



Information Searching in Evidence-Based Medicine

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www.ceb-rama.org





Scope of Today's Discussion

- Information sources
- Bibliographic databases
- Hand-on databases





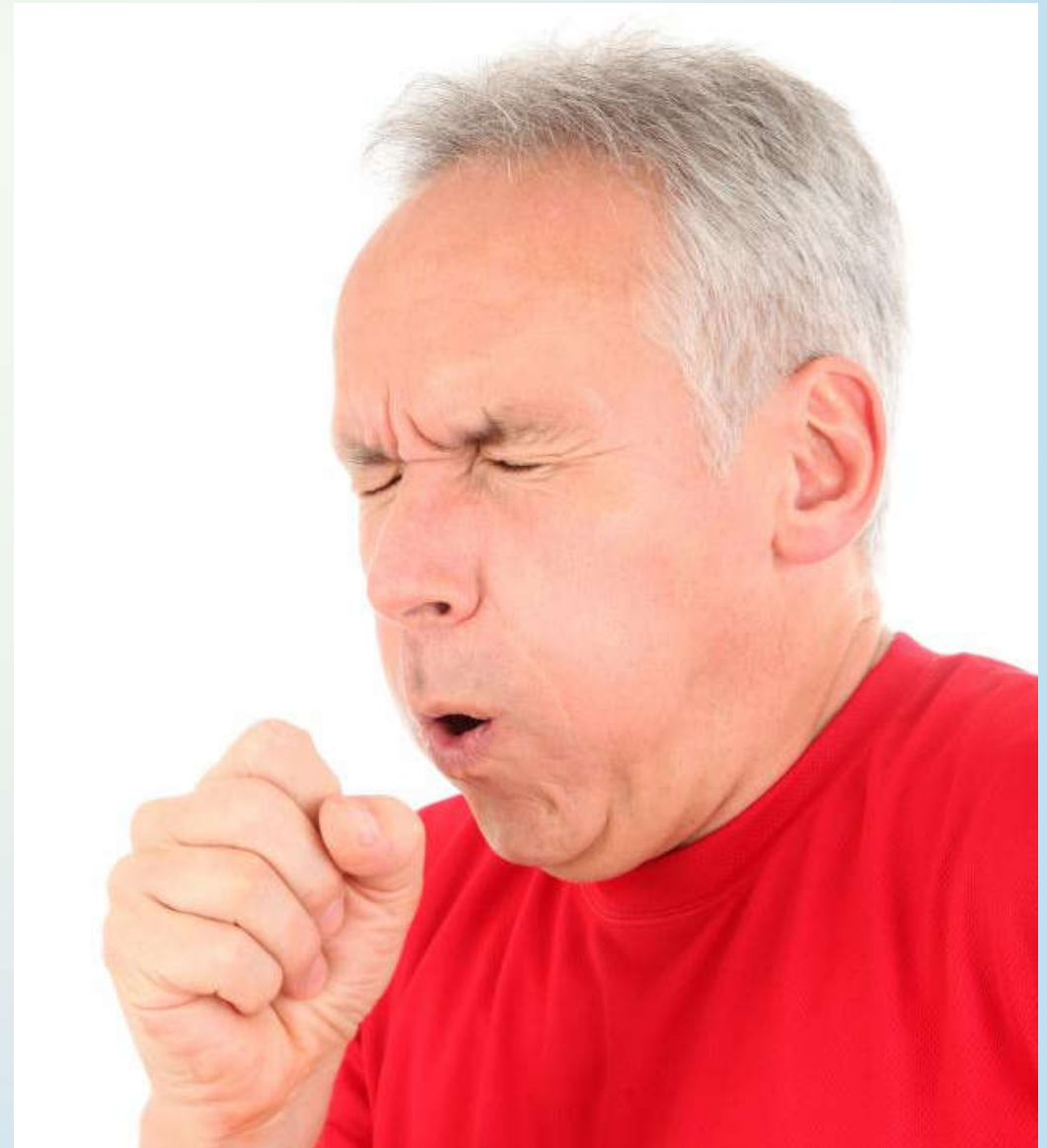
Steps of Evidence-Based Medicine (5A)





Context:

- You are working in the team of taking care of patients with acute care. Your team experience many young adult patients aged 20-40 years with diagnosis of influenza.
- The rate of prescribing **antiviral oseltamivir** is very high despite the cost and side effects of the medication. Many patients without underlying disease asked whether they really require the medication, in terms of duration of symptom
- You were given a task to make the decision.





