Introduction to the Cochrane Library

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Agenda

- Cochrane Network Collaboration, the Cochrane Library
- Key features and functionalities: browsing, alerting
- Advanced Search: PICO, MeSH, Search Manager
What is Cochrane?

- An international collaboration of over 50,000 researchers and health professionals passionate about improving health outcomes for everyone, everywhere.
- Their overall objective is to ensure that the treatments used every day around the world, are based on the best available evidence, which is independently assessed and quality checked.
- They have been doing this for 28 years.
What is Cochrane Network Collaboration?

- Independent, no conflicts of interests
- Objective analysis of the evidence
- Strict rigorous EBM methodology
- Assessing risks of bias and overall reliability of conclusions in clinical practice
What is the Cochrane Library?

A **collection of databases** that contain different types of **high-quality, independent evidence** to inform healthcare decision-making.
What’s in the Cochrane Library

- Cochrane Database of Systematic Reviews
  - + 8200 Reviews
  - + 2400 Protocols

- Central Register of Controlled Trials (CENTRAL)
  - + 1.7 million articles

- Cochrane Clinical Answers (+2800)

- Systematic Reviews from Epistemonikos (+350000)

- Editorials (+130)

- Special Collections (+40)

- Health Systems Evidence (HSE) and Social Systems Evidence (SSE) created by McMaster’s University (+14000 and 4400)
Cochrane Steps for Creating Systematic Review

1. Formulate the question
2. Search for Studies
3. Apply eligibility criteria
4. Collect data
5. Access studies for risk of bias
6. Analyze and present results
7. Interpret results and draw conclusions
8. Update reviews
Formulate the Question

Systematic reviews seek to collate evidence that fits pre-specified eligibility criteria in order to answer a specific research question. They aim to minimize bias by using explicit, systematic methods documented in advance with a protocol.

Reviewers use PICO when developing review question

- **Population**
- **Interventions**
- **Comparisons**
- **Outcomes**

These components + types of studies that will be included, form the basis of the eligibility criteria for the review.
Formulate the Question

Intervention review will compare two or more interventions on a range of different outcomes or compare a particular intervention with no intervention at all.

What is the value of Intervention X compared with Intervention Y for a particular group of people?

- Laparoscopic versus open surgery for suspected appendicitis
- Regular treatment with formoterol and an inhaled corticosteroid versus regular treatment with salmeterol and an inhaled corticosteroid for chronic asthma: serious adverse events

What is the value of Intervention X compared with no intervention?

- Can wearing compression stockings, versus not wearing them, preventing DVT in people travelling on flights lasting at least four hours.
- Nicotine replacement therapy versus control for smoking cessation
Formulate the Question

**Abstract**

**Background**

Air travel might increase the risk of deep vein thrombosis (DVT). It has been suggested that wearing compression stockings might reduce this risk. This is an update of the review first published in 2006.

**Objectives**

To assess the effects of wearing compression stockings versus not wearing them for preventing DVT in people travelling on flights lasting at least four hours.

**Selection criteria**

Randomised trials of compression stockings versus no stockings in passengers on flights lasting at least four hours. Trials in which passengers wore a stocking on one leg but not the other, or those comparing stockings and another intervention were also eligible.

Compression stockings for preventing deep vein thrombosis in airline passengers
Formulate the Question

Deep vein thrombosis (DVT) occurs where there is a partial or total blockage of the deep veins usually in the legs. The symptoms of DVT do not usually develop immediately and diagnosis may be delayed. However, typical signs and symptoms of DVT, and associated superficial thrombophlebitis, may include redness of the lower legs, a swollen or painful calf or thigh, fever and dizziness. If left untreated, people with DVT are at risk of developing a pulmonary embolism away and lodges in the lungs), which can be fatal. In a review of medical records, for patients in Minnesota who had a DVT or pulmonary embolism between 1966 and 1990, incidence of DVT was 48 per 100,000 people and the figure for pulmonary embolism was 5.7 per 100,000 people. Recent articles report incidence rates for leg DVT alone ranging from 45 to 117 per 100,000 people (Tapakalis 2013).

