

BMJ

USP: BMJ Evidência e Impacto em Saúde

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Agenda

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Quem é a BMJ e
o que apoiamos

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decisão clínica

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Quem é a BMJ?

Nossa missão

Provedor global de conhecimento em
Saúde visando a
um mundo mais saudável

Compartilhamos conhecimento para
melhorar os resultados em Saúde.

Impacto tangível com alcance global



Mais de **60%** de nossos periódicos estão no quartil superior de sua categoria, sendo 15% classificados entre os cinco primeiros em suas categorias

Parceria com mais

11.000

instituições



Servindo **10 milhões** usuários on-line todos os meses



14 mil artigos da BMJ foram

citados em 6 mil documentos de orientação clínica e política publicados em 2022



Editora do The BMJ, a **quarta** revista científica mais citada do mundo em Medicina Geral

**Direto ao
ponto de
atendimento**



BMJ Best Practice

O que é o BMJ Best Practice?

Uma ferramenta generalista de ponto de atendimento particularmente útil para residentes, médicos, equipes multidisciplinares, especialistas que trabalham fora de sua especialidade e clínicos gerais.

Estruturada exclusivamente em torno da consulta do paciente, com aconselhamento sobre avaliação de sintomas, solicitação de exames e abordagem de tratamento.

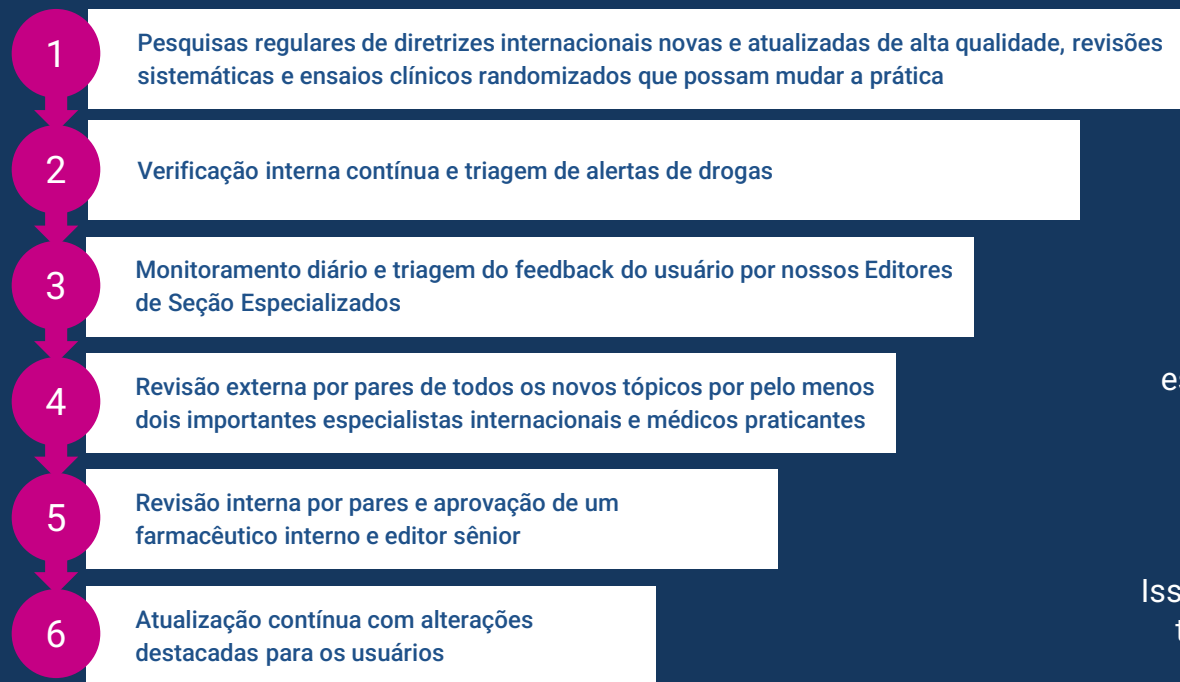
- Classificada como uma das melhores ferramentas de apoio à decisão clínica para profissionais de saúde em todo o mundo *
- Pontuação mais alta em um estudo independente de ferramentas de apoio à decisão diagnóstica **

* JMIR - Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries

** Evaluating online diagnostic decision support tools for the clinical setting



Nosso processo de evidência



Mais de 80% dos contribuintes estão baseados nas Américas.

Nossa equipe interna de evidências colabora com mais de 1.600 autores especialistas internacionais e mais de 2.500 revisores.

Isso garante que seus usuários sempre tenham acesso às informações mais recentes baseadas em evidências.

