Cochrane Library

碩睿資訊 Shou Ray Information Service
教育訓練講師
202309

Trusted evidence.
Informed decisions.
Better health.

Cochrane Library

大綱

- 資料庫簡介
- 進階檢索搭配PICO問題架構，快速一把抓
- 利用MeSH Term檢索，聰明不遺漏
- 利用Search Manager，策略化檢索
- 利用PICO檢索，精準化查找
- 註冊個人帳號，善用個人化功能
- 實證醫學資源

Cochrane Library

資料庫簡介

為什麼需要 Cochrane Library?

持續 知識需求	**「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	醫學界重要的出版品一致推崇 Cochrane Review 是目前**最具參考價值的系統評論(Gold Standard)** THE LANCET　NEJM　thebmj　JAMA The Journal of the American Medical Association

Cochrane Library

“

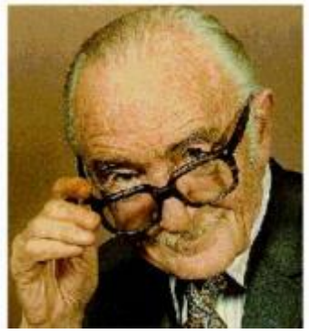
The Cochrane Collaboration is an enterprise that rivals the **Human Genome Project** in its potential implications for modern medicine.

”

Lancet editorial, 1995

「**Cochrane合作組織**在對現代醫學的潛在影響可與**人類基因組計劃**媲美」

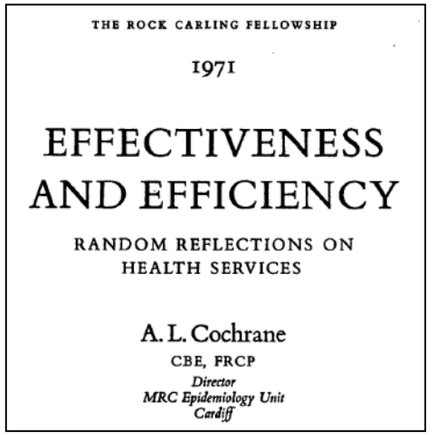
資料庫背景



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



THE ROCK CARLING FELLOWSHIP

1971

EFFECTIVENESS AND EFFICIENCY

RANDOM REFLECTIONS ON HEALTH SERVICES

A. L. Cochrane
CBE, FRCP
Director
MRC Epidemiology Unit
Cardiff

1992

EBM Gordon

Cochrane Collaboration @England

2015

更名為
The Cochrane

Cochrane Taiwan 成立
@TMU

目標
成為全球健康決策的證據核心

Cochrane Library

EBM

實證醫學

Evidence-Based Medicine

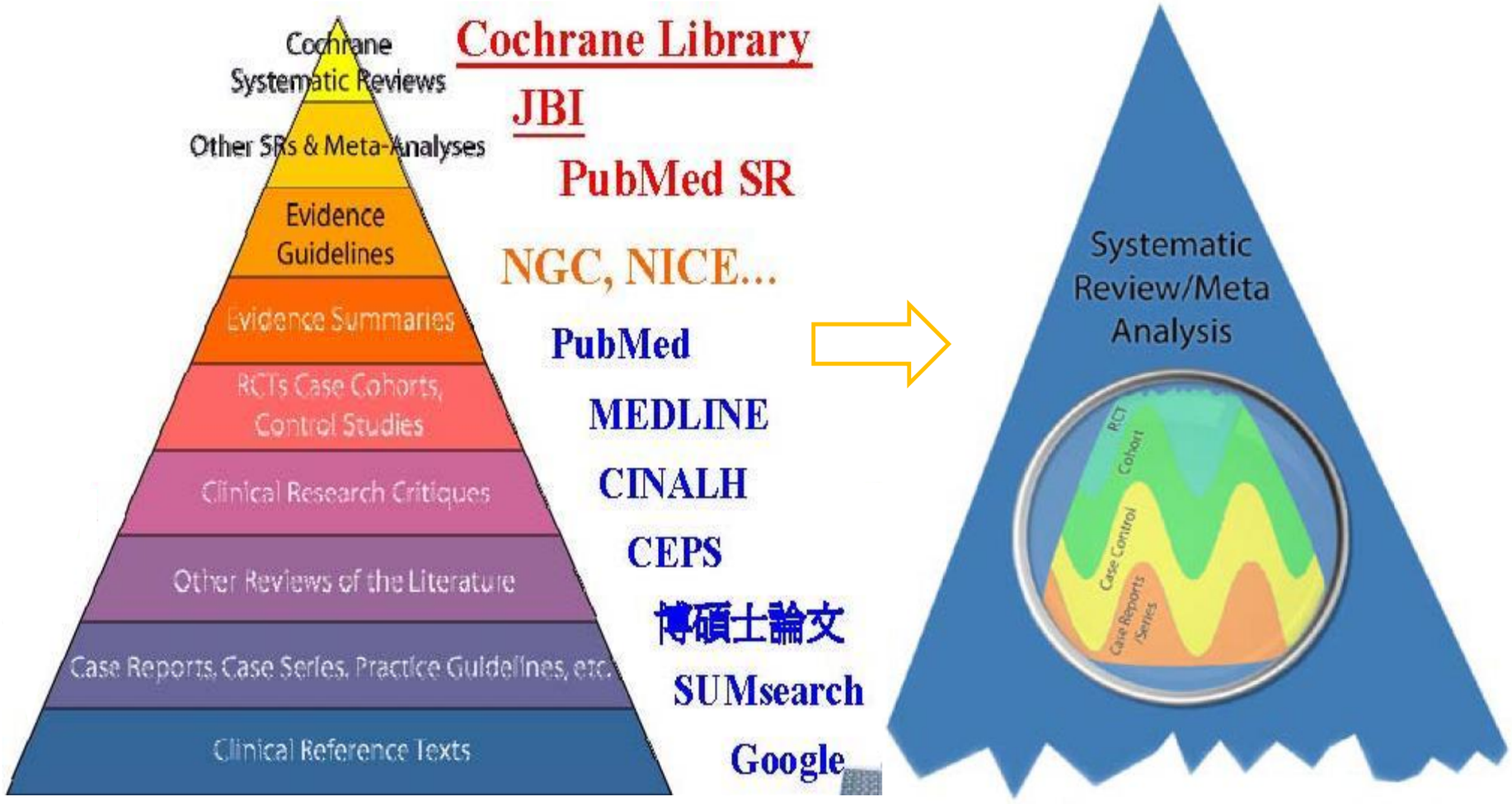
謹慎地、明確地、小心地採用

目前最佳的證據

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)



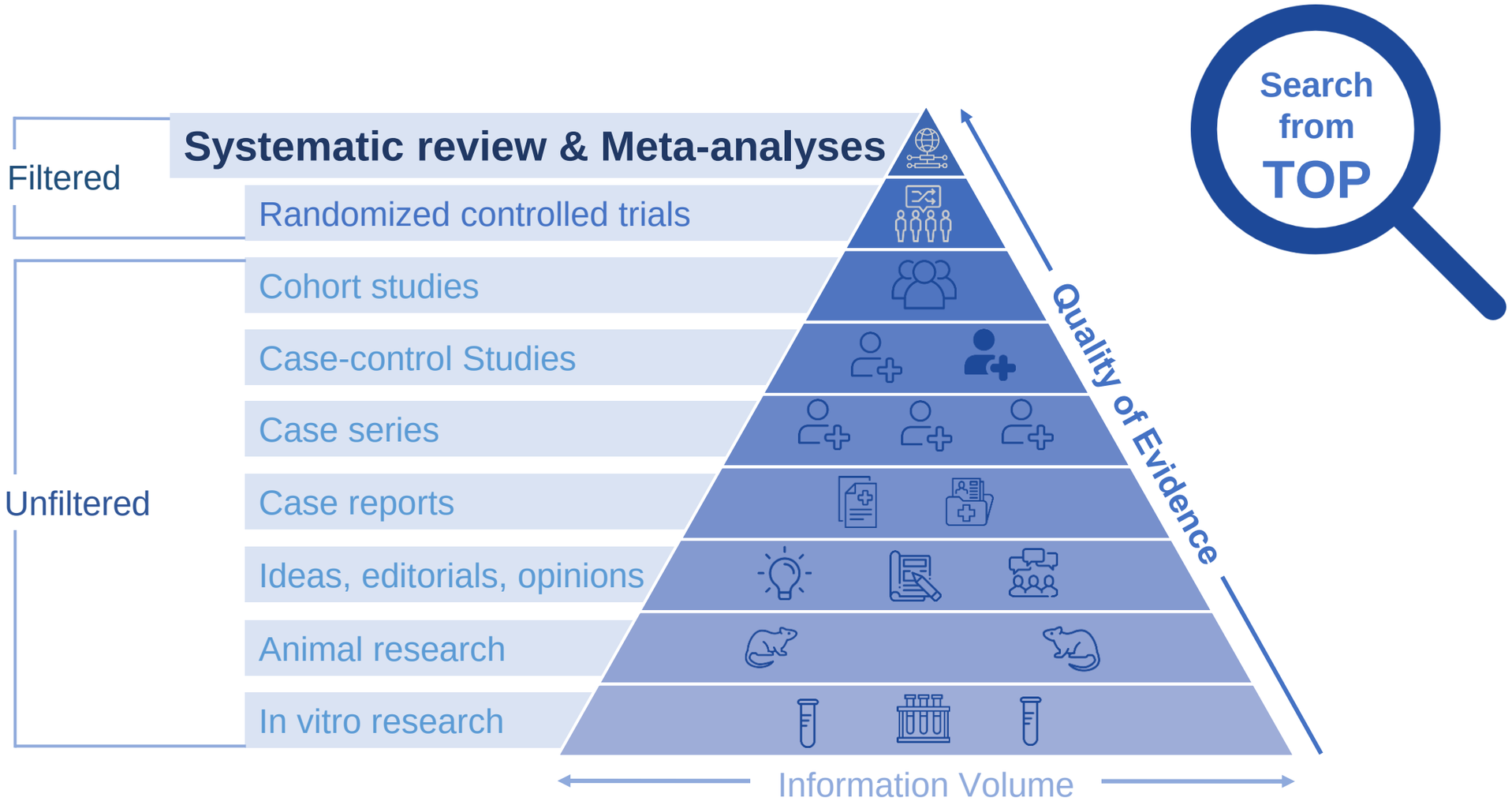
臨床對照試驗

收集安全性
有效性資料
↓
評斷新方法

系統性文獻回顧

整合
臨床試驗
↓
綜合判斷

Evidence Pyramid



Cochrane 評論小組 (CRG)

- CDSR 中的 Cochrane 評論由在其中一個Cochrane 評論小組註冊標題的作者編寫。每個 Cochrane 評論小組都專注於一個特定的主題領域，由一名統籌編輯(Co-ordinating Editor)和一個編輯團隊帶領，其中包括一名執行編輯和一名訊息專家。Cochrane 評論小組為作者提供方法和編輯支持，以準備 Cochrane 評論，並管理包括同行評審的編輯過程。
- 所有協調編輯和其他 Cochrane 評論小組的工作人員和編輯均已聲明存在利益衝突。

收錄三個資料庫

收錄資料庫	特色
Cochrane Database of Systematic Reviews (Cochrane Reviews)	依據現有最佳證據評斷特定臨床健康照護問題介入方式之療效，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)	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

Cochrane Database of Systematic Reviews (CDSR)

- Cochrane 系統評論資料庫 (CDSR) 是**醫療保健**和**衛生政策研究系統評論**的主要資源。
- 包括由 **Cochrane 評論小組**準備的所有 Cochrane Review、Protocol、社論和增刊。
- CDSR 整個月都在構建，新的和更新的 Review 和 Protocol 會不斷發布。

Cochrane Library

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

2022 JOURNAL IMPACT FACTOR

8.4

View calculation

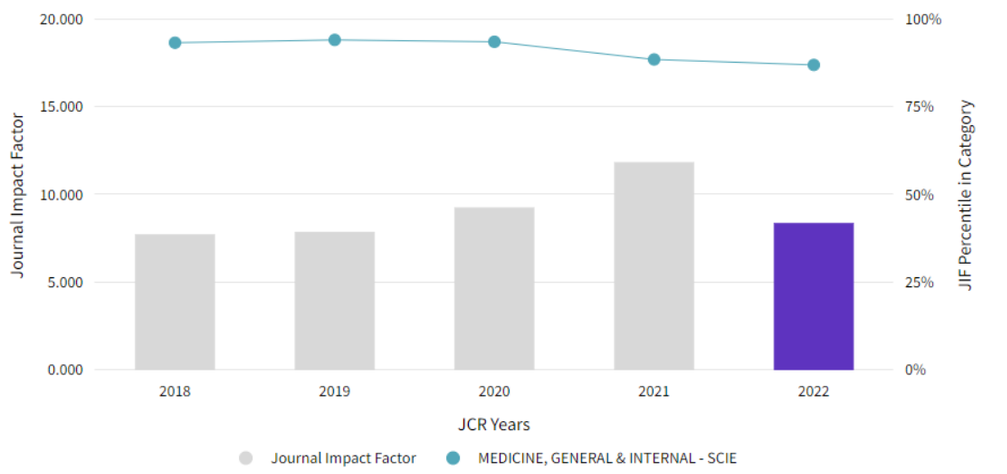
JOURNAL IMPACT FACTOR WITHOUT SELF CITATIONS

8.2

View calculation

Journal Impact Factor Trend 2022

Export



2022 JOURNAL IMPACT FACTOR

8.4

View calculation

EDITION

Science Citation Index Expanded (SCIE)

CATEGORY

MEDICINE, GENERAL & INTERNAL

22/167

JCR YEAR	JIF RANK	JIF QUARTILE	JIF PERCENTILE
2022	22/167	Q1	87.1
2021	20/172	Q1	88.66
2020	11/167	Q1	93.71
2019	10/165	Q1	94.24
2018	11/160	Q1	93.44

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**

Cochrane Review 類型

Review 類型	說明
Intervention	評估治療、疫苗、設備、預防措施、程序或政策的有效性/安全性。
Diagnostic test accuracy	評估測試、設備或量表的準確性以幫助診斷。
Prognosis	描述和預測患有疾病或健康狀況的個體的病程。
Qualitative evidence syntheses	綜合質性的證據來解決有效以外的介入問題。
Methodology	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。
Overviews of reviews	綜合了來自相關研究問題的多個系統性評論的信息。
Rapid reviews	通過簡化或省略特定方法加速的系統審查。
Prototype	包括尚未在 Cochrane 中建立標準方法的其他類型的系統評價， 例如範圍界定評價、混合方法評價、流行性研究評價和現實主義評價。

Cochrane Central Register of Controlled Trials (CENTRAL)

- Cochrane 對照試驗中心註冊庫 (CENTRAL) 是高度集中的**隨機和準隨機對照試驗報告來源**。
- 大多數 CENTRAL 記錄取自 **PubMed** 和 **Embase.com** 書目資料庫，但記錄也來自其他已發表和未發表的來源，包括 **CINAHL**、**ClinicalTrials.gov** 和 **WHO 國際臨床試驗註冊平台**。

Cochrane Clinical Answers (CCAs)

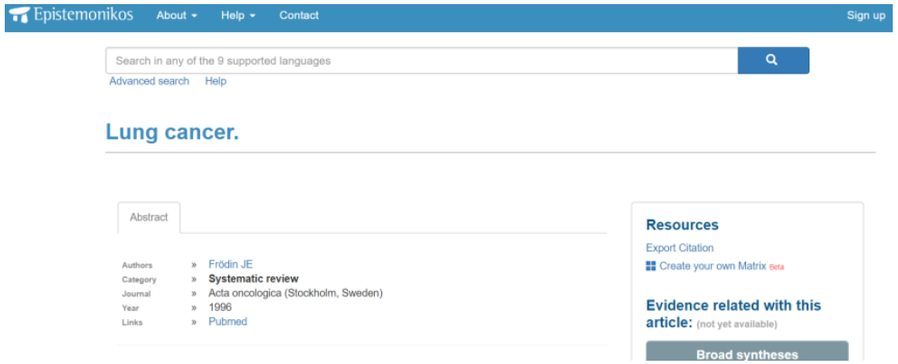
- 為 Cochrane 評論中的嚴謹研究提供了一個可讀、易消化、以臨床為中心的切入點，旨在具有可操作性並為即時決策提供資訊。
- 每個 CCA 都包含**一個臨床問題、一個簡短答案和來自 Cochrane 評論的結果數據**，這些數據與醫事專業人員最相關。
- 證據內容包括了敘述、數據和圖形鏈接，以清楚易明的表格呈現。

聯合檢索資料庫

資料庫	特色
Epistemonikos	**世界最大的健康決策相關的系統性評論來源**，使用全面和系統的方法，由人工智能提供支持，並由專家策劃和註釋
Health Systems Evidence	不斷更新的**綜合研究證據資料庫**，匯集了有關衛生系統內的治理、財務和遞送安排，以及支持衛生系統變革的實施策略的研究證據
Social Systems Evidence	世界上最全面、持續更新的**綜合研究證據資料庫**，匯集了廣泛的政府部門和項目領域中可用的項目、服務和產品的研究證據