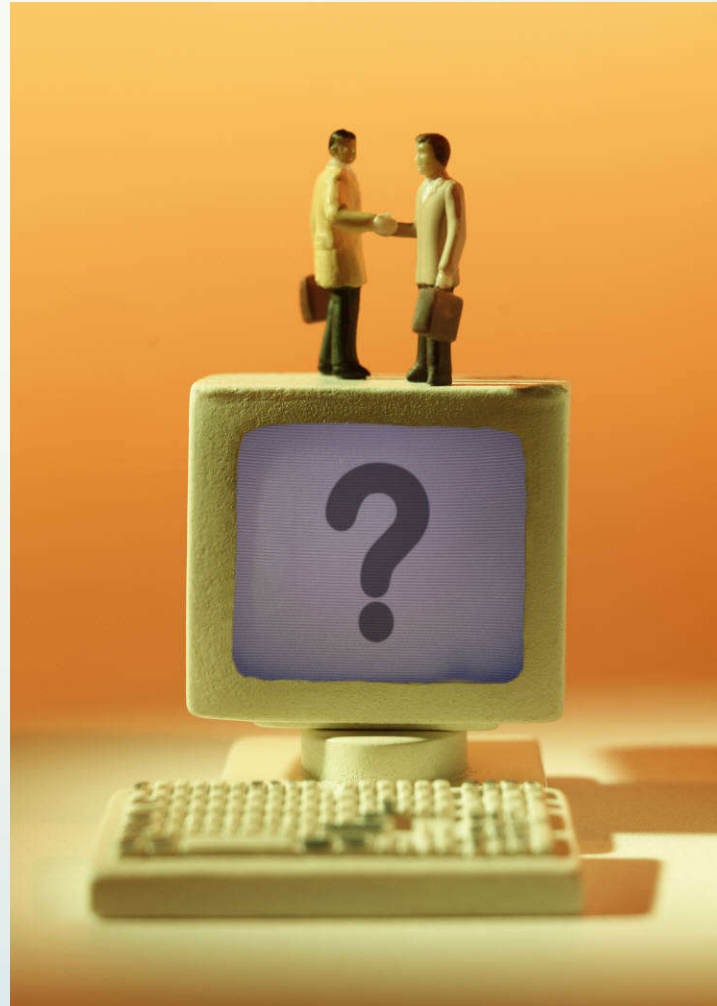
PICO

- P
- I
- C
- O





Information sources





Information sources

- Secondary sources
- Primary sources





Information sources

Systems

Synopses

Summaries

Primary
Studies





• System

- Regularly updated evidence
- Sometimes with guidance/recommendations

- ACP Smart Medicine (Previously called PIER)
<http://smartmedicine.acponline.org>
- UpToDate
<http://www.uptodate.com>
- BMJ Clinical Evidence
<http://www.clinicalevidence.com>





UpToDate

<http://library.ra.mahidol.ac.th/utd/>

The screenshot shows the UpToDate website interface. At the top, there is a navigation bar with the UpToDate logo on the left and links for 'Languages' and 'Help' on the right. Below this, a welcome message reads 'Welcome, Ramathibodi Hospital' with a 'Log In / Register' link. A secondary navigation bar contains links for 'Contents', 'Patient Info', 'What's New', 'PCUs', 'Calculators', and 'Drug Interactions'. The main content area features a 'New Search:' section with a search input field, a dropdown menu set to 'All Topics', and a search button. Below the search section is a promotional banner for the UpToDate mobile app, showing images of a smartphone and a tablet, with the text 'Want the UpToDate mobile app? Register Now'. At the bottom, a light blue box contains the text: 'The following topics on Ebola virus disease are freely available to the public and will be updated as new information is reviewed:' followed by a bulleted list of three links: 'Epidemiology, pathogenesis, and clinical manifestations of Ebola and Marburg virus disease', 'Diagnosis and treatment of Ebola and Marburg virus disease', and 'Patient information: Ebola (The Basics)'.



www.uptodate.com/contents/acupuncture?source=machineLearning&search=acupuncture+and+migraine&selectedTitle=1~150&

UpToDate®

Welcome, Ramathibodi Hospital | Log In / Register

acupuncture and migraine

Acupuncture

Topic Outline

- SUMMARY & RECOMMENDATIONS
- INTRODUCTION
- HISTORY
 - China
 - Asia and Europe
 - United States
- BASIC THEORY
- ACUPUNCTURE ENCOUNTER
- PROPOSED MECHANISMS OF ACTION
 - Endorphins
 - Functional MRI
 - Connective Tissue
- CLINICAL APPLICATION
 - Proposed indications
 - Adverse events
 - Precautions
 - Referral
 - US insurance coverage
- CLINICAL EVIDENCE
 - Difficulties in research
 - High-quality trials
 - Low back pain
 - Knee osteoarthritis

Acupuncture

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All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Oct 2014. | **This topic last updated:** Oct 03, 2014.

