UpToDate

Parastoo Ehsani
Pasteur Institute of Iran

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Ministry of Health

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What is UpToDate ?

An electronic evidence-based clinical decision support tool designed by expert physicians for clinicians to:

- Answer your clinical questions
- Increase your clinical knowledge
- Improve patient care

Evidence-based medicine (EBM) is an approach to medical practice intended to optimize decision-making by **emphasizing the use of evidence from well-designed and well-conducted research**. Although all medicine based on science has some degree of empirical support, EBM goes further, classifying evidence by its epistemologic strength and requiring that only the strongest types (**coming from meta-analyses, systematic reviews, and randomized controlled trials**) can yield strong recommendations; weaker types (such as **from case-control studies**) can yield only weak recommendations.

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UpToDate is part of Wolters Kluwer Health

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The trusted way to practice medicine

Practice Changing UpDates

10 000
Clinical Topics

5 800
Drug Monographs

1 500
Patient leaflets

Rigorous three-tier peer-review process(6500)

27 000
Graphics

170
Medical Calculators

380 000+
References

21+
Specialties

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Trusted Around the World

UpToDate is the most trusted source for evidence-based clinical information for more than **850,000 clinicians** in **164 countries**. Around the globe, UpToDate has become an indispensable part of clinical workflows in over **29,000 institutions and practices**.

The most studied

More than 60
independent studies

UpToDate is the only clinical decision support tool that has been associated to improving hospital performance, reducing costs, and improving patient outcomes.

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UpToDate is the Only Clinical Decision Support Resource Associated with Improved Outcomes

Over the years UpToDate® has been the subject of more than 60 research studies confirming that widespread usage of UpToDate is associated with improved patient care and hospital performance.

In 2011, researchers at Harvard University published a compelling study confirming that the use of UpToDate over a three year period was associated with:

- Improved quality of every condition on the Hospital Quality Alliance Metrics
- Shorter lengths of stay (372,000 hospital days saved per year)
- Lower mortality rates (saving 11,500 lives per three year period)

"The data suggests the use of computerized tools such as UpToDate enable better decisions, better outcomes and better care." — Ashish Jha, M.D., M.P.H., Harvard, and Study Author

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Doctors Have Clinical Questions

Unanswered clinical questions impact patient management decisions

Approximately 2 out of 3 clinical encounters generate a question

Physicians have approximately 11 clinical questions a day

60%

of questions go unanswered

Answering all clinical questions could change

5 to 8

patient management decisions each day

Covell, DG. Ann Intern Med 1985; 103:596; Green, ML. AM J Med 2002; 109:218; Osheroff, JA. Ann Intern Med 1991:575; Ely, JW. J Am Med Inform Assoc 2005; 12:217; Gorman, PN. Med Decis Making 1995; 15:113.

Our Editorial Board

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- Clinically active
- World-renown physician topic experts
- Have an academic affiliation

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- Clinically active
- Specialty experts & trained in EBM
- More than 50 in-house editors

Peer Reviewers
- Clinically active
- Specialists in their field
- Anonymous to the author

Three tiers of the peer review process to ensure accurate unbiased information

Our unparalleled due diligence has earned the trust and confidence of over **1 million clinicians** worldwide and **90% teaching medical institutions** in the United States.

Unbiased

UpToDate accepts no advertising or sponsorships, a policy that ensures the integrity of our content and keeps it free commercial influences.

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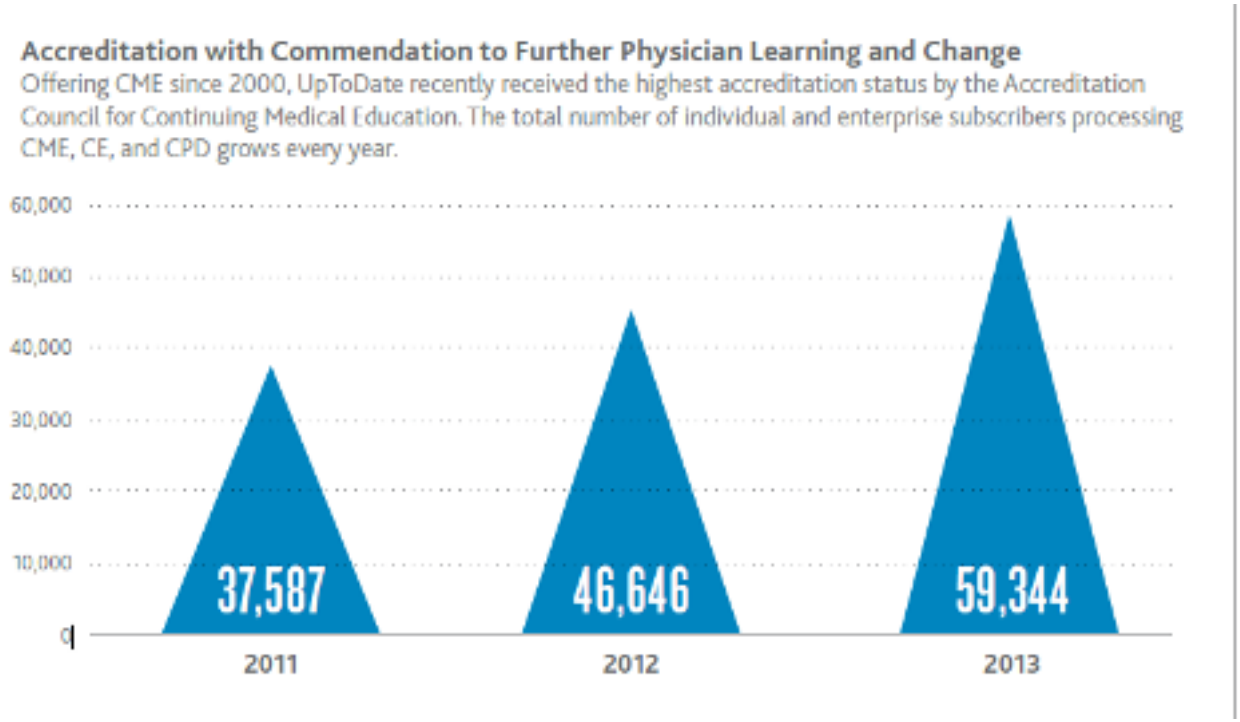

CME=Continuing medical education

CPD=continuing professional development

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Specialties covered in UpToDate

- Adult and Pediatric Emergency Medicine
- Adult and Primary Care Medicine
- Allergy and Immunology
- Anesthesiology*
- Cardiovascular Medicine
- Dermatology
- Endocrinology and Diabetes
- Family Medicine
- Gastroenterology and Hepatology
- General Surgery
- Geriatrics
- Hematology
- Hospital Medicine
- Infectious Diseases
- Nephrology and Hypertension
- Neurology
- Obstetrics, Gynecology and Women's Health
- Oncology
- Palliative Care*
- Pediatrics
- Psychiatry
- Pulmonary, Critical Care and Sleep Medicine
- Rheumatology

*In development for 2014

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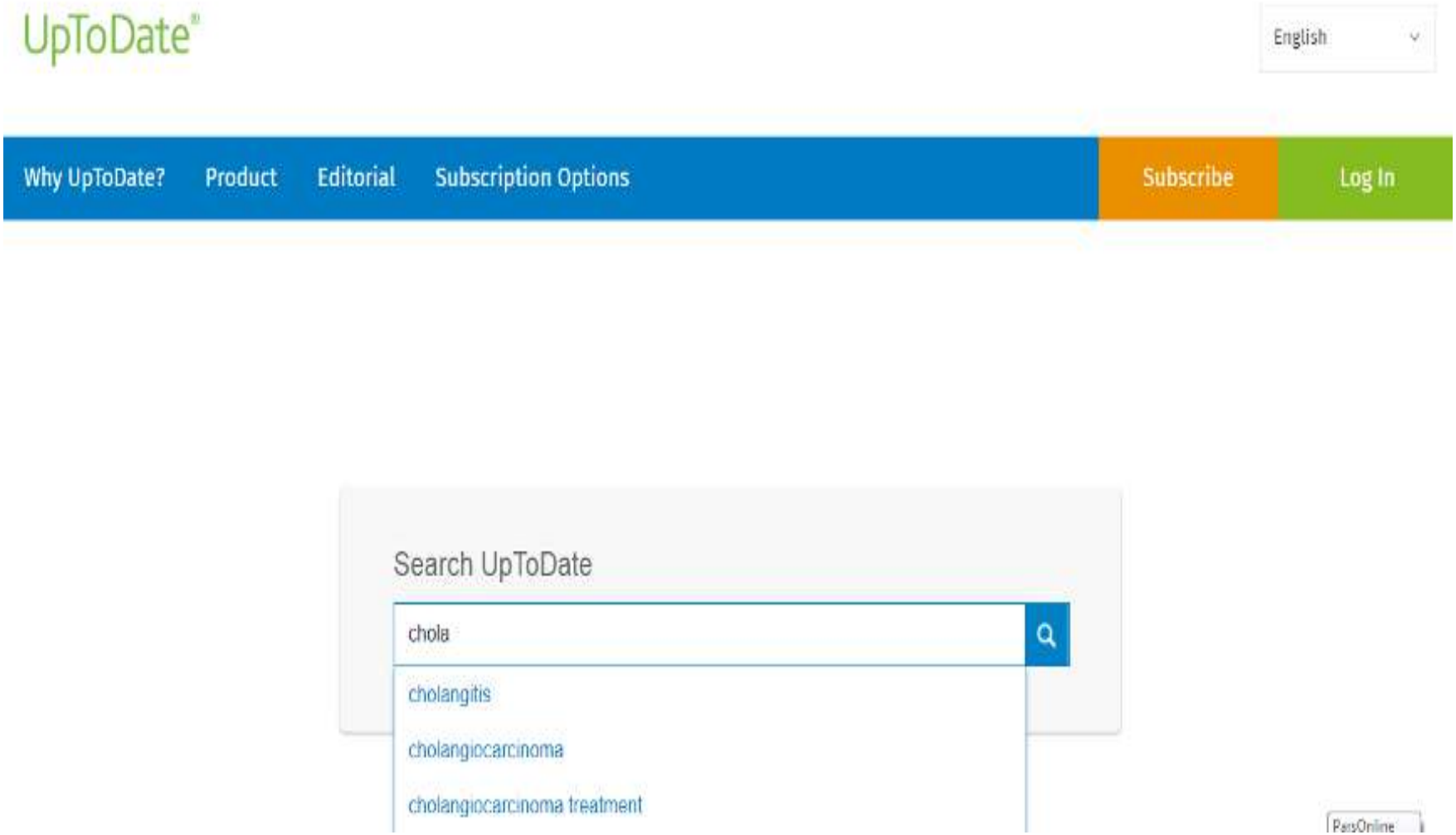

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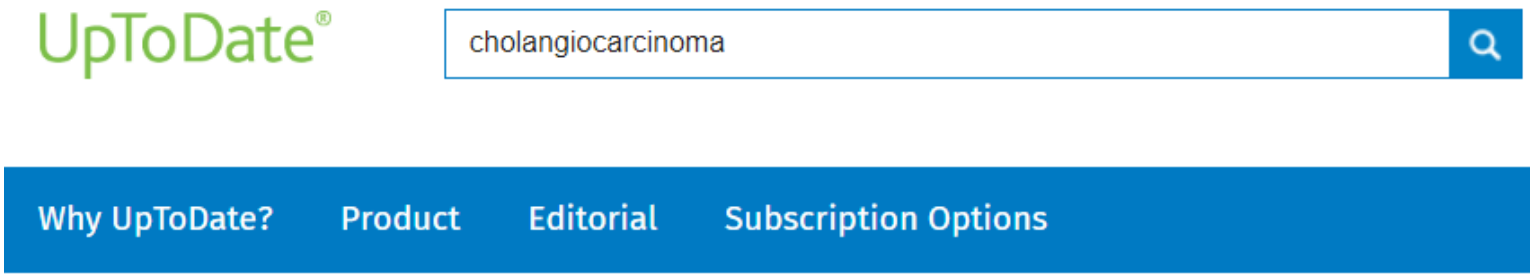
Conducting a Search



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:UpToDate

1-ا ختصارات و مترادف های رایج را تشخیص می دهد.برای مثال کلمه **GERD** نتایج مربوط به **Gasteroesophageal** و(**reflux disease**)بیماری رفلاکس مری را بازیابی می کند.

2. درفرایند جستجو استفاده ازحروف بزرگ یا کوچک نتایج یکسانی را بازیابی می کند.

3. عبارت جستجو به طور خودکاردرتمامی تخصص های موضوعی جستجو می شود.

4-عبارت جستجو می تواند نام بیماریها، علائم بیماری، رویکردها و اختلالات آزمایشگاهی، نام داروها و رده های دارویی باشد.

5-نام یک نویسنده، عنوان یک مجله و سال انتشارقابل جستجو نمی باشد.

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UpToDate®

cystic fibrosis

Why UpToDate? Product Editorial Subscription Options

Search Results for **"cystic fibrosis"**

All Adult Pediatric Patient Graphics

Cystic fibrosis: Treatment of acute pulmonary exacerbations

… **Cystic fibrosis** (CF) is a multisystem disorder caused by mutations in the **cystic fibrosis** transmembrane conductance regulator (CFTR) gene, located on chromosome 7 . Pulmonary disease remains the leading …

Cystic fibrosis: Hepatobiliary disease

…unresponsive to intensive nutritional support and treatment for **cystic fibrosis**-related diabetes, if present. Given the association of **cystic fibrosis**-related diabetes (CFRD) and advanced CFLD combined, liver-pancreas …

Cystic fibrosis: Clinical manifestations and diagnosis

…with CRMS have been published in Europe and in the United States . **Cystic fibrosis** (CF) is caused by mutations in the **cystic fibrosis** transmembrane conductance regulator (CFTR) protein, a complex chloride …

Cystic fibrosis: Overview of gastrointestinal disease

… **Cystic fibrosis** (CF) generally is thought of as a lung disease since much of the associated morbidity and mortality is related to pulmonary complications. A discussion of the pulmonary manifestations …

Cystic fibrosis: Overview of the treatment of lung disease

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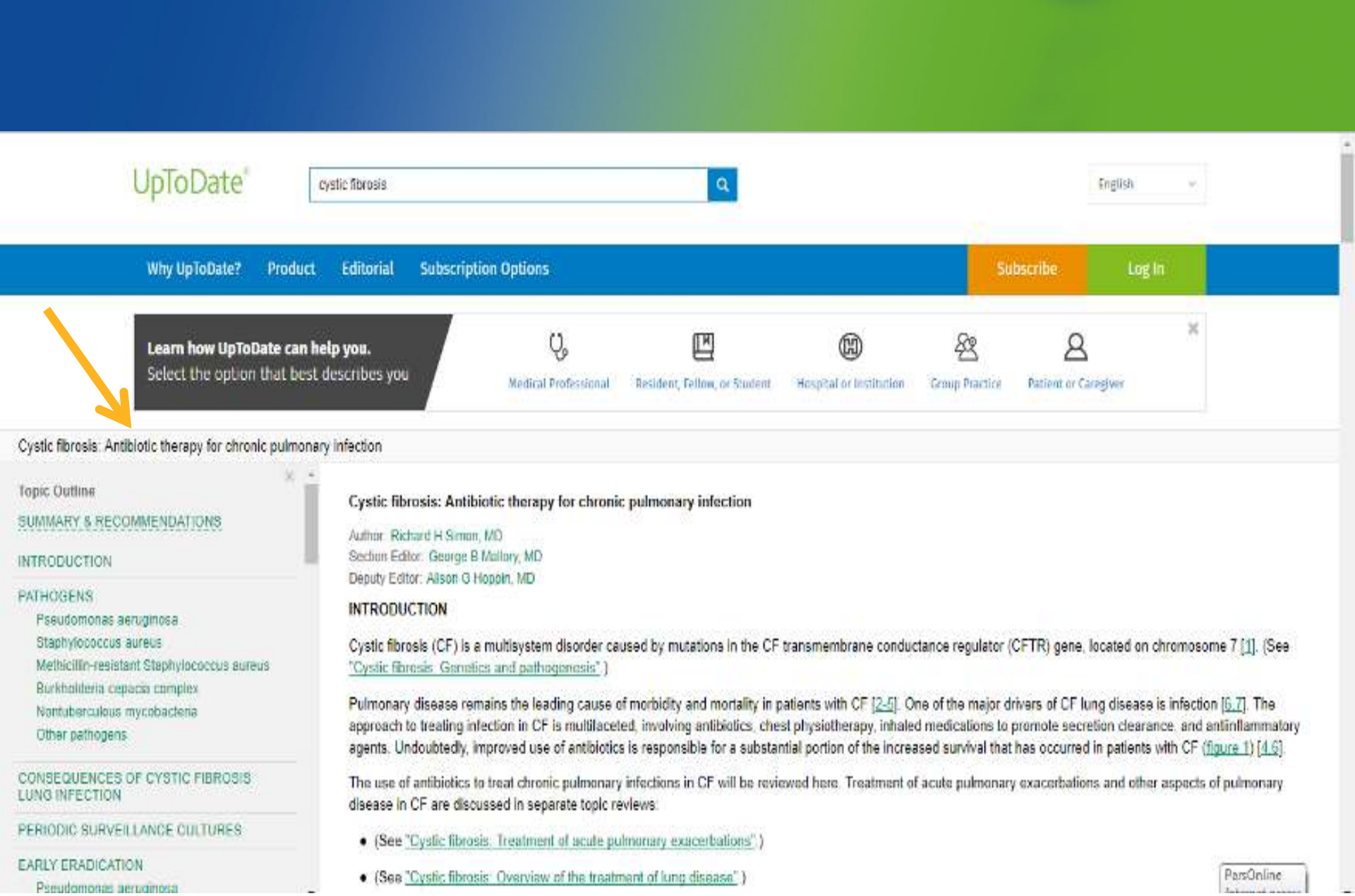
Cystic fibrosis: Genetics and pathogenesis

…around the world are provided separately. **Cystic fibrosis** (CF) is caused by mutations in a single large gene on chromosome 7 that encodes the **cystic fibrosis** transmembrane conductance regulator (CFTR) …



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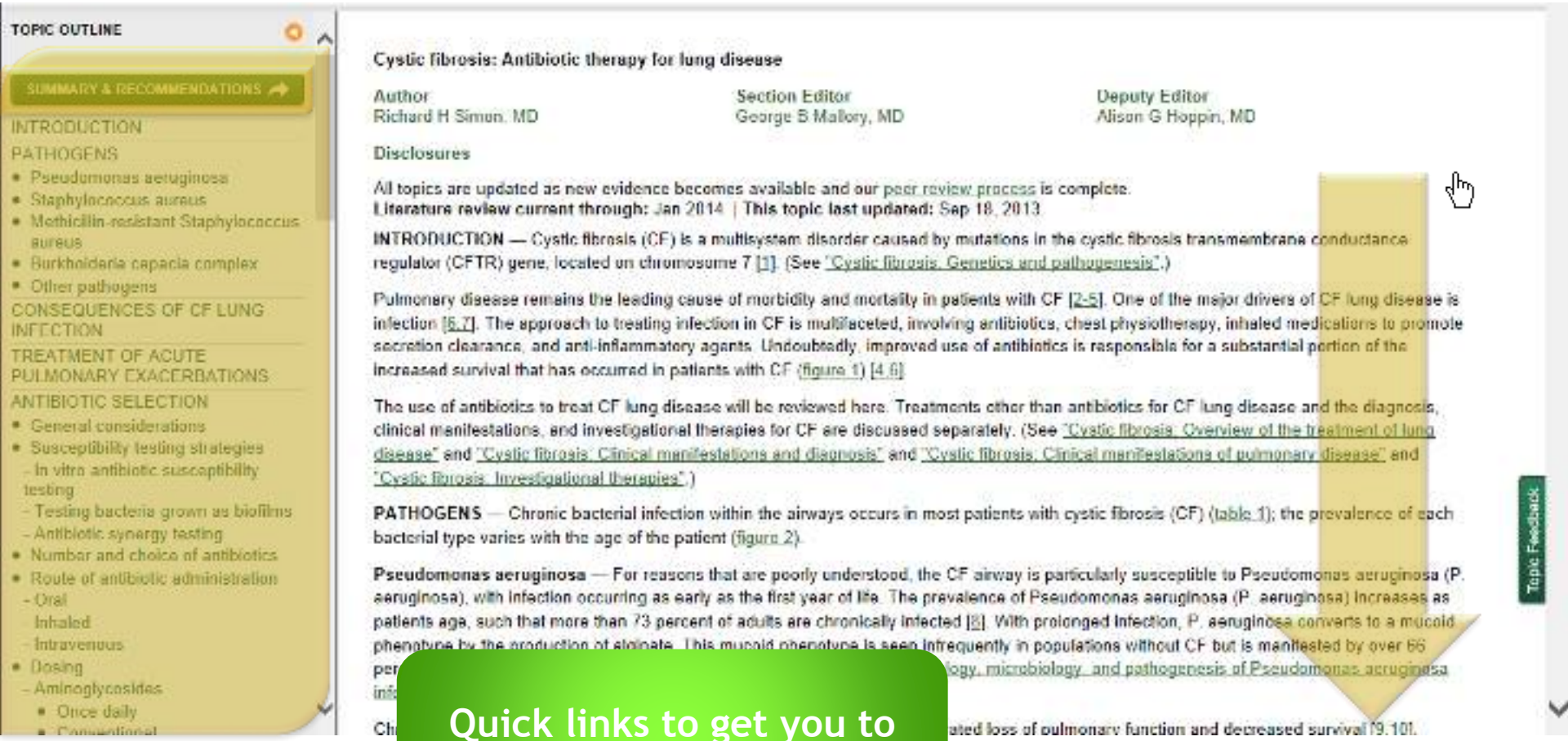
10,000 Topics – presented in the same format