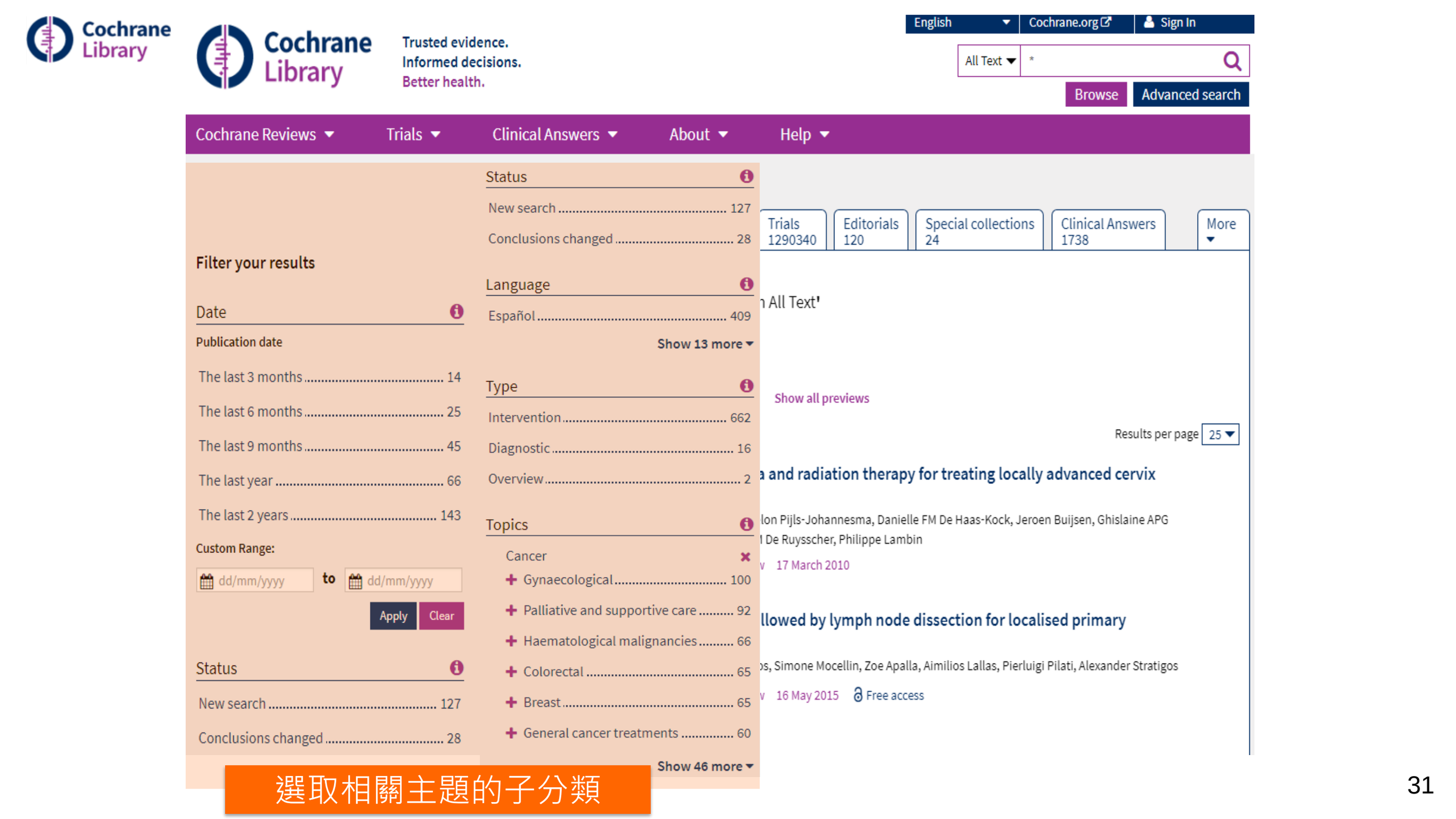
Other Reviews

- 綜合最佳健康照護基礎證據、資訊科技和專家網絡為臨床決策或健康政策問題提供特別的工具。Cochrane使用者可連接Epistemonikos看到系統性回顧。



Cochrane Library 主頁面 設定與特色瀏覽

Cochrane Library 主頁面 分類瀏覽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Clinical Answers
About
Help
Filter your results
Date
Publication date
The last 3 months 14
The last 6 months 25
The last 9 months 45
The last year 66
The last 2 years 143
Custom Range:
dd/mm/yyyy
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Apply
Clear
Status
New search 127
Conclusions changed 28
Status
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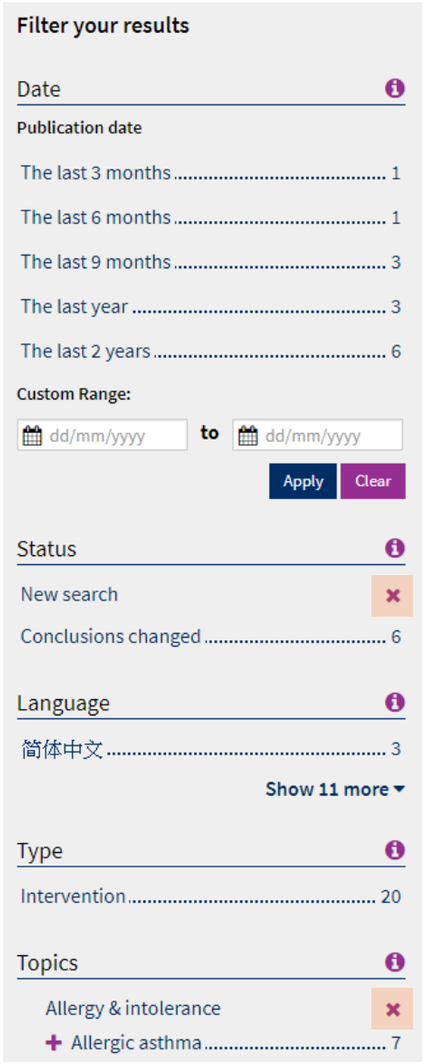
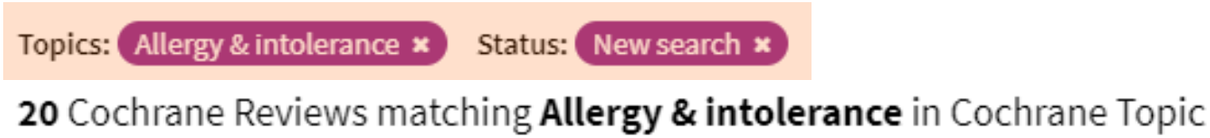
Conclusions changed 28
Language
Español 409
Show 13 more
Type
Intervention 662
Diagnostic 16
Overview 2
Topics
Cancer
Gynaecological 100
Palliative and supportive care 92
Haematological malignancies 66
Colorectal 65
Breast 65
General cancer treatments 60
Show 46 more
Trials 1290340
Editorials 120
Special collections 24
Clinical Answers 1738
More
n All Text'
Show all previews
Results per page 25
a and radiation therapy for treating locally advanced cervix
lon Pijls-Johannesma, Danielle FM De Haas-Kock, Jeroen Buijsen, Ghislaine APG
I De Ruysscher, Philippe Lambin
v 17 March 2010
llowed by lymph node dissection for localised primary
os, Simone Mocellin, Zoe Apalla, Aimilios Lallas, Pierluigi Pilati, Alexander Stratigos
v 16 May 2015
Free access
選取相關主題的子分類

瀏覽方式





- 瀏覽是藉由各種條件以限縮資料的流程
  - 在左方限縮條件點選一個選項就會在上方出現一個過濾器，可點按 x 自行移除

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實證醫學檢索

Cochrane Library

5As Standard EBM Steps in EBM process

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

Cochrane Library

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

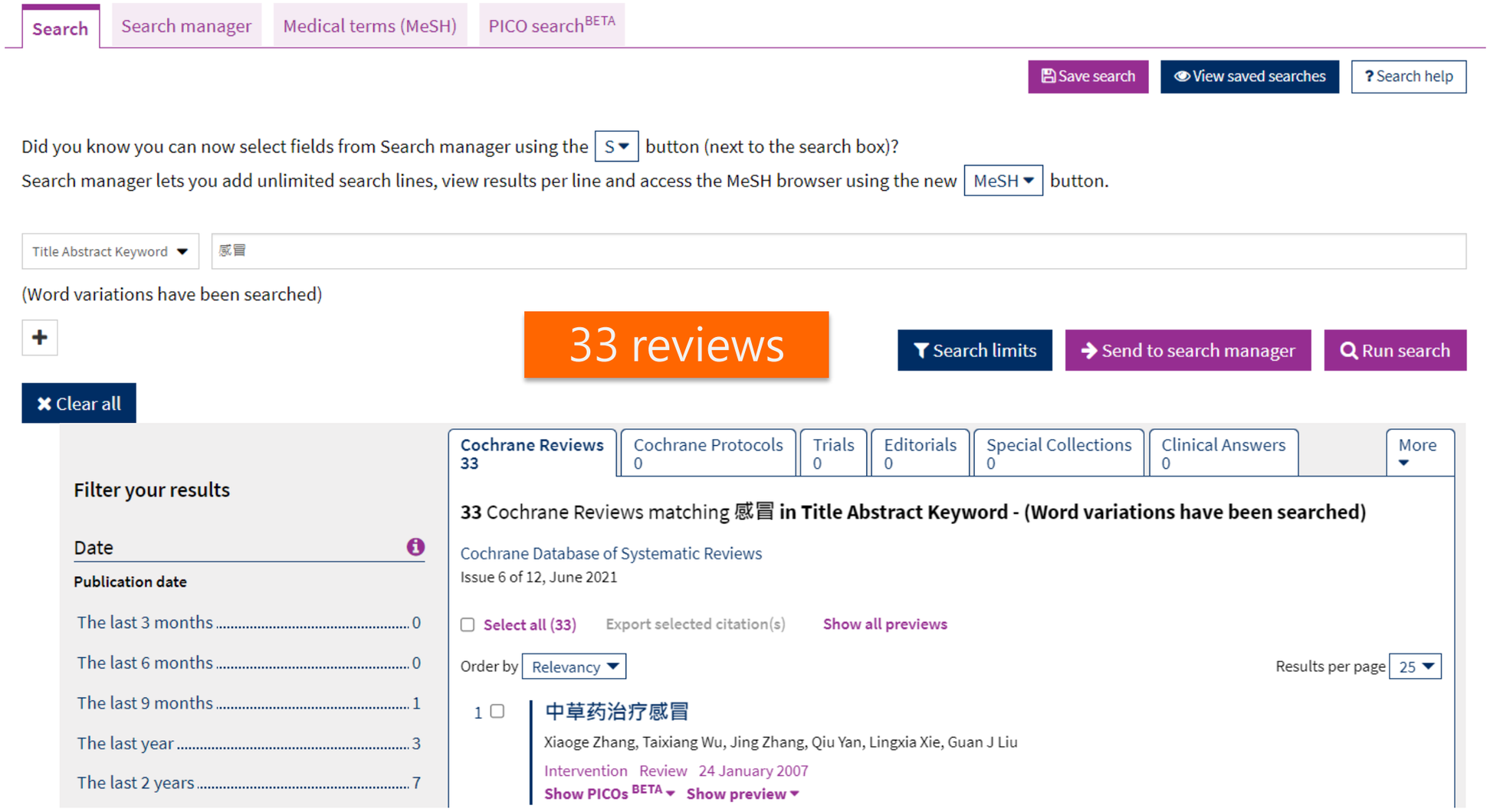
結果

想達成或避免什麼結果

簡易検索

Cochrane Library

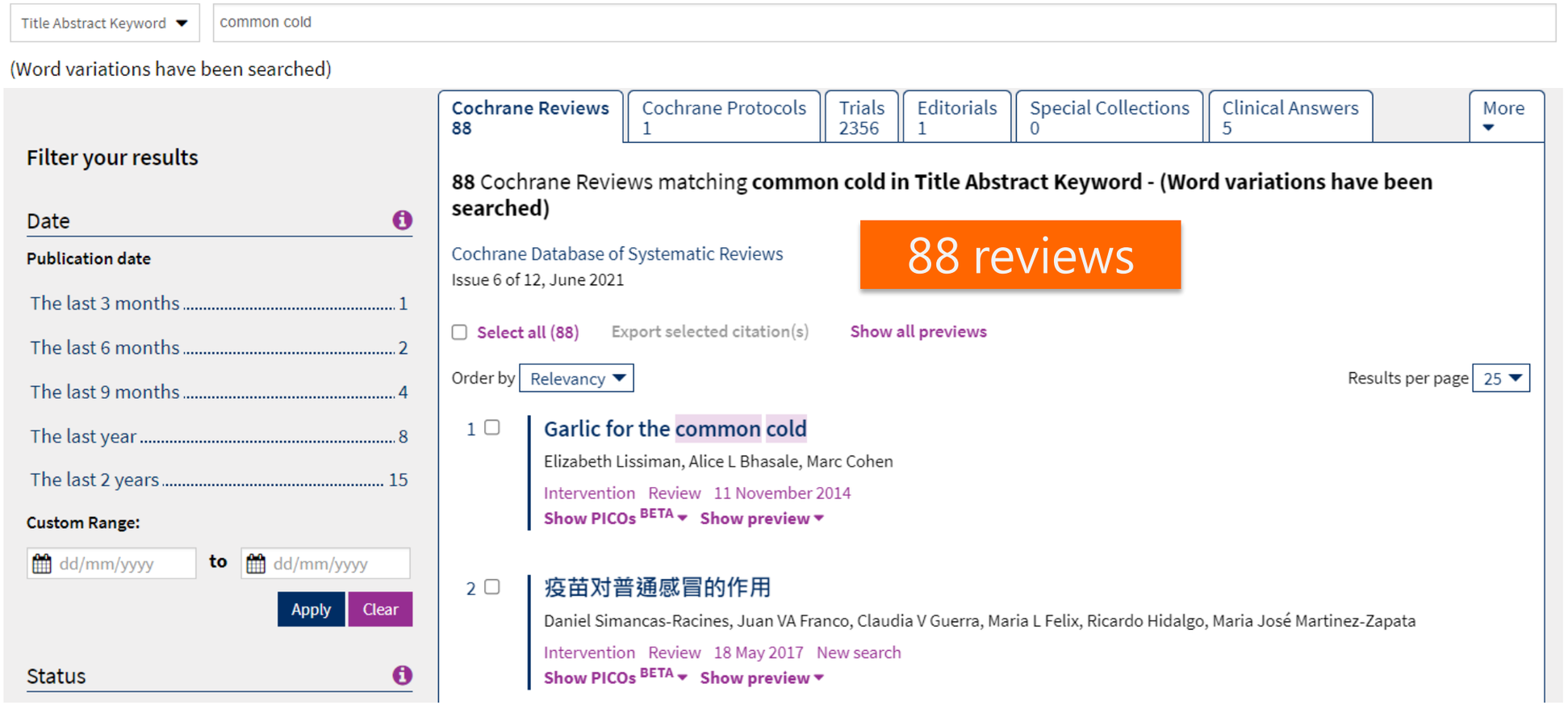
中文檢索



英文檢索

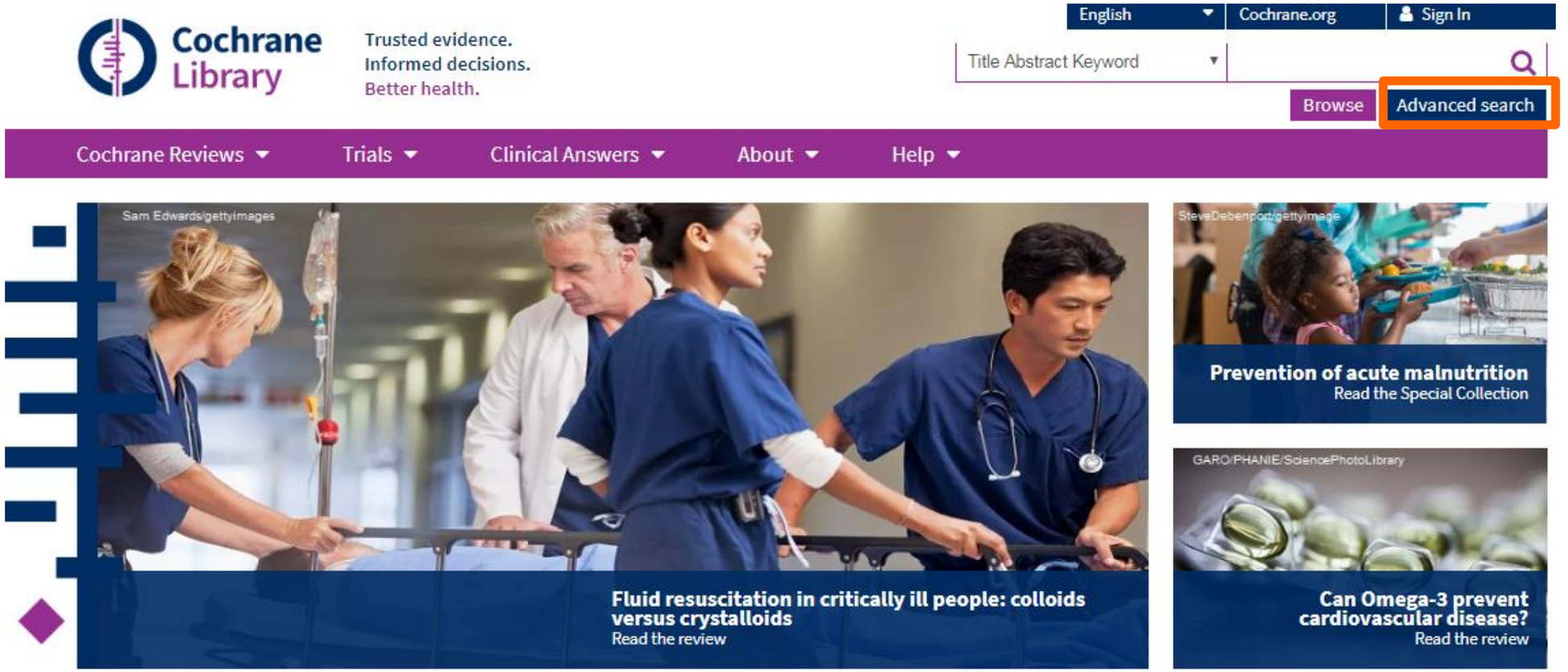
Did you know you can now select fields from Search manager using the S button (next to the search box)?

Search manager lets you add unlimited search lines, view results per line and access the MeSH browser using the new MeSH button.



