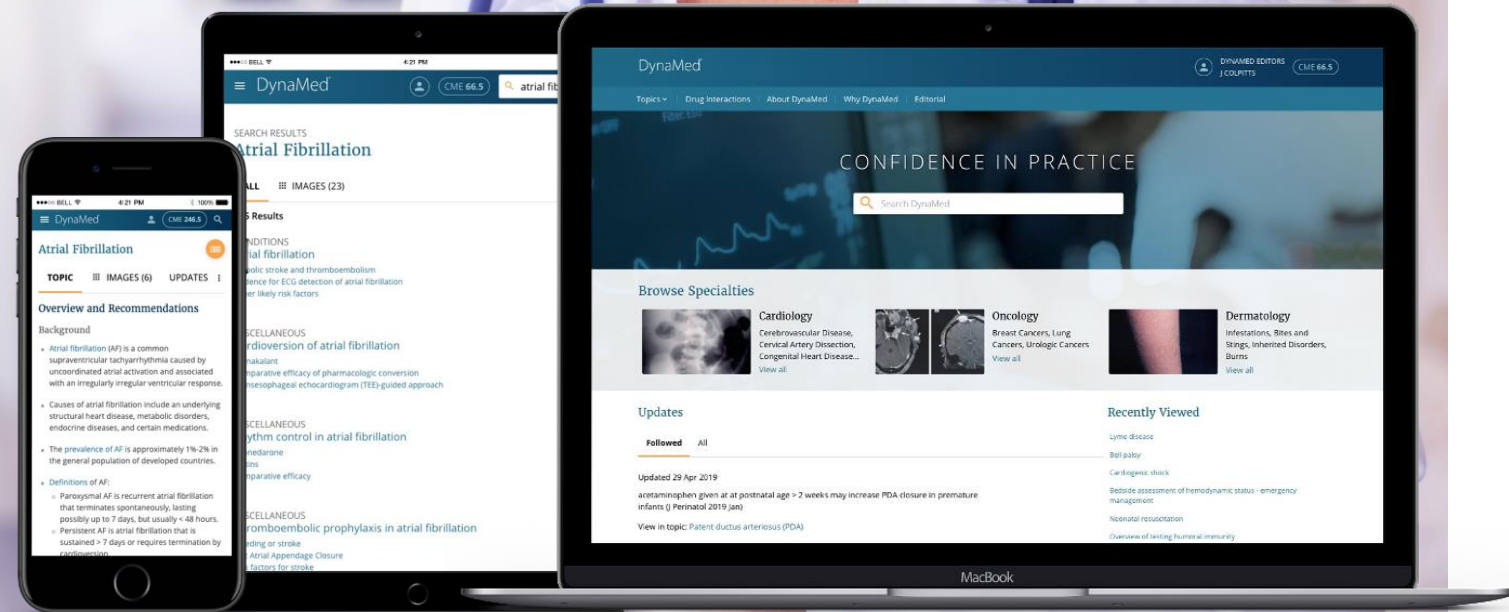


DynaMed®



Il contenuto di questa presentazione è da considerarsi riservato e confidenziale

il clinico ha sempre pochissimo tempo a disposizione



DynaMed offre risposte rapide e accurate al punto di cura con preziose informazioni di pratica clinica Evidence-Based riviste da esperti

Due tipi fondamentali di domande al punto di cura

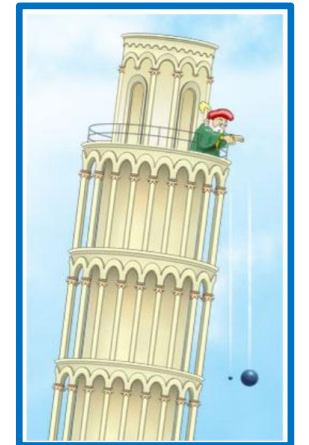
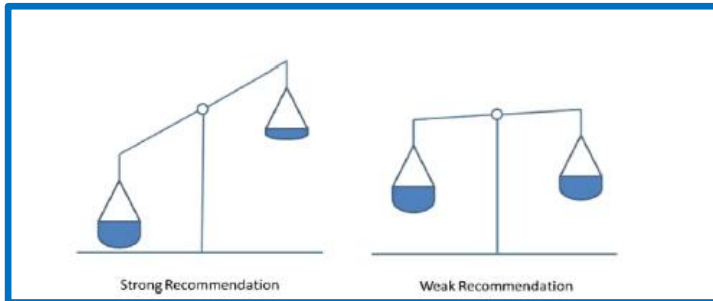
Cosa fare?

Chi lo dice?

DynaMed risponde con

Raccomandazioni e loro forza

Prove di efficacia

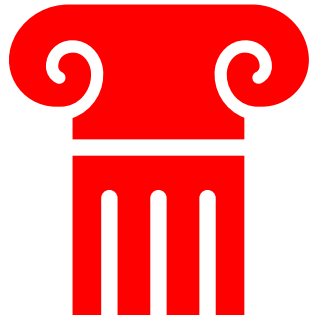


Cosa fare?

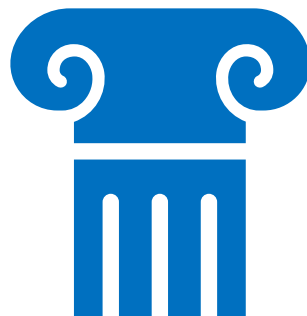
Chi lo dice?

