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為什麼需要 The Cochrane Library?

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「你們現在在醫學院所學到的，其中有一半在十年內將會被證實是錯誤的；糟糕的是，連你的老師也不知道哪些是錯誤的。」

~Dr. Sydney Burwell
(1956 Dean, Harvard Medical School)

時間有限

> 2百萬篇文章發表於2萬種生物醫學期刊/年
→ 台北101大樓(500公尺)
> **21篇**/天 → 掌握核心發展最新狀況

專業審閱 專業推薦

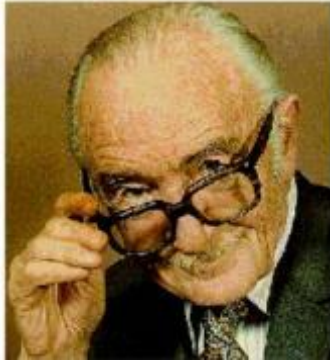
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JAMA[®]
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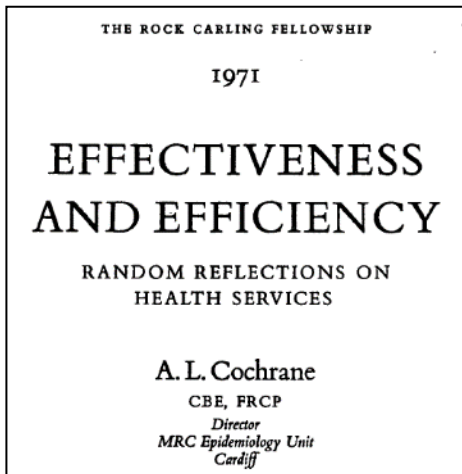
資料庫背景



Professor Archibald Leman Cochrane,
CBE FRCP FFCM, (1909-1988)
英國內科醫師及流行病學專家

- 使用已被證明有效果的醫療措施
→ 避免醫療資源浪費
- 呼籲健康照護的成效應有實證研究支持
→ RCT研究 **Randomized Controlled Trial**

1972



1992

EBM Gordon
**Cochrane
Collaboration
@England**

**Cochrane Taiwan 成立
@TMU**

2009

2015

**更名為
The
Cochrane**

**目標：成
為全球健
康決策的
證據核心**





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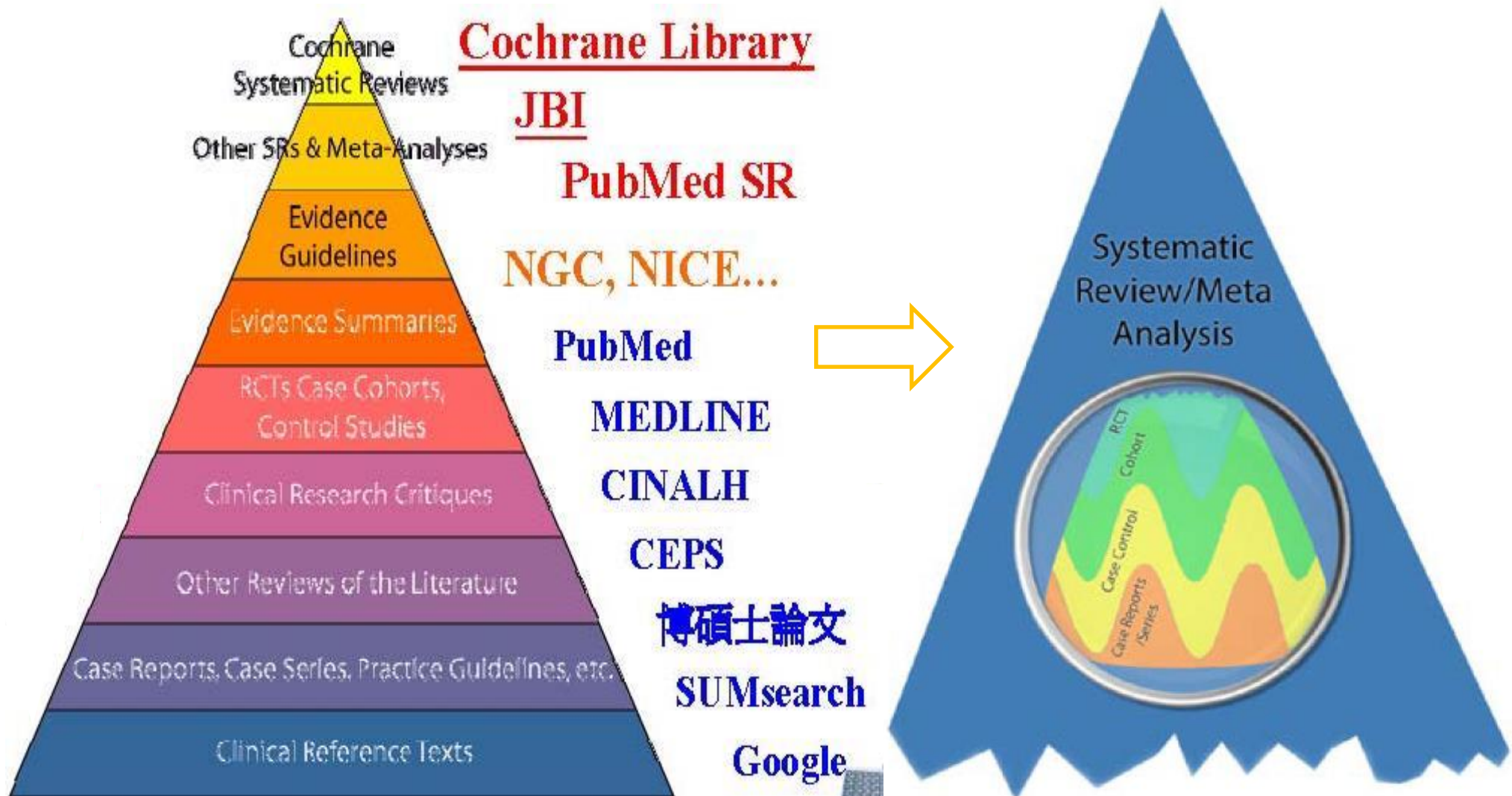
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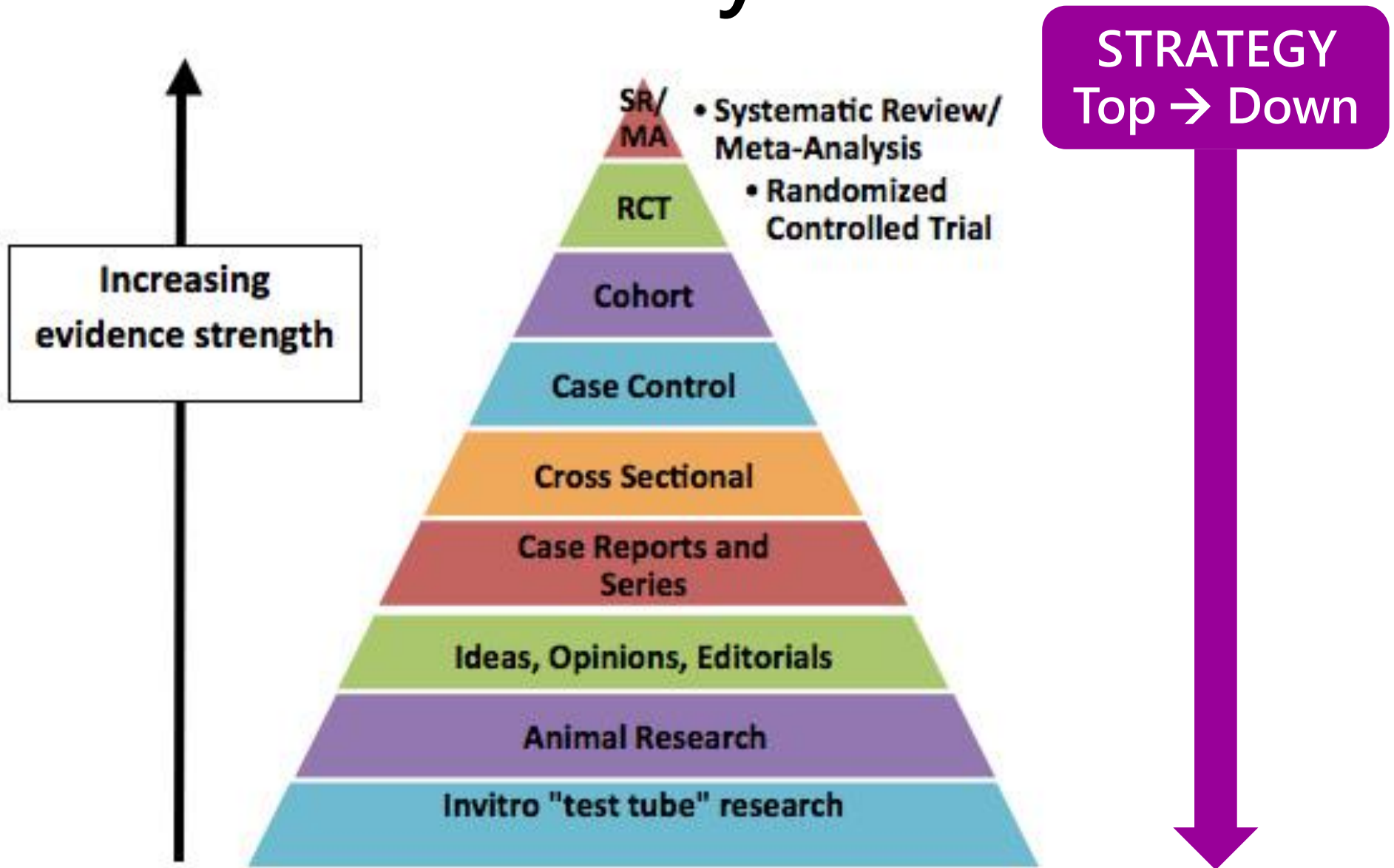
作為照顧病人臨床決策的參考