進階檢索

Advanced Search



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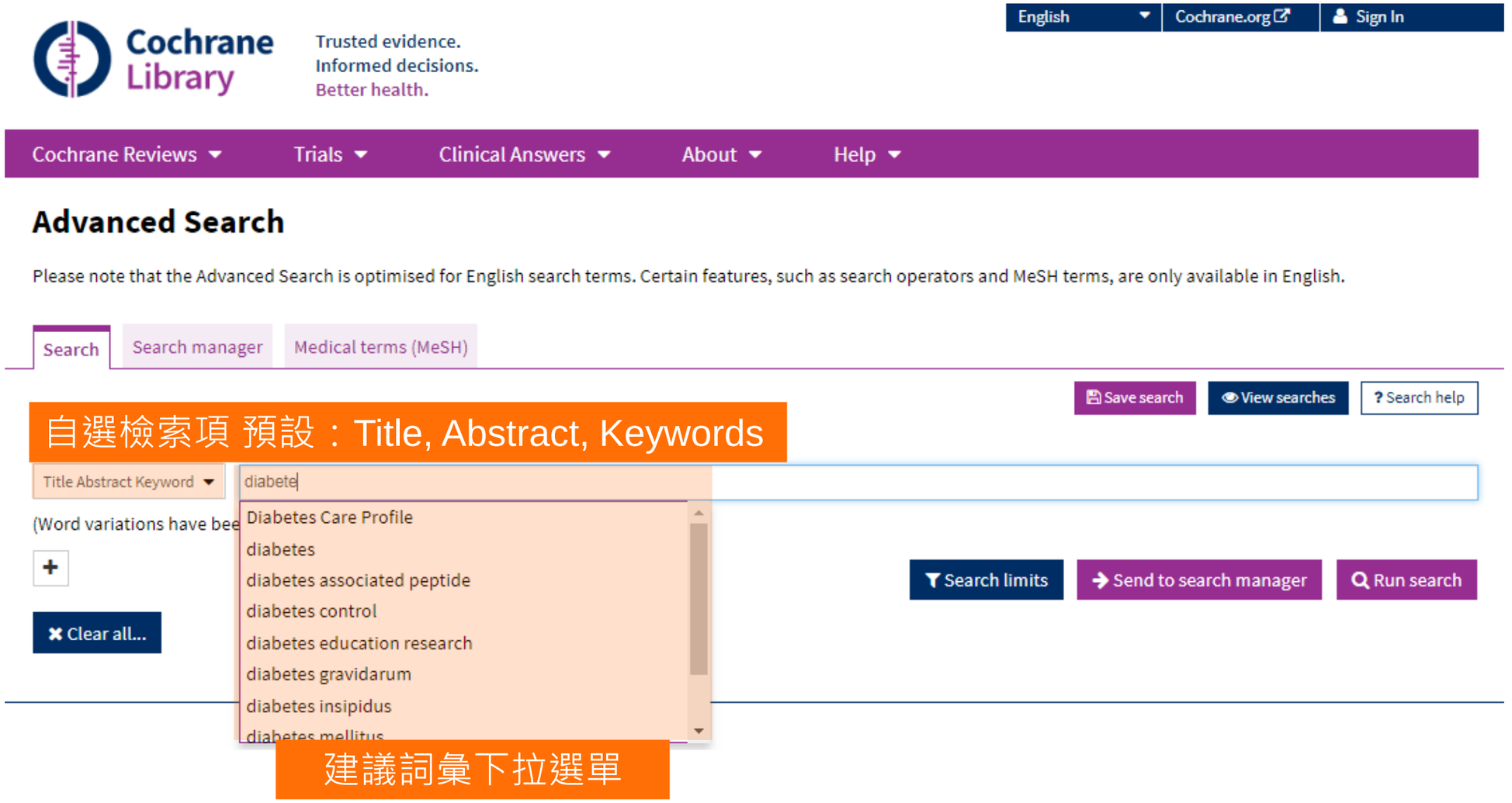
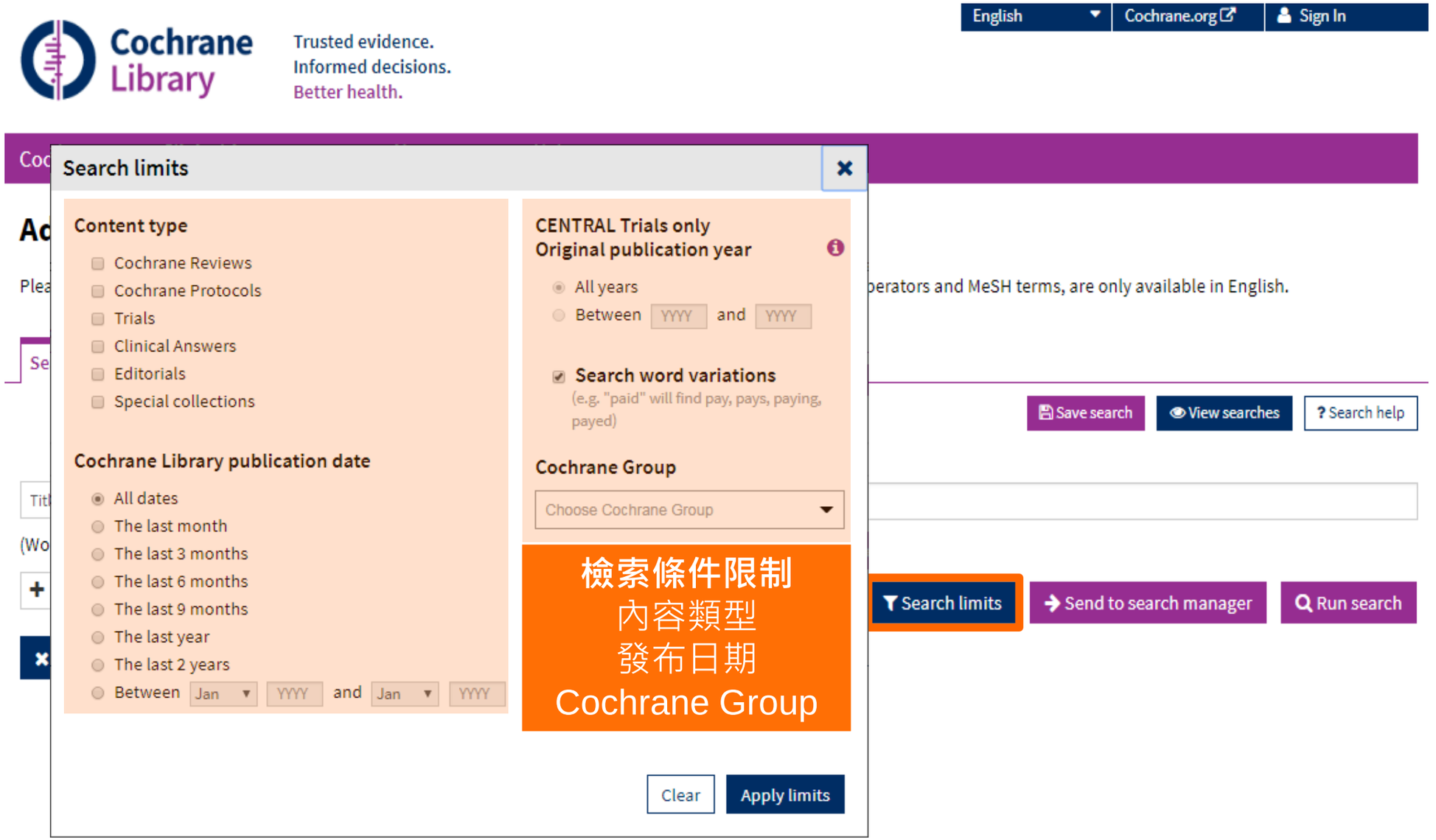
Search



Search Limits



檢索範例 - 原始情境問題

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 - 為問題畫重點

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**。

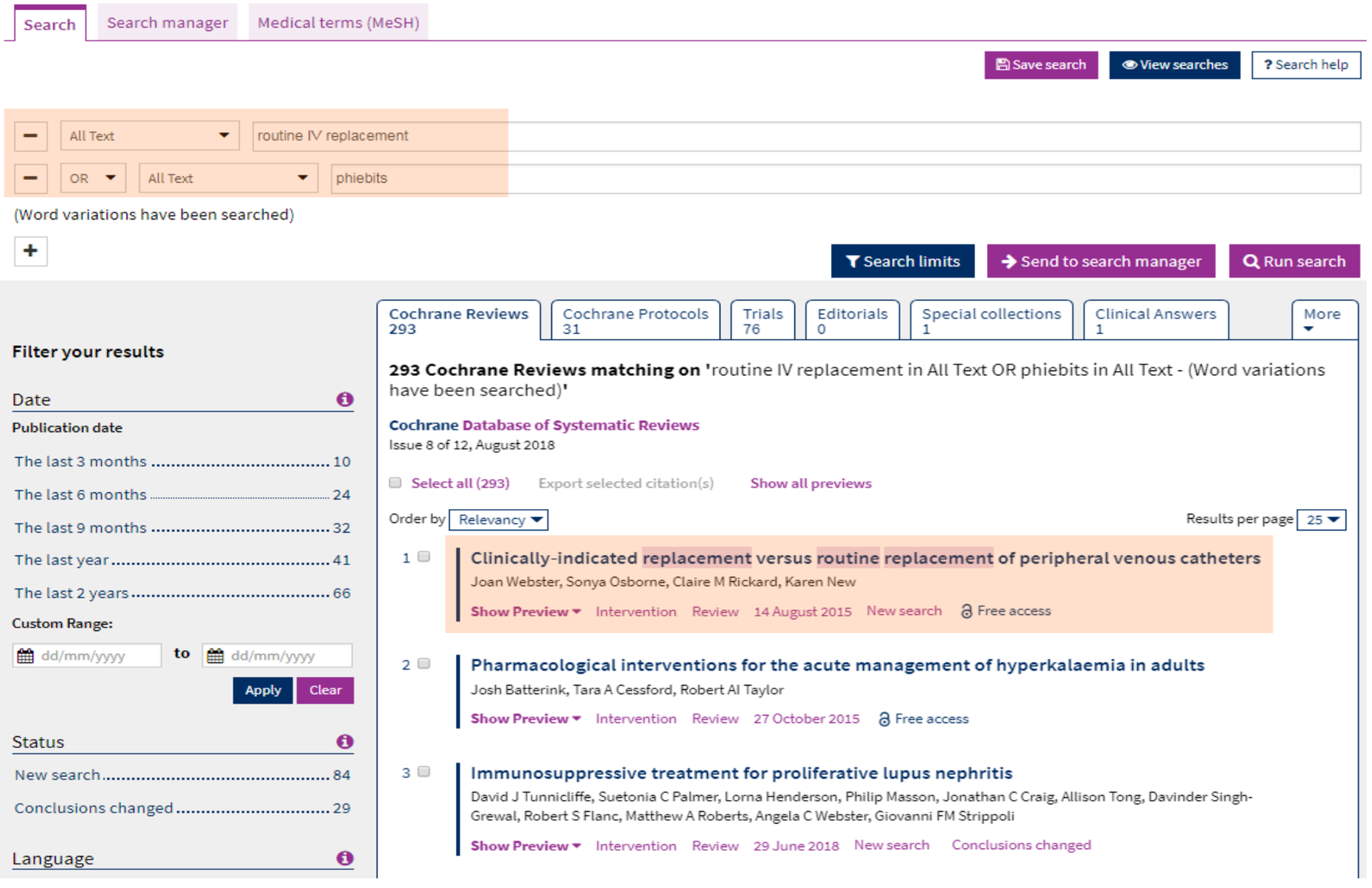
檢索範例 - 形成PICO表格

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 - 轉換英文關鍵字

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

檢索範例 - 進入資料庫檢索



Cochrane Database of Systematic Reviews

Clinically-indicated replacement versus routine replacement of peripheral venous catheters

Cochrane Systematic Review - **Intervention** | Version published: 14 August 2015 see what's new

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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Abstract
Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion

Appendices

Information
Authors
History
Keywords

Translation notes

References
Characteristics of studies

Cochrane Database of Systematic Reviews

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 | View article information

Joan Webster | Sonya Osborne | Claire M Rickard | Karen New

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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。

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

聯絡E-mail：cochranetaiwan@tmu.edu.tw

Cochrane Database of Systematic Reviews

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

Joan Webster | Sonya Osborne | Claire M Rickard | Nicole Marsh
View authors' declarations of interest

Abstract

Available in **English** | Español | Français

Plain language summary

Available in **English** | Deutsch | Español | Français | Bahasa Malaysia | Polski | Русский | 繁體中文

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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淺顯易懂的口語結論

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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

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Authors' conclusions

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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

New search Am score 87 View article information

Joan Webster | Sonya Osborne | Claire M Rickard | Nicole Marsh
View authors' declarations of interest

Abstract

Background

US Centers for Disease Control guidelines recommend replacement of peripheral intravenous catheters (PIVC) 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 or infection. Costs associated with routine replacement may be considerable. This is the third update of a review first published in 2010.

Objectives

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

Search methods

The Cochrane Vascular Information Specialist searched the Cochrane Vascular Specialised Register, CENTRAL, MEDLINE, Embase and CINAHL and World Health Organization International Clinical Trials Registry Platform and ClinicalTrials.gov trials registers to 18 April 2018. We also undertook reference checking, and contacted researchers and manufacturers to identify additional studies.

Selection criteria

We included randomised controlled trials that compared routine removal of PIVC with removal only when clinically indicated, in hospitalised or community-dwelling patients receiving continuous or intermittent infusions.

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allow administration of medications, fluids or nutrie
three to four days to try to prevent irritation of the v
discomfort to patients and is quite costly. This is the

Study characteristics

In April 2018 we searched for randomised controlled
change) with changing the catheter only if there we
blood stream infection, phlebitis and other problem
blockage. We included two new studies for this upd

Key results

We found no clear difference in rates of catheter-rel
stream infection from any cause, local infection, mo
catheters are changed when clinically indicated. Infi
blockage (an inability to infuse fluids or medication
routinely. Cost is reduced when catheters are replac
'number of catheter re-sites per patient', and 'satisfa

Quality of the evidence

The overall quality of the evidence was judged to be
uncertainty is largely due to outcomes, such as phlebitis, being assessed by people who were aware of the group allocation,
which may or may not affect their decision about whether a problem is present or absent.

淺顯易懂的口語結論 *available in* English | Français | Polski | Русский | 繁體中文

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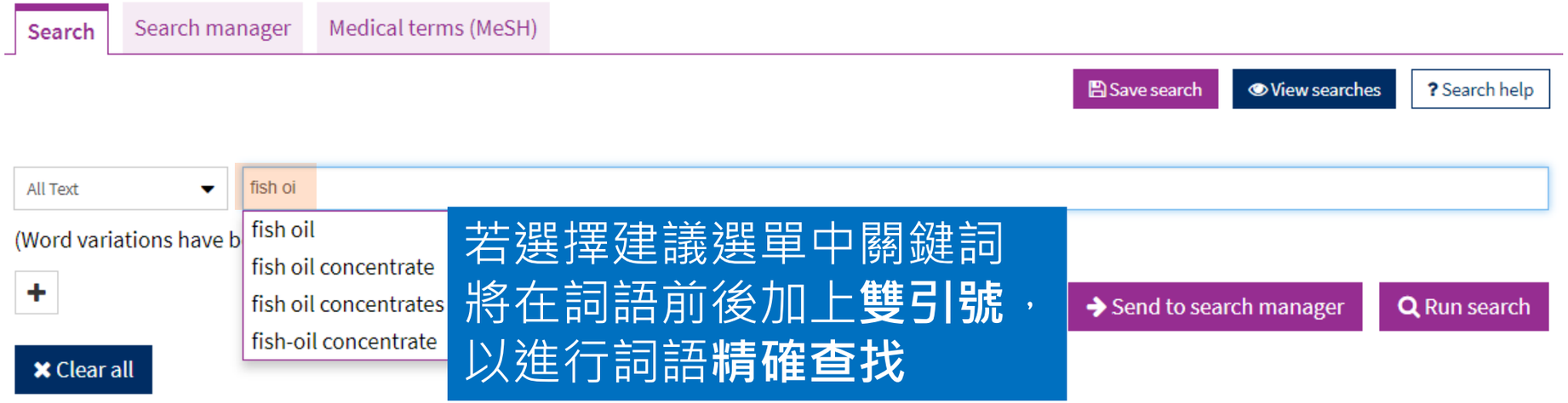

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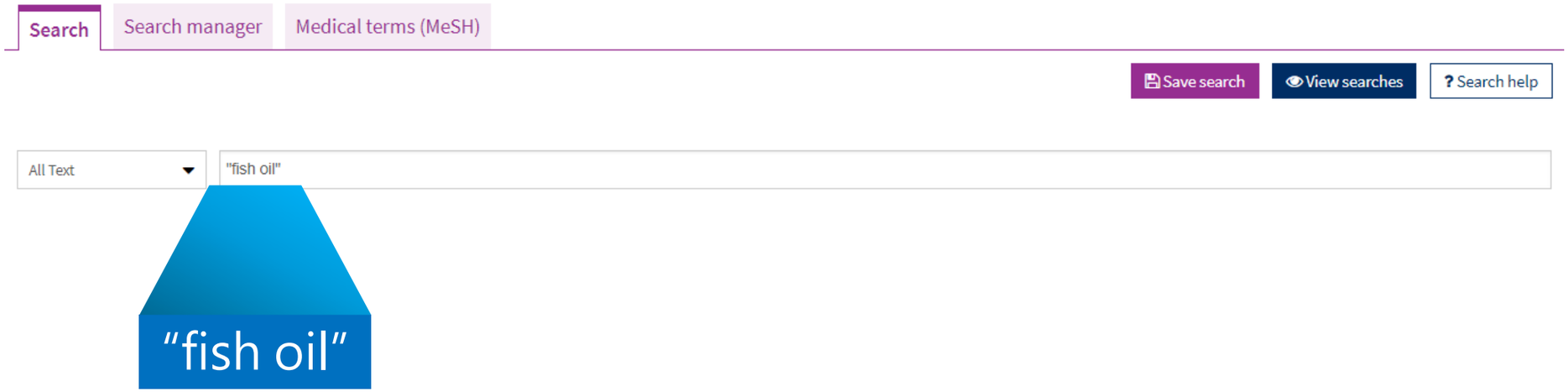

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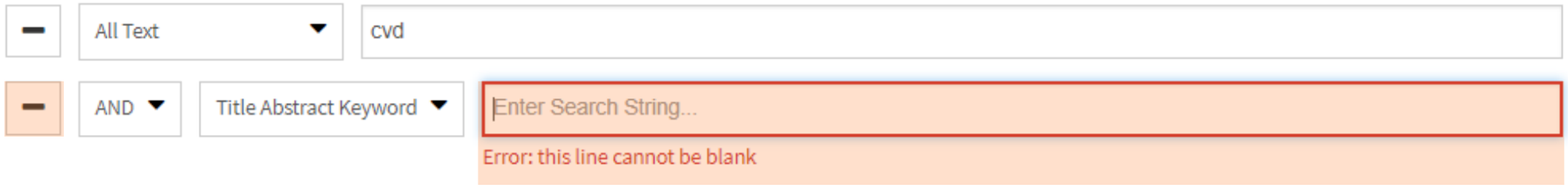

