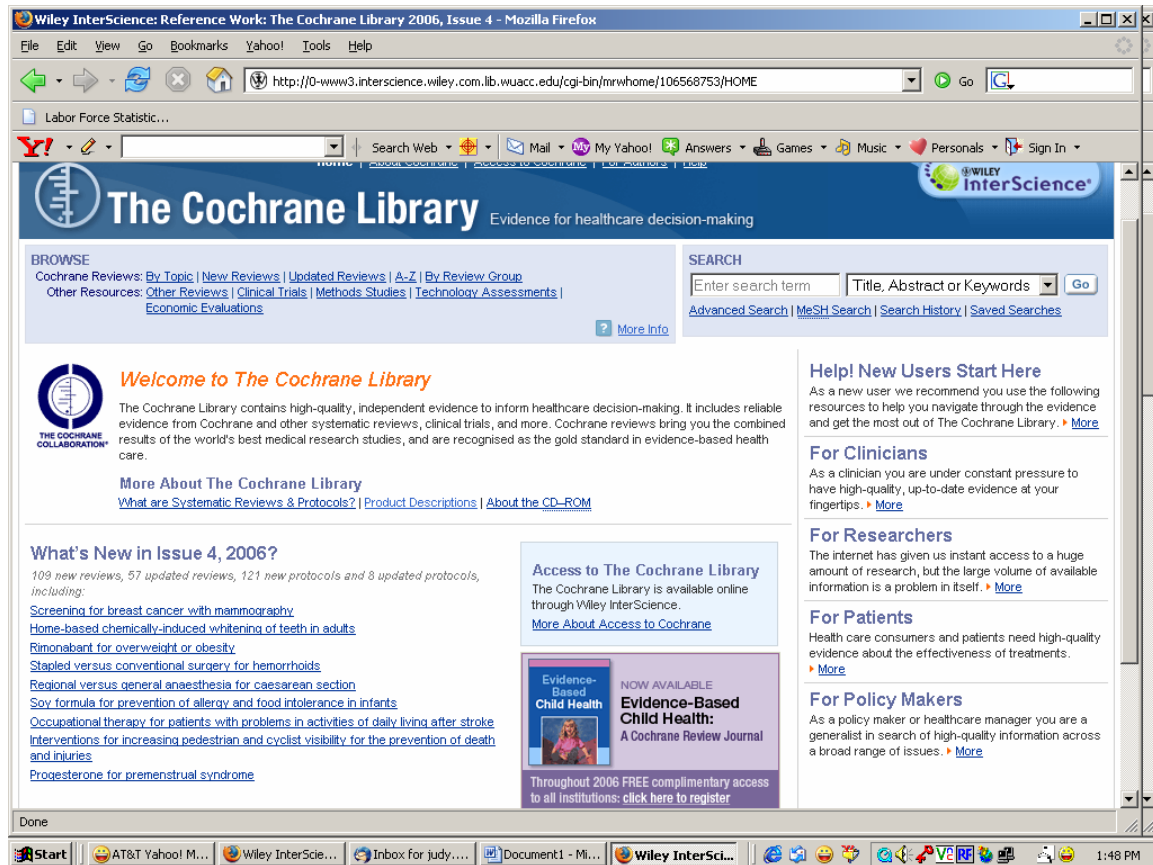


The Cochrane Library

The Cochrane Library is a collection of databases that contain high-quality, independent evidence to inform healthcare decision-making. Cochrane reviews represent the highest level of evidence on which to base clinical treatment decisions.



Databases:

- *Cochrane Database of Systematic Reviews* (Cochrane Reviews)
 - A systematic review identifies an intervention for a specific disease or other problem in health care, and determines whether or not this intervention works. To do this authors locate, appraise and synthesize evidence from as many relevant scientific studies as possible. They summarize conclusions about effectiveness, and provide a unique collation of the known evidence on a given topic, so that others can easily review the primary studies for any intervention.
 - Systematic reviews differ from other types of review in that they adhere to a strict design in order to make them more comprehensive, thus minimizing the chance of bias, and ensuring their reliability. Rather than reflecting the views of the authors, or being based on a partial selection of the literature, (as is the case with many articles and reviews that are not explicitly systematic), they contain all known references to trials on a

particular intervention and a comprehensive summary of the available evidence.

