Ministry of Health and Medical Education (Iran)

UpToDate®

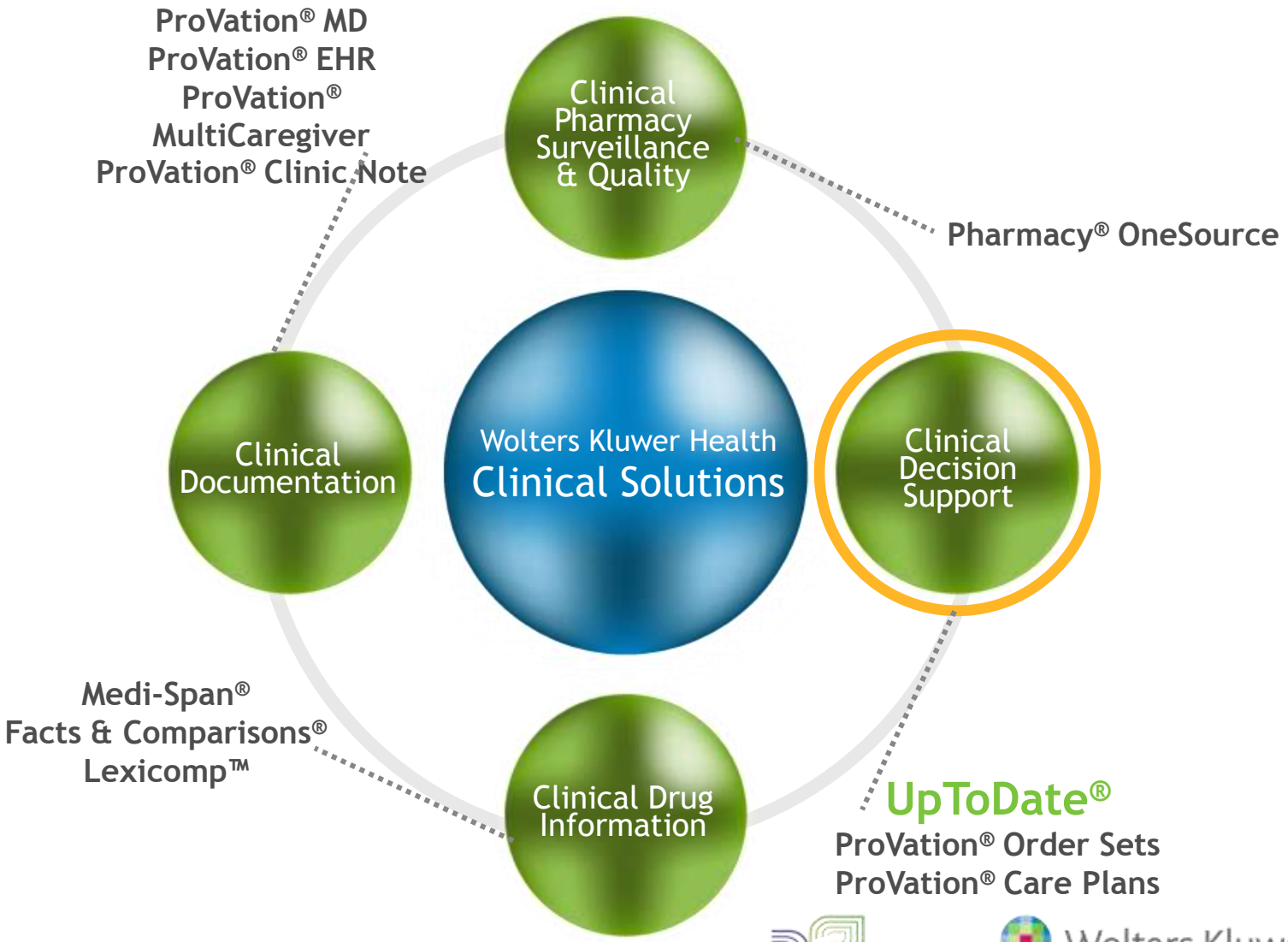
Confident, clinical decision-making

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

UpToDate is part of Wolters Kluwer Health



Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیدا

Wolters Kluwer Health

The trusted way to practice medicine

Practice Changing UpDates

10 500
Clinical Topics

5 400
Drug Monographs

1 500
Patient leaflets

Rigorous three-tier peer-review process

28 000
Graphics

160
Medical Calculators

400 000+
References

23+
Specialties

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیندا

Wolters Kluwer Health

The most studied

More than 30
independent studies

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

Imagine how it will impact your hospital!

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیدا

Wolters Kluwer Health

Our Editorial Board

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

2. Editors
- Clinically active
- Specialty experts
- Trained to use EBM

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

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیدا

Wolters Kluwer Health

Specialties covered in UpToDate

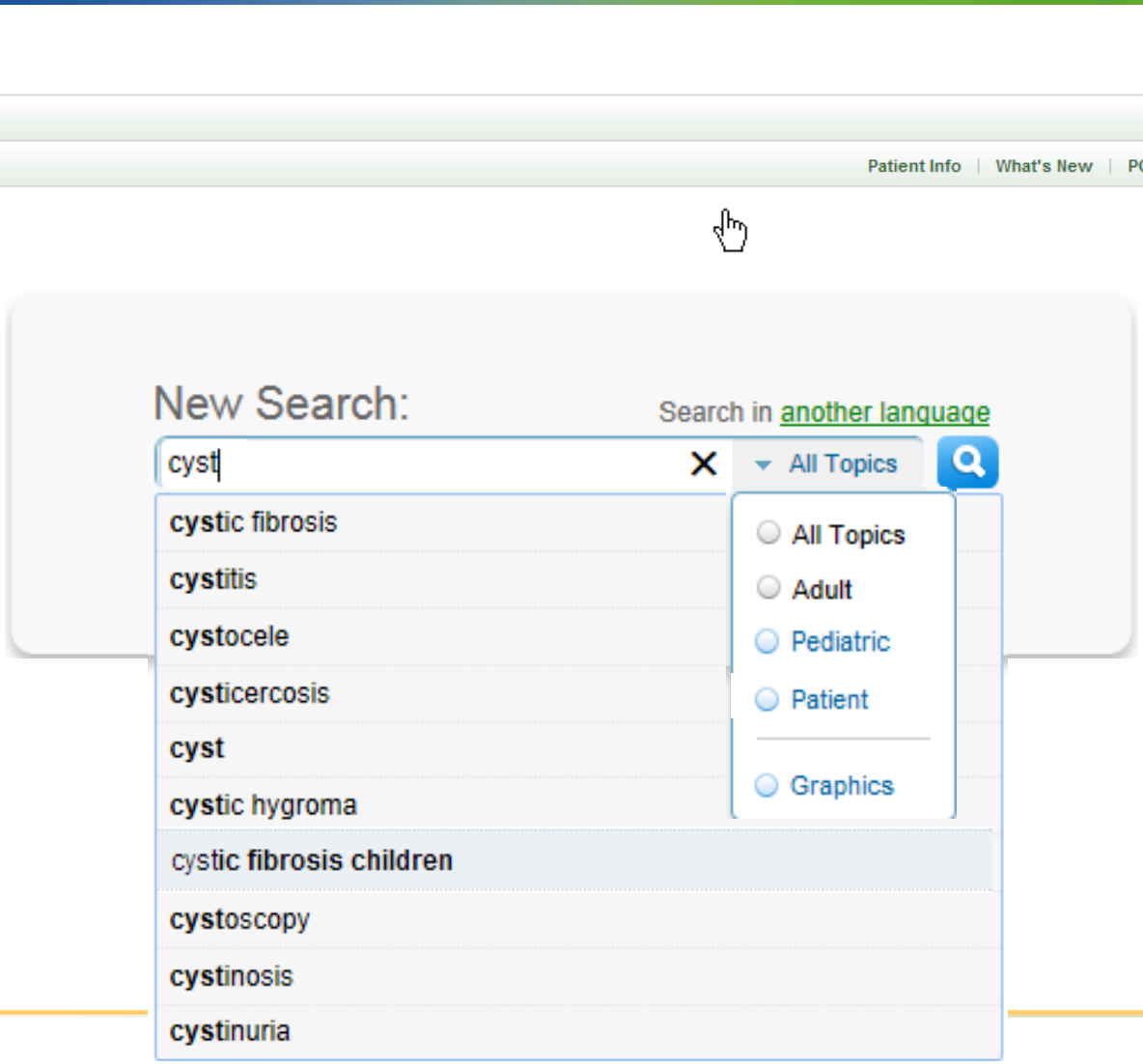
- Adult and Pediatric Emergency Medicine
- Adult and Primary Care Medicine
- Allergy and Immunology
- Anesthesiology*
- Cardiovascular Medicine
- Dermatology
- Endocrinology and Diabetes
- Gastroenterology and Hepatology
- General Surgery
- Geriatrics
- Hematology
- Hospital Medicine
- Infectious Diseases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

