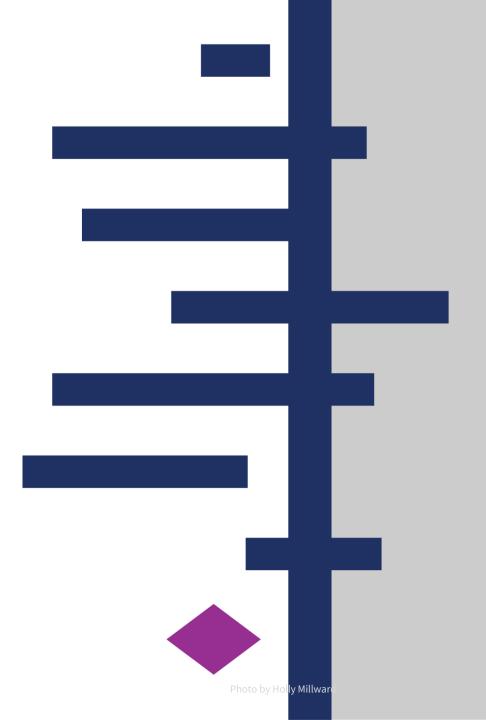


Introduction to the Cochrane Library

Fabio Di Bello Customer Success Manager, Wiley fdibello@wiley.com

Trusted evidence. Informed decisions. Better health.





Agenda

Cochrane Network Collaboration, the Cochrane Library

Key features and functionalities: browsing, alerting

Advanced Search: PICO, MeSH, Search Manager



What is Cochrane?

- An international collaboration of over 50,000
 researchers and health professionals passionate
 about improving health outcomes for everyone,
 everywhere
- Their overall objective is to ensure that the treatments used every day around the world, are based on the best available evidence, which is independently assessed and quality checked
- They have been doing this for 28 years

Cochrane WILEY What is Cochrane Network Collaboration?

- Independent, no conflicts of interests
- objective analysis of the evidence

- strict rigorous EBM methodology
- Assessing risks of bias and overall reliability of conclusions in clinical practise



What is the Cochrane Library?

A collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making



What's in the Cochrane Library

- Cochrane Database of Systematic Reviews
 - + 8200 Reviews
 - + 2400 Protocols
- Central Register of Controlled Trials (CENTRAL)
 - + 1.7 million articles
- Cochrane Clinical Answers (+2800)
- Systematic Reviews from Epistemonikos (+350000)
- Editorials (+130)
- Special Collections (+40)
- Health Systems Evidence (HSE) and Social Systems Evidence (SSE) created by McMaster's University (+14000 and 4400)





Cochrane Steps for Creating Systematic Review

- 1. Formulate the question
- 2. Search for Studies
- 3. Apply eligibility criteria
- 4. Collect data
- 5. Access studies for risk of bias
- 6. Analyze and present results
- 7. Interpret results and draw conclusions
- 8. Update reviews



Formulate the Question

Systematic reviews seek to collate evidence that fits pre-specified eligibility criteria in order to answer a specific research question. They aim to minimize bias by using explicit, systematic methods documented in advance with a protocol.

Reviewers use PICO when developing review question

- Population
- Interventions
- Comparisons
- Outcomes

These components + types of studies that will be included, form the basis of the eligibility criteria for the review.





Formulate the Question

Intervention review will compare two or more interventions on a range of different outcomes or compare a particular intervention with no intervention at all.

What is the value of Intervention X compared with Intervention Y for a particular group of people?

- Laparoscopic versus open surgery for suspected appendicitis
- Regular treatment with formoterol and an inhaled corticosteroid versus regular treatment with salmeterol and an inhaled corticosteroid for chronic asthma: serious adverse events

What is the value of Intervention X compared with no intervention?

- Can wearing compression stockings, versus not wearing them, preventing DVT in people travelling on flights lasting at least four hours.
- Nicotine replacement therapy versus control for smoking cessation





Formulate the Question

Abstract

Available in English | Español | Français

Background

Air travel might increase the risk of deep vein thrombosis (DVT). It has been suggested that wearing compression stockings might reduce this risk. This is an update of the review first published in 2006.

Objectives

To assess the effects of wearing compression stockings versus not wearing them for preventing DVT in people travelling on flights lasting at least four hours.

Selection criteria

Randomised trials of compression stockings versus no stockings in passengers on flights lasting at least four hours. Trials in which passengers wore a stocking on one leg but not the other, or those comparing stockings and another intervention were also eligible.

Abstract

Plain language summary

Authors' conclusions

Summary of findings

Background

Objectives

Methods

Results

Discussion

Compression stockings for preventing deep vein thrombosis in airline passengers



Formulate the Question

Background

Description of the condition

Deep vein thrombosis (DVT) occurs where there is a partial or total blockage of the de usually in the legs. The symptoms of DVT do not usually develop immediately and dis However, typical signs and symptoms of DVT, and associated superficial thrombophl may include redness of the lower legs, a swollen or painful calf or thigh, fever and dis area. If left untreated, people with DVT are at risk of developing a pulmonary embolism away and lodges in the lungs), which can be fatal. In a review of medical records, for patients in Minnesota who had a DVT or pulmonary embolism between 1966 and 199 incidence of DVT was 48 per 100,000 people and the figure for pulmonary embolisms recent articles report incidence rates for leg DVT alone ranging from 45 to 117 per 100 2016; Tagalakis 2013).

Description of the intervention

It has been suggested that the use of compression stockings during long-haul flights may help to reduce the risk of developing DVT. It has also been suggested that standing up or walking around occasionally in flight, drinking plenty of water and performing leg-stretching exercises may also help to reduce a person's risk (Geroulakos 2001). Aspirin and low-dose heparin have also been suggested as preventative strategies (Giangrande 2001). Another Cochrane review examines the effects of graduated compression stockings in patients at risk of developing DVT in hospitalised patients (Sachdeva 2014). The review analysed 19 randomised trials and showed that graduated compression stockings are effective in reducing the risk of developing DVT in hospitalised patients. Furthermore, a review of observational studies on the relationship between air travel and DVT also included a systematic review of randomised trials to prevent DVT. The reviewers did their search in September 2002 (Adi 2003) and found two randomised trials of wearing versus not wearing compression stockings (LONFLIT 2; Scurr 2001).

How the intervention might work

Compression stockings are thought to reduce the risk of DVT by exerting graduated pressure on the leg, with the pressure being greatest at the ankle. This, when combined with muscular activity in the limb, is thought to displace blood from the superficial venous system to the deep venous system. This, in turn, reduces blood stasis that can lead to clotting and increases the velocity and volume of blood flow in the deep venous system, thereby potentially preventing thrombosis (Sachdeva 2014).

