

دانشگاه علوم پزشکی و خدمات بهداشتی درمانی اصفهان

راهنمای آموزشی پایگاه اطلاعاتی Up To Date

کتابخانه و بخش اطلاع رسانی پزشکی مرکز آموزشی درمانی شهیدبهشتی

شهریورماه 1403

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:Up to date

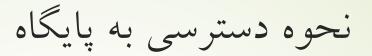
- منبع اطلاعاتی الکترونیکی است که بر روی وب و در قالب لوح فشرده منتشر می شود.
 - شامل پیشنهادات درمانی مبتنی بر بهترین شواهد پزشکی است.
 - توسط پزشکانی که در زمینه خود دارای تخصص و مهارت هستند؛ نوشته می شود.
 - دارای یک بانک اطلاعات دارویی است.
- با امکان calculators فرد از سپردن فرمولها به حافظه و استفاده از وسایل محاسباتی بی نیاز خواهد شد.
- در بخش Drug Interaction با وارد کردن هر دارو، اطلاعات کاملی در مورد تداخلات دارویی می دهد. این پایگاه به تحلیل تداخلهای مابین دارو با دارو؛ گیاه دارویی با دارو؛ گیاه داریی با گیاه داروایی می پردازد.
 - اطلاعات ارائه شده در این بانک هر ٤ ماه یکبار روزآمد می شود.
 - با استفاده از این پایگاه اطلاعاتی می توان پاسخ سوالهای بالینی را در لحظه معاینه و درمان بیمار دریافت نمود.

زمینه های موضوعی تخصصی up to date در ۲۵ رده عبارتند از:

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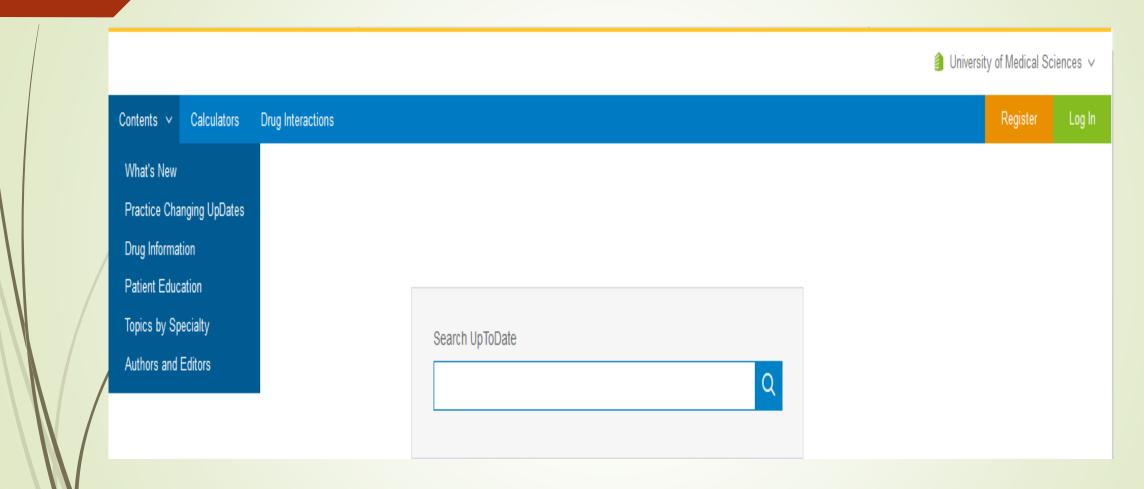
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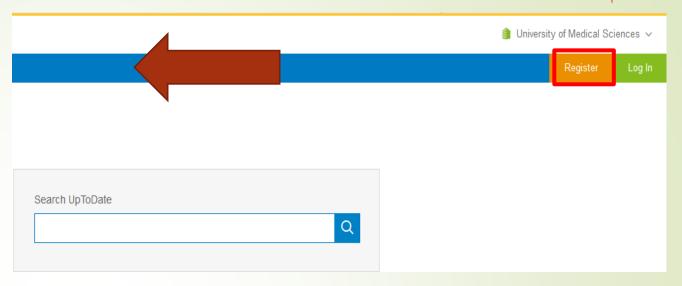
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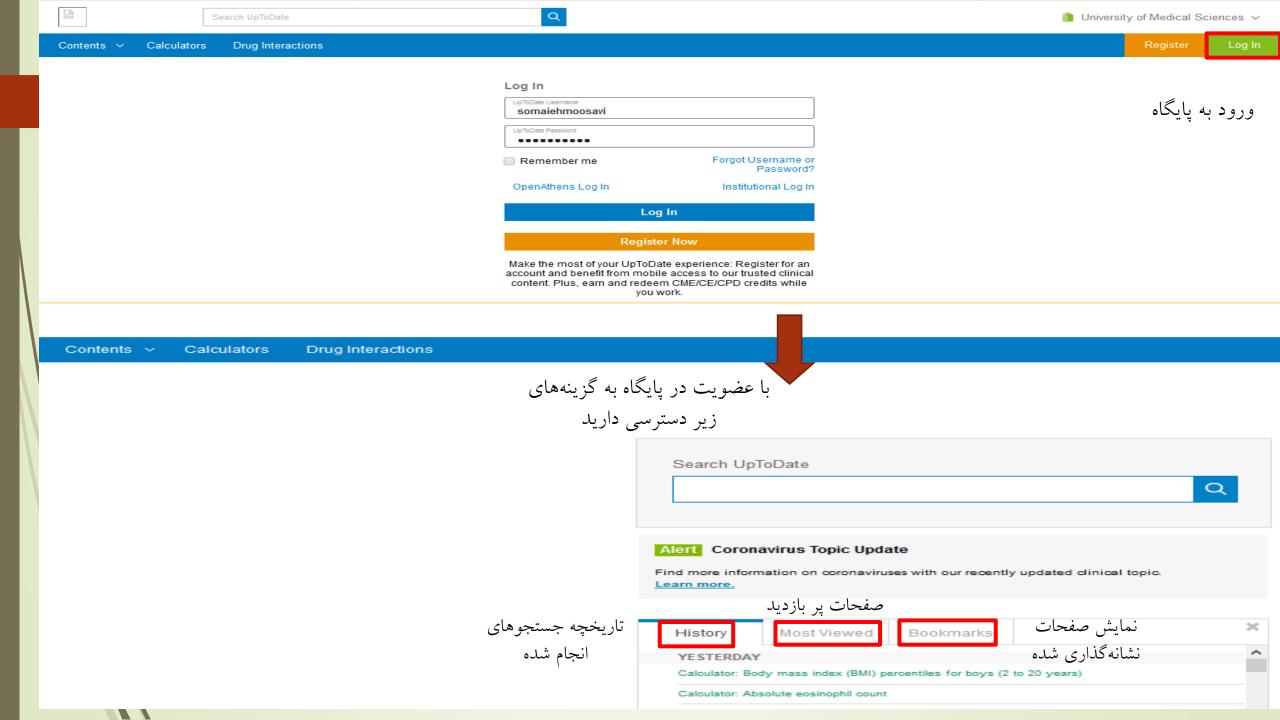
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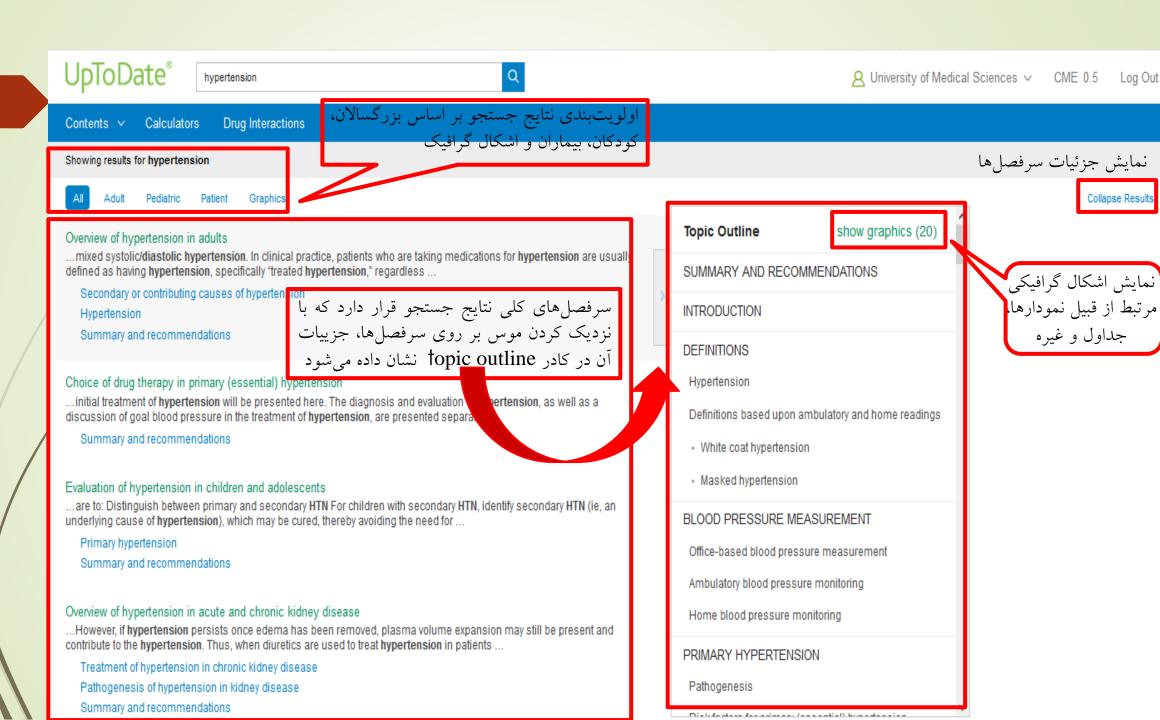
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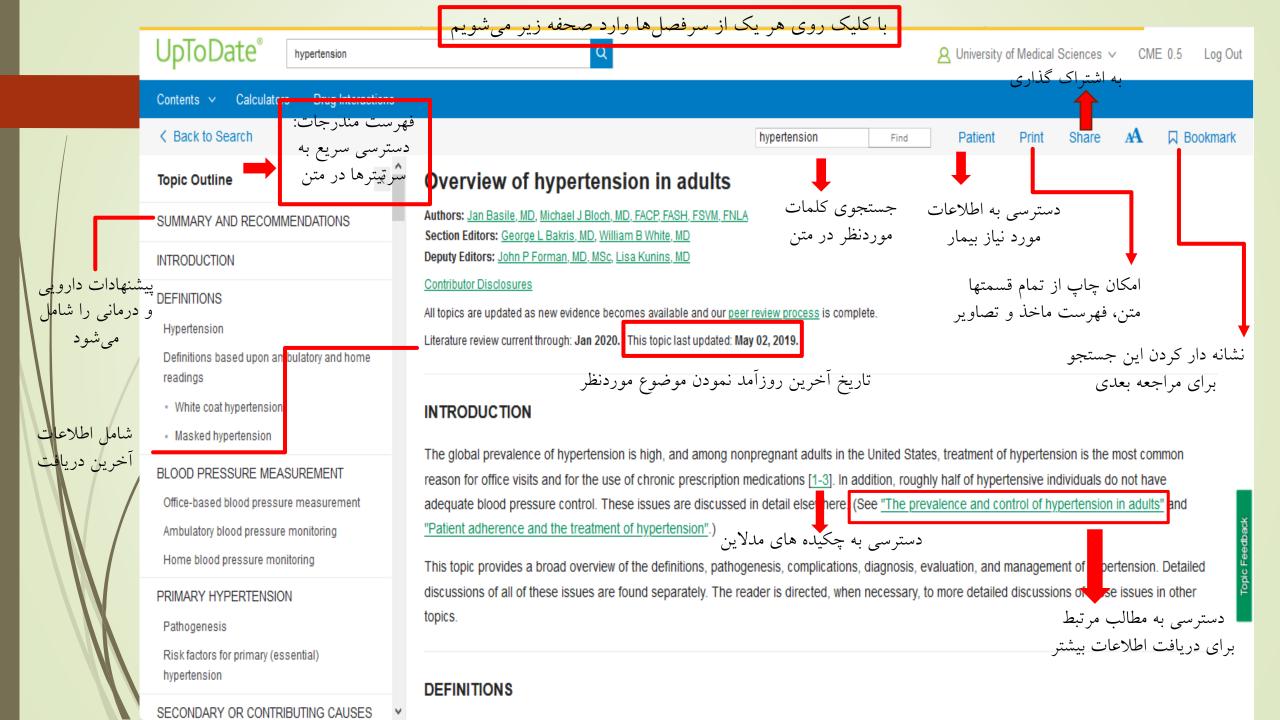
Anesthesia for the older adult



نمایش جزئیات سرفصلها

Collapse Results

نمایش اشکال گرافیکی مرتبط از قبیل نمودارها. جداول و غیره



Sports medicine (primary care)

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Risk of breathing difficulties in certain patients treated with gabapentin and pregabalin (February 2020)

Total versus hemiarthroplasty for displaced femoral neck fractures (January 2020)

New pneumococcal vaccination recommendations for adults ≥65 years old (November 2019)

Nonoperative management of proximal humeral fractures (September 2019)

GERIATRIC CARDIOVASCULAR MEDICINE

Early aortic valve surgery for asymptomatic very severe aortic stenosis (January 2020)

Transcatheter aortic valve implantation in patients with bicuspid aortic stenosis (August 2019)

GERIATRIC ENDOCRINOLOGY AND DIABETES

Levothyroxine does not improve quality of life in adults ≥80 years with subclinical hypothyroidism (December 2019)

Testosterone therapy and serum PSA in older men (December 2019)

What's new in geriatrics

Authors: Lisa Kunins, MD, Jane Givens, MD

Contributor Disclosures

All topics are updated as new evidence becomes available and our peer review process is complete.

Literature review current through: Jan 2020. | This topic last updated: Feb 13, 2020.

