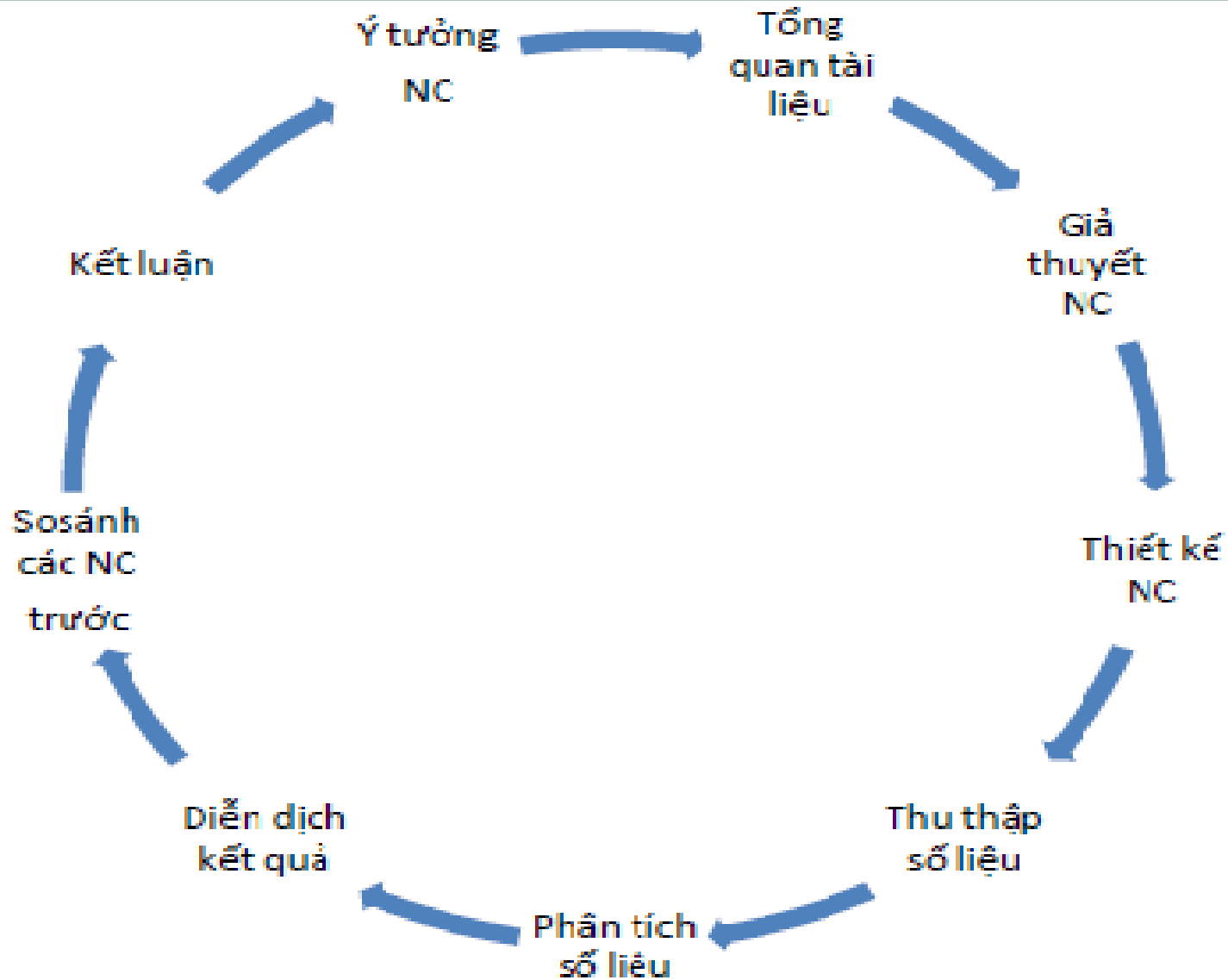


CÁC BƯỚC TIẾN HÀNH MỘT NGHIÊN CỨU

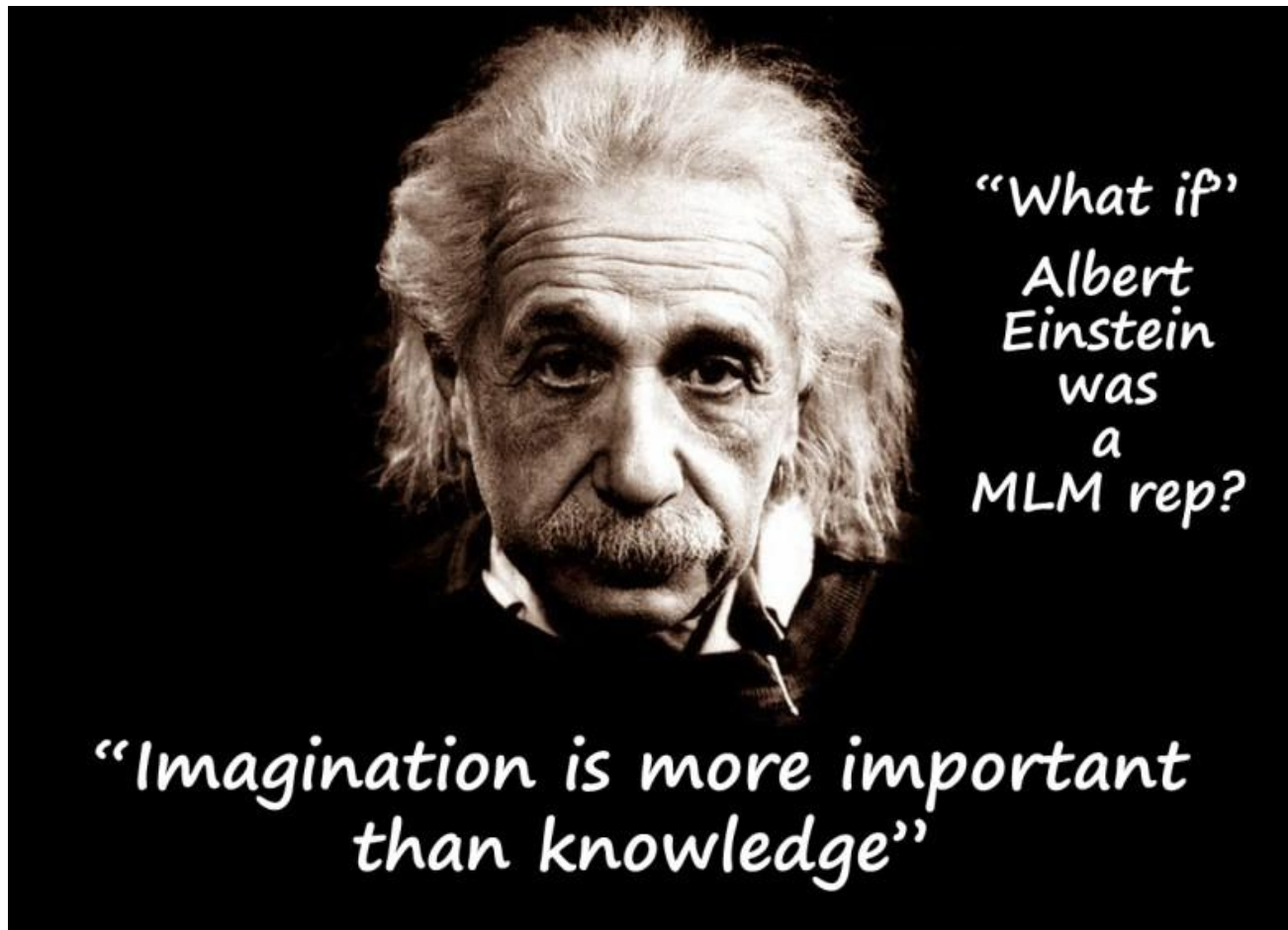
CÁC BƯỚC TIẾN HÀNH NGHIÊN CỨU



