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2013 JANUARY–FEBRUARY No. 390

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PubMed Subject Subset Strategies Updated for 2013

PubMed Subject Subset Strategies Updated for 2013. NLM Tech Bull. 2013 Jan-Feb;(390):b1.

2013 February 27 [posted]

PubMed subject subset strategies are reviewed each year to determine if modifications are necessary. Modifications may include revisions due to changes in Medical Subject Heading (MeSH) vocabulary or MEDLINE journals, adding or deleting terms, and changing parts of a strategy to optimize retrieval. The following subset strategies were recently revised:

- Bioethics
- Cancer
- Dietary Supplements
- Systematic Reviews
- Toxicology
- Veterinary Science

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SNOMED CT: Updated CORE Subset Available

SNOMED CT: Updated CORE Subset Available. NLM Tech Bull. 2013 Jan-Feb;(390):b6.

2013 February 11 [posted]

The updated CORE Problem List Subset of SNOMED CT®, January 2013, is available for download.

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SNOMED CT: International Medical Devices, January 2013, Available

SNOMED CT: International Medical Devices, January 2013, Available. NLM Tech Bull. 2013 Jan-Feb;(390):b5.

2013 February 06 [posted]

The January 2013 SNOMED CT® International Medical Devices technology preview is available for download in Release Format 2 (RF2) only. These files are for evaluation purposes. They are not part of the January 2013 International Release and are not recommended for use in clinical systems.

To provide feedback on the medical devices terminology, send comments to NLM Customer Service with the subject "SNOMED CT International Medical Devices" by February 28, 2013.

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SNOMED CT: International Release, January 2013, Available

SNOMED CT: International Release, January 2013, Available. NLM Tech Bull. 2013 Jan-Feb;(390):b4.

2013 February 06 [posted]

The January 2013 International Release of SNOMED CT® is available for download. The download contains SNOMED CT files in both Release Format 1 (RF1) and Release Format 2 (RF2) versions. Additionally, updated RF2 to RF1 compatibility tools and the Member Resources file are available for download from the same Web page.

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MeSH XML Release: Changes in Release File Data for 2014 MeSH.

MeSH XML Release: Changes in Release File Data for 2014 MeSH. NLM Tech Bull. 2013 Jan-Feb;(390):b3.

2013 February 04 [posted]

Starting in the fall of 2013, the MeSH XML releases will no longer include the Unified Medical Language System (UMLS) Concept Unique Identifiers (CUIs). Because MeSH concepts and their identifiers (MUIs) are incorporated into the UMLS, the most up-to-date MUI-CUI concept mappings can be found in the UMLS Metathesaurus. For more information on obtaining UMLS data see: <http://www.nlm.nih.gov/research/umls/>.

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List of Serials Indexed for Online Users, 2013 Available in XML

List of Serials Indexed for Online Users, 2013 Available in XML. NLM Tech Bull. 2013 Jan-Feb;(390):b1.

2013 February 04 [posted]

The *List of Serials Indexed for Online Users* (LSIOU), 2013 edition, is now available in XML format. The 2013 edition contains 14,555 serial titles, including titles currently indexed for MEDLINE as well as titles indexed over time which have ceased or changed titles. The titles are listed alphabetically by the journal title abbreviation.

Tailored lists of indexed journals may be generated from the NLM Catalog database [link removed] Limits page. While the 2013 XML version of the LSIOU is a snapshot in time, this Limits page can be used to get a "real time" list for the LSIOU; select the Journal Subset called "Journals currently or previously indexed in MEDLINE" limit. For a list of only the currently indexed MEDLINE journals, select the Journal Subset called "Journals currently indexed in MEDLINE." Display and sort formats are selected from the results page: click on the Display Settings link to choose a display format (for example, the Journal display) and an appropriate sort (for example, Title or Title Abbreviation). To save the entire list as one document, click on the "Send to" pull-down, "File" as the destination, choose a format and sort order, and then click "Create File." Click "Save" in the File Download pop-up box. Provide your directory location and desired file name.

