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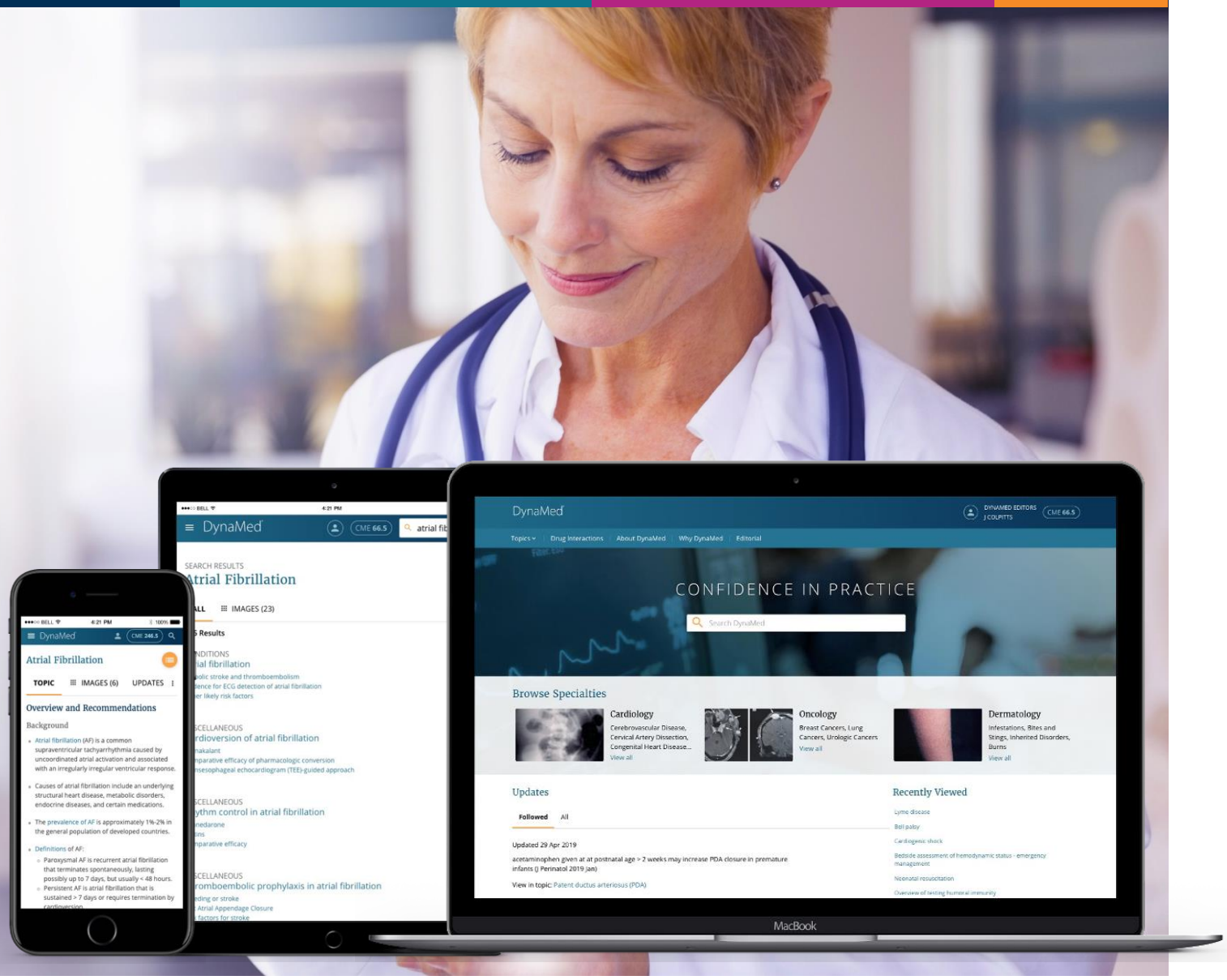
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Updated 29 Apr 2019
acetaminophen given at at postnatal age > 2 weeks may increase PDA closure in premature infants (J Perinatol 2019 Jan)
View in topic: Patent ductus arteriosus (PDA)
Recently Viewed
Lyme disease
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MacBook
SEARCH RESULTS
Atrial Fibrillation
IMAGES (23)
Atrial Fibrillation
TOPIC
IMAGES (6)
UPDATES
Overview and Recommendations
Background

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

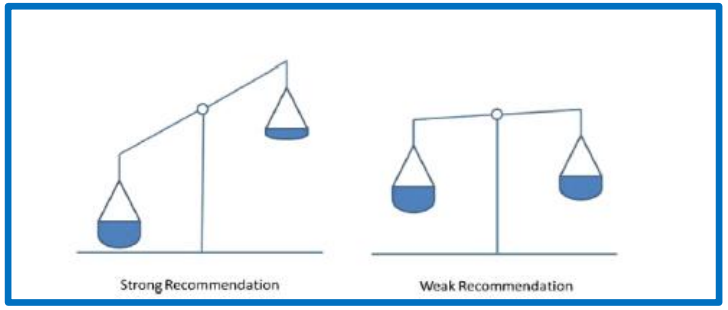
Due tipi fondamentali di domande al punto di cura

Cosa fare?

Chi lo dice?

