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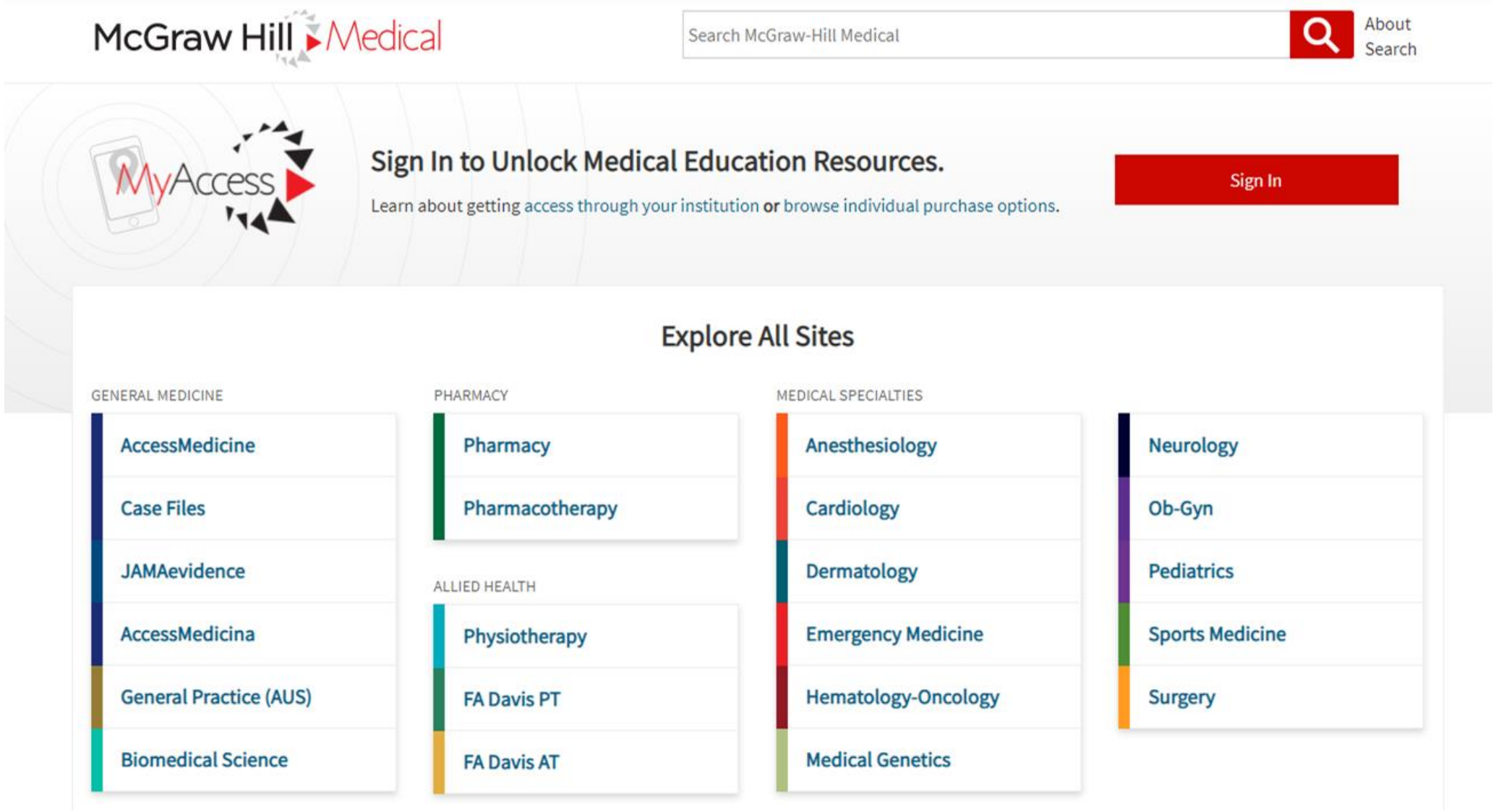

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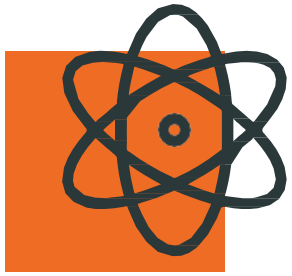

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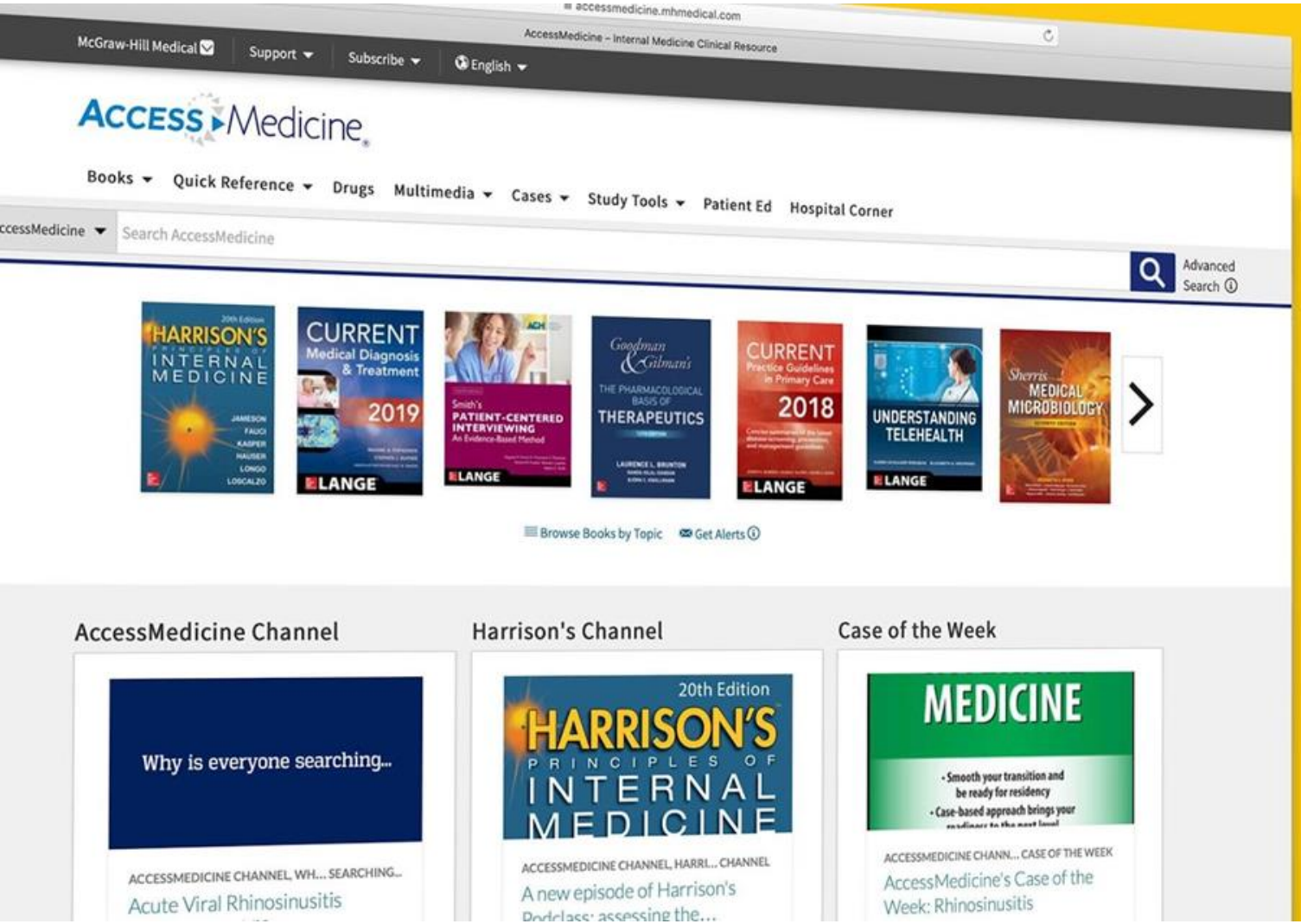

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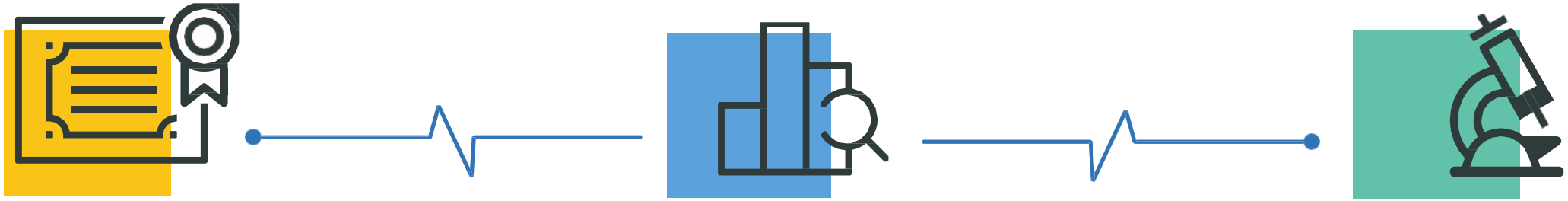

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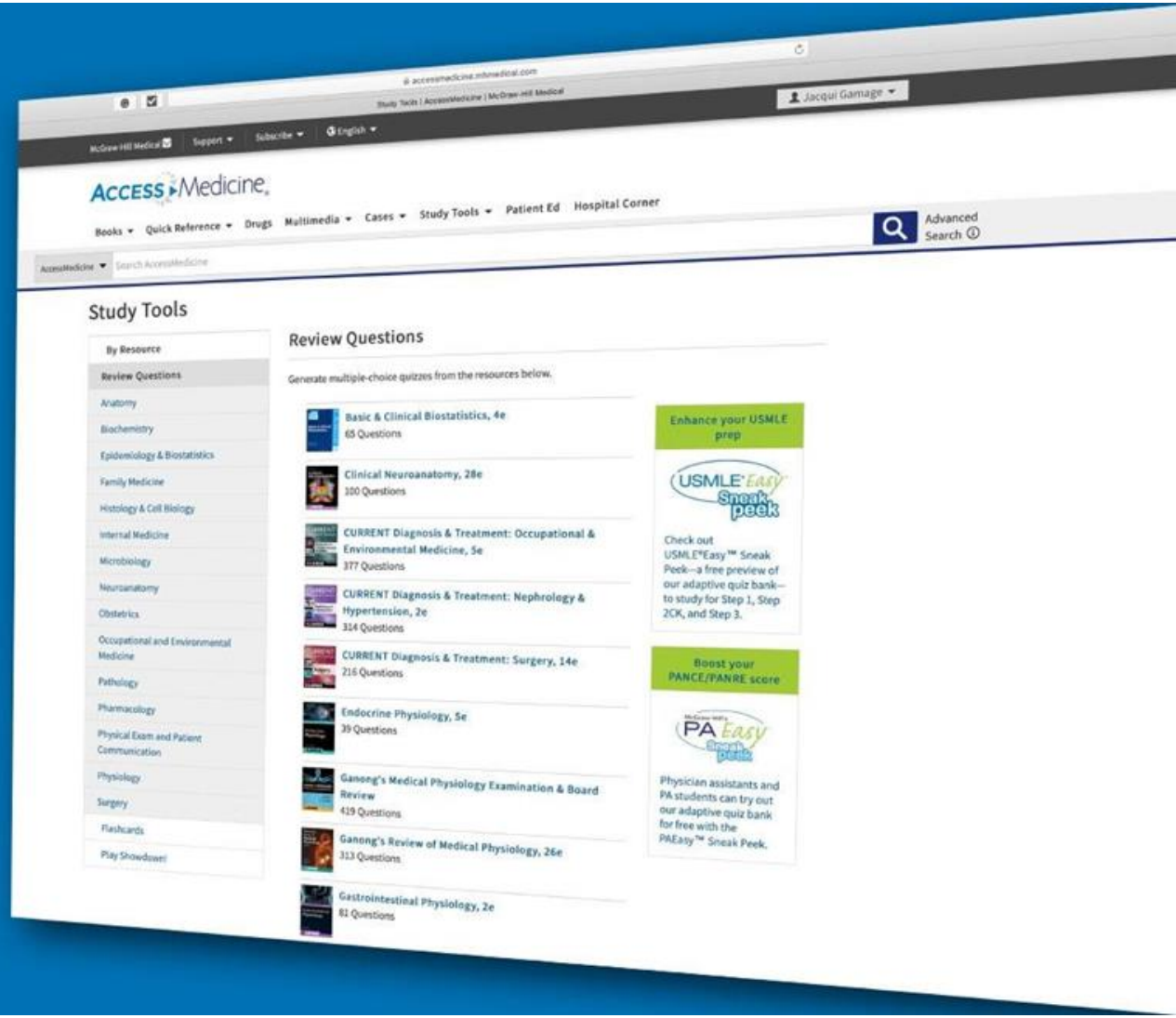

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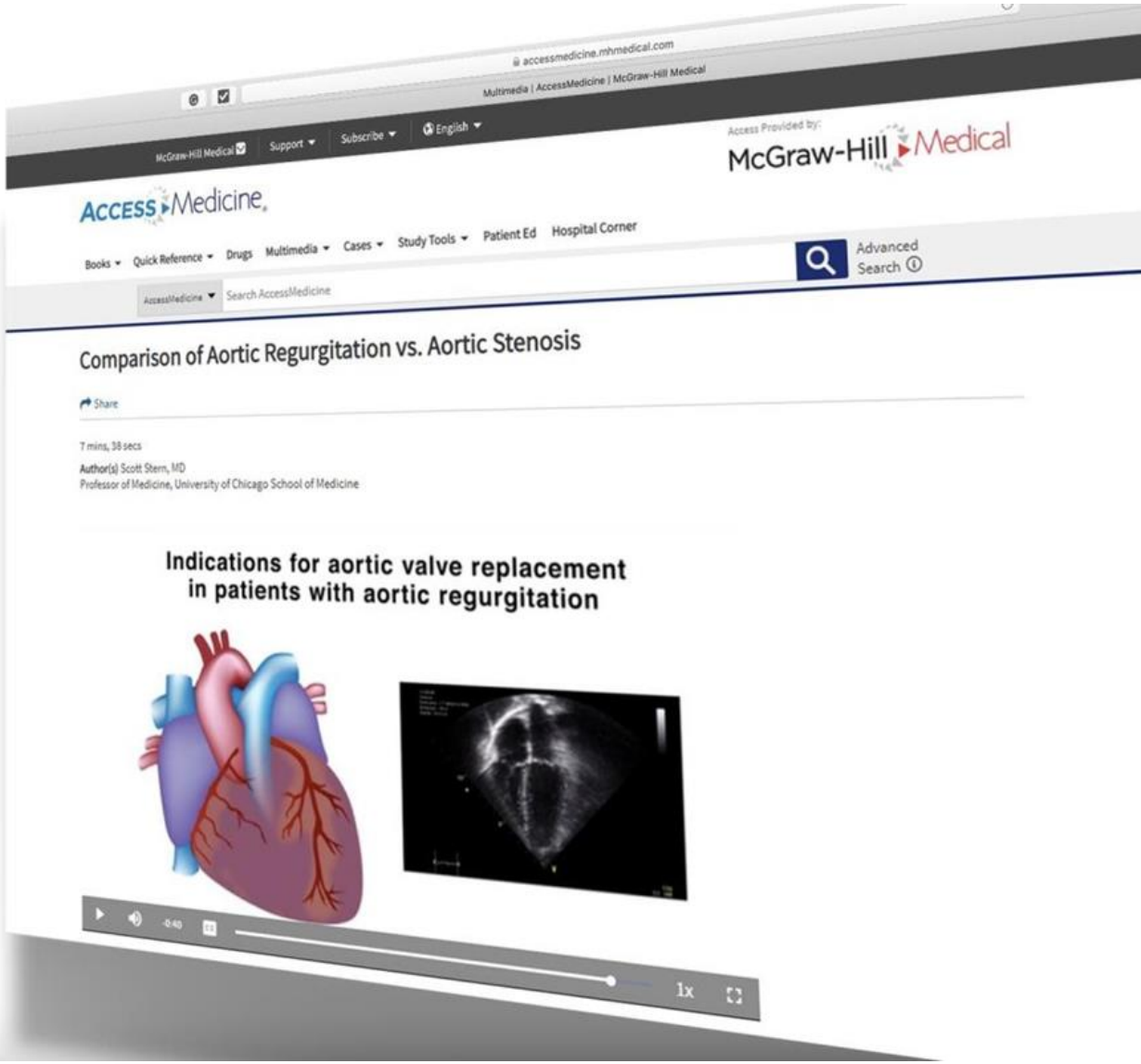