INTRODUCTION — The word “acupuncture” is derived from the Latin words “acus” (needle) and “punctura” (penetration). Acupuncture originated in China approximately 2000 years ago and is one of the oldest medical procedures in the world.

Over its long history and dissemination, acupuncture has diversified and encompasses a large array of styles and techniques. Common styles include Traditional Chinese, Japanese, Korean, Vietnamese, and French acupuncture, as well as specialized forms such as hand, auricular, and scalp acupuncture.

Acupuncture also refers to a family of procedures used to stimulate anatomical points. Aside from needles, acupuncturists can incorporate manual pressure, electrical stimulation, magnets, low-power lasers, heat, and ultrasound.

Despite this diversity, the techniques most frequently used and studied are manual manipulation and/or electrical stimulation of thin, solid, metallic needles inserted into skin. Except where specifically stated, “acupuncture” in this topic refers to these two most common procedures.

A general discussion of acupuncture is presented here. Additional discussions of acupuncture for rheumatic conditions and for cancer are presented separately. (See [“Complementary and alternative therapies for cancer”, section on ‘Acupuncture and related therapies’.](#))

HISTORY — The precise origin of acupuncture is a source of debate. There is no single archaeological finding that points to a momentary emergence of acupuncture. Rather evidence exists for a variety of potential antecedent practices like bloodletting, tattoos for religious purposes, and use of bones to extract abscess [1].

China — The first written document to record the use of acupuncture is the Nei Jing (Inner Classic of the Yellow Emperor) dated approximately 100 BC. It is a collection

Topic Feedback



• Synopses

- Pre-appraised journals and databases
- ACP Journal club: <http://www.acpjc.com>
- InfoPOEMs: <http://www.infopoems.com>
- EBM Journal (by BMJ): <http://ebm.bmj.com/>





Randomised controlled trial

The therapeutic value of hypertonic saline in acute bronchiolitis remains unclear

10.1136/ebmed-2014-110082

Jay Pershad

Division of Emergency Medicine, Department of Pediatrics, University of Tennessee Health Science Center and Le Bonheur Children's Hospital, Memphis, Tennessee, USA

Correspondence to: Professor Jay Pershad, Division of Pediatric Emergency Medicine, University of Tennessee Health Science Center and Le Bonheur Children's Hospital, 50 N Dunlap, St. Memphis, TN 38103, USA; jay.pershad@mlh.org

Commentary on: Wu S, Baker C, Lang ME, *et al.* Nebulized hypertonic saline for bronchiolitis: a randomized clinical trial. *JAMA Pediatr* 2014;168:657–63 and Florin TA, Shaw KN, Kittick M, *et al.* Nebulized hypertonic saline for bronchiolitis in the emergency department: a randomized clinical trial. *JAMA Pediatr* 2014;168:664–70.

Context

Bronchiolitis is common in children below 2 years of age and is a leading cause of infant hospitalisation, accounting for \$1.73 billion in hospital charges in the USA annually.¹ The putative effect of hypertonic saline (HTS) in bronchiolitis is to absorb mucosal water, hydrate the airway-surface liquid in the bronchioles and enhance mucociliary clearance.² However, the therapeutic value of HTS in acute bronchiolitis remains unclear.

Methods

Both randomised controlled trials (RCTs) were conducted in urban, tertiary level, paediatric emergency departments (ED) in the USA. They excluded children with significant comorbidity, and compared the effect of nebulised 3% HTS with normal saline (NS) controls. Both studies used albuterol, given either just prior to or within 90 min of HTS.

