

為什麼需要The Cochrane Library?

- **節省時間**

- 全世界每年有超過 2,000,000 篇文章發表於 20,000 種生物醫學期刊
- 文章累積高度相當於一棟台北 101大樓 (500公尺)
- 每天至少需要閱讀19篇論文才能掌握核心發展的最新狀況



- 醫學界重要的出版品一致推崇 Cochrane Reviews 是目前最具參考價值的系統評論 (“gold standard”)
 - The Lancet
 - New England Journal of Medicine
 - British Medical Journal
 - The Journal of the American Medical Association

The Cochrane Library 實證醫學資料庫，包括六個文獻庫

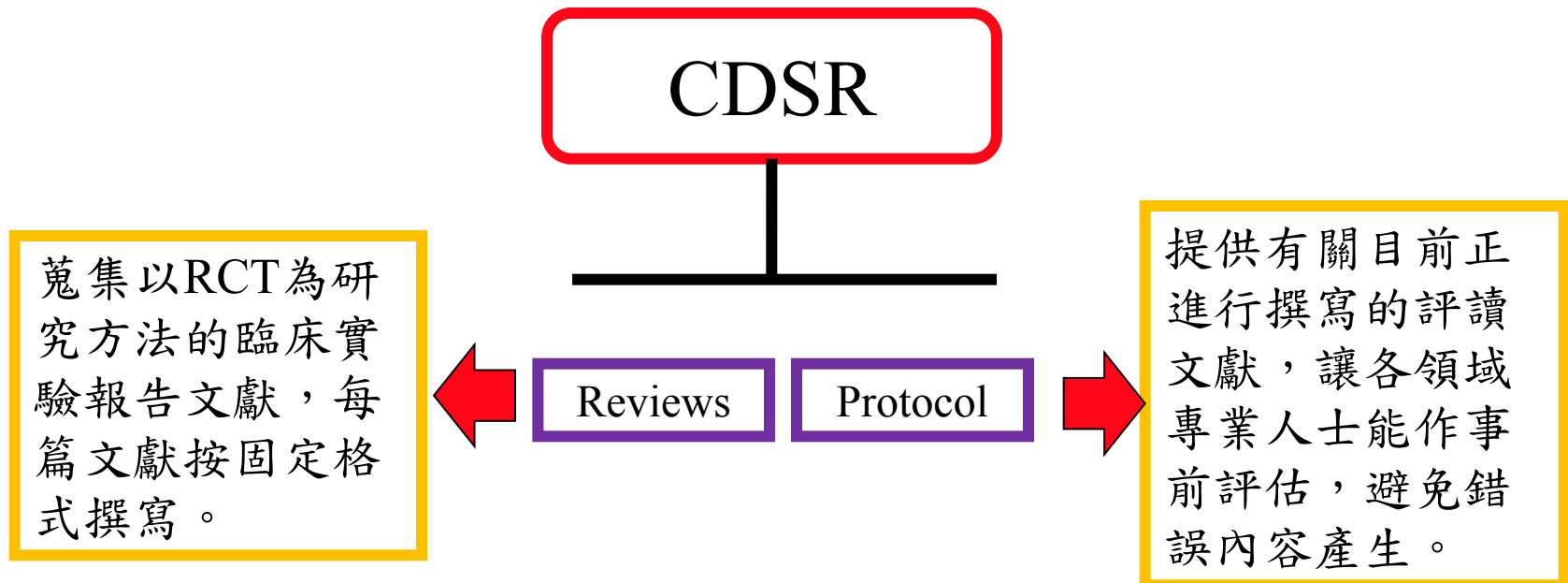
- **Cochrane Database of Systematic Reviews (Cochrane Reviews)**
Impact Factor 2010= 6.186 (10/151 Medicine, General & Internal)
 - 針對特定臨床問題(健康照護)的介入方式評斷其療效，是全文資料庫
- **Database of Abstracts of Reviews of Effects (Other Reviews)**
 - 收錄經過嚴格審核標準的系統評論摘要資料庫
- **Cochrane Central Register of Controlled Trials (Clinical Trials)**
 - 收錄隨機臨床實驗的書目資料庫
- **Cochrane Methodology Register (Methods Studies)**
 - 蒐集已出版的且針對產生對照實驗方法的書目資訊
- **Health Technology Assessment Database (Technology Assessments)**
 - 提供健康醫療技術之評估摘要，目的在於改善健康照顧的品質及成本效益
- **NHS Economic Evaluation Database (Economic Evaluations)**
 - 收錄不同治療方式的成本比較和治療效果比較等摘要資料

