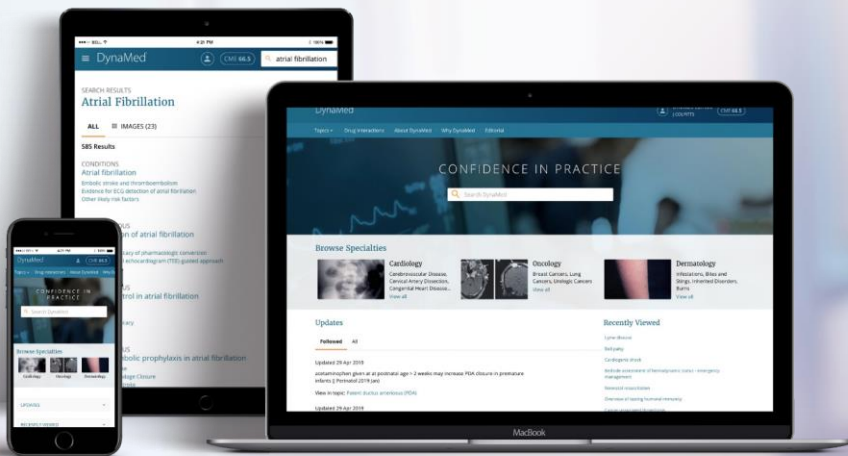


DynaMed®

MEJORA LOS RESULTADOS DE LOS
PACIENTES *transformando el apoyo a la
toma de decisiones clínicas*

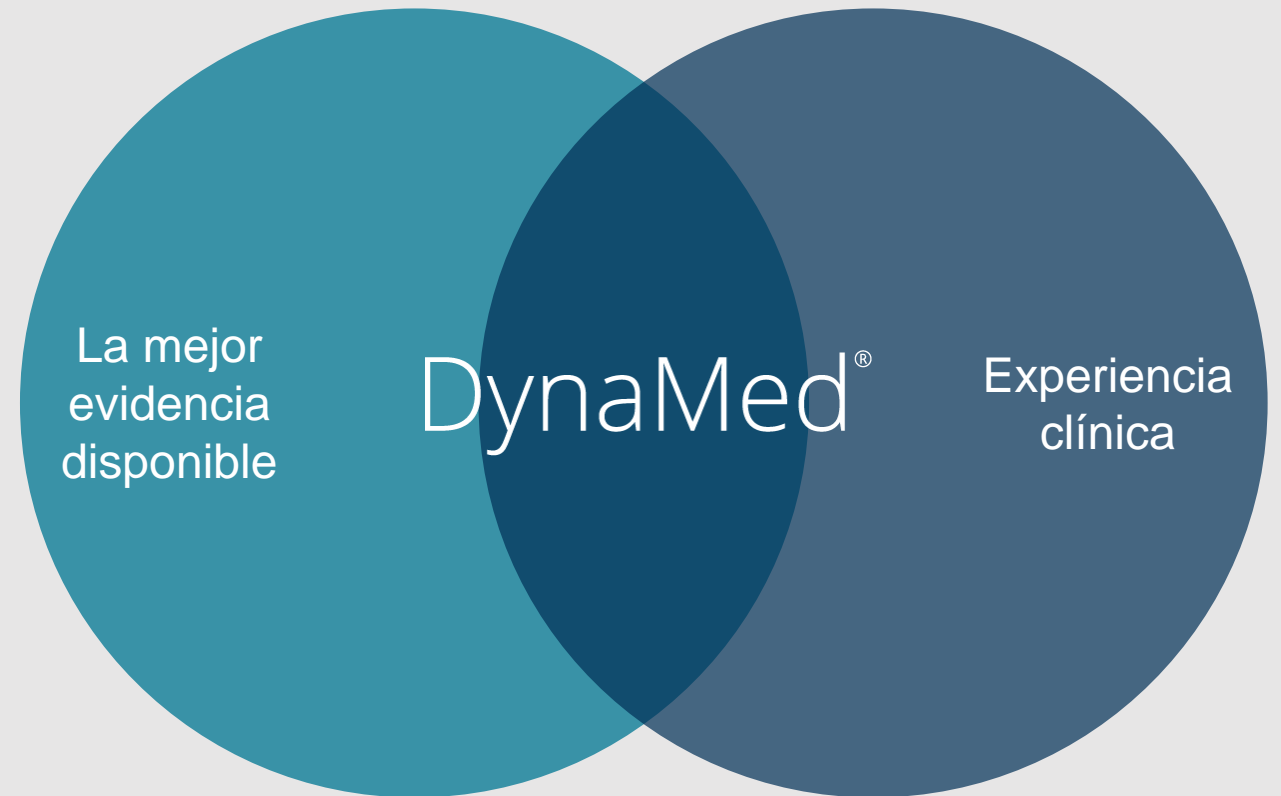




Garantiza la confianza en la práctica

Para garantizar la confianza en la práctica, se necesita la mejor evidencia disponible combinada con la experiencia clínica que complemente y aclare la evidencia.

Cualquiera de los dos por sí solo no es suficiente, DynaMed es la combinación perfecta de ambos.



Creado por un equipo de médicos de nivel mundial que:

- Son expertos en sus campos
- Seleccionan la mejor y más apropiada evidencia
- Confirman la aplicabilidad clínica del contenido
- Temas de revisión por pares

Liderazgo editorial



Peter Oettgen, MD, FACC, FAHA

*Editor in Chief, Deputy Editor
of Cardiology*

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



Alan Ehrlich, MD

Executive Deputy Editor

Family Practice Physician;
Associate Professor in Family Medicine,
University of Massachusetts
Medical School

Liderazgo editorial



Brian S. Alper, MD, MSPH, FAAFP

*Vice President of Innovations and
EBM Development*

Founder of DynaMed; Evidence-based Medicine
Expert, Clinical Research Assistant Professor,
University of Missouri School of Medicine



Bill Aird, MD

*Deputy Editor of Hematology,
Endocrinology, and Nephrology*

Internist, Beth Israel Deaconess Medical
Center; Professor of Medicine,
Harvard Medical School

Liderazgo editorial



Scott Barron, MD, FAAP

Deputy Editor of Pediatrics

Pediatric Emergency Physician,
Nemours Children's Hospital;
Associate Professor, University of
Central Florida College of Medicine



Vito Iacoviello, MD, FIDSA

*Deputy Editor of Infectious Diseases,
Immunology and Rheumatology*

Chief of the Division of Infectious Diseases at
Mount Auburn Hospital; Assistant Professor of
Medicine at Harvard Medical School and
Dartmouth Medical School

Liderazgo editorial



Trish Kavanagh, MD, FAAP

Deputy Editor of Systematic Literature Surveillance

Board-certified Pediatrician; Attending Physician in the Pediatric Emergency Department, Boston Medical Center; Associate Professor of Pediatrics, Boston University School of Medicine



Terence K. Trow, MD, FACP, FCCP

Deputy Editor of Pulmonary, Critical Care and Sleep

Pulmonologist, Yale New Haven Hospital; Associate Professor of Medicine at the Yale University School of Medicine

Liderazgo editorial



**Alexander Rae-Grant, MD
FRCP**

Deputy Editor of Neurology

Neurologist, Cleveland Clinic;
Professor of Medicine at the Cleveland
Clinic Lerner College of Medicine



**Dan Randall, MD, MPH,
FACP**

Deputy Editor of Internal Medicine

Internist, Harvard Vanguard Medical
Associates

Liderazgo editorial



Eileen Yoshida, RPh, BScPhm, MBA, FNAP

*Deputy Editor of Medication and
Clinical Informatics*

Former Clinical Knowledge Management and
Decision Support team at Partners HealthCare

Amplia red de médicos



125

médicos y científicos en
plantilla



Más de

450

médicos de todo el mundo
escriben o revisan nuestro
contenido

Las organizaciones médicas, las principales instituciones de medicina basada en la evidencia y los principales vendedores de fármacos eligen DynaMed










IBM Micromedex[®]



McMaster
PLUS



Metodología basada en la evidencia de DynaMed

-  **Identificar** la evidencia
-  **Seleccionar** la mejor
-  **Evaluar** críticamente
-  **Reportar** objetivamente
-  **Sintetizar** la evidencia
-  **Informar** sobre las conclusiones y hacer recomendaciones
-  **Ajustar** las conclusiones cuando se publiquen nuevas pruebas

Vigilancia sistemática de la literatura



DynaMed utiliza el sistema GRADE para las recomendaciones y un sistema patentado para evaluar la fuerza de la evidencia.

RECOMENDACIONES

- Fuerte
- Débil

EVIDENCIA

- Alto (1)
- Moderado (2)
- Baja o evidencia que carece de resultados clínicos (3)

Overview and Recommendations

Background

Evaluation

Management

Prevention

Prevention

- Offer beta blockade (Strong recommendation) to prevent perioperative atrial fibrillation.
- Consider the following medications for the prevention of atrial fibrillation in patients with cardiovascular disease:
 - Angiotensin-converting enzyme inhibitors or angiotensin receptor blockers (Weak recommendation)

(Weak recommendation)

Hacer clic en un enlace proporciona niveles de evidencia y directrices detrás de cada recomendación

DynaMed incluye recomendaciones fuertes y débiles

> Prevention and Screening

> Quality Improvement

> Guidelines and Resources

Patient Decision Aids

Patient Information

> ICD Codes

> References

- Ablation therapy for atrial fibrillation

General Information

Description

- supraventricular tachyarrhythmia caused by uncoordinated atrial activation and usually associated with irregular ventricular response¹

Also called

- AF
- a fib



TOP

Feedback

> Overview and Recommendations

Related Summaries

> General Information

> Epidemiology

> Etiology and Pathogenesis

> History and Physical

> Diagnosis

> Management

Management overview

Treatment setting

Rate control

Cardioversion

Rhythm control

Rate vs. rhythm control

Thromboembolic prophylaxis

> Activity

Exercise

Sexual activity

Driving

> Surgery and procedures

Follow-up

> Complications and Prognosis

Exercise

• after taking pill-in-pocket flecainide or propafenone, avoidance of physical activity suggested as long as atrial fibrillation persists and until two half-lives of antiarrhythmic drug therapy elapsed (ESC Class IIa)

(level 2 [mid-level] evidence)

• **exercise-based intervention may improve mental health-related quality of life in patients with atrial fibrillation (level 2 [mid-level] evidence)**

• based on Cochrane review with limited evidence

• systematic review of 6 randomized trials comparing exercise-based interventions with no exercise in 421 adults with atrial fibrillation

- exercise-based interventions were aerobic exercise and resistance training in 5 trials, traditional Chinese Qi-gong in 1 trial, and inspiratory muscle training in 1 trial
- exercises were supervised or unsupervised and varied in duration (8-30 minutes), frequency (2 times daily to 2-3 sessions per week), and session length (10-30 minutes per session)

• exercise capacity measured using 6-minute walk test in 3 trials, peak oxygen consumption (VO2 peak) in 2 trials, and cycle ergometer test in 1 trial

• exercise-based intervention associated with improvement in exercise capacity 4 weeks to 4 months in analysis of 6 trials with 359 patients, results limited by heterogeneity

• no significant differences in physical or mental health-related quality of life 4 weeks to 6 months in analysis of 2 trials with 224 patients

• total of 2 deaths and 8 serious adverse events overall with no significant differences between groups

• Reference - Cochrane Database Syst Rev 2017 Feb 9;(2):CD011197

• **addition of weight loss intervention to intensive risk factor management may reduce frequency, duration, and severity of atrial fibrillation episodes (level 2 [mid-level] evidence)**

• based on randomized trial with high dropout rate and without attention control

• 150 patients aged 21-75 years with symptomatic paroxysmal or persistent atrial fibrillation and with body mass index ≥ 27 kg/m² were randomized to 1 of 2

