



EndNote for Research

Learning Objectives

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

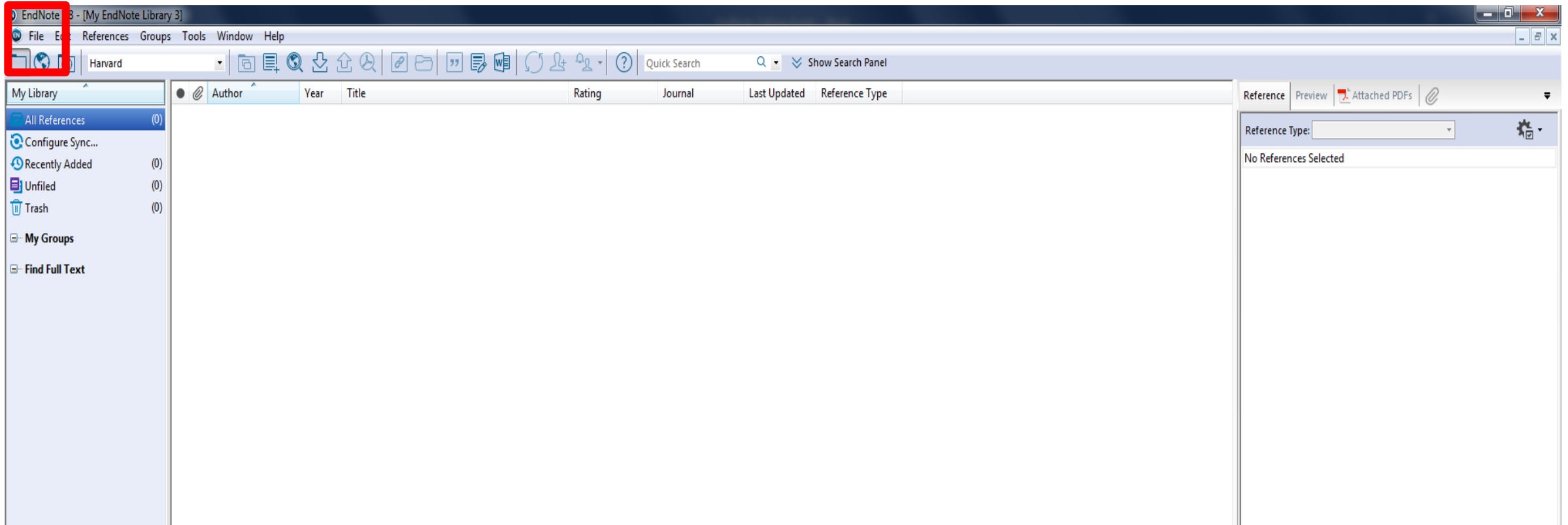
Capabilities of EndNote

- 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

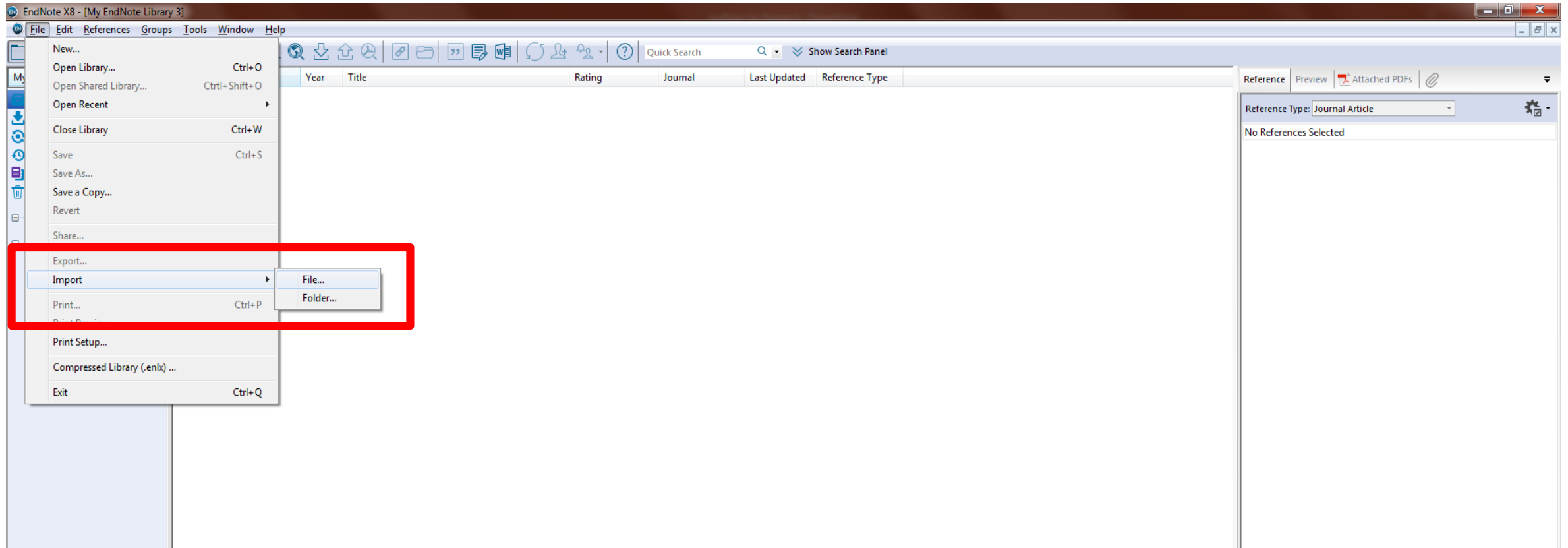
Building an EndNote Library

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

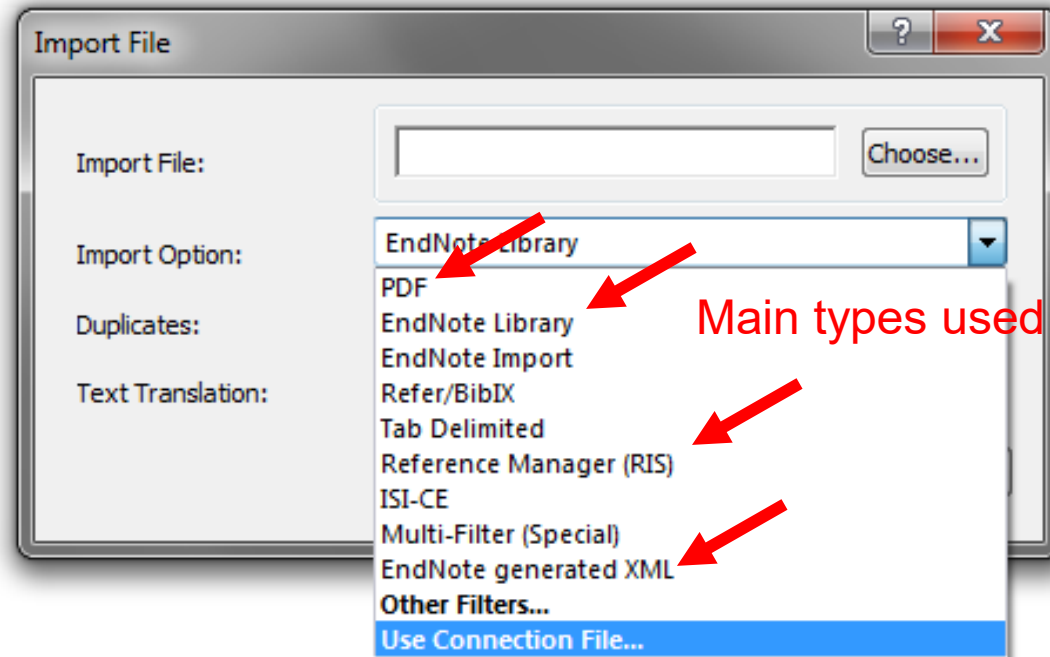
Importing



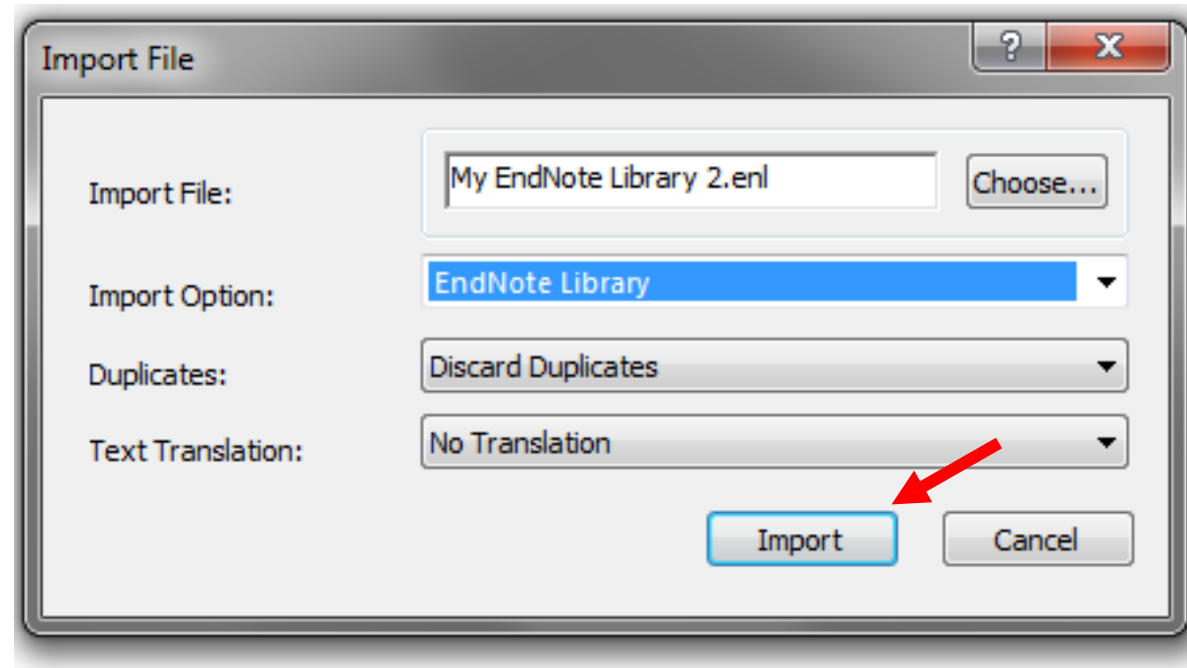
Importing



Importing



Importing



Building an EndNote Library

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

Online Search

The screenshot shows the PubMed website interface. At the top, there's a navigation bar with 'NCBI', 'Resources', and 'How To'. The main search bar contains 'polypharmacy' and a 'Search' button. Below the search bar, the 'Format: Abstract' dropdown is visible. The search results show a paper titled 'Implementation of Proton Pump Inhibitor Deprescription Protocol in Geriatric' by Avraham O¹, Biglow M¹. The abstract text is partially visible, starting with 'BACKGROUND: Deprescribing is a recommended intervention to reduce morbidity and mortality caused by polypharmacy. However, a lack of definite deprescription guidelines and evidence of clinically meaningful outcomes complicates the implementation of such an approach. OBJECTIVE: The objective of the present pilot study is to establish and implement a stepwise taper protocol to reduce the overuse 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 to 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 also included reassessment of therapeutic agents and dosage forms for more tolerable alternatives to facilitate deprescription efforts and minimize gastric ulceration or discomfort. RESULTS: The pilot study enrolled 10 patients (average age 65.6 years, medication burden 16.8 units, and antisecretory duration 37.5 months). Physicians accepted >95% of interventions, and 90% of patients achieved cessation at 12 weeks. Post cessation, none of the patients needed antacid, prokinetic, or antisecretory agents at 4 weeks. Difficulties in order interpretation and transcription among nurses as well as order entry and calculations among pharmacists were noted. CONCLUSIONS: The present pilot study added to the growing body of evidence that gradual deprescription of antisecretory 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; quality improvement'. A 'Send to' dropdown menu is open, showing options: 'File', 'Clipboard', 'Collections', 'E-mail', 'My Bibliography', and 'Citation manager' (which is selected). Below these options are links to 'Generate a file for use with external citation management software.', 'Download 1 citation', and a 'Create File' button. Red arrows point to the 'Send to' dropdown, the 'Citation manager' option, and the 'Create File' button.

