

2022

UpToDate、The Cochrane Library等 循证医学数据库检索技巧

1 主要内容 |

01 循证医学概述

02 UpToDate

 $oxed{03}$ The Cochrane Library $oxed{04}$ Best Practice



∩1 循证医学概述

Evidence-based medicine, EBM

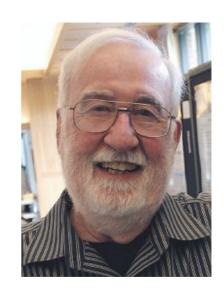


"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values""

--David Sackett

三要素:

当前最佳的研究证据 医务工作者的临床经验 患者的意愿及价值观



"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values""

--David Sackett

三要素:

当前最佳的研究证据 ——> 系统化评价和合成的研究证据 医务工作者的临床经验 患者的意愿及价值观

临床循证过程: "5A"

- 提出临床问题(Acquire clinic question)
- 获取最佳证据(Acquire best evidence)
- 评价证据(Appraise evidence)
- 应用证据 (Apply evidence)
- 后效评估(Assess effect)



PICO原则

P: patient/participant 患者或问题

I: intervention 干预措施

C: comparison 对比措施

O: outcome 结局指标

临床问题	最佳研究设计
病因学与不良反应问题	队列研究 → 病例对照 → 病例报告
诊断问题	诊断性试验研究(横断面研究),与金标准盲法比较
治疗问题	RCT随机对照试验 → CCT半随机对照 → 病例报告
预后问题	队列研究 → 病例对照 → 病例报告



PICOS原则

P: patient/participant 患者或问题

I: intervention 干预措施

C: comparison 对比措施

O: outcome 结局指标

S: study design 研究设计



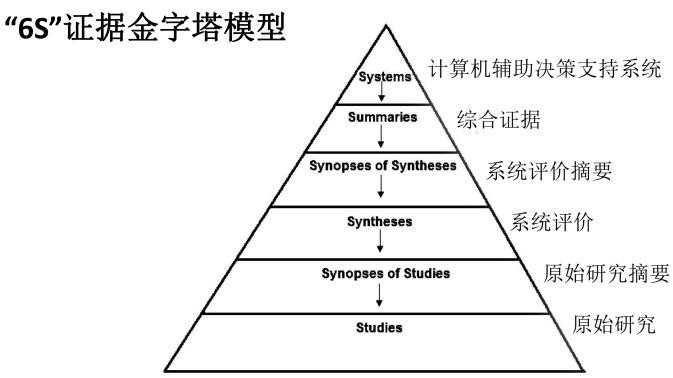
病因问题——PECO

P: patient/participant 患者或问题

E: exposure 暴露因素

C: comparison 对比措施

O: outcome 结局指标



Dicenso A, Bayley L, Haynes RB. Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evid Based Nurs. 2009 Oct;12(4):99-101.



Studies 原始研究

直接在患者中进行的有关于病因、预防、诊断、治疗及预后等方面的单个研究。















Synopses of studies 原始研究摘要

原始研究摘要是根据严格的评价标准从有关期刊中筛选出好的论文 及有价值的研究后,所撰写出来的结构式摘要或评述。一般发表在循证 医学期刊上。

美国内科医师学会《ACP Journal Club》(1991-2008) https://www.acpjc.org 《Evidence-based medicine》等期刊 https://ebm.bmj.com/



Syntheses 系统评价

又称为系统综述,是针对某一具体临床问题,系统、全面地收集所有已发表或未发表的研究,采用临床流行病学的原则和方法对研究进行严格的评价、筛选出符合纳入标准的研究,进行定性或定量合成,从而得出可靠的结论。

The Cochrane Library 考克兰图书馆 https://www.cochranelibrary.com/



Synopses of Syntheses 系统评价摘要

系统评价摘要是对高质量的系统评价进行严格筛选评价后撰写出来的大纲式摘要。

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美国内科医师学会《ACP Journal Club》(1991-2008)
https://www.acpjc.org
《Evidence-based medicine》等期刊
https://ebm.bmj.com/
Cochrane效果评价文摘库
( Database of Abstracts of Reviews of Effectiveness , DARE )
https://www.crd.york.ac.uk/
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Summaries 综合证据

★临床实践指南

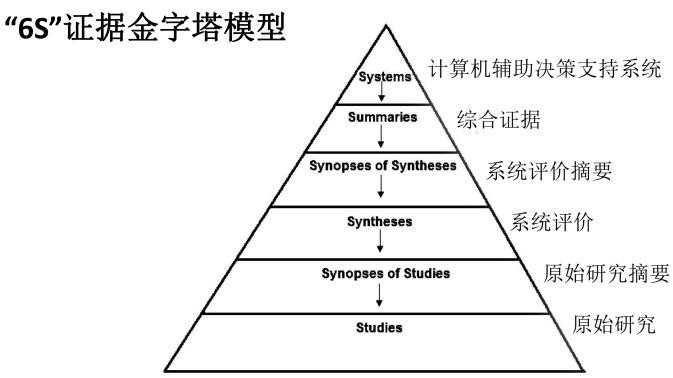
针对患者的特定临床问题,基于系统评价形成的证据,并对各种备选干预方式进行全面的利弊平衡分析后提出的最优指导意见。

NICE 英国国家卫生与临床优化研究所 https://guidance.nice.org.uk

SIGN 苏格兰校际指南网络 https://www.sign.ac.uk/

UpToDate https://www.uptodate.com/contents/search

BMJ Best Practice https://bestpractice.bmj.com/



Dicenso A, Bayley L, Haynes RB. Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evid Based Nurs. 2009 Oct;12(4):99-101.



01 | 如何进入数据库

进入北京大学口腔医院官网https://ss.bjmu.edu.cn/点击右上角【图书馆】 【电子资源】→【数据库】







北京大学医学图书馆 电子资源平台

图书馆主页

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	语种: 中文 外文								
	首字母: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z								
ż	文献类型: 期刊 图书 学位论文 会议论文/科技报告 循证医学 事实数据 多媒体 考试/培训/课件 光盘数据库 其他								
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	中文数据库		外文数据库						
1	【置顶】中华医学期刊全文库	1	【置顶】Scopus数据库 <mark>面</mark>						
2	【置顶】北医搜索	2	【置顶】北医搜索						
3	中国知网(CNKI)资源总库	3	PubMed数据库						
4	万方数据知识服务平台	4	Web of Science						
5	维普中文科技期刊数据库	5	clinicalkey						
6	中国生物医学文献服务系统(SinoMed)	6	Elsevier ScienceDirect						
7	北京大学医学部学位论文系统	7	UpToDate数据库						
8	读秀中文学术搜索	8	Embase数据库						



【文献类型】→【循证医学】

搜资源库:																						Q.				
语种:	中文	外文																								
首字母:	A B	С	D	E F	G	Н	I J	K	L N	1 N	0	Р	Q	R	S T	U	v w x	Y	Z							
文献类型 ^X	期刊	图书	学	位论文	会	议论文	文/科技	支报告	循证	医学 [×]	事实	数据	多	媒体	考试	/培	训/课件 光話	量数据原	车 其他	3						
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排序: 名称 访	问量↓																							3	↑	I
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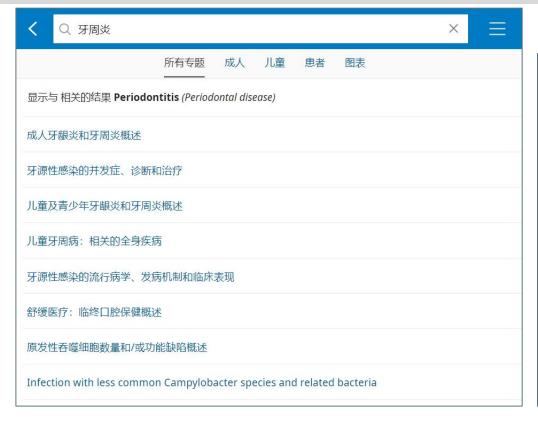
09 UpToDate

基于循证医学原则的临床支持系统



https://www.uptodate.com/contents/search











成人牙龈炎和牙周炎概述

Authors: Rebecca S Wilder, BSDH, MS, Antonio J Moretti, DDS, MS Section Editor: Daniel G Deschler, MD, FACS

Deputy Editor: Lisa Kunins, MD

View in language

翻译:徐屹,副主任医师,副教授

Contributor Disclosures

我们的所有专题都会依据新发表的证据和同行评议过程而更新。

文献评审有效期至: 2022-09. | 专题最后更新日期: 2022-08-26.

There is a newer version of this topic available in English. 该主题有一个新的英文版本。

引言

牙周病是累及牙齿支持结构(包括牙龈、牙骨质、牙周韧带和牙槽骨)的常见病,主要是牙龈炎和牙周炎(№图1)。

本文将介绍牙龈炎、牙周炎和相关疾病,包括累及牙种植体。牙源性感染的发病机制、临床表现及抗生素治疗详见其他专题。(参见 "牙源性感染的流行病学、发病机制和临床表现"和 "牙源性感染的并发症、诊断和治疗")

牙周炎

查找

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定义

牙周病包括牙龈炎和牙周炎,根据牙周韧带和/或牙槽骨是否受累分类(№图 1)[1,2]。

02 | 检索



→ 总结与推荐

- 定义 牙周病包括牙龈炎和牙周炎,根据是否累及牙槽骨分类(№图1)。(参见上文'定义')
 - 牙龈炎仅累及牙龈(国图片 1),是一种炎症病变,表现为牙龈红肿和日常刷牙、使用牙线或牙周探诊时出血。健康牙龈组织呈粉红色、有点彩(与橘皮相似),质韧(国图片 2)。

牙周炎

A

查找

- 牙周炎的特征为牙龈炎症伴支持性结缔组织(包括牙周韧带和牙槽骨)丢失(№图 1)。临床表现包括:探诊时牙龈出血、探诊深度增加和牙齿动度增加。
- 临床表现-大多数情况下,牙科医生诊断出牙龈炎或牙周炎后,应告知患者的初级保健医生。初级保健医生也可在常规体检时发现牙龈或牙周疾病,并嘱患者去牙科接受进一步评估和治疗。(参见上文'临床表现')
- **菌斑相关性牙龈炎和牙周炎:病程和治疗** 最常见的牙龈炎是细菌生物膜诱发的牙龈炎,仅累及牙龈组织,经治疗可逆转。如不治疗,牙龈炎很可能发展为牙周炎,但进展时间从数周至数年不等。牙周炎通常缓慢进展,有不可预测的短暂快速进展及附着丢失阶段。活动性骨丢失的诱发机制尚未明确,但似乎与优势菌由革兰阳性菌转变成革兰阴性厌氧杆菌有关。(参见上文'发病机制')
 - 我们建议通过机械性清洁(在日常刷牙的基础上使用牙线,并定期接受牙科护理)预防牙菌斑相关性牙龈炎和牙周炎(Grade 2C)。日常口腔清洁的目的在于减少龈上和龈下细菌,以免引发或维持炎症。(参见上文'菌斑相关性牙龈炎和牙周炎的预防')
 - 牙石必须通过专业手段清除,以促进炎症消退。(参见上文'菌斑相关性牙龈炎和牙周炎的预防')
 - 菌斑相关性牙周炎的主要治疗包括由牙科医生进行牙周清洁(针对龈下生物膜和牙石进行刮治和根面平整),还应进行细致的日常口腔清洁,包括每日使用氯己定含漱液2次,待能够安全地恢复正常刷牙后(一般是在刮治或手术后2周),每日刷牙2次(用手动或电动牙刷)、每日使用牙线1次,并酌情戒烟。(参见上文'菌斑相关性牙龈炎和牙周炎的治疗')
 - 病情较轻时,除上述治疗外,牙科医生还可能在牙周袋内局部用抗生素,包括多西环素或米诺环素(圖表 2)。











专题分类 → 药物信息(Drug Information)

