

online informatieonderzoek



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de onderzoeksvraag



voorlopige probleemstelling

- **Globale onderzoeksvraag**
 - Waarop moet ongeveer een antwoord komen?
 - Verkenning (bijv. via Wikipedia, korte zoekactie e.d.)
 - Wat ligt er al?
- **Hoofdvraag**
 - Waarnaar ga ik precies op zoek?
 - Hoofdelementen uit de vraag
- **Afbakening (deelvragen)**
 - Wat is mijn invalshoek en op welke onderscheiden aspecten moet een antwoord worden gevonden?
 - Afbakening in tijd, ruimte, speciale omstandigheden waaronder een proces moet spelen, ...

wat zoeken, hoe zoeken



- We willen de “beste” informatie
- Elk type bron (en elk zoekstelsel) heeft doorgaans andere zoekfaciliteiten
- Kunst is díé zoekmethode te kiezen die leidt tot acceptabele “vangst” (niet te veel gemist) en “precisie” (niet te veel irrelevante resultaten)
- Eerste stap daartoe is analyseren van de vraag, en hem opdelen in verschillende elementen/concepten

bronnen en zoeksystemen



- een bron is een collectie van een bepaald soort informatie die online beschikbaar is,
- waarbij de soort bepaald kan zijn door de vorm (krantenartikelen, wetenschappelijke artikelen, video's, blogs, tweets, plaatjes, ...), en/of door de inhoud (medisch, nieuws, wetenschap, ...)
- om in "bronnen" te kunnen zoeken / ze te raadplegen, maken we gebruik van *zoeksystemen* of *zoekingen*
 - Google is een zoekingang op een veelheid aan bronnen
 - Google Scholar is een zoekingang op wetenschappelijke bronnen
 - Ovid en EBSCO bieden zoekingen op de PsycInfo database (bron)
 - PubMed is een (gratis) zoekingang op de MedLine database (bron)

typen bronnen



- **primair - full-text**
 - webpagina's, digitale tijdschriften, ...
 - doorzoekbaar met Google, Google Scholar, ScienceDirect (Elsevier),...
 - geen standaardisatie woordgebruik / geen "ontsluiting"
- **secundair - bibliografische databases**
 - psycinfo, medline
 - doorzoekbaar met zoeksystemen van Ovid, Ebsco, PubMed, ...
 - (vaak) gestandaardiseerd vocabulaire / metadata
 - bevatten niet de volledige (tekst van) publicaties
 - bevatten meestal links naar de full-text (*maar zoeken niet naar woorden daarin*)

voorbeeld metadata: Medline/PubMed

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

PubMed [Help](#)

Abstract link(s) naar primaire bron

J Psychiatry Neurosci. 2012 Nov;37(6):399-406. doi: 10.1503/jpn.110119.

Aberrant cortical gyrification in schizophrenia: a surface-based morphometry study.

Palaniyappan L¹, Liddle PF.

Abstract
BACKGROUND: Schizophrenia is considered to be a disorder of cerebral connectivity associated with disturbances of cortical development. Disturbances in connectivity at an early period of cortical maturation can result in widespread defects in gyrification. Investigating the anatomic distribution of gyrification defects can provide important information about neurodevelopment in patients with schizophrenia.

METHODS: We undertook a three-dimensional reconstruction of a sample from our previous study, in which we had tested a sample of the cortex using a frontal region.

RESULTS: Regions with abnormal gyrification were found in the hemisphere, involving the prefrontal hypergyria domain. Cluster search (cluster inclusion) showed that the thickness was lowered (cluster inclusion) in patients with abnormal thickness in patients with abnormal thickness.

LIMITATIONS: We studied a small sample, which may have confounded the results.

MeSH Terms
[Adolescent](#)
[Adult](#)
[Brain Mapping](#)
[Cerebral Cortex/pathology*](#)
[Female](#)
[Humans](#)
[Magnetic Resonance Imaging/instrumentation](#)
[Magnetic Resonance Imaging/methods*](#)
[Male](#)
[Middle Aged](#)
[Schizophrenia/pathology*](#)
[Young Adult](#)

gestandaardiseerd vocabulaire trefwoorden uit een thesaurus (Medical Subject Headings)

voorbeeld metadata: PsycInfo



01730984 2001-17978-006

Aberrant cortical gyrification in schizophrenia: A surface-based morphometry study.

