



دانشگاه علوم پزشکی  
و خدمات بهداشتی درمانی لرستان

به نام خدا

# آموزش استفاده از پایگاه اطلاعاتی Clinical Key

فرزانه محمودوند

کارشناس ارشد کتابداری و اطلاع رسانی پزشکی

کتابخانه مرکزی دانشگاه علوم پزشکی لرستان

مرداد ۱۳۹۷

# پایگاه Clinical key



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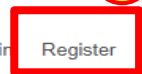
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## Treatment

### Multiple Sclerosis

Acute demyelinating MS attacks (relapses) may be treated with high doses of corticosteroids. These may be given orally or intravenously; however, high doses of corticosteroids are necessary and are superior to low doses. For example, a typical reg...

Conn's Current Therapy 2018.  
Mark Keegan, B., MD.. Published January 1, 2018. © 2018.

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## Multiple Sclerosis

### Neurological Problems of Pregnancy

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Bradley's Neurology in Clinical Practice.  
Shaner, D. Malcolm.. Published January 1, 2016. © 2016.

### CHAPTER EXCERPT

## Multiple Sclerosis

### Disease Overview

Ferri's Clinical Advisor 2019 · Ferri, Fred F., M.D., F.A.C.P.

### Definition

Multiple sclerosis (MS) is a chronic predominantly autoimmune demyelinating disease of the central nervous system (CNS) characterized by subacute neurologic deficits correlating with CNS lesions separated in time and space, excluding other possible disease.

Subtypes include:

- **Relapsing-remitting MS (RRMS)** (82%): relapses followed by complete or near-complete recovery, 50% to 85% of which later transition to SPMS
- **Secondary progressive MS (SPMS)**: progression of disability with few or no relapses
- **Primary progressive MS (PPMS)** (18%): progression from the onset, rare relapses
- Progressive relapsing or relapsing progressive courses can be incorporated into PPMS or SPMS respectively.
- Relapses are defined as a subacute onset of neurologic dysfunction that lasts for at least 24 hr due to inflammatory demyelination.

Classic rare MS variants include:

- **Marburg variant**: MRI reveals a tumor-like lesion with

## Multiple Sclerosis

تعریف MS از کتاب مورد نظر

Uncomplicated multiple sclerosis (MS) has no apparent effect on fertility, pregnancy, labor, delivery, the rate of spontaneous abortions, congenital malformations, or stillbirths. The approximately 13% reduction in pregnancy rate among women with MS noted in one study may result from physical disability and from women deciding not to have children. Oral contraceptive agents do not affect the incidence of MS. One study of a large U.S. national database noted marginally increased risk of fetal intrauterine growth restriction (IUGR; weight <10th percentile for gestational age) and rate of cesarean section. Calculated at 2.7%, the low rate of IUGR was 1.9 times more likely than the normal population. Physicians performed cesarean section at a higher rate: 42% for women with MS compared to 32.8% for controls. The study found no increase in other adverse obstetric outcomes. The significant methodological concerns. Pregnancy outcome data were unavailable (

سرفصل مطالب

In a small study, researchers cautiously predict an increased relapse rate in patients with MS undergoing in vitro fertilization. This effect was noted for 3 months after the procedure, possibly associated with failure of IVF and the use of Gonadotropin Releasing Hormone agonists ( Michel et al., 2012 ).

Predicting the effect of pregnancy on the course of MS for an individual patient remains challenging. Prospective analysis clarifies that for research populations, MS does not worsen overall as a result of pregnancy and suggests that for the average fertile patient with MS, the overall rate of progression of disability from MS compared to the rate of progression 1 year before pregnancy does not change for some 21 months postpartum. The exacerbation rate of MS decreases during the last trimester and increases during the 3 to 6 months after parturition.

Postpartum relapse correlated with, but was predicted poorly by an increased relapse rate in the prepregnancy year, an increased relapse rate during pregnancy, and a higher level of disability at pregnancy onset ( Vukusic et al., 2004 ). In one study finding that women with increasing parity were less likely to encounter a first demyelinating event, authors claim a cumulative protective effect of pregnancy on multiple sclerosis (

Ponsophy 2012 )

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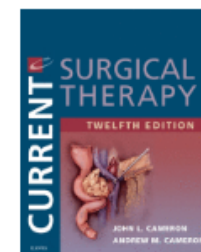
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BOOK

## Abeloff's Clinical Oncology, Fifth Edition

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اطلاعات کتاب



Niederhuber, John E., MD; Armitage, James O., MD; Doroshow, James H., MD; Kastan, Michael B., MD, PhD; Tepper, Joel E., MD

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Chronic Myeloid Leukemia

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Lymphoma

### BOOK CHAPTER

## Hematopoietic Stem Cell Transplantation



دانلود فایل PDF

Qaiser Bashir and Richard Champlin  
Abeloff's Clinical Oncology, 30, 485-492.e2

### Summary of Key Points

- Hematopoietic cell transplantation (HCT) is a potentially curative treatment for a variety of hematopoietic, immune, metabolic, and malignant diseases.

#### سرفصل مطالب

stem cells for transplantation can be collected from bone marrow, peripheral blood, or cord blood.

- With the advent of unrelated donor, haploidentical, and cord blood transplantation, virtually every patient can now have a suitable donor.
- Reduced-intensity conditioning regimens are associated with lower treatment-related mortality and allow for transplantation in elderly and patients with comorbidities who are not candidates for myeloablative HCT.
- Allogeneic HCT is most frequently performed for patients with acute and chronic leukemias, myelodysplastic syndromes, immune deficiencies, metabolic disorders, and bone marrow failure states.
- Autologous HCT is usually performed as part of the initial treatment for multiple myeloma, relapsed Hodgkin and non-Hodgkin lymphoma, and select solid tumors.



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European Association for the Study of the Liver. Published August 1, 2018. Volume 69, Issue 2. Pages 406-460. © 2018.

 FULL TEXT ARTICLE

### ACR Appropriateness Criteria® Renovascular Hypertension

[Journal of the American College of Radiology.](#)

Harvin, Howard J., MD; Verma, Nupur, MD; Nikolaidis,... Show all. American College of Radiology. Published November 1, 2017. Volume 14, Issue 11, Supplement. Pages S540-S549. © 2017.

