Are You Up To Date?

ارائه از:
پروانه مدیرامانی
کتابخانه مرکزی دانشگاه علوم پزشکی مشهد

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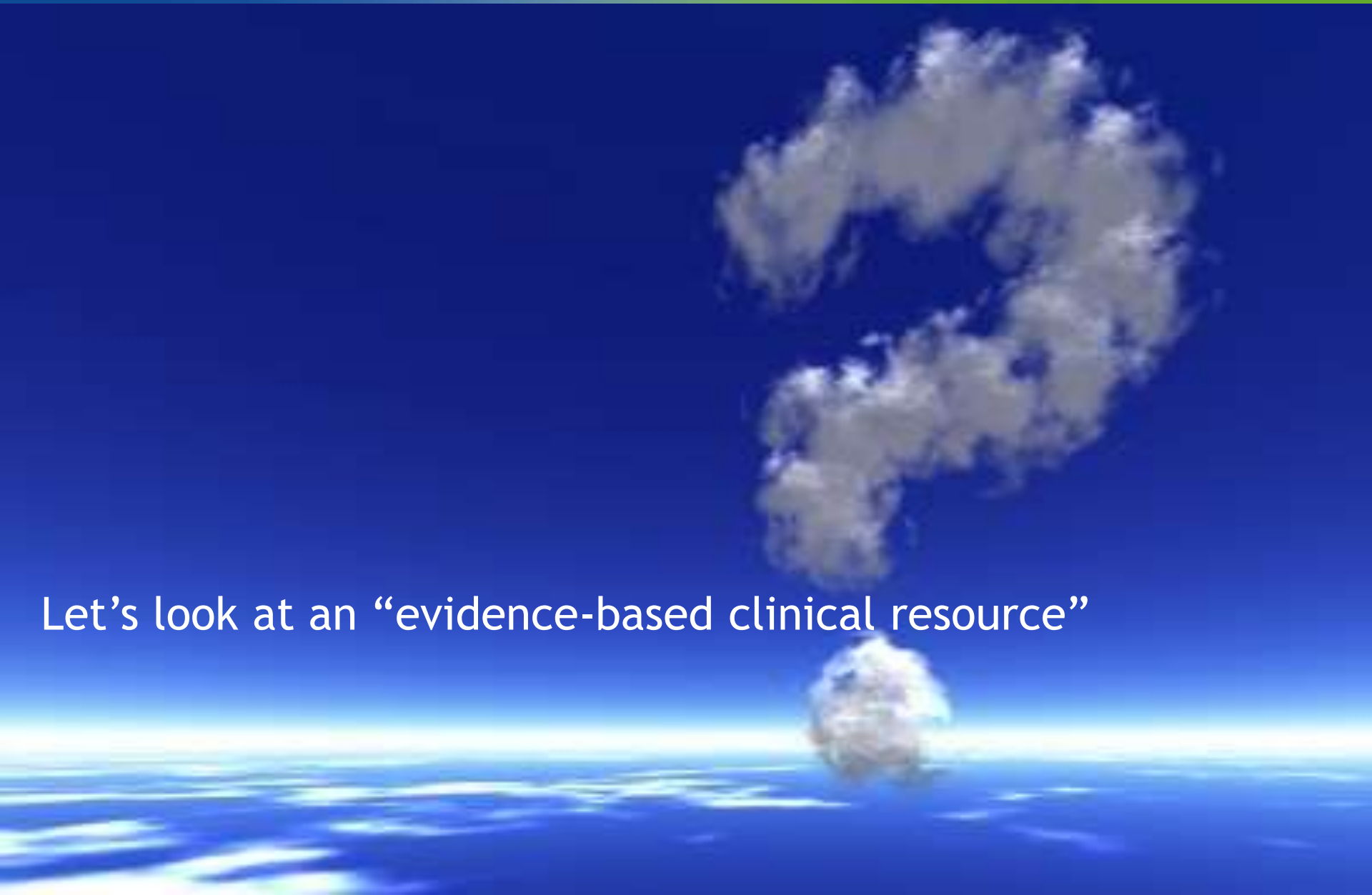
What are your next steps?



Let’s look at an “evidence-based clinical resource”

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.

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

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What is UpToDate?

http://www.uptodate.com/contents/search

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UpToDate is part of Wolters Kluwer Health

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The trusted way to practice medicine

Practice Changing UpDates

Rigorous three-tier peer-review process

27 000
Graphics

10 500
Clinical Topics

135
Medical Calculators

5 100
Drug Monographs

380 000+
References

1 500
Patient leaflets

24
Specialties

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was launched in 1992 by Dr. Burton D. Rose along with Dr. Joseph Rush out of Rose's home.

They started with Nephrology.

Now 23 specialities

includes a collection of medical and patient information, access to Lexi-comp drug monographs and drug-to-drug, drug-to-herb and herb-to-herb interactions information, A number of medical calculators,

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Our Editorial Board

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

Sub Editors & Deputy Editors
- 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 pier review process to ensure accurate unbiased information

