



An Introduction to OVID Databases



Mojtaba Fazel

Customer Service

Engineering

17 May2014

Today's Ovid introduction will pose the questions.

- 1. What is Ovid?
- 2. What is in Ovid?(content)
- 3. How to search in OVIDSP?
- 4. Introduction of EBSCO Medical Collection
- 5. Introduction of DynaMed™

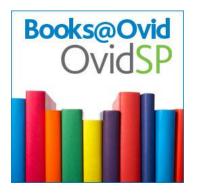
Founded Mark Nelson in 1988

- •Wolters Kluwer took the company over in 1998
- •In 2001 Wolters Kluwer purchased the rival SilverPlatter company and merged it into Ovid during 2001 and early 2002.
- Ovid introduced interface called **OvidSP** in 2007. This has replaced the Ovid Gateway interface, which was retired in February 2008, and the SilverPlatter interface(WebSPIRS), which was retired in January 2009.

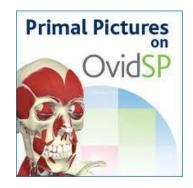


What is in Ovid?(content)











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Methodology Reviews:

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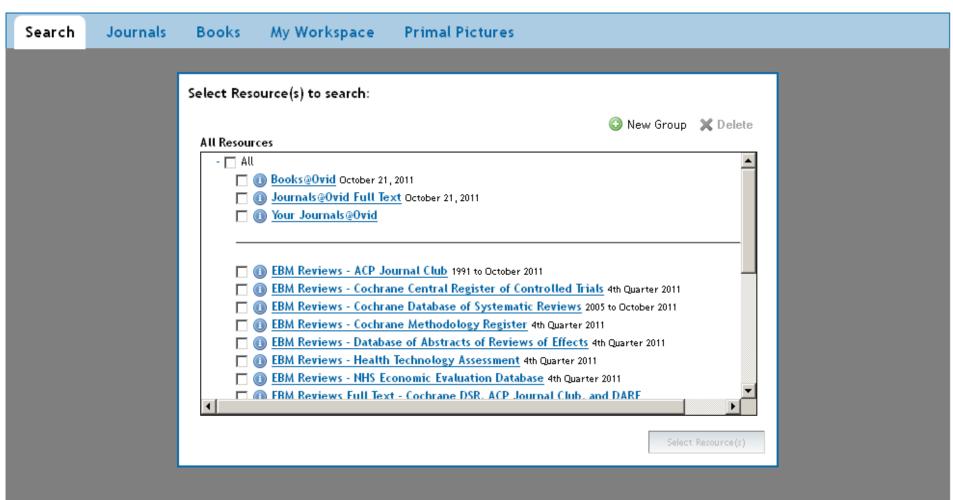
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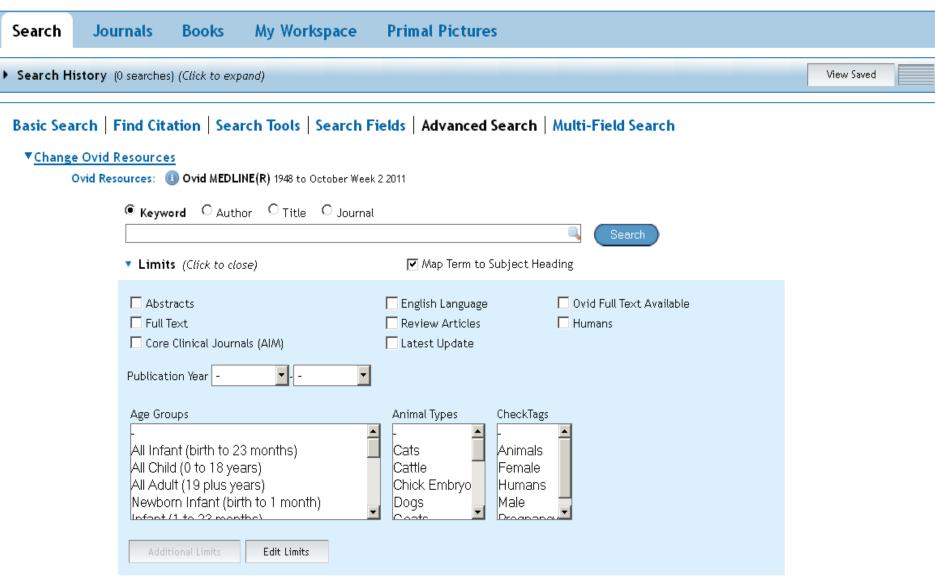
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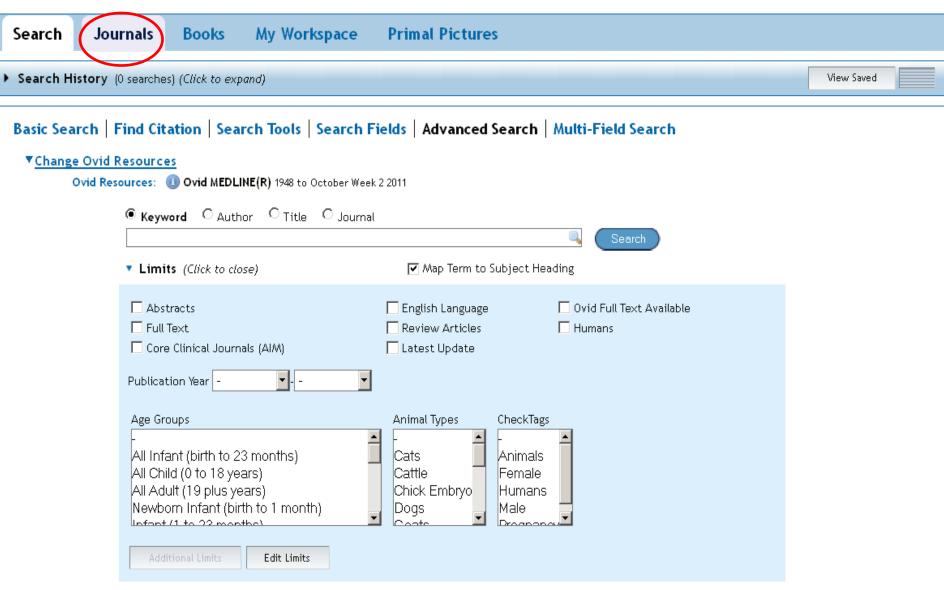


