

Evidence-based practices published in Brazil: identification and analysis of their types and methodological approaches

PRÁTICAS BASEADAS EM EVIDÊNCIAS PUBLICADAS NO BRASIL: IDENTIFICAÇÃO E ANÁLISE DE SUAS VERTENTES E ABORDAGENS METODOLÓGICAS

PRÁCTICAS BASADAS EN EVIDENCIAS PUBLICADAS EN BRASIL: IDENTIFICACIÓN Y ANÁLISIS DE SUS VERTIENTES Y APROXIMACIONES METODOLÓGICAS

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ABSTRACT

This is an integrative review of Brazilian studies on evidence-based practices (EBP) in health, published in ISI/JCR journals in the last 10 years. The aim was to identify the specialty areas that most accomplished these studies, their foci and methodological approaches. Based on inclusion criteria, 144 studies were selected. The results indicate that most EBP studies addressed childhood and adolescence, infectious diseases, psychiatrics/mental health and surgery. The predominant foci were prevention, treatment/rehabilitation, diagnosis and assessment. The most used methods were systematic review with or without meta-analysis, protocol review or synthesis of available evidence studies, and integrative review. A strong multiprofessional expansion of EBP is found in Brazil, contributing to the search for more selective practices by collecting, recognizing and critically analyzing the produced knowledge. The study also contributes to the analysis itself of ways to do research and new research possibilities.

DESCRIPTORS

Evidence-based practice
Evidence-based nursing
Review
Meta-analysis

RESUMO

Revisão integrativa de estudos brasileiros sobre práticas baseadas em evidências (PBE) em saúde, publicados em periódicos ISI/JCR, nos últimos 10 anos. O objetivo foi identificar as especialidades que mais realizaram estes estudos, seus enfoques e abordagens metodológicas. A partir de critérios de inclusão, foram selecionados 144 trabalhos. Os resultados indicam que a maior quantidade de estudos feitos em PBE foram sobre infância e adolescência, infectologia, psiquiatria/saúde mental e cirurgia. Os enfoques predominantes foram prevenção, tratamento/reabilitação, diagnóstico e avaliação. As metodologias mais empregadas foram revisão sistemática sem ou com metanálise, revisão de protocolos ou síntese de estudos de evidências já disponíveis, e revisão integrativa. Constata-se forte expansão multiprofissional da PBE no Brasil, contribuindo para a busca de práticas mais criteriosas pela reunião, reconhecimento e análise crítica dos conhecimentos produzidos. O estudo contribui também para a própria análise dos modos de fazer pesquisa e novas possibilidades de investigação.

DESCRITORES

Práticas clínicas baseadas em evidências
Enfermagem baseada em evidências
Revisão
Metanálise.

RESUMEN

Revisión integradora de estudios brasileños sobre prácticas basadas en la evidencia (PBE) en salud, publicados en periódicos ISI/JCR en los últimos 10 años. La finalidad fue identificar las especialidades que más efectuaron esos estudios, sus focos y aproximaciones metodológicas. A partir de criterios de inclusión, fueron elegidos 144 estudios. Los resultados indican que la mayor cantidad de estudios llevados a cabo en EBP trataron de la infancia y adolescencia, enfermedades infecciosas, psiquiatria/salud mental y cirugía. Los focos predominantes fueron prevención, tratamiento/rehabilitación, diagnóstico y evaluación. Las metodologías más usadas fueron revisión sistemática con o sin metanálisis, revisión de protocolos o síntesis de estudios de evidencias ya disponibles, y revisión integradora. Se constata la fuerte expansión multiprofesional de la EBP en Brasil, contribuyendo a la búsqueda de prácticas más criteriosas a través de la reunión, del reconocimiento y del análisis crítico de los conocimientos producidos. El estudio también contribuye al propio análisis de los modos de hacer investigación y nuevas posibilidades de hacerla.

DESCRIPTORES

Práctica clínica basada en la evidencia.
Enfermería basada en la evidencia
Revisión
Metanálisis.

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INTRODUCTION

Among countless concepts of Evidence-Based Practice (EBP), a consensus exists that its focus rests on health care problem solving with a view to decision making based on the best evidence available⁽¹⁾. Although various resources – expert consensus, clinical skill/experience, user preferences, legislations, community standards and others⁽²⁾ are mentioned, the research results are considered the main form of reaching evidence.

The 1970's can be defined as the origin of EBP. To achieve greater efficiency and efficacy in the application of British health system resources, the epidemiologist Archibald Cochrane recommended decisions based on research, mainly randomized clinical trials, to direct guidelines for clinical practice and expense containment. In the 1980's, Evidence Based Medicine was organized at McMaster University in Canada, considered as the use of more certain criteria, through a previously determined research result search, assessment and usage process, as the base for clinical diagnosis, prognosis, treatment or management decisions. In the 1990's, the Cochrane Collaboration was created, an international information network of reviews with clinical trials that offer scientific information in all health areas⁽³⁾. With a view to replicability, this process articulates the epidemiology, biostatistics and informatics tripod⁽¹⁻⁶⁾.

Today, the international proliferation of EBP can be witnessed. Besides clinical medicine, it has been aggregating several other professional and knowledge areas. Although it is exaggerated to consider EBP a new paradigm, as some authors want⁽⁶⁾, it undoubtedly constitutes an important tool in health care, mainly because the steep development of scientific production has made it impossible to access the complete production and recognize its quality. The use of a systemized method permits joining, classifying and analyzing research results and concluding on evidence or not for decision making, as well as on the need to develop new primary studies.

EBP on the systematic review method of controlled and randomized clinical trials is considered the highest quality evidence for clinical research analysis. In case of homogeneity, its populations can be added up and analyzed through meta-analysis in order to achieve evidence⁽⁷⁻⁹⁾. The existence of different research methods, however, which can better respond to the different foci and theoretical approaches, have been determining the creation of various EBP centers, which consider other research designs than clinical trials and develop other methods than systematic review with meta-analysis, such as integrative review and qualitative review. These include, the Joana Briggs Institute⁽⁹⁾. Hence, if any EBP initially implies the comprehen-

sive and selective search of scientific literature on a given theme, today, various methods are used for its collection, classification and analysis.

The aim of this study was to recognize EBP studies carried out in Brazil with a view to identifying what specialties have used them most, as well as their foci and methodological approaches.

