

# Базы данных EBSCO по медицине



## Программа презентации

- Полнотекстовые журнальные базы данных: **Medline Complete** и **Dentistry & Oral Sciences Source** (**доступно в РУДН**)
- Информационные ресурсы по доказательной медицине: **ДайнаMed (DynaMed)** (**доступно для тестирования**)
- **Алгом** (для информации)
- **Isabel** инструментарий для диагностики (**доступно для тестирования**)
- Коллекция электронных книг по медицине **eBook Clinical Collection** (**рекомендовано к подписке**)

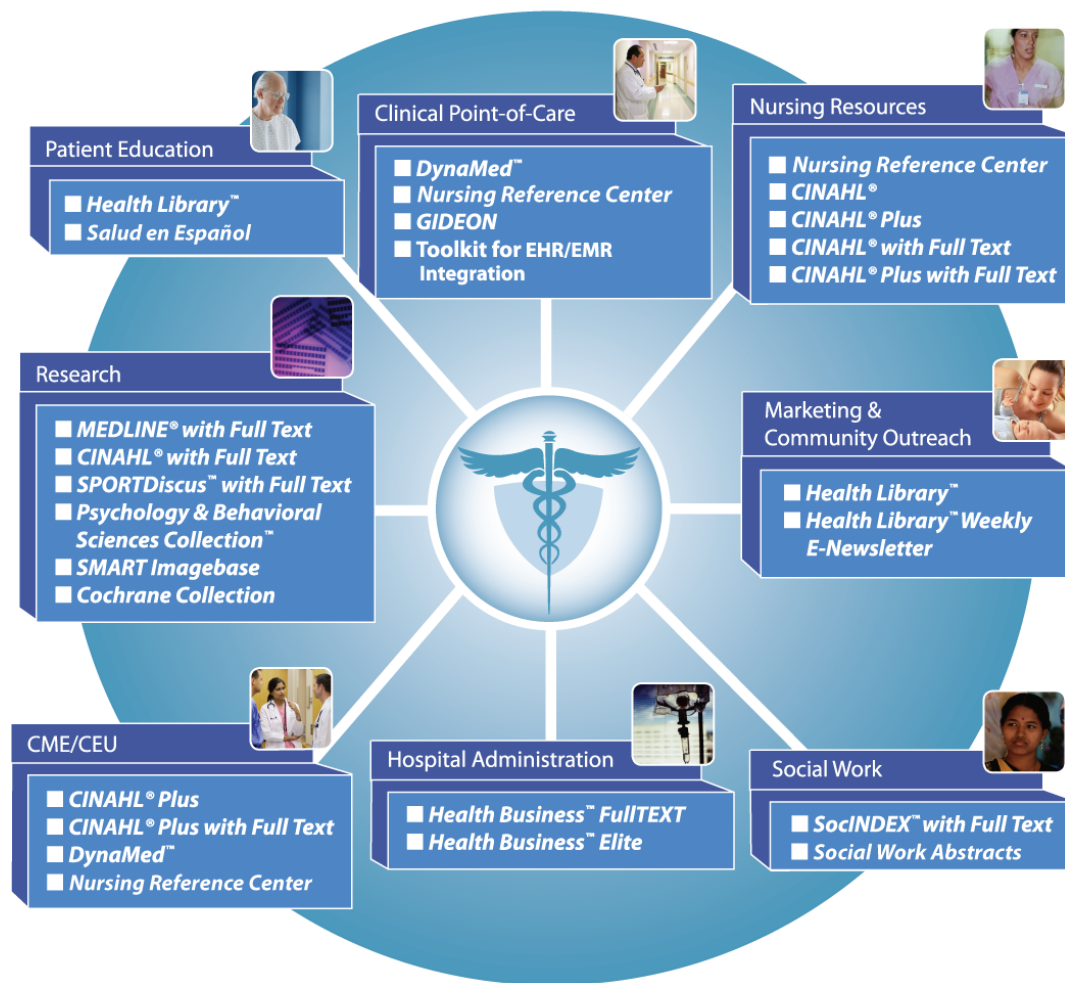


## EBSCO Publishing

- EBSCO – более 60 лет на рынке. Ведущий поставщик электронных сервисов и баз данных на рынке информационных услуг.
- 32 отделения в 21 стране.
- Представляет более 200 научных, технических и медицинских баз для различных групп пользователей
- 99.6% наших подписчиков продолжают подписку.
- Более 150.000 клиентов (юр. лиц) по всему миру.
- 6 млн. поисков на платформе *EBSCOHost* ежедневно

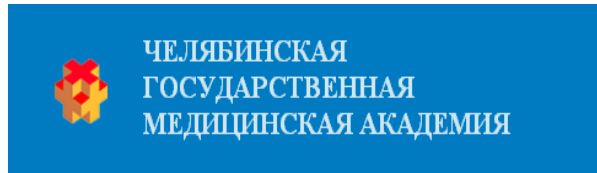
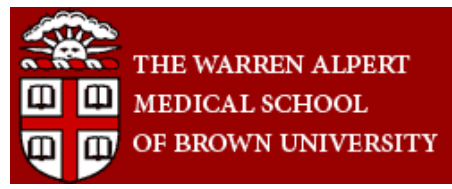


# Никакая другая компания не поставляет такой широкий ассортимент электронной информации по медицине

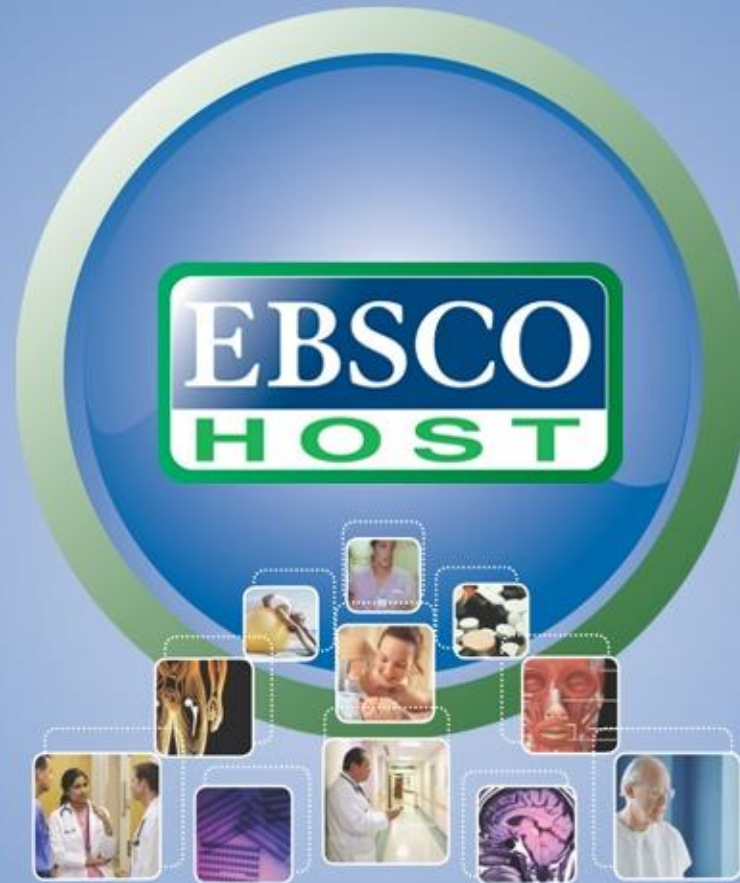




# Среди наших подписчиков ...







Полнотекстовые журнальные базы данных:  
Medline Complete и  
Dentistry & Oral Sciences Source в РУДН

# Библиотека РУДН



## Учебно-научный информационный библиотечный центр (Научная библиотека)

Поиск по сайту

|              |                    |                              |          |      |                  |                    |                   |                         |                     |                                 |
|--------------|--------------------|------------------------------|----------|------|------------------|--------------------|-------------------|-------------------------|---------------------|---------------------------------|
| О библиотеке | Визит в УНИБЦ (НБ) | Новые поступления и подписка | ЭБС РУДН | ТУИС | Репозиторий РУДН | Образцы документов | Аккредитация 2019 | Дополнительное обучение | Контакты и вакансии | Библиотека Сочинского института |
|--------------|--------------------|------------------------------|----------|------|------------------|--------------------|-------------------|-------------------------|---------------------|---------------------------------|

### Информация для читателей

- Правила пользования
- Студентам
- Преподавателям, ученым, аспирантам
- Сторонним читателям
- Сотрудничеству



### Электронная библиотека

- Электронно-библиотечные системы
- Электронные ресурсы
- Открытые электронные ресурсы
- Электронные книги
- Видеолекции

### Новости и события

#### Изменение условий доступа к коллекции электронных баз данных

#### Уважаемые пользователи электронных ресурсов!

Обращаем ваше внимание, что изменились условия доступа к электронным базам данных с территории университета и удаленно. Для доступа к каждому ресурсу необходима авторизация по данным корпоративной почты Office 365 с расширением "rfu.ru". Подробную информацию о доступе см. в [Инструкции](#)

[Все новости](#)

### Единое окно поиска по электронной библиотеке

Найти

### Инструкция по удаленному подключению к электронным ресурсам



### Внимание

#### MEDLINE® Complet

#### Уважаемые медики!

Информируем вас о наличии доступа для РУДН к *MEDLINE® Complete*.

Ссылка для работы: <http://search.ebscohost.com/>

*MEDLINE Complete* - это доступ к 2,220 лучшим журналам медицинского профиля, которые содержат публикации о последних мировых достижениях медицинской науки и практики. В базе данных представлены все медицинские направления.

#### Быстрый поиск

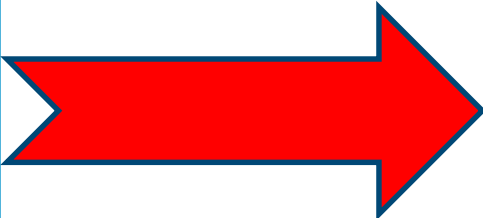





Для начала работы необходимо просто ввести запрос в единое поисковое окно, которое позаботится, чтобы нужная информация была найдена как можно быстрее. *MEDLINE® Complete* включает как стандартный, так и расширенный поиск, чтобы запросы были максимально точными. Это в разы ускоряет поиск информации необходимой для исследований.


#### Приложение MeSH на русском языке

По умолчанию, специалистам доступен обширный словарь на русском языке, который предлагает не только значения и описание терминов, но также помогает точнее сформулировать поисковой запрос, предлагает связанные с запросом темы. Словарь помогает быстрее искать информацию именно в той области, в которой пользователь специализируется.

Ожидание ответа от mc.yandex.ru...

# Библиотека РУДН

|   |   |   |
|---|---|---|
|  |    | <p>Более 1250 материалов конференций IEEE</p> <p><b>IOPSCIENCE</b> – журналы издательства Institute of Physics, Великобритания, (грант МО)</p> <p>Режим доступа: <a href="http://iopscience.iop.org/journals?type=archive">http://iopscience.iop.org/journals?type=archive</a></p> <p>Архив полнотекстовых электронных материалов по физике</p> <p>Научные журналы охватывают все основные направления развития теоретической и прикладной физики</p>   |
|   |    | <p><b>JSTOR</b></p> <p>Доступ по IP-адресам РУДН</p> <p>Режим доступа: <a href="http://www.jstor.org/">http://www.jstor.org/</a></p> <p>Электронная библиотека включает более 2400 научных журналов, книг и других источников информации.</p>   |
|   | <p>AMERICAN MATHEMATICAL SOCIETY</p> <p><b>MathSciNet</b></p> <p>Mathematical Reviews</p>  | <p><b>MathSciNET</b> - реферативная база данных Американского математического общества (American Mathematical Society)</p> <p>Доступ по IP-адресам РУДН (Грант МОН). <b>Внимание! Возможен удаленный доступ к ресурсу.</b> За логином и паролем обращайтесь по e-mail: akimova-mv@rudn.ru</p> <p>Режим доступа: с платформы Ebscohost: <a href="http://search.ebscohost.com">http://search.ebscohost.com</a></p> <p>База данных обзоров, рефератов и библиографической информации. В качестве источников информации выступают журналы и материалы конференций по всем разделам математики, прикладной математике и статистике. Поиск осуществляется по автору (редактору, составителю, рецензенту), заглавию, источнику публикации, тексту рецензии, рубрикам и т.д. Базу данных отличает десятилетний опыт отслеживания наиболее популярных книг, журналов, с предметных рубрик. Язык английский.</p> <p><a href="#">Перечень журналов</a></p> |
|   |   | <p><b>MEDLINE® Complete</b></p> <p>Доступ по IP-адресам РУДН (Грант МОН)</p> <p>Ссылка для работы: <a href="http://search.ebscohost.com/">http://search.ebscohost.com/</a></p> <p>MEDLINE Complete - это доступ к 2,220 лучшим журналам медицинского профиля, которые содержат публикации мировых достижений медицинской науки и практики. В базе данных представлены все медицинские направления.</p> <p><a href="#">Инструкции по использованию MeSH (с поддержкой русского языка)</a></p> <p><a href="#">Подробнее о Medline Complete</a></p>  |
|   |    | <p><b>Mendeley</b>, индивидуальный доступ - научная социальная сеть с 3 млн. пользователей, позволяющая находить единомышленников и изучать тренды современных исследований, организовывать персональную библиотеку, читать, комментировать, распространять, управлять хранением и цитировать научные статьи.</p> <p>Режим доступа: <a href="http://www.mendeley.com/">http://www.mendeley.com/</a></p>   |

 Задать вопрос библиотекарю





# MEDLINE<sup>®</sup> Complete

# MEDLINE Complete\*

|                               | Всего полно<br>текстовых<br>журналов | Всего<br>полнотекстовых<br>рецензируемых<br>журналов |
|-------------------------------|--------------------------------------|--|
| <i>MEDLINE with Full Text</i> | 1,312                                | 1,271  |
| <i>MEDLINE Complete</i>       | 2,323                                | 2,247  |

\*доступно в РУДН

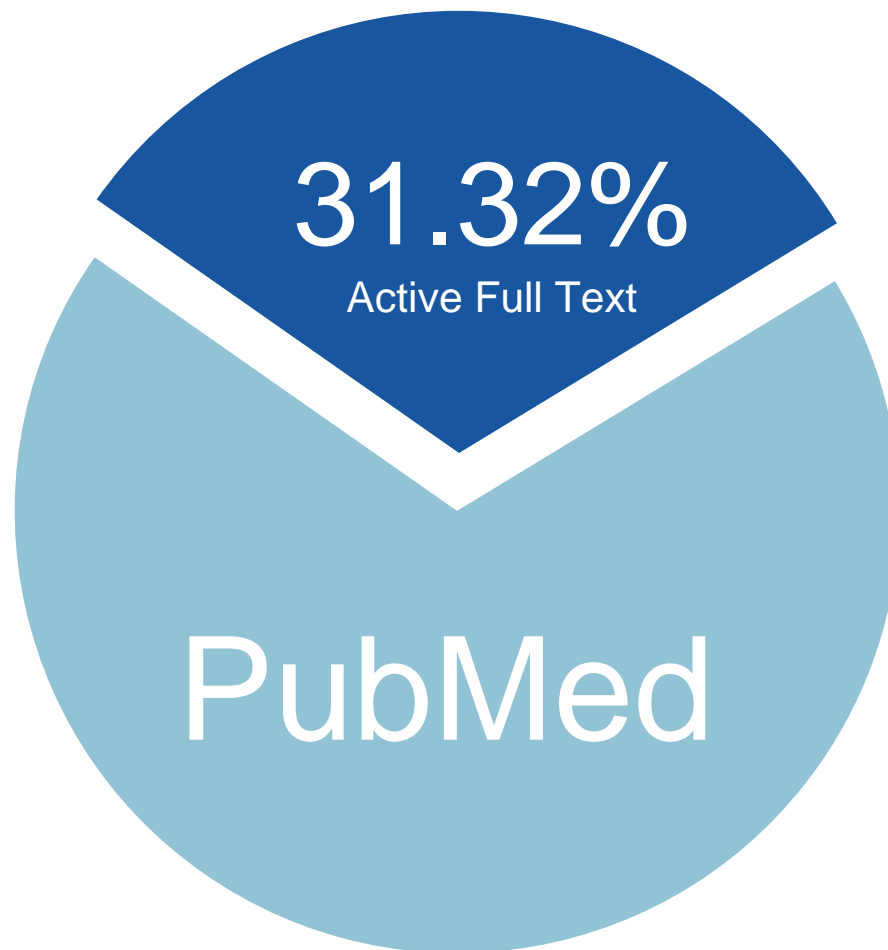
# MEDLINE Complete

## текущие полнотекстовые журналы

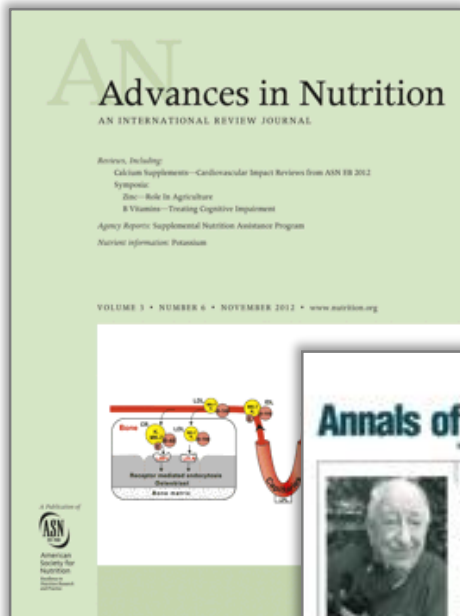
*MEDLINE Complete*  
содержит **1,764** текущих  
полнотекстовых  
журналов из **5,631**  
журналов индексируемых  
в  
*MEDLINE*

Охватывает около 75 %  
мировых медицинских  
изданий

**\*доступно в РУДН**

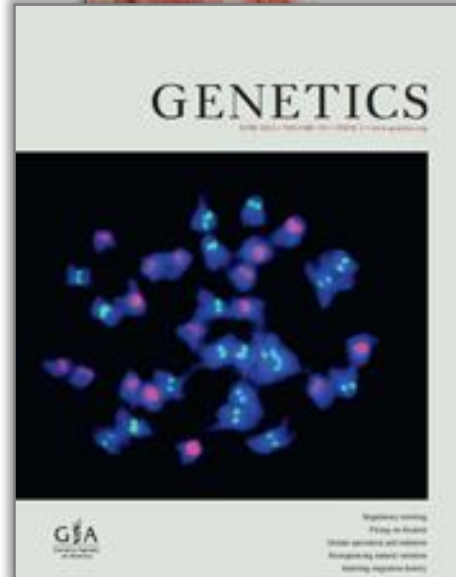
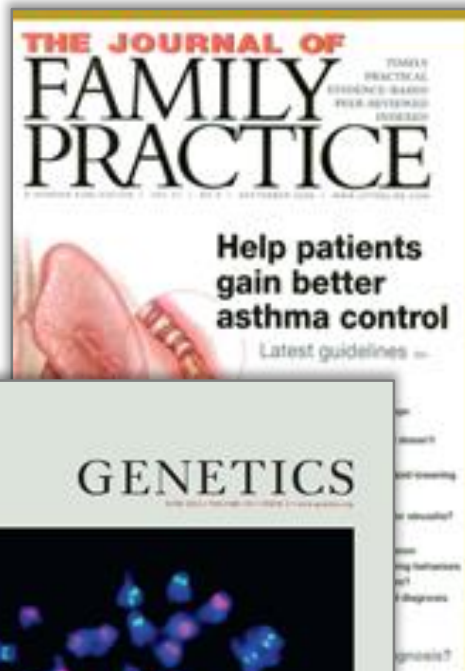


# Примеры текущих журналов *MEDLINE Complete*



\*доступно в РУДН

# Примеры текущих журналов MEDLINE Complete



\*доступно в РУДН



# Возможность настройки ссылок из PubMed на полные тексты из MEDLINE Complete

\*доступно в РУДН

# Via PubMed Result Lists

NCBI Resources How To Sign in to NCBI

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed  Search

Create RSS Create alert Advanced Help


Article types: Clinical Trial, Review, Customized ...  
Text availability: Abstract, Free full text, **Full text**  
PubMed Commons, Reader comments, Trending articles  
Publication dates: 5 years, 10 years, Custom range...  
Species: Humans, Other Animals  
Clear all  
Show additional filters

Format: Summary Sort by: Most Recent Send to Filters: [Manage Filters](#)

See 1941 articles about APP (AAA) gene function  
See also: [APP \(AAA\) amyloid beta precursor protein](#) in the Gene database  
[aaa](#) in [Homo sapiens \(3\)](#) [All 13 Gene records](#)  
See also: [47 tests](#) for AAA in the Genetic Testing Registry

Search results  
Items: 1 to 20 of 9756 << First < Prev Page 1 of 488 Next > Last >>

Filters activated: Full text. [Clear all](#) to show 11452 items.

1. [Valosin-containing Protein is a Target of 5'-I Fuligocandin B and Enhances TRAIL Resistance in Cancer Cells.](#)  
Arai MA, Taguchi S, Komatsuzaki K, Uchiyama K, Masuda A, Sampei M, Satoh M, Kado S, Ishibashi M.  
ChemistryOpen 2016 Oct 24;5(6):574-579. doi: 10.1002/open.201600081.  
PMID: 28032027  [Go to Record >](#)

2. [Iliac Seal Zone Dynamics and Clinical Consequences After Endovascular Aneurysm Repair.](#)

Results by year  
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Related searches  
[aaa atpase](#)  
[aaa repair](#)  
[aaa screening](#)  
[aaa rupture](#)  
[aaa evar](#)

Titles with your search terms

# Via PubMed Full Records (Abstract Views)

NCBI Resources How To Sign in to NCBI

PubMed.gov PubMed Search

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Format: Abstract

Send to

**Full text links**

**MEDLINE Complete**

Save items

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**Similar articles**

Increased plasma levels of NGAL, a marker of neutrophil activation, in p... [Atherosclerosis. 2012]

Increased levels of thioredoxin in patients with abdominal aortic aneurys... [Atherosclerosis. 2010]

Plasma profiling by a protein array approach identifies IGFBP-1 as a n... [Atherosclerosis. 2012]

Proteomic analysis of intraluminal thrombus highlights com [Arterioscler Thromb Vasc Biol...]

**Review** The association of obesity with

**Association of Ficolin-3 with abdominal aortic aneurysm presence and progression.**

Fernandez-García CE<sup>1</sup>, Burillo E<sup>1</sup>, Lindholt JS<sup>2</sup>, Martínez-Lopez D<sup>1</sup>, Pilely K<sup>3</sup>, Mazzeo C<sup>4</sup>, Michel JB<sup>5</sup>, Equido J<sup>1</sup>, Garred P<sup>3</sup>, Blanco-Colio LM<sup>1</sup>, Martín-Ventura JL<sup>1</sup>.

**Abstract**

**BACKGROUND:** Abdominal aortic aneurysm (AAA) patients are usually asymptomatic and AAA evolution is unpredictable. Ficolin-3, mainly synthesized by the liver, is a molecule of the lectin complement-activation pathway involved in AAA pathophysiology.

**OBJECTIVES:** To define extrahepatic sources of ficolin-3 in AAA, and investigate the role of ficolin-3 as a biomarker of AAA presence and progression.

**METHODS:** Microvesicles (exosomes and microparticles) were isolated from culture conditioned medium of ADP-activated platelets, as well as from AAA tissue-conditioned medium (thrombus and wall). Ficolin-3 levels were analyzed by western-blot, real-time PCR, immunohistochemistry and ELISA.

**RESULTS:** Increased Ficolin-3 levels were observed in microvesicles isolated from activated platelets. Similarly, microvesicles released from AAA tissue display increased ficolin-3 levels as compared with those from healthy tissue. Moreover, ficolin-3 mRNA levels in AAA wall were greatly increased compared with healthy aortic walls. Immunohistochemistry of AAA tissue demonstrated increased ficolin-3, while little staining was present in healthy walls. Finally, increased ficolin-3 levels were observed in AAA patients' plasma (n=478) compared with control plasma (n=176), which persisted after adjustment for risk factors [Adj. OR=5.29 (95% CI.:3.27;8.57)]. Moreover,



# Только Medline Complete обеспечивает поиск на русском языке по MeSH

Новый поиск MeSH 2016 Издания Изображения Больше + Вход Папка Настройка Языки + Справка Выйти

Идет поиск: MEDLINE Complete | Выбрать базы данных

EBSCOhost опухоль Поиск ?

Базовый поиск Расширенный поиск История поиска

Количество записей найдено в Медицинских предметных рубриках MeSH - 67 : [Топ 36](#)

Данные предоставлены Государственной центральной научной медицинской библиотекой (РФ) © ГЦНМБ-MeSH, 2018 и Национальной библиотекой медицины (США) © NLM-MeSH, 2017

Уточнить результаты

Текущий поиск

Найти все искомые термины:

опухоль

Ограничение до

Полный текст

Доступен реферат

Английский язык

2014 Дата издания 2018

Показать больше

Виды источников

Все результаты

Научные журналы (61)

Результаты поиска: 1 - 10 из 61

Значимость Параметры страницы Поделиться

- [\[Extended endoscopic endonasal posterior \(transclival\) approach to tumors of the clival region and ventral posterior cranial fossa. Part 3. Analysis of surgical treatment outcomes in 127 patients\].](#)

Научный журнал

(Russian) ; Abstract available. By: Shkarubo AN; Koval' KV; Kadashev BA; Andreev DN; Chernov IV, Zhurnal Voprosy Neurokhirurgii Imeni N. N. Burdenko [Zh Vopr Neurokhir Im N N Burdenko], ISSN: 0042-8817, 2018; Vol. 82 (3), pp. 15-28; Publisher: Media Sfera; PMID: 29927421

Until recently, tumors of the clival region and ventral posterior cranial fossa were considered hard-to-reach and often inoperable via standard transcranial approaches. The introduction of minima...

[Полный текст PDF \(2MB\)](#)

- [\[Intrapancreatic accessory spleen\].](#)

Научный журнал

(Russian) ; Abstract available. By: Kriger AG; Gorin DS; Kaldarov AR; Berelavichus SV; Akhtanin AE, Khirurgiia [Khirurgiia (Mosk)], ISSN: 0023-1207, 2018; (8), pp. 68-71; Publisher: Media Sfera; PMID: 30113596

Accessory spleen is the human growth anomaly, which appears in embryogenesis and frequently becomes an accidental finding during prophylactic medical examination. Pancreatic tail - the second fre...

[Полный текст PDF \(290.8KB\)](#)

\*доступно в РУДН



# Medline Complete

Только Medline Complete обеспечивает поиск на русском языке по MeSH

Новый поиск MeSH 2016 Издания Изображения Больше ▾

Вход Палка Настройка Языки ▾ Справка

Идет поиск: MEDLINE Complete | Выбрать базы данных

опухоль  Выбрать поле (необязательно) ▾

AND ▾  Выбрать поле (необязательно) ▾

AND ▾  Выбрать поле (необязательно) ▾

[Базовый поиск](#) [Расширенный поиск](#) [История поиска](#)

Количество записей найдено в Медицинских предметных рубриках MeSH - 67 :

|   |   |   |   |
|---|---|---|---|
| 1. ГЕНЫ ВИЛЬМСА ОПУХОЛИ <input type="checkbox"/><br>Термины на английском: <i>GENES, WILMS TUMOR</i> <input type="checkbox"/> | 4. ГАСТРИНОМА <input type="checkbox"/><br>Термины на английском: <i>GASTRINOMA</i> <input type="checkbox"/>   | 7. ТРОФОБЛАСТНЫЕ НОВООБРАЗОВАНИЯ <input type="checkbox"/><br>Термины на английском: <i>TROPHOBLASTIC NEOPLASMS</i> <input type="checkbox"/> | 10. МУКОЭПИДЕРМОИДНОЕ НОВООБРАЗОВАНИЕ <input type="checkbox"/><br>Термины на английском: <i>MUCOEPIDERMOID TUMOR</i> <input type="checkbox"/>               |
| 2. ТИТЦЕ СИНДРОМ <input type="checkbox"/><br>Термины на английском: <i>TIETZE'S SYNDROME</i> <input type="checkbox"/>         | 5. ЭНДОДЕРМАЛЬНОГО СИНУСА НОВООБРАЗОВАНИЕ <input type="checkbox"/><br>Термины на английском: <i>ENDODERMAL SINUS TUMOR</i> <input type="checkbox"/> | 8. АДЕНОМА ПЛЕОМОРФНАЯ <input type="checkbox"/><br>Термины на английском: <i>ADENOMA, PLEOMORPHIC</i> <input type="checkbox"/>              | 11. РАСТЕНИЙ ОПУХОЛЬ-ИНДУЦИРУЮЩИЕ ПЛАЗМИДЫ <input type="checkbox"/><br>Термины на английском: <i>PLANT TUMOR-INDUCING PLASMIDS</i> <input type="checkbox"/> |
| 3. WAGR СИНДРОМ <input type="checkbox"/><br>Термины на английском: <i>WAGR SYNDROME</i> <input type="checkbox"/>              | 6. ХОЛЕСТЕАТОМА <input type="checkbox"/><br>Термины на английском: <i>CHOLESTEATOMA</i> <input type="checkbox"/>                                    | 9. ТЕКОМА <input type="checkbox"/><br>Термины на английском: <i>THECOMA</i> <input type="checkbox"/>  | 12. ГЛОМУСА ЯРЕМНОГО НОВООБРАЗОВАНИЕ <input type="checkbox"/><br>Термины на английском: <i>GLOMUS JUGULARE TUMOR</i> <input type="checkbox"/>               |

[Следующие](#)

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Уточнить результаты

Результаты поиска: 1 - 50 из 61

Значимость ▾ Параметры страницы ▾

\*доступно в РУДН



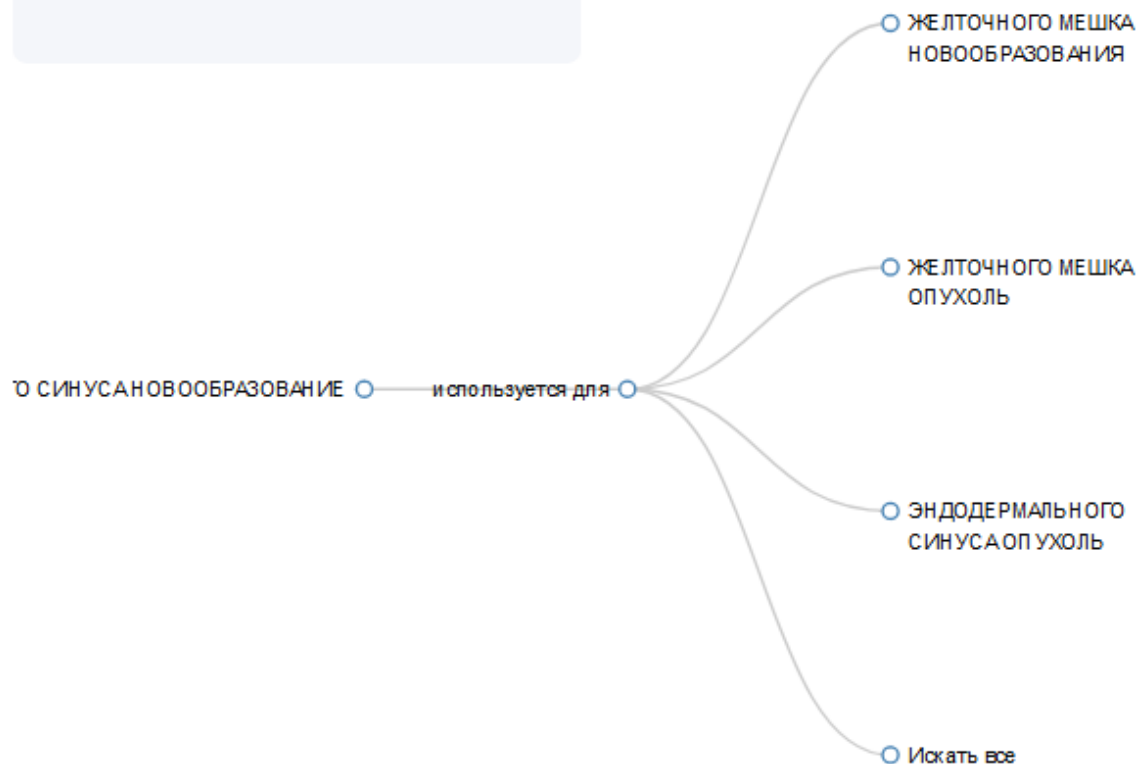


## 5. ЭНДОДЕРМАЛЬНОГО СИНУСА НОВООБРАЗОВАНИЕ ❏

Термины на английском:

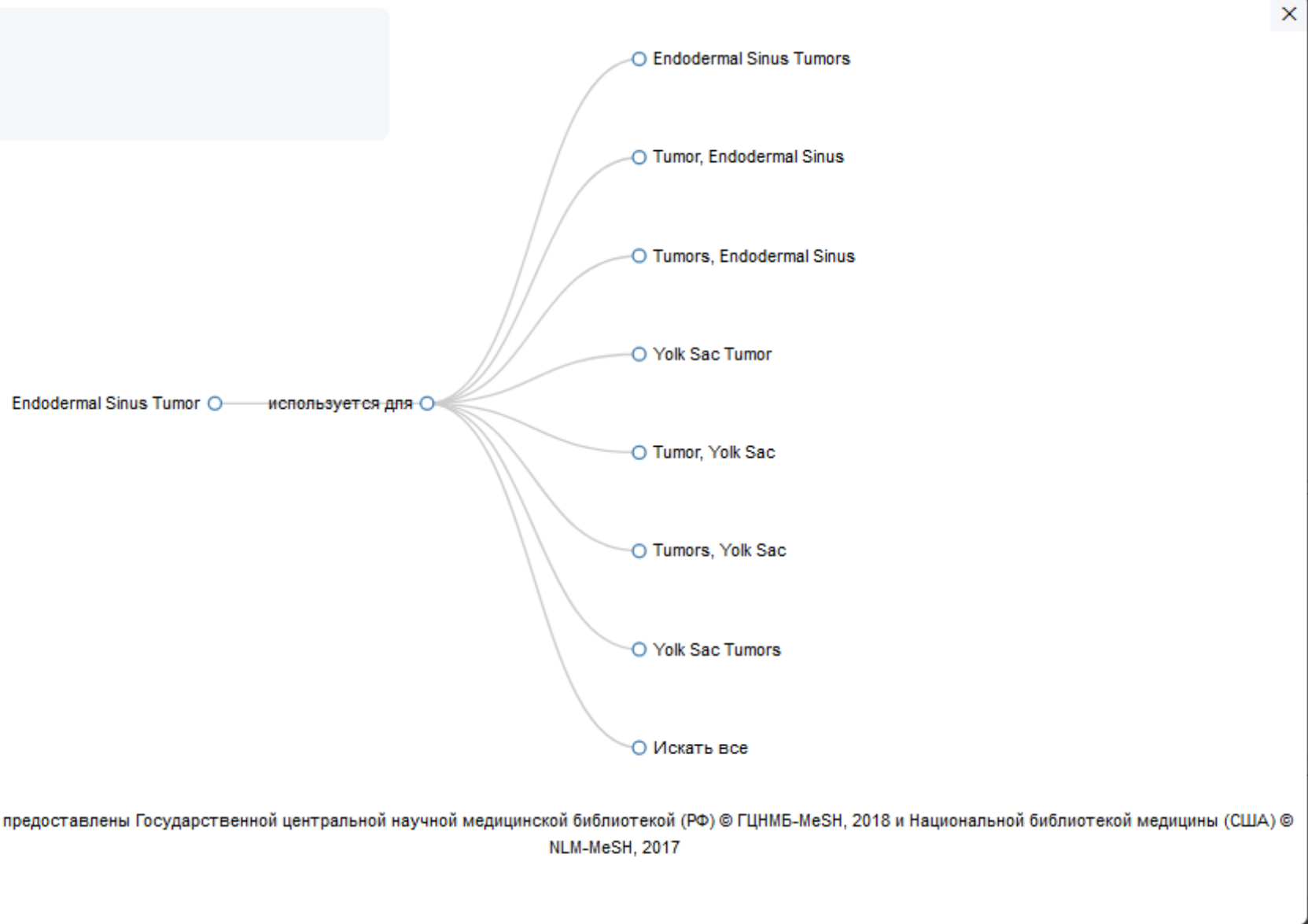
*ENDODERMAL SINUS TUMOR* ❏

\*доступно в РУДН



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1. [Extended endoscopic endonasal posterior (transclival) approach to tumors of the clival region and ventral posterior cranial fossa. Part 3. Analysis of surgical treatment outcomes in 127 patients].





# Отображение результатов поиска

Новый поиск MeSH 2016 Издания Изображения Больше ▾ Вход Папка Настройка Языки ▾ Справка Выйти

Идет поиск: MEDLINE Complete | Выбрать базы данных

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Доступен реферат

Английский язык

1981 Дата издания 2018

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Результаты поиска: 1 - 10 из 210

Значимость ▾ Параметры страницы ▾ Поделиться ▾

- Sinonasal yolk sac (Endodermal sinus) tumor in an adult female--A case report and review of the literature.**

Научный журнал

(English) ; Abstract available. By: Mei X; Xia Y; Sasano H; Gao H, APMIS: Acta Pathologica, Microbiologica, Et Immunologica Scandinavica [APMIS], ISSN: 1600-0463, 2015 Sep; Vol. 123 (9), pp. 810-4; Publisher: Munksgaard; PMID: 26095665

Yolk sac tumor (YST), also known as endodermal sinus tumor, is a highly malignant germ cell tumor that is extremely rare in the sinonasal region, especially in adults. To the best of our knowledg...

Тематика: Endodermal Sinus Tumor metabolism; Endodermal Sinus Tumor pathology; Yolk Sac metabolism; Yolk Sac pathology; Middle Aged: 45-64 years; All Adult: 19+ years; Female

Полный текст PDF (809.3KB)

- Yolk sac primary tumor of mediastino: a rare case in a young adult.**

Отчет

(English; Portuguese) ; Abstract available. By: Silva LLC; Vergilio FS; Yamaguti DCC; Cruz IAND; Queen JAG, Einstein (Sao Paulo, Brazil) [Einstein (Sao Paulo)], ISSN: 2317-6385, 2017 Oct-Dec; Vol. 15 (4), pp. 496-499; Publisher: Instituto de Ensino e Pesquisa Albert Einstein; PMID: 28954036

Germ cell tumors are rare neoplasms that mostly occur in the gonads, although they can also affect other body sites, especially the anterior mediastinum (50 to 70% of all extragonadal germ cell t...

Тематика: Endodermal Sinus Tumor therapy; Mediastinal Neoplasms therapy; Neoadjuvant Therapy; Neoplasms, Germ Cell and Embryonal therapy; Testicular Neoplasms therapy; Adult: 19-44 years; All Adult: 19+ years; Male

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← Список результатов Уточнить критерии поиска 4 из 210 →

## ZBTB16 is a sensitive and specific marker in detection of metastatic and extragonadal yolk sac tumour.

**Авторы:** Xiao GQ; Department of Pathology, Keck Medical Center of the University of Southern California, Los Angeles, CA, USA.  
Priemer DS; Department of Pathology, Indiana University, Indianapolis, IN, USA.  
Wei C; Department of Pathology, Keck Medical Center of the University of Southern California, Los Angeles, CA, USA.  
Aron M; Department of Pathology, Keck Medical Center of the University of Southern California, Los Angeles, CA, USA.  
Yang Q; Department of Pathology, University of Rochester Medical Center, Rochester, NY, USA.  
Idrees MT; Department of Pathology, Indiana University, Indianapolis, IN, USA.

**Источник:** [Histopathology](#) [Histopathology] 2017 Oct, Vol. 71 (4), pp. 562-569. *Date of Electronic Publication:* 2017 Jul 19.

**Тип издания:** Journal Article

**Язык:** English

**Информация о журнале:** *Publisher:* Blackwell Scientific Publications *Country of Publication:* England *NLM ID:* 7704136 *Publication Model:* Print-Electronic *Cited Medium:* Internet *ISSN:* 1365-2559 (Electronic) *Linking ISSN:* 03090167 *NLM ISO Abbreviation:* Histopathology *Subsets:* MEDLINE

**Названия отписков:** *Original Publication:* Oxford, Blackwell Scientific Publications.

**Термины MeSH:** Biomarkers, Tumor\*/metabolism  
Endodermal Sinus Tumor\*/metabolism  
Promyelocytic Leukemia Zinc Finger Protein\*/metabolism  
Aged; Endodermal Sinus Tumor/pathology; Female; Humans; Immunohistochemistry; Male; Microtubule-Associated Proteins/metabolism; Neoplasm Metastasis; Sensitivity and Specificity; alpha-Fetoproteins/metabolism

**Реферат:** **Aims:** Accurate histological diagnosis and classification of germ cell tumours (GCTs) is key to informing successful therapeutic and surveillance strategy. The modern therapeutic approach for yolk sac tumour (YST) is highly curative. Because YST takes on a large morphological spectrum, it can

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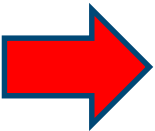
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Английский язык

1850  Дата издания  2013





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Академические журналы (11,306)

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- Leadership, organization and teamwork for obstetrics and gynecology.** +  
 (English) By: Geirsson RT, Acta Obstetrica Et Gynecologica Scandinavica [Acta Obstet Gynecol Scand], ISSN: 1600-0412, 2013 Nov; Vol. 92 (11), pp. 1237-8; PMID: 24117328
- Menopause education: needs assessment of American obstetrics and gynecology residents.** +  
 (English) ; Abstract available. By: Christianson MS; Ducie JA; Altman K; Khafagy AM; Shen W, Menopause (New York, N.Y.) [Menopause], ISSN: 1530-0374, 2013 Nov; Vol. 20 (11), pp. 1120-5; PMID: 23632655  
This study aims to understand the current teaching of menopause medicine in American obstetrics and gynecology residency programs.
- Platinum-Based Neoadjuvant Chemotherapy Followed by Radical Surgery for Cervical Carcinoma International Federation of Gynecology and Obstetrics Stage IB2-IIB.** +  
 (English) ; Abstract available. By: Minig L; Colombo N; Zanagnolo V; Landoni F; Bocciolone L; Cárdenas-Rebollo JM; Iodice S; Maggioni A, International Journal Of Gynecological Cancer: Official Journal Of The International Gynecological Cancer Society [Int J Gynecol Cancer], ISSN: 1525-1438, 2013 Nov; Vol. 23 (9), pp. 1647-54; PMID: 24100590  
The objective of this study was to determine the response rate to chemotherapy, as well as the progression-free survival (PFS), the overall survival (OS), and the main prognostic factors in patie...
- Challenges in academic obstetrics and gynecology departments.** +  
 (English) ; Abstract available. By: Brubaker L; Wagner S; Novielli KD; Pollart SM; Dandar V; Radosevich DM; Fox S, Obstetrics And Gynecology [Obstet Gynecol], ISSN: 1873-

# Описание статьи



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## Simulation in **obstetrics** & gynecology.

**Авторы:** [Malnar GJ](#)

**Адрес автора:** Department of Obstetrics & Gynecology, University of Missouri-Kansas City School of Medicine, USA.  
[Gerard.Malnar@tmcmed.org](mailto:Gerard.Malnar@tmcmed.org)

**Источник:** [Missouri Medicine \[Mo Med\]](#) 2013 Mar-Apr; Vol. 110 (2), pp. 144-6.

**Тип издания:** Journal Article

**Язык:** English

**Информация о журнале:** *Publisher:* Missouri State Medical Association *Country of Publication:* United States *NLM ID:* 0400744 *Publication Model:* Print Cited Medium: Print *ISSN:* 0026-6620 (Print) *Linking ISSN:* 00266620 *NLM ISO Abbreviation:* Mo Med *Subsets:* MEDLINE

**Названия отписков:** *Publication:* Jefferson City Mo : Missouri State Medical Association  
*Original Publication:* St. Louis.

**Термины MeSH:** [Patient Simulation\\*](#)  
[Gynecology/\\*education](#)  
[Internship and Residency/\\*methods](#)  
[Laparoscopy/\\*education](#)  
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**PMID:** 23724488

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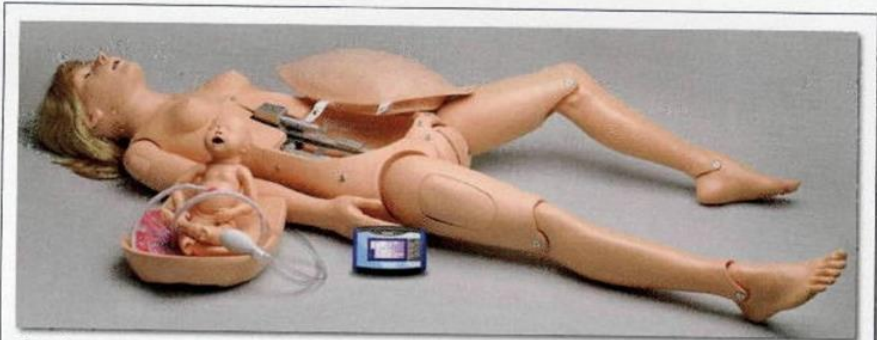
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**Figure 1**  
NOELLE is perfect for competency based programs since each delivery can be precisely controlled while devices track student actions. The fetus may be manipulated to resolve a delivery dilemma. See instant feedback of force and torque on the fetus as well as its head position. This data is graphed and synchronized with our fetal monitor for debriefing and evaluation. The fetus is released on command after the instructor has observed and logged required competencies.  
Source: [www.goumard.com](http://www.goumard.com)

Название статьи: Simulation in Obstetrics & Gynecology.

Источник: Missouri Medicine, Mar/Apr2013, Vol. 110 Issue 2, p144-146, 3p, 1 Color Photograph  
Color Photograph; found on p145

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Дата: March 1, 2013

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« | 16 - 20 | 21 - 25

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| Simulation in orthop... | 150 |
| Simulation in ophtha... | 152 |
| Modern cardiac rehab... | 154 |

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▼ Иллюстрации

Simulation in obstetrics & gynecology.

## SCIENCE OF MEDICINE



Gynecologic simulations help improve resident confidence in actual patient procedures.



## Simulation in Obstetrics & Gynecology

by Gerard J. Malnar, MD

### Introduction

The simulation program for the University of Missouri - Kansas City Obstetrics & Gynecology residency program currently employs a number of low- and high-fidelity activities at the Youngblood Skills Lab. The benefits of simulation are self-evident. The varied activities allow residents and faculty to practice skills in a safe, non-judgmental environment. The care providers report a very favorable experience with the simulation activities at our institution.

### Residency Training

As part of resident orientation, the incoming first-year residents participate in a standardized patient office simulation that incorporates EMR (Electronic Medical Record). Clerical and nursing staff also participate in this exercise. The primary objective of this activity is to instruct on efficient integration

history and exam (HPI-4 elements, ROS-10 systems, PE-8 elements). Video recording the simulation provides feedback on EMR integration and level 5 document creation. Video review also affords allied staff an opportunity to review clinic efficiency from check in to check out. In addition to this exercise, first-year residents participate in sensitive female exams on standardized patients that are proctored by faculty. Performance feedback is provided by the standardized patients and the faculty.

Resident physicians perform a number of low-fidelity exercises twice monthly during their gynecology rotation. The sessions focus on common gynecologic procedures. For example, the laparoscopy skills menu aims to develop the basics of laparoscopic surgery. In addition to understanding correct use and troubleshooting of laparoscopic equipment, the activities test eye-hand coordination, traction/counter

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Условие поиска: Obstetrics /MT

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## Monitoring severe pre-eclampsia and eclampsia treatment in resource poor countries: skilled birth attendant perception of a new treatment and monitoring chart (LIVKAN chart).

**Авторы:** Ameh CA ; Ekechi CI ; Tukur J

**Адрес автора:** Maternal and Newborn Health Unit, Liverpool School of Tropical Medicine, University of Liverpool, Liverpool, L3 5QA, UK. caameh@liverpool.ac.uk

**Источник:** Maternal And Child Health Journal [Matern Child Health J] 2012 Jul; Vol. 16 (5), pp. 941-6.

**Тип издания:** Journal Article

**Язык:** English

**Информация о журнале:** *Publisher:* Kluwer Academic/Plenum Publishers *Country of Publication:* United States *NLM ID:* 9715672 *Publication Model:* Print Cited Medium: Internet *ISSN:* 1573-6628 (Electronic) *Linking ISSN:* 10927875 *NLM ISO Abbreviation:* Matern Child Health J *Subsets:* MEDLINE

**Названия отписков:** *Publication:* 1999 - New York, NY : Kluwer Academic/Plenum Publishers  
*Original Publication:* New York : Plenum Press, c1997-

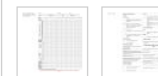
**Термины MeSH:** Eclampsia\*/therapy  
Pre-Eclampsia\*/therapy  
Maternal Health Services\*/methods  
Midwifery\*/methods  
Obstetrics\*/instrumentation  
Female ; Health Resources ; Humans ; Male ; Maternal Health Services/standards ; Middle Aged ; Nigeria ; Obstetrics/methods ; Perception ; Practice Guidelines as Topic ; Pregnancy ; Pregnancy Complications/prevention & control ; Quality of Health Care ; Questionnaires ; Severity of Illness Index ; Young Adult


**Реферат:** The lack of easy to use protocols and monitoring charts in the management of pre-eclampsia/eclampsia contribute to substandard care of women in resource poor settings. A treatment monitoring tool (LIVKAN chart) has been developed to improve the quality of care for these women. Based on feedback from skilled birth attendants (SBAs), a two page document which provides a visual record of the treatment and monitoring of women with severe pre-eclampsia/eclampsia over a 24 h period was developed. It also contains detailed treatment guidelines as well as a summary of the woman's treatment. A two page document on instructions for use of the chart was also developed. The chart design was evaluated by different level SBAs via a semi structured questionnaire. There was a 92% (109) response rate. About 30% (33) and 58% (63) of the respondents provided care to women in Primary Health Care and referral health care facilities respectively. Ninety eight percentage of respondents indicated that the chart would be of additional benefit in their care of women with pre-eclampsia/eclampsia. Seventy three percentage of respondents indicated that the chart would also be useful to lower health care facility SBAs. The design of the chart ensures that guidelines for managing/monitoring of patients are instantly available on a concise easy-to-use chart which confers added advantage over other chart designs. Having been evaluated by SBAs, acceptability and utilization in poor resource settings should be high. A study has been designed to evaluate the acceptability and effectiveness of this new monitoring chart in both BEOCs and CEOCs in two sub-Saharan African countries.


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**Обновить код:** 20121129

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




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By: Konieczna, Iwona; Horvath, Elizabeth; Hao Wang; Lindsey, Stephan; Saberwal, Gurveen; Ling Bei; Weiqi Huang; Platanias, Leonidas; Eklund, Elizabeth A.. Journal of Clinical Investigation, Mar2008, Vol. 118 Issue 3, p853-867, 15p, 2 Color Photographs, 4 Charts, 13 Graphs  
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# Описание иллюстрации и статьи

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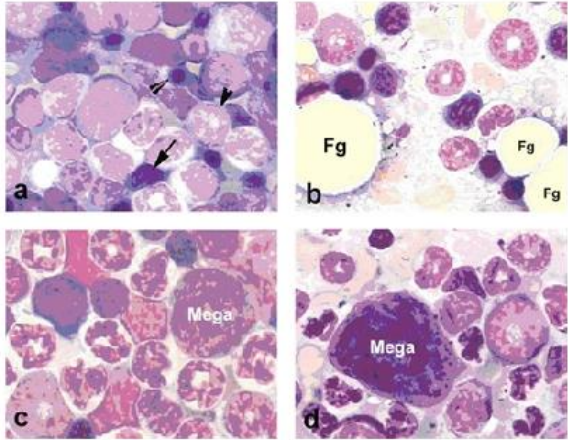
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Amifostine Protects Bone Marrow from Benzene-Induced Hematotoxicity in Mice.

**Авторы:** Kang Yu<sup>1</sup> [yukang62@126.com](mailto:yukang62@126.com)  
Kai-Yan Yang<sup>1</sup>  
Xing-Zhou Ren<sup>1</sup>  
Yi Chen<sup>1</sup>  
Xin-Hua Liu<sup>1,2</sup>

**Источник:** International Journal of Toxicology (Taylor & Francis); Jul2007, Vol. 26 Issue 4, p315-323, 9p, 2 Color Photographs, 1 Chart, 4 Graphs  
Image: p320

**Image Title:** FIGURE 3

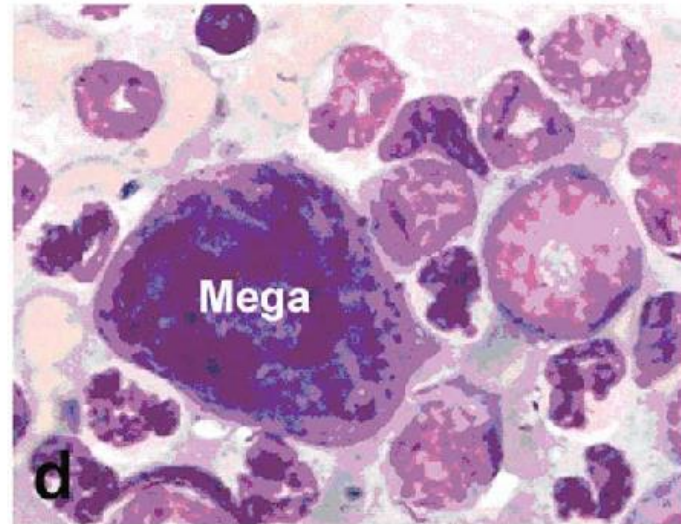
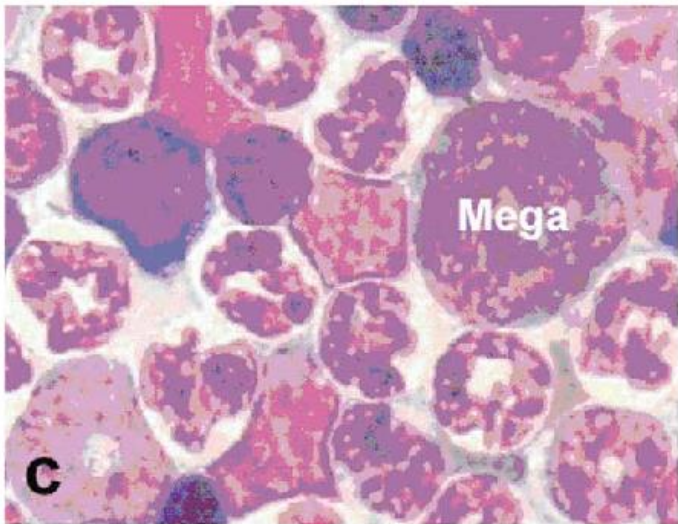
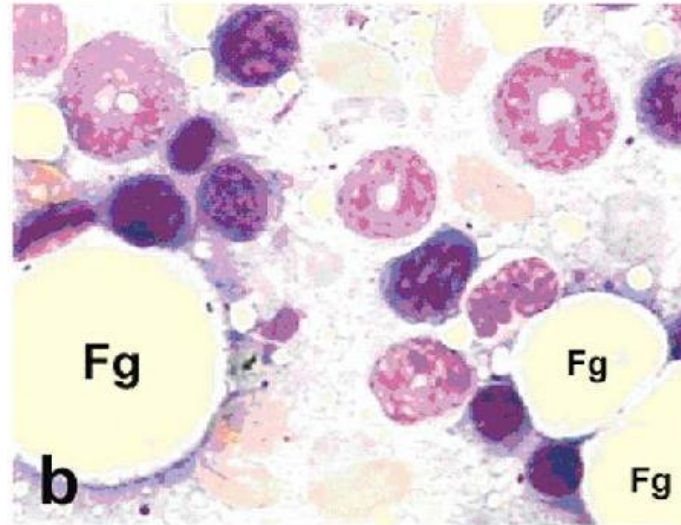
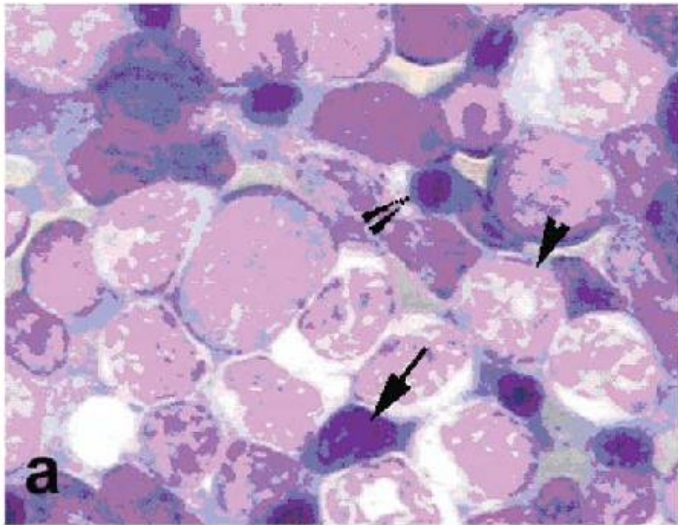


**Image Caption:** Romanowsky-stained bone marrow smears. (a) A bone marrow specimen derived from a control mouse (corn oil-treated) illustrates the normal distribution of erythroid (arrow), myeloid (arrowhead), lymphoid (dissolved arrowhead), and megakaryocytes (not shown in the present field). (b) A bone marrow specimen derived from a benzene-exposed mouse shows a significant depletion of nucleated bone marrow cells and other hamatopoietic progenitors with increased number of fat globules (Fg). No megakaryocytes are present. (c) A bone marrow specimen derived from an amifostine-treated control mouse demonstrates a similar pattern as that seen in the bone marrow specimens from corn oil-treated control mouse. Megakaryocytes are present and indicated as Mega. (d) A bone marrow specimen derived from a benzene-exposed mouse treated with amifostine shows a significant improvement evidenced by increased numbers of bone marrow nucleated cells and hemotopoietic precursors. Megakaryocytes are present and indicated as Mega. No fat globules are observed. Data shown are representative of the bone marrow samples from 25 mice in each group. Original magnification  $\times 1000$ .

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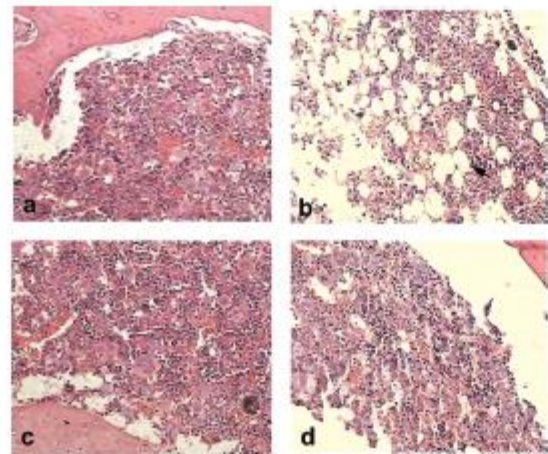


FIGURE 2

H&E-stained bone marrow section. (a) Corn oil-treated (control), (b) benzene-exposed, (c) amifostine-treated, and (d) amifostine- and benzene-treated mice. Bone marrow sections from benzene-exposed mice show a significant depletion of bone marrow cells and an increased number of fat cells (arrows), whereas amifostine treatment in benzene-exposed mice illustrated a significant increase in bone marrow cells and decreased number of fat cells. Data shown are representative of the bone marrow samples from 25 mice in each group. Original magnification  $\times 200$ .

significant decreases in both BFU-E and CFU-E. Benzene exposure also suppressed CFU-GM in the bone marrow. In contrast, treatment with amifostine in the benzene-exposed mice significantly increased BFU-E, CFU-E, and CFU-GM units to the levels similar to the control values. These results suggest a role for amifostine in preventing benzene-induced damage in bone marrow hematopoietic progenitor differentiation.

Histomorphometric analysis (H&E staining) on tibial sections was next performed, and revealed that benzene-exposed mice showed a significant reduction in bone marrow hematopoietic cells, and this reduction was accompanied by increased number of fat cells (Fig. 2). In addition, Romanowsky-stained bone marrow smears, derived from benzene-exposure mice (Fig. 3b) displayed a variety of nuclear/cytoplasmic dyscrasias, including nuclear and cytoplasmic blebbing, vacuolization, atypical mitotic figures, and significant depletion of nucleated bone marrow cells and other hematopoietic progenitors. There were no megakaryocytes presented in the bone marrow smears.

showed increased numbers of erythroid cells, erythroid precursors, and megakaryocytes.

Amifostine has been reported to play important roles in protecting normal cells from apoptosis and stimulating proliferation of several cell lines (Caly and Spencer 2001). We further determined whether amifostine can protect bone marrow cell from benzene-induced apoptosis and promote cell proliferation. As shown in Fig. 4A, TUNEL assay demonstrated that whereas exposure to benzene induced an increase in bone marrow cell apoptosis, as compared to control, amifostine treatment significantly reduced the number of apoptotic cells in the bone marrow, suggesting a role for amifostine in protecting bone marrow cells from benzene-induced apoptosis. Immunohistochemical staining [using Proliferating Cell Nuclear Antigen (PCNA) antibodies] revealed increased counts of positive-stained bone marrow cells (Fig. 4B), suggesting that amifostine is able to rescind the inhibition of bone marrow cell proliferation induced by benzene exposure.

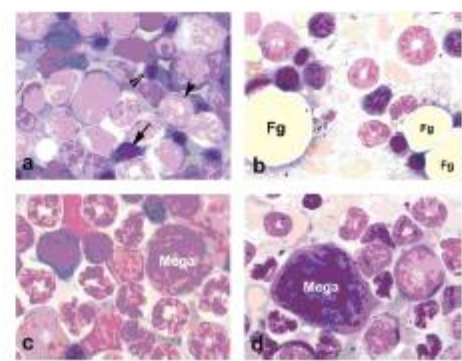
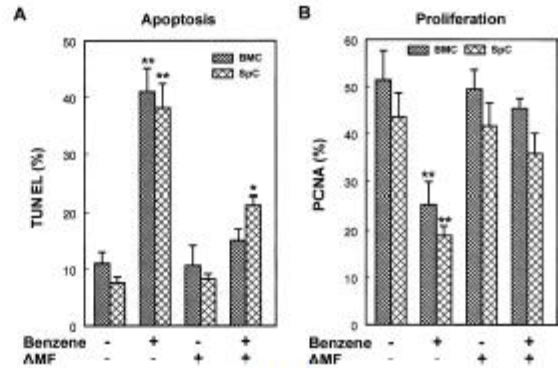


FIGURE 3

Romanowsky-stained bone marrow smears. (a) A bone marrow specimen derived from a control mouse (corn oil-treated) illustrates the normal distribution of erythroid (arrow), myeloid (arrowhead), lymphoid (divided arrowhead), and megakaryocytes (not shown in the present field). (b) A bone marrow specimen derived from a benzene-exposed mouse shows a significant depletion of nucleated bone marrow cells and other hematopoietic progenitors with increased number of fat globules (Fg). No megakaryocytes are present. (c) A bone marrow specimen derived from an amifostine-treated control mouse demonstrates a similar pattern as that seen in the bone marrow specimen from corn oil-treated control mouse. Megakaryocytes are present and indicated as Mega. (d) A bone marrow specimen derived from a benzene-exposed mouse treated with amifostine shows a significant improvement evidenced by increased numbers of bone marrow nucleated cells and hematopoietic precursors. Megakaryocytes are present and indicated as Mega. No fat globules are observed. Data shown are representative of the bone marrow samples from 25 mice in each group. Original magnification  $\times 1000$ .





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|---|--|---|
| CDS Review  | <b>793</b>   | <b>1,527</b>                                      |
| Dental Press Journal of Orthodontics                  | <b>295</b>   | <b>680</b>  |
| Dental Traumatology                                   | <b>1,287</b>   | <b>1,362</b>                                      |
| European Journal of Oral Sciences                     | <b>1,368</b>   | <b>1,433</b>                                      |
| Gerodontology   | <b>874</b>   | <b>906</b>  |
| International Endodontic Journal                      | <b>2,068</b>   | <b>2,266</b>                                      |
| International Journal of Oral & Maxillofacial Surgery | <b>3,005</b>   | <b>3,369</b>                                      |
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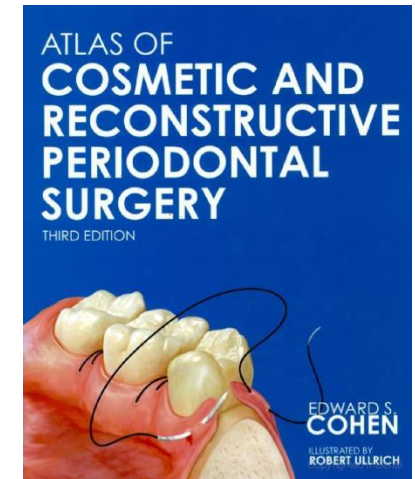
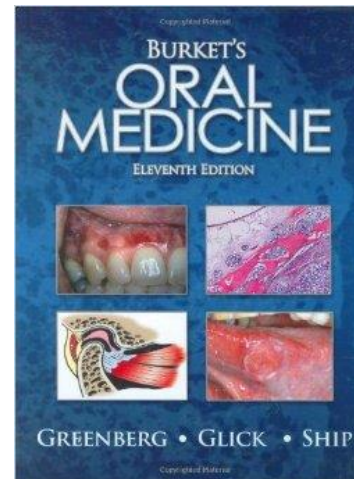
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| Journal of Clinical Periodontology          | 2,530   | 2,589  |
| Journal of Dental Hygiene                   | 602   | 1,005  |
| Journal of Esthetic & Restorative Dentistry | 901   | 1,058  |
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1. [CT Scan--Based Finite Element Analysis of Premolar Cuspal Deflection Following Operative Procedures.](#)

By: Magne, Pascal; Oganessian, Tevan. International Journal of Periodontics & Restorative Dentistry, 2009, Vol. 29 Issue 4, p360-369, 10p, 3 charts, 1 graph, 7 color; (AN 43402431)

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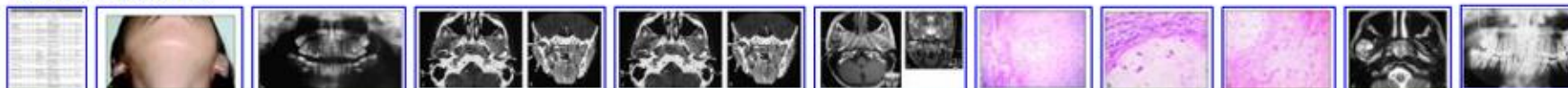
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2. [Chondrosarcoma of the Temporomandibular Joint: A Case Report in a Child.](#)

By: de Oliveira, Rubelisa Cândido; Dias Siqueira Marques, Karlla; de Mendonça, Alexandre Rodrigues; Francisco Mendonça, Elismauro; Roberto Barbosa da Silva, Márcio; Carvalho Batista, Aline; Faria Ribeiro-Rotta, Rejane. Journal of Orofacial Pain, Summer2009, Vol. 23 Issue 3, p275-281, 7p, 1 chart, 5 color, 5 bw; (AN 43503860)

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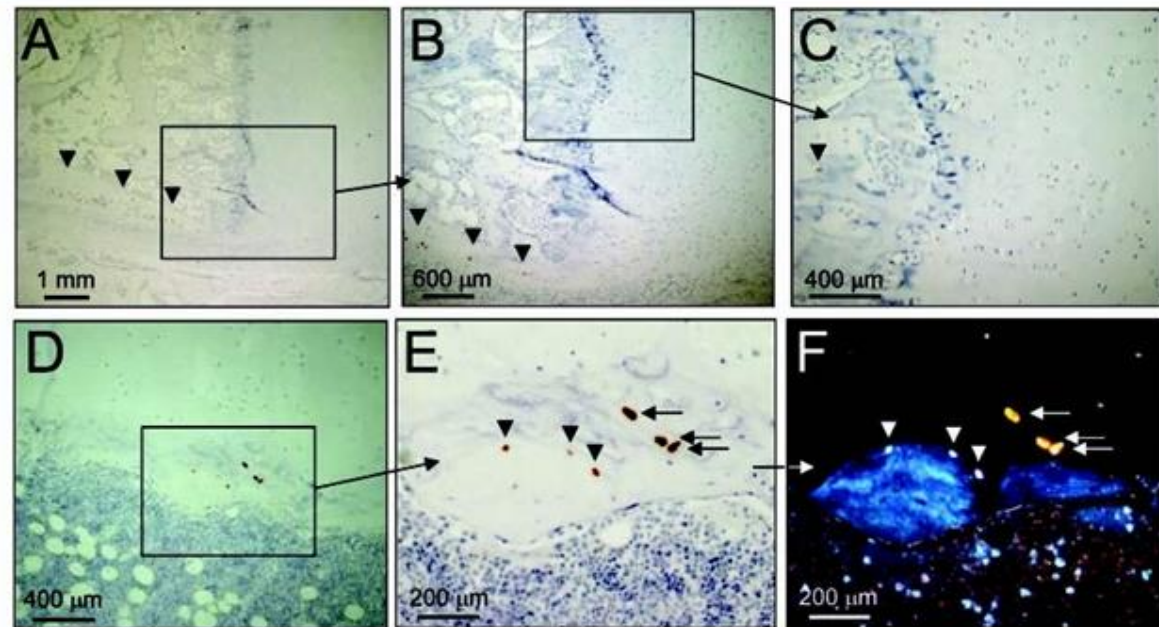
3. [Sclerostin in Mineralized Matrices and van Buchem Disease.](#)

By: van Beuningen, R. J.; Bronckers, A. J.; Gortzak, R. A.; Hogendoorn, P. C. W.; van der Wee-Pals, J.; Balemans, W.; Oosterbroek, H. J.; Van Hul, W.; Hamersma





Title: Figure 1

**Image Caption:**

Sclerostin expression by hypertrophic chondrocytes. (A) Absence of sclerostin expression by chondrocytes in the growth plate of a 1-year-old child. Sclerostin was expressed by osteocytes. (B) Detail of (A) showing sclerostin expression in cortical bone. (C) Detail of (B) showing absence of sclerostin expression in the growth plate, while an osteocyte in trabecular bone is positive. (D) Sclerostin expression in growth plate of a 12-year-old girl. (E) Detail of (D) showing 3 sclerostin-positive mineralized hypertrophic chondrocytes and 3 sclerostin-positive osteocytes. (F) Dark-field image of same area as in (E), showing that the 3 sclerostin-positive osteocytes are located within lamellar bone, while the 3 hypertrophic chondrocytes are not. □ Sclerostin-positive osteocytes; ← sclerostin-positive hypertrophic chondrocytes.

**Article Title:**

Sclerostin in Mineralized Matrices and van Buchem Disease.

**Source:**

Journal of Dental Research, Jun2009, Vol. 88 Issue 6, p569-574, 6p, 6 color, 8 bw Color Photograph; found on p570

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- 5. Cochrane Central Register of Controlled Trials (July 2012)*
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**Автор:** Centre for Reviews and Dissemination (CRD)

**Информация о документе:** This [Structured Abstract](#) is [unmodified](#); [commented](#) this issue. First published: 2012.

Includes *CRD COMMENTARY* section.

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**Информация об обзоре:** Title: A 10 year (2000-2010) systematic review of interventions to improve quality of care in hospitals

Reviewer(s): [Conry, MC](#); [Humphries, N](#); [Morgan, K](#); [McGowan, Y](#); [Montgomery, A](#); [Vedhara, K](#); [Panagopoulou, E](#); [Gee, H](#)

Source: *BMC Health Services Research* 2012; v. 12., (275p)

**Источники поддержки:** no source supplied

**Комментарий CRD:** The review question and inclusion criteria were defined broadly. Relevant electronic databases were accessed. The lack of a search of grey literature and the restriction to peer-reviewed studies published in English meant that relevant studies may have been missed. An attempt was made to minimise reviewer error and bias during study selection; it was unclear whether similar attempts were applied to data extraction and quality assessment. Suitable quality assessment criteria were applied and showed mixed results across the studies. Most of the included studies were of pre-post design; this design is prone to issues such as confounding and ambiguity about causation of any effects observed. Study details were presented. The narrative method of synthesis seemed appropriate given the clinical and methodological diversity across the studies. The authors stated that the heterogeneous nature of the included studies' designs mean that the results of this review should be interpreted with caution. There were limitations with the review methodology but the authors' conclusions reflect the findings and seem appropriate.

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Conry et al. *BMC Health Services Research* 2012, **12**:275  
<http://www.biomedcentral.com/1472-6963/12/275>

BMC Health Services Research

**RESEARCH ARTICLE** **Open Access**

## A 10 year (2000–2010) systematic review of interventions to improve quality of care in hospitals

Mary C Conry<sup>1,5\*</sup>, Niamh Humphries<sup>1</sup>, Karen Morgan<sup>1</sup>, Yvonne McGowan<sup>1</sup>, Anthony Montgomery<sup>2</sup>, Kavita Vedhara<sup>3</sup>, Efharis Panagopoulou<sup>4</sup> and Hannah Mc Gee<sup>1</sup>

**Background:** Against a backdrop of rising healthcare costs, variability in care provision and an increased emphasis on patient satisfaction, the need for effective interventions to improve quality of care has come to the fore. This is the first ten year (2000–2010) systematic review of interventions which sought to improve quality of care in a hospital setting. This review moves beyond a broad assessment of outcome significance levels and makes recommendations for future effective and accessible interventions.

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## Explaining the decrease in coronary **heart** disease mortality in Italy between 1980 and 2000.

**Авторы:** Palmieri L, Bennett K, Giampaoli S, Capewell S

**Контактная информация:** National Centre of Epidemiology, Surveillance, and Promotion of Health, National Institutes of Health, 00162 Rome, Italy. luigi.palmieri@iss.it

**Источник:** *American Journal of Public Health* 2010, v. 100(4), p. 684-92

**Тип документа:** Journal\_article

**Реферат:** OBJECTIVES: We examined the extent to which the decrease in coronary **heart** disease (CHD) mortality rates in Italy could be explained by changes in cardiovascular risk factors versus the use of medical and surgical treatments. METHODS: We used a validated model to combine data on changes in risk factors and uptake and effectiveness of cardiac treatments among adult men and women in Italy between 1980 and 2000. Data sources included results of published trials, meta-analyses, official statistics, longitudinal studies, and national surveys. The difference between observed and expected CHD deaths in 2000 was partitioned among treatments and risk factors. RESULTS: From 1980 to 2000, the age-adjusted CHD mortality rate in Italy fell among persons aged 25 to 84 years, resulting in 42 930 fewer CHD deaths in 2000. Approximately 40% of this decrease was attributed to treatments and 55% to changes in risk factors. CONCLUSIONS: Over half of the CHD mortality fall in Italy between 1980 and 2000 was attributable to reductions in major risk factors, mainly cholesterol and blood pressure, and less than half to evidence-based medical therapies. These results are becoming increasingly important, both for understanding past trends and for planning future prevention and treatment strategies.

**CMR Keywords:** [Review methodology - applicability & recommendations - assessments of the impact of research CMRA3](#)

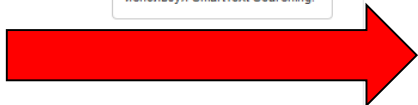
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## Explaining the decrease in coronary heart disease mortality in Italy between 1980 and 2000.

**Авторы:** [Palmieri L](#); National Centre of Epidemiology, Surveillance, and Promotion of Health, National Institutes of Health, 00162 Rome, Italy. [luigi.palmieri@iss.it](#)  
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[Giampaoli S](#)  
[Capewell S](#)

**Источник:** [American Journal Of Public Health](#) [Am J Public Health] 2010 Apr; Vol. 100 (4), pp. 684-92.  
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**Язык:** English

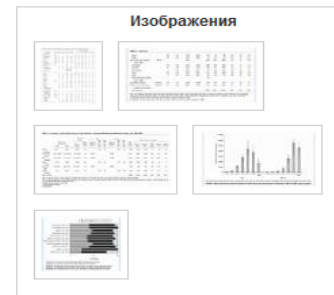
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**Названия отписков:** *Publication:* Washington, DC : American Public Health Association  
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**Реферат:** **Objectives:** We examined the extent to which the **decrease** in coronary heart disease (CHD) mortality rates in Italy could be explained by changes in cardiovascular risk factors versus the use of medical and surgical treatments.  
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**Results:** From 1980 to 2000, the age-adjusted CHD mortality rate in Italy fell among persons aged 25 to 84 years, resulting in 42 930 fewer CHD deaths in 2000. Approximately 40% of this **decrease** was attributed to treatments and 55% to changes in risk factors.  
**Conclusions:** Over half of the CHD mortality fall in Italy between 1980 and 2000 was attributable to reductions in major risk factors, mainly cholesterol and blood pressure, and less than half to evidence-based medical therapies. These results are becoming increasingly important, both for understanding past trends and for planning future prevention and treatment strategies.

**Комментарии:** Cites: [Circulation. 2000 Sep 26;102\(13\):1511-6. \(PMID: 11004141\)](#)  
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Источник: American Journal of Public Health

Дата: April 1, 2010

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## RESEARCH AND PRACTICE

# Explaining the Decrease in Coronary Heart Disease Mortality in Italy Between 1980 and 2000

Luigi Palmieri, DrStat, Kathleen Bennett, PhD, Simona Giampaoli, MD, and Simon Capewell, MD

The favorable position of Italy in terms of coronary heart disease (CHD) and cardiovascular disease has been consistently documented by official mortality statistics and different epidemiological studies.<sup>1-7</sup> However, CHD still represents one of the main causes of death in Italy, accounting for 13% of general mortality and 32% of circulatory system deaths in the country.

Coronary heart disease (CHD) death rates in Italy have shown profound changes during the second half of the 20th century. After a steep increase in CHD death rates up until the first years of the 1970s,<sup>8</sup> a short plateau occurred during the late 1970s, when a slight decline began and has continued until recent years.<sup>9-13</sup> This has been observed in both men and women. This decline is not easy to explain, but some findings are suggestive.

**Objectives.** We examined the extent to which the decrease in coronary heart disease (CHD) mortality rates in Italy could be explained by changes in cardiovascular risk factors versus the use of medical and surgical treatments.

**Methods.** We used a validated model to combine data on changes in risk factors and uptake and effectiveness of cardiac treatments among adult men and women in Italy between 1980 and 2000. Data sources included results of published trials, meta-analyses, official statistics, longitudinal studies, and national surveys. The difference between observed and expected CHD deaths in 2000 was partitioned among treatments and risk factors.

**Results.** From 1980 to 2000, the age-adjusted CHD mortality rate in Italy fell among persons aged 25 to 84 years, resulting in 42930 fewer CHD deaths in 2000. Approximately 40% of this decrease was attributed to treatments and 55% to changes in risk factors.

**Conclusions.** Over half of the CHD mortality fall in Italy between 1980 and 2000 was attributable to reductions in major risk factors, mainly cholesterol and blood pressure, and less than half to evidence-based medical therapies. These results are becoming increasingly important, both for understanding past trends and for planning future prevention and treatment strategies. (*Am J Public Health*. 2010; 100:684-692. doi:10.2105/AJPH.2008.147173)

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## Leadership



**Betsy Jones**

*Senior Vice President of Medical Product Management*

Betsy Jones is Senior Vice President of Medical Product Management. She oversees both the EBSCO Health Medical Product Management department and the Medical Editorial Teams of clinical reference tools such as *DynaMed Plus* and *CINAHL*. Betsy is a leader in the healthcare publishing industry and most recently served as Senior Vice President and Publisher at the American Medical Association. She brings a wealth of experience in clinical information, content expertise and industry knowledge to EBSCO Health.



**Brian S. Alper, MD, MSPH, FAAFP**

*Founder of DynaMed, Vice President of EBM Research & Development, Quality and Standards*

Brian Alper, MD, MSPH, FAAFP is Founder of *DynaMed* and Vice President of EBM Research and Development, Quality & Standards for EBSCO Health. He is board certified from the American Board of Family Medicine and a Fellow at the American Academy of Family Physicians.

Brian earned his MD at Hahnemann University, completed his residency in family medicine at Penn State University/Good Samaritan Hospital, and served a fellowship at the University of Missouri-Columbia. He is a member of American College of Physicians; The Grading of Recommendations Assessment, Development and Evaluate (GRADE) Working Group; The World Association of Medical Editors; and the Rosalind Franklin University Global Health Advisory Board. Dr. Alper developed *DynaMed* while still in medical school after recognizing the need for clinicians to have the most useful information available in a format designed for use at the point of care.

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# Редакторы DynaMed



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*Deputy Editor of Hematology, Endocrinology, and Nephrology*

Dr. Aird is Deputy Editor of Hematology, Endocrinology, and Nephrology at *DynaMed*. He is a physician at Beth Israel Deaconess Medical Center, Professor of Medicine at Harvard Medical School and serves as Chief of the Division of Molecular and Vascular Medicine at BIDMC. He received his medical degree from the University of Western

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*Deputy Editor, DynaMed*

Sheila Bond, MD, FACP is Deputy Editor of Infectious Disease and Immunology. She is a Clinical Instructor at Harvard Medical School and an Associate Physician at the Brigham and Women's Hospital where she attends on the transplant infectious disease service. Dr. Bond also continues research on the immune control of viral infections in

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Ronald A. Dieckmann, MD, MPH is the Co-Founder and Co-Editor-in-Chief of *PEMSsoft*. He is also Professor Emeritus of Pediatrics and Emergency Medicine at the University of California, San Francisco and

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**Alan Ehrlich, MD**  
*Executive Deputy Editor, DynaMed*

Alan Ehrlich, MD is a Executive Deputy Editor at *DynaMed* and Assistant Professor in Family Medicine at the University of Massachusetts Medical School. He is board certified from the American Board of Family Medicine. Dr. Ehrlich graduated from Rutgers Medical School and completed his residency at the University of Massachusetts Medical Center. He currently teaches Evidence-Based Medicine to 3rd year medical students and writes the Evidence-Based Medicine column for *Clinical Advisor* magazine.



**Thomas Hiltz, DO**  
*Deputy Editor, DynaMed*

Thomas Hiltz, DO is Deputy Editor for *DynaMed* and Assistant Professor of Family Medicine at the College of Human Medicine at Michigan State University. He is board certified from the American Board of Family Medicine. Dr. Hiltz attended Michigan State University College of Osteopathic Medicine and served his residency at the Grand Rapids Family Practice Residency. He coordinates the Evidence-Based Medicine curriculum for the Grand Rapids Family Practice Residency and has served as a practicing family physician with Mercy Health Physician Partners for 13 years. He currently assists with the *DynaMed* Resident Focus program.



**Kathy A. Jensen, MHA, RN**  
*Medical Client Services Manager*

Kathy Jensen, MHA, RN, serves as the Medical Client Services Manager for EBSCO Health and is responsible for medical/nursing point-of-care database education and training of customers throughout the US and Canada. She works directly with nursing and physician leadership to integrate clinical decision support and evidence-based practice into their workflows. Kathy previously served as Clinical Sales Solution Specialist at McKesson Provider Technologies, where she was responsible for enterprise clinical software solution sales and implementation in SE US. Kathy has more than 25 years of experience in healthcare management/operations and medical information technology (sales, product management and training) and her clinical background includes CSICU, CV Surgery and ED. She is a Registered Nurse, Health Care Risk Manager and holds a Master of Science Degree in Healthcare Administration.



**Michelle Lin, MD**  
*Deputy Editor of Emergency Medicine*

Michelle Lin, MD is an Endowed Academy Chair in Emergency Medicine Education at the University of California, San Francisco. She is also an Associate Professor and board-certified emergency physician practicing clinically at San Francisco General Hospital and Trauma Center. As the Founder and Editor-in-Chief of "Academic Life in Emergency Medicine," one of the most popular educational blogs in emergency medicine worldwide with over 100,000 page views monthly, Dr. Lin is an innovative think-leader in disrupting medical education through the use of digital technologies. She graduated from Stanford University for college and medical school and attended Harbor-UCLA for emergency medicine residency training.

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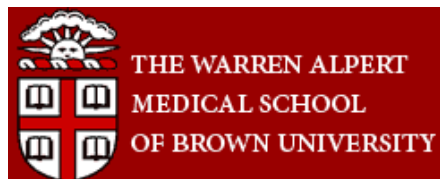
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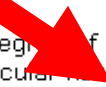
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**Treatment overview:**

- 2006 AHA/ACC secondary prevention guidelines
  - complete avoidance of tobacco smoke
    - ask about tobacco use status at every visit, advise/assess/assist/arrange support for quitting
    - urge avoidance of exposure to environmental tobacco smoke at work and home
  - 30-60 minutes of moderate-intensity aerobic activity 5-7 days per week
  - blood pressure goal < 140/90 mmHg or < 130/80 mmHg if diabetes or chronic kidney disease
    - weight control, increased physical activity, alcohol moderation, sodium reduction; increased consumption of fresh fruits, vegetables and low-fat dairy products
    - medication as tolerated if needed starting with beta blockers and/or ACE inhibitors
  - lipid goals LDL cholesterol < 100 mg/dL (2.6 mmol/L); if triglycerides > 200 mg/dL (2.3 mmol/L), then non-HDL cholesterol < 130 mg/dL (3.4 mmol/L)
    - diet
      - reduce intake of trans-fatty acids, saturated fats (to < 7% total calories), cholesterol (to < 200 mg/day)
      - increase consumption of omega-3 fatty acids via fish or capsules
      - fiber > 10 g/day will further lower
  - goal body mass index 18.5-24.9 kg/m<sup>2</sup> with waist circumference < 40 inches in men and < 35

**Links to PubMed**



**\*для информации**

1: [Ann Intern Med.](#) 2006 Oct 3;145(7):520-30.



**Comment in:**

- [Ann Intern Med.](#) 2007 Apr 17;146(8):614; author reply 614-5.
- [Ann Intern Med.](#) 2007 Apr 17;146(8):614; author reply 614-5.

**Narrative review: lack of evidence for recommended low-density lipoprotein treatment targets: a solvable problem.**

[Hayward RA](#), [Hofer TP](#), [Vijan S](#).

Department of Veterans Affairs, VA Center for Practice Management and Outcomes Research, VA Ann Arbor Healthcare System, and University of Michigan Schools of Medicine and Public Health, Ann Arbor, Michigan 48113-0170, USA. rhayward@umich.edu

Recent national recommendations have proposed that physicians should titrate lipid therapy to achieve low-density lipoprotein (LDL) cholesterol levels less than 1.81 mmol/L (<70 mg/dL) for patients at very high cardiovascular risk and less than 2.59 mmol/L (<100 mg/dL) for patients at high cardiovascular risk. To examine the clinical evidence for these recommendations, the authors sought to review all controlled trials, cohort studies, and case-control studies that examined the independent relationship between LDL cholesterol and major cardiovascular outcomes in patients with LDL cholesterol levels less than 3.36 mmol/L (<130 mg/dL). For those with LDL cholesterol levels less than 3.36 mmol/L (<130 mg/dL), the authors found no clinical trial subgroup analyses or valid cohort or case-control analyses suggesting that the degree to which LDL cholesterol responds to a statin independently predicts the degree of cardiovascular risk reduction. Published studies had avoidable limitations, such as a reliance on ecological (aggregate) analyses, use of analyses that ignore statins' other proposed mechanisms of action, and failure to account for known confounders (especially healthy volunteer effects). Clear, compelling evidence supports near-universal empirical statin therapy in patients at high cardiovascular risk (regardless of their natural LDL cholesterol values), but current clinical evidence does not demonstrate that titrating lipid therapy to achieve proposed low LDL cholesterol levels is beneficial or safe.

PMID: 17015870 [PubMed - indexed for MEDLINE]

**Related Links**

- ▶ Medical lipid-regulating therapy: current evidence, ongoing trials and future developments. [Drugs. 2004]
- ▶ Implications of recent clinical trials for the National Cholesterol Education Program Adt [J Am Coll Cardiol. 2004]
- ▶ Implications of recent clinical trials for the National Cholesterol Education Pr [Arterioscler Thromb Vasc Biol. 2004]
- ▶ Implications of recent clinical trials for the National Cholesterol Education Program Adult Tre [Circulation. 2004]
- ▶ Effects of ezetimibe added to on-going statin therapy on the lipid profile of hypercholester [Curr Med Res Opin. 2004]

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Coronary artery disease (CAD)

[Expand All](#) [Collapse All](#)

- Top
- General Information (including ICD-9/-10 Codes)
- Causes and Risk Factors
- Complications and Associated Conditions
- History
- Physical
- Diagnosis
- Prognosis
- Treatment
- Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements
- Send Comment to Editor
- Get CME/CE For This Search

▼ [Treatment](#)

**Treatment overview:**

- 2006 AHA/ACC secondary prevention guidelines
  - complete avoidance of tobacco smoke
    - ask about tobacco use status at every visit, advise/assess/assist/arrange support for quitting
    - urge avoidance of exposure to environmental tobacco smoke at work and home
  - 30-60 minutes of moderate-intensity aerobic activity 5-7 days per week
  - blood pressure goal < 140/90 mmHg or < 130/80 mmHg if diabetes or chronic kidney disease
    - weight control, increased physical activity, alcohol moderation, sodium reduction; increased consumption of fresh fruits, vegetables and low-fat dairy products
    - medication as tolerated if needed starting with beta blockers and/or ACE inhibitors
  - lipid goals LDL cholesterol < 100 mg/dL (2.6 mmol/L); if triglycerides > 200 mg/dL (2.3 mmol/L), then non-HDL cholesterol < 130 mg/dL (3.4 mmol/L)
    - diet
      - reduce intake of trans-fatty acids, saturated fats (to < 7% total calories), cholesterol (to < 200 mg/day)
      - increase consumption of omega-3 fatty acids via fish or capsules
      - adding plant sterols to diet will further lower LDL cholesterol
  - promote daily walking
  - lower goal (LDL cholesterol < 70 mg/dL [1.8 mmol/L] or non-HDL cholesterol < 100 mg/dL [2.6 mmol/L]) is reasonable
    - NO valid evidence found to support the assumption that degree of LDL cholesterol lowering with statins independently predicts cardiovascular risk reduction in patients with LDL cholesterol levels < 130 mg/dL (3.36 mmol/L) ([Ann Intern Med 2006 Oct 3;145\(7\):520](#) [EBSCOhost Full Text](#)), commentary can be found in [Ann Intern Med 2007 Apr 17;146\(8\):614](#) [EBSCOhost Full Text](#)
  - drug options for reducing non-HDL cholesterol include LDL-cholesterol lower therapy (statin), niacin, fibrate
- goal body mass index 18.5-24.9 kg/m<sup>2</sup> with waist circumference < 40 inches in men and < 35

**Links to EBSCOhost**

**\*для информации**

**Annals of Internal Medicine**

## REVIEW

**Narrative Review: Lack of Evidence for Recommended Low-Density Lipoprotein Treatment Targets: A Solvable Problem**

Rodney A. Hayward, MD; Timothy P. Hofer, MD, MSc; and Sandeep Vijan, MD, MSc

Recent national recommendations have proposed that physicians should titrate lipid therapy to achieve low-density lipoprotein (LDL) cholesterol levels less than 1.81 mmol/L (<70 mg/dL) for patients at very high cardiovascular risk and less than 2.59 mmol/L (<100 mg/dL) for patients at high cardiovascular risk. To examine the clinical evidence for these recommendations, the authors sought to review all controlled trials, cohort studies, and case-control studies that examined the independent relationship between LDL cholesterol and major cardiovascular outcomes in patients with LDL cholesterol levels less than 3.36 mmol/L (<130 mg/dL).

For those with LDL cholesterol levels less than 3.36 mmol/L (<130 mg/dL), the authors found no clinical trial subgroup analyses or valid cohort or case-control analyses suggesting that the

degree to which LDL cholesterol responds to a statin independently predicts the degree of cardiovascular risk reduction. Published studies had avoidable limitations, such as a reliance on ecological (aggregate) analyses, use of analyses that ignore statins' other proposed mechanisms of action, and failure to account for known confounders (especially healthy volunteer effects). Clear, compelling evidence supports near-universal empirical statin therapy in patients at high cardiovascular risk (regardless of their natural LDL cholesterol values), but current clinical evidence does not demonstrate that titrating lipid therapy to achieve proposed low LDL cholesterol levels is beneficial or safe.

*Ann Intern Med.* 2006;145:520-530.[www.annals.org](http://www.annals.org)

For author affiliations, see end of text.

In 2004, a National Cholesterol Education Program (NCEP) expert panel recommended that physicians titrate lipid therapy to reach a low-density lipoprotein (LDL) cholesterol level less than 1.81 mmol/L (<70 mg/

confounded by dietary factors or LDL subparticles that are the true causal factors (7-11).

These concerns seemed to be allayed when multiple clinical trials showed that statin therapy dramatically de-

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Coronary artery disease (CAD)

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- Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements
- Send Comment to Editor
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**Medications:**

**Level of Evidence labels**

- reduces total mortality, cardiovascular mortality and cardiovascular event rate
    - clopidogrel (Plavix) slightly more effective than aspirin and much more expensive
    - addition of clopidogrel to aspirin may be effective for secondary prevention but NOT primary prevention of cardiovascular disease (**level 2 [mid-level] evidence**)
    - see [Antiplatelet agents for coronary artery disease](#)
  - anticoagulants may be useful in selected patients - see [Anticoagulation for coronary artery disease](#)
  - beta blockers reduce mortality - see [Beta blockers for coronary artery disease](#)
  - ACE inhibitors
    - ACE inhibitors lower rates of mortality, myocardial infarction, and hospital admission for heart failure (**level 1 [likely reliable] evidence**) in patients with coronary artery disease with and without left ventricular dysfunction or heart failure
      - clinical efficacy varies across trials
        - largest reported effect in patients without heart failure was NNT 28 for combined outcome of cardiovascular death, myocardial infarction or stroke over 5 years in HOPE trial
        - NNT 18 for mortality in patients with heart failure and recent myocardial infarction
      - smaller trials and trials lasting 2 years or less generally did not find statistically significant benefits
      - see [ACE inhibitors for coronary artery disease](#) for details
      - ACE inhibitors should be started after myocardial infarction - see [acute myocardial infarction](#)
  - combination of ACE inhibitor and angiotensin receptor blocker (ARB) does not improve survival compared to either monotherapy after myocardial infarction (**level 1 [likely reliable] evidence**);** 14,703 patients with heart failure or left ventricular systolic dysfunction randomized within 10 days of acute myocardial infarction to valsartan (titrated to 160 mg twice daily) vs. captopril (titrated to 50 mg 3 times daily) vs. both (valsartan titrated to 80 mg twice daily and captopril titrated to 50 mg 2 times daily) for median 24.7 months: 10.0% vs. 10.5% vs. 10.3%

\*для информации



## Welcome

- Welcome to DynaMed
- Level of Evidence Labeling in DynaMed

## Searching

- Finding a Topic
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- Using the Browse Feature

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## Citation Styles

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## Reaching Technical Support

- Technical Support

# Level of Evidence Labeling in DynaMed

DynaMed introduced level of evidence/strength of recommendation labeling as of March 2004.

Individual evidence reports will be labeled as one of the following:

**level 1 (likely reliable) evidence** -- representing the most valid reports addressing patient-oriented outcomes. Examples include randomized trials with at least 80% follow-up, inception cohort studies for prognostic information, and systematic reviews of level 1 evidence reports. These examples are only presented as brief examples. Achieving a level 1 evidence label means that specific quality criteria were met based on the study type.

**level 2 (mid-level) evidence** -- representing reports addressing patient-oriented outcomes, and using some method of scientific investigation, yet not meeting the quality criteria to achieve level 1 evidence labeling. Examples include randomized trials with less than 80% follow-up, non-randomized comparison studies, and diagnostic studies without adequate reference standards. Level 2 evidence does not imply reliable evidence. For example, hormone replacement therapy was associated with reduced cardiovascular events in large cohort studies (level 2 evidence), but then shown not to be preventive (and possibly increase the cardiovascular risk) in randomized trials (level 1 evidence).

**level 3 (lacking direct) evidence** -- representing reports that are not based on scientific analysis of patient-oriented outcomes. Examples include case series, case reports, expert opinion, and conclusions extrapolated indirectly from scientific studies.

**Recommendations will be labeled as one of the following\*:**

- grade A recommendation (consistent high-quality evidence)
- grade B recommendation (inconsistent or limited evidence)
- grade C recommendation (lacking direct evidence)

**\*для информации**

This labeling scheme is formally named the Strength Of Recommendation Taxonomy (SORT) and is described in detail, along with the algorithms used for its application, in [Am Fam Physician 2004 Feb 1;69\(3\):548-56](#).

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Coronary artery disease (CAD)

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| History  |
| Physical   |
| Diagnosis  |
| Prognosis  |
| Treatment  |
| Prevention and Screening                           |
| Quality Improvement                                |
| References including<br>Reviews and Guidelines     |
| Patient Information                                |
| Acknowledgements                                   |
| Send Comment to Editor                             |
| Search Other Services                              |

**Medications:**

Antiplatelet agents:

- [aspirin](#) 75-325 mg/day
  - recommended for all patients with coronary artery disease unless contraindication (allergy to [aspirin](#), active bleeding)
  - reduces total mortality, cardiovascular mortality and cardiovascular event rate
- [clopidogrel](#) (Plavix) slightly more effective than [aspirin](#) and much more expensive
- addition of [clopidogrel](#) to [aspirin](#) may be effective for secondary prevention but NOT primary prevention of cardiovascular disease ([level 2 \[mid-level\] evidence](#))
- see [Antiplatelet agents for coronary artery disease](#)

Anticoagulation:

- indications for anticoagulation following myocardial infarction
  - clear indications if persistent atrial fibrillation or intracardiac thrombus
  - suggested indications if large anterior myocardial infarction, significant heart failure, or history of thromboembolic event
  - suggested if able to provide meticulous monitoring of international normalized ratio (INR) and highly skilled medication adjustments
- addition of warfarin (target INR 2-3) to aspirin after acute coronary syndrome reduces risk of myocardial infarction and stroke but increases risk of major bleeding ([level 1 \[likely reliable\] evidence](#))
- see [Anticoagulation for coronary artery disease](#) for details

Beta blockers:

- beta blockers decrease myocardial oxygen consumption by lowering heart rate and decreasing contractility
- beta blockers reduce mortality in patients with history of myocardial infarction
  - even in patient populations with relative contraindications (for example, pulmonary disease or renal insufficiency) the use of beta blockers in the post myocardial infarction setting has been shown to reduce both recurrent myocardial infarction and overall mortality
  - reduction in mortality may be greatest after a 6 month window
- see [Beta blockers](#) for details

ACE inhibitors and angiotensin receptor blockers:

- ACE inhibitors
  - ACE inhibitors lower rates of mortality, myocardial infarction, and hospital admission for heart failure ([level 1 \[likely reliable\] evidence](#)) in patients with coronary artery disease with and without left ventricular dysfunction or heart failure
  - clinical efficacy varies across trials
    - largest reported effect in patients without heart failure was NNT 28 for combined outcome of cardiovascular

\*для информации

Sk в сотрудничестве СЕЧЕВОВСКИЙ УНИВЕРСИТЕТ THE RUSSIAN MEDICAL SOCIETY DUODECIM EBSCO Health Регистрация Вход

О КОМПАНИИ АЛГОМ.RU АЛГОМ API EBMEDS

**алгом**  
поддержка врачебных решений

РУКОВОДСТВА EBMG-RUS™ ОБРАЗОВАНИЕ ИНСТРУМЕНТЫ ВРАЧА  
СТАТЬИ DYNAMED PLUS™ ФАРМСПРАВОЧНИК НОРМАТИВНЫЕ ДОКУМЕНТЫ

**!** С 1 января 2020 г. мы запускаем реферальную программу для частных подписчиков! Подписывайтесь на АЛГОМ с выгодой для себя и для своих друзей! Подробнее о правилах программы [здесь](#).

## Справочная система для врачей на основе доказательной медицины

Обеспечивает быстрый поиск эффективных врачебных решений. Обновляется международной командой специалистов мирового класса на основе доказанных фактов и их объективного анализа.

Пробный доступ бесплатно

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- ✓ Для главных врачей лечебных учреждений
- ✓ Для специалистов по экспертизе качества
- ✓ Для студентов медицинских ВУЗов и ординаторов

АЛГОМ — это первая русскоязычная медицинская справочная система

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АЛГОМ — это первая русскоязычная медицинская справочная система мирового уровня, созданная в сотрудничестве с Сеченовским Университетом, Финским научным медицинским обществом DUODECIM и ведущим мировым поставщиком научной медицинской информации EBSCO Health, основанная на доказательной медицине и соответствующая нормативным и регламентирующим документам Российской Федерации.

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**\*для информации**

**VIDAL**

 **РУБРИКАТОР МЗ**



the diagnosis checklist

---

**\*для информации**



# Overview



Основана в 2000 году Jason Maude и названа в честь его дочери, которая чуть не умерла в результате смертельного заболевания, которое не было своевременно диагностировано.

isabel dx For Diagnosis Checklist

age\* --select age group--

gender  female  male

Enter clinical features, no negatives, no numbers: ⓘ

+ add a clinical feature

get checklist ▶

Isabel является диагностической системой в помощь медикам (клиницистам), которая расширяет перечень потенциальных диагнозов и позволяет распознать заболевание на ранней стадии. Система генерирует перечень "Don't Miss Diagnoses."

**\*для информации**





# Что такое дифференцированный диагноз?

---

## ОПРЕДЕЛЕНИЕ

Процесс оценки вероятности одного заболевания против других заболеваний, которые возможно генерируют симптомы у пациента.



## ПРИМЕР

Дифференцированный диагноз (differential diagnosis) больного [ ]горла (sore throat) включает laryngitis, influenza, strep throat and tonsillitis среди прочих.



**\*для информации**



# Product Overview

Isabel содержит свыше 6,000 обозначений заболеваний, вызываемые множественными признаками и симптомами. Подписчики Isabel и Dynamed получают возможность интегрированного поиска:

The screenshot shows the Isabel and Dynamed web interface. At the top, there is a navigation bar with a search button and links for Start CME Capture, Administration Menu, Support, Training Tools, Mobile Access, Home, and Logout. Below this, there are three main sections:

- Isabel dx For Diagnosis Checklist:** This section includes a form for entering clinical features. It has fields for age\* (with a dropdown menu) and gender (radio buttons for female and male). Below these is a text input field for clinical features, a button to add a clinical feature, and a 'get checklist' button. A disclaimer at the bottom states: "Isabel is not meant to replace your clinical judgment."
- DynaMed For Evidence Based Knowledge:** This section is circled in red. It features a search box labeled "Enter Keywords:" with a "search" button below it. The text "Powered by EBSCOhost" is visible below the DynaMed logo.
- Notice Board:** This section contains a list of items with checkmarks: "Symptom Information: Nocturia", "Case of the week", and "Watch how nurse practitioner uses Isabel...".

