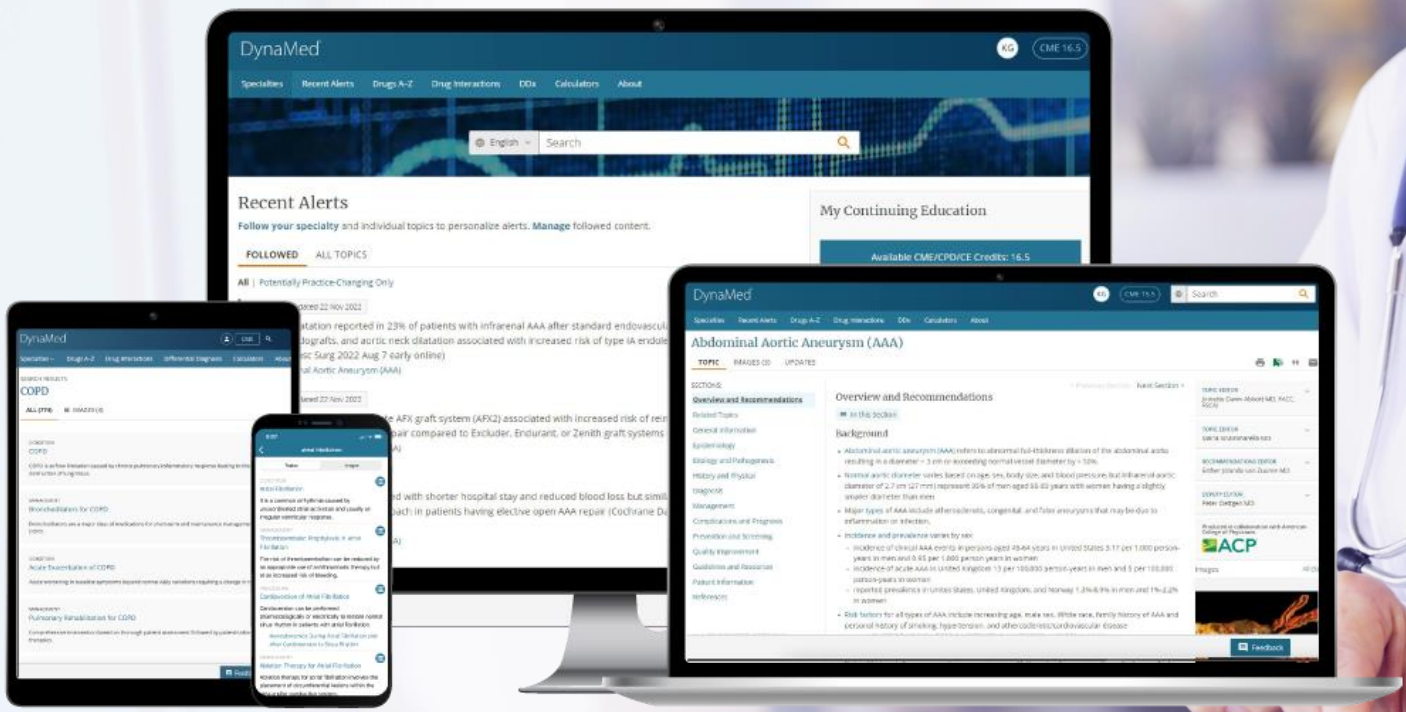
DynaMed®

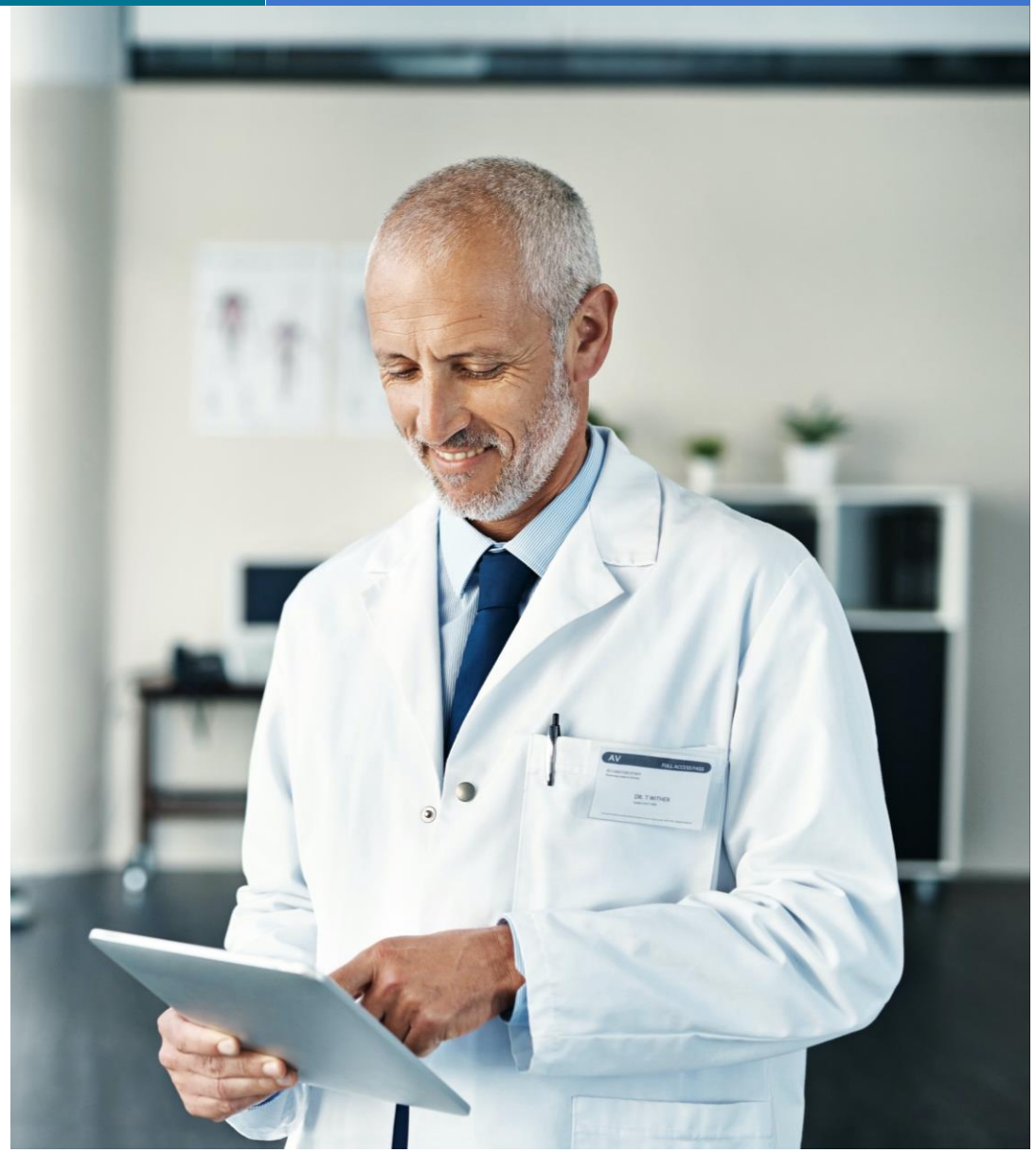
Transforming Clinical Decision Support



The DynaMed Difference

The DynaMed mission

To bring clinicians world-class, evidence-based drug and disease information, in an integrated solution at the point of care, providing fast and actionable answers to clinical questions.



DynaMed Features and Functionality at a Glance

Updated Daily

Micromedex® Drug Content

Evidence-Based O&R

Alerting When Topics Change

Earn CME and MOC

Mobile App

Graphics and Images

Single Sign-On

The DynaMed Difference

Updated daily

vs.

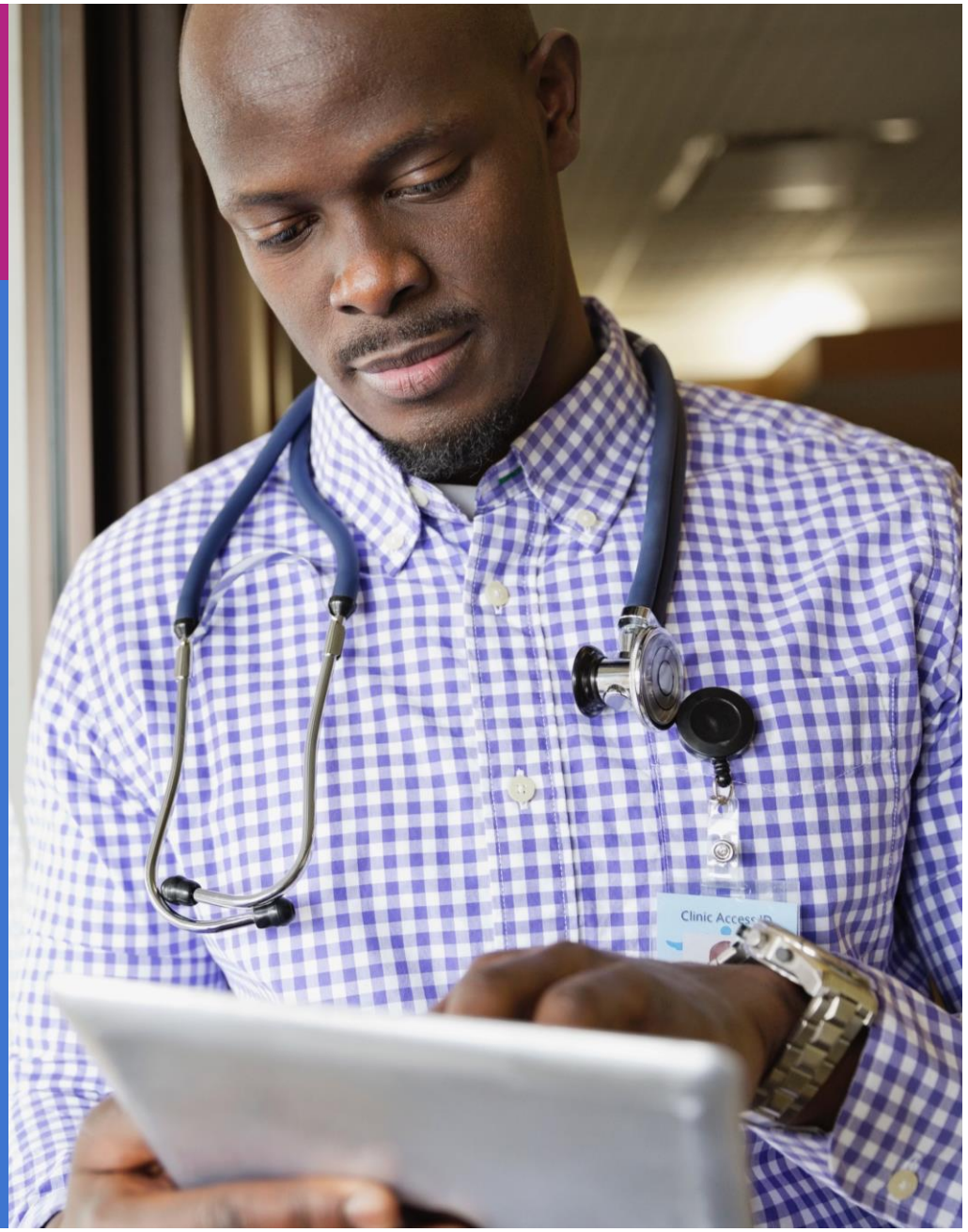
Updated when experts deem necessary

The DynaMed Difference

Modern, intuitive design

vs.

Crowded textbook

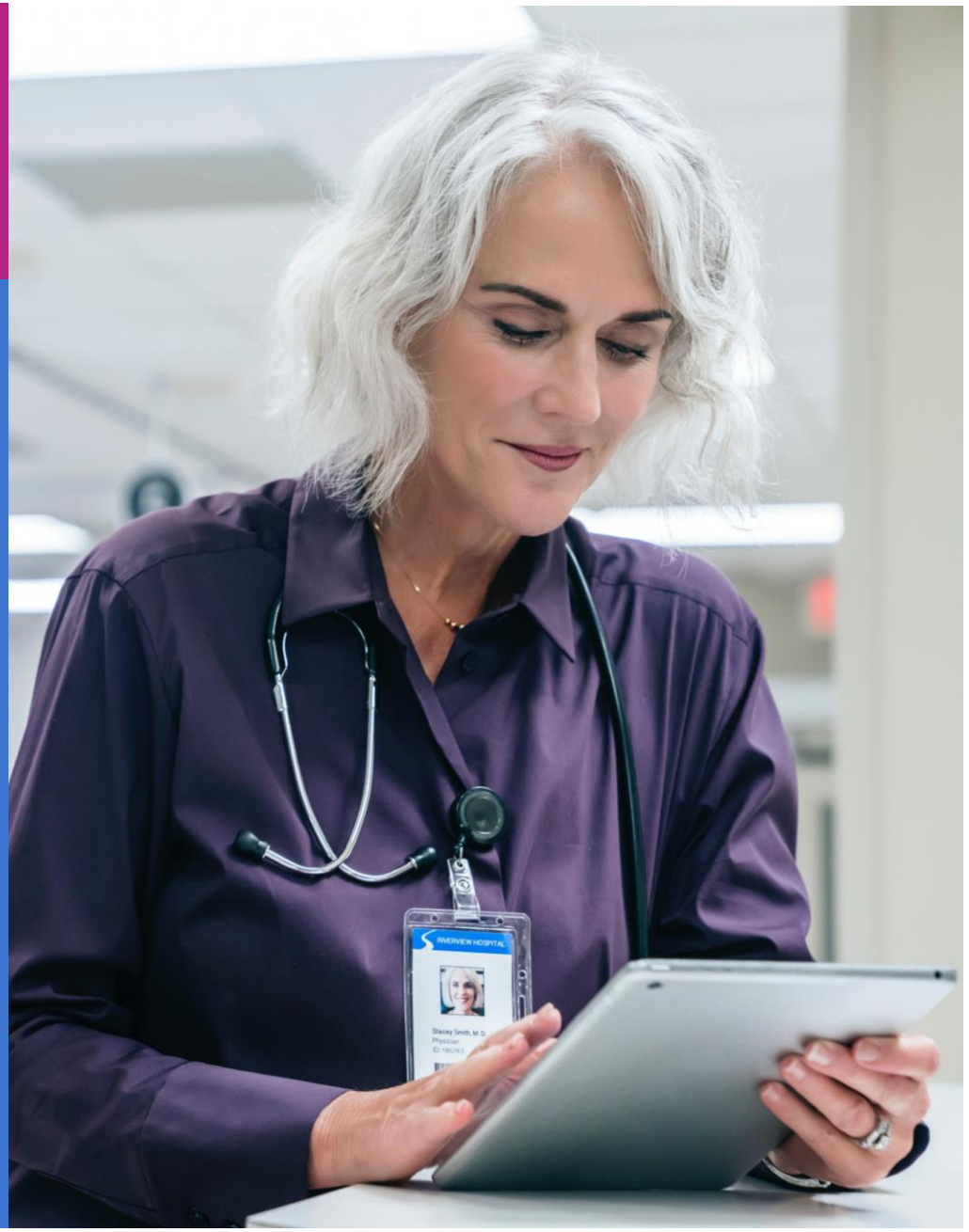


The DynaMed Difference

Alerts when topics change

vs.

