PubMed: a familiarisation session on PubMed and useful features to aid searching

Steve Glover

Medical Librarian

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- Pre-session survey
- What is PubMed?
- PubMed v MEDLINE (Ovid & other interfaces)
- Customisation within MyNCBI
- Searching on PubMed
- Common Filters
- Advanced search
- Field Tags
- Medical Subject Headings [MesH]
- LinkOut resources
- Common linking issues (Ovid & Clinical Key)

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Why is it important for NHS librarians to know about PubMed?

- It is used extensively by doctors
- It is easily accessible & easy to use
- It has links to full text
- It has an increasing number of free Apps for mobile access
- Crawled by Google
- Used by other products for Cross Linking

Medline ® Abstract for Reference 1 of 'Retinitis pigmentosa: Clinical presentation and diagnosis'

1 Check for full text availability | PubMed

TI Retinitis pigmentosa. A symposium on terminology and methods of examination.

AU

SO Ophthalmology. 1983;90(2):126.

This report represents a summary of opinions expressed at a meeting of specialists interested in retinitis pigmentosa (RP) and allied diseases, at which an attempt was made to define some minimum guidelines for ocular evaluation of these disorders. The term RP would be reserved for a group of hereditary disorders that diffusely involve photoreceptor and pigment epithelial function, and should not be used when a secondary cause is suspected. RP may be classified by genetic type (single cases without known affected relatives should be termed isolated or simplex), by the topography of retinal involvement, and by the severity of disease (to identify subtypes with mild or localized disease). Patients should have at least one comprehensive examination that conforms to basic standards, preferable early in the course of the disease. The visual field examination should use both a small and a large test light. Electroretinographic testing should (1) use a full-field stimulus, and (2) routinely document three independent responses (cone, rod, and mixed cone-rod). Patients should be

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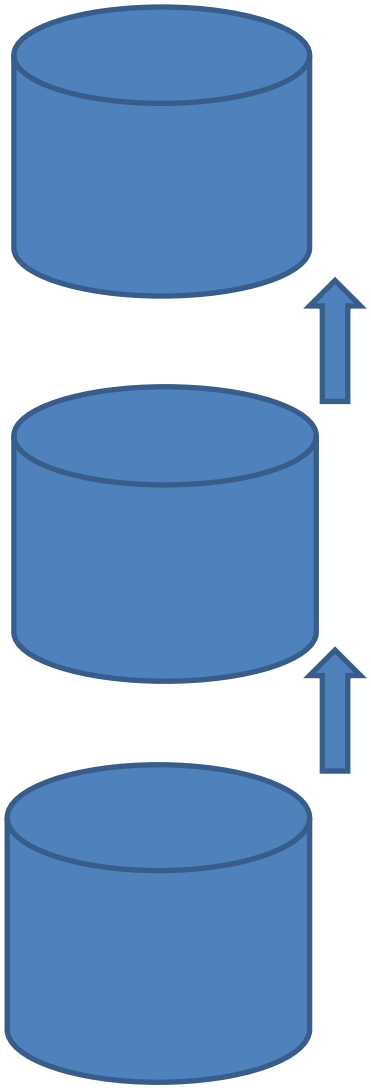

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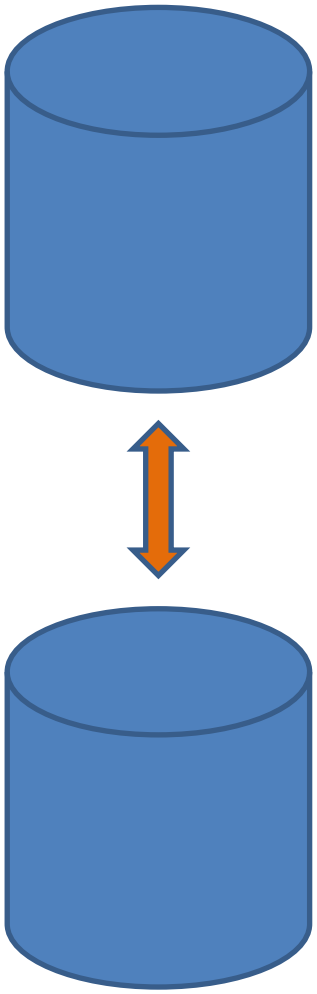

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Some comparison search results with MEDLINE via OVID

Search Term	PubMed TiAb	Ovid TiAb	PubMed MeSH	Ovid Mesh
Pediatrics OR Paediatrics	32,168	24,085	50,007	56,693
Lung cancer	114,408	108,925	194,222	210,707
Stillbith	6,321	5,885	3,421	3,851
Retinal necrosis	993	857	523	493

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Neurology. 2016 Mar 8;86(10):972-3. doi: 10.1212/WNL.0000000000002450. Epub 2016 Jan 29.

1. # Acute retinal necrosis in multiple sclerosis: A neuroimmunologic challenge!

Sheikh Z[1], Jain S[2], Hillen M[2].

Author information

PMID: 26826206 PMCID: PMC4782114 [Available on 2017-03-08] DOI: 10.1212/WNL.0000000000002450

[PubMed - indexed for MEDLINE]

Full Text Neurology

Publication Types, MeSH Terms, Substances

PubMed

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Acta Ophthalmol. 2016 Dec;94(8):e813-e814. doi: 10.1111/aos.13131. Epub 2016 Jun 8.

1. # Acute retinal necrosis and ocular neovascularization caused by cytomegalovirus following intravitreal dexamethasone implant (Ozurdex®) in an immunocompetent patient.

Thrane AS[1], Hove M[1], Kjersem B[1], Krohn J[1,2].

Author information

PMID: 27274005 DOI: 10.1111/aos.13131

[PubMed - in process]

Full Text Online Wiley Online Library

Full text available

Publication Types

Ocul Immunol Inflamm. 2016 Sep 6:1-5. [Epub ahead of print]

15. # Treatment of Refractory Acute Retinal Necrosis with Intravenous Foscarnet or Cidofovir.

