINE]

Actualizaciones: Las citas se agregan a PubMed los 7 días de la semana.

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- MeSH Database
- Journals

Trending Articles

PubMed records with recent increases in activity

PubMed Updates

Feature updates and other PubMed highlights

3. Seleccionar los términos descriptores y combinaciones

Indización

Proceso por el cual se asignan *términos* a un documento con el objetivo de representarlo temáticamente y facilitar su posterior recuperación.

Para la indización se utilizan:

- Términos controlados (lista de descriptores – tesauro *MeSH* [*Medical Subject Headings*])
- Términos no controlados (descriptores arbitrarios)

El tesauro (MeSH) es la mejor herramienta de **lenguaje controlado**

MeSH (*Medical Subject Headings*)

Vocabulario especializado, cuyos términos se relacionan entre sí de forma jerárquica. Utilizado para indizar diferentes bases de datos de la NLM

"No es un índice ni un diccionario de sinónimos"

Cada uno de los términos representa un único concepto

La NLM indiza cada referencia con 10-12 términos seleccionados de los 17.000 que componen el *tesauro*, asignando los descriptores más precisos.

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All MeSH Categories

PubMed search builder options

Restrict to MeSH Major Topic.

Tree Number(s): 0

All MeSH Categories

- Anatomy Category +
- Organisms Category +
- Diseases Category +
- Chemicals and Drugs Category +
- Analytical, Diagnostic and Therapeutic Techniques and Equipment Category +
- Psychiatry and Psychology Category +
- Phenomena and Processes Category +
- Disciplines and Occupations Category +
- Anthropology, Education, Sociology and Social Phenomena Category +
- Technology and Food and Beverages Category +
- Humanities Category +
- Information Science Category +
- Persons Category +
- Health Care Category +
- Pharmacological Actions Category +
- Publication Type Category +
- Check Tags Category +
- Subheadings Category +

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MeSH

MeSH | Diabetes | Search

Create alert | Limits | Advanced | Help

Summary | 20 per page | Send to:

Search results

Items: 1 to 20 of 102 Selected: 1

<< First | < Prev | Page 1 of 6 | Next > | Last >>

1. **Diabetes Mellitus**
   A heterogeneous group of disorders characterized by HYPERGLYCEMIA and GLUCOSE INTOLERANCE.
   Date introduced: January 1, 1999

2. **Diabetes Insipidus**
   A disease that is characterized by frequent urination, excretion of large amounts of dilute URINE, and excessive THIRST. Etiologies of **diabetes insipidus** include deficiency of antidiuretic hormone (also known as ADH or VASOPRESSIN) secreted by the NEUROHYPOPHYSIS, impaired KIDNEY response to ADH, and impaired hypothalamic regulation of thirst.
   Date introduced: January 1, 1999

3. National Institute of **Diabetes** and Digestive and Kidney Diseases (U.S.)
   Component of the NATIONAL INSTITUTES OF HEALTH. It conducts and supports basic and applied research for a national program in **diabetes**, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. It was established in 1948.
   Year introduced: 2008
   Date introduced: July 9, 2007

4. **Diabetes** Complications
   Conditions or pathological processes associated with the disease of **diabetes mellitus**. Due to the impaired control of BLOOD GLUCOSE level in diabetic patients, pathological processes develop in numerous tissues and organs including the EYE, the KIDNEY, the BLOOD VESSELS, and the NERVE TISSUE.
   Year introduced: 2005
   Date introduced: July 7, 2004

PubMed Search Builder

"Diabetes Mellitus"[Mesh]

Add to search builder | AND

Search PubMed

YouTube Tutorial

Find related data

Database: Select

Find items

Search details

"diabetes mellitus"[MeSH Terms] OR
"diabetes insipidus"[MeSH Terms] OR
Diabetes[Text Word]

Search | See more...

Recent Activity

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Diabetes Mellitus

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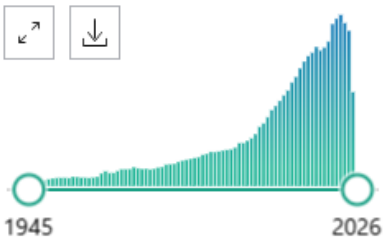
554,293 results

RESULTS BY YEAR



PUBLICATION DATE

- 1 year
- 5 years
- 10 years
- Custom Range

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

1 Cite
Two Different Cases of Abnormal Hemoglobin A1c.
Han J, Lou Y.
Clin Lab. 2025 Sep 1;71(9). doi: 10.7754/Clin.Lab.2025.250201.
PMID: 40923749

2 Cite
Vitamin D Reduces Blood Glucose Levels and HbA1c by Inducing Hepatic GLUT2 and Muscular GLUT4 in Type 1 Diabetic Mice.
Alhazmi AS.
Clin Lab. 2025 Sep 1;71(9). doi: 10.7754/Clin.Lab.2025.250111.
PMID: 40923728

3 Cite
WTAP regulates DDX3Y mRNA via m6A modification to promote high glucose-induced podocytes injury and diabetic nephropathy progression.
Li G, Zeng H, Ru G, Yin F, Liu S, He J.
Gen Physiol Biophys. 2025 Sep;44(5):405-417. doi: 10.4149/gpb_2025020.
PMID: 40923659

4 Cite
Social Determinants Influencing Access to Home Delivery of Medication During the COVID-19 Pandemic for Cape Town Residents Living With Type 2 Diabetes.
von Pressentin KB, Alaofin OS, Bresick G, David N, Geffen H, Moodaley N, Porter J, Salie H, Wagner L, Mash RJ.

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Diabetes Mellitus

A heterogeneous group of disorders characterized by HYPERGLYCEMIA and GLUCOSE INTOLERANCE.
Date introduced: January 1, 1999

PubMed search builder options

Subheadings:

- [ ] blood
- [ ] cerebrospinal fluid
- [ ] chemically induced
- [ ] classification
- [ ] congenital
- [ ] diagnosis
- [ ] diagnostic imaging
- [ ] diet therapy
- [x] drug therapy
- [ ] economics
- [ ] embryology
- [ ] enzymology
- [ ] epidemiology
- [ ] ethnology
- [ ] etiology
- [ ] genetics
- [ ] history
- [ ] immunology
- [ ] metabolism
- [ ] microbiology
- [ ] mortality
- [ ] nursing
- [ ] parasitology
- [ ] pathology
- [ ] physiopathology
- [ ] prevention and control
- [ ] psychology
- [ ] radiotherapy
- [ ] rehabilitation
- [ ] surgery
- [ ] therapy
- [ ] urine
- [ ] veterinary
- [ ] virology

- [ ] Restrict to MeSH Major Topic.
- [ ] Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C18.452.394.750, C19.246
MeSH Unique ID: D003920

PubMed Search Builder

("Diabetes Mellitus"[Mesh]) AND "Diabetes Mellitus/drug therapy"[Mesh]

Add to search builder | AND

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Related information

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PubMed - Major Topic
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MeSH

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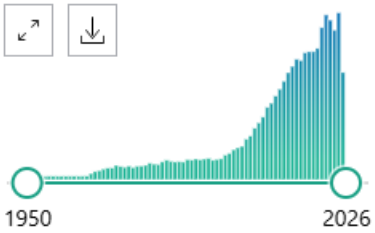
113,339 results

RESULTS BY YEAR



PUBLICATION DATE

- 1 year
- 5 years
- 10 years
- Custom Range

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

1 Cite

Vitamin D Reduces Blood Glucose Levels and HbA1c by Inducing Hepatic GLUT2 and Muscular GLUT4 in Type 1 Diabetic Mice.

Alhazmi AS.

Clin Lab. 2025 Sep 1;71(9). doi: 10.7754/Clin.Lab.2025.250111.

PMID: 40923728

2 Cite

Social Determinants Influencing Access to Home Delivery of Medication During the COVID-19 Pandemic for Cape Town Residents Living With Type 2 Diabetes.

von Pressentin KB, Alaofin OS, Bresick G, David N, Geffen H, Moodaley N, Porter J, Salie H, Wagner L, Mash RJ.

J Prim Care Community Health. 2025 Jan-Dec;16:21501319251371807. doi: 10.1177/21501319251371807. Epub 2025 Sep 9.

PMID: 40923592

3 Cite

Effects of ethanolic extracts of Akhuni, an ethnic food of Northeast India, on glucose tolerance, lipid profile and antihyperglycemic activities and its pharmacokinetic studies.

Das DJ, Boruah JLH, Bora HK, Baishya R.

Food Res Int. 2025 Nov;219:117105. doi: 10.1016/j.foodres.2025.117105. Epub 2025 Jul 28.

PMID: 40922235

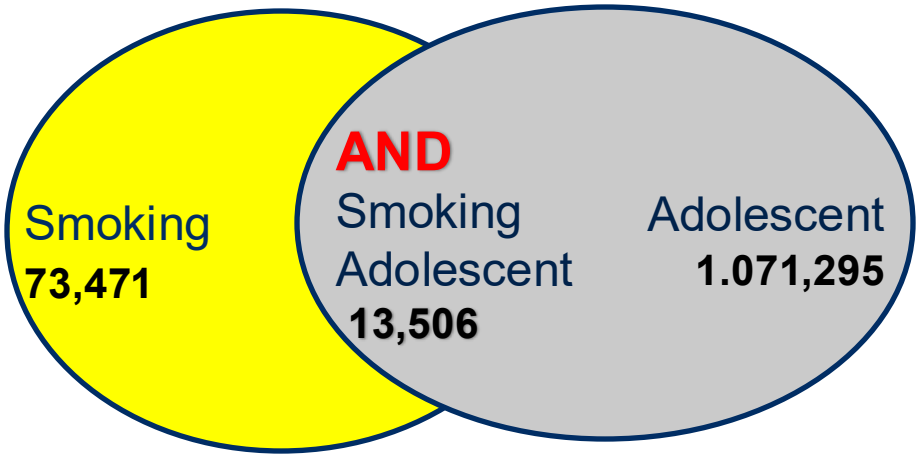
Combinar los términos

Operadores booleanos

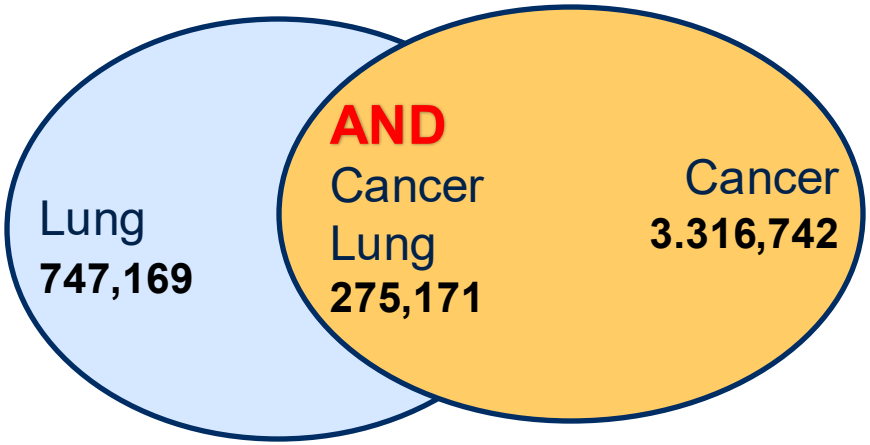
Deben ser escritos en mayúsculas, son procesados en la secuencia izquierda-derecha.

AND:

- Intersección de términos
- Restringe la búsqueda (menos resultados)
- Relacionar diferentes conceptos – cada elemento del PICO
- Focalizar resultados



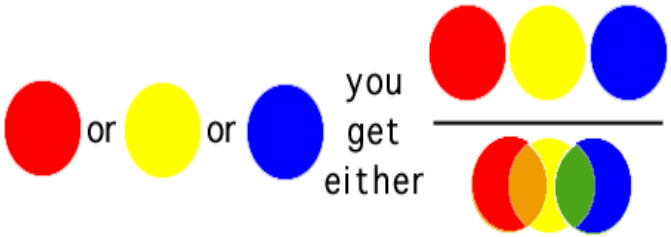
Smoking AND Adolescent



Lung AND Cancer

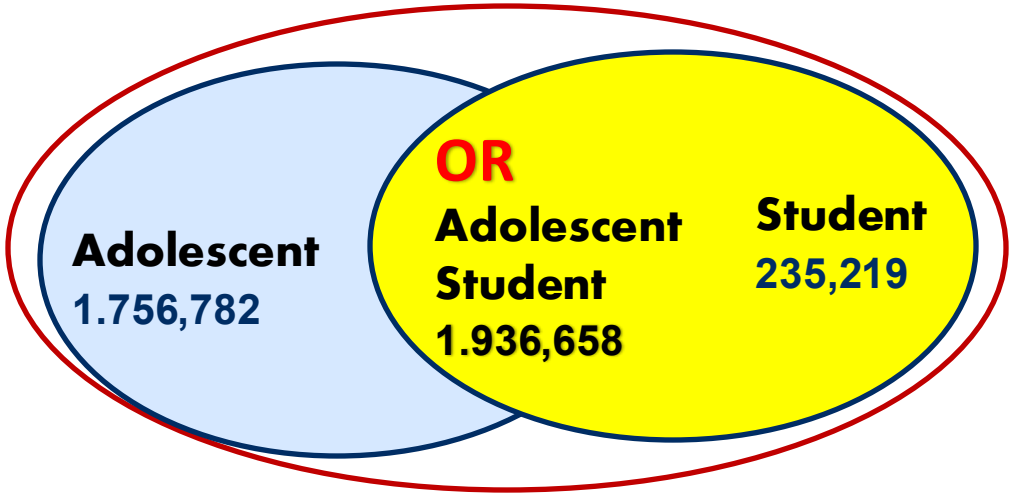
Combinar los términos

Operadores booleanos

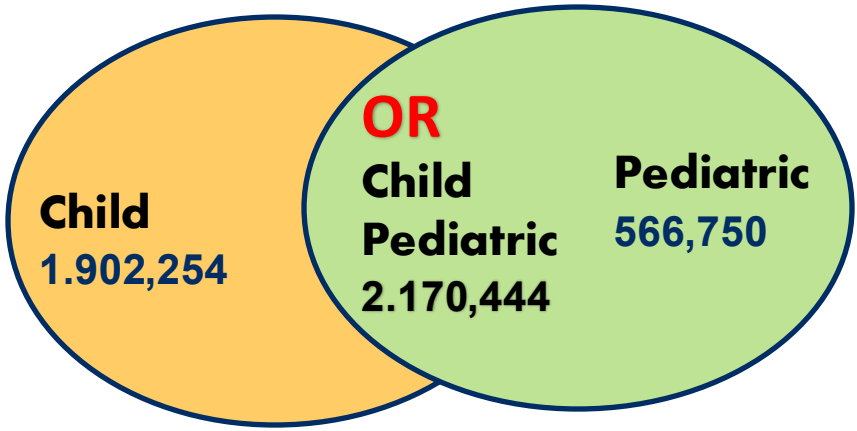


OR:

- Con OR se suma!!! - suma de términos
- Adecuado para términos similares – combina los términos libres de cada apartado del PICO
- Resultados más extensos - amplía la búsqueda



Adolescent **OR** Student



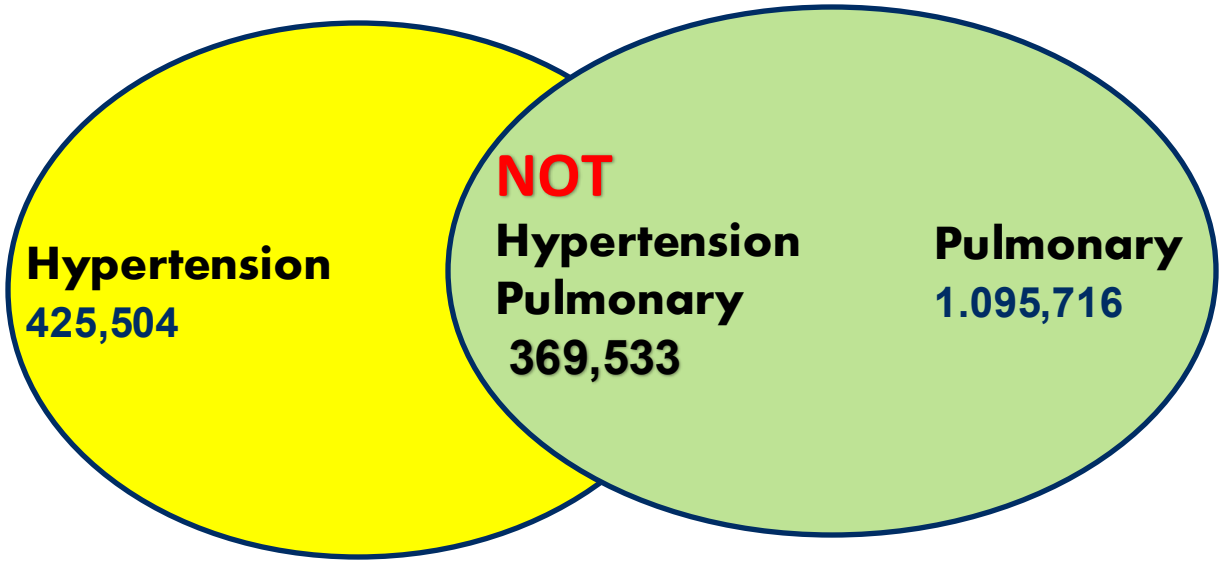
Child **OR** Pediatric

Combinar los términos

Operadores booleanos

NOT:

- Excluye uno de los términos



Hypertension NOT pulmonary

La pregunta clínica

Elementos o componentes + combinación

1er concepto	AND	2º concepto	AND	3 er concepto
Paciente		**I**ntervención		**O**utcomes
Términos:		**Términos**:		**Términos**:
_____ OR		_____ OR		_____ OR
_____ OR		_____ OR		_____ OR
_____ AND		_____		_____

La pregunta clínica

Elementos o componentes + combinación

1er concepto		2º concepto		3 er concepto
Paciente	AND	Intervención	AND	Outcomes
Términos:		**Términos**:		**Términos**:
Children **OR**		_ NSAID _ **OR**		Renal Insufficiency **OR**
Pediatric **OR**		_Naproxeno **OR**		Renal failure **OR**
Infant		Antiinflammatory		Renal disease

Utilizando texto libre

Paciente + **I**ntervención + **O**utcomes

Children **OR** Pediatric **OR** Infant **AND** NSAID

OR Naproxeno **OR** Antiinflammatory **AND**

Renal Insufficiency **OR** Renal failure **OR**

Renal disease

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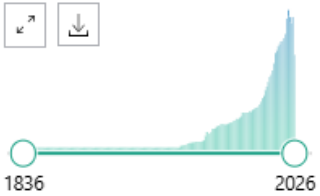
867,420 results

RESULTS BY YEAR



PUBLICATION DATE

- 1 year
- 5 years
- 10 years
- Custom Range

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents

1 Cite

The Role of Inflammation in CKD.

Kadatane SP, Satariano M, Massey M, Mongan K, Raina R.

Cells. 2023 Jun 7;12(12):1581. doi: 10.3390/cells12121581.

PMID: 37371050 Free PMC article. Review.

Chronic **kidney disease** (CKD) affects many adults worldwide. Persistent low-grade inflammation is a substantial factor in its development and progression and has correlated with increased mortality and cardiovascular problems. This low-grade inflammation is a product ...

Ver PDF

2 Cite

NSAIDs in CKD: Are They Safe?

Baker M, Perazella MA.