No Alerting: users must search to find important updates



The DynaMed Difference

Transparent, stable pricing

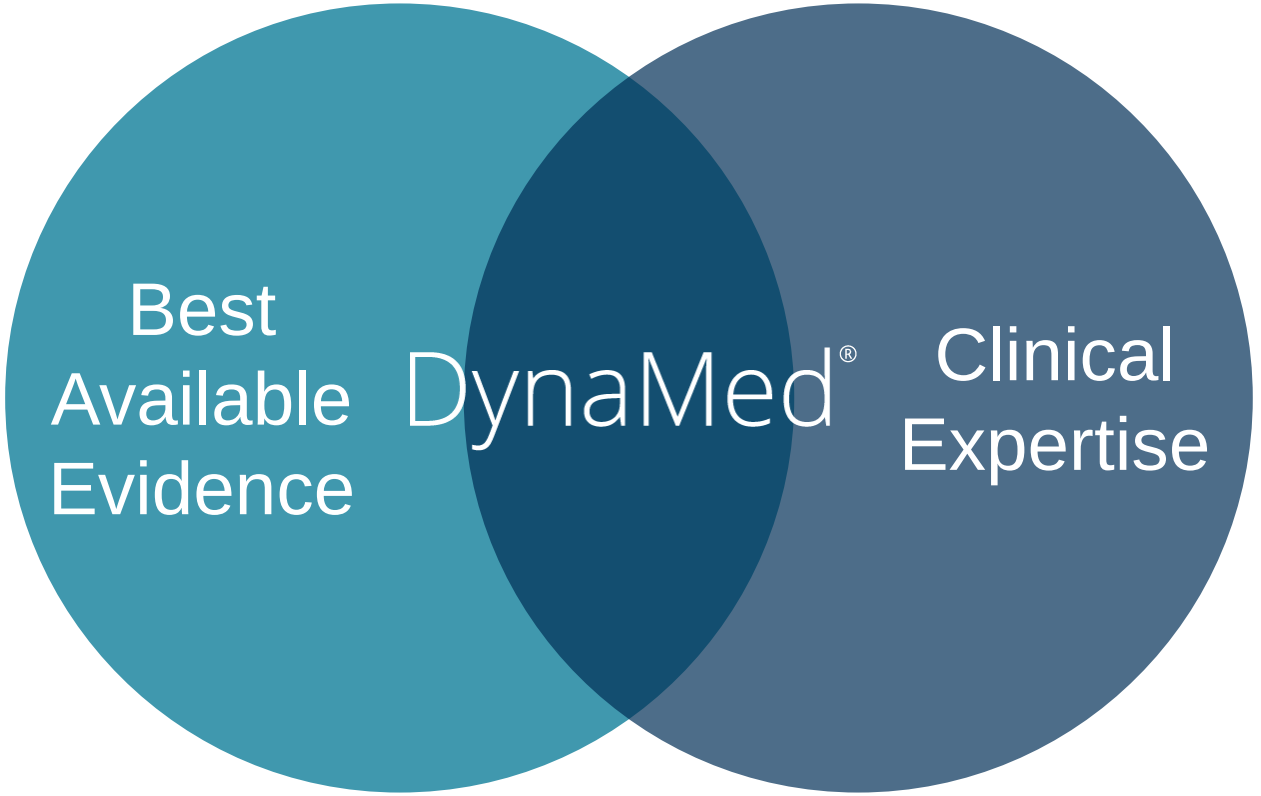
vs.

Volatile, unsustainable price increases

Ensure Confidence in Practice

To ensure confidence in practice, you need the best available evidence combined with clinical expertise that complements and clarifies the evidence.

Either alone is not enough, and DynaMed is the perfect combination of both.



Created by an extensive team of physicians who:

- Are experts in their fields
- Select the best and most appropriate evidence
- Confirm the clinical applicability of content
- Peer review topics

Extensive physician network

125

physicians and scientists on staff

MORE THAN

450

physicians around the world write or peer review our content

DynaMed Evidence-Based Methodology

Identify the Evidence

Select the Best

Critically Appraise

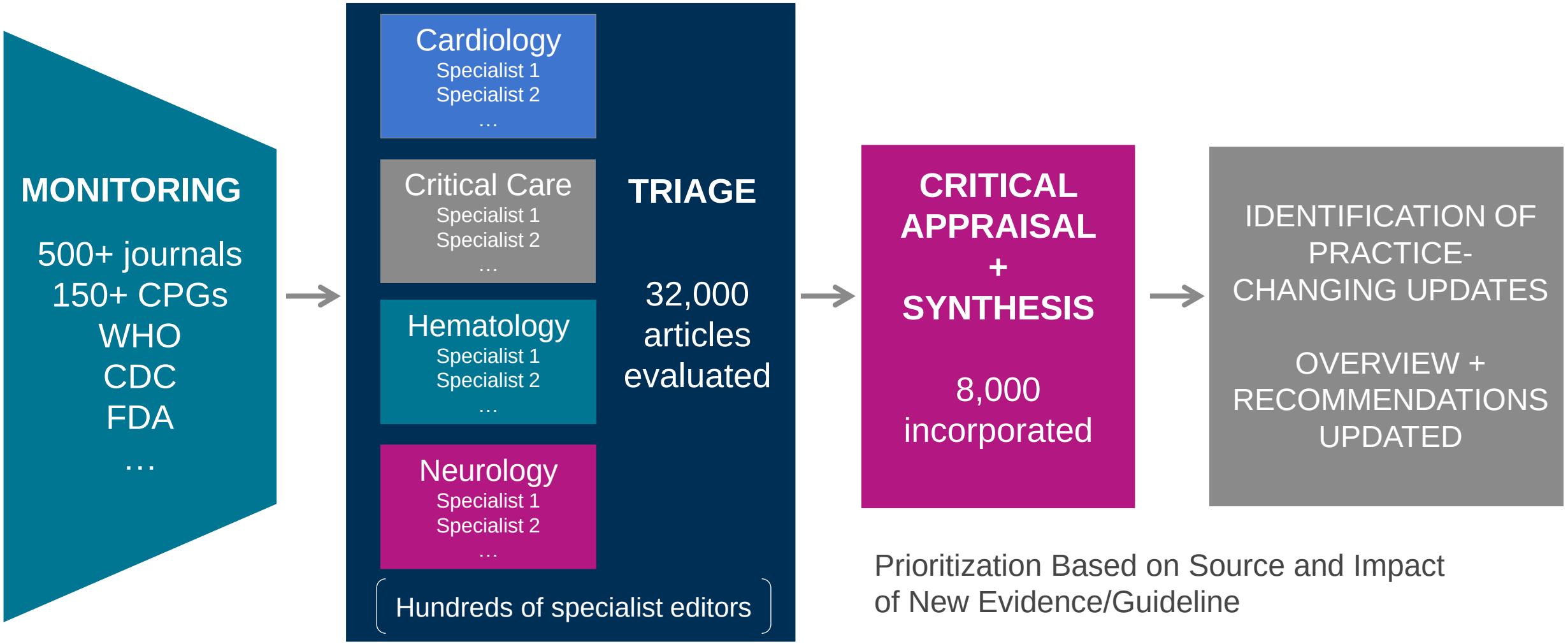
Objectively Report

Synthesize the Evidence

Report Conclusions and Make Recommendations

Adjust Conclusions When New Evidence is Published

Systematic Literature Surveillance



Prioritization Based on Source and Impact of New Evidence/Guideline

Editorial Leadership

Peter Oettgen, MD, FACC, FAHA

Editor in Chief, Deputy Editor of Cardiology

Cardiologist, Beth Israel Deaconess Medical Center; Associate Professor, Harvard Medical School

Alan Ehrlich, MD

Executive Deputy Editor

Family Practice Physician; Associate Professor in Family Medicine, University of Massachusetts Medical School

Physician organizations, leading EBM institutions, and top drug vendors choose DynaMed

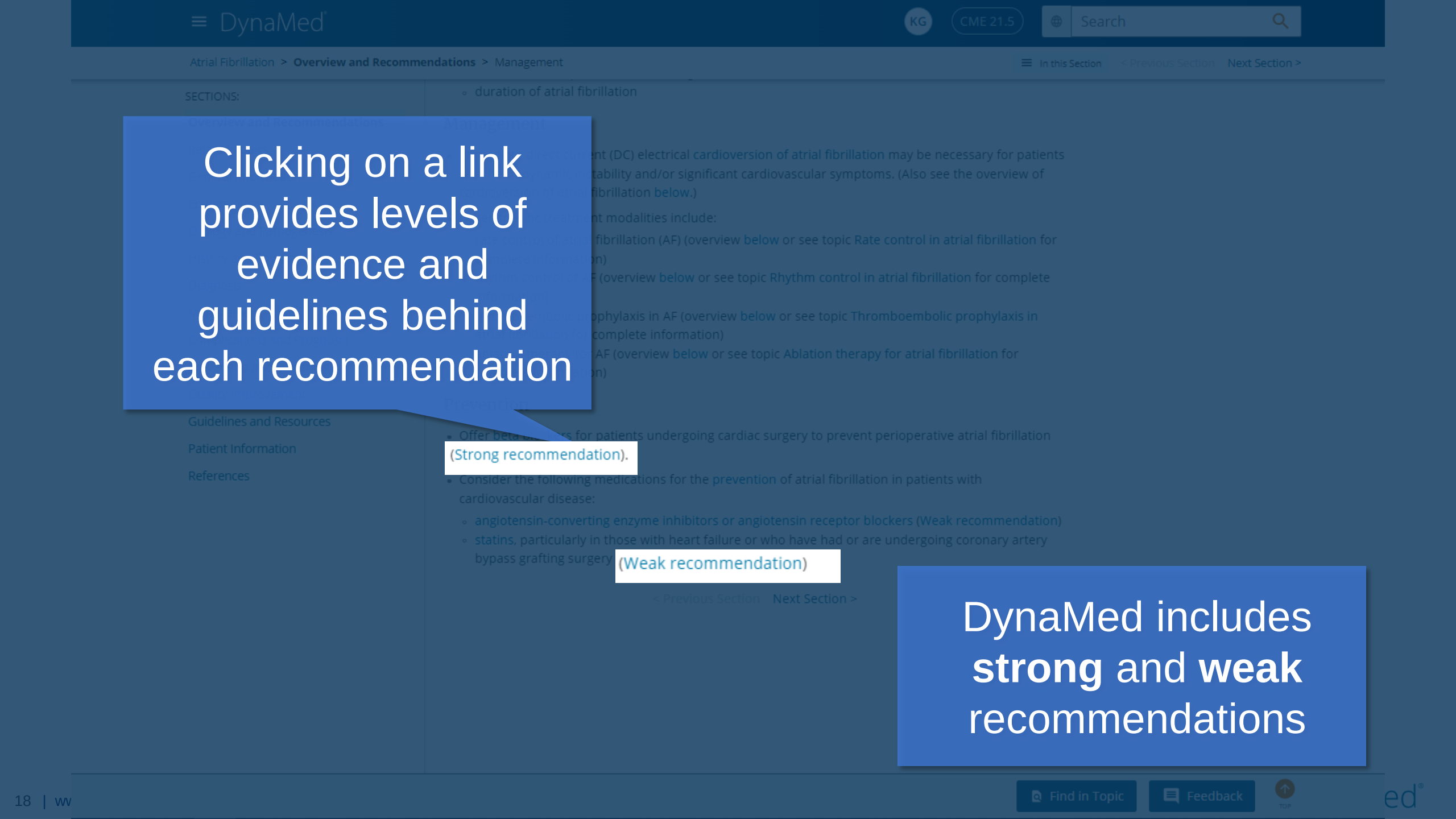
DynaMed uses the GRADE system for recommendations and a proprietary system for evaluating the strength of the evidence.

