## **Zotero 7 Basics**

Cindy Schmidt, MD, MLS Leon S. McGoogan Health Sciences Library February 2025



University of Nebraska Medical Center

## **Objectives**

Attendees will:

- Install Zotero 7 and Zotero's browser connector or update to Zotero 7.
- Create a "collection" (folder) in Zotero
- Use several methods to add references to the collection
- Use Word's Zotero ribbon to add in-text citations and a bibliography to a Word document.
- Use Zotero's duplicate detection tool to merge duplicate records.
- Set Zotero preferences/settings to back-up their library and optimize their access to UNMC-licensed full-text articles and needed citation styles.



## Install the Zotero Application and the Browser Connecter

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Working with an old version of Zotero?

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Chronic Low Back Pain in Adults: Evaluation and Management.

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#### A Comprehensive Review of Over the Counter Treatment for Chronic Low Back Pain

Jacquelin Peck · Ivan Urits () · Sandy Peoples · Lukas Foster · Akshara Malla · Amnon A. Berger · Elyse M. Cornett · Hisham Kassem · Jared Herman · Alan D. Kaye · Omar Viswanath

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#### ABSTRACT

*Purpose of the Review*: Chronic low back pain (CLBP) is a major contributor to societal disease

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E. M. Cornett · A. D. Kaye Department of Anesthesiology, Louisiana State University Health Sciences Center, New Orleans, LA, USA

O. Viswanath Valley Anesthesiology and Pain Consultants-Envision Physician Services, Phoenix, AZ, USA burden and years lived with disability. Nonspecific low back pain (LBP) is attributed to physical and psychosocial factors, including lifestyle factors, obesity, and depression. Mechanical low back pain occurs related to repeated trauma to or overuse of the spine, intervertebral disks, and surrounding tissues. This causes disc herniation, vertebral compression fractures, lumbar spondylosis, spondylolisthesis, and lumbosacral muscle strain. Recent Findings: A systematic review of relevant literature was conducted. CENTRAL, MEDLINE, EMBASE, PubMed, and two clinical trials registry databases up to 24 June 2015 were included in this review. Search terms included: low back pain, over the counter, non-steroidal anti-inflammatory (NSAID), CLBP, ibuprofen, naproxen, acetaminophen, disk herniation, lumbar spondylosis, vertebral compression fractures, spondylolisthesis, and lumbosacral muscle strain. Over-the-counter analgesics are the most frequently used first-line medication for LBP, and current guidelines indicate that over-the-counter medications should be the first prescribed treatment for non-specific LBP. Current literature suggests that NSAIDs and a a tamin a manage a surall as a mulidament

Title A Comprehensive Review of Over the Counter Treatment for Chronic Low Back Pain Author Peck, Jacquelin Author Urits, Ivan Author Peoples, Sandy Author Foster, Lukas Author Malla, Akshara 6 more... Publication Pain and Therapy Volume 10 Issue 1 Pages 69-80 Date 2021-06 Series Series Title Series Text Journal Abbr Pain Ther Language eng DOI 10.1007/s40122-02 0-00209-w ISSN 2193-8237 Short Title

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Google Scholar like standard literature databases provides a way to create a standard citation file (RIS, Reference Manager RIS, RefMan RIS, Bibtex).

Most standard literature databases hide the citation manager file creation option in a "Send to", "Save", or "Export" menu.

In Google Scholar you have to do some "Settings" work to see this option



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Comparison of the postoperative analgesic effects of paracetamol-1 codeine phosphate and naproxen  $\square$ sodium-codeine phosphate for 啗  $\wedge$  $\bigcirc$ This work has been retracted. S ( )Retracted on 1/15/2025 **Concerns/Issues About Data** Any question, controversy or dispute over the validity of An evaluation of allegations by the Journal or Publisher **Investigation by Third Party** An evaluation of allegations by a person, company or institution not the Authors, Journal, Publisher or ORI **Objections by Author(s)** 

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- 5. Rivkin A, Rivkin MA. Perioperative nonopioid agents for pain control in spinal surgery. Am J Health Syst Pharm. 2014;71(21):1845-1857. doi:10.2146/ajhp130688

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The optimization of pain relief after diskectomy has long been a subject of interest to clinicians and researchers<sup>1,2</sup>. A variety of approaches to decreasing post-operative opiate use have been studied. Among these are post-operative administration of intravenous acetaminophen or non-steroidal anti-inflammatory agents and pre-operative used of glucocorticoids or gabapentin.<sup>3–5</sup>

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Author	Tong, Yixuan	
Author	Fernez, Laviel	
Author	Norris, Zoe A.	
Author	Bendo, John A.	
Author	Protops, Themist	
Author	Fischer, Charla R.	
Publication	Bulletin of the Hospital for Joint Disease (2013)	
Volume	82	
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Pentoxifylline significantly reduces radicular pain secondary to lumbar disc hernia: A prospective, randomized crossover, single-blind controlled pilot study

