

# 護理專論課程 圖書館文獻檢索課程指導

# 課程內容

- 為何使用實證護理文獻?
- 文獻檢索概念
- 一般性中文資料庫：
  - Airtlibrary華藝線上圖書館 (CEPS思博網)
  - HyRead台灣全文資料庫
- 醫學護理資料庫：
  - PubMed
  - CINAHL(護理)
  - MEDLINE (醫學)
- 實證資料(實證研究機構及實證資料庫)
  - Cochrane Library
  - Nursing Connect - EBN (中文實證護理資料庫)

# 實證護理的定義

- 依據國際榮譽護理學會的定義，實證護理（Evidence Based Nursing，EBN）是指整合現有的最佳證據、臨床護理經驗及其服務對象的個人、所屬家庭及社區之價值與偏好所作出的決策（Sigma Theta Tau international, 2004）

# 執行實證護理的五大步驟

步驟一：提出一個可以實證回答的問題

步驟二：尋找文獻證據

步驟三：嚴格評析文獻

步驟四：執行實證為基礎的護理措施於病人身上

步驟五：評值所執行的護理措施

# 形成研究問題

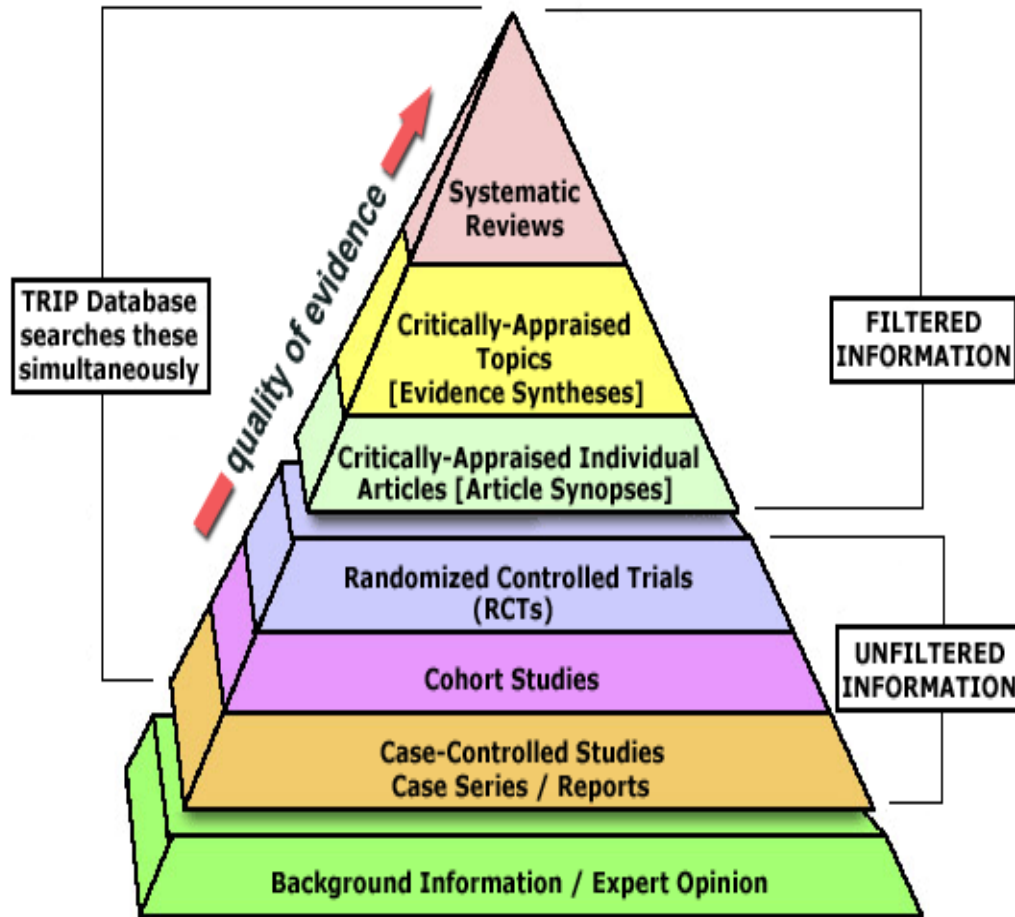
- **PICO問題**
- P : patient and/or problem (病患)  
I : intervention (處理)  
C : comparison of intervention (對照)  
O : clinical outcome (臨床結果)
- 將這些面向化為資料庫檢索點

# 範例

檢索問題：臍部乾燥與臍部消毒對足月健康之新生兒，減少臍部發炎的成效是否有差別？

|   | 主要陳述     | 關鍵字  |
|---|----------|------|
| P | 足月健康新生兒  | 新生兒  |
| I | 臍部局部消毒   | 臍部消毒 |
| C | 臍部保持乾燥   | 臍部乾燥 |
| O | 臍部最佳護理方式 |      |

# 馬偕紀念醫院圖書館 實證醫學資源



為達快速且有效回答臨床問題，建議使用順序如下：

1. [Critically-Appraised Topics](#) 優先：可擇一二使用，這類資源不需要太多搜尋技巧，而且可以節省閱讀時間，快速支援臨床決策
2. [Systematic Reviews](#)、[Critically-Appraised Individual Articles](#) 次之：此類資源除可直接使用；大部分亦可透過 PubMed、Ovid Medline 的功能進行限定篩選
3. [Unfiltered Information](#) 最後：這類資源收錄原始研究，故新穎且量多，但需要較多搜尋技巧，並且耗時間閱讀與評析
4. [Background Information/Expert Opinion](#)：協助對臨床問題較陌生的使用者，掌握基礎的背景資訊