DynaMed proporciona niveles de etiquetas de evidencia fáciles de interpretar



TOP

Feedback

Directrices a nivel mundial

> Overview and Recommendations

Related Summaries

> General Information

> Epidemiology

> Etiology and Pathogenesis

> History and Physical

> Diagnosis

> Management

> Complications and Prognosis

> Prevention and Screening

> Guidelines and Resources

▼ Guidelines

International guidelines

United States guidelines

United Kingdom guidelines

European guidelines

Australian and New Zealand
guidelines

African guidelines

Patient Information

European guidelines

- Aragon Institute for Health Sciences (IACS) clinical practice guideline on management of invasive meningococcal disease can be found at [IACS PDF \[English\]](#), [IACS PDF \[Spanish\]](#), or at [National Guideline Clearinghouse 2015 Oct 12:49258](#)
- European Federation of Neurological Societies (EFNS) guideline on management of community-acquired bacterial meningitis in older children and adults can be found in [Eur J Neurol 2008 Jul;15\(7\):649](#) or at [National Guideline Clearinghouse 2009 Jun 22:13564](#)
- Société de Pathologie Infectieuse de Langue Française (SPILF) guideline on acute bacterial meningitis (except newborn and nosocomial meningitis) can be found in [Med Mal Infect 2009 Jun;39\(6\):356](#) or in [Rev Neurol \(Paris\) 2009 Sep;165 Spec No 3:F205 \[French\]](#)

Australian and New Zealand guidelines

- Communicable Diseases Network Australia (CDNA) national guideline for public health units on invasive meningococcal disease can be found at [CDNA 2017 July 4](#)
- Western Australian Department of Health (WADH) guidelines on management of meningococcal disease can be found at [WADH 2008 PDF](#)

African guidelines

- South African National Department of Health (NDOH) guideline on management, prevention and control of meningococcal disease can be found at [NDOH 2012 Jun 21 PDF](#)

• review can be found in [Curr Neurol Neurosci Rep 2015 Mar;15\(3\):2](#)

• review of invasive meningococcal disease in children can be found in [Pediatr Rev 2011 Apr;32\(4\):152](#)

• review of meningococcal disease in children can be found in [J Prev Med Hyg 2015 Aug 31;56\(3\):E121](#) [full-text](#)

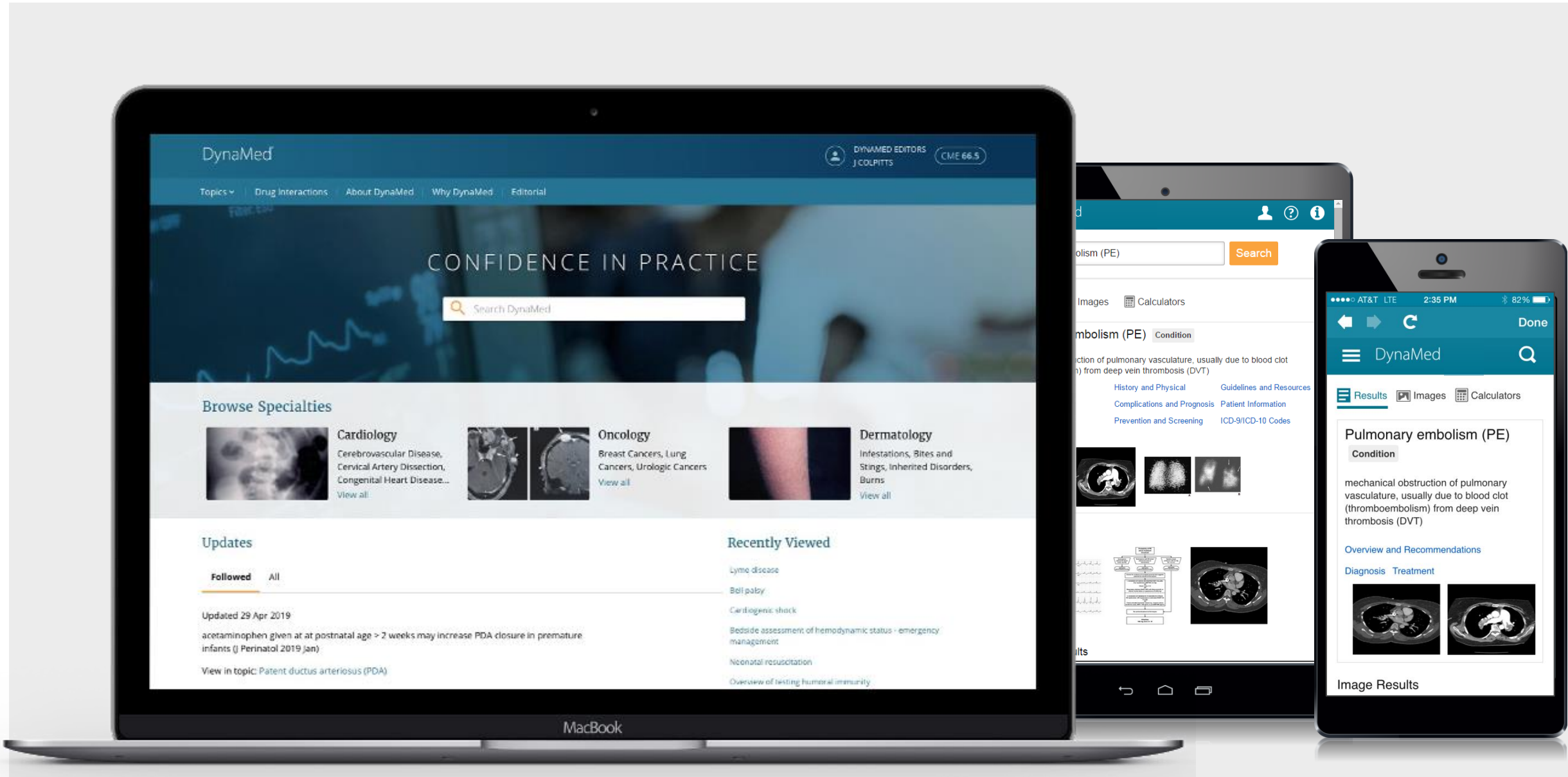
• review of Neisseria meningitidis serogroup X can be found in [Emerg Infect Dis 2016](#)



TOP



Mejora el tiempo de respuesta



DynaMed

DYNAMED EDITORS
J COLPITTS CME 66.5

Topics | Drug Interactions | About DynaMed | Why DynaMed | Editorial

CONFIDENCE IN PRACTICE

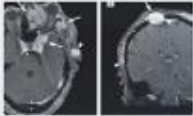
Search DynaMed

Browse Specialties



Cardiology

Cerebrovascular Disease, Cervical Artery Dissection, Congenital Heart Disease...
[View all](#)



Oncology

Breast Cancers, Lung Cancers, Urologic Cancers
[View all](#)



Dermatology

Infestations, Bites and Stings, Inherited Disorders, Burns
[View all](#)

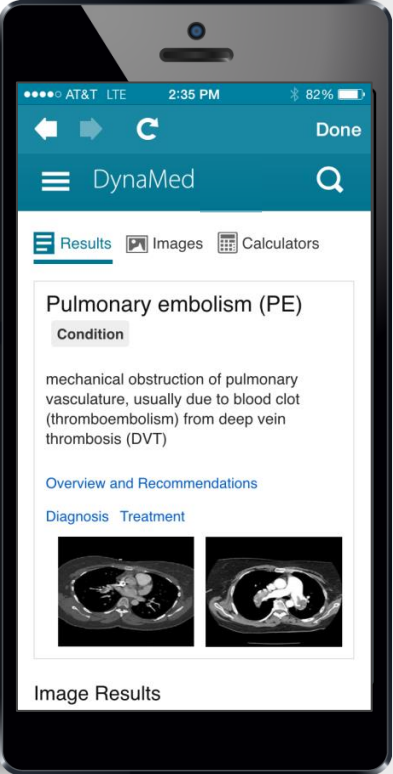
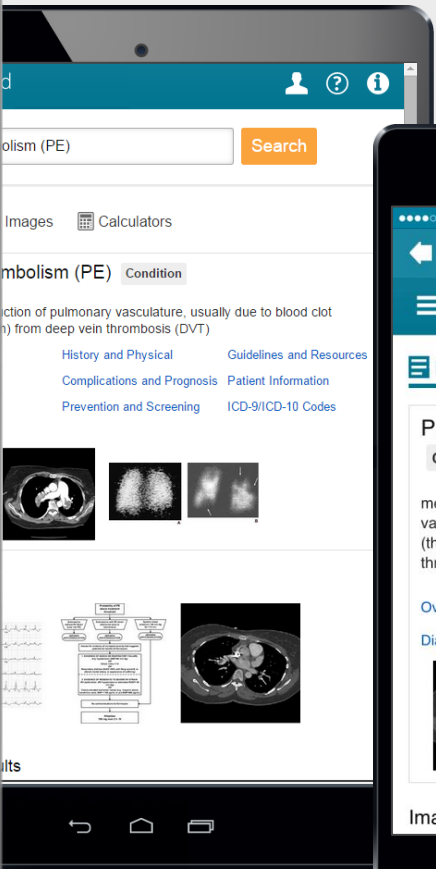
Updates

Followed | All

Updated 29 Apr 2019
acetaminophen given at or postnatal age > 2 weeks may increase PDA closure in premature infants (J Perinatol 2019 Jan)
[View in topic: Patent ductus arteriosus \(PDA\)](#)

Recently Viewed

- Lyme disease
- Bell palsy
- Cardiogenic shock
- Bedside assessment of hemodynamic status - emergency management
- Neonatal resuscitation
- Overview of testing humoral immunity



Pulmonary embolism (PE)

Condition
mechanical obstruction of pulmonary vasculature, usually due to blood clot (thromboembolism) from deep vein thrombosis (DVT)

Overview and Recommendations

Diagnosis Treatment

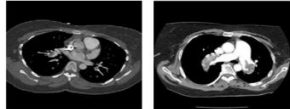


Image Results

Antiplatelet and anticoagulant drugs for elective percutaneous coronary intervention (PCI)

TOPIC UPDATES



Overview and Recommendations

Overview and Recommendations

Background

Management

Related Summaries

Overview

> Recommendations From Professional Organizations

Aspirin

> P2Y12 Inhibitors and Dual Antiplatelet Therapy (DAPT)

> Glycoprotein IIb/IIIa Inhibitors

> Anticoagulants

> Dual Therapies Compared to Triple Therapy

Revascularization Before Noncardiac Surgery and Dual Antiplatelet therapy

Use in Chronic Kidney Disease

> Quality Improvement

> Guidelines and Resources

> References

Overview and Recommendations

Background

- Antiplatelet (including aspirin and P2Y12 inhibitors) and anticoagulant drugs are routinely administered during elective percutaneous coronary interventions (PCI).

Management

- Give aspirin ◊ before percutaneous coronary intervention (PCI) using one of the following doses:
 - 81-325 mg for patients already taking daily aspirin (Strong recommendation ◊)
 - 325 mg nonenteric coated aspirin if not already taking daily aspirin (Strong recommendation ◊)
- Give clopidogrel ◊ 600 mg to patients having PCI with stenting (Strong recommendation ◊).
- Do not perform routine genetic or platelet function testing ◊ to screen patients treated with clopidogrel having PCI (Strong recommendation ◊).
- Give one of the following anticoagulants to patients undergoing PCI (Strong recommendation ◊):
 - unfractionated heparin (UFH)
 - enoxaparin
 - bivalirudin
 - argatroban
- Glycoprotein (GP) IIb/IIIa blockers ◊:
 - Glycoprotein IIb/IIIa blockers are associated with decreased mortality at 30 days but may increase the risk of major bleeding in patients having percutaneous coronary intervention.
 - Consider giving a glycoprotein IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus-dose tirofiban) to patients treated with UFH and not pretreated with clopidogrel (Weak recommendation ◊).
 - Do not use platelet glycoprotein IIb/IIIa inhibitors as adjunctive therapy during saphenous vein graft PCI (Strong recommendation ◊).