Stryjewski TP[1,2], Scott NL[2], Barshak MB[1,2], Tobin EH[3], Mali JO[4], Young LH[1,2], Foster CS[1,2], Kim IK[1,2], Durand ML[1,2].

Author information

Abstract

PURPOSE: To report use of intravenous foscarnet or cidofovir for the treatment of refractory acute retinal necrosis (ARN).

METHODS: Retrospective chart review.

RESULTS: Four immunocompetent men aged 45-90 years presented with ARN from 2008-2014. One patient with two prior episodes of herpes simplex virus (HSV) ARN developed ARN after 6 years of antiviral prophylaxis. His condition worsened on acyclovir followed by intravenous foscarnet but responded to intravenous cidofovir (final VA in involved eye 20/20). Another patient with HSV ARN had received prolonged acyclovir prophylaxis for HSV keratitis; ARN improved after switching from acyclovir to intravenous foscarnet (final VA 20/125). Two patients with varicella zoster virus (VZV) ARN initially responded to acyclovir but developed fellow eye involvement 2-8 weeks later that worsened on acyclovir but responded to intravenous foscarnet (fellow eye final VA 20/20, 20/40).

CONCLUSIONS: Cases of HSV or VZV ARN that worsen despite intravenous acyclovir treatment may respond to intravenous foscarnet or cidofovir.

KEYWORDS: Acute retinal necrosis; cidofovir; foscarnet; herpes simplex virus; herpes zoster virus

PMID: 27598973 DOI: 10.1080/09273948.2016.1207788

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- MEDLINE
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- Basic understanding of MeSH
  - What is MeSH
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08:25 AM	MeSH	search	retinal necrosis
08:11 AM	PubMed	search	Blood[JOUR] AND 2016/11/30[EDAT]
08:11 AM	PubMed	record	Diagnosis and management of AML in ...
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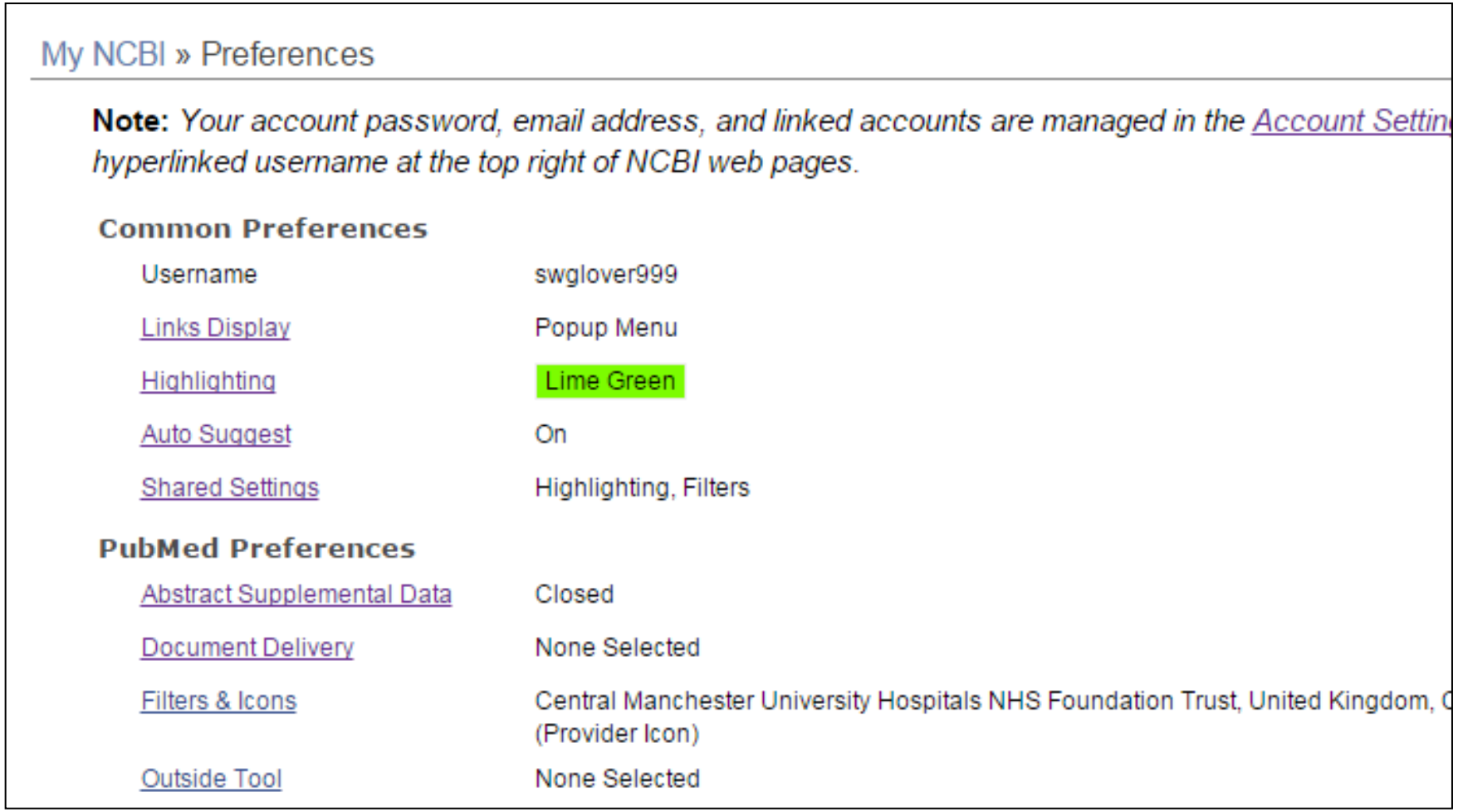