Description of the intervention

It has been suggested that the use of compression stockings during long-haul flights may help to reduce the risk of developing DVT. It has also been suggested that standing up or walking around occasionally in flight, drinking plenty of water and performing leg-stretching exercises may also help to reduce a person’s risk (Geroulakos 2001). Aspirin and low-dose heparin have also been suggested as preventative strategies (Giangrande 2001). Another Cochrane review examines the effects of graduated compression stockings in patients at risk of developing DVT in hospitalised patients (Sachdeva 2014). The review analysed 13 randomised trials and showed that graduated compression stockings are effective in reducing the risk of developing DVT in hospitalised patients. Furthermore, a review of observational studies on the relationship between air travel and DVT also included a systematic review of randomised trials to prevent DVT. The reviewers did their search in September 2002 (Adi 2003) and found two randomised trials of wearing versus not wearing compression stockings (LONFLIT 2; Scurr 2001).

How the intervention might work

Compression stockings are thought to reduce the risk of DVT by exerting graduated pressure on the leg, with the pressure being greatest at the ankle. This, when combined with muscular activity in the limbs, is thought to displace blood from the superficial venous system to the deep venous system. This, in turn, reduces blood stasis that can lead to clotting and increases the velocity and volume of blood flow in the deep venous system, thereby potentially preventing thrombosis (Sachdeva 2014).

Why it is important to do this review

There has been increased research interest in the issue of DVT in airline passengers in recent years. For example, as well as the review by Adi 2003 and Adi 2004 and another by Ansari 2005, the World Health Organization announced the launch of a research programme to investigate the relationship between air travel and venous thrombosis in May 2002 (WHO 2002). The findings of this report show that the increased risk of VTE observed in passengers on long-haul flights is due to extended periods of immobility. As the number of people taking long-haul flights is increasing, and as these passengers will have known or unknown thrombosis risk factors, they concluded that “air travel-related VTE is an important public health issue” (WRIGHT project 2007).
Cochrane Central Register of Controlled Trials

Includes randomized and quasi-randomized controlled trials. Other study designs registered in Clinical Trial Registries (e.g. cohort studies) are not included.

CENTRAL is comprised of records retrieved from

- PubMed/MEDLINE
- Embase
- Clinical Trial Registries
  - ClinicalTrials.gov
  - ICTRP
- CINAHL (Cumulative Index of Nursing and Allied Health) (new as of May 2020)
- Cochrane Review Groups' Specialized Registers which includes records identified by handsearching various biomedical sources.
What is a Cochrane Clinical Answer?

• A CCA provides a concise summary of the results of a Cochrane Review with sufficient underlying data to allow:
  
  o Application of the results to a specific patient group (e.g. children or adults, older patients with co-morbid conditions.)
  
  o Understanding of the strength of the evidence supporting conclusions about key clinical outcomes

• Written by clinicians for clinicians

Make reviews more accessible to an important audience
How does a CCA ease application of results in clinical practice?

- Distils the 50+ pages of a Cochrane review into 1-3 pages with interactive, hierarchical display allowing multiple levels of entry
- Brings together key data dispersed in Cochrane Library Review:
  - Population
  - Intervention
  - Comparison
  - Outcome summary
  - Quality of the evidence (Summary of findings/Risk of bias)
Question: How do angioplasty and stenting compare for the treatment of iliac artery stenosis?

Clinical Answer

Randomized controlled trials suggest that outcomes after primary percutaneous transluminal angioplasty (PTA) and stenting are similar in people with iliac artery stenosis or occlusion. However, participant numbers were small and trials were undertaken some years ago and the populations eligible for treatment and the treatment options given may not reflect those in current clinical practice.

In people with iliac artery stenosis of at least 5 cm or occlusion, there were no apparent differences between groups in symptom improvement (3 months to 2 years), number of people with symptom resolution (3 months to 8 years), target vessel patency (1 to 8 years) or the need for re-intervention (2 to 8 years), when primary PTA was compared with primary stenting. Results for ankle-brachial index (ABI) showed no consistent pattern across time points (3 months to 8 years); only the 2-year analysis detected a difference between groups in favor of primary PTA. Most of the participants had moderate to severe claudication (II and III on the 0 to VI Rutherford classification); therefore the results are most likely to reflect this group.

