Learning Objectives

• Describe the basic functional capabilities of EndNote
• Identify the key features of EndNote
• Recognize usefulness of EndNote for research
Capabilities of EndNote

– Builds a reference library that can be used for any future writing project
  • Create, maintain, and draw from library anytime

– Easy formation of a bibliography, both during and after project completion
  • Simple transition between EndNote and Word
Building an EndNote Library

- Importing PDFs
- Importing citation files (e.g., XML, RIS)
Importing
Importing
Importing

Main types used:
- PDF
- EndNote Library
- EndNote Import
- Refer/BibTeX
- Tab Delimited
- Reference Manager (RIS)
- ISI-CE
- Multi-Filter (Special)
- EndNote generated XML
- Other Filters...
Importing
Building an EndNote Library

– Importing PDFs
– Importing citation files (e.g., XML, RIS)
– Articles found online (e.g., PubMed)
Online Search

Implementation of Proton Pump Inhibitor Deprescription Protocol in Geriatric Settings

BACKGROUND: Deprescribing is a recommended intervention to reduce morbidity and mortality caused by polypharmacy and improve health outcomes. However, a lack of definitive deprescription guidelines and evidence of clinically meaningful outcomes complicates such an approach.

OBJECTIVE: The objective of the present study is to establish and implement a stepwise taper protocol to reduce the number of proton pump inhibitors in a safe, effective, and feasible manner in the nursing home.

METHODS: Proton pump inhibitor dosage was reduced by half every 3 weeks until the lowest dose was reached. Thereafter, the frequency was changed every other day for 3 weeks, if tolerated. Subsequently, histamine receptor antagonists replaced proton pump inhibitors and followed the same deprescription regimen until discontinuation. Patient-specific interventions included reassessment of therapeutic agents and dosage forms for more tolerable alternatives to facilitate deprescription efforts and minimize gastrointestinal ulceration or discomfort.

RESULTS: The study enrolled 10 patients (average age 65.6 years, medication burden 16.6 units, and antidepressant duration 37.5 months). Physicians accepted >95% of interventions, and 95% of patients achieved cessation at 12 weeks. Post cessation, none of the patients needed antacid, prokinetic, or antimotility agents at 4 weeks. Difficulties in interpretation and translation among nurses as well as order entry and calculations among pharmacists were noted.

CONCLUSIONS: The present study added to the growing body of evidence that gradual deprescription of antimicrobial medications is feasible. Nonetheless, the pilot design precludes any conclusions about safety and efficacy of the intervention.

KEYWORDS: collaborative drug therapy management; deprescription protocol; inappropriate medications; medication utilization; older adults; proton pump inhibitors; safety improvement
Variation of polypharmacy in older primary care attenders occurs at prescriber level.

Ooi BL1, Lim YMF2, Dusamsuri S2, Khoo DT2

@ Author information

Abstract

BACKGROUND: Polypharmacy is particularly important in older persons as they are more likely to experience adverse events compared to the rest of the population. Despite the relevance, there is a lack of studies on the possible association of patient, prescriber and practice characteristics with polypharmacy. Thus, the aim of this study was to determine the rate of polypharmacy among older persons attending public and private primary care clinics, and its association with patient, prescriber and practice characteristics.

METHODS: We used data from the National Medical Care Survey (NMCS), a national cross-sectional survey of patients’ visits to primary care clinics in Malaysia. A total of 22,832 encounters of patients aged 65 years were analysed. Polypharmacy was defined as concomitant use of five medications and above. Multilevel logistic regression was performed to examine the association of polypharmacy with patient, prescriber and practice characteristics.

RESULTS: A total of 20.3% of the older primary care attenders experienced polypharmacy (26.7% in public and 11.0% in private practice). The adjusted odds ratio (OR) of polypharmacy was 6.37 times greater in public practices. Polypharmacy was associated with patients of female gender (OR 1.49), primary education level (OR 1.61) and multimorbidity (OR 14.21). The variation in rate of polypharmacy was mainly found at prescriber level.

CONCLUSION: Polypharmacy is common among older persons visiting primary care practices. Given the possible adverse outcomes, interventions to reduce the burden of polypharmacy are best to be directed at individual prescribers.

KEYWORDS: Epidemiology, Medication, Multilevel modelling, Multimorbidity

PDF, RIS, XML
Online Search
Online Search
Building an EndNote Library

– Import PDF
– Import citation file (e.g., XML, RIS)
– Articles found online (e.g., PubMed)
– Accession number (A.K.A. UI, PMID)
  • From a previous file or another article
Variation of polypharmacy in older primary care attenders occurs at prescriber level.