Principais funções



Pesquise tópicos clínicos e verifique as orientações de prescrição **em bancos de dados de medicamentos vinculados** *



Encontre respostas rapidamente com um formato que reflete a consulta do paciente



Alertas visuais para evidências que mudam a prática dentro do tópico, com links imediatos para evidências



Orientação passo a passo através de **tabelas de algoritmos de tratamento exclusivos**



Acesse **mais de 250 calculadoras médicas & 500+ folhetos para pacientes**



Assista **vídeos de procedimentos** de técnicas clínicas essenciais

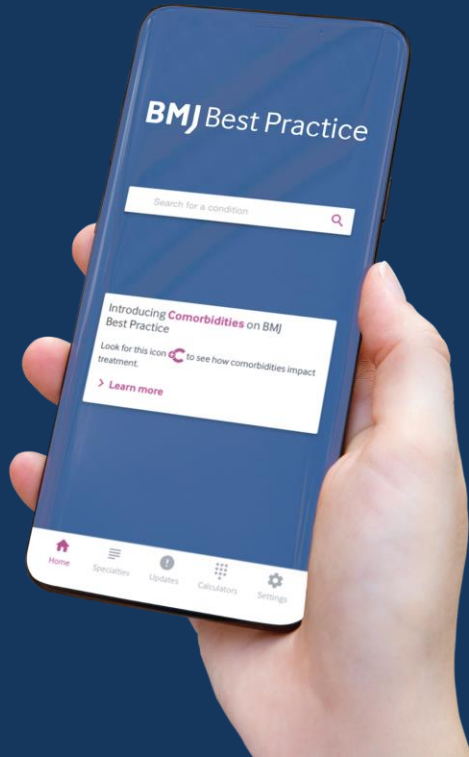


Atualizações importantes e Cochrane Clinical Answers em destaque em cada tópico



Garanta desenvolvimento profissional contínuo, com **rastreamento automático de EMC/DPC**

Aplicativo BMJ Best Practice



- Funcionalidade off-line completa
- Acesso rápido às respostas clínicas em qualquer lugar
- Acesso por 365 dias ou até término do contrato uma vez autenticado
- O Gerenciador de Comorbidades também está disponível no app
- Disponível na Apple ou Google Play store
- Classificação de 4.8 estrelas de 5 no iOS
- Classificação de 4.9 estrelas de 5 no Android

O BMJ Best Practice pode ajudá-lo



A fornecer atendimento de alta qualidade - com diretrizes e evidências para todas as equipes de saúde



A reduzir a variação no atendimento e economize tempo



A apoiar residentes, equipes multidisciplinares, especialistas que trabalham fora de sua especialidade e GPs



Focando no que é importante para nossos usuários



Velocidade – Encontre respostas com rapidez e precisão



Prático - informações para uso no local de atendimento



Garantia - Evidência clínica confiável, atualizações importantes



Acesso - disponível em qualquer lugar, a qualquer hora



Desafios na Saúde

Comorbidades

- Aumento de doenças crônicas e envelhecimento da população
- Cerca de 40% da população adulta brasileira possui ao menos uma doença crônica*
- As mais comuns: hipertensão arterial, diabetes, doença crônica de coluna, colesterol e depressão*
- Pacientes com necessidades complexas e múltiplas comorbidades



*<https://www.unasus.gov.br/noticia/574-milhoes-de-brasileiros-tem-pelo-menos-uma-doenca-cronica>

BMJ Open Cross-sectional study for COVID-19-related mortality predictors in a Brazilian state-wide landscape: the role of demographic factors, symptoms and comorbidities

<https://bmjopen.bmj.com/content/12/10/e056801>

Emanuele Gustani Gustani-Buss ^{1,2,3}, Carlos E Buss,^{1,3,4} Luciane R Cavalli,⁵ Carolina Panis,⁶ Felipe F Tuon,⁷ Joao P Telles,⁷ Franciele A C Follador,⁸ Guilherme W Wendt,⁸ Léia C Lucio,⁸ Lirane E D FERRETO,⁸ Isabela M de Oliveira,^{3,9} Emerson Carraro,^{3,10} Lualis E David,¹⁰ Andréa N C Simão,¹¹ Angelica B W Boldt,^{3,12} Maria Luiza Petzl-Erler,^{3,12} Wilson A Silva,^{9,13} David L A Figueiredo^{3,9,14}

To cite: Gustani-Buss EG, Buss CE, Cavalli LR, *et al.* Cross-sectional study for COVID-19-related mortality predictors in a Brazilian state-wide landscape: the role of demographic factors, symptoms and comorbidities. *BMJ Open* 2022;**12**:e056801. doi:10.1136/bmjopen-2021-056801

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-056801>)

ABSTRACT

Objective The Brazilian state of Paraná has suffered from COVID-19 effects, understanding predictors of increased mortality in health system interventions prevent hospitalisation of patients. We selected the best models to evaluate the association of death with demographic characteristics, symptoms and comorbidities based on three levels of clinical severity for COVID-19: non-hospitalised, hospitalised non-ICU ward and ICU ward.

