

INTRODUZIONE ALLA COCHRANE LIBRARY



Dott.ssa Nicoletta Lumina

12 aprile 2018, ore 16.00 – 17.30 AULA D, Edificio centrale di Medicina

PROGRAMMA

- COCHRANE COLLABORATION e COCHRANE LIBRARY
- EVIDENCE-BASED MEDICINE (EBM)
- LE REVISIONI SISTEMATICHE
- COCHRANE LIBRARY: contenuto
- COCHRANE LIBRARY: modalità di ricerca
 - BROWSE
 - SEARCH
 - MEDICAL TERMS: MeSH
 - SEARCH MANAGER
- LE REVISIONI SISTEMATICHE IN PUBMED
- REVISIONI SISTEMATICHE: ulteriori risorse



COCHRANE COLLABORATION (1)

La Cochrane Collaboration è un'organizzazione internazionale, non governativa e no profit, costituita ad oggi da un network di circa 38.000 collaboratori.

Fondata nel 1993, prende il suo nome da Archie L. Cochrane, un ricercatore medico britannico che ha contribuito enormemente allo sviluppo dell'epidemiologia come scienza e considerato uno dei fondatori della medicina basata su prove di efficacia.



COCHRANE COLLABORATION (2)

Nel 1972 Archibald L. Cochrane, nel suo libro «Effectiveness and efficiency: random reflections on health services», affermava:

«E' di certo una grossa colpa della professione medica che non si sia ancora riusciti a produrre un meccanismo per il quale le conoscenze sull'efficacia degli interventi vengono controllate periodicamente in modo critico nel loro insieme e per il quale la ricerca futura sia pianificata sapendo con esattezza quali sono sul serio le questioni controverse».



COCHRANE COLLABORATION (3)

La Cochrane Collaboration è nata con lo scopo di raccogliere, valutare criticamente e diffondere informazioni relative alla efficacia degli interventi sanitari; prepara e pubblica revisioni sistematiche aggiornate sugli effetti degli interventi sanitari.

La Cochrane Collaboration si propone di supportare i processi decisionali nell'ambito dell'assistenza sanitaria.



COCHRANE COLLABORATION: principi

Collaborazione	favorendo la cooperazione globale, il lavoro di squadra, una comunicazione aperta e trasparente e il processo decisionale.	
Costruire e rafforzare l'entusiasmo delle persone	coinvolgendo, sostenendo e formando delle persone di diverse competenze ed esperienze.	
Evitare la duplicazione degli sforzi	attraverso una buona gestione, coordinamento e una efficace comunicazione interna, al fine di minimizzare gli sforzi.	
Minimizzare la distorsione	attraverso diversi approcci, come migliorare il rigore scientifico, garantire un'ampia partecipazione ed evitare i conflitti di interesse.	
Mantenersi aggiornati	con l'impegno a mantenere aggiornate le revisioni sistematiche Cochrane, attraverso l'identificazione e l'incorporazione di nuove prove .	
Impegnarsi ad affrontare quesiti rilevanti	promuovendo la valutazione dei quesiti clinici che vadano a considerare ciò che veramente è importante per le persone che devono prendere decisioni riguardo la salute.	
Promuovere l'accesso alle informazioni	con un'ampia diffusione dei nostri risultati, attraverso importanti collaborazion scientifiche e con la promozione di modelli di accesso adeguati, utili per soddisfare i bisogni conoscitivi degli utenti in tutto il mondo.	
Assicurare qualità	applicando i progressi della metodologia, sviluppando sistemi per il miglioramento della qualità e promuovendo un atteggiamento di apertura verso le possibili critiche.	
Assicurare continuità	garantendo che la responsabilità delle revisioni e dei processi editoriali venga mantenuta e rinnovata.	
Permettere un'ampia partecipazione	al lavoro della Cochrane, riducendo le barriere e incoraggiando la diversità.	
	Costruire e rafforzare l'entusiasmo delle persone Evitare la duplicazione degli sforzi Minimizzare la distorsione Mantenersi aggiornati Impegnarsi ad affrontare quesiti rilevanti Promuovere l'accesso alle informazioni Assicurare qualità Permettere un'ampia	

COCHRANE LIBRARY (1)

La Cochrane Library è una pubblicazione elettronica, con accesso a pagamento, prodotta dalla Cochrane Collaboration.

Si tratta di un meta-database composto da sei banche dati, all'interno delle quali è possibile reperire letteratura indipendente e di qualità elevata, il cui obiettivo è fornire prove sulle quali basare le scelte in ambito clinico e sanitario.

Una settima banca dati fornisce informazioni riguardanti i gruppi di lavoro Cochrane (53 ad inizio 2018).

I sette archivi sono interrogabili anche separatamente.



COCHRANE LIBRARY (2)

La Cochrane Library viene definita «la banca dati della <u>evidence-based medicine</u>», cioè la medicina basata sulle prove di efficacia.

Raccoglie e sintetizza le migliori evidenze scientifiche, con lo scopo finale di essere d'aiuto nell'assunzione delle decisioni migliori nel campo della salute.



EVIDENCE-BASED MEDICINE (EBM) (1)

Movimento culturale che si è progressivamente diffuso a livello internazionale, favorito da alcuni fenomeni che hanno contribuito ad una crisi dei modelli tradizionali della medicina:

- Crescita esponenziale dell'informazione biomedica, sia per volume che per complessità
- Limitato trasferimento dei risultati della/dalla ricerca all'assistenza sanitaria
- Crisi economica dei sistemi sanitari
- Maggior livello di consapevolezza degli utenti sui servizi e sulle prestazioni sanitarie
- Sviluppo delle tecnologie informatiche che ha aperto una nuova era dell'informazione biomedica



EVIDENCE-BASED MEDICINE(EBM) (2)

Il termine evidence-based medicine compare per la prima volta nella letteratura medica nel 1992, sul Journal of the American Medical Association:

JAMA. 1992 Nov 4;268(17):2420-5.

Evidence-based medicine. A new approach to teaching the practice of medicine.

Evidence-Based Medicine Working Group.

Nel 1996 David Sackett, definito il padre spirituale della EBM, definisce cos'è e cosa non è EBM:

BMJ. 1996 Jan 13;312(7023):71-2.

Evidence based medicine: what it is and what it isn't.

Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS.



EVIDENCE-BASED MEDICINE(EBM) (3)

Secondo David Sackett, «EBM costituisce un approccio alla pratica clinica dove le decisioni cliniche risultano dall'integrazione tra l'esperienza del medico e l'uso coscienzioso, esplicito e giudizioso delle migliori evidenze scientifiche disponibili, mediate dalle preferenze del paziente».

Sackett precisa inoltre che «le evidenze riguardano l'accuratezza dei test diagnostici, la potenza dei fattori prognostici, l'efficacia e sicurezza dei trattamenti preventivi, terapeutici e riabilitativi".



L'EVIDENZA SCIENTIFICA

Nella scala gerarchica dell'evidenza scientifica, sono le REVISIONI SISTEMATICHE ad occupare il gradino più alto, al di sopra dei trials clinici randomizzati





REVISIONE SISTEMATICA



PIRAMIDE DELLE EVIDENZE





Lancia, Loreto (2008), Corso di metodologia della ricerca infermieristica http://www.med.univaq.it/medicina/files/2007/382_allegato1.pdf, verificato in data 21.09.2016

REVISIONI SISTEMATICHE (1)

Si tratta di strumenti di **ricerca secondaria**, in quanto riprendono e riassumono dati provenienti da studi di ricerca primaria; si propongono quindi di <u>identificare, valutare e riassumere i risultati degli studi primari.</u>

Note per il **rigore metodologico** e l'**indipendenza di giudizio**, le revisioni sistematiche Cochrane sono considerate un solido punto di riferimento per la valutazione dei trattamenti, sia farmacologici che di altro tipo.

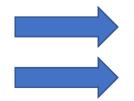
Forniscono una valutazione **complessiva** ed **esaustiva** di tutte le informazioni disponibili su una determinata problematica/malattia/intervento.



REVISIONI SISTEMATICHE (2)

Le revisioni sistematiche pubblicate sulle riviste scientifiche, per esigenze editoriali, tendono a limitare il contenuto e il numero di figure e tabelle.

Le revisioni sistematiche Cochrane, invece, presentano tutte le informazioni disponibili, figure e tabelle comprese, in modo strutturato e secondo un ordine standardizzato, allo scopo di assicurare la miglior qualità informativa possibile:



quality of conduct quality of reporting



REVISIONI SISTEMATICHE (3)

Le revisioni sistematiche Cochrane sono esclusivamente revisioni di studi clinici randomizzati, identificati tramite una ricerca esaustiva condotta su tutte le più prestigiose riviste mediche pubblicate nelle diverse lingue.

Costituiscono le prove più valide dell'efficacia o meno di un determinato intervento e le basi più affidabili per raccomandazioni in ambito diagnostico o terapeutico.



REVISIONI SISTEMATICHE (4)

Le R.S. si rivelano quindi strumenti molto utili per la redazione di linee guida atte all'orientamento del medico nella pratica clinica quotidiana.

La loro utilità si manifesta anche al momento di prendere decisioni razionali in campo sanitario: permettono di valutare l'efficacia degli strumenti dell'assistenza sanitaria, e quanto le risorse economiche siano impegnate in modo ottimale.



REVISIONI SISTEMATICHE: elementi chiave

- Quesito formulato in modo chiaro
- Progettazione: rigorosa definizione a priori dei criteri di inclusione ed esclusione
- Ricerca esaustiva e riproducibile degli studi disponibili (pubblicati e non pubblicati)
- Valutazione metodologica degli studi inclusi
- Eventuale sintesi quantitativa dei risultati attraverso la meta-analisi



REVISIONI NARRATIVE vs REVISIONI SISTEMATICHE

- La letteratura disponibile relativa ad un determinato argomento viene presa in considerazione in modo **selettivo** e **soggettivo** da parte dell'autore della revisione.
- Le revisioni narrative presentano una visione panoramica dell'argomento, ponendo quesiti in modo generico; assomigliano a capitoli di libri che riassumono un argomento ampio.
- Non dichiarano la metodologia utilizzata.



REVISIONI SISTEMATICHE vs META-ANALISI

All'interno di alcune comunità scientifiche i due termini tendono ad essere utilizzati come sinonimi.

E' più corretto considerare le meta-analisi come la componente statistica (analisi quantitativa) di una revisione sistematica (analisi qualitativa).



COCHRANE LIBRARY: contenuto

- Cochrane Database of Systematic Reviews (CDSR)
- Cochrane Central Register of Controlled Trials (CENTRAL)
- Health Technology Assessment Database (HTA): ultimo aggiornamento ottobre 2016
- Cochrane Methodology Register (CMR): aggiornamento interrotto a luglio 2012
- Database of Abstracts of Reviews of Effects (DARE): aggiornamento interrotto ad aprile 2015
- NHS Economic Evaluation Database (EED): aggiornamento interrotto a aprile 2015



CDSR: Cochrane Database of Systematic Reviews

E' la principale risorsa mondiale sulle revisioni sistematiche in campo sanitario.

Include le revisioni sistematiche Cochrane, i protocolli delle revisioni sistematiche Cochrane e gli editoriali.

Viene aggiornata con la modalità «pubblicaquando-la-revisione-è-pronta»



CENTRAL: Cochrane Central Register of Controlled Trials

Registro di tutte le segnalazioni di studi controllati randomizzati e quasi randomizzati.



CMR: Cochrane Methodology Register

Bibliografia di pubblicazioni che concernono i metodi utilizzati nella conduzione di studi controllati (riviste, libri, atti di convegno).

Contiene studi su metodi particolari utilizzati nelle revisioni sistematiche e altri studi più generali su metodologie che potrebbero essere rilevanti per chi volesse condurre una revisione sistematica.



DARE: Database of Abstracts of Reviews of Effects

E' l'unico database a contenere abstract di revisioni sistematiche di cui sia stata valutata la qualità.

Ogni abstract contiene una sintesi della revisione e un commento critico sulla qualità complessiva.



HTA: Health Technology Assessment Database

Contiene i dettagli delle valutazioni delle tecnologie sanitarie completate e in corso, provenienti da tutto il mondo.

Lo scopo di questo database è quello di migliorare la qualità delle cure, nonché il rapporto costo-efficacia delle stesse.

EED: NHS Economic Evaluation Database

Lo scopo di questa banca dati è di supportare i decisori, individuando sistematicamente valutazioni economiche da tutto il mondo, valutandone la qualità e mettendone in evidenza i punti di forza e di debolezza



The About The Cochrane Collaboration Database

Raccoglie tutte le informazioni sui gruppi di revisione e sui centri che fanno parte della Cochrane Collaboration, contatti inclusi.



