INTRODUCTION TO BIOMEDICAL DATABASES AND CITATION ANALYSIS

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MINISTERIO DE ECONOMÍA, INDUSTRIA Y COMPETITIVIDAD

Instituto de Salud Carlos III

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EXCELENCIA SEVERO OCHOA

cnic

Searching for bibliographic references

- ✓ Analyze your topic
- ✓ Choose the right starting place: search engines or specific databases
- ✓ Choose the right terms to search
- ✓ Find out if there is the possibility to search by keywords or to use Boolean searching
- ✓ Try the simple and the advance search. Use the limits
- ✓ Have a look of the results and refine them
- ✓ Save or print the results
- ✓ Get the document

Designing effective queries

Basic skills I: Using trunctat*

- Trunctation refers to using wildcard symbols such as * in search queries
- Trunctation can generate a lot of hits and cover a lot of terms
  - univ* will capture university (but also universal, unival, universe…)

- Tipps:
  - Check for topic- or domain-specific pre- and suffix morphemes (electro*, synthetic*, geno*, cardio*,…) and use the in conjuction with other terms
  - Always check for unwanted side-effects when using trunctation. Cardi* vs. Cardio* vs. Cardia*

Designing effective queries

Basic skills II: Thinkin in boolean logic – Operators

- Boolean operators (AND, OR, NOT) are at the center of advance query construction
- Examples
  - **AND** example: beverage AND bottle AND beer = all three terms must be present
  - **OR** example: crisp OR crackers OR peanuts = one term must be present
  - **NOT** example: beverage AND bottle NOT beer= beverage and bottle must be present but not beer
- Tipps:
  - Some plattforms support proximity operators (e.g. NEAR)
  - If you use boolean operators make them UPPERCASE

Designing effective queries

Basic skills II: Thinkin in boolean logic – Operators precedence and ()

- Evaluation of queries is not strictly executed from **left to right**, but also by **operator precedence**
- Example "Beverages, Bottles and Beer"
  - beverage OR beer NOT bottle [52,112] [143,536]
  - beer NOT bottle OR beverage [52,112] [145,001]
  - beverage OR (beer NOT bottle) [52,112] [145,001]
  - (beverage OR beer) NOT bottle [51,130] [143,536]
  - bottle NOT (beverage OR beer) [30,381] [12,897]
  - bottle NOT beverage OR beer [52,379] [32,856]
- Tipps:
  - Be aware of operator **precedence**. Most operator precedences are: SAME > NOT > AND > OR
  - **Parentheses** override operator precedence. Always keep track of open/closed of parentheses

Designing effective queries

Basic skills II: Thinkin in boolean logic – To quote or NOT to quote

- Example of transaltional research:
  - A: translational research [16,292]
  - B: translational AND research [16,292]
  - C: “translational research” [8,295]
  - D: “translation* research” [8,577]

Always remember that the trunctaction symbol and the operators precedence may be diferent from one database to another

If you start in Google…

If you use Google to start the search, use it right!

"Quotation Marks" → Find the exact sentence

- Dashes → Exclude a term from you search

~ Tilde → Find for synonyms

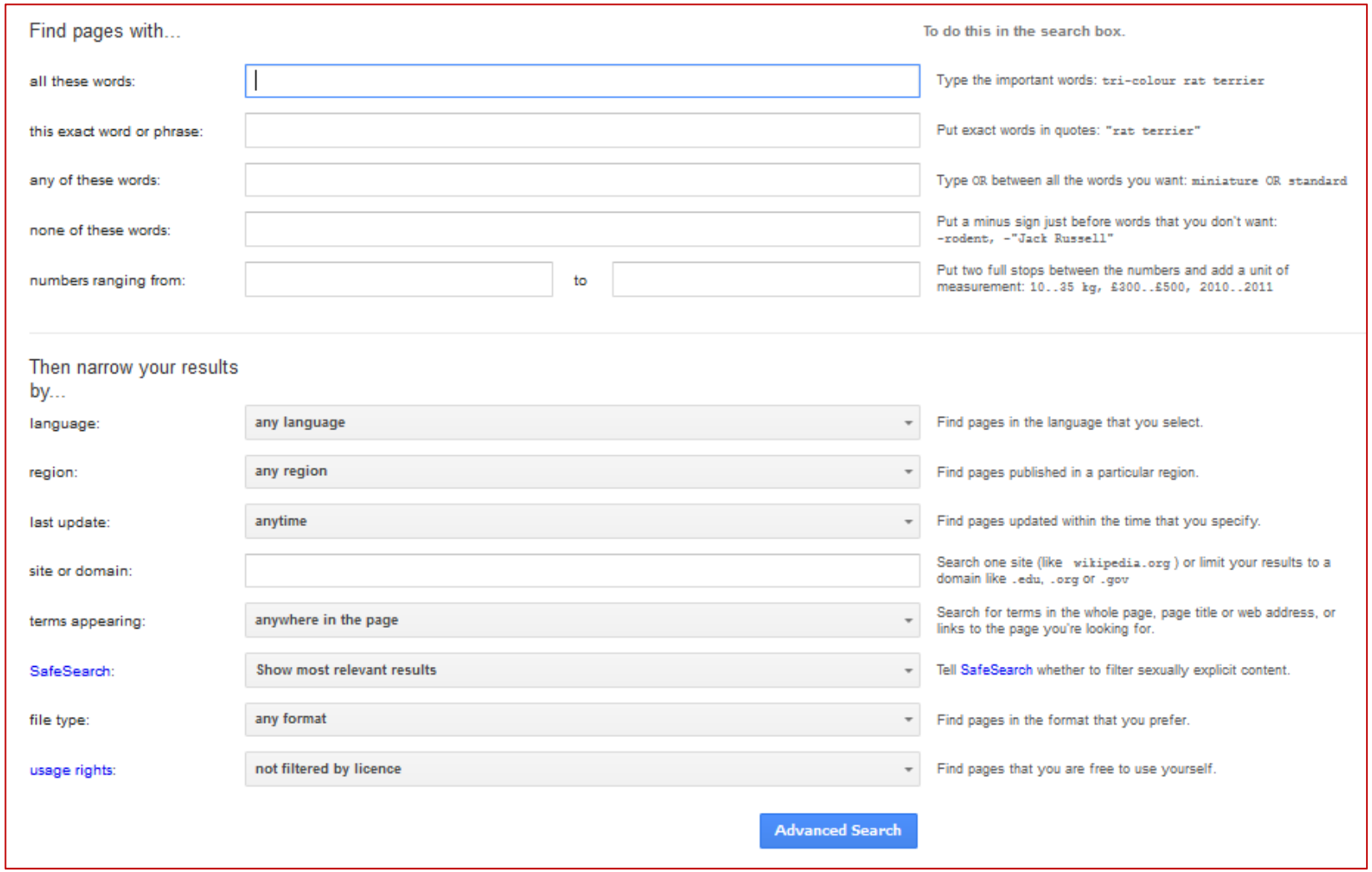
site: → Search in a specific website only

| vertical bar → Will search sites that have one/two/all the terms

.. Two periods → When you want to search within two numbers ranges

You can also use the Advance Search…

If you start in Google…



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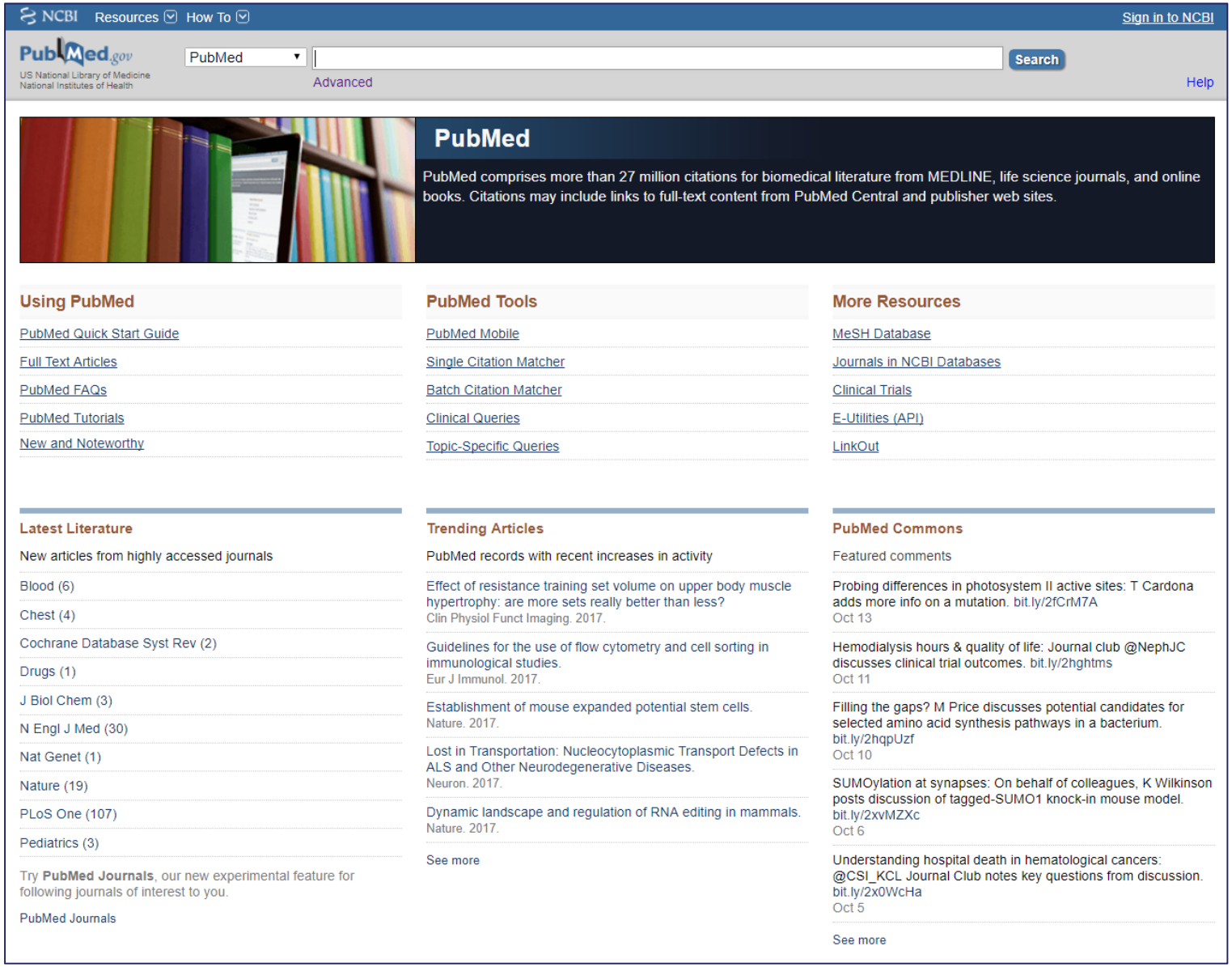
PubMed is a free database accessing the MEDLINE database of citations, abstracts and some full text articles on life sciences and biomedical topics. Is maintained by the United States National Library of Medicine (NLM) at the National Institutes of Health (NIH).

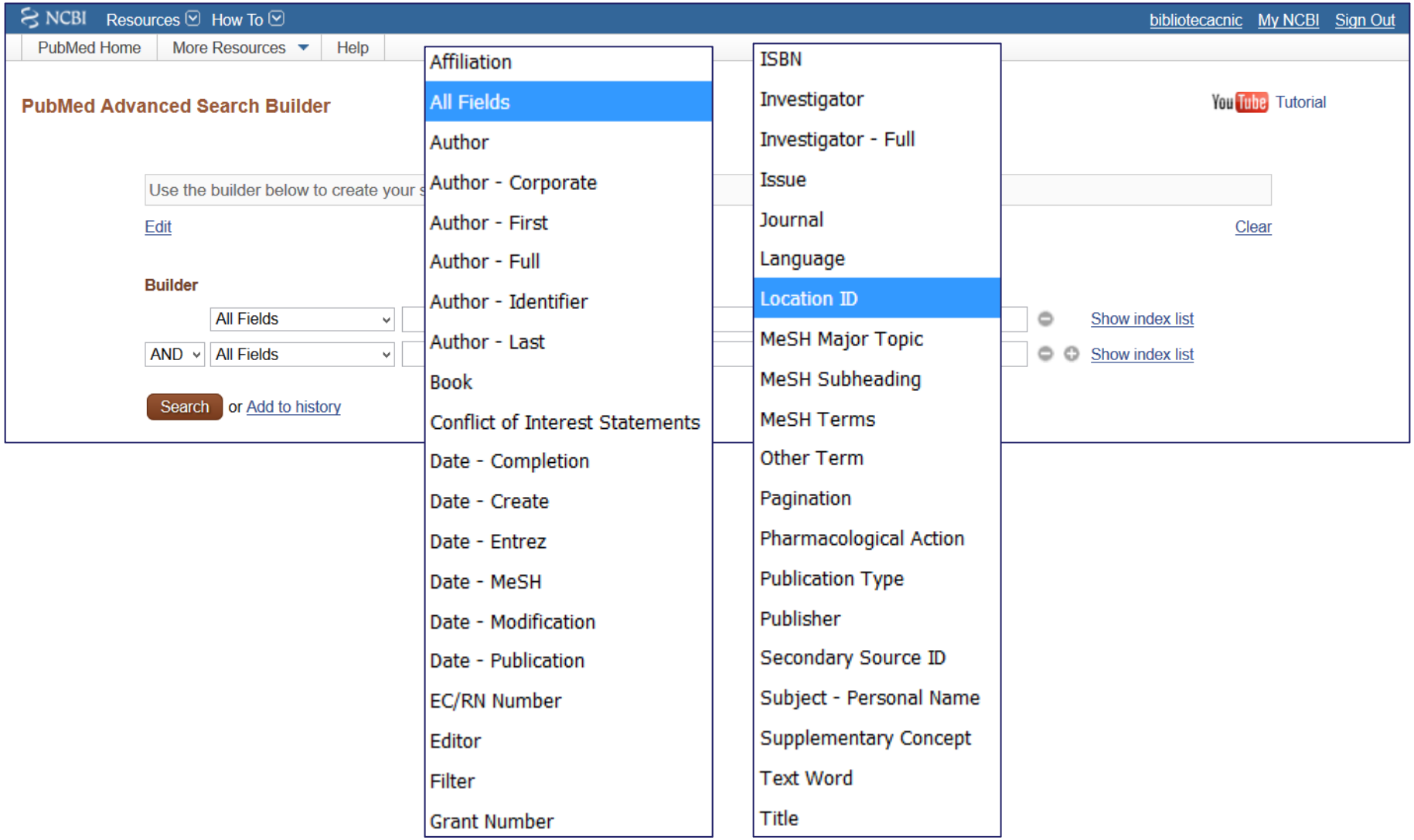
In addition to MEDLINE, PubMed also offers access to:

- OLDMEDLINE for pre-1966 citations. This has recently been enhanced, and records for 1951.
- PREMEDLINE: In-process citations which provide a record for an article before it is indexed with MeSH and added to MEDLINE and citations that precede the date that a journal was selected for MEDLINE indexing (when supplied electronically by the publisher).

