پایگاه کاکرین
Cochrane library

کارگاه دانشگاه علوم پزشکی سبزوار، ۹۷

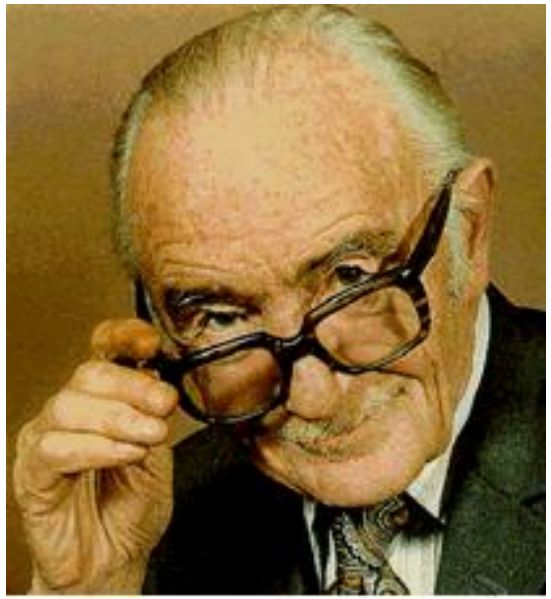
بنیاد همیاری کاکرین Cochrane Collaboration

- گروهی بالغ بر ۳۷,۰۰۰ داوطلب از بیش از ۱۲۰ کشور جهان که به بررسی اثرات مداخلات مراقبت‌های بهداشتی در آزمایش پزشکی کارآزمایی بالینی تصادفی می‌پردازند.

هدف:

- فراهم آوری مرورهای سیستماتیک به منظور به روز رسانی و ارتقاء دانش پزشکی
- فراهم آوری وسیع ترین مجموعه ی مربوط به کارآزمایی های بالینی را در جهان فراهم آورده است.

این مجموعه، به عنوان یک موسسه خیریه در انگلستان ثبت شده است.



Professor Archibald Leman Cochrane, (1909 - 1988)

David Lawrence *Sackett*, (1934 –2015)

Iain Geoffrey Chalmers, (1943-)

تاریخچه کاکرین

- ۱۹۷۲: "آرکی کاکرین" نقد تندی را بر علیه سیستم بهداشتی آن زمان منتشر کرد.
- ۱۹۹۰: گروهی به سرپرستی دیوید ساکت در دانشگاه مک مستر کانادا ایدهٔ جمع آوری و بکارگیری *بهترین شواهد* را مطرح کردند.
- ۱۹۹۳: تحت رهبری آین چالمرز و به عنوان پاسخی برای درخواست آرکی کاکرین برای داشتنِ مقالاتِ مروری به روز از کارآزمایی های بالینیِ مربوط به بهداشت و درمان، تاسیس شد.

کتابخانه کاکرین

- کتابخانه کاکرین، مجموعه ای از پایگاه های اطلاعاتی در زمینه پزشکی و دیگر شاخه های مربوط به بهداشت و درمان می باشد که توسط بنیاد همکاری کاکرین و دیگر سازمان ها ایجاد شده است.
- هسته اصلی آن Cochrane Reviews است که پایگاه اطلاعاتی برای مطالعات مروری و متاآنالیزها هست.
- کتابخانه کاکرین یک پایگاه اطلاعاتی مبتنی بر اشتراک (Subscription) می باشد.
- هم اکنون بخشی از سیستم آنلاین وایلی (Wiley Online Library) است.
- در بعضی از کشور ها مثل بخش هایی از کانادا، انگلستان، ایرلند، کشور های اسکاندیناویری، نیوزیلند، استرالیا، هند، افریقای جنوبی و لهستان دسترسی به آن رایگان است.
- همچنین تمام کشورها دسترسی رایگان به خلاصه مقالات دو صفحه ای از تمام بخش Cochrane Reviewsرا دارند.

کتابخانه کاکرین: پایگاه ها

1. Cochrane Database of Systematic Reviews - Cochrane Reviews (**CDSR**)

- پایگاه اطلاعاتی مرورهای سیستماتیک

2. Database of Abstracts of Reviews of Effects - Other Reviews (**DARE**)

- پایگاه اطلاعاتی چکیده مرورهای اثرات

کتابخانه کاکرین: پایگاه ها

3. Cochrane Central Register of Controlled Trials - Clinical Trials (**CENTRAL**)

- مرکز ثبت مطالعات کارآزمایی بالینی کاکرین

4. The Cochrane Methodology Register - Method Studies (**CMR**)

- مرکز ثبت متدولوژی کاکرین

کتابخانه کاکرین: پایگاه ها

5. Health Technology Assessment Database - Technology Assessments (**HTA**)

- پایگاه اطلاعاتی ارزیابی فناوری سلامت

6. The NHS Economic Evaluation Database - Economic Evaluations (**EED**)

- پایگاه اطلاعاتی ارزیابی های اقتصادی

7. Cochrane Groups

- گروه های کاکرین

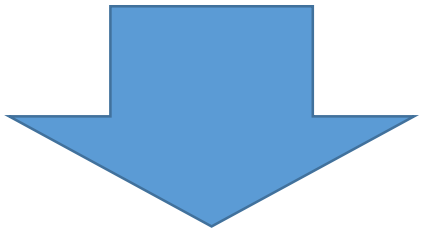
Database	Total Records
Cochrane Database of Systematic Reviews A breakdown of *CDSR* content is available **here**	9,668
Cochrane Central Register of Controlled Trials	992,236
Cochrane Methodology Register	15,764
Database of Abstracts of Reviews of Effect	36,795
Health Technology Assessment Database	16,559
NHS Economic Evaluation Database	15,015
About The Cochrane Collaboration	78
Cochrane Editorials	118

