**PubMed**

**Background & coverage**
The U.S. National library of Medicine's search service providing access to over 10 million biomedical citations from MEDLINE, PreMEDLINE, and other related databases, with links to participating online journals.

**Best Clinical Use**
PubMed is most useful when you are looking for answers to a specific, focused question and Medline is not available. 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**
- A version of PubMed is available free and can be accessed from any internet connection, without personal or library subscription; some full text links
- Positives are similar to Medline – broad coverage, current, and useful for researchers and niche information
- Indexes pre-clinical and scientific as well as clinical literature

**Negatives**
- Searching is less powerful and more difficult than Medline
- No appraisal of information
- Large numbers of results retrieved for common topics
- Lacks detailed practical information needed at point of care

**Search Tips and Tools:**

**MeSH subject headings**
Use Advanced Search or Limits tab to search by MeSH Date, Major Topic, Subheading, and Terms.

After entering a search term, click to view your search term in the MeSH tree and the number of citations that will be retrieved.

The Details tab provides information on how PubMed runs your searches and maps to MeSH.

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

**Truncation & wildcards**
* finds suffix variations of any length. E.g. disease* finds diseases, diseased etc.

PubMed automatically maps search terms to MeSH terms, then journal titles, then authors, and all fields. This technique searches for basic synonyms.

**Additional limits**
Use the Limits tab and Advanced Search page to set search limits:
- Species
- Gender
- Ages
- Full text, etc
- Tag terms
- and more...

**Clinical Queries** makes it easier to find articles that report applied clinical research. Search:
- By clinical study category
- For systematic reviews
- For articles relating to medical genetics

**Retrieved too much**, narrow your search by:
- AND in another concept
- Limit by Age, Sex, Human
- Limit to publication type (RCT, Review etc)
- Use a more specific term
- Limit to Subsets (e.g. core clinical journals)

**Retrieved too little**, broaden your search by:
- Use OR with synonymous concepts
- Remove all limits
- Use a broader term
- Truncate text words
<table>
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<tr>
<th>Type of question</th>
<th>Best type of study</th>
<th>Useful search terms</th>
<th>The best single-term strategy is</th>
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| Therapy          | 1. RCT            | • Randomised controlled trial [pt]  
                    • Controlled clinical trial [pt]  
                    • Therapy [sh]  
                    • Double blind method [MeSH]  
                    • Placebo* [tw]  
                    • Treatment Outcome [MeSH]  
                    • Multicenter Study [pt]  
                    • Clinical Trial [pt]  
                    • Random* [tx]  
                    • Management [ti]  
                    **The best single-term strategy is Randomised Controlled Trial [pt]** |
| Diagnosis        | Prospective, blind to a gold standard | • Sensitivity and specificity [MeSH]  
                    • Diagnosis  
                    • False Negative Reactions [MeSH]  
                    • Predictive Value of Tests [MeSH]  
                    • Comparative study [MeSH]  
                    • False Positive Reactions [MeSH]  
                    • Differential Diagnosis [MeSH]  
                    • Clinical trial [pt]  
                    **The best single-term search is Sensitivity and Specificity [MeSH]** |
| Prognosis        | 1. Cohort Study   | • Prognosis [MeSH]  
                    • Cohort Studies [MeSH]  
                    • Survival Analysis [MeSH]  
                    • Morbidity [MeSH]  
                    • Outcome Assessment [MeSH]  
                    • Mortality [MeSH]  
                    • Disease progression [MeSH]  
                    • Course [ti] |
| Aetiology        | 1. RCT            | • Randomised Controlled Trial [pt]  
                    • EXP Risk [MeSH]  
                    • Causality [MeSH]  
                    • Etiology [sh]  
                    • Longitudinal Studies [MeSH]  
                    • Odds [tw] AND Ratio* [tw]  
                    • Comparative Study [MeSH]  
                    • Cohort Studies [MeSH]  
                    • Case Control Studies [MeSH]  
                    • Follow up Studies [MeSH]  
                    • Risk [tw] |
| Questions of harm| 1. RCT            | • EXP Risk [MeSH]  
                    • Toxicity [sh]  
                    • Consensus Development Conference [pt]  
                    • Consensus Development Conference, NIH [pt]  
                    • Guideline [pt]  
                    • Adverse Effects [sh]  
                    • Risk [tw]  
                    • Practice Guideline [pt] |

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<thead>
<tr>
<th>Abbreviation</th>
<th>Field</th>
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<tbody>
<tr>
<td>[pt]</td>
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<td>*</td>
<td>Denotes truncation</td>
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