



دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی استان گیلان

بسم الله الرحمن الرحيم

راهنمای استفاده از

UpToDate®

تهیه کننده: ناهید حسینی چگنی

۱۳۹۹

معرفی پایگاه

- از معتبرترین منابع اطلاعاتی بالینی جهان (پایگاه مبتنی بر شواهد)
- از محصولات انتشارات wolters kluwer
- پایگاهی جامع و بروز
- کاربرد در تصمیم گیری پزشکان
- آموزش بیماران
- بانک اطلاعاتی دارویی

معرفی پایگاه

شامل:

- بیش از ۶۰۰۰ مدخل دارویی
- بیش از ۹۵۰۰ توصیه بالینی
- بیش از ۱۵۰۰ موضوع آموزش به بیمار
- بیش از ۳۴۰۰۰ گرافیک
- بیش از ۴۸۰ چکیده مدلاین
- بیش از ۱۸۵ حسابگر بالینی
- جستجو با ۱۰ زبان مختلف

تخصص های موضوعی پوشش داده شده در پایگاه (۲۵ موضوع)

- [Allergy and Immunology](#)
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دسترسی به پایگاه

۱. از طریق پورتال دیجیتال دانشگاه Diglib.lums.ac.ir

۲. از طریق وب سایت کتابخانه مرکزی centlib.lums.ac.ir

ثبت نام و ورود به پایگاه

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The screenshot shows the UpToDate website interface. At the top, there are browser tabs for 'دسترسی از داخل دانشگاه (منابع دید)', 'دانشگاه علوم پزشکی و خدمات بهداشتی', and 'Search - UpToDate'. The address bar shows 'ts/search'. The UpToDate logo is on the left, and 'University of Medical Sciences' is on the right. A navigation bar contains 'Contents', 'Calculators', 'Drug Interactions', and 'UpToDate Pathways'. The 'Contents' menu is expanded, showing a list of options: 'What's New', 'Practice Changing UpDates', 'Drug Information', 'Patient Education', 'Topics by Specialty', and 'Authors and Editors'. A search box labeled 'Search UpToDate' is visible in the center. The footer includes 'Wolters Kluwer', 'Language', '© 2020 UpToDate, Inc. and/or its affiliates. All Rights Reserved.', and links for 'Subscription and License Agreement', 'Policies', and 'Support Tag'. The taskbar at the bottom shows various application icons and system tray icons.

What's new

خلاصه ای از مهم ترین یافته های جدید بر اساس تخصص

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Our editors select a small number of the most important updates and share them with you via What's New. See these updates by clicking on the specialty you are interested in below. You may also enter "What's new" in the search box.

Find Out What's New In:

Practice Changing UpDates

Allergy and immunology

Anesthesiology

Cardiovascular medicine

Dermatology

Drug therapy

Emergency medicine

Endocrinology and diabetes mellitus

Family medicine

Gastroenterology and hepatology

Geriatrics

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Psychiatry

Pulmonary and critical care medicine

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Sports medicine (primary care)

Surgery

صفحه نتایج



Topic Outline

BREAST CANCER

Pembrolizumab plus chemotherapy in advanced triple negative breast cancer (December 2020)

Atezolizumab plus neoadjuvant chemotherapy for triple negative breast cancer (October 2020)

Adjuvant abemaciclib in high-risk, hormone receptor positive, HER2-negative breast cancer (September 2020)

Adjuvant chemotherapy in small, node negative TNBC (August 2020)

Subcutaneous formulation of trastuzumab and pertuzumab in HER2-positive breast cancer (July 2020)

Choice of adjuvant bisphosphonate in early breast cancer (July 2020)

Impact of nonadherence to adjuvant endocrine therapy in early, hormone-receptor positive breast cancer (June 2020)

CANCER SCREENING AND PREVENTION

Celiac disease and risk of small bowel adenocarcinoma (November 2020)

What's new in oncology

Authors: [April F Eichler, MD, MPH](#), [Diane MF Savarese, MD](#), [Sadhna R Vora, MD](#), [Sonali Shah, MD](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Nov 2020**. | This topic last updated: **Dec 17, 2020**.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

