

ΝΠΜΣ Διαχείριση Γήρανσης και Χρόνιων Νοσημάτων

Μάθημα: Φυσιολογία (ΓΧΝ50)

Αναζήτηση Βιβλιογραφίας στο PubMed

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Αναζήτηση Βιβλιογραφίας

Ποιά η σημασία της αναζήτησης της βιβλιογραφίας?

- Απαραίτητη γνώση για εργαζόμενους σε τομείς της υγείας
- Ο ρυθμός μεταβολής της επιστημονικών γνώσεων είναι πλέον πολύ γρήγορος
- Evidence Based Medicine

Ποιά είναι τα στάδια της Επιστημονικής Έρευνας ?

Σύλληψη Ερευνητικής Ιδέας

Αναζήτηση Βιβλιογραφίας

Αξιολόγηση Πρωτοτυπίας

Σχεδιασμός Ερευνητικής Προσέγγισης

Πειραματικός

Οικονομικός

Διεξαγωγή Έρευνας

Στατιστική Ανάλυση Δεδομένων

Αξιολόγηση Δεδομένων

Ανακοίνωση και Δημοσίευση Αποτελεσμάτων

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 - **Συστηματικές ανασκοπήσεις – Μετα-αναλύσεις (Cochrane Library)**
 - **Βάσεις ελληνικών βιο-ιατρικά περιοδικά (αναζήτηση μέσω ΕΚΤ & ΙΑΤΡΟΤΕΚ)**
 - **Διαδικτυακές σελίδες έγκριτων οργανισμών (WHO, ECDC, CDC, ΚΕΕΛΠΝΟ, MedScape)**



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Αναζήτηση Βιβλιογραφίας στο Medline

- **Παράδειγμα:**
 - Συγγενής νεφρογενής άποιος διαβήτης
 - Congenital nephrogenic diabetes insipidus

PubMed "diabetes insipidus" Search

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- [Granulomatosis with polyangiitis manifested as diabetes insipidus]. [Vnitr Lek. 2016]
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World Neurosurg. 2016 Oct 11. pii: S1878-8750(16)30980-9. doi: 10.1016/j.wneu.2016.09.122. [Epub ahead of print]

Transient diabetes insipidus after discontinuation of vasopressin in neurological ICU patients: Case series and literature review.

Bohl MA¹, Forseth J², Nakaji P³.

Author information

Abstract

BACKGROUND: Arginine vasopressin (AVP) is a common second-line or third-line vasopressor used in critically ill neurosurgical patients. Neurosurgical indications include hyperdynamic therapy for vasospasm, maintenance of cerebral perfusion pressure in patients with intracranial hypertension, and prevention of hypotension in patients with sepsis.

CASE DESCRIPTION: A series of six neurosurgical patients receiving AVP infusions developed severe but transient diabetes insipidus (tDI) after cessation of AVP. No previous reports of this phenomenon in neurosurgical patients have been published. We reviewed the clinical histories, intensive care unit treatment, medication administration records, and laboratory values of these patients and found recurrent elevated serum sodium and urine output and decreased urine specific gravity after discontinuation of AVP. Resolution of tDI occurred upon resumption of AVP or administration of desmopressin. Elevated serum sodium levels were often severe, resulting in worsened clinical outcomes. When AVP was resumed, tDI typically recurred if AVP was again tapered and discontinued. Routine administration of desmopressin was useful in controlling sodium levels until the tDI resolved.

CONCLUSIONS: Recognition of this phenomenon has caused us to change our clinical management of neurosurgical patients on AVP. We hypothesize that tDI is caused by downregulation of the V2 receptor mass in the renal distal convoluted tubule and collecting duct cells. When AVP is discontinued, patients develop nephrogenic tDI secondary to decreased V2 receptor binding, which explains why desmopressin is effective in correcting tDI. Future research includes a large prospective study to determine risk factors for tDI, its incidence, and its pathophysiology.

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KEYWORDS: Diabetes insipidus; hypernatremia; neurosurgical intensive care; vasopressin infusion

PMID: 27742514 DOI: 10.1016/j.wneu.2016.09.122

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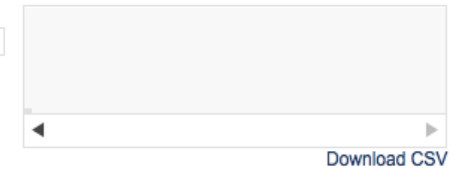
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PMC Images search for "diabetes insipidus"

Causes of diabetes insipidus

- (I) Psychogenic polydipsia
- (II) Idiopathic or hereditary
- (III) Central diabetes insipidus
- (IV) Drug-induced (antidiuretic, lithium, demeclocycline, thiazide)
- (V) Nephrogenic diabetes insipidus
- (VI) Hypokalemia
- (VII) Neonatal polyuria (Pituitary disease)