METHOD

This is an integrative review, a method that can aggregate primary or secondary studies, with different methods and/or theories and a wide range of implications⁽¹⁰⁾. In this review, a synthesis of EBP studies was aimed for, guided by the question: *What EBP studies in health have been accomplished and published in Brazil?*

The inclusion criteria referred to EBP studies, published in Brazilian scientific health journals as from the year 2000, indexed in ISI Web of Knowledge and cited by the Journal Citation Report (20 today), with a clearly explicit and developed literature review method. The search, between October and November 2010, in the LILACS and PubMed/MEDLINE databases, used the following keywords, either crossed or separately: evidence-based practice, systematic review, integrative review, narrative review, qualitative review, meta-analysis and meta-synthesis. The publications found were previously selected through the titles and abstracts and, if they complied with the criteria for inclusion in this review, their full version was analyzed. Included publications were classified and analyzed for publication data (authors, title, journal, year, volume, issue), implied specialties, focus (treatment, prevention, assessment etc.) and EBP method used.

RESULTS

Based on the previously defined keywords, 182 studies were identified, 144 of which were included, which complied with the inclusion criteria⁽¹¹⁻¹⁵⁴⁾ and had all been published in the first decade of the 21st century, mainly as from 2005, in ISI journals: *Cadernos de Saúde Pública* (41), *São Paulo Medical Journal* (19), *Latin American Journal of Nursing* (14), *Revista de Saúde Pública* (14), *Jornal de Pediatria* (9), *Revista Brasileira de Psiquiatria* (7), *Arquivos de Neuro-Psiquiatria* (6), *Revista da Associação Médica Brasileira* (5), *Revista da Escola de Enfermagem da USP* (5), *Revista Brasileira de Fisioterapia* (5), *Revista da Sociedade Brasileira de Medicina Tropical* (3), *Arquivos Brasileiros de Endocrinologia e Metabologia* (3), *Clinics* (3), *Arquivos Brasileiros de Cardiologia* (2), *Journal of Applied Oral Sci-*

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ence (2), Brazilian Journal of Infection Disease (1), Revista de Nutrição (1), Memórias do Instituto Oswaldo Cruz (1).

Table 1 displays the distribution of the specialties the studies were dedicated to.

Table 1 – Studies on EBP in Brazilian scientific ISI journals, according to the health practice specialties - São Paulo - 2010

Especialidade	Estudos*	Total	
		N	%
Cardiology	31, 32, 40, 72, 77, 82, 83, 86, 87, 88, 102, 118	12	5.55
Ortopedics	13, 88	2	0.92
Pneumology	72, 75, 115, 121	4	1.85
Ophthalmology	81	1	0.46
Diagnostic Exams and assessment	31, 33, 58, 72, 75, 98, 103, 141	8	3.70
Immunology	24, 25, 38, 74, 123, 150	6	2.77
Nephrology	117	1	0.46
Oncology	47, 48, 63, 68, 78, 90, 91, 98, 106, 148	10	4.63
Surgery	61, 69, 73, 79, 88, 90, 92, 97, 100, 104, 105, 110, 111, 112, 114, 116	16	7.40
Infectious diseases/Hospital infection	11, 38, 44, 54, 61, 67, 69, 90, 93, 94, 95, 96, 112, 114, 117, 118, 128, 129, 132, 134, 141, 152, 153	23	10.65
Neurology	21, 80, 107, 119, 120, 124, 125, 126, 127, 135, 138, 139	12	5.55
Anesthesiology	12	1	0.46
Otorhinolaryngology	26, 85	2	0.92
Obstetrics/Neonatology	14, 27, 36, 42, 53, 55, 57, 61, 62, 64, 67, 71, 87, 142, 145	15	6.94
Psychiatry/Mental Health	15, 16, 17, 18, 19, 20, 21, 35, 36, 40, 50, 76, 89, 122, 144	15	6.94
Child health/Adolescence	18, 19, 21, 22, 23, 24, 25, 26, 28, 29, 30, 33, 39, 46, 52, 59, 70, 106, 108, 113, 115, 130, 131, 138, 140	25	11.57
Complementary therapies	37, 133, 148	3	1.38
Safety/Adverse Ev./Service management	34, 41, 43, 143	4	1.85
Geriatrics/Gerontology	16, 31, 49, 66, 107, 146, 151	7	3.24
Phys. Ex./Physiotherapy	16, 31, 33, 45, 53, 101, 135, 136, 137, 138, 139, 142, 149	13	6.01
Women's health/Gynecol/Obstetrics	51, 68, 84, 96	4	1.85
Occupational health	56, 85, 136	3	1.38
Metabolic diseases	22, 23, 39, 42, 46, 52, 65, 83, 97, 113	10	4.63
Nutrition	21, 65, 70, 144, 145	5	2.31
Oral health	60, 66, 128	3	1.38
Quality of life	35, 73, 99, 106	4	1.85
Wounds/Vascular	81, 88, 109, 134	4	1.85
Drugs/Tobacco	147	1	0.46
Reflections/Critical analysis on EBP	152, 154	2	0.92
Total		216	100.0

*Some studies are compatible with more than one specialty, which is why the total in this distribution is higher than the total number of studies included.

The highest frequency of EBP studies corresponded to the specialty Childhood and Adolescence (11.57%), followed by Infectious diseases and hospital infection (10.65%), Surgery (7.40%), Obstetrics/Neonatology and Psychiatric/Mental health (6.94%). Two critical reflections on EBP research were also found (0.92%).

Prevention and reduction of complications were the most frequent foci in the identified Brazilian studies (61.08%), followed by foci on treatment/rehabilitation (28.45%), assessment (6.25%) and diagnosis (4.16%). In prevention studies, type II predominated (40.27%), i.e. studies that looked for the incidence or prevalence of events.

Systematic review without meta-analysis was the most used methodological approach (52.07%); followed by systematic reviews with meta-analysis (20.81%), other approaches (18.03%) and integrative reviews (7.62%). Only two meta-syntheses (1.38%) were identified.

The other approaches almost exclusively referred to the survey, recognition and analysis of procedure protocols or syntheses of studies on available evidence.

It was also observed that systematic reviews with meta-analysis were mainly carried out among studies focusing on treatment/rehabilitation (10.41%), while systematic reviews without meta-analysis predominated among studies focusing on prevention I and II (34.72%).

