What is so good about Archie and RevMan 5?

A workshop for Cochrane Authors and Editors

Tabriz Medical University_ Iran_October 2012
Dr. Shayesteh Jahanfar, UBC, Vancouver, Canada

Outline of workshop

- Introduction to Archie and to RevMan, collectively known as the IMS (Information Management System)

- Demonstration of Archie features and RevMan features to assist Authors and Editors with the preparation of Cochrane systematic reviews

What is Archie?

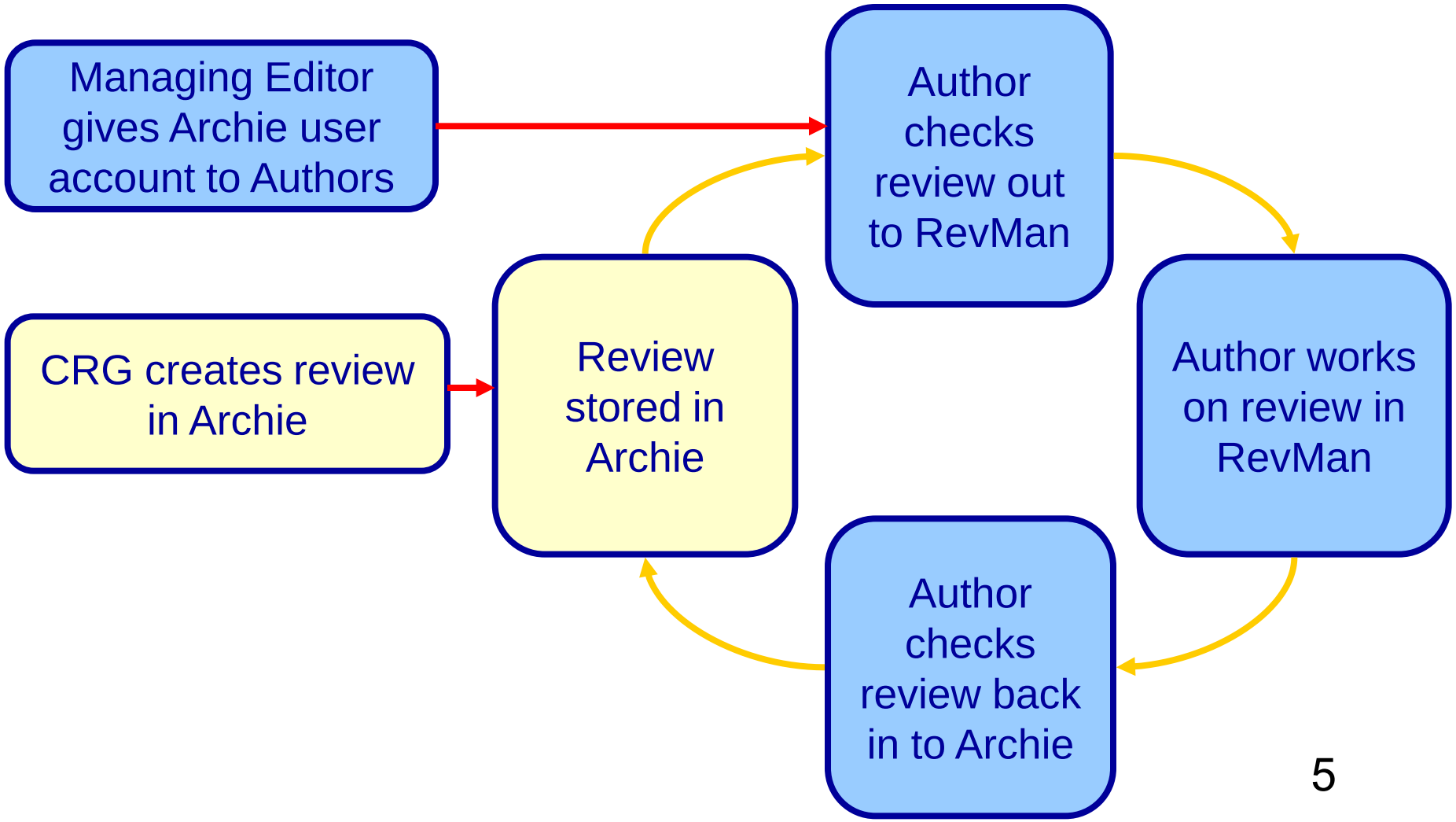
- Internet-based central database used by Editors and Authors for storing and sharing all versions of Cochrane reviews
- Central contacts database
- Interfaces with RevMan 5 to allow editing of reviews
- Used by Review Groups to manage the editorial process: piloting of workflows started in 2009
- Used to mark reviews for publication in *The Cochrane Library*

What is RevMan?

- Software used for preparing and editing Cochrane reviews

- Interfaces with Archie to allow storing and sharing of individual versions of reviews

Communication between Archie and RevMan 5



Benefits of Archie

- Access to reviews without using RevMan (read, print, download)
- Versioning system to ensure you always know which version is the most recent
- Can easily compare different versions of reviews
- Easier communication with editorial base
- Produces reports of all your reviews for which you are an Author or Editor
- Access to other information about your Group

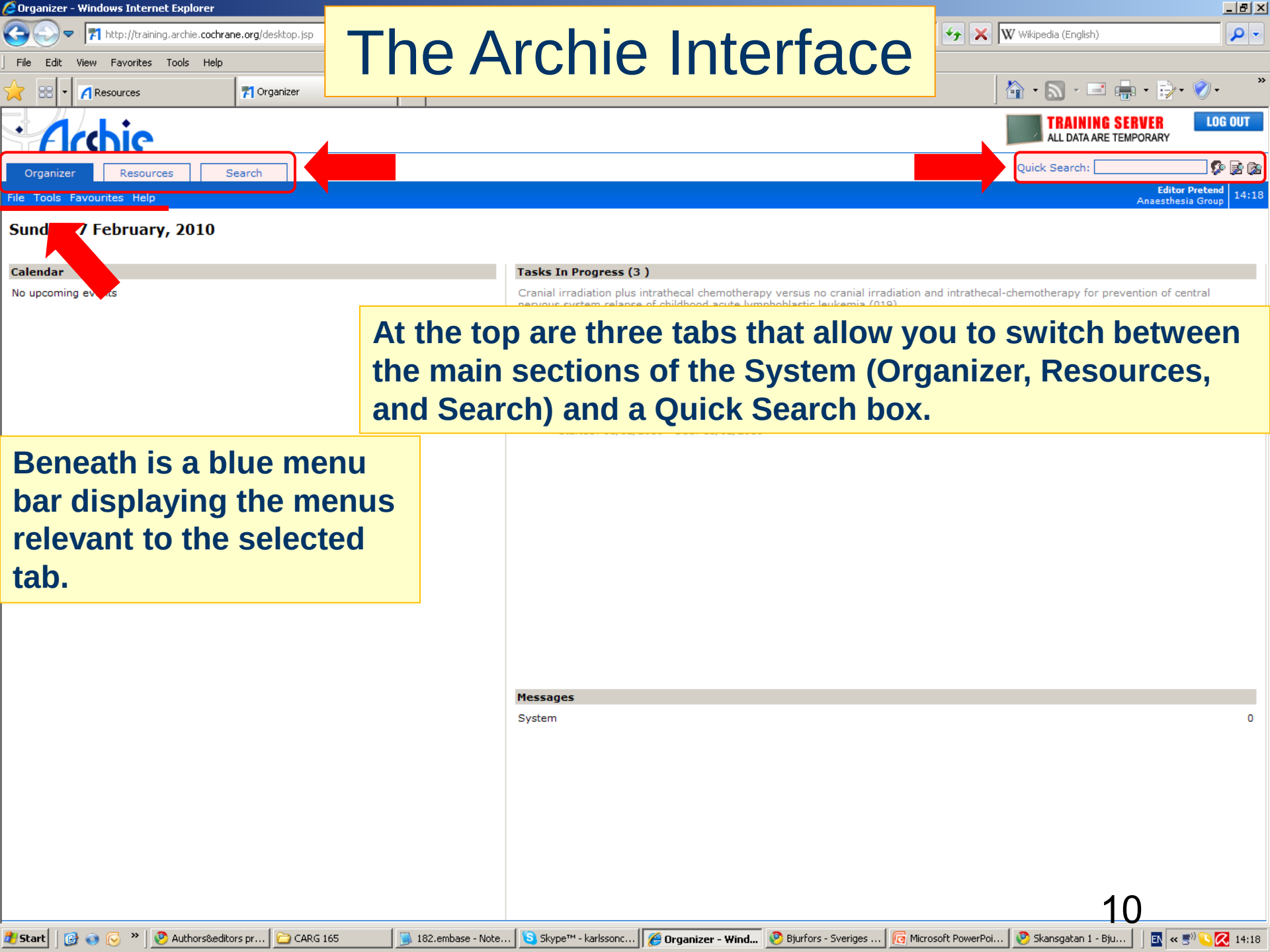
Benefits of RevMan

- Provides a systematic structure for a Cochrane review: text, references, included/excluded tables, comparisons
- Easy access to Cochrane review preparation support materials
- Allows data entry
- Performs meta-analyses
- Presents the results graphically

Introduction to Archie

Archie - The Cochrane Collaboration - Windows Internet Explorer
http://training.archie.cochrane.org/
Wikipedia (English)
File Edit View Favorites Tools Help
Archie - The Cochrane Colla...
Archie - The Cochrane C...
Archie
THE COCHRANE COLLABORATION
NEWS ABOUT HELP SUPPORT PRIVACY | WWW.COCHRANE.ORG
USER NAME:
PASSWORD:
LOG IN
FORGOT YOUR PASSWORD?
NOT A USER? REQUEST A USER ACCOUNT
TRAINING SERVER
ARE TEMPORARY
In order to access Archie, you will need an individual user account.
To request an account, click the “Not a user? Request a user account” link and follow the instructions.
Version 3.0.6
04/02/2010 19:47
Start
Authors&editors pr...
CARG 165
182.embase - Note...
Skype™ - karlssonc...
Archie - The Coc...
Bjurfors - Sveriges ...
Microsoft PowerPoi...
Skansgatan 1 - Bju...
15:07

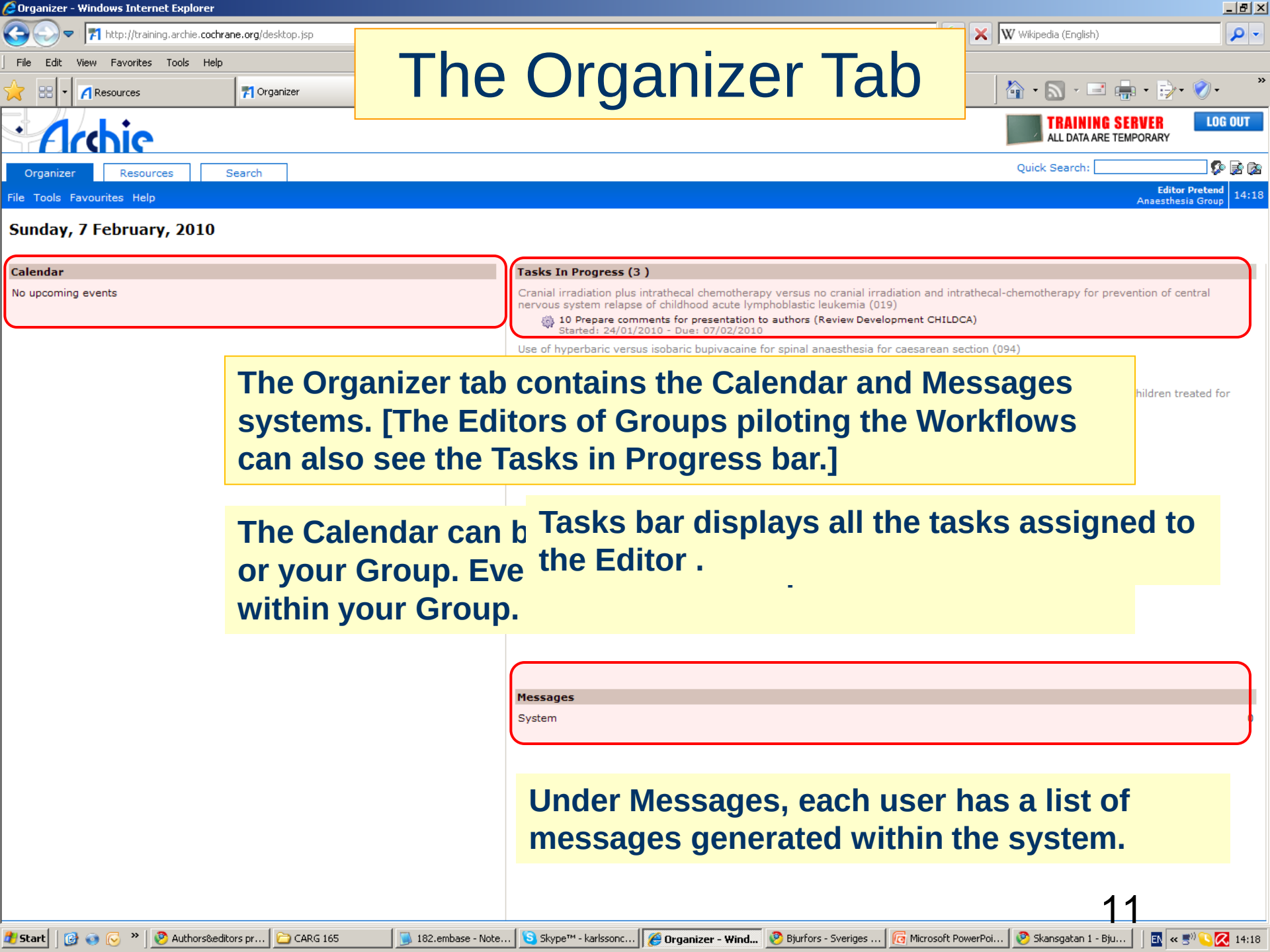
The Archie Interface



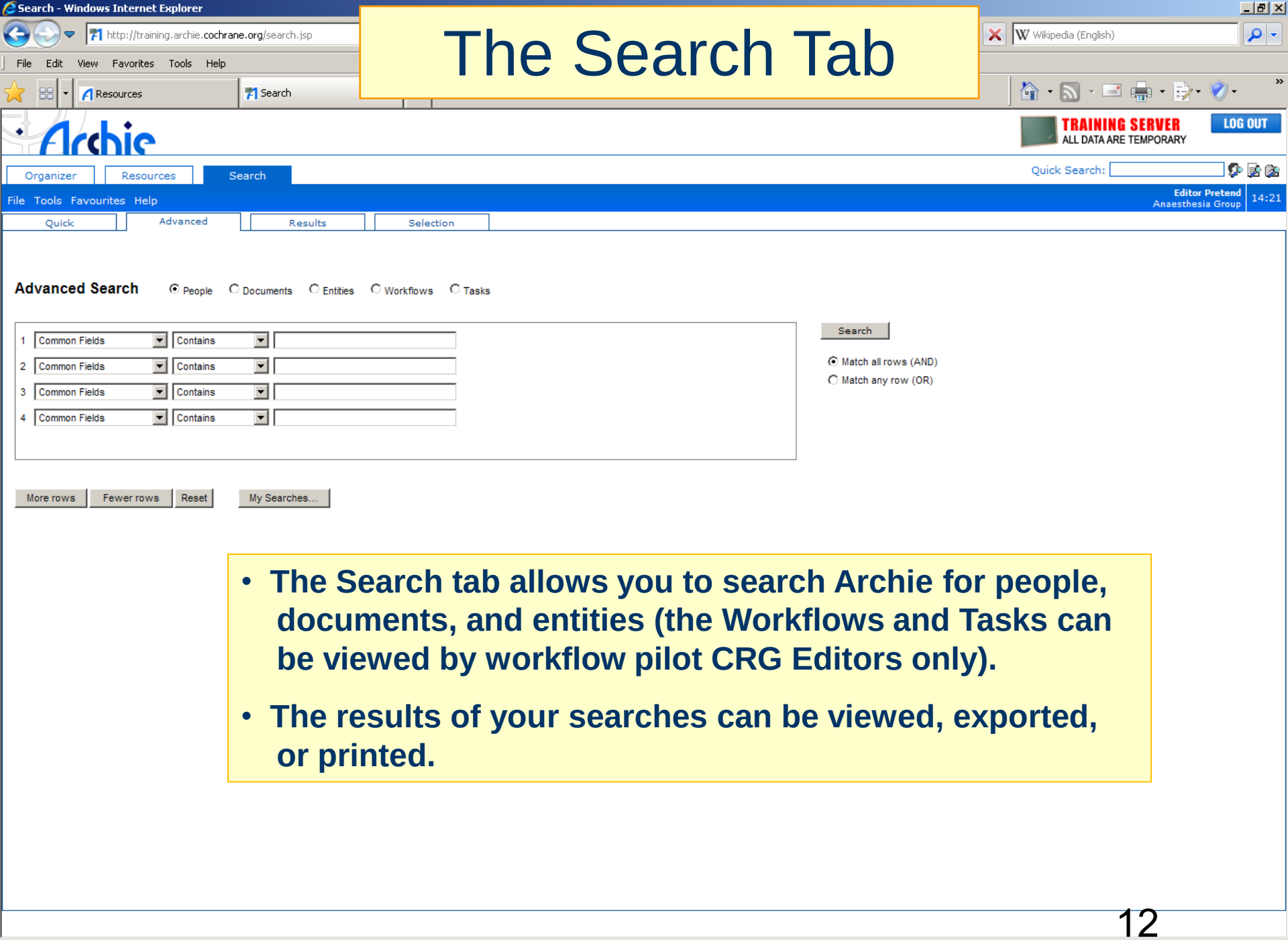
At the top are three tabs that allow you to switch between the main sections of the System (Organizer, Resources, and Search) and a Quick Search box.

Beneath is a blue menu bar displaying the menus relevant to the selected tab.