Quick links to get you to the information you need

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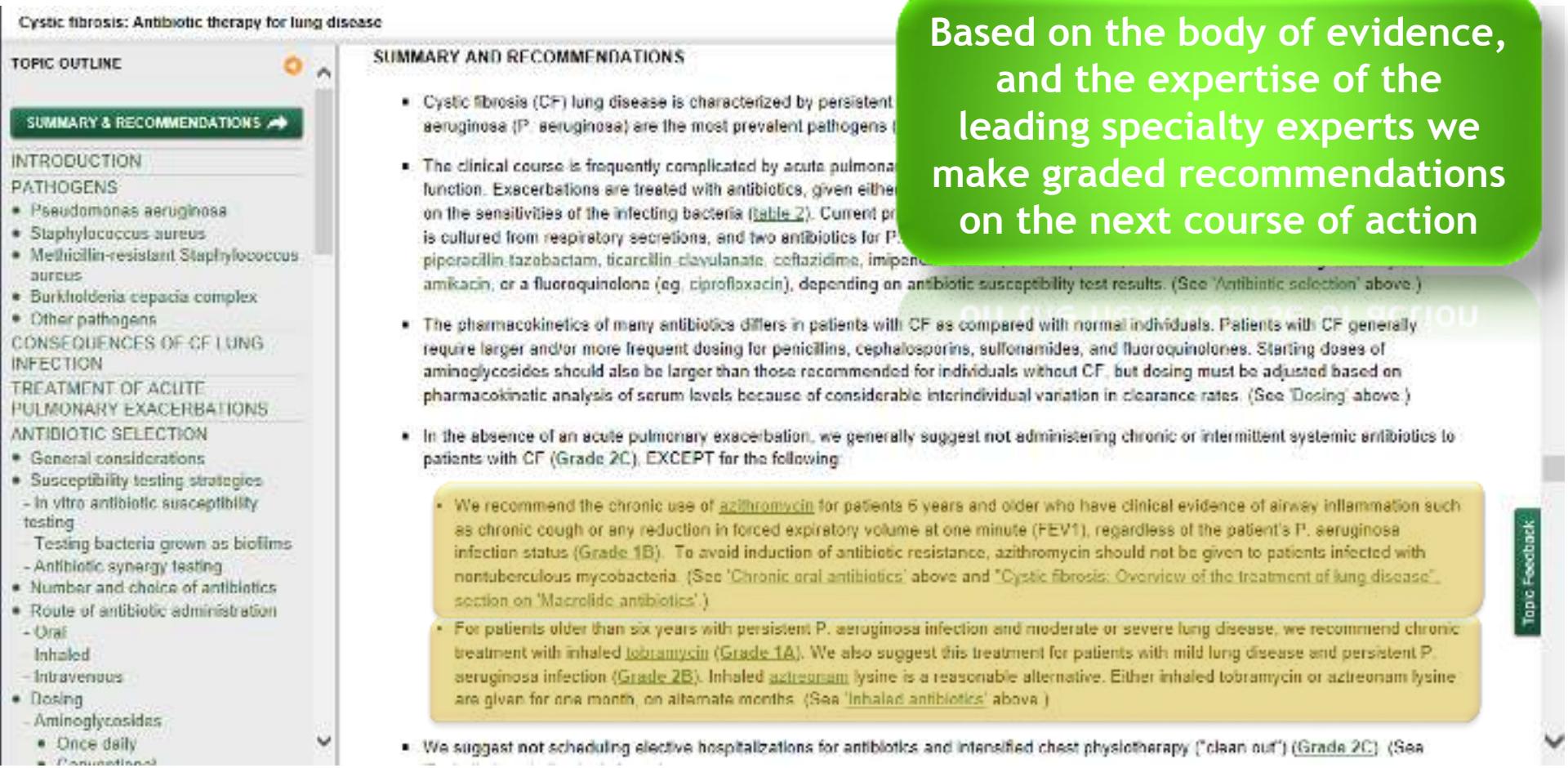
Graded recommendations



Based on the body of evidence, and the expertise of the leading specialty experts we make graded recommendations on the next course of action

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- We recommend the chronic use of azithromycin for patients 6 years and older who have clinical evidence of airway inflammation such as chronic cough or any reduction in forced expiratory volume at one minute (FEV1), regardless of the patient's P. aeruginosa infection status (Grade 1B). To avoid induction of antibiotic resistance, azithromycin should not be given to patients infected with nontuberculous mycobacteria. (See 'Chronic oral antibiotics' above and "Cystic fibrosis: Overview of the treatment of lung disease", section on 'Macrolide antibiotics'.)
- For patients older than six years with persistent P. aeruginosa infection and moderate or severe lung disease, we recommend chronic treatment with inhaled tobramycin (Grade 1A). We also suggest this treatment for patients with mild lung disease and persistent P. aeruginosa infection (Grade 2B). Inhaled aztreonam lysine is a reasonable alternative. Either inhaled tobramycin or aztreonam lysine are given for one month, on alternate months. (See 'Inhaled antibiotics' above.)

Evidence-based

Grade 1A recommendation

A Grade 1A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.
Explanation:
A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all of your patients.
Grade A means that the best estimates of the critical benefits and risks come from consistent data from well-performed, randomized, controlled trials or overwhelming data of some other form (eg, well-executed observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.

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

For a complete description of our use of the GRADE system, please see the UpToDate editorial policy which can be found at www.uptodate.com/home/editorial-policy.

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در این پایگاه داروهای متداخل به نسبت میزان خطر به هنگام مصرف هم زمان در طیف A، B، C، Dو Xتقسیم بندی می شوند:

کد Aنشان دهنده نبود تداخل فارماکودینامیک و فارماکوکینتیک دربین دو دارو است.

کد Bنمایانگر امکان وجود واکنش دربین دو دارو است اما نیازی به تغییریکی ازداروها برای بیماروجود ندارد.

کد Cبیانگر نیازبه دخالت دردوز مصرفی بیماربه هنگام مصرف همزمان دو دارو است. با توجه به وضعیت بیمارو فواید مصرف هم زمان دو دارو، درتعداد اندکی ازبیماران و برای کاهش میزان عوارض باید دردوز مصرفی یک یا هردو دارو هماهنگی برقرارشود.

کد Dنشان می دهد که دو دارو با یکدیگرتداخل دارویی دارند. به گونه ای که با توجه به وضعیت بیمار، میزان فواید مصرف هم زمان دو دارو و خطرهای ناشی ازآن مورد ارزیابی قرارمی گیرد و نیازبه مشاهده دقیق وضعیت بیماربه هنگام مصرف، تغییردردوز داروها با توجه به شرایط بالینی بیمارو جایگزینی داروهای معادل وجود دارد.

کد Xبیانگروجود تداخل دربین دو دارو است. دراین شرایط میزان خطرناشی ازمصرف همزمان دو دارو بیشتراز فواید آن است و نباید دو دارو را با یکدیگربرای بیمارتجویزکرد.

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Drug Information

Lexicomp®

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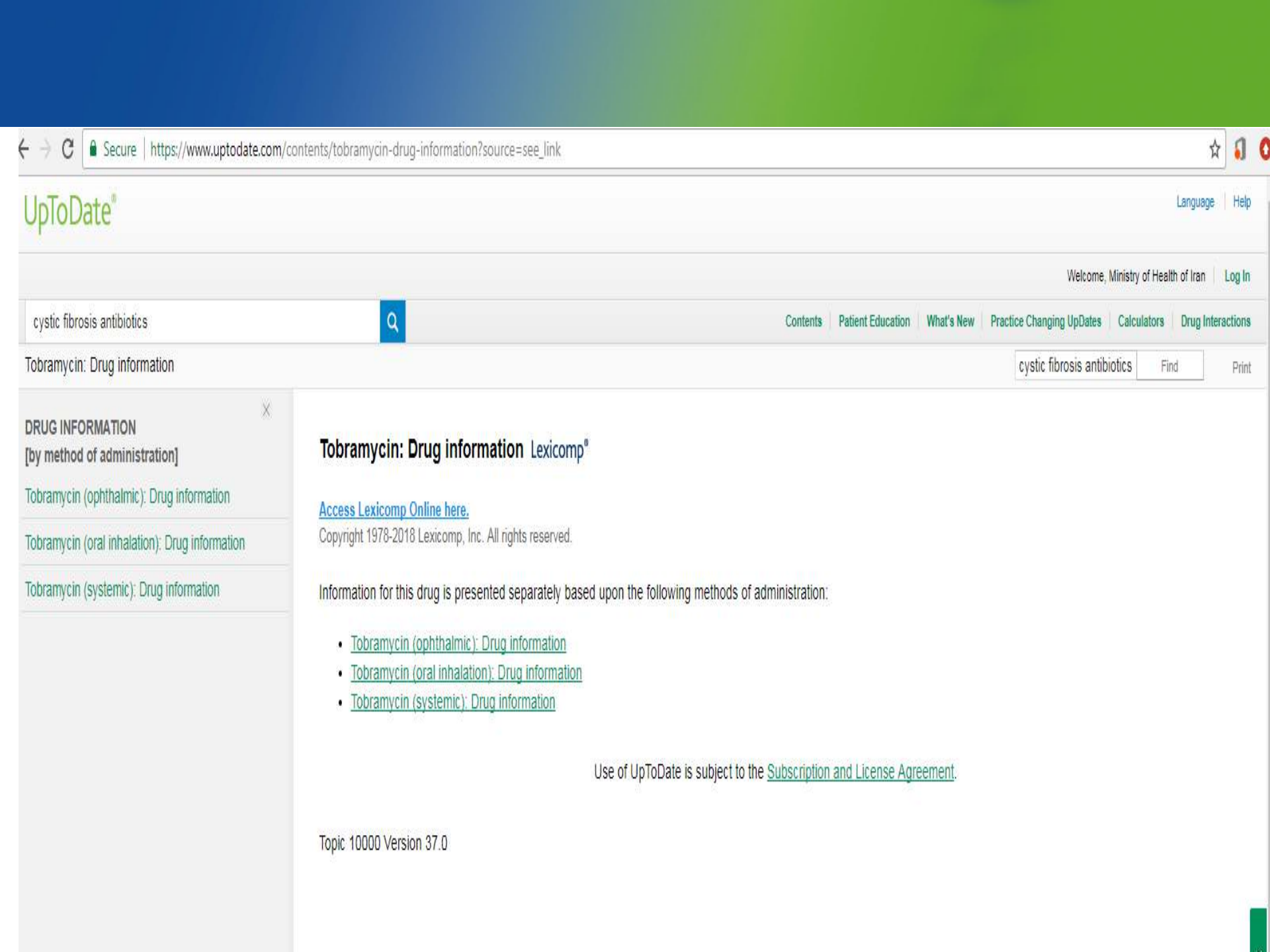
Secure | https://www.uptodate.com/contents/tobramycin-drug-information?source=see_link
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Contents | Patient Education | What's New | Practice Changing UpDates | Calculators | Drug Interactions
Tobramycin: Drug information
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[by method of administration]
Tobramycin (ophthalmic): Drug information
Tobramycin (oral inhalation): Drug information
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Information for this drug is presented separately based upon the following methods of administration:
Tobramycin (ophthalmic): Drug information
Tobramycin (oral inhalation): Drug information
Tobramycin (systemic): Drug information
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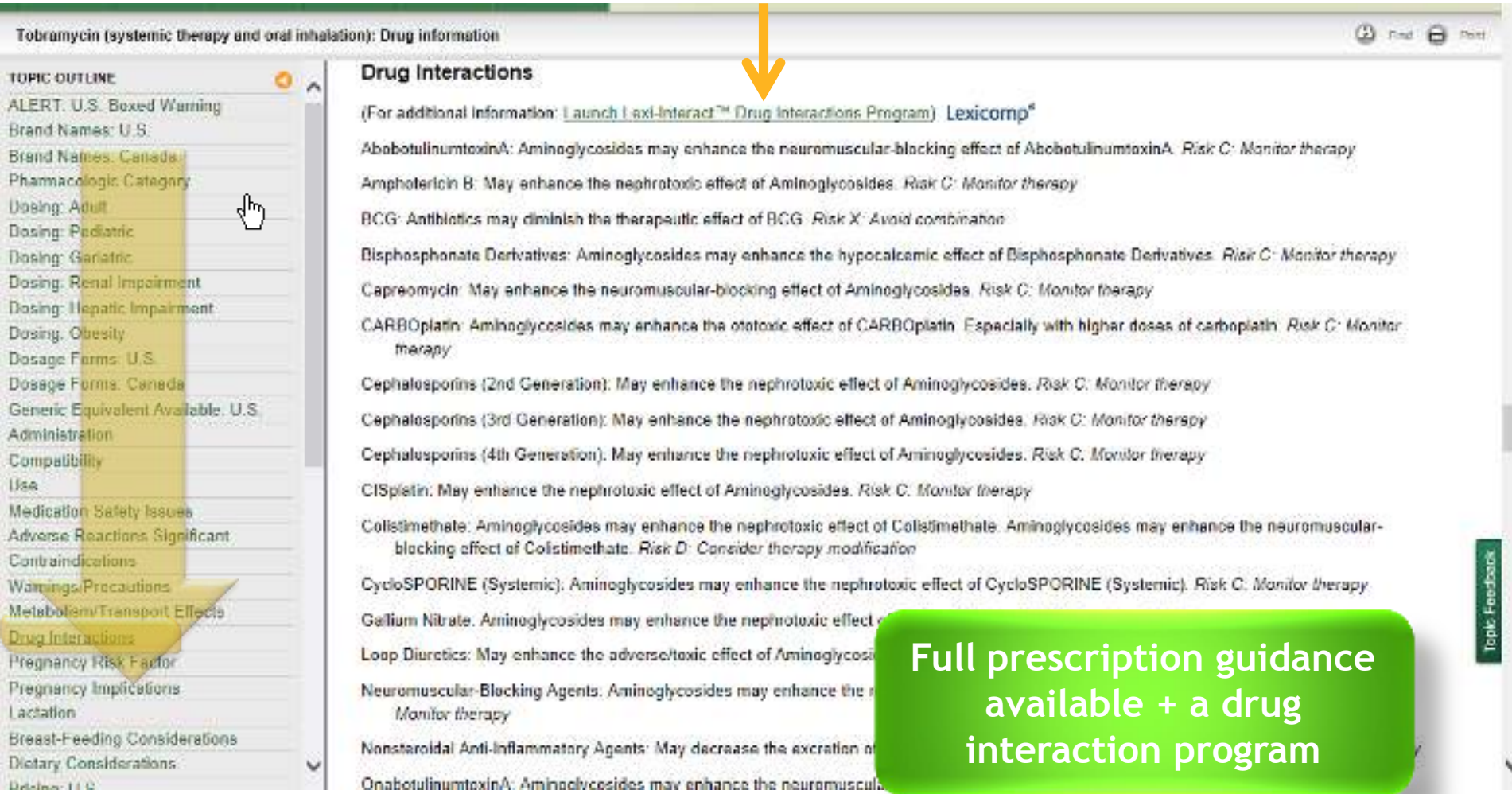
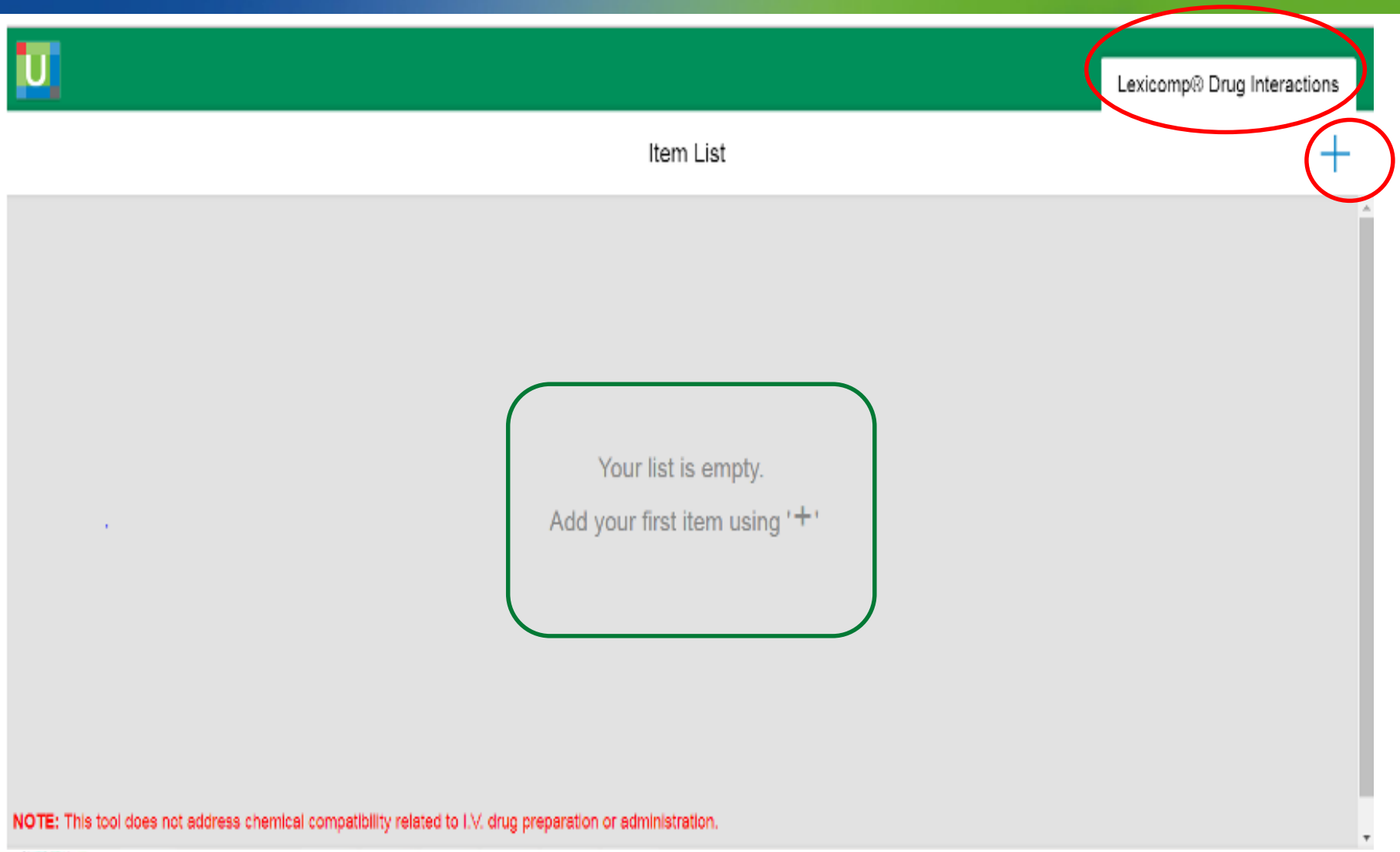
Topic 10000 Version 37.0