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

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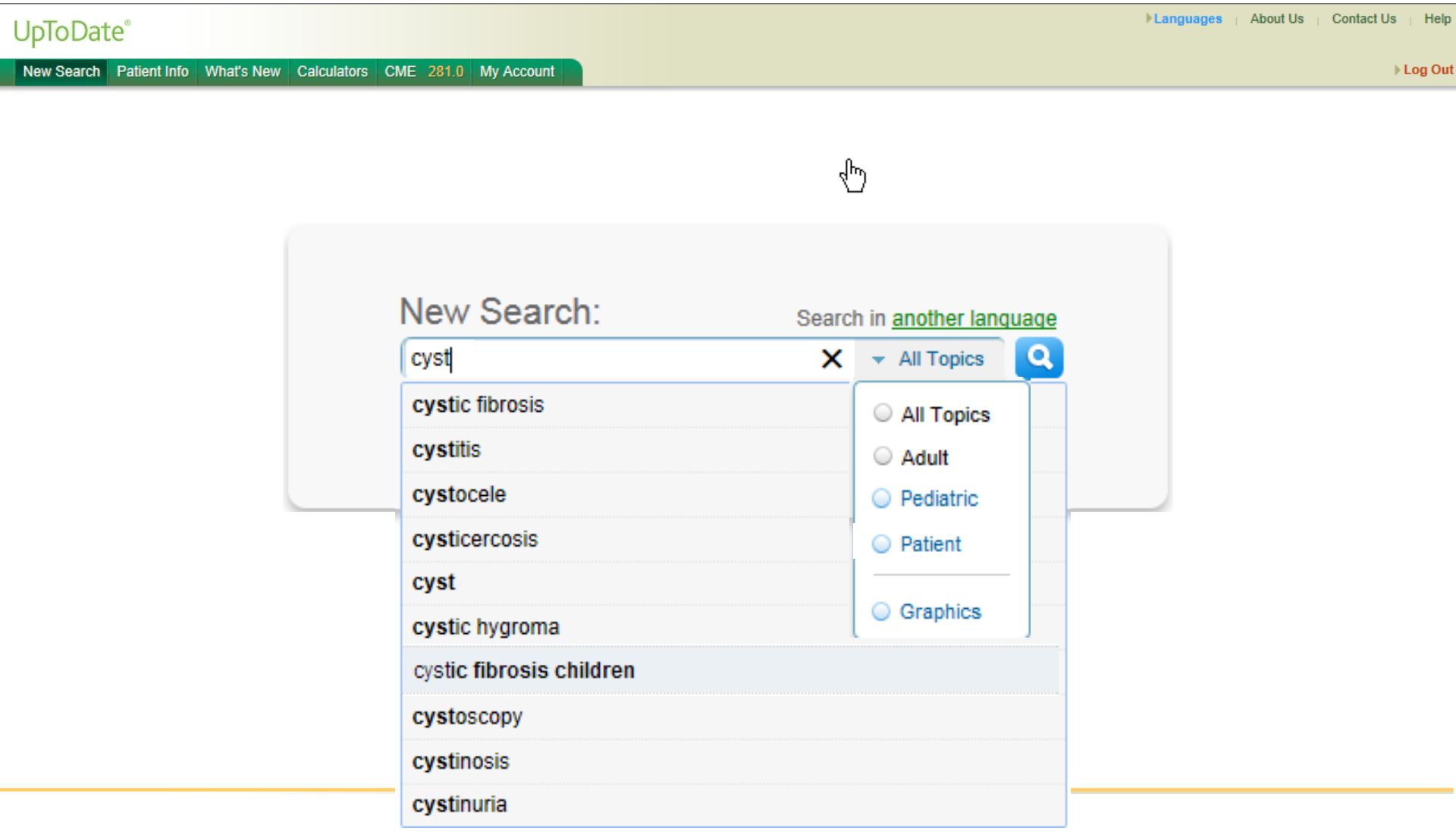
Conducting a Search



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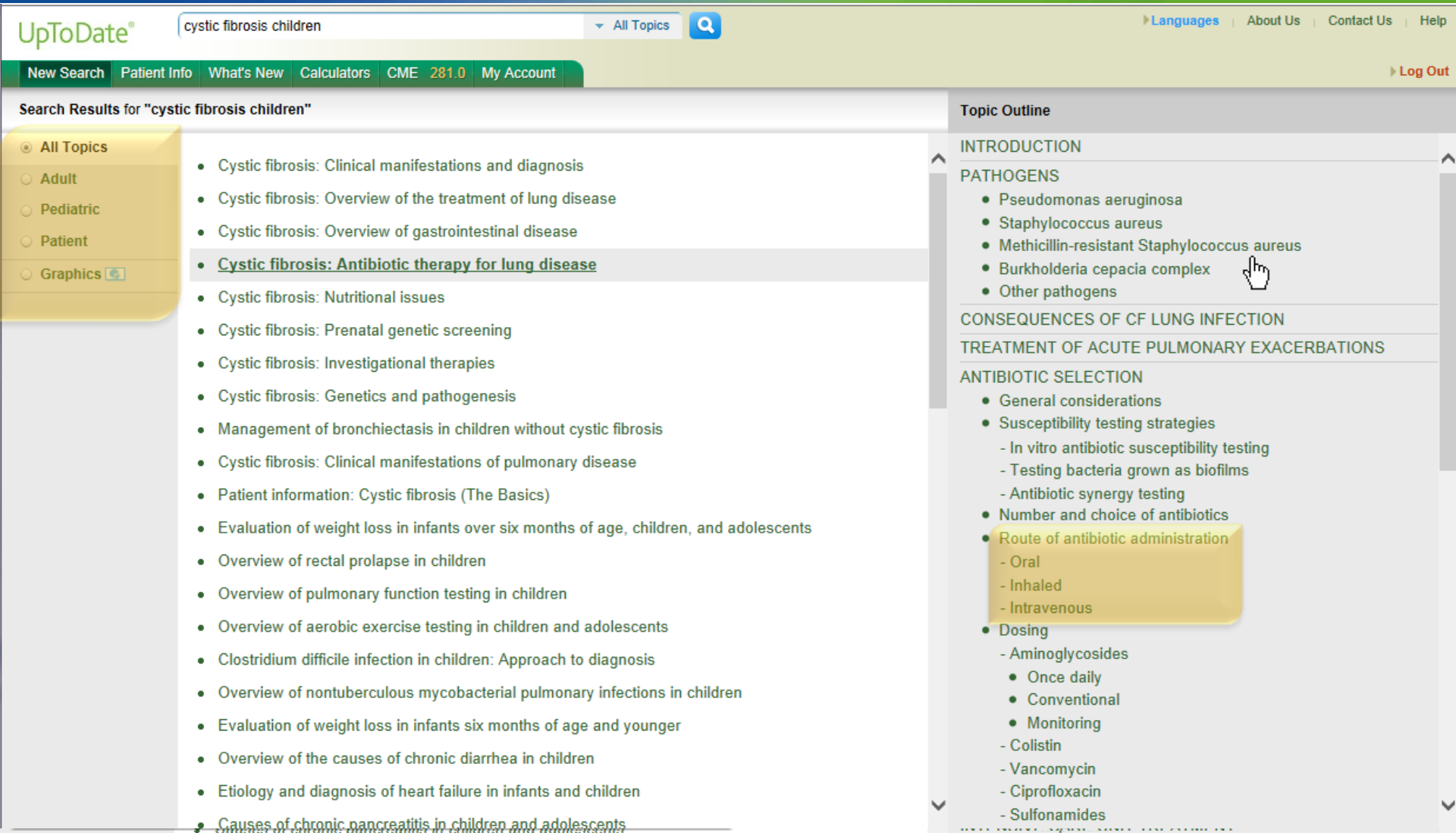
Conducting a search