RECOMMENDATIONS

- Strong
- Weak

EVIDENCE

- High (1)
- Moderate (2)
- Low or evidence lacking clinical outcomes (3)



Clicking on a link provides levels of evidence and guidelines behind each recommendation

DynaMed includes **strong** and **weak** recommendations

control symptoms (CCS Strong recommendation, Moderate-quality evidence)

- rhythm control and rate control strategies associated with similar rates of all-cause mortality and stroke, but rhythm control may increase risk of serious adverse events in patients with atrial fibrillation or atrial flutter DynaMed Level 2
- see Rate Control in Atrial Fibrillation and Rhythm Control in Atrial Fibrillation for details and additional information

Thromboembolic Prophylaxis

- thromboembolism is a major complication of atrial fibrillation which may result in stroke or death
- see Thromboembolic Prophylaxis in Atrial Fibrillation

Lifestyle Modifications

Exercise

- combination of weight loss and risk factor modification is recommended for overweight and obese patients with atrial fibrillation (AHA/ACC/HRS Class I, Level B-R) (Circulation 2019 Jul 9;140(2):e125)
- after taking pill-in-pocket flecainide or propafenone, avoidance of physical activity suggested as long as atrial fibrillation persists and until two half-lives of antiarrhythmic drug therapy elap (CCS Class IIa, Level C) [2]

STUDY SUMMARY

exercise-based interventions might improve exercise capacity but not physical or mental health-related quality of life in patients with atrial fibrillation DynaMed Level 2

COCHRANE REVIEW: Cochrane Database Syst Rev 2017 Feb 9;(2):CD011197

Details

STUDY SUMMARY

addition of weight loss intervention to intensive risk factor management may reduce frequency, duration, and severity of atrial fibrillation episodes DynaMed Level 2

RANDOMIZED TRIAL: JAMA 2013 Nov 20;310(19):2050

Details

Reduced Alcohol Consumption

STUDY SUMMARY

DynaMed provides clear levels of evidence with links to references and full-text

Global Guidelines

DynaMed

Acute Rheumatic Fever > **Guidelines and Resources** > Guidelines > United States Guidelines

SECTIONS:

- Overview and Recommendations
- Related Topics
- General Information
- Epidemiology
- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Management
- Complications and Prognosis
- Prevention and Screening
- **Guidelines and Resources**
- Patient Information
- References

patients with valvular heart disease can be found in J Am Coll Cardi... corrections can be found in J Am Coll Cardiol 2021 Feb 2;77(4):509 and J Am Coll Cardiol 2021 Mar 9;77(9):1275, also published in Circulation 2021 Feb 2;143(5):e72, correction can be found in Circulation 2021 Feb 2;143(5):e229

Asian Guidelines

- Indian Academy of Pediatrics consensus guideline on pediatric acute rheumatic fever and rheumatic heart disease can be found in Indian Pediatr 2008 Jul;45(7):565 EBSCOhost Full Text PDF, commentary can be found in Indian Pediatr 2008 Nov;45(11):943 EBSCOhost Full Text

Central And South American Guidelines

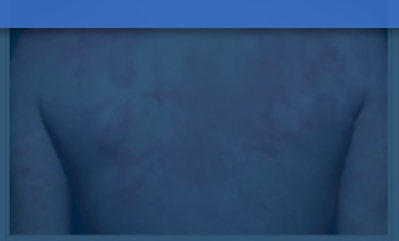
- Sociedade Brasileira de Cardiologia (SBC) guideline on diagnosis, treatment, and prevention of rheumatic fever can be found in Arq Bras Cardiol 2009 Sep:93(3 Suppl 4):3 full-text [Portuguese]

Australian And New Zealand Guidelines

- Queensland Health Primary Clinical Care Manual: Paediatrics can be found at Queensland 2023 Mar
- Communicable Diseases Network Australia (CDNA) guideline on acute rheumatic fever and rheumatic heart disease can be found at CDNA 2018 PDF
- National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand (CSANZ) guideline on prevention, diagnosis, and management of acute rheumatic fever and rheumatic heart disease available for download at Rheumatic Heart Disease Australia 2020
- Ministry of Health guideline on rheumatic fever can be found at Ministry of Health 2014 Dec
- National Heart Foundation of New Zealand/Cardiac Society of Australia and New Zealand (HFNZ/CSANZ) guidelines on
  - group A streptococcal sore throat management can be found at HFNZ/CSANZ 2019 PDF
  - diagnosis, management, and secondary prevention of rheumatic fever can be found at HFNZ/CSANZ 2014 PDF; includes 2019 updated medication regimens
  - proposed rheumatic fever primary prevention programme can be found at HFNZ/CSANZ 2009 May PDF; includes 2019 updated definition of "high risk for rheumatic fever"

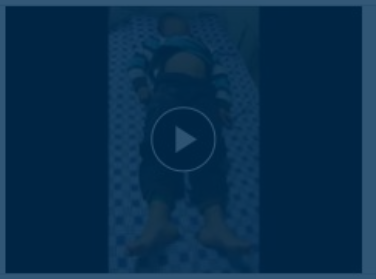
Review Articles

- reviews can be found in
  - Pediatr Rev 2021 May;42(5):221
  - Lancet 2018 Jul 14;392(10142):161, correction can be found in Lancet 2018 Sep 8;392(10150):820



Erythema marginatum in rheumatic fever

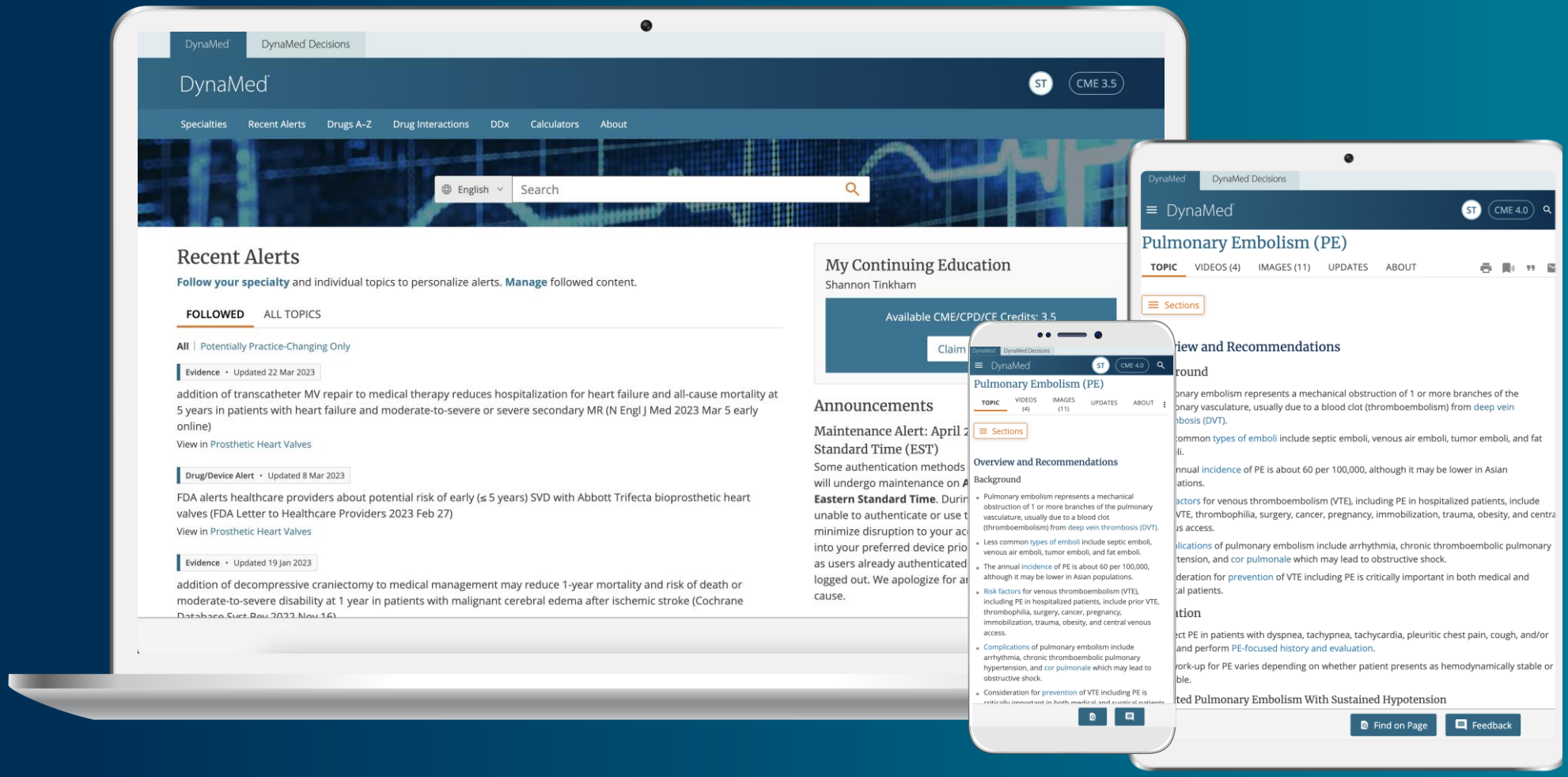
Videos All (1)



Sydenham chorea

Find in Topic 0 / 0

Save Time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Drugs A–Z
Drug Interactions
DDx
Calculators
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FOLLOWED
ALL TOPICS
All | Potentially Practice-Changing Only
Evidence • Updated 22 Mar 2023
addition of transcatheter MV repair to medical therapy reduces hospitalization for heart failure and all-cause mortality at 5 years in patients with heart failure and moderate-to-severe or severe secondary MR (N Engl J Med 2023 Mar 5 early online)
View in Prosthetic Heart Valves
Drug/Device Alert • Updated 8 Mar 2023
FDA alerts healthcare providers about potential risk of early (≤ 5 years) SVD with Abbott Trifecta bioprosthetic heart valves (FDA Letter to Healthcare Providers 2023 Feb 27)
View in Prosthetic Heart Valves
Evidence • Updated 19 Jan 2023
addition of decompressive craniectomy to medical management may reduce 1-year mortality and risk of death or moderate-to-severe disability at 1 year in patients with malignant cerebral edema after ischemic stroke (Cochrane
My Continuing Education
Shannon Tinkham
Available CME/CPD/CE Credits: 3.5
Claim
Announcements
Maintenance Alert: April
Standard Time (EST)
Some authentication methods
will undergo maintenance on
Eastern Standard Time. Durin
unable to authenticate or use t
minimize disruption to your ac
into your preferred device prio
as users already authenticated
logged out. We apologize for a
cause.
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ST
CME 4.0
Pulmonary Embolism (PE)
TOPIC
VIDEOS (4)
IMAGES (11)
UPDATES
ABOUT
Sections
iew and Recommendations
round
nary embolism represents a mechanical obstruction of 1 or more branches of the nary vasculature, usually due to a blood clot (thromboembolism) from deep vein nbosis (DVT).
ommon types of emboli include septic emboli, venous air emboli, tumor emboli, and fat li.
nnual incidence of PE is about 60 per 100,000, although it may be lower in Asian ations.
actors for venous thromboembolism (VTE), including PE in hospitalized patients, include VTE, thrombophilia, surgery, cancer, pregnancy, immobilization, trauma, obesity, and centra us access.
lications of pulmonary embolism include arrhythmia, chronic thromboembolic pulmonary tension, and cor pulmonale which may lead to obstructive shock.
deration for prevention of VTE including PE is critically important in both medical and al patients.
ation
ct PE in patients with dyspnea, tachypnea, tachycardia, pleuritic chest pain, cough, and/or and perform PE-focused history and evaluation.
ork-up for PE varies depending on whether patient presents as hemodynamically stable or ble.
ted Pulmonary Embolism With Sustained Hypotension
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ST
CME 4.0
Pulmonary Embolism (PE)
TOPIC
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ABOUT
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Overview and Recommendations
Background
Pulmonary embolism represents a mechanical obstruction of 1 or more branches of the pulmonary vasculature, usually due to a blood clot (thromboembolism) from deep vein thrombosis (DVT).
Less common types of emboli include septic emboli, venous air emboli, tumor emboli, and fat emboli.
The annual incidence of PE is about 60 per 100,000, although it may be lower in Asian populations.
Risk factors for venous thromboembolism (VTE), including PE in hospitalized patients, include prior VTE, thrombophilia, surgery, cancer, pregnancy, immobilization, trauma, obesity, and central venous access.
Complications of pulmonary embolism include arrhythmia, chronic thromboembolic pulmonary hypertension, and cor pulmonale which may lead to obstructive shock.
Consideration for prevention of VTE including PE is

Antiplatelet and Anticoagulant Drugs for Elective Percutaneous Coronary Intervention (PCI)

