آشنایی با پایگاه

برخی سوالات متداول:

- PubMed چیست و چه تفاوتی با Medline دارد؟
- PubMed چه تفاوتهایی با پایگاههای استنادی (ISI / Scopus) دارد ؟
- PubMed چه تفاوتهایی با موتورهای جستجوی علمی نظیر گوگل اسکولار دارد ؟
- چگونه می توان از نمایه شدن یک مجله در PubMed اطمینان حاصل کرد؟
- چگونه می توان از امکانات شخصی سازی شده در PubMed استفاده کرد؟
- آیا امکان جستجوی انواع مقالات در PubMed وجود دارد؟
- آیا امکان دسترسی به متن کامل مقالات PubMed برای کاربران دانشگاه وجود دارد؟
- Mesh چیست و استفاده از آن چه مزیتی دارد؟

پایگاه PUBMED

- درگاه اینترنتی کتابخانه ملی پزشکی آمریکا (NLM) برای دسترسی رایگان به مدلاین است.
- حاوی ۲۵ میلیون مقاله در حوزه های پزشکی، پرستاری، علوم پایه و سایر حوزه های پیراپزشکی است.
- یک نمایه نامه معتبر برای مقالات پزشکی است
- اکثر مقالات نمایه شده در آن بر اساس Mesh توصیف و تگ گذاری شده اند
- ناشر نیست و متن کامل مقالات را هم در خود ندارد

تفاوت PUBMED و MEDLINE: در چیست ؟

PubMed?	Medline?
• Online version of Index Medicus produced by the US National Library of Medicine (NLM). • Freely available on the Internet.	• A subset of PubMed (actually about 98%) made available by NLM • Available by subscription through a number of interfaces. (Ovid. Ebsco, ...)
Coverage of PubMed	**Coverage of Medline**
• Back to 1966 and selectively to 1809. • Contains over 25 million records. • In addition to Medline, PubMed contains: • 'in process' citations • some older citations • citations to non-medical journals • citations to eBooks • Some free full text (PubMed Central) • Subject coverage = medical, biomedical & life sciences.	• Back to 1946. • Contains over 22 million records • from 5,600 mainly US journals. • Some full text and 'Find it @ WNHS' links. • Subject coverage = medical & biomedical sciences.

تفاوت PUBMED با پایگاه SCOPUS چیست ؟

Characteristic	Pub Med	Scopus
No. of journals	5600 (827 open access)	18000 (500 open access)
Records	25,000,000	50,000,000
Languages	English + 56 other langs.	English + 30 other langs.
Focus (field)	Core clinical, dental, nursing, biomedicine, medicine, bioethics, space, life sciences	Physical sciences, health sciences, life sciences, social sciences …
Period covered	1950–present	1966–present
Databases covered	Medline (1966–present), old Medline (1950–1965), PubMed Central, Other NLM databases	Medline, Embase Compendex World textile index, Fluidex, Geobase
Updating	Daily	1–2 times weekly
Citation analysis	None	Citation of Scopus indexed Journals

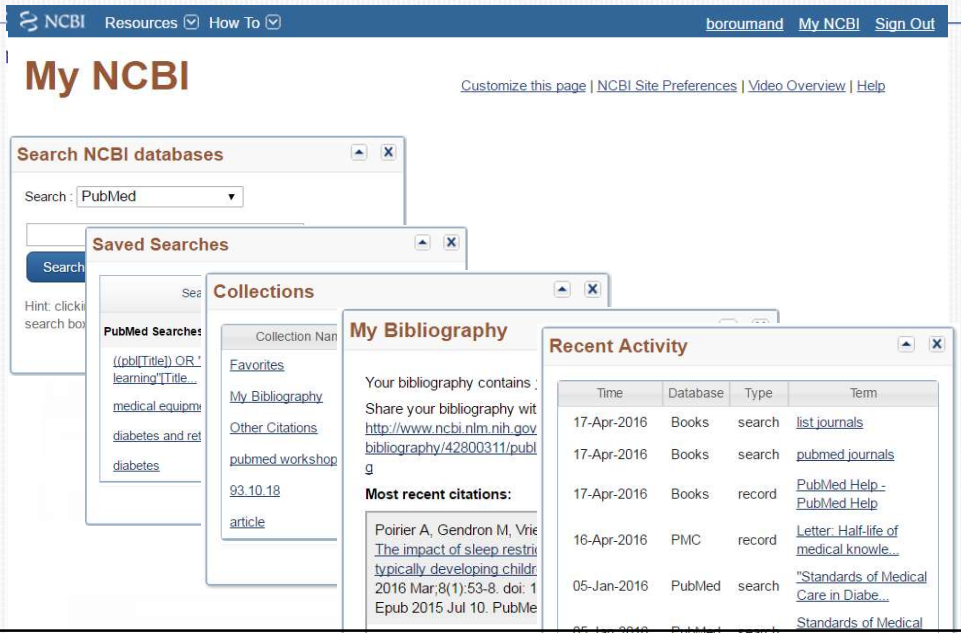
تفاوت PUBMED با پایگاه ISI WOS چیست؟

Characteristic	Pub Med	Web of Science
No. of journals	5600 (827 open access)	24700
Records	25,000,000	90,000,000
Languages	English + 56 other languages	English + 45 other languages)
Focus (field)	Core clinical, dental, nursing, biomedicine, medicine, history of medicine, bioethics, space, life sciences	Science, technology, social sciences, arts and humanities
Period covered	1950–present	1900–present
Databases covered	Medline (1966–present), old Medline (1950–1965), PubMed Central, Other NLM databases	Science citation index expanded, social sciences citation index, arts and humanities citation index, index chemistry, current chemical reactions, Emerging Sources Citation Index
Uses	Links to related articles, links to full-text (5426 journals), links to free full text articles for a subset of journals (827 open access journals)	Links to full-text, links to related articles
Updating	Daily	Weekly
Citation analysis	None	As for Web of Science plus the total number of articles on a topic or by an individual author cited in other articles

تفاوت PubMed با Google scholar چیست ؟

Characteristic	Pub Med	Google Scholar
No. of journals	5600 (827 open access)	No data provided (theoretically all electronic resources)
Languages	English + 56 other languages)	English (plus any language)
Focus (field)	Core clinical, dental, nursing, biomedicine, medicine, history of medicine, bioethics, space, life sciences	All subjects
Period covered	1950–present	Theoretically all available electronically
Databases covered	Medline (1966–present), old Medline (1950–1965), PubMed Central, Other NLM databases	PubMed, OCLC First Search
Uses	Links to related articles, links to full-text (5426 journals), links to free full text articles for a subset of journals (827 open access journals)	Links to full-text articles, free full-text articles, links to journals, links to related articles, links to libraries
Updating	Daily	Monthly on average
Citation analysis	None	Next to each paper listed is a “cited by” link; clicking on this link shows the citation analysis

اکانت شخصی در PubMed چگونه ایجاد می شود؟



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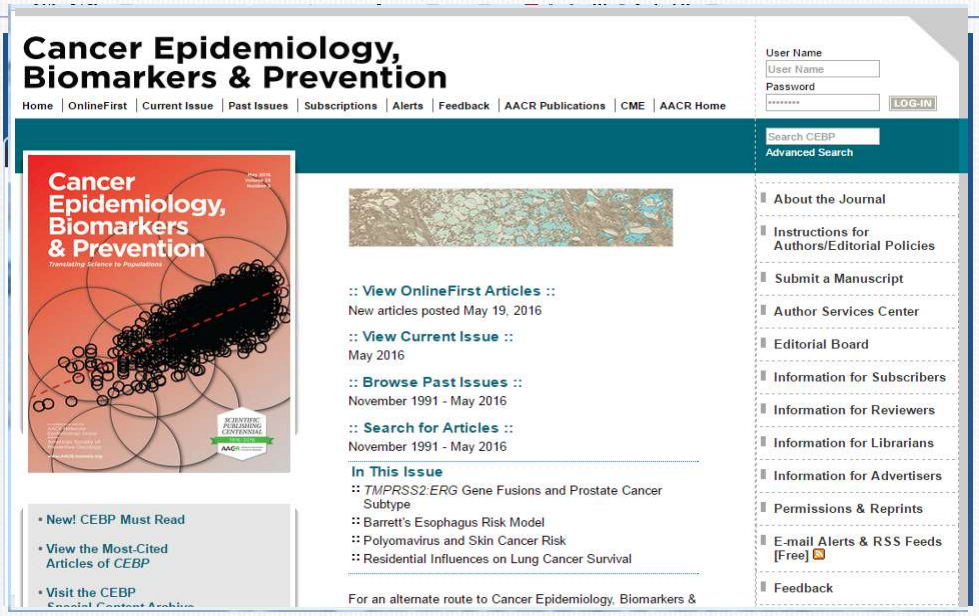
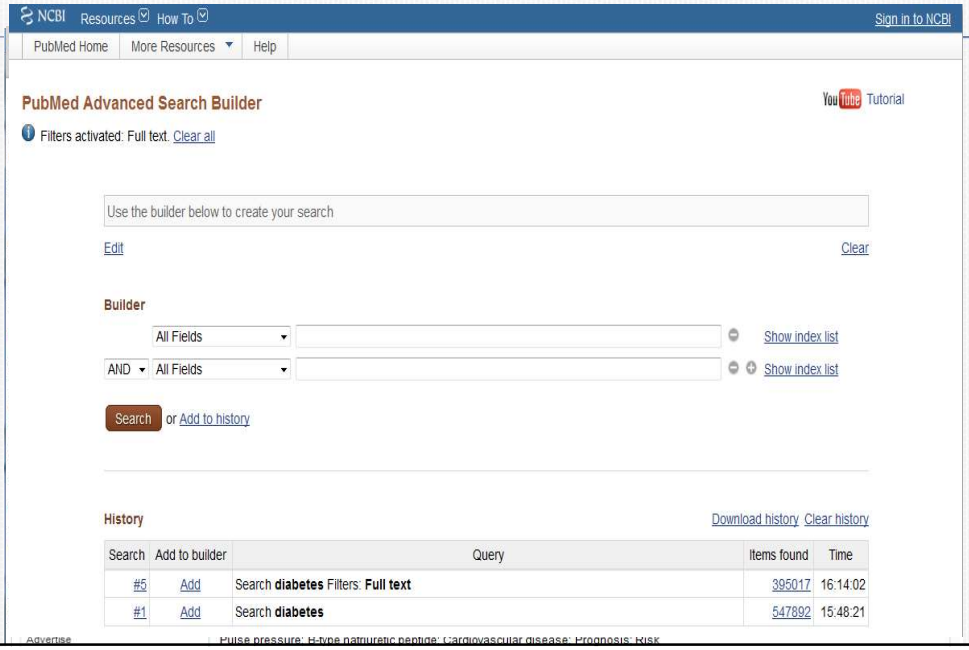


چگونه جستجوی موثری در PUBMED انجام دهیم و متن کامل مقالات را بیابیم ؟



کاربرد MESH (MEDICAL SUBJECT HEADING) چگونه است؟

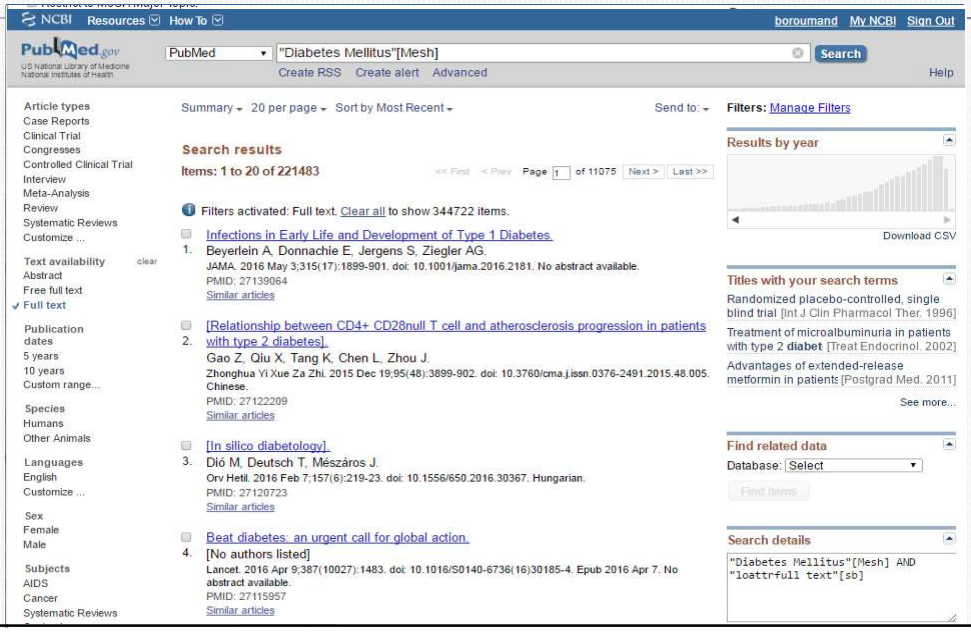
اغلب در دو حالت استفاده از سرعنوانهای پزشکی Mesh موثر است:

۱- برای انتخاب کلیدواژه های پذیرفته شده برای مقالات پزشکی و پیراپزشکی در زمان انتشار

۲- برای بازیابی مقالات بر اساس کلیدواژه های استاندارد و پذیرفته شده

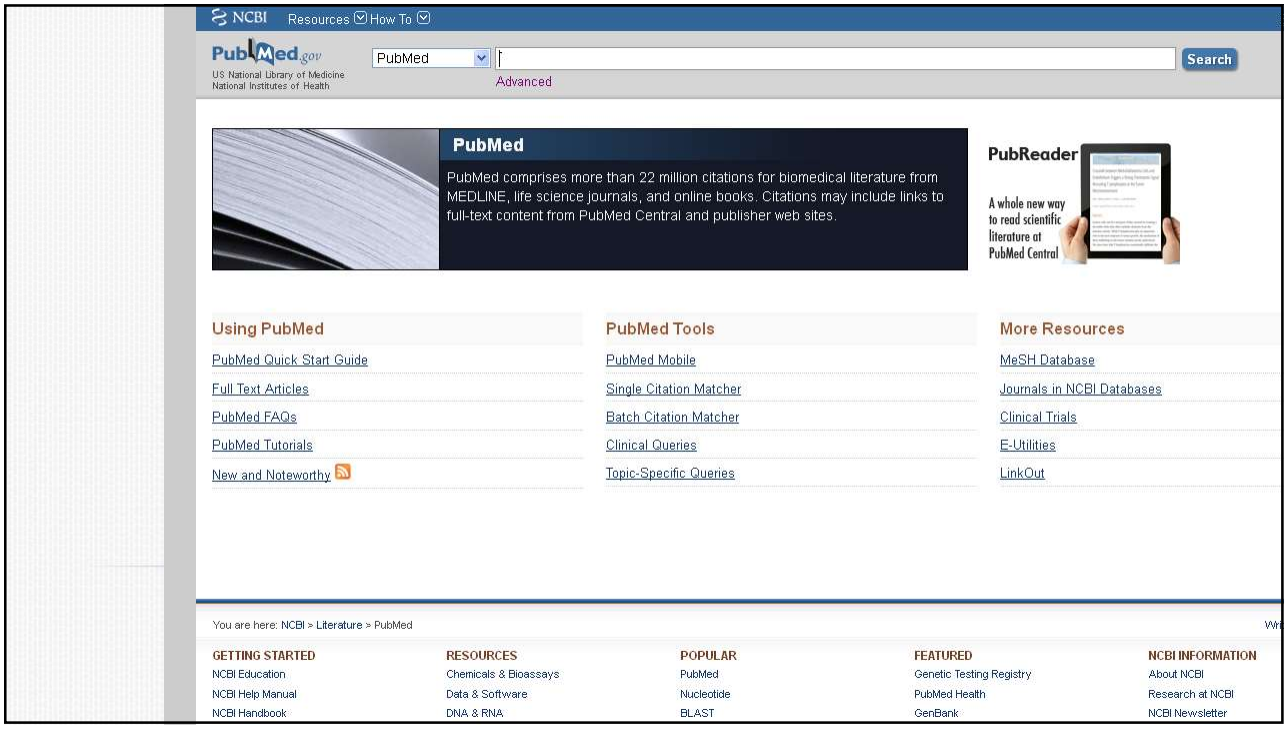
نکته : Mesh ابزار جستجوی مقالات بر اساس محتوا و موضوع آنهاست و نتایج جستجو در آن شامل موضوعات Mesh است.