點選項目的 [i](#) 可看更多說明

EBM 文獻搜尋教學：

- [實證醫學：文獻搜尋\(PGY, 2010\).ppt](#)
- [運用實證醫學資料庫快速回答臨床問題\(2008\).ppt / 語音](#)
- [搜尋現有的最佳實證\(2008\).ppt / 語音](#)

# 實證護理-證據分級系統

- 目前國際間有不同的證據分級系統，一般的分級方式大都以來自系統性回顧為最高等級的證據，而專家意見為最低等級。

—、Oxford classification(Center for Evidence-Based Medicine, 2001)

| Grade of Recommendation<br>建議分級 | Level of Evidence<br>證據等級 | Therapy/Prevention<br>治療或措施                            |
|---------------------------------|---------------------------|--------------------------------------------------------|
| A                               | 1a                        | 隨機控制試驗的系統性文獻回顧 Systemic review of RCTs                 |
|                                 | 1b                        | 單一隨機控制試驗 Single RCT                                    |
|                                 | 1c                        | 有一致性結果的個案報告 All-or No                                  |
| B                               | 2a                        | 世代性研究的系統性文獻回顧 Systemic review of cohort studies        |
|                                 | 2b                        | 世代研究或較不嚴謹的隨機控制試驗 Cohort studies or poor RCT            |
|                                 | 2c                        | 成效研究 'Outcomes' research                               |
|                                 | 3a                        | 病歷對照研究的系統性文獻回顧 Systemic review of case-control studies |
|                                 | 3b                        | 病歷對照研究 Case-control study                              |
| C                               | 4                         | 個案報告 Case series                                       |
| D                               | 5                         | 綜論 Expert opinion, physiology, bench research          |

資料來源：成大醫院實證護理學習知識網，<http://140.116.58.128:8080/subpage023.aspx>

# 2010年6月 Oxford Classification

**Table: Steps in finding evidence ("Levels") for different types of question**

*Developed by: Iain Chalmers (James Lind Library), Paul Glasziou (OCEBM), Trish Greenhalgh (UCL), Carl Heneghan (OCEBM), Jeremy Howick (OCEBM), Alessandro Liberati, Ivan Moschetti, Bob Phillips, and Hazel Thornton*

| Question                                                   | Step 1<br>(Level 1*)                                                             | Step 2<br>(Level 2*)                                                                                      | Step 3<br>(Level 3*)                                                                                       | Step 4<br>(Level 4*)                                                                                      | Step 5 (Level 5)                                                                                               |
|------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>How common is it?</b><br>(E.g., Pre-test probabilities) | Most relevant local and current random sample survey (or censuses)               | Systematic review of current surveys                                                                      | Systematic review of local non-random sample                                                               | Systematic review of case-series                                                                          | Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms |
| <b>Is this test accurate?</b><br>(Diagnostic accuracy)     | Systematic review of cross sectional studies                                     | Systematic review of cross sectional studies<br>With consistently applied reference standard and blinding | Systematic review of non-consecutive studies, or studies without consistently applied reference standards. | Systematic review of case-control study, or cross-sectional study with non-independent reference standard | Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms |
| <b>What will happen if we do nothing?</b><br>(Prognosis)   | Systematic review of inception cohort studies                                    | Inception cohort studies                                                                                  | Cohort or control arm of randomized trial                                                                  | Systematic review of case-series                                                                          | Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms |
| <b>Does this treatment help?</b><br>(Treatment Benefits)   | Systematic review of randomized trials or n-of-1 trial                           | Randomized trial or (exceptionally) observational studies with dramatic effect                            | Non-randomized controlled cohort/follow-up study                                                           | Systematic review of case-control studies, historically controlled studies                                | Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms |
| <b>What are the COMMON harms?</b><br>(Treatment Harms)     | Systematic review of randomized trials or n-of-1 trial                           | Systematic review of nested case-control or dramatic effect                                               | Non-randomized controlled cohort/follow-up study                                                           | Case-control studies, historically controlled studies                                                     | Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms |
| <b>What are the RARE harms?</b><br>(Treatment Harms)       | Systematic review of case-control studies, or studies revealing dramatic effects | Randomized trial or (exceptionally) observational study with dramatic effect                              |                                                                                                            |                                                                                                           |                                                                                                                |
| <b>Is early detection worthwhile?</b><br>(Screening)       | Systematic review of randomized trials                                           | Randomized trial                                                                                          | Non-randomized controlled cohort/follow-up study                                                           | Case-control studies, historically controlled studies                                                     | Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms |

\* Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.

資料來源：Center for evidence based Medicine [http://www.cebm.net/mod\\_product/design/files/CEBM-Levels-of-Evidence-2.pdf](http://www.cebm.net/mod_product/design/files/CEBM-Levels-of-Evidence-2.pdf)

| 證據等級      | 治療或措施                                             |
|-----------|---------------------------------------------------|
| Level I   | 隨機控制試驗的系統性文獻回顧、統合分析或以隨機控制試驗的系統性文獻回顧為基礎發展的實證臨床照護指引 |
| Level II  | 證據來源至少有一個為設計良好的隨機控制試驗                             |
| Level III | 證據來源為非隨機化但設計良好的控制試驗                               |
| Level IV  | 設計良好的個案控制研究及世代研究之證據                               |
| Level V   | 描述性及質性研究的系統性文獻回顧之證據                               |
| Level VI  | 單一描述性研究或質性研究之證據                                   |
| Level VII | 專家報告或專家意見                                         |