Overviews and Recommendations

< Previous Section Next S

Overview and Recommendations

In this Section

Background

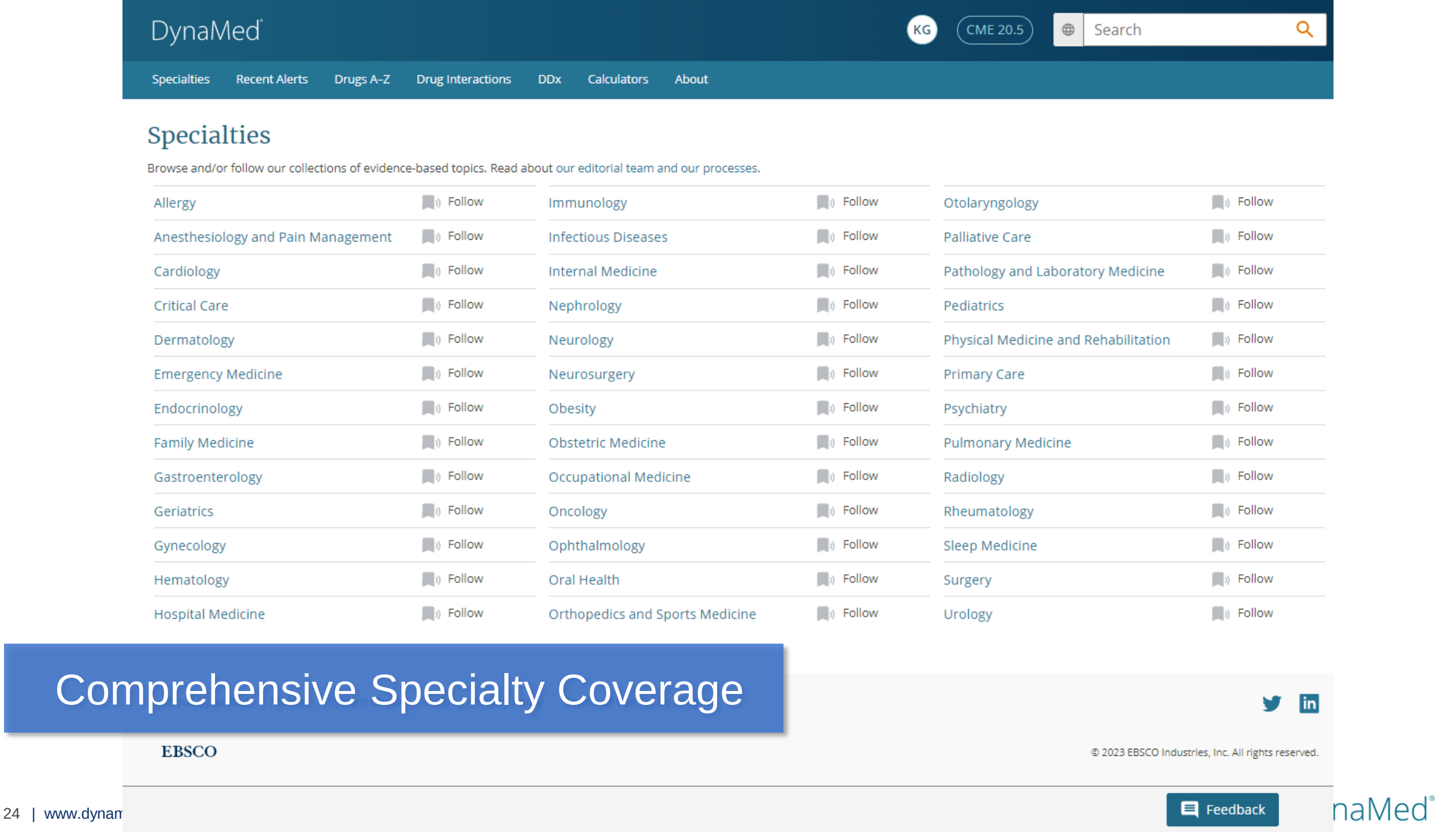
- Antiplatelet (including aspirin and $P2Y_{12}$ inhibitors) and anticoagulant drugs are routinely administered during elective percutaneous coronary interventions (PCI).

Management

- Give aspirin before percutaneous coronary intervention (PCI) using one of the following doses:
  - 81-325 mg for patients already taking daily aspirin (Strong recommendation)
  - 325 mg nonenteric coated aspirin if not already taking daily aspirin (Strong recommendation)
- Give clopidogrel 600 mg to patients having PCI with stenting (Strong recommendation).
- Do not perform routine genetic or platelet function testing to screen patients treated with clopidogrel having PCI (Strong recommendation).
- Give one of the following anticoagulants to patients undergoing PCI (Strong recommendation):
  - unfractionated heparin (UFH)
  - enoxaparin
  - bivalirudin
  - argatroban
- Glycoprotein (GP) IIb/IIIa blockers:
  - Glycoprotein IIb/IIIa blockers are associated with decreased mortality at 30 days but may increase the risk of major bleeding in patients having percutaneous coronary intervention.
  - Consider giving a glycoprotein IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus-dose tirofiban) to patients treated with UFH and not pretreated with clopidogrel (Weak recommendation).

RECOMMENDATIONS EDITOR
Zbigniew Fedorowicz PhD, MSc, DPH, BDS, LDSRCS

DEPUTY EDITOR
Peter Oettgen MD



Comprehensive Specialty Coverage

DynaMed

KG | CME 22.5 | lung cancer

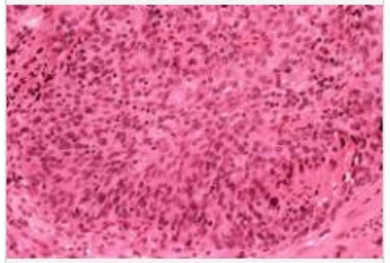
Specialties | Recent Alerts | Drugs A–Z | Drug Interactions | DDx | Calculators | About

SEARCH RESULTS

lung cancer

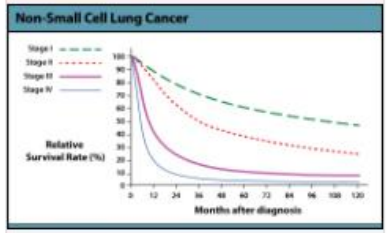
ALL (499) | VIDEOS (1) | **IMAGES (7)**

Graphics and images offer fast answers to clinical questions with visual prompts

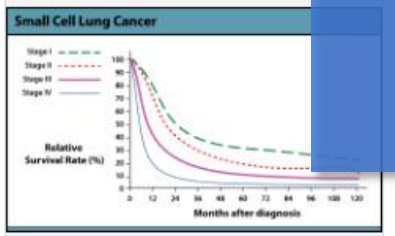


Lung cancer

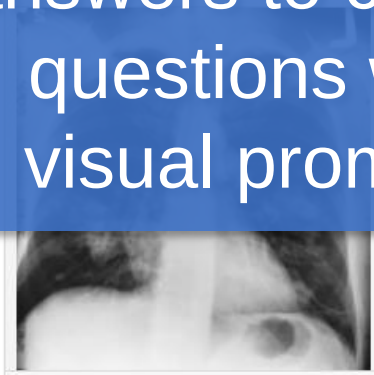
Lung Cancer



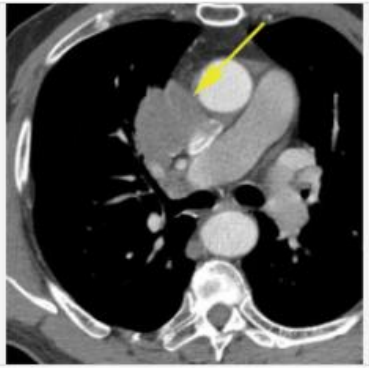
Lung cancer survival trends



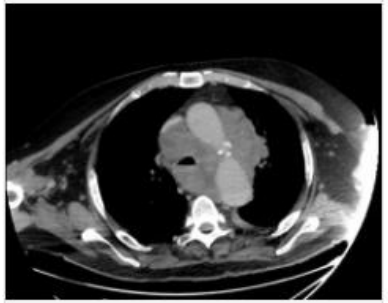
Lung cancer survival trends



Lung Cancer Chest X-Ray



Non-small cell lung cancer



Tracheal compression from small cell lung cancer

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SEARCH RESULTS

lung cancer

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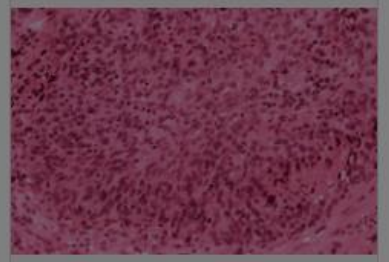
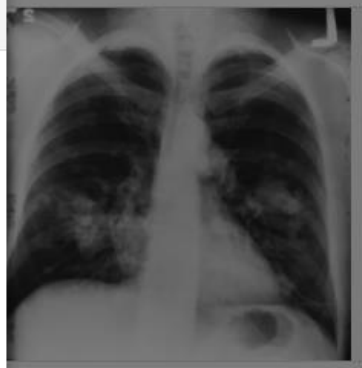
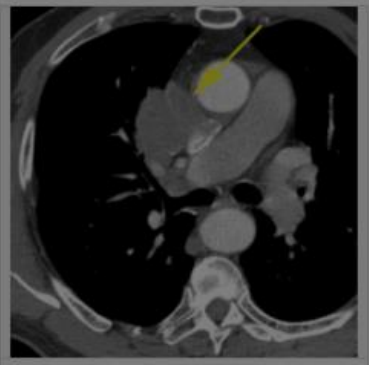
Were these results helpful?



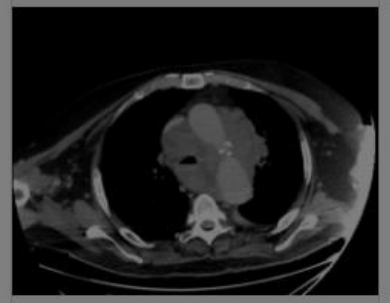
Lung cancer



Lung Cancer Chest X-Ray

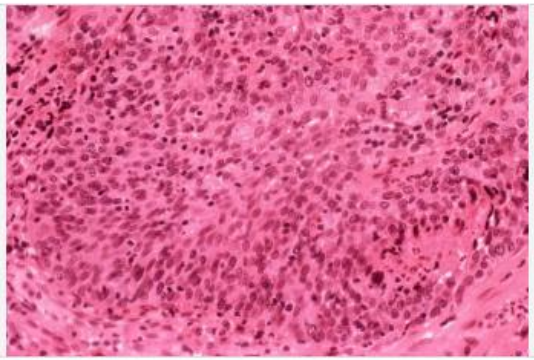


Non-small cell lung cancer



Tracheal compression from small cell lung cancer

IMAGE 1 OF 7



Lung cancer

Lung cancer. Light micrograph of a section through cancerous lung tissue, showing a mixture of small and intermediate-sized cancer cells in a case of small cell carcinoma (SCC). Also known as oat cell carcinoma, this is an aggressive lung cancer that can rapidly spread to other parts of the body, often before diagnosis, and the prognosis is poor. Chemotherapy and radiotherapy help to prolong the life of the patient. Magnification unknown.

VIEW IN CONTEXT: Syndrome of Inappropriate Antidiuresis (SIAD)

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Selecting an image provides users with a larger view and additional context

Feedback

DynaMed

KG CME 20.5 Search

Warfarin > **Dosing/Administration** > Adult Dosing

SECTIONS:

Dosing/Administration

Medication Safety

Class

Mechanism Of Action

Pharmacokinetics

Patient Education

Toxicology

About

Brands

dosage) [5]

- Maintenance, 2 to 10 mg orally once a day (FDA dosage) [5] .
- Duration of therapy: 3 months for pulmonary embolism [PE] secondary to reversible risk factor; 3

therapy (guideline dosage) [17]

- Venous thromboembolism: Prophylaxis
  - Initial: 2 to 5 mg orally once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg orally once a day (FDA dosage) [5]
  - Secondary prevention: Duration, no predefined stop date; reevaluate the need for extended-phase treatment at least annually (guideline dosage) [17]
- Micromedex® DRUGDEX® Subscribers: Warfarin Sodium Details

Pediatric Dosing

- Important Note
  - Beers Criteria: Avoid use when possible in older adults [4] .
- General Dosage Information
  - Adequate and well-controlled studies with heparin have not been conducted in any pediatric population, and the optimum dosing, safety, and efficacy in pediatric patients is unknown. Pediatric use of heparin is based on adult data and recommendations, and available limited pediatric data from observational studies and patient registries [18] .
- IBM Micromedex® DRUGDEX® Subscribers: Warfarin Sodium Details

FDA-Labeled Indications

Atrialfibrillation-Thromboembolicdisorder

Adult

- FDA Approval: yes
- Efficacy: Effective

Find in Topic Feedback TOP

DynaMed

Link to Micromedex®

- DRUGDEX® Subscribers: See additional details for WARFARIN

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MICROMEDEX® SOLUTIONS

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WARFARIN [Your search: WARFARIN]

Drug Classes: Anticoagulant | Blood Modifier Agent | All

Routes: **Intravenous** | **Oral**

Substance: WARFARIN

Regulatory Authority: FDA

In-Depth Answers | All Results

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
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Dosing/Administration

Adult Dosing

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Normal Dosage
Dosage in Renal Failure
Dosage in Hepatic Insufficiency
Dosage in Geriatric Patients
Dosage Adjustment During Dialysis
Dosage in Other Disease States

Normal Dosage
Important Note
Warfarin
Warfarin Sodium

Important Note

Warfarin Sodium

Beers Criteria: Use caution or avoid use as potentially inappropriate in older adults [1].