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تعریف Renal Disease در منابع انتخابی Clinicalkey

## Renal Disease

[Clinical Overview](#)[View Full Topic](#)

Elsevier Point of Care

Key Points 

Decline in function of the kidney characterized by at least 3 months of reduced GFR (less than 60 mL/minute/ 1.73 m<sup>2</sup>) or at least 3 months of structural or functional kidney damage

Assessment of both GFR and albuminuria is necessary to diagnose chronic kidney disease and monitor disease progression

GFR is most commonly estimated through measuring serum creatinine and the use of GFR estimating equations, either the Modification of Diet in Renal Disease Study equation or the Chronic Kidney Disease Epidemiology Collaboration equation

Albuminuria is measured by urine albumin/creatinine ratio; greater than 30 mg/g indicates albuminuria

Chronic kidney disease is commonly associated with hypertension, diabetes, and cardiovascular disease

First line therapy includes ACE inhibitors and/or angiotensin II receptor blockers to reduce albuminuria and hypertension

If left untreated, chronic kidney disease can progress to

Find 'kidney disease' in this Article, Issue, or Journal

CME

### FULL TEXT ARTICLE

## ACR Appropriateness Criteria® Hematuria-Child

Jonathan R. Dillman MD, MSc, Cynthia K. Rigsby MD, Ramesh S. Iyer MD, Adina L. Alazraki MD, Sudha A. Anupindi MD, Brandon P. Brown MD, Sherwin S. Chan MD, PhD, Scott R. Dorfman MD, Richard A. Falcione MD, MPH, Matthew D. Garber MD, Jie C. Nguyen MD, MS, Craig A. Peters MD, Nabile M. Safdar MD, MPH, Andrew T. Trout MD and Boaz K. Karmazyn MD

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[Variant 4 : Child. Painful hematuria \(nontraumatic\).](#)

سرفصل مطالب

presence of red blood cells in the urine, either visible to the eye (macroscopic hematuria) or observed under the microscope (microscopic hematuria). The clinical evaluation of children and adolescents with any form of hematuria begins with a meticulous history and thorough evaluation of the urine. The need for imaging evaluation depends on the clinical scenario in which hematuria presents, including the suspected etiology. Ultrasound and CT are the most common imaging methods used to assess hematuria in children, although other imaging modalities may be appropriate in certain instances. This review focuses on the following clinical variations of childhood hematuria: isolated hematuria (nonpainful, nontraumatic, and microscopic versus macroscopic), painful hematuria (ie, suspected nephrolithiasis or urolithiasis), and renal trauma with hematuria (microscopic versus macroscopic).

The American College of Radiology Appropriateness Criteria are evidence-based guidelines for specific clinical conditions that are reviewed annually by a multidisciplinary expert panel. The guideline development and revision include an extensive analysis of current medical literature from peer reviewed journals and the



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Dillman, Jonathan R., MD, MSc; Rigsby, Cynthia... Show all. American College of Radiology. Published May 1, 2018. Volume 15, Issue 5, Supplement. Pages S91-S103. © 2018.

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## Renal Disease

Clinical Overview

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Elsevier Point of Care

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Assessment of both GFR and albuminuria is necessary to diagnose chronic kidney disease and monitor disease progression

GFR is most commonly estimated through measuring serum creatinine and the use of GFR estimating equations, either the Modification of Diet in Renal Disease Study equation or the Chronic Kidney Disease Epidemiology Collaboration equation

Albuminuria is measured by urine albumin/creatinine ratio; greater than 30 mg/g indicates albuminuria

Chronic kidney disease is commonly associated with hypertension, diabetes, and cardiovascular disease

First line therapy includes ACE inhibitors and/or angiotensin II receptor blockers to reduce albuminuria and hypertension

If left untreated, chronic kidney disease can progress to end-stage renal disease requiring dialysis or... [More](#)

Classification



فیلتر کردن نتایج جستجو بر اساس مقالات مدلاین

## نکته:

### Pubmed



- ▶ پایگاه اطلاعاتی پابمد یک پایگاه اطلاعاتی پزشکی می باشد که مقالات ایندکس شده در بانک اطلاعاتی PMC و Medline را در بر می گیرد. پابمد ( Pubmed) از سال ۱۹۹۶ بالغ بر ۲۲ میلیون منبع را پوشش میدهد که از طرق مختلف منجمله بانک Medline جمع آوری شده اند. علاوه بر منابع موجود در مدلاین، ارجاعات دیگری نیز در پابمد وجود دارند:
- ▶ ارجاعات در حال انجام: قبل از کنترل کیفی
- ▶ ارجاعات در مجلات خارج از موضوع پزشکی
- ▶ ارجاعات در مجلات با مقالات پیش از چاپ Ahead of print
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- ✓ ارجاعات پابمد اغلب دارای یک لینک به اصل مقاله در وب سایت ناشر میباشند. مدلاین بزرگترین زیرمجموعه از پابمد میباشد.

## Medline

- ▶ مدلاین بزرگ ترین جز پاب مد است. پاب مد بانک اطلاعاتی رایگان مجلات بیومدیکال و چکیده هایی است که توسط کتابخانه ملی پزشکی امریکا تولید می شود.
- ▶ مدلاین از سال ۱۹۶۰ توسط بانک اطلاعاتی ارجاعات مجلات و ژورنال ها توسط کتابخانه ملی آمریکا NLM از بیش از ۲۰ میلیون منبع تشکیل شده است. این تعداد از منابع تقریبا از ۵۶۰۰ ژورنال هایی که مرتبط با دانشگاه ها هستند گردآوری شده است. سردبیران مجلات می توانند جهت نمایه سازی در Medline درخواست خود را به کمیته LSTRC ارایه نمایند. جلسات کمیته LSTRC برای نمایه سازی و پذیرش در مدلاین هر شش ماه برگزار می شود و درخواست ناشران مورد بررسی قرار می گیرد.
- ▶ بانک اطلاعاتی مدلاین از طریق درگاه پابمد قابل دسترسی و جستجو میباشد.

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**N. Engl. J. Med.**

Published July 28, 2016.

Volume 375, Issue 4; Pages 323-34

Wanner C<sup>1</sup>, Inzucchi SE<sup>2</sup>, Lachin JM<sup>3</sup>, Fitchett D<sup>4</sup>, von Eynatten M<sup>5</sup>, Mattheus M<sup>6</sup>, Johansen OE<sup>7</sup>, Woerle HJ<sup>8</sup>, Broedl UC<sup>9</sup>, Zinman B<sup>10</sup>, .

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**METHODS:** We randomly assigned patients with type 2 diabetes and an estimated glomerular filtration rate of at least 30 ml per minute per 1.73 m<sup>2</sup> of body-surface area to receive either empagliflozin (at a dose of 10 mg or 25 mg) or placebo once daily. Prespecified renal outcomes included incident or worsening nephropathy (progression to macroalbuminuria, doubling of the serum creatinine level, initiation of renal-replacement therapy, or death from renal disease) and incident albuminuria.