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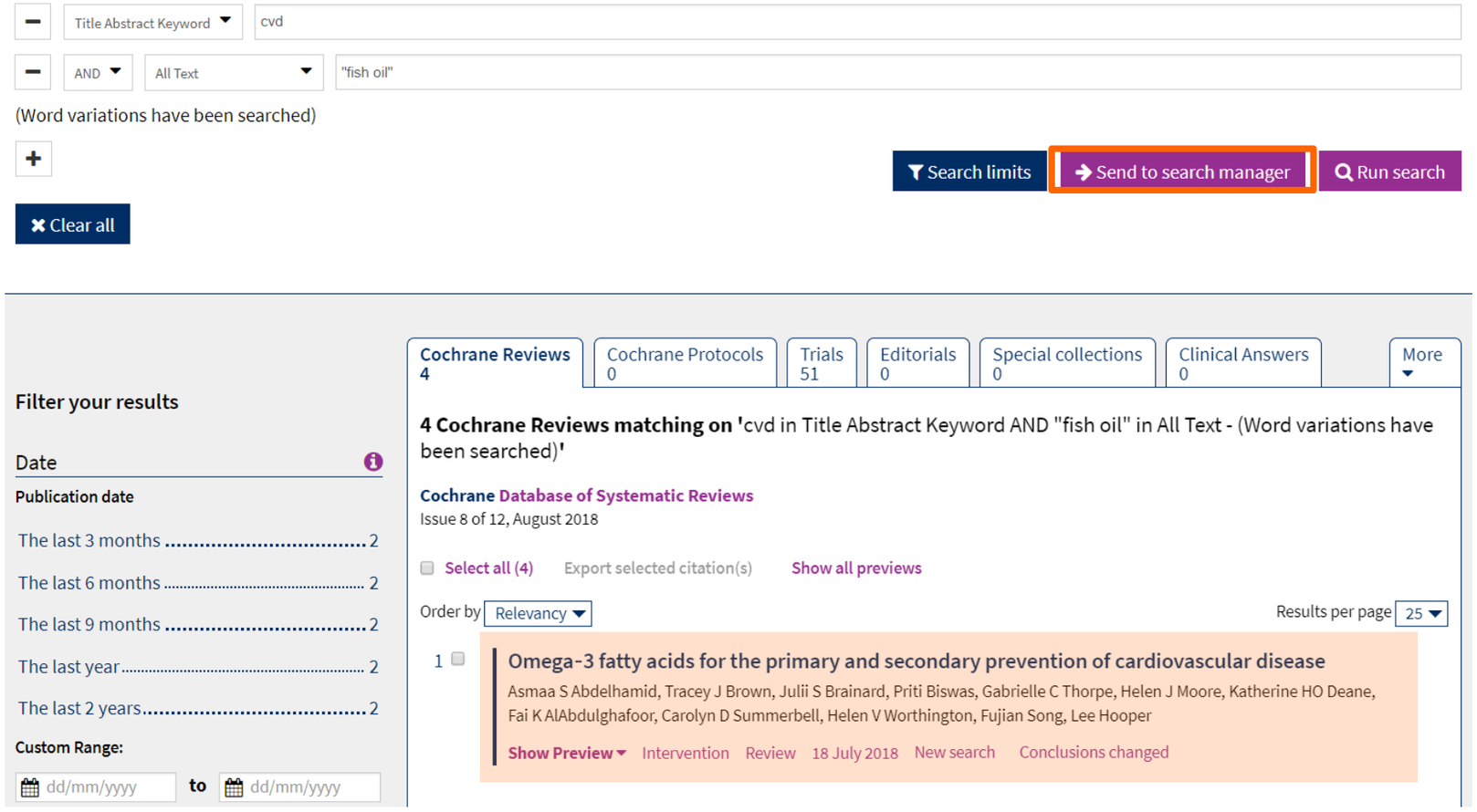

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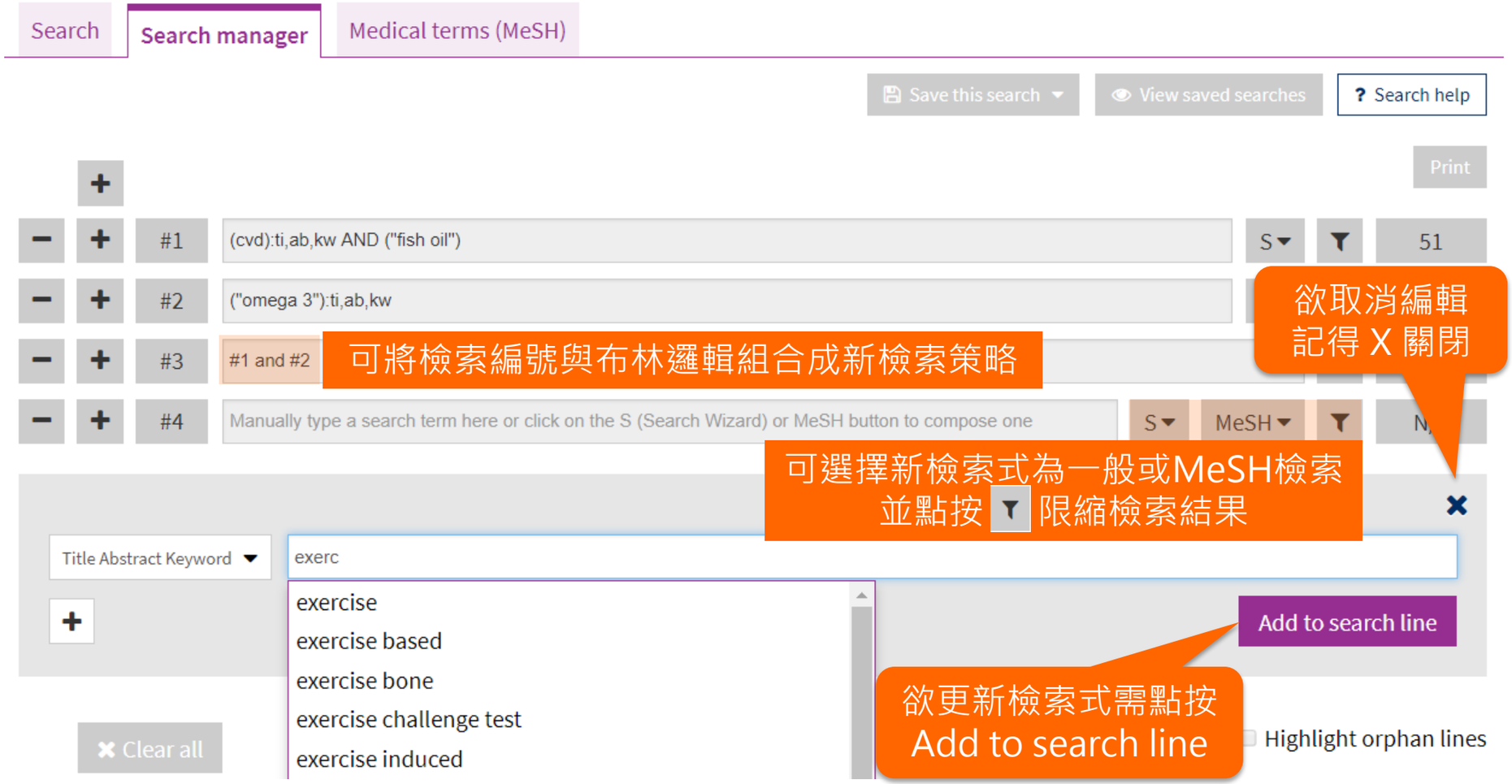

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Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease

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

View authors' declarations of interest

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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Authors' conclusions
Summary of findings
Background

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Discussion

Appendices

Information
Authors
History
Keywords

References
Characteristics of studies
Data and analyses

Figures and tables
Download statistical data
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Appendices

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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Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
Methods
Results
Discussion
Appendices
Information
Authors
History
Keywords

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Stage: Review

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1 Željko Reiner, Ulrich Laufs, Francesco Cosentino, Ulf Landmesser. European Heart Journal, The year in cardiology 2018: prevention, 2019, 4, 336
Crossref

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Title	Stage	Authors	Version	Publication Date
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.pub4	30 November 2018
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.pub	18 October 2004
Omega-3 fatty acids for prevention of cardiovascular disease	Protocol		org/10.1002/14651858	23 July 2001

本文章過往包含
Protocol的各版本

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

References to studies included in this review

Jump to: excluded studies | ongoing studies | additional references | other published versions

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, La
recurrence, inflammation and oxidati
2013;1:S383.

Link to article

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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, Klaasen 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.

Link to article

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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Background
Objectives
Methods
Results
Discussion

Appendices

Information
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History
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References
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Characteristics of studies

Characteristics of included studies [ordered by study ID]

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ADCS 2010

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

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References
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Data and analyses

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%	0.94 [0.86,
4 All-cause mortality - LCn3 - SA by compliance and study **Show forest plot**				tals 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]

數據與分析整理表格

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Plain language summary
Authors' conclusions
Summary of findings
Background
Objectives
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Results
Discussion

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Information
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Characteristics of studies
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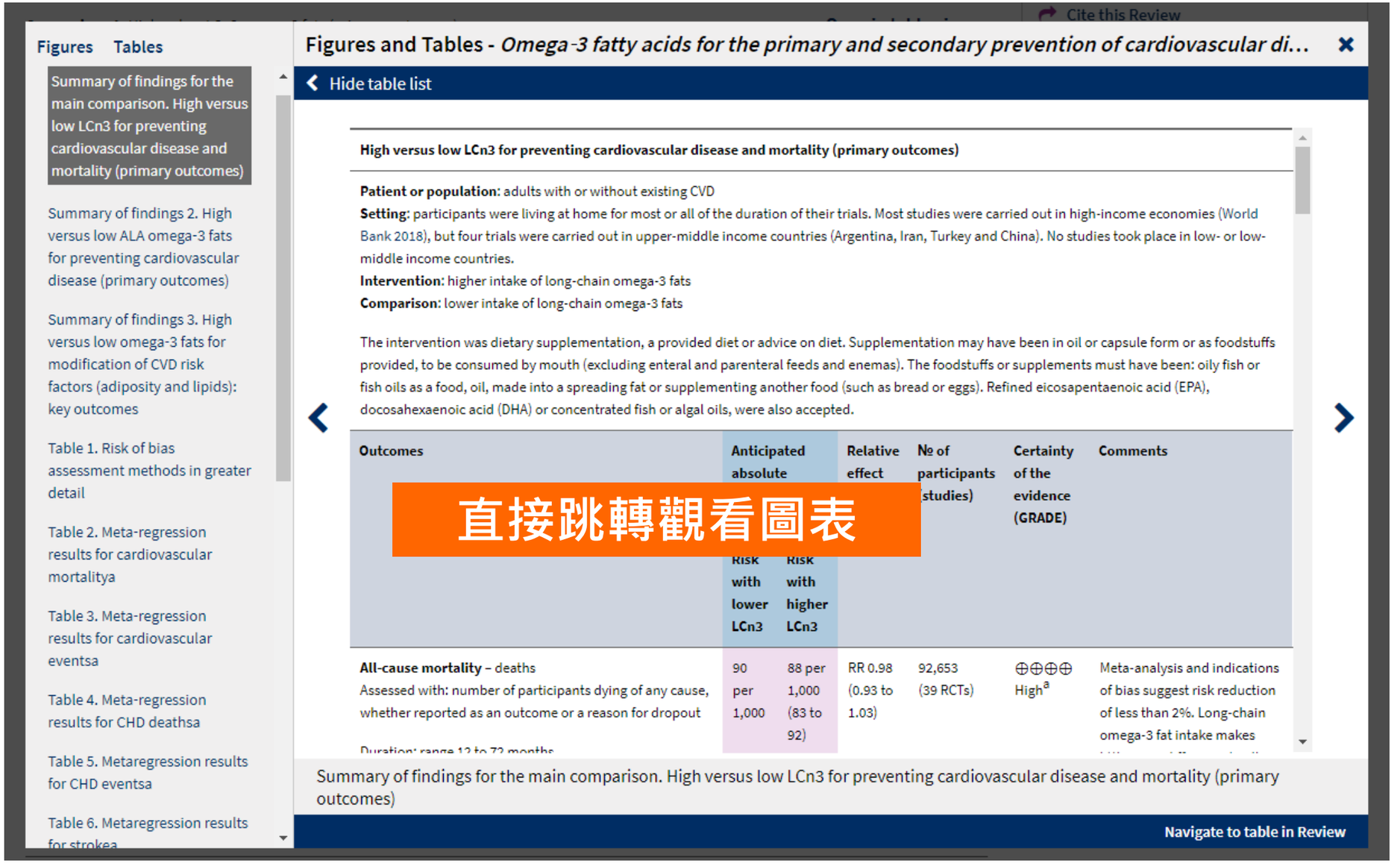

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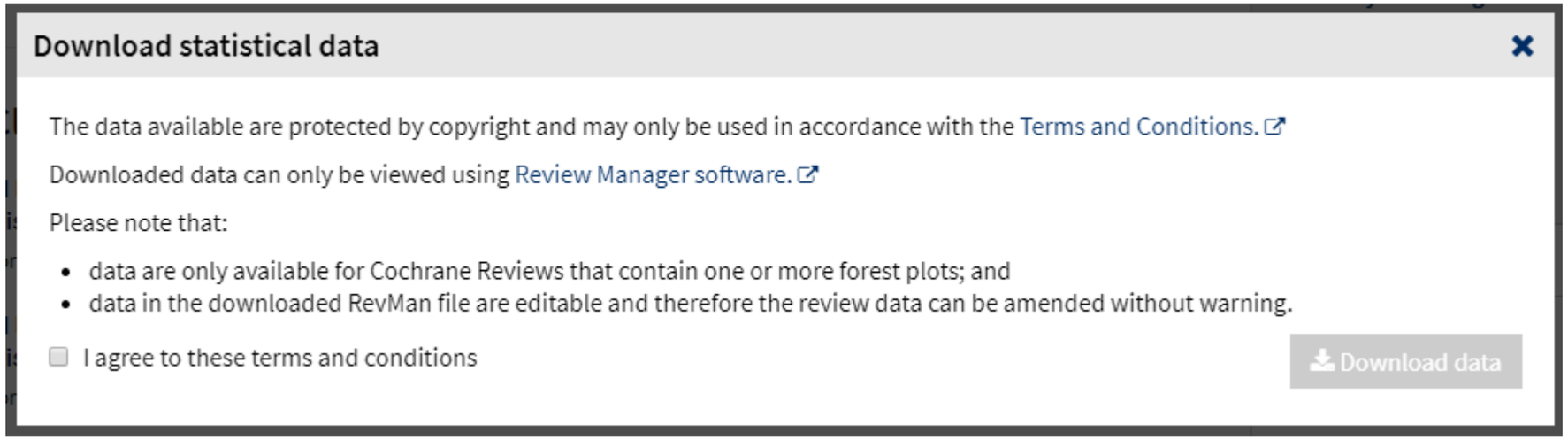

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Asmaa S Abdelhamid, Nicole Martin, Charlene Bridges, Julii S Brainard, Xia Wang, Tracey J Brown, Sarah Hanson, Oluseyi F Jimoh, Sarah M Ajabnoor, Katherine HO Deane, Fujian Song, Lee Hooper | **27 November 2018**

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Deren Wang, Bian Liu, Wendan Tao, Zilong Hao, Ming Liu | **25 October 2015**

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Jane Burch, Sera Tort | **19 December 2018**

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Jane Burch, Sera Tort | **19 December 2018**

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Heart & circulation

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MESH SEARCH

醫學資料檢索問題

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。

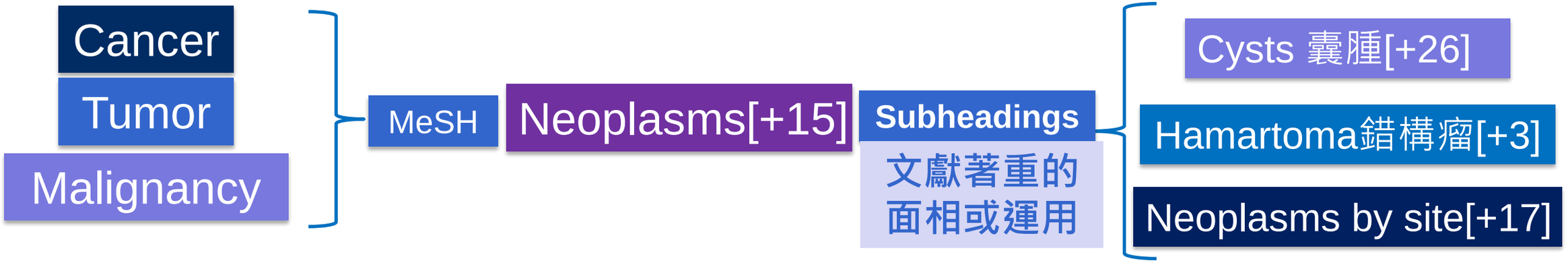
需過濾不相關文獻

- 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簡介

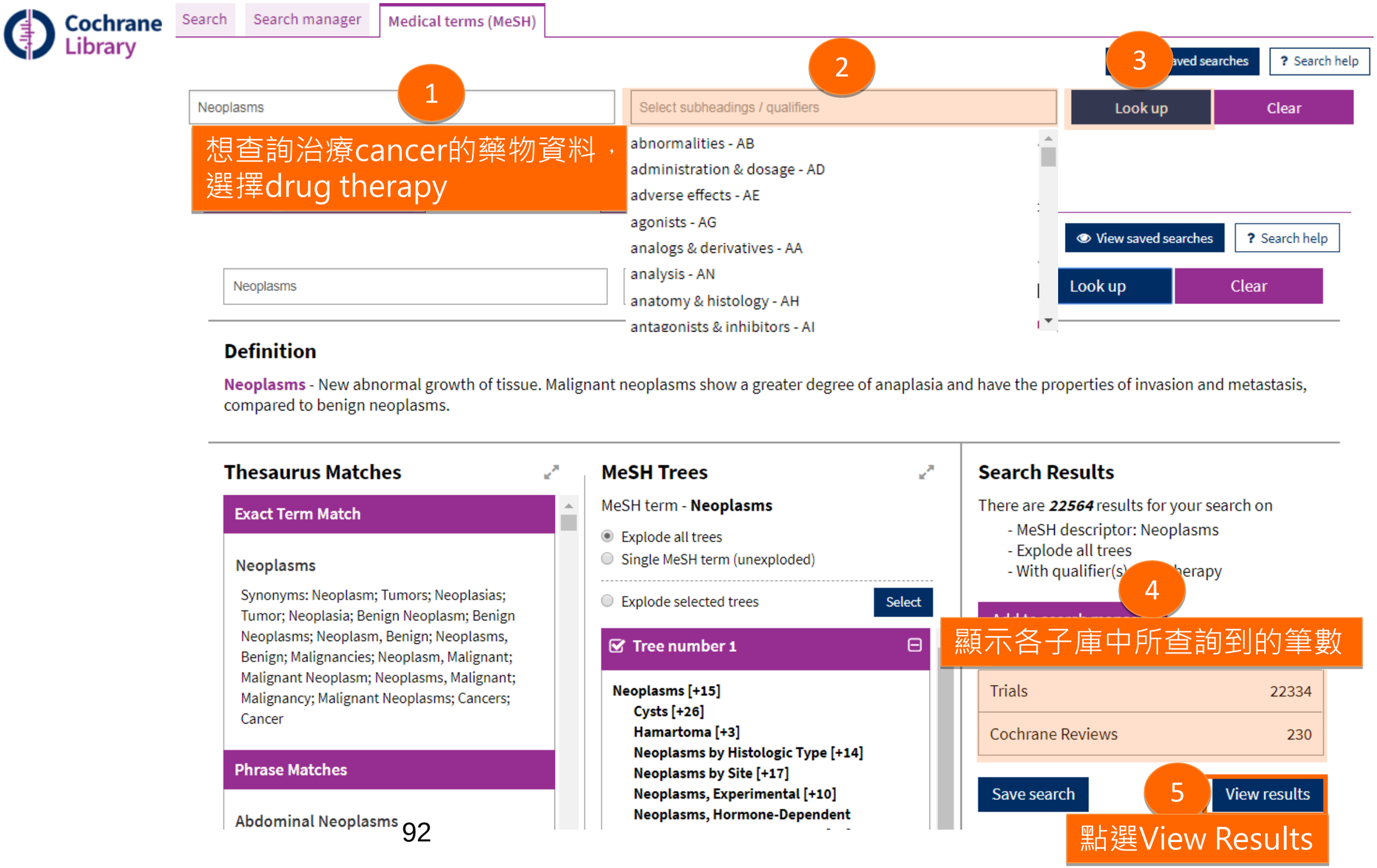
醫學主題詞表（Medical Subject Headings；簡稱MeSH）

- **美國國家醫學圖書館**（National Library of Medicine, NLM）出版
- 分析收錄於MEDLINE/PubMed資料庫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



