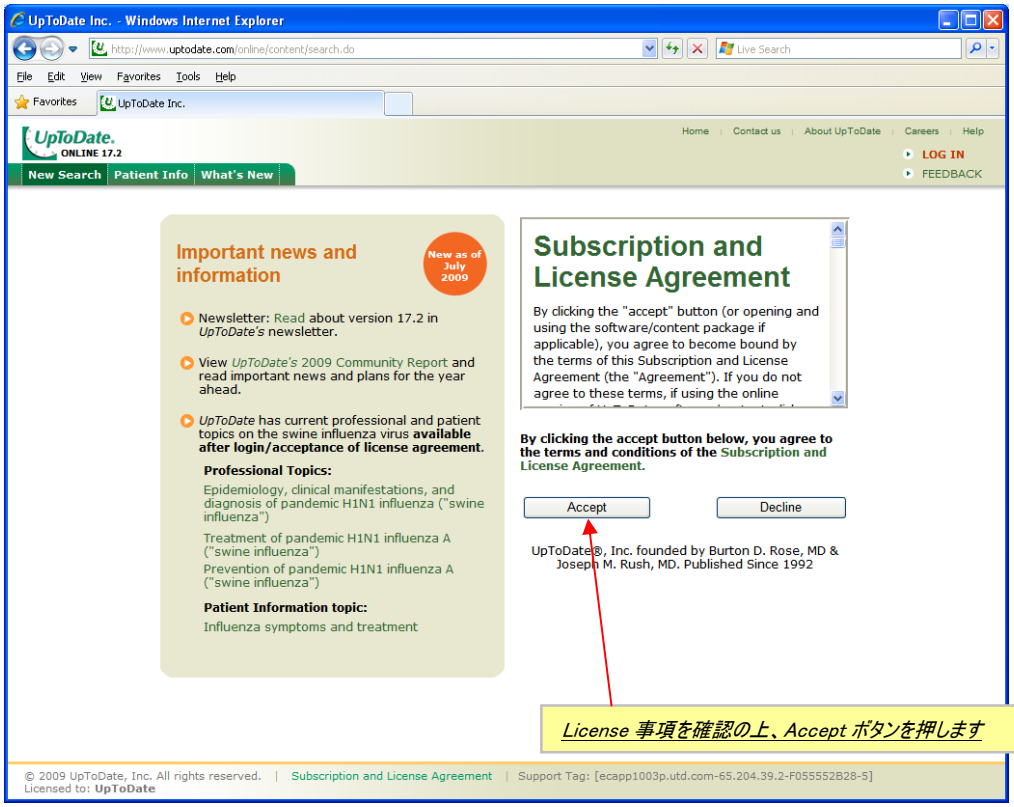
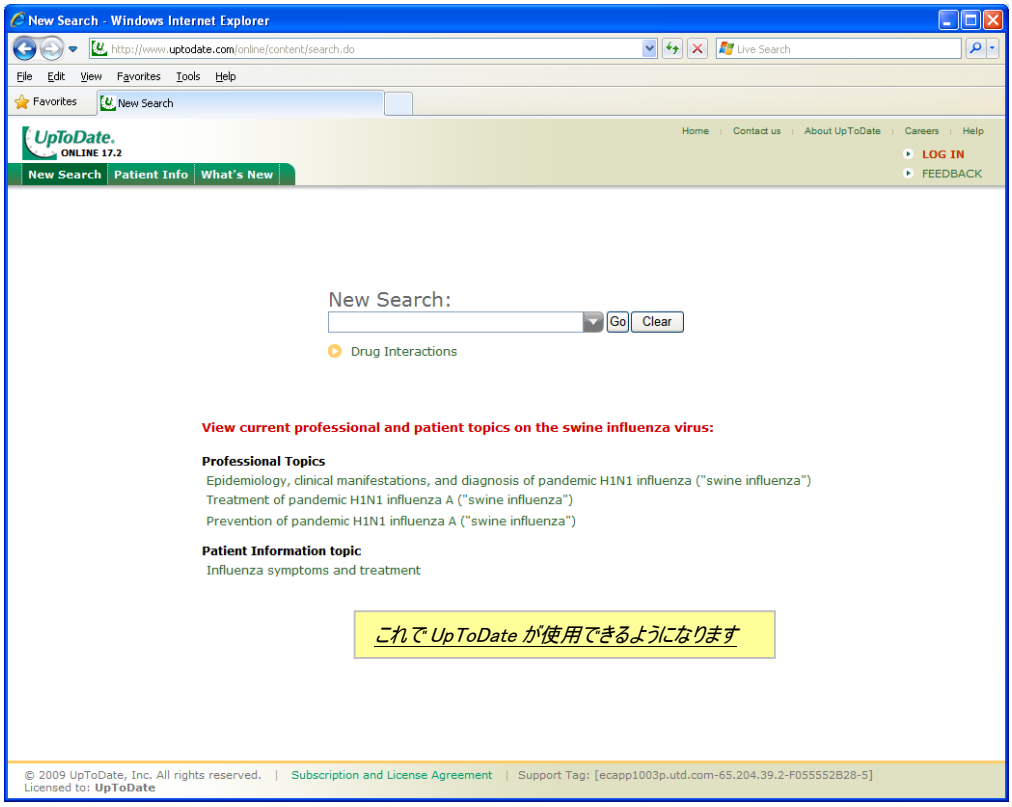
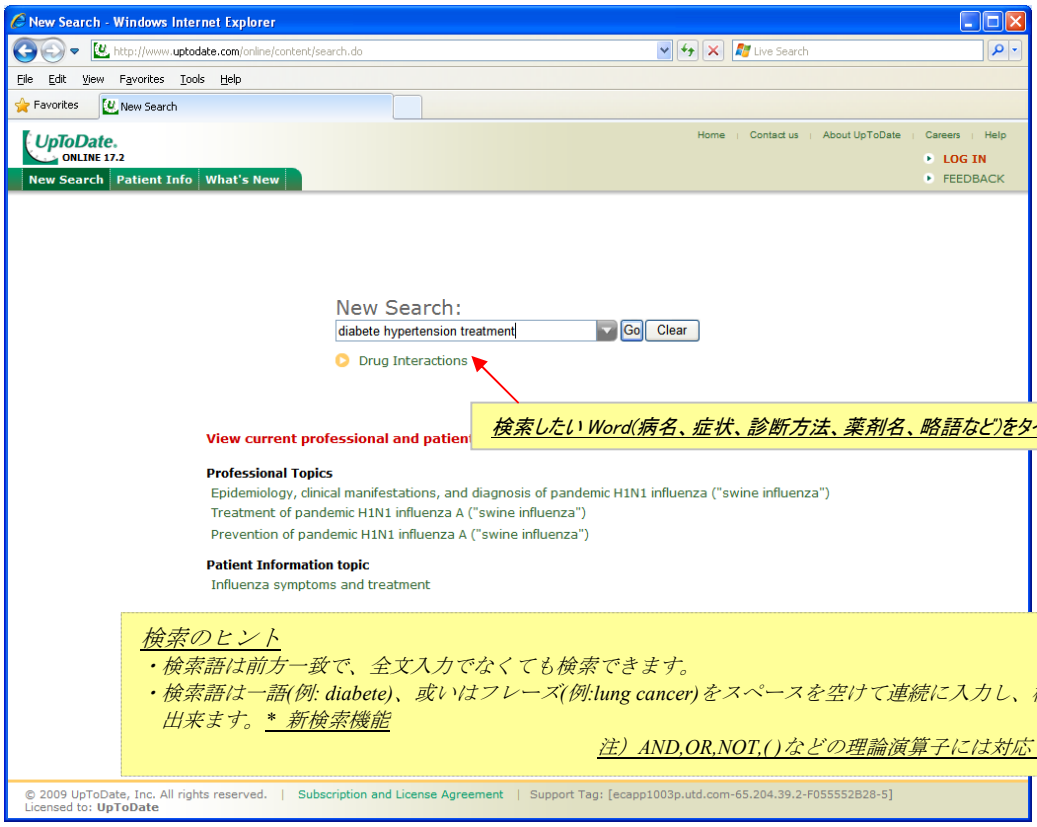
UpToDate 機関購読者用利用マニュアル