**RESULTS:** Incident or worsening nephropathy occurred in 525 of 4124 patients (12.7%) in the empagliflozin group and in 388 of 2061 (18.8%) in the placebo group (hazard ratio in the empagliflozin group, 0.61; 95% confidence interval, 0.53 to 0.70; P<0.001). Doubling of the serum creatinine level occurred in 70 of 4645 patients (1.5%) in the empagliflozin group and in 60 of 2323 (2.6%) in the placebo group, a significant relative risk reduction of 44%. Renal-replacement therapy was initiated in 13 of 4687 patients (0.3%) in the empagliflozin group and in 14 of 2333 patients (0.6%) in the placebo group, representing a 55% lower relative risk in the empagliflozin group. There was no significant between-group difference in the rate of incident albuminuria. The adverse-event profile of empagliflozin in patients with impaired kidney function at baseline was similar to that reported in the overall trial population.

**CONCLUSIONS:** In patients with type 2 diabetes at high cardiovascular risk, empagliflozin was associated with slower progression of kidney disease and lower rates of clinically relevant renal events than was placebo when added to standard care. (Funded by the Boehringer

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Empagliflozin, Cardiovascular Outcomes, and Mortality in Type 2 Diabetes [N Engl J Med. 2015]

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Published July 31, 2018. Conditions: Diaper Rash. Interventions: Device: water and soap; Device: zinc oxide; Device: Non-Irritant Barrier Film.

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## A Pilot Trial Assessing the Feasibility of Delivering Topical MTS-01 to Reduce Dermatitis in Patients...

Published July 3, 2018. Conditions: Anal Cancer. Interventions: Drug: Tempol; Drug: 5-Fluorouracil; Drug: Mitomycin-C; Procedure: Radiation Therapy.

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Published June 14, 2018. Conditions: Atopic Dermatitis; Effects of Immunotherapy. Interventions: Drug: Mite extract sublingual immunotherapy (SLIT); Other: Placebo.

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## CLINICAL TRIAL

## Comparison of Barrier Products in the Prevention of Incontinence-associated Dermatitis in Hospitalized Elderly

First received on January 15, 2017. Last updated on February 6, 2018.

### Purpose

In clinical practice, there are a large number of patients hospitalized with Incontinence-Associated Dermatitis. Studies are needed to determine the effectiveness of products available for disease prevention. It is believed that the use of the non-irritant barrier film is superior to the use of zinc oxide in the prevention of Incontinence-Associated Dermatitis. The objective of this study is to compare the effect of the use of zinc oxide ointment with the use of non-irritant barrier film in the prevention of diaper dermatitis in incontinent patients admitted to medical clinic units.

Status	Recruiting
Condition	Diaper Rash
Phase	N/A
Study Type	Interventional
Official Title	Comparison Between the Effect of Zinc Oxide and Non-irritant Barrier Film on the Prevention of Incontinence-Associated Dermatitis in Hospitalized Elderly in a Teaching Hospital

Further study details (as provided by National Institutes of Health Clinical Center (CC))

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## Multiple Sclerosis

Disease Overview

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Ferri's Clinical Advisor 2019 · Ferri, Fred F., M.D., F.A.C.P.

Definition

Multiple sclerosis (MS) is a chronic predominantly autoimmune demyelinating disease of the central nervous system (CNS) characterized by subacute neurologic deficits correlating with CNS lesions separated in time and space, excluding other possible disease.

Subtypes include:

- **Relapsing-remitting MS (RRMS)** (82%): relapses followed by complete or near-complete recovery, 50% to 85% of which later transition to SPMS
- **Secondary progressive MS (SPMS)**: progression of disability with few or no relapses
- **Primary progressive MS (PPMS)** (18%): progression from the onset, rare relapses
- Progressive relapsing or relapsing progressive courses can be incorporated into PPMS or SPMS respectively.
- Relapses are defined as a subacute onset of neurologic dysfunction that lasts for at least 24 hr due to inflammatory demyelination.

Classic rare MS variants include:

- **Marburg variant**: MRI reveals a tumor-like lesion with notable edema in one cerebral... [More](#)

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
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**Aspirin, ASA**

Gold Standard. Published July 28, 2018.

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**Aspirin, ASA; Meprobamate**

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### DRUG MONOGRAPH

## Aspirin, ASA

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#### Description

Aspirin, the salicylic ester of acetic acid, was introduced into medicine in 1899 and is used for its analgesic, antiinflammatory, antipyretic, and antithrombotic effects. The antiinflammatory and analgesic effects of aspirin are roughly equivalent to those of many other NSAIDs. Aspirin is used in the treatment of many inflammatory and autoimmune conditions such as rheumatoid arthritis and osteoarthritis. Use in children is limited due to the association of aspirin with Reye's syndrome, a potentially fatal disease. Clinical guidelines for the treatment of juvenile idiopathic arthritis in children no longer recommend aspirin as a treatment option due to the availability of other NSAIDs (i.e., ibuprofen, naproxen) that are just as effective, safer, and better tolerated.<sup>54236 54237 54238 54239</sup> Because of its antithrombotic effects, aspirin is useful in preventing or reducing the risk of myocardial infarction in patients with a history of myocardial infarction, coronary bypass, angioplasty, angina, stroke<sup>30259</sup>, transient ischemic attacks (TIAs), or peripheral vascular disease<sup>25330</sup> and recurring transient ischemic attacks (TIAs). Observational studies have suggested that aspirin reduces the risk of colorectal cancer. However, long-term follow-up of the randomized Physicians' Health Study found no association between aspirin use and colorectal cancer.<sup>27349</sup> In contrast, randomized trials have shown that aspirin reduces the risk of recurrent adenomas in persons with a history of colorectal cancer or adenomas.<sup>27351 27352</sup> The role of aspirin in the chemoprevention of colorectal cancer, either as primary or secondary prophylaxis, has not been determined. Aspirin was officially approved by the FDA in 1939.

#### Mechanism of Action

The activity of aspirin is due to its ability to inhibit cyclooxygenase (COX). Cyclooxygenase is responsible for the conversion of arachidonic acid to prostaglandin G<sub>2</sub> (PGG<sub>2</sub>), the first step in prostaglandin synthesis and precursor to prostaglandins of the E and F series. Cyclooxygenase exists in 2 isozymes: cyclooxygenase-1 (COX-1) and cyclooxygenase-2 (COX-2). Aspirin acetylates the hydroxyl group of cyclooxygenase-1 and cyclooxygenase-2, leading to irreversible inhibition of the enzyme.