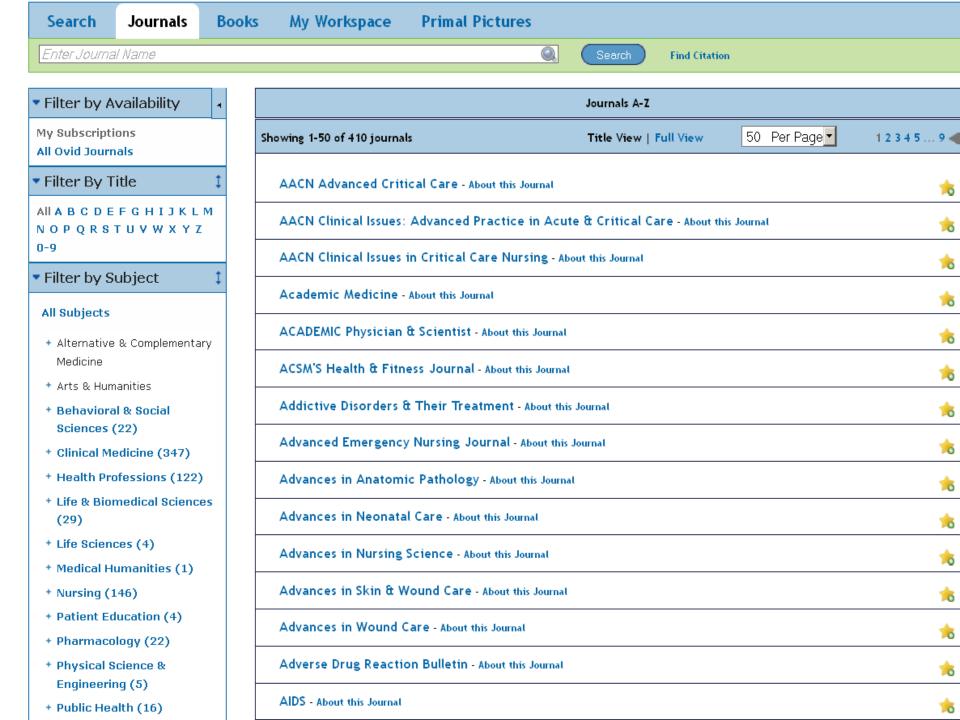


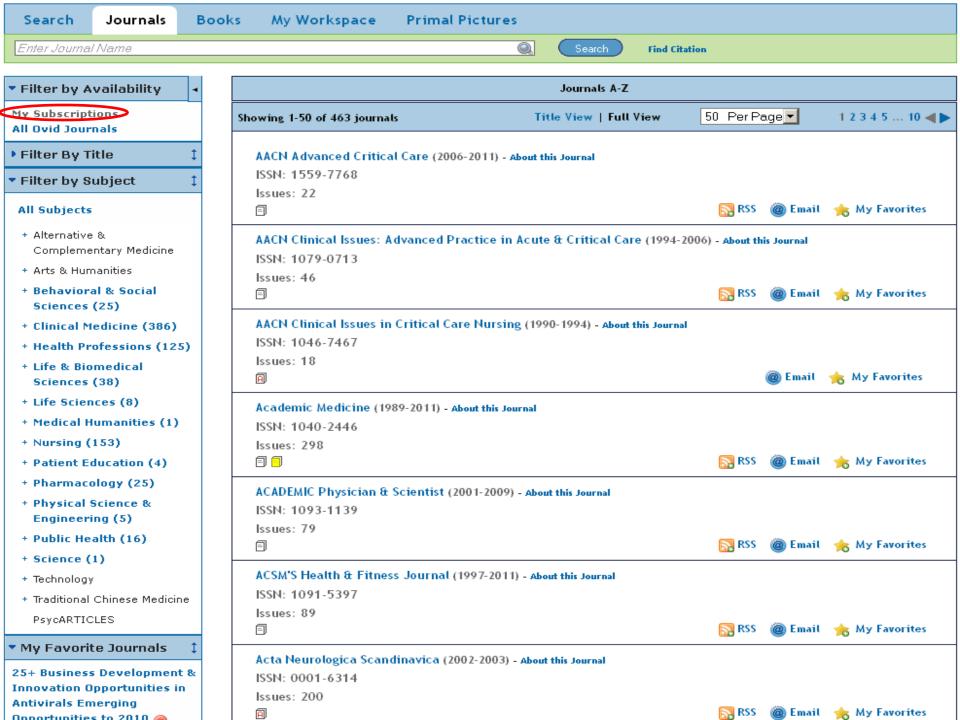












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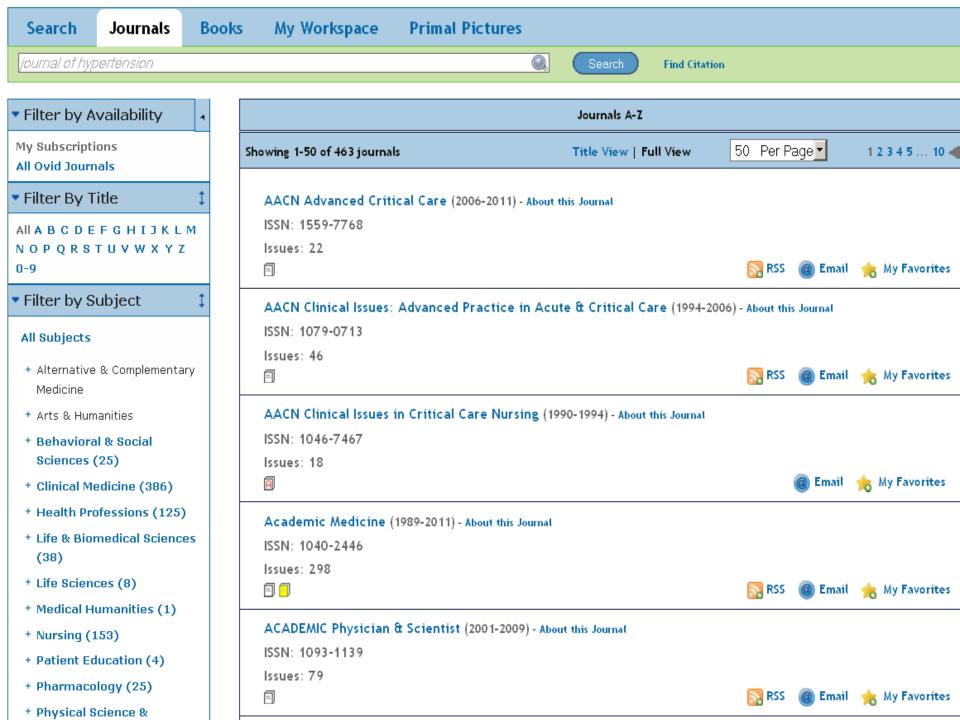
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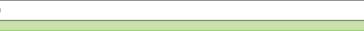
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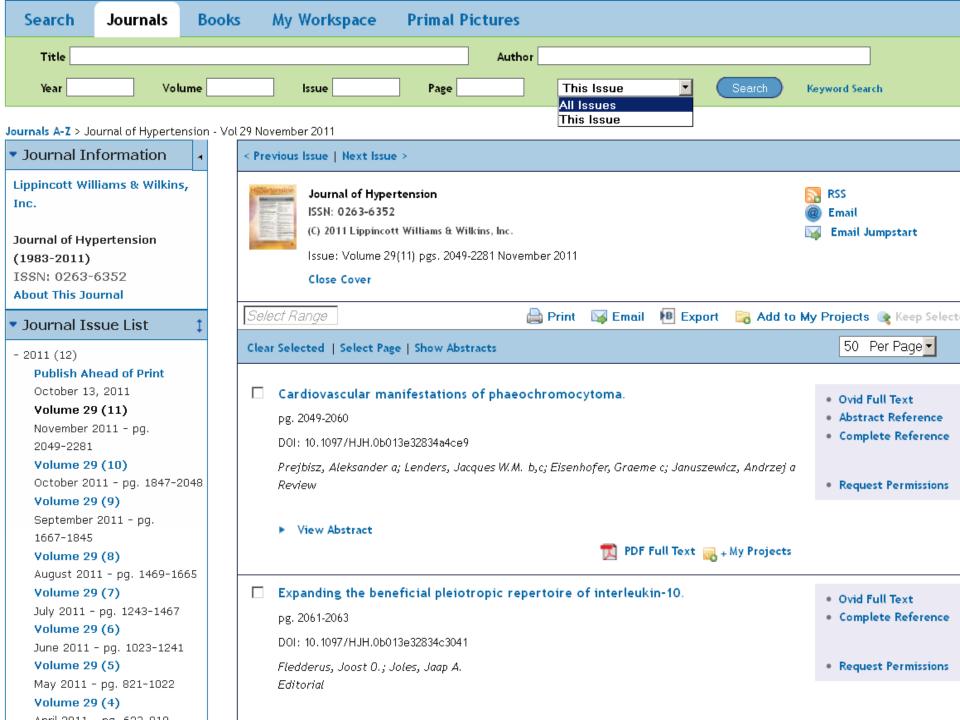
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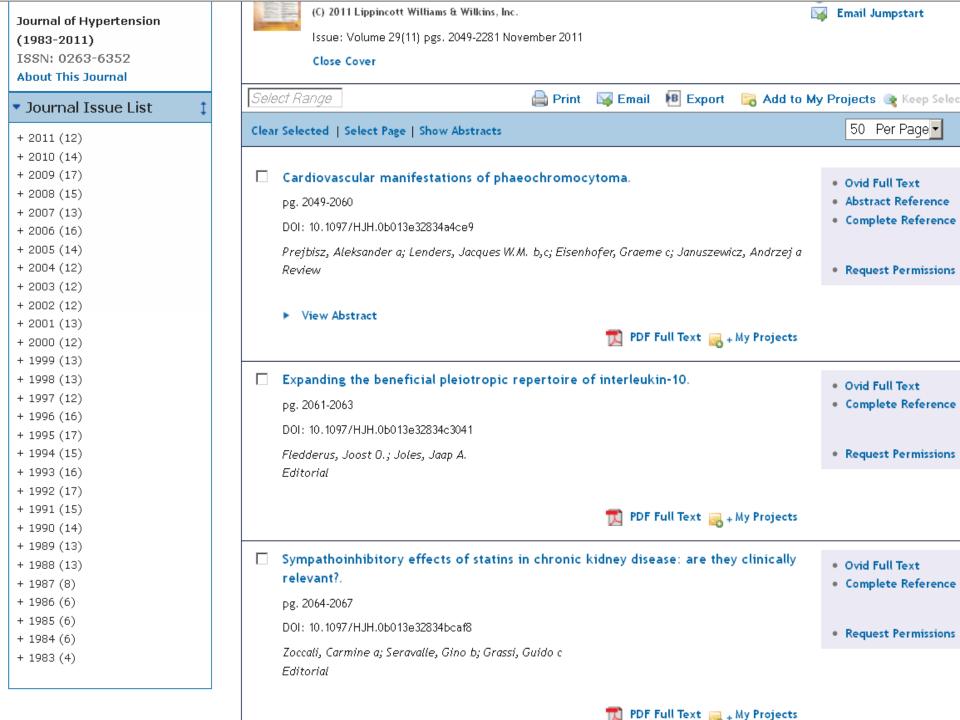
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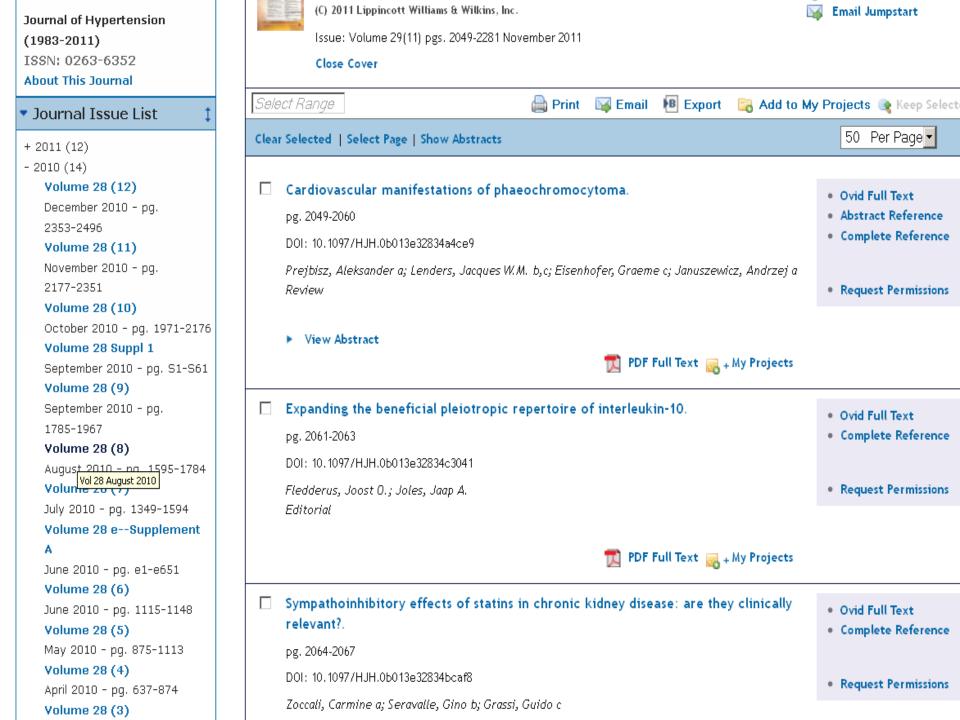
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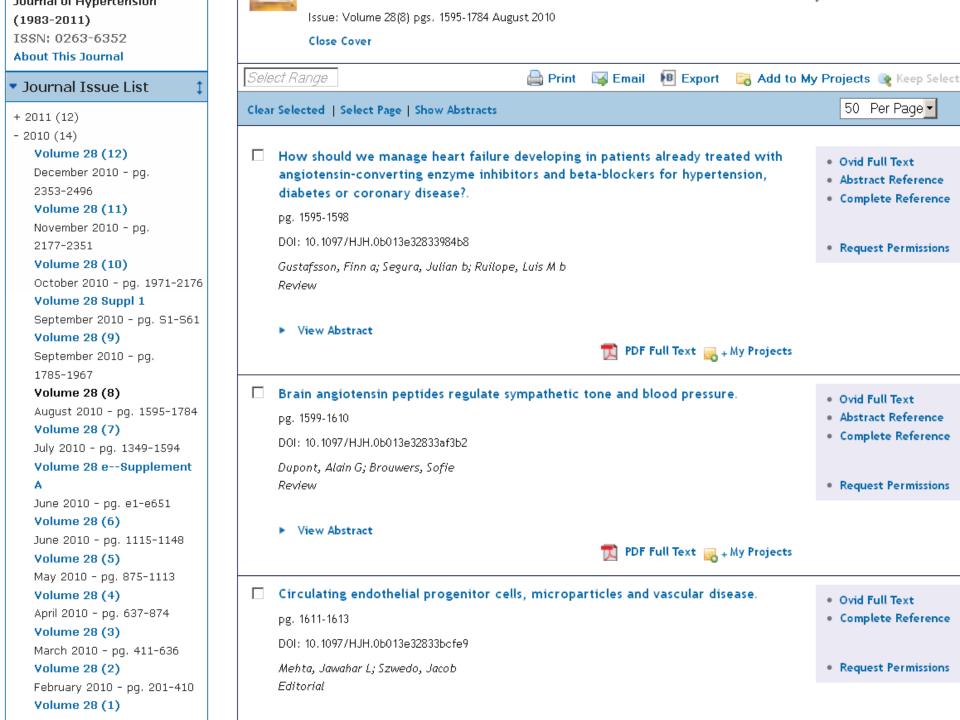
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Journal of Hypertension

