

Screen Records

Now that the Exclusions Reasons have been configured, you can proceed with screening underlying studies to identify those that should be Included for your nest, or Excluded (for one of your configured Exclusion Reasons).

Note: If you are using Two-Pass Screening or Dual Screening, this process will differ slightly from the Standard workflow outlined below. See the [Two-Pass Screening](#), [Dual Screening](#), [Dual Two-Pass Screening](#) pages for more details!

Steps for Standard Screening:

1. Navigate to Screening

You can either Screen Sequentially (by selecting “Screening” in the menu, outlined in red below), where records will be shown to you in order of expected Inclusion Probability, or screen from Inspector (outlined in black).

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Heart Failure review

Authors/Collaborators

Author Name	Author Role	Author Affiliation
Peace Olaniran	screened, tagged, and extracted most data, and wrote/updated protocol	NK
Jorge Polanco	screened, tagged, and extracted	NK
Ranita Tarchand	screened, tagged, and extracted data	NK
Kevin Kallmes	Project oversight	NK
Kathryn Cowie	Project manager	NK
Nicole Hardy	Director of Research	NK

Funding sources/sponsors:

No funding sources/sponsors indicated

Conflicts of interest:

Some members of Nested Knowledge have equity within the company. These members include Nicole Hardy & Kathryn Cowie.

Research question:

How does the existing pharmacological therapy, sacubitril/valsartan compare against sodium-glucose cotransporter 2 inhibitors (canagliflozin, dapagliflozin, and empagliflozin) with respect to safety outcomes: mortality, serious adverse events, cardiac events for heart failure with reduced ejection fraction?

Purpose:

Conduct a systematic analysis and comparison of safety outcomes and cardiac events for sacubitril/valsartan usage for heart failure with reduced ejection fraction (HFrEF) using data from recently published publications with RCTs. This analysis will provide comprehensive information in the effects of specific pharmacological therapies managing HFrEF.

Background:

Notes

Your Mentions

All Mentions

Kevin Kallmes

3/23/22, 3:23 PM

@Jade Thurnham @Nicole Hardy @Erin Sheffels @Peace Olaniran Good question! I think it's valuable information in a general sense, but will have limited utility for the analysis (since we can't break down groups based on background characteristics unless the authors do) I think we should revisit that if it's demanded by journals/etc, as it is valuable information, but I'd keep the nest smaller if we can avoid adding tags/DE's. I think we at NK tend to be very comprehensive in our gathering, and we should consider the time-costs and relevance to our primary outcomes here. I defer to your final judgment, but I recommend against adding any tags/DE's that aren't directly going to impact our main outcomes and interpretations of interest. Tho!

Jade Thurnham

3/23/22, 3:01 PM

@Peace Olaniran @Nicole Hardy @Erin Sheffels @Kevin Kallmes Whilst QCing this nest, I noticed a few papers report coronary artery disease, Chronic obstructive pulmonary disease, and smoker as baseline characteristics as well as nitrates and hydralazine as existing medications-- would this extra information be worth tagging and extracting for in this nest?

Nicole Hardy

3/17/22, 12:28 PM

@Jade Thurnham @Peace Olaniran Both sound like good moves to me. Thanks for noting this. :)

Jade Thurnham

3/16/22, 9:50 PM

@Peace Olaniran @Nicole Hardy Updates on QCing:

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Comment

2. Read study abstract

AbstractFull TextSupplementsRelated Reports

Wijkman, 2022

Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-HF and PARADIGM-HF trials.
BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients with heart failure with reduced ejection fraction (HFrEF) and diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure with preserved ejection fraction (HFpEF) and diabetes, and across the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect of sacubitril/valsartan, relative to valsartan, on HbA1c, new insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PARAGON-HF and PARADIGM-HF. RESULTS Among 2395 patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (baseline-adjusted between-group difference in HbA1c change at 48 weeks: - 0.24%, 95% CI - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sacubitril/valsartan group than in the valsartan group, but the difference was not statistically significant (12.8% vs. 16.1%; HR: 0.80, 95% CI 0.62-1.02, P = 0.07). Hypoglycemia adverse event reports were low, but more frequent in those receiving sacubitril/valsartan than in the valsartan group (4.2% vs. 2.6%; HR: 1.64, 95% CI 1.05-2.56, P = 0.030). In a pooled analysis of PARAGON-HF and PARADIGM-HF, the effect of sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum of LVEF, sacubitril/valsartan reduced new insulin therapy (HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced HbA1c and new insulin therapy in patients with heart failure and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registration ClinicalTrials.gov NCT01920711.

