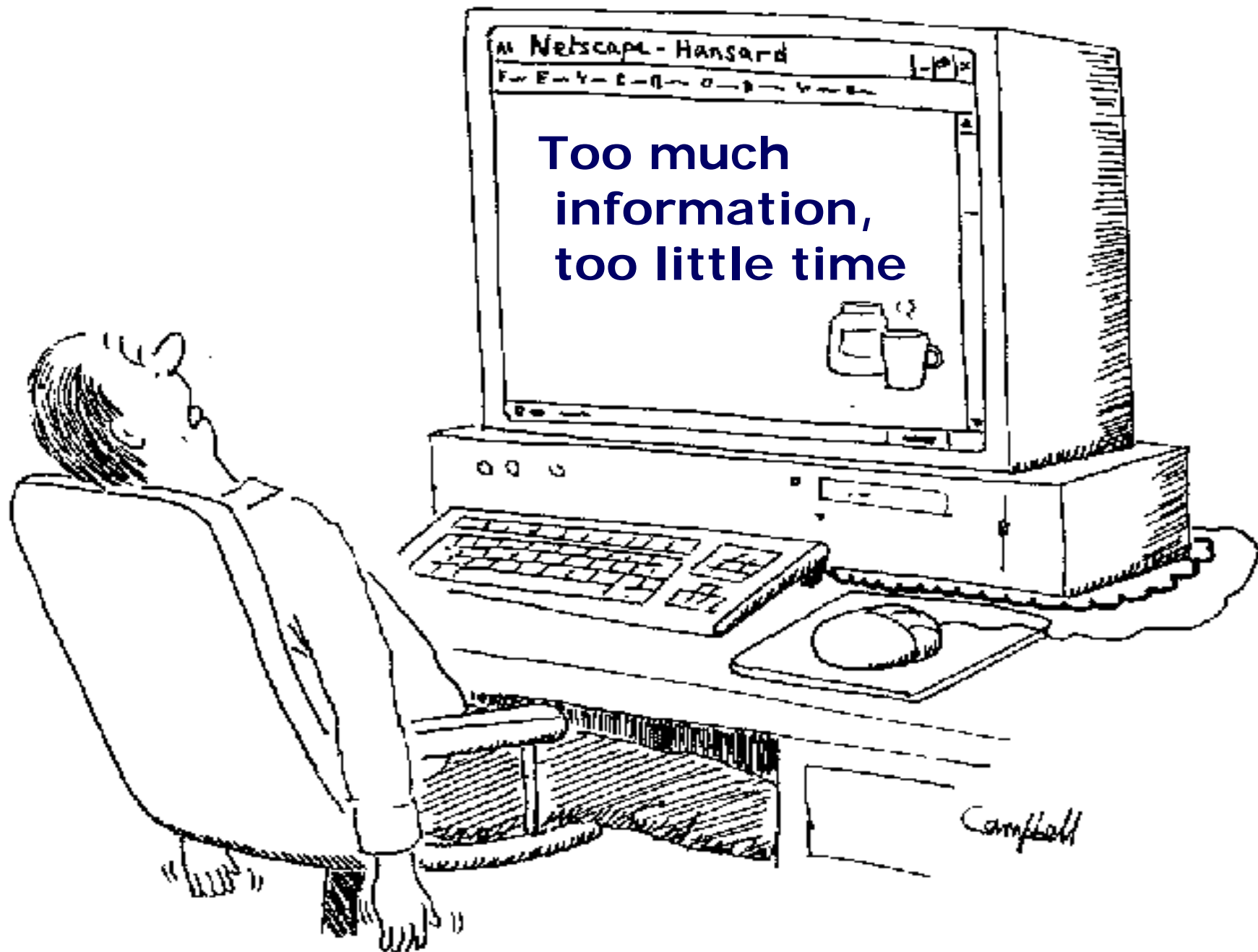


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E COSA NON TROVO...