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیندا

Wolters Kluwer Health

Conducting a Search

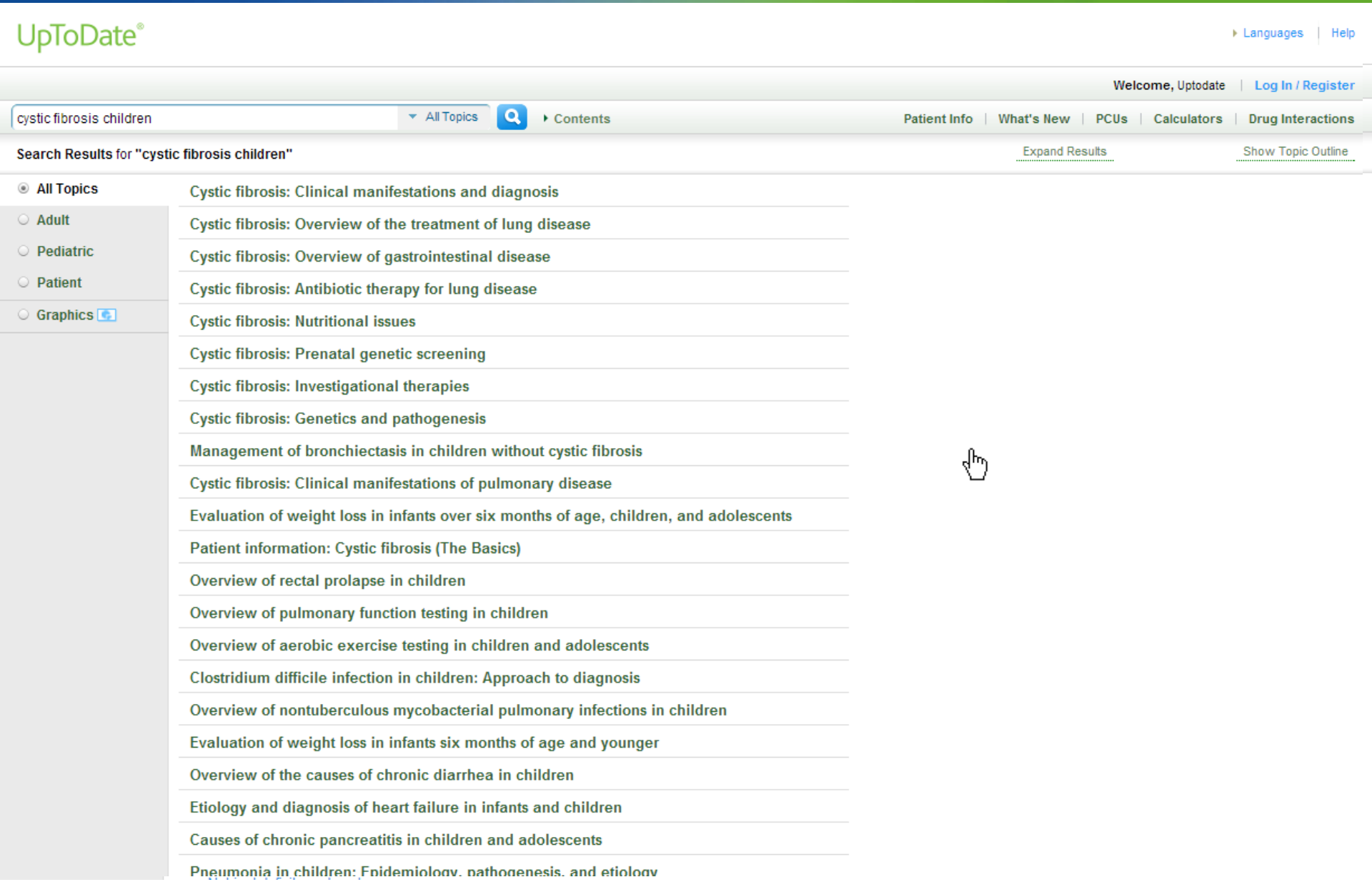


Ministry of Health and Medical Education (Iran)