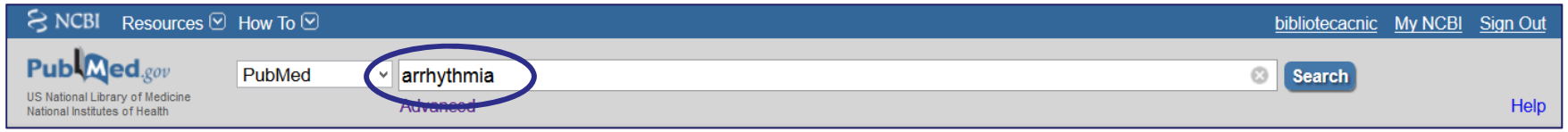
Pubmed: single search

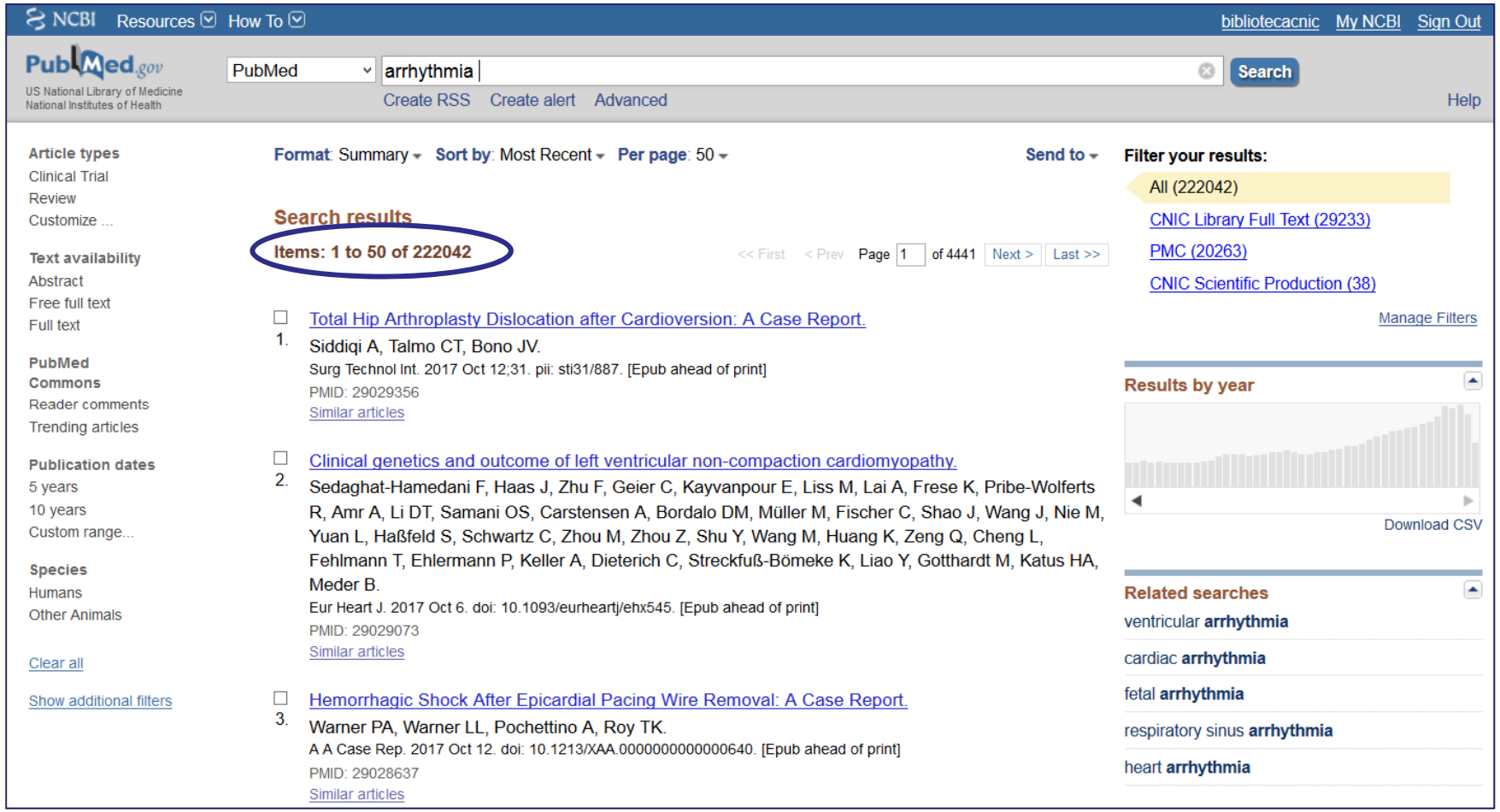


Pubmed: advanced search



Search by terms





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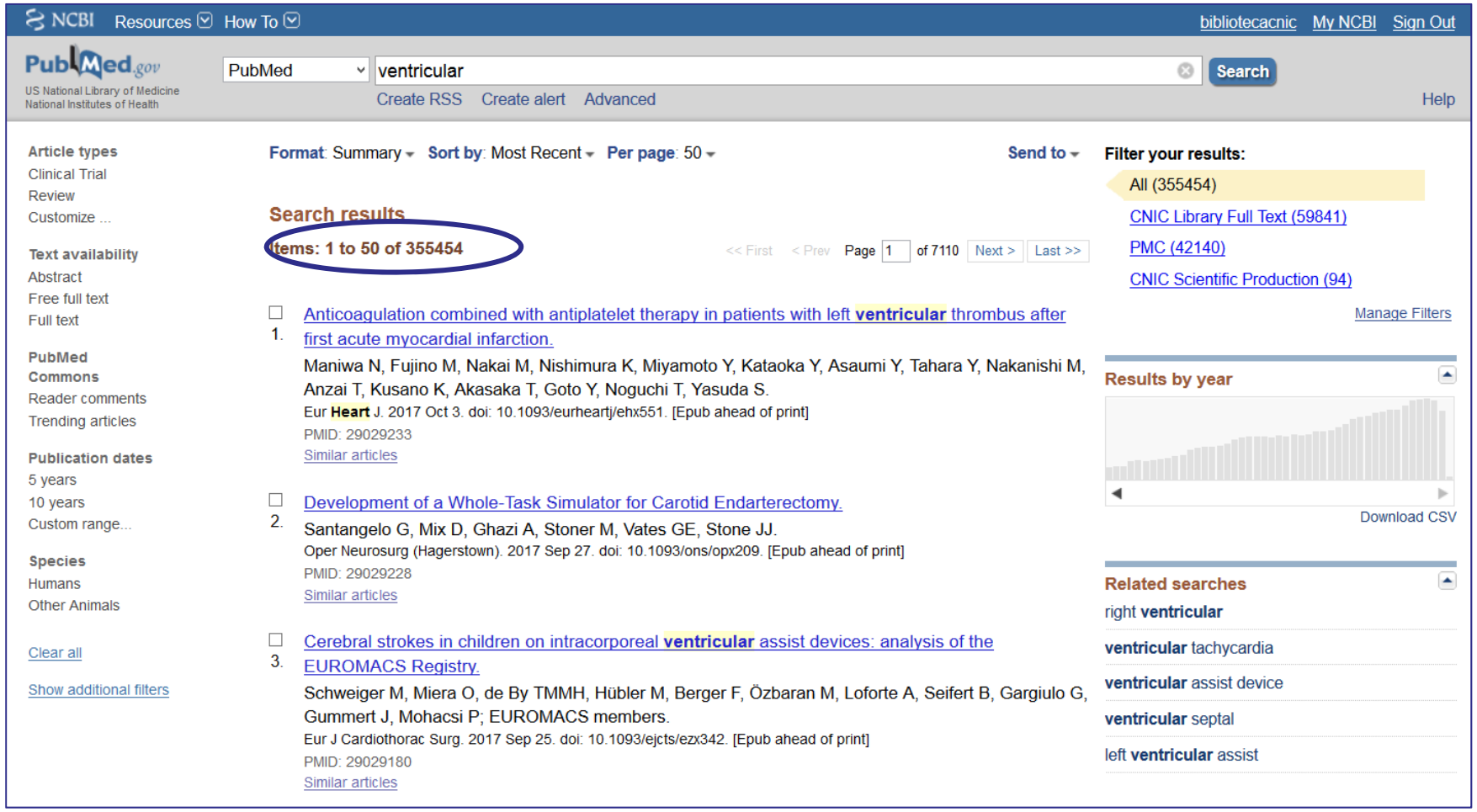
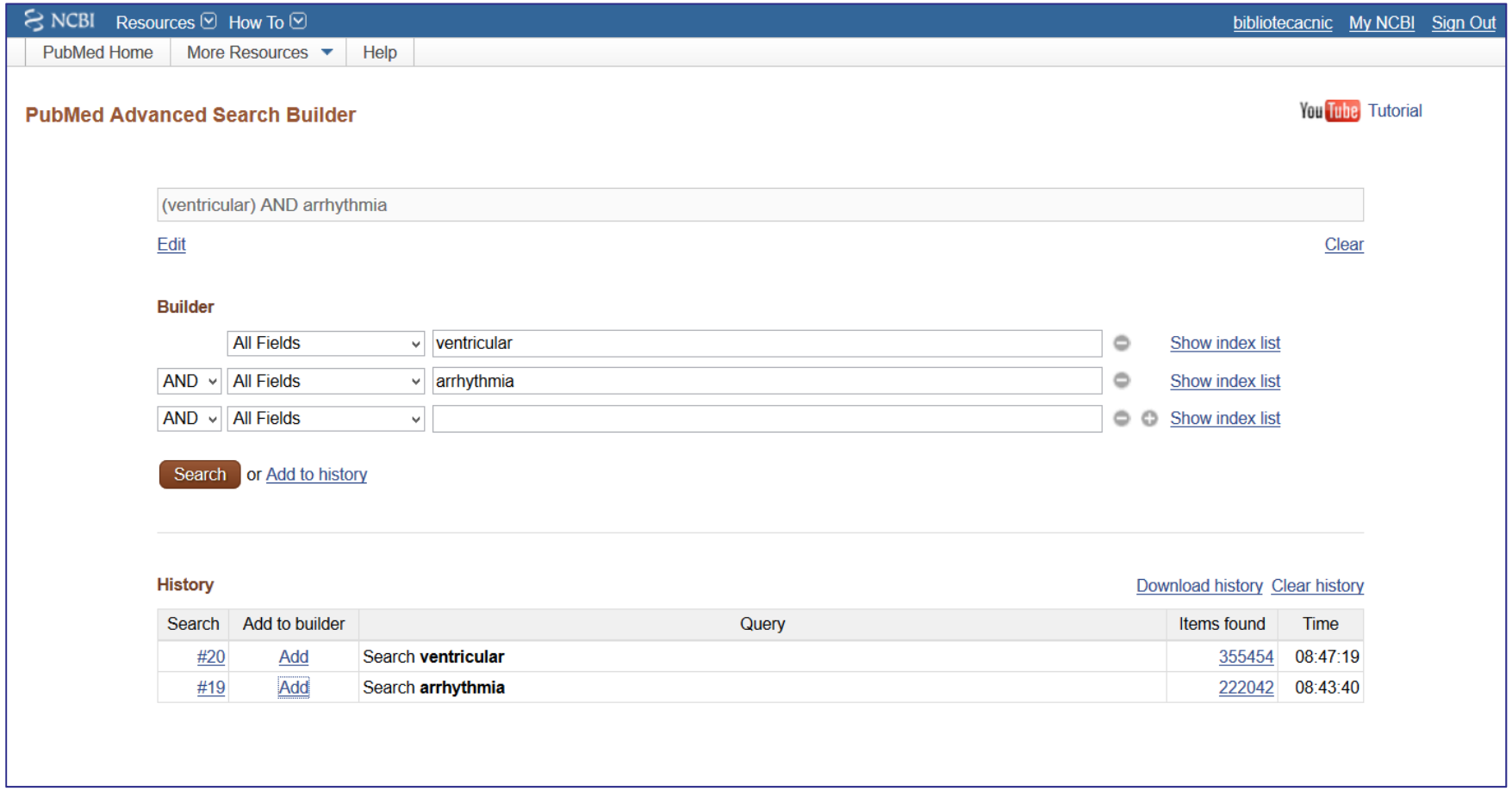