Population/ProblemInterventionOutcome

KeywordsBibliographic fields

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Screening

Full Text ReviewP(Inclusion): 0.00

Full Text Uploaded!

Exclude:

Search Reasons

Select Reason

Systematic Review/Metanalysis

Does not report patients with heart failure with redu...

secondary analysis

Retrospective study

Does not report therapies of interest

Sub-analysis of RCT

Potential bias in patient population

Include:

Include

Tagging

Comments (0)

History

Your task in screening should be to identify, based on the Abstract content, whether the record falls **BACKGROUND** under any Exclusion Reason, or whether it is on-topic for your review and satisfies your criteria for inclusion.

The Screening page displays an abstract highlighted with **RoboPICO**, which is an open source fork of the models offered in **RobotReviewer** that identifies the Population, Interventions, and Outcomes in an abstract. Then, see on the right a panel to select Exclusion Reasons or Include the article in question.

Using the scite banner

Above your abstract, you can see the scite banner, which displays the number of times the publication in question was cited, supported, mentioned, and contrasted. If you click the banner, you can see more citation-related information provided by scite.ai, including retractions!

AbstractFull TextSupplementsRelated Reports

Wijkman, 2022

Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-HF and PARADIGM-HF trials.
BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients with heart failure with reduced ejection fraction (HFrEF) and diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure with preserved ejection fraction (HFpEF) and diabetes, and across the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect of sacubitril/valsartan, relative to valsartan, on HbA1c, new insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PARAGON-HF and PARADIGM-HF. RESULTS Among 2395 patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (baseline-adjusted between-group difference in HbA1c change at 48 weeks: - 0.24%, 95% CI - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sacubitril/valsartan group than in the valsartan group, but the difference was not statistically significant (12.8% vs. 16.1%; HR: 0.80, 95% CI 0.62-1.02, P = 0.07). Hypoglycemia adverse event reports were low, but more frequent in those receiving sacubitril/valsartan than in the valsartan group (4.2% vs. 2.6%; HR: 1.64, 95% CI 1.05-2.56, P = 0.030). In a pooled analysis of PARAGON-HF and PARADIGM-HF, the effect of sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum of LVEF, sacubitril/valsartan reduced new insulin therapy (HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced HbA1c and new insulin therapy in patients with heart failure and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registration ClinicalTrials.gov NCT01920711.

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Select Reason

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Include

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History

3. Decide if study should be Included or Excluded

If the abstract does not provide enough information for you to decide if it should be Included or

Excluded, click on the study source button (in this case PubMed, see red arrow below) and source the full text of the study.



If you read the FULL TEXT and decide it should be included, check the “Full Text Review” box.

Exclude Records

If you read the abstract and find that one or more of your Exclusion Reasons (red box above) are applicable, click on the reason that applies to that specific study. This will apply your reason and automatically bring up the next study to be screened.

Include Records

If you read the abstract and find that none of your Exclusion Reasons apply, and that (based on information available to you) the publication in question is relevant to your review, select “Include” (see red box above).

Skipping a study

Having a hard time deciding whether to include or exclude a study? You can hit skip and leave it unscreened until you're ready to make a decision.

AbstractFull TextSupplementsRelated Reports

Wijkman, 2022

Effects of sacubitril/valsartan on glycemia in patients with diabetes and heart failure: the PARAGON-HF and PARADIGM-HF trials.