General drug information 一般药物信息

International drug information (concise) 国际药物简明信息

Patient drug information 患者用药信息

Pediatric drug information 儿科药物信息

What's new in drug therapy 药物治疗新的变化

Patient Education 患者教育



02| 专题分类--药物信息



02| 专题分类--药物信息



中国药物信息

国外药物信息

药物专论

氟康唑

药物剂型

眼用制剂

普通胶囊剂

分散片

颗粒剂

注射剂

片剂



中国药物信息

国外药物信息

药物信息

Fluconazole: Drug information

Fluconazole: Pediatric drug information

Fluconazole: Patient drug information

Launch drug interactions program →



02| 专题分类--药物信息





专题提纲	数据来源: / 丁香 尼
英文名	英文名
通用名	Fluconazole Capsules
商品名	Fiuconazole Capsules
成份	通用名
适应症	氣康唑胶囊
用法 <mark>用量</mark>	商品名
不良反应	麦道氣康
禁忌	成份
注意事项	3,742
孕妇及哺乳期妇女用药	本品主要成分为氟康唑
儿童用药	适应症
老年用药	本品主要用于以下适应症中病情较重的患者:
药物相互作用	念珠菌病: 用于治疗口咽部和食道念珠菌感染;
毒理研究	播散性念珠菌病,包括腹膜炎、肺炎、尿路感染等
贮藏	念珠蘭外阴阴道
批准文号	
是否OTC	用法用量
生产企业	口服。成人





02| 专题分类--计算器

专题分类 > 诊疗实践更新 重要更新 患者教育							
〈 返回 Calculators							
View By Specialty List Alphabetically Search Calculators ALLERGY AND IMMUNOLOGY CALCULATORS							
Medical Equations							
Absolute eosinophil count							
Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests							
Conventional (gravimetric, imperial, US) unit to SI unit conversions: Immunology lab values							
SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemistry and endocrine tests							
SI unit to conventional (gravimetric, imperial, US) unit conversions: Immunology lab values							
ANESTHESIOLOGY CALCULATORS							
Clinical Criteria							

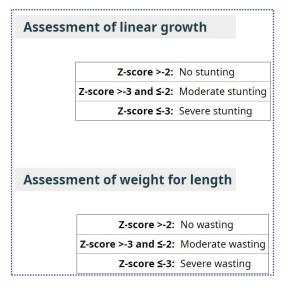


02| 专题分类--计算器

Calculator: Body ma	ss index (BMI; Qu	etelet's index) in adı	ults
	In	put	
	Height	in ~	•
	Weight	lb v	•
	Re	sult	
	BMI Decimal pro	kg/m² ecision 2 ×	
BMI interpretation			
	BMI <18.5:	Below normal weight	
	BMI ≥18.5 and <25:	Normal weight	
	BMI ≥25 and <30:	Overweight	
	BMI ≥30 and <35:	Class I Obesity	
	BMI ≥35 and <40:	Class II Obesity	
	BMI ≥40:	Class III Obesity	

Calculator: WHO assessment of malnutrition in females 0 to 2 years old

	Input		
Age		mo	~
Length		cm	~
Weight		kg	~
	Results		
Z-score wei	Z-score leng ght for leng	th	
	gth percenti		
Weight for len	gth percent nal precision		ļ
	Reset form	•	







02| 专题分类--专科下主题

Allergy and Immunology	Geriatrics	Pediatrics
Anesthesiology	Hematology	Primary Care (Adult)
Cardiovascular Medicine	Hospital Medicine	Primary Care Sports Medicine (Adolescents and Adults)
Dermatology	Infectious Diseases	Psychiatry
Emergency Medicine (Adult and Pediatric)	Nephrology and Hypertension	Pulmonary and Critical Care Medicine
Endocrinology and Diabetes	Neurology	Rheumatology
Family Medicine and General Practice	Obstetrics, Gynecology and Women's Health	Sleep Medicine
Gastroenterology and Hepatology	Oncology	
General Surgery	Palliative Care	





02| 专题分类--药物相互作用



Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. Concurrent use of these agents should

No known interaction

Consider Therapy Modification

Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the risks resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, or choosing alternative agents.

Data demonstrate that the specified agents may interact with each other in a

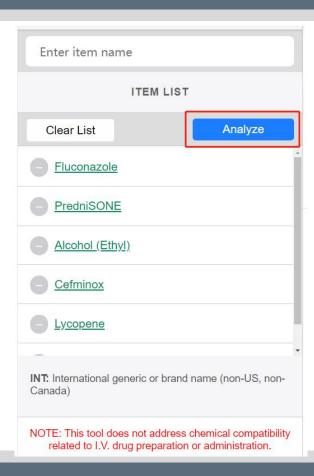
clinically significant manner. The benefits of concomitant use of these two medications often outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in some patients.

Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.

Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents

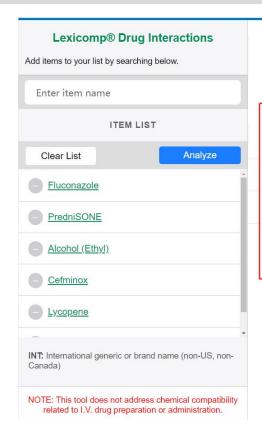


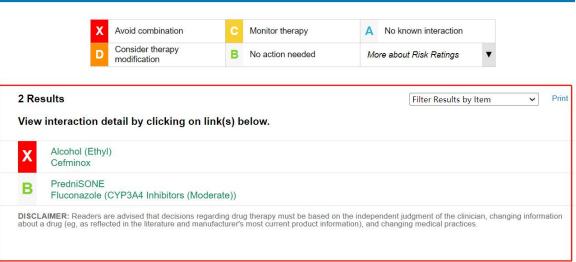






02| 专题分类--药物相互作用





Title Alcohol (Ethyl) / Cefminox

Print

Risk Rating X: Avoid combination

Summary Cefminox may enhance the adverse/toxic effect of Alcohol (Ethyl). **Severity** Major **Reliability Rating** Fair: Reported in the prescribing information

Patient Management Use of alcohol should be avoided during treatment with cefminox and for at least one week after completion of cefminox treatment. Note that alcohol may be contained in beverages and pharmaceutical products (eg, elixirs).

Discussion The cefminox labeling cautions that the use of alcohol should be avoided during treatment with cefminox and for at least one week after cefminox treatment is completed. Use of alcohol with cefminox may result in a disulfiram-like reaction (i.e., flushing, palpitations, dizziness, nausea, etc.). Studies in rats found evidence that cefminox, along with other cephalosporins with similar chemical structures, increased blood acetaldehyde concentrations. Flushing occurred in 5 of 8 healthy subjects after receiving ethanol (0.5 g/kg) following the administration of 3 doses of cefotetan (2 g every 12 hours), a cephalosporin containing a chemical structure similar to that of cefminox. Other signs and symptoms of disulfiram-like reactions were noted (eg, changes in heart rate and blood pressure); however, no changes in the pharmacokinetics of alcohol or acetaldehyde were observed.

The mechanism of this potential interaction is uncertain, but it has been proposed that cefminox may inhibit adehyde dehydrogenase, impairing the metabolism of acetaldehyde generated in the metabolism of alcohol.

Footnotes

- 1. Meicelin (cefminox) [Japan Pharmaceutical Reference]. Tokyo, Japan: Meiji Seika Kaisha, Ltd.; June 2005.
- 2. Kamei C, Sugimoto Y, Muroi N, Tasaka K. Effects of various cephem antibiotics on ethanol metabolism and their structure-activity relations. *J Pharm Pharmacol*. 1986;38(11):823-828. [PubMed 2879012]
- 3. Kline SS, Mauro VF, Forney RB Jr, Freimer EH, Somani P. Cefotetan-induced disulfiram-type reactions and hypoprothrombinemia. *Antimicrob Agents Chemother*. 1987;31(9):1328-1331. [PubMed 3479045]



Pub Med.gov					Search
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> J Pharm Pharmacol. 1986 Nov;38(11):823-8. doi: 10.1111/j.2042-7158.1986.tb04502.x.

Effects of various cephem antibiotics on ethanol metabolism and their structure-activity relations

C Kamei, Y Sugimoto, N Muroi, K Tasaka

PMID: 2879012 DOI: 10.1111/j.2042-7158.1986.tb04502.x

Abstract

The effects of various cephem antibiotics and related compounds on ethanol metabolism were studied in association with their chemical structures. In rats, cefoperazone, cefbuperazone, cefbuperazone, cefmanadole, latamoxef, cefmetazole, cefotetan, cefmenoxime and cefminox which have the [(1-methyl-1H-tetrazol-5-yl) thio] methyl group at position 3 of the cephem ring caused a significant increase in the blood acetaldehyde concentration. In the last three compounds, disulfiram-like activity was less potent than that evaluated in the preceding compounds. Cefazolin and ceftezole having a H-tetrazol group at position 7 also showed a disulfiram-like activity. A single administration of 1H-tetrazol also increased the blood acetaldehyde concentration. Both blood ethanol and acetaldehyde values were increased significantly on administration of these drugs. In beagle dogs, cefoperazone induced a less remarkable but much more sustained increase in the blood acetaldehyde. These results indicate that the 1H-tetrazol group, as well as the [(1-methyl-1H-tetrazol-5-yl) thio] methyl group, is responsible for inducing a disulfiram-like activity among the drugs having a [(1-methyl-1H-tetrazol-5-yl) thio] methyl group at position 3 of the cephem ring in relation to those in which the side chain is substituted at position 7.

Similar articles

[Cephem antibiotics and alcohol metabolism: (1) Disulfiram-like reaction resulting from intravenous administration of cephem antibiotics].

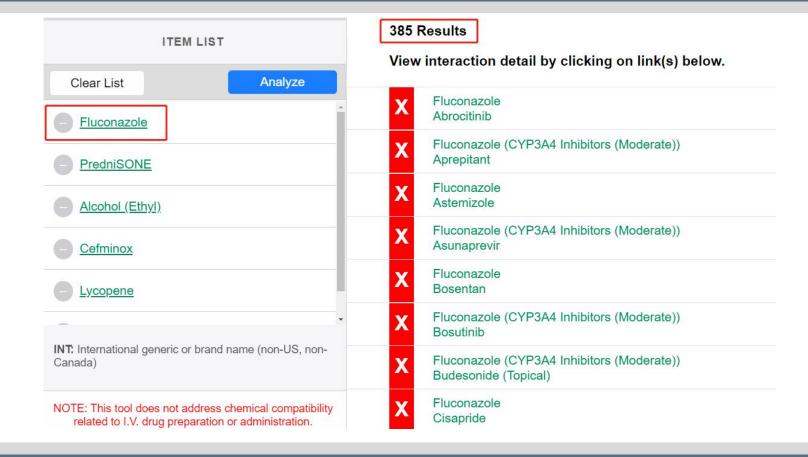
Yanagihara M, Okada K, Nozaki M, Tsurumi K, Fujimura H. Nihon Yakurigaku Zasshi. 1982 Jun;79(6):551-60.