Why it is important to do this review

There has been increased research interest in the issue of DVT in airline passengers in recent years. For example, as well as the review by Adi 2003 and Adi 2004 and another by Ansari 2005, the World Health Organization announced the launch of a research programme to investigate the relationship between air travel and venous thrombosis in May 2002 (WHO 2002). The findings of this report show that the increased risk of VTE observed in passengers on long-haul flights is due to extended periods of immobility. As the number of people taking long-haul flights is increasing, and as these passengers will have known or unknown thrombosis risk factors, they concluded that "air travel-related VTE is an important public health issue" (WRIGHT project 2007).

Compression stockings for preventing deep vein thrombosis in airline passengers



Cochrane Central Register of Controlled Trials

Includes randomized and quasi-randomized controlled trials. Other study designs registered in Clinical Trial Registries (e.g. cohort studies) are not included.

CENTRAL is comprised of records retrieved from

- PubMed/MEDLINE
- Embase
- Clinical Trial Registries
 - ClinicalTrials.gov
 - ICTRP
- CINAHL (Cumulative Index of Nursing and Allied Health) (new as of May 2020)
- Cochrane Review Groups' <u>Specialized Registers</u> which includes records identified by <u>handsearching</u> various biomedical sources.



What is a Cochrane Clinical Answer?

- A CCA provides a concise summary of the results of a Cochrane Review with sufficient underlying data to allow:
 - Application of the results to a specific patient group (e.g. children or adults, older patients with co-morbid conditions.)
 - Understanding of the strength of the evidence supporting conclusions about key clinical outcomes
- Written by clinicians for clinicians

Make reviews more accessible to an important audience



How does a CCA ease application of results in clinical practice?

- Distils the 50+ pages of a Cochrane review into 1-3 pages with interactive, hierarchical display allowing multiple levels of entry
- Brings together key data dispersed in Cochrane Library Review:
 - Population
 - Intervention
 - Comparison
 - Outcome summary
 - Quality of the evidence (Summary of findings/Risk of bias)

Question:

How do angioplasty and stenting compare for the treatment of iliac artery stenosis?

Jane Burch, Dane Gruenebaum | 23 December 2015

Clinical Answer

Randomized controlled trials suggest that outcomes after primary percutaneous transluminal angioplasty (PTA) and stenting are similar in people with iliac artery stenosis or occlusion. However, participant numbers were small and trials were undertaken some years ago and the populations eligible for treatment and the treatment options given may not reflect those in current clinical practice.

In people with iliac artery stenosis of at least 5 cm or occlusion, there were no apparent differences between groups in symptom improvement (3 months to 2 years), number of people with symptom resolution (3 months to 8 years), target vessel patency (1 to 8 years) or the need for re-intervention (2 to 8 years), when primary PTA was compared with primary stenting. Results for ankle-brachial index (ABI) showed no consistent pattern across time points (3 months to 8 years); only the 2-year analysis detected a difference between groups in favor of primary PTA. Most of the participants had moderate to severe claudication (II and III on the 0 to VI Rutherford classification), therefore the results are most likely to reflect this group.

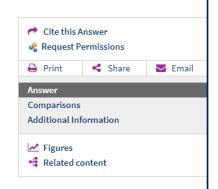
There are several limitations to these data. Firstly, revascularization is no longer considered a first-line option in some healthcare systems in people with a Rutherford classification of less than III. Secondly, given the age of the trials, bare metal stents would have been used; drug eluting stents are now also used to treat peripheral vascular disease. Thirdly, one of the two included trials was stopped early due to a higher rate of distal embolization in the PTA group. Fourthly, the proportion of participants with diabetes ranged from 5% to 16%, hypertension from 20% to 28% and dyslipidemia from 24% to 53%, which may be healthier than the population who would be eligible for revascularization in clinical practice Finally, all the analyses would have been affected by a lack of power due to the small numbers of participants, making detection of a difference between groups unlikely, even if one was present.

Comparisons

expand function allows you to view further information

Click to

Expand All »



Comparisons



Population

People with iliac artery stenosis of <10 cm or occlusion of <5 cm (1 trial) or occlusion >8 cm (1 trial) causing intermittent claudication and a reduced ankle-brachial pressure. Most people had disease severity II to III on the Rutherford classification. The proportion of people with diabetes ranged from 5% to 16%, hypertension from 20% to 28% and dyslipidemia from 24% to 53%

Intervention

Primary percutaneous transluminal angioplasty (PTA): no details regarding the procedure were reported in either study

Comparator

Primary stenting: long 7-F introducer sheath placed across targeted segment and the stent mounted by hand on a folded angioplasty balloon catheter, with stent diameter determined by width of uninvolved portion of vessel (1 trial) or no details reported (1 trial). Given the dates of the trials, bare metal stents were likely to have been used



The Population,
 Intervention,
 Comparator section
 (PICO) at the bottom
 of the page
 describes people
 and interventions
 included in the trials
 to aid you in
 determining clinical
 relevance

OUTCOME 1.1 Improvement in symptoms

Narrative result

Improvement in symptoms was measured at 3 months, 1 year, and 2 years; there was no statistically significant difference between groups at any time point, but all three analyses would have been underpowered. Click below for full details.

Reference

Bekken J, Jongsma H, Ayez N, Hoogewerf CJ, Van Weel V, Fioole B. Angioplasty versus stenting for iliac artery lesions. *Cochrane Database of Systematic Reviews* 2015, Issue 5. Art. No.: CD007561. DOI: 10.1002/14651858.CD007561.pub2. [Review search date: April 2015]

Subgroup analysis 1.1.1 Improvement in symptoms - [subgroup: 3 months]

Risk of bias of studies

The reviewers did not perform a GRADE assessment of the quality of the evidence. The study used appropriate patient selection processes, and was classified as having low numbers of withdrawals (7.5% of those randomized not included in this analysis), but did not report blind outcome assessors.

Narrative result

One RCT with 258 participants found no statistically significant difference between groups.

Relative effect or mean difference

There was no statistically significant difference between groups (OR 1.43, 95% CI 0.78 to 2.62).

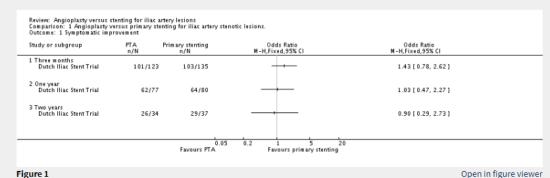
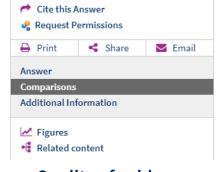


Figure 1
Forest plot from Cochrane Review



- Quality of evidence (GRADE statements) or risk of bias analysis
- A clear narrative statement
- Statistical data on relative effects
- A measure of absolute effects in terms of number of patients impacted out of 100 or 1000 (equivalent to NNT)
- Link to forest plot
- Link to the Cochrane Review on which the CCA is based



Epistemonikos

- World's largest source of systematic reviews relevant for health decision-making
- Uses a comprehensive and systematic approach, powered by artificial intelligence and curated and annotated by experts



+350,000 Reviews

Practical issues for the use of tranexamic acid in total knee arthroplasty: a systematic review.