Sackett, et al., 1996

文獻搜尋優先順序 (STRATEGY: Top→Down)



Evidence Pyramid



研究成果收錄成CDSR(Cochrane Database of Systematic Review) 評論小組一段時間會重新進行資料收集及評讀

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9.289

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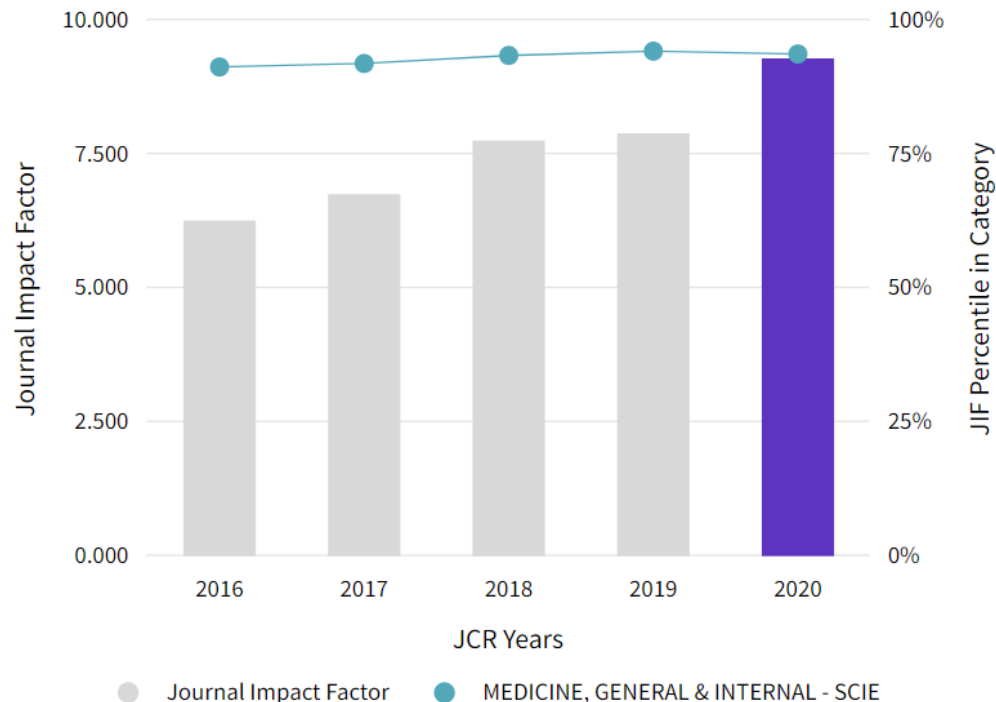
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針對特定**臨床醫療**
照護問題的介入方
式評斷其療效協助
醫療專業人士進行
診療**判斷與決策**

