



ClinicalKey

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Health and Science, Asia Pacific

Introduction of Elsevier



The original Non Solus mark of Isaac Elsevir was used for the first time in Leyden in 1620.



ELSEVIER

- In 1620, the draft of Elsevier's logo first came out
 - Elm & Grapevine : stand for great wisdom by publishing
 - Old man : stand for research scholar
 - **NON SOLUS** : Latin, means “Not Alone” (never alone in study)
 - Implication : the scholar (Old man) and results of publishing (Elm) need to go together and coexist

Challenges

挑戰

- 600,000 to 800,000 new clinical articles are published each year.
每年有60~80萬篇臨床論文發表
- Every day, on average, each physician asks 9.5 questions. Two thirds of those clinical questions go unanswered.
每天每一位醫師平均提出9.5個問題，其中2/3得不到答案*
- Physicians and medical students today are being overwhelmed with information and questions which need to be answered.
如今臨床工作人員被爆炸的資訊和需要解答的問題所淹沒
- Profusion of content sources makes it difficult to get answers.
資訊來源太多(Google, PubMed, Various Database...)，
答案的找尋變的耗時困難



* "Watson and Healthcare" (quoting the British Medical Journal), April 2011

How are information consumed nowadays? 現今資訊是如何被使用的？



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✓ 1,400+ topic pages

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Journals 650+種 跨40科別 從基礎到臨床

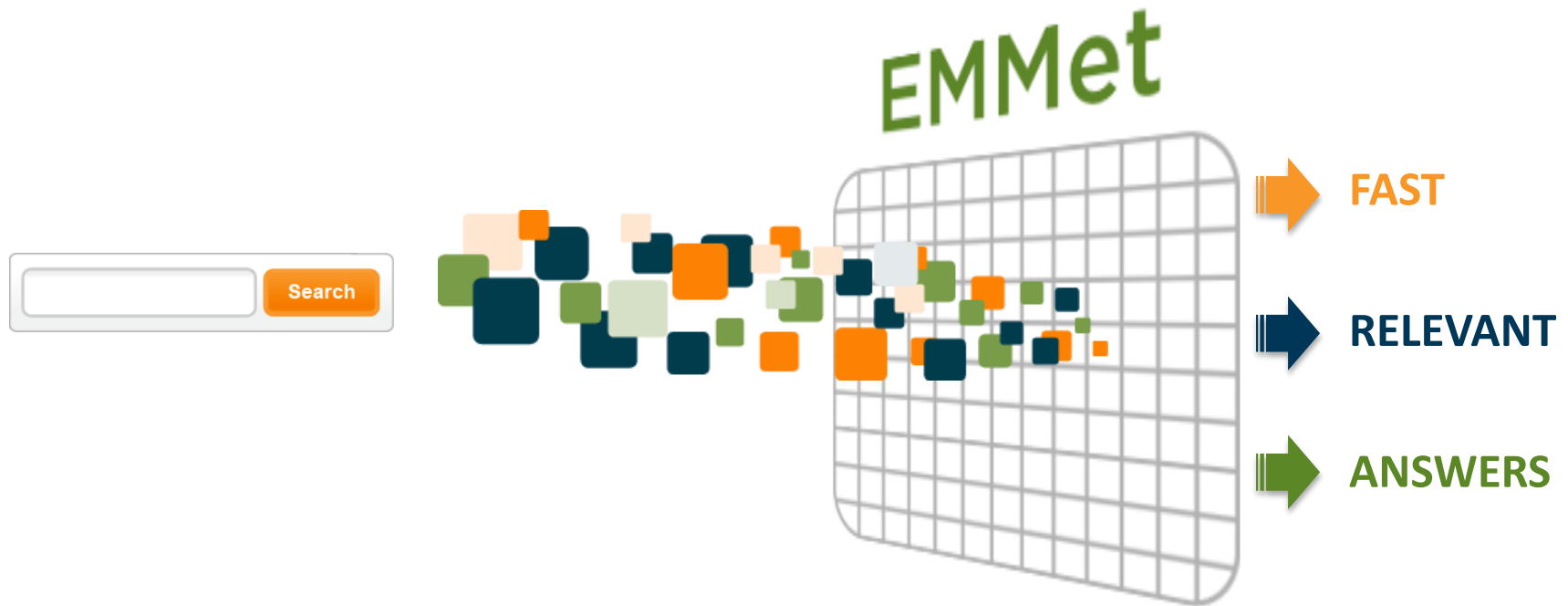
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- *Trends in Biotechnology*
- *Trends in Cell Biology*
- *Trends in Pharmacological Sciences*
- *Journal of the American College of Cardiology*
- *Journal of Bone and Joint Surgery*
- *European Urology*
- *Journal of Urology*
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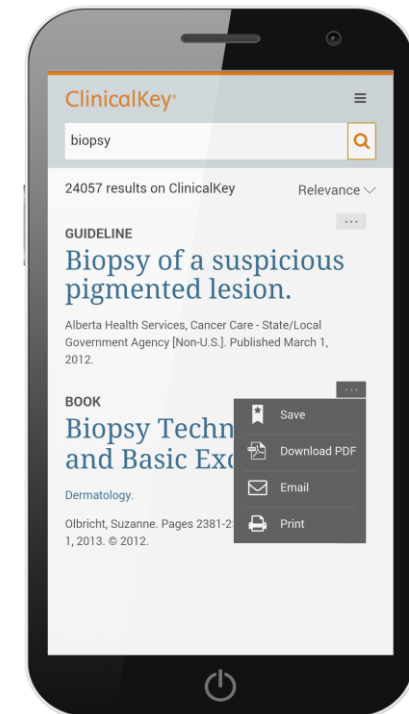
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The screenshot displays the Elsevier search interface. At the top, a search bar contains the text 'hypertel'. Below the search bar, a dropdown menu is open, showing suggestions for 'hypertension'. The suggestions are organized into four columns: Suggestions, Related, Books and Journals, and Authors. The 'Suggestions' column lists various types of hypertension. The 'Related' column lists related terms and concepts. The 'Books and Journals' column lists relevant publications. The 'Authors' column lists organizations and groups. An orange arrow points to the search bar, and another orange arrow points to the 'Suggestions' column. A third orange arrow points to the 'Related' column.

