循证医学相关资源的 检索与利用



大纲

- ■循证医学概述
- 循证医学证据
- ■循证医学证据来源
 - >从Cochrane Library检索循证医学文献
 - ▶ 从PubMed检索循证医学文献









循证医学概况

- 1972年,英国流行病学家Archie Cochrane提出整个医学界忽视了临床研究成果的总结和应用,呼吁医学界应系统地总结和传播RCT的证据,将其用于指导临床实践,提高医疗卫生服务的质量和效率。
- 1992年,英国成立了英国Cochrane中心。
 - 1993年,英国牛津成立国际Cochrane Collaboration
- 1996年,我国华西医科大学开始筹建中国循证医学/Cochrane中心。

循证医学概况

- 1992年, Evidence-Based Medicine 一词首次出现在医学文献中, 其核心内容是培养医生解读医学文献的能力。
 - ➤ (Evidence-Based Medicine Working Group. Evidence-based medicine: a new approach to teaching the practice of medicine. *JAMA* 1992; 268:2420-5)
- 1996年,英国医学杂志British Medical Journal指出 循证医学为"临床实践的新模式"。
 - Sackett DL, Rosenberg WMC, Gray JAM, et al. Evidence based medicine: what it is and what it isn't. *BMJ*, 1996; 312: 71-2)

循证医学的定义

- ■循证医学是指慎重、准确和明智地应用当前所能获得的最好的研究证据,同时结合医生的个人专业技能和多年临床经验,考虑患者的价值和愿望,将三者完美结合制定出病人的治疗措施。
 - David L. Sackett. et al. *Evidence-based medicine : how to practice and teach EBM*. 2000
- 临床实践模式的变革:由传统的经验医学模式转变为循证医学模式。
- 新的医学教育模式: Problem-Based Learning

循证医学实践

循证医学实践就是结合临床经验与最好证据对患者进行处理的过程,包括提出问题,检索证据,评价证据,结合临床经验与最好证据对患者作出处理和效果评价5个步骤。

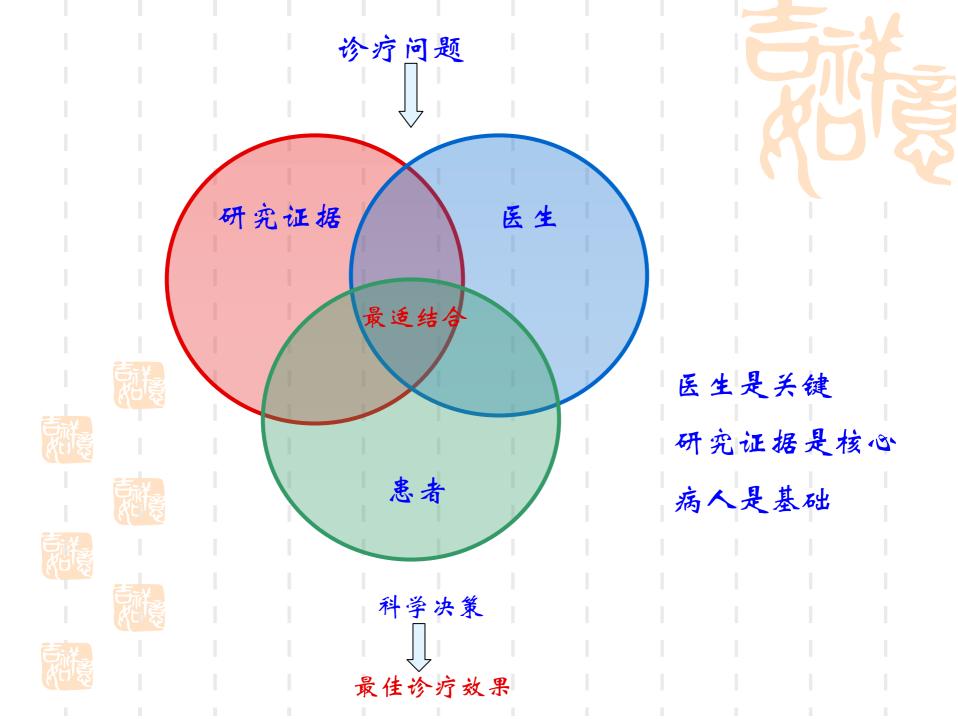












循证医学的证据

- ■指人体试验的证据,包括病因、诊断、预防、治疗、康复和预后等方面的证据,追求证据的质量和不断补充完善。
- ■证据类型
 - > 系统评价 (systematic review)
 - ➤ Meta 分析 (Meta Analysis)
 - >临床实践指南(Clinical Practice Guideline)
 - ▶随机对照试验(Randomized Controlled Trial)

循证医学证据的等级

- 干预性措施效果的证据按质量和可靠程度大体可 分为以下五级(可靠性依次降低)
 - ▶一级:按照特定病种的特定疗法收集所有质量可靠的 随机对照试验后所作的系统评价或Meta分析。
 - > 二级:单个的样本量足够的随机对照试验结果。
 - > 三级:设有对照组但未用随机方法分组的研究。
 - > 四级:无对照的系列病倒观察。
 - > 五级:专家意见、个案报道。







如何寻找证据?

- 首先寻找可靠的系统评价
- ■其次寻找相关可靠的原始科学研究
- ■目前正在进行的科学研究











证据来源(1)-高质量的综述

- Cochrane Library 数据库
- BMJ Clinical Evidence数据库
- MICROMEDEX Healthcare Series 数据库
- 英国NHS CRD中心出版物
 - > CDR Reports
 - ▶ Effective Health Care Bulletins (医疗卫生服务效果通告)
 - ▶ Effectiveness Matters (效果问题)
- Health Technology Assessment Reports (卫生技术评估报告)
 - Health Evidence Bulletins (卫生证据通告)

Cochrane Library简介

- ■由国际Cochrane Collaboration研制开发。
- ■由John Wiley公司负责出版和发行,并分为 光盘版和网络版,数据每季度更新一次。
- ■可以免费浏览网络版系统评价的摘要,注 册并付费的用户才能查看系统评价全文。
 - http://www.thecochranelibrary.com/







Cochrane Library包含的子库

- The Cochrane Database of Systematic Reviews (Cochrane协作网系统评价数据库, CDSR)
- The Database of Abstracts of Reviews of Effects (疗效评价文摘库, DARE)
- The Cochrane Central Register of Controlled Trials
 【Cochrane临床对照试验中心注册数据库,CENTRAL】
- The Cochrane Methodology Register (Cochrane 方法学注册资料数据库, CMR)
- The Health Technology Assessment Database
 (卫生技术评估数据库, HTA)
- The NHS Economic Evaluation Database 《英国国家卫生服务部卫生经济评价数据库,NHS EED》

The Cochrane Database of Systematic Reviews

- 收集各Cochrane系统评价小组在The Reviewer'sHandbook指导下对各种医疗卫生服务效果的系统 评价
- 内容包括已经完成的系统评价全文,和正在或将 要进行的系统评价的研究方案(Protocols)。
- 目前系统评价主要是根据随机对照试验的研究而进行的,并随着新的临床试验的出现不断补充、更新。

The Database of Abstracts of Reviews of Effects

- 收录了世界各国非Cochrane协作网发表的系统评价的论文摘要
- ■评价来自于英国约克大学的国家卫生服务评价和传播中心(National Health Services Center for Reviews and Dissemination, NHS CRD)
- 内容包括对论文的质量评估、统一式文摘、 背景介绍和简单评述等

The Cochrane Central Register of Controlled Trials

- ■收集临床对照试验的书目型数据库
- ■由Cochrane 协作网和其他组织通过收集临床研究资料,如医学杂志、研究生论文、学术会议论文等,从中获得临床对照试验,也包括许多研究报告中的对照实验。
- Cochrane协作网只提供符合质量控制标准的 随机对照试验或临床对照试验。

The Cochrane Methodology Register

- 收录所有关于保健和社会干预系统评价方法研究● 的注册资料库
- 范围涵盖了期刊文章、著作节选、会议记录、会议摘要以及正在进行的方法学研究报告。
- ■记录来自于MEDLINE数据库和手工检索的文献,包括所有已发表的和Cochrane方法学系统评价相关的经验方法学研究报告,以及与保健干预系统评价相关的比较和描述性研究。

The Health Technology Assessment Database

- ■包括卫生技术评估方面的信息,如疾病的预防、 筛查、诊断、治疗和康复的药物、疫苗、器械设 备、医疗方案、手术程序、后勤支持系统和行政 管理组织。有来自卫生技术评估组织正在进行的 研究课题和完全的出版物。
- 由NHSCRD提供的,来自于INAHTA(国际卫生技术评价机构网络)成员和其他卫生技术评价组织制作的技术评价文献,内容包括研究课题的名称,主要负责人姓名及通讯地址和网站,有些还有出版物的详细信息,无全文。

The NHS Economic Evaluation Database

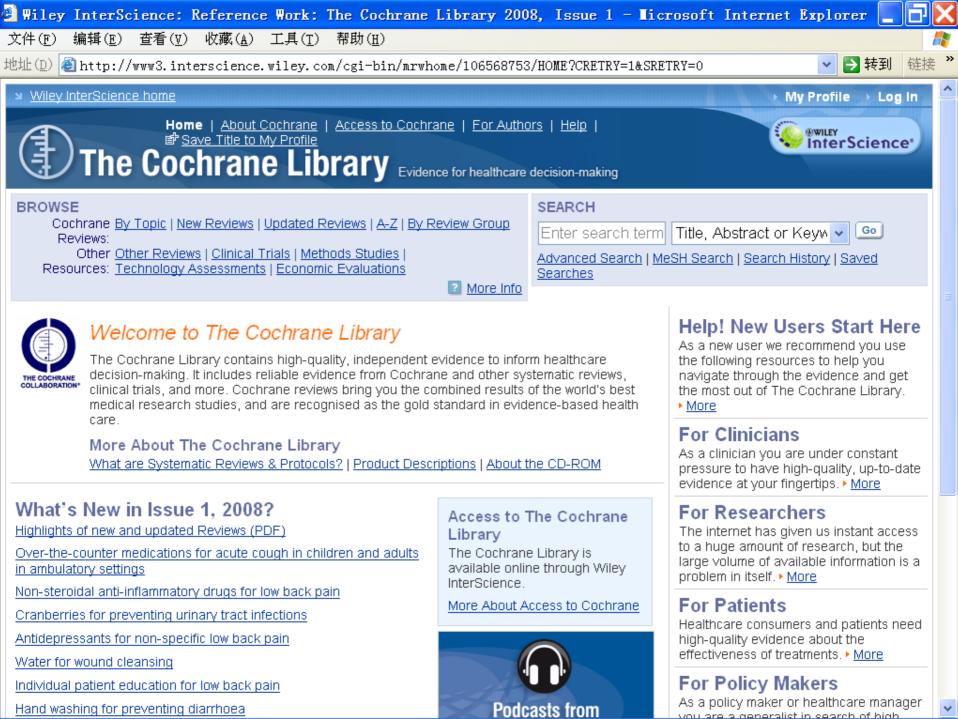
- 英国国家卫生服务部卫生经济评价数据库
- ■由NHS CRD提供的来自于医学核心期刊、 书目型数据库中涉及治疗和检查的成本或结果比较方面的结构式文摘,及少量的"灰色









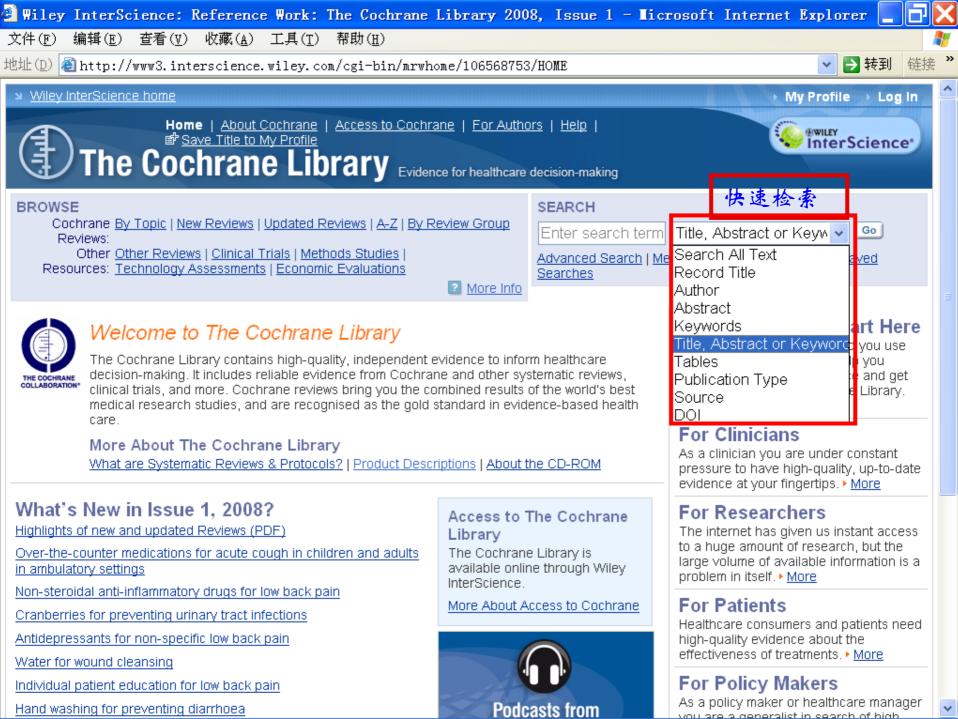


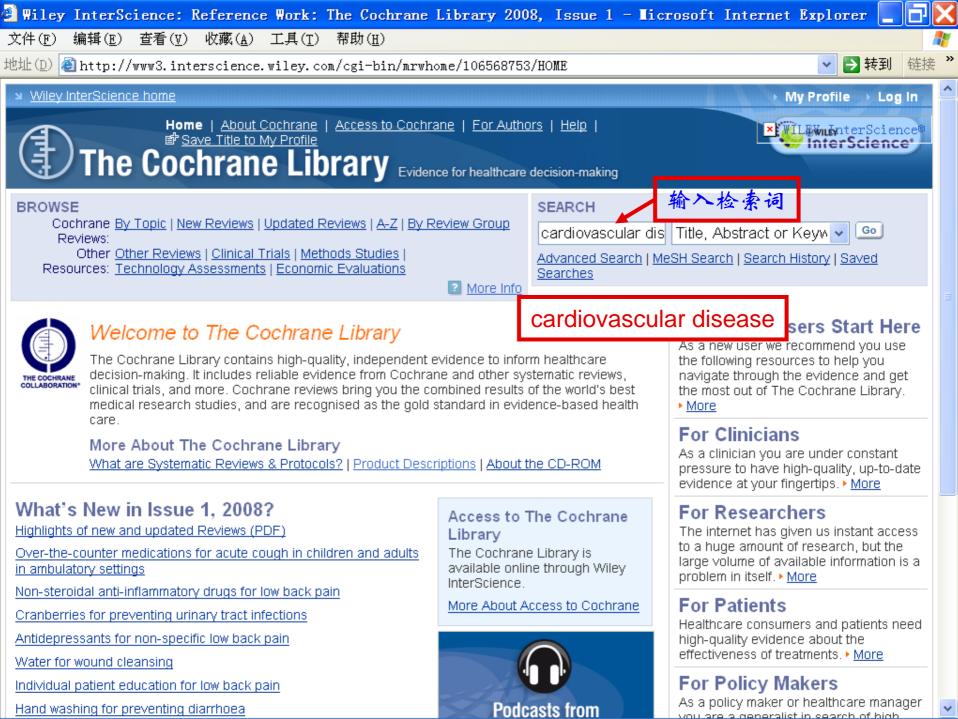




快速检索

- Cochrane Library的多数页面提供一个快速
- Cochrane Library的多数贝面提供一个快速检索框,可以输入任意的检索词对 Cochrane Library所有子库的内容进行检索
- 在Cochrane Library主页的快速检索框下还可以选择文献题名、作者、文摘、目次(Tables)、出版类型或DOI等字段,进
- 髓行特定字段的限制检索。



