

Ovid平台 全文期刊库

教程演示



李宁
销售工程师
培训经理

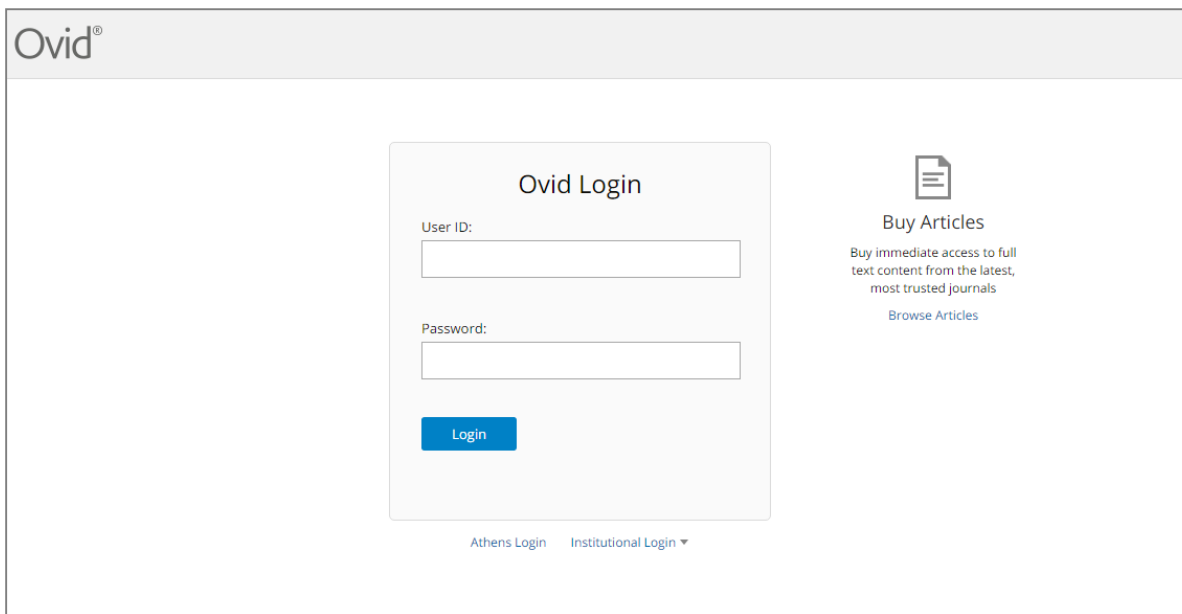
登录Ovid平台

IP地址认证方式直接登录的用户：

- 浏览器直接访问链接 <http://ovidsp.ovid.com/autologin.html>；
- 通过图书馆网页上的链接进入；

用个人账户和密码方式登录的用户：

- 访问链接 <http://ovidsp.ovid.com>，输入用户ID和密码，点击Login登录；



Ovid®

Ovid Login

User ID:

Password:

Login

Athens Login Institutional Login ▾

Buy Articles

Buy immediate access to full text content from the latest, most trusted journals

Browse Articles

登录Ovid平台

其他方式登录的用户：

- 访问链接 <http://ovidsp.ovid.com>，选择您所使用的登录方式

Ovid®

Ovid Login

User ID:

Password:

Login

Athens Login Institutional Login ▾

Buy Articles

Buy immediate access to full text content from the latest, most trusted journals

[Browse Articles](#)

- 通过Buy Articles，购买单篇文章。

Ovid平台首页选择您想要检索的资源

The screenshot displays the Ovid platform's search interface. At the top, the Ovid logo is on the left, and the Wolters Kluwer logo is on the right. Below the logo, there are navigation links: "Top Articles on Ovid", "My Account", "Support & Training", "Help", and "Logoff". A blue navigation bar contains "Search", "Journals", "Books", "Multimedia", "My Workspace", "Links", "OvidMD", and "EBP Tools".

The main content area is titled "Select Resource(s) to search:". It features a list of resources with checkboxes and information icons. The following table summarizes the visible resources:

Resource Name	Selected	Info Icon
All Resources	<input type="checkbox"/>	
Books@Ovid September 15, 2015	<input type="checkbox"/>	
Clinical Evidence	<input type="checkbox"/>	
Journals@Ovid Full Text September 18, 2015	<input type="checkbox"/>	
Your Journals@Ovid	<input type="checkbox"/>	
LWW Journals@Ovid	<input type="checkbox"/>	
PsycARTICLES Full Text	<input type="checkbox"/>	
EIRA Journals@Ovid	<input type="checkbox"/>	
Additional Content	<input type="checkbox"/>	
Transplant Library September 09, 2015	<input type="checkbox"/>	
The Joanna Briggs Institute EBP Database - Current to September 16, 2015	<input type="checkbox"/>	
Joanna Briggs Institute EBP Database - Aged Care	<input type="checkbox"/>	
Joanna Briggs Institute EBP Database - Burns Care	<input type="checkbox"/>	
Joanna Briggs Institute EBP Database - Cancer Care	<input type="checkbox"/>	
Joanna Briggs Institute EBP Database - Chronic Disease	<input type="checkbox"/>	

At the bottom of the selection area, there are three buttons: "OK", "Add Group", and "Delete Group". The "OK" button is highlighted with a red circle.

点击TopArticles, 查看全球下载文章排行榜



OvidSP

Select a Month

September 2015

Select a Subject

<All>

Select a Journal

<All>

September 2015 Top Articles

- 1. I.V. fluids What nurses need to know.**
Crawford, Ann; PhD, RN; Harris, Helene; MSN, RN
Nursing
AN: 00152193-201105000-00010
May 2011
- 2. Focus on central venous pressure monitoring in an acute care setting.**
Burchell, Patricia; BSN, RN; Powers, Kelly; BSN, RN
Nursing
AN: 00152193-201112000-00014
December 2011
- 3. Assessment of Surgical Wounds in the Home Health Patient: Definitions and Accuracy With OASIS-C.**
Trexler, Rhonda; BS, RN
Home Healthcare Nurse
AN: 00004045-201110000-00004
October 2011
- 4. Best Practices in Urinary Catheter Care.**
HERTER, REBECCA; KAZER, MEREDITH; WALLACE PHD, APRN
Home Healthcare Nurse
AN: 00004045-201006000-00005
June 2010
- 5. Assessment of Surgical Wounds in the Home Health Patient: Definitions and Accuracy With OASIS-C.**
Trexler, Rhonda; BS, RN
Home Healthcare Nurse
AN: 00004045-201110000-00004
October 2011

点击 了解数据库内容和使用的技巧

Ovid®

 Wolters Kluwer

[我的帐户](#) [支持和培训](#) [关闭](#)

Journals@Ovid (OVFT) Database Guide

 | OvidSP

Menu:

- [Fields](#)
- [Stopwords](#)
- [Limits](#)
- [Changing to this Database](#)
- [Producer Information](#)

Database guide last updated November 04, 2009

Copyright 2009,
Wolters Kluwer Health

Journals@Ovid is the second generation of Ovid Full Text, which combines all the capabilities of Ovid Full Text Collections with several important features and functions. The database is an aggregate of hundreds of scientific, technical, and medical journals from over 50 publishers and societies. While the Ovid Full Text Collections are subsets of journals combined for local access, Journals@Ovid is an aggregated online database of all Ovid journals, with each journal available by individual subscription. Some of the benefits of Journals@Ovid are:

- **Custom Full Text Limit.** With the purchase of any of Ovid's Full Text journals, you gain access to all the bibliographic citations, references, and abstracts in the Journals@Ovid database. You can search the entire database of bibliographic citations, or you can limit your search to the full text journals to which your institution has subscribed.
- **Seamless Linking.** Each Journals@Ovid title is [linked](#) to other Journals@Ovid titles, and to bibliographic databases on Ovid Online such as MEDLINE, CINAHL, and PsycINFO. Bi-directional linking allows you to start your search in a bibliographic database and link to the full text in Journals@Ovid, or link from Journals@Ovid to citations in bibliographic databases. Additionally, you can link from references in an article to other full text articles. Within the Full Text display, hypertext features allow you to display an outline of the document and move immediately to a selected section, and link from cited references in the text to the complete reference.
- **Easy Browsing.** Browsing through journals in Journals@Ovid is easy and intuitive. You can [browse](#) through the journals by title, or by journal subject, where the journals are grouped according to subject areas.
- **Comprehensive Coverage.** We are including additional sections of the print journals in Journals@Ovid, such as [classified advertisements and announcements](#), making the database not only useful for conventional research, but for recreational and professional browsing as well. Journal-specific information is available through [About This Journal](#). This feature provides information such as the publisher-provided journal description, usage statement, and instructions for authors.
- **Limits.** In addition to the [limits](#) already available in Ovid Full Text, Journals@Ovid features a limit to articles with graphics, a limit to one or more journal subsets, and a limit to articles with references.
- **Enhanced Searching.** Because Journals@Ovid is available in 100% SGML, every word of every article in Journals@Ovid is searchable, including references and graphics captions. [Searching the Journals@Ovid Fields](#) describes the searchable fields and provides at least one example for each.

Journals come from many prominent publishers.

When printing a full text article, the default graphic size is full size. The graphic-size option is available through the Full Text Manager at the end of each article. Graphics can be printed in full, medium, or small (thumbnail) size, or omitted entirely.

Ovid平台检索界面将多种检索方式、限制条件、检索历史、以及管理工具等整合在一个界面。

The screenshot displays the Ovid platform search interface. At the top left is the Ovid logo, and at the top right is the Wolters Kluwer logo with navigation links for '我的帐户', '支持和培训', '在线帮助', and '登出'. Below this is a blue navigation bar with tabs for '检索', '期刊', '电子书', '多媒体', '我的工作区', '链接', 'OvidMD', and 'EBP工具'. A '检索历史' (Search History) section shows '(0项检索) (展开)' and a button to '查看已保存的检索历史'. The main search area includes tabs for '基本检索', '常用字段检索', '字段检索', '高级检索', and '多个字段检索'. It features a search input field with a '搜索' button, and options for '1 资源 已选 | 隐藏 | 变更' and 'Your Journals@Ovid'. Below the search field are '常用限制' (展开) options: '包括多媒体' (unchecked) and '包含相关词汇' (checked). At the bottom, a language selection bar is highlighted with a red box, containing options for 'English', 'Français', 'Deutsch', '日本語', '繁體中文', 'Español', '简体中文', and '한국어'. To the right of this bar are links for '关于我们', '联系我们', and '使用条款'. The footer contains the copyright notice: '© 2015 Ovid Technologies, Inc. 版权所有。 OvidSP_UI03.16.00.110, SourceID 67436'.