Findings

Florin and colleagues enrolled 31 patients in each group, concluding that improvement in Respiratory Assessment Change Score (RACS; primary outcome) 1 h after intervention was less in the HTS group than the NS group (difference in mean RACS=2.5, 95% CI 0.5 to 4.6). A change in RACS of three points was deemed clinically significant. Wu and colleagues enrolled 231 and 216 patients into the HTS and NS groups, respectively. They concluded that the HTS group had a lower admission rate (28.9% vs 42.6%; OR=0.45, 95% CI 0.28 to 0.86), but did not observe a statistically significant difference in length of stay (LOS) or RACS. In both studies, additional therapies were administered at physician discretion and no significant difference in secondary outcomes (eg, adjunctive therapy with oxygen, use of steroids or adverse events) was noted. Mean duration of illness in each study was 3.4 and 5 days, respectively.

Commentary

These RCTs were well designed, with low overall risk of bias, albeit with some imperfections. Wu and colleagues' study was underpowered to

detect a planned difference of 30% in admission rate or 24 h in LOS. There was no objective severity of illness criteria for inclusion, admission or discharge readiness, making clinician bias a potential issue. Florin and colleagues included a wide severity-of-illness range (Respiratory Distress Assessment Index (RDAI)4–15) and utilised the RACS (calculated using change in RDAI and respiratory rate), as short-term proxy outcome for need for hospitalisation. Their study was not powered for detection of a change in admission rate.

The RDAI has poor discriminative and construct validity in predicting hospitalisation and LOS in bronchiolitis, in part because it does not include respiratory rate or O₂ saturation, both important variables for a clinician to determine disposition.³ Wu and colleagues reaffirm this limitation—although they reported no significant difference in mean pretreatment and post-treatment RDAI scores in the two groups, the difference in admission rate was statistically significant.

The most recent meta-analysis on HTS in bronchiolitis seems promising in terms of LOS reduction for mild-to-moderate disease (mean=1.15 days, 95% CI 1.49 to 0.82). However, the benefit appears to be concentrated in European studies in which mean LOS was relatively long (5–7 days), rendering data less generalisable to US populations where mean LOS is 2–3 days.⁴ This same meta-analysis included four ED-based trials that did not show any significant short-term (30–120 min) improvement in clinical score and oxygen saturation with up to three doses of nebulised 3% saline. Trials published since this meta-analysis have also not demonstrated benefits of using HTS. What we can glean from the literature is that no significant adverse events were noted with use of 3% or higher concentrations of HTS.^{5–9}

Bronchodilators have been used in conjunction with HTS in several trials in an effort to mitigate bronchospasm purportedly related to HTS, even though by themselves they have not been shown to improve outcomes.^{1–4} Indeed, we cannot rule out a possible contribution of HTS effect on increasing albuterol action. It has also been suggested that those with an individual or close family history of atopy may preferentially benefit from β -agonists, with NS or HTS. In an RCT conducted on infants with moderate bronchiolitis in the ED setting, although the combination of salbutamol with HTS did not lead to an improved bronchiolitis severity score, atopic children preferentially benefited from combined salbutamol/NS.⁹

Where does this leave acute care clinicians? There are three questions we need to ask. First, what are the confounding issues in interpreting RCTs of HTS in acute bronchiolitis? There is much heterogeneity with regard to study setting (ED vs inpatient), severity of illness, HTS concentration, adjunctive bronchodilator use, severity of illness scoring systems, frequency of drug administration, co-interventions such as suction or supplemental O₂, and criteria for admission or discharge readiness. Second, what is a measurable, objective and relevant clinical outcome? In a disease expected to last several days, a short-term improvement in clinical score is less important than an impact on admission rate and LOS. Finally, how do clinicians manage acute bronchiolitis when the season changes and we get inundated with patients?

My recommendation—part evidence-based and part experiential—for infants without significant comorbidity is as follows: for mild disease, masterly inactivity with close observation at home is prudent. For patients with severe respiratory distress, dehydration or hypoxaemia, hospitalise and provide necessary supportive care. Infants with moderate disease are the focus of controversy. In general, if symptom duration is 72 h or more, and the infant is feeding well and maintaining adequate oxygenation, doing less may be most effective. Other than nasal suction for the obligatory nose breathers, the additional cost and resources of nebulisation may not be justified. If symptom duration is less than 72 h, with predominant wheeze (rather than rales) and features of atopy, a trial of β -agonist with 3% or 5% HTS may be justified. If there is improvement after 30–60 min,