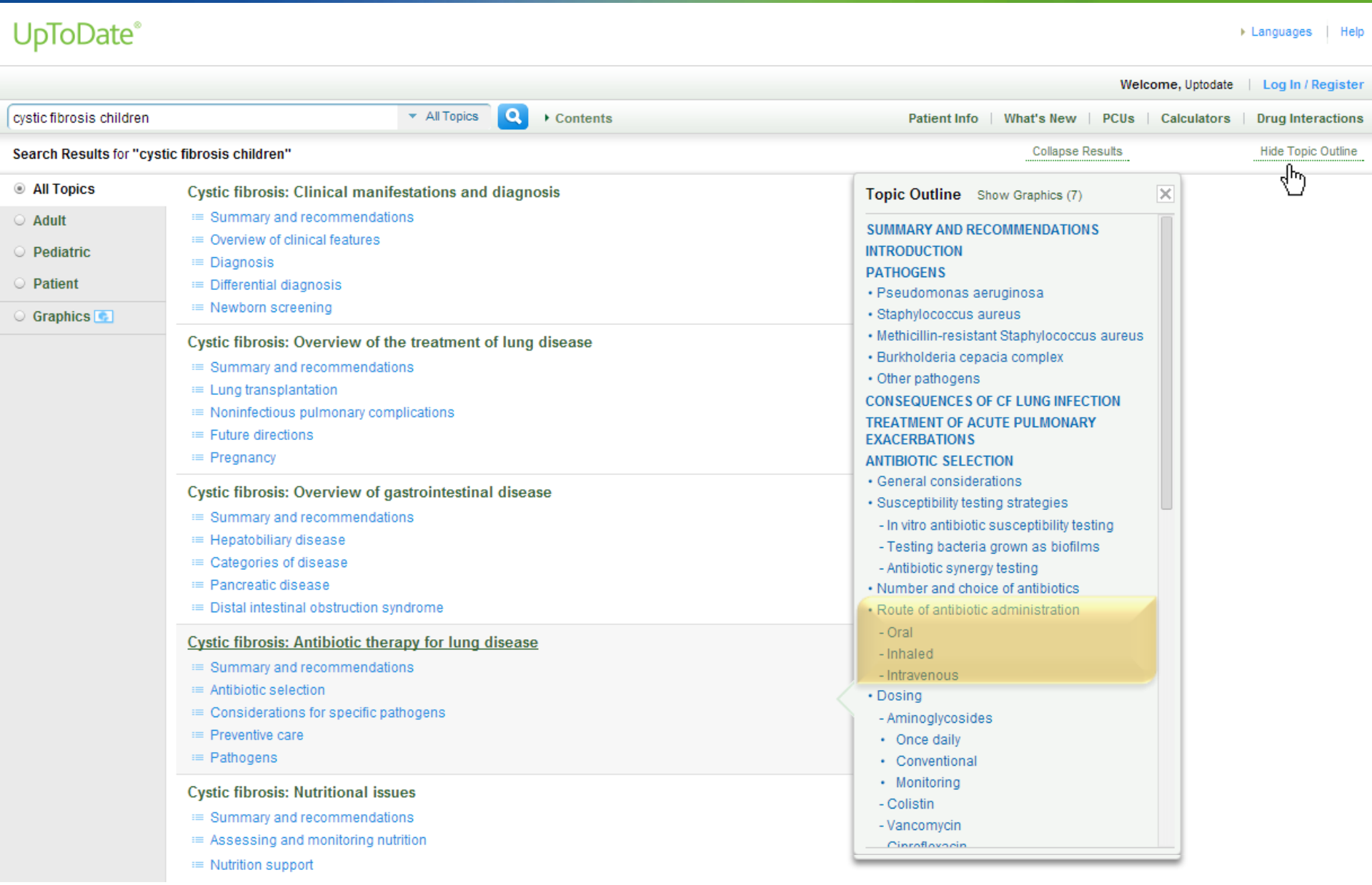
شرکت مهندسی فرآیندا

Wolters Kluwer Health

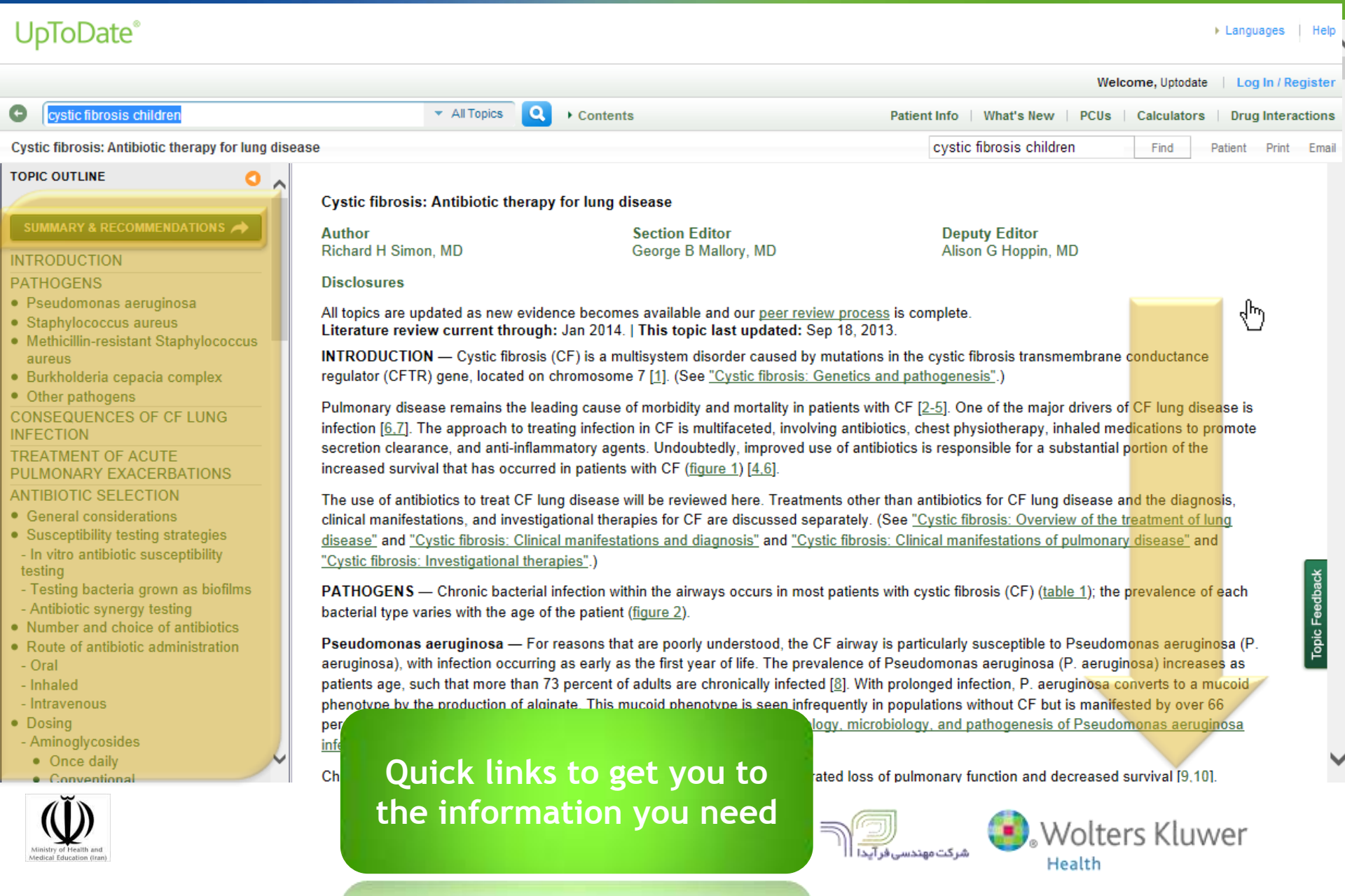
Conducting a search



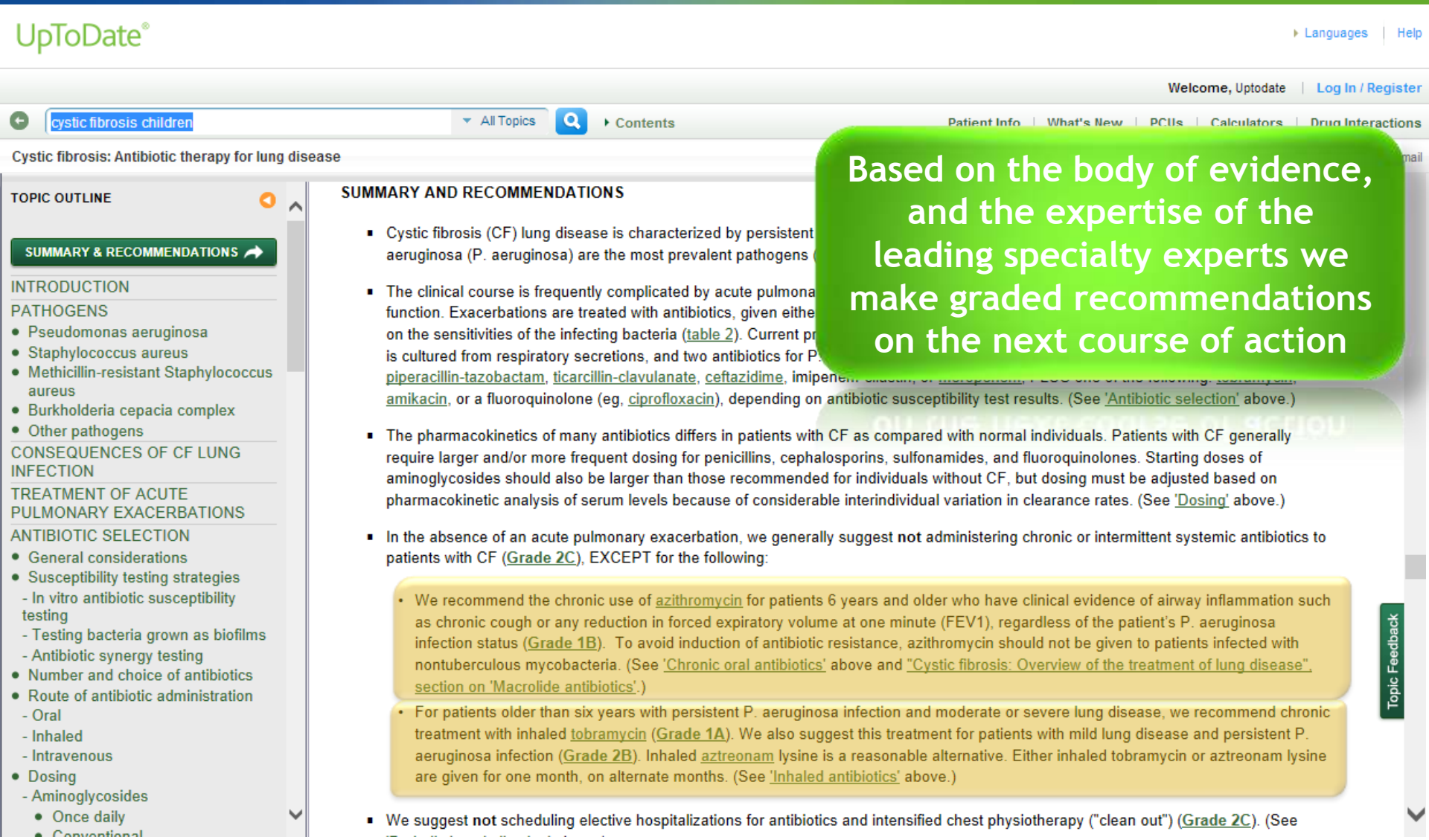
Conducting a search



10,000 Topics – presented in the same format



Graded recommendations



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

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیندا

Wolters Kluwer Health

- 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

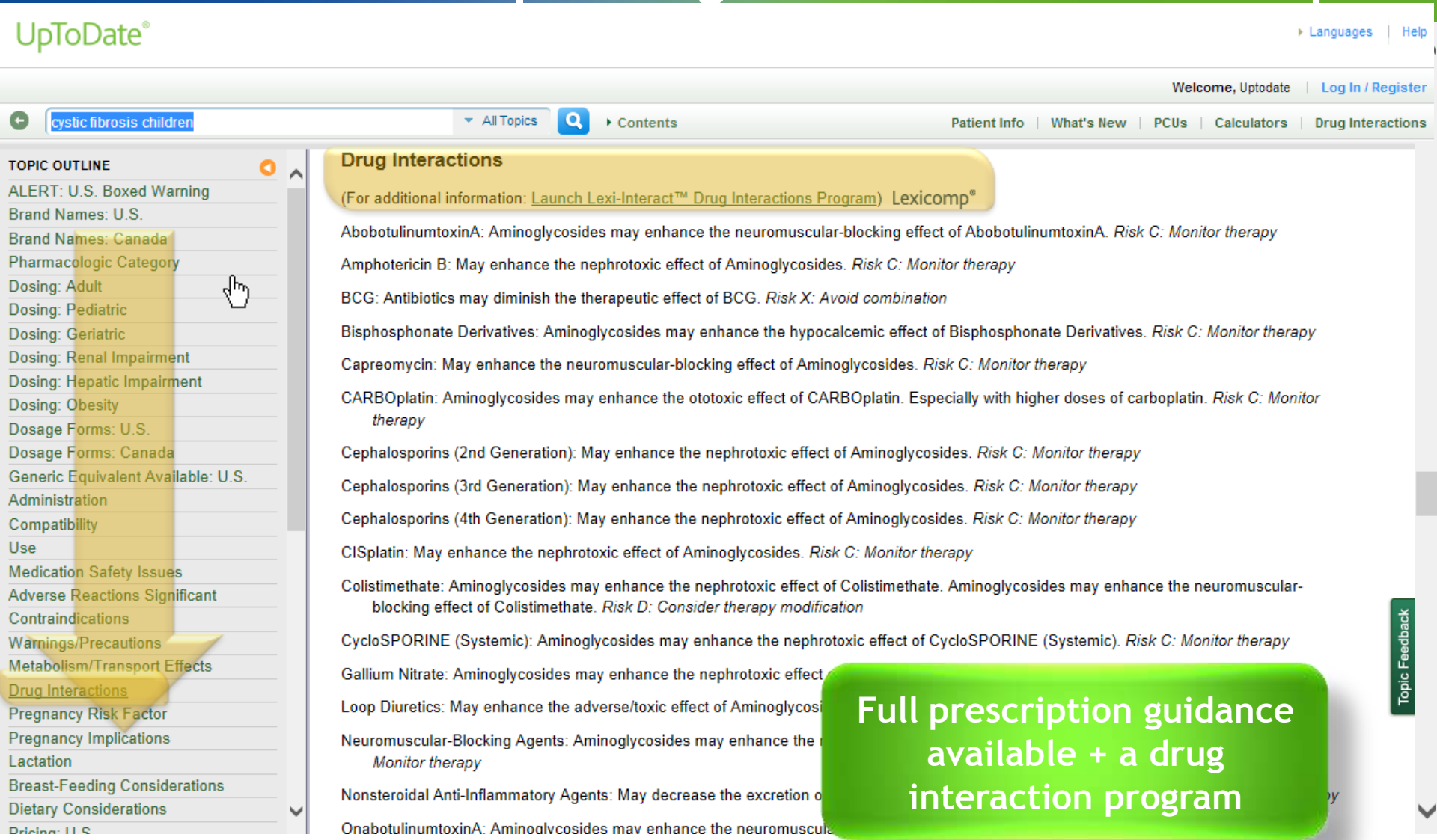