Suggestions	Related	Books and Journals	Authors
hypertension	exercise	Journal of the American Society of Hypertension	French Society of Hypertension
hypotensive agent	echocardiography	Therapy in Nephrology and Hypertension	Ocular Hypertension Study Group
pulmonary hypertension	blood pressure monitoring	Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health	Polish Hypertension Registry
pre-eclampsia	smoking cessation	Hypertension: A Companion to Braunwald's Heart Disease	Polish Society of Hypertension
essential hypertension	history and physical examination	Chesley's Hypertensive Disorders in Pregnancy	FADOI Hypertension Group
portal hypertension	C-reactive protein measurement		Italian Society of Hypertension
Pulmonary hypertensive arterial disease	ophthalmoscopy		HYPertension in ESTonia Study
intracranial hypertension	weight loss advised		Hypertension Research Group
Severe Hypertension	blood pressure self-monitoring		
pregnancy-induced hypertension	intake of alcohol decreased		

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The screenshot displays the ClinicalKey search interface. At the top, a search bar contains the text 'copd'. Below the search bar, a dropdown menu is open, showing a list of suggestions. An orange arrow points to the search bar, and another orange arrow points to the 'Suggestion' column of the dropdown menu. The 'Related' column is also highlighted with an orange border. The suggestions are organized into four columns: Suggestion, Related, Books and Journals, and Authors.

