

بناام خدا

# چگونه يك موضوع مناسب براي تحقيق انتخاب كنيم؟

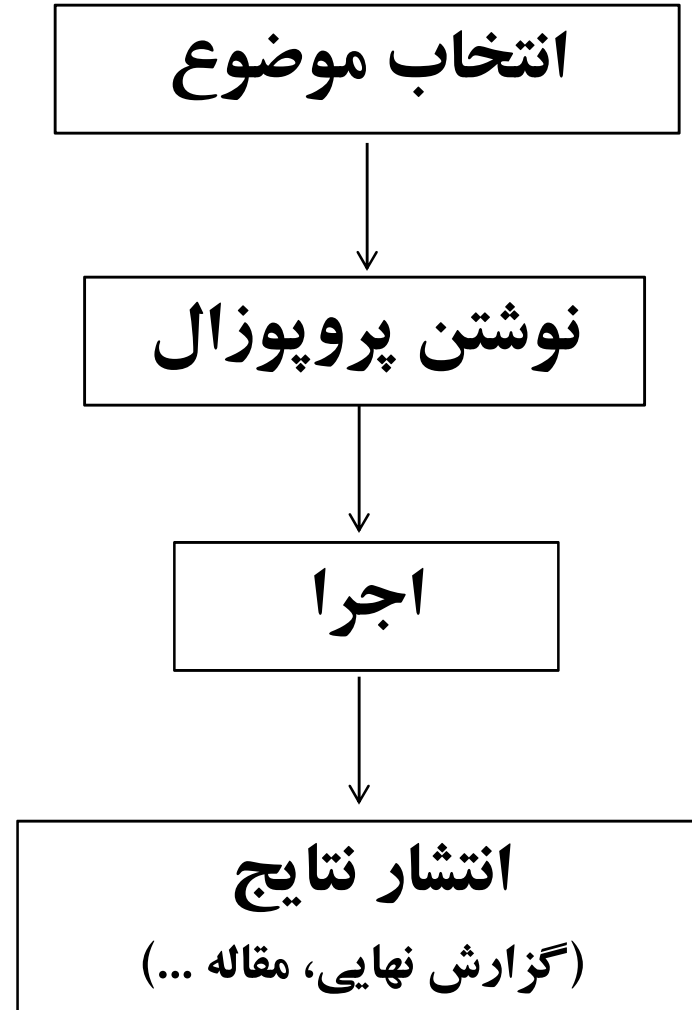
**Dr Gholamreza Roshandel**

**MD, MPH (Bioethics), PhD (Epidemiology)**

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**roshandel\_md@yahoo.com**

# مراحل مختلف فعالیت های پژوهشی



## دو نکته اساسی در برنامه ریزی برای پژوهش

- **Do the right research**

موضوع درست را انتخاب کنیم

- **Do the research right**

تحقیق را درست انجام دهیم

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# چگونه یک موضوع خوب برای تحقیق انتخاب کنیم

نوع بیماری، .....



سوال اصلی؟

حیطه کلی پژوهش؟



موضوع پژوهش؟

# چگونه حیطه کلی پژوهش را انتخاب کنیم؟

• سوال اساسی:

هدف از انجام این تحقیق چیست؟

۱- اجبار (مثلا گرفتن مدرک ...)?

۲- علاقه به پژوهش

- کمک به حل مشکلات مربوط به سلامت جامعه

- چاپ مقاله در مجلات معتبر ...

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- - چاپ مقاله در مجلات معتبر ...

# کمک به حل مشکلات مربوط به سلامت جامعه

## چگونه؟

### ۱- مستقیم:

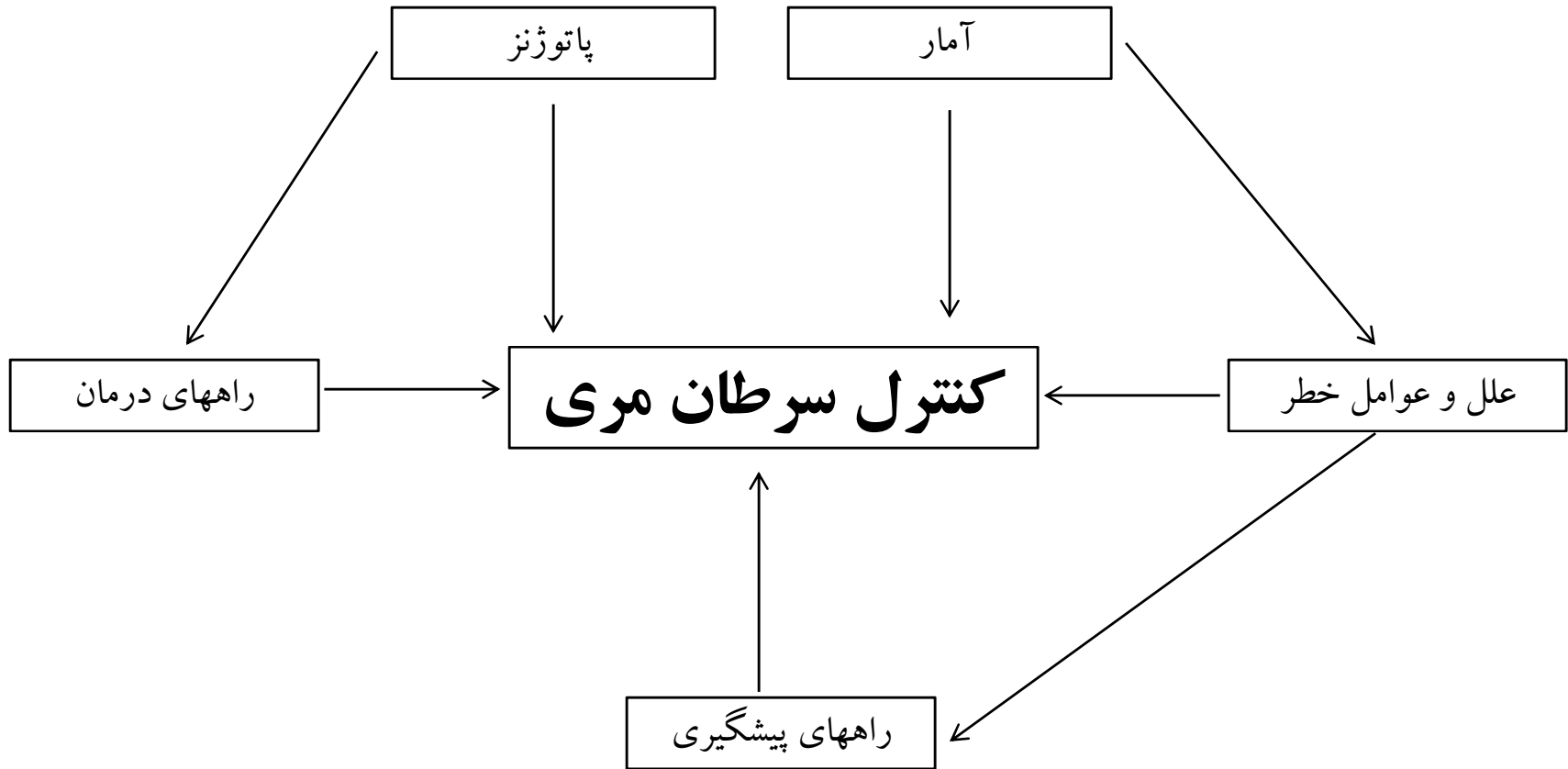
- نتایج تحقیق به همه سوالات در زمینه حل مشکل مورد نظر در جامعه پاسخ می دهد

