Secondary literature, or “filtered” literature, is synthesized and evaluated evidence derived from primary literature. Meta-analyses and systematic reviews represent the highest levels of evidence.

RCTs and controlled clinical trials help to answer treatment questions and diagnosis questions. If there aren’t any RCTs or controlled clinical trials, move down the pyramid to the next best option.

Cohort Studies help to answer prognosis questions and etiology/harm questions.

When you cannot find a cohort study to answer your prognosis or etiology/harm question, look for a Case Control Study.

When you cannot find a cohort study or a case control study to answer your prognosis or etiology/harm question, look for a Case Series or Case Report.

Primary literature, or “unfiltered” literature, presents the original work or experimental results of that article’s author(s).
### PubMed MEDLINE Search Strategies by Type of Question

#### Treatment Questions
- **Study Designs**
  - Meta-Analysis
  - Systematic Reviews
  - Randomized Controlled Trial
  - Clinical Trial
- **MeSH Terms (MH)**
  - Treatment Outcome
  - Placebos
  - Double Blind Method
  - Controlled Clinical Trial
  - Combined Modality Therapy
  - Surgical Procedures, Operative
  - Outcome Assessment Health Care
  - Drug Therapy, Combination
- **Subheadings (SH)**
  - Diet Therapy
  - Drug Therapy
  - Surgery
  - Rehabilitation
  - Radiotherapy
  - Therapeutic Use
  - Therapy
  - Prevention & Control

#### Prognosis Questions
- **Study Designs**
  - Cohort Studies
  - Case Control Series
- **MeSH Terms (MH)**
  - Prognosis
  - Survival Analysis
  - Mortality
  - Morbidity
  - Follow-Up Studies
  - Incidence
  - Disease Progression
  - Life Expectancy
  - Quality of Life
  - Quality-Adjusted Life Years
  - Recovery of Function
  - Recurrence
  - Survival
  - Time Factors
  - Sex Factors
  - Disease-Free Survival
  - Survival Rate
- **Subheadings (SH)**
  - Mortality

#### Diagnosis Questions
- **Study Designs**
  - Controlled Trial
  - Prospective Blind Comparison to Gold Standard
- **MeSH Terms (MH)**
  - “Sensitivity and Specificity”
  - Predictive Value of Tests
  - Comparative Study
  - Diagnosis, Differential
  - Diagnostic Errors
  - Reference Standards
  - “Diagnostic Techniques and Procedures”
  - “Signs and Symptoms”
  - Physical Examination
  - Medical History Taking
  - Mass Screening
- **Subheadings (SH)**
  - Diagnosis
  - Diagnostic Use
  - Pathology
  - Blood
  - Urine
  - Radiography
  - Ultrasonography

#### Etiology/Harm Questions
- **Study Designs**
  - Cohort Studies
  - Case-Control Studies
- **MeSH Terms (MH)**
  - Risk
  - Causality
  - Odds Ratio
  - Longitudinal Studies
  - Comparative Study
  - Disease Susceptibility
  - Drug Hypersensitivity
  - Drug Interactions
  - Time Factors
  - Environmental Pollution
  - Risk Factors
  - Prevalence
- **Subheadings (SH)**
  - Adverse Effects
  - Etiology
  - Prevention & Control
  - Epidemiology
  - Toxicity
  - Chemically Induced
  - Complications

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- In MEDLINE, study designs may be a Publication Limit (PT) or MeSH Term (MH). In some cases; study types may be both, if this is the case use the PT.
- Bolded terms are good terms to start with, but definitely don’t rule out trying the other terms.
- In your search strategies, Limit to your patient population (i.e. gender, age) only if you think it makes a difference or is significantly relevant.
- Subheading options depend on whether the MH terms is a condition, disease, or intervention.
- Keep in mind, this document is not an exhaustive list of terms, however these terms have been found to be significantly effective in EBM literature searching.