



**PERÚ**

Ministerio  
de salud

Dirección General de  
Medicamentos,  
Insumos y Drogas



**CenadIM**

Centro Nacional de Documentación  
e Información de Medicamentos



**RED CIMLAC**

Red de Centros de  
Información de Medicamentos de  
Latinoamérica y el Caribe

DURG La • OPS/OMS

# Fuentes de información científica en Internet

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Centro Nacional de Documentación e  
Información de Medicamentos - CENADIM

26 de setiembre de 2013

# Fuentes de Información

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Instrumentos y recursos que sirven para satisfacer las necesidades de información o conocimiento.

## Objetivo:

Facilitar la localización e identificación de cualquier tipo de documento

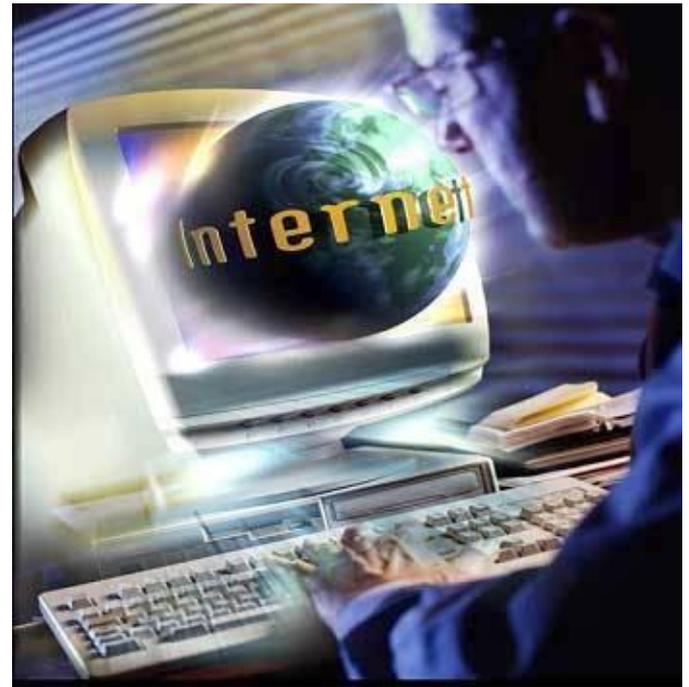


# INTERNET como fuente de información

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**Internet** se ha convertido en un instrumento fundamental de la transmisión del conocimiento.

Sin embargo, para lograr un adecuado desarrollo de las potencialidades de internet en el ámbito sanitario, es necesario que haya **confianza** en los sitios web que se consultan.



# Problemas en la red

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- ▶ Ciberplagio
- ▶ Sobre-información
- ▶ Publicación de artículos no revisados
- ▶ Consejos médicos-farmacológicos no válidos
- ▶ Enlaces entre páginas de calidad con páginas engañosas
- ▶ Fugacidad de la información
- ▶ Falta de claridad en la fecha de publicación revisión y autoría
- ▶ Mezcla de información comercial y científica
- ▶ Calidad de la información: fuentes relevantes coexisten con no relevantes



- ▶ Las fuentes de información disponibles en Internet deben ser utilizadas con cautela.
- ▶ A diferencia de las revistas profesionales (revisión basado en expertos), en Internet se publica mucha información sin considerar su exactitud, validez o sesgos.

# Calidad y Fiabilidad de las páginas web con información biomédica

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- ▶ La medición de la calidad y fiabilidad de los sitios web con información biomédica sigue siendo un tema de gran relevancia, lo cual justifica que en los últimos años se hayan desarrollado múltiples instrumentos y escalas para su medición.



# Variables relacionadas con la calidad de las páginas Web

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Listado de 8 variables utilizadas para determinar la calidad de una Web

- Autoría
- Filiación
- Equipo editorial
- Fecha de creación
- Fecha de actualización
- Aval
- Acreditación
- Financiación

Variables obtenidas a partir de las propuestas de calidad de "Health Information Locator" (OPS-BIREME, Brasil), "Dublin Core" (National Library Board, Singapore), "HONcode" (Health On the Net Foundation, Suiza), "Web Médica Acreditada" (Colegio Oficial de Médicos de Barcelona, España) y de "Netscoring" (Centrale Santé, Francia).

# Variables relacionadas con la calidad de las páginas Web

- ✓ **Autoría:** Persona o personas responsable/s de los contenidos.
- ✓ **Filiación:** Organismo que ampara el sitio Web (su origen y/o responsabilidad).
- ✓ **Equipo editorial:** Responsables de la línea editorial de la Web.
- ✓ **Fecha de creación:** Fecha en la que se publicó por primera vez la Web.
- ✓ **Fecha de actualización:** Fecha de la última modificación.
- ✓ **Aval:** Existencia de garantía de instituciones profesionales o académicas relevantes.
- ✓ **Acreditación:** Adopción de códigos de calidad y conducta ética de organismos oficiales de certificación y normalización.
- ✓ **Financiación:** Reconocimiento explícito de cualquier patrocinio o mecenazgo relacionado con la Web y/o de las personas responsables.

# Variables relacionadas con la calidad de las páginas Web

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- ▶ El cumplimiento de los 8 items debería ser incuestionable para cualquier Web que contenga información sobre salud.
- ▶ El cumplimiento de los 8 items mejora la **FIABILIDAD** y **CREDIBILIDAD** de la información biomédica en Internet.





Evaluar incorrectamente la veracidad de una página Web (aceptar una inadecuada información), puede tener graves consecuencias personales, sociales, educativas, financieras o incluso de salud.



# OTROS CRITERIOS: ICONOS DE CALIDAD

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- ▶ Colegio Oficial de Médicos de Barcelona



- ▶ *Health on the Net Foundation*

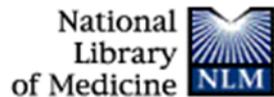


- ▶ Proyecto Web médicas de Calidad



# Fuentes “oficiales” y literatura gris

## Fuentes oficiales



**JAMA**®

The Journal of the American Medical Association



The NEW ENGLAND  
JOURNAL of MEDICINE

**BMJ**Group

## Literatura gris

*Conjunto de documentos que, o bien no son editados, o bien se publican pero se distribuyen a través de canales poco convencionales.*

- Al margen de los grupos editoriales de publicaciones científicas
- Normalmente no indexada
- A veces sin información bibliográfica básica (autor, fecha, etc.)
- En ocasiones sin *peer-review*
- Presencia predominante en Internet
- Habitualmente gratis y de acceso libre
- Información dispersa que requiere una búsqueda compleja
- Suelen estar en la parte alta de la pirámide de Haynes (sumarios)