Suggestion	Related	Books and Journals	Authors
chronic obstructive pulmonary disease	spirometry	Asthma and COPD	COPD MAP
Severe chronic obstructive pulmonary disease	chest radiography		COPD Gene Study
	pulmonary function test		COPD Study Group
	oxygen therapy		COPD Working Group
acute exacerbation of chronic obstructive airways disease	smoking cessation		Korean COPD Study Group
Admit COPD emergency	pulmonary rehabilitation		Kurume COPD Study Group
	lung transplantation		ENIGMA in COPD project
	salmeterol		BTS COPD Consortium
	peak expiratory flow rate measurement		COPD Advisory Board
	lung volume reduction surgery		COPD Investigators

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Suggestions	Related	Books and Journals	Authors
chronic obstructive pulmonary disease	spirometry	Asthma and COPD	COPD MAP
Severe chronic obstructive pulmonary disease	chest radiography		COPD Gene Study
	pulmonary function test		COPD Study Group
	oxygen therapy		COPD Working Group
acute exacerbation of chronic obstructive airways disease	smoking cessation		Korean COPD Study Group
	pulmonary rehabilitation		Kurume COPD Study Group
Admit COPD emergency	lung transplantation		ENIGMA in COPD project
	salmeterol		BTS COPD Consortium
	peak expiratory flow rate measurement		COPD Advisory Board
	lung volume reduction surgery		COPD Investigators

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Specific Content Type Search

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The screenshot shows the ClinicalKey search interface. A search bar at the top contains the text 'copd'. Below the search bar, a dropdown menu is open, listing various content types: All Types, Books, Journals, Clinical Trials, Drug Monographs, Guidelines, Patient Education, First Consult, MEDLINE®, Multimedia, and Procedures Consult. This dropdown menu is highlighted by an orange box. The search results are displayed in a table with five columns: Suggestions, Related, Books and Journals, and Authors. The 'Suggestions' column lists terms like 'chronic obstructive pulmonary disease', 'Severe chronic obstructive pulmonary disease', 'acute exacerbation of chronic obstructive airways disease', and 'Admit COPD emergency'. The 'Related' column lists terms like 'spirometry', 'chest radiography', 'pulmonary function test', 'oxygen therapy', 'smoking cessation', 'pulmonary rehabilitation', 'lung transplantation', 'salmeterol', 'peak expiratory flow rate measurement', and 'lung volume reduction surgery'. The 'Books and Journals' column lists 'Asthma and COPD'. The 'Authors' column lists 'COPD MAP', 'COPD Gene Study', 'COPD Study Group', 'COPD Working Group', 'Korean COPD Study Group', 'Kurume COPD Study Group', 'ENIGMA in COPD project', 'BTS COPD Consortium', 'COPD Advisory Board', and 'COPD Investigators'. The 'ELSEVIER' logo is visible in the bottom left corner. The 'RELX Group™' logo is visible in the bottom right corner. A 'Cookies are used by this site.' message is at the bottom left. A 'Help & Feedback' button is on the right side.

All Types ▾	copd	×	Q	
All Types	Suggestions	Related	Books and Journals	Authors
Books	chronic obstructive pulmonary disease	spirometry	Asthma and COPD	COPD MAP
Journals		chest radiography		COPD Gene Study
Clinical Trials	Severe chronic obstructive pulmonary disease	pulmonary function test		COPD Study Group
Drug Monographs		oxygen therapy		COPD Working Group
Guidelines	acute exacerbation of chronic obstructive airways disease	smoking cessation		Korean COPD Study Group
Patient Education		pulmonary rehabilitation		Kurume COPD Study Group
First Consult	Admit COPD emergency	lung transplantation		ENIGMA in COPD project
MEDLINE®		salmeterol		BTS COPD Consortium
Multimedia		peak expiratory flow rate measurement		COPD Advisory Board
Procedures Consult		lung volume reduction surgery		COPD Investigators

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Chronic Obstructive Pulmonary Disease

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Chronic Obstructive Pulmonary Disease

Goldman-Cecil Medicine.

Niewoehner, Dennis E.. Published January 1, 2016. Pages 555-562.e3. © 2016.

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Definition

Chronic obstructive pulmonary disease (COPD) is an inflammatory respiratory disease usually caused by exposure to tobacco smoke. It is characterized by the presence of airflow limitation that is not fully reversible. The pathophysiology of COPD is related to chronic airway irritation, mucus production, and pulmonary scarring. Traditionally, COPD was described as encompassing *emphysema*, characterized by loss of lung elasticity and destruction of lung parenchyma with enlargement of air spaces, and *chronic bronchitis*, characterized

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Oxaliplatin added to fluorouracil-based preoperative chemoradiotherapy and postoperative chemotherapy of locally advanced...