Ý TƯỞNG NGHIÊN CỨU



Ý TƯỞNG NGHIÊN CỨU



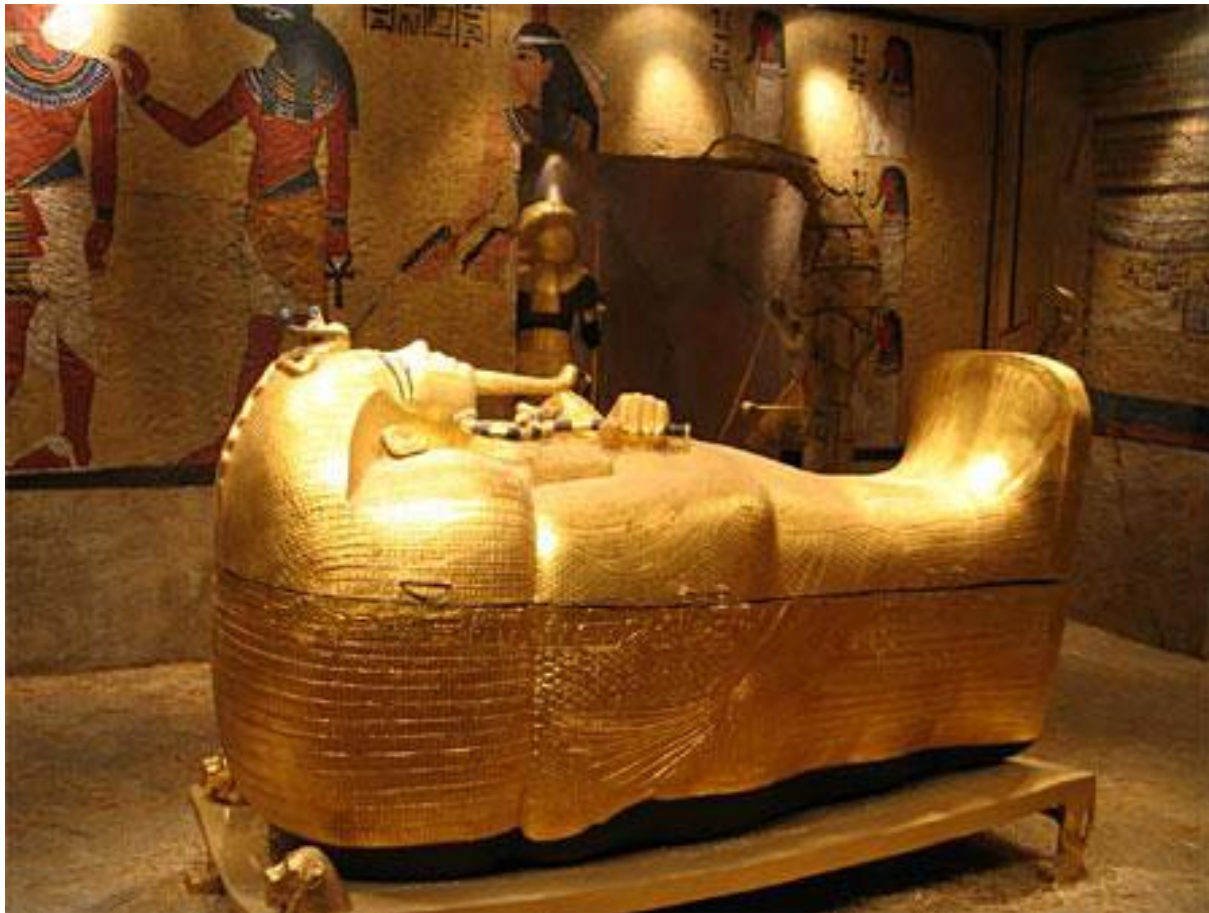
"What if"
Albert
Einstein
was
a
MLM rep?