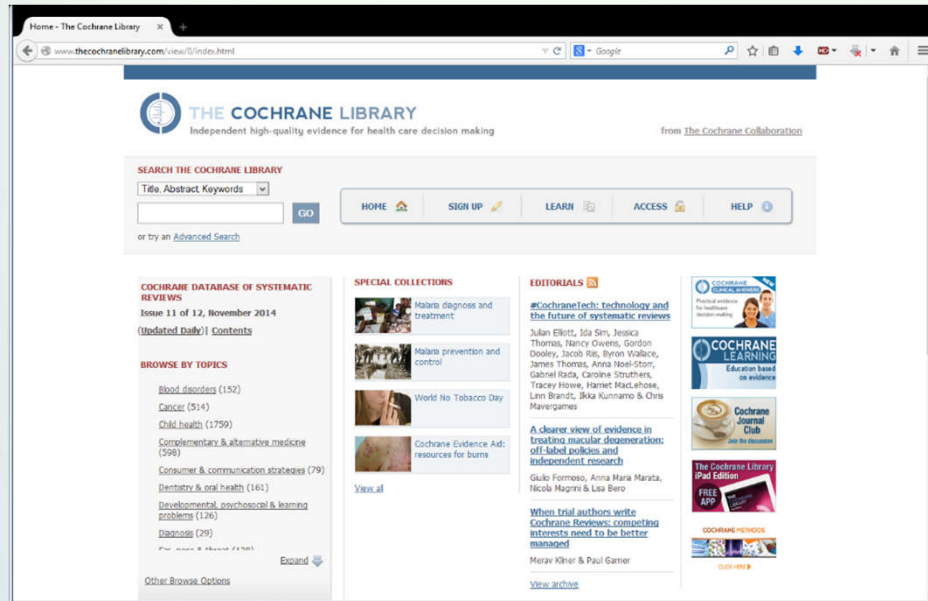


• Summaries

- Systematic reviews that are well conducted
- The Cochrane Library: <http://www.cochrane.org/>
- There are systematic review beside Cochrane groups published in many journals



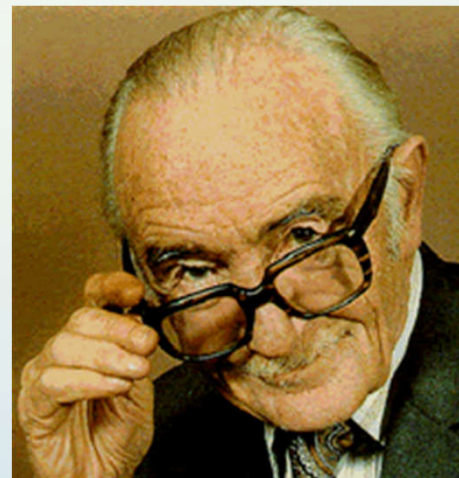
Cochrane Library



- thecochranelibrary.com
- cochrane.org

- The Cochrane Collaboration founded with respect to Archie Cochrane (1909-1988)
- Database of Systematic Review

Professor Archibald Leman Cochrane, CBE
FRCP FFCM, (1909 - 1988)
From "Cardiff University Library, Cochrane
Archive, University Hospital Llandough".





Home > Evidence Based Medicine > Evidence-Based Health Care > The Cochrane Library > Abstract

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Intervention Review

Endoscopic pneumatic dilation versus botulinum toxin injection in the management of primary achalasia

Jan E Leyden^{1,*}, Alan C Moss², Padraic MacMathuna³ Database Title [The Cochrane Library](#)

Editorial Group: [Cochrane Upper Gastrointestinal and Pancreatic Diseases Group](#)

Published Online: 18 OCT 2006

Assessed as up-to-date: 31 DEC 2008

DOI: 10.1002/14651858.CD005046.pub2

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Abstract

Jump to...

Background

Achalasia is an oesophageal motility disorder, of unknown cause, which results in increased lower oesophageal sphincter (LOS) tone and symptoms of difficulty swallowing. Treatments are aimed at reducing the LOS tone. Current endoscopic therapeutic options include pneumatic dilation (PD) or botulinum toxin injection (BTX).

Objectives

The objective of this review was to compare the efficacy and safety of two endoscopic treatments, pneumatic dilatation and intrasphincteric botulinum toxin injection, in the treatment of oesophageal achalasia.

Search methods

Trials were identified by searching MEDLINE 1966 to August 2008, EMBASE 1980 to September 2008, ISI Web of Science 1955 to September 2008, The Cochrane Library Issue 3, 2008. Searches in all databases were conducted in October 2005 and updated in September 2008. The Cochrane Highly Sensitive Search Strategy for identifying randomized trials in MEDLINE, sensitivity maximising version, Ovid format, was combined with specific search terms to identify randomized controlled trials in MEDLINE. The MEDLINE search strategy was adapted for use in the other databases searched.