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

جديدترين اطلاعات اضافه شده

در حيطه موضوعي سالمندان

GENERAL GERIATRICS

Risk of breathing difficulties in certain patients treated with gabapentin and pregabalin (February 2020)

Gabapentin and pregabalin are often used to treat neuropathic pain. However, the Federal Drug Administration has warned of the risk of serious breathing difficulties with gabapentin and pregabalin in certain patients, including older adults, those with lung disease such as chronic obstructive pulmonary disease (COPD), and those taking opioid pain medications or other drugs that depress the central nervous system (eg, anti-anxiety medications, antidepressants, or antihistamines) [1]. Caution is warranted when prescribing gabapentin and pregabalin in such patients. (See "Palliative care: Issues specific to geriatric patients", section on 'Approach to treatment'.)

Total versus hemiarthroplasty for displaced femoral neck fractures (January 2020)

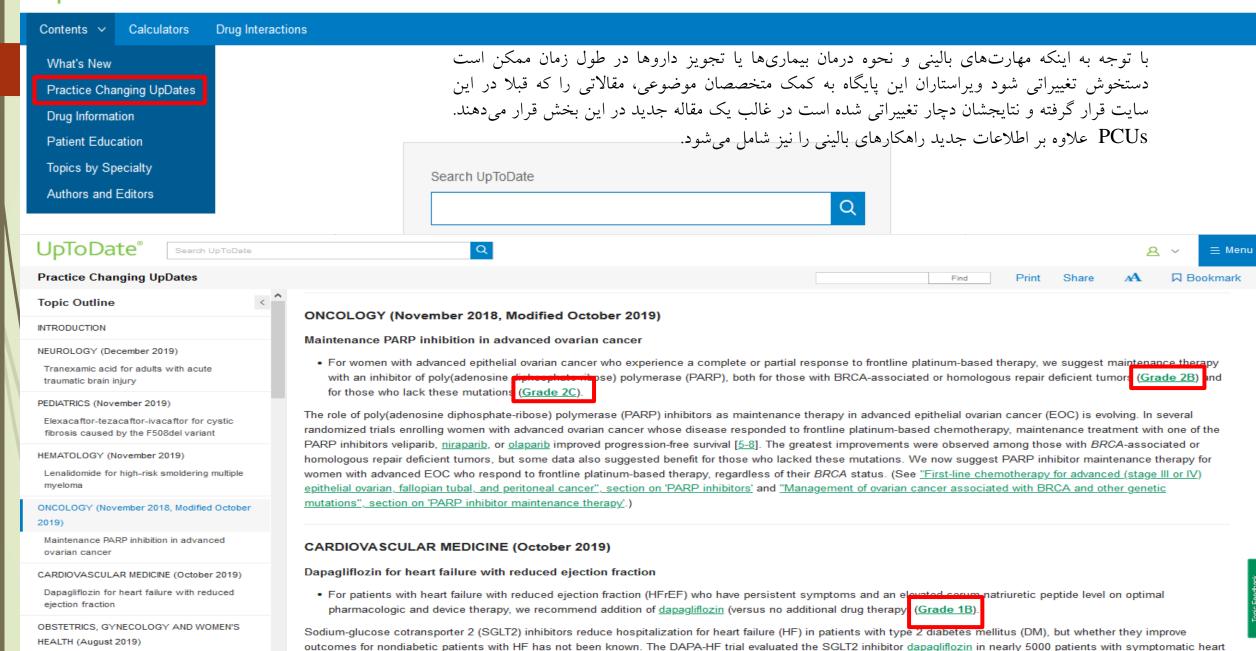
Few randomized trials have been performed to determine the best treatment for femoral neck fractures, and the indications for total versus hemiarthroplasty remain a subject of debate. In a randomized trial performed in 11 countries and involving 1495 older adults who sustained a displaced femoral neck fracture, the need for a secondary hip procedure within 24 months, complications, quality-of-life measures, and mortality were similar for those treated with total arthroplasty compared with hemiarthroplasty [2]. While long-term follow-up is needed, these results suggest that hemiarthroplasty is a reasonable treatment option for patients who sustain a displaced femoral neck fracture. (See "Overview of common hip fractures in adults", section on Treatment of femoral neck fractures'.)

https://www.lib.utdo.ir/contents/palliative-care-issues-specific-to-geriatric-patients?sectionName=Approach+to+treatment&topicRef=16437&anchor=H616690936&source=see_link#H616690936

New ACOG guidelines for preventing early-

onset group B streptococcus infection in

newborns



failure with reduced ejection fraction (HFrEF) and an elevated natriuretic peptide level on optimal drug and device therapy [9]. Compared with placebo, all-cause mortality and

the primary composite outcome (worsening HF or cardiovascular death) was reduced with dapagliflozin, with similar effects in patients with and without type 2 DM. The

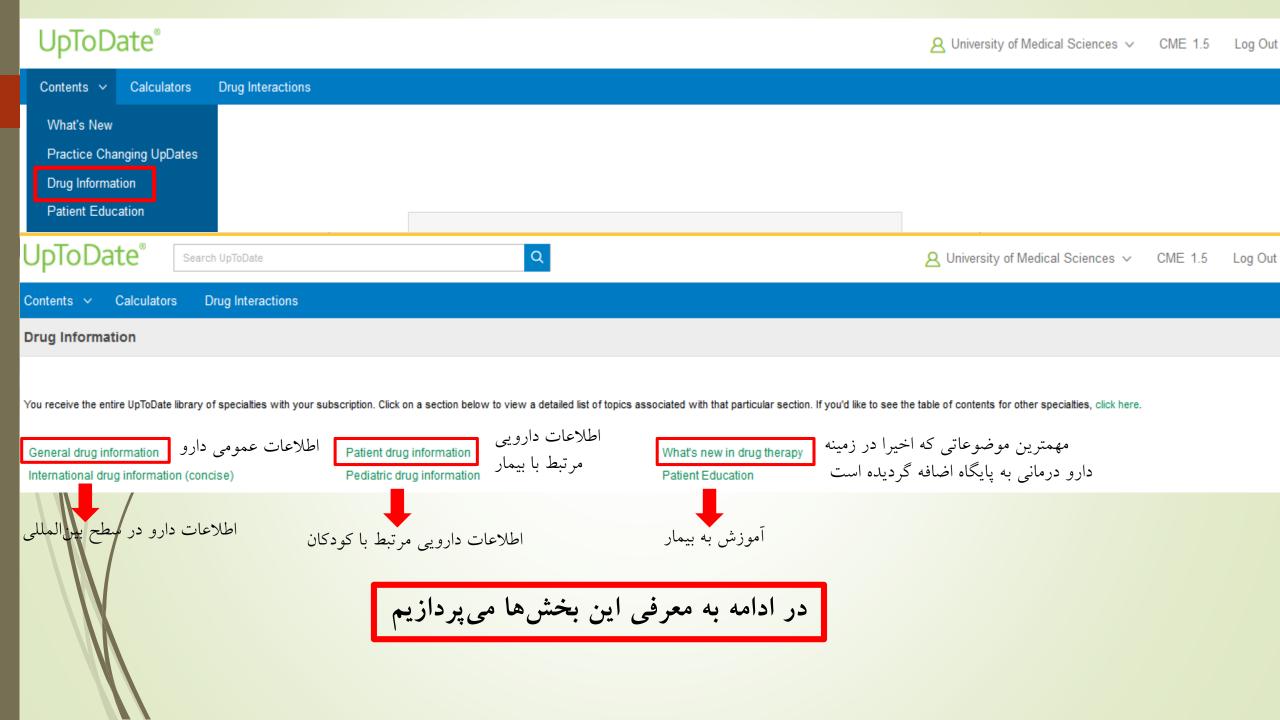
PCUs علاوه بر اطلاعات جدید راهکارهای بالینی را نیز شامل می شود که از نظر درجه توصیه در دو سطح و از نظر اعتبار شواهد در سه گروه قرار دارند:

:Recommendation grades

- ۱. توصیه قوی: مزایا به وضوح از خطرات و فشارها (یا برعکس) برای اکثر بیماران ، اگر نه همه ، بیشتر است
- ۲. توصیه ضعیف: مزایا و خطرات بسیار متعادل و یا نامشخص است و منطقی هست که از یک روش جایگزین استفاده کنید

از نظر سطح اعتبار شواهد، نمرات شواهد در سه سطح C ، B ، A قرار دارد:

- A) شواهد با کیفیت بالا: شواهد مداوم از کارآزمایی های بالینی تصادفی یا شواهدی سخت به شکل دیگری
- B) شواهد با کیفیت متوسط: شواهدی از کارآزمایی های بالینی تصادفی با محدودیت های مهم ، یا شواهد بسیار قوی از شکل دیگری
- 🕻 شواهد کم کیفیت: شواهدی از مطالعات مشاهده ای ، مشاهدات بالینی غیرسیستماتیک یا آزمایشات تصادفی با نقص های جدی



با کلیک روی هر دارو می توان اطلاعات عمومی مرتبط با آن دارو را دریافت نمود

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Drug Interactions

General drug information

14-C Urea breath test: Drug information

Abacavir and lamivudine: Drug information

Abacavir, lamivudine, and zidovudine: Drug information

Abacavir: Drug information

Abaloparatide: Drug information

Abatacept: Drug information

Abciximab (United States: Not available): Drug informat

Abemaciclib: Drug information

Abiraterone: Drug information

AbobotulinumtoxinA (Dysport): Drug information

Absorbable collagen (dental): Drug information

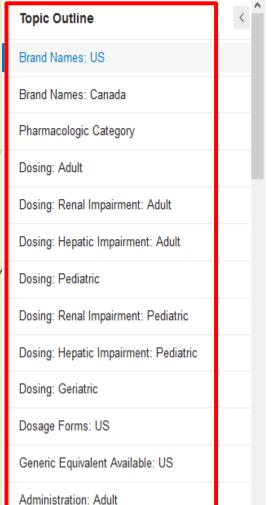
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فهرست مندرجات: برای دسترسی سریع به مطالب

Drug Interactions

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Aspirin: Drug information

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(For additional information see "Aspirin: Patient drug information" and see "Aspirin: Pediatric drug information")

For abbreviations and symbols that may be used in Lexicomp (show table)

Ascriptin Maximum Strength [OTC]; Ascriptin Regular Strength [OTC]; Aspercin [OTC]; Aspir-low [OTC]; Aspirin Adult Low Dose [OTC]; Aspirin Adult Low Strength [OTC]; Aspirin EC Low Strength [OTC]; Aspirtab [OTC]; Bayer Aspirin EC Low Dose [OTC]; Bayer Aspirin Extra Strength [OTC]; Bayer Aspirin Regimen Adult Low Strength [OTC]; Bayer Aspirin Regimen Children's [OTC]; Bayer Aspirin Regimen Regular Strength [OTC]; Bayer Aspirin [OTC]; Bayer Genuine Aspirin [OTC]; Bayer Plus Extra Strength [OTC]; Bayer Women's Low Dose Aspirin [OTC]; Buffasal [OTC]; Bufferin Extra Strength [OTC]; Bufferin [OTC]; Buffinol [OTC]; Durlaza; Ecotrin Arthritis Strength [OTC]; Ecotrin Low Strength [OTC]; Ecotrin [OTC]; GoodSense Low Dose [OTC]; Halfprin [OTC] [DSC]; St Joseph Adult Aspirin [OTC]; Tri-Buffered Aspirin [OTC]