# BÚSQUEDA Y SELECCIÓN DE LA MEJOR EVIDENCIA DISPONIBLE

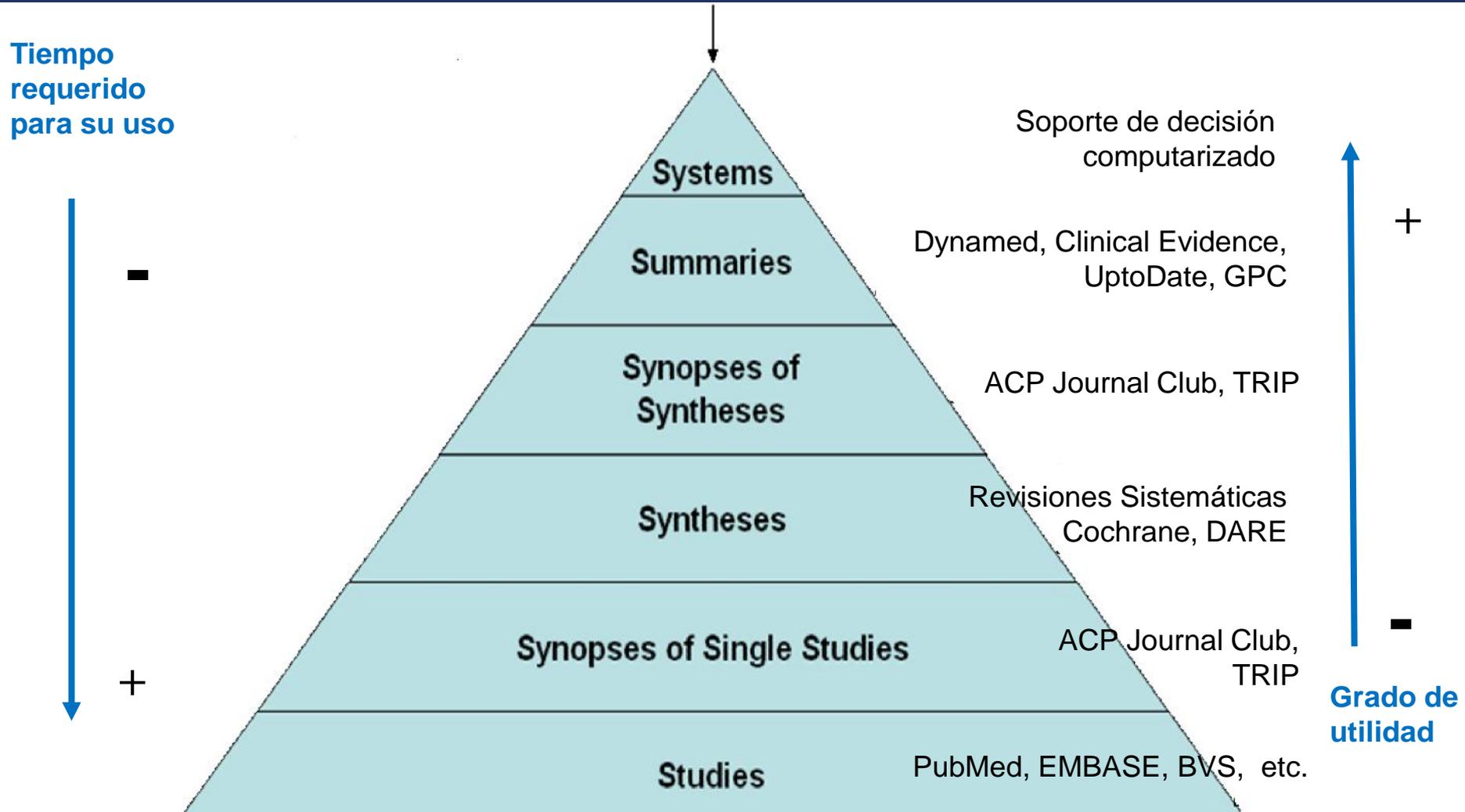
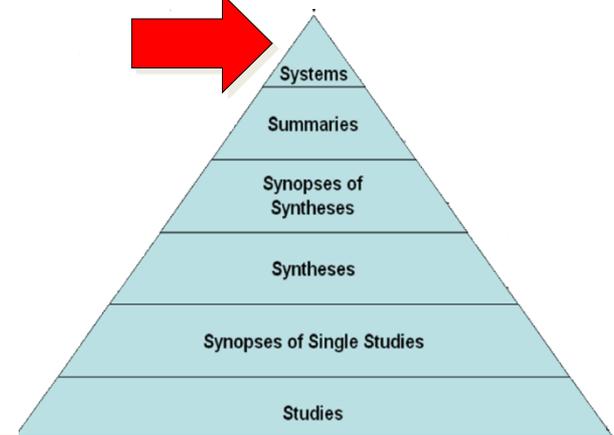


Figure 1: Search results mapped to 6S pyramid. Adapted from Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model DiCenso, Bayley, & Haynes, 2009, 12, 99-101, 2010 with permission from BMJ Publishing Group Ltd.

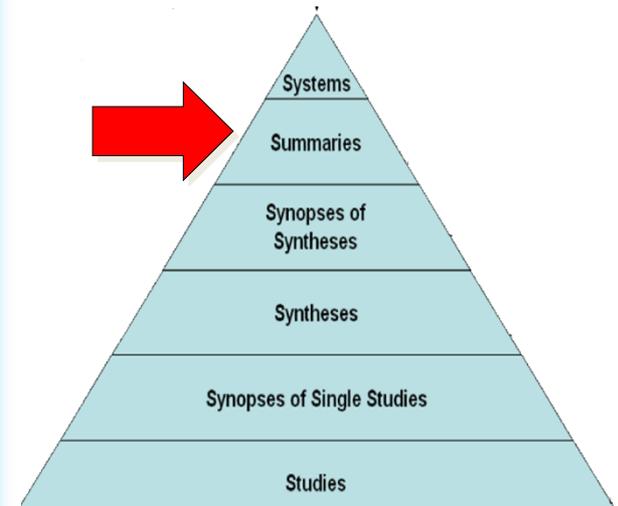
# SISTEMA



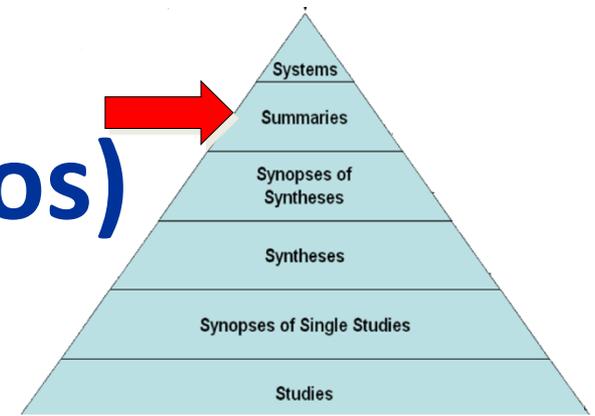
- Forma más avanzada de información clínica, que debería integrar y reunir toda la evidencia científica relevante sobre un problema clínico concreto y enlazarla automáticamente, a través de un registro médico informatizado, con las circunstancias específicas de cada paciente.
- El sistema está integrado con la historia clínica virtual
- No están completamente desarrollados.

# SUMARIO (compendios)

- Integra la mejor evidencia de los niveles inferiores para ofrecer la evidencia que concierne a las diferentes opciones de manejo para un problema clínico específico.
- Resúmenes colectivos de varios estudios sobre un tema.
- Incluyen las **guías de práctica clínica (GPC)** y **revisiones de problemas clínicos específicos** que se actualizan de forma periódica.



# SUMARIO (compendios)



## Textos Basados en Evidencia:

Proporcionan información acerca de problemas clínicos específicos y se actualizan regularmente.



Your instant second opinion



**UpToDate**

(Requiere suscripción)

**Clinical Evidence**

(Requiere suscripción)

**Best Practice**

(Requiere suscripción)

**Dynamed**

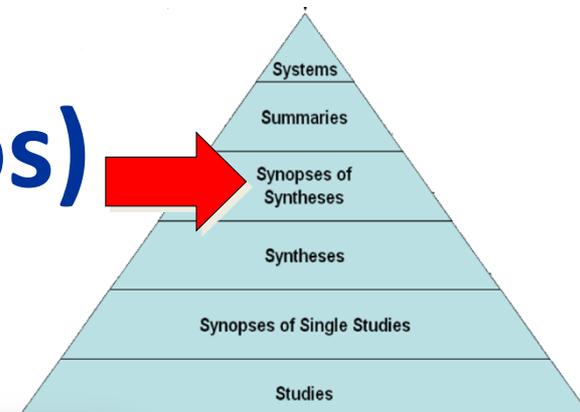
(Requiere suscripción)

**Diseases - Micromedex**

(Requiere suscripción)

# SUMARIO (compendios)

- Fuentes gratuitas de guías de práctica clínica (GPC).