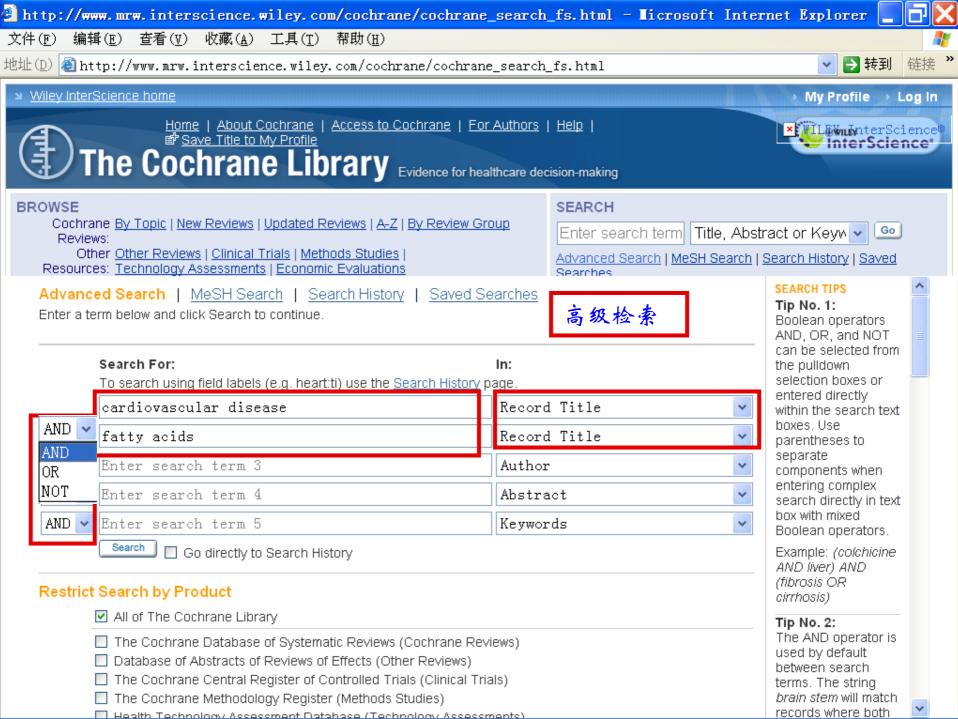


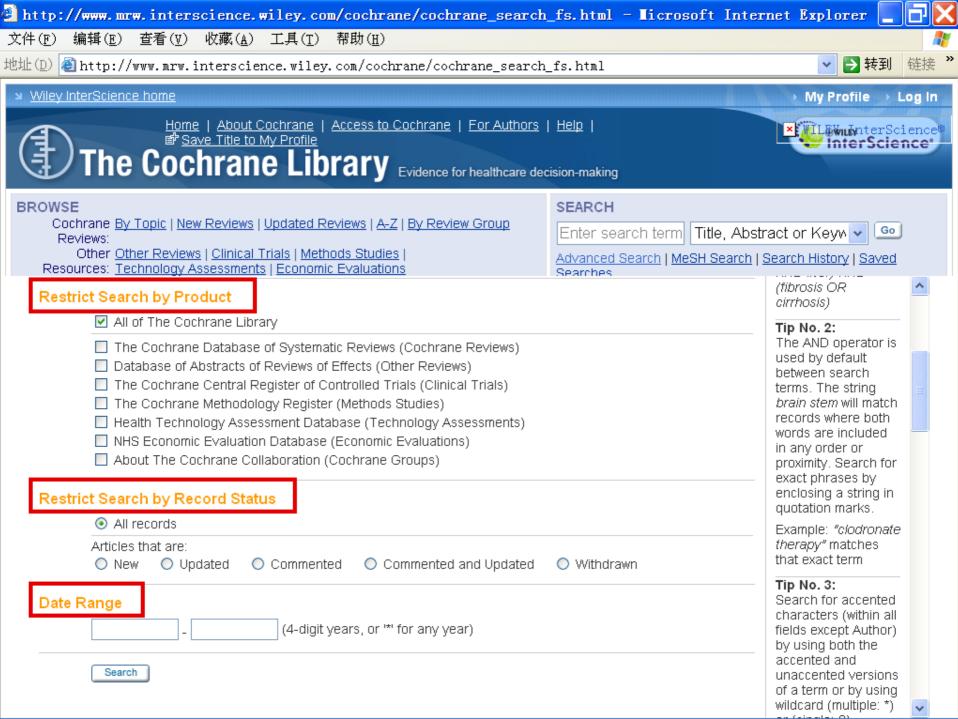
高级检索



- 提供多个检索框和检索字段进行检索,各字段之间可以进行布尔逻辑运算(AND、OR、NOT)、截词检索(以*代替任意字符)、可用引号进行词组的检索。
- 同时也可以将检索限定在Cochrane Library 的不同数据库内。
- 还可以对记录的不同状态进行限定,如新 增记录、更新的记录、撤销的记录等。

cardio*可以检索到cardiology、cardiologist、 cardiological、cardiovascular等词





MeSH辅助检索

- 在"Enter MeSH term" 后输入MeSH词
- 通过Thesaurus按钮可以查看MeSH词表
- Definition接钮可以了解MeSH词的定义
- 也可以通过Go To MeSH Trees接纽浏览