Over 5800 unique drug entities with Lexicomp

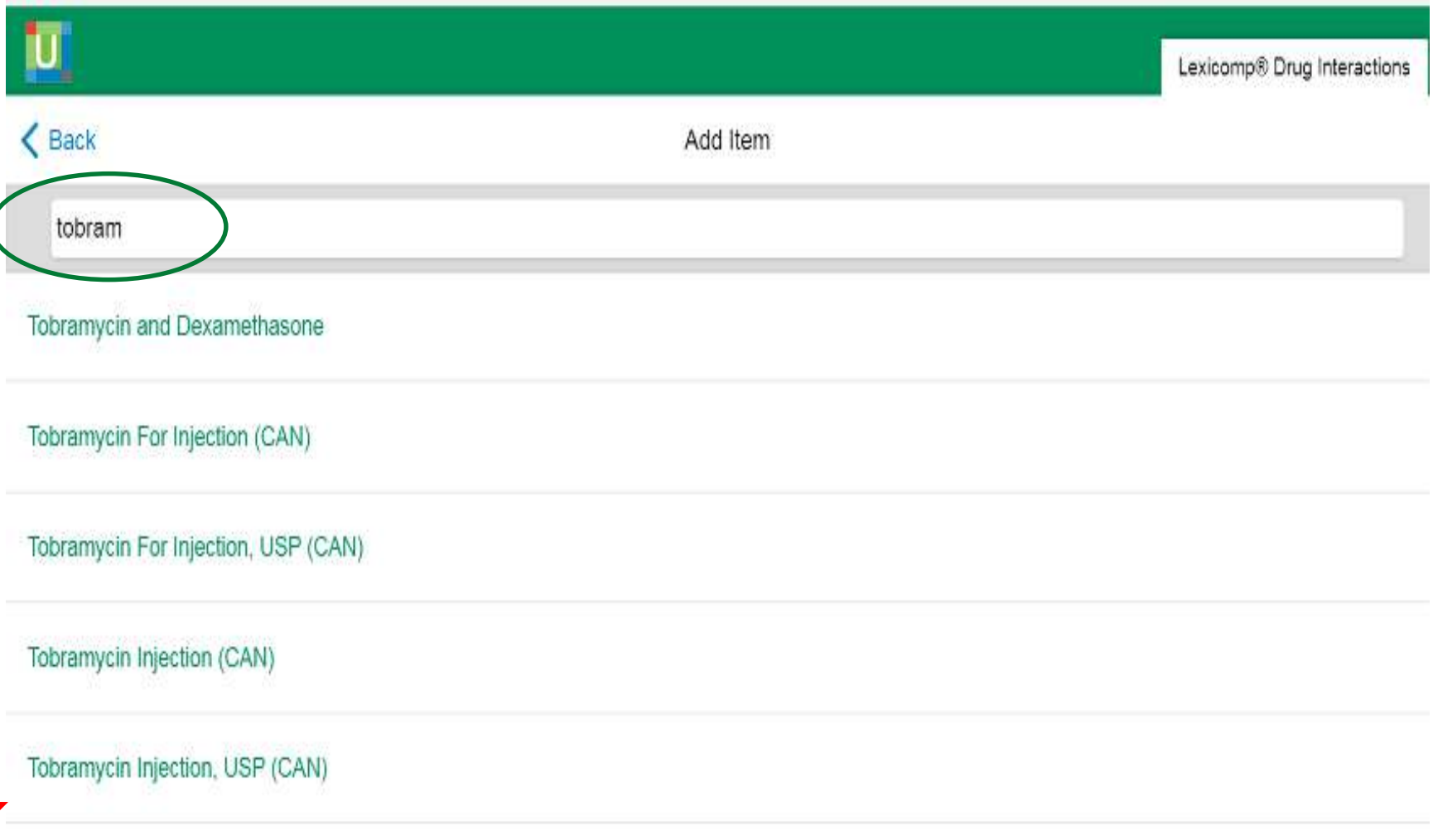


Full prescription guidance available + a drug interaction program

Drug Interaction:1



Drug Interaction:1



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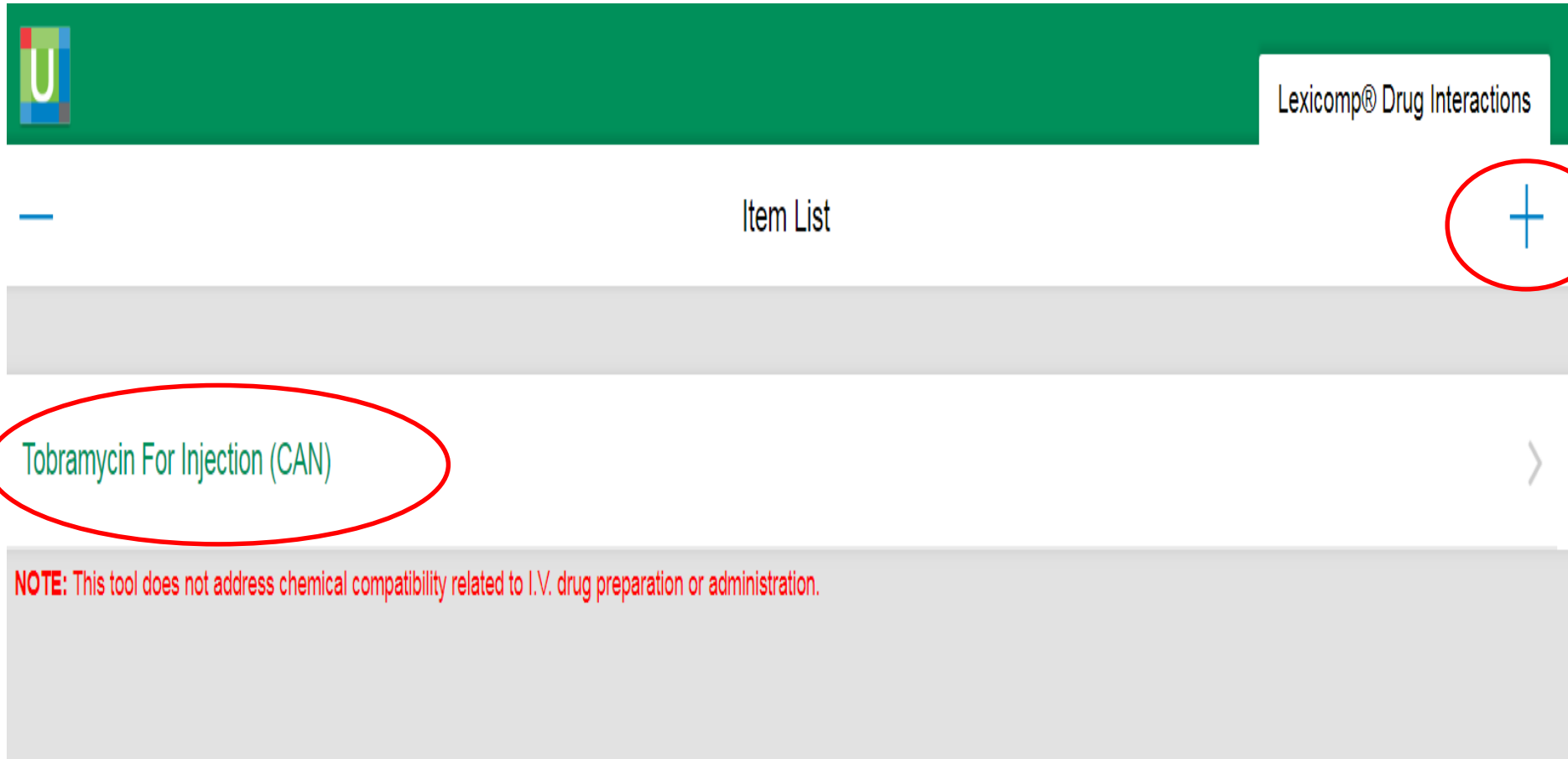

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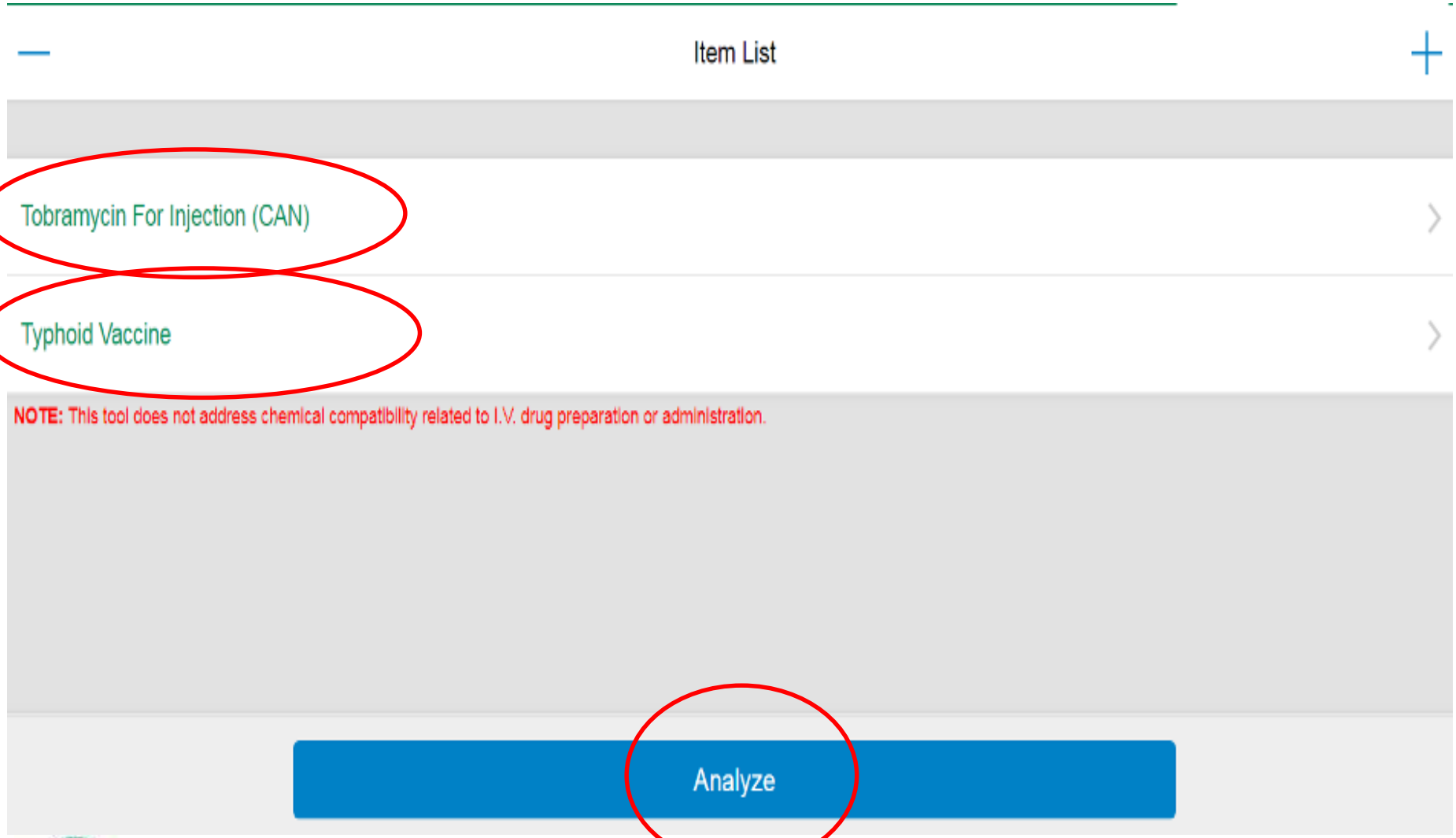

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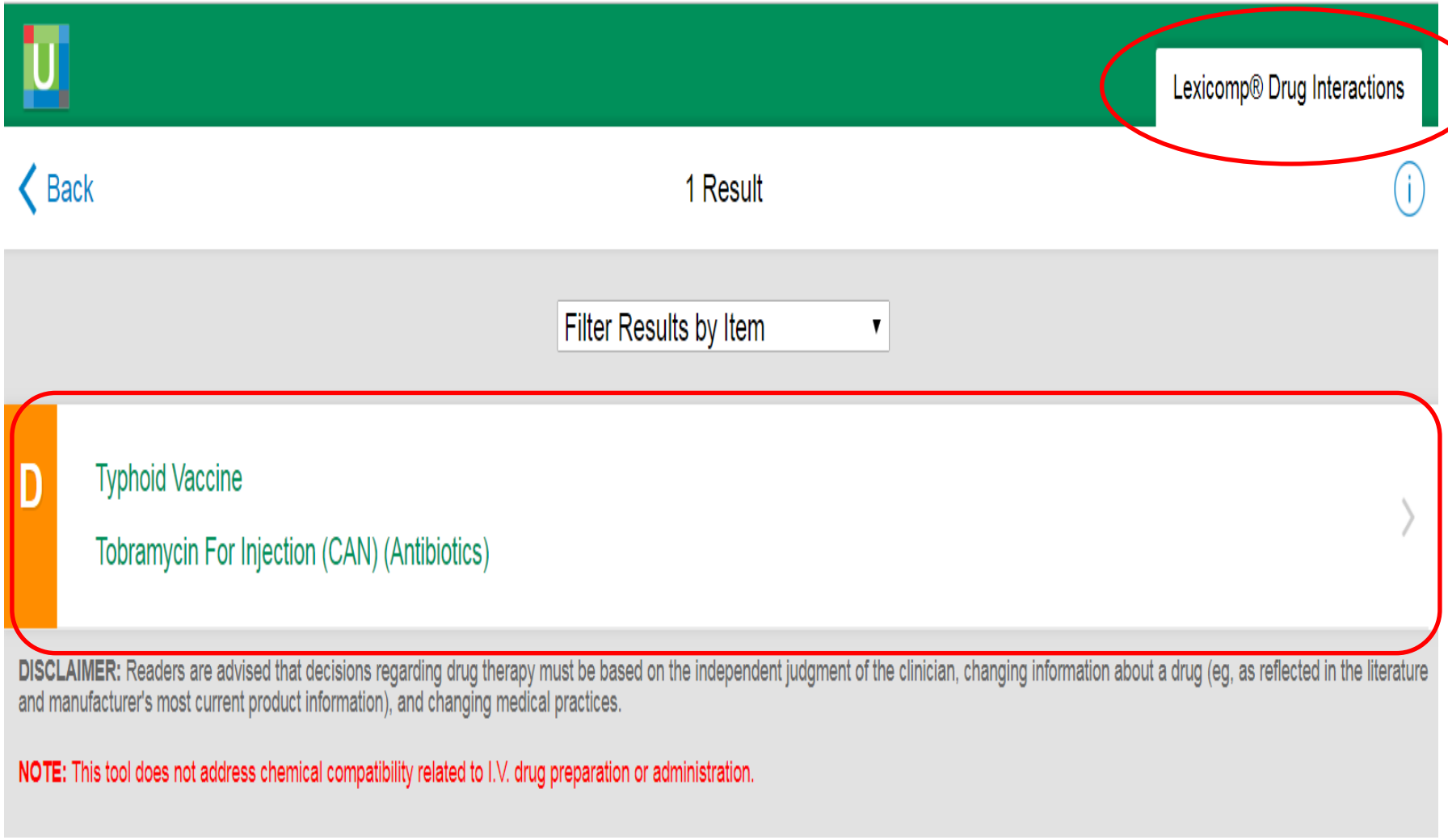

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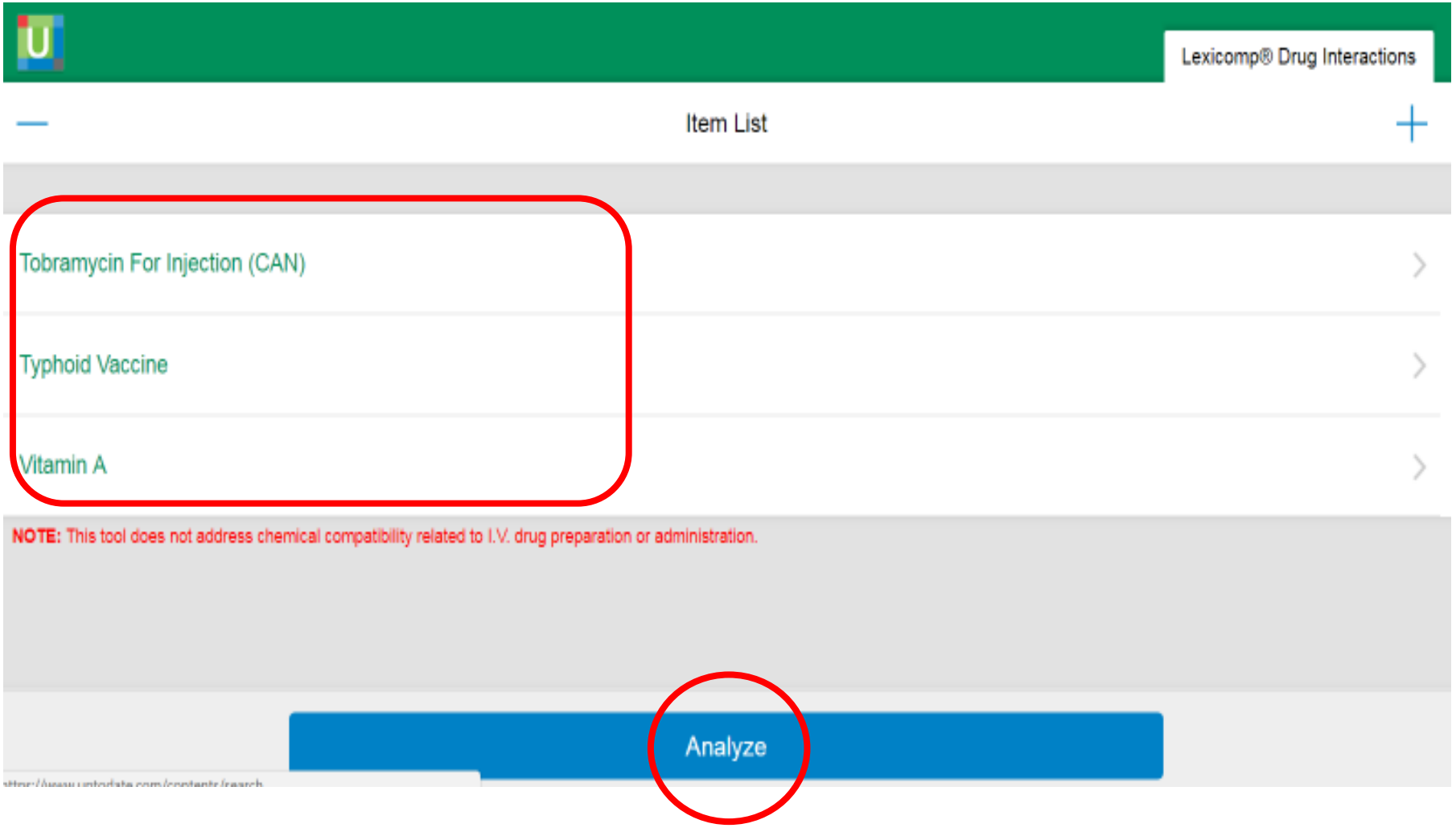

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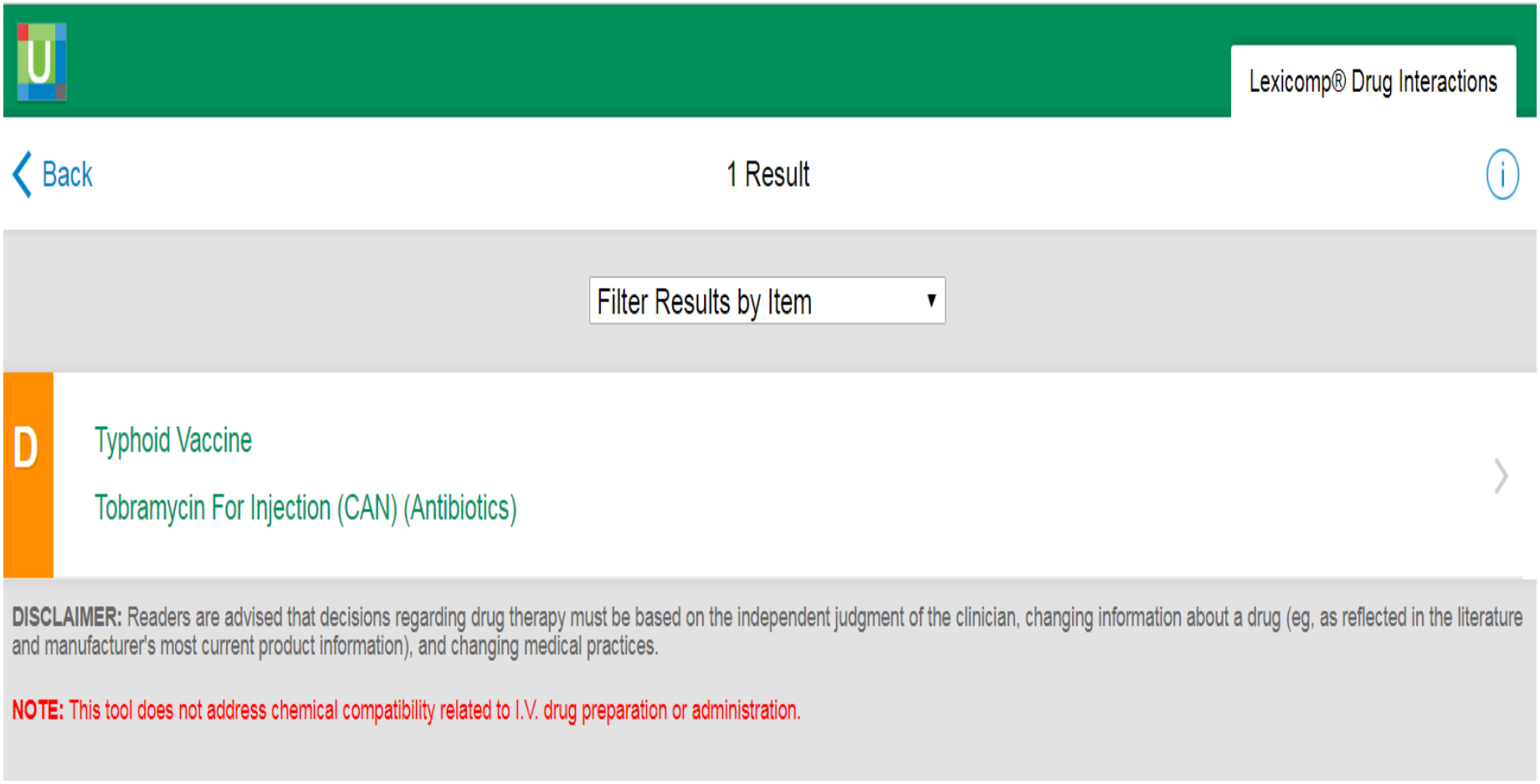