Am J Kidney Dis. 2020 Oct;76(4):546-557. doi: 10.1053/j.ajkd.2020.03.023. Epub 2020 May 30.

PMID: 32479922 Review.

Nonsteroidal **anti-inflammatory** drugs (**NSAIDs**) have long been regarded as dangerous for use in patients with CKD because of their risk for nephrotoxicity and thus alternative classes of analgesics, including opioids, have become more commonly used for pain con ...

3 Cite

Non-steroidal Anti-inflammatory Drugs: Clinical Implications, **Renal** Impairment Risks, and AKI.

LaForge JM, Urso K, Day JM, Bourgeois CW, Ross MM, Ahmadzadeh S, Shekoohi S, Cornett EM, Kaye AM, Kaye AD.

Adv Ther. 2023 May;40(5):2082-2096. doi: 10.1007/s12325-023-02481-6. Epub 2023 Mar 22.

PMID: 36947330 Review.

Non-steroidal anti-inflammatory drugs (**NSAIDs**) are among the most common class of drugs utilized for a variety of disorders, including headaches, pain states, fever, and other common conditions. ...**NSAID**-mediated **renal disease** ...

La pregunta clínica

Elementos o componentes + combinación

1er concepto		2º concepto		3 er concepto
Paciente	AND	Intervención	AND	Outcomes
Términos:		**Términos**:		**Términos**:
Adults	AND	Antineoplastic	OR	Survival
Cancer	OR	Anticancer drugs	OR	
Neoplasms	AND	Chemotherapy		
Lung				

Utilizando texto libre

Paciente + **I**ntervención + **O**utcomes

Adults **AND** Cancer **OR** Neoplasms **AND** Lung **AND** Antineoplastic **OR** Anticancer drugs **OR** Chemotherapy **AND** Survival

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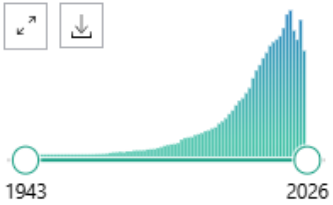
670,847 results

Page 1 of 67,085

RESULTS BY YEAR



PUBLICATION DATE

- 1 year
- 5 years
- 10 years
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TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

1 Cite

Chemotherapy for recurrent/metastatic head and neck **cancers**.

Karabajakian A, Toussaint P, Neidhardt EM, Paulus V, Saintigny P, Fayette J.

Anticancer Drugs. 2017 Apr;28(4):357-361. doi: 10.1097/CAD.0000000000000473.

PMID: 28166090 Review.

Chemotherapy is the only option of treatment for most patients presenting with a recurrent and/or metastatic head and neck squamous cell carcinoma. ...Immunotherapy with nivolumab or pembrolizumab is now a new standard of treatment in second line after yielding an improvem ...

2 Cite

Treatment decisions and **survival** for people with small-cell **lung cancer**.

Powell HA, Tata LJ, Baldwin DR, Potter VA, Stanley RA, Khakwani A, Hubbard RB.

Br J Cancer. 2014 Feb 18;110(4):908-15. doi: 10.1038/bjc.2013.812. Epub 2014 Jan 7.

PMID: 24398511 Free PMC article.

METHODS: We used the National **Lung Cancer** Audit and Hospital Episodes Statistics to determine the proportion of patients who received **chemotherapy** for SCLC, and assess the effects of patient and organisational factors on the odds of receiving **chemotherapy** ...

Ver PDF

3 Cite

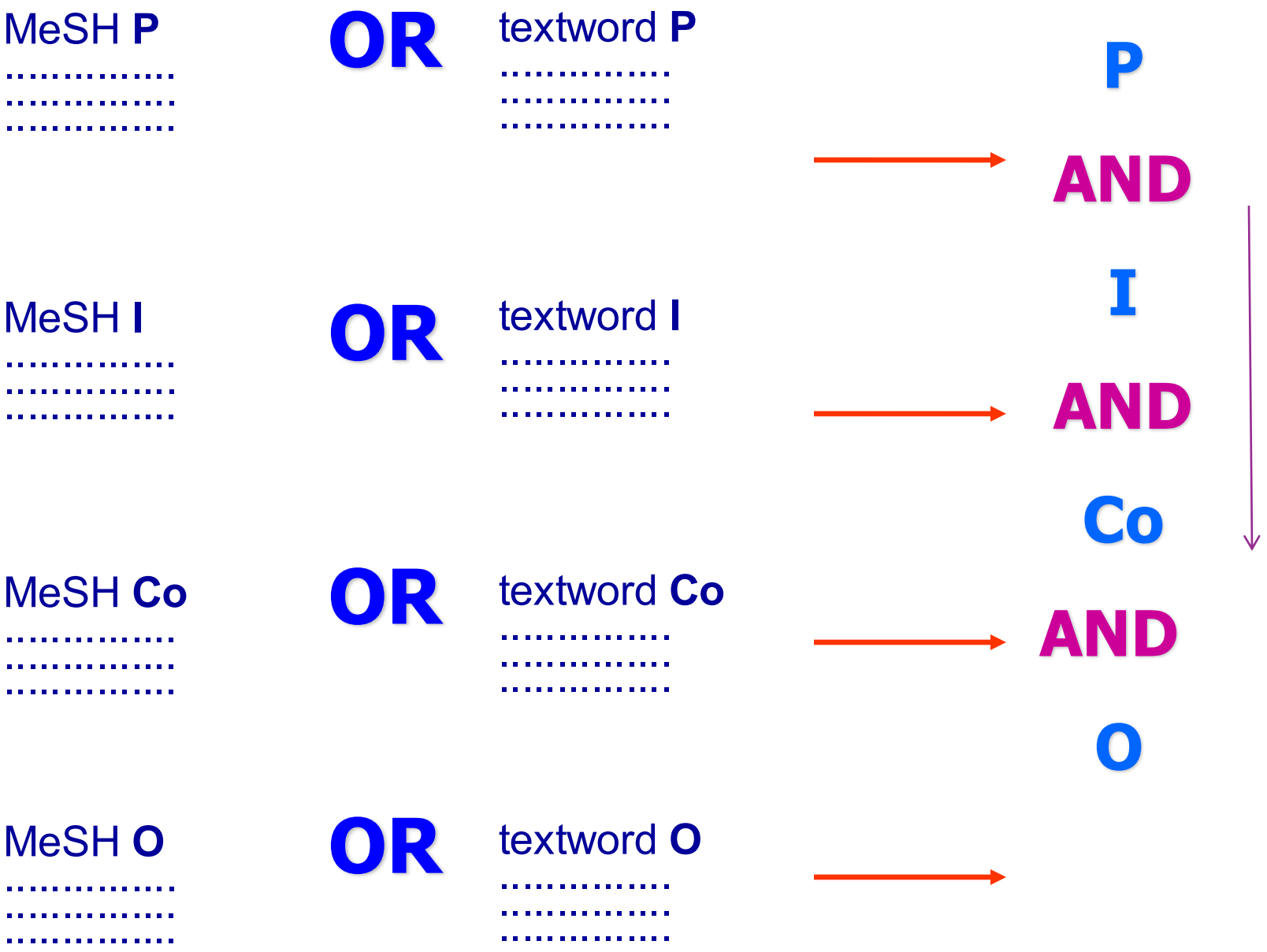
KAT8 enhances the resistance of **lung cancer** cells to cisplatin by acetylation of PKM2.

Li Z, Lu X, Zhang J, Liu T, Xu M, Liu S, Liang J.

Anticancer Drugs. 2024 Sep 1;35(8):732-740. doi: 10.1097/CAD.0000000000001622. Epub 2024 May 20.

PMID: 38771737 Free PMC article.

Cisplatin (CDDP)-based **chemotherapy** resistance is a major challenge for **lung cancer** treatment. PKM2 is the rate-limiting enzyme of glycolysis, which is associated with CDDP resistance. ...In conclusion, KAT8-mediated PKM2 K433 acetylation was associated with ...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MeSH O
OR
textword O
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Utilizando términos MeSH y texto libre

Paciente + **I**ntervención + **O**utcomes

"Adolescent"[Mesh] **OR** young people **AND** "Electronic Nicotine Delivery Systems"[Mesh] **OR** Electronic Cigarette **AND** Efficacy **AND** Safety **AND** "Smoking Cessation"[Mesh]

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"Adolescent"[Mesh] OR young people AND "Electronic Nicotine Delivery Sys

Search

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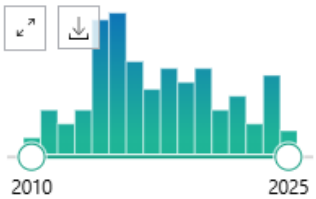
MY CUSTOM FILTERS

130 results

Page 1 of 13

RESULTS BY YEAR



PUBLICATION DATE

- 1 year
- 5 years
- 10 years
- Custom Range

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

- Books and Documents

1 Cite

Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence.

Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, Daluwatta A, Campbell S, Joshy G.

Med J Aust. 2023 Apr 3;218(6):267-275. doi: 10.5694/mja2.51890. Epub 2023 Mar 20.

PMID: 36939271 Free PMC article.

There is limited evidence that freebase **nicotine** e-cigarettes used with clinical support are **efficacious** aids for smoking cessation. ...Better quality evidence is needed regarding the health impact of e-**cigarette** use, their **safety** and **efficacy** f ...

Ver PDF

2 Cite

Treatment of Tobacco Smoking: A Review.

Rigotti NA, Kruse GR, Livingstone-Banks J, Hartmann-Boyce J.

JAMA. 2022 Feb 8;327(6):566-577. doi: 10.1001/jama.2022.0395.

PMID: 35133411 Review.

OBSERVATIONS: Tobacco smoking is a chronic disorder maintained by physical **nicotine** dependence and learned behaviors. Approximately 70% of **people** who smoke cigarettes want to quit smoking. ...The EAGLES trial, a randomized double-blind clinical trial of 8144 **peop** ...

3 Cite

Electronic Nicotine-Delivery Systems for Smoking Cessation.

Auer R, Schoeni A, Humair JP, Jacot-Sadowski I, Berlin I, Stuber MJ, Haller ML, Tango RC, Frei A, Strassmann A, Bruggmann P, Baty F, Brutsche M, Tal K, Baggio S, Jakob J, Sambiagio N, Hopf NB, Feller M, Rodondi N, Berthet A.

N Engl J Med. 2024 Feb 15;390(7):601-610. doi: 10.1056/NEJMoa2308815.

PMID: 38354139 Free article. Clinical Trial.

BACKGROUND: **Electronic nicotine-delivery systems** - also called e-cigarettes - are used by some tobacco smokers to assist with quitting. Evidence regarding the **efficacy** and **safety** of these **systems** is needed. METHODS: In this open-la ...

Appendix 1: Search strategy for MEDLINE/ Pubmed (Updated until September 2024)

#1	("Urinary Bladder Neoplasms"[Mesh])
#2	("urinar*"[Title/Abstract] OR "urologic*"[Title/Abstract] OR "bladder*"[Title/Abstract]) AND ("cancer*"[Title/Abstract] OR "carcinom*"[Title/Abstract] OR "neoplasm*"[Title/Abstract] OR "tumor*"[Title/Abstract] OR "tumour*"[Title/Abstract] OR "malignan*"[Title/Abstract] OR "adenocar*"[Title/Abstract] OR "muscle-invasive*"[Title/Abstract] OR "oncolog*"[Title/Abstract])
#3	(#1 OR #2)
#4	("Palliative Care"[Mesh] OR "Terminal Care"[Mesh] OR "Neoplasm Metastasis"[Mesh])
#5	(palliative*[Title/Abstract] OR end of life*[Title/Abstract] OR end of live*[Title/Abstract] OR terminal*[Title/Abstract] OR metasta*[Title/Abstract] OR BSC[Title/Abstract] OR supportive care*[Title/Abstract] OR advanced*[Title/Abstract] OR unresect*[Title/Abstract] OR irresect*[Title/Abstract] OR nonresect*[Title/Abstract] OR non resect*[Title/Abstract] OR inopera*[Title/Abstract] OR unopera*[Title/Abstract] OR nonopera*[Title/Abstract] OR non opera*[Title/Abstract] OR non-opera*[Title/Abstract] OR stage III[Title/Abstract] OR stage IV[Title/Abstract])
#6	(#4 OR #5)
#7	(#3 AND #6)
#8	("Antineoplastic Protocols"[Mesh] OR "Chemoradiotherapy"[Mesh] OR "Induction Chemotherapy"[Mesh] OR "Maintenance Chemotherapy"[Mesh] OR "Consolidation Chemotherapy"[Mesh])
#9	(antineoplastic*[Title/Abstract] OR antineoplasic*[Title/Abstract] OR chemotherap*[Title/Abstract] OR chemoradiotherap*[Title/Abstract] OR radiochemotherap*[Title] OR carboplatin*[Title/Abstract] OR Paraplatin*[Title/Abstract] OR cisplatin*[Title/Abstract] OR oxaliplatin*[Title/Abstract] OR platin*[Title/Abstract] OR doxorubicin*[Title/Abstract] OR adriamycin*[Title/Abstract] OR Methotrexate*[Title/Abstract] OR vinblastine*[Title/Abstract] OR Velban*[Title/Abstract] OR thiotepa*[Title/Abstract] OR valrubicin*[Title/Abstract] OR Valstar*[Title/Abstract] OR fluorouracil*[Title/Abstract] OR 5-FU[Title/Abstract] OR ifosfamide*[Title/Abstract] OR paclitaxel*[Title/Abstract] OR gemcitabine*[Title/Abstract] OR gemzar[Title/Abstract] OR mitomycin*[Title/Abstract])
#10	(#8 OR #9)
#11	("Molecular Targeted Therapy"[Mesh] OR "Antibodies, Monoclonal"[Mesh] OR "Cancer Va
#12	(Target*[Title] OR antibod*[Title] OR immunotherap*[Title/Abstract] OR Interferon alpha[Ti vaccine[Title] OR vaccines[Title] OR vaccination[Title] OR Bacillus Calmette-Guerin[Title/A nivolumab[Title/Abstract] OR opdivo[Title/Abstract] OR pembrolizumab[Title/Abstract] OR avelumab[Title/Abstract] OR Atezolizumab[Title/Abstract] OR Tecentriq[Title/Abstract] OR vedotin*[Title/Abstract] OR Sacituzumab govitecan[Title/Abstract] OR Trodelvy[Title/Abstra OR durvalumab[Title/Abstract] OR Imfinzi[Title/Abstract])

#13	(#11 OR #12)
#14	(#10 OR #13)
#15	(#7 AND #14)
#16	(animals [mh] NOT humans [mh])
#17	(#15 NOT #16)
#18	((clinical trial [pt] OR randomized [tiab] OR placebo [tiab] OR clinical trials [mh] OR randomly [tiab] OR trial [ti]))
#19	(#17 AND #18)

Truncar términos

El **truncado** permite recuperar todos los términos que poseen la misma raíz.

(*) al final de un término — PubMed busca todas las palabras que tengan la misma cadena de letras como raíz

neurol* neurology, neuroleptic, neurologic

child* children, childhood

Infect* Infected, infection, infections

"No localiza frases"

Calificadores de campos o etiquetas (tags)

- Cada campo de un registro bibliográfico se identifica mediante una **etiqueta** de dos o más letras (calificadores de campo).
- Se pueden añadir a continuación de cada término entre corchetes

Cysticercosis **[mh]** AND Perlman **[au]**

Asthma/therapy **[mh]** AND review **[pt]**

Preschool **[mh]** AND english **[la]** AND 1999 **[dp]**

[mh]: MeSH Terms – Términos MeSH

[au, auth]: Author Name – Autores

[pt, ptyp]: Publication Type – Tipo de publicación

[dp, pdat]: Publication Daqte – Fecha de publicación

"No importa si se escriben en mayúscula o minúscula"

Etiquetas (tags)

Affiliation [AD]	Investigator [IR]	Pharmacological Action [PA]
Article Identifier [AID]	ISBN [ISBN]	Place of Publication [PL]
All Fields [ALL]	Issue [IP]	PMID [PMID]
Author [AU]	Journal [TA]	Publisher [PUBN]
Author Identifier [AUID]	Language [LA]	Publication Date [DP]
Book [book]	Last Author [LASTAU]	Publication Type [PT]
Comment Corrections	Location ID [LID]	Secondary Source ID [SI]
Corporate Author [CN]	MeSH Date [MHDA]	Subset [SB]
Create Date [CRDT]	MeSH Major Topic [MAJR]	Supplementary Concept[NM]
Completion Date [DCOM]	MeSH Subheadings [SH]	Text Words [TW]
EC/RN Number [RN]	MeSH Terms [MH]	Title [TI]
Editor [ED]	Modification Date [LR]	Title/Abstract [TIAB]
Entrez Date [EDAT]	NLM Unique ID [JID]	Transliterated Title [TT]
Filter [FILTER]	Other Term [OT]	UID [PMID]
First Author Name [1AU]	Owner	Version
Full Author Name [FAU]	Pagination [PG]	Volume [VI]
Full Investigator Name [FIR]	Personal Name as Subject [PS]	
Grant Number [GR]		

https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/020_710.html

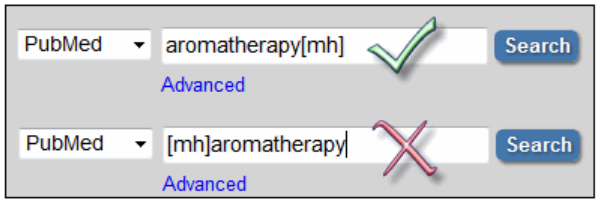
Tabla con los calificadores de campos o etiquetas / tags

Nombre del campo	Abreviatura	Descripción
Affiliation - Dirección	[AD, AFFL]	Dirección y filiación institucional del primer autor y número de ayuda económica.
All Fields - Todos los campos	[ALL]	Incluye todos los campos de búsqueda de PubMed.
Author Name - Autores	[AU, AUTH]	Desde el año 2000 Medline no pone límite al número de autores. Hasta 1999 incluía los 25 primeros autores seguido de la abreviatura et al. El formato para buscar un autor es Apellido, seguido de espacio y la/s primeras iniciales sin puntos (ej., Fauci AS). Se pueden omitir las iniciales al buscar.
Corrected and republished from	[CRF]	Versión corregida y publicada nuevamente.
Corrected and republished in	[CRI]	Artículo original que fue corregido y vuelto a publicar
E.C./RN	[RN, ECNO]	Número asignado por la Comisión de Enzimas (E.C.). Número para designar una enzima en particular y el listado RN del Chemical Abstracts Service (CAS) Registry Numbers.
Entrez Date -Fecha de ingreso	[EDAT]	Contiene la fecha que la cita fue agregada a PubMed, en el formato aaaa/mm/dd [edat], ej., 1998/01/10 [edat].
Erratum for	[EFR]	Errata: cita el artículo original que necesita corrección.
Full Author Name	[FAU]	Apellido y nombre completo del autor.
Full Investigator	[FIR]	Apellido completo e inicial del nombre del investigador.
Full Personal Name as Subject	[FPS]	Nombre personal como materia.
General Note	[GN]	Información suplementaria o descriptiva relacionada con el documento.
Grant Number	[GR]	Números de identificación de las agencias de financiación norteamericanas US PHS o Wellcome Trust.
Issue - Número	[IP, ISSUE]	Número del volumen de la revista en la cual el artículo se encuentra publicado.
Investigator	[IR]	NASA-investigador principal.
Investigator Affiliation	[IRAD]	Afiliación NASA del investigador principal.
Journal Name - Nombre de la publicación	[TA, JOUR]	La abreviatura del título de la revista, el título completo o el número ISSN (ej., J Biol Chem, Journal of Biological Chemistry, 0021-9258).
Full Journal Title	[JT]	Nombre completo de la revista procedente de la NLM
Language - Idioma	[LA, LANG]	
MeSH Major Topic - MeSH tópico principal	[MAJR]	Término MeSH que cubre los aspectos más relevantes de un artículo
MeSH Terms - Términos MeSH	[MH,MESH]	El vocabulario controlado de la NLM's (Medical Subject Headings) sobre términos biomédicos que se usan para describir cada artículo de una revista científica en MEDLINE.
Other Abstract	[OAB]	Resumen suministrado por un organismo colaborador de la NLM.
Other Copyright Information	[OCI]	Otra información del Copyright.
Other ID	[OID]	Otros datos de identificación del ID.
Original Report In	[ORI]	Informe original asociado al sumario para el paciente.
Other Term	[OT]	Términos no-MeSH adjudicados por otra organización (OTO).
Other Term Owner	[OTO]	Organización que proporcionó otros datos del término.
Owner	[OWN]	Siglas de la organización que proveyeron datos de la

Search Field Tags

Terms may be qualified using PubMed's search field tags. A list of the available field names, tags, and brief field descriptions may be found in the PubMed Help under Search Field Descriptions and Tags.

