

# 循证医学资源检索与利用

中国医学科学院 医学信息研究所

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2011-09-21

## 临床上遇到问题

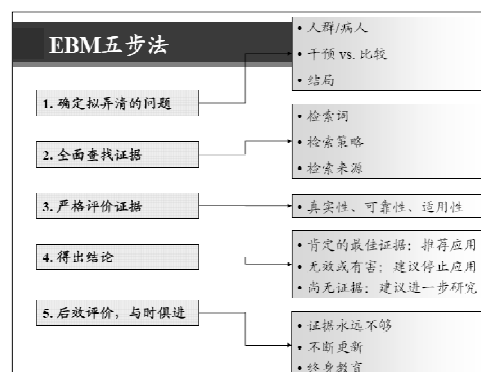
□ 什么病？	诊断
□ 怎么治？	治疗
□ 为什么会得这种病？	病因
□ 会复发吗？	预后
□ .....	.....

## 临床科研工作

### □ 如何获取

#### ➢ 高质量的文献？

- 系统评价文献
- 随机对照试验文献
- 指南



## 第一步：确定拟弄清的问题

### □ 构建临床问题 \_ 国际通用PICO原则

- P** 病人或疾病(即问题) Patients/Problems
- I** 干预 Intervention
- C** 比较干预或暴露 Comparison(optional)
- O** 临床结局 Outcome

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

### The PICO Model

PICO	Ask yourself
<b>Population</b> (patient/condition)	与诊断治疗有关的病人特点 (年龄、性别、种族) 有待解决的病人的问题 (主要疾病、合并症以及其他有临床意义的症状等)
<b>Intervention</b> (drug, procedure, diagnostic test, exposure)	暴露的危险因素 诊断性检验方法 治疗方法
<b>Comparison</b>	对照组的干预措施 治疗药物、诊断方法 可能是空白对照
<b>Outcome</b>	希望实现的治疗目的，达到的治疗效果 (如病死率、存活率等)

## 临床实例

一位65岁的脑卒中病人入院，检查时发现病人右臂和右腿无力，双侧颈动脉有杂音，经颈动脉多普勒超声检查发现病人同侧的颈动脉中度狭窄。而最近的一些文献上提到对有症状颈动脉狭窄既可以采用药物治疗也可以采用外科治疗，但又不敢肯定这些研究中的结果。碰到这样一个病人，医生可能会产生下面一些想法：

- ① 阿司匹林能降低病人再发卒中的危险性吗？
- ② 颈动脉杂音这个体征，能否提示病人有颈动脉狭窄？
- ③ 在有中度颈动脉狭窄的病人中，采用颈动脉内膜切除术是否有效？

## 构建临床问题PICO\_s

病人或问题(P)	干预(I)	比较干预(C)	结局(O)	问题类型(S)
一位65岁的脑卒中病人，检查发现有中度的颈动脉狭窄	阿司匹林	安慰剂	降低再发卒中的危险性	治疗
一位65岁的脑卒中病人	颈动脉杂音	多普勒超声或血管造影术	诊断颈动脉狭窄	诊断
一位65岁的脑卒中病人，检查发现有中度的颈动脉狭窄	颈动脉内膜切除术	药物治疗	降低再发卒中的危险性	治疗

## 检索词

中文关键词	英文关键词	主题词
脑卒中	cerebral apoplexy/stroke	脑血管意外 /Cerebrovascular Accident
阿司匹林	Aspirin/acetysalicylic acid	Aspirin
颈动脉杂音	carotid bruit / carotid bruits	
颈动脉狭窄	Carotid Stenosis/ carotid atherosclerosis	Carotid Stenosis
多普勒超声	Doppler Ultrasonography	Ultrasonography, Doppler
血管造影	Angiography	Angiography
颈动脉内膜切除术	Carotid Endarterectomy	Endarterectomy, Carotid