Issue: Volume 28(8), August 2010, p 1595-1598 Copyright: @ 2010 Lippincott Williams & Wilkins, Inc.

Publication Type: [Reviews]

DOI: 10.1097/HJH.0b013e32833984b8

ISSN: 0263-6352

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Keywords: angiotensin-converting enzyme inhibitors, beta-blockers, cardiovascular prognosis, heart

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> How should we manage heart failure developing in patients already treated with angiotensin-converting enzyme inhibitors and beta-blockers for hypertension,

Gustafsson, Finna; Segura, Julianb; Ruilope, Luis Mb

diabetes or coronary disease?

Author Information

^aRigshospitalet, Department of Cardiology, University of Copenhagen, Denmark

^bHypertension Unit, Hospital 12 de Octubre, Madrid, Spain

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Correspondence to Finn Gustafsson, Department of Cardiology, Rigshospitalet 2142, Copenhagen University Hospital, 9 Blegdamsvej, DK-2100 Copenhagen, Denmark Tel: +45 35459743; fax: +45 3545 2513; e-mail: finng@dadlnet.dk

Abstract

An increasing number of patients in the community are being treated with angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs) and beta-blockers for hypertension, coronary disease or diabetic renal and vascular

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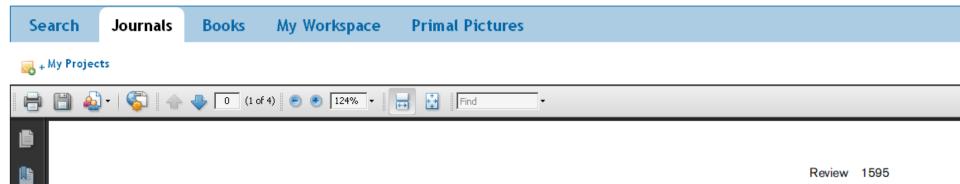


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Abstract

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How should we manage heart failure developing in patients already treated with angiotensin-converting enzyme inhibitors and beta-blockers for hypertension, diabetes or coronary disease?

Finn Gustafsson^a, Julian Segura^b and Luis M. Ruilope^b

An increasing number of patients in the community are being treated with angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs) and betablockers for hypertension, coronary disease or diabetic renal and vascular complications. Some of these patients will develop heart failure despite such treatment. Based on data from hypertension trials it can be estimated that approximately 5% of treated patients will develop heart failure over 5 years. It is unclear whether patients developing heart failure on and off ACE-inhibitors or beta-blockers, respectively, at the time of heart failure diagnosis have similar prognosis. Treatment options for patients developing heart failure

while already treated with ACE inhibitors/ADRs and

specifically to address prognosis and treatment in this growing population. J Hypertens 28:1595-1598 © 2010 Wolters Kluwer Health | Lippincott Williams & Wilkins.