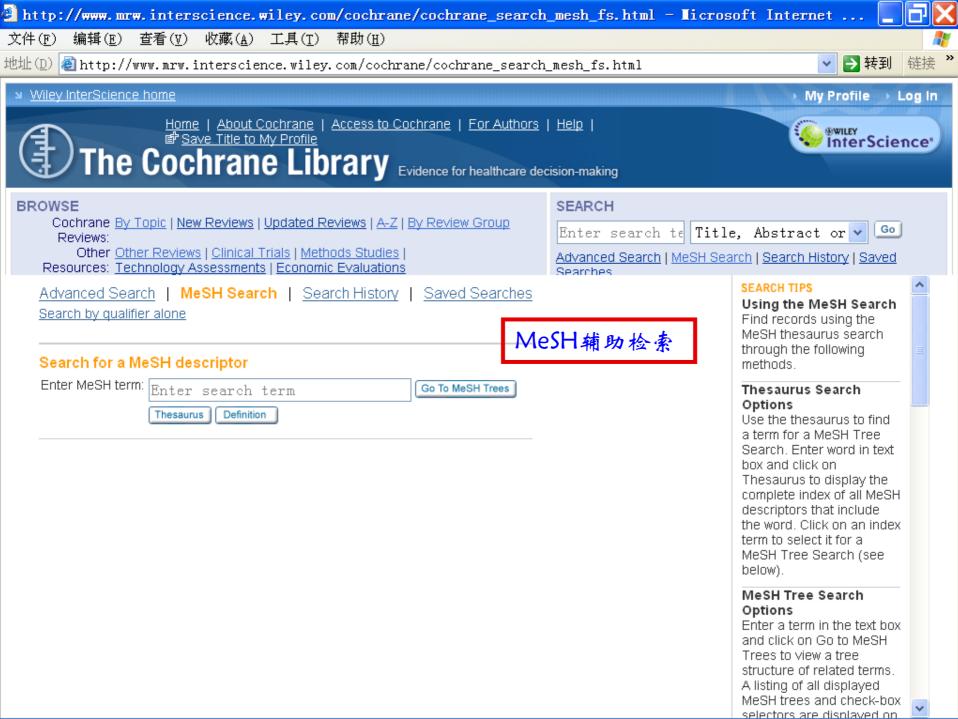


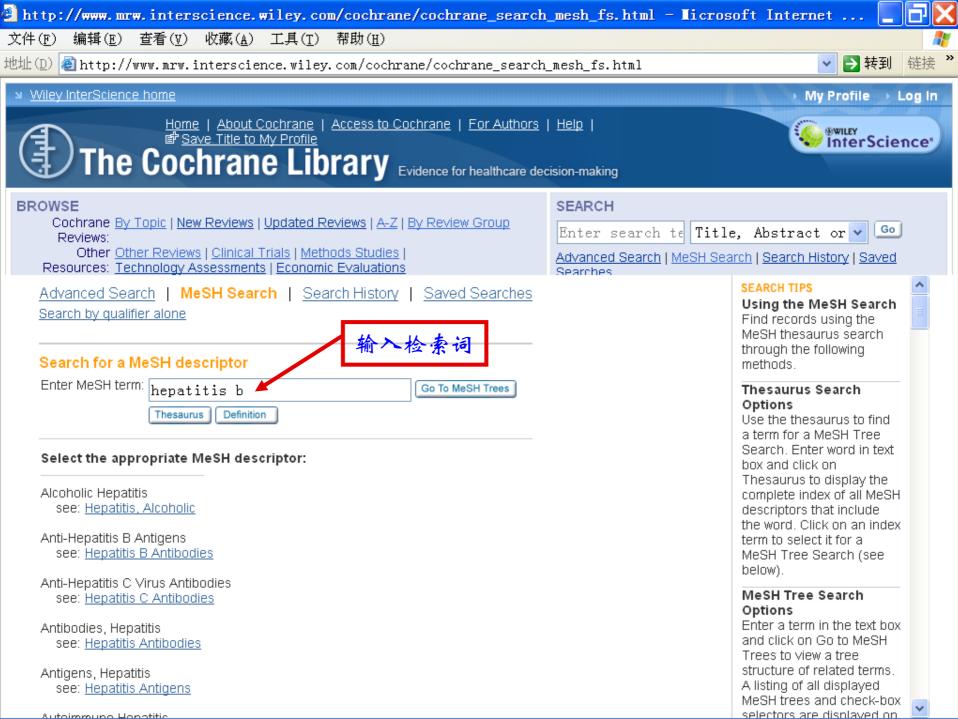


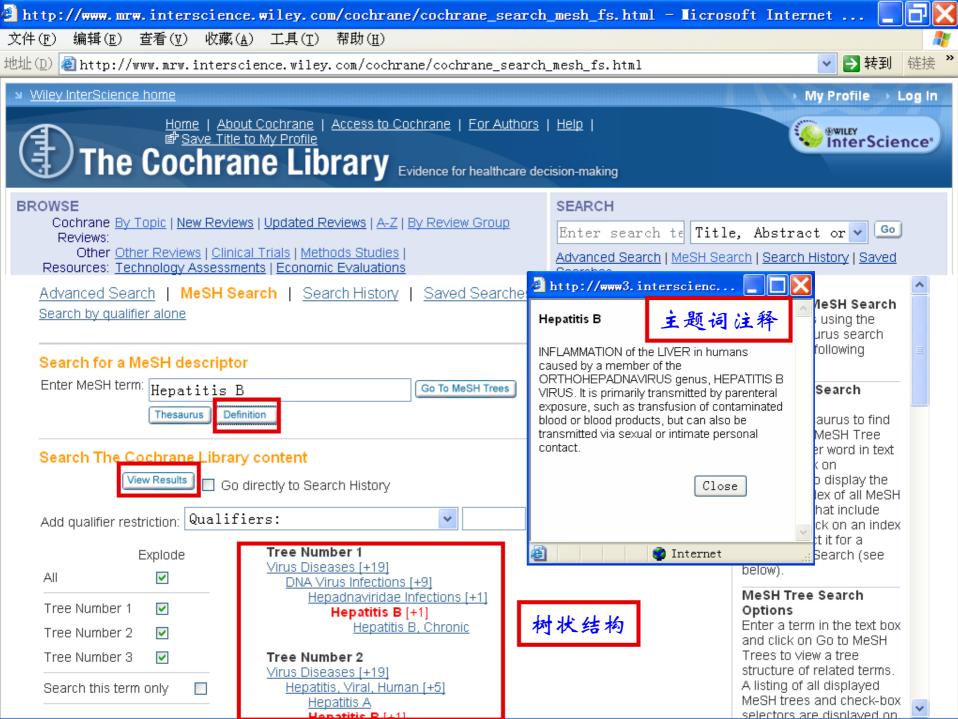


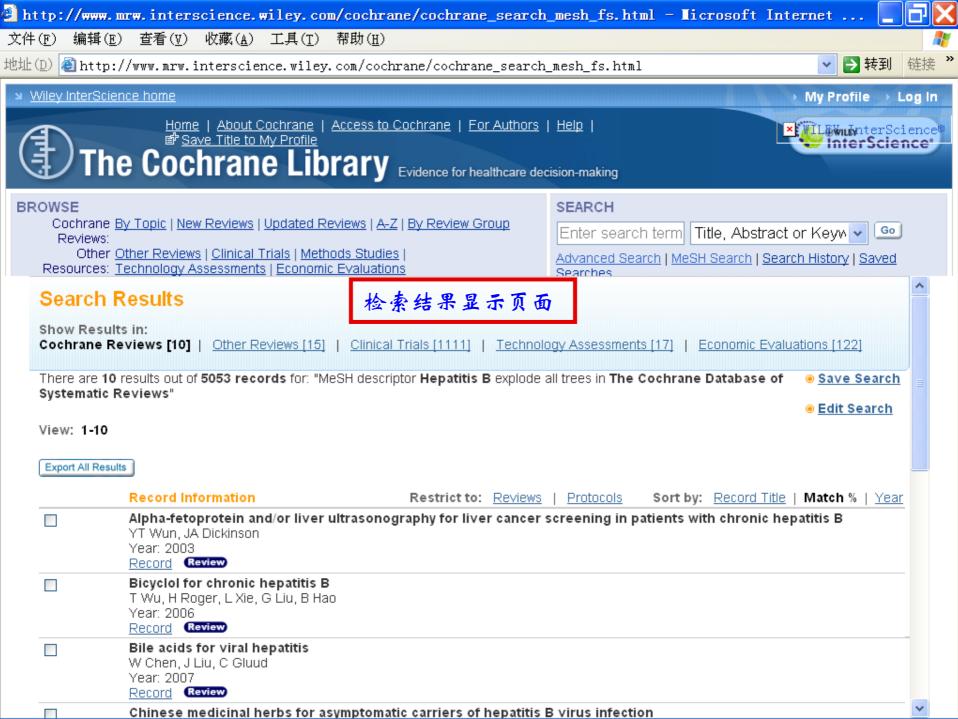












浏览方式

- Cochrane Reviews
 - ➤ By Topic
 - > New Reviews
 - > Updated Reviews



By Review Group



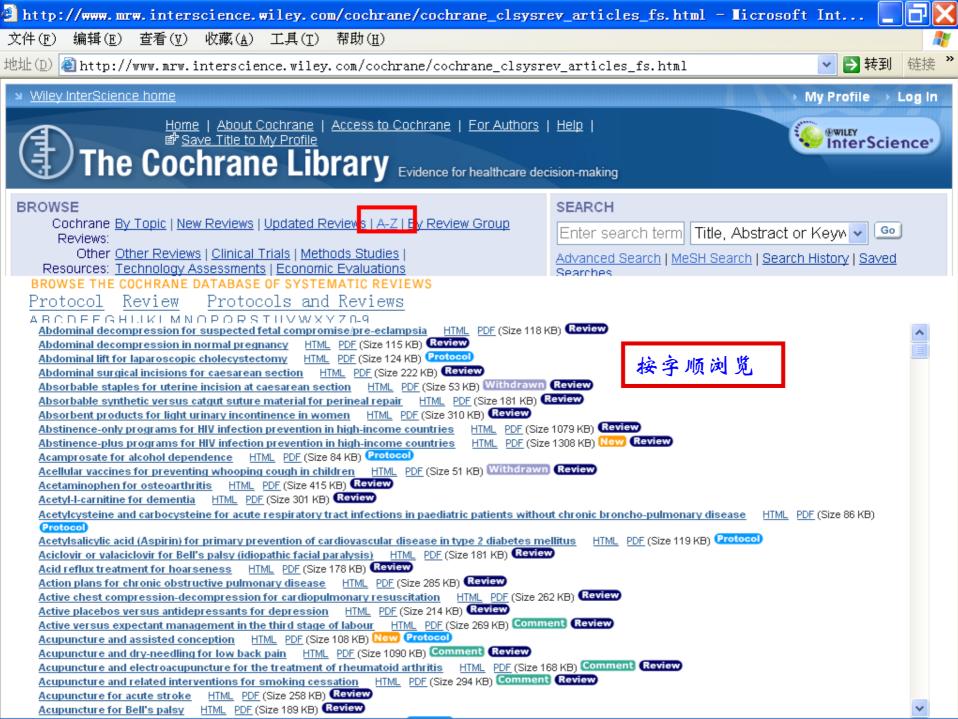








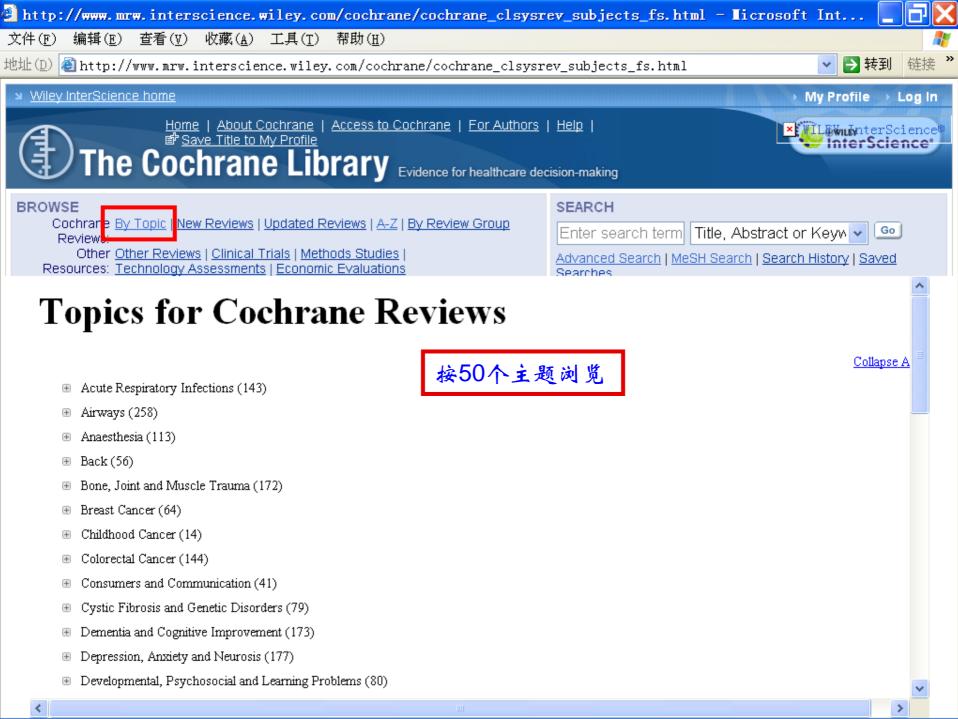
- Other Resources
 - ➤ Other Reviews (DARE)
 - Clinical Trials
 - ➤ Methods Studies
 - > Technology Assessments
 - **Economic Evaluations**

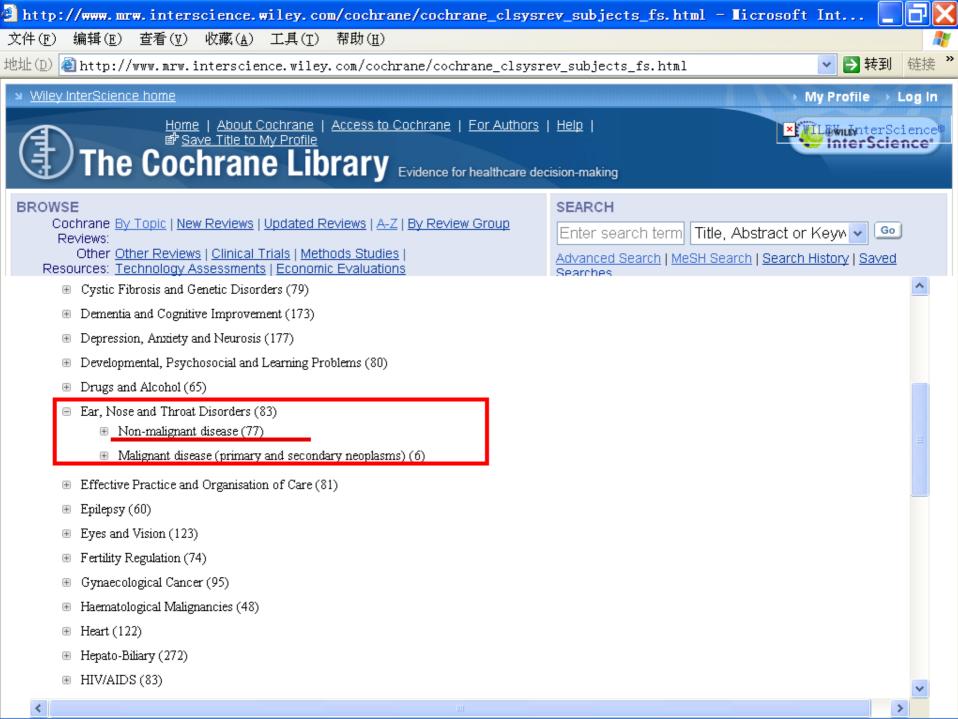


符号代表的意义

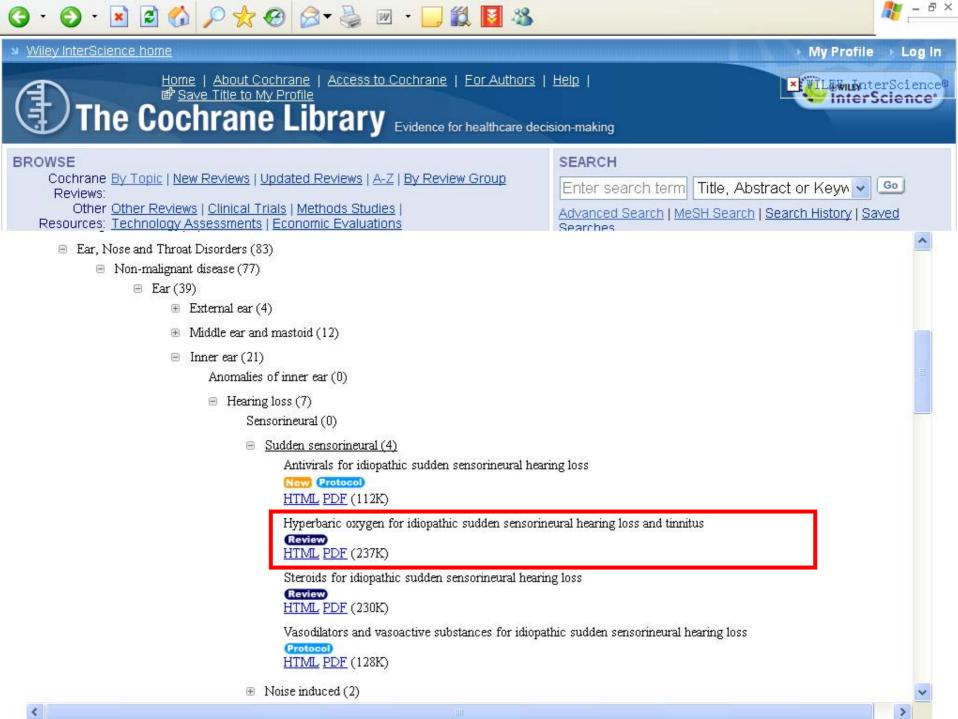
- **Review** 有完整的结果和讨论、数据分析和关于该篇review 的图表。
- ■Protocol为系统评价的研究方案,包括背景、原理说明和方法。
- Comment完全的Review 并含有评论或批评。读者可以提出自己的评论,这些评论会被整合到作者的回答与回馈中。
- 🤁 New 最新一季版本中所搜录的最新的Protocol 或Review。
- withdrawnReview 或 Protocol 被撤销—通常是因为缺乏相关活动或更新,撤销的理由会在该篇文章上详细说明。
- Methodology表示这是一篇方法学评价,而不是一个干预评价。

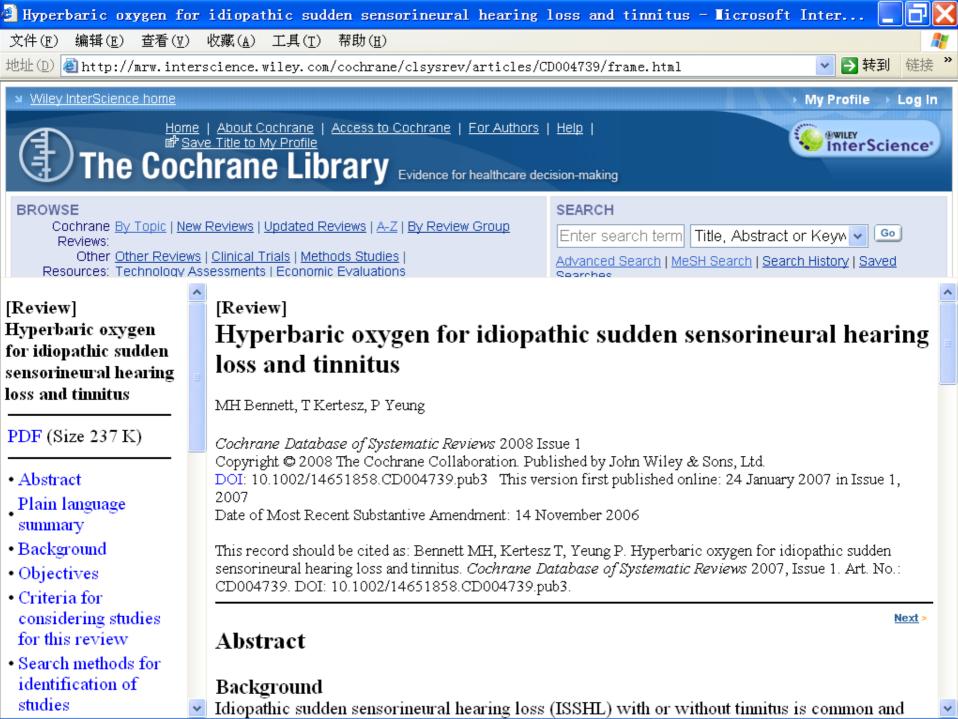


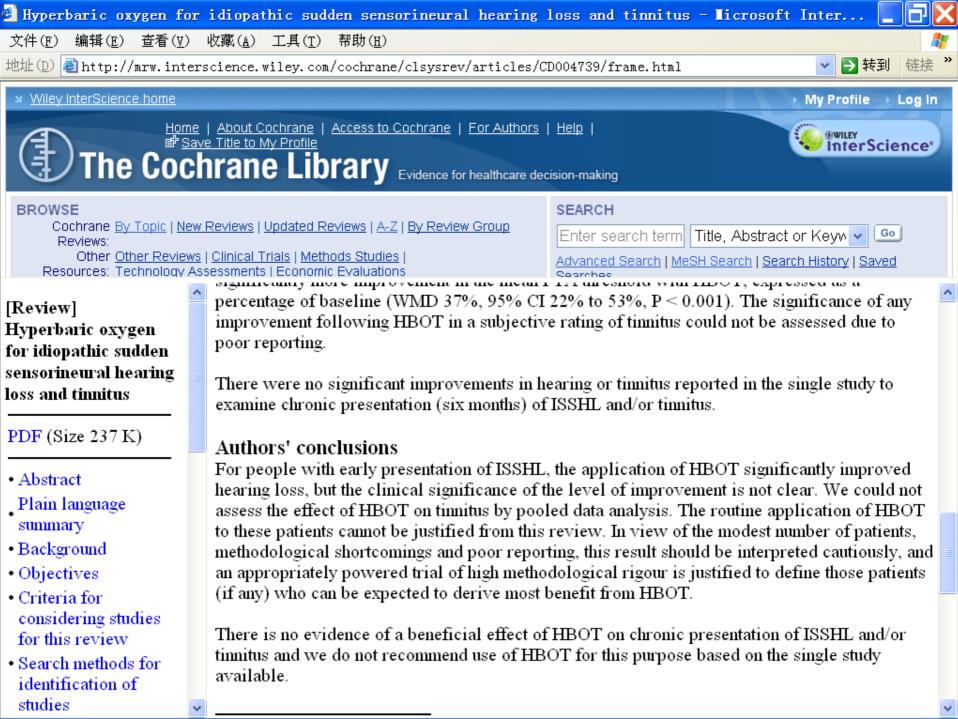












BMJ Clinical Evidence

- 由BMJ Publishing Group出版
- 提供对200多种常见疾病、540多种临床问题的近3000种治疗措施是否有效的证据。











查找证据

- 按专科分类查找:31个类目
- 按A-Z顺序查找:"全部评论列表"
- 按搜索工具查找:











检索技术

- 逻辑运算符: AND, OR, NOT
- 短语检索时用引号: "myocardial infarction" AND aspirin
- 可以用截词符: *, 如surg* 可以检索到 surgery, surgical, surgeon









查看评论

- ■干预疗法
- ■要点
- 关于此病症
- 更新
- 沙 分针指南
 - 参考文献





Intervention₽	Icon	Description@
Beneficial₽	⊕⊕ ₄	for which effectiveness has been demonstrated by clear evidence from systematic reviews, RCTs, or the best alternative source of information, and for which expectation of harms is small compared with the benefits.
Likely to be beneficial	<u>O</u> 2,	for which effectiveness is less well established than for those listed under "beneficial".
Trade off between benefits and harms	1 000	for which clinicians and patients should weigh up the beneficial and harmful effects according to individual circumstances and priorities.
Unknown effectiveness₽	22,	for which there are currently insufficient data or data of inadequate quality.₽
Unlikely to be beneficial	<u>3</u> 0,	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	(1)	for which ineffectiveness or associated harm has been demonstrated by clear evidence.