Table 2 – Studies on EBP in Brazilian scientific ISI journals, according to the focus and methodological approach - São Paulo – 2010

Focus Approach	Treatment/ Rehabilitation ^a		Prevention I ^b		Prevention II ^c		Diagn ^d		Assess. ^e		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Systematic review with meta-analysis	15	10.41	8	5.55	5	3.47	2	1.38	-	-	30	20.81
	(13,15,20,74,77, 80,81, 82,83,84,92,117,123, 124,152)		(14,40,69,79,85, 86,114,116)		(48,50,54,63,68)		(75, 91)					
Systematic review without meta-analysis	16	11.11	11	7.64	39	27.08	3	2.08	6	4.16	75	52.07
	(17,18,27,32,38,78, 88,93,96,121,122,134, 135,137,138,139)		(22,43,90,112,132, 136,133,142,145, 150,153)		(11,12,16,26,29,35,36,41,42, 44,46,47,49,52,53,55,56,57, 59,60,67,70,72,94,97,105, 107,109,113,118,119,130, 140,143,146,147,148,149, 151)		(21,98,141)		(19,31,33 34,73, 131)			
Integrative review	2	1.38	4	2.77	5	3.47	-	-	-	-	11	7.62
	(28,104)		(100, 101, 111, 129,)		(99, 102, 106, 108, 110)							
Meta-synthesis	-	-	1	0.69	-	-	-	-	1	0.69	2	1.38
			(37)						(144)			
Other*	8	5.55	6	4.16	9	6.25	1	0.69	2	1.38	26	18.03
	(23,76,87,89,115, 125,126,127)		(24,25,51,61,62,128)		(30,39,45,58,64,65,66,71,120)		(95)		(103,154)			
Total	41	28.45	30	20.81	58	40.27	6	4.16	9	6.25	144	100.0

^a Focus on treatment, including interventions, mainly medication intervention, with or without intergroup comparisons; ^b Focus on prevention or reduction of complications, with medication interventions or not, with or without intergroup comparison; ^c Focus on prevention or reduction of complications, including a priori recognition of incidence or prevalence of occurrences, with or without association or correlation with risk factors; ^d Focus on diagnosis; ^e Focus on assessment, including identification and/or validation of resources/instruments.

DISCUSSION

Studies on EBP in the health area have considerably increased in Brazil. Only in ISI, cited by the Journal Citation Report, which totals 20 Brazilian scientific health journals nowadays, 144 publications were identified in the last 10 years. That is even more noteworthy when considering that most of these journals establishes a limit for publications on EBP in each issue, as they generally fit into the category of review article publications.

Although the professional category of all authors in each publication could not be identified, based on the origin of the journals and the titles of these studies, besides the interdisciplinarity present in several of them, it is verified that, although the majority comes from the medical area, the presence of other health professional categories is unquestionable. Among these, nursing and physiotherapy, when specific journals from these areas are highlighted (Latin American Journal of Nursing, Revista da Escola de Enfermagem da USP and Revista Brasileira de Fisioterapia with 14, 5 and 5 publications, respectively). In other words, today, EBP represents a multiprofessional research resource in Brazil.

The decision to classify these publication by specialty, among other possible options, also permitted acknowledging EBP's penetration in a wide range of health care practices, with different themes and objectives. In the childhood and adolescence specialty, for example, EBP ranged from anxiety disorder, whether for treatment⁽¹⁸⁾ or assessment⁽¹⁹⁾, vaccination⁽²⁴⁻²⁵⁾, safety during nebulization⁽²⁸⁾, ICU death⁽²⁹⁾, physical exercise measure⁽³³⁾, nutritional interven-

tions and child growth⁽⁷⁰⁾, prenatal and weight at birth⁽⁷¹⁾, among others. Another quite diversified example comes from psychiatry/mental health: medication treatments^(15,18,20,76,80,89), physical exercise⁽¹⁶⁾, cognitive therapy⁽¹⁷⁾, anxiety assessment instrument⁽¹⁹⁾, quality of life and food disorders⁽³⁵⁾, psychological stress x hypertension⁽⁴⁰⁾, family intervention in schizophrenia⁽⁵⁰⁾ etc.

Regarding this diversity, it can be supposed that the accomplishment of EBP derives from professional groups' interests and autonomous motivations than from institutional or public policies related to previously identified priorities.

Using a classification to identify these study foci, their range is also verified. While, at first, EBP predominantly looked at decision making for treatment, especially medication treatment, it is noteworthy that, in the present review, the prevention focus predominated (61.08%), mainly to acknowledge the incidence or prevalence of events, with or without association or correlation with risk factors (40.27%). It is no coincidence that the journal *Cadernos de Saúde Pública* published most EBP studies (41). That arouses a question: is this a trend in Brazil only?

In view of the range of specialties and foci, another question that immediately emerges is related to methodological approaches, that is, the means used to develop EBP. And, again, significant variation was found, with a predominance of systematic review without (52.07%) or with meta-analysis (20.81%), followed by the analysis of protocols or the synthesis of studies on existing evidence, that is, reviews of reviews (18.03 %). Another approach found was

the integrative or narrative review (7.62%). Meta-synthesis, although only two were identified (1.38%), has been studied in courses offered at teaching institutions in recent years, such as the University of São Paulo School of Nursing for example.

Variations were also observed in the development of the same approach method. Besides, a considerable amount of these EBP studies, despite mentioning a certain methodological approach, developed it differently. To give an example, studies that called the method a systematic review, although its development was closer to an integrative review.

If no single methodological approach has been considered to do EBP, and if there are differences in the way the same approaches are developed, what justifies this range then?

Without ignoring the choice of the approach method exclusively due to the authors' affinity, the most probable motives are due to the range of foci sought, as well as the possibility of including studies with different methodological designs in their reviews. Therefore, the proliferation of evidence centers and the development of new EBP methods in different countries are well known. Another reason is definitely due to a phase of learning on this research mode, entailing flaws in the choice of the method.

So, what is EBP looking for today? Definitely not only indisputable and replicable results, through the aggregation of quantitative primary studies, preferable with randomized and controlled designs, with a view to meta-analysis. Meta-synthesis, for example, is a method to analyze qualitative studies. The integrative review, in turn, can include theoretical studies and primary and secondary research. What to say, then, about EBP from protocols and reviews of reviews?

REFERENCES

- Rosenberg W, Donald A. Evidence based medicine: an approach to clinical problem-solving. *Br Med J*. 1995; 310(6978): 1122-6.
- Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996;312(7023):71-2.
- Silva LK. Avaliação tecnológica e análise custo-efetividade em saúde: a incorporação de tecnologias e a produção de diretrizes clínicas para o SUS. *Ciênc Saúde Coletiva*. 2003;8(2):501-20.
- Madigan EA. Evidence-based practice in home healthcare: a springboard for discussion. *Home Healthcare Nurse*. 1998;6(6):411-5.
- French P. The development of evidence-based nursing. *J Adv Nurs*. 1999; 29(1):72-8.
- Drummond JP, Silva E, Coutinho M. *Medicina baseada em evidências: novo paradigma assistencial e pedagógico*. 2ª ed. São Paulo: Atheneu; 1998
- Centre for Evidence-Based Medicine (CEBM) [Internet]. [cited 2011 Feb 12]. Available from: <http://www.cebm.net/>
- Centre for Evidence and Policy at King's College London [Internet]. [cited 2011 Feb 12]. Available from: <http://www.kcl.ac.uk/schools/sspp/interdisciplinary/evidence>
- The Joanna Briggs Institute [Internet]. [cited 2011 Feb 12]. Available from: <http://www.joannabriggs.edu.au/about/home.php>
- Whittemore R. Combining evidence in nursing research: methods and implications. *Nurs Res*. 2005;54(1):56-62.