For a complete description of our use of the GRADE system, please see the UpToDate editorial policy which can be found at www.uptodate.com/home/editorial-policy.

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'.)
- 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.)

Over 5100 unique drug entities with Lexicomp



Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیندا

Wolters Kluwer Health

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.

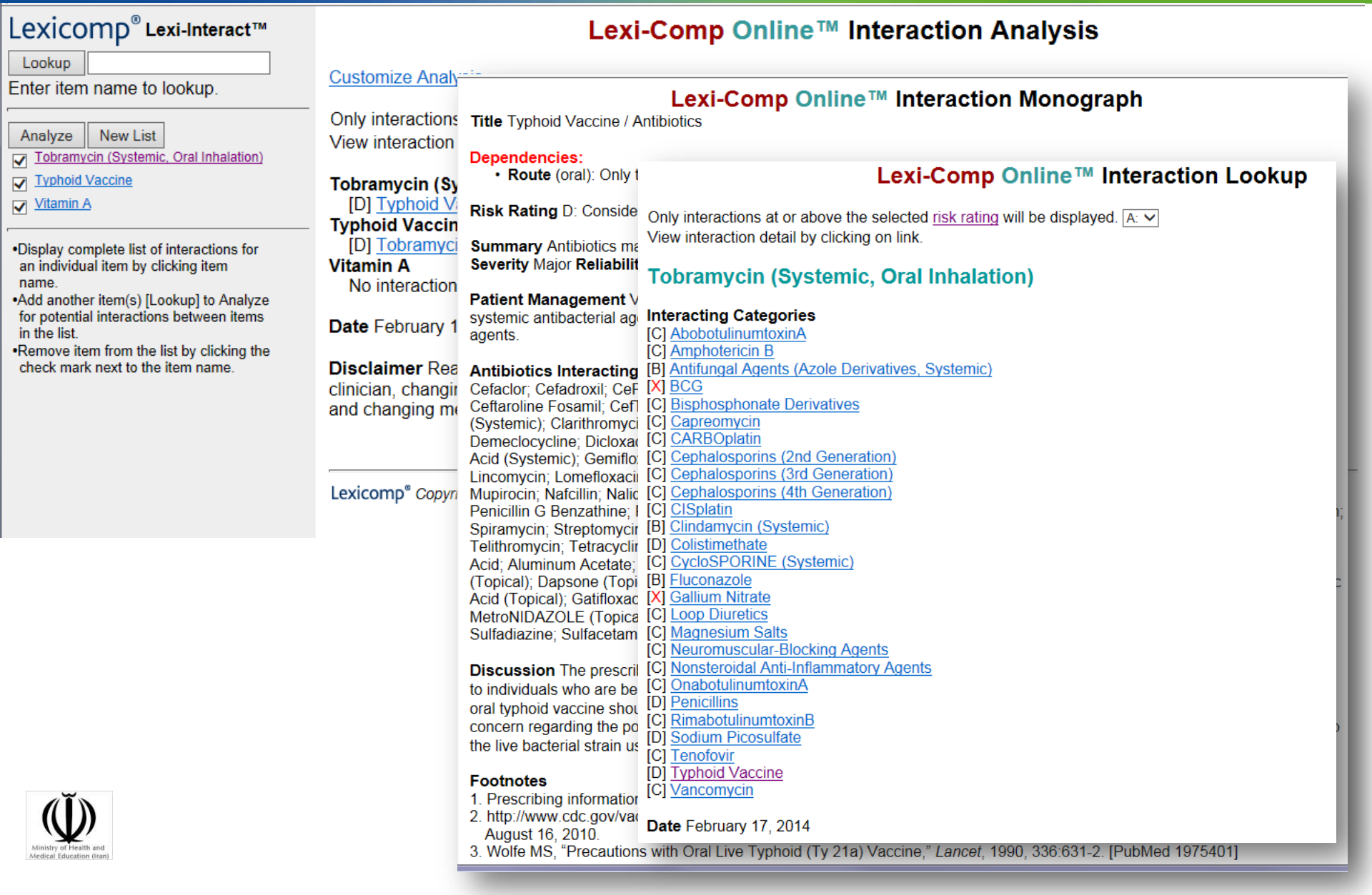
is

dependent judgment of the
most current product information),

Ministry of Health and Medical Education (Iran)