MICROMEDEX Healthcare Series

- 由美国Thomson Healthcare (汤姆生卫生保健信息 集团)制作的事实型医药知识数据库。
- 其内容是由医药学专家针对全世界2000余种医药学期刊文献进行分类、收集、筛选后,按照临床应用的需求,编写为基于实证的综述文献。
- 🎎 提供疾病、药物、毒物等信息的事实型数据库
 - 包括20多个子集数据库







数据库列表

DRUGDEX® System(药品咨询数据库)

DRUG-REAX System(药物交互作用数据)

Martindale(英国药典)

Physicians' Desk Reference® (PDR)(医师药物参考)

Index Nominum®(全球药品指南)

IDENTIDEX® System(药品辨识系统)

P&T QUIK Report(药事委员会报告)

USP DI -药品参考指南

MSDS from USP(原料安全资料报告)

IV Index(混合注射咨询资料库)

DISEASEDEXTM General Medicine System(一般疾病咨询数据库)

DISEASEDEXTM Emergency Medicine System(急诊医学咨询数据库)

POISINDEX® System(毒物咨询数据库)

REPRORISK® System(物质对生殖及胎儿影响数据库)

TOMES ® System(公共安全卫生数据库)

Alternative Medicine(另类/传统医学数据库)

CareNotes System (病患疾病及服药咨询)

Lab Advisor(实验室检查咨询数据库)



登录界面



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检索界面

- 整合检索
- 药物检索
- 毒理学
- 疾病
- 实验室检查兼容性检索
- 药物相互作用
- 病患教育
- PDA





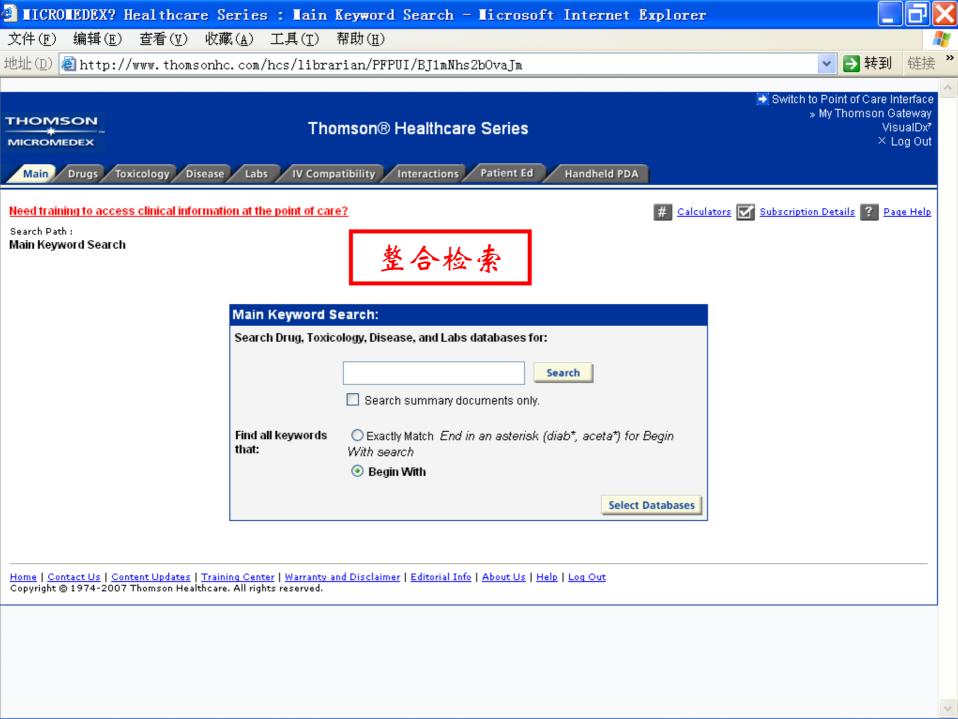


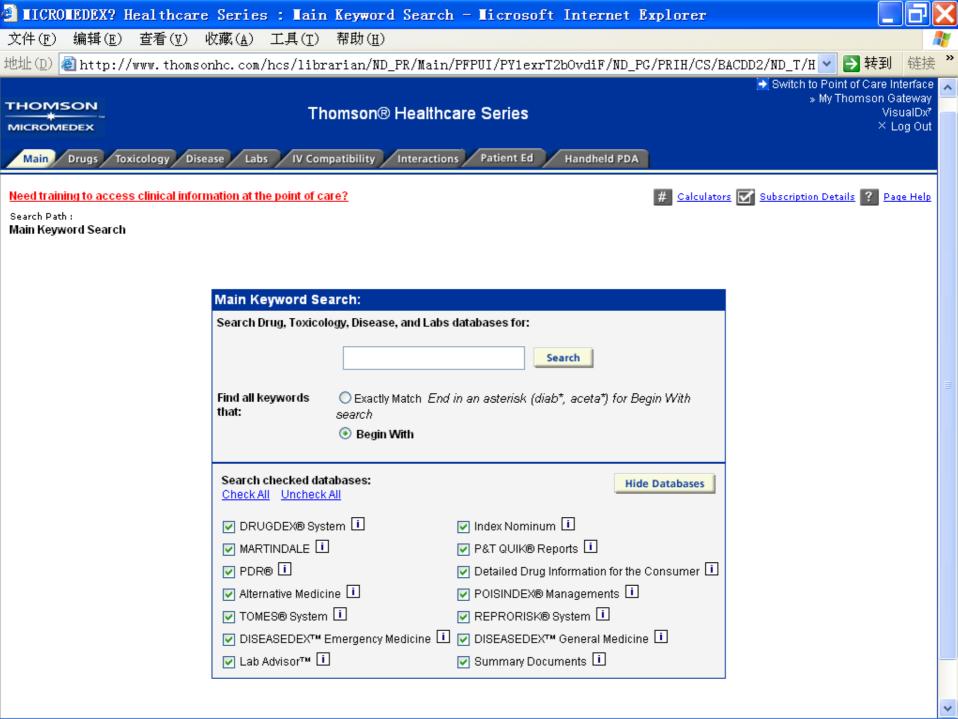












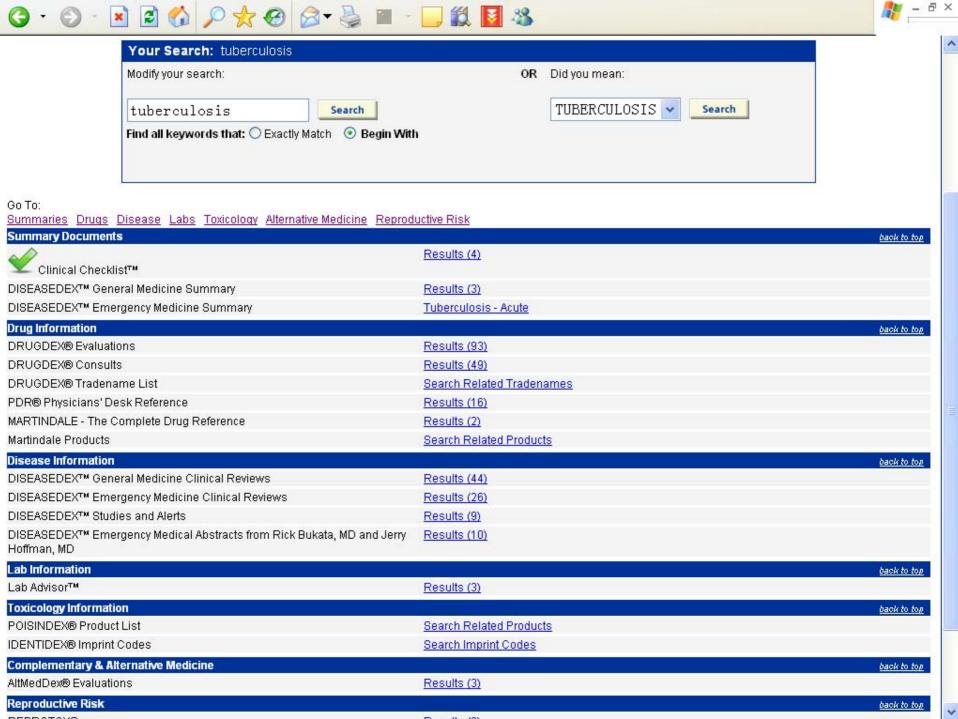
Search Methods 检索方法

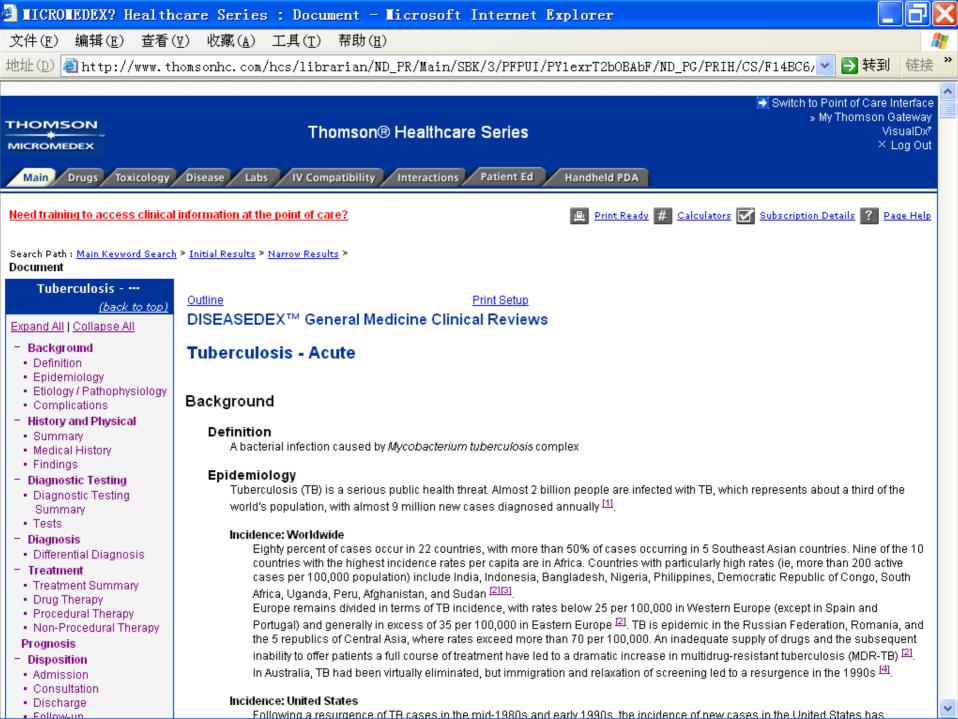
- 可使用的关键词
 - Diseases names 疾病名称
 Anthrax, leukemia, tuberculosis, rheumatoid arthritis
 - Drugs names 药品名称 (brand or generic names, or classes of drugs)
 cipro, tenormin, insulin, ceclor, cocaine, tylenol, analgesics, verapamil, nsaids

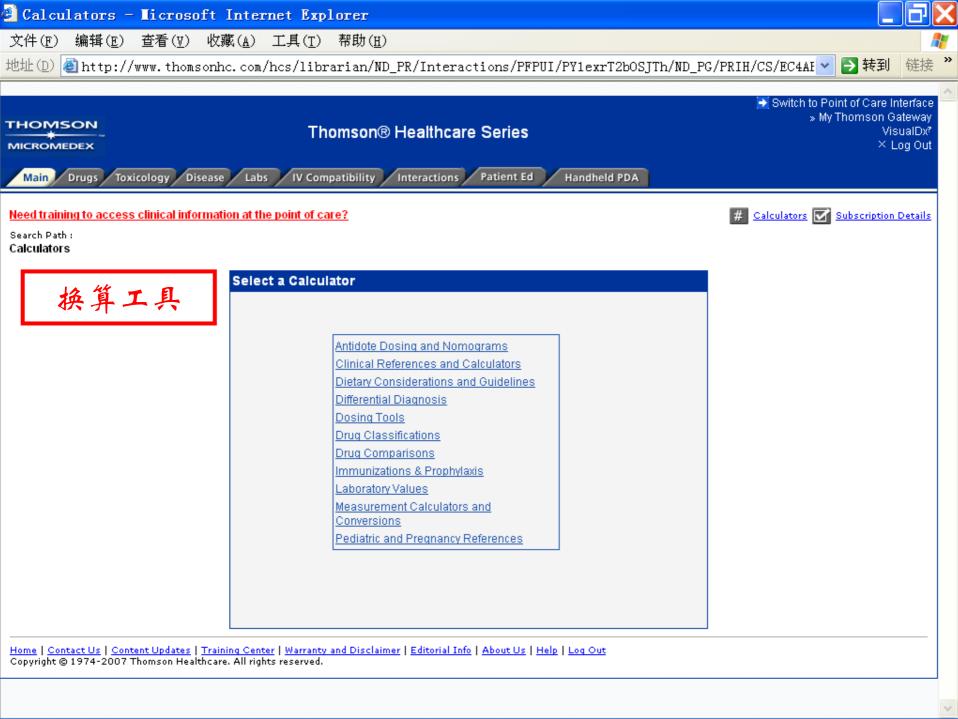


- > Symptoms 征状 fever, rash, blindness, memory loss
- Adverse Reactions/Side effects 副作用 incontinence, vomiting, angioedema
- Poisonous substances/Hazardous materials 毒物/危险物质 fertilizer, sulfuric acid, bleach, cleaners, lye, insecticides









计算工具

- Antidote Dosing and Nomograms 解毒剂剂量和列线图
- Clinical References and Calculators 临床参考以及一些计算工具
- Dietary Considerations and Guidelines 日常饮食指导
- Differential Diagnosis 鉴别诊断
 - Dosing Tools 利量工具
- Drug Classifications 药物类别



