

Records are divided into tabs. See “Working with Records 1” for more information on the Fields tab and the different functionality available in Fields view.

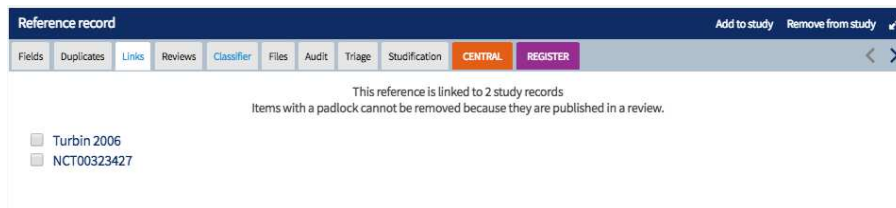
The other tabs available are:

### Duplicates

Will be highlighted in red if there is a duplicate to deal with. These are duplicates imported from CRS standalone. You cannot do anything with a record until these are resolved. The mechanism is the same as merging records in the deduplication screen. Please refer to the appropriate quick reference guide for more details.

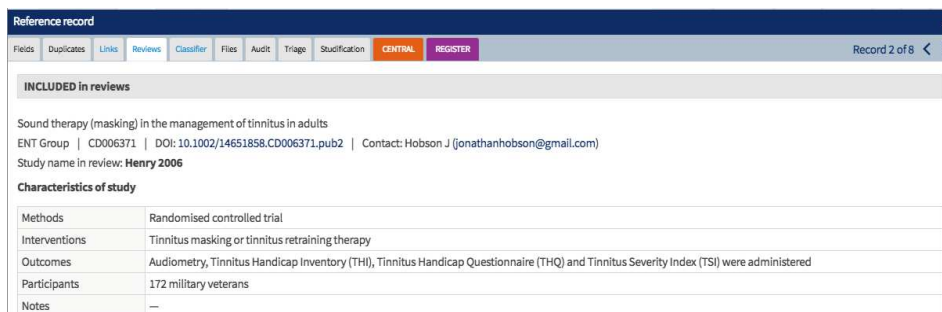
### Links

Will display where the reference record links to a study/sudies. If there are links then the text of the tab will be blue.



### Reviews

Will display where a record is linked to a review as included, excluded, ongoing or awaiting assessment. If this applies then the text of the tab will be blue. The screen will display the details of the review(s) the record is linked to and show the relevant characteristics of study table.

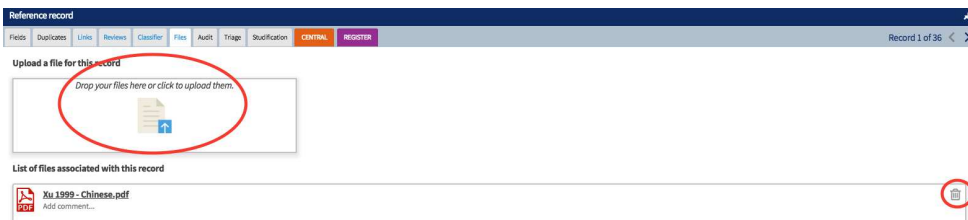


## Classifier

Displays the classifier scores for a record, or allows you to send a record to the classifier if the record has not been previously scored. Please see relevant quick reference guide for more information. If there are classifier scores for the record then the text of the tab will be blue.

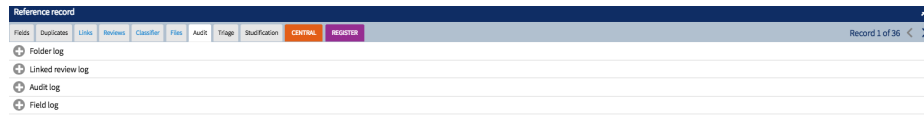
## Files

Stores any files (PDFs etc) that have been attached to a record, and is the place to add new files. If there are files attached then the text of the tab will be blue. To add a new file simply drag and drop the file into the box or select the icon to add a file from your computer. You can also remove files by selecting the trash symbol.



## Audit

Gives you a full audit trail for the record in CRS. Including which folder(s) a record is stored in.



## Triage

Please see relevant quick reference guide.

## Stratification

Is not currently active.

## CENTRAL and Register

Can be selected to add or remove a record to your Register or CENTRAL. Simply select the tab to perform this action.