DynaMed risponde con

Raccomandazioni e loro forza

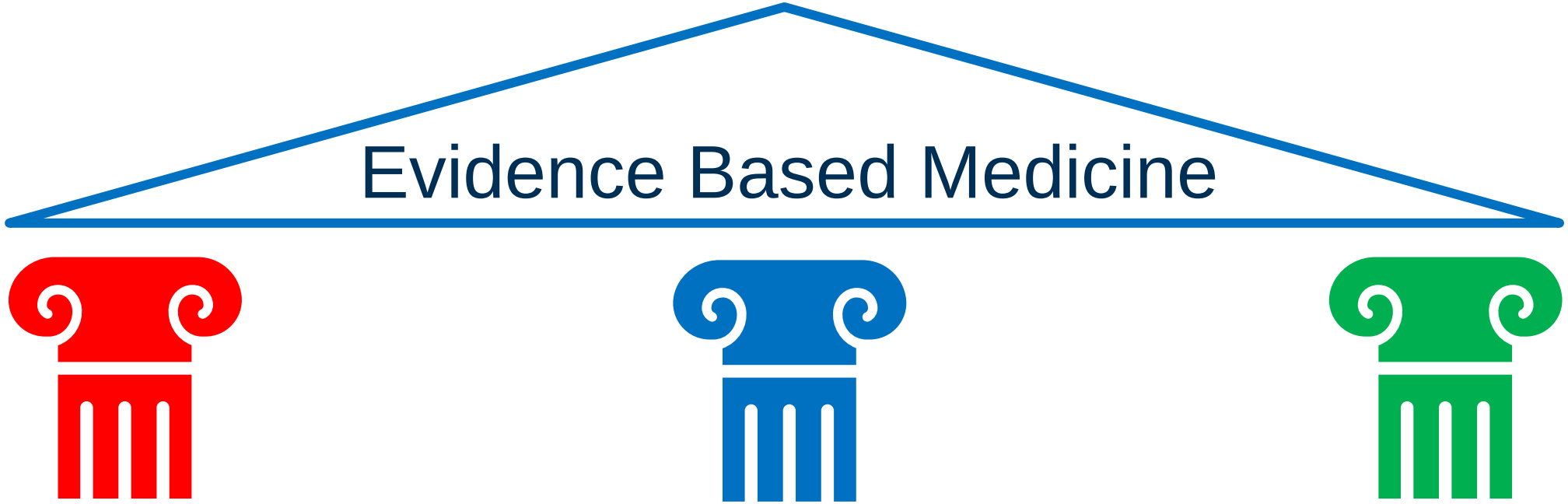


Prove di efficacia

Cosa fare?

Chi lo dice?

I tre pilastri della Medicina basata sulle migliori prove di efficacia

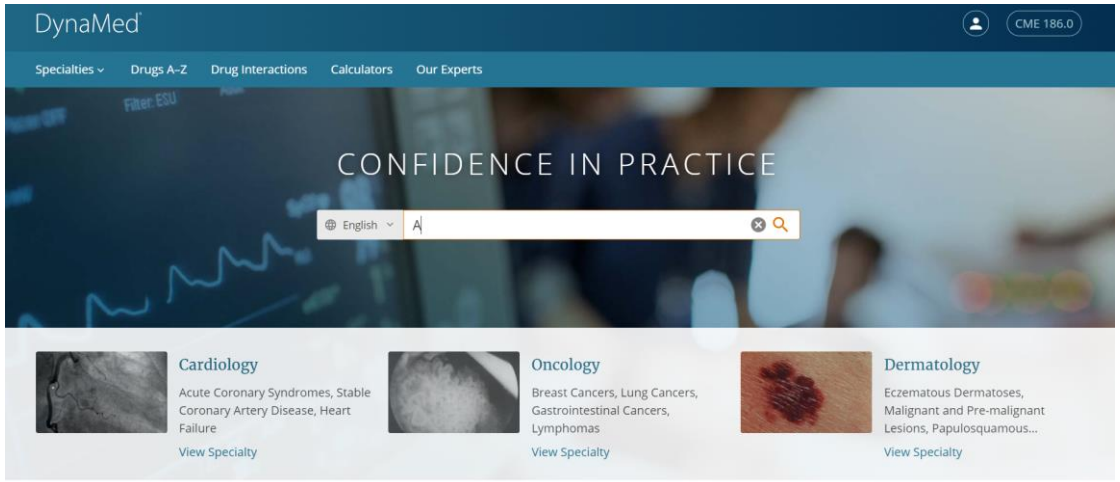


esperienza clinica

evidenze scientifiche

valori paziente

evidenze scientifiche

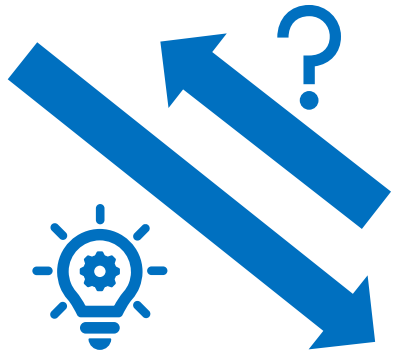


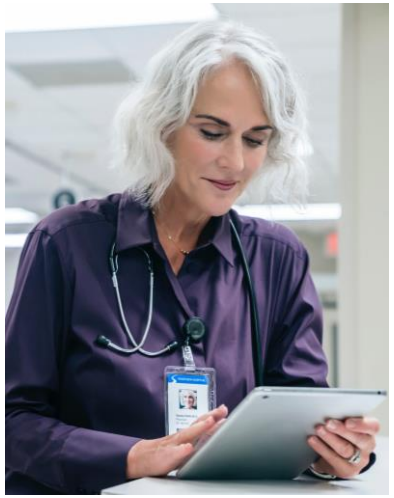
Point of care

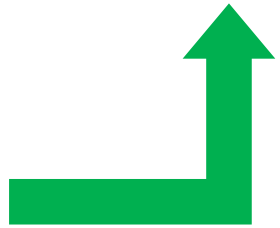
link

Vaglio e sintesi

Riviste / articoli







pratica clinica

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Cardiologist, Beth Israel Deaconess Medical Center; Associate Professor, Harvard Medical School

Alan Ehrlich, MD

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Controllo sistematico della letteratura

Priorità in base alla fonte e all'impatto delle nuove evidenze/linee guida

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

4

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

< Previous Section Next Section >

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)
  - 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)