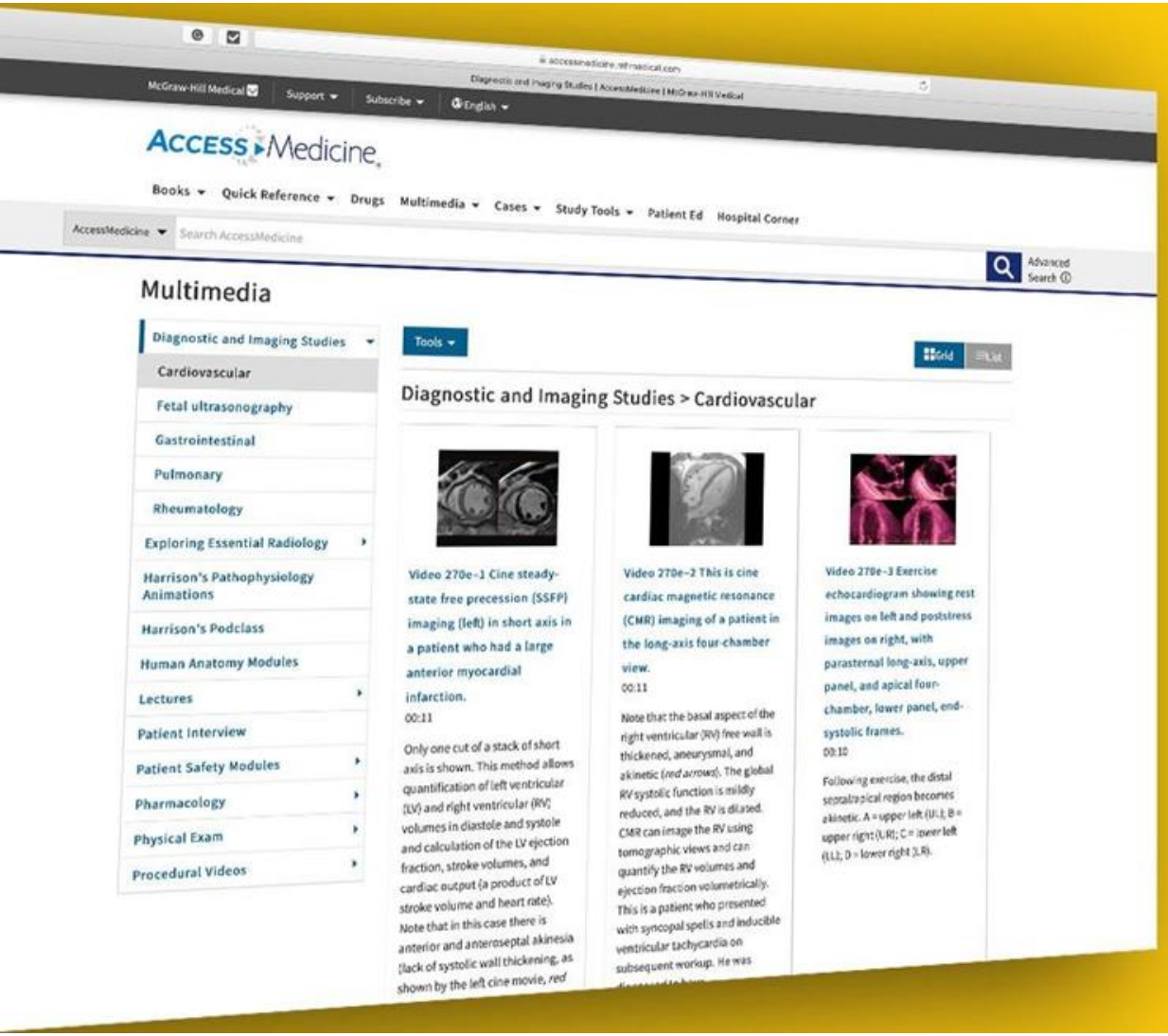

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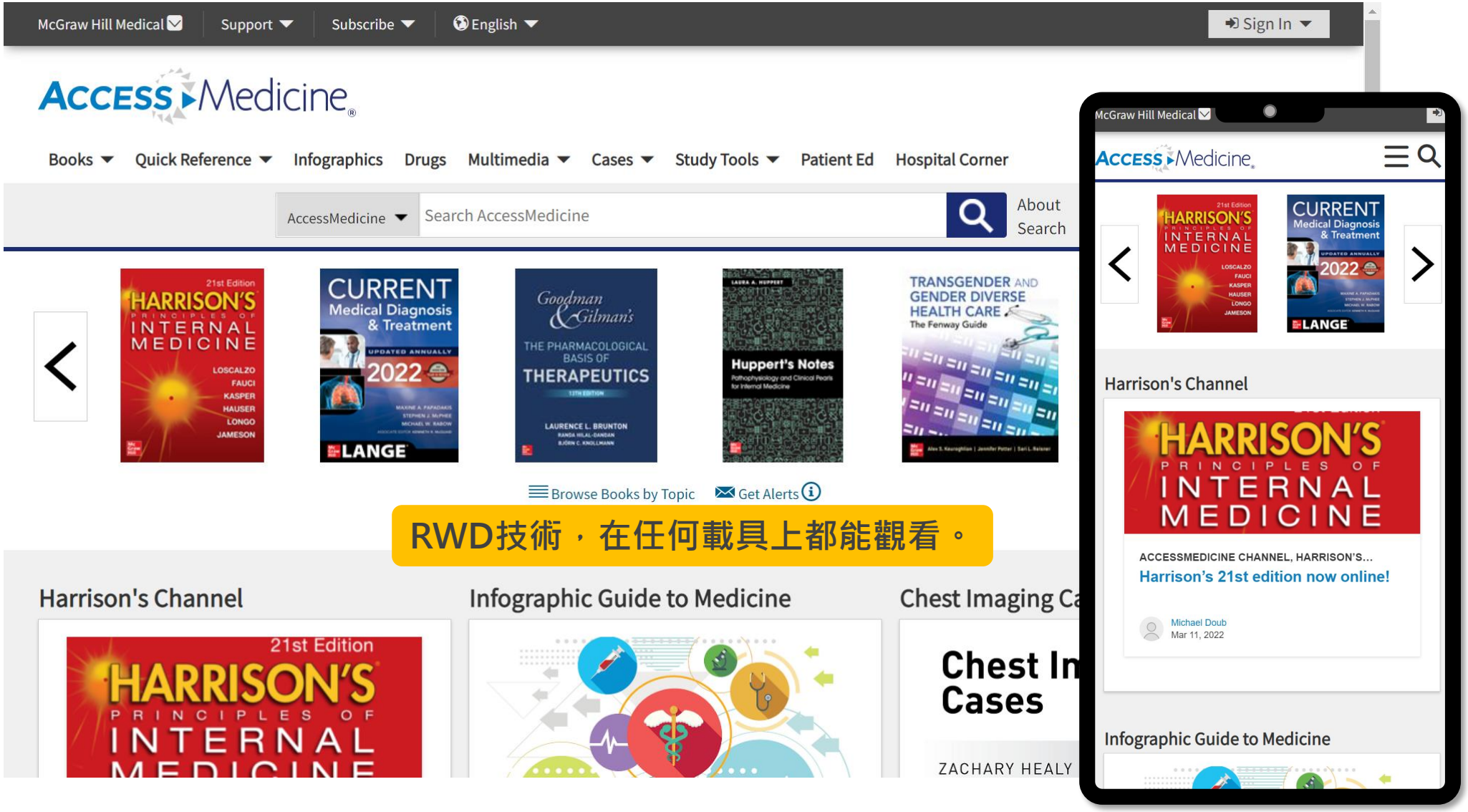
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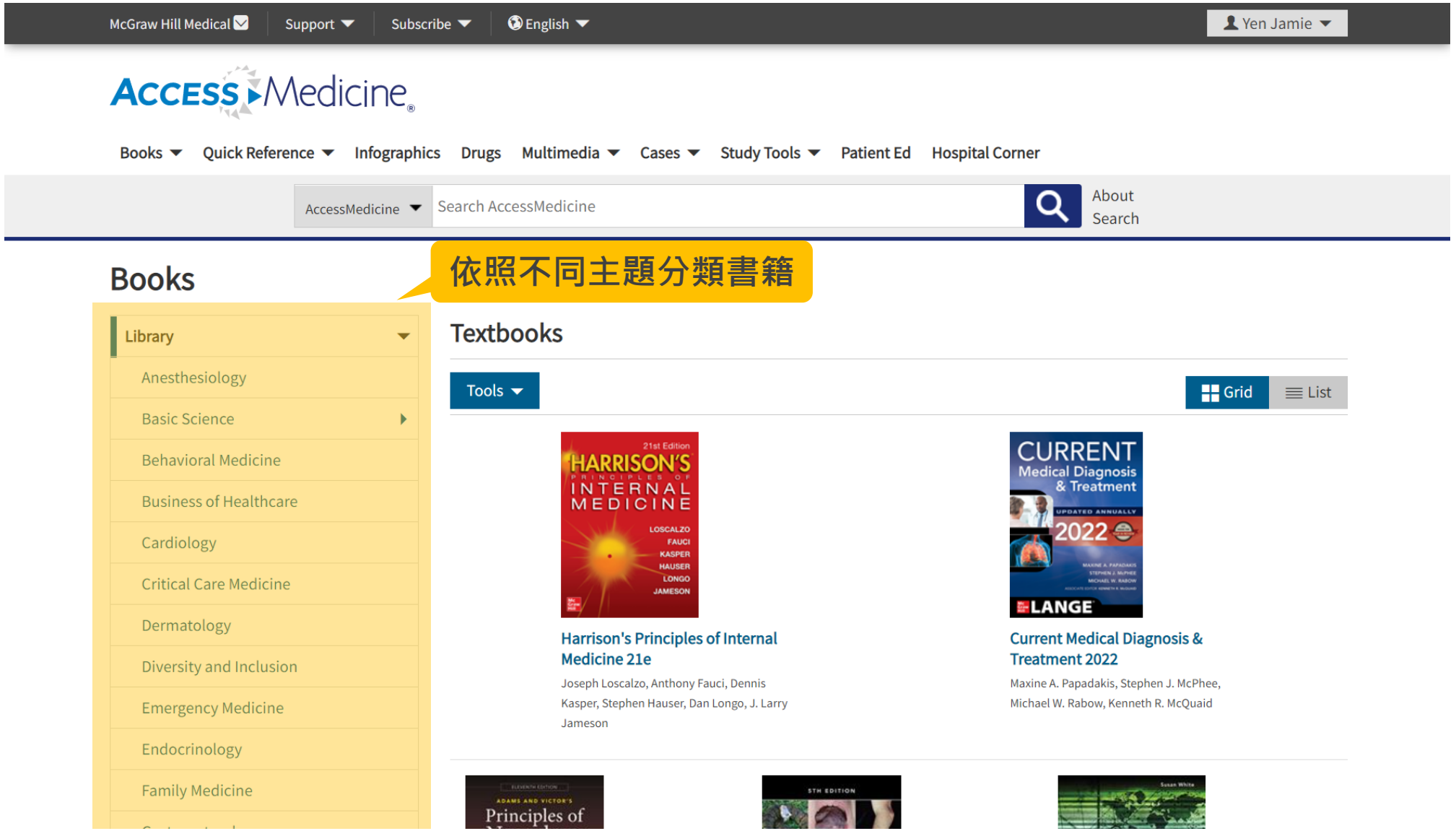

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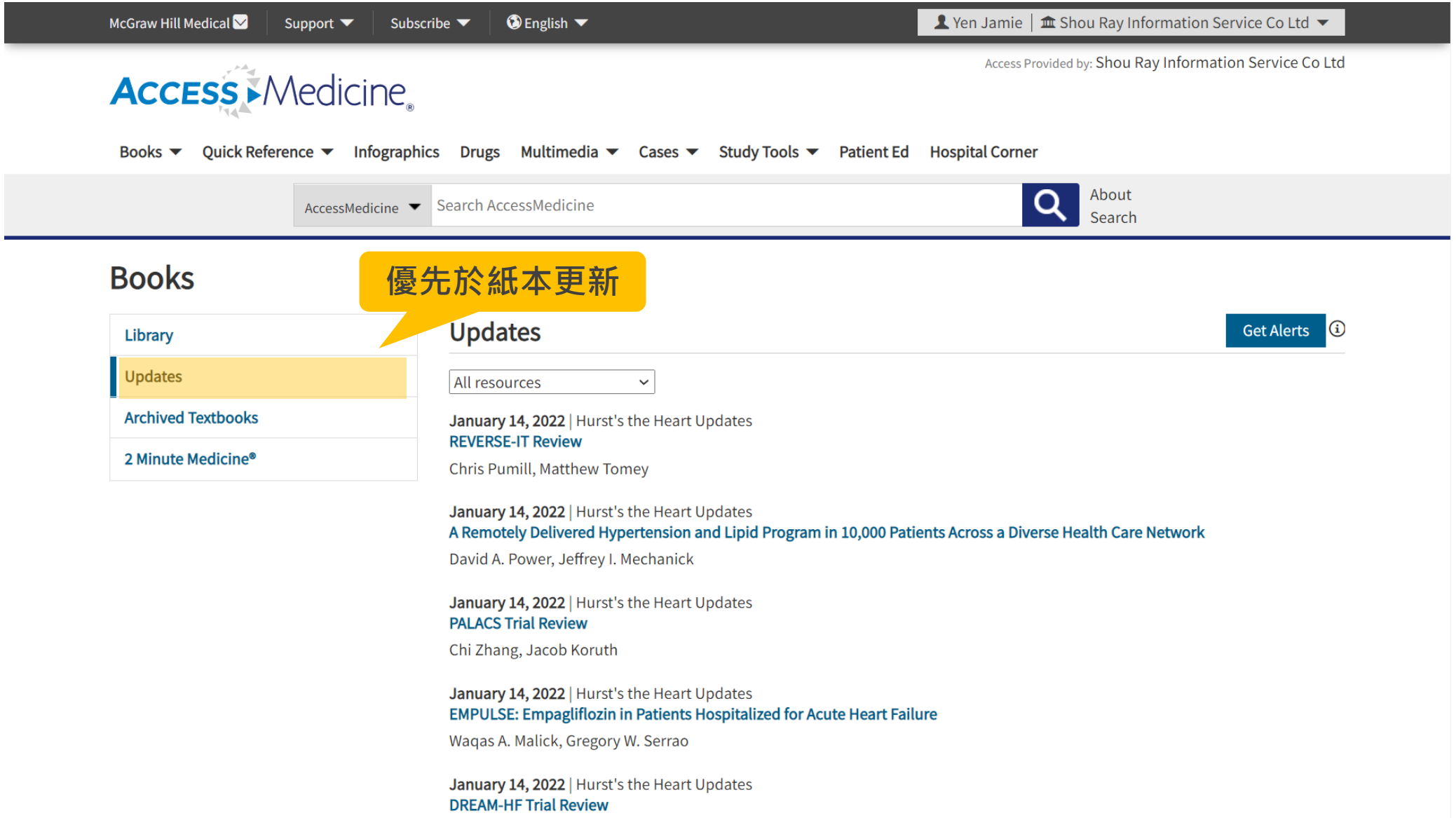

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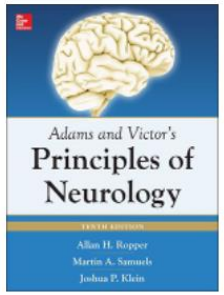

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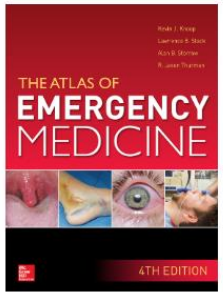

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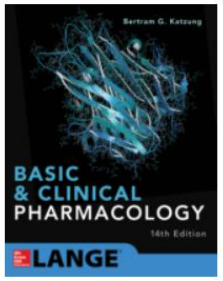

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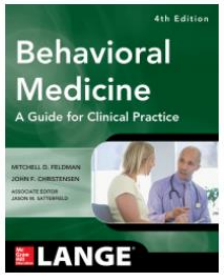

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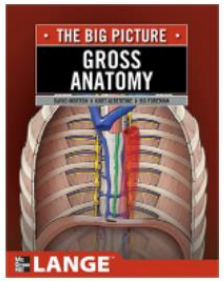

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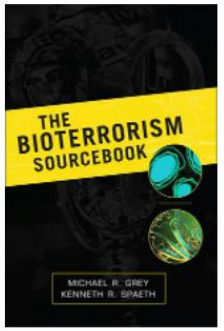

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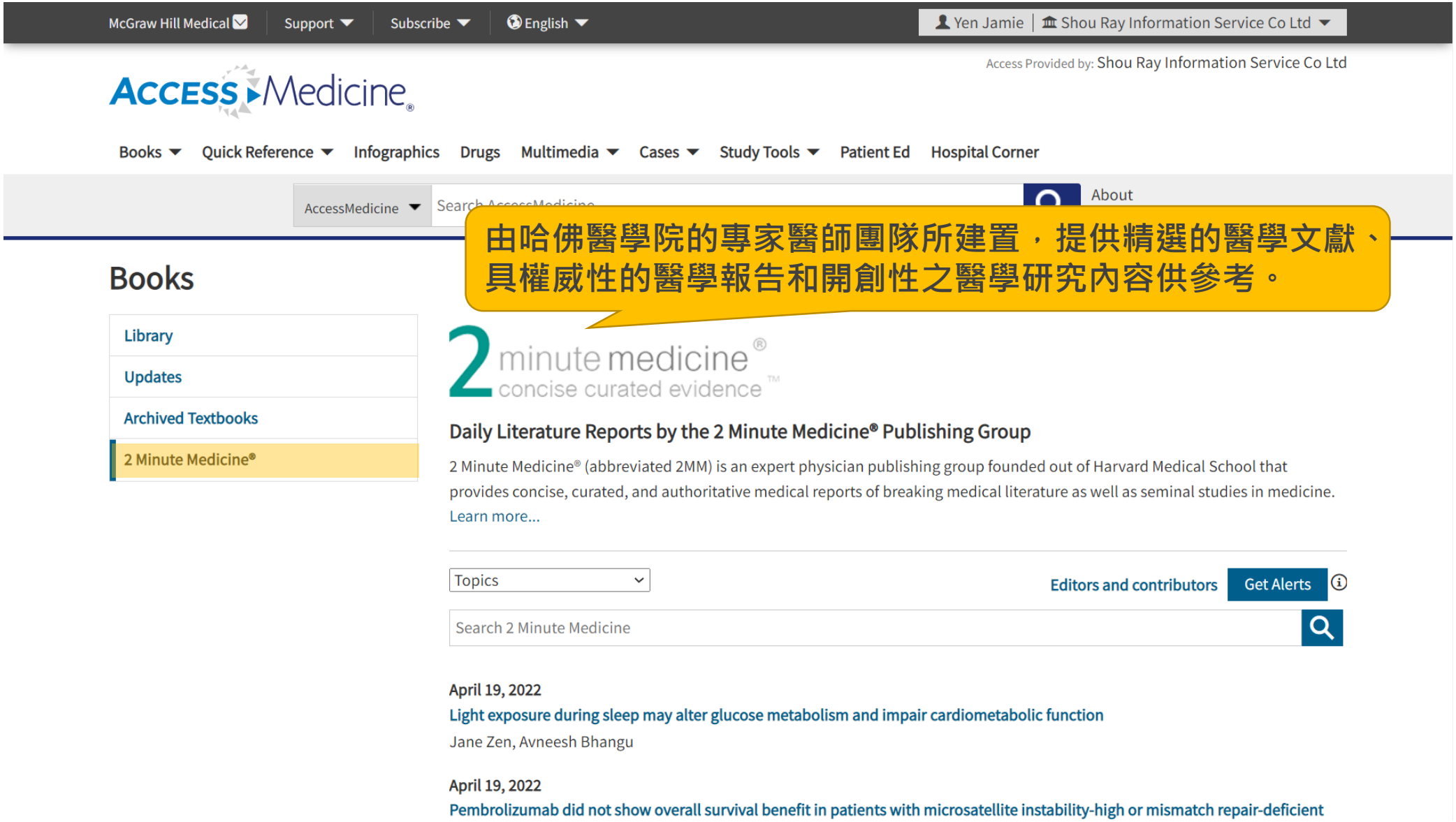

