



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان زنجان

معاونت تحقیقات و فناوری دانشگاه

مدیریت اطلاع رسانی پزشکی و منابع علمی



کتابخانه مرکزی دانشگاه علوم پزشکی زنجان

راهنمای استفاده از پایگاه علمی *UpToDate*

تهیه و تنظیم

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دی ماه ۱۳۹۷

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☆ پایگاه UpToDate در سال ۱۹۹۲ توسط Burton D. Rose و با همکاری دکتر Joseph Rush راه اندازی شد. این پایگاه از محصولات موسسه انتشاراتی Wolters Kluwer Health است که خود بخشی از شرکت Wolters Kluwer، که یکی از مراکز پیشگام در زمینه اطلاعات و منابع هوشمند پزشکی و بالینی در حوزه پیشنهاد های درمانی و راه حل های مناسب برای نقطه مراقبت (Point of care) است، می باشد.



☆ UpToDate پایگاهی جامع و به روز است که اطلاعاتی تفصیلی درباره مراقبت از بیمار و موارد بالینی (علائم بالینی، روش های آزمایشگاهی و تشخیص و درمان بیماری ها) ارائه می دهد. این پایگاه در حقیقت یک سیستم پشتیبانی از تصمیم گیری بالینی و مبتنی بر شواهد (EBM) است که به متخصصین بالینی در سراسر جهان کمک می کند تا در مورد تشخیص، درمان و مراقبت از بیمار بهترین تصمیم را اتخاذ کنند.

☆ اطلاعات این پایگاه همگی مبتنی بر جدیدترین شواهد پزشکی است و سوالات پزشکان را در سریع ترین و ساده ترین شکل ممکن پاسخ می دهد که خود موجب صرفه جویی در زمان، تصمیم گیری بهتر و خطای کمتر می شود. در واقع این پایگاه همانند یک مشاور و متخصص بالینی عمل می کند و به سوالات پزشکان در لحظه معاینه و درمان بیمار پاسخ می دهد، ضمن اینکه اطلاعات پزشکان را به روز نگه داشته و دارای شکل ساده و کاربر پسند می باشد.

☆ در پایگاه UpToDate بیش از ۴۶۰ ژورنال توسط ویراستاران و نویسندگان مورد بازبینی قرار گرفته و به محض اینکه مطلب مهم جدیدی منتشر شود، با داده های این مجموعه ترکیب می شود. در واقع مطالعات جدید به طور ساده افزوده نمی شوند، بلکه در میان محتوای موضوعی مرتبطی که قبلا در آن زمینه منتشر شده است قرار گرفته و با آن ترکیب می شوند. پیشنهادات درمانی ارائه شده توسط این پایگاه همگی دارای استناد به منابع معتبر بوده و به راحتی می توان به آنها اعتماد کرد.

☆ این مجموعه همچنین شامل اطلاعات ارزشمندی در زمینه پاسخگویی به سوالات بیماران است.

ویژگی های پایگاه UpToDate



✱ پایگاه UpToDate توسط ۶۵۰۰ پزشک که در زمینه موضوعی خود دارای تخصص و مهارت هستند نوشته شده و به طور مداوم محتوای این پایگاه توسط افراد مذکور مورد بازبینی و نظارت قرار می گیرد.

✱ پایگاه UpToDate جامع تر از هر پایگاه مشابه دیگری است. شامل ۱۱ هزار موضوع مختلف در ۲۲ زمینه تخصصی پزشکی است. همچنین بیش از ۷۷ هزار صفحه از متون Peer Reviewed را در بر می گیرد.

✱ این پایگاه با قابلیت جستجوی منحصر به فردی که دارد امکان دستیابی سریع و آسان به پاسخ سوالات بالینی کاربران را فراهم می سازد.

✱ پایگاه UpToDate دارای لینک به چکیده های مدلاین است.

✱ UpToDate شامل پیشنهادات درمانی مبتنی بر شواهد پزشکی است. درمان های پیشنهادی در آن، براساس مطالعات جدید و آن دسته از یافته های جدیدی است که تحت عنوان Practice Changing Updates مشخص می شوند. بعلاوه، UpToDate در حال دسته بندی و نظم دهی به این پیشنهادات درمانی است. بنابراین می توان گستره آنها و کیفیت شواهد را سریع تر ارزیابی کرد.

✱ این پایگاه دارای یک بانک اطلاعات دارویی است و در متن مقالات نام کلیه داروها به صورت لینک ظاهر می شود و تنها با یک کلیک روی عنوان دارو، دسترسی به اطلاعات مشروحی درباره آن دارو (شامل نام تجاری، نام علمی، موارد مصرف و ...) میسر می شود.

✱ علاوه بر بانک اطلاعات دارویی، بخشی با عنوان Drug Interaction وجود دارد که با وارد کردن نام هر دارو دسترسی به اطلاعات کاملی در مورد تداخلات دارویی امکان پذیر است.

✱ این پایگاه همچنین شامل هزاران تصویر گرافیکی رنگی و نمودار است که می توان آنها را پرینت کرده و یا در قالب پاورپوینت از آنها استفاده کرد.

✱ هر ۴ ماه یکبار اطلاعات ارائه شده در این پایگاه روزآمد می شود.

✱ UpToDate به ۱۰ زبان زنده دنیا قابل استفاده است.

✱ این پایگاه برای تصمیم گیری های درمانی، سیستم Grade را به کار برده است. بدین ترتیب که جهت بیان پیشنهاد و راه حل درمانی از عدد (۱و۲) و جهت انعکاس میزان کیفیت منابع مبتنی بر شواهد برای آن موضوع خاص از حروف (A,B, C, D,X) استفاده می نماید.

ثبت نام در پایگاه UpToDate



جهت ثبت نام در پایگاه، گزینه Register را از گوشه سمت راست انتخاب کنید و سپس اطلاعات مورد نیاز را در پنجره مربوطه تکمیل کنید.

The screenshot shows the UpToDate website interface. At the top left is the UpToDate logo. At the top right are links for 'Language' and 'Help'. Below these is a navigation bar with 'Welcome, University of Medical Sciences' and a highlighted 'Log In / Register' link. Below the navigation bar is a search bar with the placeholder text 'Search UpToDate' and a magnifying glass icon.

Register for an UpToDate account

Already registered? Please [log in](#) with your UpToDate username and password.

First Name	Parvaneh
Last Name	Abotalebi
Email	p.abotalebi@zums.ac.ir
Country	Iran ▼
ZIP/Postal Code (optional)	
City	Zanjan
Specialty	Other ▼
Role	Medical Librarian ▼

Create your username and password

Username	p.abotalebi@zums.ac.ir
Password
<u>Password rules:</u> <ul style="list-style-type: none">• 8 to 24 characters• at least 1 uppercase letter• cannot match username• at least 1 number, or special character from the following set: · - _ @ # \$ * ! () + =	
Verify Password

Submit Registration

در این بخش، اطلاعات موردنیاز را تکمیل کرده و نام کاربری و رمزعبوری برای ورود به پایگاه تعریف نمایید.

رمز عبور انتخابی بایستی:

♠ بین ۸ تا ۲۴ کاراکتر باشد.

♠ حداقل یک حرف بزرگ داشته باشد.

♠ مانند نام کاربری نباشد.

♠ حداقل یک عدد یا کاراکتر خاص از مجموعه زیر داشته باشد.

♠ . _ - @ # \$! () + =

در پایان بر روی گزینه submit Registration کلیک کنید تا ثبت نام شما نهایی شود.

ورود به پایگاه UpToDate

برای هربار ورود، در صفحه اصلی بر روی گزینه Log in کلیک کرده و با وارد کردن نام کاربری و رمز عبور خود از پایگاه استفاده کنید.