Abstract

Authors

» Kim TK, Chang CB, Koh IJ

Category

» Systematic review

Journal

Knee surgery, sports traumatology, arthroscopy: official journal of the ESSKA

Year

» 2014

Links

» Pubmed, DOI

This article includes 26 Primary studies 9

This article is part of the following matrixes of evidence:

· Tranexamic acid for total knee arthroplasty surgery

PURPOSE:

This systematic review was undertaken to answer three specific questions relating to the clinical values of tranexamic acid (TNA) in total knee arthroplasty (TKA): (1) Whether there are differences in blood-saving effects between the systemic and topical administrations; (2) Whether blood-saving effects of TNA differ by doses and timings of administration; and (3) Whether the use of TNA is safe at all reported doses, timings, and routes of administration with respect to the incidences of symptomatic deep-vein thrombosis (DVT) and pulmonary embolism (PE).

METHODS:

Resources

Export Citation

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Evidence related with this article:

Broad syntheses

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Systematic reviews

31

Primary studies
395

Available languages for this document

· English

-



2 New Databases by McMaster

You are now able to search systematic reviews from McMaster Health Forum's repositories.

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 about implementation strategies that can support change in health systems.
- **Social Systems Evidence** is the world's most comprehensive, continuously updated repository of syntheses of research evidence about the programs, services and products available in a broad range of government sectors and program areas (e.g., economic development, education, environmental conservation, housing,...) as well as the governance and the implementation strategies that ensure that these get to those who need them.



What's in the Cochrane Library

- Cochrane Database of Systematic Reviews
- Central Register of Controlled Trials (CENTRAL)
- Cochrane Clinical Answers
- Systematic Reviews from Epistemonikos
- Editorials
- Special Collections
- Health Systems Evidence (HSE) and Social Systems Evidence (SSE) created by McMaster's University



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- Special Collections
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All content accessible through a single search



Cochrane Library: Key Features



Many New Links between content

Cochrane Database of Systematic Reviews

References

Characteristics of studies

Article

Related Content

CENTRAL

Article

How Cochrane Used this article

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Cochrane Podcasts





CENTRAL Article LINKED CONTENT

Cochrane Central Register of Controlled Trials

Controlled trial of antimycobacterial therapy in Crohn's disease. Clofazimine versus placebo

PubMed

Digestive diseases and sciences, 1991, 36(4), 449-453 | added to CENTRAL: 18 January 2012 Afdhal NH, Long A, Lennon J, Crowe J, O'Donoghue DP Links: PubMed 3

Abstract

In order to study the effect of clofazimine, a powerful antimycobacterial and antiinflammatory agent, 49 patients with active Crohn's disease were randomized to either corticosteroids plus clofazimine 100 mg daily (N = 25) or to steroids and matching placebo (N = 24). A total of 28 patients (58%) went into disease remission (clofazimine 16, placebo 12; P = NS) with a fall in disease activity score from 10.5 +/- 4.4 to 3.3 +/- 3.5. Patients were treated for a further eight months with clofazimine or placebo and 18 of 28 maintained their remission and completed the study (clofazimine 12, placebo 6; P = NS). Side effects were minor and consisted of skin rash and increased pigmentation. Clofazimine as a solitary antimycobacterial agent appears ineffective in inducing remission in Crohn's disease but may have a role in either disease maintenance or combination chemotherapy.



See how a CENTRAL article was used in specific Cochrane Reviews

Cochrane Database of Systematic Reviews



Anti-tuberculous therapy for maintenance of remission in Crohn's disease

Cochrane Systematic Review - Intervention | Version published: 22 July 2016 see what's new

New search Conclusions changed



View article information

Petrease H Patton | Claire E Parker | John K MacDonald | ■ Nilesh Chande

View authors' declarations of interest

Abstract available in English | Español

Background

There have been a number of studies with conflicting results which have examined the effect of anti-tuberculous therapy in Crohn's disease. A meta-analysis was performed to evaluate the use of anti-tuberculous therapy for the maintenance of remission in Crohn's disease.

Objectives

To evaluate the effects of anti-tuberculous therapy for the maintenance of remission in patients with Crohn's disease.

Select the title to link to the Cochrane Systematic Review the CENTRAL article was used in.





CENTRAL article LINKED CONTENT

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Method of randomization not described. Contains substratification for disease site; method not described, but matched in control and intervention groups
Allocation concealment (selection bias)	Unclear risk	Not described
Blinding of participants and personnel (performance bias) All outcomes	Low risk	Double blinded, control and intervention groups matched for treatment regime (taken once daily), including clofazimine and matching placebo
Incomplete outcome data (attrition bias) All outcomes	Low risk	Missing outcome data were approximately balanced between intervention and placebo groups across the 3 Phases of the trial, with similar reasons provided, including phase failure, loss to follow-up or requested withdrawal.
		Phase 1: Intervention group (n= 25) and placebo group (n= 24) Phase 2: Intervention group (n= 16) and placebo group (n= 12) Phase 3: Intervention group (n= 15) and placebo group (n= 12)

Use this link to view the Cochrane PICO analysis and risk of bias for the article

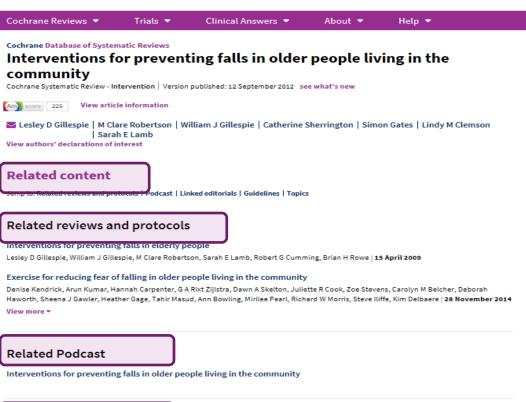


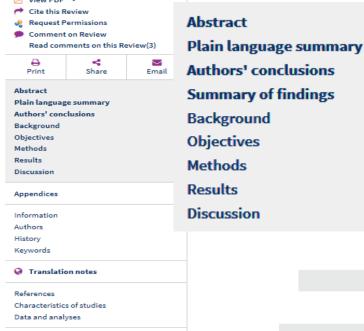
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Systematic Review **LINKED CONTENT**







Figures and tables

Linked editorials

Preventing falls in older people: the story of a Cochrane Review

Lesley Gillespie | 28 February 2013

Guidelines

UK Cochrane Centre continually checks guideline developers' websites to identify guidelines informed by Cochrane Reviews. Links to guidelines are provided if available, although access will depend on the provider.