PMID: 6290355 Japanes





02| 专题分类--药物相互作用





★常见疾病新认识, 跨专科知识速补充

详细罗列临床表现;提供经典的临床表现图片;精确指出疾病病因;总结多种诊断方法;直接指出循证grade分级的治疗方案

★成人 儿童

★药物相互作用

★患者教育

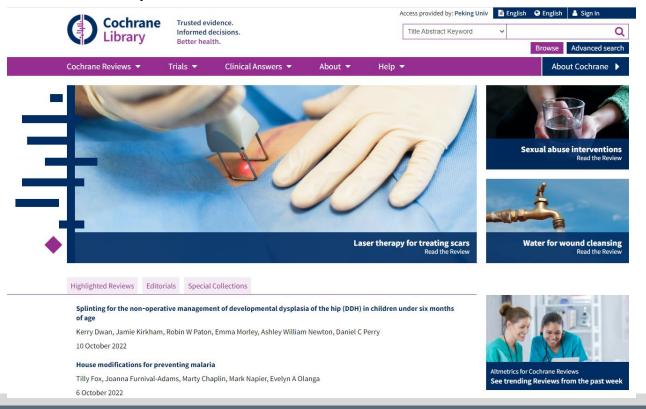


03 The Cochrane Library

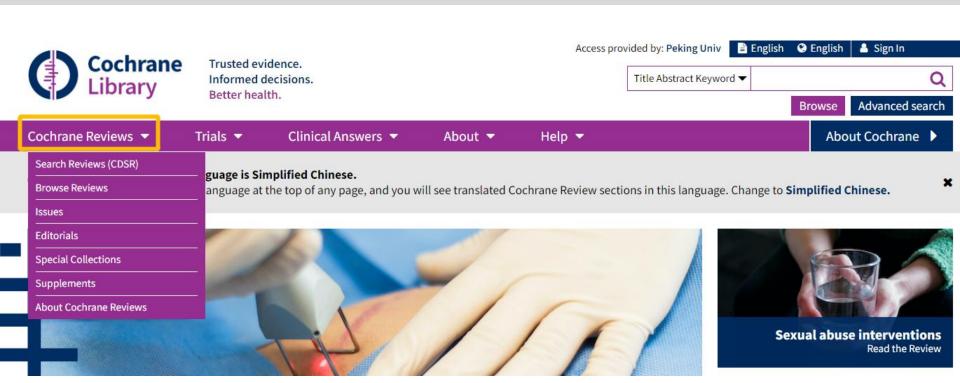
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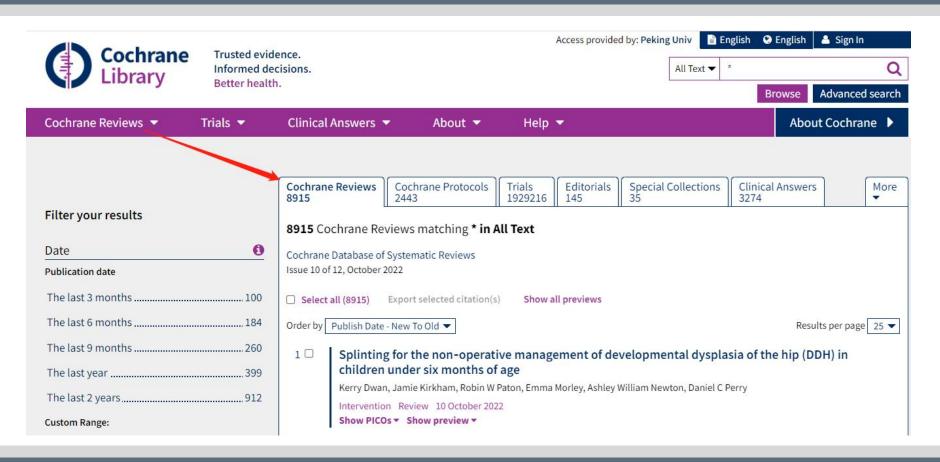
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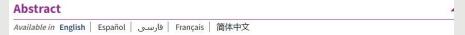












Background

Children's fear about dental treatment may lead to behaviour management problems for the dentist, which can be a barrier to the successful dental treatment of children. Sedation can be used to relieve anxiety and manage behaviour in children undergoing dental treatment. There is a need to determine from published research which agents, dosages and regimens are effective. This is the second update of the Cochrane Review first published in 2005 and previously updated in 2012.

Objectives

To evaluate the efficacy and relative efficacy of conscious sedation agents and dosages for behaviour management in paediatric dentistry.

Search methods

Cochrane Oral Health's Information Specialist searched the following databases: Cochrane Oral Health's Trials Register (to 22 February 2018); the Cochrane Central Register of Controlled Trials (CENTRAL; 2018, Issue 1) in the Cochrane Library (searched 22 February 2018); MEDLINE Ovid (1946 to 22 February 2018); and Embase Ovid (1980 to 22 February 2018). The US National Institutes of Health Ongoing Trials Register (Clinical Trials.gov) and the World Health Organization International Clinical Trials Registry Platform were searched for ongoing trials. No restrictions were placed on the language or date of publication when searching the electronic databases.



兼语版概要

Plain language summary

__________________________________ | Français | Hrvatski | 日本語 | Bahasa Malaysia | Русский 简体中文

Sedation of children undergoing dental treatment

Review question

The aim of this Cochrane Review was to find out which drugs used to sedate children during dental treatment were the most effective.

Background

Fear of the dentist may be expressed as unco-operative behaviour in children requiring dental treatment. Behaviour management problems can result in a child's tooth decay going untreated. While behavioural techniques play an important role in managing children, some children still find it difficult to co-operate with dental treatment and may require sedation. This review examined the effects of drugs to sedate a child whilst keeping them conscious.

Study characteristics

Authors from Cochrane Oral Health carried out this review and the evidence is up to date to 22 February 2018. A total of 50 randomised controlled trials were included with a total of 3704 participants. Within these studies 34 different sedatives were used, often with inhalational nitrous oxide as well. Dosages and delivery of these drugs varied widely. We grouped studies into those where drugs were compared to a placebo, where drugs were compared to other drugs or where different dosages of drugs were compared. Because all the studies were so different we could only carry out a meta-analysis for studies comparing oral midazolam to a placebo. The review showed that use of oral midazolam made patients more co-operative for dental treatment than a placebo drug. Where reported, adverse effects were few and minor.

Key results

Oral midazolam probably improves behaviour of children during dental treatment. We evaluated other sedatives but there is insufficient evidence to draw any conclusions.

Certainty of the evidence

There is some moderate-certainty evidence that midazolam administered in a drink of juice is effective.



New search Conclusions changed

Cochrane Database of Systematic Reviews Review - Intervention

Sedation of children undergoing dental treatment

■ Paul F Ashley, Mohsin Chaudhary, Liege Lourenço-Matharu Authors' declarations of interest

Version published: 17 December 2018 Version history https://doi.org/10.1002/14651858.CD003877.pub5♂

Version history

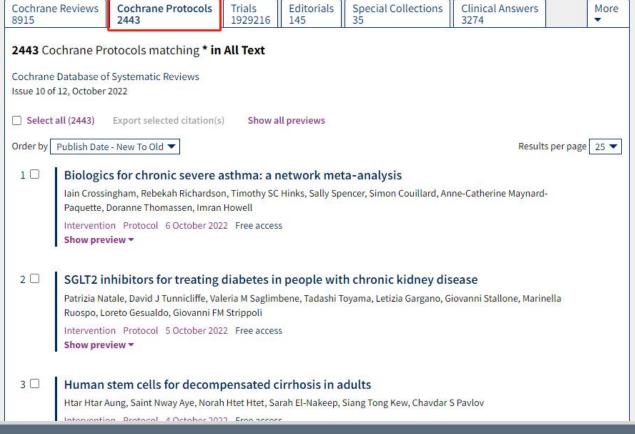
Published	Title	Stage	Authors	Version
2018 Dec 17	Sedation of children undergoing dental treatment	Review	Paul F Ashley, Mohsin Chaudhary, Liege Lourenço-Matharu	https://doi.org/10.1002/14651858.
SHOW ICVISIONS	treatment		Loui enço-matriar u	CD003677.pub3 @
2012 Mar 14	Sedation of children undergoing dental	Review	Liege Lourenço-Matharu, Paul F Ashley,	https://doi.org/10.1002/14651858.
Show revisions	treatment		Susan Furness	CD003877.pub4 ☑*
2006 Jan 25	Sedation of anxious children	Review	Liege Matharu, Paul F Ashley	https://doi.org/10.1002/14651858.
Show revisions	undergoing dental treatment			CD003877.pub3 ☑*
2005 Apr 20	Sedation of anxious children	Review	Liege Matharu, Paul F Ashley	https://doi.org/10.1002/14651858.
Show revisions	undergoing dental treatment			CD003877.pub2 🗗
2002 Jul 22	Sedation of anxious children	Protocol	Liege Matharu, Paul F Ashley	https://doi.org/10.1002/14651858.
Show revisions	undergoing dental treatment			CD003877 🗗

最新更新的结 果和以往版本 等信息

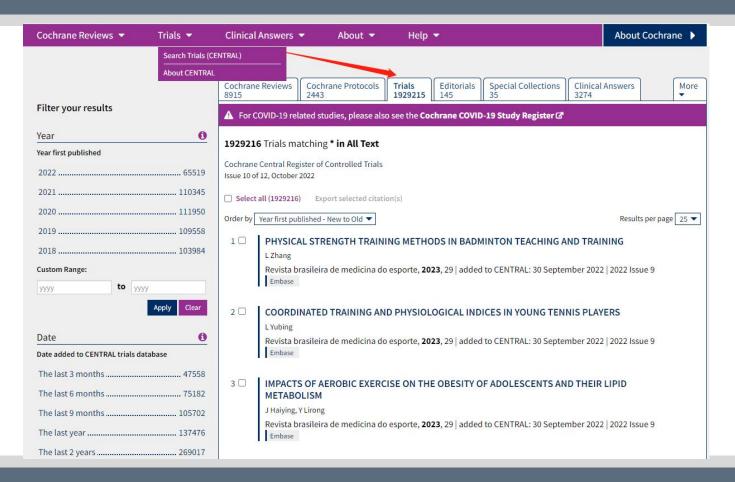


03 | Cochrane Protocols

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Source	0
PubMed	765109
Embase	677803
CT.gov	232254
ICTRP	199893
CINAHL	25217

Comparison between Air Q and intubating laryngeal mask airway as intubation conduits in patients with simulated fixed cervical spine: a prospective observational study

R Bala, J Basumatary, P Bansal

Medical gas research, 2023, 13(1), 10-14 | added to CENTRAL: 31 August 2022 | 2022 Issue 8

PubMed

The efficacy of acupressure in managing opioid-induced constipation in patients with cancer: a single-blind randomized controlled trial

D Yildirim, V Kocatepe, GK Talu

Supportive care in cancer, 2022, 30(6), 5201-5210 | added to CENTRAL: 31 March 2022 | 2022 Issue 03

PubMed

Embase

ClinicalTrials.gov 美国 临床试验信息的数据库 https://www.clinicaltrials.gov/ICTRP 世界卫生组织 国际试验注册平台 http://www.who.int/ictrp/en/CINAHL 护理学和专职医疗保健领域文献索引



03 | Trials

Cochrane Central Register of Controlled Trials

Intranasal Fentanyl Combined with Oral Midazolam for Pediatric Dental Sedation: a Controlled Randomized Blinded Crossover Clinical Trial

Alhaidari RI, AlSarheed M, Sheta SA, Aldhubaiban M
Pediatric dentistry, 2022, 44(4), 255-260 | added to CENTRAL: 30 September 2022 | 2022 Issue 9

Sourced from: PubMed, Embase | Links: PubMed &

Abstract

Purpose: The purpose of this study was to compare the effectiveness of intranasal fentanyl combined with oral midazolam to oral midazolam alone in pediatric dental patients. Methods: Thirty-two uncooperative healthy children aged three to six years old, who met the inclusion criteria, were randomly assigned to receive oral midazolam (0.7 mg/kg) with either intranasal fentanyl (one μg/kg) or intranasal placebo (saline). A controlled, randomized, double-blinded, crossover clinical trial design was followed so that each child received both regimens. Data collected included the onset of sedation, working time, sedation and behavior assessment, and occurrence of side effects. Results: The onset of sedation time was not statistically different between the two groups (P=0.62), while the median working time of the midazolam/fentanyl sedation was sig- nificantly longer than the midazolam sedation (P<0.001). Sedation scores were significantly better with the midazolam/fentanyl sedation regimen at separation from parents (P=0.032), local anesthesia administration (P=0.018), rubber dam application (P=0.035), after five minutes of dental treatment (P=0.035), after 10 minutes (P=0.039), after 15 minutes (P=0.012), and after 20 minutes (P=0.038). Behavior scores were significantly better with the midazolam/fentanyl sedation only at local anesthesia administration (P=0.021), rubber dam placement (P=0.004), and after five minutes of dental treatment (P=0.049). Minor side effects occurred in 12.5 percent of sedation procedures and were not significantly associated with either of the two groups (P=0.70). Conclusion: The combination of oral midazolam with intranasal fentanyl sedation, when compared to oral midazolamas a single agent, significantly improved sedation and behavior during local anesthesia and operative dentistry for healthy three- to six-year-old children in addition to prolonged sedation working time.