BREAST CANCER

Pembrolizumab plus chemotherapy in advanced triple negative breast cancer (December 2020)

In advanced triple negative breast cancer (TNBC), studies are evaluating the combination of immune checkpoint inhibitors with chemotherapy. In KEYNOTE 355, among almost 850 patients with advanced TNBC, the addition of [pembrolizumab](#) to chemotherapy improved progression-free survival (7.5 versus 5.6 months), particularly among those with Combined Positive Score (CPS) ≥ 10 (9.7 versus 5.6 months) [1]. Based on these results, pembrolizumab is approved in combination with chemotherapy for patients with metastatic TNBC whose tumors express PD-L1 with a CPS ≥ 10 , and we consider it to be an acceptable option in this subset. (See "[ER/PR negative, HER2-negative \(triple-negative\) breast cancer](#)", section on '[PD-L1-positive tumors](#)'.)

Atezolizumab plus neoadjuvant chemotherapy for triple negative breast cancer (October 2020)

Trials are evaluating the incorporation of immunotherapy into the neoadjuvant management of triple negative breast cancer (TNBC). In the IMpassion031 trial, among over 300 patients with treatment-naïve stage II-III TNBC, the addition of the PD-L1-

Practice Changing UpDates

تغییرات عملکردهای بالینی (تأثیرات قابل توجهی در عملکرد بالینی دارد)

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Topic Outline

- INTRODUCTION
- INFECTIOUS DISEASES (May 2020, Modified December 2020)
 - Dexamethasone and remdesivir for COVID-19
- PRIMARY CARE (ADULT) (October 2020)
 - Colchicine in patients with stable coronary artery disease
- CARDIOVASCULAR MEDICINE (October 2020)
 - Antiplatelet therapy for transcatheter aortic valve implantation
- CARDIOVASCULAR MEDICINE (September 2020)
 - Rhythm-control for high-risk, early atrial fibrillation
- INFECTIOUS DISEASES; OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH (September 2020)
 - Health care workers at risk for human papillomavirus (HPV) exposure

Practice Changing UpDates

Authors: [April F. Eichler, MD, MPH](#), [Sadhna R. Vora, MD](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **Nov 2020**. | This topic last updated: **Dec 17, 2020**.

INTRODUCTION

This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

INFECTIOUS DISEASES (May 2020, Modified December 2020)

Dexamethasone and remdesivir for COVID-19

- For hospitalized patients with severe COVID-19 who are receiving supplemental oxygen (including those ~~who are on high-flow oxygen and noninvasive ventilation)~~, we suggest low-dose [dexamethasone](#) and, if available, [remdesivir](#) (**Grade 2C**).

For hospitalized patients with severe COVID-19 who require mechanical ventilation or ECMO, we recommend low-dose dexamethasone (**Grade 1B**). We suggest not routinely using remdesivir in this population (**Grade 2C**).

Topic Feedback

- **Recommendation grades**

1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

Evidence grades

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

Drug information



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Patient Education

Patient Education

UpToDate offers two levels of content for patients:

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- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.

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Ear, nose, and throat

Eyes and vision
Gastrointestinal system
General health
Heart and blood vessel disease
HIV and AIDS
Hormones
Infections and vaccines
Kidneys and urinary system
Liver disease
Lung disease

Mental health
Nutrition, diet, and weight
Pregnancy and childbirth
Senior health
Sexual and reproductive health
Skin, hair, and nails
Sleep
Surgery
Travel health

آموزش به بیمار در دو سطح

۱. ابتدایی (مختصر و به زبان ساده)

۲. پیشرفته (مفصل و تخصصی)

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شامل ۲۵ موضوع

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Dermatology	Infectious Diseases	Psychiatry
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Gastroenterology and Hepatology	Palliative Care	

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Calculators

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ALLERGY AND IMMUNOLOGY CALCULATORS

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Weight unit conversions

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Conventional (gravimetric, imperial, US) unit to SI unit conversions: Immunology lab values

SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemistry and endocrine tests