- Each search term should be followed (qualified) with the appropriate search field tag that indicates which field will be searched.
- The search field tag must follow the term -- you cannot prequalify.
- In the example, **aromatherapy[mh]** is correct and **[mh] aromatherapy** is incorrect.
- Tags are enclosed in square brackets.



Reminders:

- **Boolean** operators -- AND, OR, NOT -- must be entered in uppercase letters.
- Boolean operators are processed from left to right.
- Use parentheses to nest terms together so they will be processed as a unit and then incorporated into the overall strategy.

Click on the links below to learn detailed information about these fields.

MeSH Headings [MH]
Subheadings [SH]
Pharmacologic Action [PA]
Text Words [TW]
Corporate Author [CN]
Personal Name as Subject [PS]
Place of Publication [PL]
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PubMed Unique Identifier [PMID]
Affiliation [AD]
Grant Number [GR]

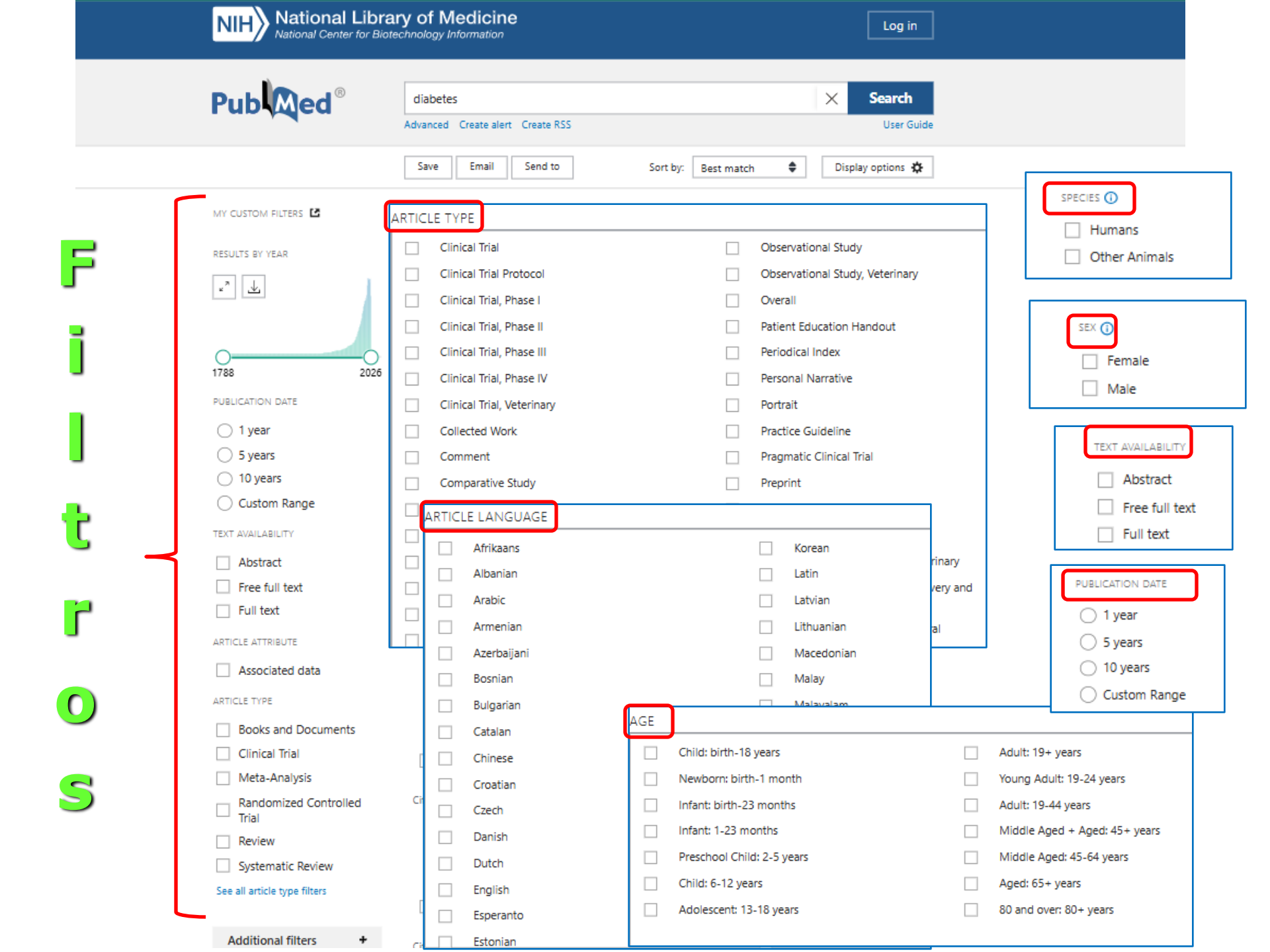
https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/020_710.html

Filtros

Estrategias predefinidas para restringir el número de artículos recuperados a aquellos que respondan a unos criterios de relevancia en función del diseño del estudio.

Limitar las búsquedas

- por tipos de publicación
- filtros metodológicos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Observational Study, Veterinary
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Personal Narrative
Portrait
Practice Guideline
Pragmatic Clinical Trial
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ARTICLE LANGUAGE
Afrikaans
Albanian
Arabic
Armenian
Azerbaijani
Bosnian
Bulgarian
Catalan
Chinese
Croatian
Czech
Danish
Dutch
English
Esperanto
Estonian
Korean
Latin
Latvian
Lithuanian
Macedonian
Malay
AGE
Child: birth-18 years
Newborn: birth-1 month
Infant: birth-23 months
Infant: 1-23 months
Preschool Child: 2-5 years
Child: 6-12 years
Adolescent: 13-18 years
Adult: 19+ years
Young Adult: 19-24 years
Adult: 19-44 years
Middle Aged + Aged: 45+ years
Middle Aged: 45-64 years
Aged: 65+ years
80 and over: 80+ years
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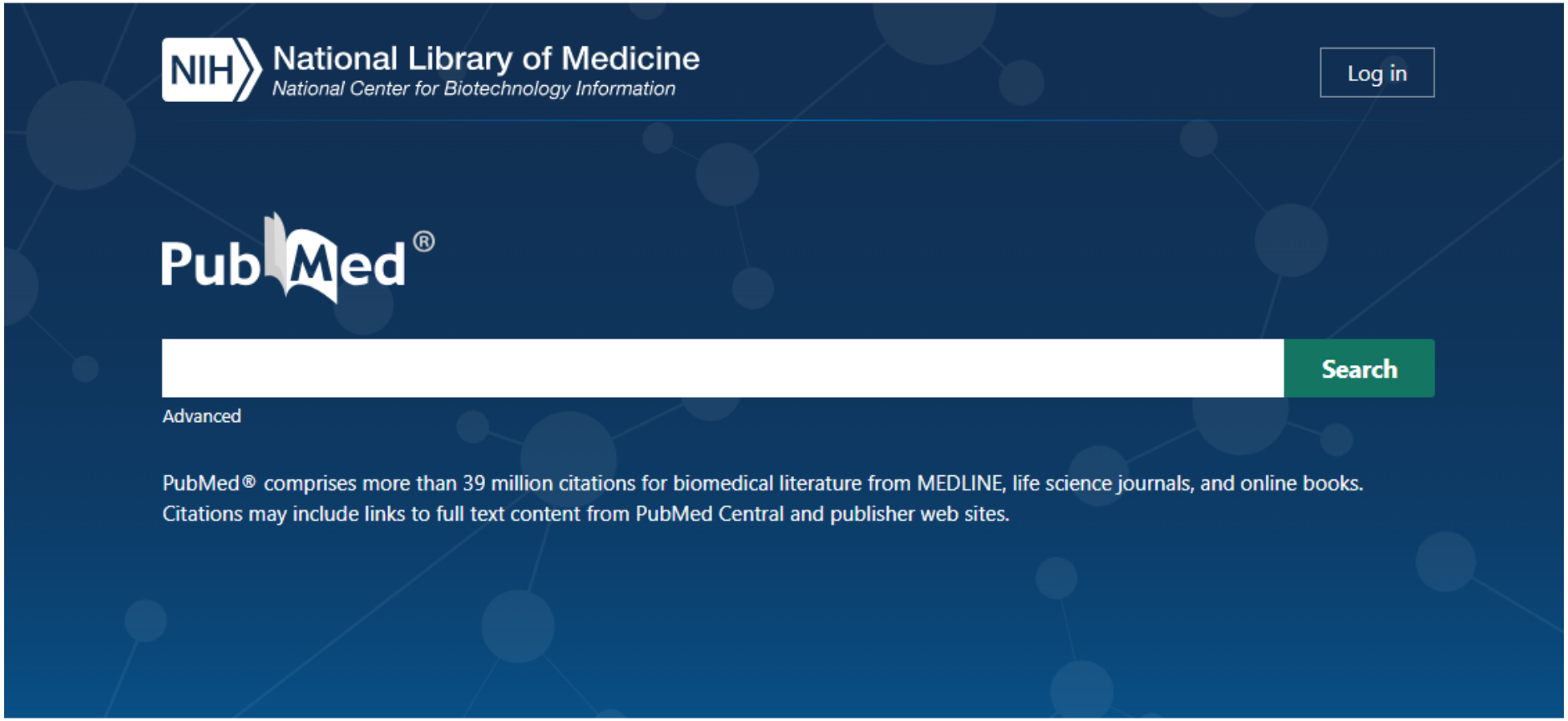
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E-utilities API
FTP
Batch Citation Matcher
Explore
MeSH Database
Journals

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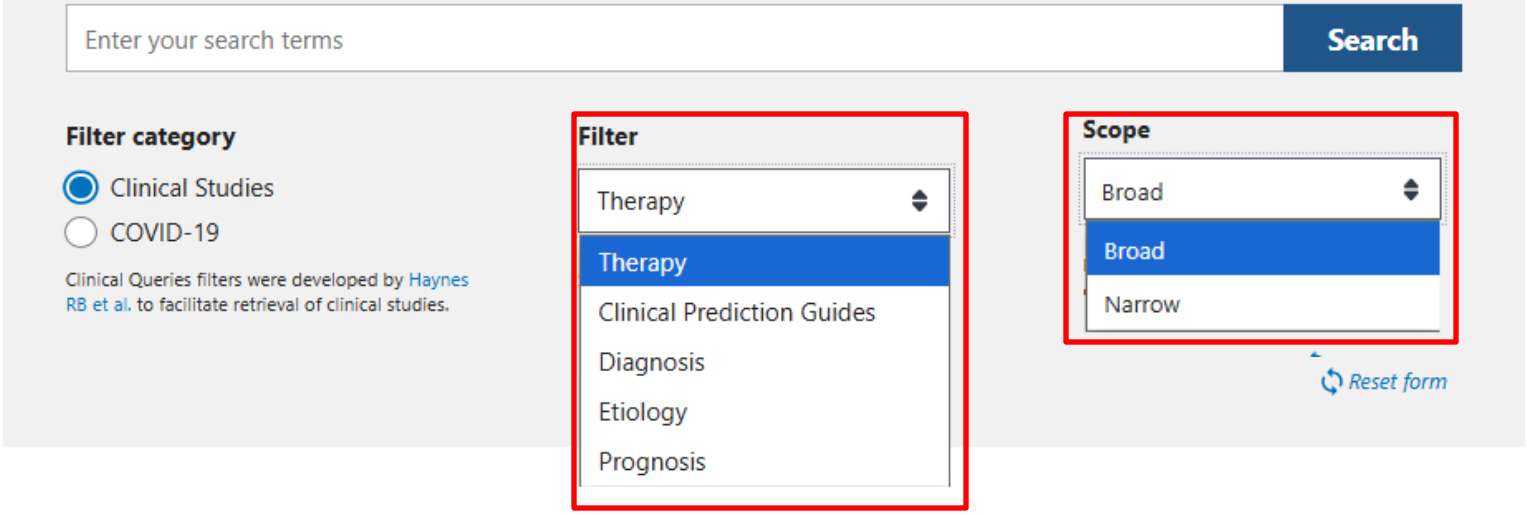
Filtros (Clinical Queries)

PubMed Clinical Queries

This tool uses predefined filters to help you quickly refine PubMed searches on clinical or disease-specific topics. To use this tool, enter your search terms in the search bar and select filters before searching.



Clinical Queries using Research Methodology Filters

Category	Optimized For	Sensitive/ Specific	PubMed Equivalent
therapy	sensitive/broad	99%/70%	((clinical[Title/Abstract] AND trial[Title/Abstract]) OR clinical trials[MeSH Terms] OR clinical trial[Publication Type] OR random*[Title/Abstract] OR random allocation[MeSH Terms] OR therapeutic use[MeSH Subheading])
	specific/narrow	93%/97%	(randomized controlled trial[Publication Type] OR (randomized[Title/Abstract] AND controlled[Title/Abstract] AND trial[Title/Abstract]))
diagnosis	sensitive/broad	98%/74%	(sensitiv*[Title/Abstract] OR sensitivity and specificity[MeSH Terms] OR diagnos* [Title/Abstract] OR diagnosis[MeSH:noexp] OR diagnostic * [MeSH:noexp] OR diagnosis,differential[MeSH:noexp] OR diagnosis[Subheading:noexp])
	specific/narrow	64%/98%	(specificity[Title/Abstract])
etiology	sensitive/broad	93%/63%	(risk*[Title/Abstract] OR risk*[MeSH:noexp] OR risk *[MeSH:noexp] OR cohort studies[MeSH Terms] OR group*[Text Word])
	specific/narrow	51%/95%	((relative[Title/Abstract] AND risk*[Title/Abstract]) OR (relative risk[Text Word]) OR risks[Text Word] OR cohort studies[MeSH:noexp] OR (cohort[Title/Abstract] AND stud* [Title/Abstract]))
prognosis	sensitive/broad	90%/80%	(incidence[MeSH:noexp] OR mortality[MeSH Terms] OR follow up studies[MeSH:noexp] OR prognos*[Text Word] OR predict*[Text Word] OR course*[Text Word])
	specific/narrow	52%/94%	(prognos*[Title/Abstract] OR (first[Title/Abstract] AND episode[Title/Abstract]) OR cohort[Title/Abstract])
clinical prediction guides	sensitive/broad	96%/79%	(predict*[tiab] OR predictive value of tests[mh] OR scor*[tiab] OR observ*[tiab] OR observer variation[mh])
	specific/narrow	54%/99%	(validation[tiab] OR validate[tiab])

The Clinical Queries search filters are based on the work of Haynes RB et al.

http://www.ncbi.nlm.nih.gov/books/NBK3827/#pubmedhelp.Medical_Genetics_Search_Filte

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PubMed Clinical

This tool uses predefined filter
your search terms in the searc

diabetes

Filter category

Clinical Studies

COVID-19

Clinical Queries filters were deve
RB et al. to facilitate retrieval of

Results for Clinical

5 of 323,748 results sorted by: Mos

See all results in PubMed (323,748

The Comparative Effects of Wh
Health in Individuals with Type
Akhavan NS, et al. Curr Dev Nutr. 2

SGLT-2 Inhibitors Are Potent t
Leukemia/Lymphoma: Unique
Morichika K, et al. EJHaem. 2025. P

Risk Factors of Subclinical Left

PubMed Clinical Queries

This tool uses predefined filters to help you quickly refine PubMed searches on clinical or disease-specific topics. To use this tool, enter your search terms in the search bar and select filters before searching.

diabetes

Search

Filter category

Clinical Studies

COVID-19

Clinical Queries filters were developed by Haynes RB et al. to facilitate retrieval of clinical studies.

Filter

Therapy

See Clinical Queries filter details.

Scope

Narrow

Returns fewer results: more specific, but less comprehensive. See filter details.

Reset form

Results for Clinical Studies: Therapy/Narrow

5 of 43,618 results sorted by: Most Recent

See all results in PubMed (43,618)

Time restricted eating and exercise training before and during pregnancy for people with increased risk of gestational diabetes: single centre randomised controlled trial (BEFORE THE BEGINNING).
Sujan MJ, et al. BMJ. 2025. PMID: 40925657 Clinical Trial.

EXPRESS: Effects of Magnesium and Potassium on Insulin Resistance and Blood Sugar Level among Insomniac Patients with Diabetes Mellitus-A Randomized Control Trial.
Khalid S, et al. J Investig Med. 2025. PMID: 40923590

Effect of Empagliflozin on the plasma lipidome in patients with type 2 diabetes mellitus: results from the EmDia clinical trial.