COCHRANE LIBRARY: l'accesso





Sistema Bibliotecario di Ateneo

Organizzazione

> Servizi

· Cerca e trova risorse

> Patrimonio

 Cataloghi delle monografie e dei periodici cartacei

Biblioteca digitale

Accesso da remoto

> SIRIO e SFX

UniBS Discovery

> Relazioni e statistiche

 Biblioteca di Economia e Giurisprudenza

Biblioteca di Ingegneria

Biblioteca di Medicina

Home » Biblioteche » Cerca e trova risorse

Biblioteca digitale

La Biblioteca digitale raccoglie e rende disponibile un'ampia ed aggiornata selezione di risorse elettroniche:

banche dati;

periodici elettronici;

■ e-book.

La maggior parte di queste risorse è accessibile grazie a contratti sottoscritti dal Sistema Bibliotecario di Ateneo; soltanto un numero limitato è fruibile gratuitamente in open access.

Si ricorda che la consultazione è riservata esclusivamente agli utenti istituzionali. Se non diversamente indicato, l'accesso avviene da tutti i dispositivi connessi alla rete di ateneo e dall'esterno, previa autenticazione, via proxy server o VPN (si vedano le istruzioni per l'accesso da remoto).

Download, stampa e copia di documenti sono consentiti, in modo non sistematico, per uso personale di studio o ricerca e non a scopo di lucro, nella misura prevista dalle singole licenze.

L'elenco che segue presenta in ordine alfabetico le principali risorse elettroniche disponibili. Per ciascuna di queste si indica la tipologia, si fornisce una breve descrizione e, se necessario, si rimanda a un'apposita pagina di approfondimento. Cliccando sui nomi delle singole risorse si accede direttamente alle loro interfacce native (i siti web di banche dati, editori, aggregatori etc.) per la consultazione e la navigazione.

Risorse elettroniche

ACM Digital Library

Tipo risorsa: banche dati, periodici, e-book.

La più vasta collezione di articoli a testo pieno e riferimenti bibliografici nel settore Computing and Information Technology. Include la serie completa delle pubblicazioni ACM (Association for Computing Machinery): periodici, conference proceeding, newsletter e altri materiali (video, audio etc.).

ACS Journals

Tipo risorsa: periodici.

Collezione di periodici dell'American Chemical Society che copre la ricerca multidisciplinare nel campo della chimica, delle scienze farmaceutiche e degli ambiti correlati. La sottoscrizione consente l'accesso a circa 50 titoli tra i più rilevanti per questo settore, con copertura



Futuro studente



International students



Studenti e Laureati



Personale docente



Personale tecnico amministrativo



Aziende ed enti

Contatti

UOS Risorse elettroniche risorse.elettroniche@unibs.it ⊠

Pagine Correlate

- Accesso da remoto
- Limiti nella riproduzione di documenti

Siti correlati

- UniBS Discovery
- Risorse elettroniche Elenco completo
- > Cerca una rivista o un e-book
- Cerca un articolo
- > Risorse elettroniche Diritto
- > Risorse elettroniche Economia
- > Risorse elettroniche Ingegneria
- > Risorse elettroniche Medicina

ratori-hw-0

Cassazione.net

Consultazione possibile solo presso la Biblioteca di Economia e Giurisprudenza, rivolgendosi al personale.

Tipo risorsa: banche dati.

Banca dati che fornisce ai professionisti un servizio di informazione sempre aggiornata sulla Corte Suprema di Cassazione e sui principali organi giurisdizionali. L'abbonamento sottoscritto permette di accedere alle massime e alle sentenze di Cassazione, TAR, Consiglio di Stato, Merito (Tribunali, Corti d'Appello etc.) ed ai Codici annotati con la giurisprudenza in tempo reale.

Cell Press (Elsevier)

Tipo risorsa: periodici.

Accesso ad alcune riviste full text di Cell Press, editore specializzato nella pubblicazione di periodici nel settore biomedico: Current Biology, Structure, Cell, Immunity, Molecular Cell, Neuron, Developmental Cell, Cancer Cell, American Journal of Human Genetics.

CINAHL Plus with Full Text (EBSCO)

Tipo risorsa: banche dati, periodici, e-book.

La principale banca dati nel settore dell'infermieristica. Raccoglie milioni di riferimenti bibliografici e consente l'accesso al full text di oltre 770 periodici, ai quali si aggiungono libri, capitoli di libri, tesi, conference proceeding, standard e altre risorse.

CLOCKSS - Controlled Lots of Copies Keep Stuff Safe

Tipo risorsa: periodici.

Archivio internazionale per la conservazione delle pubblicazioni scientifiche in formato digitale (in particolare periodici), gestito da un'associazione non profit in cui collaborano grandi editori accademici e biblioteche universitarie. Mette a disposizione delle biblioteche tutti i contenuti digitali che per vari motivi non sono più accessibili presso gli editori (es. chiusura di un editore, interruzione della pubblicazione di un titolo, impossibilità di accesso ai vecchi numeri di una rivista etc.).

Cochrane Library (Wiley)

Tipo risorsa: banche dati.

Collezione di diverse banche dati contenenti prove di efficacia e altre informazioni per supportare il processo decisionale nell'assistenza sanitaria; la risorsa principale è il Cochrane Database of Systematic Reviews (CDSR), costantemente aggiornato, che include le revisioni sistematiche, i protocolli e gli editoriali.

Datastream for Office - Eikon DFO (Thomson Reuters)

Consultazione possibile solo presso il Dipartimento di Economia e Management e la Biblioteca di Economia e Giurisprudenza, rivolgendosi al personale.

Tipo risorsa: banche dati.

Banca dati finanziaria, ora riproposta in una nuova versione, contenente le principali variabili macroeconomiche internazionali e le serie storiche di titoli e indici finanziari.

Digesto (Università "La Sapienza" di Roma - Istituto di Linguistica Computazionale "A. Zampolli" del CNR di Pisa)

Tipo risorsa: banche dati.

Sito web per la consultazione e l'interrogazione del Digesto di Giustiniano in latino e in traduzione italiana (digitalizzazione dell'ed. Milano, Giuffrè, 2005-), ad accesso libero. Il progetto è tuttora in corso di realizzazione.



Trusted eviden Informed deg ons. Better heal La Cochrane.org

Search title, abstract, keyword



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Other Reviews (DARE)

Methods Studies (CMR)

Technology Assessments (HTA)

Economic Evaluations (EED)

About Cochrane Database (ABOUT)

Other Sites

Cochrane Clinical Answers

Journal Club

Podcasts

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Can they improve immunization rates?

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Interventions to increase attendance for diabetic retinopathy screening

John G Lawrenson, Ella Graham-Rowe, Fabiana Lorencatto, Jennifer Burr, Catey Bunce, Jillian J Francis, Patricia Aluko, Stephen Rice, Luke Vale, Tunde Peto, Justin Presseau, Noah Ivers, Jeremy M Grimshaw

15 January 2018

Drug management for acute tonic-clonic convulsions including convulsive status epilepticus in children

Amy McTague, Timothy Martland, Richard Appleton 10 January 2018



COCHRANE LIBRARY: modalità di ricerca

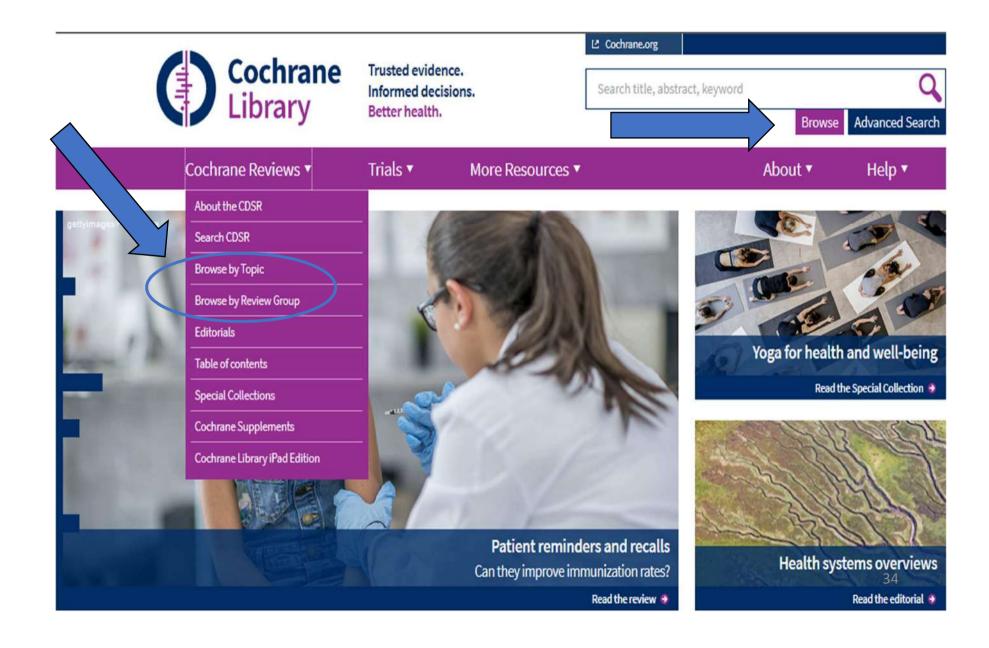
• BROWSE:

by topic (solo per Reviews e Protocols)
by Review Group

ADVANCED SEARCH (attiva su tutte le banche dati):
 Search
 Search Manager
 MESH terms



Il comando «BROWSE»

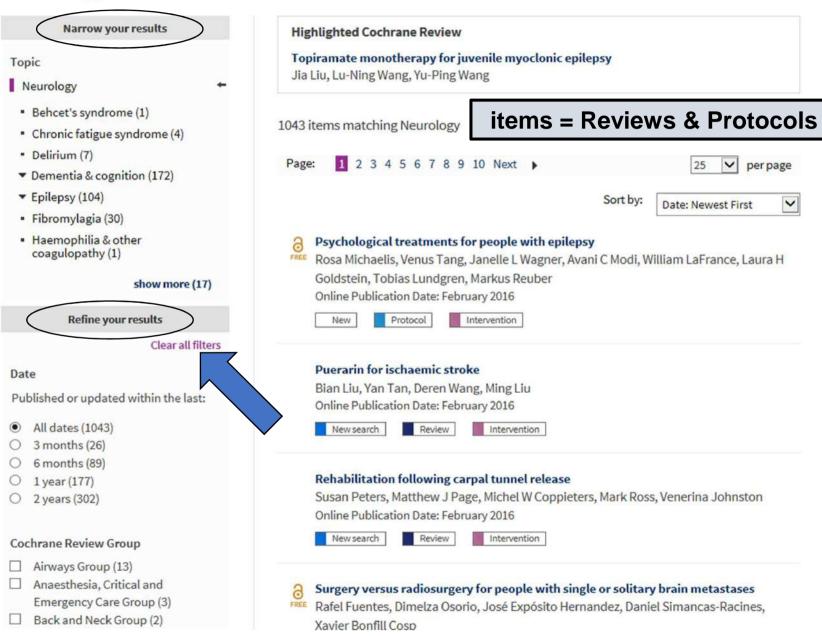


Browse by Topic

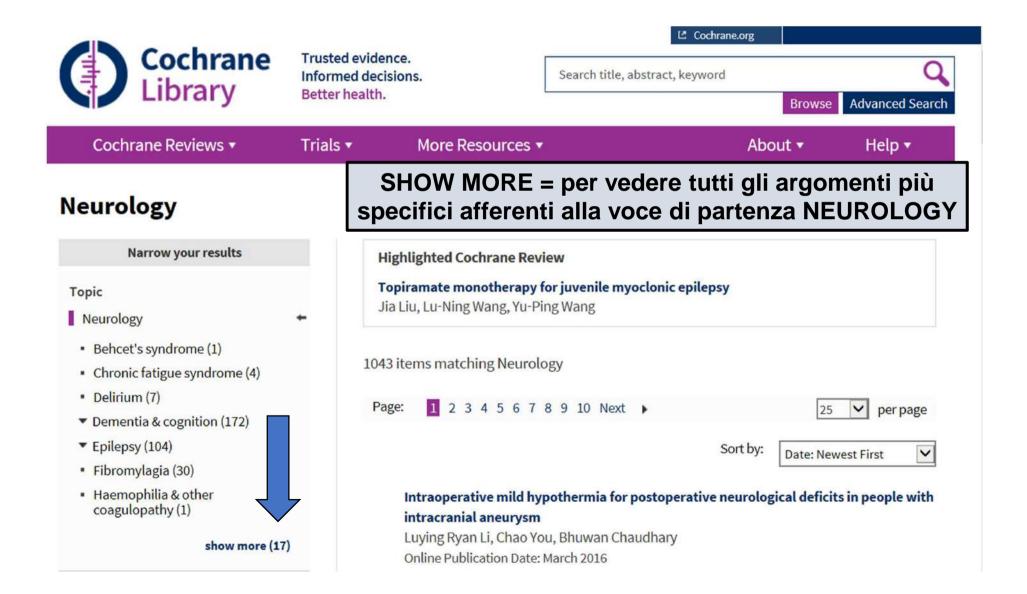
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Α	G	P
Allergy & intolerance B Blood disorders C Cancer Child health	Gastroenterology & hepatology Genetic disorders Gynaecology H Health & safety at work Health professional education	Pain & anaesthesia Pregnancy & childbirth Public health R Rheumatology
Complementary & alternative medicine Consumer & communication strategies	Heart & circulation	New!
D		U
Dentistry & oral health Developmental, psychosocial & learning problems Diagnosis	Kidney disease W Urology W Unds Lungs & airways	w
Ear, nose & throat Effective practice & health systems Endocrine & metabolic Eyes & vision	Mental health Methodology N Neonatal care Neurology Orthopaedics & trauma	