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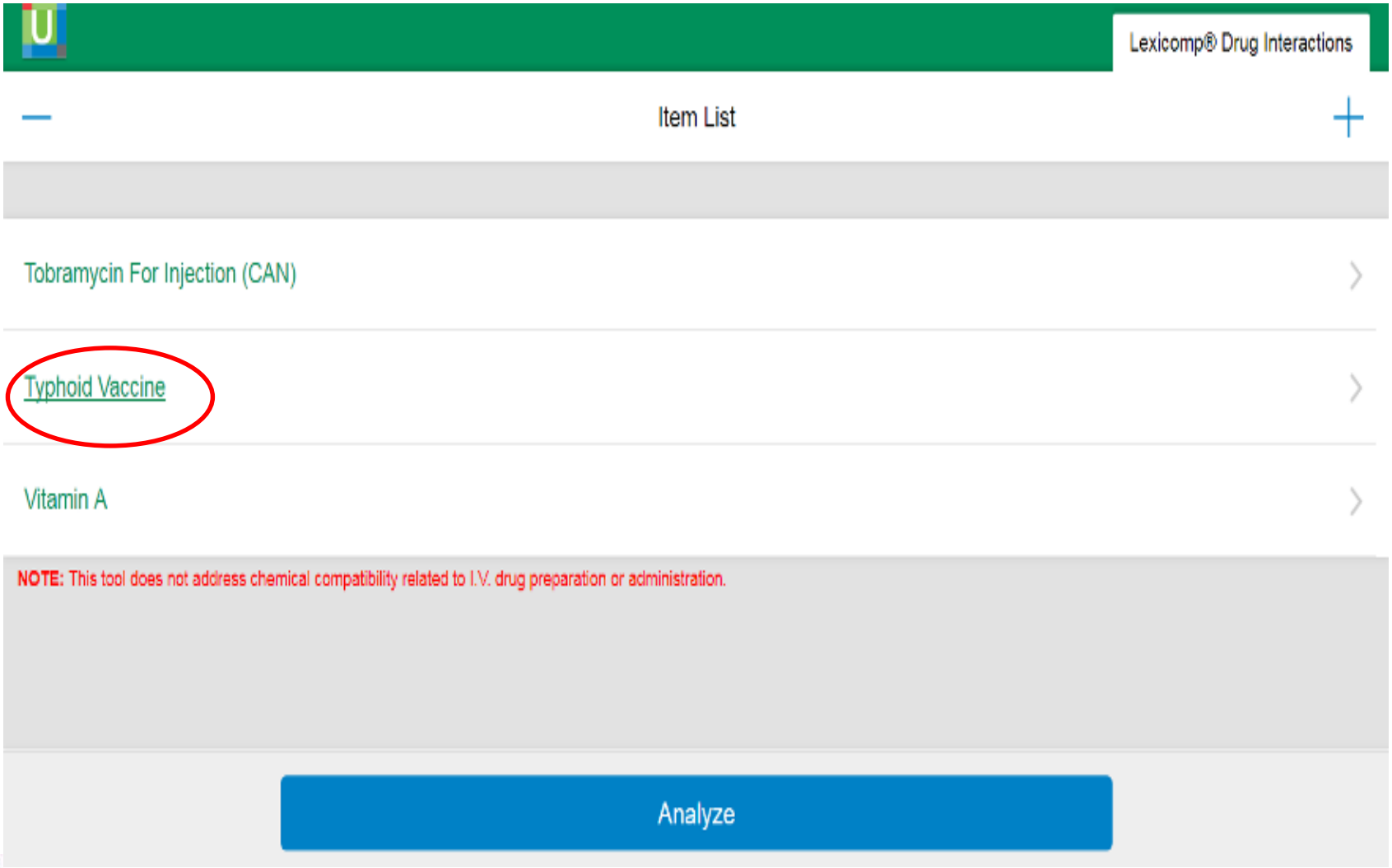

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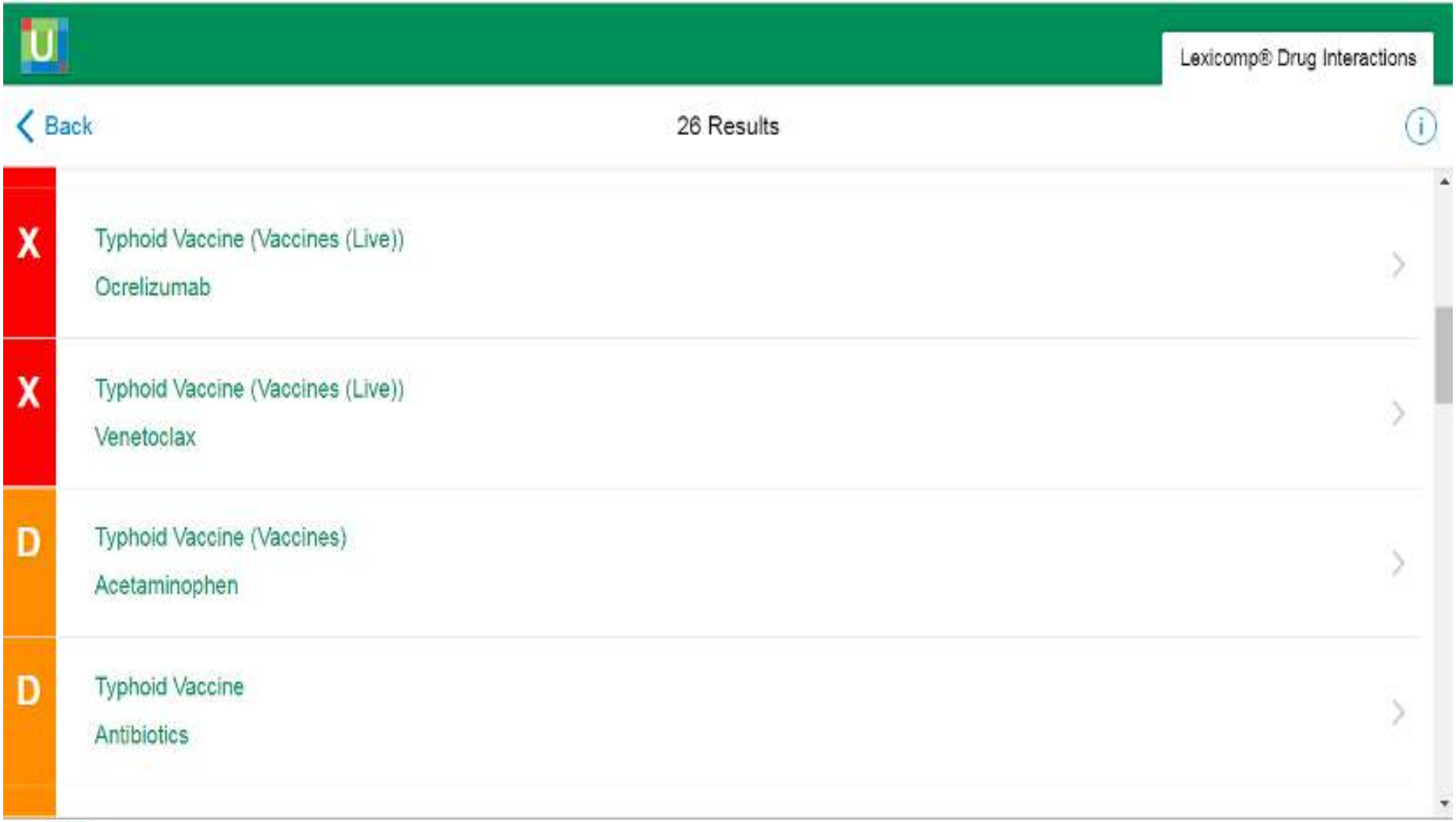
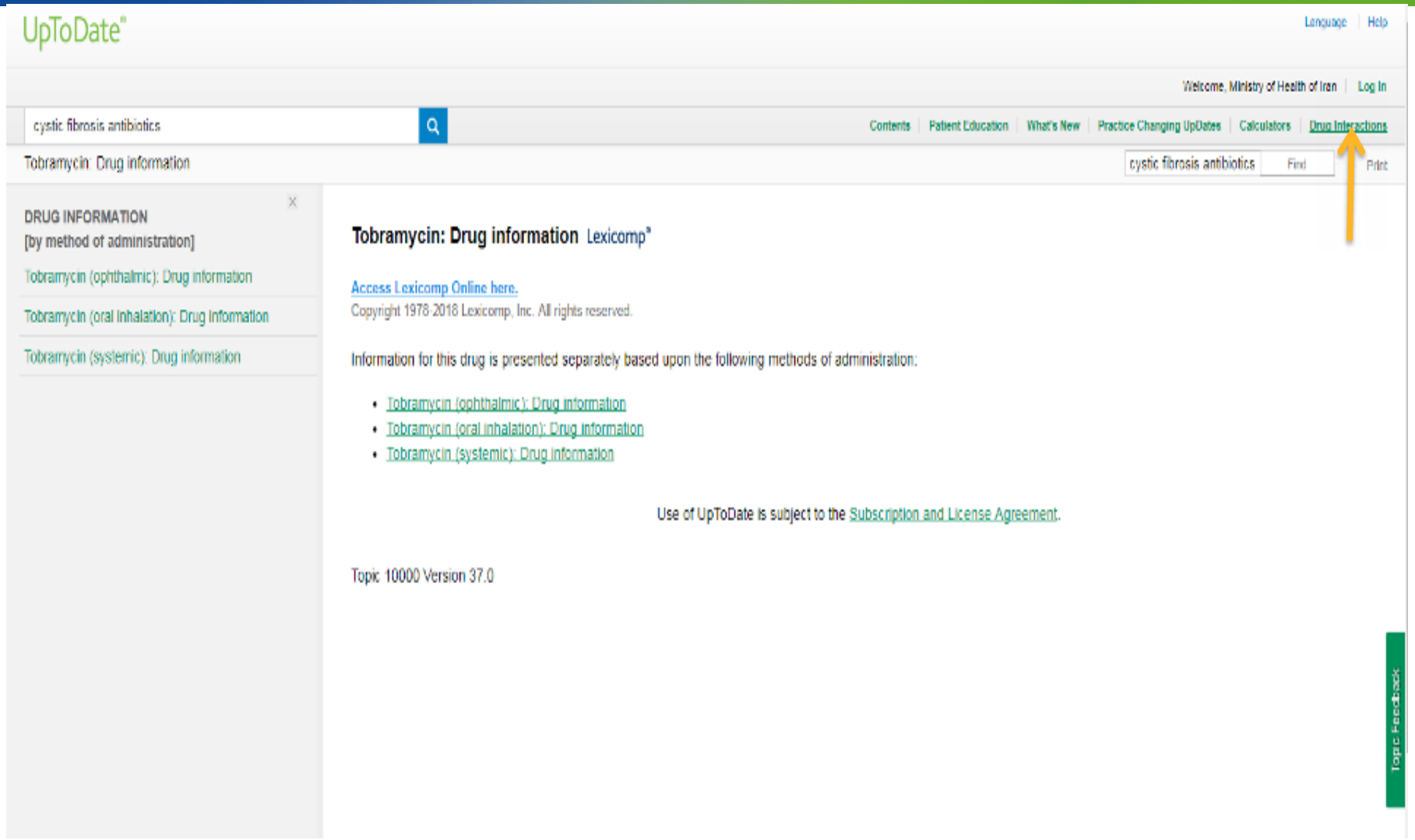
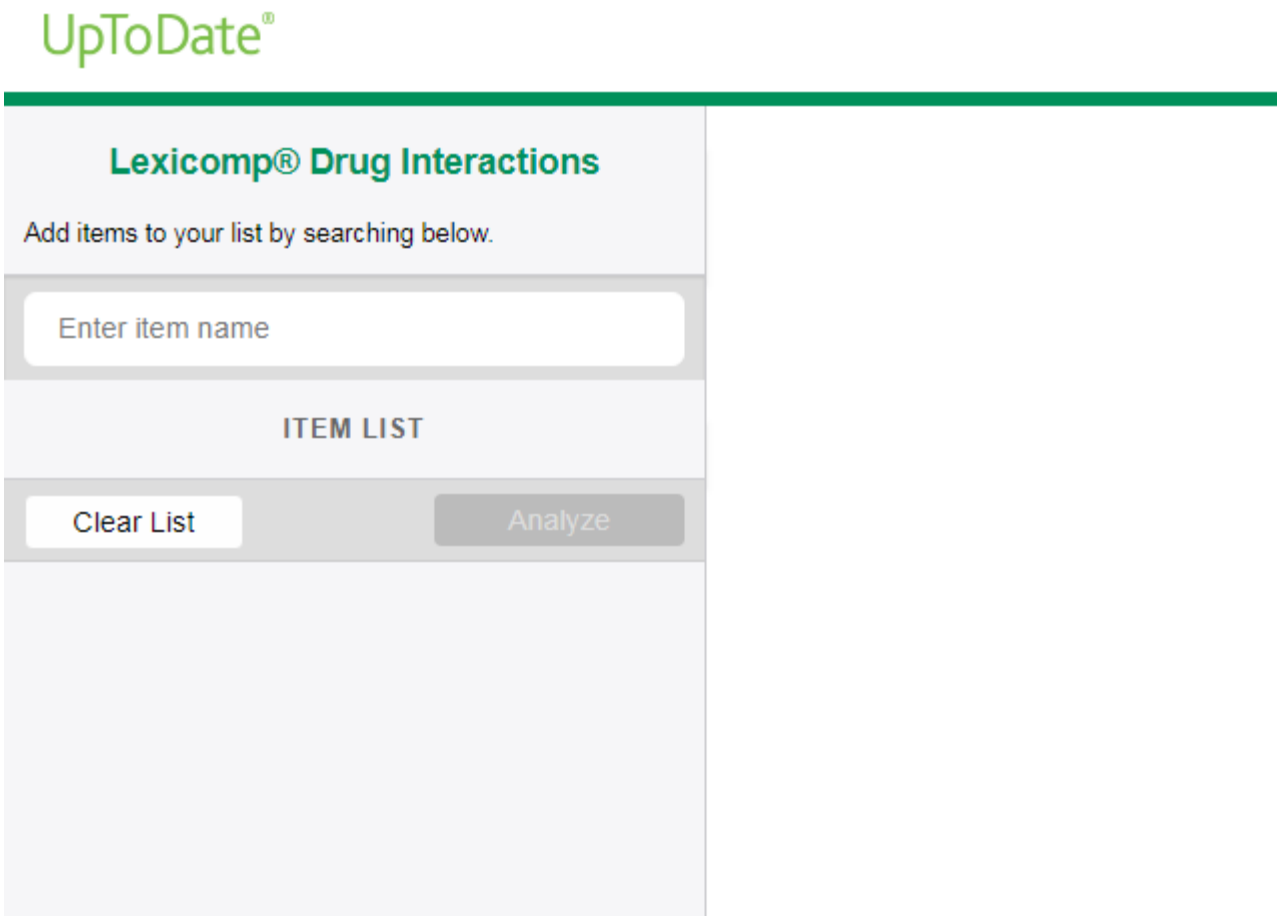


Drug interaction 2



Drug Interactions:2



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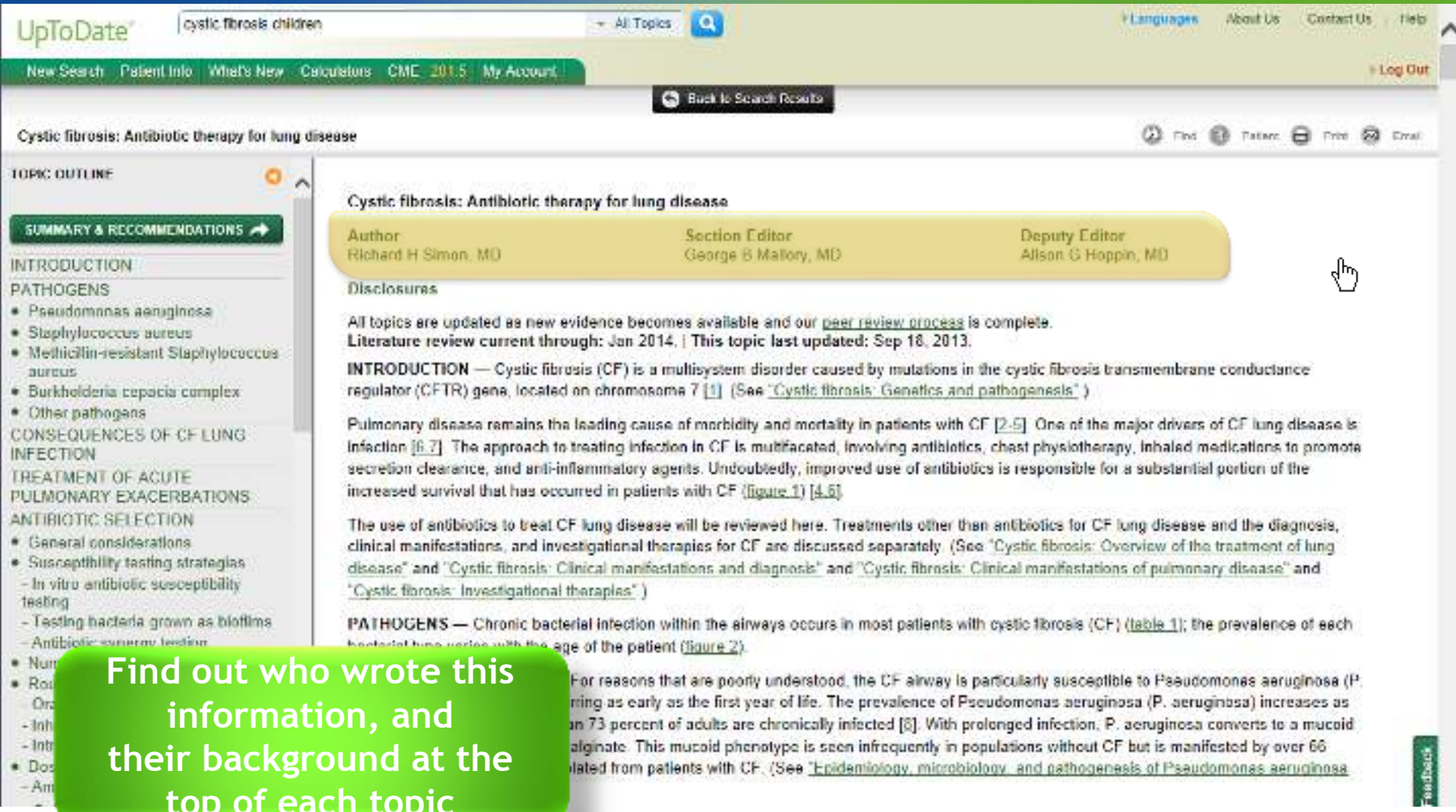
Uptodate Editorial Team