# Localización de GPC mediante estrategias específicas

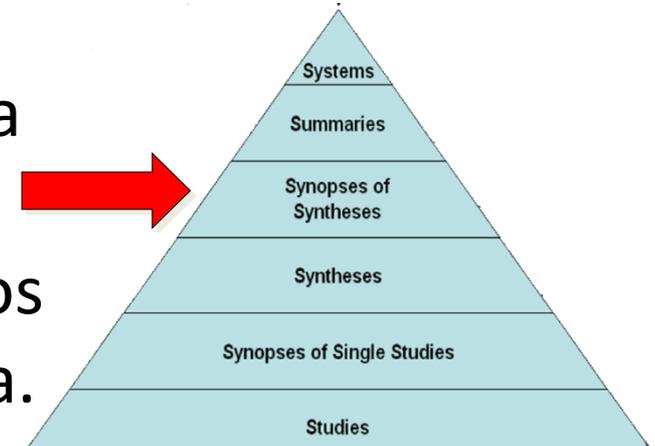
## Buscadores de acceso libre

- Trip database (<http://www.tripdatabase.com/>)
- SUMsearch 2 (<http://sumsearch.org/>)
- Scholar Google (<http://scholar.google.com/>)
- Pubmed – MEDLINE, Limites, tipo de artículo (<http://www.ncbi.nlm.nih.gov/pubmed/>)

# SINOPSIS de SÍNTESIS

(Comentarios críticos de Revisiones Sistemáticas)

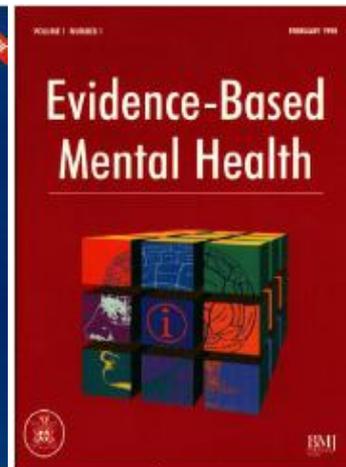
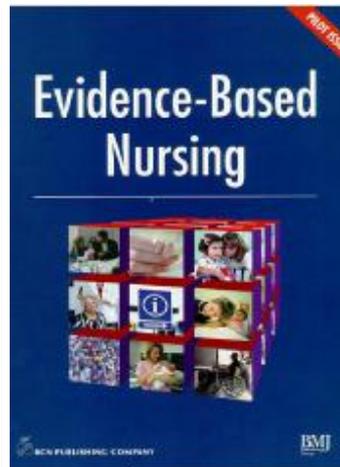
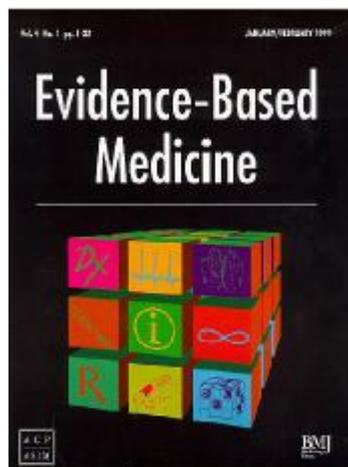
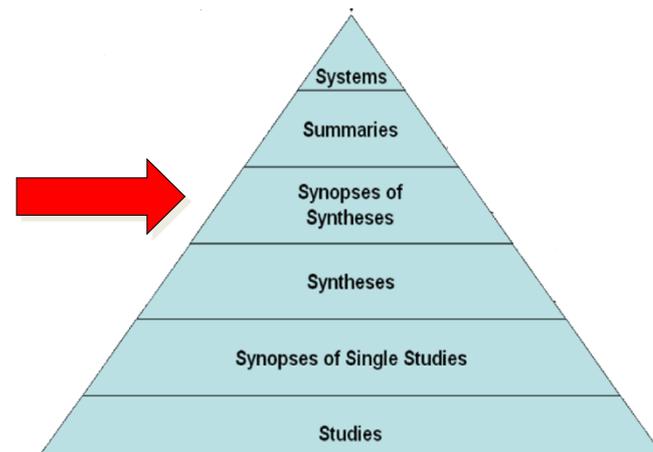
- Son descripciones sucintas (resúmenes estructurados) de las revisiones sistemáticas o meta-análisis de alta calidad, cuyo objetivo es proporcionar la cantidad correcta de la evidencia de una intervención.
- Idealmente describen la pregunta de investigación, grupos de estudio, y la medida de los efectos u otros resultados de la evidencia.



# SINOPSIS de SÍNTESIS

## (Comentarios críticos de Revisiones Sistemáticas)

- ACP Journal Club, Bandolera/Bandolier, Evidence Based Medicine, Evidence-Based Mental Health, Evidence-Based Nursing, base de datos DARE (Database of Abstracts of Reviews of Effects).



## High-quality evidence that spinal manipulative therapy for chronic low back pain has a small, short-term greater effect on pain and functional status compared with other interventions

Gert Bronfort

10.1136/ebm.2011.100212

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55431, USA;  
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Commentary on: Rubinstein SM, van Middelkoop M, Assendelft WJ, et al. Spinal manipulative therapy for chronic low-back pain: an update of a Cochrane review. *Spine* 2011;36:E825–46.

### Context

Chronic low back pain continues to be a major socio-economic problem in most parts of the world. Spinal manipulative therapy is one of the several conservative treatment options, which, based on results from numerous randomised clinical trials, has been included as one of the recommended therapies in several national clinical guidelines.

### Methods

Rubinstein *et al* systematically evaluated evidence from randomised, placebo or active comparative clinical trials in which spinal manipulative therapy (spinal manipulation and/or spinal mobilisation) was used to treat chronic low back pain in adults. This represents an update from an earlier Cochrane review and the authors identified the latest trials by searching Cochrane CENTRAL, MEDLINE, EMBASE, CINAHL, PEDro and the Index to Chiropractic Literature. The primary outcomes were pain, functional status and perceived recovery. Secondary outcomes were return-to-work and quality of life. Studies with patients of >18 years of age from primary, secondary or tertiary care with non-specific low back pain that had lasted longer than 3 months were included and studies with patients following surgical intervention, studies designed to test the immediate postintervention effect of a single treatment only, with no additional follow-up, as well as studies that solely examined specific pathologies (eg, sciatica) were excluded. Two review authors independently conducted the study selection, risk of bias assessment (study quality) and data extraction. GRADE was used to assess the quality of the evidence of effectiveness.

### Findings

Of 26 study trials (total participants=6070), nine were of high quality with low risk of bias. Approximately two-thirds of the included studies were not evaluated in the previous review. The reviewers concluded that there is high-quality evidence that spinal manipulative therapy has a small, statistically significant but not clinically rel-

Sensitivity analyses confirmed these findings. There were some evidence that spinal manipulative therapy has a short-term effect on pain relief and functional status when added to another intervention. The data for recovery, return-to-work, quality of life and costs of care were sparse. No serious complications from spinal manipulative therapy were observed or reported in the included trials.