使用MeSH的優點

- 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）。


Cochrane Library
Search
Search manager
Medical terms (MeSH)
1
2
3
Neoplasms
Select subheadings / qualifiers
abnormalities - AB
administration & dosage - AD
adverse effects - AE
agonists - AG
analogs & derivatives - AA
analysis - AN
anatomy & histology - AH
antagonists & inhibitors - AI
Look up
Clear
View saved searches
Search help
想查詢治療cancer的藥物資料，
選擇drug therapy
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
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
4
顯示各子庫中所查詢到的筆數
Trials 22334
Cochrane Reviews 230
Save search
5
View results
點選View Results

Cochrane Library

結果頁面中首先呈現Cochrane Review中收錄的236筆關於治療“癌症”的可用藥物資料，可做為醫療人員使用的參考

1 **Chemotherapy for resistant or recurrent gestational trophoblastic neoplasia**

Mo'iad Alazzam, John Tidy, Raymond Osborne, Robert Coleman, Barry W Hancock, Theresa A Lawrie

Show Preview Intervention Review 13 January 2016 New search Free access

2 **Treatment including anthracyclines versus treatment not including anthracyclines for childhood cancer**

Elvira C van Dalen, Martine F Raphaël, Huib N Caron, Leontien CM Kremer

Show Preview Intervention Review 4 September 2014 New search Conclusions changed Free access

3 **Systemic treatments for metastatic cutaneous melanoma**

Tom Crosby, Reg Fish, Bernadette Coles, Malcolm Mason

Show Preview Intervention Review 7 February 2018 Withdrawn Free access

4 **Adjuvant chemotherapy for small intestine adenocarcinoma**

Nimit Singhal, Deepti Singhal

Show Preview Intervention Review 18 July 2007

5 **Danazol for uterine fibroids**

Lin -qiu Ke, Kun Yang, Chun-Mei Li, Jing Li

Show Preview Intervention Review 8 July 2009

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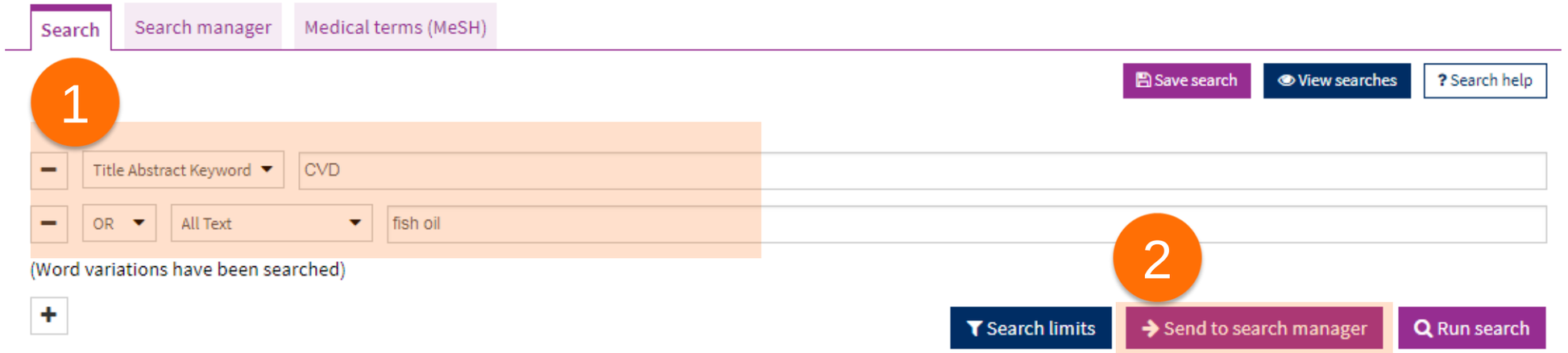
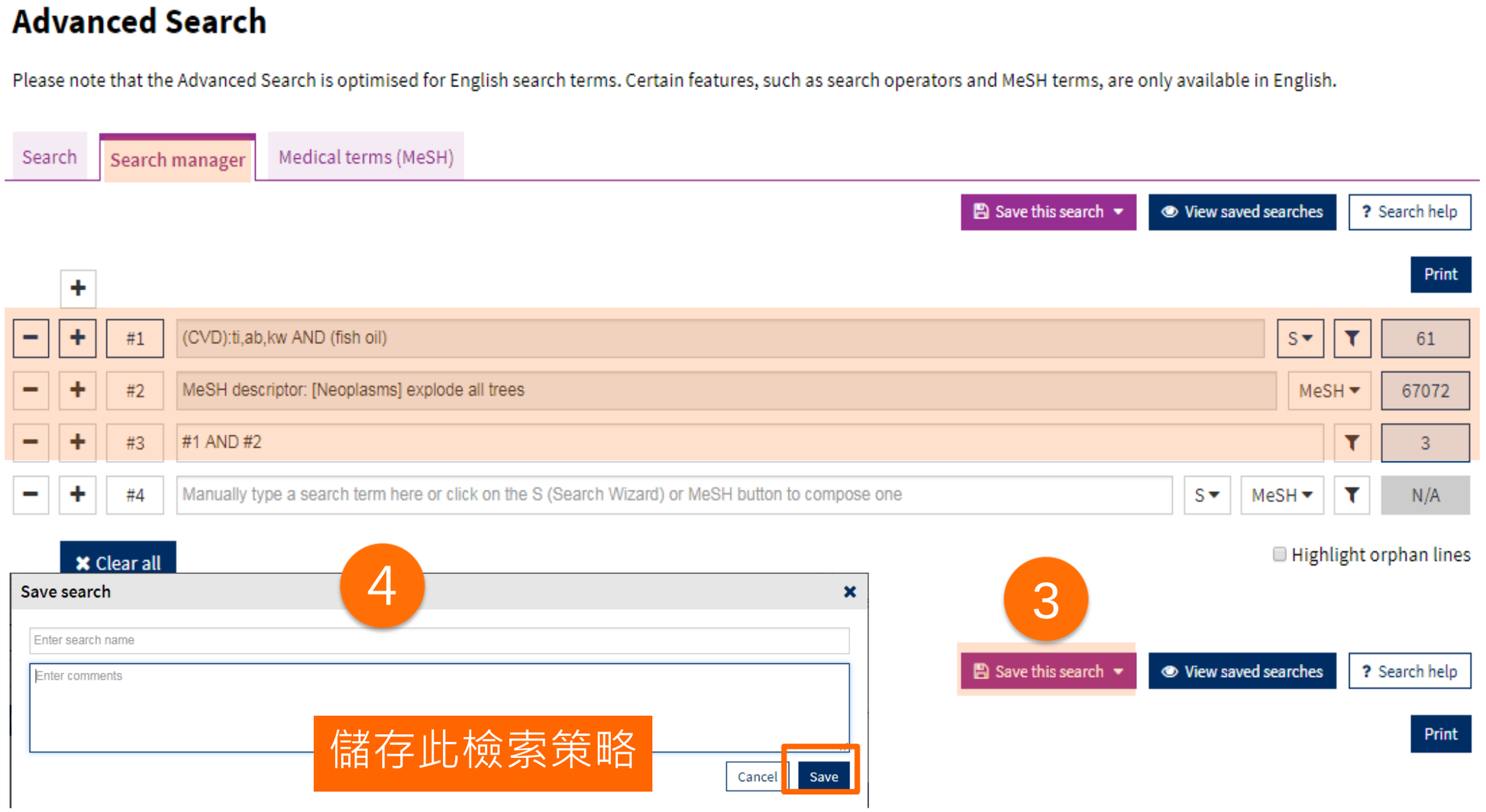
SEARCH MANAGER