Thus, in this range of ways of doing EBP, it should be asked whether, through varying methods, the same evidence can be reached for the same care practice. If not, various of these studies obtained knowledge produced on a given care issue or health events in stead of answers on how to act specifically on them. It is concluded, in other words, that several studies using the EBP approach have also attempted to acknowledge the state of the art and the way or quality of producing certain knowledge and, consequently, its sufficiency or not to support more specific action policies.

No matter the difference in motivations and the plurality of procedures, it is beyond doubt that the expansion in the EBP movement has contributed to a more selective and plural practice, through the collection, recognition and critical analysis of certain knowledge, produced with a view to evidence based actions, if not only possible, then at least available, from different foci and care practices. On the other hand, it also contributes to the analysis of ways of doing research and their new possibilities.

CONCLUSION

This literature review revealed the increase in Brazilian studies on EBP. In total, 144 publications were identified in ISI/JCR journals over the last ten years, i.e. from 2000 to 2010. During the study period, EBP strongly expanded in Brazil, contributing to the search for more selective practices, through the collection, recognition and critical analysis of produced knowledge, with a view to, if not only possible, at least available actions. The study also contributes to the analysis of ways to do research and new possibilities, seeking knowledge to support safer and less iatrogenic practices in the field of health and nursing.

11. Bammann RH, Zamarioli LA, Pinto VS, Vásquez CMP, Litvoc MN, Klautau GB, et al. A alta prevalência de tuberculose resistente a medicamentos e outras micobactérias em pacientes infectados pelo HIV no Brasil: uma revisão sistemática. Mem Inst Oswaldo Cruz. 2010;105(6):838-41.
12. Braz LG, Braz DG, Cruz DS, Fernandes LA, Módolo NSP, Braz JRC. Mortality in anesthesia: a systematic review. Clinics. 2009;64(10):999-1006.
13. Couto JMC, Castilho EA, Menezes PR. Chemonucleolysis in lumbar disc herniation: a meta-analysis. Clinics. 2007;62(2):175-8.
14. Ruano R, Fontes RS, Zugaib M. Prevention of preeclampsia with low-dose aspirin: a systematic review and meta analysis of the main randomized controlled trials. Clinics. 2005;60(5):407-14.
15. Huf G, Coutinho ESF, Adams CE. Haloperidol mais prometazina para pacientes agitados: uma revisão sistemática. Rev Bras Psiquiatr. 2009;31(3):265-70.
16. Coelho FGM, Galduroz RF, Gobbi S, Stella F. Atividade física sistematizada e desempenho cognitivo em idosos com demência de Alzheimer: revisão sistemática. Rev Bras Psiquiatr. 2009;3(2):163-70.
17. Prazeres AM, Souza WF, Fontanelle LF. Terapias de base cognitivo – comportamental do transtorno obsessivo compulsivo: revisão sistemática. Rev Bras Psiquiatr. 2007;29(3):262-73.
18. Maia CRM, Rohde LA. Psicofármacos para o tratamento de transtornos de ansiedade em crianças e adolescentes: uma revisão sistemática. Rev Bras Psiquiatr. 2007;29(1):72-9.
19. Silva WV, Figueiredo VLM. Ansiedade infantil e instrumentos de avaliação: uma revisão sistemática. Rev Bras Psiquiatr. 2005;27(4):229-35.
20. Schmitt R, Gazella FK, Lima MS, Cunha A, Souza J, Kapczinski F. A eficácia dos antidepressivos para transtorno da ansiedade generalizada: uma revisão sistemática e metanálise. Rev Bras Psiquiatr. 2005;27(1):18-24.
21. Duchesne M, Mattos P, Fontanelle LF, Veiga H, Rizo L, Appolinario JC. Neuropsicologia dos transtornos alimentares: revisão sistemática de literatura. Rev Bras Psiquiatr. 2004;26(2):107-17.
22. Canilo DF, Ribeiro JD, Toro ADC, Baracat ECE, Barros Filho AA. Obesidade e asma: associação ou coincidência? J Pediatr (Rio J). 2010;86(1):6-14.
23. Liberatore RDR, Damiani D. Bomba de infusão de insulina em diabetes mellitus tipo 1. J Pediatr (Rio J). 2006;82(4):249-54.
24. Barreto ML, Pereira SM, Ferreira AA. Vacina BCG: eficácia e indicações da vacinação e da revacinação. J Pediatr (Rio J). 2006;82 Supl 3:45-54.
25. Succi RCM, Farhat CK. Vacinação em situações especiais. J Pediatr (Rio J). 2006;82 Supl 3:91-100.
26. Lubianca Neto JFL, Hemb L, Silva DB. Systematic literature review of modifiable risk factors for recurrent acute otitis media in childhood. J Pediatr (Rio J). 2006;82(2):87-96.
27. Gasparido CM, Linhares MBM, Martinez EE. A eficácia da sacarose no alívio de dor em neonatos: uma revisão sistemática de literatura. J Pediatr (Rio J). 2005; 81(6):435-42.
28. Zhang L, Sanguetsche LS. Segurança de nebulização com 3 a 5 ml de adrenalina (1:1000) em crianças: uma revisão baseada em evidência. J Pediatr (Rio J). 2005;81(3):193-7.
29. Garros D. Uma “boa” morte em UTI pediátrica: é isso possível? J Pediatr (Rio J). 2003;79 Supl 2:243-54.
30. Blank D. A puericultura hoje: um enfoque apoiado em evidências. J Pediatr (Rio J). 2003;79 Supl 1:13-22.
31. Ramos AM, Pellanda LC, Gus I, Portal VL. Marcadores inflamatórios da doença cardiovascular em idosos. Arq Bras Cardiol. 2009;92(3):233-40.
32. Rosito GA, Silva OB, Ribeiro JP. Pharmacological and clinical evidence for the use of low: molecular weight heparins in acute coronary syndromes. Arq Bras Cardiol. 2001;77(2):190-5.
33. Farias Júnior JC, Lopes AS, Florindo AA., Hallal PC. Validade e reprodutibilidade dos instrumentos de medida da atividade física tipo *self-report* em adolescentes: uma revisão sistemática. Cad Saúde Pública. 2010;26(9):1669-91.
34. Gouvêa CSD, Travassos C. Indicadores de segurança do paciente para hospitais agudos: revisão sistemática. Cad Saúde Pública. 2010;26(6):1061-78.
35. Tirico PP, Stefano SC, Blay SL. Qualidade de vida e transtornos alimentares: uma revisão sistemática. Cad Saúde Pública. 2010;26(3):431-9.
36. Araújo DMR, Vilarim MM, Sabroza AR, Nardi AE. Depressão no período gestacional e baixo peso ao nascer: uma revisão sistemática de literatura. Cad Saúde Pública. 2010;26(2):219-27.
37. Spadacio C, Castellanos MEP, Barros NF, Alegre SM, Tovey P, Broom A. Medicinas alternativas e complementares: uma metassíntese. Cad Saúde Pública. 2010;26(1):7-13.
38. Almeida AM, Silva DI, Guerra Júnior AA., Silva GD, Acúrcio FA. Revisão sistemática da eficácia do interferon alfa (convencional, peguado) e lamivudina para o tratamento da hepatite B crônica. Cad Saúde Pública. 2009; 25(8):1667-77.
39. Moraes ACF, Fulaz CS, Oliveira ERN, Reichert FF. Prevalência de síndrome metabólica em adolescentes: uma revisão sistemática. Cad Saúde Pública. 2009; 25(6):1195-202.
40. Gasperin D, Gopalakrishnan N, Dias-da-Costa JS. Effect of psychological stress on blood pressure increase: a meta-analysis of cohort studies. Cad Saúde Pública. 2009;25(4):715-26.
41. Carret MLV, Fassa ACG, Domingues MR. Inappropriate use of emergency services: a systematic review of prevalence and associated factors. Cad Saúde Pública. 2009;25(1):7-28.