The Organizer Tab

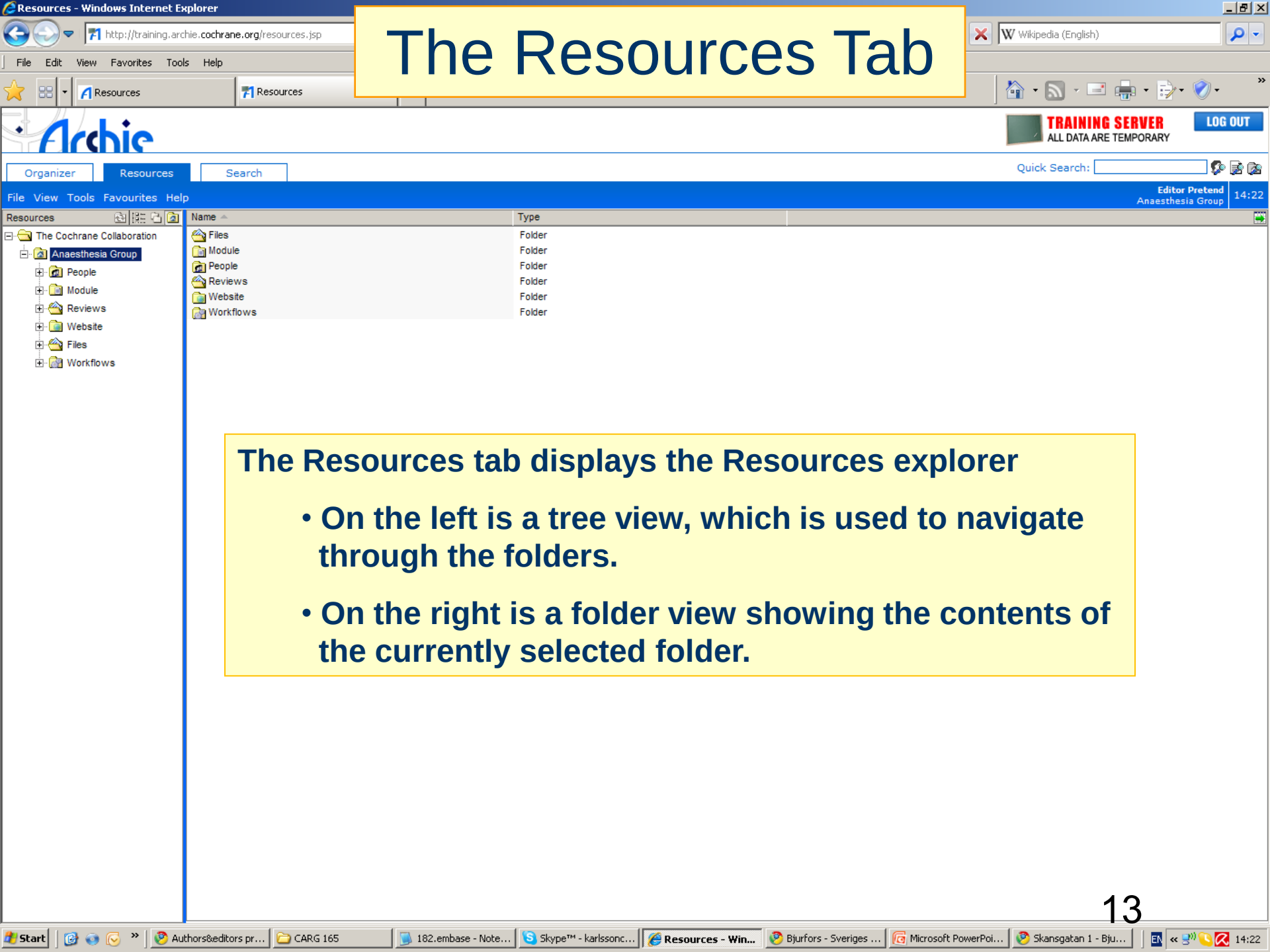


The Search Tab



- **The Search tab allows you to search Archie for people, documents, and entities (the Workflows and Tasks can be viewed by workflow pilot CRG Editors only).**
- **The results of your searches can be viewed, exported, or printed.**

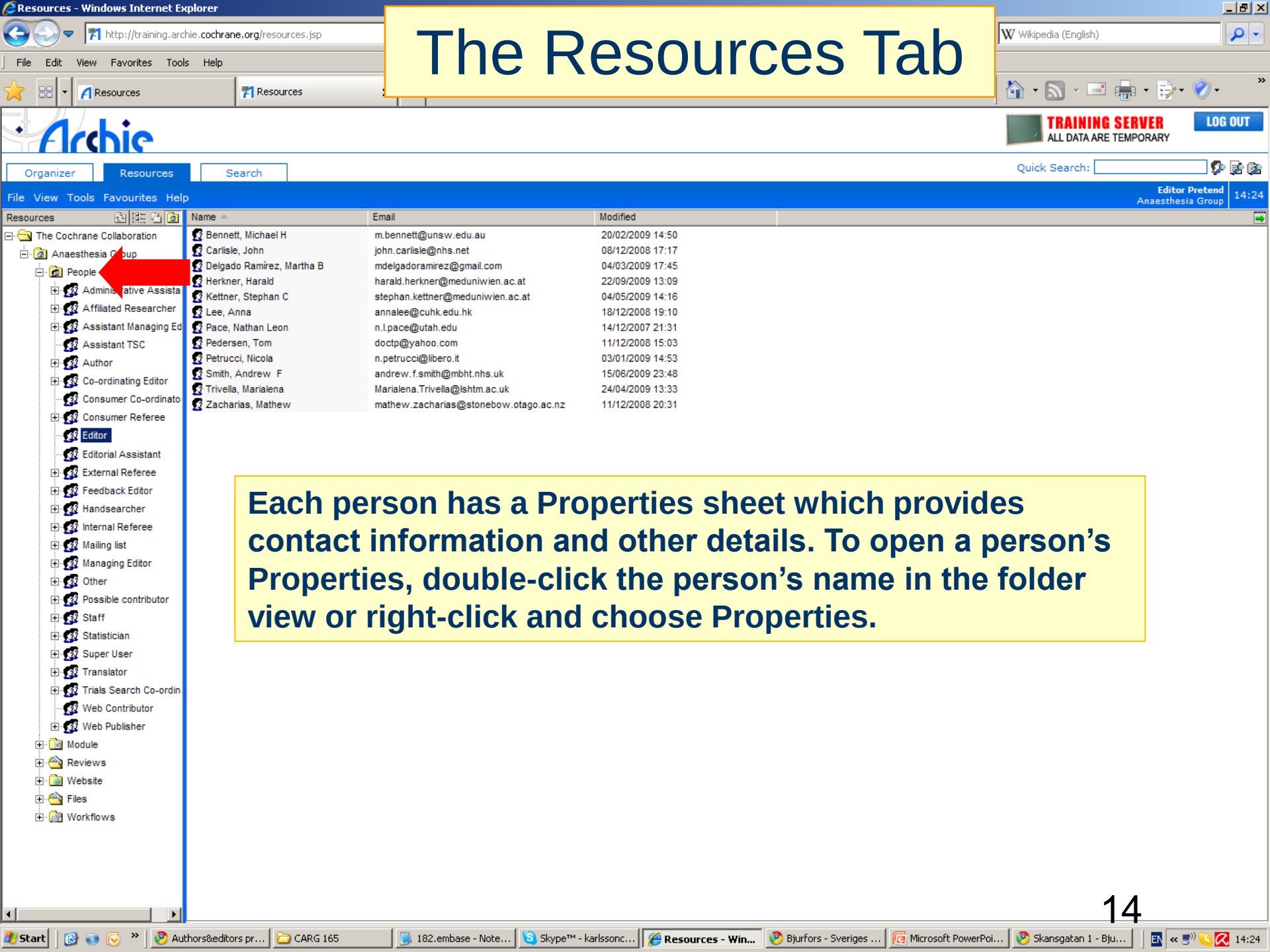
The Resources Tab



The Resources tab displays the Resources explorer

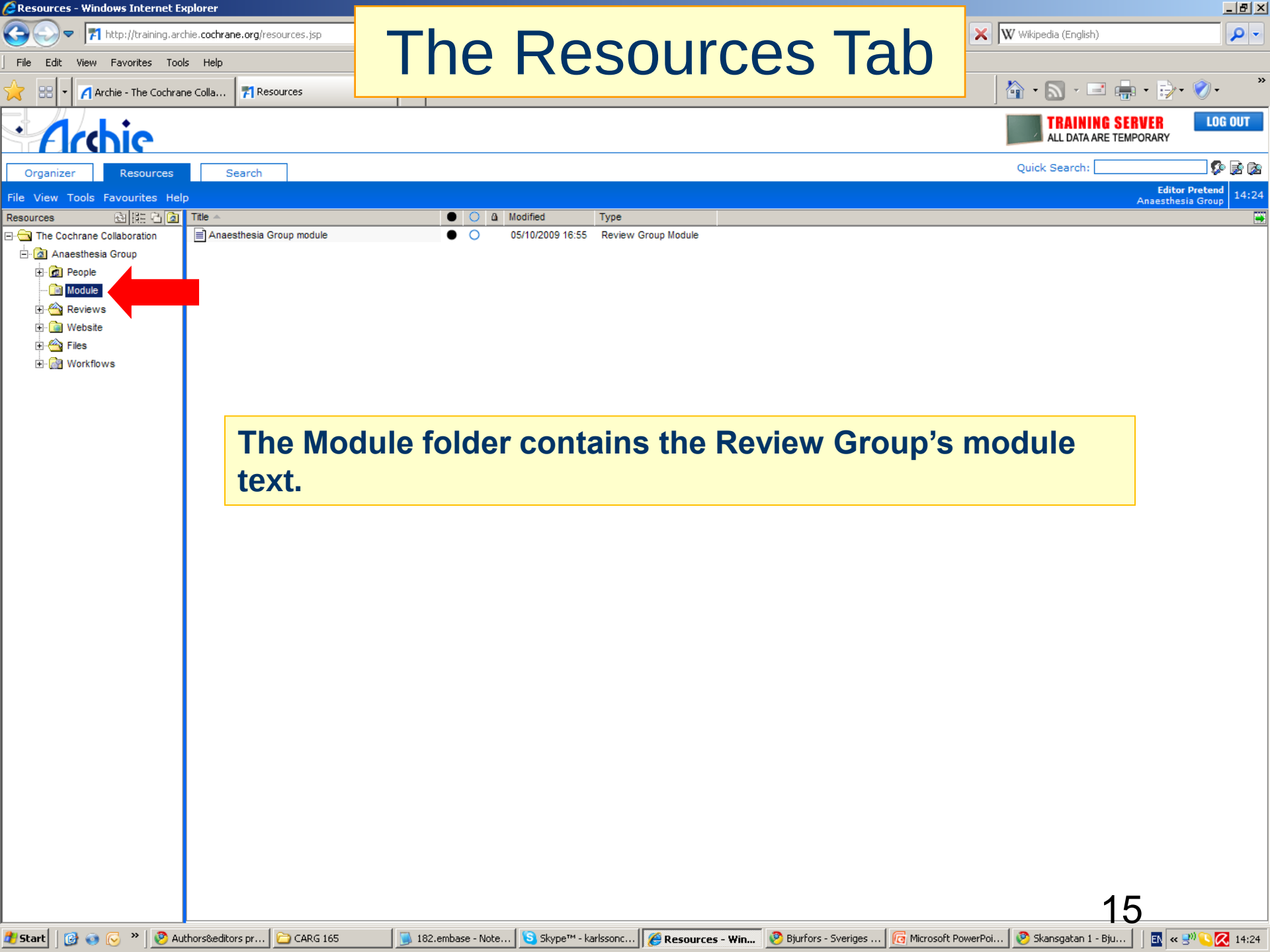
- **On the left is a tree view, which is used to navigate through the folders.**
- **On the right is a folder view showing the contents of the currently selected folder.**

The Resources Tab



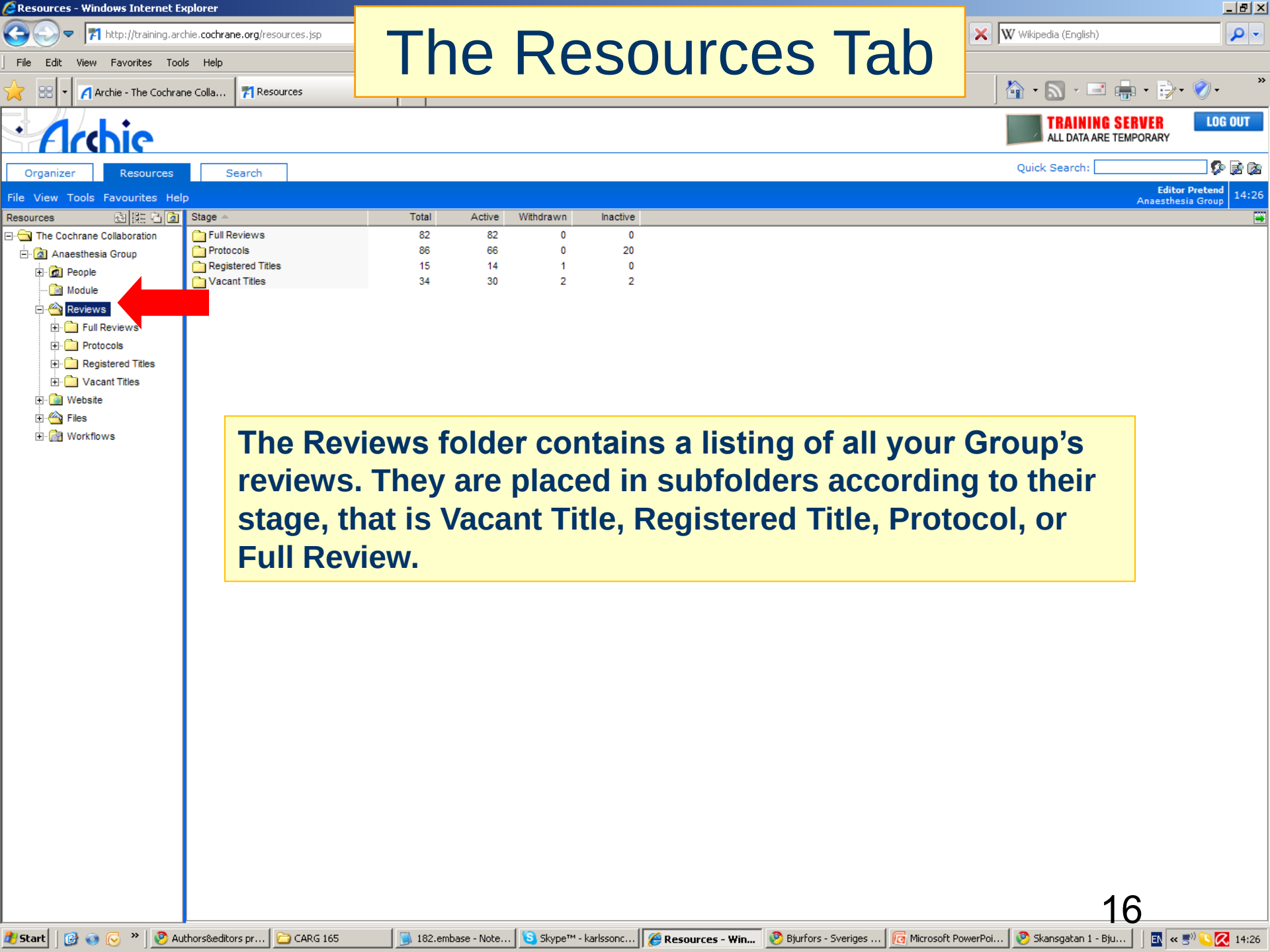
Each person has a Properties sheet which provides contact information and other details. To open a person's Properties, double-click the person's name in the folder view or right-click and choose Properties.

The Resources Tab

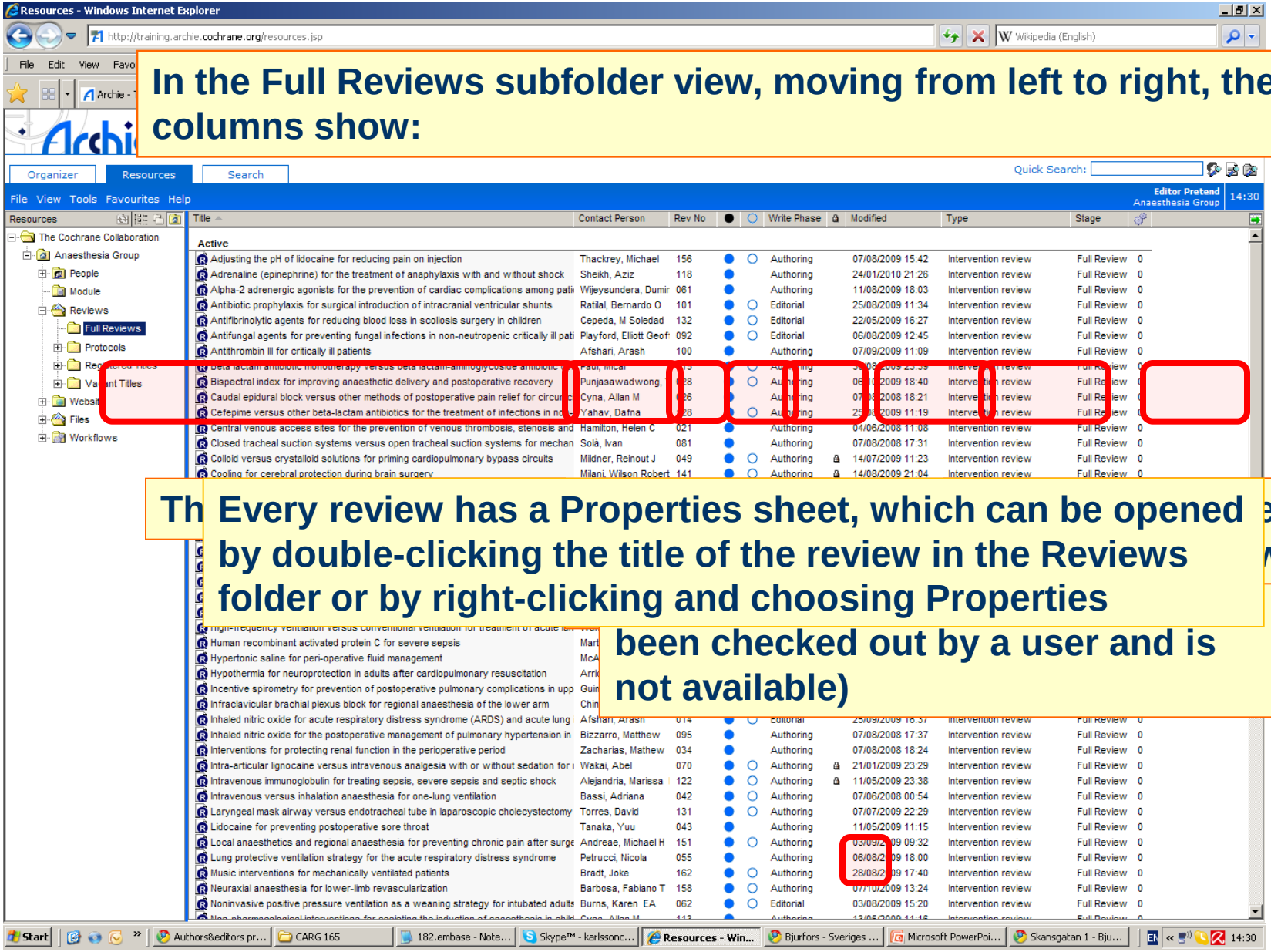


The Module folder contains the Review Group's module text.

The Resources Tab



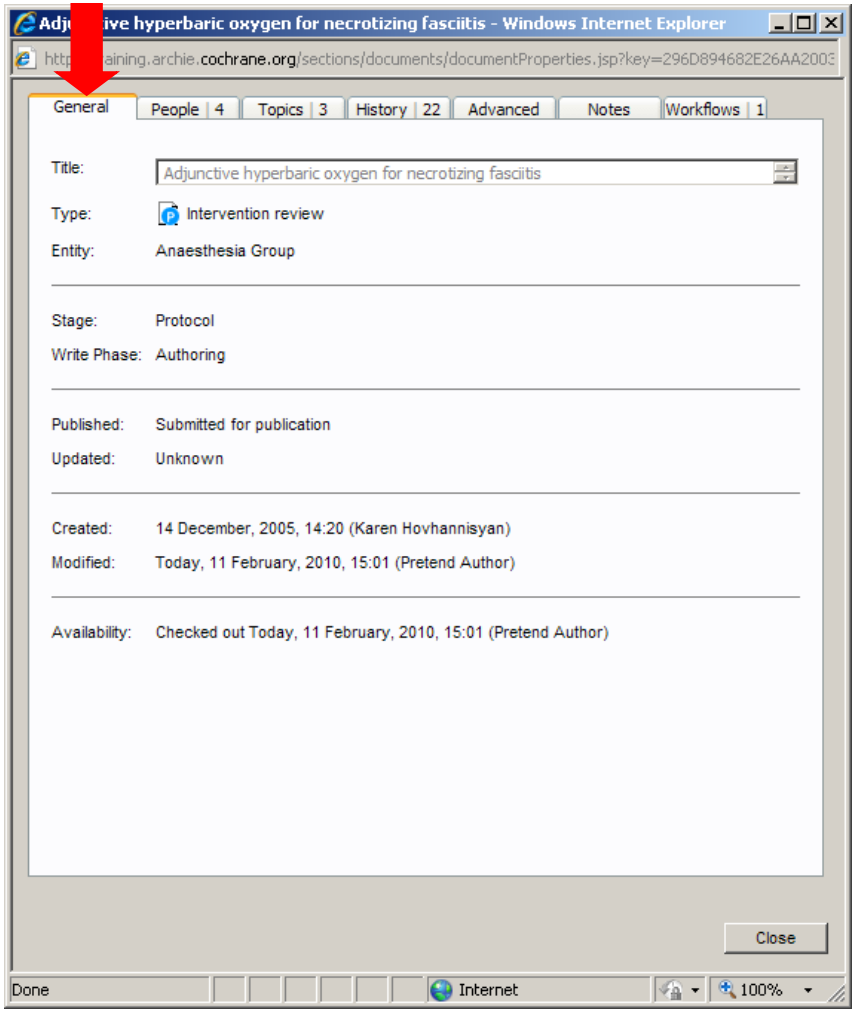
The Reviews folder contains a listing of all your Group's reviews. They are placed in subfolders according to their stage, that is Vacant Title, Registered Title, Protocol, or Full Review.


