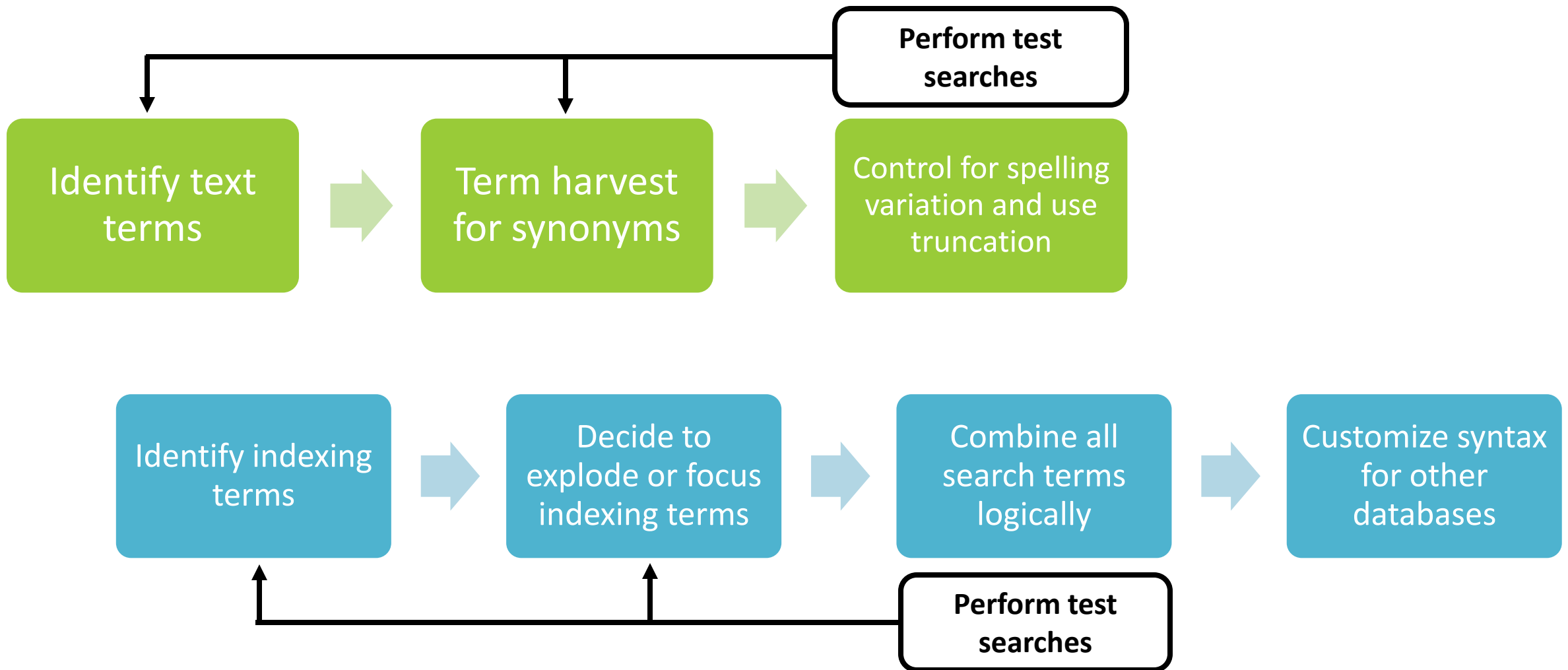


شیوه ایجاد استراتژی جستجو برای مقالات مروری نظام مند

ارائه از:

پروانه مدیرامانی، آموزشگر و کارشناس

کتابخانه مرکزی دانشگاه علوم پزشکی مشهد - مهر ۱۳۹۵



Developing your search strategy

Example: Malnutrition

Use both **indexing terms** and **free-text**

“Malnutrition”[MeSH] OR “malnutrition” OR
“undernutrition” OR “under-nutrition” OR “nutritional
deficiency” OR “undernourishment”

Why use free-text AND indexing terms?