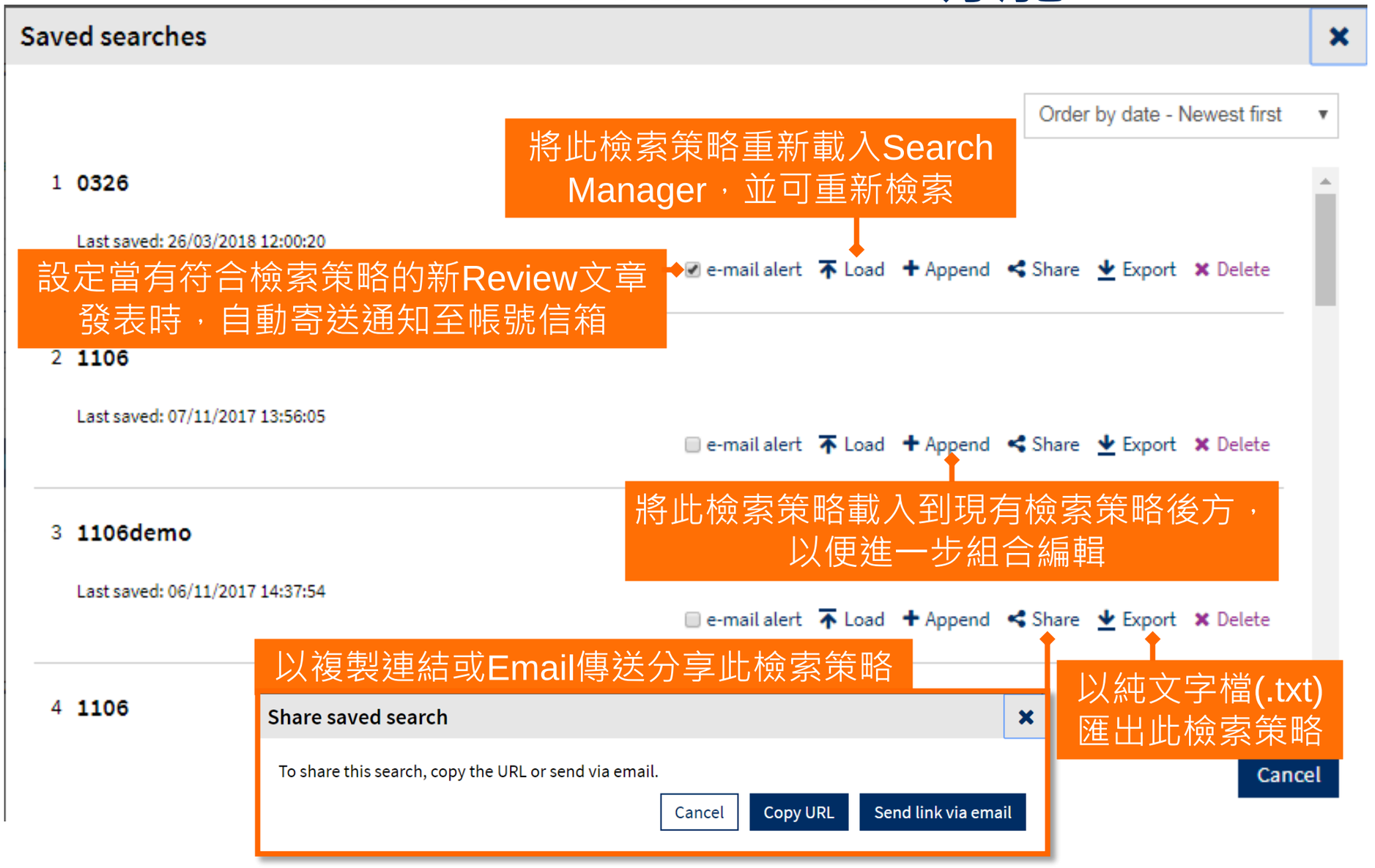
傳送到Search Manager



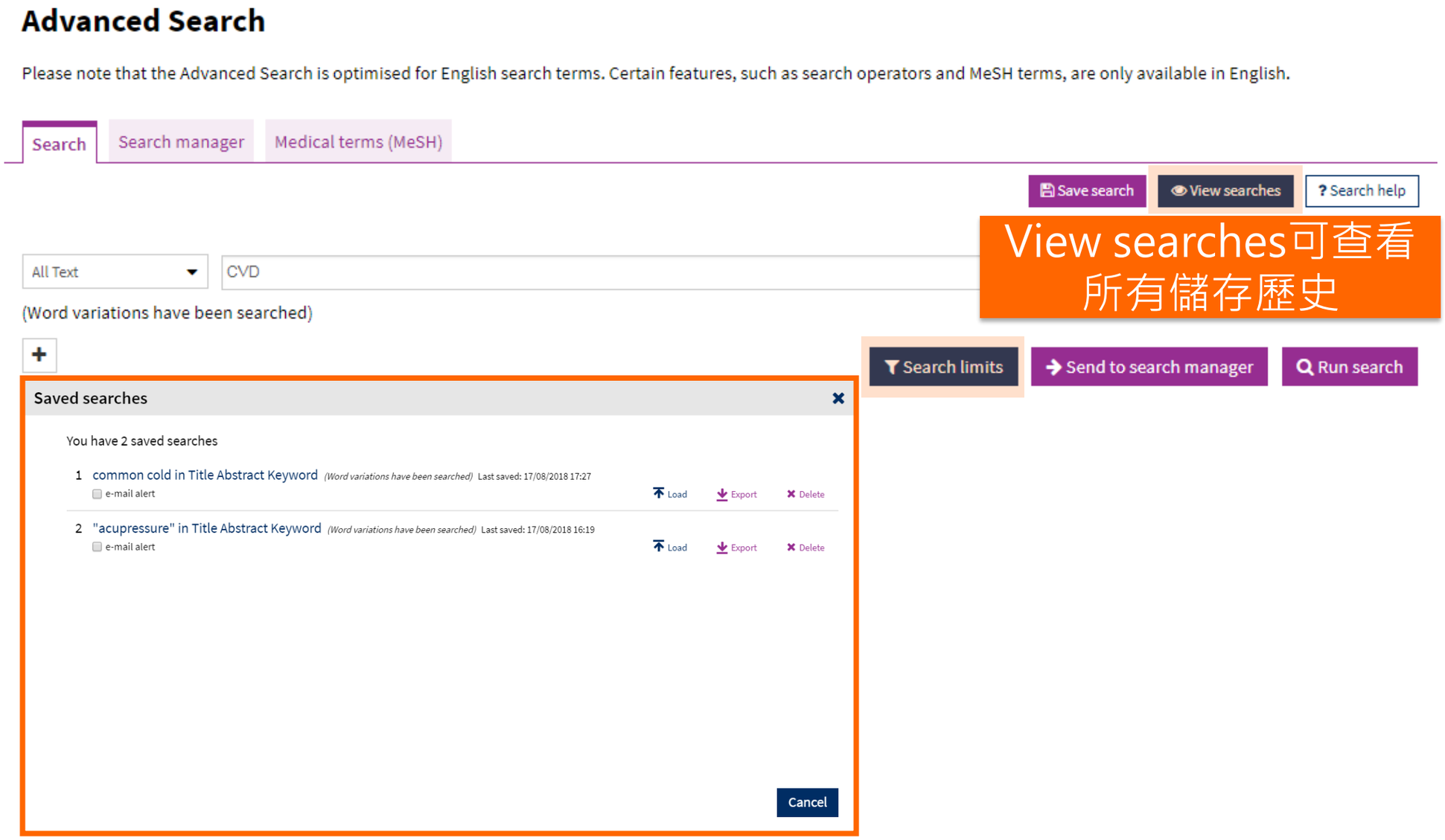
Search Manager 內的編輯與儲存



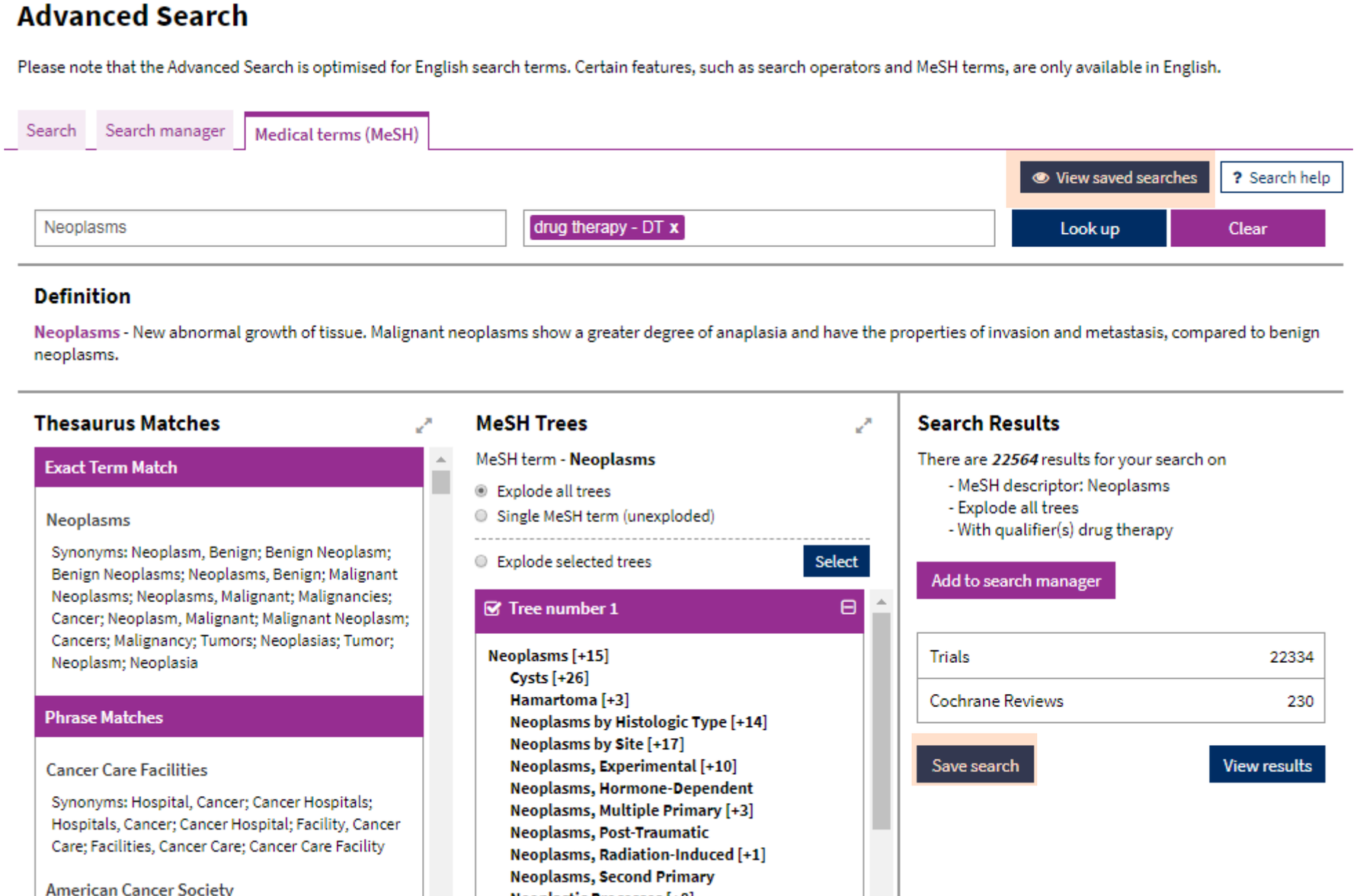
Saved searches 功能



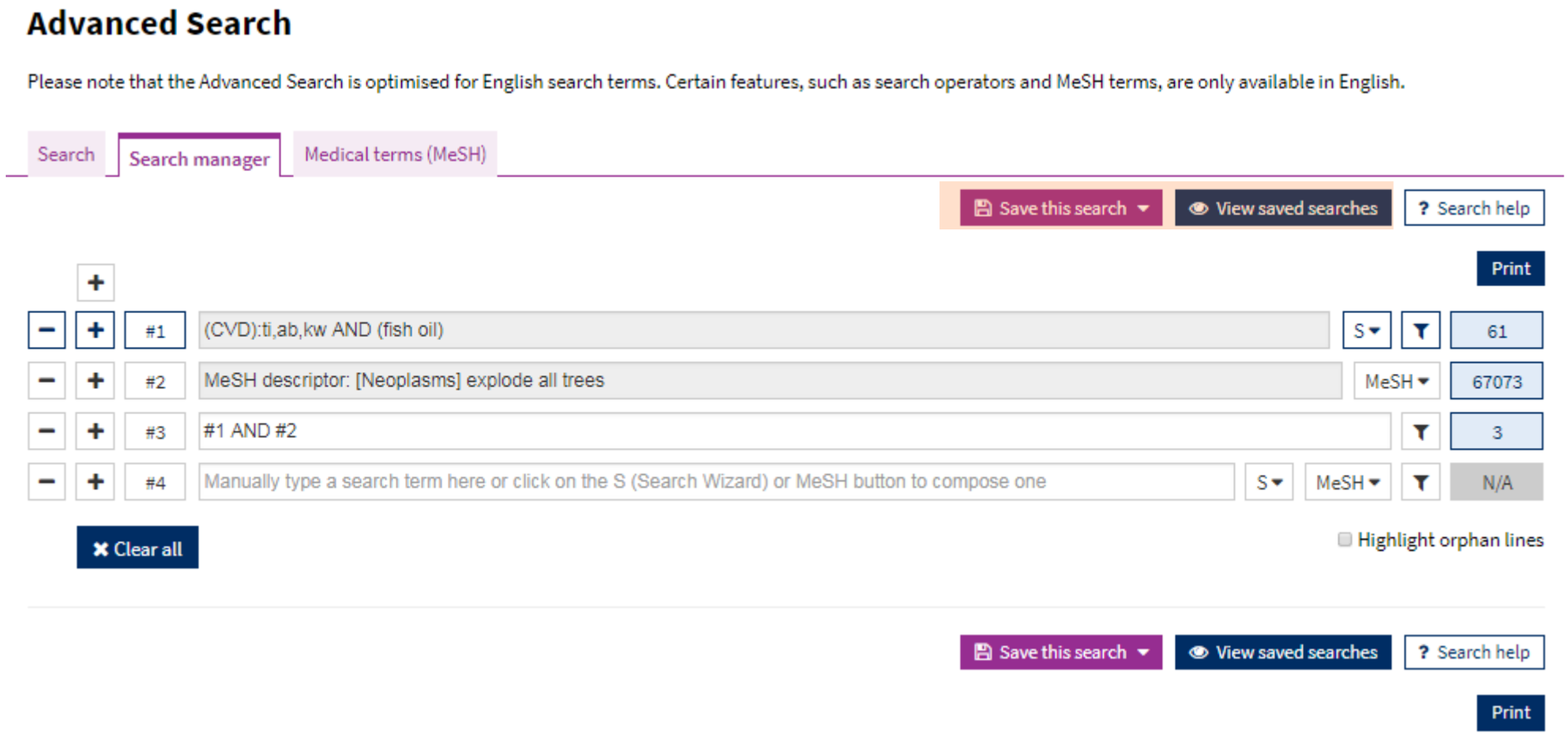
在Search中儲存檢索結果



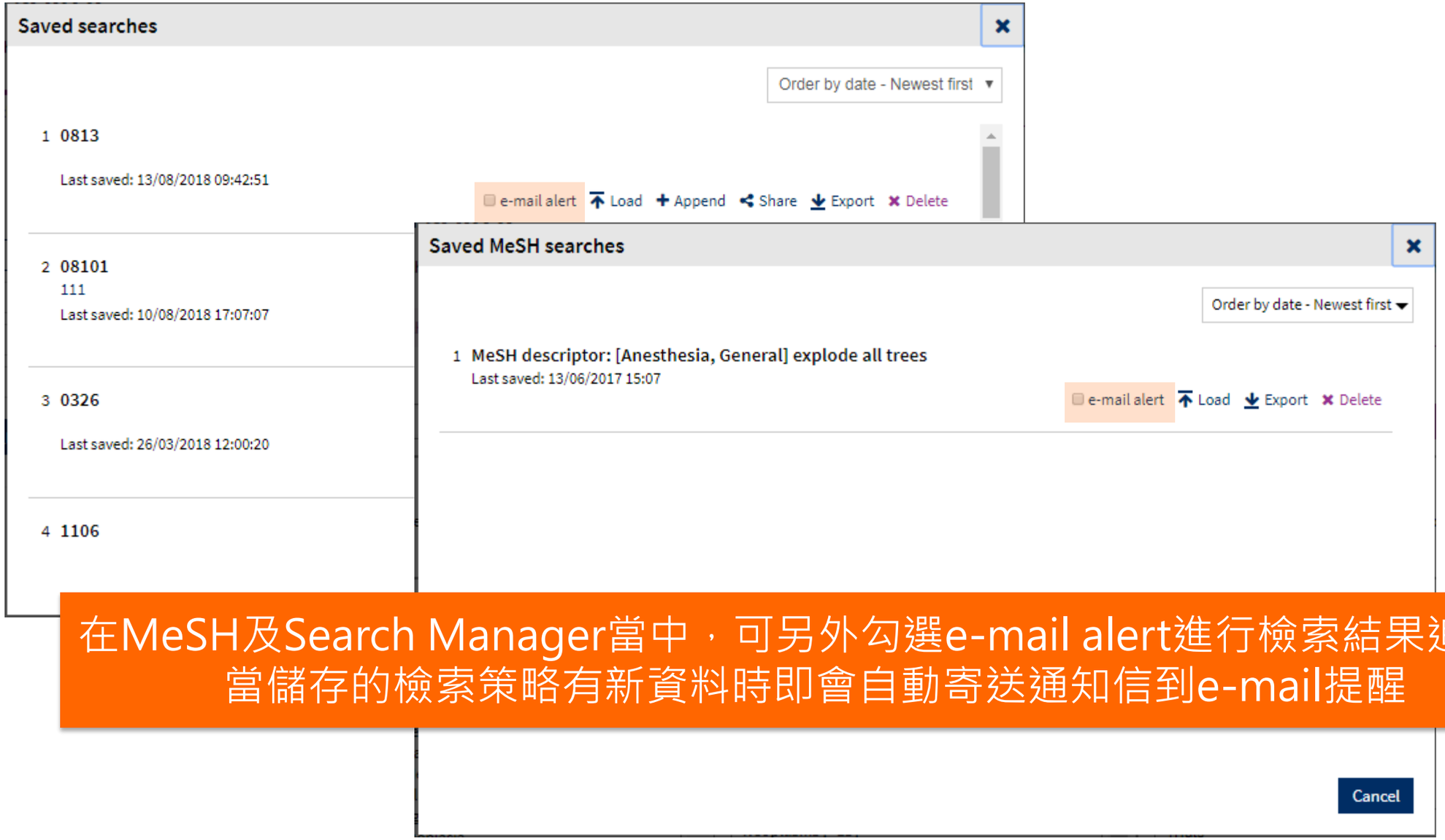
在MeSH中儲存檢索結果



在Search manager中儲存檢索結果



檢索追蹤功能



在MeSH及Search Manager當中，可另外勾選e-mail alert進行檢索結果追蹤，當儲存的檢索策略有新資料時即會自動寄送通知信到e-mail提醒

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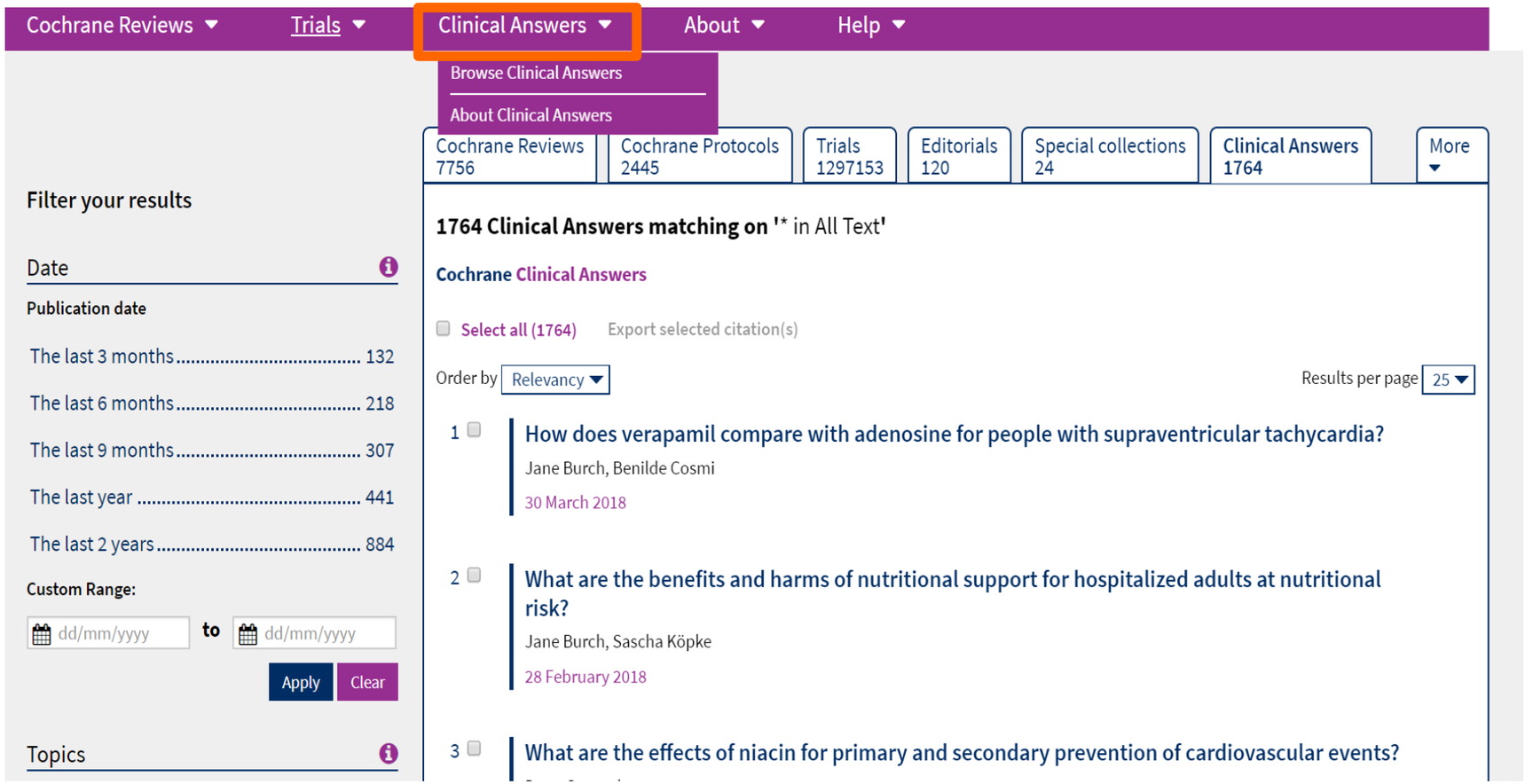
CLINICAL ANSWERS

Clinical Answers (CCAs)

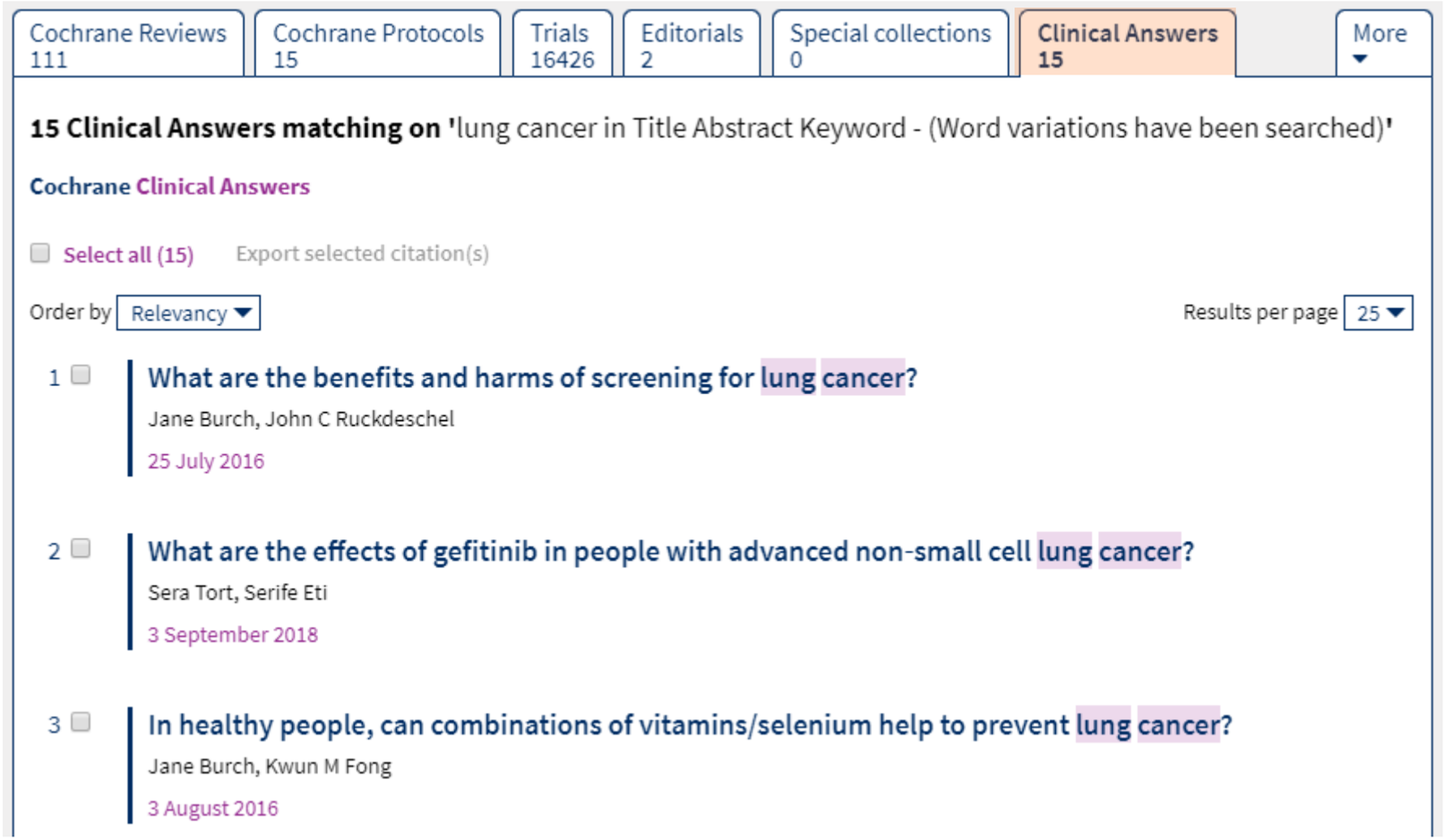
- 針對Cochrane 系統性文獻回顧中嚴謹的研究結果，**提供使用者一個易讀、易懂且切入重點的臨床決策參考**。
- 每個 CCAs 涵蓋**臨床問題**、**解答摘要**，以及從Cochrane reviews 可深入探究的相關性證據。實證結合情境敘述、數據與圖表，以可讀性高的介面呈現，讓使用者更容易獲得所需要的臨床解答。
- CCAs 專注於提供以「**病人安全**」為中心的實證臨床問題解答。
- 主要使用族群為**健康照護醫護專業人員**與**健康照護決策者**。

瀏覽Clinical Answers



檢索Clinical Answers

檢索完後，在結果頁面直接點選Clinical Answers即可。



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Cochrane Clinical Answers

Question:

What are the benefits and harms of screening for lung cancer?

Jane Burch, John C Ruckdeschel
| 25 July 2016

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Clinical Answer:

Available randomized controlled trial data does not support screening for lung cancer with chest X-ray with or without sputum cytology. Screening with low dose CT may reduce lung-cancer mortality in smokers, but effects in other populations need to be further assessed.

Moderate to high-quality evidence shows that more intense screening (with chest X-ray +/- sputum cytology) had similar effects than less intense screening on lung cancer mortality; however, when longer follow-up data was added, lung cancer mortality was higher with more intense screening; this may be a consequence of overtreatment. Conversely, low to moderate-quality evidence shows higher lung cancer 5-year survival with more intense screening. High-quality evidence shows no benefit of annual chest X ray compared with no regular screening on lung cancer mortality at 6 or 13 years' follow-up but when annual-low dose CT was compared with annual chest X-ray in smokers or former smokers, lung cancer mortality was lower. Benefits for CT screening in people with a history of smoking would have been even higher if it had been compared with the community standard (no screening) rather than with X-ray. Harms were poorly reported and mostly associated with subsequent invasive investigations and death post-surgery, but harms directly related to screening were not reported.