Journal of Hypertension 2010, 28:1595-1598

Keywords: angiotensin-converting enzyme inhibitors, beta-blockers, cardiovascular prognosis, heart failure development

Abbreviations: ACE-I, angiotensin-converting enzyme inhibitor; ARB, angiotensin II receptor blocker; RAS, renin-angiotensin system

^aRigshospitalet, Department of Cardiology, University of Copenhagen, Denmark and ^bHypertension Unit, Hospital 12 de Octubre, Madrid, Spain

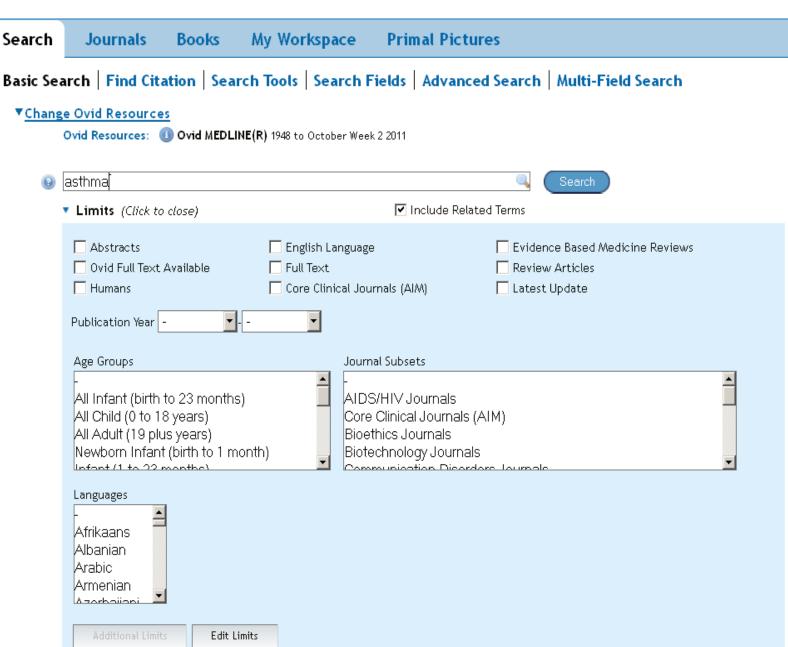
Correspondence to Finn Gustafsson, Department of Cardiology, Rigshospitalet

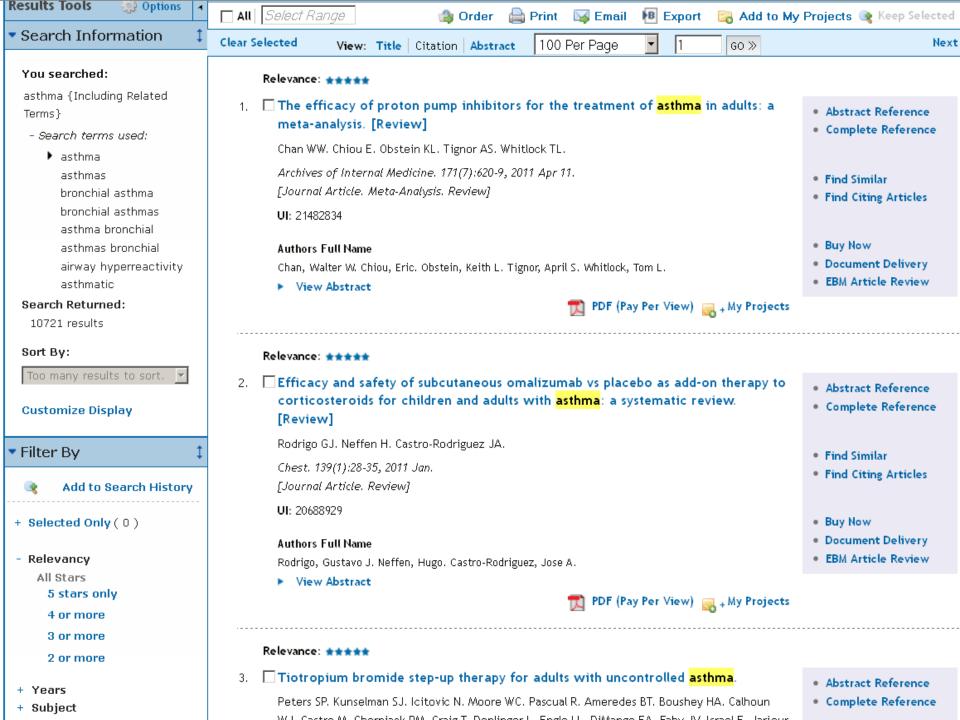


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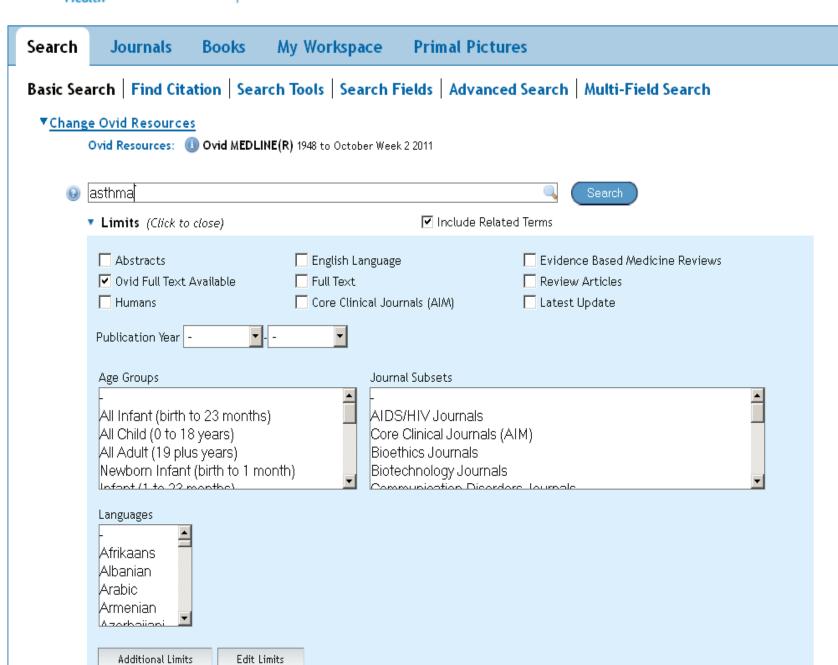


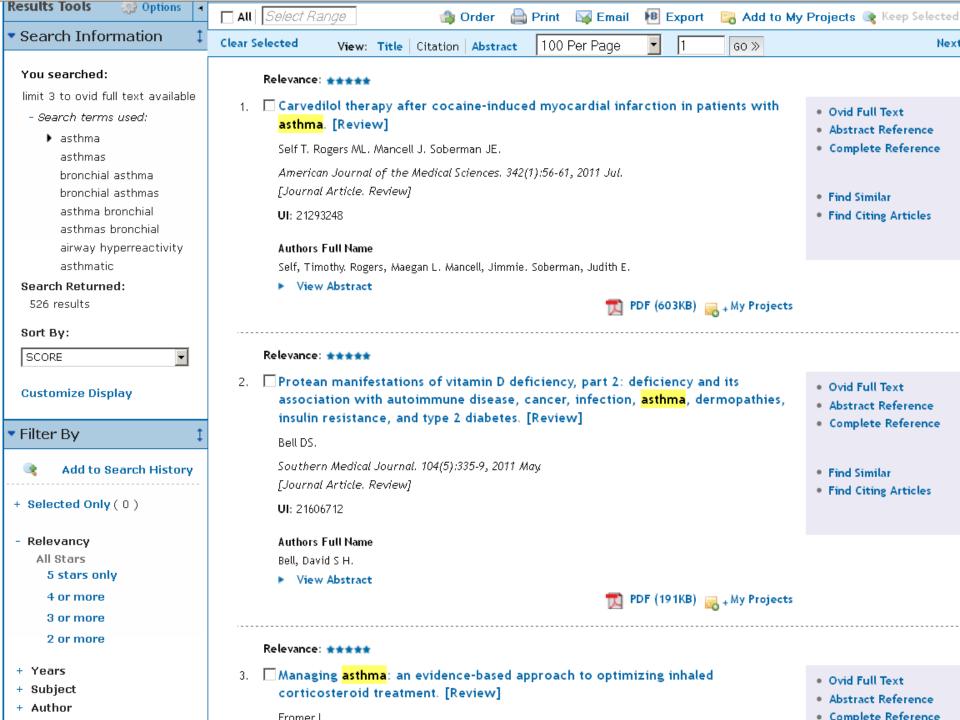
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The American Journal of the Medical Sciences

Issue: Volume 342(1), July 2011, pp 56-61

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Accession: 21293248

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Cocaine, Humans, Myocardial Infarction, Myocardial Infarction, Myocardial Infarction,

Propanolamines, Research Design, Risk, Treatment Outcome, Vasoconstrictor Agents, Vasodilator

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[Review Article]

Carvedilol Therapy After Cocaine-Induced Myocardial Infarction in Patients With Asthma

Self, Timothy PharmD; Rogers, Maegan L. PharmD, BCPS; Mancell, Jimmie MD; Soberman, Judith E. MD

Author Information

From the Departments of Clinical Pharmacy (ts, mlr) and Medicine (jm), Division of Cardiovascular Disease (jes), The Regional Medical Center at Memphis (mlr), University of Tennessee Health Science Center, Methodist University Hospital, University of Tennessee Health Science Center Memphis, Tennessee.

