



第三讲 高效的文献检索方法及技巧

讲师：雷云宏

检索策略

如何进行高效的文献检索???



Create search strategy for databases - keywords



- Research question broken down into concepts
- Keywords and synonyms generated for each concept
 - diversity of expression important to capture

- **OR** combines search terms that are representing the same concept
- **AND** combines terms that are representing different concepts

	Concept 1 Crime	Concept 2 Prevention	Concept 3 Systematic review
OR	Arrest* Crim* Delinquen* Incarcerat* (law NEAR/2 breaking) offen* recidivis* reconvict* re-offen* reoffen*	prevent* deterr* reduc* control* increas* impact (cost NEAR/1 effective*) (cost NEAR/1 benefit) displace* (diffus* NEAR/2 benefit)	(campbell PRE/3 review) (cochrane PRE/3 review) "Comprehensive Review" "Integrat* Review" meta*analy* meta*narrative (realist PRE/2 review) (quantitative PRE/2 review) (qualitative PRE/2 review) (systematic* PRE/2 review)
AND			



LITERATURE SEARCH STRATEGIES

Hajer Elkout



Meta分析检索策略

何谓PICOS原则？

P: Participans/Patients (患者或人群，有时可以指某种具体疾病)

I: Intervention (干预措施或暴露因素)

C: Comparisons (比较，一般指A干预措施与B干预措施的比较)

O: Outcome (结局指标，比如疗效、安全性，不作为常规检索词)

S: Study (研究的设计类型，比如RCT, 队列研究，病例对照研

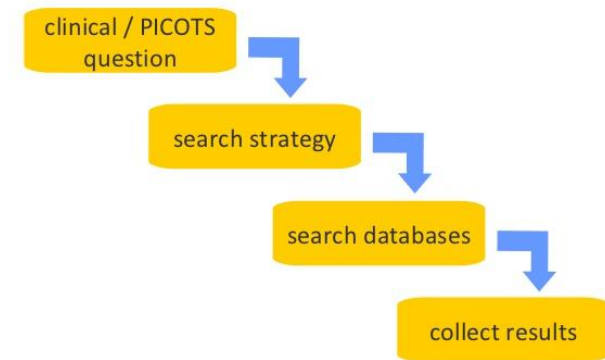
一般来讲，循证医学常用的是P、I、S.

有时会用到O (结果) 和C (对照)。

C: 有对比就用

O: 有结局就用，如不良反应。

Search Steps



Meta分析检索策略 (PICOS)

制定纳入和排除标准

- 用PICOS原则，分别制定纳入标准。需要考虑的问题：**研究类型、样本量大小及随访年限、研究对象、暴露或干预措施、研究结局**等。
- P、I、C、O、S不一定都需要。
- 排除标准不是必须的，很多时候完善的纳入标准就够了。
- 如果不会写，参考一下之前大牛们的文章。

- 标准过严(同质性好、文献数量少)
- 标准过宽(同质性差、文献数量多)

P	I	C	O
Population Patient Problem	Intervention Or Exposure	Comparison	Outcome
Who are the patients? What is the problem?	What do we do to them? What are they exposed to?	What do we compare the intervention with?	What happens? What is the outcome?