SI unit to conventional (gravimetric, imperial, US) unit conversions: Immunology lab values

ANESTHESIOLOGY CALCULATORS

Clinical Criteria

جستجو

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Calculator: Body mass index (BMI; Quetelet's index) in adults

$$\text{BMI} = (\text{Weight}/2.205) / (\text{Height}/39.37)^2$$

Input:

Height cm

Weight kg

Result:

BMI kg/m²

Decimal precision

BMI interpretation

BMI <18.5:Below normal weight
BMI ≥18.5 and <25:Normal weight
BMI ≥25 and <30:Overweight
BMI ≥30 and <35:Class I Obesity
BMI ≥35 and <40:Class II Obesity
BMI ≥40:Class III Obesity

Notes

- The default unit of measure for weight is pounds. Please verify that the correct unit of measure has been selected.

References

Drug Interactions

راهنمای درجه
خطر

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below.

Acetaminophen

ITEM LIST

Clear List

Analyze

Acetaminophen

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	<i>More about Risk Ratings</i> ▼

35 Results

Print

D	Acetaminophen Dasatinib
D	Acetaminophen Probenecid
D	Acetaminophen SORafenib
D	Acetaminophen Vaccines
C	Acetaminophen Alcohol (Ethyl)
C	Acetaminophen Barbiturates
C	Acetaminophen Busulfan
C	Acetaminophen CarBAMazepine



Drug Interactions

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Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

Acetaminophen

Baclofen

Display complete list of interactions for an individual item by clicking item name.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

X	Avoid combination	C	Monitor therapy	A	No known interaction
D	Consider therapy modification	B	No action needed	<i>More about Risk Ratings</i> ▼	

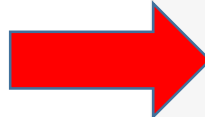

Filter Results by Item ▼

Print

No interactions of Risk Level A or greater identified.

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

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صفحه نتایج

فیلتر کردن نتیجه جستجو بر اساس

بزرگسال، کودک، بیمار، گرافیک

UpToDate®

breast cancer



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Graphics

Showing results for **breast cancer**

Search instead: Triple-negative breast cancer, Breast mass, Ductal breast carcinoma in situ, Metastatic breast cancer

Overview of the treatment of newly diagnosed, invasive, non-metastatic breast cancer

...separately. The topic of male **breast cancer** is discussed separately. The treatment of **breast cancer** in pregnancy is discussed separately. Although most **breast cancers** are sporadic, germline pathogenic ...

Early-stage breast cancer

Neoadjuvant systemic therapy

Summary

Breast carcinoma TNM anatomic stage groups, 8th edition

Breast carcinoma TNM clinical prognostic stage groups, 8th ed



Clinical features, diagnosis, and staging of newly diagnosed breast cancer

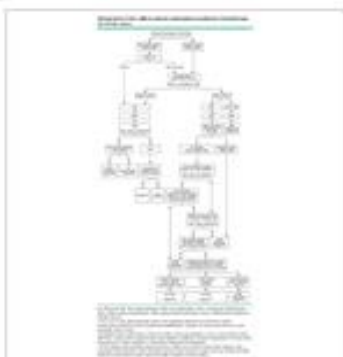
...diagnosis, and staging following a diagnosis of **breast cancer**. The factors that modify **breast cancer** risk, the treatment approach to in situ and invasive **breast cancer**, and the use of prognostic and predictive ...

Diagnosis

Signs and symptoms

Summary and recommendations

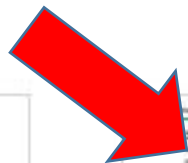
نتایج



Management of the axilla in patients undergoing neoadjuvant chemotherapy for breast cancer



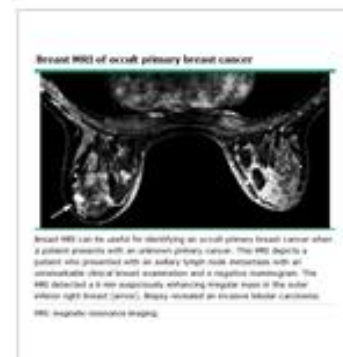
Approach for patients with locally advanced, hormone-positive breast cancer receiving neoadjuvant therapy*