Related Content links to podcasts, Cochrane Clinical Answers, related Cochrane reviews and guidelines







New links to find related Cochrane content and guidelines



Navigation Update



Collapsible sections allows users to

- Quickly navigate large reviews
- Easily identify content with translations
- Improves experience on mobile devices



Improved navigation on mobile devices



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Browse by Cochrane Review Group

Browse by Topic

Browse the Cochrane Reviews, Protocols and Clinical Answers.

Allergy & intolerance

Blood disorders

C

Cancer

Child health

Complementary & alternative medicine

Consumer & communication strategies

d

Dentistry & oral health

Developmental, psychosocial & learning problems

Diagnosis

n Gastroenterology & hepatology Neonatal care Genetic disorders Neurology Gynaecology Orthopaedics & trauma Health & safety at work Pain & anaesthesia Health professional education Pregnancy & childbirth **Heart & circulation** Public health Infectious disease Rheumatology Insurance medicine Skin disorders Kidney disease

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Systematic
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b		(Genetic disorders (3/10)			
☑ Blood disorders (8/8)		•	Alpha-1 antitrypsin deficiency			
c			Chromosome abnormalities			
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_ , , ,			Cystic fibrosis			
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☐ Consumer & communication strateg	nication strategies (0/8)	•	☐ Inborn errors of metabolism			
_			Other genetic disorders	r genetic disorders		
d		_	☐ Sickle cell disease			
☐ Dentistry & oral heal	th (0/26)	•	■ Thalassaemia			
Developmental, psycoproblems (0/4)	hosocial & learning	• (Gynaecology (0/14)	•		
☐ Diagnosis (0/1)		▼ <u>n</u>	☑ Health & safety at work (5/5)	~		

Ability to select topics and subtopics by clicking the arrow



Following Reviews

Ayurvedic treatments for diabetes mellitus

Cochrane Systematic Review - Intervention | Version published: 07 December 2011

https://doi.org/10.1002/14651858.CD008288.pub2

Wiew article information

Kalpana Sridharan | Roshni Mohan | Sridharan Ramaratnam | Deepak Panneerselvam

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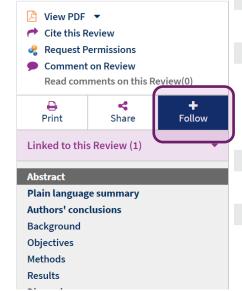
Abstract

Available in English | Español | Français

Background

Patients with diabetes frequently use complimentary and alternative medications including Ayurvedic medications and hence it tps://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008288.pub2/full?highlightAbstract=withdrawn%7Cdiabetes#

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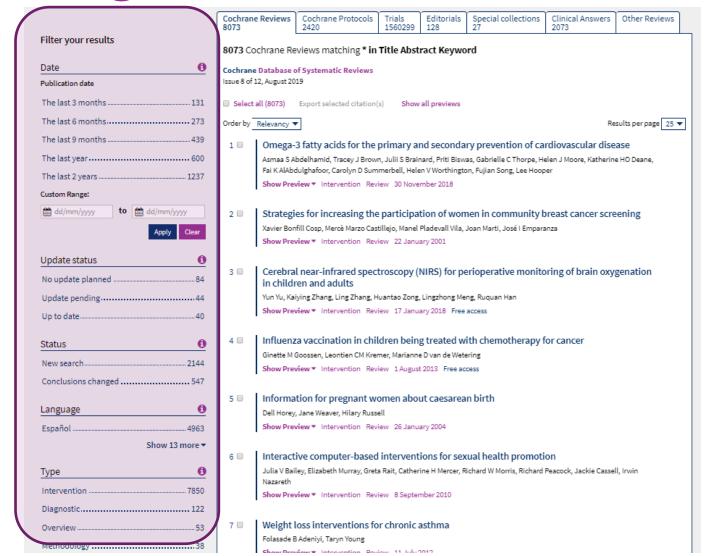
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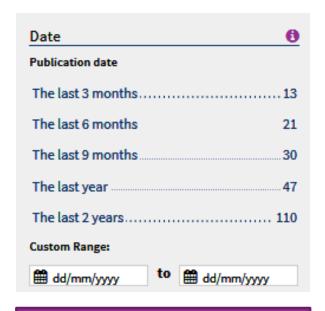
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Using filters to find relevant results





Filters specific for Cochrane Reviews



Status	0
New search 208	36
Conclusions changed 49	91

 Type
 6

 Intervention
 7422

 Diagnostic
 95

 Overview
 44

 Methodology
 36

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 4

Date article was published online or added to the Cochrane Library

Status: Filters by events that have affected the review

Type: Used to identify the type of question addressed by the review



Filters for Cochrane Reviews

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Français	307
Español	241
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தமிழ்	116
Bahasa Malaysia	114
Deutsch	110
日本語	86
Polski	58
Português	52

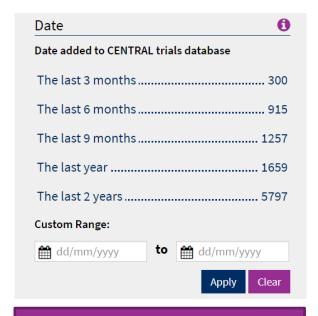
Language: Identifies when translations for content are available

Topics 6	•
+ Child health151	
+ Pregnancy & childbirth 89	
+ Lungs & airways 75	
+ Neurology70	
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Topic: Limit results based on Cochrane supplied topics



CENTRAL Filters



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Year first published	
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Source	0
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Date added to CENTRAL database

Publication year limit

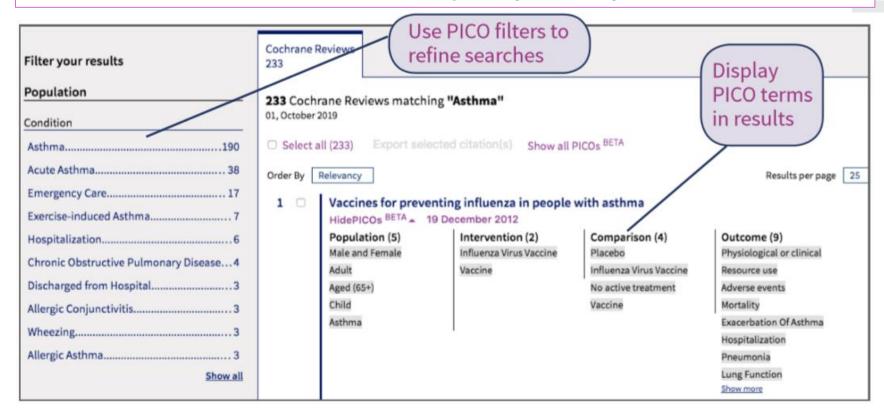
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PICO search