- *Database of Abstracts of Reviews of Effects (Other Reviews)*
 - DARE complements the Cochrane Database of Systematic Reviews by quality-assessing and summarizing reviews that have not yet been carried out by the Cochrane Collaboration.
- *Cochrane Central Register of Controlled Trials (Clinical Trials)*
 - CENTRAL includes details of published articles taken from bibliographic databases (notably MEDLINE and EMBASE), and other published and unpublished sources. CENTRAL records include the title of the article, information on where it was published (bibliographic details) and, in many cases, a summary of the article. They do not contain the full text of the article.
- *Cochrane Database of Methodology Reviews (Methods Reviews)*
 - The CDMR contains two types of documents: Cochrane methods reviews and protocols. Methods reviews are full-text systematic reviews of methodological studies.
 - Protocols provide place-markers for reviews that are currently being written. They summarize the background and the rationale of the review.
- *Cochrane Methodology Register (Methods Studies)*
 - The Cochrane Methodology Register is a bibliography of publications which report on methods used in the conduct of controlled trials. It includes journal articles, books and conference proceedings.
 - CMR records contain the title of the article, information on where it was published (bibliographic details) and, in some cases, a summary of the article. They do not contain the full text of the article.
- *Health Technology Assessment Database (Technology Assessments)*
 - The HTA database brings together details of completed and ongoing health technology assessments (studies of the medical, social, ethical and economic implications of health care interventions) from around the world.
- *NHS Economic Evaluation Database (Economic Evaluations)*
 - NHS EED assists decision-makers by systematically identifying economic evaluations from around the world, appraising their quality and highlighting their relative strengths and weaknesses.

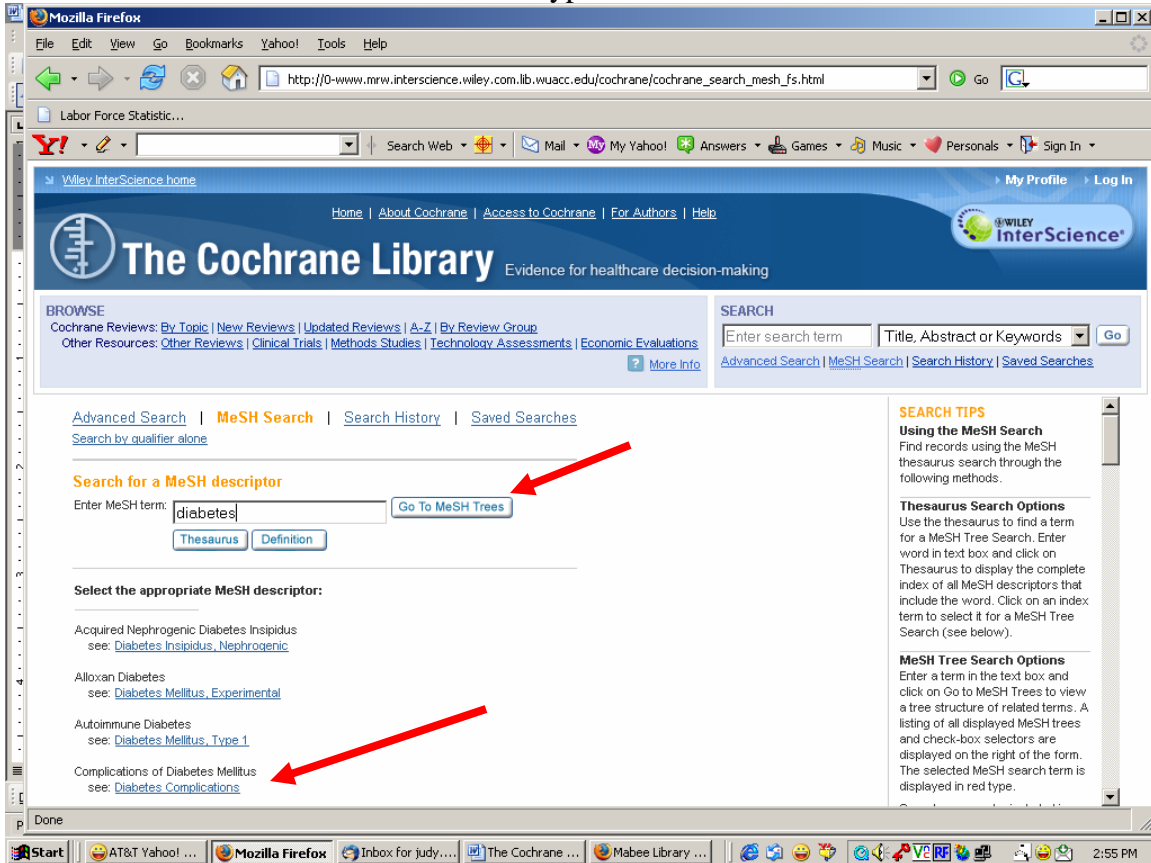
You can browse or search the databases.