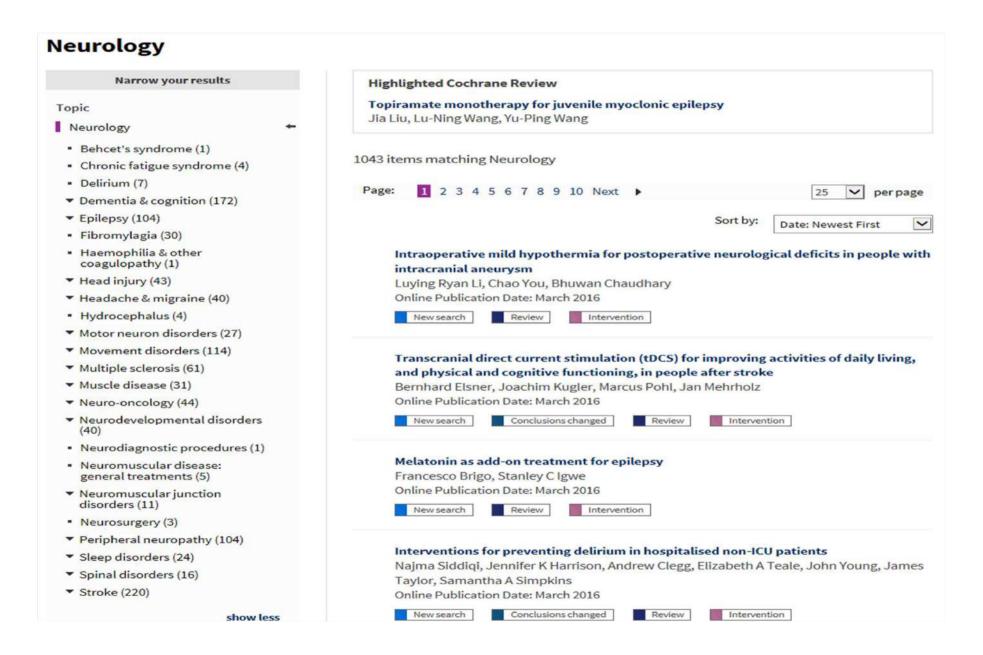
Neurology



BROWSING per ARGOMENTO: specificare (1)

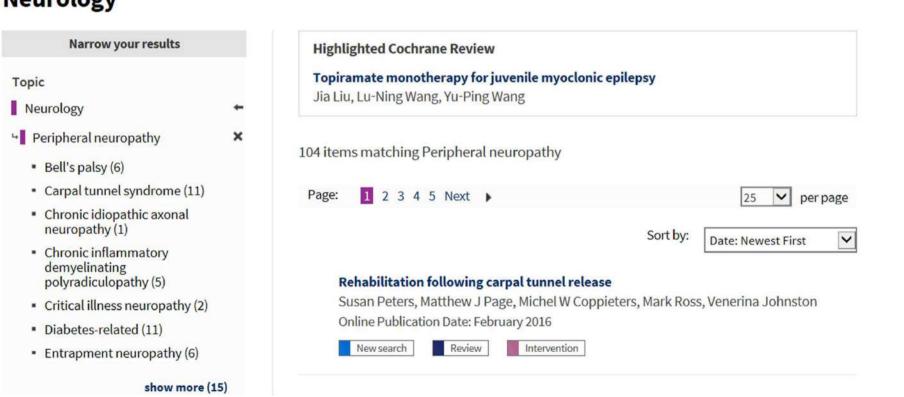


BROWSING per ARGOMENTO: specificare (2)



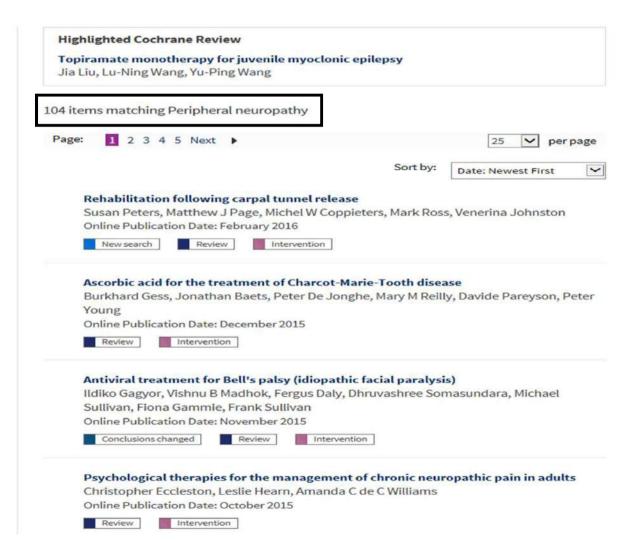
BROWSING per ARGOMENTO: specificare (3)



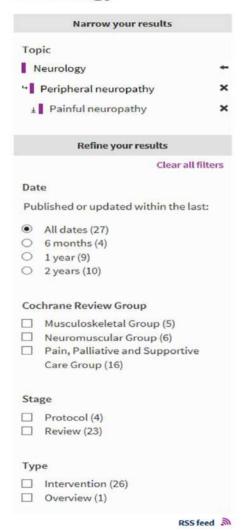


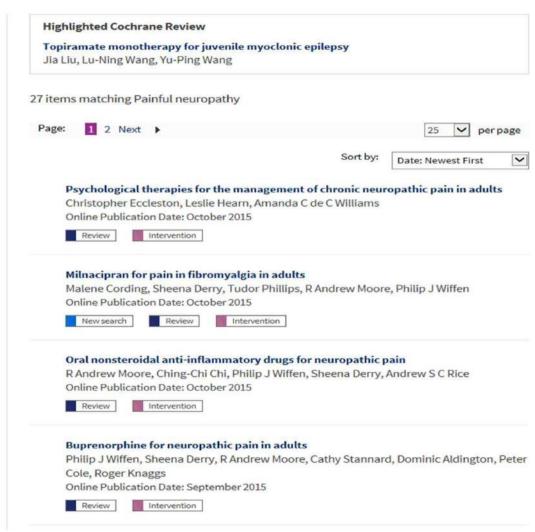
BROWSING per ARGOMENTO: specificare (4)



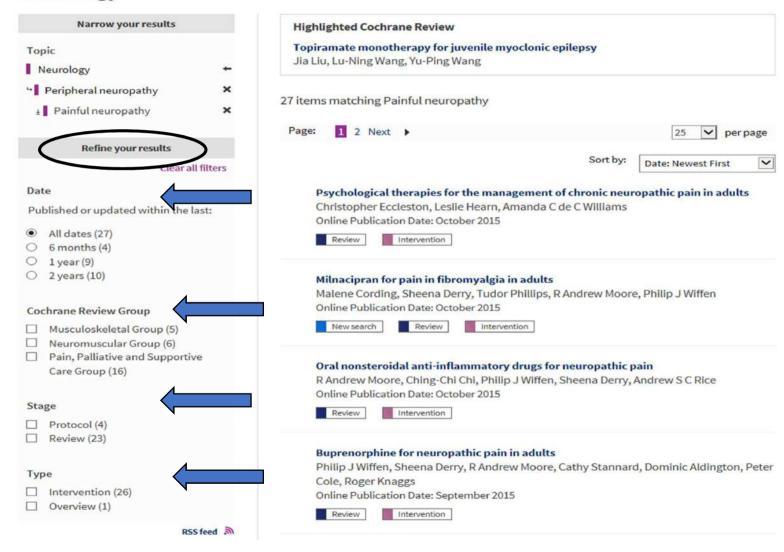


BROWSING per ARGOMENTO: specificare (5)

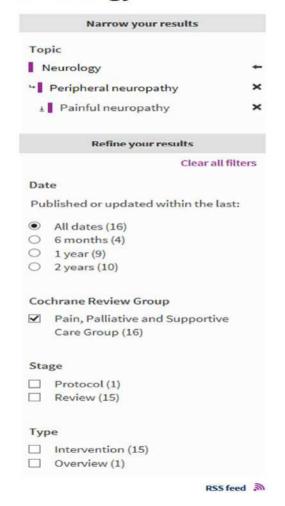


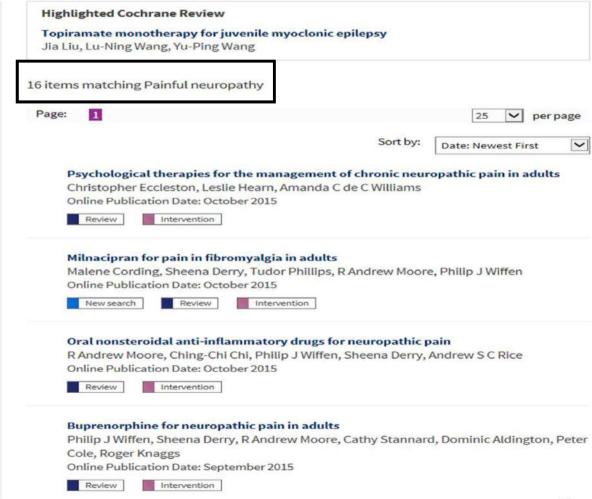


BROWSING per ARGOMENTO: limitare (1)



BROWSING per ARGOMENTO: limitare (2)





BROWSING PER ARGOMENTO: RIEPILOGO specificare e limitare

NARROW (by topic): da un concetto sovraordinato, ampio, ad una serie di concetti subordinati, via via più specifici; dal generale al particolare.

REFINE (by date, Review group, stage, type): per isolare ulteriori sottoinsiemi a partire dal «filtro» applicato





Search title, abstract, keyword

L' Cochrane.org



Cochrane Reviews ▼

Eyes and Vision Group

Fertility Regulation Group

Trials v

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Browse by Cochrane Review Group

Browse the Cochrane Database of Systematic Reviews by Cochrane Review Group...



Musculoskeletal Group

Prossima suddivisione di Cochrane Anaesthesia and Critical Care in due gruppi distinti:

Cochrane Anaesthesia and Cochrane Emergency and Critical Care

Il comando «ADVANCED SEARCH»



Trusted evidence.
Informed decisions.
Better health.