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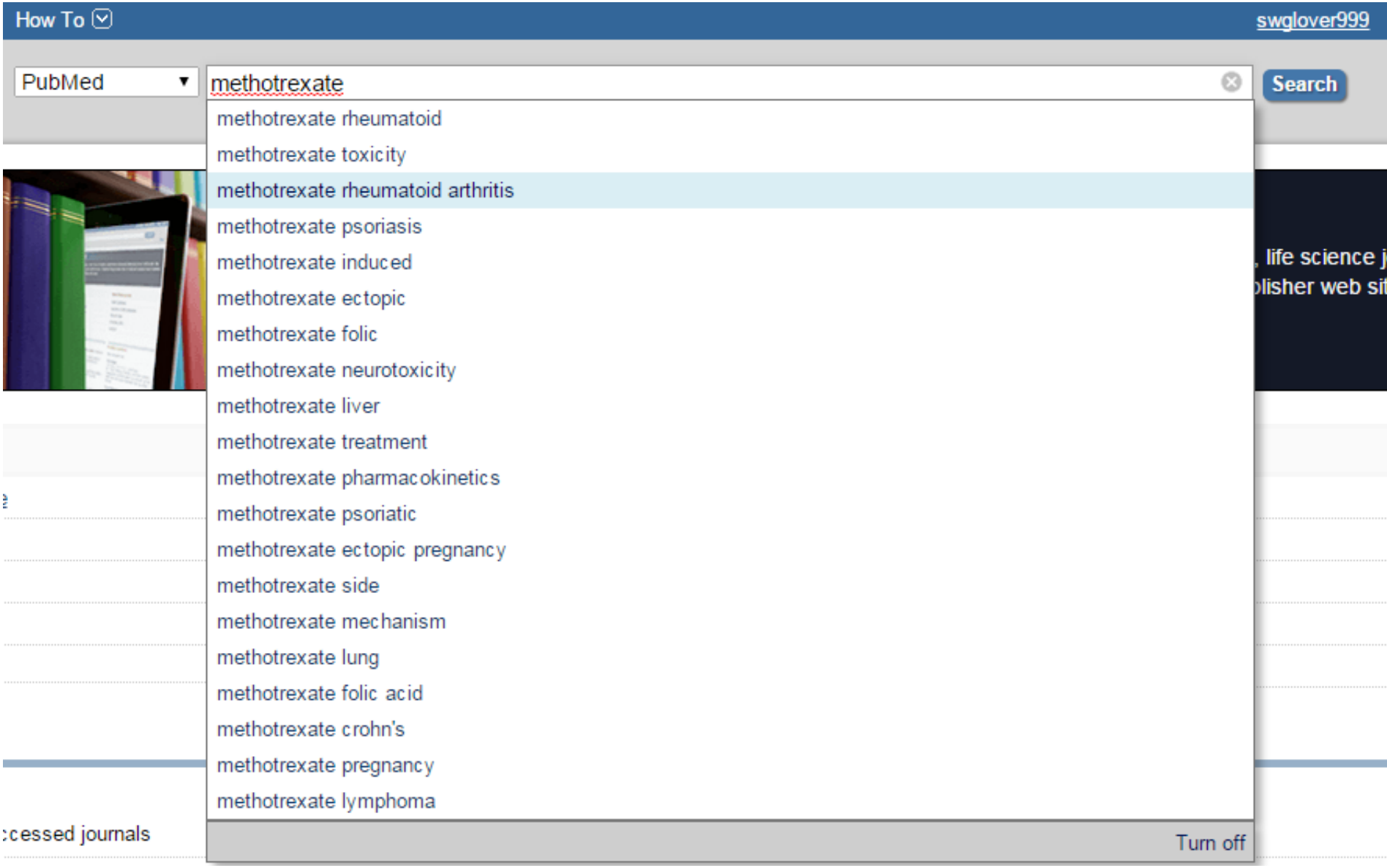

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1. Pharmacotherapy Pearls for the Geriatrician: Focus on Oral Disease-Modifying Antirheumatic Drugs Including Newer Agents.
   Biehl AJ, Katz JD.
   Clin Geriatr Med. 2017 Feb;33(1):1-15. doi: 10.1016/j.cger.2016.08.001. Review.
   PMID: 27886691
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2. Tapering conventional synthetic DMARDs in patients with early **arthritis** in sustained remission: 2-year follow-up of the tREACH trial.
   Kuijper TM, Luime JJ, de Jong PH, Gerards AH, van Zeben D, Tchetverikov I, de Sonnaville PB, van Krugten MV, Grillet BA, Hazes JM, Weel AE.
   Ann Rheum Dis. 2016 Dec;75(12):2119-2123. doi: 10.1136/annrheumdis-2016-209272.
   PMID: 27283332
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3. **Methotrexate** selectively targets human proinflammatory macrophages through a thymidylate synthase/p53 axis.
   Municio C, Soler Palacios B, Estrada-Capetillo L, Benguria A, Dopazo A, García-Lorenzo E, Fernández-Arroyo S, Joven J, Miranda-Carús ME, González-Álvaro I, Puig-Kröger A.
   Ann Rheum Dis. 2016 Dec;75(12):2157-2165. doi: 10.1136/annrheumdis-2015-208736.
   PMID: 26920997
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4. Cost-Effectiveness of Triple Therapy Versus Etanercept Plus **Methotrexate** in Early Aggressive **Rheumatoid Arthritis**.
   Jalal H, O'Dell JR, Bridges SL Jr, Cofield S, Curtis JR, Mikuls TR, Moreland LW, Michaud K.
   Arthritis Care Res (Hoboken). 2016 Dec;68(12):1751-1757. doi: 10.1002/acr.22895.
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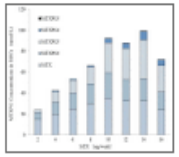
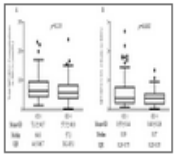

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Clin Geriatr Med. 2017 Feb;33(1):1-15. doi: 10.1016/j.cger.2016.08.001. Epub 2016 Oct 13.

1. **Pharmacotherapy Pearls for the Geriatrician: Focus on Oral Disease-Modifying Antirheumatic Drugs Including Newer Agents.**

Biehl AJ[1], Katz JD[2].