### ۲- غیر مستقیم

- نتایج تحقیق به بخشی از سوالات در زمینه حل مشکل مورد نظر در جامعه پاسخ می دهد
- نتایج تحقیق به طراحی مطالعات آینده کمک می کند (تولید فرضیه، ....)



# مثال: کنترل سرطان مری



# چگونه حیطة کلی پژوهش را انتخاب کنیم؟

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هدف ایده آل در پژوهش: پژوهشی انجام دهیم که

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۳- به ارتقای علمی پژوهشگر کمک کند

# چگونه حیطة کلی پژوهش را انتخاب کنیم؟

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# منابع و معیارهای انتخاب حیطه کلی پژوهش

- **علاقه محقق**

- مشاهده دقیق (محیط کار، جامعه، ....)
- مقالات، کتابها، خبرها (بخصوص اخبار پزشکی)،.....

- **اولویتهای سلامت در جامعه**

- لیست اولویتهای پژوهشی
- مشورت با افراد با تجربه

# مثال: انتخاب حیطة کلی پژوهش

- علاقه شخصی محقق: تحقیق روی سرطانها
- طبق آمار و گزارشات موجود، سرطانها یکی از سه علت اصلی مرگ و میر در استان گلستان هستند

مطالعه در زمینه سرطانها در استان گلستان (مقالات، کتابها، سایتهای خبری،...)

- طبق آمار چاپ شده، میزان سرطان روده در استان گلستان در حال افزایش است
- طبق مشاهدات و نظرات افراد با تجربه، سن افراد مبتلا به سرطان روده در حال کاهش است
- سرطان روده یکی از مشکلات عمده در استان گلستان است.

حیطة کلی پژوهش:

**سرطان روده**

سرطان روده



سوال اصلی؟

(دقیق، مشخص، با جزئیات)

