# guía para hacer búsquedas bibliográficas

# INTRODUCCIÓN:

La información es una herramienta fundamental para los profesionales de todos los ámbitos, y concretamente para los del campo de las Ciencias de la Salud. El estar actualizado y conocer los avances en las distintas disciplinas es necesario no solamente para la investigación, sino también para el desempeño profesional. Por ello, el conocer las principales fuentes de información y cómo realizar búsquedas bibliográficas ha pasado a ser algo importante en la formación del colectivo sanitario.

# Introducción

En un primer apartado, abordaremos las etapas de la búsqueda bibliográfica estrategia de búsqueda, Operadores booleanos.

## 1. ETAPAS DE LA BÚSQUEDA BIBLIOGRÁFICA:

La búsqueda bibliográfica es un proceso cuyo objetivo es identificar y localizar bibliografía sobre un determinado tema.
Este proceso se divide en varias etapas:

- Como etapa previa, es fundamental tener claro el objetivo de la búsqueda y cuál es la necesidad de información.
- Identificar los conceptos sobre los que se desea obtener información y hacer una relación de los términos que los van a representar. Para ello se podrán utilizar tesauros y diccionarios terminológicos, y así localizar sinónimos, variantes ortográficas, abreviaturas y términos relacionados.
- Seleccionar la fuente de información a consultar. Para ello previamente deberemos conocer la cobertura documental, temporal y temática, así como el idioma en que se tiene que plantear la búsqueda, y familiarizarnos con su funcionamiento.
- Plantear la estrategia de búsqueda.
- Lanzar la estrategia de búsqueda y revisar el resultado obtenido.
- Si fuese necesario, modificar la búsqueda y volver lanzarla.

# Para qué necesitamos la información en medicina y donde buscarla

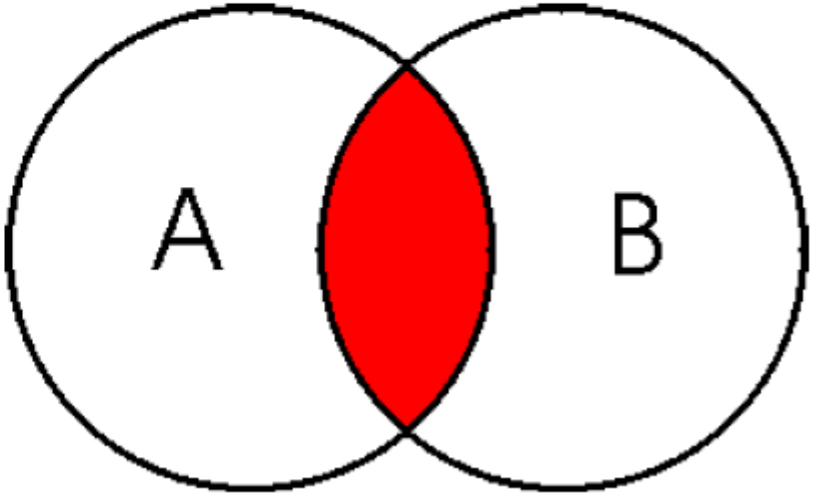
- Resolver problemas clínicos o asistenciales
  - F.I.: Bases de datos generales, publicaciones en revistas, herramientas clínicas
- Para redactar o actualizar un protocolo o guía clínica
  - F.I.: Bases de datos de MBE, de guías clínicas y revisiones sistemáticas
- Para consultar información sobre medicamentos
  - F.I.: Bases de datos de medicamentos, Vademecum, publicaciones en revistas especializadas
- Para realizar un estudio o trabajo de investigación
  - F.I.: Fuentes primarias (ensayos clínicos, series pacientes) y bases de datos generales
- Para actualizar conocimientos y mejorar nuestro trabajo diario
  - F.I.: Libros, publicaciones en revistas, herramientas clínicas, etc.
- Para proporcionar información a los pacientes
  - F.I.: Webs de sociedades científicas, BD especializadas, H. Clínicas

## 2. CÓMO ELABORAR LA ESTRATEGIA DE BÚSQUEDA:

Para elaborar la estrategia de búsqueda es necesario conocer **los operadores booleanos**. Son un tipo de operadores lógicos que permiten combinar los distintos términos de la búsqueda.