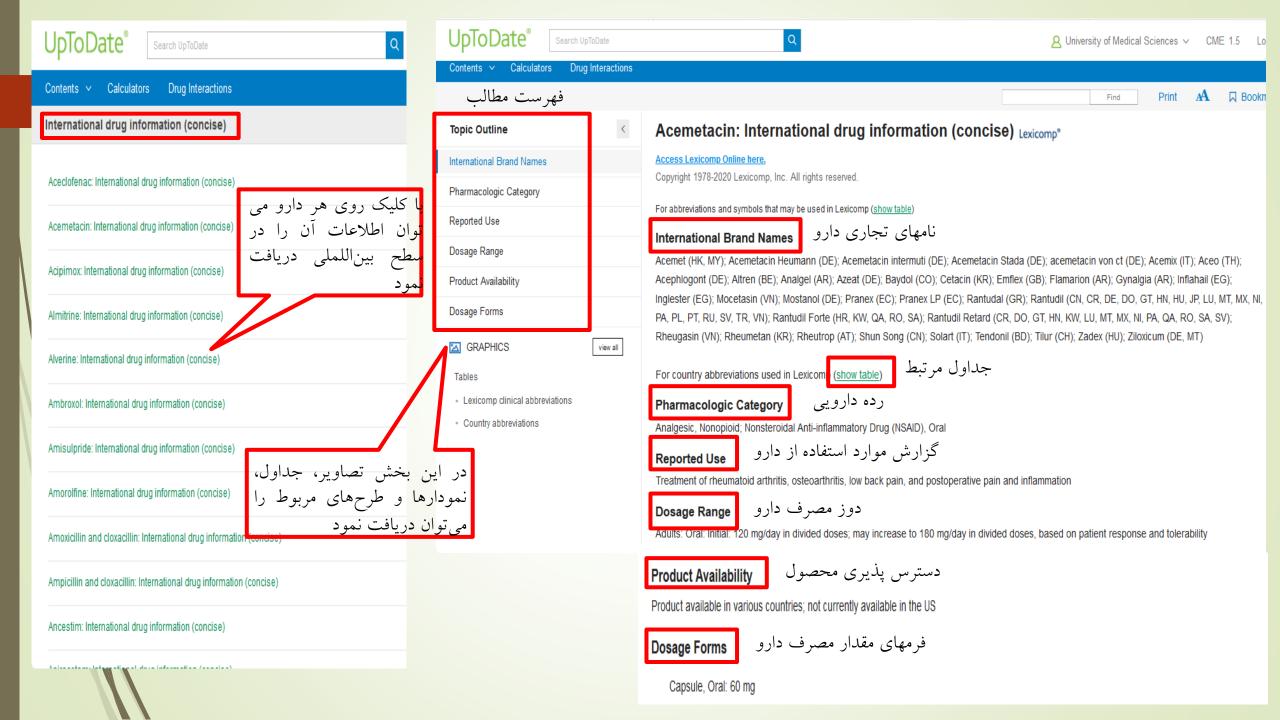
Brand Names: Canada

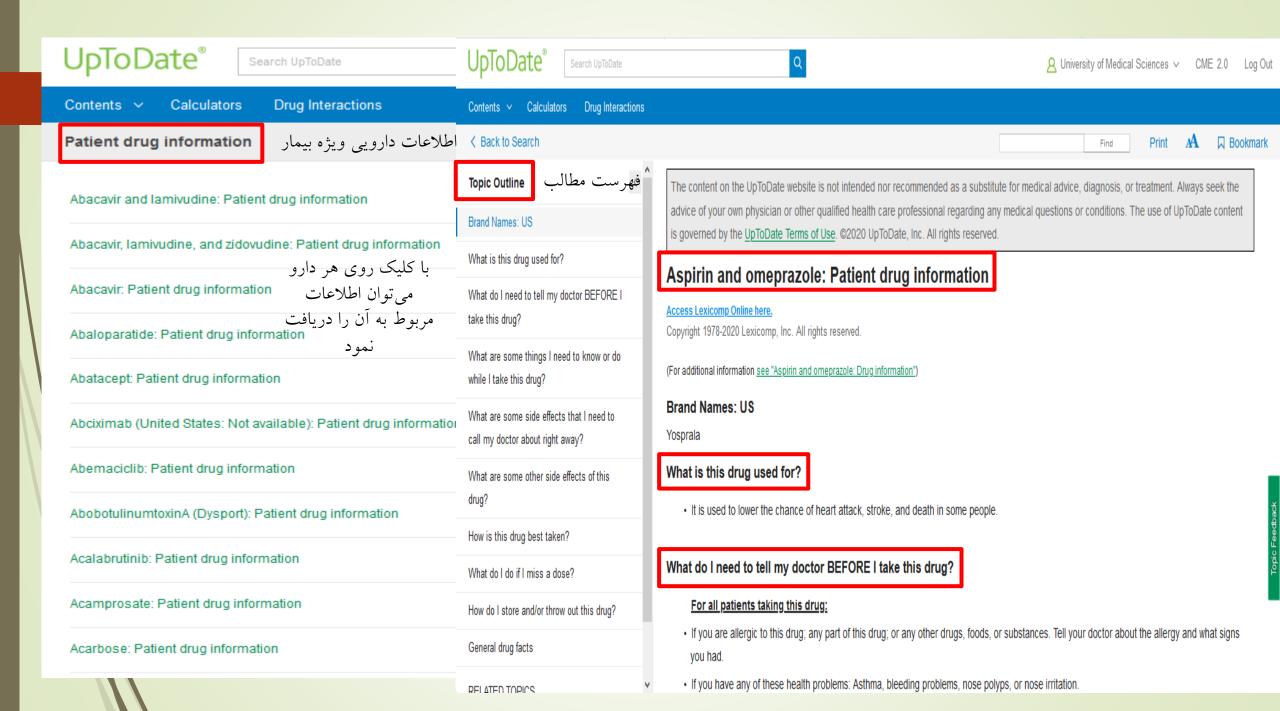
Asaphen; Asaphen E.C.; Entrophen; Novasen; Praxis ASA EC 81 Mg Daily Dose; Pro-AAS EC-80

Pharmacologic Category

Analgesic, Nonopioid; Antiplatelet Agent; Nonsteroidal Anti-inflammatory Drug (NSAID), Oral; Salicylate

Dosing: Adult





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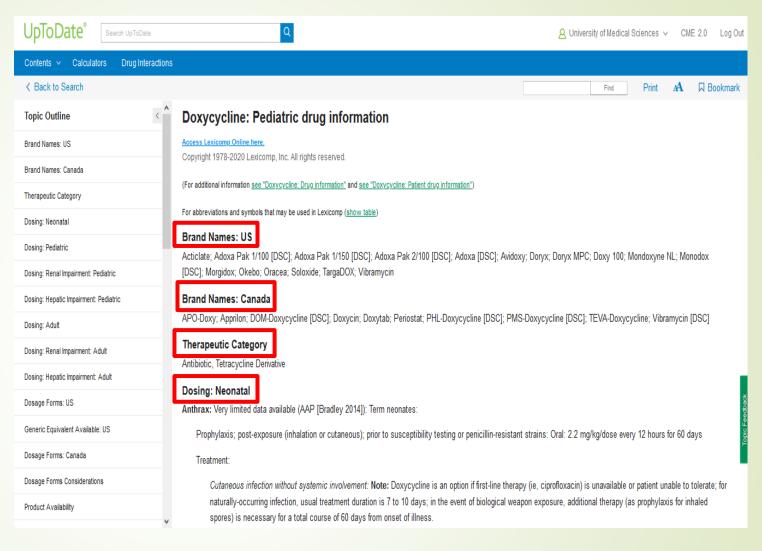
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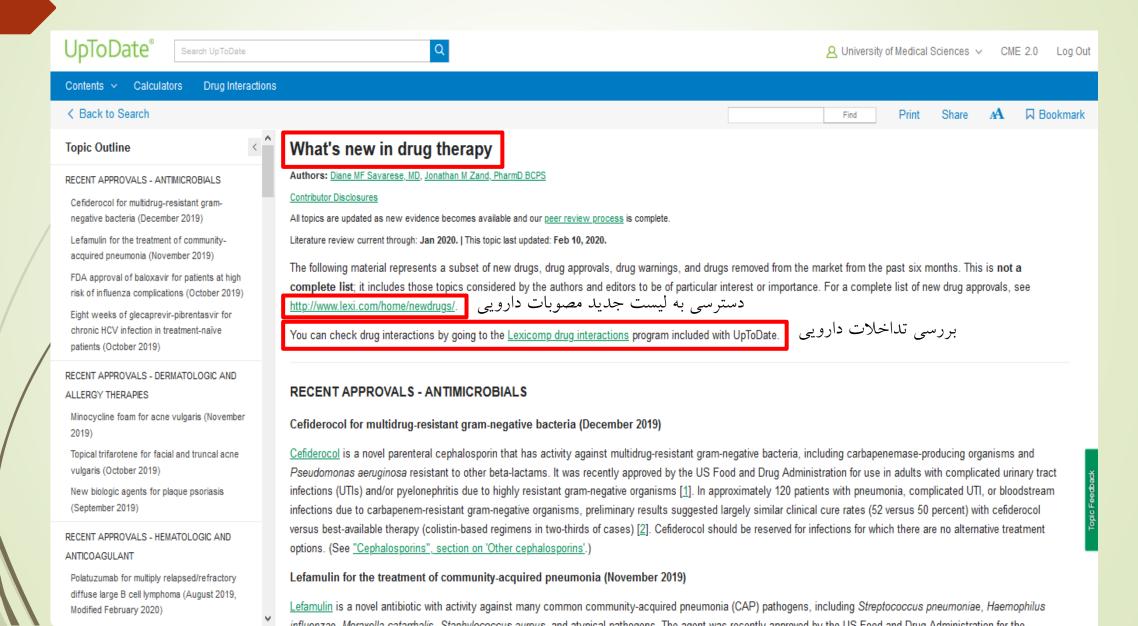
Pediatric drug information