Selection criteria





- Studies

- Database of original primary studies (Primary sources)
- Medline, Embase, CINAHL, Psychinfo, Sciencedirect, etc.
- These databases collect mostly archives of Journal articles in computerized searchable format





Which information sources?

Selection is based on:

- Soundness of Evidence-based approach
- Comprehensiveness and specificity
- Ease of use
- Availability





Ovid

Ovid: Search Form

ovidsp.tx.ovid.com/sp-3.5.1a/ovidweb.cgi?QS2=434f4e1a73d37e8c54ea12160ae198c55f9e7bd8bd98f60d8443b68a102b7eb3z

Wolters Kluwer Health | OvidSP

My Account | My PayPerView | Support & Training | Help | Logoff

Search Journals Books My Workspace Primal Pictures Clin-eGuide

Select Resource(s) to search:

All Resources New Group Delete

- All
- [Books@Ovid](#) July 06, 2012
- [Journals@Ovid Full Text](#) July 06, 2012
- [Mahidol University Journals@Ovid](#)
- [EBM Reviews - ACP Journal Club](#) 1991 to June 2012
- [EBM Reviews - Cochrane Central Register of Controlled Trials](#) June 2012
- [EBM Reviews - Cochrane Database of Systematic Reviews](#) 2005 to June 2012
- [EBM Reviews - Cochrane Methodology Register](#) 2nd Quarter 2012
- [EBM Reviews - Database of Abstracts of Reviews of Effects](#) 2nd Quarter 2012
- [EBM Reviews - Health Technology Assessment](#) 2nd Quarter 2012
- [EBM Reviews - NHS Economic Evaluation Database](#) 2nd Quarter 2012
- [EBM Reviews Full Text - Cochrane DSR, ACP Journal Club, and DARE](#)
- [All EBM Reviews - Cochrane DSR, ACP Journal Club, DARE, CCTR, CMR, HTA, and NHSEED](#)
- [Ovid Medline](#) 1946 to Present

Select Resource(s)

<http://gateway.ovid.com>



SCOPUS

The screenshot displays the Scopus search interface. At the top, the URL is www.scopus.com/results/results.url?sort=plf-f&src=s&st1=herpes+zoster+oticus&sid=JyD-hM4iO-lvL3p2OdhWnbZ%3a30&so. The search query is "TITLE-ABS-KEY(herpes zoster oticus)", resulting in 1,393 web documents. The interface includes navigation links like "Search", "Sources", "Analytics", and "Alerts".

Document results: 819 | Show all abstracts | Go to page: 1 of 41 | Go | Next >

With selected: Download | Export | Print | Email | Create bibliography | Add to My List | View citation overview | View Cited by | View references | Sort by: Date (Newest)

	Document title	Author(s)	Date	Source title	Cited by
1	Successful response of non-recovering Ramsay Hunt syndrome to intravenous high dose methylprednisolone	Donati, D., De Santi, L., Ginanneschi, F., Cerase, A., Annunziata, P.	2012	<i>Journal of the Neurological Sciences</i> 318 (1-2), pp. 160-162	0
View at publisher Show abstract Related documents					
2	Herpes zoster oticus: A clinical model for a transynaptic, reflex pathways, viral transmission hypotheses	Alicandri-Ciuffelli, M., Aggazzotti-Cavazza, E., Genovese, E., Monzani, D., Presutti, L.	2012	<i>Neuroscience Research</i> Article in Press	0
View at publisher Show abstract					
3	Herpes zoster oticus (Ramsay Hunt syndrome) in children: Case report and literature review	Kansu, L., Yilmaz, I.	2012	<i>International Journal of Pediatric Otorhinolaryngology</i> 76 (6), pp. 772-776	0
View at publisher Show abstract Related documents					
4	Safety of zoster vaccine in adults from a large managed-care cohort: A Vaccine Safety Datalink study	Tseng, H.F., Liu, A., Sy, L., Marcy, S.M., Fireman, B., Weintraub, E., Baggs, J., (...), Jacobsen, S.J.	2012	<i>Journal of Internal Medicine</i> 271 (5), pp. 510-520	1

<http://www.scopus.com>



Search Engines & Database

- Database

- MEDLINE
- EMBASE
- CINAHL
- SCOPUS
- Cochrane
- Trip
- ...

