Finding Systematic Reviews using PubMed

GEMP 2
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PubMed

http://www.pubmed.gov?holding=izawitlib_fft

- Make sure that you are using a version of PubMed that is linked to WHSL’s full text holdings via a WHSL LibGuide
- For Remote Access Remember to Use your Library PIN
Method 1: Using the Systematic Review Filter
Make sure that you select the MeSH term required by clicking the box.

Add to search builder

Then Search PubMed
Result: 19774 articles

Filter results (Limit)
Publication Dates

Results: 1 to 20 of 19774

1. Diagnosis and treatment of depression in adults with comorbid medical conditions. A 52-year-old man with depression.
   Whooley MA.
   JAMA. 2012 May 2;307(17):1848-57.
   PMID: 22550199 [PubMed - indexed for MEDLINE]
   Related citations

2. [Gastroesophageal reflux and asthma--pathogenetic mechanisms and treatment].
   Gabriela J, Ianosi ES, Aberle E, Comes A.
   PMID: 22545483 [PubMed - indexed for MEDLINE]
   Related citations

3. Reflux drugs linked to C. difficile-related diarrhea.
   Kuehn BM.
   PMID: 22416090 [PubMed - indexed for MEDLINE]
   Related citations

4. [Difficult and severe asthma in adults: definition, diagnosis and treatment].
   Taube C.
   PMID: 22416621 [PubMed - indexed for MEDLINE]
   Related citations
Publication Dates

- 5 years
- 10 years
- Custom range ✓
Add Custom date range for two years

Click on Custom Range

Then apply dates

Add Custom date range for two years
Results reduced to 1781 articles by application of two year custom date range filter.

The selected filter is shown under your Results, and also by a ticked highlighted selection on the left of the screen.
Other Filters (Limits)

- Species (Human; Other Animals)
- Article Types (includes Systematic Reviews)
- Languages
- Choose additional filters ...
Results reduced to 103 articles by adding filters selected from the left of the screen.

Activated filters shown here.

Active filters also shown here: highlighted and ticked.
The Systematic Review Filter under Article Types includes a very sophisticated “built-in” search algorithm that you do not have to work out for yourself (see the Search Strategy used for the Systematic Reviews Filter link in your WHSL Systematic Reviews LibGuide if you want to see what this is).
If the age group required is not Middle Aged 45-64, but Aged 65+ years, then click on more …
If the age group required is *not* Middle Aged 45-64, but Aged 65+ years, then click on more...
If additional filters are selected, note that the filters that are already listed under the Age filter have been ticked in the box that appears. You will need to ensure that the appropriate age group you want is shown and ticked, before clicking on Apply in order to add this specific age group to your possible list of filters.
Select Aged 65+ years and Apply.
Then select this particular age group filter by clicking on it to add this to your search strategy.
Results: 11 Systematic Reviews

Active filters shown here:
- Publication date from 2010/01/01 to 2012/05/31
- Humans
- Systematic Reviews
- English
- Aged: 65+ years

Other filters available:
- From 2010/01/01 to 2012/05/31
- Species
- Article types
- Languages
- English
Active filters also shown on side of screen and can be cleared / changed here individually as well.
Using Filters

- For your first searches, you will need to activate filters and add the ones you require by clicking on *Choose Additional Filters*
- The more you search PubMed, the more your filter choices will be remembered, and the less need to choose additional filters
- Moral: Use PubMed often 😊 ...
Systematic Reviews

- Using the systematic review filter does not automatically find a Cochrane Review
- A Cochrane Review may not have been written on your topic with your specific filters
- Systematic reviews also appear in the journal literature
3. **Laparoscopic anti-reflux surgery.**
   PMID: 21717265 [PubMed - indexed for MEDLINE]
   Related citations

4. **Prolonged cough presenting with diagnostic difficulty: a study of aetiological and clinical outcomes.**
   Poulouse V, Bin Mohd I.
   PMID: 21552788 [PubMed - indexed for MEDLINE]
   Related citations

5. **PPI therapy: when to worry about fracture risk.**
   Heidelbergh JA.
   J Fam Pract. 2011 May;60(5):255-60. No abstract available.
   PMID: 21544271 [PubMed - indexed for MEDLINE]
   Related citations

6. **Prevalence and appropriateness of drug prescriptions for peptic ulcer and gastroesophageal reflux disease in a cohort of hospitalized elderly.**
   PMID: 21402255 [PubMed - indexed for MEDLINE]
   Related citations

7. **Poorly treated or unrecognized GERD reduces quality of life in patients with COPD.**
   Rascon-Aguilar IE, Parmer M, Wludyka P, Cury J, Vega KJ.
   PMID: 21221799 [PubMed - indexed for MEDLINE]
   Related citations

8. **A comprehensive review of laparoscopic redo fundoplication.**
   van Beek DB, Auyang ED, Soper NJ.
   PMID: 20661749 [PubMed - indexed for MEDLINE]
PPI therapy: when to worry about fracture risk.