收錄三個資料庫

收錄資料庫	特色
Cochrane Database of Systematic Reviews (Cochrane Reviews)	針對特定臨床問題(健康照護)的介入方式評斷其療效，是 全文資料庫
Cochrane Central Register of Controlled Trials (Clinical Trials)	收錄隨機臨床實驗的 書目資料庫
Clinical Answers (CCAs) New	從Cochrane Reviews擷取易讀、易懂的臨床切入重點，便於臨床照護的決策與操作
Other reviews	<div data-bbox="500 1235 776 1404" style="text-align: center;">  Epistemonikos </div> <div data-bbox="783 1235 1091 1426" style="text-align: center;"> New 聯合檢索 </div>

Cochrane Review的類型

Review 類型	說明
Intervention reviews	評估介入使用健康照護及健康策略的效益及傷害。
Diagnostic test accuracy reviews	評估在診斷和檢測特定疾病時的診斷測試執行表現。
Methodology reviews	解決系統性回顧和臨床試驗如何實施及被報告的相關議題。
Qualitative reviews	綜合質性的證據來解決有效以外的介入問題。
Prognosis reviews	解決可能發生的過程或健康有問題的人未來的狀況。

資料庫介面

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Fluid resuscitation in critically ill people: colloids versus crystalloids
Read the review

Steve Debenport/Getty Images



Prevention of acute malnutrition
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Can Omega-3 prevent cardiovascular disease?
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Highlighted Reviews

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Corticosteroids for preventing neonatal respiratory morbidity after elective caesarean section at term

Alexandros Sotiriadis, George Makrydimas, Stefania Papatheodorou, John PA Ioannidis, Emma McGoldrick
3 August 2018

Correctors (specific therapies for class II CFTR mutations) for cystic fibrosis

Kevin W Southern, Sanjay Patel, Ian P Sinha, Sarah J Nevitt
2 August 2018

Antibiotics for prolonged wet cough in children

Julie M Marchant, Helen L Petsky, Peter S Morris, Anne B Chang
21 July 2018

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b

Blood disorders

c

Cancer

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Complementary & alternative medicine

Consumer & communication strategies

d

Dentistry & oral health

Developmental, psychosocial & learning problems

Diagnosis

e

Ear, nose & throat

Effective practice & health systems

g

Gastroenterology & hepatology

Genetic disorders

Gynaecology

h

Health & safety at work

Health professional education

Heart & circulation

i

Infectious disease

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Kidney disease

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Lungs & airways

m

Mental health

Methodology

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Neonatal care

Neurology

o

Orthopaedics & trauma

p

Pain & anaesthesia

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s

Skin disorders

t

Tobacco, drugs & alcohol

u

Urology

3



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評論小組

Childhood Cancer

Colorectal Cancer

Common Mental Disorders

Consumers and Consumer Protection

Cystic Fibrosis and Genetic

d

Dementia and Cognitive Improvement

Developmental, Psychosocial and Learning Problems

Drugs and Alcohol

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Topics i

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- exacerbations of chronic obstructive pulmonary disease
Douglas C McCrory, Cynthia D Brown
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- 5 Tiotropium versus long-acting beta-agonists for stable chronic obstructive pulmonary disease
Jimmy Chong, Charlotta Karner, Phillippa Poole
[Show Preview](#) ▾ [Intervention](#) [Review](#) 12 September 2012
- 6 Acclidinium bromide for stable chronic obstructive pulmonary disease
Han Ni, Zay Soe, Soe Moe
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- 7 Ipratropium bromide versus long-acting beta-2 agonists for stable chronic obstructive pulmonary disease
Sarah Appleton, Terry Jones, Phillippa Poole, Toby J Lasserson, Robert Adams, Brian Smith, Julia Muhammed
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- intravenous alpha-1 antitrypsin augmentation therapy for treating patients with alpha-1 antitrypsin deficiency and lung disease
Peter C Gotzsche, Helle Krogh Johansen
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- l**
- Tobacco Addiction
- u**
- Upper GI and Pancreatic Diseases
- Urology
- v**

Colloids versus crystalloids for fluid resuscitation in critically ill people

Cochrane Systematic Review - Intervention | Version published: 03 August 2018 [see what's new](#)

<https://doi.org/10.1002/14651858.CD000567.pub7>

New search [Conclusions changed](#)  37 [View article information](#)

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Abstract

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Background

Critically ill people may lose fluid because of serious conditions, infections (e.g. sepsis), trauma, or burns, and need additional fluids urgently to prevent dehydration or kidney failure. Colloid or crystalloid solutions may be used for this purpose. Crystalloids have small molecules, are cheap, easy to use, and provide immediate fluid resuscitation, but may increase oedema. Colloids have larger molecules, cost more, and may provide swifter volume expansion in the intravascular space, but may induce allergic reactions, blood clotting disorders, and kidney failure. This is an update of a Cochrane Review last published in 2013.

Objectives

To assess the effect of using colloids versus crystalloids in critically ill people requiring fluid volume replacement on mortality, need for blood transfusion or renal replacement therapy (RRT), and adverse events (specifically: allergic reactions, itching, rashes).

Search methods

We searched CENTRAL, MEDLINE, Embase and two other databases on 23 February 2018. We also searched clinical trials registers.

Selection criteria

We included randomised controlled trials (RCTs) and quasi-RCTs of critically ill people who required fluid volume replacement in