Indexing quality varies by database

Some articles have not yet been indexed

No abstract included

Non-English material

Standardized Index Terms



Standardized Index Terms

HIV

"human immuno-deficiency virus" n=199

"HIV"[Mesh] n=80480

Combine standardized terms with natural language

HIV

"human immuno-deficiency virus" n=199

"HIV"[Mesh] n=80480

"HIV"[Mesh] OR "human immuno-deficiency virus"
n=80640

Search strategy with harvested terms

HIV Infections[MeSH] OR HIV[MeSH] OR hiv[tw] OR hiv-1[tw] OR hiv-2[tw] OR human immunodeficiency virus[tw] OR human immunodeficiency virus[tw] OR human immuno-deficiency virus[tw] OR human immune-deficiency virus[tw]

n= 315017

جمع آوری واژه = Term harvesting

Synonyms in standard index entries

Titles and abstracts of key articles

Dictionaries and Thesauri

Example: preterm infant

Infant, Premature

A human infant born before 37 weeks of GESTATION.

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|---|--|
| <input type="checkbox"/> abnormalities | <input type="checkbox"/> epidemiology | <input type="checkbox"/> pharmacology |
| <input type="checkbox"/> analysis | <input type="checkbox"/> etiology | <input type="checkbox"/> physiology |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> growth and development | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> blood | <input type="checkbox"/> history | <input type="checkbox"/> psychology |
| <input type="checkbox"/> cerebrospinal fluid | <input type="checkbox"/> immunology | <input type="checkbox"/> radiation effects |
| <input type="checkbox"/> classification | <input type="checkbox"/> metabolism | <input type="checkbox"/> radiography |
| <input type="checkbox"/> cytology | <input type="checkbox"/> microbiology | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> diagnosis | <input type="checkbox"/> mortality | <input type="checkbox"/> surgery |
| <input type="checkbox"/> drug effects | <input type="checkbox"/> nursing | <input type="checkbox"/> therapy |
| <input type="checkbox"/> embryology | <input type="checkbox"/> pathology | <input type="checkbox"/> urine |

Restrict to MeSH Major Topic.

Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): M01.060.703.520.520

Entry Terms:

- Infants, Premature
- Premature Infant
- Preterm Infants
- Infant, Preterm
- Infants, Preterm
- Preterm Infant
- Premature Infants
- Neonatal Prematurity
- Prematurity, Neonatal

Premature Birth

CHILDBIRTH before 37 weeks of PREGNANCY (259 days from the first day of the mother's last menstrual period, or 245 days after FERTILIZATION).

Year introduced: 2005

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|--|--|
| <input type="checkbox"/> analysis | <input type="checkbox"/> ethnology | <input type="checkbox"/> physiopathology |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> etiology | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> blood | <input type="checkbox"/> genetics | <input type="checkbox"/> psychology |
| <input type="checkbox"/> chemically induced | <input type="checkbox"/> history | <input type="checkbox"/> radiography |
| <input type="checkbox"/> classification | <input type="checkbox"/> immunology | <input type="checkbox"/> radionuclide imaging |
| <input type="checkbox"/> complications | <input type="checkbox"/> metabolism | <input type="checkbox"/> rehabilitation |
| <input type="checkbox"/> cytology | <input type="checkbox"/> microbiology | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> diagnosis | <input type="checkbox"/> mortality | <input type="checkbox"/> surgery |
| <input type="checkbox"/> diet therapy | <input type="checkbox"/> nursing | <input type="checkbox"/> therapy |
| <input type="checkbox"/> drug therapy | <input type="checkbox"/> organization and administration | <input type="checkbox"/> ultrasonography |
| <input type="checkbox"/> economics | <input type="checkbox"/> parasitology | <input type="checkbox"/> urine |
| <input type="checkbox"/> enzymology | <input type="checkbox"/> pathology | <input type="checkbox"/> veterinary |
| <input type="checkbox"/> epidemiology | <input type="checkbox"/> physiology | <input type="checkbox"/> virology |

Restrict to MeSH Major Topic.

Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C13.703.420.491.500

Entry Terms:

- Birth, Premature
- Births, Premature
- Premature Births
- **Preterm Birth**
- Birth, Preterm
- Births, Preterm
- Preterm Births

[N Engl J Med. 2005 Jan 6;352\(1\):9-19.](#)

Neurologic and developmental disability at six years of age after extremely preterm birth.

[Marlow N¹](#), [Wolke D](#), [Bracewell MA](#), [Samara M](#); [EPICure Study Group](#).

Author information

Abstract

BACKGROUND: Birth before 26 weeks of gestation is associated with a high prevalence of neurologic and developmental disabilities in the infant during the first two years of life.

METHODS: We studied at the time of early school age children who had been born at 25 or fewer completed weeks of gestation in the United Kingdom and Ireland in 1995. Each child had been evaluated at 30 months of age. The children underwent standardized cognitive and neurologic assessments at six years of age. Disability was defined as severe (indicating dependence on caregivers), moderate, or mild according to predetermined criteria.

RESULTS: Of 308 surviving children, 241 (78 percent) were assessed at a median age of six years and four months; 160 classmates delivered at full term served as a comparison group. Although the use of test reference norms showed that cognitive impairment (defined as results more than 2 SD below the mean) was present in 21 percent of the children born extremely preterm (as compared with 1 percent in the standardized data), this value rose to 41 percent when the results were compared with those for their classmates. The rates of severe, moderate, and mild disability were 22 percent, 24 percent, and 34 percent, respectively; disabling cerebral palsy was present in 30 children (12 percent). Among children with severe disability at 30 months of age, 86 percent still had moderate-to-severe disability at 6 years of age. In contrast, other disabilities at the age of 30 months were poorly predictive of developmental problems at 6 years of age.

CONCLUSIONS: Among extremely preterm children, cognitive and neurologic impairment is common at school age. A comparison with their classroom peers indicates a level of impairment that is greater than is recognized with the use of standardized norms.

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Outcomes in young adulthood for very-low-birth-weight infants.

Hack M¹, Flannery DJ, Schluchter M, Cartar L, Borawski E, Klein N.

Author information

Abstract

BACKGROUND: Very-low-birth-weight infants (those weighing less than 1500 g) born during the initial years of neonatal intensive care have now reached young adulthood.

METHODS: We compared a cohort of 242 survivors among very-low-birth-weight infants born between 1977 and 1979 (mean birth weight, 1179 g; mean gestational age at birth, 29.7 weeks) with 233 controls from the same population in Cleveland who had normal birth weights. We assessed the level of education, cognitive and academic achievement, and rates of chronic illness and risk-taking behavior at 20 years of age. **Outcomes** were adjusted for sex and sociodemographic status.

RESULTS: Fewer very-low-birth-weight young adults than normal-birth-weight young adults had graduated from high school (74 percent vs. 83 percent, $P=0.04$). Very-low-birth-weight men, but not women, were significantly less likely than normal-birth-weight controls to be enrolled in postsecondary study (30 percent vs. 53 percent, $P=0.002$). Very-low-birth-weight participants had a lower mean IQ (87 vs. 92) and lower academic achievement scores ($P<0.001$ for both comparisons). They had higher rates of neurosensory impairments (10 percent vs. <1 percent, $P<0.001$) and subnormal height (10 percent vs. 5 percent, $P=0.04$). The very-low-birth-weight group reported less alcohol and drug use and had lower rates of pregnancy than normal-birth-weight controls; these differences persisted when comparisons were restricted to the participants without neurosensory impairment.

CONCLUSIONS: Educational disadvantage associated with very low birth weight persists into early adulthood.

CONCLUSIONS: The **improved survival rates** in the 1990s occurred with an increased risk of significant neurodevelopmental impairment. Prospective parents of extremely low birth weight infants should be advised of this substantial risk, to facilitate decision-making in the delivery room.