Breast cancer risk and hormone replacement therapy



Breast MRI of contralateral breast cancer



Breast MRI of occult primary breast cancer



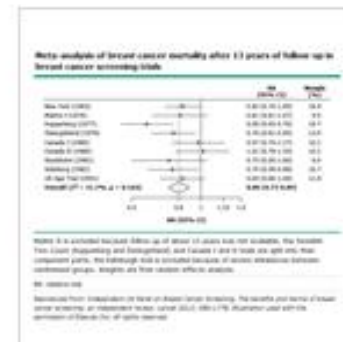
Cumulative absolute risk for developing breast cancer in young women treated for Hodgkin lymphoma after 30 years of follow-up



The characteristic "peau d'orange" appearance of the breast skin, which is similar to the appearance of the skin of an orange, is apparent.



The arrow identifies a suspicious mass in the left breast upper quadrant in a 55-year-old woman with a mammographically dense breast. Biopsy revealed invasive carcinoma.



Forest plot showing the relative risk of breast cancer mortality after 10 years of follow-up in breast cancer screening trials. The forest plot shows the relative risk of breast cancer mortality after 10 years of follow-up in breast cancer screening trials. The forest plot shows the relative risk of breast cancer mortality after 10 years of follow-up in breast cancer screening trials.

نمونه گرافیک

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Breast cancer risk and hormone replacement therapy

Duration of use and time since last use	Cases/controls	RR (FSE)*	RR and 99 percent FCI*
Never user	12467/23568	1.00 (0.021)	
Last use <5 years before diagnosis			
Duration <1 year	368/860	0.99 (0.085)	
Duration 1-4 years	891/2037	1.08 (0.060)	
Duration 5-9 years	588/1279	1.31 (0.079)	
Duration 10-14 years	304/633	1.24 (0.108)	
Duration ≥15 years	294/514	1.56 (0.128)	
Last use ≥5 years before diagnosis			
Duration <1 year	473/890	1.12 (0.079)	
Duration 1-4 years	566/1256	1.12 (0.068)	
Duration 5-9 years	151/374	0.90 (0.115)	
Duration ≥10 years	93/233	0.95 (0.145)	

0 0.5 1.0 1.5 2.0

RR of breast cancer according to the duration of use within categories of time since the last use of hormone replacement therapy. The RR of breast cancer in this analysis of

APPEARS IN TOPICS:

Please view graphics in the context of the topic in which they appear below.

- Menopausal hormone therapy and the risk of breast cancer

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Up to date pathways

مسیرهای بالینی

Uptodate Pathways برای استفاده در بالین جهت راهنمایی پزشکان زمانی که بیمار با مشکل خاص مواجه شده، ایجاد شده که پزشک با استفاده از ابزارهای گردش کار پویا (دینامیک) داده های خاص بیمار را وارد می کند.

Uptodate Pathways پزشکان را برای تصمیم گیری در مورد بهترین روش ها برای تشخیص ، غربالگری و دوره بهینه درمان راهنمایی می کند و یک رهیافت پرسش و پاسخ را برای پیمایش یک مسأله بالینی خاص ارائه می دهد در واقع از مسیری عبور می کند که منجر به مدیریت درمان بهینه یک بیمار خاص می شود.

محتوای ارائه شده در این قسمت دربرگیرنده مرتبط ترین مجموعه مباحث UpToDate ، اطلاعات مربوط به داروها و ابزارهای تصمیم گیری مشترک می باشد.