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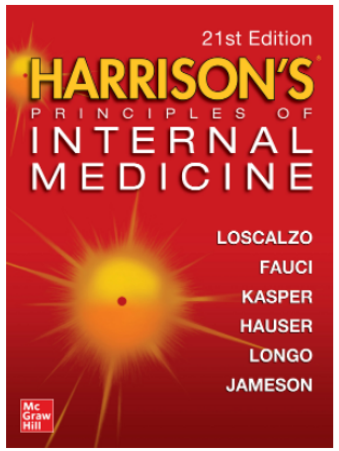

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Harrison's Principles of Internal Medicine 21e

Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson

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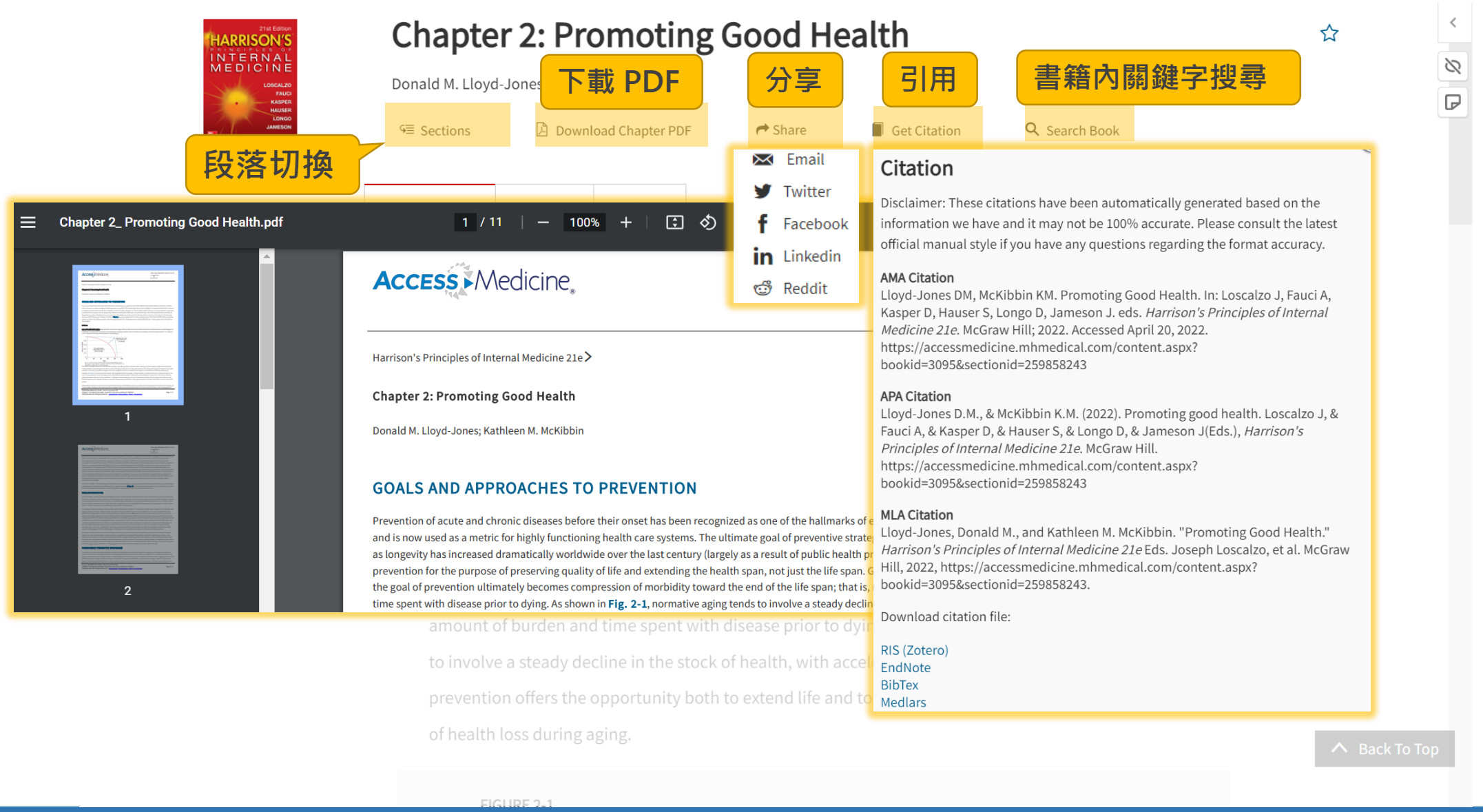

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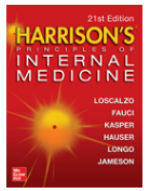

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Chapter 2: Promoting Good Health

Donald M. Lloyd-Jones; Kathleen M. McKibbin

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GOALS AND APPROACHES TO PREVENTION

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Prevention of acute and chronic diseases before their onset has been recognized as one of the hallmarks of excellent medical practice for centuries and is now used as a metric for highly functioning health care systems. The ultimate goal of preventive strategies is to avoid premature death. However, as longevity has increased dramatically worldwide over the last century (largely as a result of public health practices), increasing emphasis is placed on prevention for the purpose of preserving quality of life and extending the health span, not just the life span. Given that all patients will eventually die, the goal of prevention ultimately becomes compression of morbidity toward the end of the life span; that is, reduction of the amount of burden and time spent with disease prior to dying. As shown in Fig. 2-1, normative aging tends to involve a steady decline in the stock of health, with accelerating decline over time. Successful prevention offers the opportunity both to extend life and to extend healthy life, thus “squaring the curve” of health loss during aging.

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FIGURE 2-1

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Therapeutic and toxic effects of drugs result from their interactions with mole
drugs act by associating with specific macromolecules in ways that alter the n
or biophysical activities. This idea, more than a century old, is embodied in th
component of a cell or organism that interacts with a drug and initiates the cha
drug's observed effects.

Receptors have become the central focus of investigation of drug effects and th
(pharmacodynamics). The receptor concept, extended to endocrinology, immu
biology, has proved essential for explaining many aspects of biologic regulatio
been isolated and characterized in detail, thus opening the way to precise unde
basis of drug action.

The receptor concept has important practical consequences for the developme
at therapeutic decisions in clinical practice. These consequences form the basis
actions and clinical uses of drugs described in almost every chapter of this boo
summarized as follows:

1. **Receptors largely determine the quantitative relations between dose or
pharmacologic effects.** The receptor's affinity for binding a drug determ
drug required to form a significant number of drug-receptor complexes,
receptors may limit the maximal effect a drug may produce.

2. **Receptors are responsible for selectivity of drug action.** The molecular s
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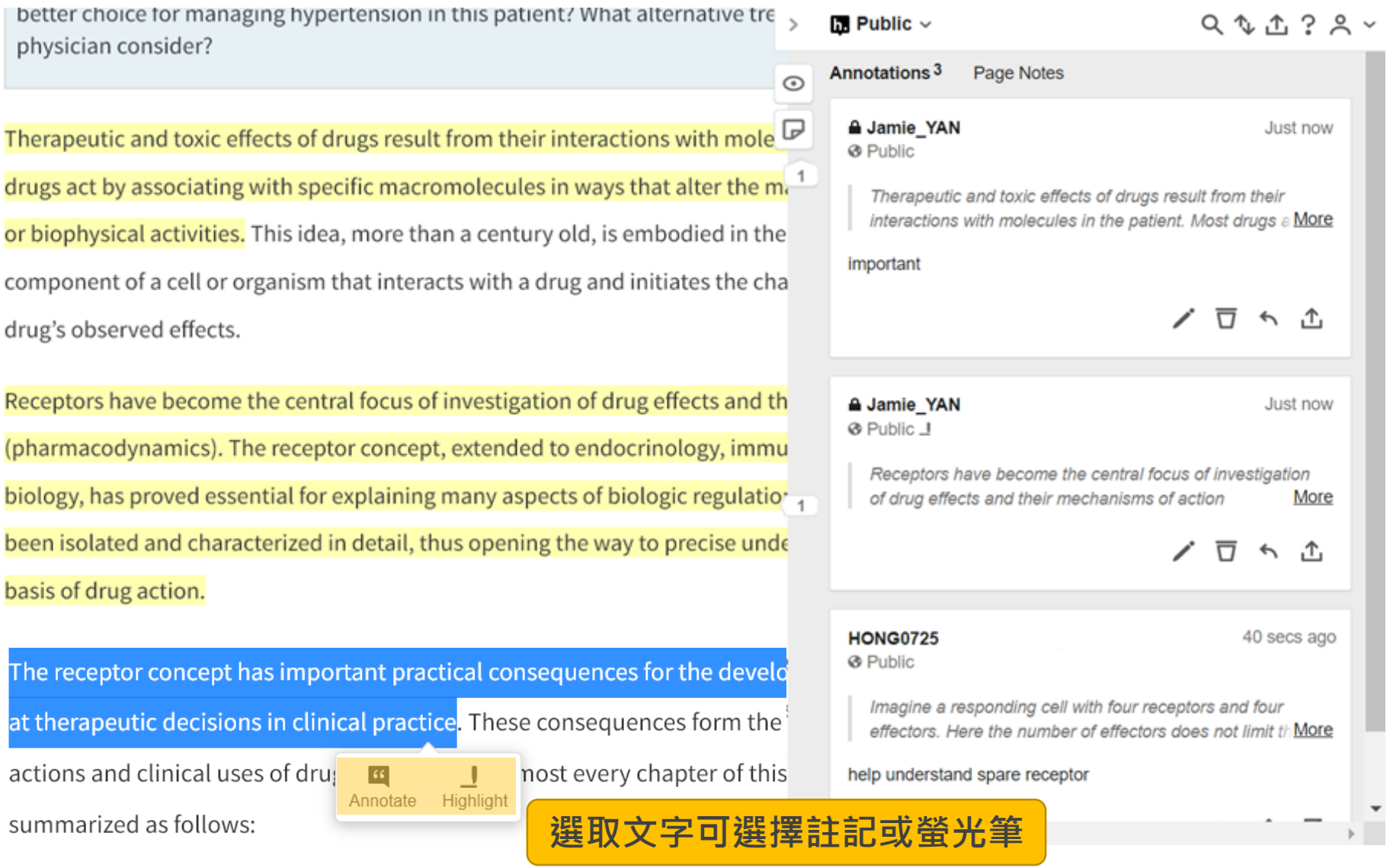

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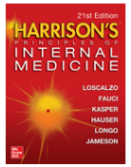

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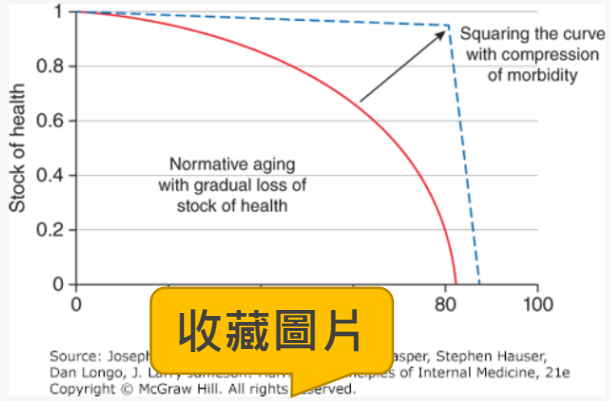
FIGURE 2-1

Loss of health with aging. Representation of normative aging with loss of the full stock of health with which individuals are born (indicating gain of morbidity), contrasted with a squared curve with greater longevity and fuller stock of health (less morbidity) until shortly before death. The "squared curve" represents the likely ideal situation for most patients.



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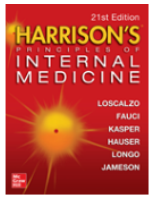

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TABLE 2-1

Guidelines and Key Recommendations from the *Dietary Guidelines for Americans*, 2020–2025

GUIDELINES	KEY RECOMMENDATIONS
1. Follow a healthy dietary pattern at every life stage. For the first 6 months of life, infants should exclusively be fed human milk, or iron-fortified formula if human milk is unavailable. From 6 to 12 months, infants should be introduced to a variety of complementary nutrient-dense foods. From 12 months to older adulthood, the dietary pattern should meet nutrient needs, help achieve a healthy body weight, and reduce the risk of chronic disease. **2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.** The Dietary Guidelines provide a framework of several dietary patterns intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States. **3. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.** Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits. **4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.** At every life stage, meeting food group recommendations, even with nutrient-dense choices, fulfills most of a person's daily calorie needs and sodium limits, with little room for extra added sugars, saturated fat, or sodium, or for alcoholic beverages.	**The Dietary Guidelines' Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others. They are also intended as a framework to accommodate personal preferences, cultural traditions, and budgetary considerations.** **Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits to achieve a healthy weight and reduce the risk of chronic disease.** **The core elements that make up a healthy dietary pattern include:** • Vegetables of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables • Fruits, especially whole fruit • Grains, at least half of which are whole grain • Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives • Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products • Oils, including vegetable oils and oils in food, such as seafood and nuts **A healthy eating pattern limits:** • Added sugars—Less than 10% of calories per day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.

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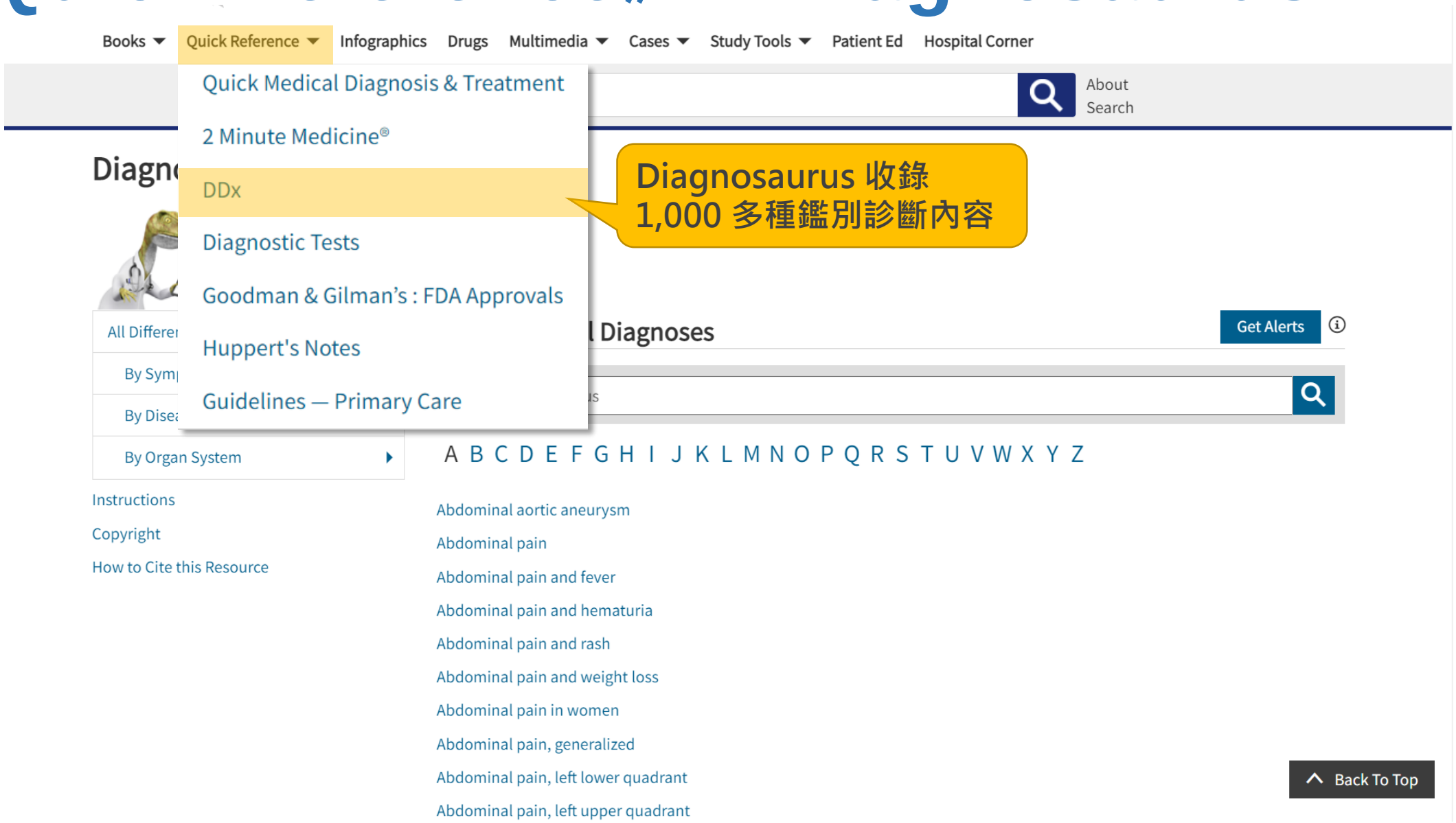

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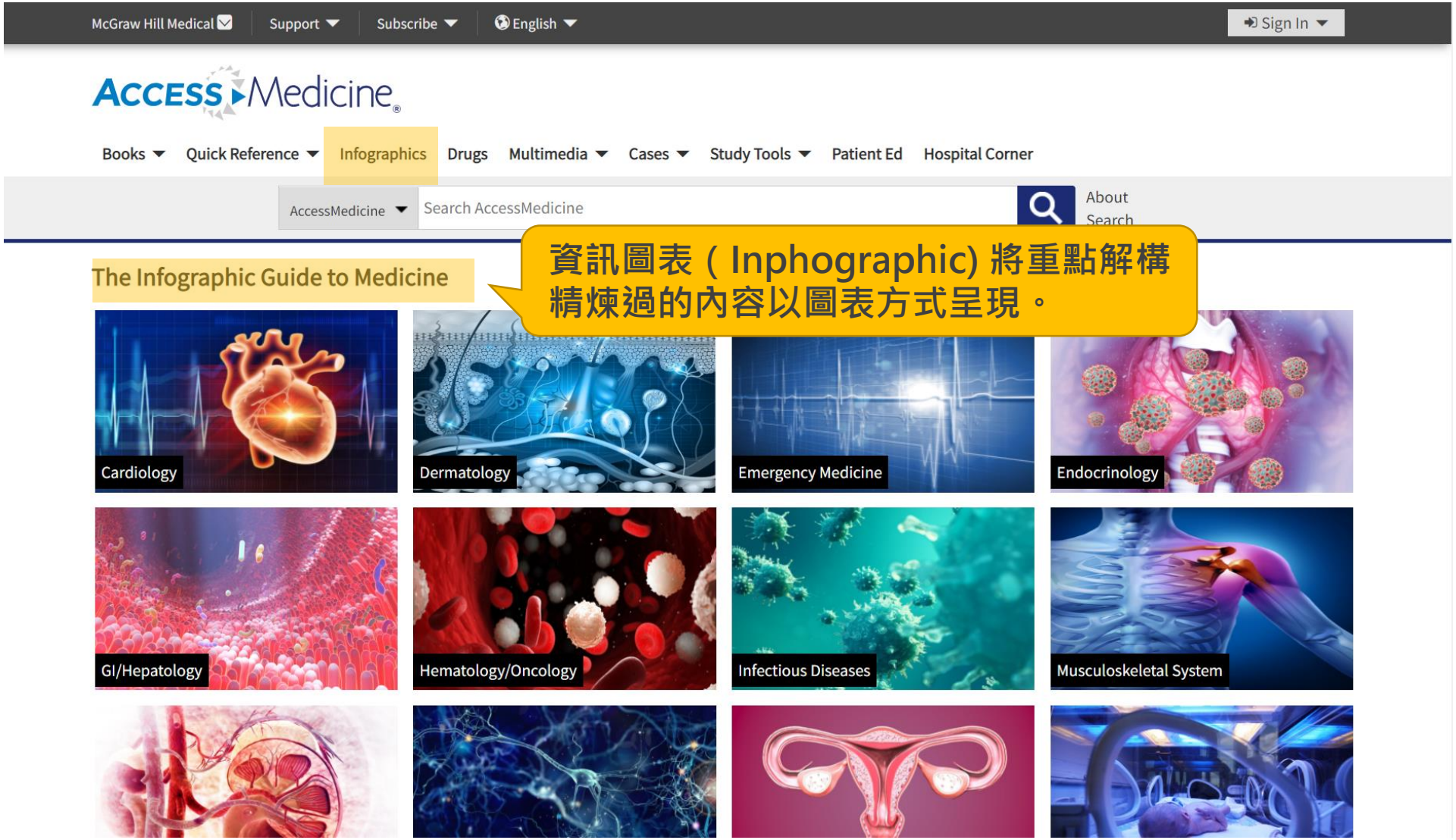

