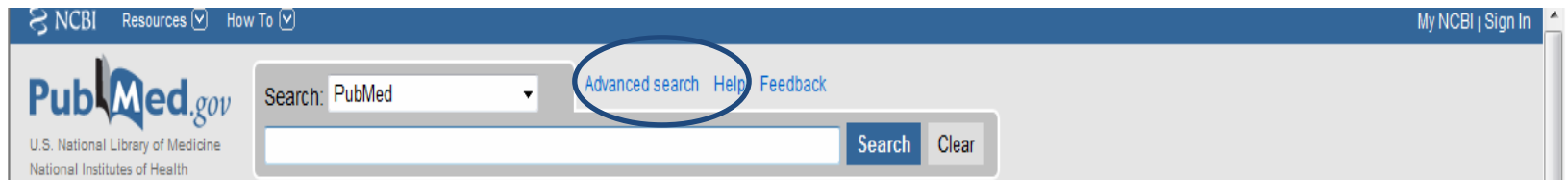


Guía breve de uso de Medline a través de PubMed



- <http://preview.ncbi.nlm.nih.gov/pubmed>

- La nueva versión de PubMed presenta dos posibilidades de búsqueda, la búsqueda básica (aparece por defecto)



y la avanzada (*advanced search*).

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The PubMed database comprises more than 19 million citations for

Introducing

- Localiza cualquier término/s presente/s en las referencias (título, resumen, materia...).

Para buscar una frase, es necesario entrecomillarla

“rheumatic diseases”

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- Para delimitar una búsqueda:

1.- Uso de operadores booleanos en mayúsculas (AND, OR y NOT)

- AND - recupera solo citas que contengan los términos.
Ej.: *"rheumatic diseases" AND pregnancy*
- OR - recupera citas que contengan los dos términos, o al menos uno de ellos
Ej.: *fever OR hyperthermia*
- NOT - excluye las citas que contengan el término precedido de NOT
Ej.: *Hypertension NOT pulmonary*

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- Para delimitar una búsqueda:
2.- Truncamiento (*) recuperar palabras con una misma raiz.
(neuroI*) recuperará todos los artículos que contengan palabras con esta raiz:
neurology; neuroleptic; neurolekin; neurologic; etc

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- Para delimitar una búsqueda:

3.- Uso de etiquetas de campo (Tags)

- Cada campo de una referencia, se identifica mediante una etiqueta de dos o más letras (calificadores de campo), que podemos añadir a continuación de cada término entre corchetes:
 - ej.: mycobacterium bovis [mh].
- Para limitar un término a un campo específico, es necesario escribir el término seguido de la abreviatura del campo entre corchetes
 - Smith [au] hipertension [ti]

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Date: (month and day are optional)

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Author name (see [help](#))

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Clinical Study Category: propone cuatro categorías: terapéutica (therapy), diagnóstico (diagnosis), etiología (etiology) y pronóstico (prognosis).

Systematic Reviews: recupera revisiones sistemáticas, meta-análisis, conferencias de consenso, guías de práctica clínica etc.

Medical Genetics: recupera registros relacionados con la genética médica.

OTROS RECURSOS

MESH Database: permite buscar por descriptores/ palabras clave (MESH) que la base de datos ha asignado a los referencias.

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- To save search indefinitely, click query # and click Save My NCBI.
- To combine searches use #search, e.g., #2

Search

- #7 Search "complejo hospitalario"
- #6 Search (smith[ti]) AND "complejo hospitalario"
- #5 Search smith[ti]
- #4 Search infection* [ti]
- #3 Search infection*

HISTORY: En esta opción se recoge en orden correlativo todo el historial de búsquedas de una sesión. Permite:

- Ver las estrategias de búsqueda realizadas
- Reejecutar una búsqueda pasada sin necesidad de teclear de nuevo
- Combinarlas entre sí (utilizando el número asignado a la búsqueda, precedido del signo #)

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Fill in any or all of the fields below, as needed.

All of these (AND) Any of these (OR)

Corporate Author

Journal

Publication Date

(yyyy/mm/dd - mm/dd/yyyy)

BÚSQUEDA ASISTIDA: Permite acceder a una lista de términos dentro de un campo específico ej.: MeSH Terms, Author Name, etc y seleccionar los términos para elaborar una estrategia de búsqueda utilizando los operadores booleanos AND, OR y NOT.

Clear All

Search

Search by Author, Journal, Publication Date, and more

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Journal

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Limit by Topics, Languages, and Journal Groups

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Gender

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 German
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Subsets

Journal Groups

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 Dental journals
 Nursing journals

Ages

All Infant: birth-23 months
 All Child: 0-18 years
 All Adult: 19+ years
 Newborn: birth-1 month
 Infant: 1-23 months

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Limita la búsqueda a los campos seleccionados:

- Acceso al texto completo/resumen de artículos (full text, free full text, and abstract)

- Tipo de población

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Chou R, Fu R, Carrino JA, Deyo RA.

Oregon Health and Science University, Portland, OR, USA.

Comment in:

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Abstract

BACKGROUND: Some clinicians do lumbar imaging routinely or in the absence of historical or clinical features suggestive of serious low-back problems. We investigated the effects of routine, immediate lumbar imaging versus usual clinical care without immediate imaging on clinical outcomes in patients with low-back pain and no indication of serious underlying conditions. **METHODS:** We analysed randomised controlled trials that compared immediate lumbar imaging (radiography, MRI, or CT) versus usual clinical care without immediate imaging for low-back pain. These trials reported pain or function (primary outcomes), quality of life, mental health, overall patient-reported improvement (based on various scales), and patient satisfaction in care received. Six trials (n=1804) met inclusion criteria. Study quality was assessed by two independent reviewers with criteria adapted from the Cochrane Back Review Group. Meta-analyses were done with a random effects model. **FINDINGS:** We did not record significant differences between immediate lumbar imaging and usual care without immediate

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