NCBI Resources How To Sign in to NCBI

PubMed US National Library of Medicine National Institutes of Health

polypharmacy Search

Format: Abstract

Ann Pharmacother. 2018 Feb 1;1060028018759747. doi: 10.1177/1060028018759747. [Epub ahead of print]

Implementation of Proton Pump Inhibitor Deprescription Protocol in Geriatric

Avraham O¹, Biglow M¹.

Author information

Abstract

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

OBJECTIVE: The objective of the present pilot study is to establish and implement a stepwise taper protocol to reduce the overuse 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 to 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 also included reassessment of therapeutic agents and dosage forms for more tolerable alternatives to facilitate deprescription efforts and minimize gastric ulceration or discomfort.

RESULTS: The pilot study enrolled 10 patients (average age 65.6 years, medication burden 16.8 units, and antisecretory duration 37.5 months). Physicians accepted >95% of interventions, and 90% of patients achieved cessation at 12 weeks. Post cessation, none of the patients needed antacid, prokinetic, or antisecretory agents at 4 weeks. Difficulties in order interpretation and transcription among nurses as well as order entry and calculations among pharmacists were noted.

CONCLUSIONS: The present pilot study added to the growing body of evidence that gradual deprescription of antisecretory 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; quality improvement

Send to

Choose Destination

☐ File ☐ Clipboard

☐ Collections ☐ E-mail

☐ My Bibliography

☒ Citation manager

Generate a file for use with external citation management software.

Download 1 citation

Create File

Outcome after Discontinuation of Proton Pump Inhibitors at a Resident [Can J Hosp Pharm. 2017]

Feasibility of a patient-centered deprescribing process to reduce inpatient admissions [Ann Pharmacother. 2015]

Review Deprescribing versus continuation of chronic proton pump inhibitors [Cochrane Database Syst Rev. 2017]

Review Systematic reviews of the clinical effectiveness and safety of proton pump inhibitors [Health Technol Assess. 2007]

See reviews...

See all...