"Imagination is more important
than knowledge"

The mummy's curse: historical cohort study



“Kẻ nào dám quấy động giấc ngủ của Pharaoh đều phải chết”



The mummy's curse: historical cohort study

Mark R Nelson

"Can you see anything?" It was all I could do to get out the words, "Yes, wonderful things."

Howard Carter¹

Abstract

Objective To examine survival of individuals exposed to the "mummy's curse" reputedly associated with the opening of the tomb of Tutankhamen in Luxor, Egypt, between February 1923 and November 1926.

Design Retrospective cohort study.

Participants 44 Westerners identified by Howard Carter as present in Egypt at the specified dates, 25 of whom were potentially exposed to the curse.

Main outcome measures Length of survival after date of potential exposure.

Results In the 25 people exposed to the curse the mean age at death was 70 years (SD 12) compared with 75 (13) in those not exposed ($P=0.87$ for difference). Survival after the date of exposure was 20.8 (15.2) *v* 28.9 (13.6) years respectively ($P=0.95$ for difference). Female sex was a predictor for survival ($P=0.02$).

Conclusions There was no significant association between exposure to the mummy's curse and survival and thus no evidence to support the existence of a mummy's curse.

Introduction

The death in 1923 of George Herbert (Lord Carnarvon), the financier of the expedition that unearthed the tomb of Tutankhamen, unleashed a sensation in the international newspapers. He had developed erysipelas at the site of a mosquito bite, which resulted in septicaemia and pneumonia. The speculation was that his death was due to a "mummy's curse." The press reports of the time had the death of every man and his dog being associated with the curse, no matter how obscure the connection. This was literally the case for Lord Carnarvon as his three legged canine was said to have bayed at the very time his master succumbed and promptly turned up his paws.

As Alb Lythgoe, another individual exposed to the tomb, lay in his hospital bed dying from a stroke, Herbert Winlock, the Director of the Egyptian Section of the Metropolitan Museum of Modern Art in New York, felt compelled to refute the so called curse.² He pointed out that at the time (1934) only six of the original 24 people present when the tomb was opened had died. He noted also that Carter had had swabs taken from the sarcophagus and sampled "specimens of air" because of fear of contagion but these had been "absolutely sterile." While we may doubt the veracity of the last statement it is fair to say that there was considerable scepticism by those considered at risk. However the mummy's curse still persists as an urban myth. I investigated whether

Original Article

Music therapy may increase breastfeeding rates among mothers of premature newborns: a randomized controlled trial

Martha N. S. Vianna, Arnaldo P. Barbosa, Albelino S. Carvalhaes, Antonio J. L. A. Cunha • !



Objective: To evaluate the impact of music therapy on breastfeeding rates among mothers of premature newborns.

Method: In this open randomized controlled trial, mothers of premature neonates weighting $\leq 1,750$ g were submitted to music therapy sessions three times a week for 60 minutes. The endpoints were breastfeeding rates at the moment of infant hospital discharge and at follow-up visits (7-15 days, 30 and 60 days after discharge).

Results: A total of 94 mothers (48 in the music therapy group and 46 in the comparison group) were studied. Breastfeeding was significantly more frequent in the music therapy group at the first follow-up visit [relative risk (RR) = 1.26; 95% confidence interval (95%CI) = 1.01-1.57; $p = 0.03$; number needed to treat (NNT) = 5.6]. Moreover, this group showed higher breastfeeding rates at the moment of infant discharge (RR = 1.22; 95%CI = 0.99-1.51; $p = 0.06$; NNT = 6.3) and at days 30 and 60 after discharge (RR = 1.21; 95%CI = 0.73-5.6; $p = 0.13$ and RR = 1.28; 95%CI = 0.95-1.71; $p = 0.09$, respectively), but those results were not statistically significant.

Conclusions: This study demonstrated that music therapy had a significant effect in increasing breastfeeding rates among mothers of premature newborns at the first follow-up visit, and also a positive influence (although not significant) that lasted up to 60 days after infant discharge. Music therapy may be useful for increasing breastfeeding rates among mothers of premature newborns.

Dengue Infection and Miscarriage: A Prospective Case Control Study

Peng Chiong Tan^{1*}, May Zaw Soe¹, Khaing Si Lay¹, Seok Mui Wang², Shamala Devi Sekaran², Siti Zawiah Omar¹

1 Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia, **2** Department of Medical Microbiology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

Abstract

Background: Dengue is the most prevalent mosquito borne infection worldwide. Vertical transmissions after maternal dengue infection to the fetus and pregnancy losses in relation to dengue illness have been reported. The relationship of dengue to miscarriage is not known.

Method: We aimed to establish the relationship of recent dengue infection and miscarriage. Women who presented with miscarriage (up to 22 weeks gestation) to our hospital were approached to participate in the study. For each case of miscarriage, we recruited 3 controls with viable pregnancies at a similar gestation. A brief questionnaire on recent febrile illness and prior dengue infection was answered. Blood was drawn from participants, processed and the frozen serum was stored. Stored sera were thawed and then tested in batches with dengue specific IgM capture ELISA, dengue non-structural protein 1 (NS1) antigen and dengue specific IgG ELISA tests. Controls remained in the analysis if their pregnancies continued beyond 22 weeks gestation. Tests were run on 116 case and 341 control sera. One case (a misdiagnosed viable early pregnancy) plus 45 controls (39 lost to follow up and six subsequent late miscarriages) were excluded from analysis.

Findings: Dengue specific IgM or dengue NS1 antigen (indicating recent dengue infection) was positive in 6/115 (5.2%) cases and 5/296 (1.7%) controls RR 3.1 (95% CI 1.0–10) $P=0.047$. Maternal age, gestational age, parity and ethnicity were dissimilar between cases and controls. After adjustments for these factors, recent dengue infection remained significantly more frequently detected in cases than controls (AOR 4.2 95% CI 1.2–14 $P=0.023$).