Warfarin

Related Results

Disease
Toxicology
Drug Consults
Product Lookup - Tox & Drug

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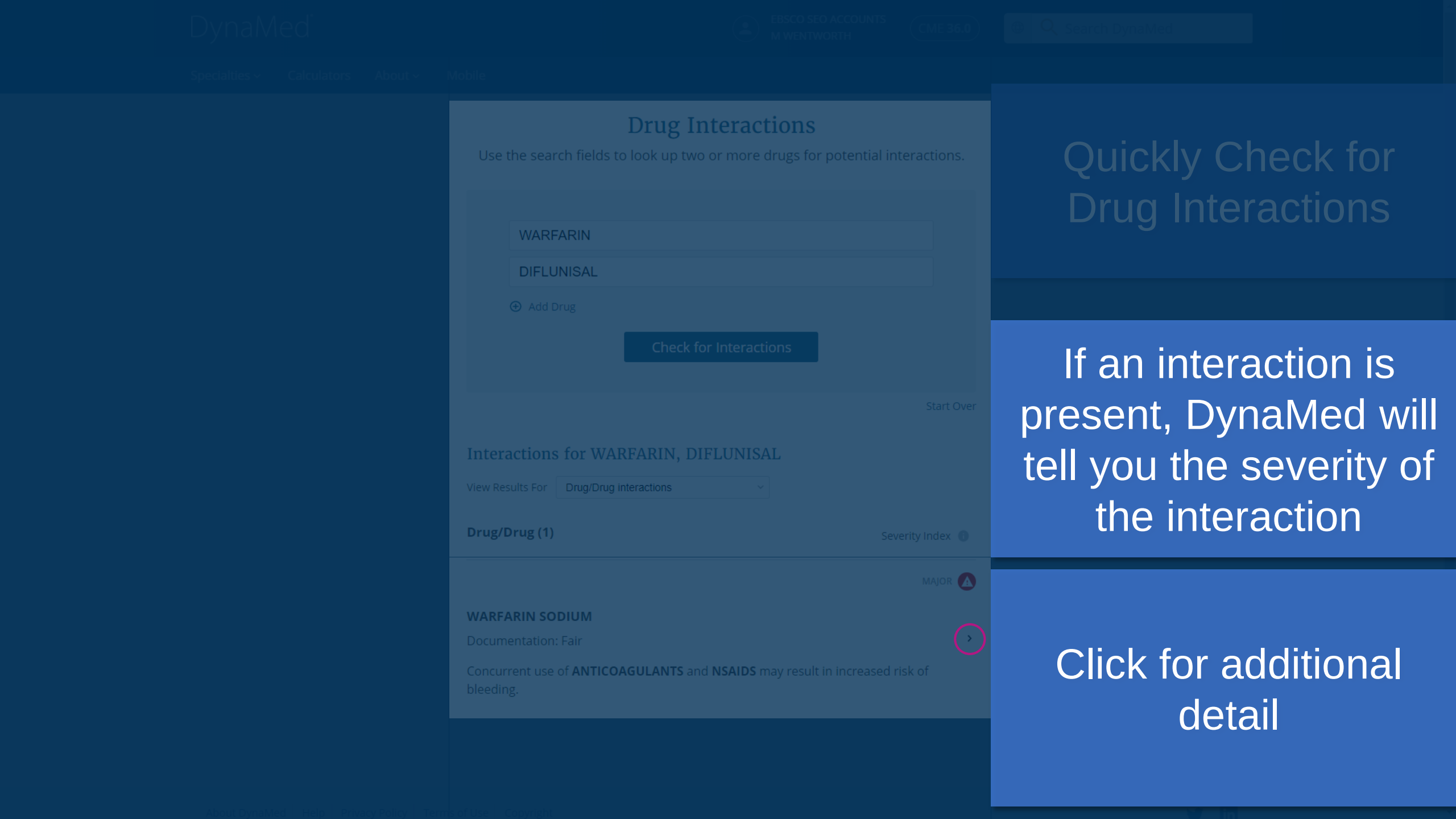
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View Results For
Drug/Drug interactions
Drug/Drug (1)
Severity Index
MAJOR
WARFARIN SODIUM
Documentation: Fair
Concurrent use of ANTICOAGULANTS and NSAIDS may result in increased risk of bleeding.
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Quickly Check for Drug Interactions
If an interaction is present, DynaMed will tell you the severity of the interaction
Click for additional detail

WARFARIN SODIUM

MAJOR

Warning:

Concurrent use of ANTICOAGULANTS and NSAIDS may result in increased risk of bleeding.

Clinical Management:

Coadministration of an anticoagulant and an NSAID may increase the risk of serious bleeding relative to the use of either drug alone (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016; Prod Info COUMADIN® oral tablets, intravenous injection powder for solution, 2015) and may increase the risk of epidural or spinal hematomas that can result in long-term or permanent paralysis in patients who are receiving neuraxial anesthesia or undergoing spinal puncture (Prod Info PRADAXA® oral capsules, 2015; Prod Info SAVAYSA(TM) oral tablets, 2015). If used concomitantly, monitor for signs of bleeding (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016).

Onset:

Not Specified

Severity:

Major

Documentation:

Fair

Probable Mechanism:

additive effect on hemostasis

Summary:

Coadministration of an anticoagulant and an NSAID may increase the risk of serious bleeding relative to the use of either drug alone (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016; Prod Info COUMADIN® oral tablets, intravenous injection powder for solution, 2015) and may increase the risk of epidural or spinal hematomas that can result in long-term or permanent paralysis in patients who are receiving neuraxial anesthesia or undergoing spinal puncture (Prod Info PRADAXA® oral capsules, 2015; Prod Info SAVAYSA(TM) oral tablets, 2015). If used concomitantly, monitor for signs of bleeding (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016).

Reference(s):

Product Information: CALDOLOR(R) intravenous injection, ibuprofen intravenous injection. Cumberland Pharmaceuticals Inc. (per FDA), Nashville, TN, Apr 2016

Additional detail on the drug interaction

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Drug Interactions

Use the search fields to look up two or more drugs for potential interactions.

WARFARIN

DIFLUNISAL

Add Drug

Check for Interactions

Start Over

Users can easily adjust the interaction type

Interactions for WARFARIN, DIFLUNISAL

Display: Drug/Drug interactions

Severity Index

- Drug/Pregnancy interactions
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- Drug/Food interactions
- Drug/Tobacco interactions
- Drug/Lactation interactions
- Drug/Ethanol interactions
- Drug/Lab interactions

DRUG/D

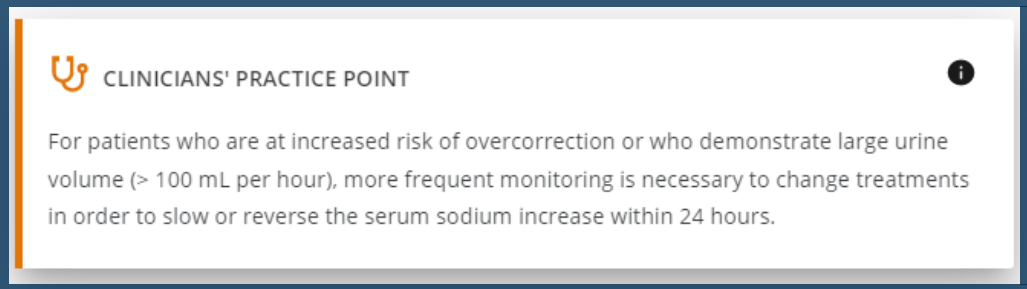
WARFAI

MAJOR

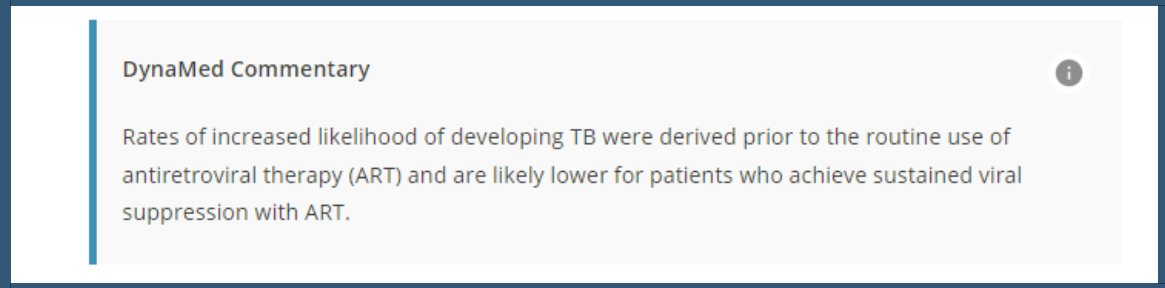
DOCUMENTATION: Fair

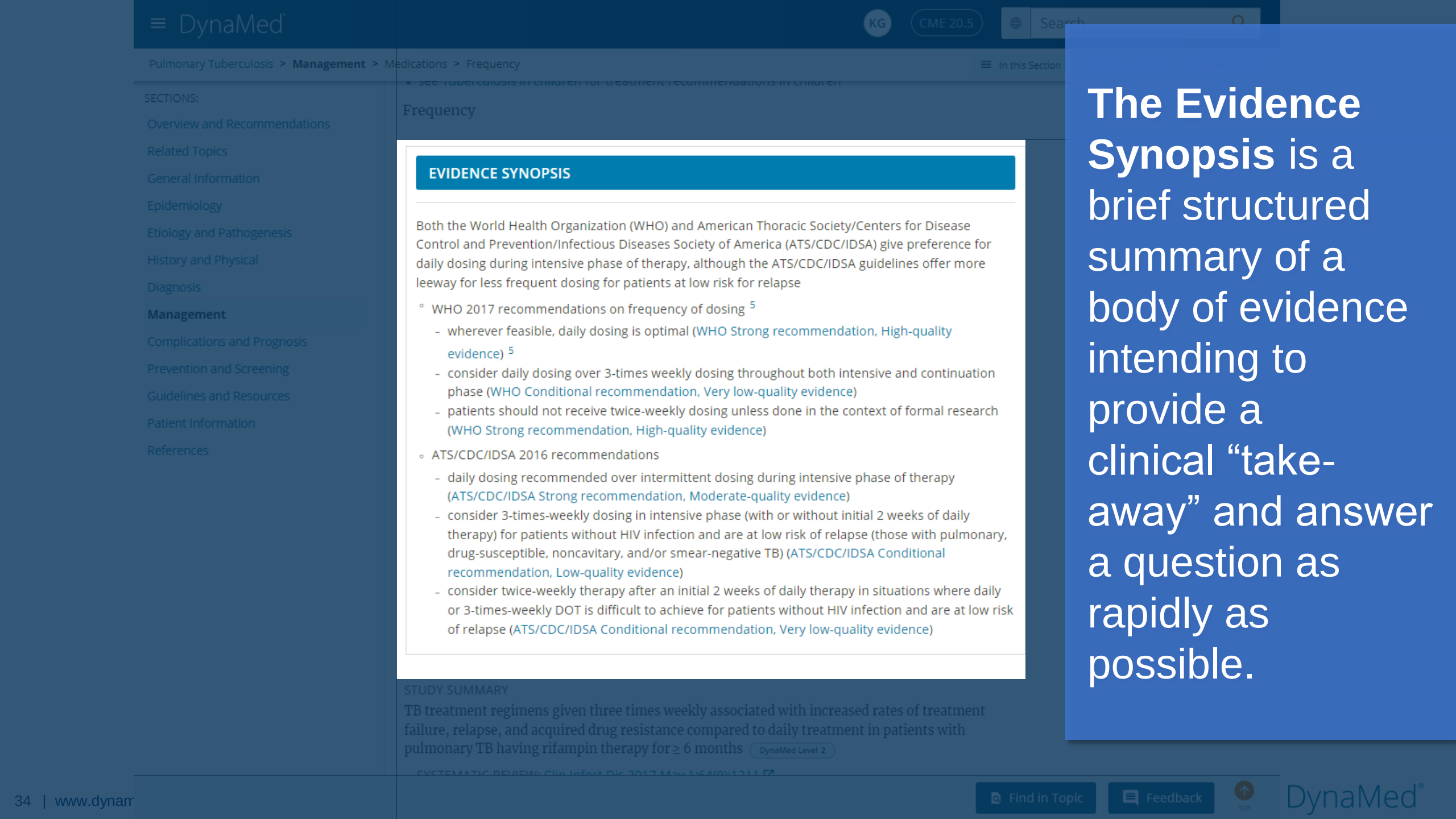
Concurrent use of **ANTICOAGULANTS** and **NSAIDS** may result in increased risk of bleeding. See details >

Clinicians' Practice Points provide guidance and opinion from expert physician editors on what is perceived to be good clinical practice in the absence of robust evidence.



DynaMed Commentary provides information about the methodology or other significant technical aspects of the clinical studies that are critically appraised in the evidence summaries.





The Evidence Synopsis is a brief structured summary of a body of evidence intending to provide a clinical "take-away" and answer a question as rapidly as possible.

Incidence/Prevalence

Global

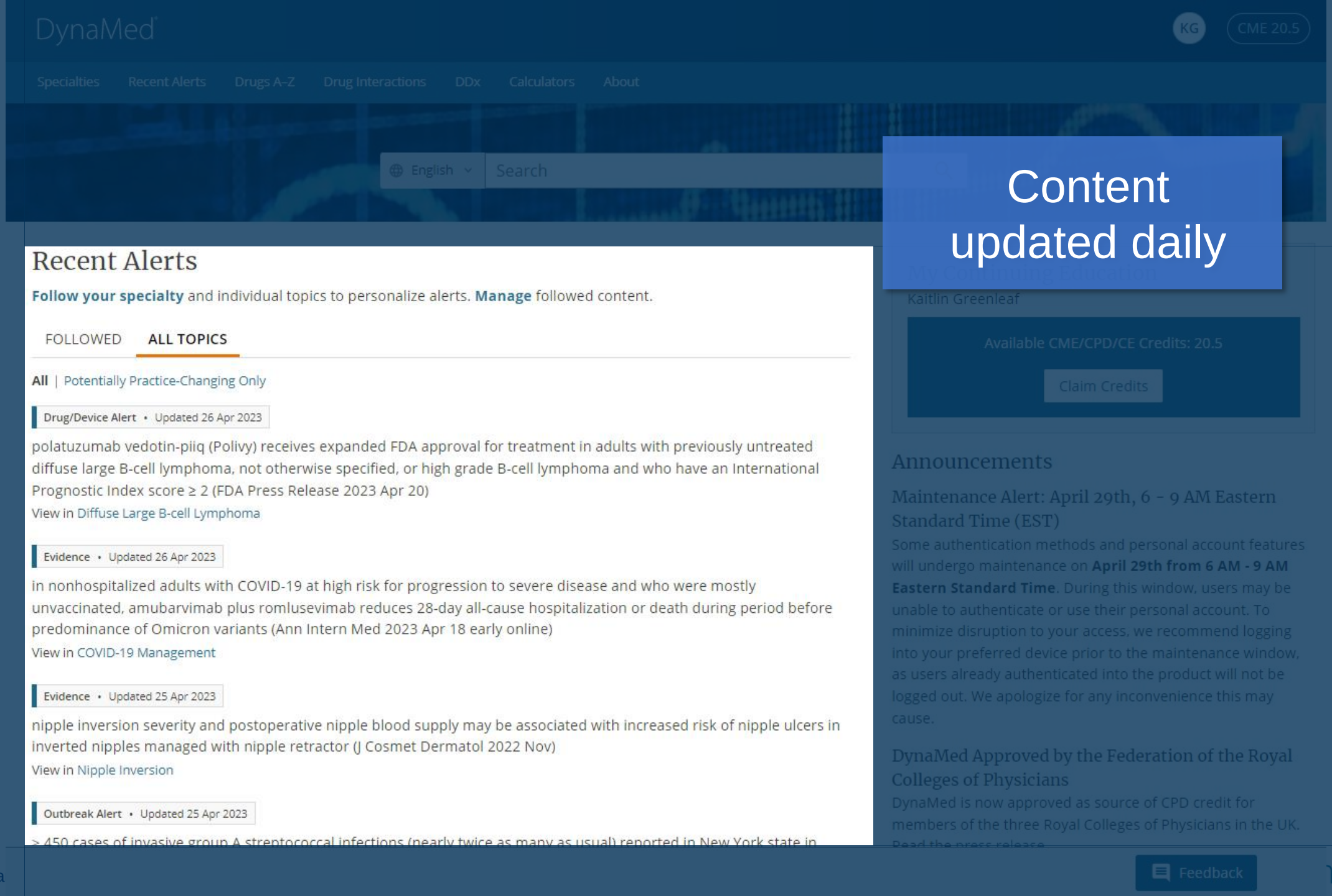
- estimated 1.7 billion people infected with *M. tuberculosis* worldwide [1]
- World Health Organization (WHO) global tuberculosis (TB) statistics for 2018
  - estimated 10 million incident cases of TB worldwide in 2018
    - 130 cases per 100,000 persons
    - 57% male
  - estimated 1.2 million deaths attributed to TB among HIV-negative persons
  - estimates among patients with HIV
    - 862,000 new cases of TB (about 8.6% of all TB cases)
    - 251,000 deaths attributed to TB
  - Reference - World Health Organization (WHO) global tuberculosis report WHO 2019 PDF
- estimated 2.8% prevalence of active TB among 10.2 million people incarcerated worldwide (Lancet 2016 Sep 10;388(10049):1089)