حیطه کلی پژوهش؟



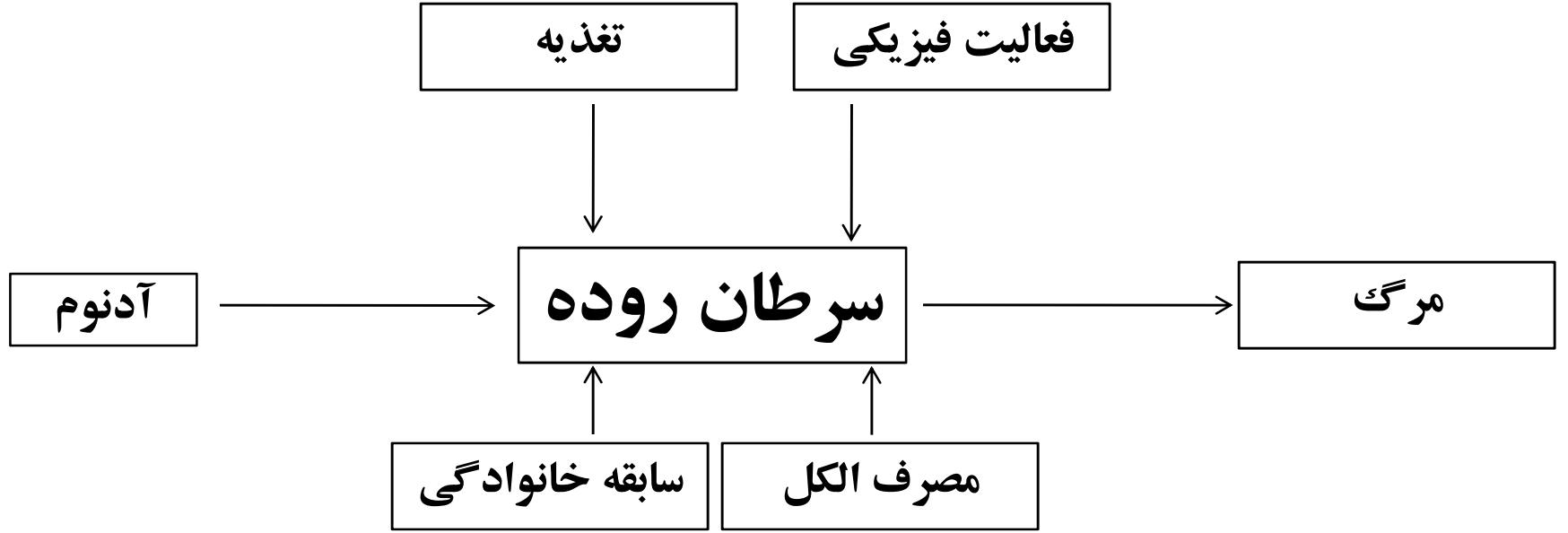
موضوع پژوهش؟

چگونه موضوع پژوهش (سوال اصلی پژوهش) را انتخاب کنیم؟

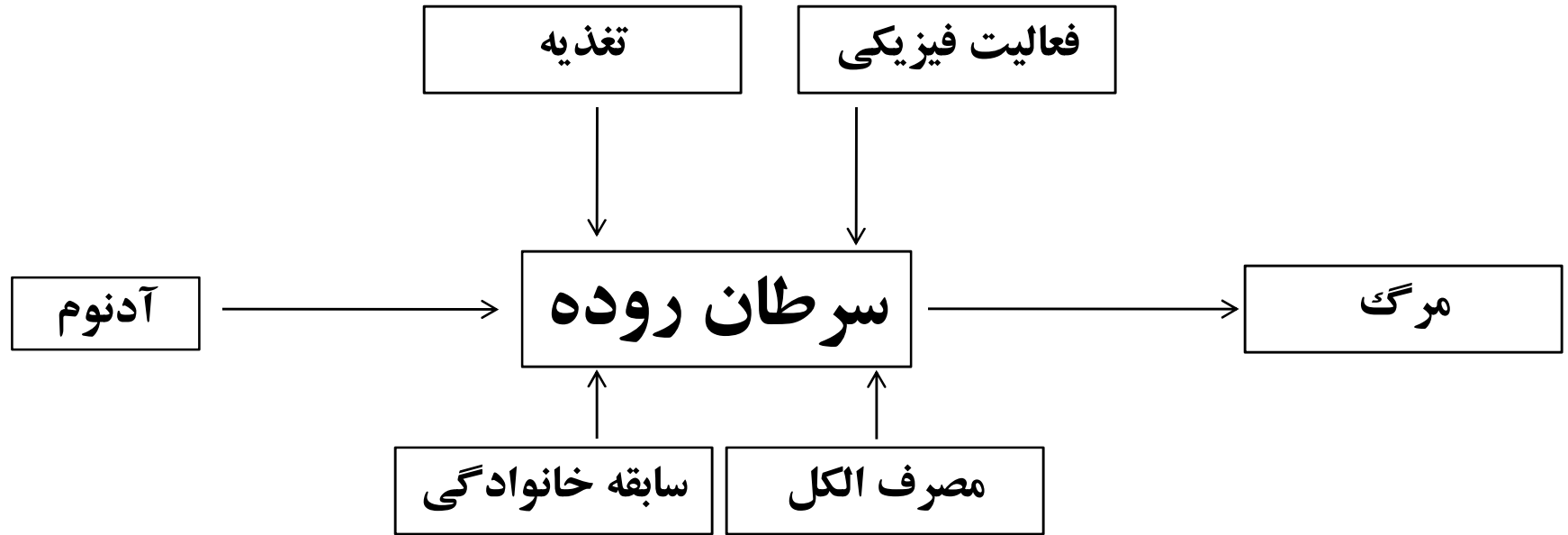
چگونه از حیطه کلی به موضوع پژوهش برسیم؟

Concept Map

نقشه ایده یا فکر

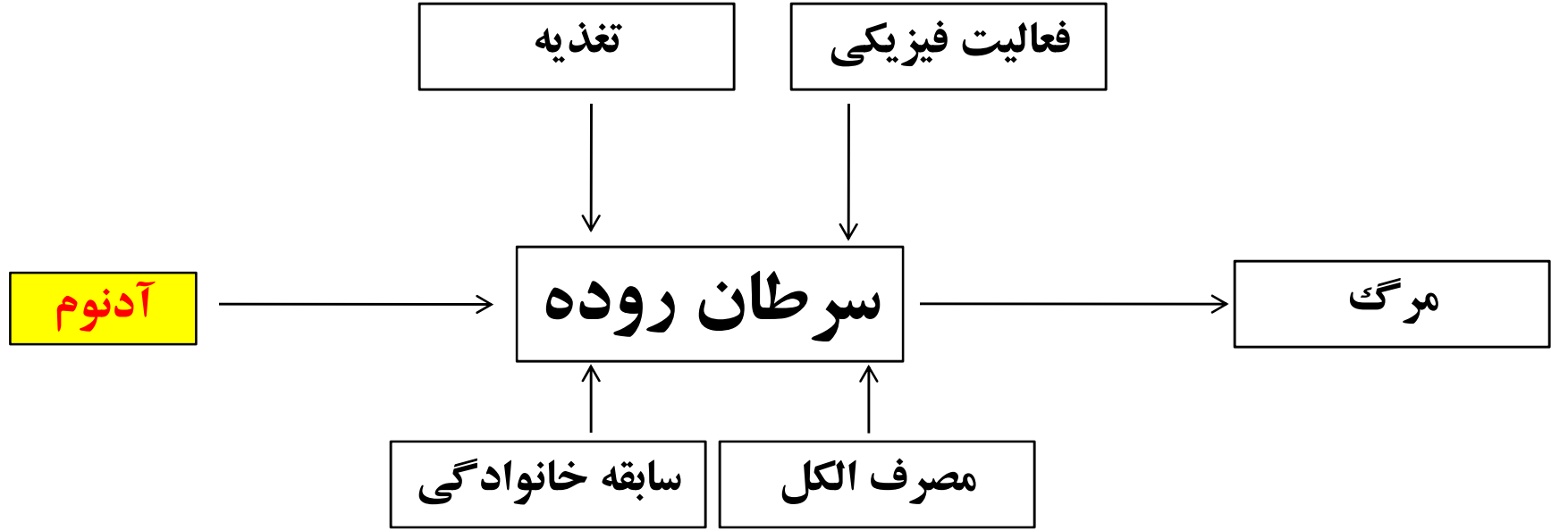


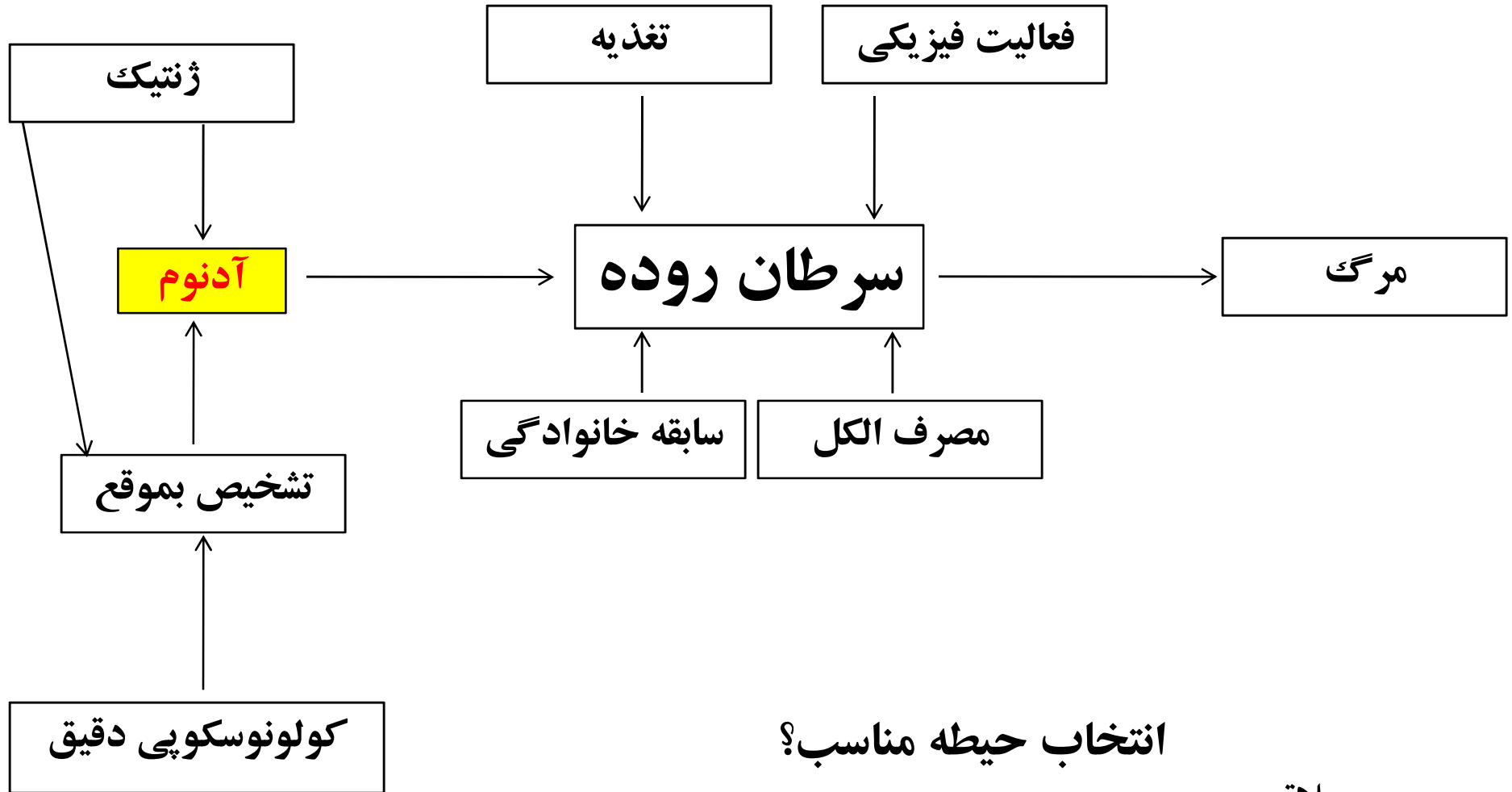




انتخاب حیطة مناسب؟