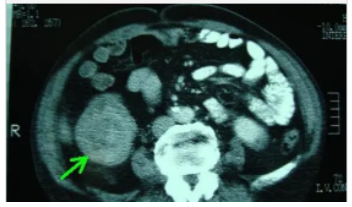
1, 2, 3

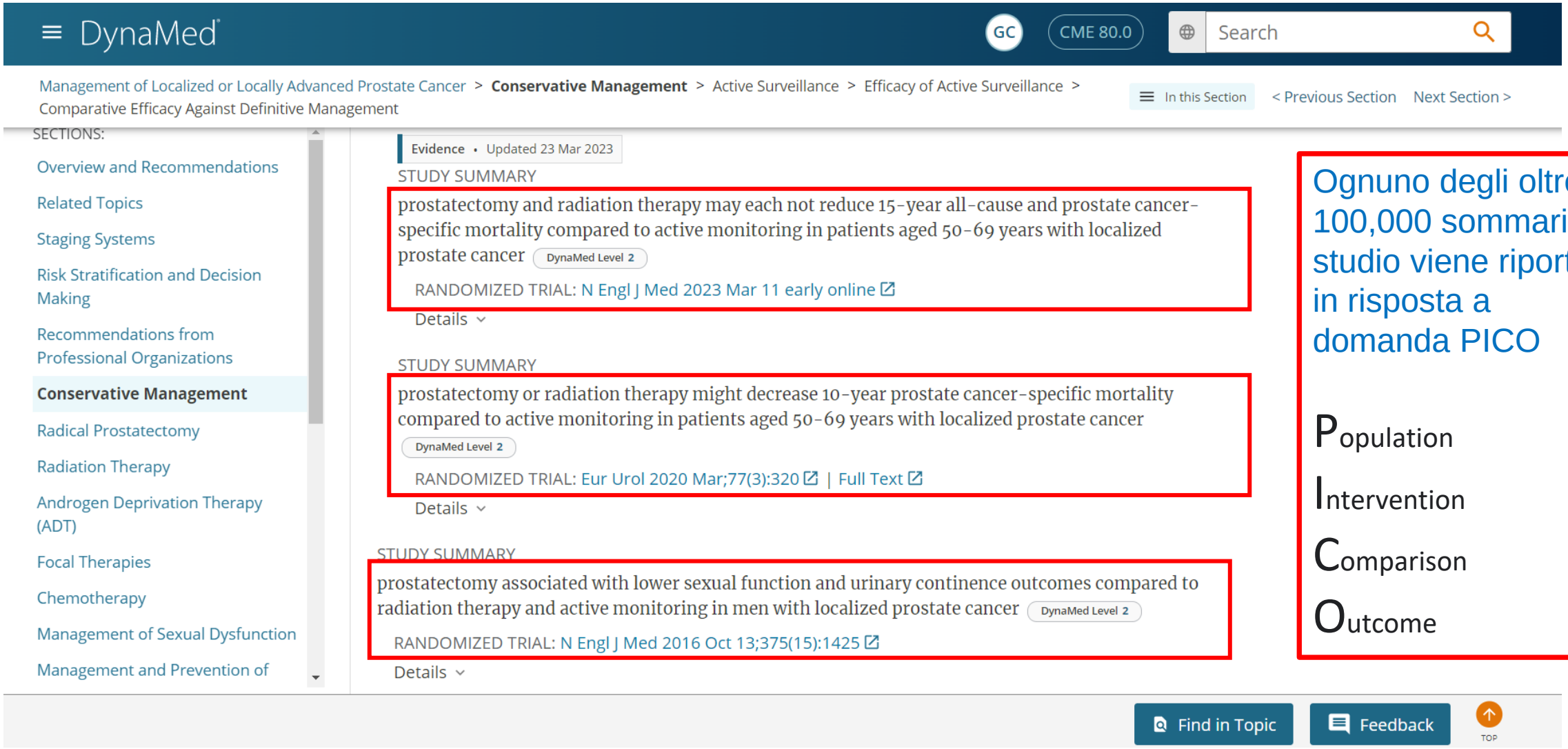
- European Society for Medical Oncology (ESMO)
  - levels of evidence
    - Level I - evidence obtained from ≥ 1 randomized trial of good methodological quality with low potential for bias or meta-analyses of multiple, well-designed, controlled studies without heterogeneity
    - Level II - evidence 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

ACP

Images All (2)





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

Population

Intervention

Comparison

Outcome

Monografie farmaci da Micromedex

DRUG MONOGRAPH

Sertraline

Powered by ***Merative Micromedex***®

Routes: oral

TOPIC

SECTIONS:

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

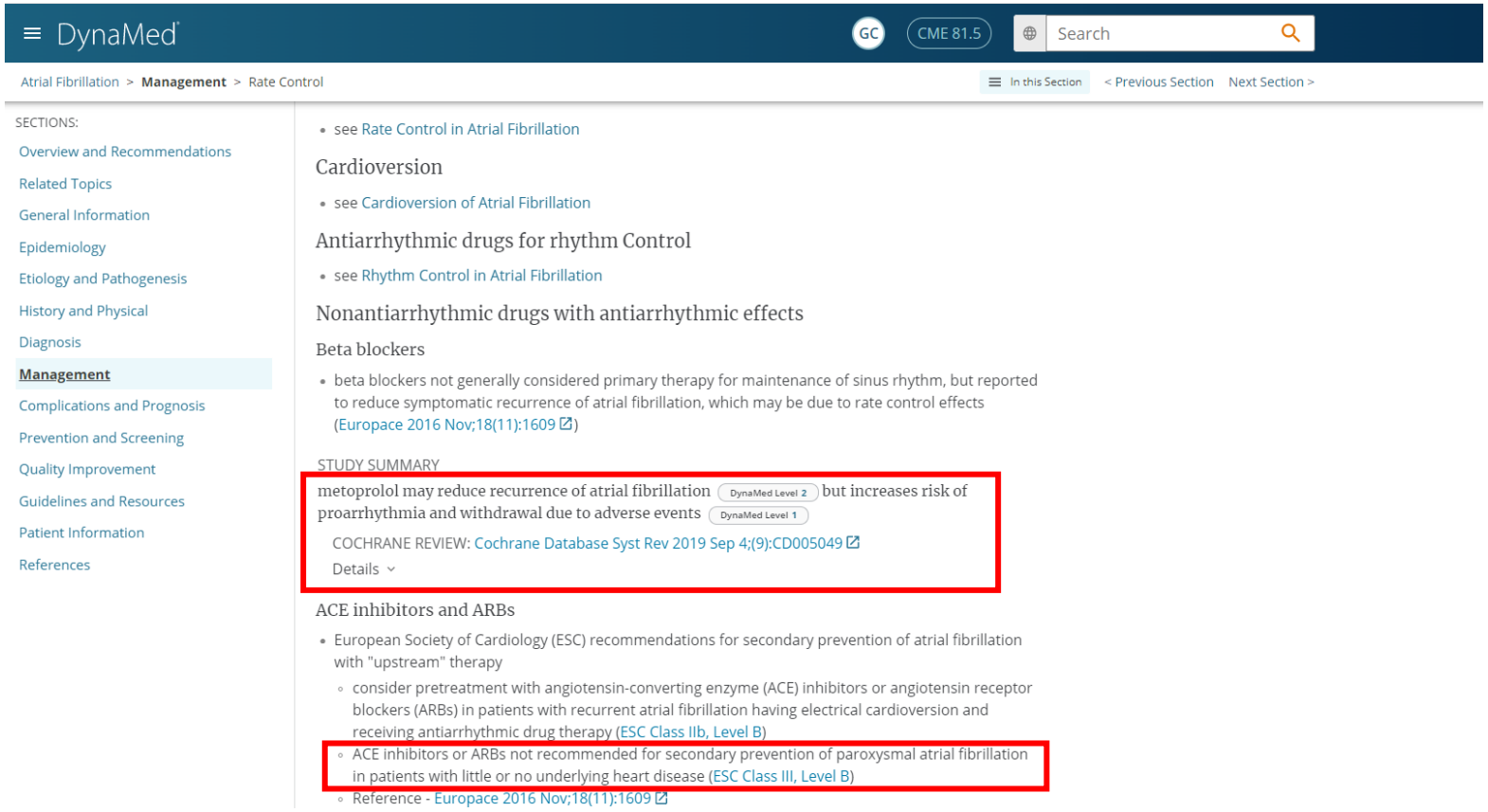
- Important Note
  - Sertraline should not be used concomitantly with MAOIs intended to treat psychiatric