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Journal: Journal of Psychiatry & Neuroscience , Vol 37(6) , 399-406 , May , 2012

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ISSN Electronic: 1488-2434

Digital Object Identifier: <http://dx.doi.org/10.1503/jpn.110119>

link naar
primaire bron

Publication Type: Journal ; Peer Reviewed Journal

Document Type:

Methodology:

Record Type:

Language: Eng

Population Gr

Age Group: 30

Location: Unit

Publication Type: Journal ; Peer Reviewed Journal

Document Type: Journal Article

Methodology: Empirical Study; Interview; Quantitative Study

Record Type: Abstract

Language: English

Population Group: Human; Male; Female

Age Group: 300 (Adulthood (18 yrs & older)); 320 (Young Adulthood (18-29 yrs)); 340 (Thirties (30-39 yrs));

360 (Middle Age (40-64 yrs))

Location: United Kingdom

metadata voor formele kenmerken,
en speciale "omstandigheden"

Abstract: Back

connectivity at

important infor

on 3-dimension

with schizophre

frontal region-of-interest approach. Results. Regions with significant reductions in gyrification (hypogyria) were seen predominantly in the left hemisphere, involving the

insula and several regions of the multimodal association cortex. Although the prefrontal hypergyria documented earlier did not survive the statistical correction required for a

whole brain search (cluster inclusion at $p = 0.0001$), significant hypergyric frontal clusters emerged when the threshold was lowered (cluster inclusion at $p = 0.05$). In the

insula, a reduction in gyrification was related to reduced cortical thickness in patients with schizophrenia. Limitations: We studied a sample of patients taking antipsychotic

medications, which could have confounded the results. Our sample was predominantly male, limiting the generalizability of our findings. Conclusion: Our observations

suggest that the disturbances in cortical gyrification seen in patients with schizophrenia might be related to a disrupted interaction between the paralimbic and the multimodal

association cortex and thus might contribute to the pathogenesis of the illness. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Descriptor

Identifier

Subject C

Release D

Descriptors: *Frontal Lobe; *Schizophrenia; Cerebral Atrophy

Identifiers: cortical gyrification; schizophrenia; frontal region

Subject Codes & Headings: 3213 (Schizophrenia & Psychotic States); 3379 (Inpatient & Hospital Services)

Thesaurus of Psychological Index Terms
+ andere inhoudelijke metadata

Aberrant cortical morphometry

[Aberrant cortical](#)

[PDF | Appendix](#)

J Psychiatry Neurosci

Lena Palaniyappan

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Abstract

Background: Schizophrenia is associated with disturbances of cortical development. Disturbances in connectivity at an early period of cortical maturation can result in widespread defects in gyrification. Investigating the anatomic distribution of gyrification defects can provide important information about neurodevelopment in patients with schizophrenia.

Methods: We undertook an automated surface-based morphometric assessment of gyrification on 3-dimensionally reconstructed cortical surfaces across multiple vertices that cover the entire cortex. We used a sample from our previous research of 57 patients (50 men) with schizophrenia and 41 controls (39 men) in whom we had tested a specific hypothesis regarding presence of both hypogyrification (hypogyria) and hypergyria in the prefrontal cortex using a frontal region-of-interest approach.

Aberrant cortical gyrification in schizophrenia: a surface-based morphometry study

Lena Palaniyappan, MBBS; Peter F. Liddle, BMBCh, PhD

Palaniyappan, Liddle — Division of Psychiatry, University of Nottingham, South Block, Queen's Medical Centre, Nottingham, United Kingdom