- Search Engines

- PubMed
- Ovid
- SCOPUS
- Cochrane
- Google Scholar
- ...





Search Engine and Database

Search Engine	Database(s)
PubMed	MEDLINE
Ovid	MEDLINE, EMBASE, ...
Scopus	SCOPUS





Unpublished sources may also be identified

Journal Articles Databases

- MEDLINE
- EMBASE
- SCOPUS
- Cochrane databases
- DARE (Database of Abstracts of Reviews of Effects)
- Web of Science
- CINAHL
- PsycINFO
- Etc.

Grey Literature

- Organization reports
- Governmental reports
- Conference Proceedings
- Dissertation & Theses
- Web





Primary Databases Searching Techniques





Defining question

- Based on PICO format
- P = Patient
- I = Intervention
- C = Comparison
- O = Outcome
- For comprehensive search, you should think of synonyms of terms
- If possible, search for “keyword term” in the database





Defining Terms

- Write terms in a post it and show how you can combine the terms





Keyword term

- Many databases have “keyword” features
- Example: Medical subject heading (MESH) in Medline (Pubmed), Emtree in Embase
- Keyword terms are chosen to group similar synonyms together in a single entry
- Search using keyword terms will yield closer match to your question
- However, for comprehensive searching (e.g. in Systematic Review), you’ll need to use both keyword term and normal text (text word)





Combination of Search Terms

- Use “AND” between domains (P/I/C/O)
- Use “OR” inside domains for similar terms or terms that have several synonyms





Group Your Question into Terms

- Terms #1

- Keyword term
- Text words

Influenza

“Influenza, Human”

“Influenza”, ...

- Terms #2

- Keyword term
- Text words

Antiviral

“Antiviral agents”

“Antivirus”, “Antiviral drug”,

“oseltamivir”, “neuraminidase inhibitors,...



P

AND

Influenza, Human (Keyword)

Influenza

I

AND

Antiviral agent (Keyword)

Antiviral

(Name of drug)

Oseltamivir (Keyword)

Oseltamivir

C

AND

Placebo

O

Recovery Rate

Sick leave



Very sensitive query

P

I

Query Number	Search Query	Number of Results
1	Facial nerve.mp. or exp Facial Nerve/	13645
2	Paralysis.mp. or exp Paralysis/	73267
3	1 and 2	4306
4	Facial Nerve Paraly\$.mp.	727
5	exp Facial Paralysis/	8942
6	Fac\$ Paraly\$.mp.	9465
7	Idiopath\$.mp.	64950
8	(3 or 4 or 5 or 6) and 7	430
9	Palsy.mp. or exp Palsy/	475
10	\$ Pals\$.mp.	1619
11	8 or 9 or 10	1828
12	Antiviral Agents.mp. or exp Antiviral Agents/	216400
13	Antivir\$.mp.	59495
14	Ac?clovir.mp. or exp Acyclovir/	11784
15	Valac?clovir.mp.	758
16	11 and (12 or 13 or 14 or 15)	149
17	limit 16 to randomized controlled trial	9





Keyword system

Database	Keyword system
MEDLINE	MeSH
EMBASE	EMTREE
CINAHL	CINAHL Headings
Cochrane Library	MESH
PsycINFO	Thesaurus of Psychological Index Terms
SCOPUS	N/A
Web of Science	N/A





PubMed Searching





PubMed

- Free search engine
- Comprises of MEDLINE database
- Maintain by US National Library of Medicine, National Institutes of Health
- First released in 1996
- Accessed from “<http://www.pubmed.gov>”





MEDLINE

- 1946 to present material
- 5,600 journals in 39 languages
- 2,000 - 4,000 references added each day
- Biomedicine and health





Frequently Used Functions in PubMed

1. MESH
2. Search Operators
3. Limits
4. Clipboard
5. Save searches
6. Advanced search
7. Citation matcher
8. Clinical Queries
9. Retrieval of full text paper





MESH

- Medical Subject Heading
- “Tag” of subject in database





Search Operators

- Combining search terms
 - AND
 - OR
 - NOT
 - ()





Limits

- Filter unwanted results
 - Age: infants, adults, ...
 - Article types: original studies, RCTs, Meta-analysis, ...
 - Article language
 - Human/animal
 - Recently published

Firefox

"Bell Palsy"[Mesh] - PubMed - NCBI

www.ncbi.nlm.nih.gov/pubmed

NCBI Resources How To

PubMed.gov PubMed "Bell Palsy"[Mesh]

US National Library of Medicine National Institutes of Health

Display Settings: Summary, 20 per page, Sorted by Recently Added

Results: 1 to 20 of 37

Filters activated: Randomized Controlled Trial, Adult: 19+ years

Article types

- ✓ Randomized Controlled Trial

Text availability

- Abstract available
- Free full text available
- Full text available

Publication dates

- 5 years
- 10 years
- Custom range...