Interpretation: Recent dengue infections were more frequently detected in women presenting with miscarriage than in controls whose pregnancies were viable. After adjustments for confounders, the positive association remained.

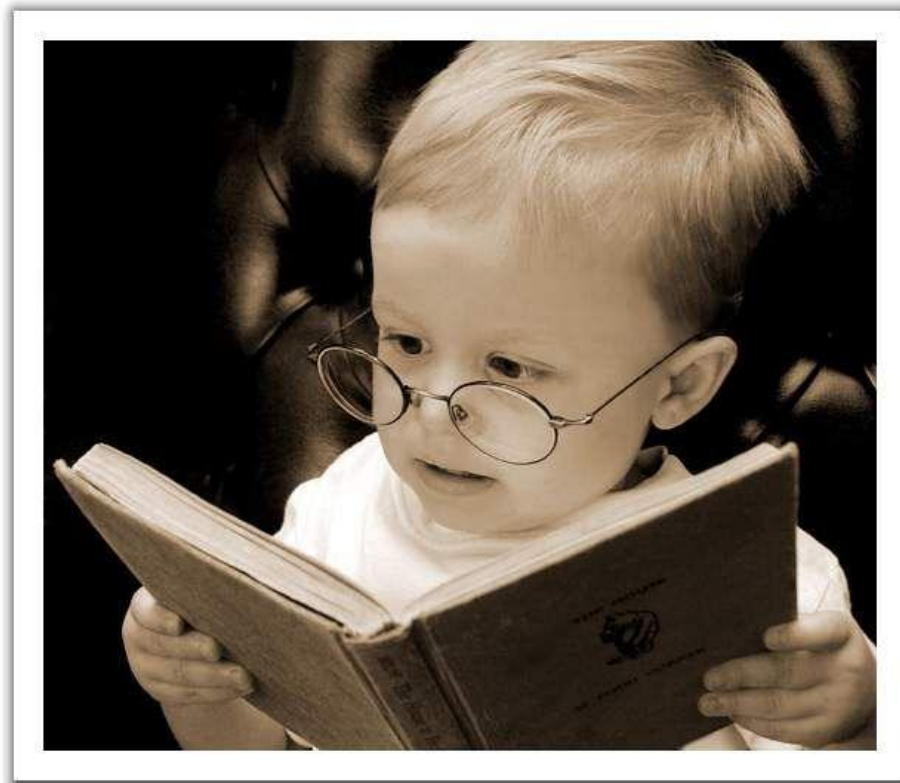
CÂU HỎI NGHIÊN CỨU

1. Đo HCT bằng máu mao mạch hoặc tĩnh mạch?
2. Điều trị tai biến mạch não bằng phẫu thuật giảm thương tật, tử vong?
3. Điều trị Thương hàn bằng Azithromycin hiệu quả hơn so với Ciprofloxacin ?
4. Mổ thoát vị bẹn bằng PP Lichtenstein đỡ đau, giảm tỉ lệ tái phát so với PP Bassini?
5. Phòng ngừa mổ bắt con bằng Cefazolin giảm tỉ lệ viêm cổ tử cung?

CÂU HỎI NGHIÊN CỨU

6. Diệt hạ châu làm giảm men gan ở BN bị viêm gan virus B?
7. Probitics làm giảm tỉ lệ viêm phổi do thở máy?
8. Không cần dùng kháng sinh trong Viêm tai giữa thể nhẹ?
9. Điều trị kháng sinh ngăn ngừa trong Viêm màng não mủ?
10. Cha hút thuốc mẹ sanh non?

TỔNG QUAN TÀI LIỆU



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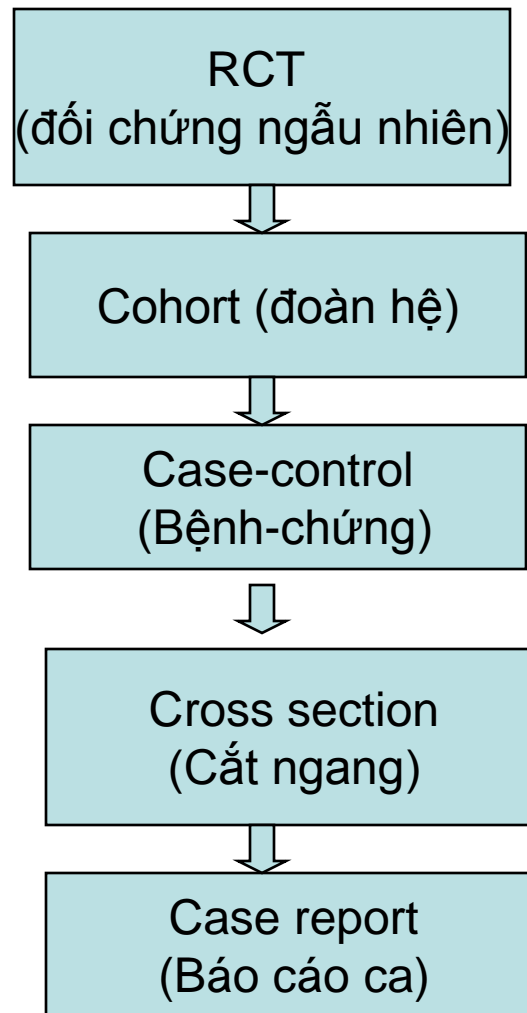
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THIẾT KẾ NGHIÊN CỨU