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# Drug Monographs




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[O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) # ACTH And Analogs 9 ADHD Adjunct Agents 1 ADHD Agents 12 ADHD Agents, Non-stimulant 2 ADHD Agents, Stimulant, And Other Psychostimulants 9 ADP (adenosine Diphosphate) Receptor Antagonist Platelet Aggregation Inhibitors 5 ALS Drugs 3[+ More Drug Classes](#)Adverse Reactions Indications Contraindications Filter List by Title # [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)**Abacavir**

Ziagen

**Abacavir; Dolutegravir; Lamivudine**

TRIUMEQ

**Abacavir; Lamivudine, 3TC**

Epzicom

**Abacavir; Lamivudine, 3TC; Zidovudine, ZDV**

Trizivir

**Abaloparatide**

TYMLOS

**Abarelix**

Plenaxis

**Abatacept**

Orencia

**Abciximab**

ReoPro

**Abemaciclib**

جستجوی داروها بر  
اساس عنوان

فهرست الفبایی  
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# Guidelines

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[Guidelines](#)

multiple sclerosis

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دستورالعمل های  
مربوط به بیماری MS

Sort by: Relevance



Your search has been modified to display results for "multiple sclerosis"  
Search instead for mitral valve stenosis

[\[+\] Rate Results](#) GUIDELINE

### Multiple sclerosis

National Institute for Health and Care Excellence (NICE). Published January 14, 2016.

 GUIDELINE

### Beta interferons and glatiramer acetate for treating multiple sclerosis

National Institute for Health and Care Excellence (NICE). Published June 27, 2018.

 GUIDELINE

### Multiple sclerosis in adults: management

National Institute for Health and Care Excellence (NICE). Published October 8, 2014.

Searches related to multiple sclerosis

[MS complications](#)[MS risk factors](#)[MS diagnostics](#)[MS treatment](#)[MS drugs](#) GUIDELINE

### Ocrelizumab for treating relapsing–remitting multiple sclerosis

National Institute for Health and Care Excellence (NICE). Published July 25, 2018.

تعریف MS در نتایج  
انتخابی Clinicalkey

## Multiple Sclerosis

Disease Overview

Ferri's Clinical Advisor 2019 · Ferri, Fred F., M.D., F.A.C.P.

Definition

Multiple sclerosis (MS) is a chronic predominantly autoimmune demyelinating disease of the central nervous system (CNS) characterized by subacute neurologic deficits correlating with CNS lesions separated in time and space, excluding other possible disease.

Subtypes include:

- **Relapsing-remitting MS (RRMS)** (82%): relapses followed by complete or near-complete recovery, 50% to 85% of which later transition to SPMS
- **Secondary progressive MS (SPMS)**: progression of disability with few or no relapses
- **Primary progressive MS (PPMS)** (18%): progression from the onset, rare relapses
- Progressive relapsing or relapsing progressive courses can be incorporated into PPMS or SPMS respectively.
- Relapses are defined as a subacute onset of neurologic dysfunction that lasts for at least 24 hr due to inflammatory demyelination.

Classic rare MS variants include:

- **Marburg variant**: MRI reveals a tumor-like lesion with notable edema in one cerebral... [More](#)

Genetics



Find 'multiple sclerosis' in this Page



عنوان مجله



- Introduction
- List of quality statements
- Quality statement 1: Support at diagnosis
- Quality statement 2: Follow-up after diagnosis
- Quality statement 3: Coordinated care
- Quality statement 4: Physical activity
- Quality statement 5: Managing relapses
- Quality statement 6: Comprehensive review
- Using the quality standard
- Diversity, equality and language
- Development sources
- Related NICE quality standards
- Quality Standards Advisory Committee and NICE project team

## GUIDELINE Multiple sclerosis (QS108)

National Institute for Health and Care Excellence (NICE)

### Introduction

This quality standard covers the diagnosis and management of multiple sclerosis (MS) in adults (18 years and over). For more information see the multiple sclerosis [topic overview](#).

### Why this quality standard is needed

MS is an acquired chronic immune-mediated inflammatory condition of the central nervous system, affecting both the brain and spinal cord. People with MS typically develop symptoms in their late 20s, experiencing visual and sensory disturbances, limb weakness, gait problems, and bladder and bowel symptoms. They may initially have partial recovery, but over time develop progressive disability.

The cause of MS is unknown but is believed to be related to an abnormal immune response to environmental triggers in people with a genetic predisposition. The initial phase of inflammation is followed by a phase of progressive degeneration of the affected cells in the nervous system.

MS affects approximately 100,000 people in the UK. It is the commonest cause of serious physical disability in adults of working age.

The most common pattern of disease is relapsing–remitting MS (RRMS), in which periods of stability (remission) are followed by periods when symptoms are worse (relapses). About 85% of people with MS have RRMS at onset. Around two-thirds of people who start with RRMS may develop secondary progressive MS (the disability gradually gets worse over time but this is not related to any relapses, which become less frequent or stop completely). About 10–15% of people with MS have primary progressive MS. Symptoms develop gradually

**NICE** National Institute for Health and Care Excellence

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# Guidelines


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- More Specialties

Authoring Organizations  Subscribed ContentFilter List by Title 

# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

2011 ACCF/AHA Focused Update of the Guidelines for the Management of Patients With Peripheral Artery Disease (Updating the 2005 Guideline)

American College of Cardiology Foundation and the American Heart Association, Inc.. [ 2011 11 01 ]

2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery

American College of Cardiology Foundation and the American Heart Association, Inc.. [ 2011 12 06 ]

2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery: Executive Summary

American College of Cardiology Foundation and the American Heart Association, Inc.. [ 2011 12 06 ]

2011 ACCF/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy

American College of Cardiology Foundation and the American Heart Association, Inc.. [ 2011 12 13 ]

2011 ACCF/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy: Executive Summary

American College of Cardiology Foundation and the American Heart Association, Inc.. [ 2011 12 13 ]

2011 ACCF/AHA guideline for coronary artery bypass graft surgery: Executive summary

The American Association for Thoracic Surgery and the American Heart Association, Inc.. [ 2012 01 01 ]

جستجوی راهنماها  
بر اساس عنوان

فهرست الفبایی  
راهنماها

فیلتر سازمان  
و تخصص

Search

# Patient Education

جستجوی آموزش بیمار از قسمت Search:

جدیدترین مطالب آموزشی شناخت و درمان بیماری برای بیمار و خانواده های آن ها

Patient Ed. ▾ migraine



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PATIENT EDUCATION

### Migraines

Available to print in English & Spanish ;ians. Published August 22, 2017.