### Commentary

This updated Cochrane review, which used the latest methodology for assessing the risk of individual study bias (study validity) and the GRADE system<sup>1</sup> (The Grading of Recommendations Assessment, Development and Evaluation) for determining the quality of the evidence of effectiveness, demonstrates that spinal manipulative therapy is as effective as other commonly used therapies like exercise, standard medical care and physical therapy for the management of chronic low back pain. This is consistent with other recent systematic reviews and evidence-based clinical guidelines.<sup>2</sup> Based on pooled results from numerous trials, the authors report that spinal manipulative therapy on average has a small advantage compared with other therapies, but that this difference is not clinically important. Unfortunately, there is no standard method for determining what constitutes a clinically important treatment group difference in patient-rated outcomes. It depends on the perspective used. Small group differences may be considered unimportant from the clinician and patient's perspective, but may be important when the proportions of responders are compared and from a societal perspective when cost and risk of adverse events are factored in.<sup>3</sup>

From other systematic reviews of different treatments for chronic low back pain, it has become evident that any one of the viable mono-therapeutic options like spinal manipulative therapy offers at best a modest benefit by itself. Given the multi-factorial nature of back pain, it is not likely that a single therapeutic approach will be the best strategy for the majority of patients because of the limited understanding of the underlying aetiology and

# SINOPSIS: Comentarios críticos de revisiones sistemáticas



- Home
- Search
- Results
- History
- About the databases
- News
- Guide to searching
- My details
- RSS
- Contact
- Disclaimer

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Quick search

[Sign in](#) | [Register](#)

## Why register?

- Sign up for weekly alerts of new records
- Save and retrieve searches
- Assign keywords to records
- Watch records and be notified when abstracts are written



## DARE, NHS EED and HTA

High quality evidence to inform decision-making can be difficult to access, identify and appraise. Our databases provide access to:

21,000 systematic reviews  
11,000 economic evaluations  
10,000 health technology assessments

## Most viewed records

The 5 most frequently viewed records in the last month are:

1. Cost-effectiveness of prophylactic indomethacin in very-low-birth-weight infants
2. Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings
3. Psychosocial interventions for disruptive and aggressive behaviour in children and adolescents: a meta-analysis
4. The evidence base for mental health consultation in early childhood settings: a research synthesis addressing children's behavioral outcomes
5. Prevention of diabetes and reduction in major cardiovascular events in studies of subjects with prediabetes: meta-analysis of randomised controlled...

# SÍNTESIS

## (Revisiones sistemáticas)

- Evalúan, sintetizan y resumen la evidencia de un modo sistemático y reproducible.
- Bases de datos de síntesis (**revisiones sistemáticas, meta-análisis**) .

**Evidence**UPDATES  
FROM THE BMJ EVIDENCE CENTRE



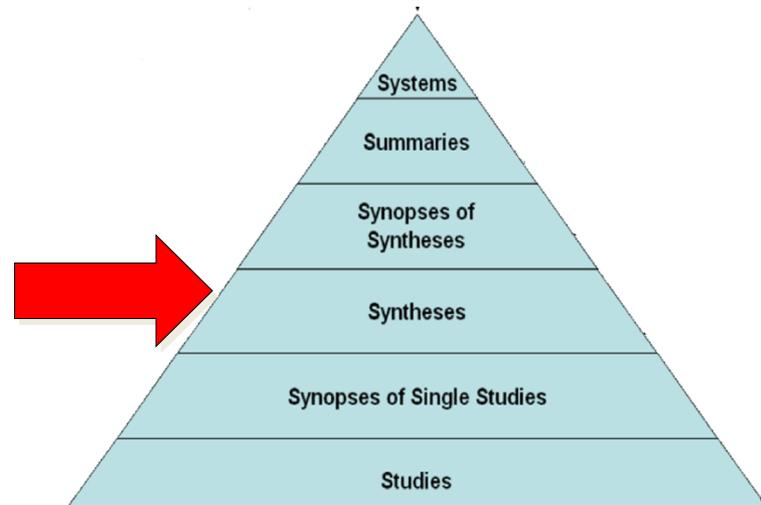
la cochrane library  
plus en español

ACP Journal Club®  
PLUS



THE COCHRANE LIBRARY

Independent high-quality evidence for health care decision making



# Revisiones sistemáticas

[www.bibliotecacochrane.com](http://www.bibliotecacochrane.com)

<http://cochrane.bvsalud.org>

The screenshot displays the Cochrane BVS website interface. At the top, there is a header for 'La Biblioteca Cochrane Plus' with the text '2013 Número 1 ISSN 1745-9990' and a status 'No se ha conectado | Conexión'. Below this is a navigation bar with 'Inicio' and 'Búsqueda' buttons, and a search box labeled 'Buscar'. The main content area features the 'Cochrane BVS' logo and the text 'biblioteca virtual en salud'. A sidebar on the left contains a menu for 'La Biblioteca Cochrane Plus' with links to 'Acerca de La Biblioteca Cochrane', 'Utilización de La Biblioteca Cochrane', 'Comentarios', 'Soporte técnico', 'Manual del Revisor', and 'Noticias'. The main content area is titled 'THE COCHRANE LIBRARY' and includes the tagline 'Independent high-quality evidence for health care decision making'. It features a search bar with a dropdown menu for 'Title, Abstract, Keywords' and a 'GO' button. Below the search bar are navigation links for 'HOME', 'SIGN UP', 'LEARN', 'ACCESS', and 'HELP'. The main content area is divided into several sections: 'COCHRANE DATABASE OF SYSTEMATIC REVIEWS' with a link to 'Issue 1 of 12, Jan 2013 | Contents', 'BROWSE BY TOPICS' with links to 'Anaesthesia & pain control (213)', 'Blood disorders (127)', 'Cancer (426)', and 'Child health (1535)', 'SPECIAL COLLECTIONS' with links to 'Tuberculosis', 'Cochrane Evidence Aid: resources for earthquakes', and 'Cochrane Evidence Aid: resources for flooding and poor water sanitation', and 'EDITORIALS' with a link to 'A new search interface for The Cochrane Library'. On the right side, there are promotional banners for 'The Cochrane Library iPad Edition' and 'New Search Tools'.

[www.thecochranelibrary.com](http://www.thecochranelibrary.com)

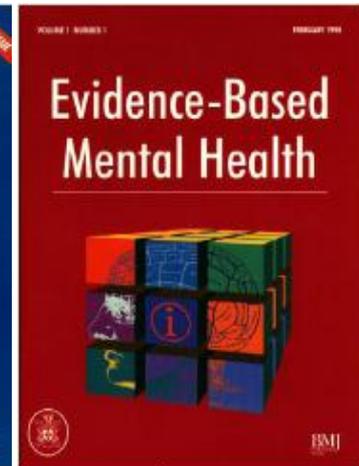
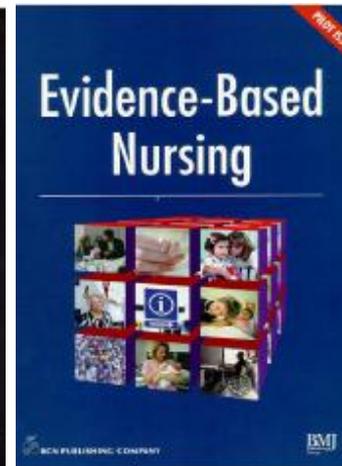
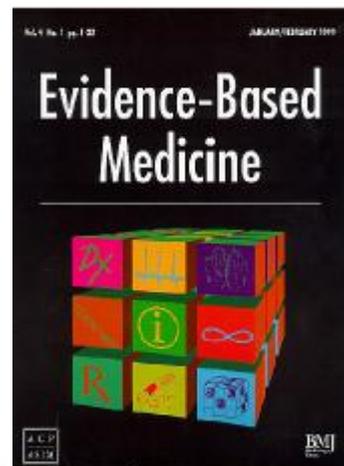
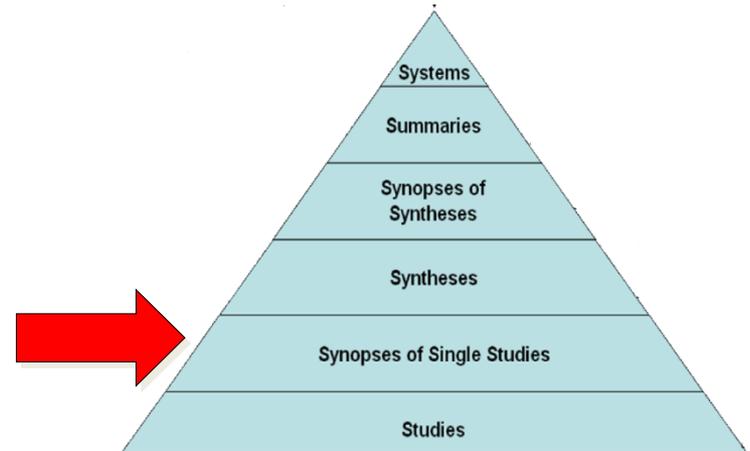
# Otras Fuentes de Revisiones Sistemáticas