PMID: 15805378 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Grant Support



Publication Types

[Research Support, N.I.H., Extramural](#)

[Research Support, U.S. Gov't, P.H.S.](#)

MeSH Terms

[Blindness/epidemiology](#)

[Cause of Death/trends](#)

[Cerebral Palsy/epidemiology](#)

[Deafness/epidemiology](#)

[Developmental Disabilities/epidemiology*](#)

[Female](#)

[Gestational Age](#)

[Humans](#)

[Infant, Newborn](#)

[Infant, Premature](#)

[Infant, Very Low Birth Weight*](#)

[Intellectual Disability/epidemiology](#)

[Logistic Models](#)

[Male](#)

[Nervous System Diseases/epidemiology*](#)

[Survival Rate/trends*](#)

Putting together a search strategy

Example:

Micronutrient supplementation in pregnant women with HIV infection

The Cochrane Collaboration

Siegfried N, Irlam JH, Visser ME, and Rollins NN

2012

Putting together a search strategy

Objective:

To assess whether **micronutrient** supplements are effective and safe in reducing mortality and morbidity in pregnant women with **HIV infection.**

HIV

#15	Search HIV Infections[MeSH] OR HIV[MeSH] OR hiv[tw] OR hiv-1*[tw] OR hiv-2*[tw] OR hiv1[tw] OR hiv2[tw] OR hiv infect*[tw] OR human immunodeficiency virus[tw] OR human immunodeficiency virus[tw] OR human immunodeficiency virus[tw] OR human immune-deficiency virus[tw] OR ((human immun*) AND (deficiency virus[tw])) OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR ((acquired immun*) AND (deficiency syndrome[tw])) OR "sexually transmitted diseases, viral"[MESH:NoExp]	08:00:21	274955
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Type of study: RCT

#16	Search (randomized controlled trial [pt] OR controlled clinical trial [pt] OR randomized [tiab] OR placebo [tiab] OR drug therapy [sh] OR randomly [tiab] OR trial [tiab] OR groups [tiab]) NOT (animals [mh] NOT humans [mh])	08:00:32	2417318
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Micronutrients

#17	Search micronutrients OR micronutrient OR trace element OR trace elements OR vitamins OR vitamin OR carotenoids OR carotenoid OR carotenes OR carotene	08:00:45	555041
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Micronutrients (cont.)

#18	Search "24,25-dihydroxyvitamin D 3" OR "25-hydroxyvitamin D 2" OR "4-aminobenzoic acid" OR acetylcarnitine OR alpha-tocopherol OR aminobenzoic acids OR ascorbic acid OR beta carotene OR beta-tocopherol OR biotin OR boron OR cadmium OR calcifediol OR calcitriol OR carnitine OR cholecalciferol OR chromium OR cobalt OR cobamides OR cod liver oil OR copper OR dehydroascorbic acid OR dihydrotachysterol OR dihydroxycholecalciferols OR ergocalciferols OR flavin mononucleotide OR folic acid OR formyltetrahydrofolates OR fursultiamin OR gamma-tocopherol OR hydroxocobalamin OR hydroxycholecalciferols OR inositol OR iodine OR iron OR leucovorin OR manganese OR magnesium OR molybdenum OR niacin OR niacinamide OR nickel OR nicorandil OR nicotinic acids OR palmitoylcarnitine OR pantothenic acid OR pteroylpolyglutamic acids OR pyridoxal OR pyridoxal phosphate OR pyridoxamine OR pyridoxine OR riboflavin OR selenium OR silicon OR tetrahydrofolates OR thiamine OR thiamine monophosphate OR thiamine pyrophosphate OR thiamine triphosphate OR thioctic acid OR tin OR tocopherols OR tocotrienols OR ubiquinone OR vanadium OR zinc	08:01:02	895117
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Micronutrients (combined)

#19	Search #17 OR #18	08:01:23	1039559
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Final (combined)

Search	Most Recent Queries	Time	Result
#21	Search #15 AND #16 AND #19 Limits: Publication Date from 2010/01/01 to 2011/07/19	08:08:45	141
#20	Search #15 AND #16 AND #19	08:01:46	1578

Type of study: RCT

#16	Search (randomized controlled trial [pt] OR controlled clinical trial [pt] OR randomized [tiab] OR placebo [tiab] OR drug therapy [sh] OR randomly [tiab] OR trial [tiab] OR groups [tiab]) NOT (animals [mh] NOT humans [mh])	08:00:32	2417318
-----	--	----------	---------