## 检索策略

### ① 阿司匹林能降低病人再发卒中的危险性吗？

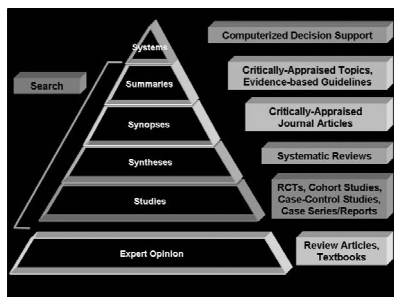
病人或问题(P)	干预(I)	比较干预(C)	结局(O)	问题类型(S)
一位65岁的脑卒中病人，检查发现有中度的颈动脉狭窄	阿司匹林	安慰剂	降低再发卒中的危险性	治疗

Carotid Stenosis AND Aspirin AND (cerebral apoplexy OR stroke)

therapy

## 第二步：全面查找证据/当前最佳的证据

Haynes “5S” model to evidence-based information access



- 计算机决策支持系统
- 循证医学教材
- 循证杂志概述性摘要
- Cochrane系统综述
- 期刊中发表的原始文献

## 循证医学信息资源

### □ 数据库资源

#### ➢ 循证医学数据库

- Cochrane Library、Best Practice、Uptodate、Pier(Physician's Information and Education Resource)、Clin-eguide、Macromedex

#### ➢ 临床实践指南数据库

#### ➢ 综合性文献数据库

- PubMed、Embase、ISI Web of Science、Scopus

### □ 循证医学搜索引擎

- Tripdatabase、SumSearch

### □ 循证医学期刊资源

## 循证医学数据库资源检索

- Cochrane Library
- Best Practice
- Uptodate
- Pier(Physician's Information and Education Resource)
- Clini-guide
- Micromedex

## Cochrane协作网

### □性质

- 国际非营利组织，成立于1993年

### □宗旨

- 通过广泛的协作，以科学的方法制作、保存、传播和更新临床医学各专业领域的系统评价，为临床实践和医疗卫生决策提供最佳的科学证据

## Cochrane Library

### □Cochrane Library主要包括7个独立数据库：

Database	Total published articles
Cochrane Database of Systematic Reviews*	6791
Database of Abstracts of Reviews of Effects	15251
Cochrane Central Register of Controlled Trials	651035
Cochrane Methodology Register	14761
Health Technology Assessment Database	10071
NHS Economic Evaluation Database^	11163
About The Cochrane Collaboration**	80

## 系统评价的状态

各评论(reviews)后的符号所代表的意义：

- R** - Review, 有完整的结果和讨论、数据分析和关于该篇 review 的图表。
- P** = Protocol, 为 reviews 的准备步骤大纲，包括背景、原理说明和方法。
- Comment** = 完全的 Review 并含有评论或批评。读者可以提出自己的评论，这些评论会被整合到作者的回复与回馈中。
- New** = 最新一季版本中所收录的最新的 Protocol 或 Review。
- Update** = 表示最新一季的版本做过更新。
- Withdrawn** = Review 或 Protocol 被撤销 - 通常是因为缺乏相关活动或更新，撤销的理由会在该篇文章上详细说明。

## 检索技巧

### □精确检索 "clodronate therapy"

### □有限截词符(multiple: \*)、通配符(single: ?)

- *Aid\** matches aid, aids, aidings, aided
- *m?ni?re\** matches Meniere's

### □空格表示 and, " "表示 or

- Gene therapy matches gene and therapy
- Gene,therapy matches gene OR therapy

### □大小写不敏感

### □支持near、next 检索

- endocrine NEAR/5 therapy matches endocrine within 5 words of therapy.
- (*high NEXT risk NEXT pregnancy*) matches high-risk pregnancy and high risk pregnancy

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From The Cochrane Collaboration

SEARCH THE COCHRANE LIBRARY  
Title, Abstract or Keywords  
Carotid Stenosis Aspirin GO  
or try an Advanced Search