PICO searchResults

- PICO based filters
- View PICO terms in results to quickly identify relevant articles

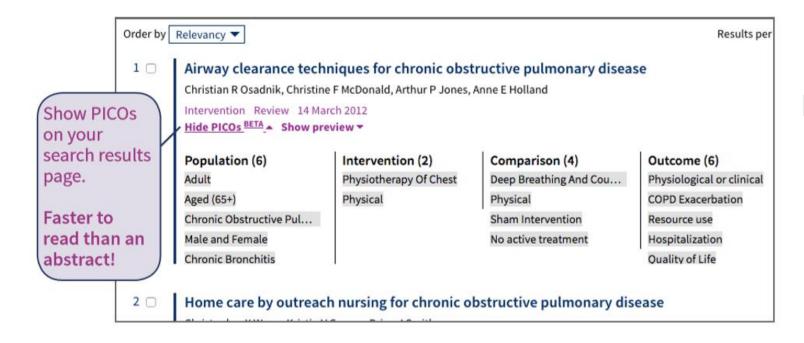




PICO search

PICO terms will also display in search results pages from all standard Cochrane searches

- Use "View PICO" to view PICO terms in search results
- Use PICO terms in results to quickly identify patient populations and interventions you are interested in

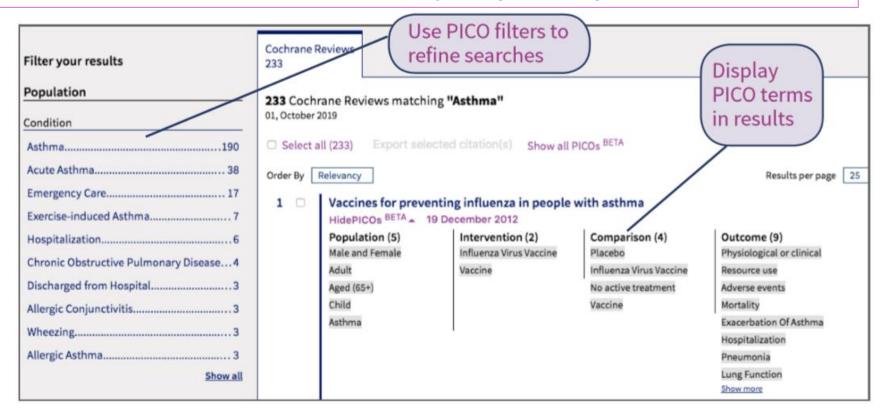




PICO search

PICO searchResults

- PICO based filters
- View PICO terms in results to quickly identify relevant articles