BACKGROUND Compared with enalapril, sacubitril/valsartan lowered HbA1c and reduced new insulin therapy in patients with heart failure with reduced ejection fraction (HFrEF) and diabetes in the PARADIGM-HF trial. We sought to assess the glycemic effects of sacubitril/valsartan in heart failure with preserved ejection fraction (HFpEF) and diabetes, and across the spectrum of left ventricular ejection fraction (LVEF) in heart failure and diabetes. METHODS We compared the effect of sacubitril/valsartan, relative to valsartan, on HbA1c, new insulin therapy and hypoglycemia in the randomized controlled trial PARAGON-HF, and performed pooled analyses of PARAGON-HF and PARADIGM-HF. RESULTS Among 2395 patients with HFpEF and diabetes in PARAGON-HF, sacubitril/valsartan compared with valsartan reduced HbA1c (baseline-adjusted between-group difference in HbA1c change at 48 weeks: - 0.24%, 95% CI - 0.33 to - 0.16%, P < 0.001). Numerically, new insulin treatment was initiated less often in the sacubitril/valsartan group than in the valsartan group, but the difference was not statistically significant (12.8% vs. 16.1%; HR: 0.80, 95% CI 0.62-1.02, P = 0.07). Hypoglycemia adverse event reports were low, but more frequent in those receiving sacubitril/valsartan than in the valsartan group (4.2% vs. 2.6%; HR: 1.64, 95% CI 1.05-2.56, P = 0.030). In a pooled analysis of PARAGON-HF and PARADIGM-HF, the effect of sacubitril/valsartan on change in HbA1c was not significantly modified by LVEF (Pinteraction = 0.56). Across the spectrum of LVEF, sacubitril/valsartan reduced new insulin therapy (HR: 0.75, 95% CI 0.63-0.89, P = 0.001), compared with enalapril or valsartan. CONCLUSIONS Sacubitril/valsartan reduced HbA1c and new insulin therapy in patients with heart failure and diabetes across the spectrum of LVEF but may be associated with a slightly higher risk for hypoglycemia. Trial registration ClinicalTrials.gov NCT01920711.

Population/ProblemInterventionOutcome

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secondary analysis

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Include:

Include

Tagging

Comments (0)

History

Add Exclusion Reasons on the Fly

You can add Exclusions Reasons as you screen without leaving the Screening page. To do so, in the Screening module, open the Exclusion Reason drop-down and begin typing in an Exclusion Reason.

If the reason of interest has not yet been configured, you will be presented with the ability to “Add Option.” Select this option, and write out your full Exclusion Reason. Once you have added it, it will be added to the Exclusion Reason drop-down and the Configure Exclusion Reasons page, and will be automatically applied to the study you are currently screening. To confirm that the new reason should be applied, select “Exclude”.

Unscreening a study

If you have included or excluded a study that you want to revert to 'unscreened' status so that it can be reviewed again, you can unscreen it by finding the study of interest in Study Inspector, and then selecting the icon next to the Include button on the study you want to unscreen. A pop-up will appear and you can then click “Unscreen” to unscreen that single study.

Note: if you want to unscreen multiple studies, you can also do so using Bulk Actions!

AbstractFull TextSupplementsRelated Reports

Jo, 2022

Design and rationale for a comparison study of Olmesartan and Valsartan On myocardial metabolism In patients with Dilated cardiomyopathy (OVOID) trial: study protocol for a randomized controlled trial.

BACKGROUND Dilated cardiomyopathy (DCMP) is characterized by ventricular chamber enlargement and systolic dysfunction which may cause heart failure. Patients with DCMP have overactivation of the renin-angiotensin-aldosterone systems, which can also adversely affect myocardial metabolism in heart failure. The impairment of myocardial metabolism can contribute to the progression of left ventricular remodeling and contractile dysfunction in heart failure. Although angiotensin II receptor blockers (ARBs) have been used to treat patients with DCMP, there has been no direct comparison of the efficacy of these agents. The objective of this study is to compare the effects of olmesartan and valsartan on myocardial metabolism in patients with DCMP. METHODS/DESIGN The OVOID study (a comparison study of Olmesartan and Valsartan On myocardial metabolism In patients with Dilated cardiomyopathy) is designed as a non-blinded, open-label, parallel-group, prospective, randomized, controlled, multicenter clinical trial. A total of 40 DCMP patients aged between 20 and 85 years will be randomly allocated into the olmesartan or the valsartan group. 18F-fluoro-2-deoxyglucose (FDG) cardiac positron emission tomography (PET) will be performed at baseline and six months after receiving the study agent. The primary endpoint is myocardial glucose consumption per square meter, measured using 18F-FDG PET 6 months after receiving the study agent. DISCUSSION The purpose of this trial is to compare the efficacy between olmesartan and valsartan in improving myocardial metabolism in DCMP patients. This will be the first randomized comparative study investigating the differential effects of ARBs on heart failure. TRIAL REGISTRATION ClinicalTrials.gov NCT04174456 . Registered on 18 November 2019.