In the Full Reviews subfolder view, moving from left to right, the columns show:
Every review has a Properties sheet, which can be opened by double-clicking the title of the review in the Reviews folder or by right-clicking and choosing Properties
been checked out by a user and is not available)
Resources - Windows Internet Explorer
Organizer
Resources
Search
Quick Search:
File View Tools Favourites Help
Editor Pretend
Anaesthesia Group
14:30
The Cochrane Collaboration
Anaesthesia Group
People
Module
Reviews
Full Reviews
Protocols
Websit
Files
Workflows
Active
Title
Contact Person
Rev No
Write Phase
Modified
Type
Stage
Adjusting the pH of lidocaine for reducing pain on injection
Adrenaline (epinephrine) for the treatment of anaphylaxis with and without shock
Alpha-2 adrenergic agonists for the prevention of cardiac complications among pati
Antibiotic prophylaxis for surgical introduction of intracranial ventricular shunts
Antifibrinolytic agents for reducing blood loss in scoliosis surgery in children
Antifungal agents for preventing fungal infections in non-neutropenic critically ill pati
Antithrombin III for critically ill patients
Bispectral index for improving anaesthetic delivery and postoperative recovery
Caudal epidural block versus other methods of postoperative pain relief for circum
Cefepime versus other beta-lactam antibiotics for the treatment of infections in ne
Central venous access sites for the prevention of venous thrombosis, stenosis and
Closed tracheal suction systems versus open tracheal suction systems for mechan
Colloid versus crystalloid solutions for priming cardiopulmonary bypass circuits
Cooling for cerebral protection during brain surgery
Human recombinant activated protein C for severe sepsis
Hypertonic saline for peri-operative fluid management
Hypothermia for neuroprotection in adults after cardiopulmonary resuscitation
Incentive spirometry for prevention of postoperative pulmonary complications in upp
Infraclavicular brachial plexus block for regional anaesthesia of the lower arm
Inhaled nitric oxide for acute respiratory distress syndrome (ARDS) and acute lung
Inhaled nitric oxide for the postoperative management of pulmonary hypertension in
Interventions for protecting renal function in the perioperative period
Intra-articular lignocaine versus intravenous analgesia with or without sedation for
Intravenous immunoglobulin for treating sepsis, severe sepsis and septic shock
Intravenous versus inhalation anaesthesia for one-lung ventilation
Laryngeal mask airway versus endotracheal tube in laparoscopic cholecystectomy
Lidocaine for preventing postoperative sore throat
Local anaesthetics and regional anaesthesia for preventing chronic pain after surge
Lung protective ventilation strategy for the acute respiratory distress syndrome
Music interventions for mechanically ventilated patients
Neuraxial anaesthesia for lower-limb revascularization
Noninvasive positive pressure ventilation as a weaning strategy for intubated adults
Start
Resources - Win...
14:30

Review Properties

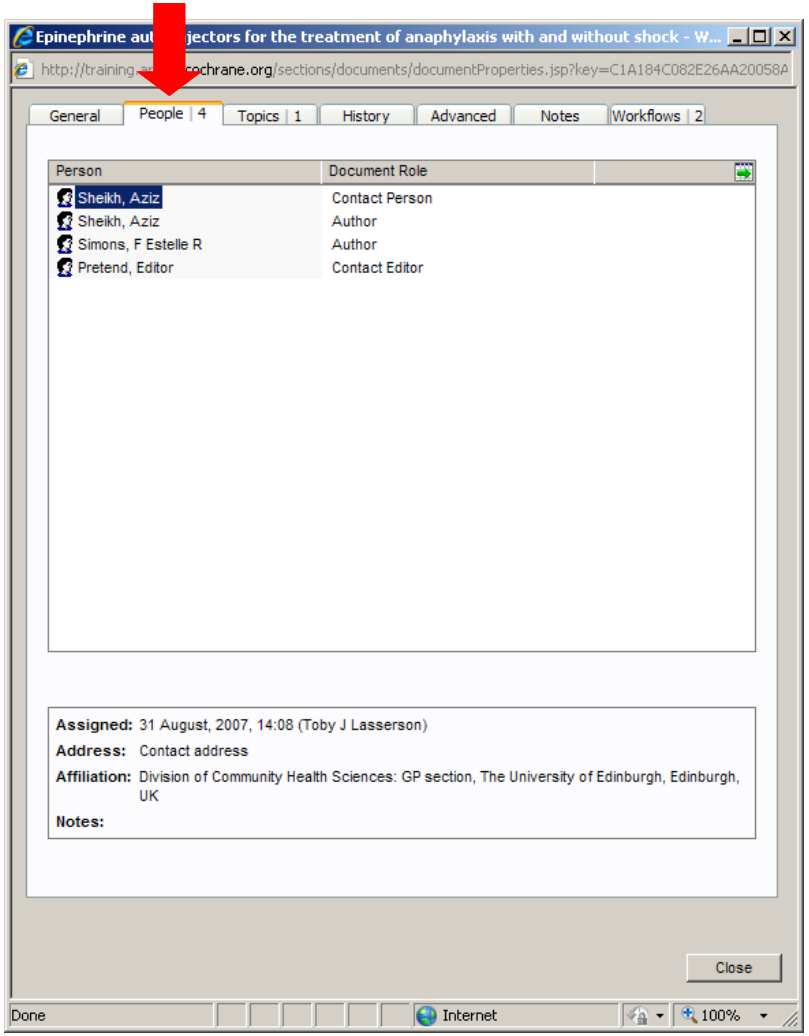
- The review Properties sheet summarizes information about the review under the following tabs:

  General – Includes Title; Type of review; Review Group; Stage; Write Phase (Authoring or Editorial); publication, update, and modification information; availability for check out; and, if checked out, by whom.



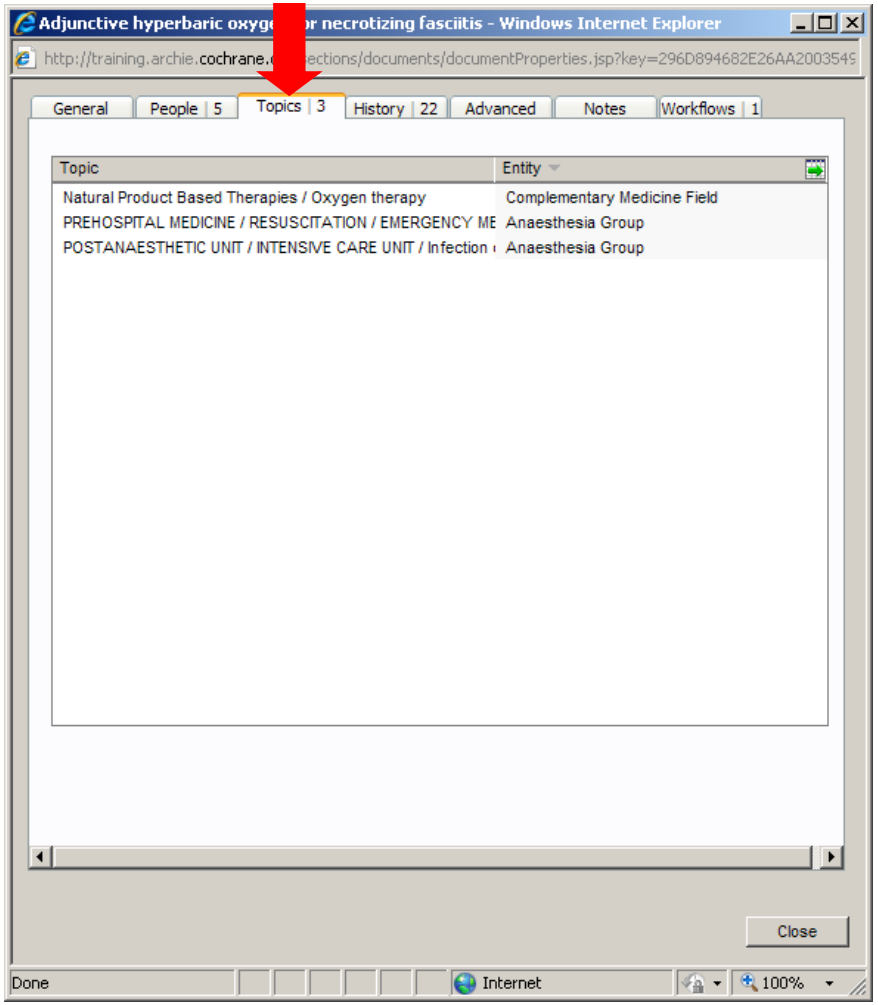
Review Properties

- **People** – Indicates which people have been assigned specific Document Roles in relation to the review.



Review Properties

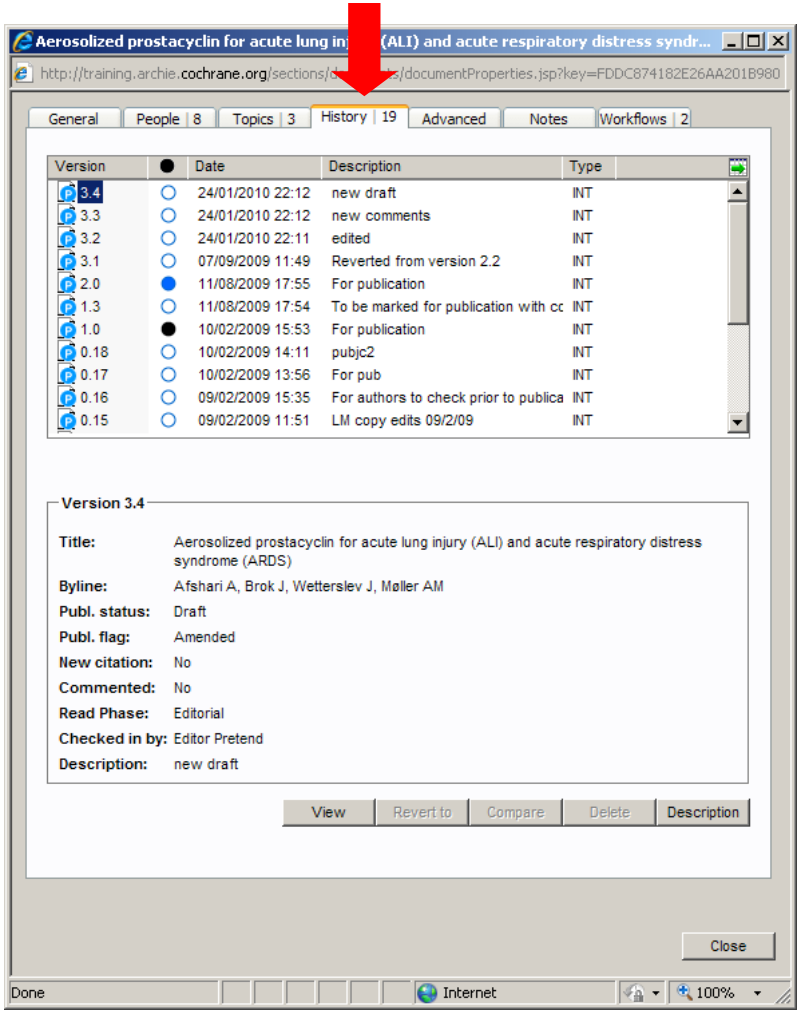
- **Topics** – Shows where the review fits into the Group's Topics List.



Review Properties

- **History** – Details the history of the review, listing the current and previous versions, with the most recent version at the top.

  Here you can also compare two versions of the review.

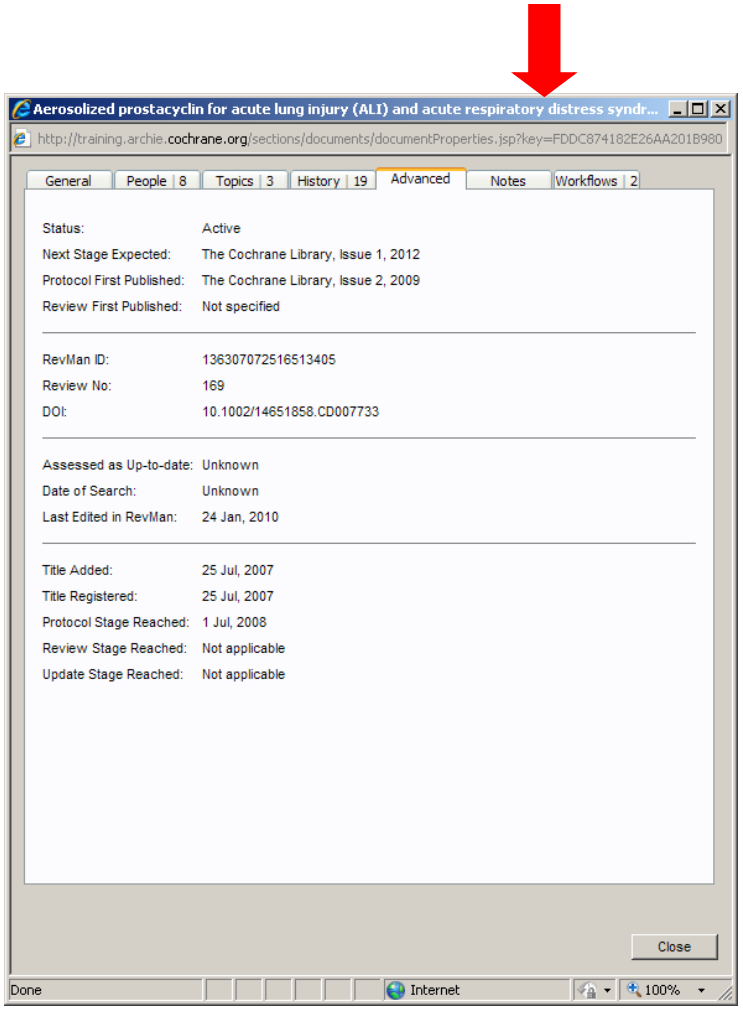


Please note:

- If you have a 'Contact Editor' Document Role, you will be able to view and compare only versions that are in the Editorial or Shared Read Phase.
- If you have a 'Contact Person' or 'Author' Document Role, you will be able to view and compare only versions that are in the Authoring or Shared Read Phase.

Review Properties

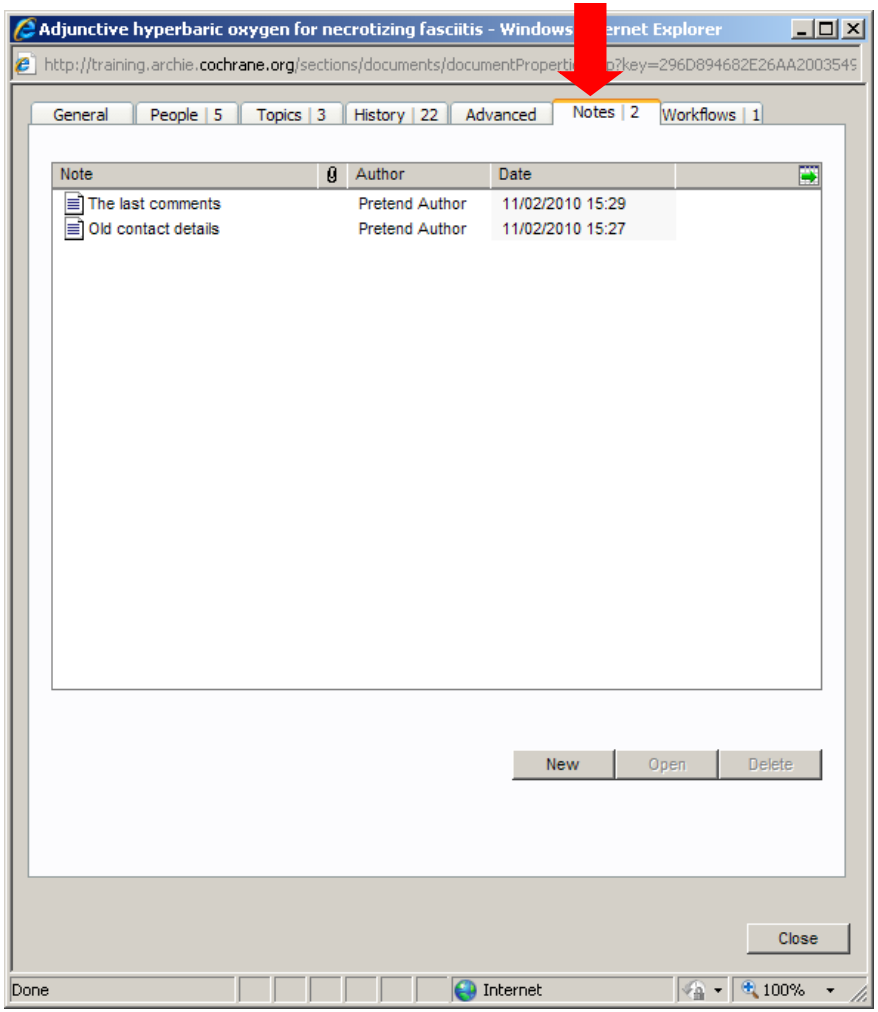
- **Advanced** – Displays information about the review's status (Active, Withdrawn, Inactive), Next Stage Expected, etc.



Review Properties

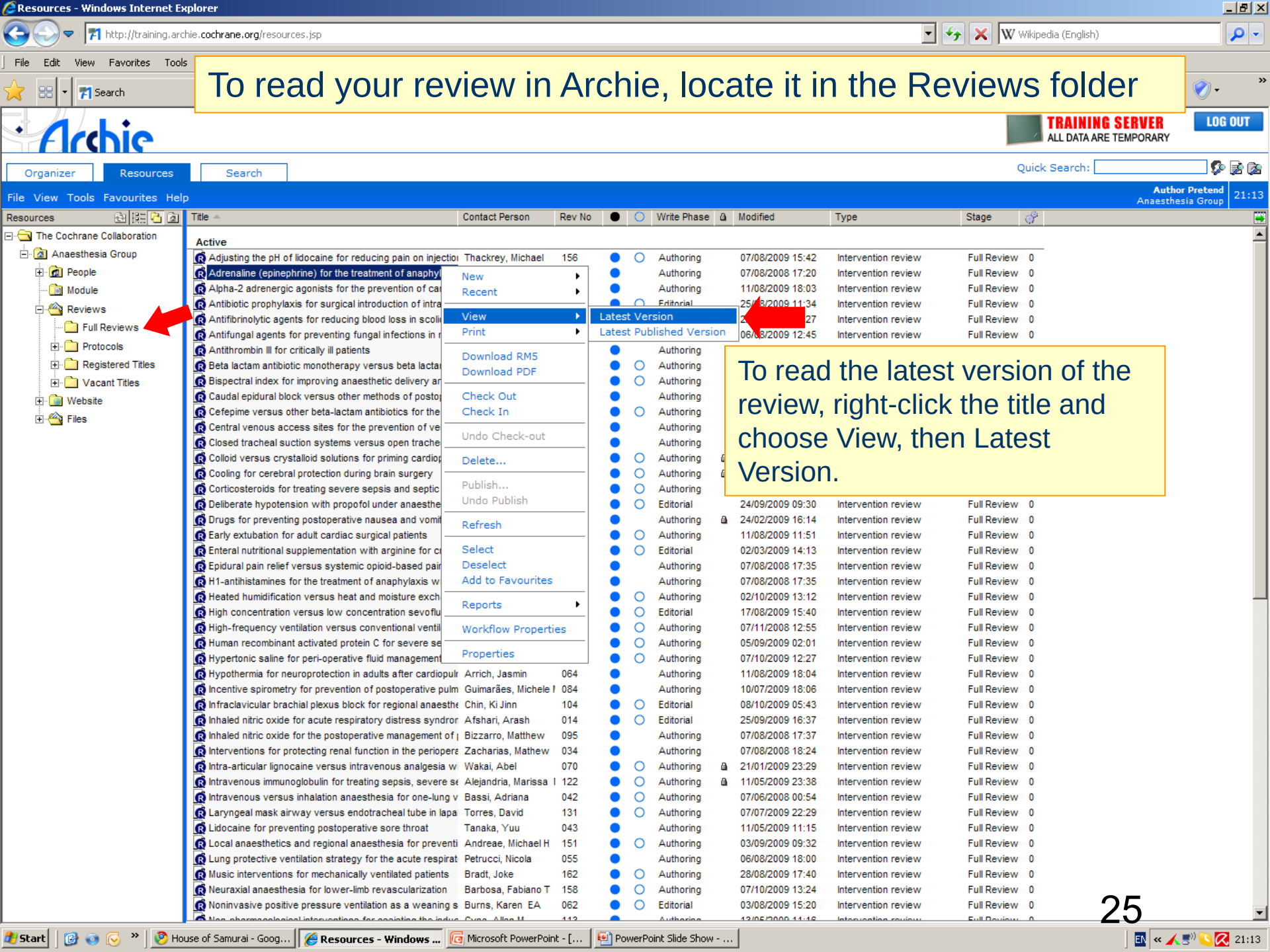
- **Notes** – Can be used to create and read private or shared notes about a review.

