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Embase

La solución de literatura biomédica más completa del mundo

Dra. María José Dávila-Rodríguez

Avisos Importantes

- Esta **presentación** será **grabada**;
- El **material** presentado, el **enlace** (vínculo o liga) de la **grabación** y el **certificado** estarán **disponibles** en el **Research Academy**;
- Las **preguntas** pueden ser realizadas en la **ventana** de **Q&A** y serán **respondidas** al **final**;
- Los micrófonos serán silenciados, si necesitan **ayuda**, por favor escribir en el **chat**;
- **Acceso** – Institucional;
- **Capacitación** – Elsevier y Universidad de La Frontera.

Agenda del Día

- Introducción a Embase;
- Ejemplo práctico:
  - Indexación de términos: Emtree y sus aplicaciones.
  - Formularios de búsqueda:
    - PICO Search (Búsqueda PICO);
    - PV Wizard (Asistente de fármacovigiláncia);
    - Búsqueda de dispositivos médicos y
    - Búsqueda avanzada.
- Preguntas y Respuestas.

Embase

Embase es la **principal base de datos** de **literatura biomédica** con la mayor indexación y cobertura de revistas y conferencias. Cuenta con un **poderoso mecanismo de búsqueda**, desarrollado de acuerdo con las necesidades de los clientes de diferentes industrias.

Farma

A&G

Dispositivos Médicos

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Embase: estatus actual

Embase

>8300 revistas / 35 Millones de registros

>2900
Revistas que no están en MEDLINE

Incluye el 98% de revistas de MEDLINE*

Indexación detallada de medicamentos, enfermedades y dispositivos, **con 2x el número de términos indexados en MEDLINE**

Recursos de búsqueda únicos que permiten encontrar resultados basados en términos abstractos, además de docenas de filtros

Capacidad de **guardar, compartir y editar** estrategias de **búsqueda complejas** con un grupo de trabajo

Cobertura exclusiva de más de 3 millones de resúmenes de 9300 conferencias desde 2009

Amplia cobertura de **contenido en idiomas diferentes al inglés**

Embase es internacionalmente reconocida y recomendada

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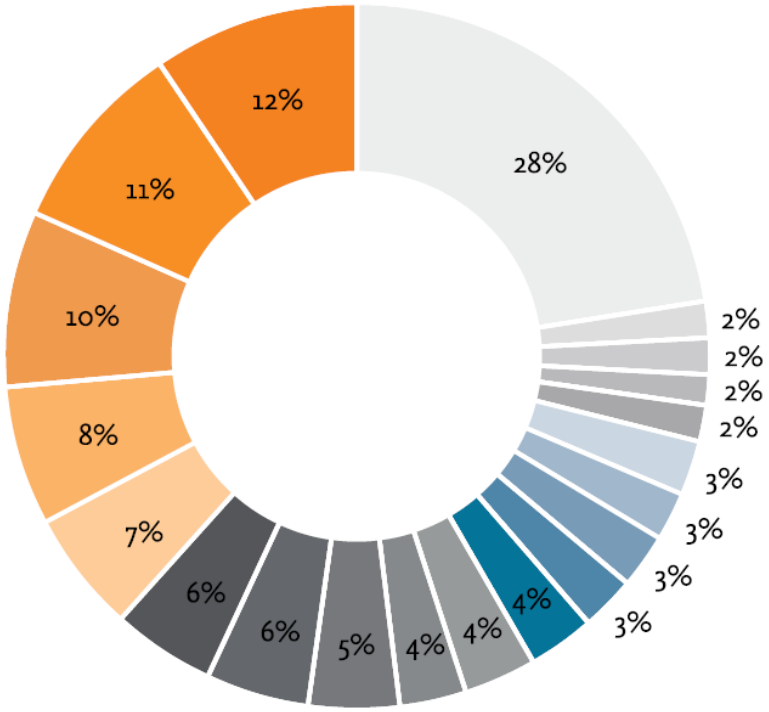
Embase: Perfil de los Clientes

Fármacovigilancia y seguridad de medicamentos

Evaluación clínica y seguridad de dispositivos médicos

Revisión sistemática para la medicina basada en evidencias

Embase: Áreas de Cobertura



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3%	Biomedical Engineering & Medical Devices
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2%	Nephrology & Urology
2%	Dermatology
28%	Other