\*для информации



# Как работает Isabel

Пользователи вносят клинические параметры, такие как возраст, пол и симптомы, после чего система генерирует перечень диагнозов ранжируя их по вероятности.

**isabel**

SEARCH | Start CME Capture | Administration Menu | Support | Training Tools | Mobile Access | Home | Logout

enter clinical features | synonyms

age\* adult (40-49yrs) | gender female | pregnancy not-pregnant

Refine search: travel history: North America

show me:  diagnoses |  causative drugs |  bioterrorist agents

Enter clinical features, no negatives, no numbers:  headache |  fatigue

add a clinical feature | get checklist | clear search

Isabel is not meant to replace your clinical judgment.

diagnoses | drugs

show 10 | show all | don't miss

|   |                                     |   |        |
|---|-------------------------------------|---|--------|
| + | Migraine                            | ? | NEURO  |
|   | Iron Deficiency Anemia              | ? | HEMAT  |
|   | Lyme Disease                        | ? | INFEC  |
|   | CNS TB & TB Meningitis              | ? | INFEC  |
|   | Brucellosis                         | ? | INFEC  |
| + | Interstitial Nephritis              | ? | NEPHRO |
| + | Megaloblastic Anemias               | ? | HEMAT  |
|   | Infectious Mononucleosis            | ? | INFEC  |
| + | Influenza                           | ? | INFEC  |
|   | Thrombotic Thrombocytopenic Purpura | ? | HEMAT  |

view all

Action: EMail | Print | Save

\* allow pop-ups

Click diagnosis for evidence-based content.

feedback:  submit

\*для информации



# Как работает Isabel

При интеграции с DynaMed, результаты автоматически связаны с медицинскими темами в DynaMed.

The screenshot displays the Isabel interface with the following components:

- Header:** Isabel logo, navigation links (SEARCH, Start CME Capture, Administration Menu, Support, Training Tools, Mobile Access, Home, Logout).
- Left Panel:** Input fields for age (adult 40-49yrs), gender (female), pregnancy (not-pregnant), and a list of clinical features (headache, fatigue).
- Diagnoses List:** A table of diagnoses with associated organ systems. 'Migraine' is highlighted with a red circle, and a red arrow points from it to the 'Save' icon in the Action menu.
- Action Menu:** Options for EMail, Print, and Save.
- Right Panel:** A detailed view of 'Migraine in adults' with sections for Physical, HEENT, and Neuro findings.
- Bottom Panel:** A navigation menu with categories like Complications and Associated Conditions, History and Physical, Diagnosis, Treatment, and Prevention and Screening.

**\*для информации**



# Как работает Isabel

При отсутствии интеграции с DynaMed или в случае отсутствия соответствующей темы, ссылка идет на Pubmed.

The screenshot shows the Isabel interface on the left and a PubMed search result on the right. In the Isabel interface, the 'diagnoses' tab is active, and 'Bezafibrate' is highlighted in a red oval. A red arrow points from this oval to the 'Bezafibrate' link in the PubMed search results. The PubMed search results show a list of articles, with the first article being 'Pharmacological reduction of NEFA restores the efficacy of incretin-based therapies through GLP-1 receptor signalling in the beta cell in mouse models of diabetes'.

**Isabel Interface:**

- SEARCH | Start CME Capture | Administration Menu | Support | Training Tools | Mobile Access | Home | Logout
- enter clinical features | synonyms | diagnoses | drugs
- age\*: adult (40-49yrs)
- gender: female
- pregnancy: not-pregnant
- Refine search: North America
- show me: diagnoses, causative drugs, bioterrorist agents
- Enter clinical features, no negatives, no numbers: headache, fatigue
- get checklist

**PubMed Search Results:**

- NCBI Resources How To
- PubMed.gov US National Library of Medicine National Institutes of Health
- Search: Bezafibrate
- Display Settings: Summary, 20 per page, Sorted by Recently Added
- Results: 1 to 20 of 1396
- 1. [Pharmacological reduction of NEFA restores the efficacy of incretin-based therapies through GLP-1 receptor signalling in the beta cell in mouse models of diabetes.](#)  
Kang ZF, Deng Y, Zhou Y, Fan RR, Chan JC, Laybutt DR, Luzuriaga J, Xu G.  
Diabetologia. 2012 Nov 28. [Epub ahead of print]  
PMID: 23188390 [PubMed - as supplied by publisher]  
[Related citations](#)
- 2. [Bezafibrate to prevent relapsing pancreatitis in WAGR syndrome.](#)  
Diacono D, Fagbemi A, Puleston J, Banerjee I.  
BMJ Case Rep. 2012 Nov 14;2012. doi:pii: bcr2012006413. 10.1136/bcr-2012-006413.  
PMID: 23152176 [PubMed - in process]  
[Related citations](#)

\*для информации



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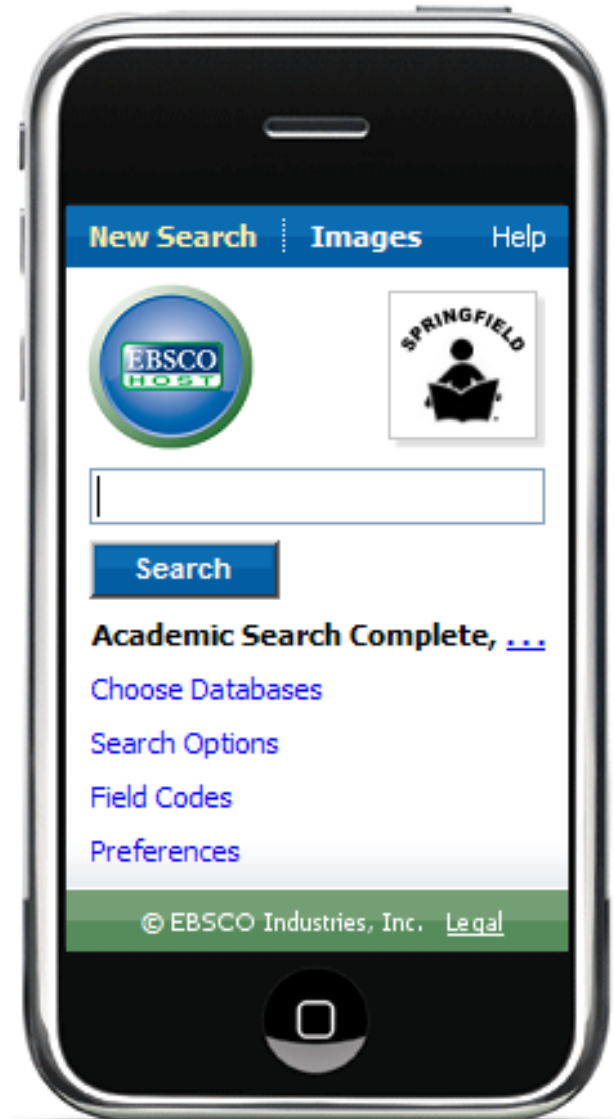
| LCC | Дисциплина                    | Кол-во названий |
|-----|-------------------------------|-----------------|
| R   | Медицина (Общая)              | 233             |
| RA  | Общественные аспекты медицины | 324             |
| RB  | Патология                     | 90              |
| RC  | Медицина внутренних органов   | 1070            |
| RD  | Хирургия                      | 236             |
| RE  | Офтальмология                 | 49              |
| RF  | Отоларингология               | 68              |
| RG  | Гинекология и акушерство      | 72              |
| RJ  | Педиатрия                     | 148             |
| RK  | Стоматология                  | 22              |
| RL  | Дерматология                  | 21              |
| RM  | Фармакология                  | 80              |
| RS  | Фармация                      | 27              |
| RT  | Сестринское дело              | 183             |
| RZ  | Иные медицинские системы      | 6               |
| B   | Психология                    | 7               |
| G   | Антропология, рекреация       | 3               |
| H   | Общественные науки            | 18              |
| K   | Право                         | 3               |
| M   | Музыкальная терапия           | 9               |
| Q   | Наука                         | 99              |
| T   | Техника и технологии          | 4               |
|     | <b>Всего</b>                  | <b>2,772</b>    |

# Доступ к базам EBSCO (Medline и др.)

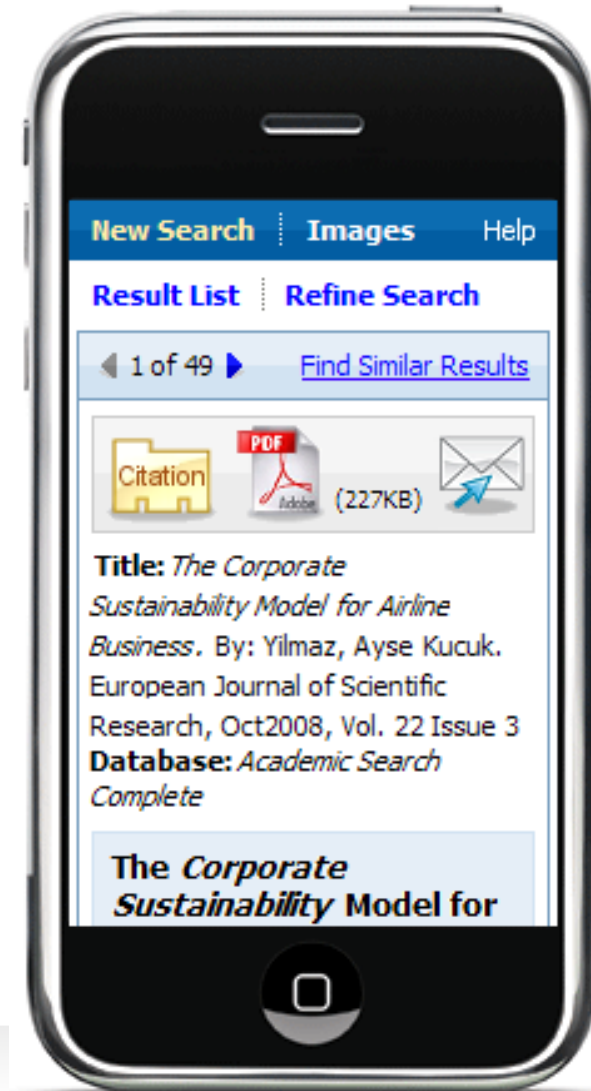
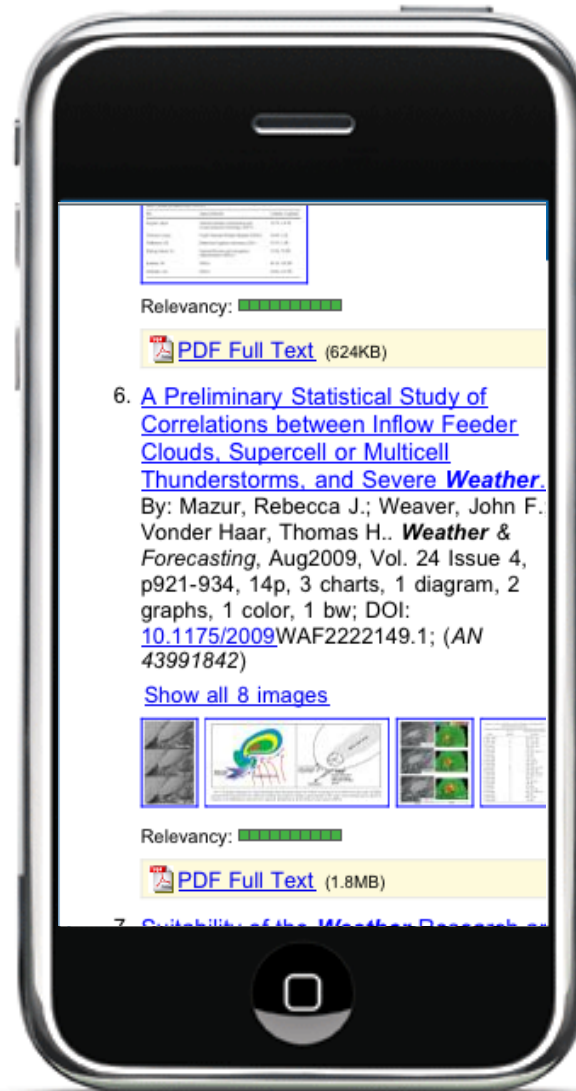
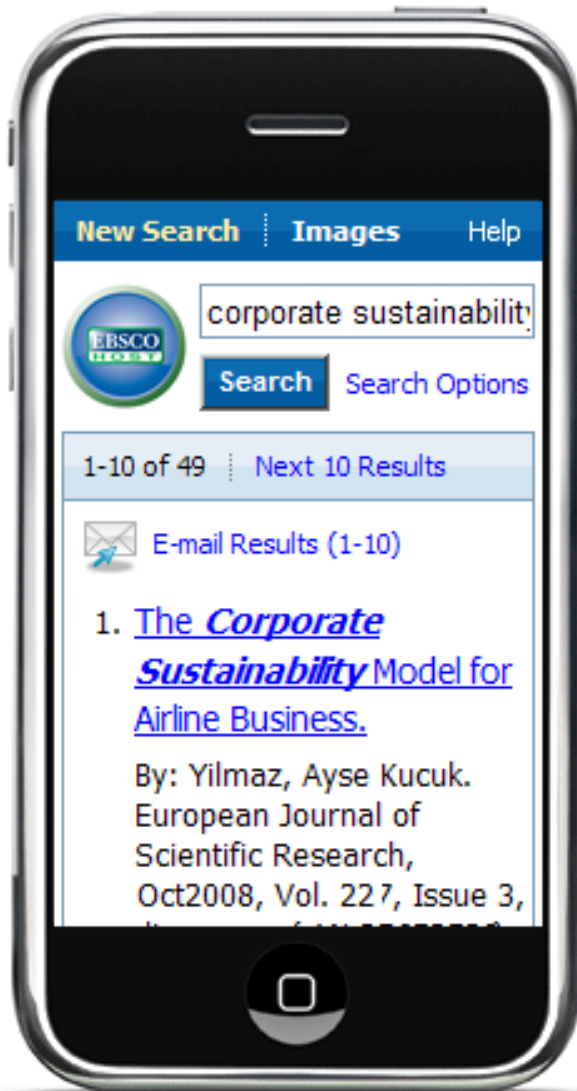
- В РУДН локально и удаленно с любого компьютера при наличии доступа в Интернет.
- С мобильного устройства

# EBSCOhost Mobile

- EBSCOhost предназначен для использования на мобильных устройствах
- Оптимизирован для смартфонов (iPhone, Blackberry, Treo, и др.)
- Оптимизированы функции базового поиска и просмотра
- Доступен для всех баз данных на платформе EBSCOhost
- Не требует дополнительной подписки и оплаты



# EBSCOhost Mobile





**Базы данных, рекомендованные для тестирования и подачи заявок на подписку по адресу: [library@rudn.ru](mailto:library@rudn.ru)**

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- Dynamed (доказательная медицина)
- Алгом (доказательная медицина)



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