Information

Database: Cochrane Central Register of Controlled Trials (CENTRAL)

Date Added to CENTRAL: 30 September 2022

Issue Added to CENTRAL: 2022 Issue 9

Source: Pediatric dentistry

Year of Publication: 2022 Volume: 44 Issue: 4

Pages: 255-260

Accession Number: PUBMED 35999678; EMBASE 638829289

Language: English

Publication Type: Journal article
ID Number: CN-02454040



Cochrane Central Register of Controlled Trials

Effectiveness of school dental screening on dental visits and untreated caries among primary schoolchildren: study protocol for a cluster randomised controlled trial

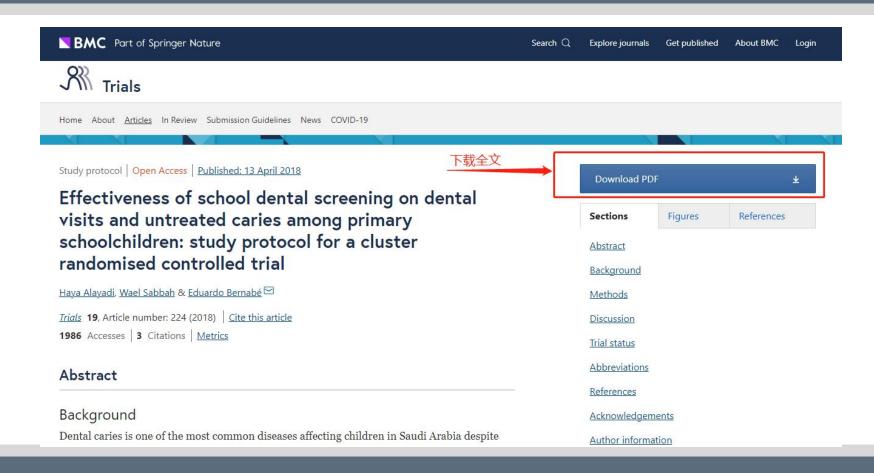
Alayadi H, Sabbah W, Bernabe E

Trials, 2018, 19(1) (no pagination) | added to CENTRAL: 31 May 2018 | 2018 Issue 5

https://doi.org/10.1186/s13063-018-2619-2 3

Sourced from: Embase







Cochrane Central Register of Controlled Trials

Essential Oils Mouthrinse and Dental Floss, Comparison of Efficacy on Interproximal Gingivitis and Dental Plaque Accumulation

NCT01236963

https://clinicaltrials.gov/show/NCT01236963, 2010 | added to CENTRAL: 31 May 2018 | 2018 Issue 5

Sourced from: CT.gov | Links: ClinicalTrials.gov &

03 | Trials



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Essential Oils Mouthrinse and Dental Floss, Comparison of Efficacy on Interproximal Gingivitis and Dental Plaque Accumulation

A

The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our disclaimer for details.

ClinicalTrials.gov Identifier: NCT01236963

Recruitment Status **6** : Completed First Posted **6** : November 9, 2010

Last Update Posted 6: November 10, 2010

Sponsor:

University of Lisbon

Collaborator:

Instituto Piaget

Information provided by:

University of Lisbon

Study Details

Tabular View

No Results Posted

Disclaimer

How to Read a Study Record

Study Description



More Information

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Publications:

Barnett ML. The rationale for the daily use of an antimicrobial mouthrinse. J Am Dent Assoc. 2006 Nov;137 Suppl:16S-21S. Review. Erratum in: J Am Dent Assoc. 2008 Mar;139(3):252.

Bauroth K, Charles CH, Mankodi SM, Simmons K, Zhao Q, Kumar LD. The efficacy of an essential oil antiseptic mouthrinse vs. dental floss in controlling interproximal gingivitis: a comparative study. J Am Dent Assoc. 2003 Mar;134(3):359-65. Erratum in: J Am Dent Assoc. 2003 May;134(5):558.

Gordon JM, Lamster IB, Seiger MC. Efficacy of Listerine antiseptic in inhibiting the development of plaque and gingivitis. J Clin Periodontol. 1985 Sep;12(8):697-704.

Sharma N, Charles CH, Lynch MC, Qaqish J, McGuire JA, Galustians JG, Kumar LD. Adjunctive benefit of an essential oil-containing mouthrinse in reducing plaque and gingivitis in patients who brush and floss regularly: a six-month study. J Am Dent Assoc. 2004 Apr;135(4):496-504.

Sharma NC, Charles CH, Qaqish JG, Galustians HJ, Zhao Q, Kumar LD. Comparative effectiveness of an essential oil mouthrinse and dental floss in controlling interproximal gingivitis and plaque. Am J Dent. 2002 Dec;15(6):351-5.

Responsible Party: Henrique Soares Luis, Faculdade de Medicina Dentária da Universidade de Lisboa

ClinicalTrials.gov Identifier: NCT01236963 History of Changes

Other Study ID Numbers: 9/2006b

First Posted: November 9, 2010 Key Record Dates

Last Update Posted: November 10, 2010

Last Verified: July 2010



Cochrane Central Register of Controlled Trials

A behavioural intervention to reduce the inequalities in the uptake of routine dental care: main trial

ISRCTN84666712

https://trialsearch.who.int/Trial2.aspx?TrialID=ISRCTN84666712, 2021 | added to CENTRAL: 31 May 2021 | 2021 Issue 05

Sourced from: ICTRP | Links: WHO ICTRP &

03 | Trials





International Clinical Trials Registry Platform Search Portal

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Main

Note: This record shows only 22 elements of the WHO Trial Registration Data Set. To view changes that have been made to the source record, or for additional information about this trial, click on the URL below to go to the source record in the primary register.

Register: ISRCTN

Main ID: ISRCTN84666712

Date of registration: 12/04/2021

Prospective Registration:

Primary sponsor: University of Liverpool

Public title: A behavioural intervention to reduce the inequalities in the uptake of routine dental care: main trial Scientific title: InteRvention to rEduce inequaliTies in the Uptake of Routine deNtal care - RETURN main trial

Date of first enrolment: 18/08/2021

Target sample size: 1180 Ongoing Recruitment status:

https://www.isrctn.com/ISRCTN84666712 URL:

Yes

Study type: Interventional

Study design: Randomized; Both; Design type: Prevention, Process of Care, Psychological & Behavioural, Qualitative (Treatment)

Not Applicable Phase:

Countries of recruitment

United Kingdom England

Contacts

Name: Name: Rebecca Harris

Department of Public Health, Policy & Systems Room 124, 1st Floor, Block B, Waterhouse Building 1-5 Brownlow Street L69 3GL Liverpool United Kingdom Address: Address:

Telephone: Telephone: +44 (0)151 795 5334 Email: Email: harrisrv@liverpool.ac.uk

Affiliation: Affiliation:





> Trials. 2022 Jun 7;23(1):475. doi: 10.1186/s13063-022-06418-2.

Behavioural intervention to promote the uptake of planned care in urgent dental care attenders: study protocol for the RETURN randomised controlled trial





←全文链接





Cochrane Central Register of Controlled Trials

The Effect of Continuing Education on Dental Hygienists' Knowledge, Attitudes, and Practices Regarding Human Papillomavirus Related

Oropharyngeal Cancer

McLeroy TM, Gurenlian J, Rogo EJ Journal of dental hygiene, 2020, 94(3), 16-28 | added to CENTRAL:

Sourced from CINAHL

Information

Database: Cochrane Central Register of Controlled Trials (CENTRAL)

Date Added to CENTRAL: 30 November 2020
Issue Added to CENTRAL: 2020 Issue 11

Source: Journal of dental hygiene

Year of Publication: 2020 Volume: 94 Issue: 3

Pages: 16-28

Accession Number: CINAHL 144241053

Language: English

Publication Type: Journal article
ID Number: CN-02198900
Cochrane Group Code: SR-ORAL











PDF 全文 参考文献 (53)

查找相似结果

使用智能文本搜索。

◆结果列表 精确检索 (1共1)

The Effect of Continuing Education on Dental Hygienists' Knowledge, Attitudes, and Practices Regarding Human Papillomavirus Related Oropharyngeal Cancer.

作者: McLeroy, Toni M.; ¹Gurenlian, JoAnn; ²Rogo, Ellen J.³

单位: 1CRDH, MS is an associate professor, Dental Hygiene Department, State College of Florida, Manatee-Sarasota, FL

²RDH, PhD, AFAAOM, is a professor and the Graduate Program Director, Dental Hygiene Department, Idaho State University, Pocatello

³RDH, PhD is a professor, Dental Hygiene Department, Idaho State University, Pocatello, ID

来源: <u>Journal of Dental Hygiene</u> (J DENT HYG), Jun2020; 94(3): 16-28. (13p)

出版物类型: Article - research, tables/charts, randomized controlled trial

语言: English

次要主题:

主要主题: Dental Hygienists -- Psychosocial Factors

Education, Continuing

<u>Dental Hygienists</u> -- <u>Education</u> -- <u>Florida</u>

Professional Knowledge
Dental Hygienist Attitudes

Dentistry

Papillomavirus Infections - Prevention and Control

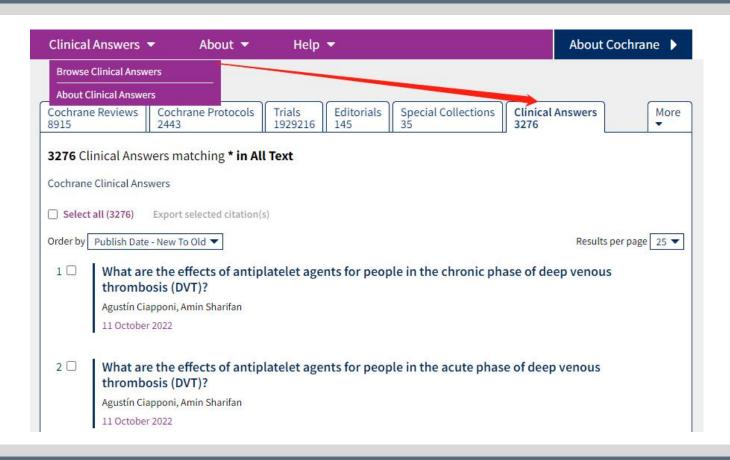
Oropharyngeal Neoplasms - Prevention and Control

Human; Randomized Controlled Trials; Random Sample; Pretest-Posttest Design; Experimental Studies; Florida; Questionnaires; Descriptive Statistics; Data Analysis Software; Analysis of Variance; Power

Analysis; Random Assignment; Summated Rating Scaling; Content Validity; Course Content; Adult; Middle Age; Aged









Cochrane Clinical Answers

Question:

Is there randomized controlled trial evidence to support the use of fluoride gels for preventing dental caries?

Mojtaba Dorri 25 July 2016 https://doi.org/10.1002/cca.876 ☑

Clinical Answer:

Moderate-quality evidence indicates that children or adolescents who have fluoride gel applied to their teeth, either by professionals or self-applied, are less likely to develop caries increment than those who have had no treatment or placebo. The mean reduction in caries on tooth surfaces was on average 28% per and on whole tooth was on average 32%. One RCT with 280 participants suggested that fluoride gel may reduce development of new caries lesions on the surfaces of permanent teeth.

Low-quality evidence suggests that fluoride gel can reduce caries increment on the surfaces of primary teeth (20 per 100 people, 95% CI 1% to 38%).

Adverse events evidence was very low quality. There was no clear difference between groups in nausea, gagging or vomiting.