Search title, abstract, keyword

Browse

Advanced Search

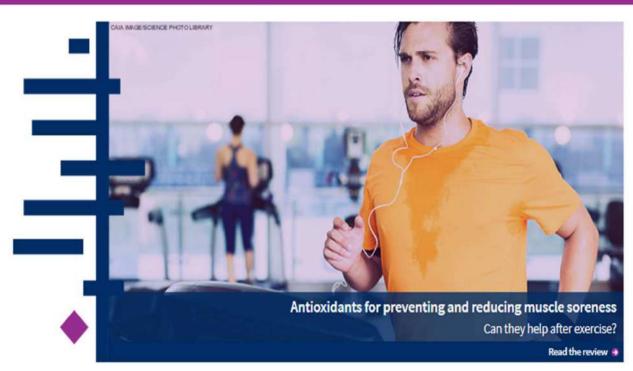
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OPZIONI DI RICERCA

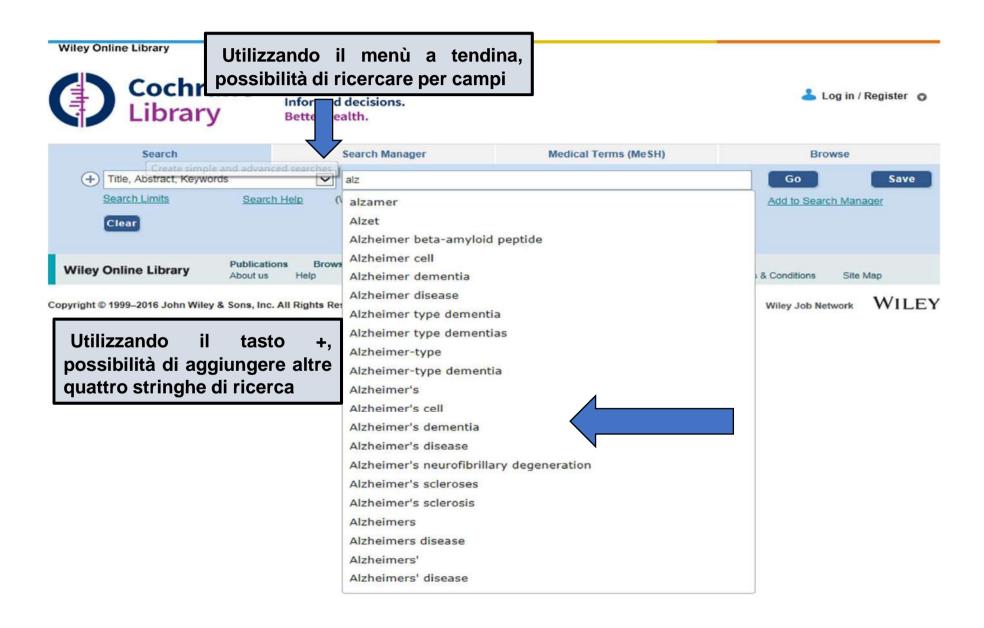


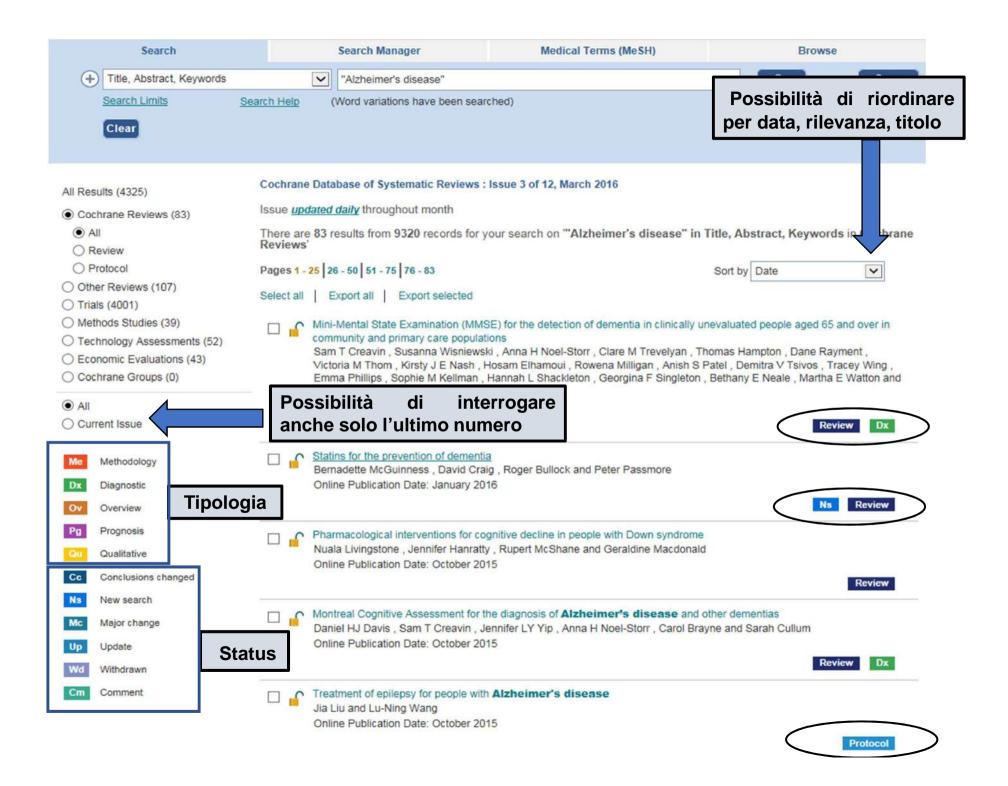
• **SEARCH:** per creare strategie di ricerca semplici e veloci, con l'utilizzo di pochi termini; oppure per l'utente esperto che preferisce utilizzare il menù a tendina con l'opzione di scelta dei campi

- SEARCH MANAGER: per creare strategie di ricerca complesse con la possibilità di utilizzare, oltre agli operatori booleani, operatori di «prossimità»
- MESH TERMS: per effettuare ricerche sfruttando il vocabolario controllato MESH derivato da Pubmed



OPZIONE «SEARCH»





TIPOLOGIA E STATUS: legenda

Review	A full review, complete with results and discussion, possibly including meta-analyses to combine results across studies.
Protocol	The outline of a review in preparation, including the background, rationale and methods.
Methodology	A full-text systematic review of methodological studies.
Diagnostic	A full-text systematic review of studies assessing accuracy of diagnostic tests.
Overview	An overview of multiple Cochrane intervention reviews addressing the effects of two or more potential interventions for a single condition or health problem.
New	A new protocol or review that has been published in the most recent issue.
Conclusions changed	There has been an important change to the conclusions of the review published in the most recent issue.
New search	A new search for studies has been conducted for an existing review as published in the most recent issue.
(Major change	The protocol has been amended to reflect a change in scope published in the most recent issue.
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Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations Dx

Diagnostic Review

Sam T Creavin . Susanna Wisniewski, Anna H Noel-Storr, Clare M Trevelyan, Thomas Hampton, Dane Rayment, Victoria M Thom, Kirsty J E Nash, Hosam Elhamoui, Rowena Milligan, Anish S Patel, Demitra V Tsivos, Tracey Wing, Emma Phillips, Sophie M Kellman, Hannah L Shackleton, Georgina F Singleton, Bethany E Neale, Martha E Watton, Sarah Cullum

First published: 13 January 2016 Assessed as up-to-date: 31 May 2014

Editorial Group: Cochrane Dementia and Cognitive Improvement Group

DOI: 10.1002/14651858.CD011145.pub2 View/save citation

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Background

The Mini Mental State Examination (MMSE) is a cognitive test that is commonly used as part of the evaluation for possible dementia.

Objectives

To determine the diagnostic accuracy of the Mini-Mental State Examination (MMSE) at various cut points for dementia in people aged 65 years and over in community and primary care settings who had not undergone prior testing for dementia.

Search methods

We searched the specialised register of the Cochrane Dementia and Cognitive Improvement Group, MEDLINE (OvidSP), EMBASE (OvidSP), PsycINFO (OvidSP), LILACS (BIREME), ALOIS, BIOSIS previews (Thomson Reuters Web of Science), and Web of Science Core Collection, including the Science Citation Index and the Conference Proceedings Citation Index (Thomson Reuters Web of Science).



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Plain language summary



Mini-Mental State Examination (MMSE) for the detection of dementia in people aged over 65

The term 'dementia' covers a group of brain problems that cause gradual deterioration of brain function, thinking skills, and ability to perform everyday tasks (e.g. washing and dressing). People with dementia may also develop problems with their mental health (mood and emotions) and behaviour that are difficult for other people to manage or deal with. The process that causes dementia in the brain is often degenerative (due to brain damage over time). Subtypes of dementia include Alzheimer's disease dementia, vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

We aimed to assess the accuracy of the Mini-Mental State Examination (MMSE), which is commonly used as part of the process when considering a diagnosis of dementia, according to the definition in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The MMSE is a paper-based test with a maximum score of 30, with lower scores indicating more severe cognitive problems. The cut point established for the MMSE defines 'normal' cognitive function and is usually set at 24, although theoretically it could fall anywhere from 1 to 30. We searched a wide range of resources and found 24,310 unique citations (hits). We reviewed the full text of 317 academic papers and finally included 70 articles, referring to 48 studies in our review. We included community studies (by which we mean people living in the community who have) and primary care studies (by which we mean studies that had an office-based first contact care with a non specialist clinician - which would often be a GP).

Two of the studies had serious design weaknesses with regard to their methods for selecting participants, three with regard to the application of the test (MMSE), and nine with regard to the presentation of flow and timing. We were able to do a combined statistical analysis (meta-analysis) on 28 studies in the community setting (44 articles) and 6 studies in primary care (8 articles), but we could not extract usable data for the remaining 14 community studies. Two of the six studies in primary care were conducted in people who had symptoms of possible dementia. We were able to calculate the summary diagnostic accuracy of the MMSE at three cut points in community-based studies, but we didn't have enough data to do this in the primary care studies. A perfect test would have sensitivity (ability to identify anyone with dementia) of 1.0 (100%) and specificity (ability to identify people without dementia) of 1.0 (100%). For the MMSE, the summary accuracy at a cut point of 25 (10 studies) was sensitivity 0.87 and specificity 0.82. In seven studies that adjusted accuracy estimates for level of education, we found that the test had a sensitivity of 0.97 and specificity of 0.70. The summary accuracy at a cut point of 24 (15 studies) was sensitivity 0.85 and specificity 0.90. Based on these results, we would expect 85% of people with dementia to be correctly identified with the MMSE, while 15% would be wrongly classified as not having dementia; 90% of those tested would be correctly identified as not having dementia whilst 10% would be false positives and might be referred for further testing.

Our results support the use of the MMSE as part of the process for deciding whether or not someone has dementia, but the results of the test should be interpreted in broader context of the individual patient, such as their personality, behaviour and how they are managing at home and in daily life.



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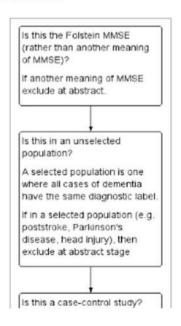
Methods

Criteria for considering studies for this review

Types of studies

The inclusion criteria for studies in this review were based on the generic protocol for neuropsychological tests in dementia (Davis 2013a). We reviewed the diagnostic accuracy of the MMSE when used in people aged over 65 years in non-specialist settings, including community settings (population-based screening) and primary care settings (where people may be screened opportunistically or present to the primary care practitioner with memory problems). We included studies that examined the diagnostic accuracy of the MMSE in people considered to have a memory problem (by patient, informant or clinician), as well as screening studies that examined the diagnostic accuracy in people regardless of a memory complaint (asymptomatic people). We analysed studies separately based on whether they were screening studies or not, as described in Investigations of heterogeneity. We included a diagnosis of dementia at any stage of disease (as long as the dementia was not previously identified by a specialist), as we considered that this pragmatic approach was most likely to be useful in informing current health policy and clinical practice. We did not examine the accuracy of MMSE for the diagnosis of pre-clinical dementia (Sperling 2011), as this will be the subject of a separate review.

We included cross-sectional studies that administered the index test and the reference standard(s) within a short time span (less than six months). We excluded case-control studies because of the risk of bias (Whiting 2013). We did not include delayed verification studies, as these will be examined in a separate review, as described in the Background. We included studies where we anticipated 2 x 2 data would be available even if it was not reported in the original paper, and we contacted the authors to obtain it where necessary. Figure 1 outlines the process that we used for including articles in the review; further details are given in Selection of studies.









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Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations

Sam T Creavin, Susanna Wisniewski, Anna H Noel-Storr, Clare M Trevelyan, Thomas Hampton, Dane Rayment, Victoria M Thom, Kirsty J E Nash, Hosam Elhamoui, Rowena Milligan, Anish S Patel, Demitra V Tsivos, Tracey Wing, Emma Phillips, Sophie M Kellman, Hannah L Shackleton, Georgina F Singleton, Bethany E Neale, Martha E Watton, Sarah Cullum

Article first published online: 13 Jan 2016 | DOI: 10.1002/14651858.CD011145.pub2

Version 1

Mini-Mental State Examination (MMSE) for the detection of Alzheimer's dementia and other dementias in asymptomatic and previously clinically unevaluated people aged over 65 years in community and primary care populations

Sam T Creavin, Anna H Noel-Storr, Nadja Smailagic, Antri Giannakou, Elizabeth Ewins, Susanna Wisniewski, Sarah Cullum

Article first published online: 10 Jun 2014 | DOI: 10.1002/14651858.CD011145

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Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations

Review

Diagnostic

Sam T Creavin ☑, Susanna Wisniewski, Anna H Noel-Storr, Clare M Trevelyan, Thomas Hampton, Dane Rayment, Victoria M Thom, Kirsty J E Nash, Hosam Elhamoui, Rowena Milligan, Anish S Patel, Demitra V Tsivos, Tracey Wing, Emma Phillips, Sophie M Kellman, Hannah L Shackleton, Georgina F Singleton, Bethany E Neale, Martha E Watton, Sarah Cullum

First published: 13 January 2016 Assessed as up-to-date: 31 May 2014

Editorial Group: Cochrane Dementia and Cognitive Improvement Group

DOI: 10.1002/14651858.CD011145.pub2 View/save citation

Am) score 39

Abstract

Background

The Mini Mental State Examination (MMSE) is a cognitive test that is commonly used as part of the evaluation for possible dementia.

