ADISNEWS (Adis Newsletters)

Subject Coverage	Important developments in drugs and drug therapy including:

- Adverse drug reactions
- Disease management
- Pharmaceutical research and development
- Pharmacoeconomics and outcomes
- Pharmacoepidemiology
- Pharmacology
- Therapeutics

File Type	Bibliographic, Full Text

Features

Alerts (SDI) Daily, weekly (default), or monthly

CAS Registry Number® Identifiers	☑	Page Images	☐	STN® AnaVist™	☐
Keep & Share	☑	SLART	☑	STN Easy®	☑
Learning Database	☐	Structures	☐		

Record Content

- Bibliographic information
- Full text of the reports
- References to the documents cited by the newsletter
- Indexing terms
- Chemical names
- CAS Registry Numbers

File Size	More than 234,690 records (08/19)
Coverage	1983 to the present
Updates	Daily
Language	English
Database Producer	Springer International Publishing AG Copyright Holder Contact Springer Online Services support desk: Email: onlineservice@springer.com Phone: +49 6221 345 4303 (Europe/Asia/Africa) +1 800 777 4643 (North & South America)

Sources

- Inpharma® - alerts to drugs and drug therapy (1994-2008)
- Reactions™ - alerts to adverse drug reactions from all adverse drug events reported in the world's biomedical literature (1983 - present)
- Pharmacoeconomics & Outcomes News™ - complete health economics news service 1995 - present)

User Aids

- Online Helps (HELP DIRECTORY lists all help messages available)
- STNGUIDE

Clusters	• ADISBASES • ALLBIB • BIOSCIENCE • CASRNS • FULLTEXT • HEALTH • MEDICINE • PHARMACOLOGY • PV • TOXICOLOGY STN Database Clusters information (PDF).
Pricing	Enter HELP COST at an arrow prompt (=>).

Search and Display Field Codes

Simultaneous left and right truncation (SLART) may be used for search terms in the (/BI, /CW, /TI, and /TX) fields and are marked with an asterisk.

Search Field Name	Search Code	Search Examples	Display Codes
Basic Index* (contains single words from the title (TI), chemical name (RN), controlled term (CT), and text (TX) fields, as well as CAS Registry Numbers (RN))	None (or /BI)	S NRT S RELEAS? HORMONE S SERIOUS (L) CASE REPORT# S 57-88-5	RN, TI, TX
Accession Number	/AN	S 2001:1236/AN	AN
Chemical Name	/CN	S DC 015/CN	RN
Cited Reference (contains referenced author or company name, publication year, volume, and first page)	/RE	S ABDULLA S, 1998, V351, P1411?/RE S ABBOTT LAB?/RE	RE
Cited Reference Author Name (Cited Reference Company Name)	/RAU	S RILEY L?/RAU S 3M?/RAU S (GEORGE J? (L) LEACH J?)/RAU	RE
Cited Reference Country of Publication	/RCY	S SINGAPORE/RCY	RE
Cited Reference Document Type	/RDT	S CORRESPONDENCE/RDT	RE
Cited Reference Language	/RLA	S NEWS ITEM/RDT (L) ENGLISH/RLA	RE
Cited Reference Page Number (1)	/RPG	S 9-10/RPG	RE
Cited Reference Publication Name	/RWK	S WALL STREET JOURNAL/RWK	RE
Cited Reference Publication Year (2)	/RPY	S RPY>=2000	RE
Cited Reference Series Volume Number	/RVL	S 998/RVL (L) 9/RPG	RE
Cited Reference Title	/RTI	S (MILD (L) ASTHMA)/RTI	RE
Controlled Term	/CT	S ABACAVIR?/CT S BY-841, PHARMACODYNAMICS/CT	CT
Controlled Word* (1)	/CW	S DIABETES/CW S SERIOUS REACTIONS/CW	CT
Document Number	/DN	S 11735503-800244211/DN	DN
Document Type (code)	/DT (or/TC)	S MIX/DT	DT
Entry Date (2)	/ED	S L1 and ED>=20010731	ED
Field Availability (code and text)	/FA	S L7 and RN/FA	Not displayed
File Segment (code and text)	/FS	S INP/FS S INPHARMA/FS	FS
International Standard (Document) Number (contains ISSN)	/ISN	S 1173-5503/ISN	ISN, SO
Journal Title	/JT	S REACTIONS/JT	JT, SO
Publication Date (2)	/PD	S JULY 30, 2001/PD	PD, SO
Publication Year (2)	/PY	S 2000-2001/PY	PD, PY, SO
Source (contains newsletter, publication date, and ISSN)	/SO	S (INPHARMA AND 2001)/SO S 1173-8324/SO	SO
Text*	/TX	S TOLERATED DOS?/TX	TX
Title*	/TI	S HEPATITIS/TI S PRODUCT NEWS/TI	TI
Update Date (2)	/UP	S L1 AND UP>=20010900	UP
Word Count (of text) (2)	/WC	S ADR AND WC<=100	WC