Year	Impact factor (IF)
2015	6.103
2014	6.035
2013	5.939
2012	5.785
2011	5.912
2010	6.186
2009	5.653
2008	5.182
2007	4.654

ضرورت پزشکی مبتنی بر شواهد

۱. انفجار اطلاعات پزشکی
۲. زمان کمی که پزشکان به مطالعه می پردازند
۳. افزایش حجم بیماران و پیدایش بیماری ها و روش های درمان جدید

به روز رسانی اطلاعات افراد بالینی



جلوگیری از خطاهای پزشکی

وجود چشمگیر خطاهای پزشکی

خطاهای پزشکی

انجمن پزشکی آمریکا IOM (Institute of medicine):

- مرگ سالیانه ۹۸-۴۴ هزار بیمار در اثر خطاهای پزشکی بیمارستانها (تا ۱۹۵ هزار نفر در برخی آمارها)
- سومین تا هشتمین علت مرگ و میر
- آسیب جدی ۵۰۰ هزارنفر در سال
- مرگ ۷۰۰۰ بیمار بعلت دست خط های نامرتب و درهم و برهم در سال
- ۵/۷ میلیون جراحی و درمانهای غیرضروری درسال انجام می شود.

انفجار اطلاعات پزشکی

- نیمه عمر دانش پزشکی در برخی علوم مانند ژنتیک و بیوشیمی ۳ تا ۴ سال و در برخی از آنها ۶ تا ۷ سال برآورد می‌شود. بنابراین بطور متوسط پس از گذشت ۵ سال از دوران آموزش دانشگاهی، اگر تمام مطالب هم در ذهن فارغ التحصیلان مانده باشد، باز هم نیمی از آنها قدیمی و غیر مفید خواهد بود.
- مدت زمان دو برابر شدن دانش پزشکی در سال ۱۹۹۱حدود ۱۹ سال بوده است اما در سال ۲۰۰۱ به ۲۰ ماه رسید.
- کسانی که ۱۰ سال پیش فارغ التحصیل شده اند مشاهده خواهند کرد که ۹۰ درصد از داروها و درمان های موجود در طی همین ۱۰ سال ایجاد شده اند.

زمان کمی که پزشکان به مطالعه می پردازند

دیده شده که به طور متوسط برای پزشکان به :

- ازای هر۱ مریض بستری ۵ سوال و
- به ازای هر ۳ مریض سرپایی ۲ سوال

پیش می آید که پاسخ آن را نمی دانند و اغلب به دنبال یافتن پاسخ سوالات نمی روند.

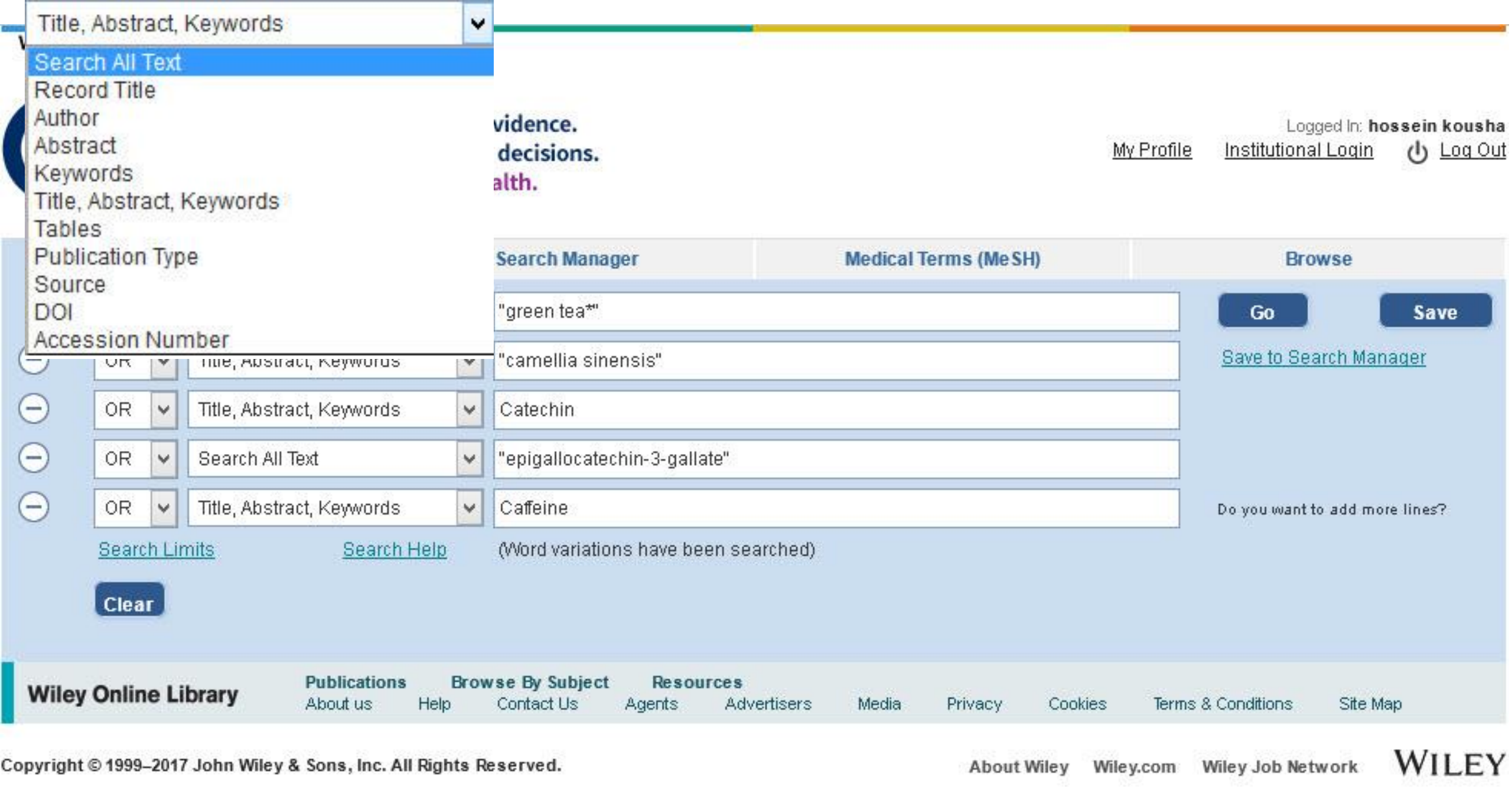
در مواردی که این سوالات پاسخ داده شده اند :

