

實證醫學簡介－文獻搜尋及資料庫介紹

實證醫學的五大進行步驟

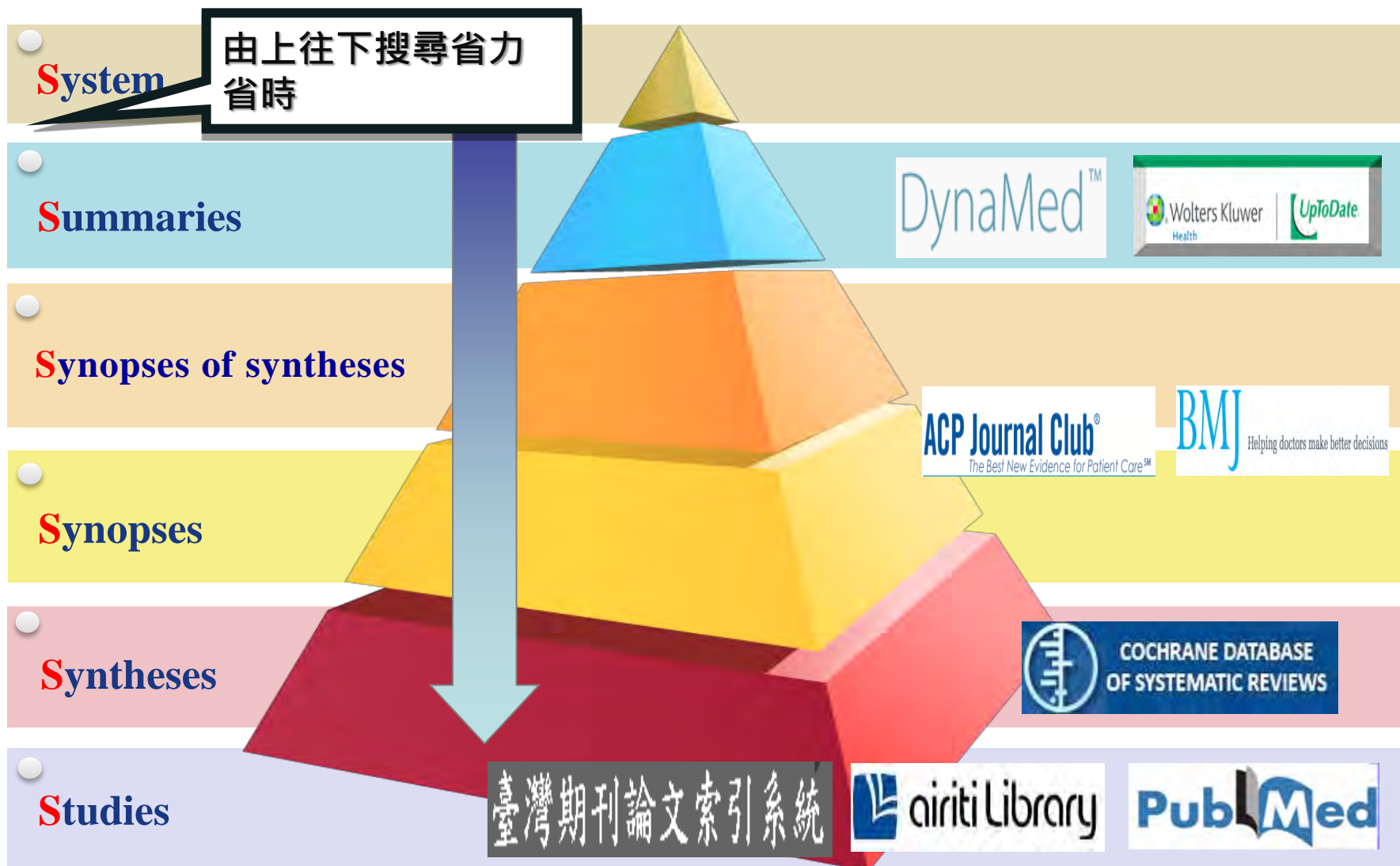
- **1. Assess the clinical condition** **Assess**
分析病患的情況了解病患的臨床需求
- **2. Formulate an answerable question.** **Ask**
提問: 由個案的臨床資料形成可回答的臨床問題
- **3. Track down the best evidence.** **Acquire**
尋找最佳的實證 (各種文獻及資料庫, 包括發表及未發表的資料)
- **4. Critically appraise the evidence for validity, impact, and applicability.** **Appraisal**
評估各種醫學報告的可信度、臨床重要性, 以及可應用性
- **5. Integrate with our clinical expertise and patient values.**
整合並應用於實際患者的治療決策 (臨床應用) **Apply**



資料庫介紹，文獻搜尋

- 布林邏輯
- Summary型資料庫
- Synopses型資料庫
- Syntheses型資料庫
- Study型資料庫
- 檢索策略
- 檢索技巧初階

資料庫金字塔 6S



PICO AND 布林邏輯

	Keywords & Mesh	同義字
P atient/Problem Keywords P	Male, Pneumonia, Respiratory failure ----- Respiratory Insufficiency ● MeSH	P lung inflammatory
I ntervention Keywords I	Chlorhexidine ----- Chlorhexidine ● MeSH	I Parmason,
C omparison Keywords C	Water, Normal saline, Oral Antibiotics ----- Water, Sodium Chloride, Antibiotics ● MeSH	C Oral decontamination
O utcomes Keywords O	Ventilator-associated pneumonia ----- Pneumonia, Ventilator-Associated ● MeSH	O Nosocomial infection

Summary型資料庫

DynaMed™

- 為何用Summaries型資料庫

搜尋: 簡單、可搜尋全文內容

呈現: 評讀精簡資訊、推薦與證據

應用: 快速支援臨床決策

- 怎麼用Summaries型資料庫

將拿手主題來搜尋所有資料庫一輪

挑出一兩個滿意的資料庫拿來應急


對呈現的證據永遠保持合理懷疑



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- 市面唯一「每日更新」的EBM 主題評論資料庫
 - 完整的實證等級資訊與實證文獻參考來源
 - 條列式、架構化的主題內容呈現方式
 - 可依照足以改變臨床決策的更新文獻進行篩選
 - Journal of Clinical Epidemiology
1. Timeliness of content updating: 內容的更新 (DynaMed 獲評為 No.1)
 2. Breadth of coverage: 內容的廣度 (DynaMed 獲評為No.3)
 3. Quality of evidence reporting: 實證證據的品質 (DynaMed 獲評為No.2)

資訊來源

每日審視逾500種以上的頂尖醫學期刊、重要醫學二次文獻、實證醫學文獻資源、藥物資訊資源、臨床診療指引



[Annals of Family Medicine](#)



[BMC Clinical Pharmacology](#)



[Cochrane Database of Systematic Reviews](#)



[American Family Physician](#)

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Limit by Category:

 Changing Updates only [A](#) [A](#) [A](#)

Topic	Update Reason	Date
Medication and drug exposure in pregnancy	interferon beta use during pregnancy associated with increased risk of preterm birth in women with multiple sclerosis (Neurology 2012 Sep 11)	03/13/2013 05:04:00 PM
Medication and drug exposure in pregnancy	exposure to NSAIDs during first trimester of pregnancy may not increase risk of major congenital malformations, but COX2 inhibitors may increase risk of musculoskeletal malformations (J Rheumatol 2012 Nov)	03/13/2013 04:57:00 PM
HER2 inhibitors for breast cancer	trastuzumab does not appear to increase risk of central nervous system relapse (Lancet Oncol 2013 Mar)	03/13/2013 04:27:00 PM
Trastuzumab	trastuzumab does not appear to increase risk of central nervous system	03/13/2013

Tools



證據等級和推薦等級顯示方式

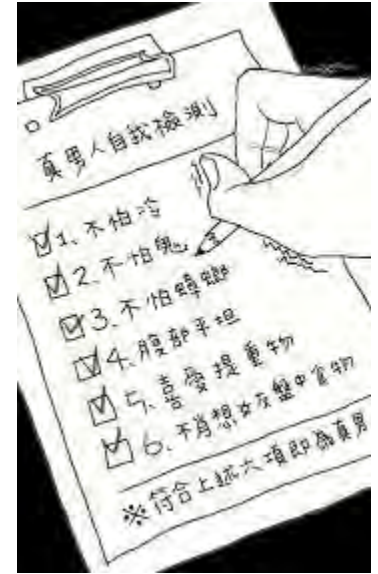
提供容易判讀的實證等級 (summary by FACT)

Level of Evidence:

Level 1 (likely reliable) Evidence

Level 2 (mid-level) Evidence

Level 3 (lacking direct) Evidence



提供容易判讀的建議等級(Summary by Guidelines)

Recommendations:

Grade A recommendation (consistent high-quality evidence)

Grade B recommendation (inconsistent or limited evidence)

Grade C recommendation (lacking direct evidence)



<http://www.dynamicmedical.com/levels.php>

Treatment overview:

- ◊ [rest and ice](#) considered first-line therapy for acute Achilles tendinopathy ([grade C recommendation \[lacking direct evidence\]](#))
- ◊ if complete or partial rupture – non-weight bearing, immediate orthopedic consult, see [Achilles tendon rupture](#)
- ◊ conservative treatment
 - **實證等級資訊**
 - [rest and ice](#) may reduce symptoms in the short-term but do not have long-term benefit
 - analgesics may reduce symptoms in the short-term but do not have long-term benefit
 - ◊ [topical NSAID](#) (niflumic acid) might reduce pain and hasten return to previous level of activity ([level 2 \[mid-level\] evidence](#))
 - ◊ [oral NSAIDs](#) may be no better than placebo for improving pain and function ([level 2 \[mid-level\] evidence](#))
 - also consider ice and elevation after activity
- ◊ [calf stretching and strengthening exercises](#)
 - necessary for recovery of function after conservative treatment
 - [eccentric calf muscle training](#) appears more effective than concentric calf muscle training (and watchful waiting) for recovery of function in chronic Achilles tendinosis ([level 2 \[mid-level\] evidence](#))
- ◊ additional treatment considerations
 - [topical glyceryl trinitrate](#) plus physical therapy may reduce symptoms compared to physical therapy alone for chronic noninsertional achilles tendinopathy ([level 2 \[mid-level\] evidence](#))
 - [steroid injection](#) not recommended due to limited inconsistent evidence ([grade B recommendation \[inconsistent or limited evidence\]](#))
 - [shock wave therapy](#) has inconsistent evidence for effect on pain in chronic Achilles tendinopathy
 - insufficient evidence to clearly define [optimal treatment](#) for acute or chronic Achilles tendonitis, based on Cochrane review of 9 trials

Activity:

Rest, ice and activity modification:

- ◊ **rest and ice considered first-line therapy for acute Achilles tendinopathy ([grade C recommendation \[lacking direct evidence\]](#))**
 - based on expert opinion
 - Reference - [J Fam Pract 2008 Apr;57\(4\):261](#)  [EBSCOhost Full Text](#)
- ◊ rest

Achilles tendinopathy

Treatment overview:

- **rest and ice** considered first-line therapy for acute Achilles tendinopathy (**grade C recommendation [lacking direct evidence]**)
- if complete or partial rupture - non-weight bearing, immediate orthopedic consult, see **Achilles tendon rupture**
- conservative treatment for 4-6 weeks if acute symptoms, edema
- **topical NSAID** (diflucic acid) might reduce pain and hasten return to previous level of activity (**level 2 [mid-level] evidence**)
- **oral NSAIDs** may be no better than placebo for improving pain and function (**level 2 [mid-level] evidence**)
- also consider ice and elevation after activity
- **calf stretching and strengthening exercises**
 - necessary for recovery of function after conservative treatment
 - eccentric calf muscle training appears more effective than concentric calf muscle training (and watchful waiting) for recovery of function in chronic Achilles tendinosis (**level 2 [mid-level] evidence**)
- additional treatment considerations
 - **topical glyceryl trinitrate** plus physical therapy may reduce symptoms compared to physical therapy alone for chronic noninsertional achilles tendinopathy (**level 2 [mid-level] evidence**)
 - **steroid injection** not recommended due to limited inconsistent evidence (**grade B recommendation [inconsistent or limited evidence]**)
 - **shock wave therapy** has inconsistent evidence for effect on pain in chronic Achilles tendinopathy
 - insufficient evidence to clearly define **optimal treatment** for acute or chronic Achilles tendonitis, based on Cochrane review of 9 trials

Activity:

Rest, ice and activity modification:

- **rest and ice considered first-line therapy for acute Achilles tendinopathy (grade C recommendation [lacking direct evidence])**
 - based on expert opinion
 - Reference - J Fam Pract 2008 Apr;57(4):261  [EBSCOhost Full Text](#)
- rest

Search ?

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即可獲取所需資訊

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Expand All

Achilles tendinopathy

Top

- General Information (including ICD-9/-10 Codes)
- Causes and Risk Factors
- Complications and Associated Conditions
- History
- Physical
- Diagnosis
- Prognosis
- Treatment**
 - Treatment overview
 - Activity
 - Medications
 - Surgery**
 - Consultation and referral
 - Other management

- 54 patients aged 18-70 years with chronic tendinopathy 2-7 cm above Achilles tendon insertion randomized to (saline injection plus usual care)
- pain and activity level score at 24 weeks improved significantly in both groups (not significantly different between groups)
- Reference - JAMA 2010 Jan 13;303(2):144, commentary can be found in JAMA 2010 May 5;303(17):1696

Surgery:

- last resort for patients with chronic Achilles tendon pain unrelieved by nonoperative treatment
- surgeries include
 - resection of prominent tuberosity
 - debridement of bursa
 - excision of thickened, scarred paratenon
 - removal of accessible calcific deposits within tendon
- **surgery reported to be beneficial (level 3 [lacking direct] evidence)**
 - based on uncontrolled case series
 - retrospective study of 35 patients with painful Achilles tendon syndrome unrelieved by nonoperative treatment for 1-2 years
 - mean pain scores improved from 4.7 preoperatively to 1.5 postoperatively, 90% patients had significant improvement in participation
 - 14 patients had altered sensation at surgical scar
 - Reference - Am J Sports Med 2002 May-Jun;30(3):318 in J Musculoskel Med 2002 Dec;19(12):516

Consultation and referral:

- physical therapy in selected cases for muscle rehabilitation
 - ultrasound modality, commonly used prior to manually-assisted calf and Achilles stretching
 - transverse friction massage may convert tendinosis to tendonitis and initiate acute-phase immune response
- if complete or partial rupture - non-weight bearing, immediate orthopedic consult

Other management:

- **insufficient evidence to clearly define optimal treatment for acute or chronic Achilles tendonitis**

alopecia

Search



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Browse Categories

利用關鍵字查找

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Alopecia areata

- Androgenetic alopecia - work in progress
- Minoxidil (Topical)
- Finasteride
- Toxicities of chemotherapeutic agents
- Minoxidil (Systemic)
- Discoid lupus erythematosus
- Tinea capitis
- Temozolomide
- Chemotherapy for advanced or recurrent non-small cell lung cancer (NSCLC)
- Trichotillomania
- Irinotecan
- Pentosan
- Gastric lymphoma
- Polycystic ovary syndrome
- Chronic mucocutaneous candidiasis
- Acne
- Hepatitis B


Alopecia areata

- General Information (including ICD-9/-10 Codes)
- Causes and Risk Factors
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- Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements

Treatment overview:

- usually no treatment indicated or necessary
- efalizumab (Raptiva) 1-2 mg/kg subcutaneously weekly (withdrawn from market in United States and European Union)

Medications:

- **inconclusive evidence on topical and systemic interventions for alopecia**
 - based on Cochrane review of trials with methodologic limitations
 - systematic review of 17 randomized trials evaluating topical and systemic interventions for alopecia areata, alopecia t
 - most trials were small, only 1 trial had adequate allocation concealment, 2 trials reported use of intention-to-treat-an
 - interventions included topical and oral corticosteroids, topical cyclosporine, photodynamic therapy and topical minox
 - no intervention showed significant treatment benefit in terms of hair growth compared to placebo
 - no trial evaluated self-assessed hair growth or quality of life
 - no randomized trials identified that evaluated diphencyprone, dinitrochlorobenzene, intralesional corticosteroids, or c
 - Reference - [Cochrane Database Syst Rev 2008 Apr 16;\(2\):CD004413](#)  [EBSCOhost Full Text](#)
- intralesional steroids
- avoid systemic steroids
- PUVA and anthralin (irritation) have also been used
- minoxidil not generally recommended
- topical diphenylcyclopropenone reported to have about 45% to 79% response rates in case series (**level 3 [lacking direc**
 - topical diphenylcyclopropenone reported to have 45% response rate at 6 months (25 patients had complete regrowth; 10 patients with chronic extensive alopecia areata ([J Am Acad Dermatol 2001 Jan;44\(1\):73](#)))
 - topical diphenylcyclopropenone reported to have 79% response rate (6 complete and 16 partial responders) in open-label study of alopecia areata, 13 of 22 responders (51%) had partial recurrence over 6-12 months; side effects included eczematous reaction, formation, and hyperpigmentation ([BMC Dermatology 2005 May 26;5:6](#))
 - diphenylcyclopropenone (diphencyprone) associated with 78% cumulative response rate at 32 months in series of 10 patients ([JAMA 2001 Nov 21;286\(19\):2384](#))
- **efalizumab may not be effective for alopecia areata (level 2 [mid-level] evidence)**
 - based on small randomized trial

alopecia

Search ?

Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Browse Categories

分科查詢

Browse by Category:

- Allergic Disorders
- Cardiovascular Disorders
 - Cardiovascular disease prevention
 - Cardiovascular medications
 - ACE inhibitors
 - Angiotensin II receptor blockers
 - Antianginal agents
 - Antiarrhythmic agents
 - Anticoagulation
 - Antihypertensive agents
 - Antilipemic agents
 - Antiplatelet agents
 - Beta blockers
 - Acebutolol Rx
 - Atenolol Rx
 - Beta blockers during acute ST-elevation myocardial infarction (STEMI)
 - Beta blockers for heart failure
 - Betaxolol (Systemic) Rx
 - Bisoprolol Rx
 - Carvedilol Rx
 - Esmolol Rx
 - Labetalol Rx

Bells palsy ?

< Result List 1 of 30 > Expand All Collapse All Search Within Text

Bell's palsy

- maternal risks include exacerbation of peptic ulcers, psychosis, fluid retention, exacerbation of diabetes, osteoporosis
- fetal risks include... defects (in first trimester, especially cleft palate)
- References - Otolaryngol Surg 2000 Mar;55(3):184

連結至原始文獻資訊

Surgery:

- **insufficient evidence to support use of facial nerve decompression in Bell's palsy**
 - based on Cochrane review and 4 cohort studies
 - systematic review of 2 randomized trials evaluating surgical interventions in 69 patients with Bell's palsy
 - decompression with retroauricular approach not associated with improved recovery compared to control
 - Reference - [Cochrane Database Syst Rev 2011 Feb 16;\(2\):CD007468](#)
 - benefit reported in prospective observational study of patients with total paralysis and presumed poor outcome
 - among 31 patients treated with facial nerve decompression, 91% had good outcome at 7 months
 - among 33 patients who refused surgery, 42% had good outcome at 7 months
 - Reference - [Laryngoscope 1999 Aug;109\(8\):1177](#)
- no significant differences between surgery and no surgery in 3 other observational studies ([Laryngoscope 1985 Apr;95\(4\):406](#), [Laryngoscope 1982 Dec;92\(12\):1369](#), [Arch Otolaryngol 1981 Jan;107\(1\):1](#))

- Treatment
 - Treatment overview
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- Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements

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Cochrane Database Syst Rev. 2011 Feb 16;(2):CD007468.

Surgical interventions for the early management of Bell's palsy.

McAllister K, Walker D, Donnan PT, Swan I.

Department of Otolaryngology, North Glasgow University NHS Trust, Gartnavel General Hospital, Glasgow, UK, G12 0YN.

Abstract

BACKGROUND: Bell's palsy is an acute paralysis of one side of the face of unknown aetiology. Bell's palsy should only be used as a diagnosis in the absence of all other pathology. As the proposed pathophysiology is swelling and entrapment of the nerve, some surgeons suggest surgical decompression of the nerve as a possible management option.

OBJECTIVES: The objective of this review was to assess the effectiveness of surgery in the management of Bell's palsy and to compare this to outcomes of medical management.

SEARCH STRATEGY: We searched the Cochrane Neuromuscular Disease Group Specialized Register (23 November 2010). We also searched the Cochrane Central Register of Controlled Trials (CENTRAL) (23 November in The Cochrane Library, Issue 4 2010). We adapted this strategy to search MEDLINE (January 1966 to November 2010) and EMBASE (January 1980 to November 2010).

SELECTION CRITERIA: We included all randomised or quasi-randomised controlled trials involving any surgical intervention for Bell's palsy.

DATA COLLECTION AND ANALYSIS: Two review authors independently assessed whether trials identified from the search strategy were eligible for inclusion. Two review authors assessed trial quality and extracted data independently.

MAIN RESULTS: Two trials with a total of 69 participants met the inclusion criteria. The first study considered the treatment of 403 patients but only included 44 in their surgical study. These were randomised into a surgical and non surgical group. The second study had 25 participants which they randomly allocated into surgical or control groups. The nerves of all the surgical

Related citations

Review The surgical management of Bell's palsy: a review. [Am J Otol. 2000]

Decompression for Bell's palsy: why I don't do it. [Eur Arch Otorhinolaryngol. 2002]

Bell's palsy. [N Engl J Med. 2005]

Review Medical and surgical management of facial nerve palsy. [Curr Opin Ophthalmol. 2009]

Surgical management of Bell's palsy. [Laryngoscope. 1999]

[See reviews...](#)[See all...](#)

Search details

21328293 [uid] AND CD007468 [pg]

Search

alopecia

Search ?

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依照科別篩選
每日最新資訊

Topic	Update Reason
Ankylosing spondylitis	etanercept improves short-term symptoms of ankylosing spondylitis compared to sulfasalazine (Arthritis
Total hip arthroplasty	highly crosslinked acetabular liners appear to have reduced wear compared to conventional liners (Clin
Meniscus tears	APTA clinical practice guideline on knee pain and mobility impairments: meniscal and articular cartilage le Clearinghouse 2011 Aug 1)
Depression	war-related internal displacement (seeking refuge in secure areas of own country) associated with incre Aug 3)
Fluoride for prevention of dental caries	NZGC guideline on use of fluorides (National Guideline Clearinghouse 2011 Aug 1)
Collateral ligament sprain (knee)	APTA practice guideline on knee stability and movement coordination impairments in knee ligament spr 2011 Aug 1)
Gastric carcinoma	addition of intraperitoneal chemotherapy to cytoreductive surgery may improve survival in patients with gastric cancer (Ann Surg Oncol 2011 Jun)
Gastric carcinoma	high fish consumption might reduce risk of gastric cancer (BMC Cancer 2011 Jan 20)
Gastric carcinoma	addition of bursectomy to D2 lymphadenectomy not associated with increased short-term complication Surg 2011 Mar)

Search 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Browse Categories

Category: Cardiovascular Disorders Practice Changing Updates only   

Reason	Date
of management	2011 Jul 21)
of apixaban to standard antiplatelet therapy increases major bleeding events (N Engl J Med 2011 Jul 24 early online)	08/04/2011 09:29:00 AM
of dabigatran to dual antiplatelet therapy may increase bleeding in patients with recent acute coronary syndromes (Eur Heart J 2011 May 7 line)	08/03/2011 09:25:00 PM
vidence on bivalirudin for treatment of ST-segment elevation myocardial infarction (STEMI) (NICE 2011 Jul)	08/03/2011 09:05:00 PM
may have clinically insignificant effect on measurements of total, LDL and HDL cholesterol in children (Pediatrics 2011 Sep early online)	08/03/2011 04:05:00 PM
fusion on contrast echocardiography may predict angiographically severe coronary artery disease (CAD) in patients with non-ST-elevation dial infarction (NSTEMI) awaiting coronary angiography (Am J Cardiol 2011 May 1)	08/03/2011 02:52:00 PM
deline on suspected bacterial endocarditis (National Guideline Clearinghouse 2011 Aug 1)	08/03/2011 12:02:00 PM
	08/02/2011 02:54:00

篩選會[影響臨床操作]之最新資訊

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- [Introducing Practice Changing Updates](#)
- [Addition of Androgen Deprivation Therapy to Radiation Therapy May Improve Survival in Patients with Intermediate-Risk Localized Prostate Cancer](#)
- [American/European/Japanese/Latin American guidelines change diagnostic criteria for Idiopathic pulmonary fibrosis](#)

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Evidence Grading

RECOMMENDATION GRADES		
Grade 1	Strong Recommendation	Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
	“We recommend...”	
Grade 2	Weaker Recommendation	Benefits and risks closely balanced and/or uncertain
	“We suggest...”	
EVIDENCE GRADES		
Grade A	High Quality Evidence	Consistent evidence from randomized trials, or overwhelming evidence of some other form
Grade B	Moderate Quality Evidence	Evidence from randomized trials with important limitations, or very strong evidence of some other form
Grade C	Low Quality Evidence	Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

檢索方法

- I. 不同的篩選策略可來進行文章排列
- II. 所檢索出來的文章結果
- III. 文章所顯示出的文章內容標準

The screenshot shows the UpToDate website interface. At the top, there is a search bar with the text "Ischemic Heart Disease" and a "Search" button. Below the search bar, there are navigation tabs: "New Search", "Patient Info", "What's New", and "Calculators". The main content area is titled "Search Results for 'Ischemic Heart Disease'". Below this title, there are several filter options: "All search results", "Prioritize adult topics", "Prioritize pediatric topics", and "Prioritize patient topics". A large red oval encircles the entire list of search results, with a callout bubble labeled "II" pointing to it. The list of results includes various topics such as "Coronary heart disease and myocardial infarction in young men and women", "Epidemiology of coronary heart disease", "Screening for coronary heart disease in patients with diabetes mellitus", "Management of proximal left anterior descending coronary artery disease", "Coronary artery stent thrombosis: Prevention and management", "Overview of the risk factors for cardiovascular disease", "Cardiac syndrome X: Angina pectoris with normal coronary arteries", "Screening for coronary heart disease", "Clinical features and diagnosis of coronary heart disease in women", "Evaluation of patients with chest pain at low or intermediate risk for acute coronary syndrome", "Cardiac syndrome X: Angina pectoris with normal coronary arteries: Pathogenesis", "Periprocedural bleeding in patients undergoing percutaneous coronary intervention", "Overview of the non-acute management of acute ST elevation myocardial infarction", "Prognosis after myocardial infarction", "Periprocedural myocardial infarction following percutaneous coronary intervention", "Triple antithrombotic therapy in patients with cardiovascular disease", and "Goal blood pressure in patients at increased risk for a cardiovascular event". On the right side of the page, there is a "Topic Outline" section. A large red oval encircles this section, with a callout bubble labeled "III" pointing to it. The "Topic Outline" section includes the following topics: "INTRODUCTION", "CORONARY RISK FACTORS" (with sub-topics: Smoking, Family history, Lipid abnormalities, Diabetes and hypertension, Obesity, Paradoxical embolism, Other factors, Risk factors in childhood), "CLINICAL PRESENTATION", "ANGIOGRAPHIC FINDINGS" (with sub-topics: Coronary disease severity, Spontaneous coronary dissection, Kawasaki disease, Normal coronary arteries), "MANAGEMENT OF ACUTE MI" (with sub-topics: ST elevation MI, Non-ST elevation ACS), and "PROGNOSIS AFTER MI". At the top right of the page, there are links for "Home", "Contact us", "About UpToDate", "Careers", and "Help". Below these links, there are buttons for "LOG IN" and "FEEDBACK".

檢索方法

1. 提供搜尋、列印及email功能
2. 畫面左側的文章內容標題，點選可做直接跳至文章內該標題處
3. 文章內部的索引，點選後可看到該索引文章在MEDLINE中的摘要

UpToDate
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Home | Contact us | About UpToDate | Careers | Help

Search

New Search | Patient Info | What's New | Calculators

Screening for coronary heart disease

Find | Print | Email

LOG IN
FEEDBACK

TOPIC OUTLINE

- INTRODUCTION
- RATIONALE FOR SCREENING
 - Identifying patients at risk
 - Intervening in patients at risk
- EXERCISE ECG TESTING IN ASYMPTOMATIC INDIVIDUALS
 - Probability theory
 - Clinical example
 - Clinical studies
 - Before an exercise program
 - High-risk patients
- OTHER TESTS
 - Resting ECG
 - Ambulatory monitoring
 - Nuclear imaging and stress echocardiography
 - Computed tomography
 - Coronary angiography
- RECOMMENDATIONS FROM MAJOR SOCIETIES
- SUMMARY
 - Evaluation of a positive test
- REFERENCES
- GRAPHICS

Screening for coronary heart disease

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INTRODUCTION — Although mortality from coronary heart disease (CHD) has fallen substantially over the past four decades, it remains the leading cause of death in adults. (See "[Epidemiology of coronary heart disease](#)".)

There is considerable interest in the diagnosis of CHD when patients are still asymptomatic. An increasing number of physicians are screening for asymptomatic CHD; in addition, many participants in wellness programs also are requesting screening for themselves because of the belief that there are legitimate screening methods for the early detection of CHD that are necessary before beginning an exercise program.

However, critical questions remain regarding the appropriateness of screening and the optimal screening test. Efforts are underway to educate health professionals, the insurance industry, and the general public regarding the appropriate use of exercise electrocardiogram (ECG) tests in screening for CHD.

The issues surrounding screening for CHD will be reviewed here, with particular emphasis on the exercise ECG. Other screening tests are mentioned briefly, but discussed in more detail separately. (See "[Silent myocardial ischemia: Diagnosis and screening](#)".)

RATIONALE FOR SCREENING — Advanced obstructive CHD can exist with minimal or no symptoms, and can progress rapidly. The first clinical manifestation is often catastrophic: acute myocardial infarction (MI); unstable angina; or sudden cardiac death [1]. The rationale for early detection of CHD is that detection during the subclinical stages of disease might permit the reliable identification of subjects at

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Uptodate

New Search:

Benign prostatic hyperplasia

Go

Clear

Search Results for "BPH"

- Epidemiology and pathogenesis of benign prostatic hyperplasia
- Medical treatment of benign prostatic hyperplasia
- Surgical and other invasive therapies of benign prostatic hyperplasia
- Clinical manifestations and diagnosis of benign prostatic hyperplasia
- Overview of treatment for early prostate cancer
- Clinical use of saw palmetto
- Lower urinary tract symptoms in men
- Measurement of prostate specific antigen
- Nocturia: Clinical presentation, diagnosis, and treatment
- Interpretation of prostate biopsy
- Decline in testicular function with aging
- Radical prostatectomy for localized prostate cancer

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Topic Outline

INTRODUCTION

DEFINITIONS

INDICATIONS FOR THERAPY

AGENTS

- Alpha-1-adrenergic antagonists
 - Mechanism
 - Efficacy
 - Side effects and interactions
- 5-Alpha-reductase inhibitors
 - Mechanism
 - Efficacy
 - Side effects
- Combination therapy
 - Short-term efficacy
 - Long-term efficacy
- Antimuscarinics
- Herbal therapies
- Other
- Saw palmetto

Uptodate

- Side effects
- Combination therapy
 - Short-term efficacy
 - Long-term efficacy
- Antimuscarinics
- Herbal therapies
- Other

MODIFICATION OF THERAPY

OTHER STRATEGIES

ECONOMIC CONSIDERATIONS

SUMMARY AND
RECOMMENDATIONS

REFERENCES

GRAPHICS

FIGURES

- Prevalence of BPH with age
- Finasteride in BPH

Herbal therapies — Herbal therapies for BPH are commonly used in Europe; these remedies comprised 70 percent of spending for drug treatment of prostatism in Germany in 1997 [48]. Saw palmetto is approved by the German Commission E for stage I and II (mild to moderate) BPH. Two herbal extracts have officially been approved for the treatment of prostatism in France. No herbal therapies have been approved by the United States Food and Drug Administration for this purpose, although many men probably try these treatments. There is a substantial placebo effect associated with herbal therapy, as there is for most drugs used to treat BPH.

The data concerning efficacy of these therapies are conflicting. In systematic reviews of controlled trials, saw palmetto plant extract was as effective as finasteride in relieving the symptoms of prostate obstruction, although it did not decrease prostate volume [49]. A subsequent placebo-controlled trial found no evidence that saw palmetto was superior to

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Synopses

- 針對單一文獻進行嚴格評讀後寫成一至兩頁的評論，評論內容從可信度，重要性，臨床推薦度皆有提及。
- 可提供臨床人員對於有興趣文獻之專家評讀看法。
- 針對已經有共識的文章加以評讀，通常更新慢，文章數量少。



Review: On-demand maintenance therapy with proton pump inhibitors is as effective as continuous therapy for nonerosive GERD

ACP Journal Club, 2007 Nov-Dec;147:69.

Pace F, Tonini M, Pallotta S, Molteni P, Porro GB. **Systematic review: maintenance treatment of gastro-oesophageal reflux disease with proton pump inhibitors taken 'on-demand'**. *Aliment Pharmacol Ther.* 2007;26:195-204. [[PubMed ID: 17593065](#)] **原始研究**

Question 臨床問題

In patients with gastroesophageal reflux disease (GERD), is on-demand maintenance therapy with proton pump inhibitors (PPIs) effective for controlling symptoms and preventing relapse?

Methods 研究方法

Data sources: MEDLINE and Cochrane Controlled Trials Register (to December 2006), and reference lists.

Study selection and assessment: Studies published in English as full articles that compared on-demand maintenance therapy, using PPIs or H₂-receptor antagonists, with placebo or continuous maintenance therapy in patients with GERD, with or without erosive esophagitis. 17 articles reporting on 18 studies (*n* = 14 142) met the selection criteria. All studies used PPIs (esomeprazole, 20 or 40 mg; lansoprazole, 15 or 30 mg; omeprazole, 10 or 20 mg; pantoprazole, 20 or 40 mg; or rabeprazole, 10 or 20 mg); 1 study also included an H₂-receptor antagonist (ranitidine, 300 mg). In the 14 randomized controlled trials (RCTs), symptomatic patients were first given a short course (4 to 8 wk) of continuous treatment, and then responding patients were randomized to the different maintenance treatment groups.

Because of differences in outcome measures among studies, meta-analysis was not done. On-demand PPI therapy was more effective than placebo for all levels of GERD severity (Table). It was more effective than continuous PPI therapy in patients with nonerosive GERD but not in patients with erosive or uninvestigated GERD (Table). 1 RCT (*n* = 6017) showed that continuous PPI therapy provided better quality of life than on-

Conclusions 結論

In patients with gastroesophageal reflux disease (GERD), on-demand maintenance therapy with proton pump inhibitors (PPIs) is more effective than placebo for controlling symptoms. On-demand PPI therapy is as effective as continuous PPI therapy in patients with nonerosive GERD but not in those with more severe disease.

Commentary 評論

GERD is a chronic condition necessitating long-term therapy in most patients, with continuous PPI use being the most common prescription pattern (1). Because of cost and safety issues, several alternatives to this approach have been suggested, including intermittent therapy (sustained periods of continuous therapy followed by discontinuation until symptoms recur) and on-demand therapy (patient-driven use based on day-to-day symptoms). Many experts recommend the use of on-demand therapy for nonerosive GERD (2), a view that is supported by the review by Pace and colleagues. The designs, outcomes, and even patient populations (as evidenced by varying placebo response rates) of the included studies are heterogeneous; thus, the authors have appropriately refrained from doing a

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References 參考書目

1. Nocon M, Labenz J, Jaspersen D, et al. Long-term treatment of patients with gastro-oesophageal reflux disease in routine care—results from the ProGERD study. *Aliment Pharmacol Ther.* 2007;25:715-22. [[PubMed ID: 17311605](#)]