Comparisons

1. 4 to 12 monthly screening versus less frequent screening (chest X-ray +/- sputum cytology)	Expand All »
2. Annual chest X-ray screening versus no regular screening	Expand All »
3. Annual low dose computed tomography (CT) screening versus annual chest X-ray	Expand All »

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Comparisons

1. 4 to 12 monthly screening versus less frequent screening (chest X-ray +/- sputum cytology) | Collapse All

OUTCOME 1.1 Lung cancer mortality (duration unclear – seems to be 3 years)

Narrative result

Studies evaluating more frequent chest x-ray screening versus less frequent screening, and annual chest X-ray plus 4 -monthly cytology versus annual X-ray alone, were reported separately. There were no statistically significant difference between groups for either analysis. Click below for full details.[1]

Reference

Manser R, Lethaby A, Irving LB, Stone C, Byrnes G, Abramson MJ, Campbell D. Screening for lung cancer. *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD001991. DOI: 10.1002/14651858.CD001991.pub3. [Review search date: May 2012]

Subgroup analysis 1.1.1 Lung cancer mortality - [subgroup: More frequent chest X-ray screening versus less frequent screening]

Subgroup analysis 1.1.2 Lung cancer mortality - [subgroup: Annual chest X-ray plus 4-monthly cytology versus annual X-ray alone]

OUTCOME 1.2 Lung cancer mortality (including longer follow-up data (seems to be up to 6 years))

Narrative result

Studies reporting more frequent chest X-ray screening versus less frequent screening found higher mortality with more intense screening. In contrast, studies comparing annual chest X-ray plus 4-monthly cytology versus annual X-ray alone found no statistically significant difference between groups. Click below for full details.[4]

Reference

Manser R, Lethaby A, Irving LB, Stone C, Byrnes G, Abramson MJ, Campbell D. Screening for lung cancer. *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD001991. DOI: 10.1002/14651858.CD001991.pub3. [Review search date: May 2012]

Subgroup analysis 1.2.1 Lung cancer mortality (longer follow-up) - [subgroup: More frequent chest X-ray screening versus less frequent screening]

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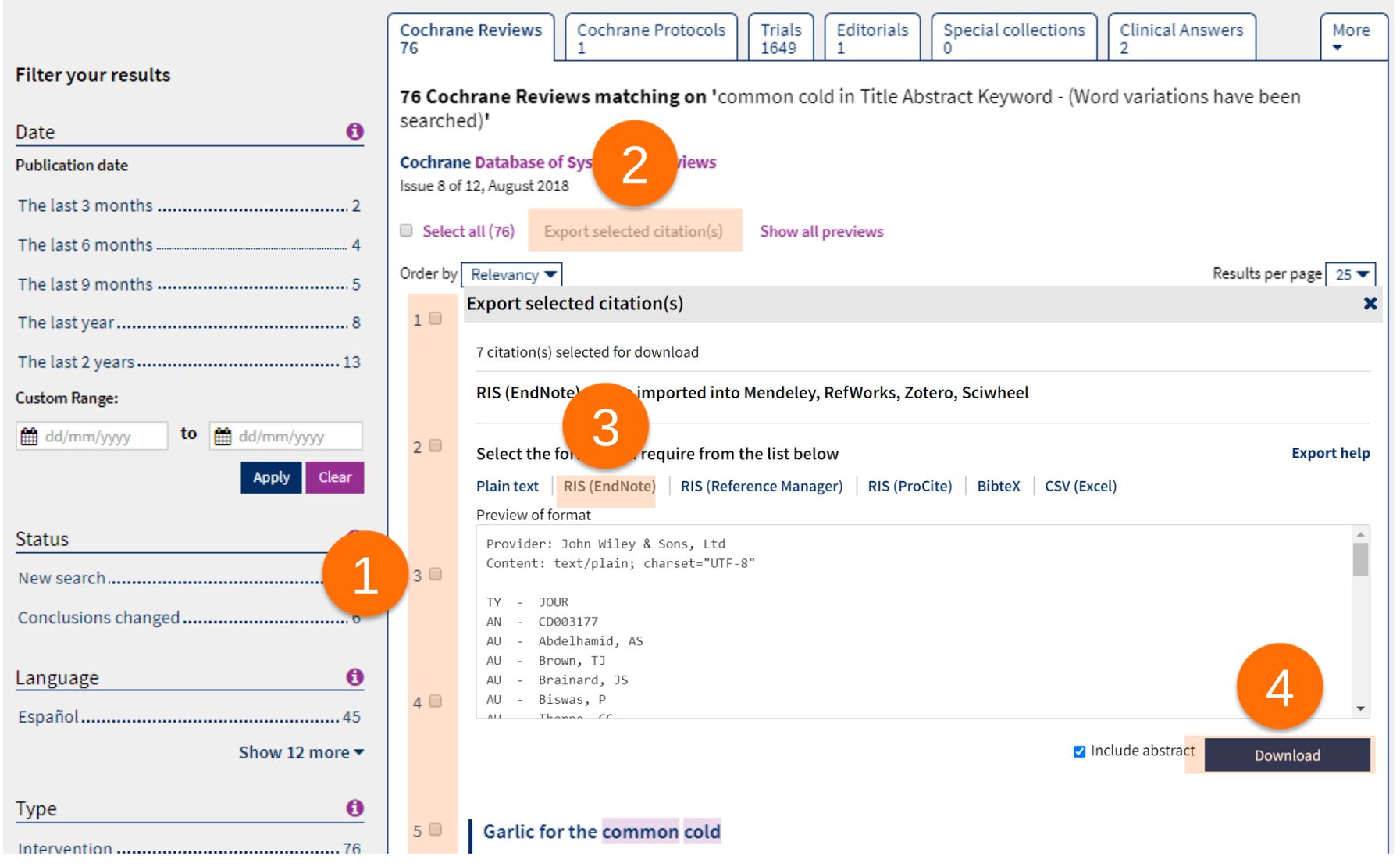

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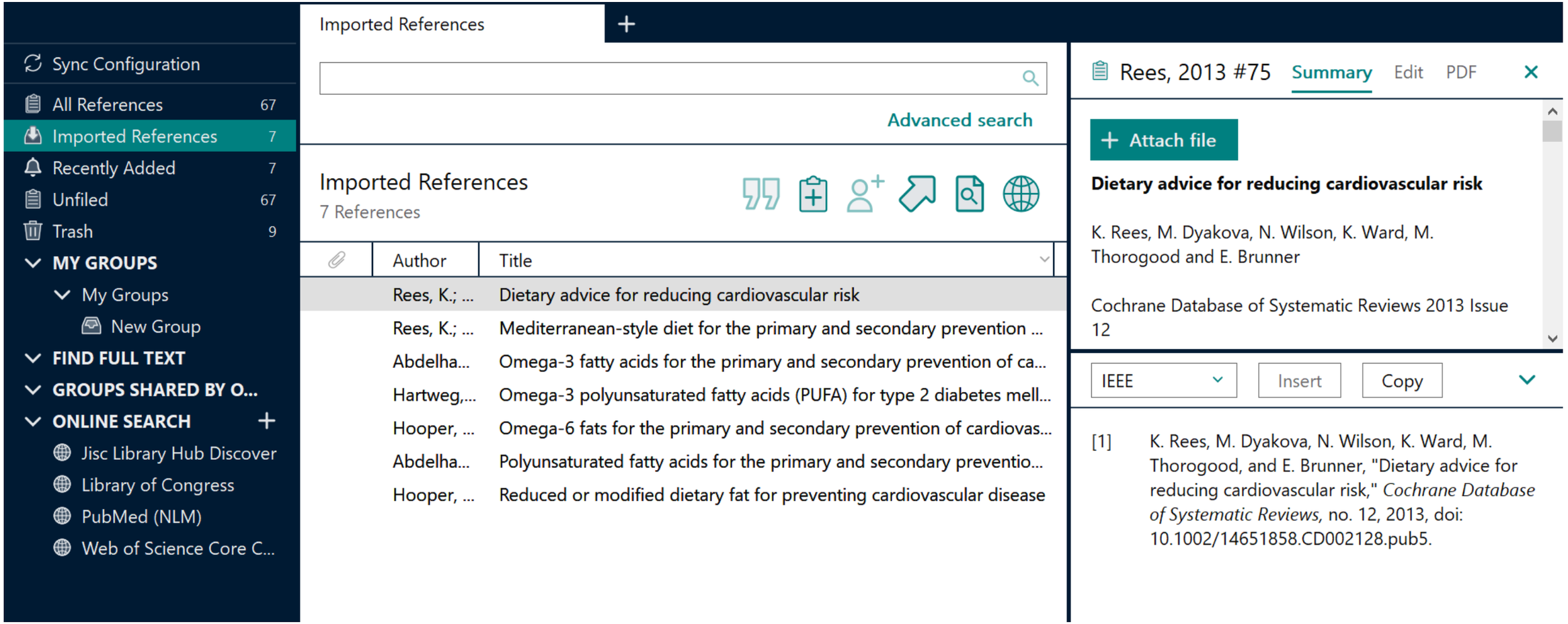

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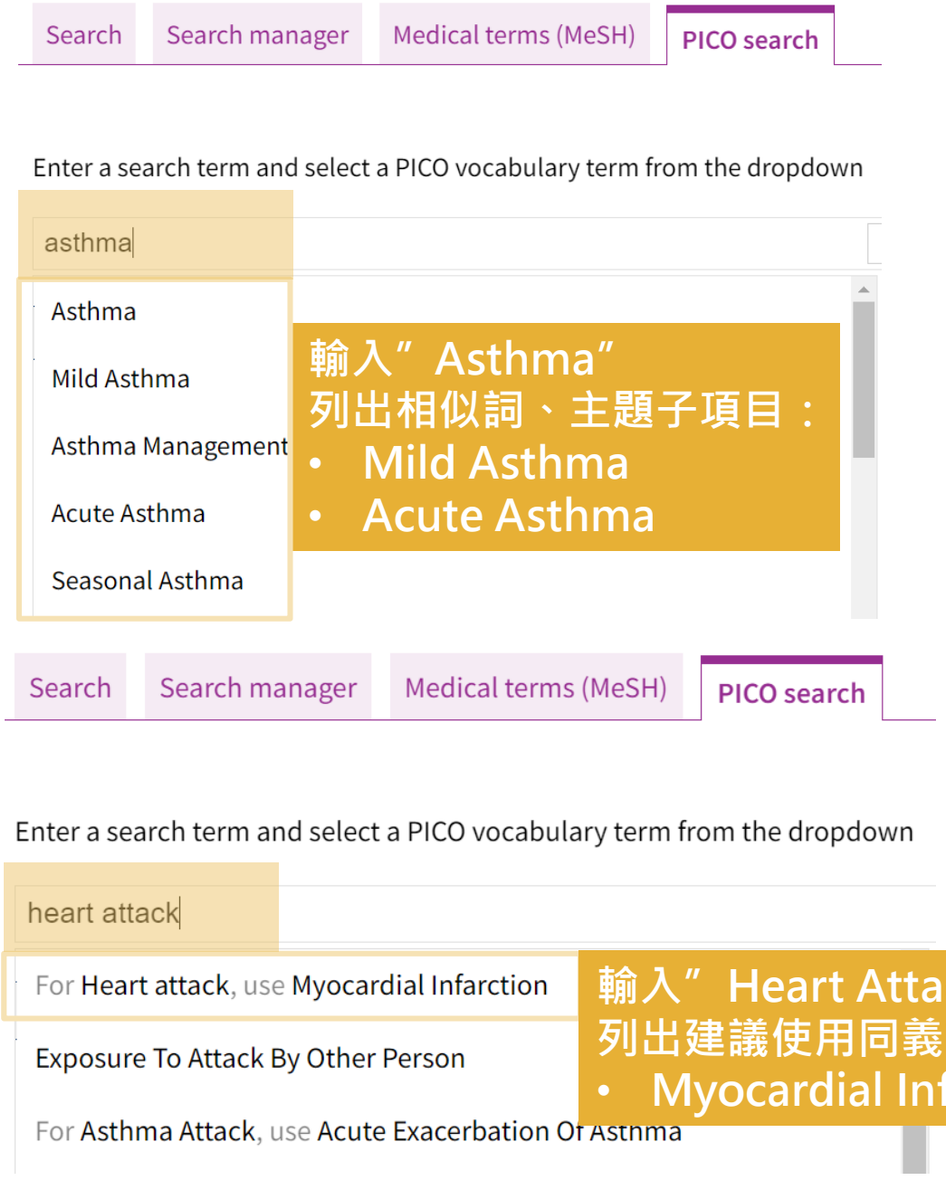
PICO SEARCH

PICO Search

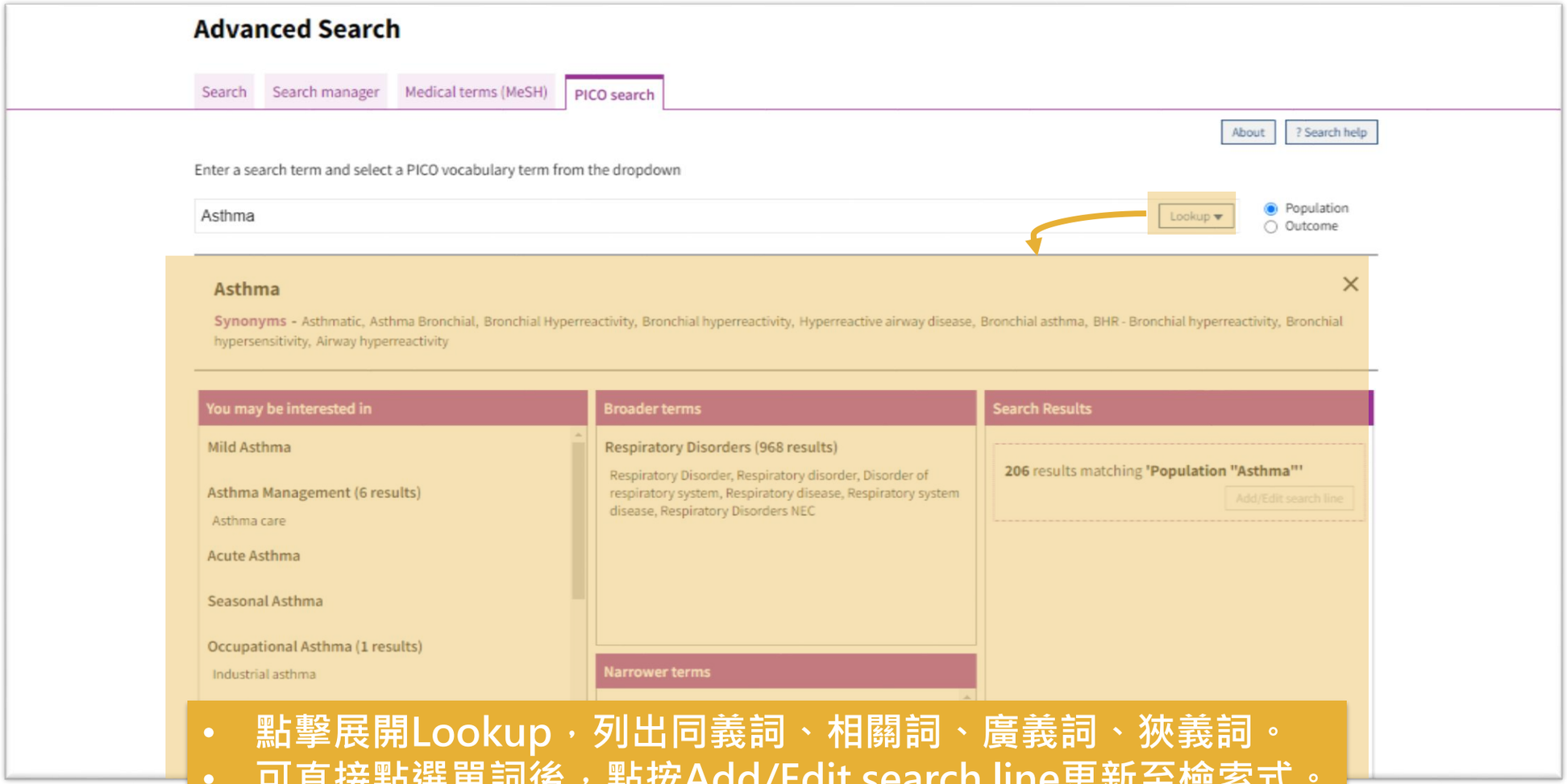
- 搜尋範圍：2015年迄今的介入型評論 (Intervention Reviews)。
- PICO Search 目前為獨立頁面，未與 Search Manager 整合；不提供檢索歷史與儲存檢索策略功能。

PICO Search – 輸入檢索詞



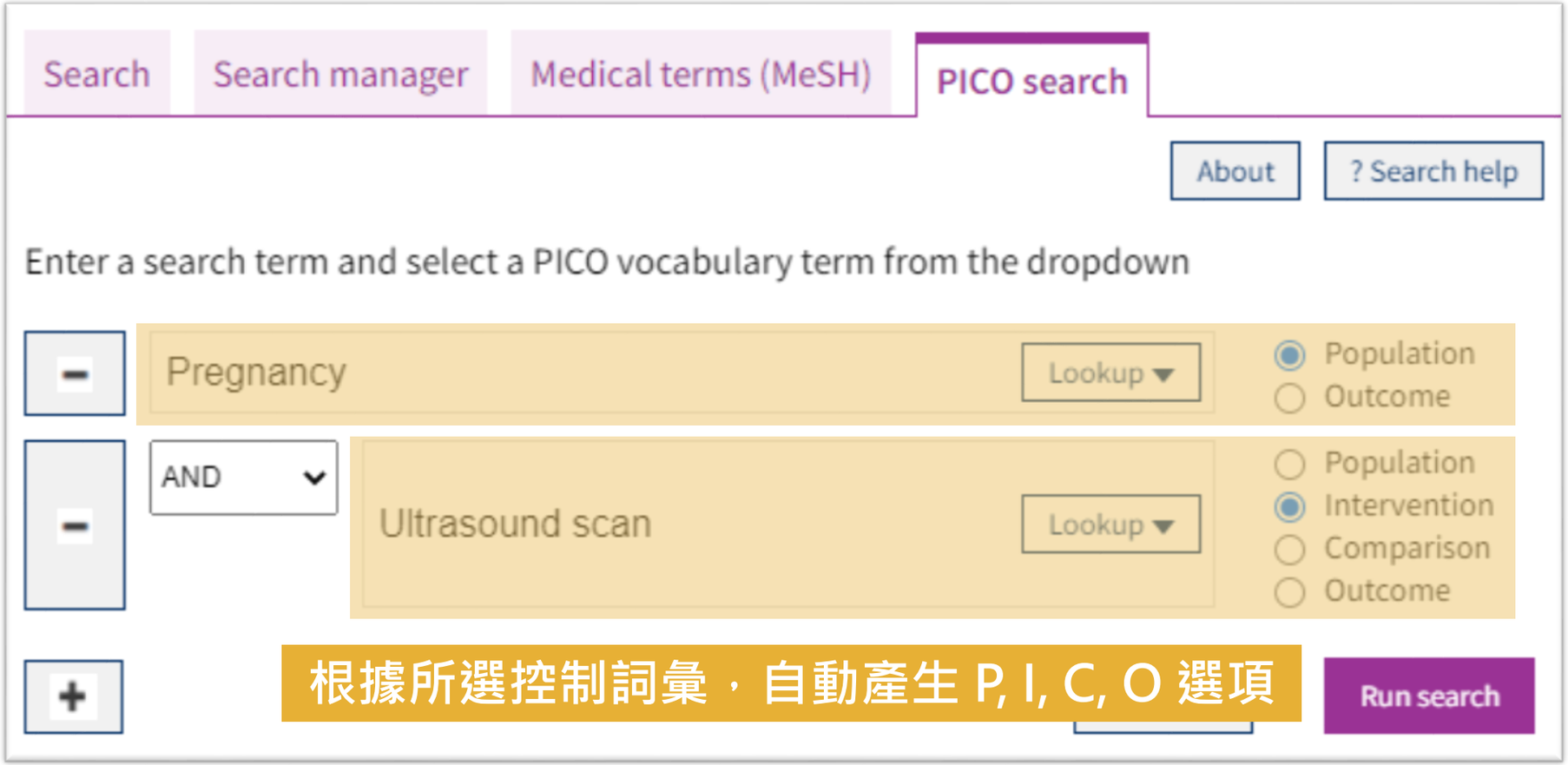
1. 必須搭配控制詞彙選單。
2. 選單含相似詞、同義詞。
3. 若在控制詞彙選單中沒有符合需求的字詞：
   - 可將檢索策略置換為其他P, I, C, O項目。
     例：原將P設為檢索條件，但未找到相關詞彙時，改將I設為檢索條件。
   - 利用Look up查看完整的同義詞、相關詞、廣義詞、狹義詞。