Lancet Oncology, The.

Rödel, Claus, Prof; Graeven, Ulrike, MD... Show all. Published August 1, 2015. Volume 16, Issue 8. Pages 979-989. © 2015.

☐ FULL TEXT ARTICLE

Effect of budesonide transnasal nebulization in patients with eosinophilic chronic rhinosinusitis with nasal polyps

Journal of Allergy and Clinical Immunology, The.

Wang, Chengshuo, MD; Lou, Hongfei, MD... Show all. Published April 1, 2015. Volume 135, Issue 4. Pages 922-929.e6. © 2014.

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Wheeze as an adverse event in pediatric vaccine and drug randomized

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Cor pulmonale

Andrew M. Freeman, MD, FACC, FACP, Director of Clinical Cardiology and Operations, Assistant Professor of Medicine, National Jewish Health, Denver, Colorado; Abraham D. Abernethy, MD, Department of Pediatrics, University Hospitals Case Medical Center, Cleveland, Ohio... [Show all](#). Published July 21, 2013. Last updated July 20, 2013.☐ FIRST CONSULT

Spontaneous pneumothorax

Rendell Ashton, MD; Kristina Bailey, MD; Alex J Mechaber, MD, FACP. Published December 10, 2010.

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Community-acquired pneumonia in adults

Antoni Torres, Professor of Medicine, University of Barcelona, Director, Clinic of Pulmonology and Thoracic Surgery, Hospital of

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Chronic obstructive pulmonary disease

Revised: August 26, 2011

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Latest updates

In December 2013, the U.S. Food and Drug Administration (FDA) approved the first fixed-dose inhaled combination of umeclidinium, a long-acting muscarinic antagonist (LAMA), with vilanterol, a long-acting β 2-agonist (LABA), for long-term maintenance treatment of moderate to severe, stable chronic obstructive pulmonary disease.

Evidence suggests that co-administration of LAMA and LABA is more effective than either drug class alone. Although this combination medication is not approved for asthma, it does carry a black box warning that LABAs such as vilanterol increase the risk for asthma-related death.

Applications for other LAMA/LABA once- or twice-daily combinations are in the FDA pipeline.

Key points

- A hallmark of chronic obstructive pulmonary disease (COPD) is airway obstruction that is not

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Differential diagnosis

[Asthma](#)[Bronchiectasis](#)[Pulmonary](#)

Background

Description

significant change in mental status consistent with hypoxia or hypercapnia, then transfer patient to emergency department for evaluation and treatment of possible respiratory failure

- COPD is a disease state characterized by airflow limitation that is not fully reversible (asthma is typically reversible)
- Airflow limitation is progressive and caused by a mixture of airway disease and parenchymal destruction. It is also associated with an abnormal pulmonary inflammatory response to noxious particles or gases
- Chronic inflammation causes remodeling and narrowing of small airways; lung elastic recoil decreases and expiratory small airways collapse
- Chronic cough and sputum production may or may not be present
- Progressive dyspnea is often present
- Management plan focuses on four main components: assess and monitor; reduce risk factors; manage stable COPD; and manage exacerbations

Epidemiology

Incidence and prevalence:

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decreases and expiratory small airways collapse

Treatment

- Chronic cough and sputum production may or may not be present
- Progressive dyspnea is often present
- Management plan focuses on four main components: assess and monitor; reduce risk factors; manage stable COPD; and manage exacerbations

[Summary approach](#)[Medications](#)**Ipratropium** **Evidence**[References](#)**Beta-2 agonists** **Evidence**[References](#)**Tiotropium** **Evidence**[References](#)**Inhaled****Epidemiology**

Incidence and prevalence:

- This disease tends to be significantly under-diagnosed; it is possible that only half of those with COPD are included in prevalence data
- Incidence: New diagnosis of COPD is more common in women, owing to diagnosis in aging women who have smoked since their teenage years
- Prevalence: 6% to 10% of the adult population and up to 50% of smokers have COPD