-علاقه  
-امكان انجام

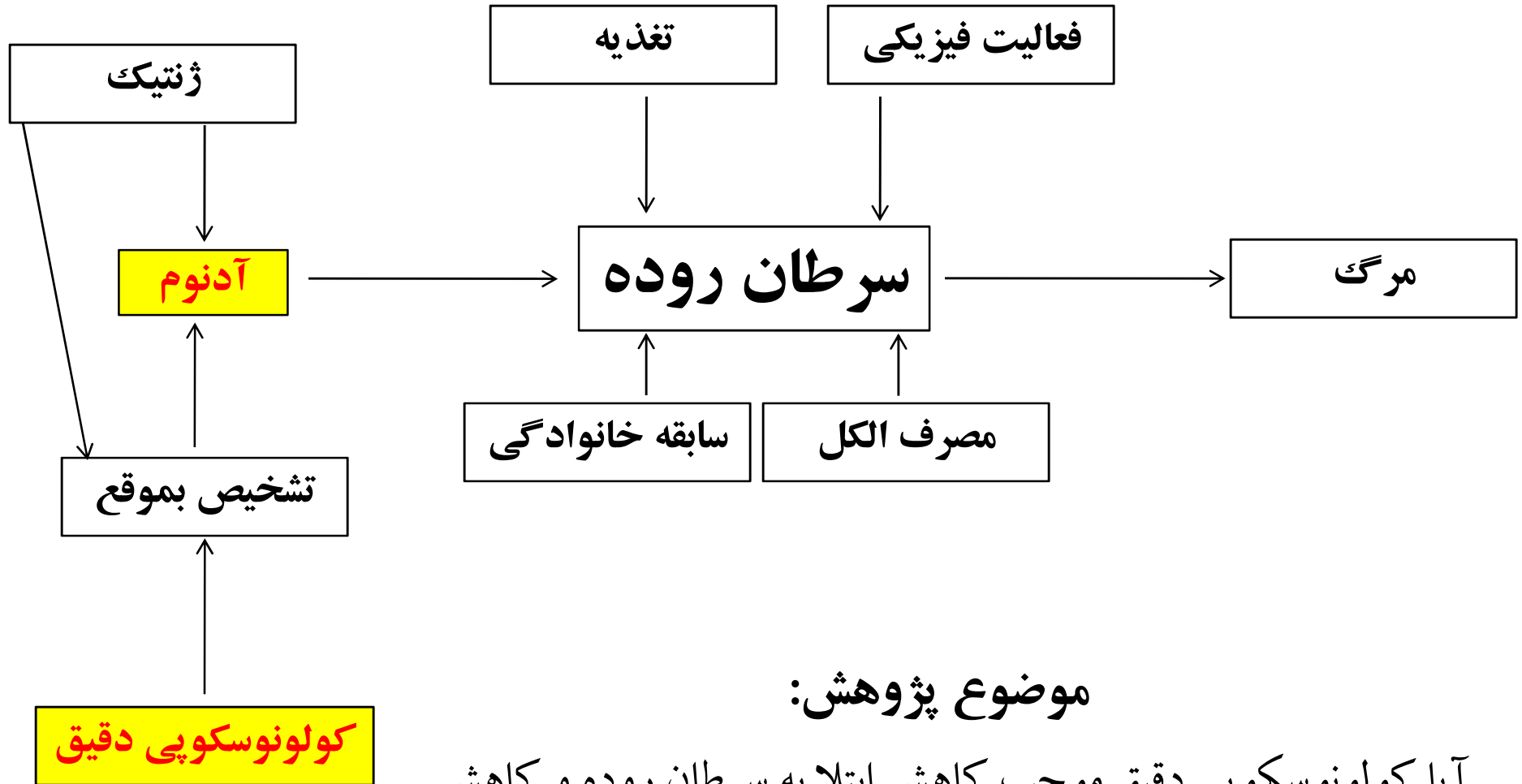




انتخاب حیطة مناسب؟

-علاقه

-امكان انجام



Abstract

Send to:

[N Engl J Med.](#) 2014 Apr 3;370(14):1298-306. doi: 10.1056/NEJMoa1309086.**Adenoma detection rate and risk of colorectal cancer and death.**Corley DA<sup>1</sup>,  
Quesenberry

Ghai NR, Levin TR.