I tre pilastri
della Medicina basata sulle migliori prove di efficacia

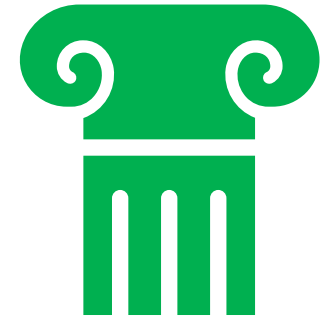
Evidence Based Medicine



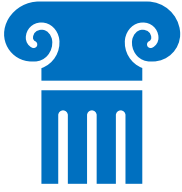
esperienza clinica



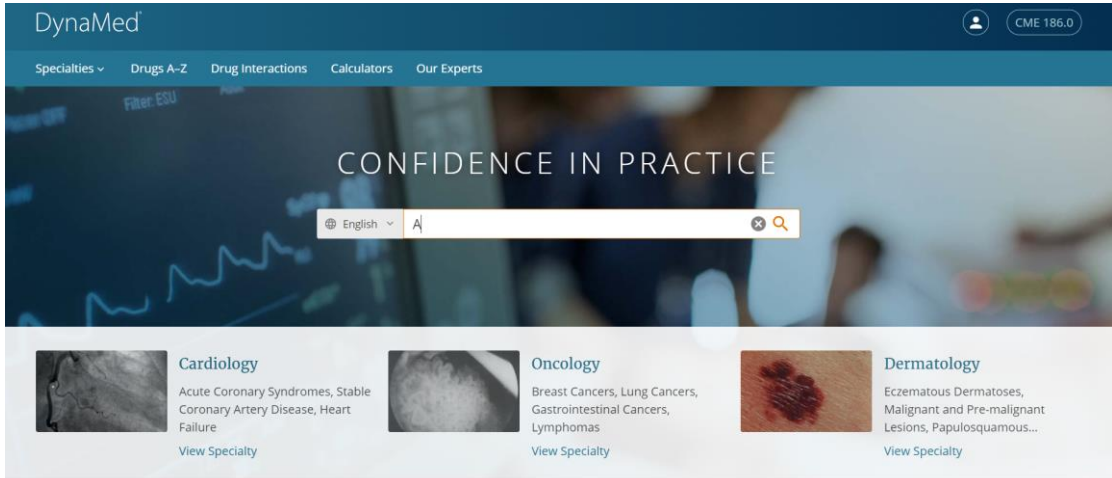
evidenze scientifiche



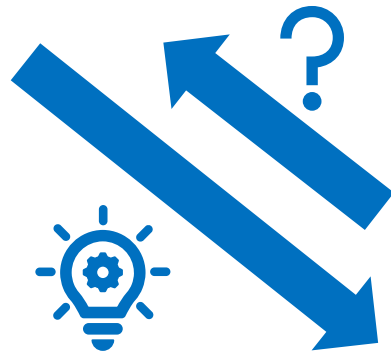
valori paziente



evidenze scientifiche



Point of care



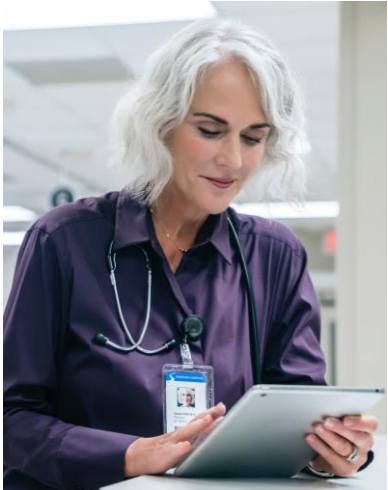
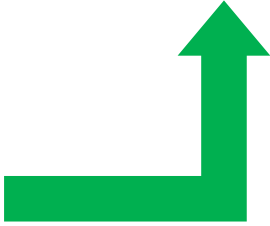
link

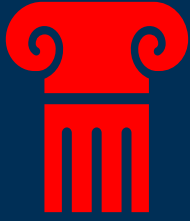


Vaglio e sintesi



Riviste / articoli





pratica clinica

Direzione editoriale



Peter Oettgen, MD, FACC, FAHA

*Editor in Chief, Deputy Editor
of Cardiology*

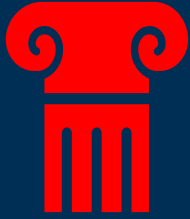
Cardiologist, Beth Israel Deaconess
Medical Center; Associate Professor,
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Alan Ehrlich, MD

Executive Deputy Editor

Family Practice Physician;
Associate Professor in Family Medicine,
University of Massachusetts
Medical School



pratica clinica



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Pulmonologist, Yale New Haven Hospital;
Associate Professor of Medicine
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Direzione editoriale

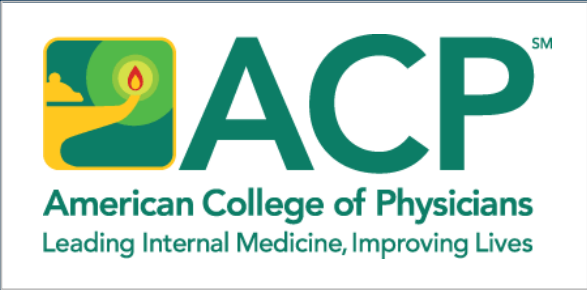


Bill Aird, MD

*Deputy Editor of Hematology,
Endocrinology, and Nephrology*

Internist, Beth Israel Deaconess Medical
Center; Professor of Medicine,
Harvard Medical School

Partner



Controllo sistematico della letteratura



Ampia rete di medici



125

collaboratori tra medici
e scienziati



OLTRE

450

medici in tutto il mondo
redicono o revisionano il
contenuto di DynaMed

DynaMed riporta: 1) forza della raccomandazione 2) livello di evidenza 3) linea guida origine della raccomandazione 4) inquadramento nella gerarchia delle raccomandazioni secondo la linea guida di origine.