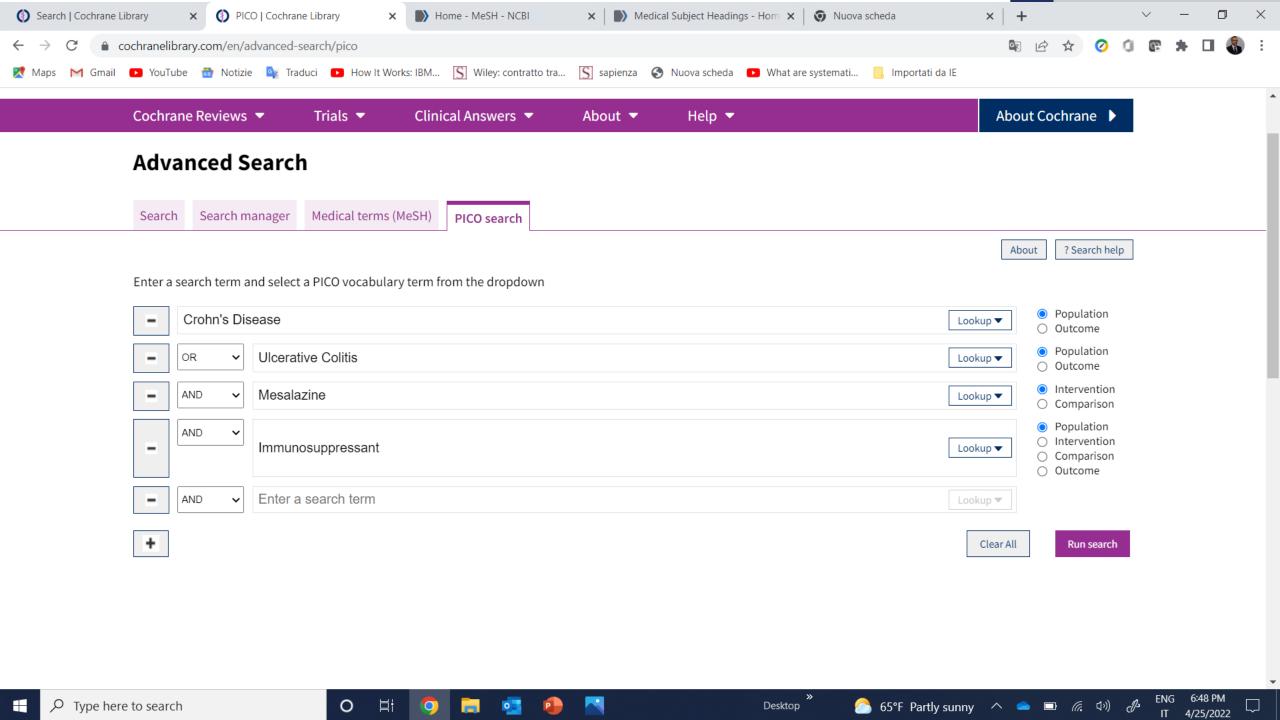


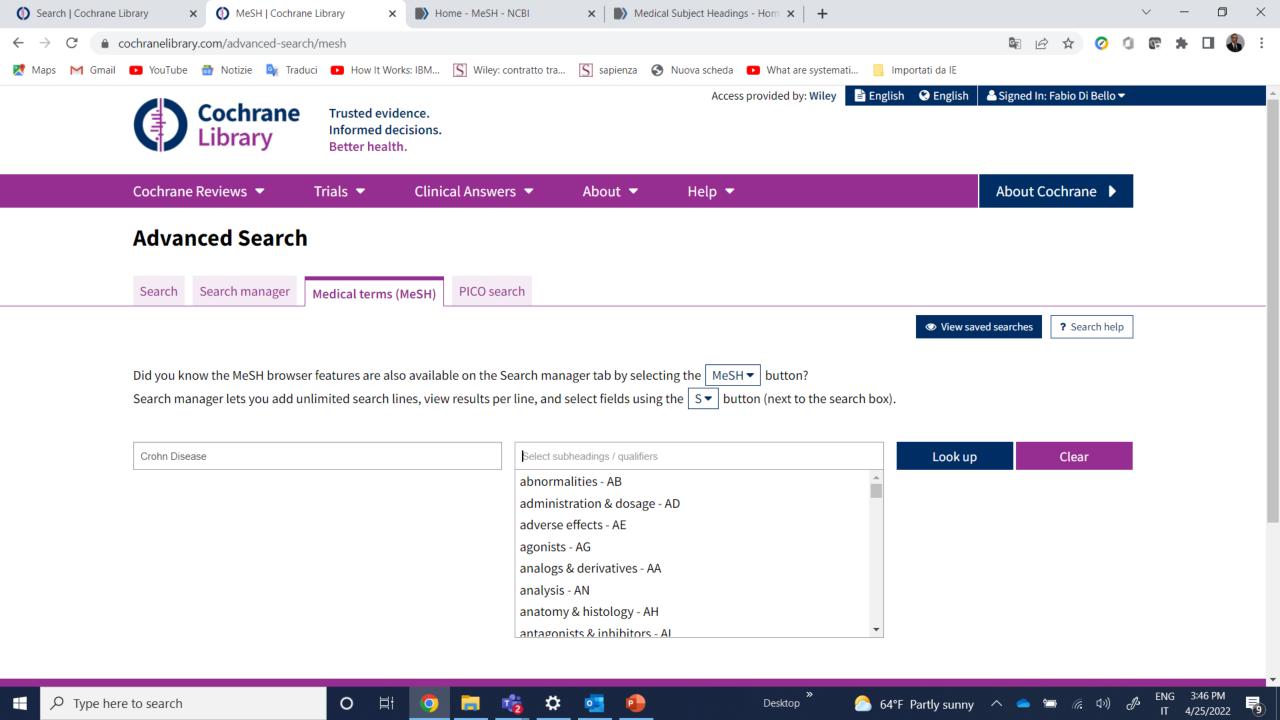


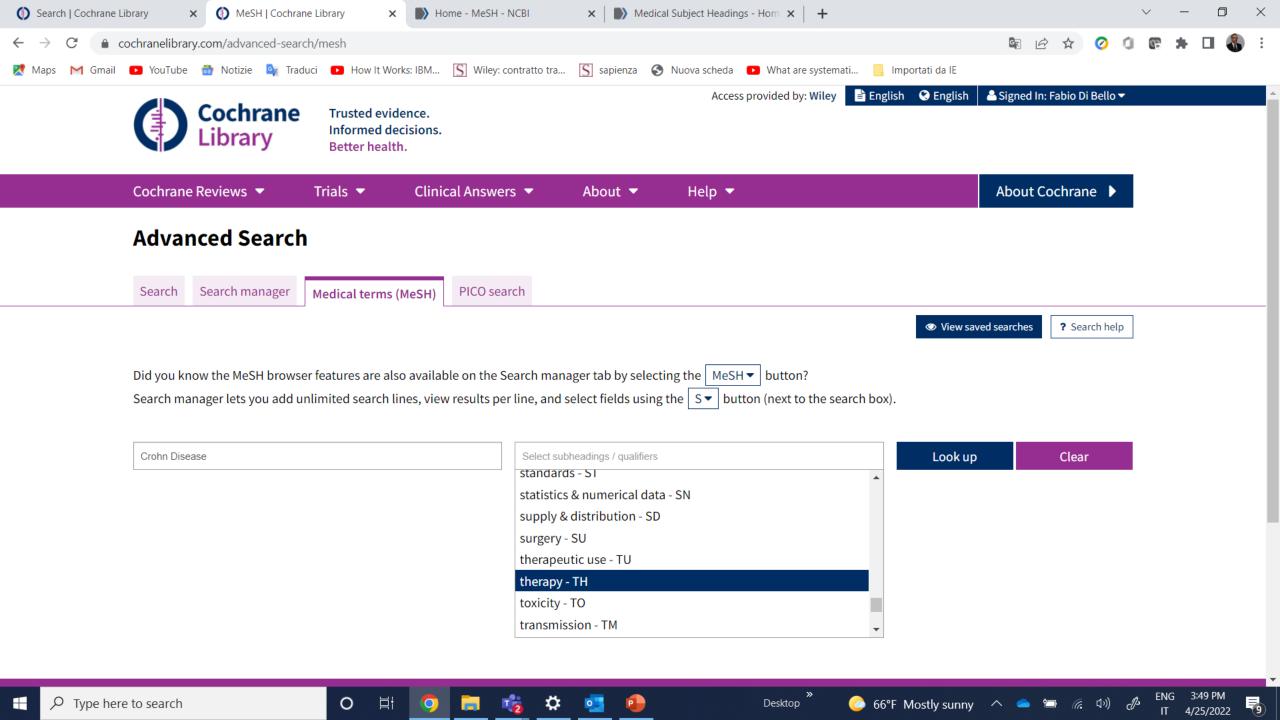
Filter results based on PICO Groups

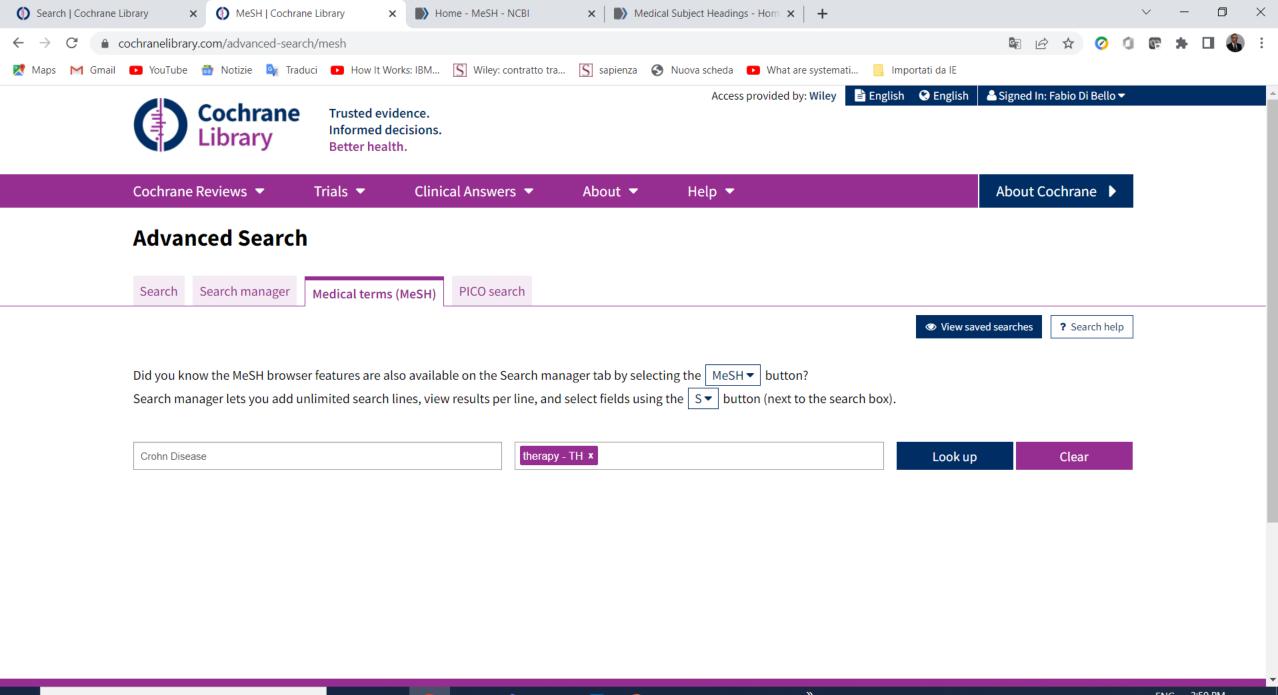
Population Condition Intervention / Comparison Asthma..... Intervention Name High-level Intervention Classification Acute Asthma..... Glucocorticoids - Inhaled..... Pharmacological Interventions...... Emergency Care..... Outcome Formoterol..... Educational..... Exercise-induced Asthma.... Selective Beta-2-adrenoreceptor Ago Outcome Name Hospitalization..... Behavioral..... Salmeterol..... Exacerbation Of Asthma......93 Chronic Obstructive Pulmon Physical..... Asthma Education..... Adverse Event......74 Discharged from Hospital.... Medical Devices..... Glucocorticoids - Systemic..... Hospitalization......69 Allergic Conjunctivitis..... Resources and Infrastructure..... Selective Beta-2-adrenoreceptor