Feedback

- Adult primary care
- Allergy
- Anesthesiology and pain management
- Cardiology
- Critical care
- Dermatology
- Ear nose and throat (ENT)
- Emergency medicine
- Endocrinology
- Family medicine
- Gastroenterology
- Geriatrics
- Gynecology
- Hematology
- Hospital medicine
- Immunology
- Infectious diseases
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- Obstetric medicine
- Oncology
- Ophthalmology
- Oral health
- Orthopedics and sports medicine
- Palliative care
- Pathology and laboratory medicine
- Pediatrics
- Psychiatry
- Pulmonary medicine
- Rheumatology
- Sleep medicine
- Surgery
- Urology

Acceda directamente a su especialidad desde la página de inicio para acceder fácilmente al contenido que más le interesa.

Cobertura Especializada Completa

Updates

MY TOPICS | ALL TOPICS

10 Jun 2019
 addition of case-manager-led multicomponent intervention to usual care may not reduce emergency department visits or hospital admissions, but may reduce mortality in adults with COPD and ≥ 2 COPD-associated comorbidities (Eur Respir J 2018 Jan 11)
 View in COPD

Recently Viewed

- Rash in children - differential diagnosis
- Meningococcal disease
- Smoldering myeloma
- Atrial fibrillation
- Subcutaneous immunotherapy for aeroallergens
- Immunizations in children and adolescents

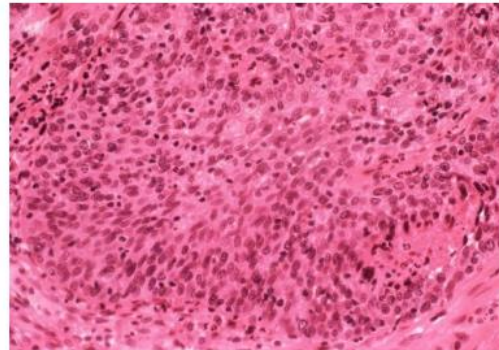
Los gráficos e imágenes ofrecen respuestas rápidas a preguntas clínicas con indicaciones visuales

SEARCH RESULTS
lung cancer

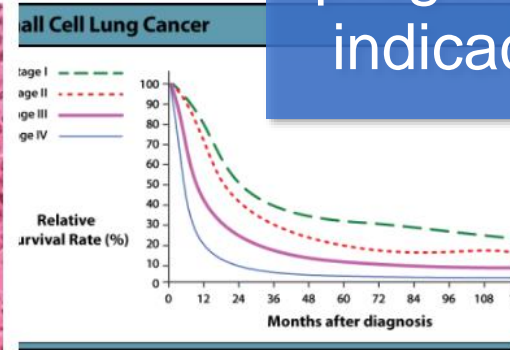
ALL **IMAGES (7)**



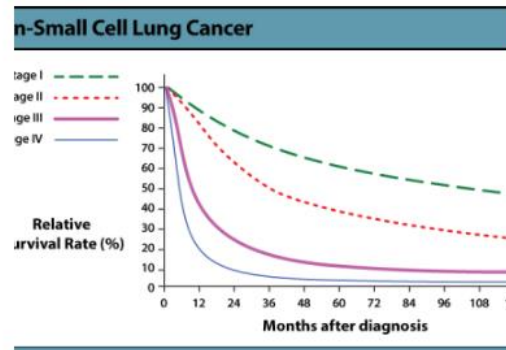
Lung Cancer.



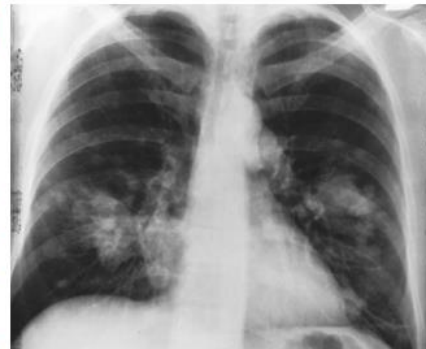
Lung cancer.



Lung cancer survival trends.



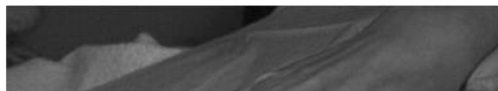
Lung cancer survival trends.



Lung Cancer Chest X-Ray.



Superior Sulcus Tumor Chest Radiograph.



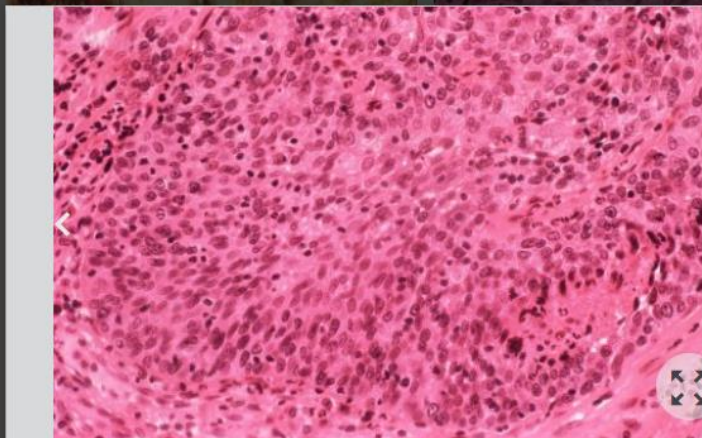
SEARCH RESULTS

lung cancer

ALL **IMAGES (7)**



Small Cell Lung Cancer

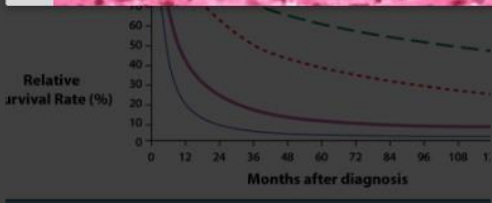


Lung cancer.

Lung cancer. Light micrograph of a section through cancerous lung tissue, showing a mixture of small and intermediate-sized cancer cells in a case of small cell carcinoma (SCC). Also known as oat cell carcinoma, this is an aggressive lung cancer that can rapidly spread to other parts of the body, often before diagnosis, and the prognosis is poor. Chemotherapy and radiotherapy help to prolong the life of the patient. Magnification unknown.

Credit: CNRI/SCIENCE PHOTO LIBRARY

La selección de una imagen proporciona a los usuarios una vista más amplia y un contexto adicional.



Lung cancer survival trends.



Lung Cancer Chest X-Ray.



Superior Sulcus



Search Micromedex



Home

Drug ID

Drug Comparison

Tox & Drug Product Lookup

Calculators

WARFARIN [Your search: WARFARIN]

Drug Classes: [Anticoagulant](#) | [Blood Modifier Agent](#) | [All](#)

Routes: [Intravenous](#) | [Oral](#)

Substance

WARFARIN

Regulatory Authority

FDA

In-Depth Answers

All Results

Dosing/Administration

Adult Dosing

Pediatric Dosing

FDA Uses

Non-FDA Uses

Dose Adjustments

Administration

Comparative Efficacy

Place In Therapy

Medication Safety

Contraindications

Precautions

Adverse Effects

Dosing/Administration

Adult Dosing

Normal Dosage

Dosage in Renal Failure

Dosage in Hepatic Insufficiency

Dosage in Geriatric Patients

Dosage Adjustment During Dialysis

Dosage in Other Disease States

Normal Dosage

Important Note

Warfarin

Warfarin Sodium

Important Note

Warfarin Sodium

Beers Criteria: Use caution or avoid use as potentially inappropriate in older adults [1].

Warfarin

Kawasaki disease

View Full Document

Print

Related Results

[Disease](#)

[Toxicology](#)

[Drug Consults](#)

[Product Lookup - Tox & Drug](#)

DynaMed le permite enlazar directamente a su suscripción de IBM MICROMEDEX®

Drug Interactions

Use the search fields to look up two or more drugs for potential interactions.

+ Add Drug

Check for Interactions


Start Over

Interactions for WARFARIN, DIFLUNISAL

View Results For

Drug/Drug (1)

Severity Index

MAJOR 

WARFARIN SODIUM

Documentation: Fair

Concurrent use of **ANTICOAGULANTS** and **NSAIDS** may result in increased risk of bleeding.



Compruebe rápidamente las interacciones con los fármacos

Si hay una interacción presente, DynaMed le dirá la gravedad de la interacción.

Haga clic para obtener más detalles

[← Back To Checker](#)

WARFARIN SODIUM



Warning:

Concurrent use of ANTICOAGULANTS and NSAIDS may result in increased risk of bleeding.

Clinical Management:

Coadministration of an anticoagulant and an NSAID may increase the risk of serious bleeding relative to the use of either drug alone (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016; Prod Info COUMADIN® oral tablets, intravenous injection powder for solution, 2015) and may increase the risk of epidural or spinal hematomas that can result in long-term or permanent paralysis in patients who are receiving neuraxial anesthesia or undergoing spinal puncture (Prod Info PRADAXA® oral capsules, 2015; Prod Info SAVAYSA(TM) oral tablets, 2015). If used concomitantly, monitor for signs of bleeding (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016).

Onset:

Not Specified

Severity:

Major

Documentation:

Fair

Probable Mechanism:

additive effect on hemostasis

Summary:

Coadministration of an anticoagulant and an NSAID may increase the risk of serious bleeding relative to the use of either drug alone (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016; Prod Info COUMADIN® oral tablets, intravenous injection powder for solution, 2015) and may increase the risk of epidural or spinal hematomas that can result in long-term or permanent paralysis in patients who are receiving neuraxial anesthesia or undergoing spinal puncture (Prod Info PRADAXA® oral capsules, 2015; Prod Info SAVAYSA(TM) oral tablets, 2015). If used concomitantly, monitor for signs of bleeding (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016).

Reference(s):

Product Information: CALDOLOR(R) intravenous injection, ibuprofen intravenous injection. Cumberland Pharmaceuticals Inc. (per FDA), Nashville, TN, Apr, 2016.

Product Information: CELEBREX(R) oral capsules, celecoxib oral capsules. GD Searle LLC (per FDA), New York, NY, May, 2016.

Product Information: COUMADIN(R) oral tablets, intravenous injection powder for solution, warfarin sodium oral tablets, intravenous injection powder for solution. Bristol-Myers Squibb Company (per manufacturer), Princeton, NJ, Dec, 2015.

Product Information: PRADAXA(R) oral capsules, dabigatran etexilate mesylate oral capsules. Boehringer Ingelheim Pharmaceuticals (per manufacturer), Ridgefield, CT, Nov, 2015.

Detalles adicionales
sobre la interacción
entre los fármacos

Drug Interactions

Use the search fields to look up two or more drugs for potential interactions.

WARFARIN

DIFLUNISAL

Add Drug

Check for Interactions

Start Over

Los usuarios pueden
ajustar fácilmente el
tipo de interacción

Interactions for WARFARIN, DIFLUNISAL

Display

- Drug/Drug interactions
- Drug/Drug interactions**
- Drug/Food interactions
- Drug/Ethanol interactions
- Drug/Lab interactions
- Drug/Tobacco interactions

Severity Index ⓘ

Drug/D

WARFARIN SODIUM

MAJOR

Documentation: Fair

Concurrent use of **ANTICOAGULANTS** and **NSAIDS** may result in increased risk of bleeding. See details >

Hyponatremia

Management

> Overview and

Related Summ

> General Infor

> Differential di

> Pathogenesis

> History and Physical

> Diagnostic Testing

Management

Management overview

> Management of hyponatremia based on severity of symptoms

Management of hyponatremia based on underlying cause

Management of over rapid correction of hyponatremia

Effect of IV fluids

> Medications

Follow-up

> Complications

Prognosis

Clinicians' Practice Points ofrece orientación y opinión de editores médicos expertos sobre lo que se percibe como buena práctica clínica en ausencia de pruebas sólidas.

mmol/L/day

- monitor serum sodium frequently (every 2-4 hours) during correction

**CLINICIANS' PRACTICE POINT**

For patients who are at increased risk of overcorrection or who demonstrate large urine volume (> 100 mL per hour), more frequent monitoring is necessary to change treatments in order to slow or reverse the serum sodium increase within 24 hours.