- ✓ Tripdatabase (<http://www.tripdatabase.com/>)
- ✓ SumSEARCH 2 (<http://sumsearch.org/>)
- ✓ Clinical Queries/PubMed  
(<http://www.ncbi.nlm.nih.gov/pubmed/clinical/>)

# SINOPSIS de ESTUDIO

(Comentarios críticos de un estudio)

- ACP Journal Club, Bandolera/Bandolier, Evidence Based Medicine, Evidence-Based Mental Health, Evidence-Based Nursing, base de datos DARE (Database of Abstracts of Reviews of Effects).



## In people with newly diagnosed type 2 diabetes an intensive dietary intervention, with or without an activity programme, improves glycaemic control over 12 months compared with usual care

Kirsten Coppell

10.1136/ebm.2011.100193

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kirsten.coppell@otago.ac.nz

Commentary on: **Andrews RC, Cooper AR, Montgomery AA, et al.** Diet or diet plus physical activity versus usual care in patients with newly diagnosed type 2 diabetes: the EarlyACTID randomised controlled trial. *Lancet* 2011;**378**:129–39.

### Context

Lifestyle modification is the cornerstone of treatment in type 2 diabetes. Improved nutrition or increased physical activity both improve glycaemic control,<sup>1,2</sup> but whether diet and exercise have a synergistic effect is not established. This study examined whether an intensive dietary intervention plus physical activity advice had additional benefits compared with an intensive dietary intervention only in newly diagnosed type 2 diabetes patients.

### Methods

This 52-week multicentre trial in South West England involved 593 patients aged 31 to 80 years with type 2 diabetes diagnosed 5–8 months previously randomised with concealed allocation to three groups: usual care (control group), intensive diet and intensive diet plus physical activity, in a 2:5:5 ratio. Exclusion criteria included HbA1c > 10%, blood pressure > 180/100 mm Hg, low-density lipoprotein cholesterol > 4 mmol/l, body mass index lower than 25 kg/m<sup>2</sup> and weight > 180 kg. Potential participants were initially screened by phone and 712 participants were invited to attend an assessment to confirm eligibility. Baseline measures were taken prior to randomisation. Physicians were blinded throughout the study, and dietitians, nurses and patients were blinded until the first visit when the intervention was given. Around one-third of each group was taking one or more oral hypoglycaemic agents and mean HbA1c was 6.7%.

Usual care involved standard dietary and exercise advice with 6-month reviews by a study doctor and nurse. The intensive dietary intervention, based on Diabetes UK dietary guidelines and the *Balance of Good Health* leaflet, was non-prescriptive and encouraged loss of 5–10% initial bodyweight using goal-oriented motivational interviews. Participants saw a dietitian for 1 h, then every 3-months for 30 min. Furthermore, they had

second 15 min of the 6-weekly 30 min nurse appointments, physical activity was discussed. Attendance and mean contact times were similar for the two intervention groups.

Management of diabetes, blood pressure and lipid profile was undertaken by the study team during the trial. During the first 6 months, diabetes treatment was only changed if fasting blood glucose was above 12 mmol/l, patients became symptomatic or blood pressure increased above 160/90 mm Hg. In the second 6 months, participants were treated to prespecified targets. Study doctors who remained blinded made treatment changes.

Measurements were recorded at baseline, 6 months and 12 months. The primary outcome measures were HbA1c and blood pressure at 6 months, which were assessed by intention to treat without imputation. Primary outcome data were collected for 99% of participants at 6 months, and 98% at 12 months.

### Findings

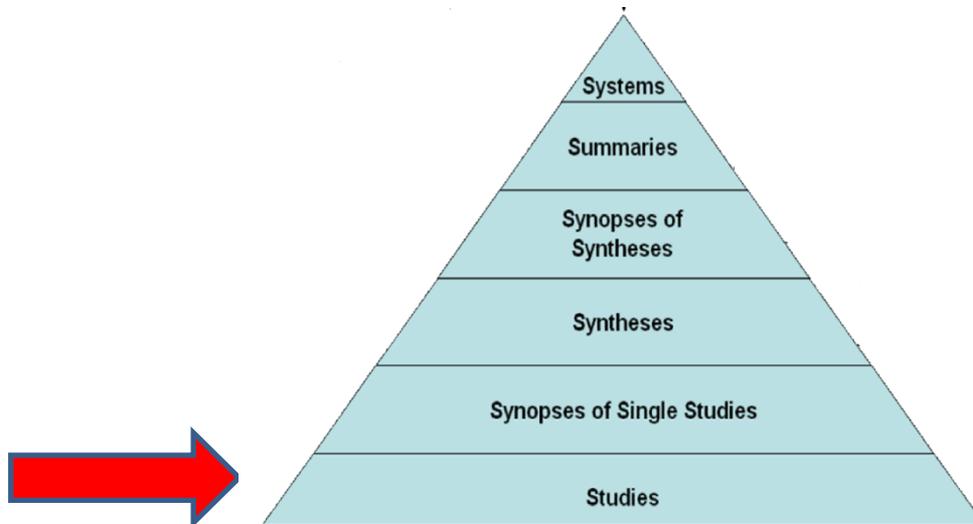
HbA1c significantly decreased in the diet group (–0.28%, 95% CI: –0.46 to –0.10) and the diet and activity group (–0.33%, 95% CI: –0.51 to –0.14), compared with the usual care group, at 6 months, but there was no significant difference between the two intervention groups. These differences persisted to 12 months. Body weight and insulin resistance also improved in both intervention groups. Blood pressure was similar in all groups throughout the study.

### Commentary

This study confirms the importance of lifestyle change in the treatment of type 2 diabetes even though patients may be taking diabetes medication. The 0.3% decrease in HbA1c in both intervention groups was clinically meaningful.

# ESTUDIOS

- En ocasiones, la evidencia disponible esta solo al nivel de estudios originales.
- Información No pre-evaluada.
- El mejor ejemplo de estos servicios es **Pubmed**, **Ovid**, **EMBASE**, **PsycINFO**, **CINAHL**, **EBSCO**, etc.



# Estudios originales

[www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed)

NCBI Resources How To Sign in to NCBI

PubMed.gov PubMed Search

US National Library of Medicine National Institutes of Health

Advanced Search PubMed. Use up and down arrows to choose an item from the autocomplete.

Help

PubMed PubReader

bvs biblioteca virtual en salud LILACS

english portugués

**Using PubMed**

- [PubMed Quick Start Guide](#)
- [Full Text Articles](#)
- [PubMed FAQs](#)
- [PubMed Tutorials](#)
- [New and Noteworthy](#)

LILACS es el más importante y abarcador índice de la literatura científica y técnica en Salud de América Latina y de Caribe. Desde hace 27 años contribuye al aumento de la visibilidad, del acceso y de la calidad de la información en la Región.

