

NEWS FROM NLM



National Library of Medicine report for EAHIL

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Implementing the NLM Strategic Plan - Making information FINDABLE

As outlined in the [2017-2027 NLM Strategic Plan](#), we have begun to enhance our efforts to collect, organize, and disseminate non-traditional research objects such as data. We are (re)designing our resources around the FAIR principles of making information **F**indable, **A**ccessible, **I**nteroperable, and **R**e-usable.

Do you want an easy way to find journal articles with associated data sets? New search filters in PubMed Central (PMC) and PubMed provide options for finding citations or journal articles with data information.

In [PMC](#) you can search with filters to discover articles with specific types of associated data. In the search box, use the following filtered search parameters:

- `has suppdata[filter]` to find articles with associated supplementary material
- `has data avail[filter]` to find articles that include a data availability or data accessibility statement
- `has data citations[filter]` to find articles that include data citation(s)
- `has associated data[filter]` to find all articles with any type of data section described above

PMC
US National Library of Medicine
National Institutes of Health

Search: `has data citations[filter]`

Display Settings: Summary, 20 per page, Sorted by Default order

Send to: ▼

Search results

Items: 1 to 20 of 2866

1. [Comprehensive geological dataset describing a crystalline rock mass for hydraulic stimulation experiments](#)
Hannes Krietsch, Joseph Doetsch, Nathan Dutler, Mohammadreza Jalali, Valentin Gischig, Simon Loew, Florian Amann
Sci Data. 2018; 5: 180269. Published online 2018 Nov 27. doi: 10.1038/sdata.2018.269
PMCID: PMC6259022
[Article](#) [PubReader](#) [PDF-2.5M](#) [Citation](#)

2. [In-vivo probabilistic atlas of human thalamic nuclei based on diffusion-weighted magnetic resonance imaging](#)
Elena Najdenovska, Yasser Alemán-Gómez, Giovanni Battistella, Maxime Descoteaux, Patric

Or, after you run a search in PMC, you can quickly apply the “Associated Data” filter to retrieve articles with any type of data from the facet in the left side bar.

The screenshot shows the PMC search interface. At the top, the search term 'plos' is entered in the search bar. On the left sidebar, under 'Article attributes', the 'Associated Data' filter is selected. The search results section shows 'Items: 1 to 20 of 181228'. Two results are visible:

- A correlation comparison between Altmetric Attention Scores and citations for six PLOS journals**
 1. Wenya Huang, Peiling Wang, Qiang Wu
 PLoS One. 2018; 13(4): e0194962. Published online 2018 Apr 5. doi: 10.1371/journal.pone.0194962
 PMCID: PMC5886419
[Article](#) [PubReader](#) [PDF-3.0M](#) [Citation](#)
- Risk factors associated with prolonged hospital length-of-stay: 18-year retrospective study of hospitalizations in a tertiary healthcare center in Mexico**
 2. Braulio A. Marfil-Garza, Pablo F. Belaunzarán-Zamudio, Alfonso Gullías-Herrero, Antonio Camiro Zuñiga, Yanink Caro-Vega, David Kershenovich-Stalnikowitz, José Sifuentes-Osornio
 PLoS One. 2018; 13(11): e0207203. Published online 2018 Nov 8. doi: 10.1371/journal.pone.0207203
 PMCID: PMC6224124

To increase the visibility of data citations, data availability statements, and supplementary materials available in PMC articles, we included an Associated Data box.

The screenshot shows the article page for 'Proc Biol Sci'. The 'Associated Data' section is highlighted with a red box and contains the following information:

- Data Citations**
 Jenkins R, Dowsett AJ, Burton AM. 2018. Data from: How many faces do people know? Dryad Digital Repository. (10.5061/dryad.7f25j43) [[CrossRef](#)]
- Supplementary Materials**
 Participant data
[rspb20181319suppl.pdf](#) (29K)
- Data Availability Statement**
 Data available from the Dryad Digital Repository: <https://doi.org/10.5061/dryad.7f25j43> [35].

In PubMed, you can search for citations with data by using the data[filter] to find citations with related data links in either the Secondary Source ID field or the LinkOut—Other Literature Resources field (both located below the abstract). These data links may be to records in other NLM databases (e.g., GenBank, ClinicalTrials.gov) or external data repositories (e.g., figshare, Dryad).

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Format: Abstract ▾

Health Technol Assess. 2018 Nov;22(65):1-160. doi: 10.3310/hta22650.

Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT.

Holt RI^{1,2}, Hind D³, Gossage-Worrall R³, Bradburn MJ³, Saxon D⁴, McCrone P⁵, Morris TA⁵, Etherington A⁶, Shiers D^{7,8}, Barnard K⁹, Swaby L³, Edwardson C¹⁰, Carey ME¹¹, Davies MJ¹⁰, Dickens CM¹², Doherty Y^{11,13}, French P⁷, Greenwood KE^{14,15}, Kalidindi S¹⁶, Khunti K¹¹, Laugharne R¹⁷, Pendlebury J¹⁸, Rathod S¹⁹, Siddiqi N^{20,21}, Wright S²², Waller G^{23,24}, Gaughran F^{25,26}, Barnett J¹¹, Northern A¹¹.

⊕ Author information

Abstract

BACKGROUND: Obesity is twice as common in people with schizophrenia as in the general population. The National Institute for Health and Care Excellence guidance recommends that people with psychosis or schizophrenia, especially those taking antipsychotics, be offered a healthy eating and physical activity programme by their mental health care provider. There is insufficient evidence to inform how these lifestyle services should be commissioned.