DynaMed

GC CME 82.5 Search

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

Colorectal Cancer

TOPIC IMAGES (2) UPDATES

SECTIONS:

- Overview and Recommendations
- Related Topics
- General Information
- Epidemiology
- Etiology and Pathogenesis
- History and Physical
- Diagnosis and Staging**
- Management
- Complications and Prognosis
- Prevention and Screening
- Quality Improvement
- Guidelines and Resources
- Patient Decision Aids
- Patient Information
- References

Diagnosis and Staging

- assessment of colorectal cancer should be performed by multidisciplinary team of radiologists, surgeons, radiation oncologists, medical oncologists, and pathologists (ESMO Grade A, Level III for rectal cancer)
- initial testing to establish diagnosis typically includes
 - history and physical examination
 - digital rectal examination for rectal cancer
 - total colonoscopy (NCCN Category 2A; ESMO Grade A, Level III for rectal cancer)
 - biopsy for histopathological confirmation (NCCN Category 2A)
- testing for staging typically includes
 - blood tests
 - complete blood count (CBC) (NCCN Category 2A; ESMO Grade A, Level III for rectal cancer)
 - chemistry profile (NCCN Category 2A), especially liver and renal function tests (ESMO Grade A, Level III for rectal cancer)
 - carcinoembryonic antigen (CEA) (NCCN Category 2A; ESMO Grade A, Level III for rectal cancer)
 - imaging studies
 - computed tomography (CT) to define functional status and presence of metastases
 - for rectal cancer, chest, abdominal, and/or pelvic CT (NCCN Category 2A; ESMO Grade A, Level III)
 - for colon cancer, recommendations differ between professional organizations
 - National Comprehensive Cancer Network (NCCN) recommends chest, abdominal, and/or pelvic CT (NCCN Category 2A)

4

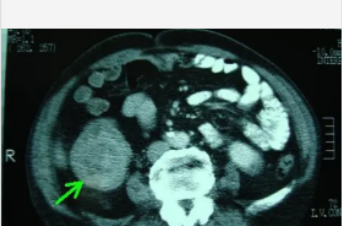
1, 2, 3

- European Society for Medical Oncology (ESMO)
 - levels of evidence
 - Level I - evidence obtained from ≥ 1 randomized trial of good methodological quality with low potential for bias or meta-analyses of multiple, well-designed, controlled studies without heterogeneity
 - Level II - evidence obtained from small or large randomized trials with suspicion of bias (lower methodological quality) or meta-analyses of lower quality trials or trials with heterogeneity
 - Level III - evidence obtained from prospective cohort studies
 - Level IV - evidence obtained from retrospective cohort studies or case-control studies
 - Level V - evidence obtained from studies without control group, case reports, or expert opinions
 - grades of recommendation
 - Grade A - strong evidence for efficacy with substantial clinical benefit (strongly recommended)
 - Grade B - strong or moderate evidence for efficacy but with limited clinical benefit (generally recommended)
 - Grade C - insufficient evidence for efficacy or benefit which does not outweigh risk or disadvantages (recommended as optional)
 - Grade D - moderate evidence against efficacy or for adverse outcome (generally not recommended)
 - Grade E - strong evidence against efficacy or for adverse outcome (never recommended)

Produced in collaboration with American College of Physicians



Images All (2)



SECTIONS:

- Overview and Recommendations
- Related Topics
- Staging Systems
- Risk Stratification and Decision Making
- Recommendations from Professional Organizations
- Conservative Management**
- Radical Prostatectomy
- Radiation Therapy
- Androgen Deprivation Therapy (ADT)
- Focal Therapies
- Chemotherapy
- Management of Sexual Dysfunction
- Management and Prevention of

Evidence • Updated 23 Mar 2023

STUDY SUMMARY

prostatectomy and radiation therapy may each not reduce 15-year all-cause and prostate cancer-specific mortality compared to active monitoring in patients aged 50-69 years with localized prostate cancer DynaMed Level 2

RANDOMIZED TRIAL: N Engl J Med 2023 Mar 11 early online

Details

STUDY SUMMARY

prostatectomy or radiation therapy might decrease 10-year prostate cancer-specific mortality compared to active monitoring in patients aged 50-69 years with localized prostate cancer DynaMed Level 2

RANDOMIZED TRIAL: Eur Urol 2020 Mar;77(3):320 | Full Text

Details

STUDY SUMMARY

prostatectomy associated with lower sexual function and urinary continence outcomes compared to radiation therapy and active monitoring in men with localized prostate cancer DynaMed Level 2

RANDOMIZED TRIAL: N Engl J Med 2016 Oct 13;375(15):1425

Details

Ognuno degli oltre 100,000 sommari di studio viene riportato in risposta a domanda PICO

Population

Intervention

Comparison

Outcome

DRUG MONOGRAPH

Sertraline

Powered by **Merative Micromedex®**

Routes: oral

TOPIC

SECTIONS:

Dosing/Administration

Medication Safety

Class

Mechanism Of Action

Pharmacokinetics


Patient Education

Toxicology

About

Brands

MAX 150 mg/day ⁴

- Luteal phase dosing, 50 mg/day orally only during the luteal phase; may increase to MAX 100 mg/day as necessary, begin each new luteal-phase dosing cycle with 50 mg/day for 3 days, then increase to 100 mg/day for rest of luteal phase ⁴
- Severe major depression with psychotic features; Adjunct
 - Initial, sertraline 50 mg/day plus olanzapine 5 mg/day orally, and increase as tolerated to reach a target dose of sertraline 100 mg/day plus olanzapine 10 mg/day by the end of week 1, sertraline 150 mg/day plus olanzapine 15 mg/day by the end of week 2, and a MAX sertraline 200 mg/day plus olanzapine 20 mg/day by the beginning of week 3; allow for dose reductions or slower titrations for adverse effects, with a minimum target dose of sertraline 150 mg/day plus olanzapine 15 mg/day (off-label dosage) ²².
- Social phobia
 - Initial, 25 mg/day orally as a single dose in the morning or the evening; may increase by 25 to 50 mg/day at intervals of at least 1 week to MAX 200 mg/day ⁴
- [IBM Micromedex® DRUGDEX® Subscribers: Sertraline Hydrochloride Details](#) 