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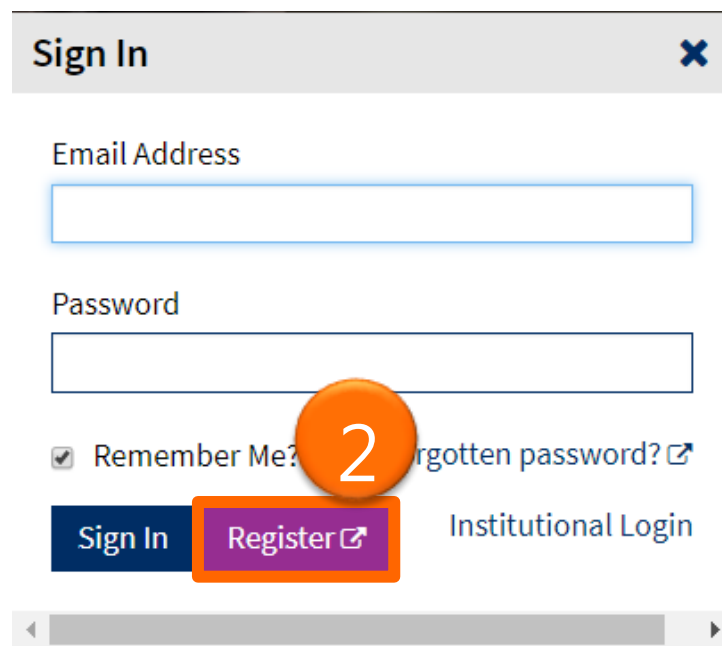
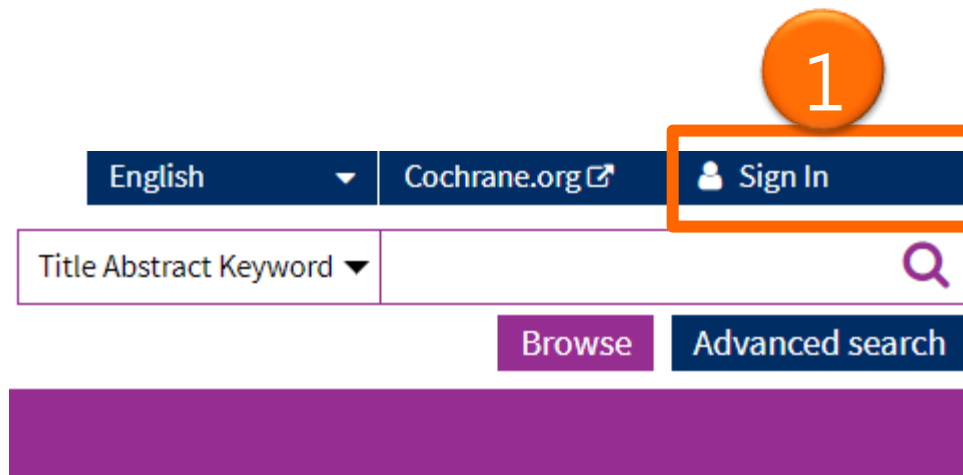
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5As

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Ask

Formulate an answerable question
PICO

Acquire

Track down the best evidence

Appraisal

Critically appraise the evidence

Apply

Integrate with clinical expertise and patient values

Audit

Critically appraise the evidence

P

Patient
or
Problem

病人或問題

I

Intervention
or
Indicator

介入或指標
某種治療、檢查
、危險因子等

C

Comparator
or
Comparison

比較
該治療和什麼相比

O

Outcome

結果
想達成或避免什
麼結果

檢索範例

多數住院患者在住院期間內，會接受透過靜脈導管注射輸液或藥物治療，通常例行每3至4天更換一次，以預防對靜脈的刺激或血液感染，但此例行程序可能造成患者的不適且相當昂貴，亦為醫療照護人員工作負擔與壓力的來源，因此醫院希望重新評估依臨床狀況移除周邊靜脈導管與常規移除並重新置入靜脈導管之局部感染和導管阻塞比率是否有顯著差異。

檢索範例

多數住院患者在住院期間內，會接受透過靜脈導管注射輸液或藥物治療，通常例行每3至4天更換一次，以預防對靜脈的刺激或血液感染，但此例行程序可能造成患者的不適及醫材消耗，亦為醫療照護人員工作負擔與壓力的來源，因此醫院希望重新評估依臨床狀況移除周邊靜脈導管與常規移除並重新置入靜脈導管之局部感染和導管阻塞比率是否有顯著差異。

檢索範例

**Participants
Problems**

住院病人

Interventions

依臨床狀況更換周邊靜脈導管

Comparisons

常規更換周邊靜脈導管 (原來照護方式)

Outcomes

局部感染和導管阻塞比率

檢索範例

**Participants
Problems**

住院病人
In-patient

Interventions

依臨床狀況更換周邊靜脈導管
Clinically-indicated replacement of peripheral venous catheters, Clinically-indicated IV replacement

Comparisons

常規更換周邊靜脈導管 (原來照護方式)
Routine replacement of peripheral intravenous catheters, routine IV replacement, routine removal of peripheral IV catheters

Outcomes

局部感染和導管阻塞比率
Difference in peripheral catheter-related complications / phlebitis rates

(Word variations have been searched)



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Cochrane Database of Systematic Reviews

Issue 8 of 12, August 2018

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Clinically-indicated replacement versus routine replacement of peripheral venous catheters
 Joan Webster, Sonya Osborne, Claire M Rickard, Karen New
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Pharmacological interventions for the acute management of hyperkalaemia in adults
 Josh Batterink, Tara A Cessford, Robert Al Taylor
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Immunosuppressive treatment for proliferative lupus nephritis
 David J Tunnicliffe, Suetonia C Palmer, Lorna Henderson, Philip Masson, Jonathan C Craig, Allison Tong, Davinder Singh-Grewal, Robert S Flanc, Matthew A Roberts, Angela C Webster, Giovanni FM Strippoli
[Show Preview](#) Intervention Review 29 June 2018 [New search](#) [Conclusions changed](#)

Intravenous antibiotics for pulmonary exacerbations in people with cystic fibrosis
 Matthew N Hurley, Andrew P Prayle, Patrick Flume
[Show Preview](#) Intervention Review 30 July 2015 [Free access](#)

Blood biomarkers for the non-invasive diagnosis of endometriosis

Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Cochrane Systematic Review - Intervention | Version published: 14 August 2015 [see what's new](#)New search  783 [View article information](#) [Joan Webster](#) | [Sonya Osborne](#) | [Claire M Rickard](#) | [Karen New](#)[View authors' declarations of interest](#)**Abstract** *available in* [English](#) | [Français](#) | [Português](#) | [繁體中文](#)

Background


US Centers for Disease Control guidelines recommend replacement of peripheral intravenous (IV) catheters no more frequently than every 72 to 96 hours. Routine replacement is thought to reduce the risk of phlebitis and bloodstream infection. Catheter insertion is an unpleasant experience for patients and replacement may be unnecessary if the catheter remains functional and there are no signs of inflammation. Costs associated with routine replacement may be considerable. This is an update of a review first published in 2010.

Objectives

To assess the effects of removing peripheral IV catheters when clinically indicated compared with removing and re-siting the catheter routinely.