Objectives

To determine the diagnostic accuracy of the Mini-Mental State Examination (MMSE) at various cut points for dementia in people aged 65 years and over in community and primary care settings who had not undergone prior testing for dementia.

Search methods

We searched the specialised register of the Cochrane Dementia and Cognitive Improvement Group, MEDLINE (OvidSP), EMBASE (OvidSP), PsycINFO (OvidSP), LILACS (BIREME), ALOIS, BIOSIS previews (Thomson Reuters Web of Science), and Web of Science Core Collection, including the Science Citation Index and the Conference Proceedings Citation Index (Thomson Reuters Web of Science).



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See clinical summaries based on this review

Abstract

Background

This is an update of a Cochrane review first published in 2001 and then updated in 2009. Vascular risk factors including high cholesterol levels increase the risk of dementia due to Alzheimer's disease and of vascular dementia. Some observational studies have suggested an association between statin use and lowered incidence of dementia.

Objectives

To evaluate the efficacy and safety of statins for the prevention of dementia in people at risk of dementia due to their age and to determine whether the efficacy and safety of statins for this purpose depends on cholesterol level, apolipoprotein E (ApoE) genotype or cognitive level.

Search methods

We searched ALOIS (the Specialized Register of the Cochrane Dementia and Cognitive Improvement Group), *The Cochrane Library*, MEDLINE, EMBASE, PsycINFO, CINAHL, LILACS, ClinicalTrials.gov and the World Health Organization (WHO) Portal on 11 November 2015.

Selection criteria

We included double-blind, randomised, placebo-controlled trials in which statins were administered for at least 12 months to people at risk of dementia.



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Treatment of epilepsy for people with Alzheimer's disease



Abstract

This is the protocol for a review and there is no abstract. The objectives are as follows:

To assess the efficacy and tolerability of the treatment of epilepsy for people with Alzheimer's disease (AD) (including sporadic AD and dominantly inherited AD).

Background

Description of the condition

Epilepsy is a common neurological disorder and becomes more frequent with age (Brodie 2009). Meanwhile, Alzheimer's disease (AD) is the most common neurodegenerative diseases in the elderly, which is characterised by memory loss, cognitive decline, and behavioural disorders. Although epilepsy is not the predominant symptom in sporadic AD, it is more common in autosomal dominant AD (Wu 2012). It has been estimated that AD is a risk factor for increased seizures in the elderly (Pandis 2012). Approximately 10-22% of AD patients have at least one unprovoked seizure (Mendez 2003). Any type of seizures can be observed in AD (Rao 2009). The prevalence of epilepsy is probably underestimated (Tallis 2002), considering the unrecognised non-convulsive forms. Seizures can be seen even in the early stages of AD (Palop 2007), which suggests seizures may contribute to cognitive impairment.

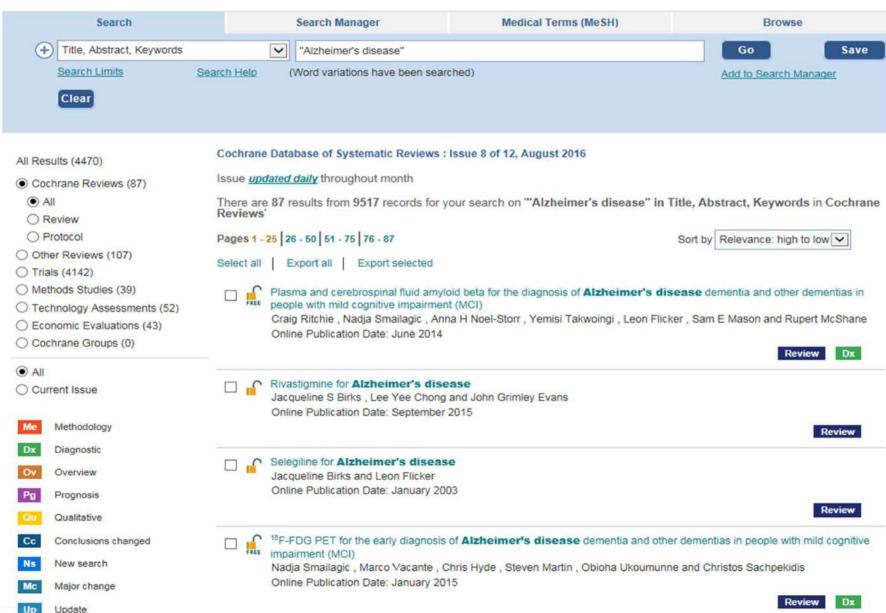
Description of the intervention

Antiepileptic drugs (AEDs) are the current intervention for epilepsy treatment in people with AD. According to a previous study, the efficacy of AEDs in the elderly was proven to be better than that in the younger population (Mattson 1985). The first generation AEDs, such as valproic acid and benzodiazepines, can aggravate cognitive decline in people with AD (Fleisher 2011; Wu 2009). In contrast,

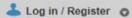








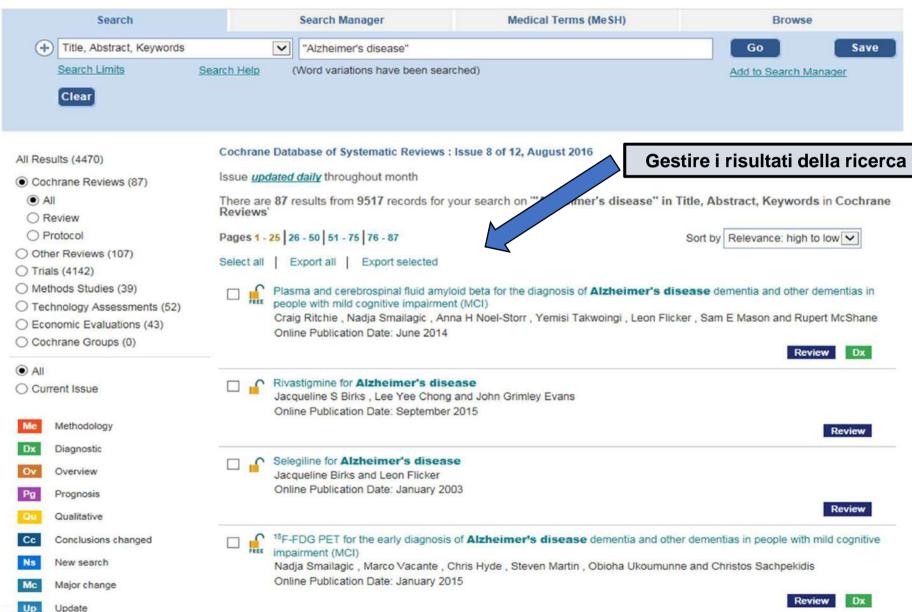


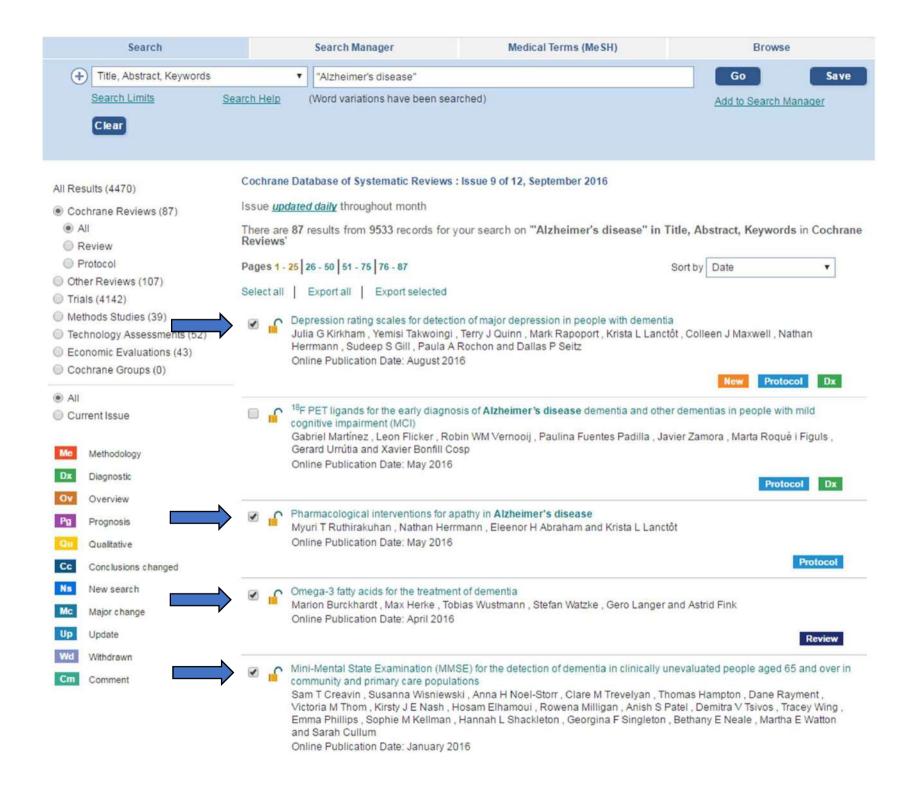


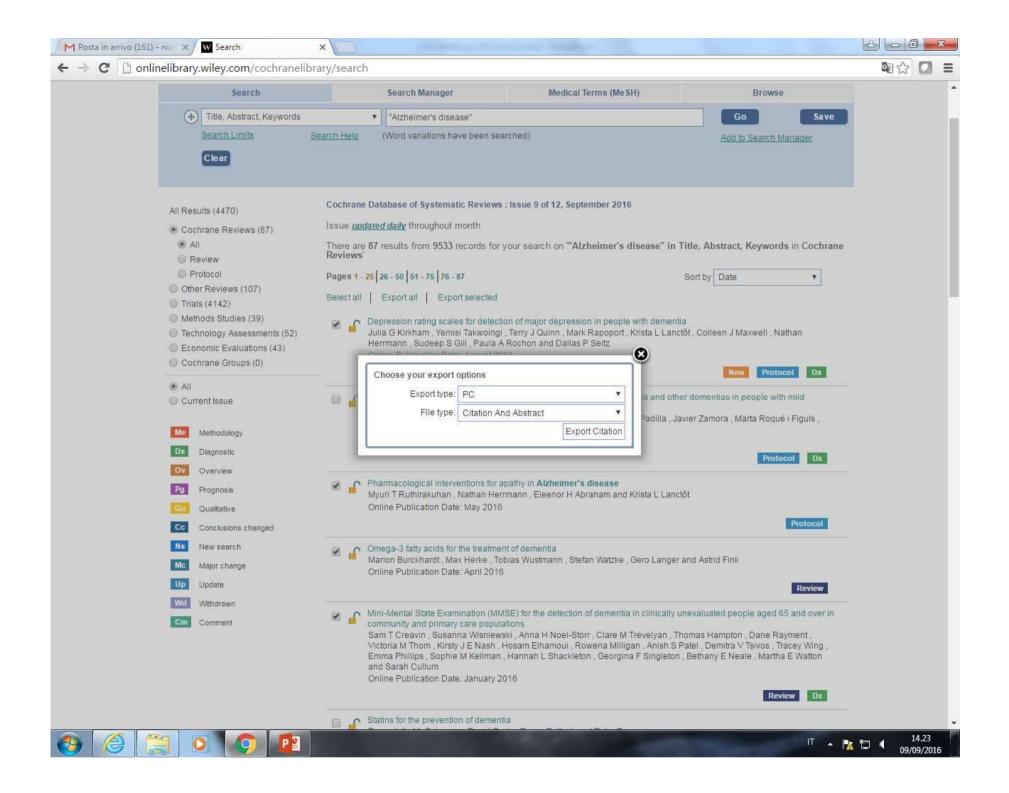
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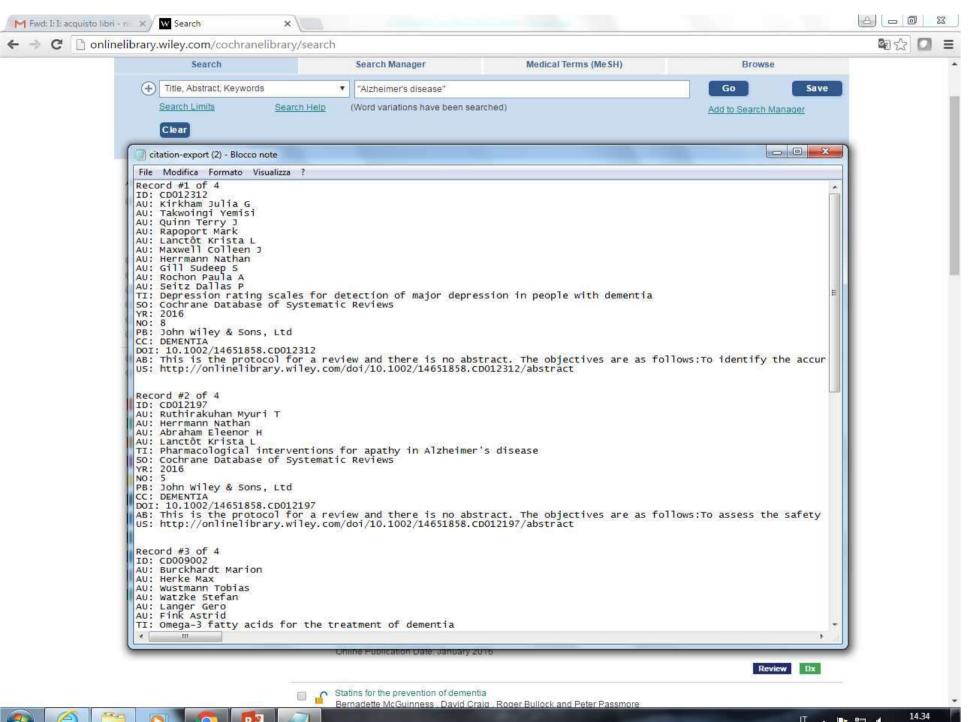
















