

After consulting textbooks to get background/overview information, you can search journal articles for specific information.

The journal literature is useful in looking for current information on treatment issues, since the majority of the articles that are published focus on therapy topics.

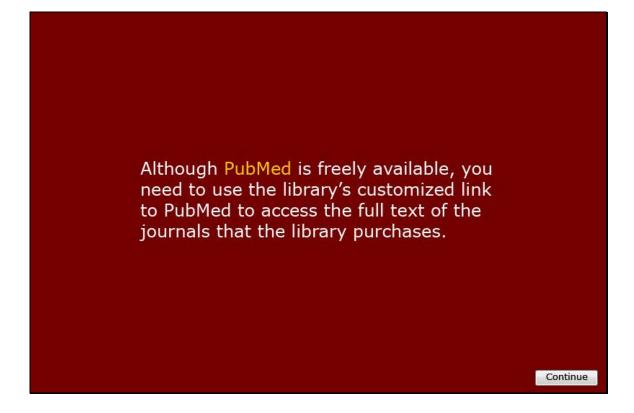
MEDLINE, a database from the National Library of Medicine, is a key database for identifying biomedical journal articles. It is available through two different interfaces, Ovid and PubMed. Since Ovid and PubMed work differently, it can be helpful to run your search in each because you may retrieve some different articles.

This module only covers PubMed. If you would like to learn more about searching Ovid, there is an optional tutorial available, <u>Ovid MEDLINE Search Features</u>.

