INTRODUCTION TO BIOMEDICAL DATABASES AND CITATION ANALYSIS

Irene Maseda
Oct 18th, 2017
Searching for bibliographic references

✓ Analyze your topic
✓ Choose the right starting place: search engines or specific databases
✓ Choose the right terms to search
✓ Find out if there is the possibility to search by keywords or to use Boolean searching
✓ Try the simple and the advance search. Use the limits
✓ Have a look of the results and refine them
✓ Save or print the results
✓ Get the document
Basic skills I: Using truncat*

- Truncation refers to using wildcard symbols such as * in search queries
- Truncation can generate a lot of hits and cover a lot of terms
  - univ* will capture university (but also universal, unival, universe…)

Tipps:
- Check for topic- or domain-specific pre- and suffix morphemes (electro*, synthetic*, geno*, cardio*,…) and use the in conjunction with other terms
- Always check for unwanted side-effects when using truncation. Cardi* vs. Cardio* vs. Cardia*
Designing effective queries

Basic skills II: Think in boolean logic – Operators

• Boolean operators (AND, OR, NOT) are at the center of advance query construction

• Examples
  – **AND** example: beverage AND bottle AND beer = all three terms must be present
  – **OR** example: crisp OR crackers OR peanuts = one term must be present
  – **NOT** example: beverage AND bottle NOT beer = beverage and bottle must be present but not beer

• Tipps:
  – Some platforms support proximity operators (e.g. NEAR)
  – If you use boolean operators make them UPPERCASE
Designing effective queries

Basic skills II: Thinking in boolean logic – Operators precedence and ()

• Evaluation of queries is not strictly executed from left to right, but also by operator precedence

• Example “Beverages, Bottles and Beer”
  – beverage OR beer NOT bottle [52,112] [143,536]
  – beer NOT bottle OR beverage [52,112] [145,001]
  – beverage OR (beer NOT bottle) [52,112] [145,001]
  – (beverage OR beer) NOT bottle [51,130] [143,536]
  – bottle NOT (beverage OR beer) [30,381] [12,897]
  – bottle NOT beverage OR beer [52,379] [32,856]

• Tipps:
  – Be aware of operator precedence. Most operator precedences are: SAME > NOT > AND > OR
  – Parentheses override operator precedence. Always keep track of open/closed of parentheses
Designing effective queries

Basic skills II: Thinking in boolean logic – To quote or NOT to quote

• Example of translational research:
  – A: translational research [16,292]
  – B: translational AND research [16,292]
  – C: “translational research” [8,295]
  – D: “translation* research” [8,577]

Always remember that the truncation symbol and the operators precedence may be different from one database to another
If you start in Google…

If you use Google to start the search, use it right!

“Quotation Marks” → Find the exact sentence
- Dashes → Exclude a term from your search
~ Tilde → Find for synonyms
site: → Search in a specific website only
| vertical bar → Will search sites that have one/two/all the terms
.. Two periods → When you want to search within two numbers ranges

You can also use the Advance Search…
If you start in Google…

Find pages with...

- all these words: [ ]
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- none of these words: [ ]
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Then narrow your results by...

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- site or domain: [ ]
- terms appearing: anywhere in the page
- SafeSearch: Show most relevant results
- file type: any format
- usage rights: not filtered by licence

To do this in the search box:
- Type the important words: tea, colour, fat, teaspoon.
- Put exact words in quotes: “fat teaspoon”.
- Type OR between all the words you want: miniature OR standard.
- Put a minus sign just before words that you don’t want: -content -“fact check”.
- Put two full stops between the numbers and add a unit of measurement: 10...25 kg, £200...450, 2010...2011.

Advanced Search
PubMed

PubMed is a free database accessing the MEDLINE database of citations, abstracts and some full text articles on life sciences and biomedical topics. Is maintained by the United States National Library of Medicine (NLM) at the National Institutes of Health (NIH).

In addition to MEDLINE, PubMed also offers access to:

- OLDMEDLINE for pre-1966 citations. This has recently been enhanced, and records for 1951.

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Pubmed: single search
Search by terms

Search results

Items: 1 to 50 of 355454

1. Anticoagulation combined with antiplatelet therapy in patients with left ventricular thrombus after first acute myocardial infarction.
   PMID: 29009233
   Similar articles

2. Development of a Whole-Task Simulator for Carotid Endarterectomy
   PMID: 29035228
   Similar articles

3. Cerebral strokes in children on intracorporeal ventricular assist devices: analysis of the EUROMACS Registry
   PMID: 29039180
   Similar articles
Advance search and History

If you go to the Advance Search Builder, you can have track of your searches in the History.
Advance search and History

You can combine the difference searches using the “History”
Using the limits

Once you have your results is time to use the limits to narrow the search.
Using the limits

Clinical trials published last year about arrhythmia ventricular excluding ischemia in patients over 45.
Baseline and long-term fibrinogen levels and risk of sudden cardiac death: A new prospective study and meta-analysis.