Author information

Abstract

Providing safe and effective pharmacotherapy to the geriatric patients with rheumatological disorders is an ongoing struggle for the rheumatologist and geriatrician alike. Cohesive communication and partnership can improve the care of these patients and subvert adverse outcomes. Disease-modifying antirheumatic drugs, including methotrexate, hydroxychloroquine, sulfasalazine, and leflunomide, and the newest oral agent for treatment of rheumatoid arthritis, tofacitinib, have distinctive monitoring and adverse effect profiles. This article provides the general practitioner or geriatrician with clinically relevant pearls regarding the use of these interventions in older patients.

KEYWORDS: DMARDs; Geriatrics; Rheumatology; Tofacitinib

PMID: 27886691 DOI: 10.1016/j.cger.2016.08.001

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("methotrexate"[MeSH Terms] OR "methotrexate"[All Fields]) AND
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Translations:

methotrexate	"methotrexate"[MeSH Terms] OR "methotrexate"[All Fields]
rheumatoid arthritis	"arthritis, rheumatoid"[MeSH Terms] OR ("arthritis"[All Fields] AND "rheumatoid"[All Fields]) OR "rheumatoid arthritis"[All Fields] OR ("rheumatoid"[All Fields] AND "arthritis"[All Fields])

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1. Tapering conventional synthetic DMARDs in patients with early arthritis in sustained remission: 2-year follow-up of the tREACH trial.
   Kuijper TM, Luime JJ, de Jong PH, Gerards AH, van Zeben D, Tchetverikov I, de Sonnaville PB, van Krugten MV, Grillet BA, Hazes JM, Weel AE.
   Ann Rheum Dis. 2016 Dec;75(12):2119-2123. doi: 10.1136/annrheumdis-2016-209272.
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   Ann Rheum Dis. 2016 Dec;75(12):2157-2165. doi: 10.1136/annrheumdis-2015-208736.
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3. Cost-Effectiveness of Triple Therapy Versus Etanercept Plus Methotrexate in Early Aggressive Rheumatoid Arthritis.
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   Arthritis Care Res (Hoboken). 2016 Dec;68(12):1751-1757. doi: 10.1002/acr.22895.
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4. Infliximab Versus Conventional Combination Treatment and Seven-Year Work Loss in Early Rheumatoid Arthritis: Results of a Randomized Swedish Trial

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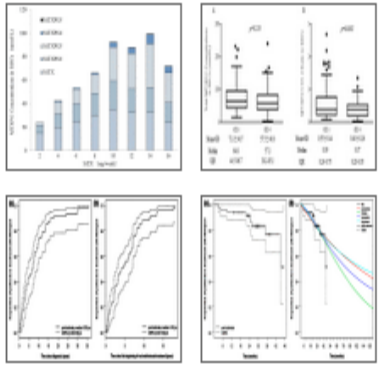

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Filters activated: Clinical Trial, published in the last 5 years, Humans, Adult: 19+ years. Clear all to show 7509 items.

1. Early **rheumatoid arthritis** treated with tocilizumab, **methotrexate**, or their combination (U-Act-Early): a multicentre, randomised, double-blind, double-dummy, strategy trial.
Bijlsma JW, Welsing PM, Woodworth TG, Middelink LM, Pethö-Schramm A, Bernasconi C, Borm ME, Wortel CH, ter Borg EJ, Jahangier ZN, van der Laan WH, Bruyn GA, Baudoin P, Wijngaarden S, Vos PA, Bos R, Starmans MJ, Griep EN, Griep-Wentink JR, Allaart CF, Heurkens AH, Teitsma XM, Tekstra J, Marijnissen AC, Lafeber FP, Jacobs JW.
Lancet. 2016 Jul 23;388(10042):343-55. doi: 10.1016/S0140-6736(16)30363-4.
PMID: 27287832
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2. Tumour necrosis factor inhibition versus rituximab for patients with **rheumatoid arthritis** who require biological treatment (ORBIT): an open-label, randomised controlled, non-inferiority, trial.
Porter D, van Melckebeke J, Dale J, Messow CM, McConnachie A, Walker A, Munro R, McLaren J, McRorie E, Packham J, Buckley CD, Harvie J, Taylor P, Choy E, Pitzalis C, McInnes IB.
Lancet. 2016 Jul 16;388(10041):239-47. doi: 10.1016/S0140-6736(16)00380-9.
PMID: 27197690
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3. Change from subcutaneous to intravenous abatacept and back in patients with **rheumatoid arthritis** as simulation of a vacation: a prospective phase IV, open-label trial (A-BREAK).
Mueller RB, Gengenbacher M, Richter S, Dudler J, Möller B, von Kempis J.
Arthritis Res Ther. 2016 Apr 14;18:88. doi: 10.1186/s13075-016-0985-2.
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Query Translation:

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("methotrexate"[MeSH Terms] OR "methotrexate"[All Fields]) AND
("arthritis, rheumatoid"[MeSH Terms] OR ("arthritis"[All
Fields] AND "rheumatoid"[All Fields]) OR "rheumatoid arthritis"
[All Fields] OR ("rheumatoid"[All Fields] AND "arthritis"[All
Fields])) AND (Clinical Trial[ptyp] AND "2011/12/04"[PDat] :
"2016/12/01"[PDat] AND "humans"[MeSH Terms] AND "adult"[MeSH
Terms])
```

Search URL

Result:

340

Translations:

methotrexate	"methotrexate"[MeSH Terms] OR "methotrexate"[All Fields]
rheumatoid arthritis	"arthritis, rheumatoid"[MeSH Terms] OR ("arthritis"[All Fields] AND "rheumatoid"[All Fields]) OR "rheumatoid arthritis"[All Fields] OR ("rheumatoid"[All Fields] AND "arthritis"[All Fields])
Humans[Mesh]	"humans"[MeSH Terms]
adult[MeSH]	"adult"[MeSH Terms]

Database:

PubMed

User query:

(methotrexate) AND (rheumatoid arthritis) AND (Clinical Trial[ptyp] AND "last 5 years"[PDat] AND Humans[Mesh] AND adult[MeSH])

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AND	All Fields	methotrexate		Show index list
AND	All Fields	"adverse"		Show index list
AND	All Fields	(clinical OR patient) AND outcomes		Show index list
AND	MeSH Subheading	"toxicity"[MeSH Subheading]		Show index list
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J Rheumatol. 2008 Mar;35(3):472-6. Epub 2008 Jan 15.

Treatment of psoriatic arthritis and rheumatoid arthritis with disease modifying drugs -- comparison of drugs and adverse reactions.

Helliwell PS[1], Taylor WJ; CASPAR Study Group.

Collaborators (62)

Author information

Abstract

OBJECTIVE: Rheumatoid arthritis (RA) and psoriatic arthritis (PsA) are chronic inflammatory diseases of the musculoskeletal system. Although it seems likely that these conditions have a different pathogenesis, the drugs used to treat them are the same. Our study used a cross-sectional clinical database to compare drug use and side-effect profile in these 2 diseases.

METHODS: The CASPAR study collected data on 588 patients with PsA and 536 controls, 70% of whom had RA. Data on disease modifying drug treatments used over the whole illness were recorded, together with their outcomes, including adverse events, for RA and PsA.

RESULTS: For both diseases methotrexate (MTX) was the most frequently used disease modifying drug (39% of patients with PsA, 30% with RA), with over 70% of patients in both diseases still taking the drug. Other drugs were used with the following frequencies in PsA and RA, respectively: sulfasalazine 22%/13%, gold salts 7%/11%, antimalarial drugs 5%/14%, corticosteroids 10%/17%, and anti-tumor necrosis factor (TNF) drugs 6%/5%. Compared to RA, cyclosporine and anti-TNF agents were less likely to be ineffective in PsA. Compared to RA, subjects with PsA were less likely to be taking MTX and more likely to be taking anti-TNF agents. Hepatotoxicity with MTX was more common in PsA and pulmonary toxicity with MTX was found more often in RA.

CONCLUSION: These data provide insight into prescribing patterns of disease modifying drugs in RA and PsA in a large international cohort, together with the differential adverse events of these drugs between these diseases.

PMID: 18203324

[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

Publication Types

Comparative Study
Multicenter Study
Research Support, Non-U.S. Gov't