(1) Search with implied (S) proximity is available in this field.
(2) Numeric search field that may be searched using numeric operators or ranges.

DISPLAY and PRINT Formats

Any combination of formats may be used to display or print answers. Multiple codes must be separated by spaces or commas, e.g., D L1 1-5 TI TX. The fields are displayed or printed in the order requested.

Hit-term highlighting is available for all fields except PY. Highlighting must be ON during SEARCH in order to use the HIT, KWIC, and OCC formats.

Format	Content	Examples
AN (1)	Accession Number	D AN
CT (1)	Controlled Term	D 1-5 CT
DN (1)	Document Number	D DN
DT (TC)	Document Type	D DT
ED	Entry Date (includes UP)	D 1 8 ED
FS (2)	File Segment	D 1, 3-5 FS
ISN (2)	International Standard (Document) Number (ISSN)	D ISN
JT (2)	Journal Title	D JT 3
PD (2)	Publication Date	D PD
PY (2)	Publication Year	D PY
RE	Cited Reference	D RE 10 7
RN (CN) (1)	CAS Registry Number and Chemical Name	D RN
SO	Source	D SO
TI (1)	Title	D TI TOTAL
TX	Text	D TX
UP	Update Date (includes ED)	D UP
WC	Word Count	D WC 3,4
ALL	AN, ED, UP, DN, TI, SO, DT, WC, TX, RE, CT, RN	D ALL
BIB	AN, ED, UP, DN, TI, SO, DT, WC	D BIB
CBIB	AN, DN, compressed bibliographic information	D CBIB
DALL	ALL. delimited for post processing	D DALL
IALL	All, indented with text labels	D IALL
IBIB	BIB, indented with text labels (IBIB is the default)	D IBIB L2 7
IIND (1)	IND, indented with text labels	D IIND
IND (1)	CT, RN	D IND
QRD	BIB and hit terms in ORG, PHARM and IDE (Default display)	D QRD
SCAN (1,3)	DN, TI (random display without answer numbers)	D SCAN
TRIAL (TRI, SAM, FREE) (1)	AN, DN, TI	D FREE 1-25
XML	ALL, in XML format	D XML
HIT	Fields containing hit terms	D HIT
KWIC	Hit term with 20 words on either side (KeyWord-In-Context)	D KWIC NOH
OCC (1)	Number of occurrences of hit terms and fields in which they occur	D OCC 1-6

(1) No online display fee for this format.
(2) Custom display only.
(3) SCAN must be specified on the command line, i.e., D SCAN or DISPLAY SCAN.

Full-Text Browsing

User Request	Example	System Response
DISPLAY BROWSE	=> DISPLAY BROWSE ENTER (L1) OR L#:. ENTER (DIS), ANSWER NUMBERS, OR END:	NOVICE version
D BRO	=> D BRO L1 :	EXPERT version
Answer number(s)	:1-3	display answers 1, 2, and 3 in default format
Answer number(s) and format	:4 HIT	display answer 4 in HIT format
Format only	:TI TX	display title and text of last answer displayed
Change default format	:*KWIC	change default to KWIC no answer displayed
Forward n fields	:F3	move forward 3 fields
Backward n fields	:B1	move backward 1 field
Search forward for character string	:S NICOTINE	search forward within record for 'nicotine'
Search backward for character string	:S -NAUSEA	search backward within record for 'nausea'
End DISPLAY BROWSE	:END =>	exit DISPLAY BROWSE and return to =>

SELECT, ANALYZE, and SORT Fields

The SELECT command is used to create E-numbers containing terms taken from the specified field in an answer set.