THU THẬP DỮ LIỆU



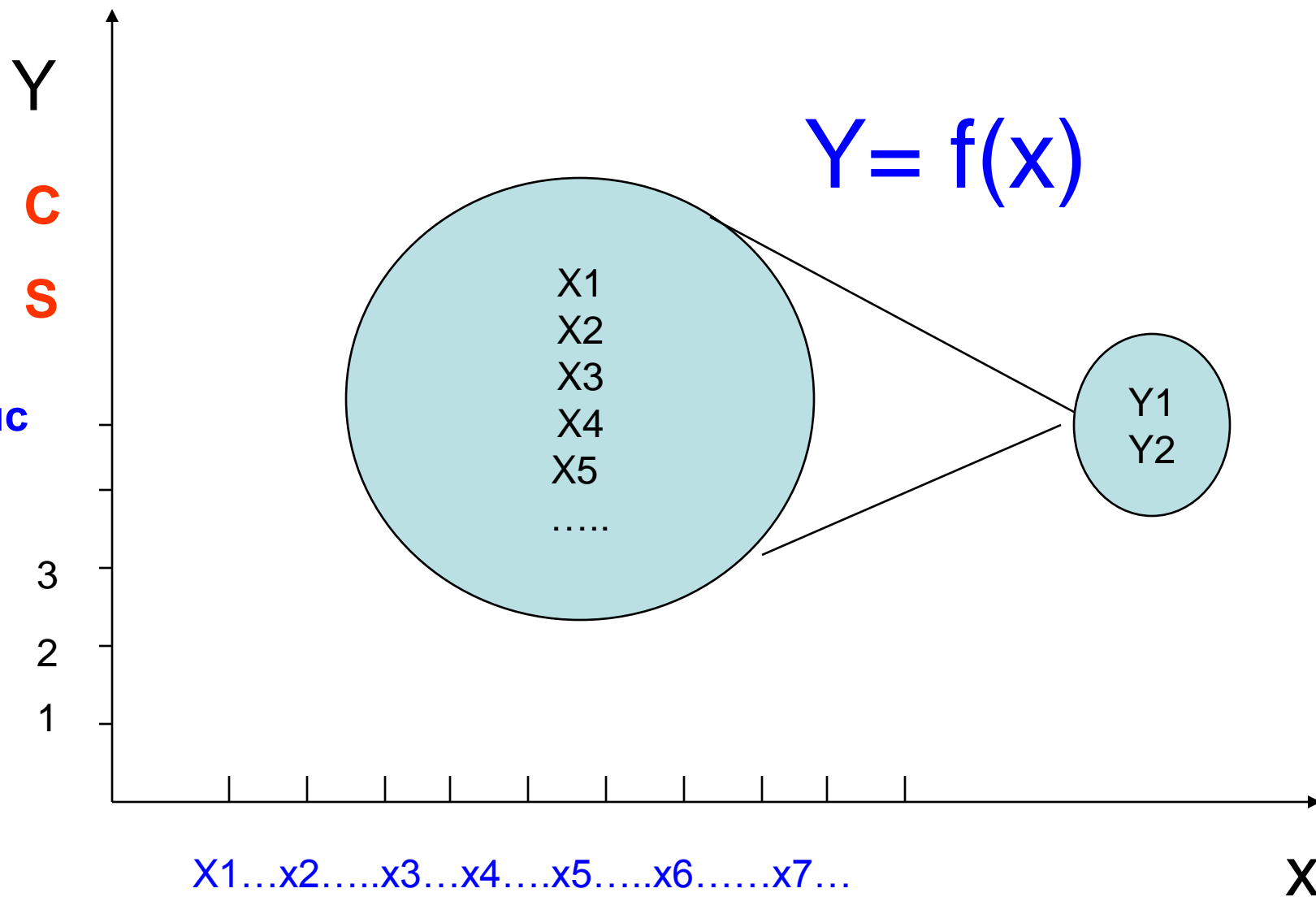
THU THẬP DỮ LIỆU

1. CRF (Case report form)

2. Các biến:

- Biến kết cục (outcome) hoặc biến phụ thuộc (dependent)
- Biến dự đoán (predictors) hoặc biến độc lập (independent)
- Hiệp biến (Covariate) hoặc Biến nhiễu (confounders)
- **Định nghĩa biến: +++**

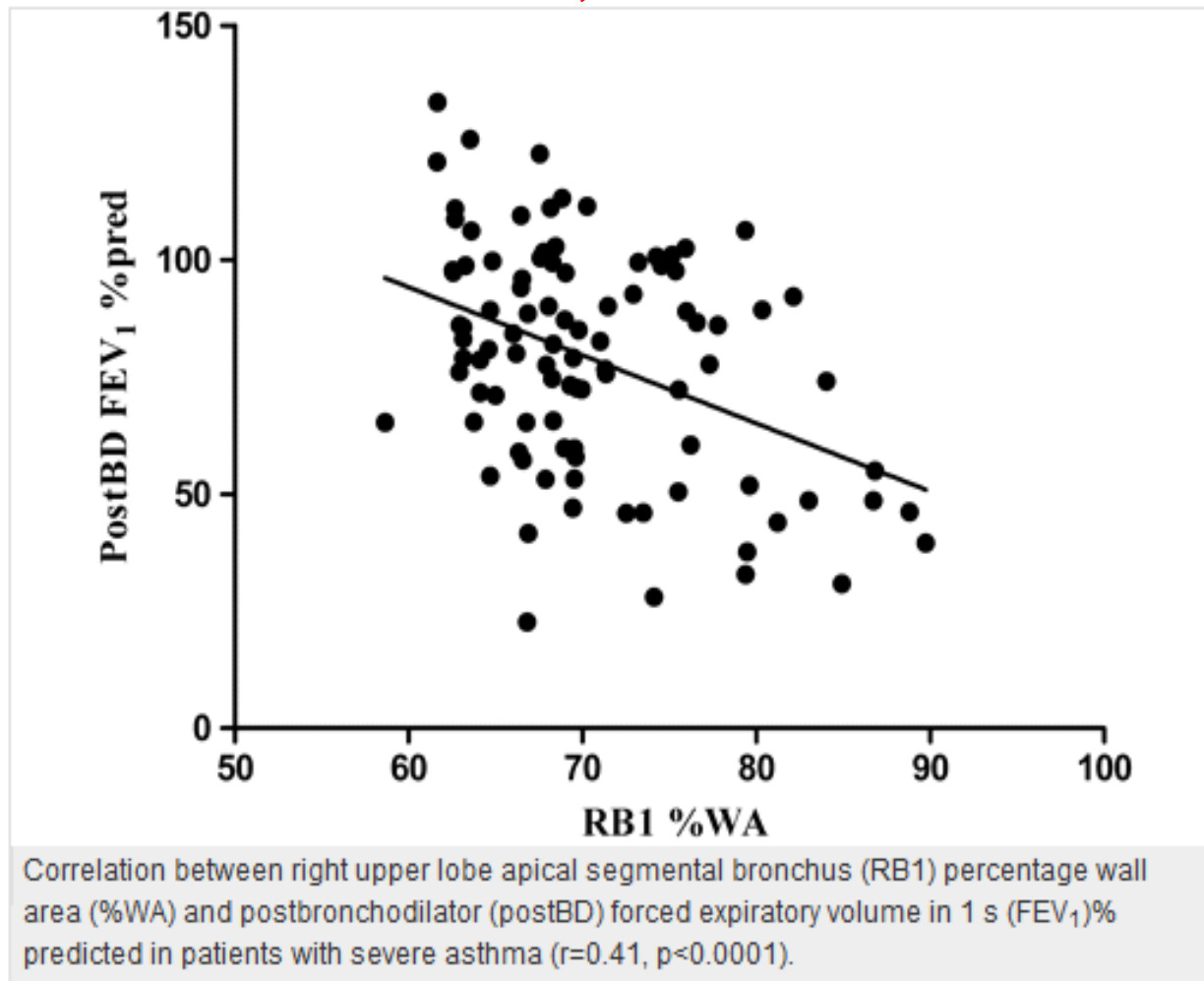
Ưu tiên: biến số > biến nhị phân > biến phân loại (> 2 nhóm)



