## EMBASE

### Background & coverage
A bibliographic database indexing more than 3,500 international biomedical journals. Emphasis on European and Japanese titles. EMBASE is one of the most widely used biomedical and pharmaceutical databases because of its currency and in-depth indexing.

### Best Clinical Use
EMBASE is most useful when you are looking for foreground information; that is when you have a specific, focused question. It is particularly useful when looking for drug and pharmacology information. It’s also useful when there is no guideline for you to refer to or when your question isn’t answered by a point of care tool, and for questions around new therapies and rare diseases. In these situations, when the term you are searching for may be new to the literature, you may need to search for it as a keyword.

### Positives
- Very up-to-date: new titles added weekly
- Thesaurus driven: it uses EMTREE
- Comprehensively covers drug and pharmacology information

### Negatives
- No appraisal of information or information on levels of evidence
- More useful for people who already have a high level of knowledge
- Very large numbers of results are retrieved for common topics
- Does not provide detailed practical information needed at point of care

### Search Tips and Tools:

#### Subject headings
Use advanced OVID search and have the ‘map terms to subject headings’ box ticked.

After entering a search term, OVID will offer a list of subject heading terms it thinks match your term. Select the terms you want.

**Focus** – narrows your search. **Explode** – broadens your search.

In the Complete Record view of citations click on subject terms to find other citations classified in the same subject area.

#### Truncation & wildcards
- $ or * finds suffix variations of any length, e.g. *disease*$ finds *diseases*, *diseased* etc.
- $number limits the number of suffix characters added to a search term, e.g. *dog*$1 *dog* and *dogs* but not *dogma*.
- # within a word to finds plural forms, e.g. wom#n finds woman and women.
- ? within or at the end of a word substitutes for one or no characters. Useful for finding variant spellings of a word e.g. colo?r finds color and colour.

#### Additional limits & filters
Use **Additional Limits** to limit the last search set you have on the main search page.

### Retrieved too much, narrow your search by:
- AND another concept
- Limit by Age, Sex, Human
- Limit to publication type (RCT, Review etc)
- Use subheadings (diagnosis, therapy)
- Use a more specific term
- Focus subject heading terms
- Limit to Subsets (e.g. core clinical journals)

### Retrieved too little, broaden your search by:
- Use OR with synonymous concepts
- Remove all limits
- Choose All Subheadings
- Use a broader term (eye disease instead of retinal disease)
- Explode subject heading terms
- Truncate text words
<table>
<thead>
<tr>
<th>Type of question</th>
<th>Best type of study</th>
<th>Useful search terms</th>
</tr>
</thead>
</table>
| Therapy         | 1. RCT            | • Randomised controlled trial [pt]  
                      • Controlled clinical trial [pt]  
                      • Therapy  
                      • Double blind method  
                      • Placebo* [tw]  
                      • Treatment Outcome |
|                 | 2. Cohort         | • Multicenter Study [pt]  
                      • Clinical Trial [pt]  
                      • Random* [tx]  
                      • Management [ti]  
                      *The best single-term strategy is Randomised Controlled Trial [pt] |
|                 | 3. Case control   |                     |
|                 | 4. Case series    |                     |
| Diagnosis       | Prospective, blind to a gold standard | • Sensitivity and specificity  
                      • Diagnosis  
                      • False Negative Reactions  
                      • Predictive Value of Tests  
                      • Comparative study  
                      *The best single-term search is Sensitivity and Specificity |
| Prognosis       | 1. Cohort Study   | • Outcome Assessment  
                      • Mortality  
                      • Disease progression  
                      • Course [ti] |
|                 | 2. Case control   |                     |
|                 | 3. Case series    |                     |
| Aetiology       | 1. RCT            | • Comparative Study  
                      • Cohort Studies  
                      • Case Control Studies  
                      • Follow up Studies  
                      • Risk [tw] |
|                 | 2. Cohort study   |                     |
|                 | 3. Case control   |                     |
|                 | 4. Case series    |                     |
| Questions of harm | 1. RCT          | • Guideline [pt]  
                      • Adverse Effects  
                      • Risk [tw]  
                      • Practice Guideline [pt] |
|                 | 2. Cohort study   |                     |
|                 | 3. Case control   |                     |
|                 | 4. Case series    |                     |

**Key**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>[pt]</td>
<td>Publication Type</td>
</tr>
<tr>
<td>[ti]</td>
<td>Title</td>
</tr>
<tr>
<td>[tw]</td>
<td>Text Word</td>
</tr>
<tr>
<td>*</td>
<td>Denotes truncation</td>
</tr>
</tbody>
</table>