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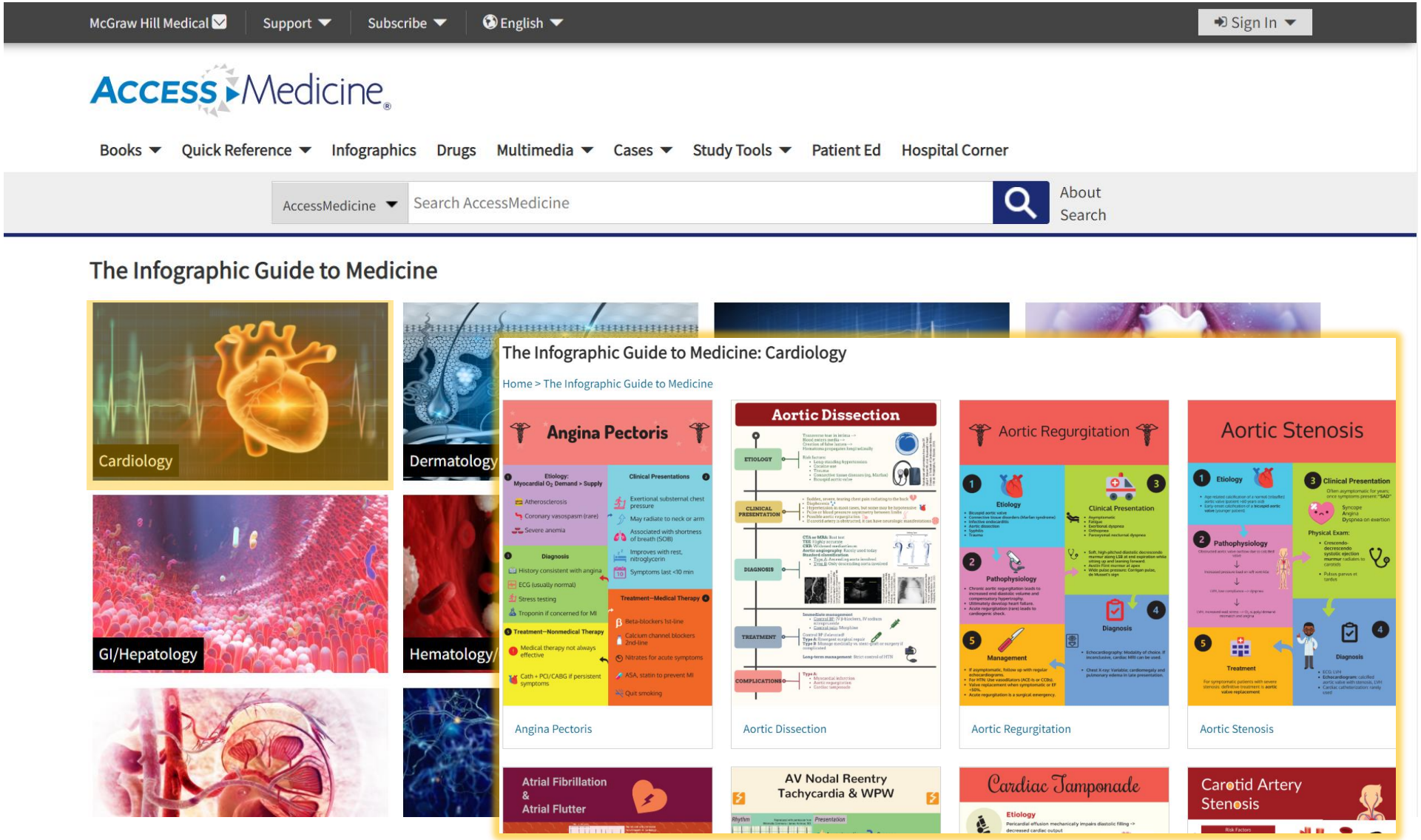

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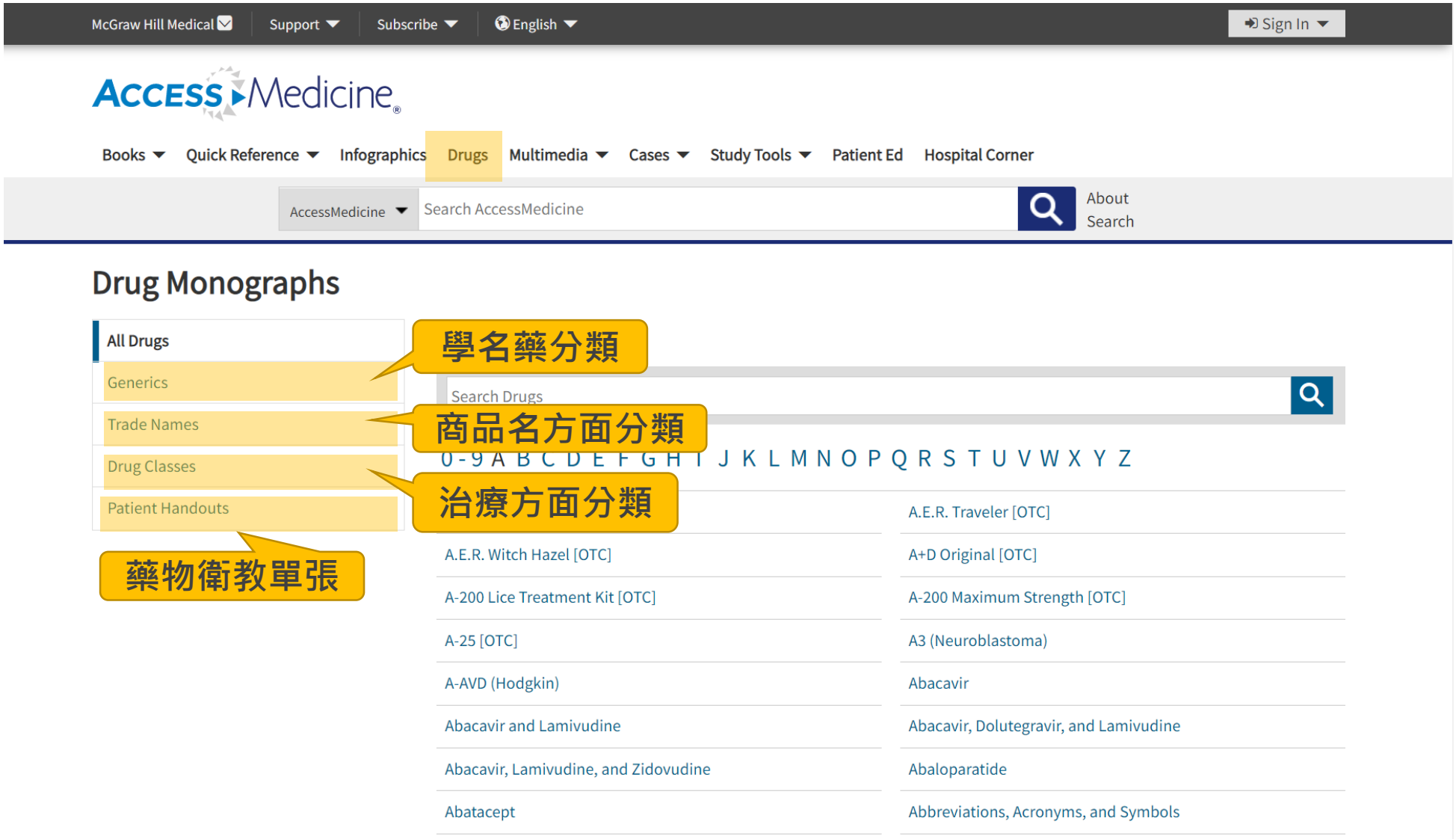

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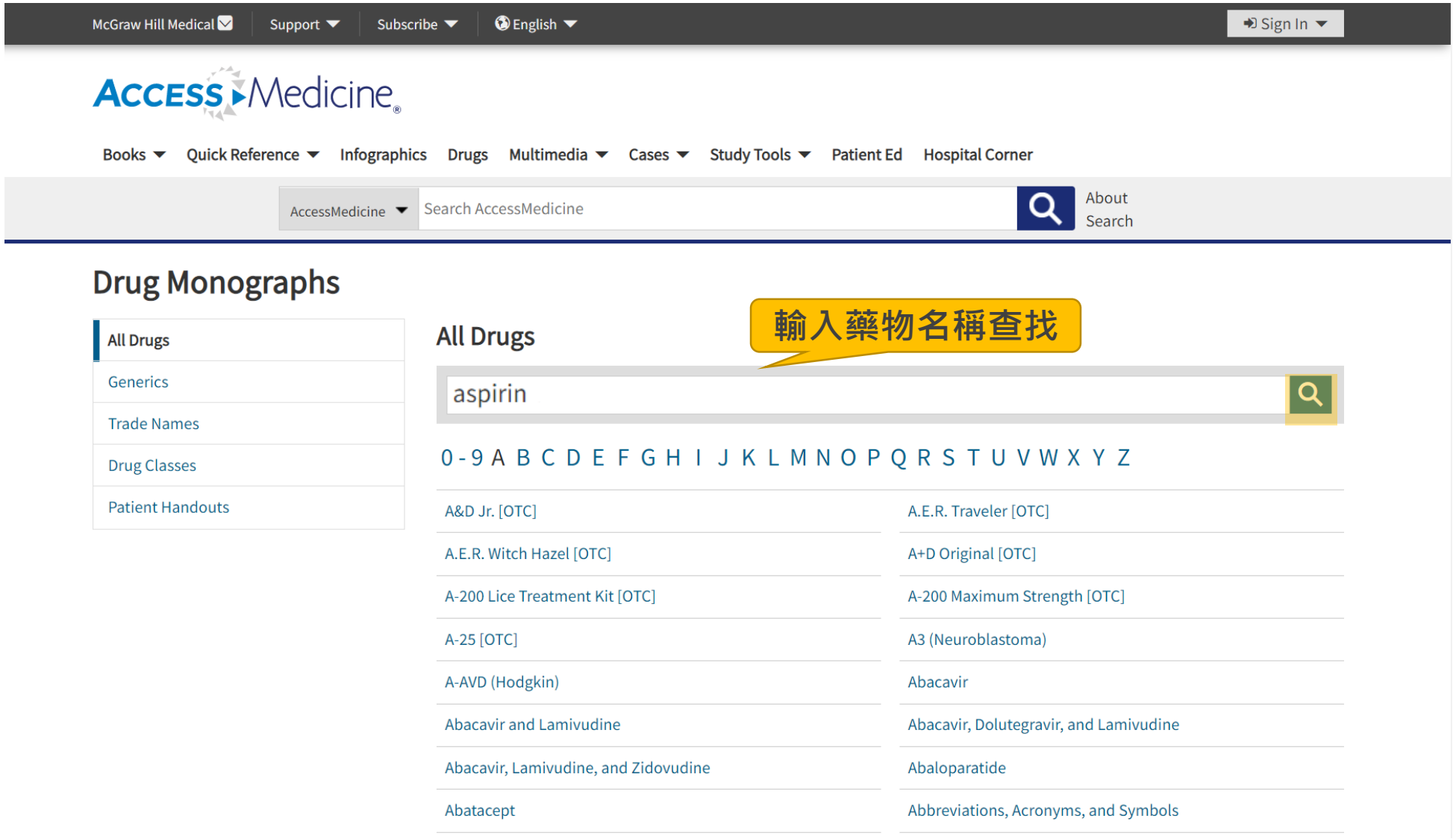

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Clinical Pharmacology
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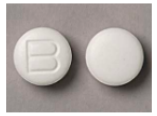 Formulation Details	Bufferin [GLAXO CONSUMER HEALTHCARE L.P.] 325 mg
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Name
Aspirin

Pronunciation

(AS pir in)

提供藥物的介紹，包括藥物的分類、別名、作用機轉、藥物動力學、用藥須知、劑量、藥物交互作用、禁忌、副作用、分子結構等相關藥物資訊，部份藥物有提供圖片。

Brand Names: US

- Ascriptin Maximum Strength [OTC]
- Ascriptin Regular Strength [OTC]

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Aspirin

Print Section

Name
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Pronunciation

(AS pir in)

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- Ascriptin Regular Strength [OTC]
- Aspercin [OTC]
- Aspergum [OTC]
- Aspir-low [OTC]
- Aspirtab [OTC]
- Bayer Aspirin Extra Strength [OTC]
- Bayer Aspirin Regimen Adult Low Strength [OTC]
- Bayer Aspirin Regimen Children's [OTC]
- Bayer Aspirin Regimen Regular Strength [OTC]
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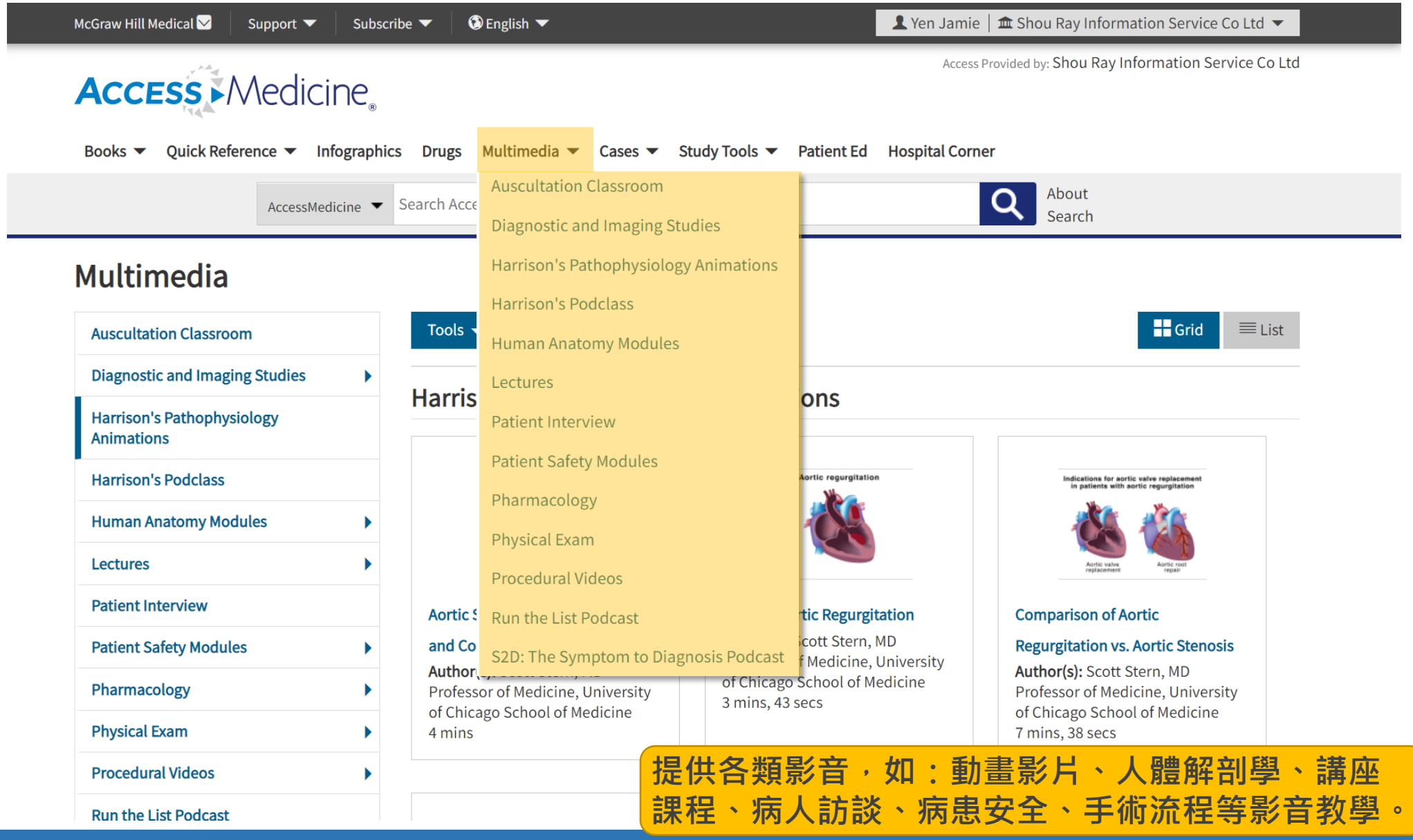

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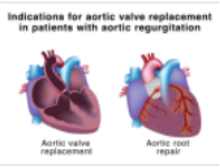
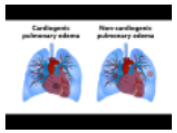
Harrison's Pathophysiology Animations

Aortic Stenosis Pathophysiology and Compensation

Author(s): Scott Stern, MD
Professor of Medicine, University of Chicago School of Medicine
4 mins