Design Cross-sectional survey using binomial mixed models.

Setting COVID-19-positive cases diagnosed by reverse transcription-PCR of municipalities located in Paraná State.

Patients Cases of anonymous datasets of electronic

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The current study examined the predictors of mortality in symptoms due to COVID-19 disease and comorbidities in three levels of severity in context with reduced mitigation measures and without vaccination.
- ⇒ We built a detailed stepwise analysis to choose the best factors to predict mortality.
- ⇒ The missing data combined play a central role in decreasing sample size, creating some limitations in terms of exclusion to build the severity/medical intervention.

O símbolo **C+** indica claramente quando um tratamento opção pode ser impactada pelas comorbidades que têm foi selecionado

ACUTE	
on presentation	
1ST LINE	
short-acting bronchodilator	→
CONSIDER C+	
systemic corticosteroid	→
CONSIDER	
oxygen	→
CONSIDER	
ventilation	→
CONSIDER	
antibiotic therapy	→
CONSIDER	
supplemental treatment	→
PLUS C+	
review diabetes medication (NEVER stop insulin in a person with type 1 diabetes)	→

Expanda a opção de tratamento escolhida para ver detalhes sobre como o tratamento foi ajustado para a comorbidade


ACUTE | on presentation

CONSIDER

systemic corticosteroid

Additional treatment recommended for SOME patients in selected patient group

Consider a systemic (oral or intravenous) corticosteroid.[1][90] Oral administration is preferred; however, some patients may require intravenous administration if they cannot tolerate oral therapy (e.g., if they are vomiting).

- National Institute for Health and Care Excellence and Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines recommend a **5-day treatment course**.^{[1][90]}
- Latest evidence shows no benefit from prolonged therapy.^[132] []
- Corticosteroids are associated with risk of pneumonia, sepsis, and death and should only be used in patients with significant exacerbations.^[1]
- Avoid use of a corticosteroid with a fluoroquinolone antibiotic, because co-administration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.^[133]

C+ **DIABETES**

▼ **Manage your patient's diabetes when they are taking corticosteroids**

▼ **Evidence: Corticosteroids**

Demonstração

BMJ Best Practice

<https://bestpractice.bmj.com/>



BMJ Case Reports

Sobre BMJ Case Reports?

BMJ Case Reports é a maior coleção de casos de importância clínica de condições comuns e rara numa ampla gama de especialidades.

Informações relevantes para profissionais de saúde e pesquisadores melhorarem resultados em saúde ao compartilharem conhecimento.

Principais características

Periódico, Base de Dados e opção para Publicar

→ Desde 2008











→ Mais de 27.000 casos clínicos publicados – de 70+ países

→ Modelo de assinatura único conhecido como 'fellowship'

◆ 1 Assinatura inclui todas as taxas de Acesso e Publicação!

→ Taxa de aceitação de 35%

→ Alcance de 4.5 milhões de usuários ao ano (2022)

Country ?	Acquisition
	Users ? ↓
	4,522,101 % of Total: 100.00% (4,522,101)
1.  United States	1,812,349 (39.84%)
2.  United Kingdom	638,181 (14.03%)
3.  India	296,664 (6.52%)
4.  Australia	231,603 (5.09%)
5.  Canada	207,358 (4.56%)
6.  Philippines	62,949 (1.38%)
7.  Japan	51,815 (1.14%)
8.  Germany	45,268 (0.99%)
9.  Ireland	44,340 (0.97%)
10.  Brazil	43,500 (0.96%)

Mais do que uma oportunidade de ser publicado.
Leitores brasileiros entre os Top 10.

BMJ Case Reports

Unusual association of diseases/symptoms

CASE REPORT

Small intestinal bacterial overgrowth (SIBO) and vitamin K-responsive coagulopathy: a previously unrecorded association

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Accepted 10 May 2018

SUMMARY

A 17-year-old woman, with a history of three operations on the upper gut in early life and intermittent diarrhoea, presented with a history of epistaxis and leg ecchymosis. In the previous 3 months, initial investigation revealed mild anaemia, low serum albumin, moderately elevated aminotransferases and an exceedingly prolonged prothrombin time (PT) which was promptly shortened to normal by intravenous vitamin K. Additional investigations revealed a grossly abnormal glucose hydrogen breath test, a dilated duodenum and deficiencies of vitamins A, D and E. Repeated courses of antimicrobial agents caused prompt but transient shortening of PT and eventually a duodenal-jejunal anastomosis was performed. Since then, up to 36 months later, the patient has been in good general health and PT has been consistently normal with no vitamin K supplementation. Small intestinal bacterial overgrowth has previously been associated with similar conditions but this is the first description of its association with vitamin K-responsive coagulopathy.

