

BIREME / PAHO / WHO

Latin American and Caribbean Center on Health Sciences Information

DeCS - Health Sciences Descriptors

DeCS Update Guide

Version 1a (preliminary)

Sao Paulo - March 2007

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DeCS Update Guide

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Methodology document set

The complete set consists of **1** document:

1. DeCS Update Guide

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Abbreviations used

- DeCS. Health Sciences Descriptors.
- LILACS. Latin American and Caribbean Health Sciences Literature.
- LILDBI-DOS. LILACS Bibliographic Description and Indexing - DOS Version.
- LILDBI-WEB. LILACS Bibliographic Description and Indexing - Web Version.
- MEDLINE. Medical Literature Analysis and Retrieval System Online.
- MeSH. Medical Subject Headings.
- NLM. National Library of Medicine.
- UMLS. Unified Medical Language System.
- VHL. Virtual Health Library.

How to use this manual

This is a preliminary version of the DeCS Update Guide that aims to describe the concepts, rules, responsibilities and methods involved in the maintenance of DeCS as the standard vocabulary of the Virtual Health Library.

1 Preface

1.1 About BIREME

Year after year, BIREME has been following its mission of being a center dedicated to scientific and technical health information for the region of Latin America and the Caribbean. Founded in Brazil in 1967, under the name of Regional Medicine Library (which the acronym BIREME comes from), it has always met the growing demand for up-to-date scientific literature from the Brazilian health systems and the communities of healthcare researchers, professionals and students. Then, in 1982, its name changed to Latin-American and Caribbean Center on Health Sciences Information so as to better express its dedication to the strengthening and expansion of the flow of scientific and technical health information across the region, but kept the acronym.

Networking, based on decentralization, on the development of local capacities, on sharing information resources, on developing cooperative products and services, on designing common methodologies, has always been the foundation of BIREME's technical cooperation work. It has been like this that the center established itself as an international model that fosters professional education with managerial and technical information with the adoption of information and communication paradigms that best meet local needs.

The main foundations that gave origin and which support the existence of BIREME are following:

- ✓ access to scientific and technical health information is essential for the development of health;
- ✓ the need to develop the capacity of Latin American and Caribbean countries to operate their sources of scientific-technical health information in a cooperative and efficient manner;
- ✓ the need to foster the use and to respond to the demands for scientific-technical health information from governments, health systems, educational and research institutions.

BIREME, as a specialized center of the Pan-American Health Organization (PAHO)/ World Health Organization (WHO), coordinates and conducts technical cooperation activities on the management of scientific information and knowledge with the aim of strengthening and expanding the flow of scientific health information in Brazil and in other Latin American and Caribbean countries as a key condition for the development of health, including its planning, management, promotion, research, education, and care.

The agreement that supports BIREME is renewed every five years by the members of the National Advisory Committee of the institution (PAHO, Brazilian Ministry of Health, Brazilian Ministry of Education and Culture, Secretary of Health of the State of São Paulo, and Federal University of São Paulo – Unifesp). The latter provides the physical infrastructure necessary for the establishment of the institution.

In 2004 the institution took on the responsibility of becoming a knowledge-based institution.

1.2 The Virtual Health Library (VHL)

With the rise and consolidation of the internet as the prevailing means of access to information and communication, BIREME's technical cooperation model evolved,

as of 1998, to build and develop the Virtual Health Library (VHL) as a common space for the convergence of the cooperative work of producers, intermediaries, and users of information. The VHL promotes the development of a network of sources of scientific and technical information with universal access on the internet. For the first time there has been a real possibility of equal access to health information.

To BIREME, the Virtual Health Library is a model for the management of information and knowledge, which includes the cooperation and convergence between institutions, systems, networks, and initiatives of producers, intermediaries, and users in the operation of networks of local, national, regional and international information sources favoring open and universal access.