Comparisons

1. Fluoride gel versus placebo or no treatment

Expand All »

- > OUTCOME 1.1 Changes in caries on the surfaces of permanent teeth (D(M)FS increment nearest to 3 years)
- > OUTCOME 1.2 Changes in caries on whole teeth of permanent dentition D(M)FT increment nearest to 3 years
- > OUTCOME 1.3 Changes in caries on the surfaces of primary teeth (d(e/m)fs increment nearest to 3 years)
- > OUTCOME 1.4 Development of new caries
- > OUTCOME 1.5 Withdrawals
- > OUTCOME 1.6 Nausea or vomiting
- > OUTCOME 1.7 Mucosal irritation/allergic reaction

03 | Clinical Answers

→ OUTCOME 1.6 Nausea or vomiting

Narrative result

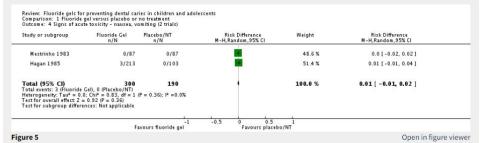
Two RCTs with 490 participants found no statistically significant difference between groups.[6]

Quality of the evidence

The reviewers performed a GRADE assessment of the quality of evidence for this outcome at this time point and stated that the evidence was very low quality. See Summary of findings from Cochrane review \square

Relative effect or mean difference

There was no statistically significant difference between groups (risk difference 1%, 95% CI -1% to 2%).



Forest plot from Cochrane Review

Reference

Marinho VCC, Worthington HV, Walsh T, Chong LY. Fluoride gels for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews 2015, Issue 6. Art. No.: CD002280. DOI: 10.1002/14651858.CD002280.pub2. [Review search date: November 2014]



Population, Intervention, Comparator

Population

Children and adolescents (mean age 12 (range 2 to 15) years) attending school or school clinics. Decayed, missing and filled surfaces (D(M)FS) at baseline ranged from 0 to 12.2. Of the 27 trials 11 reported exposure of at least some participants to other fluoride sources (water, salt or toothpaste); exposure was low or none in four trials and unclear in the remaining trials

Intervention

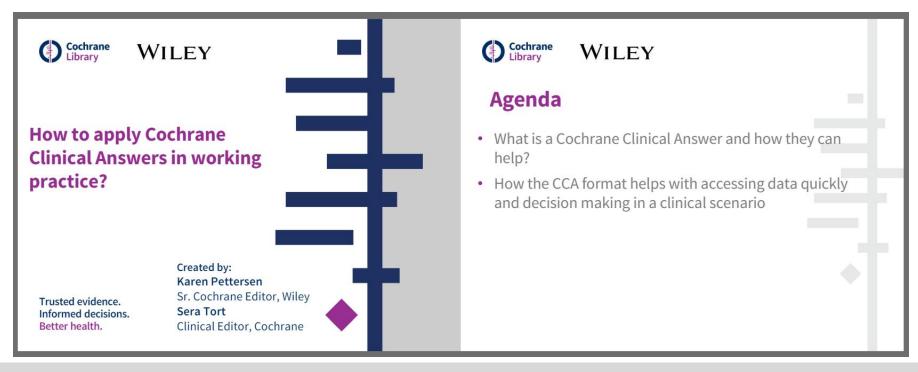
Fluoride gel applied by professionals (17 studies), or self-applied with supervision by dental (4 studies) or non-dental (7 studies) personnel; where reported, using a tray (18 trials) or a brush (5 studies). Different fluoride gels were used: acidulated phosphate fluoride (21 studies), sodium fluoride (7 studies), amine fluoride (4 studies) and stannous fluoride (1 study); some trials had more than one intervention arm. The application frequency ranged from once to 140 times a year (most commonly ≤4 times) and application times ranged from 2 to 10 minutes. Study duration ranged from 1 to 4 years

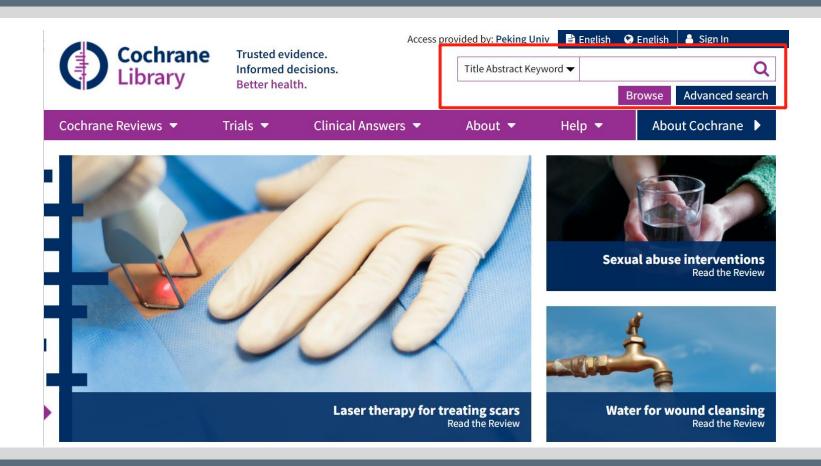
Comparator

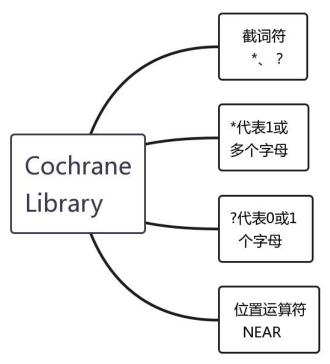
Placebo (17 studies) or no treatment (10 studies)



https://www.wiley.com/network/cochranelibrarytraining/how-to-apply-cochrane-clinical-answers-in-working-practice







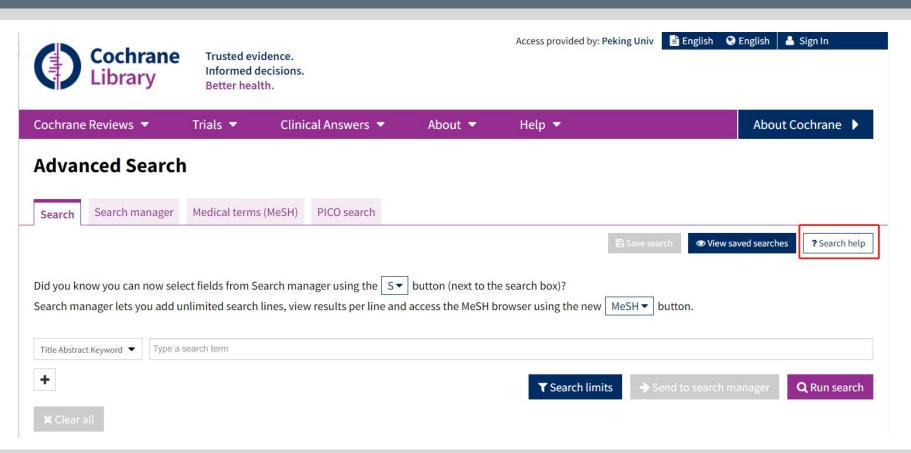
截词符*可位于检索词的任意位置,?是用来匹配单词内部或词尾的零个或一个字符,但词根至少含3个字母

如检索"transplant*",可检出"transplanting"、"transplantation"等; 检索"*glycemia",可检出"hyperglycemia"或"hypoglycemia"

如检索"wom?n",可检出"woman"或"women"

可针对两个检索词或两个短语同时出现在一个句子中的记录进行检索,检索词或短语的相邻范围为N个词汇,互换"NEAR"前后的检索词或短语对检索结果没有影响如"cancer near/3 lung"可检出"lung cancer"或"cancer of the lung"



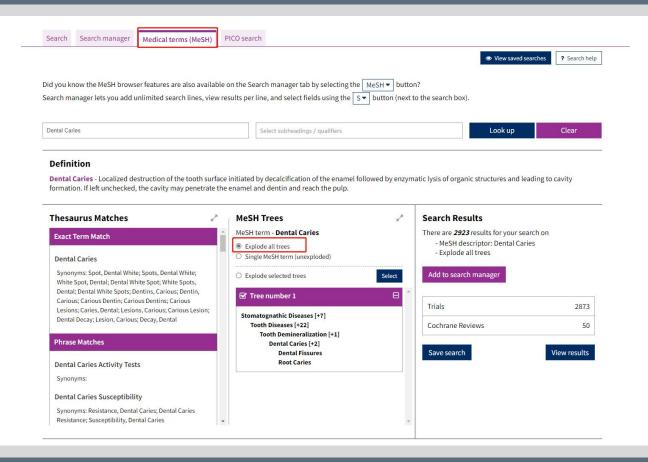


例: 检索"儿童龋齿"相关的文献

一个词的完整检索需要完成其主题词和尽可能完整全面的自由词或 同义词的检索,两个步骤。这两个步骤的关系是OR。

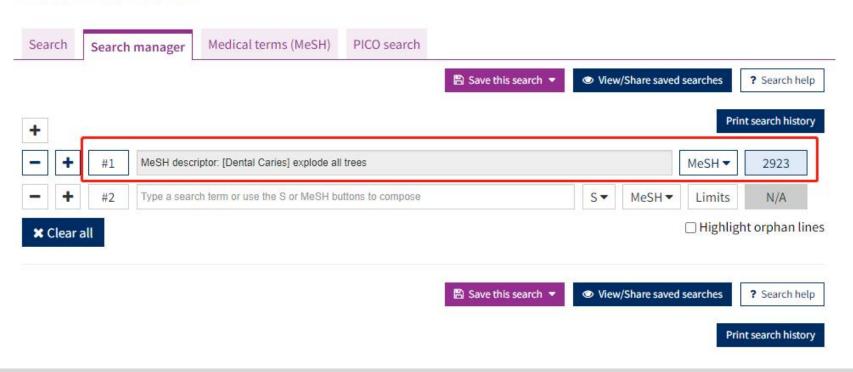
主题词 OR 自由词 OR 同义词

主题词检索





Advanced Search





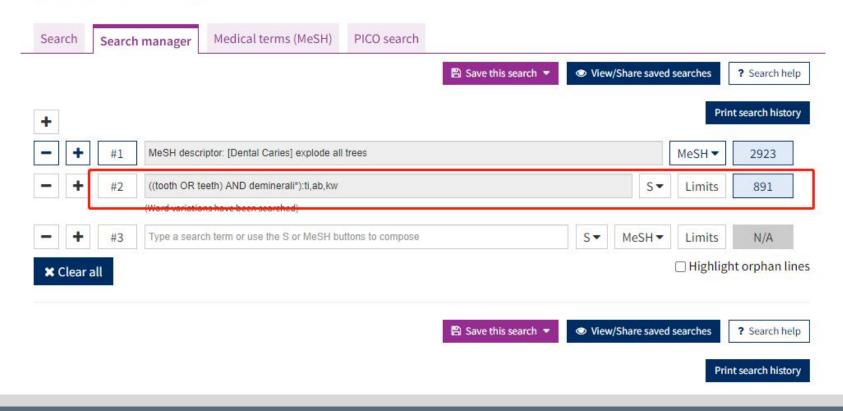
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自由词同义词检索

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Did you kno	ow you can now sele	ect fields from Search mar	nager using the S▼	button (next to the s	earch box)?	
Search man	nager lets you add u	nlimited search lines, view	w results per line and a	access the MeSH brow	wser using the new Me	eSH▼ button.
Title Abstract	Keyword ▼ ((tooth	OR teeth) AND deminerali*)				
+			Tangan III oo aa			7
			▼ Search	limits Send to	o search manager	Q Run search



Advanced Search





高级检索允许检索者建立更为复杂的检索式,该模式能对每一步检索结果进行储存,赋予检索结果检索序号,并能通过逻辑运算符进行匹配。

+	#1	MeSH descriptor: [Dental Caries] explode all trees	MeSH ▼	2923
+	#2	((tooth OR teeth) AND deminerali*):ti,ab,kw	Limits	891
+	#3	((tooth OR teeth OR dental) AND lesion*):ti,ab,kw	Limits	3745
+	#4	((tooth OR teeth OR dental) AND cavit*):ti,ab,kw	Limits	4277
+	#5	(caries OR carious):ti,ab,kw	Limits	8498
+	#6	((tooth OR teeth OR dental OR enamel OR dentin) AND decay):ti,ab,kw	Limits	574
+	#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6	Limits	1257