Pediatric Dosing

- Important Note
 - Sertraline should not be used concomitantly with MAOIs intended to treat psychiatric

[Link diretto a Micromedex se in abbonamento](#)

Setting ospedaliero

Community-acquired Pneumonia in Children > **Hospitalist Focused Content** > Admission Checklists > Admission Checklist for Children With Community-acquired Pneumonia

☰ In this Section

< Previous Section Next Section >

SECTIONS:

Overview and Recommendations

Algorithms

Related Topics

Hospitalist Focused Content

General Information

Epidemiology

Etiology and Pathogenesis

History and Physical

Diagnosis

Management

Special Populations

Complications and Prognosis

Prevention and Screening

Quality Improvement

Guidelines and Resources

Patient Information

References

- Obtain blood cultures in children with severe or complicated CAP or with concern for sepsis ([Pediatrics 2017 Sep;140\(3\): e20171013](#) [full-text](#), [Pediatr Infect Dis J 2013 Jul;32\(7\):736](#) [full-text](#))
- Routine sputum culture not recommended in young children (< 5 years old) due to difficulty obtaining adequate sample ([Clin Infect Dis 2017 Jun 15;64\(suppl 3\):S280](#) [full-text](#))
- If sputum samples are obtained, perform culture if < 10 epithelial cells per lower power field ([Pediatr Rev 2017 Sep;38\(9\):394](#) [full-text](#))
- In children with severe or complicated CAP, identify specific pathogen via culture of induced sputum sample, pleural fluid, bronchoalveolar lavage, or biopsy ([Curr Opin Pediatr 2018 Jun;30\(3\):384](#) [full-text](#))
- Consider additional pathogen-specific testing, such as mycoplasma, tuberculosis, and legionella, in the appropriate clinical setting ^{Consensus}
- Use sensitive and specific tests for rapid diagnosis of influenza virus and other respiratory viruses for evaluation in children with CAP, if results would change medical management ([PIDS/IDSA Strong recommendation, High-quality evidence](#)) ²
- Consider complete blood cell count in patients with complicated pneumonia ([PIDS/IDSA Weak recommendation, Low-quality evidence](#)) ²
- Consider erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), and procalcitonin in conjunction with clinical findings to assess response to therapy in children with complicated pneumonia ([PIDS/IDSA Weak recommendation, Low-quality evidence](#)) ²
- Repeat chest x-rays are not routinely indicated in children who recover uneventfully from an episode of CAP: ([PIDS/IDSA Strong recommendation, Moderate-quality evidence](#)) ²
 - If clinical deterioration or instability, repeat chest x-ray after 24-48 hours of antibiotic initiation
 - Document radiographic resolution of lung abscess and round pneumonia

Morfo-sintassi

DynaMed® GC CME 81.5 Search

Atrial Fibrillation > Management > Rate Control

SECTIONS:

- Overview and Recommendations
- Related Topics
- General Information
- Epidemiology
- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Management**
- Complications and Prognosis
- Prevention and Screening
- Quality Improvement
- Guidelines and Resources
- Patient Information
- References

- see Rate Control in Atrial Fibrillation

Cardioversion

- see Cardioversion of Atrial Fibrillation

Antiarrhythmic drugs for rhythm Control

- see Rhythm Control in Atrial Fibrillation

Nonantiarrhythmic drugs with antiarrhythmic effects

Beta blockers

- beta blockers not generally considered primary therapy for maintenance of sinus rhythm, but reported to reduce symptomatic recurrence of atrial fibrillation, which may be due to rate control effects (Europace 2016 Nov;18(11):1609)

STUDY SUMMARY

metoprolol may reduce recurrence of atrial fibrillation (DynaMed Level 2) but increases risk of proarrhythmia and withdrawal due to adverse events (DynaMed Level 1)

COCHRANE REVIEW: Cochrane Database Syst Rev 2019 Sep 4;(9):CD005049

Details

ACE inhibitors and ARBs

- European Society of Cardiology (ESC) recommendations for secondary prevention of atrial fibrillation with "upstream" therapy
 - consider pretreatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) in patients with recurrent atrial fibrillation having electrical cardioversion and receiving antiarrhythmic drug therapy (ESC Class IIB, Level B)
 - ACE inhibitors or ARBs not recommended for secondary prevention of paroxysmal atrial fibrillation in patients with little or no underlying heart disease (ESC Class III, Level B)
- Reference - Europace 2016 Nov;18(11):1609

- Le parole sono importanti: «may reduce», livello 2 vs «increases», livello 1
- In DynaMed non si trova mai il pronome «we» (noi)
- Piuttosto, viene sempre fornita chiaramente la fonte dell'indicazione
- Una semplice ricerca della parola «recommend» in un qualsiasi argomento di DynaMed riporta decine di indicazioni da linee guida

Pulmonary Tuberculosis

Epidemiology > Geographic distribution

> Overview and Recommendations

Related Summaries

> General Information

▼ Epidemiology

Geographic distribution

> Incidence/Prevalence

> Risk factors

Associated conditions

> Etiology and Pathogenesis

> History and Physical

> Diagnosis

> Management

> Complications and Prognosis

> Prevention and Screening

> Guidelines and Resources

Patient Information

> ICD Codes

> References

- Reference - WHO 2018 global tuberculosis report PDF

Incidence/Prevalence

Global

- estimated 1.7 billion people infected with *M. tuberculosis* worldwide ¹
- **World Health Organization (WHO) global tuberculosis (TB) statistics for 2017**
 - estimated 10 million incident cases of TB worldwide in 2017
 - 133 cases per 100,000 persons
 - 64% male
 - estimated 1.3 million deaths attributed to TB among HIV-negative persons
 - estimates among patients with HIV
 - 920,000 new cases of TB reported (about 9% of all TB cases)
 - 300,000 deaths attributed to TB
 - Reference - WHO 2018 global tuberculosis report PDF
- estimated 2.8% prevalence of active TB among 10.2 million people worldwide (Lancet 2016 Sep 10;388(10049):1089