The screenshot shows the Wiley InterScience website. The search box is highlighted with a red arrow. The dropdown menu is open, showing options: Title, Abstract or Keywords, Record Title, Author, Abstract, Keywords, Title, Abstract or Keywords, Tables, Publication Type, Source, and DOI. A yellow box on the right contains the text "A DOI is a digital object identifier." with a red arrow pointing to the "DOI" option in the dropdown menu.

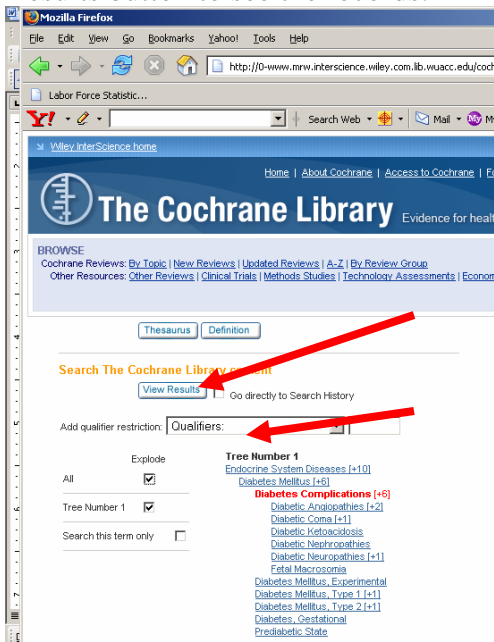
The *Advanced Search* feature allows you to combine keywords using AND, OR, and NOT and to limit your search by database, record status, or date. Search tips appear along the right-hand side of the screen.

The screenshot shows the Wiley InterScience website's Advanced Search page. The search form includes fields for search terms, operators (AND, OR, NOT), and search criteria (Search All Text, Record Title, Author, Abstract, Keywords). There are also checkboxes for restricting search by product and a sidebar with search tips.

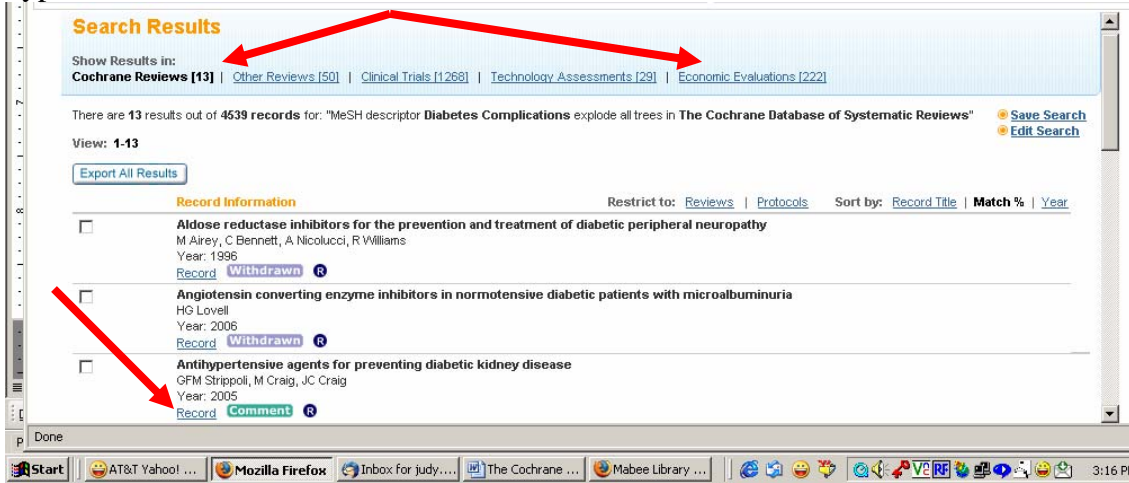
The *MeSH Search* allows you to use the thesaurus to find a term for a MeSH (medical subject heading) Tree Search. Click the *Go To MeSH Trees* button to view a tree structure of related terms. Then click the hyperlink to view the MeSH Tree.



