

PubMed – und was noch? Im Supermarkt der Informationsquellen



Foto: Bühler

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Im Supermarkt der Informationsquellen (Auswahl):

OvidMD

TRIP Database

Medline

Embase

BMJ Clinical Evidence

UpToDate

Psycinfo

Web of Science

Cochrane Library

Studienregister

PEDro Physiotherapy Evidence Database

Verlagsdatenbanken

CINAHL

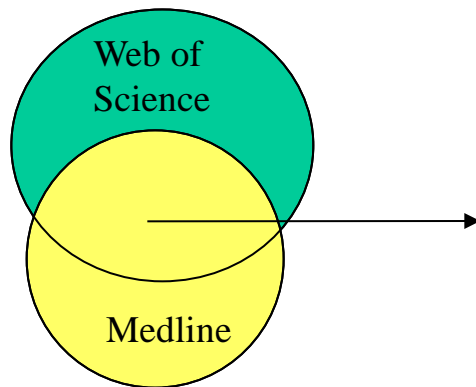
MEDPILOT

DIMDI

Google Scholar

Gemeinsamkeiten – Unterschiede zwischen den Informationsquellen

- Art der Datenbank (Literatur-, Fakten-, Volltext-Datenbanken)
- Ausgewertete Zeitschriften, Inhalte (Auswahl v. Hersteller)
- Suchmöglichkeiten, technische Umsetzung
- Inhaltliche Erschließung (Thesaurus)
- Aktualität
- Kosten



Überschneidungen und Ergänzungen
variieren je nach Fachgebiet

Informationsquellen für die Suche nach Primärliteratur (1)

Literaturdatenbanken (Auswahl):

Datenbank	Hersteller	Besonderheit	Anbieter/Suchoberfläche
<p>Medline</p>	<p>National Library of Medicine (NLM) USA</p>	<p>Vorwiegend engl. Sprachraum. Thesaurus: MeSH</p>	<p>NLM: PubMed www.pubmed.gov MEDPILOT www.medpilot.de DIMDI www.dimdi.de } kostenlos</p> <p>Wolters Kluwer: OvidSP</p>
<p>Trials (CENTRAL):</p> <p>Bestandteil der Cochrane Library</p>	<p>Cochrane Collaboration</p>	<p><u>umfassende Datenbank kontrollierter klinischer Studien:</u></p> <ul style="list-style-type: none"> - aus Datenbanken - Handsuche <p>Vokabular: MeSH, <u>nur</u> bei Zitaten aus Medline</p>	<p>Wiley www.thecochranelibrary.com</p> <p>Wolters Kluwer: OvidSP Produktname: EBM Reviews</p> <p>MEDPILOT</p> <p>DIMDI</p>

Informationsquellen für die Suche nach Primärliteratur (2)

Literaturdatenbanken, Forts. (Auswahl):

Datenbank	Hersteller	Besonderheit	Anbieter / Suchoberfläche
Embase	Elsevier, Amsterdam	Mehr Zeitschriften aus europ. Sprachraum. Thesaurus: EMTREE. Enthält Medline: komplett	Elsevier: embase.com, Wolters Kluwer: OvidSP MEDPILOT } Titel DIMDI } kostenlos
Science Citation Index	Thomson Reuters, USA	Interdisziplinär, Zitationsanalyse, Conference Proceedings	Thomson Reuters: Web of Science MEDPILOT } Titel DIMDI } kostenlos
CCMed	ZB MED, Köln	Zitate aus deutschen Zeitschriften ab 2000	MEDPILOT DIMDI
Verlagsdatenbanken	Thieme Springer Elsevier u.a.	Suche im Volltext	MEDPILOT: Thieme link.springer.com ScienceDirect

Informationsquellen für die Suche nach Primärliteratur (3)

Literaturdatenbanken für bestimmte Fachgebiete (Auswahl):

Datenbank	Hersteller	Besonderheit	Anbieter / Suchoberfläche
PsycINFO	American Psychological Association (APA)	Thesaurus	EBSCOhost, Wolters Kluwer: OvidSP MEDPILOT } Titel DIMDI } kostenlos
Psyndex	Zentrum für Psychologische Information und Dokumentation www.zpid.de	Thesaurus Hoher Anteil deutschsprachiger Literatur, auch Dissertationen und Bücher	ZPID EBSCOhost Wolters Kluwer: OvidSP MEDPILOT } Titel DIMDI } kostenlos
CINAHL	American Nurses Association (ANA) und National League for Nursing (NLN)	Pflegewissenschaften Thesaurus	EBSCOhost

Informationsquellen für Zusammenfassungen (1)