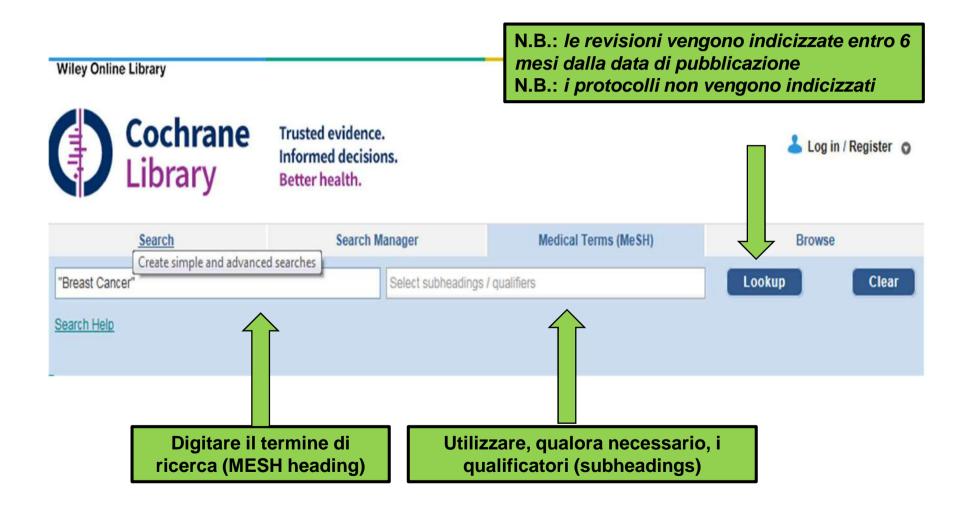


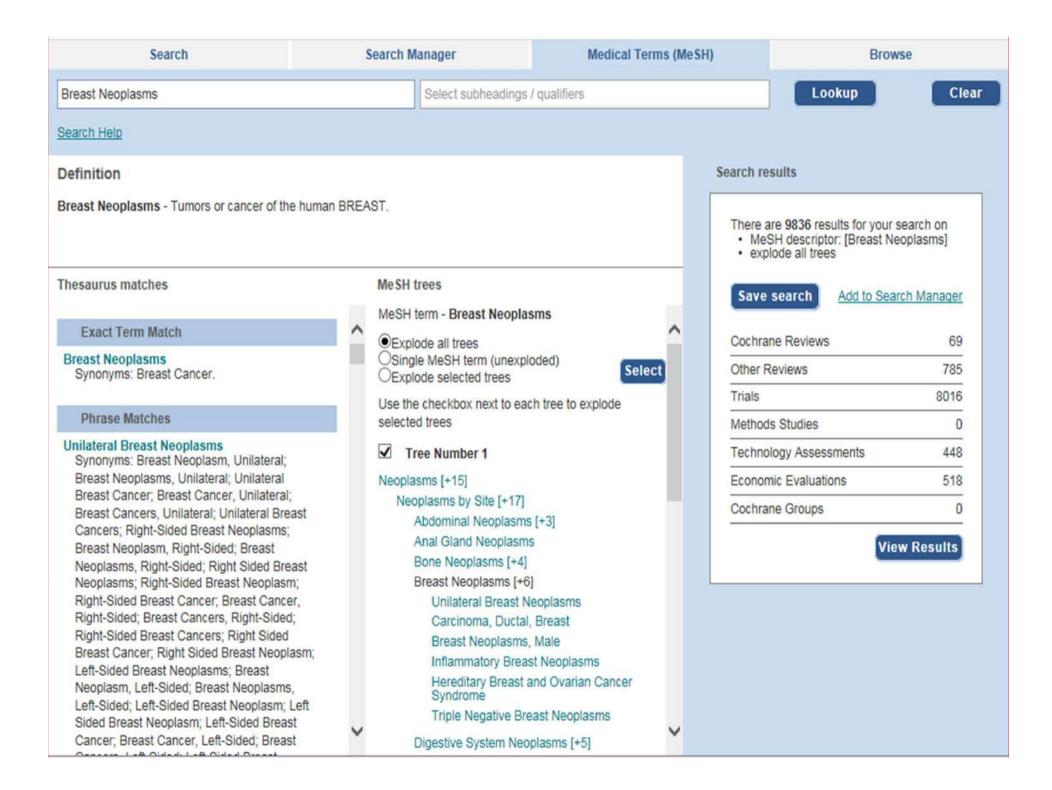


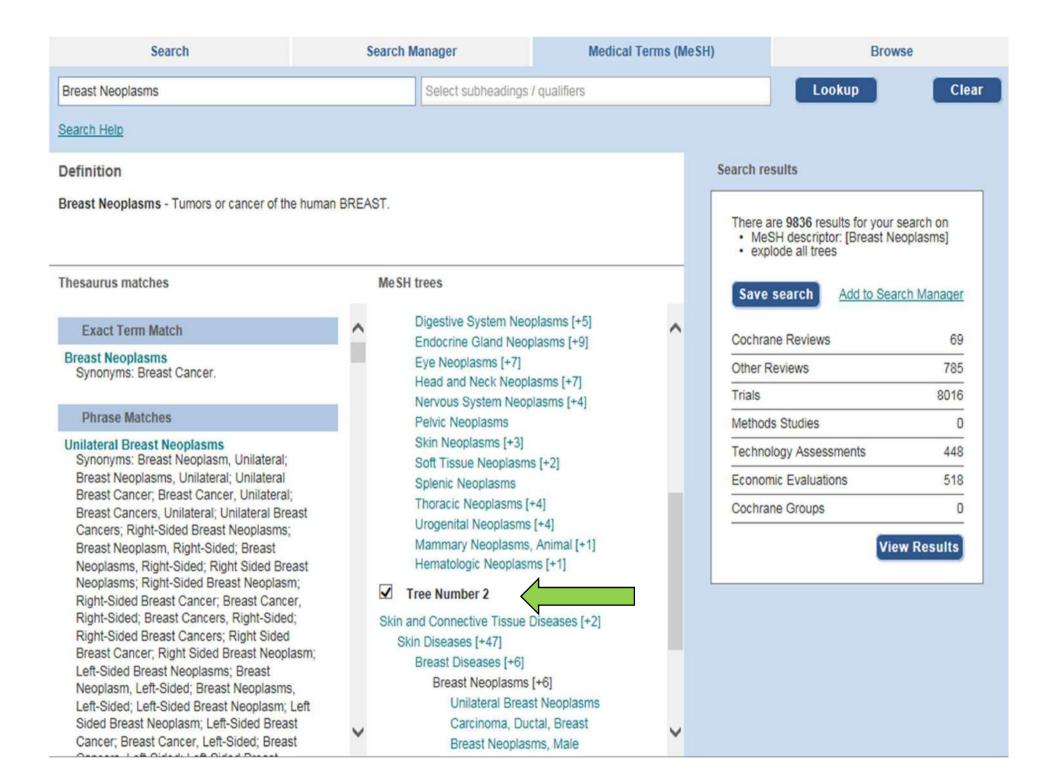


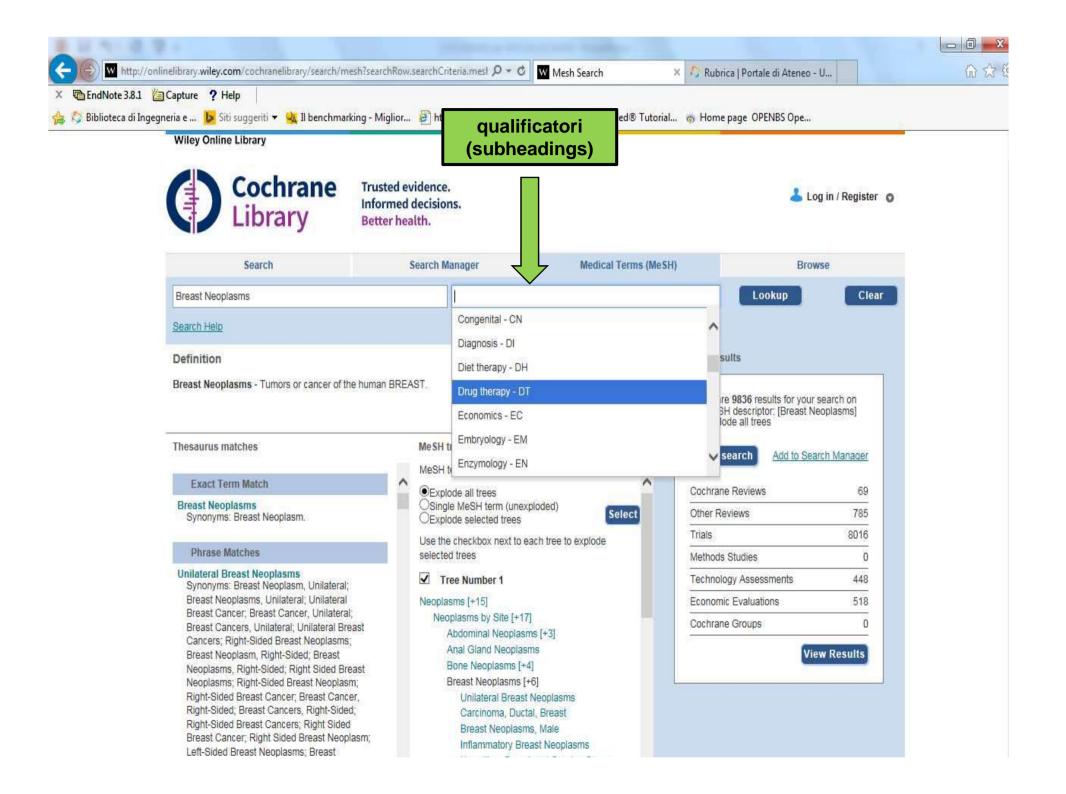


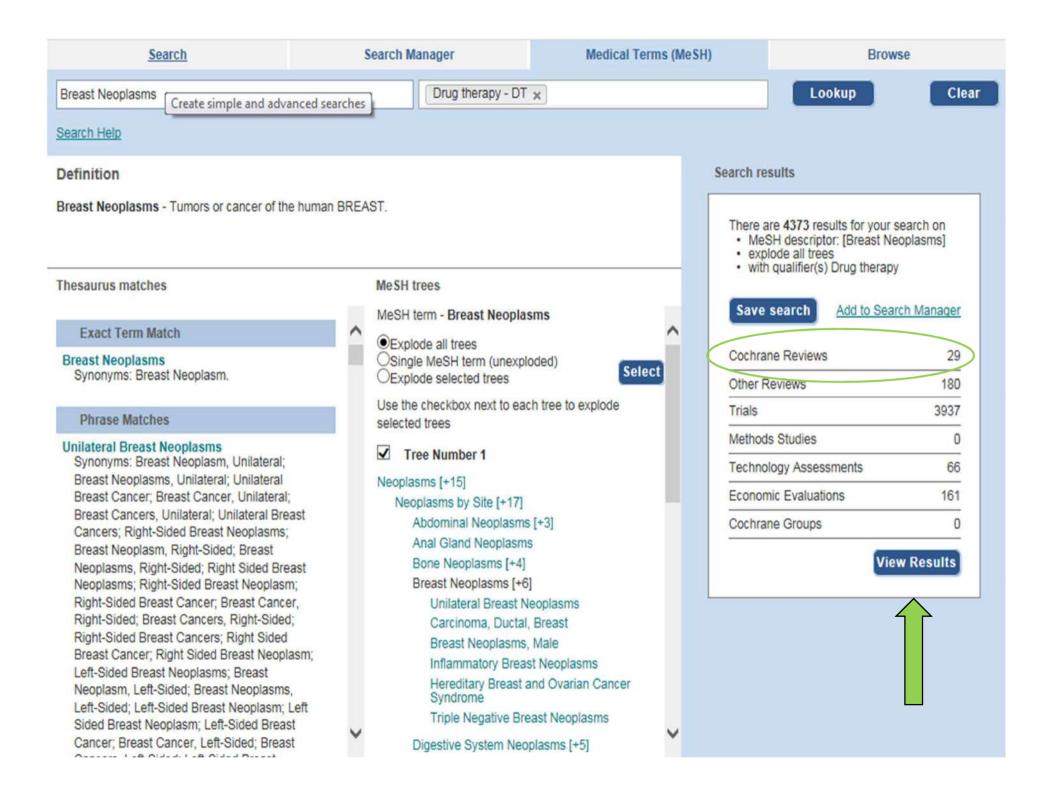
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Cm	Comment		A cost-effectiveness analysis of axillary node dissection in cancer and clinically negative axillary nodes (Structured ab Centre for Reviews and Dissemination Original Author(s): Orr R.K., Ool N.F. and Kuntz K.M. Surgery, 1999, 126(3), 568-576		rogen receptor-positive breast
			Cost-effectiveness of denosumab compared with zoledroni (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Xie J , Diener M , Sorg R , Wu EQ and I Clinical Breast Cancer, 2012, 12(4), 247-258		cer and bone metastases