Syntheses

Cochrane Database of Systematic Reviews (CDSR)

Systematic Reviews

- 由專家有系統的研讀相關主題文獻，再進行分析並撰寫成詳細結構化的評論。
- 由各CDSR小組自超過百種期刊文獻中，依特定主題收集臨床研究資料，統一分析而發表的系統性評論文章。
- 依據主題隨時加入新的臨床實證資料。





The Cochrane Library

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#1	(Tuberculosis, Meningeal):ti,ab,kw	1919	edit	delete
#2	(Tuberculosis Meningitis):ti,ab,kw	18	edit	delete
#3	(Meningeal Tuberculosis):ti,ab,kw	46	edit	delete
#4	(Adrenal Cortex Hormones):ti,ab,kw	1478	edit	delete
#5	(corticosteroids):ti,ab,kw	3900	edit	delete
#6	(steroids):ti,ab,kw	7443	edit	delete
#7	((#1 OR #2 OR #3) AND (#4 OR #5 OR #6))	64	edit	delete

Labels to restrict by field - abstract (:ab), author (:au), keywords (:kw), source (:so), title (:ti), publication type (:pt), tables (tb), c DOI (:doi). If no field label is used, "all text" is searched.

Example: *(heart:ti,ab,kw and cardiology:so)*

(heart or atrium):ti,kw,ab

Tip No. 3:

Each search is identified by an order number preceded by a "#" character. You can build a new search in the text box by combining previous searches with Boolean operators.

Example: *(#1 AND #2) OR (#3 AND #4)*

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- Corticosteroids for managing tuberculous meningitis**
K Prasad, MB Singh
Year: 2008
Record [Update](#) [Review](#)
- Adjunctive steroid therapy for managing tuberculosis**
J Critchley, P Garner, S Hahn, B Mayosi, H Mwandumba, L Orton, K Prasad, J Volmink
Year: 2004
Record [Protocol](#)



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[Review]

Corticosteroids for managing tuberculous meningitis

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using relative risks (RR) with 95% confidence intervals (CI) and the fixed-effect model. We also conducted complete-case and best-worst case analyses.

Main results

Seven trials involving 1140 participants (with 411 deaths) met the inclusion criteria. All used dexamethasone or prednisolone. Overall, corticosteroids reduced the risk of death (RR 0.78, 95% CI 0.67 to 0.91; 1140 participants, 7 trials). Data on disabling residual neurological deficit from three trials showed that corticosteroids reduce the risk of death or disabling residual neurological deficit (RR 0.82, 95% CI 0.70 to 0.97; 720 participants, 3 trials). Adverse events included gastrointestinal bleeding, bacterial and fungal infections and hyperglycaemia, but they were mild and treatable.

Authors' conclusions

Corticosteroids should be routinely used in HIV-negative people with tuberculous meningitis to reduce death and disabling residual neurological deficit amongst survivors. However, there is not enough evidence to support or refute a similar conclusion for those who are HIV positive.

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Acupuncture and dry-needling for low back pain

AD Furlan, MW van Tulder, DC Cherkin, H Tsukayama, L Lao, BW Koes, BM Berman

Year: 2005

[Record](#) **Update** 

最近一季更新過(Review)



Acupuncture and electroacupuncture for the treatment of RA

L Casimiro, L Brosseau, S Milne, V Robinson, G Wells, P Tugwell

Year: 2002

[Record](#) **Comment** 

意見評論/討論(Review)



Acupuncture for acute stroke

M Liu, L He, BWu, S Zhang, K Asplund

Year: 2001

[Record](#) 

A Protocol



Acupuncture for vascular dementia

WN Peng, H Zhao, ZS Liu, S Wang

Year: 2004

[Record](#) 

A Protocol



Addition of anti-leukotriene agents to inhaled corticosteroids for chronic asthma