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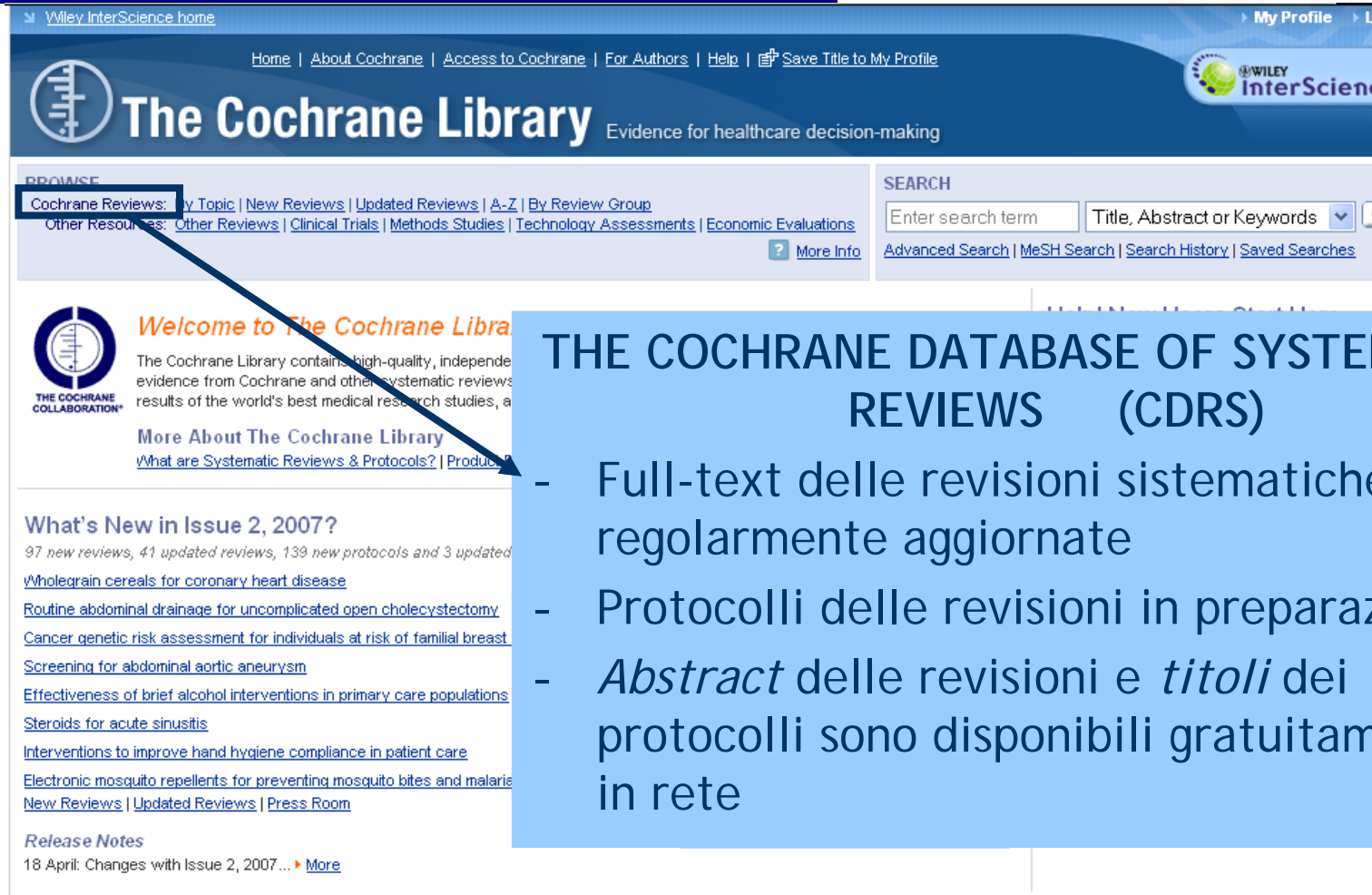
- **L'efficacia di un trattamento:**
 - Qual è l'efficacia del trattamento x
 - Quale potrebbe essere un trattamento efficace per y
 - Z è efficace nel trattare y
 - Z è meglio di x per trattare y
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-