Bilal Tarabay<sup>a</sup>, Fares Komboz<sup>b</sup>, Sandra Kobaïter-Maarrawi<sup>b</sup>, Fouad Fayad<sup>c</sup>, Hicham Abou Zeid<sup>d</sup>, Joseph Maarrawi<sup>a,b,\*</sup>

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#### ARTICLE INFO

Degenerative disc disease

Lumbar disc herniation

Keywords:

Sciatica

Radiculopathy

Pentoxifylline

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## ABSTRACT

Background and objectives: Optimal medical treatment for low back pain, sometimes associated to radicular pain, has yet to be established. Herniated nucleus pulposus has been found to release TNFa, a pro-inflammatory cytokine involved in radiculopathy. Interestingly, Pentoxifylline (PTX), a phosphodiesterase inhibitor, blocks the activity of TNFa. The aim of this study is to assess the effectiveness of PTX when added to the treatment protocol of radiculopathy in lumbar disc herniation.

Methods: Fifty-eight patients with radicular pain secondary to a lumbar disc hernia were included in this prospective, randomized crossover, single-blind controlled study. PTX was added randomly to the same treatment protocol (ibuprofen + paracetamol + pregabalin) either during the first or the second 15 days of treatment. Patients' pain was assessed at day 15 via the Numeric Rating Scale (NRS) and the Patient's Global Impression of Change score (PGIC). D15 NRS value was considered as the primary outcome measure.

*Results:* Mean D15 NRS score was  $3.2 \pm 0.84$  during the 15-days treatment with PTX, and  $5,1 \pm 0.97$  during the 15-days treatment without PTX (p < 0.0001). During the 15 days treatment period with/without PTX, PGIC score was (7) in 19/3 patients, (6) in 30/10 patients, (5) in 7/27 patients and (4) in 2/18 patients respectively, difference being highly significant (p < 0.0000).

Conclusion: Adjunction of PTX to the standard medical treatment of radicular pain associated with lumbar disc hernia seems to significantly decrease patients' pain intensity in addition to improving their global satisfaction with treatment. Download



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Pentoxifylline significantly reduces radicular pain secondary to lumbar disc hernia: A prospective, randomized crossover, single-blind controlled pilot study

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Bilal Tarabay $^{\rm a},$  Fares Komboz $^{\rm b},$  Sandra Kobaïter-Maarrawi $^{\rm b},$  Fouad Fayad $^{\rm c},$  Hicham Abou Zeid $^{\rm d},$  Joseph Maarrawi $^{\rm a,b,*}$ 

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### ABSTRACT

Background and objectives: Optimal medical treatment for low back pain, sometimes associated to radicular pain, has yet to be established. Herniated nucleus pulposus has been found to release TNFa, a pro-inflammatory cytokine involved in radiculopathy. Interestingly, Pentoxifylline (PTX), a phosphodiesterase inhibitor, blocks the activity of TNFa. The aim of this study is to assess the effectiveness of PTX when added to the treatment protocol of radiculopathy in lumbar disc herniation.

Methods: Fifty-eight patients with radicular pain secondary to a lumbar disc hernia were included in this prospective, randomized crossover, single-blind controlled study. PTX was added randomly to the same treatment protocol (ibuprofen + paracetamol + pregabalin) either during the first or the second 15 days of treatment. Patients' pain was assessed at day 15 via the Numeric Rating Scale (NRS) and the Patient's Global Impression of Change score (PGIC). D15 NRS value was considered as the primary outcome measure.

*Results:* Mean D15 NRS score was  $3.2 \pm 0.84$  during the 15-days treatment with PTX, and  $5,1 \pm 0.97$  during the 15-days treatment without PTX (p < 0.0001). During the 15 days treatment period with/without PTX, PGIC score was (7) in 19/3 patients, (6) in 30/10 patients, (5) in 7/27 patients and (4) in 2/18 patients respectively, difference being highly significant (p < 0.0000).

Conclusion: Adjunction of PTX to the standard medical treatment of radicular pain associated with lumbar disc hernia seems to significantly decrease patients' pain intensity in addition to improving their global satisfaction with treatment.

#### 1. Introduction

Low back pain is a common and complex medical condition that represents the third-leading cause of disability in people older than 45 years [1] and can be generally accompanied by features of radiculopathy in 12 % of patients [2].

In most cases, treatment of low back pain and associated radiculopathy is conservative [3]. It includes patient education on self-care pharmacological treatment; opioids can be used for limited periods of time to relieve acute pain attacks [4]. Use of gabapentinoids and antidepressants is still controversial and lacks sufficient evidence to be recommended in this context [6], although many studies have shown a treatment effect of pregabalin [7,8], whereas other studies with moderate- to high-quality evidence found that anticonvulsants are ineffective for treatment of low back pain or lumbar radicular pain [9], with high evidence that gabapentinoids have a higher risk for adverse events Pentoxifylline significantly reduces radicular pain secondary to lumbar disc hernia: A prospective, randomized crossover, single-blind controlled pilot study

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