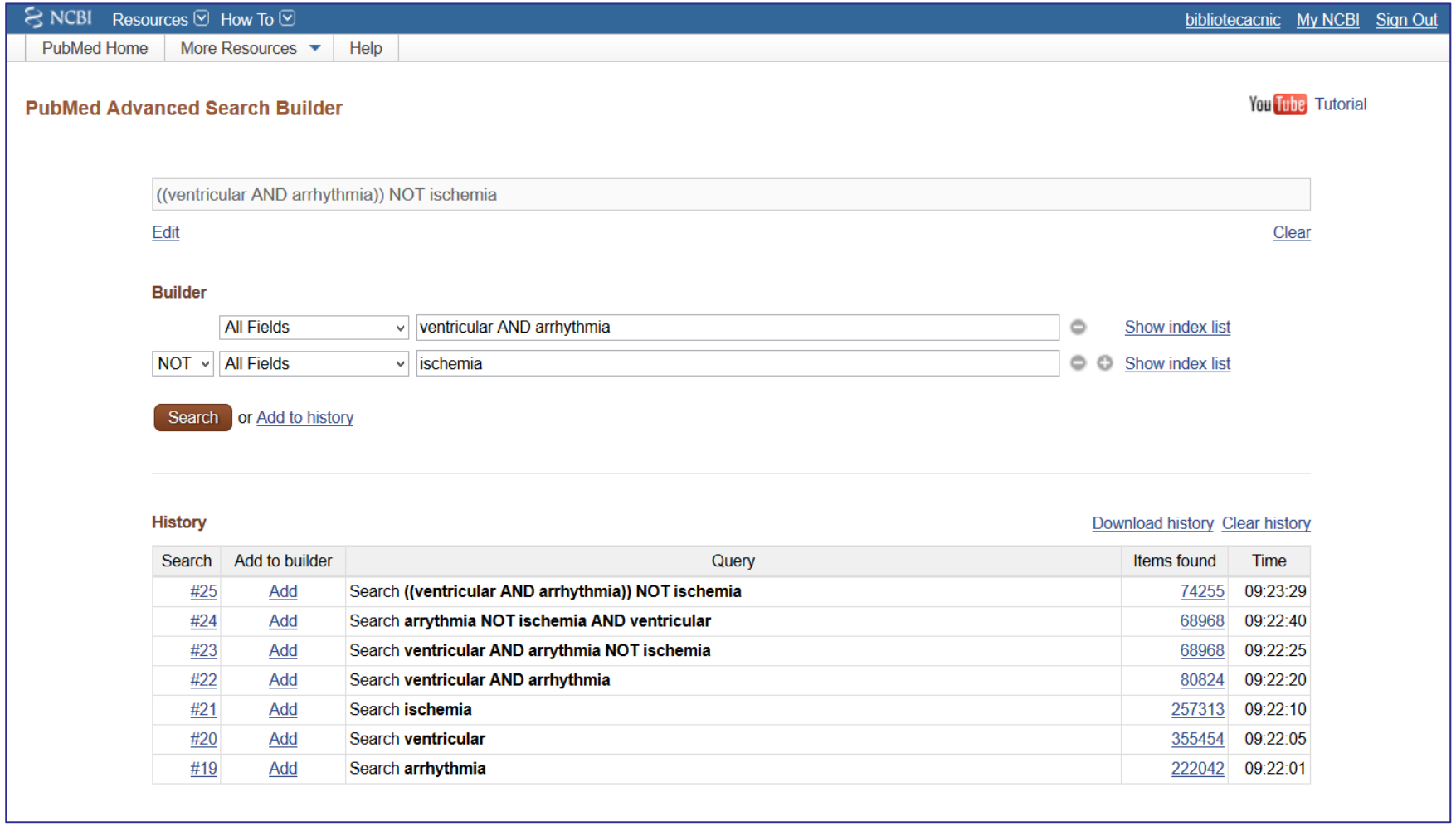
Advance search and History

If you go the the Advance Search Builder you can have track of your searches in the History



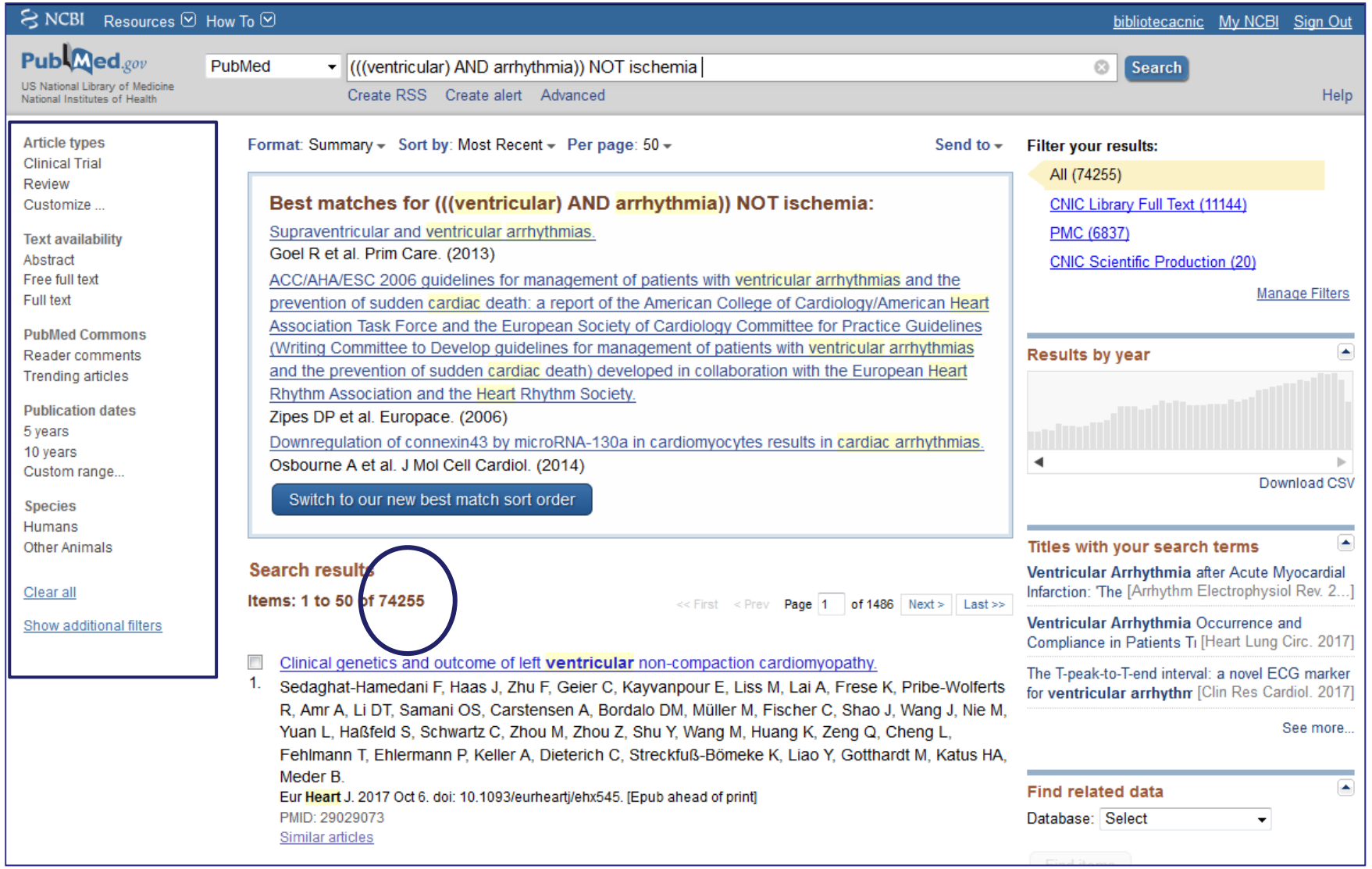
Advance search and History

You can combine the diference searches using the "History"



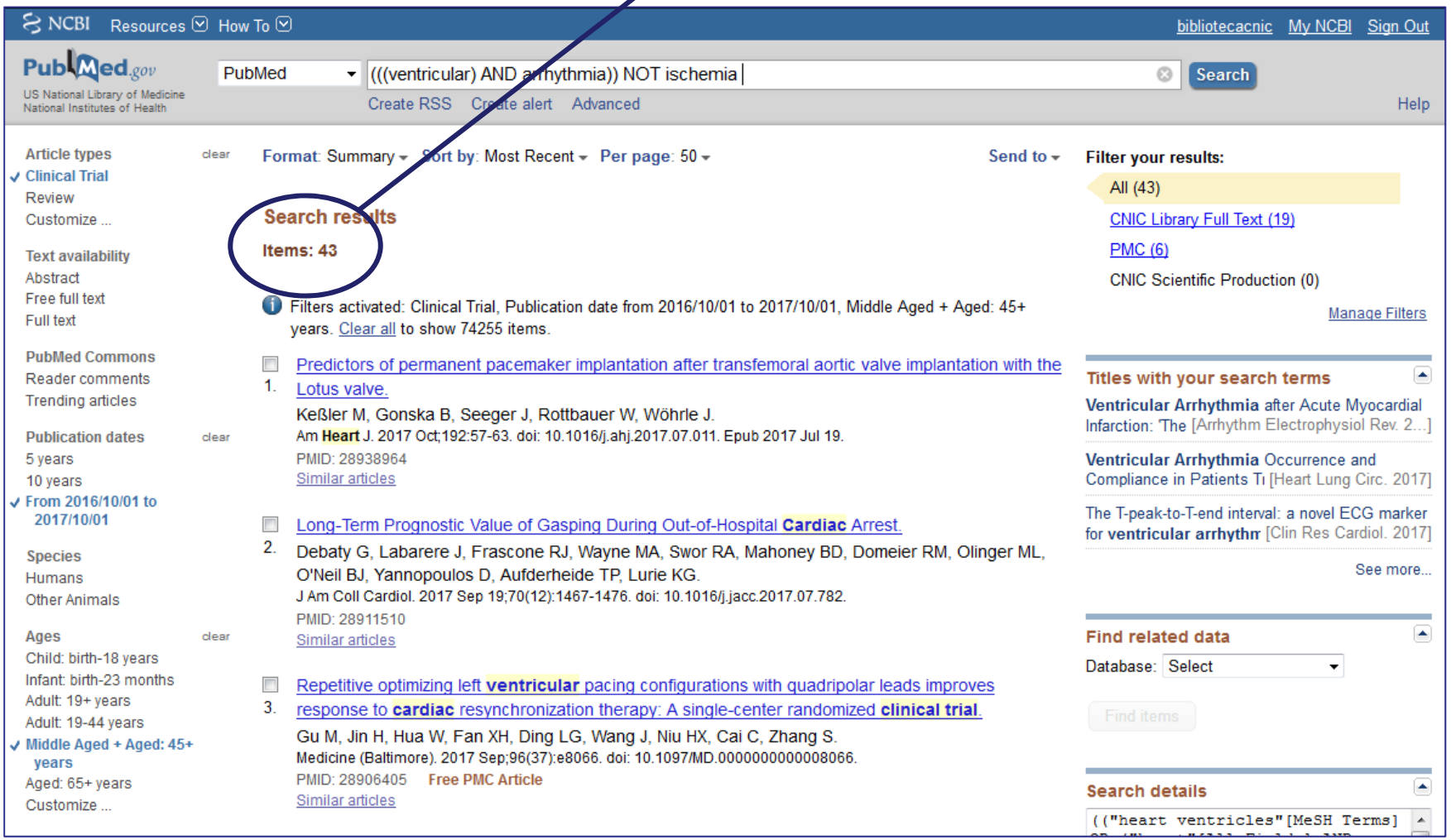
Using the limits

Once you have your results is time to use the limits to narrow the search



Using the limits

Clinical trials published last year about arrhythmia ventricular excluding ischemia in patients over 45.



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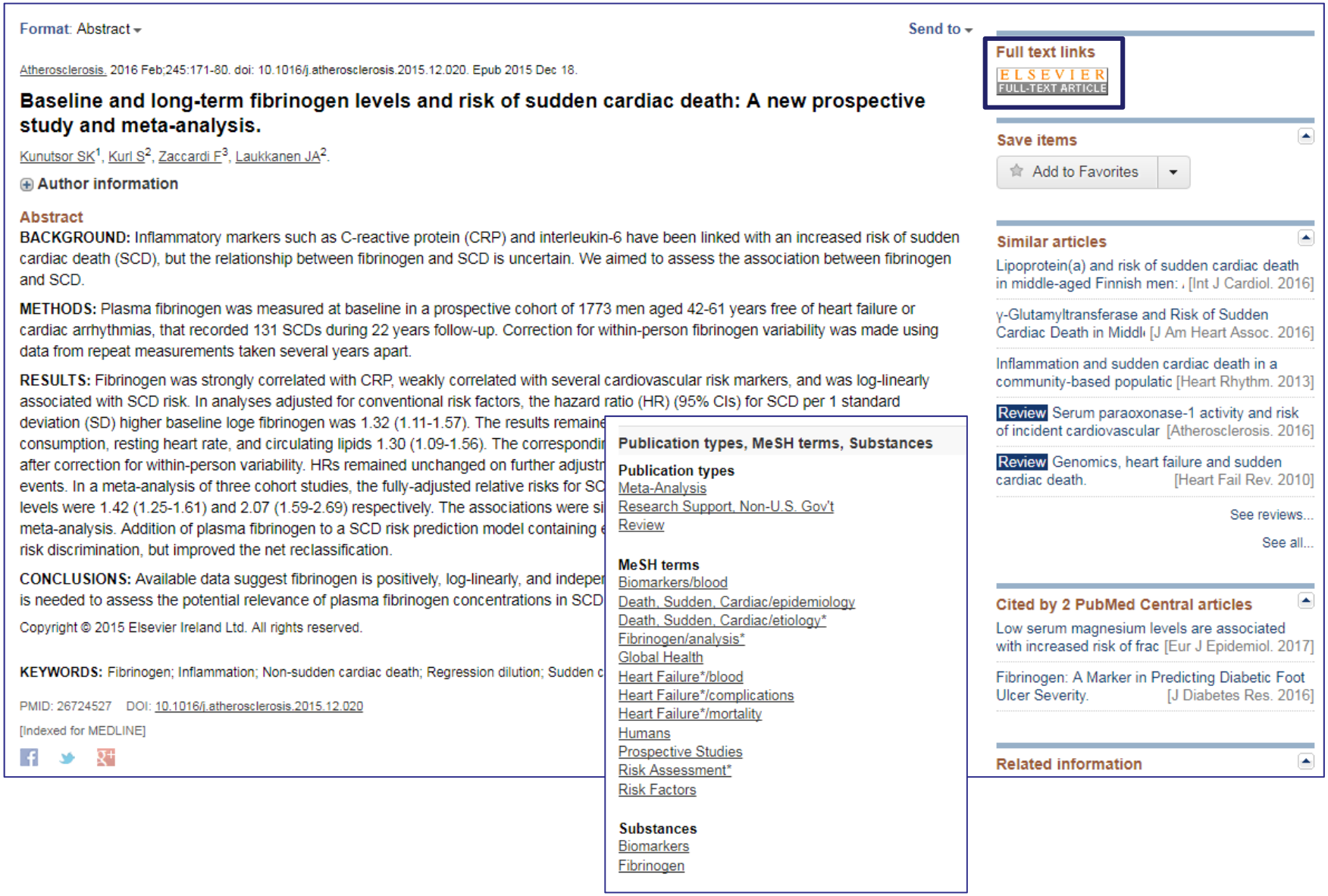

Format: Abstract

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Atherosclerosis. 2016 Feb;245:171-80. doi: 10.1016/j.atherosclerosis.2015.12.020. Epub 2015 Dec 18.