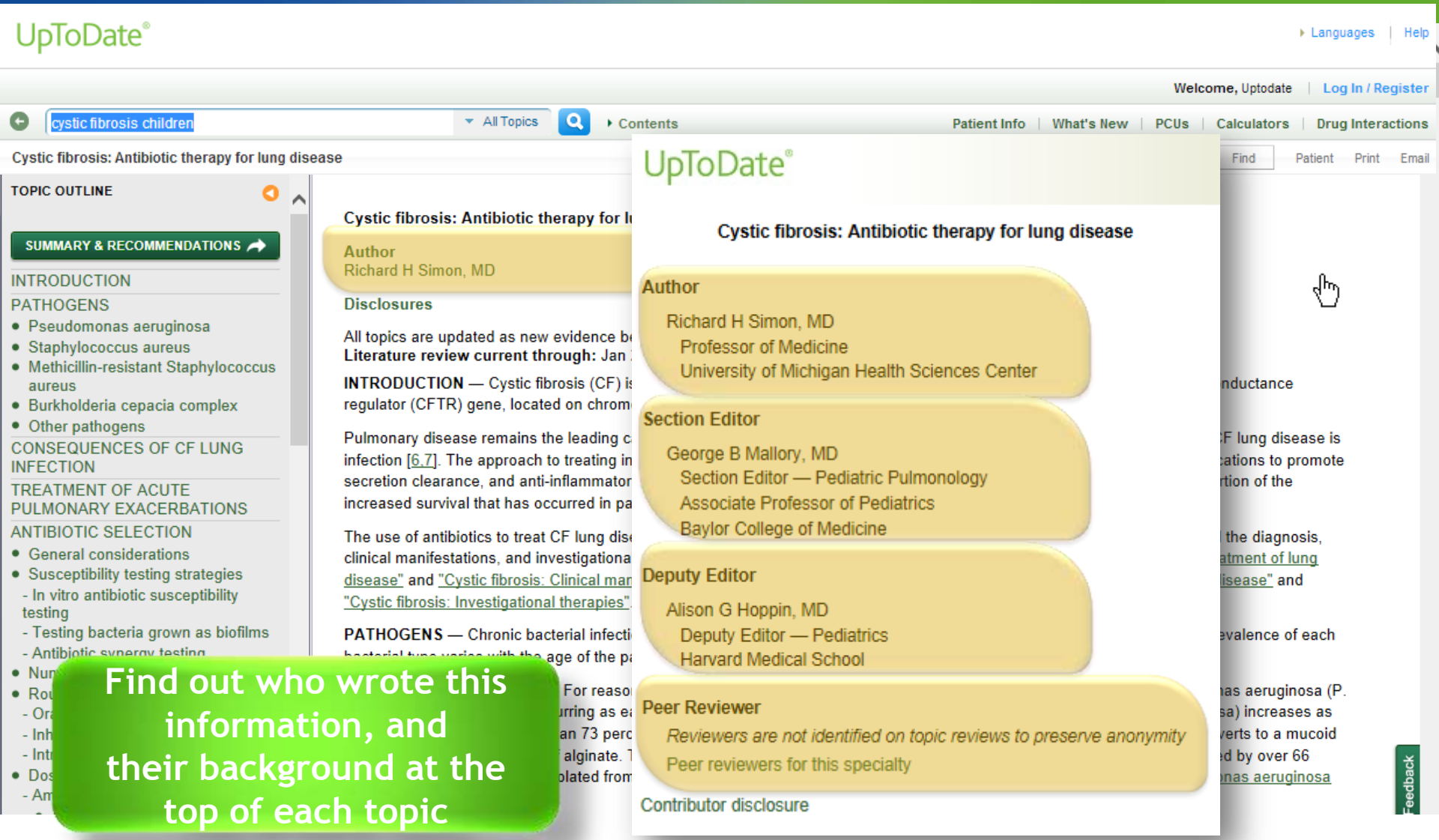
olters Kluwer
alth

Review a full list of interacting properties



Ministry of Health and Medical Education (Iran)

Our Editorial Team

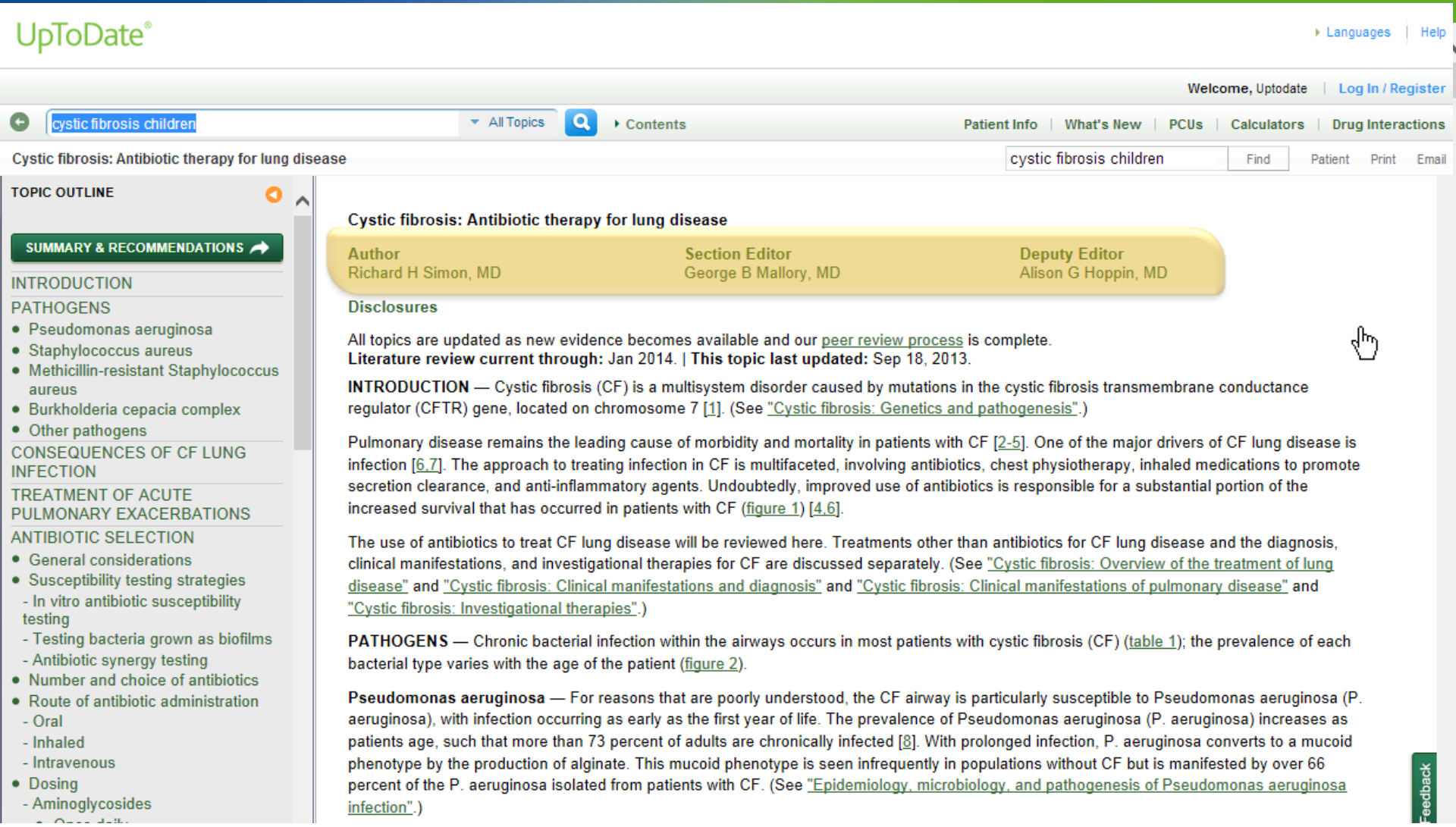


Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیدا

Wolters Kluwer Health

How up-to-date is UpToDate?