Today, every country in Latin America and the Caribbean (Region) participates either directly or indirectly in the cooperative products and services offered by the VHL, which includes over 1,000 institutions in more than 30 countries.

The VHL is simulated in a virtual space of the internet formed by a collection or network of health information sources in the Region. Users of different levels and locations can interact and navigate in the space of one or many information sources, regardless of where they are. Information sources are generated, updated, stored and operated on the internet by producers, integrators, and intermediaries, in a decentralized manner, following common methodologies for their integration in the VHL.

The VHL organizes information in a structure that integrates and interconnects reference databases, specialist directories, events and institutions, a catalogue of the information resources available on the internet, collections of full texts with a highlight for the SciELO (*Scientific Electronic Library Online*) collection of scientific journals, selective information dissemination services, information sources to support education and decision-making, news, discussion lists, and support to virtual communities. The space of the VHL is, therefore, a dynamic and decentralized network of information sources based on which it is possible to retrieve and extract information and knowledge to support health decision-making processes.

The Virtual Health Library can be visualized as a distributed base of scientific and technical health knowledge that is saved, organized and stored in electronic format in the countries of the Region, universally accessible on the internet and compatible with international databases.

1.3 About DeCS - Health Sciences Descriptors

The trilingual and structured vocabulary DeCS - Health Sciences Descriptors - was created by BIREME for use in indexing articles from scientific journals, books, congress proceedings, technical reports, and other types of materials, as well as for searching and retrieving subjects from scientific literature in LILACS, MEDLINE and other data bases.

It was developed from the MeSH - Medical Subject Headings of the U.S. National Library of Medicine with the purpose of permitting the use of common terminology for searching in three languages, providing a consistent and unique environment for the retrieval of information regardless of the language.

DeCS is part of the LILACS Methodology and is an integrating component of the Virtual Health Library.

Its main objective is to serve as a unique language for indexing and information retrieval among the components of the Latin American and Caribbean System on Health Sciences Information, coordinated by BIREME, permitting uniform communication within approximately 600 libraries in the region.

DeCS participates in the unified terminology development project, UMLS - Unified Medical Language System of the U.S. National Library of Medicine, with the responsibility of contributing with the terms in Portuguese and Spanish.

BIREME also developed terminology in specific areas such as Public Health, Homeopathy, Science and Health, and Health Surveillance in addition to the original MeSH terms.

The concepts that characterize the DeCS vocabulary are organized in a tree structure allowing a search on broader or narrower terms or on all terms from the same tree within the hierarchical structure.

DeCS is a dynamic vocabulary totaling 29,081 descriptors, of which 24,355 come from MeSH, and 4726 are exclusively DeCS. There is an addition of 1952 hierarchic codes from DeCS categories in 1423 MeSH descriptors. The following are the DeCS categories and their total number of descriptors: Health Surveillance (830); Homeopathy (1,950), Public Health (3,486); and Science and Health (218). The sum is greater than the total number of descriptors, since a descriptor may occur more than once in the hierarchy. By being dynamic, it records a permanent process of change including the development of new areas of terminology.

With the creation of the national, institutional and thematic VHLs, search strategies were made available in the various topics in order to facilitate the retrieval of the existing literature.

The updating annually performed in MeSH and the modifications also carried out in the other DeCS categories, demand the revision and update of the search strategies on the thematic areas of each BVS, especially the ones including hierarchical codes. Therefore, it is advised that the team responsible for their creation also make sure that these strategies can be revised annually before implementing them. Read text on how to revise strategies used in searching thematic areas of a VHL.

2 Introduction

The expansion of the Virtual Health Library (VHL) leads many times to the realization of the need to update the DeCS vocabulary (Descriptors of Health Sciences), in order to provide for a better indexing of scientific literature under different themes of health sciences.

This updating may be done by creating a new structured terminological set (or category), that is relevant to the DeCS domain, Health Science, by inserting a certain number of new descriptors, and modifying and/or excluding some existing descriptors.