- در ٪ ۳۰ موارد تصمیم گیری بالینی و
- در ٪ ۱۰ موارد پیامد بیماری

تغییرمی کند.

جستجو در کاکرین

- آیا چای سبز برای کاهش وزن مفید است؟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Medical Terms (MeSH)
Browse
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Go
Save
"camellia sinensis"
Save to Search Manager
OR
Title, Abstract, Keywords
Catechin
OR
Search All Text
"epigallocatechin-3-gallate"
OR
Title, Abstract, Keywords
Caffeine
Do you want to add more lines?
Search Limits
Search Help
(Word variations have been searched)
Clear
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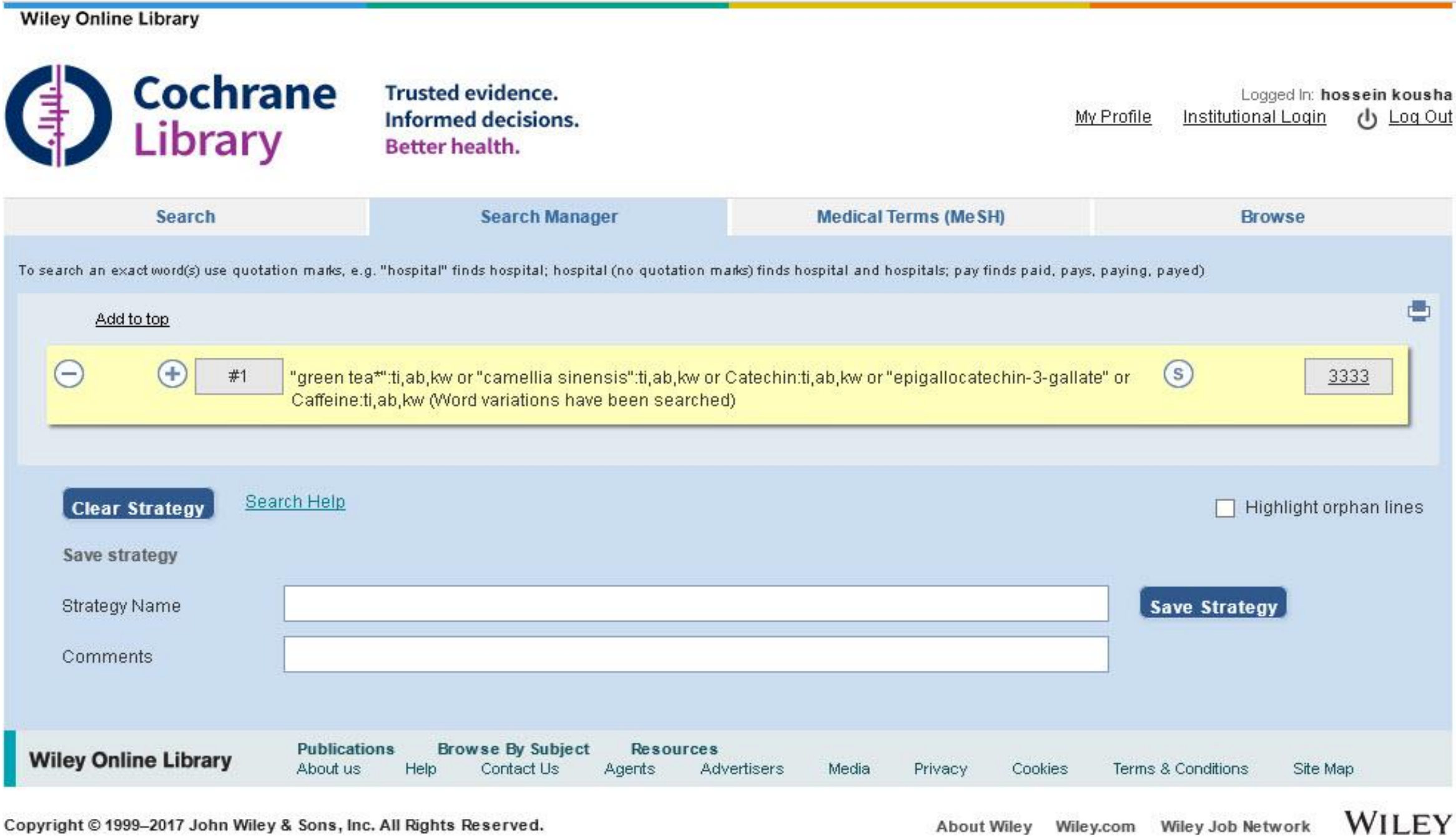
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Browse
To search an exact word(s) use quotation marks, e.g. "hospital" finds hospital; hospital (no quotation marks) finds hospital and hospitals; pay finds paid, pays, paying, payed)
Add to top
#1
"green tea*":ti,ab,kw or "camellia sinensis":ti,ab,kw or Catechin:ti,ab,kw or "epigallocatechin-3-gallate" or Caffeine:ti,ab,kw (Word variations have been searched)
3333
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Search Help
Highlight orphan lines
Save strategy
Strategy Name
Comments
Save Strategy
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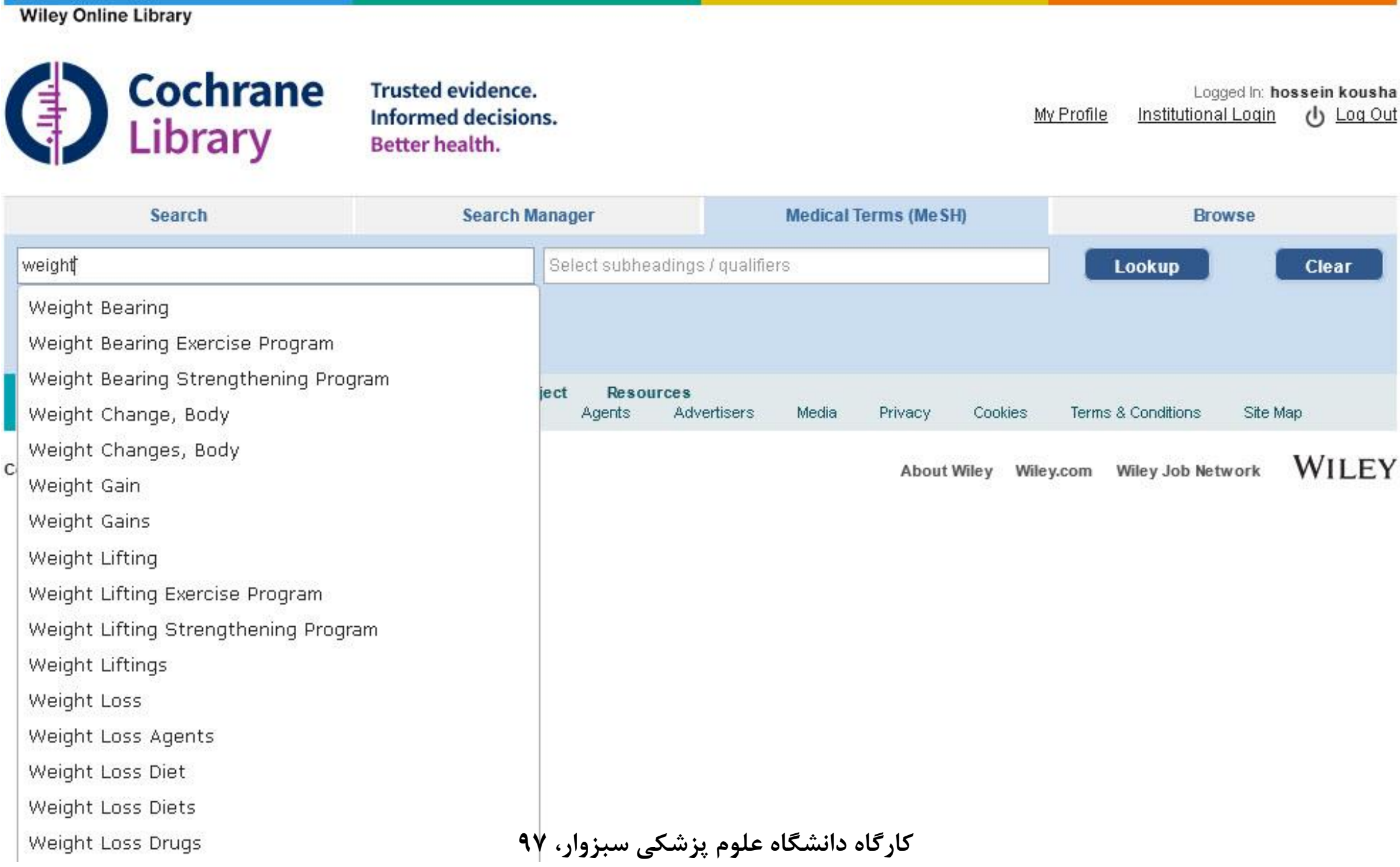
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Search Manager
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weight
Select subheadings / qualifiers
Lookup
Clear
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Weight Bearing Exercise Program
Weight Bearing Strengthening Program
Weight Change, Body
Weight Changes, Body
Weight Gain
Weight Gains
Weight Lifting
Weight Lifting Exercise Program
Weight Lifting Strengthening Program
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Search | Search Manager | Medical Terms (MeSH) | Browse

"Weight Loss"

Select subheadings / qualifiers

Lookup | Clear

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Weight Loss | Select subheadings / qualifiers | Lookup | Clear

Search Help

Definition

Weight Loss - Decrease in existing BODY WEIGHT.

Thesaurus matches

Exact Term Match

Weight Loss
Synonyms: Weight Losses.

Phrase Matches

Weight Loss
Synonyms: Loss, Weight; Losses, Weight; Weight Losses; Weight Reduction; Reduction, Weight; Reductions, Weight; Weight Reductions.

Diet, Reducing
Synonyms: Weight Reduction Diet; Diet, Weight Reduction; Diets, Weight Reduction; Weight Reduction Diets; Weight Loss Diet; Diet, Weight Loss; Diets, Weight Loss; Weight Loss Diets.