Recent Activity

Online Search

The screenshot shows the PubMed interface for a specific article. At the top, there's a navigation bar with 'NCBI', 'Resources', 'How To', and a 'Sign in to NCBI' link. Below this is the 'PubMed.gov' header with the 'US National Library of Medicine' and 'National Institutes of Health' logos. A search bar is present with a dropdown menu set to 'PubMed' and a 'Search' button. The article title is 'Variation of polypharmacy in older primary care attenders occurs at prescriber level.' by Ong SM¹, Lim YMF², Sivasampu S², Khoo EM³. The abstract is visible, starting with '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 ≥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 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 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'. The PMID is 29471806 and the DOI is 10.1186/s12877-018-0750-2. On the right side, there are sections for 'Full text links' (with a red arrow pointing to the 'Read free full text at BMC' link), 'Save items' (with an 'Add to Favorites' button), 'Similar articles' (listing related papers), and 'Recent Activity' (with 'Turn Off' and 'Clear' buttons).

NCBI Resources How To Sign in to NCBI

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Advanced Help

Format: Abstract ▾ Send to ▾

[BMC Geriatr.](#) 2018 Feb 23;18(1):59. doi: 10.1186/s12877-018-0750-2.

Variation of polypharmacy in older primary care attenders occurs at prescriber level.

Ong SM¹, Lim YMF², Sivasampu S², Khoo EM³.

⊕ 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 ≥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 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 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

PMID: 29471806 DOI: [10.1186/s12877-018-0750-2](#)

[Free full text](#)

Full text links

Read free full text at [BMC](#)

Save items

☆ Add to Favorites ▾

Similar articles

Prescriber variation in potentially inappropriate prescribing in older popul [BMC Fam Pract. 2014]

Association of potentially inappropriate medication | [Pharmacoepidemiol Drug Saf. 2013]

Health professional perspectives on the management of multimorbidity [Age Ageing. 2017]

[Review](#) Evidence Brief: The Quality of Care Provided by | [VA Evidence-based Synthesis Pr...]

[Review](#) Methods to reduce prescribing errors in elderly patients with mult [Clin Interv Aging. 2016]

[See reviews...](#)

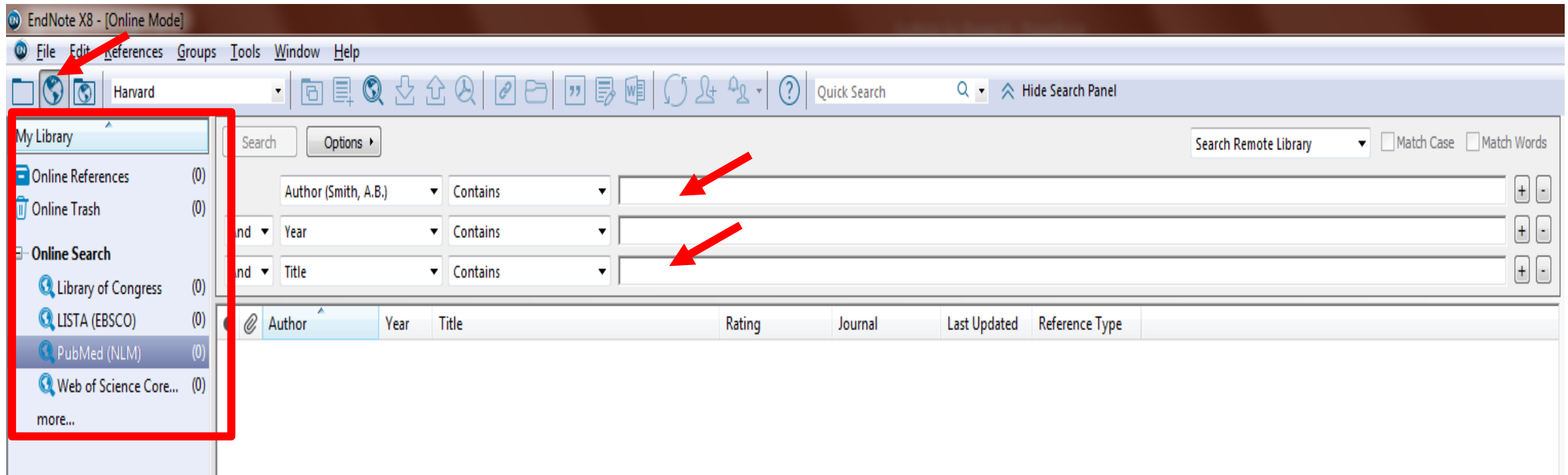
[See all...](#)

Recent Activity

[Turn Off](#) [Clear](#)

PDF, RIS, XML

Online Search



Online Search

The screenshot displays the EndNote X8 - [Online Mode] interface. The left sidebar shows the 'My Library' pane with 'Online Search' selected. The main search area has a search bar with 'polypharmacy' entered. A red arrow points to the search bar. Below the search bar, a table of search results is visible. A red box highlights a context menu that is open over the first result, showing options like 'Edit References', 'Move References to Trash', 'Add References To', 'Copy References To', 'E-mail Reference', 'Remove Reference(s) From Group', 'Cut', 'Copy', 'Copy Formatted', 'Paste', 'Mark as Read', 'Mark as Unread', 'Rating', 'Show All References', 'Show Selected References', 'Hide Selected References', 'File Attachments', 'PDF Viewer', 'Find Full Text', 'Find Reference Updates...', 'URL', 'Restore to Library', and 'Resolve Sync Conflicts...'. The 'Copy References To' option is highlighted, and a sub-menu is open showing 'New Library...', 'Choose Library...', 'My EndNote Library 2.enl', and 'My EndNote Library 3.enl'.

Author	Year	Title	Rating	Journal	Last Updated	Reference Type
Ong, S. M.; Lim, ...	2018	Variation of polypharmacy in older primary car...		BMC Geriatr	2/26/2018	Journal Article
Bortolasci, C. C.; ...	2018	Mechanisms Underpinning the Polypharmacy E...		Int J Neuropsych...	2/26/2018	Journal Article
Rankin, A.; Cado...	2018	Core Outcome Set for Trials Aimed at Improvi...		J Am Geriatr Soc	2/26/2018	Journal Article
Hurmuz, M. Z. M...	2018	Changes in medicine prescription following a ...		Int J Clin Pharm	2/26/2018	Journal Article
Mueller, C.; Molo...	2018	Polypharmacy in people with dementia: Associ...		Exp Gerontol	2/26/2018	Journal Article
McIsaac, D. I.; W...	2018	Association of Polypharmacy with Survival, Co...		Anesthesiology	2/26/2018	Journal Article
Vrettos, I.; Vouk...	2017	Diseases Linked to Polypharmacy in Elderly Pati...		Curr Gerontol ...	2/26/2018	Journal Article
Beuscart, J. B.; K...	2018	International core outcome set for clinical trial...		BMC Med	2/26/2018	Journal Article
Lister, J. F.; Torb...	2018	A Case of Nonfatal Torsade de Pointes Associat...		J Clin Psychoph...	2/26/2018	Journal Article
Castelli, R.; Schia...	2018	The impact of anaemia, transfusion dependence...		Med Oncol	2/26/2018	Journal Article

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

Accession Number

NCBI Resources How To Sign in to NCBI

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Advanced Search Help

Format: Abstract Send to

BMC Geriatr. 2018 Feb 23;18(1):59. doi: 10.1186/s12877-018-0750-2.

Variation of polypharmacy in older primary care attenders occurs at prescriber level.

Onq SM¹, Lim YMF², Sivasampu S², Khoo EM³.