Search methods

For this update the Cochrane Vascular Trials Search Co-ordinator searched the Cochrane Vascular Specialised Register (March 2015) and CENTRAL (2015, Issue 3). We also searched clinical trials registries (April 2015).

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依臨床狀況更換與常規更換周邊靜脈導管之比較

Cochrane Systematic Review - Intervention | Version published: 14 August 2015 [see what's new](#)New search  783 [View article information](#) Joan Webster | Sonya Osborne | Claire M Rickard | Karen New[View authors' declarations of interest](#)**摘要** *available in* [English](#) | [Français](#) | [Português](#) | [繁體中文](#)

背景

美國疾病管制局指引建議，不要過於頻繁地更換周邊靜脈導管，每72至96小時更換一次即可。常規更換被視為能降低靜脈炎及血流感染的風險。置入導管對患者來說是一個痛苦的過程，如果導管仍可使用且沒有發炎的跡象，更換導管可能是不必要的，且與常規更換相關的醫療費用可能很大。此為一篇發表於2010年的文獻之更新版。

目的

評估依臨床狀況移除周邊靜脈導管相較於常規移除並重新置入靜脈導管之效應。

搜尋策略


本更新由Cochrane Vascular試驗調查人員搜尋Cochrane Vascular Specialised Register (2015年3月)及CENTRAL (2015年, Issue 3)等資料庫。我們也搜尋了臨床試驗記錄資料(2015年4月)。

選擇標準

比較常規移除周邊靜脈導管與只在接受持續或間斷輸液的住院及社區患者之臨床狀況需要時才移除導管的隨機對照試驗。

資料收集與分析

兩位作者獨立地評估試驗品質及摘錄資料。

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主要結果

本文獻收錄7個包括共4,895位患者的試驗。大多數結果的證據品質為高等級，但與導管相關的血流感染(CRBSI)降為中等級，因為其信賴區間寬，會造成效應評估的不確定性。有5個試驗(4,806位患者)評估與導管相關的血流感染(CRBSI)。CRBSI率在兩個群組之間沒有顯著的差異(依臨床狀況更換組為1/2365；常規更換組為2/2441)。風險率比(RR)為0.61(95% CI 0.08至4.68; P = 0.64)。無論是依臨床狀況更換或常規更換導管，在靜脈炎發生率上皆無差異(依臨床狀況更換為186/2365；每3天常規更換為166/2441；RR 1.14, 95% CI 0.93至1.39)。不論經由導管的輸液是持續或間斷的，本結論皆不受影響。我們也分析了裝置的留置天數，同樣在兩個組別中皆沒有觀察到差異(RR 1.03, 95% CI 0.84至1.27; P = 0.75)。有1個試驗對全因血流感染做了評估，而其結果在兩個組別中皆無差異(依臨床狀況更換為4/1593 (0.02%)；常規更換為9/1690 (0.05%); P = 0.21)。依臨床狀況更換組的導管費用約少了澳幣7.00元(平均差(MD) -6.96, 95% CI -9.05至-4.86; P ≤ 0.00001)。

作者結論

本文獻沒有發現支持每72至96小時更換導管的證據。因此，健康照護機構應考慮將政策改為只在臨床狀況需要下才更換導管。此舉能省下可觀的醫療費用，且能免除患者在缺乏臨床狀況評估下就進行常規更換而產生的非必要疼痛。為減少與周邊靜脈導管相關的併發症，每一次交接班時皆應檢視置入的位置，並且在出現感染、浸潤或阻塞的跡象時將導管移除。

譯註

翻譯者：臺北醫學大學考科藍臺灣研究中心(Cochrane Taiwan)

本翻譯計畫由臺北醫學大學考科藍臺灣研究中心(Cochrane Taiwan)、台灣實證醫學學會及東亞考科藍聯盟(EACA)統籌執行

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Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Cochrane Systematic Review - Intervention | Version published: 23 January 2019 [see what's new](#)

<https://doi.org/10.1002/14651858.CD007798.pub5>

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Replacing a peripheral venous catheter when clinically indicated versus routine replacement

Review question

We reviewed the evidence about the effects of changing a catheter routinely (every three to four days) or changing the catheter only if there were signs or symptoms of a problem with the catheter remaining in place.

Background

Most hospital patients receive fluids or medications via a peripheral intravenous catheter at some time during their hospital stay. An intravenous catheter (also called an IV drip, an IV line or intravenous cannula) is a short, hollow tube placed in the vein to allow administration of medications, fluids or nutrients directly into the bloodstream. These catheters are often replaced every three to four days to try to prevent irritation of the vein or infection of the blood. However, replacing the catheter may cause discomfort to patients and is quite costly. This is the third update of a review first published in 2010.

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依臨床狀況更換與常規更換周邊靜脈導管之比較

回顧問題

我們回顧實證報告關於定期更換導管 (每 3 至 4 天) 及只有在導管出現問題或症狀時才更換導管之差異。

研究背景

大多數醫院患者在住院期間，通常會通過外周靜脈導管接受液體或藥物治療。靜脈導管 (也稱為靜脈滴注、靜脈或靜脈插管) 為放置在靜脈中的一個短且空心的管路，用於將藥物、液體或營養物質直接輸送到血液中。這些導管通常每三到四天更換一次，以防止靜脈刺激或血液感染。然而，更換導管可能會給患者帶來不適，而且成本相當高。本篇這是第三次更新首次發表於 2010 年的評論文章。

研究特點

2018 年 4 月，我們尋找隨機對照試驗 (RCT)，僅在出現併發症或治療完成的情況下才更換導管及每 72 至 96 小時更換導管 (常規更換) 進行比較。我們測量導管相關的血液感染、靜脈炎和其他與外周導管有關的問題，如局部感染和導管堵塞。我們總共發現了 9 項研究，包含此次納入的兩項新研究，有 7412 名參與者。

主要結果

我們發現，導管相關的血液感染率、靜脈炎 (靜脈炎症)、任何原因引起的血液流感染、局部感染、死亡率或疼痛的發生率並沒有顯著差異。依照臨床狀況更換導管，並無法確定局部感染是否因此減少或增加。常規更換導管者，滲漏 (液體滲入導管周圍的組織) 和導管堵塞 (無法通過導管注入液體或藥物) 可能會減少。在依照臨床徵兆才更換導管者，成本降低。研究結果的假設，“每名患者的導管重新置放管路次數”，及，“滿意度”並未包括在任何研究報告評價中。