运用底部的语种标识，自主切换平台显示语言。

根据研究课题特点，选择合适的检索模式

- 基本检索可用于初步查找某个科研课题或问题，最快速获取最新的文献信息；
- 利用高级检索进行更加全面和精准的查找所有符合条件的结果；
- 多字段检索组合多个字段检索和主题检索；
- 常用字段检索通过常用引文字段定位某篇或某几篇文章
- 字段检索浏览或检索单个、多个或所有字段，更加精准的限定检索部位

以查找2010至2013年出版的有关warfarin treatment for heart failure in men的文章为例

基本检索快速获取初步结果

Ovid®

Wolters Kluwer

我的帐户 支持和培训 在线帮助 登出

检索 期刊 电子书 多媒体 我的工作区 链接

检索历史 (0项检索) (展开)

基本检索 | 常用字段检索 | 字段检索 | 高级检索 | 多个字段检索

1 资源 已选 | 隐藏 | 变更

Your Journals@Ovid

warfarin treatment for heart fa

常用限制 (展开) 包括多媒体 包含

English | Français | Deutsch | 日本語 | 繁體中文 | Español

© 2015 Ovid Technologies, Inc. 版权所有。 OvidSP_UI03.16.00.110, Sou

基本检索提示

为了更容易使用OvidSP的基本检索功能，请参考以下详细提示以获得最佳的检索结果。

- **输入检索词汇的方式** - 有三种检索方式可以获得最佳检索结果：
 1. **检索词汇组群化** - 将检索词汇组合在一起变成可以简洁表达概念的检索主题
 2. **完整句子检索** - 以一般日常英文输入一个完整的检索主题或问题。
 3. **复制并贴上文章题名** - 混合运用上述一种或两种检索方式。
- **包含相关词汇** - 当勾选“包含相关词汇”，OvidSP会扩展检索所输入的检索词汇，包含同义字，缩写和异体字。
- **检索简洁化** - 例如输入检索主题时排除无关系的形容词。例如：*really big ekg changes in highly advanced hypokalemia*。可以变得更简洁一点，像是：*ekg changes in hypokalemia*。
- **多使用名词而非动词** - 名词可说是一个概念最原始的型态，比较容易被辨识且代表的意义不会含糊不清。相关研究指出在检索时若使用名词作为检索词汇，可以得到质量较佳的检索结果。
- **不强制词组化** - 当使用引号、圆括号或连字符来链接两个检索词汇时，将使无法扩展检索相关的词汇。例如查询*weather related migraine*时，若强制加上一个连字符如*weather-related*，将导致把它当作单一检索词来查询，因此而漏失掉所有关于*weather*这个关键词的所有相关词汇检索结果。
- **勾选“拼字检查”功能** - 在基本检索中使用拼字检查功能可以避免常见的拼字错误。在基本检索中的拼字检查功能会使用英文辞典以及数据库索引典中的所有词汇与检索关键词作匹配确认。

基本检索结果

▼ 检索历史 (1)		查看已保存的检索历史			
# ▲	检索内容	结果	检索方式	动作	批注
1	warfarin treatment for heart failure in men {包含相关词汇}	9153	基本	结果显示 更多 ▼	

选项

▼ 检索信息

检索内容:
warfarin treatment for heart failure in men {包含相关词汇}

检索词:

- ▶ warfarin
- warfarin sodium
- coumadin
- jantoven
- treatment
- therapeutic aspects
- ▶ disease management
- therapy
- therapeutic procedure
- therapeutic interventions
- therapies
- treatments
- remedy
- relief
- amelioration
- alleviation
- remedies
- therapeutic
- relieve
- ameliorate
- alleviate
- relieving
- alleviating
- alleviated
- ameliorated
- relieved

打印 电子邮件 输出 +我的课题 查看选择

所有 范围 清除已选标记 20 每页 1 开始 > 下一篇 >

1. ★★★★★
Randomized trial of warfarin, aspirin, and clopidogrel in patients with chronic heart failure: the Warfarin and Antiplatelet Therapy in Chronic Heart Failure (WATCH) trial.

摘要数据
完整数据

查询相似文献

Full Text

OPEN ACCESS RESULTS

Percutaneous Ventricular Restoration Therapy Using the Parachute Device in Chinese Patients with Ischemic Heart Failure

Yang, Yue-Jin Huo, Yong Xu, Ya-Wei Wang, Jian-An Han, Ya-Ling Ge, Jun-Bo Zhang, Rui-Yan Yan,

Straface, Giuseppe

Obstructive Sleep Apnea Hypopnea Syndrome as a Reason for Active Management of Pulmonary Embolism

Xie, Jiang Wei, Yong-Xiang Liu, Shuang Zhang, Wei Zhang, Xiang-Feng Li, Jie

Anesthetic challenges in a pregnant patient with post mitral valve replacement, complete heart block, and

查看摘要 PDF (按次计费) +我的课题 +批注

基本检索同时提供开放获取文章的检索结果



高级检索更全面和精准获取结果

- 用概念词细化检索主题，例如:warfarin, heart failure, treatment, male,等
- 数据库是否支持主题词表、检索词是否可以应用主题词，注意主题词自动匹配；
- 步骤化检索，运算符的应用；



检索 全部 Ovid 期刊 我的工作区

▼ 检索历史 (7) 查看已保存的检索历史

<input type="checkbox"/>	# ▲	检索内容	结果	检索方式	动作	批注	收缩 ▲
<input type="checkbox"/>	1	warfarin treatment for heart failure in men {包含相关词汇}	9153	基本	结果显示 更多 ▼	<input type="text"/>	
<input checked="" type="checkbox"/>	2	Heart Failure/	114576	高级	结果显示 更多 ▼	<input type="text"/>	
<input type="checkbox"/>	3	exp Warfarin/	19022	高级	结果显示 更多 ▼	<input type="text"/>	
<input type="checkbox"/>	4	exp Dabigatran/	2952	高级	结果显示 更多 ▼	<input type="text"/>	
<input checked="" type="checkbox"/>	5	3 or 4	21071	高级	结果显示 更多 ▼	<input type="text"/>	
<input type="checkbox"/>	6	2 and 5	294	高级	结果显示 更多 ▼	<input type="text"/>	
<input type="checkbox"/>	7	limit 6 to (yr="2010 - 2013" and male)	46	高级	结果显示 更多 ▼	<input type="text"/>	

保存 移除 合并检索: 与 或

限制功能-与检索同时进行

基本检索 | 常用字段检索 | 字段检索 | 高级检索 | 多个字段检索

1 资源 已选 | 隐藏 | 变更

Your Journals@Ovid

warfarin treatment for heart failure in men

常用限制 (关闭) 包括多媒体 包含相关词汇

常用限制

- Daily Update
 - Articles with References
 - Original Articles
 - Ovid Full Text Available
 - Articles with Graphics
 - Review Articles
 - Articles with Abstracts
 - PsycARTICLES
- Publication Year - -

若需要在下列下拉菜单选择多个项目，持续按着计算机键盘上的Shift键或Ctrl键(或"Apple")，就可以选择或移除多个项目。

Journal Subsets

Alternative & Complementary Medicine
Arts & Humanities
Behavioral & Social Sciences
Clinical Medicine
Health Professions

Star Ranking

***** Five Stars (22)
**** Four Stars (0)
*** Three Stars (512)
** Two Stars (7357)

Publication Types

Advertisements
Announcements
Book or Media Reviews
Corrections
Editorials

Year Published

Last Year
Last 2 Years
Last 3 Years
Last 4 Years
Last 5 Years

限制检索

检索结果工具

选项

▼ 检索信息

检索内容:
limit 6 to (yr="2010 - 2013" and male)

检索词:
dabigatran
heart
failure
warfarin

搜索返回:
46 个文本结果

排序依据:
-

手动设定显示选项

▼ 过滤方式

新增到检索历史

仅筛选结果 (0)

▼ 年代

所有年代

Current year

Past 3 years

Past 5 years

▶ 特定年代范围

打印 电子邮件 输出 + 我的课题 查看选择

要在Ovid上搜索“开放访问”内容, 请转至 [基本检索](#)

所有 范围 清除已选标记 20 每页 1 开始 > 下一篇 >

1. **Postdischarge international normalized ratio testing and long-term clinical outcomes of patients with heart failure receiving warfarin: findings from the ADHERE registry linked to Medicare claims.** 摘要数据 完整数据

Qualls LG; Greiner MA; Eapen ZJ; Fonarow GC; Mills RM; Klaskala W; Hernandez AF; Curtis LH.
Clinical Cardiology. 36(12):757-65, 2013 Dec.
[Journal Article. Research Support, Non-U.S. Gov't]

UI: 24114926

Authors Full Name
Qualls, Laura G; Greiner, Melissa A; Eapen, Zubin J; Fonarow, Gregg C; Mills, Roger M; Klaskala, Winslow; Hernandez, Adrian F; Curtis, Lesley H.

▶ 查看摘要 + 我的课题 + 批注

2. **Warfarin-induced leukocytoclastic vasculitis: a case report and review of literature. [Review]** 摘要数据 完整数据

Hsu CY; Chen WS; Sung SH.
Internal Medicine. 51(6):601-6, 2012.
[Case Reports. Journal Article. Review]

UI: 22449668

Authors Full Name
Hsu, Chien-Yi; Chen, Wei-Sheng; Sung, Shih-Hsien.

▶ 查看摘要 + 我的课题 + 批注

检索结果工具-检索信息

检索信息

检索内容:
limit 6 to (yr="2010 - 2013" and male)

检索词:
dabigatran
heart
failure
warfarin

搜索返回:
46 个文本结果

排序依据:
-

手动设定显示选项

- 检索信息显示每次检索的具体操作和内容、所使用的词汇和返回结果，以及排序依据；
- 用户个性化设置排序和显示选项

手动设定检索结果显示选项:

选择显示字段

- 题录格式(题名、作者、出处)
- 题录格式 + 摘要
- 题录格式 + 摘要 + 主题词
- 详细题录信息
- 手动设定字段

选择显示格式

Ovid Citation

取消 保存变更

检索结果工具-筛选工具



- 筛选工具可以根据选项对检索结果进行多次快捷筛选；
- 全文期刊库提供相关度、年代、期刊、出版类型的选项；
- 高级检索后的结果没有相关度选项。

例：warfarin treatment for heart failure in men of 2010-2013

我们可通过“特定年代范围”设置出版年份的区间

其他检索模式

基本检索 | 常用字段检索 | 字段检索 | 高级检索 | 多个字段检索

1 资源 已选 | 隐藏 | 变更
① LWW Journals@Ovid

Article Title

Journal Name

Author Surname

Publication Year Volume Issue Article First Page

Publisher

截字检索(自动加上“*”)
 截字检索(自动加上“*”)

常用字段检索通过少量信息找到某篇或某几篇特定文献。

基本检索 | 常用字段检索 | 字段检索 | 高级检索 | 多个字段检索

1 资源 已选 | 隐藏 | 变更
① LWW Journals@Ovid

常用字段 | 所有字段 | 清除选择

af 所有字段 ab: Abstract ct: Caption Text
 tx: Full Text ti: Title

帮助文本
点击加入 (+) 或移出 (-) 将该字段加入或移出“常用字

字段检索浏览和检索任何数据字段，并可进行单独或组合检索。

基本检索 | 常用字段检索 | 字段检索 | 高级检索 | 多个字段检索

1 资源 已选 | 隐藏 | 变更
① LWW Journals@Ovid

与

All Fields

+ 新增字段

常用限制 (展开)

多个字段检索提供便捷的多字段组合检索，建立复杂的检索策略。

Ovid检索结果输出

The screenshot displays the Ovid search results interface with the output options menu open. The menu is divided into three sections: '打印题录列表' (Print), '电邮发送题录列表' (Email), and '输出题录列表' (Export).

- 打印题录列表:**
 - 选择的范围: 1-10
 - 选择显示字段:
 - 题录格式 (题名、摘要)
 - 题录格式 + 摘要
 - 题录格式 + 摘要 + 主题词
 - 详细题录信息
 - 手动设定字段
 - 选择输出格式: Ovid Citation
 - 包含:
 - 检索历史

- 电邮发送题录列表:**
- 发件人: Ovid_Online@ovid.com
- 收件人: [Empty]
- 邮件主题: OvidSP检索结果
- 内文: Ovid Technologies, Inc. 电邮... 为: limit 7 to yr="2010 - 201... 检索结果有: 10
- 选择的范围: 1-10
- 选择显示字段:
 - 题录格式 (题名、作者、出处)
 - 题录格式 + 摘要
 - 题录格式 + 摘要 + 主题词
 - 详细题录信息
 - 手动设定字段
- 选择题录格式: Ovid Citation
- 包含:
 - 链接至外部解析资源
 - Ovid全文链接网址
 - 检索历史
- 输出题录列表:**
- 输出至: Microsoft Word
- 选择的范围: 1-10
- 选择显示字段:
 - 题录格式 (题名、作者、出处)
 - 题录格式 + 摘要
 - 题录格式 + 摘要 + 主题词
 - 详细题录信息
 - 手动设定字段
- 选择题录格式: Ovid Citation
- 包含:
 - 链接至外部解析资源
 - Ovid全文链接网址
 - 检索历史

Buttons at the bottom of the menu include '取消' (Cancel) and '输出题录' (Export Citations) for the export section, and '取消' (Cancel) and '发送电子邮件' (Send Email) for the email section.