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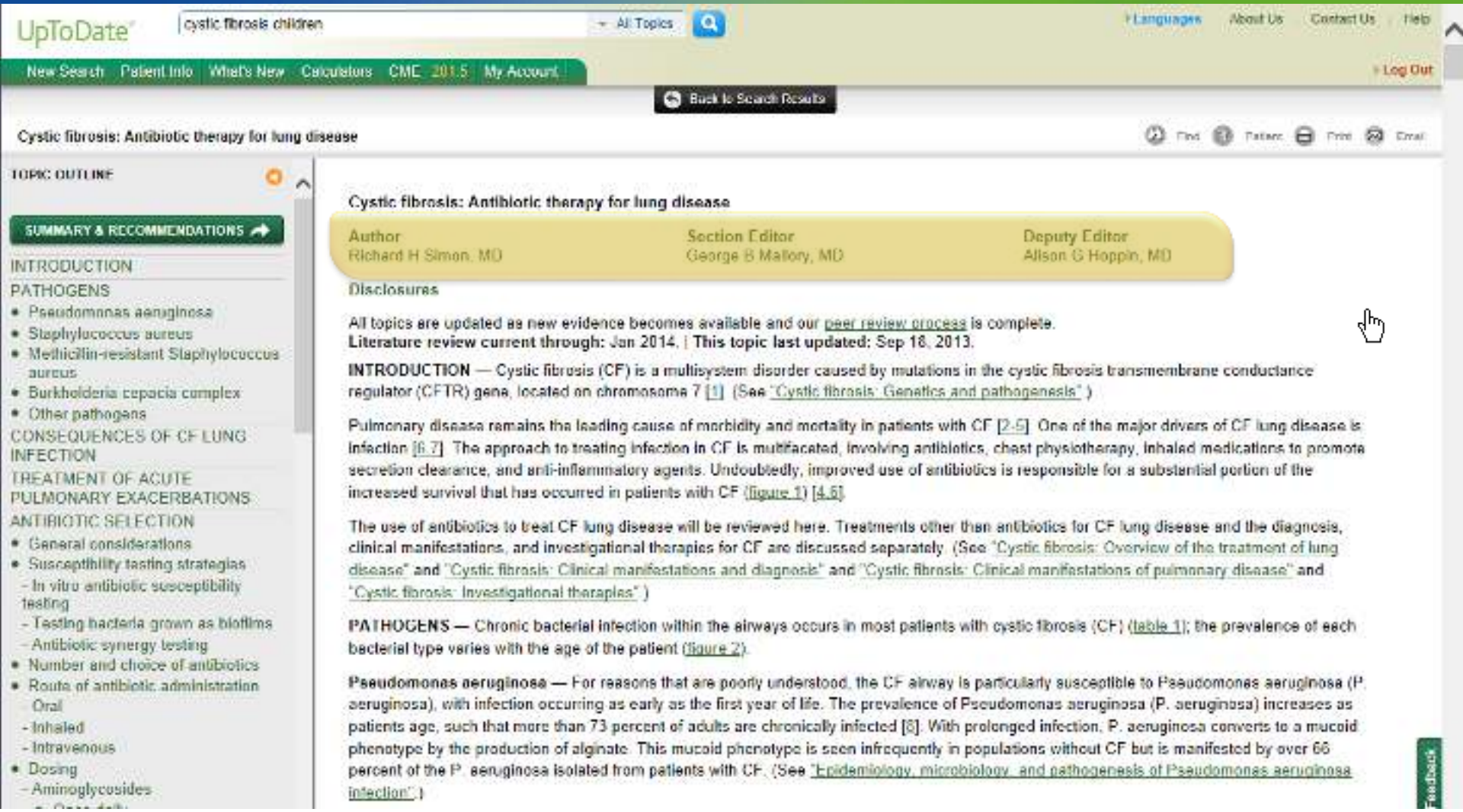

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Fully referenced and transparent

UpToDate®

cystic fibrosis

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All Adult Pediatric Patient Graphics

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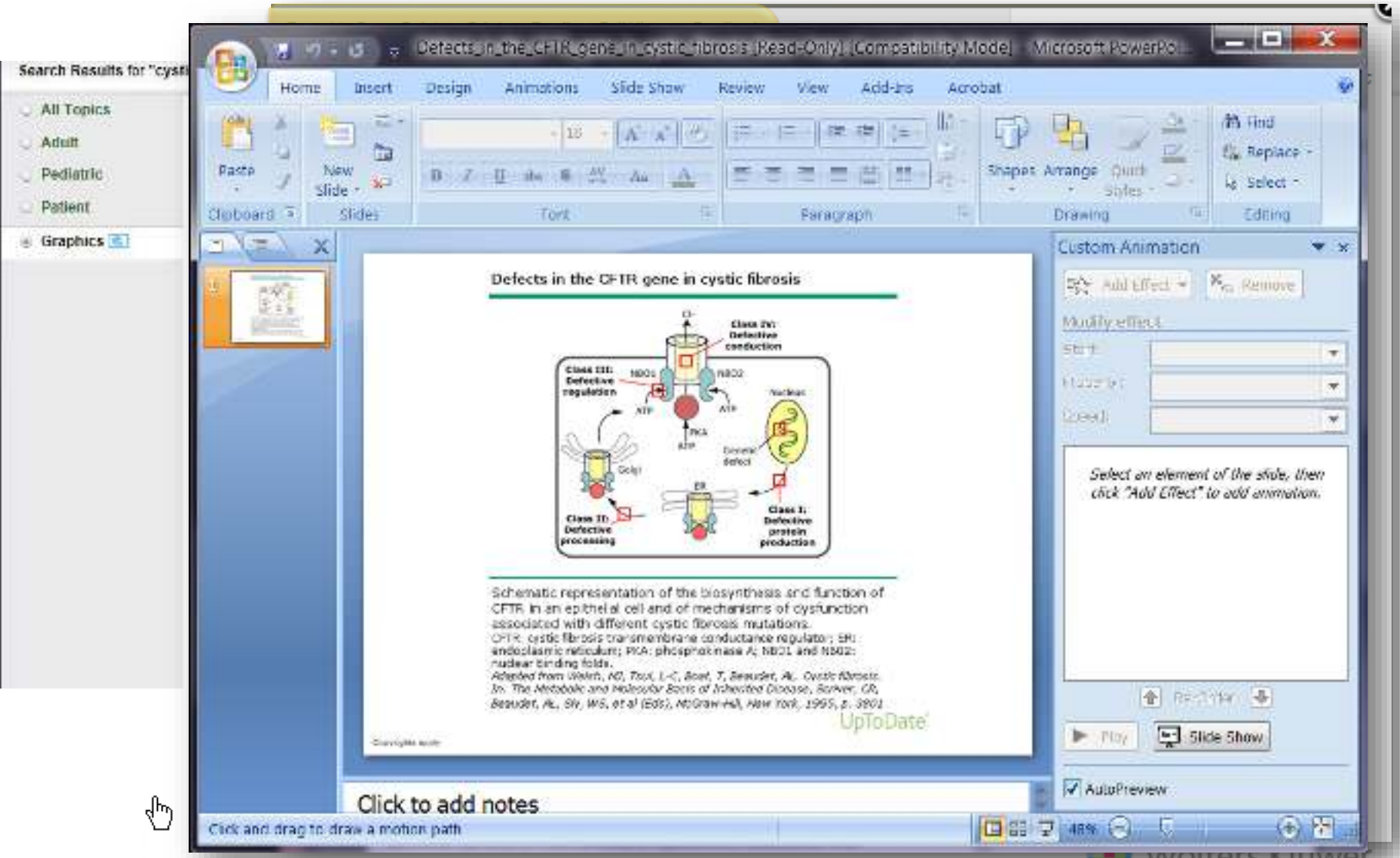
… **Cystic fibrosis** (CF) is a multisystem disorder caused by mutations of the **cystic fibrosis** transmembrane conductance regulator (CFTR) gene, located on chromosome 7. Pulmonary disease remains the leading …

Cystic fibrosis: Genetics and pathogenesis

…around the world are provided separately. **Cystic fibrosis** (CF) is caused by mutations in a single large gene on chromosome 7 that encodes the **cystic fibrosis** transmembrane conductance regulator (CFTR) …

27,000 graphics available and ready to use!



1500 Patient Support Leaflets

The Basics

1 to 3 page long
Written in plain language.
Best for a general overview
Answer the 4 or 5 most important questions

Beyond the Basics

5 - 10 pages long
More detailed than "The Basics“
Better for readers who are comfortable with some technical medical terms.

IMPORTANT - All leaflets are written by the same editorial experts

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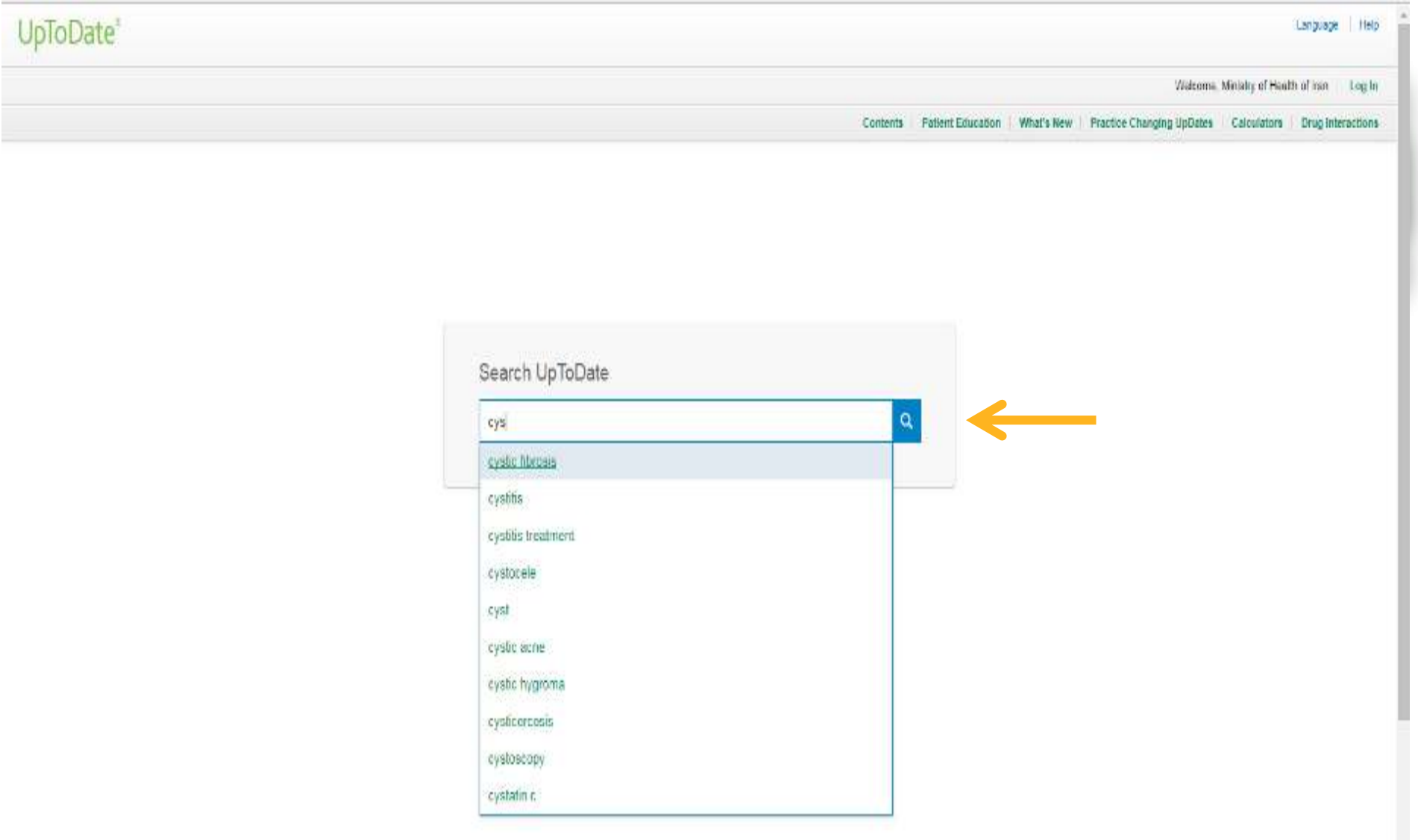
Patient Education



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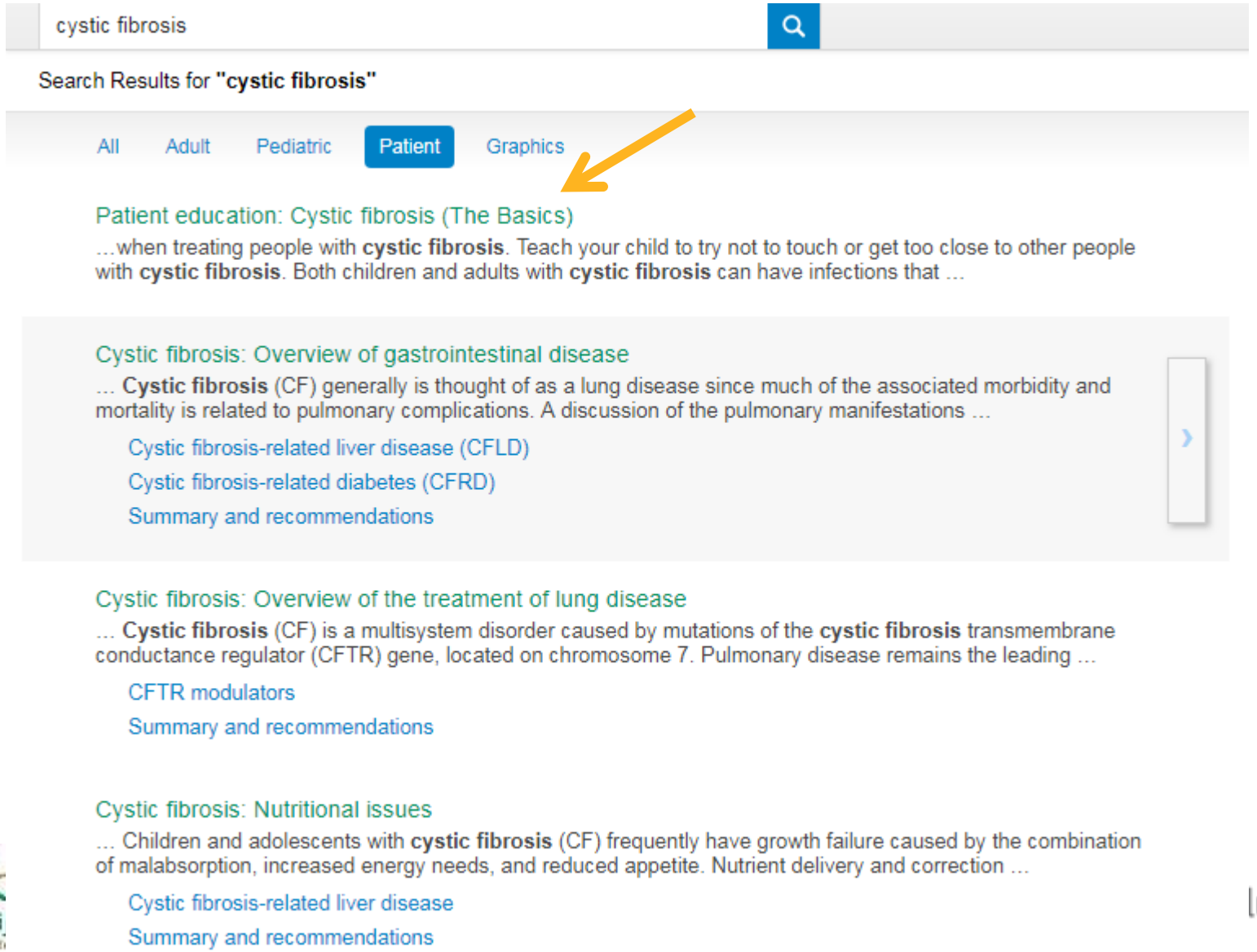
Patient Education:1



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Pathient Education:1

cystic fibrosis

Contents | Patient Education

Search Results for **"cystic fibrosis"**

All | Adult | Pediatric | Patient | Graphics

Patient education: Cystic fibrosis (The Basics)

...when treating people with **cystic fibrosis**. Teach your child to try not to touch or get too close to other people with **cystic fibrosis**. Both children and adults with **cystic fibrosis** can have infections that ...

Cystic fibrosis: Overview of gastrointestinal disease

... **Cystic fibrosis** (CF) generally is thought of as a lung disease since much of the associated morbidity and mortality is related to pulmonary complications. A discussion of the pulmonary manifestations ...

- Cystic fibrosis-related liver disease (CFLD)
- Cystic fibrosis-related diabetes (CFRD)
- Summary and recommendations

Cystic fibrosis: Overview of the treatment of lung disease

... **Cystic fibrosis** (CF) is a multisystem disorder caused by mutations of the **cystic fibrosis** transmembrane conductance regulator (CFTR) gene, located on chromosome 7. Pulmonary disease remains the leading ...

- CFTR modulators
- Summary and recommendations

Cystic fibrosis: Nutritional issues

... Children and adolescents with **cystic fibrosis** (CF) frequently have growth failure caused by the combination of malabsorption, increased energy needs, and reduced appetite. Nutrient delivery and correction ...

- Cystic fibrosis-related liver disease
- Summary and recommendations

Topic Outline Show Graphics (1)

- What is cystic fibrosis?
- What are the symptoms of cystic fibrosis?
- Is there a test for cystic fibrosis?
- How is cystic fibrosis treated?
- How can I help my child stay as healthy as possible?
- How can I learn more about cystic fibrosis?
- More on this topic

GRAPHICS

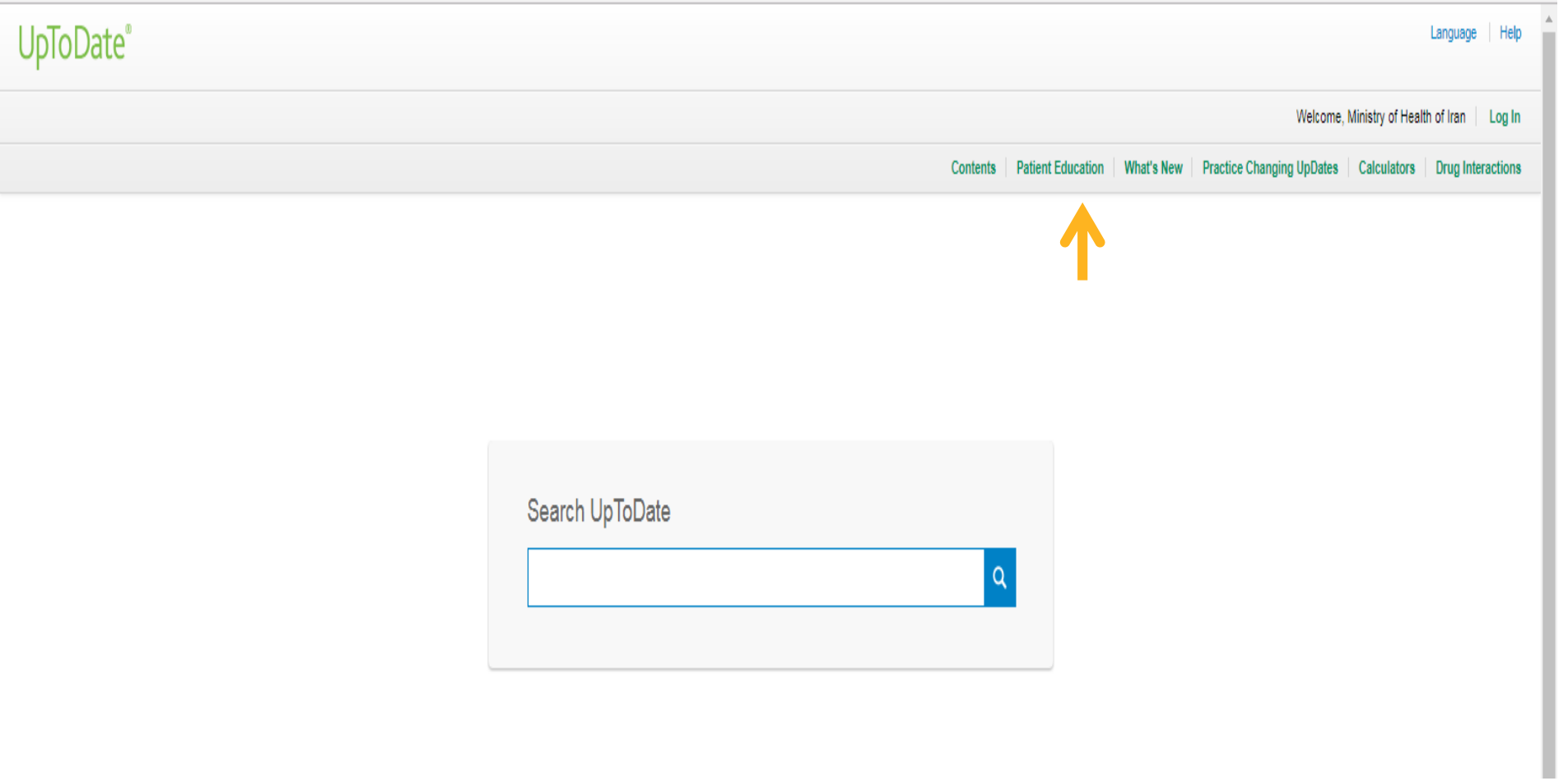
FIGURES

- Cystic fibrosis PI

RELATED TOPICS

- Patient education: Asthma inhaler techniques in children (Beyond the Basics)
- Patient education: Brand versus generic medicines (The Basics)
- Patient education: Bronchiectasis in children (The Basics)
- Patient education: Coughing up blood (The Basics)

Patient Education:2



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Patient Education:2

cystic fibrosis

Patient Education

Patient Education

UpToDate offers two levels of content for patients:

- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a pers
- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical ter

Learn more about UpToDate's patient education materials.