Baseline and long-term fibrinogen levels and risk of sudden cardiac death: A new prospective study and meta-analysis.

Kunutsor SK[1], Kurl S[2], Zaccardi F[3], Laukkanen JA[2].

Author information

Abstract

BACKGROUND: Inflammatory markers such as C-reactive protein (CRP) and interleukin-6 have been linked with an increased risk of sudden cardiac death (SCD), but the relationship between fibrinogen and SCD is uncertain. We aimed to assess the association between fibrinogen and SCD.

METHODS: Plasma fibrinogen was measured at baseline in a prospective cohort of 1773 men aged 42-61 years free of heart failure or cardiac arrhythmias, that recorded 131 SCDs during 22 years follow-up. Correction for within-person fibrinogen variability was made using data from repeat measurements taken several years apart.

RESULTS: Fibrinogen was strongly correlated with CRP, weakly correlated with several cardiovascular risk markers, and was log-linearly associated with SCD risk. In analyses adjusted for conventional risk factors, the hazard ratio (HR) (95% CIs) for SCD per 1 standard deviation (SD) higher baseline loge fibrinogen was 1.32 (1.11-1.57). The results remaine
consumption, resting heart rate, and circulating lipids 1.30 (1.09-1.56). The correspondi
after correction for within-person variability. HRs remained unchanged on further adjustr
events. In a meta-analysis of three cohort studies, the fully-adjusted relative risks for SC
levels were 1.42 (1.25-1.61) and 2.07 (1.59-2.69) respectively. The associations were si
meta-analysis. Addition of plasma fibrinogen to a SCD risk prediction model containing e
risk discrimination, but improved the net reclassification.

CONCLUSIONS: Available data suggest fibrinogen is positively, log-linearly, and indepen
is needed to assess the potential relevance of plasma fibrinogen concentrations in SCD

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KEYWORDS: Fibrinogen; Inflammation; Non-sudden cardiac death; Regression dilution; Sudden c

PMID: 26724527 DOI: 10.1016/j.atherosclerosis.2015.12.020

[Indexed for MEDLINE]

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Setor K. Kunutsor, Sudhir Kurl, Francesco Zaccardi, Jari A. Laukkanen

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1. Introduction
2. Methods
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   2.3. Measurement of risk factors
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   3.2. Correction for within-person fibrinogen variability
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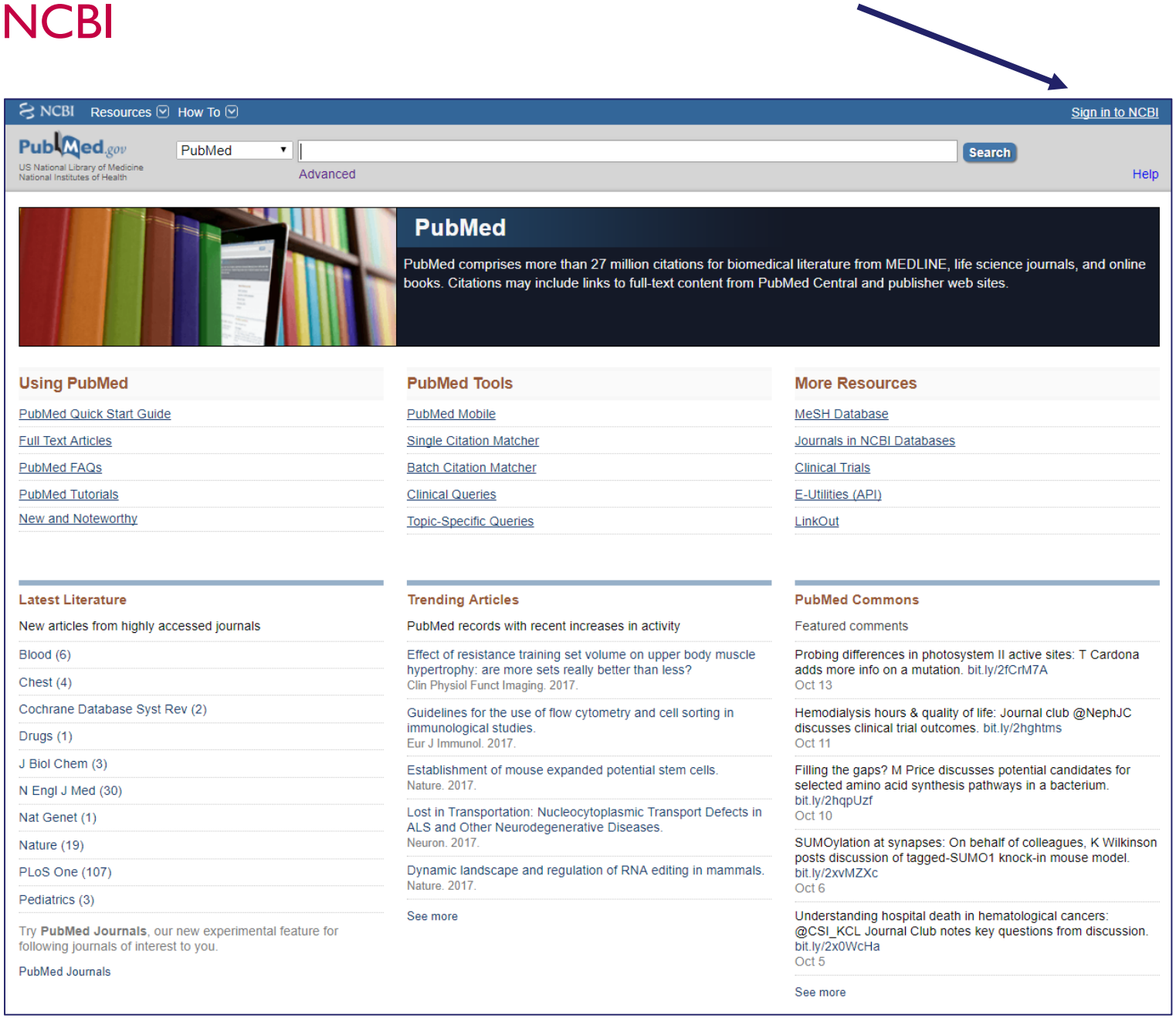
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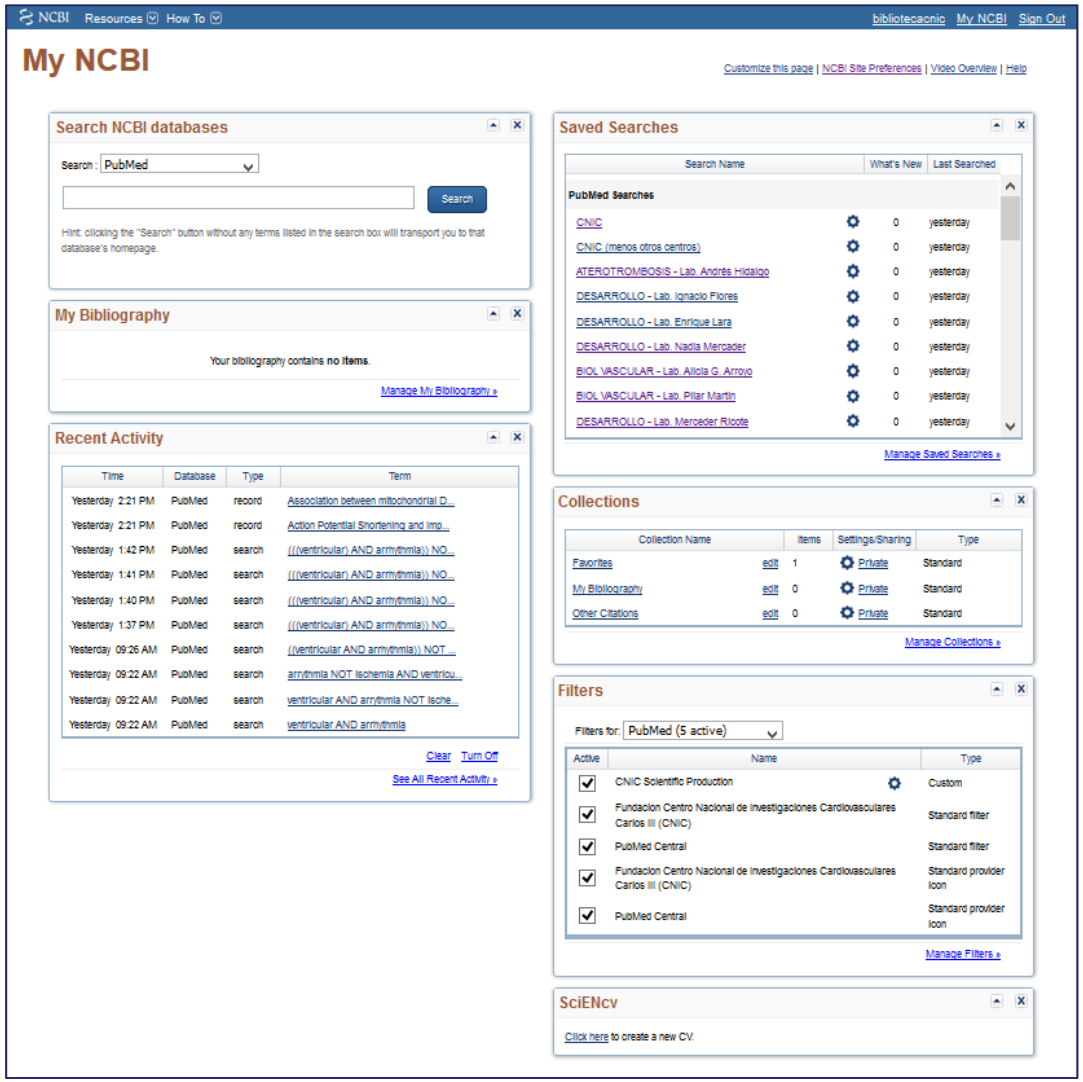

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- Save searches and receive alerts when new there are new publications about my topic
- Keep track of my recent activity (History)
- Create a bibliography with my publications
- Have diferent collections of publications
- Create and manage filters to help me with the searches