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 ≥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 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 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

PMID: 29471806 DOI: 10.1186/s12877-018-0750-2

Free full text

Full text links
Read free full text at BMC

Save items
Add to Favorites

Similar articles

Prescriber variation in potentially inappropriate prescribing in older popul [BMC Fam Pract. 2014]

Association of potentially inappropriate medication [Pharmacoepidemiol Drug Saf. 2013]

Health professional perspectives on the management of multimorbidity [Age Ageing. 2017]

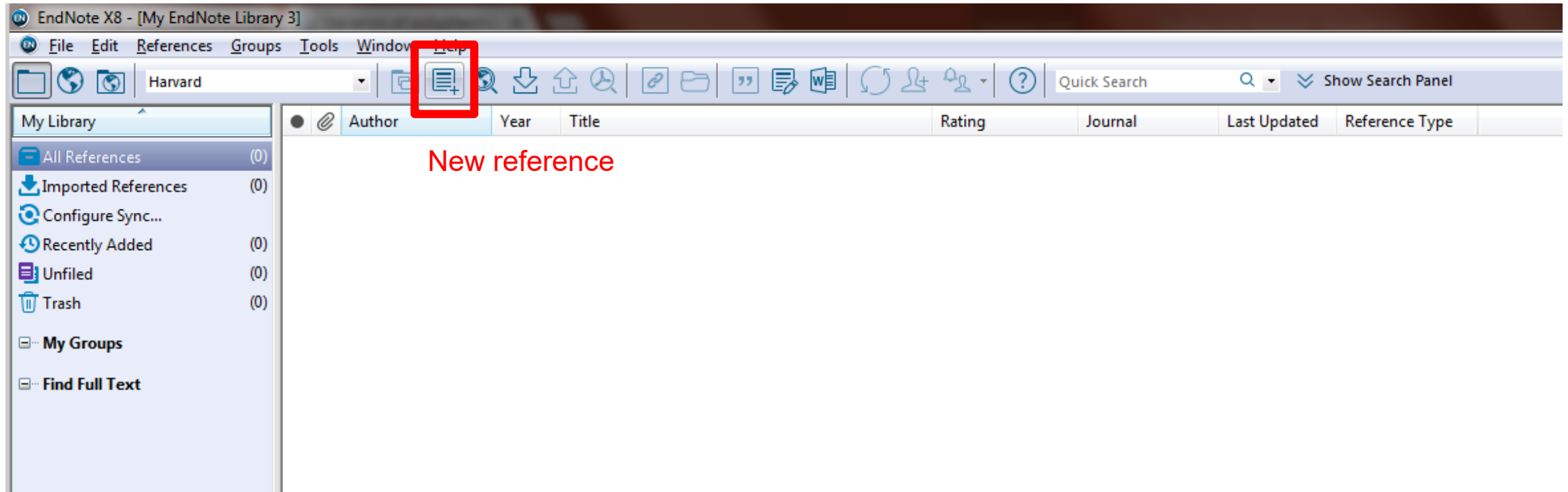
Review Evidence Brief: The Quality of Care Provided by [VA Evidence-based Synthesis Pr...]

Review Methods to reduce prescribing errors in elderly patients with mult [Clin Interv Aging. 2016]

See reviews...
See all...

Recent Activity
Turn Off Clear

Accession Number



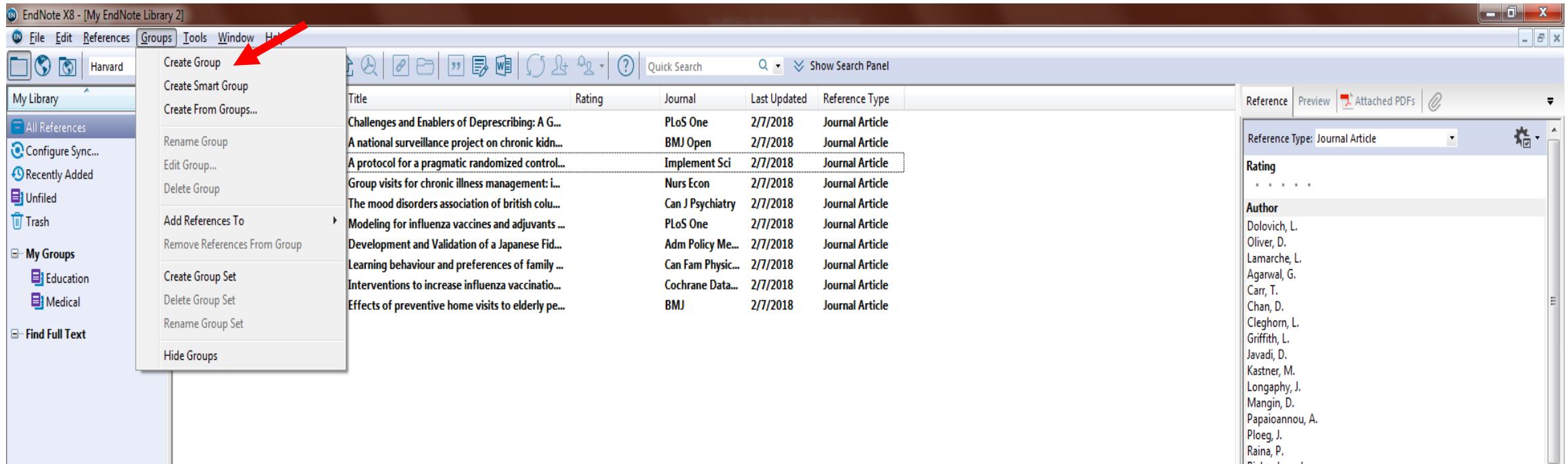
Accession Number

The screenshot shows the 'EndNote X8 - [New Reference]' window. The 'Reference' tab is active, and the 'Accession Number' field is highlighted with a red box. A red text annotation 'Paste number, save' is positioned above the box. The left sidebar lists various fields: Alternate Journal, ISSN, DOI, Original Publication, Reprint Edition, Reviewed Item, Legal Note, PMCID, NIHMSID, Article Number, Accession Number (highlighted), Call Number, Label, Keywords, Abstract, and Notes. The top menu bar includes File, Edit, References, Groups, Tools, Window, and Help. The toolbar contains icons for Reference, Attached PDFs, and various formatting options like Bold, Italic, Underline, Paragraph, and Text styles.