  You can also attach files to the Notes you create.



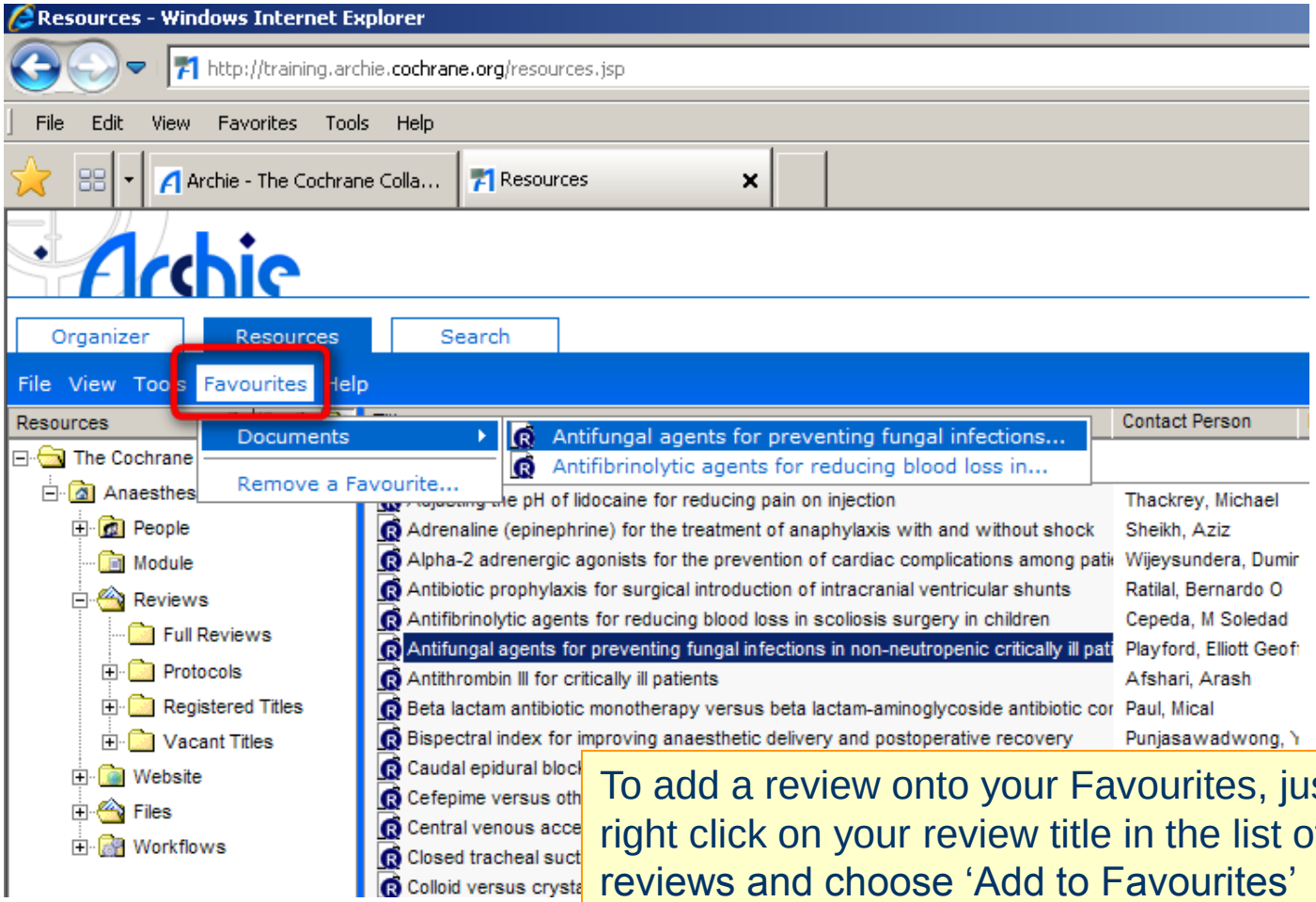
Reading reviews in Archie

To read your review in Archie, locate it in the Reviews folder



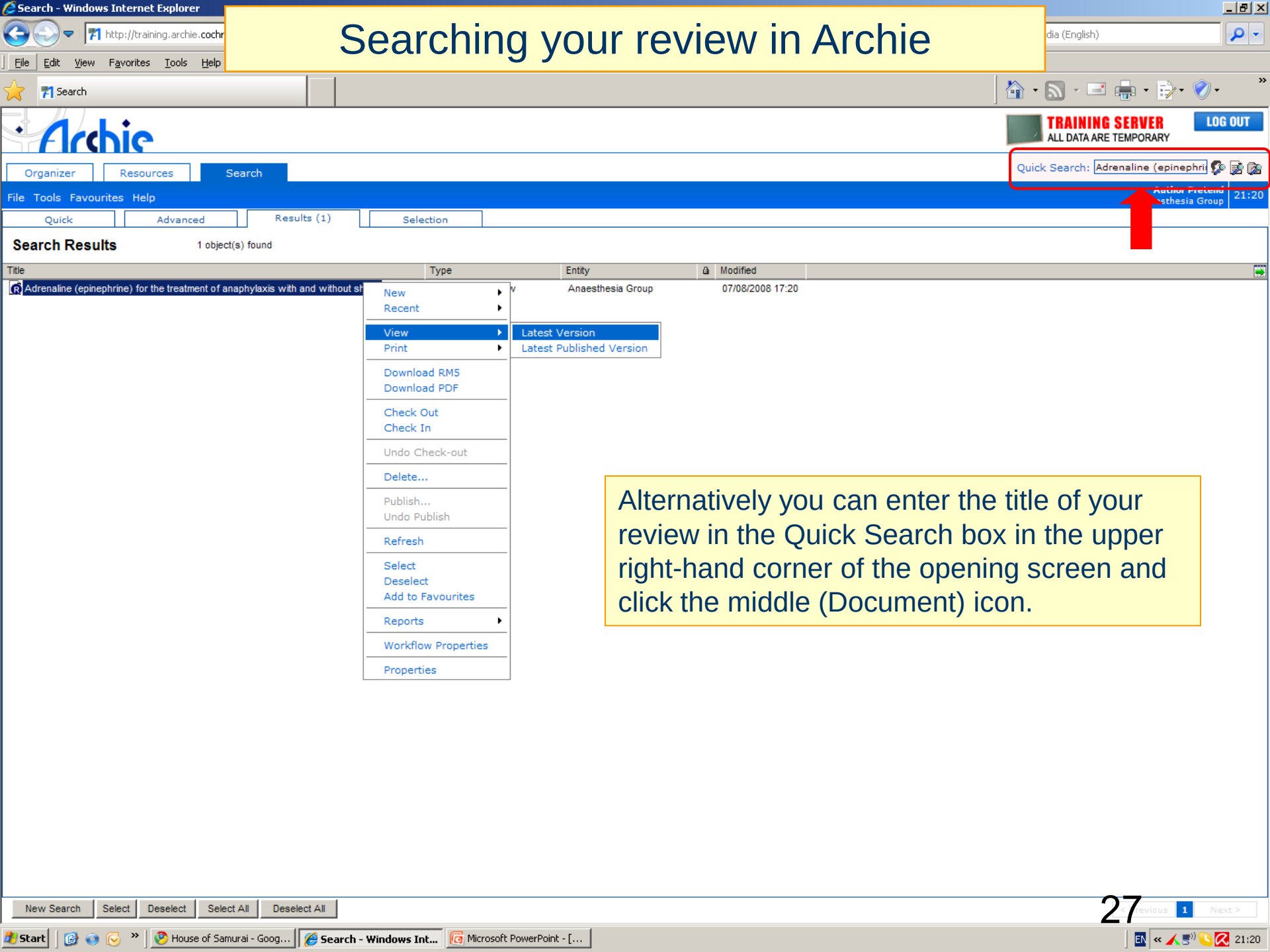
To read the latest version of the review, right-click the title and choose View, then Latest Version.

You can access your review from Favourites in the menu bar



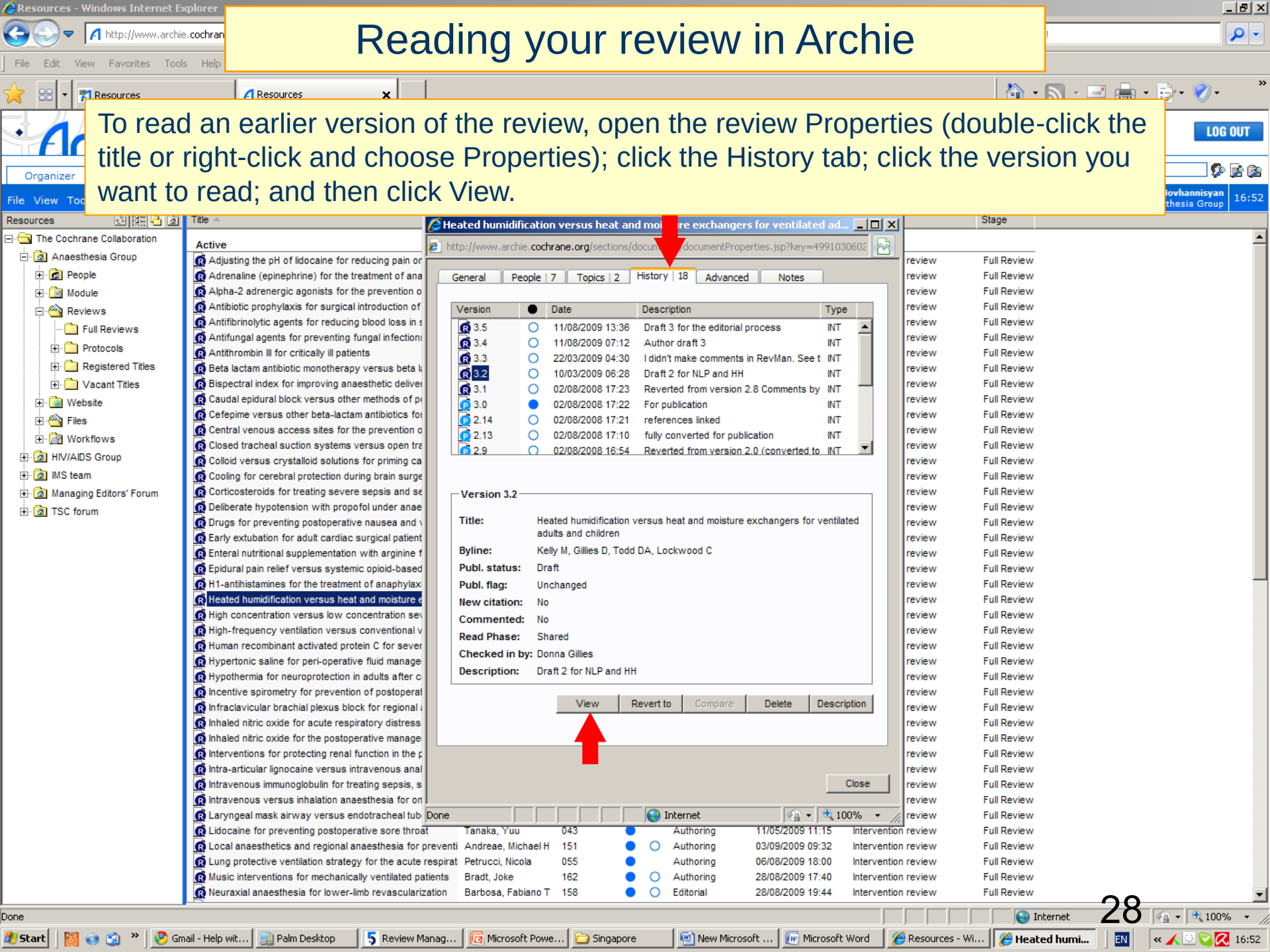
To add a review onto your Favourites, just right click on your review title in the list of reviews and choose ‘Add to Favourites’

Searching your review in Archie



Reading your review in Archie

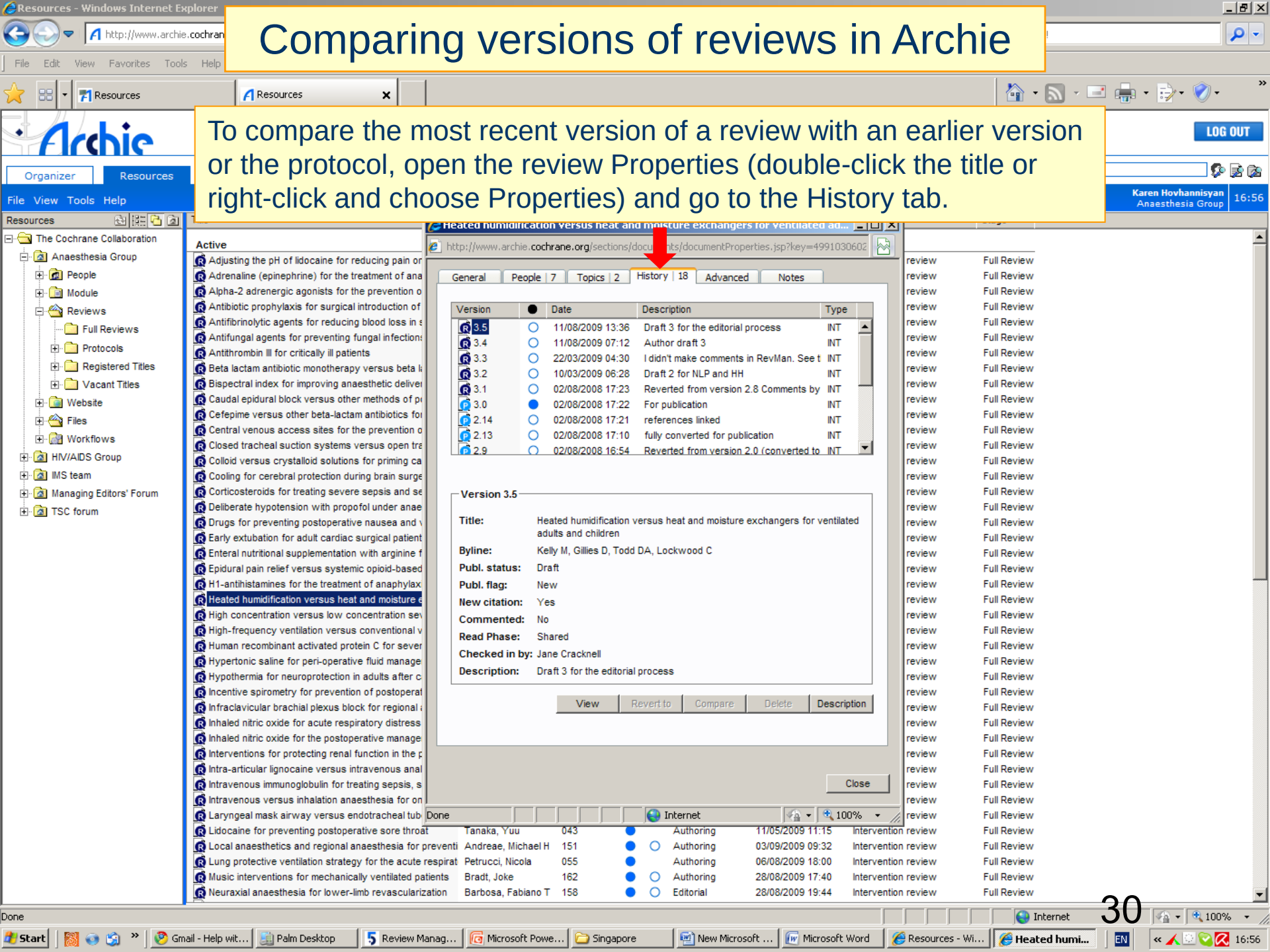
To read an earlier version of the review, open the review Properties (double-click the title or right-click and choose Properties); click the History tab; click the version you want to read; and then click View.



Comparing versions of reviews in Archie

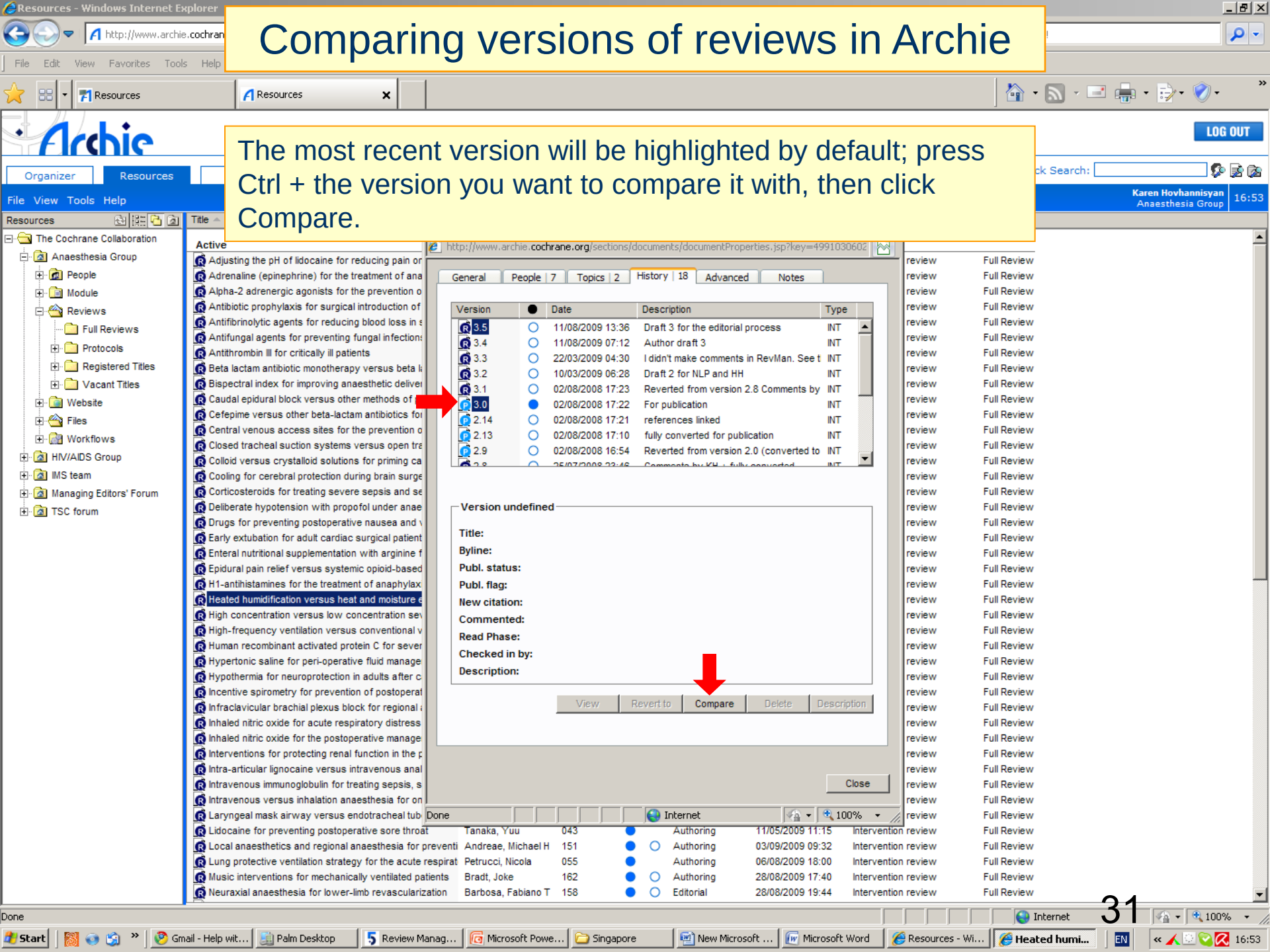
Comparing versions of reviews in Archie

To compare the most recent version of a review with an earlier version or the protocol, open the review Properties (double-click the title or right-click and choose Properties) and go to the History tab.