Link diretto a Micromedex se in abbonamento

Setting ospedaliero

- 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)
- 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)
- 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



- 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

- Reference - WHO 2018 global tuberculosis report PDF

Incidence/Prevalence

Global

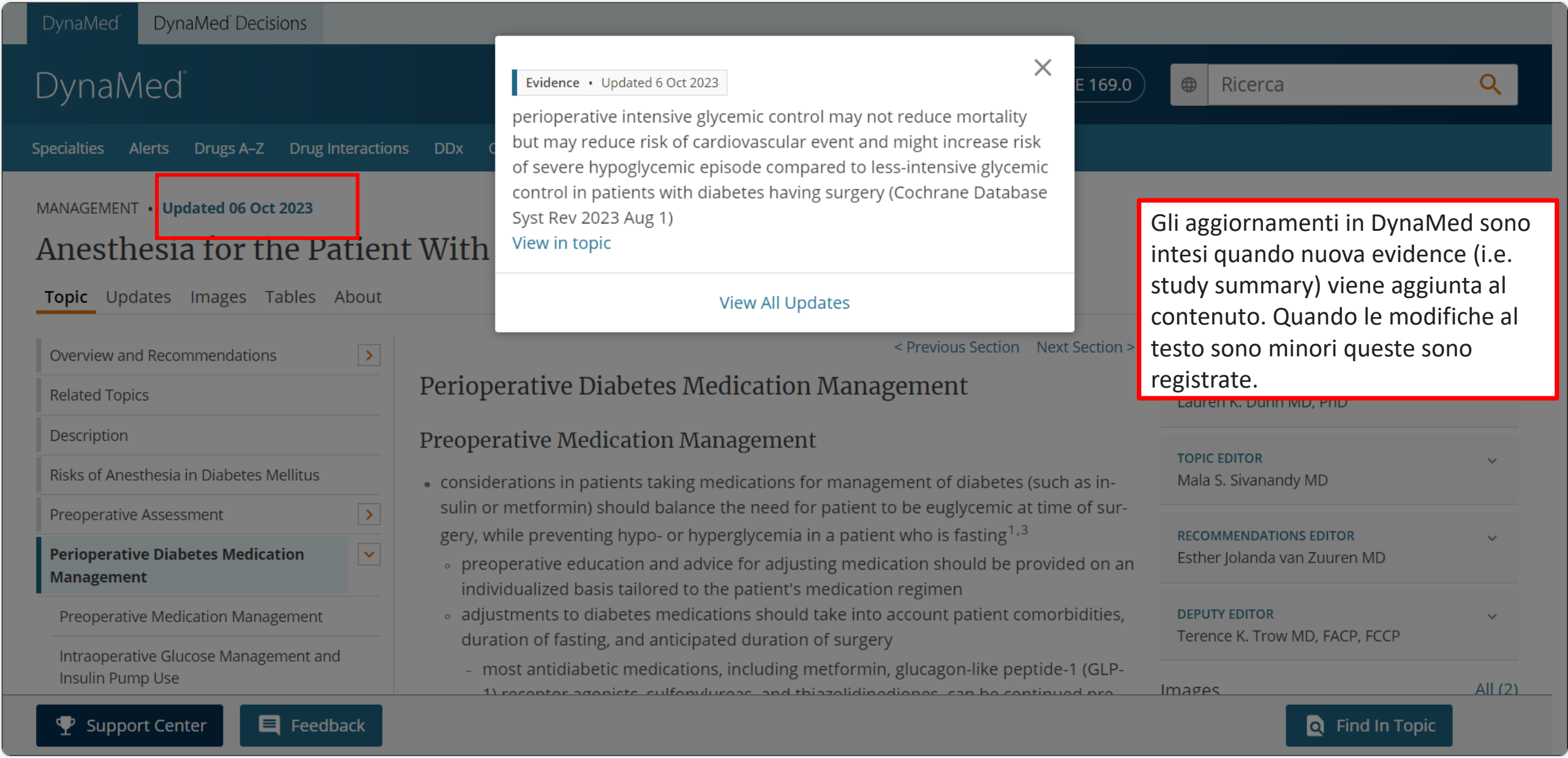
- estimated 1.7 billion people infected with *M. tuberculosis* worldwide [1]
- **World Health Organization (WHO) global tuberculosis (TB) statistics for 2017**
  - estimated 10 million incident cases of TB worldwide in 2017
    - 133 cases per 100,000 persons
    - 64% male
  - estimated 1.3 million 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 10.3 million people in [illegible] worldwide (Lancet 2016 Sep 10;388(10049):1089)