Produkt	Hersteller	Besonderheit	Anbieter/ Suchoberfläche
Cochrane Library	Cochrane Collaboration	Unterschiedliche Datenbank- komponenten, unterschiedliche Updates CDSR ab Juni 2013 publish when ready	Wiley: www.thecochranelibrary.com Wolters Kluwer: EBM Reviews (OvidSP) MEDPILOT DIMDI EBSCOhost
UpToDate	UpToDate Inc.	Übersichten krankheitsbezogen: Welche Therapien? Welche Evidenz? Drug Interactions	UpToDate: www.uptodate.com
BMJ Clinical Evidence	BMJ Publishing Group	Übersichten krankheitsbezogen: Welche Therapien? Welche Evidenz?	clinicalevidence.bmj.com Wolters Kluwer (OvidSP)

Primary and pre-primary prophylaxis against variceal hemorrhage in patients with cirrhosis

TOPIC OUTLINE

SUMMARY & RECOMMENDATIONS

INTRODUCTION

GUIDELINES

PORTAL HEMODYNAMICS

SCREENING FOR VARICES

- Rationale behind screening
- Screening methods

PRE-PRIMARY PROPHYLAXIS

PRIMARY PROPHYLAXIS

- Pharmacologic approaches
 - Nonselective beta blockers
 - Dose titration
 - Resting heart rate
 - Hepatic venous pressure gradient
 - Nadolol and propranolol
 - Carvedilol
 - Side effects
- Nitrates
- Combination pharmacologic therapy
- Other drugs
- Endoscopic approaches
 - Endoscopic variceal ligation
 - Cyanoacrylate injection of gastric varices
- Approaches that are not recommended
 - Endoscopic sclerotherapy
 - Surgical portal decompression
 - Transjugular intrahepatic portosystemic shunts

PATIENT FOLLOW-UP

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

REFERENCES

Primary and pre-primary prophylaxis against variceal hemorrhage in patients with cirrhosis

Author

Arun J Sanyal, MD

Section Editor

Bruce A Runyon, MD

Deputy Editor

Anne C Travis, MD, MSc, FAGG

Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: Mar 2013. | **This topic last updated:** Sep 10, 2012.

INTRODUCTION — Approximately half of patients with cirrhosis have esophageal varices, and one-third of all patients with varices will develop variceal hemorrhage, a major cause of morbidity and mortality in patients with cirrhosis [1,2]. The risk of hemorrhage has been related to the size and appearance of the varices, as well as the degree of hepatic dysfunction. (See "[Prediction of variceal hemorrhage in patients with cirrhosis](#)".)

Primary prophylaxis aims to prevent variceal hemorrhage in patients with esophageal varices who do not have a history of hemorrhage. Pre-primary prophylaxis refers to measures aimed at preventing the development of varices. Measures aimed at preventing hemorrhage in patients with a history of variceal hemorrhage are referred to as secondary prophylaxis.

An ideal treatment of portal hypertension would be one that is universally effective, safe, easy to administer, and cost-effective. While such a treatment does not currently exist, there are several medical and surgical modalities available for primary prophylaxis of variceal hemorrhage. These therapies are aimed at achieving one of the following results:

- Decreasing portal hypertension (eg, beta blockers, surgical portal decompression, or transjugular intrahepatic shunts)
- Treating the varices directly (eg, variceal ligation)

This topic will review the options available for primary and pre-primary prophylaxis of variceal hemorrhage in patients with cirrhosis. Issues related to predicting which patients are at increased risk for variceal hemorrhage and secondary prophylaxis in patients who have already had a variceal bleed are discussed separately. (See "[Prediction of variceal hemorrhage in patients with cirrhosis](#)" and "[Prevention of recurrent variceal hemorrhage in patients with cirrhosis](#)".)

GUIDELINES — The American Association for the Study of Liver Diseases (AASLD) published [guidelines](#) in 2007 that address primary prophylaxis against variceal hemorrhage [2], and in 2010 the Baveno V consensus guidelines were published [3].

The Baveno V consensus guidelines recommend primary prophylaxis with nonselective beta blockers for patients with small varices with red wale marks ([picture 1](#)) or Child C cirrhosis ([table 1](#)) [3]. They note that patients with small varices without signs of increased risk for hemorrhage (red wale marks) or Child C cirrhosis can be considered for treatment with nonselective beta blockers, but that further studies are needed to confirm a benefit to this approach. The guidelines also recommend that patients with medium or large varices be treated with beta blockers or EVL.