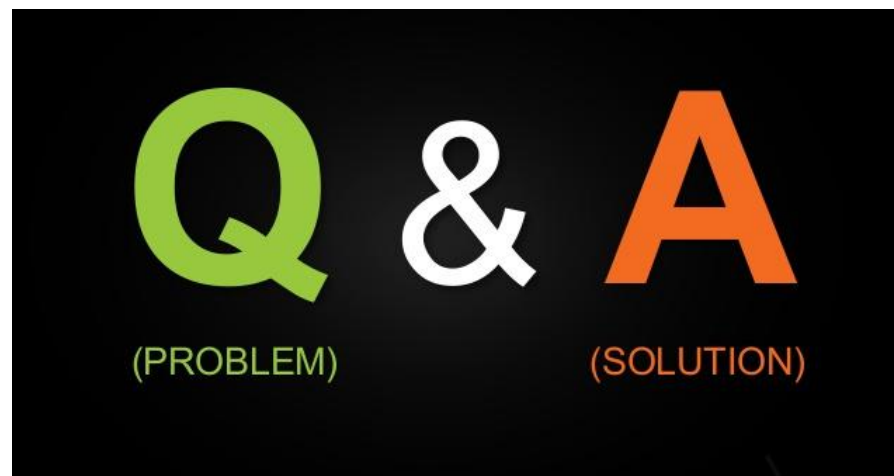
Meta分析检索策略

PICO（干预性研究）

PICo（质性研究）

PICO-Co（经济学评价研究）

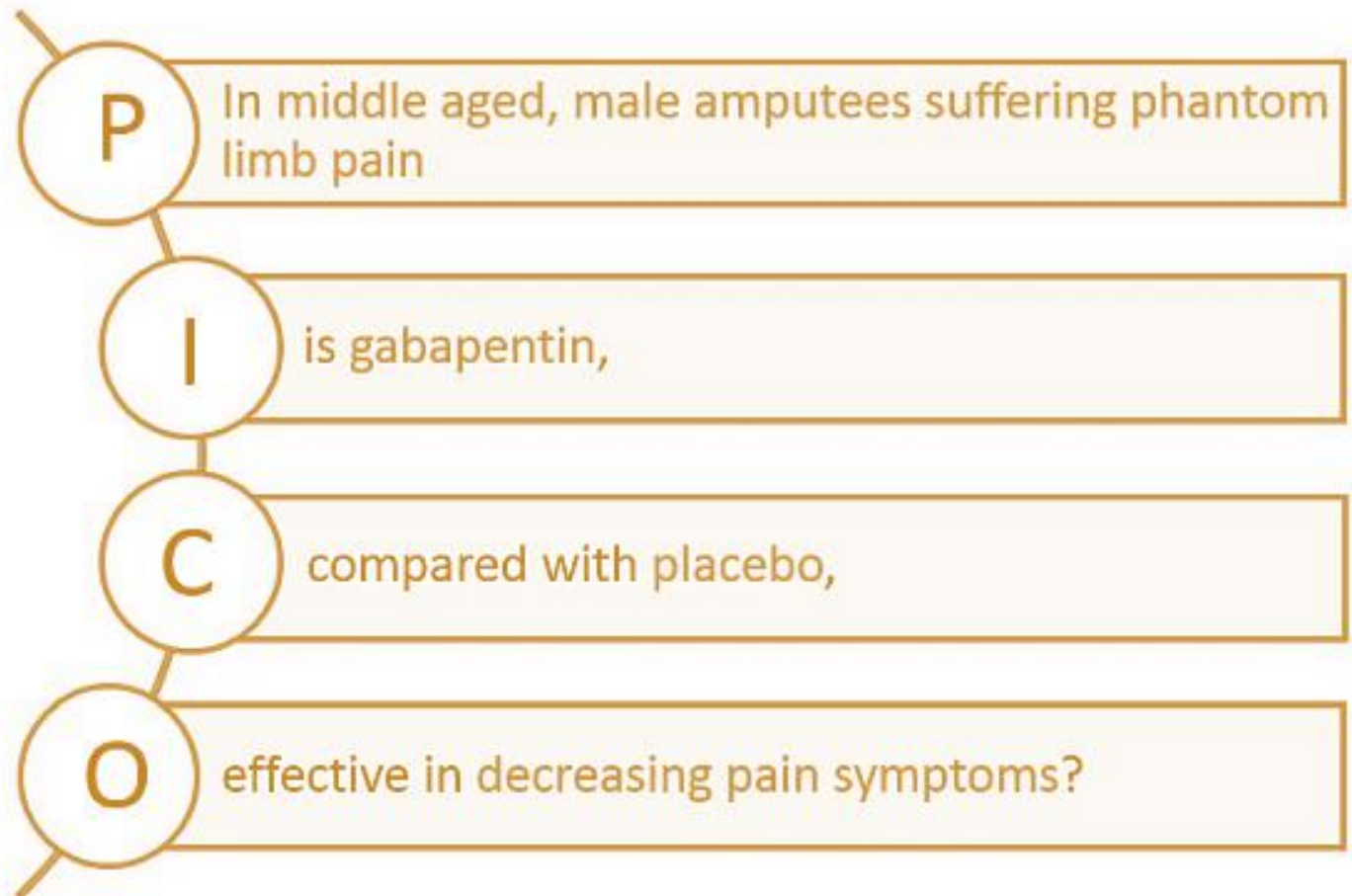
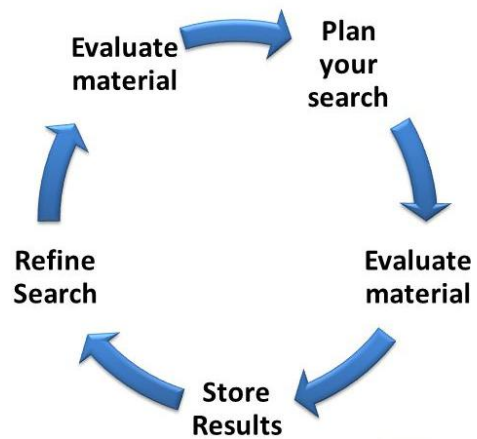
CoCoPop（患病率研究）