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[Critically appraised economic evaluations]

A cost-effectiveness analysis of axillary node dissection in postmenopausal women with estrogen receptor-positive breast cancer and clinically negative axillary nodes (Structured abstract)

Centre for Reviews and Dissemination

NHS Economic Evaluation Database (NHSEED) 2015 Issue 2
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Axillary lymph node dissection in postmenopausal women with estrogen receptor-positive breast cancer and clinically negative axillary nodes.

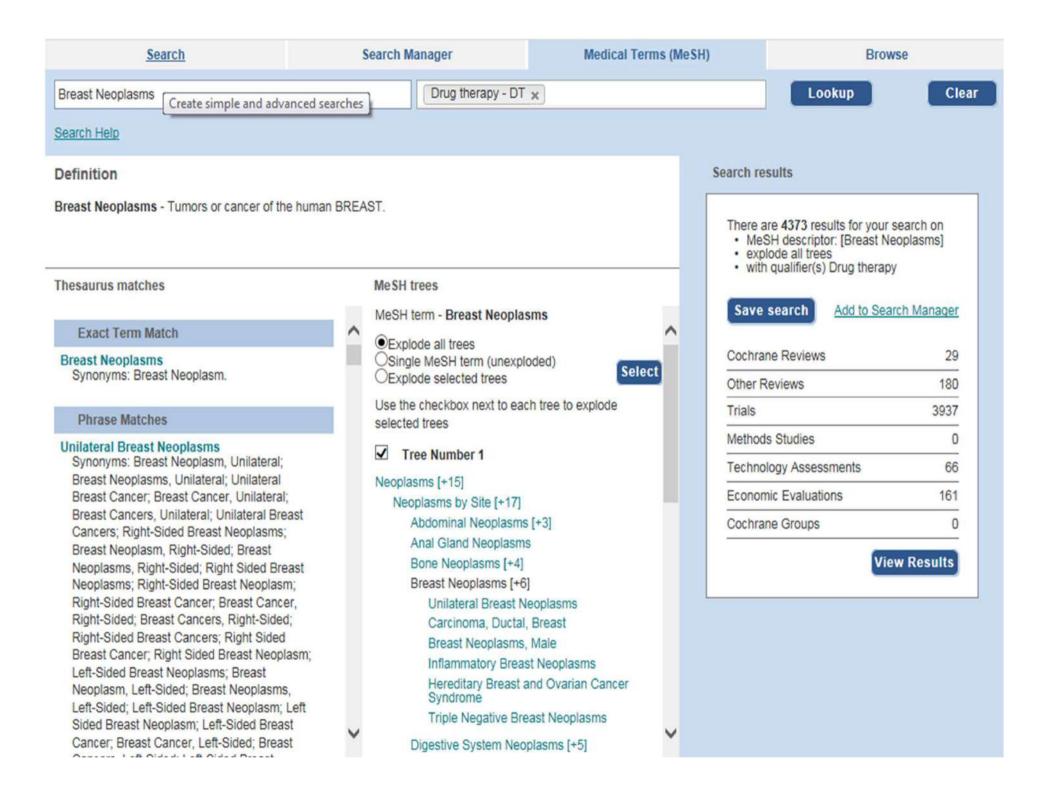
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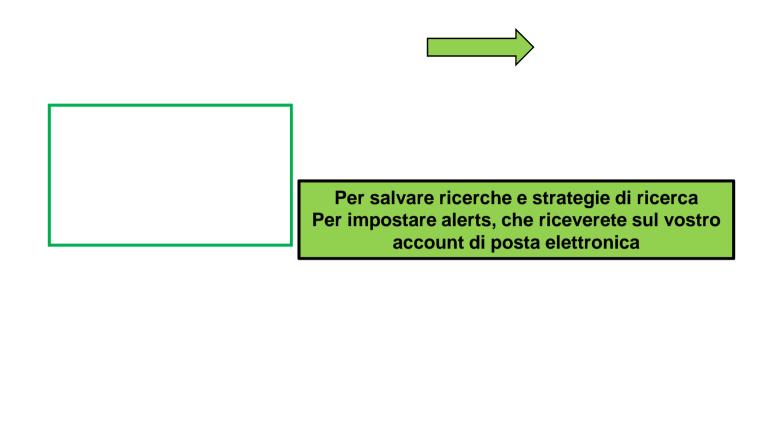
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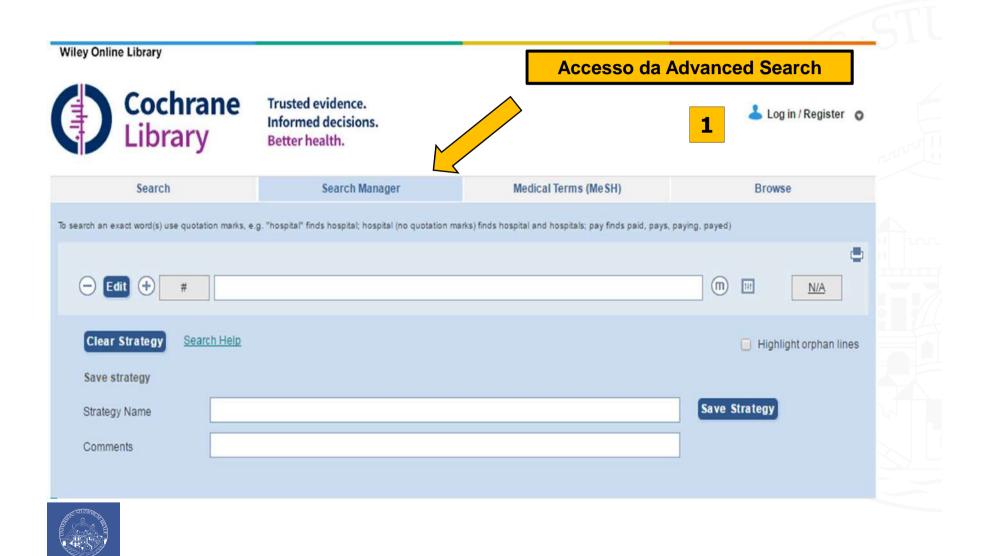
Hypothesis/study question

To determine the cost-utility of axillary lymph node dissection (ALND) in postmenopausal women with estrogen receptor-positive breast cancer and clinically negative axillary nodes. The comparator was watchful waiting. Some justification was given for the choice of comparator. Sentinel node biopsy (SNB) was also mentioned as a potential comparator as it is a new and minimally invasive method, but insufficient data were available to warrant its inclusion in the present study.



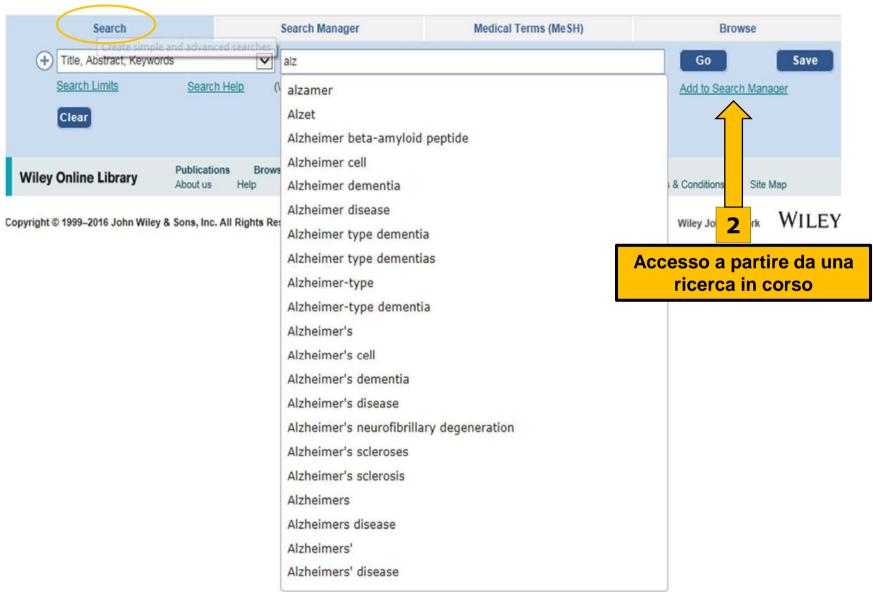


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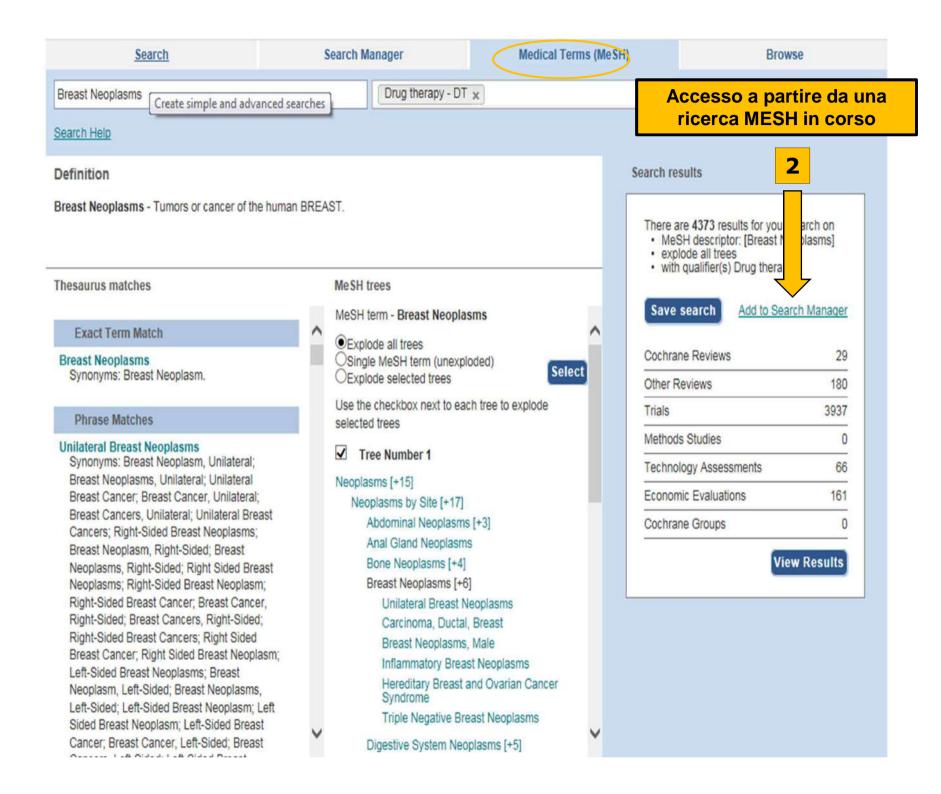