Ovid提供多种全文链接

The screenshot shows the American Heart Association's website for the journal 'Circulation: Heart Failure'. The article title is 'Aspirin Use in Heart Failure: Is Low-Dose Therapy Associated With Mortality and Morbidity Benefits in a Large Community Population?'. The authors listed are Margaret Bermingham, Mary Katherine Eoin O'Connell, Ian Dawkins, John Gilmer, Kenneth McDonald, and Mark Ledwidge. A blue box highlights the text '链接至非Ovid平台的全文页面' (Link to full text on non-Ovid platform).

- Ovid Full Text
- 期刊目录
- 摘要数据
- 完整数据
- 查询相似文献
- 查询引用文献
- Full Text
- Document Delivery
- Bibliographic Links

This section shows the abstract of the article. The text reads: 'Background—Aspirin use in heart failure (HF) is controversial. The drug has proven benefit in comorbidities associated with HF; however, retrospective analysis of angiotensin-converting enzyme inhibitor trials and prospective comparisons with warfarin have shown increased risk of morbidity with aspirin use. This study aims to evaluate the association of low-dose aspirin with mortality and morbidity risk in a large community-based cohort.'

The screenshot shows the 'OvidSP Document Delivery Request' form. It includes fields for 'Full name', 'Email address', 'Phone number', 'Department or affiliation', and 'Special instructions'. A large blue box with white text says '提交原文传递申请' (Submit original text delivery application). Below the form, there is a 'Document Details' section with publication information.

Ovid Full Text提供详细全文和便捷功能-1



隐藏封面

Circulation: Heart Failure

卷期: Volume 7(2), March 2014, p 243-250

版权: (C) 2014 American Heart Association, Inc.

出版类型: [Original Articles]

DOI: 10.1161/CIRCHEARTFAILURE.113.000132

ISSN: 1941-3289

文件编号: 01337494-201403000-00003

关键词: aspirin, heart failure, mortality

[Original Articles]

◀ 上一篇文章 | 期刊目录 | 下一篇文章 ▶

Aspirin Use in Heart Failure: Is Low-Dose Therapy Associated With Mortality and Morbidity Benefits in a Large Community Population?

Birmingham, Margaret PhD; Shanahan, Mary Katherine MPharm; O'Connell, Eoin MLitt; Dawkins, Ian DPhil; Miwa, Saki MB; O'Hanlon, Rory MD; Gilmer, John PhD; McDonald, Kenneth MD; Ledwidge, Mark PhD

▼ 单位:

From the Heart Failure Unit, St. Vincent's University Hospital, Dublin, Ireland (M.B., M.K.S., I.D., K.M., M.L.); School of Medicine and Medical Science, University College Dublin, Dublin, Ireland (M.B., E.O., K.M., M.L.); School of Medicine, University College Cork, Cork, Ireland (S.M.); Centre for Cardiovascular Magnetic Resonance, Blackrock Clinic, County Dublin, Ireland (R.O.); and School of Pharmacy and Pharmaceutical Sciences, Trinity College, Dublin, Ireland (J.G.).

The Data Supplement is available at

<http://circheartfailure.ahajournals.org/lookup/suppl/doi:10.1161/CIRCHEARTFAILURE.113.000132/-/DC1>

Correspondence to Mark Ledwidge, PhD, Heart Failure Unit, St. Vincent's University Hospital, Dublin 4, Ireland.

E-mail

mark@heartbeat-trust.org

▼ Abstract

文献工具

全文(PDF格式) (462KB)

完整数据

摘要数据

打印预览

电邮链接网址

发送 PDF 快速启动电子邮件

电邮文本文献

保存文本文献

新增到我的课题

输出所有图像文件到幻灯片

+ 批注

剪贴摘录

查询引用文献

查询相似文献

关于本期刊 >>

Full Text

Document Delivery

Bibliographic Links

Ovid Full Text提供详细全文和便捷功能-2

▼ Abstract

Background—: Aspirin use in heart failure (HF) is controversial. The drug has proven benefit in comorbidities associated with HF; however, retrospective analysis of angiotensin-converting enzyme inhibitor trials and prospective comparisons with warfarin have shown increased risk of morbidity with aspirin use. This study aims to evaluate the association of low-dose aspirin with mortality and morbidity risk in a large community-based cohort.

Methods and Results—: This was a retrospective cohort study of patients attending an HF disease management program. Aspirin use at baseline and its association with mortality and HF hospitalization in the population was examined. Of 1476 patients (mean age, 70.4±12.4 years; 63% men), 892 (60.4%) were prescribed aspirin. Low-dose aspirin (75 mg/d) was prescribed to 828 (92.8%) patients. Median follow-up time was 2.6 (0.8–4.5) years. During the follow-up period, 464 (31.4%) patients died. In adjusted analysis, low-dose aspirin use was associated with reduced mortality risk compared with nonaspirin use (hazard ratio=0.58; 95% confidence interval, 0.46–0.74), and this was confirmed by a propensity-matched subgroup analysis. Low-dose aspirin use was associated with reduced risk of HF hospitalization compared with nonaspirin use in the total population (adjusted hazard ratio=0.70; 95% confidence interval, 0.54–0.90). In adjusted analysis, there was no difference in mortality or HF hospitalization between high-dose aspirin users (>75 mg/d) and nonaspirin users.

Conclusions—: In this study, low-dose aspirin therapy was associated with a significant reduction in mortality and morbidity risk during long-term follow-up. These results suggest that low-dose aspirin may have a continuing role in secondary prevention in HF and underline the need for more trials of low-dose aspirin use in HF.

Aspirin use in heart failure (HF) is controversial. The drug has proven benefit in patients with established ischemic heart disease (IHD), a common comorbidity of HF. Aspirin is also recommended in diabetics at high risk of cardiovascular events and as second-line treatment of vascular disorders and atrial fibrillation—all frequently occurring comorbidities in an HF population. However, it has been reported that aspirin use may blunt the beneficial effect of renin-angiotensin-aldosterone system (RAAS) modifying therapy in patients with HF, and several trials have shown increased risk of HF hospitalization when using aspirin. Furthermore, older patients with HF may be at risk of adverse events related to aspirin use especially gastrointestinal hemorrhage.

Editorial see p 237

Clinical Perspective on p 250

大纲

- Abstract
- Methods
 - Patients
 - End Points
 - Statistical Analysis
 - Propensity Analysis
- Results
 - Patient Demographics
 - Mortality
 - HF Hospitalization and Combined Morbidity-Mortality
 - Indication for Aspirin Use, IHD, and Outcome
 - Aspirin Discontinuation and Initiation
 - Propensity-Matched Subgroup Analysis
- Discussion
- Conclusions
- Acknowledgments
- Sources of Funding
- Disclosures
- References
- 影像图库

Ovid Full Text提供详细全文和便捷功能-3

[回到顶端](#)

Results

Patient Demographics

Data were available for 1476 patients with median follow-up time of 2.15 (0.81–4.54) years. Minimum follow-up time was 1 day, and maximum follow-up time was 11.93 years. The mean age of the population was 70.4±12.4 years, and 930 (63.0%) patients returned to baseline to 892 (60.4%) patients.

Of those patients prescribed aspirin, 828 (56.1%) was used by 15 (1.7%) patients and a dose of 81 mg was prescribed concomitantly to 16 patients. Aspirin was prescribed to 248 (27.8%) patients, and triple therapy was prescribed to 15 (1.7%) patients.

[回到顶端](#)

Descriptions of the total population, low-dose aspirin users, high-dose aspirin users, and aspirin nonusers are given in [Table 1](#).

Mortality

A total of 464 (31.4%) patients died during the study. Of these, 150 (46.9%) high-dose aspirin users, and 19 (4.7%) low-dose aspirin users, and 195 (48.4%) aspirin nonusers.

In unadjusted analysis, there was a lower mortality rate in high-dose aspirin users compared with nonaspirin users (hazard ratio [HR]=0.78; 95% CI, 0.63–0.97). In adjusted analysis, low-dose aspirin users had a lower mortality rate compared with nonaspirin users (HR=0.58; 95% CI, 0.41–0.81). In the fully adjusted model including age, sex, BNP, creatinine, heart rate, smoking status, comorbidities, and aspirin use, low-dose aspirin use remained significant (HR=0.58; 95% CI, 0.41–0.81).

In unadjusted analysis, there was no statistically significant difference in mortality between patients with high-dose aspirin use and those with no aspirin use (HR=1.40; 95% CI, 0.95–2.05). In multivariable analysis, there remained no statistically significant difference in mortality between these groups (HR=0.98; 95% CI, 0.59–1.63).

TT1

Characteristic	Total Population (N=1476)	Low-Dose Aspirin Users (n=828)	High-Dose Aspirin Users (n=64)	Aspirin Nonusers (n=584)
Demographics				
Age, y†	70.4±12.4	71.9±11.3	71.9±9.8	68.1±13.8
Male	930 (63.0)	533 (64.4)	40 (62.5)	357 (61.1)
Clinical characteristics				
Systolic blood pressure, mmHg	127.2±39.0	125.9±22.7	130.4±24.3	125.8±21.2
Diastolic blood pressure, mmHg‡	73.2±36.7	71.2±13.4	77.0±14.1	72.5±13.3
BNP, pg/mL*	317 (139–668)	352 (157–709)	262 (131–556)	274 (115–598)
Creatinine, µmol/L	103 (87–129)	105 (88–130)	103 (84–141)	101 (85–128)
Ejection fraction, %	40.2±14.5	39.9±14.0	40.2±15.3	40.5±15.1
HFrEF	797 (54.8)	464 (56.9)	37 (58.8)	296 (51.9)
Comorbidities				
Ischemic heart disease*	664 (45.0)	482 (58.2)	27 (42.2)	155 (26.5)
Atrial fibrillation	552 (37.4)	278 (33.6)	21 (32.8)	253 (43.3)
Chronic obstructive pulmonary disease	164 (11.1)	97 (11.7)	6 (9.4)	61 (10.4)
Dyslipidemia*	424 (28.7)	275 (33.2)	23 (35.9)	126 (21.6)
Diabetes mellitus	318 (21.5)	199 (24.0)	15 (23.4)	104 (17.8)
Hypertension	624 (42.3)	376 (45.4)	26 (40.6)	222 (38.0)
Peripheral vascular disease	18 (1.2)	12 (1.4)	0	6 (1.0)
Stroke	47 (3.2)	26 (3.1)	0	21 (3.6)
Medications				
Loop diuretic	1378 (93.3)	783 (94.6)	58 (90.6)	537 (92.0)
ACE inhibitor	1242 (84.1)	699 (84.4)	60 (93.8)	483 (82.7)
Angiotensin receptor blocker	403 (27.3)	217 (26.2)	24 (37.5)	162 (27.7)