證據品質

證據整體的品質被批判對大多數結果是模稜兩可的，這研究的結果無法說服我們。不確定性主要歸因由於患者對靜脈炎等結果進行評估，這些結果可能或也可能不影響他們關於問題是否存在的決定。

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-	+	#2	("omega 3"):ti,ab,kw				
-	+	#3	#1 and #2				
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Medical terms (MeSH)

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Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease

Cochrane Systematic Review - Intervention | Version published: 30 November 2018 [see what's new](#)

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Asmaa S Abdelhamid | Tracey J Brown | Julii S Brainard | Priti Biswas | Gabrielle C Thorpe | Helen J Moore
| Katherine HO Deane | Fai K AlAbdulghafoor | Carolyn D Summerbell | Helen V Worthington | Fujian Song |  Lee Hooper

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Abstract

Background

Researchers have suggested that omega-3 polyunsaturated fatty acids from oily fish (long-chain omega-3 (LCn3), including eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA)), as well as from plants (alpha-linolenic acid (ALA)) benefit cardiovascular health. Guidelines recommend increasing omega-3-rich foods, and sometimes supplementation, but recent trials have not confirmed this.

Objectives

To assess effects of increased intake of fish- and plant-based omega-3 for all-cause mortality, cardiovascular (CVD) events, adiposity and lipids.

Search methods

We searched CENTRAL, MEDLINE and Embase to April 2017, plus ClinicalTrials.gov and World Health Organization International Clinical Trials Registry to September 2016, with no language restrictions. We handsearched systematic review references and bibliographies and contacted authors.

Selection criteria

We included randomised controlled trials (RCTs) that lasted at least 12 months and compared supplementation and/or advice to increase LCn3 or ALA intake versus usual or lower intake.

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Appendix 1. Medline (Ovid) search strategy run in 2002 for the previous version of this review.

- 1 exp Fish Oils/
- 2 exp Linseed Oil/
- 3 linolenic acids/ or exp alpha-linolenic acid/
- 4 exp Fatty Acids, Omega-3/
- 5 (fish adj5 (diet\$ or nutrit\$ or oil\$ or supplement\$)).tw.
- 6 (oil\$ adj3 (cod\$ or marin\$ or rapeseed\$ or canola\$)).tw.
- 7 (omega-3 or omega3).tw.
- 8 (eicosapentaen\$ or icosapentaen\$).tw.
- 9 docosahexaen\$.tw.
- 10 (Linolen\$ or alpha-linolen\$ or alphalinolen\$).tw.
- 11 (maxepa\$ or omacor\$).tw.
- 12 (trout or kipper\$ or salmon or mackerel\$ or tuna or tunafish or sardine\$ or pilchard\$ or herring\$).tw.
- 13 flax\$.tw.
- 14 rapeseed\$.tw.
- 15 canola\$.tw.
- 16 alphalinolen\$.tw.
- 17 perilla\$.tw.
- 18 linolen\$.tw.

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Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease	Review	Asmaa S Abdelhamid, Tracey J Brown, Julii S Brainard, Priti Biswas, Gabrielle C Thorpe, Helen J Moore, Katherine HO Deane, Fai K AlAbdulghafoor, Carolyn D Summerbell, Helen V Worthington, Fujian Song, Lee Hooper	https://doi.org/10.1002/14651858.CD003177.pub3	18 July 2018
Omega 3 fatty acids for prevention and treatment of cardiovascular disease	Review	Lee Hooper, Roger A Harrison, Carolyn D Summerbell, Helen Moore, Helen V Worthington, Andrew Ness, Nigel Capps, George Davey Smith, Rudolph Riemersma, Shah Ebrahim	https://doi.org/10.1002/14651858.CD003177.pub2	18 October 2004
Omega-3 fatty acids for prevention of cardiovascular disease	Protocol	Lee L Hooper, Rachel L Thompson, Roger Harrison, Carolyn D Summerbell, Julian PT Higgins, Andy Ness, Nigel E Capps, George G Davey Smith, Rudolph A Riemersma, Shah BJ Ebrahim	https://doi.org/10.1002/14651858.CD003177	23 July 2001


Differences between protocol and review


Differences between the previous version of this review (2004) and this update (2018):


- **Authors** altered. The Acknowledgments recognise authors of the previous version who chose not to participate in this update.
- **Background** updated.
- **Objectives: primary objective** altered from 'Do dietary or supplemental omega-3 fatty acids alter total mortality,


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References to studies included in this review

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ADCS 2010 {published data only}

Quinn JF, Raman R, Thomas RG, Yurko-Mauro K, Nelson EB, Dyck C, et al. Docosahexaenoic acid supplementation and cognitive decline in Alzheimer disease: a randomized trial. *JAMA* 2010;304(17):1903-11.

[CENTRAL](#) | [Link to article](#)

AFFORD 2013 {published data only}

Nigam A, Talajic M, Roy D, Nattel S, Lambert J, Nozza A, et al. Fish oil for the reduction of atrial fibrillation recurrence, inflammation, and oxidative stress. *Journal of the American College of Cardiology* 2014;64(14):1441-8.

[CENTRAL](#) | [Link to article](#) | [PubMed](#) | [CAS](#) | [Web of Science® Times Cited: 23](#)

Nigam A, Talajic M, Roy D, Nattel S, Lambert J, Nozza A, et al. Multicentre trial of fish oil for the reduction of atrial fibrillation recurrence, inflammation and oxidative stress: the atrial fibrillation fish oil research study. *Canadian Journal of Cardiology* 2013;1:S383.

[Link to article](#)

Ahn 2016 {published data only}

Ahn J, Park SK, Park TS, Kim JH, Yun E, Kim SP, et al. Effect of n-3 polyunsaturated fatty acids on regression of coronary atherosclerosis in statin treated patients undergoing percutaneous coronary intervention. *Korean Circulation Journal* 2016;46(4):481-9. [PUBMED: 27482256]

[CENTRAL](#) | [Link to article](#)

AlphaOmega - ALA 2010 {published and unpublished data}

Brouwer IA, Geleijnse JM, Klaassen VM, Smit LA, Giltay EJ, Goede J, et al. Effect of alpha linolenic acid supplementation on serum prostate specific antigen (PSA): results from the alpha omega trial. *PLOS ONE* 2013;8(12):e81519.