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BROWSE COCHRANE DATABASE OF SYSTEMATIC REVIEWS  
Issue 9 of 12, Sept 2011

- Anaesthesia & pain control (168)
- Blood disorders (108)
- Cancer (358)
- Child health (1282)
- Complementary & alternative medicine (476)
- Consumer & communication strategies (40)
- Dentistry & oral health (117)

Expand Other Browse Options

SPECIAL COLLECTIONS

- Care homes for older people
- International Clinical Trials Day 2011
- World No Tobacco Day

EDITORIAL

Two new editors in the Cochrane Library

In the September 2011 issue, The Cochrane Library has published two editorials. Click 'Read more' below to access Christopher Lockstone's editorial 'Post-operative pain management', and Hannah Newfield and Francesco Dranca's editorial 'Centralised access to evidence-informed nutrition actions'...

Read more View archive

HIGHLIGHTED NEW AND UPDATED COCHRANE REVIEWS

Carotid Stenosis Aspirin

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COCHRANE REVIEWS  
By Topic: New Reviews Updated Reviews A-Z By Review Group  
Other Resources: Other Reviews Clinical Trials Methods Studies Technology Assessments Economic Evaluations

Search Results

Show Results for: Cochrane Reviews (1) | Other Reviews (0) | Clinical Trials (80) | Methods Studies (19) | Technology Assessments (0) | Economic Evaluations (1) | Cochrane Groups (0)

There are 1 results out of 6781 records for "Carotid Stenosis Aspirin in Title, Abstract or Keywords in Cochrane Database of Systematic Reviews"

View: 1  
Export All Results

Record Information

Issue: Current | All | Restricted to: Reviews | Protocols

1  
Antiplatelet therapy for preventing stroke and other vascular events after carotid endarterectomy  
Stefan Engelter, Philippe Lyrer  
October 2008

Select All (0) (no options)  
Export Selected Citations Export All Results

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Other Resources: Other Reviews Clinical Trials Methods Studies Technology Assessments Economic Evaluations

Search Results

Show Results for: Cochrane Reviews (1) | Other Reviews (0) | Clinical Trials (80) | Methods Studies (19) | Technology Assessments (0) | Economic Evaluations (1) | Cochrane Groups (0)

There are 66 results out of 6782 records for "Carotid Stenosis Aspirin in Title, Abstract or Keywords in Cochrane Central Register of Controlled Trials"

View: 42 | 26-50 | 51-60  
Export All Results

Record Information

1  
Cisapride versus dicyclanide in addition to aspirin in reducing embolization detected with ambulatory transcranial Doppler: a randomized trial  
Ring A, Bath PM, Markus HS  
2011

2  
Cisapride plus aspirin versus aspirin alone for reducing embolization in patients with acute asymptomatic carotid or carotid artery stenosis (CAIAS study): a randomised, open-label, blinded-endpoint trial  
Hong KS, Chen L, Fu J, Chung MB, Suenwara WC, Huang YH, Han L, Tan NS, Katsaratos J, Chubb P, Dool L, Kish A, Han U, Markus HS, CLARIS study investigators  
2010

3  
Rationale, design and population baseline characteristics of the PERFORM vascular protect an ancillary study of the Prevention of cerebrovascular and cardiovascular Events of Ischaemic origin with the Ischaemic and Cerebral or (Ischaemic) Ischaemic Effect (PERFORM) trial  
Hemmens MG, Bots ML, Forti L, Laurent S, Duboulet PJ  
2010

4  
What is the best antiplatelet regimen in acute carotid stenosis? A randomized trial comparing clopidogrel versus dipyridole in addition to aspirin on asymptomatic embolization  
King A, Bath PM, Markus H  
2010

5  
Effect of the thromboxane prostanoid receptor antagonist beraprost on arterial thromboembolism after repeated administration in patients treated for the prevention of ischemic stroke  
Rui LH, Stiller C, Coudane J, Simonneau G, Bergmann JP, Rocaux M, Doucet L  
2009