Submitted October 5, 2010; accepted in revised form November 18, 2010.

At the time this manuscript was initiated, Dr. Rogers was a PGY2 Internal Medicine Pharmacy Resident at Methodist University Hospital and the University of Tennessee Health Science Center.

Correspondence: Timothy H. Self, PharmD, 910 Madison Avenue, Room 308, University of Tennessee Health Science Center, Memphis, TN 38163 (E-mail: tself@uthsc.edu).





















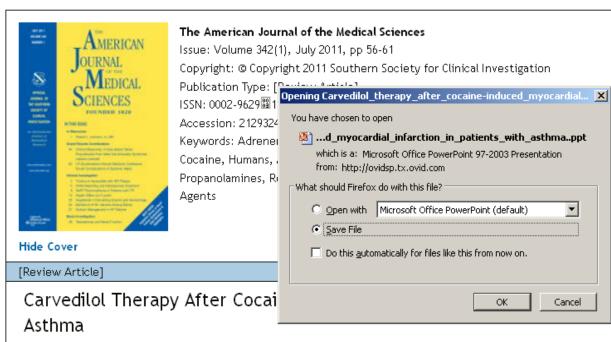




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Outline

- Abstract:
- METHODS
- Cocaine-Induced MI and Beta-



Self, Timothy PharmD; Rogers, Maegan L. PharmD, BCPS; Mancell, Jimmie MD; Soberman, Judith E. MD

Author Information

From the Departments of Clinical Pharmacy (ts, mlr) and Medicine (jm), Division of Cardiovascular Disease (jes), The Regional Medical Center at Memphis (mlr), University of Tennessee Health Science Center, Methodist University Hospital, University of

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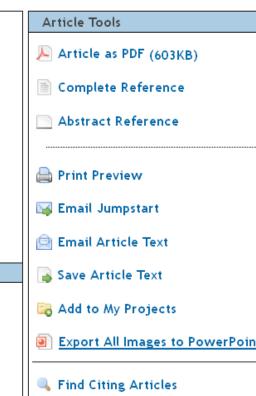
Tennessee Health Science Center Memphis, Tennessee.

At the time this manuscript was initiated, Dr. Rogers was a PGY2 Internal Medicine Pharmacy Resident at Methodist University Hospital and the University of Tennessee Health Science Center.

Correspondence: Timothy H. Self, PharmD, 910 Madison Avenue, Room 308, University of Tennessee Health Science Center, Memphis, TN 38163 (E-mail: tself@uthsc.edu).

Abstract:

Introduction: Cocaine-induced myocardial infarction (MI) is well documented. Current literature recommends avoiding beta-blockers in the acute care setting, but after discharge from the hospital, benefits of beta-blocker use may outweigh risks in patients with recent MI resulting from cocaine use. Cardioselective beta-blocker therapy has been demonstrated to be beneficial in post-MI patients with nonsevere



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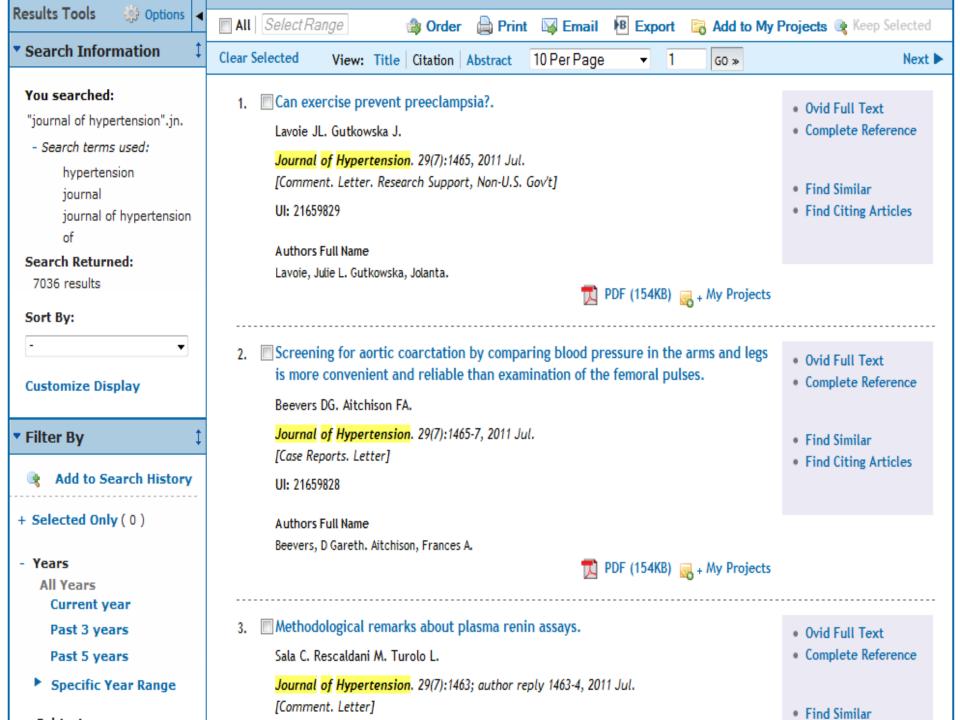
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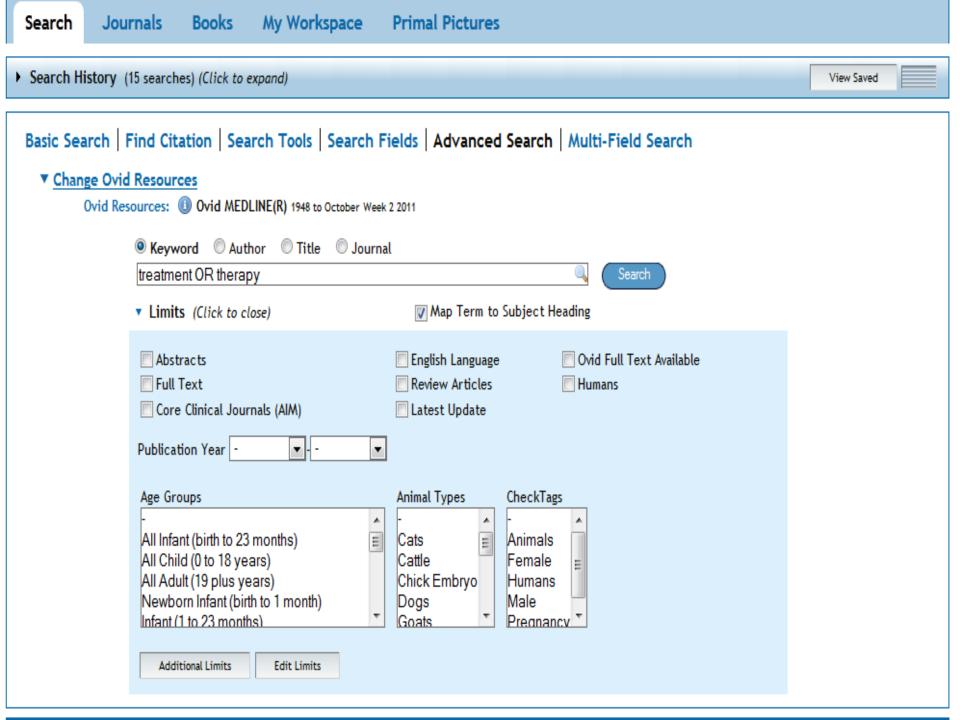
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- Click on a Subject Heading to view its tree related terms that are more general and more specific.
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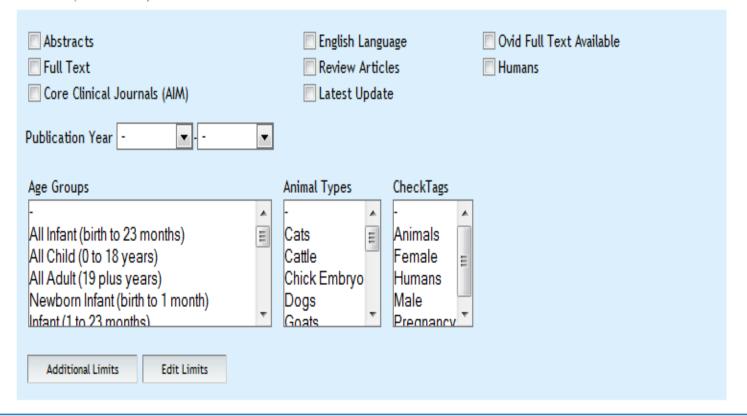
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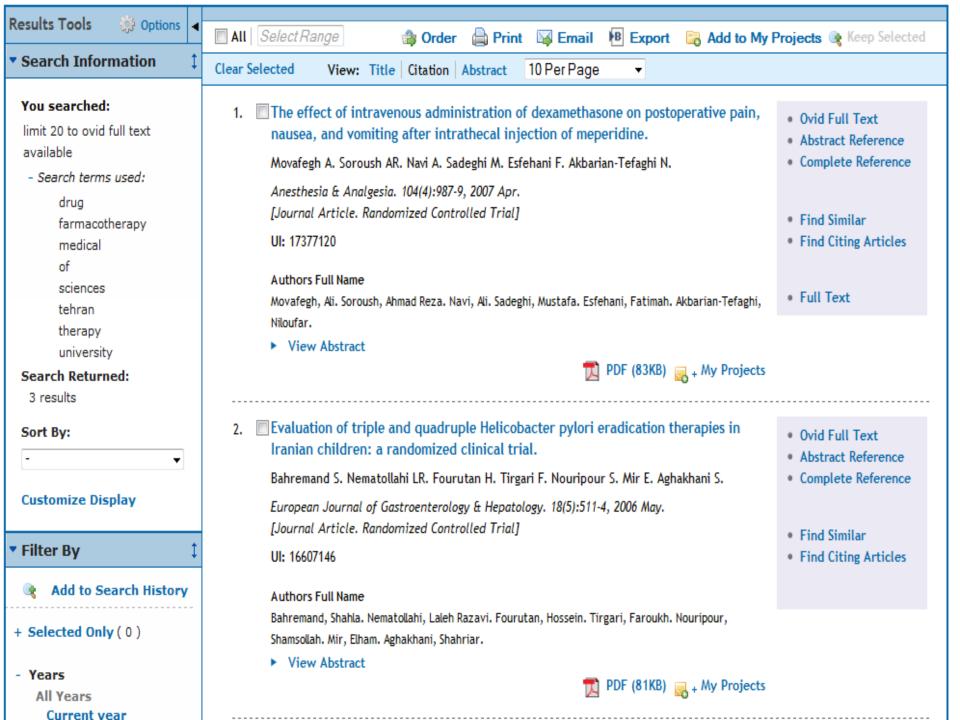
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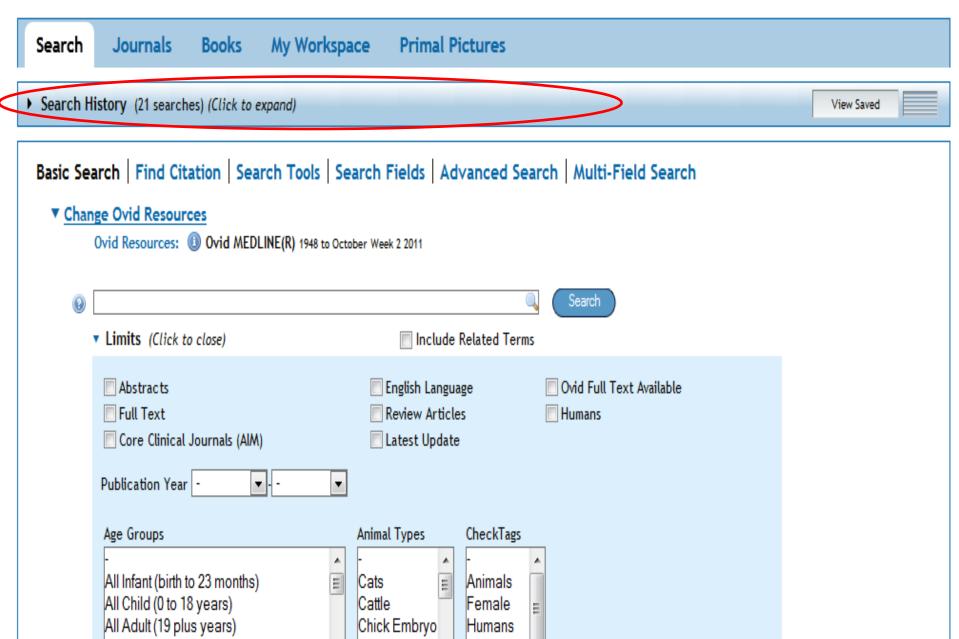
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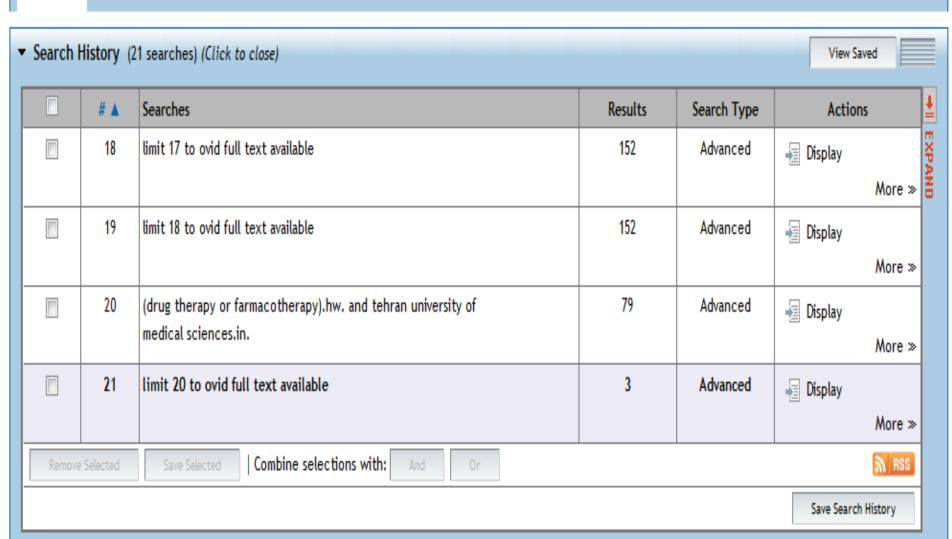






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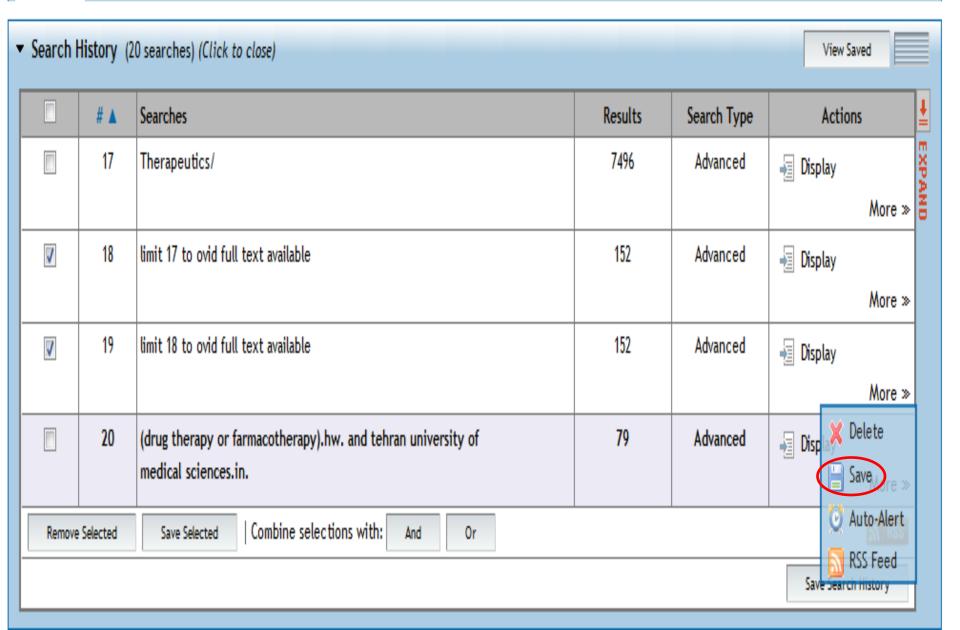
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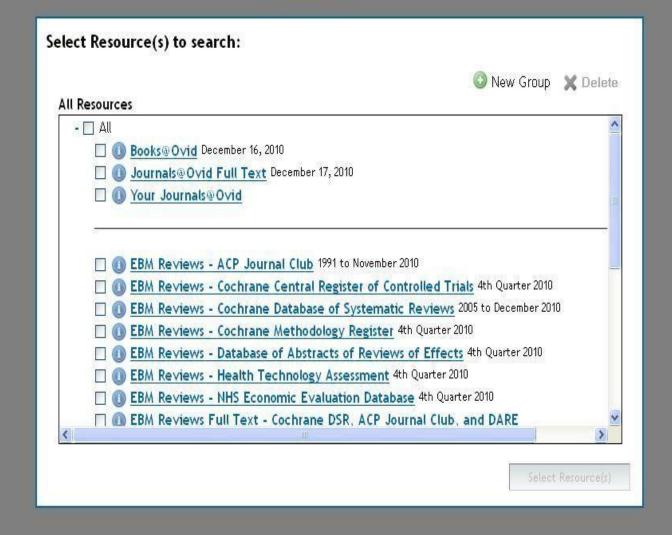


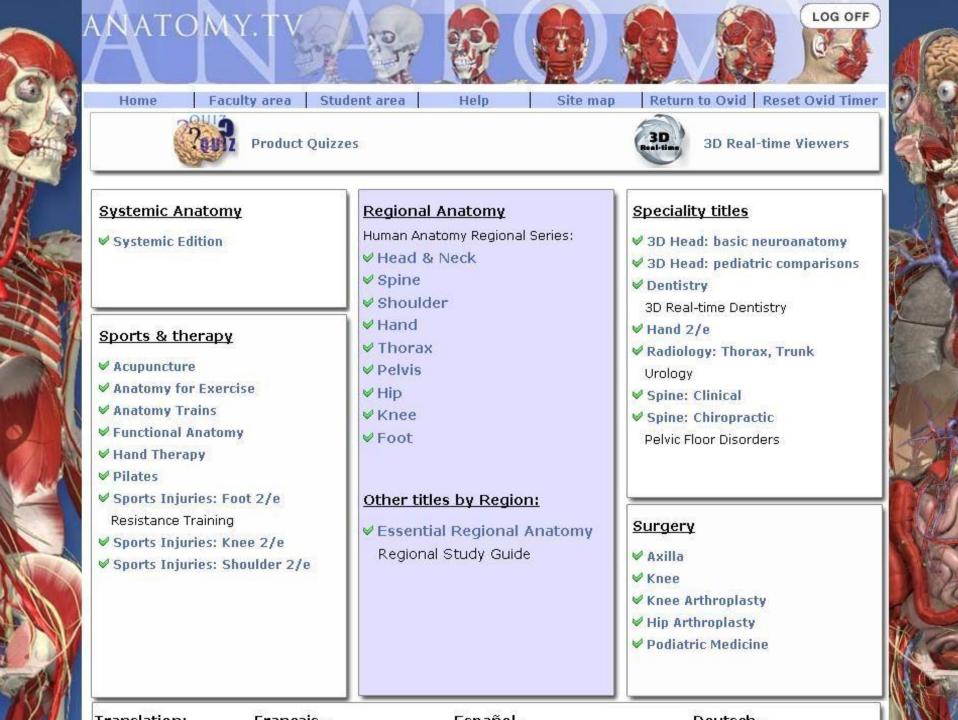


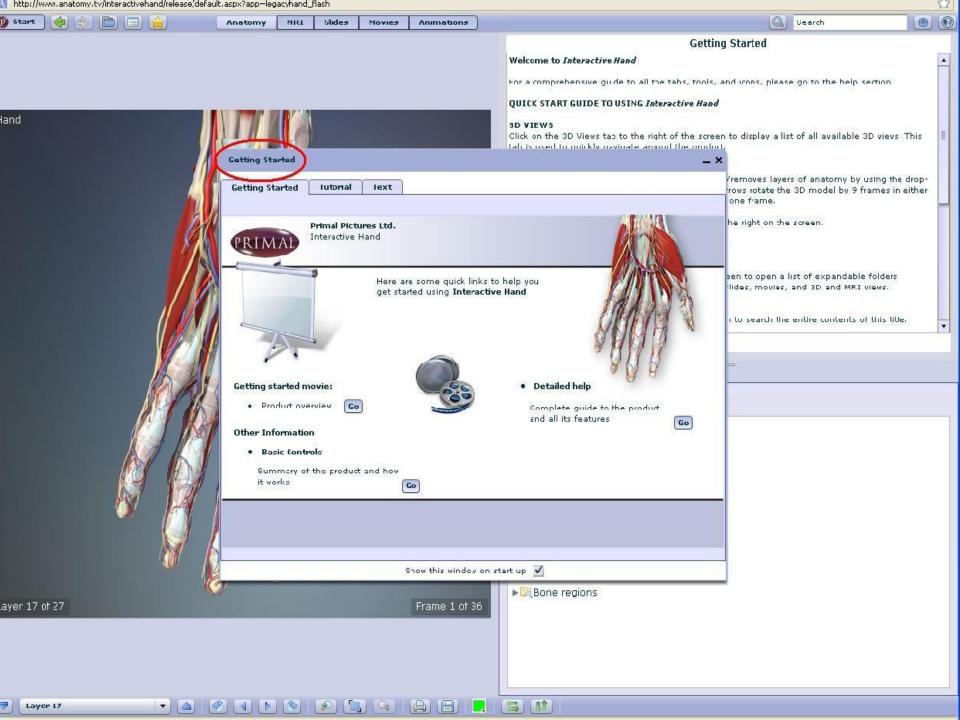
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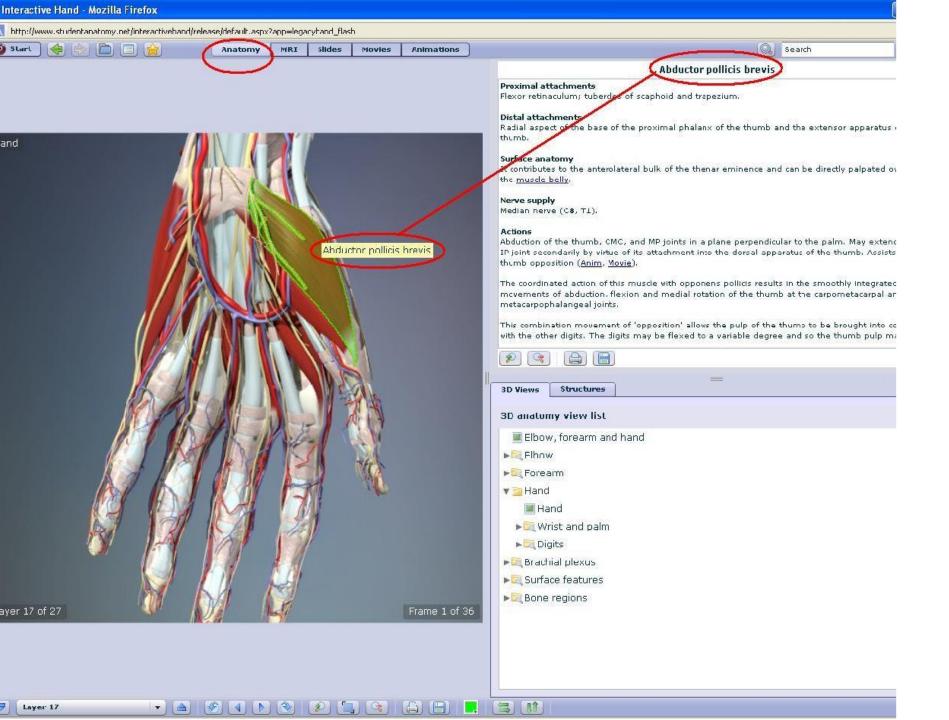
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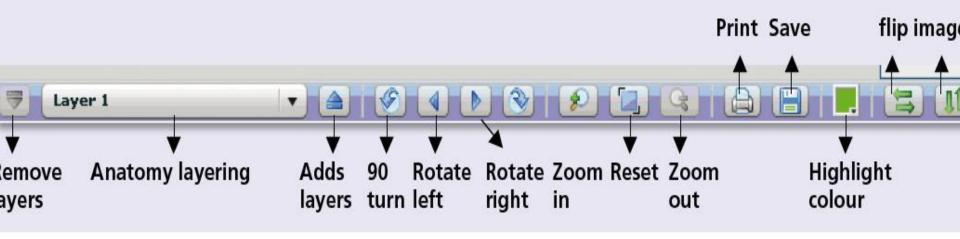
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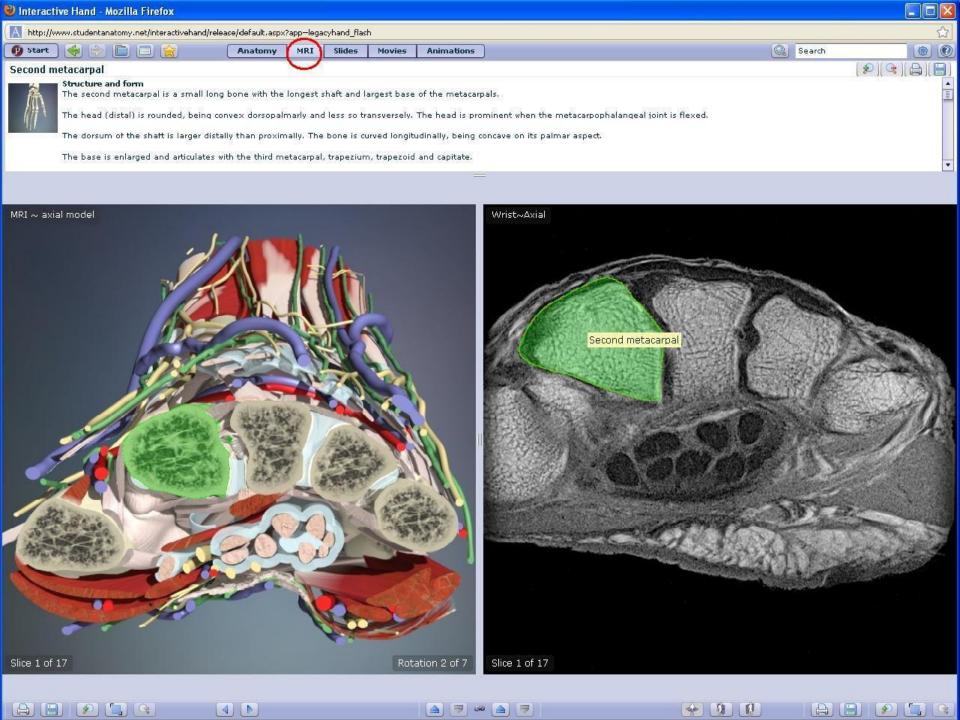


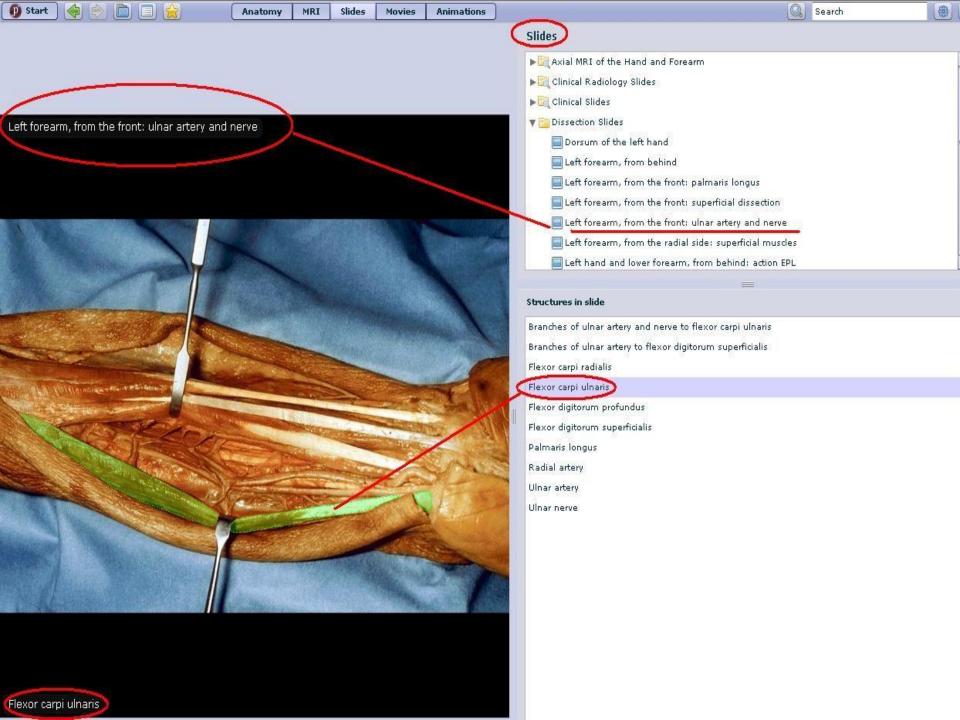


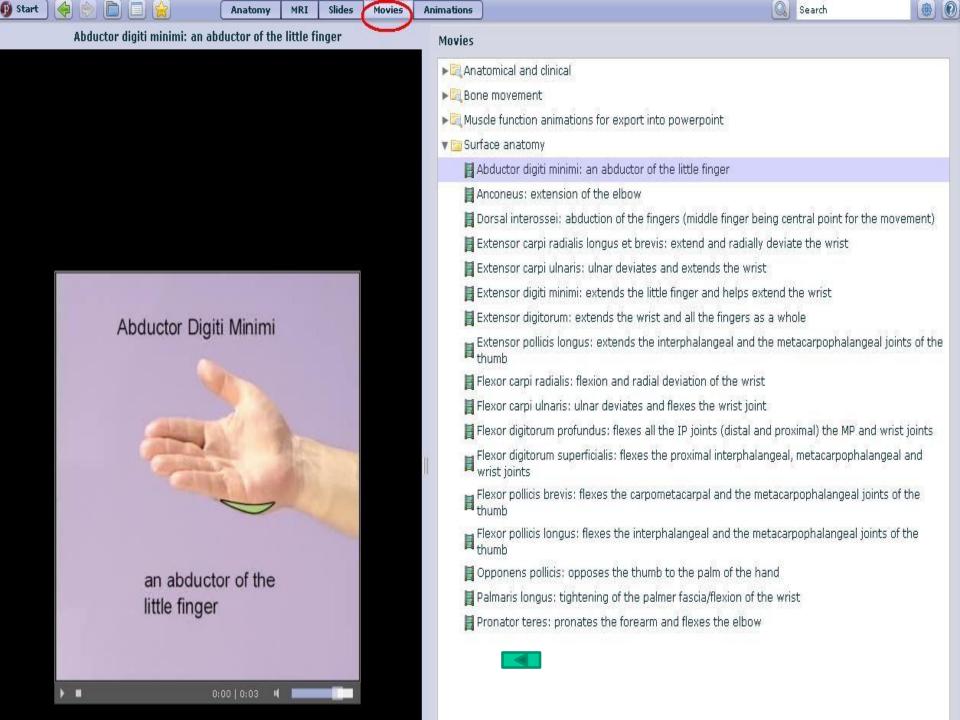














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Journal with Searchable Cited References	120
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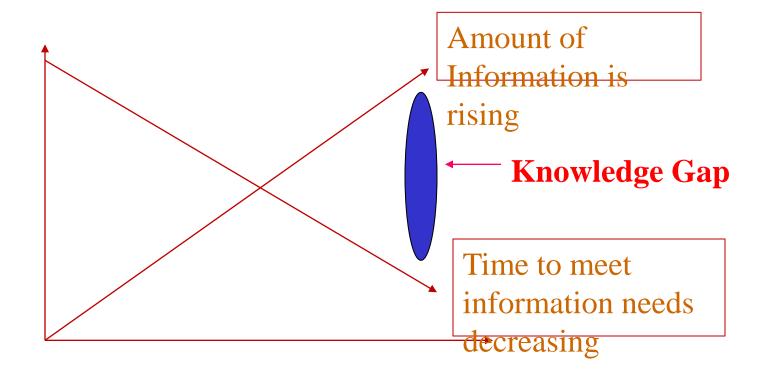




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The Knowledge Gap

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Thank you for your time

For more information and further assistance on how to use the new features on OvidSP such as **Export Selected to Powerpoint** as demonstrated on this slide, please contact the trainer directly:

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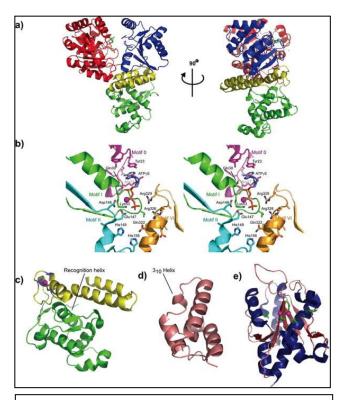


Figure 2 . Structural features of RecQ DNA helicases.
Sit down, relax and unwind: structural insights into RecQ helicase mechanisms. Killoran, Michael; Keck, James Nucleic Acids Research. 34(15):4098-4105, September 2006. © Copyright Oxford University Press 2006. Published by Oxford University Press.