### 三、中央健康保險局（2004）

指引建議的形成是根據臨床實證的等級而來，證據等級的分類如下：

1+-最高等級，4：最低等級。

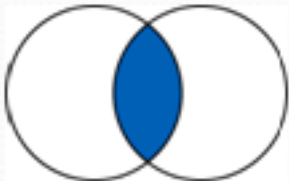
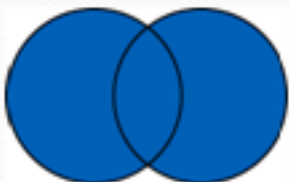
| 等級  | 實證類別                                                                                                           |
|-----|----------------------------------------------------------------------------------------------------------------|
| 1++ | 高品質之統合分析(meta analysis)，系統性文獻回顧(systematic reviews)之隨機控制試驗(RCTs)，或該隨機控制試驗之設計誤差(bias)極低。                        |
| 1+  | 執行良好之統合分析，系統性文獻回顧之隨機對照試驗，或該隨機對照試驗之設計誤差極低。                                                                      |
| 1-  | 統合分析、系統性文獻回顧之隨機對照試驗，或該隨機對照試驗之設計誤差偏高。                                                                           |
| 2++ | 1. 經過病例對照研究(case-control study)或世代研究(cohort study)之高品質系統性文獻回顧。<br>2. 高品質的病例對照研究法及世代研究法可降低干擾、誤差及機率，並且具有高度的因果相關。 |
| 2+  | 經過病例對照研究或世代研究之設計良好的系統性文獻回顧。                                                                                    |
| 2-  | 研究設計誤差較高之病例對照研究或世代研究                                                                                           |
| 3   | 非分析性之研究，例如：個案報告                                                                                                |
| 4   | 專家意見                                                                                                           |

# 文獻檢索概念

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# 建立合適的檢索策略

## ● 布林邏輯(Boolean)—AND、OR、NOT

|     |       |                                                                                     |                                    |
|-----|-------|-------------------------------------------------------------------------------------|------------------------------------|
| AND | 且(交集) |   | 護理AND阿茲海默症                         |
| NOT | 非(去除) |   | 台灣旅遊NOT花蓮                          |
| OR  | 或(聯集) |  | 產傷<br>birth trauma OR birth injury |

# 檢索小技巧-1

- **關鍵字選擇**：嘗試多個意義相近的關鍵字(key word)
- **布林邏輯使用**：利用不同關鍵字組合(**and**交集, **or**聯集, **not**刪除)來增加搜尋的廣度及精確度
- **Limit限制功能**：增加搜尋結果精確性：年代、語文、性別等
- **特定欄位檢索**：篇名、作者、摘要、刊名

# 檢索小技巧-2

- 同義詞(異形詞)使用(確認MeSH term用法)
  - 老人癡呆症 = 老人失智症
  - infancy= childhood=baby
- 截字符號(truncation)—(各家資料庫不同符號標示)
  - \*、?、\$、!、“”、()
  - m?cdonald → mcDonald and maDonald
  - cat\* → cat, catatonic, catatonia, category, etc.
  - disease\$ → diseases, diseased, and more
- 縮寫VS全稱
  - DM = diabetes mellitus
  - SLE (紅斑性狼瘡) = Systemic Lupus Erythematosus

# 如何查找關鍵字

- Yahoo奇摩字典、Google翻譯→可能錯誤率很高、專業性??
- 教科書、藥學資料庫、PubMed的MeSH醫學詞彙標題表
- 用**中文資料庫**文章內，找尋英文關鍵字

5 **熱中暑** J

王志強(Chich-Chiang Wang) ; 蔡明凱(Ming-Kai Tsai) ; 陳逸鴻(I-Hung Chen) ; 薛肇文(Chao-Wen Hsueh) ; 項正川(Jeng-Chuan Shiang) ;

內科學誌 19卷2期 (2008/04), 136-147

**熱中暑 ; Heat stroke**

預覽摘要 加入追蹤 全文下載

6 **高溫環境之隱形殺手—中暑** J

王裕惟(Yu-Wei Wang) ; 王建楠(Jan-Nan Wang) ; 蘇世斌(Shih-Bin Su) ;

中華職業醫學雜誌 14卷2期 (2007/04), 105-109

**熱中暑 ; 高溫作業 ; 熱痙攣 ; 熱衰竭 ; Heat cramps ; Heat exhaustion ; Heat stroke ; Hot**

Working Environment

預覽摘要 加入追蹤 全文下載

7 **Exertional Heatstroke: A Case Report and Review of Articles** J

周建存(Chien-Tsun Chou) ; 陳允(Yun Chen) ; 白永嘉(Yung-Chia Pai) ; 蔡維謀(Wai-Mau Choi) ;

中華民國急救加護醫學會雜誌 20卷1期 (2009/03), 33-39

**運動 ; 運動型中暑 ; 多重器官衰竭 ; 快速降溫 ; exercise ; exertional heatstroke ; multi-organ failure ; rapid cooling**

預覽摘要 加入追蹤 全文下載

8 **一位熱中暑病患之急診護理經驗** J

林淑瑩(Shu-Ying Lin) ; 韓晶彥(Chin-Yen Han) ; 陳素里(Shu-Li Chen) ;