42. Dode MASO, Santos IS. Non classical risk factors for gestational diabetes mellitus: a systematic review of the literature. *Cad Saúde Pública*. 2009;25 Supl 3:S341-59.
43. Cano FG, Rozenfeld S. Adverse drug events in hospitals: a systematic review. *Cad Saúde Pública*. 2009;25 Supl 3:S360-72.
44. Mello MJG, Albuquerque MFPM, Lacerda HR, Souza WV, Correia JB, Britto MCA. Risk factors for healthcare-associated infection in pediatric intensive care units: a systematic review. *Cad Saúde Pública*. 2009;25 Supl 3:S373-91.
45. Dumith SC. Physical activity in Brazil: a systematic review. *Cad Saúde Pública*. 2009;25 Supl 3:S415-26.
46. González D, Nazmi A, Victora CG. Childhood poverty and abdominal obesity in adulthood: a systematic review. *Cad Saúde Pública*. 2009;25 Supl 3:S427-40.
47. Pelissari DM, Barbieri FE, Wansch Filho V. Magnetic fields and acute lymphoblastic leukemia in children: a systematic review of case-control studies. *Cad Saúde Pública*. 2009;25 Supl 3:S441-52.
48. Santos MCL, Horta BL, Amaral JF, Branco PFC, Fernandes PSC, Galvão CM, et al. Association between stress and breast cancer in women: a meta-analysis. *Cad Saúde Pública*. 2009;25 Supl 3:S453-63.
49. Rodrigues MAP, Facchini LA, Maia F. Gender and incidence of functional disability in the elderly: a systematic review. *Cad Saúde Pública*. 2009;25 Supl 3:S464-79.
50. Rodrigues MGA, Silva LK, Martins ACM. Meta-análise de ensaios clínicos de intervenção familiar na condição esquizofrenia. *Cad Saúde Pública*. 2008;24 (10):2003-18.
51. Brandão CMR, Lima MG, Silva AL, Silva GD, Guerra Júnior AA, Acúrcio FA. Treatment of postmenopausal osteoporosis in women: a systematic review. *Cad Saúde Pública*. 2008;24 Supl 4:S592-606.
52. Adami F, Vasconcelos FAG. Childhood and adolescent obesity and adult mortality: a systematic review of cohort studies. *Cad Saúde Pública*. 2008;24 Supl 4:S558-68.
53. Schlüssel MM, Souza EB, Reichenheim ME, Kac G. Physical activity during pregnancy and maternal-child health outcomes: a systematic literature review. *Cad Saúde Pública*. 2008;24 Supl 4:S531-44.
54. Brasil PEAA., Braga JU. Meta-analysis of factors related to health services that predict treatment default by tuberculosis patients. *Cad Saúde Pública*. 2008;24 Supl 4:S485-502.
55. Pacheco AHRN, Barreiros NSR, Santos IS, Kac G. Consumo de cafeína entre gestantes e a prevalência do baixo peso ao nascer e da prematuridade: uma revisão sistemática. *Cad Saúde Pública*. 2007;23(12):2807-19.
56. Silva MC, Fassa AG, Domingues MR, Kriebel D. Gonalgia entre trabalhadores e fatores ocupacionais associados: uma revisão sistemática. *Cad Saúde Pública*. 2007;23(8):1763-75.
57. Araújo DMR, Pereira NL, Kac G. Ansiedade na gestação, prematuridade e baixo peso ao nascer: uma revisão sistemática da literatura. *Cad Saúde Pública*. 2007; 23(4):747-56.
58. Santos SM, Chor D, Werneck GL, Coutinho ESF. Associação entre fatores contextuais e auto-avaliação de saúde: uma revisão sistemática de estudos multinível. *Cad Saúde Pública*. 2007;23(11):2533-54.
59. Martins EB, Carvalho MS. Associação entre peso ao nascer e o excesso de peso na infância: revisão sistemática. *Cad Saúde Pública*. 2006;22(11):2281-300.
60. Vettore MV, Lamarca GA., Leão AT, Thomaz FB, Sheiham A, Leal MC. Infecção periodontal e desfechos indesejáveis da gestação: uma revisão sistemática dos estudos epidemiológicos. *Cad Saúde Pública*. 2006;22(10): 2041-53.
61. Martins ACM, Silva LK. Revisões sistemáticas de antibioticoprofilaxia em cesarianas. *Cad Saúde Pública*. 2006;22(12):2513-26.
62. Scowitz IKT, Santos IS. Fatores de risco de recorrência do baixo peso ao nascer, restrição de crescimento intra-uterino e nascimento pré-termo em sucessivas gestações: um estudo de revisão. *Cad Saúde Pública*. 2006;22(6): 1129-36.
63. Botelho F, Lunet N, Barros H. Café e câncer gástrico: revisão sistemática e metanálise. *Cad Saúde Pública*. 2006;22(5):889-900.
64. Souza JP, Cecatti GC, Parpinelli MA. Revisão sistemática sobre mortalidade materna *near miss*. *Cad Saúde Pública*. 2006;22(2):255-64.
65. Sartorelli DS, Franco LJ, Cardoso MA. Intervenção nutricional e prevenção primária do diabetes mellitus tipo 2: uma revisão sistemática. *Cad Saúde Pública*. 2006;22(1):7-18.
66. Moreira RS, Nico LS, Tomita NE, Ruiz T. A saúde bucal do idoso brasileiro: revisão sistemática sobre o quadro epidemiológico e acesso aos serviços de saúde bucal. *Cad Saúde Pública*. 2005;21(6):1665-75.
67. Medeiros LR, Ethur ABM, Hilgert JB Zanini RR, Berwanger O, Bozzetti MC, et al. Transmissão vertical do papilomavírus humano: uma revisão sistemática quantitativa. *Cad Saúde Pública*. 2005;21(4):1006-15.
68. Pinho VFS, Coutinho ESF. Fatores de risco para câncer de mama: uma revisão sistemática de estudos com amostras de mulheres da população geral no Brasil. *Cad Saúde Pública*. 2005;21(2):351-60.
69. Costa RJM, Silva LK. Revisão sistemática e meta-análise da antibioticoprofilaxia na histerectomia abdominal. *Cad Saúde Pública*. 2004;20 Supl 2:S175-89.
70. Valle NJ, Santos IS, Gigante DP. Intervenções nutricionais e crescimento infantil em crianças de até dois anos de idade: uma revisão sistemática. *Cad Saúde Pública*. 2004;20(6):1458-67.