Comparison of Cardiogenic and Non-Cardiogenic Pulmonary Edema

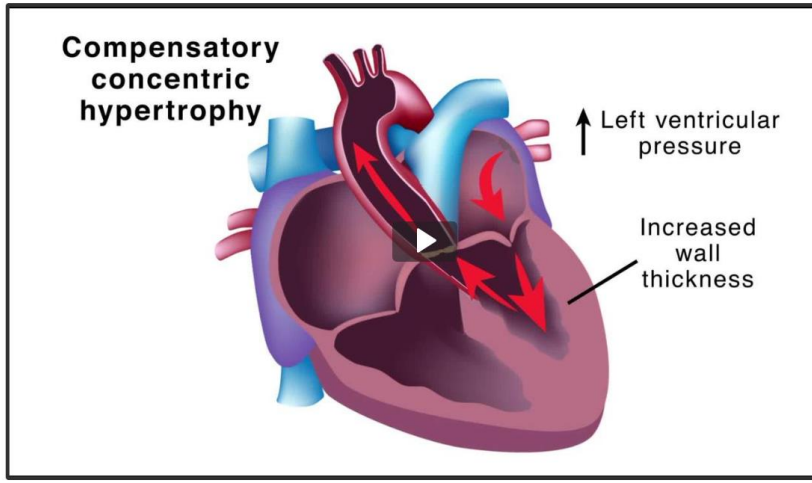
Author(s): Scott Stern, MD
Professor of Medicine, University

Professor of Medicine, University of Chicago School of Medicine

Professor of Medicine, University of Chicago School of Medicine
5 mins, 6 secs

4 mins

Author(s) Scott Stern, MD
Professor of Medicine, University of Chicago School of Medicine



Transcript

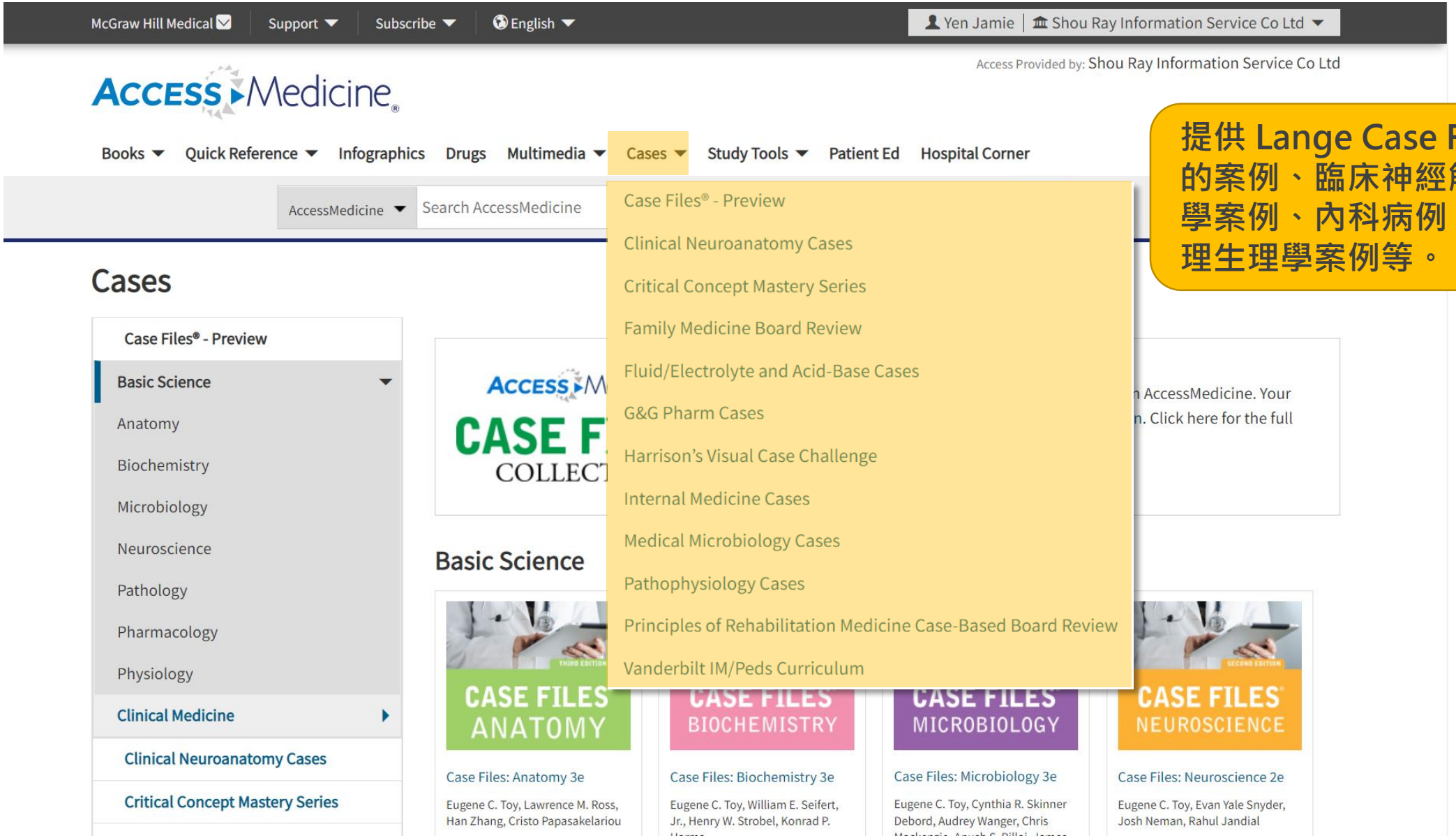
Harrison's High-Yield Pathophysiology Animations: Aortic Stenosis Pathophysiology and Compensation

Harrison's Master Modern Medicine Aortic stenosis is a common valve disease that most frequently occurs with advanced age, although it may also result from bicuspid aortic valves or rheumatic heart disease. Aortic stenosis causes obstruction to left ventricular outflow with subsequent increased cardiac workload but reduced cardiac output. A complex series of cellular events forms the underlying pathophysiology of the condition, and once stenosis sets in, it triggers a number of compensatory changes.

Here, we will touch upon the pathophysiology of aortic stenosis, the compensatory responses, decompensation and cardinal manifestations. A number of cellular changes accompany the development of aortic stenosis. First, aortic valve myofibroblasts are triggered to differentiate into osteoblasts. The osteoblasts produce bone matrix

Cases

Cases



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Authors: Eugene C. Toy; Lawrence M. Ross; Han Zhang; Cristo Papasakelariou

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臨床案例描述

Listen

A 59-year-old man complains of tight chest pressure and shortness of breath after lifting several boxes in his garage approximately 2 h ago. He perceives that his heart is skipping beats. His medical history is significant for hypertension and cigarette smoking. On examination, his heart rate is 55 beats/min and regular, and his lungs are clear to auscultation. An electrocardiogram shows bradycardia with an increased PR interval and ST-segment elevation in multiple leads including the anterior leads, V1 and V2.

Questions

What is the most likely diagnosis?

What anatomical structures are most likely affected?

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Questions

What is the most likely diagnosis?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

儲存作答結果

Save Answers | Show Answers

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Cases — Case

Questions

What is the most likely diagnosis?

Myocardial infarction

What anatomical structures are most likely affected?

Right coronary artery and left anterior descending artery

Answer to Case 16: Coronary Artery Disease

Summary: A 59-year-old hypertensive male smoker has a 2-h history of tight chest pressure, shortness of breath, and palpitations after exertion. His heart rate is 55 beats/min and regular. The electrocardiogram (ECG) shows bradycardia, first-degree heart block, and ST-segment elevation in leads V1 and V2.

- **Most likely diagnosis:** Myocardial infarction
- **Anatomical structures likely affected:** Right coronary artery and left anterior descending artery

Clinical Correlation

This patient's 2-h history of worsening chest pain, dyspnea, and palpitations after physical exertion is classic for a myocardial infarction. The pain of angina due to the myocardial ischemia is typically deep, visceral, and squeezing in nature, like an "elephant stepping on the chest." It frequently radiates to the neck or left arm. This patient's risk factors include hypertension and tobacco use. The ECG (ST-segment elevation) is highly suspicious for myocardial infarction. Leads V1 and V2 are used to evaluate the anterior portion of the heart, which is supplied by the left anterior descending artery. Bradycardia and first-degree heart block (increased PR interval) indicate right coronary artery disease.

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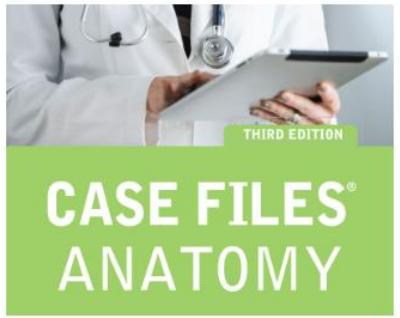

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Coronary Artery Disease

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學習目標

Objectives

1. Be able to describe the course and areas of the heart supplied by the right and left coronary arteries, respectively
2. Be able to describe the venous drainage of the heart
3. Be able to describe the arterial supply and venous drainage of the pericardial sac

名詞定義

Definitions

ANGINA: Chest pain classically described as pressure or squeezing indicative of coronary artery insufficiency and cardiac ischemia

ISCHEMIA: Inadequate blood supply and oxygen delivery to tissue

PALPITATIONS: Pulsations of the heart perceptible by a patient that are usually irregular and increased in force

BRADYCARDIA: Heart rate no higher than 60 beats/min

Discussion

The **heart** receives its **arterial blood supply** from the **first branches of the ascending aorta,** the **right and left coronary arteries.** The right and left arteries arise from the aorta at the aortic sinuses, the pockets formed by the right and left cusps of the aortic valve, respectively. Each artery will supply portions of the atria and ventricles.

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案例重點

- In a balanced coronary circulation as described above, the conduction system nodes of the heart (SA and AV nodes) are typically supplied by the RCA.
- In a balanced coronary circulation, the anastomoses between branches of the RCA and LCA occur at the posterior coronary and posterior interventricular grooves.
- Most cardiac veins drain into the coronary sinus, which opens into the right atrium adjacent to the opening of the IVC.

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參考文獻

Gilroy AM, MacPherson BR, Ross LM. *Atlas of Anatomy*, 2nd ed. New York, NY: Thieme Medical Publishers; 2012:96–97.

Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*, 7th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2014:144–148, 154–157.

Netter FH. *Atlas of Human Anatomy*, 6th ed. Philadelphia, PA: Saunders; 2014: plates 215–216.

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測驗題

Questions

Question 1 of 4

16.1 As a cardiologist, you are concerned about blockage of the artery to the SA node in a patient. This artery typically arises from which of the following?

- ○ **A** RCA
- ○ **B** Right marginal artery
- ○ **C** Posterior interventricular artery
- ○ **D** Anterior interventricular artery
- ○ **E** Circumflex artery

Submit & View Answer | Submit & View Next Question

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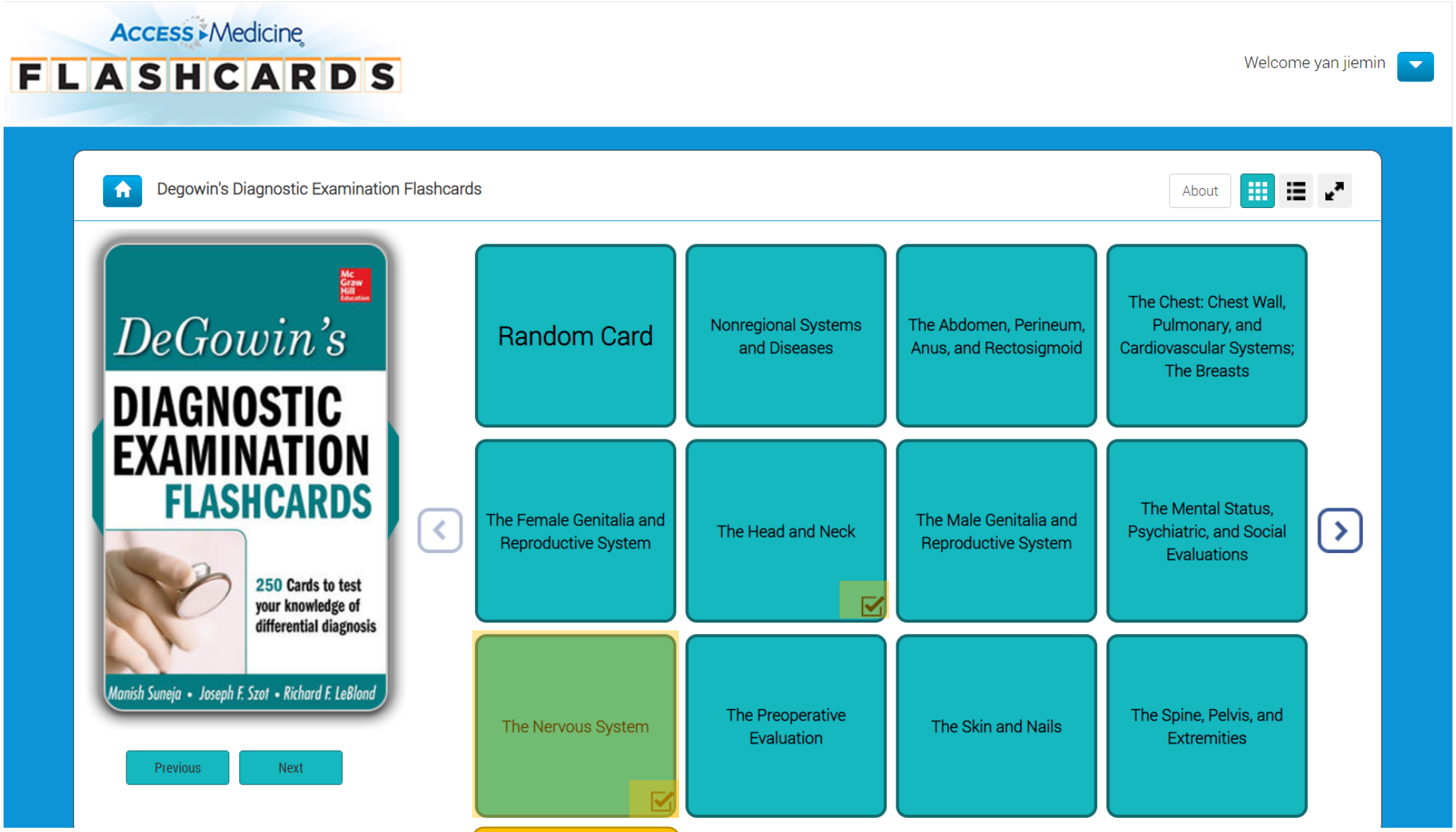

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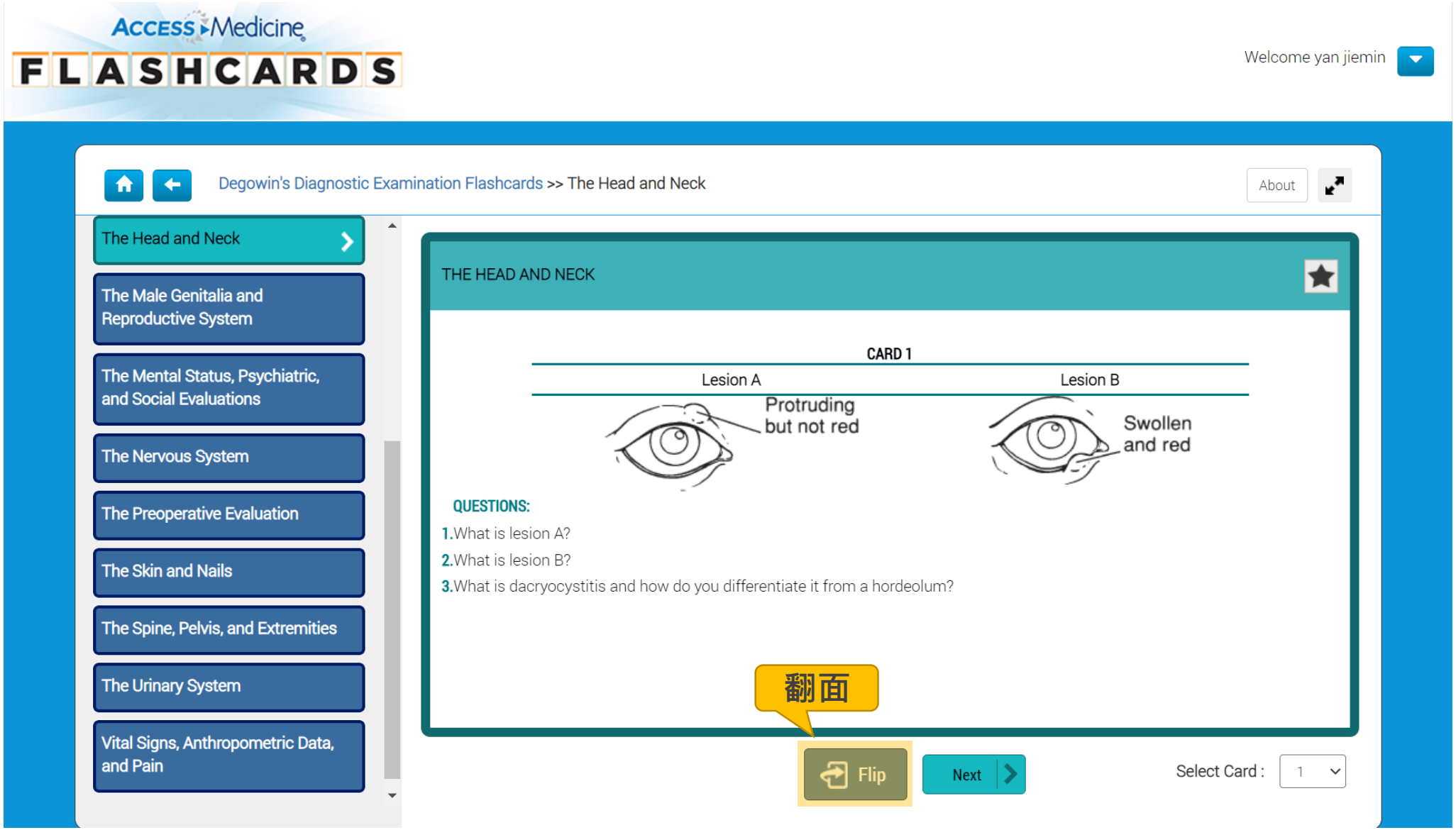