انتخاب نتیجه  
مورد نظر

PATIENT EDUCATION

### Migraine Headache

Available to print in English, Arabic... Show all. Interactive Patient Education. Published June 27, 2018.

PATIENT EDUCATION

### Recurrent Migraine Headache

Available to print in English, Bosnian... Show all. Interactive Patient Education. Published June 27, 2018.

Searches related to migraine

[migraine complications](#)

[migraine risk factors](#)

[migraine diagnostics](#)

[migraine treatment](#)

[migraine drugs](#)

PATIENT EDUCATION

### Recurrent Migraine Headache, Easy-to-Read (Easy to read)

Available to print in English & Spanish. Interactive Patient Education. Published June 27, 2018.

PATIENT EDUCATION

### MANAGING YOUR MIGRAINE HEADACHE

Available to print in English & Spanish. Ferri's Netter Patient Advisor. Published May 11, 2016.

PATIENT EDUCATION

### Migraine Headache, Easy to Read (Easy to read)

## Migraine

Clinical Overview

Elsevier Point of Care

Key Points

Migraines are recurrent, episodic headache attacks that may or may not be preceded by a focal neurologic symptom (aura)

History and physical examination are the primary diagnostic tools; laboratory tests and imaging are usually unnecessary if symptoms are typical for migraine and physical examination results are otherwise normal

Therapy involves either treatment of acute headache or prevention of subsequent migraine

Abortive therapy can be accomplished with analgesics, triptans, or ergotamine, plus antiemetics as needed

Comorbidities may include conditions such as depression, anxiety, and epilepsy

Complications may occur, such as chronic migraine, status migrainosus, or medication overuse headache

Prognosis is variable; migraine headache is a leading cause of disability [More](#)

Classification ▾

Diagnosis ▾

Differential Diagnosis ▾

Treatment ▾

تعریف میگرن در منابع  
انتخابی Clinicalkey

پرینت



Print

Available to print in [English](#) & [Spanish](#).

Overview

What is a migraine headache?

Symptoms

Are there different kinds of migraine headaches?

What does a migraine feel like?

Possible symptoms of migraines

Causes & Risk Factors

What causes migraines?

What are some migraine risk factors and triggers?

Foods that may trigger migraines:

Diagnosis & Tests

How is migraine diagnosed?

Treatment

How are migraines treated?

What medicines help relieve

### PATIENT EDUCATION

## Migraines

Copyright © 2017 by the American Academy of Family Physicians.  
Last revised: August 23, 2017.

*This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject.*

### Overview

#### What is a migraine headache?

A migraine is usually an intense pounding headache that can last for hours or even days. The pounding or pulsing pain usually begins in the forehead, the side of the head or around the eyes. The headache gradually gets worse. Just about any movement, activity, bright lights or loud noises seem to make it hurt more. Nausea and vomiting are common.

Migraines may happen only once or twice a year, or as often as daily. Women are more likely to have migraines than men.

### Symptoms

#### Are there different kinds of migraine headaches?

Yes. The most common are classic migraine and common migraine.

**Classic migraines** start with a warning sign, called an aura. These types of migraines are also called "migraines with aura." The aura often involves changes in the way you see. You may see flashing lights, colors, a pattern of




# Patient Education

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# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

### 14 Tips for Parents Using OTC Medicines for Your Child

American Academy of Family Physicians. August 22, 2017.

### 14 Tips for Parents Using OTC Medicines for Your Child

American Academy of Family Physicians. November 22, 2016.

### 17-Hydroxycorticosteroids Test

Available to print in [English](#) & [Spanish](#). Interactive Patient Education. June 27, 2018.

### 17-Ketosteroid Test

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### 2,3-Diphosphoglycerate Test

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### 24-Hour Urine Collection

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### 5'-Nucleotidase Test

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### 5-Hydroxyindoleacetic Acid Test

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### AA Blank DI

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جستجوی بر  
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فهرست الفبایی



Search

# Clinical Overviews/ First Consult

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ابزار تشخیص افتراقی که بر اساس پزشکی مبتنی بر شواهد تهیه شده است.

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asthma



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Specialties

CLINICAL OVERVIEW

### Asthma in adults

Updated March 15, 2018. © 2017.

CLINICAL OVERVIEW

### Asthma in children

Updated May 8, 2018. © 2017.

CLINICAL OVERVIEW

### Pulmonary barotrauma

Updated March 13, 2017. © 2017.

Searches related to asthma

asthma complications

asthma diagnostics

asthma drugs

asthma risk factors

asthma treatment

CLINICAL OVERVIEW

### Allergic rhinitis

Updated November 7, 2017. © 2017.

CLINICAL OVERVIEW

### Anaphylaxis

Updated August 2, 2018. © 2017.

CLINICAL OVERVIEW

### Bronchiectasis

## Selected Content (13) BETA



How do I manage an acute asthma exacerbation?

Emergency Medicine • January 2013



How is asthma diagnosed?

Murray and Nadel's Textbook of Respiratory Medicine • January 2016



How is asthma classified in adolescents and adults?

Murray and Nadel's Textbook of Respiratory Medicine • January 2016

Show more

Was this helpful? Yes or No

## Asthma

Clinical Overview

View Full Topic

Elsevier Point of Care

Key Points

Asthma in adults may be persistence of childhood-onset asthma (usually allergic) or may reflect new onset in adulthood (often nonallergic)

Presents with episodic wheezing, chest tightness, difficulty breathing, and cough; cough-variant asthma may present with coughing as primary symptom

CO &amp; FC

asthma

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Find 'asthma' in this Page

CME ☆ ✉ 🖨

Synopsis

Key Points

Pitfalls

Terminology

Clinical Clarification

Classification

Diagnosis

Clinical Presentation

Causes and Risk Factors

Diagnostic Procedures

Differential Diagnosis

Treatment

Goals

Disposition

Treatment Options

Monitoring

Complications and Prognosis

## CLINICAL OVERVIEW

## Asthma in adults

Elsevier Point of Care (see details)

Updated March 15, 2018. Copyright Elsevier BV. All rights reserved.