- management of over rapid correction

- prompt intervention is recommended to lower serum sodium concentration if it increases > 10 mEq/L (> 10 mmol/L) during first 24 hours or > 8 mEq/L (> 8 mmol/L) in any 24 hour thereafter (ERBP Grade 1D)
- discontinue ongoing active treatment (ERBP Grade 1D)
- initiation of infusion of 10 mL/kg body weight of electrolyte free water (glucose solutions) over 1 hour with strict monitoring of urine output and fluid balance is appropriate (ESICM/ESE/ERBP Grade 1D)
- addition of IV desmopressin 2 mcg, up to every 8 hours (ESICM/ESE/ERBP Grade 1D)
- if serum sodium concentration < 120 mEq/L (< 120 mmol/L)
 - replace water losses or give desmopressin after correction by 6-8 mmol/L during first 24 hours
 - consider re-lowering serum sodium if correction exceeds limits with



Pulmonary

Epidemiology

Overview and

Related Summ

General Info

Epidemiolog

Geograph

Incidence/Prevalence

Risk factors

General information

Exposure to persons with active tuberculosis (TB)

Younger age

HIV infection

Immunosuppression

Rheumatic diseases

Diabetes mellitus

Malignancy

Silicosis

End-stage kidney disease

Exposure to smoke

Substance use disorder

Occupations associated with increased risk of TB

DynaMed Commentary proporciona orientación sobre la metodología u otros aspectos técnicos significativos de los estudios clínicos que se evalúan críticamente en los resúmenes de la evidencia.

DynaMed Commentary

Rates of increased likelihood of developing TB were derived prior to the routine use of antiretroviral therapy (ART) and are likely lower for patients who achieve sustained viral suppression with ART.

Immunosuppression

STUDY SUMMARY

corticosteroids associated with increased risk of active TB

CASE-CONTROL STUDY: Int J Tuberc Lung Dis 2015 Aug;19(8):936

Details ▾

- biologic tumor necrosis factor (TNF) antagonists

STUDY SUMMARY

TNF antagonists associated with risk for TB, particularly in patients with rheumatoid arthritis

SYSTEMATIC REVIEW: BMJ Open 2017 Mar 22;7(3):e012567 | Full Text

Details ▾

STUDY SUMMARY



Pulmonary Tuberculosis

Management › Medications › Frequency

› Overview and Recommendations

Related Summaries

› General information

› Epidemiology

› Etiology and Pathogenesis

› History and Physical

› Diagnosis

› Management

Management overview

› Medications

Recommendations

Frequency

› First-line drugs for TB

› Second-line drugs for TB

Drug intolerance

Options for drug-resistant TB

› Adjunctive medications (other than antituberculosis drugs)

› Follow-up

› Complications and Prognosis

Frequency

EVIDENCE SYNOPSIS

Both the World Health Organization (WHO) and American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America (ATS/CDC/IDSA) give preference for daily dosing during intensive phase of therapy, although the ATS/CDC/IDSA guidelines offer more leeway for less frequent dosing for patients at low risk for relapse

- WHO 2017 recommendations on frequency of dosing⁵
 - wherever feasible, daily dosing is optimal (WHO Strong recommendation, High-quality evidence)⁵
 - consider daily dosing over 3-times weekly dosing throughout both intensive and continuation phase (WHO Conditional recommendation, Very low-quality evidence)
 - patients should not receive twice-weekly dosing unless done in the context of formal research (WHO Strong recommendation, High-quality evidence)
- ATS/CDC/IDSA 2016 recommendations
 - daily dosing recommended over intermittent dosing during intensive phase of therapy (ATS/CDC/IDSA Strong recommendation, Moderate-quality evidence)
 - consider 3-times-weekly dosing in intensive phase (with or without initial 2 weeks of daily therapy) for patients without HIV infection and are at low risk of relapse (those with pulmonary, drug-susceptible, noncavitary, and/or smear-negative TB) (ATS/CDC/IDSA Conditional recommendation, Low-quality evidence)
 - consider twice-weekly therapy after an initial 2 weeks of daily therapy in situations where daily or 3-times-weekly DOT is difficult to achieve for patients without HIV infection and are at low risk of relapse (ATS/CDC/IDSA Conditional recommendation, Very low-quality evidence)

Evidence Synopsis
is es un breve
resumen estructurado
de un conjunto de
evidencia que tiene la
intención de
proporcionar una
"extracción" clínica y
responder una
pregunta lo más
rápido posible

STUDY SUMMARY

TB treatment regimens given three times weekly associated with increased rates of treatment failure, relapse, and acquired drug resistance compared to daily



TOP

Pulmonary Tuberculosis

Epidemiology > Geographic distribution

> Overview and Recommendations

Related Summaries

> General Information

Epidemiology

Geographic distribution

> Incidence/Prevalence

> Risk factors

Associated conditions

> Etiology and Pathogenesis

> History and Physical

> Diagnosis

> Management

> Complications and Prognosis

> Prevention and Screening

> Guidelines and Resources

Patient Information

> ICD Codes

> References

- Reference - WHO 2018 global tuberculosis report PDF

Incidence/Prevalence**Global**

- estimated 1.7 billion people infected with *M. tuberculosis* worldwide ¹
- **World Health Organization (WHO) global tuberculosis (TB) statistics for 2017**
 - estimated 10 million incident cases of TB worldwide in 2017
 - 133 cases per 100,000 persons
 - 64% male
 - estimated 1.3 million deaths attributed to TB among HIV-negative persons
 - estimates among patients with HIV
 - 920,000 new cases of TB reported (about 9% of all TB cases)
 - 300,000 deaths attributed to TB
 - Reference - WHO 2018 global tuberculosis report PDF
- estimated 2.8% prevalence of active TB among 10.2 million people in worldwide (Lancet 2016 Sep 10;388(10049):1089

United States

- **United States TB statistics for 2018**
 - 9,029 cases of TB were provisionally reported to Centers for Disease Control and Prevention (CDC) in 2018 as of February 11, 2019 (0.7% decrease from 2017)
 - TB annual incidence
 - 2.8 per 100,000 persons overall
 - 1 per 100,000 United States-born persons
 - 14.2 per 100,000 foreign-born persons
 - 69.5% of TB cases occurred in foreign-born persons, with top 5 countries of origin Mexico, Philippines, India, Vietnam, and China
 - 5.3% of persons with TB and reported HIV test results were HIV positive
 - most recent drug-susceptibility data available from 2017
 - multidrug-resistant TB reported in 1.9%
 - 3 cases of extensively drug-resistant TB reported
 - Reference - MMWR Morb Mortal Wkly Rep 2019 Mar 22 PDF

High Endemicity Areas

Acceso con un solo clic al texto completo



TOP

Browse Specialties



Cardiology

Cerebrovascular Disease,
Cervical Artery Dissection,
Congenital Heart Disease...

[View all](#)



Oncology

Breast Cancers, Lung
Cancers, Urologic Cancers

[View all](#)



Dermatology

Infestations, Bites and Stings,
Inherited Disorders, Burns

[View all](#)

Contenido se
actualiza
diariamente

Updates

[MY TOPICS](#)

[ALL TOPICS](#)

17 Jun 2019

ACC/AHA Task Force on Clinical Practice Guidelines 2018 cholesterol clinical practice guidelines - patients with primary severe hypercholesterolemia (LDL cholesterol [LDL-C] \geq 190 mg/dL [\geq 4.9 mmol/L]) (J Am Coll Cardiol 2018 Nov 8)

[View in Familial hypercholesterolemia](#)

17 Jun 2019

chemoradiation may not increase relapse-free survival at 5 years compared to chemotherapy alone in women with stage III or IVA endometrial carcinoma (N Engl J Med 2019 Jun 13)

[View in Endometrial cancer](#)

17 Jun 2019

insufficient evidence to compare robot-assisted vs. conventional laparoscopic resection in women with endometriosis (Cochrane Database Syst Rev 2019 Apr 15)

[View in Endometriosis](#)

17 Jun 2019

oral coagulants and placebo may be associated with similar risk of major adverse

Recently Viewed

[Non-small cell lung cancer](#)

[Atopic dermatitis](#)

[Psoriasis](#)

[Lyme disease](#)

[Streptococcus pneumoniae pneumonia](#)

[Aspiration pneumonia](#)

[Community-acquired pneumonia in adults](#)

[Atrial fibrillation](#)

[Rash in children - differential diagnosis](#)

Followed

[Cancer pain](#)

[COPD](#)

[Acute altitude illnesses](#)

Updates

Filter by Category

- Adult Primary Care
- Allergy
- Anesthesiology and Pain Management
- Cardiovascular Medicine
- Complementary and Alternative Medicine
- Critical Care Medicine
- Dermatology
- Drugs
- Ear, Nose and Throat (ENT) Medicine
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- Genetic Disorders
- Geriatric Medicine
- Hematology
- Hospital Medicine
- Immunology
- Infectious Diseases
- Labs
- Nephrology
- Neurology
- Nutrition
- Obesity
- Obstetrics and Gynecology
- Occupational and Environmental Medicine
- Oncology
- Ophthalmology
- Oral and Maxillofacial Disorders
- Orthopedics and Sports Medicine
- Palliative Medicine
- Pathology and Laboratory Medicine
- Pediatrics
- Podiatry
- Psychiatry
- Pulmonary Medicine
- Quality Improvement
- Rheumatology
- Sleep Medicine
- Substance Use and Poisoning
- Surgery
- Urology

Clear

Apply

Filtrar las actualizaciones por especialidad en la página de Updates

[View in Treatment for Tobacco Use](#)

3 Dec 2019

stress-related disorders associated with increased risk of endocarditis (BMJ 2019 Oct 23)

Management of the Endometrium

...oxygen 55%-85% might not decrease risk of moderate-to-severe neurodevelopmental
...m (Acta Paediatr 2019 Feb)

...h and without diabetes mellitus (JAMA 2019 Nov 8 early online)

...compared to open repair, and similar perioperative mortality and morbidity compared to
...sc (Surg 2019 Jun)

...orrhage compared to delayed umbilical cord clamping in preterm infants born between
...8 and 32 weeks gestation (JAMA 2019 Nov 19)

...ents who had stopped smoking (Cochrane Database Syst Rev 2019 Oct 28)


DynaMed le permite buscar en 15 idiomas diferentes

CONFIDENCE IN PRACTICE


Español ^

- 中文
- Čeština
- Nederlands
- English
- Suomi
- Français
- Deutsch
- Italiano
- 日本語
- 한국어
- Norsk
- Português
- Русский
- Español
- Svenska


ataque al corazón



Cardiology

Acute Coronary Syndromes, Stable Coronary Artery Disease, Heart Failure

[View Specialty](#)



Oncology

Breast Cancers, Lung Cancers, Gastrointestinal Cancers, Lymphomas

[View Specialty](#)



Dermatology

Eczematous Dermatoses, Malignant and Pre-malignant Lesions, Papulosquamous...