Population/ProblemInterventionOutcome

KeywordsBibliographic fieldsEdit

Screening

Full Text ReviewP(Inclusion): 0.00

Upload Full Text

Exclude:

Search Reasons

Select Reason

Protocol

Systematic Review/Metanalysis

Does not report patients with heart failure with reduced ...

secondary analysis

Retrospective study

Does not report therapies of interest

Sub-analysis of RCT

Include:

Include

Tagging

Comments (0)

History

Note: Anytime there is a module box with the adjustable icon, you can drag to adjust the width of the box depending on your preference.

AbstractFull TextSupplementsRelated Reports

PubMed

James, 2006

Evaluation of the knowledge, attitude and practice of self-medication among first-year medical students.

OBJECTIVE This study was undertaken to determine the knowledge, attitude and practice of self-medication among first-year medical students of the Arabian Gulf University, Bahrain.

SUBJECTS AND METHODS This was an anonymous, questionnaire-based, descriptive study. A prevalidated questionnaire, containing open-ended and close-ended questions, was administered to the subjects. Data were analyzed using SPSS version 12 and the results expressed as counts and percentages. RESULTS Out of the 134 respondents, 43 (32.1%) were males and 91 (67.9%) were females; their mean age in years +/- SD was 18.01 +/- 0.78. The respondents' knowledge about appropriate self-medication was poor, but knowledge of the benefits and risks of self-medication was adequate. The respondents found self-medication to be time-saving, economical, convenient and providing quick relief in common illnesses. Important disadvantages of self-medication mentioned were the risk of making a wrong diagnosis, inappropriate drug use and adverse effects. The majority (76.9%) of the respondents had a positive attitude favoring self-medication. Self-medication was practiced by 44.8% of the subjects. The most common indications for self-medication were to relieve the symptoms of headache (70.9%), cough, cold and sore throat (53.7%), stomachache (32.8%) and fever (29.9%). Analgesics (81.3%) were the most common drugs used for self-medication. The practice of self-medication was appropriate in only 14.2% of cases.

CONCLUSION Knowledge about appropriate self-medication was poor, attitude towards self-medication was positive, and the practice of self-medication was common and often inappropriate.

Population/Problem

Intervention

Outcome

Your Keywords

KeywordsBibliographic fields

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Full Text Review

Upload Full Text

Exclude:

Search Reasons

Select Reason

Not an RCT of a drug of interest

Protocol or Methods article

Systematic Review or Meta-analysis

Editorial, comment, or opinion article

Not related to COVID-19

Update or guidelines article

Qualitative review of existing research

Include

Tagging

Comments (0)

History

4. Upload the Full Text

In general, uploading a Full Text should be completed only for Included records, and doing so assists in preparing the Tagging step.

For instructions on how to upload a Full Text PDF, click [here](#).

No Full Text

If you cannot source a full text for the study in question, you can use the “No Full Text” option to designate an Exclusion Reason specifically to address those records.

For those records, first configure an Exclusion Reason as “No Full Text” in the Configure Exclusion Reasons page:

Add

Exclusion Reasons

Import Set

Reason		Excluded Records	No Full Text	
pediatrics		3	Signals No FT <input type="checkbox"/>	
Not Published in English		2	Signals No FT <input type="checkbox"/>	
Valsartan Heart Failure Trial		2	Signals No FT <input type="checkbox"/>	
Correspondence		1	Signals No FT <input type="checkbox"/>	
Based on retracted study		1	Signals No FT <input type="checkbox"/>	
ST-Segment Elevation Myocardial Infarction		1	Signals No FT <input type="checkbox"/>	
Reports patients with ejection fraction above 45 ...		1	Signals No FT <input type="checkbox"/>	
Not a pharmacological treatment		1	Signals No FT <input type="checkbox"/>	
No Ivabradine		1	Signals No FT <input type="checkbox"/>	
No full text		0	Signals No FT <input checked="" type="checkbox"/>	

Then, apply this Exclusion Reason to all records where a full text was sought but not found.

Implications: Marking “No Full Text” is a special PRISMA category, so the specific reason you configure for this purpose will be given its own listing in your [PRISMA chart](#).

5. Continue Screening

Once you have clicked “Include” or “Exclude” (or “skip”) for any study, you should be automatically shown the next study.

If you are screening from [Inspector](#), you can use the arrows in the far left and right of the screen to navigate up or down, respectively, or click out to view the Inspector study list.

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