Biến dự đoán (độc lập)

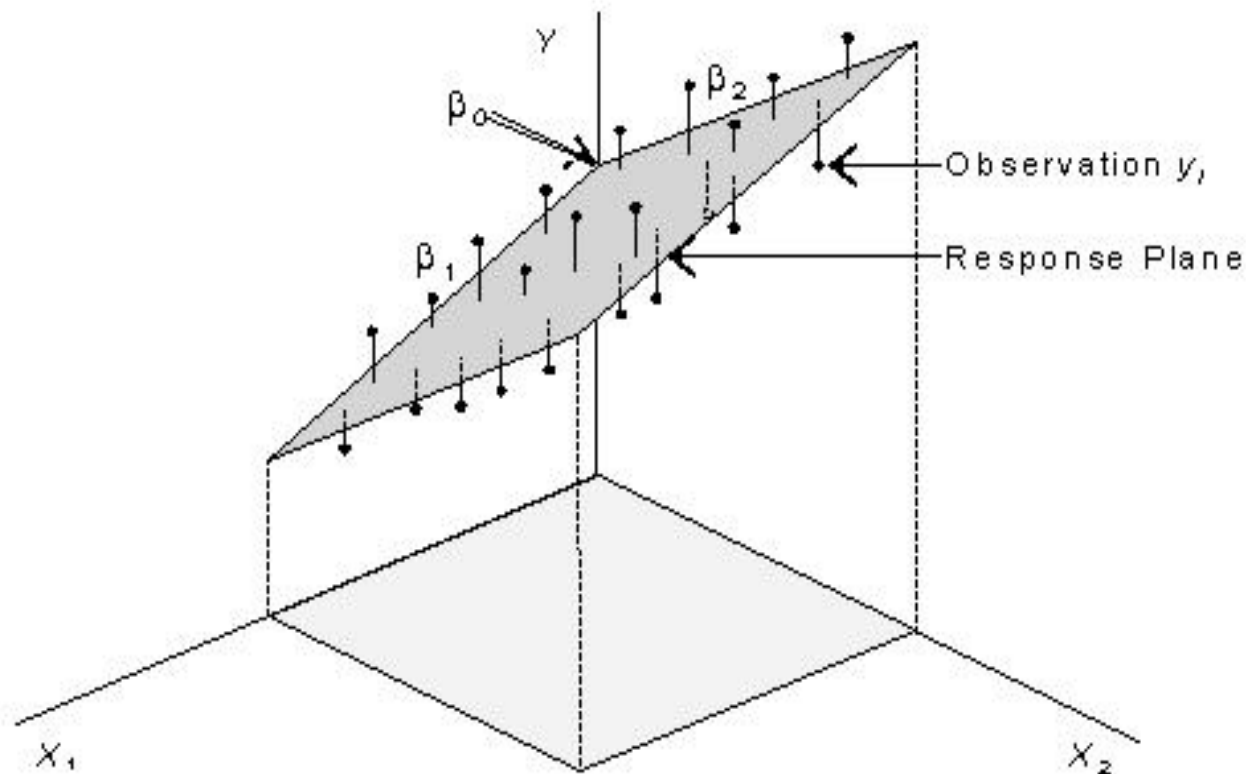
PHÂN TÍCH ĐƠN BIẾN

1 BIẾN X, 1 BIẾN Y



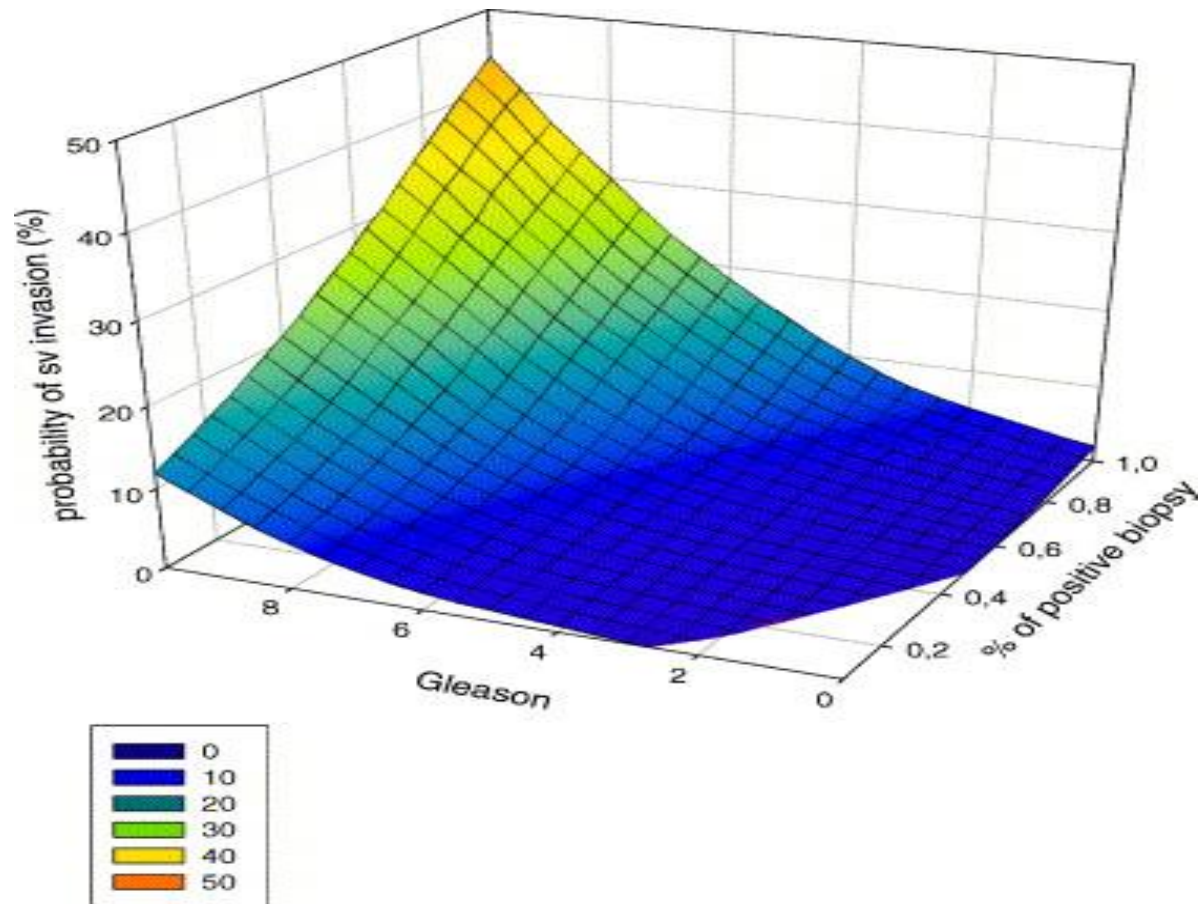
PHÂN TÍCH ĐA BIẾN

2 BIẾN X, 1 BIẾN Y



PHÂN TÍCH ĐA BIẾN

NHIỀU BIẾN X, 1 BIẾN Y



SO SÁNH 2 KS TRONG ĐIỀU TRỊ THƯƠNG HÀN

Biên
tiên
đoán

Biên kết
cục

| ID | GIOI | TUOI | NHOM | KETCUC |
|-----|------|------|------|--------|
| 111 | NAM | 30 | AZI | T |
| 112 | NU | 32 | AZI | K |
| 113 | NU | 36 | CIP | T |
| 114 | NU | 45 | CIP | T |
| 115 | NAM | 65 | CIP | T |
| 116 | NAM | 54 | AZI | K |
| 117 | NAM | 42 | CIP | K |
| 118 | NAM | 32 | AZI | T |
| 119 | NAM | 18 | CIP | T |
| 120 | NU | 20 | AZI | T |
| 121 | NU | 70 | CIP | K |
| 122 | NAM | 46 | AZI | T |
| 123 | NU | 65 | AZI | T |

SO SÁNH 2 KS TRONG ĐIỀU TRỊ THƯƠNG HÀN

Biên
tiên
đoán

Biên kết
cục

| ID | GIOI | TUOI | NHOM | KETCUC |
|-----|------|------|------|--------|
| 111 | NAM | 30 | AZI | 48 |
| 112 | NU | 32 | AZI | 72 |