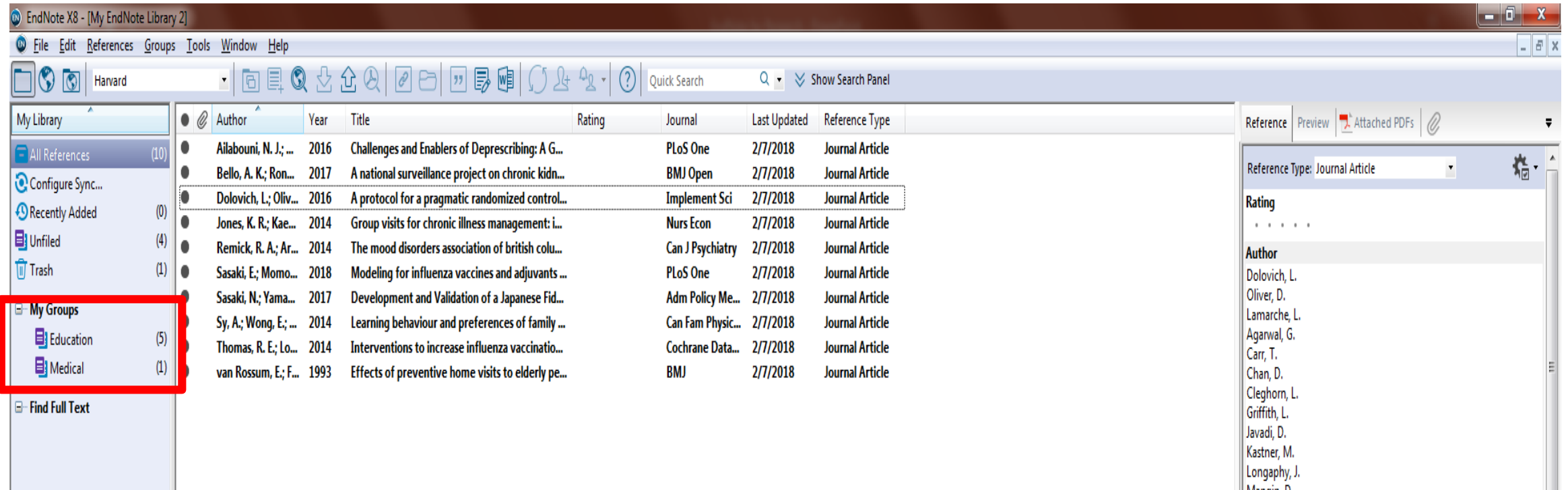
Building an EndNote Library

- 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



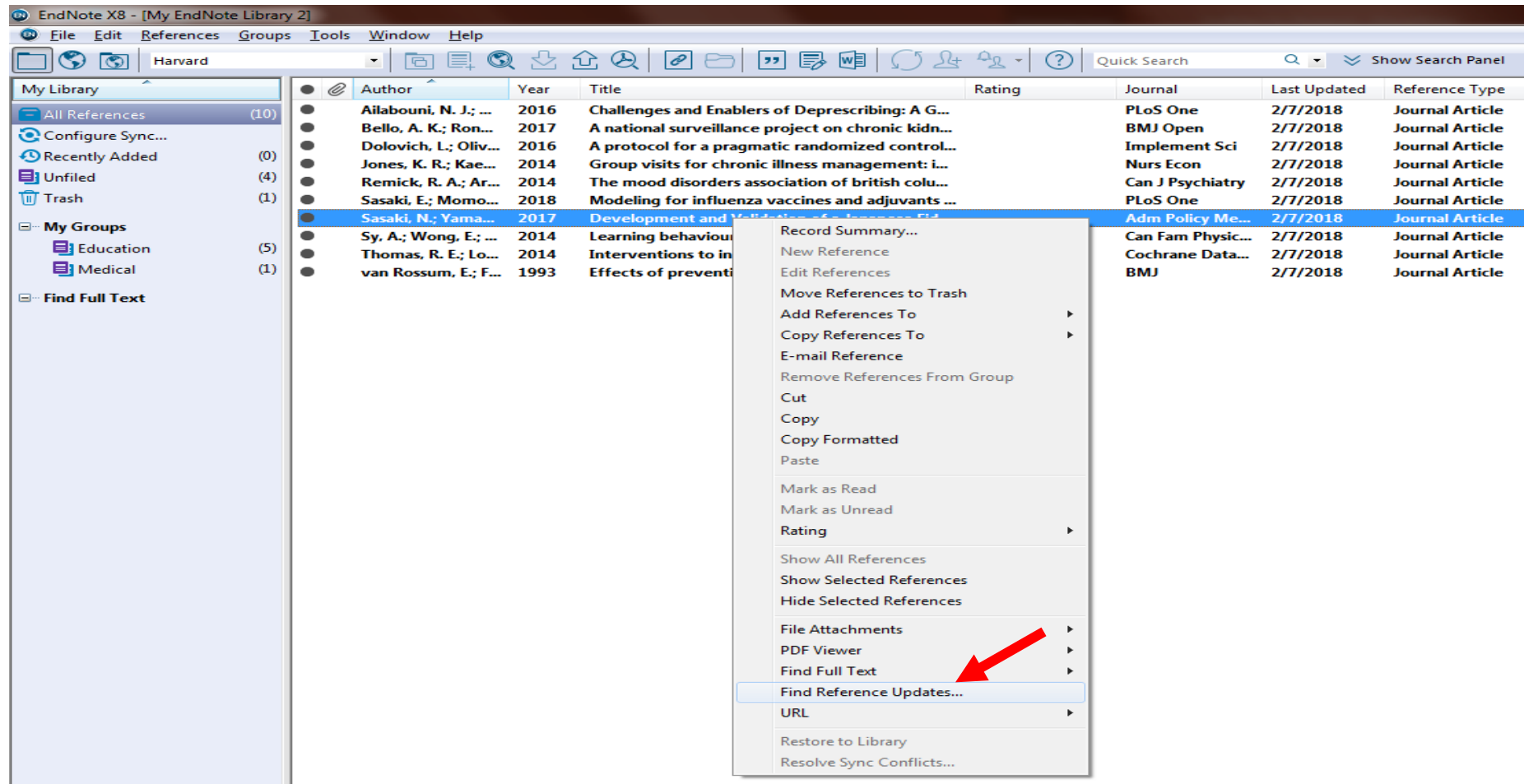
The screenshot displays the EndNote X8 interface. The main window shows a list of references with columns for Author, Year, Title, Rating, Journal, Last Updated, and Reference Type. The 'My Groups' section in the left sidebar is highlighted with a red box, showing two groups: 'Education' (5 references) and 'Medical' (1 reference). The right sidebar shows the details for a selected reference, including the Reference Type (Journal Article), Rating, and Author list.

Author	Year	Title	Rating	Journal	Last Updated	Reference Type
Ailabouni, N. J.; ...	2016	Challenges and Enablers of Deprescribing: A G...		PLoS One	2/7/2018	Journal Article
Bello, A. K.; Ron...	2017	A national surveillance project on chronic kidn...		BMJ Open	2/7/2018	Journal Article
Dolovich, L.; Oliv...	2016	A protocol for a pragmatic randomized control...		Implement Sci	2/7/2018	Journal Article
Jones, K. R.; Kae...	2014	Group visits for chronic illness management: i...		Nurs Econ	2/7/2018	Journal Article
Remick, R. A.; Ar...	2014	The mood disorders association of british colu...		Can J Psychiatry	2/7/2018	Journal Article
Sasaki, E.; Momo...	2018	Modeling for influenza vaccines and adjuvants ...		PLoS One	2/7/2018	Journal Article
Sasaki, N.; Yama...	2017	Development and Validation of a Japanese Fid...		Adm Policy Me...	2/7/2018	Journal Article
Sy, A.; Wong, E.; ...	2014	Learning behaviour and preferences of family ...		Can Fam Physic...	2/7/2018	Journal Article
Thomas, R. E.; Lo...	2014	Interventions to increase influenza vaccinatio...		Cochrane Data...	2/7/2018	Journal Article
van Rossum, E.; F...	1993	Effects of preventive home visits to elderly pe...		BMJ	2/7/2018	Journal Article