Species

- Humans

Ages

- Child: birth-18 years
- ✓ Adult: 19+ years
- Adult: 19-44 years
- Aged: 65+ years
- more ...

1. [Bell's palsy - the effect of prednisolone and/or valaciclovir versus placebo in a randomised controlled trial.](#)
Axelsson S, Berg T, Jonsson L, Engström M, Kanerva M, Stjernquist-D...
Clin Otolaryngol. 2012 Aug;37(4):283-90. doi: 10.1111/j.1749-4486.2012.02526.x.
PMID: 22776019 [PubMed - indexed for MEDLINE]
[Related citations](#)

2. [The effect of prednisolone on sequelae in Bell's palsy.](#)
Berg T, Bylund N, Marsk E, Jonsson L, Kanerva M, Hultcrantz M, Engst...
Arch Otolaryngol Head Neck Surg. 2012 May;138(5):445-9. doi: 10.1001/archoto.2...
PMID: 22652942 [PubMed - indexed for MEDLINE]
[Related citations](#)

3. [Prediction of nonrecovery in Bell's palsy using Sunnybrook grading.](#)
Marsk E, Bylund N, Jonsson L, Hammarstedt L, Engström M, Hadziostri...
Laryngoscope. 2012 Apr;122(4):901-6. doi: 10.1002/lary.23210. Epub 2012 Feb 2...
PMID: 22374870 [PubMed - indexed for MEDLINE]
[Related citations](#)

4. [Comparative study between combination of famciclovir and prednisolone in acute Bell's palsy.](#)
Shahidullah M, Haque A, Islam MR, Rizvi AN, Sultana N, Mia BA, Husse...
Mymensingh Med J. 2011 Oct;20(4):605-13.
PMID: 22081178 [PubMed - indexed for MEDLINE]
[Related citations](#)

5. [Prednisolone and acupuncture in Bell's palsy: study protocol for a ran...](#)
Xia F, Han J, Liu X, Wang J, Jiang Z, Wang K, Wu S, Zhao G.
Trials. 2011 Jun 21;12:158. doi: 10.1186/1745-6215-12-158.
PMID: 21693007 [PubMed - indexed for MEDLINE] [Free PMC Article](#)
[Related citations](#)



Clipboard

Clipboard: 1 item
Filters: [Manage Filters](#)

Find related data
Database: [Select](#)
[Find items](#)

Search details
"Bell Palsy"[Mesh] AND (Randomized Controlled Trial[ptyp] AND "adult"[MeSH Terms])
[Search](#) [See more...](#)

Recent activity
[Turn Off](#) [Clear](#)

- Q "Bell Palsy"[Mesh] AND (Randomized Controlled Trial[ptyp] AND adu... (37) PubMed
- Q "Bell Palsy"[Mesh] AND (adult[MeSH]) (352) PubMed
- Q bell palsy AND (adult[MeSH]) (425) PubMed
- Q Treatment of facial vascular malformations with embolisation and surgical resect. PubMed
- Q ("Hemangioma"[Mesh]) AND "Face"[Mesh] AND (adult[MeSH]) (297) PubMed

- Stored items for later review
- Max 500 items
- 8 hours before deleted
- Send to 'collection' instead if you want to permanently stored
- (Need *My NCBI account*)



Saved search

- Save for later updates
- Useful when you're doing systematic review
- Can also automatically e-mail updates

The screenshot shows a Firefox browser window displaying the PubMed website. The search term "Bell Palsy" is entered in the search bar, and the "Save search" button is highlighted with a yellow dashed box. The page shows search results for "Bell Palsy" with 637 results. The first result is highlighted, and the "Filter your results" section is visible on the right.

Firefox

"Bell Palsy"[MeSH] - PubMed - NCBI

www.ncbi.nlm.nih.gov/pubmed/?term="Bell+Palsy"[MeSH]

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All (637) Clinical Trial (57) Meta-analysis (16) Published in the last 5 years (244) Randomized Controlled Trial (40) Review (112)



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