Journals newly selected for indexing are announced on this NLM Web resource page three times per year (October, February, and June): Journals Recently Accepted by NLM for Inclusion in MEDLINE. Journals announced on this page are automatically part of the retrieval from the NLM Catalog searches.

For additional details about searching the NLM Catalog, see NLM Catalog Quick Tours and Searching for Journals in the NLM Catalog.

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Now Available: NCBI Insights Blog!

Now Available: NCBI Insights Blog! NLM Tech Bull. 2013 Jan-Feb;(390):b1

2013 January 30 [posted]

NCBI has just released a new blog called NCBI Insights at ncbiinsights.ncbi.nlm.nih.gov. We created NCBI Insights to provide an insider's perspective to help you better understand us and our resources, explore issues of scientific interest that drive our resource development, and demonstrate how you can use our resources to help enhance your research.

We will post articles in four categories:

- NCBI Explained – provides an insider's perspective on our resources and policies to help you better understand us and avoid some common misconceptions and misunderstandings.
- What's New – introduces our new and updated resources and include specific examples that demonstrate how you can use these to enhance your research.
- Quick Tips & Tricks – explain how to perform specific tasks using our Web site. Selected topics will be chosen based on questions you have asked and suggestions you have provided.
- Science Features – explores current topics in science and demonstrate how you can find relevant data or resources on our Web site for further exploration.

This blog is a complement to our existing education and outreach efforts, such as News and Social Media publicity, Webinar and Workshop training programs, and Help Desk user support.

Be sure to check in to the NCBI Insights Blog every week or so and let us know what you think!

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Non-English Abstracts in PubMed

Torre S. Non-English Abstracts in PubMed. NLM Tech Bull. 2013 Jan-Feb;(390):e3.

2013 February 13 [posted]

Publishers will soon have the opportunity to submit non-English abstracts to PubMed. The additional language view(s) will be links on the Abstract display, with bold text indicating the language currently displayed (see Figure 1). The abstract text will default to English when a citation has an accompanying non-English abstract.

[Can J Cardiol](#). 2010 Aug-Sep;26(7):e243-8.

Thirty-day in-hospital revascularization and mortality rates after acute myocardial infarction in seven Canadian provinces.

[Johansen H](#), [Brien SE](#), [Finès P](#), [Bernier J](#), [Humphries K](#), [Stukel TA](#), [Ghali WA](#); [Canadian Cardiovascular Outcomes Research Team](#).

Statistics Canada, Ottawa, Ontario. helen.johansen@statcan.gc.ca

Abstract in **English**, [French](#) ←

BACKGROUND: Recent clinical trials have demonstrated benefit with early revascularization following acute myocardial infarction (AMI). Trends in and the association between early revascularization after (ie, 30 days or fewer) AMI and early death were determined.

METHODS AND RESULTS: The Statistics Canada Health Person-Oriented Information Database, consisting of hospital discharge records for seven provinces from the Canadian Institute for Health Information Hospital Morbidity Database, was used. If there was no AMI in the preceding year, the first AMI visit within a fiscal year for a patient 20 years of age or older was included. Times to death in hospital and to revascularization procedures were counted from the admission date of the first AMI visit. Mixed model regression analyses with random slopes were used to assess the relationship between early revascularization and mortality. The overall rate of revascularization within 30 days of AMI increased significantly from 12.5% in 1995 to 37.4% in 2003, while the 30-day mortality rate decreased significantly from 13.5% to 10.6%. There was a linearly decreasing relationship - higher regional use of revascularization was associated with lower mortality in both men and women.

CONCLUSIONS: These population-based utilization and outcome findings are consistent with clinical trial evidence of improved 30-day in-hospital mortality with increased early revascularization after AMI.

PMID: 20847971 [PubMed - indexed for MEDLINE] PMID: PMC2950718 **Free PMC Article**

Figure 1: Abstract Language Display Options on the Abstract Display.

