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The ovid technologies experience:  
Accessing journals and books online  
(Εμπορική Παρουσίαση)  
(Commercial Presentation)

Our Goal:  
• Improve education  
• Improve research  
• Provide relevant, accurate, current content

Meeting Research Needs  
• Life and health sciences researchers  
• Students of healthcare, medicine, and hospital administration  
• Professors

Ovid's Core Content  
• All core biomedical databases  
• Full text journals - Journals@Ovid  
• Full text books - Books@Ovid  
• Evidence-based medicine resources  
• All linked together

Journals@Ovid - The Content  
• 750+ premier titles available specific to health science  
  - BMJ, NEJM, JAMA...  
  - Top nursing titles  
  - Many titles go back to 1993
- PsycArticles - full text journals from APA
  - 43 premier full text psychology journals

- This year
  - All 750 Kluwer Academic Press titles
  - Plus 150 medical titles from Blackwell Publishers in 2002 - total to date 280 titles

**journals@Ovid - The Features**

- Title-by-title selection
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- Fully 100% searchable
  - Cover-to-cover coverage
- PDF availability for printing
- Archive solution

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- Unique solution integrates EBM with more commonly used tools (MEDLINE)
  - EBM Reviews contains ACP Journal Club and the Cochrane Library - DARE, CCTR, and Cochrane Database of Systematic Reviews
  - All fully linked to both journals@Ovid and bibliographic databases
  - Online Ovid links from MEDLINE to EBM reviews based on studies reviewed

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  - OUP textbook titles
  - Author’s such as Kaplan’s, DeVita’s, Greenfield’s
  - Quick reference
  - Specialty texts, and nursing texts
- 100% searchable, 100% browsable
• 115 McGraw-Hill titles in total available by end of 2002 - many already loaded and live

**Databases@Ovid**

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• Including:
  - Medline and Pre-Medline (updated daily)
  - EBMR
  - C1NAHL
  - PsycINFO
  - BIOSIS
  - Current Contents
  - AMED (Allied and Complimentary Medicine)

**Now let's see how it all integrates and works...**
11ο ΠΑΝΕΛΛΗΝΙΟ ΣΥΝΕΔΡΙΟ ΑΚΑΔΗΜΑΪΚΩΝ ΒΙΒΛΙΟΘΗΚΩΝ
DONEPEZIL HCl

FDA Approved 5 and 10 mg (Rx) dosage (Best Value)

Indications:

- Alzheimer's disease: Treatment of mild to moderate symptoms of Alzheimer's type

Administration and Dosage:

- The dosage of donepezil is 5 mg and 10 mg once per day in the morning, just prior to eating.

- The higher dose of 10 mg did not provide a statistically significant clinical benefit compared to 5 mg. Do not increase to 10 mg until patients have been on a daily dose of 5 mg for 4 to 6 weeks.

Donepezil may be taken with or without food.

Adverse:

- Pharmacologic: Donepezil is postulated to have no intrinsic cholinergic effect by enhancing cholinergic function. The increase in cholinergic function is accomplished by increasing the concentration of acetylcholine through conversion of acetylcholine by acetylcholinesterase (AChE). If the proposed mechanism of action is correct, donepezil's effect may occur in the cholinergic synapse and thereby enhance acetylcholine concentrations functionally.

- Plasma elimination:

- Plasma volume:

- Plasma protein binding:

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Your term mapped to the following Subject Headings:

<table>
<thead>
<tr>
<th>Subject Heading</th>
<th>English Form</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer Disease</td>
<td>Alzheimer's disease, associated with</td>
<td></td>
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</tbody>
</table>

- Check out a Subject Heading to view a list of related terms that are more general or more specific.
- Select the English form of a subject heading to review documents that are indexed using the selected heading and its more specific forms.
- Select the Greek form of a subject heading to review documents that are indexed using the major point of the article.
- Choose search refinements to display all subject headings indexed the same Search as Keywords.
- If you select more than one term, you can exclude them from a Boolean operator (AND or OR).
- Enjoy the time savings that adding terms or heading clicks on the information box, when available.
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Conclusions

Implications for practice

The results indicate that the effects of donepezil on cognitive function in patients with mild to moderate Alzheimer's disease are similar to those of the other donepezil groups, as well as the placebo group. However, it is important to note that the differences in cognitive function between the donepezil groups and the placebo group were not statistically significant. Further research is needed to determine the long-term effects of donepezil on cognitive function in patients with mild to moderate Alzheimer's disease.

Implications for research

The results suggest that future research should focus on the long-term effects of donepezil on cognitive function in patients with mild to moderate Alzheimer's disease. Additionally, further research is needed to determine the mechanisms by which donepezil improves cognitive function in these patients. This information is important for the development of new treatments for Alzheimer's disease.

Intramural sources of support to the review

- Institute of Clinical Gerontology, Department of Geriatric Medicine, University of Oxford
- National Institute of Health Research, UK

Extramural sources of support to the review

- National Institute of Health Research, UK
- Alzheimer's Research UK

References

PATIENT EVALUATIONS

Evaluations were performed at 12, 15, 18, 21, and 24 weeks. The cognitive screening test (the Mini-Mental State Examination) was performed at the beginning, mid, and end of the study. Subjects were randomized to receive fluoxetine for 18 weeks. The study design is a randomized, double-blind, placebo-controlled study. The primary outcome measure was the total score on the Mini-Mental State Examination. The secondary outcome measures included the MMSE, the Alzheimer's Disease Assessment Scale (ADAS), and the Clinical Global Impression of Change (CGIC). The results were analyzed using analysis of variance (ANOVA) and the Wilcoxon rank-sum test. The study was conducted with the approval of the local institutional review boards.

The primary outcome measure was the Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-Cog). At 18 weeks, the subjects in the fluoxetine group showed a significant improvement in the ADAS-Cog score compared to the placebo group. The impairment in the placebo group was not significant. The results of the study suggest that fluoxetine may have a beneficial effect on patients with Alzheimer's disease.

Cholinesterase Inhibition for Alzheimer Disease: A Meta-analysis of the Tacrine-Trials