关闭 或 Esc 键

- 显示图像原本尺寸
- 下载 Tiff 图像档
- 电邮链接网址
- 输出至幻灯片
- 新增到我的课题

Ovid Full Text提供详细全文和便捷功能-4

References

1. Cleland JG, Findlay I, Jafri S, Sutton G, Falk R, Bulpitt C, Prentice C, Ford I, Trainer A, Poole-Wilson PA. The Warfarin/Aspirin Study in Heart failure (WASH): a randomized trial comparing antithrombotic strategies for patients with heart failure. *Am Heart J*. 2004;148:157-164 [Ovid Full Text](#) | [Full Text](#) | [Bibliographic Links](#) | [Document Delivery](#) | [\[Context Link\]](#)
2. Homma S, Thompson JL, Pullicino PM, Levin B, Freudenberger RS, Teerlink JR, Ammon SE, Graham S, Sacco RL, Mann DL, Mohr JP, Massie BM, Labovitz AJ, Anker SD, Lok DJ, Ponikowski P, Estol CJ, Lip GY, Di Tullio MR, Sanford AR, Mejia V, Gabriel AP, del Valle ML, Buchsbaum RWARCEF Investigators. . Warfarin and aspirin in patients with heart failure and sinus rhythm. *N Engl J Med*. 2012;366:1859-1869 [\[Context Link\]](#)
3. Massie BM, Collins JF, Ammon SE, Armstrong PW, Cleland JG, Ezekowitz M, Jafri SM, Krol WF, O'Connor CM, Schulman KA, Teo K, Warren SRWATCH Trial Investigators. . Randomized trial of warfarin, aspirin, and clopidogrel in patients with chronic heart failure: the Warfarin and Antiplatelet Therapy in Chronic Heart Failure (WATCH) trial. *Circulation*. 2009;119:1616-1624 [\[Context Link\]](#)
4. Al-Khadra AS, Salem DN, Rand WM, Udelson JE, Smith JJ, Konstam MA. Antiplatelet agents and survival: a cohort analysis from the Studies of Left Ventricular Dysfunction (SOLVD) trial. *J Am Coll Cardiol*. 1998;31:419-425 [Full Text](#) | [Bibliographic Links](#) | [Document Delivery](#) | [\[Context Link\]](#)
5. Chang SM, Granger CB, Johansson PA, Kosolcharoen P, McMurray JJ, Michelson EL, Murray DR, Olofsson B, Pfeffer MA, Solomon SD, Swedberg K, Yusuf S, Dunlap MECHARM Investigators. . Efficacy and safety of angiotensin receptor blockade are not modified by aspirin in patients with chronic heart failure: a cohort study from the Candesartan in Heart failure-Assessment of Reduction in Mortality and morbidity (CHARM) programme. *Eur J Heart Fail*. 2010;12:738-745 [\[Context Link\]](#)
6. Levy PD, Nandyal D, Welch RD, Sun JL, Pieper K, Ghali JK, Fonarow GC, Gheorghide M, Gheorghide M, O'Connor CM. Does aspirin use adversely influence intermediate-term postdischarge outcomes for hospitalized patients who are treated with angiotensin-converting enzyme inhibitors or angiotensin receptor blockers? Findings from Organized Program to Facilitate Life-Saving Treatment in Hospitalized Patients with Heart Failure (OPTIMIZE-HF). *Am Heart J*. 2010;159:222-230.e2 [\[Context Link\]](#)

Ovid Full Text的文献工具

文献工具

全文(PDF格式) (462KB)

完整数据

摘要数据

打印预览

电邮链接网址

发送 PDF 快速启动电子邮件

电邮文本文献

保存文本文献

新增到我的课题

输出所有图像文件到幻灯片

+ 批注

剪贴摘录

查询引用文献

查询相似文献

关于本期刊 >>

Full Text

Document Delivery

Bibliographic Links

相关度: ★★★★★

Abstract

Background: Aspirin use in heart failure (HF) is controversial. The drug has proven benefit in comorbidities

Circulation: Heart Failure

版权: American Heart Association

Journal Description

Circulation: Heart Failure will include articles related to research into the pathophysiology of as well as in the evaluation and management of heart failure, including observational studies, clinical trials, epidemiology, and advances in applied (translational) research.

Manuscripts are examined by the editorial staff and usually evaluated by expert reviewers assigned by the editors. Both clinical and basic articles will also be subject to statistical review, when appropriate. Provisional or final acceptance is based on originality, scientific content, and topical balance of the journal. Decisions are communicated by email, generally within six weeks. The editors will not discuss a decision about a manuscript over the phone. All rebuttals must be submitted in writing to the editorial office.

Usage Statement

The materials contained herein are proprietary to the publishers and/or individual copyright holders and may only be used by authorized users of the subscribing institutions for internal or personal research. Authorized users may (i) print data obtained from searches and make limited copies of such printed search results, (ii) download data obtained from searches and (iii) retransmit search results electronically or otherwise to a limited number of authorized users at the same institution. Authorized users are precluded from: (i) copying, duplication, redistribution, retransmission, publication, transfer or commercial or other exploitation of the databases or the contents thereof, except as permitted herein or pursuant to user guidelines of the individual copyright holders, (ii) preparation of derivative works or incorporation of the databases or contents thereof in any other work or system; (iii) downloading of the contents in their entirety or lengthy sequence.

Instructions to Authors

For up-to-date information, please visit the journal website
<http://circheartfailure.ahajournals.org/site/misc/ifora.xhtml>

Ovid Full Text输出图片、图表至幻灯片



Circulation: Heart Failure
 卷期: Volume 7(2), March 2014, p 243-250
 版权: © 2014 American Heart Association, Inc.
 出版类型: [Original Articles]
 DOI: 10.1161/CIRCHEARTFAILURE.113.000132
 ISSN: 1941-3289
 文件编号: 01337494-201403000-00003
 关键词: aspirin, heart failure, mortality

隐藏封面

[Original Articles]

TT1

Aspirin Use and Mortality

Birmingham, MI, Saki M

单位:

From the Heart School of Medicine, School of Medicine, Resonance, Biomed Sciences, Trinity The Data Support <http://circ.heart>

Correspondence: Ireland, E-mail: mark@heartb

Characteristic	Total Population (N=1476)	Low-Dose Aspirin Users (n=828)	Hazard Ratio (95% CI)
Demographics			
Age, y†	70.4±12.4	71.9±11.3	
Male	930 (63.0)	533 (64.4)	
Clinical characteristics			
Systolic blood pressure, mmHg	127.2±39.0	125.9±22.7	
Diastolic blood pressure, mmHg‡	73.2±36.7	71.2±13.4	
BNP, pg/mL*	317 (139-668)	352 (157-709)	
Creatinine, μmol/L	103 (87-129)	105 (88-130)	
Ejection fraction, %	40.2±14.5	39.9±14.0	
HFrEF	797 (64.8)	464 (66.9)	
Comorbidities			
Ischemic heart disease*	664 (45.0)	482 (58.2)	
Atrial fibrillation	552 (37.4)	278 (33.6)	
Chronic obstructive pulmonary disease	164 (11.1)	97 (11.7)	
Dyslipidemia*	424 (28.7)	275 (33.2)	
Diabetes mellitus	318 (21.5)	199 (24.0)	
Hypertension	624 (42.3)	376 (45.4)	
Peripheral vascular disease	18 (1.2)	12 (1.4)	
Stroke	47 (3.2)	26 (3.1)	
Medications			
Loop diuretic	1378 (93.3)	783 (94.6)	58 (90.6)
ACE inhibitor	1242 (84.1)	699 (84.4)	60 (93.8)
Angiotensin receptor blocker	403 (27.3)	217 (26.2)	24 (37.5)

影像图库

选择全部

输出挑选的图像文件到幻灯片

Table 1	Table 2	Table 3																																																																																
<table border="1"> <thead> <tr> <th>Characteristic</th> <th>Total Population (N=1476)</th> <th>Low-Dose Aspirin Users (n=828)</th> <th>Hazard Ratio (95% CI)</th> </tr> </thead> <tbody> <tr> <td>Age, y†</td> <td>70.4±12.4</td> <td>71.9±11.3</td> <td></td> </tr> <tr> <td>Male</td> <td>930 (63.0)</td> <td>533 (64.4)</td> <td></td> </tr> <tr> <td>Systolic blood pressure, mmHg</td> <td>127.2±39.0</td> <td>125.9±22.7</td> <td></td> </tr> <tr> <td>Diastolic blood pressure, mmHg‡</td> <td>73.2±36.7</td> <td>71.2±13.4</td> <td></td> </tr> <tr> <td>BNP, pg/mL*</td> <td>317 (139-668)</td> <td>352 (157-709)</td> <td></td> </tr> <tr> <td>Creatinine, μmol/L</td> <td>103 (87-129)</td> <td>105 (88-130)</td> <td></td> </tr> <tr> <td>Ejection fraction, %</td> <td>40.2±14.5</td> <td>39.9±14.0</td> <td></td> </tr> <tr> <td>HFrEF</td> <td>797 (64.8)</td> <td>464 (66.9)</td> <td></td> </tr> <tr> <td>Ischemic heart disease*</td> <td>664 (45.0)</td> <td>482 (58.2)</td> <td></td> </tr> <tr> <td>Atrial fibrillation</td> <td>552 (37.4)</td> <td>278 (33.6)</td> <td></td> </tr> <tr> <td>Chronic obstructive pulmonary disease</td> <td>164 (11.1)</td> <td>97 (11.7)</td> <td></td> </tr> <tr> <td>Dyslipidemia*</td> <td>424 (28.7)</td> <td>275 (33.2)</td> <td></td> </tr> <tr> <td>Diabetes mellitus</td> <td>318 (21.5)</td> <td>199 (24.0)</td> <td></td> </tr> <tr> <td>Hypertension</td> <td>624 (42.3)</td> <td>376 (45.4)</td> <td></td> </tr> <tr> <td>Peripheral vascular disease</td> <td>18 (1.2)</td> <td>12 (1.4)</td> <td></td> </tr> <tr> <td>Stroke</td> <td>47 (3.2)</td> <td>26 (3.1)</td> <td></td> </tr> <tr> <td>Loop diuretic</td> <td>1378 (93.3)</td> <td>783 (94.6)</td> <td>58 (90.6)</td> </tr> <tr> <td>ACE inhibitor</td> <td>1242 (84.1)</td> <td>699 (84.4)</td> <td>60 (93.8)</td> </tr> <tr> <td>Angiotensin receptor blocker</td> <td>403 (27.3)</td> <td>217 (26.2)</td> <td>24 (37.5)</td> </tr> </tbody> </table>	Characteristic	Total Population (N=1476)	Low-Dose Aspirin Users (n=828)	Hazard Ratio (95% CI)	Age, y†	70.4±12.4	71.9±11.3		Male	930 (63.0)	533 (64.4)		Systolic blood pressure, mmHg	127.2±39.0	125.9±22.7		Diastolic blood pressure, mmHg‡	73.2±36.7	71.2±13.4		BNP, pg/mL*	317 (139-668)	352 (157-709)		Creatinine, μmol/L	103 (87-129)	105 (88-130)		Ejection fraction, %	40.2±14.5	39.9±14.0		HFrEF	797 (64.8)	464 (66.9)		Ischemic heart disease*	664 (45.0)	482 (58.2)		Atrial fibrillation	552 (37.4)	278 (33.6)		Chronic obstructive pulmonary disease	164 (11.1)	97 (11.7)		Dyslipidemia*	424 (28.7)	275 (33.2)		Diabetes mellitus	318 (21.5)	199 (24.0)		Hypertension	624 (42.3)	376 (45.4)		Peripheral vascular disease	18 (1.2)	12 (1.4)		Stroke	47 (3.2)	26 (3.1)		Loop diuretic	1378 (93.3)	783 (94.6)	58 (90.6)	ACE inhibitor	1242 (84.1)	699 (84.4)	60 (93.8)	Angiotensin receptor blocker	403 (27.3)	217 (26.2)	24 (37.5)	<p>Figure 1</p>	<p>Figure 2</p>
Characteristic	Total Population (N=1476)	Low-Dose Aspirin Users (n=828)	Hazard Ratio (95% CI)																																																																															
Age, y†	70.4±12.4	71.9±11.3																																																																																
Male	930 (63.0)	533 (64.4)																																																																																
Systolic blood pressure, mmHg	127.2±39.0	125.9±22.7																																																																																
Diastolic blood pressure, mmHg‡	73.2±36.7	71.2±13.4																																																																																
BNP, pg/mL*	317 (139-668)	352 (157-709)																																																																																
Creatinine, μmol/L	103 (87-129)	105 (88-130)																																																																																
Ejection fraction, %	40.2±14.5	39.9±14.0																																																																																
HFrEF	797 (64.8)	464 (66.9)																																																																																
Ischemic heart disease*	664 (45.0)	482 (58.2)																																																																																
Atrial fibrillation	552 (37.4)	278 (33.6)																																																																																
Chronic obstructive pulmonary disease	164 (11.1)	97 (11.7)																																																																																
Dyslipidemia*	424 (28.7)	275 (33.2)																																																																																
Diabetes mellitus	318 (21.5)	199 (24.0)																																																																																
Hypertension	624 (42.3)	376 (45.4)																																																																																
Peripheral vascular disease	18 (1.2)	12 (1.4)																																																																																
Stroke	47 (3.2)	26 (3.1)																																																																																
Loop diuretic	1378 (93.3)	783 (94.6)	58 (90.6)																																																																															
ACE inhibitor	1242 (84.1)	699 (84.4)	60 (93.8)																																																																															
Angiotensin receptor blocker	403 (27.3)	217 (26.2)	24 (37.5)																																																																															