Filtros para Ensayos Clínicos (MEDLINE):

((clinical trial [pt] OR randomized [tiab] OR placebo [tiab] OR clinical trials [mh] OR randomly [tiab] OR trial [ti]) NOT (animal [mh] NOT human [mh]))

Handbook Cochrane/ Glanville JM, Lefebvre C, Miles JN, Camosso-Stefinovic J. How to identify randomized controlled trials in MEDLINE: ten years on. J Med Libr Assoc. 2006;94(2):130-6

Filtros para Revisiones Sistemáticas(MEDLINE):

((meta-analysis [pt] OR meta-analysis [tw] OR metanalysis [tw]) OR ((review [pt] OR guideline [pt] OR consensus [ti] OR guideline* [ti] OR literature [ti] OR overview [ti] OR review [ti]) AND ((Cochrane [tw] OR Medline [tw] OR CINAHL [tw] OR (National [tw] AND Library [tw])) OR (handsearch* [tw] OR search* [tw] OR searching [tw]) AND (hand [tw] OR manual [tw] OR electronic [tw] OR bibliographi* [tw] OR database* OR (Cochrane [tw] OR Medline [tw] OR CINAHL [tw] OR (National [tw] AND Library [tw])))))) OR ((synthesis [ti] OR overview [ti] OR review [ti] OR survey [ti]) AND (systematic [ti] OR critical [ti] OR methodologic [ti] OR quantitative [ti] OR qualitative [ti] OR literature [ti] OR evidence [ti] OR evidence-based [ti])))

BUT NOT (case* [ti] OR report [ti] OR editorial [pt] OR comment [pt] OR letter [pt])

Eff Clin Pract 2001;4(4):157-62

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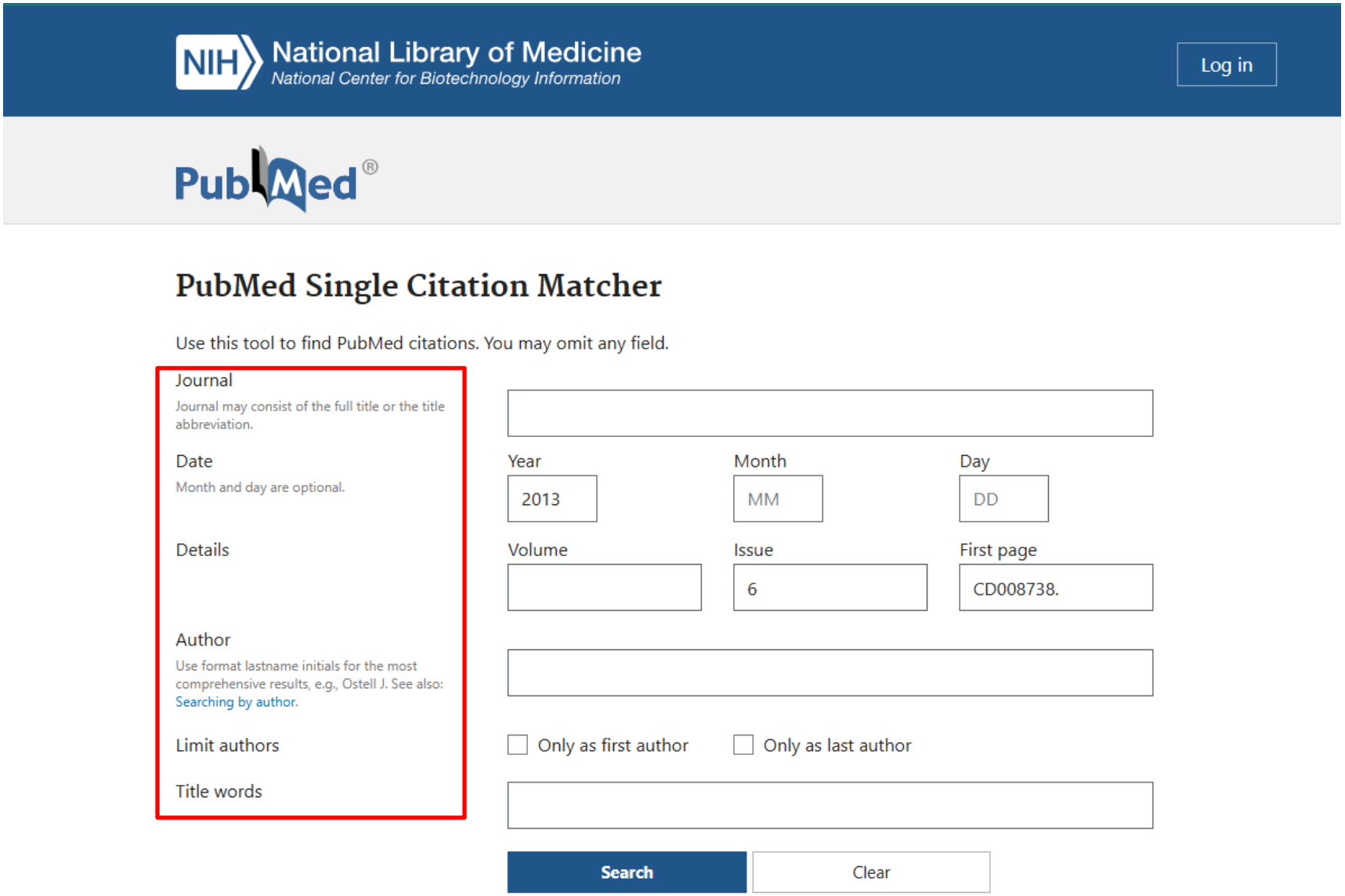
MeSH Database
Journals

Barajas-Nava LA, López-Alcalde J, Roqué I Figuls M, Solà I, Bonfill Cosp X.Antibiotic prophylaxis for preventing burn wound infection. Cochrane Database Syst Rev. 2013 Jun 6;6:CD008738.



Meta-Analysis > Cochrane Database Syst Rev. 2013 Jun 6;2013(6):CD008738.
doi: 10.1002/14651858.CD008738.pub2.

Antibiotic prophylaxis for preventing burn wound infection

Leticia A Barajas-Nava [1], Jesús López-Alcalde, Marta Roqué i Figuls, Ivan Solà, Xavier Bonfill Cosp

Affiliations + expand

PMID: 23740764 PMCID: PMC11303740 DOI: 10.1002/14651858.CD008738.pub2

Abstract

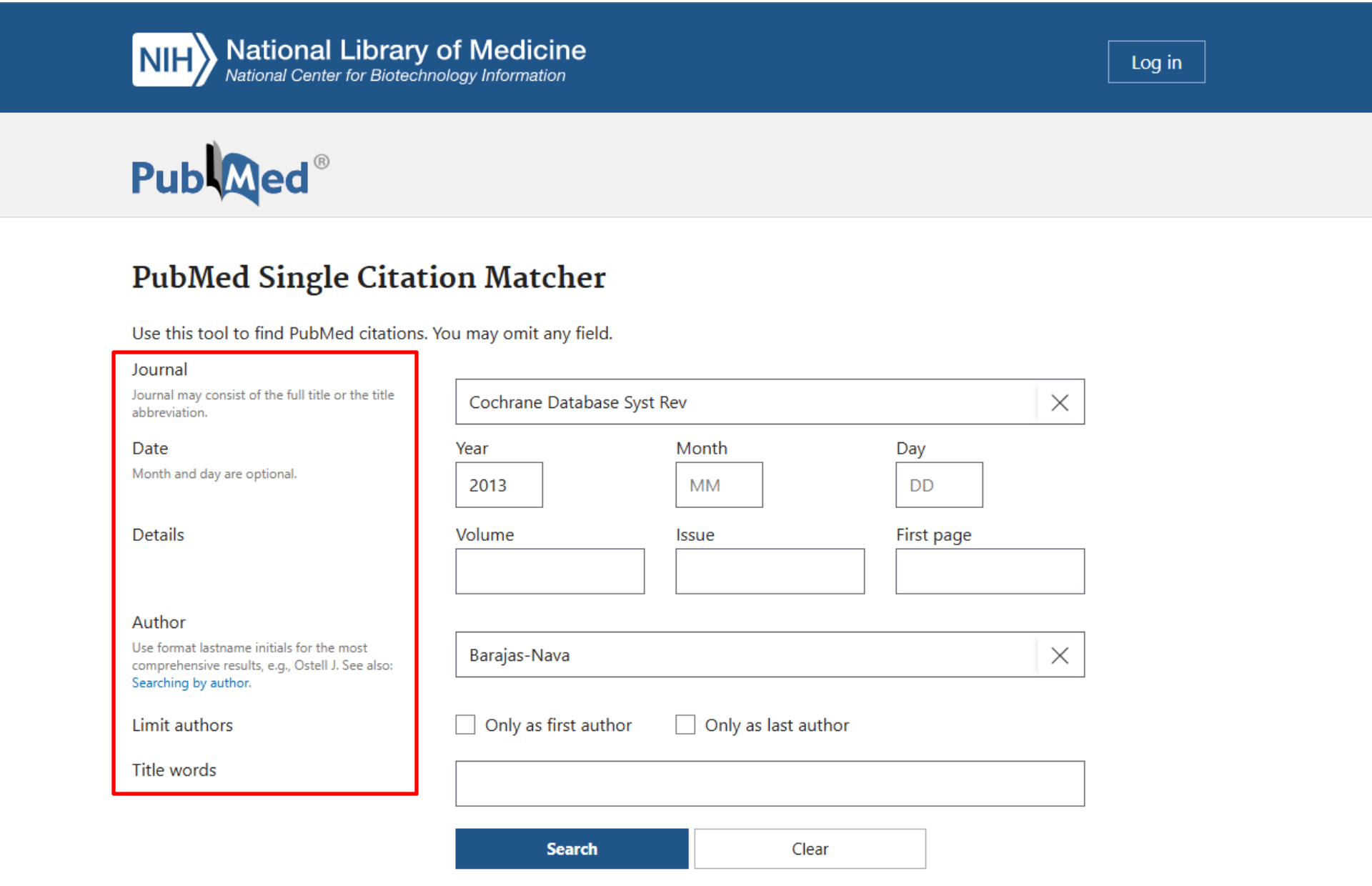
Background: Infection of burn wounds is a serious problem because it can delay healing, increase scarring and invasive infection may result in the death of the patient. Antibiotic prophylaxis is one of several interventions that may prevent burn wound infection and protect the burned patient from invasive infections.

Objectives: To assess the effects of antibiotic prophylaxis on rates of burn wound infection.

Search methods: In January 2013 we searched the Wounds Group Specialised Register; The Cochrane Central Register of Controlled Trials (CENTRAL); Ovid MEDLINE; Ovid MEDLINE - In-Process & Other Non-Indexed Citations (2013); Ovid EMBASE; EBSCO CINAHL and reference lists of relevant articles. There were no restrictions with respect to language, date of publication or study setting.

Selection criteria: All randomised controlled trials (RCTs) that evaluated the efficacy and safety of antibiotic prophylaxis for the prevention of BWI. Quasi-randomised studies were excluded.

Barajas-Nava LA, López-Alcalde J, Roqué I Figuls M, Solà I, Bonfill Cosp X.Antibiotic prophylaxis for preventing burn wound infection. Cochrane Database Syst Rev. 2013 Jun 6;6:CD008738.



Meta-Analysis > Cochrane Database Syst Rev. 2013 Jun 6;2013(6):CD008738.
doi: 10.1002/14651858.CD008738.pub2.

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pneumonia AND treatment AND child

Search

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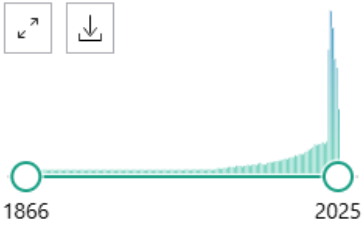
MY CUSTOM FILTERS

50,321 results

Page 1 of 5,033

RESULTS BY YEAR



PUBLICATION DATE

- 1 year
- 5 years
- 10 years
- Custom Range

TEXT AVAILABILITY

- Abstract
- Free full text

1 Cite

Laboratory diagnosis and **treatment** of Mycoplasma **pneumoniae** infection in **children**: a review.

Gao L, Sun Y.

Ann Med. 2024 Dec;56(1):2386636. doi: 10.1080/07853890.2024.2386636. Epub 2024 Aug 3.

PMID: 39097794 Free PMC article. Review.

Mycoplasma **pneumoniae** (MP) is the cause of Mycoplasma **pneumoniae pneumonia** (MPP) in **children** and adolescents, with the clinical manifestations highlighted by intermittent irritating cough, accompanied by headache, fever and muscle pain. ...Other **tre** ...

Searching

2 Cite

Complicated **pneumonia** in **children**.

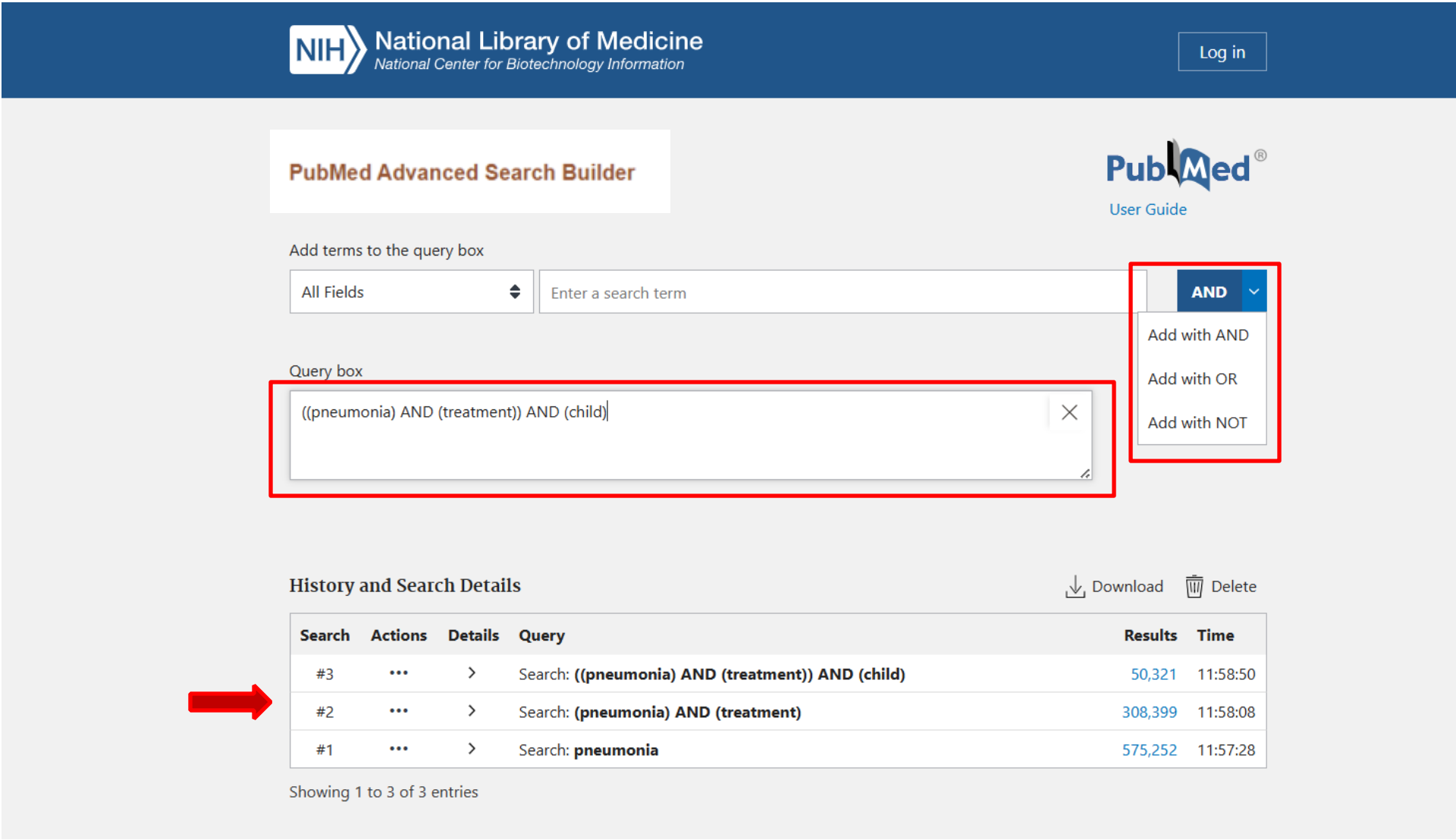
de Benedictis FM, Kerem E, Chang AB, Colin AA, Zar HJ, Bush A.

Lancet. 2020 Sep 12;396(10253):786-798. doi: 10.1016/S0140-6736(20)31550-6.

PMID: 32919518 Review.

Complicated community-acquired **pneumonia** in a previously well **child** is a severe illness characterised by combinations of local complications (eg, parapneumonic effusion, empyema, necrotising **pneumonia**, and lung abscess) and systemic complications (eg, bactera ...

Childhood community-acquired **pneumonia**.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PubMed Advanced Search Builder
PubMed
User Guide
Add terms to the query box
All Fields
Enter a search term
AND
Add with AND
Add with OR
Add with NOT
Query box
((pneumonia) AND (treatment)) AND (child)
History and Search Details
Download
Delete
Search
Actions
Details
Query
Results
Time
#3
Search: ((pneumonia) AND (treatment)) AND (child)
50,321
11:58:50
#2
Search: (pneumonia) AND (treatment)
308,399
11:58:08
#1
Search: pneumonia
575,252
11:57:28
Showing 1 to 3 of 3 entries

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Collections
Citation manager

Sort by: Best match

Display options

MY CUSTOM FILTERS

667,994 r

Page 1 of 66,800

RESULTS BY YEAR

1797 2026

PUBLICATION DATE

- 1 year
- 5 years
- 10 years
- Custom Range

TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

1 Cite

ogenetic Role in **Diabetes Mellitus** and Its Complications
roaches to Correction.

a LI, Kolesnikov SI.

y;71(2):179-189. doi: 10.1007/s10517-021-05191-7. Epub 2021 Jun 26.

PMID: 34173033 Free PMC article. Review.

The review presents modern views about the role of oxidative stress reactions in the pathogenesis of types 1 and 2 **diabetes mellitus** and their complications based on the analysis of experimental and clinical studies. ...The results of our studies demonstrated signif ...

2 Cite

Diabetes mellitus: an overview of the types, symptoms, complications and management.

Cloete L.

Nurs Stand. 2022 Jan 5;37(1):61-66. doi: 10.7748/ns.2021.e11709. Epub 2021 Oct 28.

PMID: 34708622 Review.

The incidence of **diabetes mellitus** is rapidly increasing, and this condition often results in significant metabolic disease and severe complications. ...It also outlines the nurse's role in **diabetes** care, which frequently includes assessing and empowering pat ...

3

Diagnosis and classification of **diabetes mellitus**.

American Diabetes Association.