Users can click the language link to view the abstract in a different language (see Figure 2). If a citation has only a non-English abstract, PubMed will not display an abstract by default, and users can select the non-English option.

Thirty-day in-hospital revascularization and mortality rates after acute myocardial infarction in seven Canadian provinces.

Johansen H, Brien SE, Finès P, Bernier J, Humphries K, Stukel TA, Ghali WA; Canadian Cardiovascular Outcomes Research Team.

Statistics Canada, Ottawa, Ontario. helen.johansen@statcan.gc.ca

Abstract in [English](#), [French](#)

HISTORIQUE : De récents essais cliniques ont démontré l'avantage d'une revascularisation précoce après l'infarctus aigu du myocarde (IAM). Les tendances quant à la revascularisation précoce (c.-à-d., après 30 jours ou moins) dans l'IAM et son lien avec la mortalité précoce ont été déterminés. **RÉSULTATS :** Les auteurs ont utilisé la Base de données sur la santé orientée vers la personne de Statistique Canada, composée des dossiers de congés hospitaliers pour sept provinces de la Base de données sur la morbidité de l'Institut canadien d'information sur la santé. En l'absence d'IAM au cours de l'année précédente, les premières visites pour IAM à l'intérieur d'une année fiscale pour les patients de 20 ans ou plus ont été compilées. Le temps avant décès à l'hôpital ou avant revascularisation a été calculé à partir de la date de l'admission lors d'une première visite pour IAM. Les auteurs ont procédé à des analyses de régression selon un modèle mixte avec courbes aléatoires afin d'évaluer le lien entre la revascularisation précoce et la mortalité. Le taux global de revascularisation dans les 30 jours suivant l'IAM a significativement augmenté, de 12,5 % en 1995 à 37,4 % en 2003, tandis que le taux de mortalité à 30 jours a significativement diminué de 13,5 % à 10,6 %. On a noté un lien linéairement décroissant - l'utilisation régionale plus élevée de la revascularisation a été associée à une mortalité moindre chez les hommes et chez les femmes. **CONCLUSIONS :** Ces résultats basés dans la population sur l'utilisation et l'issue de l'intervention concordent avec les conclusions des essais cliniques quant à l'amélioration de la mortalité perhospitalière dans les 30 jours associée à un taux plus élevé de revascularisation précoce après l'IAM.

PMID: 20847971 [PubMed - indexed for MEDLINE] PMID: PMC2950718 [Free PMC Article](#)

Figure 2: Non-English Language Selected and Displayed on the Abstract Display.

NLM will not review non-English abstracts for accuracy. Non-English abstracts will not be available in the Summary, MEDLINE, or XML displays and will not be available for download via E-utilities or in the data distributed to licensees.

By Sarah Torre
National Center for Biotechnology Information

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Author Keywords in PubMed

Torre S. Author Keywords in PubMed. NLM Tech Bull. 2013 Jan-Feb;(390):e2.

2013 February 07 [posted]

PubMed now displays author keywords when supplied by publishers. NLM will not review author keywords for accuracy or add them to non-publisher supplied citations. Author keywords can be searched untagged or using the Other Term [OT] or Text Words [TW] tags. Author Keywords are available on the Abstract, MEDLINE, and XML displays.

Author keywords are preceded by a KEYWORDS label and appear below the abstract text on the Abstract display (see Figure 1).

Gut Microbes. 2013 Jan 1;4(1):48-53. doi: 10.4161/gmic.22328. Epub 2012 Sep 27.

Antimicrobials: Strategies for targeting obesity and metabolic health?

Murphy EF, Clarke SF, Marques TM, Hill C, Stanton C, Ross RP, O'Doherty RM, Shanahan E, Cotter PD.