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-

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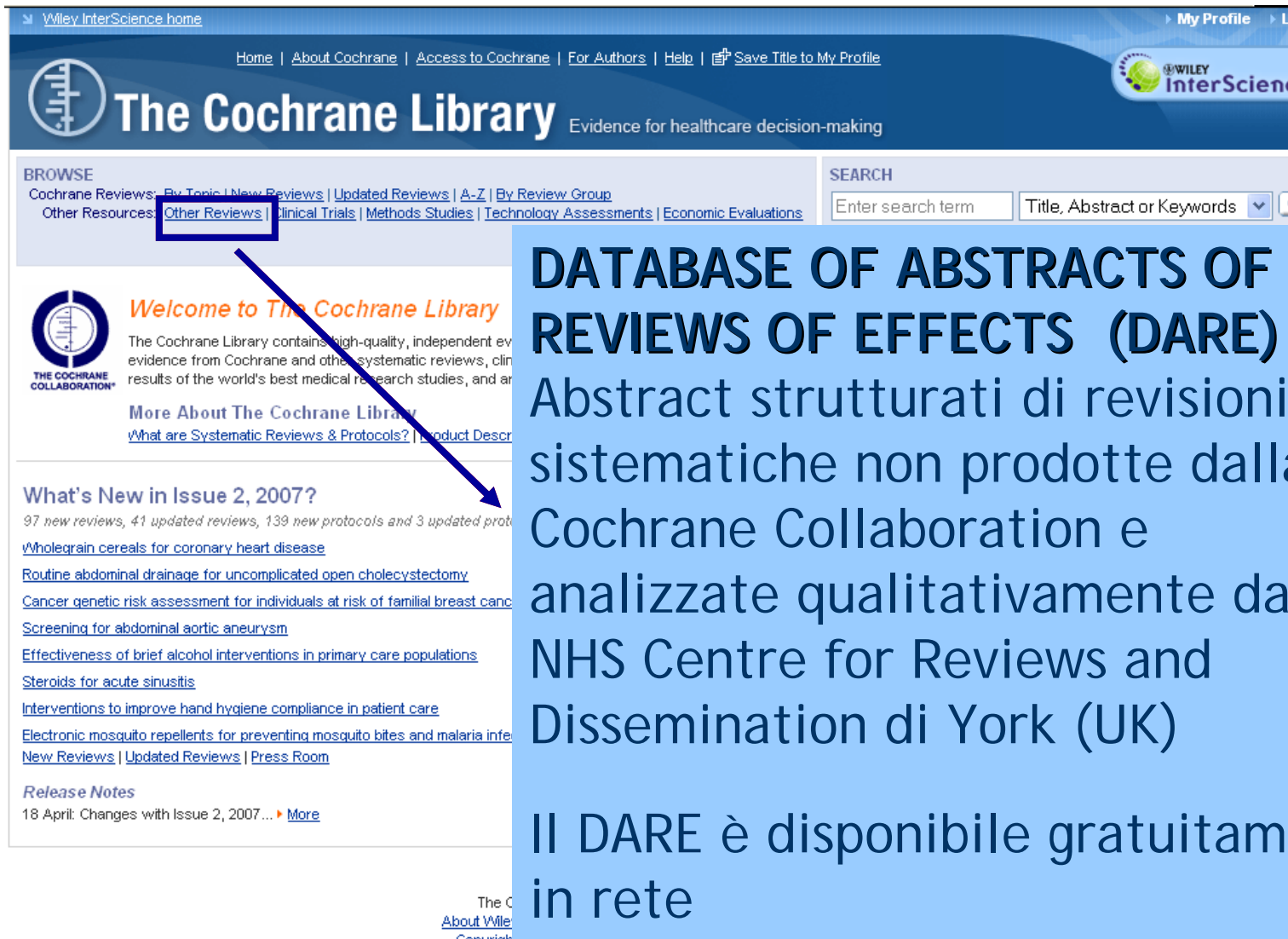
THE COCHRANE DATABASE OF SYSTEMATIC REVIEWS (CDRS)

- Full-text delle revisioni sistematiche, regolarmente aggiornate
- Protocolli delle revisioni in preparazione
- *Abstract* delle revisioni e *titoli* dei protocolli sono disponibili gratuitamente in rete

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DATABASE OF ABSTRACTS OF REVIEWS OF EFFECTS (DARE)
Abstract strutturati di revisioni sistematiche non prodotte dalla Cochrane Collaboration e analizzate qualitativamente dal NHS Centre for Reviews and Dissemination di York (UK)

Il DARE è disponibile gratuitamente in rete

The Cochrane Library also features a 'What's New in Issue 2, 2007?' section with a list of new reviews, updated reviews, and protocols, including topics like wholegrain cereals, routine abdominal drainage, cancer genetic risk assessment, screening for abdominal aortic aneurysm, effectiveness of brief alcohol interventions, steroids for acute sinusitis, interventions to improve hand hygiene compliance, and electronic mosquito repellents. A 'Release Notes' section mentions changes with Issue 2, 2007.