| 113 | NU | 36 | CIP | 48 |
| 114 | NU | 45 | CIP | 48 |
| 115 | NAM | 65 | CIP | 88 |
| 116 | NAM | 54 | AZI | 60 |
| 117 | NAM | 42 | CIP | 70 |
| 118 | NAM | 32 | AZI | 50 |
| 119 | NAM | 18 | CIP | 48 |
| 120 | NU | 20 | AZI | 46 |
| 121 | NU | 70 | CIP | 80 |
| 122 | NAM | 46 | AZI | 36 |
| 123 | NU | 65 | AZI | 36 |

URIC ACID CAO Ở NGƯỜI TĂNG HUYẾT ÁP

Biến
tiên
đoán

Biến nhiễu
CONFOUNDERS

Biến kết
cục

| id | tuoi | gioi | tangHA | diabetes | gout | viemkhop | Uric (mg/dL) |
|-----|------|------|--------|----------|------|----------|--------------|
| N1 | 56 | 0 | 0 | 1 | 0 | 1 | 9 |
| N2 | 65 | 1 | 1 | 1 | 0 | 1 | 8.5 |
| N3 | 45 | 1 | 1 | 0 | 0 | 0 | 4.6 |
| N4 | 67 | 1 | 0 | 0 | 1 | 0 | 12.5 |
| N5 | 76 | 1 | 0 | 0 | 1 | 0 | 13 |
| N6 | 66 | 1 | 1 | 0 | 0 | 0 | 15 |
| N7 | 46 | 0 | 0 | 0 | 0 | 0 | 4 |
| N8 | 48 | 0 | 1 | 0 | 0 | 0 | 5.5 |
| N9 | 77 | 0 | 0 | 0 | 0 | 0 | 6 |
| N10 | 65 | 1 | 0 | 0 | 0 | 0 | 6.7 |
| | | | | | | | |