Valoración de resultados

Valoración de los resultados (I)

No responden a la pregunta:

- No se han escogido bien los términos o no se han combinado adecuadamente

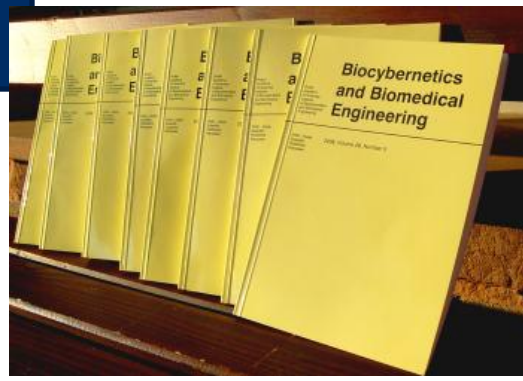
- Revisar la selección y la combinación

Valoración de resultados (II)

Pocos artículos recuperados:

- Revisar que los términos estén bien escritos
- Identificar otros descriptores relacionados
- Utilizar lenguaje natural
- Utilizar un descriptor más genérico
- "Explotar" el descriptor si no se ha hecho

Valoración de resultados (III)



Muchos artículos recuperados:

- Identificar descriptores más específicos
- Añadir calificadores
- Identificar otros descriptores adicionales y relevantes para combinar con **AND**
- Limitar la búsqueda (con filtros)

Consideraciones para una estrategia de búsqueda electrónica

- Empieza desglosando los componentes de tu pregunta (PICO)
- Define los **términos principales**
- Busca **sinónimos** para tus términos
- Identifica los términos *controlados (MeSH)*
- Añade términos *libres*

- Considera estrategias para encontrar un número de citas más ajustado (filtros? limitadores?)
- Revisa los abstracts y valora modificaciones
- Aplica la estrategia a otras bases de datos (considera las adaptaciones a cada una)

Otros Recursos Electrónicos para una Búsqueda Eficiente

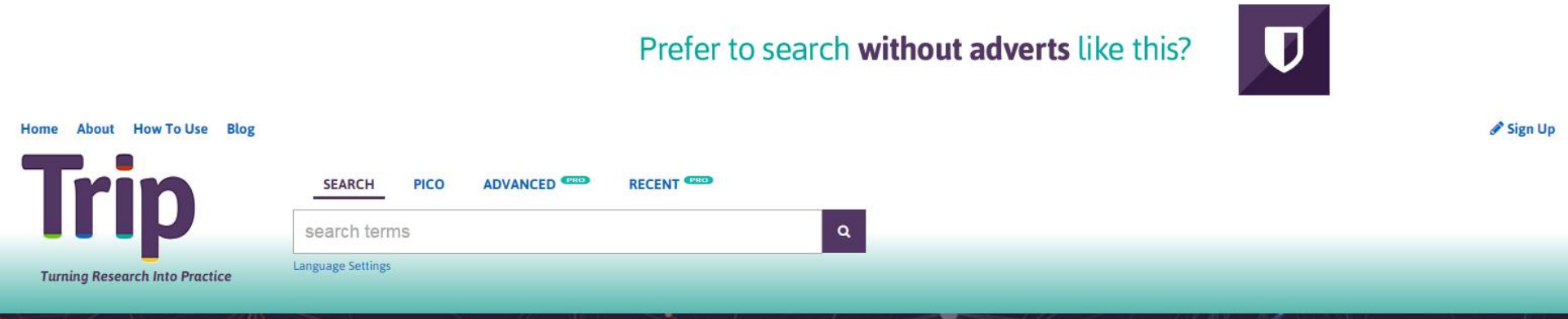
Metabuscadores

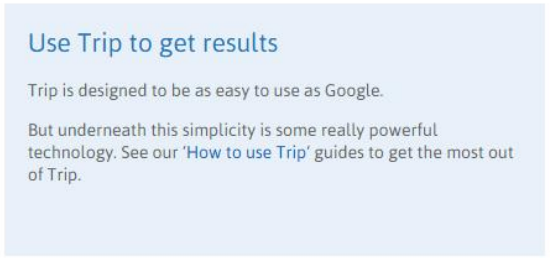
www.tripdatabase.com/

www.epistemonikos.org

www.healthsystemsevidence.org

TRIP Database



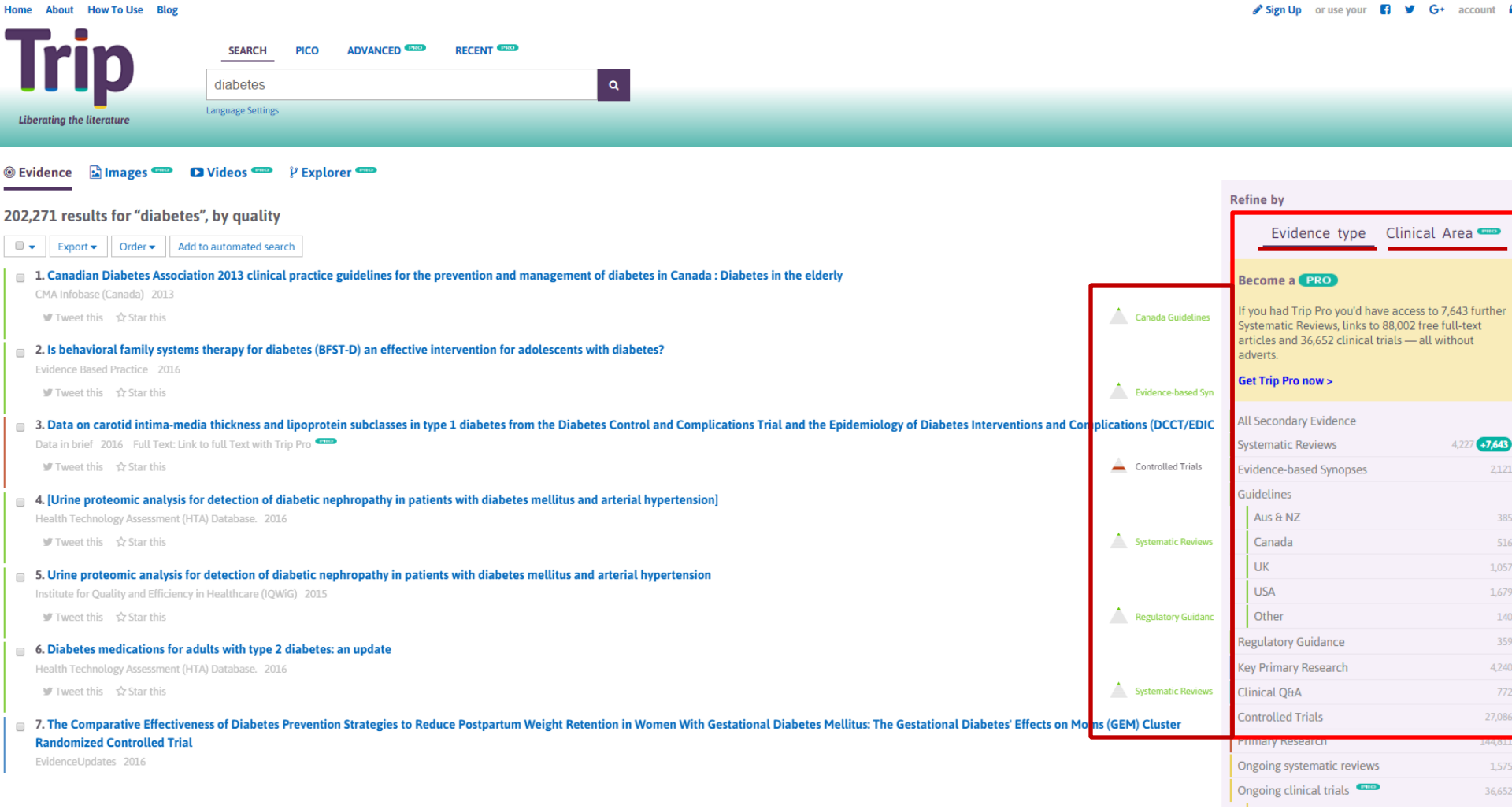


Evidence type:

- Systematic Reviews
- Evidence-based synopses
- Guidelines
- Controlled Trials
- Primary Research
- Blogs
- eTextbooks

http://www.tripdatabase.com/

TRIP Database



Epistemonikos

Combinamos **lo mejor de la atención sanitaria basada en evidencia** y **las tecnologías de la información** para apoyar a quienes toman decisiones clínicas o de política sanitaria.

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Buscar en Epistemonikos | Búsqueda avanzada

Qué están diciendo...

EpistemonikosEs
@EpistemonikosEs
Deambulación precoz versus reposo para pacientes con trombosis venosa profunda (resumen Epistemonikos)
medwave.cl/link.cgi/Medwa...
30 jun

EpistemonikosEs retwitteó
Epistemonikos
@epistemonikos

Epistemonikos en pocas palabras

BUSCA LA RESPUESTA A TU PREGUNTA
Busca en tu idioma o en inglés. Tan simple como buscar en Google.

MEDICINA BASADA EN EVIDENCIA
Conectamos los distintos tipos de artículos usando esta metodología para guiar hacia la información más confiable.

LA INFORMACIÓN EN TU IDIOMA
A diferencia de cualquier otro sitio, el total de la información es traducida a todos los idiomas.

http://www.epistemonikos.org/es

neumonia

Búsqueda avanzada

Filtrar resultados

Por categoría
Todos
Revisiones Panorámicas (6)
Revisiones Sistemáticas (688)
Resúmenes Estructurados (158)
Estudios primarios (2490)

Por año
Todos
Último año
Últimos 5 años
Últimos 10 años
Rango personalizado

Por país
Seleccionar países
Filtrar

Resultados: 1-10 de 3342

Mostrar traducción automática (Términos de uso)

Estudio primario

Appropriateness and delay to initiate therapy in ventilator-associated pneumonia.

AUTORES » Luna CM , Aruj P , Niederman MS , Garzón J , Violi D , Prignoni A - **More**
REVISTA » The European respiratory journal
AÑO » 2006
ENLACES » Pubmed , DOI
Este artículo está incluido en 1 Revisión Sistemática

Revisión Sistemática

Corticosteroids for pneumonia

AUTORES » Yuanjing Chen , Ka Li , Hongshan Pu , Taixiang Wu
REVISTA » Cochrane Database of Systematic Reviews
AÑO » 2011
ENLACES » Pubmed , DOI
Este artículo incluye 6 Estudios primarios

Resumen Estructurado de Revisiones Sistemáticas

Reducing pneumonia readmissions

AUTORES » Lavenberg JG , Williams K
REVISTA » HTA Database
AÑO » 2012
ENLACES » Health Technology Assessment (HTA) , Fulltext

Estudio primario

Community understanding of pneumonia in Kenya.

AUTORES » Irimu G , Nduati RW , Wafula E , Lenja J
REVISTA » African health sciences
AÑO » 2008
ENLACES » Pubmed

Este artículo está incluido en 1 Revisión Sistemática

Estudios primarios incluidos en esta revisión sistemática

Estudio primario

tratamiento con prednisona adyuvante para pacientes con neumonía adquirida en la comunidad: un estudio multicéntrico, doble ciego, aleatorizado, controlado con placebo.

Autores » Blum CA , Nigro N , Briel M , Schuetz P , Ullmer E , Suter-Widmer I , Winzeler B , Bingisser R , Elsaesser H , Drozdov D , Arici B , Urwyler SA , Refardt J , Tarr P , Wirz S , Thomann R , Baumgartner C , Duplain H , Burki D , Zimmerli W , Rodondi N , Mueller B , Christ-Crain M

Revista » Lancet (London, England)

Año » 2015

Enlaces » Pubmed , DOI

Este artículo está incluido en 10 Revisiones sistemáticas

Estudio primario

Efecto de los corticosteroides sobre el fracaso del tratamiento en los pacientes hospitalizados con neumonía adquirida en la comunidad grave y alta respuesta inflamatoria: un ensayo clínico aleatorizado.

Autores » Torres A , Sibila O , Ferrer M , Polverino E , Menendez R , Mensa J , Gabarrús A , Sellarés J , Restrepo MI , Anzueto A , Niederman MS , Agustí C

Revista » JAMA

Año » 2015

Enlaces » Pubmed , DOI , Registro de estudios

Este artículo está incluido en 13 Revisiones sistemáticas , 1 Síntesis amplia

Estudio primario

Effects of prednisolone on refractory mycoplasma pneumoniae pneumonia in children.

Autores » Luo Z , Luo J , Liu E , Xu X , Liu Y , Zeng F , Li S , Fu Z

Resumen | Acerca de este artículo | Evidencia relacionada

ANTECEDENTES:

Los ensayos clínicos arrojaron datos contradictorios sobre el beneficio de la adición de corticosteroides sistémicos para el tratamiento de la neumonía adquirida en la comunidad. Se evaluó si el tratamiento con corticosteroides a corto plazo reduce el tiempo de estabilidad clínica en pacientes ingresados en el hospital por una neumonía adquirida en la comunidad.

MÉTODOS:

En este estudio doble ciego, multicéntrico juicio, aleatorizado, controlado con placebo, que reclutaron pacientes de 18 años o mayores con neumonía adquirida en la comunidad a partir de siete hospitales de atención terciaria en Suiza dentro de las 24 h de la presentación. Los pacientes fueron asignados al azar (relación 1: 1) para recibir prednisona 50 mg al día durante 7 días o placebo. La asignación al azar generada por computadora se hizo con tamaños de bloque variables de los cuatro a seis y estratificada por el centro de estudios. El criterio principal de valoración era el momento de estabilidad clínica se define como el tiempo (días) hasta que los signos vitales estables durante al menos 24 h, y se analizaron por intención de tratar. Este ensayo se ha registrado en ClinicalTrials.gov, número NCT00973154.

RESULTADOS:

desde diciembre 1 de 2009 al 21 de mayo de 2014, de 2911 pacientes evaluados para la elegibilidad, 785 pacientes fueron asignados al azar a cualquiera del grupo de prednisona (n = 392) o placebo (n = 393). El tiempo medio para la estabilidad clínica fue menor en el grupo de prednisona (3 · 0 días, IQR 5-3 2 · · 4) que en el grupo placebo (4 · 4 días, 4 · 0-5 · 0; hazard ratio [HR] 1 · 33; IC del 95%: 1 · 15-1 · 50, p <0 · 0001). complicaciones de neumonía asociada hasta el día 30 no fue diferente entre los grupos (11 [3%] en el grupo de prednisona y 22 [6]% en el grupo placebo; odds ratio [OR] 0 · IC del 49 [95% 0 · 23-1 · 02]; p = 0 · 056). El grupo de prednisona tuvo una mayor incidencia de hiperglucemia en el hospital necesitan tratamiento con insulina (76 [19%] frente a 43 [11%]; O 1 · 96; IC del 95%: 1 · 31-2 · 93, p = 0 · 0010) . Otros eventos adversos compatibles con el uso de corticosteroides eran raras y similares en ambos grupos.

INTERPRETACIÓN:

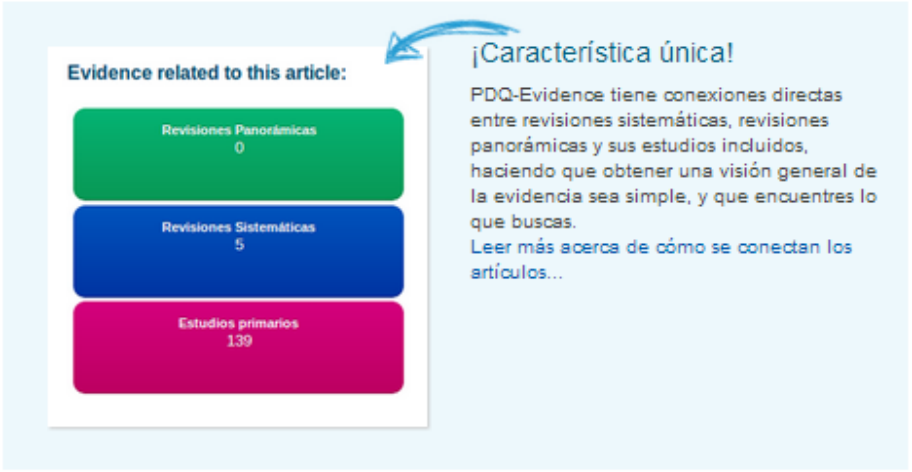
el tratamiento con prednisona durante 7 días en pacientes con neumonía adquirida en la comunidad ingresados en el hospital reduce el tiempo de estabilidad clínica sin un aumento de las complicaciones. Este hallazgo es relevante desde el punto de vista del paciente y un determinante importante de los costes hospitalarios y eficiencia.

FINANCIACIÓN:

Fundación Nacional de Ciencia de Suiza, Viollier AG, Nora van Meeuwen Haefliger Stiftung, Julia und Gottfried

PDQ ("pretty darn quick")-

Incluye:
revisiones sistemáticas, revisiones panorámicas, resúmenes de política, estudios primarios y resúmenes estructurados basados en la evidencia.



SURE Norad

http://www.pdq-evidence.org/

accidente cerebrovascular

Buscar en PDQ

Búsqueda avanzada

1-10 de aproximadamente 416 para accidente cerebrovascular

Filtrar resultados

Por clasificación

Todos

Revisiones Panorámicas (1)

Revisiones Sistemáticas (55)

Resúmenes Estructurados (12)

Estudios primarios (348)

Por año

Todos

Último año

Últimos 5 años

Últimos 10 años

Rango personalizado

1978 2013

Filtrar

Por país

Canada

Brazil

Italy

Bangladesh

India

Nepal

Peru

Estudio primario

Cerebrovascular accident clinical pathway.

Autores Wilkinson G , Parcell M , MacDonald A
Revista Journal of quality in clinical practice
año 2001
Enlaces Pubmed

Este artículo está incluido en 1 Revisión Sistemática

Estudio primario

The influence of stroke unit rehabilitation on functional recovery from stroke.

Autores Kalra L
Revista Stroke; a journal of cerebral circulation
año 1994
Enlaces Pubmed

Este artículo está incluido en 1 Revisión Sistemática

Estudio primario

Role of stroke rehabilitation units in managing severe disability after stroke.

Autores Kalra L , Eade J
Revista Stroke; a journal of cerebral circulation
año 1995
Enlaces Pubmed

Este artículo está incluido en 4 Revisiones Sistemáticas

Estudio primario

The impact of a stroke screening program.

Autores Willoughby DF , Sanders L , Privette A
Revista Public health nursing (Boston, Mass.)
año 2001
Enlaces Pubmed

Este artículo está incluido en 1 Revisión Sistemática

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Systematic reviews including this primary study

Systematic review

Organised inpatient (stroke unit) care for stroke

Authors » Stroke Unit Trialists' Collaboration
Journal » Cochrane Database of Systematic Reviews
Year » 2013
Links » Pubmed , DOI , PubMed Central

This article is included in 1 Structured summary of systematic reviews , 3 Broad syntheses
This article includes 34 Primary studies (53 references)

Systematic review

Specialized stroke services: a meta-analysis comparing three models of care.

Authors » Foley N , Salter K , Teasell R
Journal » Cerebrovascular diseases (Basel, Switzerland)
Year » 2007
Links » Pubmed , DOI

This article includes 14 Primary studies

Systematic review

[Stroke units: more survival. A systematic review].

Authors » Ruiz García V , Ramón Bou N , Juan Vidal O , Tembl Ferrairo J
Journal » Medicina clínica
Year » 2005
Links » Pubmed , DOI

This article includes 29 Primary studies (31 references)

Abstract | About this article | Related evidence | Versions

BACKGROUND:

Organised stroke unit care is provided by multidisciplinary teams that exclusively manage stroke patients in a ward dedicated to stroke patients, with a mobile stroke team or within a generic disability service (mixed rehabilitation ward).

OBJECTIVES:

To assess the effect of stroke unit care compared with alternative forms of care for people following a stroke.

SEARCH METHODS:

We searched the trials registers of the Cochrane Stroke Group (January 2013) and the Cochrane Effective Practice and Organisation of Care (EPOC) Group (January 2013), MEDLINE (2008 to September 2012), EMBASE (2008 to September 2012) and CINAHL (1982 to September 2012). In an effort to identify further published, unpublished and ongoing trials, we searched 17 trial registers (January 2013), performed citation tracking of included studies, checked reference lists of relevant articles and contacted trialists.

SELECTION CRITERIA:

Randomised controlled clinical trials comparing organised inpatient stroke unit care with an alternative service. After formal risk of bias assessment, we have now excluded previously included quasi-randomised trials.

DATA COLLECTION AND ANALYSIS:

Two review authors initially assessed eligibility and trial quality. We checked descriptive details and trial data with the co-ordinators of the original trials.

MAIN RESULTS:

We included 28 trials, involving 5855 participants, comparing stroke unit care with an alternative service. More-organised care was consistently associated with improved outcomes. Twenty-one trials (3994 participants) compared stroke unit care with care provided in general wards. Stroke unit care showed reductions in the odds of death recorded at final (median one year) follow-up (odds ratio (OR) 0.87, 95% confidence interval (CI) 0.69 to

accidente cerebrovascular

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Búsqueda avanzada

1-10 de aproximadamente 55 para accidente cerebrovascular

Filtrar resultados

Por clasificación

Todos

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Todos

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Últimos 5 años

Últimos 10 años

Rango personalizado

Revisión Sistemática

Telemedicine in acute stroke management: systematic review.