Pathways همچنین خلاصه های مفصلی را ارائه می دهد که مستندات بالینی را پشتیبانی می کند

Up to date pathways

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Morphine milligram equivalent calculator for adults with chronic non-cancer pain

Cardiovascular Medicine جستجوی الفبایی

Acute decompensated heart failure: Determining if a hospitalized adult is ready for discharge

Acute decompensated heart failure: Discharge checklist

Up to date pathways



جستجو در pathways

۱- وارد کردن واژه مورد نظر

The screenshot shows a web browser window with the UpToDate website. The browser's address bar displays the URL: <https://www.uptodate.com/contents/table-of-contents/pathways>. The page title is "جستجو در pathways" (Search in pathways). Below the title, there is a search bar with the text "۱- وارد کردن واژه مورد نظر" (1- Enter the word you want). The search bar contains the word "anemia". Below the search bar, the results are displayed under the heading "Hematology". The first result is "Anemia: Indications for red blood cell transfusion in hospitalized adults". A red circle highlights the search bar, and a red arrow points to the text "جستجوی بیماری مورد نظر" (Search for the disease you want).

Up to date pathways

+
100%
-



Pathway scope, required tests, warnings, and exclusions



What is the most recent hemoglobin?

They are meant as guides and not as strict cutoffs. It is important to recognize that hemoglobin thresholds lower than 7 g/dL (70 g/L) have not been tested in most clinical settings and may be tolerated by many patients. The approach that follows is most consistent with the [AABB Guidelines](#).

[Required Tests](#)

[Exclusions](#)

[Disclaimer](#)

Start Pathway

Up to date pathways



Pathway scope, required tests, warnings, and exclusions

What is the most recent hemoglobin?

What is the patient's most recent hemoglobin (g/dL)?
(Please enter a value between 4.0 to 20.0 g/dL)

If the hemoglobin is reported in g/L, divide the value by 10. If only the hematocrit is available, divide by 3 to determine the approximate hemoglobin level. For example, if the hematocrit is 30%, the approximate hemoglobin level is 10 g/dL (30/3).

10

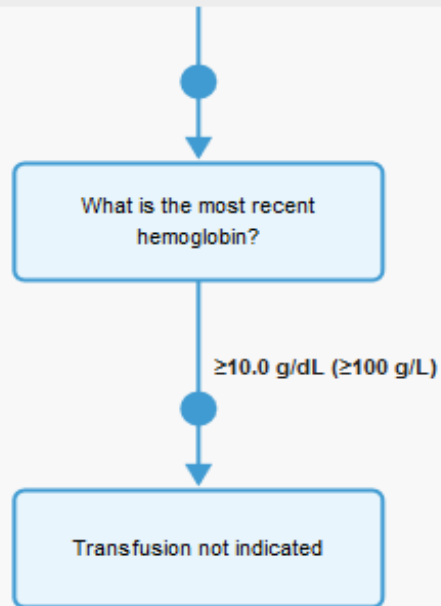
Hemoglobin level: **10.0 g/dL**
Hemoglobin level (standard [SI] units): **100 g/L**

Next

Reset

Up to date pathways

+
100%
-



✓ UpToDate Pathway Completed ✓

Procedures

- Approach to red blood cell transfusion other than the options provided

Summary

Hemoglobin level: 10.0 g/dL (100 g/L).

Transfusion is generally not indicated if the hemoglobin is ≥ 10 g/dL (≥ 100 g/L), regardless of comorbid conditions.

Transfusion approach: Approach to red blood cell transfusion other than the options provided.

Abbreviations

- AABB: formerly the American Association of Blood Banks

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Why UpToDate?

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Clinically Significant Updates Only

Hematology

Coronavirus disease 2019 (COVID-19): Anticoagulation in adults with COVID-19

Hematology

Coronavirus disease 2019 (COVID-19): Anticoagulation in adults with COVID-19

Infectious Diseases

Coronavirus disease 2019 (COVID-19): Anticoagulation in adults with COVID-19

Coronavirus disease 2019 (COVID-19): Initial telephone triage of adult outpatients

Primary Care (Adult)

Coronavirus disease 2019 (COVID-19): Initial telephone triage of adult outpatients

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Coronavirus disease 2019 (COVID-19): Anticoagulation in adults with COVID-19