Background: Schizophrenia is considered to be a disorder of cerebral connectivity associated with disturbances of cortical development. Disturbances in connectivity at an early period of cortical maturation can result in widespread defects in gyrification. Investigating the anatomic distribution of gyrification defects can provide important information about neurodevelopment in patients with schizophrenia. **Methods:** We undertook an automated surface-based morphometric assessment of gyrification on 3-dimensionally reconstructed cortical surfaces across multiple vertices that cover the entire cortex. We used a sample from our previous research of 57 patients (50 men) with schizophrenia and 41 controls (39 men) in whom we had tested a specific hypothesis regarding presence of both hypogyrification (hypogyria) and hypergyria in the prefrontal cortex using a frontal region-of-interest approach. **Results:** Regions with significant reductions in gyrification (hypogyria) were seen predominantly in the left hemisphere, involving the insula and several regions of the multimodal association cortex. Although the prefrontal hypergyria documented earlier did not survive the statistical correction required for a whole brain search (cluster inclusion at $p = 0.0001$), significant hypergyric frontal clusters emerged when the threshold was lowered (cluster inclusion at $p = 0.05$). In the insula, a reduction in gyrification was related to reduced cortical thickness in patients with schizophrenia. **Limitations:** We studied a sample of patients taking antipsychotic medications, which could have confounded the results. Our sample was predominantly male, limiting the generalizability of our findings. **Conclusion:** Our observations suggest that the disturbances in cortical gyrification seen in patients with schizophrenia might be related to a disrupted interaction between the paralimbic and the multimodal association cortex and thus might contribute to the pathogenesis of the illness.

Introduction

Schizophrenia is regarded as a disorder of connectivity associated with neurodevelopmental abnormality.¹ Despite accumulating evidence of disrupted connectivity

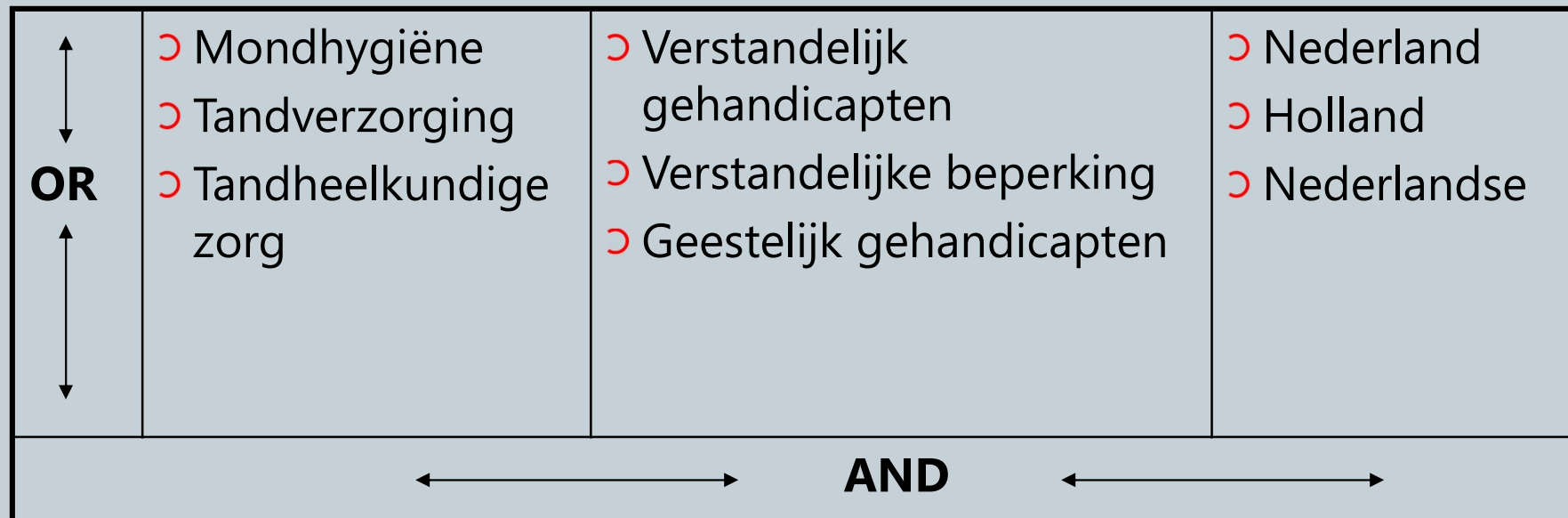
Axonal connections in the developing brain are considered to be one of several factors that influence the morphology of the cortical surface.² In particular, a widely accepted model of cortical morphogenesis suggests that the appearance of cortical convolutions is dependent on the underlying neuronal

conceptuele analyse



Tandheelkundige zorg voor verstandelijk gehandicapten in Nederland

- opgedeeld in drie elementen / concepten
- voor elk element al een aantal representatieve termen bedacht



conceptuele analyse

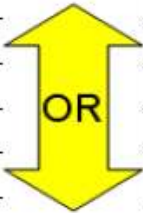





Geneeskunde: PICO-methode

4 elementen waaraan je moet denken:

P	Patiënt	(ziekte, leeftijd, m/v, etc.)
I	Intervention	(therapie, diagnose, etc.)
C	Comparison	(2 therapieën / diagnoses)
O	Outcome	(beste therapie / diagnose?)

voorbeeld zoekformulier

Zoekplan ter voorbereiding op zoekactie							
	naam:				datum:		
zoekvraag							
zoekprofiel	Concept 1:		Concept 2:		evt. Concept 3:		evt. deelvragen/ invalshoeken
	Zoektermen NL met alternatieven en varianten:	Zoektermen ENG met alternatieven en varianten:	Zoektermen NL met alternatieven en varianten:	Zoektermen ENG met alternatieven en varianten:	Zoektermen NL met alternatieven en varianten:	Zoektermen ENG met alternatieven en varianten:	Zoektermen voor deelvragen/ invalshoeken
							
							
bependingen	soort bronmateriaal		tijdbepending		talen	overig	

verzamelen en kiezen van zoektermen



1. Vrije termen (*zoals die in primaire tekst zelf voorkomen*)

✦ Let op:

- spellingsvarianten behavior / behaviour
- enkelvoud/meervoud therapy / therapies
- truncaties ("*wildcards*") therap*
- synoniemen therapy / treatment
- quasi-synoniemen women / gender differences
- afkortingen en acroniemen cbt
- antoniemen vruchtbaar / onvruchtbaar
-

verzamelen en kiezen van zoektermen

2. Thesaurustermen (*toegekend gecontroleerd vocabulaire*)

✦ Let op:

- broader terms
- narrower terms
- related terms

Schizophrenia	
[Broader Terms]	
<input type="checkbox"/>	Psychosis
[Narrower Terms]	
<input type="checkbox"/>	Acute Schizophrenia
<input type="checkbox"/>	Catatonic Schizophrenia
<input type="checkbox"/>	Childhood Schizophrenia
<input type="checkbox"/>	Paranoid Schizophrenia
<input type="checkbox"/>	Process Schizophrenia
<input type="checkbox"/>	Schizophrenia (Disorganized Type)
<input type="checkbox"/>	Schizophreniform Disorder
<input type="checkbox"/>	Undifferentiated Schizophrenia
[Related Terms]	
<input type="checkbox"/>	Anhedonia
<input type="checkbox"/>	Catalepsy
<input type="checkbox"/>	Delusions
<input type="checkbox"/>	Expressed Emotion
<input type="checkbox"/>	Fragmentation (Schizophrenia)
<input type="checkbox"/>	Positive and Negative Symptoms
<input type="checkbox"/>	Schizoaffective Disorder
<input type="checkbox"/>	Schizoid Personality Disorder
<input type="checkbox"/>	Schizotypal Personality Disorder
<input type="checkbox"/>	Schizotypy

Thesaurus of Psychological Index Terms

[All MeSH Categories](#)
[Psychiatry and Psychology Category](#)
[Mental Disorders](#)
[Schizophrenia Spectrum and Other Psychotic Disorders](#)
Schizophrenia
[Schizophrenia, Catatonic](#)
[Schizophrenia, Disorganized](#)
[Schizophrenia, Paranoid](#)
[Shared Paranoid Disorder](#)

Medical Subject Headings

verzamelen en kiezen van zoektermen



- **Waaruit?**
 - Informatie van opdrachtgever
 - Relevant artikel
 - Woordenboek
 - Online index van database
 - Thesaurus
 - Classificatieschema
 - **Al opgespoorde informatie**

formele inperkingen



formele selectiecriteria:

- tijd
- plaats
- taal
- type publicatie
- type onderzoek
- populatie
-

*daarop kan vaak gefilterd worden
(meestal gestandaardiseerde categorieën)*