71. Silveira DS, Santos IS. Adequação do pré-natal e peso ao nascer: uma revisão sistemática. *Cad Saúde Pública*. 2004;20(5):1160-8.
72. Maranhão Neto GA, Lourenço PMC, Farinatti PTV. Equações de predição da aptidão cardiorrespiratória sem testes de exercícios e sua aplicabilidade em estudos epidemiológicos: uma revisão sistemática. *Cad Saúde Pública*. 2004;20(1):48-56.
73. Moreno AB, Lopes CS. Avaliação da qualidade de vida em pacientes laringectomizados: uma revisão sistemática. *Cad Saúde Pública*. 2002;18(1):81-92.
74. Watanabe AS, Fonseca LAM, Galvão CES, Kalil J, Castro FFM. Specific immunotherapy using *Hymenoptera* venom: systematic review. *São Paulo Med J*. 2010;128(1):30-7.
75. Grimberg A. Diagnostic accuracy of sonography for pleural effusion: systematic review. *São Paulo Med J*. 2010;128(2):90-5.
76. Melnik T, Soares BG, Puga MES, Atallah AN. Efficacy and safety of atypical antipsychotic drugs (quetiapine, risperidone, aripiprazole and paliperidone) compared with placebo or typical antipsychotic drugs for treating refractory schizophrenia: overview of systematic. *São Paulo Med J*. 2010; 128(3):141-66.
77. Souza LM, Riera R, Saconato H, Demathé A, Atallah AN. Oral drugs for hypertensive urgencies: systematic review and meta-analysis. *São Paulo Med J*. 2009;127(6):366-72.
78. Riera R, Soarez PC, Puga MES, Ferraz MB. Lapatinib for treatment of advanced or metastasized breast cancer: systematic review. *São Paulo Med J*. 2009; 127(5):295-301.
79. Sajid MS, Skakir AJ, Khatri K, Baig MK. The role of perioperative warming in surgery: a systematic review. *São Paulo Med J*. 2009;127(4):231-7.
80. Saconato H, Prado GF, Puga MSE, Atallah AN. Oxcarbazepine for refractory epilepsy: systematic review of the literature. *São Paulo Med J*. 2009;127 (3):150-9.
81. Adriolo RB, Puga MES, Belfort Junior R, Atallah AN. Bevacizumab for ocular neovascular diseases: a systematic review. *São Paulo Med J*. 2009;127(2):84-91.
82. Lemos Junior HP, Atallah A.N. Cardiac resynchronization therapy in patients with heart failure: systematic review. *São Paulo Med J*. 2009;127(1):40-5.
83. Lemos Junior HP, Atallah AN, Lemos ALA. Can sibutramine alter systemic blood pressure in obese patients? Systematic review and meta-analysis. *São Paulo Med J*. 2008;126(6):342-6.
84. Trevisani VFM. Teriparatide (recombinant human parathyroid hormone 1-34) in postmenopausal women with osteoporosis: systematic review. *São Paulo Med J*. 2008;126(5):279-84.
85. El Dib RP, Atallah AN, Andriolo RB, Soares BGO, Verbeek J. A systematic review of the interventions to promote the wearing of hearing protection. *São Paulo Med J*. 2007;125(6):362-9.
86. Lemos Junior HP, Atallah AN. Does the use of paclitaxel or rapamycin-eluting stent decrease further need for coronary-artery bypass grafting when compared with bare-metal stent? *São Paulo Med J*. 2007;125(4):242-5.
87. Sass N, Itamoto CH, Silva MP, Torloni MR, Atallah AN. Does sodium nitroprusside kill babies? A systematic review. *São Paulo Med J*. 2007;125(2): 108-11.
88. Yoshida WB, El Dib RP, Yoshida RA, Maffei FHA. Ximelagatran versus warfarin for prophylaxis of venous thromboembolism in major orthopedic surgery: systematic review of randomized controlled trials. *São Paulo Med J*. 2006;124(6):355-61.
89. Costa AMN, Lima MS, Mari JJ. A systematic review on clinical management of antipsychotic-induced sexual dysfunction in schizophrenia. *São Paulo Med J*. 2006;124(5):291-7.
90. Raimondi AM, Guimaraes HP, Amaral JLG, Leal PHR. Perioperative glucocorticoid administration for prevention of systemic organ failure in patients undergoing esophageal resection for esophageal carcinoma. *São Paulo Med J*. 2006;124(2):112-5.
91. Silva AM, Oliveira Filho RS, Ferreira LM, Saconato H. Relevance of micrometastases detected by reverse transcriptase-polymerase chain reaction for melanoma recurrence: systematic review and meta-analysis. *São Paulo Med J*. 2003;121(1):24-7.
92. Lustosa SAS, Matos D, Atallah AN, Castro AA. Stapled versus handsewn methods for colorectal anastomosis surgery: a systematic review of randomized controlled trials. *São Paulo Med J*. 2002;120(5):132-6.
93. Almeida AM, Ribeiro AQ, Pádua CAM, Brandão CMR, Andrade EI, Cherchiglia ML, et al. Eficácia do adenovir dipivoxil, entecavir e telbivudina para o tratamento da hepatite crônica B: revisão sistemática. *Rev Soc Bras Med Trop*. 2010;43(4): 440-51.
94. Pedroso VSP, Viella MC, Pedroso ERP, Teixeira AL. Paracoccidiodomicose com comprometimento do sistema nervoso central: revisão sistemática da literatura. *Rev Soc Bras Med Trop*. 2009;42(6):691-7.
95. Moura RS, Calado KL, Oliveira MLW, Bühner-Sékula S. Sorologia da hanseníase utilizando PGL-I: revisão sistemática. *Rev Soc Bras Med Trop*. 2008;41 Supl 2:11-8.
96. Carvalho EH, Gelenske T, Bandeira F, Albuquerque MFPM. Densidade mineral óssea em mulheres infectadas pelo vírus HIV e tratadas com terapia antirretroviral: uma revisão sistemática. *Arq Bras Endocrinol Metab*. 2010;54 (2):133-42.
97. Viégas M, Vasconcelos RS, Neves AP, Diniz ET, Bandeira F. Cirurgia bariátrica e metabolismo ósseo: uma revisão sistemática. *Arq Bras Endocrinol Metab*. 2010;54(2):158-63.
98. Kuba VM, Caetano R, Coeli CM, Vaisman M. Utilidade da tomografia de emissão de pósitrons com fluoro-deoxiglicose (FDG-PET) na avaliação do câncer de tireóide: uma revisão sistemática. *Arq Bras Endocrinol Metab*. 2007; 51(6):961-71.
99. Scorsolini-Comin F, Santos MA. The scientific study of happiness and health promotion: na integrative literature review. *Rev Lat Am Enferm*. 2010;18 (3):188-95.