**عنوان: میزان تشخیص آدنوم و خطر سرطان روده و مرگ**

## + Author information

**Abstract**

**BACKGROUND:** The proportion of screening colonoscopic examinations performed by a physician that detect one or more adenomas (the **adenoma detection rate**) is a recommended quality measure. However, little is known about the association between this **rate** and patients' risks of a subsequent **colorectal cancer** (interval **cancer**) and **death**.

**METHODS:** Using data from an integrated health care delivery organization, we evaluated the associations between the **adenoma detection rate** and the risks of **colorectal cancer** diagnosed 6 months to 10 years after colonoscopy and of **cancer-related death**. With the use of Cox regression, our estimates of attributable **risk** were adjusted for the demographic characteristics of the patients, indications for colonoscopy, and coexisting conditions.

**RESULTS:** We evaluated 314,872 colonoscopies performed by 136 gastroenterologists; the **adenoma detection** rates ranged from 7.4 to 52.5%. During the follow-up period, we identified 712 interval **colorectal** adenocarcinomas, including 255 advanced-stage cancers, and 147 deaths from interval **colorectal cancer**. The unadjusted risks of interval **cancer** according to quintiles of **adenoma detection** rates, from lowest to highest, were 9.8, 8.6, 8.0, 7.0, and 4.8 cases per 10,000 person-years of follow-up, respectively. Among patients of physicians with **adenoma detection** rates in the highest quintile, as compared with patients of physicians with **detection** rates in the lowest quintile, the adjusted hazard ratio for any interval **cancer** was 0.52 (95% confidence interval [CI], 0.39 to 0.69), for advanced-stage interval **cancer**, 0.43 (95% CI, 0.29 to 0.64), and for fatal interval **cancer**, 0.38 (95% CI, 0.22 to 0.65). Each 1.0% increase in the **adenoma detection rate** was associated with a 3.0% decrease in the **risk of cancer** (hazard ratio, 0.97; 95% CI, 0.96 to 0.98).

**CONCLUSIONS:** The **adenoma detection rate** was inversely associated with the risks of interval **colorectal cancer**, advanced-stage interval **cancer**, and fatal interval **cancer**. (Funded by the Kaiser Permanente Community Benefit program and the National **Cancer** Institute.).

**Comment in****Adenoma detection rate** and **risk of colorectal cancer** and **death**. [N Engl J Med. 2014]**Adenoma detection rate** and **risk of colorectal cancer** and **death**. [N Engl J Med. 2014]**Adenoma detection rate** and **risk of colorectal cancer** and **death**. [N Engl J Med. 2014]

# هدف ایده آل در پژوهش

پژوهشی انجام دهیم که:

۱- نتایج آن به حل مشکل کمک کند

۲- نتایج آن در مجلات معتبر چاپ شود

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# معیارهای مجلات جهت چاپ مقالات

- موضوع

– اهمیت و اولویت موضوع برای مجله؟

- روش اجرا



# معیارهای مجلات جهت چاپ مقالات

- موضوع

– اهمیت و اولویت موضوع برای مجله؟

- روش اجرا

- اکثر مجلات معتبر در کشورهای غربی چاپ می شوند.
- بیماریهای که برای ما مهم هستند، برای کشورهای غربی مهم نیستند.
- بنابراین، اگر ما بر روی بیماریهای مهم در جامعه خودمان تحقیق کنیم، نتایج آن برای مجلات معتبر (که عمدتاً اروپایی و آمریکایی هستند) جالب نیست.
- بنابراین اگر ما بر روی اولویتهای سلامت در جامعه خودمان تحقیق کنیم، شانسی برای چاپ کردن مقاله در مجلات معتبر نداریم!؟

؟؟؟؟؟؟

• شایعترین عوامل مرگ در ایران

- تصادفات

- بیماریهای قلبی

- سرطانها

• شایعترین عوامل مرگ در آمریکا

- بیماریهای قلبی

- سرطانها

- بیماریهای مزمن ریه

- در مورد بیماریهای عفونی (سل، وبا،...) چگونه؟؟؟
- آیا این بیماریها فقط مشکل سلامتی در ایران هستند؟  
(کشورهای در حال پیشرفت)

## اکثر این موضوع ها:

مشکل سلامت در بخش زیادی از جمعیت جهان

علاقه مجلات معتبر برای چاپ این نتایج

**ISI**  
**Impact Factor = 54**



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November 16, 2014 | Robert C., Karaszewska B., Schachter J., et al. | 10.1056/NEJMoa1412690

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**ORIGINAL ARTICLE** ONLINE FIRST

### Nivolumab in Previously Untreated Melanoma without *BRAF* Mutation

November 16, 2014 | Robert C., Long G.V., Brady B., et al. | 10.1056/NEJMoa1412082

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**ORIGINAL ARTICLE** ONLINE FIRST

### Twelve or 30 Months of Dual Antiplatelet Therapy after Drug-

# بنابراین

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۳- به ارتقای علمی پژوهشگر کمک کند

- در مرحله انتخاب موضوع باید به این فکر کنیم که واقعا یک موضوع مهم که به حل مشکل سلامت در جامعه ما کمک می کند را انتخاب کنیم.
- مطمئنا اگر موضوعی به حل یک مشکل سلامت در جامعه ما (و به تبع آن سایر جوامع مشابه) کمک کند، نتایج آن برای مجلات معتبر جالب خواهد بود.

# میزان شیوع چاقی و هیپرتانسیون در استان گلستان چقدر است؟

NCBI Resources  How To

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

PubMed

Abstract

[BMC Public Health](#). 2006 Jun 20;6:158.

**Obesity and hypertension in an Iranian cohort study; Iranian women experience higher rates of obesity and hypertension than American women.**

[Bahrami H<sup>1</sup>](#), [Sadatsafavi M](#), [Pourshams A](#), [Kamangar F](#), [Nouraei M](#), [Semnani S](#), [Brennan P](#), [Boffetta P](#), [Malekzadeh R](#).