The DeCS updating criteria aims to subsidize, organize and assure the quality of the DeCS vocabulary.

2.1 About the Update Pertinence

DeCS updating proposals will be accepted if due justifications are submitted, through a specific project, contemplating:

- the record relative to new areas of knowledge;
- proof that the current DeCS terminology is insufficient to represent the thematic content (or domain) of an area of knowledge;

- the identification of descriptors within an area of knowledge, scattered among current DeCS categories and that, for this reason, are not presented as a structured unit.
- a review of translation of terms and/or notes;
- changes in the scientific knowledge, requiring modification of the terminology in one or more languages or conceptual exclusion;
- changes in the map of knowledge (positions of concepts within the hierarchical structure).

2.2 About the Responsibilities

To regulate and standardize the activities of the DeCS vocabulary, the following Committees will be established:

2.2.1 DeCS Technical Committee

The Technical Committee, under BIREME responsibility, aims to:

- analyze and collaborate in the preparation of projects to update DeCS, together with the proposing institutions;
- provide the proposing institutions with guidelines about the methodology and criteria to conduct the DeCS updates;
- analyze the updating proposals received, assuring that integrity and features of DeCS are observed and maintained;
- ensure that the criteria specified in this document are complied with;
- validate the terminology that will integrate the DeCS vocabulary;
- make sure that the terms validated will be included and published in the new DeCS versions.

The Technical Committee is thus constituted:

- members of the DeCS Unit
- 1 professional from the Indexing Unit
- 1 professional from the User Support Service Unit

Throughout the process, the Technical Committee will be ready to answer the questions that may arise and will take part in the pertinent meetings.

2.2.2 Thematic Area Expert Committee

The Thematic Area Expert Committee is designed to assure that the terminology fully represents the area of knowledge it relates to.

The Thematic Area Expert Committee will comprise at least two renowned representatives of the area of knowledge at issue, to be appointed by the institution proposing the terminology.

Throughout the process, the Thematic Area Expert Committee will be ready to answer the questions that may arise and will take part in the pertinent meetings.

The Thematic Area Expert Committee will certify the terminology proposed.

2.2.3 Work Group Proposing Updates

The Work Group proposing the update aims to:

- prepare the DeCS update project,
- meet the criteria recorded in this document
- accomplish the entire process of terminology update
- create, coordinate and ensure the operation of the Expert Committee
- promote meetings with the committees whenever necessary.

3 How to Propose Updates for DeCS

Any and all additions to the DeCS terminology must maintain the integrity of its essential features that contemplate the structure of MeSH (Medical Subject Headings of the National Library of Medicine, NLM), which is the framework that serves as basis to DeCS.

In order to update DeCS, a detailed project must be presented to the Technical Committee, containing the background and the justification of the proposal, the objectives, the work group responsible for developing the activities that will be accomplished according to the methodology described in the document, and a budget containing the necessary resources.

The project activities and responsibilities must be distributed among the partner institutions proposing the project, which will make up a single work group, in case there is more than one proponent institution.

The certificate of the Thematic Area Expert Committee and the validation of the terminology by the Technical Committee will be based on fulfilling the criteria for update.

3.1 Criteria for Updating the Terms

According to what has been said above, the criteria for updating DeCS are divided into creation, modification and elimination of terms or notes, as described below:

3.1.1 Modification of terms

a) Scope (Definition) Modification

The scope (definition) modification of a concept in one or more languages may occur when: the current form is outdated; it has errors; the existing translation has inconsistencies, is incomplete or contains unnecessary information, as long as duly justified or it is locally restricted while its descriptor is more generic or vice-versa.