Category	Percentage
Transient	30.2%
Permanent	61.2%

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- [Granulomatosis with polyangiitis manifested as diabetes insipidus]. [Vnitr Lek. 2016]
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PMID: 27702933

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[Granulomatosis with polyangiitis manifested as diabetes insipidus]. [Vnitr Lek. 2016]

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- IMAGES IN CLINICAL MEDICINE. Loose Teeth and Excessive Thirst.
 1. Khonsari RH, Ruhin B. N Engl J Med. 2016 May 19;374(20):e25. doi: 10.1056/NEJMicm1512541. No abstract available. PMID: 27192691 Free Article Similar articles
 2. A novel mutation affecting the arginine-137 residue of AVPR2 in dizygous twins leads to nephrogenic diabetes insipidus and attenuated urine exosome aquaporin-2. Hinrichs GR, Hansen LH, Nielsen MR, Fagerberg C, Dieperink H, Rittig S, Jensen BL. Physiol Rep. 2016 Apr;4(8). pii: e12764. doi: 10.14814/phy2.12764. PMID: 27117808 Free PMC Article Similar articles
 3. Infundibuloneurohypophysitis Associated With Sjögren Syndrome Successfully Treated With Mycophenolate Mofetil: A Case Report. Louvet C, Maqdasy S, Tekath M, Grobost V, Rieu V, Ruivard M, Le Guenno G. Medicine (Baltimore). 2016 Mar;95(13):e3132. doi: 10.1097/MD.00000000000003132. PMID: 27043673 Free PMC Article Similar articles
 4. Successful treatment with cladribine of Erdheim-Chester disease with orbital and central nervous system involvement developing after treatment of Langerhans cell histiocytosis. Perić P, Antić B, Knezević-Usaj S, Radić-Tasić O, Radovinović-Tasić S, Vasić-Vilić J, Sekulović L, Tarabar O, Tukić L, Jovandić S, Magić Z. Vojnosanit Pregl. 2016 Jan;73(1):83-7. PMID: 26964390 Similar articles
 5. Central Diabetes Insipidus and Cisplatin-Induced Renal Salt Wasting Syndrome: A Challenging

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- Transient diabetes insipidus after discontinuation of vasopressin [World Neurosurg. 2016]
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"diabetes insipidus"[All Fields]
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Filters activated: Review, published in the last 5 years, Humans, English. Clear all to show 9586 items.

- [Evaluation and treatment of hypernatremia: a practical guide for physicians.](#)
- 1. Liamis G, Filippatos TD, Elisaf MS.
Postgrad Med. 2016;128(3):299-306. doi: 10.1080/00325481.2016.1147322. Epub 2016 Feb 23. **Review.**
PMID: 26813151
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- [Copeptin in the diagnosis of vasopressin-dependent disorders of fluid homeostasis.](#)
- 2. Christ-Crain M, Fenske W.
Nat Rev Endocrinol. 2016 Mar;12(3):168-76. doi: 10.1038/nrendo.2015.224. Epub 2016 Jan 22. **Review.**
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- [Wolfram Syndrome: Diagnosis, Management, and Treatment.](#)
- 3. Urano F.
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PMID: 26742931 **Free PMC Article**
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- [Pituitary metastasis of lung neuroendocrine carcinoma: case report and literature review.](#)
- 4. Siqueira PF, Mathez AL, Pedretti DB, Abucham J.
Arch Endocrinol Metab. 2015 Dec;59(6):548-53. doi: 10.1590/2359-3997000000139. **Review.**
PMID: 26677090 **Free Article**
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- [Antihypertensive therapy in patients on chronic lithium treatment for bipolar disorders.](#)
- 5. Bisogni V, Rossitto G, Reghin F, Padrini R, Rossi GP.
J Hypertens. 2016 Jan;34(1):20-8. doi: 10.1097/HJH.0000000000000758. **Review.**
PMID: 26630207
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A case of central **diabetes insipidus**. [J Assoc Physicians India. 2016]

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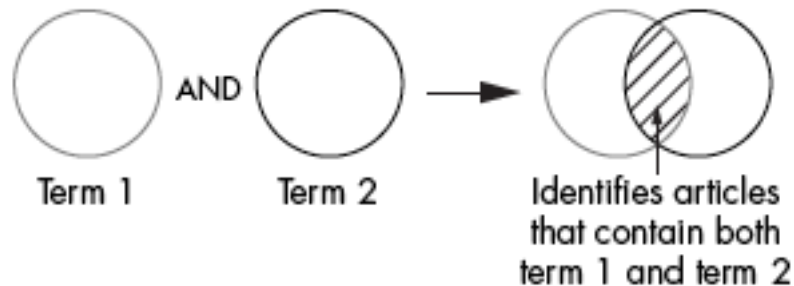
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Λογικοί Τελεστές “AND”, “NOT”, “OR”

A The Boolean operator 'AND' identifies only articles that contain both terms.