**Author information**

**Abstract**

**BACKGROUND:** Once considered as the main public health problem in developed countries, obesity has become a major problem throughout the world and developing countries, like Iran, are joining the global obesity pandemic. We determined the prevalence of overweight, obesity, and hypertension in a large **cohort** of Iranians and compared age-adjusted rates with the rates in the US.

**METHODS:** Golestan **Cohort** Study is a population-based study of 8,998 men and women, aged 35-81 years, from urban and rural areas. Anthropometric parameters were measured by interviewers. Prevalence rates were directly adjusted to the 2000 United States standard population.

**RESULTS:** The age-adjusted prevalence rates of overweight (BMI > or = 25 kg/m<sup>2</sup>) and obesity (BMI > or = 30 kg/m<sup>2</sup>) in this Iranian population were 62.2% and 28.0%, respectively. Both overweight and obesity were more common in women than men. Age-adjusted prevalence of overweight was significantly higher in Iranian women compared to the American women (68.6% vs. 61.6%), while the age-adjusted prevalence of obesity is closer in these two populations (34.9% vs. 33.2%). Iranian men-compared to American men-had significantly lower age-adjusted prevalence of overweight (53.7% vs. 68.8%) and obesity (16.2% vs. 27.5%). Age-adjusted prevalence of hypertension was higher in Iranian women than American women (35.7% vs. 30.5%). Diabetes mellitus was reported in 6.2% of participants. Mean waist-to-hip ratio (WHR) among women was 0.96. Smoking rates in men and women were 33.2% and 2.2%, respectively.

**CONCLUSION:** The prevalence of obesity, overweight, and hypertension in Iran is as high as the US. However, Iranian women are more obese than American women and Iranian men are less obese than their American counterparts. This discrepancy might be due to the low rate of smoking among Iranian women. Iranian women have higher mean WHR than what WHO has defined in 19 other populations.

PMID: 16784543 [PubMed - indexed for MEDLINE] PMCID: PMC1533819 [Free PMC Article](#)



# Case-report

## سپتی سمی گرم منفی در یک بیمار مبتلا به ابولا

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PubMed A Case of Severe Ebola Virus Infection Complicated by Gram-Negative Septicemia

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N Engl J Med. 2014 Oct 22. [Epub ahead of print]

**A Case of Severe Ebola Virus Infection Complicated by Gram-Negative Septicemia.**

Kreuels B<sup>1</sup>, Wichmann D, Emmerich P, Schmidt-Chanasit J, de Heer G, Kluge S, Sow A, Renné T, Günther S, Lohse AW, Addo MM, Schmiedel S.

Author information

**Abstract**

**Ebola virus** disease (EVD) developed in a patient who contracted the disease in Sierra Leone and was airlifted to an isolation facility in Hamburg, Germany, for treatment. During the course of the illness, he had numerous complications, including **septicemia**, respiratory failure, and encephalopathy. Intensive supportive treatment consisting of high-volume fluid resuscitation (approximately 10 liters per day in the first 72 hours), broad-spectrum antibiotic therapy, and ventilatory support resulted in full recovery without the use of experimental therapies. Discharge was delayed owing to the detection of viral RNA in urine (day 30) and sweat (at the last assessment on day 40) by means of polymerase-chain-reaction (PCR) assay, but the last positive culture was identified in plasma on day 14 and in urine on day 26. This **case** shows the challenges in the management of EVD and suggests that even **severe** EVD can be treated effectively with routine intensive care.

PMID: 25337633 [PubMed - as supplied by publisher] **Free full text**

f t +

# آیا مصرف کاکائو موجب کاهش فشار خون می شود؟

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Abstract Send to:

JAMA. 2007 Jul 4;298(1):49-60.

**Effects of low habitual cocoa intake on blood pressure and bioactive nitric oxide: a randomized controlled trial.**

Taubert D<sup>1</sup>, Roesen R, Lehmann C, Jung N, Schömig E.

Author information

<sup>1</sup>Department of Pharmacology, University Hospital of Cologne, Cologne, Germany. dirk.taubert@medizin.uni-koeln.de

**Abstract**

**CONTEXT:** Regular intake of **cocoa**-containing foods is linked to lower cardiovascular mortality in observational studies. Short-term interventions of at most 2 weeks indicate that high doses of **cocoa** can improve endothelial function and reduce **blood pressure** (BP) due to the action of the **cocoa** polyphenols, but the clinical **effect** of low habitual **cocoa** intake on BP and the underlying BP-lowering mechanisms are unclear.

**OBJECTIVE:** To determine effects of low doses of polyphenol-rich dark chocolate on BP.

**DESIGN, SETTING, AND PARTICIPANTS:** Randomized, controlled, investigator-blinded, parallel-group trial involving 44 adults aged 56 through 73 years (24 women, 20 men) with untreated upper-range prehypertension or stage 1 hypertension without concomitant risk factors. The trial was conducted at a primary care clinic in Germany between January 2005 and December 2006.

**INTERVENTION:** Participants were randomly assigned to receive for 18 weeks either 6.3 g (30 kcal) per day of dark chocolate containing 30 mg of polyphenols or matching polyphenol-free white chocolate.

**MAIN OUTCOME MEASURES:** Primary outcome measure was the change in BP after 18 weeks. Secondary outcome measures were changes in plasma markers of vasodilative nitric oxide (S-nitrosoglutathione) and oxidative stress (8-isoprostane), and bioavailability of **cocoa** polyphenols.

**RESULTS:** From baseline to 18 weeks, dark chocolate intake reduced mean (SD) systolic BP by -2.9 (1.6) mm Hg (P < .001) and diastolic BP by -1.9 (1.0) mm Hg (P < .001) without changes in body weight, plasma levels of lipids, glucose, and 8-isoprostane. Hypertension prevalence declined from 86% to 68%. The BP decrease was accompanied by a sustained increase of S-nitrosoglutathione by 0.23 (0.12) nmol/L (P < .001), and a dark chocolate dose resulted in the appearance of **cocoa** phenols in plasma. White chocolate intake caused no changes in BP or plasma biomarkers.

**CONCLUSIONS:** Data in this relatively small sample of otherwise healthy individuals with above-optimal BP indicate that inclusion of small amounts of polyphenol-rich dark chocolate as part of a usual diet efficiently reduced BP and improved formation of vasodilative nitric oxide.

**TRIAL REGISTRATION:** clinicaltrials.gov Identifier: [NCT00421499](https://clinicaltrials.gov/ct2/show/study/NCT00421499).