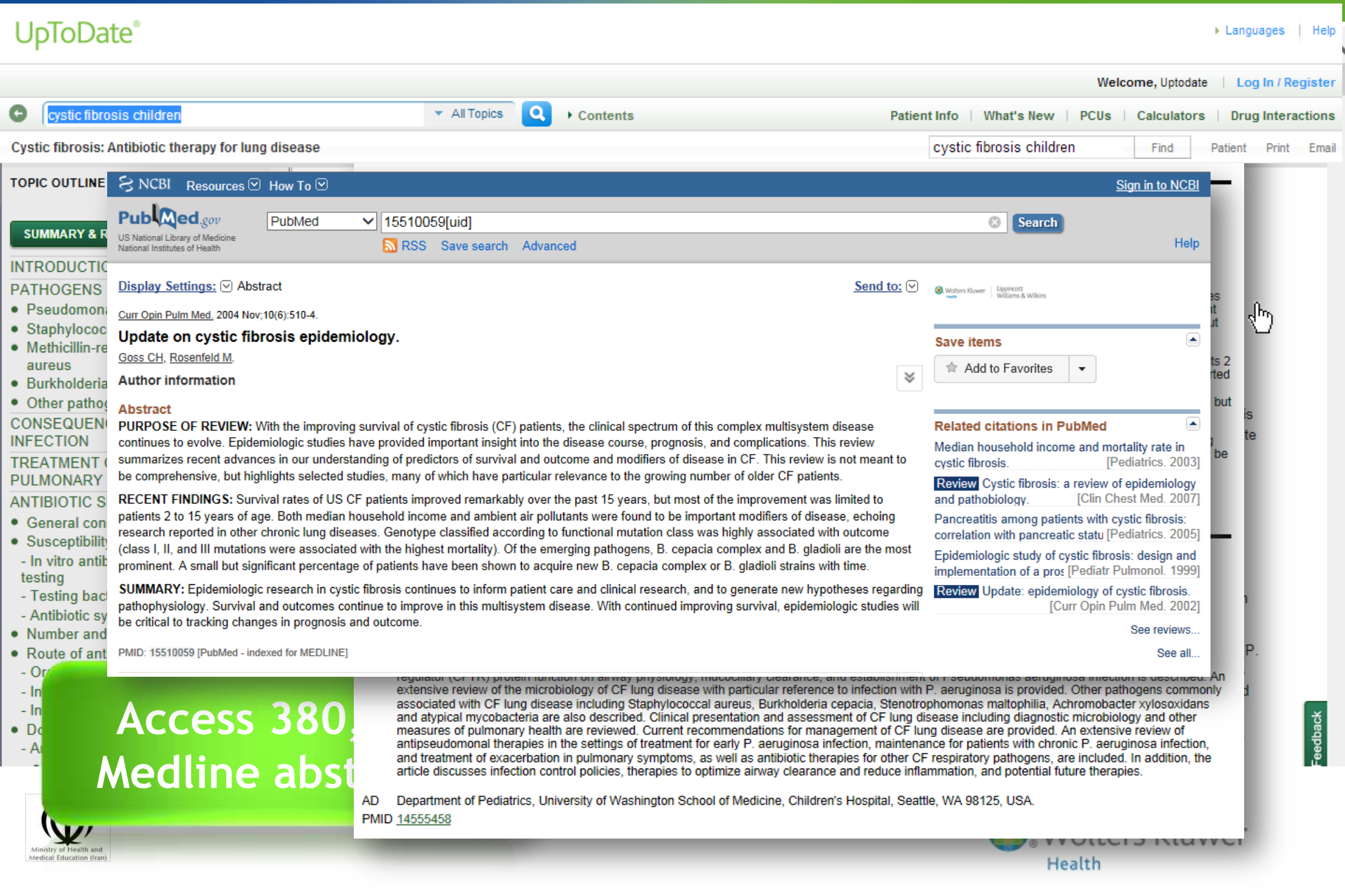


Ministry of Health and Medical Education (Iran)

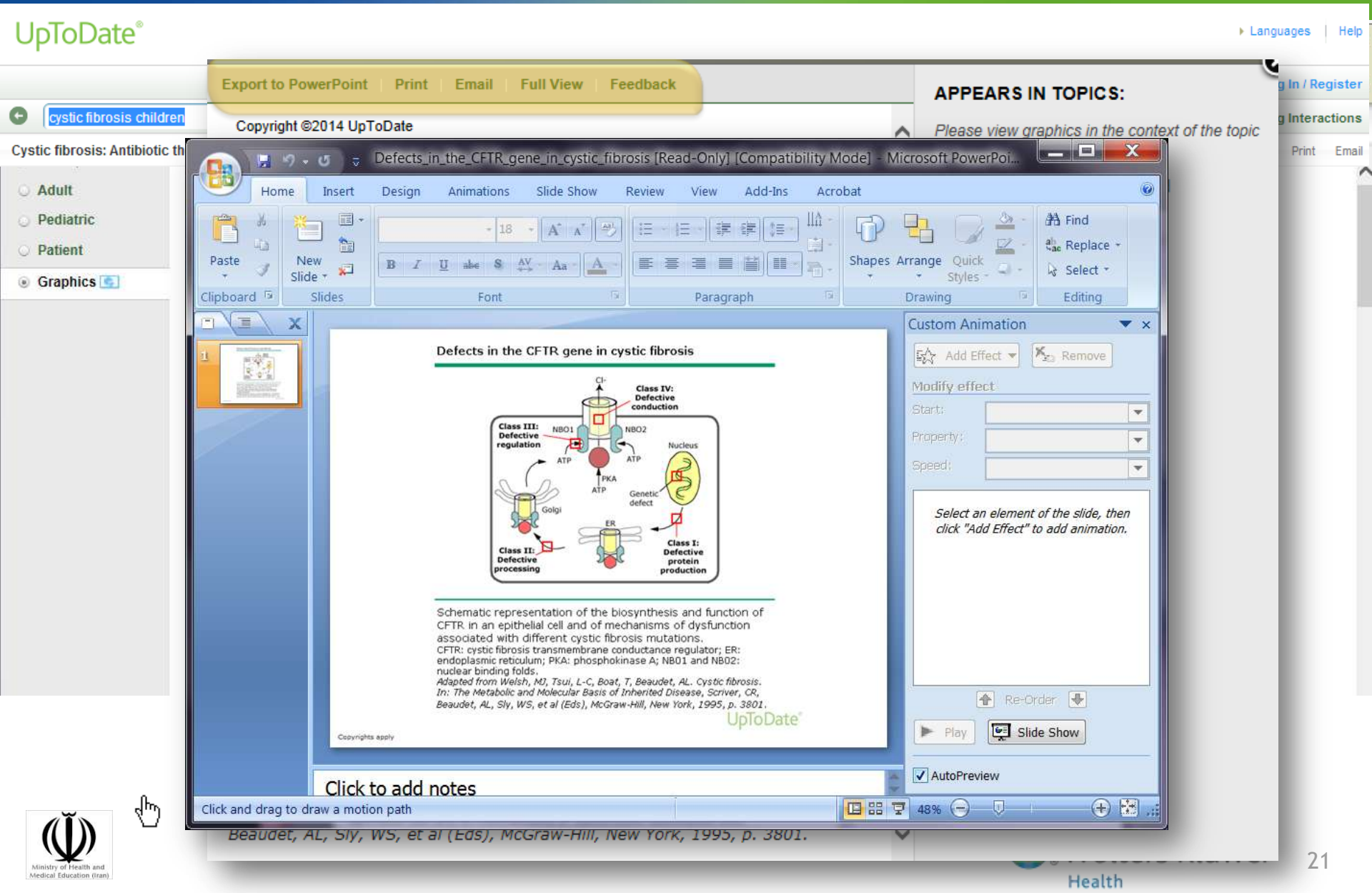
شرکت مهندسی فرآیندا

Wolters Kluwer Health

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.