長庚護理 20卷4期 (2009/12), 558-564

**聾啞 ; 熱中暑 ; 急診護理 ; deaf and mute ; heat stroke ; emergency nursing**

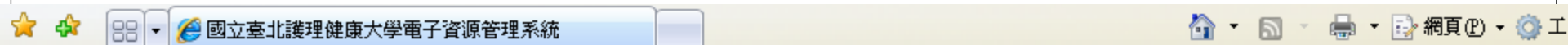
# PubMed資料庫

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# PubMed簡介

- PubMed為美國國家醫學圖書館中的美國國家生物資訊中心（National Center for Biotechnology Information, 簡稱NCBI）所研發的生物醫學主題相關文獻的資料庫檢索系統。
- 收錄自1950年起的生命科學相關文獻，並收錄資訊科學、航太科學等其他學科文獻。
- 免費書目資料檢索服務，不斷更新資源
- 除收錄美國文獻外，另收80多國期刊
- 提供部分免費及付費全文連結服務，並包含即將出版的醫學文獻。

http://library1.ntunhs.edu.tw/er/



電子資源管理系統 E-Resources Management Gateway

國立臺北護理健康大學  
National Taipei University of Nursing and Health Sciences Library

資料庫按字母順序排列

中文 A B C D E F G H I J K L M N O P Q R S T W 所有

| 圖示說明 Illustration | 校外使用資料庫設定說明

訂購資料庫 Database

試用資料庫  
Trial Database

題名快速檢索  
Search by Title

資料庫  
Browse by Database

電子期刊  
Browse by E-Journals

電子書  
Browse by E-Books

網路資源 Web Resources

主題排列  
E-Resources by Subject

離開 Exit

首頁 跳至第 rec# 筆

檢索結果 7 筆(records found) No. 1 Pages/合計 1 Pages

每頁筆數 50

- 1 [Past Masters](#) (Database) 國科會, 法語哲學資料庫
- 2 [Periodicals archive online\(PAO\)](#) (Database) 漢珍, 人文社會學術期刊全文資料庫
- 3 [ProQuest Dissertations & Theses](#) (Database) ProQuest, 美加地區博碩士論文(UMI)資料庫(Dissertations & Theses)
- 4 [ProQuest Research Library\(原名 Academic Research Library\)](#) (Database) ProQuest, 綜合型學術全文資料庫(Multi-disciplinary)
- 5 [PsycARTICLES](#) (Database) EBSCO, 美國心理學學會全文資料庫(Psychology)
- 6 [Psychology and Behavioral Sciences Collection](#) (Database) EBSCOhost - Psychology and Behavioral Sciences Collection, 行為特性、精神病學、心理學、心智過程、人類學等全文資料庫(Psychology and Behavioral Sciences)
- 7 [PubMed](#) (Database) NCBI, 醫學文獻資料庫

首頁

# PubMed 首頁

NCBI Resources ☒ How To ☒ Sign in to NCBI

PubMed.gov

PubMed  Search

Advanced

Help

NCBI各類型資料庫

進階檢索 檢索歷史

**PubMed**

PubMed comprises more than 22 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

**PubReader**

A whole new way to read scientific literature at PubMed Central



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篩選實證  
醫學資料

## More Resources

[MeSH Database](#)

[Journals in NCBI Databases](#)

[Clinical Trials](#)

[E-Utilities](#)

[LinkOut](#)

MeSH 辭彙檢索

查詢期刊全稱

# PubMed文獻書目顯示狀態

- 文獻書目資料**已經過審核**
  - MEDLINE
    - 收錄年代:1966-Present
    - 內容有MeSH Term
    - 書目資訊會加註[PubMed- indexed for MEDLINE]
  - OLDMEDLINE Citations
    - 收錄年代:1950-1965
    - 內容未有MeSH Term且不提供摘要
    - 書目資訊會加註[PubMed- OLD MEDLINE for Pre1966]
  - PubMed not Medline
    - 非生物醫學類或非生命科學主題的文獻
    - 書目資訊會加註[PubMed]

# 文獻書目顯示狀態

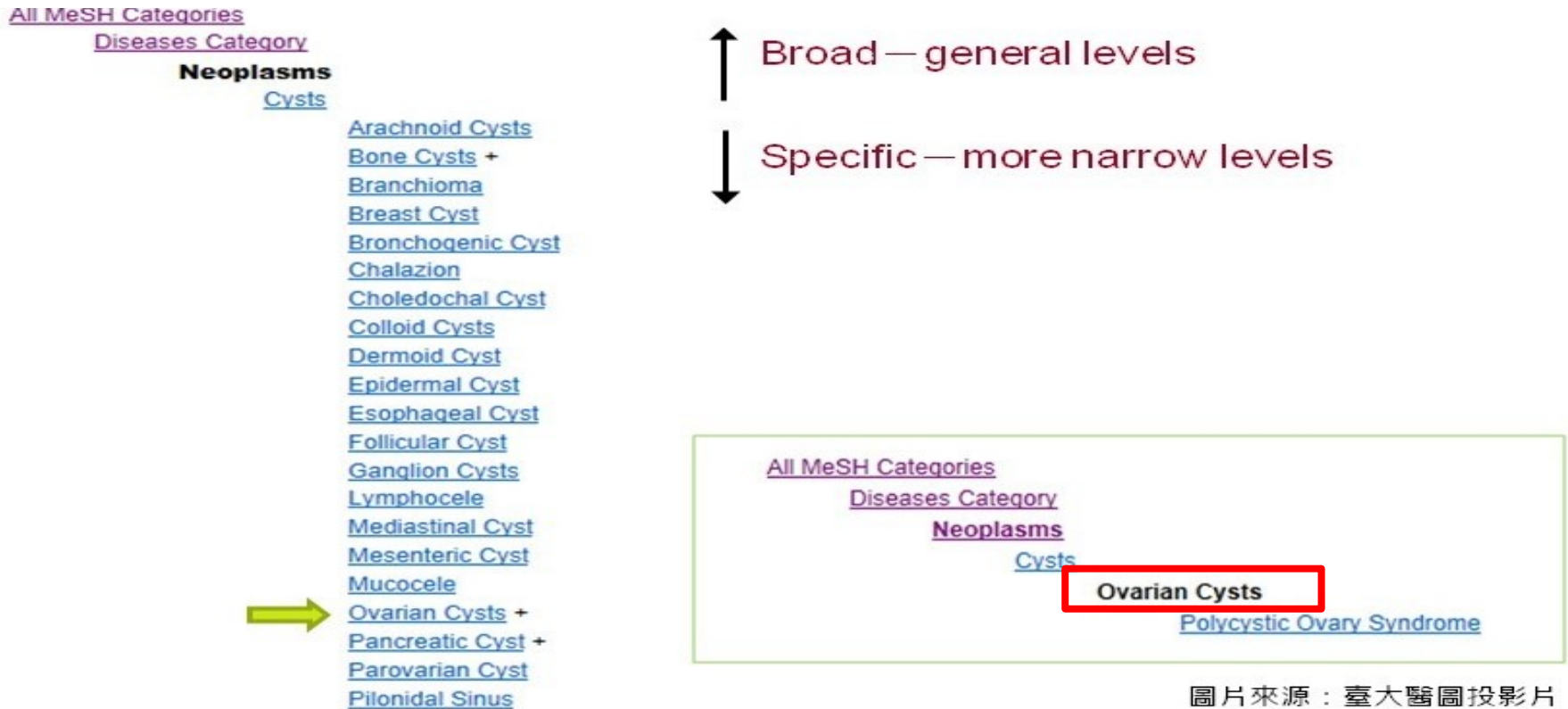
- 文獻書目資料**尚未被審核**
  - Publisher Supplied
    - 由出版社提供即時或未出版之書目資料，但並非所有書目資料皆會收錄至MEDLINE
    - 書目資訊會加註[PubMed-as supplied by publisher]
  - In Process Citation
    - 資料每日增加，但尚未被專業人員處理
    - 書目資訊會加註[PubMed-in Process]