اطلاعات دارويي ويژه اطفال

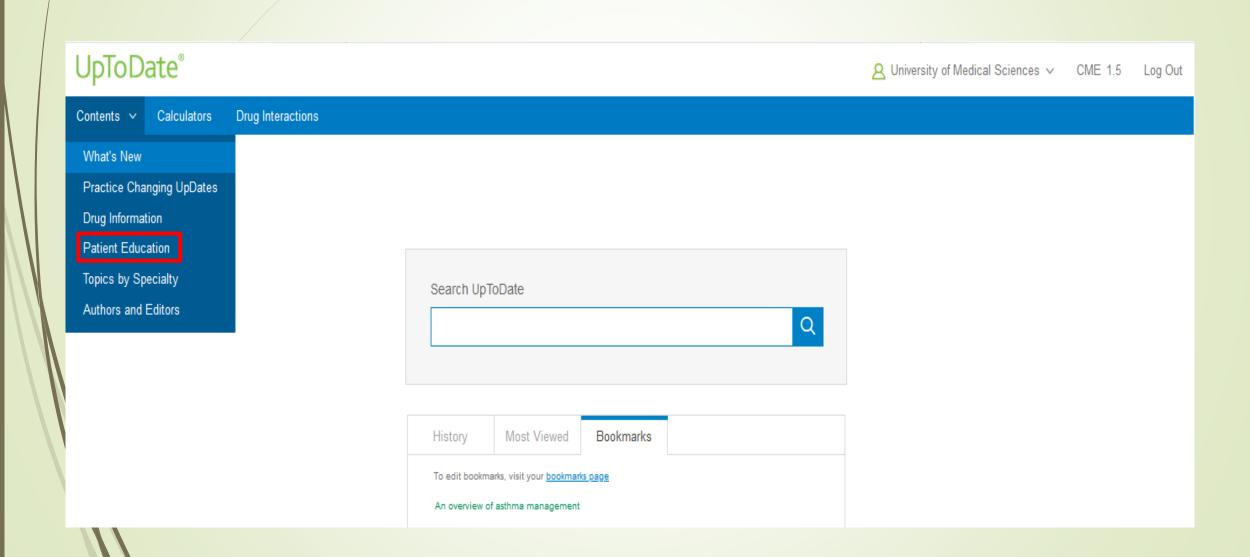
Doxazosin: Pediatric drug information Doxepin (systemic): Pediatric drug information Doxorubicin (conventional): Pediatric drug information Doxycycline: Pediatric drug information Doxylamine: Pediatric drug information Dronabinol: Pediatric drug information Droperidol: Pediatric drug information Drospirenone: Pediatric drug information Duloxetine: Pediatric drug information Dupilumab: Pediatric drug information Dyclonine: Pediatric drug information Ecallantide: Pediatric drug information Echothiophate: Pediatric drug information



در این قسمت مجموعهای از داروهای جدید، مصوبات دارویی، هشدارهای دارویی و داروهایی که از شش ماه گذشته وارد بازار شدهاند را نشان میدهد. شامل موضوعاتی است که از نظر اهمیت مورد توجه نویسندگان و ویراستاران قرار گرفته است.



Up to date صدها موضوع آموزشی را فراهم آورده است که اطلاعات آن هر ٤ ماه یکبار روزآمد می شود و در نتیجه جدیدترین اطلاعات در اختیار بیماران قرار می گیرد. این اطلاعات مربوط به شایع ترین بیماریها بوده و به جنبههایی از بیماری مانند ریسک فاکتور، علل بیماری، روشهای تشخیص، اقدامات پیشگیرانه و درمانهای پیشنهادی اشاره دارد.



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Patient Education

Patient Education

up to date اطلاعات مورد نیاز بیماران را در دو سطح زیر ارائه می دهد

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 person might have about a medical problem.
- . Beyond the Basics are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.

Learn more about UpToDate's patient education materials.