This site complies with the HONcode standard for trustworthy health information: verify here.

To browse the available patient education topics in UpToDate, click on a category below.

Allergies and asthma	Ear, nose, and throat	Lung disease
Arthritis	Eyes and vision	Men's health issues
Autoimmune disease	Gastrointestinal system	Mental health
Blood disorders	General health	Pregnancy and childbirth
Bones, joints, and muscles	Heart and blood vessel disease	Senior health
Brain and nerves	HIV and AIDS	Skin, hair, and nails
Cancer	Hormones	Sleep
Children's health	Infections and vaccines	Surgery
Diabetes	Kidneys and urinary system	Travel health
Diet and weight	Liver disease	Women's health issues

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Patient education 2

Lung disease

The Basics | Beyond the Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

Adult respiratory distress syndrome

- Adult respiratory distress syndrome (The Basics)

Asbestos exposure

- Asbestos exposure (The Basics)
- Pleural mesothelioma (The Basics)

Aspergillosis

- Chronic pulmonary aspergillosis (The Basics)
- Invasive aspergillosis (The Basics)

CTRL+ F : search for cystic ….

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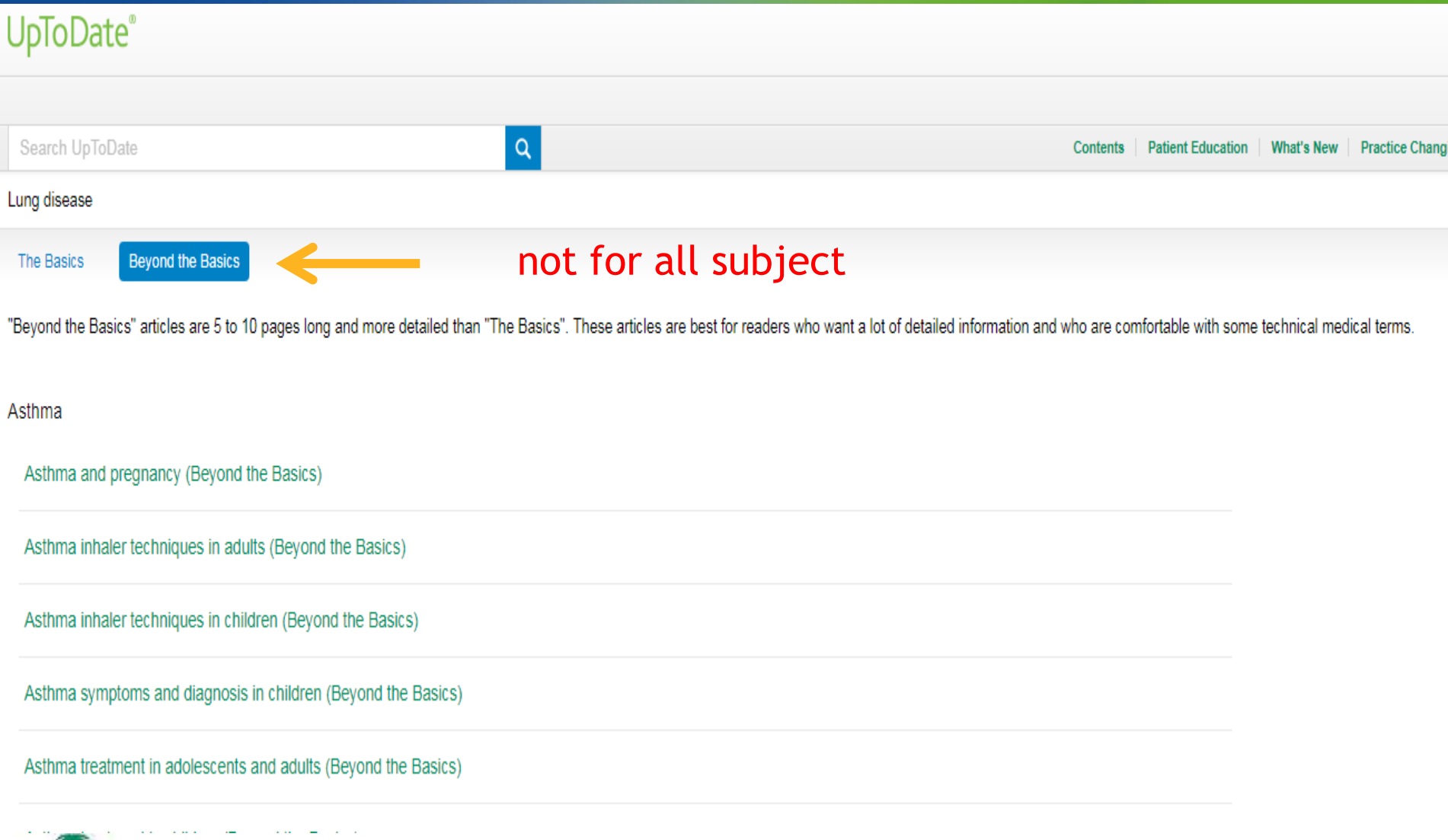
Patient education 2



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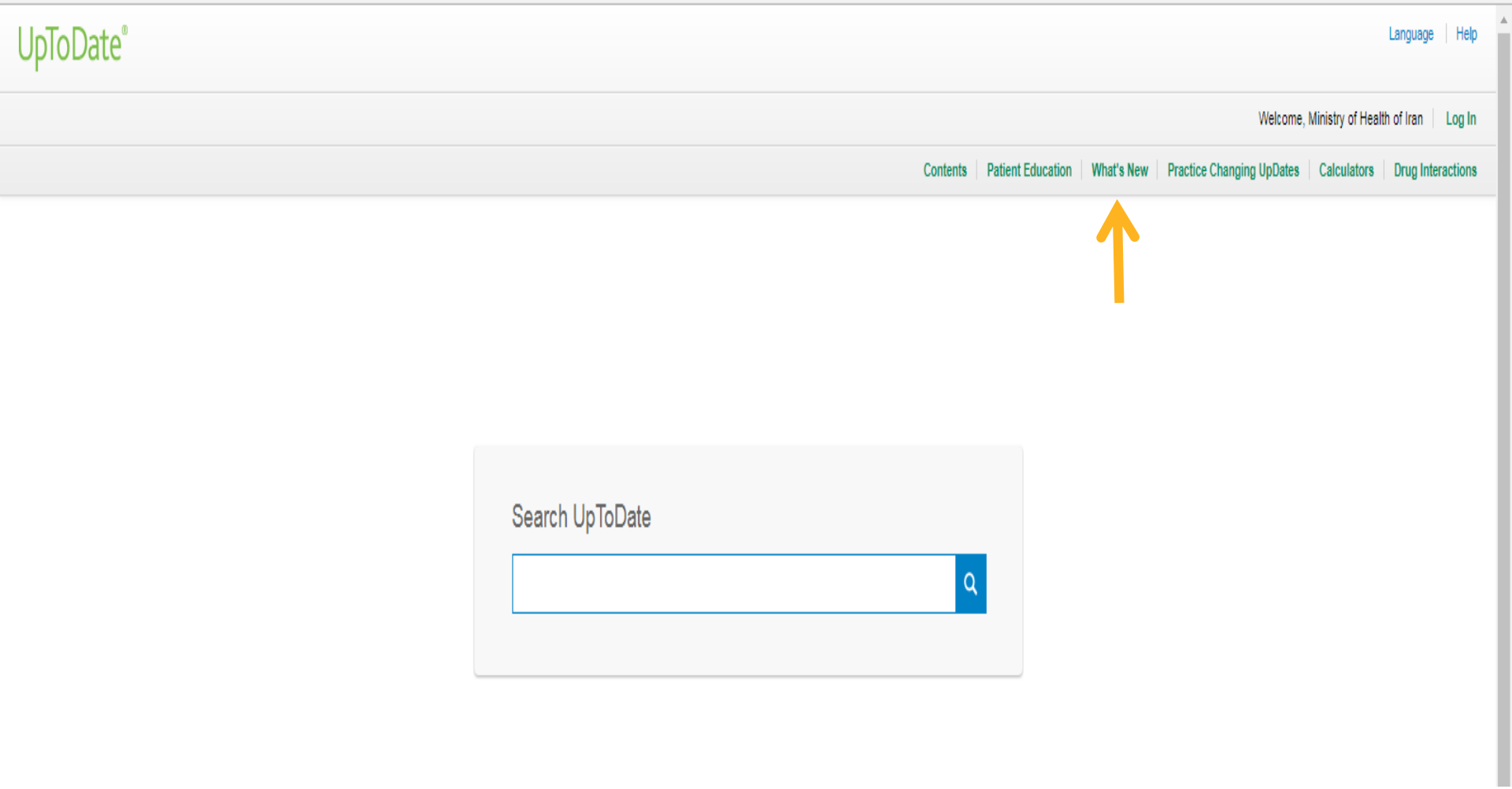
What is new?



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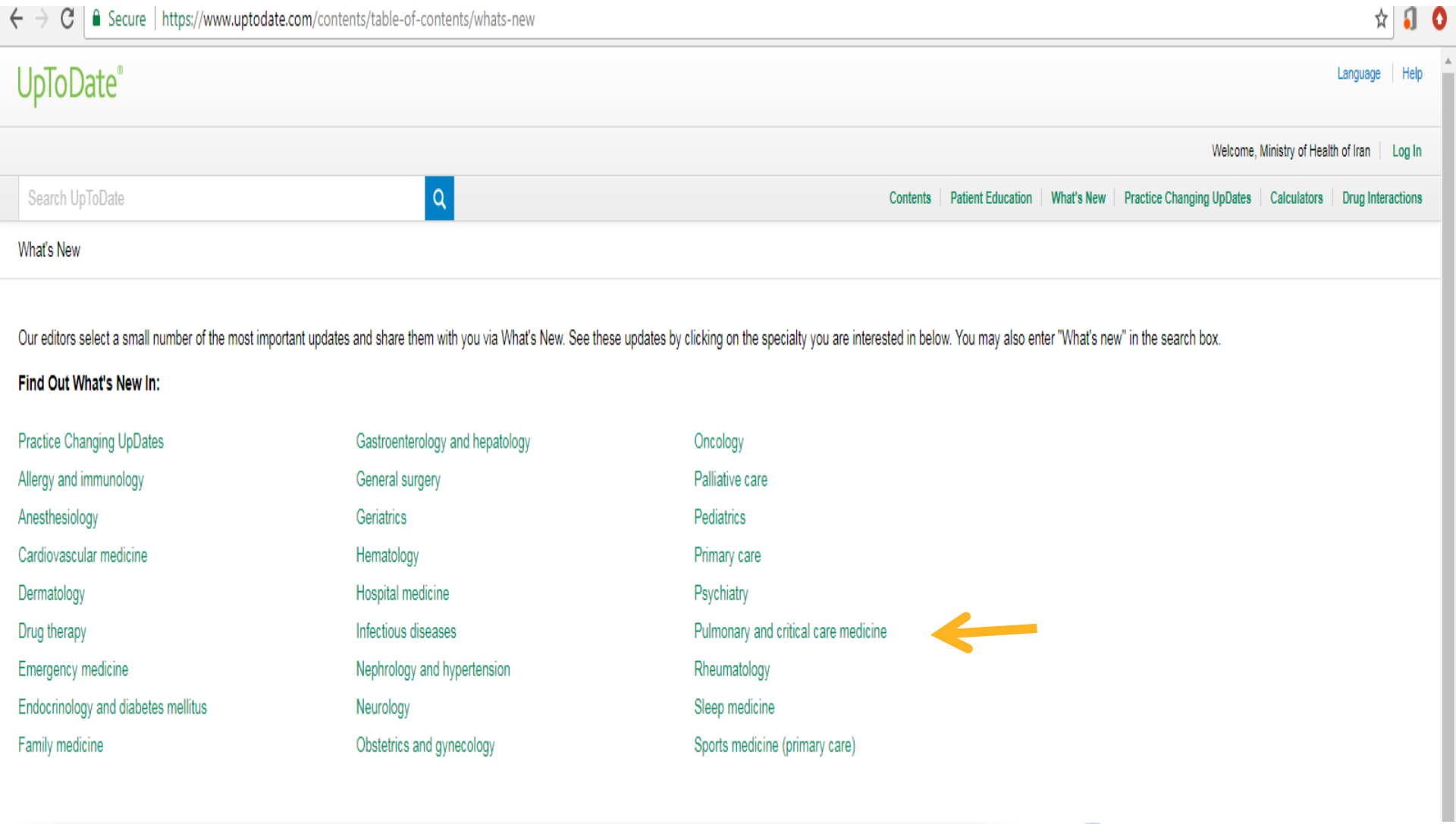
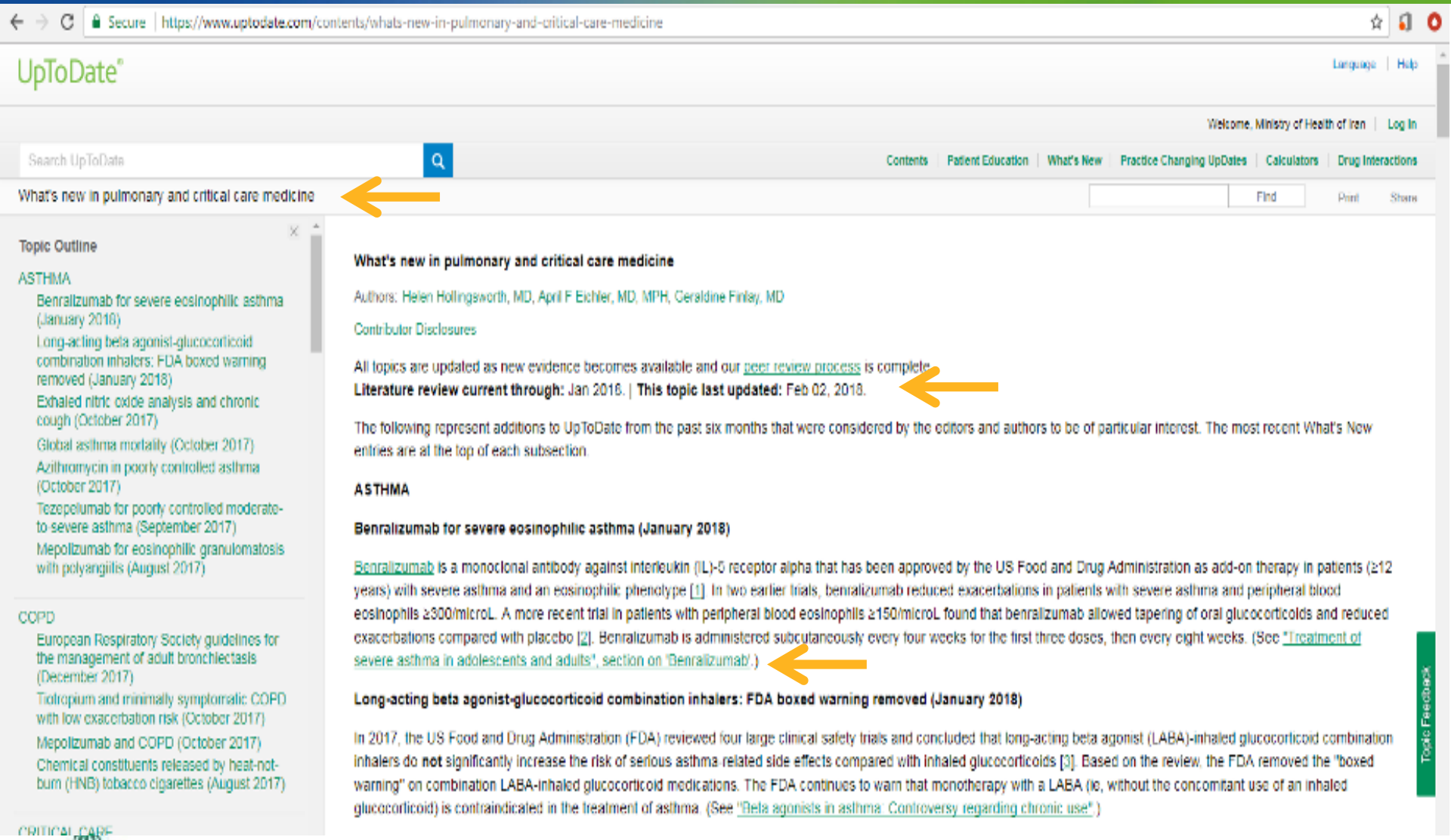
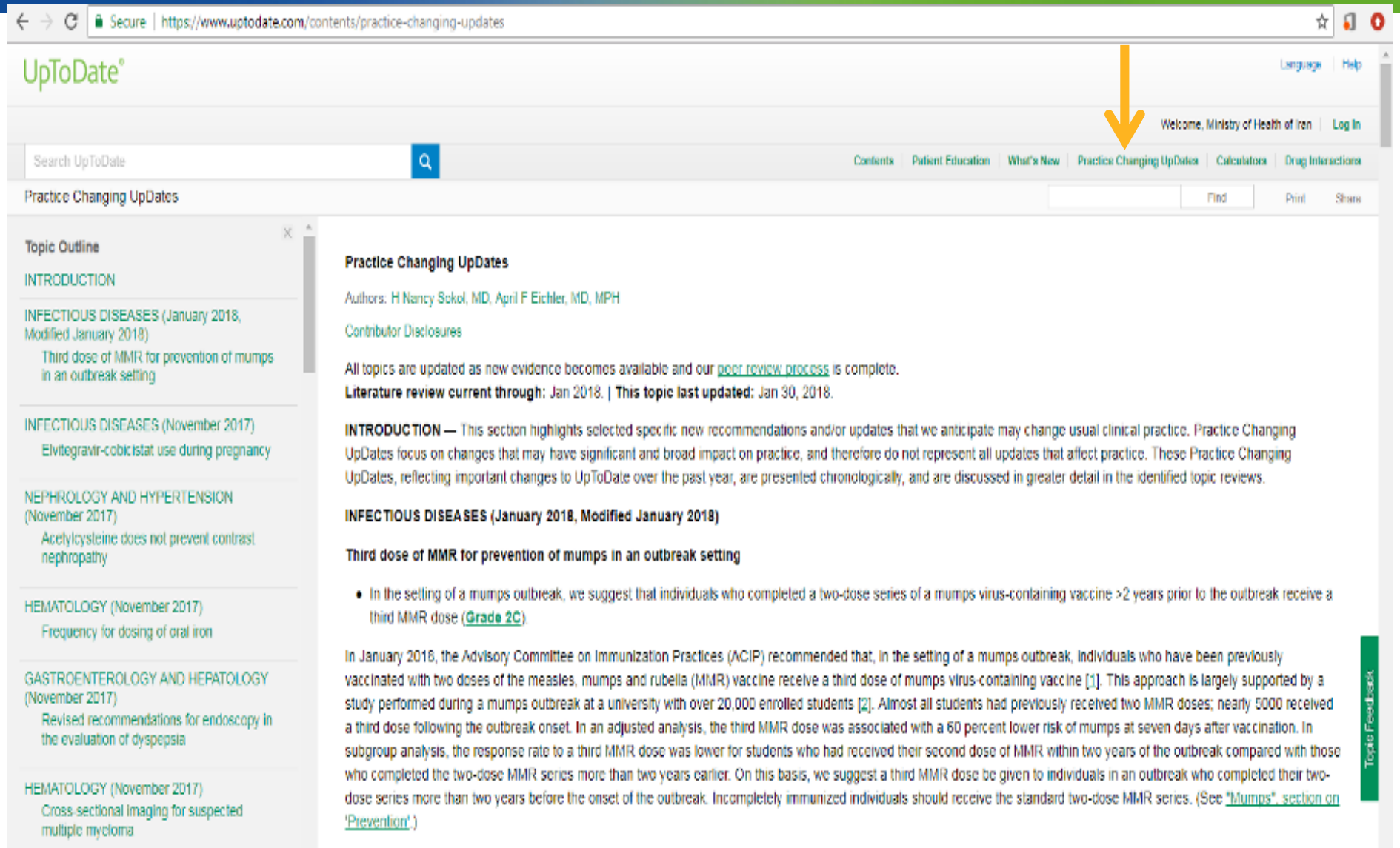
what is new in your specialty