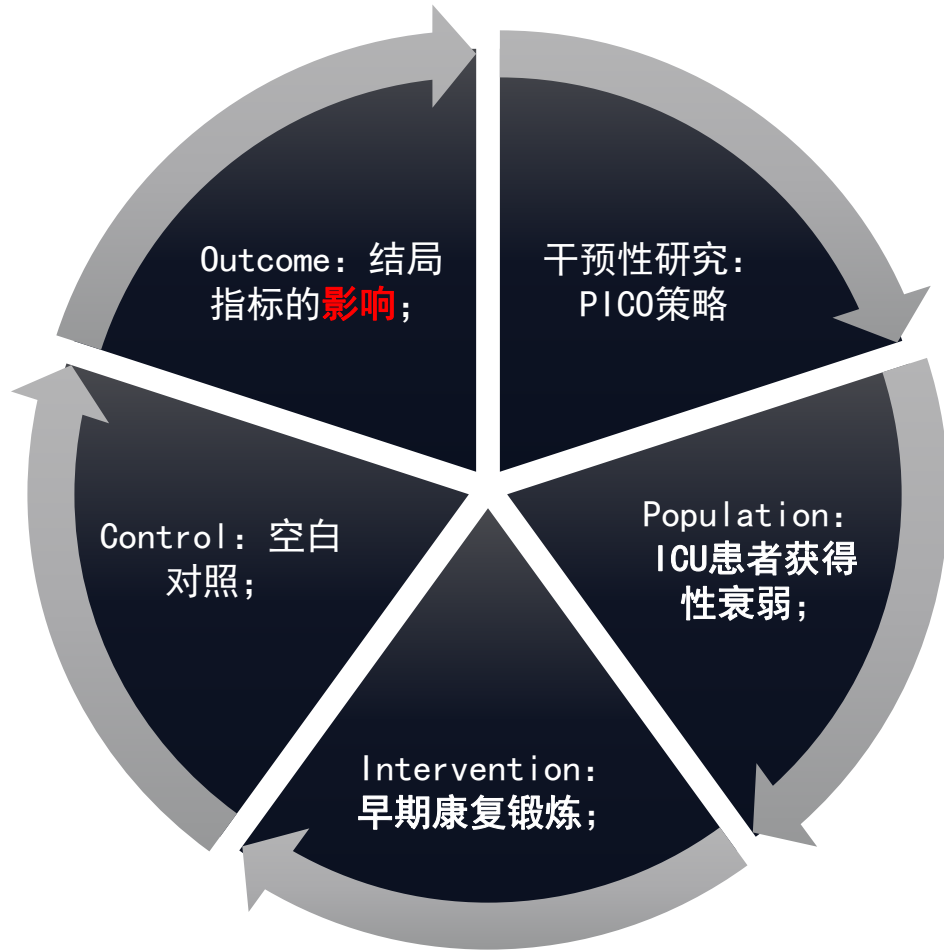
Don't be afraid to ask questions...



Literature search - the cycle



Meta分析检索策略



引用格式:王 妮,刘 琼,刘静兰,等.早期康复锻炼对 ICU 患者获得性衰弱影响的 Meta 分析[J].巴楚医学,2019,2(3):56-64.

早期康复锻炼对 ICU 患者获得性衰弱影响的 Meta 分析

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摘要:目的:系统评价早期康复锻炼对 ICU 患者获得性衰弱(ICU-AW)的影响。方法:检索中国知网、万方数据库、维普中文科技期刊全文数据库、PubMed 及 Cochrane Library 数据库从建库至 2019 年 4 月关于早期康复锻炼对 ICU 患者获得性衰弱影响的随机对照试验。由 2 名研究者独立筛选文献、提取资料、评价纳入研究的偏倚风险后,采用 RevMan 5.3 软件进行 Meta 分析。结果:纳入 11 个随机对照试验,共 1 078 例患者。Meta 分析结果显示,试验组 ICU-AW 发生率[OR=0.27, 95%CI (0.15, 0.49), $P<0.0001$], MRC-score(肌力)[MD=7.57, 95%CI (5.57, 9.57), $P<0.0001$], 独立生活能力(BI 评分)[MD=12.29, 95%CI (5.38, 19.20), $P=0.0005$]及独立行走能力(6 分钟步行试验)[MD=30.06, 95%CI (22.00, 38.12), $P<0.0001$]均优于对照组,机械通气时间[MD=-1.90, 95%CI (-2.50, -1.31), $P<0.0001$]和总住院时间[MD=-3.33, 95%CI (-5.13, -1.52), $P=0.0003$]均短于对照组。结论:早期康复锻炼可有效降低 ICU-AW 发生率,促进肌力恢复,提高患者独立功能状态,缩短机械通气时间及总住院时间,值得临床应用。

早期康复锻炼对 ICU患者获得性衰弱影响的 Meta分析

质性研究：PICO策略

Population：妇科手术患者；

Interest：经历、体验及需求；

Context：阴道冲洗；

妇科手术患者对阴道冲洗的体验及需求的质性研究

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(北京协和医院国际医疗部妇科病房, 北京, 100730)

[摘要] 目的 探讨妇科手术患者对阴道冲洗的体验及需求。方法 采用访谈法, 选取 10 例住院的阴道冲洗患者进行访谈, 采用内容分析法对访谈内容进行分析、提炼主题、进行描述。结果 阴道冲洗前, 存在多种负性情绪, 表现为紧张、害怕、害羞、担心、平静等方面; 冲洗中, 心理感受呈多样性, 如舒适、疼痛、害怕、害羞、水温或备皮不舒服等; 冲洗后, 存在多种担忧, 如感染、性生活、怀孕等问题。需求方面, 患者需了解相关阴道冲洗操作知识; 认为冲洗过程中周围环境较安全, 但清洁卫生情况有待提高; 冲洗后, 患者在大小便、手术影响、洗澡、感染等方面有疑问。结论 医务人员在整个阴道冲洗操作过程中, 应针对患者的状况和需求, 为患者提供针对性的护理对策, 实施“以人为本, 以患者为中心”的整体护理, 从而提高护理服务质量及患者满意度。