Ago Pulmonary Function Test......62 Wheezing..... Usual Care..... Ouality of Life......53 Allergic Rhinitis..... Leukotriene Receptor Antagonists..... Psychological..... FEV1......41 Anticholinergics, Inhaled..... Complementary..... Peak Expiratory Flow Rate......26 Complex..... Emergency Care......26 Asthma Finding...... 19

Show all

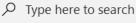




































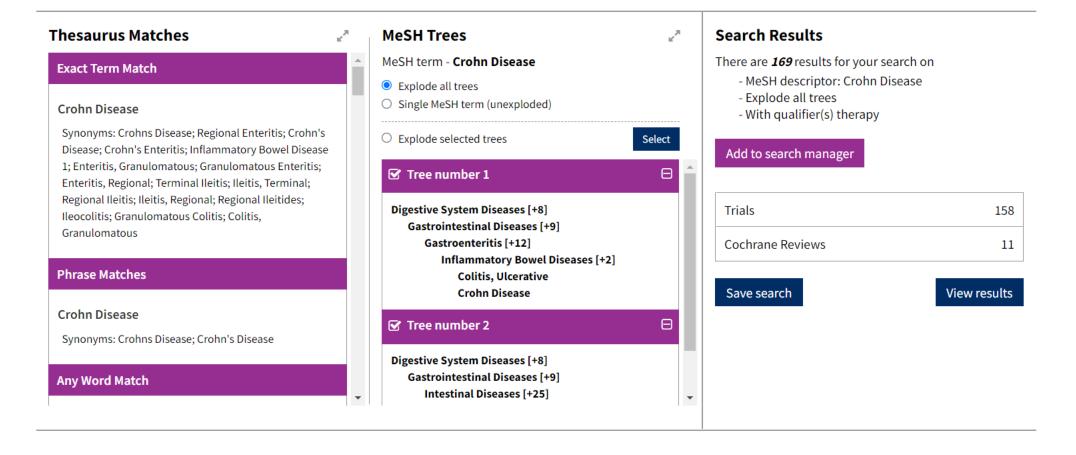


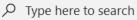




Definition

Crohn Disease - A chronic transmural inflammation that may involve any part of the DIGESTIVE TRACT from MOUTH to ANUS, mostly found in the ILEUM, the CECUM, and the COLON. In Crohn disease, the inflammation, extending through the intestinal wall from the MUCOSA to the serosa, is characteristically asymmetric and segmental. Epithelioid GRANULOMAS may be seen in some patients.

