There are several limitations to these data. Firstly, revascularization is no longer considered a first-line option in some healthcare systems in people with a Rutherford classification of less than III. Secondly, given the age of the trials, bare metal stents would have been used; drug-eluting stents are now also used to treat peripheral vascular disease. Thirdly, one of the two included trials was stopped early due to a higher rate of distal embolization in the PTA group. Fourthly, the proportion of participants with diabetes ranged from 5% to 16%, hypertension from 20% to 28% and dyslipidemia from 24% to 53%, which may be healthier than the population who would be eligible for revascularization in clinical practice. Finally, all the analyses would have been affected by a lack of power due to the small numbers of participants, making detection of a difference between groups unlikely, even if one was present.

Comparisons

1. Primary percutaneous transluminal angioplasty versus primary stenting

• Click to expand function allows you to view further information
### Comparisons

<table>
<thead>
<tr>
<th>1. Primary percutaneous transluminal angioplasty versus primary stenting</th>
<th>Expand All</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTCOME 1.1 Improvement in symptoms</td>
<td></td>
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<tr>
<td>OUTCOME 1.2 Resolution of signs and symptoms</td>
<td></td>
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<tr>
<td>OUTCOME 1.3 Ankle-brachial index (ABI)</td>
<td></td>
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<tr>
<td>OUTCOME 1.4 Re-intervention</td>
<td></td>
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<tr>
<td>OUTCOME 1.5 Target vessel patency</td>
<td></td>
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<tr>
<td>OUTCOME 1.6 Immediate complications</td>
<td></td>
</tr>
<tr>
<td>OUTCOME 1.7 Claudication distance, Major amputation-free survival, Complications (delayed)</td>
<td></td>
</tr>
<tr>
<td>Population, Intervention, Comparator</td>
<td></td>
</tr>
</tbody>
</table>

**Population**

People with iliac artery stenosis of <10 cm or occlusion of <5 cm (1 trial) or occlusion >8 cm (1 trial) causing intermittent claudication and a reduced ankle-brachial pressure. Most people had disease severity II to III on the Rutherford classification. The proportion of people with diabetes ranged from 5% to 16%, hypertension from 20% to 28% and dyslipidemia from 24% to 53%.

**Intervention**

Primary percutaneous transluminal angioplasty (PTA): no details regarding the procedure were reported in either study.

**Comparator**

Primary stenting: long 7-F introducer sheath placed across targeted segment and the stent mounted by hand on a folded angioplasty balloon catheter, with stent diameter determined by width of uninvolved portion of vessel (1 trial) or no details reported (1 trial). Given the dates of the trials, bare metal stents were likely to have been used.

- The Population, Intervention, Comparator section (PICO) at the bottom of the page describes people and interventions included in the trials to aid you in determining clinical relevance.
Quality of evidence (GRADE statements) or risk of bias analysis

A clear narrative statement

Statistical data on relative effects

A measure of absolute effects in terms of number of patients impacted out of 100 or 1000 (equivalent to NNT)

Link to forest plot

Link to the Cochrane Review on which the CCA is based
Epistemonikos

- World’s largest source of systematic reviews relevant for health decision-making
- Uses a comprehensive and systematic approach, powered by artificial intelligence and curated and annotated by experts

+350,000 Reviews
Practical issues for the use of tranexamic acid in total knee arthroplasty: a systematic review.

Abstract

Authors
Kim TK, Chang CB, Koh UJ

Category
Systematic review

Journal
Knee surgery, sports traumatology, arthroscopy: official journal of the ESSKA

Year
2014

Links
PubMed, DOI

This article includes 26 Primary studies

This article is part of the following matrices of evidence:
- Tranexamic acid for total knee arthroplasty surgery

PURPOSE:

This systematic review was undertaken to answer three specific questions relating to the clinical values of tranexamic acid (TNA) in total knee arthroplasty (TKA): (1) Whether there are differences in blood-saving effects between the systemic and topical administrations; (2) Whether blood-saving effects of TNA differ by doses and timings of administration; and (3) Whether the use of TNA is safe at all reported doses, timings, and routes of administration with respect to the incidences of symptomatic deep-vein thrombosis (DVT) and pulmonary embolism (PE).

METHODS:
You are now able to search systematic reviews from McMaster Health Forum's repositories.

- **Health Systems Evidence** is a continuously updated repository of syntheses of research evidence about governance, financial and delivery arrangements within health systems, and about implementation strategies that can support change in health systems.