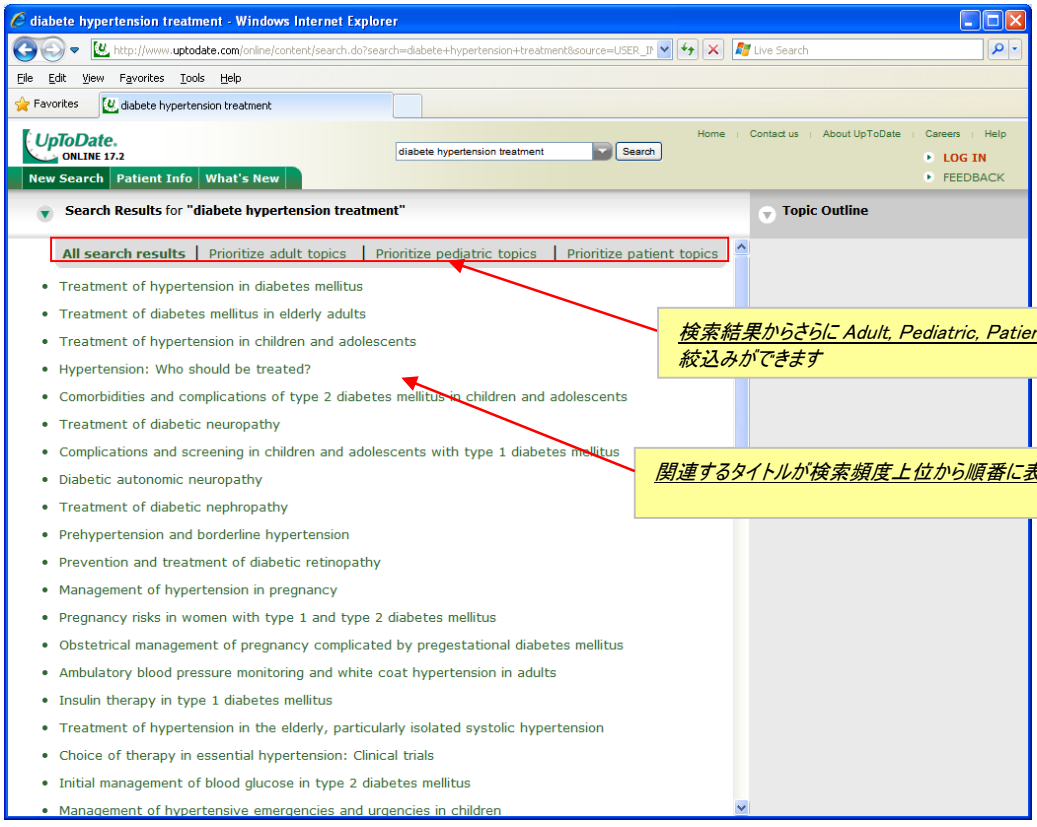
検索したい Word(病名、症状、診断方法、薬剤名、略語など)をタイプします。

検索のヒント

・検索語は前方一致で、全文入力でなくても検索できます。

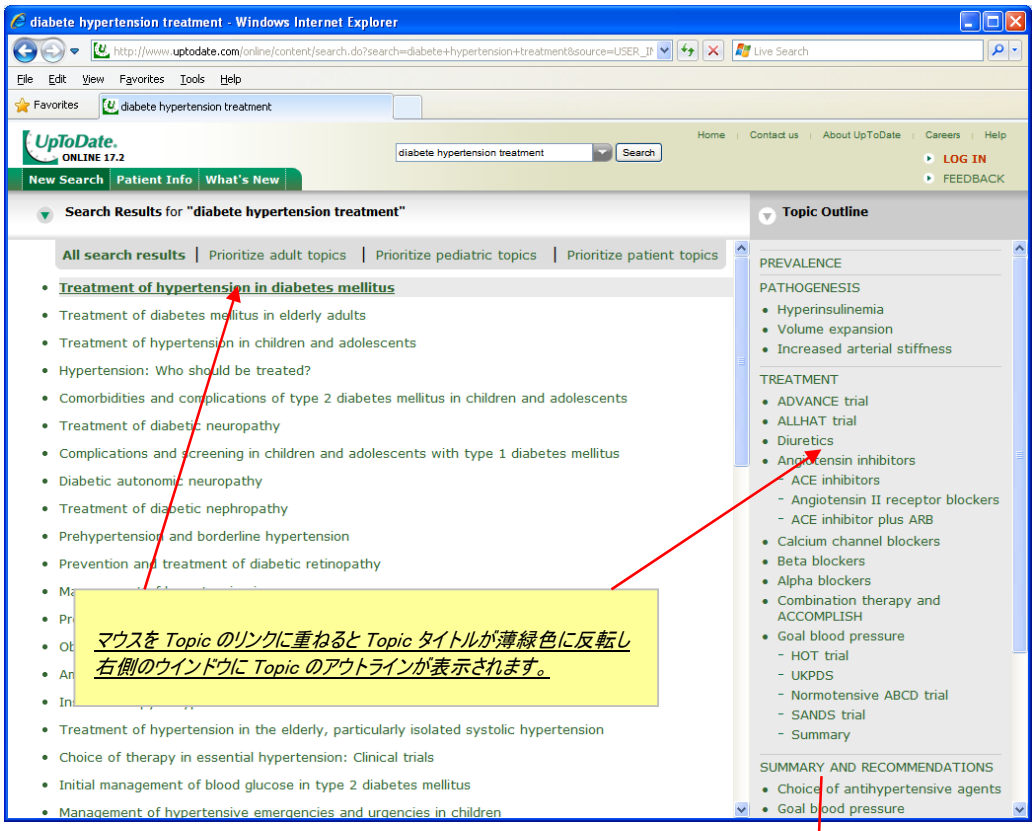
・検索語は一語(例: diabete)、或いはフレーズ(例:lung cancer)をスペースを空けて連続に入力し、検索をすることが出来ます。* 新検索機能