Informationsquellen für Zusammenfassungen (2)

Datenbankübergreifende Suchportale für Evidenzquellen mit Qualitätsfilter:

Produkt	Hersteller	Besonderheit	Anbieter/ Suchoberfläche
OvidMD	Wolters Kluwer	Verschiedene Quellen: Guidelines UpToDate u.a.	Wolters Kluwer: www.ovidmd.com
TRIP Database	TRIP Database Ltd. (UK)	Verschiedene Quellen Suche kostenlos	TRIP Database Ltd. www.tripdatabase.com



Foto: Bühler

variceal bleeding prevention

Search

You searched: **variceal bleeding prevention**

MD Everything

 [Full Text Journal Articles](#)

 [Ovid MEDLINE®](#)

 [UpToDate®](#)

 [Evidence-Based Guidelines](#)

 [National Guidelines](#)

 [Reference Books](#)

 [A to Z Drug Facts](#)

 [Patient Information](#)

All Dates


[Last 12 months](#)

[Last 3 years](#)

[Last 5 years](#)

[Select All](#)

Select an Action

 **Top Results from UpToDate®**

[Primary and pre-primary prophylaxis against **variceal** hemorrhage in patients with cirrhosis](#)

[Topic Preview](#)  [Find Similar](#)

[Prevention of recurrent **variceal** hemorrhage in patients with cirrhosis](#)

[Topic Preview](#)  [Find Similar](#)

[General principles of the management of **variceal** hemorrhage](#)

[Topic Preview](#)  [Find Similar](#)

[Spontaneous bacterial peritonitis in adults: Treatment and prophylaxis](#)

[Topic Preview](#)  [Find Similar](#)

[Role of transjugular intrahepatic portosystemic shunts in the treatment of **variceal** bleeding](#)

[Topic Preview](#)  [Find Similar](#)

[View All UpToDate® Results](#)

 [Primary prevention of **variceal** hemorrhage.](#)

Tsochatzis, Emmanuel A; Triantos, Christos K; Garcovich, Matteo; et al.
Current Gastroenterology Reports Feb 2011,13(1):3-9

Variceal hemorrhage is one of the leading...two main strategies for primary prevention of **Variceal** bleeding in patients with cirrhosis and varices...review the latest data on primary prevention of **Variceal** hemorrhage. We advocate...



variceal bleeding prevention

Search

- Advanced search
- PICO search
- Trip Rapid Review

How to use Trip

- Evidence
- Images
- Videos
- Education
- Patient Information
- News
- PubMed Clinical Que

1,019 results for "variceal bleeding prevention", by quality

With selected Order Important papers **Synonyms** Add to automated search Translate

Synonyms used:

bleed bleeding blood loss bloodloss blood-loss haemorrhage haemorrhaged haemorrhaging hAorrhage HEM hemorrhage hemorrhaged hemorrhaging prevention variceal

1. Combined treatment with variceal ligation and β -blockers \pm nitrates to prevent recurrent variceal bleeding in cirrhosis. An updated systematic review.

Liver international : official journal of the International Association for the Study of the Liver 2013

Share this Add to BMJ portfolio DOI CPD/CME More

2. Antacids for preventing oesophagogastric variceal bleeding and rebleeding in cirrhotic patients

Cochrane Database of Systematic Reviews 2009

Share this Add to BMJ portfolio CPD/CME More

No thumbnail or rollover available

Antacids for preventing oesophagogastric variceal bleeding and rebleeding in cirrhotic patients
Zhen Guo¹, Jingping Wu¹, Yong Wang²
Editorial Group: Cochrane Incontinence Group
Published Online: 21 JAN 2009
Accessed as of: 15 FEB 2009
DOI: 10.1002/14651958.CD005442.pdf
Copyright © 2009 The Cochrane Collaboration
Published by John Wiley & Sons, Ltd
Additional Information: (Open All)
View Full Text | Author Information | Publication History

Refine 1,156 results by evidence type

- All Secondary Evidence
- Evidence-based Synopses 23
- Systematic Reviews 62
- Guidelines
 - Aus & NZ 13
 - Canada 9
 - UK 33
 - USA 68
 - Other 5

- Clinical Q&A 2
- Key Primary Research 22
- Controlled Trials 546
- Extended Primary Research 195
- Case Reports 1
- eTextbooks 177

Further refinements

For developing world SPECIFIC

Studienregister

Deutsches Register Klinischer Studien DRKS:

www.germanctr.de

Informationen zu laufenden und abgeschlossenen klinischen Studien in Deutschland



WHO: International Clinical Trials Registry Platform (ICTRP):

www.who.int/ictrp



ClinicalTrials.gov (USA):

www.clinicaltrials.gov

Current Controlled Trials

www.controlled-trials.com

EU Clinical Trials Register

www.clinicaltrialsregister.eu

Viele Informationsquellen – viele Suchmöglichkeiten (1)

- Gibt es ein kontrolliertes Vokabular?
- Was geschieht bei der Textwortsuche?
- Berücksichtigung von Synonymen?
- Automatisch Plural, Singular?
- Welche Suchfelder?
- Feldkürzel (tw bei PubMed ist nicht identisch mit tw bei Ovid)?
- Wildcards? Am Ende, Anfang innerhalb eines Wortes möglich?
- Welche Zeichen für Wildcards?
- Search History? Kombination von einzelnen Suchschritten?
- Boolesche Operatoren? Voreinstellung, z.B. AND?
- Reihenfolge der Operatoren? Klammerung bei verschiedenen Operatoren?
- Phrasensuche?
- Proximity Suche (Begriffe in der Nähe zueinander)?