Table 1	Table 2	Table 3																																																																																
<table border="1"> <thead> <tr> <th>Characteristic</th> <th>Total Population (N=1476)</th> <th>Low-Dose Aspirin Users (n=828)</th> <th>Hazard Ratio (95% CI)</th> </tr> </thead> <tbody> <tr> <td>Age, y†</td> <td>70.4±12.4</td> <td>71.9±11.3</td> <td></td> </tr> <tr> <td>Male</td> <td>930 (63.0)</td> <td>533 (64.4)</td> <td></td> </tr> <tr> <td>Systolic blood pressure, mmHg</td> <td>127.2±39.0</td> <td>125.9±22.7</td> <td></td> </tr> <tr> <td>Diastolic blood pressure, mmHg‡</td> <td>73.2±36.7</td> <td>71.2±13.4</td> <td></td> </tr> <tr> <td>BNP, pg/mL*</td> <td>317 (139-668)</td> <td>352 (157-709)</td> <td></td> </tr> <tr> <td>Creatinine, μmol/L</td> <td>103 (87-129)</td> <td>105 (88-130)</td> <td></td> </tr> <tr> <td>Ejection fraction, %</td> <td>40.2±14.5</td> <td>39.9±14.0</td> <td></td> </tr> <tr> <td>HFrEF</td> <td>797 (64.8)</td> <td>464 (66.9)</td> <td></td> </tr> <tr> <td>Ischemic heart disease*</td> <td>664 (45.0)</td> <td>482 (58.2)</td> <td></td> </tr> <tr> <td>Atrial fibrillation</td> <td>552 (37.4)</td> <td>278 (33.6)</td> <td></td> </tr> <tr> <td>Chronic obstructive pulmonary disease</td> <td>164 (11.1)</td> <td>97 (11.7)</td> <td></td> </tr> <tr> <td>Dyslipidemia*</td> <td>424 (28.7)</td> <td>275 (33.2)</td> <td></td> </tr> <tr> <td>Diabetes mellitus</td> <td>318 (21.5)</td> <td>199 (24.0)</td> <td></td> </tr> <tr> <td>Hypertension</td> <td>624 (42.3)</td> <td>376 (45.4)</td> <td></td> </tr> <tr> <td>Peripheral vascular disease</td> <td>18 (1.2)</td> <td>12 (1.4)</td> <td></td> </tr> <tr> <td>Stroke</td> <td>47 (3.2)</td> <td>26 (3.1)</td> <td></td> </tr> <tr> <td>Loop diuretic</td> <td>1378 (93.3)</td> <td>783 (94.6)</td> <td>58 (90.6)</td> </tr> <tr> <td>ACE inhibitor</td> <td>1242 (84.1)</td> <td>699 (84.4)</td> <td>60 (93.8)</td> </tr> <tr> <td>Angiotensin receptor blocker</td> <td>403 (27.3)</td> <td>217 (26.2)</td> <td>24 (37.5)</td> </tr> </tbody> </table>	Characteristic	Total Population (N=1476)	Low-Dose Aspirin Users (n=828)	Hazard Ratio (95% CI)	Age, y†	70.4±12.4	71.9±11.3		Male	930 (63.0)	533 (64.4)		Systolic blood pressure, mmHg	127.2±39.0	125.9±22.7		Diastolic blood pressure, mmHg‡	73.2±36.7	71.2±13.4		BNP, pg/mL*	317 (139-668)	352 (157-709)		Creatinine, μmol/L	103 (87-129)	105 (88-130)		Ejection fraction, %	40.2±14.5	39.9±14.0		HFrEF	797 (64.8)	464 (66.9)		Ischemic heart disease*	664 (45.0)	482 (58.2)		Atrial fibrillation	552 (37.4)	278 (33.6)		Chronic obstructive pulmonary disease	164 (11.1)	97 (11.7)		Dyslipidemia*	424 (28.7)	275 (33.2)		Diabetes mellitus	318 (21.5)	199 (24.0)		Hypertension	624 (42.3)	376 (45.4)		Peripheral vascular disease	18 (1.2)	12 (1.4)		Stroke	47 (3.2)	26 (3.1)		Loop diuretic	1378 (93.3)	783 (94.6)	58 (90.6)	ACE inhibitor	1242 (84.1)	699 (84.4)	60 (93.8)	Angiotensin receptor blocker	403 (27.3)	217 (26.2)	24 (37.5)	<p>Figure 3</p>	<p>Figure 4</p>
Characteristic	Total Population (N=1476)	Low-Dose Aspirin Users (n=828)	Hazard Ratio (95% CI)																																																																															
Age, y†	70.4±12.4	71.9±11.3																																																																																
Male	930 (63.0)	533 (64.4)																																																																																
Systolic blood pressure, mmHg	127.2±39.0	125.9±22.7																																																																																
Diastolic blood pressure, mmHg‡	73.2±36.7	71.2±13.4																																																																																
BNP, pg/mL*	317 (139-668)	352 (157-709)																																																																																
Creatinine, μmol/L	103 (87-129)	105 (88-130)																																																																																
Ejection fraction, %	40.2±14.5	39.9±14.0																																																																																
HFrEF	797 (64.8)	464 (66.9)																																																																																
Ischemic heart disease*	664 (45.0)	482 (58.2)																																																																																
Atrial fibrillation	552 (37.4)	278 (33.6)																																																																																
Chronic obstructive pulmonary disease	164 (11.1)	97 (11.7)																																																																																
Dyslipidemia*	424 (28.7)	275 (33.2)																																																																																
Diabetes mellitus	318 (21.5)	199 (24.0)																																																																																
Hypertension	624 (42.3)	376 (45.4)																																																																																
Peripheral vascular disease	18 (1.2)	12 (1.4)																																																																																
Stroke	47 (3.2)	26 (3.1)																																																																																
Loop diuretic	1378 (93.3)	783 (94.6)	58 (90.6)																																																																															
ACE inhibitor	1242 (84.1)	699 (84.4)	60 (93.8)																																																																															
Angiotensin receptor blocker	403 (27.3)	217 (26.2)	24 (37.5)																																																																															

其他链接

4. Aspirin Use in Heart Failure: Is Low-Dose Therapy Associated With Mortality and Morbidity Benefits in a Large Community Population?.

Bermingham, Margaret PhD; Shanahan, Mary Katherine MPharm; O'Connell, Eoin MLitt; Dawkins, Ian DPhil; Miwa, Saki MB; O'Hanlon, Rory MD; Gilmer, John PhD; McDonald, Kenneth MD; Ledwidge, Mark PhD

Circulation: Heart Failure. 7(2):243-250, March 2014.

- Ovid Full Text
- 期刊目录
- 摘要数据
- 完整数据

- 查询相似文献
- 查询引用文献

- Full Text
- Document Delivery
- Bibliographic Links

Aspirin Use in Heart Failure: Is Low-Dose Therapy Associated With Mortality and Morbidity Benefits in a Large Community Population?.

Bermingham, Margaret PhD; Shanahan, Mary Katherine MPharm; O'Connell, Eoin MLitt; Dawkins, Ian DPhil; Miwa, Saki MB; O'Hanlon, Rory MD; Gilmer, John PhD; McDonald, Kenneth MD; Ledwidge, Mark PhD

Circulation: Heart Failure. 7(2):243-250, March 2014.

[Original Articles]

AN: 01337494-201403000-00003.

查找引用了该篇文章的文献

浏览2项检索结果的第1-2项

1. Aspirin in the perioperative period: a review of the recent literature.

Kiberd, Mathew B.; Hall, Richard I.

Current Opinion in Anaesthesiology. 28(3):349-355, June 2015.

[ANESTHESIA AND MEDICAL DISEASE: Edited by Natalie F. Holt]

AN: 00001503-201506000-00020.

▶ æYçæè!

• Bibliographic Links

筛选检索结果

新增到检索历史

PDF (72891KB) + 我的课题 + 批注

期刊浏览

Ovid®

Wolters Kluwer

我的帐户  Ask a Librarian 支持和培训 在线帮助  反馈 登出

Top Articles
on OvidSP 

检索 **期刊** 电子书 多媒体 我的工作区 移动应用

期刊名称 

常用字段检索

▶ 依订阅状态筛选

▶ 依刊名筛选

▶ 依主题筛选

▶ 我的最爱

期刊字顺排序

1-50本书中的第546 期刊



50 每页

◀ 1 2 3 4 5 ... 11 ▶


A&A Case Reports

关于 |  My Favorites


A&A Practice

关于 |  My Favorites


AACN Advanced Critical Care

关于 |  My Favorites

AACN Clinical Issues: Advanced Practice in Acute & Critical Care

关于 |  My Favorites


AACN Clinical Issues in Critical Care Nursing

关于 |  My Favorites

Academic Medicine

关于 |  My Favorites

ACADEMIC Physician & Scientist

关于 |  My Favorites

ACSM'S Health & Fitness Journal

关于 |  My Favorites

Addictive Disorders & Their Treatment

关于 |  My Favorites

期刊浏览—显示页面

The screenshot displays the Ovid journal browsing interface. At the top, the Ovid logo is on the left, and navigation links for '我的帐户', 'Ask a Librarian', '支持和培训', '在线帮助', '反馈', and '登出' are on the right. A 'Wolters Kluwer' logo and 'Top Articles on OvidSP' are also present. Below the navigation bar, there are tabs for '检索', '期刊', '电子书', '多媒体', '我的工作区', and '移动应用'. The main content area is titled '期刊字顺排序' and shows a list of journals. The first journal, 'A&A Case Reports', is highlighted with a red box. Its details include ISSN: 2325-7237, cover years: 2013-2017, and volume: 103. Below the journal title, there are links for '订阅全文', 'Publish Ahead of Print Available', '关于', '我的最爱', 'RSS', and 'eTOC'. The second journal, 'A&A Practice', has ISSN: 2575-3126, cover year: 2018, and volume: 9. The third journal, 'AACN Advanced Critical Care', has ISSN: 1559-7768 and cover years: 2008-2016. On the left side, there are search filters: '期刊名称' (Journal Name) with a search icon, '常用字段检索' (Common Field Search), and a list of filters: '依订阅状态筛选', '依刊名筛选', '依主题筛选', and '我的最爱'. At the bottom, there are navigation controls for '1-50本书中的第546 期刊' and a dropdown menu set to '50 每页'.