Comment in

[www.ncbi.nlm.nih.gov/pubmed/17609490#](http://www.ncbi.nlm.nih.gov/pubmed/17609490#)

# آیا بین Shaving و عفونت محل عمل رابطه ای وجود دارد؟

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Abstract Send to:

J Perioper Pract. 2013 Jan-Feb;23(1-2):22-5.

## Is there a relationship between preoperative shaving (hair removal) and surgical site infection?

Jose B<sup>1</sup>, Dignon A.

⊕ Author information

### Abstract

The **preoperative** preparation of patients for surgery has traditionally included the routine **hair removal** at the operating **site** as a part of cleanliness. This literature review will investigate the relationship between **preoperative hair removal** and **surgical site infection**. It aims to identify the best method of **hair removal** to **reduce** the **infection** if **hair removal** is necessary, and to apply the evidence findings into nursing practice.

PMID: 23413532 [PubMed - indexed for MEDLINE]

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# آیا مصرف شیر تخمیر شده موجب کاهش فشار خون می شود؟

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Abstract

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J Hum Hypertens. 2010 Oct;24(10):678-83. doi: 10.1038/jhh.2010.4. Epub 2010 Feb 11.

## The antihypertensive effect of fermented milk in individuals with prehypertension or borderline hypertension.

Usinger L<sup>1</sup>, Jensen LT, Flambard B, Linneberg A, Ibsen H.

### Author information

#### Abstract

**Fermented milk** (FM) with putative antihypertensive effect in humans could be an easy applicable lifestyle intervention against **hypertension**. The mode of action is supposed to be through active **milk** peptides, shown to possess in vitro ACE-inhibitory effect. Blood pressure (BP) reductions upto 23 mm Hg have been reported in spontaneously hypertensive rats fed FM. Results from **human** studies of the antihypertensive effect are inconsistent. However, many studies suffer from methodological weaknesses, as insufficient blinding and the use of office BP measurements. We conducted a randomised, double-blind placebo-controlled study of the antihypertensive effect of Lactobacillus helveticus FM in 94 prehypertensive and borderline hypertensive subjects. The participants were randomised into three treatment groups with a daily intake of 150 ml of FM, 300 ml of FM or placebo (chemically acidified **milk**). The primary outcome was repeated 24-h ambulatory BP measurements. There were no statistically significant differences in the outcome between the groups (systolic BP (SBP), P=0.9; diastolic BP (DBP), P=0.2). However, the group receiving 300 ml FM had reduced BP across the 8-week period in several readings, which could be compatible with a minor antihypertensive effect. Heart rate and lipids remained unchanged between groups. Hence, our study does not support earlier studies measuring office BP-measurements, reporting antihypertensive effect of FM. Based on straight performed 24-h ambulatory BP measurements, **milk fermented** with Lactobacillus helveticus does not posses significant antihypertensive effect.

PMID: 20147968 [PubMed - indexed for MEDLINE]



# میزان بروز سکتہ های قلبی و مغزی در زنان در طی ۶ هفته و یکسال پس از زایمان چقدر است؟

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*N Engl J Med*. 2014 Apr 3;370(14):1307-15. doi: 10.1056/NEJMoa1311485. Epub 2014 Feb 13.

**Risk of a thrombotic event after the 6-week postpartum period.**

Kamel H<sup>1</sup>, Navi BB, Sriram N, Hovsepian DA, Devereux RB, Elkind MS.

Author information

**Abstract**

**BACKGROUND:** The **postpartum** state is associated with a substantially increased **risk** of thrombosis. It is uncertain to what extent this heightened **risk** persists beyond the conventionally defined **6-week postpartum period**.

**METHODS:** Using claims data on all discharges from nonfederal emergency departments and acute care hospitals in California, we identified women who were hospitalized for labor and delivery between January 1, 2005, and June 30, 2010. We used validated diagnosis codes to identify a composite primary outcome of ischemic stroke, acute myocardial infarction, or venous thromboembolism. We then used conditional logistic regression to assess each patient's likelihood of a first **thrombotic event** during sequential **6-week** periods **after** delivery, as compared with the corresponding **6-week period** 1 year later.

**RESULTS:** Among the 1,687,930 women with a first recorded delivery, 1015 had a **thrombotic event** (248 cases of stroke, 47 cases of myocardial infarction, and 720 cases of venous thromboembolism) in the **period** of 1 year plus up to 24 weeks **after** delivery. The **risk** of primary **thrombotic** events was markedly higher within 6 weeks **after** delivery than in the same **period** 1 year later, with 411 events versus 38 events, for an absolute **risk** difference of 22.1 events (95% confidence interval [CI], 19.6 to 24.6) per 100,000 deliveries and an odds ratio of 10.8 (95% CI, 7.8 to 15.1). There was also a modest but significant increase in **risk** during the **period** of 7 to 12 weeks **after** delivery as compared with the same **period** 1 year later, with 95 versus 44 events, for an absolute **risk** difference of 3.0 events (95% CI, 1.6 to 4.5) per 100,000 deliveries and an odds ratio of 2.2 (95% CI, 1.5 to 3.1). Risks of **thrombotic** events were not significantly increased beyond the first 12 weeks **after** delivery.

**CONCLUSIONS:** Among patients in our study, an elevated **risk** of thrombosis persisted until at least 12 weeks **after** delivery. However, the absolute increase in **risk** beyond 6 weeks **after** delivery was low. (Funded by the National Institute of Neurological Disorders and Stroke.)

PMID: 24524551 [PubMed - indexed for MEDLINE] PMCID: PMC4035479 **Free PMC Article**

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# موضوع جدید یا تکراری؟

- موضوع کاملاً جدید و نوآورانه (کشف جدید)
- تکرار موضوعات قبلی
  - پرداختن به موضوعات قبلی با روشهای جدید
  - تولید evidence در مورد یک موضوع شناخته شده قبلی
    - (سرطان و چای داغ)
  - پرداختن به جنبه های خاص از موضوعات قبلی
  - تفاوتها در خصوصیات جمعیتها

# موضوع جدید / حرف جدید

- مهم این نیست که حتما روی یک موضوع جدید تحقیق کنیم
- مهم این است که در مورد یک موضوع، حرف جدید بزنیم
- باید بتوانیم چیزی به علم موجود اضافه کنیم  
(حتی اگر در حد یک جمله باشد)

# آیا مصرف شیر تخمیر شده موجب کاهش فشار خون می شود؟

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*J Hum Hypertens.* 2010 Oct;24(10):678-83. doi: 10.1038/jhh.2010.4. Epub 2010 Feb 11.