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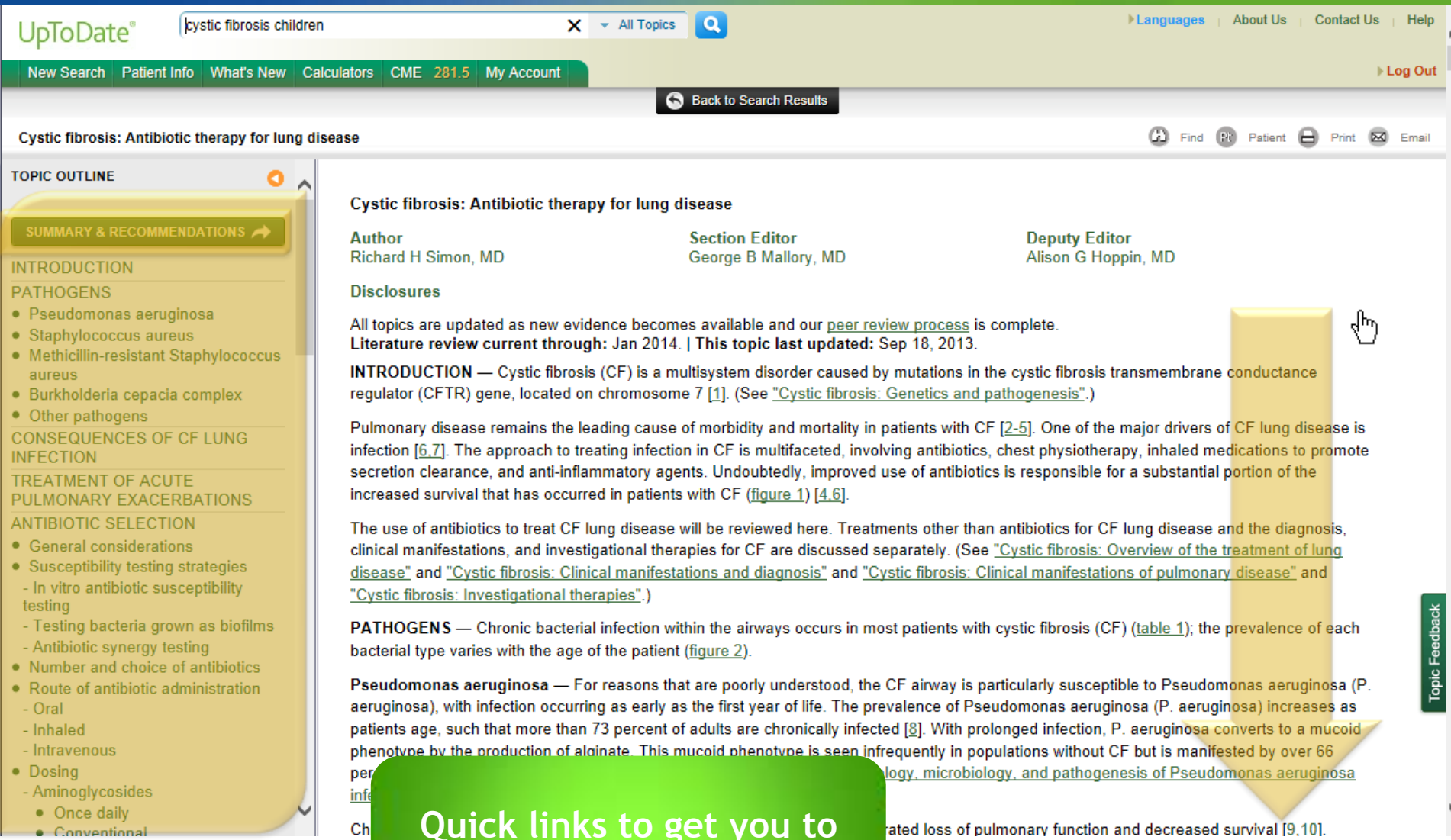
10,000 Topics – presented in the same format



Quick links to get you to the information you need

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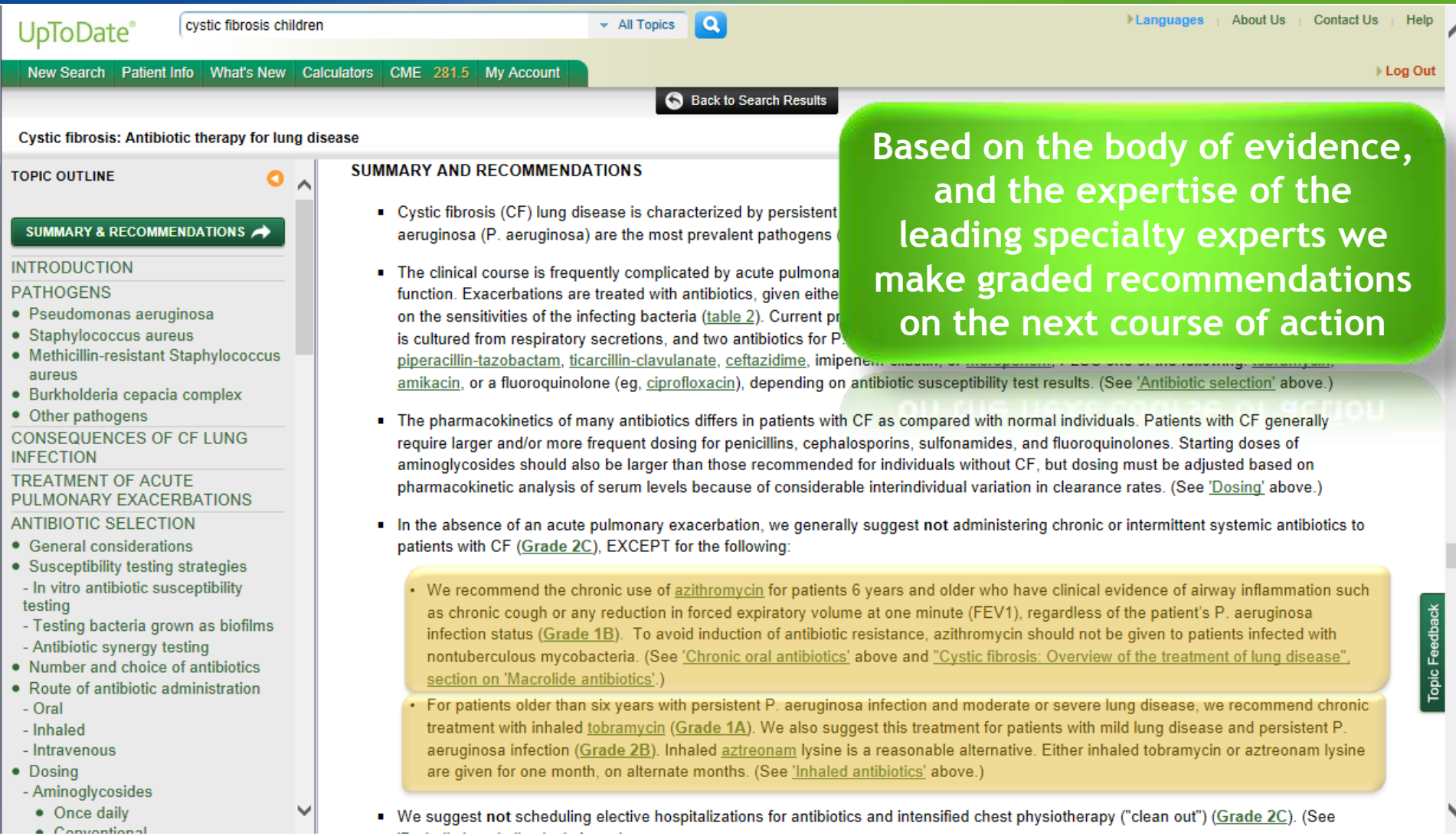
Graded recommendations



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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

UpToDate®

Print

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.