Demographics:

- Age: COPD prevalence increases with increasing age; number of smoking pack years exposure to cigarette smoke are critical
- Gender: In developed countries, men have been affected more than women, probably because

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> Ipratropium

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Medications

▾ Ipratropium

Indication

- [Ipratropium](#) is used to treat mild-to-very severe COPD and acute COPD exacerbations

Dose information

- 34 µg four times a day (17 µg/inhalation)
- Maximum: 204 µg/d

Major contraindications

- Bromide hypersensitivity

Comments

- Use of ipratropium as monotherapy for the relief of bronchospasm in acute COPD exacerbation has not been adequately studied. Alternative medications with faster onset of action may be preferable initially. Combinations of ipratropium bromide and β-2 agonists are synergistic in reversing the bronchospasm associated with an acute COPD exacerbation. Treatment improves quality of life in patients with COPD

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Inhaled
corticosteroids

- Use caution in patients with angle-closure glaucoma, prostatic hypertrophy, urinary retention, and bladder-neck obstruction

Evidence

Short-term treatment with ipratropium plus a short-acting or long-acting inhaled β -2 agonist in stable COPD and short-term treatment with ipratropium in stable COPD and in the treatment of exacerbations.

- A systematic review studying treatment for COPD exacerbations, found no significant difference in changes in FEV₁ between patients treated with short-acting β -2 agonists and ipratropium. [1] *Level of evidence: 1* ←
- One systematic review found that exacerbations of COPD were significantly reduced over 12 weeks in people taking combined anticholinergic agents plus a short-acting β -2 agonist compared with those taking short-acting beta-2 agonists alone. The review failed to find any significant difference in outcome between those taking the combined anticholinergic agent plus short-acting β -2 agonist and ipratropium alone at 12 weeks. [2] *Level of evidence: 1* ←
- A further systematic review of treatment of stable COPD found a small advantage in the regular long-term use of ipratropium in combination with a short-acting β -2 agonist over a β -2 agonist alone in terms of improving lung function, symptoms, and exercise tolerance. [3] *Level of evidence: 1* ←
- Another systematic review of stable COPD therapy found that combination therapy of

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Non-drug treatments

- > Lifestyle
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- ▾ Surgical interventions

Description

- Surgical options for COPD include bullectomy, open lung volume reduction surgery, and lung transplantation in patients with moderate obstruction and progressive symptoms despite aggressive medical management and pulmonary rehabilitation
- Bullectomy is considered mainly for a single, well-defined bulla occupying more than one-third of the hemithorax with normal surrounding parenchyma and near normal lung diffusing capacity of carbon monoxide
- Lung volume reduction surgery should be considered only in select patients with advanced disease (upper lobe emphysema, low exercise capacity, and >20% predicted FEV₁ and lung diffusing capacity of carbon monoxide) and performed in a center with such expertise. The surgery may improve lung capacity and function in patients with emphysema as

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comorbid conditions (*eg* , homogeneous emphysema)

- The long-term consequences of lung volume reduction surgery are not yet known
- The survival advantage of lung transplantation for COPD has not been established, but for patients in whom the procedure is successful, marked improvement in the quality of life can be expected

Evidence

Lung volume reduction surgery is effective to improve quality of life and pulmonary function.

- A systematic review of eight studies involving 1,663 participants assessed effectiveness of lung volume reduction surgery and sought to identify the best surgical techniques. Pulmonary function, quality of life, and exercise capacity were improved in the treatment group compared to patients who were managed with conventional medical care of COPD. Ninety-day mortality was substantially higher in those patients undergoing lung volume reduction surgery. Greatest mortality was linked to those patients with particularly impaired lung function, poor diffusing capacity, and homogenous emphysema preoperatively. [39] *Level of evidence: 1*