100. Lopes CMM, Galvão CM. Surgical positioning: evidence for nursing care. *Rev Lat Am Enferm.* 2010;18(2):287-94.
101. Spana TM, Rodrigues RC, Lourenço LB, Mendez RD, Gallani MC. Integrative review: behavioral interventions for physical activity. *Rev Lat Am Enferm.* 2009;17(6):1057-64.
102. Fini A, Cruz DALM. Characteristics of fatigue in heart failure patients: a literature review. *Rev Lat Am Enferm.* 2009;17(4):557-65.
103. Calil AM, Sallum EA., Domingues A, Nogueira S. Mapping injuries in traffic accident victims: a literature review. *Rev Lat Am Enferm.* 2009;17(1):120-5.
104. Mendes KD, Galvão CM. Liver transplantation: evidence for nursing care. *Rev Lat Am Enferm.* 2008;16(5):915-22.
105. Santana ME, Sawada NO. Pharyngocutaneous fistulae after total laryngectomy: a systematic review. *Rev Lat Am Enferm.* 2008;16(4):772-8.
106. Pedro IC, Galvão CM, Rocha SM, Nascimento LC. Social support and families of children with cancer: an integrative review. *Rev Lat Am Enferm.* 2008;16(3):477-83.
107. Ferreira PC, Piai A, Takayanagui AM, Segura-Muñoz SI. Aluminum as a risk factor for Alzheimer's disease. *Rev Lat Am Enferm.* 2008;16(1):151-7.
108. Newman K, Harrison L, Dashiff SD. Relationships between parenting styles and risk behaviors in adolescent health: an integrative literature review. *Rev Lat Am Enferm.* 2008;16(1):142-50.
109. Borges EL, Caliri MH, Haas VJ. Systematic review of topic treatment for venous ulcers. *Rev Lat Am Enferm.* 2007;15(6):1163-70.
110. Matsubara TC, Carvalho EC, Canini SR, Sawada NO. Family crisis in the context of bone marrow transplantation: an integrative review. *Rev Lat Am Enferm.* 2007;15(4):665-70.
111. Ursi ES, Gavão CM. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. *Rev Lat Am Enferm.* 2006;14(1):124-31.
112. Santos AM, Lacerda RA, Graziano KU. Evidência de eficácia de cobertura de sapatos e sapatos privativos no controle e prevenção de infecção do sítio cirúrgico: revisão sistemática de literatura. *Rev Lat Am Enferm.* 2005;13 (1):86-92.
113. Mekitarian Filho E, Carvalho WB, Troster EJ. Hiperglicemia e morbimortalidade em crianças graves: análise crítica baseada em revisão sistemática. *Rev Assoc Med Bras.* 2009;55(4): 475-83.
114. Raimondi AM. Metanálise sobre o uso de glicocorticoide pré-operatório para a redução do risco de complicações após esofagectomia por carcinoma de esôfago. *Rev Assoc Med Bras.* 2007;53(2):158-61.
115. Góes PF, Trostes EJ. O papel da ventilação líquida no tratamento da insuficiência respiratória aguda em crianças: uma revisão sistemática. *Rev Assoc Med Bras.* 2006;52(2):103-7.
116. Jesus EC, Matos D, Castro AA. Drenagem profilática de rotina de anastomoses em cirurgia colorretal eletiva. Revisão sistemática da literatura e metanálise. *Rev Assoc Med Bras.* 2003;49(2): 214-19.
117. Katz DV, Troster EJ, Vaz FAC. Dopamina e o rim na sepse: uma revisão sistemática. *Rev Assoc Med Bras.* 2003;49(3):317-25.
118. Rois FJFB, Sousa TA, Oliveira MS, Dantas N, Silveira M, Braghiroly MIFM, et al. Is hepatitis C a cause of idiopathic dilated cardiomyopathy? A systematic review of literature. *Braz J Infec Des.* 2006;10(3):199-202.
119. Ferreira MLB. Cognitive deficits in multiple sclerosis: a systematic review. *Arq Neuropsiquiatr.* 2010;68(4):632-41.
120. Poblano A, Arteaga C, Garcia-Sánchez G. Prevalence of early neurodevelopmental disabilities in Mexico: a systematic review. *Arq Neuropsiquiatr.* 2009;67(3A):736-40.
121. Valbuza JS, Oliveira MM, Conti CF, Prado LBF, Carvalho LBC, Prado GF. Methods to increase muscle tonus of upper airway to treat snoring: systematic review. *Arq Neuropsiquiatr.* 2008;66(3B): 773-6.
122. Conti CF, Oliveira MM, Valbuza JS, Prado LB, Carvalho LBC, Prado GF. Anticonvulsants to treat idiopathic restless legs syndrome: systematic review. *Arq Neuropsiquiatr.* 2008;66 (2B):431-5.
123. Melo A, Rodrigues B, Bar-Or A. Beta interferons in clinically isolated syndromes: a meta-analysis. *Arq Neuropsiquiatr.* 2008;66(1):8-10.
124. Masuko AH, Castro AA, Santos GR, Atallah AN, Prado LBF, Carvalho LBC, et al. Intermittent diazepam and continuous phenobarbital to treat recurrence of febrile seizures: a systematic review with meta-analysis. *Arq Neuropsiquiatr.* 2003;61(4):897-901.
125. Callegaro D, Peixoto MAL, Moreira MA, Marchiori PE, Bacheschi LA, Arruda WO, et al. Consenso expandido do bctrim para o tratamento da esclerose múltipla: I. As evidências para o uso de imunossuppressores, plasmáfereze e transplante autólogo de células tronco. *Arq Neuropsiquiatr.* 2002; 60(3B):869-74
126. Moreira MA, Peixoto MAL, Callegaro D, Haussen SR, Gama PD, Gabbai AA, et al. Consenso expandido do Bctrim para o tratamento da esclerose múltipla: II. As evidências para o uso de glicocorticóides e imunomoduladores. *Arq Neuropsiquiatr.* 2002;60(3B):875-80.
127. Peixoto MAL, Callegaro D, Moreira MA, Campos GB, Marchiori PE, Gabbai AA, et al. Consenso expandido do Bctrim para o tratamento da esclerose múltipla: III. Diretrizes baseadas em evidências e recomendações. *Arq Neuropsiquiatr.* 2002;60(3B):881-6.