Heidelbaugh JJ.
Department of Family Medicine, University of Michigan Medical School, Ann Arbor, MI, USA. jheidel@umich.edu

PMID: 21544271 [PubMed - indexed for MEDLINE]
Fundoplication versus postoperative medication for gastro-oesophageal reflux in children with neurological impairment undergoing gastrostomy.

Vernon-Roberts A¹, Sullivan PB.

Abstract

BACKGROUND: Children with neurological impairments frequently experience feeding difficulties, which can lead to malnutrition and growth failure. Gastrostomy feeding is now the preferred method of providing nutritional support to children with neurological impairments who are unable to feed adequately by mouth. Complications may arise as a result of gastrostomy placement, and the development or worsening of gastro-oesophageal reflux (GOR) has been widely reported. This has led to the frequent use of surgical antireflux treatment in the form of a fundoplication, or other antireflux procedures. Fundoplication is associated with a high recurrence rate, surgical failure, and significant morbidity and mortality. Since proton pump inhibitors (PPIs) were introduced in the 1990s, they have come to play a larger part in the medical management of GOR in children with neurological impairments. Uncontrolled studies suggest that PPIs may be a safe, appropriate treatment for GOR. Other agents currently used include milk thickeners, acid suppression drugs, acid buffering agents, gut motility stimulants and sodium alginate preparations. There are risks and benefits associated with both surgical and medical interventions and further comparison is necessary to determine the optimal treatment choice.

OBJECTIVES: To compare the effectiveness of antireflux surgery and antireflux medications for children with neurological impairments and GOR who are undergoing placement of a gastrostomy feeding tube.

SEARCH METHODS: We searched the following databases on 23 March 2012: the Cochrane Central Register of Controlled Trials (CENTRAL), Ovid MEDLINE, EMBASE, CINAHL, LILACS and ISI Web of Science. Previously, we searched the Child Health Library in June 2009. We also performed online searches of trial registries, medical journals, conference proceedings, dissertations and theses. We contacted specialists in the medical and industry setting for knowledge of completed or ongoing trials.

SELECTION CRITERIA: We sought to include randomised controlled trials that recruited children up to the age of 18 years with neurological impairments and GOR who were undergoing gastrostomy tube insertion.

DATA COLLECTION AND ANALYSIS: The review authors worked independently to select trials; none were identified.

MAIN RESULTS: We identified no trials that satisfied the criteria for this review.

AUTHORS’ CONCLUSIONS: There remains considerable uncertainty regarding the optimal treatment when faced with the decision of fundoplication surgery versus antireflux medications for children with GOR and neurological impairment who are undergoing gastrostomy insertion. There is a need for robust scientific evidence in order to provide data on the comparable risks or benefits of the two interventions.

Update of
Method 2: Using Clinical Queries

PubMed.gov
U.S. National Library of Medicine
National Institutes of Health

Search: MeSH
[gastroesophageal reflux]

PubMed
PubMed comprises more than 20 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

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PubMed Tools
Pubmed Mobile
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
Topic-Specific Queries

More Resources
MeSH Database
Journals in NCBI Databases
Clinical Trials
E-Utilities
LinkOut
In this method, do **not** click the check box, but click the **hyperlinked term** itself.
Then click Clinical Queries
The first 5 of 539 systematic reviews are shown.
Click here to see all 539 systematic reviews on this topic
Choose additional filters

Text availability
- Abstract available
- Free full text available
- Full text available

Publication dates
- 5 years
- 10 years
- Custom range...

Species
- Humans
- Other Animals

Article types
- Clinical Trial
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review
- Systematic Reviews

Languages
- English

Now add filters (limits)
Is it Necessary to Add the Systematic Review Filter???
Proceed as for Method 1 once articles are retrieved.

- [Paraesophageal herniation: a review](https://www.ncbi.nlm.nih.gov/pubmed/21342675)
- [WITHDRAWN: Interventions for dysphagia in oesophageal cancer](https://www.ncbi.nlm.nih.gov/pubmed/21328271)
- [WITHDRAWN: Medical treatments in the short term management of reflux oesophagitis](https://www.ncbi.nlm.nih.gov/pubmed/21328259)
- [Indications for ambulatory gastrointestinal and endocrine surgery in adults](https://www.ncbi.nlm.nih.gov/pubmed/21310679)
WITHDRAWN: Interventions for dysphagia in oesophageal cancer.

Sreedharan A, Harris K, Crellin A, Forman D, Everett SM.

Department of Gastroenterology, United Lincolnshire Hospitals NHS Trust, Lincoln County Hospital, Greetwell Road, Lincoln, Lincolnshire, UK, LN2 2YE.