Alimentary Health Ltd.; Cork, Ireland; Teagasc Moorepark Food Research Centre; Fermoy, County Cork, Ireland; Department of Microbiology; University College Cork; Cork, Ireland; Alimentary Pharmabiotic Centre; University College Cork; Cork, Ireland; Department of Medicine; Division of Endocrinology and Metabolism and Department of Microbiology and Molecular Genetics; University of Pittsburgh; Pittsburgh, PA USA; Department of Medicine; University College Cork; Cork, Ireland.

Abstract

Obesity is associated with a number of serious health consequences, including type 2 diabetes, cardiovascular disease and a variety of cancers among others and has been repeatedly shown to be associated with a higher risk of mortality. The relatively recent discovery that the composition and metabolic activity of the gut microbiota may affect the risk of developing obesity and related disorders has led to an explosion of interest in this distinct research field. A corollary of these findings would suggest that modulation of gut microbial populations can have beneficial effects with respect to controlling obesity. In this addendum, we summarize our recent data, showing that therapeutic manipulation of the microbiota using different antimicrobial strategies may be a useful approach for the management of obesity and metabolic conditions. In addition, we will explore some of the mechanisms that may contribute to microbiota-induced susceptibility to obesity and metabolic diseases.

KEYWORDS: antimicrobials, firmicutes, gut microbiota, metabolic disease, obesity

PMID: 23018760 [PubMed - in process]

Figure 1: Author Keywords on the Abstract Display.

Author keywords appear in the OT field of the MEDLINE display (see Figure 2).

```
OTO - NOTNLM
OT - antimicrobials
OT - firmicutes
OT - gut microbiota
OT - metabolic disease
OT - obesity
```

Figure 2: Author Keywords on the MEDLINE Display.

Users of the XML display will see author keywords in the Keyword element of KeywordList (see Figure 3).

```
<KeywordList Owner="NOTNLM">
  <Keyword MajorTopicYN="N">antimicrobials</Keyword>
  <Keyword MajorTopicYN="N">firmicutes</Keyword>
  <Keyword MajorTopicYN="N">gut microbiota</Keyword>
  <Keyword MajorTopicYN="N">metabolic disease</Keyword>
  <Keyword MajorTopicYN="N">obesity</Keyword>
</KeywordList>
```

Figure 3: Author Keywords on the XML Display.

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PubMed History and Search Bar Updates

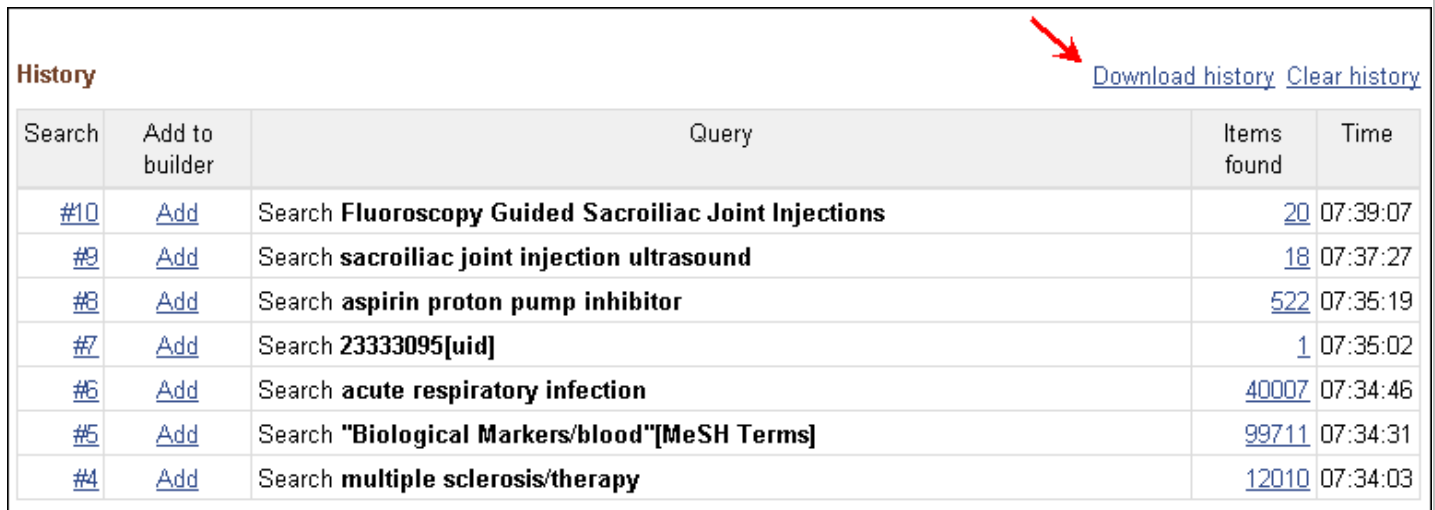
Canese K. PubMed History and Search Bar Updates. NLM Tech Bull. 2013 Jan-Feb;(390):e1.