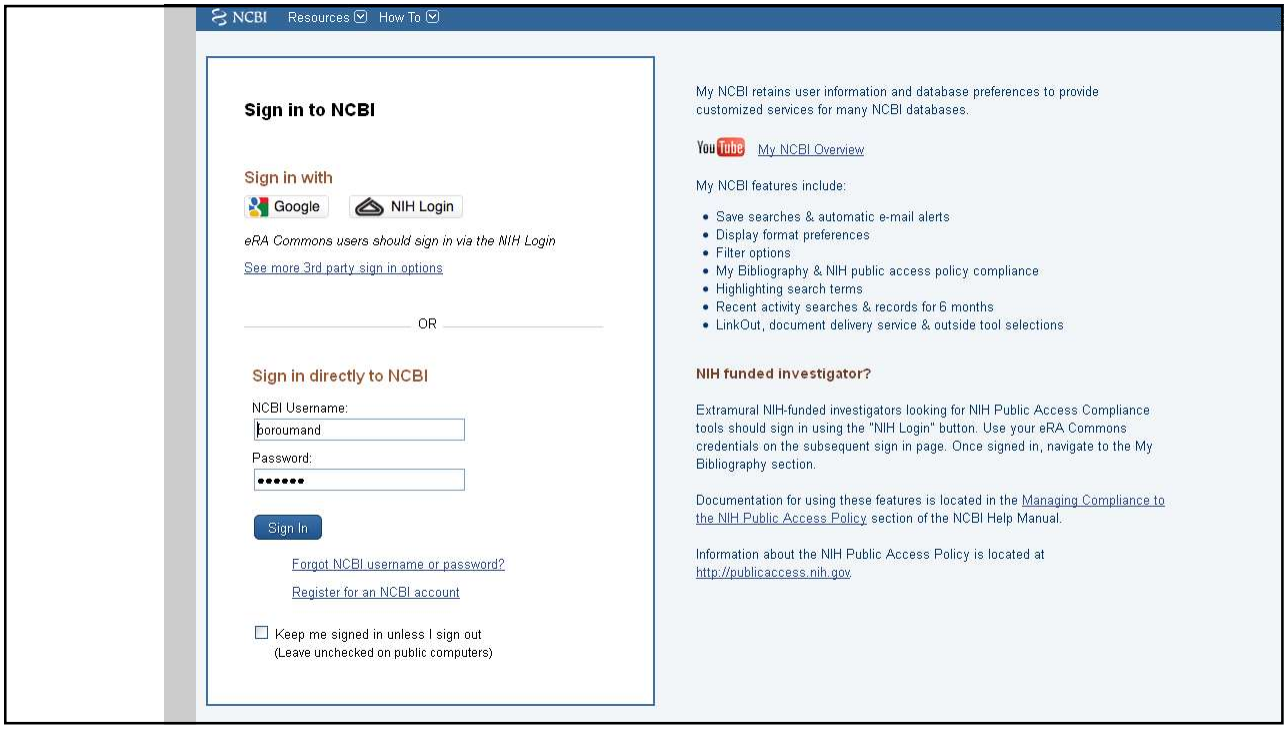
MESH (MEDICAL SUBJECT HEADING)



سایر امکانات موجود در PUBMED :

- امکان ارسال نتایج جستجو از طریق ایمیل
- امکان ارسال نتایج جستجو به نرم افزارهای Reference Manager
- ایجاد لیست شخصی از نتایج جستجو
- امکان ایجاد فیلترهای اختصاصی جستجو در محیط کاربری شخصی
- امکان درج نظرات انتقادی در بخش PubMed Common
- امکان ذخیره RSS صفحه نتایج جستجو برای مشاهده جدیدترین مقالات نمایه شده در آینده
- امکان ایجاد Email Notification Alert و دریافت آخرین مقالات از طریق Email
- .....

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OR
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(Leave unchecked on public computers)
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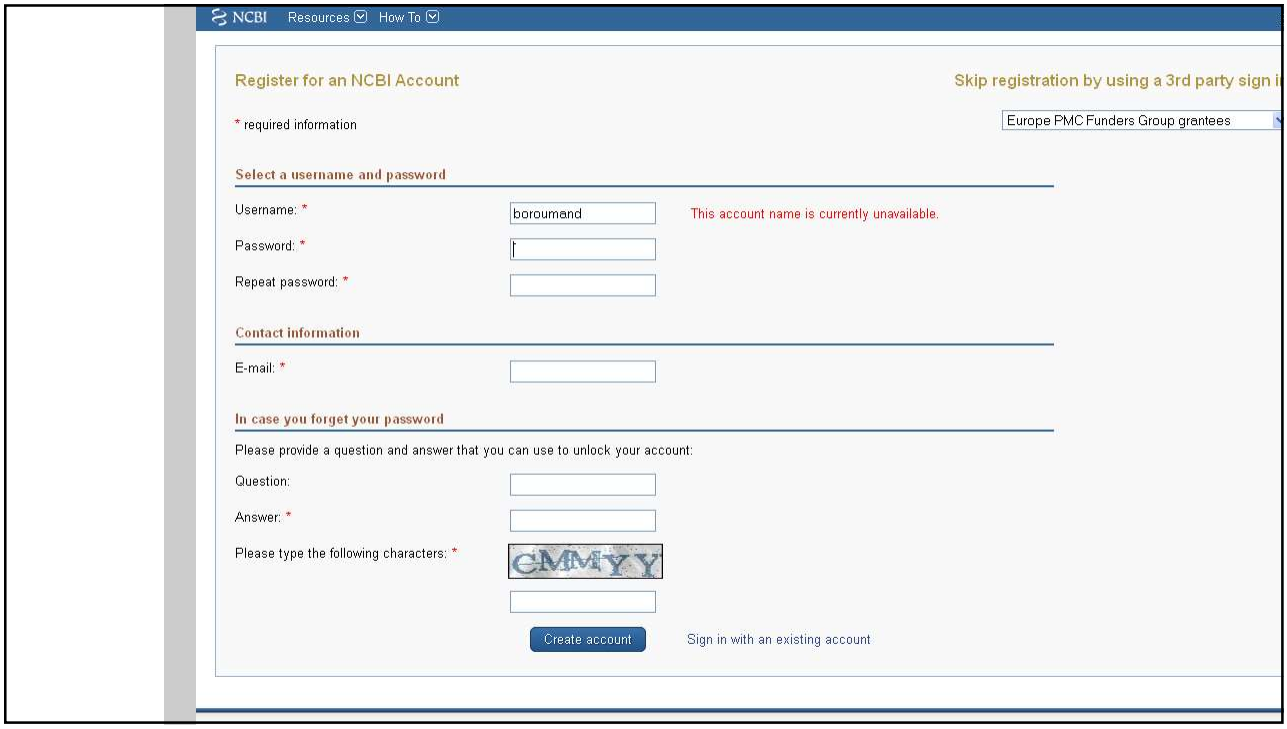
NIH funded investigator?
Extramural NIH-funded investigators looking for NIH Public Access Compliance tools should sign in using the "NIH Login" button. Use your eRA Commons credentials on the subsequent sign in page. Once signed in, navigate to the My Bibliography section.
Documentation for using these features is located in the Managing Compliance to the NIH Public Access Policy section of the NCBI Help Manual.
Information about the NIH Public Access Policy is located at http://publicaccess.nih.gov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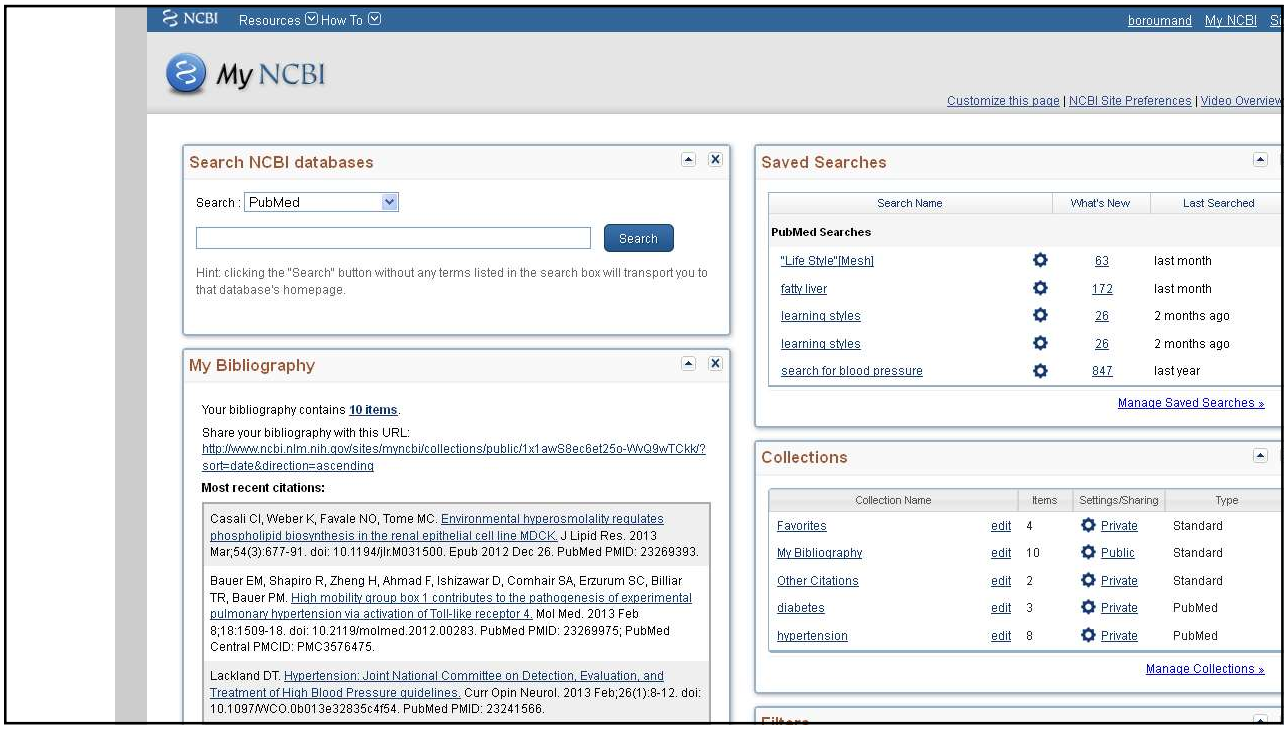
Sign in with an existing account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Bauer EM, Shapiro R, Zheng H, Ahmad F, Ishizawar D, Comhair SA, Erzurum SC, Billiar TR, Bauer PM. High mobility group box 1 contributes to the pathogenesis of experimental pulmonary hypertension via activation of Toll-like receptor 4. Mol Med. 2013 Feb 8;18:1509-18. doi: 10.2119/molmed.2012.00283. PubMed PMID: 23269975; PubMed Central PMCID: PMC3576475.
Lackland DT. Hypertension: Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure guidelines. Curr Opin Neurol. 2013 Feb;26(1):8-12. doi: 10.1097/WCO.0b013e32835c4f54. PubMed PMID: 23241566.
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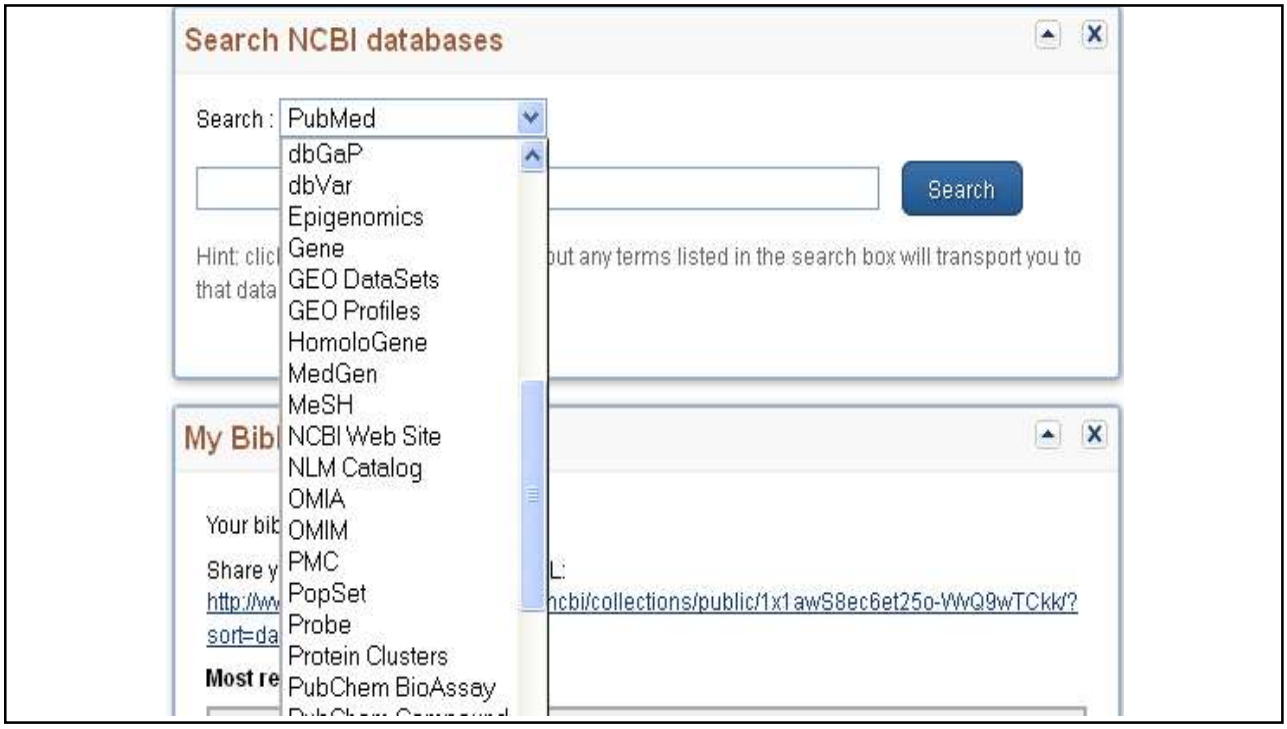
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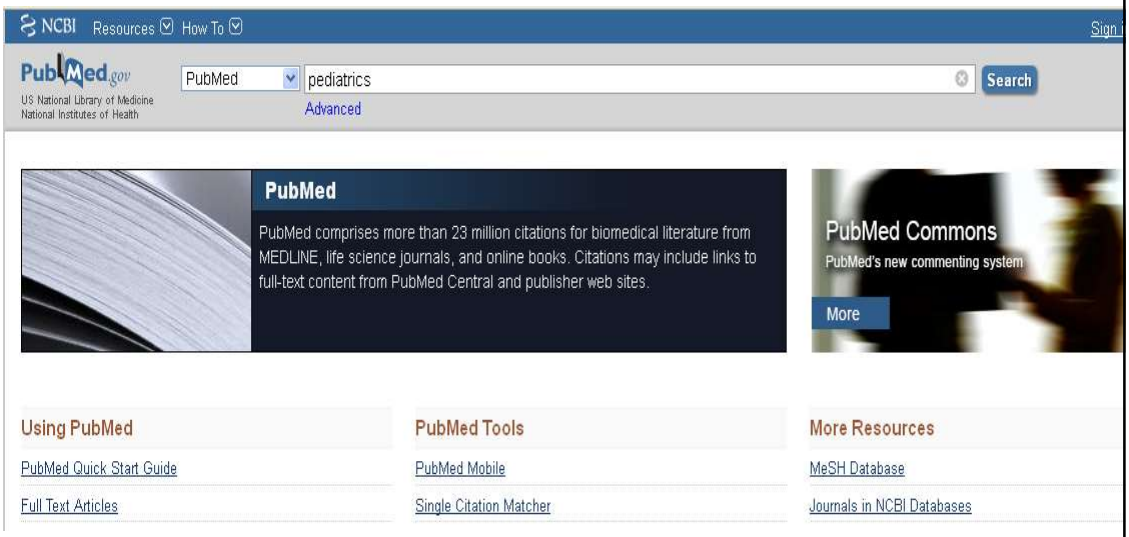
Simple search:



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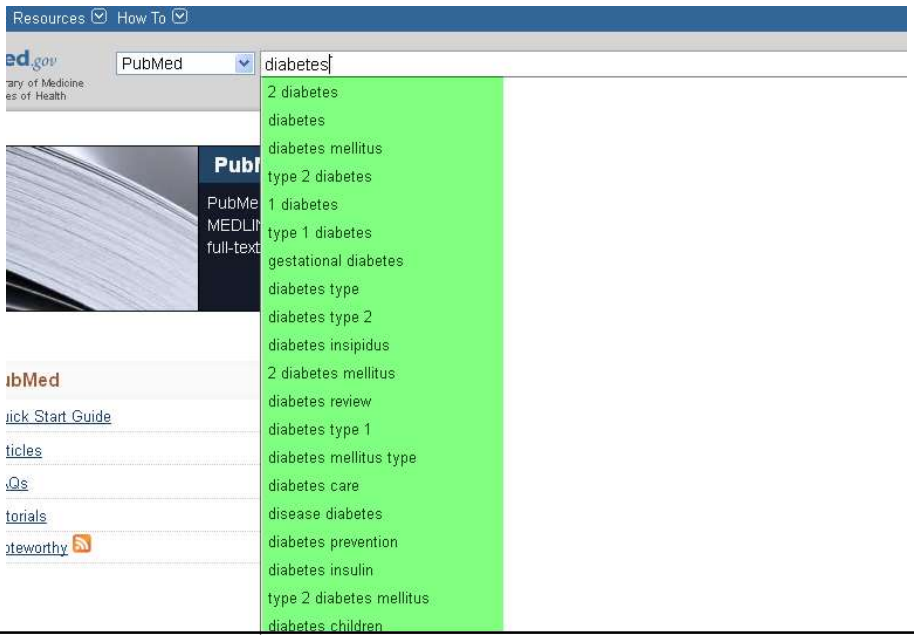