- **Social Systems Evidence** is the world’s most comprehensive, continuously updated repository of syntheses of research evidence about the programs, services and products available in a broad range of government sectors and program areas (e.g., economic development, education, environmental conservation, housing, ...) as well as the governance and the implementation strategies that ensure that these get to those who need them.
What’s in the Cochrane Library

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All content accessible through a single search
Cochrane Library: Key Features
Many New Links between content

- Cochrane Database of Systematic Reviews
  - References
  - Characteristics of studies
  - Article
  - Related Content

- CENTRAL
  - Article
  - How Cochrane Used this article

- Cochrane Clinical Answers

- Cochrane Podcasts
Controlled trial of antimycobacterial therapy in Crohn's disease. Clofazimine versus placebo

Afdhal NH, Long A, Lennon J, Crowe J, O'Donoghue DP
Links: PubMed

Abstract

In order to study the effect of clofazimine, a powerful antimycobacterial and antiinflammatory agent, 49 patients with active Crohn's disease were randomized to either corticosteroids plus clofazimine 100 mg daily (N = 25) or to steroids and matching placebo (N = 24). A total of 28 patients (58%) went into disease remission (clofazimine 16, placebo 12; P = NS) with a fall in disease activity score from 10.5 +/- 4.4 to 3.3 +/- 3.5. Patients were treated for a further eight months with clofazimine or placebo and 18 of 28 maintained their remission and completed the study (clofazimine 12, placebo 6; P = NS). Side effects were minor and consisted of skin rash and increased pigmentation. Clofazimine as a solitary antimycobacterial agent appears ineffective in inducing remission in Crohn's disease but may have a role in either disease maintenance or combination chemotherapy.

See how a CENTRAL article was used in specific Cochrane Reviews
Anti-tuberculocous therapy for maintenance of remission in Crohn's disease

Cochrane Systematic Review - Intervention | Version published: 22 July 2016 | see what's new

Petrese H Patton | Claire E Parker | John K MacDonald | Nilesh Chande
View authors' declarations of interest

Abstract available in English | Español

Background

There have been a number of studies with conflicting results which have examined the effect of anti-tuberculocous therapy in Crohn's disease. A meta-analysis was performed to evaluate the use of anti-tuberculocous therapy for the maintenance of remission in Crohn's disease.

Objectives

To evaluate the effects of anti-tuberculocous therapy for the maintenance of remission in patients with Crohn's disease.
<table>
<thead>
<tr>
<th>Bias</th>
<th>Authors' judgement</th>
<th>Support for judgement</th>
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</thead>
<tbody>
<tr>
<td>Random sequence generation (selection bias)</td>
<td>Unclear risk</td>
<td>Method of randomization not described. Contains substratification for disease site; method not described, but matched in control and intervention groups</td>
</tr>
<tr>
<td>Allocation concealment (selection bias)</td>
<td>Unclear risk</td>
<td>Not described</td>
</tr>
<tr>
<td>Blinding of participants and personnel (performance bias) All outcomes</td>
<td>Low risk</td>
<td>Double blinded, control and intervention groups matched for treatment regime (taken once daily), including clofazimine and matching placebo</td>
</tr>
<tr>
<td>Incomplete outcome data (attrition bias) All outcomes</td>
<td>Low risk</td>
<td>Missing outcome data were approximately balanced between intervention and placebo groups across the 3 Phases of the trial, with similar reasons provided, including phase failure, loss to follow-up or requested withdrawal.</td>
</tr>
</tbody>
</table>

Phase 1: Intervention group (n=25) and placebo group (n=24)

Phase 2: Intervention group (n=16) and placebo group (n=12)

Phase 3: Intervention group (n=15) and placebo group (n=12)

Use this link to view the Cochrane PICO analysis and risk of bias for the article
Related Content links to podcasts, Cochrane Clinical Answers, related Cochrane reviews and guidelines
Interventions for preventing falls in older people living in the community

Abstract

Background

Objectives

New links to find related Cochrane content and guidelines
Collapsible sections allows users to
• Quickly navigate large reviews
• Easily identify content with translations
• Improves experience on mobile devices

Improved navigation on mobile devices
Use Cochrane assigned topics to create alerts to monitor when new Cochrane Systematic Reviews on that topic are published.
### Set weekly email alerts

Sign up for weekly email alerts for selected topics

You have not signed up for any weekly email alerts yet. You can select topics below, then save your changes.