MeSH trees

MeSH term - **Weight Loss**

- ○ Explode all trees
- ◉ Single MeSH term (unexploded)
- ○ Explode selected trees

Select

Use the checkbox next to each tree to explode selected trees

☐ **Tree Number 1**

Pathological Conditions, Signs and Symptoms [+4]
Signs and Symptoms [+36]
Body Weight [+5]
Body Weight Changes [+2]
Weight Gain
Weight Loss [+1]
Emaciation [+1]

☐ **Tree Number 2**

Search results

There are **4352** results for your search on
- MeSH descriptor: [Weight Loss]
- this term only

Save search | Add to Search Manager

Cochrane Reviews	35
Other Reviews	305
Trials	3892
Methods Studies	0
Technology Assessments	61
Economic Evaluations	59
Cochrane Groups	0

View Results

Search | Search Manager | Medical Terms (MeSH) | Browse

Body Weight | Select subheadings / qualifiers | Lookup | Clear

Search Help

Definition

Body Weight - The mass or quantity of heaviness of an individual. It is expressed by units of pounds or kilograms.

Thesaurus matches

Exact Term Match

Body Weight

Phrase Matches

Body Weight Maintenance
Synonyms: Body Weight Maintenances; Maintenance, Body Weight; Maintenances, Body Weight; Weight Maintenance, Body; Weight Maintenances, Body.

Body Weight
Synonyms: Body Weights; Weight, Body; Weights, Body.

Body Weight Changes
Synonyms: Body Weight Change; Change, Body Weight; Changes, Body Weight; Weight Change, Body; Weight Changes, Body.

MeSH trees

MeSH term - **Body Weight**

○ Explode all trees
◉ Single MeSH term (unexploded)
○ Explode selected trees

Select

Use the checkbox next to each tree to explode selected trees

☐ **Tree Number 1**

Pathological Conditions, Signs and Symptoms [+4]
- Signs and Symptoms [+36]
  - Asthenia
  - Body Temperature Changes [+2]
  - Body Weight [+5]
    - Birth Weight [+1]
    - Body Weight Changes [+2]
    - Thinness
    - Fetal Weight
    - Overweight [+1]

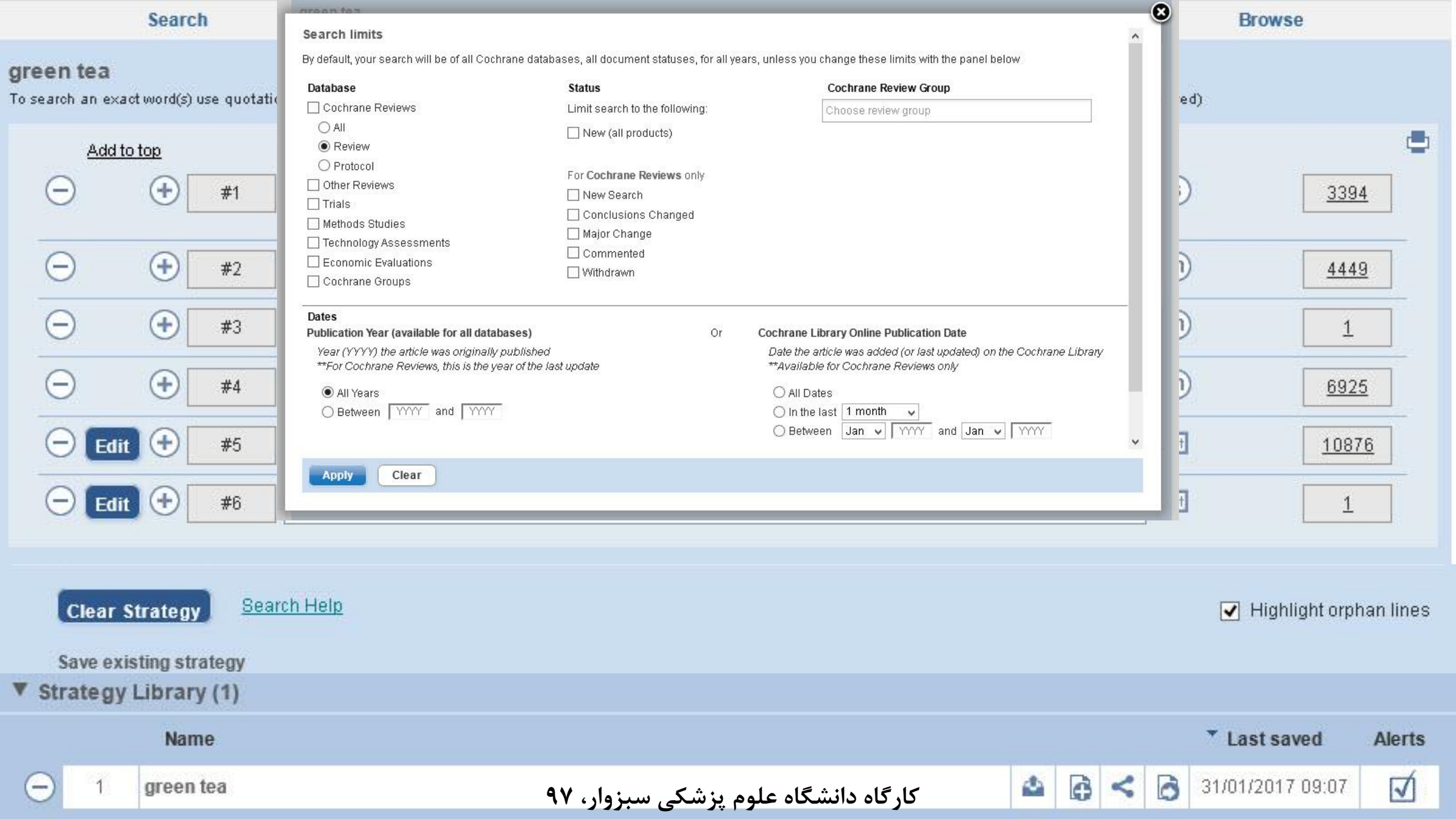
Search results

There are **6810** results for your search on
- MeSH descriptor: [Body Weight]
- this term only