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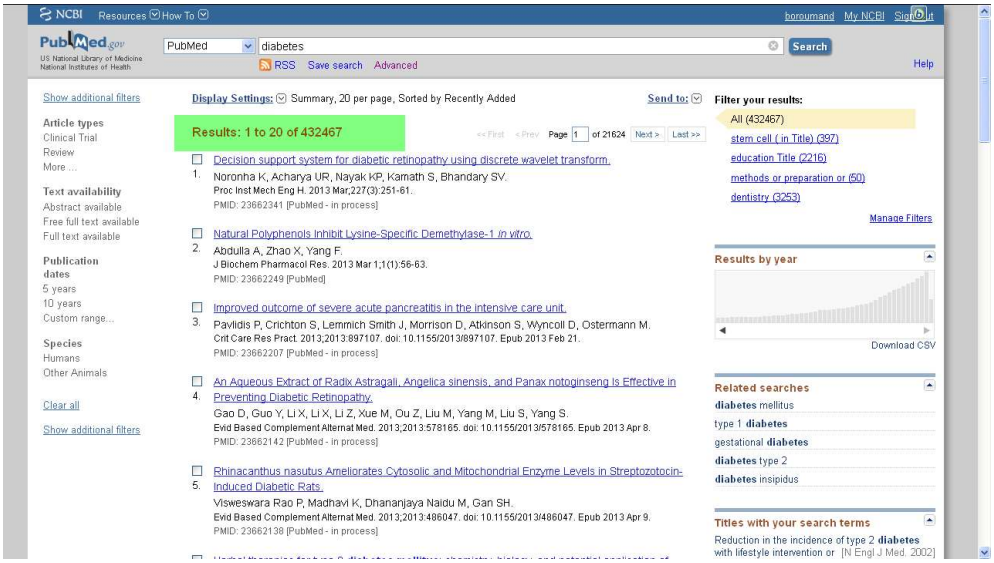

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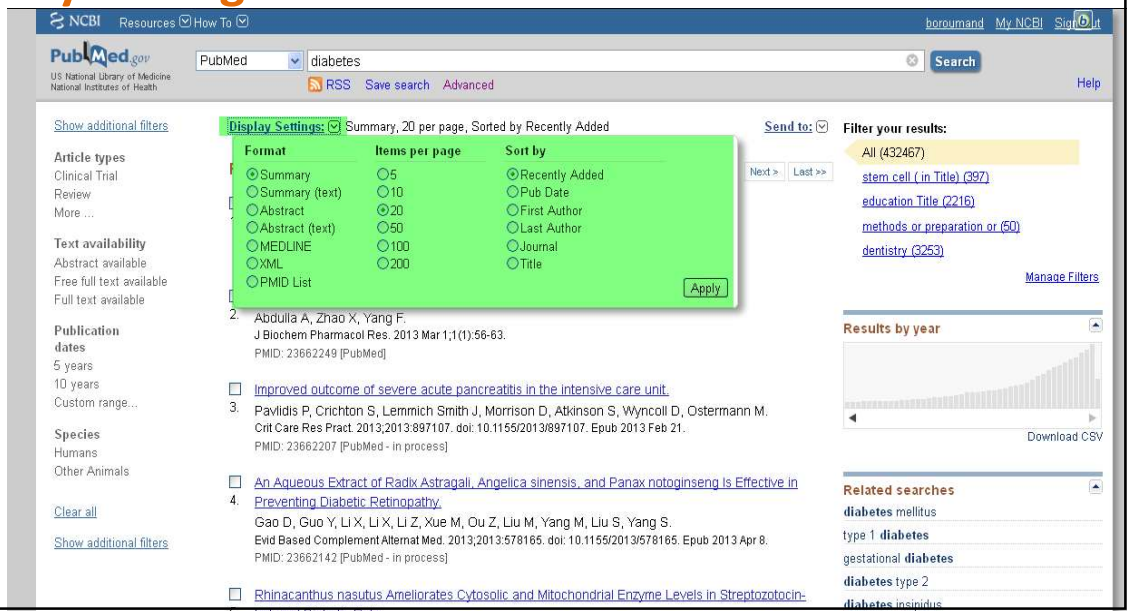

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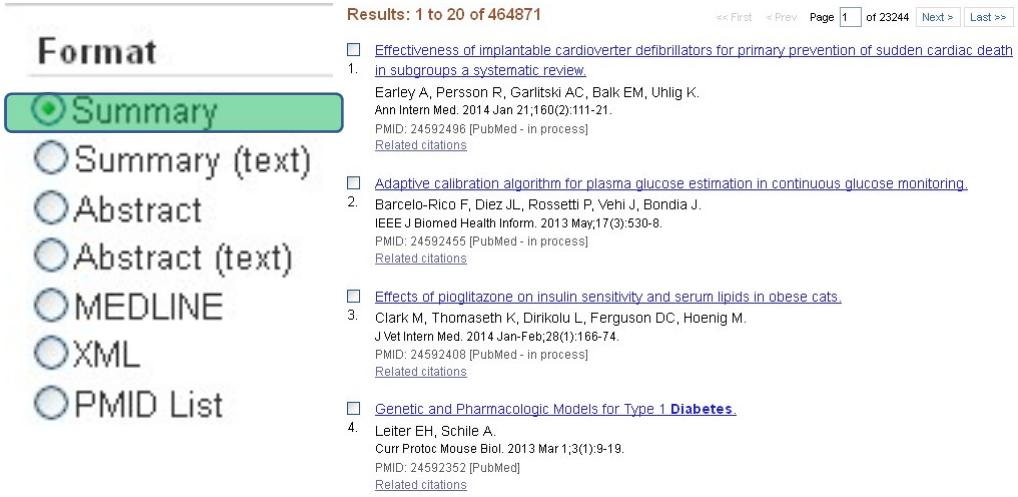

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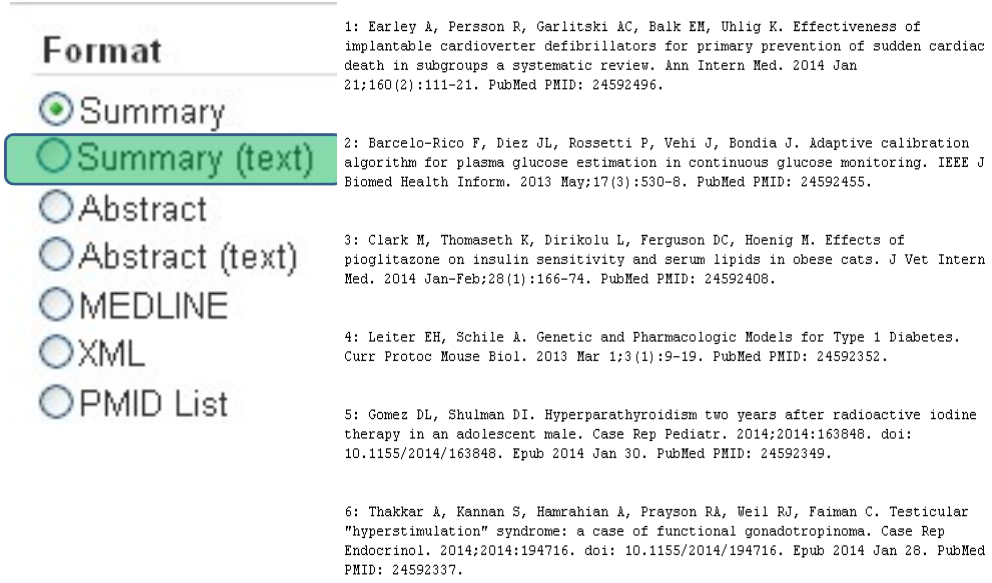

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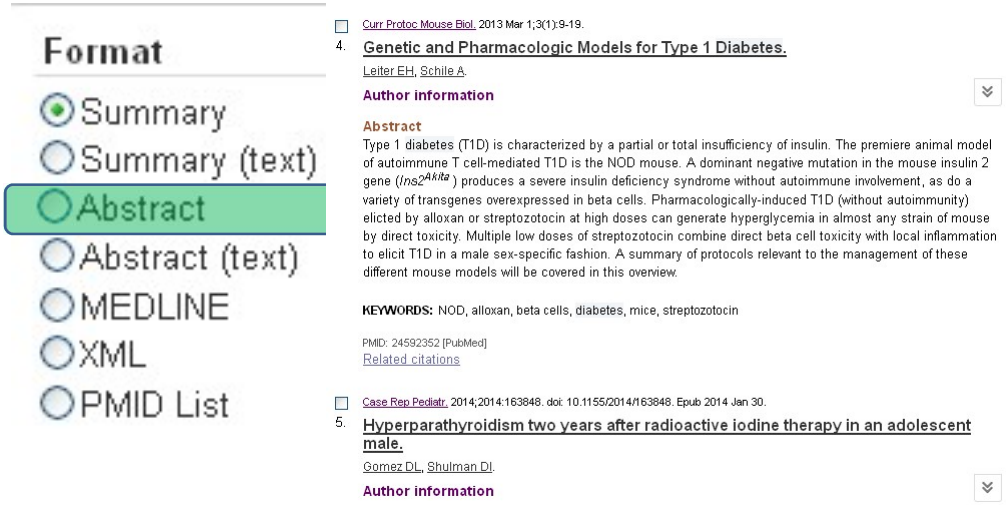

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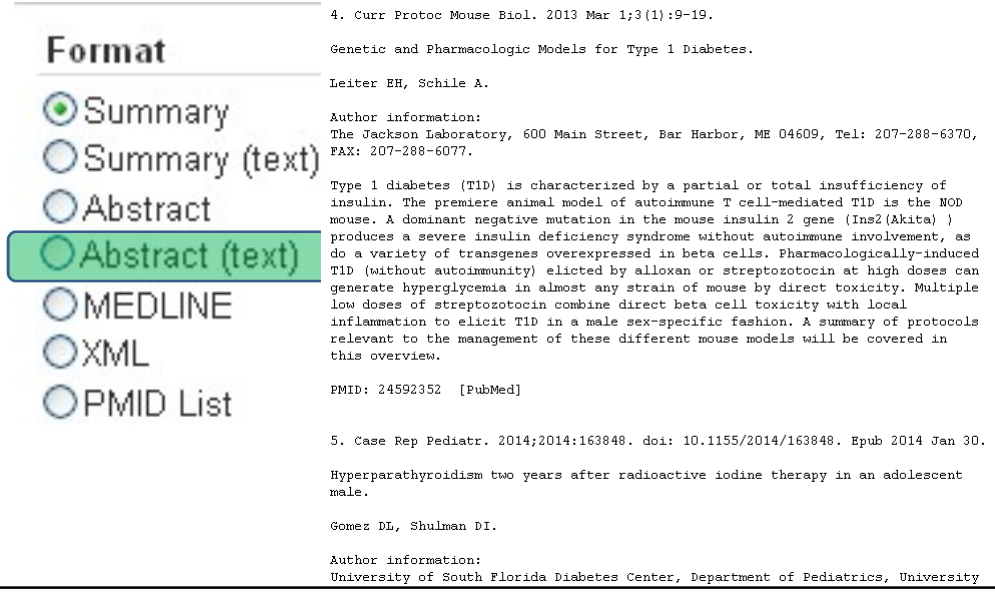

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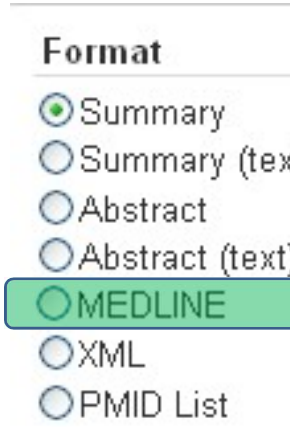


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VI  - 160
IP  - 2
DP  - 2014 Jan 21
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      of sudden cardiac death in subgroups a systematic review.
PG  - 111-21
AB  - BACKGROUND: Previous systematic reviews of implantable cardioverter
      defibrillators (ICDs) used for primary prevention of sudden cardiac death (SCD)
      concluded that ICDs are less effective in women and the elderly. PURPOSE: To
      examine ICD effectiveness for primary prevention of SCD across subgroups by sex,
      age, New York Heart Association class, left ventricular ejection fraction, heart
      failure, left bundle branch block, QRS interval, time since myocardial
      infarction, blood urea nitrogen level, and diabetes. DATA SOURCES: MEDLINE and
      the Cochrane Central Register of Controlled Trials through 3 September 2013 with
      no language restriction. STUDY SELECTION: Researchers screened articles for
      studies comparing ICD versus no ICD for primary prevention. Data Extraction: Data
      were extracted about study design, patients, interventions, mortality and SCD
      outcomes, subgroup characteristics, and subgroup effects. Quality of subgroup
      analyses was determined by consensus. Relative odds ratios comparing subgroup
      effects were calculated, and random-effects model meta-analyses were conducted on
      these ratios. DATA SYNTHESIS: Meta-analysis of 14 studies showed a decrease in
      deaths and SCDs due to ICD treatment. Ten studies provided subgroup analyses.
      Nine studies compared ICD versus no ICD, whereas one compared cardiac
      resynchronization therapy plus a defibrillator versus no ICD. Within-study
      interaction tests and across-study meta-analyses yielded weak evidence that did
      not show differences for all-cause mortality in subgroups by sex, age, and QRS
      interval. The evidence was indeterminate for other evaluated subgroups because of
      a paucity of data. LIMITATION: Many subgroup analyses were underpowered, which
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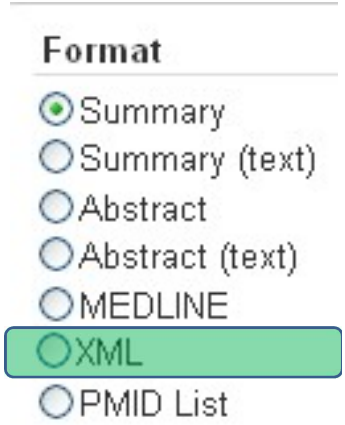


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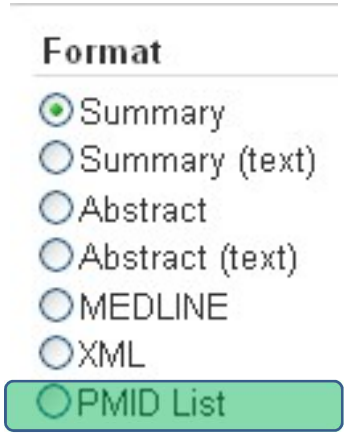

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1. Decision support system for diabetic retinopathy using discrete wavelet transform.
Noronha K, Acharya UR, Nayak KP, Kamath S, Bhandary SV.
Proc Inst Mech Eng H. 2013 Mar;227(3):251-61.
PMID: 23662341 [PubMed - in process]

2. Natural Polyphenols Inhibit Lysine-Specific Demethylase-1 *in vitro*.
Abdulla A, Zhao X, Yang F.
J Biochem Pharmacol Res. 2013 Mar 1;1(1):56-63.
PMID: 23662249 [PubMed]

3. Improved outcome of severe acute pancreatitis in the intensive care unit.
Pavlidis P, Crichton S, Lemmich Smith J, Morrison D, Atkinson S, Wyncoll D, Ostermann M.
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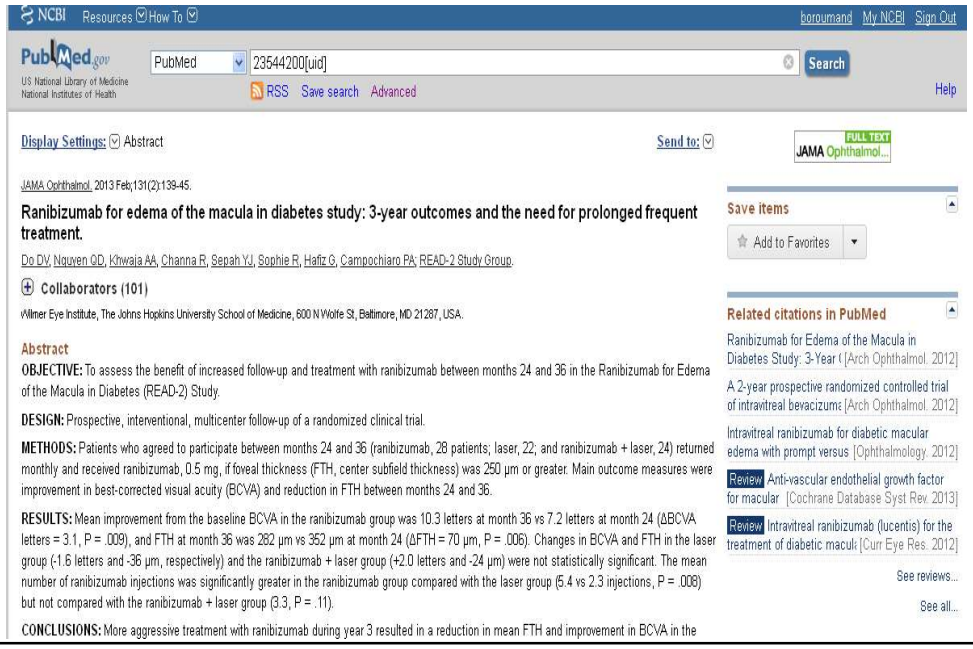

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National Institutes of Health

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FULL TEXT JAMA Ophthalmol...