When non-existing, the definition of a concept may also be suggested.

b) Existence of DeCS concept with variations

If the term already exists as a DeCS descriptor with variations, for example, or if it exists as an alternative term and the *frequency* in literature justifies an alteration, the proposal for change can be submitted to the DeCS Technical Committee for appreciation.

c) Standardization

The DeCS vocabulary is committed to being accord with the international classifications and terminologies.

d) Number (or number desinence) and Gender

Another decision indicator may be the frequency in literature (how the concept is established) In creating or updating a controlled vocabulary, what we want is to “build a conceptual network not a network of words. Thus, if the concept representation, in its symbolic form, is more general when the word is in its singular form, this must be the form chosen. Therefore, for example, Management (+ general) than Managements. ... Another possibility is to consider nouns as they occur in English, relative to the property of being countable or uncountable (much and many), for instance, money and houses”. (Dodebei, 2002)

e) Changes in the hierarchical structure

The Expert Committee and/or the work group proposing the change, in addition to or instead of suggesting the creation, modification or elimination of concepts and terms, may propose the repositioning of existing concepts in the existing hierarchical structure or in a possible hierarchical structure of an expanded or new branch.

f) Overlapping meanings

The DeCS vocabulary does not allow duplicate descriptors. A descriptor must present an unequivocal definition and thus, clearly, depending on the pertinence, may, if necessary, be inserted in one or more branches of the term tree without suffering adaptations. Descriptors may have synonyms (remissive), as many as required, and they also comply with the non-duplication criterion.

In case a term proposed as new already exists as an alternative term of another preferred DeCS term, the feasibility of it being “promoted” to a preferred term status (descriptor) will be verified, if both terms are not perfect synonyms.

3.1.2 Creation of terms

a) Amplitude

New DeCS categories may be proposed to meet thematic areas not yet contemplated in the DeCS existing categories, consisting of descriptors which represent acknowledged concepts in the health sciences domain and applicable to any country.

Thus, “jargons, buzzwords and situations specific of a given country, such as projects, names of programs, local institutions, etc., which are subject to frequent changes” should be avoided. Names or acronyms from institutions that may be subject to extinction, that have no meaning at the regional level (different countries), and/or acronyms that have other meanings, should not be taken into account. (UENO, 2005)

b) Word class allowed in forming descriptors

The DeCS terms must be single or compound nouns. Isolated adjectives and verbs are not allowed.

c) Frequency

The inclusion of new terms must be supported by citations from literature at the national and international levels. A term reaches descriptor status when evidence is given of its occurrence in at least 10 citations.

d) Pertinence

In order to include a new term, this must be clearly inserted in the context of the domain it is intended to describe. Before including any descriptor, one must check to see if it exists in other DeCS categories (or of other similar descriptors) and the frequency of use for the terms proposed in databases, such as LILACS, MEDLINE, etc., as well as in reference sites in the Internet (WHO, PAHO, UN, FAO, etc.)

e) Generality/ Specificity

It is not advisable to select extremely generic terms. It is likely that these are already included in DeCS; therefore it is not necessary to bring it to the new category. In the case of an extremely specific term, it will be valid only if the *frequency* warrants its creation.

f) Repetition of hierarchical branches existing in DeCS

Only when indispensable, hierarchical branches of DeCS categories or subcategories must be repeated in building new categories. New categories must describe the domains, avoiding adding domains which have already been described.

g) Post-coordination

During document indexing and retrieval, it is advisable to resort to post-coordination, i.e. to use two or more descriptors, or one descriptor and a qualifier covering the same concept. In order to avoid the creation of an extensive list of “unnecessary” descriptors, some post-coordination instances may become descriptors when usage *frequency* justifies it.

3.1.3 Elimination of terms

It is possible to eliminate a term, when it is not inserted in the context of the domain it intends to describe but is present in other DeCS categories or subcategories. There are two forms of eliminating a term from a given hierarchical category. The first one entails only the elimination of the hierarchical code, relative to the given category and maintaining the other existing hierarchical codes. In case the term is only found in the category at issue and in a single position, the second form of elimination occurs by eliminating its concept (record).

