

# Your Keywords

In addition to the RoboPICO highlighting, you can custom-add Your Keywords to have them underlined in the Abstract view.

User Keywords can be added or edited in **two places**; the list of User Keywords can be populated and edited from the Configure Screening page, and then additionally populated and edited from the Abstract View for any study within a nest.

## Steps for Configuring Keyword Underlining

### On the Configure Screening page

#### 1. Go to the Configure Screening page

This is right below the “Screening” header in the AutoLit menu (see below).

#### 2. Add Keywords to the “Your Keywords” Section

Below Exclusion Reasons, you can see an “Add” button. Select it, and type in your Keyword of interest.

Configure Screening: Heart Failure - NK version

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Nest Home

Dashboard

Settings

Literature Search

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Other Sources

Duplicate Review

Search Exploration

Query Builder

Screening

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Configure Screening

Tagging

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Configure Tagging

Extraction

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Configure Extraction

Risk of Bias

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Study Inspector

Synthesis

Manuscript Editor

Abstract Editor

Export

Add

Exclusion Reasons

Import Set

Reason		Excluded Records	No Full Text	
Systematic Review/Metanalysis		221	Signals No FT	
Does not report patients with heart failure w...		163	Signals No FT	
secondary analysis		121	Signals No FT	
Retrospective study		77	Signals No FT	
Does not report therapies of interest		54	Signals No FT	
Sub-analysis of RCT		42	Signals No FT	
Potential bias in patient population		41	Signals No FT	
Protocol		38	Signals No FT	
Methods article		29	Signals No FT	
Cohort Study		25	Signals No FT	

Add

Your Keywords

Keyword	
renal	
reduced ejection fraction	
heart failure	
mortality	

Your keywords will now be underlined in the Abstract view!

3. Delete Your Keywords

If you need to delete a Keyword after creation, you can do so by selecting the trash can icon.

Deletion of the Keywords you created on this page can also be deleted from the Abstract view (see below).

On the Abstract View

1. Go to the Abstract View

This can be accomplished by going to Screening, or from Study Inspector, by selecting “Abstract” in the upper left of the study view.

2. Click on the pencil next to “Your Keywords”

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Abstract Full Text Supplements Related Reports

Thonsgaard, 2022

**Circulating Concentrations of C-Type Natriuretic Peptides Increase with Sacubitril/Valsartan Treatment in Healthy Young Men.**

BACKGROUND C-type natriuretic peptide (CNP) is a cardioprotective peptide with high affinity for the ectoenzyme neutral endopeptidase (neprilysin). We aimed to determine whether angiotensin receptor-neprilysin inhibitor treatment acutely affects circulating concentrations of bioactive CNP and its molecular amino-terminal precursor (NT-proCNP). METHODS We included 9 and 10 healthy young men in 2 randomized crossover trials with sacubitril/valsartan vs control (Trial 1) and sacubitril/valsartan and sitagliptin vs sitagliptin (Trial 2). The participants were randomized to a single dose of sacubitril/valsartan (194/206 mg) or control at the first visit 30 min prior to a standardized meal intake. We obtained blood samples at 12 time points over 5 h and measured plasma concentrations of NT-proCNP in both trials and CNP in Trial 2. RESULTS NT-proCNP concentrations increased 3.5 h after sacubitril/valsartan treatment, and at 4.5 h concentrations were 42% and 65% higher compared with control in Trial 1 and Trial 2, respectively. The total area under the curve (tAUC)15-270 min was 22% higher (P = 0.007) in Trial 1 and 17% higher with treatment (P = 0.017) in Trial 2. Concentrations of bioactive CNP followed a similar temporal pattern with an increase of 93% at 4.5 h and a 31% higher tAUC15-270 min compared with control (P = 0.001) in Trial 2. CONCLUSIONS Sacubitril/valsartan augments circulating concentrations of both bioactive CNP and NT-proCNP in healthy young men. The increase in bioactive CNP is most likely caused by de novo synthesis and secretion rather than diminished breakdown through neprilysin inhibition. ClinicalTrials.gov registration number NCT03717688.