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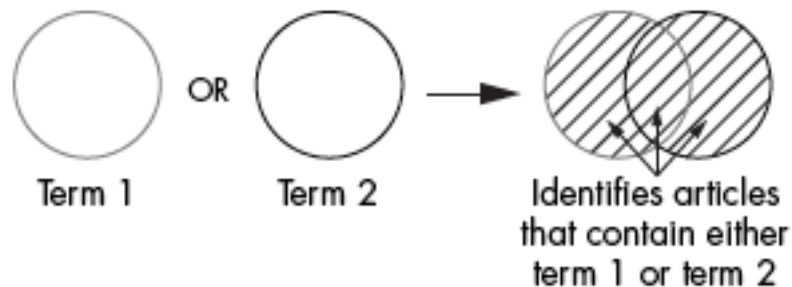


Figure 2 Venn diagram illustrating the use of Boolean operators AND and OR.

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i Filters activated: Review, published in the last 5 years, Humans, English. [Clear all](#) to show 1420 items.

- [Copeptin in the diagnosis of vasopressin-dependent disorders of fluid homeostasis.](#)
- 1. Christ-Crain M, Fenske W.
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PMID: 26630207
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- [Challenges and achievements in the therapeutic modulation of aquaporin functionality.](#)
- 3. Beitz E, Gollack A, Rothert M, von Bülow J.
Pharmacol Ther. 2015 Nov;155:22-35. doi: 10.1016/j.pharmthera.2015.08.002. Epub 2015 Aug 13. **Review.**
PMID: 26277280
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- [Pathophysiology, diagnosis and management of nephrogenic diabetes insipidus.](#)
- 4. Bockenhauer D, Bichet DG.
Nat Rev Nephrol. 2015 Oct;11(10):576-88. doi: 10.1038/nrneph.2015.89. Epub 2015 Jun 16. **Review.**
PMID: 26077742
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- [Targeting renal purinergic signalling for the treatment of lithium-induced nephrogenic diabetes insipidus.](#)
- 5. Kishore BK, Carlson NG, Ecelbarger CM, Kohan DE, Müller CE, Nelson RD, Peti-Peterdi J, Zhang Y.
Acta Physiol (Oxf). 2015 Jun;214(2):176-88. doi: 10.1111/apha.12507. Epub 2015 May 4. **Review.**
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Search

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Filters activated: Review, published in the last 5 years, Humans, English. [Clear all](#) to show 103 items.

- [Copeptin in the diagnosis of vasopressin-dependent disorders of fluid homeostasis.](#)
- 1. Christ-Crain M, Fenske W.
Nat Rev Endocrinol. 2016 Mar;12(3):168-76. doi: 10.1038/nrendo.2015.224. Epub 2016 Jan 22. **Review.**
PMID: 26794439
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- 2. Bockenhauer D, Bichet DG.
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PMID: 26077742
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- [Diabetes insipidus.](#)
- 3. Leroy C, Karrouz W, Douillard C, Do Cao C, Cortet C, Wémeau JL, Vantyghem MC.
Ann Endocrinol (Paris). 2013 Dec;74(5-6):496-507. doi: 10.1016/j.ando.2013.10.002. Epub 2013 Nov 25. **Review.**
PMID: 24286605
[Similar articles](#)
- [Inherited secondary nephrogenic diabetes insipidus: concentrating on humans.](#)
- 4. Bockenhauer D, Bichet DG.
Am J Physiol Renal Physiol. 2013 Apr 15;304(8):F1037-42. doi: 10.1152/ajprenal.00639.2012. Epub 2013 Jan 30. **Review.**
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- 5. Bogdanović R, Basta-Jovanović G, Putnik J, Stajić N, Paripović A.
Mod Rheumatol. 2013 Jan;23(1):182-9. doi: 10.1007/s10165-012-0633-x. Epub 2012 Apr 7. **Review.**
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Lithium-associated primary hyperparathyroidism complicated by nephro [Ulus Cerrahi Derg. 2015]