BACKGROUND

The consequences of nutritional deficiencies, including those of fat-soluble vitamins, are the subject of increasing presentation in many patients with malabsorption. Small intestinal bacterial overgrowth (SIBO) is a well-known cause of malabsorption and malnutrition but vitamin K serum level is usually normal in patients with SIBO, even when malabsorption is conspicuous and serum levels of vitamins A, D and E are low.¹⁻³ Accordingly, coagulopathy seems to be rare in SIBO.⁴

In addition, high prevalence of SIBO was found in patients with high warfarin dose requirements.⁵ The association of SIBO and coagulopathy is the lack of vitamin K, (menaquinone) in SIBO is the production of vitamin K₂ (menaquinone) by luminal anaerobes. In patients whose population used MKC, expanded t_{1/2} and IgA antidiarrhoeal were negative. MKC (menadione) revealed a grossly dilated duodenum (figure 2A). This finding led us to investigate the possibility of SIBO, which was demonstrated by a markedly abnormal glucose breath test (figure 2B).

DIFFERENTIAL DIAGNOSIS
The finding of elevated aminotransferases might lead to the suspicion of liver disease as the cause of

CASE PRESENTATION

A 17-year-old woman presented with a history of leg ecchymosis at sites of minor trauma and occasional epistaxis for 3 months. She had a medical history of two gut operations in the early neonatal life (12 months of age) for correction of jejunal atresia and an exceedingly prolonged prothrombin time (PT) which was promptly shortened to normal by intravenous vitamin K. Additional investigations revealed a grossly abnormal glucose hydrogen breath test, a dilated duodenum and deficiencies of vitamins A, D and E. Repeated courses of antimicrobial agents caused prompt but transient shortening of PT and eventually a duodenal-jejunal anastomosis was performed. Since then, up to 36 months later, the patient has been in good general health and PT has been consistently normal with no vitamin K supplementation. Small intestinal bacterial overgrowth has previously been associated with similar conditions but this is the first description of its association with vitamin K-responsive coagulopathy.

INVESTIGATIONS

Additional laboratory studies carried out 24 hours later confirmed prothrombin (PT) (74.6), INR (8.01) which was shortened to normal range in a few hours after a single dose of vitamin K (2 mg intravenously). Serum alanine aminotransferase (1241 U/L) and aspartate aminotransferase (182 U/L) levels were elevated, and blood levels of vitamin A (0.10 µg/dL), 25-hydroxyvitamin D (16.6 µg/mL) and vitamin E (<0.5 mg/mL) were low. Total and direct bilirubin levels were normal, and tests for HBsAg, anti-HBc, anti-HCV, expanded t_{1/2} and IgA antidiarrhoeal were negative. MKC (menadione) revealed a grossly dilated duodenum (figure 2A). This finding led us to investigate the possibility of SIBO, which was demonstrated by a markedly abnormal glucose breath test (figure 2B).

DIFFERENTIAL DIAGNOSIS
The finding of elevated aminotransferases might lead to the suspicion of liver disease as the cause of

Images in...

Endovascular treatment of an aorto-oesophageal fistula caused by oesophageal cancer

Tulio Leite,¹ Lucas Alves Sarmiento Pires,^{2,3} Carlos Alberto Araújo Chagas³

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Accepted 12 July 2018

DESCRIPTION

Aorto-oesophageal fistula (AOF) is commonly the product of aortic aneurysm or iatrogenic injuries during endovascular aortic procedures, despite that, AOF is an uncommon medical condition. In rare cases, it can be the product of an oesophageal carcinoma. It is a fatal condition, and its treatment options are scarce due to its low incidence.^{1,2} The case presented herein aims to show an endovascular treatment for AOF.

A 50-year-old male patient presented with odynophagia, progressive dysphagia and weight loss for 4 months prior to the consultation. The patient sought the emergency healthcare service due to haematemesis and melena for 4 days. He was submitted to haemodynamic resuscitation, blood transfusion and to an upper gastrointestinal tract endoscopy, which revealed an ulcerative and vegetative tumourisation on his oesophagus 25 cm below his upper dental arcade. Biopsy confirmed the hypothesis of a malignant oesophageal carcinoma with moderate cell differentiation. Despite the aforementioned interventions, his blood cell count decreased, and his haematemesis worsened, thus, immediate radiotherapy was performed (400 cGy) to treat the tumour.

On the next day, the patient still presented with haematemesis and a low blood cell count.



Figure 2 Postoperative arteriography displaying the endovascular prosthesis and resolution of the aorto-oesophageal fistula.



Figure 1 Arteriography showing opacification of the oesophagus characterising an aorto-oesophageal fistula.