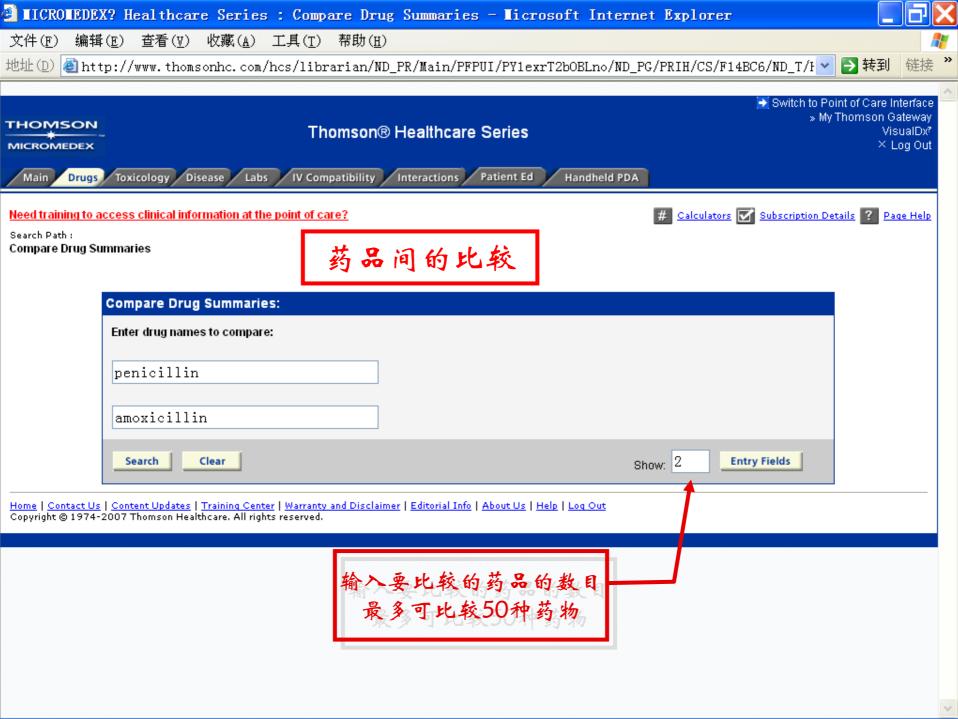


- Immunizations & Prophylaxis免疫和预防
- Laboratory Values 实验室数据
- Measurement Calculators and Conversions
 测量工具以及一些换算程序
- Pediatric and Pregnancy References妇科以及儿科的参考



Drugs search

- Compare drug summaries 不同药品间的比较
- Trade/General Drug lists药品的商用名以及通用名的查询
- Drug identification 药品的鉴定
- Specific Drug database Search特定数据库的查询
- Specific Drug Topic search 特定主题的检索(全文检索)
- Therapeutic classes 治疗剂的种类





Display in Column One: Amoxicillin Penicillin G Potassium Display

Amoxicillin (see details in DRUGDEX®)

Dosing & Indications

Adult Dosing (see details in DRUGDEX®)

Back to top

- Bacterial endocarditis; Prophylaxis: 2 g ORALLY 1 hr prior to procedure
- Chlamydial infection: (pregnant women) 500 mg ORALLY 3 times a day for 7 days
 Ear, nose, and throat infection: mild to moderate infection, 500 mg ORALLY every
- 12 h or 250 mg ORALLY every 8 h
- Ear, nose, and throat infection: severe infection, 875 mg ORALLY every 12 h or 500 mg ORALLY every 8 h
- Gonorrhea, acute uncomplicated anogenital and urethral infections due to N gonorrhoeae: 3 g ORALLY as a single dose; amoxicillin is NOT the drug of choice for gonorrhea because of resistance
- Helicobacter pylori gastrointestinal tract infection: 1 g ORALLY twice a day in combination with clarithromycin 500 mg ORALLY twice a day and lansoprazole 30 mg ORALLY twice a day for 14 days; or amoxicillin 1 g ORALLY 3 times a day in combination with lansoprazole 30 mg ORALLY 3 times a day for 14 days
- Infection of skin AND/OR subcutaneous tissue: mild to moderate infections, 500 mg ORALLY every 12 h or 250 mg ORALLY every 8 h
- Infection of skin AND/OR subcutaneous tissue: severe infections, 875 mg ORALLY every 12 h or 500 mg ORALLY every 8 h
- Infectious disease of genitourinary system: mild to moderate infection, 500 mg
 ORALLY every 12 h or 250 mg ORALLY every 8 h
- Infectious disease of genitourinary system: severe infection, 875 mg ORALLY every 12 h or 500 mg ORALLY every 8 h
- Lower respiratory tract infection: (community- acquired pneumonia consensus guideline dose), 1 g ORALLY three times daily (+/- macrolide)
- Lower respiratory tract infection: (manufacturer recommended dose), 875 mg
 ORALLY every 12 h or 500 mg orally every 8 h.
- Lyme disease: 500 mg ORALLY three times daily for 14 days (range, 14 to 21 days) for early localized or early disseminated Lyme disease associated with erythema migrans, or Lyme carditis to complete a course of therapy or to treat ambulatory patients or seventh-cranial-nerve palsy with no CNS involvement or borrelial

Penicillin G Potassium (see details in DRUGDEX®)

Dosing & Indications

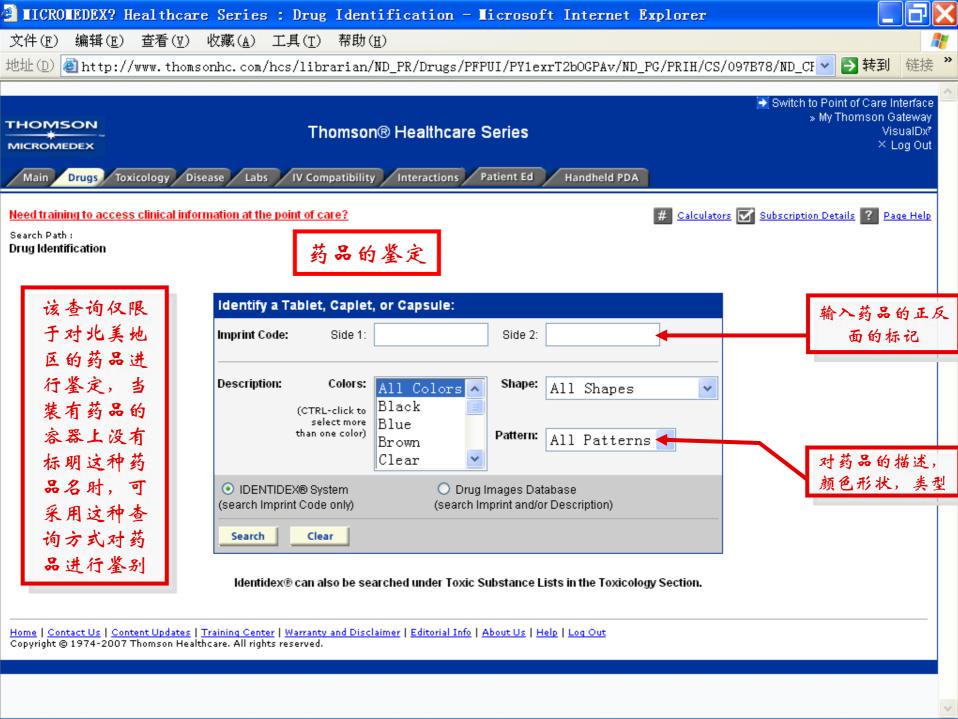
Adult Dosing (see details in DRUGDEX®)

divided doses every 4 to 6 h

Back to top

- Actinomycotic infection: (cervicofacial disease) 1 to 6 million units/day IV in divided doses every 4 to 6 h
- Actinomycotic infection: (thoracic and abdominal disease) 10 to 20 million units/day
 IV in divided doses every 4 to 6 h
- Anthrax: 8 million units/day IV in divided doses every 6 h; higher doses may be required based on organism susceptibility
- Anthrax: (bioterrorism setting; inhalational anthrax) 4 million units IV every 4 h with doxycycline or ciprofloxacin
- Bacteremia, Gram-negative: usual doses range from 5 to 24 million units/day IV in divided doses every 4 to 6 h
- Clostridial infection; Adjunct: 20 million units/day IV in divided doses every 4 to 6 h
 - Diphtheria; Treatment and Prophylaxis: 2 to 3 million units/day IV in divided doses every 4 to 6 h for 10 to 12 days
- Disseminated gonococcal infection: (arthritis) 10 million units/day IV in divided doses every 4 to 6 h
- Empyema, Streptococcal or staphylococcal: 5 to 24 million units/day IV in equally
- divided doses every 4 to 6 h

 Endocarditis: (Streptococcus or Staphylococcus) 5 to 24 million units/day IV in
- Endocarditis: (Erysipelothrix) 12 to 20 million units/day IV in divided doses every 4 to 6 h for 4 to 6 weeks
- Endocarditis: (Listeria) 15 to 20 million units/day IV in divided doses every 4 to 6 h for 4 wks
- Endocarditis: (Neisseria gonorrhoeae) 10 million units/day IV in divided doses every 4 to 6 h
- Fusospirochetosis: 5 to 10 million units/day IV in divided doses every 4 to 6 h
- Lyme disease: 18 to 24 million Units/day IV divided into doses given every 4 hours for 14 days (range, 10 to 28 days) for early Lyme disease for acute neurological



Toxicology search

- Toxic substance lists 有毒物质清单
- Drug identification 药品的鉴定
- Specific database search 特定数据库的查询
- Specific Toxicology topic search 特定主题的

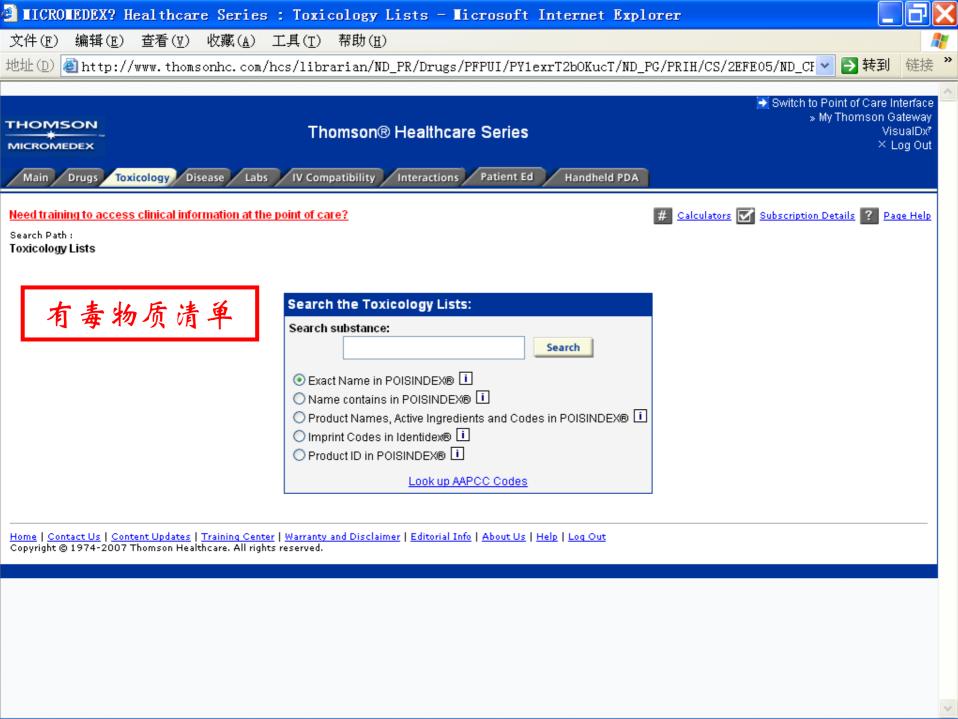














Disease search

- Specific database search 特定数据库的查询
- Specific Disease topic search 特定主题的查询













Labs一实验室检查

- Specific Database search 特定数据库的查询
- Specific topic search 特定主题的查询











Lab Advisor 介绍

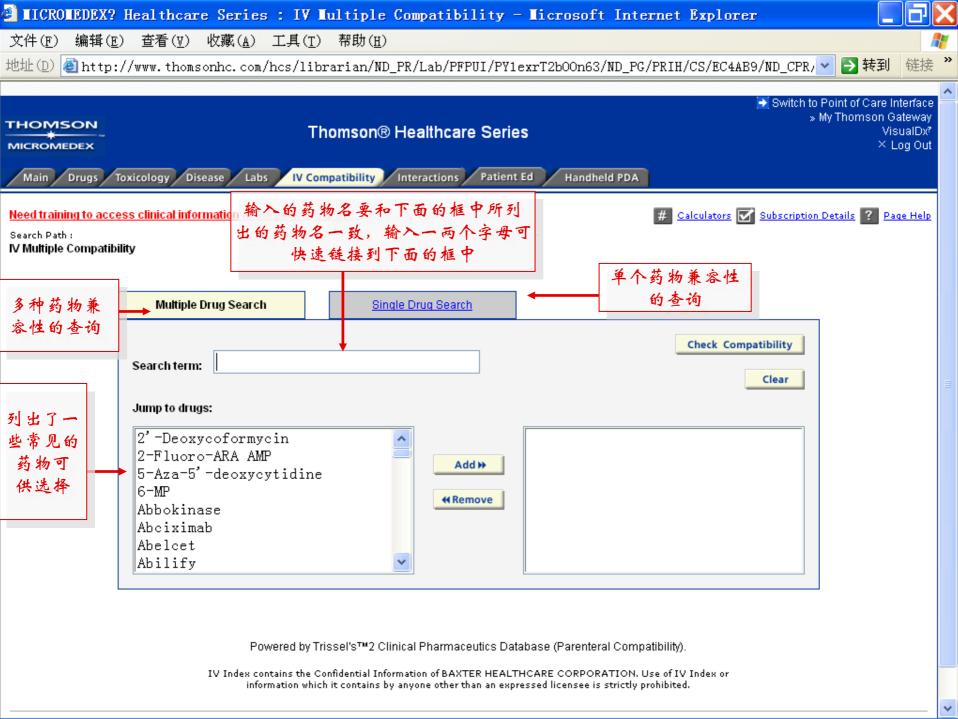
- Test definition 化验定义
- Test methodology 化验方法
- Reference range 参考值
- Indications | 各项指标
- Interaction 交互反应
- Collection/Storage guidelines 收集指南
 - LOINC Codes 代码
- Frequency and timing of monitoring of test 追踪化验的周期以及时间

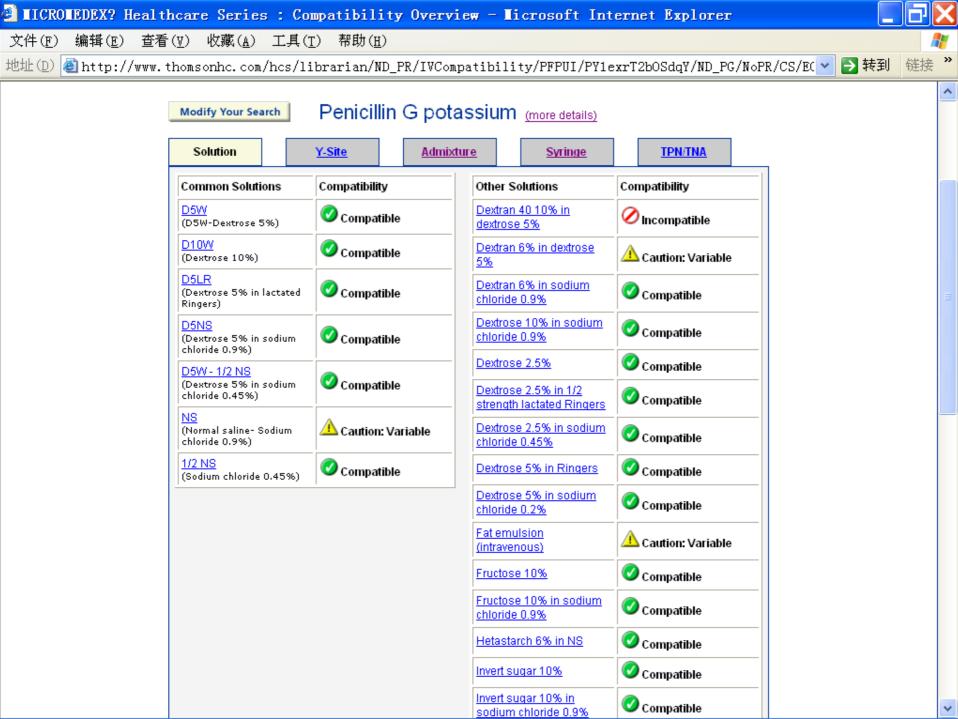




IV Compatibility

- 主要用于检验两种或两种以上的药物混合 是否会兼容,并提供了三种测试方式:
 - ➤ Y-site (Y型管)
 - ▶ Admixture (直接混合)
 - >Syringe (注射器)
- 在single compatibility 中列出了一些常见的 - 药物与所查询的药物是否兼容