[View Specialty](#)

Recent Updates

FOLLOWED ALL

13 Jan 2020
 abstinence from alcohol may reduce atrial fibrillation recurrence at 6 months in adults with atrial fibrillation and regular alcohol consumption (N Engl J Med 2020 Jan 2)
[View in Atrial Fibrillation](#)

31 Dec 2019
 C2HEST helps predict incident atrial fibrillation in Asian patients without structural heart disease (Chest 2019 Mar)
[View in Atrial Fibrillation](#)

Recently Viewed

- COPD
- Pulmonary Tuberculosis
- Hyponatremia - Approach to the Patient
- COPD
- Atrial Fibrillation
- Staphylococcal Toxic Shock Syndrome
- Hormonal replacement therapy (HRT)
- Physician Quality Reporting System Quality Measures

SEARCH RESULTS

ataque al corazón – heart attack

ALL (1280)

IMAGES (29)

CONDITION

Complications of Myocardial Infarction

The majority of complications present within 24 hours after acute myocardial infarction, with most others occurring within 7 days.

Prognosis > Embolic and bleeding complications after myocardial infarction

Embolic and bleeding complications after myocardial infarction

Prognosis

Inflammatory complications after myocardial infarction

Prognosis > Electrical complications after myocardial infarction

Electrical complications after myocardial infarction

CONDITION

Myocardial Infarction With Nonobstructive Coronary Arteries (MINOCA)

MINOCA is a heterogeneous clinical syndrome characterized by acute myocardial infarction without coronary artery obstruction.

MANAGEMENT

Bone Marrow Stem Cell Treatment for Myocardial Infarction

Bone marrow stem cell treatment during PCI in patients with acute myocardial infarction does not appear to improve survival or morbidity.

CONDITION

ST-elevation Myocardial Infarction (STEMI)

Los clientes de Isabel pueden acceder al diagnóstico diferencial desde DynaMed

CONFIDENCE IN PRACTICE

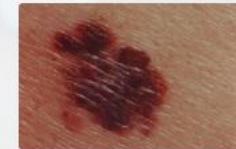
English

Cardiology

Acute Coronary Syndromes, Stable Coronary Artery Disease, Heart Failure

[View Specialty](#)**Oncology**

Breast Cancers, Lung Cancers, Gastrointestinal Cancers, Lymphomas

[View Specialty](#)**Dermatology**

Eczematous Dermatoses, Malignant and Pre-malignant Lesions, Papulosquamous...

[View Specialty](#)**Recent Updates**

14 Jan 2020

Limberg flap technique associated with reduced recurrence and similar complication rate, but less satisfaction with wound cosmesis at 1 year compared to excision with primary midline closure in adults with sacrococcygeal pilonidal sinus disease (Ann R Coll Surg Engl 2019 Jan)

[View in Pilonidal Disease](#)

14 Jan 2020

modified Valsalva maneuver may increase rate of sustained return to sinus rhythm compared to both standard Valsalva maneuver and carotid sinus massage in patients presenting to emergency department with supraventricular tachycardia (J Emerg Med 2019 Sep)

[View in Supraventricular Tachycardia \(SVT\)](#)**Recently Viewed**

Sign in or register to see your recently viewed content.



Step1: Clinical features

Step2: Checklist

Step3: Resources

Clinical features

Age of the patient *

Please Select

Patient's gender at birth

Female

Male

Patient's travel history

North America

Enter abnormal clinical features in free text **OR**
select from list. **NO** negatives:

Enter clinical features e.g. chest pain

[Get Checklist](#)[Clear](#)

DynaMed[®]

For Evidence Based
Knowledge

Search Dynamed

[Search](#)

For Knowledge Search

Enter keywords

[Search](#)

Isabel on your mobile

URL: www.isabelhealthcare.com

DynaMed y DynaMed Shared Decisions se integran perfectamente asegurando la continuidad de la atención y mejorando los resultados

CONFIDENCE IN PRACTICE

English ▾

Search



Oncology

Breast Cancers, Lung Cancers, Gastrointestinal Cancers, Lymphomas

[View Specialty](#)



Dermatology

Eczematous Dermatoses, Malignant and Pre-malignant Lesions, Papulosquamous...

[View Specialty](#)

Acute Coronary Syndromes, Stable Coronary Artery Disease, Heart Failure
[View Specialty](#)



EFFECTIVE SHARED DECISION-MAKING

DynaMed Shared Decisions offers an ever-growing library of easy-to-use, **evidence-based shared decision-making aids** developed by a team of clinical experts. Visit the Site

Recent Alerts

FOLLOWED TOPICS ALL TOPICS

29 SEP 2020

belantamab mafodotin (Blenrep) authorized by European Commission for treatment of multiple myeloma in adults who have received ≥ 4 prior therapies (and refractory to ≥ 1 proteasome inhibitor, an immunomodulatory agent, and an anti-

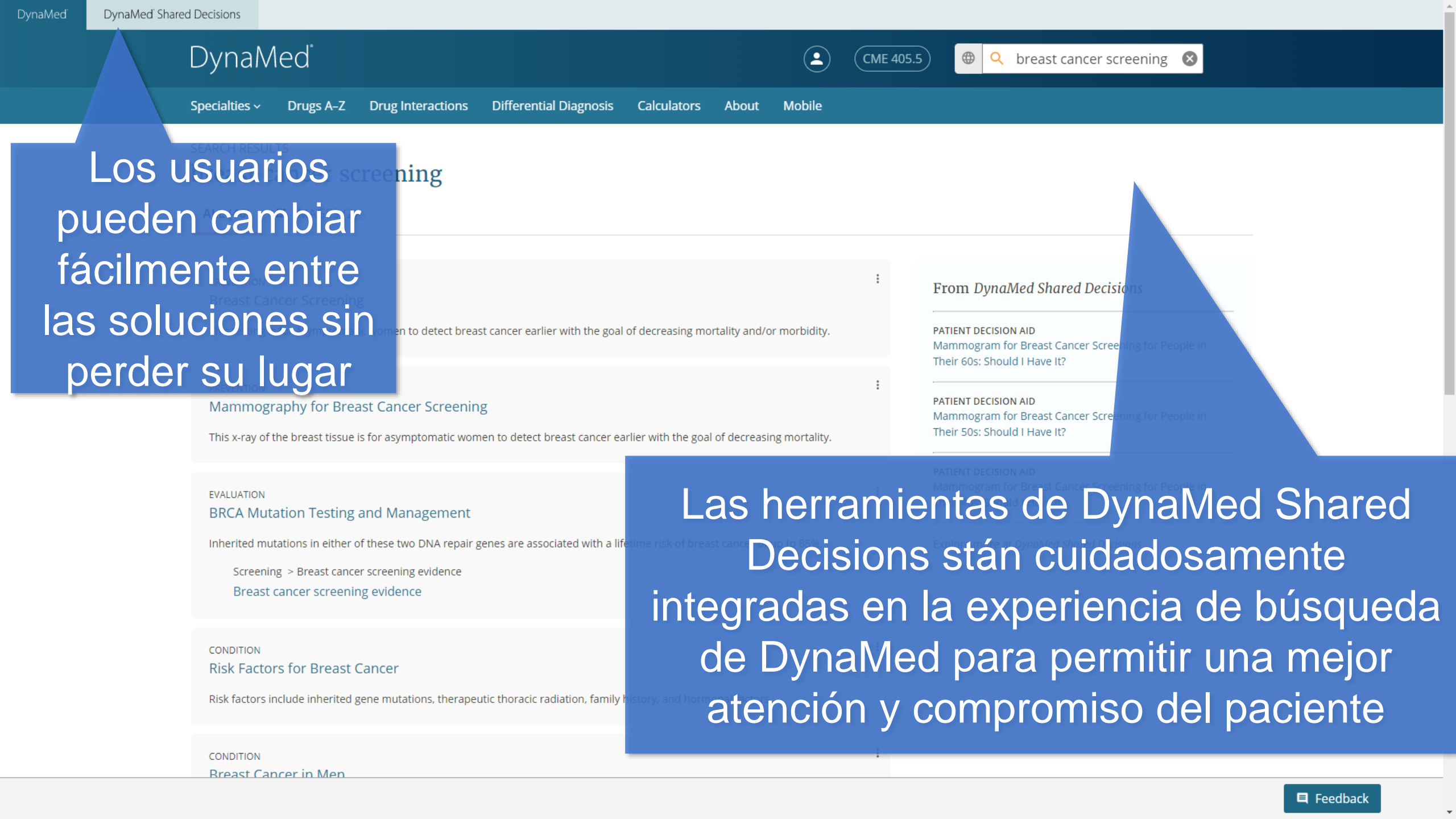
Recently Viewed

- Prostate Cancer
- Breast Cancer in Women
- COVID-19 (Novel Coronavirus)
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- COPD
- Acetaminophen
- Bell Palsy
- Heart Failure Alternative Treatments

¿Qué es DynaMed Shared Decisions?

DynaMed Shared Decisions es una robusta colección de herramientas basadas en la evidencia y ayudas para la toma de decisiones, diseñadas para permitir a los pacientes y al personal sanitario tener conversaciones significativas e informadas sobre la toma de decisiones compartidas que conduzcan a mejores resultados y a una mayor satisfacción del paciente.

-



Los usuarios pueden cambiar fácilmente entre las soluciones sin perder su lugar

SEARCH RESULTS

breast cancer screening

From DynaMed Shared Decisions

PATIENT DECISION AID
Mammogram for Breast Cancer Screening for People in Their 60s: Should I Have It?

PATIENT DECISION AID
Mammogram for Breast Cancer Screening for People in Their 50s: Should I Have It?

PATIENT DECISION AID
Mammogram for Breast Cancer Screening for People in Their 40s: Should I Have It?

Mammography for Breast Cancer Screening

This x-ray of the breast tissue is for asymptomatic women to detect breast cancer earlier with the goal of decreasing mortality.

EVALUATION
BRCA Mutation Testing and Management

Inherited mutations in either of these two DNA repair genes are associated with a lifetime risk of breast cancer up to 85%.

Screening > Breast cancer screening evidence
Breast cancer screening evidence

CONDITION
Risk Factors for Breast Cancer

Risk factors include inherited gene mutations, therapeutic thoracic radiation, family history, and hormonal therapy.