Siehe HELP-Links der Datenbankanbieter

Viele Informationsquellen – viele Suchmöglichkeiten (2)

„Konserve“



1. Einfache Suche (Basic):

meist eine Suchzeile, interner Suchalgorithmus.

Beispiel **PubMed**: Automatic Term Mapping, Clinical Queries

2. Erweiterte Suche (Advanced):

Suchmaske mit Auswahlmöglichkeiten, z.B. Felder, Boolesche Operatoren



„Eigenproduktion“:
Precision und
Recall variieren“

3. Expertensuche: Kommandosprache

Viele Informationsquellen – viele Suchmöglichkeiten (3)

1. „Konventionelle“ Methode (klassische Datenbankrecherche):

Textwörter und - falls vorhanden - kontrolliertes Vokabular und Suchfilter kombinieren

2. Web of Science: ausgehend von relevanten Zitaten:

- Times Cited (Vorwärts-Suche) / Cited References (Rückwärts-Suche)
- View Related Records: basiert auf Anzahl gemeinsamer Zitierungen (Shared References)

The screenshot displays a search results page from Web of Science. The top article is "Patient-Centered Care for Older Adults with Multiple Chronic Conditions: A Stepwise Approach from the American Geriatrics Society" by Ickowicz, E. It has 7 Times Cited, 101 Cited References, and a link to View Related Records. Below it are two other articles: "Rationalizing Prescribing for Older Patients with Multimorbidity: Considering Time to Benefit" and "Managing Medications in Clinically Complex Elders 'There's Got to Be a Happy Medium'". The second article has 62 Cited References and 14 Shared References. The third article has 65 Times Cited, 97 Cited References, and 12 Shared References. Red circles highlight the citation metrics for the top two articles.

Article Title	Times Cited	Cited References	Shared References
Patient-Centered Care for Older Adults with Multiple Chronic Conditions: A Stepwise Approach from the American Geriatrics Society	7	101	-
Rationalizing Prescribing for Older Patients with Multimorbidity: Considering Time to Benefit	0	62	14
Managing Medications in Clinically Complex Elders "There's Got to Be a Happy Medium"	65	97	12

3. PubMed: ausgehend von relevanten Zitaten:

Related Citations: basiert auf Worthäufigkeiten, Anzahl gemeinsamer Wörter (Help → Appendices → Computation of Related Citations)

RESEARCH ARTICLE

Open Access

Is the coverage of google scholar **enough** to be **used alone** for systematic reviews

Jean-François Gehanno^{1,2*}, Laetitia Rollin^{1,2} and Stefan Darmoni²

Abstract

Background: In searches for clinical trials and systematic reviews, Google Scholar (GS) is often used in isolation, but in addition to PubMed, Cochrane and Embase. We performed a study to assess the coverage of GS specifically for systematic reviews. We evaluated if GS was sensitive enough to be used alone for systematic reviews.

Methods: All the original studies included in 29 systematic reviews published in the JAMA in 2009 were gathered in a gold standard database. We used this database to assess the percentage of studies which could have been identified by GS.

Results: All the 738 original studies included in the gold standard database were identified by GS.

Conclusion: The coverage of GS for the studies included in the gold standard database. 29 systematic reviews had used only GS, no reference work was used. To increase its precision, GS could become a useful tool. It could be used alone for systematic reviews.

Keywords: Bibliometrics, Google scholar, Information retrieval, Systematic reviews

Google Scholar –
Ersatz oder Ergänzung?

RESEARCH ARTICLE

Open Access

Google Scholar as **replacement** for systematic literature searches: good relative recall and precision are **not enough**

Martin Boeker^{*}, Werner Vach and Edith Motschall

Abstract

Background: Recent research indicates a high recall in Google Scholar searches for systematic reviews. These reports raised high expectations of Google Scholar as a unified and easy to use search interface. However, studies on the coverage of Google Scholar rarely used the search interface in a realistic approach but instead merely checked for the existence of gold standard references. In addition, the severe limitations of the Google Search interface must be taken into consideration when comparing with professional literature retrieval tools. The objectives of this work are to measure the relative recall and precision of searches with Google Scholar under conditions which are derived from structured search procedures conventional in scientific literature retrieval; and to provide an overview of current advantages and disadvantages of the Google Scholar search interface in scientific literature retrieval.

Datenbankübergreifende Recherchen - Alles in einen Topf ?