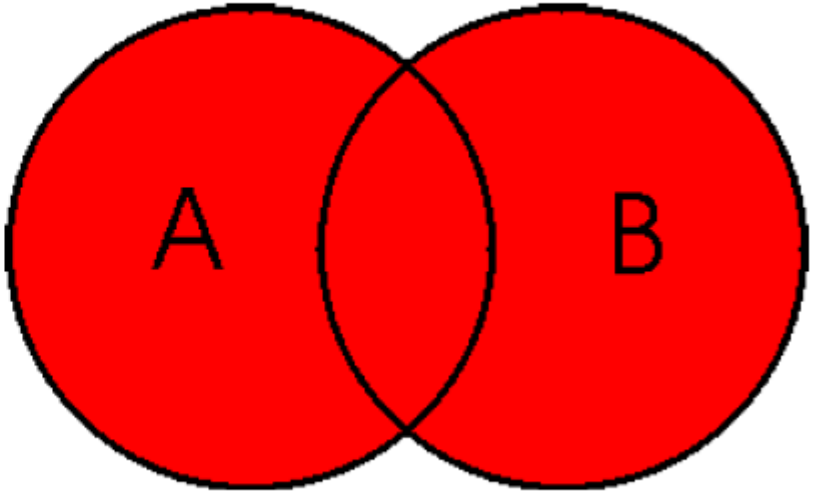
- Operador de intersección (Y / AND)

Recupera documentos que contienen dos o más términos simultáneamente. Es decir, si buscamos A AND B, pedimos únicamente los documentos que contienen el término A y el B.



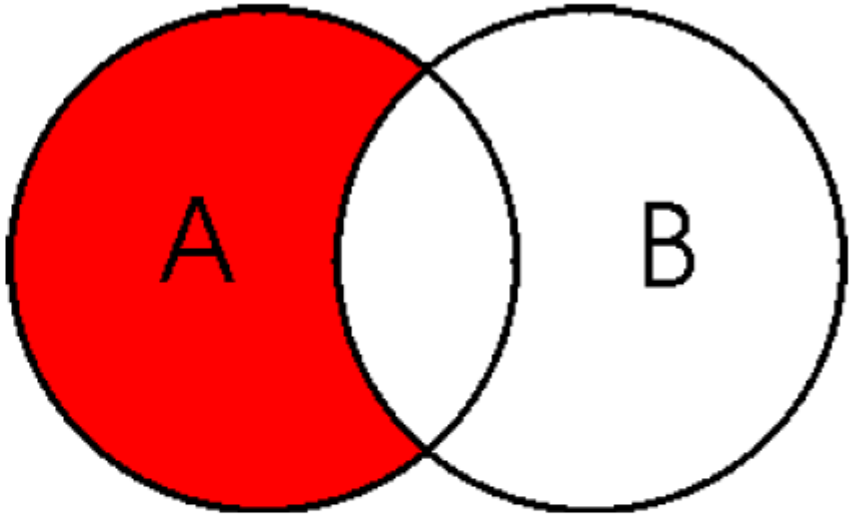
- Operador sumatorio o de suma lógica (O / OR)

Recupera documentos que contienen uno u otro de los términos, es decir cualquiera de los términos de búsqueda. En A OR B se piden documentos que tienen el término A, el B, o los dos. Este operador es el que tendremos que utilizar cuando combinemos términos que representan el mismo concepto.



- Operador de exclusión (NO / NOT)

Elimina los documentos que contengan el término que figura tras él. En A NOT B se piden documentos que tengan el término A pero no el B.




Cuando en una estrategia de búsqueda se combinen varios operadores booleanos, será necesario el uso del paréntesis y así indicarle al sistema en que orden queremos que se ejecute la estrategia de búsqueda. Siempre se ejecuta primero lo que va dentro del paréntesis.

fibromialgia Y (atención primaria O medicina de familia)

Primeramente se recuperarán todos los documentos que tengan los términos atención primaria o medicina de familia, y de este subconjunto solamente los que se refieren a fibromialgia.

Por último, el uso del truncamiento permite recuperar las variantes de un término que tienen la misma raíz. Se suelen utilizar los símbolos *, ?.

El * sustituye un número ilimitado de caracteres, al principio, en medio o al final del término. Esquizofreni* esquizofrenia, esquizofrénico.

El ? sustituye a un solo carácter y puede colocarse en cualquier lugar del término. Paciente? paciente, pacientes.