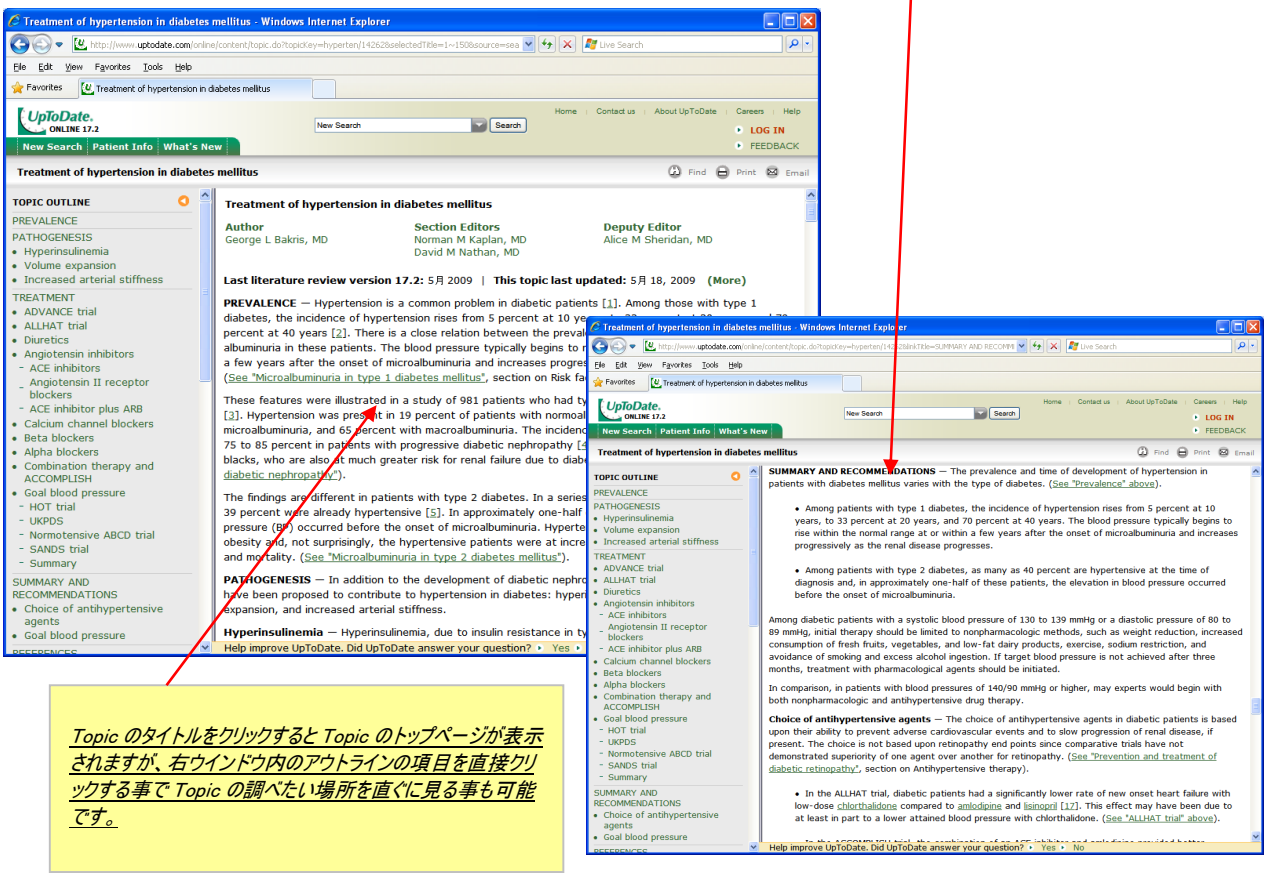
注）AND,OR,NOT,( )などの理論演算子には対応していません。



検索結果からさらに Adult, Pediatric, Patient information への絞込みができます

関連するタイトルが検索頻度上位から順番に表示されます


diabete hypertension treatment - Windows Internet Explorer
UpToDate. ONLINE 17.2
New Search | Patient Info | What's New
Search Results for "diabete hypertension treatment"
All search results | Prioritize adult topics | Prioritize pediatric topics | Prioritize patient topics
Treatment of hypertension in diabetes mellitus
Treatment of diabetes mellitus in elderly adults
Treatment of hypertension in children and adolescents
Hypertension: Who should be treated?
Comorbidities and complications of type 2 diabetes mellitus in children and adolescents
Treatment of diabetic neuropathy
Complications and screening in children and adolescents with type 1 diabetes mellitus
Diabetic autonomic neuropathy
Treatment of diabetic nephropathy
Prehypertension and borderline hypertension
Prevention and treatment of diabetic retinopathy
Treatment of hypertension in the elderly, particularly isolated systolic hypertension
Choice of therapy in essential hypertension: Clinical trials
Initial management of blood glucose in type 2 diabetes mellitus
Management of hypertensive emergencies and urgencies in children
Topic Outline
PREVALENCE
PATHOGENESIS
Hyperinsulinemia
Volume expansion
Increased arterial stiffness
TREATMENT
ADVANCE trial
ALLHAT trial
Diuretics
Angiotensin inhibitors
ACE inhibitors
Angiotensin II receptor blockers
ACE inhibitor plus ARB
Calcium channel blockers
Beta blockers
Alpha blockers
Combination therapy and ACCOMPLISH
Goal blood pressure
HOT trial
UKPDS
Normotensive ABCD trial
SANDS trial
Summary
SUMMARY AND RECOMMENDATIONS
Choice of antihypertensive agents
Goal blood pressure
マウスを Topic のリンクに重ねると Topic タイトルが薄緑色に反転し右側のウインドウに Topic のアウトラインが表示されます。


Treatment of hypertension in diabetes mellitus - Windows Internet Explorer
Treatment of hypertension in diabetes mellitus
Author
George L Bakris, MD
Section Editors
Norman M Kaplan, MD
David M Nathan, MD
Deputy Editor
Alice M Sheridan, MD
Last literature review version 17.2: 5月 2009 | This topic last updated: 5月 18, 2009 (More)
PREVALENCE — Hypertension is a common problem in diabetic patients [1]. Among those with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 20 years, and 70 percent at 40 years [2]. There is a close relation between the prevalence of albuminuria in these patients. The blood pressure typically begins to rise within the normal range at or within a few years after the onset of microalbuminuria and increases progressively as the renal disease progresses.
These features were illustrated in a study of 981 patients who had type 1 diabetes [3]. Hypertension was present in 19 percent of patients with normoalbuminuria, microalbuminuria, and 65 percent with macroalbuminuria. The incidence of hypertension was 75 to 85 percent in patients with progressive diabetic nephropathy [4]. Among blacks, who are also at much greater risk for renal failure due to diabetic nephropathy, the prevalence of hypertension is even greater.
The findings are different in patients with type 2 diabetes. In a series of 1,296 patients, 39 percent were already hypertensive [5]. In approximately one-half of these patients, blood pressure (BP) occurred before the onset of microalbuminuria. Hypertension was also common in obese and, not surprisingly, the hypertensive patients were at increased risk for cardiovascular disease and mortality.
PATHOGENESIS — In addition to the development of diabetic nephropathy, hemodynamic factors have been proposed to contribute to hypertension in diabetes: hyperinsulinemia, volume expansion, and increased arterial stiffness.
Hyperinsulinemia — Hyperinsulinemia, due to insulin resistance in type 2 diabetes,
Help improve UpToDate. Did UpToDate answer your question? Yes
TOPIC OUTLINE
PREVALENCE
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Volume expansion
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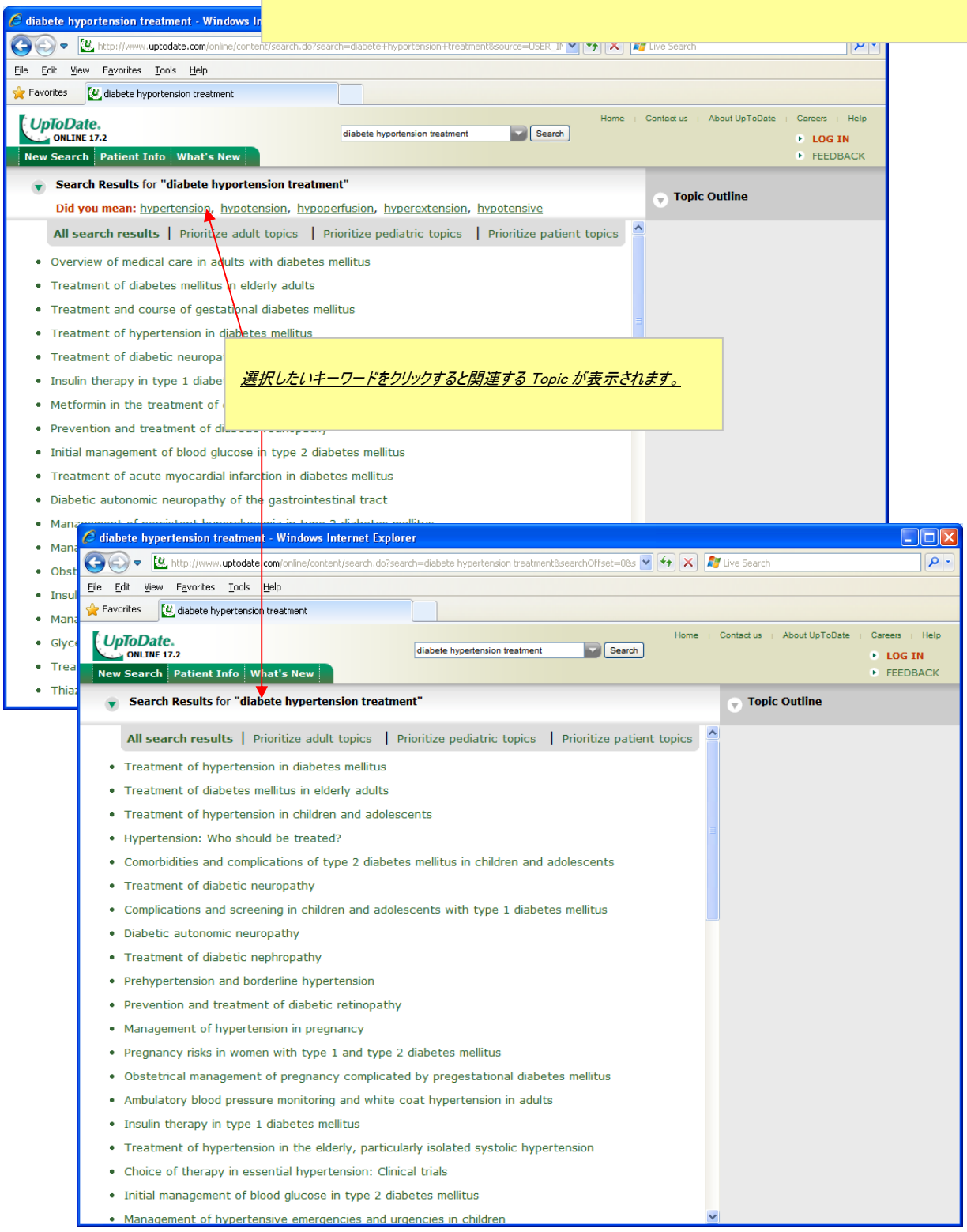
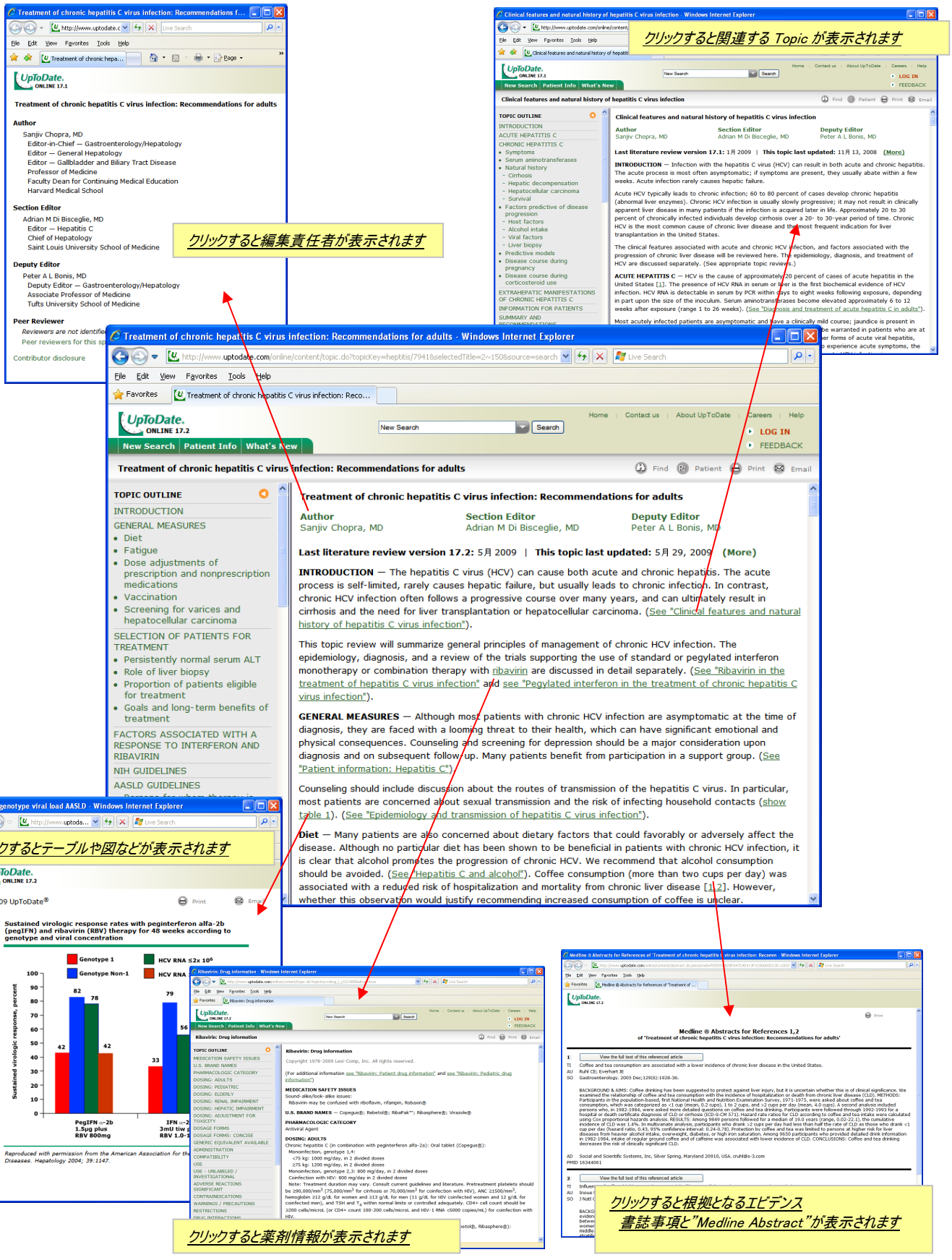
REFERENCES
SUMMARY AND RECOMMENDATIONS — The prevalence and time of development of hypertension in patients with diabetes mellitus varies with the type of diabetes. (See "Prevalence" above).
Among patients with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 20 years, and 70 percent at 40 years. The blood pressure typically begins to rise within the normal range at or within a few years after the onset of microalbuminuria and increases progressively as the renal disease progresses.
Among patients with type 2 diabetes, as many as 40 percent are hypertensive at the time of diagnosis and, in approximately one-half of these patients, the elevation in blood pressure occurred before the onset of microalbuminuria.
Among diabetic patients with a systolic blood pressure of 130 to 139 mmHg or a diastolic pressure of 80 to 89 mmHg, initial therapy should be limited to nonpharmacologic methods, such as weight reduction, increased consumption of fresh fruits, vegetables, and low-fat dairy products, exercise, sodium restriction, and avoidance of smoking and excess alcohol ingestion. If target blood pressure is not achieved after three months, treatment with pharmacological agents should be initiated.
In comparison, in patients with blood pressures of 140/90 mmHg or higher, may experts would begin with both nonpharmacologic and antihypertensive drug therapy.
Choice of antihypertensive agents — The choice of antihypertensive agents in diabetic patients is based upon their ability to prevent adverse cardiovascular events and to slow progression of renal disease, if present. The choice is not based upon retinopathy end points since comparative trials have not demonstrated superiority of one agent over another for retinopathy. (See "Prevention and treatment of diabetic retinopathy", section on Antihypertensive therapy).
In the ALLHAT trial, diabetic patients had a significantly lower rate of new onset heart failure with low-dose chlorthalidone compared to amlodipine and lisinopril [17]. This effect may have been due to at least in part to a lower attained blood pressure with chlorthalidone. (See "ALLHAT trial" above).
Topic のタイトルをクリックすると Topic のトップページが表示されますが、右ウインドウ内のアウトラインの項目を直接クリックする事で Topic の調べたい場所を直ぐに見る事も可能です。

検索語の英語スペルを間違った場合でも選択の候補となる検索語が表示され、クリックにて選択できます。

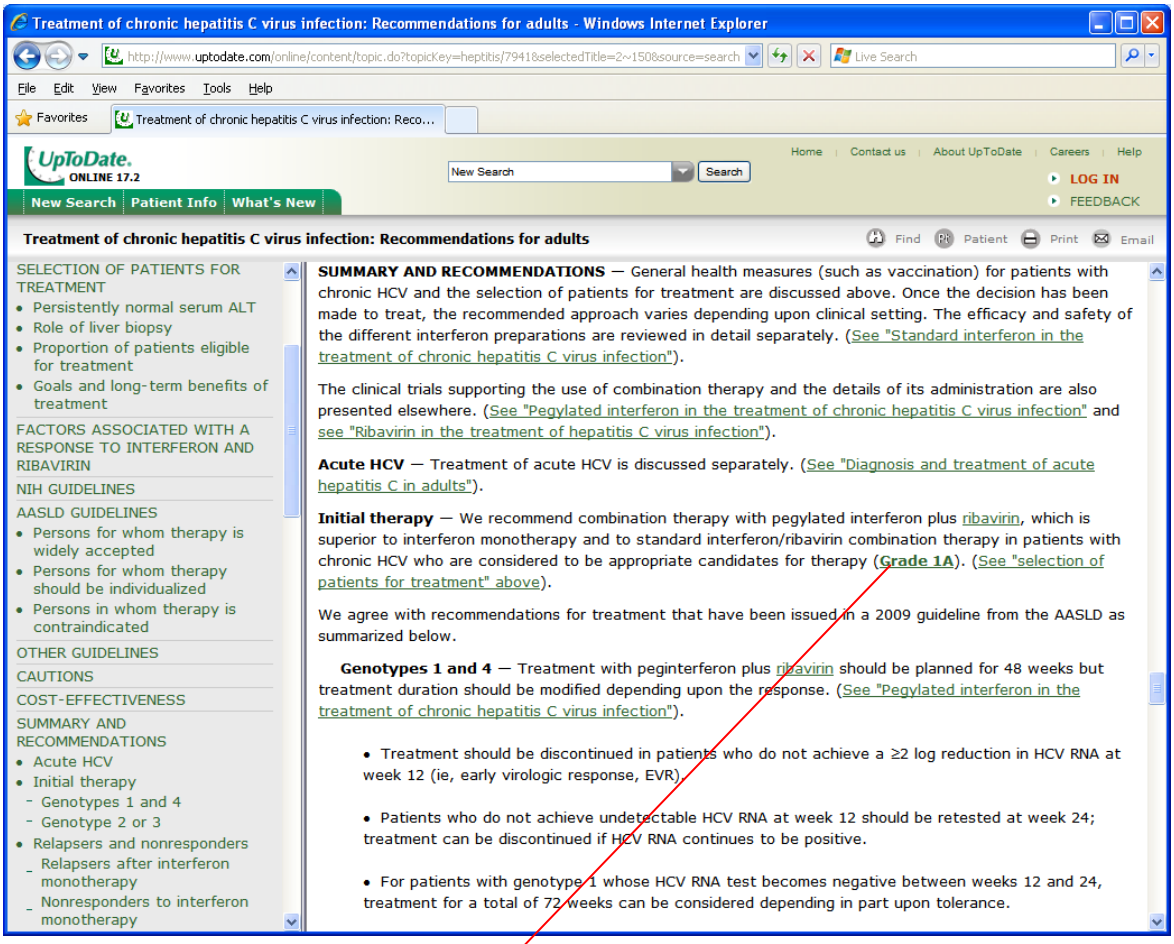


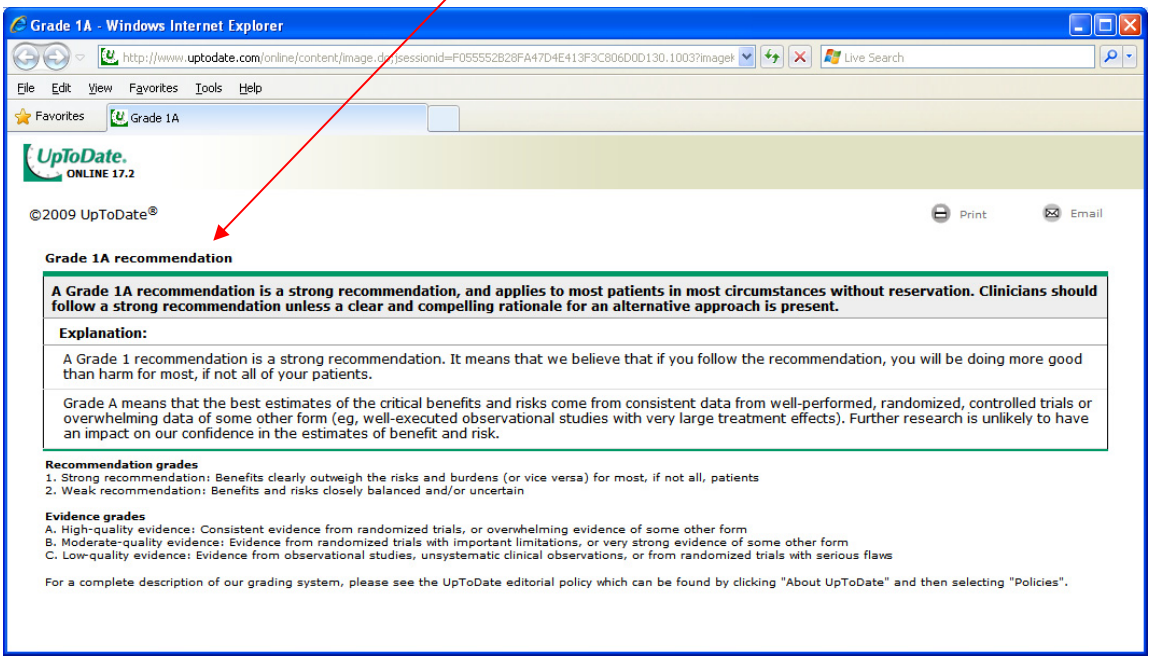

クリックすると関連する Topic が表示されます
クリックすると編集責任者が表示されます
クリックするとテーブルや図などが表示されます
クリックすると薬剤情報が表示されます
クリックすると根拠となるエビデンス
書誌事項と"Medline Abstract"が表示されます
Treatment of chronic hepatitis C virus infection: Recommendations for adults
Author
Sanjiv Chopra, MD
Section Editor
Adrian M Di Bisceglie, MD
Deputy Editor
Peter A L Bonis, MD
TOPIC OUTLINE
INTRODUCTION
GENERAL MEASURES
SELECTION OF PATIENTS FOR TREATMENT
FACTORS ASSOCIATED WITH A RESPONSE TO INTERFERON AND RIBAVIRIN
NIH GUIDELINES
AASLD GUIDELINES
Sustained virologic response rates with peginterferon alfa-2b (pegIFN) and ribavirin (RBV) therapy for 48 weeks according to genotype and viral concentration
Genotype 1
Genotype Non-1
HCV RNA ≤2x 10⁶
Sustained virologic response, percent
PegIFN -2b 1.5µg plus RBV 800mg
Medline ® Abstracts for References 1,2
of 'Treatment of chronic hepatitis C virus infection: Recommendations for adults'

Grading

Recommendation に Grading を表示し、その Recommendation の度合いを表しています。

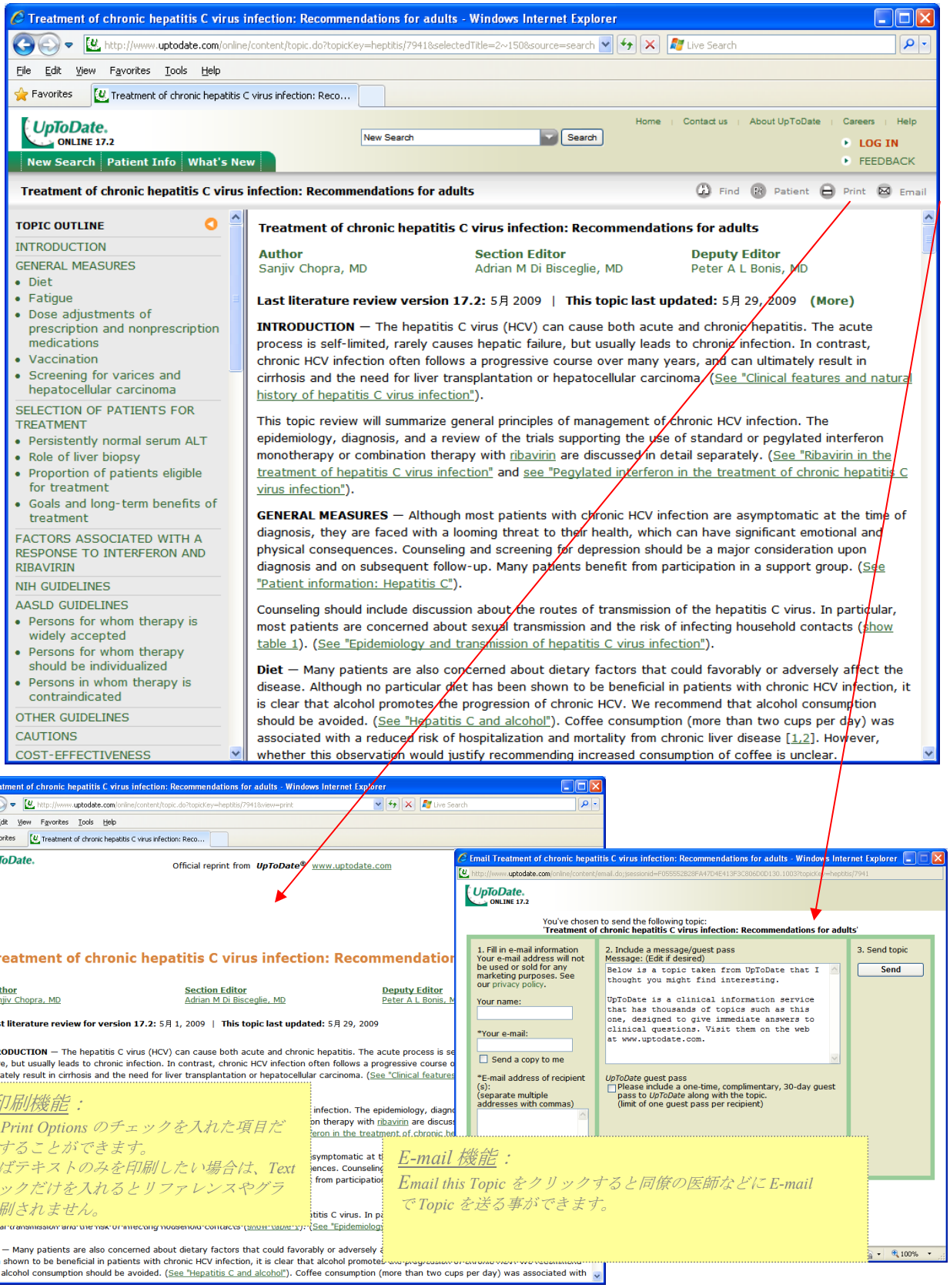
*全ての Recommendation にはまだついていません。





Printing

*Prinr を押す*と印刷に適した形で Topic が表示されます。



選択印刷機能：

右上の Print Options のチェックを入れた項目だけ印刷することができます。

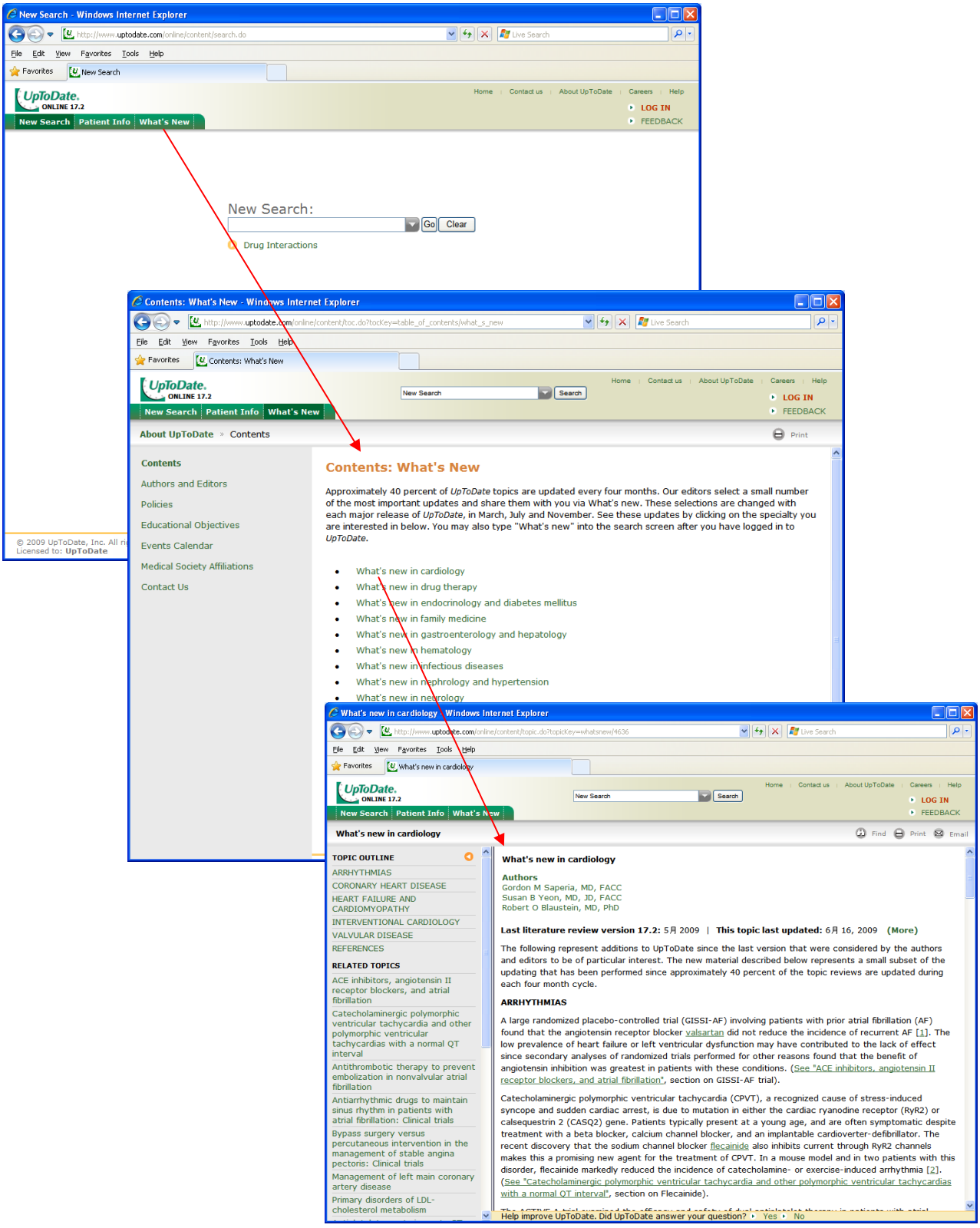
例えばテキストのみを印刷したい場合は、Text のチェックだけを入れるとリファレンスやグラフは印刷されません。

E-mail 機能：

Email this Topic をクリックすると同僚の医師などに E-mail で Topic を送る事ができます。

What's New

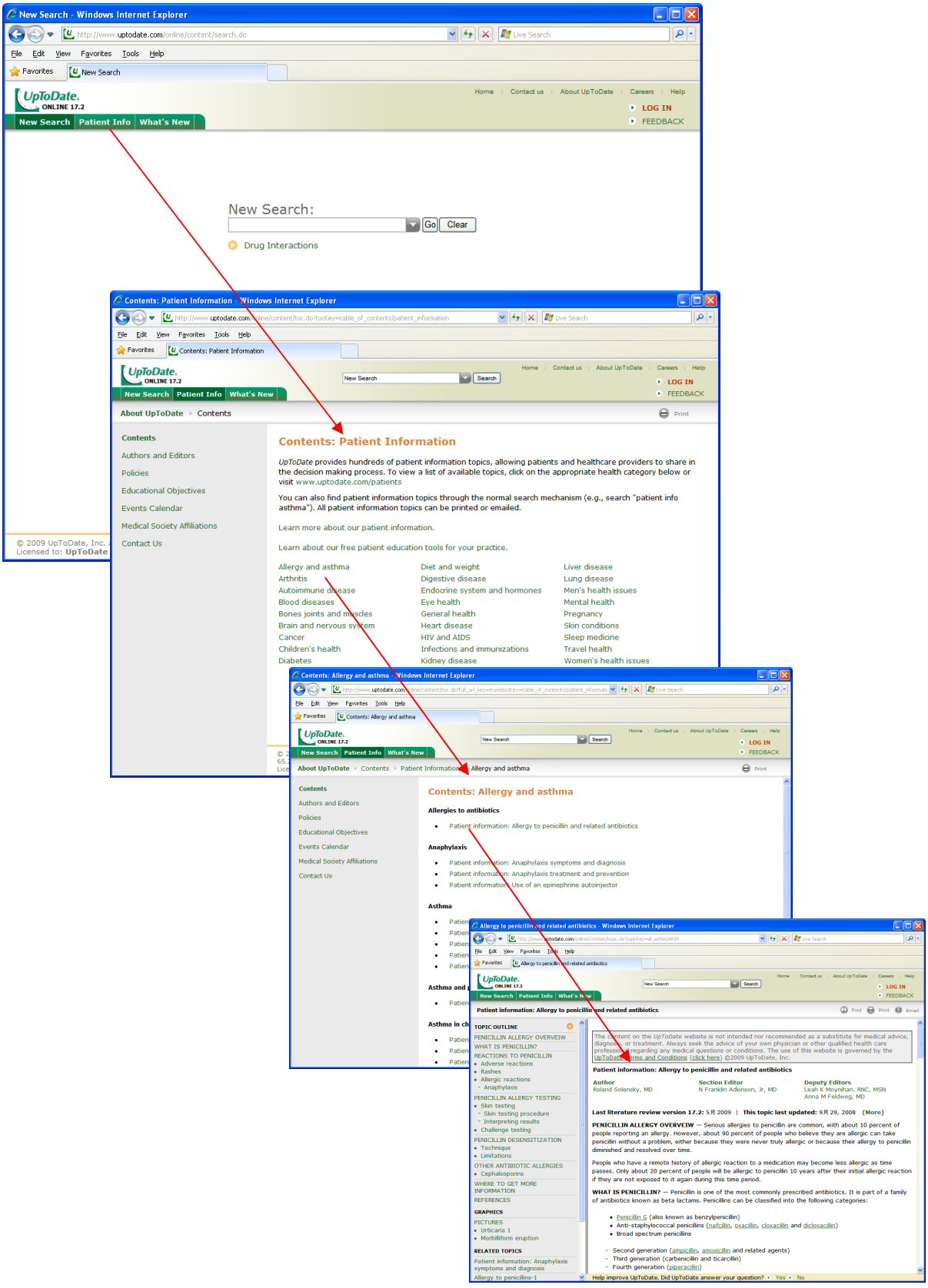
専門領域などから新しい Topic を表示する事ができます。



Patient Information

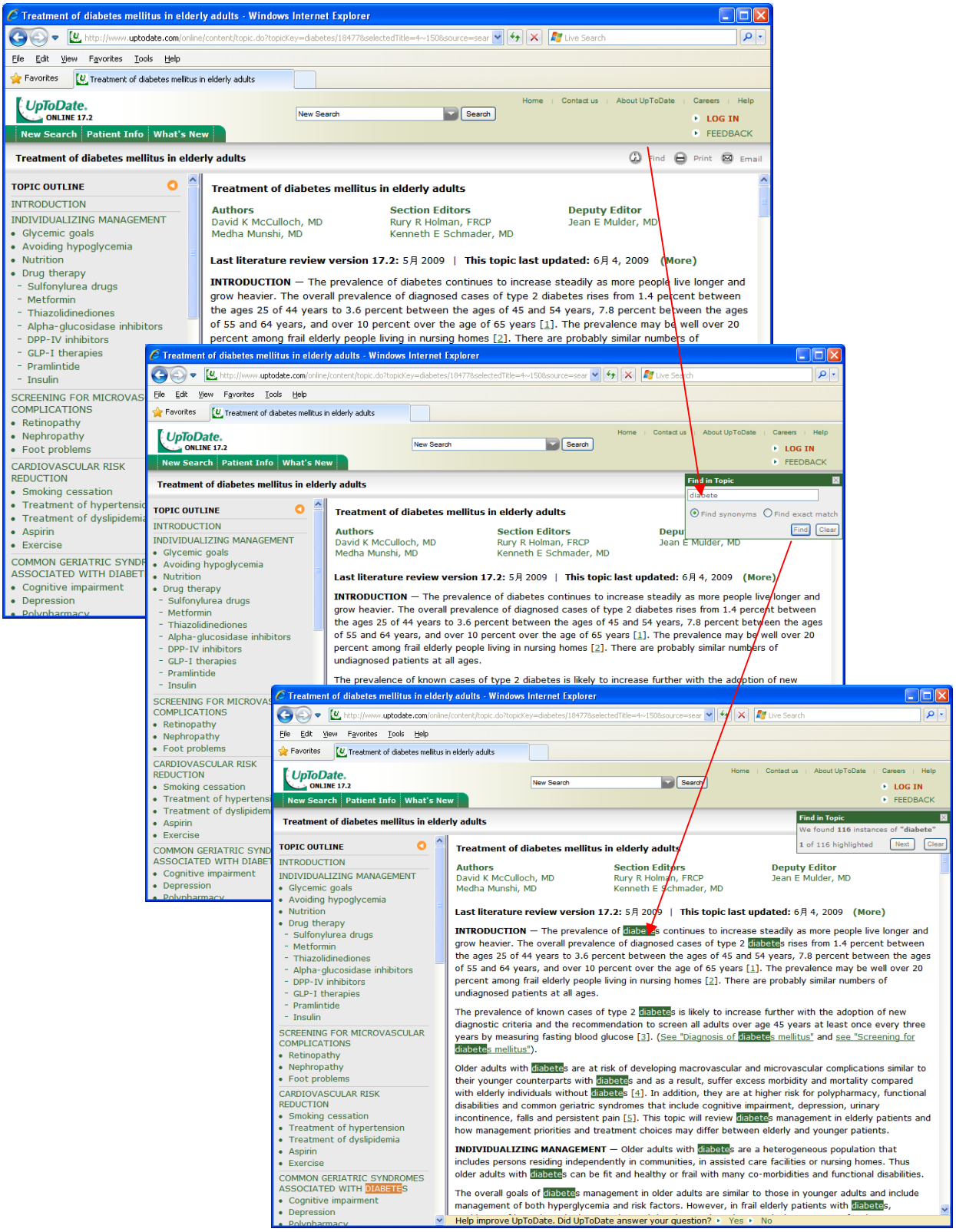
疾患毎に患者の為の情報を提供。

各疾患の原因や症状・治療・予防・患者団体の連絡先(米国のみ)など情報を表示します。



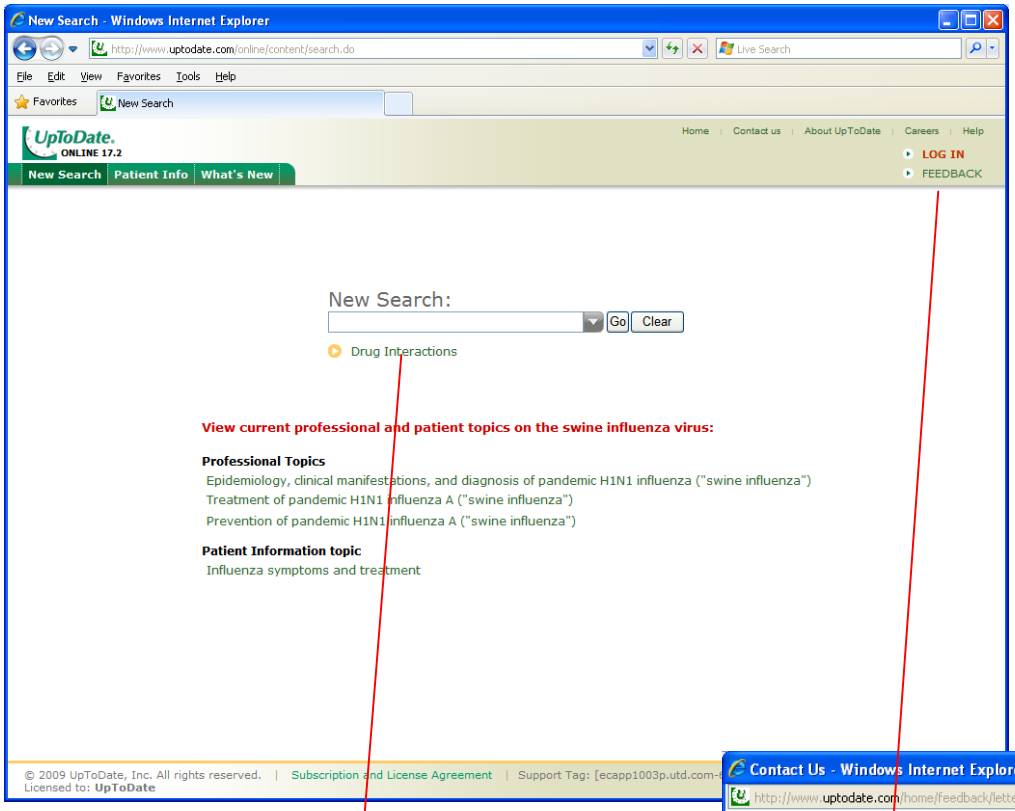
Topic 内検索

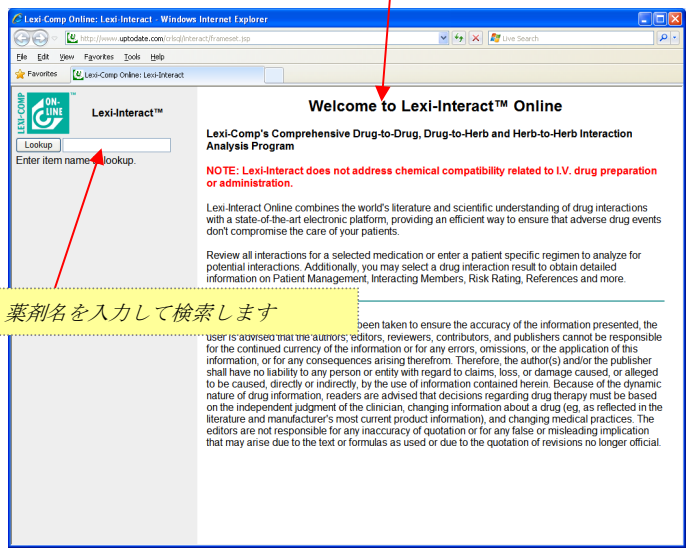