Autores Johansson T , Wild C
Revista International journal of technology assessment in health care
año 2010
Enlaces Pubmed , Sitio web del Publicador

Este artículo está incluido en 1 Resumen Estructurado
Este artículo incluye 18 Estudios primarios

Revisión Sistemática

Atención hospitalaria organizada (unidad de accidentes cerebrovasculares) para el accidente cerebrovascular

Autores Stroke Unit Trialists' Collaboration
Revista Cochrane Database of Systematic Reviews
año 2007
Enlaces Pubmed , Sitio web del Publicador , Cochrane Plus

Este artículo está incluido en 3 Revisiones Panorámicas
Este artículo incluye 50 Estudios primarios

Revisión Sistemática

Vías de atención hospitalaria para el accidente cerebrovascular

Autores Joseph Kwan , Peter AG Sandercock
Revista Cochrane database of systematic reviews (Online)
año 2004
Enlaces Pubmed , Sitio web del Publicador , Cochrane Plus

Este artículo está incluido en 3 Revisiones Panorámicas
Este artículo incluye 17 Estudios primarios

Revisión Sistemática

Information provision for stroke patients and their caregivers

Autores Anne Forster , Lesley Brown , Jane Smith , Allan House , Peter Knapp , John J Wright , John Young
Revista Cochrane Database of Systematic Reviews
año 2012
Enlaces Pubmed , Sitio web del Publicador

Este artículo está incluido en 1 Revisión Panorámica
Este artículo incluye 32 Estudios primarios

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8 September 2025

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Daichi Suzuki, Noyuri Yamaji, Etsuko Nishimura, Hitomi Suzuki, Kazuhiro Ishikawa, Md. Obaidur Rahman, Maureen Makama, Joshua P Vogel, Erika Ota

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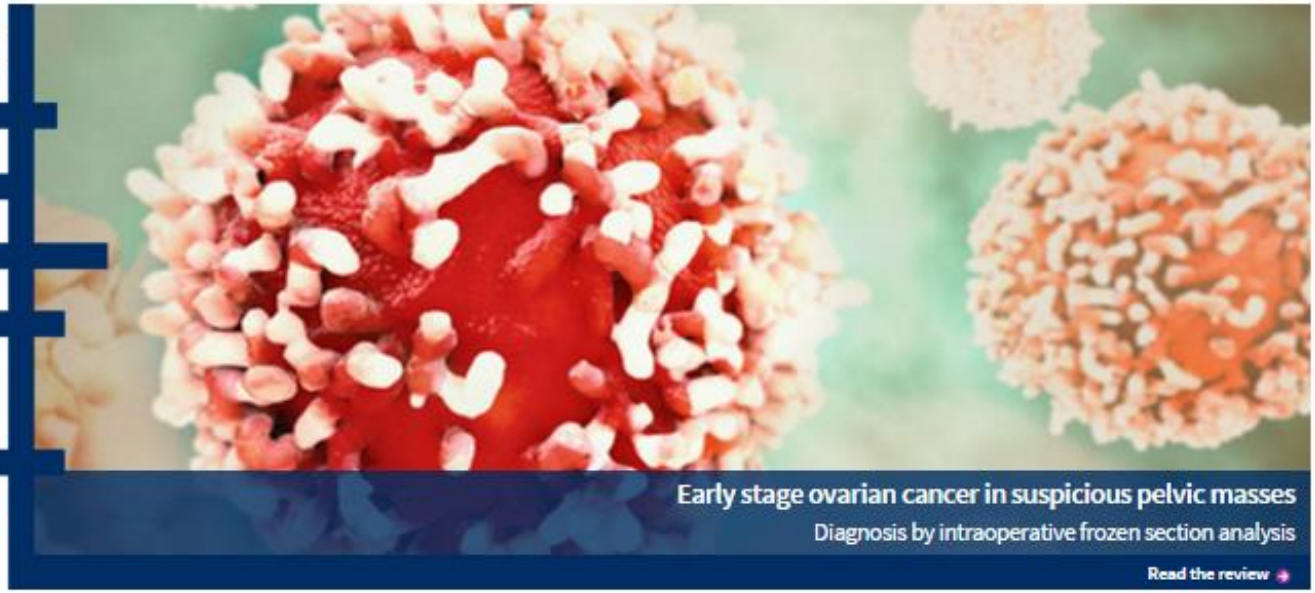

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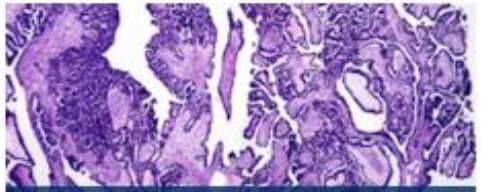

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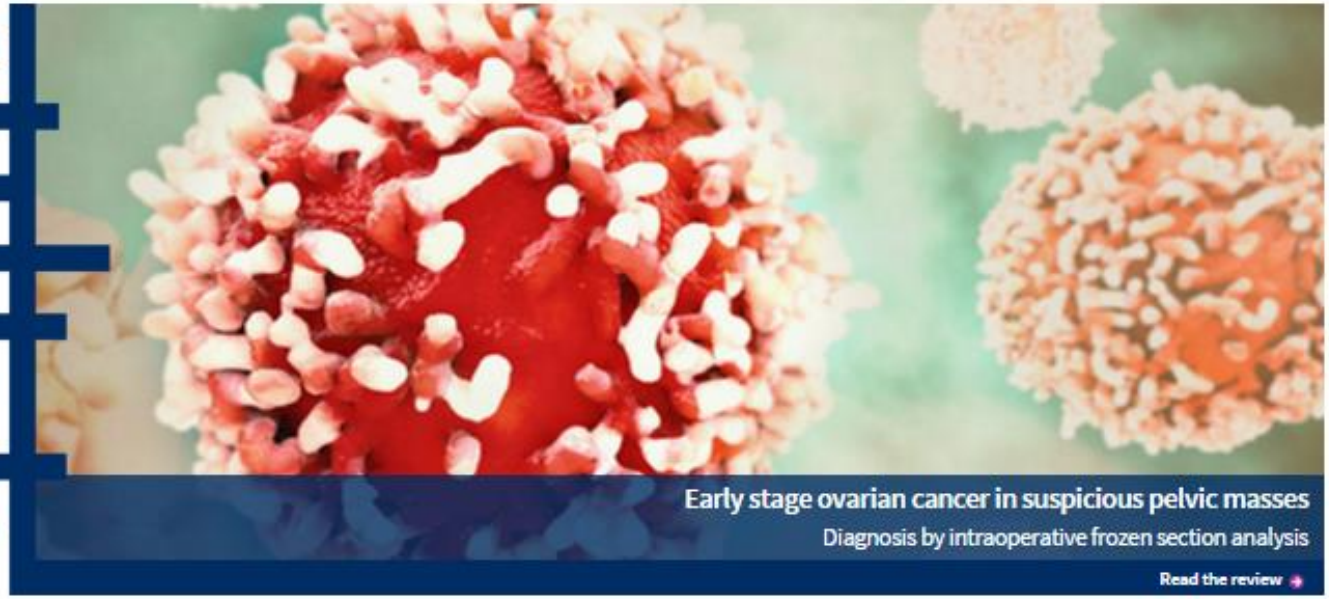

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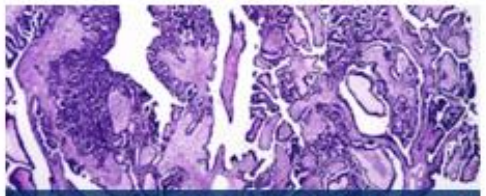

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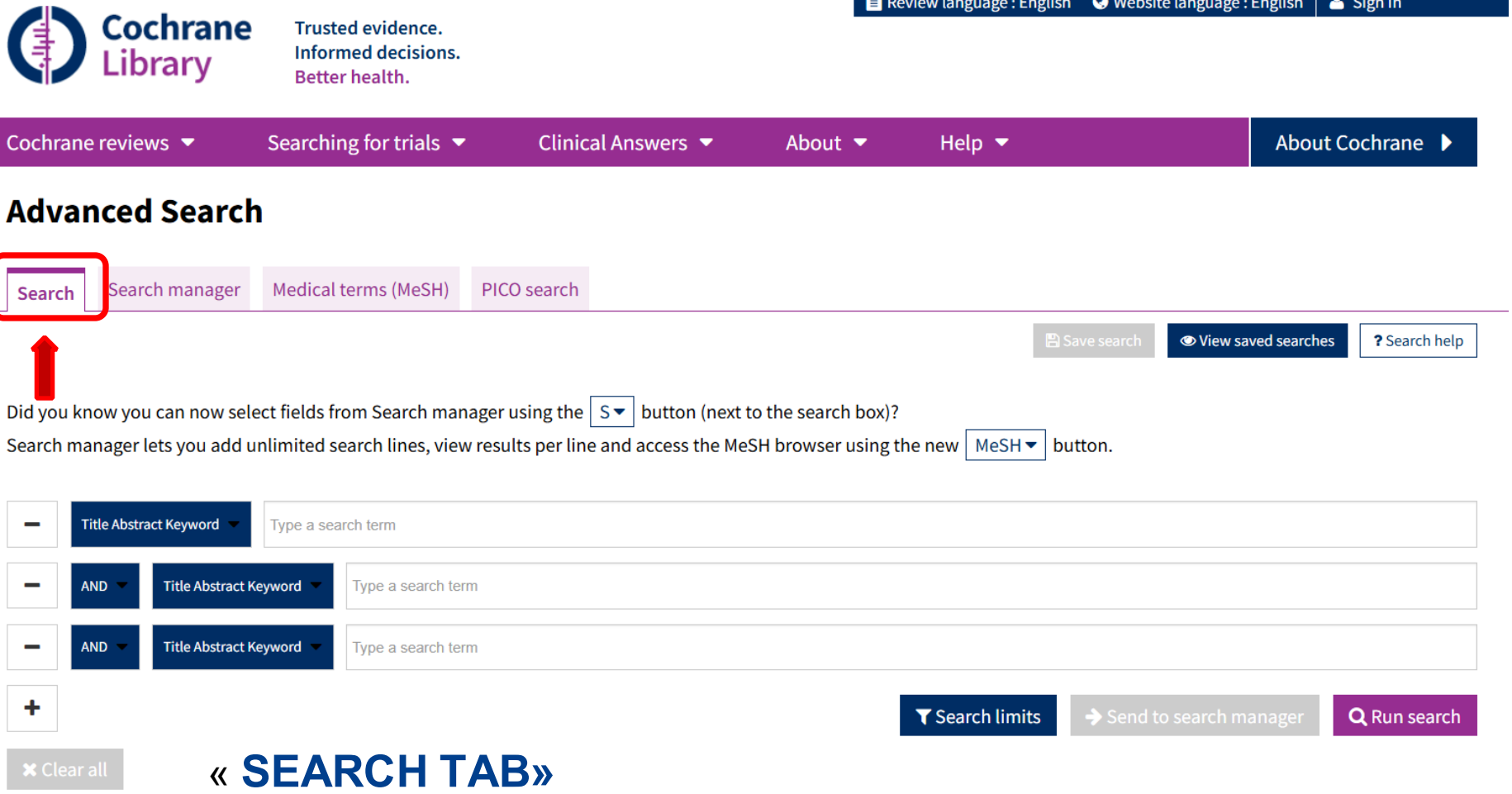
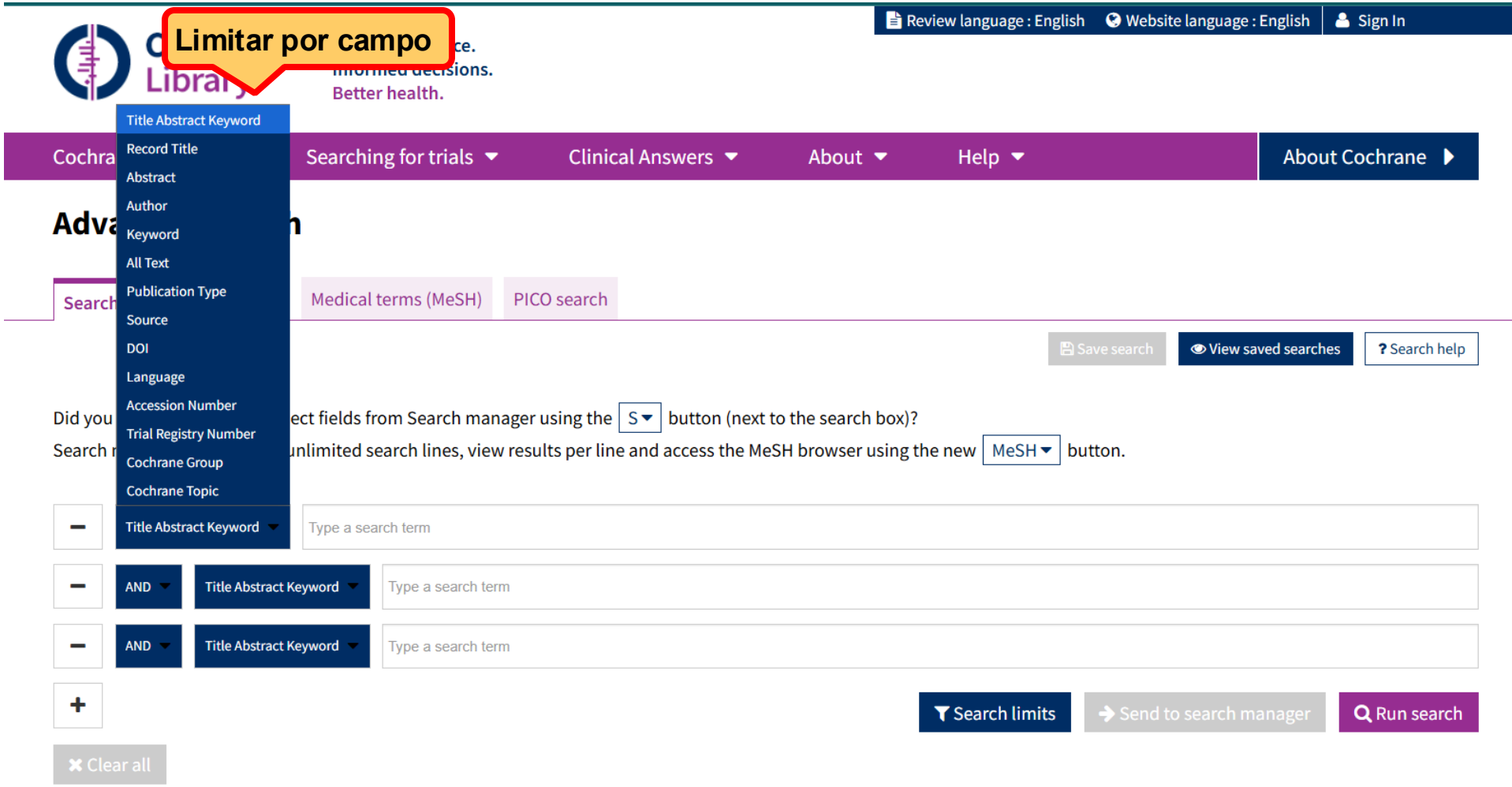


« SEARCH TAB»

- Búsquedas rápidas con términos libres
- Incluye función de sugerencia automática
- Soporta hasta cinco filas de búsqueda

SEARCH TAB – THE BASICS



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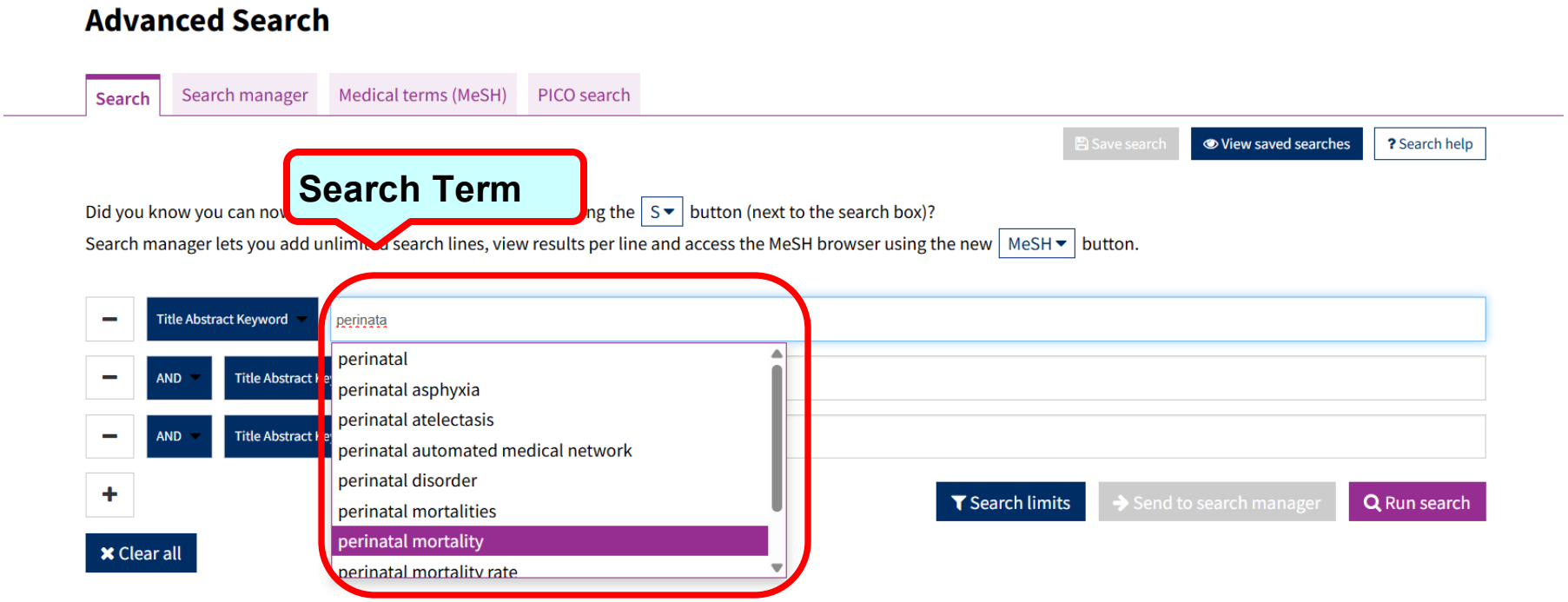
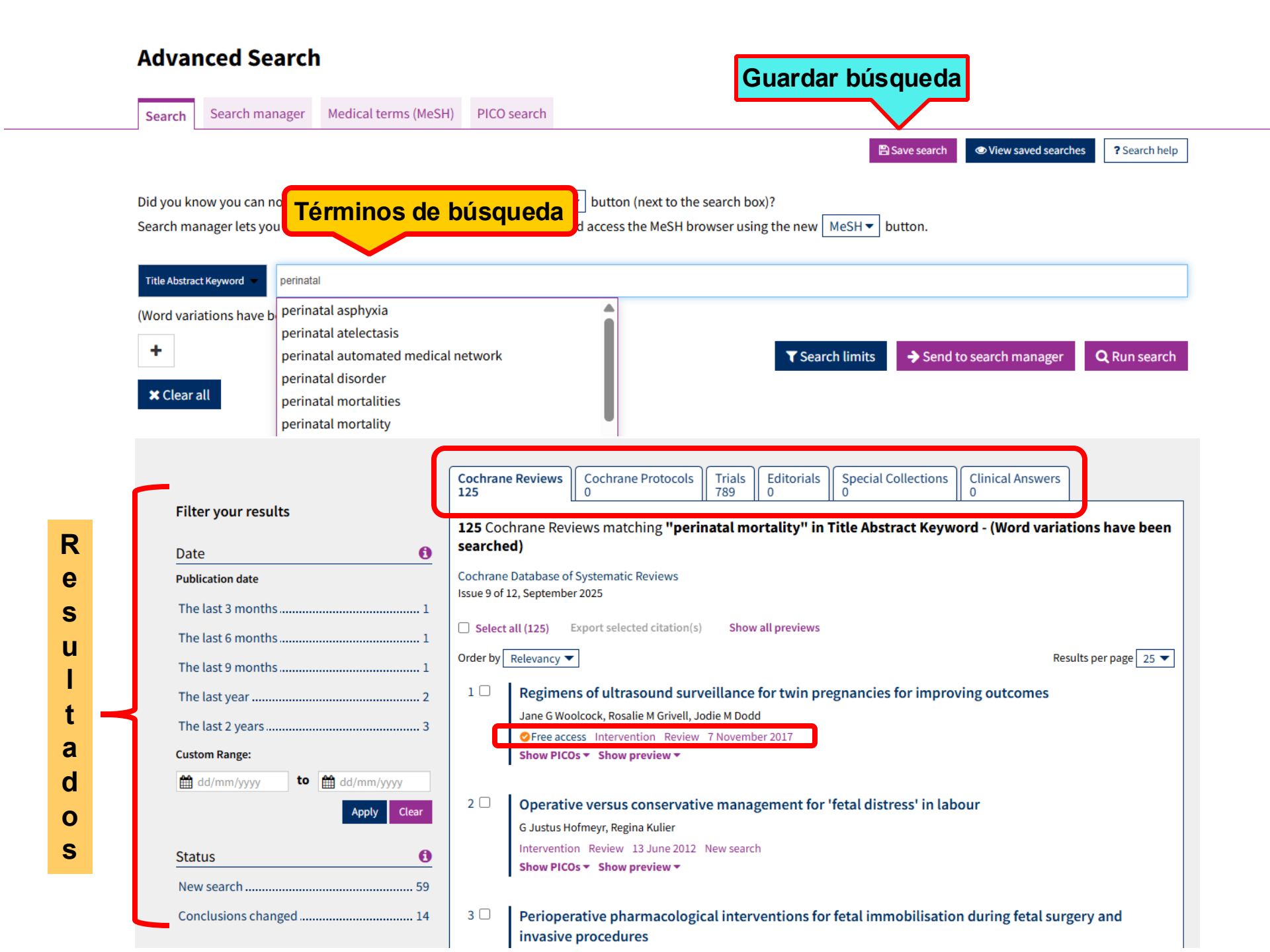