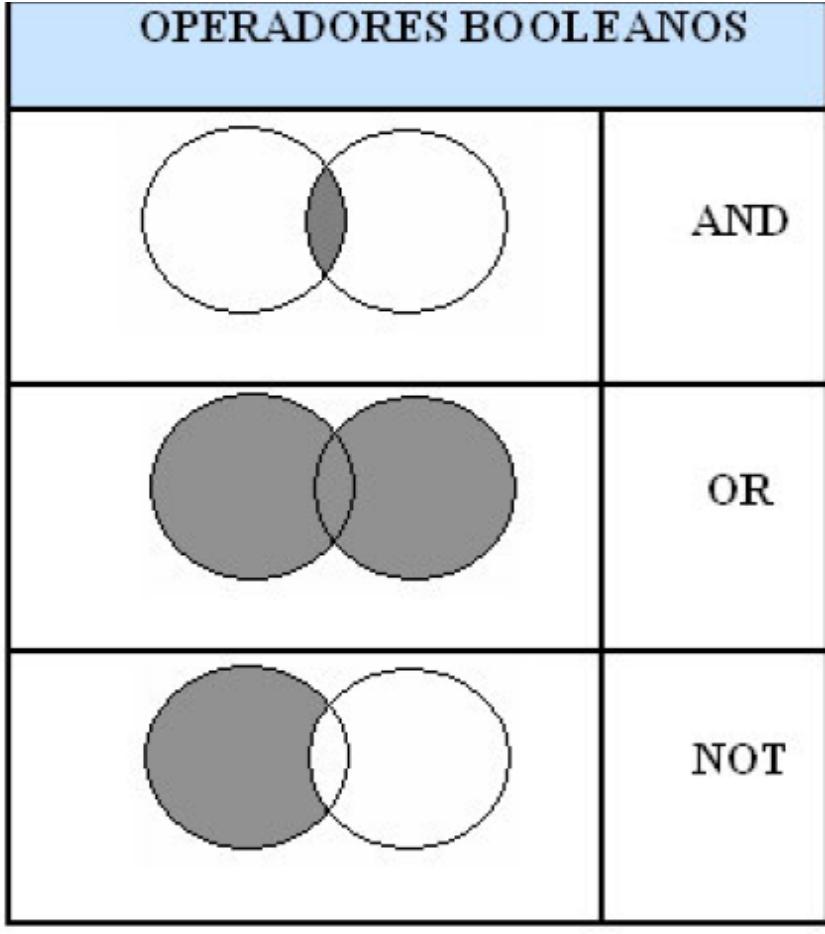
El elaborar la estrategia de búsqueda correctamente es fundamental, una de las partes más importantes del proceso de búsqueda bibliográfica. Una vez que se tenga pensada y construida la estrategia de búsqueda ya la podremos llevar a las distintas bases de datos que queramos consultar, adaptándonos al funcionamiento de cada una de ellas.

# Operadores y lenguajes de interrogación

- **Operadores booleanos**
  - AND / Y: combinar términos
  - OR / O: relacionar términos
  - NOT / NO: excluir términos

  - Normalmente en mayúsculas
  - De izquierda a derecha

- **Truncar**: *, ?, $
- **Frases**: “” Comillas
- **Operadores**: () Paréntesis



# La Búsqueda Bibliográfica en diez pasos

1. - Formulación de una pregunta documental y limitar la búsqueda.

Delimitar temática (Formato PICOT):

¿Sobre que asunto quiero buscar?

¿Tipos de documentos a recuperar?

¿Hay autores especializados en la materia?

¿Hay limitación de tiempo?

¿En que idiomas?

# La Búsqueda Bibliográfica en diez pasos

2. - Preparar la búsqueda identificando palabras
Reduce la pregunta a
palabras clave o descriptores.
Realice una lista de ellas.

# La Búsqueda Bibliográfica en diez pasos

3. - Traduce la pregunta al lenguaje documental.

Tesauro o Descriptores

Términos relacionados

Traducción de términos

# La Búsqueda Bibliográfica en diez pasos

## 4. - Elegir las fuentes documentales

PUBMED

COCHRANE

UPTODATE

BIREME, ETC.

# La Búsqueda Bibliográfica en diez pasos

5. - Ejecutar búsqueda, formulario avanzado

Operadores booleanos

Truncamientos

Grado de sensibilidad(Tasa recuperación)

Especificidad (precisión)

# La Búsqueda Bibliográfica en diez pasos

6. - Evaluar resultado de la búsqueda y selecciona documentos.

Si no es satisfactorio, repetir la búsqueda con nuevos DECS

Lectura de ref y resumen e identificar los resultados de mayor interés

# La Búsqueda Bibliográfica en diez pasos

## 7. - Recuperación de los documentos primarios seleccionados.

Texto completo de la BDB.

A través de la biblioteca

# La Búsqueda Bibliográfica en diez pasos

## 8. - Analizar y seleccionar los documentos recuperados

Índice de impacto P. Periódicas

Lectura crítica (Guías Caspe, etc)

# La Búsqueda Bibliográfica en diez pasos

9. - Completar selección documentos mediante la búsqueda inversa.

Autores más citados

Detener búsqueda, cuando los nuevos documentos repitan lo sabido y se refieran a autores ya conocidos

# La Búsqueda Bibliográfica en diez pasos

## 10. - Síntesis de los resultados finales.

Resumen, breve, de cada documento, de modo que sea posible la comparación entre aportaciones.

Facilitará la adopción de formatos de síntesis más elaborados

# ¿Dónde buscar? ...principales fuentes de información

## Primarias

- Libros de referencia en cada especialidad
- Publicaciones en Revistas: directamente o a través de las bases de datos nacionales e internacionales

## Secundarias

- Guías de práctica clínica: Guiasalud, NG Clearinghouse
- Herramientas clínicas: UptoDate, Fisterrae

## Terciarias

- BD generales: PubMed, WOK, IME, IBECS, Scielo ...
- BD de MBE: Cochrane Library, Trip Excelencia Clínica ...
- BD de medicamentos: Vademecum, Micromedex, Sietes ...
- Bases de datos de pacientes: Medline Plus ...