PubMed

micronutrients NOT (animals [mh] NOT humans [mh])



Search

RSS [Save search](#) [Advanced](#)

[Display Settings:](#) Summary, 20 per page, Sorted by Recently Added

[Send to:](#)

[Filters:](#) [Manage Filters](#)

Results: 1 to 20 of **382792**

[<< First](#) [< Prev](#) Page of 19140 [Next >](#) [Last >>](#)

New feature

Try the new Display Settings

PubMed

micronutrients AND humans [mh]



Search

RSS [Save search](#) [Advanced](#)

[Display Settings:](#) Summary, 20 per page, Sorted by Recently Added

[Send to:](#)

[Filters:](#) [Manage Filters](#)

Results: 1 to 20 of **228984**

[<< First](#) [< Prev](#) Page of 11450 [Next >](#) [Last >>](#)

New feature

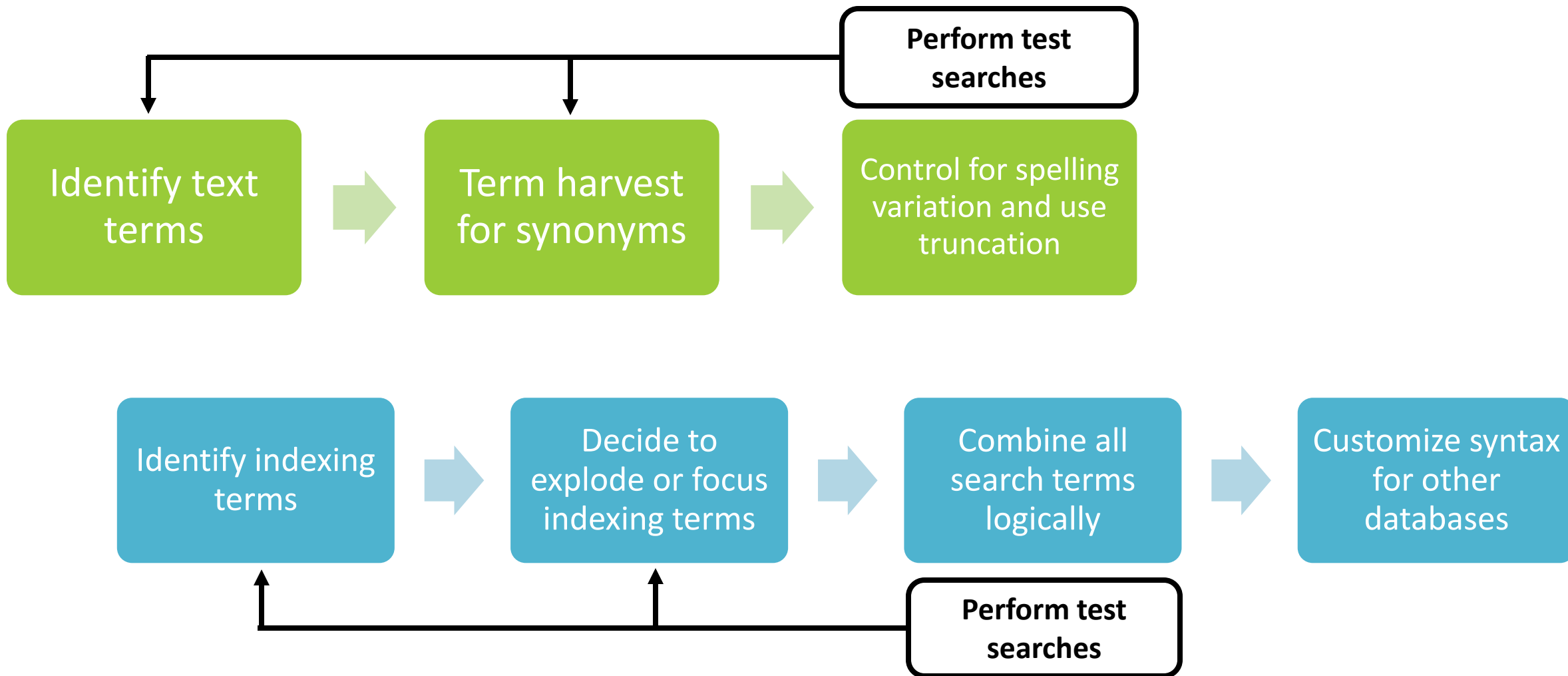
Try the new Display Settings

Search tips: Use the syntax appropriate to the database

#15	Search HIV Infections[MeSH] OR HIV[MeSH] OR hiv[tw] OR hiv-[*]tw] OR hiv-2*[tw] OR hiv1[tw] OR hiv2[tw] OR hiv infect*[tw] OR human immunodeficiency virus[tw] OR human immunodeficiency virus[tw] OR human immuno-deficiency virus[tw] OR human immune-deficiency virus[tw] OR ((human immun*) AND (deficiency virus[tw])) OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR acquired immunodeficiency syndrome[tw] OR ((acquired immun*) AND (deficiency syndrome[tw])) OR "sexually transmitted diseases, viral"[MESH:NoExp]	08:00:21	274955
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Search tips:
Use the syntax appropriate to the database

#1	'human immunodeficiency virus infection'/exp OR 'human immunodeficiency virus'/exp OR hiv:ti OR hiv:ab OR 'hiv-1':ti OR 'hiv-1':ab OR 'hiv-2':ti OR 'hiv-2':ab OR 'human immunodeficiency virus':ti OR 'human immunodeficiency virus':ab OR 'human immuno-deficiency virus':ti OR 'human immuno-deficiency virus':ab OR 'human immunodeficiency virus':ti OR 'human immunodeficiency virus':ab OR 'human immunodeficiency virus':ti OR 'human immunodeficiency virus':ab OR 'acquired immune-deficiency syndrome':ti OR 'acquired immune-deficiency syndrome':ab OR 'acquired immunodeficiency syndrome':ti OR 'acquired immunodeficiency syndrome':ab OR 'acquired immunodeficiency syndrome':ti OR 'acquired immunodeficiency syndrome':ab OR 'acquired immuno-deficiency syndrome':ti OR 'acquired immuno-deficiency syndrome':ab	332978