[关键词] 妇科手术; 阴道冲洗; 质性研究

[中图分类号] R473.71 [文献标识码] A [文章编号] 1671-8283(2017)01-0048-05 [DOI] 10.3969/j.issn.1671-8283.2017.01.014

妇科手术患者对阴道冲洗的体验及需求的质性研究

王磊, 王英杰, 秦瑛. 妇科手术患者对阴道冲洗的体验及需求的质性研究[J]. 现代临床护理, 2017, 16(01): 48-52.

Literature search - the cycle



Meta分析检索策略

Introduction

The incidence of acute kidney injury (AKI) in critical care is quite common, ranging between 30% and 60%.^{1,2} Multiple studies have shown that AKI severity in the intensive care unit (ICU) is associated with mortality and higher rates of chronic kidney disease.^{1,3} Renal replacement therapy (RRT) is the treatment of choice for severe AKI, but there are no firm guide-lines⁴ on when to initiate RRT in the critically ill.^{5,6} The RRT prevents accumulation of renally cleared toxins, hypervolemia, acid-base imbalances, and metabolic abnormalities,⁷ but there are risks associated with RRT, including increased long-term progression of kidney disease, decreased likelihood of renal recovery, and dialysis-specific complications, such as sepsis, bleeding, and hypotension.⁷

There have been several meta-analyses conducted on this topic,⁸⁻¹⁰ which have yielded contradictory results. Most of the studies on this topic have been observational, with only a few,

small, randomized controlled trials (RCTs).¹¹⁻¹⁶ In the last year, 2 large RCTs evaluating early RRT have been published^{15,17}; however, their findings were contradictory. There was significant heterogeneity between the studies.

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From an economic stand point, the cost-effectiveness of early versus late RRT has never been explored.¹⁸ Considering the significant burden of health-care expenditures, we aim to compare the financial costs of early to late RRT from a single hospital's perspective.

The specific objective of this systematic review and meta-analysis is to determine the effect of early versus late dialysis initiation on 1-month mortality rates for adult patients admitted to the ICU. As a secondary objective, we will compare early versus late RRT initiation.

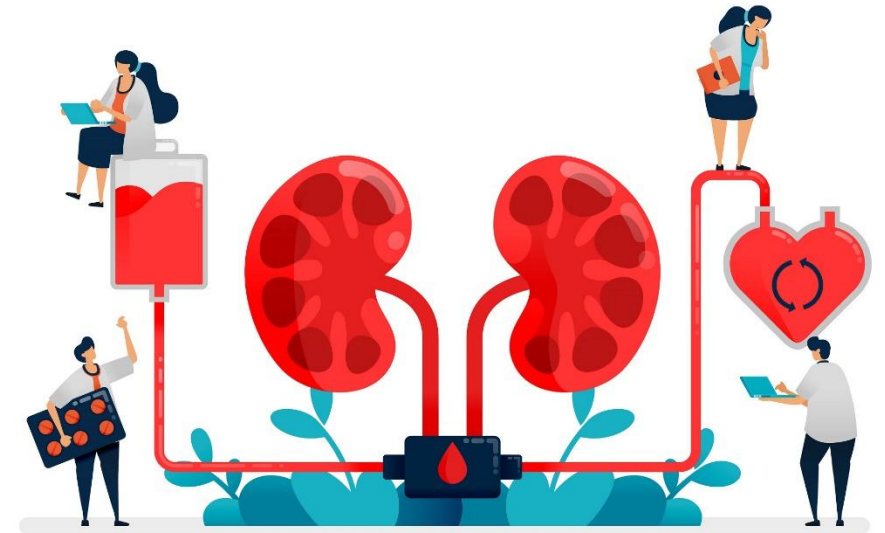
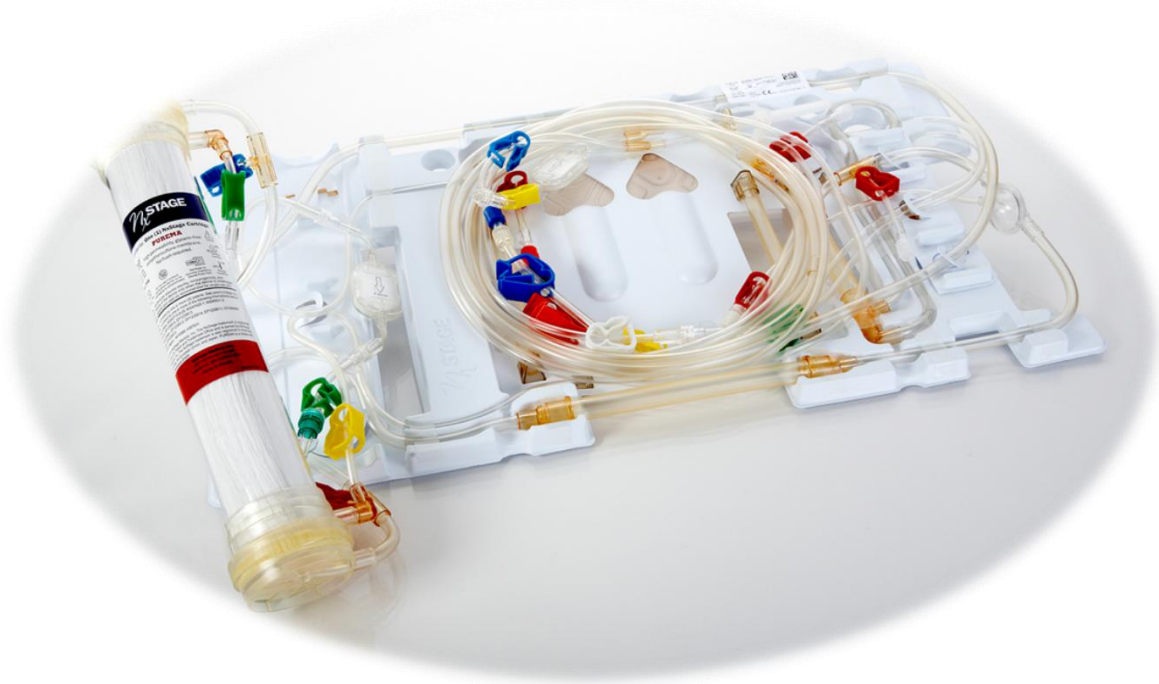
Materials and Methods
Data Sources and Search Strat