F Ducharme, Z Schwartz, R Kakuma

Year: 2004

[Record](#) 

A full Review

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Record Information

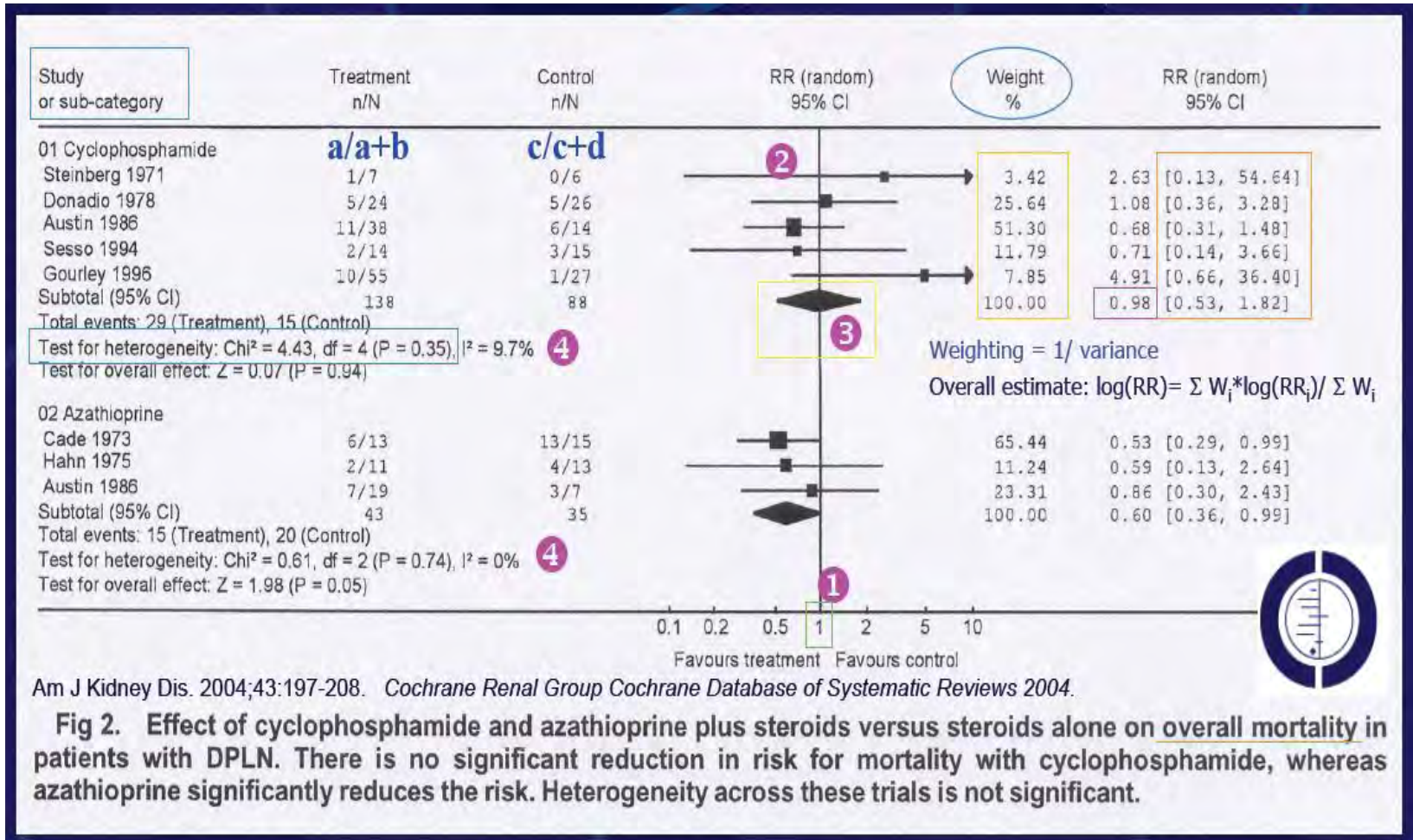
Steroids for treating tuberculous meningitis

K Prasad, J Volmink, GR Menon

Year: 2006

[Record](#) **Withdrawn** **Review**

Cochrane



Am J Kidney Dis. 2004;43:197-208. Cochrane Renal Group Cochrane Database of Systematic Reviews 2004.