单刊浏览

输入关键词

所有卷期

检索

高

级检索

期刊信息

Lippincott Williams & Wilkins, Inc.
Academic Medicine (1961, 1989-2018)

ISSN: 1040-2446

关于本期刊

前任出版社:

Journal of Medical Education
(1951-1988)

ISSN: 0022-2577

卷期列表

2018 (6)

Publish Ahead of Print



隐藏封面

Academic Medicine

Volume 93(4) pgs. 513-666 April 2018

ISSN: 1040-2446

(C) 2018 by the Association of American Medical Colleges

RSS

eTOC

电邮链接网址

打印

电子邮件

输出

新增到我的课题

查看选择

选择页 | 清除已选标记

范围

显示摘要

50 每页

Moving From Professionalism to Empowerment: Taking a Hard Look at Resident Hours.

页数 513-515

DOI : 10.1097/ACM.0000000000002111

Sklar, David P. MD

Miscellaneous

PDF全文 | + 我的课题

Ovid Full Text
完整数据

Library Holdings
Request Permissions

Accessing Electronic Health Records: A Misperception Corrected.

页数 516

DOI : 10.1097/ACM.0000000000002106

Hammoud, Maya M. MD, MBA; Beck Dallaghan, Gary L. PhD; Morgenstern, Bruce Z. MD

Letter

PDF全文 | + 我的课题

Ovid Full Text
完整数据

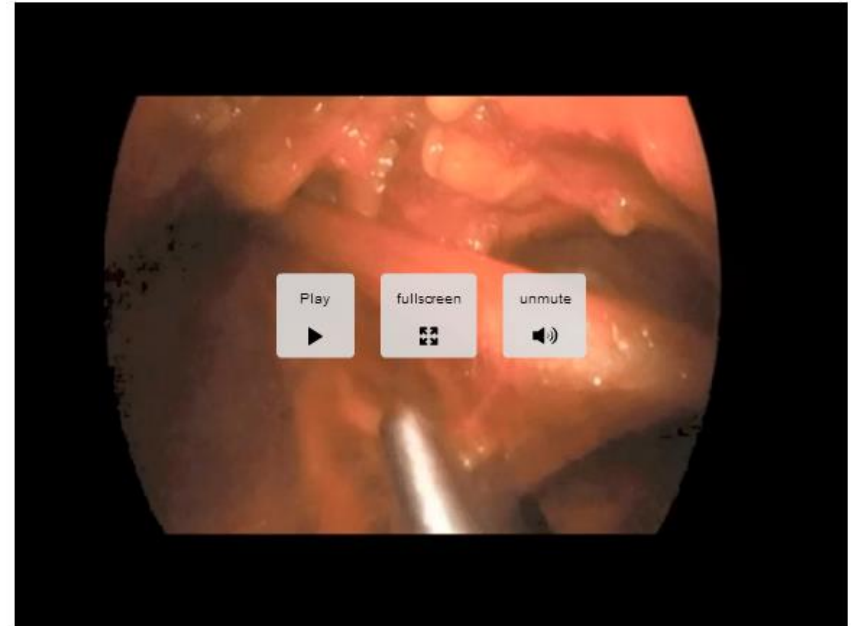
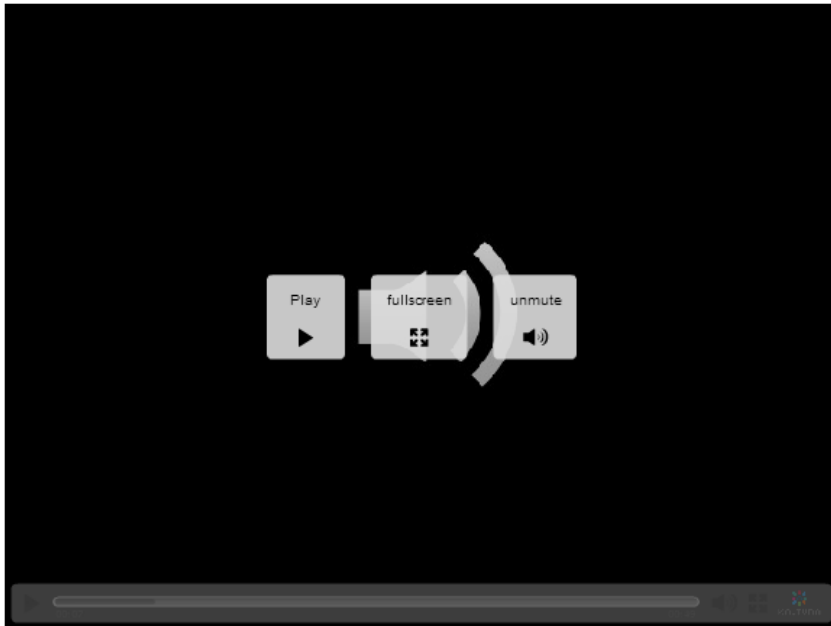
Library Holdings
Request Permissions

Ovid平台上的多媒体资源



丰富的多媒体资源

Ovid平台提供丰富的多媒体资源，包含视频、音频、图片、图表、动画等；并将其与期刊、图书的书目和全文信息全面集成，进行一体化检索和浏览。



多媒体检索

The screenshot shows the Ovid search interface. At the top, there is the Ovid logo and the Wolters Kluwer logo. Below the logo, there are navigation links: 我的帐户, 支持和培训, 在线帮助, 登出. A blue navigation bar contains: 检索, 期刊, 电子书, 多媒体, 我的工作区, 链接, OvidMD, EBP工具. Below this is a search history section with a button to view saved history. The main search area has tabs for: 基本检索, 常用字段检索, 字段检索, 高级检索, 多个字段检索. Below the tabs, there is a search bar containing 'Heart disease' and a search button. Under the search bar, there are filter options: 常用限制 (展开), 包括多媒体 (checked), and 包含相关词汇 (checked). The '包括多媒体' option is highlighted with a red box. At the bottom, there are language options: English, Français, Deutsch, 日本語, 繁體中文, Español, 简体中文, 한국어. There are also links for 关于我们, 联系我们, and 使用条款. The footer contains copyright information: © 2015 Ovid Technologies, Inc. 版权所有。 OvidSP_UI03.16.00.110, SourceID 67436.

- 基本检索和高级检索都可进行多媒体检索；
- 自然语言检索、包含相关词汇、主题词自动匹配、截词符、布尔运算符等都可以应用于多媒体检索；
- 勾选“包含多媒体”选项

文本和多媒体检索结果一体化显示

点击多媒体结果，查看对应的多媒体资源。

The screenshot displays the Ovid search interface. At the top, there is a navigation bar with tabs for '检索' (Search), '期刊' (Journals), '电子书' (E-books), '多媒体' (Multimedia), '我的工作区' (My workspace), '链接' (Links), 'OvidMD', and 'EBP工具' (EBP tools). Below this is a search history section showing '检索历史 (1项检索) (展开)' and a button to '查看已保存的检索历史'. The main search area includes a search bar with 'heart disease' entered and a '搜索' (Search) button. Below the search bar are options for '常用限制' (Expand) and checkboxes for '包括多媒体' (Include multimedia) and '包含相关词汇' (Include related terms). The search results section shows '检索结果工具' (Search result tools) and '选项' (Options). Under '查看方式' (Viewing method), there are options for '所有' (All) and '范围' (Scope). A '清除已选标记' (Clear selected marks) button is present. The search results are displayed in a list view, with '查看: 标题 | 题录 | 摘要' (View: Title | Bibliography | Abstract) and '10 每页' (10 per page) settings. The first result is 'Ischaemic heart disease - a selected review of recent developments.' by George, Sudhakar a; Calvert, Patrick A. a,b. The result is highlighted with a red box. To the right of the result, there are links for 'OvidSP 多媒体结果' (OvidSP Multimedia Results) and '查看多媒体结果 >' (View Multimedia Results >), both highlighted with red boxes. The result also includes a '相关链接: *****' (Related links: *****) section with links for 'Ovid Full Text', '期刊目录' (Journal Directory), '摘要数据' (Abstract Data), '完整数据' (Full Data), '查询相似文献' (Search similar literature), and '查询引用文献' (Search cited literature). The result also includes a 'Status' section with 'Publish Ahead of Print, POST AUTHOR CORRECTIONS, 8 September 2015' and a '查看摘要' (View Abstract) link. On the right side of the interface, there is an 'OPEN ACCESS RESULTS' section with a dropdown menu. Below this, there are two articles listed: 'Estimation of 10-Year Risk of Coronary Heart Disease in Nepalese Patients with Type 2 Diabetes' and 'Profile and Correlates of Health-related Quality of Life in Chinese Patients with Coronary Heart Disease'. The first article is by Pokharel, Daya Ram Khadka, Dipendra Sigdel, Manoj Yadav, Naval Kishor Sapkota, Lokendra Bahadur Kafle, Ramchandra Nepal, Sarthak Sapkota, Ravindra Mohan Choudhary, Niraj. The second article is by Wang, Ling Wu, Yi-Qun Tang, Xun Li, Na He, Liu Cao, Yang Chen, Da.

多媒体筛选工具

Ovid设置专门的筛选工具对多媒体结果进行进一步的精炼，如出版类型、持续时间、媒体类型。

The screenshot displays the Ovid search interface with a sidebar on the left and search results on the right. A red box highlights the filter options in the sidebar, which include:

- 手动设定显示选项
- 筛选检索结果
- 新增到检索历史
- + 仅筛选结果(0)
- 相关度
 - 所有相关文章
 - 5 stars only
 - 4 or more
 - 3 or more
 - 2 or more
- + 年代
- + 作者
- + 期刊
- + 出版类型
- + 持续时间
- + 媒体类型
- + 主题/类别
- ▼ 我的课题
- + 新课题
- 没有课题可使用。
- 若要加入题录，挑选检索结果后，点击
- + 加入我的课题

The search results on the right show a list of articles. A dropdown menu is open, showing filter options for:

- + 期刊
- 出版类型
 - 所有出版类型
 - Image
 - Article
 - Miscellaneous Article
 - Review
 - Abstract
 - 更多 ...
- 持续时间
 - 所有持续时间
 - Short (0-4 min.)
 - Medium (4-20 min.)
 - Long (20+ min.)
- 媒体类型
 - 所有类型
 - video
 - image
 - audio

The search results include the following text:

3. 相关度
prognosis of ischemic heart disease: the cardiac magnetic resonance.
goren a; Brunetti, Natale Daniele a; Marra, b; Tarantini, Giuseppe b; di Biase, Matteo a; c
Cardiovascular Medicine
510000-00001-TT1

4. 相关度
prognosis of ischemic heart disease: the cardiac magnetic resonance.
goren a; Brunetti, Natale Daniele a; Marra,

On the right side of the search results, there are two panels of options:

- 查找相关媒体 + 我的课题 + 批注
- Ovid Full Text
- 摘要数据
- 完整数据
- Document Delivery

多媒体结果页面

检索结果工具 选项

查看方式

文本 (14263 结果)
多媒体 (11379 结果)

检索信息

检索内容:
heart disease {包含有限的相关词汇}
- 检索词:
heart disease
heart diseases
disorder of heart
morbus cordis
cardiac disorder
cardiopathy
heart disorder
diseases heart
diseases cardiac
disease heart
disease cardiac
cardiac disorders

搜索返回:
11379 个多媒体结果

排序依据:
太多结果无法排序。

手动设定显示选项

筛选检索结果

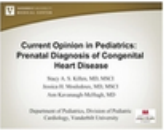
新增到检索历史

所有 范围

打印 电子邮件 输出 新增到我的课题

清除已选标记 查看: 题录 网格 10 每页 1 开始 下一篇

相关度: ★★★★★

1.  26(5) ? October 2014 - Pediatric prenatal diagnosis of congenital heart disease. VANDERBILT UNIVERSITY MEDICAL CENTER
Journal Current Opinion in Pediatrics
AN: 2C0EB4E4-6910-43F6-B694-34F75204D0A7

26(5) ? October 2014 - Pe ...
持续时间: 5:21 min.