## Synopsis

## Key Points

- Asthma in adults may be persistence of childhood-onset asthma (usually allergic) or may reflect new onset in adulthood (often nonallergic)
- Patients with asthma present with cough, chest tightness, difficulty breathing, and cough; cough-variant asthma is a primary symptom
- Diagnosis is based on the history plus clinical picture and documented reversibility of airflow obstruction (12% increase or more from baseline in FEV<sub>1</sub>; minimum 200 mL) following treatment with an inhaled short-acting bronchodilator<sup>1</sup>
- Classify the asthma initially by frequency of symptoms (intermittent or persistent) and their effect on daily functioning (ie, mild, moderate, severe); initial pharmacotherapy is based on this classification
- After starting pharmacotherapy, classify the asthma by level of control; pharmacotherapies are stepped up or down based on this level
- Persistent asthma requires use of a daily controller medication, starting with a low-dose inhaled corticosteroid for mild persistent asthma. There is some evidence that starting inhaled corticosteroids may be beneficial even for mild intermittent asthma

موارد مربوط به  
تشخیص و درمان  
بیماری

## Urgent Action

- Quickly assess the following in any patient with respiratory distress: vital signs, signs of tiring from work of breathing, lung function, and oxygen saturation. Give supplemental oxygen to maintain SaO<sub>2</sub> of at least 90%
- Consider alternative diagnoses, such as foreign body aspiration or congestive heart failure, that would require other urgent action
- FEV<sub>1</sub> or peak expiratory flow measurement is helpful to assess severity of an exacerbation, but do not allow testing to delay treatment

# Clinical Overviews/ First Consult

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فهرست الفبایی

CLINICAL OVERVIEW  
**Abdominal aortic aneurysm**  
Updated

انتخاب تخصص و مشاهده تمام نتایج مربوط به آن

CLINICAL OVERVIEW  
**Abnormal uterine bleeding in women of reproductive age**  
Updated

CLINICAL OVERVIEW  
**Abnormal uterine bleeding in women of reproductive age**  
Updated August 2, 2018

CLINICAL OVERVIEW  
**Acetaminophen toxicity**  
Updated February 6, 2018

FIRST CONSULT  
**Achalasia**  
Released December 17, 2013

CLINICAL OVERVIEW  
**Achalasia**  
Released July 13, 2018

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# Procedures Consult

جستجوی مشورت جراحی از قسمت Search

آموزش و راهنمایی گام به گام روند تکنیک های جراحی بصورت فیلم و انیمیشن

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PROCEDURES CONSULT  
**Right Hemicolectomy**  
Danny O. Jacobs.. Published March 22, 2009.

PROCEDURES CONSULT  
**Laparoscopic Rectosigmoid Colon Resection/Low Anterior Resection**  
Danny Odell Jacobs.. Published May 18, 2009.

PROCEDURES CONSULT  
**Abdominoperineal Resection with Total Colectomy and End-Ileostomy**  
Danny O. Jacobs.. Published May 10, 2017.

Searches related to colectomy

[colectomy alternatives](#)

[colectomy complications](#)

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PROCEDURES CONSULT

## Right Hemicolectomy



Last Reviewed Date: March 22, 2009

Editor: Danny O. Jacobs, MD

Section Editor: Hilliard F. Seigler, MD, Julie K. Thacker, MD

Contributor: Kyla M. Bennett, MD

Medical Writer: Kyla M. Bennett, MD

### CPT codes

44140 Colectomy, partial; with anastomosis

44141 Colectomy, partial; with skin level cecostomy or colostomy

اطلاعات این قسمت شامل تمام موارد  
مربوط به عمل، تجهیزات مورد نیاز و  
... می باشد



# Procedures Consult

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# A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

### Abdominal Paracentesis

Valerie Vigil.

### Abdominal Paracentesis with Total Colectomy and End-

انتخاب تخصص و مشاهده تمام جراحی های مربوط به آن

### Amniotomy

Michael L. Tuggy.

### Anal Fistulotomy

Sean Lee.

### Ankle Block

Lee A. Fleisher.

### Anoscopy

Michael L. Tuggy.

### Arterial Blood Gas Sampling

Murray McLachlan M.D. Emergency Medicine Physician Legacy Emanuel Hospital Portland.

### Arterial Cannulation

Murray McLachlan M.D. Emergency Medicine Physician Legacy Emanuel Hospital Portland.

جستجوی بر اساس عنوان

فهرست الفبایی

# Multimedia

جستجوی چند رسانه ای

(شامل فیلم و تصاویر)

Multimedia heart attack

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Specialties

Date

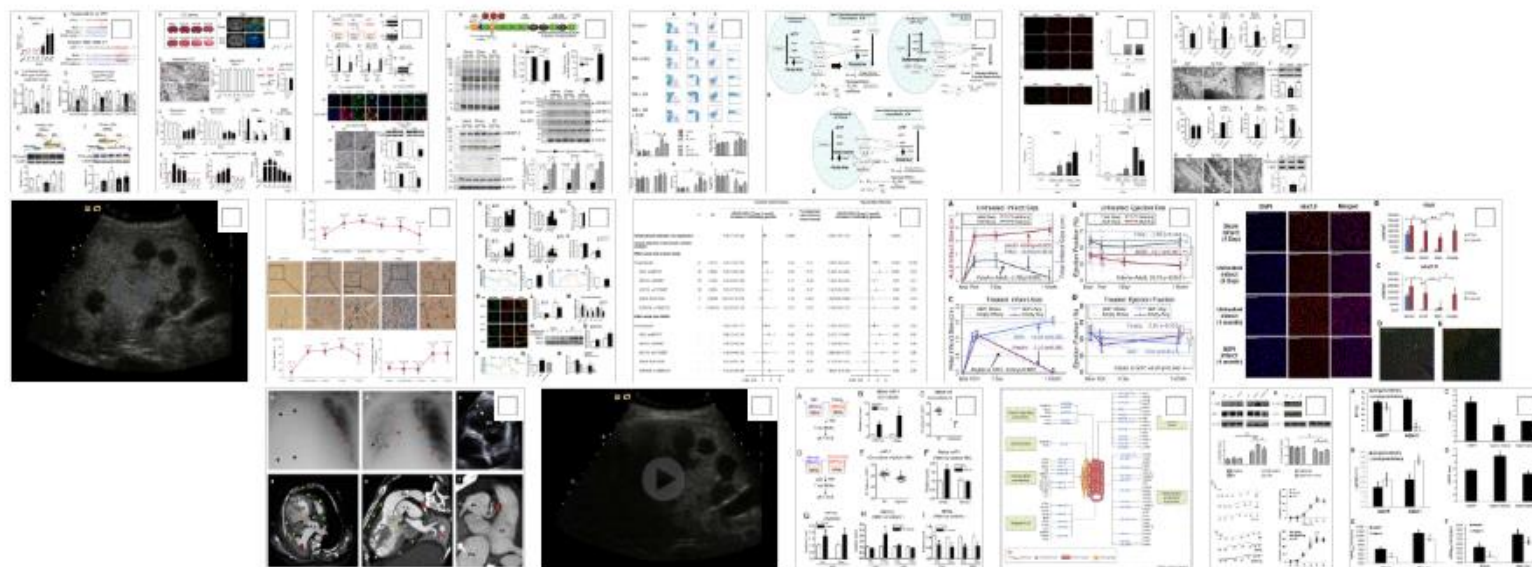
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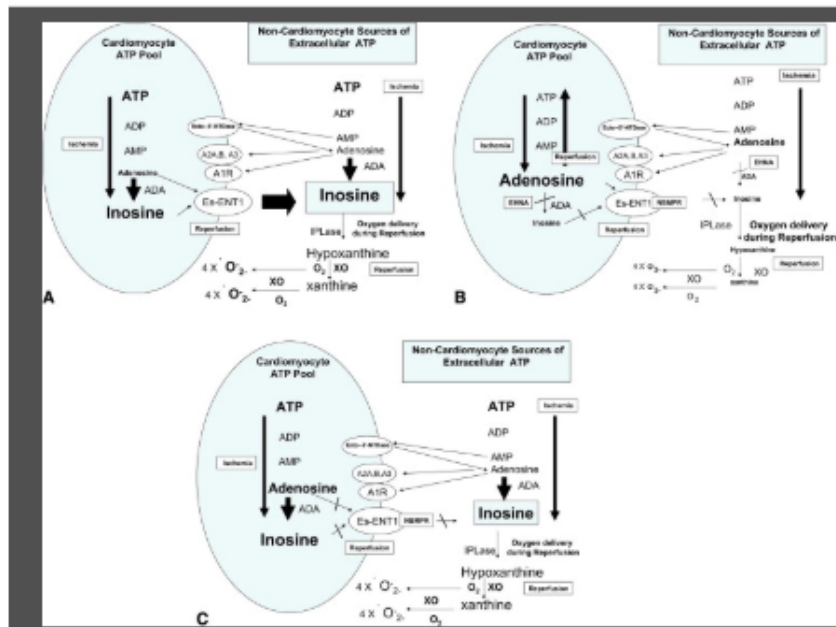
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افزودن تصویر  
به پاورپوینت