problem

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01

Meta分析检索策略

Early Renal Replacement Therapy (I) **Versus** Standard Care (C) in the ICU
(P) : A Systematic Review, Meta-Analysis, and Cost Analysis



Meta分析检索策略

- 经济学评价：PICO-Co策略
- Population: ICU patients;
- Intervention: Early Renal Replacement Therapy
- Control: Early Renal Replacement Therapy Versus Standard Care
- Outcome: Cost Analysis (成本-效益)
- Context: ICU

Early Renal Replacement Therapy Versus Standard Care in the ICU: A Systematic Review, Meta-Analysis, and Cost Analysis

Original Research

Early Renal Replacement Therapy Versus Standard Care in the ICU: A Systematic Review, Meta-Analysis, and Cost Analysis

Dipayan Chaudhuri, MD¹, Brent Herritt, MD¹, Daren Heyland, MD, FRCPC², Louis-Philippe Gagnon, MD², Kednapa Thavorn, PhD³, Daniel Kobewka, MD, FRCPC¹, and Kwadwo Kyeremanteng, MD, FRCPC⁴

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Meta分析检索策略

CoCoPop策略

Condition: 新发糖尿病危险因素;

Context: 肾移植;

Population: 肾移植术后患者;

研究显示年龄、性别、体质量指数、丙肝感染、免疫抑制药物和糖尿病家族史等是肾移植后新发糖尿病相关的危险因素,但危险因素对肾移植后新发糖尿病的影响尚存争议??