Comparing versions of reviews in Archie

The most recent version will be highlighted by default; press Ctrl + the version you want to compare it with, then click Compare.



Comparing versions of reviews in Archie

Viewer - A

http://training.archie.cochrane.org/popups/view.jsp?url=%2Fsections%2Fdocuments%2FviewDiff%3FdocumentPK%3DA6E362E782E26AA20133FE5D9D89570

Contents:

Antifibrinolytic agents for reducing blood loss in scoliosis surgery in children

~~Protocol information~~ Review information

Authors

Aikaterini Tzortzo

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[6]~~Department of Anesthesia, Tufts - New England Medical Center, Boston, Massachusetts, USA~~

[7]~~Department of Anesthesia Box #298, New England Medical Center, Boston, USA~~

Citation example: Tzortzopoulou A, Cepeda MS, Schumann R, Carr DB, ~~Tzortzopoulou A~~, ~~Cepeda MS~~, ~~Schumann R~~, ~~Carr DB~~. Antifibrinolytic agents for reducing blood loss in scoliosis surgery in children. Cochrane Database of Systematic Reviews 2008 , Issue 1 . Art. No.: CD006883. DOI: 10.1002/14651858.CD006883 .

Contact person

Aikaterini Tzortzopoulou

Research fellow
Department of Anesthesia

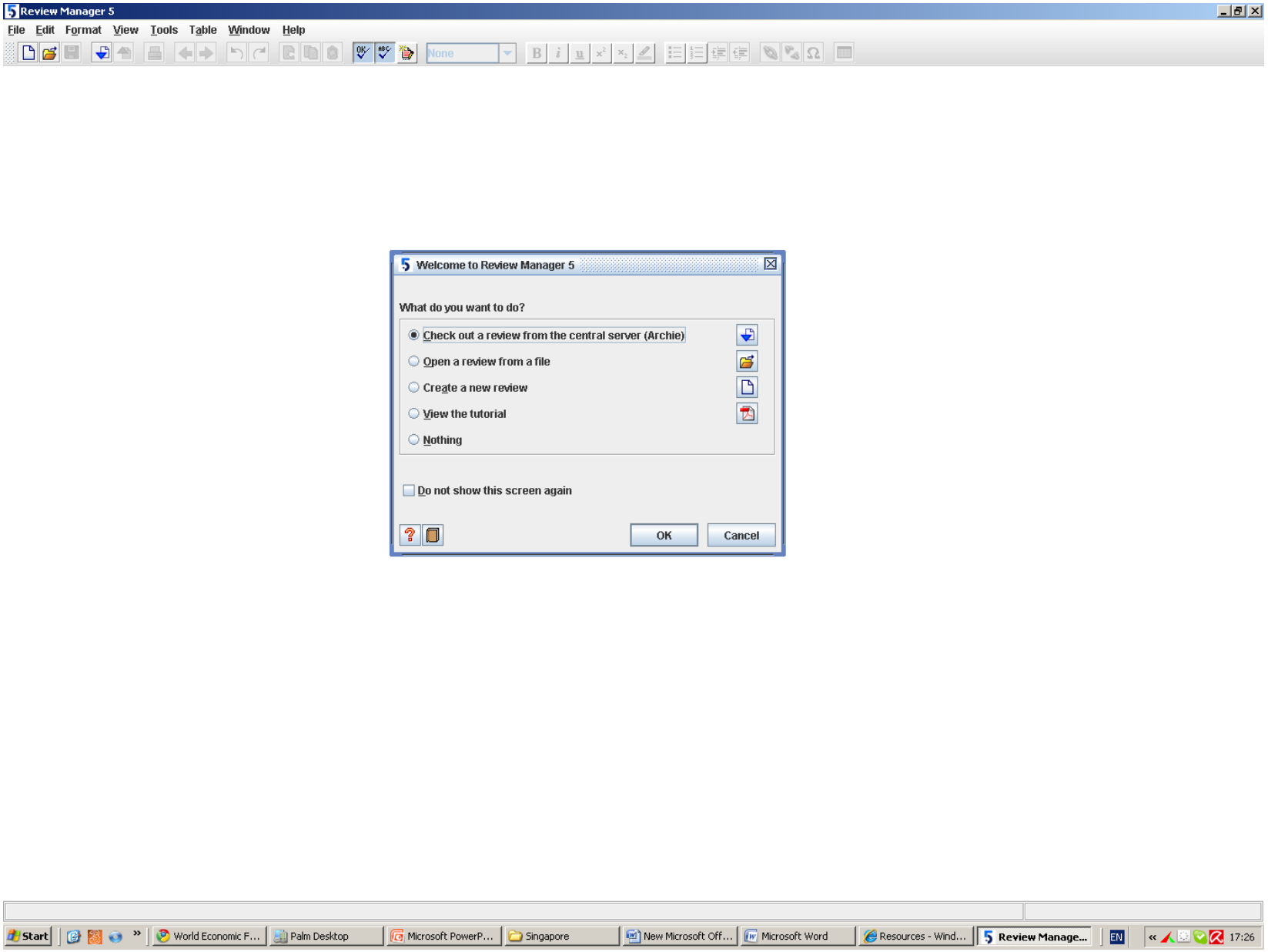
You can save or print this 'comparison' document using the icon buttons in the upper left corner of the viewing screen.

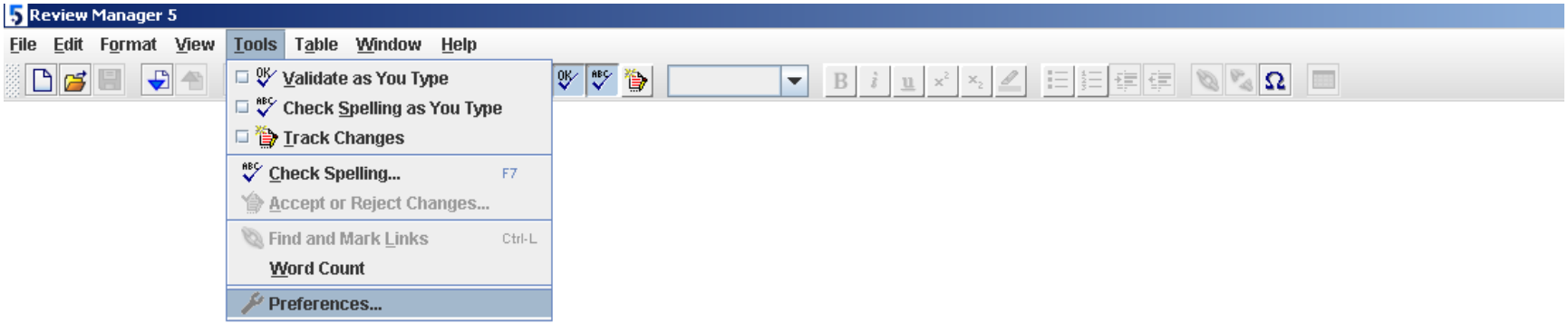
Done

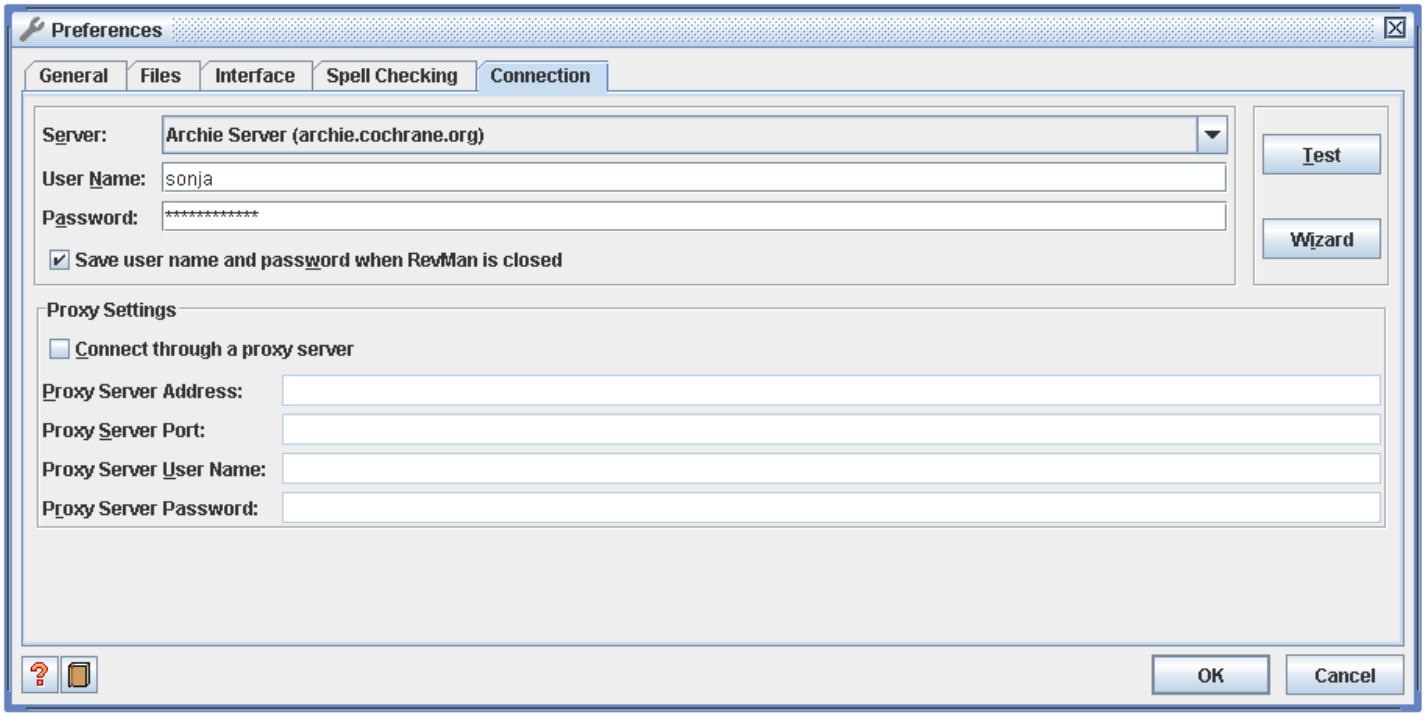
Internet

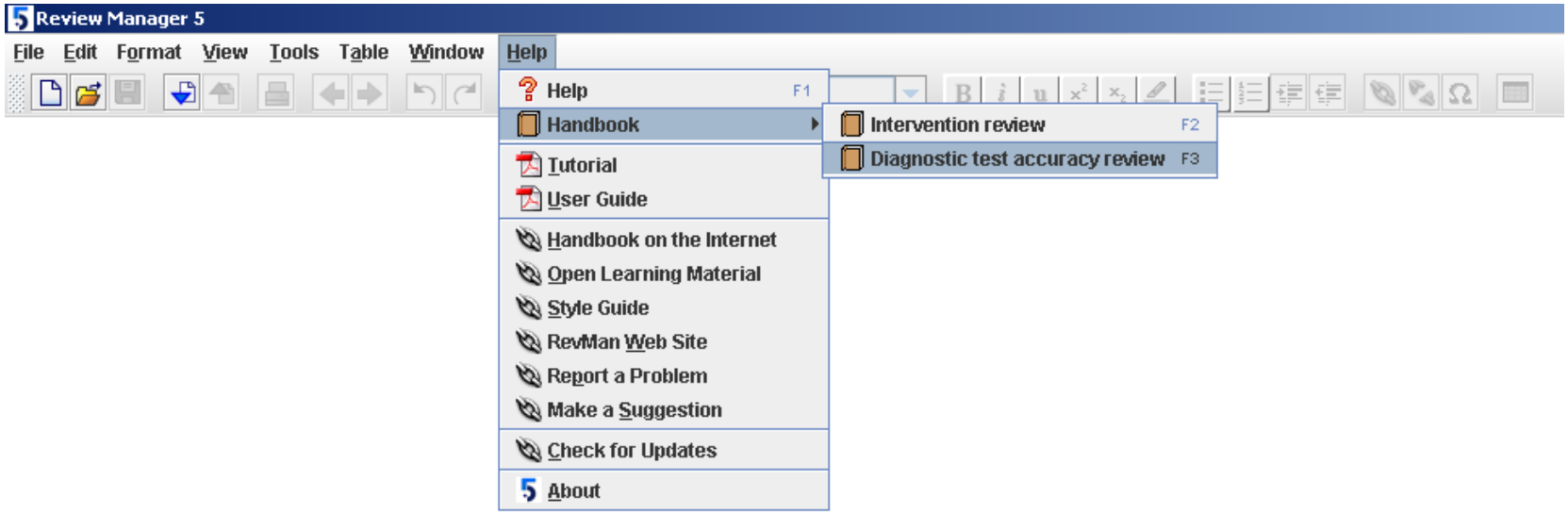
100%

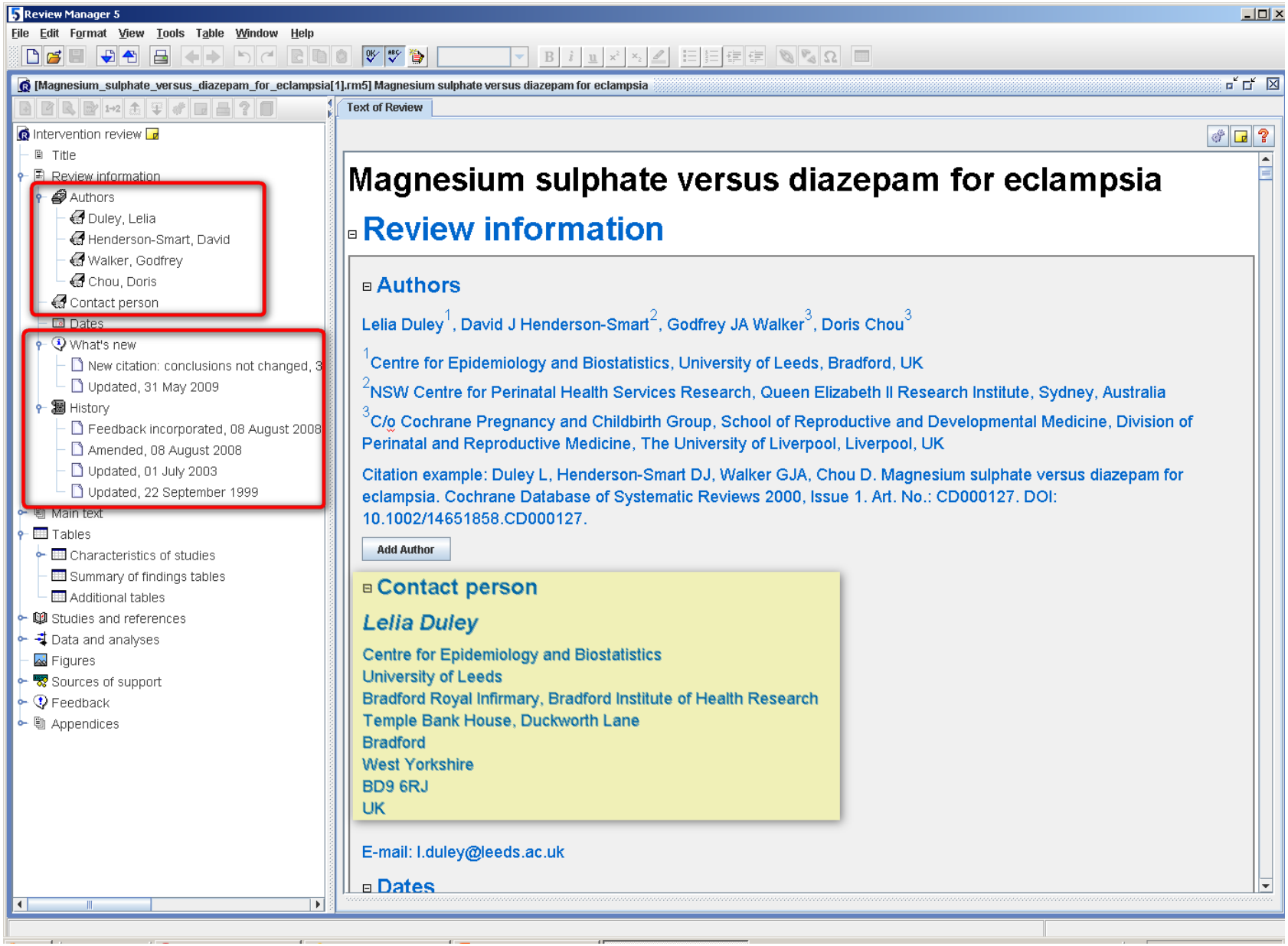
Introduction to RevMan


Review Manager 5
File Edit Format View Tools Table Window Help
None
Welcome to Review Manager 5
What do you want to do?
Check out a review from the central server (Archie)
Open a review from a file
Create a new review
View the tutorial
Nothing
Do not show this screen again
OK
Cancel
Start
World Economic F...
Palm Desktop
Microsoft PowerP...
Singapore
New Microsoft Off...
Microsoft Word
Resources - Wind...
Review Manage...
EN
17:26


Review Manager 5
File Edit Format View Tools Table Window Help
Validate as You Type
Check Spelling as You Type
Track Changes
Check Spelling... F7
Accept or Reject Changes...
Find and Mark Links Ctrl-L
Word Count
Preferences...