Save search | Add to Search Manager

Cochrane Reviews	24
Other Reviews	153
Trials	6588
Methods Studies	0
Technology Assessments	12
Economic Evaluations	33
Cochrane Groups	0

View Results



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All Results (1)

- Cochrane Reviews (1)
  - Review
- Other Reviews (0)
- Trials (0)
- Methods Studies (0)
- Technology Assessments (0)
- Economic Evaluations (0)
- Cochrane Groups (0)

- All
- Current Issue

- Me Methodology
- Dx Diagnostic
- Ov Overview
- Pg Prognosis
- Qu Qualitative
- Cc Conclusions changed
- Ns New search
- Mc Major change
- Up Update
- Wd Withdrawn
- Cm Comment

Cochrane Database of Systematic Reviews : Issue 1 of 12, January 2017

Issue *updated daily* throughout month

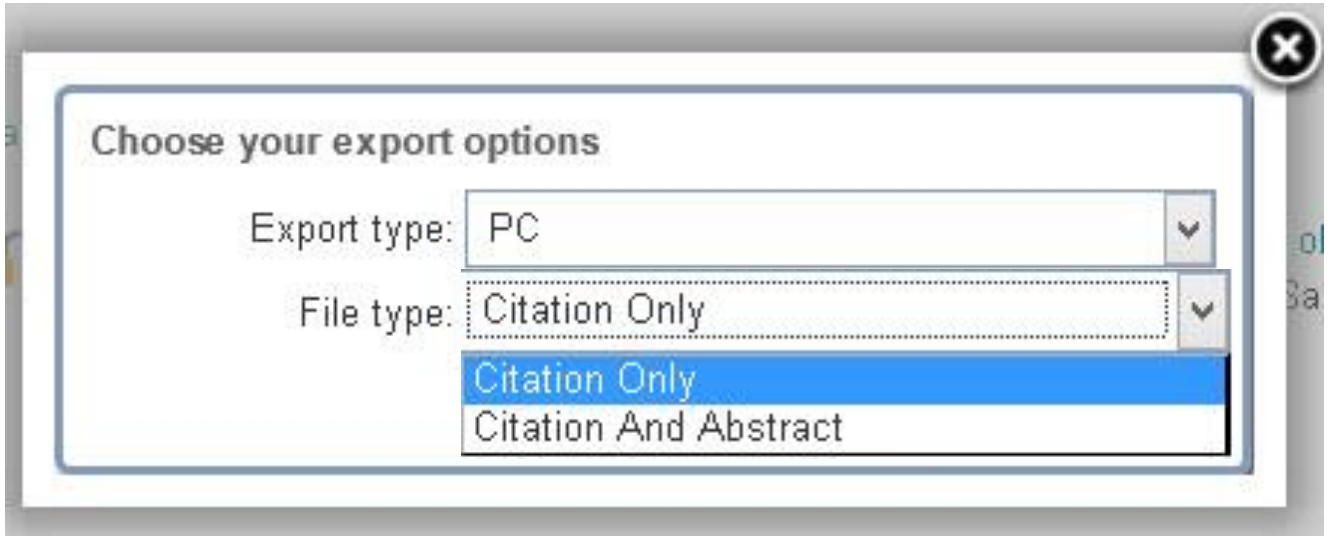
There is **1** result from **9713** records for your search on **#6 - #1 and #5** in **Cochrane Reviews** for strategy: **green tea**

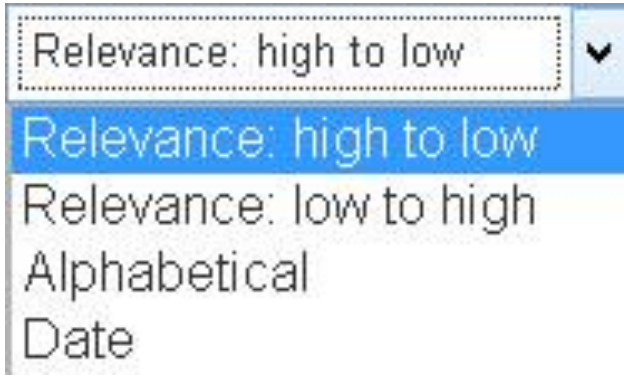
Sort by Relevance: high to low

Select all | Export all | Export selected

Green tea for weight loss and weight maintenance in overweight or obese adults
Tannis M Jurgens , Anne Marie Whelan , Lara Killian , Steve Doucette , Sara Kirk and Elizabeth Foy
Online Publication Date: December 2012

Review





Cochrane Database of Systematic Reviews

Green tea for weight loss and weight maintenance in overweight or obese adults

Review | Intervention

Tannis M Jurgens, Anne Marie Whelan, Lara Killian, Steve Doucette, Sara Kirk, Elizabeth Foy

Corresponding author

Dalhousie University, College of Pharmacy, Halifax, NS, Canada

Tannis M Jurgens, College of Pharmacy, Dalhousie University, 5968 College Street, Halifax, NS, B3H 4R2, Canada. tannis.jurgens@dal.ca.