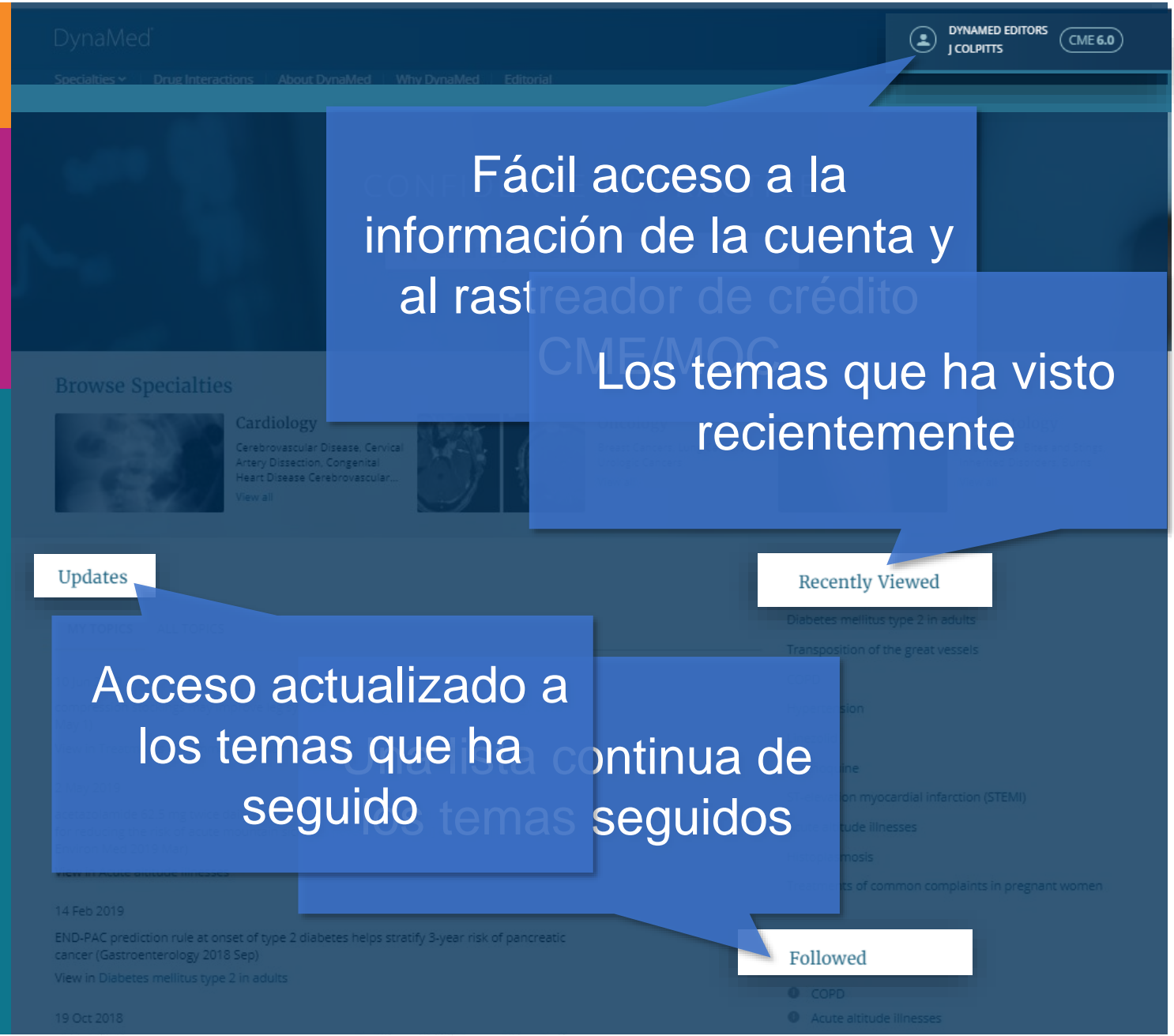
CONDITION
Breast Cancer in Men

Las herramientas de DynaMed Shared Decisions stán cuidadosamente integradas en la experiencia de búsqueda de DynaMed para permitir una mejor atención y compromiso del paciente



Crea una experiencia
personalizada

Desde la página de inicio, DynaMed lo lleva a la información que más le interesa.



Fácil acceso a la información de la cuenta y al rastreador de crédito CME/MOC

Los temas que ha visto recientemente

Acceso actualizado a los temas que ha seguido

los temas seguidos

CME/CPD/CE and MOC

Earn CME/CPD/CE credits while using DynaMed. Claim earned credits and we will submit eligible credits for Maintenance of Certification for you. Learn more about CME/CPD/CE and MOC

AVAILABLE CREDITS (29.5) CLAIMED CREDITS MOC

Settings

June 2019

17 Jun 2019	0.5	Search term/Speciality: pneumonia TOPICS REVIEWED Aspiration pneumonia	Prepare
17 Jun 2019	0.5	Search term/Speciality: atrial fibrillation TOPICS REVIEWED > Atrial fibrillation	Prepare
17 Jun 2019	0.5	Search term/Speciality: pneumonia TOPICS REVIEWED Streptococcus pneumoniae pneumonia	Prepare
17 Jun 2019	0.5	Search term/Speciality: atrial fibrillation TOPICS REVIEWED > Smoldering myeloma	Prepare
17 Jun 2019	0.5	Search term/Speciality: lung cancer TOPICS REVIEWED Non-small cell lung cancer	Prepare

Claim Credits

Gane CME/CPD/CE y MOC con cada búsqueda en DynaMed

CME/CPD/CE and MOC

CME/CPD/CE and MOC Settings

YOUR INFORMATION **CME/CPD/CE** MOC

AMA/AAFP

AAFP prescribed credit, AAP credit, AAPA credit, ACEP credit, ACOG cognate credit, AOA Category 2-B credit, Austria (DFP), Belgium (NIHDI), CFPC (College of Family Physicians of Canada), RCPSC (Royal College of Physicians and Surgeons of Canada), Europe (UEMS), Hong Kong (HKCP), Ireland (Professional Competence), Italy (Age.na.s), Singapore (SMC, SPC), South Africa (HPCSA), Turkey (TMA), UAE (DHCR, DOH-AD)

Other ▼

AANP

American Association of Nurse Practitioners (AANP) Nurse Practitioners Contact Hours

Time-based tracking (RAZCOG, RACGP, RNZCGP, ACD, ACEM)

Australasian College of Dermatologists (ACD), Royal Australian College of General Practitioners (RACGP), Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), The Australian College for Emergency Medicine (ACEM)

Certificate of Attendance

By selecting Certificate of Attendance you will receive a time based certificate providing .5 contact hours per activity selected. This certificate will not be accredited by Baylor University and will not be eligible for MOC.

Save

Save and Close

Los usuarios pueden elegir rastrear su CME de varias maneras, incluido el modo de seguimiento basado en el tiempo

[← Back to Available Credits](#)

CME se puede preparar y enviar en volumen o individualmente

Application in Practice Part 1 of 2

Pulmonary Tuberculosis (0.5)

4 Dec 2019

Your search for 'Pulmonary Tuberculosis' was to learn about: (Choose one)

- Clinical manifestations
- Diagnosis
- Treatment
- Prognosis
- Prevention
- Other

Indicate how you expect to apply the information obtained in your search for 'Pulmonary Tuberculosis' (Select any that apply)

- I will change diagnostic tests or strategy (e.g., eliminate an imaging study, change lab work for this condition)
- I will make other practice changes
- I found the information supports my plan
- I will share the information with my patient(s)
- I will share the information with colleagues
- I did not find that the information answered my clinical question

hyponatremia (0.5)

4 Dec 2019

Your search for 'hyponatremia' was to learn about: (Choose one)

- Clinical manifestations
- Diagnosis
- Treatment
- Prognosis

Indicate how you expect to apply the information obtained in your search for 'hyponatremia' (Select any that apply)

- I will change diagnostic tests or strategy (e.g., eliminate an imaging study, change lab work for this condition)
- I will make other practice changes
- I found the information supports my plan

Continue

Cancel



Mantenimiento del crédito de certificación

DynaMed Point-of-Care Learning ha cumplido con los requisitos como actividad CME de la Parte II del MOC para las siguientes 15 juntas de miembros del American Board of Medical Specialties

- Alergia e Inmunología
- Anestesiología
- Medicina Familiar
- Medicina Interna
- Medicina nuclear
- Oftalmología
- Otorrinolaringología - Cirugía de cabeza y cuello
- Patología
- Medicina física y rehabilitación
- Cirugía plástica
- Medicina preventiva
- Psiquiatría y Neurología
- Radiología
- Cirugía
- Cirugía torácica
- Urología



CME/CPD/CE and MOC

Earn CME/CPD/CE credits while using DynaMed. Claim earned credits and we will submit Certification for you. Learn more about CME/CPD/CE and MOC

AVAILABLE CREDITS (235.5) CLAIMED CREDITS **MOC**

American Board of Anesthesiology (ABA)

[View submissions on theaba.org](#)

2019 5.5 Credits Submitted

[View Details](#)

American Board of Internal Medicine (ABIM)

[View submissions on abim.org](#)

2019 2.0 Credits Submitted

[View Details](#)

[Add a Board](#)

Después de una fácil configuración de una sola vez, DynaMed enviará los créditos MOC en su nombre.

[Settings](#)



Proporciona acceso en cualquier momento y lugar

DynaMed se integra con todos los principales EHRs, incluyendo:

The Epic logo is written in a bold, red, italicized sans-serif font.The MEDITECH logo features the word "MEDITECH" in a bold, green, sans-serif font, with "Medical Information Technology, Inc." in a smaller, black, sans-serif font below it.The MCKESSON logo is in a bold, blue, sans-serif font, with a small orange square above the letter 'K'.The logo for InterSystems TRAKCARE features the word "InterSystems" in a small, black, sans-serif font above "TRAKCARE" in a large, blue, sans-serif font.The Cerner logo consists of a stylized blue and green circular icon to the left of the word "Cerner" in a blue, sans-serif font.The eClinicalWorks logo is written in a blue, italicized, sans-serif font.The NEXTGEN logo features the word "NEXTGEN" in a blue, sans-serif font, with "HEALTHCARE INFORMATION SYSTEMS" in a smaller, black, sans-serif font below it.The Lorenzo logo features the word "Lorenzo" in a green, sans-serif font, with "Electronic Patient Record (EPR)" in a smaller, black, sans-serif font below it.The GE Healthcare logo features the GE monogram in a blue circle to the left of the text "GE Healthcare" in a blue, sans-serif font.The Allscripts logo features a green and black globe icon to the left of the word "Allscripts" in a black, sans-serif font.

Opciones de integración en el EHR

- Enlace incorporado
- Clave de sintaxis
- API de botones de información HL7
- Widget del cuadro de búsqueda
- API de servicios web
- Integraciones SMART en FHIR

Integración en el EHR

- Menu
- Overview
- PowerOrders + Add
- Interactive View/I&O
- Documents + Add
- Form Browser
- Info
- Immunization Schedule
- Care Summary
- MAR
- Task List
- Reference Browser
- 24 Hr
- 72 Hr
- Results Review
- MAR Summary
- Allergies + Add
- Medication List
- Problems and Diagnoses
- Histories
- PowerNote + Add
- InPatient mPage**
- Ambulatory mPage
- Pregnancy mPage
- Newborn mPage

Inpatient Summary

TEST, ICD10OP Male 27 years DOB: 01/01/1988 MRN: 89000750 FIN: 0079070345 Isolation: Visit Reason: ICD10 test cardio

Registration Information

Consolidated Problems

All Visits

Classification: All

Add new as: This Visit (Diagnoses)

Priority	Problem
This Visit (Diagnoses) (3)	
1	Renal hyperten-postpart
2	Hypertensive urgency
	Condition: Hypertensive urgency
	This Visit (Diagnoses) - ICD-10-CM Term: Essential (primary) hypertension (I10)
	Recent Visits:
	09/16/2015 Classification: Medical

Allergies (0)

All Visits

No results found

Vital Signs

Selected visit

No results found

Measurements and Weights (0)

Quality Measures (0)

Filter by:

- Incomplete (0)
- Complete (0)

SEARCH RESULTS

hypertension

ALL IMAGES (25)

2335 Results

CONDITIONS

Hypertension

sustained elevation of systemic arterial blood pressure, most commonly defined as systolic blood pressure (SBP) \geq 140 mm Hg or diastolic blood pressure (DBP) \geq 90 mm Hg.

CONDITIONS

Masked hypertension

Complications and Prognosis > Prognosis
Significance of masked hypertension

Epidemiology > Incidence
Prevalence

Epidemiology
Associated conditions

CONDITIONS

Portopulmonary hypertension

subtype of group 1 pulmonary arterial hypertension characterized by pulmonary vasoconstriction and vascular remodeling coexisting with portal hypertension (with or without cirrhosis) that may lead to right heart failure and death and may require liver transplantation(1,2,3).

MISCELLANEOUS

Hypertension in elderly patients

Diseño responsivo

Fácil de leer en todos los dispositivos



iPhone



Small Tablet



iPad Portrait



iPad Landscape

The iPhone interface shows a dark blue header with the DynaMed logo, a user profile icon, and a search bar containing 'CME 6.0'. Below the header, the title 'COPD' is displayed with a hamburger menu icon on the right. A navigation bar includes 'TOPIC', 'IMAGES (2)', and 'UPDATES'. The main content area is titled 'Overview and Recommendations' and contains a 'Background' section with a bulleted list of text. A 'Feedback' button is located at the bottom right of the text.