Preferences
General
Files
Interface
Spell Checking
Connection
Server:
Archie Server (archie.cochrane.org)
User Name:
sonja
Password:
Save user name and password when RevMan is closed
Test
Wizard
Proxy Settings
Connect through a proxy server
Proxy Server Address:
Proxy Server Port:
Proxy Server User Name:
Proxy Server Password:
OK
Cancel


Review Manager 5
File Edit Format View Tools Table Window Help
Help F1
Handbook
Tutorial
User Guide
Handbook on the Internet
Open Learning Material
Style Guide
RevMan Web Site
Report a Problem
Make a Suggestion
Check for Updates
About
Intervention review F2
Diagnostic test accuracy review F3


Review Manager 5
File Edit Format View Tools Table Window Help
[Magnesium_sulphate_versus_diazepam_for_eclampsia[1].rm5] Magnesium sulphate versus diazepam for eclampsia
Text of Review
Intervention review
Title
Review information
Authors
Duley, Lelia
Henderson-Smart, David
Walker, Godfrey
Chou, Doris
Contact person
Dates
What's new
New citation: conclusions not changed, 3
Updated, 31 May 2009
History
Feedback incorporated, 08 August 2008
Amended, 08 August 2008
Updated, 01 July 2003
Updated, 22 September 1999
Main text
Tables
Characteristics of studies
Summary of findings tables
Additional tables
Studies and references
Data and analyses
Figures
Sources of support
Feedback
Appendices
Magnesium sulphate versus diazepam for eclampsia
Review information
Authors
Lelia Duley[1], David J Henderson-Smart[2], Godfrey JA Walker[3], Doris Chou[3]
[1]Centre for Epidemiology and Biostatistics, University of Leeds, Bradford, UK
[2]NSW Centre for Perinatal Health Services Research, Queen Elizabeth II Research Institute, Sydney, Australia
[3]C/o Cochrane Pregnancy and Childbirth Group, School of Reproductive and Developmental Medicine, Division of Perinatal and Reproductive Medicine, The University of Liverpool, Liverpool, UK
Citation example: Duley L, Henderson-Smart DJ, Walker GJA, Chou D. Magnesium sulphate versus diazepam for eclampsia. Cochrane Database of Systematic Reviews 2000, Issue 1. Art. No.: CD000127. DOI: 10.1002/14651858.CD000127.
Add Author
Contact person
Lelia Duley
Centre for Epidemiology and Biostatistics
University of Leeds
Bradford Royal Infirmary, Bradford Institute of Health Research
Temple Bank House, Duckworth Lane
Bradford
West Yorkshire
BD9 6RJ
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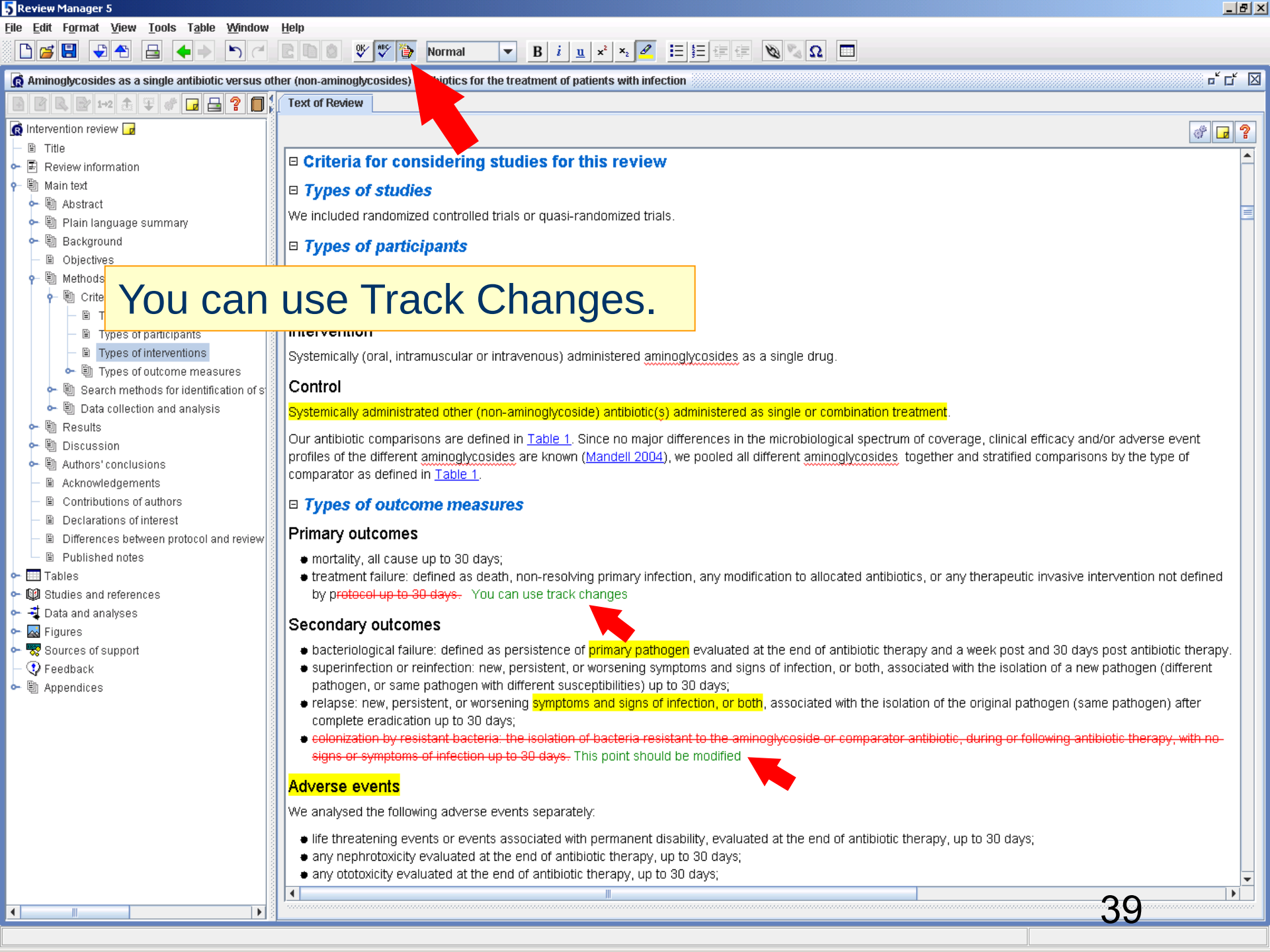
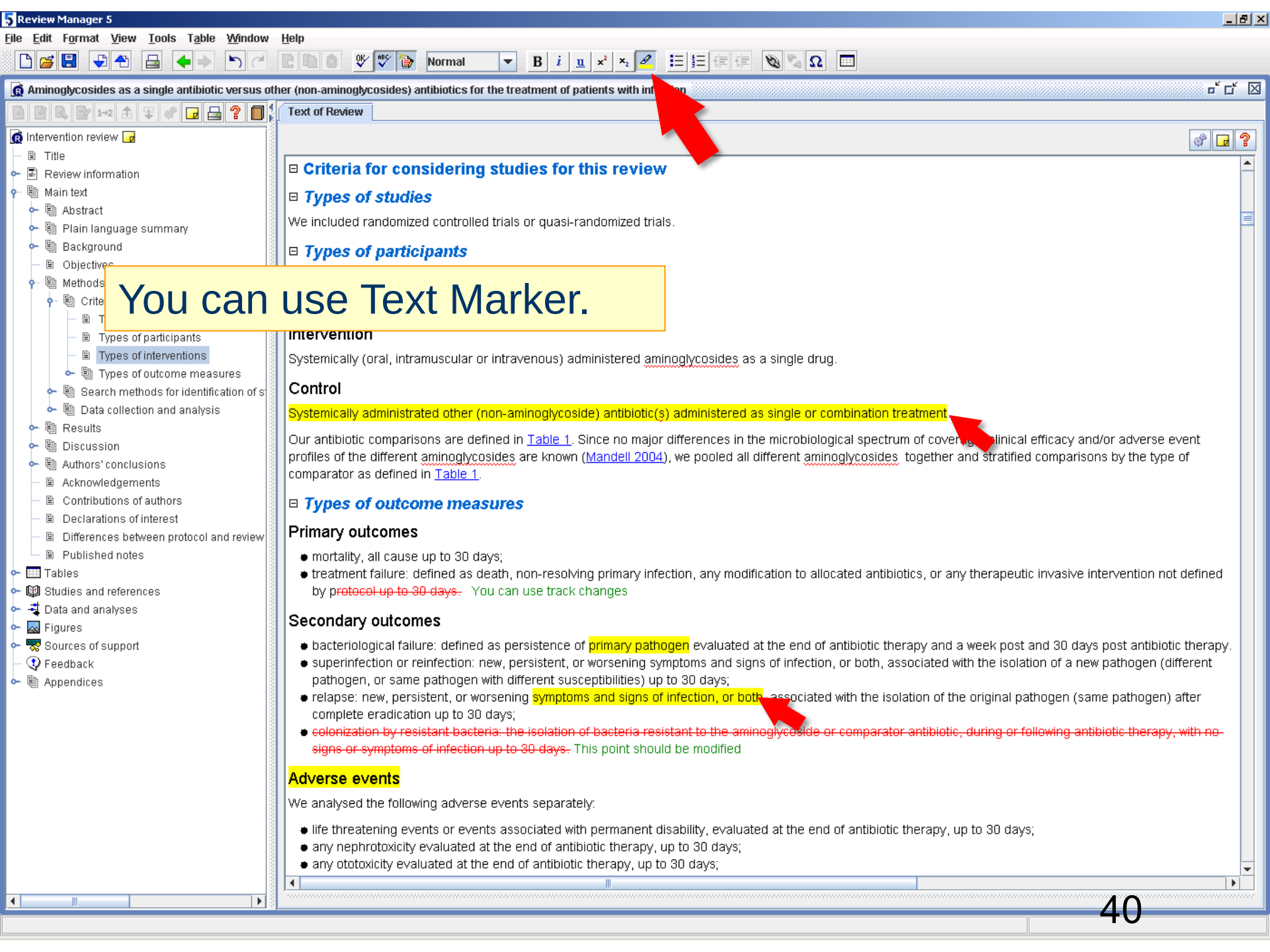
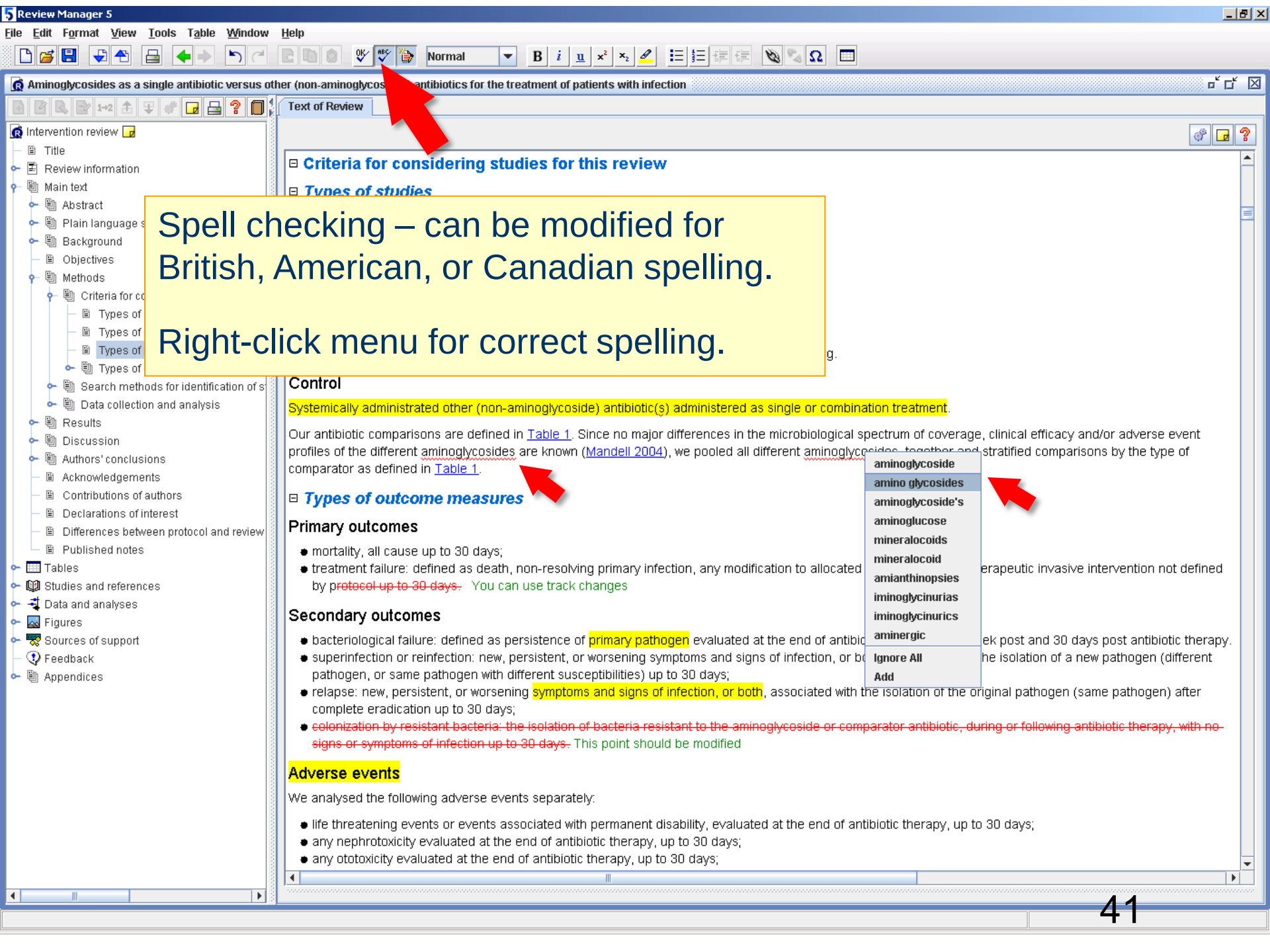
Dates

Editing tools in RevMan 5


Review Manager 5
File Edit Format View Tools Table Window Help
Normal
Aminoglycosides as a single antibiotic versus other (non-aminoglycosides) ...iotics for the treatment of patients with infection
Text of Review
Intervention review
Title
Review information
Main text
Abstract
Plain language summary
Background
Objectives
Methods
Crite...
T...
Types of participants
Types of interventions
Types of outcome measures
Search methods for identification of s...
Data collection and analysis
Results
Discussion
Authors' conclusions
Acknowledgements
Contributions of authors
Declarations of interest
Differences between protocol and review
Published notes
Tables
Studies and references
Data and analyses
Figures
Sources of support
Feedback
Appendices
You can use Track Changes.
Criteria for considering studies for this review
Types of studies
We included randomized controlled trials or quasi-randomized trials.
Types of participants
Intervention
Systemically (oral, intramuscular or intravenous) administered aminoglycosides as a single drug.
Control
Systemically administrated other (non-aminoglycoside) antibiotic(s) administered as single or combination treatment.
Our antibiotic comparisons are defined in Table 1. Since no major differences in the microbiological spectrum of coverage, clinical efficacy and/or adverse event profiles of the different aminoglycosides are known (Mandell 2004), we pooled all different aminoglycosides together and stratified comparisons by the type of comparator as defined in Table 1.
Types of outcome measures
Primary outcomes
mortality, all cause up to 30 days;
treatment failure: defined as death, non-resolving primary infection, any modification to allocated antibiotics, or any therapeutic invasive intervention not defined by protocol up to 30 days. You can use track changes
Secondary outcomes
bacteriological failure: defined as persistence of primary pathogen evaluated at the end of antibiotic therapy and a week post and 30 days post antibiotic therapy.
superinfection or reinfection: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of a new pathogen (different pathogen, or same pathogen with different susceptibilities) up to 30 days;
relapse: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of the original pathogen (same pathogen) after complete eradication up to 30 days;
colonization by resistant bacteria: the isolation of bacteria resistant to the aminoglycoside or comparator antibiotic, during or following antibiotic therapy, with no signs or symptoms of infection up to 30 days. This point should be modified
Adverse events
We analysed the following adverse events separately:
life threatening events or events associated with permanent disability, evaluated at the end of antibiotic therapy, up to 30 days;
any nephrotoxicity evaluated at the end of antibiotic therapy, up to 30 days;
any ototoxicity evaluated at the end of antibiotic therapy, up to 30 days;


Review Manager 5
File Edit Format View Tools Table Window Help
Normal
Aminoglycosides as a single antibiotic versus other (non-aminoglycosides) antibiotics for the treatment of patients with inf
Text of Review
Intervention review
Title
Review information
Main text
Abstract
Plain language summary
Background
Objectives
Methods
Crite
Types of participants
Types of interventions
Types of outcome measures
Search methods for identification of s
Data collection and analysis
Results
Discussion
Authors' conclusions
Acknowledgements
Contributions of authors
Declarations of interest
Differences between protocol and review
Published notes
Tables
Studies and references
Data and analyses
Figures
Sources of support
Feedback
Appendices
You can use Text Marker.
Criteria for considering studies for this review
Types of studies
We included randomized controlled trials or quasi-randomized trials.
Types of participants
Intervention
Systemically (oral, intramuscular or intravenous) administered aminoglycosides as a single drug.
Control
Systemically administrated other (non-aminoglycoside) antibiotic(s) administered as single or combination treatment.
Our antibiotic comparisons are defined in Table 1. Since no major differences in the microbiological spectrum of cover linical efficacy and/or adverse event profiles of the different aminoglycosides are known (Mandell 2004), we pooled all different aminoglycosides together and stratified comparisons by the type of comparator as defined in Table 1.
Types of outcome measures
Primary outcomes
mortality, all cause up to 30 days;
treatment failure: defined as death, non-resolving primary infection, any modification to allocated antibiotics, or any therapeutic invasive intervention not defined by protocol up to 30 days. You can use track changes
Secondary outcomes
bacteriological failure: defined as persistence of primary pathogen evaluated at the end of antibiotic therapy and a week post and 30 days post antibiotic therapy.
superinfection or reinfection: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of a new pathogen (different pathogen, or same pathogen with different susceptibilities) up to 30 days;
relapse: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of the original pathogen (same pathogen) after complete eradication up to 30 days;
colonization by resistant bacteria: the isolation of bacteria resistant to the aminoglycoside or comparator antibiotic, during or following antibiotic therapy, with no signs or symptoms of infection up to 30 days. This point should be modified
Adverse events
We analysed the following adverse events separately:
life threatening events or events associated with permanent disability, evaluated at the end of antibiotic therapy, up to 30 days;
any nephrotoxicity evaluated at the end of antibiotic therapy, up to 30 days;
any ototoxicity evaluated at the end of antibiotic therapy, up to 30 days;


Review Manager 5
File Edit Format View Tools Table Window Help
Normal
Aminoglycosides as a single antibiotic versus other (non-aminoglycos antibiotics for the treatment of patients with infection
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Figures
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Appendices
Spell checking – can be modified for British, American, or Canadian spelling.
Right-click menu for correct spelling.
Criteria for considering studies for this review
Types of studies
g.
Control
Systemically administrated other (non-aminoglycoside) antibiotic(s) administered as single or combination treatment.
Our antibiotic comparisons are defined in Table 1. Since no major differences in the microbiological spectrum of coverage, clinical efficacy and/or adverse event profiles of the different aminoglycosides are known (Mandell 2004), we pooled all different aminoglycosides together and stratified comparisons by the type of comparator as defined in Table 1.
aminoglycoside
amino glycosides
aminoglycoside's
aminoglucose
mineralocoids
mineralocoid
amianthinopsies
iminoglycinurias
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aminergic
Ignore All
Add
Types of outcome measures
Primary outcomes
mortality, all cause up to 30 days;
treatment failure: defined as death, non-resolving primary infection, any modification to allocated erapeutic invasive intervention not defined by protocol up to 30 days. You can use track changes
Secondary outcomes
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relapse: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of the original pathogen (same pathogen) after complete eradication up to 30 days;
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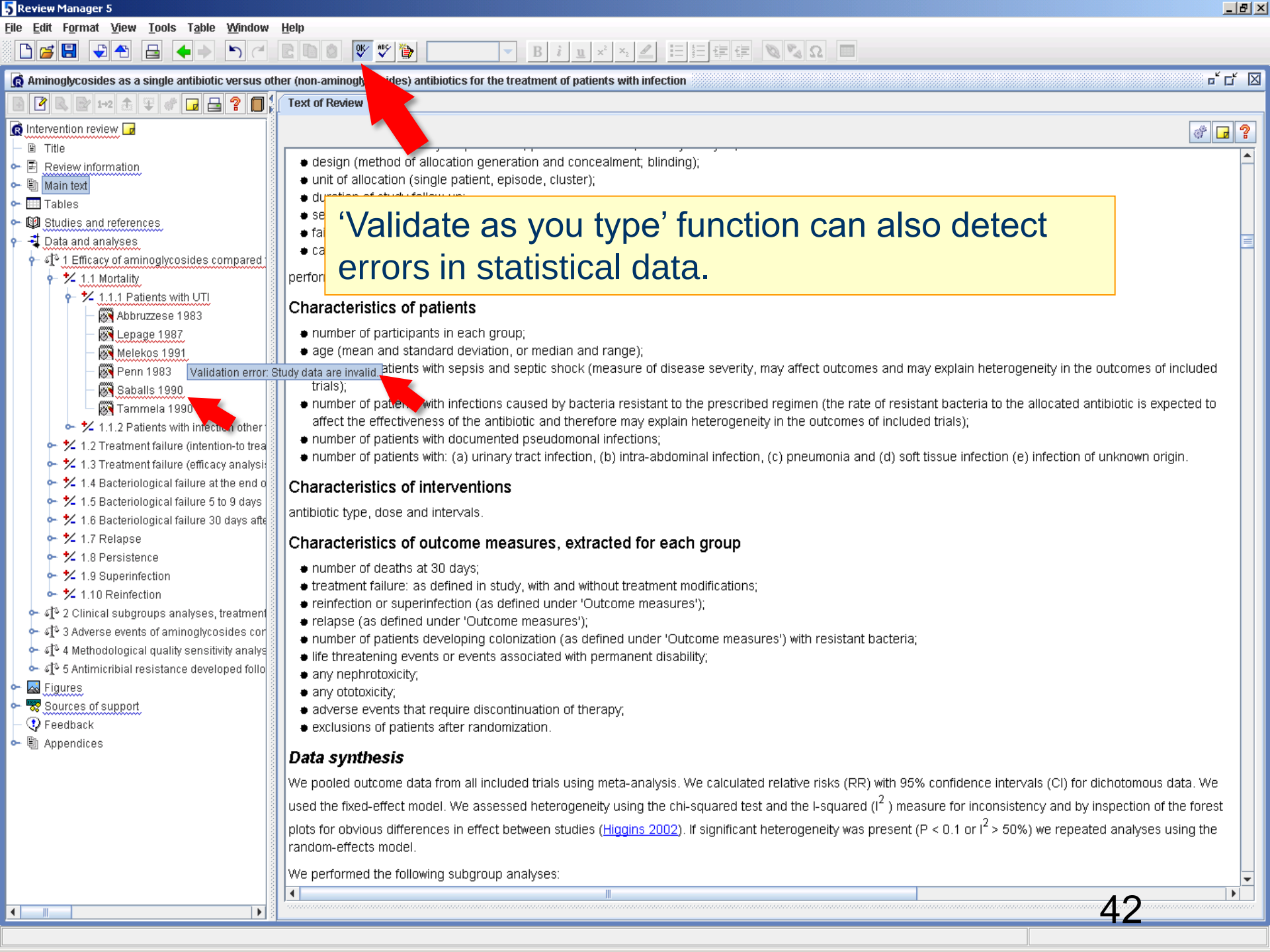
Adverse events
We analysed the following adverse events separately:
life threatening events or events associated with permanent disability, evaluated at the end of antibiotic therapy, up to 30 days;
any nephrotoxicity evaluated at the end of antibiotic therapy, up to 30 days;
any ototoxicity evaluated at the end of antibiotic therapy, up to 30 days;