128. Estrela C, Sydney GB, Figueiredo JAP, Estrela CRA. Antibacterial efficacy of intracanal medicaments on bacterial biofilm: a critical review. *J Appl Oral Sci.* 2009;17(1):1-7.
129. Estrela C, Silva JA, Alencar AHG, Leles CR, Decurcio DA. Efficacy of sodium hypochlorite and chlorhexidine against *Enterococcus faecalis*: a systematic review. *J Appl Oral Sci.* 2008;16(6):364-8.
130. Ribeiro MO, Dias AF. Prostituição infanto-juvenil: revisão sistemática da literatura. *Rev Esc Enferm USP.* 2009;43(2):465-71.
131. Formiga CKMR, Linhares MBM. Avaliação do desenvolvimento inicial das crianças nascidas pré- termo. *Rev Esc Enferm USP.* 2009;43(2):472-80.
132. Burgatti JC, Lacerda RA. Revisão sistemática sobre aventais cirúrgicos no controle da contaminação/infecção do sítio cirúrgico. *Rev Esc Enferm USP.* 2009;43(1):237-44.
133. Salles LF, Silva MJP. Iridologia: revisão sistemática. *Rev Esc Enferm USP.* 2008;42(3):596-600.
134. Oliveira AS, Santos VLGC. Uso de iodóforo tópico em feridas agudas. *Rev Esc Enferm USP.* 2008;42(1):193-201.
135. Ricci NA, Dias CNK, Driusso P. A utilização dos recursos eletrotermofototerapêuticos no tratamento da síndrome da fibromialgia: uma revisão sistemática. *Rev Bras Fisioter.* 2010;14(1):1-9.
136. Coury HJCG, Moreira RFC, Dias NB. Efetividade do exercício físico em ambiente ocupacional para controle da dor cervical, lombar e do ombro: uma revisão sistemática. *Rev Bras Fisioter.* 2009;13(6):461-79.
137. Arantes PMM, Alencar MA, Dias RC, Dias JMD, Pereira LSM. Atuação da fisioterapia na síndrome da fragilidade: revisão sistemática. *Rev Bras Fisioter.* 2009;13(5):365-75.
138. Nascimento LR, Glória AE, Habib ES. Efeitos da terapia de movimento induzido por restrição como estratégia de reabilitação do membro superior acometido de crianças hemiparéticas: revisão sistemática de literatura. *Rev Bras Fisioter.* 2009;13(2):97-102.
139. Arantes NF, Vaz DV, Mancini MC, Pereira MSC, Pinto FPI, Pinto TPS. Efeitos da estimulação elétrica funcional nos músculos do punho e dedos em indivíduos hemiparéticos: uma revisão sistemática da literatura. *Rev Bras Fisioter.* 2007;11(6):419-27.
140. Chuproski P, Mello DF. Percepção materna do estado nutricional de seus filhos. *Rev Nutri.* 2009;22(6):929-36.
141. Maciel ELN, Brotto LDA, Sales CMM, Zandonade E, Sant'Anna CC. Coleta de lavado gástrico para diagnóstico de tuberculose pulmonar infantil: revisão sistemática. *Rev Saúde Pública.* 2010;44(4):735-42.
142. Takito MY, Benício MHD, Neri LCL. Atividade física de gestantes e desfechos ao recém-nascido: revisão sistemática. *Rev Saúde Pública.* 2009;43(6):1059-69.
143. Silveira DP, Artmann E. Acúrcia em métodos de relacionamento probabilístico de bases de dados em saúde: revisão sistemática. *Rev Saúde Pública.* 2009;43(5):875-82.
144. Espíndola CR, Blay SL. Percepção de familiares sobre a anorexia e bulimia: revisão sistemática. *Rev Saúde Pública.* 2009;43(4):707-16.
145. Caminha MFC, Batista Filho M, Fernandes TFS, Arruda IKG, Diniz AS. Suplementação com vitamina A no puerpério: revisão sistemática. *Rev Saúde Pública.* 2009;43(4):699-706.
146. Gama ZAS, Gómez-Canesa AF. Factores de riesgo de caídas en ancianos: revisión sistemática. *Rev Saúde Pública.* 2008;42(5):946-56.
147. Oliveira AF, Valente JG, Leite IC. Aspectos da mortalidade atribuível ao tabaco: revisão sistemática. *Rev Saúde Pública.* 2008;42(2):335-45.
148. Spadacio C, Barros NF. Uso de medicinas alternativas e complementares por pacientes com câncer: revisão sistemática. *Rev Saúde Pública.* 2008;42(1):158-64.
149. Hallal PC, Dumith SC, Bastos JP, Reichert FF, Siqueira FV, Azevedo MR. Evolução da pesquisa epidemiológica em atividade física no Brasil: revisão sistemática. *Rev Saúde Pública.* 2007;41(3):453-60.
150. Pereira SM, Dantas OM, Ximenes R, Barreto ML. Vacina BCG contra tuberculose: efeito protetor e políticas de vacinação. *Rev Saúde Pública.* 2007;41 Supl 1:59-66.
151. Espíndola CR, Blay SL. Prevalência de maus-tratos na terceira idade: revisão sistemática. *Rev Saúde Pública.* 2007;41(2):301-6.
152. Silva Filho CR, Saconato H, Conterno LO, Marques I, Atallah NA. Avaliação da qualidade de estudos clínicos e seu impacto nas metanálises. *Rev Saúde Pública.* 2005;39(6):865-73.
153. Silveira MF, Santos I. Impacto de intervenções no uso de preservativos em portadores do HIV. *Rev Saúde Pública.* 2005;39(2):296-304.
154. Vasconcellos-Silva PR, Castiel LD. Proliferação das rupturas paradigmáticas: o caso da medicina baseada em evidências. *Rev Saúde Pública.* 2005;39(3):498-506.