DARE : ESEMPIO

- Record status
- Author's objective
- Type of intervention
- Specific interventions included in the review
- Participants included in the review
- Outcomes assessed in the review
- Study designs of evaluations included in the review
- What sources were searched to identify primary studies?
- Criteria on which the validity (or quality) of studies was assessed
- How were the inclusion criteria applied?
- How were judgements of validity (or quality) made?
- How were the data extracted from primary studies?
- Number of studies included
- How were the studies combined?
- How were the differences between studies investigated?
- Results of the review
- Was any cost information reported?
- Author's conclusions
- CRD commentary
- What are the implications of the review?

[Abstracts of quality assessed systematic reviews]

Deep vein thrombosis and its prevention in critically ill adults (Structured abstract)

Centre for Reviews and Dissemination

Database of Abstracts of Reviews of Effects 2005 Issue 4
Copyright © 2005 University of York. Published by John Wiley & Sons, Ltd.

Original article: Attia J, Ray J G, Cook D J, Douketis J, Ginsberg J S, Geerts W H. Deep vein thrombosis and its prevention in critically ill. *Archives of Internal Medicine* 2001;**161**(10):1268-1279. [Links](#)

[Pr](#)

Record status

This record is a structured abstract written by CRD reviewers. The original has met a set of quality criteria. Since September 1996 abstracts have been sent to authors for comment. Additional factual information is incorporated into the record. Note (A:....).

Author's objective

To systematically review the incidence of deep vein thrombosis (DVT) and the efficacy of thromboprophylaxis in critically ill adults.

Type of intervention

Prevention.

Specific interventions included in the review

The authors do not specify a priori the types of DVT prophylactic interventions to be compared. The included studies used prophylaxis, placebo, mechanical devices (pneumatic compression devices, foot pump, graduated compression stockings), dose unfractionated heparin, or low molecular weight heparin (LMWH).

Participants included in the review



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and patients need high-quality
evidence of treatments.

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CENTRAL : ESEMPIO

Title	A randomized trial of low-dose aspirin in the primary prevention of cardiovascular disease in women. Links Export Central Citation
Comments	Comment in: N Engl J Med. 2005 Mar 31;352(13):1366-8; PMID: 15755763
Author(s)	Ridker PM, Cook NR, Lee IM, Gordon D, Gaziano JM, Manson JE, Hennekens CH, Buring JE
Source	The New England journal of medicine
Date of Publication	2005 Mar
Volume	352
Issue	13
Pages	1293-304
Abstract	<p>BACKGROUND: Randomized trials have shown that low-dose aspirin decreases the risk of a first myocardial infarction in men with little effect on the risk of ischemic stroke. There are few similar data in women. METHODS: We randomly assigned 39,871 initially healthy women 45 years of age or older to receive 100 mg of aspirin on alternate days or placebo and then monitored them for 10 years for a first major cardiovascular event (i.e., nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes). RESULTS: During follow-up, 477 major cardiovascular events were confirmed in the aspirin group, as compared with 522 in the placebo group, for a nonsignificant reduction in risk with aspirin of 9 percent (relative risk, 0.91; 95 percent confidence interval, 0.80 to 1.03; P=0.13). With regard to individual end points, there was a 17 percent reduction in the risk of stroke in the aspirin group, as compared with the placebo group (relative risk, 0.83; 95 percent confidence interval, 0.69 to 0.99; P=0.04), owing to a 24 percent reduction in the risk of ischemic stroke (relative risk, 0.76; 95 percent confidence interval, 0.63 to 0.93; P=0.009) and a nonsignificant increase in the risk of hemorrhagic stroke (relative risk, 1.24; 95 percent confidence interval, 0.82 to 1.87; P=0.31). As compared with placebo, aspirin had no significant effect on the risk of fatal or nonfatal myocardial infarction (relative risk, 1.02; 95 percent confidence interval, 0.84 to 1.25; P=0.83) or death from cardiovascular causes (relative risk, 0.95; 95 percent confidence interval, 0.74 to 1.22; P=0.68). Gastrointestinal bleeding requiring transfusion was more frequent in the aspirin group than in the placebo group (relative risk, 1.40; 95 percent confidence interval, 1.07 to 1.83; P=0.02). Subgroup analyses showed that aspirin significantly reduced the risk of major cardiovascular events, ischemic stroke, and myocardial infarction among women 65 years of age or older. CONCLUSIONS: In this large, primary-prevention trial among women, aspirin lowered the risk of stroke without affecting the risk of myocardial infarction or death from cardiovascular causes, leading to a nonsignificant finding with respect to the primary end point.</p>
Medical Subject Headings (MeSH)	Age Factors ; Aged ; Anti-Inflammatory Agents, Non-Steroidal [therapeutic use] ; *Aspirin [administration & dosage;adverse effects;therapeutic use] ; *Cardiovascular Diseases [epidemiology,mortality,prevention & control] ; *Cerebrovascular Accident [epidemiology,prevention & control] ; Cyclooxygenase Inhibitors [therapeutic use] ; Double-Blind Method ; Follow-Up Studies ; Incidence ; Middle Aged ; *Myocardial Infarction [epidemiology,prevention & control] ; *Platelet Aggregation Inhibitors [administration & dosage;adverse effects;therapeutic use] ; Primary Prevention ; Proportional Hazards Models ; Research Support, U.S. Gov't, P.H.S. ; Risk ; Risk Factors