Link alla referenza con un solo click

United States

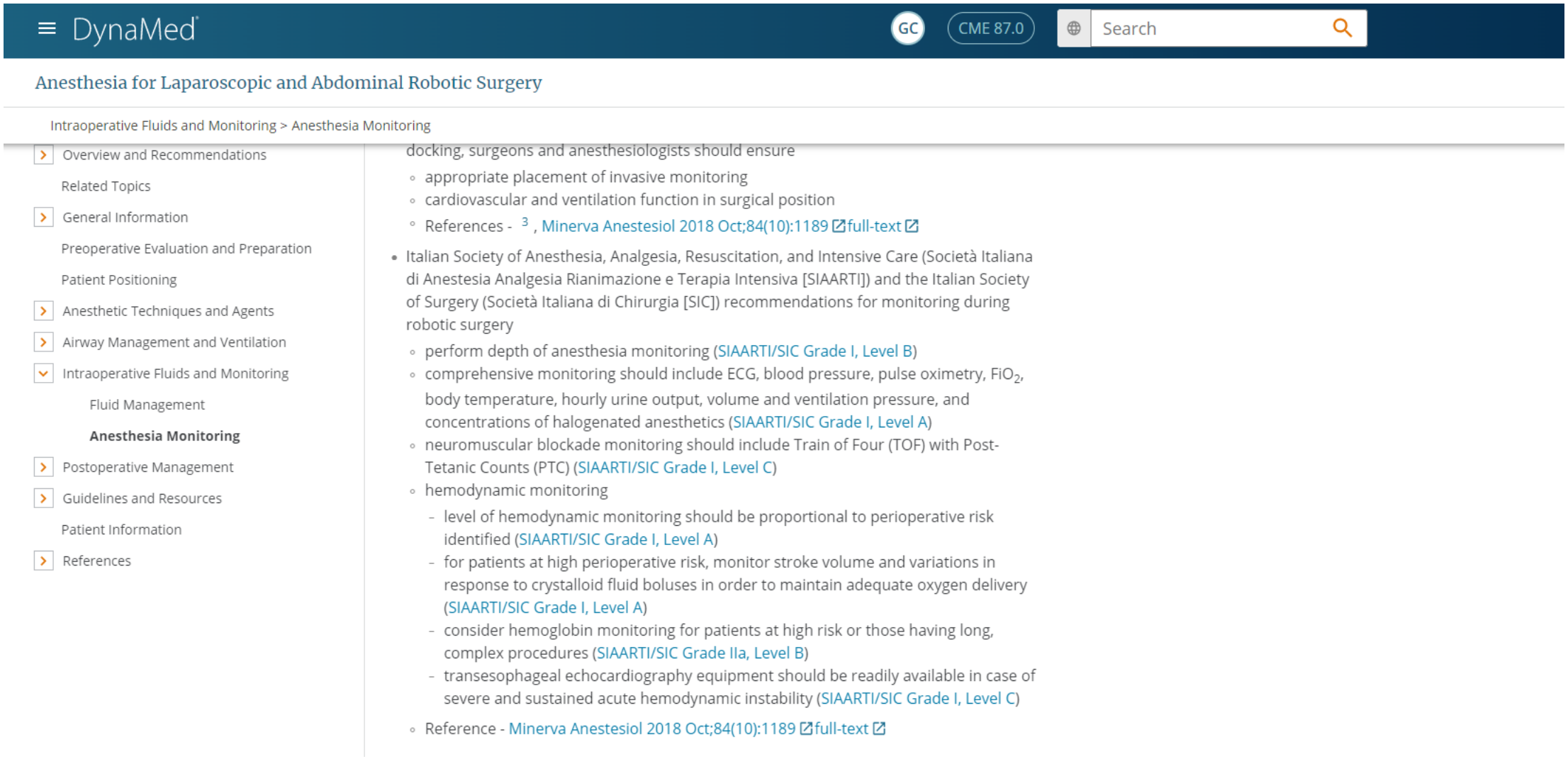
- **United States TB statistics for 2018**
  - 9,029 cases of TB were provisionally reported to Centers for Disease Control and Prevention (CDC) in 2018 as of February 11, 2019 (0.7% decrease from 2017)
  - TB annual incidence
    - 2.8 per 100,000 persons overall
    - 1 per 100,000 United States-born 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