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پاور پوینت و ذخیره تصویر

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IMAGE

### Myocardial protection in beating heart cardiac surgery: I: Pre- or postconditioning with inhibition of es-ENT1 nucleoside transporter and adenosine deaminase attenuates post-MI reperfusion-mediated ventricular fibrillation and regional contractile dysfunction

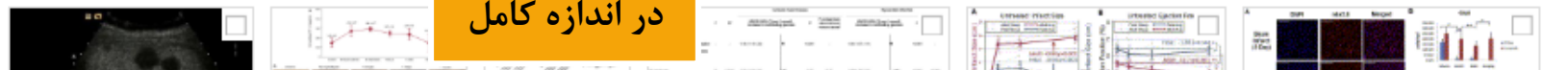
Journal of Thoracic and Cardiovascular Surgery, The. Abd-Elfattah, Anwar Saad, MS, PhD, FAHA, AFSTS;... Show all. Published July 1, 2012. Volume 144, Issue 1. Pages 250-255.e3. © 2012.

Figure E1 Role of adenosine nucleoside metabolism and transport by way of es-NT1 (compartmentalization) in purine-mediated post-myocardial infarction reperfusion injury. The figure illustrates purine metabolism and compartmentalization in relation to ischemic and reperfusion injury in the untreated control group (A). Ischemia is associated with intracellular adenosine triphosphate (ATP) depletion. Sympathetic stimulation at the onset of ischemia results in neurotransmitter and ATP co-release,


elevating extracellular ATP. Ecto- and endo-5'-nucleotidase (endo ) and adenosine deaminase continue breaking down ATP and adenosine monophosphate (AMP) during ischemia to adenosine in the intracellular and extracellular compartments. Adenosine is rapidly deaminated to inosine by adenosine deaminase. Extracellular inosine is converted by inosine phosphorylase (IPLase) to hypoxanthine, and the latter is oxidized to xanthine and superoxide radicals during cardiac ischemia and reperfusion. Intracellular inosine and the remaining adenosine are rapidly released on reperfusion by way of the p-nitrobenzylthioinosine (NBMPR) -sensitive adenosine nucleoside transporter-1 (es-ENT1), allowing abrupt formation of hypoxanthine, xanthine, and free radicals. The effect of preischemic treatment with EHNA/NBMPR of purine metabolism and compartmentalization is depicted in part B. Adenosine is maintained inside and outside cells. C, Effect of MI postconditioning with EHNA/NBMPR. Intracellular inosine is the major end product of ATP depletion during ischemia. Similar to the control group, noncardiac ATP is broken down to xanthine, producing free radicals in the circulation. Infusion of EHNA/NBMPR after MI but before releasing the left anterior descending coronary artery occlusion allowed entrapment of intracellular inosine, limiting the reperfusion injury mediated by free radicals. ADP , Adenosine diphosphate; AMP , adenosine monophosphate; ecto-5 ' NTDase , 5'-nucleotidase; es-ENT1 , equilibrative p-nitro-benzylthioinosine (NBMPR)-sensitive adenosine nucleoside transport 1; A1R , adenosine receptor 1; IPLase , inosine phosphorylase; XO , xanthine oxidase; O<sub>2</sub> , molecular oxygen; O<sub>2</sub><sup>-</sup> , superoxide radical. The font size reflects the amount of purine at ischemia or reperfusion.