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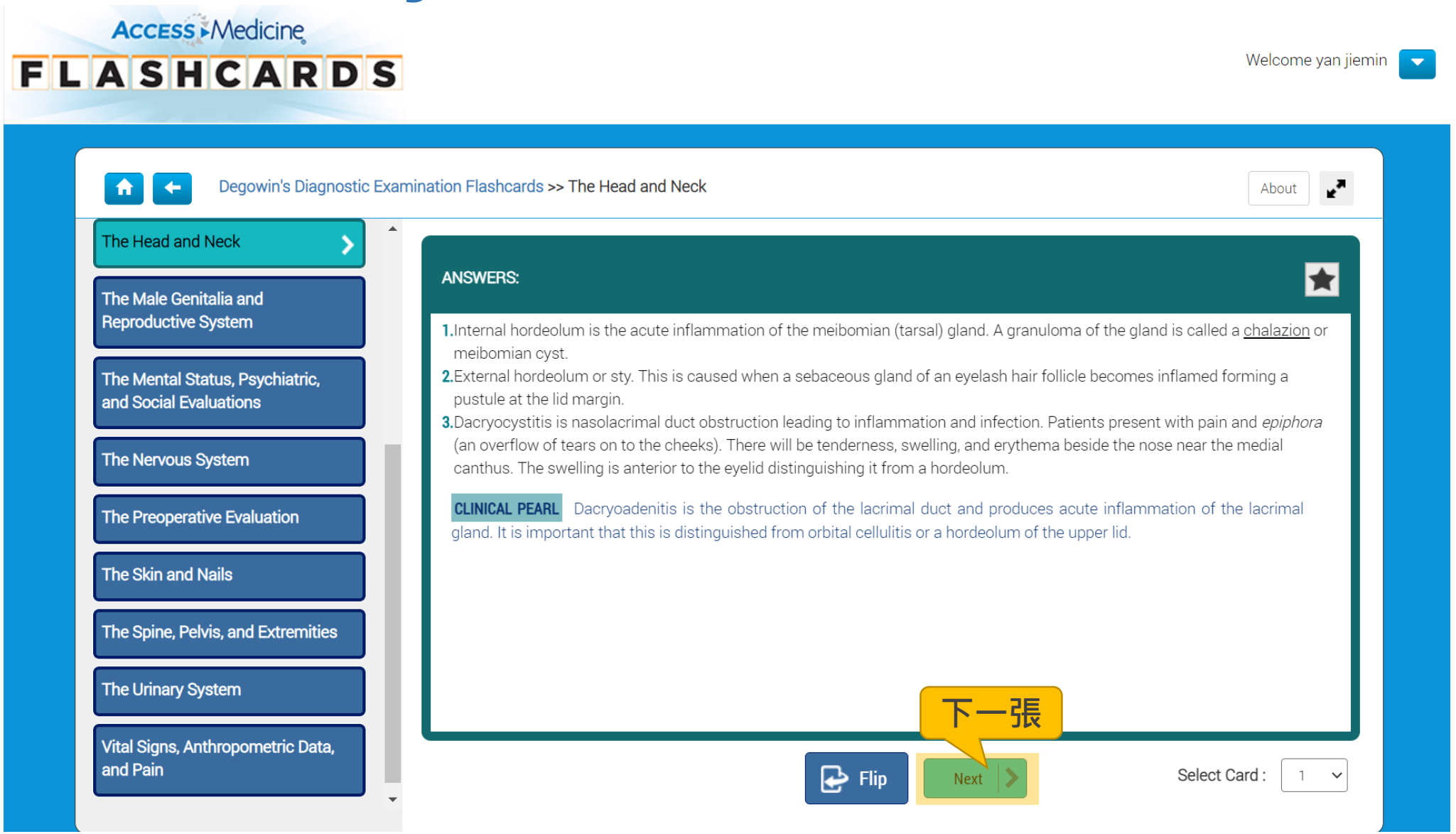

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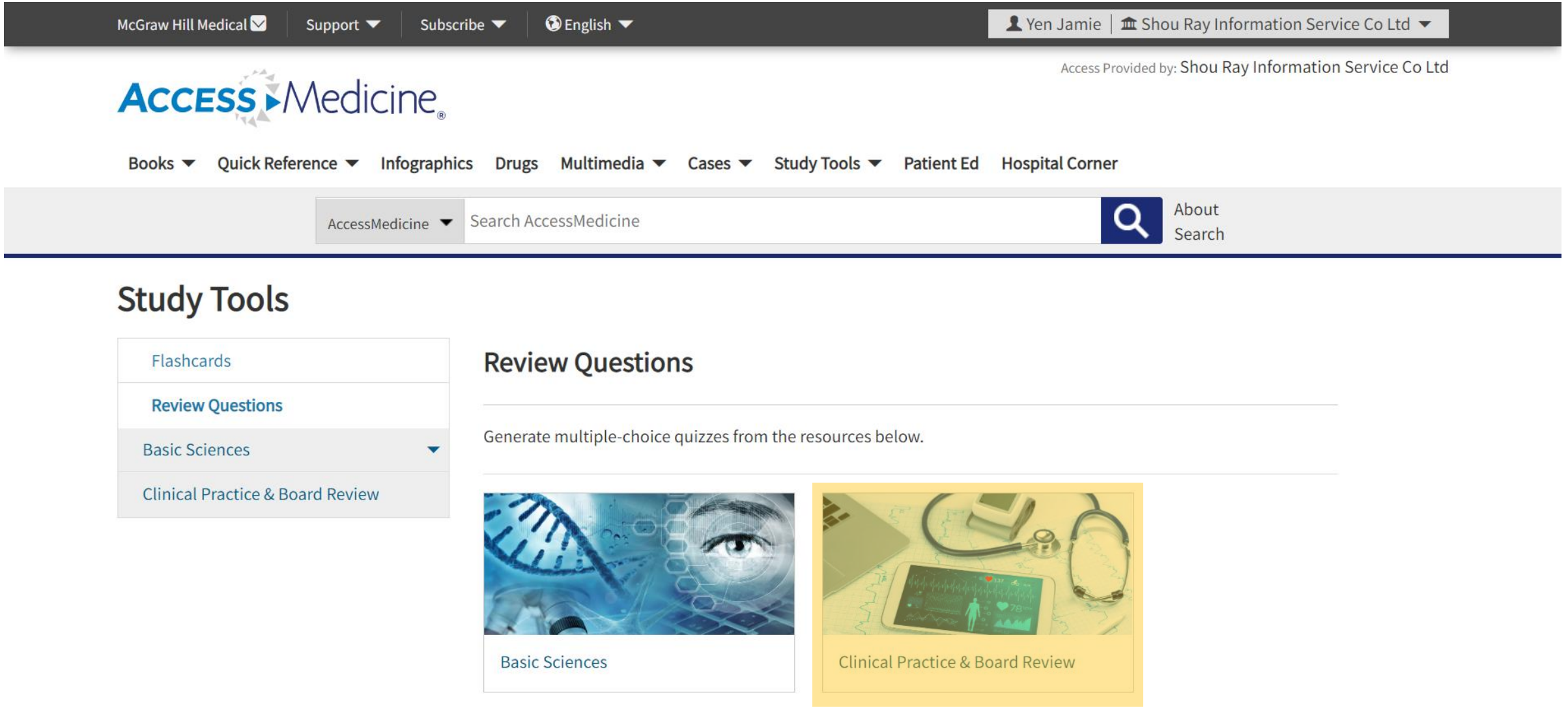

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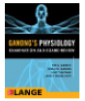

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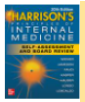

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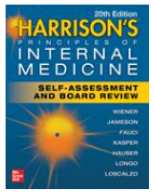
- Clinical Practice & Board Review



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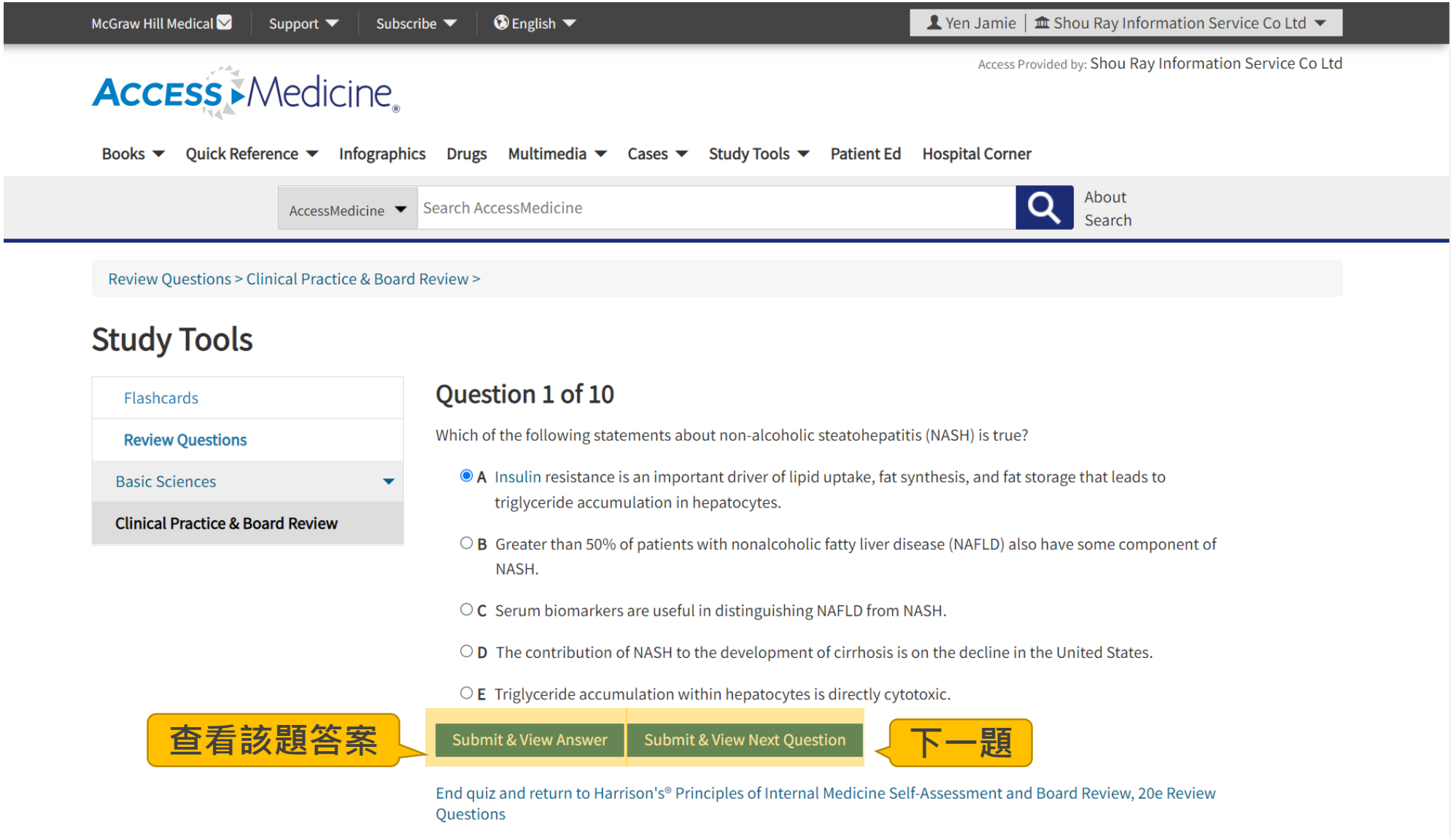

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Question 1 of 10

Which of the following statements about non-alcoholic steatohepatitis (NASH) is true?

✓ **A** Insulin resistance is an important driver of lipid uptake, fat synthesis, and fat storage that leads to triglyceride accumulation in hepatocytes.

B Greater than 50% of patients with nonalcoholic fatty liver disease (NAFLD) also have some component of NASH.

C Serum biomarkers are useful in distinguishing NAFLD from NASH.

D The contribution of NASH to the development of cirrhosis is on the decline in the United States.

E Triglyceride accumulation within hepatocytes is directly cytotoxic.

Next Question

You will be able to view all answers at the end of your quiz.

The correct answer is **A**. You answered **A**.

Explanation:
The answer is A. *(Chap. 336)* In some studies up to 25% of Americans have hepatic steatosis on imaging. About 25% of patients with nonalcoholic fatty liver disease (NAFLD) will go on to develop nonalcoholic steatohepatitis (NASH), which can lead to cirrhosis. By some estimates, NAFLD will be the most common indication for liver transplant in the next decade. Insulin resistance, in large part secondary to obesity, is a big driver of NAFLD and NASH, as insulin stimulates lipid uptake, fat synthesis, and fat storage leading to triglyceride accumulation in hepatocytes. The triglycerides themselves are not hepatotoxic. However, their precursors (e.g., fatty acids and diacylglycerols) and metabolic by-products (e.g., reactive oxygen species) may damage hepatocytes, leading to hepatocyte lipotoxicity. Lipotoxicity also triggers the generation of other factors (e.g., inflammatory cytokines, hormonal mediators) that deregulate systems that normally maintain hepatocyte viability. The net result is increased hepatocyte death. There are no serum biomarkers that can reliably make the diagnosis of NASH. In NAFLD the levels of serum aminotransferases (aspartate aminotransferase and alanine aminotransferase) do not reliably reflect the severity of liver cell injury, extent of liver cell death, or related liver inflammation and fibrosis. Thus, they are imperfect for determining which individuals with NAFLD have NASH.

解析

64% of users answered correctly.

答對率

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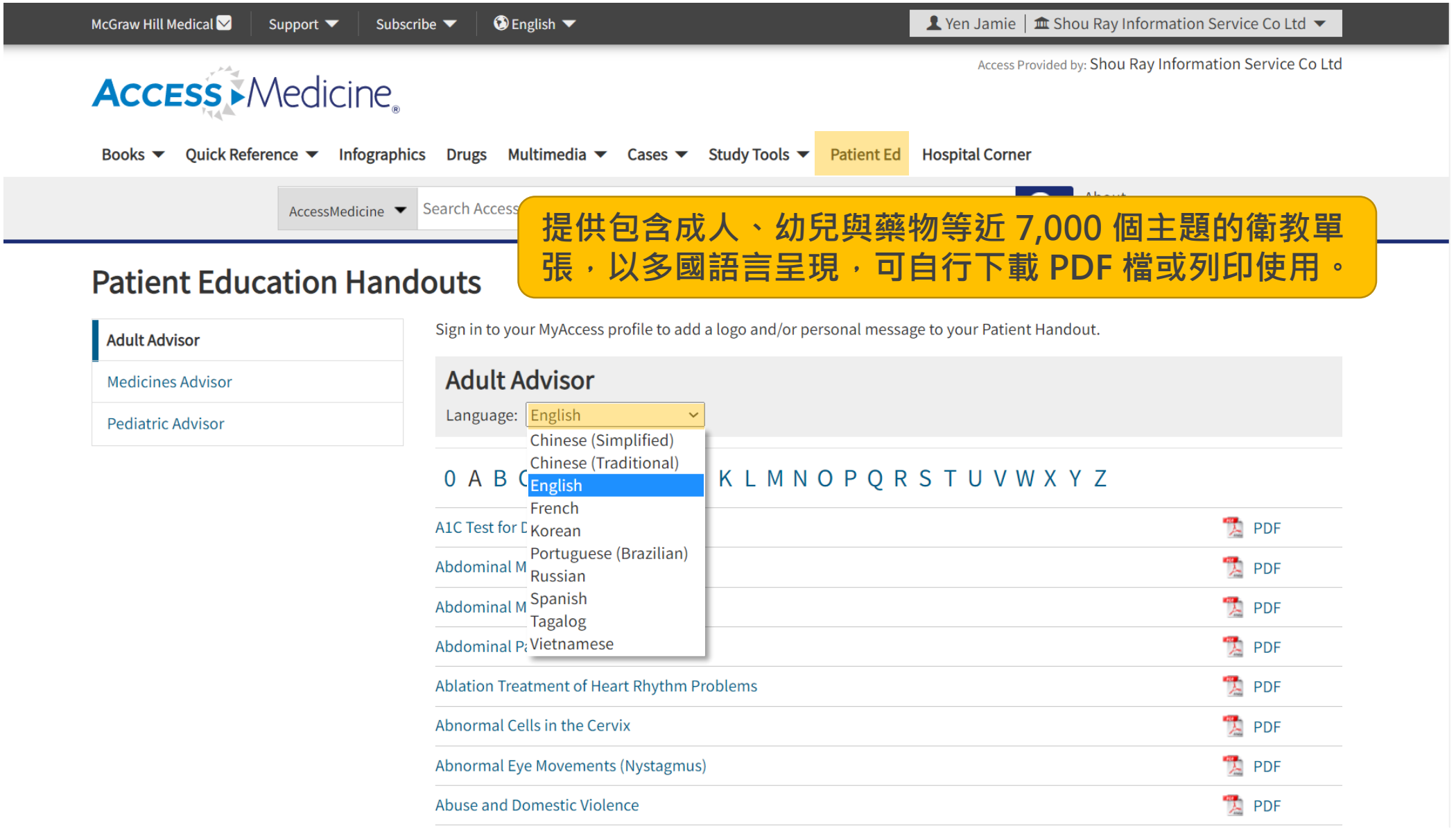