Fig 2. Effect of cyclophosphamide and azathioprine plus steroids versus steroids alone on overall mortality in patients with DPLN. There is no significant reduction in risk for mortality with cyclophosphamide, whereas azathioprine significantly reduces the risk. Heterogeneity across these trials is not significant.

Cochrane

PLAIN LANGUAGE SUMMARY

***Serenoa repens*, an herbal medicine, provides no improvement in urinary symptoms and peak urine flow for men with benign prostatic hyperplasia.**

An enlarged prostate gland, benign prostatic hyperplasia (BPH), can interfere with urination, increasing frequency and urge of urinating, or cause problems emptying the bladder. Surgery and drugs are often used to try to treat BPH. However, using herbal medicines in an attempt to relieve BPH symptoms is common. *Serenoa repens* is an extremely popular herbal medicine for BPH. This review found that *Serenoa repens* was well tolerated, but was no better than placebo in improving urinary symptom scores. Nor did *Serenoa repens* provide noticeable relief - generally considered to be a decrease of 3 points - of urinary symptoms.

At this time there have been relatively few high quality long-term randomized studies evaluating standardized preparations of (potentially) clinically relevant doses. Given the frequent use of *Serenoa repens* and the relatively low quality of existing evidence, a few more well designed, randomized, placebo-controlled studies that are adequately powered, use validated symptom-scale scores, have a placebo arm and a minimum follow up of one year, are needed to confirm, or deny, our new findings.



考科藍實證醫學資料庫 (中文版)

資料收集與分析

我們獨立評估搜索的結果和方法學品質並提取研究資料。我們分析數據是使用相對風險 (RR) 及百分之九十五的信賴區間 (CI) 和固定效應模型。我們也進行了完整的、最好與最壞的個案分析。

主要結論

七個臨床試驗，包括1140人符合納入標準 (其中411人死亡)。所有的參加者皆使用dexamethasone或prednisolone治療。整體而言，使用類固醇可減少死亡的危險 (相對風險為0.78，百分之九十五的信賴區間為0.67至0.91; 1140參與者，七個試驗)。從其中三個試驗，針對殘廢性神經功能缺損的數據顯示，類固醇可減少死亡的危險或殘廢性神經功能缺損的機率 (相對風險為0.82，百分之九十五的信賴區間為0.70至0.97; 720參與者，三個試驗)。不良事件包括胃腸道出血，細菌與真菌感染和高血糖症，但這些事件是輕微及可治療的。

作者結論

類固醇應該常規使用於愛滋病毒抗體陰性的結核性腦膜炎的病人，以降低死亡與存活者殘廢性的神經功能缺損。然而沒有足夠證據可以支持或反駁在愛滋病毒抗體陽性的結核性腦膜炎的病人身上有相同的結論。

總結

結核性腦膜炎是一種嚴重的結核菌感染，主要影響大腦及脊髓的腦膜。用傳統的抗結核藥物治療，其臨床的預後仍然是差的。類固醇常被用來輔助抗結核菌藥物以改善預後。它們可以降低腦膜的腫脹與充血，因而降低腦內壓以及伴隨而來的死亡或殘廢性的神經功能缺損。這篇文章檢視了七個臨床試驗，包括1140人，評估prednisolone或dexamethasone合併抗結核藥物治療的功效。只有三個試驗評估了類固醇在愛滋病毒抗體陽性者的治療成效，但效果尚不清楚。由於審查的結果，所有的愛滋病毒抗體陰性的結核性腦膜炎的病人應常規使用類固醇。愛滋病毒抗體陽性的病患則需要更多的臨床試驗去評估。

Corticosteroids for managing tuberculous meningitis

Prasad K, Singh MB. Corticosteroids for managing tuberculous meningitis. Cochrane Database of Systematic Reviews 2007, Issue 1. DOI: 10.1002/14651858.CD002244.pub3. This version first published online: 23 January 2008 in Issue 1, 2008. Date of publication: 14 November 2007

Prasad K, Singh MB

Abstract



Study:PubMed

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