United States

- **United States TB statistics for 2018**
 - 9,029 cases of TB were provisionally reported to Centers for Disease Control and Prevention (CDC) in 2018 as of February 11, 2019 (0.7% decrease from 2017)
 - TB annual incidence
 - 2.8 per 100,000 persons overall
 - 1 per 100,000 United States-born persons
 - 14.2 per 100,000 foreign-born persons
 - 69.5% of TB cases occurred in foreign-born persons, with top 5 countries of origin Mexico, Philippines, India, Vietnam, and China
 - 5.3% of persons with TB and reported HIV test results were HIV positive
 - most recent drug-susceptibility data available from 2017
 - multidrug-resistant TB reported in 1.9%
 - 3 cases of extensively drug-resistant TB reported
 - Reference - MMWR Morb Mortal Wkly Rep 2019 Mar 22 PDF

High Endemicity Areas

Link alla
referenza con un
solo click



TOP

MANAGEMENT • Updated 06 Oct 2023

Anesthesia for the Patient With

Topic Updates Images Tables About

Overview and Recommendations

Related Topics

Description

Risks of Anesthesia in Diabetes Mellitus

Preoperative Assessment

Perioperative Diabetes Medication Management

Preoperative Medication Management

Intraoperative Glucose Management and Insulin Pump Use

Perioperative Diabetes Medication Management

Preoperative Medication Management

- considerations in patients taking medications for management of diabetes (such as insulin or metformin) should balance the need for patient to be euglycemic at time of surgery, while preventing hypo- or hyperglycemia in a patient who is fasting^{1,3}
 - preoperative education and advice for adjusting medication should be provided on an individualized basis tailored to the patient's medication regimen
 - adjustments to diabetes medications should take into account patient comorbidities, duration of fasting, and anticipated duration of surgery
 - most antidiabetic medications, including metformin, glucagon-like peptide-1 (GLP-1) receptor agonists, sulfonylureas, and thiazolidinediones, can be continued pre-

Evidence • Updated 6 Oct 2023

perioperative intensive glycemic control may not reduce mortality but may reduce risk of cardiovascular event and might increase risk of severe hypoglycemic episode compared to less-intensive glycemic control in patients with diabetes having surgery (Cochrane Database Syst Rev 2023 Aug 1)

[View in topic](#)

[View All Updates](#)

Gli aggiornamenti in DynaMed sono intesi quando nuova evidenza (i.e. study summary) viene aggiunta al contenuto. Quando le modifiche al testo sono minori queste sono registrate.

Lauren K. Dunn MD, PhD

TOPIC EDITOR

Mala S. Sivanandy MD

RECOMMENDATIONS EDITOR

Esther Jolanda van Zuuren MD

DEPUTY EDITOR

Terence K. Trow MD, FACP, FCCP

Images

All (2)

Support Center

Feedback

Find In Topic

Anesthesia for Laparoscopic and Abdominal Robotic Surgery

Intraoperative Fluids and Monitoring > Anesthesia Monitoring

> Overview and Recommendations

Related Topics

> General Information

Preoperative Evaluation and Preparation

Patient Positioning

> Anesthetic Techniques and Agents

> Airway Management and Ventilation

▾ Intraoperative Fluids and Monitoring

Fluid Management

Anesthesia Monitoring

> Postoperative Management

> Guidelines and Resources

Patient Information

> References

docking, surgeons and anesthesiologists should ensure

- appropriate placement of invasive monitoring
- cardiovascular and ventilation function in surgical position
- References - ³, [Minerva Anestesiol 2018 Oct;84\(10\):1189](#) [full-text](#)

- Italian Society of Anesthesia, Analgesia, Resuscitation, and Intensive Care (Società Italiana di Anestesia Analgesia Rianimazione e Terapia Intensiva [SIAARTI]) and the Italian Society of Surgery (Società Italiana di Chirurgia [SIC]) recommendations for monitoring during robotic surgery

- perform depth of anesthesia monitoring ([SIAARTI/SIC Grade I, Level B](#))
- comprehensive monitoring should include ECG, blood pressure, pulse oximetry, FiO₂, body temperature, hourly urine output, volume and ventilation pressure, and concentrations of halogenated anesthetics ([SIAARTI/SIC Grade I, Level A](#))
- neuromuscular blockade monitoring should include Train of Four (TOF) with Post-Tetanic Counts (PTC) ([SIAARTI/SIC Grade I, Level C](#))
- hemodynamic monitoring
 - level of hemodynamic monitoring should be proportional to perioperative risk identified ([SIAARTI/SIC Grade I, Level A](#))
 - for patients at high perioperative risk, monitor stroke volume and variations in response to crystalloid fluid boluses in order to maintain adequate oxygen delivery ([SIAARTI/SIC Grade I, Level A](#))
 - consider hemoglobin monitoring for patients at high risk or those having long, complex procedures ([SIAARTI/SIC Grade IIa, Level B](#))
 - transesophageal echocardiography equipment should be readily available in case of severe and sustained acute hemodynamic instability ([SIAARTI/SIC Grade I, Level C](#))
- Reference - [Minerva Anestesiol 2018 Oct;84\(10\):1189](#) [full-text](#)