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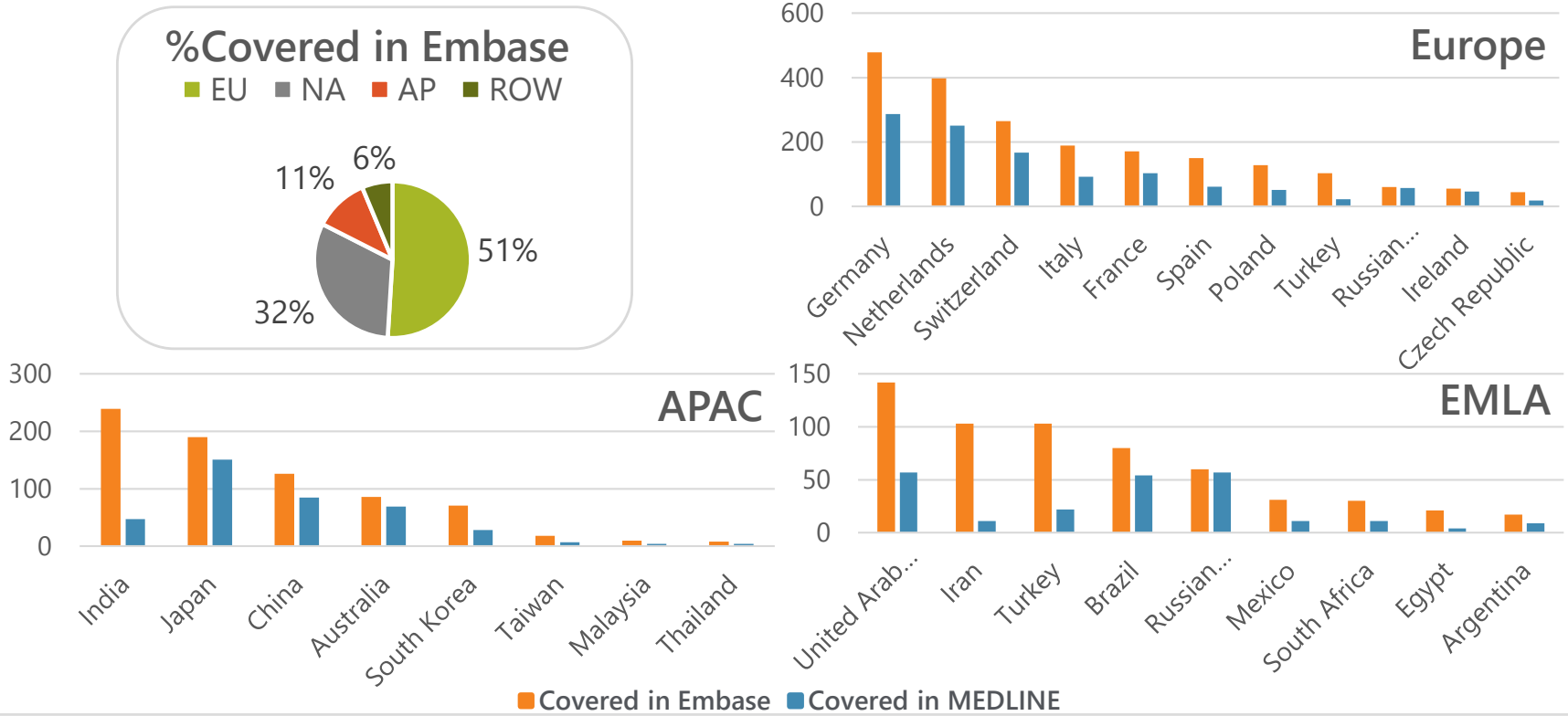
Cobertura de Contenido Internacional