Review Manager 5
File Edit Format View Tools Table Window Help
Aminoglycosides as a single antibiotic versus other (non-aminogly ides) antibiotics for the treatment of patients with infection
Text of Review
Intervention review
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Tables
Studies and references
Data and analyses
1 Efficacy of aminoglycosides compared
1.1 Mortality
1.1.1 Patients with UTI
Abbruzzese 1983
Lepage 1987
Melekos 1991
Penn 1983
Saballs 1990
Tammela 1990
1.1.2 Patients with infection other
1.2 Treatment failure (intention-to trea
1.3 Treatment failure (efficacy analysis
1.4 Bacteriological failure at the end o
1.5 Bacteriological failure 5 to 9 days
1.6 Bacteriological failure 30 days afte
1.7 Relapse
1.8 Persistence
1.9 Superinfection
1.10 Reinfection
2 Clinical subgroups analyses, treatment
3 Adverse events of aminoglycosides cor
4 Methodological quality sensitivity analys
5 Antimicrobial resistance developed follo
Figures
Sources of support
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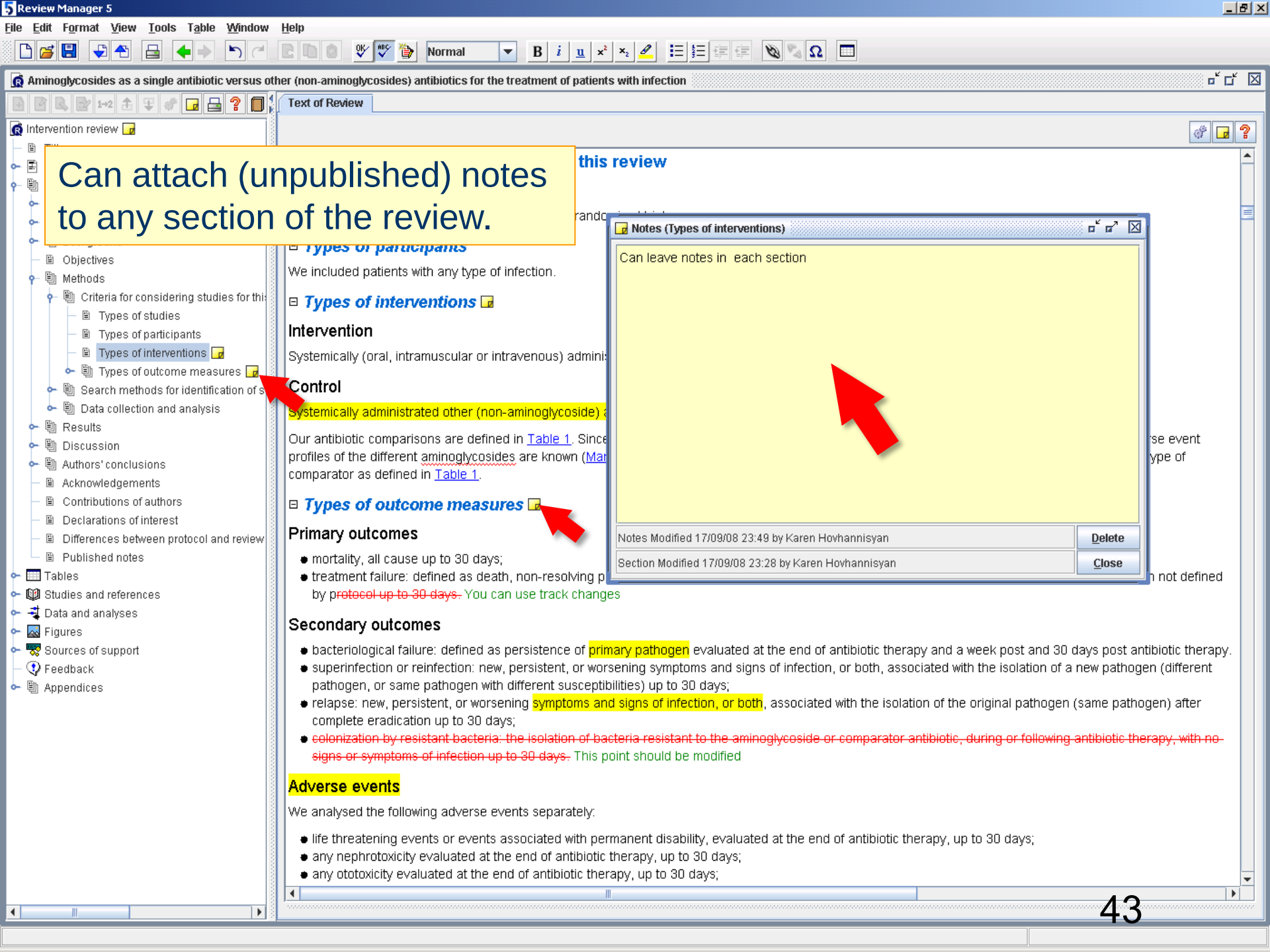
Appendices
Validation error: Study data are invalid.
design (method of allocation generation and concealment; blinding);
unit of allocation (single patient, episode, cluster);
perfor
‘Validate as you type’ function can also detect errors in statistical data.
Characteristics of patients
number of participants in each group;
age (mean and standard deviation, or median and range);
atients with sepsis and septic shock (measure of disease severity, may affect outcomes and may explain heterogeneity in the outcomes of included trials);
number of patie with infections caused by bacteria resistant to the prescribed regimen (the rate of resistant bacteria to the allocated antibiotic is expected to affect the effectiveness of the antibiotic and therefore may explain heterogeneity in the outcomes of included trials);
number of patients with documented pseudomonal infections;
number of patients with: (a) urinary tract infection, (b) intra-abdominal infection, (c) pneumonia and (d) soft tissue infection (e) infection of unknown origin.
Characteristics of interventions
antibiotic type, dose and intervals.
Characteristics of outcome measures, extracted for each group
number of deaths at 30 days;
treatment failure: as defined in study, with and without treatment modifications;
reinfection or superinfection (as defined under 'Outcome measures');
relapse (as defined under 'Outcome measures');
number of patients developing colonization (as defined under 'Outcome measures') with resistant bacteria;
life threatening events or events associated with permanent disability;
any nephrotoxicity;
any ototoxicity;
adverse events that require discontinuation of therapy;
exclusions of patients after randomization.
Data synthesis
We pooled outcome data from all included trials using meta-analysis. We calculated relative risks (RR) with 95% confidence intervals (CI) for dichotomous data. We used the fixed-effect model. We assessed heterogeneity using the chi-squared test and the I-squared (I^2) measure for inconsistency and by inspection of the forest plots for obvious differences in effect between studies (Higgins 2002). If significant heterogeneity was present ($P < 0.1$ or $I^2 > 50\%$) we repeated analyses using the random-effects model.
We performed the following subgroup analyses: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Sources of support
Feedback
Appendices
Can attach (unpublished) notes to any section of the review.
this review
Types of participants
We included patients with any type of infection.
Types of interventions
Intervention
Systemically (oral, intramuscular or intravenous) admini
Control
Systemically administrated other (non-aminoglycoside)
Our antibiotic comparisons are defined in Table 1. Since
profiles of the different aminoglycosides are known (Mar
comparator as defined in Table 1.
Types of outcome measures
Primary outcomes
mortality, all cause up to 30 days;
treatment failure: defined as death, non-resolving p
by protocol up to 30 days. You can use track changes
Secondary outcomes
bacteriological failure: defined as persistence of primary pathogen evaluated at the end of antibiotic therapy and a week post and 30 days post antibiotic therapy.
superinfection or reinfection: new, persistent, or worsening symptoms and signs of infection, or both, associated with the isolation of a new pathogen (different pathogen, or same pathogen with different susceptibilities) up to 30 days;
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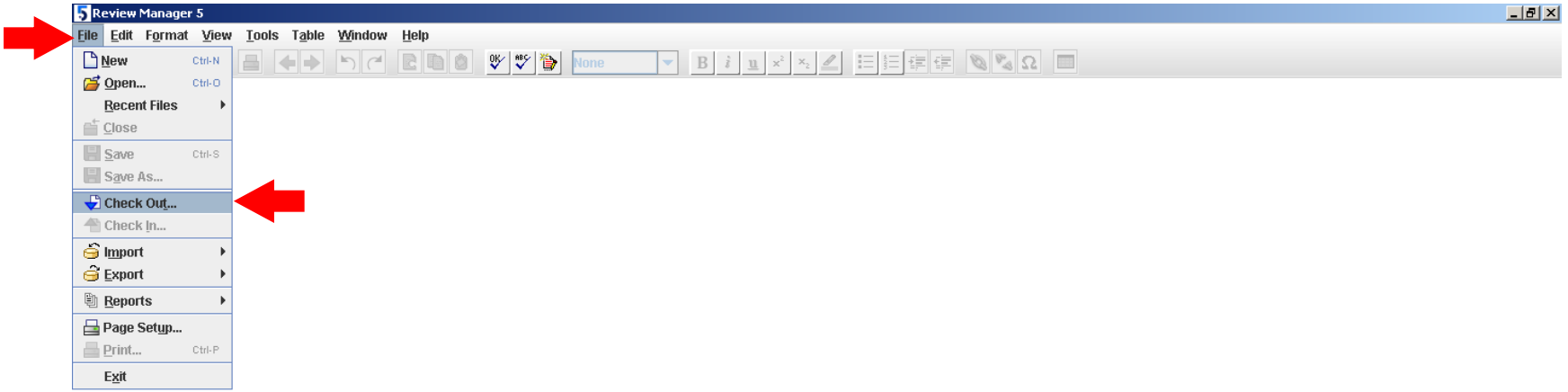
Adverse events
We analysed the following adverse events separately:
life threatening events or events associated with permanent disability, evaluated at the end of antibiotic therapy, up to 30 days;
any nephrotoxicity evaluated at the end of antibiotic therapy, up to 30 days;
any ototoxicity evaluated at the end of antibiotic therapy, up to 30 days;
Notes (Types of interventions)
Can leave notes in each section
Notes Modified 17/09/08 23:49 by Karen Hovhannisyan
Delete
Section Modified 17/09/08 23:28 by Karen Hovhannisyan
Close

Checking a review out from Archie to RevMan

Basic principles

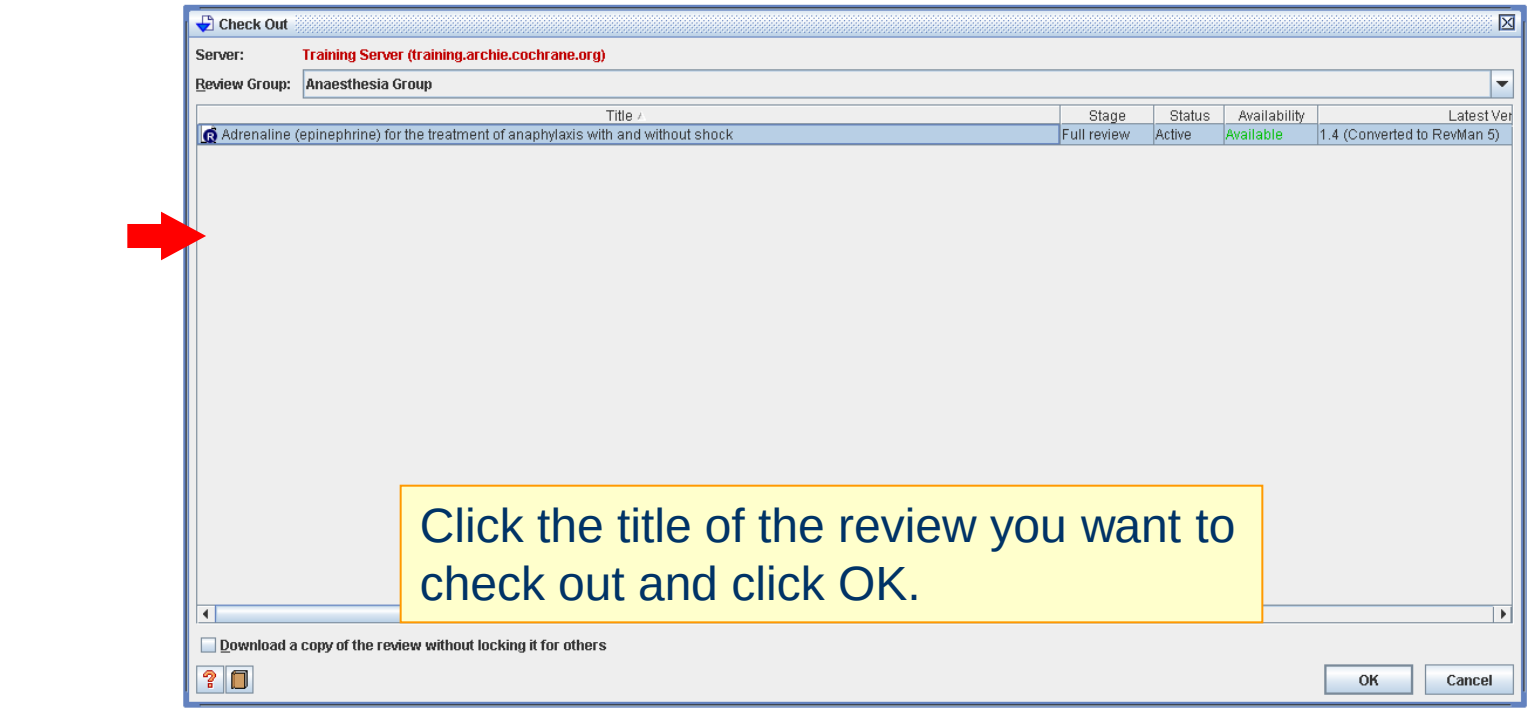
- To edit a review, you first need to check it out from Archie to RevMan.
- When you have finished editing the review, you need to check it back into Archie.
- While the review is checked out to you, it is ‘locked’ in Archie so that it is not available for others to check out.

Checking a review out via RevMan

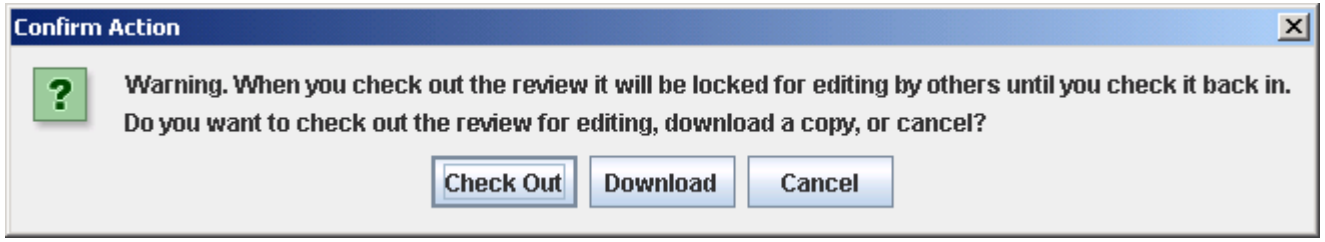


To check out a review, open RevMan and use File > Check Out….

Checking a review out from Archie to RevMan



Checking a review out from Archie to RevMan



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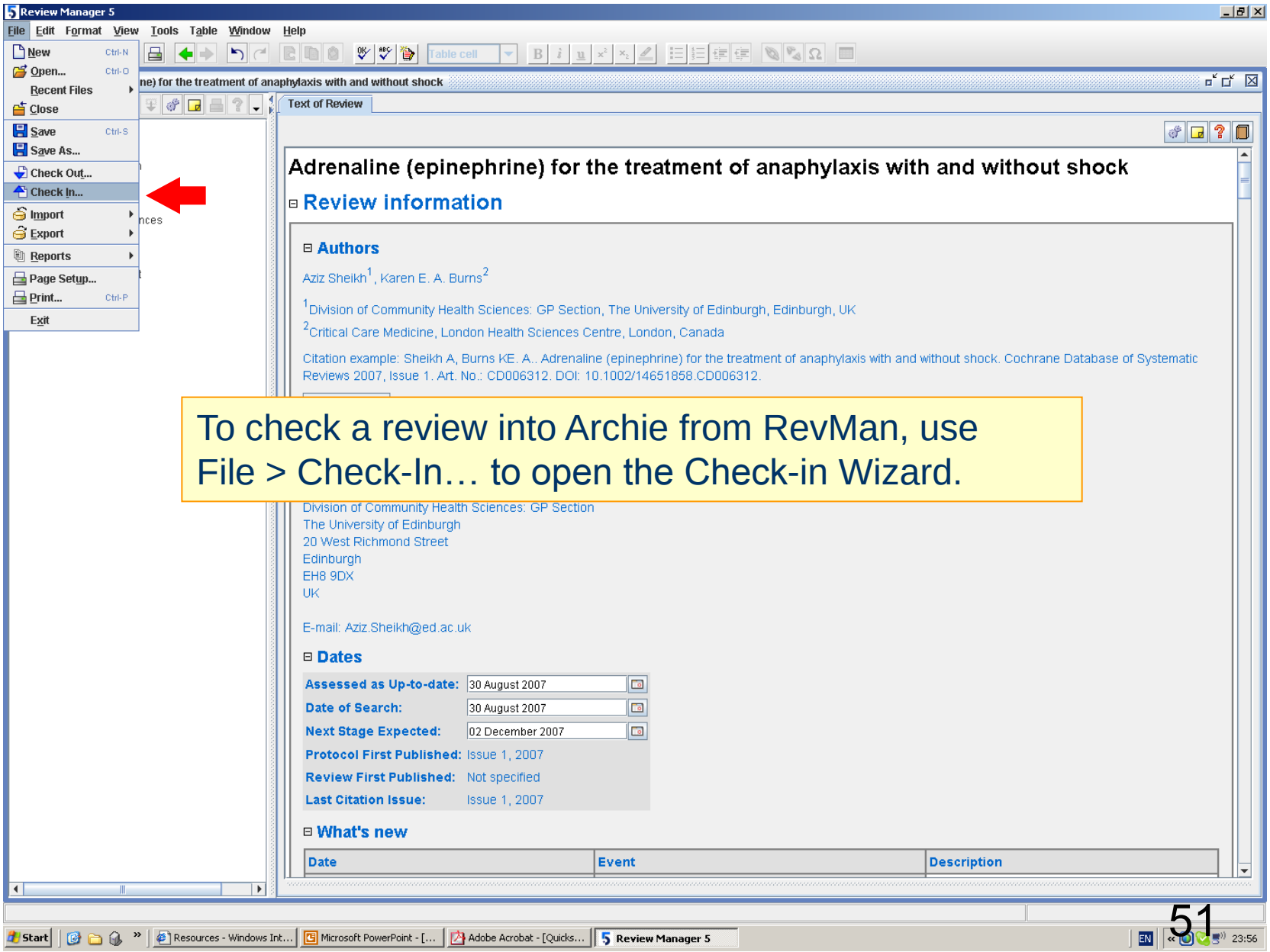
Basic principles

- You can only check your review into Archie from RevMan if the version you edited was checked out from Archie.
- After completing your edits, it is ***important*** that you check the review back into Archie: as a backup; to allow co-authors to read or edit; or to submit for editorial approval.
- The version you check in will become the most recent version in Archie. Previous versions will be retained.