目的とする検索語を Topic 内で探したい場合に使用します。



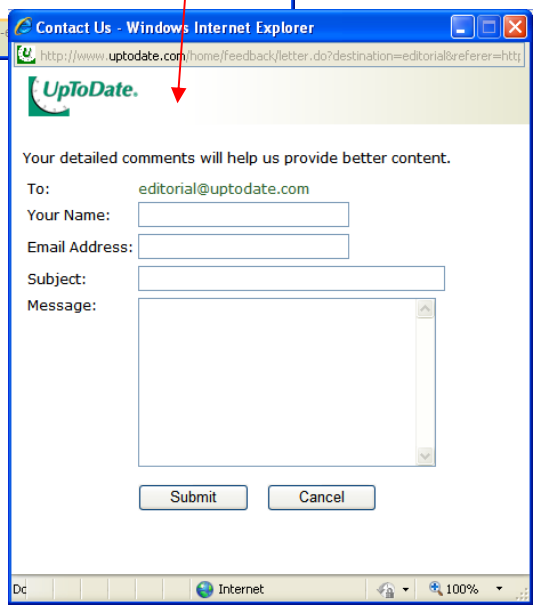
Drug interaction Program & Feedback

薬剤相互作用データーベースのリンクがあり自由に利用可能です。
また、Feedback をクリックすることにより UpToDate の編集スタッフに直接連絡をすることが出来ます。
(英語のみ)





薬剤名を入力して検索します



- ご質問お問い合わせは下記まで -
UpToDate 日本事務所
〒113-0033 東京都文京区本郷 3-23-14 ｼｮｳｴｲﾋﾞﾙ 7F
㈱ｳｫﾙﾀｰｽﾞ・ｸﾙｰﾜｰ・ﾍﾙｽ・ｼﾞｬﾊﾟﾝ内
TEL: 03-5805-5052 FAX: 03-5805-5053
E-Mail: japan@uptodate.com