MeSH Terms

Antirheumatic Agents/toxicity*
Arthritis, Psoriatic/drug therapy*
Arthritis, Rheumatoid/drug therapy*

Query Translation:

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((((("arthritis, rheumatoid"[MeSH Terms] OR ("arthritis"[All
Fields] AND "rheumatoid"[All Fields]) OR "rheumatoid arthritis"
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Fields])) AND "adverse"[All Fields]) AND ((clinical[All Fields]
OR ("patients"[MeSH Terms] OR "patients"[All Fields] OR
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#16	Add	Search **rheumatoid arthritis** Sort by: **PublicationDate**	130217	10:29:11

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1. Genetic variants associated with methotrexate efficacy and toxicity in early rheumatoid arthritis: results from the treatment of early aggressive rheumatoid arthritis trial.
   Aslibekyan S, Brown EE, Reynolds RJ, Redden DT, Morgan S, Baggott JE, Sha J, Moreland LW, O'Dell JR, Curtis JR, Mikuls TR, Bridges SL Jr, Arnett DK.
   Pharmacogenomics J. 2014 Feb;14(1):48-53. doi: 10.1038/tpj.2013.11.
   PMID: 23545897 Free PMC Article
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2. [The network of methotrexate toxicity].
   Neves C, Jorge R, Barcelos A.
   Acta Reumatol Port. 2009 Jan-Mar;34(1):11-34. Review. Portuguese.
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3. Treatment of psoriatic arthritis and rheumatoid arthritis with disease modifying drugs -- comparison of drugs and adverse reactions.
   Helliwell PS, Taylor WJ; CASPAR Study Group..
   J Rheumatol. 2008 Mar;35(3):472-6.
   PMID: 18203324
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4. The comparative efficacy and toxicity of second-line drugs in rheumatoid arthritis. Results of two metaanalyses.
   Felson DT, Anderson JJ, Meenan RF.
   Arthritis Rheum. 1990 Oct;33(10):1449-61.

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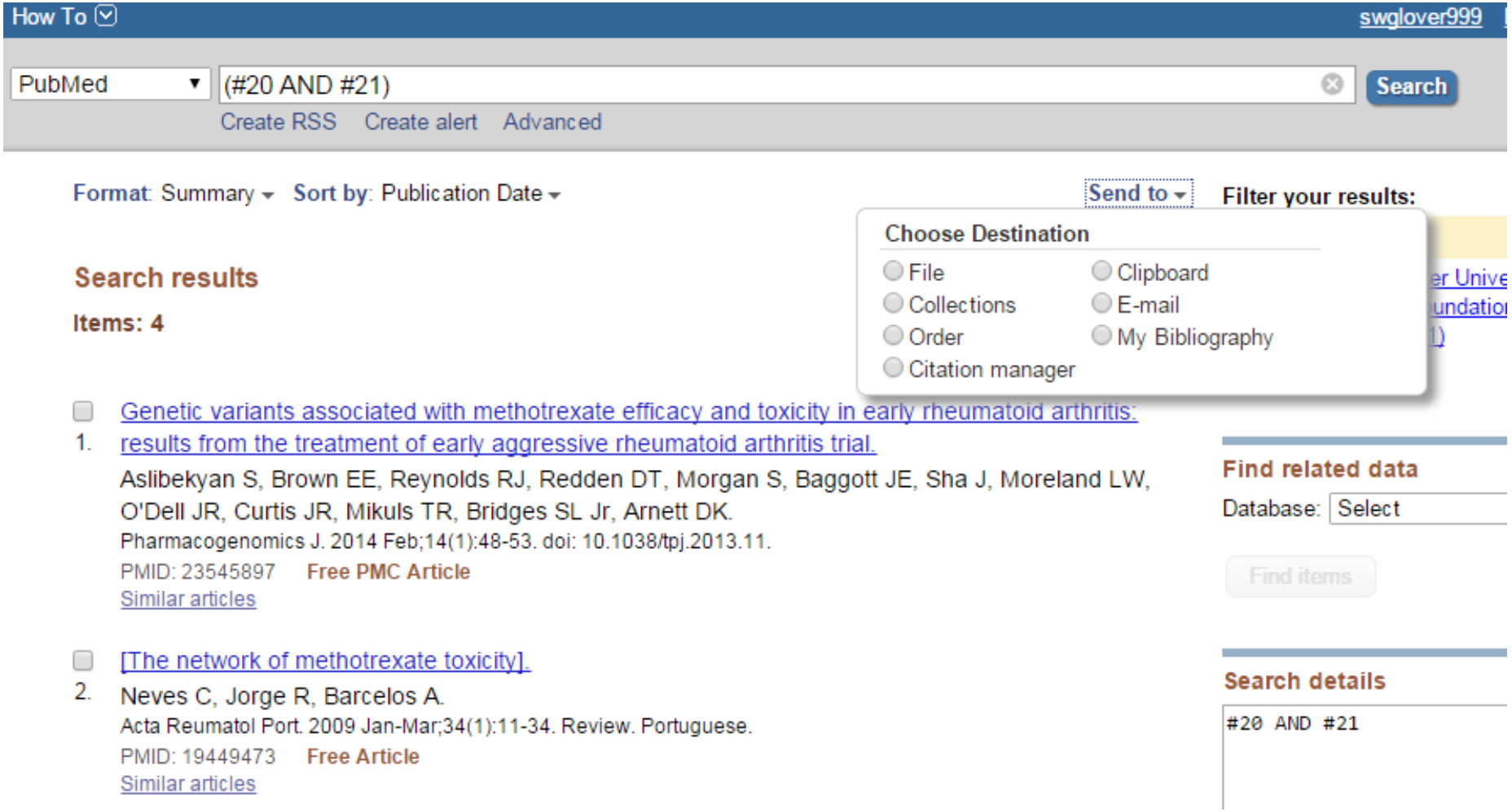

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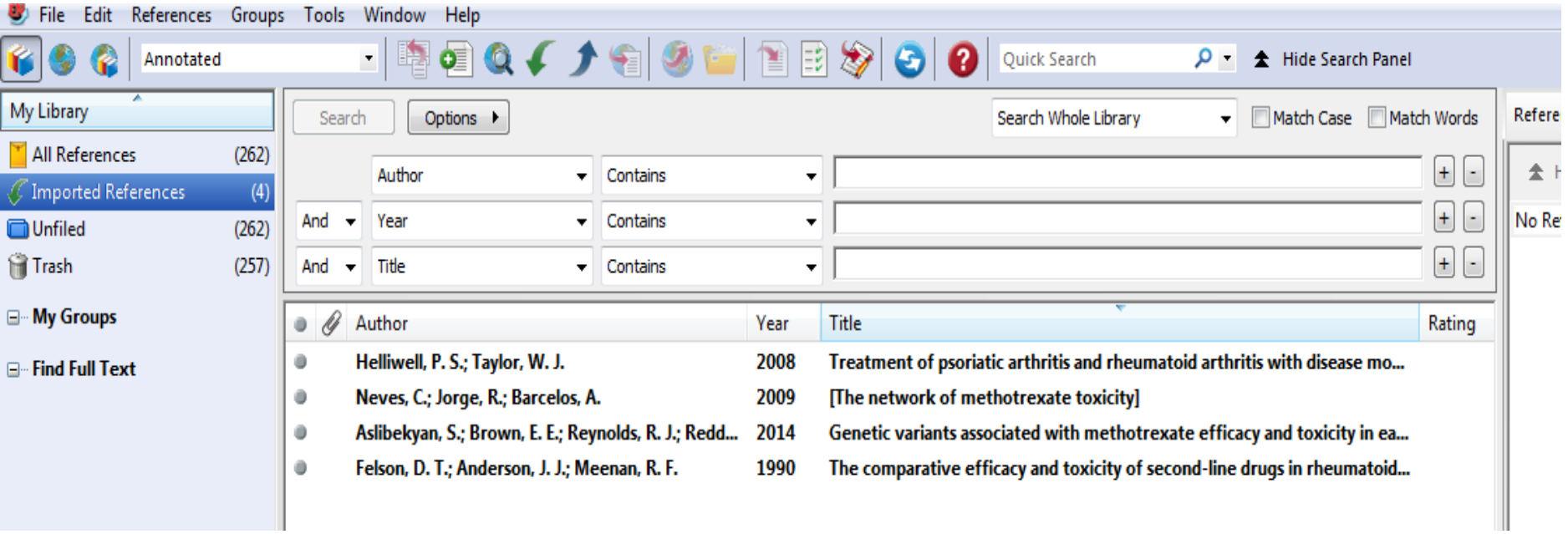
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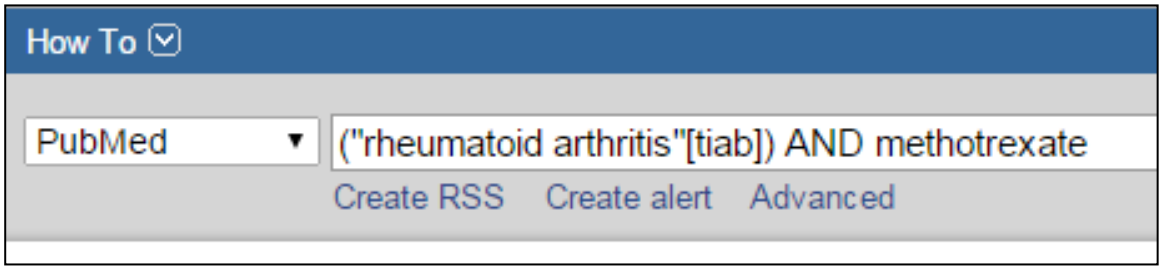

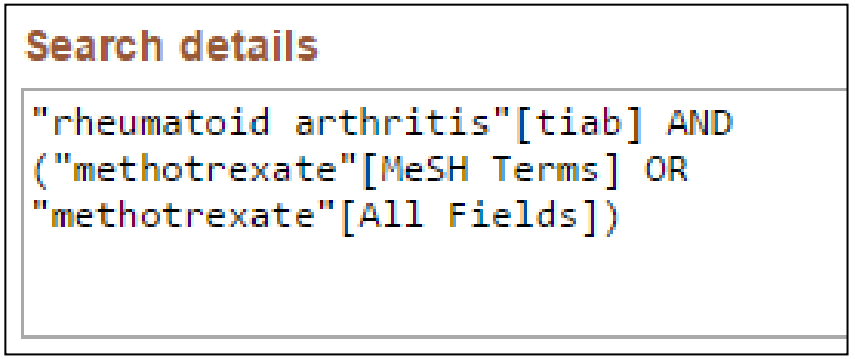

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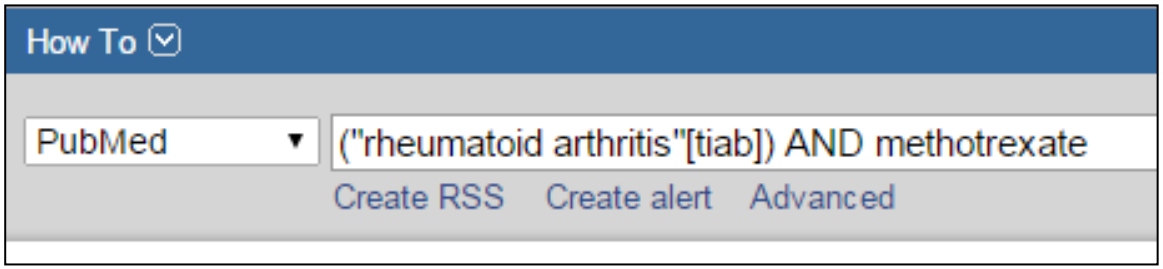

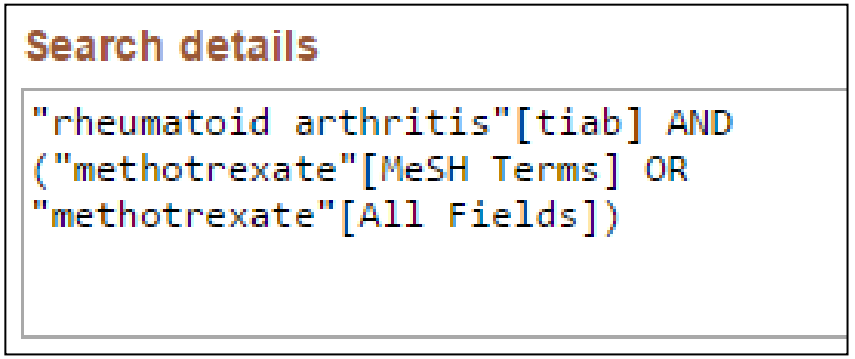

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MeSH rheumatoid arthritis

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1. **Arthritis, Rheumatoid**
   A chronic systemic disease, primarily of the joints, marked by inflammatory changes in the synovial membranes and articular structures, widespread fibrinoid degeneration of the collagen fibers in mesenchymal tissues, and by atrophy and rarefaction of bony structures. Etiology is unknown, but autoimmune mechanisms have been implicated.

2. Arthritis, Juvenile
   Arthritis of children, with onset before 16 years of age. The terms juvenile **rheumatoid arthritis** (JRA) and juvenile idiopathic arthritis (JIA) refer to classification systems for chronic arthritis in children. Only one subtype of juvenile arthritis (polyarticular-onset, rheumatoid factor-positive) clinically resembles adult **rheumatoid arthritis** and is considered its childhood equivalent.

3. **Rheumatoid Arthritis**, Systemic Juvenile [Supplementary Concept]