Checking a review back into Archie from RevMan



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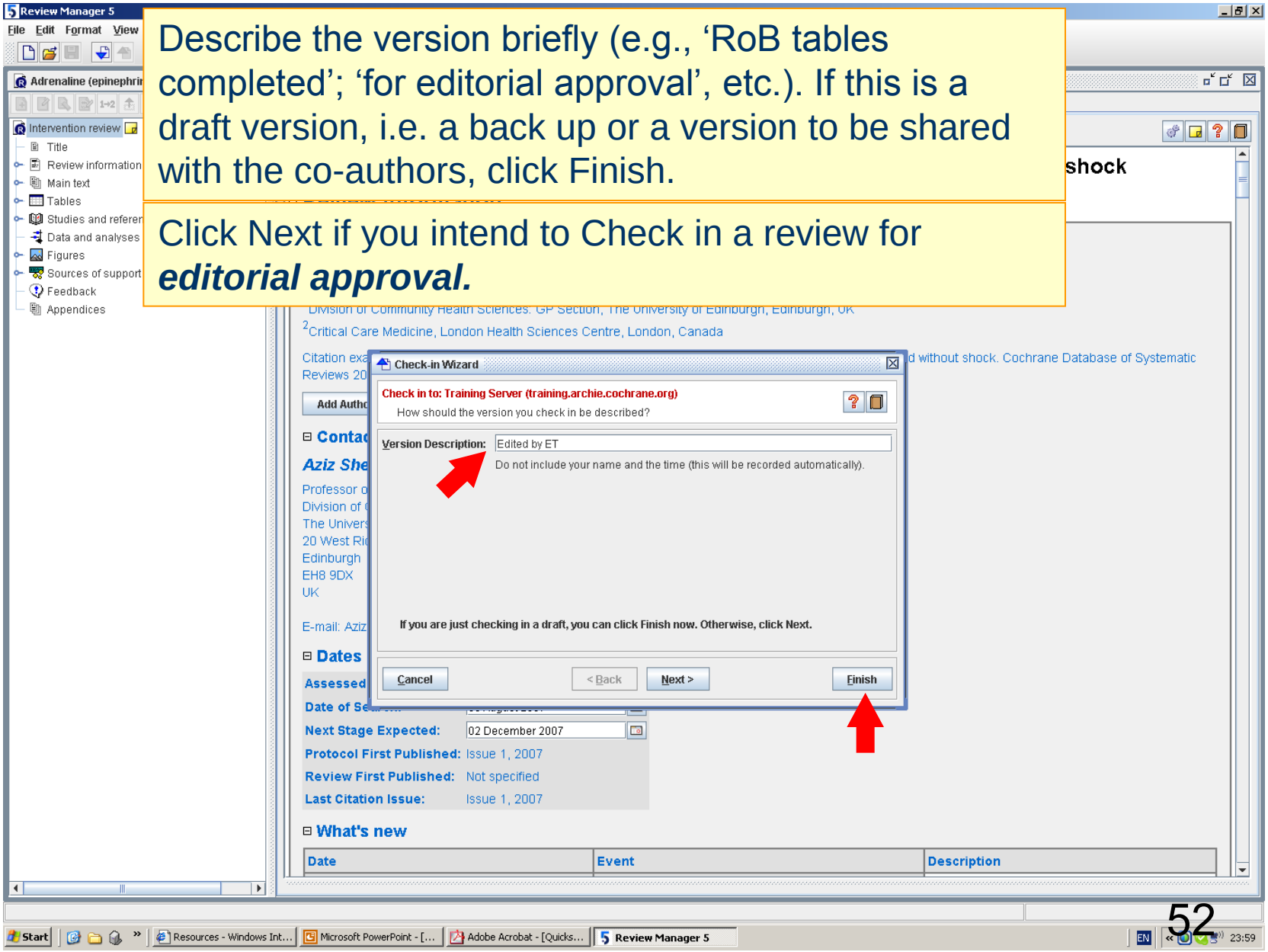
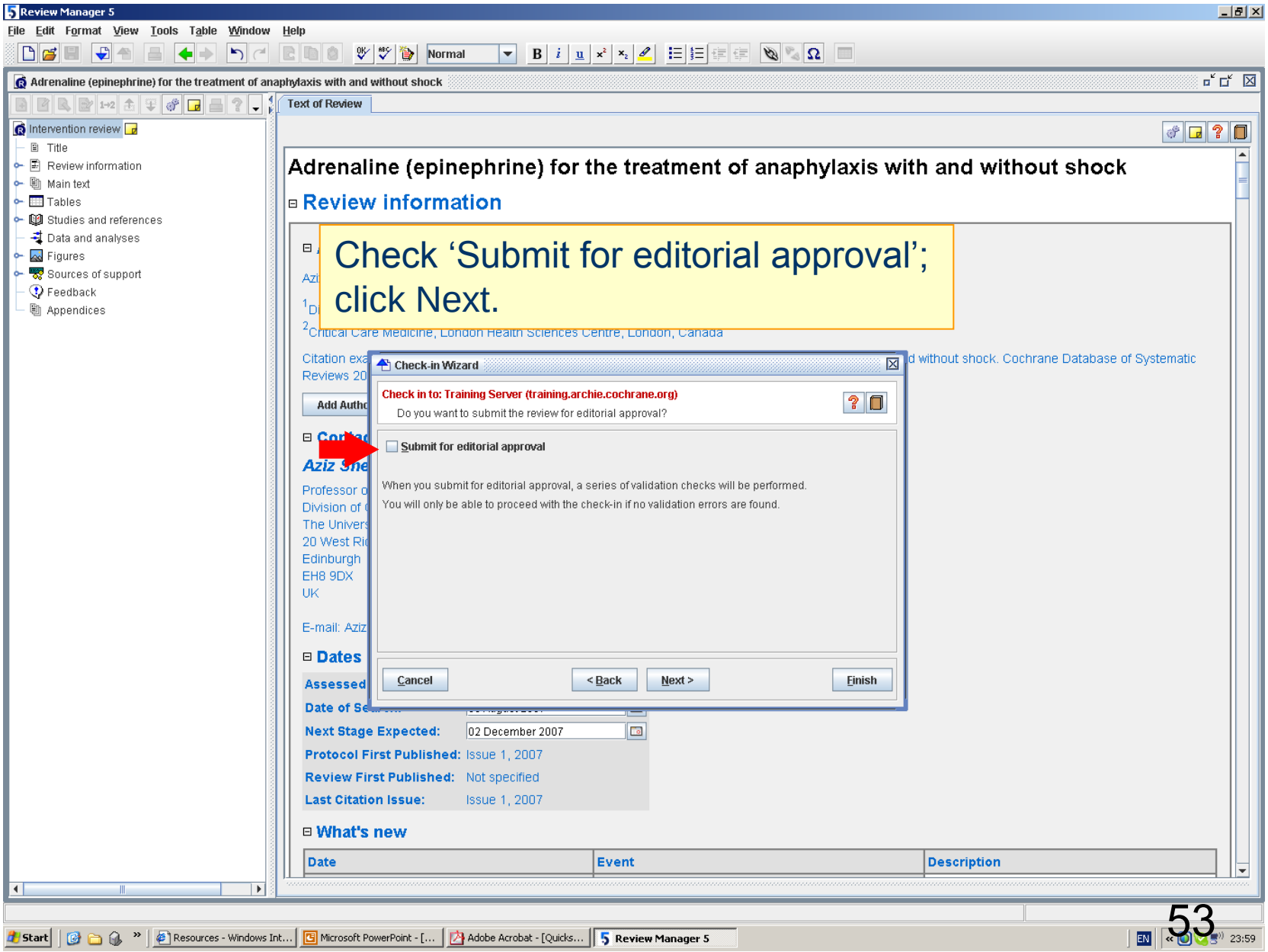
Checking a review back into Archie from RevMan

Describe the version briefly (e.g., ‘RoB tables completed’; ‘for editorial approval’, etc.). If this is a draft version, i.e. a back up or a version to be shared with the co-authors, click Finish.

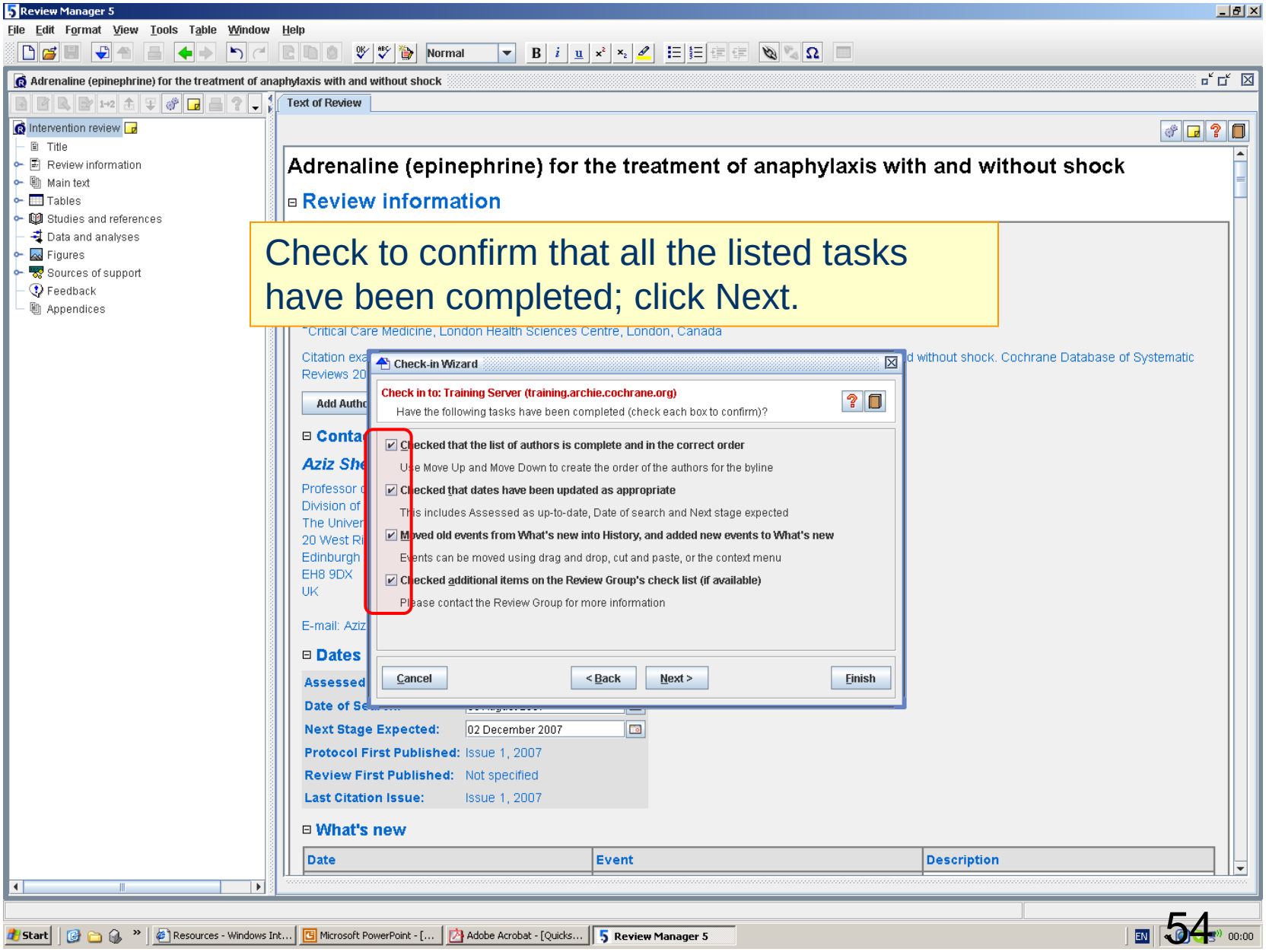
Click Next if you intend to Check in a review for ***editorial approval.***



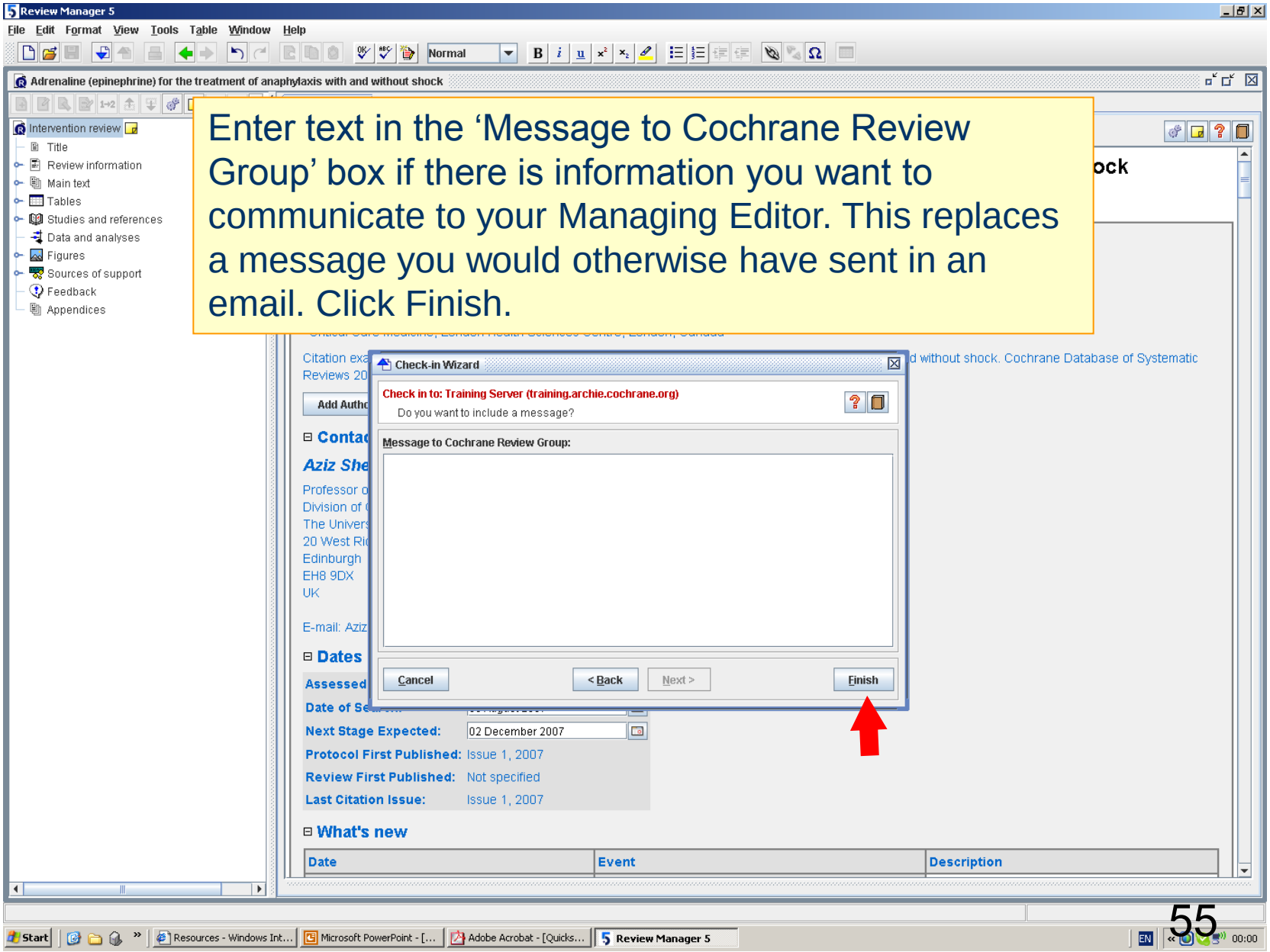
Checking a review back into Archie from RevMan



Checking a review back into Archie from RevMan



Checking a review back into Archie from RevMan



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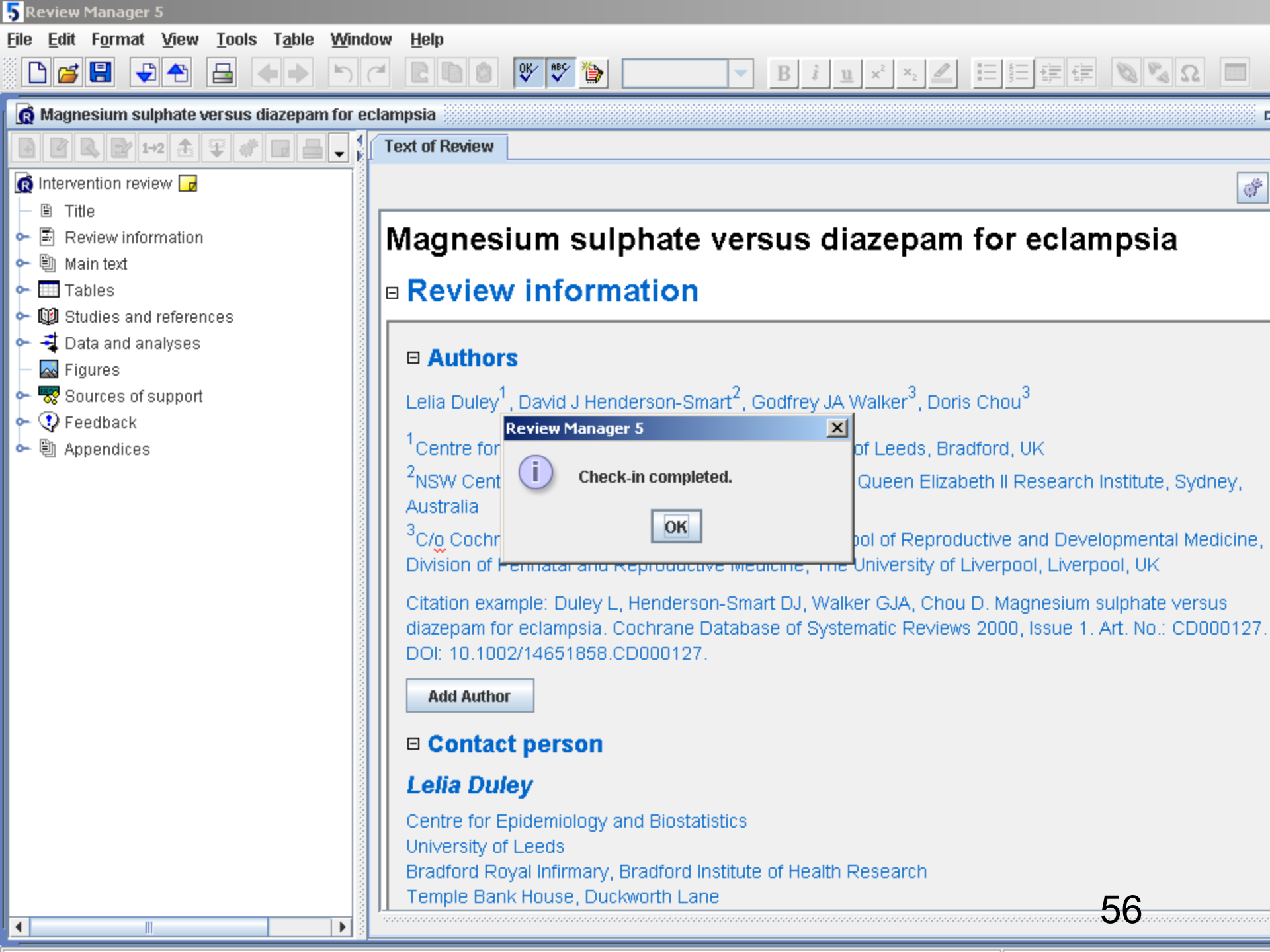
Review Manager 5
File Edit Format View Tools Table Window Help
Magnesium sulphate versus diazepam for eclampsia
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Sources of support
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Text of Review
Magnesium sulphate versus diazepam for eclampsia
Review information
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Citation example: Duley L, Henderson-Smart DJ, Walker GJA, Chou D. Magnesium sulphate versus diazepam for eclampsia. Cochrane Database of Systematic Reviews 2000, Issue 1. Art. No.: CD000127. DOI: 10.1002/14651858.CD000127.
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OK

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- RevMan 5 Help file
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- Introductory presentation on Archie for Editors and Authors (ims.cochrane.org/archie/documentation)
- Your Managing Editor