**LILACS en números**

- 27 países
- 851 revistas
- 627.369 registros
- 510.492 artículos
- 80.994 monografías
- 29.265 tesis
- 241.881 textos completos

Última actualización: 14/01/2013

**Búsqueda**

Búsqueda via formulario iAH

**Temas Destacados**

- Lucha contra el SIDA
- Lucha contra el Cólera
- Determinantes sociales de la salud
- Enfermedades infecciosas de la pobreza
- Género y salud
- Objetivos de desarrollo del milenio
- Ensayos clínicos controlados
- Estudios de cohorte
- Estudios de casos y controles
- Revisiones sistemáticas (*estudios validados*)

**Como buscar**

- [Empezando la búsqueda en LILACS](#)
- [Conociendo los recursos de búsqueda](#)
- [Explorando los campos de búsqueda](#)

**Destacados**

- [Centro Cooperante, lea más sobre el BIREME Submission: nueva forma de envíos de registros para LILACS](#)
- [Recomendación sobre Acceso Abierto y Contenido En Línea en LILACS](#)
- [Búsqueda bibliográfica en LILACS basa estudio sobre prevalencia de la hipertensión en América Latina y Caribe](#)

**Noticias LILACS**

- redelilacs: RT @redescielo: FAPESP organiza a conferência "Science as an open enterprise: open data for open science", no dia 28 fevereiro. [http://t...](#)
- redelilacs: @wedge\_issue Thiago, obrigado pela menção! Esperamos que tenha sido bem atendido e sempre que precisar, pode contar com a gente!
- redelilacs: RT @pahowho: RT @Red\_BVS: Nova diretora da OPAS/OMS destaca o uso das TIC para o acesso universal à Saúde [http://t.co/8UBKcwJF @bireme @...](#)

<http://lilacs.bvsalud.org/es/>

# Estudios originales

PROQUEST

Buscando: 1 base de datos | 0 búsquedas recientes | 0 entradas seleccionadas | Área personal | Salir

< Todas las bases de datos | Preferencias | Español | Ayuda

ProQuest Salud

Búsqueda básica | Avanzada | Figuras y tablas | Publicaciones

Búsqueda avanzada

Texto completo  Evaluado por expertos

EBSCO

Materias | Imágenes | Citation Matcher | Más | Conectar | Carpeta | Preferencias | Idiomas | Nuevas funciones | Ayuda | Salir

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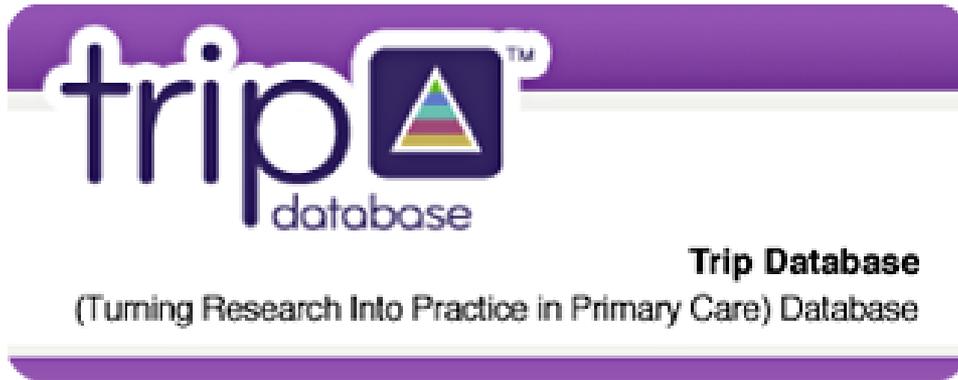
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<http://www.scirus.com/>

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# Para buscar en toda la pirámide: buscadores especializados



# Ficha técnica del Medicamento



1. Denominación del medicamento.
2. Composición cualitativa y cuantitativa.
3. Forma farmacéutica.
4. Indicaciones terapéuticas.
5. Posología y forma de administración.
6. Contraindicaciones.
7. Advertencias y precauciones especiales de empleo.
8. Interacciones con otros medicamentos y otras formas de interacción.
9. Embarazo y lactancia.
10. Efectos sobre la capacidad para conducir y utilizar máquinas.
11. Reacciones adversas.
12. Sobredosificación.
13. Propiedades farmacodinámicas.
14. Propiedades farmacocinéticas.
15. Datos preclínicos sobre seguridad.
16. Datos farmacéuticos: relación de excipientes, incompatibilidades, periodo de validez, precauciones especiales de conservación, naturaleza y contenido del recipiente, instrucciones de uso, manipulación y eliminación, nombre y sede social del titular de autorización.

# Agencias Reguladoras de Medicamentos



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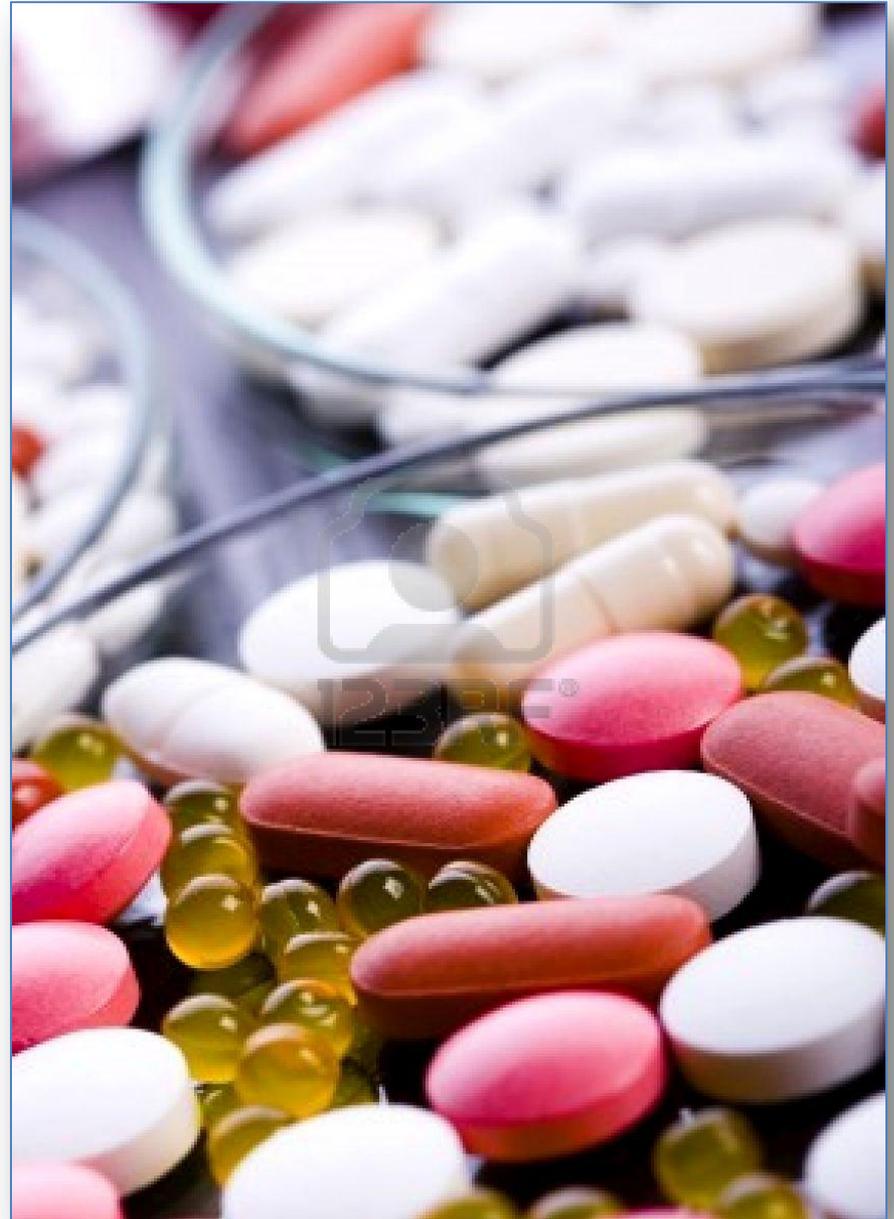
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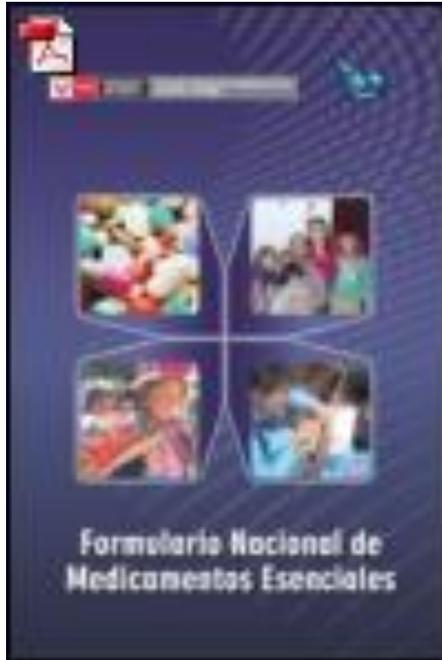
# Formularios, Compendios de Monografías de Fármacos