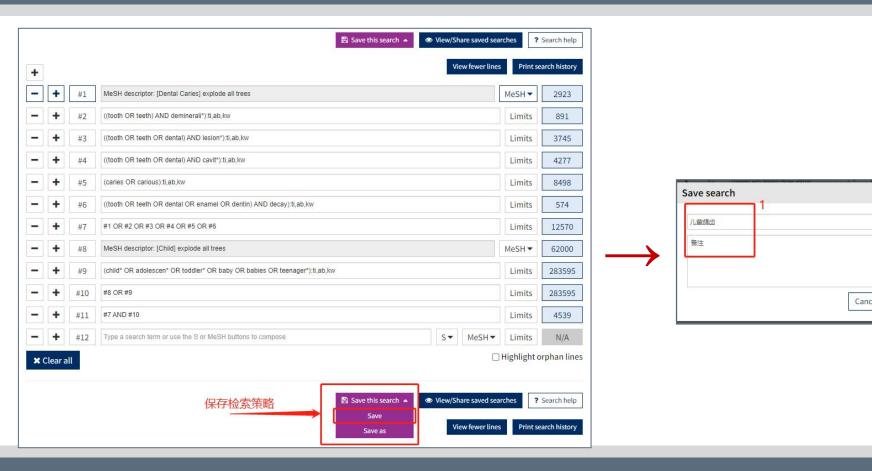


- 4	#1	MeSH descriptor: [Dental Caries] explode all trees	MeSH▼	2923
- 4	#2	((tooth OR teeth) AND deminerali*):ti,ab,kw	Limits	891
- 4	#3	((tooth OR teeth OR dental) AND lesion*):ti,ab,kw	Limits	3745
- 4	#4	((tooth OR teeth OR dental) AND cavit*):ti,ab,kw	Limits	4277
- 4	#5	(caries OR carious):ti,ab,kw	Limits	8498
- 4	#6	((tooth OR teeth OR dental OR enamel OR dentin) AND decay):ti,ab,kw	Limits	574
- 4	#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6	Limits	12570
- 4	#8	MeSH descriptor: [Child] explode all trees	MeSH▼	62000
- 4	#9	(child* OR adolescen* OR toddler* OR baby OR babies OR teenager*):ti,ab,kw	Limits	283594
- 4	#10	#8 OR #9	Limits	283594
- 4	#11	#7 AND #10	Limits	4539



+	#1	MeSH descriptor: [Dental Caries] explode all trees	MeSH ▼	2923
+	#2	((tooth OR teeth) AND deminerali*):ti,ab,kw	Limits	891
+	#3	((tooth OR teeth OR dental) AND lesion*):ti,ab,kw	Limits	3745
+	#4	((tooth OR teeth OR dental) AND cavit*):ti,ab,kw	Limits	4277
+	#5	(caries OR carious):ti,ab,kw	Limits	8498
+	#6	((tooth OR teeth OR dental OR enamel OR dentin) AND decay):ti,ab,kw	Limits	574
+	#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6	Limits	12570
+	#8	MeSH descriptor: [Child] explode all trees	MeSH▼	62000
+	#9	(child* OR adolescen* OR toddler* OR baby OR babies OR teenager*):ti,ab,kw	Limits	283594
+	#10	#8 OR #9	Limits	283594
+	#11	#7 AND #10	Limits	4539
+	#12	Type a search term or use the S or MeSH buttons to compose S ▼ MeSH ▼	Limits	N/A

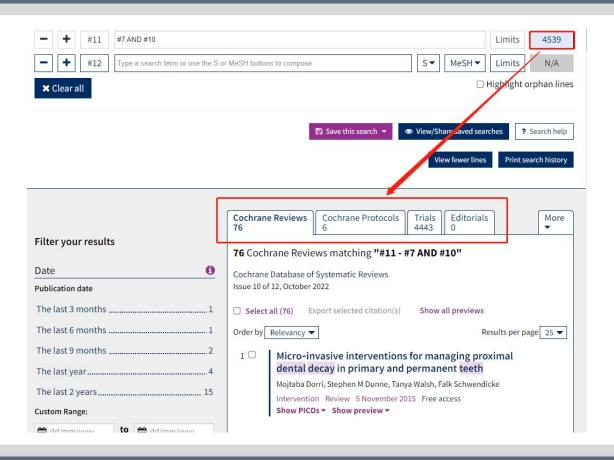


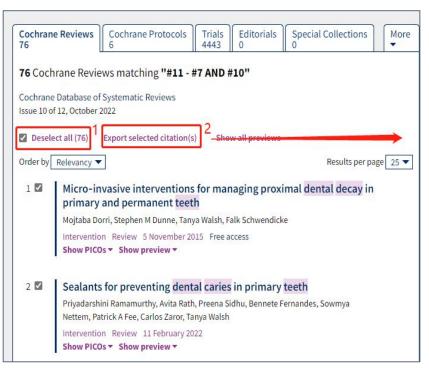
















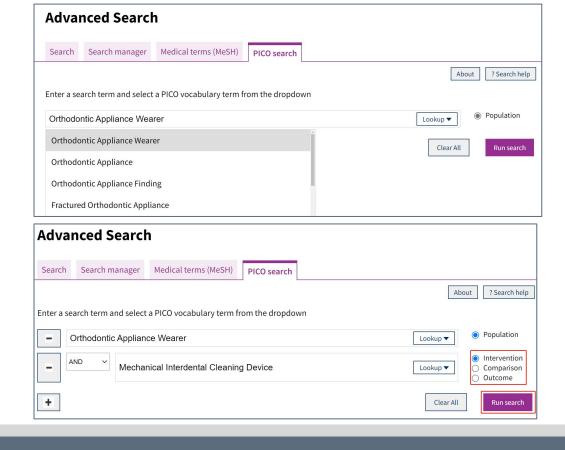
例: 评估与单独刷牙相比,在接受固定正畸治疗的患者中,额外的牙齿清洁辅助工具在预防和控制龋齿和牙周病等方面的效果。

P人群: 佩戴正畸矫治器

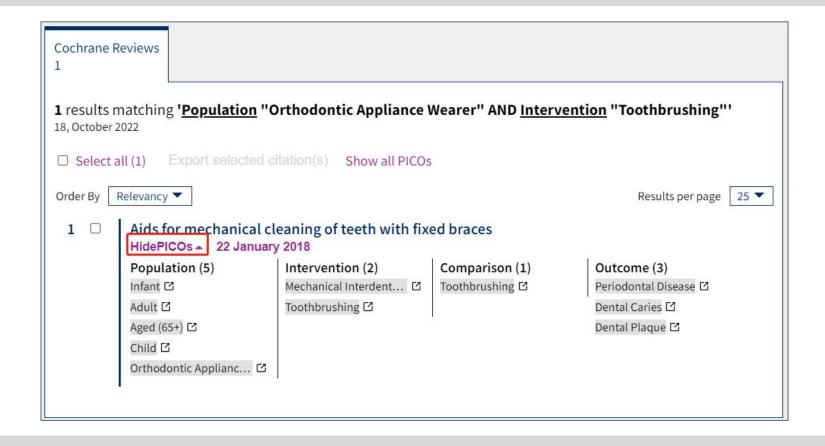
1干预:牙间清洁装置

C比较:对照组

O结局: 龋齿、牙菌斑等

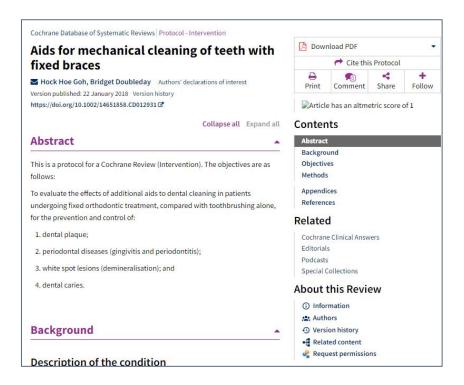








03 | PICO检索



Appendices Download PDF Cite this Protocol Appendix 1. MEDLINE Ovid search strategy 4 1. exp Orthodontics/ Print Comment Share 2. (orthodontic\$ or bracket\$ or brace\$ or wire\$ or archwire\$).mp. Article has an altmetric score of 1 3. (fix\$ adi5 appliance\$).mp. Contents 4. or/1-3 5. exp Oral hygiene/ Abstract 6. toothbrush\$.mp. Background 7. ((interdental or interspace or inter-dental or inter-space or Objectives orthodontic or "single tufted" or specialised or spiral or bottle) Methods adj3 brush\$).mp. Appendices 8. ("Water Pik" or "Flosser FL-110" or "water jet" or "jet clean\$" References or "jet tip\$").mp. Related 9. (oral adj hygiene).mp. 10. ((teeth or tooth) and (interproximal or clean\$ or clean\$)).mp. Cochrane Clinical Answers Editorials 11. or/5-10 Podcasts 12.4 and 11 Special Collections The above subject search will be linked with the highly sensitive About this Review search strategy designed by Cochrane for identifying randomised controlled trials and controlled clinical trials (as described in the (i) Information Cochrane Handbook for Systematic Reviews of Interventions Authors Version 5.1.0, Box 6.4.b. (Lefebvre 2011)). Version history • Related content 1. randomized controlled trial.pt. Request permissions 2. controlled clinical trial.pt. 3. randomized.ab. 4. placebo.ab. 5. drug therapy.fs. 6. randomly.ab. 7. trial.ab. 8. groups.ab. 9. or/1-8 10, exp animals/ not humans.sh.

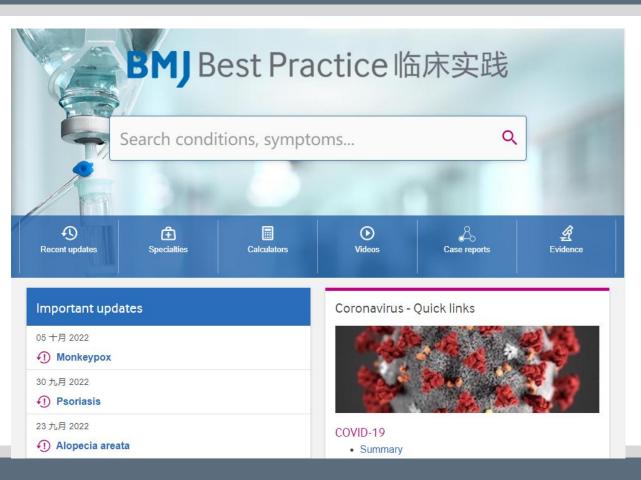
11.9 not 10



04 BMJ Best Practice

一款基于循证医学原则的临床决策支持系统





在BP首页可通过以下三种方式获取平台内容:

内容检索 - 可直接在检索 框输入 疾病或症状名称进行 检索。

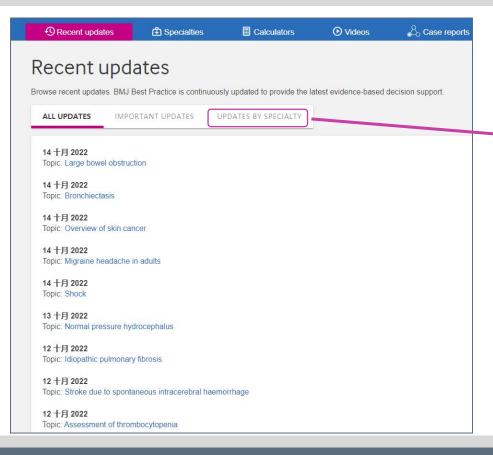
功能区导航 - BP中文版首页 采用功能区导航的设计,便 于按功能类别访问平台内容。