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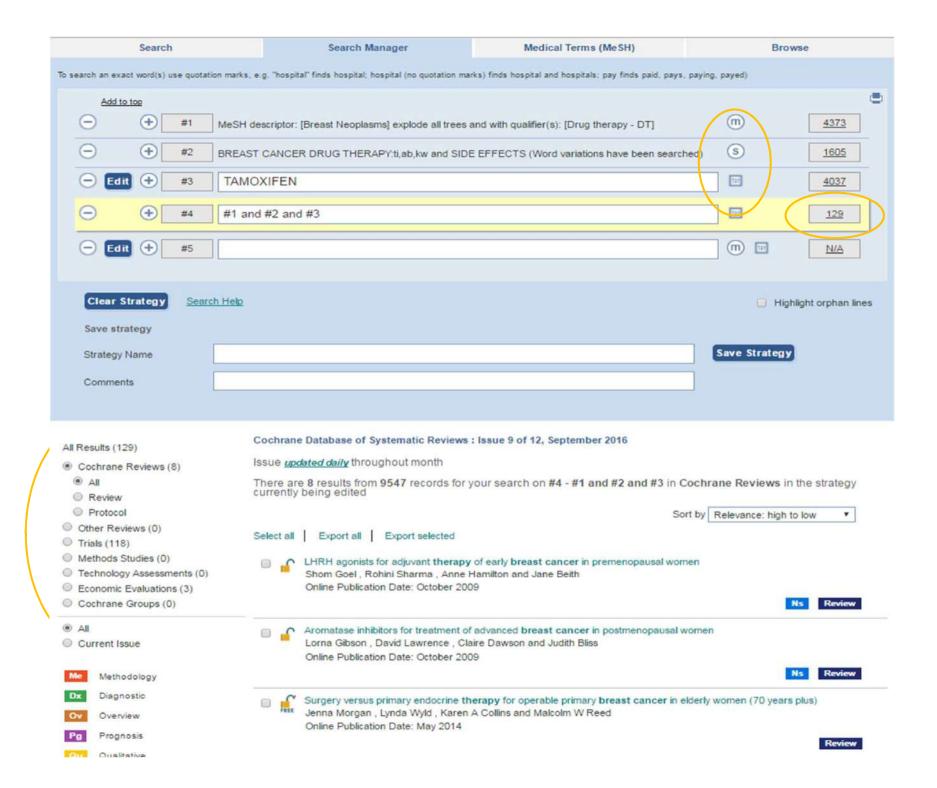
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Issue 10 to 12, October to December 2014

Prevenzione dello stress occupazionale nei lavoratori del comparto sanitario

Issue 1 to 3, January to March 2013

Selenium supplementation for the primary prevention of cardiovascular disease (Italian version)

Issue 4, October 2009

Transcutaneous electrostimulation for osteoarthritis of the knee

Issue 2, April 2009

Sertraline versus other antidepressive agents for depression



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Podcast: Integrazione di vitamina D in donne in gravidanza



Molte donne in gravidanza hanno un deficit di vitamina D, e potrebbero quindi prendere in considerazione l'assunzione di integratori orali. A gennaio 2016 Cristina Palacios e colleghi dell'Università di Porto Rico hanno aggiornato la loro Revisione Cochrane sull'argomento. Cristina ci dice di più in questo podcast. Questo podcast è stato tradotto e registrato da Gabriella Pesolillo.



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How does procalcitonin testing affect antibiotic use and other outcomes for people with acute respiratory infection?

In pregnant women, does antenatal pelvic floor muscle training help to prevent urinary incontinence?

What are the benefits and harms of anti-IL-5 therapies for adults with asthma?

How does simple aspiration compare with intercostal tube drainage in adults with primary spontaneous pneumothorax?

Updated Clinical Answers

For people with acute asthma, how does adding inhaled magnesium sulfate to beta-agonists (with or without ipratropium) affect outcomes?

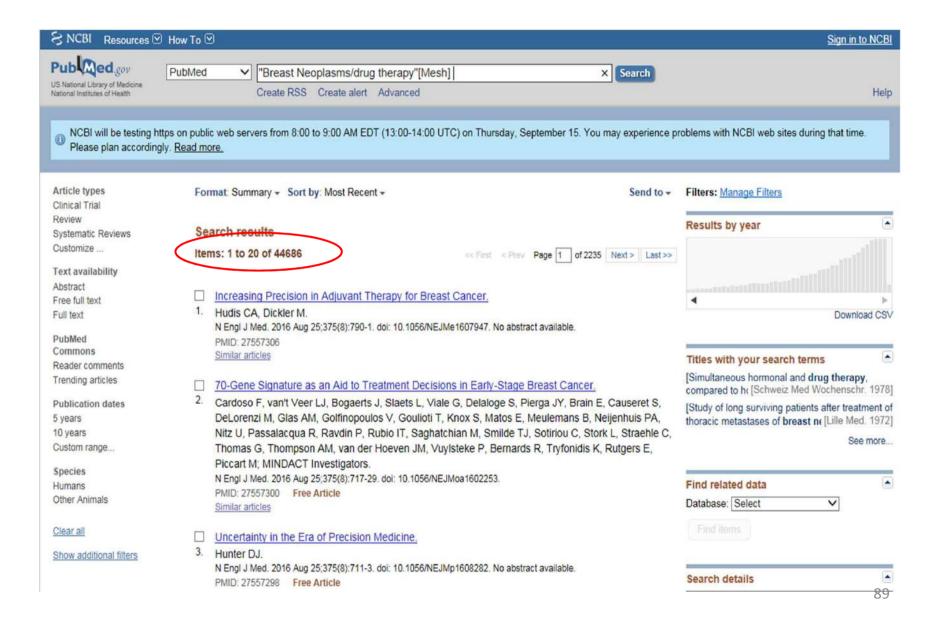
Can peroxisome proliferatoractivated receptor gamma agonists help to prevent recurrent stroke and other vascular events?

How does advanced hemodynamic monitoring of perioperative fluid optimization compare with other monitoring methods in people undergoing surgery for proximal femoral fracture?

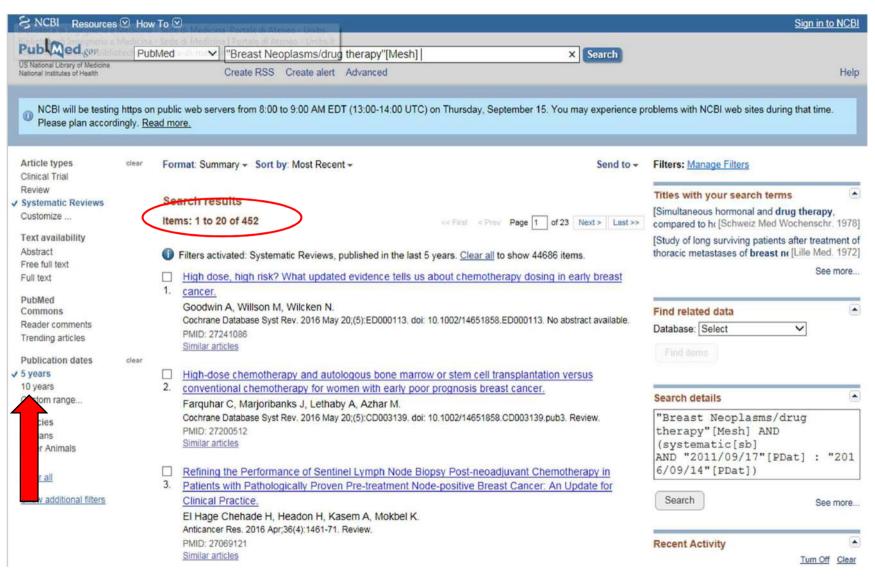
Can antibiotic therapy help to prevent infection in people with acute stroke?

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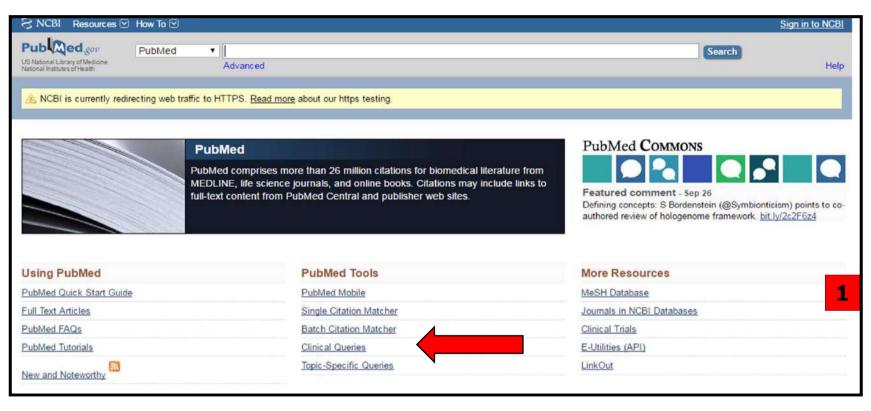
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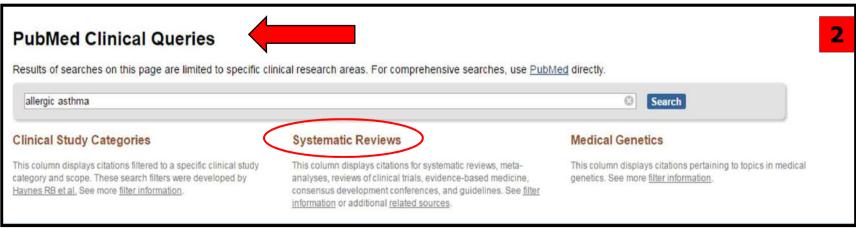


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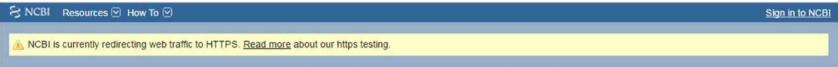


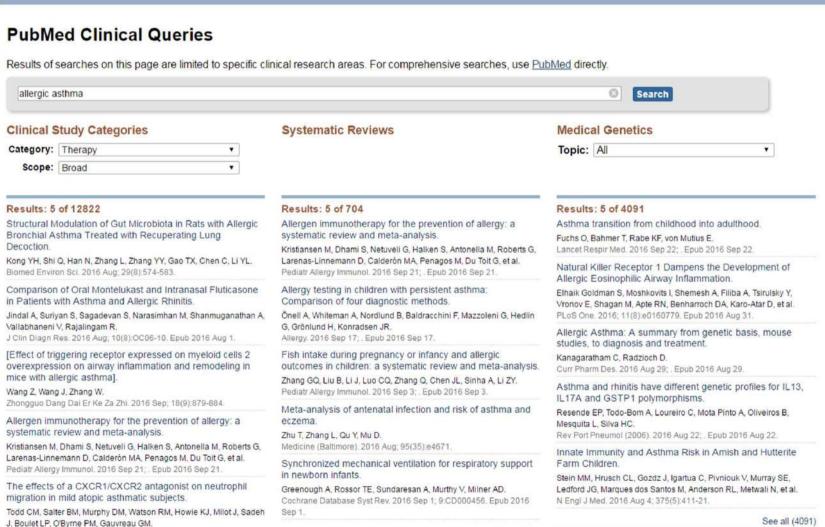
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Pulm Pharmacol Ther. 2016 Sep 14: Epub 2016 Sep 14.

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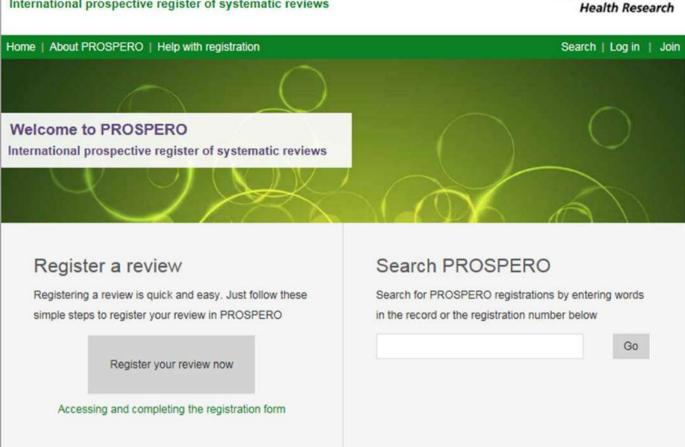
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Price population are growing around

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Over 10 million people around the world are in people institutions. That number has increased by 200 incre 2000, febre from the rate of population growth. Auticlass is many countries continue to call for perfect which are study on ordine more and longer sentences, and harsher proof regions. Do such pedices other as series society? Or does private have commissions (febr, makes in

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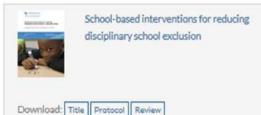
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EBM: alla sbarra degli imputati (1)

J Eval Clin Pract. 2014 Dec;20(6):908-14

How evidence-based medicine is failing due to biased trials and selective publication.

Every-Palmer S¹, Howick J.

PERCHE'?

Il paradigma EBM può essere intrinsecamente viziato?



EBM: alla sbarra degli imputati (2)

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