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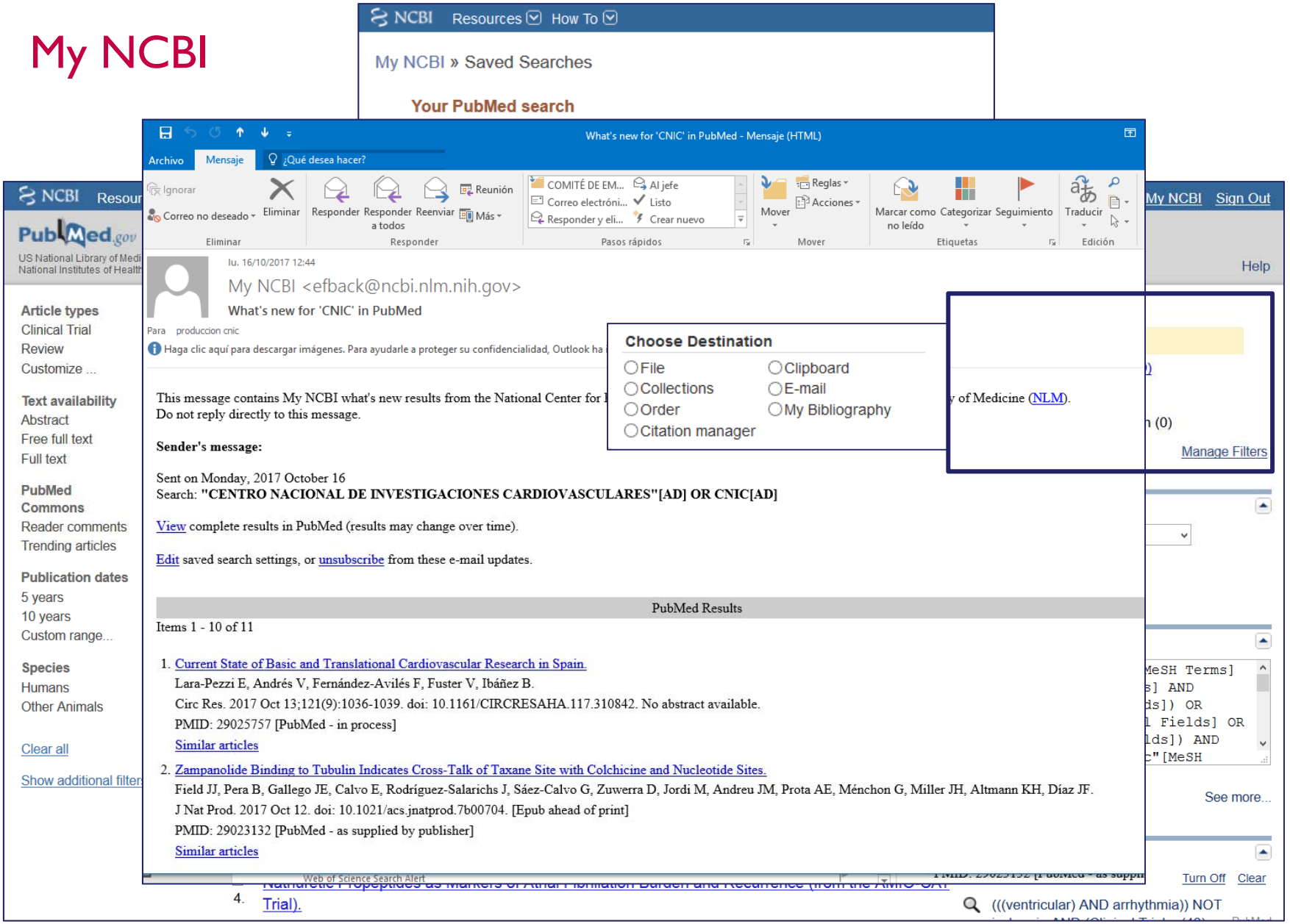
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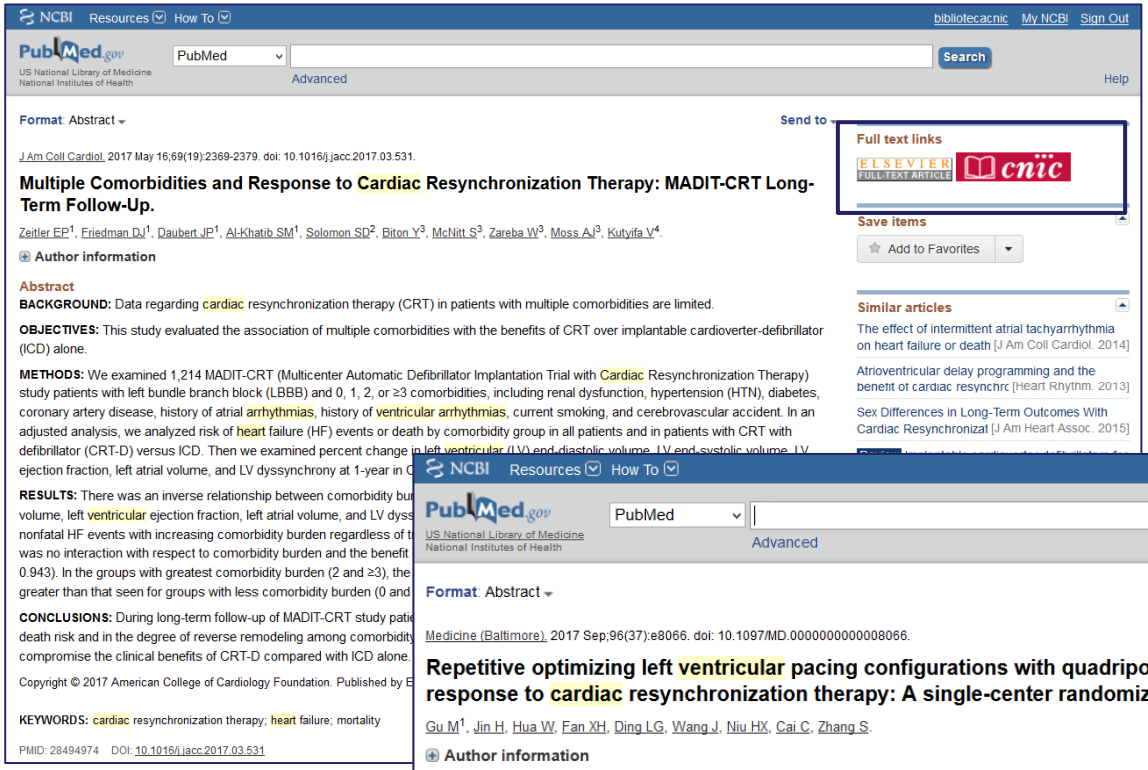
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J Am Coll Cardiol. 2017 May 16;69(19):2369-2379. doi: 10.1016/j.jacc.2017.03.531.
Multiple Comorbidities and Response to Cardiac Resynchronization Therapy: MADIT-CRT Long-Term Follow-Up.
Zeitler EP[1], Friedman DJ[1], Daubert JP[1], Al-Khatib SM[1], Solomon SD[2], Biton Y[3], McNitt S[3], Zareba W[3], Moss AJ[3], Kutyifa V[4].
Author information
Abstract
BACKGROUND: Data regarding cardiac resynchronization therapy (CRT) in patients with multiple comorbidities are limited.
OBJECTIVES: This study evaluated the association of multiple comorbidities with the benefits of CRT over implantable cardioverter-defibrillator (ICD) alone.
METHODS: We examined 1,214 MADIT-CRT (Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization Therapy) study patients with left bundle branch block (LBBB) and 0, 1, 2, or ≥3 comorbidities, including renal dysfunction, hypertension (HN), diabetes, coronary artery disease, history of atrial arrhythmias, history of ventricular arrhythmias, current smoking, and cerebrovascular accident. In an adjusted analysis, we analyzed risk of heart failure (HF) events or death by comorbidity group in all patients and in patients with CRT with defibrillator (CRT-D) versus ICD. Then we examined percent change in left ventricular (LV) end-diastolic volume, LV end-systolic volume, LV ejection fraction, left atrial volume, and LV dyssynchrony at 1-year in C
RESULTS: There was an inverse relationship between comorbidity bu
volume, left ventricular ejection fraction, left atrial volume, and LV dyss
nonfatal HF events with increasing comorbidity burden regardless of t
was no interaction with respect to comorbidity burden and the benefit
0.943). In the groups with greatest comorbidity burden (2 and ≥3), the
greater than that seen for groups with less comorbidity burden (0 and
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death risk and in the degree of reverse remodeling among comorbidity
compromise the clinical benefits of CRT-D compared with ICD alone.
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KEYWORDS: cardiac resynchronization therapy; heart failure; mortality
PMID: 28494974 DOI: 10.1016/j.jacc.2017.03.531
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Medicine (Baltimore). 2017 Sep;96(37):e8066. doi: 10.1097/MD.0000000000008066.
Repetitive optimizing left ventricular pacing configurations with quadripolar leads improves response to cardiac resynchronization therapy: A single-center randomized clinical trial.
Gu M[1], Jin H, Hua W, Fan XH, Ding LG, Wang J, Niu HX, Cai C, Zhang S.
Author information
Abstract
BACKGROUND: This study aimed to investigate whether repetitive optimizing left ventricular pacing configurations (LVPCs) with quadripolar leads (QUAD) can improve response to cardiac resynchronization therapy (CRT).
METHODS: Fifty-two eligible patients were enrolled and 1:1 randomized to either the quadripolar LV leads (QUAD) group or the conventional bipolar leads (CONV) group. In the QUAD group, optimization of LVPC was performed for all patients before discharge and for nonresponders at 3 months follow-up. Clinical evaluations and transthoracic echocardiograms were performed before, 3, and 6 months after CRT implantation.
RESULTS: At 3 months follow-up, 16 of 25 (64%) patients in the CONV group (1 patient was lost to follow-up) and 18 of 26 (69%) patients in the QUAD group were classified as responders. After optimizing the LVPCs in 3-month nonresponders in the QUAD group, 21 of 26 (80.8%) patients in the QUAD group were classified as responders at 6 months as compared with 17 of 25 (68%) patients in the CONV group. Left ventricular end-systolic volume (LVESV) reduction, left ventricular ejection fraction (LVEF) increase, and New York Heart Association (NYHA) functional class reduction at 6 months were significantly greater in the QUAD group than in the CONV group (LVESV: -26.9±13.8 vs -17.2±13.3%; P=.013; LVEF: +12.7±8.0 vs +7.8±6.3 percentage points; P=.017; NYHA: -1.27±0.67 vs -0.72±0.54 functional classes; P=.002).
CONCLUSIONS: Compared with conventional bipolar leads, CRT using quadripolar leads with repetitive optimized LVPCs resulted in an additional increase in LVEF and reduction in LVESV and NYHA functional class at 6-month follow-up.
PMID: 28906405 PMCID: PMC5604674 DOI: 10.1097/MD.0000000000008066
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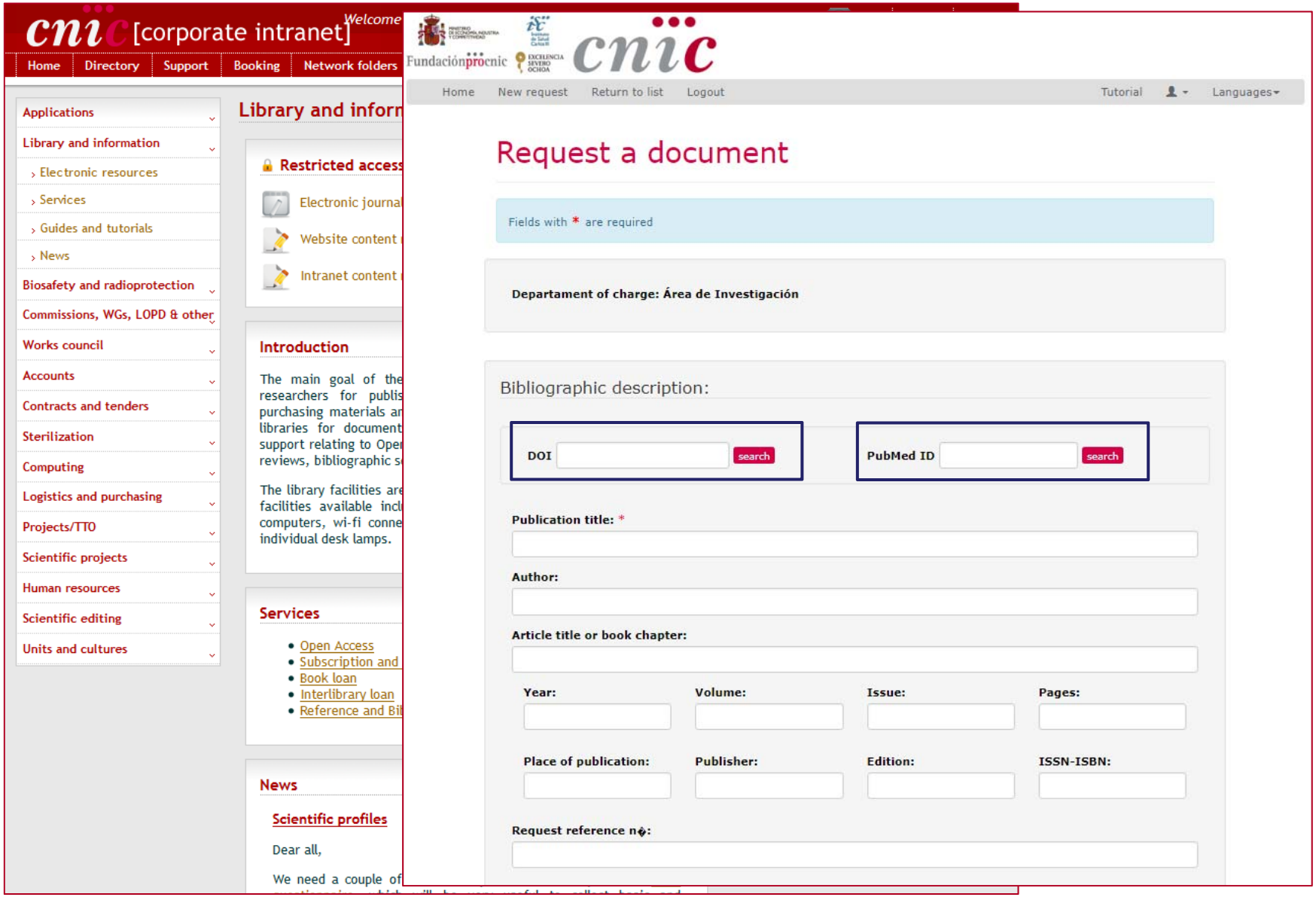