## The antihypertensive effect of fermented milk in individuals with prehypertension or borderline hypertension.

Usinger L<sup>1</sup>, Jensen LT, Flambard B, Linneberg A, Ibsen H.

### Author information

#### Abstract

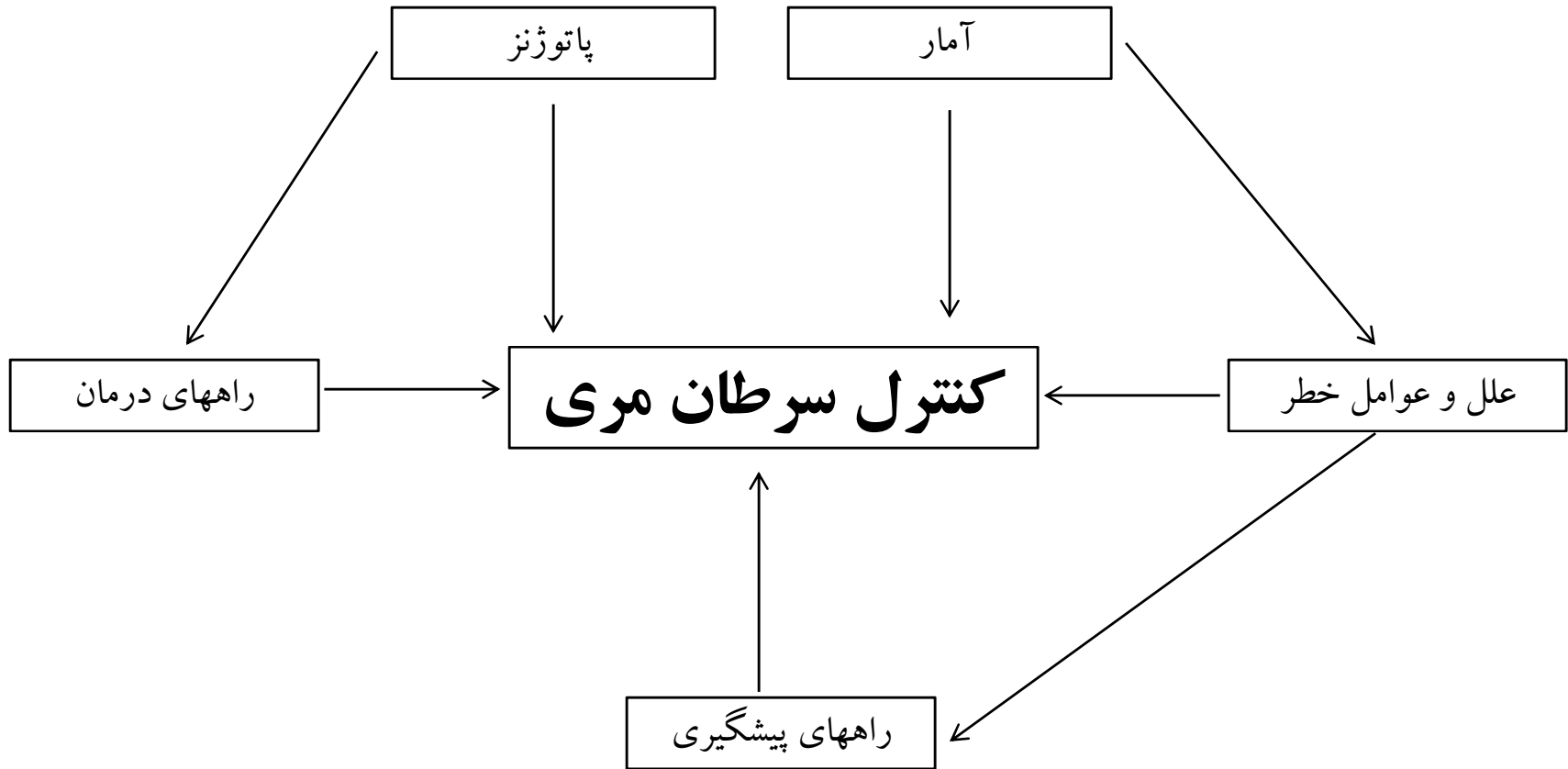
**Fermented milk** (FM) with putative antihypertensive effect in humans could be an easy applicable lifestyle intervention against **hypertension**. The mode of action is supposed to be through active **milk** peptides, shown to possess in vitro ACE-inhibitory effect. Blood pressure (BP) reductions upto 23 mm Hg have been reported in spontaneously hypertensive rats fed FM. Results from **human** studies of the antihypertensive effect are inconsistent. However, many studies suffer from methodological weaknesses, as insufficient blinding and the use of office BP measurements. We conducted a randomised, double-blind placebo-controlled study of the antihypertensive effect of *Lactobacillus helveticus* FM in 94 prehypertensive and borderline hypertensive subjects. The participants were randomised into three treatment groups with a daily intake of 150 ml of FM, 300 ml of FM or placebo (chemically acidified **milk**). The primary outcome was repeated 24-h ambulatory BP measurements. There were no statistically significant differences in the outcome between the groups (systolic BP (SBP),  $P=0.9$ ; diastolic BP (DBP),  $P=0.2$ ). However, the group receiving 300 ml FM had reduced BP across the 8-week period in several readings, which could be compatible with a minor antihypertensive effect. Heart rate and lipids remained unchanged between groups. Hence, our study does not support earlier studies measuring office BP-measurements, reporting antihypertensive effect of FM. Based on straight performed 24-h ambulatory BP measurements, **milk fermented** with *Lactobacillus helveticus* does not posses significant antihypertensive effect.

PMID: 20147968 [PubMed - indexed for MEDLINE]





# مثال: کنترل سرطان مری



## دو نکته اساسی در برنامه ریزی برای پژوهش

- **Do the right research**

موضوع درست را انتخاب کنیم

- **Do the research right**

تحقیق را درست انجام دهیم

# معیارهای مجلات جهت چاپ مقالات

- موضوع

– اهمیت و اولویت موضوع برای مجله؟

- روش اجرا

# انتخاب روش اجرای صحیح

صرف زمان کافی

- تفکر
- بررسی متون
- مشاوره
- کار گروهی

از توجه شما سپاسگزارم