- **a** Allergy & intolerance (0/11)
- **b** Blood disorders (0/8)
- **c** Cancer (0/26)
  - Child health (0/31)
  - Complementary & alternative medicine (0/28)
  - Consumer & communication strategies (0/8)
- **d** Dentistry & oral health (0/26)
  - Developmental, psychosocial & learning problems (0/4)
- **e** Gastroenterology & hepatology (0/28)
  - Genetic disorders (0/10)
  - Gynaecology (0/14)
- **f** Health & safety at work (0/5)
  - Health professional education (0/2)
  - Heart & circulation (0/32)
- **g** Infectious disease (0/21)
  - Insurance medicine (0/6)
- **h** Neonatal care (0/34)
  - Neurology (0/23)
- **i** Orthopaedics & trauma (0/25)
- **j** Pain & anaesthesia (0/10)
- **k** Pregnancy & childbirth (0/31)
- **l** Public health (0/13)
- **m** Rheumatology (0/16)

Select as many fields as needed by checking the boxes.
### Email Alerts

Sign up for weekly email alerts for selected topics

You have not signed up for any weekly email alerts yet. You can select topics below, then save your changes.

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<th>A</th>
<th>Allergy &amp; intolerance (11/11)</th>
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<td>B</td>
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<td>Cancer (26/26)</td>
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<td>Genetic disorders (3/10)</td>
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<td>Alpha-1 antitrypsin deficiency</td>
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<td>Haemophilia &amp; other coagulopathy</td>
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<td>Inborn errors of metabolism</td>
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<td>Gynaecology (0/14)</td>
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<td>H</td>
<td>Health &amp; safety at work (5/5)</td>
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Set up an alert to notify you when a specific systematic review is updated
1. Omega-3 fatty acids for the primary and secondary prevention of cardiovascular disease
   Asmaa S Abdelhamid, Tracey J Brown, Julii S Brainard, Priti Biswas, Gabrielle C Thorpe, Helen J Moore, Katherine HO Deane, Fai K AlAbdulghafoor, Carolyn D Summerbell, Helen V Worthington, Fujian Song, Lee Hooper
   Show Preview

2. Strategies for increasing the participation of women in community breast cancer screening
   Xavier Bonfill Cosp, Mercè Marzo Castillejo, Manel Pladevall Vila, Joan Martí, José I Emparanza
   Show Preview

3. Cerebral near-infrared spectroscopy (NIRS) for perioperative monitoring of brain oxygenation in children and adults
   Yun Yu, Kaiying Zhang, Ling Zhang, Huenteo Zong, Lingzhong Meng, Ruquan Han
   Show Preview

Other Reviews
Clinical Answers
Special collections
Editorials
Trials
Cochrane Protocols
Cochrane Reviews

Using filters to find relevant results
### Filters specific for Cochrane Reviews

**Date**
- Publication date
  - The last 3 months: 13
  - The last 6 months: 21
  - The last 9 months: 30
  - The last year: 47
  - The last 2 years: 110

**Status**
- New search: 2086
- Conclusions changed: 491

**Type**
- Intervention: 7422
- Diagnostic: 95
- Overview: 44
- Methodology: 36
- Qualitative: 4

---

**Date article was published online or added to the Cochrane Library**

**Status: Filters by events that have affected the review**

**Type: Used to identify the type of question addressed by the review**
Filters for Cochrane Reviews

Language: Identifies when translations for content are available

<table>
<thead>
<tr>
<th>Language</th>
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<tbody>
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Topic: Limit results based on Cochrane supplied topics

- Child health: 151
- Pregnancy & childbirth: 89
- Lungs & airways: 75
- Neurology: 70
- Infectious disease: 63
- Heart & circulation: 61
- Complementary & alternative medicine: 48

Show 26 more
CENTRAL Filters

Date added to CENTRAL database

Publication year limit

Limits to articles sourced from PubMed, Embase, CT or WHO ICTRP

Date
- The last 3 months: 300
- The last 6 months: 915
- The last 9 months: 1257
- The last year: 1659
- The last 2 years: 5797

Custom Range: dd/mm/yyyy to dd/mm/yyyy

Year
- Year first published
  - 2018: 2
  - 2017: 17
  - 2016: 8
  - 2015: 9
  - 2014: 12