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PubMed Search

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## PubMed

PubMed comprises more than 30 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

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- MeSH Database
- Journals in NCBI Databases
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- E-Utilities (API)
- LinkOut

### Latest Literature

New articles from highly accessed journals

### Trending Articles

PubMed records with recent increases in activity

# MeSH

MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing articles for PubMed.

## Using MeSH

Help

Tutorials

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E-Utilities

NLM MeSH Homepage

atypical interstitial pneumonia of cattle
chronic eosinophilic pneumonia cep
enzootic pneumonia of calves
enzootic pneumonia of pigs
enzootic pneumonia of swine
glycoprotein g, murine pneumonia virus
glycoprotein g, pneumonia virus of mice
glycoprotein g, pneumonia virus of mice, mouse strain j3666
m2 protein, pneumonia virus
mice pneumonia virus
mice pneumonia viruses
murine pneumonia virus
murine pneumonia viruses
mycoplasma pneumonia of pigs
mycoplasma pneumonia of swine
mycoplasmal pneumonia of swine
p protein, pneumonia virus
pneumonia of calves, enzootic
pneumonia of swine, enzootic
pneumonia of swine, mycoplasmal
Turn off



## Search results

**Items: 1 to 20 of 39**



1. **Pneumonia**
Infection of the lung often accompanied by
Year introduced: 1963

2. Chlamydial **Pneumonia**
**Pneumonia** caused by infections with the
PNEUMONIAE.
Year introduced: 2012

3. **Pneumonia**, Ventilator-Associated
Serious INFLAMMATION of the LUNG in
ed by bacterial
CROSS INFECTION in hospitals.
Year introduced: 2007

4. **Pneumonia** of Calves, Enzootic
Chronic endemic respiratory disease of da
t primarily
affects calves up to six months of age and
a secondary
bacterial infection. The latter is most commonly associated with PASTEURELLA MULTOCIDA producing a purulent BRONCHOPNEUMONIA. Sometimes present are MANNHEIMIA HAEMOLYTICA; HAEMOPHILUS SOMNUS and mycoplasma species.
Year introduced: 2005

5. **Pneumonia** of Swine, Mycoplasmal

Full Send to:

## Pneumonia

Infection of the lung often accompanied by inflammation.
Year introduced: 1963

PubMed search builder options
Subheadings:

- analysis
- anatomy and histology
- blood
- cerebrospinal fluid
- chemically induced
- chemistry
- classification
- complications
- congenital
- cytology
- diagnosis
- diagnostic imaging
- 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
- radiotherapy
- rehabilitation
- statistics and numerical data
- surgery
- therapeutic use
- therapy
- transmission
- urine
- veterinary
- virology

Restrict to MeSH Major Topic.
Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C01.748.610, C08.381.677, C08.730.610
MeSH Unique ID: D011014

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## Pneumonia

Infection of the lung often accompanied by inflammation.
Year introduced: 1963

PubMed search builder options
Subheadings:

| | | |
|---|---|---|
| ☐ analysis | ☐ embryology | ☐ physiology |
| ☐ anatomy and histology | ☐ enzymology | ☐ physiopathology |
| ☐ blood | ☐ epidemiology | ☐ prevention and control |
| ☐ cerebrospinal fluid | ☐ ethnology | ☐ psychology |
| ☐ chemically induced | ☐ etiology | ☐ radiotherapy |
| ☐ chemistry | ☐ genetics | ☐ rehabilitation |
| ☐ classification | ☐ history | ☐ statistics and numerical data |
| ☐ complications | ☐ immunology | ☑ surgery |
| ☐ congenital | ☐ metabolism | ☑ therapeutic use |
| ☐ cytology | ☐ microbiology | ☑ therapy |
| ☐ diagnosis | ☐ mortality | ☐ transmission |
| ☐ diagnostic imaging | ☐ nursing | ☐ urine |
| ☑ diet therapy | ☐ organization and administration | ☐ veterinary |
| ☑ drug therapy | ☐ parasitology | ☐ virology |
| ☐ economics | ☐ pathology | |

☐ Restrict to MeSH Major Topic.
☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C01.748.610, C08.381.677, C08.730.610

### PubMed Search Builder

```
("Pneumonia"[Mesh]) AND
( "Pneumonia/diet
therapy"[Mesh]
OR  "Pneumonia/drug
therapy"[Mesh]
```

Add to search builder AND
Search PubMed

YouTube Tutorial

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PubMed - Major Topic
Clinical Queries
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## Search results