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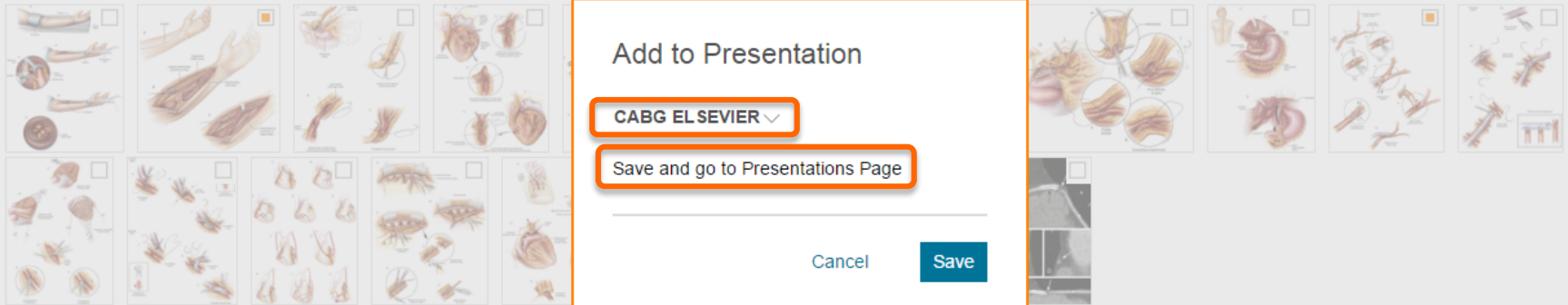
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Figure Legend

HD Image

A A small incision is made on the medial aspect of the knee. Direct or endoscopic visualization is used to locate the greater saphenous vein, which can be encircled with a vascular snare if necessary. Prior to inserting the endoscopic system, intravenous heparin is administered to prevent intraluminal clot. B The endoscopic port is inserted into the incision. The balloon on the port is inflated to maintain the seal if necessary. Continuous carbon dioxide insufflation is used to expand the tunnel and subcutaneous tissues for better visualization. C A tunnel is created along the course of the saphenous vein in the thigh by gradually advancing the cone of the dissector under videoscopic guidance. The vein and side branches are freed from the subcutaneous tissue anteriorly, posteriorly, and bilaterally. The side branches are then cauterized and divided to free the vein within the tunnel in the thigh. D A similar tunnel is created along the course of the saphenous vein in the calf by reversing the direction of the endoscopic system within the primary incision. The vein and side branches are freed from the subcutaneous tissue, and the side branches are divided to free the vein within the tunnel in the lower leg. E Using videoscopic guidance, a small stab wound is made through the skin and into the tunnel above the vein at both the proximal and distal ends of the tunnel. The vein is gently retrieved through the stab incision and divided under direct vision. Alternatively, an endoloop can be used to ligate the proximal and distal ends; the vein is then divided with electrocautery. F The entire saphenous vein is removed through the knee incision. The remnants of the side branches are reinforced with fine silk ligatures. A pressure dressing is applied to the leg.

Coronary artery bypass graft
Doty, Donald B., M.D., Cardiac Surgery: Operative Technique, Chapter 36, 393-431

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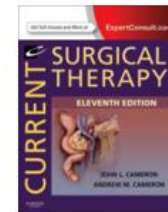
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Diseases Caused by Non-Spore-Forming Anaerobic Bacteria

Itzhak Brook

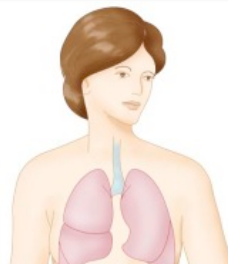
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◆ Definition

Anaerobic bacteria are the predominant members of the indigenous, normal human flora, including the skin and the oral, gastrointestinal, and vaginal mucosa ([Fig. 297-1](#) ; [Table 297-1](#)). However, the types of predominant anaerobes are different at each location.