Check for updates

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No other funding. Full text available at www.bmj.com/lookup/doi/10.1136/bmjcr-2018-228151

Leite T, et al. *BMJ Case Rep* 2018; doi:10.1136/bmjcr-2018-228151

Novel treatment (new drug/invention, established drug/procedure in new situation)

CASE REPORT

Robotic-assisted laparoscopic management of a caliceal diverticular calculus

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Accepted 20 July 2018

SUMMARY

OBJECTIVE To report the first case of robotic-assisted laparoscopic management of a symptomatic caliceal diverticular calculus and review the literature on laparoscopic treatment for this condition.

CASE REPORT A 33-year-old obese woman with a 2.1-cm calculus within an anterior caliceal diverticulum located in the middle pole of the left kidney was referred to our service. She had already undergone two flexible ureteroscopies without success. We considered that a percutaneous approach would be very challenging due to stone location, thus we elected to perform a robotic-assisted laparoscopic procedure for stone removal and diverticulum ligation. The procedure was uneventfully performed with no intraoperative or postoperative complications. The patient was discharged from the hospital on the second postoperative day and after 1.5 years of follow-up she is asymptomatic with no recurrence.

CONCLUSIONS The robotic-assisted laparoscopic approach to caliceal diverticular calculus is feasible and safe, providing one more option for treatment of stones in challenging locations.

BACKGROUND

Caliceal diverticulum is a non-secreting, unobstructed cystic cavity containing urine when the renal pelvis, communicating with the collecting system through a narrow neck. It may be a congenital or acquired lesion, secondary to conditions such as interlobular fibrous adhesions, rupture of a simple renal cyst or vesicoureteral reflux, although the exact aetiology is uncertain. This condition is prone to urinary stasis, leading to recurrent urinary tract infections, milk of calcium and/or nephrolith formation. Stones as a complication of a caliceal diverticulum occur in 10–50% of cases and the diagnosis is based on imaging examinations (ie, contrast-enhanced CT scan, intravenous urography).

Currently, there are several therapeutic options available for symptomatic stones in caliceal diverticulum, including shock wave lithotripsy (SWL), retrograde intrarenal surgery (RIRS) or percutaneous nephrolithotomy (PCNL).^{1,2} In the past few years, the laparoscopic approach has also been reported as an effective procedure with low morbidity and high success rate. We report the first case of robotic-assisted laparoscopic management of a caliceal diverticular calculus in a symptomatic patient. We have also reviewed the literature on this condition.

literature on laparoscopic treatment of stones in caliceal diverticulum.

CASE PRESENTATION A 33-year-old obese (body mass index=37 kg/m²) woman was referred to our service with a recurrent left-sided renal pain for 1 year. She had no history of upper urinary tract infection, haematuria or any voiding symptoms. Her physical examination was unremarkable and laboratory serum examinations were normal. A contrast-enhanced CT scan revealed a 2.1-cm calculus within an anterior caliceal diverticulum located in the middle pole of the left kidney. The renal parenchyma overlying the diverticulum was mildly atrophic (figure 1).

The patient underwent two attempts of flexible ureteroscopy (URS) at another institution before reaching our service. In the first procedure, the caliceal diverticulum was found and its neck incised using a holmium laser; the stone was fragmented but its removal was not possible due to a pre-tensioned bleeding, technical difficulties and prolonged operative time. There was an initial improvement in the patient's symptoms, however, with recurrence 3 months after the procedure. A second URS was then performed; nevertheless, the caliceal diverticulum was not identified due to total obliteration of the diverticular neck. After these two unsuccessful procedures, the patient underwent laparoscopic management of the diverticulum. Based on the anterior location of the diverticulum and its small diameter we considered that a percutaneous approach would be very challenging. Therefore, we elected to perform a robotic-assisted laparoscopic approach for stone removal and diverticulum ligation.

TREATMENT

The patient was placed in a 45° right lateral decubitus with the table tilted to elevate the kidney. A standard four-port robotic-assisted laparoscopic approach for partial nephrectomy was used. Briefly, the left kidney was retracted by the kidney and the Gerota's fascia was incised to identify and mobilise the diverticulum. The dissection of renal parenchyma overlying the diverticulum was almost normal and intraoperative laparoscopic ultrasound was used to identify its location. The renal artery was clamped using building clamps. The renal parenchyma overlying the diverticulum was then excised and the diverticulum wall opened. The stone was then removed with a robotic grasper and intracorporeal fragmentation was performed using a holmium laser. Thereafter,

Check for updates

© 2018 Torricelli FCM, Batista LT, Coelho JR, et al. *BMJ Case Rep* Published online first: 10 July 2018. Full text available at www.bmj.com/lookup/doi/10.1136/bmjcr-2018-228151

Torricelli FCM, et al. *BMJ Case Rep* 2018; doi:10.1136/bmjcr-2018-228151

BMJ Case Reports Impacto

10.5M

Visualizações de página

15K

Citações em Altmetric

8.2K

Artigos publicados online

15 dias

Do aceite à publicação
(2022 median)

15M
Usuários

Localização dos usuários

46% Américas
25% Europa
21% Ásia
5% Oceania
3% África

36K
Menções

Altmetric - Menções

33K em mídias sociais
2.5K em Notícias e blogs
52 em políticas

Jan 2020- Oct 2023

Demonstração

BMJ Case Reports

<https://casereports.bmj.com/>



BMJ Impact Analytics

Impacto para além do fator de impacto

Manisha Bolina, *Senior Partnerships Manager*
mbolina@bmj.com



Collaboration
BMJ | overton

BMJ Impact Analytics

A ferramenta mais atualizada e abrangente para monitorar e compartilhar o impacto real da sua pesquisa em Medicina e Saúde.

