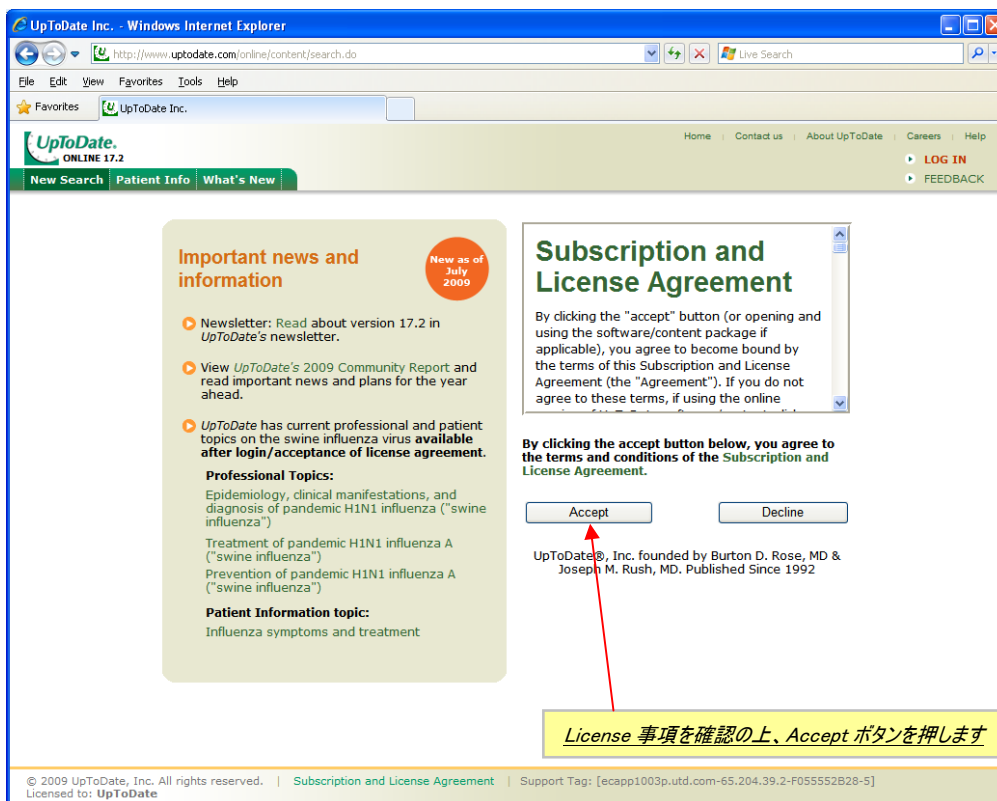


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Important news and information

New as of July 2009

- Newsletter: Read about version 17.2 in UpToDate's newsletter.
- View UpToDate's 2009 Community Report and read important news and plans for the year ahead.
- UpToDate has current professional and patient topics on the swine influenza virus **available after login/acceptance of license agreement.**

Professional Topics:

- Epidemiology, clinical manifestations, and diagnosis of pandemic H1N1 influenza ("swine influenza")
- Treatment of pandemic H1N1 influenza A ("swine influenza")
- Prevention of pandemic H1N1 influenza A ("swine influenza")

Patient Information topic:

- Influenza symptoms and treatment

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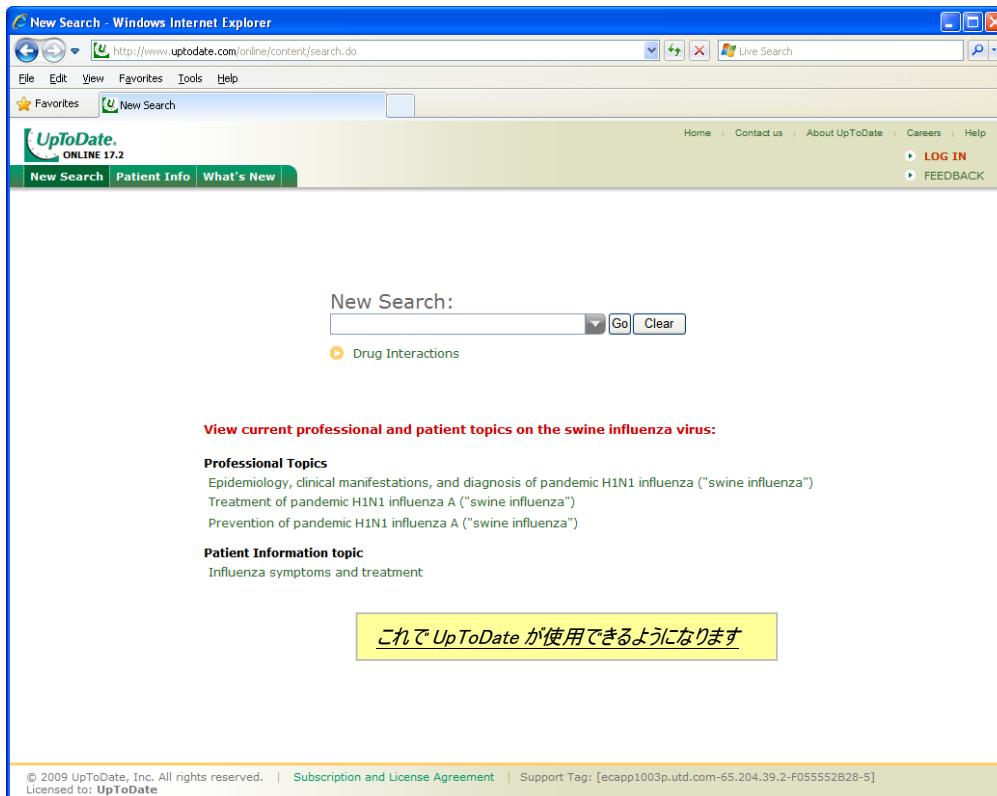
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New Search:

Go Clear

Drug Interactions

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Professional Topics

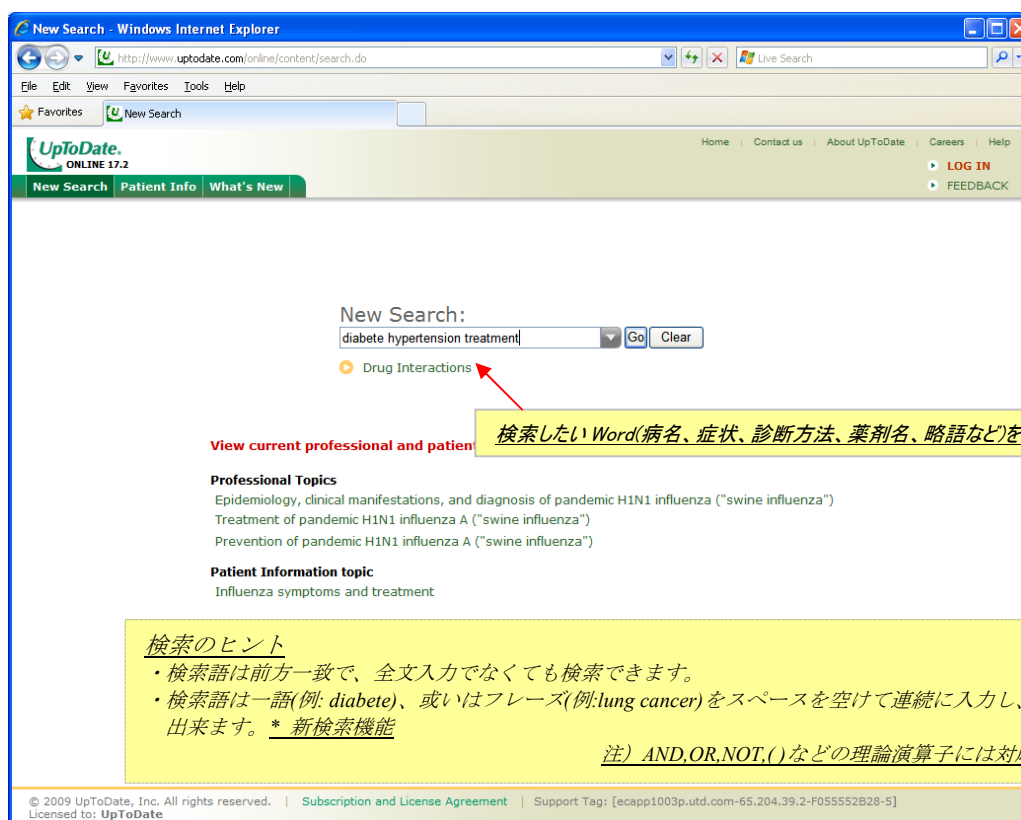
- Epidemiology, clinical manifestations, and diagnosis of pandemic H1N1 influenza ("swine influenza")
- Treatment of pandemic H1N1 influenza A ("swine influenza")
- Prevention of pandemic H1N1 influenza A ("swine influenza")

Patient Information topic

- Influenza symptoms and treatment

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[Drug Interactions](#)

View current professional and patient information

Professional Topics
Epidemiology, clinical manifestations, and diagnosis of pandemic H1N1 influenza ("swine influenza")
Treatment of pandemic H1N1 influenza A ("swine influenza")
Prevention of pandemic H1N1 influenza A ("swine influenza")

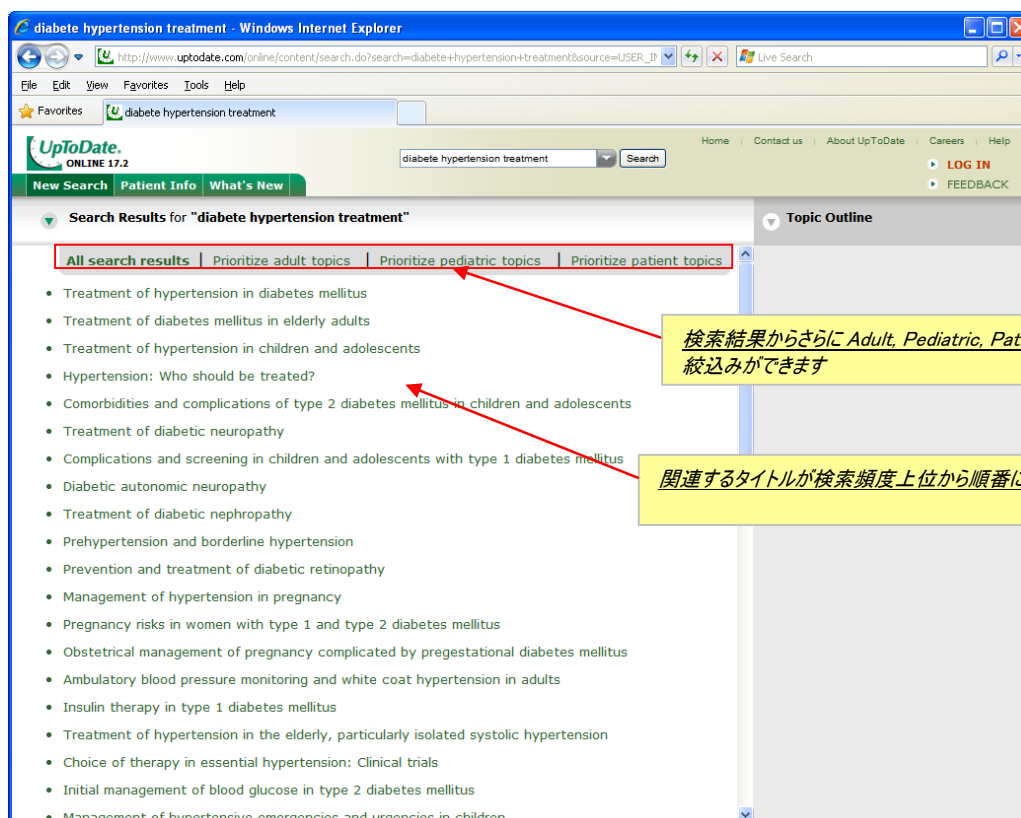
Patient Information topic
Influenza symptoms and treatment

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: diabetes)、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。

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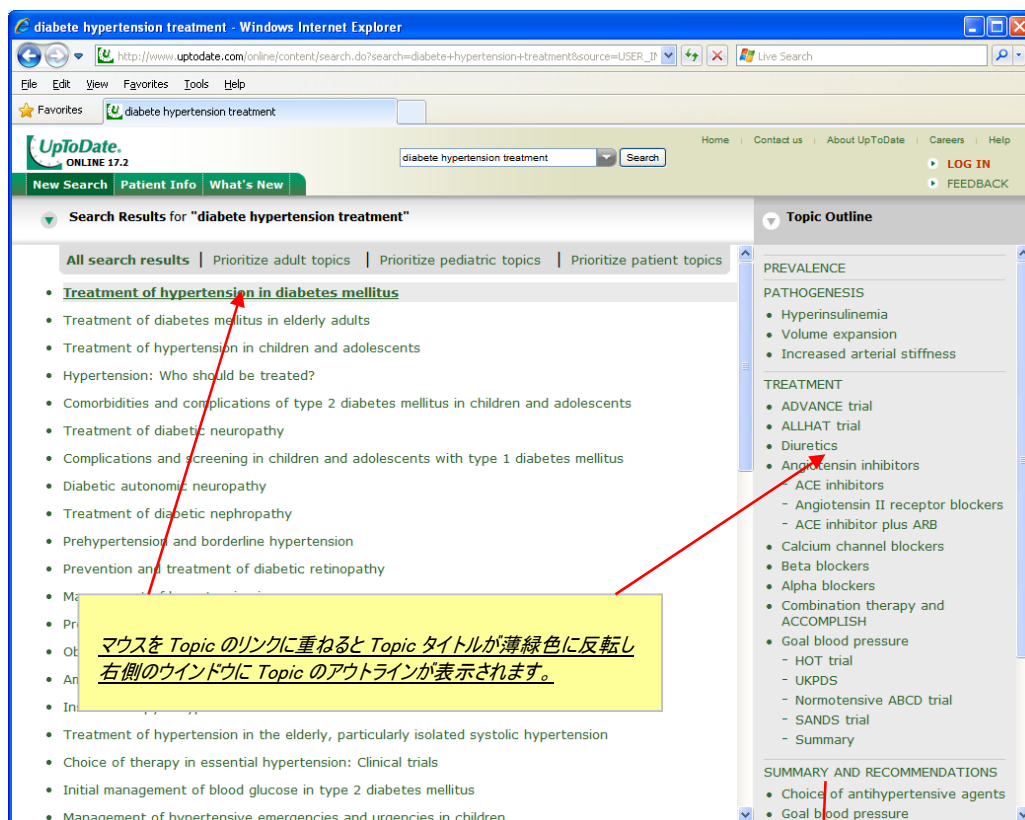
Search Results for "diabetes hypertension treatment"

[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
- Management of hypertension in pregnancy
- Pregnancy risks in women with type 1 and type 2 diabetes mellitus
- Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
- Ambulatory blood pressure monitoring and white coat hypertension in adults
- Insulin therapy in type 1 diabetes mellitus
- 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

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

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



diabetic hypertension treatment - Windows Internet Explorer

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diabetic hypertension treatment

Search Results for "diabetic hypertension treatment"

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- **Treatment of hypertension in diabetes mellitus**
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Topic Outline

PREVALENCE

PATHOGENESIS

- Hyperinsulinemia
- Volume expansion
- Increased arterial stiffness

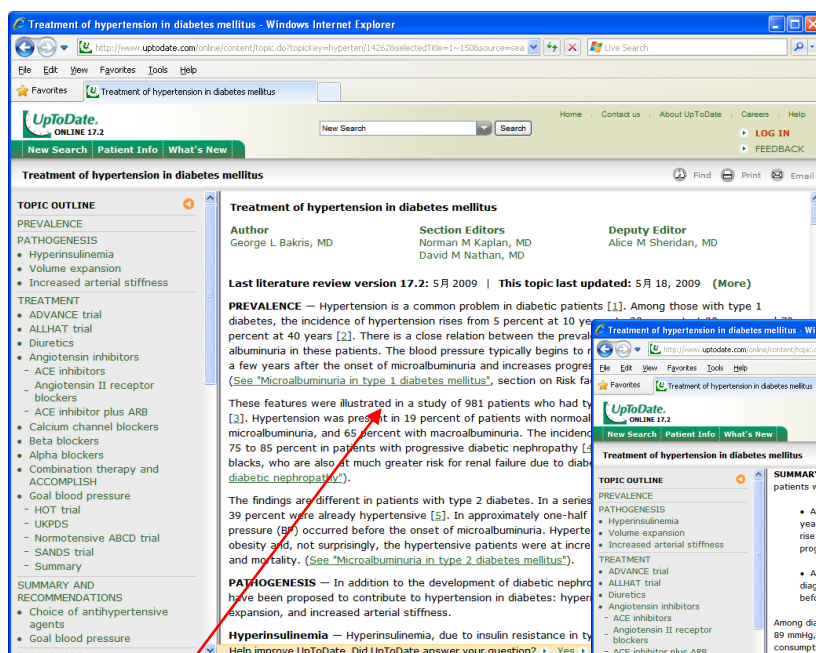
TREATMENT

- 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、右側のウィンドウに Topic のアウトラインが表示されます。



Treatment of hypertension in diabetes mellitus - Windows Internet Explorer

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UptoDate. ONLINE 17.2

Treatment of hypertension in diabetes mellitus

New Search | Patient Info | What's New

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 40 years [2]. There is a close relation between the prevalence of hypertension and the prevalence of microalbuminuria in these patients. The blood pressure typically begins to rise a few years after the onset of microalbuminuria and increases progressively (See "Microalbuminuria in type 1 diabetes mellitus", section on Risk factors).

These features were illustrated in a study of 981 patients who had type 1 diabetes. Hypertension was present in 19 percent of patients with normal microalbuminuria, and 65 percent with macroalbuminuria. The incidence of hypertension was 75 to 85 percent in patients with progressive diabetic nephropathy [3]. blacks, who are also at much greater risk for renal failure due to diabetic nephropathy).

The findings are different in patients with type 2 diabetes. In a series of 39 percent were already hypertensive [5]. In approximately one-half of these patients, hypertension occurred before the onset of microalbuminuria. Hypertension and, not surprisingly, the hypertensive patients were at increased risk for mortality. (See "Microalbuminuria in type 2 diabetes mellitus").

PATHOGENESIS — In addition to the development of diabetic nephropathy, hypertension has been proposed to contribute to hypertension in diabetes: hyperinsulinemia, and increased arterial stiffness.

Hyperinsulinemia — Hyperinsulinemia, due to insulin resistance in type 2 diabetes, has been proposed to contribute to hypertension in diabetes: hyperinsulinemia, and increased arterial stiffness.

Help improve UpToDate. Did UpToDate answer your question? • Yes • No

Topic Outline

PREVALENCE

PATHOGENESIS

- Hyperinsulinemia
- Volume expansion
- Increased arterial stiffness

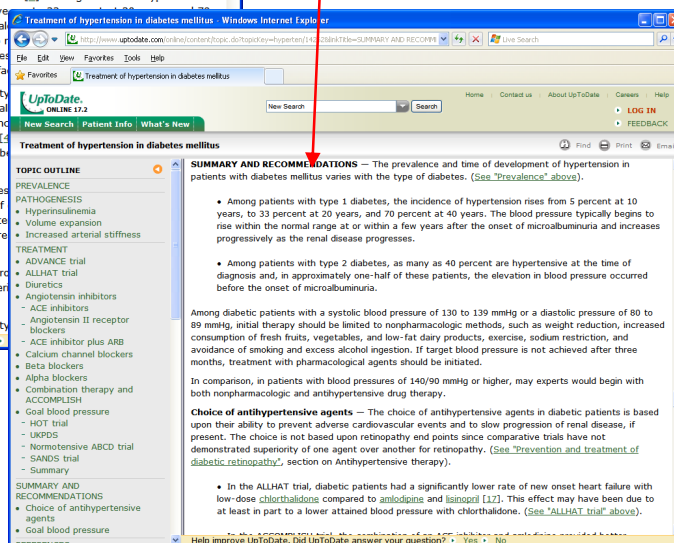
TREATMENT

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SUMMARY AND RECOMMENDATIONS

- Choice of antihypertensive agents
- Goal blood pressure

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、右ウィ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。



Treatment of hypertension in diabetes mellitus - Windows Internet Explorer

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Treatment of hypertension in diabetes mellitus

New Search | Patient Info | What's New

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 40 years [2]. There is a close relation between the prevalence of hypertension and the prevalence of microalbuminuria in these patients. The blood pressure typically begins to rise a few years after the onset of microalbuminuria and increases progressively (See "Microalbuminuria in type 1 diabetes mellitus", section on Risk factors).

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 - SANDS trial
 - Summary

SUMMARY AND RECOMMENDATIONS

- Choice of antihypertensive agents
- Goal blood pressure

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 40 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 pharmacologic agents should be initiated.

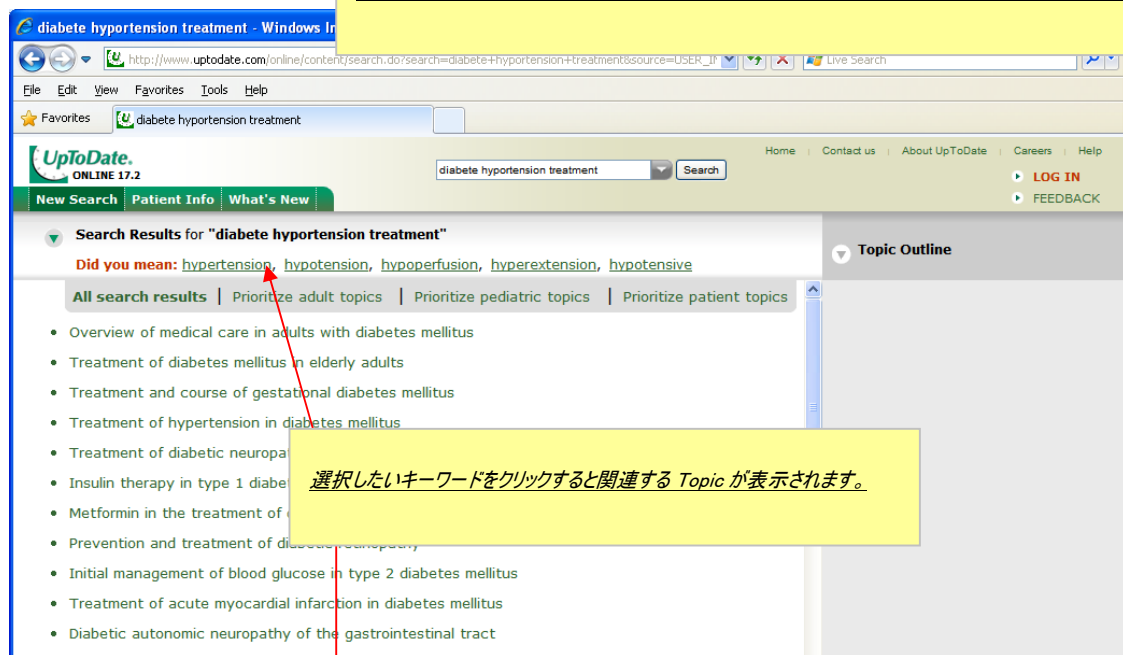
In comparison, in patients with blood pressures of 140/90 mmHg or higher, may experts would begin with both nonpharmacologic and antihypertensive drug therapy.

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 [12]. This effect may have been due to at least in part to a lower attained blood pressure with chlorthalidone. (See "ALLHAT trial", above).

Help improve UpToDate. Did UpToDate answer your question? • Yes • No

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。



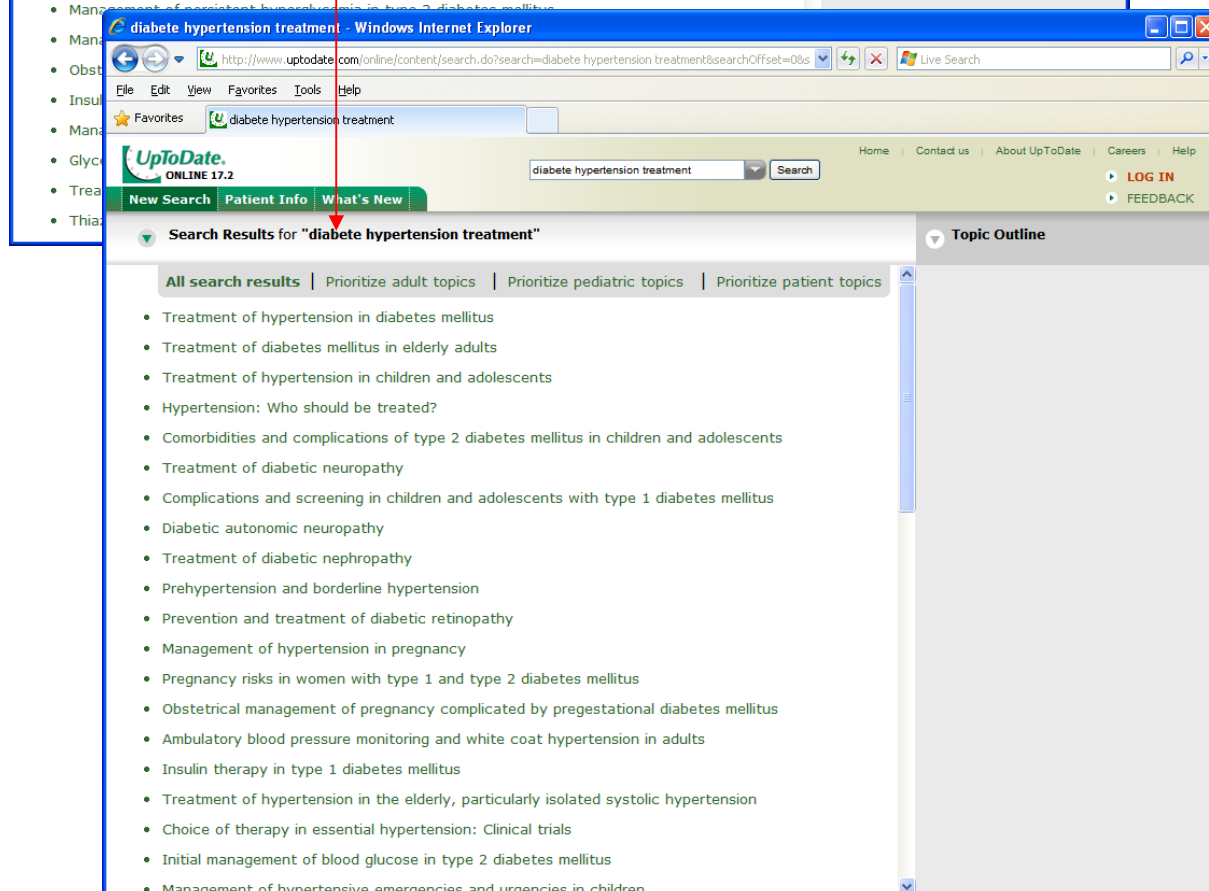
Search Results for "diabete hypertension treatment"

Did you mean: [hypertension](#), [hypotension](#), [hypoperfusion](#), [hyperextension](#), [hypotensive](#)

All search results | Prioritize adult topics | Prioritize pediatric topics | Prioritize patient topics

- Overview of medical care in adults with diabetes mellitus
- Treatment of diabetes mellitus in elderly adults
- Treatment and course of gestational diabetes mellitus
- Treatment of hypertension in diabetes mellitus
- Treatment of diabetic neuropathy
- Insulin therapy in type 1 diabetes mellitus
- Metformin in the treatment of diabetes mellitus
- Prevention and treatment of diabetic neuropathy
- Initial management of blood glucose in type 2 diabetes mellitus
- Treatment of acute myocardial infarction in diabetes mellitus
- Diabetic autonomic neuropathy of the gastrointestinal tract
- Management of persistent hyperkalemia in type 2 diabetes mellitus

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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
- Management of hypertension in pregnancy
- Pregnancy risks in women with type 1 and type 2 diabetes mellitus
- Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
- Ambulatory blood pressure monitoring and white coat hypertension in adults
- Insulin therapy in type 1 diabetes mellitus
- 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

Treatment of chronic hepatitis C virus infection: Recommendations for adults

Author
Sanjiv Chopra, MD
Editor-in-Chief — Gastroenterology/Hepatology
Editor — General Hepatology
Editor — Gallbladder and Biliary Tract Disease
Professor of Medicine
Faculty Dean for Continuing Medical Education
Harvard Medical School

Section Editor
Adrian M Di Bisceglie, MD
Editor — Hepatitis C
Chief of Hepatology
Saint Louis University School of Medicine

Deputy Editor
Peter A L Bonis, MD
Deputy Editor — Gastroenterology/Hepatology
Associate Professor of Medicine
Tufts University School of Medicine

Peer Reviewer
Reviewers are not identified
Peer reviewers for this topic

Contributor disclosure

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Clinical features and natural history of hepatitis C virus infection

TOPIC OUTLINE
INTRODUCTION
ACUTE HEPATITIS C
CHRONIC HEPATITIS C
• Symptoms
• Serum aminotransferases
• Natural History
• Cirrhosis
• Hepatic decompensation
• Hepatocellular carcinoma
• Survival
• Factors predictive of disease progression
• Host factors
• Alcohol intake
• Viral factors
• Liver biopsy
• Predictive models
• Disease course during pregnancy
• Disease course during corticosteroid use
EXTRAHEPATIC MANIFESTATIONS OF CHRONIC HEPATITIS C
INFORMATION FOR PATIENTS
SUMMARY AND RECOMMENDATIONS

Clinical features and natural history of hepatitis C virus infection
Author
Sanjiv Chopra, MD
Section Editor
Adrian M Di Bisceglie, MD
Deputy Editor
Peter A L Bonis, MD

Last literature review version 17.1: 1月 2009 | This topic last updated: 11月 13, 2008 (More)

INTRODUCTION — Infection with the hepatitis C virus (HCV) can result in both acute and chronic hepatitis. The acute process is most often asymptomatic; if symptoms are present, they usually abate within a few weeks. Acute infection rarely causes hepatic failure. Acute HCV typically leads to chronic infection; 60 to 80 percent of cases develop chronic hepatitis (abnormal liver enzymes). Chronic HCV infection is usually slowly progressive; it may not result in clinically apparent liver disease in many patients if the infection is acquired later in life. Approximately 20 to 30 percent of chronically infected individuals develop cirrhosis over a 20- to 30-year period of time. Chronic HCV is the most common cause of chronic liver disease and the most frequent indication for liver transplantation in the United States. The clinical features associated with acute and chronic HCV infection, and factors associated with the progression of chronic liver disease will be reviewed here. The epidemiology, diagnosis, and treatment of HCV are discussed separately. (See appropriate topic review.)

ACUTE HEPATITIS C — HCV is the cause of approximately 20 percent of cases of acute hepatitis in the United States [1]. The presence of HCV RNA in serum or liver is the first biochemical evidence of HCV infection. HCV RNA is detectable in serum by PCR within days to eight weeks following exposure, depending in part upon the size of the inoculum. Serum aminotransferases become elevated approximately 6 to 12 weeks after exposure (range 1 to 26 weeks). (See "Diagnosis and treatment of acute hepatitis C in adults".)

Most acutely infected patients are asymptomatic and have a clinically mild course; jaundice is present in less than 10 percent of cases. Acute hepatitis is usually self-limited and does not require hospitalization. In patients who are not jaundiced, the illness is usually mild and does not require treatment. In patients who are jaundiced, the illness is usually more severe and may require hospitalization. In patients who are jaundiced, the illness is usually more severe and may require hospitalization. In patients who are jaundiced, the illness is usually more severe and may require hospitalization.

クリックすると関連する Topic が表示されます

Treatment of chronic hepatitis C virus infection: Recommendations for adults - Windows Internet Explorer

Treatment of chronic hepatitis C virus infection: Recommendations for adults

TOPIC OUTLINE
INTRODUCTION
GENERAL MEASURES
• Diet
• Fatigue
• Dose adjustments of prescription and nonprescription medications
• Vaccination
• Screening for varices and hepatocellular carcinoma
SELECTION OF PATIENTS FOR TREATMENT
• Persistently normal serum ALT
• Role of liver biopsy
• Proportion of patients eligible for treatment
• Goals and long-term benefits of treatment
FACTORS ASSOCIATED WITH A RESPONSE TO INTERFERON AND RIBAVIRIN
NIH GUIDELINES
AASLD GUIDELINES

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

Last literature review version 17.2: 5月 2009 | This topic last updated: 5月 29, 2009 (More)

INTRODUCTION — The hepatitis C virus (HCV) can cause both acute and chronic hepatitis. The acute process is self-limited, rarely causes hepatic failure, but usually leads to chronic infection. In contrast, chronic HCV infection often follows a progressive course over many years, and can ultimately result in cirrhosis and the need for liver transplantation or hepatocellular carcinoma. (See "Clinical features and natural history of hepatitis C virus infection".)

This topic review will summarize general principles of management of chronic HCV infection. The epidemiology, diagnosis, and a review of the trials supporting the use of standard or pegylated interferon monotherapy or combination therapy with **peginterferon** are discussed in detail separately. (See "Ribavirin in the treatment of hepatitis C virus infection" and see "Pegylated interferon in the treatment of chronic hepatitis C virus infection".)

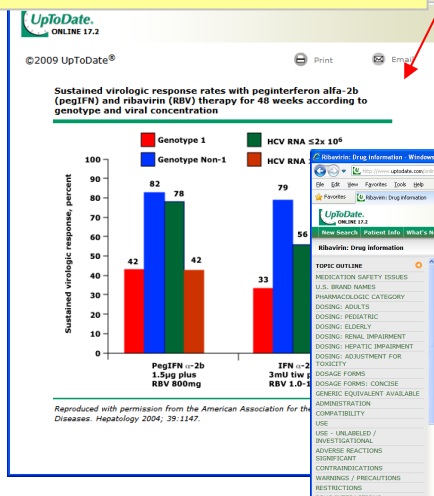
GENERAL MEASURES — Although most patients with chronic HCV infection are asymptomatic at the time of diagnosis, they are faced with a looming threat to their health, which can have significant emotional and physical consequences. Counseling and screening for depression should be a major consideration upon diagnosis and on subsequent follow-up. Many patients benefit from participation in a support group. (See "Patient information: Hepatitis C".)

Counseling should include discussion about the routes of transmission of the hepatitis C virus. In particular, most patients are concerned about sexual transmission and the risk of infecting household contacts (show table 1). (See "Epidemiology and transmission of hepatitis C virus infection".)

Diet — Many patients are also concerned about dietary factors that could favorably or adversely affect the disease. Although no particular diet has been shown to be beneficial in patients with chronic HCV infection, it is clear that alcohol promotes the progression of chronic HCV. We recommend that alcohol consumption should be avoided. (See "Hepatitis C and alcohol".) Coffee consumption (more than two cups per day) was associated with a reduced risk of hospitalization and mortality from chronic liver disease [1,2]. However, whether this observation would justify recommending increased consumption of coffee is unclear.

SVR genotype viral load AASLD - Windows Internet Explorer

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Medline @ Abstracts for References 1,2
of "Treatment of chronic hepatitis C virus infection: Recommendations for adults"

1. View the full text of this referenced article.
11. Coffee and tea consumption are associated with a lower incidence of chronic liver disease in the United States.
AJ. Ruhl CE, Everhart JE
50. Gastroenterology. 2003 Dec;125(6):1928-36.

2. View the full text of this referenced article.
11. Coffee and tea consumption are associated with a lower incidence of chronic liver disease in the United States.
AJ. Ruhl CE, Everhart JE
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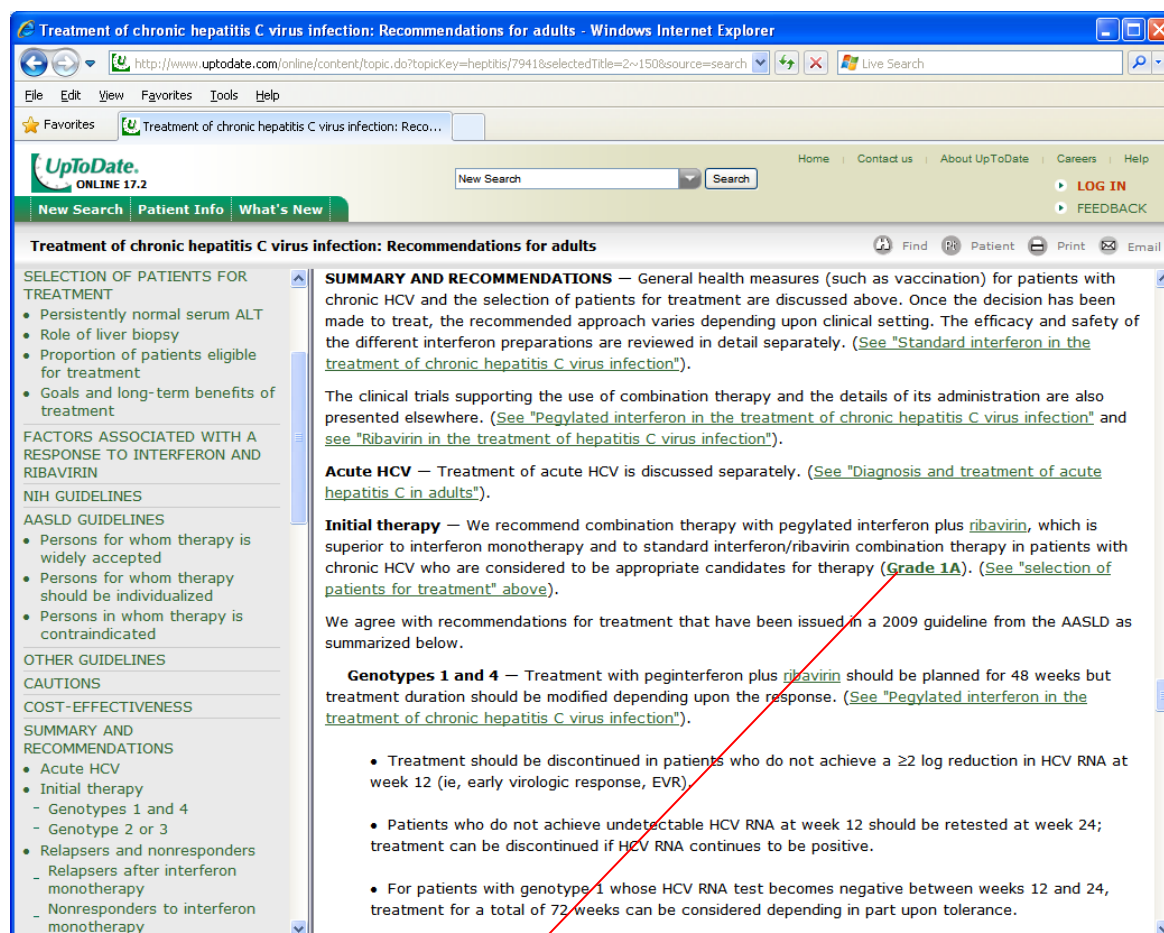
BACKGROUND & AIMS: Coffee drinking has been suggested to protect against liver injury, but it is uncertain whether this is of clinical significance. We examined the relationship of coffee and tea consumption with the incidence of hospitalization or death from chronic liver diseases (CLD). METHODS: Persons who in 1982-1984 were asked to complete detailed questionnaires on coffee and tea drinking. Participants were followed through 1992-1993 for hospital or death certificate diagnosis of CLD or cirrhosis (ICD-9-CM 571). Hazard ratio ratios for CLD according to coffee and tea intake were calculated using Cox proportional hazards analysis. RESULTS: Among 1848 persons followed for a median of 10.1 years (range, 4.0-22.1), the cumulative incidence of CLD was 1.4% in men and 1.6% in women. Coffee drinkers drank 2.2 cups per day less than the rate of CLD in those who drank <1 cup per day (hazard ratio, 0.41, 95% confidence interval, 0.24-0.70). Protection by coffee and tea was limited to persons at higher risk for liver disease from factors other than alcohol, tobacco, or prior vaccination. Among 1848 persons who provided detailed drinking data, those who provided detailed drinking data in 1982-1984, intake of regular ground coffee and of caffeine was associated with lower incidence of CLD. CONCLUSIONS: Coffee and tea drinking decreases the risk of clinically significant CLD.

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書誌事項と"Medline Abstract"が表示されます

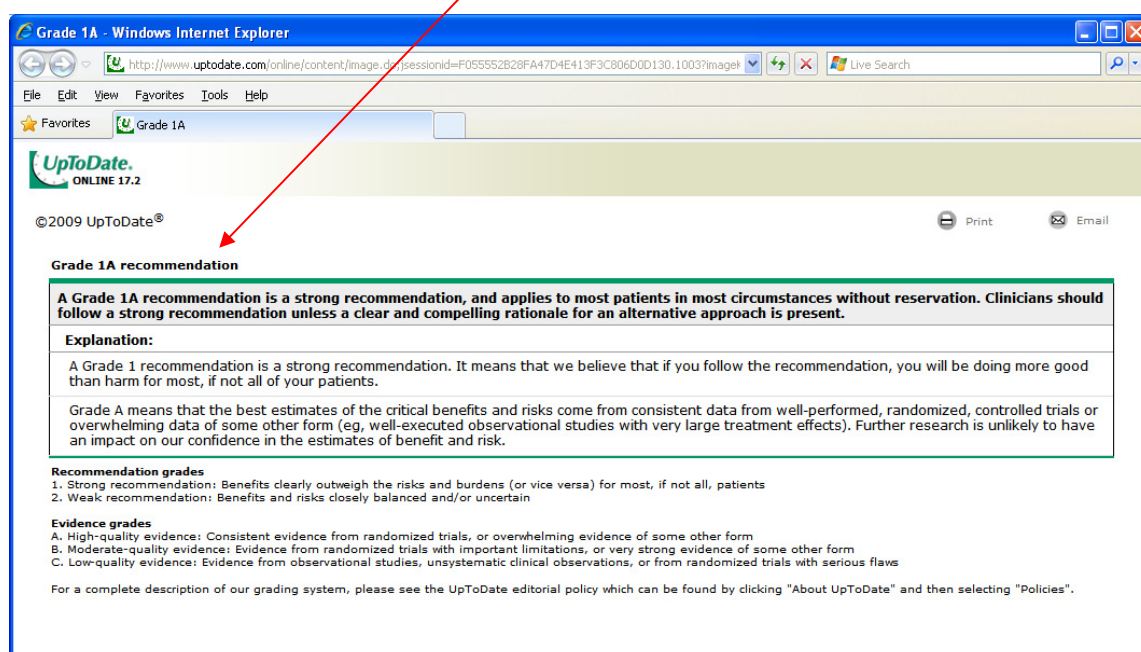
Grading

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。



The screenshot shows the UpToDate website interface in a Windows Internet Explorer browser. The main content area is titled "Treatment of chronic hepatitis C virus infection: Recommendations for adults". On the left, there is a sidebar with a table of contents including sections like "SELECTION OF PATIENTS FOR TREATMENT", "FACTORS ASSOCIATED WITH A RESPONSE TO INTERFERON AND RIBAVIRIN", "NIH GUIDELINES", "AASLD GUIDELINES", "OTHER GUIDELINES", "CAUTIONS", "COST-EFFECTIVENESS", and "SUMMARY AND RECOMMENDATIONS". The "SUMMARY AND RECOMMENDATIONS" section is currently selected and expanded, showing detailed text and bullet points. A red arrow points from the "Grade 1A" link in the sidebar to the "Grade 1A recommendation" section in the second screenshot.



The screenshot shows the UpToDate website interface in a Windows Internet Explorer browser, displaying the "Grade 1A recommendation" section. The page title is "Grade 1A - Windows Internet Explorer". The main content area is titled "Grade 1A recommendation" and contains a definition of a Grade 1A recommendation, an explanation of what it means, and a list of recommendation grades and evidence grades. A red arrow points from the "Grade 1A" link in the sidebar of the first screenshot to this section.

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

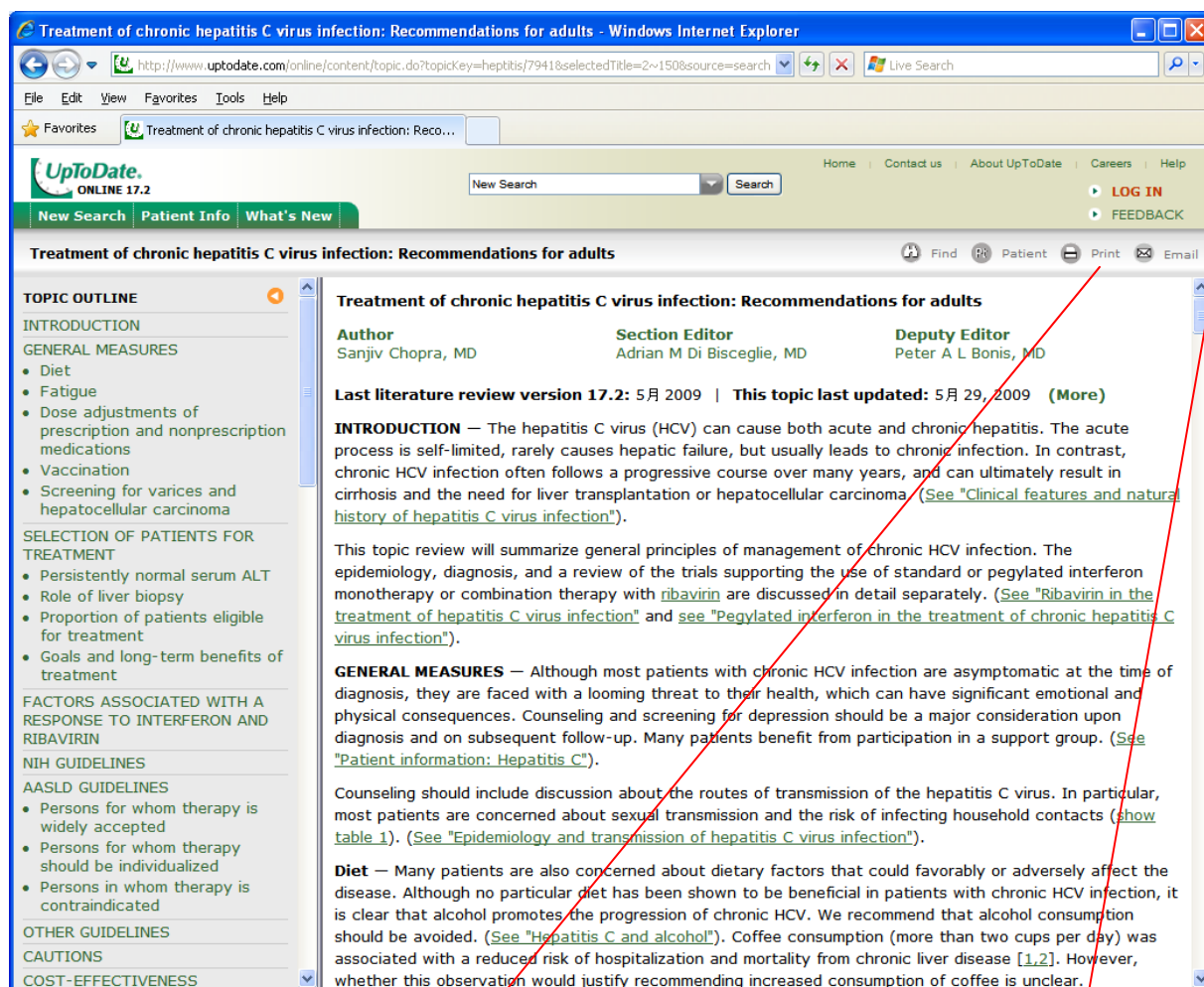
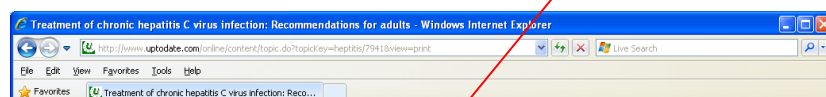
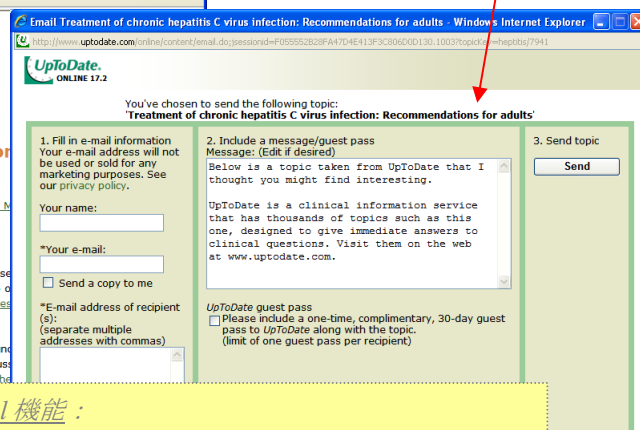
Evidence grades

- 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 grading system, please see the UpToDate editorial policy which can be found by clicking "About UpToDate" and then selecting "Policies".

Printing

Print 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。

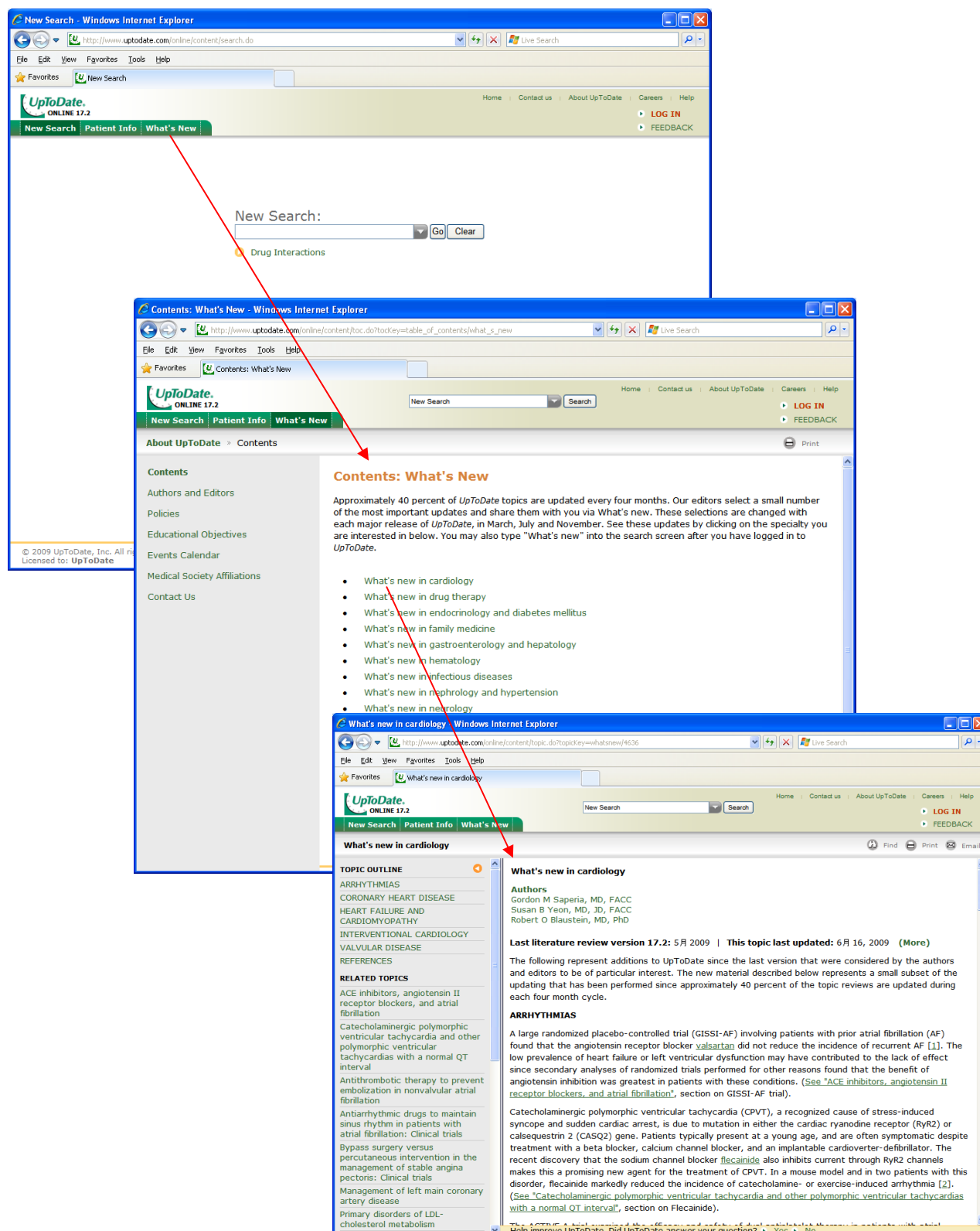
例えばテキストのみを印刷したい場合は、Text のチェックだけを入れるとリファレンスやグラフは印刷されません。

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。



The screenshots illustrate the process of navigating to the 'What's New' section on the UpToDate website. The first screenshot shows the 'New Search' page with a red arrow pointing to the 'What's New' link in the top navigation bar. The second screenshot shows the 'Contents: What's New' page with a red arrow pointing to the 'What's new in cardiology' link in the left sidebar. The third screenshot shows the 'What's new in cardiology' page with a red arrow pointing to the 'What's new in cardiology' link in the top navigation bar.

What's New

Approximately 40 percent of UpToDate topics are updated every four months. Our editors select a small number of the most important updates and share them with you via What's new. These selections are changed with each major release of UpToDate, in March, July and November. See these updates by clicking on the specialty you are interested in below. You may also type "What's new" into the search screen after you have logged in to UpToDate.

- What's new in cardiology
- What's new in drug therapy
- What's new in endocrinology and diabetes mellitus
- What's new in family medicine
- What's new in gastroenterology and hepatology
- What's new in hematology
- What's new in infectious diseases
- What's new in nephrology and hypertension
- What's new in neurology

What's new in cardiology

TOPIC OUTLINE

- ARRHYTHMIAS
- CORONARY HEART DISEASE
- HEART FAILURE AND CARDIOMYOPATHY
- INTERVENTIONAL CARDIOLOGY
- VALVULAR DISEASE
- REFERENCES

RELATED TOPICS

- ACE inhibitors, angiotensin II receptor blockers, and atrial fibrillation
- Catecholaminergic polymorphic ventricular tachycardia and other polymorphic ventricular tachycardias with a normal QT interval
- Antithrombotic therapy to prevent embolization in nonvalvular atrial fibrillation
- Antiarrhythmic drugs to maintain sinus rhythm in patients with atrial fibrillation: Clinical trials
- Bypass surgery versus percutaneous intervention in the management of stable angina pectoris: Clinical trials
- Management of left main coronary artery disease
- Primary disorders of LDL-cholesterol metabolism

What's new in cardiology

Authors

Gordon M Saperia, MD, FACC
Susan B Yeon, MD, JD, FACC
Robert O Blaustein, MD, PhD

Last literature review version 17.2: 5月 2009 | This topic last updated: 6月 16, 2009 (More)

The following represent additions to UpToDate since the last version that were considered by the authors and editors to be of particular interest. The new material described below represents a small subset of the updating that has been performed since approximately 40 percent of the topic reviews are updated during each four month cycle.

ARRHYTHMIAS

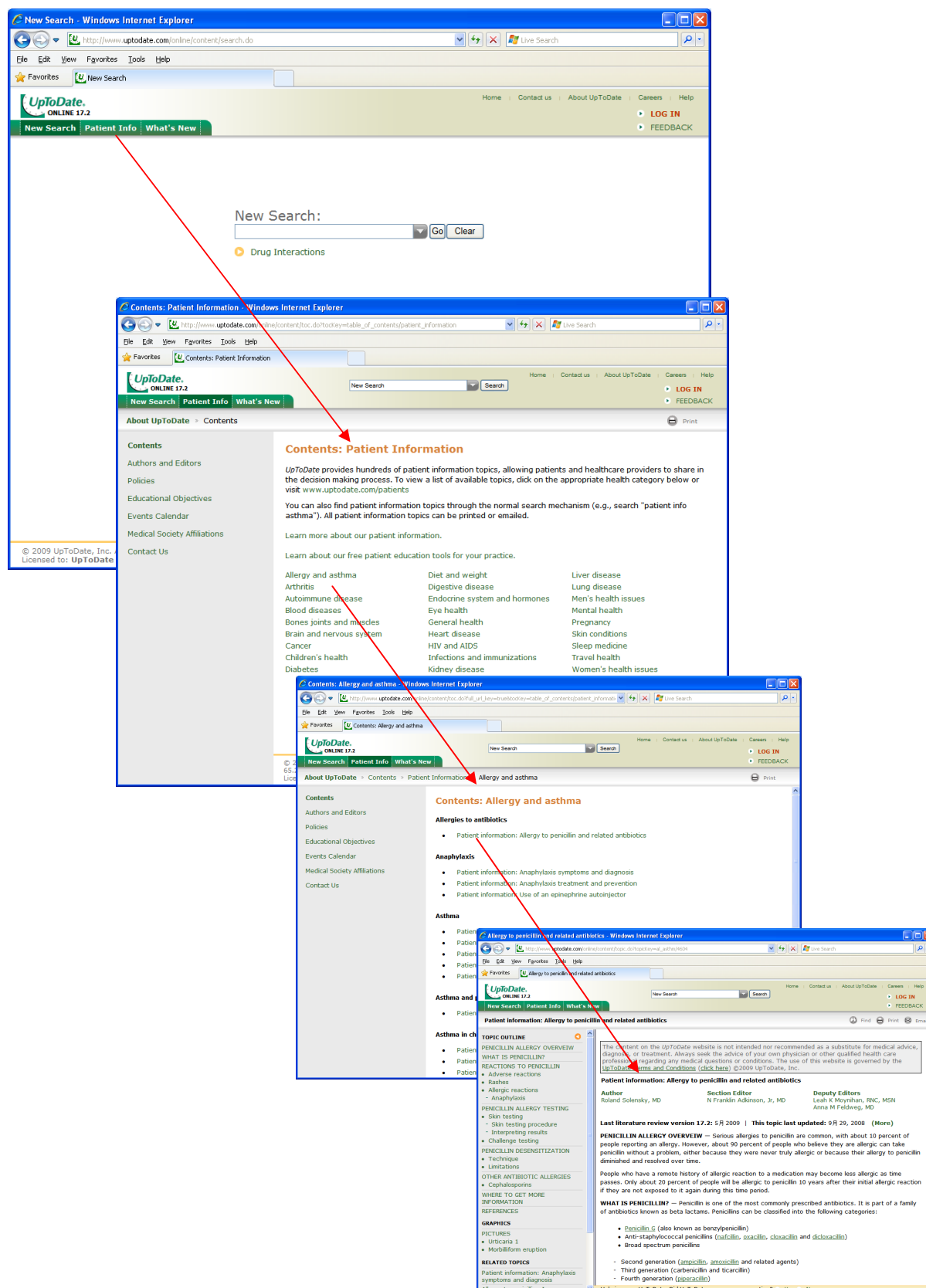
A large randomized placebo-controlled trial (GISSI-AF) involving patients with prior atrial fibrillation (AF) found that the angiotensin receptor blocker valsartan did not reduce the incidence of recurrent AF [1]. The low prevalence of heart failure or left ventricular dysfunction may have contributed to the lack of effect since secondary analyses of randomized trials performed for other reasons found that the benefit of angiotensin inhibition was greatest in patients with these conditions. (See "ACE inhibitors, angiotensin II receptor blockers, and atrial fibrillation", section on GISSI-AF trial).

Catecholaminergic polymorphic ventricular tachycardia (CPVT), a recognized cause of stress-induced syncope and sudden cardiac arrest, is due to mutation in either the cardiac ryanodine receptor (RyR2) or calsequestrin 2 (CASQ2) gene. Patients typically present at a young age, and are often symptomatic despite treatment with a beta blocker, calcium channel blocker, and an implantable cardioverter-defibrillator. The recent discovery that the sodium channel blocker flecainide also inhibits current through RyR2 channels makes this a promising new agent for the treatment of CPVT. In a mouse model and in two patients with this disorder, flecainide markedly reduced the incidence of catecholamine- or exercise-induced arrhythmia [2]. (See "Catecholaminergic polymorphic ventricular tachycardia and other polymorphic ventricular tachycardias with a normal QT interval", section on Flecainide).

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。

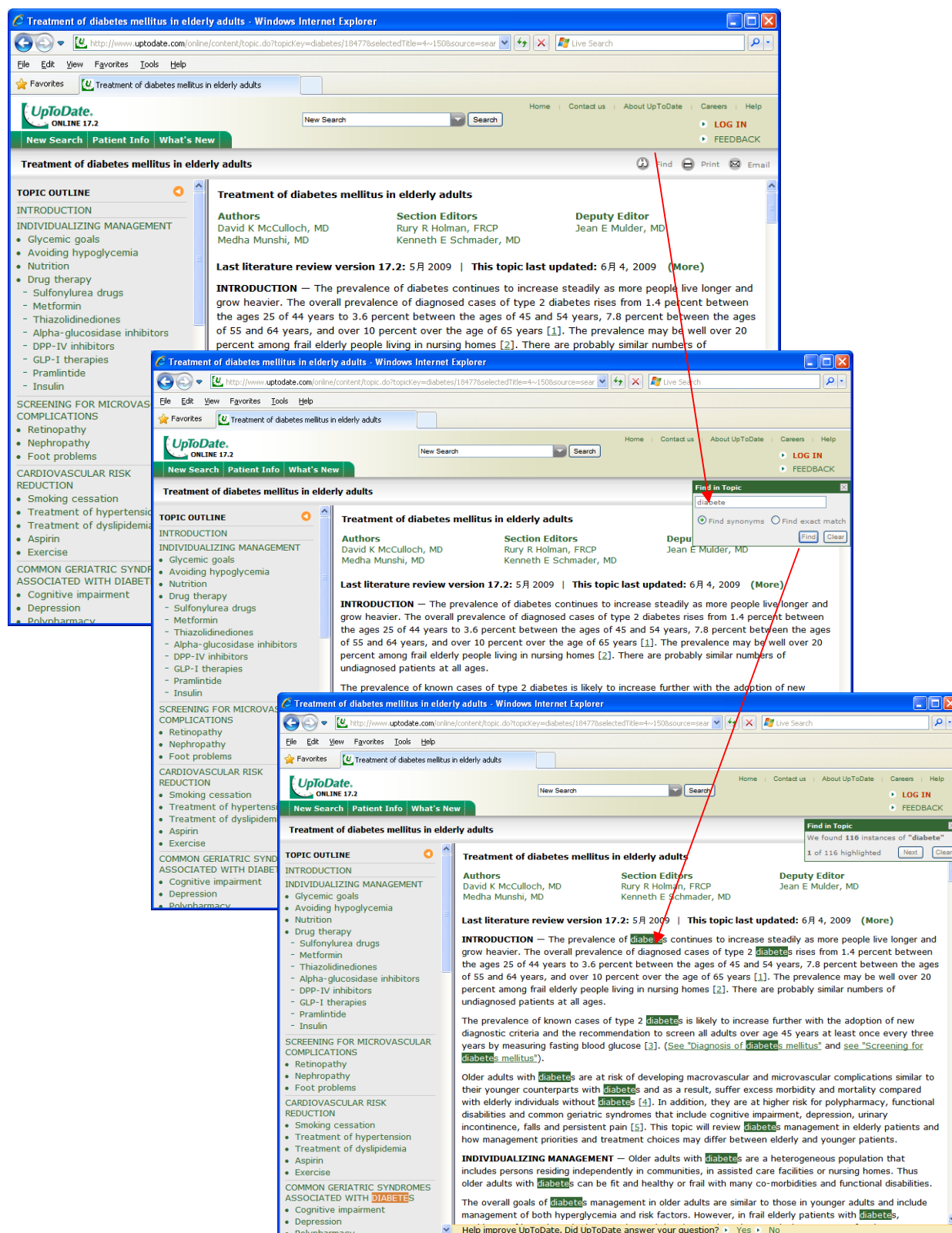


The screenshots illustrate the navigation process on the UpToDate website:

- Screenshot 1:** The 'New Search' page. The search bar contains 'New Search:'. The 'Go' button is highlighted.
- Screenshot 2:** The 'Contents: Patient Information' page. The left sidebar lists various medical topics. The main content area is titled 'Contents: Patient Information' and provides an overview of the patient information resources.
- Screenshot 3:** The 'Contents: Allergy and asthma' page. The left sidebar lists various medical topics. The main content area is titled 'Contents: Allergy and asthma' and provides an overview of the allergy and asthma resources.
- Screenshot 4:** The 'Patient information: Allergy to penicillin and related antibiotics' page. The left sidebar lists various medical topics. The main content area is titled 'Patient information: Allergy to penicillin and related antibiotics' and provides detailed information on the topic.

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。



The screenshots illustrate the 'Find in Topic' search feature on the UpToDate website. The top screenshot shows the 'Find in Topic' dialog box with the search term 'diabetes'. The middle screenshot shows the search results for 'diabetes' with 116 instances found. The bottom screenshot shows the search results for 'diabetes mellitus' with 116 instances found. Red arrows indicate the flow of the search process from the search bar to the results.

Find in Topic

diabetes

☐ Find synonyms ☐ Find exact match

Find in Topic

We found 116 instances of "diabetes"

1 of 116 highlighted

Find in Topic

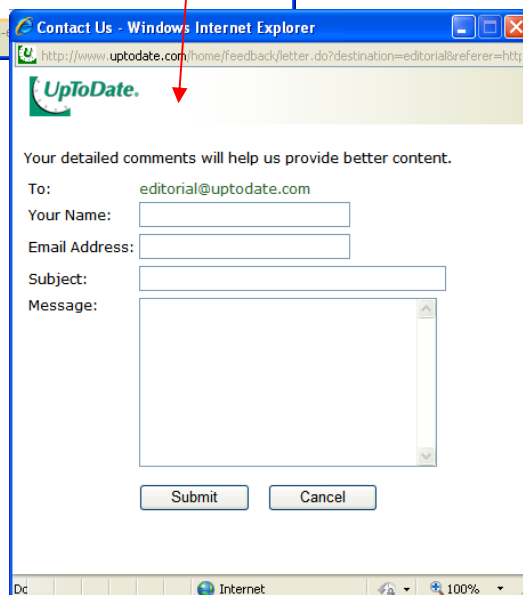
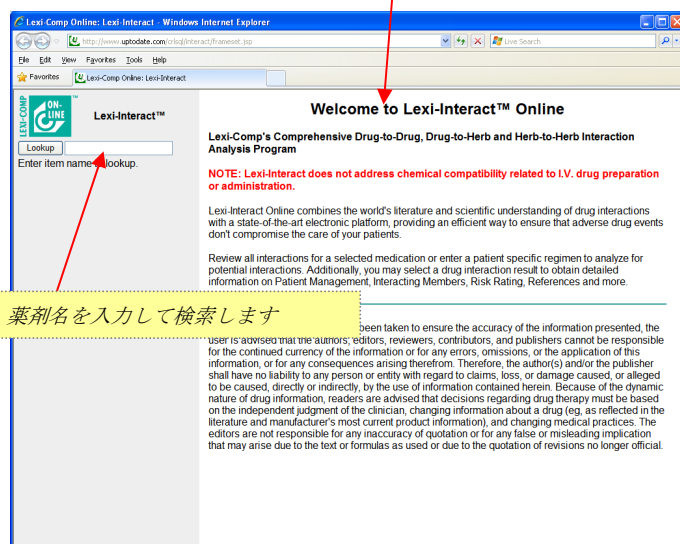
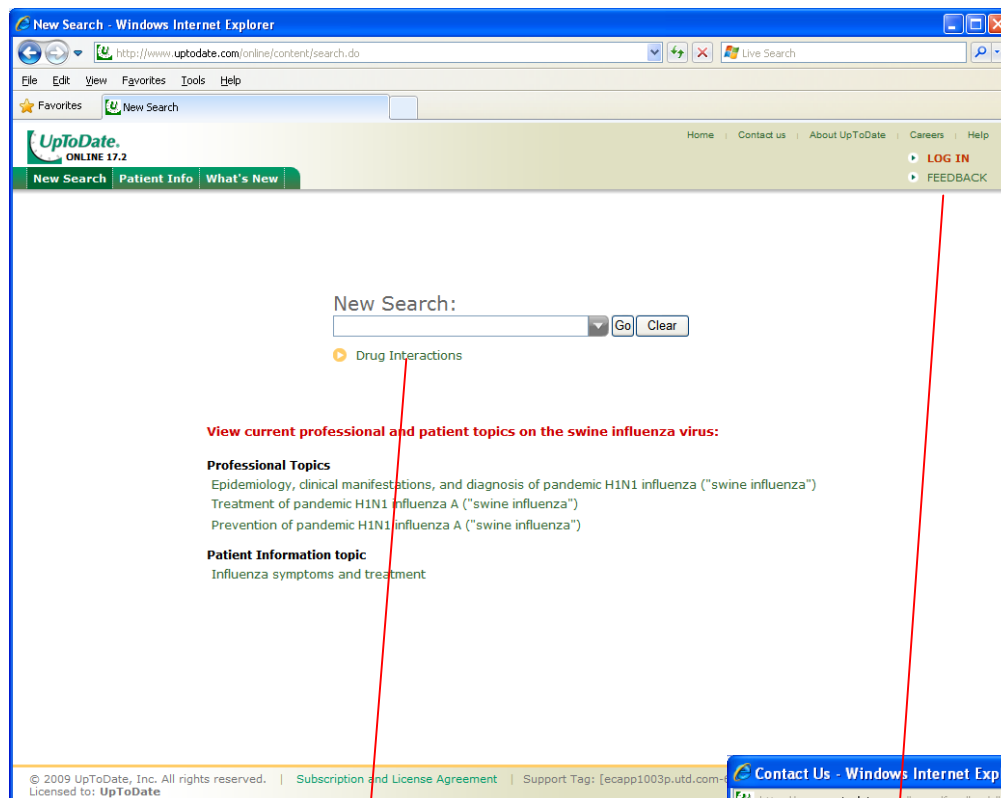
We found 116 instances of "diabetes mellitus"

1 of 116 highlighted

Drug interaction Program & Feedback

薬剤相互作用データ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)



- 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 ショウエイビル7F

(株)ウォルカース・クルワ・ヘルス・ジャパン内

TEL: 03-5805-5052 FAX: 03-5805-5053

E-Mail: japan@uptodate.com