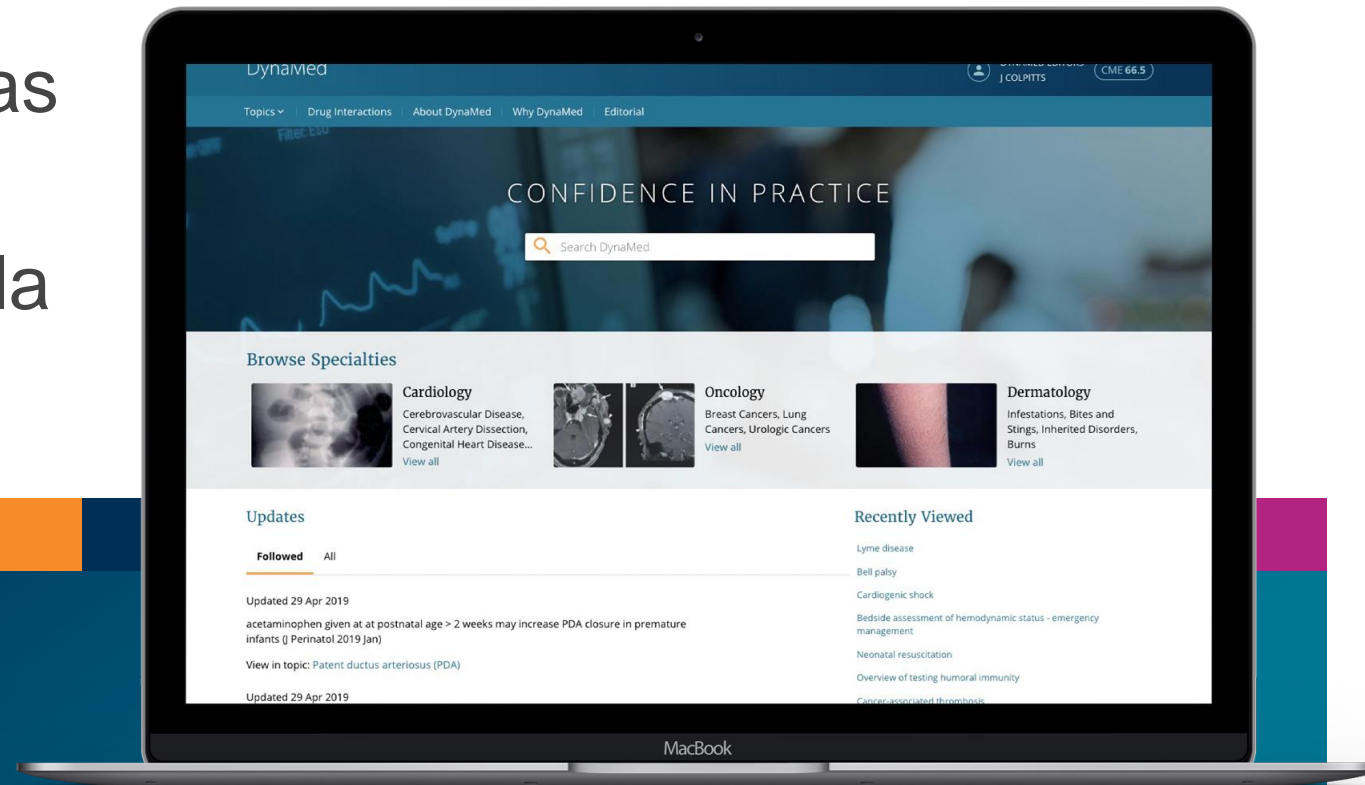
The Small Tablet interface features a dark blue header with the DynaMed logo, a user profile icon, and a search bar with 'CME 6.0' and 'copd'. The title 'COPD' is centered, with a hamburger menu on the left and a share icon on the right. The navigation bar includes 'TOPIC', 'IMAGES (2)', and 'UPDATES'. The main content area is titled 'Overview and Recommendations' and contains a 'Background' section with a bulleted list of text. A 'Feedback' button is at the bottom right.

The iPad Portrait interface has a dark blue header with the DynaMed logo, a user profile icon, and a search bar with 'CME 6.0' and 'copd'. The title 'COPD' is centered, with a hamburger menu on the left and a share icon on the right. The navigation bar includes 'TOPIC', 'IMAGES (2)', and 'UPDATES'. The main content area is titled 'Overview and Recommendations' and contains a 'Background' section with a bulleted list of text. A 'Feedback' button is at the bottom right.

The iPad Landscape interface features a dark blue header with the DynaMed logo, a user profile icon, and a search bar with 'DYNAMED EDITORS J COLPITTS', 'CME 6.0', and 'copd'. The title 'COPD' is centered, with a hamburger menu on the left and a share icon on the right. The navigation bar includes 'TOPIC', 'IMAGES (2)', and 'UPDATES'. The main content area is titled 'Overview and Recommendations' and contains a 'Background' section with a bulleted list of text. An 'Images in topic (2)' section shows a chest CT scan image. A 'Feedback' button is at the bottom right.

Inicio de sesión único

DynaMed ofrece una integración sin fisuras de inicio de sesión único para eliminar la fatiga de las contraseñas y conseguir que los médicos obtengan rápidamente la información que necesitan.



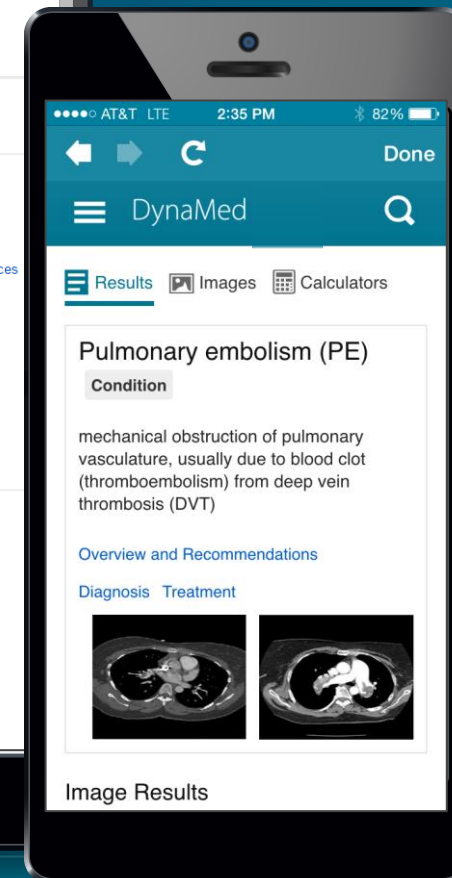
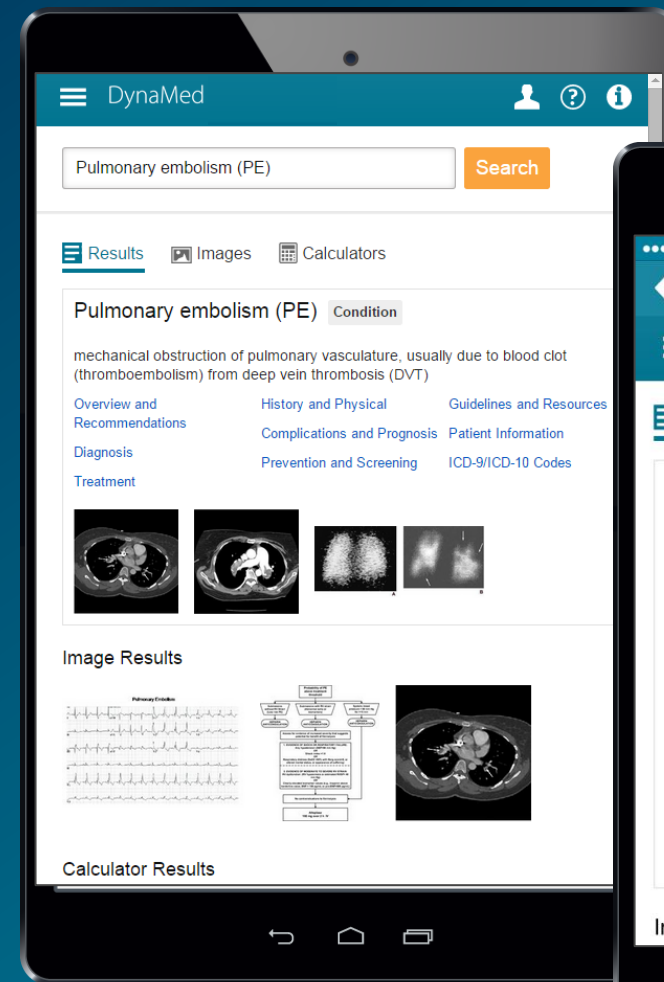
Aplicación móvil disponible para dispositivos iOS y Android.



Download on the
App Store



Get it on
Google play





Ejemplo de un caso clínico

Conoce a nuestro paciente



Samantha es una mujer afroamericana de 64 años que se presenta para una visita de seguimiento de rutina. Sus condiciones médicas incluyen DM tipo II, HTN, obesidad, migraña HA y gota. Tiene antecedentes familiares de enfermedad cardiovascular, diabetes tipo II y HTA en múltiples miembros de la familia.

Durante la visita, dice que le ha ido muy bien y que no tiene síntomas ni preocupaciones. Sin embargo, su presión arterial está funcionando 136/88. Samantha pregunta durante la visita si debería estar preocupada o necesita medicamentos para su presión arterial alta.

¿Cómo respondería?

Umbral de tratamiento de la presión arterial para personas de 64 años con diabetes

For ACP/AAFP: < 150

For JNC8:
< 140/90

Recommendation 5

In the population aged 18 years or older with diabetes, initiate pharmacologic treatment to lower BP at SBP of 140 mm Hg or higher or DBP of 90 mm Hg or higher and treat to a goal SBP of lower than 140 mm Hg and goal DBP lower than 90 mm Hg.

Expert Opinion - Grade E

RECOMMENDATIONS

The Figure summarizes the recommendations and clinical considerations.

Recommendation 1: ACP and AAFP recommend that clinicians initiate treatment in adults aged 60 years or older with systolic blood pressure persistently at or above 150 mm Hg to achieve a target systolic blood pressure of less than 150 mm Hg to reduce the risk for stroke, cardiac events, and possibly mortality. (Grade: strong recommendation, high-quality evidence). ACP and AAFP recommend that clinicians select the treatment goals for adults aged 60 years or older based on a periodic discussion of the benefits and harms of specific blood pressure targets with the patient.

High-quality evidence showed that treating hypertension in older adults to moderate targets (<150/90 mm Hg) reduces stroke (ARR, 0.92) and cardiac events (ARR, 0.72). Moderate-quality evidence showed a possible reduction in mortality, however, the results did not quite achieve statistical significance (RR, 0.93 [CI, 0.85 to 1.00]). Most benefits apply to all adults regardless of whether they have diabetes. We rated the overall evidence as high because effects were favorable across outcomes and the reduction in mortality was nearly statistically significant. The most consistent and greatest absolute benefit was shown in trials with a higher mean SBP at baseline (>160 mm Hg). Any additional benefit from aggressive BP control is small, with a lower magnitude of benefit and inconsistent results across outcomes.

For ACC/AHA:
< 130/80

9.6. Diabetes Mellitus

Recommendations for Treatment of Hypertension in Patients With DM

References that support recommendations are summarized in Online Data Supplements 46 and 47 and Systematic Review Report.

COR	LOE	Recommendations
I	SBP: B-R ^{SR}	1. In adults with DM and hypertension, antihypertensive drug treatment should be initiated at a BP of 130/80 mm Hg or higher with a treatment goal of less than 130/80 mm Hg (1-8).
	DBP: C-EO	
I	A ^{SR}	2. In adults with DM and hypertension, all first-line classes of antihypertensive agents (i.e., diuretics, ACE inhibitors, ARBs, and CCBs) are useful and effective (1, 9, 10).
IIb	B-NR	3. In adults with DM and hypertension, ACE inhibitors or ARBs may be considered in the presence of albuminuria (11, 12).