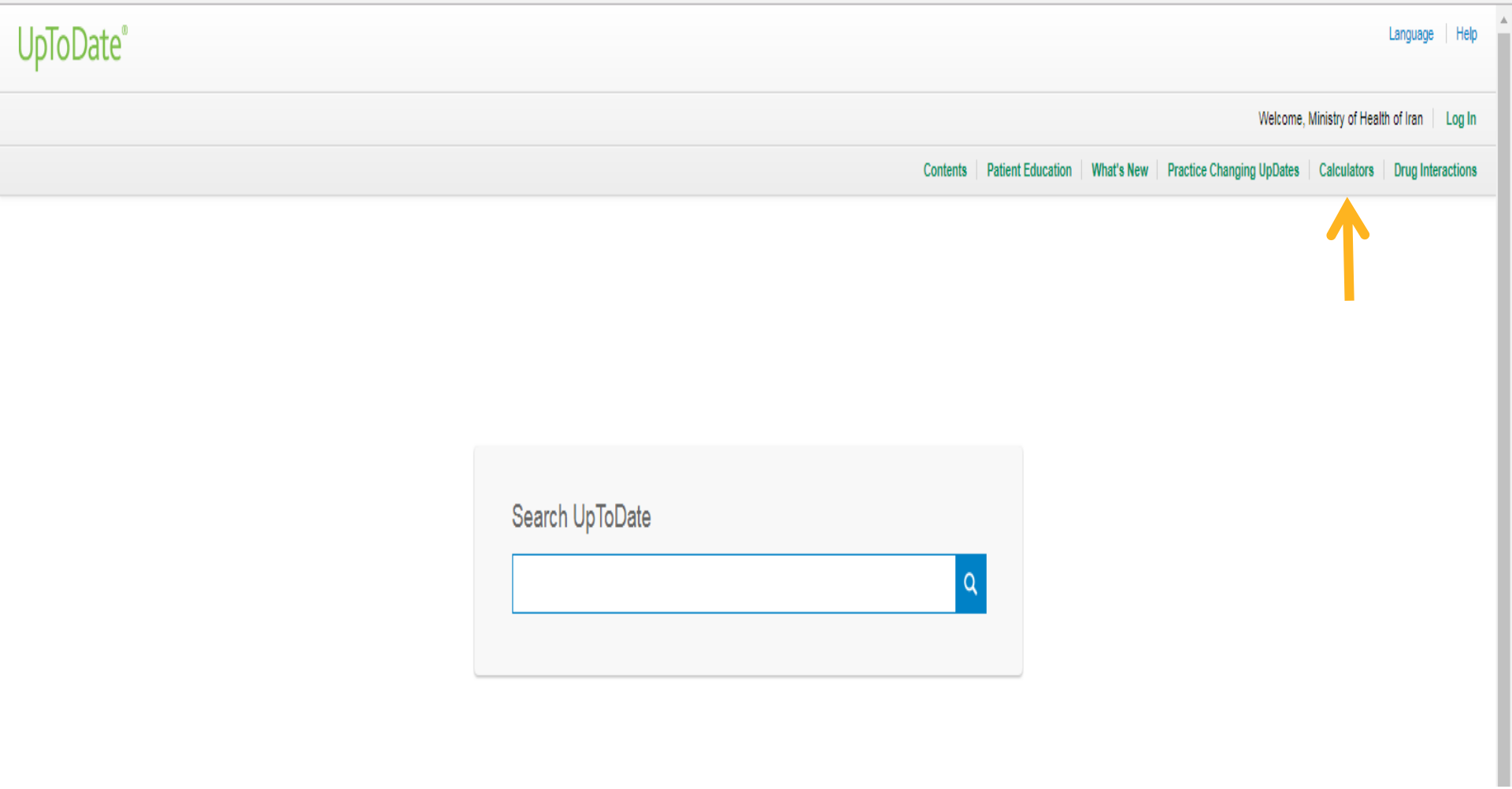
Check out what is new in your specialty



Practice changing updates:



What is new?



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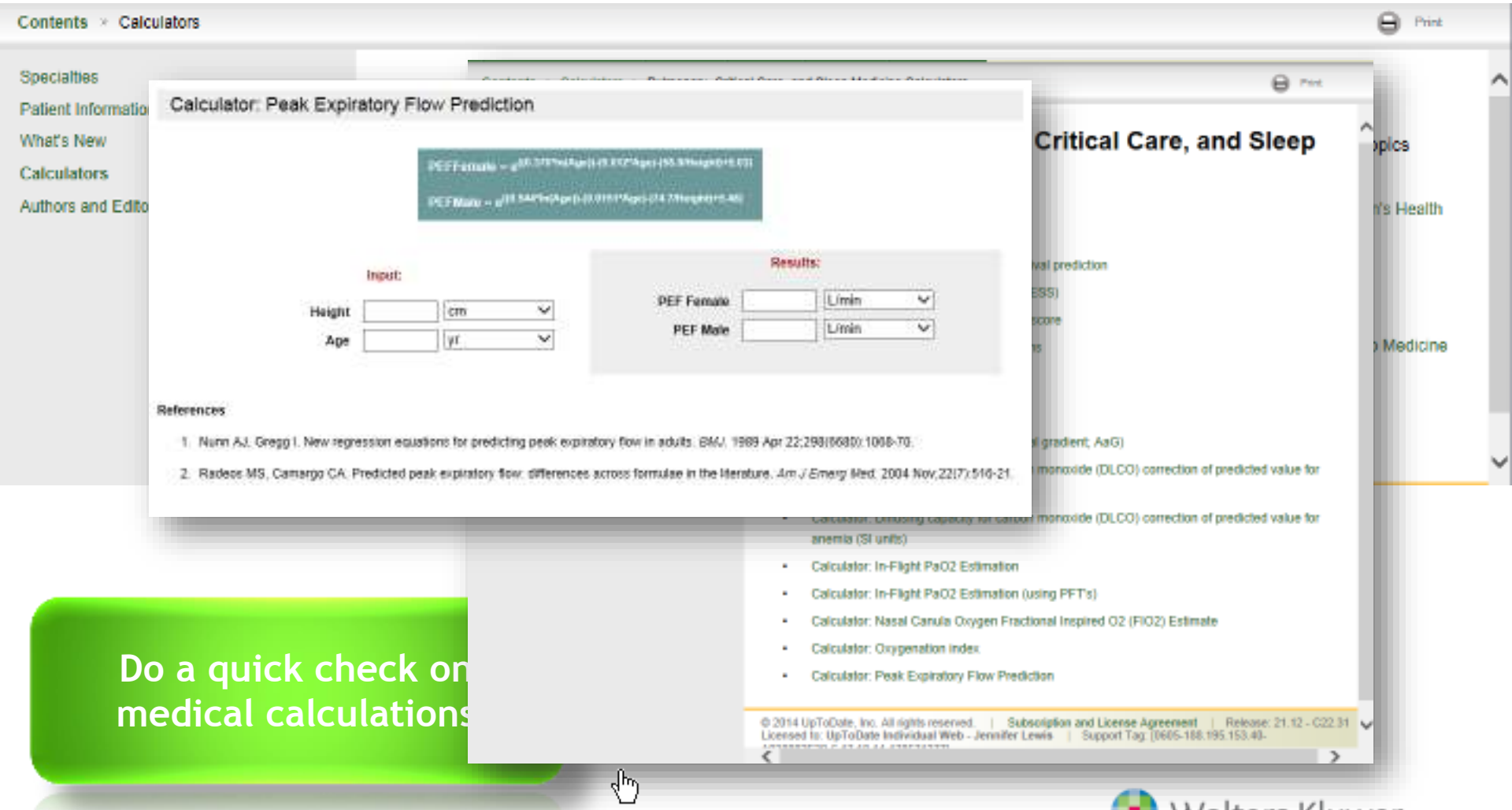
Calculators



Do a quick check on medical calculations

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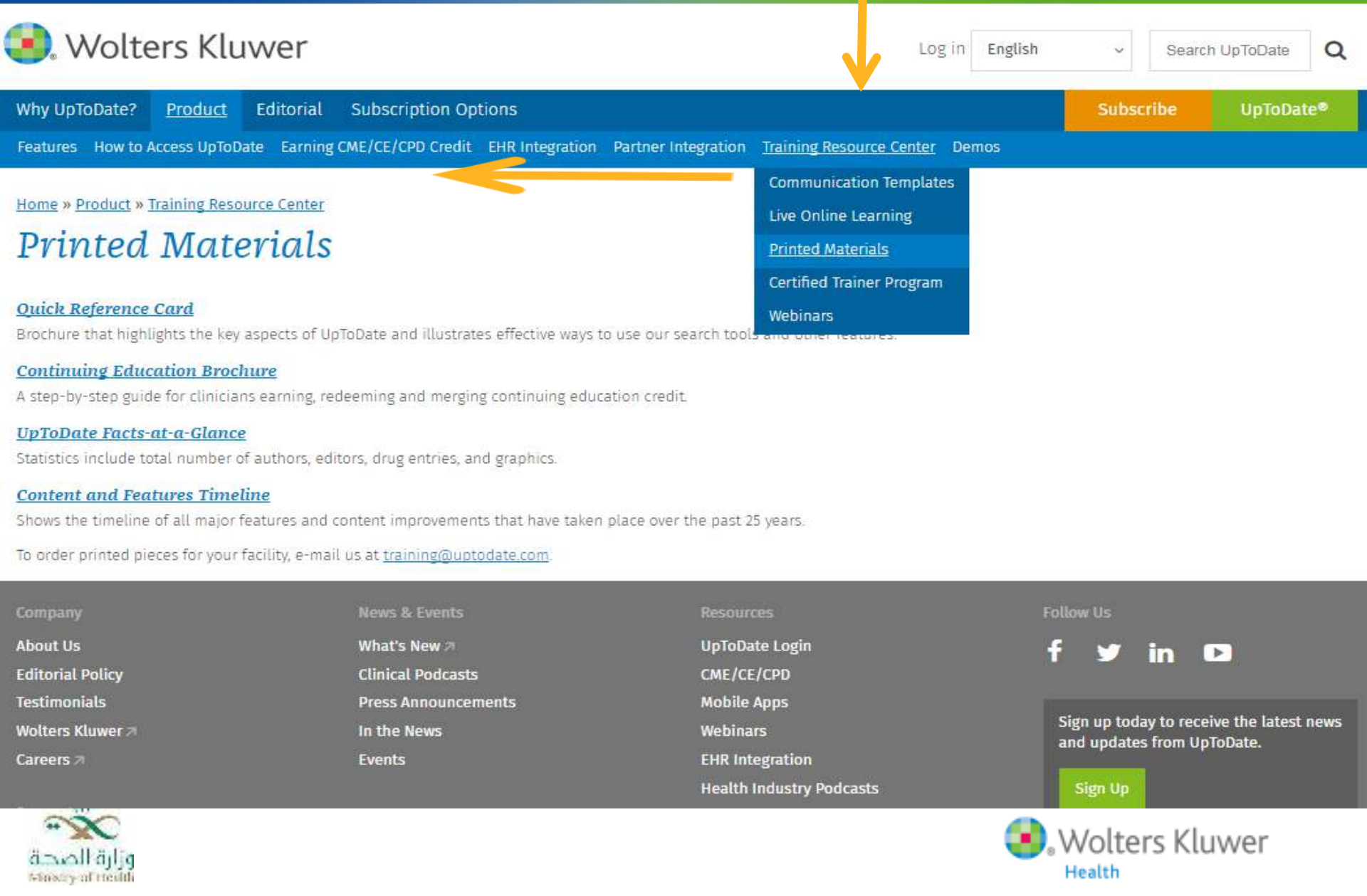
Training resource centre:



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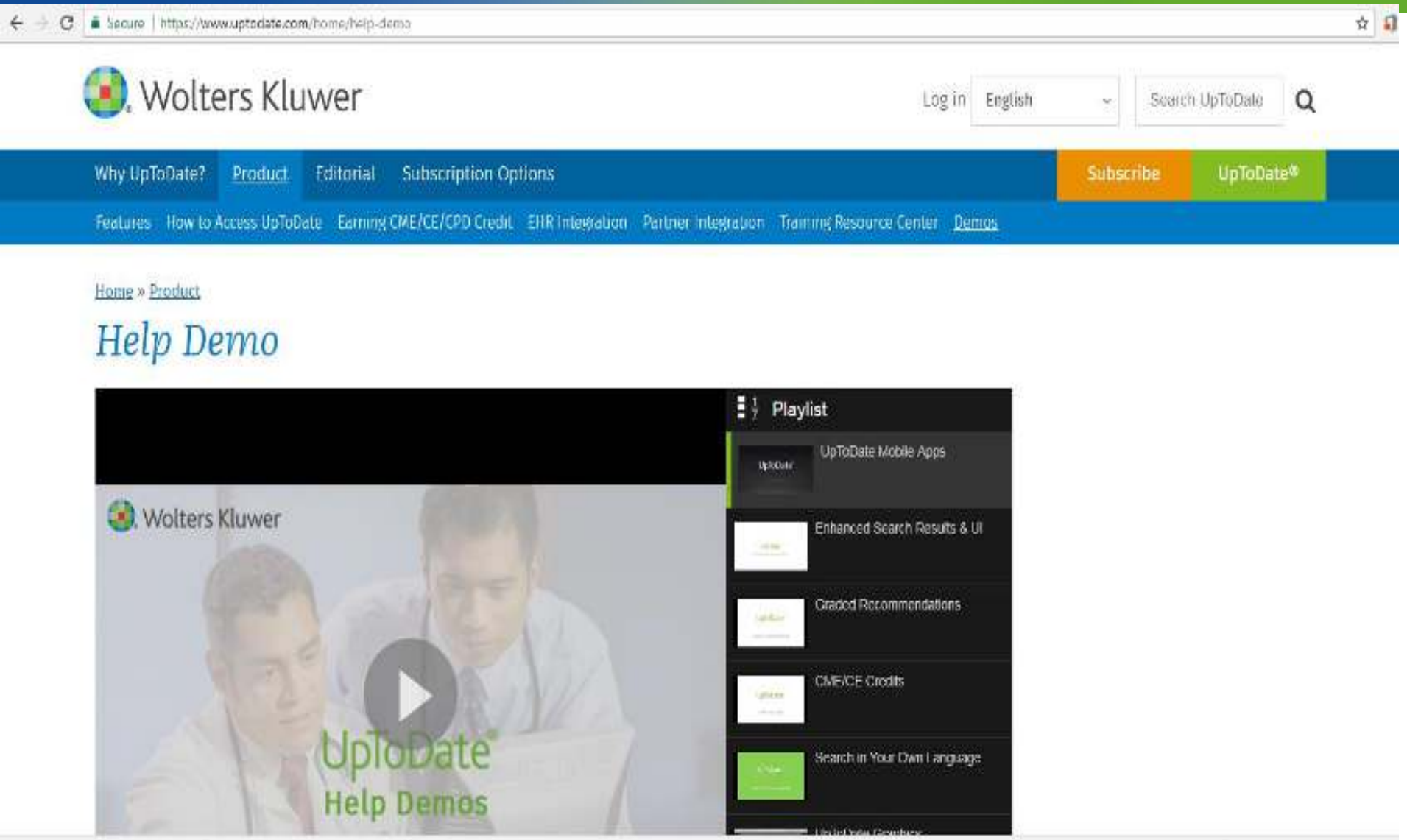
HELP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Enhanced Search Results & UI
Graded Recommendations
CME/CE Credits
Search in Your Own Language
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Help Demos

Access Options

UpToDate Mini-logo – Users can quickly identify a link to UpToDate when you place the UpToDate icon on a page or menu.

Desktop Icon – Placing an icon on the desktop enables all clinicians within a facility to access UpToDate.

Direct Link to UpToDate – Add a direct link to www.uptodate.com/contents/search to a page or menu within your intranet, portal, or HIS.

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موفق باشید

Why is it Important to Optimize Access?

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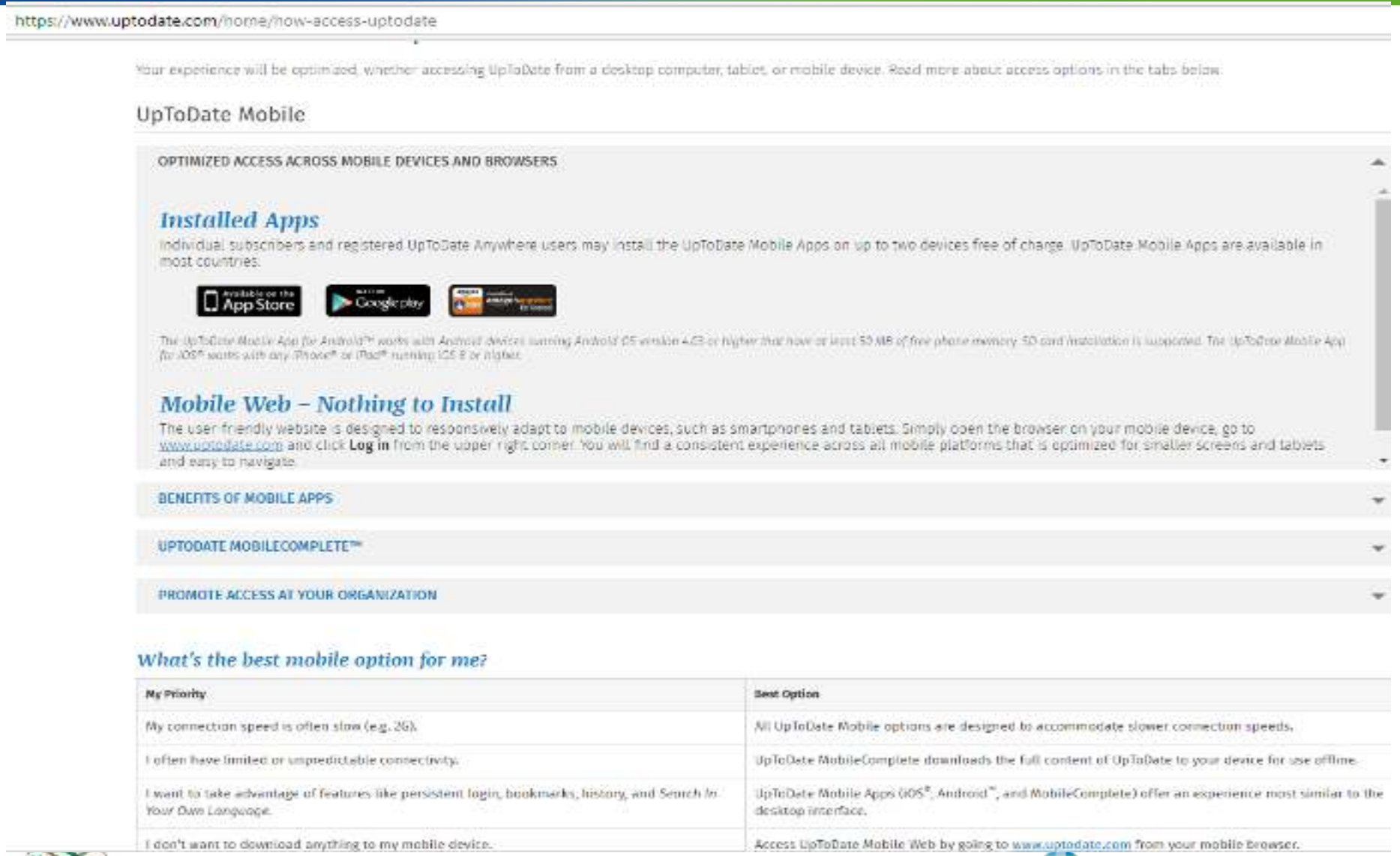
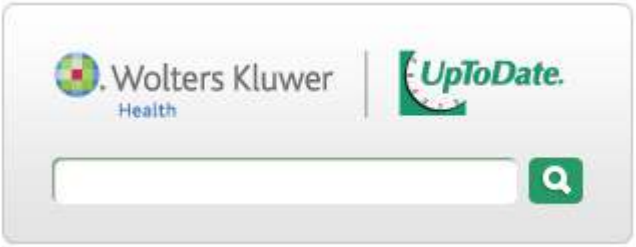
What Differentiates UpToDate?