Before proposing the final exclusion of a descriptor, it is necessary to check its frequency of use in the LILACS database. In case its use occurs in less than 10 articles, this is evidence of the low term relevance or difficulty to use, due to its narrow scope or difficulty to understand (UENO, 2005).

In case the descriptor whose exclusion is being proposed has 10 or more references, it is suggested that a proposal for change (instead of exclusion) be submitted, to allow for retrieval of articles indexed up to the moment under the descriptor at issue.

4 Conceptual Relationships Among DeCS Terms

All proposals for alteration of DeCS terms must take into consideration the following issues:

a) Hierarchical relations

DeCS is a hierarchically structured vocabulary, i.e. a conceptual and terminological tree that maps the knowledge of health sciences in order to present it in an organized manner, dividing it into categories and subcategories (or branches) and, within these, the descriptors, from the most general to the most specific. In view of the interdisciplinarity of knowledge, a concept may exist in more than one hierarchical branch.

b) Equivalence relations

Concepts are represented by the preferential term (descriptor) or by other terms which are synonymous or almost synonymous (alternative). All of them may be used to retrieve the literature indexed by the descriptor. Alternative terms may be converted into descriptors and vice-versa, depending on the dynamics of knowledge and on the opinion of the Expert and Technical Committees.

c) Non-hierarchical relations

Concepts existing in different categories or sub-categories that have an affinity among them (for example, drug and disease; substance and material made out of this substance; disease and causing organism, involved organ, etc.) may be connected in DeCS through the RT (Related Term or “See related”) field.

d) Correspondence to MeSH terms

This is a special type of non-hierarchical relation, and all descriptors proposed must have one or two *MeSH descriptors suggested which, alone or coordinated, are equivalent*, thus enabling the retrieval of a subject in the international literature (MEDLINE, PUBMED) indexed only with MeSH descriptors.

Example:

- Descriptor of the SP category: Health of the elderly
- MeSH Descriptor Suggested: Health
- MeSH Descriptor Suggested: Elderly

e) Correspondence between languages

The DeCS vocabulary, which was already trilingual (English, Spanish and Portuguese), as of 2008 will be multilingual (adopting other UN official languages, namely Arabic, Chinese, French and Russian) requires that descriptors, synonyms, definitions and notes for indexing exist in English and in one or more of the five official languages, in addition to the original language of its creation.

5 Sending Data

Data for proposing addition, modification or exclusion of new terms, notes or hierarchical codes must be sent in a document containing the proposed descriptors in two formats: complete record and hierarchic structure.

5.1 Complete Record

- a) The data must be in the working language and in English;
- b) For Spanish-speaking countries, Portuguese is also mandatory, and vice-versa.

The first format will contain all the data fields in the concept (mandatory and optional, if any) in compliance with the table that follows:

FIELD TYPE	CONTENT	NOTES
<i>English</i> Descriptor:	Adolescent Health	Mandatory.
Descriptor in the working language:		Mandatory.
<i>English</i> Definition:	The concept covering the physical and mental conditions of adolescents.	Mandatory. Indicate source at the end, in parenthesis, when possible.
Definition of the <i>working language</i> :		Mandatory. Indicate source at the end, in parenthesis, when possible. See document http://decs2007.bvsalud.org/E/NormalizacionTraduccionNotasAlcance.doc
Indexing annotation in <i>English</i> :	no qualif; specify geog if pertinent	Optional.
Indexing annotation in the working language:		Optional. See documents http://decs2007.bvsalud.org/E/NormalizacionTraduccionNotasIndizacion.doc http://decs2007.bvsalud.org/P/NormalizacaoTraducaoNotasIndexacao.doc
Synonym <i>English</i> :	Teen Health	Optional.
Synonym <i>working language</i> :		Optional.
Synonym <i>English</i> :	Teens Health	Optional.
Synonym <i>working language</i> :		Optional.
Synonym <i>English</i> :	Comprehensive Adolescent Health	Optional.
Synonym <i>working language</i> :		Optional.
Synonym <i>English</i> :	Teenager Health	Optional.
Synonym <i>working language</i> :		Optional.
Related Descriptors <i>English</i> :	Adolescent Health Services	Optional.
Qualifiers Allowed:	---	Optional. Two-letter abbreviation. (see table in LILACS methodology or http://decs2007.bvsalud.org/qualifin.doc).
Suggested MeSH Descriptor <i>English</i> :	Health Status; Adolescent	Mandatory. One descriptor or an entry combination of the two conceptually closest descriptors from MeSH.
References	LILACS Id: 438216; LILACS Id: 438131; LILACS Id: 435843; MEDLINE ID: 17039752	Mandatory (name of the bibliographical base abbreviation and document ID, separated by semi-colon) Preference for search among title words.
DeCS hierarchical code	---	Mandatory in case of modification.
Justification in English	The term occurs more than 10 times in the literature such as Medline and LILACS	Mandatory.