证据来源 (2) -各种文献数据库

- PubMed数据库 (MEDLINE)
- EMBASE数据库
- 中国生物医学文献数据库
- 中国期刊全文数据库











证据来源(2) 一文献数据库

- PubMed数据库
 - ▶由美国国家医学图书馆(National Library of Medicine, NLM)下属的国家生物技术信息中心(National Center for Biotechnology Information, NCBI)开发研制
- 一种意
- > 网址 http://pubmed.gov
- 由 四部 分组 成: MEDLINE、OLDMEDLINE、In Process Citations、Publisher-Supplied
 Citations



PubMed检索循证医学文献途径

- Limit限定
- Clinical Queries 栏 目



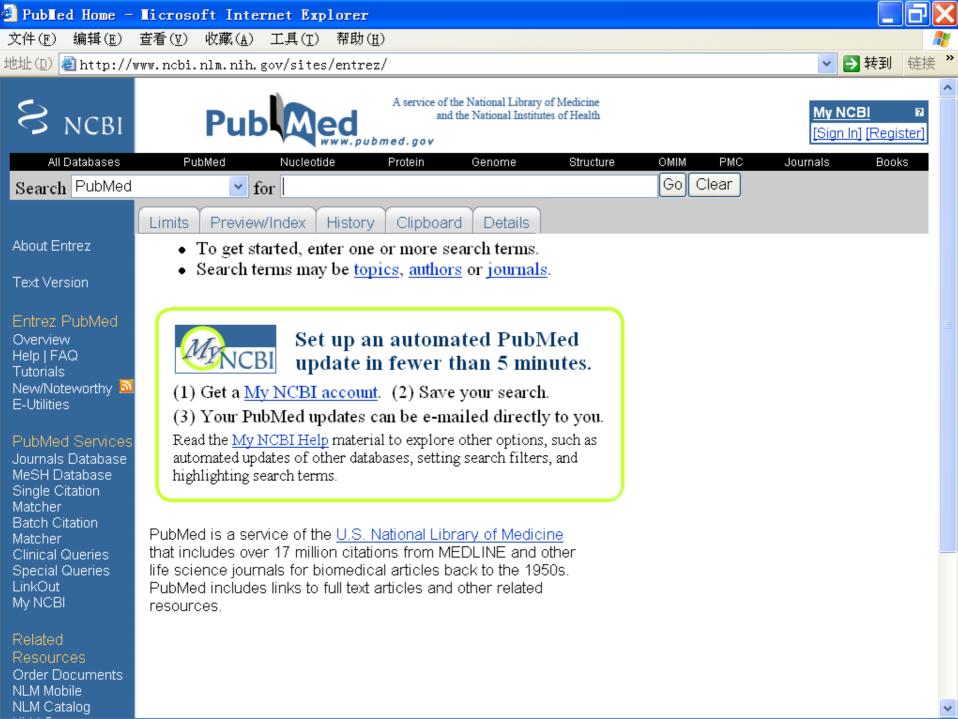




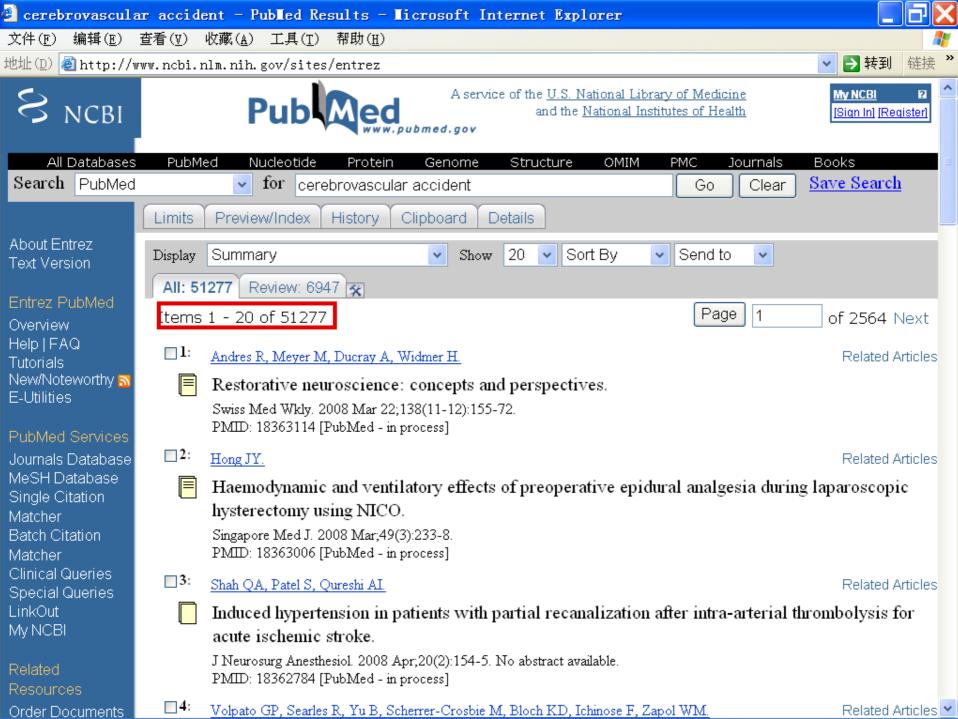


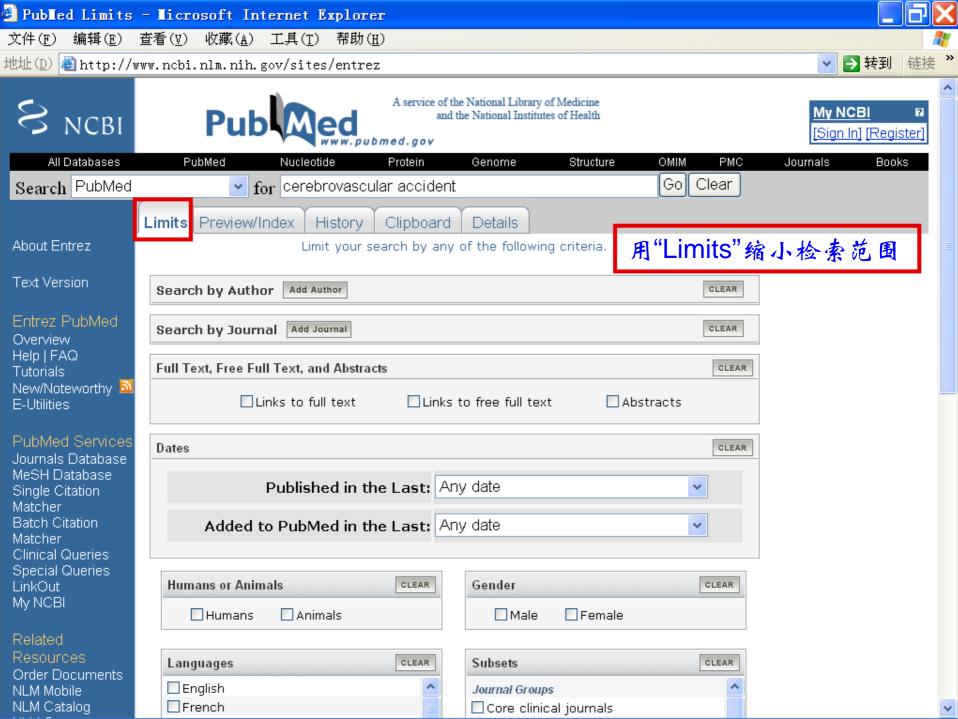


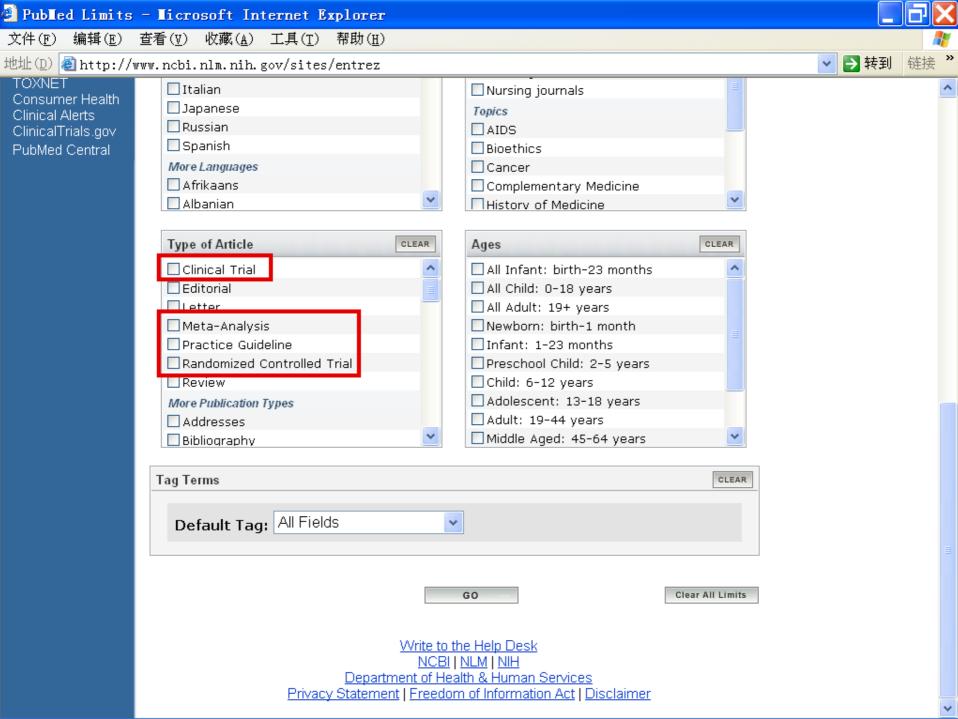


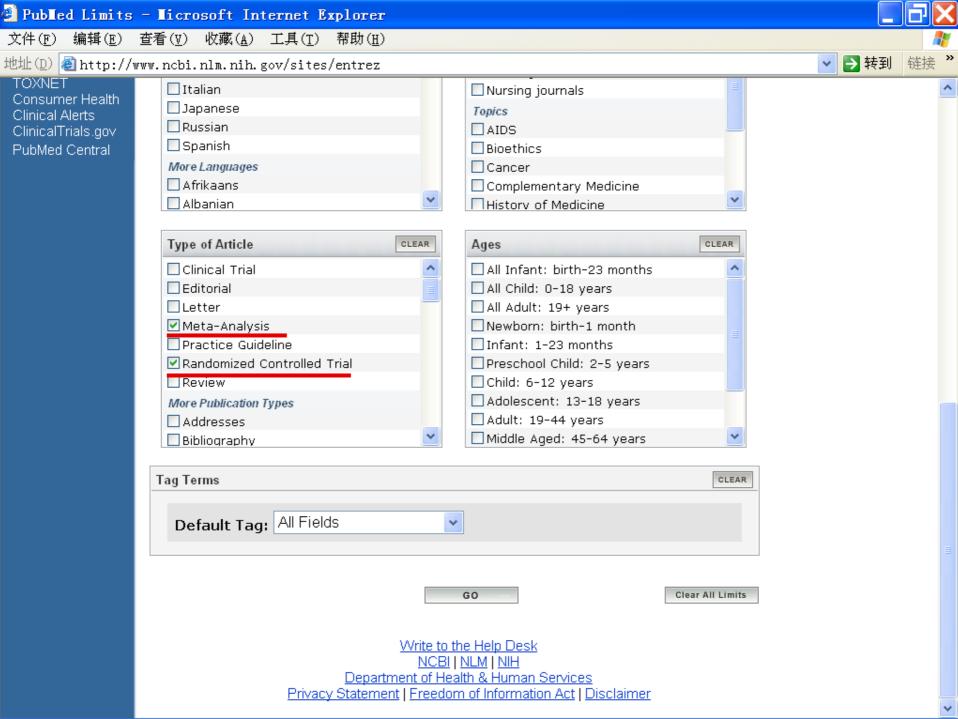














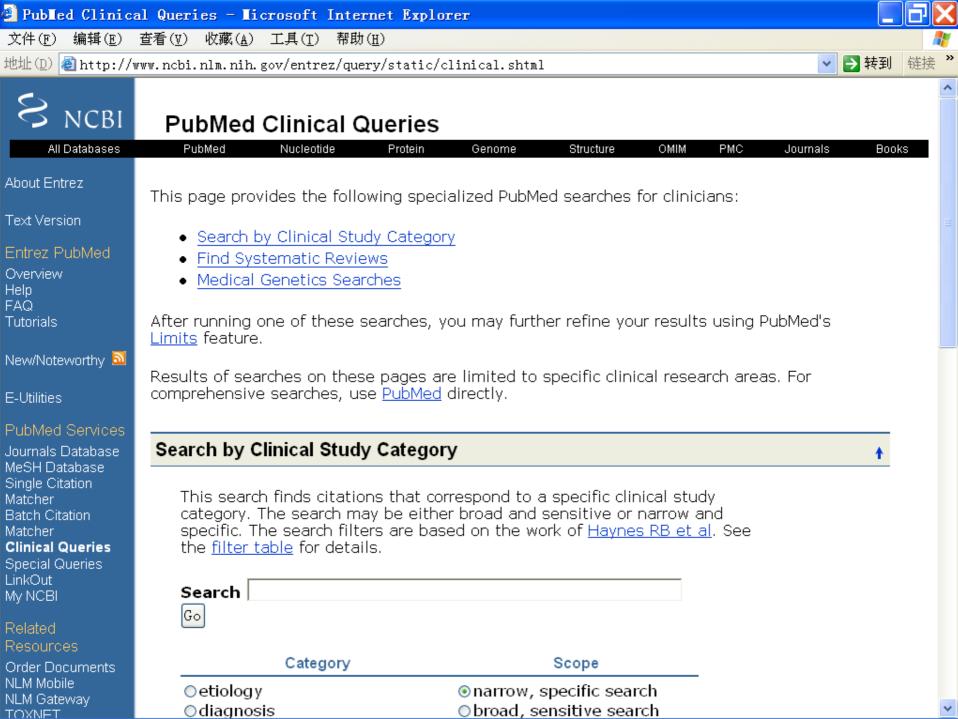
PubMed Clinical Queries

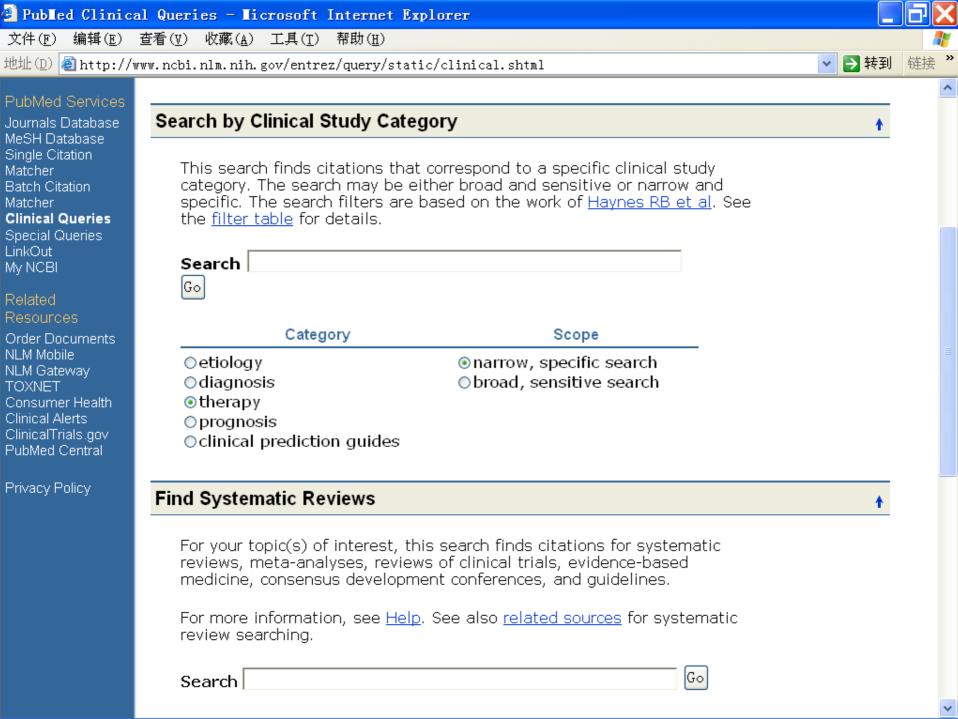
- Search by Clinical Study Category
 - ▶对临床疾病的诊断、治疗、病因、预后及临床 预测指南进行查询
- Find Systematic Reviews
- 对系统评价、meta分析、临床实验评价、循证 医学、共识发展会议和指南进行查询