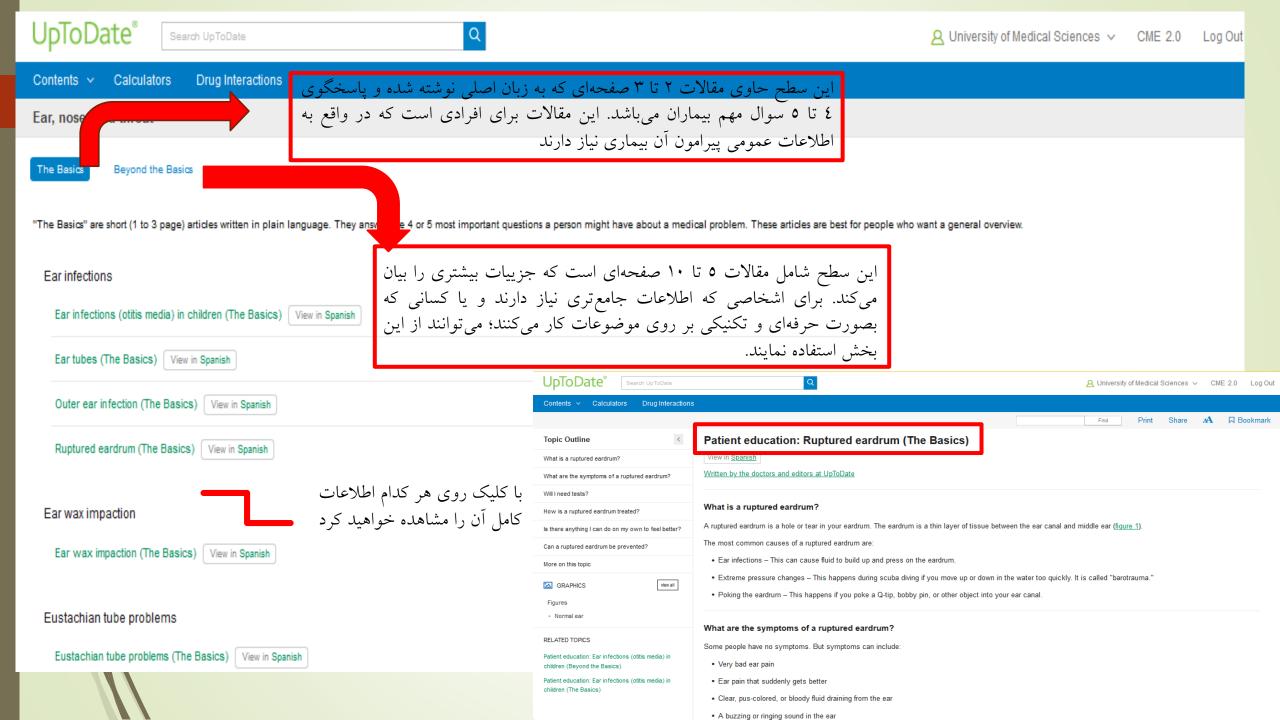


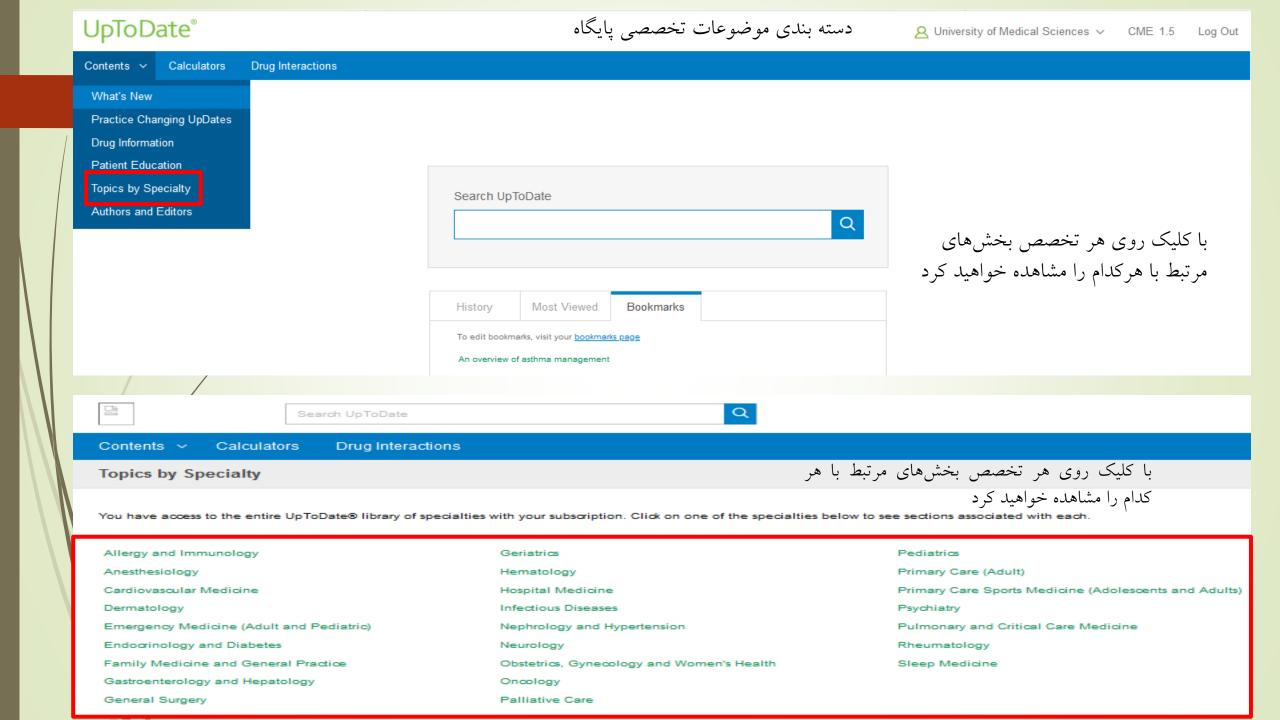
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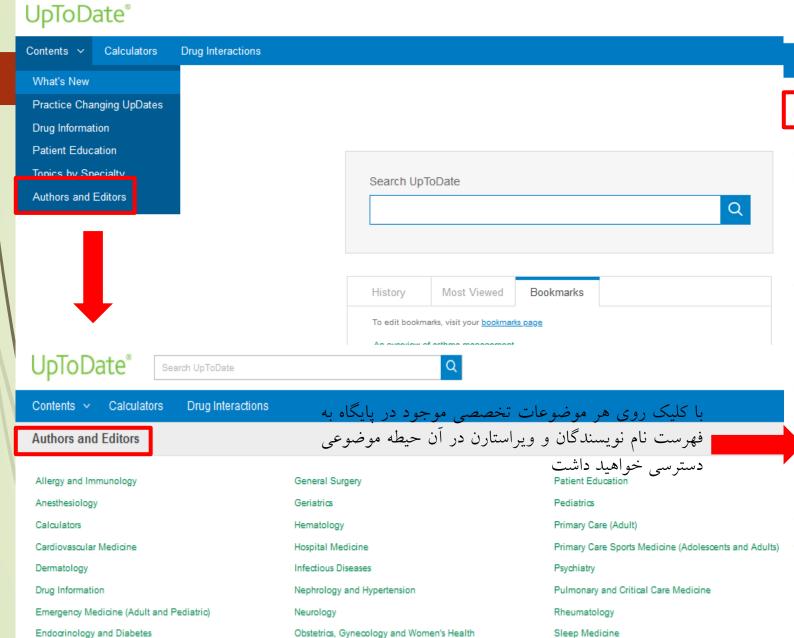
> برای مرور موضوعات موجود در زمینه آموزش بیمار در UpToDate ، روی دسته بندی زیر کلیک کنید.

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Allergies and asthma	Ear, nose, and throat	Lung disease
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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
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Oncology

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calculator: این قسمت شامل جدولهایی برای محاسبه موارد مختلف در موضوعات پزشکی از قبیل تبدیل مقادیر، محاسبه شاخص توده بدن، فشار خون و .. میباشد. با قرار دادن اعداد و مشخص کردن واحد آن به محاسبه موضوع موردنظر رسید.

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Body Surface Area in adults (Du Bois Method) Ideal body weight (method of Devine) and dosing weight for adults	Body mass index (BMI; Quetelet's index) in adults			
Ideal body weight (method of Devine) and dosing weight for adults	Body surface area (BSA) (Mosteller, square root method) in adults			
	Body Surface Area in adults (Du Bois Method)			
Lean body weight (LBW, adult female)	Ideal body weight (method of Devine) and dosing weight for adults			
	Lean body weight (LBW, adult female)			
Lean body weight (LBW, adult male)				

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Calculator: Body mass index (BMI) percentiles for boys (2 to 20 years)

اطلاعات خواسته شده مانند سن، قد و وزن را در این قسمت وارد میکنیم

	Input	t:	
Age		yr	~
Height		cm	~
Weight		kg	~

BMI = Weight / (Height/100)2 Age_Months = Age * 12 Z-score = ((BMI/M)^L - 1) / (L * S) Percentile = ZtoPercentile(Z-score)