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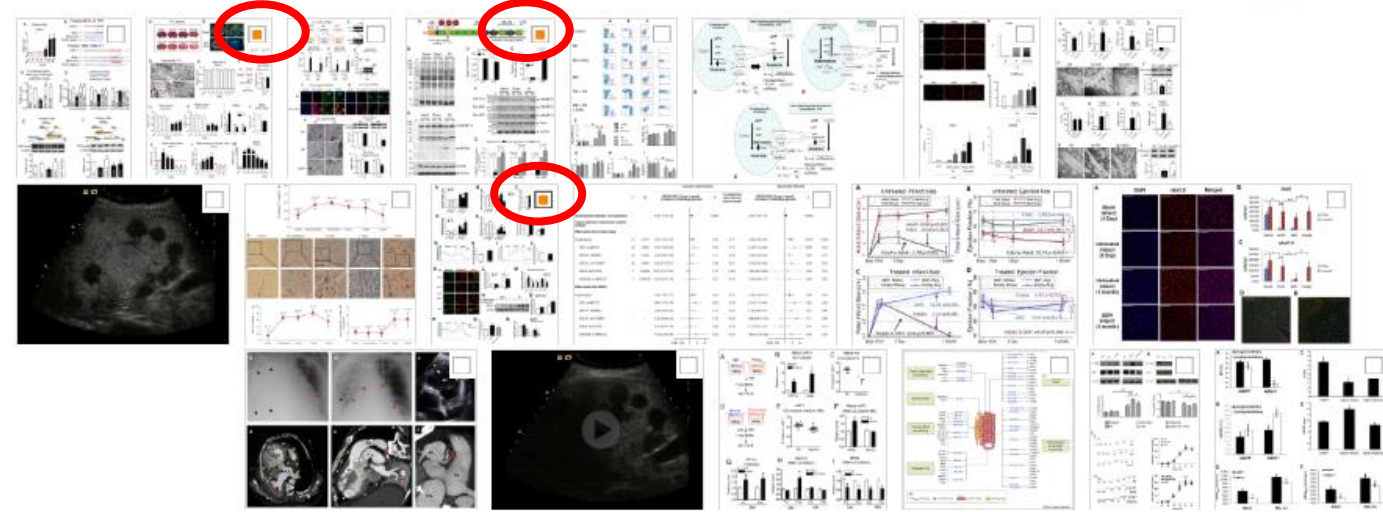
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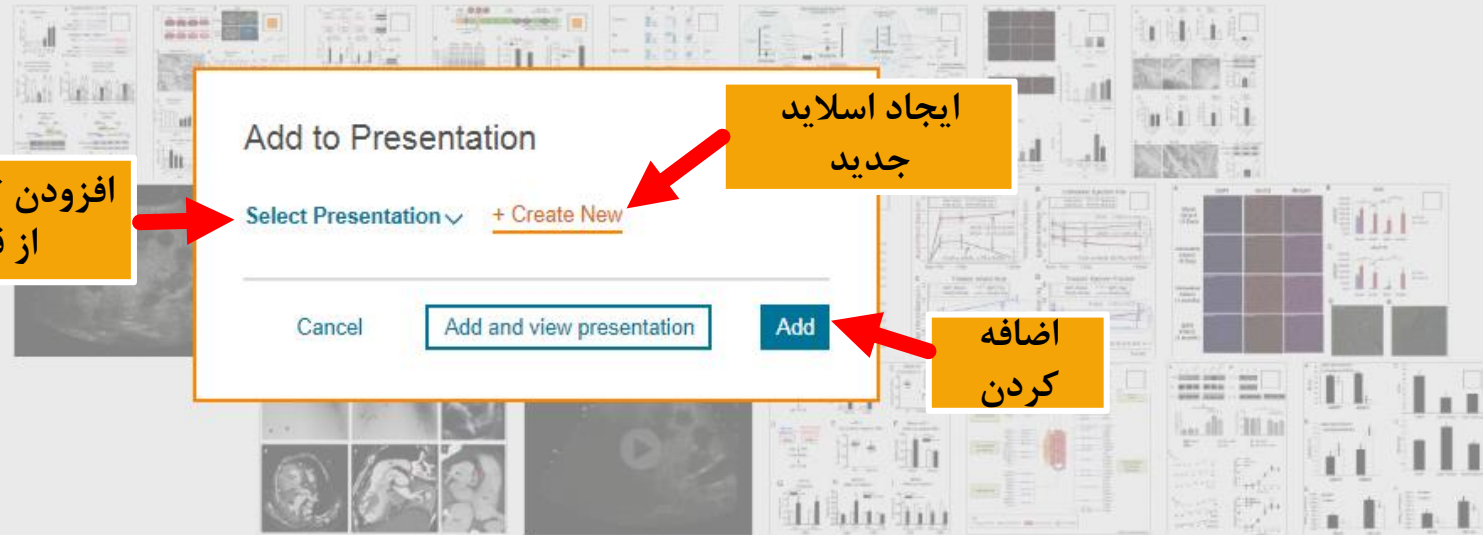
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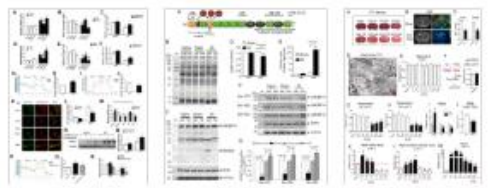
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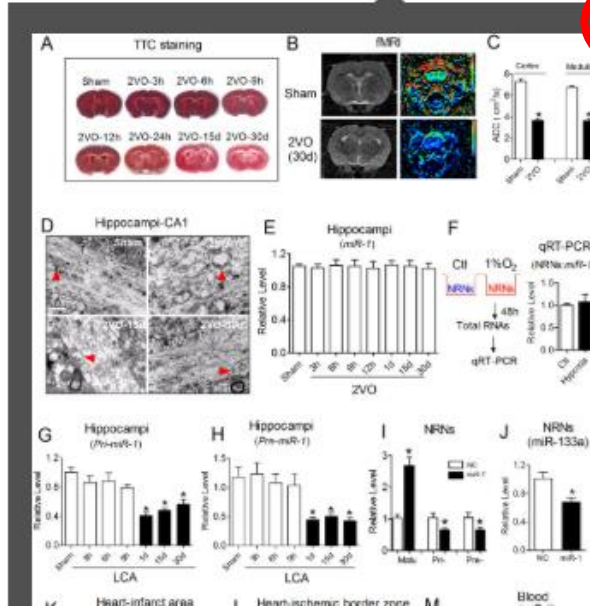
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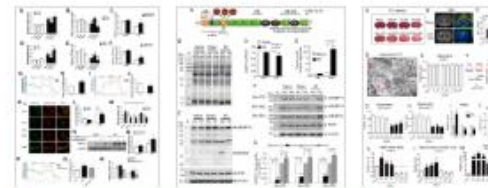
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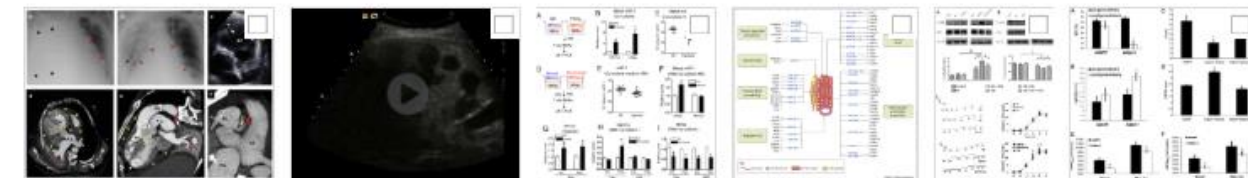
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