Se você financia, publica ou desenvolve pesquisa ou políticas, BMJ Impact Analytics monitora onde sua pesquisa foi citada em Diretrizes Clínicas e Políticas Públicas em Saúde ao redor do mundo.



Monitore o impacto de documentos

BMJ Impact Analytics é a **ferramenta mais atualizada e abrangente para monitorar e compartilhar o impacto da sua pesquisa em Saúde e Medicina.**



Encontre citações de forma rápida e contextualizada

Fornecer os **links exclusivos de resultados de paciente** (citando as ferramentas de apoio à decisão clínica) e **mostra as citações no contexto em que aparecem.**



Acesse os dados de resultados de paciente com resultados de citações que incluem diretrizes locais e citações de ferramentas de apoio à decisão clínica.

41.396 organizações em 2.278 fontes políticas e 10.206.924 documentos encontrados



Busque em documentos de mais de 30 mil Organizações globais, em mais de 1.440 fontes relacionadas à saúde de mais de 175 países.



Menos de 6% das pesquisas acadêmicas são referenciadas em políticas públicas.

Com notáveis exceções: durante a pandemia de COVID-19 vimos artigos serem citados pela OMS, CDC e outras agências dias após terem sido publicados.

Leva de 5 a 10 anos até que uma pesquisa seja citada numa política pública

Não se preocupe se sua pesquisa não foi citada em políticas públicas - a maioria também não é e isso não diz nada sobre a qualidade do seu trabalho.

O que torna o BMJ Impact Analytics único?

- Única ferramenta focada na saúde e na assistência social, cobrindo a maior variedade de fontes médicas importantes
- Mostra de forma exclusiva como a pesquisa influencia o atendimento ao paciente – mostra citações em diretrizes locais, caminhos de atendimento e em ferramentas usadas por profissionais de saúde para prestar atendimento (BMJ Best Practice)
- Ele fornece contexto para impactar nas diretrizes clínicas e na ferramenta de ponto de atendimento BMJ Best Practice
- Mostra ligações entre documentos de política de saúde e literatura cinzenta
- Extensivamente testado e desenvolvido em parceria com departamentos médicos de universidades e financiadores de pesquisas médicas. O BMJ Impact Analytics é fácil de usar e oferece suporte a uma cultura de impacto.

Como isso pode ajuda-lo?



Identifique o impacto clínico real de sua pesquisa médica



Veja facilmente o contexto e o alcance das citações em políticas, diretrizes e literatura cinzenta



Direcionar o financiamento de pesquisa para influenciar os resultados de saúde



Compartilhe insights sem esforço com as partes interessadas e o público

USP Examples

BMJ Impact Analytics

Quase 5% dos resultados de pesquisas citados em políticas e diretrizes no mundo têm um autor da Universidade de São Paulo.

O BMJ Impact Analytics analisa colaborações com financiadores, áreas temáticas de periódicos, pesquisadores influentes, bem como áreas de tendências e especialidades políticas.

Global Impact

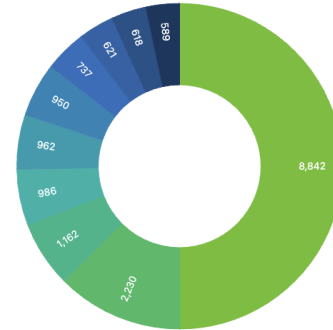


Article count
15,712

Cited in countries
124

Cited in sources
1,224

Citations by source



Export

Name	Citations by source
Your key sources	344
Guidelines in PubMed Central other, aggregator	2,230
World Health Organization Igo, healthcare agency	1,162
Government of Brazil government	986
NICE government, healthcare agency	962
Instituto de Pesquisa Econômica Aplicada think tank	950
Food and Agriculture Organization of the United Nations Igo	737
United Nations Igo	621
Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF) government, healthcare agency	618
World Bank Igo, development bank	589

Show more

Research funders

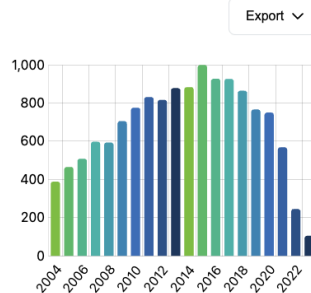
- Fundref
- Euro PMC
- Gateway to Research
- Other