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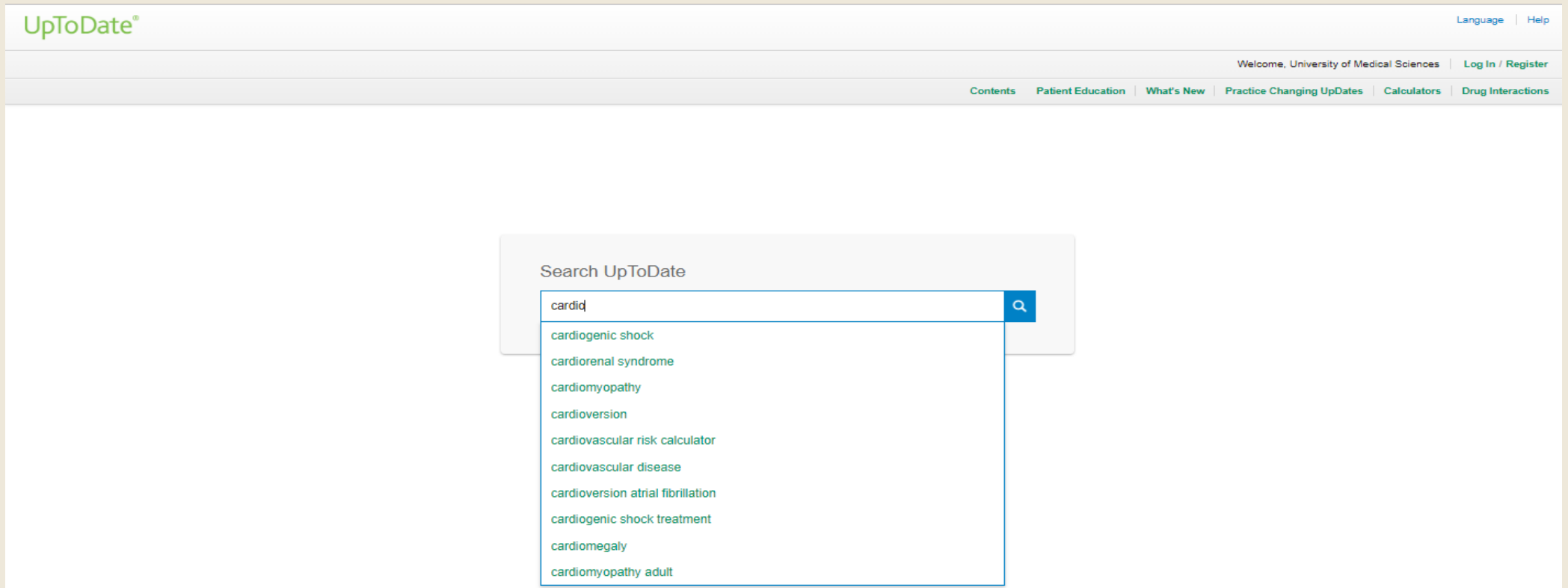
در این بخش نام کاربری و رمز عبور را وارد کرده و گزینه Log in را کلیک نمایید.

ویژگی های جستجو در پایگاه UpToDate

- UpToDate اختصارات و مترادف های رایج را تشخیص می دهد.
- در فرایند جستجو، استفاده از حروف کوچک و بزرگ نتایج یکسانی را بازایی می کند.
- عبارت جستجو به طور خود کار در تمامی تخصص های موضوعی پزشکی تحت پوشش UpToDate جستجو می شود.
- در ، UpToDate ، نام نویسنده، عنوان یک مجله و سال قابل جستجو نمی باشد.
- بهتر است برای بازایی اطلاعات دقیق تر، عبارات اختصاصی وارد شود.
- در داخل متن، لینک هایی از طریق See به سایر متون مرتبط و نیز لینک هایی با شماره رفرنس به مدلاین تعبیه شده است.

جستجوی موضوعی در پایگاه UpToDate

ابتدا در کادر Search عبارت جستجو را وارد نمایید. این عبارت جستجو، می تواند نام بیماری، علائم بیماری، اختلالات آزمایشگاهی، نام دارو و رده های دارویی باشد. این پایگاه، قابلیت Auto Suggest نیز دارد و در هنگام جستجو، خود پایگاه پیشنهادهایی برای کاربر ارائه می کند.



The screenshot displays the UpToDate website interface. At the top left is the 'UpToDate' logo. On the top right, there are links for 'Language' and 'Help'. Below this, a navigation bar includes 'Welcome, University of Medical Sciences' and a 'Log In / Register' link. A secondary navigation bar contains links for 'Contents', 'Patient Education', 'What's New', 'Practice Changing UpDates', 'Calculators', and 'Drug Interactions'. The main content area features a 'Search UpToDate' box. Inside this box, the text 'cardi' is entered into the search field. To the right of the search field is a magnifying glass icon. Below the search field, a dropdown menu lists several suggestions: 'cardiogenic shock', 'cardiorenal syndrome', 'cardiomyopathy', 'cardioversion', 'cardiovascular risk calculator', 'cardiovascular disease', 'cardioversion atrial fibrillation', 'cardiogenic shock treatment', 'cardiomegaly', and 'cardiomyopathy adult'.

➤ بخش All کلیه موضوعات را مورد جستجو قرار می دهد.

➤ مطابق تصویر زیر، جستجوی موضوعات به صورت پیش فرض در All topic می باشد که می توان به گروه های Adult ، Pediatrics ، Patient ، Graphics تغییر داد.

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cardiomyopathy

Search Results for "cardiomyopathy"

All Adult Pediatric Patient Graphics

Collapse Results

Definition and classification of the cardiomyopathies
... failure or **cardiomyopathy** are discussed separately. In 1980, the World Health Organization (WHO) defined **cardiomyopathies** as "heart muscle diseases of unknown cause" to distinguish **cardiomyopathy** from cardiac ...
[Dilated cardiomyopathy](#)
[Hypertrophic cardiomyopathy](#)
[Summary and recommendations](#)
[Causes of cardiomyopathy I \(Tables\)](#)
[Causes dilated cardiomyopathy \(Tables\)](#)

Peripartum cardiomyopathy: Treatment and prognosis
... Peripartum **cardiomyopathy** (PPCM, also called pregnancy-associated **cardiomyopathy**) is a rare cause of heart failure (HF) that affects women late in pregnancy or in the early puerperium . Although initially ...
[Prognosis](#)
[Management](#)
[Summary and recommendations](#)

Determining the etiology and severity of heart failure or cardiomyopathy
... restrictive **cardiomyopathy**, arrhythmogenic right ventricular **cardiomyopathy**, and left ventricular noncompaction) However, terms such as "ischemic **cardiomyopathy**" and "nonischemic **cardiomyopathy**" are also frequently ...
[Diagnostic approach](#)
[Summary and recommendations](#)

اطلاعات جستجو شده در این سایت بر اساس ربط موضوعی در صفحه ظاهر می شود. در سمت چپ صفحه سرفصل های کلی نتایج جستجو قرار دارد که با نزدیک کردن اشاره گر بر روی هر کدام از عناوین، جزئیات آن در کادر Topic outline نشان داده می شود.

The screenshot displays the UpToDate website interface. At the top, the UpToDate logo is visible on the left, and navigation links like 'Language' and 'Help' are on the right. Below the header, a search bar contains the term 'cardiomyopathy'. To the right of the search bar, there are links for 'Contents', 'Patient Education', 'What's New', 'Practice Changing UpDates', 'Calculators', and 'Drug Interactions'. The search results are titled 'Search Results for "cardiomyopathy"'. On the left side of the results, there are tabs for 'All', 'Adult', 'Pediatric', 'Patient', and 'Graphics'. The main content area shows several search results. The first result is 'Definition and classification of the cardiomyopathies', which includes a paragraph about the WHO definition and links to 'Dilated cardiomyopathy', 'Hypertrophic cardiomyopathy', 'Summary and recommendations', 'Causes of cardiomyopathy I (Tables)', and 'Causes dilated cardiomyopathy (Tables)'. Other results include 'Peripartum cardiomyopathy: Treatment and prognosis' and 'Determining the etiology and severity of heart failure or cardiomyopathy'. On the right side, a 'Topic Outline' sidebar is open, showing a hierarchical list of topics related to cardiomyopathy, including 'SUMMARY & RECOMMENDATIONS', 'INTRODUCTION', 'DEFINITION', 'ECHOCARDIOGRAPHIC EVALUATION', 'ANATOMIC AND PHYSIOLOGIC CLASSIFICATION', and 'REFERENCES'. A pink arrow points from the text above to the 'Topic Outline' sidebar.

با کلیک بر روی هر کدام از عناوین یا ریز مطالب آن، کل مطلب جهت مطالعه در دسترس قرار می گیرد.

UpToDate® جستجو به نتایج جستجو

جستجوی واژه یا عبارت در موضوع یافت شده

cardiomyopathy

Definition and classification of the cardiomyopathies

Topic Outline

- SUMMARY & RECOMMENDATIONS
- INTRODUCTION
- DEFINITION
- ECHOCARDIOGRAPHIC EVALUATION
 - Systolic dysfunction
 - Diastolic dysfunction
- ANATOMIC AND PHYSIOLOGIC CLASSIFICATION
 - Dilated cardiomyopathy
 - Hypertrophic cardiomyopathy
 - Athlete's heart
 - Other causes of hypertrophy
 - Not HCM
 - Restrictive cardiomyopathy
 - Endomyocardial fibrosis
 - Arrhythmogenic right ventricular cardiomyopathy
 - Unclassified cardiomyopathies
 - Left ventricular noncompaction
 - Stress-induced cardiomyopathy
 - Cirrhotic cardiomyopathy

Definition and classification of the cardiomyopathies

Author: Leslie T Cooper, Jr, MD
Section Editor: William J McKenna, MD
Deputy Editor: Susan B Yeon, MD, JD, FACC

Contributor Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Sep 2018. | This topic last updated: Jul 28, 2017.

INTRODUCTION — Cardiomyopathies are diseases of heart muscle [1]. A contemporary definition for cardiomyopathy is a myocardial disorder in which the heart muscle is structurally and functionally abnormal in the absence of coronary artery disease, hypertension, valvular disease, and congenital heart disease sufficient to explain the observed myocardial abnormality. Cardiomyopathies include a variety of myocardial disorders that manifest with various structural and functional phenotypes and are frequently genetic. Although some have defined cardiomyopathy to include myocardial disease caused by known cardiovascular causes (such as hypertension, ischemic heart disease, or valvular disease), current major society definitions of cardiomyopathy exclude heart disease secondary to such cardiovascular disorders.