Grading Recommendations in UpToDate: Balancing risks and benefits

- Strong recommendations (Grade 1)
  - For a strong recommendation, write, "We recommend."
  - A strong recommendation means that benefits clearly outweigh risks and burdens or vice versa
- Weak recommendations (Grade 2)
  - For a weak recommendation, write, "We suggest."
  - A weak recommendation means that benefits, risks, and burdens are closely balanced or uncertain

Grading Table in UpToDate

Grade of Recommendation	Clarity of risk/benefit	Quality of supporting evidence	Implications
1A. Strong recommendation. High quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Strong recommendation, can apply to most patients in most circumstances without reservation
1B. Strong recommendation. Moderate quality evidence	Benefits clearly outweigh risk and burdens, or vice versa	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Strong recommendation, likely to apply to most patients
1C. Strong recommendation.	Benefits appear to outweigh risk and burdens, or vice versa	Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any	Relatively strong recommendation; might change when higher quality evidence becomes

Grading Table…..

2A. Weak recommendation. High quality evidence	Benefits closely balanced with risks and burdens	Consistent evidence from well performed randomized, controlled trials or overwhelming evidence of some other form. Further research is unlikely to change our confidence in the estimate of benefit and risk.	Weak recommendation, best action may differ depending on circumstances or patients or societal values
2B. Weak recommendation. Moderate quality evidence	Benefits closely balanced with risks and burdens, some uncertainly in the estimates of benefits, risks and burdens	Evidence from randomized, controlled trials with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence of some other form. Further research (if performed) is likely to have an impact on our confidence in the estimate of benefit and risk and may change the estimate.	Weak recommendation, alternative approaches likely to be better for some patients under some circumstances
2C. Weak recommendation. Low quality evidence	Uncertainty in the estimates of benefits, risks, and burdens; benefits may be closely balanced with risks and burdens	Evidence from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.	Very weak recommendation; other alternatives may be equally reasonable.

Drug Information

Lexicomp®

- 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'.)
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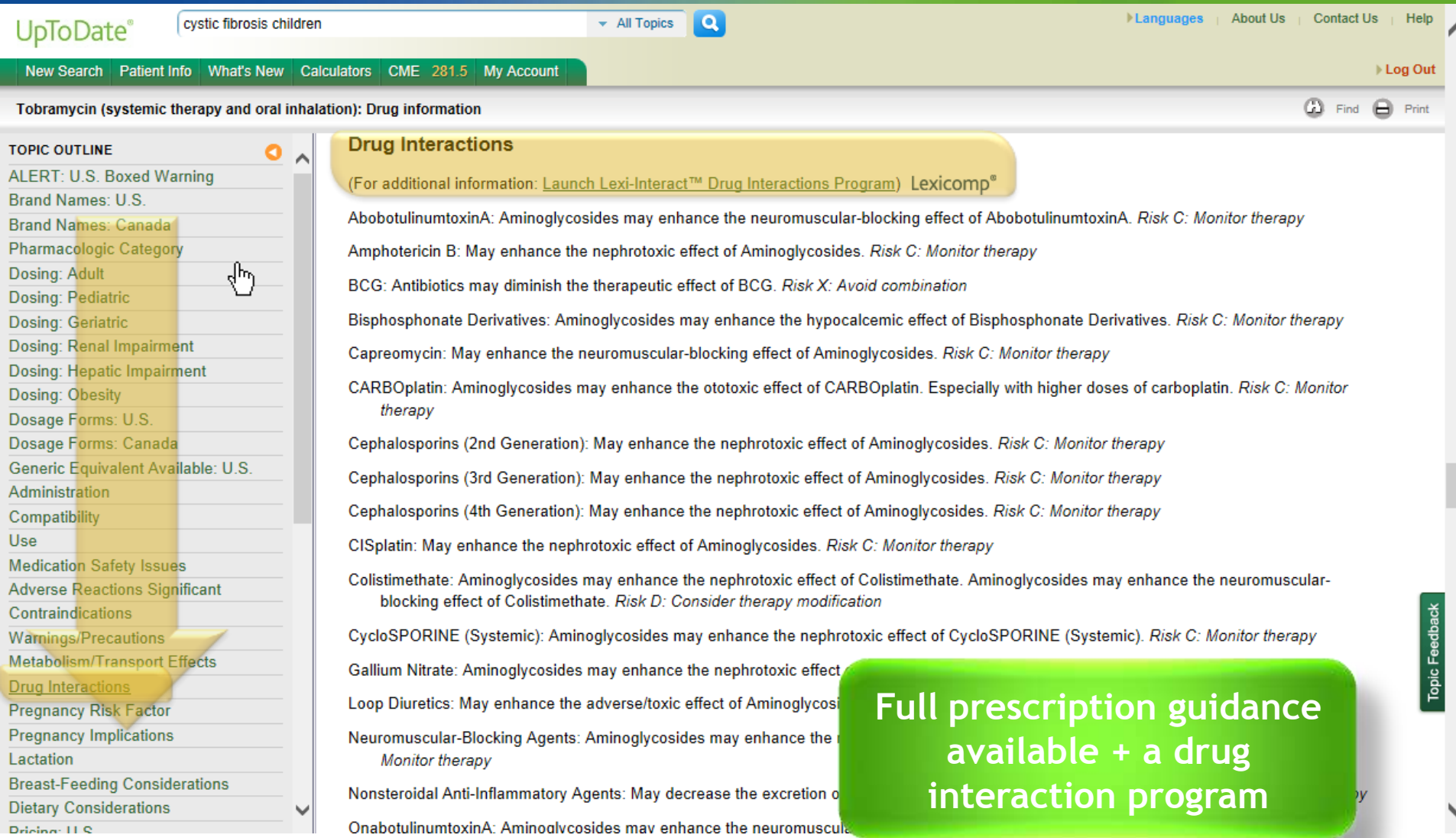
Over 5100 unique drug entities with Lexicomp



Check f

Lexicomp® Lexi-Interact™

Lookup

Enter item name to lookup.

Analyze | New List

- Tobramycin (Systemic, Oral Inhalation)
- Typhoid Vaccine
- Vitamin A

•Display complete list of interactions for an individual item by clicking item name.
•Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.
•Remove item from the list by clicking the check mark next to the item name.