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1. [Efficacy and safety of vitamin D as adjuvant therapy for childhood **pneumonia**: a Meta analysis].
Mu SY, Zou YX, Zhai J, Yao GH.
Zhongguo Dang Dai Er Ke Za Zhi. 2020 Feb;22(2):124-129. Chinese.
PMID: 32051078
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2. Role of injection laryngoplasty in preventing post-stroke aspiration **pneumonia**, case series report.
Han YJ, Jang YJ, Park GY, Joo YH, Im S.
Medicine (Baltimore). 2020 Feb;99(7):e19220. doi: 10.1097/MD.0000000000019220.
PMID: 32049860 Free Article
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3. Corticosteroids in community-acquired **pneumonia**.
[No authors listed]
Med Lett Drugs Ther. 2020 Jan 13;62(1589):7-8. No abstract available.
PMID: 31999663
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Sort by:
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Titles with your search terms

Characteristics of fever and response to antipyretic **therapy** in military [Mil Med Res. 2020]

Unilateral antibiotic-induced acute eosinophilic **pneumonia** on the operat [Surg Case Rep. 2020]

Efficacy of Bronchoalveolar Lavage as Adjunct **Therapy** in the Treatment c [J Trop Pediatr. 2020]

See more...

Eur J Clin Microbiol Infect Dis. 2017 Sep;36(9):1569-1575. doi: 10.1007/s10096-017-2970-3. Epub 2017 Apr 4.

# Ventilator-associated pneumonia by methicillin-susceptible Staphylococcus aureus: do minimum inhibitory concentrations to vancomycin and daptomycin matter?

Ruiz-Ramos J[1], Vidal-Cortés P[2], Díaz-Lamas A[3], Reig-Valero R[4], Roche-Campo F[5], Del Valle-Ortiz M[6], Nuvials-Casals X[7,8], Ortiz-Piquer M[9], Andaluz-Ojeda D[10], Tamayo-Lomas L[11], Blasco-Navalpotro MA[12], Rodriguez-Aguirregabiria M[13], Aguado J[14], Ramirez P[15].

Author information

## Abstract

The use of vancomycin minimum inhibitory concentration (MIC) as an outcome predictor in patients with methicillin-susceptible Staphylococcus aureus (MSSA) bacteremia has become an important topic for debate in the last few years. Given these previous results, we decided to investigate whether MICs to vancomycin or daptomycin had any effect on the evolution of patients with ventilator-associated pneumonia (VAP) due to MSSA. An observational, retrospective, multicenter study was conducted among patients with MSSA VAP. We analyzed the relationship between vancomycin and daptomycin MICs and early clinical response (72 h), 30-day mortality, intensive care unit (ICU) length of stay (LOS), and duration on mechanical ventilation. Univariate and multivariate analyses were performed. Sixty-six patients from 12 centers were included. Twenty-six patients (39%) had an infection due to MSSA strains with a vancomycin MIC ≥1.5 μg/mL. Daptomycin MIC was determined in 58 patients, of whom 17 (29%) had an MIC ≥1.0 μg/mL. Ten patients (15%) did not respond to first-line treatment. Only daptomycin MIC ≥1.0 μg/mL had a significant association [odds ratio (OR): 30.00; 95% confidence interval (CI): 2.91-60.41] with early treatment failure. The 30-day mortality was 12% (n = 8). Any variable was associated with mortality in the multivariate analysis. None of the variables studied were associated with ICU LOS or duration on mechanical ventilation. In patients with MSSA VAP, vancomycin MIC does not influence the response to antibiotic treatment or the 30-day mortality. Daptomycin MIC was directly related to early treatment

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community-acquired **pneumonia**.

2020 Jan 13;62(1589):7-8. No abstract available.

esponse requires trust.

eb;5(2):227-228. doi: 10.1038/s41564-020-0670-8. No abstract available.

cute care and outcomes following readmission reduction initiatives: national
ort study of Medicare beneficiaries in the United States.
Bernheim SM, Lin Z, Krumholz HM.

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1. Role of injection laryngoplasty in preventing post-stroke aspiration **pneumonia**, case series report.
Han YJ, Jang YJ, Park GY, Joo YH, Im S.
Medicine (Baltimore). 2020 Feb;99(7):e19220. doi: 10.1097/MD.0000000000019220.
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2. Post-discharge acute care and outcomes following readmission reduction initiatives: national retrospective cohort study of Medicare beneficiaries in the United States.
Khera R, Wang Y, Bernheim SM, Lin Z, Krumholz HM.
BMJ. 2020 Jan 15;368:l6831. doi: 10.1136/bmj.l6831.
PMID: 31941686 Free Article
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3. Pneumocystis **pneumonia** after use of corticosteroids in a man with severe alcoholic hepatitis: A case report.
Chung MW, Kim UJ, Jun CH, Cho SB, Park SY, Park CH, Kim HS, Choi SK, Rew JS.

# ¿Dónde buscar? …principales fuentes de información

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# Role of injection laryngoplasty in preventing post-stroke aspiration pneumonia, case series report.

Han YJ[1], Jang YJ[2], Park GY[1], Joo YH[3], Im S[1].