6  
Prevalence and risk factors for aspirin and clopidogrel resistance in cerebrovascular stenosis  
Pothukarum S, Wills KR, Lee VM, Halsey CA, Lipson DK  
2008

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Antiplatelet therapy for preventing stroke and other vascular events after carotid endarterectomy  
Stefan Engelter, Philippe Lyrer  
Database Title: The Cochrane Library  
Editorial Group: Cochrane Stroke Group  
Published Online: 8 OCT 2008  
Assessed as up-to-date: 31 MAR 2003  
DOI: 10.1002/14651858.CD001458  
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Additional Information (Show All)  
How to Cite | Author Information | Publication History

Abstract Article Figures Tables References Cited By

View Full Article (HTML) | Summary (57K) | Standard (279K) | Full (332K)

Abstract

Background

Antiplatelet drugs are effective and safe in a wide variety of patients at high risk of vascular ischaemic events. Among patients undergoing vascular surgical procedures, these agents significantly reduce the risk of graft or native vessel occlusion. In this context we wished to examine their effects in patients after carotid endarterectomy (CEA).

Objectives

To evaluate whether antiplatelet agents are safe and beneficial after endarterectomy of the internal carotid artery.

Antiplatelet therapy for preventing stroke and other vascular events after carotid endarterectomy (Review)

Engelter S, Lyrer P

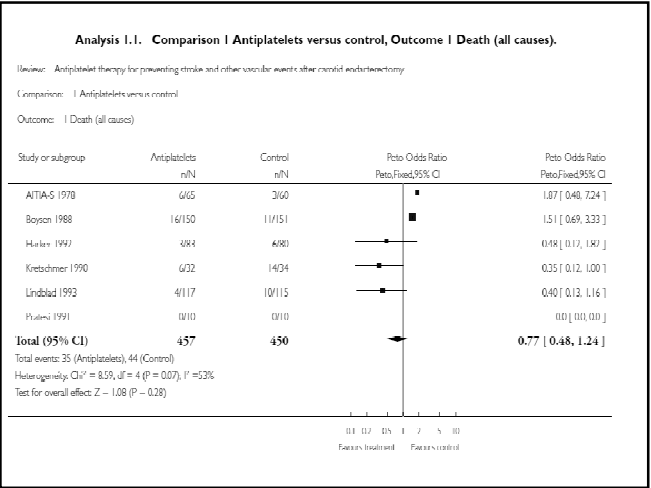
THE COCHRANE COLLABORATION®

This is a review of a Cochrane review prepared and maintained by The Cochrane Collaboration and published in The Cochrane Library 2008, Issue 4

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Comparison 1. Antiplatelets versus control				
Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Death (all causes)	6	907	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.77 [0.48, 1.24]
2 Stroke (any stroke during the follow-up period)	6	907	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.58 [0.34, 0.98]
3 Vascular death	5	675	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.96 [0.54, 1.71]
4 Stroke or vascular death	5	675	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.81 [0.51, 1.30]
5 Serious vascular events during follow-up period	5	675	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.78 [0.49, 1.22]
6 Death or dependency at the end of follow up	1	232	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.28 [0.13, 0.62]
7 Myocardial infarction (all)	3	446	Peto Odds Ratio (Peto, Fixed, 95% CI)	1.42 [0.40, 5.07]
8 Non-fatal myocardial infarction	3	447	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.48 [0.10, 2.42]
9 Ischaemic stroke during follow-up period	1	20	Peto Odds Ratio (Peto, Fixed, 95% CI)	Not estimable
10 Intracranial haemorrhage	1	301	Peto Odds Ratio (Peto, Fixed, 95% CI)	7.44 [0.15, 374.88]
11 Major extracranial haemorrhage	5	841	Peto Odds Ratio (Peto, Fixed, 95% CI)	1.71 [0.73, 4.03]
12 Local haemorrhage requiring surgery	3	696	Peto Odds Ratio (Peto, Fixed, 95% CI)	1.41 [0.53, 3.72]
13 Recurrent stenosis	3	357	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.80 [0.42, 1.52]
14 Contralateral stenosis ( occurrence/progression)	0	0	Peto Odds Ratio (Peto, Fixed, 95% CI)	Not estimable
15 TIA or amaurosis fugax	3	696	Peto Odds Ratio (Peto, Fixed, 95% CI)	0.96 [0.55, 1.67]