Vorteil:

- gemeinsame Grundfunktionen (z.B. Textwortsuche) in einer Suchoberfläche
- keine besonderen Datenbankkenntnisse
- grobe Schätzung über Anzahl Zitate pro Datenbank

Nachteil:

- datenbankspezifische Suchfunktionen werden nicht genutzt
→ wenig Variationsmöglichkeiten in Bezug auf Precision und Recall

Empfehlung:

- für die Erstellung systematischer Reviews die Datenbanken separat suchen.
- Import in ein Literaturverwaltungsprogramm. Dort Dubletten eliminieren (automatische Erkennung UND manuelle Durchsicht wegen untersch. Formatstandards)

z.B. www.dimdi.de

Datenbanken auswählen (Humanmedizin)

Datenbankname
Literaturdatenbanken
<input type="checkbox"/> AMED
<input type="checkbox"/> AnimAlt-ZEBET
<input type="checkbox"/> BIOSIS Previews
<input type="checkbox"/> CAB Abstracts
<input checked="" type="checkbox"/> CCMED
<input checked="" type="checkbox"/> Cochrane Central Register of Controlled Trials
<input checked="" type="checkbox"/> Cochrane Database of Systematic Reviews
<input type="checkbox"/> DAHTA-Datenbank
<input type="checkbox"/> Database of Abstracts of Reviews of Effects
<input type="checkbox"/> Derwent Drug File
<input type="checkbox"/> Deutsches Ärzteblatt
<input type="checkbox"/> EMBASE
<input checked="" type="checkbox"/> EMBASE
<input type="checkbox"/> EMBASE Alert
<input type="checkbox"/> ETHMED
<input checked="" type="checkbox"/> GLOBAL Health
<input type="checkbox"/> gms
<input type="checkbox"/> gms Meetings
<input type="checkbox"/> Health Technology Assessment Database
<input type="checkbox"/> IPA
<input type="checkbox"/> ISTEP + ISTEP/ISSHP
<input type="checkbox"/> MEDIKAT
<input checked="" type="checkbox"/> MEDLINE
<input type="checkbox"/> NHS Economic Evaluation Database
<input checked="" type="checkbox"/> SciSearch



Foto: Motschall

z.B. www.medpilot.de

Suche nach Variceal Bleeding

Datenquelle	
MEDLINE	5518
Verlagsdaten	367
- Thieme Verlag	288
- Karger Verlag	79
Katalog der ZB MED	217
- Katalog Medizin. Gesundheit.	217
Katalog der NLM	30
Current Contents	15
- CC MED	10
- bibnet.org	5
SOMED	5
< weniger	

Hilfen für die **Erstellung** von **Systematischen Übersichtsarbeiten** (1)

Centre for Reviews and Dissemination (CRD):

www.york.ac.uk/inst/crd/finding_studies_systematic_reviews.htm

UNIVERSITY *of* York
Centre for Reviews and Dissemination

 Search

Home > Information resources > Finding studies for systematic reviews

Share |    

Finding studies for systematic reviews: a resource list for researchers

- Introduction
- Research in progress
- Trials registers
- Major bibliographic databases
- Specialist databases
- Non-journal literature
 - Conference papers and dissertations
 - Books
- Identifying journals to be handsearched
- Other sources to search

Introduction

The following lists suggest some key sources to search to identify studies for inclusion in systematic reviews. The choice of databases will depend upon the topic of the systematic review and the resources that are available to the review project team. The sources suggested here are not exhaustive and additional resources that cover specific topic areas may be available.

Library websites will often provide a list of available databases with a description of their coverage. Database providers such as Dialog (<http://www.dialog.com/>) and Ovid (<http://tinyurl.com/chwhb8o>) also produce lists of their products. Relevant databases may also be identified by looking at the methodology section of other related systematic reviews.

Involving a suitably experienced librarian or information specialist in the systematic review process is recommended as librarians are trained to search efficiently and have a wide knowledge of information sources and how to locate information services. They will also be able to help with document acquisition and record management.

- Home
- About CRD
- News
- Our databases
- PROSPERO
- Our research
- Our publications
- Our guidance
- Information resources**

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Cochrane Handbook for Systematic Reviews of Interventions

Chapter 6: Searching for studies

Authors: Carol Lefebvre, Eric Manheimer and Julie Glanville on behalf of the Cochrane Information Retrieval Methods Group.

Key points

- Review authors should work closely from the start with the Trials Search Co-ordinator (TSC) of their Cochrane Review Group (CRG).
- Studies (not reports of studies) are included in Cochrane reviews but identifying reports of studies is currently the most convenient approach to identifying the majority of studies and obtaining information about them and their results.
- Trials registers and trials results registers are an increasingly important source of information.
- The Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and EMBASE (if access is available to either the review author or TSC) should be searched for all Cochrane reviews, either directly or via the CRG's Specialized Register.
- Searches should seek high sensitivity, which may result in relatively low precision.
- Too many *different* search concepts should be avoided, but a wide variety of search terms should be combined with OR within *each* concept.
- Both free-text and subject headings should be used (for example Medical Subject Headings (MeSH) and Emtree).
- Existing highly sensitive search strategies (filters) to identify randomized trials should be used, such as the newly revised Cochrane Highly Sensitive Search Strategies for identifying randomized trials in MEDLINE (but do not apply these filters in CENTRAL).