肾移植后新发糖尿病危险因素Meta分析

《中国组织工程研究》 Chinese Journal of Tissue Engineering Research

 Chinese Journal of Tissue Engineering Research | www.CJTER.org

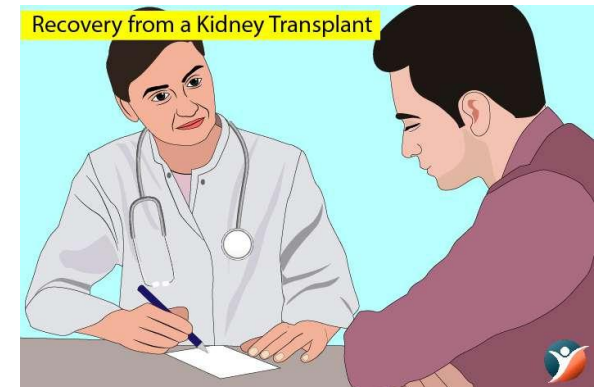
· 循证医学 ·

肾移植后新发糖尿病危险因素Meta分析

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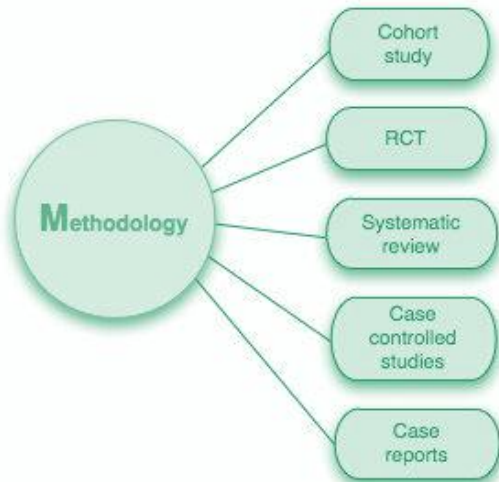
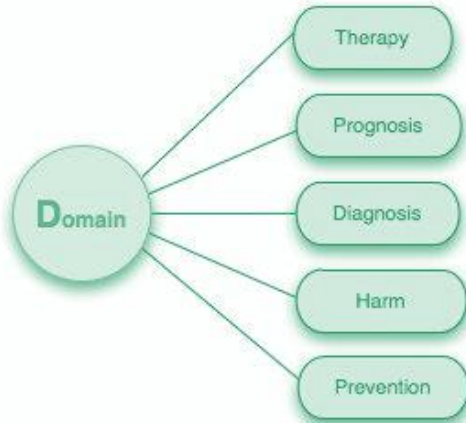
Patient or
Population