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METHOD STUDIES
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LEGENDA

A key for the status of the reviews is:

R = A full **Review**, complete with results and discussion, meta-analysis and an odds-ratio diagram for the review.

P = A **Protocol**. The outline of reviews in preparation, including the background, rationale and methods.

Comment = A full Review that also contains commentary/criticism. Readers can submit comments, which are incorporated into the review together with answers and feedback from the review authors.

New = A new Protocol or review that has been published in the most recent quarter.

Update = A Review that has been updated in the most recent quarter.

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AND ▾	<input type="text" value="primary prevention"/>	Search All Text ▾
AND ▾	<input type="text" value="cardiovascular diseases"/>	Search All Text ▾
AND ▾	<input type="text" value="women"/>	Abstract ▾
AND ▾	<input type="text"/>	Keywords ▾
<input type="button" value="Search"/>		<input type="checkbox"/> Go directly to Search History

Restrict Search by Product

- ☒ All of The Cochrane Library
- ☐ The Cochrane Database of Systematic Reviews (Cochrane Reviews)
- ☐ Database of Abstracts of Reviews of Effects (DARE)
- ☐ The Cochrane Central Register of Controlled Trials (CENTRAL)
- ☐ The Cochrane Database of Methodology Reviews (Methodology Reviews)
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☒ All records

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Explode

All



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Tree Number 2



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Search this term only



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[Acetanilides \[+7\]](#)

Acetaminophen

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[Etidocaine](#)

[Inosine Pranobex](#)

[Lidocaine](#)

[Phenacetin](#)

[Trimecaine](#)

Tree Number 2

[Chemical Actions and Uses \[+3\]](#)

[Pharmacologic Actions \[+3\]](#)

[Physiological Effects of Drugs \[+20\]](#)

[Peripheral Nervous System Agents \[+3\]](#)

SEARCH HISTORY

[Advanced Search](#) | [MeSH Search](#) | **Search History** | [Saved Searches](#)

Search For:

Go

Date Range (4-digit year): -

Restrict by record status: ▼

Restrict by field: ▼

Current Search History

ID	Search	Hits	Edit	Delete
#1	paracetamol in All Fields and fever in Record Title, from 1800 to 2005 in all products	24	edit	delete
#2	paracetamol and fever in All Fields in all products	153	edit	delete


Save Search Strategy

Clear History

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There are 20 results out of 4801 records for: "antibiotic" in Title, Abstract or Keywords and otitis in Title, Abstract or Keywords in The Cochrane Database of Systematic Reviews

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<input type="checkbox"/>	Antibiotics for the prevention of acute and chronic suppurative otitis media in children AJ Leach, PS Morris Year: 2006 Record Review
<input type="checkbox"/>	Short course antibiotics for acute otitis media AL Kozlarsky, GE Hilde-Ripstein, SEA Longstaffe, JL Wincott, DS Sitar, TP Klassen, MEK Moffatt Year: 2000 Record Review
<input type="checkbox"/>	Interventions for chronic suppurative otitis media J Acuin, A Smith, I Mackenzie Year: 1998 Record Withdrawn Review