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Choosing databases

Research article

Open Access

Effectiveness of different databases in identifying studies for systematic reviews: experience from the WHO systematic review of maternal morbidity and mortality

Ana P Betrán^{1*}, Lale Say¹, A Metin Gülmezoglu¹, Tomas Allen² and Lynn Hampson³

Choosing databases

Searched for reports of maternal mortality and morbidity across various study designs

MEDLINE, EMBASE, CINAHL, BIOSIS, Cochrane

Other sources: Grey Literature

"That which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers."

The Fourth International Conference on Grey Literature, Washington, DC

Other sources: Unpublished clinical trials

- WHO International Clinical Trials Registry Platform (ICTRP)

<http://www.who.int/ictrp/en/>

<http://apps.who.int/trialsearch/>

- *meta*Register of Controlled Trials (*m*RCT)

<http://www.isrctn.com/>

Other sources: Grey Literature

Grey literature may include reports, [conference proceedings](#), [theses or dissertations](#), [clinical trials](#), newsletters, government documents, informal communications, standards, patents, videos, practice guidelines, preprints, emails, listserv articles, and more!

<http://worldwidescience.org/>

<http://www.opengrey.eu/>

<http://mednar.com/mednar/desktop/en/search.html>

<http://www.greylit.org/>

publication of [The New York Academy of Medicine](#)

References

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Fowler, S. (2013). “Library Resources for Systematic Reviews”. Presentation available from <http://www.slideshare.net/referencegirl/sys-revs-colditz>.

Higgins, J.P.T. and Green, S. (eds.) (2011). *Cochrane Handbook for Systematic Reviews of Interventions*, Version 5.1.0, available from <http://handbook.cochrane.org/>.

Siegfried, N. et al. (2012). “Micronutrient supplementation in pregnant women with HIV infection (Review)”. *The Cochrane Library*, Issue 3.