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BMJ Portfolio – a new online service that lets you save resources as evidence of learning, track CPD points or hours and create personal development plans. It has now replaced the 'Plan and Record' resource, giving you a complete view of your professional development.

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搜索结果 Carotid Stenosis Aspirin

提示: 使用筛选按钮过滤结果。

全部结果 (18) 疾病 (0) 药物 (0) 治疗 (0) 证据 (0) 药物数据库 (0) 指南 (0)

结果 1/1 (18/18)

治疗 Transient ischaemic attack > Treatment > Details > carotid endarterectomy or stent  
Patient group: atherosclerotic or small-vessel TIA already on aspirin alone - with <50% carotid stenosis  
... % symptomatic carotid stenosis felt to be poor surgical candidates for CEA can be considered for carotid ...

证据 Stroke: secondary prevention > Clinical Evidence > Key Points  
Stroke: secondary prevention should not be considered in people with acute stenosis of the carotid ...

证据 Vascular dementia > 治疗 > 治疗步骤  
Evidence supports the use of aspirin, dipyridol, or combination ...

预防 Ischaemic stroke > 预防 > 二级预防  
endarterectomy for carotid artery stenosis. Statins for patients with LDL >2.6 mmol/L (100 mg/dL) and stroke ...

治疗 Transient ischaemic attack > 治疗 > 治疗步骤  
Lifestyle modification Carotid endarterectomy for >50% carotid stenosis. Neuroprotective agents remain ...

证据 Transient ischaemic attack > Treatment > Details > lifestyle modifications with or without antihypertensive therapy  
Patient group: atherosclerotic or small-vessel TIA already on aspirin/dipyridol or clopidogrel - with hypertension as there are no neurological deficits. Caution is advised in lowering BP in patients with severe carotid stenosis

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Remember me. (?)  
Sign in (S)  
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Adhere users sign in here (T)  
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This evidence is associated with the Best Practice topics: Folate deficiency, Ischaemic stroke, Oral

## Stroke: secondary prevention

Gregory YH Lip; Lalit Kalra

Interventions Key points About this condition Updates (4) References

You may prefer to view the interventions page of this review.

Prevention in this context is the long-term management of people with previous stroke or TIA, and of people at high risk of stroke for other reasons, such as atrial fibrillation.

- Risk factors for stroke include: previous stroke or TIA; increasing age; hypertension; diabetes; cigarette smoking; and emboli associated with atrial fibrillation, artificial heart valves, or MI.

Antiplatelet treatment effectively reduces the risk of stroke in people with previous stroke or TIA.

- High-dose aspirin (500–1500 mg/day) seems as equally effective as low-dose aspirin (75–150 mg/day), although it may increase GI adverse effects.
- Adding dipyridamole to aspirin is beneficial in reducing composite vascular end points and stroke compared with aspirin alone. Risk reduction appears greater with extended-release compared with immediate-release dipyridamole.
- The net risk of recurrent stroke or major haemorrhagic event is similar with clopidogrel and aspirin plus dipyridamole.

Treatments to reduce blood pressure are effective for reducing the risk of serious vascular events in people with previous stroke or TIA.

- Blood pressure reduction seems beneficial irrespective of the type of qualifying cerebrovascular event (ischaemic or haemorrhagic), or even whether people are hypertensive.
- Aggressive blood pressure lowering should not be considered in people with acute stenosis of the carotid or vertebral arteries, because of the risk of precipitating a stroke.