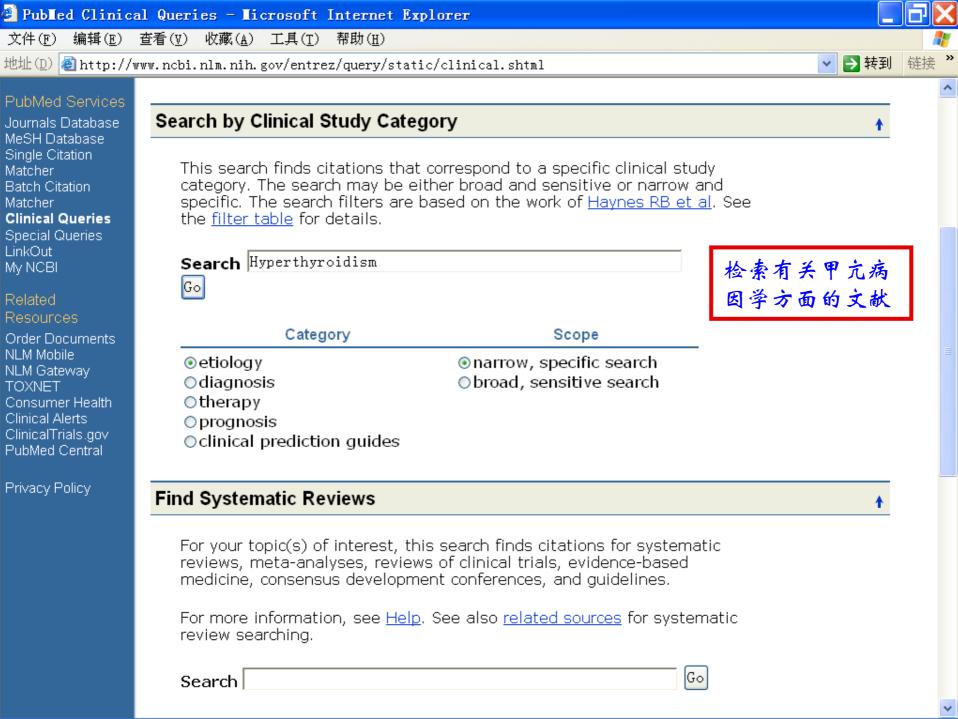


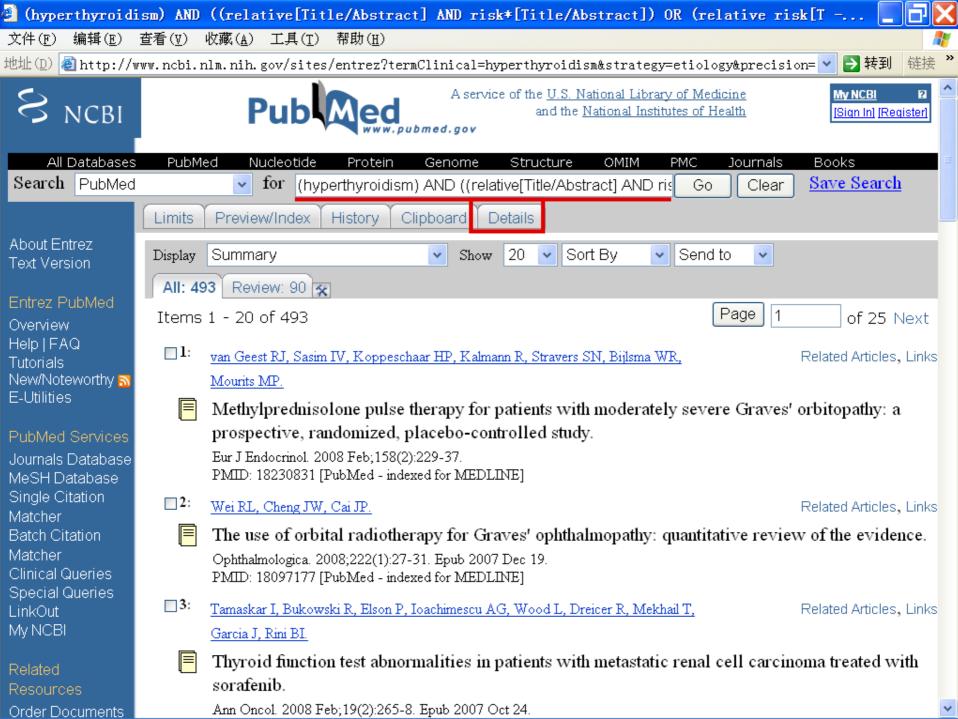


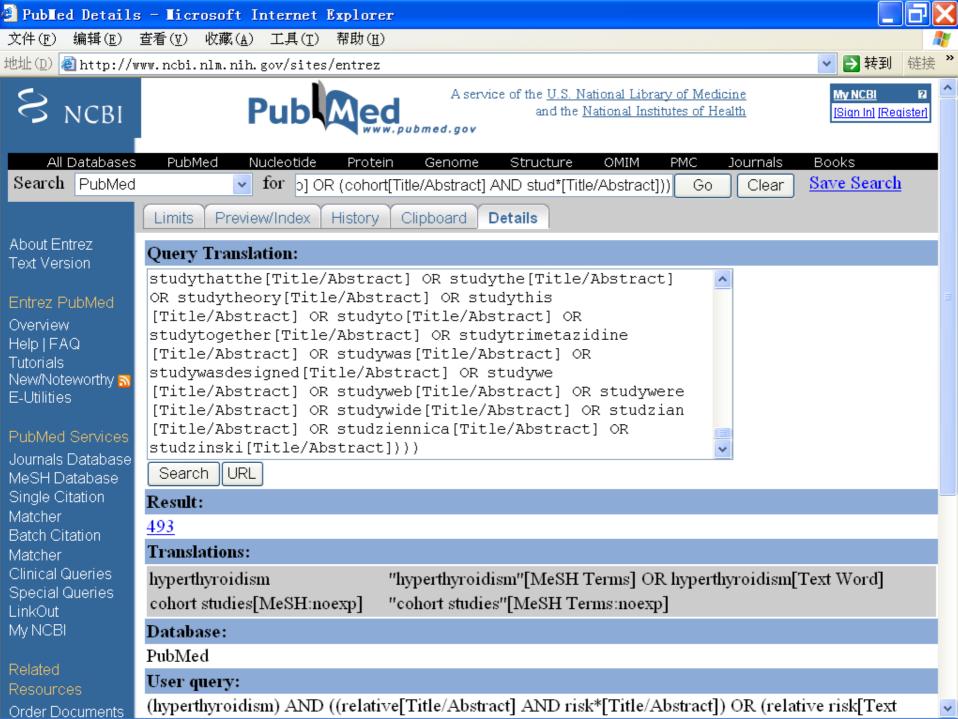


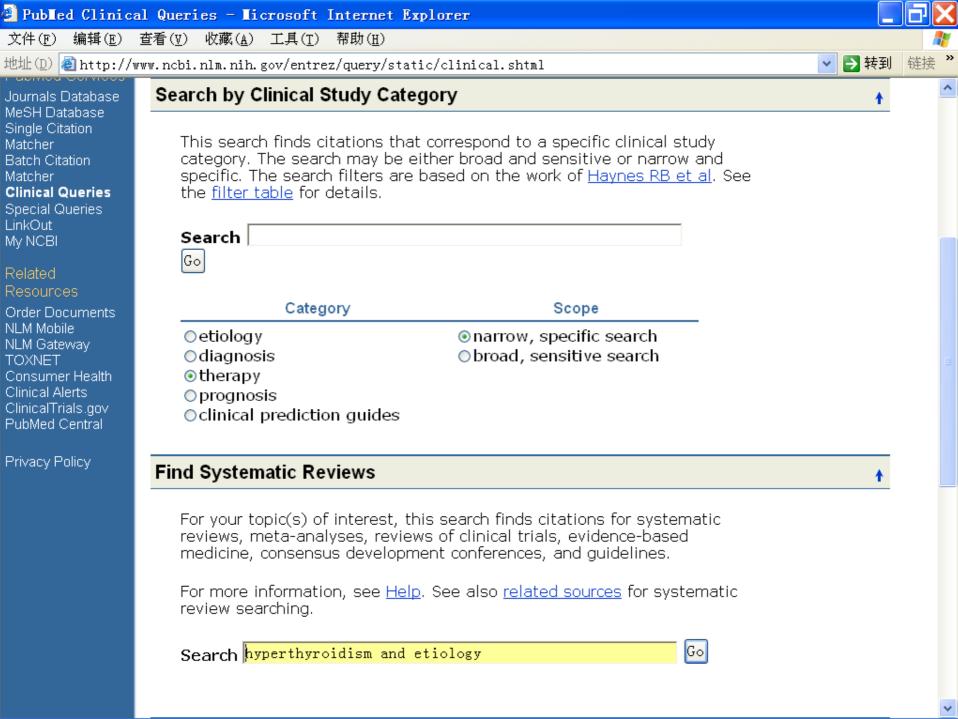


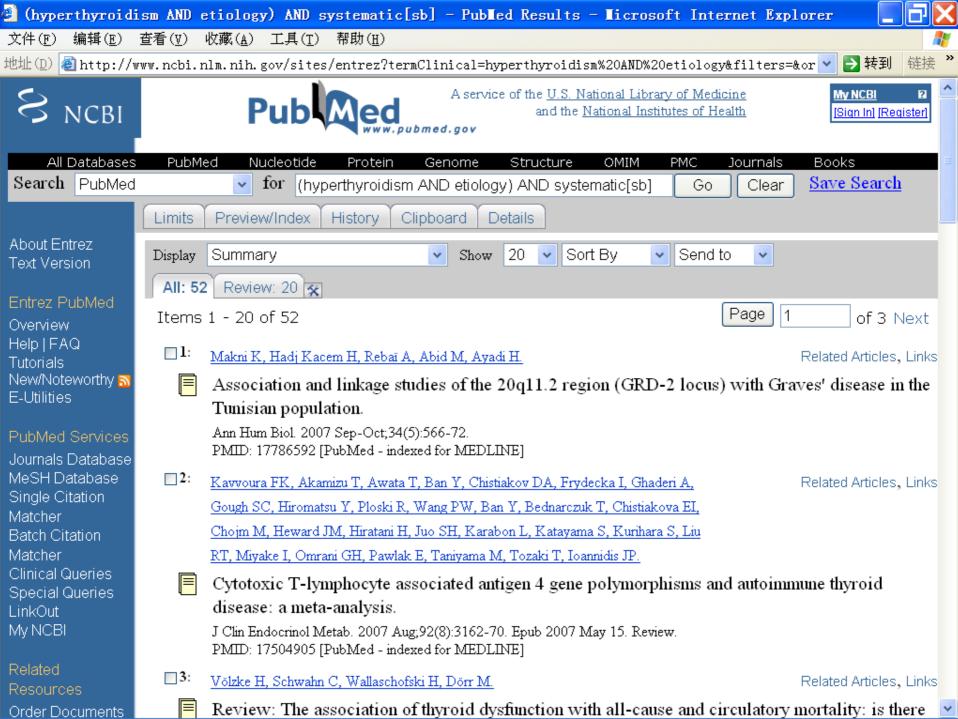








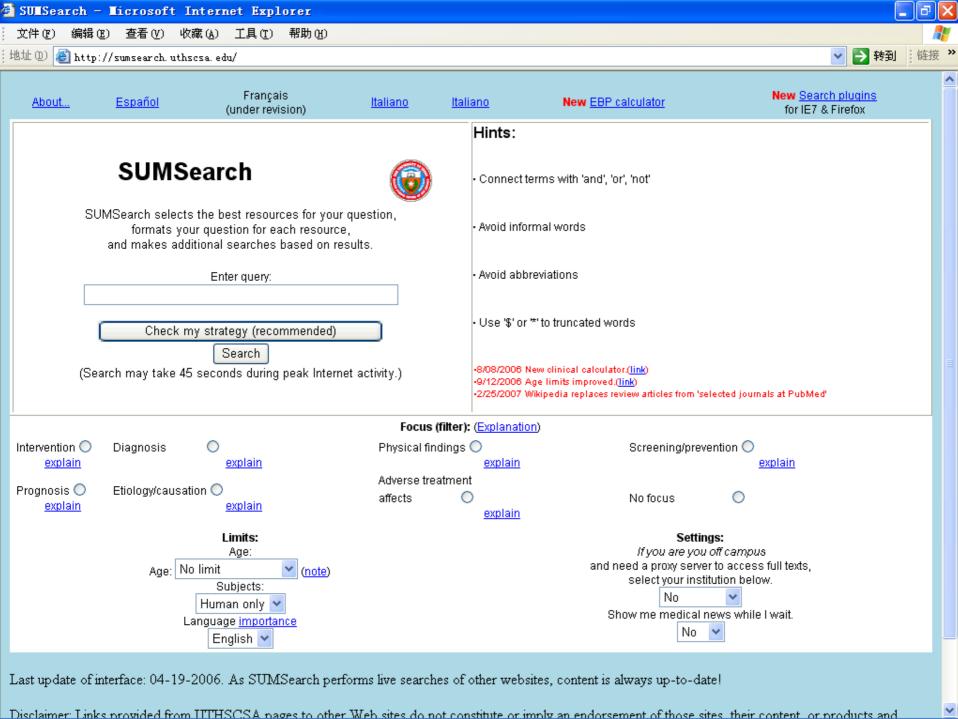


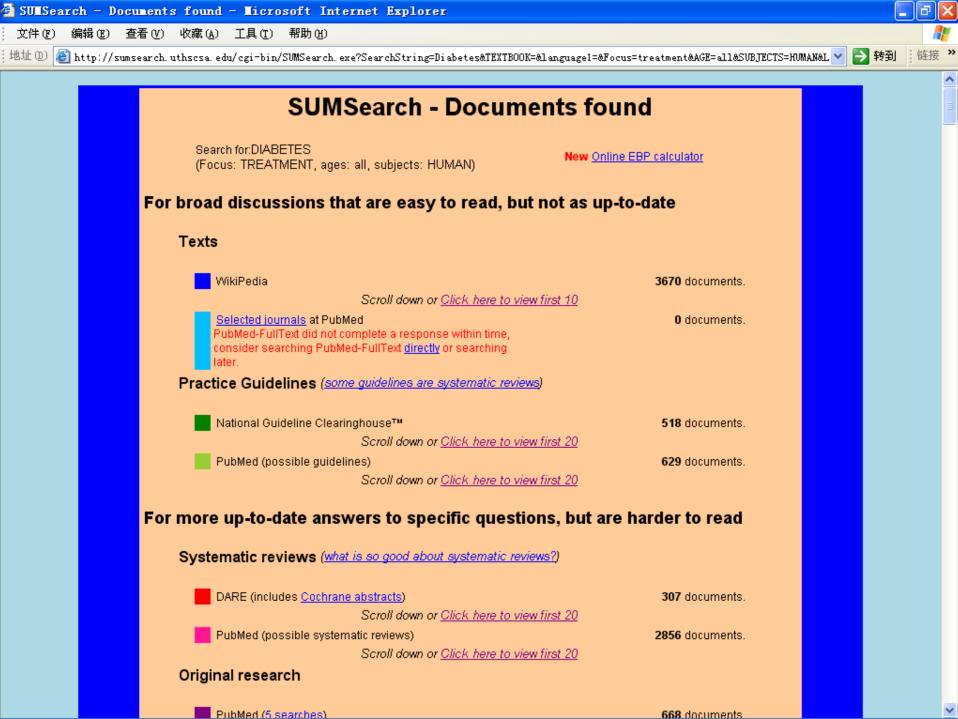


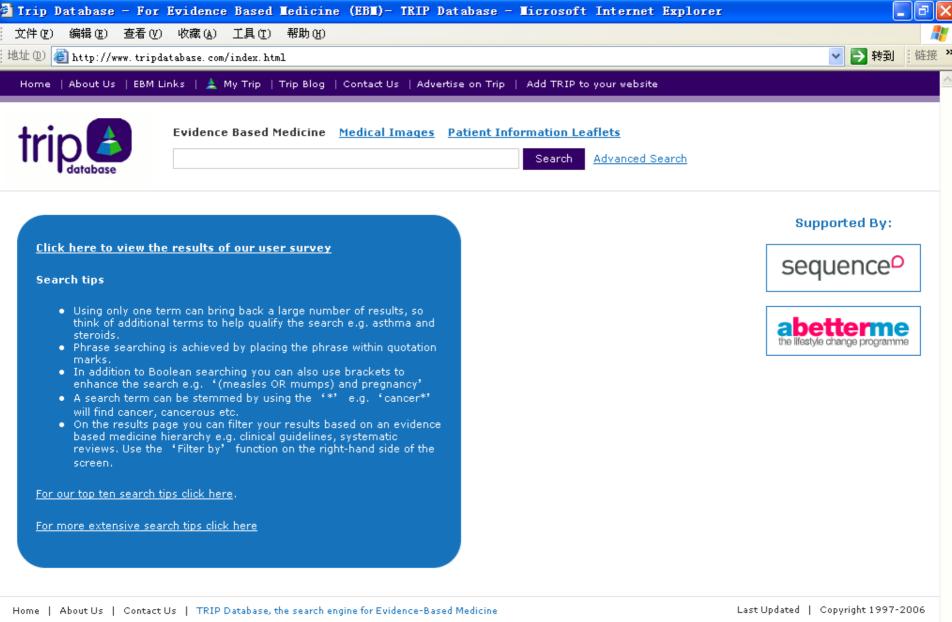
证据来源 (3) - 互联网资源

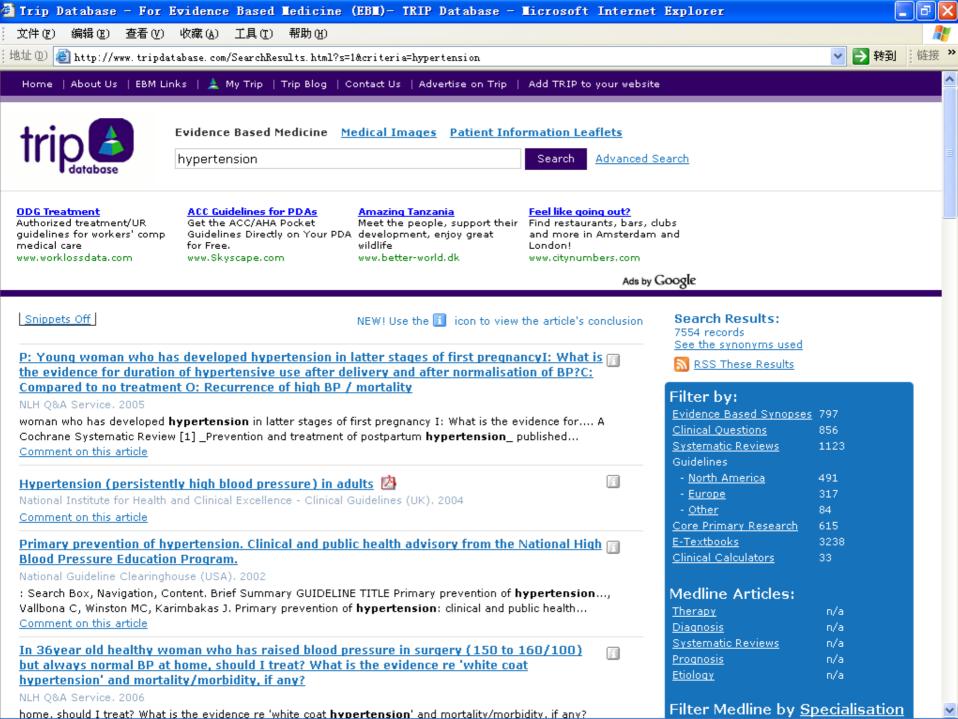
- SUMsearch (http://sumsearch.uthscsa.edu/)
- TRIP Database http://www.tripdatabase.com
- <u>CRD Database</u>(英国国家保健服务评价与传播中心数据库) http://www.york.ac.uk/inst/crd/crddatabases.htm
- Doctors Desk (英国国家保健服务系统) http://drsdesk.sghms.ac.uk
 - <u>National Guideline Clearinghouse</u>(美国国家临床实践指南) http://www.guideline.gov/

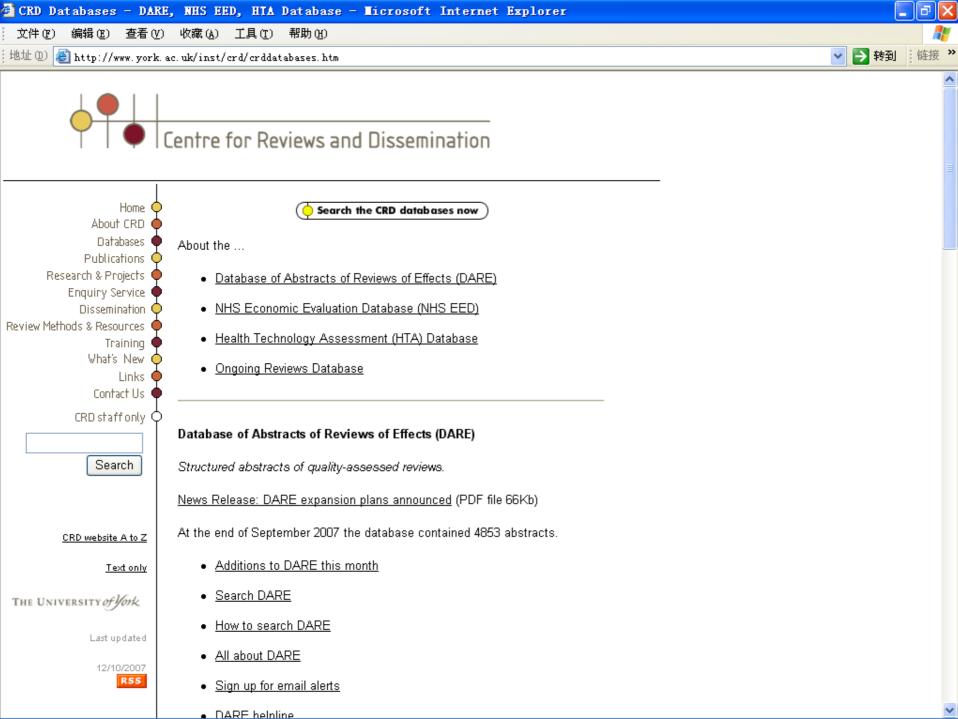






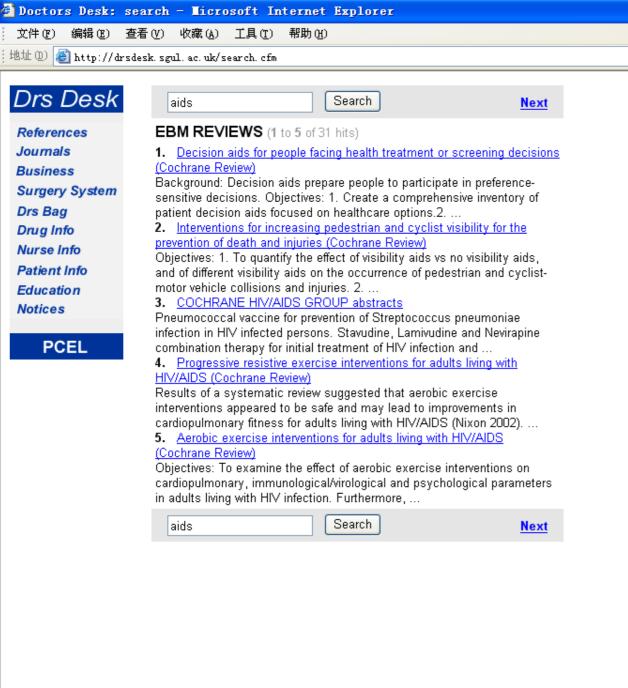




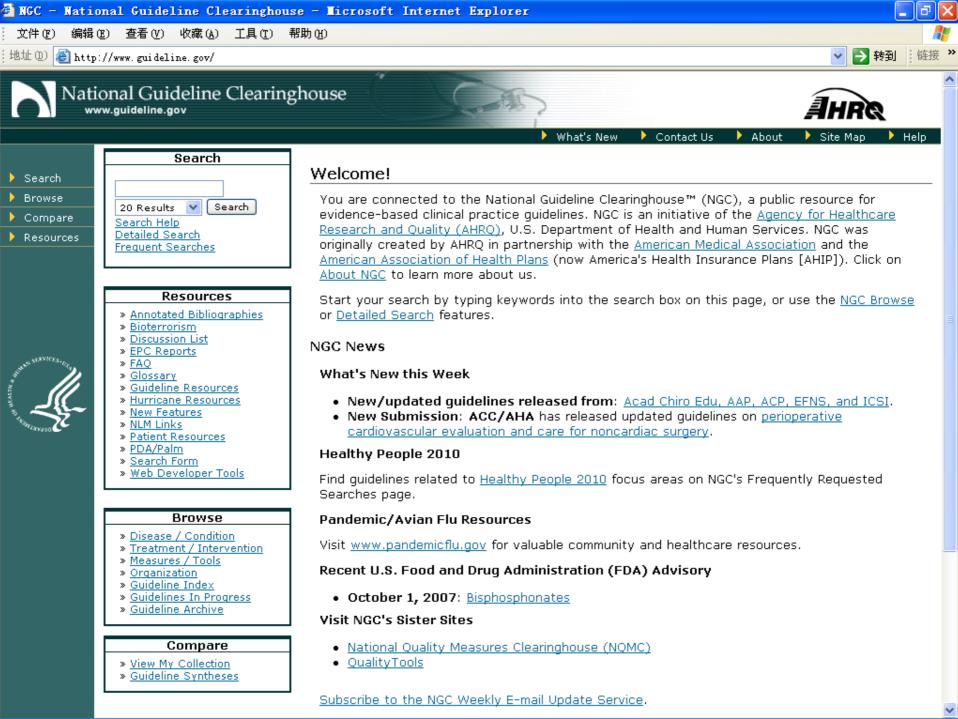


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All results (520) DARE (135) NHS EED (349) HTA (36)						
Go to pagego						
Select	Database 🛊	Title ‡	Year published *	Author \$	Source \$	Record type \$
	NHS EED	Cost-effectiveness of elderly health examination program: the example of hypertension screening	2007	Deng B H, Liu H W, Pan P C, Mau L W, Chiu H C	Kaohsiung Journal of Medical Sciences	Economic evaluation