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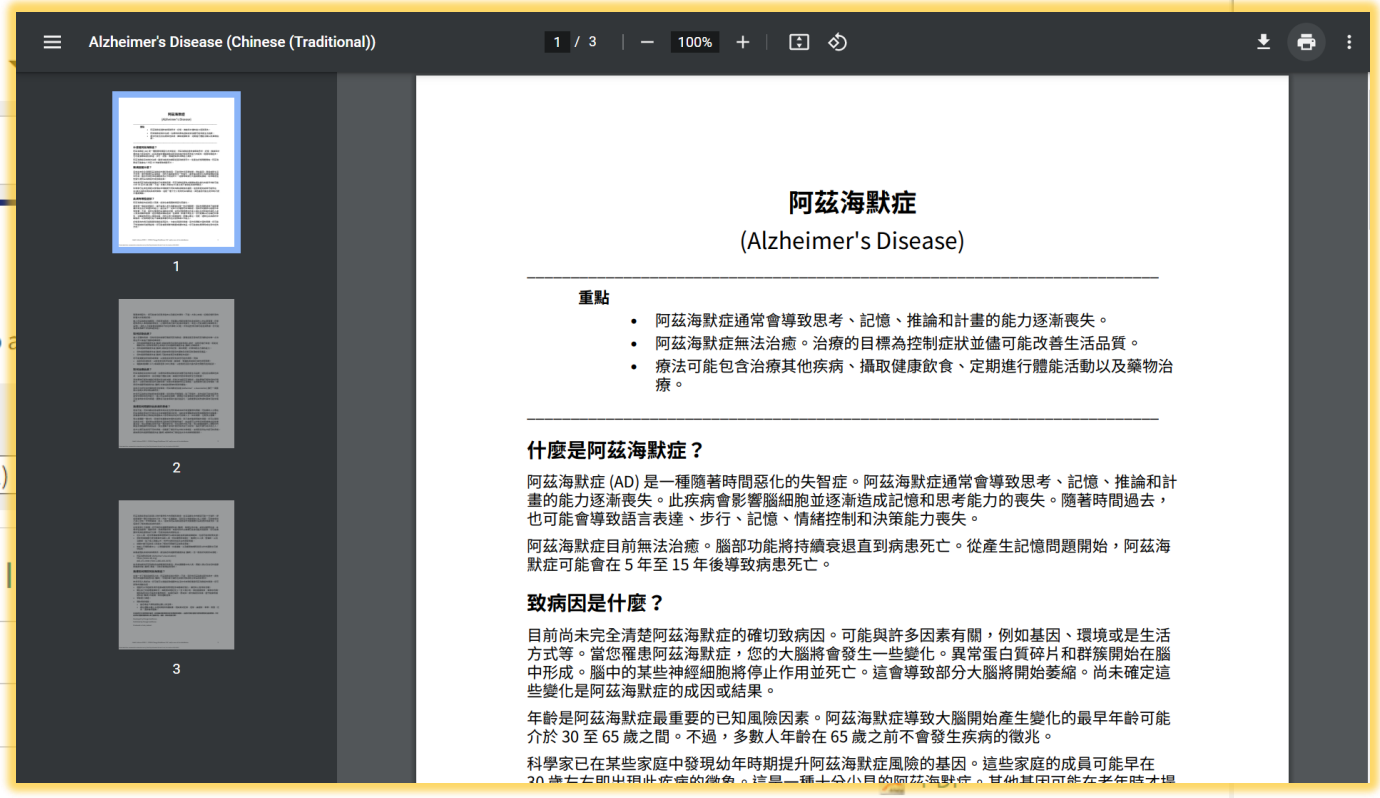

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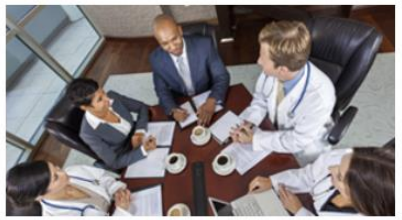

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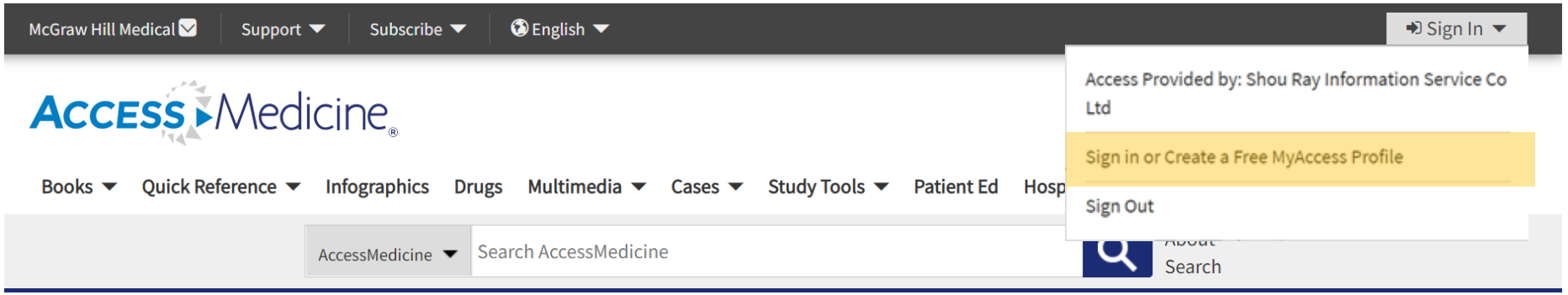

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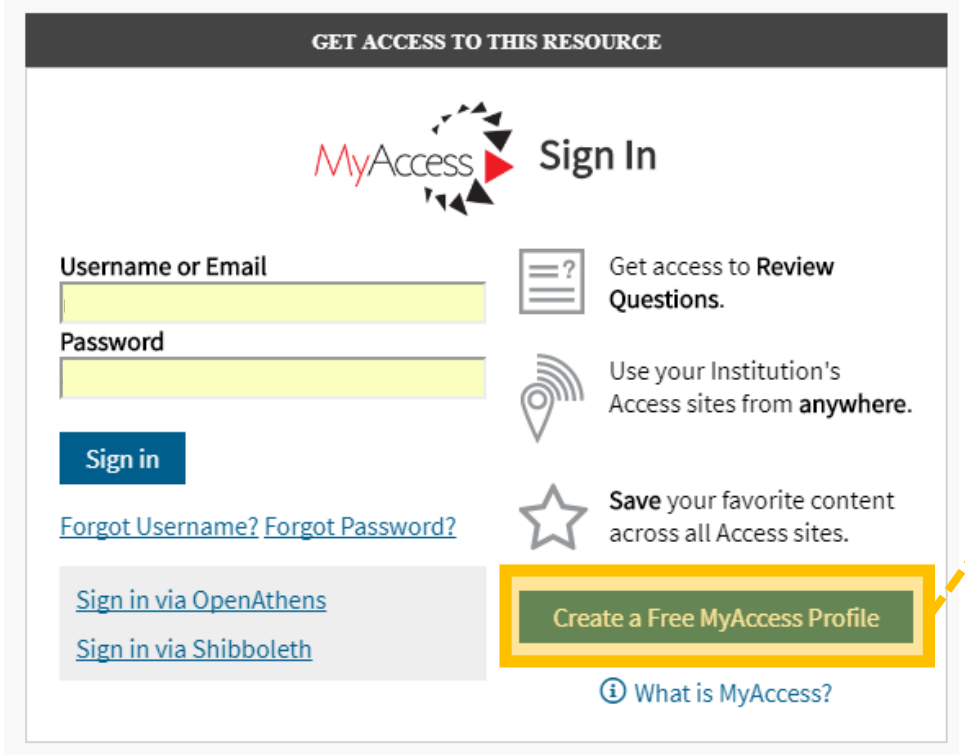
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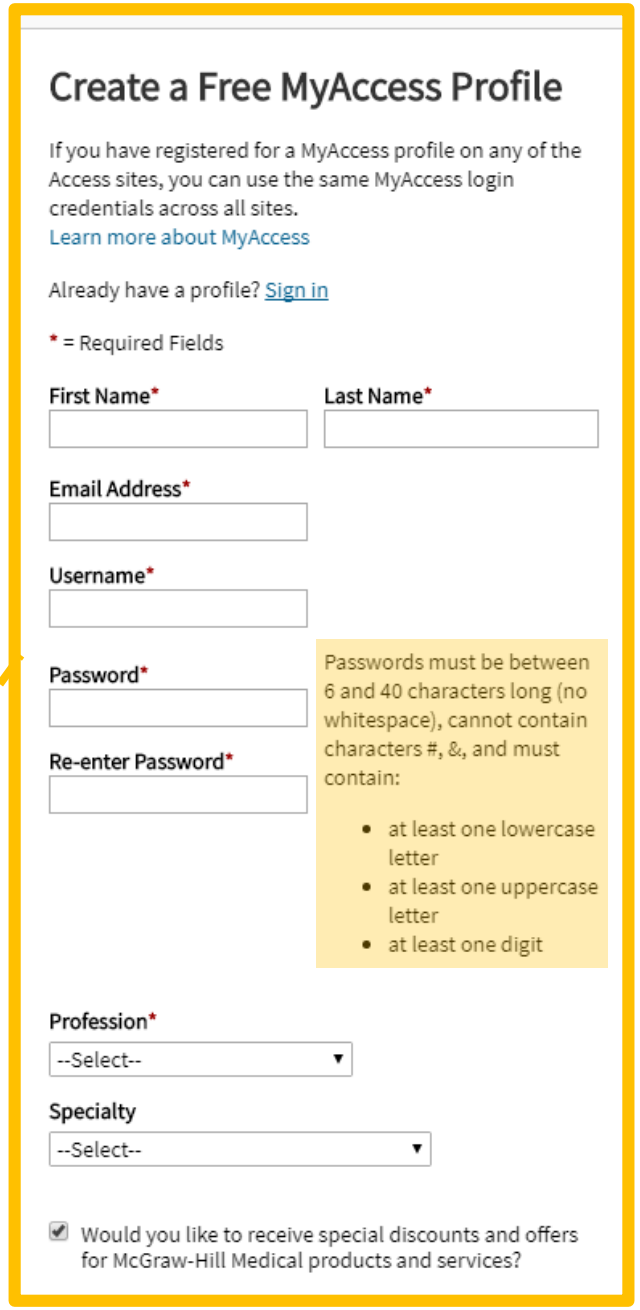
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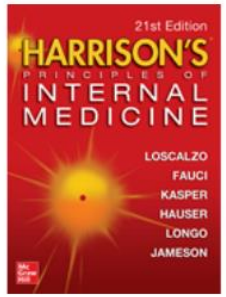

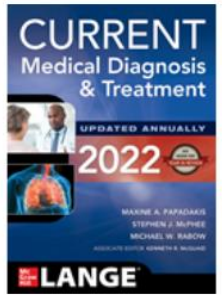

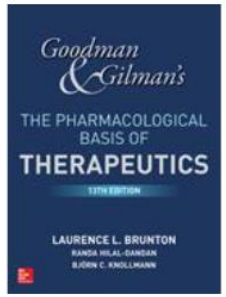

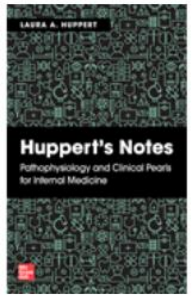

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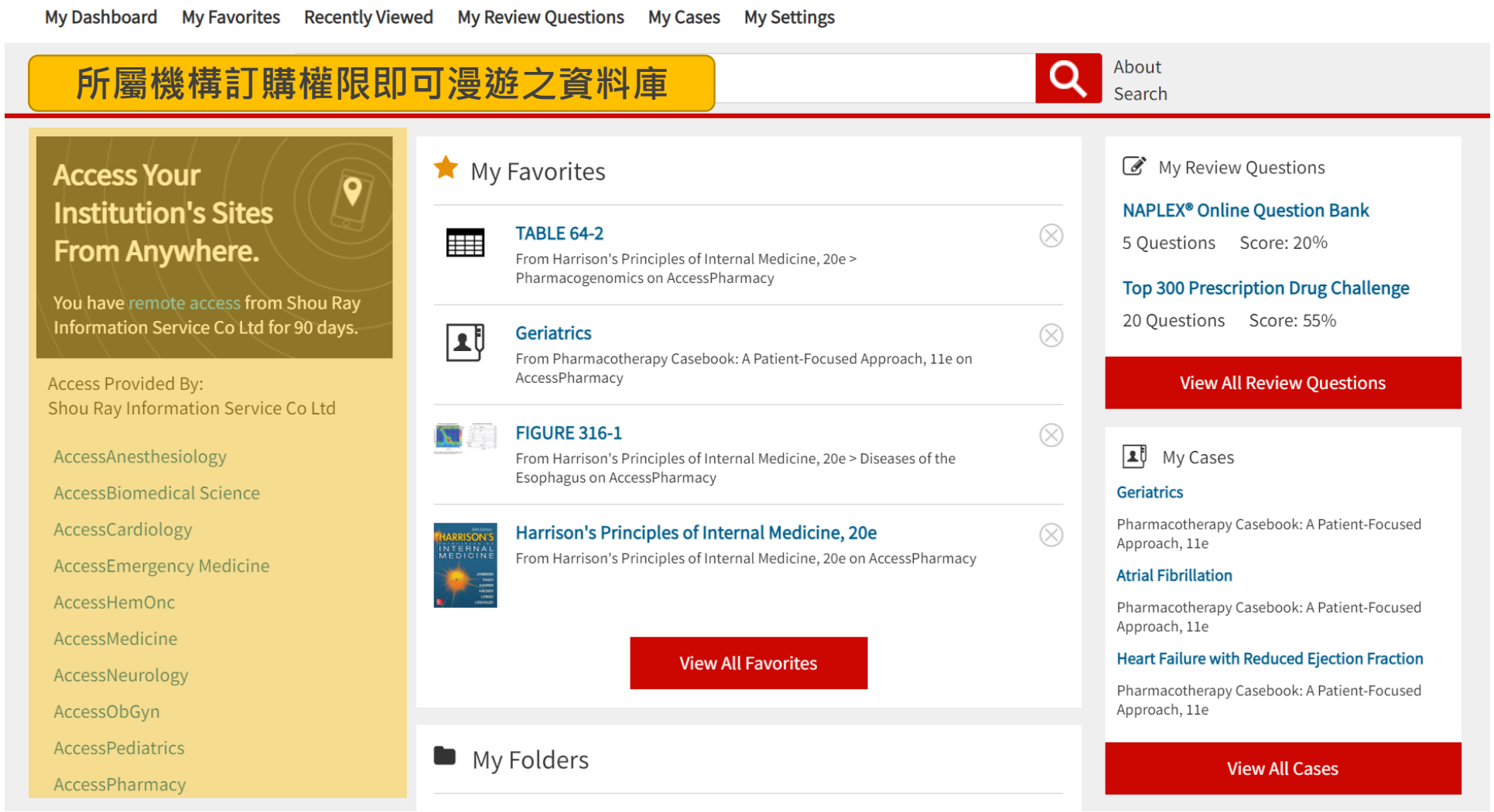
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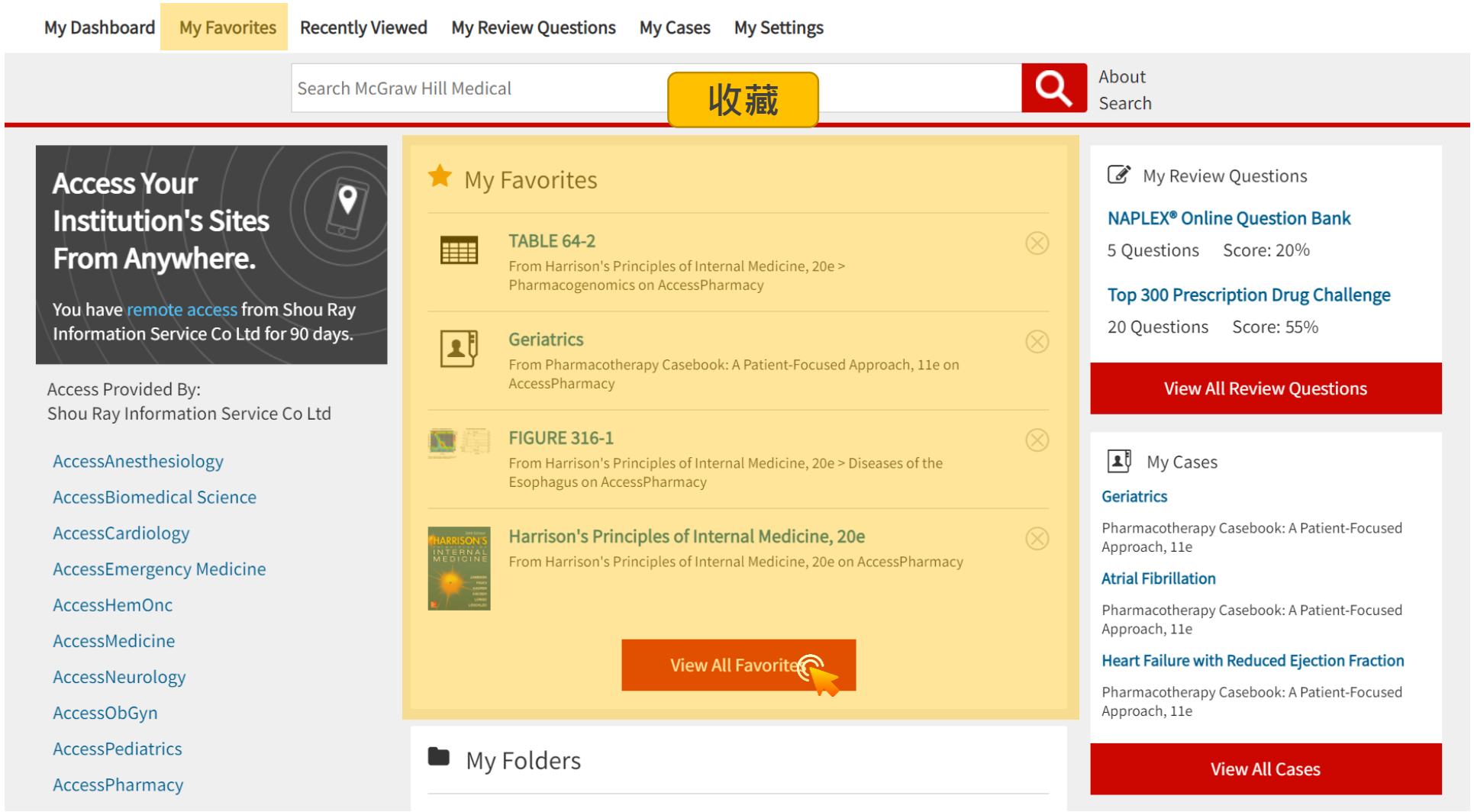
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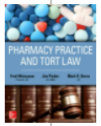

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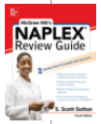