Ong RM1, Lim YMF2, Syazan Mahmud S2, Khoj FM1.

@ Author information

Abstract

BACKGROUND: Polypharmacy is particularly important in older persons as they are more likely to experience adverse events compared to the rest of the population. Despite the relevance, there is a lack of studies on the possible association of patient, prescriber, and practice characteristics with polypharmacy. Thus, the aim of this study was to determine the rate of polypharmacy among older persons attending public and private primary care clinics, and its association with patient, prescriber and practice characteristics.

METHODS: We used data from The National Medical Care Survey (NMCS), a national cross-sectional survey of patients' visits to primary care clinics in Malaysia. A weighted total of 22,832 encounters of patients aged ≥45 years were analysed. Polypharmacy was defined as concomitant use of five medications and above. Multilevel logistic regression was performed to examine the association of polypharmacy with patient, prescriber, and practice characteristics.

RESULTS: A total of 20.3% of the older primary care attenders experienced polypharmacy (26.7% in public and 11.0% in private practice). The adjusted odds ratio (OR) of polypharmacy were 6.37 times greater in public practices. Polypharmacy was associated with patients of female gender (OR 1.49), primary education level (OR 1.61) and multimorbidity (OR 1.42). The variation in rate of polypharmacy was mainly found at prescriber level.

CONCLUSION: Polypharmacy is common among older persons visiting primary care practices. Given the possible adverse outcomes, interventions to reduce the burden of polypharmacy are best to be directed at individual prescribers.

KEYWORDS: Epidemiology, Medication, Multilevel modeling, Multimorbidity

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DOI: 10.1186/s12877-015-0750-2
Accession Number

New reference
Accession Number

Paste number, save
Building an EndNote Library

- Importing PDFs
- Importing citation files (e.g., XML, RIS)
- Articles found online (e.g., PubMed)
- Accession number (A.K.A. UI, PMID)
  - From a previous file or another article
- Building libraries for separate areas of research (i.e., Medical research and Education)
  - Within one library, or multiple libraries
Groups Within A Library
Groups Within A Library
Library Editing

• Update references within the library
  – Ensuring the citation and bibliography are correct
Updating References
Updating References
Library Editing

• Update references within the library
  – Ensuring the citation and bibliography are correct

• Change the style of the library
  – APA, Harvard, or a specific journal type
Style
EndNote Plugin for Word

• Adding citations in Word using the EndNote library
  – Cross-references the EndNote Library and updates accordingly
  – Automatically builds the bibliography in Word
Adding Citations in Word

1. Capabilities of EndNote
   a. Builds a reference library that can be used for any future project
   b. Easy formation of a bibliography, both during and after project completion
2. Building an EndNote Library
   a. Importing PDFs
   b. Importing citation files (e.g., RIS files)
   c. Importing references from articles that didn’t use EndNote
   d. How to import an article found online (e.g., article found on PubMed without DOI)
   e. Building multiple libraries for separate areas of research (i.e., Medical research vs. Education)
3. Changing the style of the references (e.g., APA, Harvard, or a specific journal type)
4. Updating references within the Library
5. Adding citations in Word using the EndNote library
   a. EndNote plugin for Word
   b. Cross-references the EndNote Library and updates accordingly
   c. Automatically builds the bibliography
Adding Citations in Word
Adding Citations in Word

EndNote Talking Points

1. Capabilities of EndNote [1]
   a. Builds a reference library that can be used for any future project
   b. Easy formation of a bibliography, both during and after project completion
2. Building an EndNote Library
   a. Importing PDFs
   b. Importing citation files (e.g., RIS files)
   c. Importing references from articles that didn’t use EndNote
   d. How to import an article found online (e.g., article found on PubMed without PDF)
   e. Building multiple libraries for separate areas of research (i.e., medical research vs. education)
3. Changing the style of the references (i.e., APA, Harvard, or a specific journal type)
4. Updating references within the library
   a. Ensuring the citation and bibliography are correct
5. Adding citations in Word using the EndNote library
   a. EndNote plugin for Word
   b. Cross-references the EndNote Library and updates accordingly
   c. Automatically builds the bibliography

EndNote on Multiple Platforms

• Carry library with you on several platforms
  – Desktop
  – Laptop
  – Tablet

• Access saved library
  – Copy .enl file and .data folder
Learning Objectives

• Describe the basic functional capabilities of EndNote
• Identify the key features of EndNote
• Recognize usefulness of EndNote for research
Resources

• **Short Course on EndNote X8** (Video)
  EndNote training on YouTube

• **Quick Reference Guide** (PDF)

• **Online User Guide** (Download)
  Clarivate Analytics