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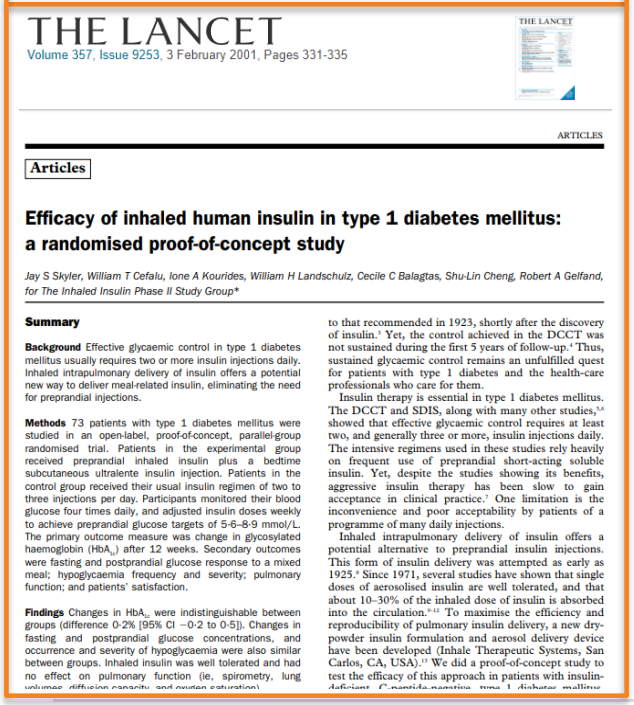
Embase: Indexación del Contenido

Contenido Embase: revisado por pares



THE LANCET
Volume 357, Issue 9253, 3 February 2001, Pages 331-335

ARTICLES

Articles

Efficacy of inhaled human insulin in type 1 diabetes mellitus: a randomised proof-of-concept study

*Jay S Skyler, William T Cefalu, Ione A Kourides, William H Landschulz, Cecile C Balagtas, Shu-Lin Cheng, Robert A Gelfand, for The Inhaled Insulin Phase II Study Group**

Summary

Background Effective glycaemic control in type 1 diabetes mellitus usually requires two or more insulin injections daily. Inhaled intrapulmonary delivery of insulin offers a potential new way to deliver meal-related insulin, eliminating the need for preprandial injections.

Methods 73 patients with type 1 diabetes mellitus were studied in an open-label, proof-of-concept, parallel-group randomised trial. Patients in the experimental group received preprandial inhaled insulin plus a bedtime subcutaneous ultralente insulin injection. Patients in the control group received their usual insulin regimen of two to three injections per day. Participants monitored their blood glucose four times daily, and adjusted insulin doses weekly to achieve preprandial glucose targets of 5-6–8-9 mmol/L. The primary outcome measure was change in glycosylated haemoglobin (HbA_{1c}) after 12 weeks. Secondary outcomes were fasting and postprandial glucose response to a mixed meal; hypoglycaemia frequency and severity; pulmonary function; and patients' satisfaction.

Findings Changes in HbA_{1c} were indistinguishable between groups (difference 0-2% [95% CI −0-2 to 0-5]). Changes in fasting and postprandial glucose concentrations, and occurrence and severity of hypoglycaemia were also similar between groups. Inhaled insulin was well tolerated and had no effect on pulmonary function (ie, spirometry, lung volumes, diffusion capacity, and oxygen saturation)

to that recommended in 1923, shortly after the discovery of insulin.[1] Yet, the control achieved in the DCCT was not sustained during the first 5 years of follow-up.[4] Thus, sustained glycaemic control remains an unfulfilled quest for patients with type 1 diabetes and the health-care professionals who care for them.

Insulin therapy is essential in type 1 diabetes mellitus. The DCCT and SDIS, along with many other studies,[5,6] showed that effective glycaemic control requires at least two, and generally three or more, insulin injections daily. The intensive regimens used in these studies rely heavily on frequent use of preprandial short-acting soluble insulin. Yet, despite the studies showing its benefits, aggressive insulin therapy has been slow to gain acceptance in clinical practice.[7] One limitation is the inconvenience and poor acceptability by patients of a programme of many daily injections.

Inhaled intrapulmonary delivery of insulin offers a potential alternative to preprandial insulin injections. This form of insulin delivery was attempted as early as 1925.[8] Since 1971, several studies have shown that single doses of aerosolised insulin are well tolerated, and that about 10–30% of the inhaled dose of insulin is absorbed into the circulation.[9-14] To maximise the efficiency and reproducibility of pulmonary insulin delivery, a new dry-powder insulin formulation and aerosol delivery device have been developed (Inhale Therapeutic Systems, San Carlos, CA, USA).[15] We did a proof-of-concept study to test the efficacy of this approach in patients with insulin-deficient, C-peptide-negative, type 1 diabetes mellitus