   A type of arthritis that occurs among some patients affected by juvenile chronic, or idiopathic, arthritis and characterized by severe extraarticular symptoms that include a spiking fever with a corresponding increase in the serum levels of INTERLEUKIN-6, UVEITIS; LYMPHADENOPATHY; HEPATOSPLENOMEGALY; SEROSITIS and MYALGIA. Polymorphisms in the IL6 and MIF genes are associated with susceptibility to this disorder. OMIM: 604302
   Date introduced: November 5, 2012

4. **rheumatoid arthritis** specific protein, human [Supplementary Concept]
   found in plasma of **rheumatoid arthritis** patients; isolated & purified; similar with immunoglobulin G in its biochemical & immunological properties; do not confuse with RASP-1, regeneration-associated serpin-1
   Date introduced: April 25, 1986

Arthritis, Rheumatoid

A chronic systemic disease, primarily of the joints, marked by inflammatory changes in the synovial membranes and articular structures, widespread fibrinoid degeneration of the collagen fibers in mesenchymal tissues, and by atrophy and rarefaction of bony structures. Etiology is unknown, but autoimmune mechanisms have been implicated.

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- chemistry
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- diagnosis
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- economics
- embryology
- enzymology
- epidemiology
- ethnology
- etiology
- genetics
- history
- immunology
- isolation and purification
- metabolism
- microbiology
- mortality
- nursing
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Entry Terms:

- Rheumatoid Arthritis

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Arthritis, Rheumatoid

A chronic systemic disease, primarily of the joints, marked by inflammatory changes in the synovial membranes and articular structures, widespread fibrinoid degeneration of the collagen fibers in mesenchymal tissues, and by atrophy and rarefaction of bony structures. Etiology is unknown, but autoimmune mechanisms have been implicated.

PubMed search builder options

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- history
- immunology
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- metabolism
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- physiology
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- Rheumatoid Arthritis

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1. Methotrexate monotherapy and methotrexate combination therapy with traditional and biologic disease modifying anti-rheumatic drugs for rheumatoid arthritis: A network meta-analysis.

Hazlewood GS, Barnabe C, Tomlinson G, Marshall D, Devoe DJ, Bombardier C.

Cochrane Database Syst Rev. 2016 Aug 29;(8):CD010227. doi: 10.1002/14651858.CD010227.pub2. Review.

PMID: 27571502

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2. Early rheumatoid arthritis treated with tocilizumab, methotrexate, or their combination (U-Act-Early): a multicentre, randomised, double-blind, double-dummy, strategy trial.

Bijlsma JW, Welsing PM, Woodworth TG, Middelink LM, Pethö-Schramm A, Bernasconi C, Borm ME, Wortel CH, ter Borg EJ, Jahangier ZN, van der Laan WH, Bruyn GA, Baudoin P, Wijngaarden S, Vos PA, Bos R, Starmans MJ, Griep EN, Griep-Wentink JR, Allaart CF, Heurkens AH, Teitsma XM, Tekstra J, Marijnissen AC, Lafeber FP, Jacobs JW.

Lancet. 2016 Jul 23;388(10042):343-55. doi: 10.1016/S0140-6736(16)30363-4.