Video

下载 (0.00 MB) 查找相关媒体 + 我的课题 + 批注

相关度: ★★★★★

2.  Diagnosis and prognosis of ischemic heart disease: the framework of cardiac magnetic resonance.
Guaricci, Andrea Igores a; Brunetti, Natale Daniele a; Marra, MartinaPerazzolo b; Tarantini, Giuseppe b; di Biase, Matteo a; Pontone, Gianluca c
Journal Journal of Cardiovascular Medicine
AN: 01244665-201510000-00001-FF2

查看摘要

下载 (0.113 MB) 查找相关媒体 + 我的课题 + 批注

Ovid Full Text
完整数据
Document Delivery

Ovid Full Text
摘要数据
完整数据
Document Delivery

视频播放

视频播放器

工具

- 下载 (0.00 MB)
- 电邮链接网址

▼ 类似视频 (7 视频文件)



Distal ulnar nerve releas
下载 (0.00 MB)



Subluxating ulnar nerve
下载 (0.00 MB)



MIMs excision
下载 (0.00 MB)



An

▼ 类似图像 (12 图像文件)



Endoscopic Ulnar Nerve Re
下载 (0.090 MB)



Endoscopic Ulnar Nerve Re
下载 (0.091 MB)



Endoscopic Ulnar Nerve Re
下载 (0.104 MB)



Endo

多媒体浏览

通过功能栏上的“多媒体”按钮可以浏览所有的多媒体资源

Ovid[®] Wolters Kluwer
我的帐户 支持和培训 在线帮助 登出

检索 期刊 电子书 **多媒体** 我的工作区 链接 OvidMD EBP工具

快速搜索
所有 范围 打印 电子邮件 输出 新增到我的课题
清除已选标记 查看: 题录 网格 10 每页 1 开始 下一篇

浏览方式
+ 主题/类别
+ 媒体类型
+ 来源
+ 持续时间
+ 年份

我的项目
+ 新课题
没有课题可使用。
若要加入题录, 挑选搜索结果后, 点击
加入我的课题

1. 
Introduction by Dr's Stor and Graves on article published in July 15 issue
Sato, Masahiko 1; Stor, Rainer 1,2; Loretz, Carol 1; Stone, Diane 1; Mielcarek, Marco 1,2; Sale, George E. 1,3; Rezvani, Andrew R. 1; Graves, Scott S. 1,2,4
Journal Transplantation
AN: 51F92AE6-CC2A-4898-875B-39D68ECAB1EB
[查看摘要](#)
持续时间: 4:50 min.
Video

2. 
Distal ulnar nerve release
Morse, Levi P. BMBS (Hons), BPhy *; McGuire, Duncan T. MBChB, FC Ortho, MMed +; Bain, Gregory I. MBBS, FRACS, FA (Ortho) A, PhD ++
Journal Techniques in Hand & Upper Extremity Surgery
AN: E744E8C5-34FF-47A4-AA32-65598FDFDCE8
[查看摘要](#)
持续时间: 1:45 min.
Video

[下载 \(0.00 MB\)](#) [查找相关媒体](#) [+ 我的课题](#) [+ 批注](#)

- Ovid Full Text
- 摘要数据
- 完整数据

- Document Delivery

个性化功能

——我的工作区



登录个人账号，激活我的工作区

登录Ovid平台后，点击“我的账号”，登录您的个人账号，激活我的工作区

Ovid®

Wolters Kluwer

我的帐户 支持和培训 在线帮助 反馈 登出

检索 全部 Ovid 期刊 我的工作区 移动应用

Personal Account Login

个人帐户名称:

密码:

Login

[忘记账户或密码](#)

没有账号?

使用个人账户保存检索、创建定题通告, 管理科研
创建账户

创建新的个人账号

登录Ovid平台后，您可以免费创建并使用自己的个人账号。



The screenshot shows the Ovid platform's user interface. At the top left is the 'Ovid' logo. At the top right is the 'Wolters Kluwer' logo and navigation links: '我的帐户', '支持和培训', '在线帮助', '反馈', and '登出'. Below the navigation bar is a blue header with '检索', '全部 Ovid 期刊', '我的工作区', and '移动应用'. The main content area is a white box with a red border titled '创建个人帐户'. It contains the following fields: '个人帐户名称:' with a text input box; '密码:' with a text input box; '确认密码:' with a text input box; '电邮地址:' with a text input box; '名字:' with a text input box; and '姓氏:' with a text input box. At the bottom of the form is a blue button labeled '创建'. The footer of the page features the 'Wolters Kluwer Health' logo on the left and the 'Ovid Technologies' logo on the right.

我的工作区主要功能

Ovid® Wolters Kluwer

我的帐户 我的按次付费帐户 支持和培训 在线帮助 反馈 以 Wolter Kluwer 的 Ning Li 登录 登出

检索 全部 Ovid 期刊 我的工作区 移动应用

我的课题 | 我的检索与定题通告 | 我的期刊目录订阅服务

输入的检索信息 所有课题 检索

管理课题 进行功能

名称 ▲	项目	变更
创建新课题		

封存课题

名称 ▲	项目	变更
------	----	----

目前已使用 50MB 的 0.0

回收筒中

马上清空回收筒
回收筒中超过
30 天的内容会被自动删除

删除的项目	2018-Apr-22
删除的文件夹	2018-Apr-22

English Français Italiano Deutsch 日本語 繁體中文 Español 简体中文 한국어 关于我们 联系我们 使用条款

我的课题

可以在线添加、标识、管理Ovid平台提供的多种类型资源。

包括：

- Ovid Results （Ovid检索结果）
- Saved Searches （储存的检索历史）
- Journal Articles - PDF or HTML （期刊文章全文- PDF or HTML ）
- Images （图像）
- Video （视频）
- Audio （音频）
- Text Snippets （文本剪贴）
- User-created Citations （客户自己生成的题录）
- Book Chapter （电子书章节）
- Journal Issue List result （期刊目录结果）
- Auto-Alert results （储存定题通告）
- Uploaded files （上传文件）

我的课题功能嵌入整个Ovid平台

Circulation: Heart Failure
 卷期: Volume 7(2), March 2014, p 243-250
 版权: (C) 2014 American Heart Association, Inc.
 出版类型: [Original Articles]
 DOI: 10.1161/CIRCHEARTFAILURE.113.000132
 ISSN: 1941-3289

文献工具
 全文(PDF格式) (462KB)
 完整数据
 摘要数据

视频播放器

Aspirin Use Mortality a
 Birmingham, Mar
 MB; O'Hanlon, Ro

▼ 单位:
 From the Heart F
 School of Medicin
 of Medicine, Univ
 Blackrock Clinic,
 College, Dublin, I
 The Data Supple
 http://circheartf
 -
 Correspondence:
 E-mail
 mark@heartbeat

▼ Abstract

Subluxating ul
 Author: Morse,
 FRACS, FA (Ort
 Runtime: 0:11
 Description: V
 Related Article

Characteristic	Total Population (N=1476)
Demographics	
Age, y *†	70.4±12.4
Male	930 (63.0)
Clinical characteristics	
Systolic blood pressure, mm Hg	127.2±39.0
Diastolic blood pressure, mm Hg††	73.2±36.7
BNP, pg/mL*	317 (139-668)
Creatinine, μmol/L	103 (87-129)
Ejection fraction, %	40.2±14.5
HFrEF	797 (64.8)
Comorbidities	
Ischemic heart disease*	664 (45.0)
Atrial fibrillation	552 (37.4)
Chronic obstructive pulmonary disease	164 (11.1)
Dyslipidemia*	424 (28.7)
Diabetes mellitus	318 (21.5)
Hypertension	624 (42.3)
Peripheral vascular disease	18 (1.2)
Stroke	47 (3.2)
Medications	
Loop diuretic	1378 (93.3)
ACE inhibitor	1242 (84.1)
Angiotensin receptor blocker	403 (27.3)

新增项目到:

现有课题
 新课题

aspirin and heart disease ▼

课题名称 *

课题内容

最多字符=256

取消 新增项目

所有 范围 打印 电子邮件 输出 新增到我的课题 查看选择

清除已选标记 查看: 标题 题录 摘要 10 每页 4 开始 >> << 上一篇 | 下一篇 >

相关性: ★★★★★

Low-Dose Therapy Associated With Mortality
 Community Population?
 ahnan, Mary Katherine MPharm; O'Connell,
 va, Saki MB; O'Hanlon, Rory MD; Gilmer, John
 widge, Mark PhD
 43-250, March 2014.

- Ovid Full Text
- 期刊目录
- 摘要数据
- 完整数据
- 查询相似文献
- 查询引用文献

新增到我的课题 | 保存 | 打印预览 | 电邮发送 | 电邮链接网址

... Disease Summary for this case study, see the CD-ROM.

aints
 to me. Peak flow is only 65%. Getting worse.*

100 Cases for Me
 Howlett, David C; Gain
 CRC Press, 2013
 ISBN: 978-1-44414-90

+ 批注 + 我的课题

Preview New Book Reader

相关性: ★★★★★

7. Dilated Cardiomyopathy and
 Abdo, Ashraf S. MD; Kemp, R
 Stephen A. MD
 American Journal of the Medi

若要加入题录, 挑选检索结果后,
 点击
 加入我的课题

我的课题的管理

Ovid® Wolters Kluwer

我的帐户 JBI管理 支持和培训 在线帮助 以 Ovid 的 Ning Li 登录 登出

检索 期刊 电子书 多媒体 我的工作区 链接 OvidMD EBP工具

管理课题 进行功能

名称 ▲	项目	变更
aspirin and heart dis...	无此项目	2015-Sep-23
Parasite and gene	3	2015-Sep-23

封存课题

名称 ▲ 项目 变更

目前已使用 50MB 的 0.0

回收筒中

马上清空回收筒
回收筒中超过
30 天的内容会被自动删除

删除的文件夹 2014-Jun-23
删除的项目 2014-Jun-23

1. 您不经常使用，但又暂时不想删除的课题可以放在封存课题中；删除的课题直接放入回收筒，您可以手动清空，或30天后系统自动彻底删除。

[Original Articles]
AN: 00019606-201312000-00009.
查看摘要

- Request Permissions
- Document Delivery
- Bibliographic Links

如果您的机器安装了Java，您可以用鼠标拖动课题项目放置在不同目录。

剪贴摘录直接保存文本信息至我的课题

aims to evaluate the association of low-dose aspirin with mortality and morbidity risk in a large community-based cohort.

Methods and Results- This was a retrospective cohort study of patients attending an HF disease management program. Aspirin use at baseline and its association with mortality and HF hospitalization in the population was examined. Of 1476 patients (mean age, 70.4+/-12.4 years; 63% men), 892 (60.4%) were prescribed aspirin. Low-dose aspirin (75 mg/d) was prescribed to 828 (92.8%) patients. Median follow-up time was 2.6 (0.8-4.5) years. During the follow-up period, 464 (31.4%) patients died. In adjusted analysis, low-dose aspirin use was associated with reduced mortality risk compared with nonaspirin use (hazard ratio=0.58; 95% confidence interval, 0.46-0.74), and this was confirmed by a propensity-matched subgroup analysis. Low-dose aspirin use was associated with reduced risk of HF hospitalization compared with nonaspirin use in the total population (adjusted hazard ratio=0.70; 95% confidence interval, 0.54-0.90). In adjusted analysis, there was no difference in mortality or HF hospitalization between high-dose aspirin users (>75 mg/d) and nonaspirin users.