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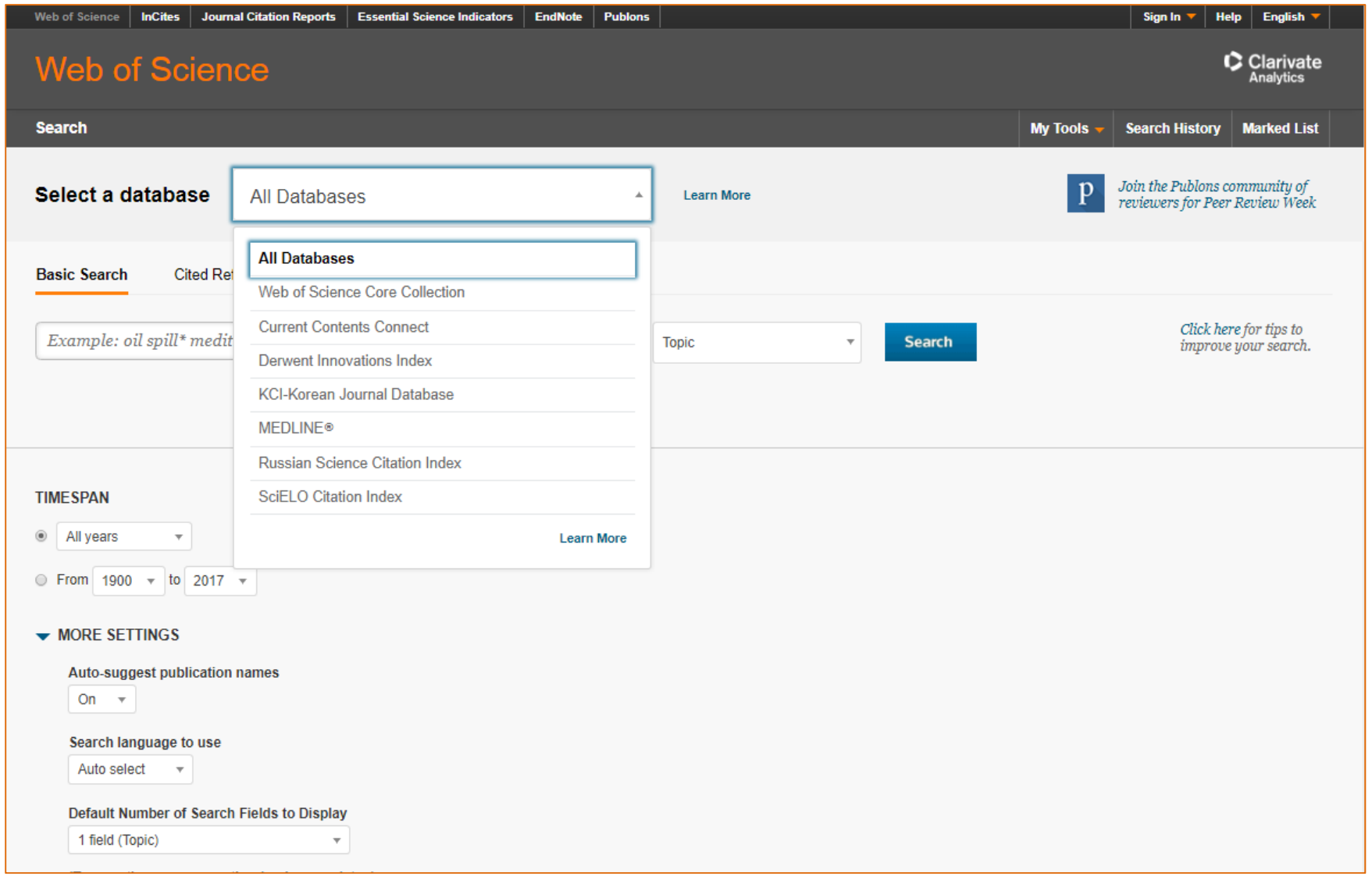

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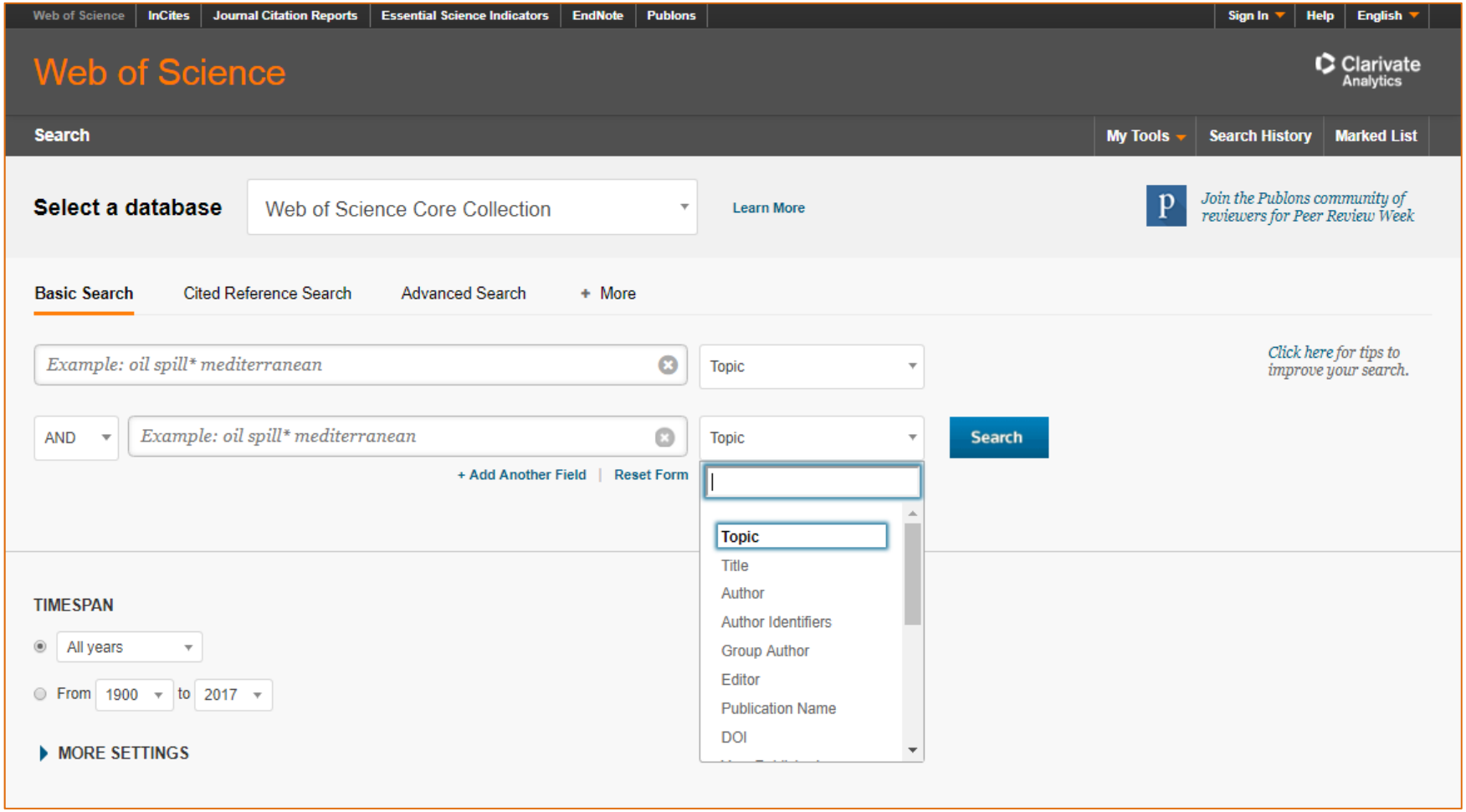

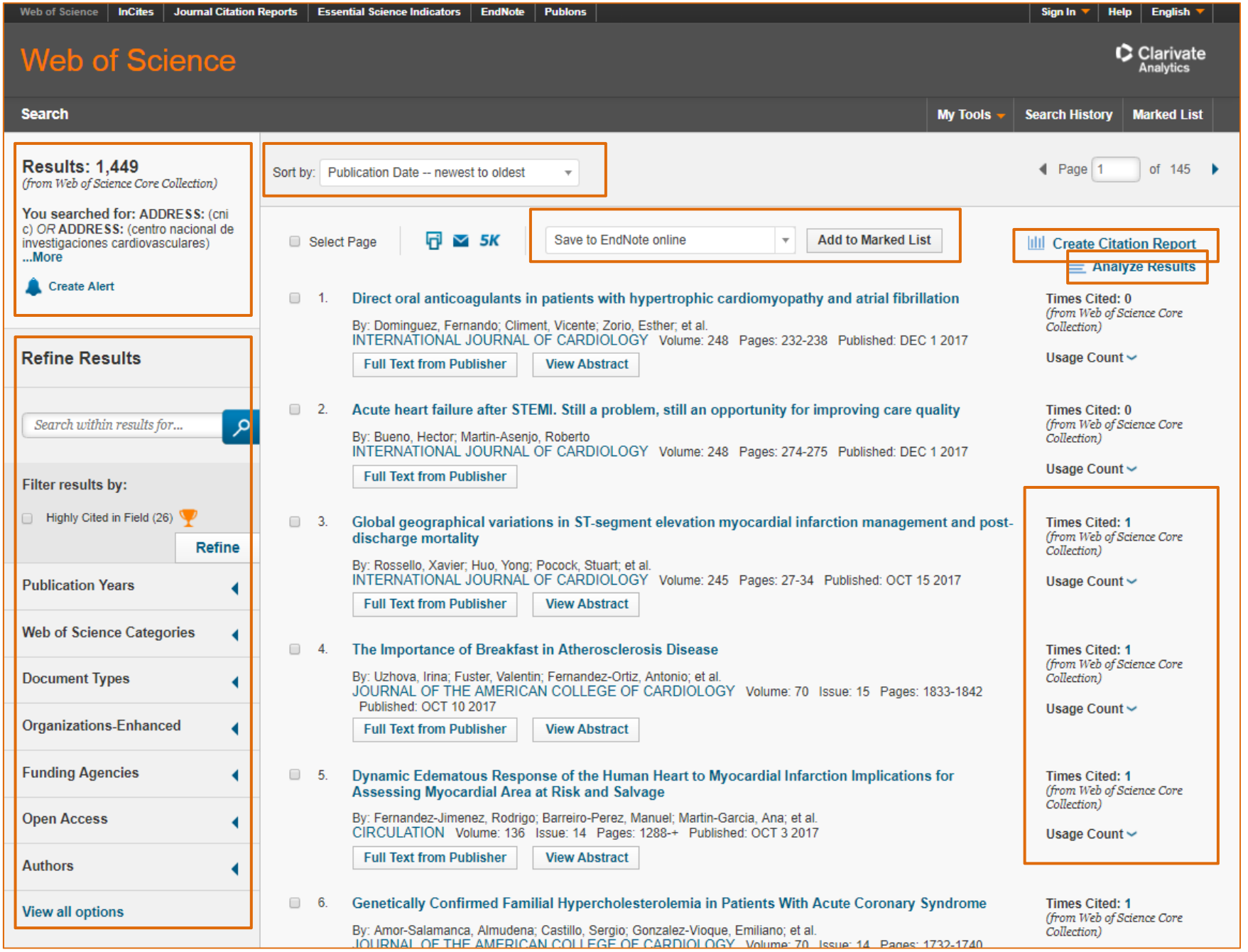
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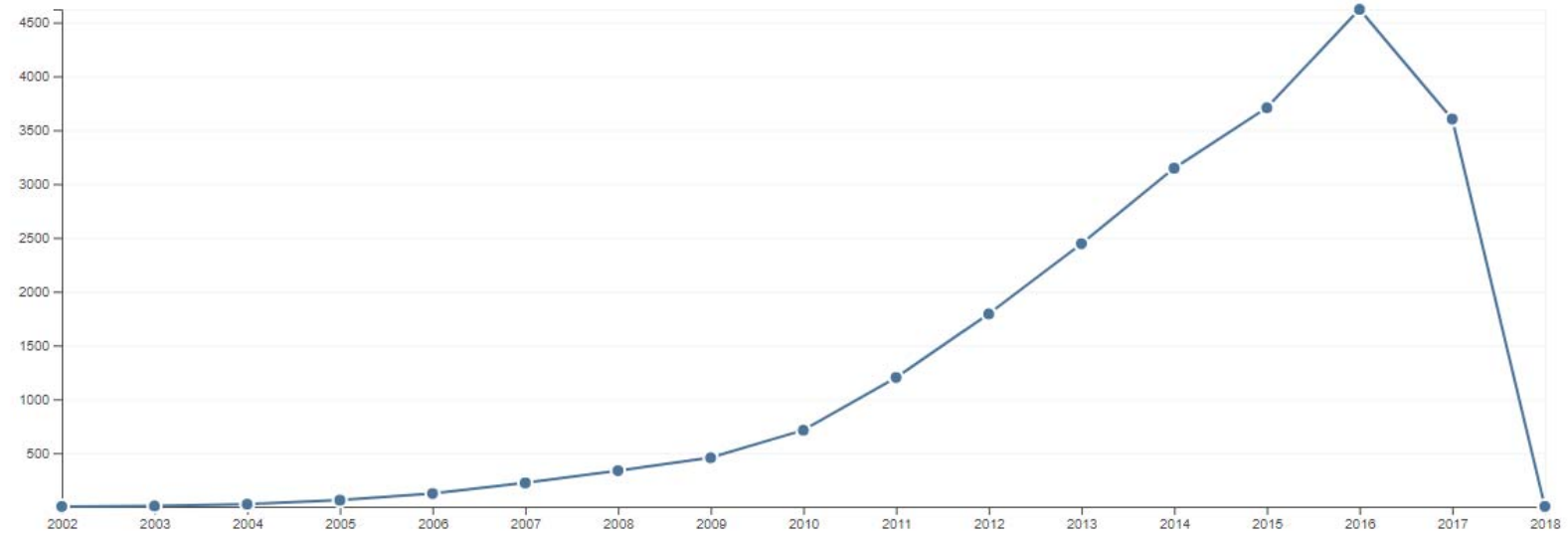