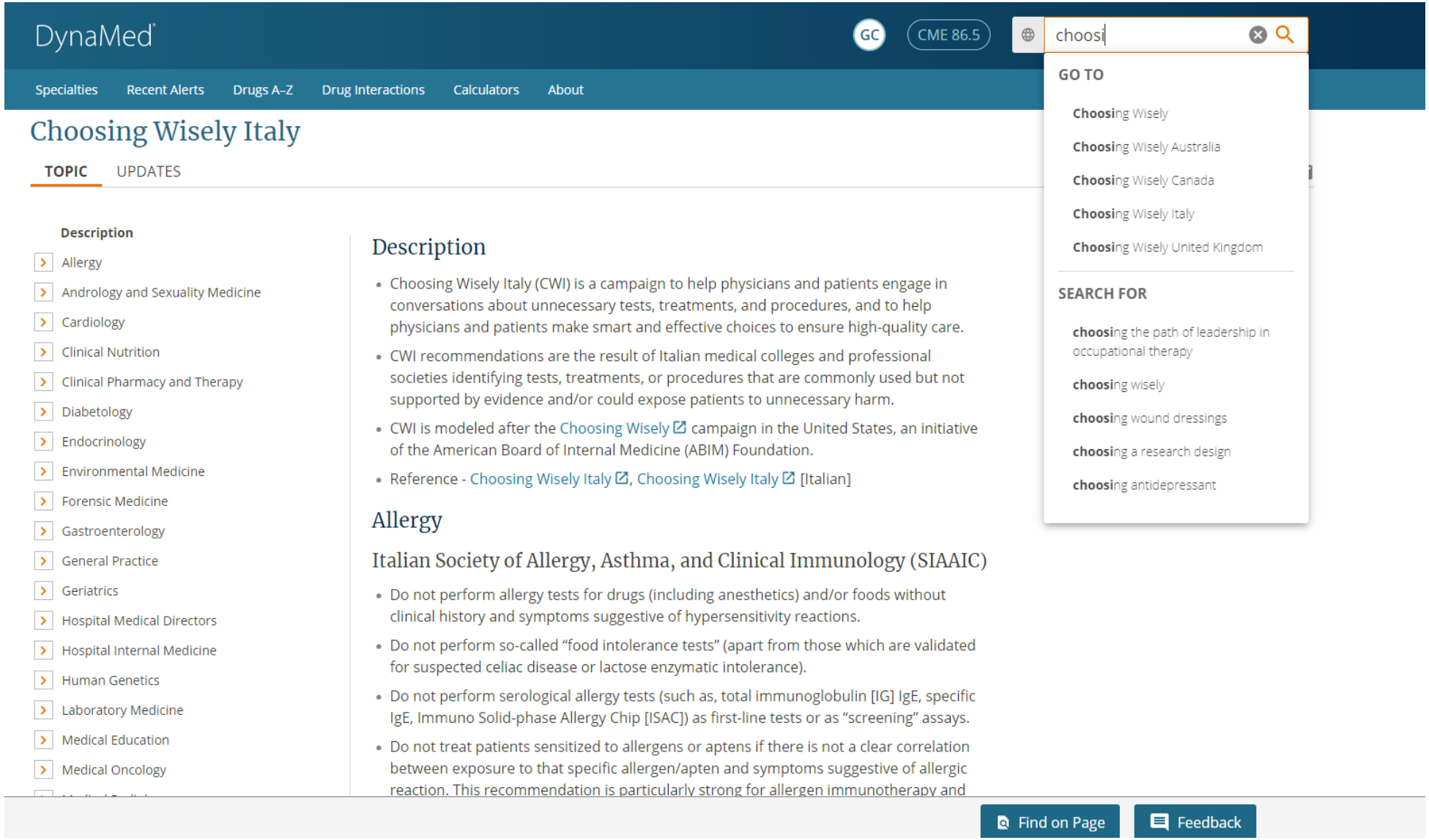


Gli aggiornamenti in DynaMed sono intesi quando nuova evidence (i.e. study summary) viene aggiunta al contenuto. Quando le modifiche al testo sono minori queste sono registrate.