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Eussen SR, Geleijnse JM, Giltay EJ, Rompelberg CJ, Klungel OH, Kromhout D. Effects of n-3 fatty acids on major cardiovascular events in statin users and non-users with a history of myocardial infarction. *European Heart Journal* 2012;33(13):1582-8.

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ADCS 2010

Methods	<p>Alzheimer's Disease Cooperative Study (ADCS)</p> <p>RCT, parallel, (n-3 DHA vs n-6 LA), 18 months</p> <p>Summary risk of bias: low</p>
Participants	<p>Individuals with mild to moderate Alzheimer's disease</p> <p>N: 238 intervention, 164 control</p> <p>Level of risk for CVD: low</p> <p>Men: 52.9% intervention, 40.2% control</p> <p>Mean age in years (SD): 76 (9.3) intervention, 76 (7.8) control</p> <p>Age range: unclear</p> <p>Smokers: 24.4% intervention, 21.9% control</p> <p>Hypertension: not reported</p> <p>Medications taken by at least 50% of those in the control group: cholinesterase inhibitor, memantine</p> <p>Medications taken by 20%-49% of those in the control group: none</p> <p>Medications taken by some, but less than 20% of the control group: none</p> <p>Location: USA</p> <p>Ethnicity: not reported</p>

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Comparison 1. High vs low LCn3 omega-3 fats (primary outcomes)

[Open in table viewer](#)

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 All-cause mortality (overall) - LCn3 Show forest plot	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
2 All-cause mortality - LCn3 - sensitivity analysis (SA) fixed-effect Show forest plot	39	90244	Risk Ratio (M-H, Fixed, 95% CI)	0.97 [0.93, 1.01]
3 All-cause mortality - LCn3 - SA by summary risk of bias Show forest plot	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
3.1 Low risk of bias	15	33146	Risk Ratio (M-H, Random, 95% CI)	1.01 [0.94, 1.08]
3.2 Moderate/high risk of bias	24	59507	Risk Ratio (M-H, Random, 95% CI)	0.94 [0.86, 1.03]
4 All-cause mortality - LCn3 - SA by compliance and study size Show forest plot	38		Risk Ratio (M-H, Random, 95% CI)	Subtotals only
4.1 SA - low risk of compliance bias	18	15654	Risk Ratio (M-H, Random, 95% CI)	0.99 [0.86, 1.14]
4.2 SA - 100+ randomised	35	92397	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
5 All-cause mortality - LCn3 - subgroup by dose Show forest plot	39	92653	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.93, 1.03]
5.1 LCn3 ≤150 mg/d	0	0	Risk Ratio (M-H, Random, 95% CI)	0.0 [0.0, 0.0]
5.2 LCn3 > 150 ≤ 250 mg/d	1	407	Risk Ratio (M-H, Random, 95% CI)	0.77 [0.27, 2.18]

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用詞不一致

- 同樣指癌症，有人使用「cancer」，有人使用「tumor」，需把相同概念的各式同義詞及狹義詞完整蒐集，查找文獻才不會遺漏。

需過濾不相關文獻

- 輸入的關鍵字可能只與文章某處有關聯，但並非文章重點，需花大量時間過濾「出現這個字但實際上並不相關」的文章。

MeSH Search

醫學主題詞表 (Medical Subject Headings ; 簡稱MeSH)

- 美國國家醫學圖書館 (National Library of Medicine) 出版
- 分析生物醫學方面之期刊文獻等資源的主題內容之控制語彙表
- NLM出版之MEDLINE/PubMed資料庫主題檢索的索引典。



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- 可以協助找出**精確**符合主題的資料
 - 無須煩惱因縮寫、別名而**遺漏**相關文獻
 - 使用**同義詞**也可準確查詢出相關文獻資料
- 使用MeSH Tree
 - 可以**依需求擴展**或**縮小**查詢範圍
 - 了解各醫學標題的橫向與縱向關聯
 - **MeSH Tree**可顯示標題間分類的**層級關係**。最上層顯示者，表示該標題詞所代表的主題意涵較廣（generic），而愈下層顯示者，則表示所代表的主題意涵愈為特異（specific）。

1 Neoplasms

2 Select subheadings / qualifiers

3 Look up Clear

想查詢治療cancer的藥物資料，就選擇drug therapy

- abnormalities - AB
- administration & dosage - AD
- adverse effects - AE
- agonists - AG
- analogs & derivatives - AA
- analysis - AN
- anatomy & histology - AH
- antagonists & inhibitors - AI

View saved searches Search help Look up Clear

Definition

Neoplasms - New abnormal growth of tissue. Malignant neoplasms show a greater degree of anaplasia and have the properties of invasion and metastasis, compared to benign neoplasms.

Thesaurus Matches

Exact Term Match

Neoplasms

Synonyms: Neoplasm; Tumors; Neoplasias; Tumor; Neoplasia; Benign Neoplasm; Benign Neoplasms; Neoplasm, Benign; Neoplasms, Benign; Malignancies; Neoplasm, Malignant; Malignant Neoplasm; Neoplasms, Malignant; Malignancy; Malignant Neoplasms; Cancers; Cancer

Phrase Matches

Abdominal Neoplasms 84

MeSH Trees

MeSH term - Neoplasms

- Explode all trees
- Single MeSH term (unexploded)
- Explode selected trees

Select

Tree number 1

- Neoplasms [+15]
- Cysts [+26]
- Hamartoma [+3]
- Neoplasms by Histologic Type [+14]
- Neoplasms by Site [+17]
- Neoplasms, Experimental [+10]
- Neoplasms, Hormone-Dependent

Search Results

There are **22564** results for your search on

- MeSH descriptor: Neoplasms
- Explode all trees
- With qualifier(s) drug therapy

顯示各子庫中所查詢到的筆數

Trials	22334
Cochrane Reviews	230

Save search View results

點選View Results

書目匯出

Cochrane Reviews 76 | Cochrane Protocols 1 | Trials 1649 | Editorials 1 | Special collections 0 | Clinical Answers 2 | More

76 Cochrane Reviews matching on 'common cold in Title Abstract Keyword - (Word variations have been searched)'

Cochrane Database of Systematic Reviews
Issue 8 of 12, August 2018

Select all (76) **Export selected citation(s)** Show all previews

Order by Relevancy

Results per page 25

-
-
-
-
-

Antihistamines for the common cold

An IM D... Sutter, M... Lemien... Campbell

Show full record

Export selected citation(s)