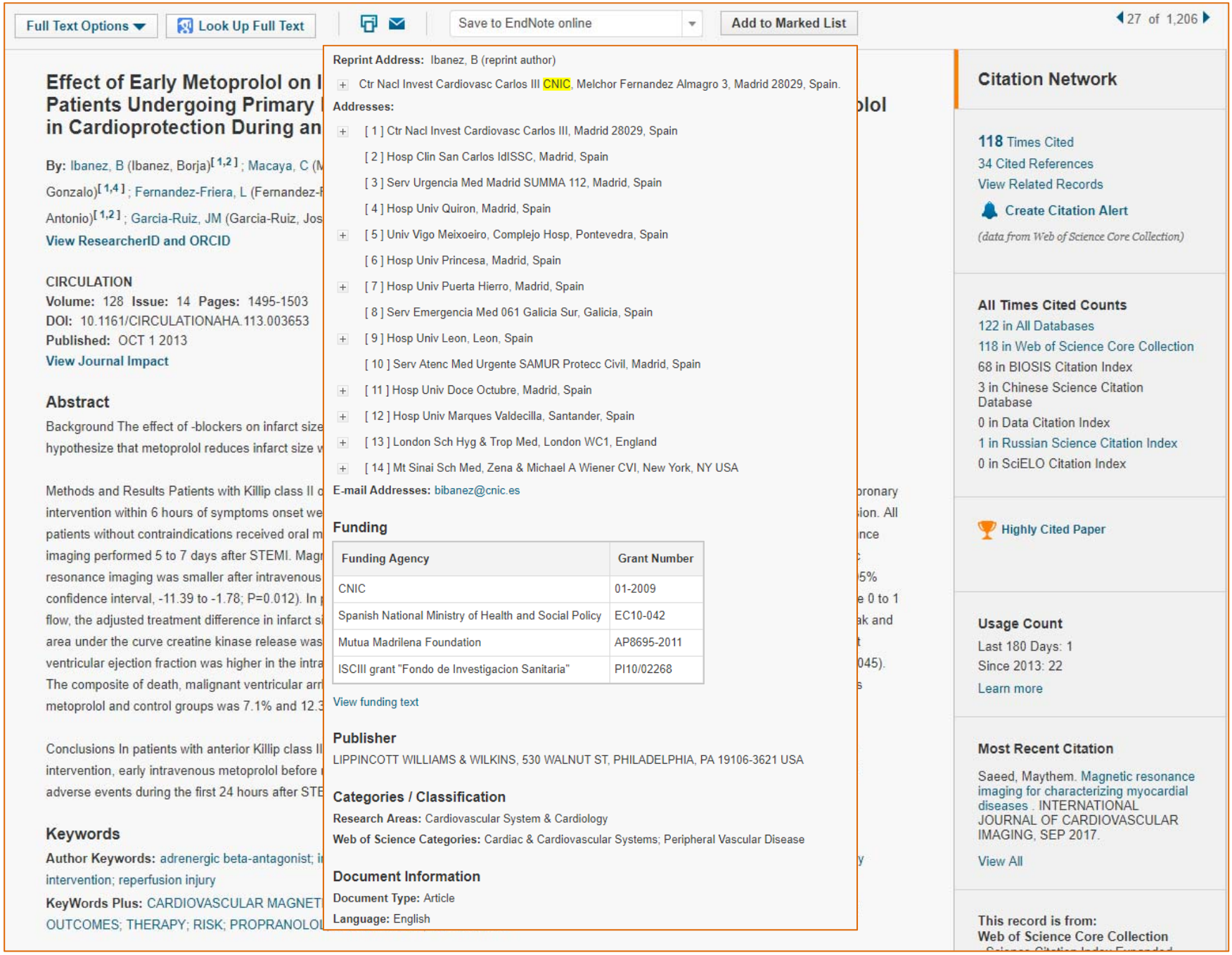
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Gonzalo)[1,4]; Fernandez-Friera, L (Fernandez-F
Antonio)[1,2]; Garcia-Ruiz, JM (Garcia-Ruiz, Jos
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Volume: 128 Issue: 14 Pages: 1495-1503
DOI: 10.1161/CIRCULATIONAHA.113.003653
Published: OCT 1 2013
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Abstract
Background The effect of -blockers on infarct size
hypothesize that metoprolol reduces infarct size w
Methods and Results Patients with Killip class II
intervention within 6 hours of symptoms onset we
patients without contraindications received oral m
imaging performed 5 to 7 days after STEMI. Magn
resonance imaging was smaller after intravenous
confidence interval, -11.39 to -1.78; P=0.012). In
flow, the adjusted treatment difference in infarct si
area under the curve creatine kinase release was
ventricular ejection fraction was higher in the intra
The composite of death, malignant ventricular arr
metoprolol and control groups was 7.1% and 12.3
Conclusions In patients with anterior Killip class II
intervention, early intravenous metoprolol before
adverse events during the first 24 hours after STE
Keywords
Author Keywords: adrenergic beta-antagonist; i
intervention; reperfusion injury
KeyWords Plus: CARDIOVASCULAR MAGNET
OUTCOMES; THERAPY; RISK; PROPRANOLO
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E-mail Addresses: bibanez@cnic.es
Funding
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PI10/02268
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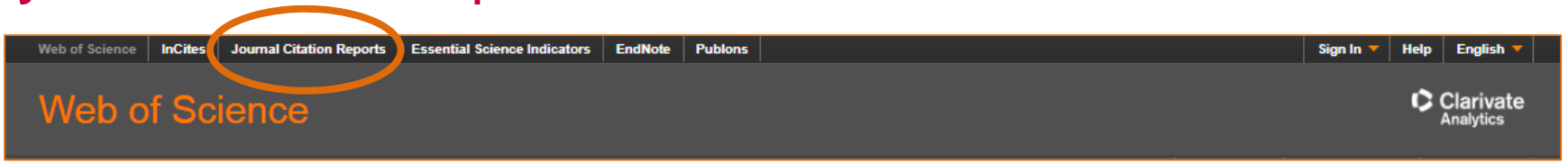

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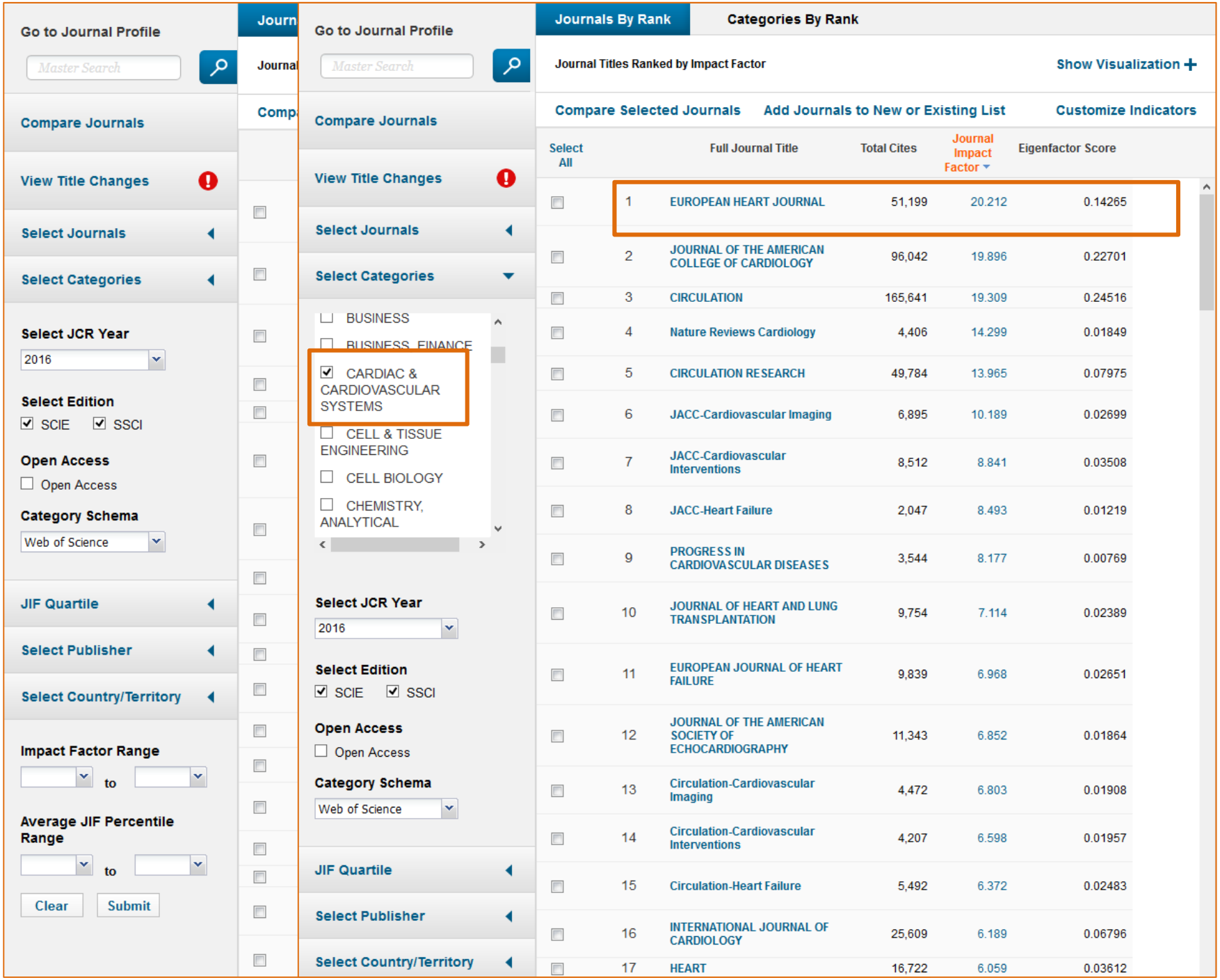
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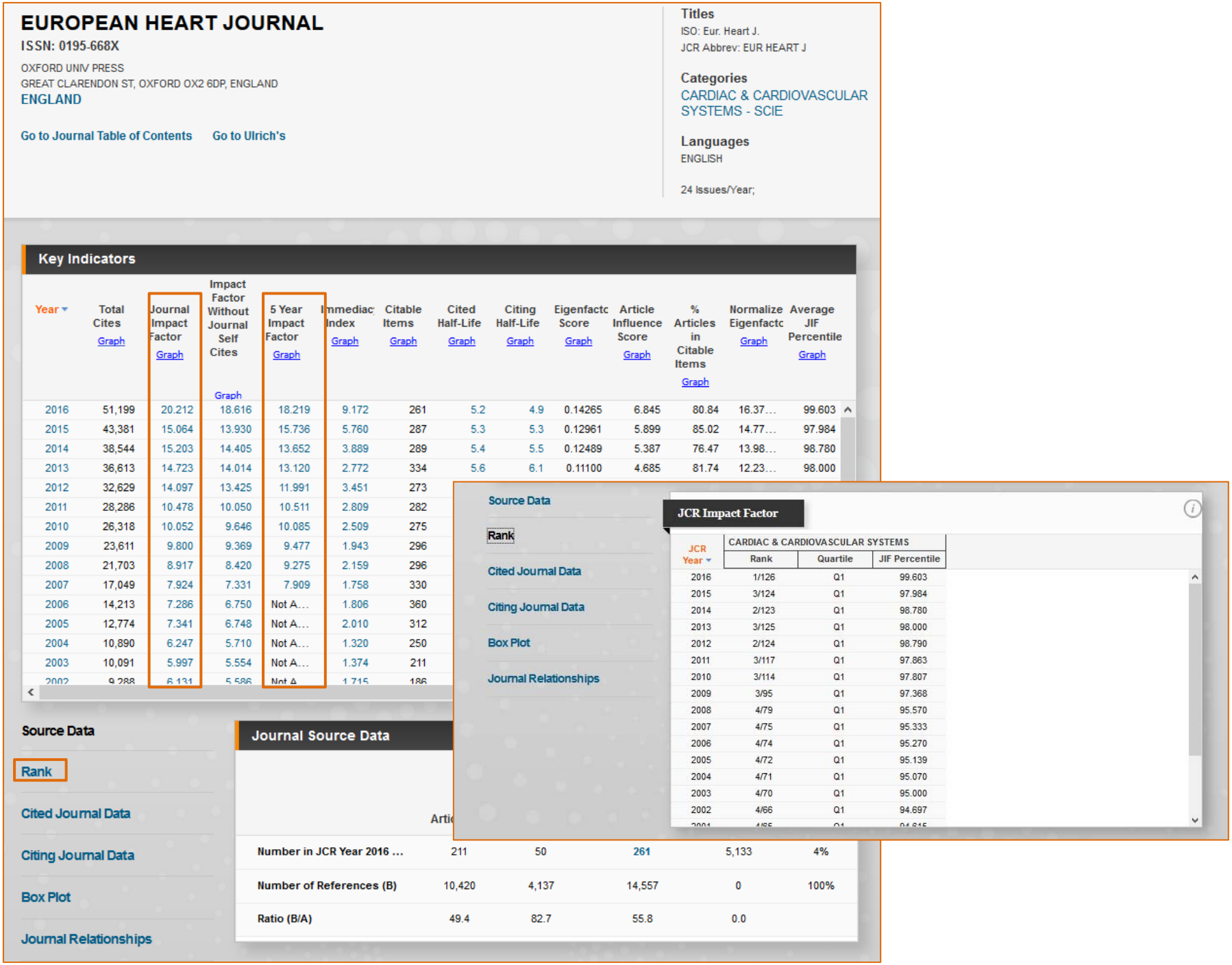
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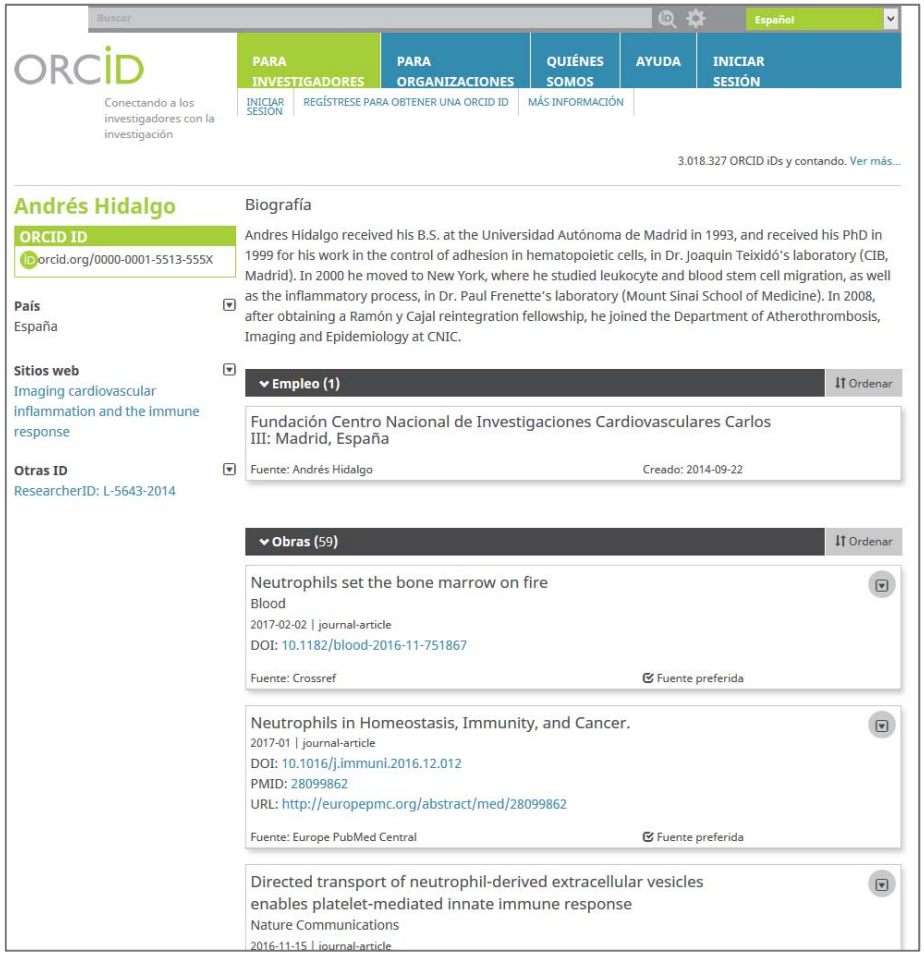