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- [Pathophysiology, diagnosis and management of nephrogenic diabetes insipidus.](#)
1. Bockenhauer D, Bichet DG.
Nat Rev Nephrol. 2015 Oct;11(10):576-88. doi: 10.1038/nrneph.2015.89. Epub 2015 Jun 16. **Review.**
PMID: 26077742
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2. Ryu HH, Chung JH, Shin BC, Kim HL.
Korean J Intern Med. 2015 Mar;30(2):259-61. doi: 10.3904/kjim.2015.30.2.259. Epub 2015 Feb 27. **Review.** No abstract available.
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3. Klein N, Neumann J, O'Neil JD, Schneider D.
Biochim Biophys Acta. 2015 Feb;1848(2):622-33. doi: 10.1016/j.bbamem.2014.11.015. Epub 2014 Nov 20. **Review.**
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Nat Rev Drug Discov. 2014 Apr;13(4):259-77. doi: 10.1038/nrd4226. Epub 2014 Mar 14. **Review.**
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5. Kortenoeven ML, Fenton RA.
Biochim Biophys Acta. 2014 May;1840(5):1533-49. doi: 10.1016/j.bbagen.2013.12.002. Epub 2013 Dec 15. **Review.**

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A novel AVPR2 gene mutation of X-linked **congenital nephrogenic d** [J Int Med Res. 2016]

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AND nephrogenic[All Fields] AND
("congenital"[Subheading] OR
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MeSH

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Diabetes Insipidus

1. A disease that is characterized by frequent urination, excretion of large amounts of dilute URINE, and excessive THIRST. Etiologies of diabetes insipidus include deficiency of antidiuretic hormone (also known as ADH or VASOPRESSIN) secreted by the NEUROHYPOPHYSIS, impaired KIDNEY response to ADH, and impaired hypothalamic regulation of thirst.

Diabetes Insipidus, Neurogenic

2. A genetic or acquired polyuric disorder caused by a deficiency of VASOPRESSINS secreted by the NEUROHYPOPHYSIS. Clinical signs include the excretion of large volumes of dilute URINE; HYPERNATREMIA; THIRST; and polydipsia. Etiologies include HEAD TRAUMA; surgeries and diseases involving the HYPOTHALAMUS and the PITUITARY GLAND. This disorder may also be caused by mutations of genes such as ARVP encoding vasopressin and its corresponding neurophysin (NEUROPHYSINS). Year introduced: 2000

Diabetes Insipidus, Nephrogenic

3. A genetic or acquired polyuric disorder characterized by persistent hypotonic urine and HYPOKALEMIA. This condition is due to renal tubular insensitivity to VASOPRESSIN and failure to reduce urine volume. It may be the result of mutations of genes encoding VASOPRESSIN RECEPTORS or AQUAPORIN-2; KIDNEY DISEASES; adverse drug effects; or complications from PREGNANCY. Year introduced: 1995

Wolfram Syndrome

4. A hereditary condition characterized by multiple symptoms including those of DIABETES INSIPIDUS; DIABETES MELLITUS; OPTIC ATROPHY; and DEAFNESS. This syndrome is also known as DIDMOAD (first letter of each word) and is usually associated with VASOPRESSIN deficiency. It is caused by mutations in gene WFS1 encoding wolframin, a 100-kDa transmembrane protein. Year introduced: 1986

Polydipsia

5. Excessive thirst manifested by excessive fluid intake. It is characteristic of many diseases such as DIABETES MELLITUS; DIABETES INSIPIDUS; and NEPHROGENIC DIABETES INSIPIDUS. The condition may be psychogenic in origin. Year introduced: 2012

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Diabetes Insipidus, Nephrogenic

A genetic or acquired polyuric disorder characterized by persistent hypotonic urine and HYPOKALEMIA. This condition is due to renal tubular insensitivity to VASOPRESSIN and failure to reduce urine volume. It may be the result of mutations of genes encoding VASOPRESSIN RECEPTORS or AQUAPORIN-2; KIDNEY DISEASES; adverse drug effects; or complications from PREGNANCY.

Year introduced: 1995

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Tree Number(s): C12.777.419.135.500, C13.351.968.419.135.500

MeSH Unique ID: D018500

Entry Terms:

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- Nephrogenic Diabetes Insipidus, Type II
- Diabetes Insipidus, Nephrogenic, Type II
- Diabetes Insipidus, Nephrogenic, Autosomal
- Congenital Nephrogenic Diabetes Insipidus
- Nephrogenic Diabetes Insipidus, Type I
- Diabetes Insipidus, Nephrogenic, Type 1
- Diabetes Insipidus, Nephrogenic, Type I

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PubMed for Nurses (This tutorial was created specifically to help nurses efficiently find literature using PubMed. Its concise, targeted content consists of five videos with exercises to test your knowledge. The tutorial was designed to be completed in less than 30 minutes.)	October 2015		HTML/Web Tutorial
Searching Drugs or Chemicals in PubMed (Learn to efficiently and effectively search substances in PubMed)	October 2015		HTML/Web Page
The Basics of Medical Subject Headings (MeSH®) in MEDLINE®/PubMed®: A Tutorial (An exploration of how Medical Subject Headings (MeSH) are used for indexing MEDLINE records in PubMed. This tutorial is intended for PubMed searchers.)	December 2015		HTML/Web Tutorial

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