Kurzfeld S1, Kurt S2, Zaccardi F1, Laaksovi-Jarven J2

Abstract

BACKGROUND: Inflammatory markers such as C-reactive protein (CRP) and interleukin-6 have been linked with an increased risk of sudden cardiac death (SCD), but the relationship between fibrinogen and SCD is uncertain. We aimed to assess the association between fibrinogen and SCD.

METHODS: Plasma fibrinogen was measured at baseline in a prospective cohort of 1773 men aged 42-81 years free of heart failure or cardiac arrhythmias, that recorded 131 SCDs during 22 years follow-up. Correction for within-person fibrinogen variability was made using data from repeat measurements taken several years apart.

RESULTS: Fibrinogen was strongly correlated with CRP, weakly correlated with several cardiovascular risk markers, and was log-linearly associated with SCD risk. In analyses adjusted for conventional risk factors, the hazard ratio (HR) (95% CIs) for SCD per 1 standard deviation (SD) higher baseline loge fibrinogen was 1.32 (1.11-1.57). The results remained consumption, resting heart rate, and circulating lipids 1.30 (1.09-1.56). The corresponding HR (95% CIs) for SCD per 1 SD lower loge fibrinogen was 0.74 (0.61-0.90). The association remained unchanged after correction for within-person fibrinogen variability. HRs remained unchanged on further adjustment for smoking status and other events. In a meta-analysis of three cohort studies, the fully-adjusted relative risks for SCD per 1 SD lower fibrinogen levels were 1.42 (1.25-1.61) and 2.07 (1.56-2.69) respectively. The associations were similar in the meta-analysis. Addition of plasma fibrinogen to a SCD risk prediction model containing conventional risk factors improved risk discrimination, but improved the net reclassification.

CONCLUSIONS: Available data suggest fibrinogen is positively, log-linearly, and independently associated with fibrinogen concentrations in SCD. Further research is needed to assess the potential relevance of plasma fibrinogen concentrations in SCD.

Key words: Fibrinogen, Inflammation, Non-sudden cardiac death; Regressions dilution; Sudden cardiac death

PMID: 26724237 DOI: 10.1016/j.atherosclerosis.2015.12.020

Related information
Baseline and long-term fibrinogen levels and risk of sudden cardiac death: A new prospective study and meta-analysis

Seitor K. Kuruksu, Sudhir Kurl, Francesco Zaccardi, Jari A. Laukkanen

DOI: http://dx.doi.org/10.1016/j.atherosclerosis.2015.12.020

Abstract

1. Introduction
2. Methods
   2.1. Participants
   2.2. Ascertainment of outcomes
   2.3. Measurement of risk factors
   2.4. Statistical analyses
3. Results
   3.1. Baseline characteristics and correlates of fibrinogen
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Multiple Comorbidities and Response to Cardiac Resynchronization Therapy: MADIT-CRT Long-Term Follow-Up.

Zekia ED1, Fitzpatrick DJ2, Guentert JP2, Ackah RA1, Schneire SP2, Stein V1, Mackay D2, Zekia VH1, Moss AJ1, Kalpakci Y1.

Abstract

BACKGROUND: Data regarding cardiac resynchronization therapy (CRT) in patients with multiple comorbidities are limited.

OBJECTIVE: This study evaluated the association of multiple comorbidities with the benefits of CRT over implantable cardioverter-defibrillator (ICD) alone.

METHODS: We examined 1,214 MADIT-CRT (Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization Therapy) study patients with left bundle branch block (LBBB) and a, 2, or 3 comorbidities, including renal dysfunction, hypertension (HTN), diabetes, coronary artery disease, history of atrial fibrillation, history of ventricular arrhythmias, current smoking, and cerebrovascular accident, in an adjusted analysis, we analyzed risk of death and heart failure (HF) events or death by comorbidity group in all patients and in patients with CRT and with ICD alone.

RESULTS: There was an inverse relationship between comorbidity burden and LVEF at 1 year. The median LVEF in the group with no comorbidities was 60.6%, in the group with one or two comorbidities was 59.3%, and in the group with three comorbidities was 56.7%. The median LVEF in the group with no comorbidities was 60.6%, in the group with one or two comorbidities was 59.3%, and in the group with three comorbidities was 56.7%.

CONCLUSIONS: During long-term follow-up of MADIT-CRT study patients, death risk and the degree of reverse remodeling among comorbid patients were lower than in the group with no comorbidities. Therefore, the clinical benefits of CRT were not compromised with ICD alone.

Key words: cardiac resynchronization therapy, heart failure, mortality.

PMID: 28640479 DOI: 10.1097/CIR.0000000000000565

Repetitive optimizing left ventricular pacing configurations with quadripolar leads improves response to cardiac resynchronization therapy: A single-center randomized clinical trial.