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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most current product information),

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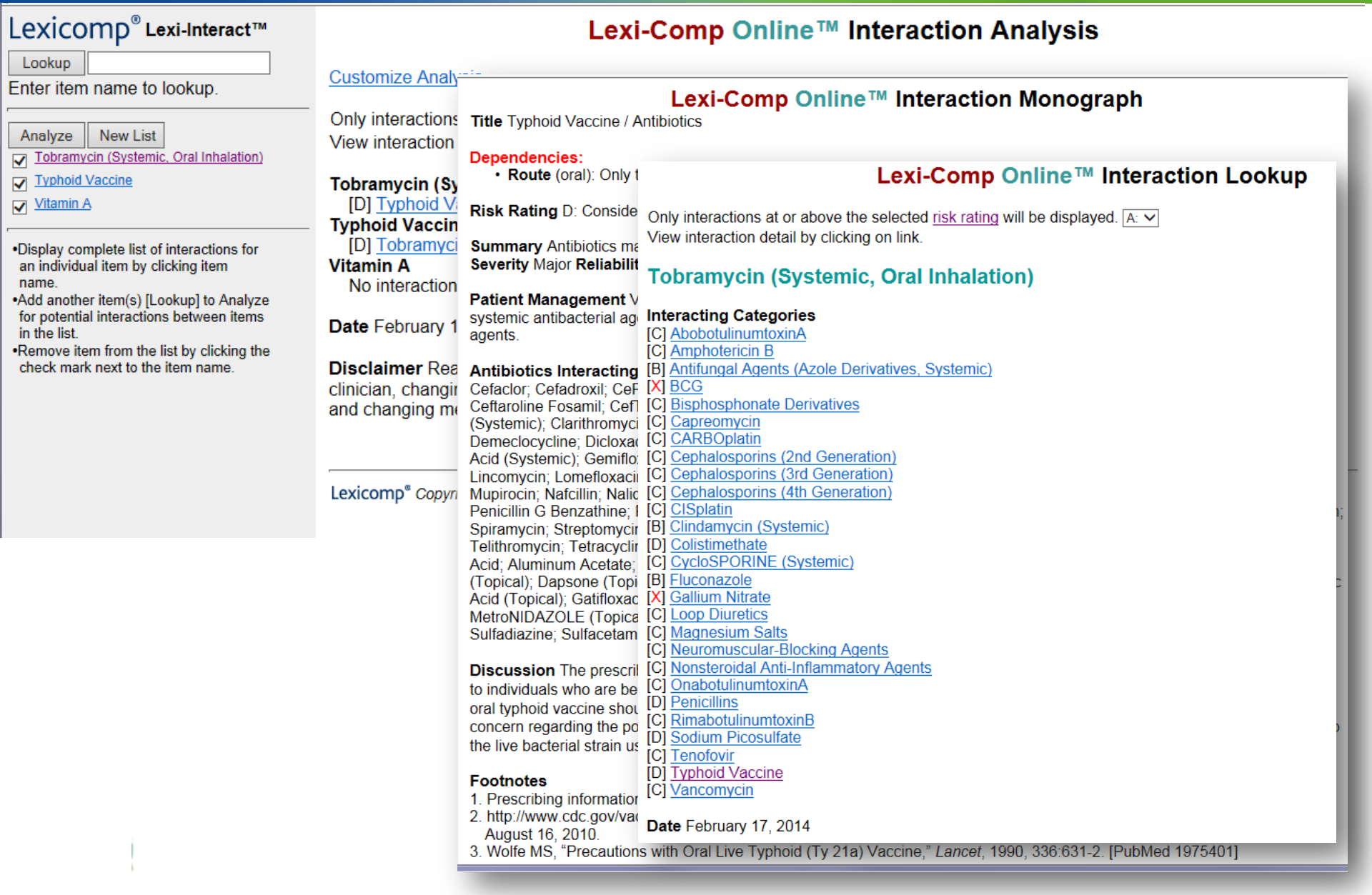
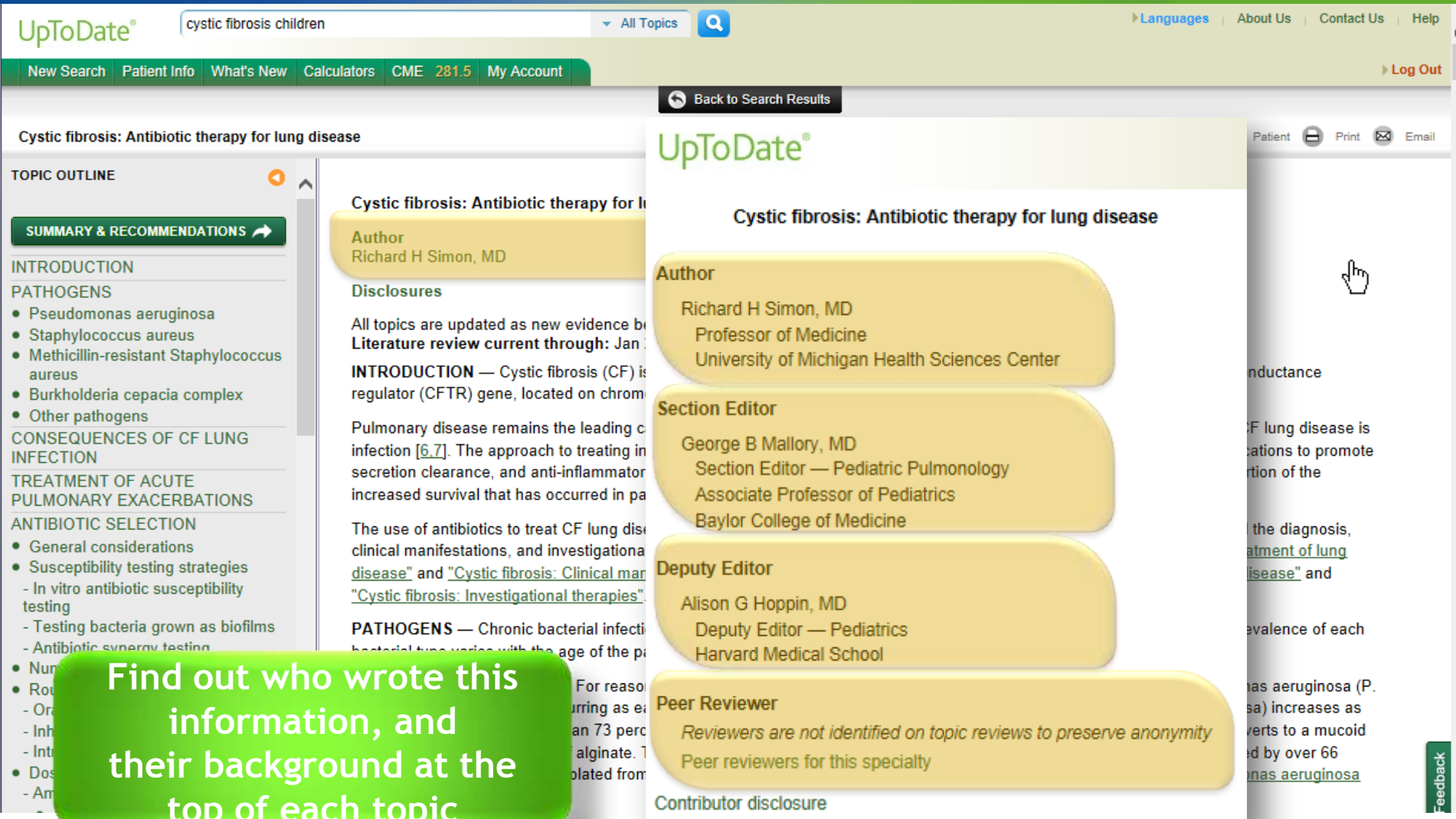
Review a full list of interacting properties