Skin

Propionibacterium acnes
Gram-positive cocci



Oral cavity and upper respiratory passages

Prevotella melaninogenica
Prevotella oralis
Other *Prevotella* sp
Porphyromonas sp
Fusobacterium nucleatum
Anaerobic cocci—pepto-
streptococci, *Veillonella*,
microaerophilic strepto-
cocci



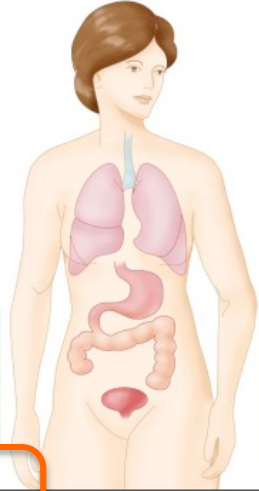
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Oral cavity and upper respiratory passages
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Prevotella oralis
Other *Prevotella* sp
Porphyromonas sp
Fusobacterium nucleatum
Anaerobic cocci—peptostreptococci, *Veillonella*, microaerophilic streptococci
Actinomyces

Female genital tract
Prevotella melaninogenica
Other *Prevotella*
Other *Bacteroides*
Peptostreptococcus
Clostridium
Porphyromonas

Colon
Bacteroides fragilis group
Anaerobic cocci—peptostreptococci, *Veillonella*
Clostridium
Eubacterium
Bifidobacterium

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Diseases Caused by Non-Spore-Forming Anaerobic Bacteria

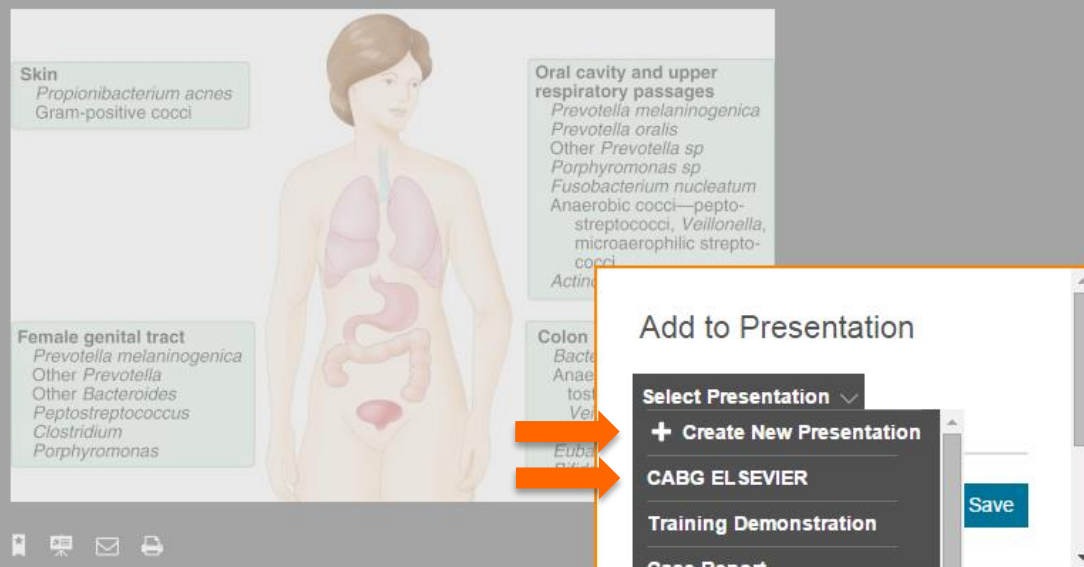
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FIGURE 297-1

Anaerobes as the predominant normal microflora of the human body by general anatomic location.

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FIGURE 297-1

Anaerobes as the predominant normal microflora of the human body by general anatomic location.