JAMA Ophthalmol. 2013 Feb;131(2):139-45.

Ranibizumab for edema of the macula in diabetes study: 3-year outcomes and the need for prolonged frequent treatment.

Do DV, Nguyen QD, Khwaja AA, Channa R, Sepah YJ, Sophie R, Hafiz G, Campochiaro PA; READ-2 Study Group.

Collaborators (101)

Wilmer Eye Institute, The Johns Hopkins University School of Medicine, 600 N Wolfe St, Baltimore, MD 21287, USA.

Abstract

OBJECTIVE: To assess the benefit of increased follow-up and treatment with ranibizumab between months 24 and 36 in the Ranibizumab for Edema of the Macula in Diabetes (READ-2) Study.

DESIGN: Prospective, interventional, multicenter follow-up of a randomized clinical trial.

METHODS: Patients who agreed to participate between months 24 and 36 (ranibizumab, 28 patients; laser, 22; and ranibizumab + laser, 24) returned monthly and received ranibizumab, 0.5 mg, if foveal thickness (FTH, center subfield thickness) was 250 µm or greater. Main outcome measures were improvement in best-corrected visual acuity (BCVA) and reduction in FTH between months 24 and 36.

RESULTS: Mean improvement from the baseline BCVA in the ranibizumab group was 10.3 letters at month 36 vs 7.2 letters at month 24 (ΔBCVA letters = 3.1, P = .009), and FTH at month 36 was 282 µm vs 352 µm at month 24 (ΔFTH = 70 µm, P = .006). Changes in BCVA and FTH in the laser group (-1.6 letters and -36 µm, respectively) and the ranibizumab + laser group (+2.0 letters and -24 µm) were not statistically significant. The mean number of ranibizumab injections was significantly greater in the ranibizumab group compared with the laser group (5.4 vs 2.3 injections, P = .008) but not compared with the ranibizumab + laser group (3.3, P = .11).

CONCLUSIONS: More aggressive treatment with ranibizumab during year 3 resulted in a reduction in mean FTH and improvement in BCVA in the

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Ranibizumab for Edema of the Macula in Diabetes Study: 3-Year ([Arch Ophthalmol. 2012]

A 2-year prospective randomized controlled trial of intravitreal bevacizumz [Arch Ophthalmol. 2012]

Intravitreal ranibizumab for diabetic macular edema with prompt versus [Ophthalmology. 2012]

Review Anti-vascular endothelial growth factor for macular [Cochrane Database Syst Rev. 2013]

Review Intravitreal ranibizumab (lucentis) for the treatment of diabetic macul [Curr Eye Res. 2012]

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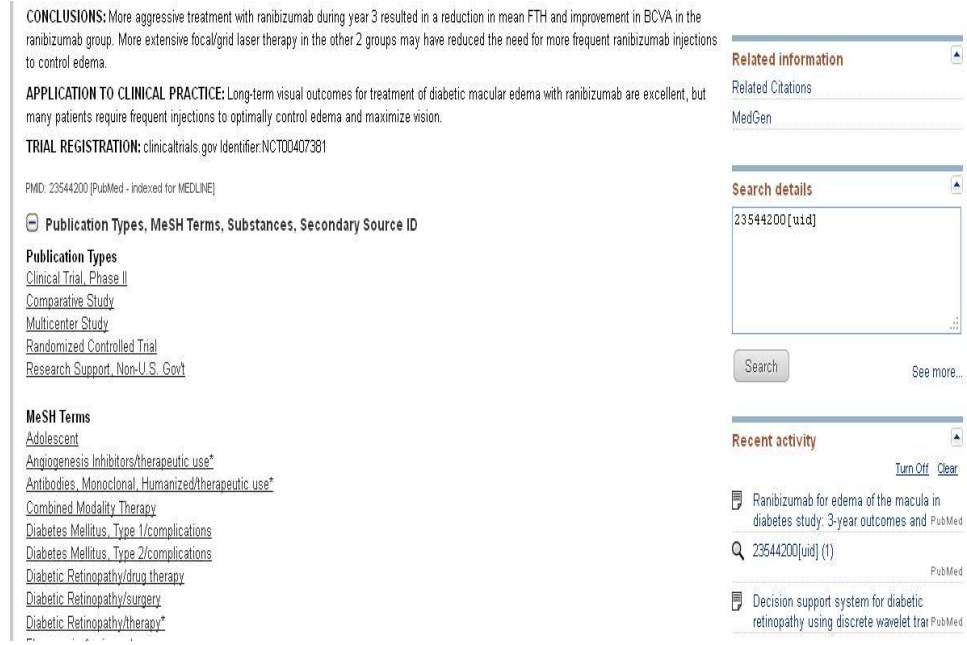

CONCLUSIONS: More aggressive treatment with ranibizumab during year 3 resulted in a reduction in mean FTH and improvement in BCVA in the ranibizumab group. More extensive focal/grid laser therapy in the other 2 groups may have reduced the need for more frequent ranibizumab injections to control edema.

APPLICATION TO CLINICAL PRACTICE: Long-term visual outcomes for treatment of diabetic macular edema with ranibizumab are excellent, but many patients require frequent injections to optimally control edema and maximize vision.

TRIAL REGISTRATION: clinicaltrials.gov Identifier:NCT00407381

PMID: 23544200 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances, Secondary Source ID

Publication Types

Clinical Trial, Phase II
Comparative Study
Multicenter Study
Randomized Controlled Trial
Research Support, Non-U.S. Gov't

MeSH Terms

Adolescent
Angiogenesis Inhibitors/therapeutic use*
Antibodies, Monoclonal, Humanized/therapeutic use*
Combined Modality Therapy
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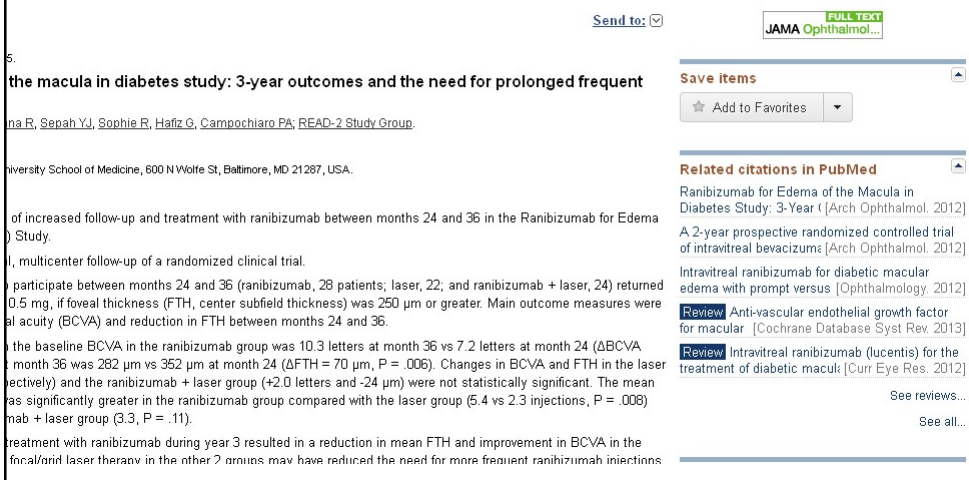

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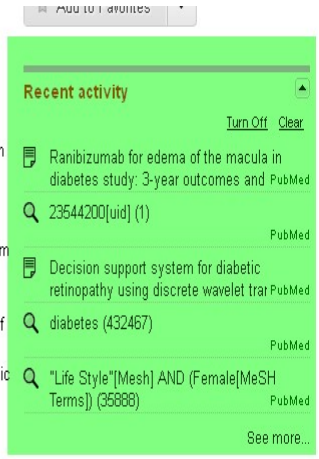
upport system for diabetic retinopathy using discrete wavelet transform.

arya UR, Nayak KP, Kamath S, Bhandary SV.

ctronics & Communication, Manipal Institute of Technology, Manipal, India. kevinkurkal@yahoo.co.in

tion of the diabetes may affect the tiny blood vessels of the retina causing diabetic retinopathy. Routine eye screening of patients with to detect diabetic retinopathy at the early stage. It is very laborious and time-consuming for the doctors to go through many fundus ously. Therefore, decision support system for diabetic retinopathy detection can reduce the burden of the ophthalmologists. In this used discrete wavelet transform and support vector machine classifier for automated detection of normal and diabetic retinopathy vavelet-based decomposition was performed up to the second level, and eight energy features were extracted. Two energy features from ion coefficients of two levels and six energy values from the details in three orientations (horizontal, vertical and diagonal) were se features were fed to the support vector machine classifier with various kernel functions (linear, radial basis function, polynomial of) to evaluate the highest classification accuracy. We obtained the highest average classification accuracy, sensitivity and specificity of with support vector machine classifier (polynomial kernel of order 3) using three discrete wavelet transform features. We have also tegrated index called Diabetic Retinopathy Risk Index using clinically significant wavelet energy features to identify normal and diabetic sses using just one number. We believe that this (Diabetic Retinopathy Risk Index) can be used as an adjunct tool by the doctors screening to cross-check their diagnosis.



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ventricular ejection fraction, heart failure, left bundle branch block, QRS interval, time since myocardial infarction, blood urea nitrogen level, and diabetes.

DATA SOURCES: MEDLINE and the Cochrane Central Register of Controlled Trials through 3 September 2013 with no language restriction.

STUDY SELECTION: Researchers screened articles for studies comparing ICD versus no ICD for primary prevention. Data Extraction: Data were extracted about study design, patients, interventions, mortality and SCD outcomes, subgroup characteristics, and subgroup effects. Quality of subgroup analyses was determined by consensus. Relative odds ratios comparing subgroup effects were calculated, and random-effects model meta-analyses were conducted on these ratios.

DATA SYNTHESIS: Meta-analysis of 14 studies showed a decrease in deaths and SCDs due to ICD treatment. Ten studies provided subgroup analyses. Nine studies compared ICD versus no ICD, whereas one compared cardiac resynchronization therapy plus a defibrillator versus no ICD. Within-study interaction tests and across-study meta-analyses yielded weak evidence that did not show differences for all-cause mortality in subgroups by sex, age, and QRS interval. The evidence was indeterminate for other evaluated subgroups because of a paucity of data.

LIMITATION: Many subgroup analyses were underpowered, which may have resulted in false-negative findings.

CONCLUSION: Weak evidence fails to show differences for all-cause mortality in subgroups of sex, age, and QRS interval. Evidence is indeterminate for all-cause mortality in the other subgroups and for SCD.

PRIMARY FUNDING SOURCE: Agency for Healthcare Research and Quality.

PMID: 24592496 [PubMed - in process]

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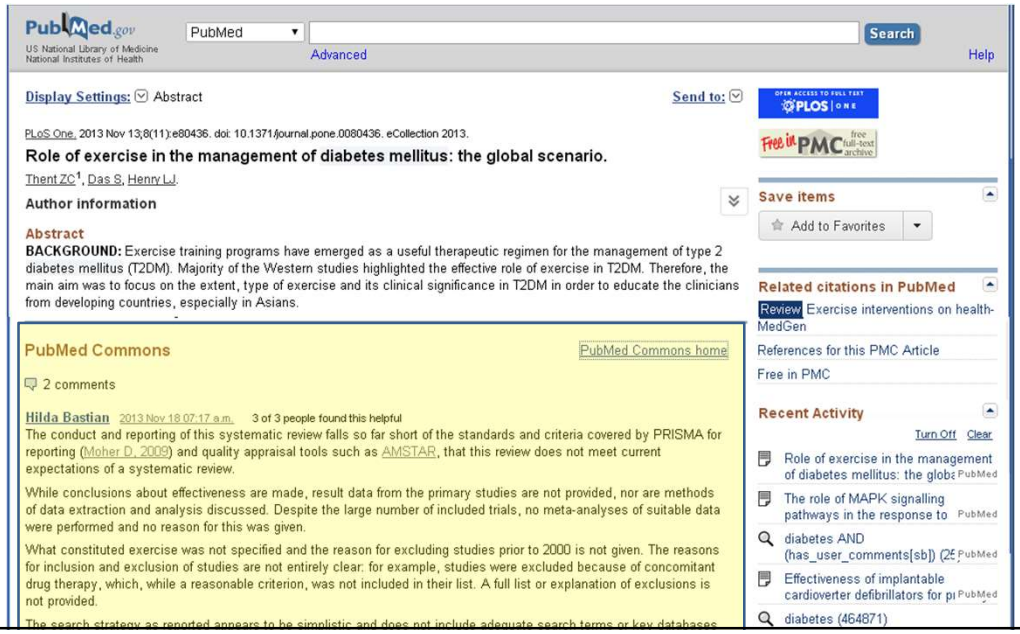

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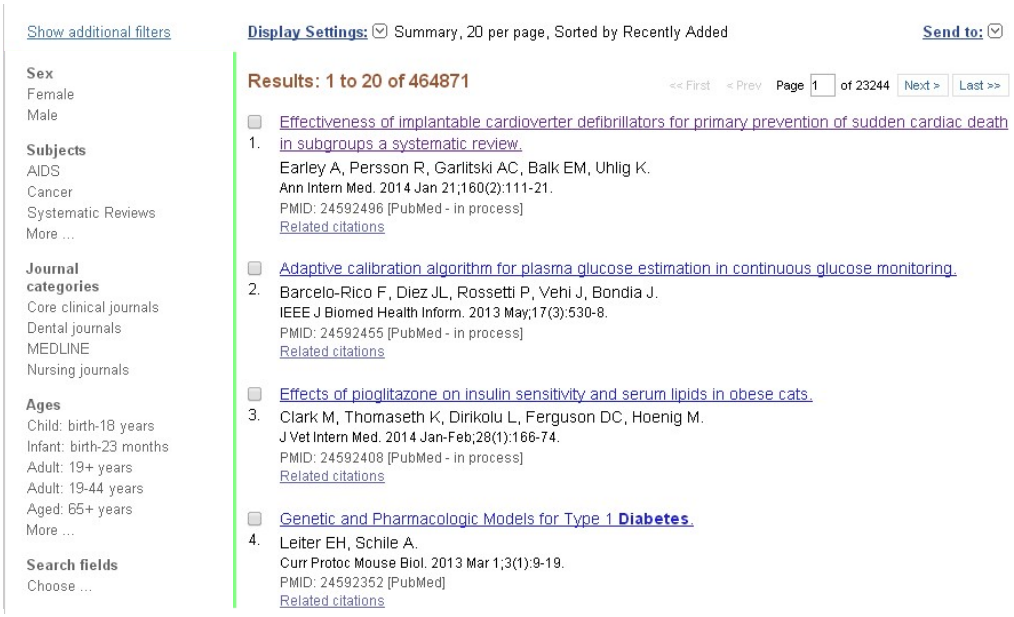