PICO Search – 輸入檢索詞

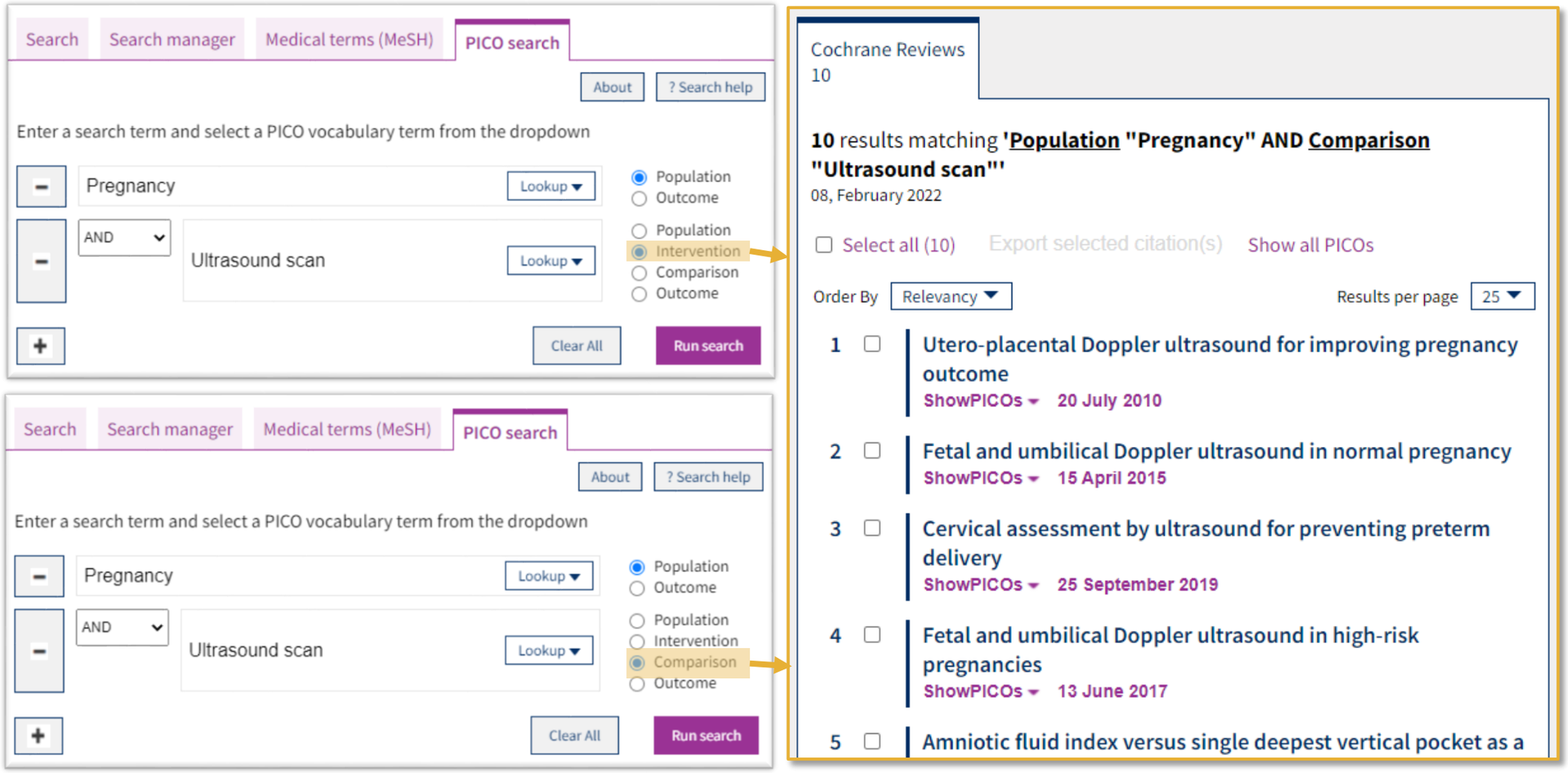


- 點擊展開Lookup，列出同義詞、相關詞、廣義詞、狹義詞。
- 可直接點選單詞後，點按Add/Edit search line更新至檢索式。

PICO Search – 檢索選項



PICO Search – 檢索技巧



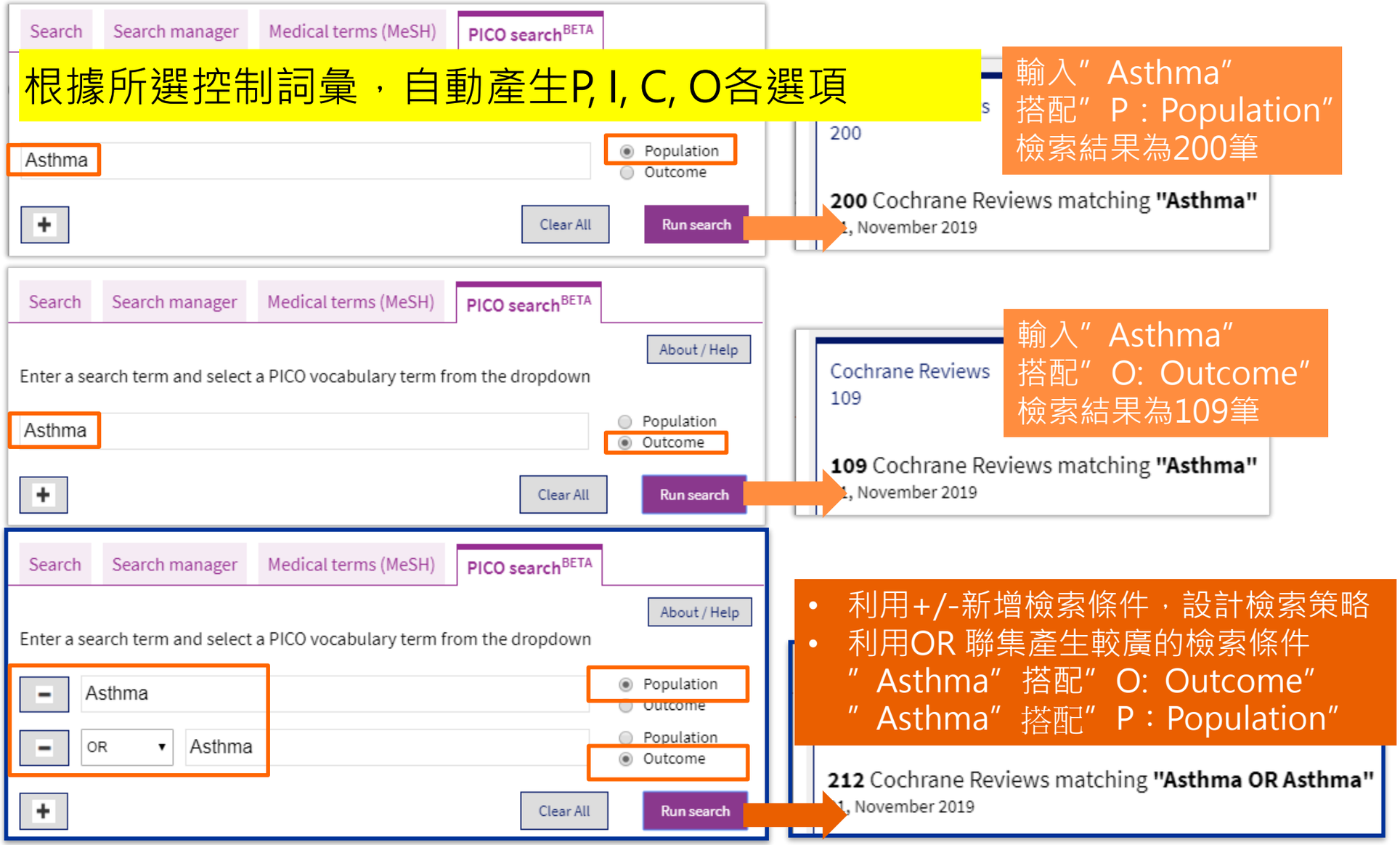
因 PICO 中 Intervention 及 Comparison 特性，
檢索時選擇任一項目，皆會產生聯集(I OR C)的檢索結果。

PICO Search – Show all PICOs

PICO Search – 限縮欄位

限縮欄位以P, I, C, O分類
以檢索結果文獻被註記的控制詞彙統計而成

PICO Search – 類別選項



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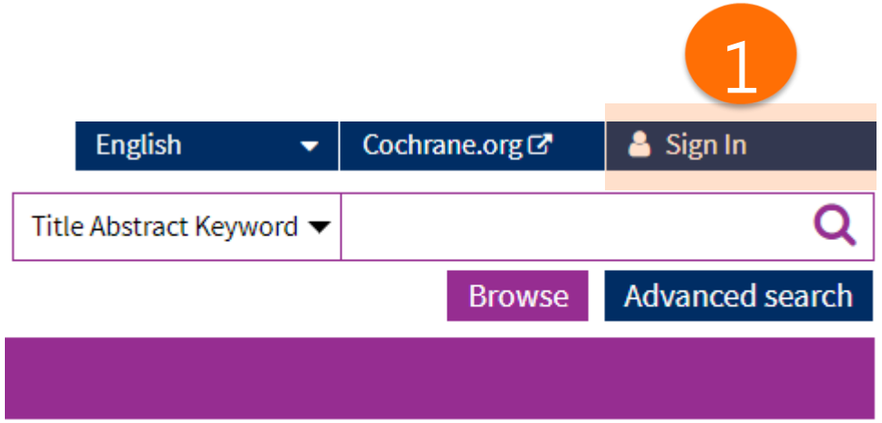

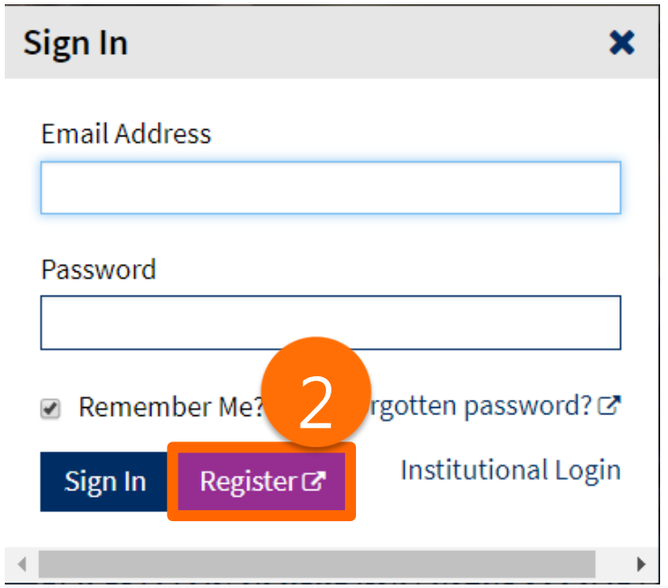

單位權限IP範圍內註冊即可利用下述功能：
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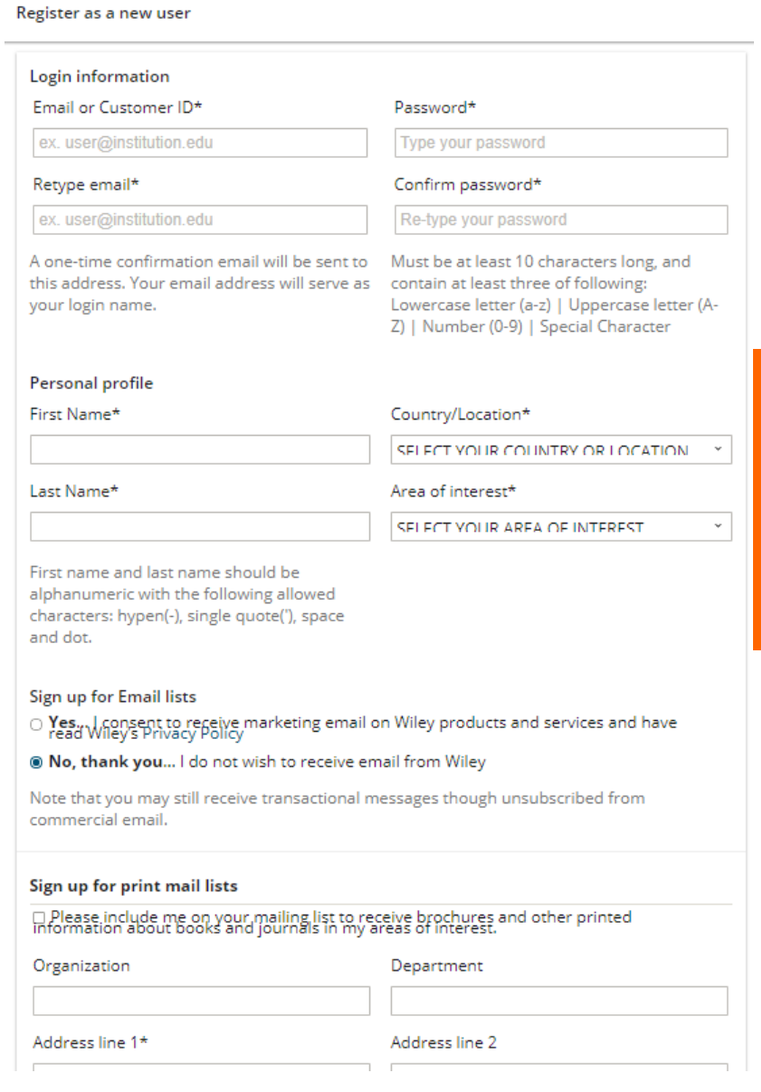
儲存檢索條件
Alert功能

3. 進入到Wiley Online Library平台的註冊畫面。填入個人E-mail、密碼、個人姓名、國家地區等資訊，並且勾選Term of Use後，Submit Registration。



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Cochrane Library

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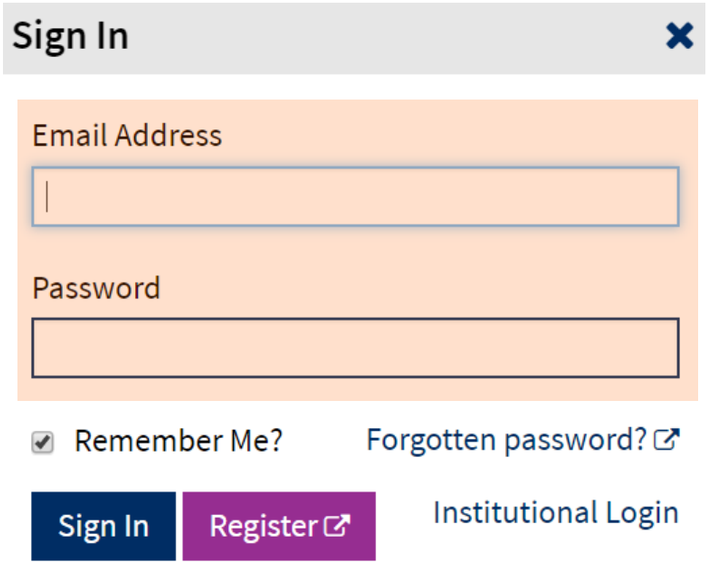

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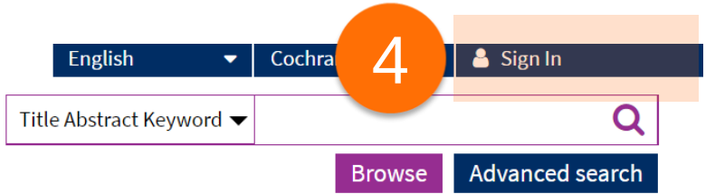

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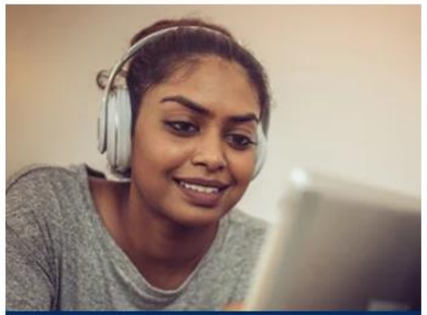

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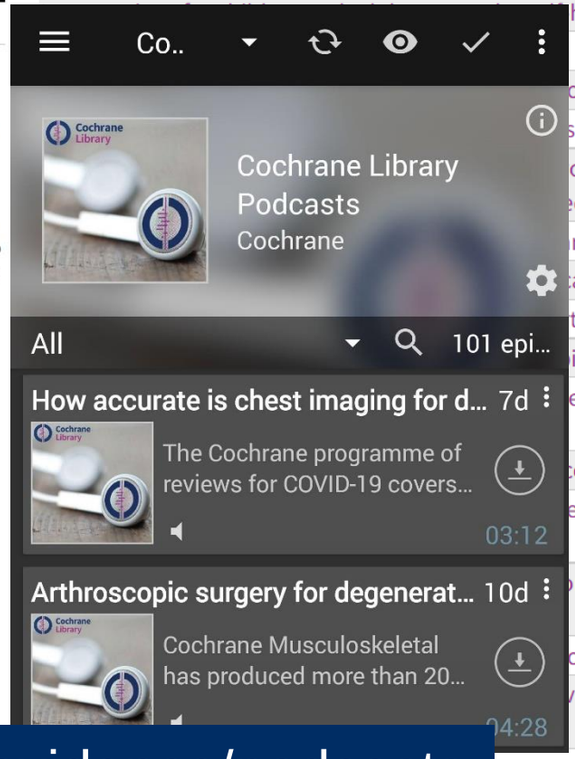

Podcast title	Published on
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最新消息

【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」

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- International Society of Evidence-Based Healthcare, Taiwan
- The Cochrane Collaboration
- The Cochrane Library
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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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