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MINISTÉRIO DA
EDUCAÇÃO



Embase

A solução de literatura biomédica
mais completa do mundo

2021



Embase

Embase é a principal base de dados de literatura biomédica, com a maior indexação e cobertura de periódicos e conferências. Conta com um **poderoso mecanismo de pesquisa**, desenvolvido de acordo com as necessidades dos clientes de diferentes indústrias.



Farma



A&G



Dispositivos Médicos



Embase: status atual

Embase

>8.300 periódicos / 35 Milhões de registros

>2.900

Periódicos que
não estão no
MEDLINE



Indexação detalhada de medicamentos, doenças e dispositivos com **2x o número de termos de índice que o MEDLINE**



Recursos de pesquisa exclusivos para encontrar resultados com base em termos abstratos e dezenas de filtros



Capacidade de **salvar, compartilhar e editar** estratégias de **pesquisa complexas** com um grupo



Cobertura exclusiva de mais de 3 milhões de resumos de 9.300 conferências desde 2009



Vasta cobertura de **conteúdo em idiomas diferentes ao inglês**

Inclui **98%** dos periódicos da MEDLINE*

Embase é reconhecida e recomendada internacionalmente

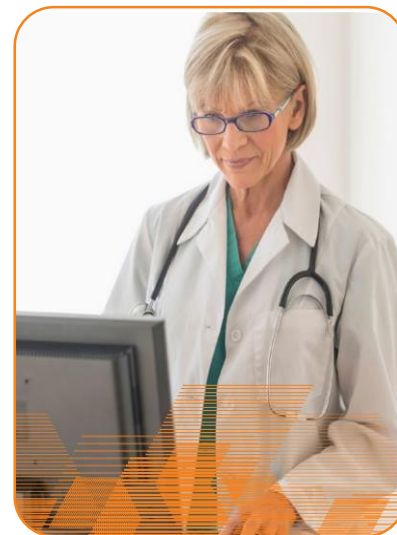
Embase: Perfil dos Clientes



Farmacovigilância e
segurança de
medicamentos

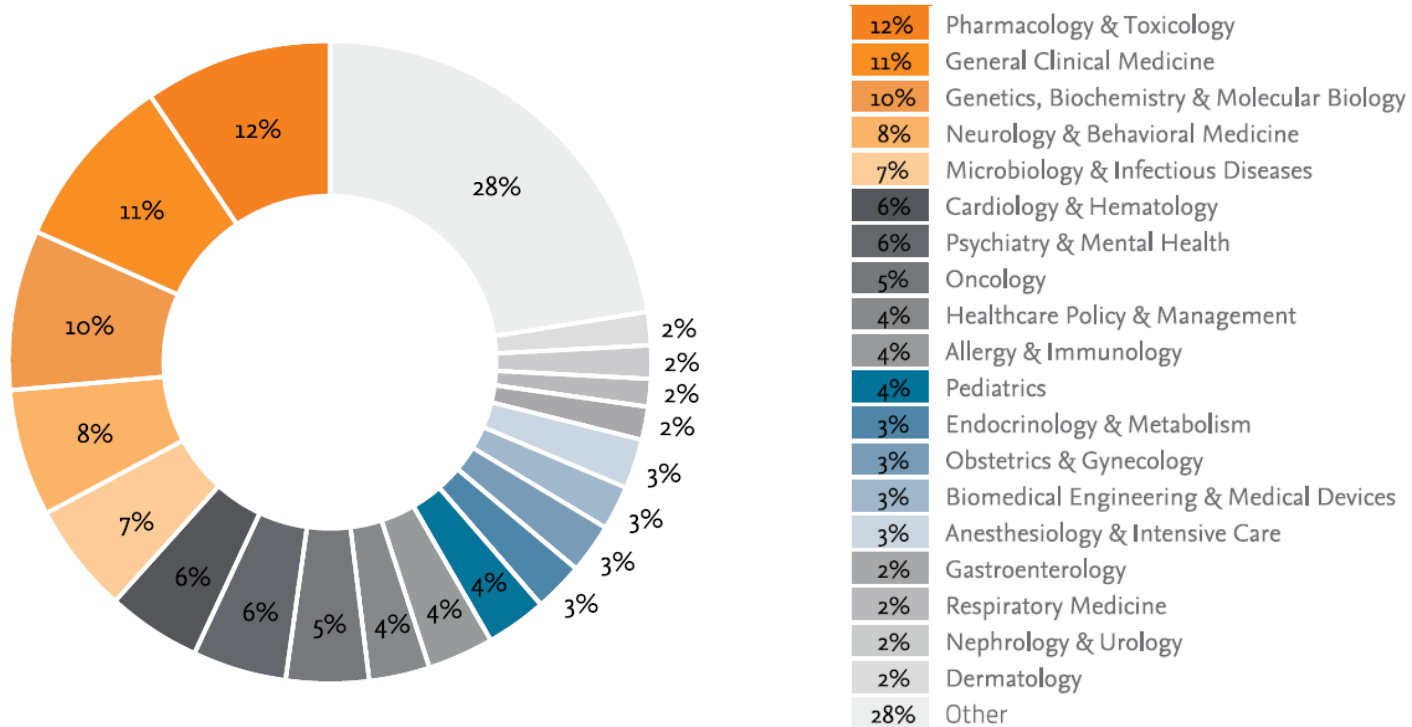