6.1 Introduction

6.2 Sources to search

6.3 Planning the search process

6.4 Designing search strategies

6.5 Managing references

6.6 Documenting and reporting the search process

6.7 Chapter information

Box 6.7 a: The Cochrane Information Retrieval Methods Group

6.8 References

How to cite this chapter:

Lefebvre C, Manheimer E, Glanville J. Chapter 6: Searching for studies. In: Higgins JPT, Green S (editors). Cochrane Handbook for Systematic Reviews of Interventions. Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. Available from www.cochrane-handbook.org

Methodological Expectations of Cochrane Intervention Reviews (MECIR)

Version 2.3, 02 December 2013

www.editorial-unit.cochrane.org/mecir

Searching for studies					
C24	Mandatory	Searching key databases	Search the Cochrane Review Group's Specialized Register (internally, e.g. via the Cochrane Register of Studies, or externally via CENTRAL). Ensure that CENTRAL and MEDLINE (e.g. via PubMed) have been searched (either for the review or for the Review Group's Specialized Register).	Searches should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible. The databases to be covered are the Cochrane Review Group's Specialized Register and was designed to support reviews in this way), CENTRAL, Embase (if available to the CRG or the review author). Expertise should be used to avoid unnecessary duplication of effort. Some, but not all, studies from MEDLINE, Embase and the Cochrane Review Group's Specialized Registers are already included in CENTRAL. Supplementary searches should be performed as described in sections 6.3.2 and 6.3.3 of the Handbook.	6.2.1.1 6.3.3
C25	Highly desirable	Searching specialist bibliographic databases	Search appropriate national, regional and subject specific bibliographic databases.	Searches for studies should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible. Databases relevant to the review topic should be covered (e.g. CINAHL for nursing-related topics, PsychINFO for psychological interventions), and regional databases (e.g. LILACS) should be considered.	6.2.1.4 6.2.1.5 6.4.1
C26	Mandatory	Searching for different types of evidence	<i>If the review has specific eligibility criteria around study design to address adverse effects, economic issues or qualitative research questions, undertake searches to address them.</i>	Sometimes different searches will be conducted for different types of evidence, such as for non-randomized studies for addressing adverse effects, or for economic evaluation studies.	13.3 14.5 15.3 20.3.2.1
C27	Mandatory	Searching trials registers	Search trials registers and repositories of results, where relevant to the topic through ClinicalTrials.gov, the WHO International Clinical Trials Registry Platform (ICTRP) portal and other sources as appropriate.	Searches should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible. Although ClinicalTrials.gov is included as one of the registers within the WHO ICTRP portal, searches should be performed that both ClinicalTrials.gov and the ICTRP portal are searched to ensure no additional features in ClinicalTrials.gov.	6.2.3.1 6.2.3.2 6.2.3.3
C28	Highly desirable	Searching grey literature	Search sources such as reports/dissertations/theses databases and databases of conference abstracts.	Searches should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible.	6.2.1.7 6.2.1.8 6.2.2
C29	Highly desirable	Searching within other reviews	Search within previous reviews on the same topic.	Searches for studies should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible.	6.2.2.5
C30	Mandatory	Searching reference lists	Check reference lists in included studies and any relevant systematic reviews identified.	Searches should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible.	6.2.2.5

Geht weiter bis C38

Standards for the reporting of new reviews of interventions

www.editorial-unit.cochrane.org/mecir

Search methods for identification of studies			
R34	Mandatory	Search sources	<p>List all sources searched, including: databases, trials registers, web sites and grey literature. Database names should include platform/provider name and dates of coverage; web sites should include full name and URL. State whether reference lists were searched and whether individuals or organizations were contacted.</p> <p>Conduct standard 36 (Document the search process in enough detail to ensure that it can be correctly in the review.) IR conduct standards 24 – 31. Item 7)</p>
R35	Mandatory	Latest searches	<p>Provide the date of the last search and the issue / version number (where relevant) for each database whose results were evaluated and</p> <p>results of which were not incorporated, explain how the results were dealt with and provide the date.</p> <p>Since the review is likely to have drawn on searches conducted across multiple databases, it is possible that searches were performed on more than one date. The earliest date of the most recent set of searches should be provided in the review text and as the hard-coded date of the last search. The remaining dates for other databases should be reported in an appendix.</p>

Geht weiter bis R39



- Datenbanken u.a. Quellen
- Anbieter (Suchoberfläche)
- Suchzeitraum
- Suchdatum
- Strategien getrennt nach Datenbank

PRISMA-Statement

Preferred Reporting Items for Systematic Reviews and Meta-Analyses:

www.prisma-statement.org

“Describe all information sources in the search (e.g. databases with dates of coverage...) and date last searched.”