Choosing Wisely – Choosing Wisely Italy

The screenshot shows the DynaMed website interface. At the top, the DynaMed logo is on the left, and navigation links for 'Specialties', 'Recent Alerts', 'Drugs A-Z', 'Drug Interactions', 'Calculators', and 'About' are in the center. On the right, there are icons for 'GC' and 'CME 86.5', and a search bar containing the text 'choos'. A dropdown menu is open from the search bar, showing a 'GO TO' section with links to 'Choosing Wisely', 'Choosing Wisely Australia', 'Choosing Wisely Canada', 'Choosing Wisely Italy', and 'Choosing Wisely United Kingdom'. Below this is a 'SEARCH FOR' section with several search suggestions: 'choosing the path of leadership in occupational therapy', 'choosing wisely', 'choosing wound dressings', 'choosing a research design', and 'choosing antidepressant'. The main content area is titled 'Choosing Wisely Italy' and has tabs for 'TOPIC' and 'UPDATES'. Under the 'Description' heading, there is a list of medical specialties with expandable arrows. The 'Description' section contains a bulleted list of information about the Choosing Wisely Italy campaign. Below this is the 'Allergy' section, which includes the title 'Italian Society of Allergy, Asthma, and Clinical Immunology (SIAAIC)' and another bulleted list of recommendations. At the bottom right, there are buttons for 'Find on Page' and 'Feedback'.

DynaMed

GC CME 86.5

choos

GO TO

- Choosing Wisely
- Choosing Wisely Australia
- Choosing Wisely Canada
- Choosing Wisely Italy
- Choosing Wisely United Kingdom

SEARCH FOR

- choosing the path of leadership in occupational therapy
- choosing wisely
- choosing wound dressings
- choosing a research design
- choosing antidepressant

Choosing Wisely Italy

TOPIC UPDATES

Description

- Allergy
- Andrology and Sexuality Medicine
- Cardiology
- Clinical Nutrition
- Clinical Pharmacy and Therapy
- Diabetology
- Endocrinology
- Environmental Medicine
- Forensic Medicine
- Gastroenterology
- General Practice
- Geriatrics
- Hospital Medical Directors
- Hospital Internal Medicine
- Human Genetics
- Laboratory Medicine
- Medical Education
- Medical Oncology

Description

- Choosing Wisely Italy (CWI) is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments, and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.
- CWI recommendations are the result of Italian medical colleges and professional societies identifying tests, treatments, or procedures that are commonly used but not supported by evidence and/or could expose patients to unnecessary harm.
- CWI is modeled after the [Choosing Wisely](#) campaign in the United States, an initiative of the American Board of Internal Medicine (ABIM) Foundation.
- Reference - [Choosing Wisely Italy](#), [Choosing Wisely Italy \[Italian\]](#)

Allergy

Italian Society of Allergy, Asthma, and Clinical Immunology (SIAAIC)

- Do not perform allergy tests for drugs (including anesthetics) and/or foods without clinical history and symptoms suggestive of hypersensitivity reactions.
- Do not perform so-called “food intolerance tests” (apart from those which are validated for suspected celiac disease or lactose enzymatic intolerance).
- Do not perform serological allergy tests (such as, total immunoglobulin [IG] IgE, specific IgE, Immuno Solid-phase Allergy Chip [ISAC]) as first-line tests or as “screening” assays.
- Do not treat patients sensitized to allergens or aptens if there is not a clear correlation between exposure to that specific allergen/apten and symptoms suggestive of allergic reaction. This recommendation is particularly strong for allergen immunotherapy and

Find on Page Feedback

Avvisi automatici di temi o specialità di interesse

The screenshot shows the DynaMed website interface. At the top, there is a search bar and navigation links for 'Specialties', 'Recent Alerts', 'Drugs A-Z', 'Drug Interactions', 'Calculators', and 'About'. The main content area is titled 'Atrial Fibrillation' and includes tabs for 'TOPIC', 'IMAGES (5)', and 'UPDATES'. A sidebar on the left lists various sub-topics under 'Overview and Recommendations', such as 'Background', 'Evaluation', 'Management', and 'Prevention'. A central dialog box titled 'Follow' is overlaid on the page, asking the user to select their preferred alert settings. The dialog box contains the text 'Get alerts when there are significant updates to this content.' and three radio button options: 'All Email Alerts', 'Only Potentially Practice-Changing Email Alerts', and 'No email, please, just show me alerts on DynaMed.'. Below the options are 'Follow' and 'Cancel' buttons. The background content is dimmed, showing a list of editors and a section for 'Images' with an ECG waveform.

Follow

Get alerts when there are significant updates to this content.

Select:

- All Email Alerts
- Only Potentially Practice-Changing Email Alerts
- No email, please, just show me alerts on DynaMed.

Follow Cancel

Hyponatremia

Management

> Overview and

Related Summ

> General Infor

> Differential di

> Pathogenesis

> History and Physical

> Diagnostic Testing

Management

Management overview

> Management of hyponatremia based on severity of symptoms

Management of hyponatremia based on underlying cause

Management of over rapid correction of hyponatremia

Effect of IV fluids

> Medications

Follow-up

> Complications

Prognosis

I Clinicians' Practice Points forniscono una guida e un'opinione da parte di redattori medici esperti su quella che viene percepita come buona pratica clinica in assenza di prove solide.

mmol/L/day

- monitor serum sodium frequently (every 2-4 hours) during correction

**CLINICIANS' PRACTICE POINT**

For patients who are at increased risk of overcorrection or who demonstrate large urine volume (> 100 mL per hour), more frequent monitoring is necessary to change treatments in order to slow or reverse the serum sodium increase within 24 hours.

- management of over rapid correction

- prompt intervention is recommended to lower serum sodium concentration if it increases > 10 mEq/L (> 10 mmol/L) during first 24 hours or > 8 mEq/L (> 8 mmol/L) in any 24 hour thereafter (ERBP Grade 1D)
- discontinue ongoing active treatment (ERBP Grade 1D)
- initiation of infusion of 10 mL/kg body weight of electrolyte free water (glucose solutions) over 1 hour with strict monitoring of urine output and fluid balance is appropriate (ESICM/ESE/ERBP Grade 1D)
- addition of IV desmopressin 2 mcg, up to every 8 hours (ESICM/ESE/ERBP Grade 1D)
- if serum sodium concentration < 120 mEq/L (< 120 mmol/L)
 - replace water losses or give desmopressin after correction by 6-8 mmol/L during first 24 hours
 - consider re-lowering serum sodium if correction exceeds limits with



DynaMed Commentary fornisce informazioni sulla metodologia o su altri aspetti tecnici significativi degli studi clinici che vengono valutati criticamente nei sommari delle prove.