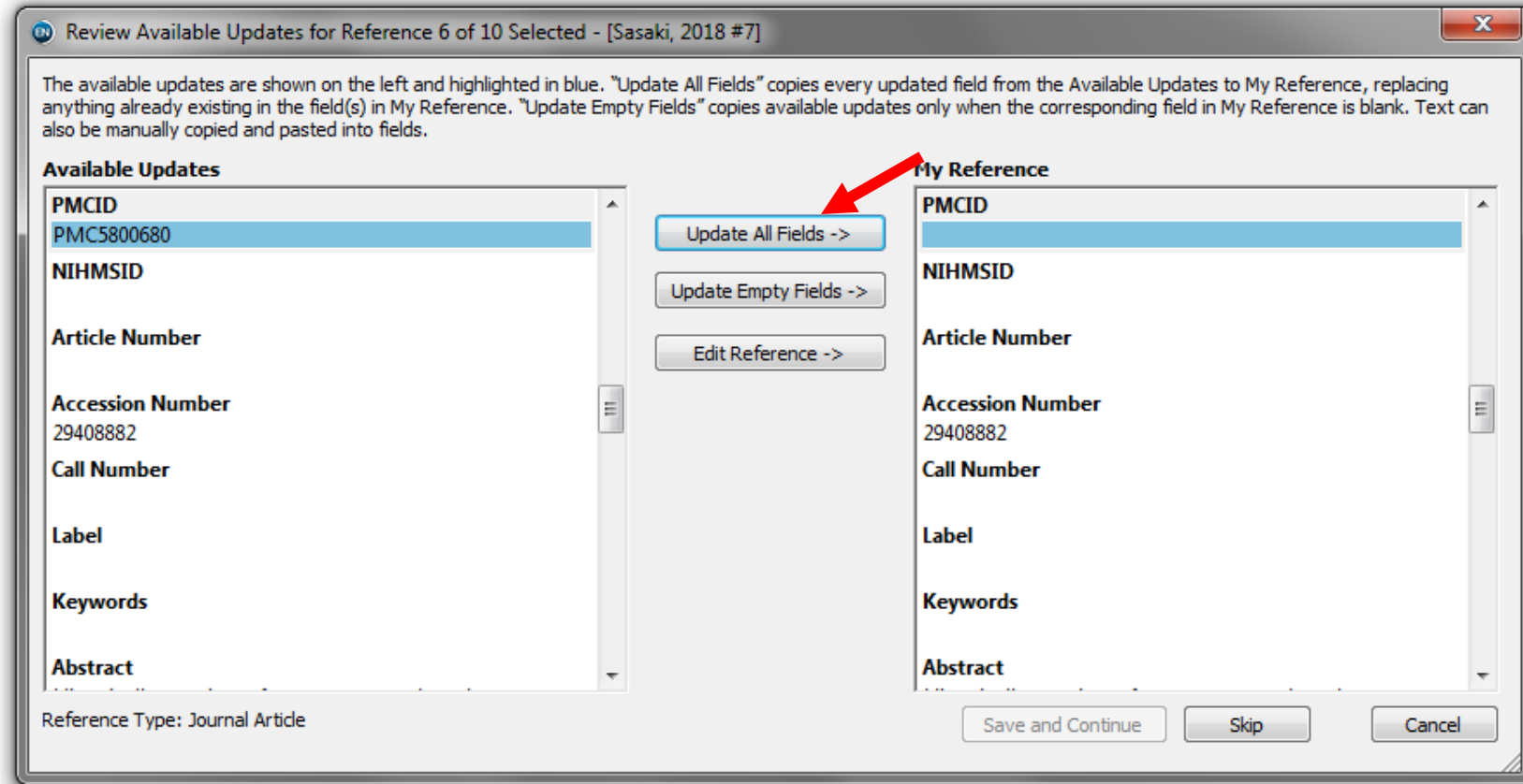
Library Editing

- Update references within the library
 - Ensuring the citation and bibliography are correct

Updating References



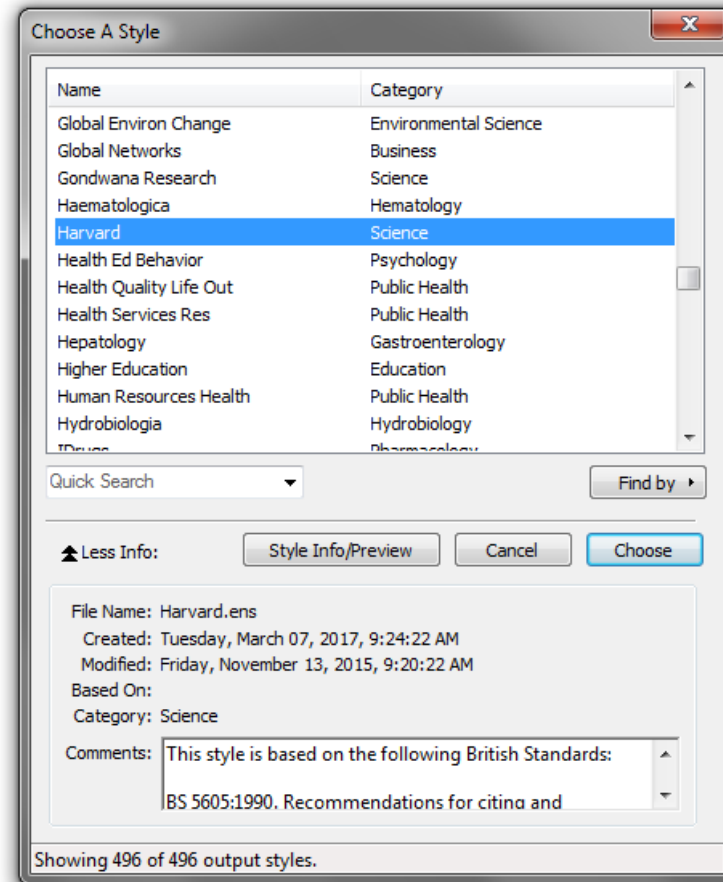
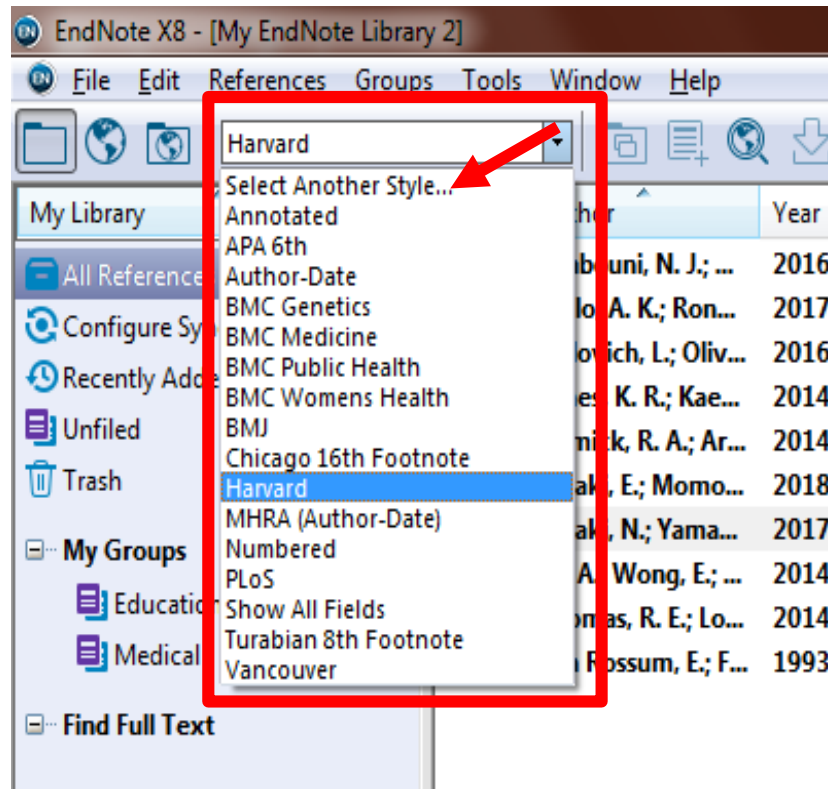
Updating References