Author information

## Abstract

**INTRODUCTION:** Injection laryngoplasty is a common procedure for patients with vocal fold dysfunction, but the literature on its benefits has been mainly focused on those related to structural lesions or laryngeal nerve involvement. Stroke patients may be at increased risk of aspiration due to insufficient vocal fold motion. However, how injection laryngoplasty can be of benefit in stroke patients has not been reported yet.

**PATIENT CONCERNS:** Six chronic stroke patients with long-standing swallowing difficulties and who showed severe aspiration despite long-term swallowing rehabilitation.

**DIAGNOSIS:** Laryngoscope evaluation revealed insufficient glottic closure as the cause of aspiration.

**INTERVENTIONS:** Injection laryngoplasty was done per-orally under local anaesthesia with calcium hydroxylapatite (Radiesse Voice, 1-1.5 mL) in an office setting. Respiratory pressures and peak cough flows were assessed at baseline and at 2 weeks follow-up.

**OUTCOMES:** At 2 weeks, the mean peak cough flow (Δ=+95.09 L/min) increased significantly after the procedure. The maximal expiratory (Δ=+18.40 cm H2O) and inspiratory (Δ=+20.20 cm H2O) pressures also improved, indicating that injection laryngoplasty was effective in augmenting respiratory and cough parameters. All cases showed improvement in the Functional Oral Intake Scale (Δ=+4). Feeding tubes were successfully removed.

**CONCLUSION:** Injection laryngoplasty proved to be both successful and safe in improving glottic closure with immediate results in those who had failed to show a positive response after long-term swallowing rehabilitation. The positive and dramatic clinical outcomes were observed through changes in the coughing force. Our case series support the use of injection larygnoplasty as a powerful adjunctive treatment method to prevent aspiration pneumonia in post-stroke patients with vocal fold insufficiency. Pre- and post-injection peak cough flow changes may

Clinical Case Report

Medicine

OPEN

# Role of injection laryngoplasty in preventing post-stroke aspiration pneumonia, case series report

Yeon Jae Han, MD[a], Yong Jun Jang, MD[b], Geun-Young Park, MD, PhD[a], Young Hoon Joo, MD, PhD[c], Sun Im, MD, PhD[a,*]

**Abstract**

**Introduction:** Injection laryngoplasty is a common procedure for patients with vocal fold dysfunction, but the literature on its benefits has been mainly focused on those related to structural lesions or laryngeal nerve involvement. Stroke patients may be at increased risk of aspiration due to insufficient vocal fold motion. However, how injection laryngoplasty can be of benefit in stroke patients has not been reported yet.

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**Abbreviations:** ATS = American Thoracic Society, FOIS = Functional Oral Intake Scale, MBSImP™© = Modified Barium Swallow Impairment Profile™©, MEP = maximal expiratory pressure, MIP = maximal inspiratory pressure, PAS = penetration-aspiration scale, PCF = peak cough flow, VFSS = videofluoroscopic swallowing study.

**Keywords:** aspiration, case report, cough, laryngoplasty, stroke, vocal fold dysfunction

Editor: N/A.

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The authors have no conflicts of interest to disclose.

Supplemental Digital Content is available for this article.

## 1. Introduction

The etiology of vocal fold dysfunction may include direct structural involvement of the recurrent laryngeal nerve, either due to injury or direct compression from a local or metastatic disease. In rare cases, neurologic diseases such as Parkinson's disease

Medicine (Baltimore). 2020 Feb;99(7):e19220. doi: 10.1097/MD.0000000000019220.

# Role of injection laryngoplasty in preventing post-stroke aspiration pneumor report.

Han YJ[1], Jang YJ[2], Park GY[1], Joo YH[3], Im S[1].

Author information

## Abstract

**INTRODUCTION:** Injection laryngoplasty is a common procedure for patients with vocal fold dysfunction, but the literature on its benefits has been mainly focused on those related to structural lesions or laryngeal nerve involvement. Stroke patients may be at increased risk of aspiration due to insufficient vocal fold motion. However, how injection laryngoplasty can be of benefit in stroke patients has not been reported yet.

**PATIENT CONCERNS:** Six chronic stroke patients with long-standing swallowing difficulties and who showed severe aspiration despite long-term swallowing rehabilitation.

**DIAGNOSIS:** Laryngoscope evaluation revealed insufficient glottic closure as the cause of aspiration.

**INTERVENTIONS:** Injection laryngoplasty was done per-orally under local anaesthesia with calcium hydroxylapatite (Radiesse Voice, 1-1.5 mL) in an office setting. Respiratory pressures and peak cough flows were assessed at baseline and at 2 weeks follow-up.

**OUTCOMES:** At 2 weeks, the mean peak cough flow (Δ=+95.09 L/min) increased significantly after the procedure. The maximal expiratory (Δ=+18.40 cm $H_2O$) and inspiratory (Δ=+20.20 cm $H_2O$) pressures also improved, indicating that injection laryngoplasty was effective in augmenting respiratory and cough parameters. All cases showed improvement in the Functional Oral Intake Scale (Δ=+4). Feeding tubes were successfully removed.