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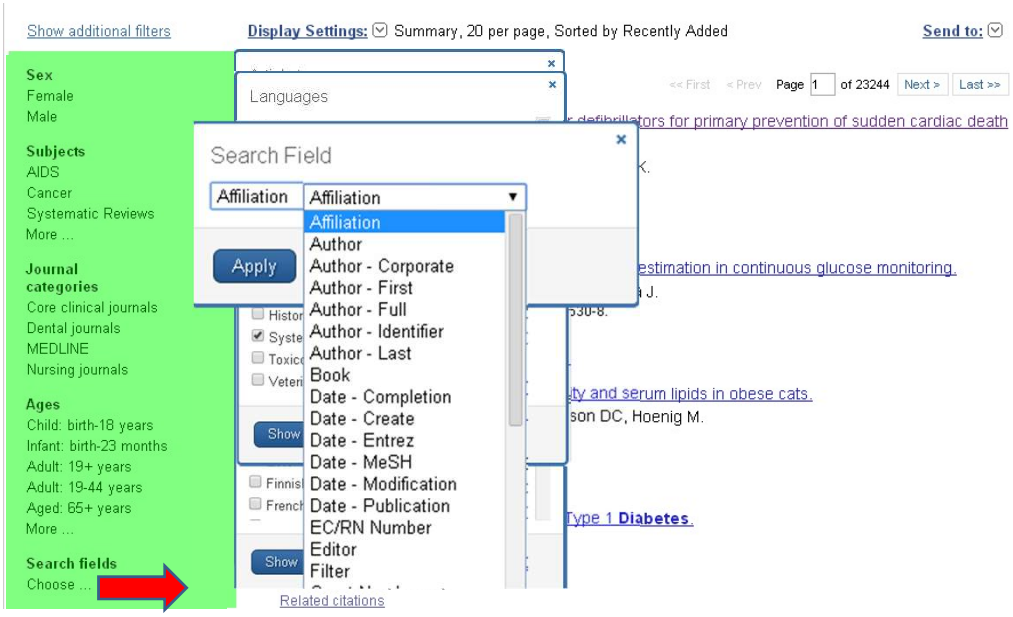

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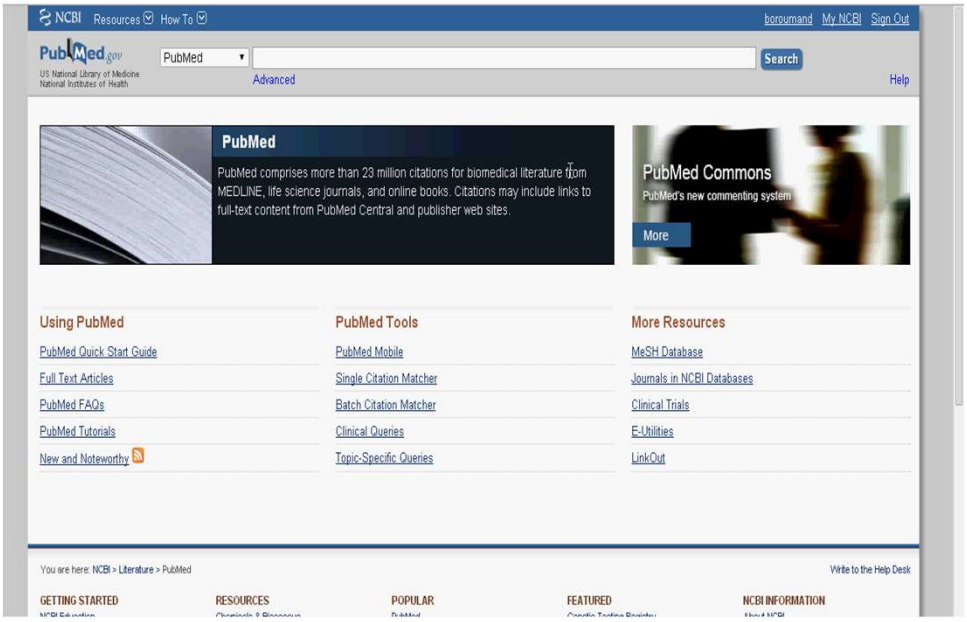

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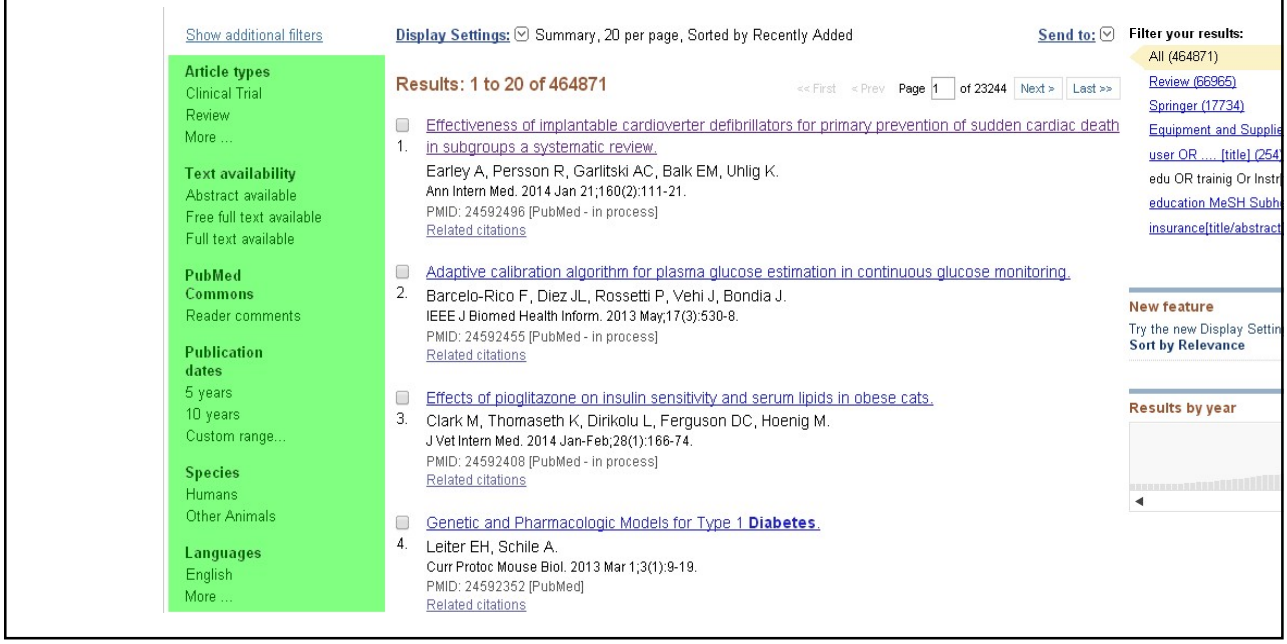

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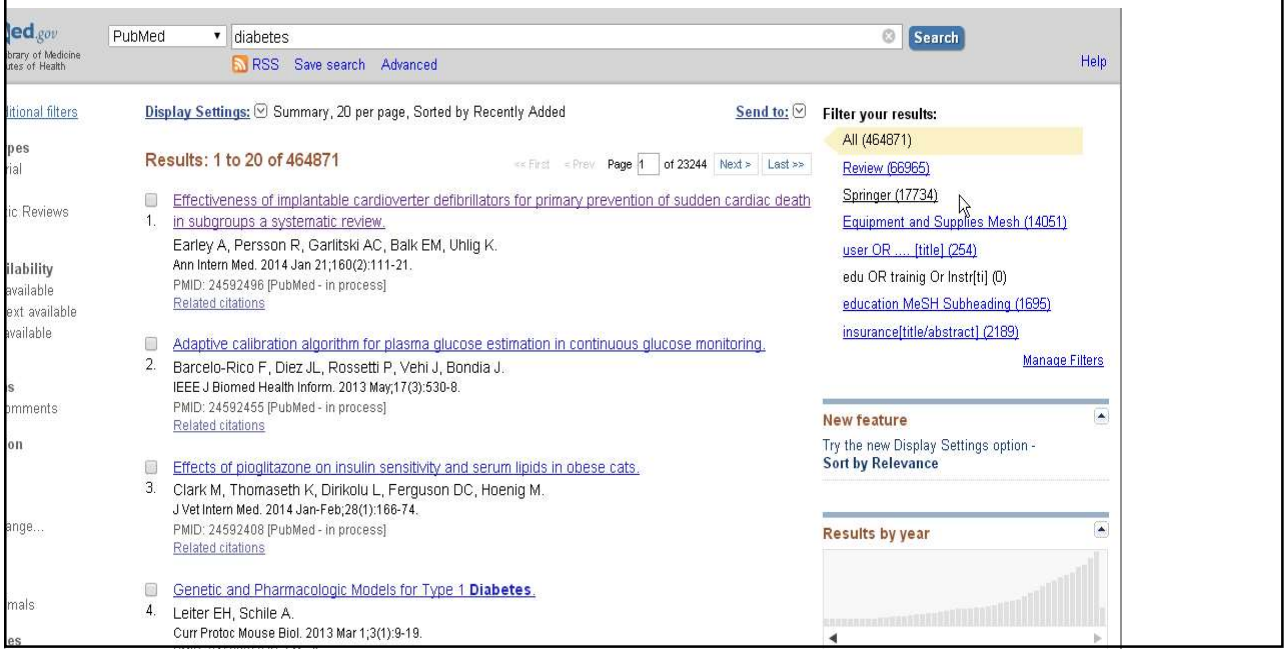

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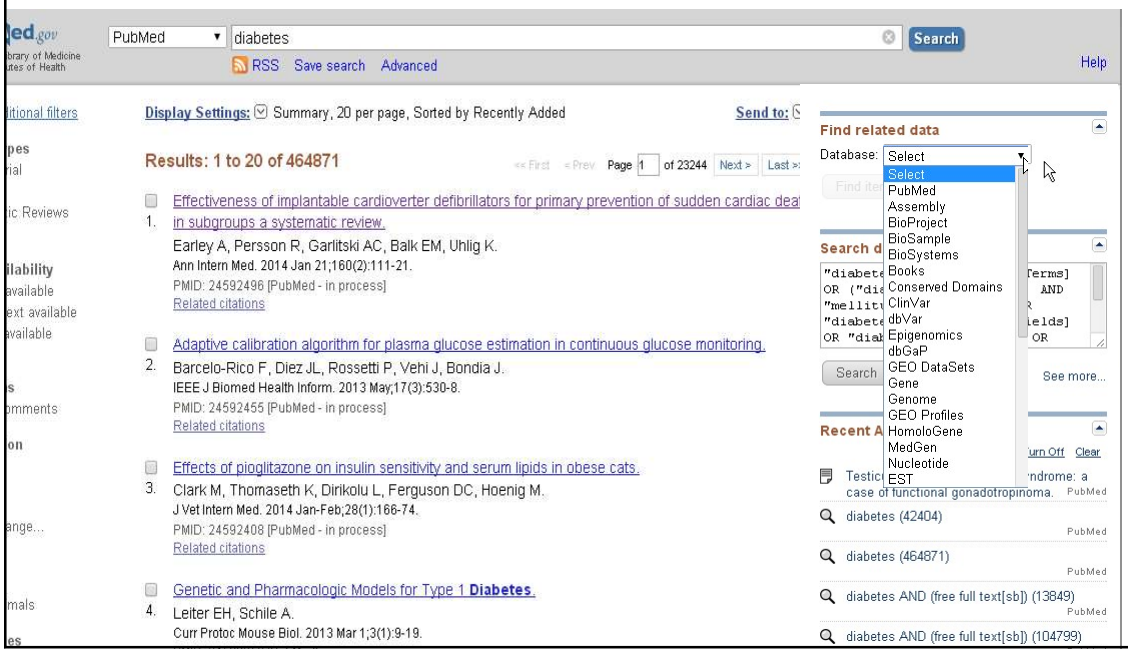