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

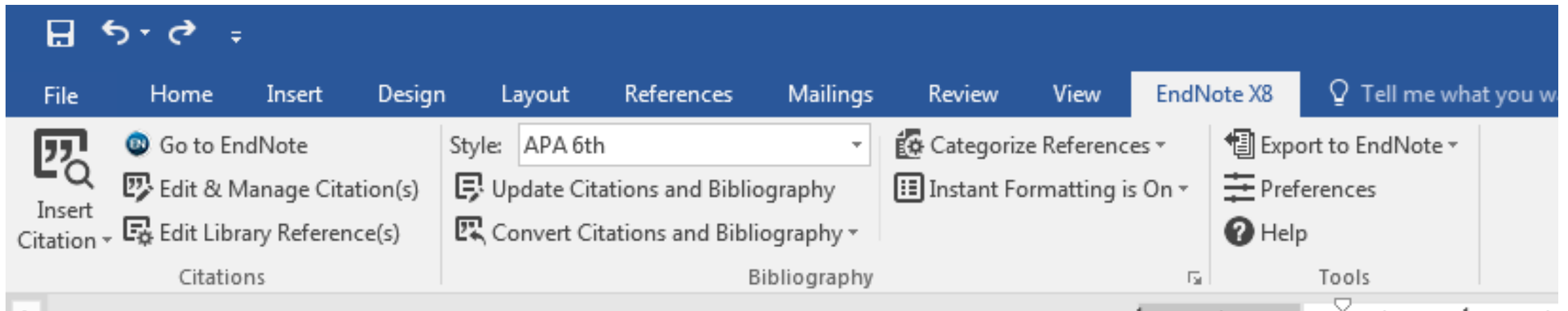
Style



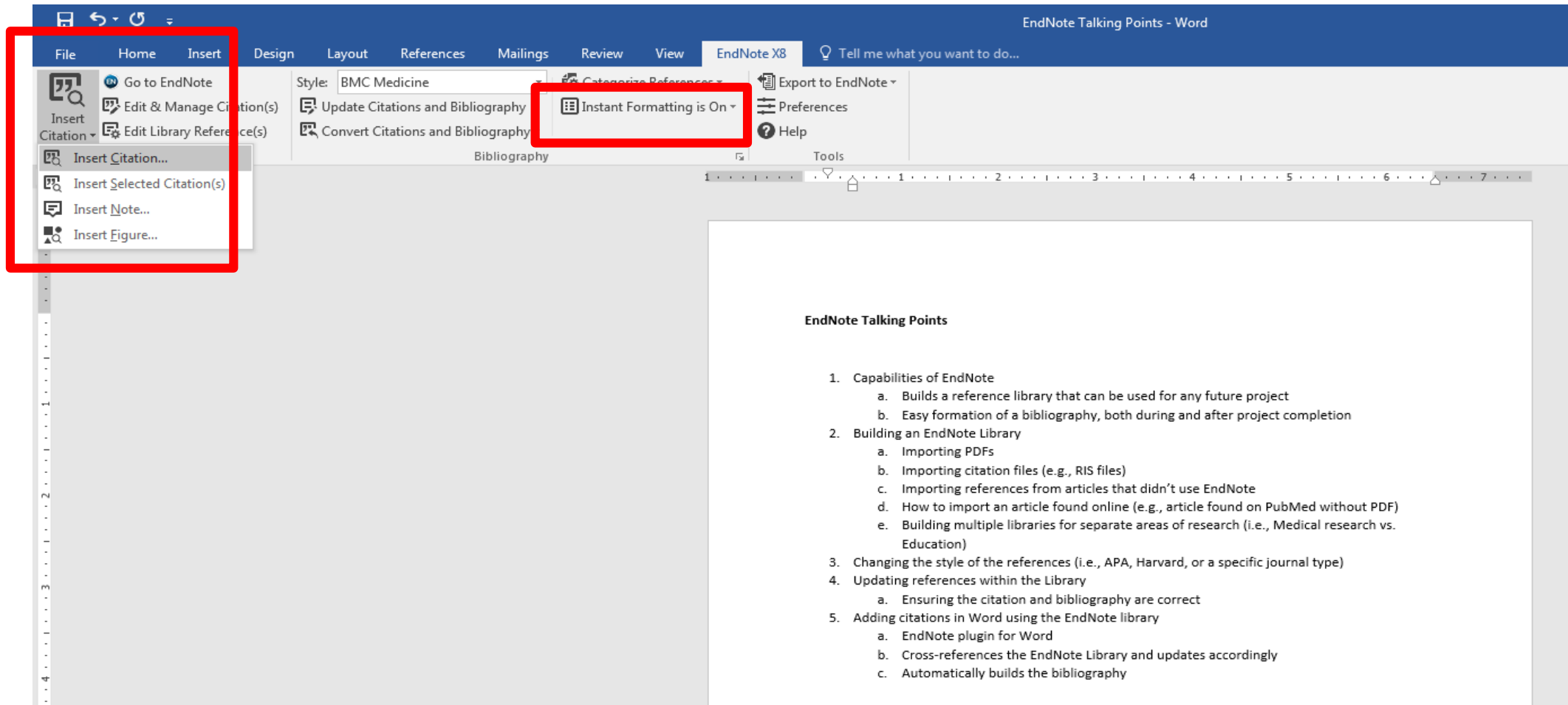
Journal	Last Updated	Reference Type
PLoS One	2/7/2018	Journal Article
BMJ Open	2/7/2018	Journal Article
Implement Sci	2/7/2018	Journal Article
Nurs Econ	2/7/2018	Journal Article
Can J Psychiatry	2/7/2018	Journal Article
PLoS One	2/7/2018	Journal Article
Adm Policy Me...	2/7/2018	Journal Article
Can Fam Physic...	2/7/2018	Journal Article
Cochrane Data...	2/7/2018	Journal Article
BMJ	2/7/2018	Journal Article