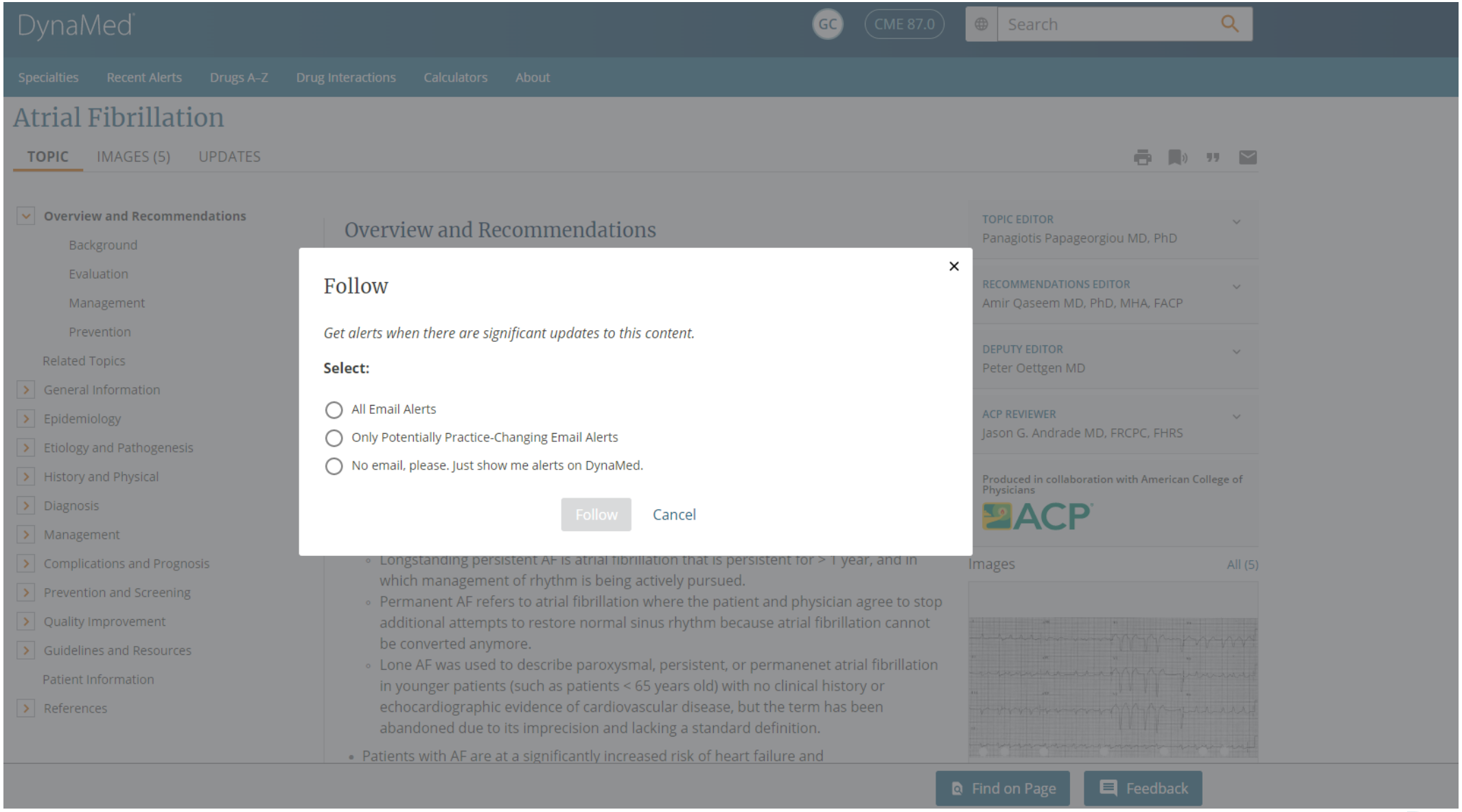
Linee Guida italiane



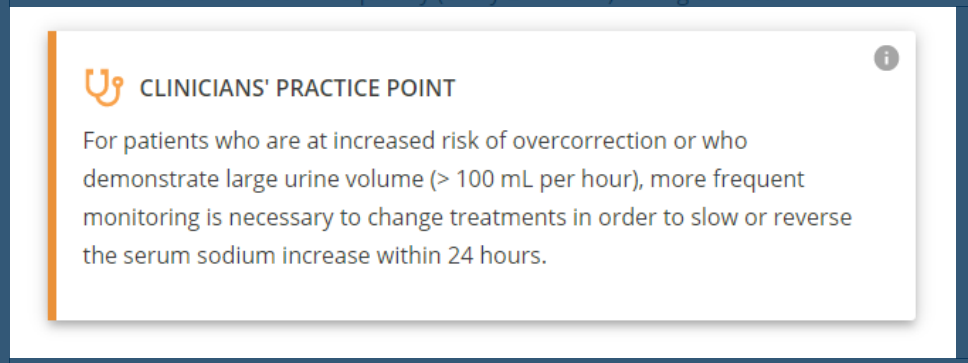
Choosing Wisely – Choosing Wisely Italy



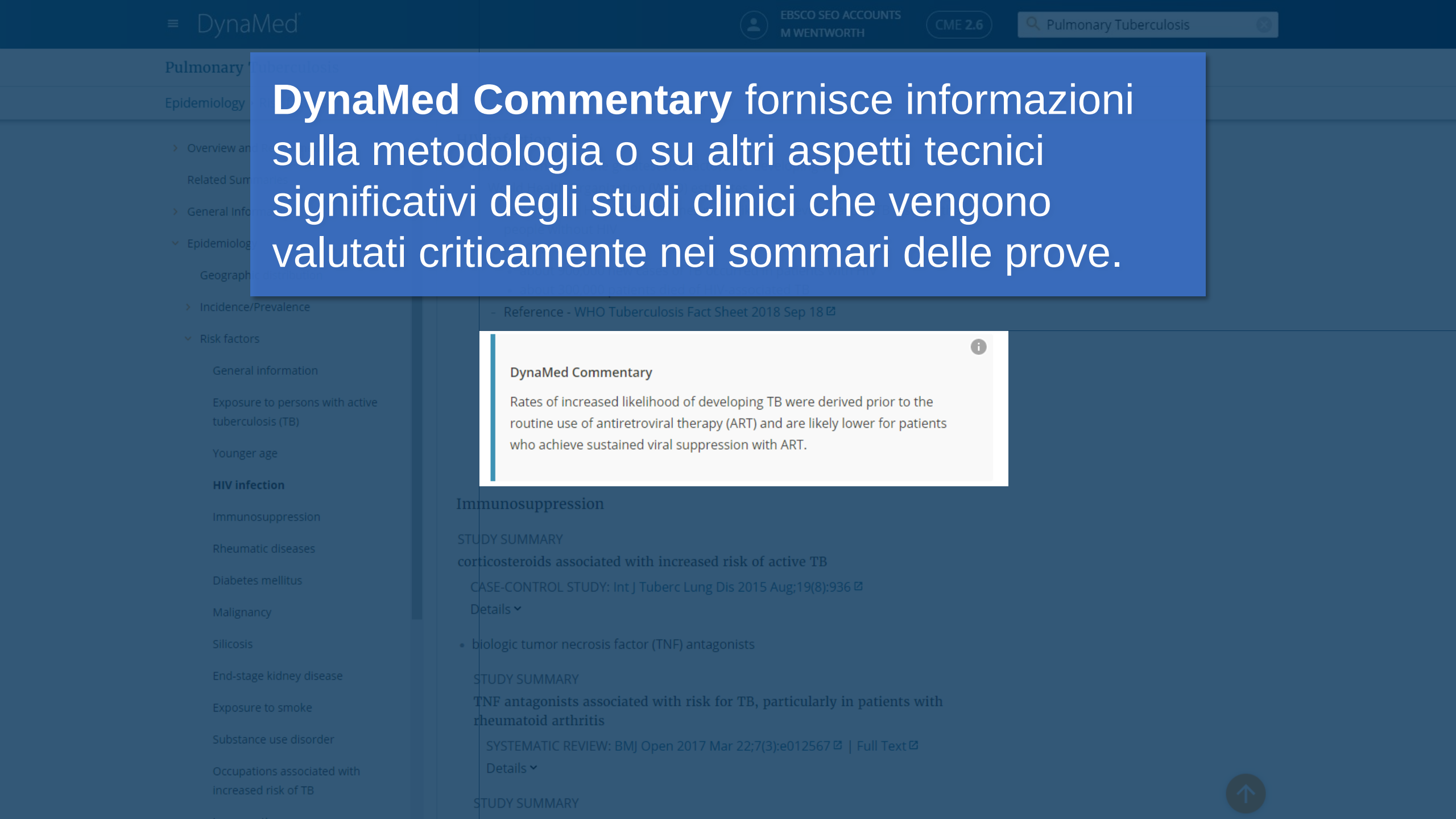
Avvisi automatici di temi o specialità di interesse



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.



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



Pulmonary Tuberculosis

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 dosing [5]
  - 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)