SUGGERIMENTI PER LA RICERCA

OPERATORI BOOLEANI	AND OR e NOT in maiuscolo	magnesium sulfate AND (eclampsia OR perinatal asphyxia)
OPERATORE DI PROSSIMITÀ NEAR	Digitare NEAR/ con il numero di parole entro le quali devono i due termini devono comparire. Per default i termini sono 6.	antidepressant NEAR/10 narcolepsy
OPERATORE DI PROSSIMITÀ NEXT	Digitare NEXT tra i due termini che si desidera debbano essere adiacenti.	cholera NEXT treat*
TRONCAMENTO	*	abdom* *eclampsia

SUGGERIMENTI PER LA RICERCA

RICERCA PER FRASI	Utilizzare le ".."	"mental health treatment"
PLURALI	La forma plurale comprende anche il singolare e vice versa. Per esempio il termine drugs recupera sia drug che drugs . Per cercare il termine esatto, utilizzare le virgolette.	"vaccine"

CLINICAL EVIDENCE



CLINICAL EVIDENCE *Che cos'è ...*

- E' una sintesi ragionata delle migliori prove di efficacia basate su revisioni sistematiche dei migliori dati disponibili (tratti da studi controllati e randomizzati (SCR) o da altri tipi di studio di minor validità metodologica se non esistono SCR o non era comunque appropriato realizzarli)
- Si occupa dell'efficacia degli interventi (preventivi, terapeutici e riabilitativi)

CLINICAL EVIDENCE ... *e che cosa non è*

Non è un libro di linee guida e non dice che cosa si deve e non si deve fare. Non contiene (per ora) informazioni sull'utilità dei test diagnostici

CLINICAL EVIDENCE *Come è nata l'idea?*


- Nel 1995 il Department of Health inglese ha commissionato al British Medical Journal la realizzazione di un “prontuario sull’efficacia degli interventi sanitari”.


Nasce così l’idea di Clinical Evidence (CE)

- Nel 1998 viene pubblicata la prima edizione di CE.

La pubblicazione in formato cartaceo viene aggiornata ogni 6 mesi (quella online ogni mese) e ogni nuovo numero contiene circa 10 nuovi capitoli, con l’aggiornamento di tutti i precedenti

CLINICAL EVIDENCE



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21 September 2007
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How can we tailor research to meet the needs of both clinicians and patients?



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Latest updated reviews

- [Hepatitis C \(chronic\)](#) (updated)
- [OA knee](#) (updated)
- [Chronic pancreatitis](#) (new)
- [Fracture prevention](#) (updated)
-  [Summary of all updates](#)


Smoking cessation (new)

We present a new review on an evidence based approach to Smoking cessation. [Click to view](#)



Managing HIV infection

View our systematic reviews on the challenges of managing HIV/AIDS in resource poor settings. [Click to view](#)

Letter from the editor



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numero **2**
anno 2003

**clinical
evidence**
edizione italiana

La fonte delle migliori
prove di efficacia per la pratica clinica

*Ministero della Salute*
DIREZIONE GENERALE DELLA VALUTAZIONE
DEI MEDICINALI E DELLA FARMACOVIGILANZA

COME VENGONO SELEZIONATI I QUESITI

I quesiti in *Clinical Evidence* riguardano i benefici e i rischi degli interventi (preventivi, terapeutici e riabilitativi).

I quesiti sono selezionati in base alla loro rilevanza per la pratica clinica da consulenti esterni e autori delle singole aree in collaborazione con medici di medicina generale e gruppi di pazienti.

Ciascun nuovo fascicolo include nuovi quesiti e gli aggiornamenti degli esistenti.

I lettori di *Clinical Evidence* possono suggerire nuovi quesiti clinici scrivendo per mail o posta direttamente alla rivista.

COME VIENE EFFETTUATA LA RICERCA BIBLIOGRAFICA

Per ciascun quesito la ricerca bibliografica è effettuata su: Cochrane Library, Medline, Embase e occasionalmente su altre banche dati elettroniche ricercando revisioni sistematiche e eventuali RCTs pubblicati dopo la revisione.

Nel caso non ci fossero revisioni sistematiche recenti vengono ricercati i singoli RCTs.

La data della ricerca è indicata in ciascun capitolo.

COME VENGONO VALUTATI GLI STUDI

Solo una piccola parte degli studi recuperati risponde ai criteri metodologici di inclusione.

La selezione si basa su una valutazione critica indipendente degli abstracts utilizzando criteri validati.