The ANALYZE command is used to create an L-number containing terms taken from the specified field in an answer set.

The SORT command is used to rearrange the search results in either alphabetic or numeric order of the specified field(s).

Field Name	Field Code	ANALYZE/ SELECT (1)	SORT
Accession Number	AN	Y	N
CAS Registry Number	RN	Y **(2)**	N
CAS Registry Number and Chemical Name	CHEM	Y **(2)**	N
Chemical Name	CN	Y	N
	NAME	Y **(2)**	N
Cited Reference	RE	Y **(3,4)**	N
Cited Reference Publication Name	RWK	Y	N
Controlled Term	CT	Y	Y
Document Number	DN	Y	Y
Document Type	DT	Y	Y
Entry Date	ED	Y	Y
File Segment	FS	Y	Y
International Standard (Document) Number	ISN	Y **(5)**	N
Journal Title	JT	Y	Y
Occurrence Count of Hit Terms	OCC	N	Y
Publication Date	PD	Y	Y
Publication Year	PY	Y **(3)**	Y
Source	SO	Y	N
Text	TX	Y	N
Title	TI	Y (default)	Y
Treatment Code	TC	Y	Y
Update Date	UP	Y	Y
Word Count	WC	N	Y

(1) HIT may be used to restrict terms extracted to terms that match the search expression used to create the answer set, e.g., SEL HIT CT.
(2) Appends /BI to the terms created by SELECT.
(3) SELECT HIT and ANALYZE HIT are not valid with this field.
(4) Extracts first author, publication year, volume, and first page with a truncation symbol appended and with /RE appended to the terms created by SELECT.
(5) Selects or analyzes the ISSN and appends /ISN to the terms created by SELECT.

Sample Records

DISPLAY IALL (INPHARMA Record)

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ACCESSION NUMBER:     2008:8738  ADISNEWS  Full-text
ENTRY DATE:           Entered STN: 9 Dec 2008  Last Updated on STN: 9 Dec 2008
DOCUMENT NUMBER:      11738324-801133743
TITLE:                Product news: Laughter really is the best medicine.
SOURCE:               INPHARMA  9 Dec 2008  ISSN: 1173-8324
DOCUMENT TYPE:        (MIX)
WORD COUNT:           186
TEXT:
Laughter has always been considered the best medicine, and now there is
research to prove it.
Rx Laughter, an organisation interested in using humour for healing, worked
with researchers from UCLA to determine the effect of humorous shows on the
pain tolerance of children and adolescents undergoing stressful or painful
procedures such as cancer treatments or blood draws.
Eighteen healthy children, aged 7 to 16 years, participated in the study in
which they placed their hands into iced water for up to three minutes maximum.
Participants watched funny classic and contemporary shows and researchers took
a baseline measure of submersion duration before, during and after viewing of
the videos. The participants appraisals of pain and noted submersion times were
documented and examined in relation to humor indicators - the number of
laughs/smiles and the children's ratings of how funny the show was.
The group demonstrated significantly greater pain tolerance while viewing the
funny shows, but their ratings of the severity of the pain were not influenced.
These results suggest that humorous distraction could be used in clinical
settings to help children better handle painful hospital procedures.
REFERENCE(S):
(1)  Medical News Today.  Watching funny shows helps children tolerate pain for
     longer periods. Internet Document 2007, P[2 pages]  (English, Study (USA))
CONTROLLED TERM:     Children
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DISPLAY IALL (PHARMACOECONOMICS AND OUTCOMES NEWS Record)