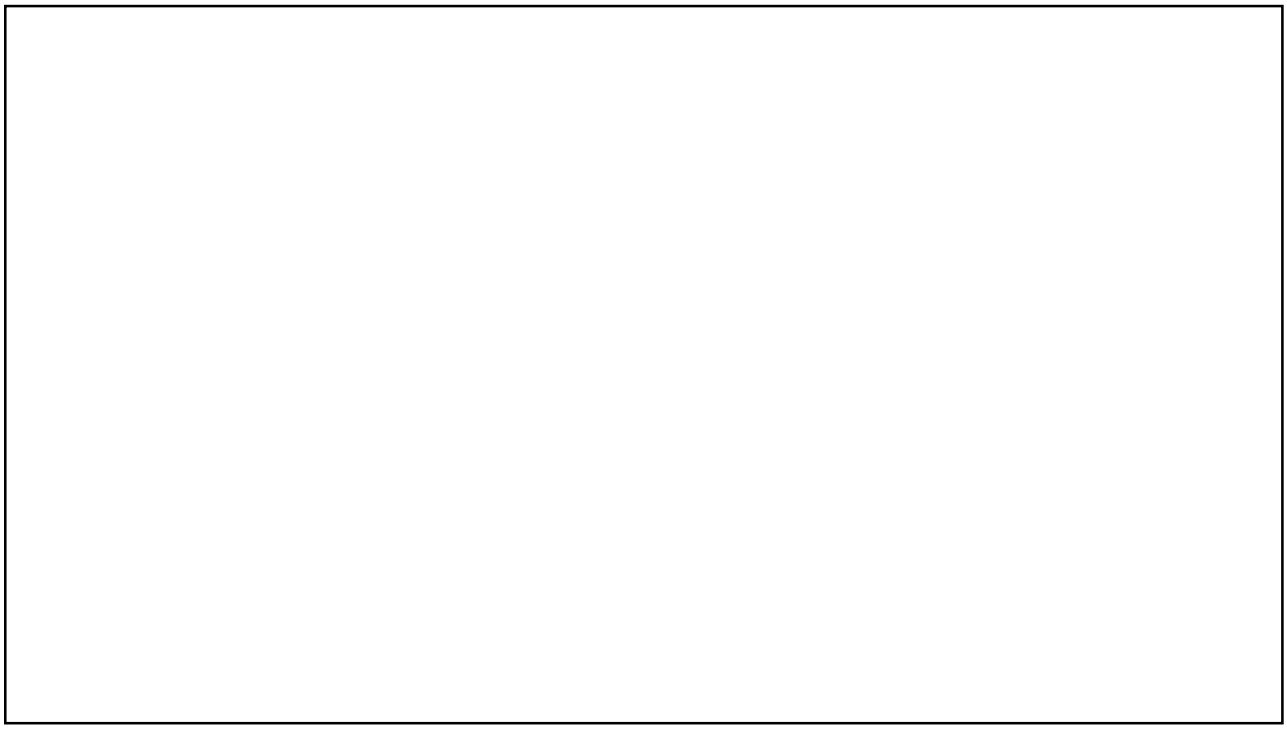

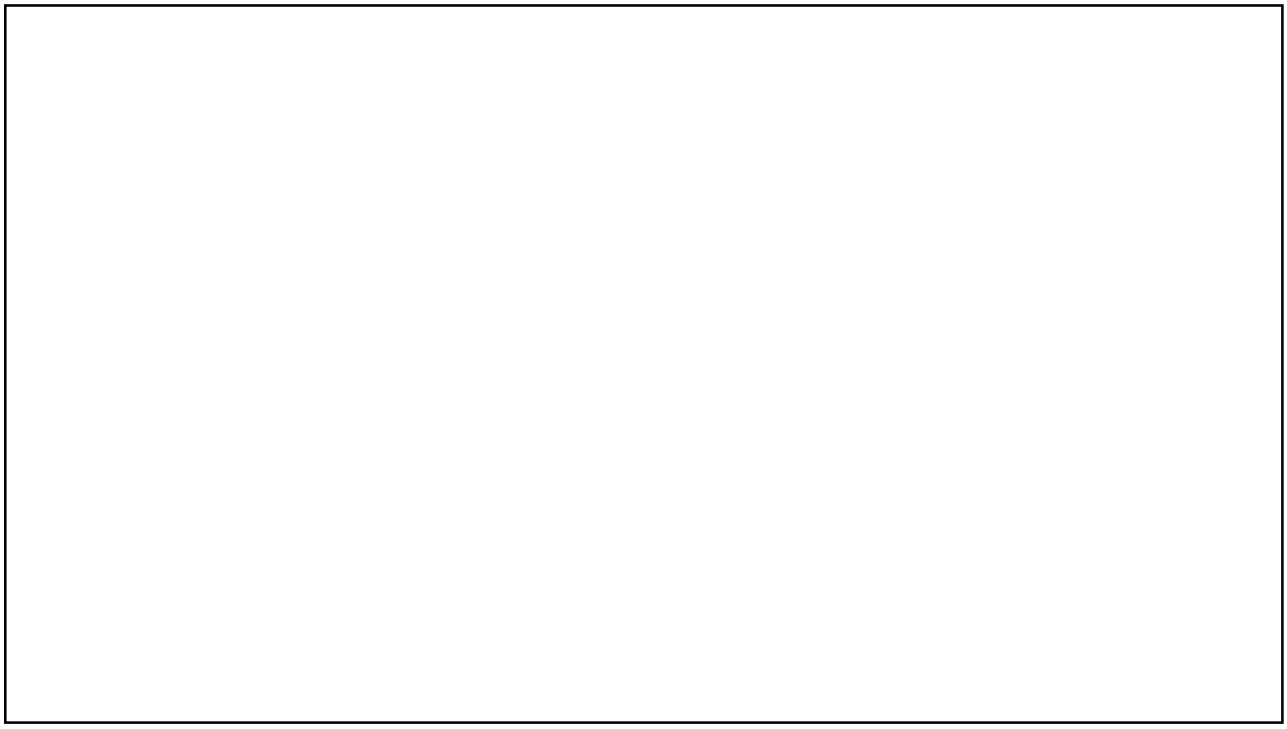

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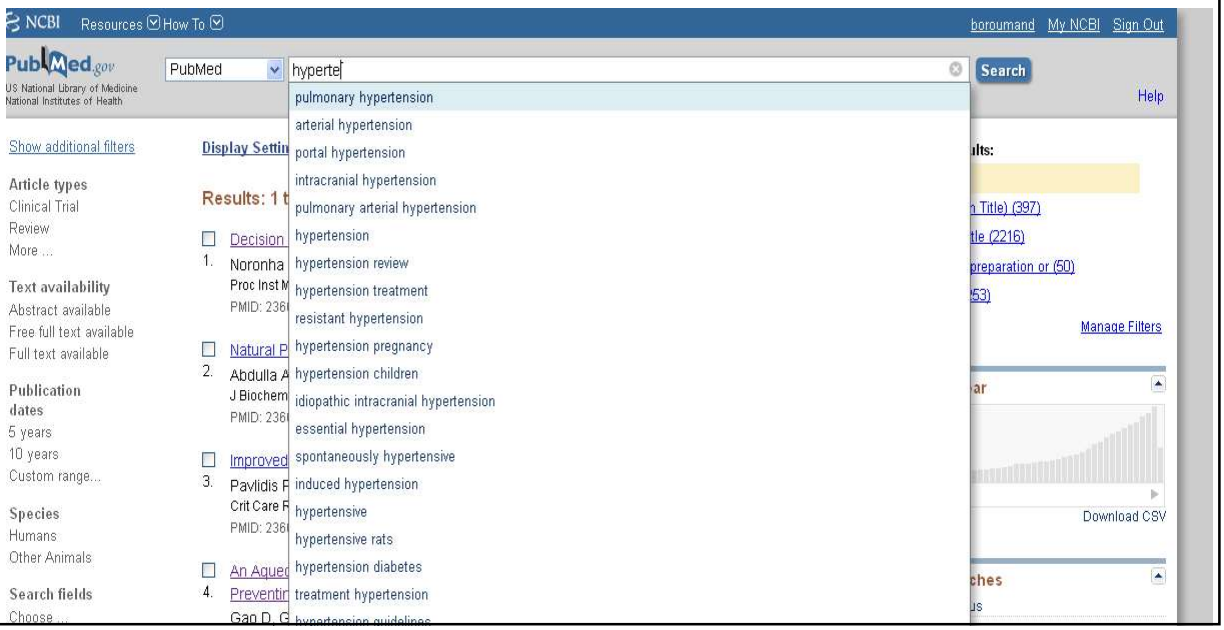

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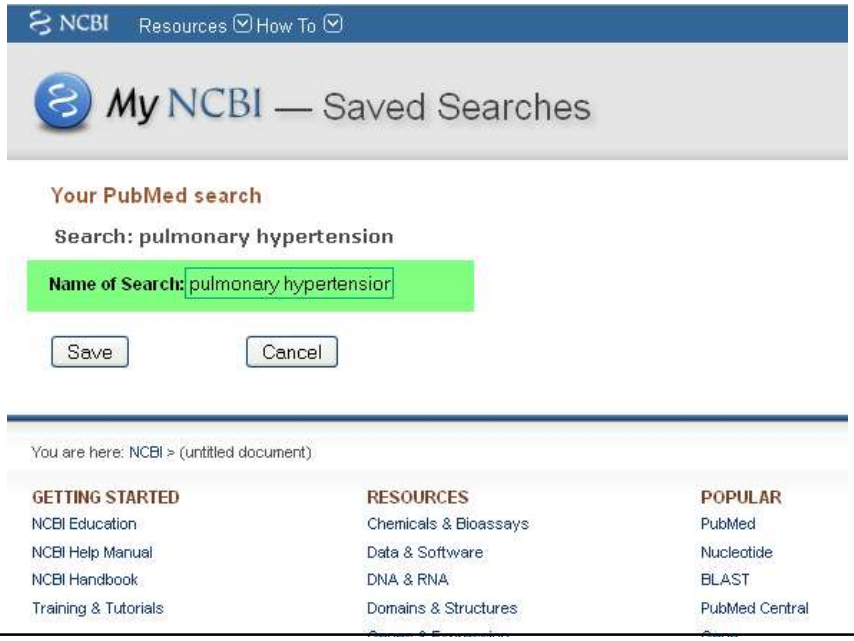

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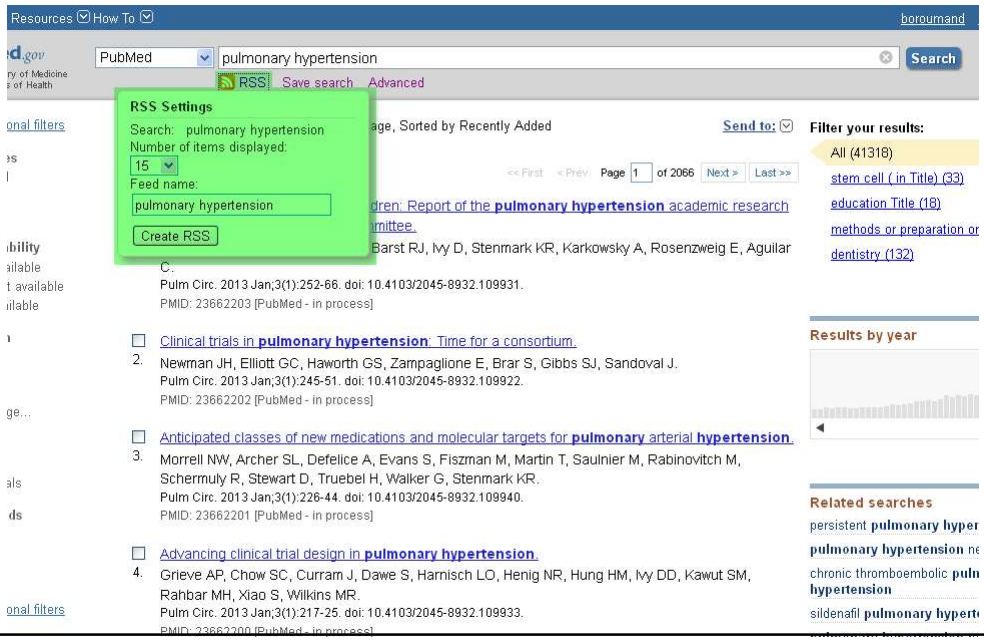

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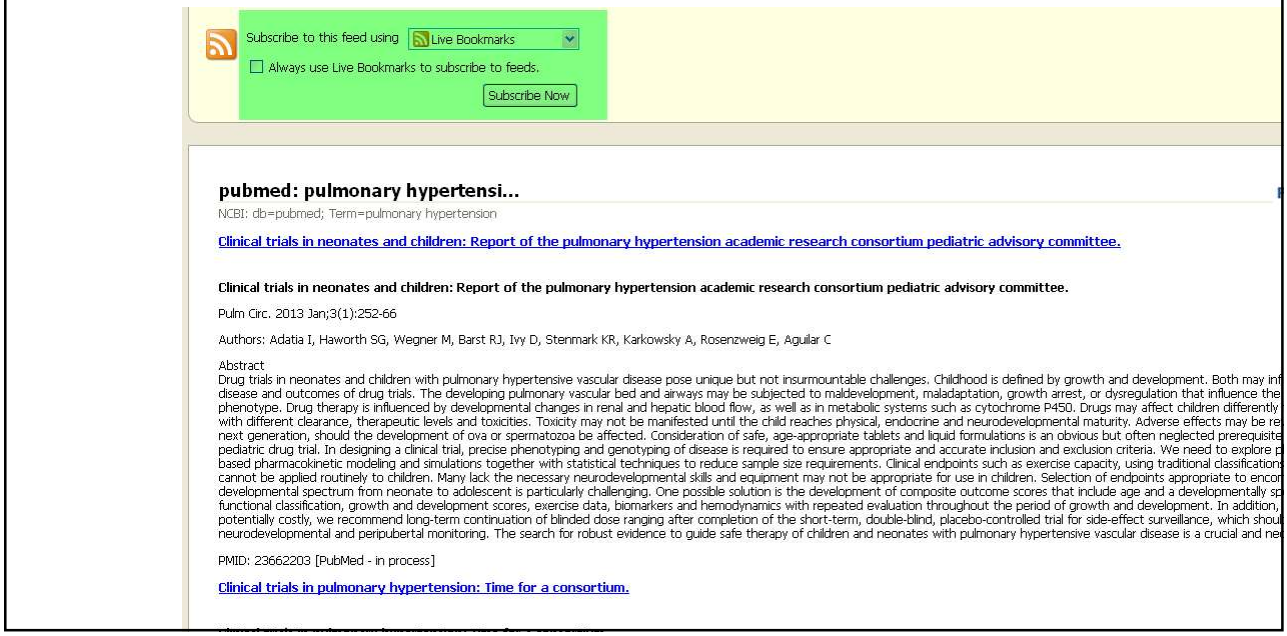

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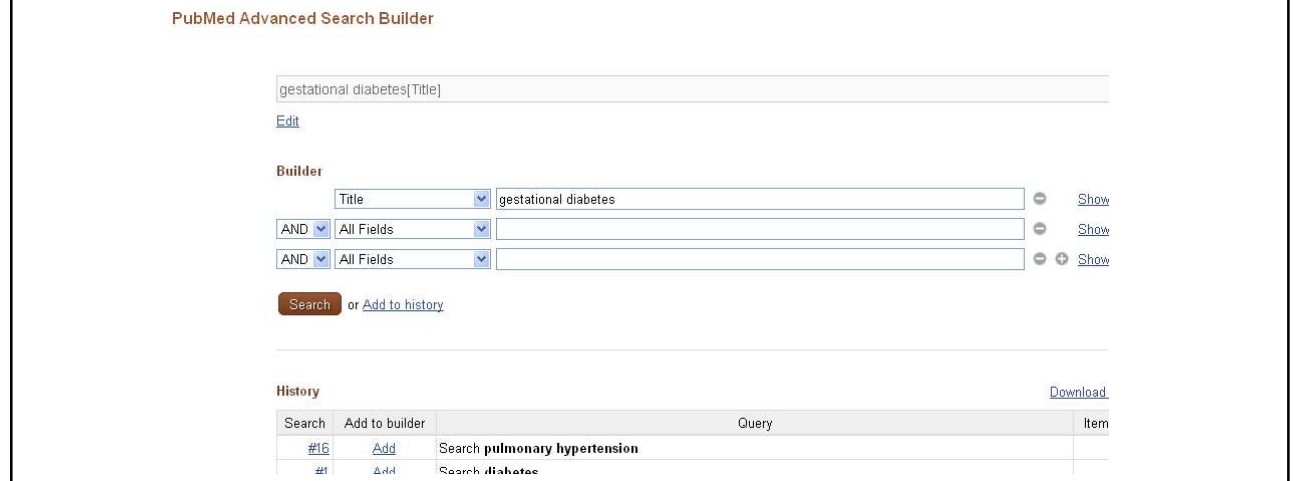

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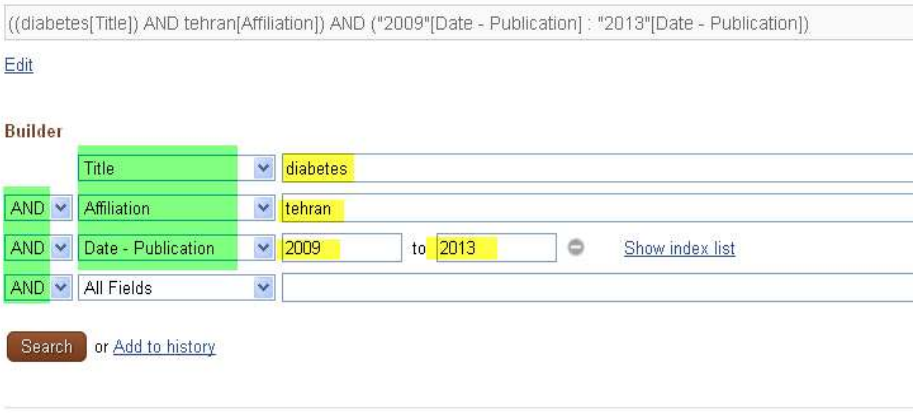

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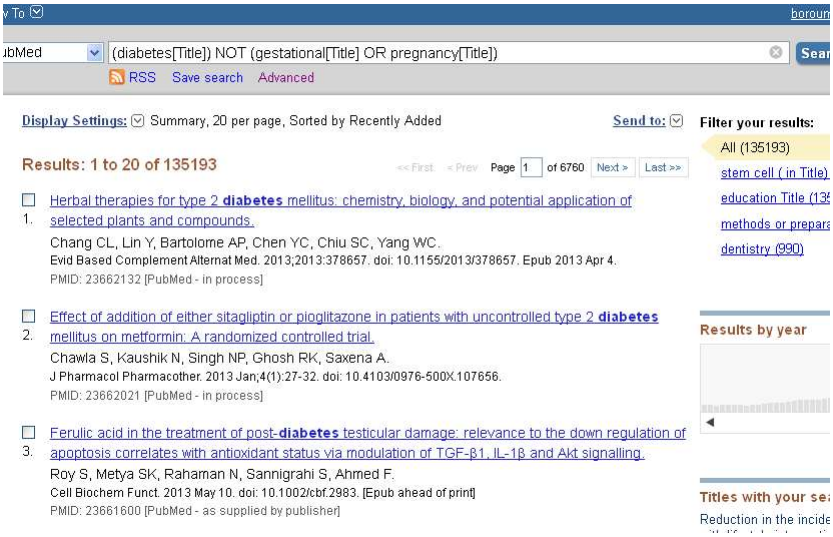

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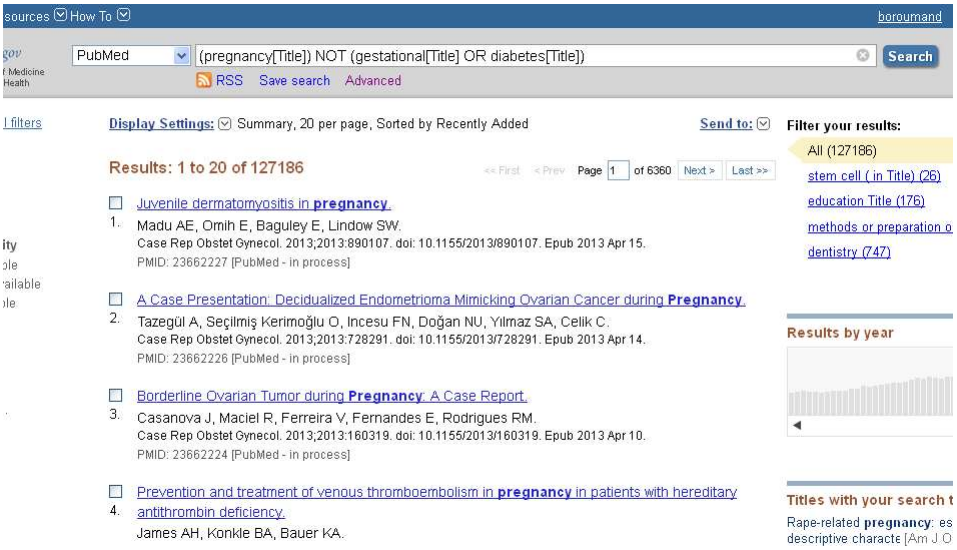

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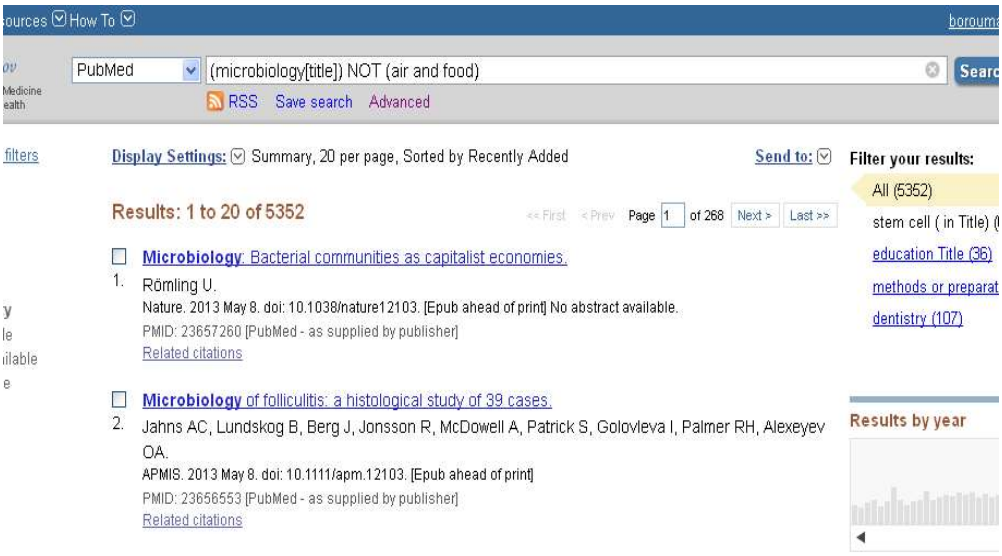