Quando più revisioni o RCTs sono stati identificati vengono selezionati i più robusti o rilevanti.

Nel caso in cui non vi siano revisioni o RCTs vengono considerati altri disegni di studio evidenziandone i limiti.

Agli autori, esperti dell'area clinica e con competenze epidemiologiche, è richiesto di valutare la scelta degli studi e argomentare eventuali proposte e modifiche.

PEER REVIEW

Tutti gli argomenti sono *peer reviewed* dai consulenti dell'area clinica e da almeno tre esperti esterni

SUGGERIMENTI PER LA CONSULTAZIONE

- Pensa a CE come a un libro online
- È consigliabile scorrere l'indice (*browse*) prima di fare una ricerca per termini liberi con la funzione *Search*
- Se si cerca una popolazione specifica (children, women or men) controlla sia la specialità che le sezioni specifiche per popolazione (*child health, men's health, women's health*).

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The screenshot shows the BMI Clinical Evidence website interface. At the top, there is a blue navigation bar with links for Home, Log out, Help, and Contact us. Below this, the site title 'BMI Clinical Evidence' is displayed, followed by dropdown menus for 'Sections' and 'Full review list', and a search bar labeled 'Search this site'. A large white dropdown menu is open, listing various clinical sections under the heading 'A full list of BMJ Clinical Evidence sections.' The sections are organized into three columns. The first column includes 'Blood and lymph disorders', 'Cardiovascular disorders', 'Child health' (highlighted with a yellow box), 'Diabetes', 'Digestive system disorders', 'ENT', 'Endocrine and metabolic Disorders', 'Eye disorders', 'HIV and AIDS', 'Infectious diseases', and 'Kidney disorders'. The second column includes 'Lifestyle', 'Men's health', 'Mental health', 'Musculoskeletal disorders', 'Neurological disorders', 'Oncology', 'Oral health', 'Perioperative care', 'Poisoning', and 'Pregnancy and childbirth'. The third column includes 'Respiratory disorders (acute)', 'Respiratory disorders (chronic)', 'Sexual health', 'Skin disorders', 'Sleep disorders', 'Social and community health', 'Supportive and palliative care', 'Travel health', 'Women's health', and 'Wounds'. At the bottom of the page, there is a footer section with a 'Remember you have the opportunity to respond to this review if you have any' message.

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Diabetes	Musculoskeletal disorders	Skin disorders
Digestive system disorders	Neurological disorders	Sleep disorders
ENT	Oncology	Social and community health
Endocrine and metabolic Disorders	Oral health	Supportive and palliative care
Eye disorders	Perioperative care	Travel health
HIV and AIDS	Poisoning	Women's health
Infectious diseases	Pregnancy and childbirth	Wounds
Kidney disorders		

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- ✱ [Bronchiolitis](#)
- ✱ [Cardiorespiratory arrest in children \(out of hospital\) \(updated\)](#)
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- ✱ [Nosebleeds in children](#)
- ✱ [Obesity in children](#)
- ✱ [Otitis media in children \(acute\) \(updated\)](#)
- ✱ [Perinatal asphyxia](#)
- ✱ [Sleep disorders in children \(new\)](#)
- ✱ [Sudden infant death syndrome](#)
- ✱ [Urinary tract infection in children \(updated\)](#)

Covered elsewhere

- ✱ [Candidiasis \(oropharyngeal\)](#)
- ✱ [Chickenpox \(updated\)](#)
- ✱ [Chronic prostatitis](#)
- ✱ [Common cold](#)
- ✱ [HIV: mother to child transmission](#)
- ✱ [Head lice](#)
- ✱ [Meningococcal disease](#)
- ✱ [Middle ear pain and trauma during air travel \(updated\)](#)
- ✱ [Otitis externa](#)
- ✱ [Scabies](#)
- ✱ [Sickle cell disease \(updated\)](#)
- ✱ [Sore throat](#)

CLINICAL EVIDENCE

Riassunti di tutti gli interventi, incluse i tipi di evidenze trovate e i risultati

Informazioni utili compreso l'eziologia, la prognosi e i rischi del trattamento

Quesiti. Tutti gli interventi sono categorizzati secondo i loro effetti:

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Child health

Otitis media in children (acute) (updated)

Clare Bradley Stevenson, Paddy O'Neill, and Tony Roberts

Interventions Key points About this condition Updates (2) Guidelines (1) References Your response

You may prefer to [read the key points](#) of this review.