SR indicates systematic review.

Desafío - No sabemos lo que hay que hacer



SOLUCIÓN:
Directrices



PERO:
Las directrices
pueden ser
inconsistentes,
anticuadas y
erróneas



**MEJOR
SOLUCIÓN:**
Sintetizar a través
de pautas y
evidencia

Hypertension

TOPIC **IMAGES (4)** UPDATES



Overview and Recommendations

- Background
- > Evaluation
- > Management
- Related Summaries
- > General Information
- > Epidemiology
- > Etiology and Pathogenesis
- > History and Physical
- > Diagnosis
- > Management
- > Complications and Prognosis
- > Prevention and Screening
- > Quality Improvement
- > Guidelines and Resources
- Patient Information
- > ICD Codes
- > References

Overview and Recommendations

Background

- Hypertension is a sustained elevation of systemic arterial blood pressure.
- Hypertension is most commonly defined as systolic blood pressure (SBP) \geq 140 mm Hg or diastolic blood pressure (DBP) \geq 90 mm Hg, but definitions vary by professional organization (see Definitions section for specific cutoffs).
- Onset is generally at age 20-50 years, but prevalence increases with age.
- Risk factors for hypertension include weight gain and obesity, alcohol use (particularly for men), and exposure to insulin.
- Most patients with hypertension have primary or essential hypertension, but in 10%-15% of patients it may be due to secondary causes.
- Selected lifestyle interventions, including modifications in diet, regular exercise, and restriction of alcohol intake, can lower blood pressure and prevent or reduce the likelihood of developing hypertension.
- Untreated hypertension is associated with an increased risk of cardiovascular events and mortality.

Evaluation

Initial Diagnosis

- Measure blood pressure with the appropriate cuff size in a calm, seated position and with the patient's arm supported at the level of the heart (Strong recommendation).
- A hypertension diagnosis is based on \geq 2 blood pressure measurements per visit, at \geq 2 visits, with systolic blood pressure (SBP) \geq 140 mm Hg and/or diastolic blood pressure (DBP) \geq 90 mm Hg when using manual measurement methods (Strong recommendation).

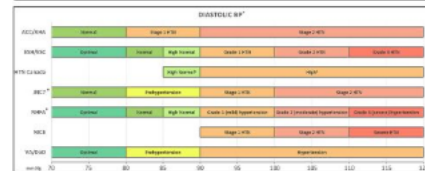
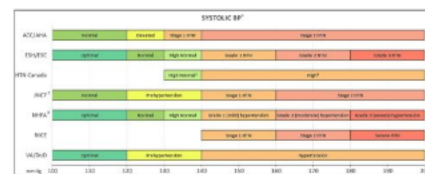
TOPIC EDITOR
Jerry Yee MD

RECOMMENDATIONS EDITOR
Zbys Fedorowicz MSc, DPH, BDS, LDSRCS

DEPUTY EDITOR
Peter Oettgen MD

Produced in collaboration with American College of Physicians

Images in topic (4) [View all](#)



*The thresholds displayed are listed in alphabetical order and are based on blood pressure measured in a clinic setting. Many guidelines use point of care references, emphasize the importance of out of clinic measurements during home or ambulatory measurements to establish the diagnosis of hypertension.
 †JNC8 Based on management, not reclassification of individuals. Therefore, the table from JNC7 were used.
 ‡WHO shows 160/90 mmHg as the threshold for hypertension. †††WHO/ISH uses a diastolic blood pressure \geq 90 mmHg. ‡‡‡WHO/IDF uses a non-sustained office blood pressure (SBP) \geq 140 or, if using an ambulatory device, systolic blood pressure \geq 140 mmHg or diastolic blood pressure \geq 90 mmHg as a criterion high.
 DynaMed Plus

Blood pressure classification by professional organization

Hypertension

Overview and Recommendations > Management

Overview and Recommendations

Background

> Evaluation

Management

Non-pharmacological Management

The Decision to Initiate Medications

Target Blood Pressure and
Medications for Patients without
ComorbiditiesTarget Blood Pressure and
Medications for Patients with
Comorbidities

Related Summaries

> General Information

> Epidemiology

> Etiology and Pathogenesis

> History and Physical

> Diagnosis

> Management

> Complications and Prognosis

> Prevention and Screening

> Quality Improvement

> Guidelines and Resources

Patient Information

Management

Non-pharmacological Management

- Encourage lifestyle modifications which reduce blood pressure and have other health benefits including:
 - [weight reduction](#) if overweight or obese ([Strong recommendation](#))
 - [dietary changes](#) (decreased fat intake and increased intake of fruits, vegetables, and low-fat dairy) ([Strong recommendation](#))
 - [physical activity](#) ([Strong recommendation](#))
 - [smoking cessation](#) ([Strong recommendation](#)) - see [Treatment for tobacco use](#)
- Consider [sodium restriction](#) and [limiting alcohol consumption](#), but the effects on reducing cardiovascular events or mortality are less certain ([Weak recommendation](#)).

The Decision to Initiate Medications

- The decision to start medications for blood pressure lowering should be individualized with shared decision making including considerations of
 - The patient's estimated 10-year cardiovascular risk
 - The estimated risk reduction from medications (considering the patient's baseline risk and systolic blood pressure)
 - The potential adverse effects and burdens of medications used
 - Any comorbidities or factors affecting risks for cardiovascular events or adverse effects
 - The patient's values and preferences

Target Blood Pressure and Medications for Patients without Comorbidities

- For most patients without comorbidities
 - consider a [target blood pressure](#) < 140/90 mm Hg for most patients ([Weak recommendation](#))
 - [when starting antihypertensive medications](#):
 - use a [thiazide-type diuretic](#) or an [angiotensin-converting enzyme \(ACE\) inhibitor](#) for most patients ([Strong recommendation](#)).
 - Thiazide-type diuretics are a recommended option in most guidelines, and are shown to reduce mortality.
 - ACE inhibitors are a recommended option in most guidelines, especially for nonblack patients, and may reduce mortality.
 - consider an [angiotensin receptor blocker \(ARB\)](#) or a [calcium channel blocker](#) as an



TOP

Hypertension

Management > Medications > Antihypertensive Medication Selection

- > Activity
- > Counseling
- ▼ Medications
 - Target Blood Pressure
 - Antihypertensive Medication Selection**
 - Antihypertensive Medication Monitoring
 - Antiplatelet Agents
 - Statin Therapy
 - Alternative Oral Supplements for Hypertension
 - Consultation and Referral
- > Other Management
- > Follow-up
- ▼ Complications and Prognosis
 - Complications
 - > Prognosis
- > Prevention and Screening
- > Quality Improvement
- > Guidelines and Resources
- Patient Information
- > ICD Codes
- > References

(ESC/ESH Class IIB, Level A)

- see Hypertension medication selection and management and Antihypertensive drugs and dosing for details

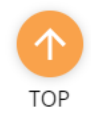
Antihypertensive Medication Selection

- in patients without comorbidities
 - [guidelines recommend](#) initial antihypertensive drug choice (either monotherapy or combination therapy) from 5 drug classes

Table 5. Initial Antihypertensive Choices

Drug Choice	ACC/AHA	JNC8	ESC/ESH	Hyperte Canada
ACE inhibitor	Recommended for nonblack patients (ACC/AHA Class I, Level A)	Recommended for nonblack patients (JNC8 Moderate recommendation)	Recommended for all (ESC/ESH Class I, Level A)	Recomm for nonb patients (Hyperte Canada C)
ARB	Recommended for nonblack patients (ACC/AHA Class I, Level A)	Recommended for nonblack patients (JNC8 Moderate recommendation)	Recommended for all (ESC/ESH Class I, Level A)	Recomm for all (Hyperte Canada C B)*

- comparative efficacy
 - thiazide-type diuretics, angiotensin-converting enzyme (ACE) inhibitors, and calcium channel blockers appear to have similar efficacy for reduction of total cardiovascular events (level 2 [mid-level] evidence [E](#))
 - calcium channel blockers may have higher rates of heart failure but lower rates of stroke compared to other drug classes (level 2 [mid-level] evidence [E](#))
 - angiotensin-converting enzyme (ACE) inhibitors but not angiotensin receptor blockers (ARBs) associated with reduced all-cause mortality in patients with hypertension (level 2 [mid-level] evidence [E](#))



TOP

Hypertension

Management > Medications > Antihypertensive Medication Selection

- > Activity
- > Counseling
- ▼ Medications
 - Target Blood Pressure
 - Antihypertensive Medication Selection**
 - Antihypertensive Medication Monitoring
 - Antiplatelet Agents
 - Statin Therapy
 - Alternative Oral Supplements for Hypertension
 - Consultation and Referral
- > Other Management
- > Follow-up
- ▼ Complications and Prognosis
 - Complications
 - > Prognosis
- > Prevention and Screening
- > Quality Improvement
- > Guidelines and Resources
- Patient Information
- > ICD Codes
- > References

- comparative efficacy
 - thiazide-type diuretics, angiotensin-converting enzyme (ACE) inhibitors, and calcium channel blockers appear to have similar efficacy for reduction of total cardiovascular events (level 2 [mid-level] evidence [ⓘ](#))
 - calcium channel blockers may have higher rates of heart failure but lower rates of stroke compared to other drug classes (level 2 [mid-level] evidence [ⓘ](#))
 - angiotensin-converting enzyme (ACE) inhibitors but not angiotensin receptor blockers (ARBs) associated with reduced all-cause mortality in patients with hypertension (level 2 [mid-level] evidence [ⓘ](#))
 - beta-blockers (especially atenolol) appear less effective for reducing stroke incidence than other antihypertensives as first-line therapy (level 2 [mid-level] evidence [ⓘ](#))
 - all-cause mortality is reduced by thiazide-type diuretics(level 1 [likely reliable] evidence [ⓘ](#)), may be reduced by ACE inhibitors(level 2 [mid-level] evidence [ⓘ](#)), does not appear to be reduced by ARBs(level 2 [mid-level] evidence [ⓘ](#)), and limited data for calcium channel blockers and beta blockers
- in **black patients** antihypertensive drugs reported to differ in efficacy for lowering blood pressure(level 3 [lacking direct] evidence [ⓘ](#)) but insufficient evidence to determine effect on clinical outcomes

Table 6. Selected Drug Classes and Corresponding Selected Indications to Consider for Use

Drug Class	Indications for Consideration	Contraindications
Thiazide or thiazide-like diuretics	ISH, elderly	Anuria
ACE inhibitor (or ARB if ACE intolerant)	Diabetes, CKD, CAD, Heart failure	Pregnancy, renovascular disease
Calcium channel blocker (dihydropyridine)	ISH, elderly	--



TOP



La diferencia de DynaMed

La diferencia de *DynaMed*

Actualizado diariamente

vs.

Actualizado cuando los
expertos lo consideren
necesario



La diferencia de *DynaMed*

Diseño moderno e intuitivo

vs.

Textos extensos



La diferencia de *DynaMed*

Alertas cuando se actualizan los temas

vs.

Sin alertas: los usuarios deben buscar para encontrar actualizaciones importantes



La diferencia de *DynaMed*

Precios transparentes y
estables

VS.

Aumentos de precios volátiles
e insostenibles



Características y funcionalidad de *DynaMed*



Actualización
24x7x365



Contenido de
medicamentos
Micromedex



O&R Basado
en la Evidencia



Alerta cuando
los temas se
actualizan



Gane CME
y MOC



Aplicación
Móvil



Gráficos
E Imágenes



Inicio de
sesión único