Abstract

BACKGROUND: The majority of oesophageal and gastro-oesophageal cancers are diagnosed at an advanced stage and palliative treatment is the realistic management option for most patients. The optimal intervention for the palliation of dysphagia in these patients has not been established.

OBJECTIVES: To systematically analyse and summarise the efficacy of different interventions used in the palliation of dysphagia in primary oesophageal carcinoma.

SEARCH STRATEGY: We undertook a search according to the Cochrane Upper Gastrointestinal and Pancreatic Diseases model using the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE, EMBASE and CINAHL and major conference proceedings up to August 2005. The literature search was re-run in August 2006 and March 2007.

SELECTION CRITERIA: Randomised controlled trials (RCTs) in patients with inoperable or unresectable primary oesophageal cancer who underwent palliative treatment. We included rigid plastic intubation, self-expanding metallic stent (SEMS) insertion, brachytherapy, external beam radiotherapy, chemotherapy, oesophageal bypass surgery, chemical and thermal ablation therapy, either head-to-head or in combination. The primary outcome was dysphagia improvement. Secondary outcomes included recurrent dysphagia, technical success, procedure related mortality, 30-day mortality, adverse effects and quality of life.

DATA COLLECTION AND ANALYSIS: One author assessed the eligibility criteria of each study and extracted data regarding outcomes and factors affecting risk of bias.

MAIN RESULTS: We included 2542 patients from 40 studies. SEMS insertion is safer and more effective than plastic tube insertion. Thermal and chemical ablative therapy provide comparable dysphagia palliation but have an increased requirement for re-interventions and adverse effects. Anti-reflux stents provide comparable dysphagia palliation to conventional metal stents. Some anti-reflux stents might reduce gastro-oesophageal reflux compared to conventional metal stents. Brachytherapy might be a suitable alternative to SEMS in providing a survival advantage and possibly a better quality of life.
Interventions for dysphagia in oesophageal cancer

Aravamuthan Sreedharan, Keith Harris, Adrian Crellin, David Forman, Simon M Everett

Editorial Group: Cochrane Upper Gastrointestinal and Pancreatic Diseases Group

Published Online: 16 FEB 2011
Assessed as up-to-date: 5 MAY 2007
DOI: 10.1002/14651858.CD005048.pub3

This article has no abstract.

Topics: stent | laser therapy | photodynamic therapy | brachytherapy | surgery | achalasia | nitrates | calcium channel blockers
WITHDRAWN: Interventions for dysphagia in oesophageal cancer.

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DATA COLLECTION AND ANALYSIS: One author assessed the eligibility criteria of each study and extracted data regarding outcomes and factors affecting risk of bias.

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Interventions for dysphagia in oesophageal cancer

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Editorial Group: Cochrane Upper Gastrointestinal and Pancreatic Diseases Group

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DOI: 10.1002/14651858.CD005048.pub3

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The editorial group responsible for this previous review was notified of the new evidence. After reviewing the evidence, they determined that the review was up to date and appropriate for publication. The review was withdrawn in January 2011 while the results of a recent literature search are incorporated.

Reason for withdrawal

The review was withdrawn in January 2011 while the results of a recent literature search are incorporated.

What's new

Last assessed as up-to-date: 5 May 2007.

Date | Event | Description
--- | --- | ---
4 January 2011 | Amended | Review withdrawn
Interventions for dysphagia in oesophageal cancer

Aravamuthan Sreedharan, Keith Harris, Adrian Crellin, David Forman, Simon M Everett

Editorial Group: Cochrane Upper Gastrointestinal and Pancreatic Diseases Group

Published Online: 16 FEB 2011
Assessed as up-to-date: 5 MAY 2007

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Additional Information

Reason for withdrawal

The editorial group responsible for this previously published document have withdrawn it from publication.

The review was withdrawn in January 2011 while the results of a recent literature search are incorporated.

What's new
Note Warning that this is Not
the Most Current Version

This is not the most recent version of the article. View current version (16 FEB 2011)

Intervention Protocol

Interventions for Dysphagia in Oesophageal Cancer

Aravamuthan Sreedharan¹,², Sally Wortley², Simon M Everett², Keith Harris³, Adrian Crellin⁵, Jan Lilleyman⁶, David Forman⁷

Editorial Group: Cochrane Upper Gastrointestinal and Pancreatic Diseases Group

Published Online: 8 JUL 2009
DOI: 10.1002/14651858.CD005048

Additional Information (Show All)

How to Cite | Author Information | Publication History

Abstract | Article | References | Other Versions | Cited By

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In Summary

- Two Methods of obtaining systematic reviews using PubMed
  - Using Systematic Review Filter
  - Using Clinical Queries
- Will retrieve slightly different results because of different search algorithms
- Try each method for yourself