Journal subjects

Name	Articles
Public Health, Environmental and Occupational Health	682
Cardiology and Cardiovascular Medicine	620
Infectious Diseases	593
Psychiatry and Mental Health	555
Ecology, Evolution, Behavior and Systematics	499
Multidisciplinary	468
Medicine (all)	455
Surgery	407
Animal Science and Zoology	401
Neurology (clinical)	399

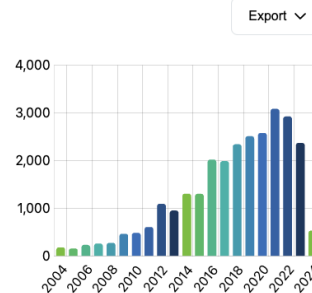
Show more

Scholarly article publication years

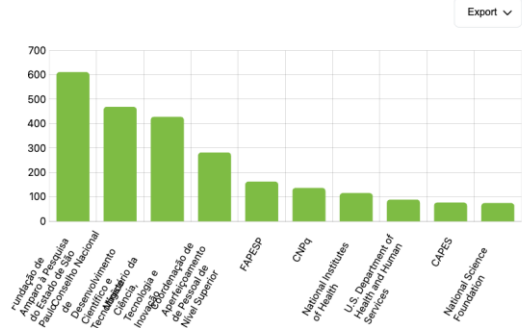


Export

Citing policy and guidance publication years



Export



Export

Open Access status

Select one or more filter options then 'apply' OR
Select 'show more' to see the full list to add more

<input type="checkbox"/> gold	5140
<input type="checkbox"/> green	1343
<input type="checkbox"/> hybrid	833

Cited journals

Name	Documents
The Lancet	11,448
PLOS ONE	9,526
BMJ	7,883
New England Journal of Medicine	7,848
JAMA	7,116
Science	6,154
Nature	5,362
Proceedings of the National Academy of Sciences	5,323
Cochrane Database of Systematic Reviews	4,793
Annals of Internal Medicine	4,061
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O BMJ é o terceiro periódico mais citado entre resultados de pesquisas de autoria da USP em políticas e diretrizes.

Research output

Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013 ↗

From *The Lancet* on August 1st 2014

Marie Ng, Tom P. Fleming, Margaret Robinson, Blake Thomson, Nicholas Graetz, Christopher Margono, Erin C. Mullany, Stan Biryukov, Cristiana Abbafati, Semaw Ferede Abera, Jerry Abraham, Niveen M E Abu-Rmeileh, Tom Achoki, Fadia AlBuhairan, Zewdie Aderaw Alemu, Rafael Alfonso, Mohammed K. Ali, Raghieb Ali, Nelson Alvis-Guzmán, 113 other authors and Emmanuela Gakidou

In 2010, overweight and obesity were estimated to cause 3·4 million deaths, 3·9% of years of life lost, and 3·8% of disability-adjusted life-years (DALYs) worldwide.

“Nonetheless over 800 million people are hungry, over 2 billion suffer from micronutrient deficiencies, in particular vitamin A, iodine, iron and zinc, and over 2 billion people overweight or obese 8.”

Food Systems and Natural Resources - pg 15
United Nations Environment Programme (2016)

show more citation extracts

209 citations

209 Citations - see these results

The number of citations stated here refers to the number of clinical guidance and health policy documents that cite this research. Note that the research may also be cited multiple times within a document.

Clinical guidance citations: 37 Health policy citations: 185 Countries cited in 30

Citing sources:

Government of Switzerland, Analysis & Policy Observatory, Asian Development Bank, American Thoracic Society, College of Family Physicians of Canada, Deutsche Gesellschaft für Ernährung e.V., Faculty of Sexual and Reproductive Healthcare, International Federation of Gynecology and Obstetrics, Kidney Disease: Improving Global Outcomes (KDIGO), Nuffield Trust, World Gastroenterology Organisation, Cancer Research UK, CGIAR, Senate Committees, Council on Foreign Relations, International Science Council, European Centre for Development Policy Management, Ecologic Institute, Economic Research Southern Africa, EFSA, Publications Office of the European Union, Food and Agriculture Organization of the United Nations, Fondapol, Government of Italy, Government of Spain, Government of Argentina, Government of Cape Verde, Government of El Salvador, Government of Estonia, Government of Lebanon, Government of Malaysia, Government of Malta, Government of Mexico, Government of the Philippines, Government of Uganda, Government Publishing Office (GPO), Inter-American Development Bank, IDDRI, International Development Research Centre, Institute for European Environmental Policy, International Fund for Agricultural Development, IFPRI, IIASA, Institut national de santé publique du Québec, Institute of Development Studies, IPBES, IZA Institute of Labor Economics, Centre for Analysis of Social Exclusion, McKinsey Global Institute, Government of Latvia, NBER, Nuffield Trust, Overseas Development Institute (ODI), Parliament of Australia, Alpingi, Congreso General de los Estados Unidos Mexicanos, Public Health Scotland, Guidelines in PubMed Central, RAND Corporation, Regeringskansliet, Robert Koch Institut, SafeFood, Santé Publique France, Sax Institute, Euskal Autonomia Erkidegoa, State of Florida, State of South Australia, Government of Tanzania, TMG, United Nations Development Programme, United Nations Environment Programme, United Nations, United States Census Bureau, World Health Organization, World Bank, World Food Programme, World Resources Institute