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ine Disorders Group

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English | French | Japanese

Background

Preparations of green tea are used as aids in weight loss and weight maintenance. Catechins and caffeine, both contained in green tea, are each believed to have a role in

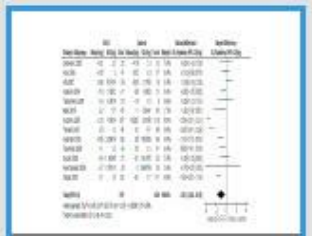

Figure 5

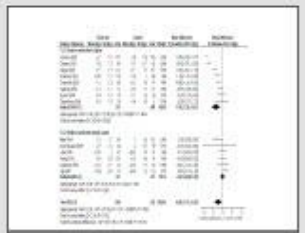

Figure 6

Study or Subgroup	EGCG Mean [kg]	EGCG SD [kg]	EGCG Total	Control Mean [kg]	Control SD [kg]	Control Total	Weight	Mean Difference IV, Random, 95% CI [kg]
Diepvens 2005	-4.21	2.7	23	-4.19	1.3	23	7.4%	-0.02 [-1.24, 1.20]
Hsu 2008	-0.15	2	41	-0.03	1.9	37	8.0%	-0.12 [-0.99, 0.75]
Hill 2007	0.08	0.9154	19	-0.45	1.1769	19	8.3%	0.53 [-0.14, 1.20]
Kataoka 2004	-1.3	1.6852	71	-0.8	1.6852	71	8.4%	-0.50 [-1.05, 0.05]
Takashima 2004	-1.6	1.8974	10	-1.4	1.5	9	6.8%	-0.20 [-1.73, 1.33]
Maki 2009	-2.2	3.7	65	-1	3.6447	63	7.3%	-1.20 [-2.47, 0.07]
Kozuma 2005	-2.72	1.4834	107	0.8203	0.9198	119	8.6%	-3.54 [-3.87, -3.21]
Takase 2008	-2.9	1.2	44	0.1	0.7	45	8.6%	-3.00 [-3.41, -2.59]
Kajimoto 2005	-0.55	2.05979	129	0.6	1.99825	66	8.4%	-1.15 [-1.75, -0.55]
Takeshita 2008	-1.1	1.3	40	-0.3	1.5	41	8.4%	-0.80 [-1.41, -0.19]
Suzuki 2009	-0.4	1.36345	18	-0.1	1.62419	20	7.9%	-0.30 [-1.25, 0.65]
Auvichayapat 2008	-2.7	2.16133	30	-2	9.68304	30	3.4%	-0.70 [-4.25, 2.85]
Nagao 2007	-1.7	1.5	123	-0.1	1.7	117	8.6%	-1.60 [-2.01, -1.19]
Total (95% CI)			**720**			**660**	**100.0%**	**-1.02 [-1.86, -0.18]**

Heterogeneity: Tau² = 2.09; Chi² = 262.79, df = 12 (P < 0.00001); I² = 95%

Mean Difference IV, Random, 95% CI [kg]

-4 -2 0 2 4

Hide ▼

- کاهش وزن و چای سبز؛

دلایل علمی کافی در رد یا تأیید اثر چای سبز بر کاهش وزن وجود ندارد.[1]

منابع [ویرایش]

Jurgens TM, Whelan AM, Killian L, Doucette S, Kirk S, Foy E. "Article" (PDF). *Green tea for weight loss and weight maintenance in overweight or obese adults* (Cochrane Database Syst ↑ .)
.Rev) 12 (2012): CD008650. doi:10.1002/14651858.CD008650.pub2

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Search | Search Manager | Medical Terms (MeSH) | Browse

green tea

To search an exact word(s) use quotation marks, e.g. "hospital" finds hospital; hospital (no quotation marks) finds hospital and hospitals; pay finds paid, pays, paying, payed)

Add to top | View fewer lines

#1	"green tea*":ti,ab,kw or "camellia sinensis":ti,ab,kw or Catechin:ti,ab,kw or "epigallocatechin-3-gallate" or Caffeine:ti,ab,kw (Word variations have been searched)	(s)	3394
#2	MeSH descriptor: [Weight Loss] this term only	(m)	4449
#3	MeSH descriptor: [Body Weight Changes] this term only	(m)	1
#4	MeSH descriptor: [Body Weight] this term only	(m)	6925
Edit #5	#2 or #3 or #4		10876
#6	#1 and #5 in Trials		88

Clear Strategy | Search Help

Highlight orphan lines

Save existing strategy

کارگاه دانشگاه علوم پزشکی سبزوار، ۹۷

All Results (88)

- Cochrane Reviews (0)
  - All
  - Review
  - Protocol
- Other Reviews (0)
- Trials (88)
- Methods Studies (0)
- Technology Assessments (0)
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Cochrane Central Register of Controlled Trials : Issue 11 of 12, November 2016

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☐ **Green Tea** Extract and Catechol-O-Methyltransferase Genotype Modify Fasting Serum Insulin and Plasma Adiponectin Concentrations in a Randomized Controlled Trial of Overweight and Obese Postmenopausal Women.
Dostal AM , Samavat H , Espejo L , Arikawa AY , Stendell-Hollis NR and Kurzer MS
The Journal of nutrition, 2016, 146(1), 38
Publication Year: 2016

☐ **Green tea catechin** plus **caffeine** supplementation to a high-protein diet has no additional effect on body weight maintenance after weight loss.
Hursel R and Westerterp-Plantenga MS
The American journal of clinical nutrition, 2009, 89(3), 822
Publication Year: 2009

☐ The effects of **epigallocatechin-3-gallate** on thermogenesis and fat oxidation in obese men: a pilot study.
Boschmann M and Thielecke F
Journal of the American College of Nutrition, 2007, 26(4), 389S
Publication Year: 2007

☐ **Green tea** supplementation affects body weight, lipids, and lipid peroxidation in obese subjects with metabolic syndrome.
Basu A , Sanchez K , Leyva MJ , Wu M , Betts NM , Aston CE and Lyons TJ
Journal of the American College of Nutrition, 2010, 29(1), 31
Publication Year: 2010