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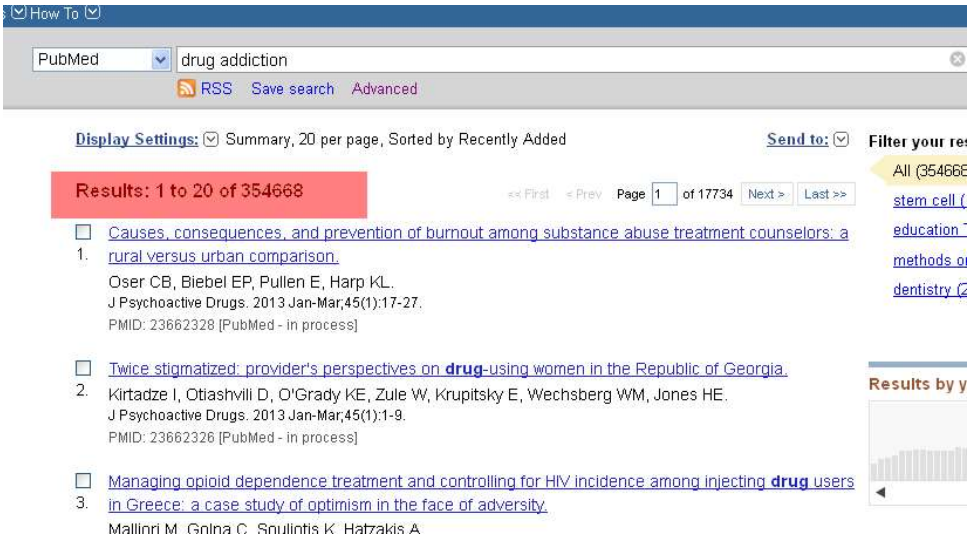

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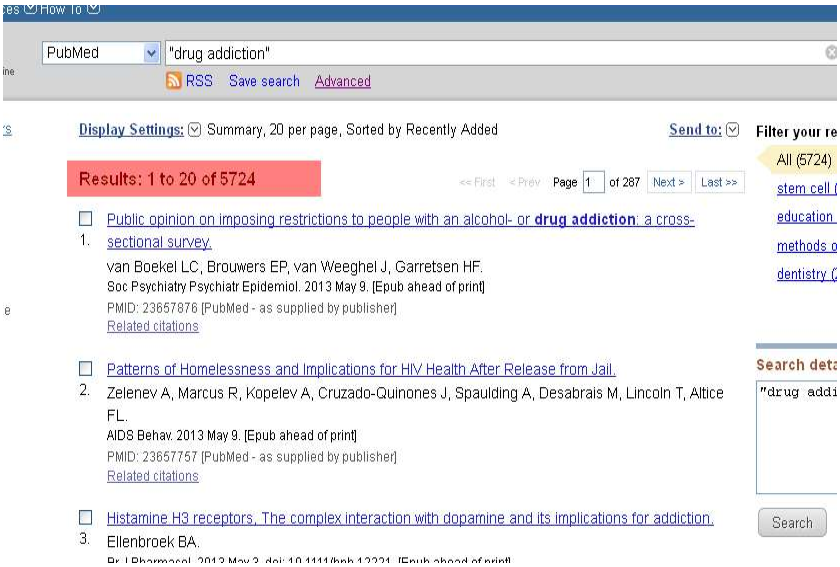

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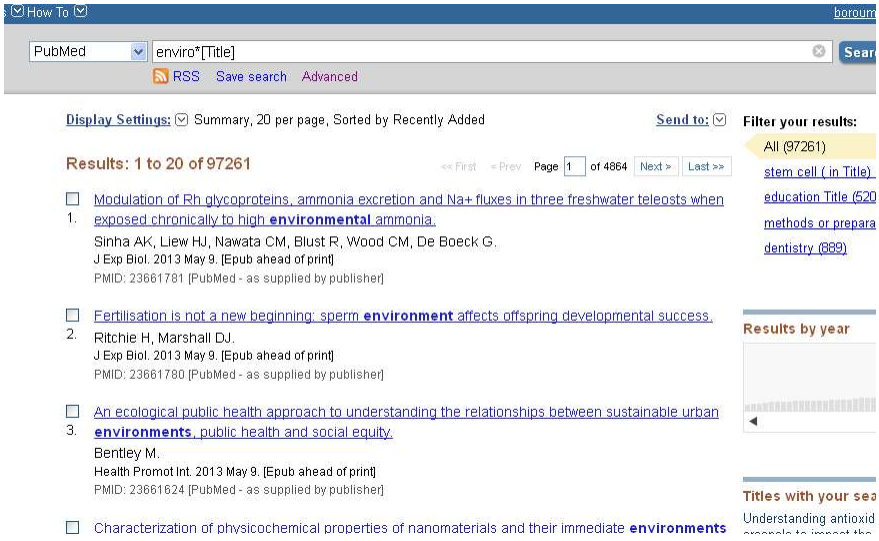

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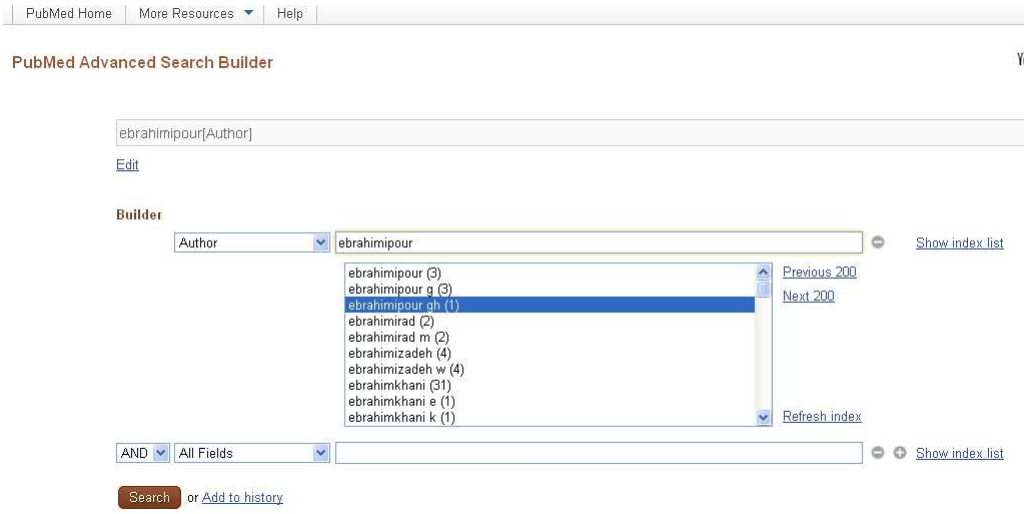

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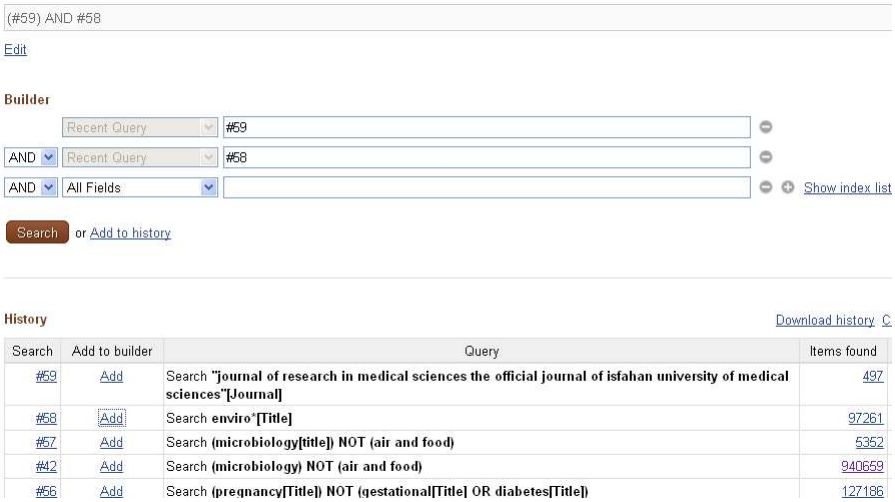

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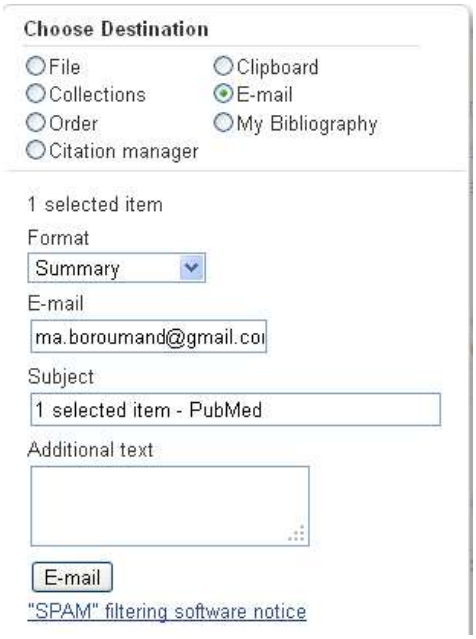

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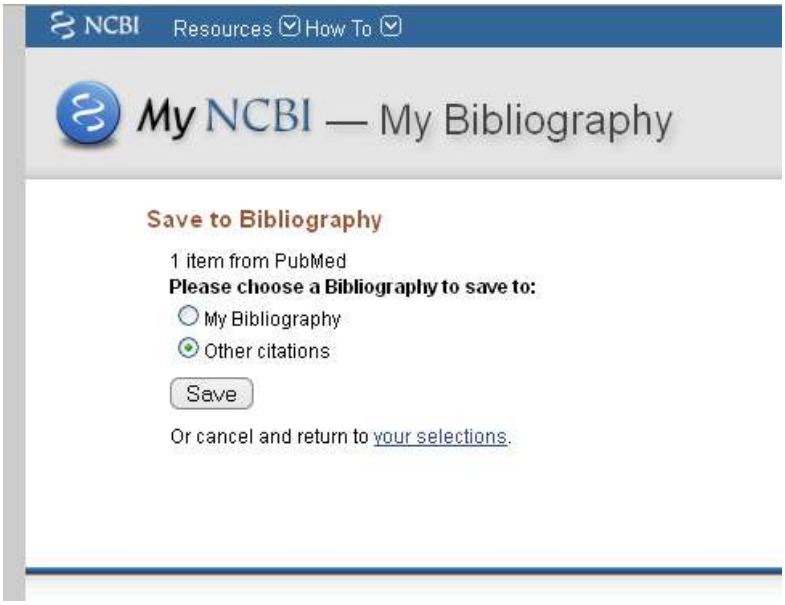

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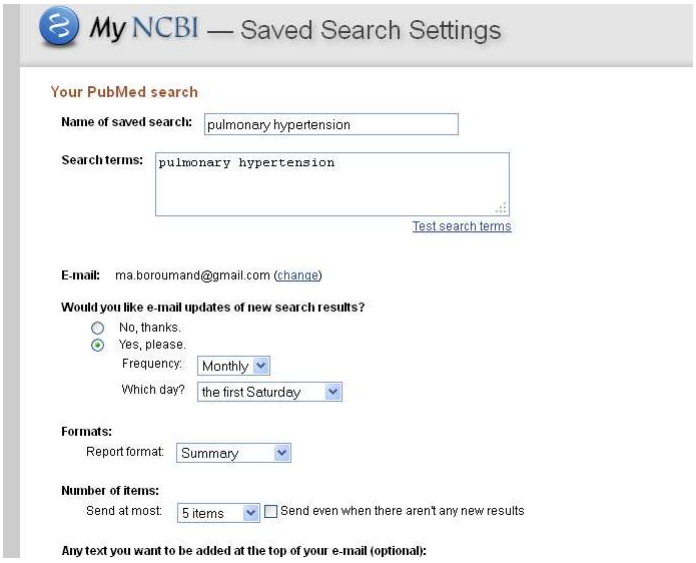

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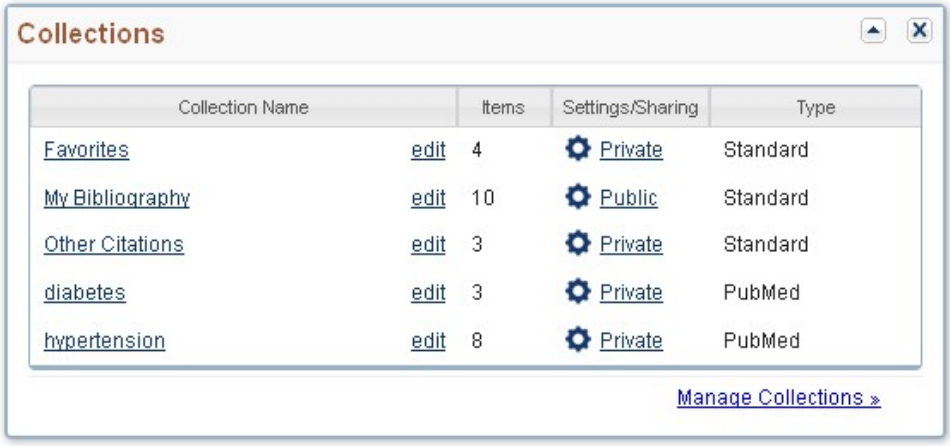

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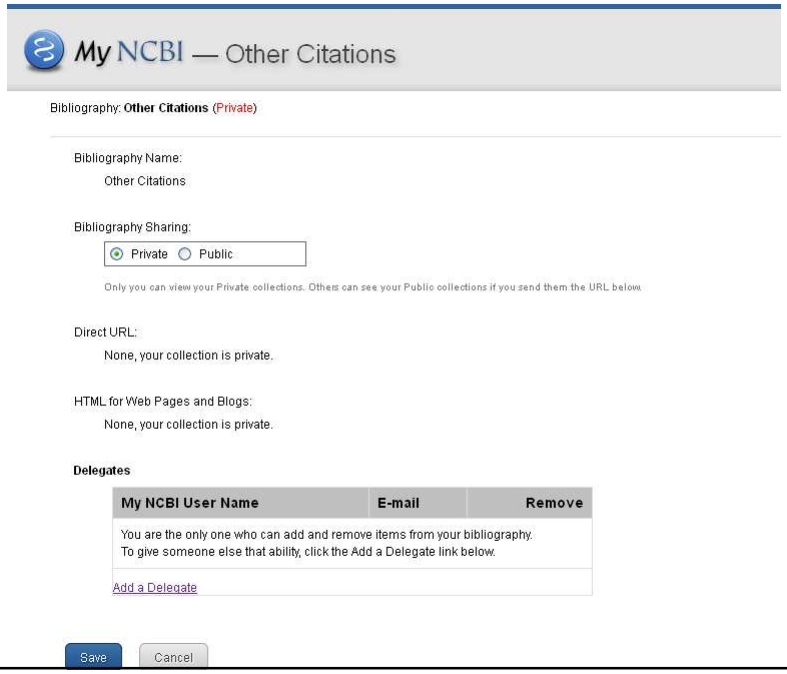

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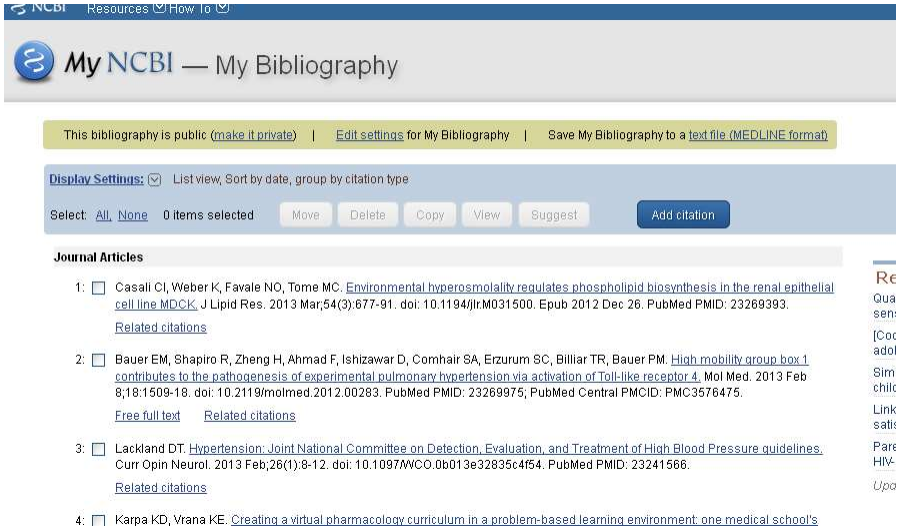