**CONCLUSION:** Injection laryngoplasty proved to be both successful and safe in improving glottic closure with immediate results in those who had failed to show a positive response after long-term swallowing rehabilitation. The positive and dramatic clinical outcomes were observed through changes in the coughing force. Our case series support the use of injection larygnoplasty as a powerful adjunctive treatment method to prevent aspiration pneumonia in post-stroke patients with vocal fold insufficiency. Pre- and post-injection peak cough flow changes may reflect improvement in glottic closure and indicate the safety of swallowing with reduced risk of aspiration.

PMID: 32049860 DOI: 10.1097/MD.0000000000019220

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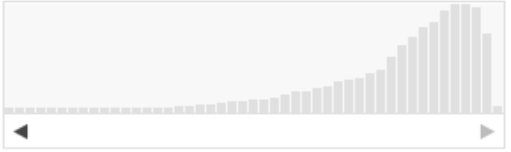

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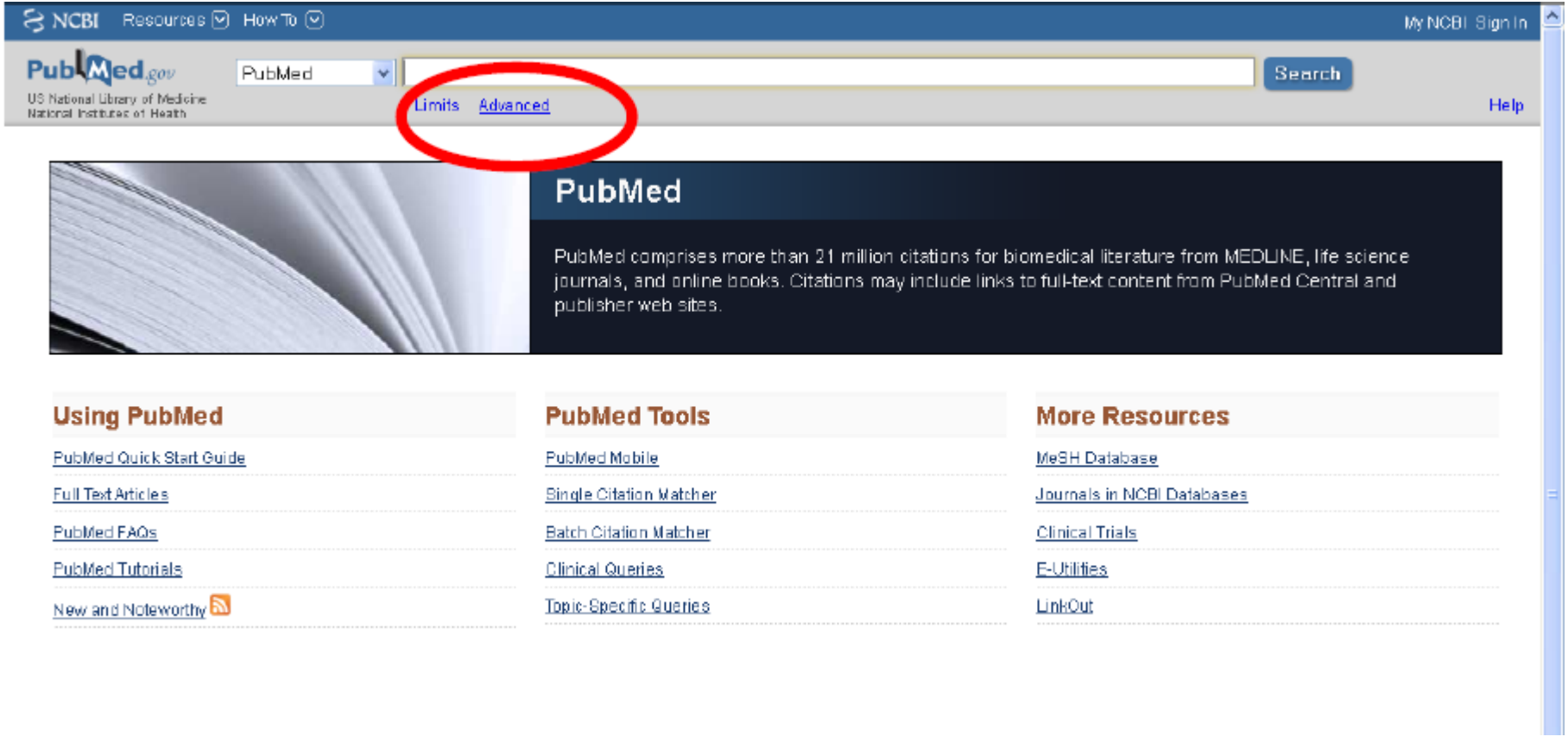
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# EJERCICIO

DIAGNÓSTICO Y MANEJO DEL MONGOLISMO EN ATENCION PRIMARIA.