Abstract

BACKGROUND: This study aimed to investigate whether repetitive optimizing left ventricular pacing configurations (LVPc) with quadripolar leads (QAD) can improve response to cardiac resynchronization therapy (CRT).

METHODS: Fifty-two eligible patients were enrolled and 1:1 randomized to either the quadripolar LV leads (QUAD) group or the conventional bipolar leads (CONV) group. In the QUAD group, optimization of LVPc was performed for all patients before discharge and for nonresponders at 3 months follow-up. Clinical evaluations and transesophageal echocardiograms were performed before, 3, and 6 months after CRT implantation.

RESULTS: At 3 months follow-up, 16 of 25 (64%) patients in the CONV group (1 patient was lost to follow-up) and 18 of 25 (68%) patients in the QUAD group were classified as responders. After optimizing the LVp on 3-month nonresponders in the QUAD group, 21 of 26 (88.5%) patients in the QUAD group were classified as responders at 6 months as compared with 17 of 25 (68%) patients in the CONV group. Left ventricular end-systolic volume (LVESV) reduction, left ventricular ejection fraction (LVEF) increase, and New York Heart Association (NYHA) functional class improvement at 6 months were significantly greater in the QUAD group than in the CONV group (LVESV: -20.9±13.8 vs. -17.2±13.3; P=0.01; LVEF: +12.7±6.0 vs. +7.8±6.3 percentage points; P=0.017; NYHA: -1.27±0.7 vs. -0.72±0.54 functional classes; P=0.002).

CONCLUSIONS: Compared with conventional bipolar leads, CRT using quadripolar pacing leads with repetitive optimized LVPc resulted in an additional increase in LVEF and reduction in LVESV and NYHA functional class at 6-month follow-up.

PMID: 28640479 DOI: 10.1097/CIR.0000000000000565

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   JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY Volume: 70 Issue: 14 Pages: 1722-1780
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Effect of Early Metoprolol on Infarct Size in Patients Undergoing Primary PCI in Cardioprotection During an Acute Myocardial Infarction

By: Ibañez, B (Ibañez, Borja)[11], Macaya, C (Macaya, Carlos)[11], Gonzalo, F.[14], Fernández-Friera, L (Fernández-Friera, Laura)[11], Antonio GarciaRuiz, JM (GarcíaRuiz, Jose María)[11]

Reprint Address: Ibañez, B (reprint author)

Cite this as: Ibañez, B. (2013). Effect of Early Metoprolol on Infarct Size in Patients Undergoing Primary PCI in Cardioprotection During an Acute Myocardial Infarction. *Circulation*, 128(14), 1495-1503. doi:10.1161/CIRCULATIONAHA.113.036535

Abstract

Background: The effect of blockers on infarct size is unclear. We hypothesized that metoprolol reduces infarct size when given during primary PCI.

Methods and Results: Patients with Killip class II or III intervention within 6 hours of symptoms onset were randomized without contraindications received oral metoprolol imaging performed 5 to 7 days after STEMI. Magnetic resonance imaging was smaller after intravenous nitroprusside confidintial interval, -1.39 to -1.78, P=0.012). In patients with infarct, the adjusted treatment difference in infarct size area under the curve creatine kinase release was higher in the intravenous nitroprusside group (10.7 mg/kg, 15% vs. 4.3 mg/kg, 10% P=0.045). The composite of death, malignancy, ventricular arrhythmia, and metoprolol and control groups was 7.1% and 12.3%

Conclusions: In patients with prior Killip class II or III intervention, early intravenous metoprolol before PCI reduces adverse events during the first 24 hours after STEMI.

Keywords

Author Keywords: adrenergic beta-antagonist, intervention, reperfusion injury

KeyWords Plus: CARDIOVASCULAR MAGNETIC IMAGING, OUTCOMES, THERAPY, RISK, PROPRANOLOL

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Publisher

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Categories / Classification

Research Areas: Cardiovascular System & Cardiology
Web of Science Categories: Cardiac & Cardiovascular Systems; Peripheral Vascular Disease

Document Information

Document Type: Article
Language: English

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Scientific profiles

Better have fewer, regularly updated profiles than many outdated profiles
Directory of researchers that offers a unique ID

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- Universities
- Administration and funding entities
- Editorials
- Scientific Societies

It aims to facilitate data exchange between the different agents involved in the scientific policy and evaluation process.
Directory of researchers that offers a unique ID, together with a public list of their publications and their personal metrics according to Web of Science data. The identifier allows you to search the WoS avoiding homonyms.
Scientific profiles

Presence on the Internet

- Very easy to manage
- Automatic update of publications
- It allows tracking of publications and citations

Digital identity

- Scientific profiles
- Presence on the Internet
- Digital identity
Some final tips

- An easy way to keep track of our publications is by means of a bibliographic references manager. By having a Researcher ID we obtain an Endnote Web account.

- Spread your research results using social media but... Keep an eye on the copyright!

- Show your scientific profiles and your research to the society: Personal webpage

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Irene Maseda
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