در این قسمت نتیجه محاسبه نمایش داده می شود

Results:
BMI kg/m²
Z-score
Percentile
Decimal precision 1 🗸
Reset form

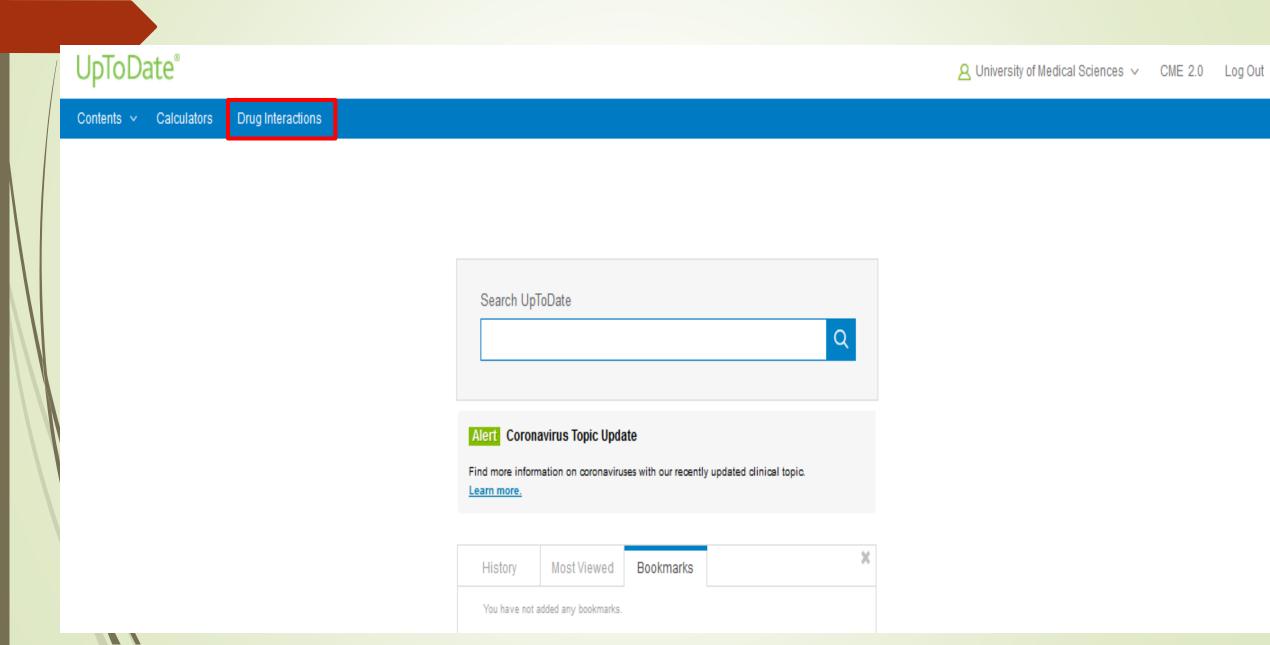
BMI percentile interpretation

Percentile <5:Underweight Percentile ≥5 and <85:Healthy weight Percentile ≥85 and <95:Overweight Percentile ≥95:Obesity

Notes

- At the extremes (>97th percentile or <3rd percentile), small differences in percentiles represent clinically important differences. At these extremes, the Z-score is a more precise reflection of how far the measurement deviates from the mean and is a useful tool for
- . The accuracy of the calculation for boys can be assessed by viewing the graph "Body mass index-for-age percentiles, boys, 2 to 20 years, CDC growth charts" in UpToDate.
- For all LMS tables, the row in the table corresponding to the patient-specific value is found in the first column of the table; values to be used for L (the Box-Cox power), M (the median), and S (the generalized coefficient of variation) in the equation for Z-score are retrieved
- The calculated Z-score is used to do a table lookup for the corresponding percentile in the Normal Table Percentiles for Z-Score table (below). Numbers along the left side (Y-axis) of the table represent the first number and first decimal place of the Z-score, while the numbers along the top (X-axis) of the table represent the second decimal position of the Z-score.

Drug Interactions: این پایگاه اطلاعاتی به تحلیل تداخلهای مابین دارو با دارو، دارو با گیاه دارویی و گیاه دارویی با گیاه دارویی میپردازد.



Print

Lexicomp® Drug Interactions

Add items to your list by searching below.

نام تجاری داروی موردنظر را وارد کنید

ITEM LIST

Clear List

Analyze



Acetaminophen, Codeine, and Doxylamine

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

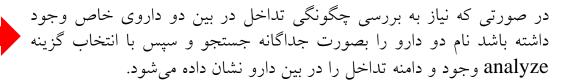


روی نتیجه تداخل دو دارو کلیک کنید 1Result

Filter Results by Item

Acetaminophen, Codeine, and Doxylamine (Opioid Agonists)
Naltrexone

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



در این پایگاه داروهای متداخل به نسبت میزان خطر به هنگام مصرف همزمان در طیف X، D ، C ، B ، A تقسیم بندی می شوند

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.

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.

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.

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.

No Known Interaction

Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents

✓ کد A: نشان دهنده نبود تداخل فارماکودینامیک و فارماکوکینتیک در بین دو دارو است.

کد B: نمایانگر امکان وجود واکنش در بین دو دارو است اما نیازی به تغییر یکی از داروها برای بیمار وجود ندارد.

کد D: نشان می دهد که دو دارو با یکدیگر تداخل دارویی دارند. به گونهای که با توجه به وضعیت بیمار، میزان فواید مصرف همزمان دو دارو و خطرهای ناشی از آن مورد ارزیابی قرار می گیرد و نیاز به مشاهده دقیق وضعیت بیمار به هنگام مصرف، تغییر در دوز داروها با توجه به شرایط بالینی بیمار و جایگزینی داروهای معادل وجود دارد.

کد X: بیانگر وجود تداخل در بین دو دارو است. در این شرایط میزان خطر ناشی از مصرف همزمان دو دارو بیشتر از فواید آن است و نباید دو دارو را با یکدیگر برای بیمار تجویز کرد.

نتیجه تداخل دارویی بین نالترکسون و استامینوفن کدئین و دوکسیلامین

Lexicomp® Drug Interactions

کد دو دارو (نشاندهنده میزان

نحوه مدیریت دو دارو توسط بیمار

خطر تداخل)

جزای تعامل کننده با سوبستراهای آنزیم بحث مفصلی درباره

ىنبع استخراج*ي ا*طلاعات

Title Opioid Agonists / Naltrexone

نام دو دارو

Risk Rating D: Consider therapy modification

خلاصهای از نحوه تاثیر داروی دوم بر داروی اول Naltrexone may diminish the therapeutic effect of Opioid Agonists. **Severity** Major **Reliability Rating** Excellent داروی دوم بر داروی اول

Patient Management Seek therapeutic alternatives to opioids in patients receiving naltrexone. Patients may be less sensitive to opioid effects during naltrexone treatment, and should not attempt to overcome this by increasing doses. Conversely, patients may be more sensitive to opioid effects and require lower doses following naltrexone discontinuation. Counsel patients about these risks. Avoid the use of naltrexone/bupropion for weight management in patients receiving long-term opioid treatment or in patients with evidence of opioid withdrawal; use under these circumstances is listed as contraindicated in naltrexone/bupropion US prescribing information. The naltrexone/bupropion combination product should also be temporarily discontinued in patients requiring intermittent opioid treatment, and reintroduced only after 7-10 days have passed since the last opioid dose.

Opioid Agonists Interacting Members Alfentanil, Benzhydrocodone, Buprenorphine, Butorphanol, Codeine, Dihydrocodeine, FentaNYL, Heroin, HYDROcodone, HYDROmorphone, Levomethadone, Levorphanol, Meperidine, Meptazinol, Methadone, Morphine (Systemic), Nalbuphine, Normethadone, Opium, Opium Tincture, OxyCODONE, OxyMORphone, Paregoric, Pentazocine, Remifentanil, SUFentanil, Tapentadol, TraMADol

Discussion The use of naltrexone-containing products is expected to diminish the therapeutic effects of opioids. 1.2 Patients may also be more sensitive to opioid effects following discontinuation of naltrexone. 2

Footnotes

- Vivitrol (naltrexone) [prescribing information]. Waltham, MA: Alkermes Inc; October 2010.
- Contrave (naltrexone/bupropion) [prescribing information]. La Jolla, CA: Orexigen Therapeutics Inc; September 2014.

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