

Message from the Editor-in-Chief

Dear Subscribers,

I am pleased to announce that we are releasing neurology with this version of *UpToDate*[®]. While you may have already been using some of our neurology topics, our beta testing suggests that we now have sufficient content to meet the needs of neurologists.

We also have several other specialties in development. Emergency medicine and allergy/immunology will likely be released within the next year, and we are just starting general surgery, dermatology, and psychiatry. Because of our model for specialty development, that is, we release individual topics as they are completed rather than publish all of the topics in a new specialty at one time, you will be able to find considerable content in all of these areas throughout their development. As always, we welcome feedback on these or any *UpToDate* topics.

Our *UpToDate* content will only help you if you can access it easily when you need it. Multiple hospitals have incorporated an *UpToDate* search box into their EMR to make it faster to answer questions, and we are also beginning efforts to incorporate the search box within ambulatory EMRs. In addition, we have development efforts underway to achieve even deeper EMR integration over the next few years.

Thank you for your continued support in these difficult economic times, as your subscription dollars allow us to maintain our editorial independence. *UpToDate* is trying to do its part as well, by developing more content for underserved areas of the world and providing free access to the program in those areas. We will tell you more about these programs as time goes on.

Best wishes for 2009.

Sincerely,



Denise S. Basow, MD



We invite you to explore *UpToDate in Neurology*

Neurology is now available in *UpToDate*. The neurology topics are written by over 275 leading neurologists. You can view the list of contributing editors and authors at www.uptodate/neuroauthors.

The content covers all the major areas in neurology, including:

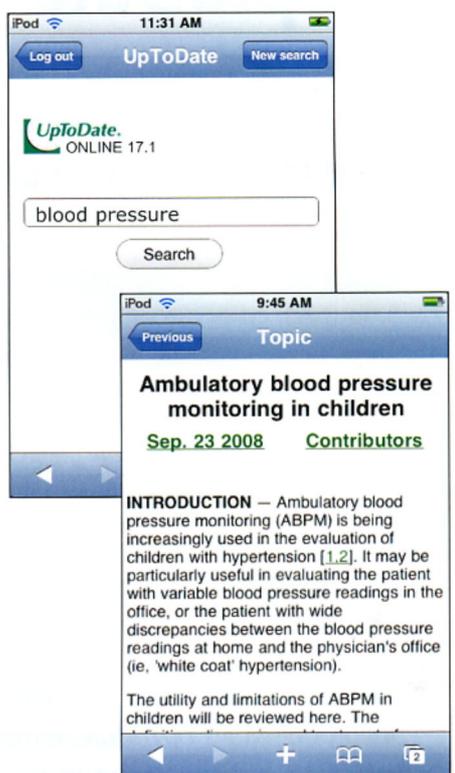
- Behavioral and cognitive neurology
- Dementia
- Epilepsy
- Headache
- Medical neurology
- Movement disorders
- Multiple sclerosis
- Neuromuscular disease
- Neurooncology
- Neuroophthalmology
- Neuroradiology
- Neurovirology and neuroAIDS
- Stroke

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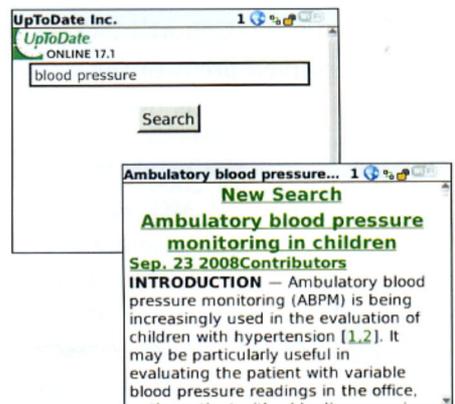
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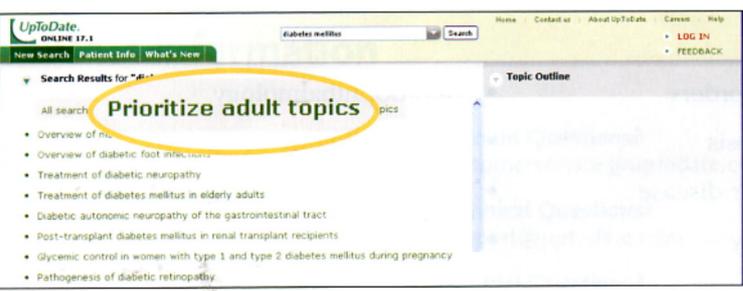
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Sort search results by adult or pediatric relevance

Toggle buttons have been added to the top of the search results page allowing you to sort topics by adult or pediatric relevance.



Click **Prioritize adult topics** to view adult topics first



Click **Prioritize pediatric topics** to view pediatric topics first

Join the growing number of clinicians that refer their patients to *UpToDate*



Mark Horne, MD

Thousands of *UpToDate* subscribers are now referring their patients to *UpToDate for Patients* at www.uptodate.com/patients to learn more about a medical condition, review treatment options, understand what to expect from a procedure or prepare for a visit to a subspecialist. On the site patients can read over 400 free, in-depth and unbiased patient information topics written by *UpToDate* authors and editors. Patients who want more in-depth information can subscribe to access professional-level information.

Mark Horne, MD, an *UpToDate* subscriber, practices general internal medicine in a multi-specialty clinical practice in rural Mississippi. Dr. Horne recently shared how he uses *UpToDate* with his patients to support shared medical decision-making.

"On an average day, roughly two-thirds of the patients I see have diabetes, hypertension, hyperlipidemia or some combination thereof, and the complications that stem from those diseases," said Dr. Horne. "I often refer patients to *UpToDate*. Their patient information is a great educational resource that helps patients gain a better understanding of their conditions and actively participate in their own care."

Dr. Horne is not alone. In a recent *UpToDate* subscriber survey, 73% of respondents from the United States reported using our patient information with their patients and 20% are already referring their patients directly to our web site.

"My patients thank me for *UpToDate* all the time."

Dr. Horne believes patients are thirsty for credible information. "They search the Internet for medical topics, but they really don't know what kind of information they're going to get," he said. "I tell them they can trust the information in *UpToDate* to be valid, vetted, and thorough. My patients thank me for *UpToDate* all the time."

Refer your patients to *UpToDate* using our FREE patient education pads and posters. Order them online at www.uptodate.com/patients/newsletter. 



Order your free patient education pads and posters

Some key results from *UpToDate's* 2008 Individual Subscriber Survey

We are very pleased to report that 99% of those who responded to our individual subscriber survey indicated a high level of satisfaction with our product and stated that they would recommend *UpToDate*.

In addition, individual subscribers continue to tell us that *UpToDate* has a significant impact on patient care: 90% reported that *UpToDate* has led to changes in patient management and 95% agree that *UpToDate* improves the quality of care they provide to their patients. 



99% indicated a high level of satisfaction with our product and would recommend *UpToDate*

What's new in *UpToDate* 17.1

For each specialty, *UpToDate* summarizes the most important new medical findings since the last release. Go to www.uptodate.com and type "What's New" in the main search screen or go to the Table of Contents to read "What's New" in your specialty and patient information. 

What's new in UpToDate® 17.1

For each specialty, UpToDate summarizes the most important new medical findings since the last release. Below are sample updates thought to be of particular interest by our editors. For the full list of "What's New" topics, click **What's New** on the UpToDate search page toolbar.

ADULT PRIMARY CARE

Treatment of Bell's palsy

The largest double-blind trial evaluating the treatment of Bell's palsy confirmed that early oral glucocorticoid treatment was effective, while antiviral therapy was not. (See "Bell's palsy", section on Glucocorticoid and antiviral therapy trials).

CARDIOLOGY

AF ablation compared with AV node ablation and pacing in heart failure patients

The choice between rhythm control and rate control for patients with atrial fibrillation (AF) and heart failure can be challenging. In a trial of 81 patients with class II or III heart failure and symptomatic, drug-refractory atrial fibrillation (AF), ablation of the AF focus via pulmonary vein isolation (PVI) resulted in significant improvements in LVEF, exercise capacity, and symptoms compared with a rate control strategy employing AV node ablation and biventricular pacing. (See "Atrial fibrillation in heart failure and cardiomyopathy", section on PVI versus AV node ablation with BiV pacing.)

ENDOCRINOLOGY

Guidelines for the management of asymptomatic primary hyperparathyroidism have been revised

The Third International Workshop on the Management of Asymptomatic Primary Hyperparathyroidism guidelines recommend parathyroid surgery in asymptomatic patients with a serum calcium concentration of 1.0 mg/dL (0.25 mmol/L) above the upper limit of normal, creatinine clearance reduced to <60 ml/min, bone density (hip, spine, or distal radius) T-score < -2.5, or age less than 50 years. (See "Management of asymptomatic primary hyperparathyroidism", section on Candidates for surgery).

FAMILY MEDICINE

Indications for pneumococcal vaccine

The United States Advisory Committee on Immunization Practices (ACIP) added cigarette smoking and asthma as indications for vaccination of adults with the pneumococcal vaccine (PPV23; Pneumovax). (See "Pneumococcal vaccination in adults", section on Indications).

GASTROENTEROLOGY AND HEPATOLOGY

Clopidogrel PPI interaction

Several studies have pointed to a potentially clinically-relevant interaction between clopidogrel and proton pump inhibitors (PPIs) whereby PPIs decrease the effectiveness of clopidogrel. (See "Antiplatelet agents in unstable angina and acute non-ST elevation myocardial infarction").

HEMATOLOGY

Green tea and efficacy of bortezomib

Preclinical studies suggest the possibility that the polyphenols contained in green tea may interfere with the induction of tumor cell death by the proteasome inhibitor bortezomib, which is used to treat multiple myeloma. Whether patients receiving this drug should refrain from drinking green tea is unclear, but it might be prudent to avoid ingesting large quantities until further information is available. (See "Complementary and alternative therapies for cancer", section on Green tea).

INFECTIOUS DISEASES

Candidiasis guidelines

The Infectious Diseases Society of America published updated guidelines for the management of candidiasis in March, 2009. Compared with the previous version of the treatment guidelines in 2004, most of the changes relate to the use of the echinocandins and the extended spectrum azoles (voriconazole and posaconazole). (See "Candidemia in adults", section on Choice of antifungal agent).

NEPHROLOGY

Management of hypertension

The ACCOMPLISH trial of 11,506 hypertensive patients demonstrated a decreased risk of adverse cardiovascular outcomes among those treated with benazepril and amlodipine compared to those administered benazepril and hydrochlorothiazide. Given these results as well as earlier findings showing improved outcomes with chlorthalidone, we suggest that patients who are started on a thiazide diuretic for hypertension be treated with chlorthalidone rather than hydrochlorothiazide. (See "Choice of therapy in essential hypertension: Recommendations" and see "Choice of therapy in essential hypertension: Clinical trials").

NEUROLOGY

Long-term results have been published from two multicenter randomized controlled trials (SPACE and EVA-3S) comparing carotid artery stenting (CAS) with carotid endarterectomy (CEA) for the treatment of severe symptomatic carotid stenosis

In the SPACE trial, there was no statistically significant difference between CAS and CEA in the composite endpoint of any periprocedural stroke or death and any ipsilateral ischemic stroke up to two years after the procedure. However, recurrent carotid stenosis ≥ 70 percent was significantly more frequent in the CAS group. (See "Carotid angioplasty and stenting", section on Randomized trials).

In the EVA-3S trial, the composite outcome of any periprocedural stroke or death and any ipsilateral stroke up to four years after the procedure was significantly higher with CAS than with CEA (11.1 versus 6.2 percent). The difference favoring CEA at four years was largely driven by the higher periprocedural (within 30 days) risk of stenting. The risk of ipsilateral stroke after the periprocedural period was low, and similar in both treatment groups. (See "Carotid angioplasty and stenting", section on Randomized trials).

OBSTETRICS/GYNECOLOGY

New evidence of the benefits of circumcision

A study on the effect of adult male circumcision on acquisition of high oncogenic risk human papillomavirus (HR-HPV) found that circumcised heterosexual men developed significantly fewer HR-HPV infections than uncircumcised men. (See "Circumcision: Risks and benefits" section on Reduction in sexually transmitted infections).

ONCOLOGY

ASCO issues a Provisional Clinical Opinion on use of K-ras mutations to guide anti-EGFR therapy in advanced colorectal cancer

A Provisional Clinical Opinion from an expert tumor marker panel of the American Society of Clinical Oncology (ASCO) recommends testing tumors for the presence of K-ras mutations in patients with metastatic colorectal cancer who are candidates for treatment with an anti-epidermal growth factor receptor (EGFR) monoclonal antibody (cetuximab, panitumumab). Use of either drug is only indicated if K-ras is wild-type (ie, a mutation is not detected). (See "Systemic chemotherapy for metastatic colorectal cancer: Completed clinical trials", section on Molecular determinants of response).

PEDIATRICS

Type 2 diabetes in adolescents

The recommended screen for adolescents at risk for type 2 diabetes is fasting plasma glucose, and an oral glucose tolerance test (OGTT) is sometimes used to confirm or further pursue the diagnosis. One study, however, showed poor reproducibility of OGTT results in 60 overweight children who had two tests performed 1 to 25 days apart. Although an abnormal OGTT remains a criterion for the definition of diabetes, a diagnosis based on a single OGTT result should be considered provisional and confirmed with subsequent testing. (See "Epidemiology, presentation, and diagnosis of type 2 diabetes mellitus in children and adolescents", section on Diagnosis).

PULMONARY MEDICINE

During the mechanical ventilation of patients with acute respiratory distress syndrome, adjusting the positive end-expiratory pressure (PEEP) according to esophageal pressure measurements may improve clinical outcomes

A trial randomly assigned 61 mechanically ventilated patients with acute respiratory distress syndrome (ARDS) to have applied positive end-expiratory pressure (PEEP) adjusted according to either esophageal pressure measurements or a table of allowable combinations of fraction of inspired oxygen (FiO₂) and applied PEEP. The group whose applied PEEP was guided by esophageal pressure measurements had a significantly higher arterial oxygen tension (PaO₂) to FiO₂ ratio (280 versus 191 mmHg), when assessed at 72 hours. The esophageal pressure group also had an almost statistically significant reduction in 28-day mortality (17 versus 39 percent, adjusted relative risk 0.46, 95% CI 0.19 to 1.00). (See "Mechanical ventilation in acute respiratory distress syndrome", section on Esophageal pressure).

RHEUMATOLOGY

Accumulating evidence that antidepressants are effective for patients with fibromyalgia

A 2009 meta-analysis that included 18 randomized, placebo-controlled studies of a variety of antidepressants in patients with fibromyalgia, concluded that there was strong evidence for efficacy of antidepressants for pain relief, fatigue, depressed mood, sleep disturbance, and in improving health-related quality of life. The effect size of tricyclic antidepressants was numerically greater than the effect sizes of selective serotonin reuptake inhibitors (SSRIs) or of serotonin and norepinephrine reuptake inhibitors (SNRIs). (See "Treatment of fibromyalgia in adults", section on Antidepressants). 

Upcoming release schedule

Version 17.2 July 2009 • Version 17.3 November 2009 • Version 18.1 March 2010

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