Aspirin Use in Heart Failure: Is Low-Dose Therapeutic? Mortality and Morbidity Benefits in a Large Cohort

Birmingham, Margaret PhD; Shanahan, Mary Katherine MPharm; O'Connell, MB; O'Hanlon, Rory MD; Gilmer, John PhD; McDonald, Kenneth MD; Ledwith, Kenneth MD

▼ **单位:**
From the Heart Failure Unit, St. Vincent's University Hospital, Dublin, School of Medicine and Medical Science, University College Dublin, Department of Medicine, University College Cork, Cork, Ireland (S.M.); Centre for Blackrock Clinic, County Dublin, Ireland (R.O.); and School of Pharmacy, University College, Dublin, Ireland (J.G.).
The Data Supplement is available at <http://circheartfailure.ahajournals.org/lookup/suppl/doi:10.1161/CIRCHEARTFAILURE.113.000000>.

Correspondence to Mark Ledwith, PhD, Heart Failure Unit, St. Vincent's University Hospital, Dublin, Ireland.
E-mail mark@heartbeat-trust.org

▼ **Abstract**

文献工具

- 全文(PDF格式) (462KB)
- 完整数据
- 摘要数据
- 打印预览
- 电邮链接网址
- 发送 PDF 快速启动电子邮件
- 电邮文本文献
- 保存文本文献
- 新增到我的课题
- 输出所有图像文件到幻灯片
- + 批注
- 剪贴摘录**
- 查询引用文献
- 查询相似文献

加入摘录文字:

文字:

Background-: Aspirin use in heart failure (HF) is controversial. The drug has proven benefit in comorbidities associated with HF;

保存到:

新课题

课题名称:

课题内容:

最多字符=256

取消 加入摘录

我的检索与定题通告

让您不用登录Ovid平台，不用检索，就可以随时跟踪获得最新研究进展。

The screenshot displays the Ovid platform interface. At the top, the Ovid logo is on the left, and navigation links for '我的帐户', 'Ask a Librarian', '支持和培训', '在线帮助', '反馈', and '登出' are on the right. Below the navigation bar, there are tabs for '检索', '期刊', '电子书', '多媒体', '我的工作区', and '移动应用'. The main content area shows a '检索历史 (5)' section with a table of search records. The table has columns for '#', '检索内容', '结果', '检索方式', '动作', and '批注'. The fifth record is selected, and its '更多' dropdown menu is open, showing options like '保存', '编辑', '创建自动提醒', '创建RSS', and '移除'. Below the table, there are buttons for '保存' and '移除', and a '合并检索' section with '与' and '或' options. At the bottom, there are buttons for '保存全部', '编辑', and '创建RSS', along with a link to '查看已保存的检索历史'.

#	检索内容	结果	检索方式	动作	批注
1	WARFARIN/	17645	高级	结果显示 更多	
2	DABIGATRAN/	2355	高级	结果显示 更多	
3	1 or 2	19260	高级	结果显示 更多	
4	Heart Failure/	104098	高级	结果显示 更多	
5	3 and 4	260	高级	结果显示 更多	

自动定题通告设置1

Ovid® Wolters Kluwer

我的帐户 | JBI管理 | 支持和培训 | 在线帮助 | 以 Ovid 的 Ning Li 登录 | 登出

检索 | 期刊 | 电子书 | 多媒体 | 我的工作区 | 链接 | OvidMD | EBP工具

检索历史保存名称	备注	保存方式
aspirin and heart disease		自动定题情报通告 保存

自动通告选项

发送频率选项

数据库更新时[?]

季更新

自定义更新

同时输出检索策略

包含外部链接解析

删除重复数据选项

120天

检索结果输出格式

Email includes only a Results Display Link

Email includes records, a Results Display Link, and a link to each record's Fulltext or Complete Reference Display

Email includes records only

Email includes records and a Results Display Link

字段

题录格式(题名、作者、出处)

题录格式 + 摘要

题录格式 + 摘要 + 主题词

详细题录信息

[选择字段](#)

结果格式

Ovid Labeled Citation

BRS/Tagged

Reprint/Medlars

排序

主要排序字段: - 升序

次要排序字段: - 升序

编辑修改定题通告

检索 期刊 电子书 多媒体 我的工作区 链接 ▾ OvidMD EBP工具 ▾

我的课题 | 我的检索与定题通告 | 我的期刊目录订阅服务 | 安装工具栏

请注意：执行任何自动定题情报通告中的检索内容会清除当前所有检索历史。若确认执行，请点击“执行检索”。

自动定题情报检索

执行 删除 复制

a|b - 更名 编辑 显示 电邮链接网址 历史

自动定题情报检索 (至顶端)

LWW Journals@Ovid

a|b 编辑 显示 电邮链接网址 历史

aspirin and Heart disease

自上次检索之后开始 选择查询区间 在目前的数据库执行检索 发送频率: 数据库更新时 移除重复: 120 天

1. aspirin and heart disease
2. aspirin.mp. [mp=title, abstract, full text, caption text]
3. heart disease.mp. [mp=title, abstract, full text, caption text]
4. 2 and 3
5. 4 and 2012:2015.(sa_year).

Journals@Ovid Full Text <September 22, 2015>

a|b 编辑 显示 电邮链接网址 历史

aspirin

自上次检索之后开始 选择查询区间 在目前的数据库执行检索 发送频率: 数据库更新时 移除重复: 120 天

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) and Ovid OLDMEDLINE(R) <1946 to Present>

a|b 编辑 显示 电邮链接网址 历史

heart disease

自上次检索之后开始 选择查询区间 在目前的数据库执行检索 发送频率: 季更新 移除重复: 120 天

执行 删除 复制

Email收到的定题通告-实例

Extra line breaks in this message were removed.

From: Ovid AutoAlert <autorun@ovid.com> Sent: Thu 12/29/2011 6:21 PM

To:

Cc:

Subject: 定题 AutoAlert: drugs for hepatitis

Total documents retrieved: 16

Results Generated From:
Journals@Ovid Full Text <December 28, 2011> (updates since 2011-12-26) - (16 records)

This link launches an Ovid session with your search results.
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=titles&NEWS=n&CSC=Y&D=ovft&AUTOALERT=79045584>

<1>

[Use LINK to view the full text]

Accession Number
00126334-900000000-98664.

Author
Luczkowiak, Joanna MSc 1; Martinez-Prats, Lorena MSc 1; Sierra, Olalla 1; Fiorante, Silvana MD 2; Rubio, Rafael MD 2; Pulido, Federico MD 2; Otero, Joaquin R. MD 1; Delgado, Rafael MD 1 Institution
(1)Laboratory of Molecular Microbiology, Hospital Universitario 12 de Octubre, Madrid, Spain
(2)HIV Unit, Hospital Universitario 12 de Octubre, Madrid, Spain Title
Lack of the detection of XMRV or Polytopic MLV-related sequences in blood cells from HIV-1 infected patients in Spain.[Article] Source
JAIDS Journal of Acquired Immune Deficiency Syndromes.

Status
Publish Ahead of Print, POST ACCEPTANCE, 29 September 2011 Abstract
Background: Xenotropic murine leukemia virus-related virus (XMRV) and polytopic MLV-related virus are recently described human gammaretroviruses that have been associated with prostate cancer and chronic fatigue syndrome (CFS). These studies have been controversial since a number of laboratories have been unable to find evidence of XMRV in similar groups of patients or controls. Since the existence of XMRV raises many questions, we decided to study its presence in a group of patients infected with HIV-1 with a high proportion of intravenous drug use (IDU) and co-infection by HCV.

(C) 2011 Lippincott Williams & Wilkins, Inc.
DOI Number
10.1097/QAI.0b013e318238b596

This link leads to available full-text or the complete reference.
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=fulltext&NEWS=n&CSC=Y&D=ovft&AUTOALERT=79045584%7c1>

<2>

[Use LINK to view the full text]

Accession Number
00126334-900000000-98652.

Author
Mayer, Kenneth H. MD 1; Ducharme, Robert BA 2; Zaller, Nickolas PhD 3; Chan, Philip A. MD 4; Case, Patricia ScD 5; Abbott, David 6; Irma, Rodriguez MS 7; Cavanaugh, Timothy MD 8 Institution
(1)The Fenway Institute, The Miriam Hospital, Beth Israel Deaconess Medical Center, Harvard Medical School
(2)The Miriam Hospital

我的期刊目录订阅服务

The screenshot displays the Ovid journal subscription service interface. The top navigation bar includes the Ovid logo, user account options, and search functions. The main content area is titled '期刊字顺排序' (Journal Alphabetical Sort) and shows a list of journals. The first journal, 'A&A Case Reports', is highlighted with a red box around its 'Publish Ahead of Print Available' status and the '关于', '我的最爱', 'RSS', and 'eTOC' links. The second journal, 'A&A Practice', and the third, 'AACN Advanced Critical Care', are also visible with their respective details and links.

期刊字顺排序

1-50本书中的第546 期刊

50 每页

A&A Case Reports
ISSN : 2325-7237
覆盖年份: 2013-2017
卷期 : 103
订阅全文
Publish Ahead of Print Available
关于 | 我的最爱 | RSS | eTOC

A&A Practice
ISSN : 2575-3126
覆盖年份: 2018
卷期 : 9
订阅全文
Publish Ahead of Print Available
关于 | 我的最爱 | RSS | eTOC

AACN Advanced Critical Care
ISSN : 1559-7768
覆盖年份: 2008-2016

如需要更多详细内容

发送邮件: support@ovid.com

访问Ovid帮助资源中心:

英文版: <http://resourcenter.ovid.com>

中文版: <http://demo.ovid.com/training/cn/>

在线培训网站:

<http://demo.ovid.com/training/cn/onlinetraining/index.html>

Wolters Kluwer
Ovid资源中心

主页 培训视频 快速使用指南 图书馆资源 联系信息

PHARMACOLOGY PRIMARY MEDICINE
TRANSFORMING INFORMATION INTO KNOWLEDGE
SUSING MULTIPLE
FOOD SCIENCE
ENVIRONMENTAL
HEALTH PHA
VETERINARIAN

欢迎访问中文版Ovid帮助资源中心

Ovid帮助资源中心为您提供全面的产品介绍、快速指南、使用视频等信息,是您了解Ovid平台、学习使用相关数据库的最佳场所

主要包括:

- 简介精准的产品介绍
- 快速使用指南
- 数据库使用功能以及实例演示视频
- 为用户提供的定制化资源和功能、
- 在线培训日程
- 联系信息

©2016 Ovid Technologies, Inc. All Rights Reserved. Ovid® is a registered trademark of Ovid Techn

Wolters Kluwer
Ovid®使用在线培训

www.ovid.com

Try Ovid® Visible Body®

主页 培训日程和录像 培训内容下载 WebEx软件下载 斗鱼直播软件 联系信息

欢迎参加Ovid®平台使用培训课程

在Ovid®培训平台,您可以参加多种文献资源,如期刊、图书、多媒体数据库等,的培训课程,深入了解信息资源的内容特点和检索的各种技巧,并进行互动交流。

更多详情,请访问“培训日程和录像”和“培训内容下载”。扫码直接登记在线课程。



Ovid

Ovid Resource Center | JBI | PICO | Librarian Toolkit | www.ovid.com

©2018 Ovid Technologies, Inc. All Rights Reserved. Ovid® is a registered trademark of Ovid Technologies, Inc. and cannot be reproduced without permission.