Avaliação clínica e
segurança de
dispositivos médicos



Revisão sistemática
para medicina
baseada em
evidências

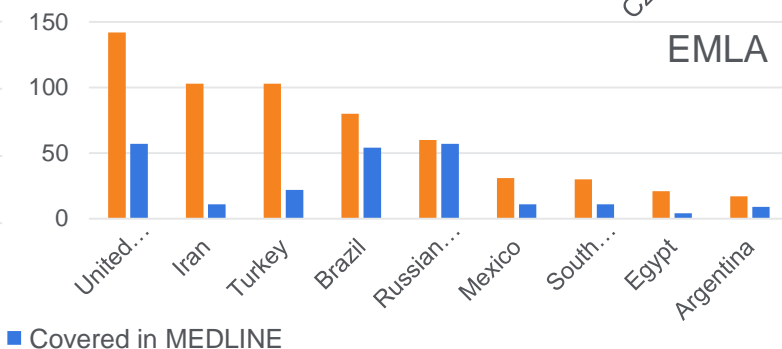
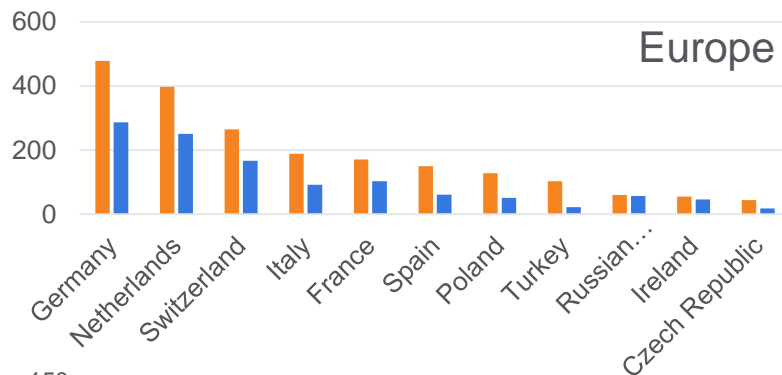
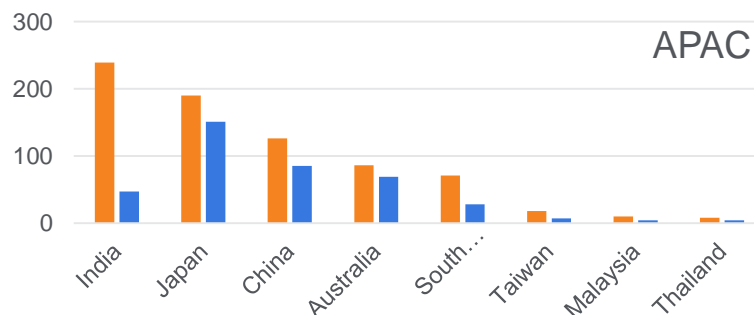
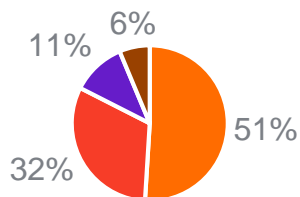
Embase: Áreas de Cobertura



Embase: Cobertura de Conteúdo Internacional

%Covered in Embase

■ EU ■ NA ■ AP ■ ROW



■ Covered in Embase ■ Covered in MEDLINE



*EU – União Europeia. NA – América do Norte. AP – Ásia-Pacífico. ROW – Resto do mundo.

*APAC – Ásia-pacífico.

*EMLA – Leste europeu, Médio Oriente, América Latina e África.

Embase: Indexação do Conteúdo

Conteúdo Embase:
revisado por pares

THE LANCET

Volume 357, Issue 9253, 3 February 2001, Pages 331-335



ARTICLES

Articles

Efficacy of inhaled human insulin in type 1 diabetes mellitus: a randomised proof-of-concept study

Jay S Skyler, William T Cefalu, Ione A Kourides, William H Landschulz, Cecile O Balagtas, Shu-Lin Cheng, Robert A Gelfand, for The Inhaled Insulin Phase II Study Group*

Summary

Background Effective glycaemic control in type 1 diabetes mellitus usually requires two or more insulin injections daily. Inhaled intrapulmonary delivery of insulin offers a potential new way to deliver meal-related insulin, eliminating the need for preprandial injections.