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13. <u>fibrillin-1 hypomorphic m</u> Ju X, Ijaz T, Sun H, Leje DM, Brasier AR, Tilton R	21;3(1):e000476. doi: 10.1161/JAHA.113.000476.
<ul> <li>Connective tissue disorde</li> <li>14. Halper J.</li> <li>Adv Exp Med Biol. 2014;802:2</li> <li>PMID: 24443030</li> <li>Similar articles</li> </ul>	e <u>rs in domestic animals.</u> 31-40. doi: 10.1007/978-94-007-7893-1_14. Review.
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A group of relatively uncommon but important genetic cardiovascular diseases (GCVDs) are associated		
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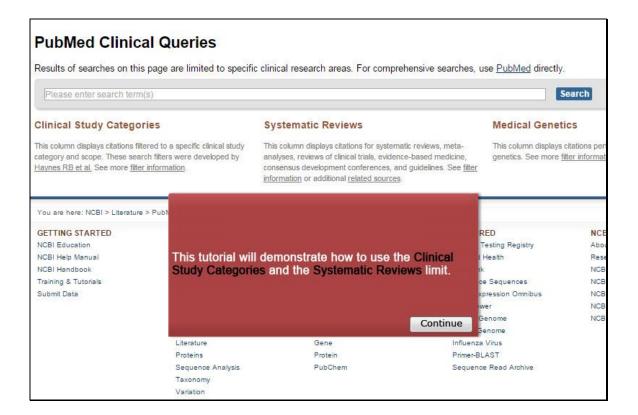
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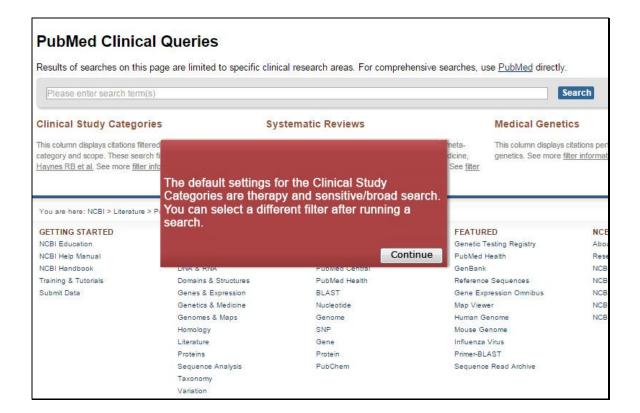
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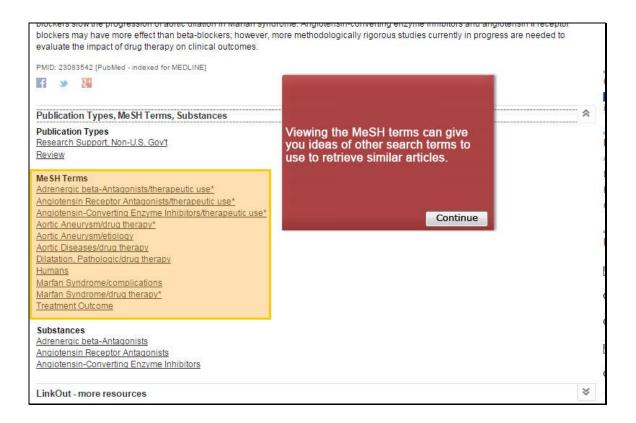
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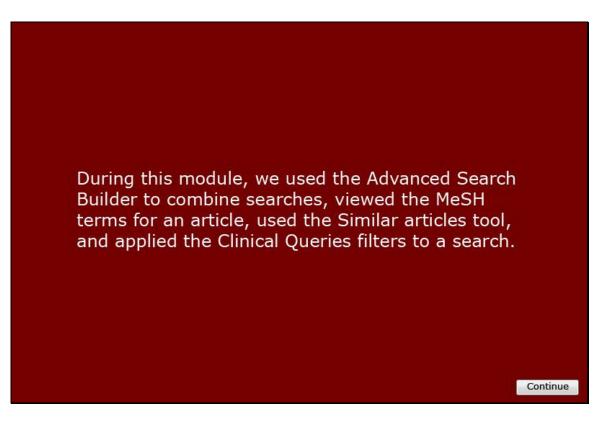
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Thakur V <sup>1</sup> , Rankin KN, Hartling L, Mackie AS.	-		
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BACKGROUND: Marfan syndrome causes aortic dilation lea	use of beta- n this disease.		
blockers, angiotensin-converting enzyme inhibitors, and an METHODS: We searched four databasesMedline, EMBAS Continue	ed Trialstwo		
conference proceedings, references of retrieved articles, and a web-based trial registry. The primary outcome was mortality. outcomes were aortic dissection, need for elective surgical repair, change in aortic dilation, and adverse events. Two review abstracted data, and assessed study quality. Meta-analyses were not performed because of study heterogeneity.	The secondary		
RESULTS: A total of 18 studies were included12 completed and six in progress. Of the completed studies, three before-and-after treatment, one prospective cohort, three retrospective cohorts, and two randomised control trials examined beta-blockers; one randomised and one non-randomised trial examined angiotensin-converting enzyme inhibitors; and one retrospective cohort study examined angiotensin II receptor blockers. Studies in progress are all randomised trials. Mortality was not impacted by drug therapy, although studies were underpowered with respect to this outcome. All drug classes were associated with a decrease in the rate of aortic dilation (angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers); none had an impact on other secondary outcomes.			
CONCLUSIONS: On the basis of existing evidence, beta-blockers, angiotensin-converting enzyme inhibitors, and angiotensin II receptor blockers slow the progression of aortic dilation in Marfan syndrome. Angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers may have more effect than beta-blockers; however, more methodologically rigorous studies currently in progress are needed to evaluate the impact of drug therapy on clinical outcomes.			
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Calolol Toung, 2013 Aug;23(4):508-51. doi: 10.1017/51047851112001412. Epub 2012 Oct.18.			
A systematic review of the pharmacological management of aortic root dilation in Marfan syndrome.			
Thakur V <sup>1</sup> , Rankin KN, Hartling L, Mackie AS.			
Author information			
Abstract BACKGROUND: Marfan syndrome causes aortic dilation leading to dissection and death. This systematic review examined the use of beta- blockers, angiotensin-converting enzyme inhibitors, and angiotensin II receptor blockers in the management of aortic dilation in this disease.			
METHODS: We searched four databasesMedline, EMBASE, Web of Science, and The Cochrane Central Register of Contro conference proceedings, references of retrieved articles, and a web-based trial registry. The primary outcome was mortality, outcomes were aortic dissection, need for elective surgical repair, change in aortic dilation, and adverse events. Two review abstracted data, and assessed study que	The secondary		
	d-after treatment,		
randomised trial examined angiotensin. Below the abstract, there is a link for Publication blockers. Studies in progress are all ran Types, MeSH Terms, and Substances. respect to this outcome. All drug classes or angiotensin II receptor blockers >bet Select Publication Types, MeSH Terms, Substances	ised and one non- insin II receptor nderpowered with ng enzyme inhibitors		
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