

Ovid. New York: Ovid Technologies.



Figure 1. Ovid search screen.

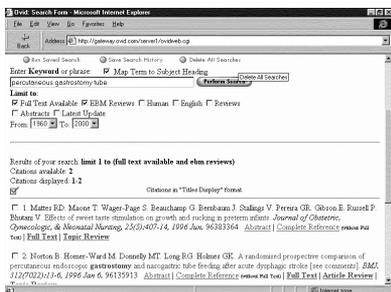


Figure 2. Ovid retrieval.

Ovid’s mission is “to support and improve information access for researchers, clinicians, and students in scientific, medical, and academic communities worldwide by providing innovative and interlinked text retrieval software and database solutions.” The target audience includes clinicians and students from all health care disciplines, researchers, and information professionals.

Ovid provides access to various resources, including bibliographic databases (such as MEDLINE, EMBASE/Excerpta Medica, and CINAHL); more than 300 full-text journals; and such other clinical information products as Evidence Based Medicine Reviews (EBMR) and some textbooks. This year, Ovid will also include *Clinical Evidence*, which is a semiannual compendium of evidence of the benefits and harms of some common clinical interventions. Full descriptions of the contents of each of these components are available at <http://www.ovid.com>. Ovid is fully integrated, and a single search engine is used for all the databases and full-text journals. Access to each database is purchased separately or can be purchased as part of a package.

EBMR contains Best Evidence (which includes the contents of *ACP Journal Club* and *Evidence-Based Medicine*) and the Cochrane Database of Systematic Reviews in a single, fully searchable database with links to both MEDLINE and Ovid full-text journals. It is available both on the Internet and on CD-ROM. Because the databases are interlinked, users can begin a search in MEDLINE and link from MEDLINE citations to the abstract and commentary for the relevant article in Best Evidence, to the full-text article, and to relevant Cochrane Reviews. MEDLINE searches can be limited to articles retrieved from Best Evidence.

Materials from Best Evidence and the Cochrane Database of Systematic Reviews are updated quarterly in EBMR on CD-ROM. The full-text journal database (Journals@Ovid) and EBMR on the Internet are updated continuously. Customer support is available 5 days a week during business hours to address customer problems.

I decided to use Ovid to answer questions that arose from my clinical practice. The first question I researched was, “What is the efficacy and safety of percutaneous gastrostomy for feeding patients with acute dysphagic stroke?” (Figure 1). I was quickly able to determine that no systematic review existed by searching the Cochrane Database and MEDLINE. Several small, recent, randomized trials were retrieved using MEDLINE (Figure 2), however, and I was able to immediately link to most of the relevant journals and review the complete articles, including 2 high-quality studies found in EBMR. In 20 minutes, I had an answer to my question and had learned several things, including that the low efficacy of nasogastric tube-feeding is caused by high rates of patient self-extubation and the complication rate for percutaneous gastrostomy from the largest published series, which I will cite when counseling patients and families.

Next, I searched for evidence of effective treatment of chest pain for viral pericarditis. My patient had recurrent symptoms associated with withdrawal of oral steroids. My 12-year-old medical textbook (I can’t bring myself to throw it away) and the 1999 electronic textbooks that were available using Books@Ovid stated almost exactly the same things! I had 3 hits using the Cochrane database, but none were relevant to my question. MEDLINE retrieved some small randomized trials and a case series. I was able to store these citations directly onto my personal computer for teaching and future reference. Within 10 minutes, I was confident that only weak evidence existed to inform my management and I learned that indomethacin reduces duration of fever but not chest pain, audible rub, or echocardiographic evidence of uremic pericarditis (a small randomized trial, $n = 25$) and that colchicine reduces symptoms of pericarditis in patients who have recurrent symptoms after steroid withdrawal (case series).

I found Ovid useful for rapidly providing evidence-based answers to clinical questions. Most important, I had a great deal of confidence in the results because of the ability to search several complementary data sources quickly. I suspect that the time required to search the questions would lessen with repeated use.

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Sites or groups interested in ordering Ovid can obtain further details at <http://www.ovid.com/sales.cfm>.

Methods/Quality of information: ★★★★★
Clinical usefulness: ★★★★★☆