Our Editorial Team



Find out who wrote this information, and their background at the top of each topic

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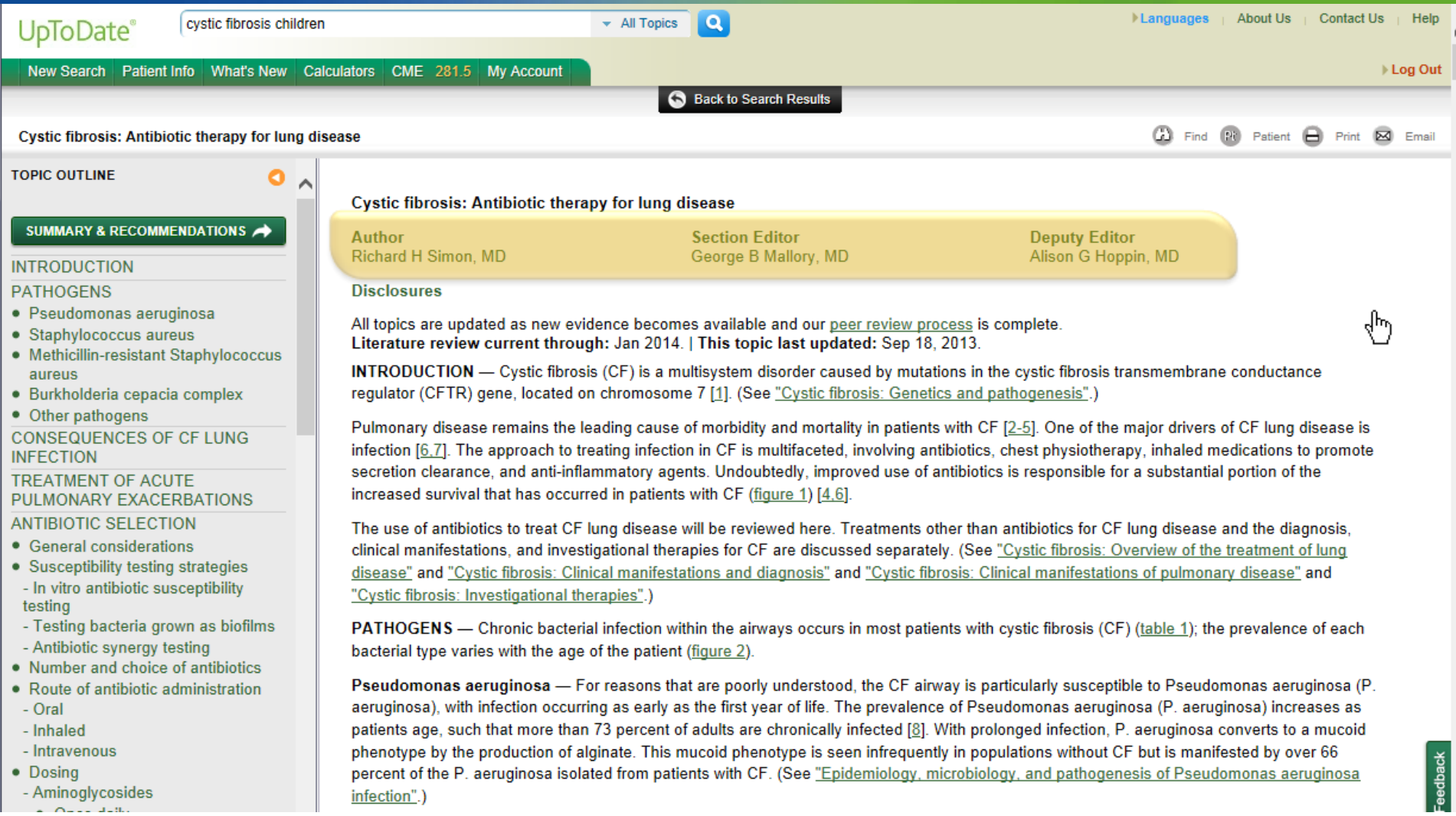
How uptodate is UpToDate?



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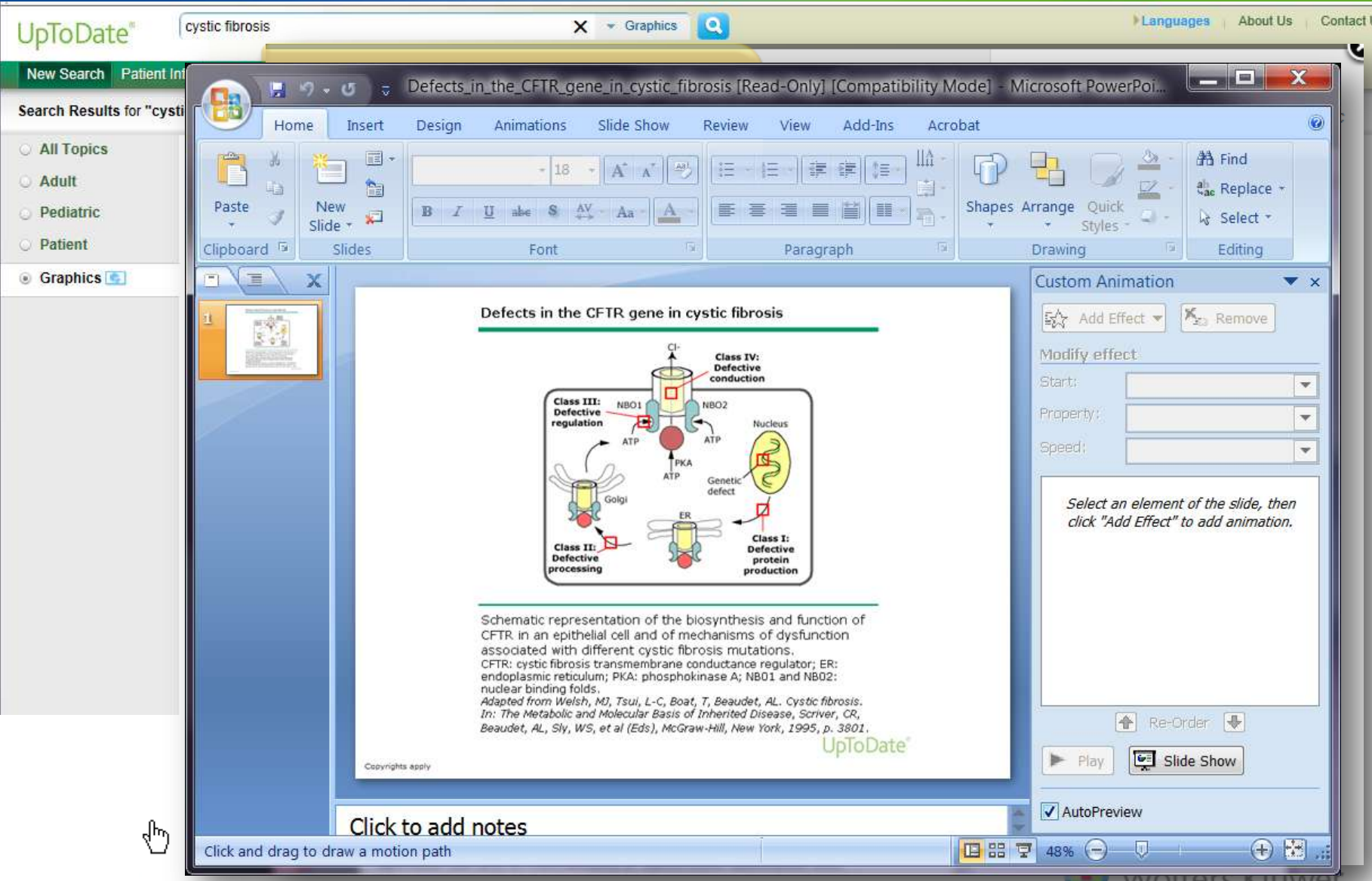
Fully referenced and transparent