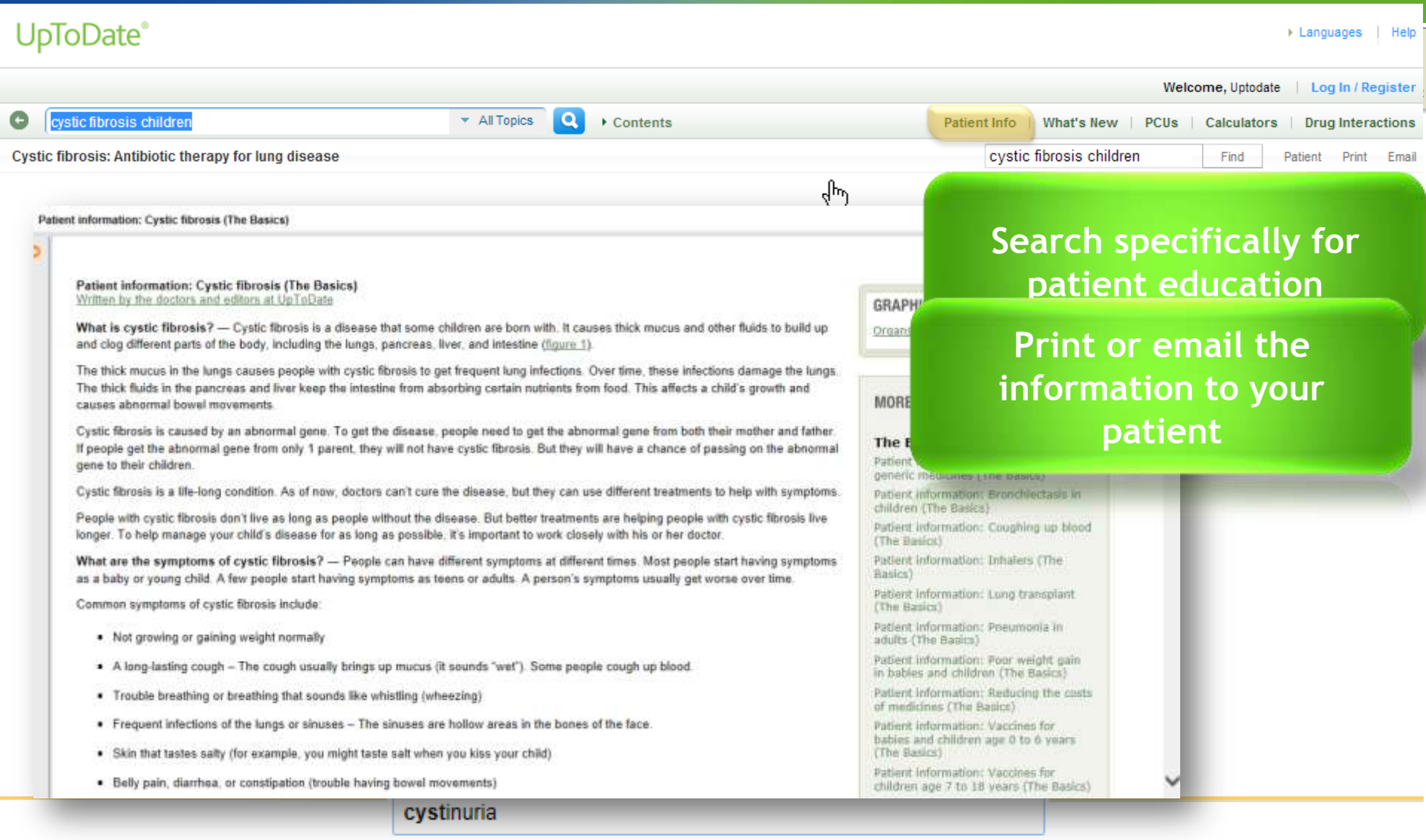
IMPORTANT - All leaflets are written by the same editorial experts

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیدا

Wolters Kluwer Health

Patient Education



Search specifically for patient education

Print or email the information to your patient

Ministry of Health and Medical Education (Iran)

شرکت مهندسی فرآیدا

Wolters Kluwer Health

Patient Education

UpToDate®

Languages | Help

Welcome, Uptodate | Log In / Register

All Topics | Contents | Patient Info | What's New | PCUs | Calculators | Drug Interactions

Contents » Patient Information

Print

Specialties

Patient Information

- The Basics
- Beyond the Basics

What's New

Calculators

Authors and Editors

Contents: Patient Information

UpToDate offers different levels of patient education materials to meet the varying information needs of your patients.

The Basics

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

Beyond the Basics

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.

NEW - The Basics articles are also available in Spanish.