Especialistas extraen conceptos relevantes de los artículos completos

Los términos indexados son estandarizados de acuerdo con el tesauro Emtree

Emtree
- anatomical concepts 15,669,008 Records
- biological functions 22,301,537 Records
- biomedical disciplines, science and art 9,046,052 Records
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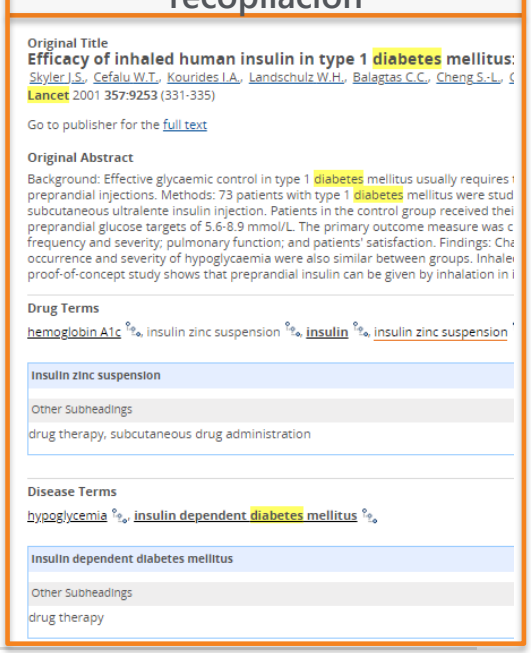
- chemicals and drugs 19,886,791 Records
- diseases 22,164,360 Records
- geographic names 4,378,599 Records
- groups by age and sex 13,195,469 Records
- health care concepts 8,354,134 Records
- named groups of persons 5,182,029 Records
- organisms 26,493,376 Records
- procedures, parameters and devices 28,608,817 Records
- society and environment 12,910,018 Records
- types of article or study 31,929,787 Records

El contenido, seleccionado manualmente, queda disponible para búsqueda y recopilación



Original Title
Efficacy of inhaled human insulin in type 1 diabetes mellitus:
Skyler J.S., Cefalu W.T., Kourides I.A., Landschulz W.H., Balagtas C.C., Cheng S.-L., S
Lancet 2001 **357:9253** (331-335)

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Original Abstract
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Drug Terms
hemoglobin A1c, insulin zinc suspension, insulin, insulin zinc suspension

Insulin zinc suspension
Other Subheadings
drug therapy, subcutaneous drug administration

Disease Terms
hypoglycemia, insulin dependent diabetes mellitus

Insulin dependent diabetes mellitus
Other Subheadings
drug therapy

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¡Muchas gracias!

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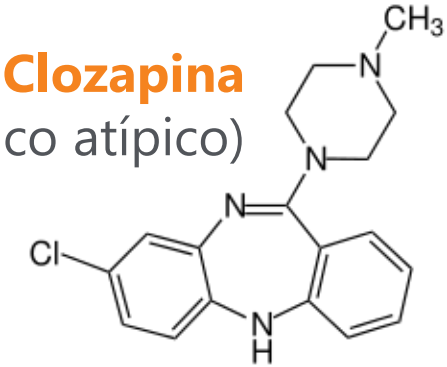
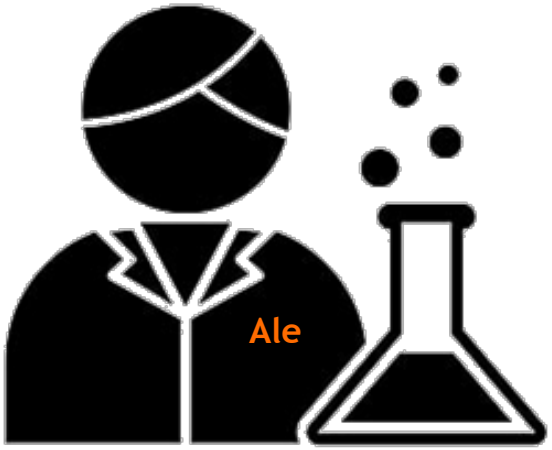
Ejemplo práctico

Clozapina
(antipsicótico atípico)





1. ¿Qué reportes sobre la farmacocinética de clozapina se han realizado en el último quinquenio?
2. ¿Cuáles son los últimos estudios sobre seguridad y eficacia de la clozapina?
3. ¿Con cuáles fármacos la clozapina es usada en combinación para el tratamiento de trastornos psicóticos?
4. ¿Qué métodos de detección de clozapina se están desarrollando?

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