Definitions and classification systems for cardiomyopathies are described here. The individual disorders and the evaluation of the patient with heart failure or cardiomyopathy are discussed separately. (See "[Determining the etiology and severity of heart failure or cardiomyopathy](#)" and "[Causes of dilated cardiomyopathy](#)" and "[Idiopathic restrictive cardiomyopathy](#)" and "[Arrhythmogenic right ventricular cardiomyopathy: Anatomy, histology, and clinical manifestations](#)" and "[Hypertrophic cardiomyopathy: Clinical manifestations, diagnosis, and evaluation](#)".)

DEFINITION — In 1980, the World Health Organization (WHO) defined cardiomyopathies as "heart muscle diseases of unknown cause" to distinguish cardiomyopathy from cardiac dysfunction due to known cardiovascular entities such as hypertension, ischemic heart disease, or valvular disease [2]. In clinical practice, however, the term "cardiomyopathy" has also been applied to diseases of known cardiovascular cause (eg, "ischemic cardiomyopathy" and "hypertensive cardiomyopathy").

As a result, the 1995 WHO/International Society and Federation of Cardiology (ISFC) Task Force on the Definition and Classification of the Cardiomyopathies expanded the classification to include all diseases affecting heart muscle and to take into consideration etiology as well as the dominant pathophysiology [3]. In this 1995 classification, the disorders were grouped according to anatomy and physiology into the following

کلیه کسانی که در تهیه اطلاعات همکاری کرده اند (نویسنده، ویراستار، دستیار ویراستار)

تاریخ آخرین روزآمد نمودن موضوع موردنظر

با کلیک روی اعداد داخل [] در انتهای هر خط یا پاراگراف به چکیده های مدلاین لینک داده می شود.

این بخش پیشنهادات دارویی و درمانی را شامل می شود.

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cardiomyopathy

Definition and classification of the cardiomyopathies

Topic Outline

- SUMMARY & RECOMMENDATIONS**
- INTRODUCTION
- DEFINITION
- ECHOCARDIOGRAPHIC EVALUATION
 - Systolic dysfunction
 - Diastolic dysfunction
- ANATOMIC AND PHYSIOLOGIC CLASSIFICATION
 - Dilated cardiomyopathy
 - Hypertrophic cardiomyopathy
 - Athlete's heart
 - Other causes of hypertrophy
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 - Arrhythmogenic right ventricular cardiomyopathy
 - Unclassified cardiomyopathies
 - Left ventricular noncompaction
 - Stress-induced cardiomyopathy
 - Cirrhotic cardiomyopathy
 - Other
 - Endocardial fibroelastosis
- SUMMARY AND RECOMMENDATIONS
- REFERENCES
- GRAPHICS [View All](#)
- DIAGNOSTIC IMAGES

Definition and classification of the cardiomyopathies

Author: [Leslie T Cooper, Jr, MD](#)
Section Editor: [William J McKenna, MD](#)
Deputy Editor: [Susan B Yeon, MD, JD, FACC](#)

[Contributor Disclosures](#)

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Definitions and classification systems for cardiomyopathies are described here. The individual disorders and the evaluation of the patient with heart failure or cardiomyopathy are discussed separately. (See "[Determining the etiology and severity of heart failure or cardiomyopathy](#)" and "[Causes of dilated cardiomyopathy](#)" and "[Idiopathic restrictive cardiomyopathy](#)" and "[Arrhythmogenic right ventricular cardiomyopathy: Anatomy, histology, and clinical manifestations](#)" and "[Hypertrophic cardiomyopathy: Clinical manifestations, diagnosis, and evaluation](#)".)

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As a result, the 1995 WHO/International Society and Federation of Cardiology (ISFC) Task Force on the Definition and Classification of the Cardiomyopathies expanded the classification to include all diseases affecting heart muscle and to take into consideration etiology as well as the dominant pathophysiology [3]. In this 1995 classification, the cardiomyopathies were defined as "diseases of the myocardium associated with cardiac dysfunction." They were classified according to anatomy and physiology into the following types, each of which has multiple different causes:

- Dilated cardiomyopathy (DCM)
- Hypertrophic cardiomyopathy (HCM)
- Restrictive cardiomyopathy (RCM)
- Arrhythmogenic right ventricular cardiomyopathy/dysplasia (ARVC/D)

پرینت مطالب موردنظر

می توان نتایج جستجو را با استفاده از این بخش ایمیل کرد.

مشاهده تصاویر گرافیکی مربوط به مطلب مورد جستجو

جستجوی تصاویر در پایگاه UpToDate

چنانچه اطلاعاتی نظیر تصویر، فیلم، جدول و ... نیاز داشته باشید آیکون Graphics را کلیک نمایید.

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cardiomyopathy

Search Results for "cardiomyopathy"

patient Graphics

Algorithmic approach to the differentiation of constrictive pericarditis

Dilated cardiomyopathy

Genetic family screening strategies in hypertrophic cardiomyopathy (HCM)

Algorithm showing the indications for implantable cardioverter-defibrillator (ICD)

Small vessel disease in hypertrophic cardiomyopathy

Etiologic classification of cardiomyopathy-1

M-mode echocardiogram in cardiomyopathy

Dilated cardiomyopathy

Dilated cardiomyopathy

Magnetic resonance imaging of hydroxychloroquine-induced cardiomyopathy

Outcome with a cardiomyopathy is related to the etiology

Dilated cardiomyopathy chest radiograph

Apical stress cardiomyopathy

Familial types of cardiomyopathy

Myocyte disarray in hypertrophic cardiomyopathy

Echocardiogram of stress cardiomyopathy

Echocardiography of restrictive cardiomyopathy

Electrocardiogram of 13-year-old boy with dilated cardiomyopathy

Chest radiograph of 13-year-old boy with dilated cardiomyopathy

Heart with hypertrophic cardiomyopathy

Heart with dilated cardiomyopathy

Electron microscopy of cardiomyocytes in hydroxychloroquine-induced cardiomyopathy

Non-familial types of cardiomyopathy

Mid-left ventricular stress cardiomyopathy

تهیه پاورپوینت از عکس ها

اگر تمایل به تهیه خروجی به شکل پاورپوینت داشته باشید بر روی تصویر مورد نظر کلیک کرده و سپس گزینه Export to PowerPoint را انتخاب نمایید.

Export to Powerpoint | Full View | Feedback

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Heart with hypertrophic cardiomyopathy

Normal **Hypertrophic cardiomyopathy**

Labels: Aorta, Right atrium, Left atrium, Pulmonary valve, Tricuspid valve, Left ventricle, Right ventricle, Aortic valve, Mitral valve, Smaller left ventricular cavity, Thickened ventricular septum, Thickened left ventricular wall.

The heart on the left is normal. The heart on the right has hypertrophic cardiomyopathy. The condition causes the walls of the lower chambers of the heart (called the ventricles) to thicken.

Graphic 50899 Version 5.0

APPEARS IN TOPICS:

Please view graphics in the context of the topic in which they appear below.

- Patient education: Hypertrophic cardiomyopathy in adults (The Basics)
- Patient education: Hypertrophic cardiomyopathy in children (The Basics)
- Patient education: Hypertrophic cardiomyopathy (Beyond the Basics)
- Patient education: Friedrich ataxia (The Basics)

پس از انجام این مراحل تصویر مورد نظر را در صفحه پاورپوینت مشاهده می نمایید.

1

Heart with hypertrophic cardiomyopathy

Normal **Hypertrophic cardiomyopathy**

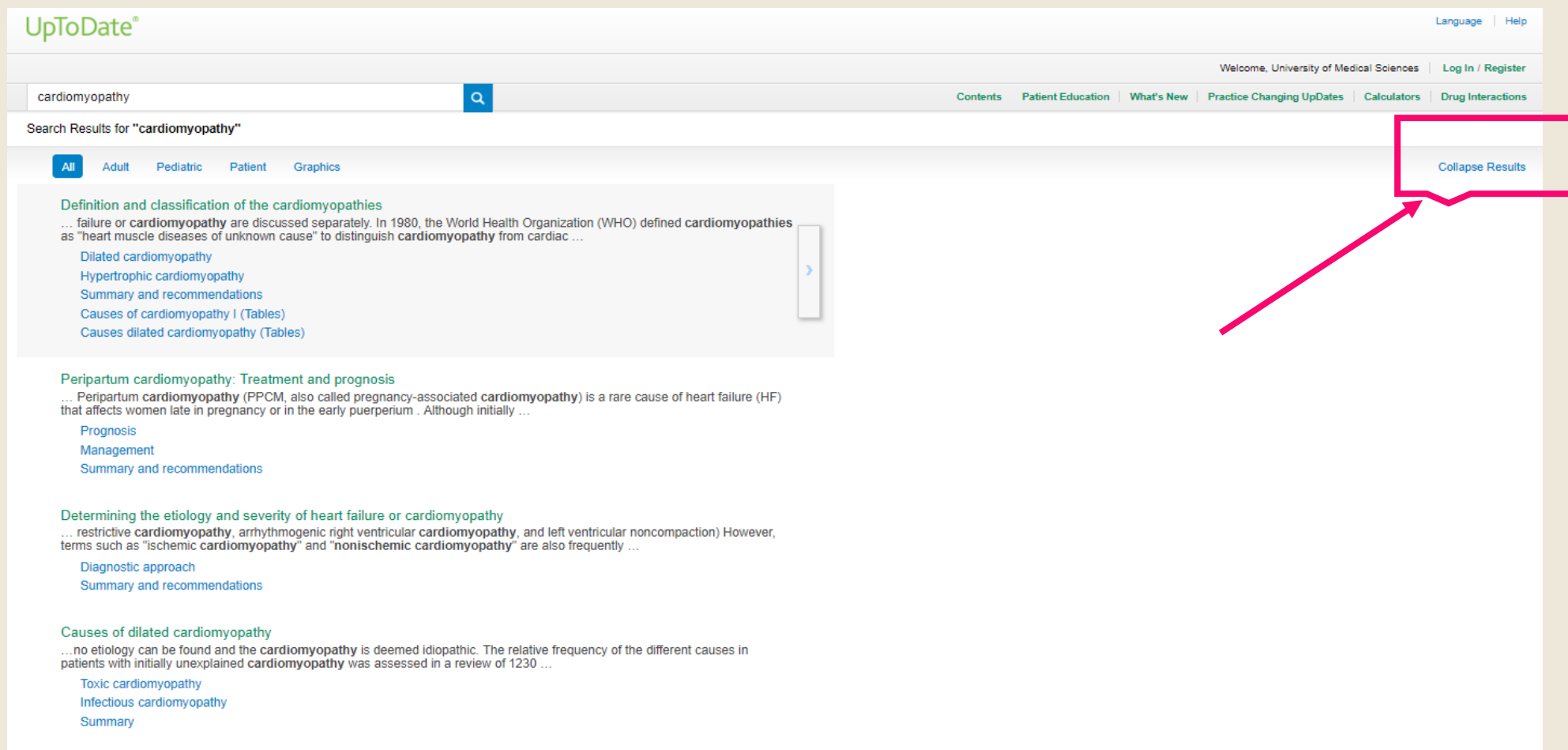
Aorta, Right atrium, Left atrium, Pulmonary valve, Tricuspid valve, Mitral valve, Right ventricle, Left ventricle, Thickened ventricular septum, Thickened left ventricular wall

The heart on the left is normal. The heart on the right has hypertrophic cardiomyopathy. The condition causes the walls of the lower chambers of the heart (called the ventricles) to thicken.

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پیش فرض نمایش صفحه براساس نمایش جزییات عناوین می باشد.
در صورت تمایل به مشاهده سرفصل های کلی، آیکون Expand result را به Collapse Result تغییر دهید.



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cardiomyopathy

Search Results for "cardiomyopathy"

[All](#) [Adult](#) [Pediatric](#) [Patient](#) [Graphics](#)

[Collapse Results](#)

Definition and classification of the cardiomyopathies
... failure or **cardiomyopathy** are discussed separately. In 1980, the World Health Organization (WHO) defined **cardiomyopathies** as "heart muscle diseases of unknown cause" to distinguish **cardiomyopathy** from cardiac ...

- [Dilated cardiomyopathy](#)
- [Hypertrophic cardiomyopathy](#)
- [Summary and recommendations](#)
- [Causes of cardiomyopathy I \(Tables\)](#)
- [Causes dilated cardiomyopathy \(Tables\)](#)

Peripartum cardiomyopathy: Treatment and prognosis
... Peripartum **cardiomyopathy** (PPCM, also called pregnancy-associated **cardiomyopathy**) is a rare cause of heart failure (HF) that affects women late in pregnancy or in the early puerperium . Although initially ...

- [Prognosis](#)
- [Management](#)
- [Summary and recommendations](#)

Determining the etiology and severity of heart failure or cardiomyopathy
... restrictive **cardiomyopathy**, arrhythmogenic right ventricular **cardiomyopathy**, and left ventricular noncompaction) However, terms such as "ischemic **cardiomyopathy**" and "nonischemic **cardiomyopathy**" are also frequently ...

- [Diagnostic approach](#)
- [Summary and recommendations](#)


Causes of dilated cardiomyopathy
...no etiology can be found and the **cardiomyopathy** is deemed idiopathic. The relative frequency of the different causes in patients with initially unexplained **cardiomyopathy** was assessed in a review of 1230 ...

- [Toxic cardiomyopathy](#)
- [Infectious cardiomyopathy](#)
- [Summary](#)

حالت Collapse result که فقط سرفصل های کلی را نشان می دهد.

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cardiomyopathy 

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Search Results for "cardiomyopathy"

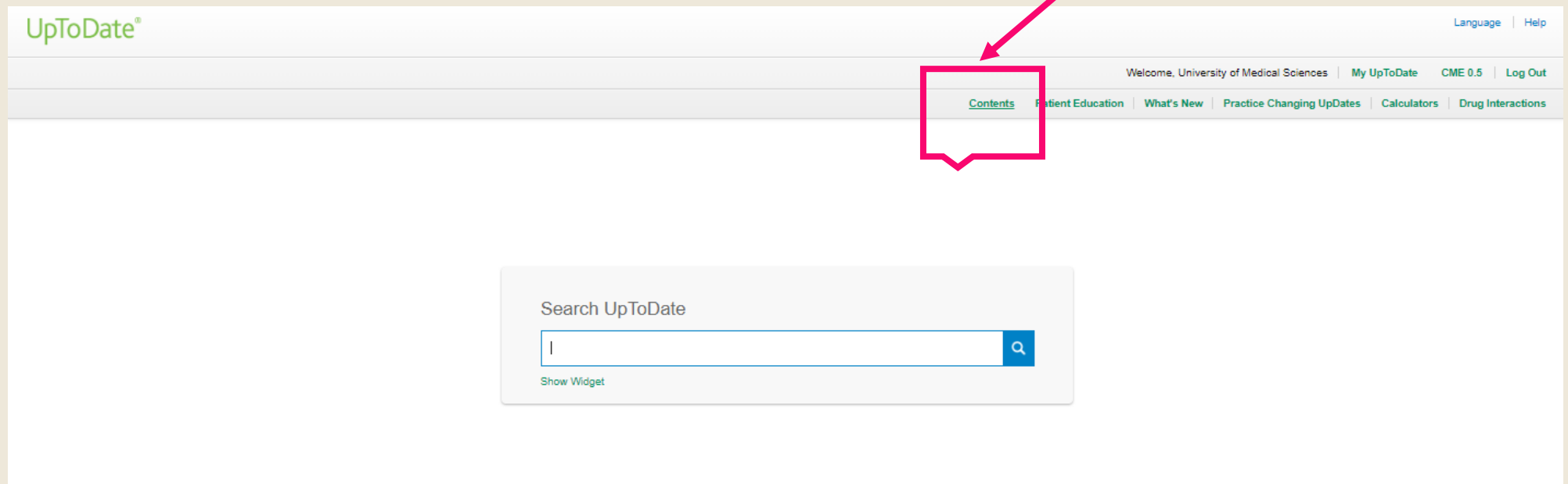
[All](#) | [Adult](#) | [Pediatric](#) | [Patient](#) | [Graphics](#)

[Expand Results](#)

- Definition and classification of the cardiomyopathies
- Peripartum cardiomyopathy: Treatment and prognosis
- Determining the etiology and severity of heart failure or cardiomyopathy
- Causes of dilated cardiomyopathy
- Secondary prevention of sudden cardiac death in heart failure and cardiomyopathy
- Familial dilated cardiomyopathy: Prevalence, diagnosis and treatment
- Echocardiographic recognition of cardiomyopathies
- Hypertrophic cardiomyopathy: Clinical manifestations, diagnosis, and evaluation
- Ventricular arrhythmias: Overview in patients with heart failure and cardiomyopathy
- Hypertrophic cardiomyopathy in children: Management and prognosis

Contents

در بخش Contents لیست موضوعات موجود در پایگاه را بصورت دسته بندی موضوعی می توان مشاهده کرد.




با کلیک بر روی هر کدام از موضوعات، می توان به مطالب جزئی مرتبط با آن بخش دسترسی پیدا کرد.

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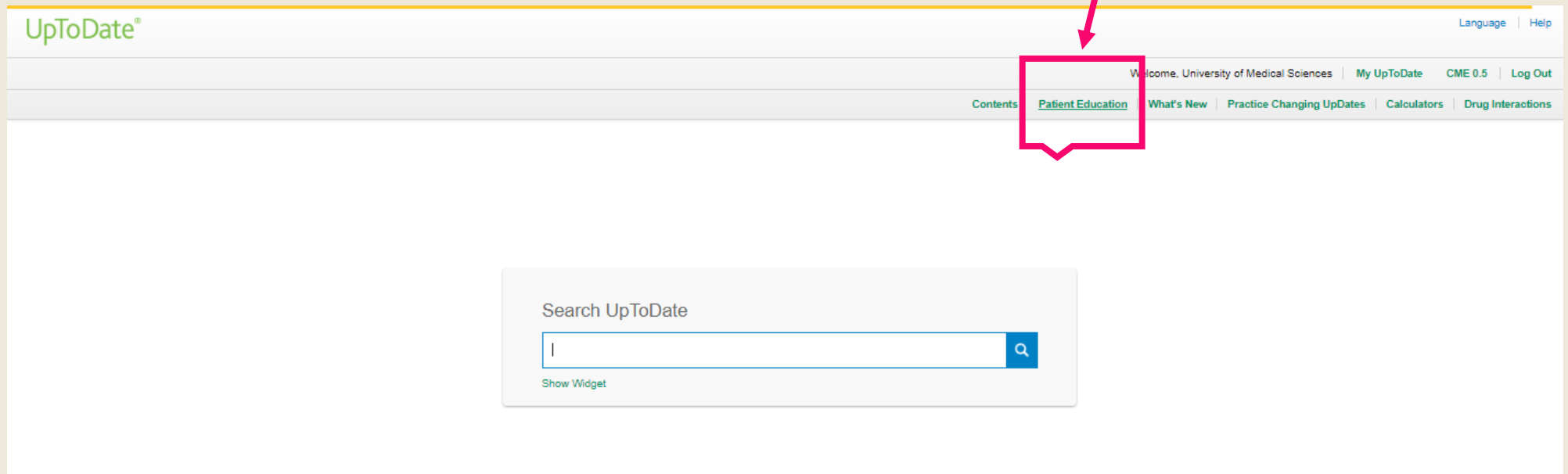
Table of Contents

You have access to the entire UpToDate® library of specialties with your subscription. Click on one of the specialties below to see sections associated with each. You can also view Practice Changing UpDates, What's New, Patient Education, Authors and Editors, Calculators, and Drug Information.

Practice Changing UpDates	Endocrinology and Diabetes	Obstetrics, Gynecology and Women's Health
What's New	Family Medicine and General Practice	Oncology
Patient Education	Gastroenterology and Hepatology	Palliative Care
Calculators	General Surgery	Pediatrics
Authors and Editors	Geriatrics	Primary Care (Adult)
Allergy and Immunology	Hematology	Primary Care Sports Medicine (Adolescents and Adults)
Anesthesiology	Hospital Medicine	Psychiatry
Cardiovascular Medicine	Infectious Diseases	Pulmonary and Critical Care Medicine
Dermatology	Nephrology and Hypertension	Rheumatology
Drug Information	Neurology	Sleep Medicine
Emergency Medicine (Adult and Pediatric)		

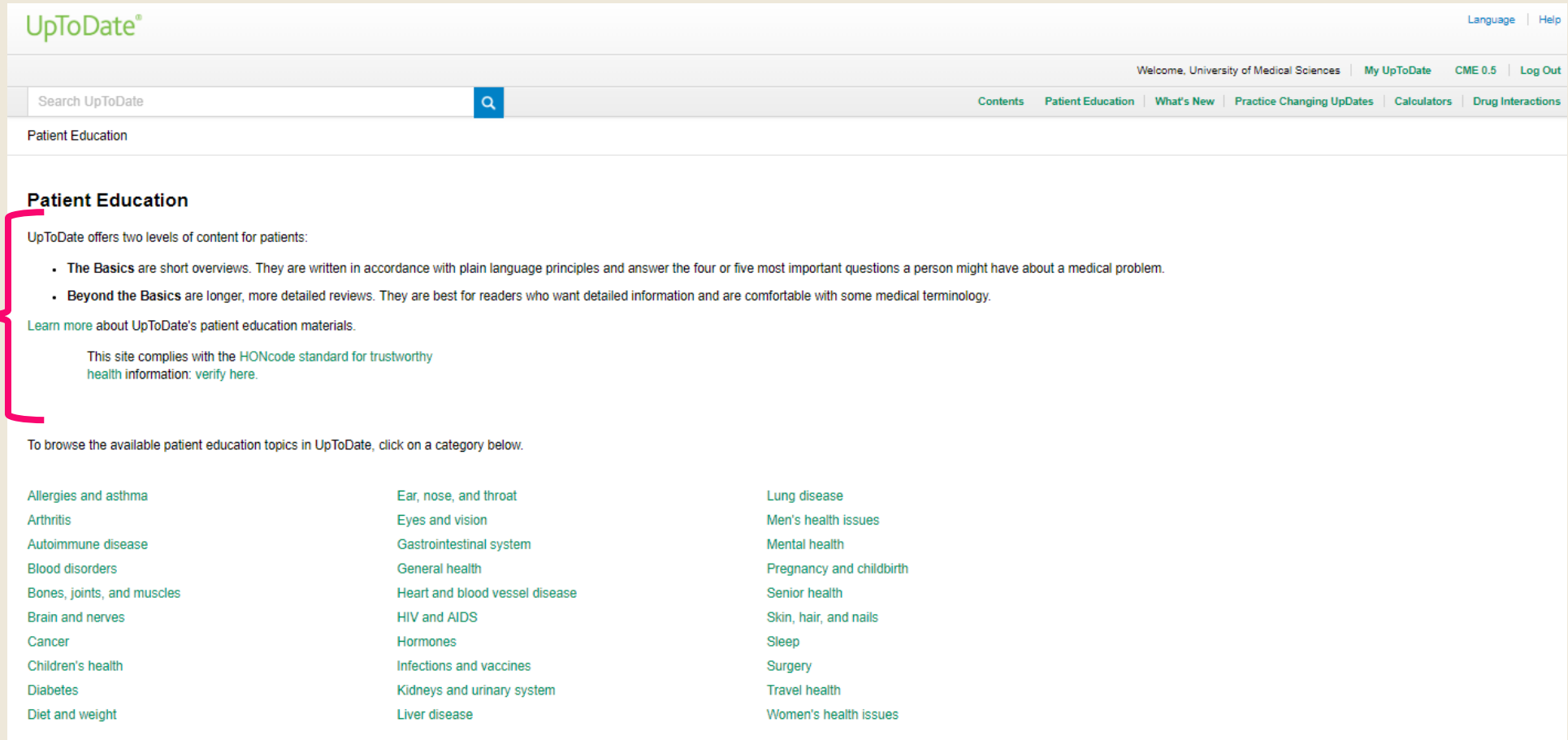
Patient Education

➤ UpToDate صدها موضوع آموزشی را در دو سطح Basics و Beyond the Basics برای بیماران ارائه می دهد. این اطلاعات هر ۴ ماه یکبار به روز شده و در نتیجه، جدیدترین اطلاعات در اختیار بیماران قرار می گیرد. این آموزشها مربوط به شایعترین بیماری ها بوده و به جنبه هایی از بیماری مانند ریسک فاکتورها، علل بیماری، روش های تشخیص، اقدامات پیشگیرانه و درمان های پیشنهادی اشاره دارد.



🎵 The basics (سطح مقدماتی): شامل مطالب کوتاه و به زبان ساده.

🎵 Beyond the basics (سطح پیشرفته): شامل مطالب مفصل تر و با جزئیات بیشتر.



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Patient Education

UpToDate offers two levels of content for patients:

- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a person might have about a medical problem.
- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.

[Learn more about UpToDate's patient education materials.](#)

This site complies with the [HONcode](#) standard for trustworthy health information: [verify here](#).

To browse the available patient education topics in UpToDate, click on a category below.

Allergies and asthma	Ear, nose, and throat	Lung disease
Arthritis	Eyes and vision	Men's health issues
Autoimmune disease	Gastrointestinal system	Mental health
Blood disorders	General health	Pregnancy and childbirth
Bones, joints, and muscles	Heart and blood vessel disease	Senior health
Brain and nerves	HIV and AIDS	Skin, hair, and nails
Cancer	Hormones	Sleep
Children's health	Infections and vaccines	Surgery
Diabetes	Kidneys and urinary system	Travel health
Diet and weight	Liver disease	Women's health issues

The Basics

❖ این عناوین برای افرادی است که در واقع به اطلاعات عمومی پیرامون آن موضوع نیاز دارند.

The screenshot shows the UpToDate website interface. At the top, there is a search bar with the text 'Search UpToDate' and a magnifying glass icon. To the right of the search bar, there are links for 'Language' and 'Help'. Below the search bar, there is a navigation bar with links for 'Welcome, University of Medical Sciences', 'My UpToDate', 'CME 0.5', and 'Log Out'. Below the navigation bar, there is a list of links: 'Contents', 'Patient Education', 'What's New', 'Practice Changing UpDates', 'Calculators', and 'Drug Interactions'. The main content area is titled 'Ear, nose, and throat'. Below this title, there is a button labeled 'The Basics' and a link labeled 'Beyond the Basics'. The 'The Basics' button is highlighted with a red box, and a red arrow points to it from the top right. Below the buttons, there is a paragraph of text: 'The Basics are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.' Below this paragraph, there are three sections of content: 'Ear infections', 'Ear wax impaction', and 'Eustachian tube problems'. Each section has a link labeled 'The Basics' and a button labeled 'View in Spanish'.

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Ear, nose, and throat

The Basics | Beyond the Basics

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

Ear infections

Ear infections (otitis media) in children (The Basics) | View in Spanish

Ear tubes (The Basics) | View in Spanish

Outer ear infection (The Basics) | View in Spanish

Ruptured eardrum (The Basics) | View in Spanish

Ear wax impaction

Ear wax impaction (The Basics) | View in Spanish

Eustachian tube problems

Eustachian tube problems (The Basics) | View in Spanish

Beyond the basics

❖ اشخاصی که اطلاعات جامع تر نیاز دارند و یا کسانی که به صورت حرفه ای و تکنیکی بر روی عناوین کار می کنند می توانند از این بخش استفاده نمایند.

The screenshot shows the UpToDate website interface. At the top, the UpToDate logo is on the left, and 'Language | Help' is on the right. Below the logo is a search bar with the text 'Search UpToDate' and a magnifying glass icon. To the right of the search bar is a navigation menu with links: 'Welcome, University of Medical Sciences | My UpToDate | CME 0.5 | Log Out'. Below the search bar is a section titled 'Ear, nose, and throat'. Under this title, there are two buttons: 'The Basics' and 'Beyond the Basics'. The 'Beyond the Basics' button is highlighted with a red box and a red arrow pointing to it. Below the buttons, there is a paragraph: '"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.' Below this paragraph, there are three main categories: 'Ear infections', 'Nose and sinuses', and 'Nosebleed'. Each category has a list of articles, all of which are labeled '(Beyond the Basics)'. For example, under 'Ear infections', there are 'Ear infections (otitis media) in children (Beyond the Basics)' and 'External otitis (including swimmer's ear) (Beyond the Basics)'. Under 'Nose and sinuses', there are 'Acute sinusitis (sinus infection) (Beyond the Basics)', 'Allergic rhinitis (seasonal allergies) (Beyond the Basics)', 'Chronic rhinosinusitis (Beyond the Basics)', 'Nonallergic rhinitis (runny or stuffy nose) (Beyond the Basics)', and 'Trigger avoidance in allergic rhinitis (Beyond the Basics)'. Under 'Nosebleed', there is 'Nosebleeds (epistaxis) (Beyond the Basics)'.


What's New

تعدادی از مطالب مهم روزآمد شده در UpToDate توسط ویراستاران، انتخاب و در این بخش به صورت موضوعی ارائه شده و در موضوع نیز با تفکیک به زیرموضوع ها و به ترتیب تاریخ نشر، ذکر گردیده است.

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What's New

Our editors select a small number of the most important updates and share them with you via What's New. See these updates by clicking on the specialty you are interested in below. You may also enter "What's new" in the search box.

Find Out What's New In:

Practice Changing UpDates	Gastroenterology and hepatology	Oncology
Allergy and immunology	General surgery	Palliative care
Anesthesiology	Geriatrics	Pediatrics
Cardiovascular medicine	Hematology	Primary care
Dermatology	Hospital medicine	Psychiatry
Drug therapy	Infectious diseases	Pulmonary and critical care medicine
Emergency medicine	Nephrology and hypertension	Rheumatology
Endocrinology and diabetes mellitus	Neurology	Sleep medicine
Family medicine	Obstetrics and gynecology	Sports medicine (primary care)

با کلیک بر روی هر بخش به اطلاعات تفصیلی در زمینه بخش موردنظر دسترسی خواهید یافت.

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What's new in oncology

Topic Outline

BREAST CANCER

Aromatase inhibitor-induced joint pain and acupuncture (July 2018)

Updated guidelines on HER2 ISH interpretation in breast cancer (July 2018)

Avoidance of adjuvant chemotherapy in women with HR-positive, node-negative breast cancer and intermediate Recurrence Score (RS) (July 2018)

Duration of adjuvant trastuzumab in early HER2-positive breast cancer (July 2018)

Ovarian suppression with either tamoxifen or an aromatase inhibitor in premenopausal women with early breast cancer (July 2018)

Mixed data regarding denosumab as adjuvant breast cancer treatment (July 2018)

Addition of carboplatin to neoadjuvant chemotherapy for triple negative breast cancer (May 2018)

Chemotherapy after resection of locoregional breast cancer recurrence (May 2018)

Family history and breast cancer risk among older women (April 2018)

CANCER SCREENING AND PREVENTION

Hydrochlorothiazide and risk of cutaneous squamous cell carcinoma (July 2018)

USPSTF prostate cancer screening guidelines updated (June 2018)

Advanced colorectal adenomas and cancer risk (June 2018)

Updated ACS guidelines on colorectal cancer screening (May 2018)

Guidelines for colorectal cancer screening in adults with cystic fibrosis (May 2018)

Updated USPSTF guidelines on ovarian cancer screening (April 2018)

What's new in oncology

Authors: April F Eichler, MD, MPH, Diane MF Savarese, MD, Sadhna R Vora, MD

Contributor Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: Sep 2018. | This topic last updated: Oct 11, 2018.

The following represent additions to UpToDate from the past six months that were considered by the editors and authors to be of particular interest. The most recent What's New entries are at the top of each subsection.

BREAST CANCER

Aromatase inhibitor-induced joint pain and acupuncture (July 2018)

Aromatase inhibitors (AIs) are frequently used for the adjuvant management of hormone receptor-positive breast cancer, but they are associated with joint pain. In a randomized trial of over 200 women with joint pain due to AIs, acupuncture was compared with sham acupuncture and with waitlist controls [1]. Patients in the acupuncture group experienced close to a 1 point improvement in joint symptoms, on a scale of 1 to 10. Although the clinical significance of this small numerical improvement is unclear, some patients may wish to try acupuncture, particularly since there are no associated systemic side effects. (See ["Adjuvant endocrine therapy for non-metastatic, hormone receptor-positive breast cancer"](#), [section on 'Side effects'](#).)

Updated guidelines on HER2 ISH interpretation in breast cancer (July 2018)

The American Society of Clinical Oncology/College of American Pathologists (ASCO/CAP) has issued an update to guidelines on interpretation of results to define the *HER2* status of breast cancers [2]. Specific differences relative to the 2013 guideline include interpretation of less common clinical scenarios when using the dual probe in situ hybridization (ISH) assay. For example, while previously a *HER2*/chromosome enumeration probe 17 (CEP17) ratio ≥ 2 was considered *HER2*-positive regardless of average *HER2* copy number, the updated guidelines indicate need for further workup if the average *HER2* copy number is <4.0 . Similarly, cancers with *HER2* copy number ≥ 6 were previously considered *HER2*-positive regardless of *HER2*/CEP17 ratio, but further workup is now required for such tumors if the *HER2*/CEP17 ratio is <2.0 . (See ["HER2 and predicting response to therapy in breast cancer"](#), [section on 'Differences between the 2013 and 2018 ASCO/CAP guidelines'](#).)

Avoidance of adjuvant chemotherapy in women with HR-positive, node-negative breast cancer and intermediate Recurrence Score (RS) (July 2018)

The recurrence score (RS) identifies patients with node-negative, hormone receptor (HR)-positive early breast cancer whose prognosis is so favorable that the absolute benefit of chemotherapy is likely to be very low. Although previous data suggested no benefit from chemotherapy for those with low RS (<11), it was unknown if those with intermediate RS (11-25) would benefit. In a randomized trial of 6700 postmenopausal women with HR-positive, node-negative breast cancer and intermediate RS, disease-free survival rates were similar for those assigned to adjuvant chemotherapy followed by endocrine therapy and those assigned to endocrine therapy alone [3]. However, the subset of women ≤ 50 years with RS >16 experienced lower rates of distant recurrence if they received chemotherapy. For most women with node-negative, HR-positive early breast cancer and intermediate RS, we suggest not administering chemotherapy, although chemotherapy is appropriate in women ≤ 50 years with high-intermediate RS. (See ["Prognostic and predictive factors in](#)

Practice Changing Updates (PCUs)

با توجه به اینکه مهارت های بالینی و نحوه درمان بیماری ها با تجویز داروها در طول زمان ممکن است دستخوش تغییراتی شود، چنین تغییراتی در این بخش قرار داده شده است. ویراستاران این پایگاه به کمک متخصصان موضوعی، عناوینی را که قبلاً در این سایت قرار گرفته و نتایجشان دچار تغییراتی گردیده است در قالب یک عنوان جدید در این بخش قرار می دهند.

این توصیه ها از طریق what's new نیز قابل مشاهده است. تفاوت این دو بخش در این است که علاوه بر اطلاعات جدید، در PCUs راهکارهای بالینی نیز ارائه می گردد.

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Calculators

این بخش شامل جداولی برای محاسبه موارد و شاخص های مختلف در موضوعات پزشکی است. کافی است با قراردادن اعداد و مشخص کردن واحد آن، به محاسبه موضوع موردنظر رسید.

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Calculators

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List Alphabetically

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Clinical Criteria

Temperature unit conversions

Weight unit conversions

Medical Equations

Absolute eosinophil count

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Immunology lab values

SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemistry and endocrine tests

SI unit to conventional (gravimetric, imperial, US) unit conversions: Immunology lab values

مطابق مثال زیر، ابتدا در بخش بالا عدد و مقیاس موردنظر را وارد کرده و نتیجه را در پایین صفحه مشاهده می کنیم

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Calculator: Weight unit conversions

Bookmark

Calculator: Weight unit conversions

FROM:

100

kilogram

TO:

220.5

pound (US)

Set maximal display precision in decimal points: 1 | [Reset form](#)

Notes

- To make simple unit conversions, select the starting units with the pull-down selector on the right. Then type a starting value in the top FROM input box. To convert the value, choose the new unit in the lower right selector. The converted value will appear immediately in the TO box.

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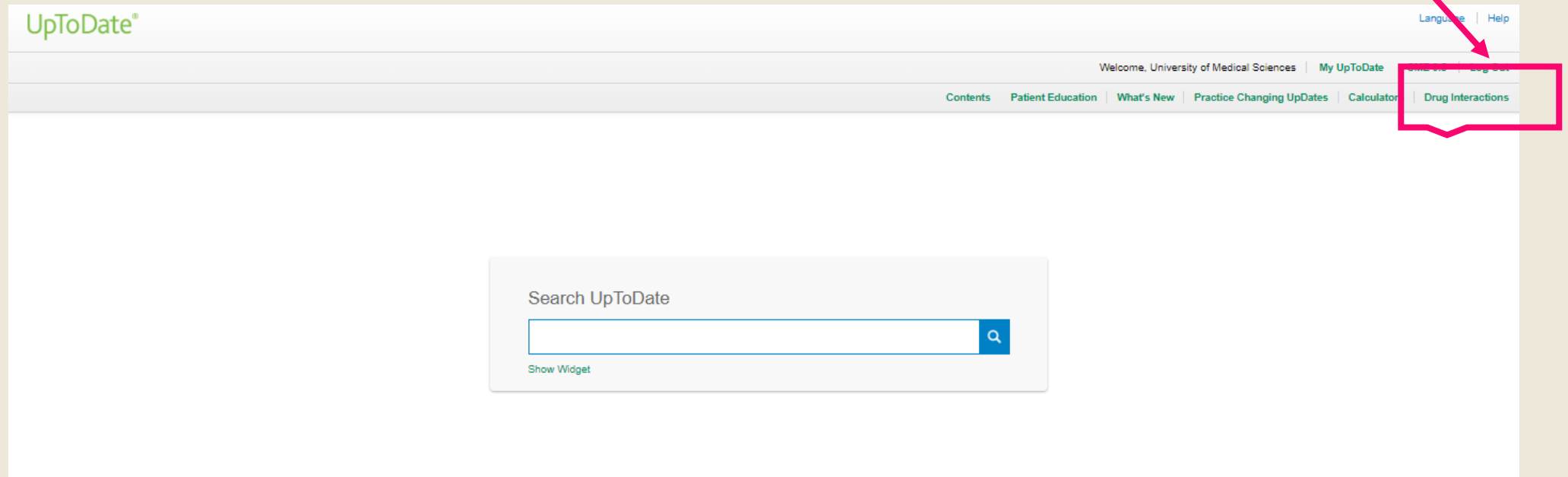
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Drug Interaction

شرکت Lexicomp تامین کننده و پشتیبان اطلاعات دارویی UpToDate می باشد که به صورت جامع تداخلات داروهای شیمیایی و گیاهی را مورد تجزیه و تحلیل قرار می دهد. این پایگاه اطلاعاتی، به تحلیل تداخل های مابین دارو با دارو، گیاه دارویی با دارو و گیاه دارویی با گیاه می پردازد.



برای انجام جستجو بعد از کلیک بر روی آیکن Drug interaction در صفحه باز شده بر روی continue کلیک نمایید.

Welcome to Drug Interactions: A Drug-Drug, Drug-Herb, and Herb-Herb analysis tool, provided by Wolters Kluwer Clinical Drug Information utilizing Lexicomp clinical content.

Lexi-Interact Online combines literature and scientific understanding of drug interactions throughout the world with a state-of-the-art electronic platform, providing an efficient way to help inform healthcare professionals about adverse drug events that otherwise can compromise the care of patients.

Review all interactions for a selected medication or enter a patient specific regimen to analyze for potential interactions. Additionally, you may select a drug interaction result to obtain specific information on Patient Management, Interacting Members, Risk Rating, References and more.

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App Version 1.1

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در صفحه باز شده در کادر جستجو نام داروی موردنظر را وارد کرده و بر روی گزینه Analyze کلیک می کنیم.

😊 دارو از طریق نام تجاری قابل بازیابی می باشد

😊 هنگام جستجو با وارد کردن چند حرف از ابتدای نام دارو امکان مشاهده فهرستی از نام داروهایی که با این حرف شروع می شود وجود دارد اما در مواردی که این حروف در سایر قسمت های نام دارو باشد قابل بازیابی نمی باشد.

😊 به منظور حذف نام یک دارو از فهرست داروهای جستجو شده، علامت منفی در کنار نام دارو را کلیک تا حذف گردد.

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List Analyze

در صفحه نتایج جستجو سیاهه ای از داروها و موادی که تداخل دارویی دارند نشان داده می شود. در این پایگاه داروهای متداخل به نسبت میزان خطر به هنگام مصرف همزمان، در طیف های A,B,C,D,X مطابق تصویر زیر تقسیم بندی می شوند.

UpToDate®

Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

Clear List Analyze

[Warfarin](#)

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

Lexicomp® Drug Interactions

X Avoid combination	C Monitor therapy	A No known interaction
D Consider therapy modification	B No action needed	More about Risk Ratings

264 Results [Print](#)

X	Warfarin (Anticoagulants) Hemin
X	Warfarin (Anticoagulants) MIFEPRISone
X	Warfarin (Anticoagulants) Omacetaxine
X	Warfarin (Vitamin K Antagonists) Oxatomide
X	Warfarin (Vitamin K Antagonists) Streptokinase
X	Warfarin (Vitamin K Antagonists) Tamoxifen
X	Warfarin (Anticoagulants) Urokinase
X	Warfarin (Anticoagulants) Vorapaxar
D	Warfarin (Vitamin K Antagonists) Allopurinol
D	Warfarin (Vitamin K Antagonists) Amiodarone
D	Warfarin (Vitamin K Antagonists) Androgens
D	Warfarin (Vitamin K Antagonists) Antithyroid Agents
D	Warfarin (Vitamin K Antagonists) Barbiturates

Risk Rating



A ♣ (No Known Interaction): نشان دهنده نبود تداخل فارماکودینامیک و فارماکوکینتیک در بین دو دارو است.

B ♣ (No Action Needed): نمایانگر امکان وجود واکنش در بین دو دارو است اما نیازی به تغییر یکی از داروها برای بیمار وجود ندارد.

C ♣ (Monitor Therapy): نیاز به دخالت در دوز مصرفی بیمار به هنگام مصرف همزمان دو دارو است. با توجه به وضعیت بیمار و فواید مصرف هم زمان دو دارو، در تعداد کمی از بیماران و برای کاهش میزان عوارض باید در دوز مصرفی یک یا هر دو دارو هماهنگی برقرار شود.

♣ D (Consider Therapy Modification): بیانگر تداخل دارویی بین دو دارو می باشد. به گونه ای که با توجه به وضعیت بیمار، میزان فواید مصرف همزمان دو دارو و خطرهای ناشی از آن مورد ارزیابی قرار می گیرد و نیاز به مشاهده دقیق وضعیت بیمار به هنگام مصرف، تغییر در دوز داروها با توجه به شرایط بالینی بیمار و جایگزینی داروهای معادل وجود دارد.

♣ X (Avoid Combination): بیانگر تداخل دارویی بین دو دارو می باشد. در این شرایط میزان خطر ناشی از مصرف همزمان دو دارو بیشتر از فواید آن است و نباید دو دارو را با یکدیگر برای بیمار تجویز کرد.

در صورتی که نیاز به بررسی چگونگی تداخل در بین دو داروی خاص وجود داشته باشد نام دو دارو را به صورت جداگانه جستجو و سپس با انتخاب گزینه Analyze وجود و دامنه تداخل در بین دو دارو نشان داده می شود.

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Lexicomp® Drug Interactions

Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

1 Result

Filter Results by Item ▼ Print

D Aspirin (Salicylates)
Naproxen (Nonsteroidal Anti-Inflammatory Agents (Nonselective))

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

با کلیک بر روی نتیجه جستجو، صفحه ای باز می شود که می توان جزئیات بیشتری در زمینه تداخل بین دو دارو مشاهده کرد.

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Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

ITEM LIST

Clear List

Analyze

– Naproxen

– Aspirin

Display complete list of interactions for an individual item by clicking item name.

Title

Salicylates / Nonsteroidal Anti-Inflammatory Agents (Nonselective)

Print

Risk Rating

D: Consider therapy modification

Summary

Nonsteroidal Anti-Inflammatory Agents (Nonselective) may enhance the adverse/toxic effect of Salicylates. An increased risk of bleeding may be associated with use of this combination. Nonsteroidal Anti-Inflammatory Agents (Nonselective) may diminish the cardioprotective effect of Salicylates. Salicylates may decrease the serum concentration of Nonsteroidal Anti-Inflammatory Agents (Nonselective). **Severity** Major **Reliability Rating** Good

Patient Management

Monitor for increased risk of bleeding during concomitant use of nonselective NSAIDs and salicylates. Ibuprofen, and possibly other nonselective NSAIDs, may reduce the cardioprotective effects of aspirin. It seems prudent to avoid regular, frequent use of ibuprofen in patients receiving aspirin for its cardioprotective effects. Alternative analgesics (e.g., acetaminophen) may be a safer choice. Patients may require counseling about the appropriate timing of ibuprofen and aspirin dosing. Ibuprofen should be administered 30-120 minutes after immediate release aspirin, 2 to 4 hours after extended release aspirin, or at least 8 hours before aspirin.

Nonsteroidal Anti-Inflammatory Agents (Nonselective) Interacting Members

Aceclofenac, Acemetacin, Dexibuprofen, Dexketoprofen, Diclofenac (Systemic), Diclofenac (Topical), Diflunisal, Dipyron, Etodolac, Etofenamate, Fenoprofen*, Fluctafenine, Flurbiprofen (Systemic), Ibuprofen*, Ibuprofen (Topical), Indomethacin*, Ketoprofen, Ketorolac (Nasal), Ketorolac (Systemic), Lornoxicam, Loxoprofen, Meclofenamate*, Mefenamic Acid, Meloxicam, Nabumetone, Naproxen*, Oxaprozin, Pelubipirofen, Phenylbutazone, Piroxicam (Systemic)*, Piroxicam (Topical), Propyphenazone, Sulindac*, Tenoxicam, Tiaprofenic Acid, Tolfenamic Acid, Tolmetin*, Zaltoprofen

Salicylates Interacting Members

Aminosalicylic Acid, Aspirin*, Bismuth Subsalicylate, Choline Salicylate, Magnesium Salicylate, Salsalate, Sodium Salicylate, Triflusal

Exception

Choline Magnesium Trisalicylate

* Denotes agent(s) specifically implicated in clinical data. Unmarked agents are listed because they have properties similar to marked agents, and may respond so within the context of the stated interaction.

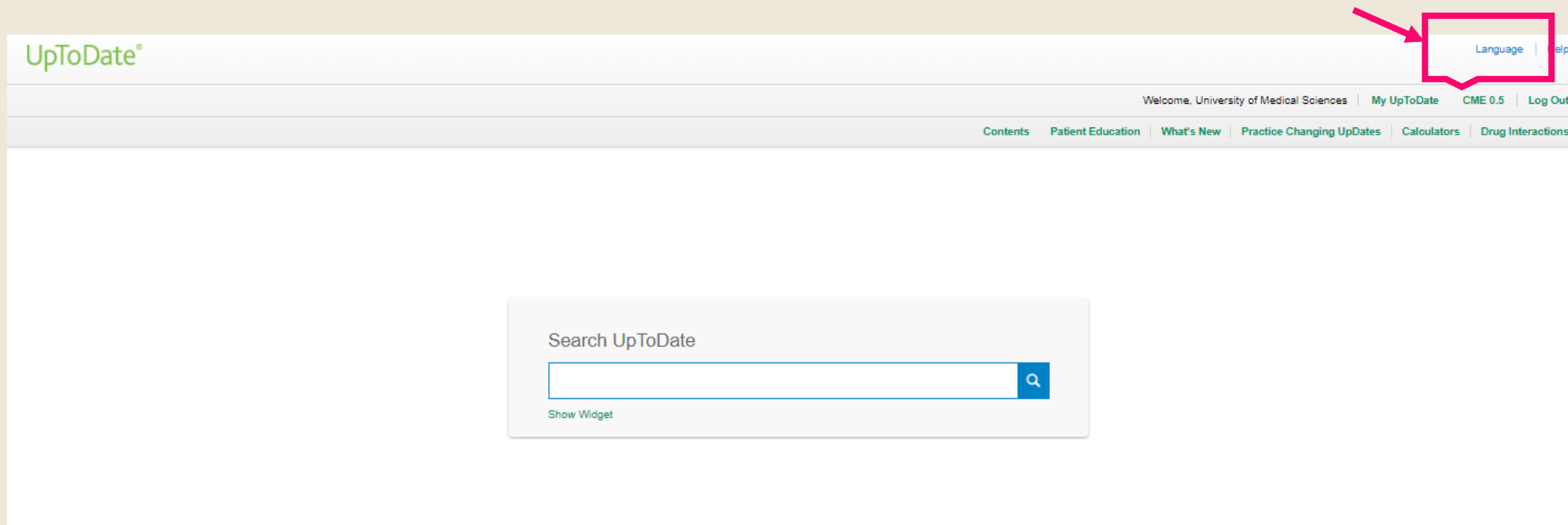
Discussion

The combination of a salicylate and an NSAID may increase the risk of gastrointestinal bleeding. Further, aspirin has been noted to decrease serum concentrations of a variety of nonsteroidal anti-inflammatory agents (NSAIDs), sometimes by more than 50% (e.g., flurbiprofen).^{1,2,3,4,5,6,7,8,9,10,11,12} The interactions appear to be of minimal clinical significance. The mechanism(s) for these interactions are likely related to the potential for aspirin to displace the NSAID from plasma protein binding sites, thus increasing the potential for its elimination. The clinical effect of this interaction may be muted by the combined effect of a relative increase in free (unbound) NSAID, and the anti-inflammatory activity of aspirin.

Finally, some data suggest that ibuprofen and naproxen may limit the cardioprotective effect of aspirin (used for secondary prevention of cardiovascular events).^{13,14,15} Other data suggest that the NSAID, alone, may provide cardioprotection, but does not enhance the protection provided by aspirin if coadministered.¹⁶ Analysis of an electronic prescription database of patients with cardiovascular disease who were taking aspirin revealed a higher frequency of cardiovascular mortality in patients also taking ibuprofen.¹⁷ A cohort study of 4,975 cases of acute myocardial infarction failed to demonstrate any clinically significant pharmacodynamic interaction between aspirin and NSAIDs on the risk of AMI.¹⁸ Both agents are cyclo-oxygenase (COX) inhibitors. COX-1 catalyzes a process that eventually produces thromboxaneA₂, a platelet agonist. Aspirin is an irreversible COX inhibitor, whereas ibuprofen (and other NSAIDs) are reversible inhibitors. It is surmised that ibuprofen may exhibit greater affinity than aspirin for the active site on the enzyme, or, if dosed regularly (or prior to aspirin) it would gain first access to the active site. In either case, aspirin inhibition of COX (irreversible) would be limited in favor of ibuprofen inhibition (reversible), thus affording reduced overall COX inhibition. Agents with greater preference for the COX-2 receptors (those associated with inflammation) would appear to be of less risk.¹⁹ A definitive understanding of this purported interaction is lacking. Caution is advised.

تغییر زبان پایگاه

برای تغییر زبان بر روی گزینه Language کلیک نمایید.




دانلود اپلیکیشن موبایل UpToDate

برای دانلود اپلیکیشن موبایل UpToDate در پایین صفحه اصلی پایگاه، گزینه Mobile Access را کلیک نمایید.

The screenshot displays the UpToDate website interface. At the top left is the UpToDate logo. The top right corner contains links for 'Language' and 'Help'. Below this is a navigation bar with 'Welcome, University of Medical Sciences', 'My UpToDate', 'CME 0.5', and 'Log Out'. A secondary navigation bar includes 'Contents', 'Patient Education', 'What's New', 'Practice Changing UpDates', 'Calculators', and 'Drug Interactions'. The main content area features a 'Search UpToDate' box with a search bar and a 'Show Widget' link. The footer section contains links for 'Subscription and License Agreement', 'Policies', and 'Support Tag' on the left, and social media icons on the right. A horizontal menu below the footer lists 'Contact Us', 'Help', 'About Us', 'UpToDate News', 'Mobile Access' (which is highlighted with a red box and a red arrow), 'Training Center', and 'Demos'. At the bottom, there are logos for 'Wolters Kluwer Health', 'Emmi', 'Facts & Comparisons', 'Lexicomp', and 'Medi-Span', followed by the 'Wolters Kluwer' logo and a copyright notice: '© 2018 UpToDate, Inc. and/or its affiliates. All Rights Reserved.'

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با ما در میان بگذارید.