# MeSH

- 由美國國家醫學圖書館(NLM)建置，全稱：「Medical Subject Headings」，一套生物醫學領域的主題詞表，每個主題詞(以下稱 MeSH Term)代表特定的主題範疇。
- 對於同一概念採用固定表達方式，方便陳述資料之主題內涵並提供檢索。(使用者可選擇正確主題詞彙檢索，找尋同義詞、廣義詞、狹義詞)
- MeSH共有23,885的標題，分為16大類，每大類採取樹狀結構，下層細分小標題，顯現標題間層屬關係。
- 上層顯示此標題詞涵義較廣(廣義詞)
- 下層顯示此標題越專精(狹義詞)

資料來源:臺大圖書館參考服務部落格，<http://tul.blog.ntu.edu.tw/archives/7180>

# Neoplasms結構圖



- 「Ovarian Cysts」(卵巢囊腫)這個詞依序是隸屬於「Diseases Category」(疾病)→「Neoplasms」(腫瘤)→「Cysts」(囊腫)，其下還有「Polycystic ovary syndrome」(多囊卵巢綜合徵)等更專指的詞彙。

## Heat Stroke

A condition caused by the failure of body to dissipate heat in an excessively hot environment or during PHYSICAL EXERTION in a hot environment. Contrast to HEAT EXHAUSTION, the body temperature in heat stroke patient is dangerously high with red, hot skin accompanied by DELUSIONS; CONVULSIONS; or COMA. It can be a life-threatening emergency and is most common in infants and the elderly.

Year introduced: 1996

PubMed search builder options

副標題

Subheadings:

- |                                                |                                                          |                                                        |
|------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> analysis              | <input type="checkbox"/> epidemiology                    | <input type="checkbox"/> physiopathology               |
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☐ Restrict to MeSH Major Topic.

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縮小檢索範圍

Tree Number(s): C26.522.500

Entry Terms:

- Heat Strokes
- Stroke, Heat
- Strokes, Heat
- Heatstroke
- Heatstrokes

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 Heat Stroke

MeSH

 heat stroke (2)

MeSH

 Preventive Medicine

MeSH

 preventive medicine (2)

MeSH

MeSH概念，檢索PubMed有兩種選擇：

1. **PubMed:** 檢索文章中**主要標題及次要標題**，即包含這個概念的所有文獻
2. **PubMed-Major Topic:** 只檢索文章**主要標題**

## Attenuating heatstroke-induced acute lung inflammation, edema, and injury in rats by exercise preconditioning.

Chang CH, Kao CH, Chio CC, Lin CH, Lin MT, Chang CP.

Department of Surgery, Chi Mei Medical Center, Tainan, Taiwan.

### Abstract

**BACKGROUND:** This study aimed to ascertain whether heat-induced acute lung edema, inflammation, and ischemic damage can be affected by heat shock protein 70 (HSP-70)-mediated exercise preconditioning (EP) in rats.

**METHODS:** Wistar rats were assigned to one of the following four groups: the non-EP + nonheated group, the non-EP + heated group, the EP + heated group, and the EP + HSP-70 antibodies + heated group. EP groups of animals were subjected to a protocol of running on a treadmill for 30 minutes at 20 m/min, 30 minutes at 30 m/min, and 60 minutes at 30 m/min after 1, 2, and 3 weeks of training, respectively. Heated group of animals, under general anesthesia, were put in a folded heating pad of 43°C for 68 minutes. Then, the heated animals were allowed to recover at room temperature. HSP-70 antibodies were injected intravenously 24 hours before heat exposure.