View all The Basics

View all Beyond the Basics

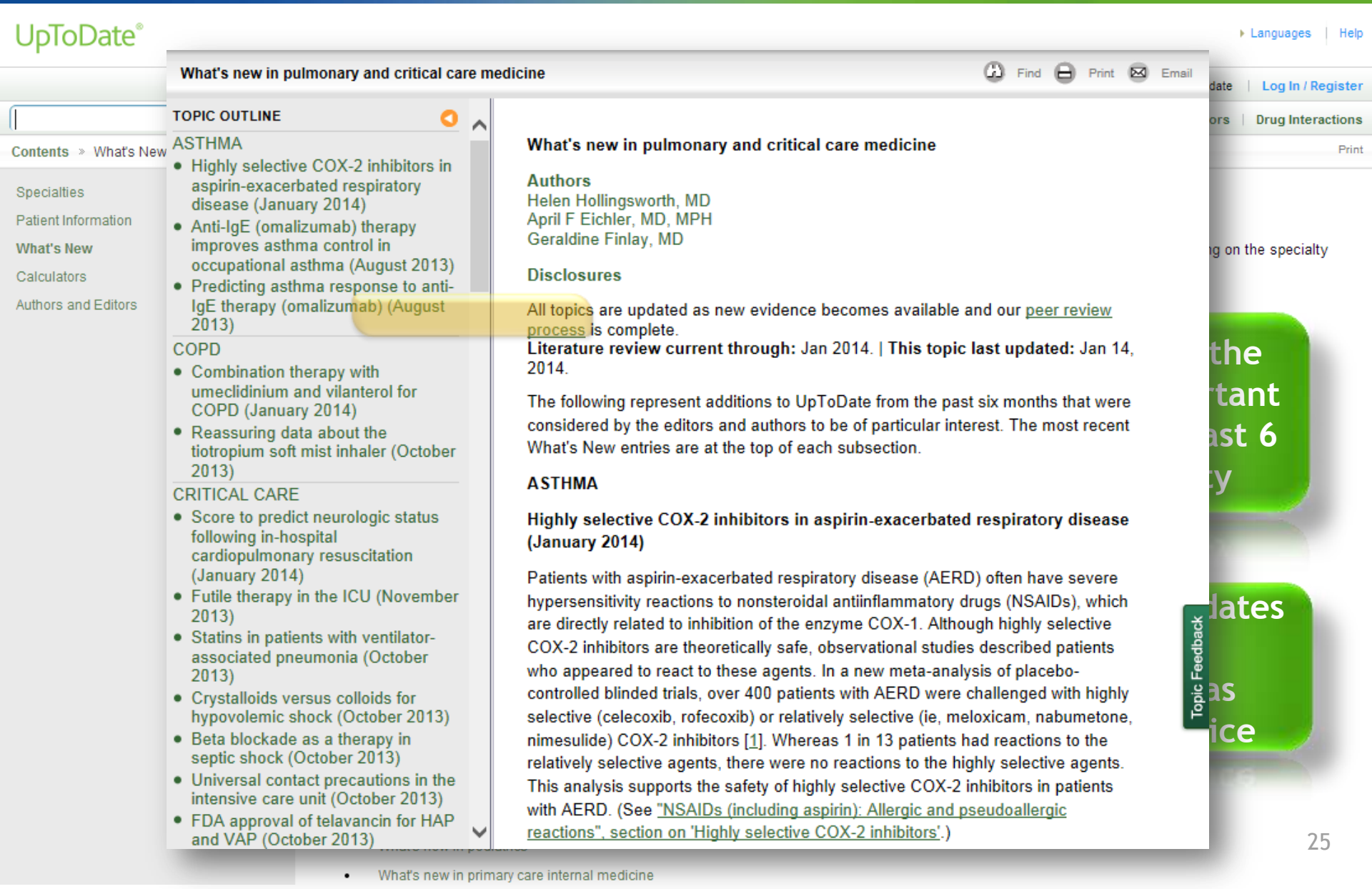
HON@CODE CERTIFIED 10/2013

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

To view a list of all available topics, click on the appropriate health category below.

Allergies and asthma
Arthritis
Autoimmune disease
Blood disorders
Bones, joints, and muscles
Brain and nerves
Cancer
Ear, nose, and throat
Eyes and vision
Gastrointestinal system
General health
Heart and blood vessel disease
HIV and AIDS
Hormones
Lung disease
Men's health issues
Mental health
Pregnancy and childbirth
Senior health
Skin, hair, and nails
Sleep

Check out what is new in your specialty



Practice Changing UpDates

Authors
H Nancy Sokol, MD
David M Rind, MD

Disclosures

All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2014. | **This topic last updated:** Jan 14, 2014.

INTRODUCTION — This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

ONCOLOGY, GYNECOLOGY (FEBRUARY 2013, MODIFIED FEBRUARY 2014)

Chemotherapy plus bevacizumab for recurrent, advanced, or metastatic cervical cancer

- For women with recurrent cervical cancer, those with advanced disease who are not surgical candidates, and those who present with metastatic disease, we recommend first-line treatment with chemotherapy plus bevacizumab rather than chemotherapy alone (Grade 1B).

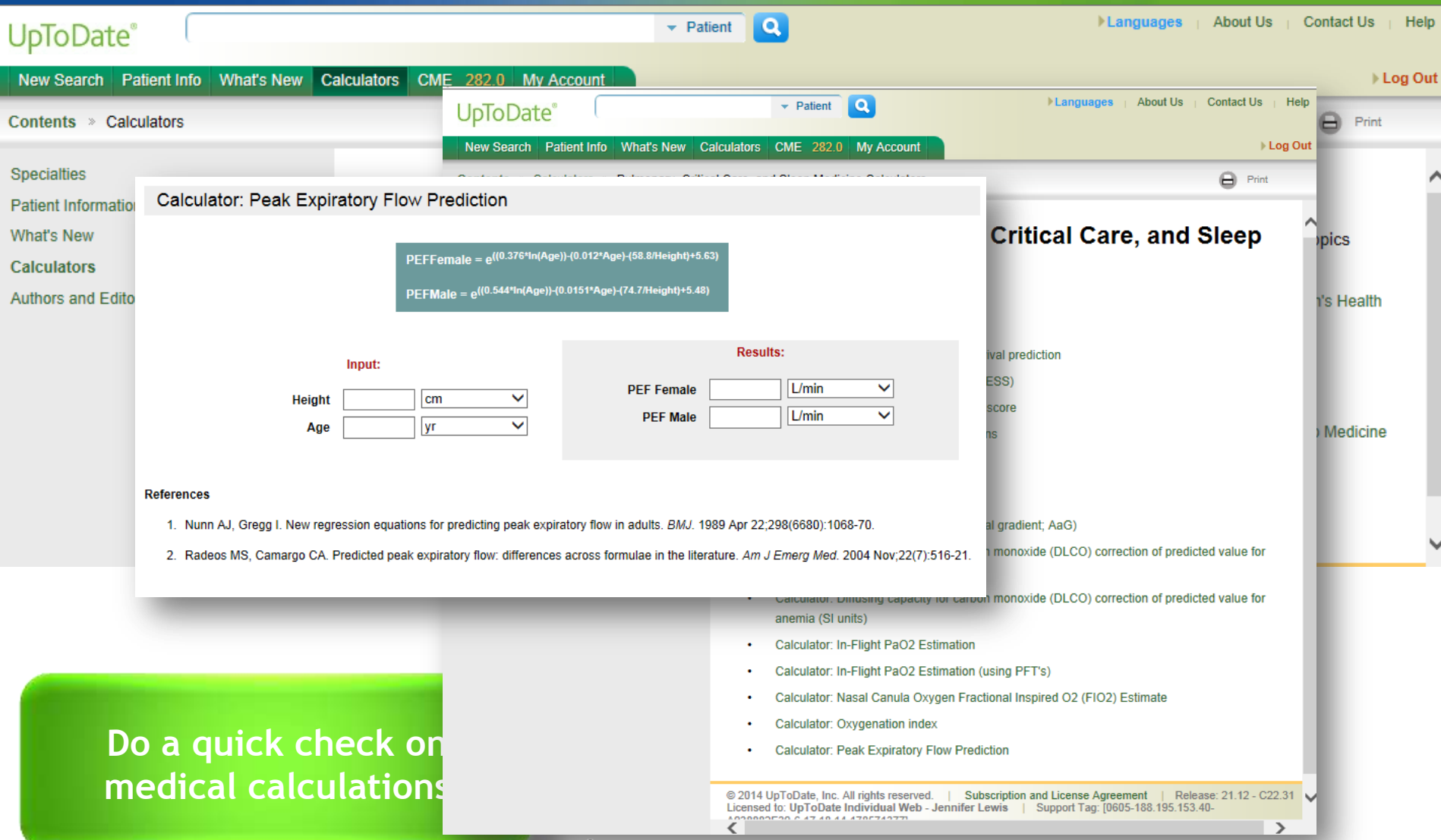
Women with recurrent, metastatic, or advanced cervical cancer should receive treatment consisting of a platinum-based combination chemotherapy plus the angiogenesis inhibitor bevacizumab. This recommendation is based on the results of the GOG 240 study, in which over 450 women were randomly assigned to chemotherapy with or without bevacizumab [1]. Compared to chemotherapy alone, treatment incorporating bevacizumab resulted in significant improvements in overall survival, progression-free survival, and the overall response rate. However, chemotherapy plus bevacizumab increased the rates of hypertension and a higher incidence of fistula formation, bleeding, and thromboembolic events. Based on the survival benefits, we recommend the administration of bevacizumab in addition to chemotherapy as a first-line treatment for metastatic cervical cancer. However, the costs of bevacizumab may require scrutiny in comparison to its benefits and risks, especially in underdeveloped areas. (See "Management of recurrent or metastatic cervical cancer", section on 'Chemotherapy plus bevacizumab as first-line treatment'.)

GASTROENTEROLOGY AND HEPATOLOGY (DECEMBER 2013)

Sofosbuvir and simeprevir for chronic genotype 1 hepatitis C infection

- Most patients with chronic genotype 1 HCV infection who are candidates for and desire therapy should be treated with peginterferon, weight-based ribavirin, and a direct-acting antiviral (DAA). For these patients, we recommend the DAAs sofosbuvir or simeprevir rather than telaprevir or boceprevir (Grade 1B).

Calculators



Do a quick check on
medical calculations

Thank you!