Revisiones de los últimos cinco años

- **Analizar el tema**: buscar las palabras clave o términos más significativos y sus sinónimos

**NO** incluir todas las que formarían una frase

Ej. Diagnóstico y manejo del mongolismo en Atención Primaria

**SI** extraer sólo las palabras claves y sus sinónimos y desechar las demás que sólo aportan ruido

Ej. Diagnostico mongolismo / Síndrome de Down

- **Traducirlas a lenguaje documental**: buscar descriptores y tesauros específicos: DECS, MESH

**NO** comenzar la búsqueda con la palabra que creamos adecuada

- **Construir la estrategia de búsqueda** combinando descriptores y lenguaje libre teniendo en cuenta qué queremos:
  - Mayor pertinencia: adecuación entre lo recuperado y lo buscado
  - Mayor exhaustividad: un barrido documental completo

**NO** construir al azar la búsqueda incluyendo palabras y operadores unos detrás de otros ni combinar términos que no sean equivalentes

- **Seleccionar la fuente de información que se va a consultar**

**NO** utilizar siempre la misma si la búsqueda tiene otro fin

Ej. Buscar sólo en IME artículos para hacer una guía clínica

**SI** Consultar la adecuada a cada caso: clínicas, de MBE, farmacológicas, etc.

Ej. Buscar en la Cochrane Library y Guiasalud para hacer una guía clínica

- Seleccionar adecuadamente los límites que se quieren aplicar

**NO** utilizarlos para reducir sólo el número de resultados

Ej. Buscar sólo artículos publicados en el último año, independientemente de su relevancia

**SI** aplicar límites que identifiquen la relevancia de los trabajos

Ej. Tratamiento de la diabetes (Ensayos clínicos, metaanálisis, guías de práctica clínica, etc.)

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# MeSH

MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing article

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## Down Syndrome

A chromosome disorder associated either with an extra chromosome 21 or an effective trisomy for chromosome 21. Clinical manifestations include hypotonia, short stature, brachycephaly, upslanting palpebral fissures, epicanthus, Brushfield spots on the iris, protruding tongue, small ears, short, broad hands, fifth finger clinodactyly, Simian crease, and moderate to severe INTELLECTUAL DISABILITY. Cardiac and gastrointestinal malformations, a marked increase in the incidence of LEUKEMIA, and the early onset of ALZHEIMER DISEASE are also associated with this condition. Pathologic features include the development of NEUROFIBRILLARY TANGLES in neurons and the deposition of AMYLOID BETA-PROTEIN, similar to the pathology of ALZHEIMER DISEASE. (Menkes, Textbook of Child Neurology, 5th ed, p213)
Year introduced: 1993

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- cytology
- diagnosis
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- drug therapy
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- enzymology
- epidemiology
- ethnology
- etiology
- genetics
- history
- immunology
- isolation and purification
- metabolism
- microbiology
- mortality
- nursing
- organization and administration
- parasitology
- pathology
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- [ ] organization and administration
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- [ ] pathology
- [ ] physiology
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- [ ] prevention and control
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- [ ] radiotherapy
- [ ] rehabilitation
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Down Syndrome

Mongolism (1)

## Primary Health Care

Care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (JAMA 1995;273(3):192)
Year introduced: 1974(1972)

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MeSH Unique ID: D011320
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- Health Care, Primary
- Primary Healthcare
- Healthcare, Primary
- Primary Care
- Care, Primary

Previous Indexing:

- Comprehensive Health Care (1968-1971)

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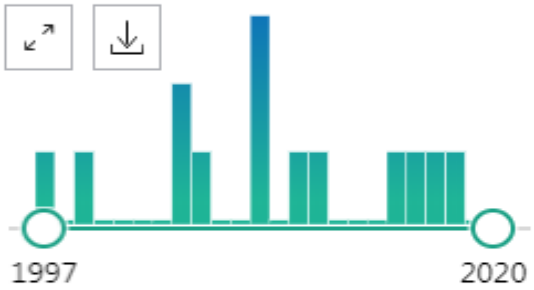


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   Santoro SL, et al. Clin Pediatr (Phila) 2017 - *Clinical Trial*. PMID 27260508
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3. Down syndrome, Turner syndrome, and Klinefelter syndrome: primary care throughout the life span
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# Genetic Screening

Wylie Burke [1], Beth Tarini, Nancy A Press, James P Evans

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PMID: 21709145 PMCID: PMC3166195 DOI: 10.1093/epirev/mxr008

## Abstract

Current approaches to genetic screening include newborn screening to identify infants who would benefit from early treatment, reproductive genetic screening to assist reproductive decision making, and family history assessment to identify individuals who would benefit from additional prevention measures. Although the traditional goal of screening is to identify early disease or risk in order to implement preventive therapy, genetic screening has always included an atypical element-information relevant to reproductive decisions. New technologies offer increasingly comprehensive identification of genetic conditions and susceptibilities. Tests based on these technologies are generating a

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