Americas

- outbreak of tuberculosis reported in Pang[illegible] in Nunavut Territory, Canada in November 2021 (Nunavut Department of Health 2021 Nov[illegible])
- United States
  - 70 cases of tuberculosis reported in Wa[illegible] with single outbreak across several sta[illegible] 28)
  - TB statistics for 2018
    - 9,029 cases of TB were provisionally [illegible] (CDC) in 2018 as of February 11, 2019 (0.7% decrease from 2017)
    - TB annual incidence
      - 2.8 per 100,000 persons overall
      - 1 per 100,000 United States-born persons
      - 14.2 per 100,000 foreign-born persons
    - 69.5% of TB cases occurred in foreign-born persons, with top 5 countries of origin Mexico, Philippines, India, Vietnam, and China
    - 5.3% of persons with TB and reported HIV test results were HIV positive

Mycobacterium tuberculosis

One-click access to the full text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Drug/Device Alert • Updated 26 Apr 2023
polatuzumab vedotin-piiq (Polivy) receives expanded FDA approval for treatment in adults with previously untreated diffuse large B-cell lymphoma, not otherwise specified, or high grade B-cell lymphoma and who have an International Prognostic Index score ≥ 2 (FDA Press Release 2023 Apr 20)
View in Diffuse Large B-cell Lymphoma
Evidence • Updated 26 Apr 2023
in nonhospitalized adults with COVID-19 at high risk for progression to severe disease and who were mostly unvaccinated, amubarvimab plus romlusevimab reduces 28-day all-cause hospitalization or death during period before predominance of Omicron variants (Ann Intern Med 2023 Apr 18 early online)
View in COVID-19 Management
Evidence • Updated 25 Apr 2023
nipple inversion severity and postoperative nipple blood supply may be associated with increased risk of nipple ulcers in inverted nipples managed with nipple retractor (J Cosmet Dermatol 2022 Nov)
View in Nipple Inversion
Outbreak Alert • Updated 25 Apr 2023
> 450 cases of invasive group A streptococcal infections (nearly twice as many as usual) reported in New York state in
Kaitlin Greenleaf
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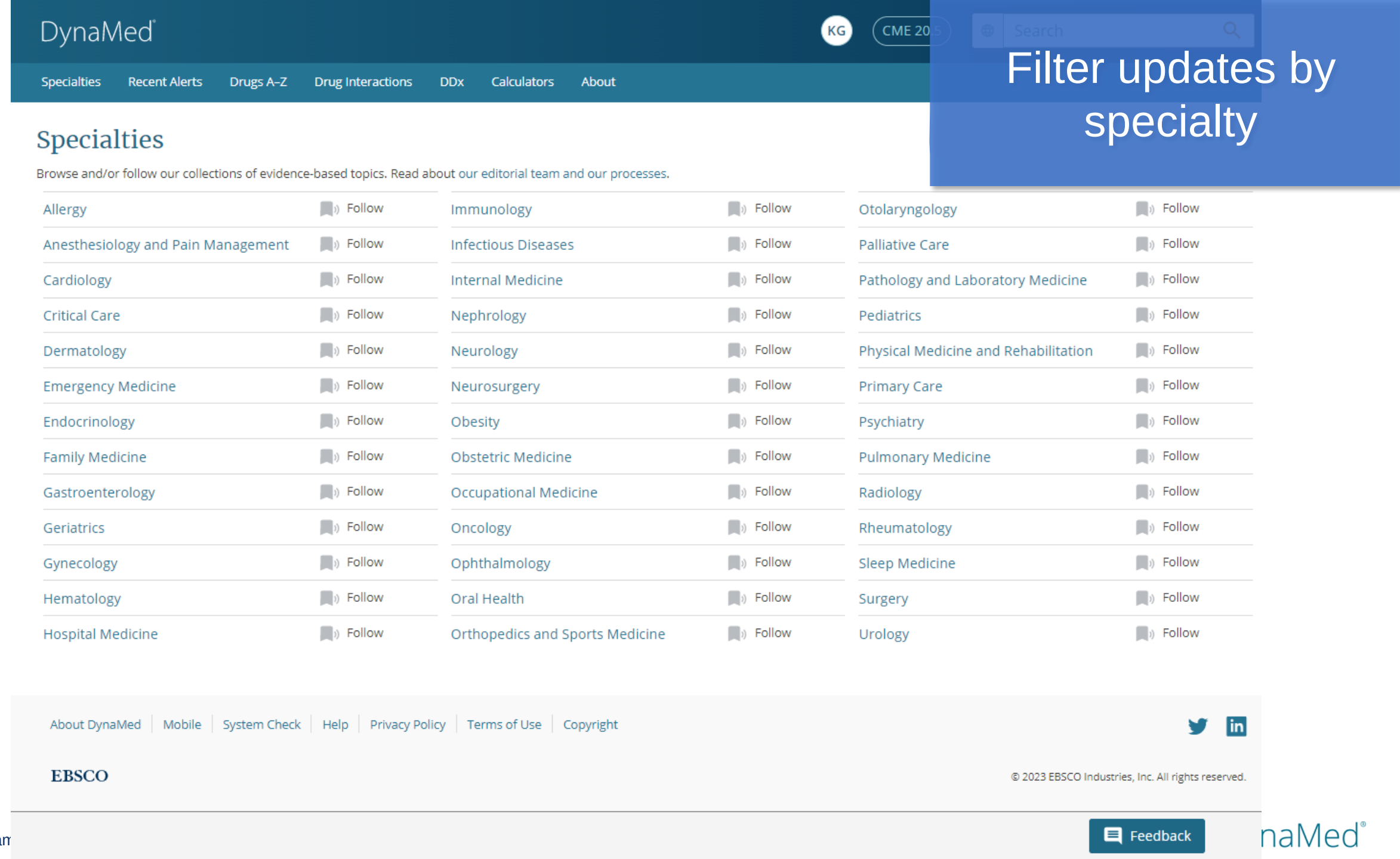
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Occupational Medicine Follow
Oncology Follow
Ophthalmology Follow
Oral Health Follow
Orthopedics and Sports Medicine Follow
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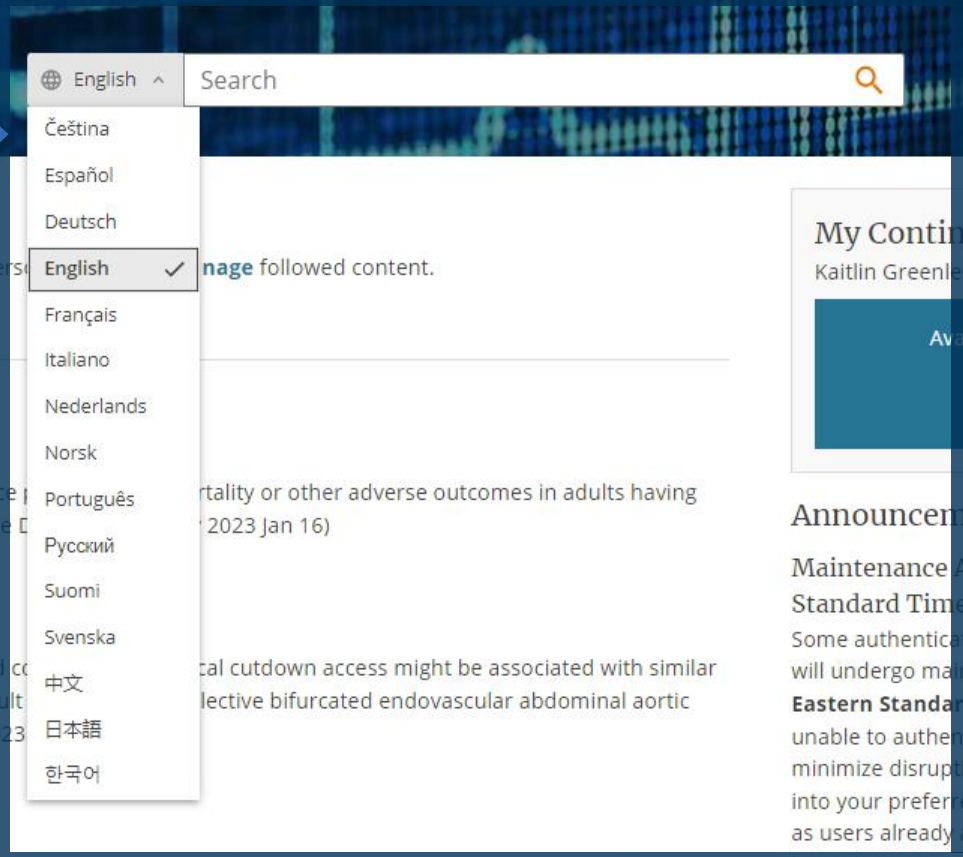

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KG | CME 20.5 | ataque al corazon

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SEARCH RESULTS

ataque al corazon – heart attack

ALL (1617) | IMAGES (8)

Were these results helpful?

Narrow Results

CONTENT TYPE

- [ ] Approach To Patient (58)
- [ ] Condition (521)
- [ ] Device (4)
- [ ] Drug Monograph (619)
- [ ] Drug Review (41)
- [ ] Lab Monograph (27)
- [ ] Procedure (42)
- [ ] Quality Improvement (5)
- [ ] Other (300)

CALCULATOR

Non Q Wave Myocardial Infarction Prediction

+ View More Calculator Results

CONDITION

Complications of Myocardial Infarction

The majority of complications present within 24 hours after acute myocardial infarction, with most others occurring within 7 days.

PROCEDURE

Coronary Plaque Modification Devices

Coronary calcium modification refers to ablation or balloon-based procedures used to remove, atheroablate, or crack a calcified coronary plaque.

MANAGEMENT

Bone Marrow Stem Cell Treatment for Myocardial Infarction

Bone marrow stem cell treatment during PCI in patients with acute myocardial infarction does not appear to improve survival or morbidity.

CONDITION

Acute Coronary Syndromes

Acute coronary syndromes include conditions with acute myocardial ischemia and/or necrosis due to a reduction in coronary blood flow.