☐ Effects of **green tea** on weight maintenance after body-weight loss.
Kovacs EM , Lejeune MP , Nijs I and Westerterp-Plantenga MS
The British journal of nutrition, 2004, 91(2), 431

The Cochrane Central Register of Controlled Trials (CENTRAL) 2016 Issue 8

Title	Green Tea Extract and Catechol-O-Methyltransferase Genotype Modify Fasting Serum Insulin and Plasma Adiponectin Concentrations in a Randomized Controlled Trial of Overweight and Obese Postmenopausal Women. Links Export Central Citation
Author(s)	Dostal AM, Samavat H, Espejo L, Arikawa AY, Stendell-Hollis NR, Kurzer MS
Source	The Journal of nutrition
Date of Publication	2016 Jan
Volume	146
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Abstract	BACKGROUND: Green tea consumption has been associated with favorable changes in body weight and obesity-related hormones, although it is not known whether these changes result from green tea polyphenols or caffeine. OBJECTIVE: We examined the impact of decaffeinated green tea extract (GTE) containing 843 mg of (-)-epigallocatechin-3-gallate on anthropometric variables, obesity-associated hormones, and glucose homeostasis. METHODS: The Minnesota Green Tea Trial was a 12-mo randomized, double-blind, placebo-controlled clinical trial of 937 healthy postmenopausal women assigned to either decaffeinated GTE (1315 mg total catechins/d) or a placebo, stratified by catechol-O-methyltransferase (COMT) genotype. This study was conducted in a subset of 237 overweight and obese participants [body mass index (BMI) ≥25 kg/m(2)]. RESULTS: No changes in energy intake, body weight, BMI, or waist circumference (WC) were observed over 12 mo in women taking GTE (n = 117) or placebo (n = 120). No differences were seen in circulating leptin, ghrelin, adiponectin, or glucose concentrations at month 12. Participants randomly assigned to GTE with baseline insulin ≥10 μIU/mL (n = 23) had a decrease in fasting serum insulin from baseline to month 12 (-1.43 ± 0.59 μIU/mL), whereas those randomly assigned to placebo with baseline insulin ≥10 μIU/mL (n = 19) had an increase in insulin over 12 mo (0.55 ± 0.64 μIU/mL, P < 0.01). Participants with the homozygous high-activity (G/G) form of COMT had significantly lower adiponectin (5.97 ± 0.50 compared with 7.58 ± 0.53 μg/mL, P = 0.03) and greater insulin concentrations (7.63 ± 0.53 compared with 6.18 ± 0.36 μIU/mL, P = 0.02) at month 12 compared with those with the low-activity (A/A) genotype, regardless of treatment group. CONCLUSIONS: Decaffeinated GTE was not associated with reductions in body weight, BMI, or WC and did not alter energy intake or mean hormone concentrations in healthy postmenopausal women over 12 mo. GTE decreased fasting insulin concentrations in those with elevated baseline fasting concentrations. The high-activity form of the COMT enzyme may be associated with elevations in insulin and a reduction in adiponectin concentrations over time. This trial was registered at http://www.clinicaltrials.gov as NCT00917735.
Medical Subject Headings (MeSH)	Adiponectin [*blood]; Administration, Oral; Blood Glucose [metabolism]; Body Mass Index; Body Weight; Caffeine [administration & dosage; analysis]; Catechin [administration & dosage; analogs & derivatives]; Catechol O-Methyltransferase [*genetics]; Double-Blind Method; Energy Intake; Fasting; Genotype; Ghrelin [blood]; Insulin [*blood]; Leptin [blood]; Motor Activity; Nutrition Assessment; Obesity [*blood]; Overweight [*blood]; Plant Extracts [administration & dosage]; Polyphenols [administration & dosage]; Postmenopause; Tea [*chemistry]; Waist Circumference MeSH check words Aged; Female; Humans; Middle Aged
EMBASE keywords	adult; aged; anthropometric parameters; article; blood sampling; body mass; body weight; caloric intake; controlled study; *diet restriction; double blind procedure; drug efficacy; drug safety; drug tolerability; female; genotype; glucose homeostasis; human; insulin blood level; major clinical study; middle aged; *obesity/dt [Drug Therapy]; physical activity; postmenopause; protein blood level; randomized controlled trial; risk reduction; serum; side effect/si [Side Effect]; *tea; treatment duration; treatment outcome; waist circumference; waist hip ratio; *adiponectin/ec [Endogenous Compound]; carbohydrate/dt [Drug Therapy]; catechin/dt [Drug Therapy]; *catechol methyltransferase/ec [Endogenous Compound]; epigallocatechin gallate/dt [Drug Therapy]; fat/dt [Drug Therapy]; ghrelin/ec [Endogenous Compound]; glucose/ec [Endogenous Compound]; *green tea extract/ae [Adverse Drug Reaction]; *green tea extract/dt [Drug Therapy]; *green tea extract/po [Oral Drug Administration]; *green tea extract/ct [Clinical Trial]; hormone/ec [Endogenous Compound]; *insulin/ec [Endogenous Compound]; leptin/ec [Endogenous Compound]; placebo; protein/dt [Drug Therapy]
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Green Tea Extract and Catechol-*O*-Methyltransferase Genotype Modify Fasting Serum Insulin and Plasma Adiponectin Concentrations in a Randomized Controlled Trial of Overweight and Obese Postmenopausal Women[1,2,3,4]

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Abstract

Background: Green tea consumption has been associated with favorable changes in body weight and obesity-related hormones, although it is not known

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