Population/Problem Intervention Outcome Your Keywords

Keywords Bibliographic fields Edit

### 3. Type in desired keyword and hit "Add."

Abstract Full Text Supplements

Rogmark, 2022

**The association of surgical approach and bearing size and type with dislocation in total hip arthroplasty for acute hip fracture.**

AIMS Patients with femoral neck fractures (FNFs) treated with total hip arthroplasty (THA) have an almost ten-fold increased risk of dislocation compared to patients undergoing elective THA. The surgical approach influences the risk of dislocation. To date, the influence of differing head sizes and dual-mobility components (DMCs) on the risk of dislocation has not been well studied. METHODS In an observational cohort study on 8,031 FNF patients with THA between January 2005 and December 2014, Swedish Arthroplasty Register data were linked with the National Patient Register, recording the total dislocation rates at one year and revision rates at three years after surgery. The cumulative incidence of events was estimated using the Kaplan-Meier method. Cox multivariable regression models were fitted to calculate adjusted hazard ratios (HRs) with 95% confidence intervals (CIs) for the risk of dislocation, revision, or mortality, stratified by surgical approach. RESULTS The cumulative dislocation rate at one year was 8.3% (95% CI 7.3 to 9.3) for patients operated on using the posterior approach and 2.7% (95% CI 2.2 to 3.2) when using the direct lateral approach. In the posterior approach group, use of DMC was associated with reduced adjusted risk of dislocation compared to 32 mm heads (HR 0.21 (95% CI 0.07 to 0.68); p = 0.009). This risk was increased with head sizes < 32 mm (HR 1.47 (95% CI 1.10 to 1.98); p = 0.010). Neither DMC nor different head sizes influenced the risk of revision following the posterior approach. Neither articulation was associated with a statistically significantly reduced adjusted risk of dislocation in patients where the direct lateral approach was performed, although this risk was estimated to be HR 0.14 (95% CI 0.02 to 1.02; p = 0.053) after the use of DMC. DMC inserted through a direct lateral approach was associated with a reduced risk of revision for any reason versus THA with 32 mm heads (HR 0.36 (95% CI 0.13 to 0.99); p = 0.047). CONCLUSION When using a posterior approach for THA in FNF patients, DMC reduces the risk of dislocation, while a non-significant risk reduction is seen for DMC after use of the direct lateral approach. The direct lateral approach is protective against dislocation and is also associated with a lower rate of revision at three years, compared to the posterior approach. Cite this article: Bone Joint J 2022;104-B(7):844-851.

Population/Problem Intervention Outcome Your Keywords

Keywords lateral Add

Keywords revision primary posterior dual mobility cup

Bibliographic fields Edit

### 4. Your keyword(s) will now be underlined!

Abstract Full Text Supplements

Rogmark, 2022

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Population/Problem Intervention Outcome Your Keywords

Keywords lateral Add

Keywords revision primary posterior dual mobility cup

Bibliographic fields Edit

### 5. If you wish to remove an underlined keyword, hover over the keyword, and click on the "X" next to the word

AbstractFull TextSupplements

PubMed

Rogmark, 2022

**The association of surgical approach and bearing size and type with dislocation in total hip arthroplasty for acute hip fracture.**

AIMS Patients with femoral neck fractures (FNFs) treated with total hip arthroplasty (THA) have an almost ten-fold increased risk of dislocation compared to patients undergoing elective THA. The surgical approach influences the risk of dislocation. To date, the influence of differing head sizes and dual-mobility components (DMCs) on the risk of dislocation has not been well studied. METHODS In an observational cohort study on 8,031 FNF patients with THA between January 2005 and December 2014, Swedish Arthroplasty Register data were linked with the National Patient Register, recording the total dislocation rates at one year and revision rates at three years after surgery. The cumulative incidence of events was estimated using the Kaplan-Meier method. Cox multivariable regression models were fitted to calculate adjusted hazard ratios (HRs) with 95% confidence intervals (CIs) for the risk of dislocation, revision, or mortality, stratified by surgical approach. RESULTS The cumulative dislocation rate at one year was 8.3% (95% CI 7.3 to 9.3) for patients operated on using the posterior approach and 2.7% (95% CI 2.2 to 3.2) when using the direct lateral approach. In the posterior approach group, use of DMC was associated with reduced adjusted risk of dislocation compared to 32 mm heads (HR 0.21 (95% CI 0.07 to 0.68); p = 0.009). This risk was increased with head sizes < 32 mm (HR 1.47 (95% CI 1.10 to 1.98); p = 0.010). Neither DMC nor different head sizes influenced the risk of revision following the posterior approach. Neither articulation was associated with a statistically significantly reduced adjusted risk of dislocation in patients where the direct lateral approach was performed, although this risk was estimated to be HR 0.14 (95% CI 0.02 to 1.02; p = 0.053) after the use of DMC. DMC inserted through a direct lateral approach was associated with a reduced risk of revision for any reason versus THA with 32 mm heads (HR 0.36 (95% CI 0.13 to 0.99); p = 0.047). CONCLUSION When using a posterior approach for THA in FNF patients, DMC reduces the risk of dislocation, while a non-significant risk reduction is seen for DMC after use of the direct lateral approach. The direct lateral approach is protective against dislocation and is also associated with a lower rate of revision at three years, compared to the posterior approach. Cite this article: Bone Joint J 2022;104-B(7):844-851.

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Keywords

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lateral

revision

primary

posterior

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