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Participant bodies are:

- Universities
- Administration and funding entities
- Editorials
- Scientific Societies

It aims to facilitate data exchange between the different agents involved in the scientific policy and evaluation process

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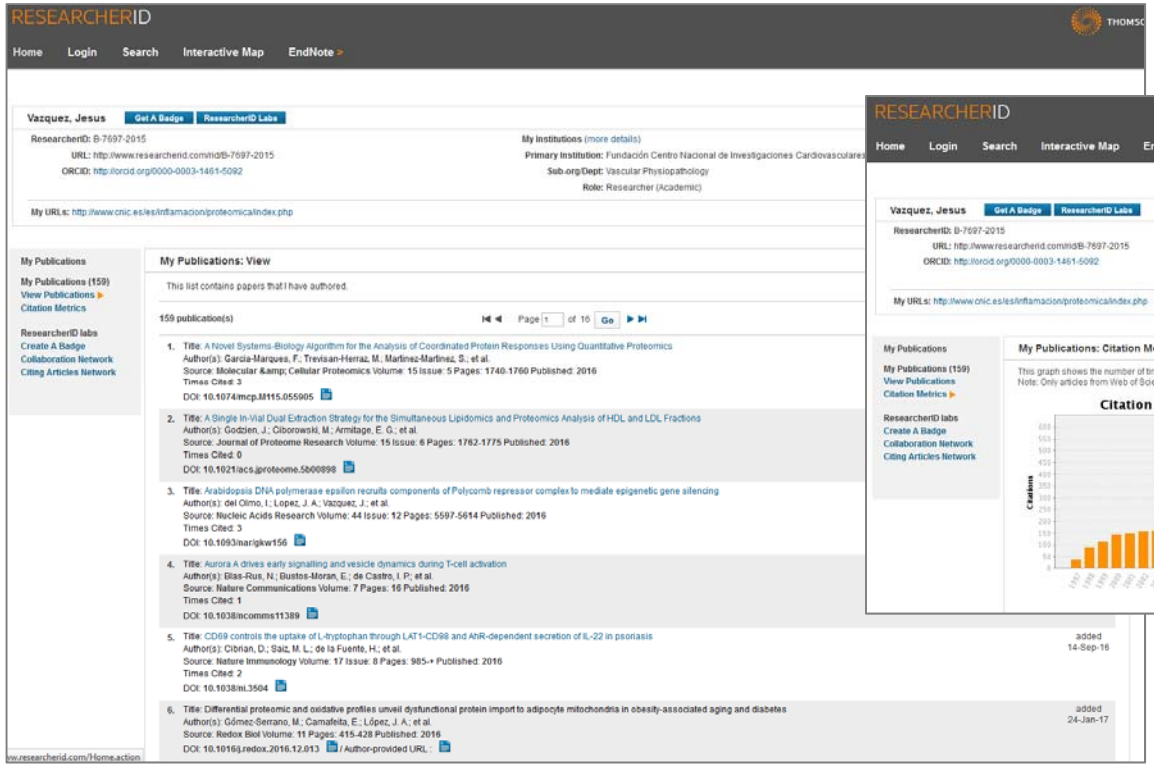

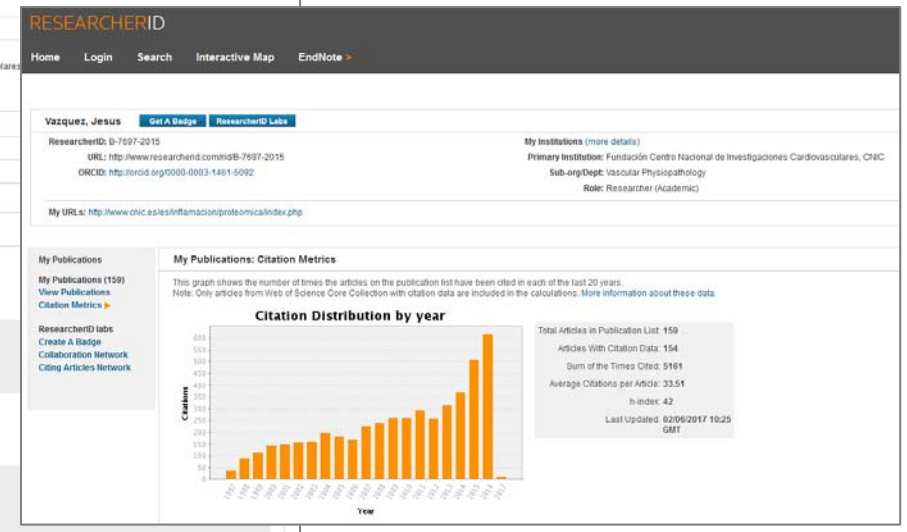

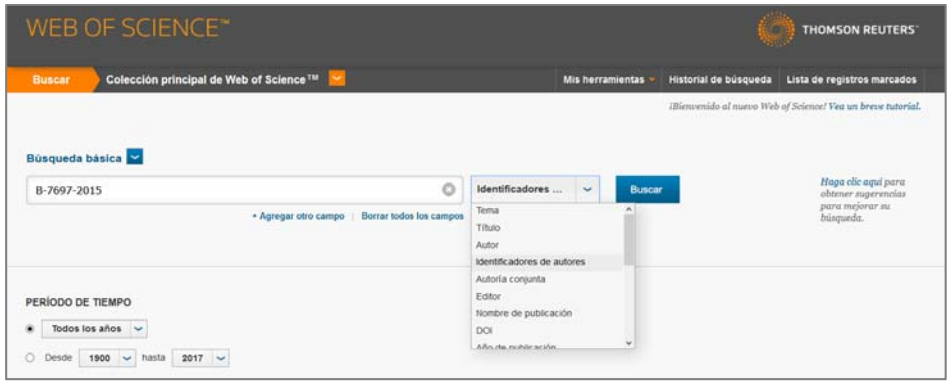

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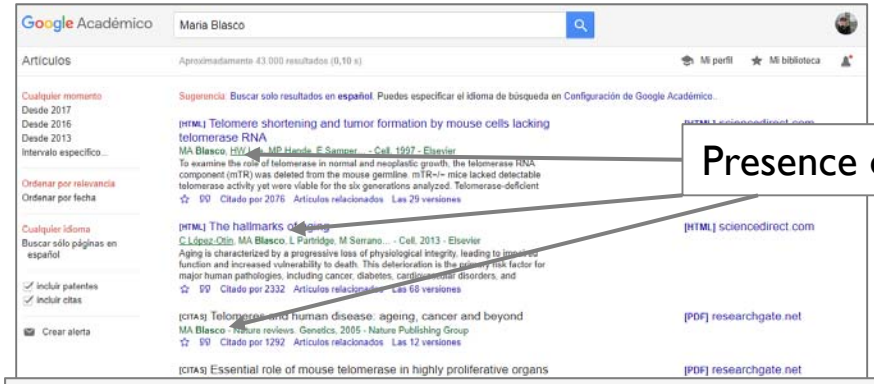

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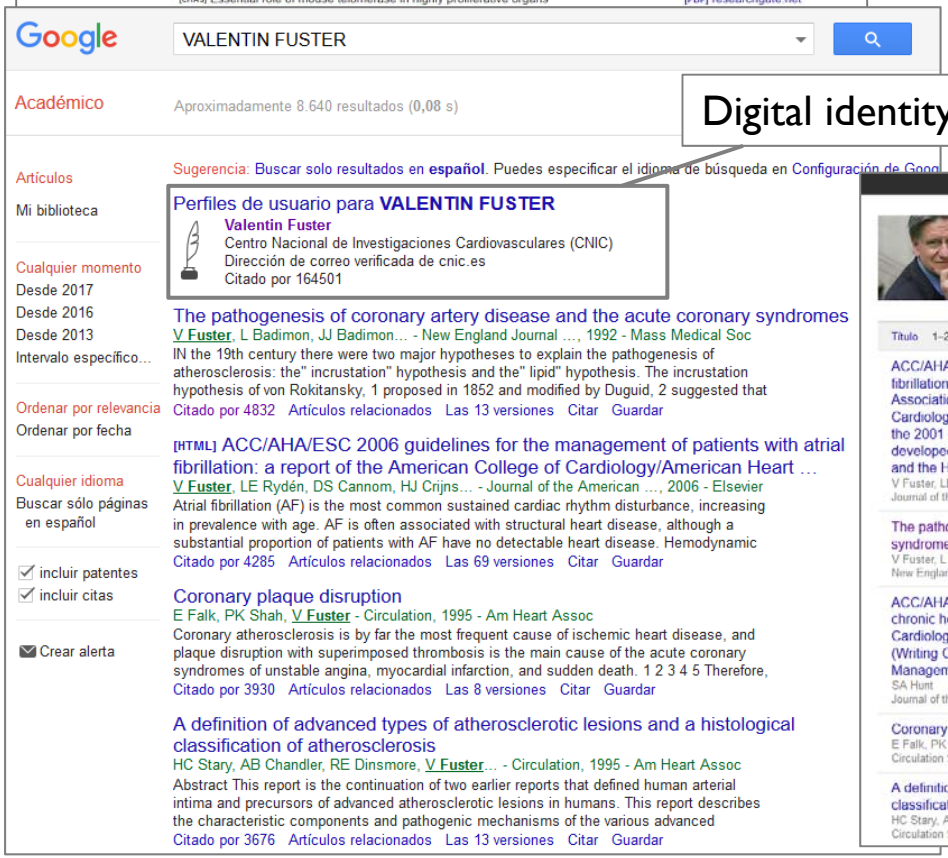

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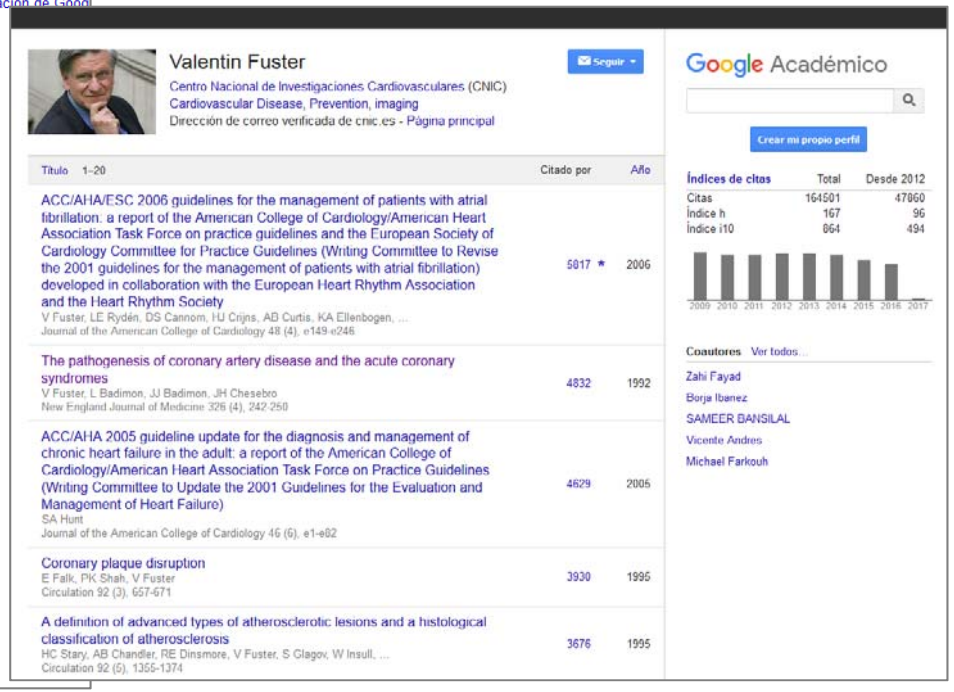

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- Automatic update of publications
- It allows tracking of publications and citations

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