DynaMed Commentary

Rates of increased likelihood of developing TB were derived prior to the routine use of antiretroviral therapy (ART) and are likely lower for patients who achieve sustained viral suppression with ART.

Immunosuppression

STUDY SUMMARY

corticosteroids associated with increased risk of active TB

CASE-CONTROL STUDY: [Int J Tuberc Lung Dis 2015 Aug;19\(8\):936](#)

[Details](#) ▾

- biologic tumor necrosis factor (TNF) antagonists

STUDY SUMMARY

TNF antagonists associated with risk for TB, particularly in patients with rheumatoid arthritis

SYSTEMATIC REVIEW: [BMJ Open 2017 Mar 22;7\(3\):e012567](#) | [Full Text](#)

[Details](#) ▾

STUDY SUMMARY



Pulmonary Tuberculosis

Management › Medications › Frequency

› Overview and Recommendations

Related Summaries

› General Information

› Epidemiology

› Etiology and Pathogenesis

› History and Physical

› Diagnosis

▼ Management

Management overview

▼ Medications

Recommendations

Frequency

› First-line drugs for TB

› Second-line drugs for TB

Drug intolerance

Options for drug-resistant TB

› Adjunctive medications (other than antituberculosis drugs)

› Follow-up

▼ Complications and Prognosis

Frequency

EVIDENCE SYNOPSIS

Both the World Health Organization (WHO) and American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America (ATS/CDC/IDSA) give preference for daily dosing during intensive phase of therapy, although the ATS/CDC/IDSA guidelines offer more leeway for less frequent dosing for patients at low risk for relapse

- WHO 2017 recommendations on frequency of dosing⁵
 - wherever feasible, daily dosing is optimal (WHO Strong recommendation, High-quality evidence)⁵
 - consider daily dosing over 3-times weekly dosing throughout both intensive and continuation phase (WHO Conditional recommendation, Very low-quality evidence)
 - patients should not receive twice-weekly dosing unless done in the context of formal research (WHO Strong recommendation, High-quality evidence)
- ATS/CDC/IDSA 2016 recommendations
 - daily dosing recommended over intermittent dosing during intensive phase of therapy (ATS/CDC/IDSA Strong recommendation, Moderate-quality evidence)
 - consider 3-times-weekly dosing in intensive phase (with or without initial 2 weeks of daily therapy) for patients without HIV infection and are at low risk of relapse (those with pulmonary, drug-susceptible, noncavitary, and/or smear-negative TB) (ATS/CDC/IDSA Conditional recommendation, Low-quality evidence)
 - consider twice-weekly therapy after an initial 2 weeks of daily therapy in situations where daily or 3-times-weekly DOT is difficult to achieve for patients without HIV infection and are at low risk of relapse (ATS/CDC/IDSA Conditional recommendation, Very low-quality evidence)

STUDY SUMMARY

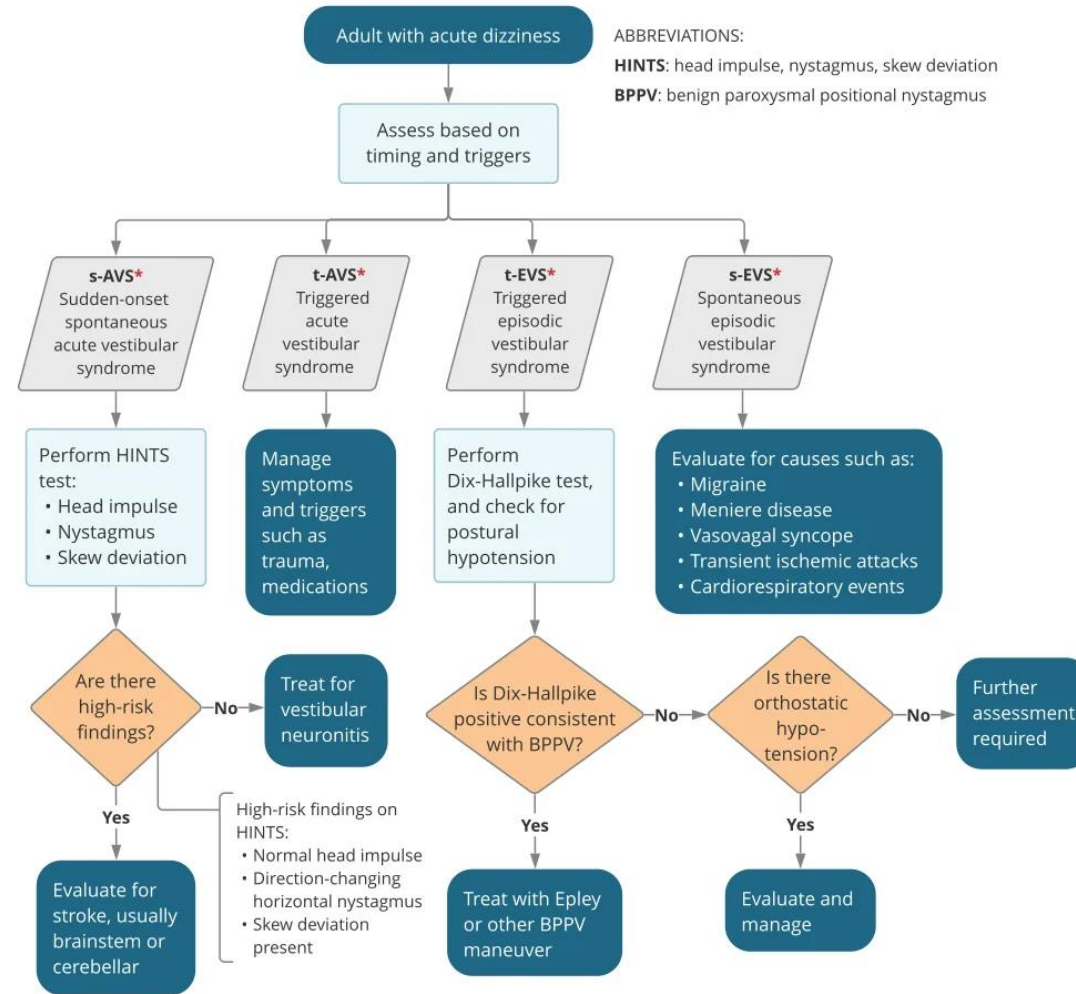
TB treatment regimens given three times weekly associated with increased rates of treatment failure, relapse, and acquired drug resistance compared to daily