«Términos de búsqueda»

- Términos predeterminados — busca variantes comunes de la palabra [**child**, **child**ren, **child**hood **neoplas**ia, **neoplas**m, **neoplas**tic]

- Permite utilizar booleanos — "**AND**" para buscar dos o más términos perinatal **AND** mortality child **OR** children

- Buscar palabra o frase específica — poner términos entre comillas "lung cancer"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(Word variations have b
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perinatal disorder
perinatal mortalities
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Status
New search 59
Conclusions changed 14
125 Cochrane Reviews matching "perinatal mortality" in Title Abstract Keyword - (Word variations have been searched)
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1
Regimens of ultrasound surveillance for twin pregnancies for improving outcomes
Jane G Woolcock, Rosalie M Grivell, Jodie M Dodd
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2
Operative versus conservative management for 'fetal distress' in labour
G Justus Hofmeyr, Regina Kulier
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3
Perioperative pharmacological interventions for fetal immobilisation during fetal surgery and invasive procedures

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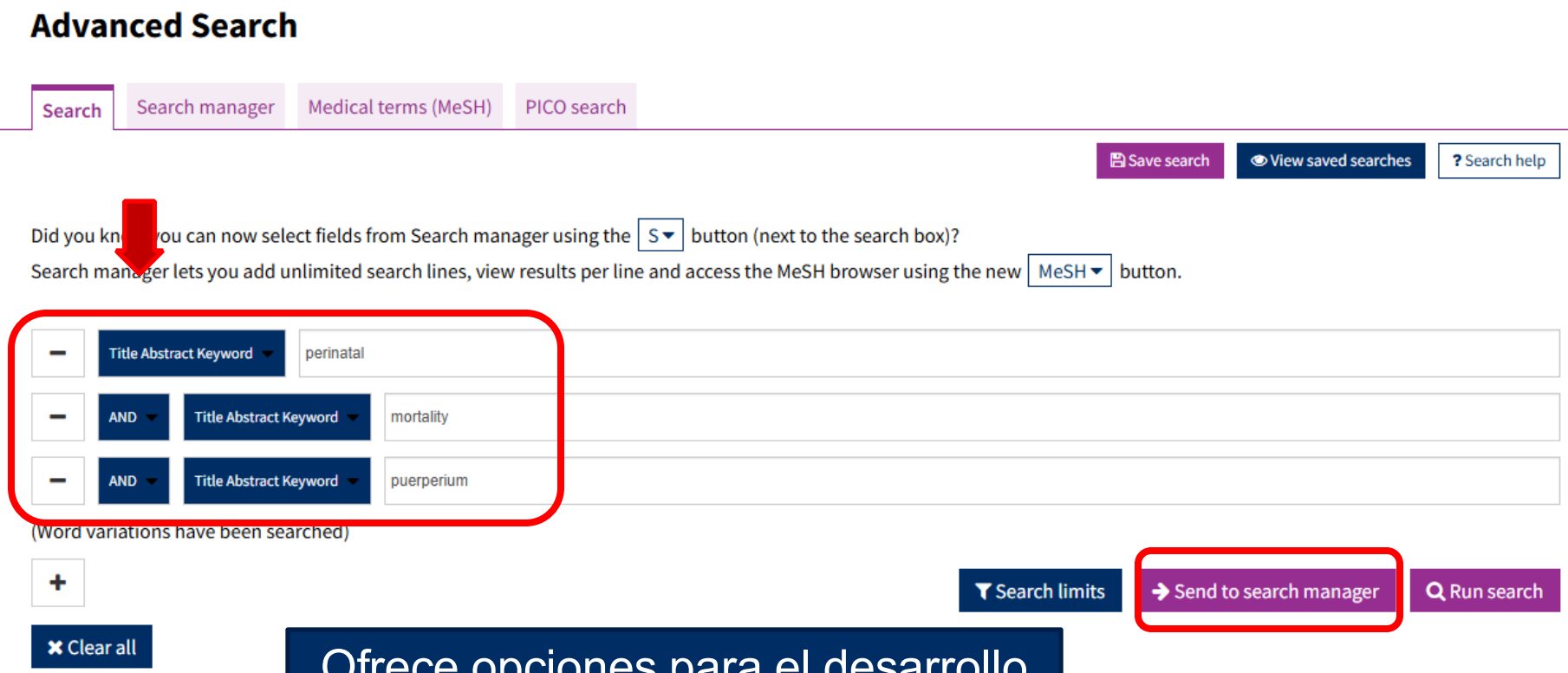
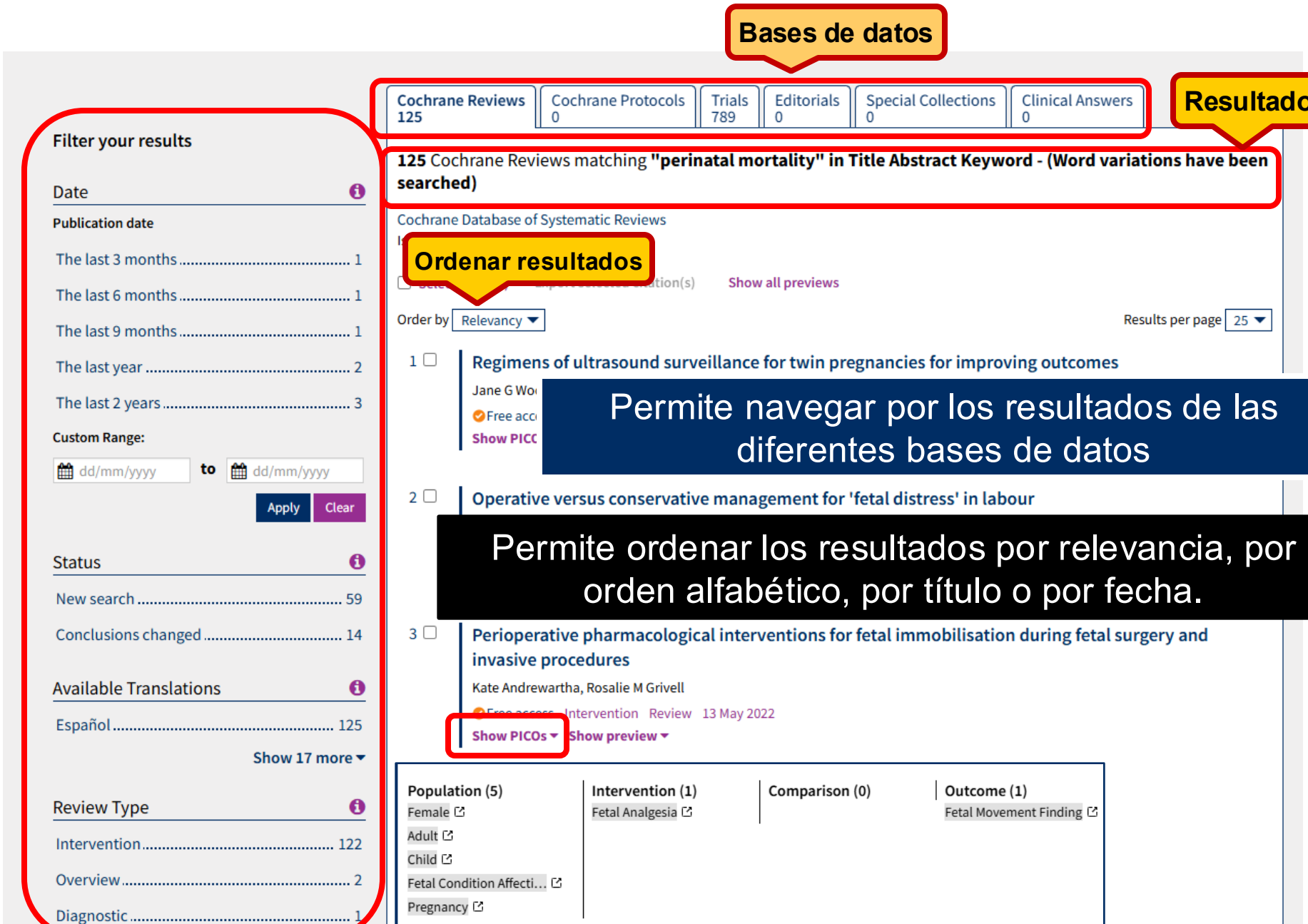


Ofrece opciones para el desarrollo de búsquedas más complejas

Permite:

- **Añadir o Eliminar** líneas de búsqueda.
- Agregue hasta **cinco líneas** de búsqueda.
- Incorporar **búsquedas complejas** — "Search Manager"

SEARCH RESULTS PAGE



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¿Qué más da el camino?

Ejemplo práctico

Escenario clínico

- ✓El Dr. Narváez Residente de Pediatría del Hospital Infantil de México, hospital de 2° nivel de atención, se percata que en los recién nacidos con líquido amniótico meconial (sin sufrimiento fetal) generalmente se utiliza como manejo rutinario la maniobra de aspiración endotraqueal.
- ✓Por lo cual se pregunta si es necesario utilizar está maniobra en los recién nacidos que no presentan asfixia al momento del nacimiento.

Escenario clínico II

✓ El Dr. Narváez no sabe la respuesta

✓Trámites del Dr Narváez para responder la pregunta:

- Primer enfoque: pregunta al Dr Enríquez que sigue un curso de MBE por la red.
- Pregunta telefónica a un Neonatólogo.
- Búsqueda en Internet para orientarse sobre la pregunta estructurada.

http://www.infodoctor.org/rafabravo/mbe.htm
http://www.infodoctor.org/rafabravo/mbepasos2.html

Medicina basada en la evidencia

Formular la pregunta

Las preguntas o interrogantes clínicos proceden de la tarea diaria (historia y exploración, causas, diagnostico diferencial, pruebas diagnosticas, tratamiento, prevención, etc.). Aunque algunas se responden directamente otras necesitan que hagamos un enfoque sistematizado para responderlas. El primer paso es convertir el problema o caso clínico en una pregunta susceptible de ser respondida. Aunque pueden surgir varias interrogantes dentro de un "caso clínico" se debe elegir la pregunta mas relevante, una vez elegida se debe formular.

¿Que es formular una pregunta ?

Formular una pregunta es reducirla a términos claros y precisos, básicamente consiste en dividirla en sus elementos principales, el ejercicio de escribir y descomponerla en sus componentes es útil para simplificarlas y aclararlas, seguir una sistemática, y sobre todo para facilitar la búsqueda de las "evidencias" o pruebas.

¿Como formular preguntas?

Se debe descomponer en cuatros elementos, a saber:

1. **paciente o problema de interés**
2. **intervención que se va a considerar**
3. **intervención con la que comparar**
4. **resultado clínico que se valora**

Pregunta estructurada

Paciente o Problema	Intervención	Intervención a comparar	Resultado
¿Cómo podría describir un grupo de pacientes similares a quien nos interesa?	¿Cuál es la intervención a llevara a cabo? (Duración, dosis, vía de admón..)	Cuáles son las alternativas que existen?	¿Cuáles son los resultados clínicos que esperamos?
Recién nacidos con líquido amniótico meconial, sin sufrimiento fetal agudo	Aspiración endotráqueal	Aspiración con perilla en orofaringe	Prevención de complicaciones (síndrome de aspiración meconial)

Estrategia de búsqueda

En Medline, vía PubMED:

endotracheal suctioning **OR** Oropharyngeal aspiration **AND** Newborns **AND** meconium

(endotracheal[All Fields] AND ("suction"[MeSH Terms] OR "suction"[All Fields] OR "suctioning"[All Fields])) OR (("oropharynx"[MeSH Terms] OR "oropharynx"[All Fields] OR "oropharyngeal"[All Fields]) AND aspiration[All Fields]) AND ("infant, newborn"[MeSH Terms] OR ("infant"[All Fields] AND "newborn"[All Fields]) OR "newborn infant"[All Fields] OR "newborns"[All Fields]) AND ("meconium"[MeSH Terms] OR "meconium"[All Fields])

El Dr. Narváez busca el 12 de junio de 2018 y encuentra **65** artículos y **5** ensayos clínicos.

1: Chettri S, Adhisivam B, Bhat BV. Endotracheal Suction for Nonvigorous Neonates Born through Meconium Stained Amniotic Fluid: A Randomized Controlled Trial. J Pediatr. 2015;166(5):1208-1213.e1.

2: Vain NE, Szyld EG, Prudent LM, Wiswell TE, Aguilar AM, Vivas NI. **Oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders: multicentre, randomised controlled trial.** Lancet. 2004;364(9434):597-602.

3: Daga SR, Dave K, Mehta V, Pai V. Tracheal suction in meconium stained infants: a randomized controlled study. J Trop Pediatr. 1994;40(4):198-200.

4: Bent RC, Wiswell TE, Chang A. **Removing meconium from infant tracheae. What works best?** Am J Dis Child. 1992;146(9):1085-9.

5: Linder N, Aranda JV, Tsur M, Matoth I, Yatsiv I, Mandelberg H, Rottem M, Feigenbaum D, Ezra Y, Tamir I. Need for endotracheal intubation and suction in meconium-stained neonates. J Pediatr. 1988;112(4):613-5.

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.: Saludarte	04

Utilidad de la aspiración endotraqueal en el recién nacido con meconio

Resumen

Introducción. La aspiración endotraqueal es controversial en el recién nacido con meconio como profilaxis en el síndrome de aspiración meconial (SAM). Objetivo: evaluar su utilidad en la casuística del hospital.

Material y métodos. Se realizó un ensayo clínico aleatorizado en un hospital de segundo nivel de atención en recién nacidos con líquido amniótico meconial (espeso o fluido) sin sufrimiento fetal agudo, vigorosos, haciendo un muestreo por conveniencia y asignación aleatoria simple. Se integraron dos grupos: grupo A, sólo aspiración con perilla en orofaringe y grupo B, aspiración endotraqueal. Se utilizaron los análisis estadísticos: medidas de tendencia central, porcentual, promedios, desviación estándar, X^2, exacta de Fisher y t de Student. Las medidas de asociación: riesgo relativo, intervalo de confianza al 95%, cálculo del tamaño de muestra con un poder de 80% y significativo al 95%.

Resultados. Se estudiaron 146 recién nacidos; 79 en el índice (grupo A) y 67 en el grupo control (grupo B), sin diferencia en edad gestacional, peso, tipo de parto, sexo y tipo de meconio, el SAM se presentó en 1 paciente por grupo (1.36%).

Conclusión. La frecuencia de SAM en recién nacidos vigorosos con meconio es muy baja; se demuestra que no es necesaria la intubación endotraqueal en los recién nacidos que no presentan asfixia al momento del nacimiento.

Palabras clave. Síndrome de aspiración de meconio; intubación endotraqueal; recién nacidos.

Cochrane México

Ejercicio 1

Tratamiento para la infección de pie diabético

Escenario clínico

- Irene Sánchez Polo, 74 años de edad, ama de casa.
- Paciente con Diabetes mellitus tipo 2, de larga evolución (15 años) y controlada; actualmente presenta úlcera en pie izquierdo con datos clínicos de infección.
- **Laboratorios**: Glucosa: 120mg/dl, PFH normales, Hcto de 40%, Hb = 12g/L, plaquetas = 250 000/$mm_{3.}$
- **Radiografía simple**: se descarta presencia de gas en los tejidos, sin datos de osteomielitis.
- **Escenario**: Atención primaria, control de enfermedades cronico degenerativas.
- **Manejo:** El médico tratante sabe que debe aplicar un antibiótico inyectable, pero no sabe cual es el más eficaz para tratar la infección de la herida.

Cochrane México

En los pacientes diabéticos con úlcera crónica infectada, resultara efectivo utilizar antibióticos sistémicos como tratamiento empírico?

En los pacientes diabéticos con úlcera crónica infectada que antibiótico sistémico resultara más beneficioso para su curación?

Pregunta estructurada

¿En pacientes con diabetes mellitus tipo 2 que presentan úlcera de pie infectada cual es el tratamiento farmacológico más eficaz?

	Pacientes o problema	Intervención (tratamiento, factor pronóstico, etc.)	Intervención de comparación (si procede)	Resultados
Pregunta	Pacientes con diabetes mellitus tipo 2 con úlcera de pie infectada no tratada, Sin osteomielitis	antibiótico sistémico	cualquier antibiótico	• Resolución de la infección de la úlcera • Complicaciones secundarias a infección • Eventos adversos

Estrategia de búsqueda en Medline, vía Pubmed

Palabras clave (términos Mesh):

Diabetic Foot /	infection	Clinical trials/
treatment	Therapeutics/	randomized controlled trials/
Anti-Bacterial Agents /	antibiotic	Systematic Reviews/
Diabetes	management	ulcer

("Diabetic Foot"[Mesh] AND "Anti-Bacterial Agents"[Mesh]) AND "Therapeutics"[Mesh] All: 365

Filters:

- Randomized Controlled Trial : 25
- Clinical Trial: 35
- Systematic Reviews: 7

(("Diabetic Foot"[Mesh] AND infection AND antibiotic AND treatment All: 1307

Filters:

- Randomized Controlled Trial : 52
- Clinical Trial: 83
- Systematic Reviews: 38

Systematic review of antimicrobial agents used for chronic wounds.