More than one Related Descriptor, Synonym and Allowable Qualifier is permitted. Other fields may be included, such as Entry Combination (or Precoordination), “Consider Also Terms At” (or See also), etc.

See the descriptor “Heart” as an example of other fields:

http://decs2007.bvsalud.org/cgi-bin/wxis1660.exe/decsserver/?IsisScript=../cgi-bin/decsserver/decsserver.xis&task=exact_term&previous_page=homepage&interface_language=i&search_language=i&search_exp=Heart).

See the document about DeCS field description:

<http://decs2007.bvsalud.org/P/DeCS-DataElementDescription-ISIS.xls>.

See the documentation about the 2004 review of the SP category:

<http://decs2006.bvsalud.org/I/SPReview.htm>

5.2 Hierarchic Structure

For new thematic categories, the second format for sending descriptors is hierarchical, where only descriptors must be identified with numbers, as shown in the example below:

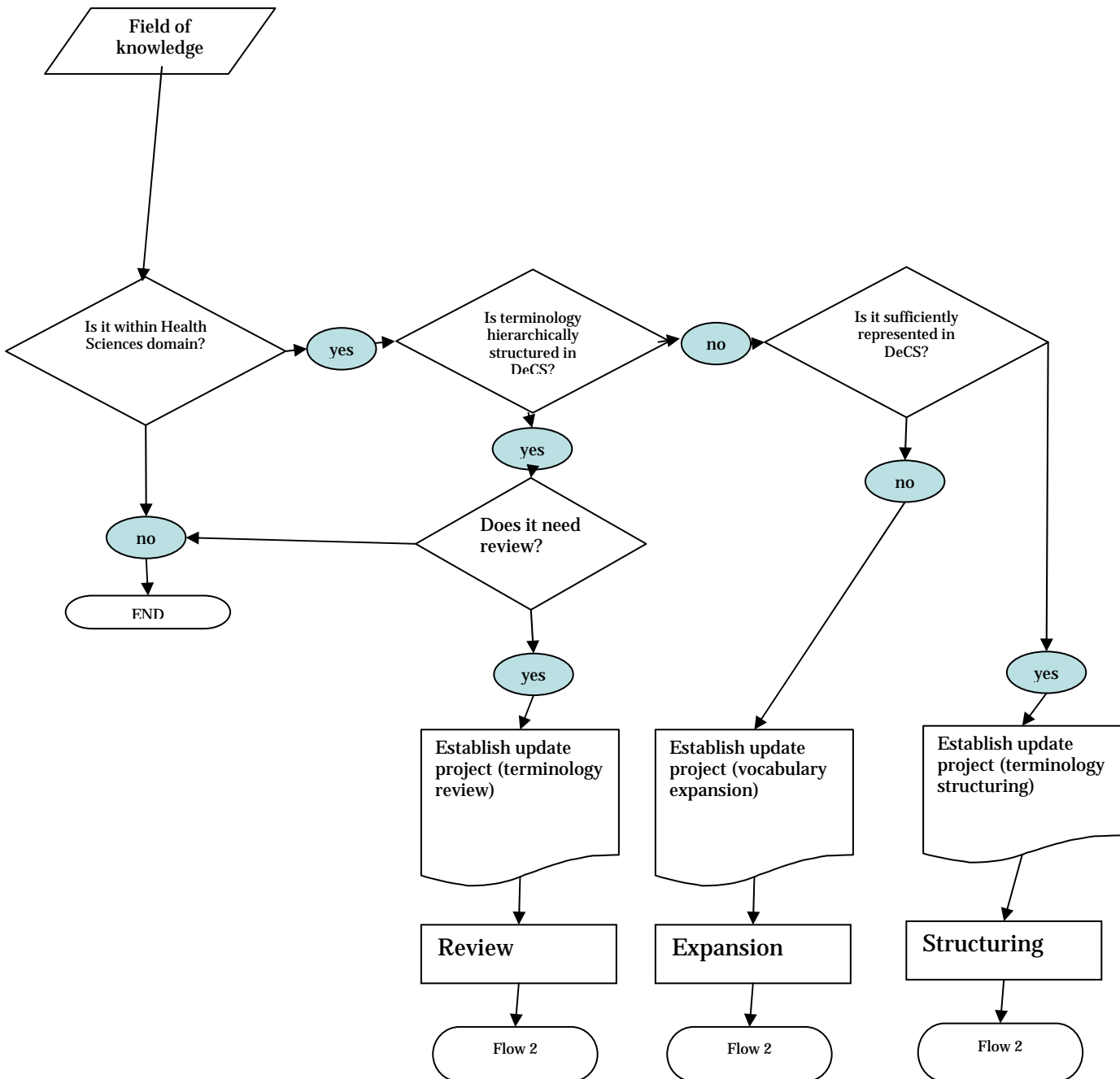
```

PUBLIC HEALTH [SP]
2|Health Care (Public Health)
2.1|Health of Specific Groups
2.1.1|Men's Health
2.1.2|Women's Health
2.1.3|Maternal and Child Health
2.1.4|Child Health (Public Health)
2.1.5|Adolescent Health
2.1.5.1|Health of Institutionalized Adolescents
2.1.5.2|Pregnancy in Adolescence
...