L'Evidence Synopsis è una sintesi strutturata di un insieme di prove che intende fornire un "take-away" clinico e rispondere alla domanda il più rapidamente possibile.



Algoritmi

Acute Dizziness in Adults: Initial Approach



* Definitions

s-AVS: acute continuous dizziness occurring spontaneously

t-AVS: acute continuous dizziness due to trauma or exposure

t-EVS: episodic dizziness lasting seconds to minutes with trigger causing dizziness for each event

s-EVS: episodic dizziness lasting seconds to days without trigger

REFERENCES: *Arch Gen Int Med* 2018;2(2):17–22 • *Am Fam Physician* 2017 Feb 1;95(3):154–162 • *Neurology* 2015 Apr 14;84(15):1595–1604

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Video

CONDITION

Essential Tremor

TOPIC

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ABOUT

SECTIONS:

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Prognosis

Prevention and Screening

CONDITION

Essential Tremor

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ABOUT



Essential tremor plus



Essential tremor

Overview and Recommendations

≡ In this Section

Background

- Essential tremor is a common movement disorder that is characterized predominantly by action tremors (kinetic and/or postural). It is the most **prevalent** tremor disorder and has traditionally been considered monosymptomatic, slowly progressive, and benign.
- The pathophysiology is unknown and the clinical spectrum is heterogeneous. Some patients also have mild cerebellar and cognitive symptoms.
- The **age of onset** is variable with a possible bimodal pattern with a small peak around age 20 years and a larger peak at age ≥ 65 years.
- **Risk factors** include aging and family history (reported in about 50% of patients).

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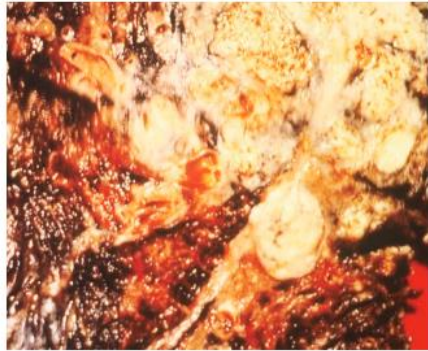
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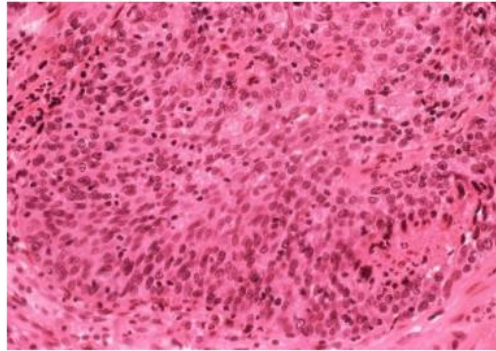
Jennifer S. Hui MD

SEARCH RESULTS
lung cancer

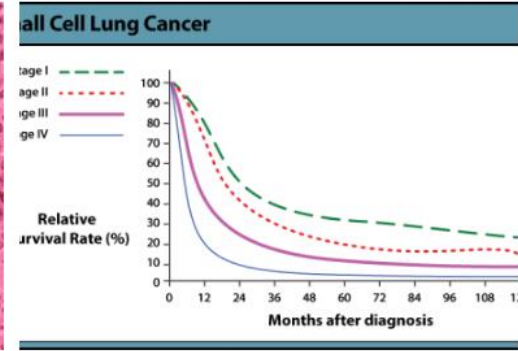
ALL IMAGES (7)



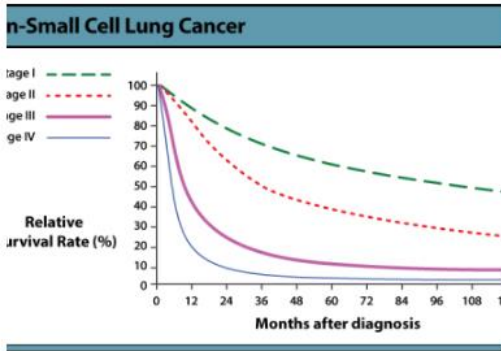
Lung Cancer.



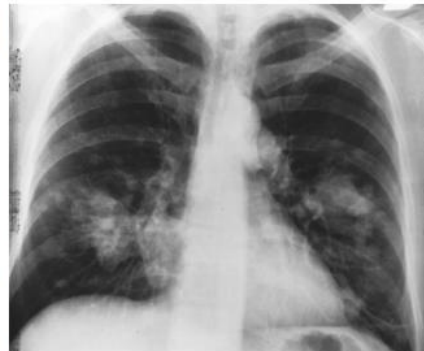
Lung cancer.



Lung cancer survival trends.



Lung cancer survival trends.



Lung Cancer Chest X-Ray.



Superior Sulcus Tumor Chest Radiograph.