Custom Range: yyyy to yyyy

Source
- Embase: 36857
- PubMed: 34190
- CT.gov: 13929
- ICTR: 11588
- CINAHL: 775

Limits to articles sourced from PubMed, Embase, CT or WHO ICTRP
PICO search

PICO search Results
• PICO based filters
• View PICO terms in results to quickly identify relevant articles

Use PICO filters to refine searches
Display PICO terms in results
PICO search

PICO terms will also display in search results pages from all standard Cochrane searches

• Use “View PICO” to view PICO terms in search results
• Use PICO terms in results to quickly identify patient populations and interventions you are interested in
PICO search

- PICO based filters
- View PICO terms in results to quickly identify relevant articles

Use PICO filters to refine searches
Display PICO terms in results
### Filter results based on PICO Groups

<table>
<thead>
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<th>Population</th>
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<td>Asthma</td>
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<table>
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<tr>
<th>Intervention / Comparison</th>
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<tbody>
<tr>
<td>Intervention Name</td>
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<tr>
<td>Glucocorticoids - Inhaled</td>
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<td>Formoterol</td>
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<tr>
<td>Selective Beta-2-adrenoreceptor Agonists</td>
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<td>Salmeterol</td>
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<tr>
<td>Asthma Education</td>
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<tr>
<td>Glucocorticoids - Systemic</td>
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<td>Selective Beta-2-adrenoreceptor Agonists</td>
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<td>Usual Care</td>
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<td>Leukotriene Receptor Antagonists</td>
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<tr>
<td>Anticholinergics, Inhaled</td>
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<table>
<thead>
<tr>
<th>High-level Intervention Classification</th>
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<tbody>
<tr>
<td>Pharmacological Interventions</td>
</tr>
<tr>
<td>Educational</td>
</tr>
<tr>
<td>Behavioral</td>
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<tr>
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<tr>
<td>Outcome Name</td>
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<tr>
<td>Exacerbation Of Asthma</td>
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<td>Adverse Event</td>
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<td>Pulmonary Function Test</td>
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<td>Emergency Care</td>
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<td>Asthma Finding</td>
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<td>Death</td>
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</table>

*Show all*
Cochrane Library

Trusted evidence.
Informed decisions.
Better health.

Advanced Search

Search manager
Medical terms (MeSH)
PICO search

Did you know the MeSH browser features are also available on the Search manager tab by selecting the MeSH button? Search manager lets you add unlimited search lines, view results per line, and select fields using the S button (next to the search box).

Crohn Disease

select subheadings / qualifiers

- abnormalities - AB
- administration & dosage - AD
- adverse effects - AE
- agonists - AG
- analogs & derivatives - AA
- analysis - AN
- anatomy & histology - AH
- antagonists & inhibitors - AI
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Crohn Disease

Select subheadings / qualifiers
- standards - ST
- statistics & numerical data - SN
- supply & distribution - SD
- surgery - SU
- therapeutic use - TU
- therapy - TH
- toxicity - TO
- transmission - TM
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Advanced Search

Search manager
Medical terms (MeSH)
PICO search

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Search manager lets you add unlimited search lines, view results per line, and select fields using the S button (next to the search box).

Crohn Disease
therapy - TH
Definition

Crohn Disease - A chronic transmural inflammation that may involve any part of the DIGESTIVE TRACT from MOUTH to ANUS, mostly found in the ILEUM, the CECUM, and the COLON. In Crohn disease, the inflammation, extending through the intestinal wall from the MUCOSA to the serosa, is characteristically asymmetric and segmental. Epithelioid GRANULOMAS may be seen in some patients.
**Advanced Search**

**crohn treatment**

Last saved on: 08/11/2021 20:42:23

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Select options:
- Highlight orphan lines

Search terms:
- "Crohn treatment"
Protocols vs Reviews

**PROTOCOL**

Once search question is defined and title is registered, eligibility requirements and methods are documented and published as a protocol.

Protocol has important background information but no data analysis or conclusions.

**REVIEW**

Completed review which includes all data, analyses and conclusions.
Training hub

Search guides, live webinars, training videos, and more are available from the “Help” menu on the Cochrane Library homepage.

Register to more webinars here.
Thank you for listening! Questions?

Register to upcoming webinars: https://secure.wiley.com/wiley-research-training

Fabio Di Bello
fdibello@wiley.com