Uptodate and mobile



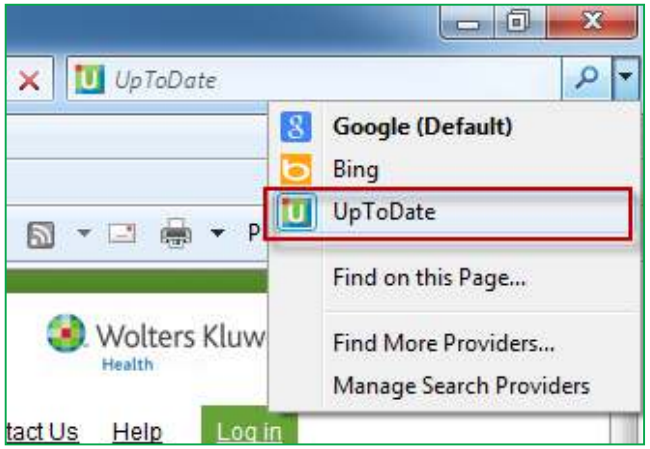
Access Options

Professional Search Box – Allows users to search UpToDate directly from an institution's intranet

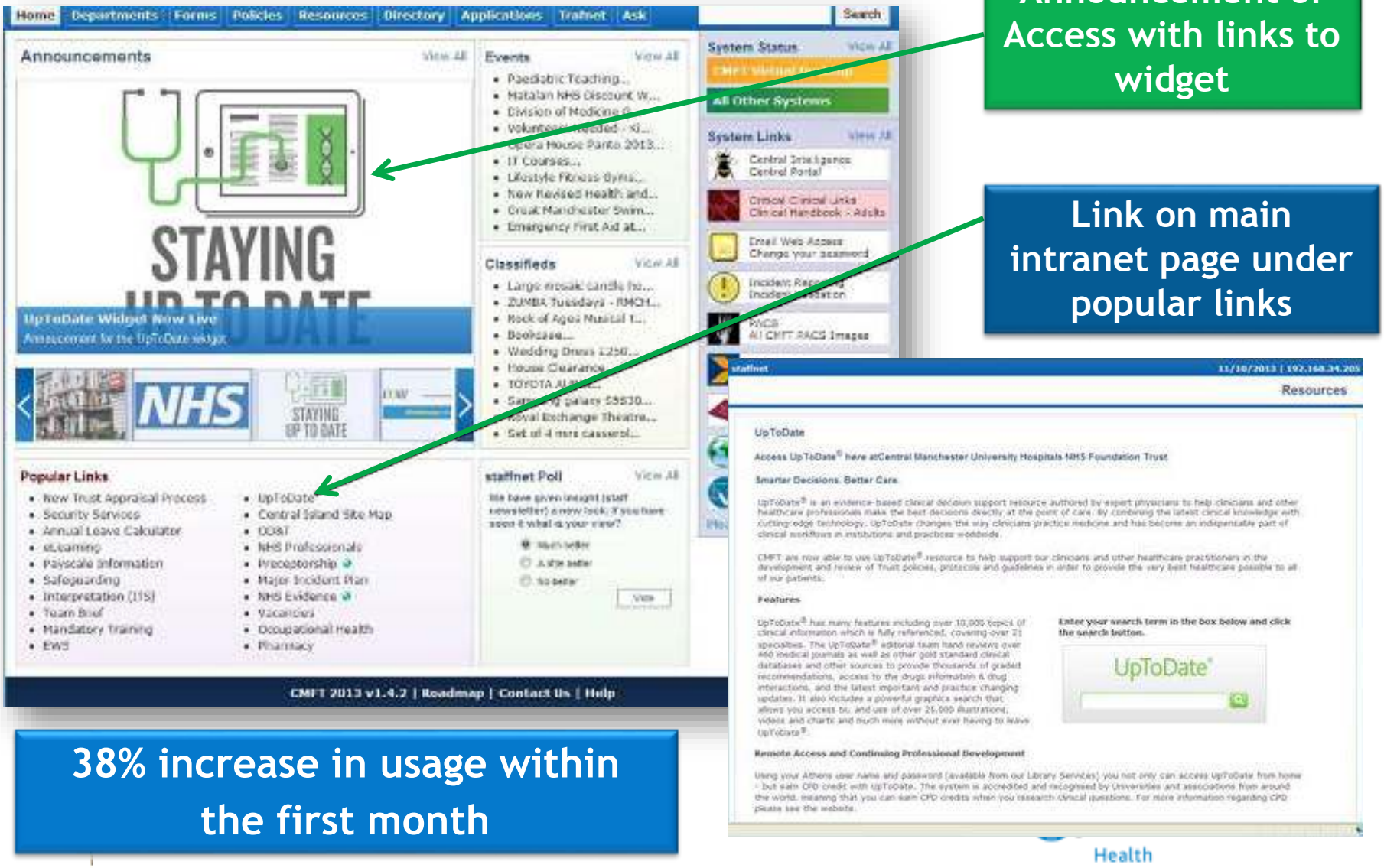


UpToDate for Patients Search Box - Enables patients and their families find current, in-depth and unbiased information about a specific condition

Browser Search – Helps you find clinical answers more quickly by bringing you directly to the search results page



Optimization results in an increase in Usage



Customisable PPT's, posters and local language user guides

Customised training slides

documentation

Train the trainer program

Thank you!

What are your next steps?

1. Following the suggested links in the Interface toolkit

2. Put us in contact with your IT department, or persons responsible

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Things to present during your demo

- Be able to say what UpToDate is and what it is designed to do (3 points)
- Describe the editorial team – their expertise, what they review and the three tier peer review process
- Conduct a search from the home page outlining the different options
- Show how the results are listed by relevancy and provide topic outlines if you hover over them
- Within a topic, indicate and clearly explain (as part of your presentation) the following elements:

1. Graded recommendations
2. Links to drug formulary **and** interactions program
3. Links to the editorial team
4. Updates (when and how? Where can you see them?)
5. References
6. Graphics (and how you can use them)
7. Patient leaflets
8. Calculators and the What's New section

The following slides will outline some of the facts and figures to mention in your demo

UpToDate®

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- HOW TO ACCESS UPTODATE
- EARNING CME/CE/CPD CREDIT
- EHR INTEGRATION
- PARTNER INTEGRATION
- CONTENT
  - TRAINING RESOURCE CENTER
  - COMMUNICATION TEMPLATES
  - ONLINE TUTORIALS
  - PRINTED MATERIALS
  - WEBINARS
  - CERTIFIED TRAINER PROGRAM
- DEMOS

Training Resource Center

Research has shown that the more that UpToDate® is consistently used, the greater the reduction of adverse events and hospital length of stay.

In an effort to help customers see the same impact at their institutions, UpToDate has developed a comprehensive training and awareness program that includes a number of resources — both print and electronic — to help drive utilization.

Communication Templates

Send customized messages about UpToDate to Clinicians

Learn More »

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Order or print posters, handouts, brochures and more

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Certified Trainer Program

Become the 'UpToDate expert' at your facility

Learn More »

Online Tutorials

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Interface Toolkit

Put UpToDate deeper into the clinical workflow with these tools

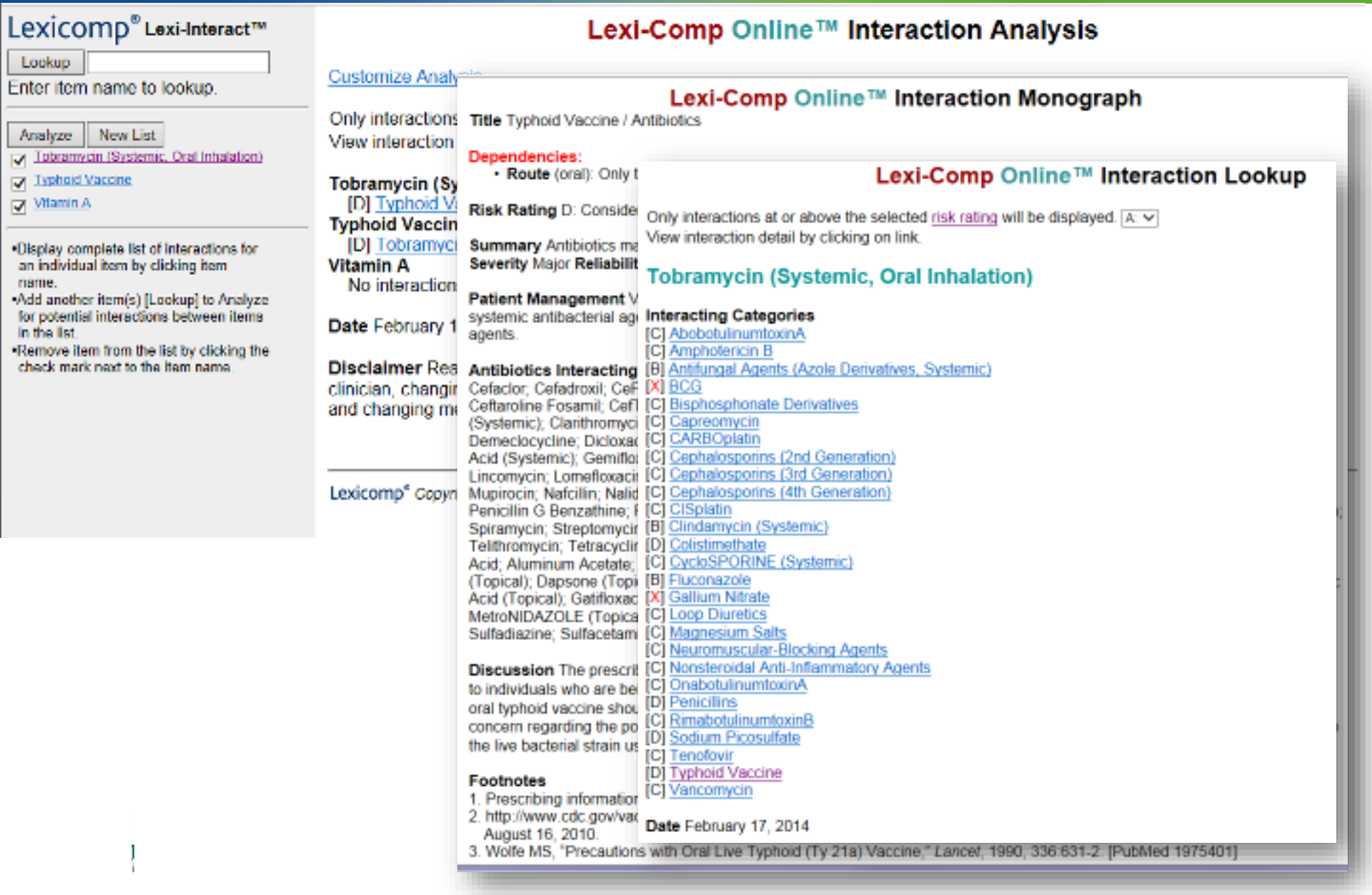
Learn More »

Webinars

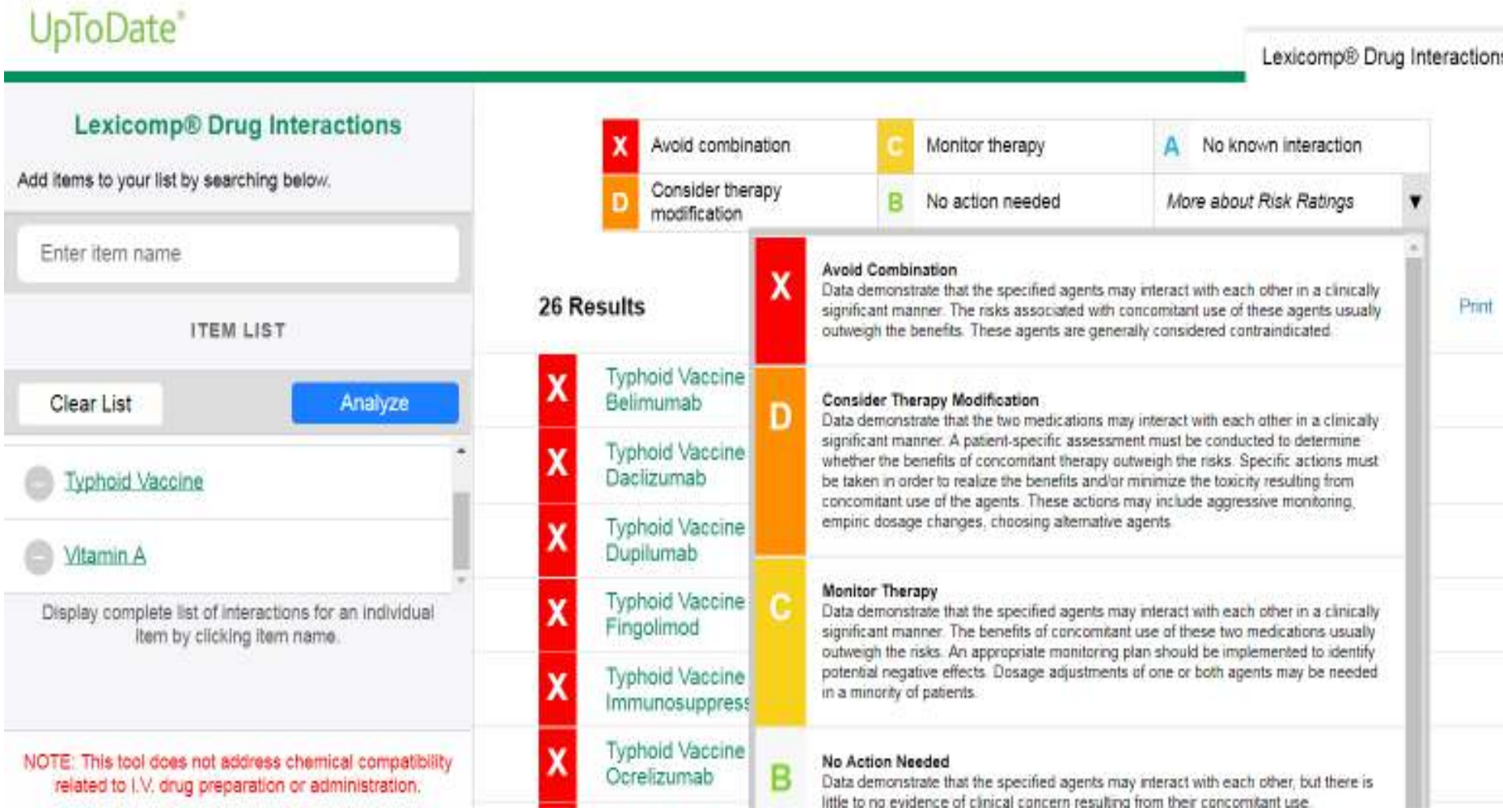
View our schedule of free webinars

Learn More »

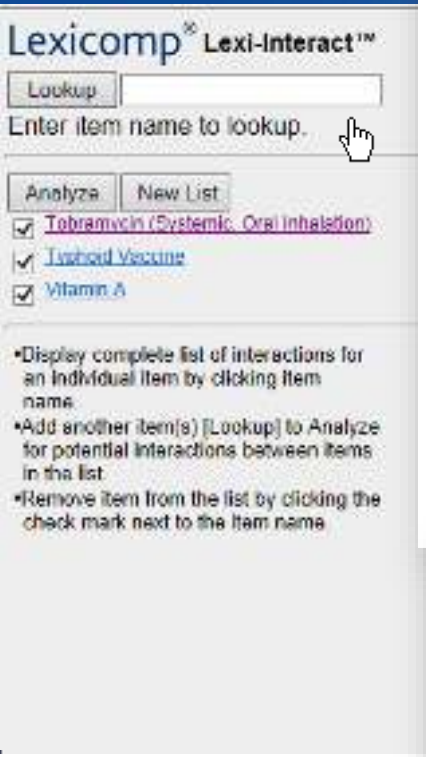
Review a full list of interacting properties



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


UpToDate
Lexicomp® Drug Interactions
Lexicomp® Drug Interactions
Add items to your list by searching below.
Enter item name
ITEM LIST
Clear List
Analyze
Typhoid Vaccine
Vitamin A
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
More about Risk Ratings
26 Results
Print
X Typhoid Vaccine Belimumab
X Typhoid Vaccine Daclizumab
X Typhoid Vaccine Dupilumab
X Typhoid Vaccine Fingolimod
X Typhoid Vaccine Immunosuppress
X Typhoid Vaccine Ocrelizumab
X Avoid Combination
Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.
D Consider Therapy Modification
Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.
C Monitor Therapy
Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.
B No Action Needed
Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.

Check f



Risk Rating	Action	Description
A	*No Known Interaction*	Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents
B	*No Action Needed*	Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.
C	*Monitor Therapy*	Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.
D	*Consider Therapy Modification*	Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.
X	*Avoid Combination*	Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.

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dependent judgment of the most current product information),

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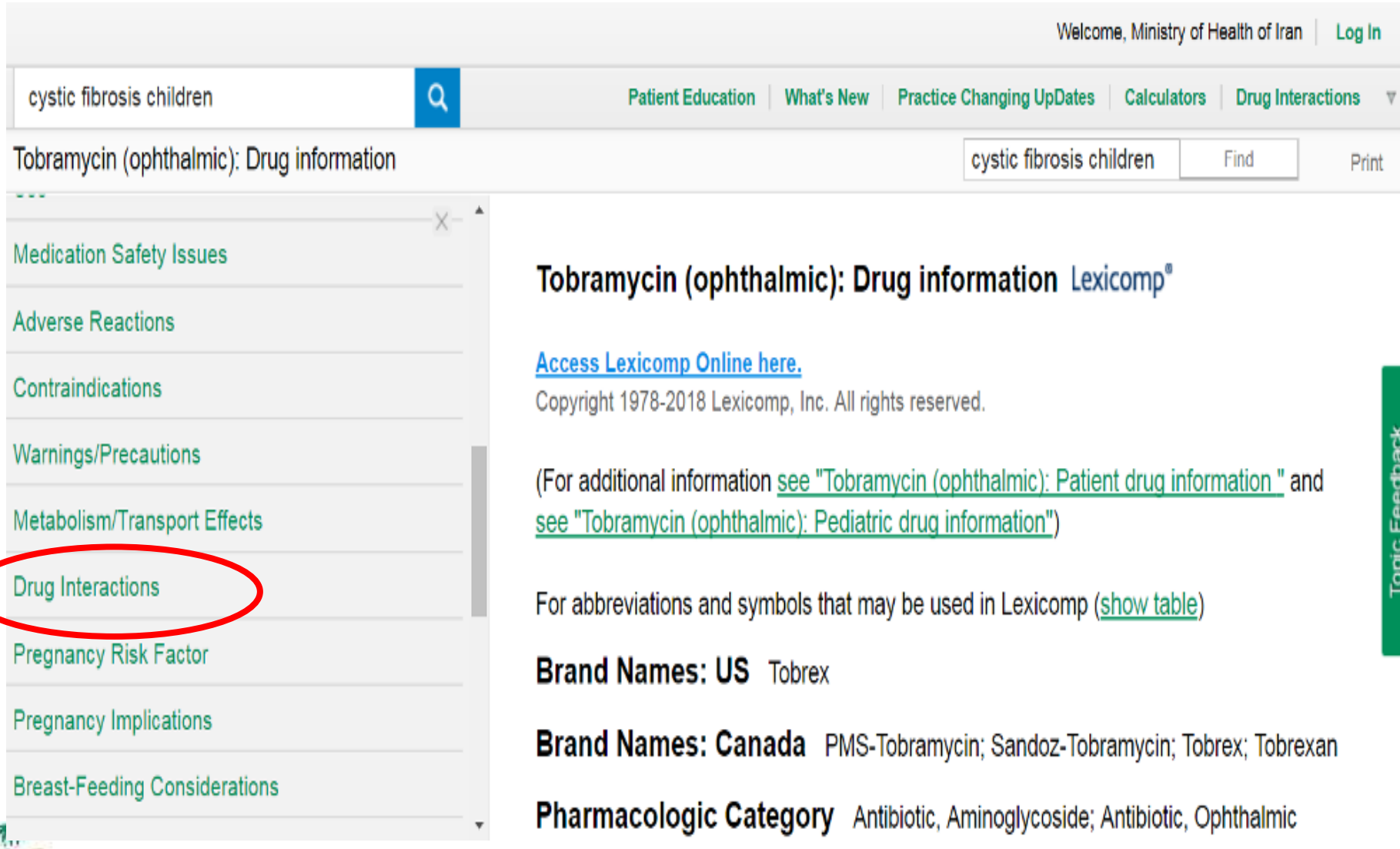
Drug Interactions



Launch Drug Interactions Program