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Aqui está um exemplo da produção de pesquisa mais citada da Universidade de São Paulo.

Este artigo foi citado por 37 diretrizes clínicas e 185 documentos de políticas de saúde de 30 países. Tem sido muito influente.

Nossa tecnologia identifica onde a pesquisa é citada no documento.

BMJ Impact Analytics

Mais de 26.000 documentos originais citam pesquisas de um autor da USP. Mais de 6.000 são citados nas diretrizes clínicas globais e 255 no BMJ Best Practice

Global Impact



Document count	Countries	Sources
26,829	124	1,231

Document type

Choose one or more and then click 'apply'

- Policy document 19564
- Clinical guidelines and implementation 6715
- Working paper 1344
- Scholarly article 590
- Clinical decision support 255
- Blog post 43
- Periodical 19
- Transcript 16
- Legal document 12
- Care Pathway 8

Policy document

[Scale of the challenge: obesity and the labour market](#)

[Institute for Public Policy Research](#) from [Analysis & Policy Observatory](#) on May 6th 2024

Publication

[The Ultra-Processed Food Content of School Meals and Packed Lunches in the United Kingdom](#)

Jennie C. Parnham et al. (2022)

Nutrients

Authors from [Universidade de São Paulo](#) are [Fernanda Rauber](#) and [Renata Bertazzi Levy](#)

Parnham J C et al 2022 The ultra-processed food content of school meals and packed lunches in the United Kingdom, *Nutrients*, 1414, 2961

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Clinical guidance

[Rapid evidence review: Integrated models of drug treatment in primary care](#)

[Public Health Scotland](#) on April 30th 2024

[Using Shared Medical Appointments to Increase Access to Buprenorphine Treatment](#)

D. Roll et al. (2015)

The Journal of the American Board of Family Medicine

Authors from [Universidade de São Paulo](#) are [David Roll](#), [Hsiang Huang](#) and [Margaret Spottswood](#)

“ Papers included one randomised controlled trial from the USA, 19 nine observational studies from the USA 13,20,21,22,23,24,25,26,27 of which two focused on provider perspectives, 13,22 one observational study from Canada 28 as well as five models from within a scoping review, 16 and 31 studies within a good-quality systematic review. ”

[On page 18](#)

“ shared systems 13,18,20,21,22,24,25,29 Fully integrated services could be setting specific, for example through the expansion of service provision in a single clinic 18,24 or part of a strategic regional approach to care provision. ”

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“ Sites within integrated care models provided buprenorphine, 16,18,21,25,28 methadone 18,22 or extended-release naltrexone and buprenorphine. ”

[On page 20](#)

(and others)

25 Roll D, Spottswood M, Huang H. Using shared medical appointments to increase access to buprenorphine treatment. 2015. *Journal of American Board Fam Med.* 28 5 676677. 10.3122/jabfm.2015.05.150017

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Clinical guidance

[Postpartum haemorrhage](#)

[BMJ Best Practice](#) on April 18th 2024 Clinical Decision Support

[Effect of thromboelastography \(TEG®\) and rotational thromboelastometry \(ROTEM®\) on diagnosis of coagulopathy, transfusion guidance and mortality in trauma: descriptive systematic review](#)

Luis Teodoro Da Luz et al. (2014)

Critical Care

Author from [Universidade de São Paulo](#) is [Ajith Kumar Shankarakutty](#)

98, Da Luz LT, Nascimento B, Shankarakutty AK, et al. Effect of thromboelastography TEG and rotational thromboelastometry ROTEM on diagnosis of coagulopathy, transfusion guidance and mortality in trauma: descriptive systematic review. *Crit Care.* 2014 Sep 27;18(5):518. Full text <https://ccforum.biomedcentral.com/articles/10.1186/s13054-014-0518-9> Abstract <http://www.ncbi.nlm.nih.gov/pubmed/25261079?tool=bestpractice.bmj.com>

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Demonstração

BMJ Impact Analytics

<https://impactanalytics.bmj.com/>

Dúvidas?

- BMJ Best Practice
- BMJ Case Reports
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Obrigada!

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