Intervention

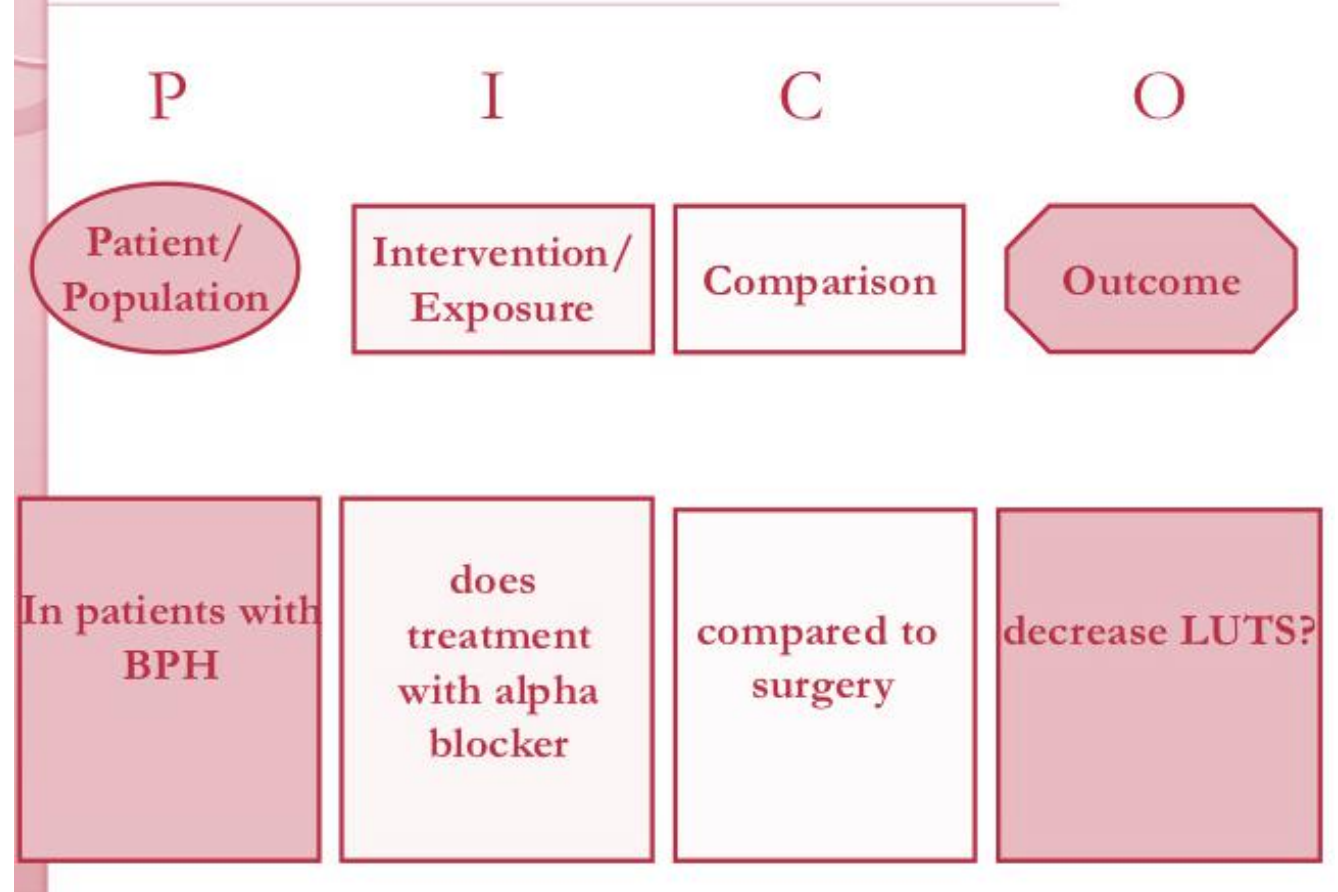
Compare

Outcome

PICO



Ask Clinical Questions



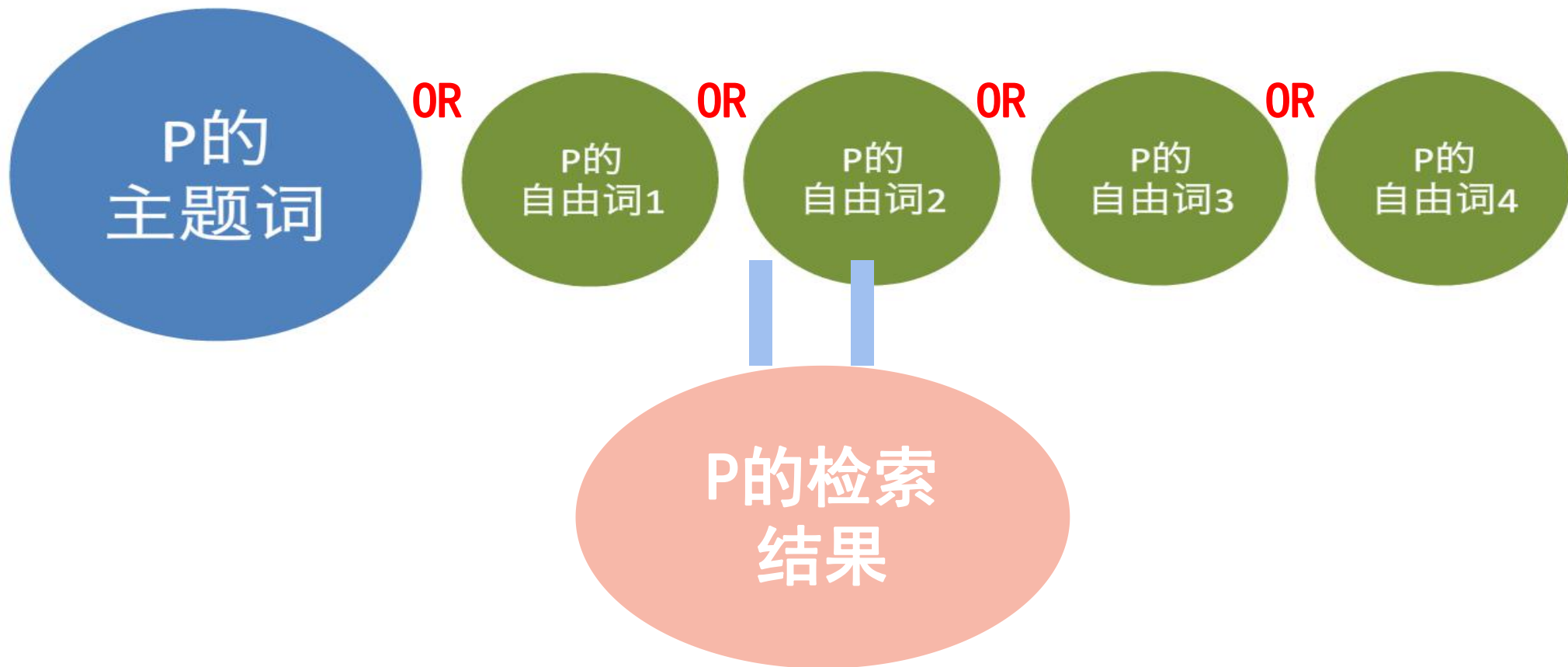
文献检索第一步

- 什么是PICO原则？

P Population	I Intervention	C Comparison	O Outcome	S Study design
对象	干预	对照	结局	设计
谁？	怎么处置？	和谁比？	结果是什么？	怎么设计的？