PRO-BNP THEO MỨC ĐỘ SUY TIM

Biên
tiên
đoán

Biến kết
cục

| SNV | TEN | TUOI | GIOI | CAO | CANNANG | NYHA | EF | proBNP | NHOM |
|-------|-------|------|------|-----|---------|------|------|--------|------|
| 38430 | duc | 40 | 1 | 170 | 60 | 4 | 28 | 35000 | 2 |
| 38103 | det | 80 | 0 | 150 | 48 | 2 | 79.8 | 3818 | 1 |
| 38132 | anh | 77 | 0 | 148 | 40 | 4 | 37.2 | 20176 | 2 |
| 37541 | tron | 89 | 0 | 155 | 50 | 2 | 65 | 3251 | 1 |
| 37229 | xem | 71 | 0 | 152 | 48 | 3 | 33 | 23135 | 2 |
| 37297 | khai | 83 | 1 | 165 | 44 | 3 | 62.2 | 11586 | 2 |
| 36959 | loi | 74 | 1 | 160 | 58 | 3 | 47.1 | 6342 | 2 |
| 36096 | cam | 60 | 0 | 150 | 38 | 2 | 68 | 523 | 1 |
| 35475 | y | 71 | 1 | 160 | 48 | 3 | 46.4 | 8523 | 2 |
| 37337 | phan | 72 | 0 | 160 | 48 | 2 | 53.8 | 5427 | 1 |
| 35353 | tu | 59 | 1 | 165 | 58 | 3 | 53.7 | 25000 | 2 |
| 34810 | hai | 66 | 0 | 150 | 50 | 2 | 48.5 | 7641 | 1 |
| 33836 | thon | 80 | 1 | 176 | 58 | 2 | 51 | 437 | 1 |
| 33475 | du | 57 | 0 | 155 | 42 | 2 | 79 | 916 | 1 |
| 32977 | quan | 73 | 0 | 150 | 40 | 3 | 48.2 | 2076 | 2 |
| 32975 | hoa | 50 | 0 | 156 | 47 | 3 | 48.8 | 2975 | 2 |
| 32958 | dung | 47 | 1 | 162 | 54 | 3 | 48 | 7828 | 2 |
| 32844 | thanh | 67 | 0 | 154 | 45 | 3 | 57.8 | 24600 | 2 |
| 32844 | thanh | 67 | 0 | 158 | 45 | 3 | 57.8 | 24600 | 2 |

SO SÁNH 2 PHÁC ĐỒ ĐIỀU TRỊ AIDS

Bai tap 24.1 Phan tich

SPSS Data Editor

File Edit View Graphs Utilities Add-ons

1 : MABN

Biên tiên đoán

Biến kết cục

| | MABN | NHOM | CANNANG | CD4 | THOIGIAN | KETCUC |
|----|------|------|---------|-----|----------|--------|
| 1 | BN1 | 1 | 45 | 30 | 3 | 1 |
| 2 | BN2* | 1 | 52 | 140 | 16 | 2 |
| 3 | BN3 | 1 | 51 | 150 | 24 | 0 |
| 4 | BN4 | 1 | 46 | 60 | 6 | 1 |
| 5 | BN5 | 1 | 57 | 100 | 6 | 1 |
| 6 | BN6 | 1 | 52 | 20 | 24 | 0 |
| 7 | BN7 | 1 | 54 | 40 | 24 | 0 |
| 8 | BN8 | 1 | 47 | 20 | 3 | 1 |
| 9 | BN9 | 1 | 56 | 100 | 24 | 0 |
| 10 | BN10 | 1 | 65 | 50 | 24 | 0 |
| 11 | BN11 | 1 | 54 | 80 | 8 | 1 |
| 12 | BN12 | 1 | 60 | 30 | 24 | 0 |
| 13 | BN13 | 1 | 48 | 100 | 24 | 0 |
| 14 | BN14 | 1 | 50 | 120 | 24 | 0 |
| 15 | BN15 | 1 | 45 | 20 | 3 | 1 |
| 16 | BN16 | 1 | 53 | 230 | 24 | 0 |
| 17 | BN17 | 1 | 46 | 30 | 3 | 1 |
| 18 | BN18 | 1 | 49 | 120 | 24 | 0 |
| 19 | BN19 | 1 | 38 | 100 | 9 | 1 |
| 20 | BN20 | 1 | 56 | 230 | 24 | 0 |
| 21 | BN21 | 1 | 48 | 50 | 4 | 1 |
| 22 | BN22 | 1 | 65 | 120 | 24 | 0 |
| 23 | BN23 | 1 | 67 | 200 | 24 | 0 |
| 24 | BN24 | 1 | 50 | 40 | 9 | 1 |
| 25 | BN25 | 1 | 52 | 120 | 12 | 1 |
| 26 | BN26 | 1 | 54 | 350 | 24 | 0 |
| 27 | BN27 | 1 | 43 | 30 | 3 | 1 |
| 28 | BN28 | 1 | 55 | 200 | 24 | 0 |
| 29 | BN29 | 1 | 56 | 190 | 24 | 0 |
| 30 | BN30 | 1 | 46 | 80 | 12 | 1 |

BÀI TẬP

- 1. Thử đặt các câu hỏi nghiên cứu thuộc lĩnh vực chuyên khoa của bạn?**
- 2. Thử nhập số liệu nghiên cứu vào Excel gồm biến kết cục (outcomes) và các biến tiên đoán (predictors)**

XỬ LÝ SỐ LIỆU

$$6420 > 6240$$

$$2064 < 4260$$

$$5874 > 4785$$

$$5784 < 8475$$

$$7591 > 1597$$

$$1975 < 9517$$

$$8734 > 3748$$

$$3478 < 7438$$