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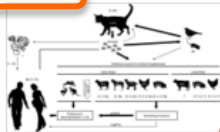
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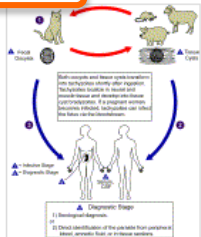
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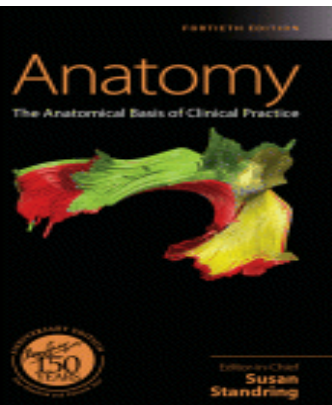
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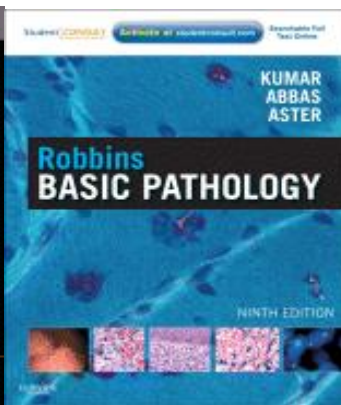
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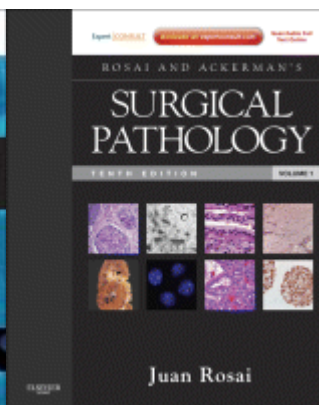
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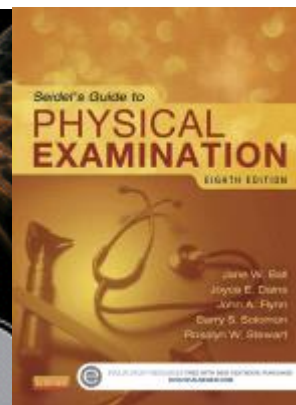
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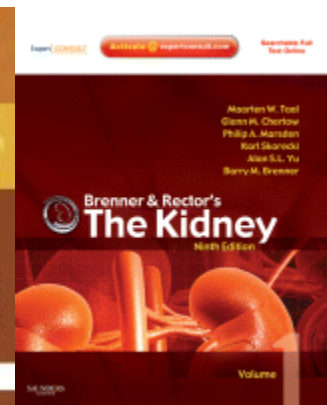
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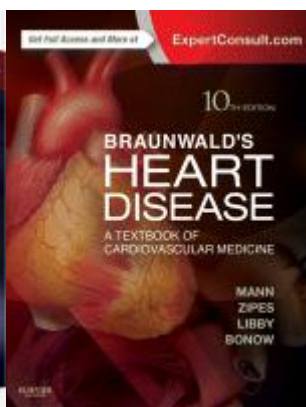
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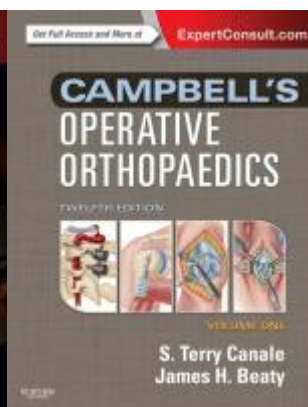
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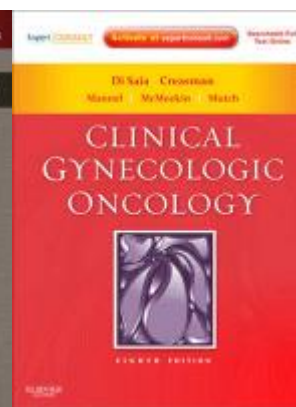
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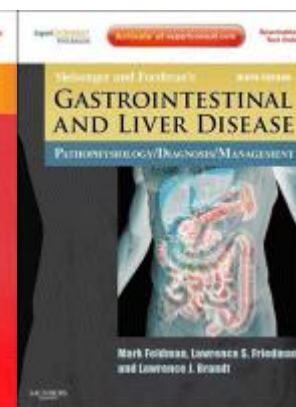
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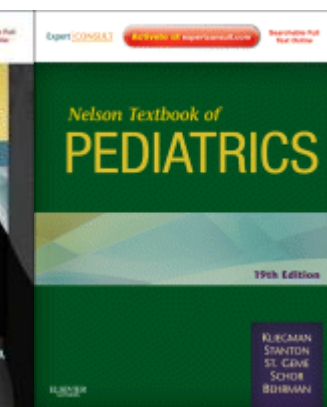
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