“Present the full electronic search strategy for at least one database, including any limits, such that it could be repeated.”



PRISMA 2009 Flow Diagram

www.prisma-statement.org/statement.htm

Identification

of records identified through database searching

of additional records identified through other sources

Screening

of records after duplicates removed

of records screened

of records excluded

Eligibility

of full-text articles assessed for eligibility

of full-text articles excluded, with reasons

Included

of studies included in qualitative synthesis

of studies included in quantitative synthesis (meta-analysis)

Sampson M et al.: Precision of healthcare systematic review searches in a cross-sectional sample. *Research Synthesis Methods*. 2011;2:119-25.



ELSEVIER

Journal of Clinical Epidemiology 62 (2009) 944–952

Journal of
Clinical
Epidemiology

ORIGINAL ARTICLES

An evidence-based practice guideline for the peer review of electronic search strategies

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Abstract

Objective: Complex and highly sensitive electronic literature search strategies are required for systematic reviews; however, no guidelines exist for their peer review. Poor searches may fail to identify existing evidence because of inadequate recall (sensitivity) or increase the resource requirements of reviews as a result of inadequate precision. Our objective was to create an annotated checklist for electronic search strategy peer review.

Study Design: A systematic review of the library and information retrieval literature for important elements in electronic search strategies was conducted, along with a survey of individuals experienced in systematic review searching.

Results: Six elements with a strong consensus as to their importance in peer review were accurate translation of the research question into search concepts, correct choice of Boolean operators and of line numbers, adequate translation of the search strategy for each database, inclusion of relevant subject headings, and absence of spelling errors. Seven additional elements had partial support and are included in this guideline.

Conclusion: This evidence-based guideline facilitates the improvement of search quality through peer review, and thus the improvement in quality of systematic reviews. It is relevant for librarians/information specialists, journal editors, developers of knowledge translation tools, research organizations, and funding bodies. © 2009 Elsevier Inc. All rights reserved.

Keywords: Evidence-based practice; Information retrieval; Peer review; Practice guideline; Search strategies; Systematic reviews

Beispiel der Dokumentation einer Suche: 1. Gesuchte Datenbanken

Thema: Deferasirox for managing iron overload in people with thalassaemia



Datenbank (Anbieter)	Suchdatum	Zeitraum bzw. Update Status	Anzahl Zitate
<u>Embase</u> (OvidSP)	24.6.2010	1980 to 2010 Week 24	629
MEDLINE (OvidSP)	28.6.2010	1950 to June Week 3 2010	249
MEDLINE(R) In- Process & Other Non-Indexed Citations (OvidSP)	28.6.2010	June 25, 2010	20
BIOSIS Previews (OvidSP)	28.6.2010	1969 to 2010 Week 29	402
Cochrane Library (Wiley)	29.6.2010	Cochrane Database of Systematic Reviews: 2010, Issue 6. Other Cochrane Library Databases: 2010 Issue 2	82
Web of Science (Thomson Reuters)	30.6.2010	1945 - present (updated 2010-06-26)	456
XTOXLINE (DIMDI)	01.07.2010	01.01.1965 - 29.06.2010	92
<u>Derwent Drug File</u> (DIMDI)	01.07.2010	01.01.1983 - 23.06.2010	241
Gesamt inkl. Duplikate			2171
Gesamt ohne Duplikate			976

#	Searches	Results
1	deferasirox*.mp.	634
2	(ICL670* or ICL 670*).mp.	185
3	(CGP72670* or CGP 72670*).mp.	8
4	exjade*.mp.	230
5	2-hydroxyphenyl.mp.	1093
6	triazol-1-yl.mp.	790
7	benzoic acid.mp.	12879
8	and/5-7	9
9	or/1-4,8	636
10	remove duplicates from 9	629

Notes:

.mp. = title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer name

The chemical substance name "4-(3,5-bis(2-hydroxyphenyl)-(1,2,4)-triazol-1-yl) benzoic acid" was searched by splitting it up in searchable terms (2-hydroxyphenyl, triazol-1-yl, benzoic acid) and combining those by AND (lines 5-8).

MEDLINE (via OvidSP) 1950 to June Week 3 2010

Searched 28.6.2010

#	Searches	Results
1	deferasirox*.mp.	246
2	(ICL670* or ICL 670*).mp.	64
3	(CGP72670* or CGP 72670*).mp.	1
4	exjade*.mp.	29
5	2-hydroxyphenyl.mp.	421
6	triazol-1-yl.mp.	189
7	benzoic acid.mp.	5679
8	and/5-7	6
9	or/1-4,8	256
10	remove duplicates from 9	249

Notes:

.mp. = title, original title, abstract, name of substance word, subject heading word, unique identifier

Beispiel der Dokumentation einer Suche: 2. Strategien

Wegen überschaubarer Trefferzahl wurde hier auf weitere Eingrenzungen verzichtet. Separate MeSH- bzw. Emtree-Suche hier nicht erforderlich (es gibt kein MeSH).