We have searched the evidence for systematic and rigorous answers to the clinical questions and situations below, focusing on the outcomes that matter most to patients and clinicians. We have then categorised each treatment or intervention according to its harms and benefits in those situations.

What are the effects of treatments for acute otitis media in children?

Likely to be beneficial	1 2	* Analgesics
Trade off between benefits and harms	1 2	* Antibiotics (reduce symptoms more quickly than placebo but increase adverse effects) * Choice of antibiotic regimen * Immediate compared with delayed antibiotic treatment * Longer courses of antibiotics (reduce treatment failure in the short term but not the long term)
Likely to be ineffective or harmful	3 4	* Myringotomy

Updates (new)

We provide up-to-the-minute evidence.







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Legend:

- 1 1 Beneficial
- 1 2 Likely to be beneficial
- 1 2 Trade-off between benefits and harms
- 2 2 Unlikely to be beneficial
- 2 1 Unknown effectiveness
- 3 1 Likely to be ineffective or harmful

CLASSIFICAZIONE

Intervention	Icon	Description
Beneficial		for which effectiveness has been demonstrated by clear evidence from RCTs, and for which expectation of harms is small compared with the benefits.
Likely to be beneficial		for which effectiveness is less well established than for those listed under "beneficial".
Trade off between benefits and harms		for which clinicians and patients should weigh up the beneficial and harmful effects according to individual circumstances and priorities.
Unknown effectiveness		for which there are currently insufficient data or data of inadequate quality.
Unlikely to be beneficial		for which lack of effectiveness is less well established than for those listed under "likely to be ineffective or harmful".
Likely to be ineffective or harmful		for which ineffectiveness or harmfulness has been demonstrated by clear evidence.

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Clare Bradley-Stevenson, Paddy O'Neill, and Tony Roberts.


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What are the effects of treatments for acute otitis media in children?

Likely to be beneficial		<ul style="list-style-type: none">• Analgesics
Trade off between benefits and harms		<ul style="list-style-type: none">• Antibiotics (reduce symptoms more quickly than placebo but increase adverse effects)• Choice of antibiotic regimen• Immediate compared with delayed antibiotic treatment• Longer courses of antibiotics (reduce treatment failure in the short term but not the long term)
Likely to be ineffective or harmful		<ul style="list-style-type: none">• Myringotomy

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Child health
Otitis media in children (acute) (updated)
Clare Bradley-Stevenson, Paddy O'Neill, and Tony Roberts.

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Treatments for acute otitis media in children

Antibiotics versus placebo
In this section:
[Summary](#) | [Benefits](#) | [Harms](#) | [Comment](#)

Summary [Top](#)

We found five systematic reviews comparing antibiotics versus placebo in children with acute otitis media. The reviews used different inclusion criteria and outcome measures. One review in children aged 4 months to 18 years found a reduction in symptoms with a range of antibiotics (cephalosporins, erythromycin, penicillins, co-trimoxazole) after 7–14 days of treatment compared with placebo. A second review in children younger than 2 years found no significant difference in clinical improvement after 7 days between antibiotics (penicillins, sulphonamides, co-amoxiclav) and placebo alone or placebo plus myringotomy. A third review in children aged 4 weeks to 18 years found that antibiotics (ampicillin, amoxicillin) reduced clinical failure rate within 2–7 days compared with placebo or observational treatment. The fourth review in children aged 6 months to 15 years found that, compared with placebo, the early use of antibiotics (erythromycin, penicillins) reduced the proportion of children still in pain 2–7 days after presentation, and reduced the risk of developing contralateral acute otitis media. The fifth review found that antibiotics were most beneficial in children under 2 years of age with bilateral acute otitis media compared

Updates (new)

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- *Clinical Evidence* è complementare, ma differente dalla Cochrane Library (revisioni sistematiche)
- *Clinical Evidence* è stata definita la versione *friendly* 'amichevole' della Cochrane Library dal momento che permette la consultazione da un unico punto e in un formato conciso di informazioni qualitativamente rilevanti.
- Molti dei consulenti e autori fanno parte della Cochrane Collaboration.

ESERCITAZIONI

1. La riabilitazione per il mal di schiena
2. RS non Cochrane sulla sclerosi multipla
3. Gli RCT pubblicati sull'ultimo numero