#	Title	Author	Year
1	Checkpoint inhibition in combination with an immunoblast of external body radiotherapy in solid tumors	NCT03511391	2018
2	Induction TNX Plus Concurrent Nedaplatin-RT Versus Induction TPF Plus Concurrent Cisplatin-RT in NPC	NCT03503136	2018
3	"The Effect of Core Stabilization Exercises on Respiratory Muscle Strength, Respiratory Functions and Postural Control in Hearing Im...	NCT03487757	2018
4	PDCN for Treatment of Cervical Vertigo	NCT03485768	2018
5	Transcranial Direct-current Stimulation (tDCS) in Treatment Refractory Auditory Hallucinations	NCT03485131	2016
6	Evaluation of an Oral Care Programme for Head and Neck Cancer Patients	NCT03481647	2018
7	Postoperative aRCH With Cisplatin Versus aRCH With Cisplatin and Pembrolizumab in Locally Advanced Head and Neck Squamous C...	NCT03480672	2018

Reference record

Guidance Pubmed CT Gov Hide empty fields Field preferences Add to study

Fields Duplicates Links Reviews Classifier Files Audit Triage Stratification CENTRAL REGISTER < >

This record matches someone else's and some fields are different to yours. [Click here to see them](#)

Select 'Click here' to resolve any discrepancies between your record and another in CRS D, when CRS has automatically identified a duplicate record.

Click here <small>once you have finished merging the fields.</small>		X Exclude <input type="checkbox"/> Hide
Field	Record value	Your value
Abstract	<p><b>BACKGROUND:</b> It is not clear whether associations between respiratory symptoms and indoor mould are causal. A randomised controlled trial was conducted to see whether asthma improves when indoor mould is removed.</p> <p><b>METHODS:</b> houses of patients with asthma were randomly allocated into two groups. In one group, indoor mould was removed, fungicide was applied and a fan was installed in the loft. In the control group, intervention was delayed for 12 months. Questionnaires were administered and peak expiratory flow rate was measured at baseline, 6 months and 12 months.</p> <p><b>RESULTS:</b> eighty-one houses were allocated to the intervention group and 83 to the control group; 95 participants in 68 intervention houses and 87 in 63 control houses supplied follow-up information. Peak expiratory flow rate variability declined in both groups, with no significant differences between them. At 6 months, significantly more of the intervention group showed a net improvement in wheeze affecting activities (difference between groups 25%, 95% CI 3% to 47%; <math>p = 0.028</math>), perceived improvement of breathing (52%, 95% CI 30% to 74%; <math>p &lt; 0.0001</math>) and perceived reduction in medication (59%, 95% CI 35% to 81%; <math>p &lt; 0.0001</math>). By 12 months the intervention group showed significantly greater reductions than the controls in preventer and reliever use, and more improvement in rhinitis (24%, 95% CI 9% to 39%; <math>p = 0.001</math>) and rhinoconjunctivitis (20%, 95% CI 5% to 36%; <math>p = 0.009</math>).</p> <p><b>CONCLUSIONS:</b> although there was no objective evidence of benefit, symptoms of asthma and rhinitis improved and medication use declined following removal of indoor mould. It is unlikely that this was entirely a placebo effect.</p>	<p><b>BACKGROUND:</b> It is not clear whether associations between respiratory symptoms and indoor mould are causal. A randomised controlled trial was conducted to see whether asthma improves when indoor mould is removed.</p> <p><b>METHODS:</b> houses of patients with asthma were randomly allocated into two groups. In one group, indoor mould was removed, fungicide was applied and a fan was installed in the loft. In the control group, intervention was delayed for 12 months. Questionnaires were administered and peak expiratory flow rate was measured at baseline, 6 months and 12 months.</p> <p><b>RESULTS:</b> eighty-one houses were allocated to the intervention group and 83 to the control group; 95 participants in 68 intervention houses and 87 in 63 control houses supplied follow-up information. Peak expiratory flow rate variability declined in both groups, with no significant differences between them. At 6 months, significantly more of the intervention group showed a net improvement in wheeze affecting activities (difference between groups 25%, 95% CI 3% to 47%; <math>p = 0.028</math>), perceived improvement of breathing (52%, 95% CI 30% to 74%; <math>p &lt; 0.0001</math>) and perceived reduction in medication (59%, 95% CI 35% to 81%; <math>p &lt; 0.0001</math>). By 12 months the intervention group showed significantly greater reductions than the controls in preventer and reliever use, and more improvement in rhinitis (24%, 95% CI 9% to 39%; <math>p = 0.001</math>) and rhinoconjunctivitis (20%, 95% CI 5% to 36%; <math>p = 0.009</math>).</p> <p><b>CONCLUSIONS:</b> although there was no objective evidence of benefit, symptoms of asthma and rhinitis improved and medication use declined following removal of indoor mould. It is unlikely that this was entirely a placebo effect.</p>
Revised reference type	Journal article	Journal articles
CRS keywords		adolescent adult Alternaria alternata article Aspergillus fumigatus asthma, (ep [Epidemiology] asthma/pc [Prevention] breathing child Cladospirium clinical trial controlled clinical trial controlled study drug utilization female follow up human humidity indoor air pollution male mould peak expiratory flow Penicillium priority journal questionnaire randomized controlled trial rhinitis/ep [Epidemiology] rhinitis/pc [Prevention] skin test smoking wheezing fungicide placebo

You can select to retain your value by using the arrow, or discard your value using the trash symbol.

If you have any questions about using the information in this guide contact: [support@cochrane.org](mailto:support@cochrane.org).