EndNote Plugin for Word

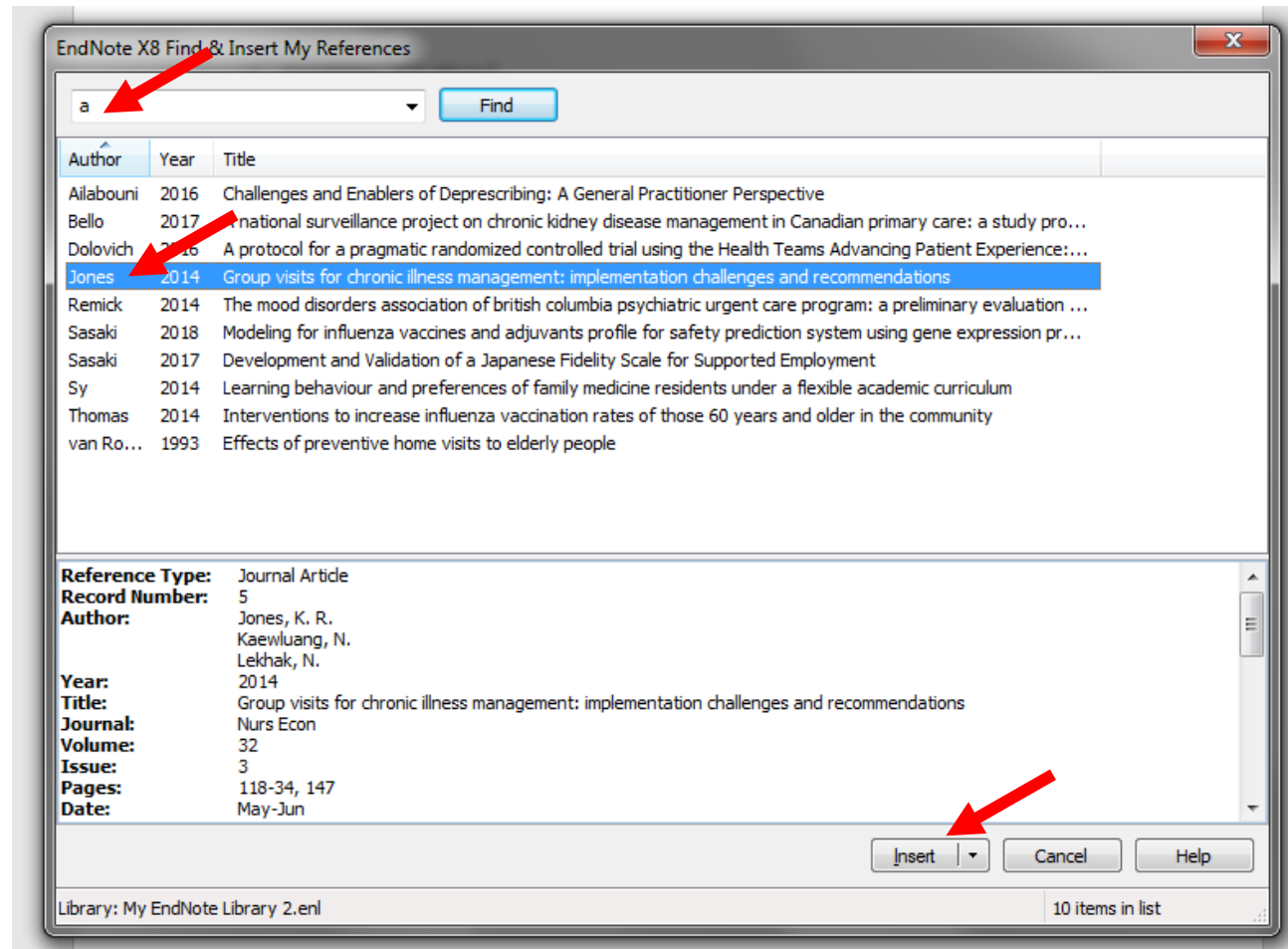
- Adding citations in Word using the EndNote library
 - Cross-references the EndNote Library and updates accordingly
 - Automatically builds the bibliography in Word



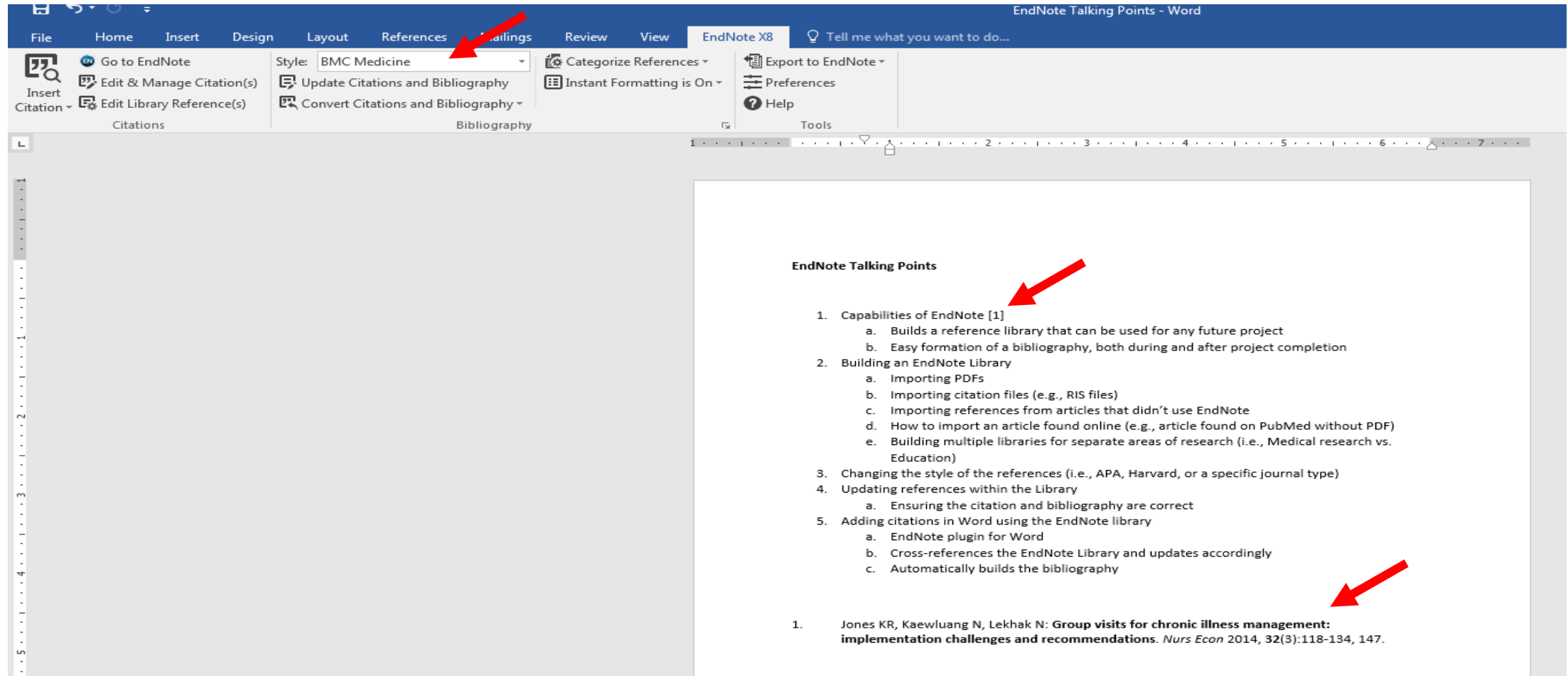
Adding Citations in Word



Adding Citations in Word



Adding Citations in Word



EndNote Talking Points - Word

File Home Insert Design Layout References Mailings Review View EndNote X8 Tell me what you want to do...

Style: BMC Medicine

Go to EndNote

Edit & Manage Citation(s)

Edit Library Reference(s)

Insert Citation

Update Citations and Bibliography

Convert Citations and Bibliography

Categorize References

Instant Formatting is On

Export to EndNote

Preferences

Help

Tools

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

1. Jones KR, Kaewluang N, Lekhak N: **Group visits for chronic illness management: implementation challenges and recommendations.** *Nurs Econ* 2014, 32(3):118-134, 147.

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



Department of Family Medicine
Michael G. DeGroote School of Medicine
Faculty of Health Sciences

fhs.mcmaster.ca/fammed
@McMasterFamMed