Contienen:

- Indicaciones
- Dosificación
- Contraindicaciones
- Precauciones
- Reacciones adversas
- Interacciones
- Farmacocinética, etc.



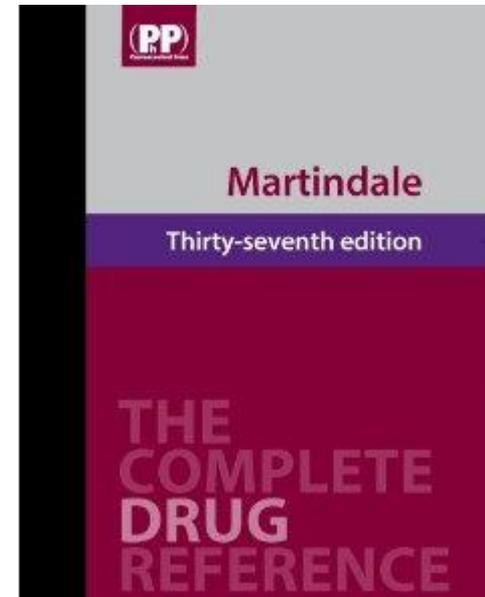
# Formularios/Compendios:



Formulario Nacional de  
Medicamentos  
Esenciales  
(MINSA-Perú).



American Society of  
Hospital Pharmacists,  
Drug Information  
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**Pediatric Injectable Drugs**



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**Stockley's Drug Interactions**



**Stockley's Herbal Medicines Interactions**



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# Fuentes de Monografías de medicamentos de acceso gratuito



# British National Formulary

<http://bnf.org>

Para acceder a las monografías de los medicamentos debe registrarse en el Formulario



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British National Formulary



BNF and BNFC via [www.bnf.org](http://www.bnf.org) are still FREE for UK & HINARI users. After 13th March 2012, [re-register](#) to continue your access.

Search BNF and BNF for Children

The *BNF* and *BNF for Children* provide UK healthcare professionals with authoritative and practical information on the selection and clinical use of medicines in a clear, concise and accessible manner.



BNF on FormularyComplete






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[Essential medicines selection](#)

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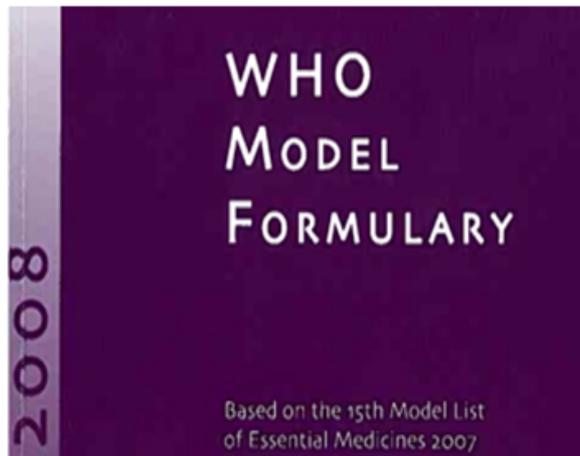
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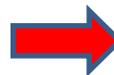
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## WHO Model Formulary



Since its first publication in 2002, the WHO Model Formulary has become an source of independent information on essential medicines for pharmaceutical policy-makers and prescribers worldwide. For each medicine the Formulary provides information on use, dosage, adverse effects, contraindications and warnings, supplemented by guidance on selecting the right medicine for a range of conditions.

Please send any comments, suggestions or amendments, as well as any request for the WHO Model Formulary in an editable format to [modelformulary@who.int](mailto:modelformulary@who.int).



– [WHO Model Formulary 2008](#)

– [WHO Model Formulary for Children 2010](#)

Highlights

[WHO Model List of Essential Medicines](#)

[National Essential Medicines Lists](#)

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**Información sobre fármacos y especialidades**

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**5.1.11 Metronidazol y tinidazol**

El **metronidazol** es un antimicrobiano con gran actividad frente a las bacterias anaerobias y protozoos; las indicaciones comprenden la vaginitis por tricomonas ([sección 5.4.3](#)), la vaginosis bacteriana (en particular, infecciones por *Gardnerella vaginalis*), infecciones por *Entamoeba histolytica* y *Giardia lamblia* ([sección 5.4.2](#)). También se utilizan frente a la septicemia quirúrgica y ginecológica, aprovechando su actividad contra los anaerobios del colon, en especial *Bacteroides fragilis*. El metronidazol es también efectivo en la colitis asociada a los antibióticos (colitis pseudomembranosa, v. también [sección 1.5](#)). El metronidazol por vía rectal constituye una alternativa eficaz a la vía intravenosa cuando no se puede utilizar la vía oral. El metronidazol por vía intravenosa sirve para tratar los casos conocidos de tétanos; también se utilizan el diazepam ([sección 10.2.2](#)) y la inmunoglobulina antitetánica ([sección 14.5](#)).

El metronidazol por vía tópica ([sección 13.10.1.2](#)) reduce el olor producido por las bacterias anaerobias de los tumores malolientes fúngicos; asimismo, se emplea para tratar la rosácea ([sección 13.6](#)).

El **tinidazol** ejerce un efecto parecido al metronidazol, pero sus efectos duran más tiempo.

# Base de datos de medicamentos: National Library of Medicine (USA)

**Drug Information Portal**  
Quick Access to Quality Drug Information



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By Name  By Category

- ▶ [Show examples.](#)
- ▶ [Show drug category descriptions.](#)
- ▶ [Show top "By Name" searches \(previous seven days\). \*\*NEW!\*\*](#)
- ▶ [Show top "By Category" searches \(previous seven days\). \*\*NEW!\*\*](#)
- ▶ [Show top dispensed prescriptions in the US Market, 2008. \*\*NEW!\*\*](#)
- ▶ [Show list of resources searched.](#)

<http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp>

# Base de datos de medicamentos: National Library of Medicine (USA)

## Search Results

**Drug Name:** Warfarin [INN:BAN] [\[show more names\]](#)

**Search Term:** WARFARINE

**Description:** An anticoagulant that acts by inhibiting the synthesis of vitamin K-dependent coagulation factors. Warfarin is indicated for the prophylaxis and/or treatment of venous thrombosis and its extension, pulmonary embolism, and atrial fibrillation with embolization. It is also used as an adjunct in the prophylaxis of systemic embolism after myocardial infarction. Warfarin is also used as a rodenticide.