Prognosis

Feedback

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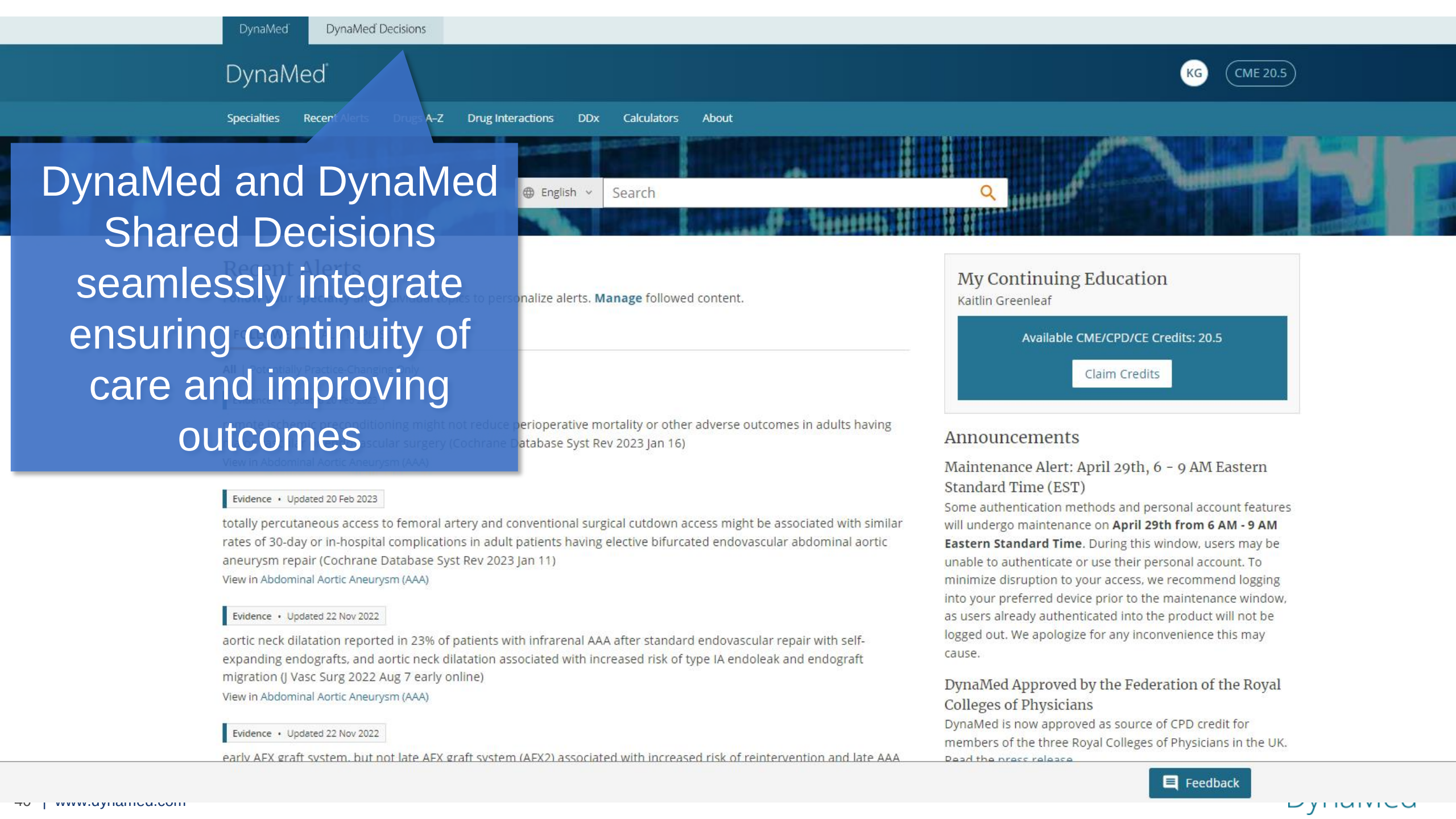
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All | Potentially Practice-Changing Only
perioperative mortality or other adverse outcomes in adults having
atabase Syst Rev 2023 Jan 16)
View in Abdominal Aortic Aneurysm (AAA)
Evidence • Updated 20 Feb 2023
totally percutaneous access to femoral artery and conventional surgical cutdown access might be associated with similar rates of 30-day or in-hospital complications in adult patients having elective bifurcated endovascular abdominal aortic aneurysm repair (Cochrane Database Syst Rev 2023 Jan 11)
View in Abdominal Aortic Aneurysm (AAA)
Evidence • Updated 22 Nov 2022
aortic neck dilatation reported in 23% of patients with infrarenal AAA after standard endovascular repair with self-expanding endografts, and aortic neck dilatation associated with increased risk of type IA endoleak and endograft migration (J Vasc Surg 2022 Aug 7 early online)
View in Abdominal Aortic Aneurysm (AAA)
Evidence • Updated 22 Nov 2022
early AFX graft system, but not late AFX graft system (AFX2) associated with increased risk of reintervention and late AAA
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Read the press release
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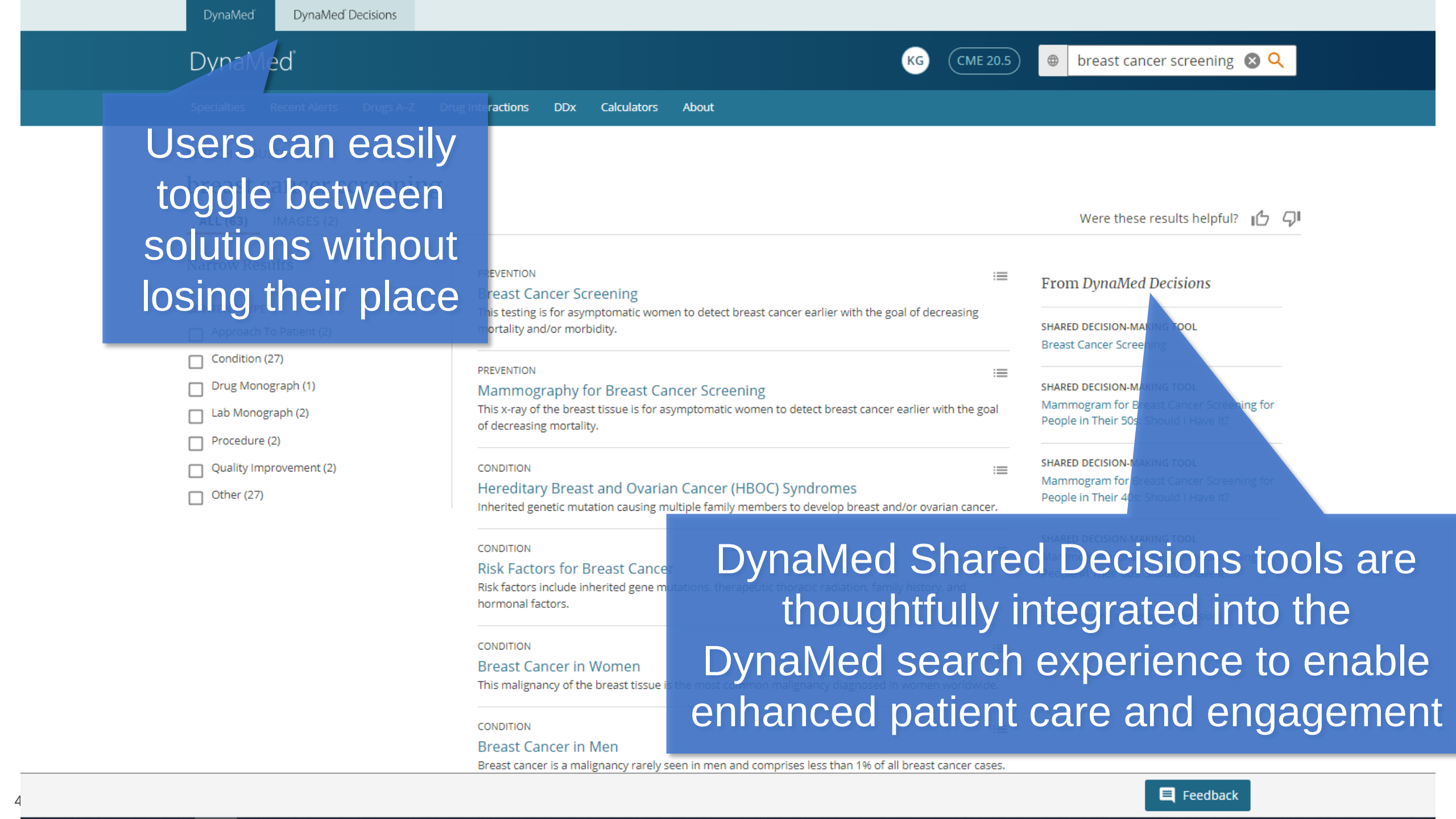
What is DynaMed Shared Decisions?

DynaMed Shared Decisions is a robust collection of evidence-based tools and decision aids designed to enable patients and providers to have meaningful and informed shared decision-making conversations leading to improved outcomes and higher patient satisfaction.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Condition (27)
Drug Monograph (1)
Lab Monograph (2)
Procedure (2)
Quality Improvement (2)
Other (27)
PREVENTION
Breast Cancer Screening
This testing is for asymptomatic women to detect breast cancer earlier with the goal of decreasing mortality and/or morbidity.
PREVENTION
Mammography for Breast Cancer Screening
This x-ray of the breast tissue is for asymptomatic women to detect breast cancer earlier with the goal of decreasing mortality.
CONDITION
Hereditary Breast and Ovarian Cancer (HBOC) Syndromes
Inherited genetic mutation causing multiple family members to develop breast and/or ovarian cancer.
CONDITION
Risk Factors for Breast Cancer
Risk factors include inherited gene mutations, therapeutic thoracic radiation, family history, and hormonal factors.
CONDITION
Breast Cancer in Women
This malignancy of the breast tissue is the most common malignancy diagnosed in women worldwide.
CONDITION
Breast Cancer in Men
Breast cancer is a malignancy rarely seen in men and comprises less than 1% of all breast cancer cases.
From DynaMed Decisions
SHARED DECISION-MAKING TOOL
Breast Cancer Screening
SHARED DECISION-MAKING TOOL
Mammogram for Breast Cancer Screening for People in Their 50s: Should I Have It?
SHARED DECISION-MAKING TOOL
Mammogram for Breast Cancer Screening for People in Their 40s: Should I Have It?
DynaMed Shared Decisions tools are thoughtfully integrated into the DynaMed search experience to enable enhanced patient care and engagement
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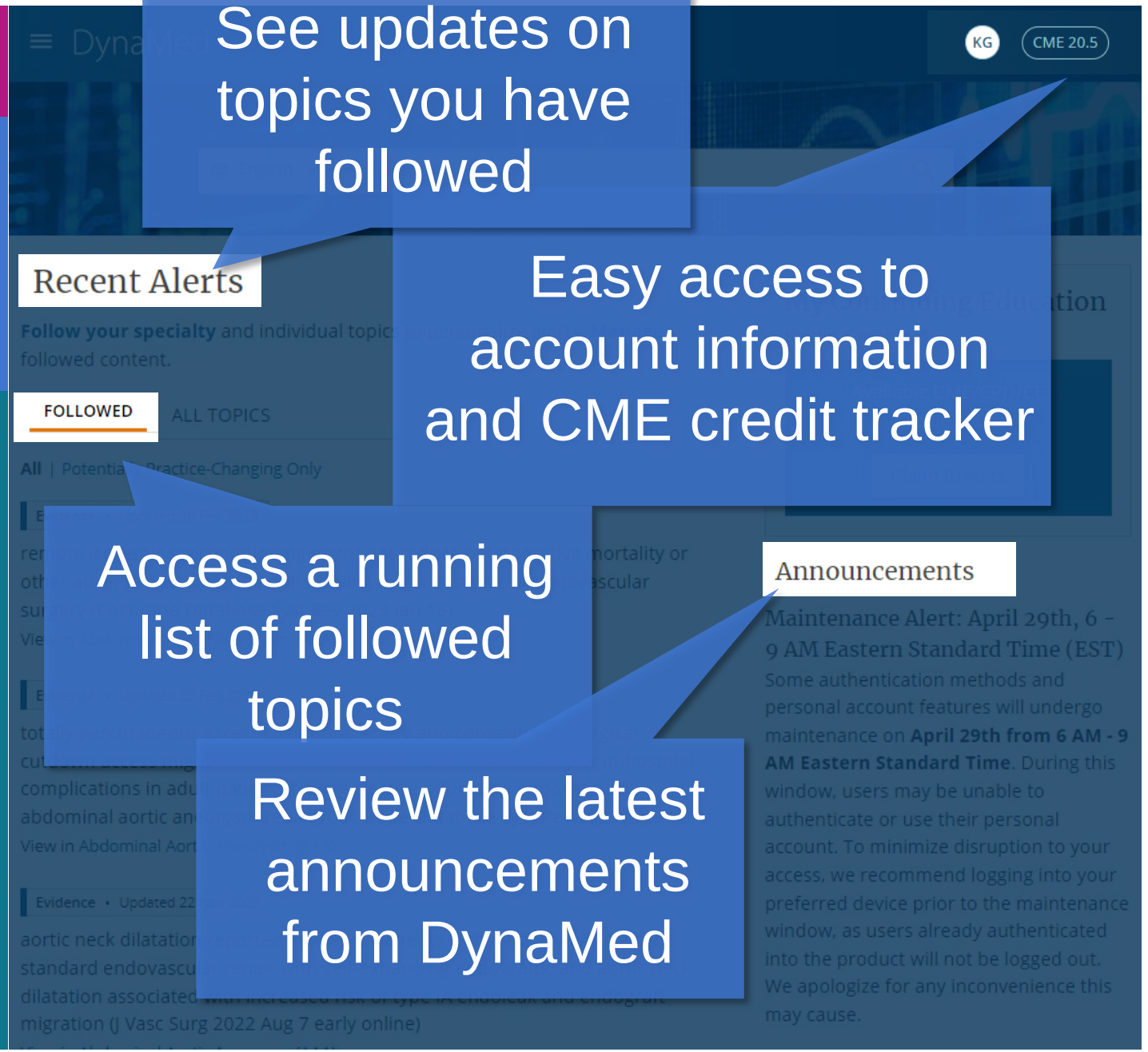