	NHS EED	Evaluation of the cost savings and clinical outcomes of switching patients from atorvastatin to simvastatin and losartan to candesartan in a primary care setting	2007	Usher-Smith J A, Ramsbottom T, Pearmain H, Kirby M	International Journal of Clinical Practice	Economic evaluation
	NHS EED	A randomised controlled trial of the effects of note-based medication review by community pharmacists on prescribing of cardiovascular drugs in general practice	2007	Bond C M, Fish A, Porteous T H, Reid J P, Scott A, Antonazzo E	International Journal of Pharmacy Practice	Economic evaluation
	HTA	Aliskiren	2006	Canadian Agency for Drugs and Technologies in Health	Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)	Full publication record
	HTA	Aliskiren	2006	Canadian Agency for Drugs and Technologies in Health	Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)	Full publication record
	HΤΔ	Aliekiran far hynartansjan; harizan ecanning technology hriefing	2006	National Horizon	Birmingham: National	Briof





∨ → 转到



证据来源 (3) - 互联网资源

- ACP Journal Club
- EBM online, Evidence-based medicine
- EBN online, Evidence-based Nursing
- EBMH online, Evidence-based Mental Health
- **Bandolier**







证据来源(4)-各种相关组织

- Cochrane Collaboration
- 英国国家保健服务评价与传播中心
- 中国循证医学医学中心