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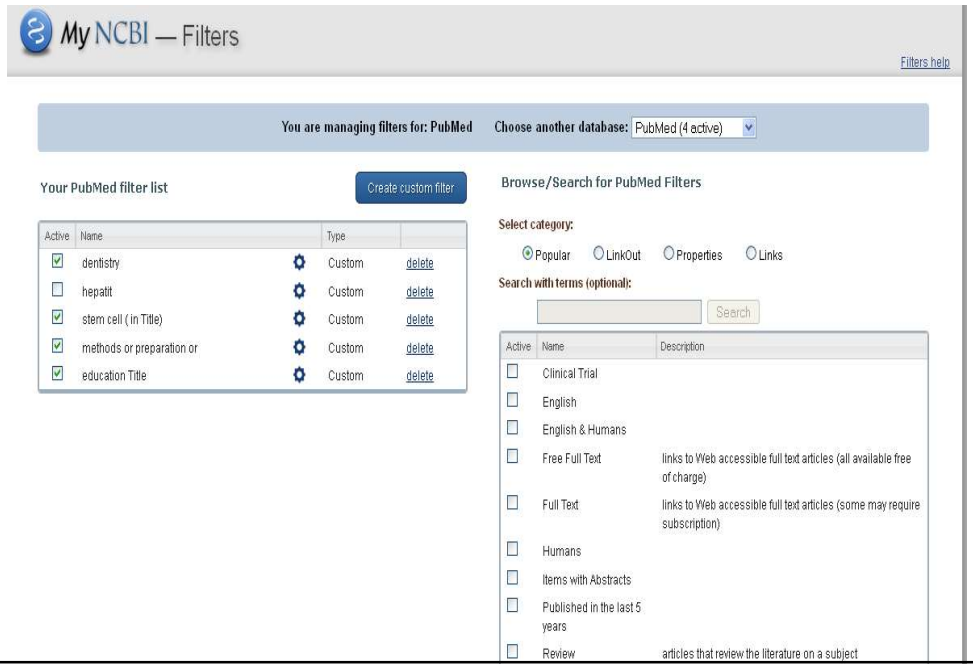

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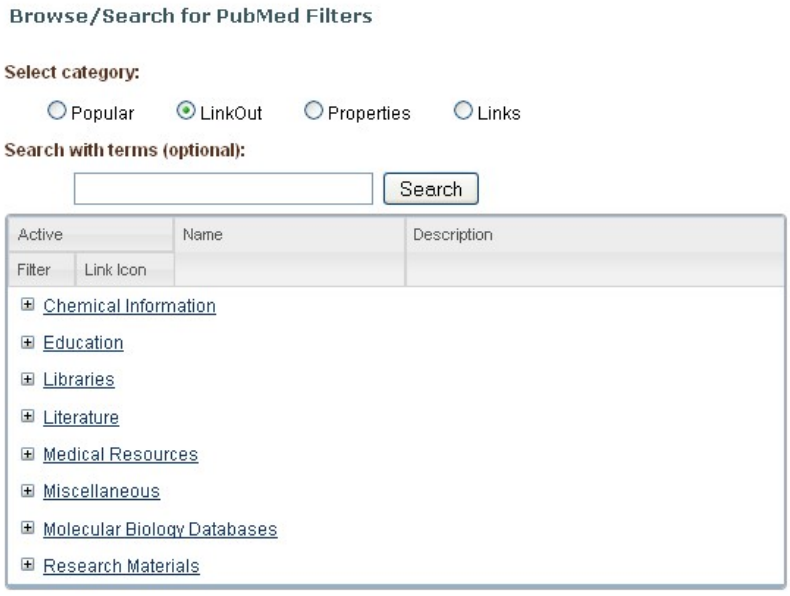

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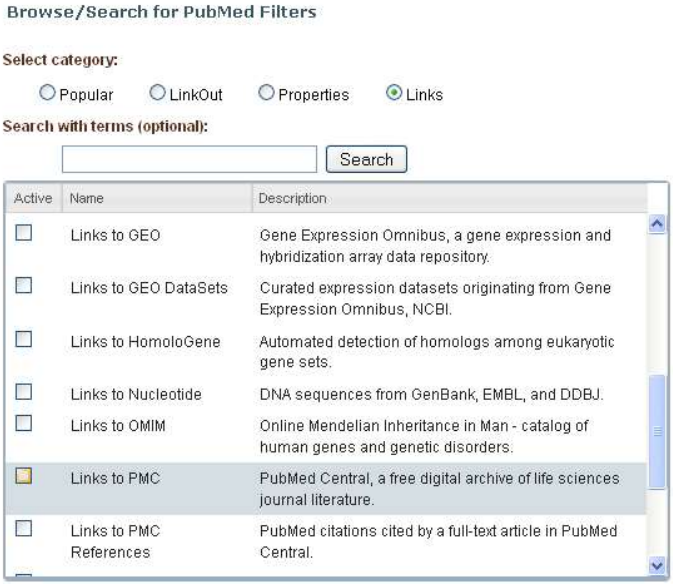

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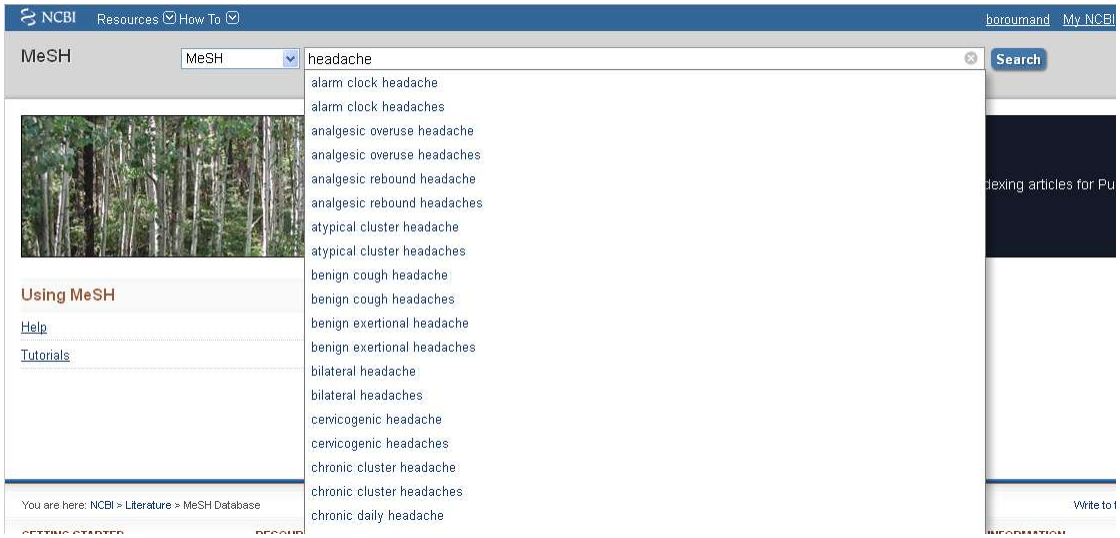

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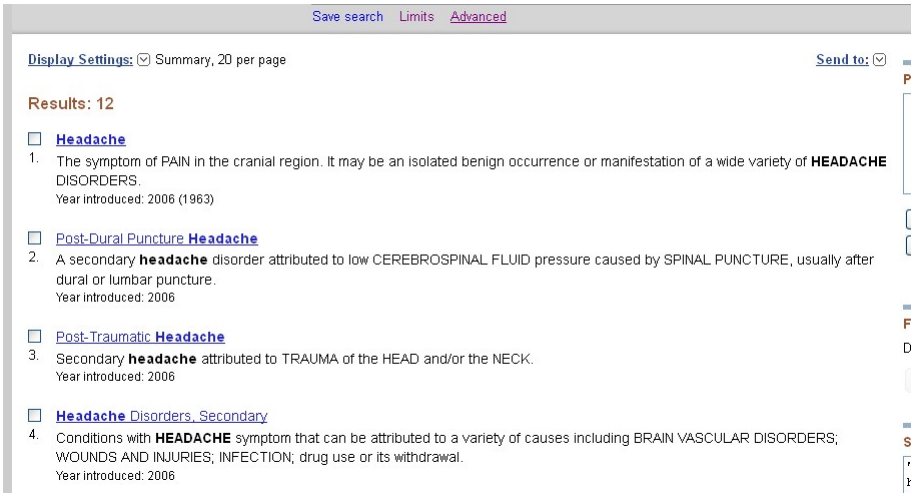
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Send to:
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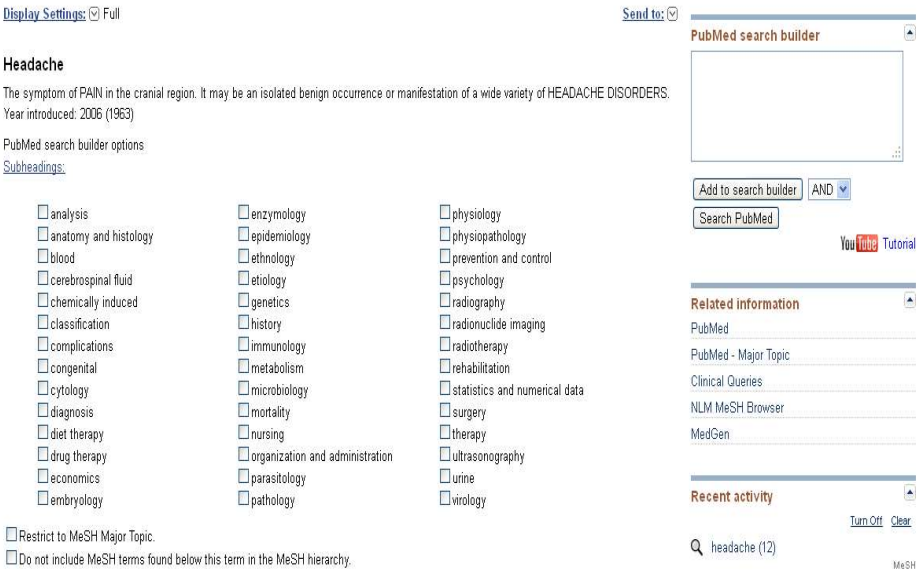
Headache
1. The symptom of PAIN in the cranial region. It may be an isolated benign occurrence or manifestation of a wide variety of HEADACHE DISORDERS.
Year introduced: 2006 (1963)
Post-Dural Puncture Headache
2. A secondary headache disorder attributed to low CEREBROSPINAL FLUID pressure caused by SPINAL PUNCTURE, usually after dural or lumbar puncture.
Year introduced: 2006
Post-Traumatic Headache
3. Secondary headache attributed to TRAUMA of the HEAD and/or the NECK.
Year introduced: 2006
Headache Disorders, Secondary
4. Conditions with HEADACHE symptom that can be attributed to a variety of causes including BRAIN VASCULAR DISORDERS; WOUNDS AND INJURIES; INFECTION; drug use or its withdrawal.
Year introduced: 2006

Mesh:


Display Settings: Full
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Headache
The symptom of PAIN in the cranial region. It may be an isolated benign occurrence or manifestation of a wide variety of HEADACHE DISORDERS.
Year introduced: 2006 (1963)
PubMed search builder options
Subheadings:
analysis
anatomy and histology
blood
cerebrospinal fluid
chemically induced
classification
complications
congenital
cytology
diagnosis
diet therapy
drug therapy
economics
embryology
enzymology
epidemiology
ethnology
etiology
genetics
history
immunology
metabolism
microbiology
mortality
nursing
organization and administration
parasitology
pathology
physiology
physiopathology
prevention and control
psychology
radiography
radionuclide imaging
radiotherapy
rehabilitation
statistics and numerical data
surgery
therapy
ultrasonography
urine
virology
Restrict to MeSH Major Topic.
Do not include MeSH terms found below this term in the MeSH hierarchy.
PubMed search builder
Add to search builder
AND
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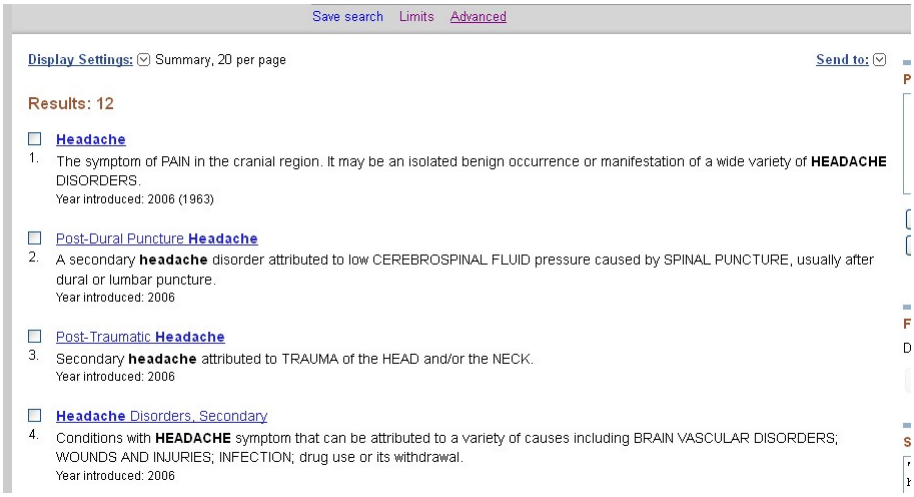
YouTube Tutorial
Related information
PubMed
PubMed - Major Topic
Clinical Queries
NLM MeSH Browser
MedGen
Recent activity
Turn Off Clear
headache (12)
MeSH

Mesh:



Mesh:

Do not include MeSH terms found below this term in the MeSH hierarchy.

ee Number(s): C10.597.617.470, C23.888.592.612.441, C23.888.646.487

ntry Terms:

- Headaches
- Head Pain
- Head Pains
- Pain, Head
- Pains, Head
- Cephalodynia
- Cephalodynias
- Cranial Pain
- Cranial Pains
- Pain, Cranial
- Pains, Cranial
- Cephalalgia
- Cephalalgias
- Cephalgia
- Cephalgias
- Generalized Headache
- Generalized Headaches
- Headache, Generalized
- Headaches, Generalized
- Ocular Headache
- Headache, Ocular
- Headaches, Ocular
- Ocular Headaches

Amelioratior diabetes- an

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Non-typhoid microbiology

Microbiology capitalist ec

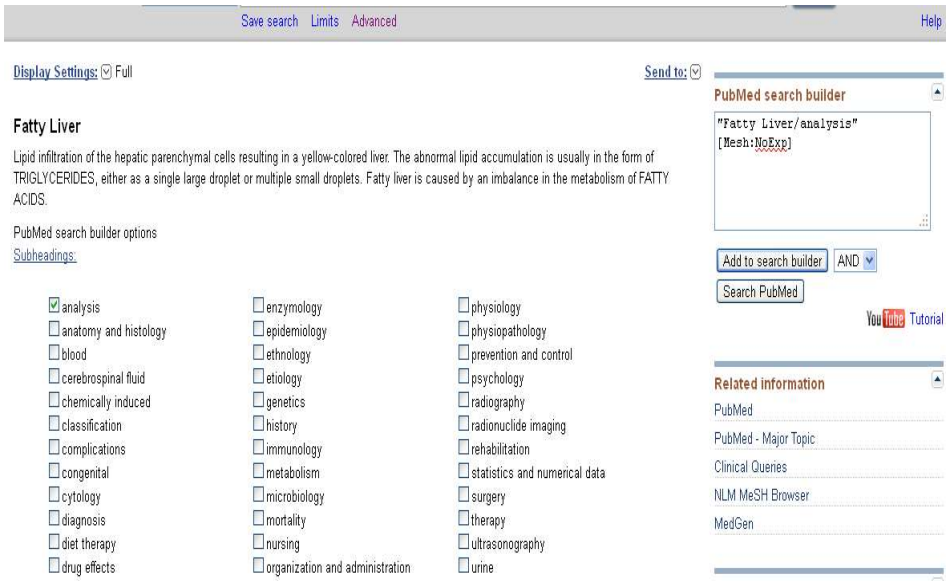
Mesh:

See Also:

- Headache Disorders

All MeSH Categories
Diseases Category
Nervous System Diseases
Neurologic Manifestations
Pain
Headache

All MeSH Categories
Diseases Category
Pathological Conditions, Signs and Symptoms
Signs and Symptoms
Neurologic Manifestations
Pain
Headache
Slit Ventricle Syndrome

All MeSH Categories
Diseases Category
Pathological Conditions, Signs and Symptoms
Signs and Symptoms
Pain
Headache
Slit Ventricle Syndrome

Mesh: