



Embase

A solução de literatura biomédica mais completa do mundo

2021

Dra. María José Dávila-Rodríguez



Embase

Embase é a principal base de dados de literatura biomédica, com a maior indexação e cobertura de periódicos e conferências. Conta com um poderoso mecanismo de pesquisa, desenvolvido de acordo com as necessidades das principais indústrias:



Farma



Dispositivos Médicos



A&G



Formulários disponíveis na **Embase**:

- ✓ Busca rápida;
- ✓ Busca PICO;
- ✓ Assistente de fármaco-vigilância;
- ✓ Pesquisa de dispositivos médicos e
- ✓ Buscas avançadas (geral, fármacos, doenças, dispositivos, bibliográfica).



Embase: status atual

Embase

>8.300 periódicos / 35 Milhões de registros

>2.900

Periódicos que
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Inclui 98% dos periódicos da MEDLINE*



Indexação detalhada de medicamentos, doenças e dispositivos com **2x o número de termos de índice que o MEDLINE**



Recursos de pesquisa exclusivos para encontrar resultados com base em termos abstratos e dezenas de filtros



Capacidade de **salvar, compartilhar e editar** estratégias de **pesquisa complexas** com um grupo



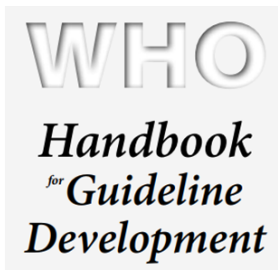
Cobertura exclusiva de mais de 3 milhões de resumos de 9.300 conferências desde 2009



Vasta cobertura de **conteúdo em idiomas diferentes ao inglês**

*No início de 2017, a Elsevier reforçou os critérios de inclusão de títulos únicos MEDLINE, exigindo um acordo específico adicional da editora de cada revista. Em maio de 2018, a Elsevier conseguiu tal acordo para a maioria deles. No entanto, a Embase foi forçada a deixar de cobrir 81 títulos pendentes de acordo.

Embase: status atual



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH



NICE National Institute for
Health and Care Excellence



国家药品监督管理局
National Medical Products Administration

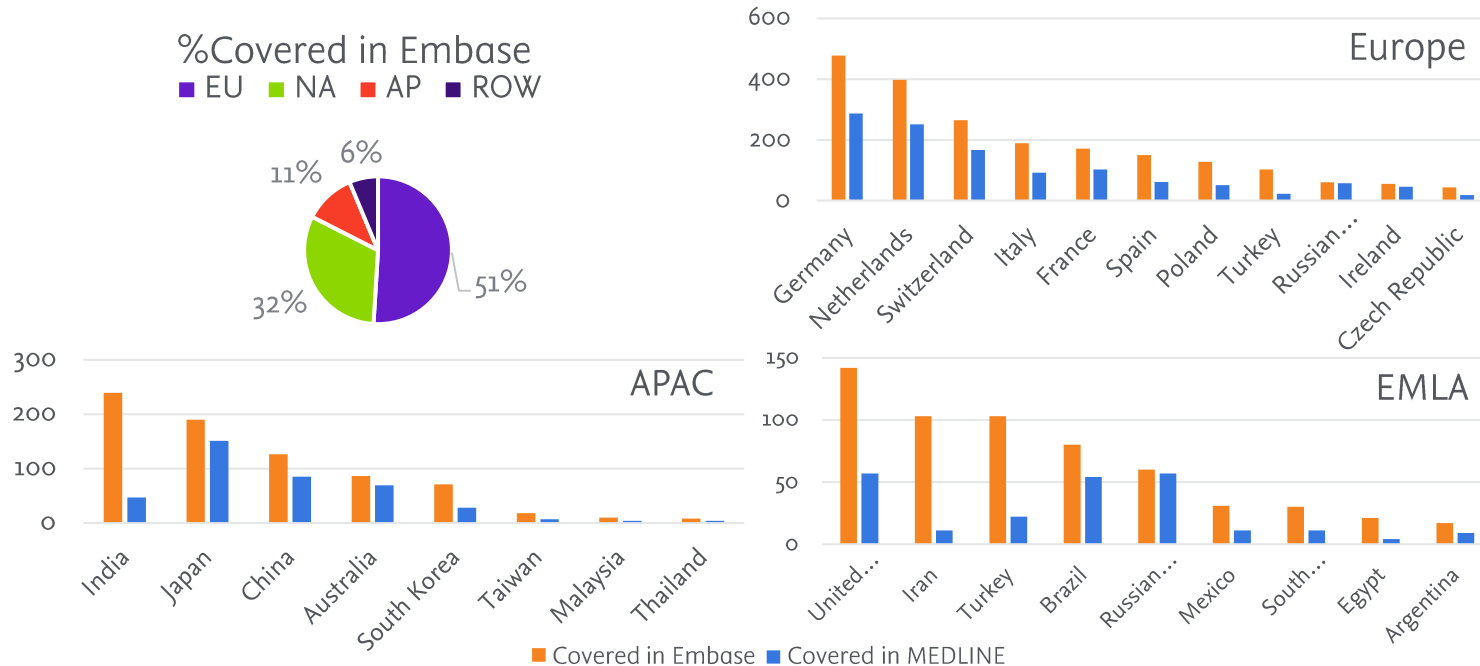
2018年第131号通告,《个例药品不良反应收集和报告指导原则》



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Embase: Cobertura de Conteúdo Internacional



Embase é a base de dados de literatura biomédica mais abrangente do mundo



*EU – União Europeia. NA – América do Norte. AP – Ásia-Pacífico. ROW – Resto do mundo.

*APAC – Ásia-pacífico.








*EMLA – Leste europeu, Médio Oriente, América Latina e África.

Embase: Áreas de Cobertura e o Emtree[®]

12%	Pharmacology & Toxicology
11%	General Clinical Medicine
10%	Genetics, Biochemistry & Molecular Biology
8%	Neurology & Behavioral Medicine
7%	Microbiology & Infectious Diseases
6%	Cardiology & Hematology
6%	Psychiatry & Mental Health
5%	Oncology
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4%	Pediatrics
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2%	Gastroenterology
2%	Respiratory Medicine
2%	Nephrology & Urology
2%	Dermatology
28%	Other



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Embase: Indexação do Conteúdo

Conteúdo Embase:
revisado por pares

THE LANCET

Volume 357, Issue 9253, 3 February 2001, Pages 331-335



ARTICLES

Articles

Efficacy of inhaled human insulin in type 1 diabetes mellitus: a randomised proof-of-concept study

Jay S Skyles, William T Cefalu, Jone A Kourides, William H Landschulz, Cecile C Balagtas, Shu-Lin Cheng, Robert A Gelfand, for The Inhaled Insulin Phase II Study Group*

Summary

Background Effective glycaemic control in type 1 diabetes mellitus usually requires two or more insulin injections daily. Inhaled intrapulmonary delivery of insulin offers a potential new way to deliver meal-related insulin, eliminating the need for preprandial injections.

Methods 73 patients with type 1 diabetes mellitus were studied in an open-label, proof-of-concept, parallel-group randomised trial. Patients in the experimental group received preprandial inhaled insulin plus a bedtime subcutaneous ultrarapid insulin injection. Patients in the control group received their usual insulin regimen of two to three injections per day. Participants monitored their blood glucose four times daily, and adjusted insulin doses weekly to achieve preprandial glucose targets of 5.6-8.9 mmol/L. The primary outcome measure was change in glycosylated haemoglobin (HbA_{1c}) after 12 weeks. Secondary outcomes were fasting and postprandial glucose response to a mixed meal; hypoglycaemia frequency and severity; pulmonary function; and patients' satisfaction.

Findings Changes in HbA_{1c} were indistinguishable between groups (difference 0.2% [95% CI -0.2 to 0.5]). Changes in fasting and postprandial glucose concentrations, and occurrence and severity of hypoglycaemia were also similar between groups. Inhaled insulin was well tolerated and had no effect on pulmonary function (ie, spirometry, lung volume, diffusion capacity, and oxygen saturation).

to that recommended in 1923, shortly after the discovery of insulin.² Yet, the control achieved in the DCCT³ was not sustained during the first 5 years of follow-up.⁴ Thus, sustained glycaemic control remains an unfulfilled quest for patients with type 1 diabetes and the health-care professionals who care for them.

Insulin therapy is essential in type 1 diabetes mellitus. The DCCT and SDIS, along with many other studies,^{5,6} showed that effective glycaemic control requires at least two, and generally three or more, insulin injections daily. The intensive regimens used in these studies rely heavily on frequent use of preprandial short-acting soluble insulin. Yet, despite the studies showing its benefits, aggressive insulin therapy has been slow to gain acceptance in clinical practice.⁷ One limitation is the inconvenience and poor acceptability by patients of a programme of many daily injections.

Inhaled intrapulmonary delivery of insulin offers a potential alternative to preprandial insulin injections. This form of insulin delivery was attempted as early as 1925.⁸ Since 1971, several studies have shown that single doses of aerosolised insulin are well tolerated, and that about 10-30% of the inhaled dose of insulin is absorbed into the circulation.⁹⁻¹¹ To maximise the efficiency and reproducibility of pulmonary insulin delivery, a new dry-powder insulin formulation and aerosol delivery device have been developed (Inhale Therapeutic Systems, San Carlos, CA, USA).¹² We did a proof-of-concept study to test the efficacy of this approach in patients with insulin-

Especialistas extraem conceitos
relevantes dos artigos de texto
completo



Os termos
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O conteúdo selecionado
manualmente está disponível para
pesquisa e recuperação

Original Title

Efficacy of inhaled human insulin in type 1 diabetes mellitus:
Skyler J S, Cefalu W T, Kourides J A, Landschulz W H, Balagtas C C, Cheng S L, et al
Lancet 2001 357:9253 (331-335)

Go to publisher for the [full text](#)

Original Abstract

Background: Effective glycaemic control in type 1 diabetes mellitus usually requires 1 preprandial injections. **Methods:** 73 patients with type 1 diabetes mellitus were studied subcutaneous ultrarapid insulin injection. Patients in the control group received their preprandial glucose targets of 5.6-8.9 mmol/L. The primary outcome measure was c frequency and severity; pulmonary function; and patients' satisfaction. **Findings:** Chz occurrence and severity of hypoglycaemia were also similar between groups. **Inhaled proof-of-concept study shows that preprandial insulin can be given by inhalation in i**

Drug Terms

hemoglobin A1c %, insulin zinc suspension %, insulin %, insulin zinc suspension %

Insulin zinc suspension

Other Subheadings

drug therapy; subcutaneous drug administration

Disease Terms

hypoglycemia %, insulin dependent diabetes mellitus %

Insulin dependent diabetes mellitus

Other Subheadings

drug therapy



*O Emtree contém todos os termos do MeSH.



ELSEVIER

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Muito obrigada!

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