Geht noch weiter mit Strategien der anderen Datenbanken

Meerpohl JJ, Antes G, Rucker G, Fleeman N, Motschall E, Niemeyer CM, Bassler D. Deferasirox for managing iron overload in people with thalassaemia. *Cochrane Database of Systematic Reviews* 2012, Issue 2. Art. No.: CD007476. DOI: 10.1002/14651858.CD007476.pub2.

Search methods for identification of studies

No language restriction was applied.

Electronic searches

We identified relevant studies from the Cystic Fibrosis and Genetic Disorders Group's Haemoglobinopathies Trials Register using the terms: (thalassaemia OR haemoglobinopathies general) AND ICL670(A).

The Haemoglobinopathies Trials Register is compiled from electronic searches of the Cochrane Central Register of Controlled Trials (Clinical Trials) (updated each new issue of *The Cochrane Library*) and quarterly searches of MEDLINE. Unpublished work is identified by searching the abstract books of five major conferences: the European Haematology Association conference; the American Society of Hematology conference; the British Society for Haematology Annual Scientific Meeting; the Caribbean Health Research Council Meetings; and the National Sickle Cell Disease Program Annual Meeting. For full details of all searching activities for the register, please see the relevant section of the [Cochrane Cystic Fibrosis and Genetic Disorders Group Module](#).

Date of most recent search of the Group's Haemoglobinopathies Trials Register: 03 November 2011.

Beispiel der Formulierung im Methodenteil des Reviews

We searched for relevant trials in the following databases:

via OvidSP: Embase 1980 to 2010 Week 24 (searched: 24 June 2010), Medline 1950 to June Week 3 2010, Medline in Process and Other Non-Indexed Citations to June 25, 2010 (searched: 28 June 2010), Biosis Previews 1969 to 2010 Week 29 (searched: 28 June 2010);

via Wiley Interscience: [The Cochrane Library](#): Cochrane Database of Systematic Reviews 2010, Issue 6; other Cochrane Library Databases 2010 Issue 2 (searched: 29 June 2010);

via Thomson Reuters: Web of Science 1945 to 26.06.2010 (searched: 30 June 2010);

via DIMDI: XTOXLINE 01.01.1965 - 29.06.2010, Derwent Drug File 01.01.1983 - 23 June 2010 (searched: 01 July 2010).

The searches were performed from 24 June to 1 July 2010. For details of the search strategies see the appendices ([Appendix 1](#); [Appendix 2](#); [Appendix 3](#); [Appendix 4](#); [Appendix 5](#); [Appendix 6](#)).

Given there is much ongoing research into deferasirox treatment, the following three trial registries were searched on 28 June 2010 for all years available in all possible fields using the basic search function (using separately the following keyword terms: "deferasirox", "ICL670", "ICL 670" and "exjade"):

1. Current Controlled Trials: www.controlled-trials.com (all available registers were searched).
2. ClinicalTrials.gov: www.clinicaltrials.gov
3. ICTRP: www.who.int/ictcp/en/

One ongoing study is currently listed and if possible, will be included in the next update of this review.

Aufwand – Nutzen?

- Auswahl mehrerer Datenbanken
- Umfassende Suchstrategie je nach Funktionsumfang der Datenbank
 - Recall – Precision variieren
- Handsuche, Referenzen vor- u. rückwärts checken, Related Articles-Suche
- Suchmaschinen, z.B. Google Scholar

Welche Menge ist zumutbar?



Foto: Motschall

Wieviel verwertbare Publikationen bleiben übrig?

Systematic reviews need systematic searchers

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Purpose: This paper will provide a description of the methods, skills, and knowledge of expert searchers working on systematic review teams.

Brief Description: Systematic reviews and meta-analyses are very important to health care practitioners, who need to keep abreast of the medical literature and make informed decisions. Searching is a critical part of conducting these systematic reviews, as errors made in the search process potentially result in a biased or otherwise incomplete evidence base for the review. Searches for systematic reviews need to be constructed to maximize recall and deal effectively with a number of potentially biasing factors. Librarians who conduct the searches for systematic reviews must be experts.

Discussion/Conclusion: Expert searchers need to understand the specifics about data structure and functions of bibliographic and specialized databases, as well as the technical and methodological issues of searching. Search methodology must be based on research about retrieval practices, and it is vital that expert searchers keep informed about, advocate for, and, moreover, conduct research in