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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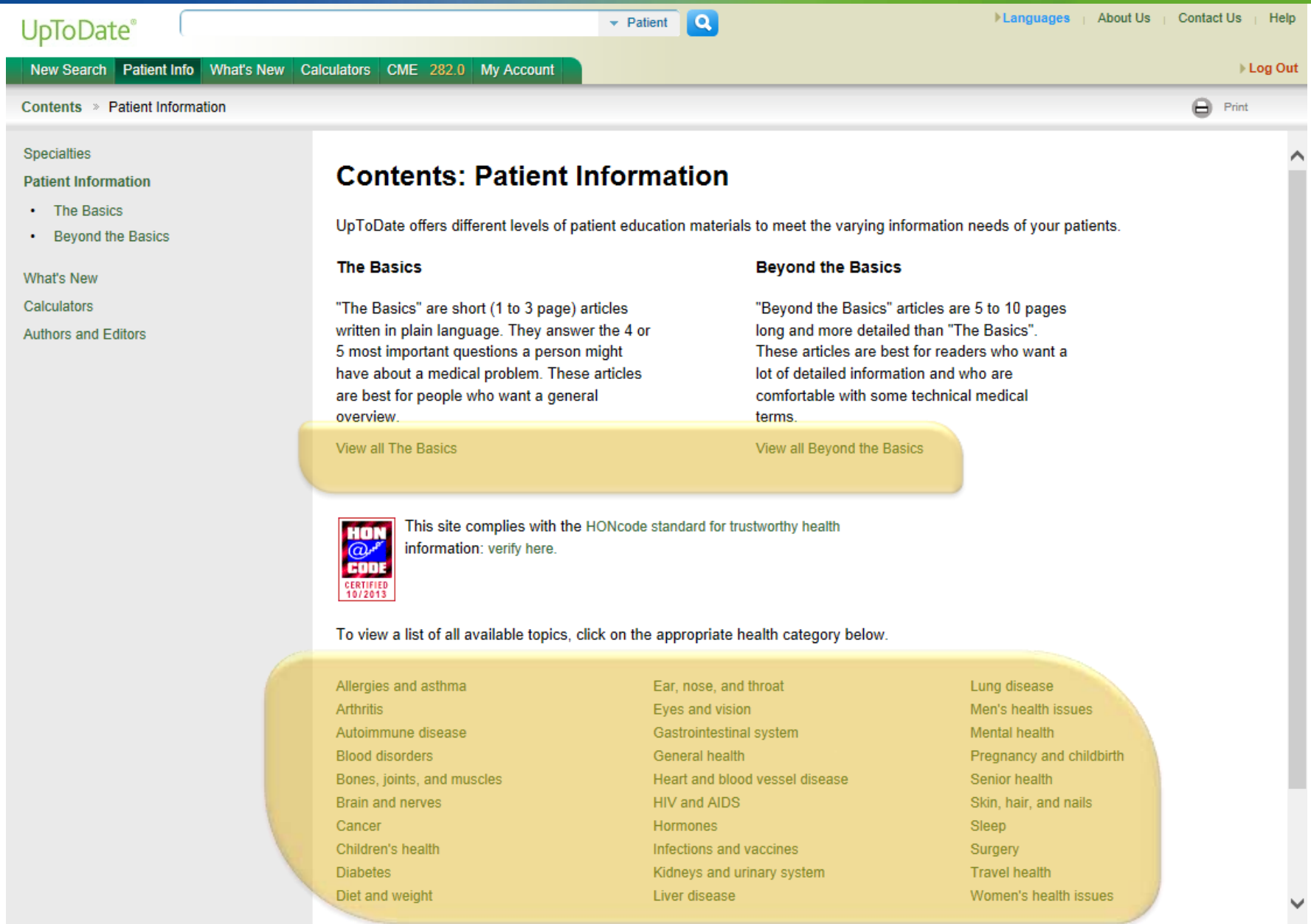
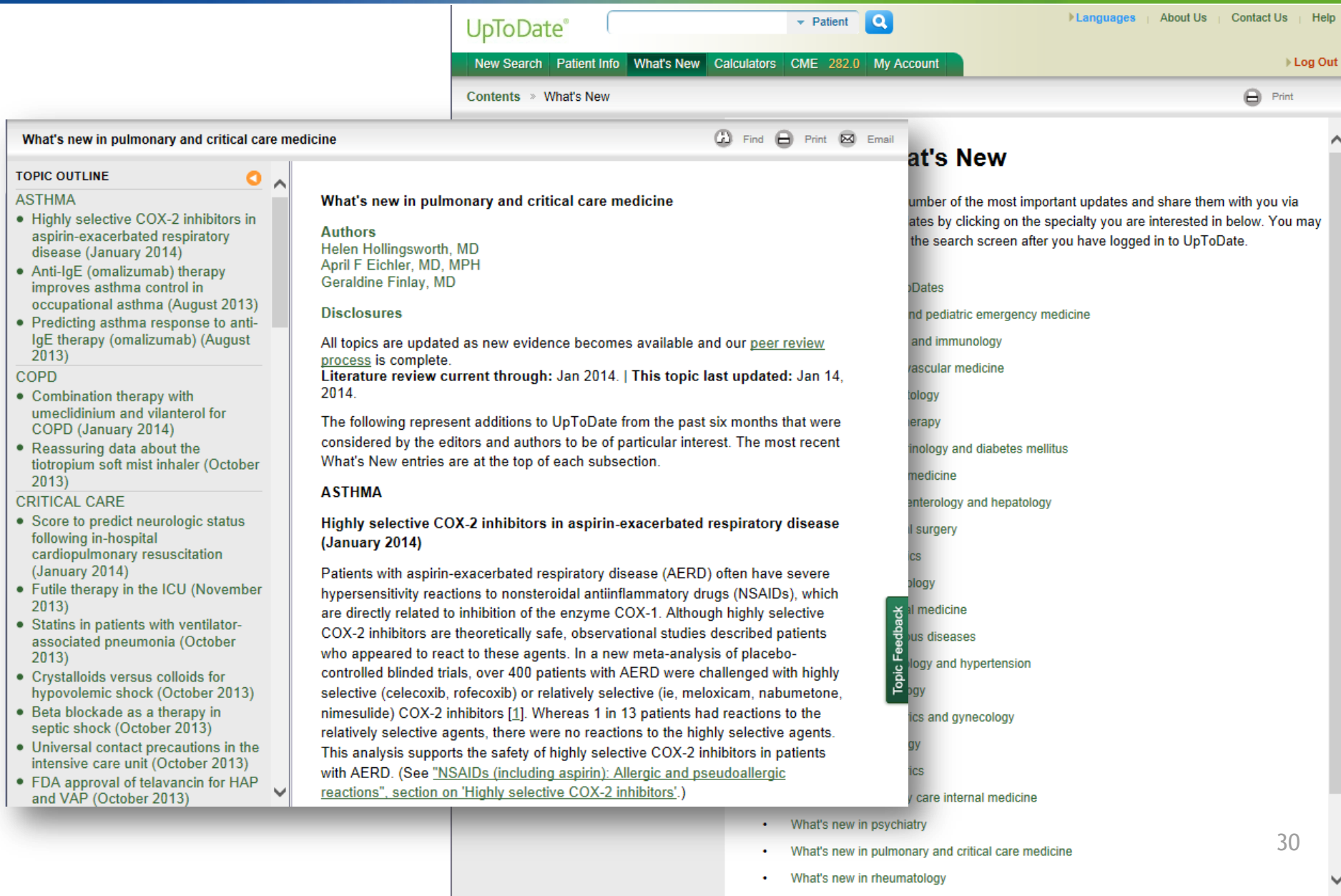
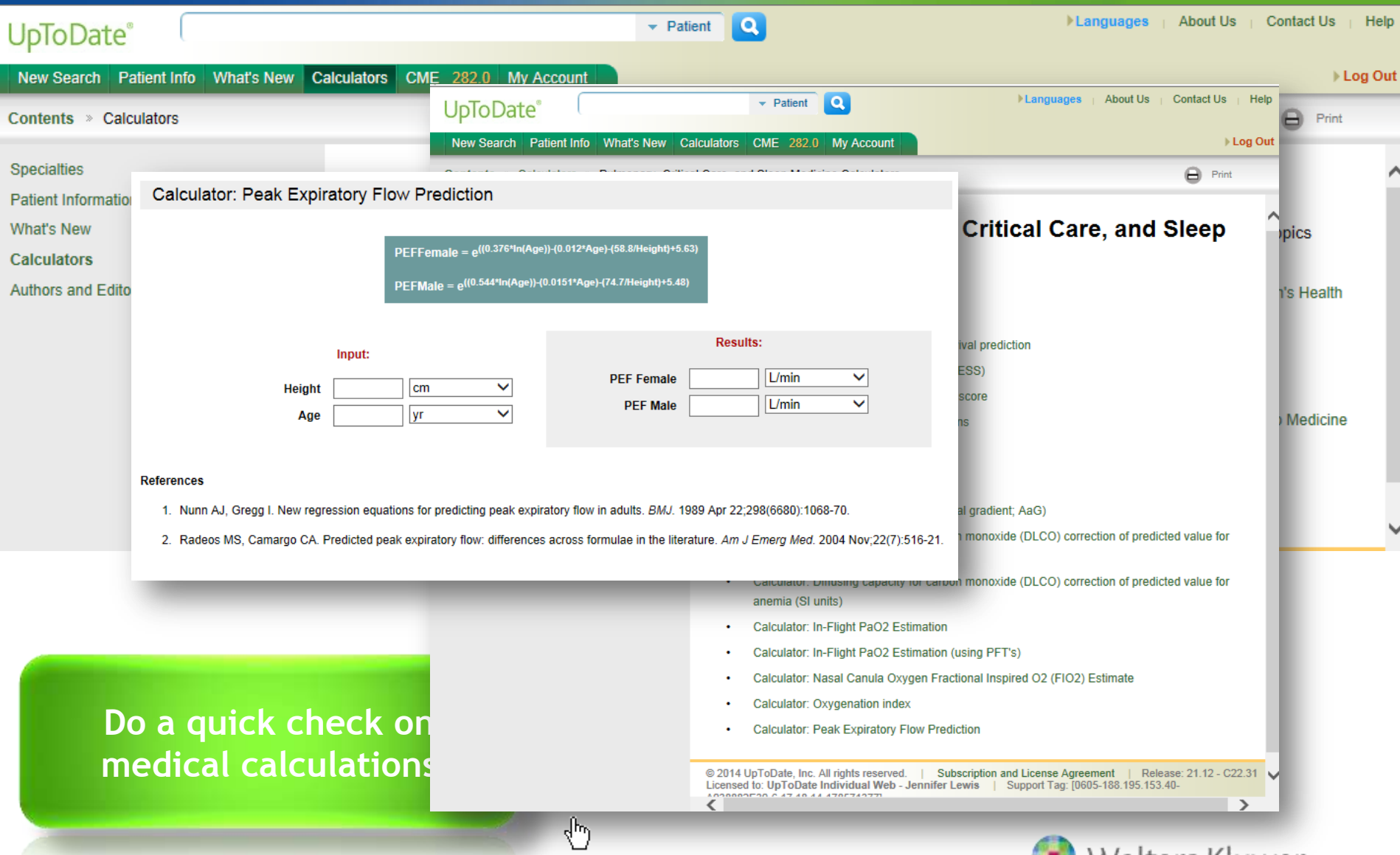
Patient Education



Check out what is new in your specialty



Calculators



Do a quick check on
medical calculations

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What Differentiates UpToDate?

Rigorous editorial process

World-renowned physician contributors

Advanced Technology

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  - 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 »

Printed Materials

Order or print posters, handouts, brochures and more

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Cen.lib@mums.ac.ir

modiramanip@mums.ac.ir

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