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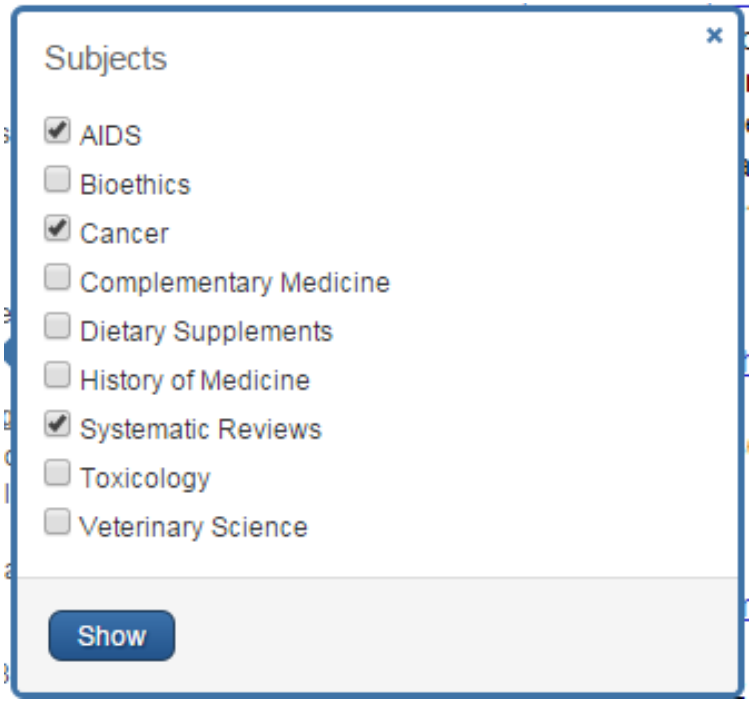

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1. **Methotrexate** Elimination When Coadministered With Levetiracetam.
Reeves D, DiDominick S, Finn S, Kim HJ, Shake A.
Ann Pharmacother. 2016 Dec;50(12):1016-1022.
PMID: 27511814
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2. Tapering conventional synthetic DMARDs in patients with early arthritis in sustained remission: 2-year follow-up of the tREACH trial.
Kuijper TM, Luime JJ, de Jong PH, Gerards AH, van Zeben D, Tchetverikov I, de Sonnaville PB, van Krugten MV, Grillet BA, Hazes JM, Weel AE.
Ann Rheum Dis. 2016 Dec;75(12):2119-2123. doi: 10.1136/annrheumdis-2016-209272.
PMID: 27283332
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3. **Methotrexate** selectively targets human proinflammatory macrophages through a thymidylate synthase/p53 axis.
Municio C, Soler Palacios B, Estrada-Capetillo L, Benguria A, Dopazo A, García-Lorenzo E, Fernández-Arroyo S, Joven J, Miranda-Carús ME, González-Álvaro I, Puig-Kröger A.
Ann Rheum Dis. 2016 Dec;75(12):2157-2165. doi: 10.1136/annrheumdis-2015-208736.
PMID: 26920997
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4. Ustekinumab Treatment and Improvement of Physical Function and Health-Related Quality of Life in Patients With Psoriatic Arthritis

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Lancet Neurol. 2016 Dec;15(13):1317-1325. doi: 10.1016/S1474-4422(16)30229-0. Epub 2016 Oct 21.

Neurological manifestations of autosomal dominant familial Alzheimer's disease: a comparison of the published literature with the Dominantly Inherited Alzheimer Network observational study (DIAN-OBS).

Tang M[1], Ryman DC[1], McDade E[1], Jasielec MS[2], Buckles VD[1], Cairns NJ[1], Fagan AM[1], Goate A[3], Marcus DS[4], Xiong C[2], Allegri RF[5], Chhatwal JP[6], Danek A[7], Farlow MR[8], Fox NC[9], Ghetti B[10], Graff-Radford NR[11], Laske C[12], Martins RN[13], Masters CL[14], Mayeux RP[15], Ringman JM[16], Rossor MN[9], Salloway SP[17], Schofield PR[18], Morris JC[1], Bateman RJ[19]; Dominantly Inherited Alzheimer Network (DIAN).

⊕ Author information

Abstract

BACKGROUND: Autosomal dominant familial Alzheimer's disease (ADAD) is a rare disorder with non-amnestic neurological symptoms in some clinical presentations. We aimed to compile and compare data from symptomatic participants in the Dominantly Inherited Alzheimer Network observational study (DIAN-OBS) with those reported in the literature to estimate the prevalences of non-amnestic neurological symptoms in participants with ADAD.

METHODS: We prospectively collected data from the DIAN-OBS database, which recruited participants from study centres in the USA, Europe, and Australia, between Feb 29, 2008, and July 1, 2014. We also did a systematic review of publications to extract individual-level clinical data for symptomatic participants with ADAD. We used data for age of onset (from first report of cognitive decline), disease course from onset to death, and the presence of 13 neurological findings that have been reported in association with ADAD. Using multivariable linear regression, we investigated the prevalences of various non-amnestic neurological symptoms and the

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