2013 January 29 [posted]

2013 February 06 [Editor's note added]

[Editor's note: These changes were implemented in PubMed on February 6, 2013.]

A Download history link will be added to the PubMed, MeSH and NLM Catalog Advanced page History feature (see Figure 1).



History [Download history](#) [Clear history](#)

Search	Add to builder	Query	Items found	Time
#10	Add	Search Fluoroscopy Guided Sacroiliac Joint Injections	20	07:39:07
#9	Add	Search sacroiliac joint injection ultrasound	18	07:37:27
#8	Add	Search aspirin proton pump inhibitor	522	07:35:19
#7	Add	Search 23333095[uid]	1	07:35:02
#6	Add	Search acute respiratory infection	40007	07:34:46
#5	Add	Search "Biological Markers/blood"[MeSH Terms]	99711	07:34:31
#4	Add	Search multiple sclerosis/therapy	12010	07:34:03

Figure 1: PubMed Advanced History with a "Download history" link.

Click the "Download history" link to generate your History entries in the file "history.csv." Please note that Microsoft® Excel® is typically unable to display or print more than a maximum of 1024 characters in a cell; therefore, users with long queries may want to open the CSV file with a text editor to display the complete searches.

The search bar will be updated to list up to the last four databases searched at the top of the pull-down database menu (see Figure 2). The alphabetic list with all the databases will also include the recently searched databases.

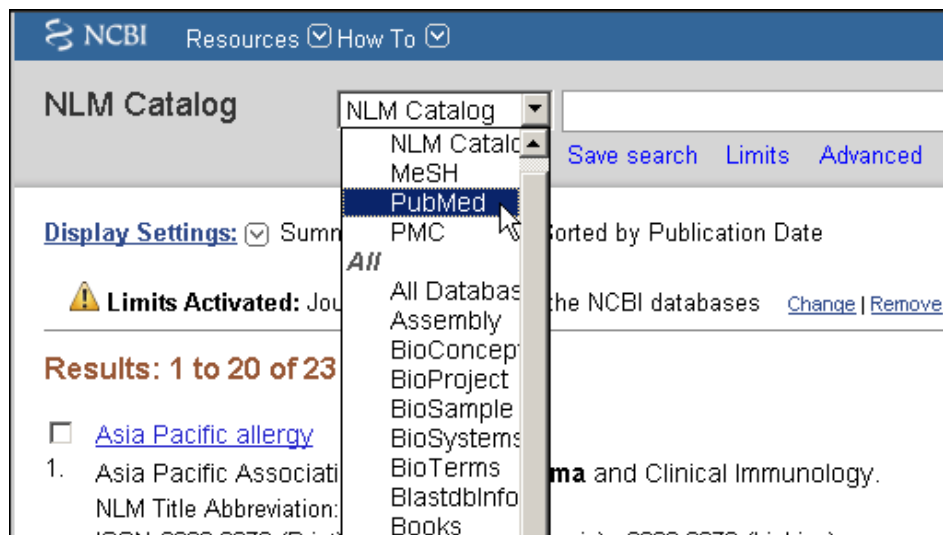


Figure 2: Modified NCBI database menu.

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