对谁 (P) 用了什么药 (I)，比谁 (C) 好还是不好 (O)，试验设计怎么样

检索的运算符 文献检索



I的检索
结果

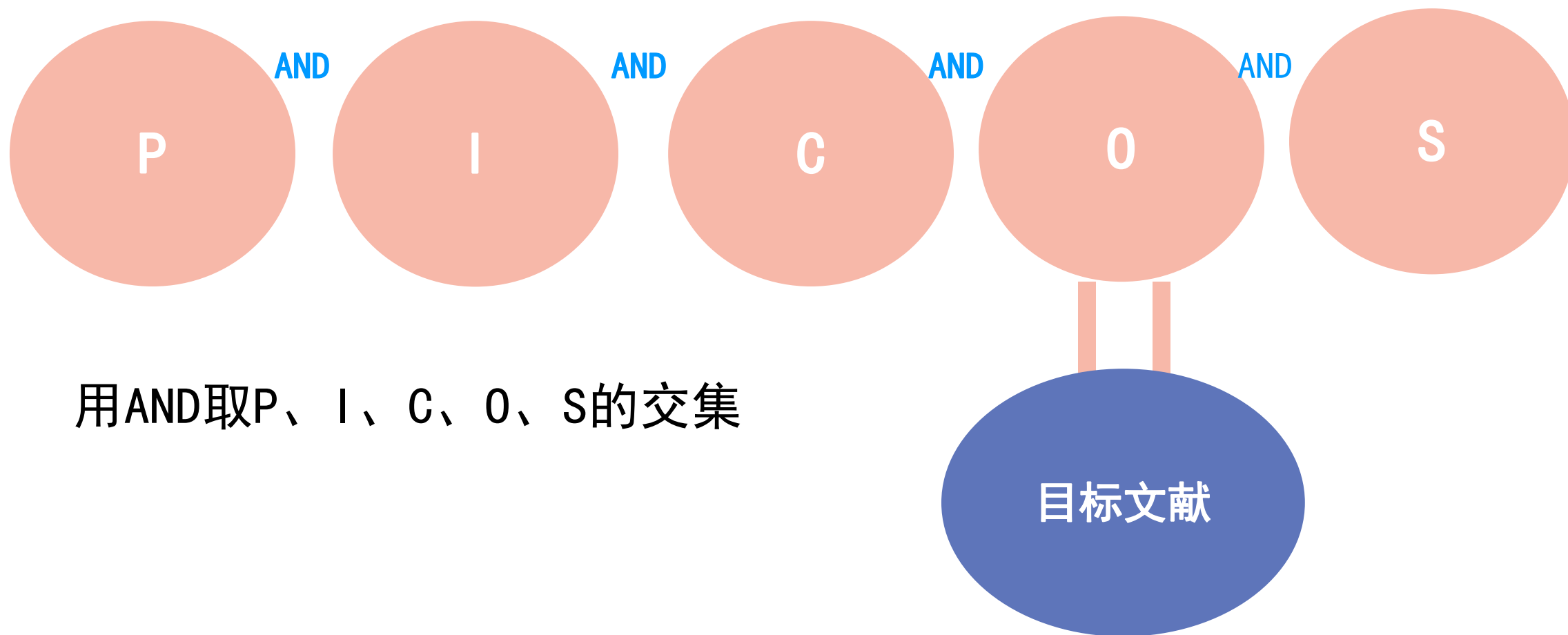
C的检索
结果

O的检索
结果

用同样的方法，OR分别合并I、C、O的检索结果

检索的运算符

文献检索



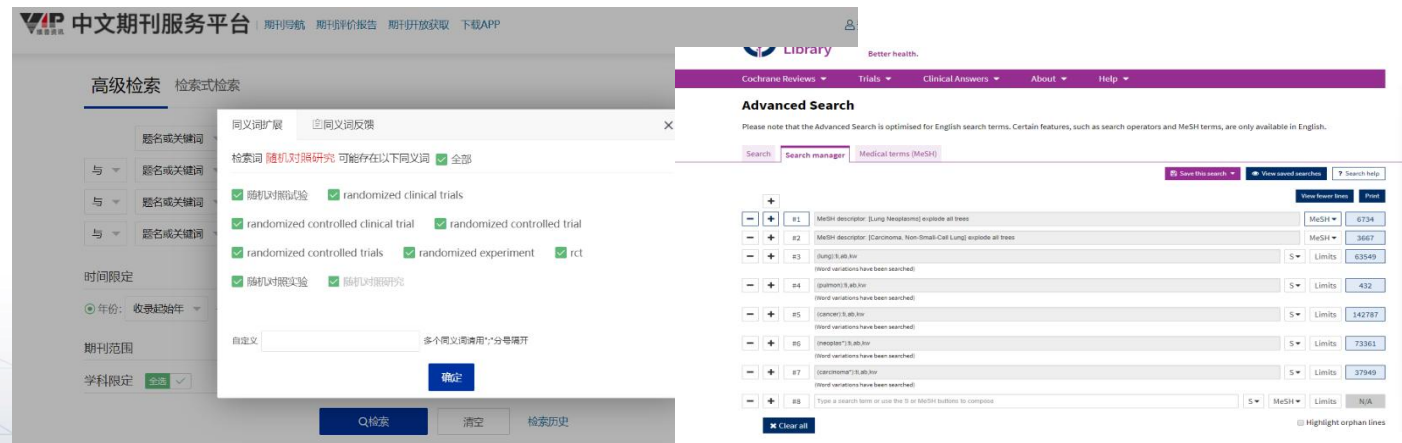
检索的运算符

文献检索



常用循证数据库

外文		中文	
1	THE COCHRANE LIBRARY Independent high-quality evidence for health care decision making	7	SinoMed 中国生物医学文献服务系统
2	Wolters Kluwer Health OvidSP	8	万方医学网 WANFANG MED ONLINE
3	BMJ Best Practice	9	Cnki 中国知网 cnki.net
4	UpToDate®	10	VIP 维普资讯
5	Clin-evidence®		
6	ACP Smart Medicine	



数据库介绍及循证检索

◆常用指南数据库

英国NICE指南库: <https://www.nice.org.uk/>

美国国立指南库NGC指南数据库: <http://www.guideline.gov>

国际指南协作网GIN: <https://www.g-i-n.net/>

◆原始研究数据库

PubMed : <http://pubmed.cn/>

Medline: <http://ezproxy.gavilan.edu/>

Web of Science: <http://login.webofknowledge.com>

Embase: <https://www.elsevier.com/solutions/embase-biomedical-research>

CINAHL : www.cinahl.com



谢谢

Thank you for your attention

雷云宏