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graph TD; A[Pathway scope, required tests, warnings, and exclusions] --> B{Documented or strongly suspected thromboembolism?}; B -- Yes --> C{Possible ischemia or infarction?}; B -- No --> D{Inpatient or outpatient management?}; D -- Inpatient --> E{Is the patient already taking a full-dose anticoagulant?}; D -- Outpatient --> F{Is the patient already taking an anticoagulant (prophylactic dose or full dose)?}
```

guide anticoagulation in adults with COVID-19, including those already taking an anticoagulant prior to being diagnosed with COVID-19 and patients who have already developed thromboses (including venous thromboembolism and arterial clots).

It is important to check for clinically significant drug interactions in patients taking COVID-19-specific therapies (eg, remdesivir, dexamethasone). This can be done with the assistance of a drug interaction program, such as [Lexicomp Drug Interactions](#).

This UpToDate Pathway is not appropriate for patients who have absolute or relative [contraindications to anticoagulation](#) or those who have active heparin-induced thrombocytopenia (HIT). Those patients should be managed by a clinician with expertise in the management of complicated patients who require anticoagulation (eg, a hematologist). This UpToDate Pathway may be used for patients with a history of HIT.

Related UpToDate Pathway:

- [Coronavirus disease 2019 \(COVID-19\): Initial telephone triage of adult outpatients](#)

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Coronavirus disease 2019 (COVID-19): Anticoagulation in adults with COVID-19

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graph TD; A[Pathway scope, required tests, warnings, and exclusions] --> B{Documented or strongly suspected thromboembolism?}; B -- Yes --> C{Possible ischemia or infarction?}; B -- No --> D{Inpatient or outpatient management?}; D -- Inpatient --> E{Is the patient already taking a full-dose anticoagulant?}; D -- Outpatient --> F{Is the patient already taking an anticoagulant (prophylactic dose or full dose)?}; E --> G[ ]; F --> G;
```

Arterial thromboembolism. [VTE](#) is very common in acutely ill patients with coronavirus disease 2019 (COVID-19). Arterial thromboembolism is much less common, but there have been reports of [arterial thrombosis](#) in patients with COVID-19, including strokes.

Evaluation for deep vein thrombosis (DVT) or pulmonary embolism (PE) may be challenging because symptoms of PE overlap with COVID-19, and imaging studies may not be feasible in all cases. The threshold for evaluation or diagnosis of DVT or PE should be low given the high frequency of these events and the presence of additional VTE risk factors in many individuals.

- > DVT evaluation
- > PE evaluation
- > Arterial thromboses

Does the patient have a newly documented or strongly suspected thromboembolism?

Yes

No

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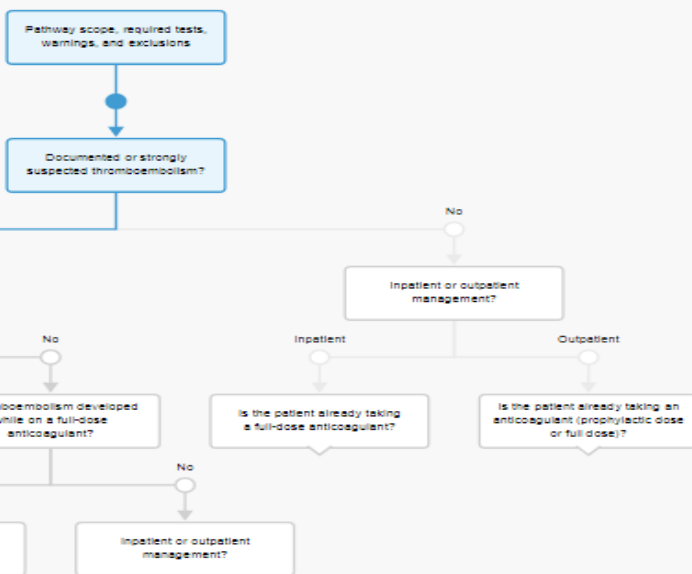
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management team (eg, PERT team or stroke team)?

No

Thrombolytic therapy appropriate?



Does the patient have a newly documented or strongly suspected thromboembolism?

- Yes
 No

Patients with a newly documented or strongly suspected thromboembolism are typically treated with full-dose anticoagulation. However, fibrinolytic therapy may be indicated for patients with evidence of ischemia or infarction.