OBJECTIVES: To develop a lifestyle intervention for people with first episode psychosis or schizophrenia and to evaluate its clinical effectiveness, cost-effectiveness, delivery and acceptability.

DESIGN: A two-arm, analyst-blind, parallel-group, randomised controlled trial, with a 1 : 1 allocation ratio, using web-based randomisation; a mixed-methods process evaluation, including qualitative case study methods and logic modelling; and a cost-utility analysis.

SETTING: Ten community mental health trusts in England.

PARTICIPANTS: People with first episode psychosis, schizophrenia or schizoaffective disorder.

INTERVENTIONS: Intervention group: (1) four 2.5-hour group-based structured lifestyle self-management education sessions, 1 week apart; (2) multimodal fortnightly support contacts; (3) three 2.5-hour group booster sessions at 3-monthly intervals, post core sessions. Control group: usual care assessed through a longitudinal survey. All participants received standard written lifestyle information.

MAIN OUTCOME MEASURES: The primary outcome was change in weight (kg) at 12 months post randomisation. The key secondary outcomes measured at 3 and 12 months included self-reported nutrition (measured with the Dietary Instrument for Nutrition Education questionnaire), objectively measured physical activity measured by accelerometry [GENEActiv (Activinsights, Kimbolton, UK)], biomedical measures, adverse events, patient-reported outcome measures and a health economic assessment.

RESULTS: The trial recruited 414 participants (intervention arm: 208 participants; usual care: 206 participants) between 10 March 2015 and 31 March 2016. A total of 341 participants (81.6%) completed the trial. A total of 412 participants were analysed. After 12 months, weight change did not differ between the groups (mean difference 0.0 kg, 95% confidence interval -1.59 to 1.67 kg; *p* = 0.964); physical activity, dietary intake and biochemical measures were unchanged. Glycated haemoglobin, fasting glucose and lipid profile were unchanged by the intervention. Quality of life, psychiatric symptoms and illness perception did not change during the trial. There were three deaths, but none was related to the intervention. Most adverse events were expected and related to the psychiatric illness. The process evaluation showed that the intervention was acceptable, with participants valuing the opportunity to interact with others facing similar challenges. Session feedback indicated that 87.2% of participants agreed that the sessions had met their needs. Some indicated the desire for more ongoing support. Professionals felt that the intervention was under-resourced and questioned the long-term sustainability within current NHS settings. Professionals would have preferred greater access to participants' behaviour data to tailor the intervention better. The incremental cost-effectiveness ratio from the health-care perspective is £246,921 per quality-adjusted life-year (QALY) gained and the incremental cost-effectiveness ratio from the societal perspective is £367,543 per QALY gained.

CONCLUSIONS: Despite the challenges of undertaking clinical research in this population, the trial successfully recruited and retained participants, indicating a high level of interest in weight management interventions; however, the STEPWISE intervention was neither clinically effective nor cost-effective. Further research will be required to define how overweight and obesity in people with schizophrenia should be managed. The trial results suggest that lifestyle programmes for people with schizophrenia may need greater resourcing than for other populations, and interventions that have been shown to be effective in other populations, such as people with diabetes mellitus, are not necessarily effective in people with schizophrenia.

TRIAL REGISTRATION: Current Controlled Trials ISRCTN19447796.

FUNDING: This project was funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme and will be published in full in *Health Technology Assessment*, Vol. 22, No. 65. See the NIHR Journals Library website for further project information.

PMID: 30499443 DOI: 10.3310/hta22650

Conflict of interest statement +

Publication type, Secondary source ID -

Publication type
[Clinical Trial](#)

Secondary source ID
[ISRCTN/ISRCTN19447796](#)

LinkOut - more resources -

Full Text Sources
[National Institute for Health Research Journals Library](#)

Miscellaneous
[NCI CPTAC Assay Portal](#)
[NCI CPTC Antibody Characterization Program](#)

DIGITAL COLLECTIONS HOMEPAGE REDESIGNED

Our [Digital Collections](#) is a free, online repository of biomedical resources including books, still images, videos, and maps. Content in this resource is freely available worldwide and in the public domain, unless otherwise indicated. To increase findability in this system, we simplified the search and browse options, display recently digitized items, include a rotating banner of featured items with information about each collection, and link to related projects. Explore the new page:

The screenshot shows the redesigned NIH Digital Collections homepage. At the top, there is a navigation bar with the NIH logo and the text 'U.S. National Library of Medicine Digital Collections'. Below this is a large banner with the heading 'Explore texts, images, videos, and maps' and a search bar. The page is organized into three main sections:

- Recently Digitized:** A row of five featured items, each with a thumbnail and a brief description:
 - Survival stresses
 - The home health aide
 - [Mother-infant interaction]: [form of feeding at six weeks]
 - You are here
 - You are a soul
 - Tu eres un alma = You are a soul
- Collections:** A row of four featured collections:
 - Images from the History of Medicine (NHM)
 - Medicine in the Americas, 1610-1920
 - World War 2, 1939-1949
 - Cholera Online, 1817 to 1900
- Related Digital Projects:** A row of three featured projects:
 - INDEX-CATALOGUE
 - FDA Notices of Judgment
 - Profiles in Science

You might have noticed that we refreshed our [NLM Home Page](#). We think the new design will meet user needs for finding their favorite NLM products and services while exposing hidden “nuggets” that may have been harder to locate in the previous version. We hope you like the changes!

We will continue to assess our products and services to ensure they align with the goals of the NLM Strategic Plan, as such, some of our products or resources may merge information or be retired. Stay informed by subscribing to [NLM Technical Bulletin](#) email updates or [RSS feeds](#).