重要更新 - 可以通过疾病的 重要更新浏览改变临床实践 的关键更新。



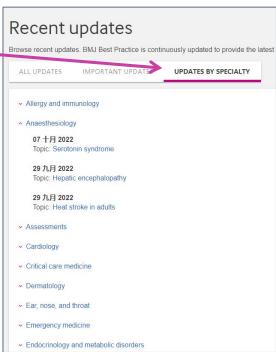






【近期更新】按时间和学科

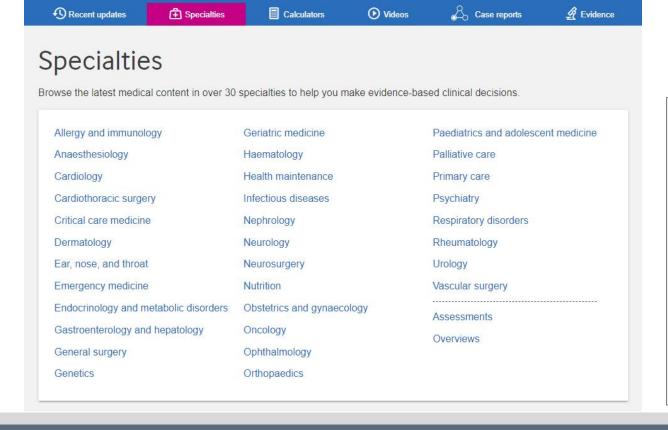
浏览重要和常规更新。

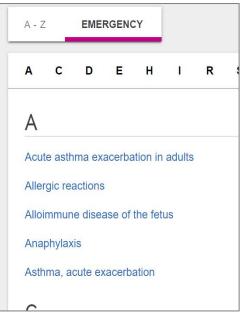




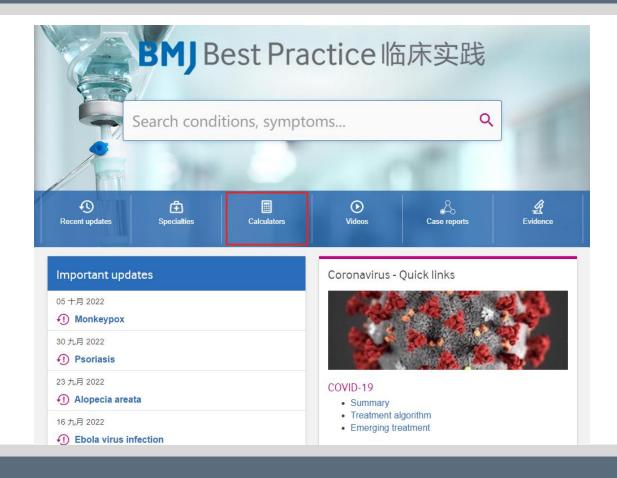
学科分类 - BP的主题 覆盖 32个临床学科。 可以在【学科】内按 学科查找和浏览相关 主题。 每个学科内的 主题按A-Z排序。







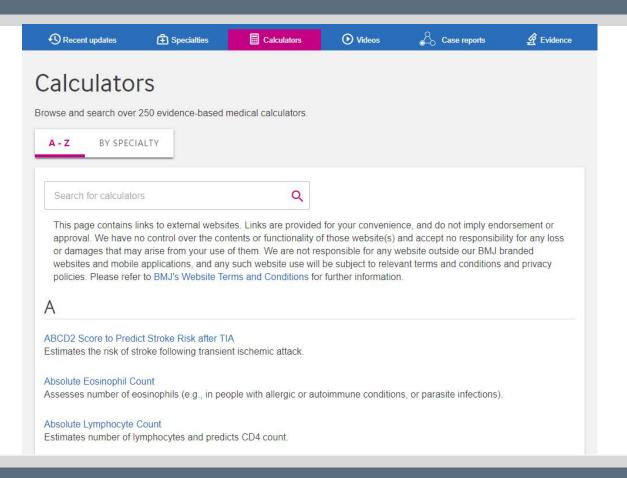




医学计算器 - BP包括250 个医学计算器,可即时评 估临床指标和疾病风险。 医学计算器采用量表评分 或公式的计算方式。填写 相关参数后系统会自动计 算结果 并给出相关参考区 间。所有医学计算器均和 相关主题进行了关联,并 在主题小结章节页面展示。



04 | BP医学计算器



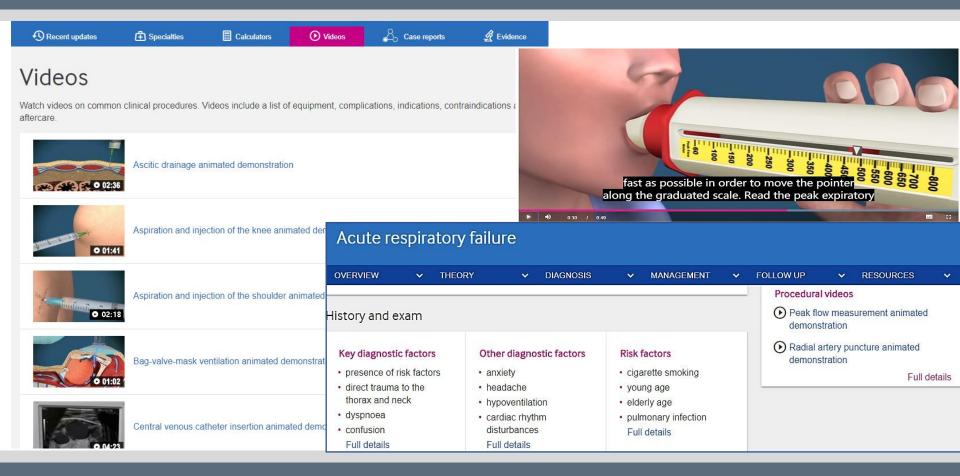




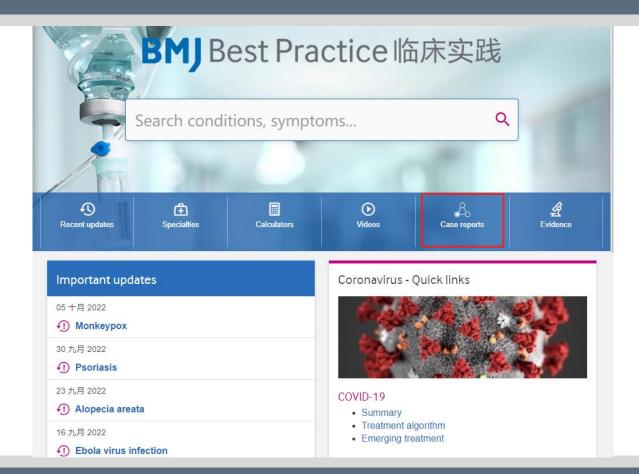
临床操作视频 – BP覆盖25 个临床操作视频。 可在【视频】内进行相关视 频的浏览。



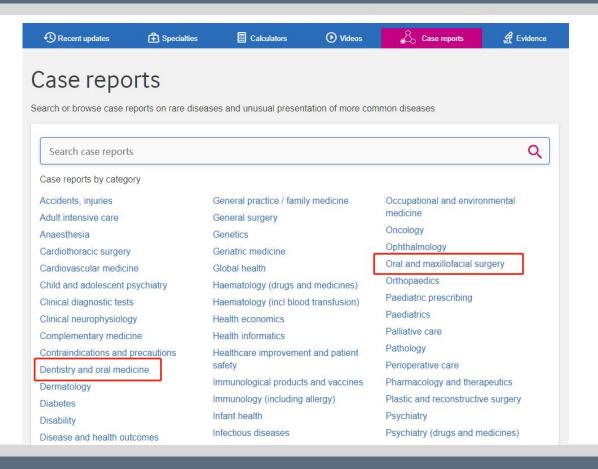
04 | BP临床操作视频



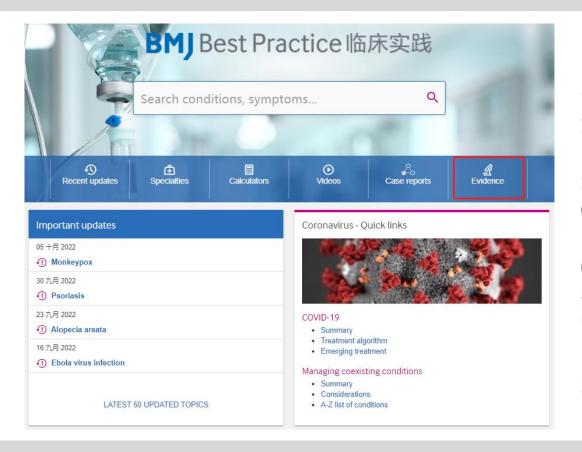












临床证据 - 自推出以来, BP 直致力为用户实时提供高质 量的前沿临床证据。可通过 【证据】内的链接访问世界顶 级循证医学研究中心证据 Cochrane Clinical Answers (CCA) 的内容。CCA将 Cochrane系统评价的重点信息 提炼成适合在临床上使用的、 简短的问题和答案, 使医护人 员能更有信心地做出最佳临床决 策。

04 | BP临床证据

Evidence

We've got evidence covered

BMJ Best Practice provides access to the latest, quality-assessed evidence to inform clinical decision making.

Evidence tables

Evidence tables have been introduced to provide easy access to evidence layers in the context of specific clinical questions. Linked evidence scores, based on GRADE increase transparency on the quality of the evidence.

- · Find out more about our evidence tables
- · See how the evidence tables look in-topic



EBM toolkit

This evidence-based medicine (EBM) toolkit supports those who want to learn more about the principles of EBM. The toolkit brings together information and tools to enable individuals to learn, practise and discuss EBM.

. Find out more about our FBM toolkit



Cochrane Clinical Answers

BMJ Best Practice has teamed up with Cochrane Clinical Answers to better deliver evidence and inform decision making at the point of care. Cochrane Clinical Answers are incorporated into BMJ Best Practice topics to give health professionals instant access to the highest-quality evidence for use in their daily practice.



View all Cochrane Clinical Answers

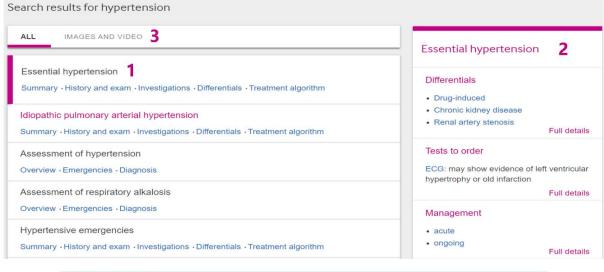
可通过【证据】 内的链接访问 世界顶级循证医学研究中心证 据 Cochrane Clinical Answers (CCA)的内容。CCA将 Cochrane系统评价的重点信息 提炼成适合在临床上使用的、简 短的问题和答案, 使医护人员能 更有信心地做出最佳临床决策。 此外,EBM工具包内还收录了大 量关于学习、讨论和实践循证医 学的信息以及便于实践循证医学 的工具和文献。

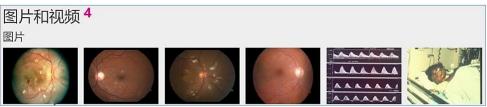


检索 - 在检索框内输入症状或疾病关键词后,平台会自动出现推荐主题。点击检索框后,平台会自动显示近期浏览的主题。可通过推荐或近期浏览主题的链接快速进入相关主题,或点击【**检索**】按键进入检索结果页面。

BP包含847个疾病类主题 129个症状评估类主题 26个概述类主题







检索结果按相关度进行排序并显示相关主题各重要章节的链接¹。

检索结果右侧摘要栏显示相关度最高主题的鉴别诊断和小结等信息2,便于您快速获取相关信息。

图片和视频检索 - BP还支持图片和视频的检索。点击【图片和视频】3可查看与输入检索词相关的资源4。



Dental abscess **OVERVIEW** THEORY DIAGNOSIS MANAGEMENT **FOLLOW UP** RESOURCES Summary Epidemiology Approach Approach Monitorina Guidelines Aetiology History and exam Treatment Complications Images and videos algorithm Case history Investigations Prognosis References Prevention Differentials Evidence Patient discussions

Last reviewed 17 Sep 2022 Last updated: 08 Apr 2021

Summary

Dental abscess covers a clinical spectrum from minor well-localised infection to severe life-threatening complications involving multiple fascial spaces.

The vast majority of otherwise healthy patients presenting with a dental infection can be managed on an outpatient basis.

Common presenting symptoms include dental pain/toothache; intra-oral and/or extra-oral oedema, erythema, or discharge; and thermal hypersensitivity.