Carotid endarterectomy effectively reduces the risk of stroke in people with greater than 50% carotid stenosis, is not effective in people with 30% to 49% carotid stenosis, and increases the risk of stroke in people with less than 30% stenosis. However, it does not seem beneficial in people with near occlusion.

## PubMed中检索循证医学资源

PubMed.gov PubMed Search

25 National Library of Medicine National Institutes of Health

Limits Advanced

PubMed

PubMed comprises more than 21 million citations for biomedical literature from MEDLINE, life science journals, and PubMed Central.

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## Clinical Queries

专门为临床医生研究设计的内置的临床方法学“过滤器”（Clinical Methodology filters）- 检索策略模型，由加拿大流行病学和生物统计学研究人员Haynes RB等人在1994年提出，并进行了查全率和查准率分析。

用户通过这一临床方法学检索过滤器，不需掌握复杂的检索策略，即可检索所需的临床研究文献。

## PubMed Clinical Queries

Search Search Clear

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

Clinical Study Categories Systematic Reviews Medical Genetics

Category: Therapy Topic: All

Scope: Broad

Sample Results of Clinical Study Category Query Sample Results of Systematic Reviews Query Sample Results of Medicinal Genetics Query

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

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

Filter citations to topics in medical genetics.

## 临床问题—PICO

① 阿司匹林能降低病人再发卒中的危险性吗？

病人或问题(P)	干预(I)	比较干预(C)	结局(O)	问题类型(S)
一位65岁的脑卒中病人，检查发现有中度的颈动脉狭窄	阿司匹林	安慰剂	降低再发卒中的危险性	治疗

Carotid Stenosis AND Aspirin AND (cerebral apoplexy OR stroke)

therapy

**PubMed Clinical Queries**

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Cardiac Stenosis AND Angina Pectoris [controlled vocabulary OR disease]

Search

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<b>Clinical Study Categories</b>  Category: Therapy ▾ Scope: Exact ▾	<b>Systematic Reviews</b>	<b>Medical Genetics</b>  Topic: All
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<b>Results:</b> 5 of 237 What's new in stroke? The top 10 studies of 2009-2011: part I [P] Arch Med Wcwn 2011 Weighing components of composite end points in clinical trials: an approach using disability-adjusted life-years. [Stroke 2011] Beyond coronary artery disease: interventional approach to carotid occlusive disease. [J G Ital Cardiol (Rome). 2010] Digoxin versus diltiazem in addition to aspirin in reducing embolization detected with ambulatory transcranial Doppler: a randomized trial. [Stroke 2011] Synchronous carotid artery stenting and open heart surgery. [J Vasc Surg 2011] See all (237)	<b>Results:</b> 5 of 23 Collateral circulation in symptomatic intracranial atherosclerosis [Treatment for carotid artery stenosis using evidence-based medicine] [Brain Nerve 2010] Guidelines for the primary prevention of stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association [Stroke 2011] Systematic periprocedural carotid angiography and stenting improves postoperative results of carotid endarterectomy in patients with asymptomatic coronary artery disease: a randomized controlled trial. [Eur J Vasc Endovasc Surg 2011] EVIS guidelines. Invasive treatment for carotid stenosis: indications, techniques. [Eur J Vasc Endovasc Surg 2009] See all (23)	<b>Results:</b> 0 of 0 Display citations pertaining to topics
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Display citations filtered to a specific clinical study category and scope. These search filters were developed by Haynes RB et al. See more filter information

Display citations for systematic reviews; meta analyses, reviews of clinical trials, evidence based medicine, consensus development conferences, and guidelines. See filter information on additional related resources