**RESULTS:** As compared with the non heated + non-EP rats, the heated + non-EP rats had significantly higher scores of alveolar edema, neutrophil infiltration, and hemorrhage, acute pleurisy, and increased bronchoalveolar fluid levels of proinflammatory cytokines and ischemic and oxidative damage markers. EP, in addition to inducing overexpression of HSP-70 in lung tissues, significantly attenuated heat-induced acute pulmonary edema, inflammation, and ischemic and oxidative damage in the lungs. HSP-70 antibodies, in addition to reducing HSP-70 expression in the lungs, significantly attenuated the beneficial effects of EP in reducing acute lung inflammation and injury.

**CONCLUSION:** EP may attenuate the occurrence of pulmonary edema, inflammation, as well as ischemic and oxidative damage caused by heatstroke by up-regulating HSP-70 in the lungs.

PMID: 23511144 [PubMed - indexed for MEDLINE]

### Publication Types, MeSH Terms, Substances

#### Publication Types

[Comparative Study](#)

[Research Support, Non-U.S. Gov't](#)

#### MeSH Terms

[Acute Lung Injury/etiology](#)

[Acute Lung Injury/metabolism](#)

[Acute Lung Injury/prevention & control\\*](#)

[Animals](#)

[Disease Models, Animal](#)

[Exercise Therapy/methods\\*](#)

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|----------|------------------|--------|
| 篇名中任一字   | title            | [ti]   |
| 篇名或摘要    | title/abstract   | [tiab] |
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1. Weiss L, Hufnagl C, Greil R

N Engl J Med. 2013 Jul 4;369(1

PMID: 23822790 [PubMed - in

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4. Publication dates(出版日期)

5. Ages(研究對象年齡)

6. Subject(主題)

- ☐ [Effects of propofol on damage of rat intestinal epithelial cells induced by \*\*heat\*\* stress and lipopolysaccharides.](#)

作者

題名

Tang J, Jiang Y, Tang Y, Chen B, Sun X, Su L, Liu Z.

Braz J Med Biol Res. 2013 Jun 25;0. doi:pii: S0100-879X2013005032785. [Epub ahead of print]

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Chen Y, Tong H, Zhang X, Tang L, Pan Z, Liu Z, Duan P, Su L.

J Tradit Chin Med. 2013 Apr;33(2):243-9.

PMID: 23789225 [PubMed - indexed for MEDLINE]

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- ☐ [Heme oxygenase-1 aggravates \*\*heat\*\* stress-induced neuronal injury and decreases autophagy in cerebellar Purkinje cells of rats.](#)

Li CW, Lin YF, Liu TT, Wang JY.

Exp Biol Med (Maywood). 2013 Jun 20. [Epub ahead of print]

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資料收錄在MeSH資料庫

- ☐ [Human-derived physiological \*\*heat\*\* shock protein 27 complex protects brain after focal cerebral ischemia in mice.](#)

Teramoto S, Shimura H, Tanaka R, Shimada Y, Miyamoto N, Arai H, Urabe T, Hattori N.

PLoS One. 2013 Jun 13;8(6):e66001. doi: 10.1371/journal.pone.0066001. Print 2013.

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- ☐ [Atrial endothelial impairment through Toll-like receptor 4 signaling causes atrial thrombogenesis.](#)

Katoh S, Honda S, Watanabe T, Suzuki S, Ishino M, Kitahara T, Funayama A, Netsu S, Sasaki T, Shishido T, Miyamoto T, Sadahiro M, Kubota I.

Heart Vessels. 2013 Jun 11. [Epub ahead of print]

PMID: 23751512 [PubMed - as supplied by publisher]

- ☐ [Effects of propofol on damage of rat intestinal epithelial cells induced by \*\*heat\*\* stress and lipopolysaccharides.](#)

Tang J, Jiang Y, Tang Y, Chen B, Sun X, Su L, Liu Z.

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- ☐ [Heme oxygenase-1 aggravates \*\*heat\*\* stress-induced neuronal autophagy in cerebellar Purkinje cells of rats.](#)

Li CW, Lin YF, Liu TT, Wang JY.

Exp Biol Med (Maywood). 2013 Jun 20. [Epub ahead of print]

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Teramoto S, Shimura H, Tanaka R, Shimada Y, Miyamoto N, Arai H, Urabe T, Hattori N.

PLoS One. 2013 Jun 13;8(6):e66001. doi: 10.1371/journal.pone.0066001. Print 2013.

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Katoh S, Honda S, Watanabe T, Suzuki S, Ishino M, Kitahara T, Funayama A, Netsu S, Sasaki T, Shishido T, Miyamoto T, Sadahiro M, Kubota I.

Heart Vessels. 2013 Jun 11. [Epub ahead of print]

# 列舉案例

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# 背景問題

- 在戒菸門診最常遇到的問題是：醫師，有沒有什麼藥吃下去就不想抽菸了？對許多老菸槍而言，戒菸實在是太過困難的事，要是有什麼捷徑可以一蹴而成，一定能大受歡迎，其中最簡單的，莫過於靠藥物幫忙了。能幫助戒菸的藥物主要分為兩種：一種是尼古丁製劑，一種是不含尼古丁的藥物。戒菸的人最難過的是無法忍受尼古丁戒斷症候群，包括憂鬱、焦慮、注意力不集中等等，此時若能補充一點尼古丁，便能減輕症狀。另一類是不含尼古丁的藥物，直接作用在神經傳導物質抑制戒斷症候群。
- 一位20歲的女性想要戒煙，是否能利用尼古丁替代療法解決其戒除菸癮之需求，成功率多高？

# 範例

檢索問題：一位20多歲的婦女，想利用尼古丁替代藥物戒菸，成效是否有效?

|   | 主要陳述         | 關鍵字   |
|---|--------------|-------|
| P | 抽菸習慣之成年婦女    | 婦女    |
| I | 利用尼古丁替代藥物 治療 | 尼古丁治療 |
| C | 不借助醫療自行戒菸    |       |
| O | 戒菸           | 戒菸    |