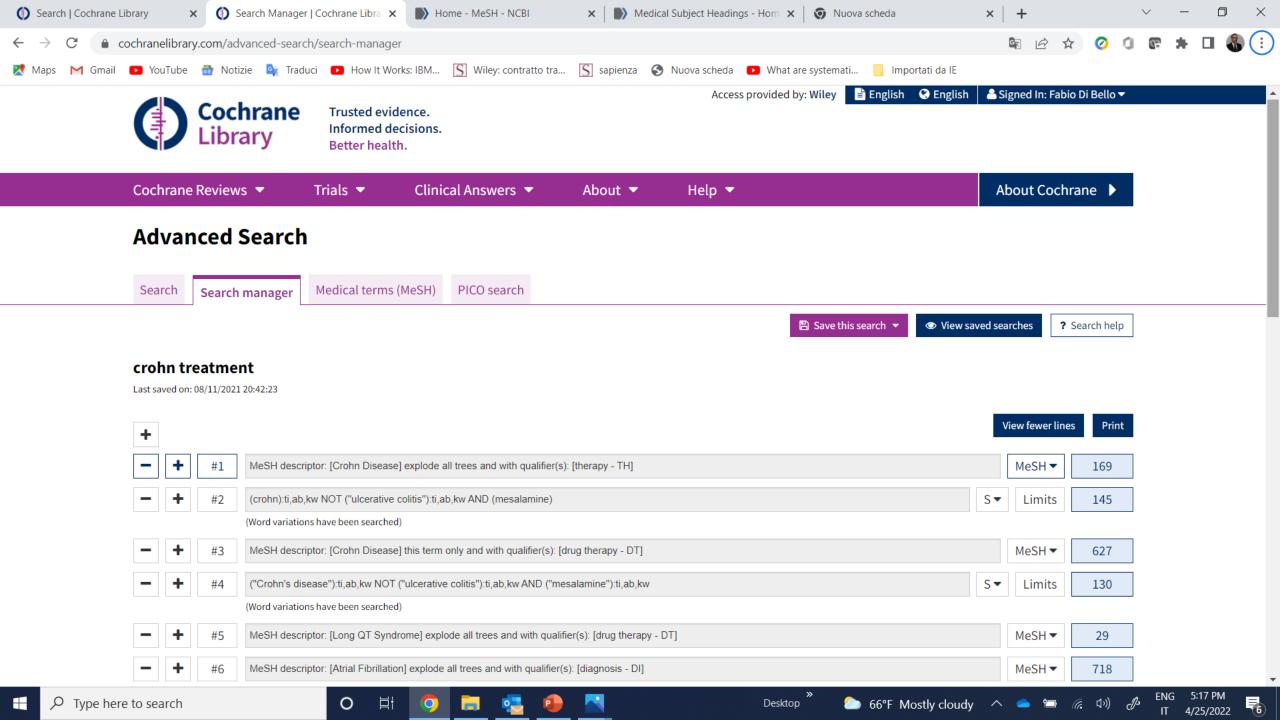


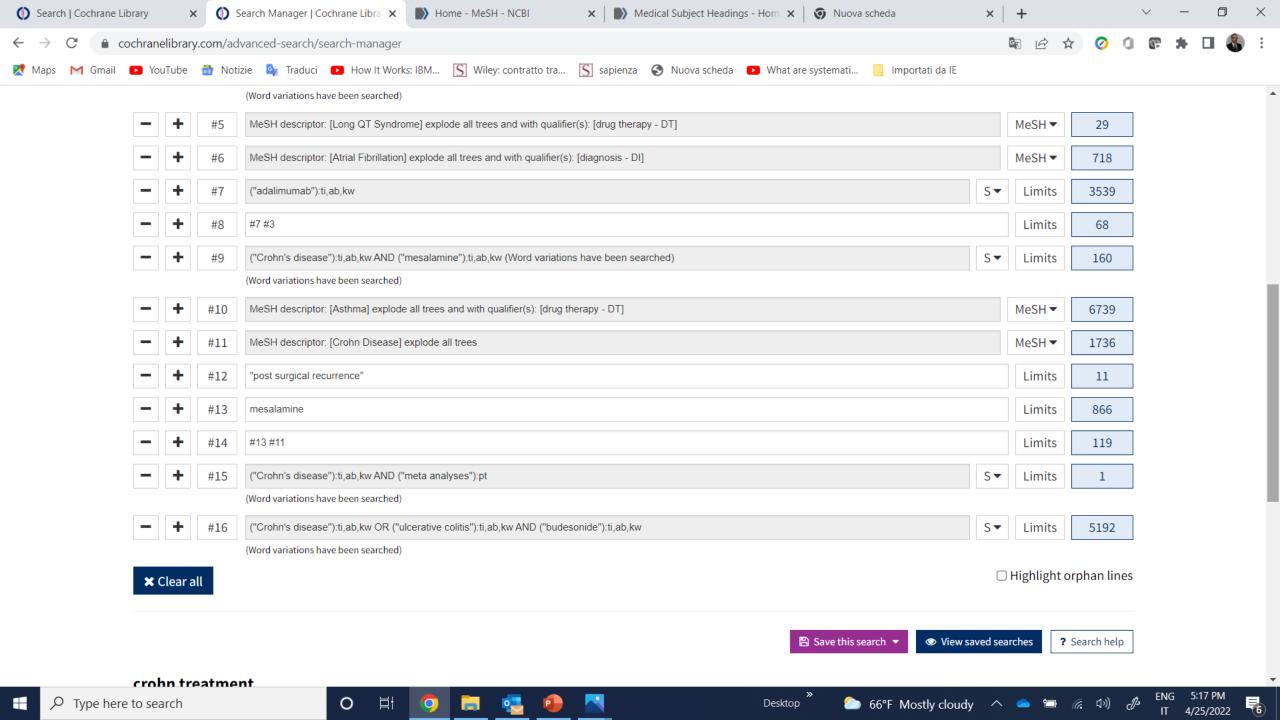


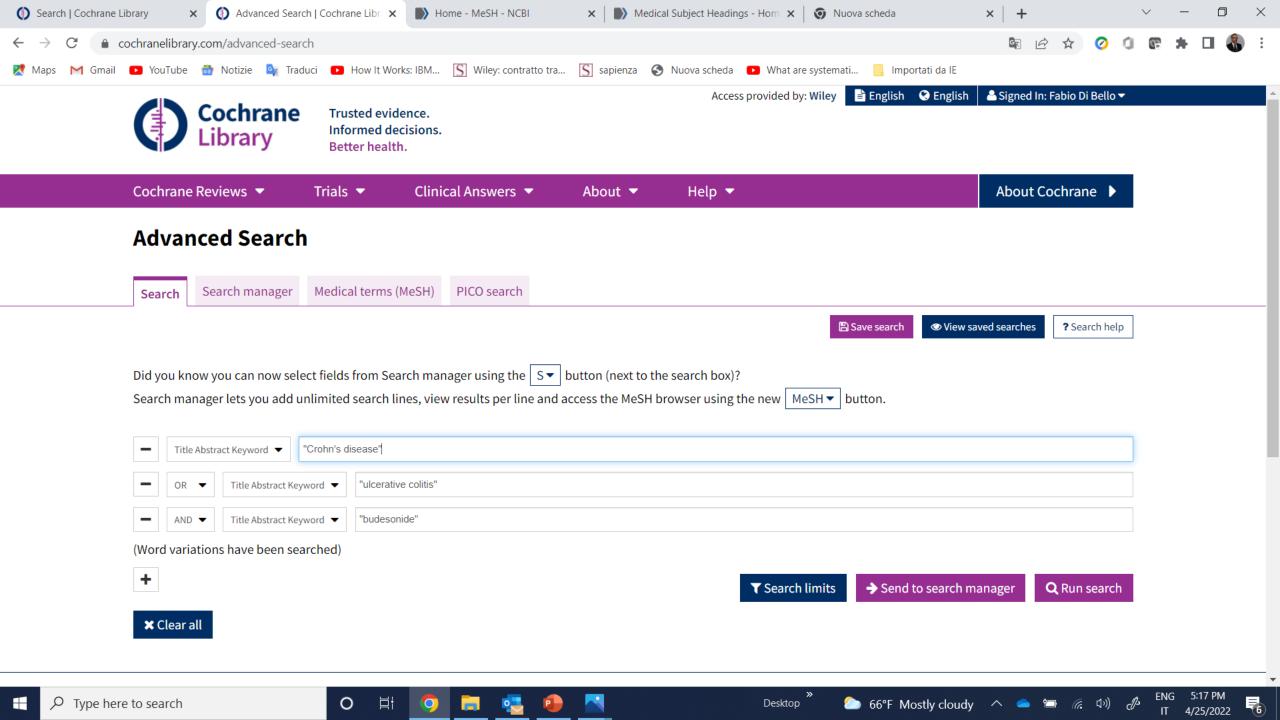


















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