```

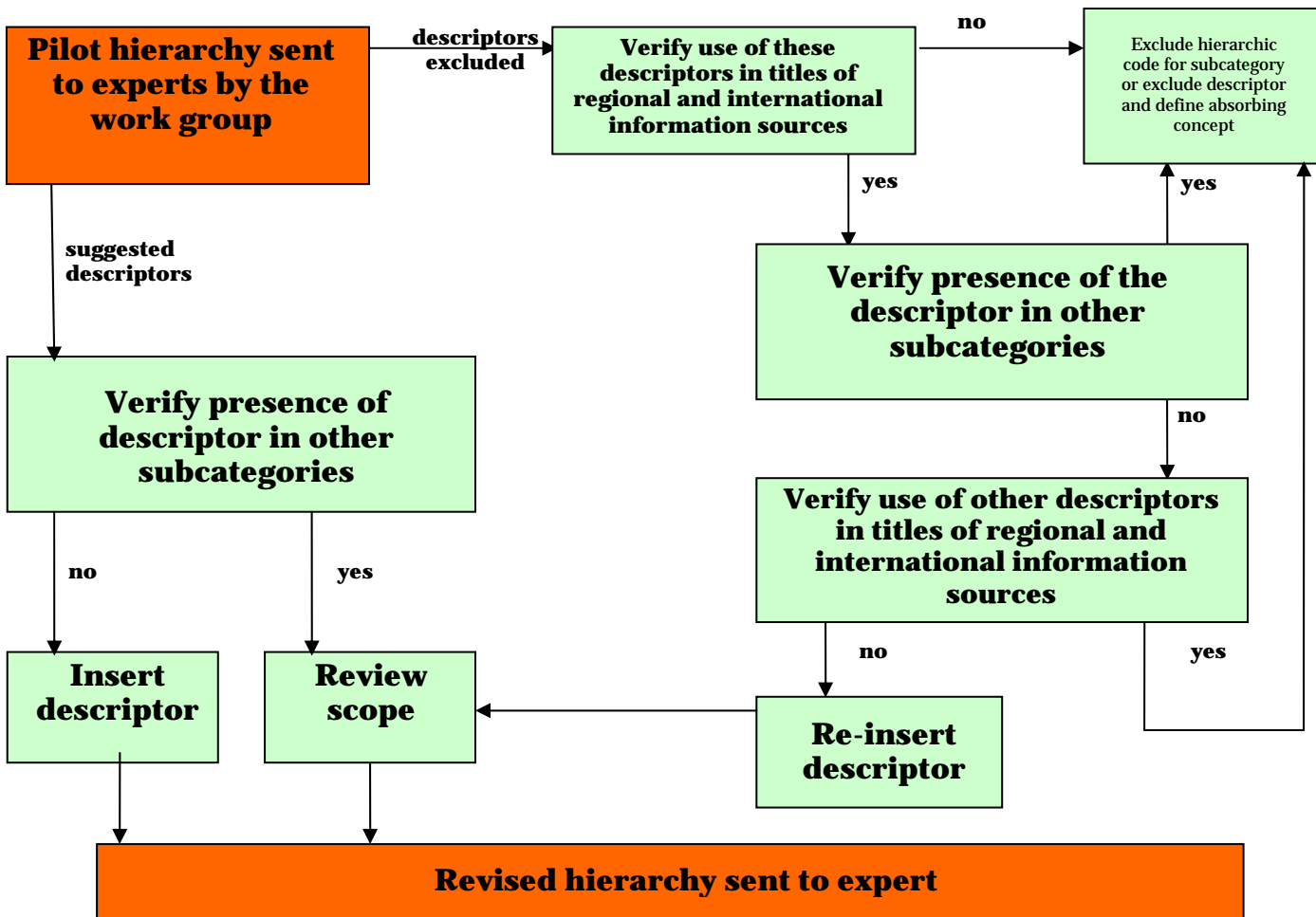
Flowchart of activities – what to do to propose a new term, and/ or to modify/exclude an existing term.

Flowchart 1 – Pre-project



Flowchart 2 – DeCS Update

After the creation of a new preliminary (or pilot) hierarchy or the revision or expansion of an existing hierarchy by the work group, as described in flow 1 and according to the criteria above, this hierarchy will enter in flow 2, together with other documents of the project (table of complete records).



Source: Adapted from Ueno et al. (2003) (7)

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Glossary

- **Controlled or structured vocabulary.** Collection of terms organized according to a methodology and designed to make access to indexed information easy.
- **DeCS Server.** Application developed by Bireme in IsisScript language, which is integrated to the document description and indexing system LILDBI-WEB and available for searching the health descriptors (DeCS).
- **Descriptor.** Represents a concept accepted in a controlled vocabulary (like in a thesaurus).
- **Hierarchical structure.** Division of knowledge into classes and subclasses, complying with conceptual and semantic links.
- **Indexing.** Procedure to identify and describe the content of a document with terms that represent the issues related to this document, aimed to retrieving the document later.

- **LILACS.** Cooperative database of the BIREME System, comprises the literature on Health Sciences published in the countries of the Region, as from 1982.
- **MEDLINE.** Database of international literature on biological and biomedical fields, established by the National Library of Medicine (NLM), in 1966.
- **Thesaurus.** Structured vocabulary indicating the hierarchical, associative or term-preference relations (descriptors). See also Controlled Vocabulary.