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|     |     |      |
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| AND | 尼古丁 | 所有欄位 |
| AND |     | 所有欄位 |

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清除

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電子全文：☒ 不限 ☐ 限有全文 ☐ 單位已採購

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查詢 (戒菸) = 所有欄位 AND (尼古丁) = 所有欄位

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中山醫學雜誌 16卷1期 (2005/06), 9-15

smoking cessation ; clinic ; nicotinic replacement therapy ; counseling

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2

### 台灣某醫學中心之老人門診戒菸成效

薛光傑(Kuang-Chieh Hsueh) ; 杜明勳(Ming-Shium Tu) ; 葛魯蘋(Luo-Ping Ger) ; 潘麗群(Li-Fei Pan) ; 林郁值(Yu-Chen Lin) ; 周明岳(Ming-Yueh Chou) ; 陳麗玲(Li-Lin Chen) ; 陳如意(Ru-Yih Chen) ;

台灣老年醫學雜誌 2卷2期 (2006/11), 104-115

門診戒菸 ; 老年人 ; 尼古丁貼片 ; smoking cessation clinic ; elderly ; nicotine patch

預覽摘要

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3

### 戒菸門診個案持續戒菸行為與自我效能之研究

鄭秀月(Hsiu-Yueh Cheng) ; 李茹萍(Ru-Ping Lee) ;

臺灣醫學 13卷3期 (2009/05), 223-230

戒菸 ; 健康信念 ; 自我效能 ; 尼古丁替代藥物治療 ; smoking cessation ; health belief ; self-efficacy ; nicotine replacement therapy

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# 範例

檢索問題：一位20多歲的婦女，想利用尼古丁替代藥物戒菸，成效是否有效?

|   | 主要陳述         | 關鍵字                                   |
|---|--------------|---------------------------------------|
| P | 抽菸習慣之成年婦女    | 婦女 (19歲以上)(female)                    |
| I | 利用尼古丁替代藥物 治療 | 尼古丁替代療法(nicotine replacement therapy) |
| C | 不借助醫療自行戒菸    |                                       |
| O | 戒菸           | 戒菸(smoking cessation)                 |

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- GEO Profiles
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- HomoloGene
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- NLM Catalog
- Nucleotide
- OMIA
- OMIM
- PMC
- PopSet
- Probe
- Protein
- Protein Cluster
- PubChem BioA
- PubChem Com
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- PubMed
- PubMed Health
- SNP
- SRA
- Structure
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smoking  
Advanced

使用Mesh搜尋→戒菸

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MeSH

MeSH ▾

smoking



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1. Inhaling and exhaling the smoke of burning TOBACCO.

☒ [Smoking Cessation](#)

2. Discontinuation of the habit of **smoking**, the inhaling and exhaling of tobacco smoke.  
Year introduced: 1992

☐ [Marijuana Smoking](#)

3. Inhaling and exhaling the smoke of MARIJUANA.  
Year introduced: 1988

☐ [Tobacco Use Cessation Products](#)

4. Items used to aid in ending a TOBACCO habit.  
Year introduced: 2012

☐ [Tobacco Smoke Pollution](#)

5. Contamination of the air by tobacco smoke.  
Year introduced: 1982

☐ [Bupropion](#)

6. A unicyclic, aminoketone antidepressant. The mechanism of its therapeutic actions is not well understood, but it does appear to block dopamine uptake. The hydrochloride is available as an aid to **smoking** cessation treatment.  
Year introduced: 1992

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Cessation" [Mesh]

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🔍 "Smoking Cessation"[Mesh] (18)  
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## Smoking Cessation

Discontinuation of the habit of smoking, the inhaling and exhaling of tobacco smoke.

Year introduced: 1992

PubMed search builder options

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- ☐ economics
- ☐ epidemiology
- ☐ ethnology

- ☐ history
- ☐ legislation and jurisprudence
- ☐ methods

- ☐ organization and administration
- ☐ psychology
- ☐ statistics and numerical data

☒ Restrict to MeSH Major Topic.

☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): F01.145.940.700

Entry Terms:

- Cessation, Smoking
- Cessations, Smoking
- Smoking Cessations

Previous Indexing:

- [Smoking/prevention and control \(1960-1991\)](#)
- [Smoking/therapy \(1972-1991\)](#)

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[Psychiatry and Psychology Category](#)

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**Smoking Cessation**

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☐ [Tobacco use among homeless people--addressing the neglected addiction.](#)

1. Baggett TP, Tobey ML, Rigotti NA.  
N Engl J Med. 2013 Jul 18;369(3):201-4. doi: 10.1056/NEJMp1301935. No abstract available.  
PMID: 23863048 [PubMed - indexed for MEDLINE] [Free Article](#)  
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☐ [Smoking cessation, weight change, and risk of cardiovascular disease--reply.](#)

2. Clair C, Rigotti NA, Meigs JB.  
JAMA. 2013 Jul 17;310(3):323. doi: 10.1001/jama.2013.7945. No abstract available.  
PMID: 23860997 [PubMed - indexed for MEDLINE]  
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☐ [Smoking cessation, weight change, and risk of cardiovascular disease.](#)

3. Ji Y, Wang Z, Li Z.  
JAMA. 2013 Jul 17;310(3):322. doi: 10.1001/jama.2013.7939. No abstract available.  
PMID: 23860995 [PubMed - indexed for MEDLINE]  
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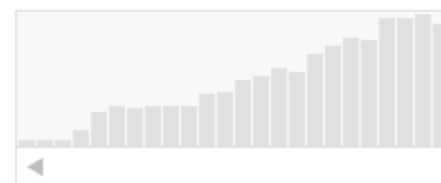
☐ [Ask the doctor. I am 73 years old. Will quitting smoking really make a difference in my health at this point?](#)

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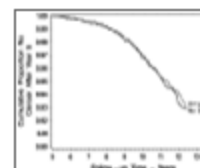
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1. Modesto-Lowe V, Chmielewska A.  
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1. Sun H, Guo S, Chen D, Yang F, Zou Y, Di X, Cao Y, Kosten T, Lu L, Zhang XY. J Neural Transm. 2012 Dec;119(12):1491-8. doi: 10.1007/s00702-012-0841-8. Epub 2012 Jun 14.