O'Meara SM, Cullum NA, Majid M, Sheldon TA. *Br J Surg*. 2001 Jan;88(1):4-21. **Review.**

Antibiotic treatment of infected **diabetic foot** ulcers.

Sheppard SJ. *J Wound Care*. 2005 Jun;14(6):260-3. **Review**.

Systemic antibiotics for treating **diabetic foot** infections.

Selva Olid A, Solà I, Barajas-Nava LA, Gianneo OD, Bonfill Cosp X, Lipsky BA. *Cochrane Database Syst Rev*. 2015 Sep 4;(9):CD009061. **Review**.

Antibiotic therapy of **diabetic foot infections**: A **systematic** review of randomized controlled trials.

Tchero H, Kangambega P, Noubou L, Becsangele B, Fluieraru S, Teot L. *Wound Repair Regen*. 2018 Sep;26(5):381-391.

Wound Repair Regen. 2018 Sep;26(5):381-391. doi: 10.1111/wrr.12649. Epub 2018 Nov 14.

Antibiotic therapy of diabetic foot infections: A systematic review of randomized controlled trials.

Tchero H[1], Kangambega P[2], Noubou L[1], Becsangele B[3], Fluieraru S[4], Teot L[4].

Author information

Abstract

Diabetic foot infection is a common diabetic complication that may end in lower limb amputation if not treated properly. We performed this systematic review to assess the clinical efficacy of different antibiotic regimens, whether systemic or topical, in the treatment of moderate to severe diabetic foot infections. We searched Medline, Web of Science, SCOPUS, Cochrane CENTRAL, and ScienceDirect for randomized controlled trials that evaluated the efficacy of antibiotic regimens in moderate to severe diabetic foot infections. The primary outcome of interest was the clinical efficacy (cure/improvement rates) of the regimens. We included 16 trials (4,158 patients) in this review, from which we extracted 10 comparisons: some trials compared systemic antibiotics to each other, others compared systemic to topical agents, while one study compared the combined topical and systemic agents to systemic antibiotics alone. Qualitative analysis of the findings of these studies showed that: (1) pipracillin/tazobactam was superior to ertapenem in severe infections (clinical resolution rate: 91.5% compared with PIP/TAZ 97.2%, $p \leq 0.04$), but had similar efficacy in moderate infections, (2) ertapenem was more effective than tigecycline in moderate to severe infections (absolute difference -5.5, [95% CI -11.0, 0.1]), (3) the adjuvant use of topical agents with systemic antibiotics improved the outcomes, compared with systemic antibiotics alone ($p = 0.024$), (4) the rates of recurrence and re-ulceration were significantly lower in patients using the amino-penicillin regimen, compared with those using oral/intravenous ofloxacin, and (5) lower rates of complications accompanied the imipenem/cilastatin regimen, compared with the pipracillin/tazobactam regimen ($p = 0.13$). In conclusion, data from the included studies showed better results for ertapenem when compared with tigecycline; however, it was inferior to pipracillin/tazobactam in severe infections. The adjuvant use of topical agents improves the efficacy of systemic antibiotics in diabetic foot infection.

Cochrane Library

Cochrane Database of Systematic Reviews

Systemic antibiotics for treating diabetic foot infections (Review)

Selva Olid A, Solà I, Barajas-Nava LA, Gianneo OD, Bonfill Cosp X, Lipsky BA

Selva Olid A, Solà I, Barajas-Nava LA, Gianneo OD, Bonfill Cosp X, Lipsky BA.
Systemic antibiotics for treating diabetic foot infections.
Cochrane Database of Systematic Reviews 2015, Issue 9. Art. No.: CD009061.
DOI: 10.1002/14651858.CD009061.pub2.

www.cochranelibrary.com

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Cochrane Database Syst Rev. 2015 Sep 4;(9):CD009061. doi: 10.1002/14651858.CD009061.pub2.

Systemic antibiotics for treating diabetic foot infections.

Selva Olid A[1], Solà I, Barajas-Nava LA, Gianneo OD, Bonfill Cosp X, Lipsky BA.

Author information

Abstract

BACKGROUND: Foot infection is the most common cause of non-traumatic amputation in people with diabetes. Most diabetic foot infections (DFIs) require systemic antibiotic therapy and the initial choice is usually empirical. Although there are many antibiotics available, uncertainty exists about which is the best for treating DFIs.

OBJECTIVES: To determine the effects and safety of systemic antibiotics in the treatment of DFIs compared with other systemic antibiotics, topical foot care or placebo.

SEARCH METHODS: In April 2015 we searched the Cochrane Wounds Group Specialised Register; The Cochrane Central Register of Controlled Trials (CENTRAL; The Cochrane Library); Ovid MEDLINE, Ovid MEDLINE (In-Process & Other Non-Indexed Citations); Ovid EMBASE, and EBSCO CINAHL. We also searched in the Database of Abstracts of Reviews of Effects (DARE; The Cochrane Library), the Health Technology Assessment database (HTA; The Cochrane Library), the National Health Service Economic Evaluation Database (NHS-EED; The Cochrane Library), unpublished literature in OpenSIGLE and ProQuest Dissertations and on-going trials registers.

SELECTION CRITERIA: Randomised controlled trials (RCTs) evaluating the effects of systemic antibiotics (oral or parenteral) in people with a DFI. Primary outcomes were clinical resolution of the infection, time to its resolution, complications and adverse effects.

DATA COLLECTION AND ANALYSIS: Two review authors independently selected studies, assessed the risk of bias, and extracted data. Risk ratios (RR) were estimated for dichotomous data and, when sufficient numbers of comparable trials were available, trials were pooled in a meta-analysis.

MAIN RESULTS: We included 20 trials with 3791 participants. Studies were heterogenous in study design, population, antibiotic regimens, and outcomes. We grouped the sixteen different antibiotic agents studied into six categories: 1) anti-pseudomonal penicillins (three trials); 2) broad-spectrum penicillins (one trial); 3) cephalosporins (two trials); 4) carbapenems (four trials); 5) fluoroquinolones (six trials); 6) other antibiotics (four trials).Only 9 of the 20 trials protected against detection bias with blinded outcome assessment. Only one-third of the trials provided enough information to enable a judgement about whether the randomisation sequence was adequately concealed. Eighteen out of 20 trials received funding from pharmaceutical industry-sponsors.The included studies reported the following findings for clinical resolution of infection: there is evidence from one large trial at low risk of bias that patients receiving ertapenem with or without vancomycin are more likely to have resolution of their foot infection than those receiving tigecycline (RR 0.92, 95% confidence interval (CI) 0.85 to 0.99; 955 participants). It is unclear if there is a difference in rates of clinical resolution of infection between: 1) two alternative anti-pseudomonal penicillins (one trial); 2) an anti-pseudomonal penicillin and a broad-spectrum penicillin (one trial) or a carbapenem (one trial); 3) a broad-spectrum penicillin and a second-generation cephalosporin (one trial); 4) cephalosporins and other beta-lactam antibiotics (two trials); 5) carbapenems and anti-pseudomonal penicillins or broad-spectrum penicillins (four trials); 6) fluoroquinolones and anti-pseudomonal penicillins (four trials) or broad-spectrum penicillins (two trials); 7) daptomycin and vancomycin (one trial); 8) linezolid and a combination of aminopenicillins and beta-lactamase inhibitors (one trial); and 9) clindamycin and cephalexin (one trial).Carbapenems combined with anti-pseudomonal agents produced fewer adverse effects than anti-pseudomonal penicillins (RR 0.27, 95% CI 0.09 to 0.84; 1 trial). An additional trial did not find significant differences in the rate of adverse events between a carbapenem alone and an anti-pseudomonal penicillin, but the rate of diarrhoea was lower for participants treated with a carbapenem (RR 0.58, 95% CI 0.36 to 0.93; 1 trial). Daptomycin produced fewer adverse effects than vancomycin or other semi-synthetic penicillins (RR 0.61, 95%CI 0.39 to 0.94; 1 trial). Linezolid produced more adverse effects

Main results

We included 20 trials with 3791 participants. Studies were heterogenous in study design, population, antibiotic regimens, and outcomes. We grouped the sixteen different antibiotic agents studied into six categories: 1) anti-pseudomonal penicillins (three trials); 2) broad-spectrum penicillins (one trial); 3) cephalosporins (two trials); 4) carbapenems (four trials); 5) fluoroquinolones (six trials); 6) other antibiotics (four trials).

Only 9 of the 20 trials protected against detection bias with blinded outcome assessment. Only one-third of the trials provided enough information to enable a judgement about whether the randomisation sequence was adequately concealed. Eighteen out of 20 trials received funding from pharmaceutical industry-sponsors.

The included studies reported the following findings for clinical resolution of infection: there is evidence from one large trial at low risk of bias that patients receiving ertapenem with or without vancomycin are more likely to have resolution of their foot infection than those receiving tigecycline (RR 0.92, 95% confidence interval (CI) 0.85 to 0.99; 955 participants). It is unclear if there is a difference in rates of clinical resolution of infection between: 1) two alternative anti-pseudomonal penicillins (one trial); 2) an anti-pseudomonal penicillin and a broad-spectrum penicillin (one trial) or a carbapenem (one trial); 3) a broad-spectrum penicillin and a second-generation cephalosporin (one trial); 4) cephalosporins and other beta-lactam antibiotics (two trials); 5) carbapenems and anti-pseudomonal penicillins or broad-spectrum penicillins (four trials); 6) fluoroquinolones and anti-pseudomonal penicillins (four trials) or broad-spectrum penicillins (two trials); 7) daptomycin and vancomycin (one trial); 8) linezolid and a combination of aminopenicillins and beta-lactamase inhibitors (one trial); and 9) clindamycin and cephalexin (one trial).

Carbapenems combined with anti-pseudomonal agents produced fewer adverse effects than anti-pseudomonal penicillins (RR 0.27, 95% CI 0.09 to 0.84; 1 trial). An additional trial did not find significant differences in the rate of adverse events between a carbapenem alone and an anti-pseudomonal penicillin, but the rate of diarrhoea was lower for participants treated with a carbapenem (RR 0.58, 95% CI 0.36 to 0.93; 1 trial). Daptomycin produced fewer adverse effects than vancomycin or other semi-synthetic penicillins (RR 0.61, 95%CI 0.39 to 0.94; 1 trial). Linezolid produced more adverse effects than ampicillin-sulbactam (RR 2.66; 95% CI 1.49 to 4.73; 1 trial), as did tigecycline compared to ertapenem with or without vancomycin (RR 1.47, 95% CI 1.34 to 1.60; 1 trial). There was no evidence of a difference in safety for the other comparisons.

Authors' conclusions

The evidence for the relative effects of different systemic antibiotics for the treatment of foot infections in diabetes is very heterogeneous and generally at unclear or high risk of bias. Consequently it is not clear if any one systemic antibiotic treatment is better than others in resolving infection or in terms of safety. One non-inferiority trial suggested that ertapenem with or without vancomycin is more effective in achieving clinical resolution of infection than tigecycline. Otherwise the relative effects of different antibiotics are unclear. The quality of the evidence is low due to limitations in the design of the included trials and important differences between them in terms of the diversity of antibiotics assessed, duration of treatments, and time points at which outcomes were assessed. Any further studies in this area should have a blinded assessment of outcomes, use standardised criteria to classify severity of infection, define clear outcome measures, and establish the duration of treatment.

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Ejercicio 2

Tratamiento para pacientes con problemas de las articulaciones (osteoartritis)

Escenario clínico

Paciente femenino de 63 años con artritis degenerativa, sufre dolor en articulaciones de las manos e incapacidad para realizar sus actividades cotidianas. Acude a consulta para control y tratamiento, pregunta a su médico si será adecuado que tome Glucosamina para mejorar su sintomatología.

¿La Glucosamina es efectiva en pacientes con problemas de las articulaciones (osteoartritis)?

¿La Glucosamina es efectiva en pacientes con problemas de las articulaciones (osteoartritis)?

Términos de búsqueda:

- **glucosamine**
- glucosamine sulfate
- glucosamine hydrochloride
- **treatment**
- therapy
- therapies
- treating
- management
- **effectiveness**
- effective
- efficacy

- **arthritis**
- arthritic disease
- osteoarthritis
- chrondroprotection
- musculoskeletal disorders
- musculoskeletal disease
- **pain**

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glucosamine AND treatment AND arthritis AND effectiveness

Search results: 793

Filters: Review
Search results: 234

Filters: Systematic eview
Search results: 49

Glucosamine therapy for treating osteoarthritis (Review)

Towheed T, Maxwell L, Anastassiades TP, Shea B, Houpt JB, Welch V, Hochberg MC, Wells GA

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2005, Issue 2

http://www.thecochranelibrary.com

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ABSTRACT

Background

Osteoarthritis (OA) is a common form of arthritis and is often associated with significant disability and impaired quality of life. This is an update of a Cochrane review first published in 2001 and previously updated in 2005.

Objectives

To review randomized controlled trials (RCTs) evaluating the effectiveness and toxicity of glucosamine in OA.

Search methods

We searched CENTRAL and the Cochrane Database of Systematic Reviews (*The Cochrane Library*), MEDLINE, PREMEDLINE, EMBASE, AMED, ACP Journal Club, DARE (to January 2008); contacted content experts, and handsearched reference lists and pertinent review articles.

Selection criteria

RCTs evaluating the effectiveness and safety of glucosamine in OA.

Data collection and analysis

Data abstraction was performed independently by two review authors and investigators were contacted for missing data.

Main results

This update includes 25 studies with 4963 patients. Analysis restricted to studies with adequate allocation concealment failed to show any benefit of glucosamine for pain (based on a pooled measure of different pain scales) and WOMAC pain, function and stiffness subscales; however, it was found to be better than placebo using the Lequesne index (standardized mean difference (SMD) -0.54; 95% confidence interval (CI) -0.96 to -0.12). Collectively, the 25 RCTs favoured glucosamine with a 22% (change from baseline) improvement in pain (SMD -0.47; 95% CI -0.72 to -0.23) and a 11% (change from baseline) improvement in function using the Lequesne index (SMD -0.47; 95% CI -0.82 to -0.12). However, the results were not uniformly positive and the reasons for this remain unexplained. WOMAC pain, function and stiffness outcomes did not reach statistical significance.

RCTs in which the Rotta preparation of glucosamine was compared to placebo found glucosamine superior for pain (SMD -1.11; 95% CI -1.66 to -0.57) and function (Lequesne index SMD -0.47; 95% CI -0.82 to -0.12). Pooled results for pain (SMD -0.05; 95% CI -0.15 to 0.05) and function using the WOMAC index (SMD -0.01; 95% CI -0.13 to 0.10) in those RCTs using a non-Rotta preparation of glucosamine did not reach statistical significance. Two RCTs using the Rotta preparation showed that glucosamine was able to slow radiological progression of OA of the knee over a three-year period (mean difference (MD) 0.32; 95% CI 0.05 to 0.58).

Glucosamine was as safe as placebo in terms of the number of participants reporting adverse reactions (relative risk ratio 0.99; 95% CI 0.91 to 1.07).

Authors' conclusions

Pooled results from studies using a non-Rotta preparation or adequate allocation concealment failed to show benefit in pain and WOMAC function while those studies evaluating the Rotta preparation showed that glucosamine was superior to placebo in the treatment of pain and functional impairment resulting from symptomatic OA.

¿Dónde está la sabiduría que perdimos con el conocimiento?

¿Dónde está el conocimiento que perdimos con la información?

T. S. Elliot

"Choruses from 'The Rock'"

$$\frac{\textbf{Relevancia X Validez}}{\textbf{Esfuerzo}}$$

Cochrane México

Email: Leticiaa.barajas@gmail.com

Epílogo

El profesional sanitario es hoy miembro del "jurado" y tiene la potestad de examinar por sí mismo las **pruebas** que se le presentan para, de este modo, aceptarlas o rechazarlas.

Obviamente, ejercer este privilegio tiene un costo: la necesidad de **comprender la naturaleza de las evidencias**.

Renunciar a ello implicará, inevitablemente, tener que someterse a alguien con supuesta **"autoridad"** que sí pueda interpretarla.

Para ello, deberá primero escoger a quién cede esa potestad, porque una mala elección puede determinar que le estén aconsejando mal.

Paciente femenino de 9 años es traída a consulta por su madre dado que presenta cuadros gripales recurrentes. La madre pregunta si sería bueno que se le administre Vitamina C, dado que ha escuchado es buena para prevenir los resfriados.

¿La vitamina C realmente previene los resfriados comunes o disminuye sus síntomas?

Vitamin C for preventing and treating the common cold (Review)

Hemilä H, Chalker E

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2013, Issue 1

http://www.thecochranelibrary.com

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ABSTRACT

Background

Vitamin C (ascorbic acid) for preventing and treating the common cold has been a subject of controversy for 70 years.

Objectives

To find out whether vitamin C reduces the incidence, the duration or severity of the common cold when used either as a continuous regular supplementation every day or as a therapy at the onset of cold symptoms.

Search methods

We searched CENTRAL 2012, Issue 11, MEDLINE (1966 to November week 3, 2012), EMBASE (1990 to November 2012), CINAHL (January 2010 to November 2012), LILACS (January 2010 to November 2012) and Web of Science (January 2010 to November 2012). We also searched the U.S. National Institutes of Health trials register and WHO ICTRP on 29 November 2012.

Selection criteria

We excluded trials which used less than 0.2 g per day of vitamin C and trials without a placebo comparison. We restricted our review to placebo-controlled trials.

Data collection and analysis

Two review authors independently extracted data. We assessed 'incidence' of colds during regular supplementation as the proportion of participants experiencing one or more colds during the study period. 'Duration' was the mean number of days of illness of cold episodes.

Main results

Twenty-nine trial comparisons involving 11,306 participants contributed to the meta-analysis on the risk ratio (RR) of developing a cold whilst taking vitamin C regularly over the study period. In the general community trials involving 10,708 participants, the pooled RR was 0.97 (95% confidence interval (CI) 0.94 to 1.00). Five trials involving a total of 598 marathon runners, skiers and soldiers on subarctic exercises yielded a pooled RR of 0.48 (95% CI 0.35 to 0.64).

Thirty-one comparisons examined the effect of regular vitamin C on common cold duration (9745 episodes). In adults the duration of colds was reduced by 8% (3% to 12%) and in children by 14% (7% to 21%). In children, 1 to 2 g/day vitamin C shortened colds by 18%. The severity of colds was also reduced by regular vitamin C administration.

Seven comparisons examined the effect of therapeutic vitamin C (3249 episodes). No consistent effect of vitamin C was seen on the duration or severity of colds in the therapeutic trials.

The majority of included trials were randomised, double-blind trials. The exclusion of trials that were either not randomised or not double-blind had no effect on the conclusions.

Authors' conclusions

The failure of vitamin C supplementation to reduce the incidence of colds in the general population indicates that routine vitamin C supplementation is not justified, yet vitamin C may be useful for people exposed to brief periods of severe physical exercise. Regular supplementation trials have shown that vitamin C reduces the duration of colds, but this was not replicated in the few therapeutic trials that have been carried out. Nevertheless, given the consistent effect of vitamin C on the duration and severity of colds in the regular supplementation studies, and the low cost and safety, it may be worthwhile for common cold patients to test on an individual basis whether therapeutic vitamin C is beneficial for them. Further therapeutic RCTs are warranted.