A major consideration is the potential for airway obstruction as a consequence of extension of the infection into fascial spaces surrounding the oropharynx.

Panoramic dental x-ray reveals the source of infection in most cases; however, a periapical x-ray may also be helpful. A computed tomography scan is recommended if there is suspicion of a fascial space infection or if panoramic or periapical x-rays are not available.

Prompt operative intervention to identify and eliminate the source of infection and provide a path for drainage, along with antibiotic therapy and supportive care, is required. Operative treatment is considered the cornerstone of successful management.

Immunocompromised patients must be treated in a timely fashion as tooth-



Differentials

- Sinusitis
- Sialadenitis
- Mumps

More Differentials

BP包含847个疾病类主题,可覆盖 大部分临床常见疾病。每个主题包 括一个具体疾病从基础理论到预防、 诊断、鉴别诊断、检查、治疗方案、 随访、疾病预后等各环节的临床信 息。通过标准导航菜单,直接点击 所需内容,一键直达相关章节。

主题显著位置还标注了内容审核及 更新日期、重要更新及专家点评和 指南,便于即时获得最新、最权威 的临床支持。



Summary 1

Dental abscess covers a clinical spectrum from minor well-localised infection to severe lifethreatening complications involving multiple fascial spaces.

The vast majority of otherwise healthy patients presenting with a dental infection can be managed on an outpatient basis.

History and exam 2

Key diagnostic factors

- · presence of risk factors
- · dental pain/toothache
- thermal sensitivity of teeth
- fever

More key diagnostic factors

Other diagnostic factors

- halitosis/bad taste in mouth
- xerostomia
- · neurological signs

Other diagnostic factors

Risk factors

- poor oral hygiene
- dental caries
- · periodontal disease
- partially erupted or impacted tooth

More risk factors

Diagnostic investigations 3

1st investigations to order

- · FBC with differential
- panoramic x-ray

More 1st investigations to

Investigations to consider

- · periapical x-ray
- CT head and neck (with contrast)

Emerging tests

 C-terminal cross-linking telopeptide (CTX)

More emerging tests

Treatment algorithm 4

ACUTE

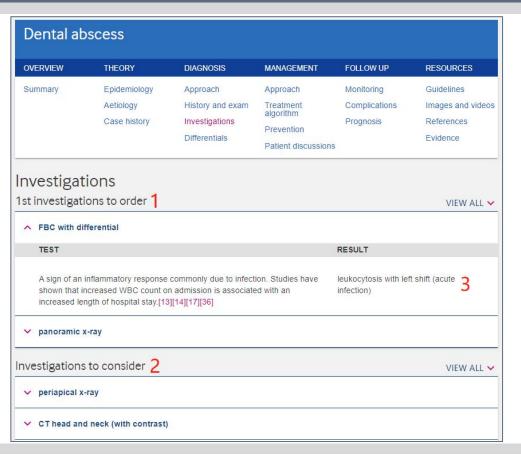
high risk

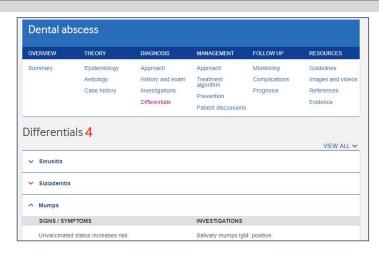
ONGOING

low risk

【小结】章节涵盖本主题疾病的精粹临床诊疗信息,为您高度概括总结1、病史和查体2、诊断性检查3及诊疗流程4等核心诊疗环节。主题摘要栏还提供了与本主题疾病相关的鉴别诊断、指南及视频和医学计算器等资源的链接。



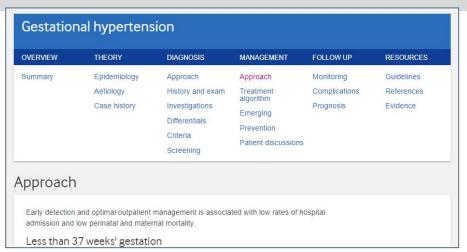




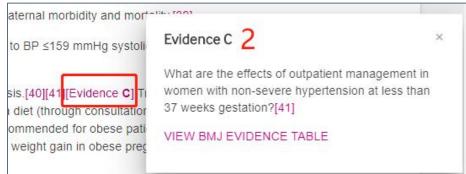
【检查】章节涵盖与诊断相关的首要检查1和其它需要考虑的检查2,及检测结果的参考区间和说明3。

【鉴别诊断】章节提供简明的鉴别诊断信息,便于通过鉴别依据快速甄别诊断的准确性,避免误诊漏诊4。









【治疗步骤】章节提供详细的逐步诊疗方案,并利用CCA或证据标识显示治疗方法的证据来源与等级。点击【CCA标识】可查看以问答形式表现的相关Cochrane系统评价1,而点击【证据等级】则可查看BP收录的相关证据等级和摘要2。

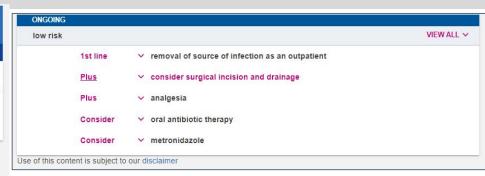


Dental at	scess				
OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology	Approach	Approach	Monitoring	Guidelines
	Aetiology	History and exam	Treatment algorithm	Complications	Images and videos
	Case history	Investigations Differentials	Prevention Patient discussions	Prognosis	References Evidence

Treatment algorithm

Please note that formulations/routes and doses may differ between drug names and brands, drug formularies, or locations. Treatment recommendations are specific to patient groups: see disclaimer





【治疗流程】章节按就诊患者情况、疾病诊断组别和疾病的进展程度对治疗要点进行排列,并对药物用法、手术方案及辅助诊疗手段进行详细介绍,便于针对患者的病情获取最相关的逐步治疗信息和详细用药方案。



Dental abscess **OVERVIEW** THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES Summary Epidemiology Approach Approach Monitoring Guidelines Aetiology History and exam Treatment Complications Images and videos algorithm Case history References Investigations Prognosis Prevention Differentials Evidence Patient discussions

Case history

Case history #1

A 39-year-old man presents with left mandibular pain and oedema. His last dental visit was more than 3 years ago for emergency extraction of an abscessed tooth in the lower-left. At that time, he was told that he had other areas of decay, as well as gum disease. One week ago, he noticed pain in the lower-left, along with a bad taste in his mouth and mild intra-oral oedema. He was seen 5 days ago in urgent care and was started on amoxicillin. Despite this, the pain and oedema continue to increase. He reports having a fever, chills, and a mild sore throat, but has no difficulty swallowing or breathing. On examination, he has left mandibular erythema with fluctuant oedema and limited mouth opening (i.e., 20 mm). He rates his pain level as being 7 out of 10.

Case history #2

【案例】章节涵盖与此疾病相关的典型和非典型真实患者案例,可用于PBL和CPL教学。

【指南】章节涵盖国际权威医疗机构制定的 最新诊断和治疗指南。

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology	Approach	Approach	Monitoring	Guidelines
	Aetiology	History and exam	Treatment	Complications	Images and vide
	Case history	Investigations	algorithm	Prognosis	References
		Differentials	Prevention Patient discussions		Evidence

UNITED KINGDOM

Antimicrobial prescribing in dentistry: good practice guidelines

Published by: Faculty of General Dental Practice (UK), Faculty of Dental Surgery

Last published: 2020

Dental abscess: management

Published by: National Institute for Health and Care Excellence

Last published: 2018

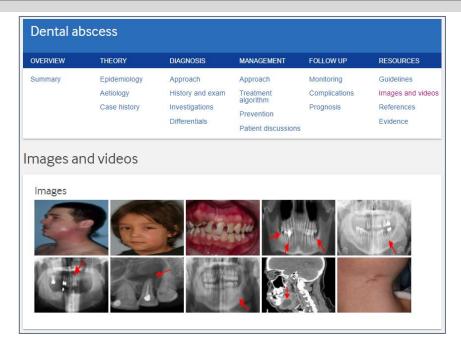
NORTH AMERICA

Evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling: a report from the American Dental Association

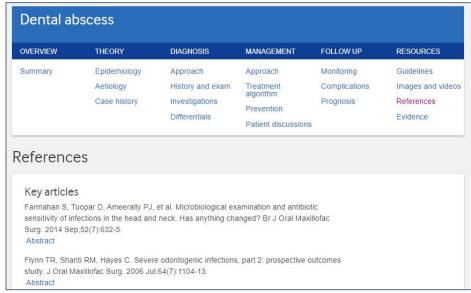
Published by: Journal of the American Dental Association

Last published: 2019





【**图片和视频**】章节浏览与本主题疾 病相关的视频和高质量医学图片,并 可将图片下载到本地使用。



【参考文献】章节涵盖本主题引用的重要文献及文献摘要的链接,并提供开放性获取文献的免费全文链接。



04 | BP 症状评估类主题

Assessment of oral ulceration

OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES
Summary	Aetiology	Urgent considerations	Approach	Images and videos
			Differentials	References

Urgent considerations

See Differentials for more details

Oral cancer

Oral cancer ranks as the sixth most common malignancy worldwide and the third most common cancer in developing countries [76] Prompt referral for assessment, biopsy, and treatment is mandatory if there is any suspicion of an oral malignancy or for any lesion that does not respond as anticipated within 2 weeks. This is critical, as diagnostic delay increases the risk of the patient ultimately presenting with advanced-staged disease.[81]

Squamous cell carcinoma is the most common form of oral cancer. Recognised contributing factors include tobacco and alcohol use, human papillomavirus infection, immunosuppression, genetic mutations, and diets low in fruit and vegetables.[77][78] Men are affected more frequently than women and the average age of occurrence is >40 years. Oral carcinoma is typically identified in its later stages, and overall 5-year survival rates do not exceed 60%.[77] Early features are non-specific white, red, or red and white mucosal changes with or without ulceration. Symptoms of more advanced disease include bleeding, loosening of the teeth, difficulty wearing dentures, dysphagila, dysarthria, odynophagia, and development of a neck mass.[79] While any site in the mouth may be affected, the most commonly affected areas include the ventrolateral border of the tongue, the floor of the mouth, and the soft palate complex.[79][80]

BP包含129个症状评估类主题。每个主题为一类常见临床症状或表现提供了详细的评估和诊断指导。

【应急考虑】章节提醒接诊患者时 需优先考虑的诊疗信息,以避免疾 病恶化或严重并发症的发生。



04 | BP 概述类主题

Overview of stroke

OVERVIEW RESOURCES

Summary

References

Last reviewed: 17 Sep 2022 Last updated: 24 Nov 2020

Introduction

Stroke is defined as an acute neurological deficit lasting more than 24 hours and caused by cerebrovascular aetiology. It is subdivided into ischaemic stroke (caused by vascular occlusion or stenosis) and haemorrhagic stroke (caused by vascular rupture, resulting in intra-parenchymal and/or subarachnoid haemorrhage). Ischaemic stroke accounts for 87% of all stroke cases, haemorrhagic stroke for 10%, and subarachnoid haemorrhage for 3%.[1]

Related conditions

CONDITION	DESCRIPTION
Ischaemic stroke	Regardless of the specific aetiology, ischaemic stroke occurs when blood supply in a cerebral vascular territory is critically reduced due to occlusion or critical stenosis of a cerebral artery. A minority of ischaemic strokes are caused by cerebral sinus or cortical vein thrombosis. Risk factors strongly associated with ischaemic stroke include older age, history of transient ischaemic attack, history of ischaemic stroke, family history of stroke at a young age, hypertension, smoking, diabetes mellitus, atrial fibrillation, comorbid cardiac conditions, carotid artery stenosis, sickle cell disease, and dyslipidaemia.[1][2][3][4][5][6][7][8][9]

BP包含26个概述类主题。每个 主题涵盖针对一类疾病的综合介 绍,并可通过链接关联到相关的 疾病类或症状评估类主题。



2022 THE END

THANK YOU FOR YOUR WATCHING!