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ACCESSION NUMBER:     2010:5804  ADISNEWS  Full-text
ENTRY DATE:           Entered STN: 8 Oct 2010
                      Last Updated on STN: 8 Oct 2010
DOCUMENT NUMBER:      11735503-809116853
TITLE:                Chronic pain management inefficient in Europe.
SOURCE:               PHARMACOECONOMICS AND OUTCOMES NEWS  8 Oct 2010  ISSN:
                      1173-5503
DOCUMENT TYPE:        (MIX)
WORD COUNT:           116
TEXT:
A report, commissioned for inclusion in the European Pain Proposal*, has shown
that inefficiencies in the treatment of chronic pain leads to increased
healthcare costs and patient suffering.
The report found that there is a high degree of variability in accessing pain
management services, not only between but within countries. In addition, the
type of care offered is inconsistent. It says that both cost savings and
improved patient outcomes could be achieved if pain was managed efficiently and
it calls on the European Union to provide a minimum standard of care for all
patients with chronic pain.
* developed by a group of European experts involved in chronic pain, policy and
economics, in partnership with Pfizer
REFERENCE(S):
(1)  Pain Proposal.  New Report Reveals Inefficient Management of Chronic Pain
     Costs Billions of Euros Each Year. Media Release 2010, P29 Sep 2010.
     Available from  (English, Media release (Belgium))
CONTROLLED TERM:     Healthcare-expenditure; Healthcare-news; Pain, treatment
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DISPLAY IALL (REACTIONS Record)

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ACCESSION NUMBER:    2010:5821  ADISNEWS  Full-text
ENTRY DATE:          Entered STN: 8 Oct 2010
                     Last Updated on STN: 8 Oct 2010
DOCUMENT NUMBER:     01149954-803042187
TITLE:               ADR news: Natalizumab withdrawal. Immune reconstitution
                     inflammatory syndrome: case report. Serious.
SOURCE:              REACTIONS  8 Oct 2010  ISSN: 0114-9954
DOCUMENT TYPE:       (MIX)
WORD COUNT:          273
TEXT:
A 30-year-old woman with relapsing-remitting multiple sclerosis (MS) developed
experienced worsening of her condition due to immune reconstitution
inflammatory syndrome (IRIS) after her therapy with natalizumab was withdrawn.
The woman started receiving natalizumab at escalating doses with good response
after 22 infusions over almost 2 years [dosage details incomplete]. Natalizumab
was withdrawn in November 2008; at that time, she had an EDSS* score of 5. She
developed high-grade tetraparesis within the next 9 weeks despite administration of
methylprednisolone boli; additionally, new gadolinium-enhancing lesions became
evident on MRI.
The woman underwent forced immunotherapy with plasma exchange (PE). However,
her condition worsened further with development of marked cognitive impairment,
neglect and consciousness disturbance; her EDSS score increased to 9.5. She
received further steroid pulses, but her symptoms persisted unchanged. Three
months after natalizumab withdrawal, new development of gadolinium-enhancing
lesions on MRI continued. Proton magnetic resonance spectroscopy from
subcortical white matter revealed a reduced N-acetylaspartate level, and
increased creatinine, choline and lactate levels. Her CSF cell count was
persistently elevated, intrathecal immunoglobulin synthesis was evident, and
her CD4+/CD8+ ratio was decreased. A brain biopsy showed an active
demyelinating lesion with immunopathological pattern and pronounced axonal
damage. She received another steroid pulse followed by a 3-week taper. At the
end of the taper, her disease had spontaneously stabilised. Her condition
slowly improved, and she had an EDSS score of 7 in February 2010.
* Expanded Disability Status Scale
Author Comment: "PE was performed after estimated 4 to 6 half-times of
natalizumab and thus by clearing
residual natalizumab might have accelerated lymphocyte trafficking into the
brain thereby paving the way for an IRIS-like rebound of inflammatory MS
activity."
REFERENCE(S):
(1)  Lenhard, T.; Biller, A.; Mueller, W.; Metz, I.; Schonberger, J.;
     Wildemann, B.  Immune reconstitution inflammatory syndrome after
     withdrawal of natalizumab? Neurology 2010, V75, P831-833 (English, Case
     report (Germany))
CONTROLLED TERM:     Drug-withdrawal; Immune-reconstitution-syndrome,
                     drug-induced; Multiple-sclerosis, drug-induced;
                     Natalizumab, serious adverse-reactions
CAS REGISTRY NO.:    60-27-5   (CREATININE)
                     62-49-7   (CHOLINE)
                     83-43-2   (METHYLPREDNISOLONE)
                     7440-54-2  (GADOLINIUM)
                     20846-91-7  (EDSS)
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