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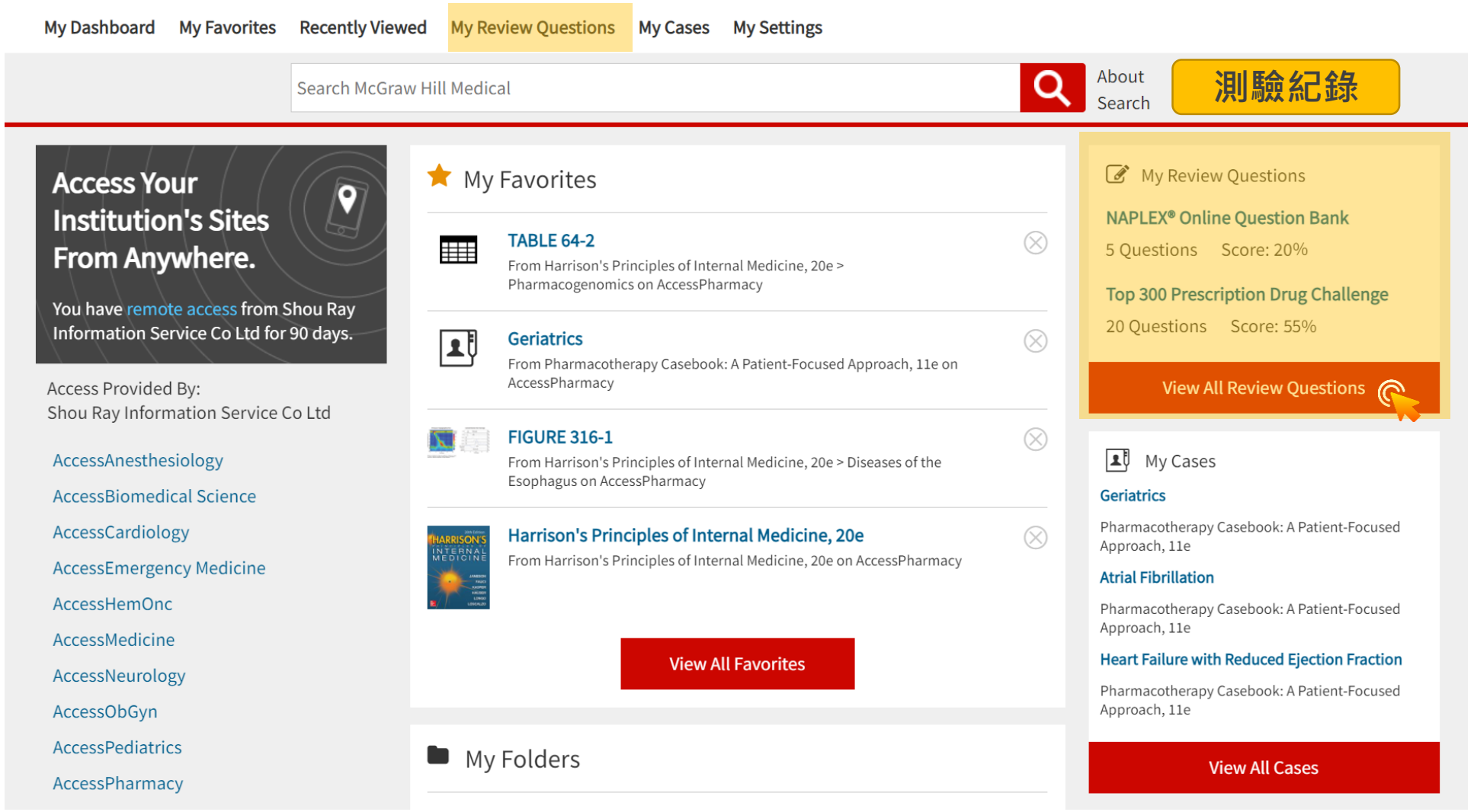
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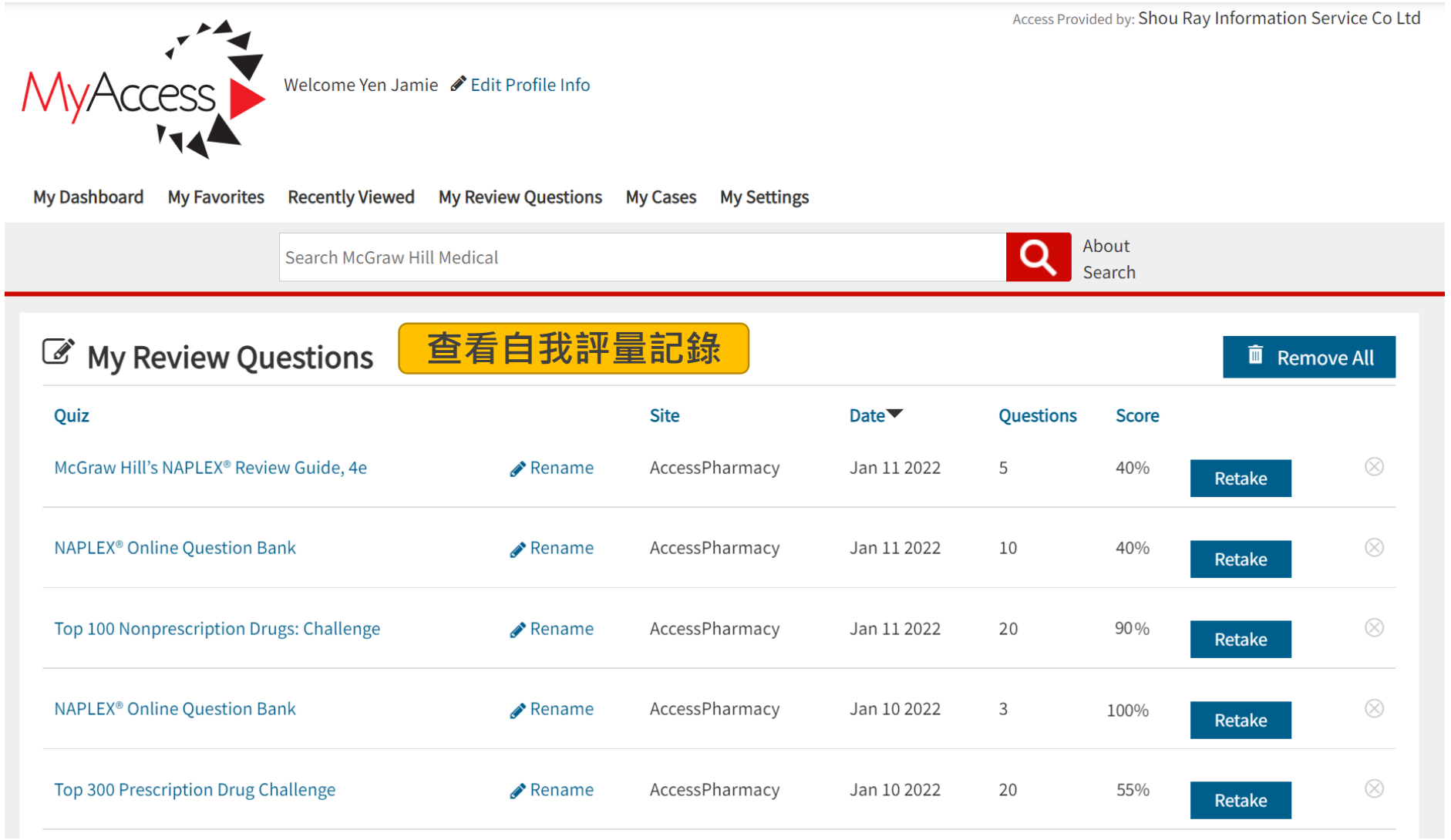

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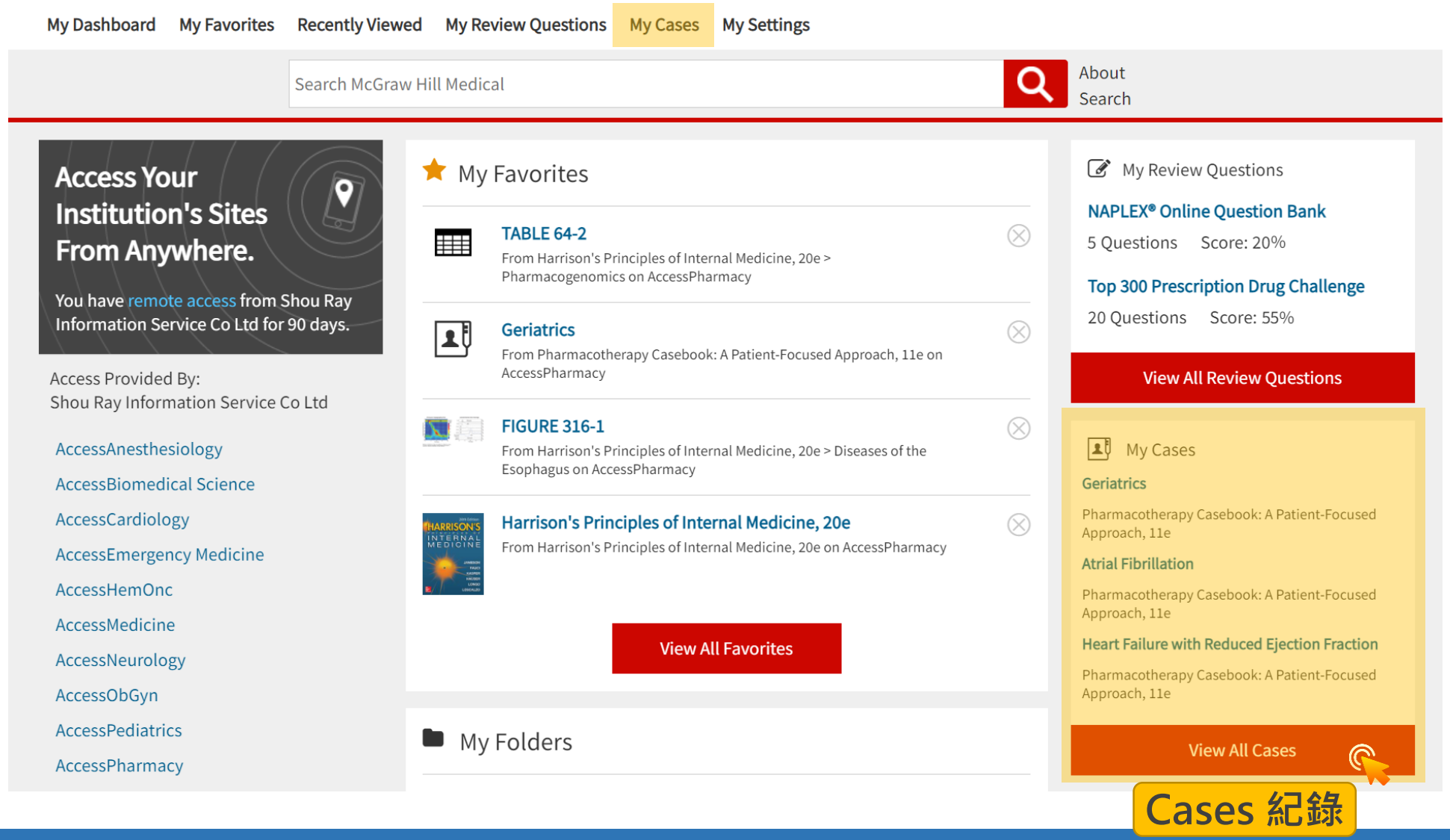
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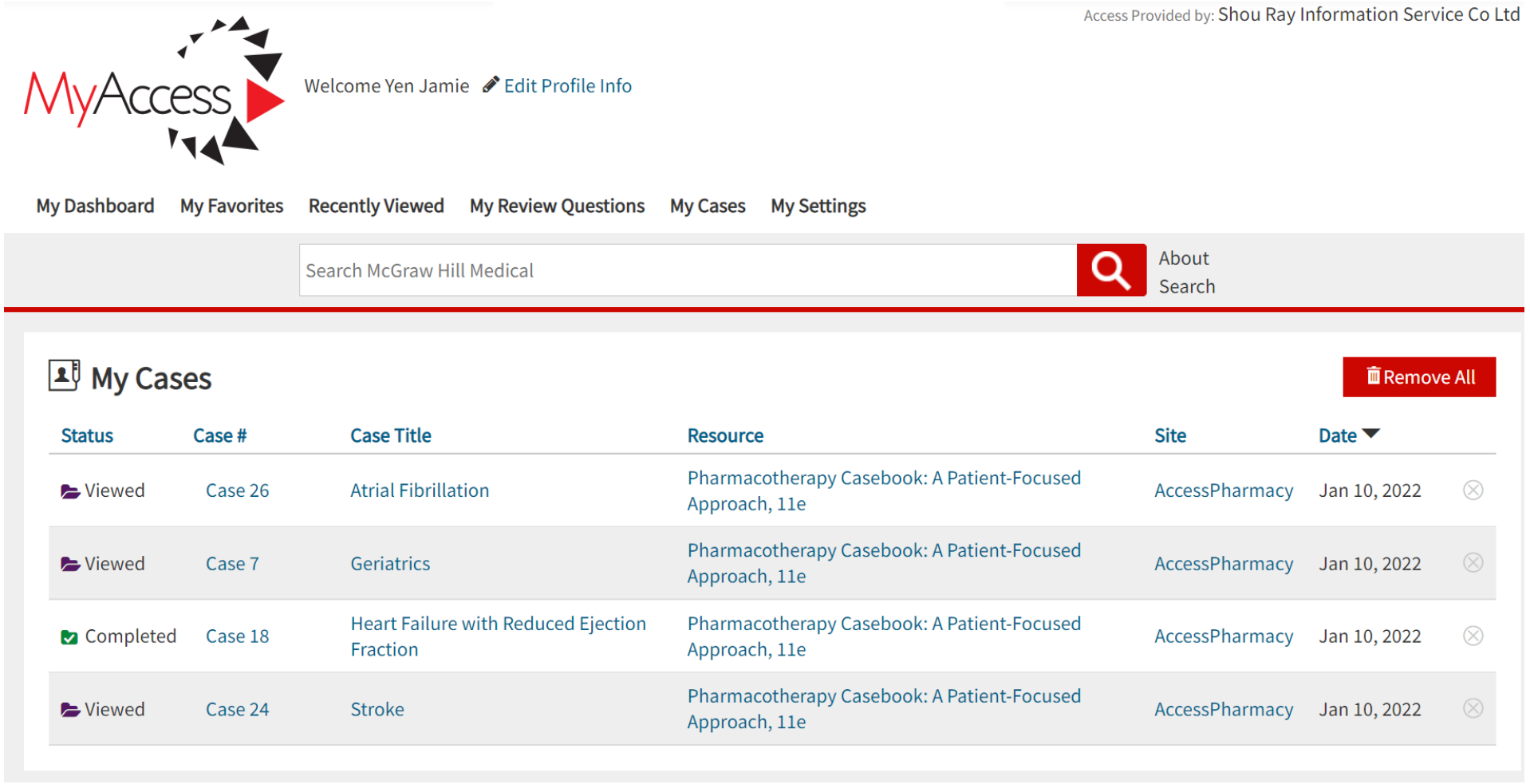
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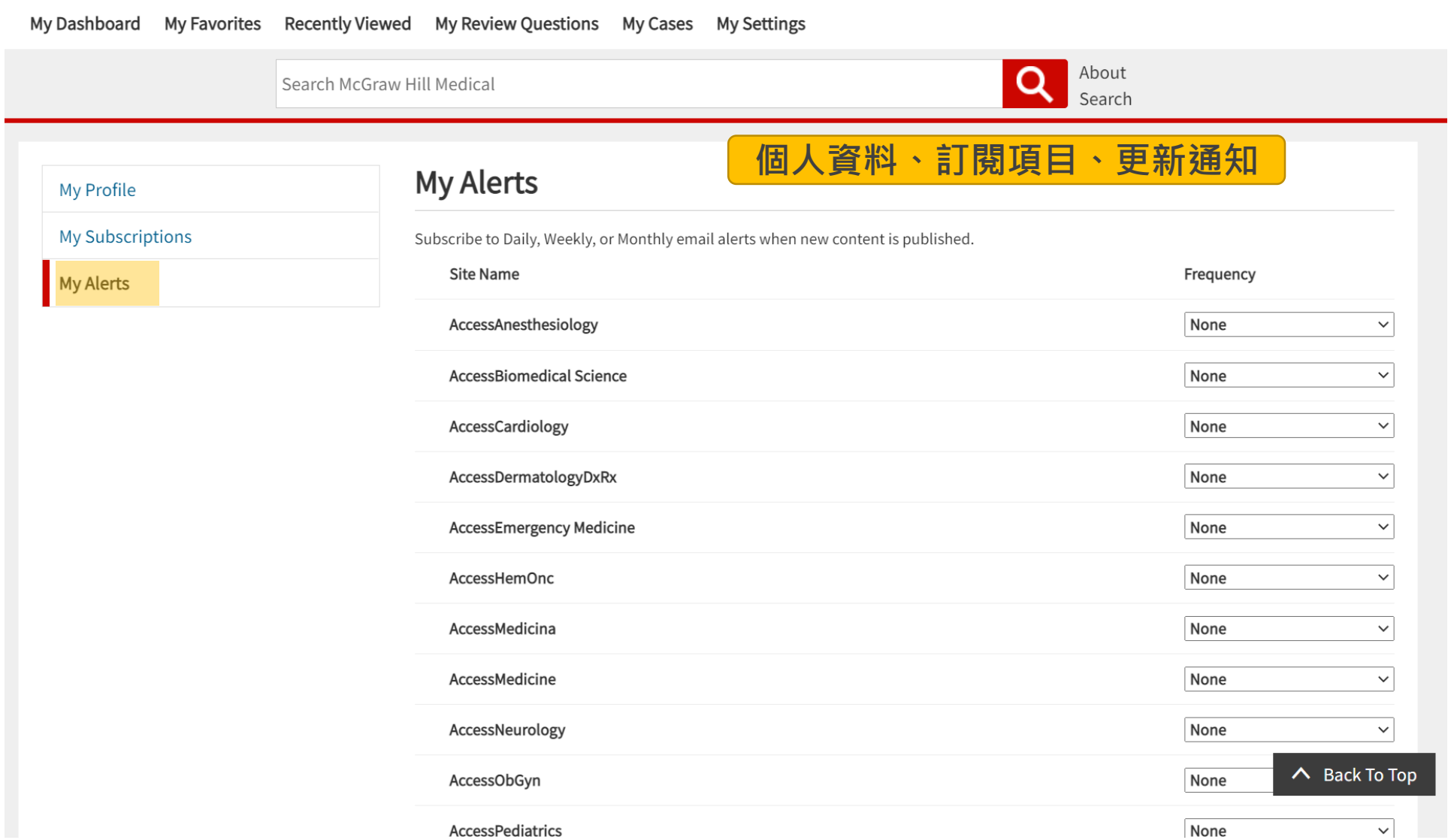
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活動時間： 2022年6月15日～2022年7月29日

活動內容： 每年6月16日是許多海洋系旅人以及保育團體非常注重的「世界海龜日」（World Sea Turtle Day）。多年來OECDiLibrary持續關注SDG相關議題，為我們帶來即時且有數據支持的可靠研究資料。讓我們一起和OECDiLibrary實踐減塑低碳日常生活，為保育海龜和海洋生態略盡微薄之力！

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活動時間： 即日起至2022年09月30日

活動內容： 老虎是家喻戶曉的動物，不論是威武的猛獸，或是淘氣的大貓，老虎的各種形象自古至今早已深植人心。但是你知道嗎？我們熟悉的老虎現正面臨生存危機，現代虎的九個亞種中，三個已經絕種，其餘六種被列為瀕危，部分處於極危狀態。2022年適逢虎年，就讓我們趁此機會一起瞭解老虎、愛護老虎吧！

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Thank you!

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