**Categories:** [i](#) Anticoagulants [\[show more categories\]](#)

## Summary

- ▶ [i](#) [Summary of drug information \(MedlinePlusDrug\)](#) 
- ▶ [i](#) [Summary of consumer health information \(MedlinePlusTopics\)](#)
- ▶ [i](#) [Summary of the effect on breastfeeding \(LactMed\)](#)
- ▶ [i](#) [Manufacturers drug label \(DailyMed\)](#) 
- ▶ [i](#) [Clinical trials \(ClinicalTrials.gov\)](#)
- ▶ [i](#) [Drug Identification and Image Display \(Pillbox beta\)](#)

## Detailed Summary

- ▶ [i](#) [Summary of reviewed biological and physical data \(HSDB\)](#)
- ▶ [i](#) [References from scientific journals \(Medline/PubMed\)](#)
- ▶ [i](#) [References from toxicological journals \(TOXLINE\)](#)
- ▶ [i](#) [Biological activities and chemical structures \(PubChem\)](#)
- ▶ [i](#) [Biological activities against HIV/AIDS and other viruses \(NIAID ChemDB\)](#)
- ▶ [i](#) [Toxicological and chemical resources \(ChemIDplus\)](#)

## Additional Resources

- ▶ [i](#) [Information from the US Food & Drug Administration \(Drugs@FDA\)](#)
- ▶ [i](#) [Search engine for other government resources \(USA.gov\)](#)

# Fluoxetine Hydrochloride

Class: Selective Serotonin-reuptake Inhibitors

VA Class: CN609

Chemical Name: N-Methyl-γ-[4-(trifluoromethyl)phenoxy]benzenepropanamine

Molecular Formula: C<sub>17</sub>H<sub>18</sub>F<sub>3</sub>NO·HCl

CAS Number: 56296-78-7

Brands: Prozac, Prozac Weekly, Sarafem, Symbyax

**For Professionals**

[Side Effects](#)

[Interactions](#)

[More...](#)

**Health Professionals**

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AHFS DI Monographs

A-Z Drug Facts for the Professional

Drug Interactions Checker

Patient CareNotes for the Professional

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## Fluoxetine

**C** **Pregnancy Category**  
Risk cannot be ruled out

**Approval History**  
Drug history at FDA

**Average User Rating**  
306 User Reviews  
7.9 Rate it!

## Warning(s)

### Suicidality

- Antidepressants increased risk of suicidal thinking and behavior (suicidality) compared with placebo in children, adolescents, and young adults (18–24 years of age) with major depressive disorder and other psychiatric disorders; balance this risk with clinical need.<sup>1 470 471</sup> Fluoxetine is not approved for use in pediatric patients except for patients with major depressive disorder or obsessive-compulsive disorder.<sup>1</sup> (See Pediatric Use under Cautions.)
- In pooled data analyses, risk of suicidality was *not* increased in adults >24 years of age and was *reduced* in adults ≥65 years of age with antidepressant therapy compared with placebo.<sup>1 470 471</sup>
- Depression and certain other psychiatric disorders are themselves associated with an increased risk of suicide.<sup>1 470 471</sup>
- Appropriately monitor and closely observe all patients who are started on fluoxetine therapy for clinical worsening, suicidality, or unusual changes in behavior; involve family members and/or caregivers in this process.<sup>1 470 471 475</sup> (See Worsening of Depression and Suicidality Risk under Cautions.)

## Related Pages

- [Detailed Side Effects](#)
- [Pregnancy & Breastfeeding](#)
- [Drug Interactions](#)
- [Drug Images](#)
- [Support Group Q & A](#)

## Drug Class

Selective serotonin reuptake inhibitors (SSRIs)

## Related Drugs

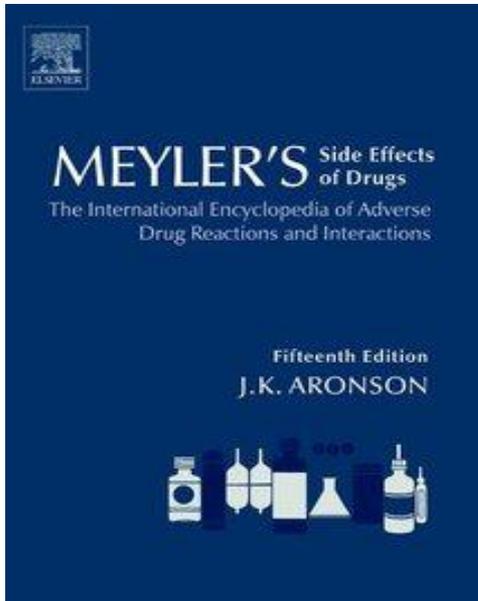
### Depression

Xanax, trazodone, citalopram, Cymbalta, Zoloft, Lexapro, [More...](#)

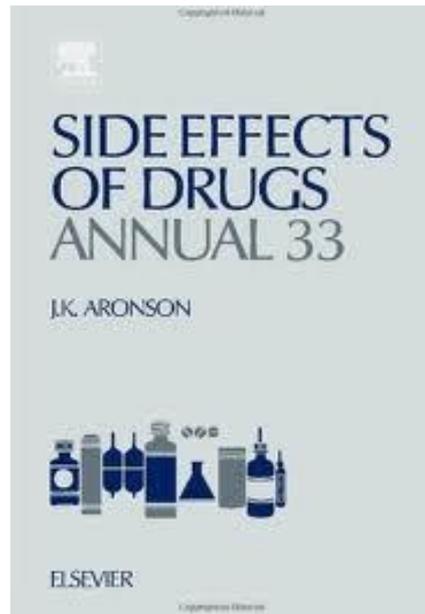
### Anxiety and Stress

citalopram, Prozac, <http://www.drugs.com/fluoxetine>, [More...](#)

# Literatura especializada de efectos adversos e Interacciones de medicamentos



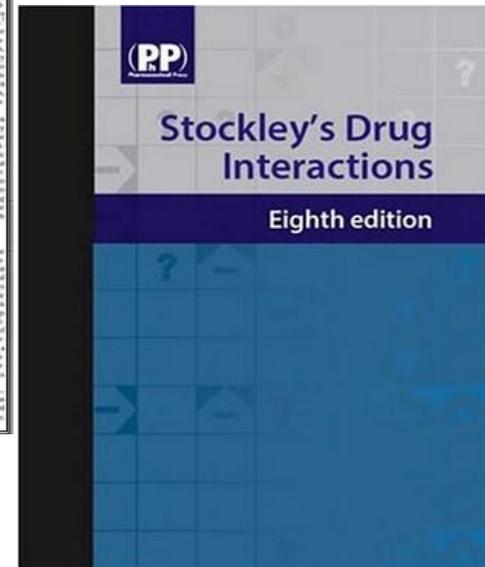
Meyler's Side Effect of Drugs – 15th ed.



Side Effects of Drugs Annual



Adverse Drug Reaction Bulletin



Stockley's Drug Interactions

# Enlaces útiles para la búsqueda bibliográfica de interacciones en internet

## ENLACES ESPECÍFICOS

- [Drugs Interactions from MEDSCAPE](#) : Permite seleccionar un régimen con múltiples medicamentos y recibir información sobre posibles interacciones (es gratuita pero requiere suscripción).
- [LEXI-COMP y UpToDate](#). Software médico de información de medicamentos que incluye además un buscador de interacciones medicamentosas. No es gratuita
- [MICROMEDEX HEALTHCARE SERIES](#). Base de datos en inglés de gran calidad, pero no gratuita.
- [Listado de interacciones](#) de la Guía de Prescripción Terapéutica de la Agencia Española de Medicamentos y Productos Sanitarios.

# GRACIAS

*Q.F. Roselly Robles Hilario*

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