1 citation(s) selected for download

Save citation to: Mendeley RefWorks

Select the format you require from the list below

Plain text **RIS (EndNote)** | RIS (Reference Manager) | RIS (ProCite) | BibTeX

Preview of format

```
ID: CD001267
AU: De Sutter AIM
AU: Lemiengre M
AU: Campbell H
TI: Antihistamines for the common cold
SO: Cochrane Database of Systematic Reviews
YR: 2009
NO: 4
PB: John Wiley & Sons, Ltd
```

Include abstract

Download

Garlic for the common cold

5

Filter your results

Date

Publication date

The last 3 months 2

The last 6 months 4

The last 9 months 5

The last year 8

The last 2 years 12

Custom Range:

dd/mm/yyyy to dd/mm/yyyy

Apply Clear

Status

New search 26

Conclusions changed 6

Language

Español 45

Show 12 more

Type

Intervention 76

EndNote X9 - [My EndNote Library]

File Edit References Groups Tools Window Help

Medicine Quick Search Hide Search Panel

My Library

- All Referen... (153)
- Duplicate R... (152)
- Imported Re... (76)
- Sync Status...
- Recently A... (153)
- Unfiled (153)
- Trash (0)
- My Groups
- Find Full Text

Search Options

Search Whole Group Match Case Match Words

Author Contains

And Year Contains

Author	Year	Title	Rating	Journal/Secondary Title	Last Updated	Reference Type	Code
de Souza...	2012	Interventions for managing...		Cochrane Database o...	2018/8/10	Journal Article	
De Sutter...	2009	Antihistamines for the com...		Cochrane Database o...	2018/8/10	Journal Article	
De Sutter...	2015	Antihistamines for the com...		Cochrane Database o...	2018/8/10	Journal Article	
De Sutter...	2012	Oral antihistamine-decong...		Cochrane Database o...	2018/8/10	Journal Article	
Deckx, L.;...	2016	Nasal decongestants in mo...		Cochrane Database o...	2018/8/10	Journal Article	
East, C. E....	2012	Local cooling for relieving ...		Cochrane Database o...	2018/8/10	Journal Article	
Ennis, H.;...	2016	Calcium channel blockers f...		Cochrane Database o...	2018/8/10	Journal Article	
Fernande...	2013	Glucocorticoids for acute vi...		Cochrane Database o...	2018/8/10	Journal Article	
French S...	2006	Superficial heat or cold for ...		Cochrane Database o...	2018/8/10	Journal Article	

Reference Preview

Reference Type: Journal Article

Rating

.....

Author

de Souza, R. F.
 Lovato da Silva, C. H.
 Nasser, M.
 Fedorowicz, Z.
 Al-Muharraqi, M. A.

Attached PDFs

There are no PDFs attached to this reference.

實證醫學資源

實證醫學知識網

iMOHW
實證醫學知識網



「推動全國實證醫學普及科技知識及
建置醫療衛生福利生技期刊共享資源計畫」

關於本站

最新消息

活動訊息

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考科藍使用統計

CDSR翻譯

最新消息

【活動快訊】實證醫學推廣活動
(免費課程)

如何破解醫療假新聞
時間:2020年9月23日 14:00-15:00
講師:譚家偉 教授
活動報名: <https://reurl.cc/KjpKrm>
地點:線上課程 (報名截止日:9/22)

【活動快訊】實證醫學推廣活動
(免費課程)

文獻搜尋 PubMed/Cochrane Library 介紹
時間:2020年9月24日 10:00-12:00
講師:簡莉婷、黃鈺婷
活動報名: <https://reurl.cc/0O2oZ6>
地點:跨領域學院i8展演區 (報名截止日:9/20)

【活動快訊】實證醫學推廣活動
(免費課程)

書目軟體 Endnote/Cochrane Library 介紹
時間:2020年9月25日 15:00-17:00
講師:柯佳伶
活動報名: <https://reurl.cc/A8KqdE>
地點:杏春樓電腦教室B (報名截止日:9/20)

活動

› 「在瘟疫蔓延時:您所缺的實證醫學口罩—醫學文獻評讀工具工作坊 RoB 2.0, ROBINS-I, Newcastle-Ottawa Scale」

相關網站

- › [Cochrane Taiwan](#)
- › [East Asian Cochrane Alliance](#)
- › [International Society of Evidence-Based Healthcare, Taiwan](#)
- › [The Cochrane Collaboration](#)
- › [The Cochrane Library](#)
- › [Unbound Medicine](#)

考科藍志工招募

CDSR 翻譯、審稿志工徵求

考科藍圖書館(Cochrane Library)係當前國際上實證醫學最具代表性、以收錄系統性文獻回顧為主的線上電子資料庫。考科藍圖書館雖名為圖書館，實質上係整合多個實證醫學相關子資料庫。其中Cochrane Library系統性文獻回顧(一般稱Cochrane reviews)主要收錄在Cochrane Database of Systematic Reviews(CDSR)子資料庫中，Cochrane review之科學引文索引 (Science Citation Index , SCI) 的影響係數(Impact Factor)2014 年為 6.035，其重要性可見一斑。

考科藍臺灣研究中心(由臺北醫學大學實證醫學研究中心升格，以下簡稱本中心)持續進行CDSR子資料庫之Cochrane reviews摘要翻譯工作，以提供對英文不熟稔之醫事人員及時的摘要訊息傳遞，並將中文翻譯的CDSR摘要上傳至Cochrane Library的網頁供全球華語使用者查詢閱讀，擴大台灣對全球實證研究領域的實質貢獻與提升國際能見度。CDSR每一篇Cochrane reviews，均有一段研究總結(plain language summary)，以較通俗易懂的表達方式呈現，不僅有助非醫療專業人員也能理解醫學研究的結果，也提供為醫病之間很好的溝通參考文獻。

目前針對CDSR子資料庫Cochrane reviews摘要翻譯，全球除了有台灣進行繁體中文的翻譯計畫外，尚有西班牙文、法文等大型的翻譯計畫，其他如簡體中文、韓文、德文、日文、葡萄牙文等亦有相當規模的翻譯計畫進行中。

如果您有興趣加入義工，請與計畫助理：cochranetaiwan@tmu.edu.tw 聯絡。

Q & A *Thank You!*

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