The types of ischemia and infarction that should be considered include:

- [Acute myocardial infarction](#)
- [Acute ischemic stroke](#)
- [Hemodynamically unstable PE \(massive PE\)](#)
- [Limb-threatening thromboembolism \(arterial or venous\)](#)

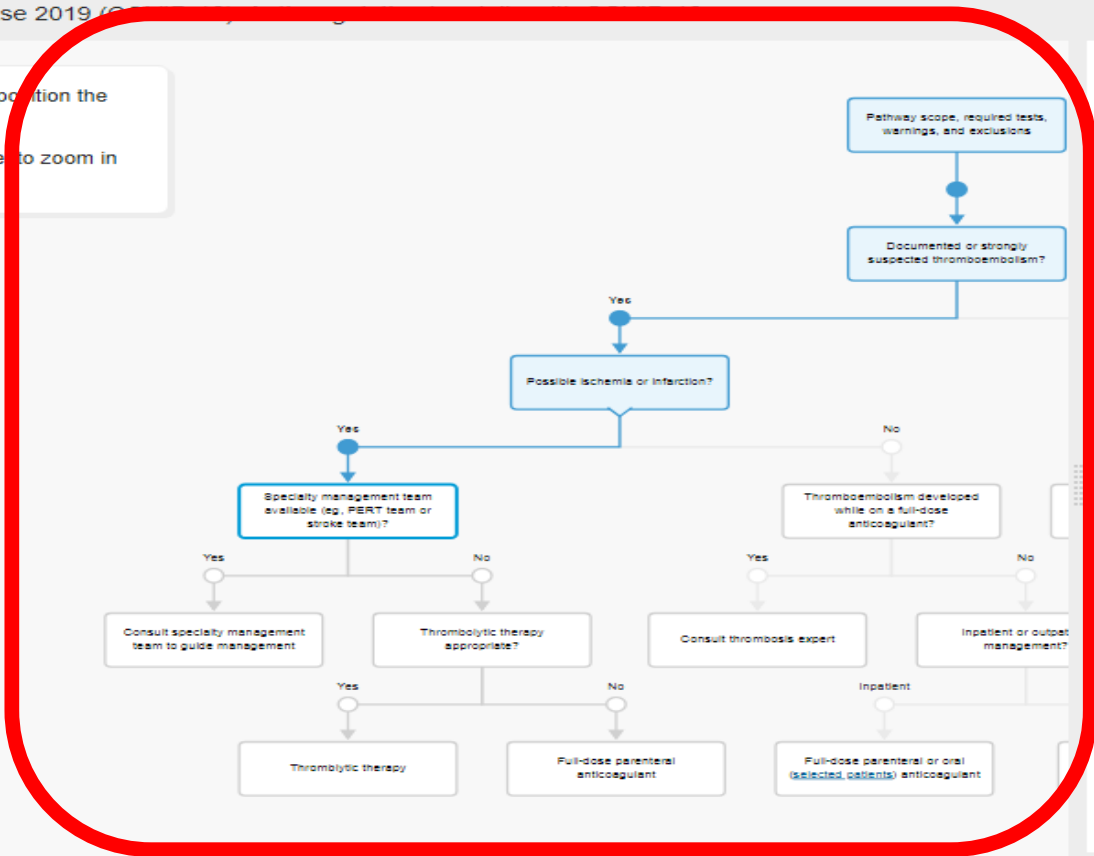
Is there possible ischemia or infarction due to the thromboembolism?

- Yes
 No

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The types of ischemia and infarction that should be considered include:

- [Acute myocardial infarction](#)
- [Acute ischemic stroke](#)
- [Hemodynamically unstable PE \(massive PE\)](#)
- [Limb-threatening thromboembolism \(arterial or venous\)](#)

Is there possible ischemia or infarction due to the thromboembolism?

- Yes
 No

Fibrinolytic therapy may be appropriate for patients with thromboembolism and evidence of ischemia or infarction. If possible, consultation with a specialty management team (eg, interventional radiology, stroke team, PERT) should be obtained to help guide management.

Is an appropriate specialty management team available?

- Yes
 No

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