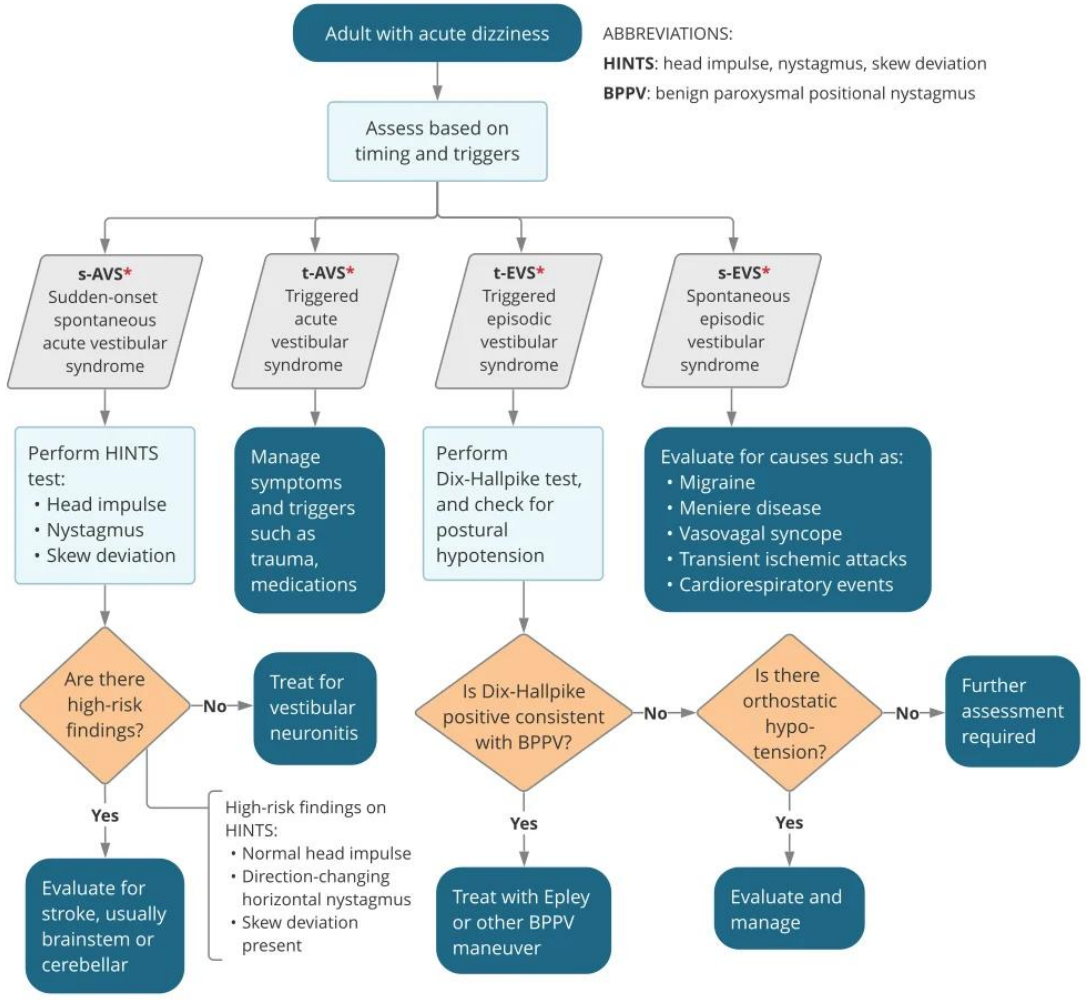
STUDY SUMMARY

TB treatment regimens given three times weekly associated with increased rates of

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

Video

CONDITION

Essential Tremor

TOPIC | VIDEOS (2) | UPDATES | ABOUT

Essential tremor plus

Essential tremor

DynaMed

CONDITION

Essential Tremor

TOPIC | VIDEOS (2) | UPDATES | ABOUT

SECTIONS:

- **Overview and Recommendations**
- Related Topics
- General Information
- Epidemiology
- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Management
- Complications
- Prognosis
- Prevention and Screening

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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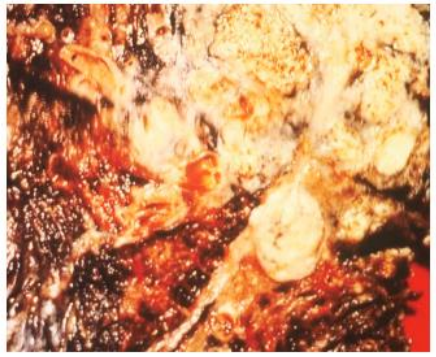
CME 26.5

lung cancer

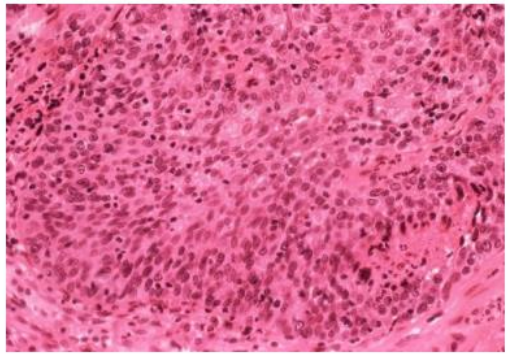
SEARCH RESULTS

lung cancer

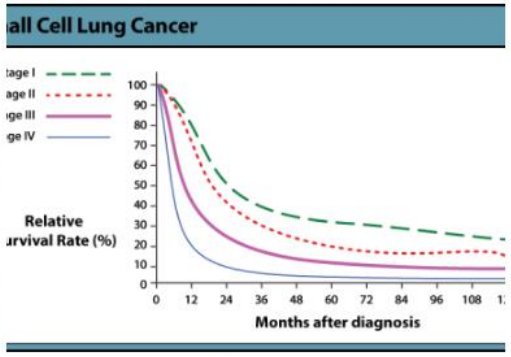
ALL | IMAGES (7)



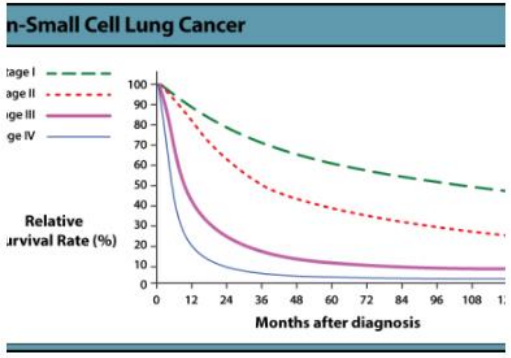
Lung Cancer.



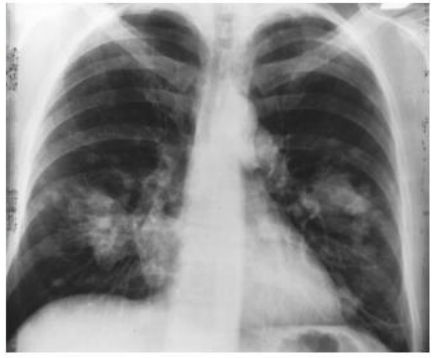
Lung cancer.



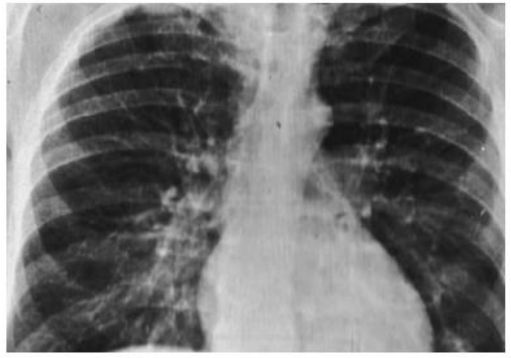
Lung cancer survival trends.



Lung cancer survival trends.



Lung Cancer Chest X-Ray.



Superior Sulcus Tumor Chest Radiograph.