**PubMed Clinical Queries**

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

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<p>Control Stenosis AND Asympt AND [control apyrry OR stroke]</p>    <p><b>Clinical Study Categories</b></p> <p><b>Category:</b> Therapy ▾</p> <p><b>Scope:</b> Narrow ▾</p>    <p><b>Results:</b> 5 of 41</p> <p>Dysphagic versus dysphagoid in addition to aspirin in reducing embolization detected with ambulatory transcranial Doppler: a randomized trial. (Stroke. 2011)</p> <p>Treatment for primary carotid artery stenosis using evidence-based medicine. (Brain Nerve. 2010)</p> <p>Axsonic, design and population baseline characteristics of the PERFECT vascular segment: an ancillary study of the Prevention of Cardiovascular and Cardiovascular Events of Ischemic origin with tEraditor in patients with a History (Cardiovasc Disast Ther. 2010)</p> <p>Dysphagia plus aspirin versus aspirin alone for reducing embolization in patients with acute symptomatic cerebral or carotid artery stenosis (CLAR study), a randomised, open label, blinded endpoint trial. (Lancet Neurol. 2010)</p> <p>Systematic prescriptive coronary angiography and stenting improves postoperative results of carotid endarterectomy in patients with asymptomatic carotid artery disease: a randomised controlled trial. (Eur J Vasc Endovasc Surg. 2010)</p> <p>Soc at #1</p>	<p><b>Systematic Reviews</b></p> <p><b>Results:</b> 5 of 23</p> <p>Carotid curvature in symptomatic intracranial atherosclerosis. (J Cereb Blood Flow Metab. 2011)</p> <p>Treatment for primary carotid artery stenosis using evidence-based medicine. (Brain Nerve. 2010)</p> <p>Guidelines for the primary prevention of stroke: a guideline for healthcare professionals from the American Association of Neurological Nurses Practitioners. (Stroke. 2011)</p> <p>Systematic prescriptive coronary angiography and stenting improves postoperative results of carotid endarterectomy in patients with asymptomatic carotid artery disease: a randomised controlled trial. (Eur J Vasc Endovasc Surg. 2010)</p> <p>ESVS guidelines: Invasive treatment for carotid diseases: Indications, techniques. (Eur J Vasc Endovasc Surg. 2009)</p> <p>Soc at #2</p>
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Dysphagia outcomes filtered to a specific clinical study category and scope. These search filters were developed by [Tanner NG et al.](#) See more ([see information](#))

Dysphagia outcomes for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See their information on additional related sources.

## EMBASE中检索循证医学资源

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## 高级检索、药物检索和疾病检索中特有的检索方式

Advanced Limits expand all collapse all

☐ Evidence-Based Medicine clear selection

<input type="checkbox"/> Cochrane Review <input type="checkbox"/> Controlled Clinical Trial <input type="checkbox"/> Meta Analysis	<input type="checkbox"/> Randomized Controlled Trial <input type="checkbox"/> Systematic Review
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☐ Publication Types:  
Limits selected: none

☐ Areas of focus:  
Limits selected: none

☐ Article Languages:  
Limits selected: none

☐ Gender:  
Limits selected: none

Cochrane Review

Controlled clinical trial

Meta analysis

Randomized controlled trial

Systematic Review

## 临床实例——小结

一位65岁的脑卒中病人入院，检查时发现病人右臂和右腿无力，双侧颈动脉有杂音，经颈动脉多普勒超声检查发现病人同侧的颈动脉中度狭窄。而最近的一些文献上提到对有症状颈动脉狭窄既可以采用药物治疗也可以采用外科治疗，但又不敢肯定这些研究中的结果。碰到这样一个病人，医生可能会产生下面一些想法：

- ① 阿司匹林能降低病人再发卒中的危险性吗?
- ② 颈动脉杂音这个体征, 能否提示病人有颈动脉狭窄?
- ③ 在有中度颈动脉狭窄的病人中, 采用颈动脉内膜切除术是否有效?

**Thank you!**

**Good Luck!**