Methods 73 patients with type 1 diabetes mellitus were studied in an open-label, proof-of-concept, parallel-group randomised trial. Patients in the experimental group received preprandial inhaled insulin plus a bedtime subcutaneous ultralente insulin injection. Patients in the control group received their usual insulin regimen of two to three injections per day. Participants monitored their blood glucose four times daily, and adjusted insulin doses weekly to achieve preprandial glucose targets of 5.6–8.9 mmol/L. The primary outcome measure was change in glycosylated haemoglobin (HbA_{1c}) after 12 weeks. Secondary outcomes were fasting and postprandial glucose response to a mixed meal; hypoglycaemia frequency and severity; pulmonary function; and patients' satisfaction.

Findings Changes in HbA_{1c} were indistinguishable between groups (difference 0.2% [95% CI -0.2 to 0.5]). Changes in fasting and postprandial glucose concentrations, and occurrence and severity of hypoglycaemia were also similar between groups. Inhaled insulin was well tolerated and had no effect on pulmonary function (ie, spirometry, lung volume, diffusion capacity, and oxygen saturation).

to that recommended in 1923, shortly after the discovery of insulin.¹ Yet, the control achieved in the DCCT was not sustained during the first 5 years of follow-up.² Thus, sustained glycaemic control remains an unfulfilled quest for patients with type 1 diabetes and the health-care professionals who care for them.

Insulin therapy is essential in type 1 diabetes mellitus. The DCCT and SDIS, along with many other studies,^{3,4} showed that effective glycaemic control requires at least two, and generally three or more, insulin injections daily. The intensive regimens used in these studies rely heavily on frequent use of preprandial short-acting soluble insulin. Yet, despite the studies showing its benefits, aggressive insulin therapy has been slow to gain acceptance in clinical practice.⁵ One limitation is the inconvenience and poor acceptability by patients of a programme of many daily injections.

Inhaled intrapulmonary delivery of insulin offers a potential alternative to preprandial insulin injections. This form of insulin delivery was attempted as early as 1925.⁶ Since 1971, several studies have shown that single doses of aerosolised insulin are well tolerated, and that about 10–30% of the inhaled dose of insulin is absorbed into the circulation.^{7–11} To maximise the efficiency and reproducibility of pulmonary insulin delivery, a new dry-powder insulin formulation and aerosol delivery device have been developed (Inhale Therapeutic Systems, San Carlos, CA, USA).¹² We did a proof-of-concept study to test the efficacy of this approach in patients with insulin-

Especialistas extraem
conceitos relevantes dos
artigos de texto completo



Os termos
indexados são
padronizados
de acordo com
o tesauro
Emtree

Emtree

- anatomical concepts 18 009 008 Records
- biological functions 22 301 937 Records
- biomedical disciplines, science and art 9 049 052 Records
- chemical, physical and mathematical phenomena 11 491 172 Records
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- diseases 22 164 860 Records
- geographic names 4 372 509 Records
- groups by age and sex 13 135 469 Records
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- organisms 26 493 476 Records
- procedures, parameters and devices 28 808 817 Records
- society and environment 14 810 218 Records
- types of article or study 21 929 787 Records

O conteúdo selecionado
manualmente está disponível
para pesquisa e recuperação

Original Title

Efficacy of inhaled human insulin in type 1 diabetes mellitus:
Skyler J S, Cefalu W T, Kourides I A, Landschulz W H, Balagtas C C, Cheng S L, Gelfand R A, for the Inhaled Insulin Phase II Study Group. *Lancet* 2001 357:9253 (331-335)

Go to publisher for the [full text](#)

Original Abstract

Background: Effective glycaemic control in type 1 diabetes mellitus usually requires 1 preprandial injections. **Methods:** 73 patients with type 1 diabetes mellitus were studied subcutaneous ultralente insulin injection. Patients in the control group received the preprandial glucose targets of 5.6–8.9 mmol/L. The primary outcome measure was C frequency and severity, pulmonary function, and patients' satisfaction. **Findings:** C frequency and severity of hypoglycaemia were also similar between groups. Inhaled proof-of-concept study shows that preprandial insulin can be given by inhalation in 1

Drug Terms

hemoglobin A1c %, insulin zinc suspension %, insulin %, insulin zinc suspension %

insulin zinc suspension

Other Subheadings

drug therapy, subcutaneous drug administration

Disease Terms

hypoglycaemia %, insulin dependent diabetes mellitus %

insulin dependent diabetes mellitus

Other Subheadings

drug therapy



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Muito obrigada!

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