The selected MeSH Search Term is displayed in red. Add a Qualifier or click the *View Results* button to see the records.



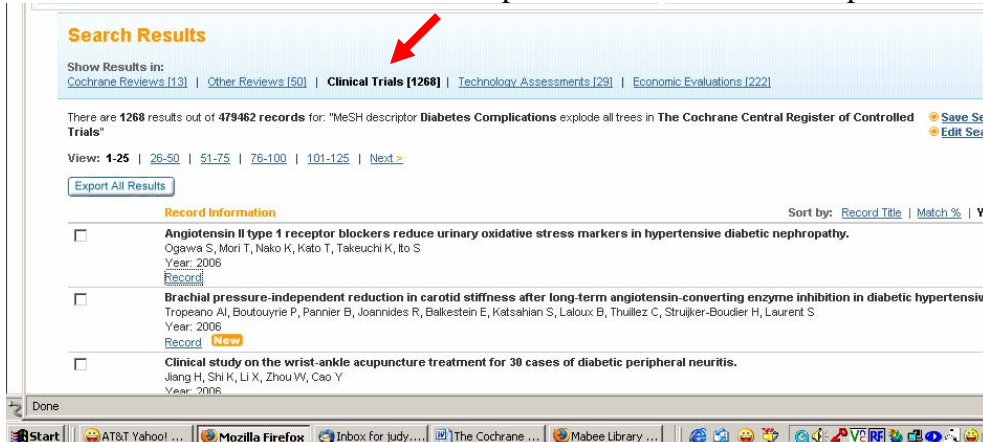
The search results show the number of records in each database. Click on the Record hyperlink to access the full text.



Click on the links on the left to read the review section-by-section. Click on PDF to read the full text as one continuous file. **Note: Use the Web browsers Back button to return to the list of records.**



Click on the Clinical Trials tab to find published articles on the topic.



Click the word Links within the record to see if the full text of the article is freely available.

Title: Angiotensin II type 1 receptor blockers reduce urinary oxidative stress markers in hypertensive diabetic nephropathy. [Links](#)
[Export Central Citation](#)

Author(s): Ogawa S, Mori T, Nako K, Kato T, Takeuchi K, Ito S

Source: Hypertension.

Date of Publication: 2006 Apr

Volume: 47

Issue: 4

Pages: 699-705

Abstract: We tested the hypothesis that blockade of angiotensin II type 1 receptors reduces oxidative stress markers in parallel with urinary albumin and type IV collagen excretions. Sixty-six diabetic patients with nephropathy were randomly assigned to either the angiotensin II receptor blocker (ARB, n=33) or trichlormethiazide (n=33) group. The majority of patients had been treated with angiotensin-converting enzyme inhibitors or calcium channel blockers for > or =1 year before the present study. Reduction of blood pressure was not different between the 2 groups, and HbA1c levels did not change over the study period (8 weeks). Treatment with ARB (candesartan 8 mg/day, n=11 or valsartan 80 mg/day, n=22) for 8 weeks reduced the levels of plasma monocyte chemoattractant protein 1, interleukin 6, urinary 8-epi-prostaglandin F2alpha, 8-hydroxydeoxyguanosine, albumin, and type IV collagen, whereas the levels of these markers were not altered with

If the full text is not available through the Cochrane Library, conduct a Periodical Title search of the Mabee Library catalog to see if the full text is available in one of the library's other databases.

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