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1. Sun H, Guo S, Chen D, Yang F, Zou Y, Di X, Cao Y, Kosten T, Lu L, Zhang XY. J Neural Transm. 2012 Dec;119(12):1491-8. doi: 10.1007/s00702-012-0841-8. Epub 2012 Jun 14.

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Addiction. 2012 Oct;107(10):1857-67. doi: 10.1111/j.1360-0443.2012.03906.x. Epub 2012 May 17.

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3. Marteau TM, Aveyard P, Munafò MR, Prevost AT, Hollands GJ, Armstrong D, Sutton S, Hill C, Johnstone E, Kinmonth AL.

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### The combined effect of very low nicotine content cigarettes, used as an adjunct to usual Quitline care (nicotine replacement therapy and behavioural support), on smoking cessation: a randomized controlled trial.

Walker N<sup>1</sup>, Howe C, Bullen C, Grigg M, Glover M, McRobbie H, Laugesen M, Parag V, Whittaker R.

## Author information

## Abstract

**AIM:** To determine the combined effect of very low nicotine content (VLNC) cigarettes and usual Quitline care [nicotine replacement therapy (NRT) and behavioural support] on smoking abstinence, in smokers motivated to quit.

**DESIGN:** Single-blind, parallel randomized trial.

**SETTING:** New Zealand. **PARTICIPANTS** Smokers who called the Quitline for quitting support were randomized to either VLNC cigarettes to use whenever they had an urge to smoke for up to 6 weeks after their quit date, in combination with usual Quitline care (8 weeks of NRT patches and/or gum or lozenges, plus behavioural support) or to usual Quitline care alone.

**MEASUREMENTS:** The primary outcome was 7-day point-prevalence smoking abstinence 6 months after quit day. Secondary outcomes included continuous abstinence, cigarette consumption, withdrawal, self-efficacy, alcohol use, serious adverse events and views on the use of the VLNC cigarettes at 3 and 6 weeks and 3 and 6 months.

**FINDINGS:** A total of 1410 participants were randomized (705 in each arm), with a 24% loss to follow-up at 6 months. Participants in the intervention group were more likely to have quit smoking at 6 months compared to the usual care group [7-day point-prevalence abstinence 33 versus 28%, relative risk (RR) = 1.18, 95% confidence interval (CI): 1.01, 1.39, P = 0.037; continuous abstinence 23 versus 15%, RR = 1.50, 95% CI: 1.20, 1.87, P = 0.0003]. The median time to relapse in the intervention group was 2 months compared to 2 weeks in the usual care group (P < 0.0001).

**CONCLUSIONS:** Addition of very low nicotine content cigarettes to standard Quitline smoking cessation support may help some smokers to become abstinent.

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Very low nicotine content cigarettes and potential consequences. [Curr Cardiovasc Risk Rep. 2012]



刊名: **The combined effect of very low nicotine content cigarettes, used as an adjunct to usual Quitline care (nicotine replacement therapy and behavioural support), on smoking cessation: a randomized controlled trial.**

來源: Walker. *Addiction* Volume: 107 Issue: 10 (2012-10-01) p. 1857-1867. ISSN: 0965-2140

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## The combined effect of very low nicotine content cigarettes, used as an adjunct to usual Quitline care (nicotine replacement therapy and behavioural support), on smoking cessation: a randomized controlled trial.

作者: Walker N; Clinical Trials Research Unit, School of Population Health, The University of Auckland, Auckland, New Zealand. n.walker@ctr.u.auckland.ac.nz  
Howe C  
Bullen C  
Grigg M  
Glover M  
McRobbie H  
Laugesen M  
Parag V  
Whittaker R

資料來源: Addiction (Abingdon, England) [Addiction] 2012 Oct; Vol. 107 (10), pp. 1857-67.  
Date of Electronic Publication: 2012 May 17.

出版品類型: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

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Bullen C, Howe C, Lin RB, Grigg M, Laugesen M, McRobbie H, Glover M, Walker N, Wallace-Bell M, Wittertaker R, et al.

addiction. 2010 Aug; 105(8):1474-83. Epub 2010 Jun 7.

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Association of functional COMT Val108/Met polymorphism with smoking cessation in a nicotine replacement therapy.

Sun H, Guo S, Chen D, Yang F, Zou Y, Di X, Cao Y, Kosten T, Lu L, Zhang XY.

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Effect on adherence to nicotine replacement therapy of informing smokers their dose is determined by their genotype: a randomised controlled trial.

Marteau TM, Aveyard P, Munafò MR, Prevost AT, Hollands GJ, Armstrong D, Sutton S, Hill C, Johnstone EC, et al.

One. 2012; 7(4):e35249. Epub 2012 Apr 11.

Effect of association of DRD2 rs1800497 (Taq1A) polymorphism with smoking cessation in a nicotine replacement therapy randomized trial.

Munafò MR, Johnstone EC, Murphy MF, Aveyard P.

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