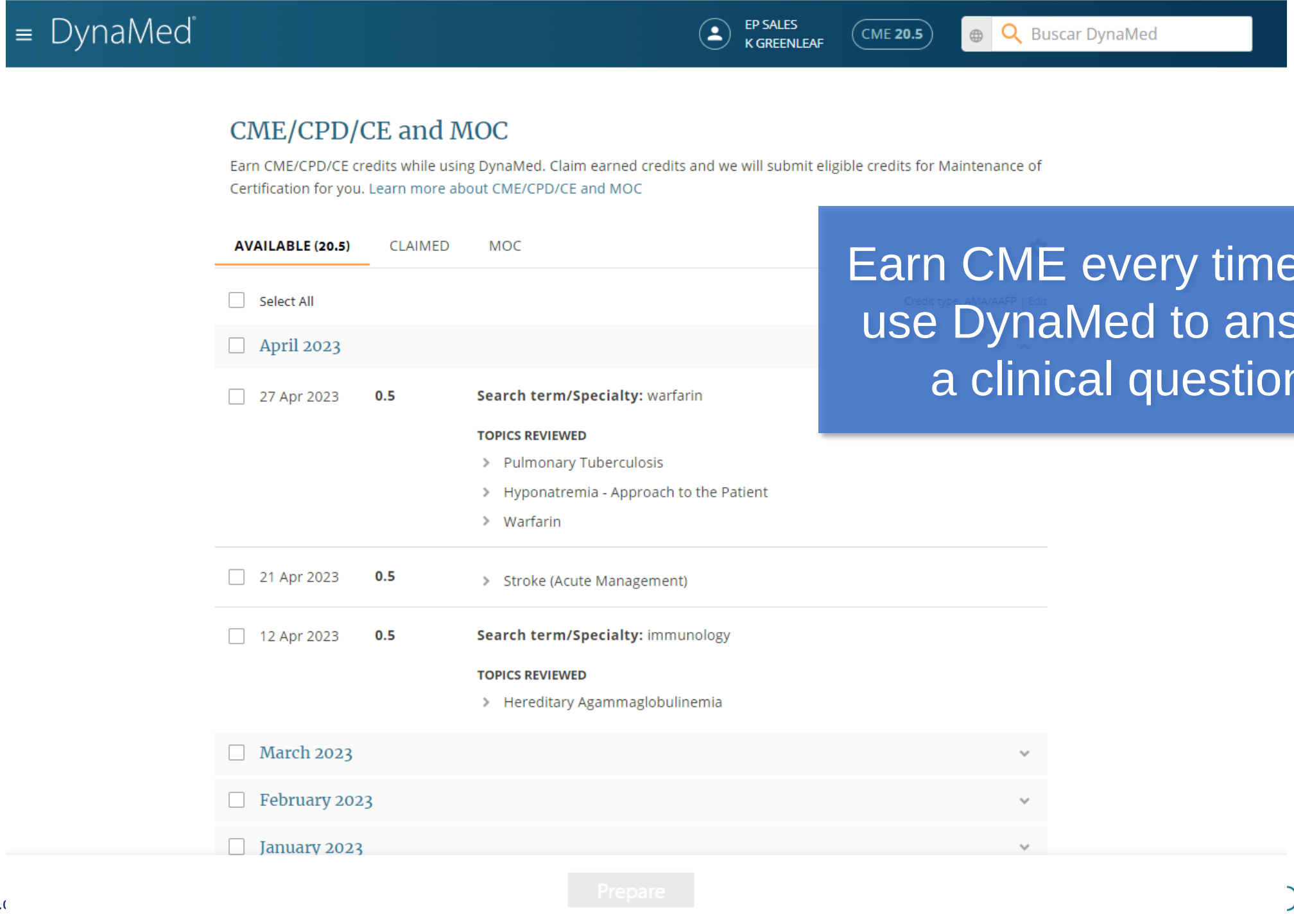

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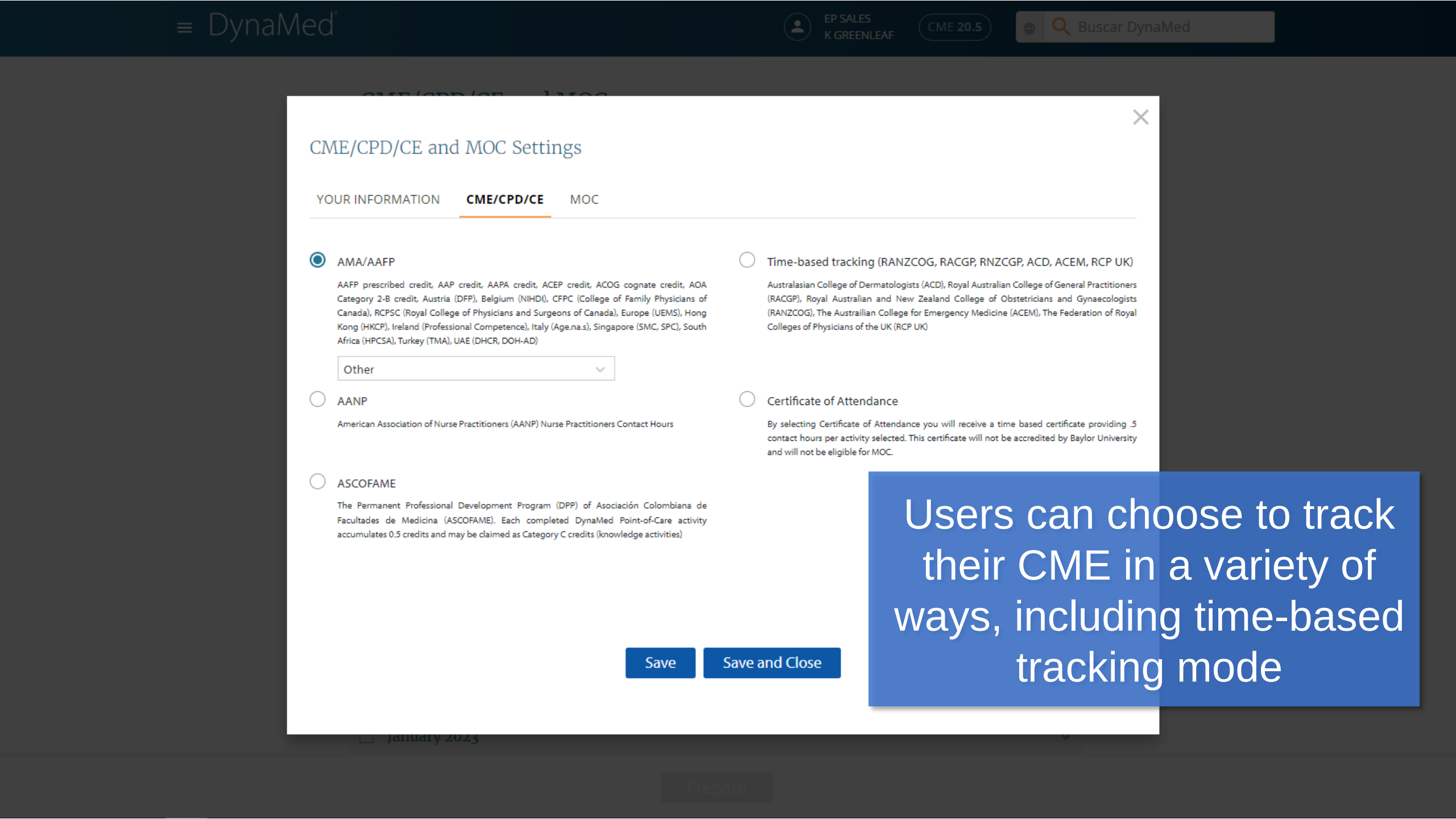
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April 2023

27 Apr 2023 **0.5** **Search term/Specialty:** warfarin

TOPICS REVIEWED

- Pulmonary Tuberculosis
  Sections Reviewed: Epidemiology, Overview and Recommendations
- Hyponatremia - Approach to the Patient
- Warfarin

21 Apr 2023 **0.5**

- Stroke (Acute Management)

12 Apr 2023 **0.5** **Search term/Specialty:** immunology

TOPICS REVIEWED

- Hereditary Agammaglobulinemia

March 2023

February 2023

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- Preventive Medicine
- Psychiatry and Neurology
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- Surgery
- Thoracic Surgery
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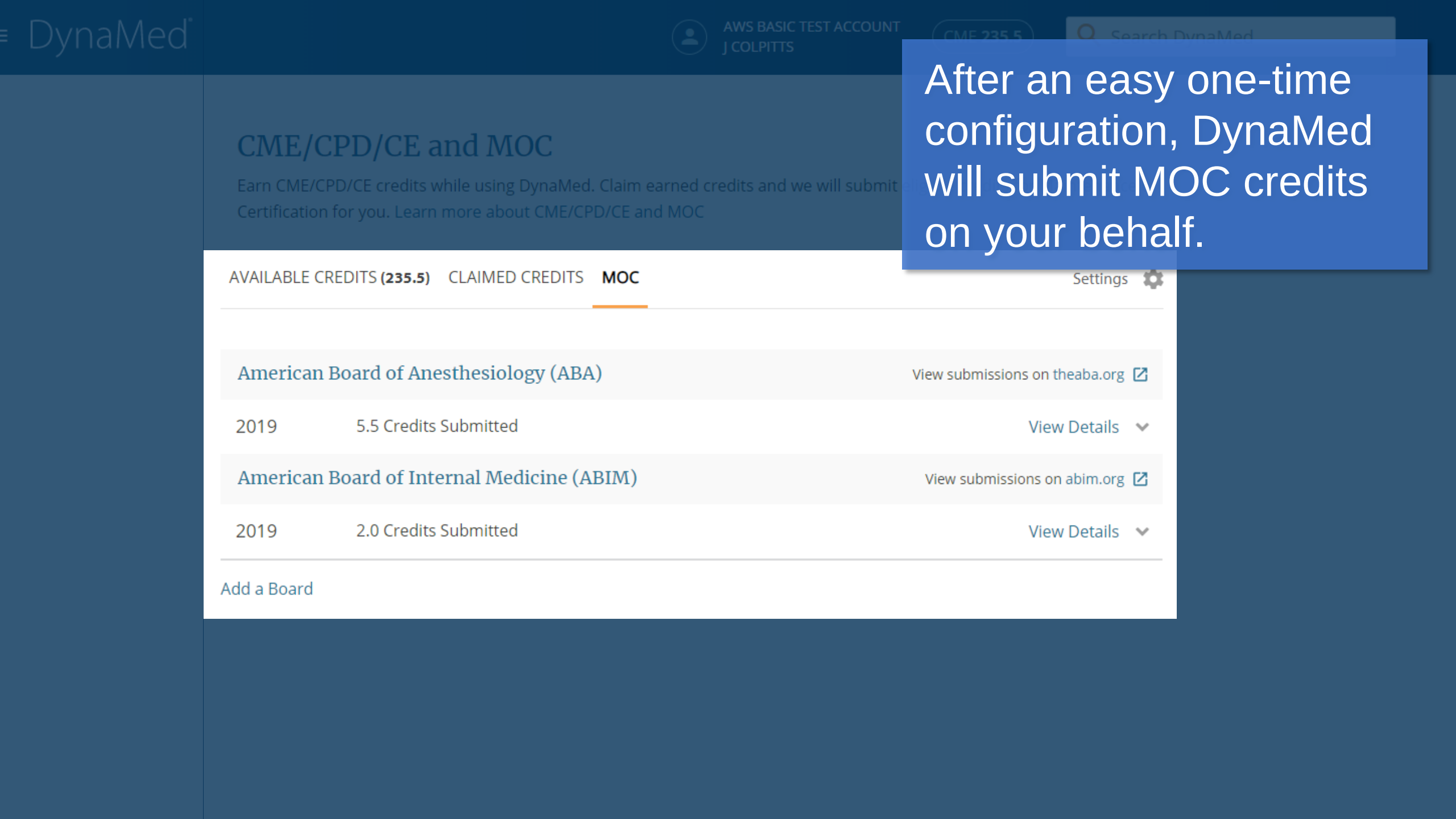
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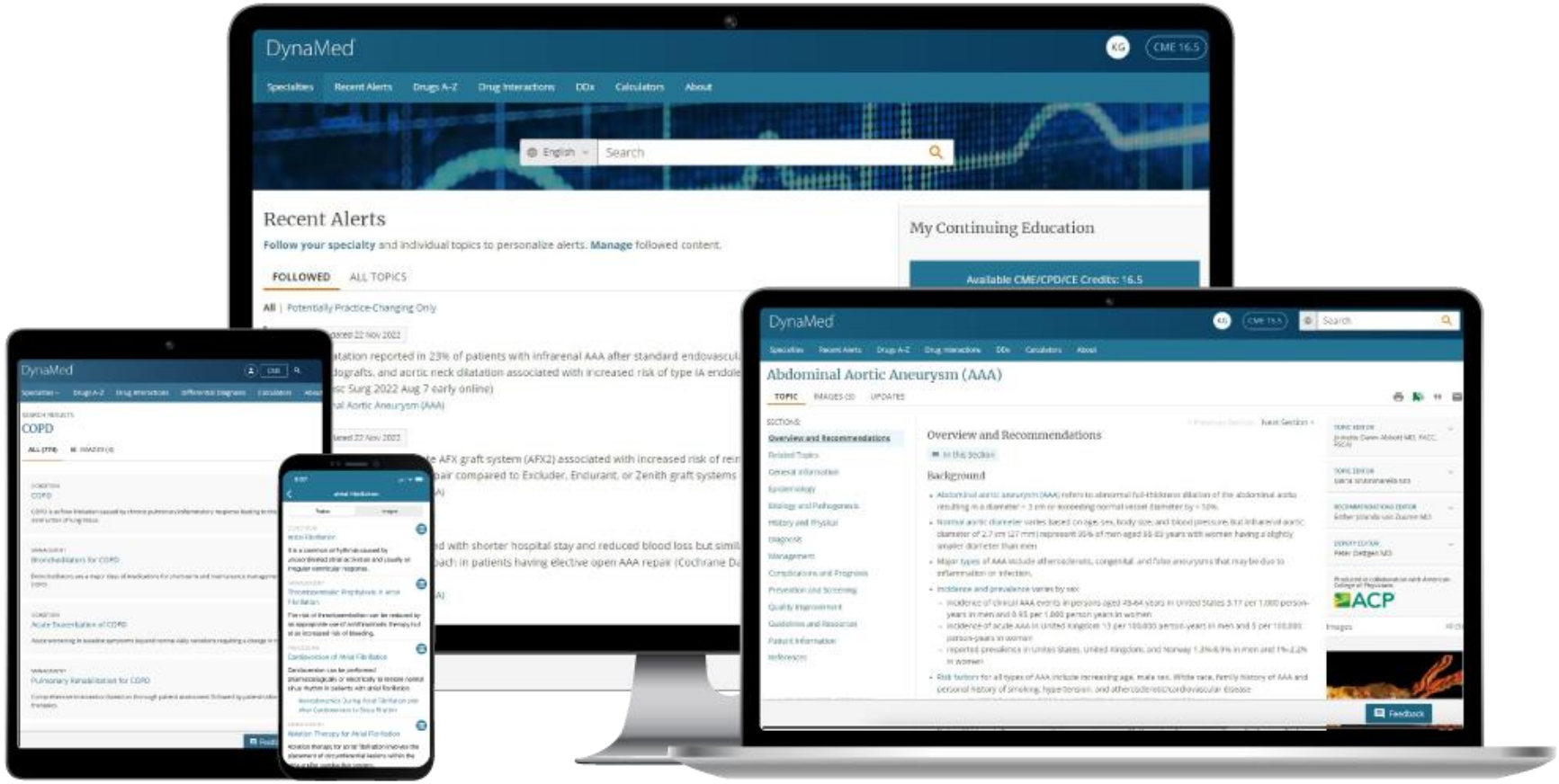

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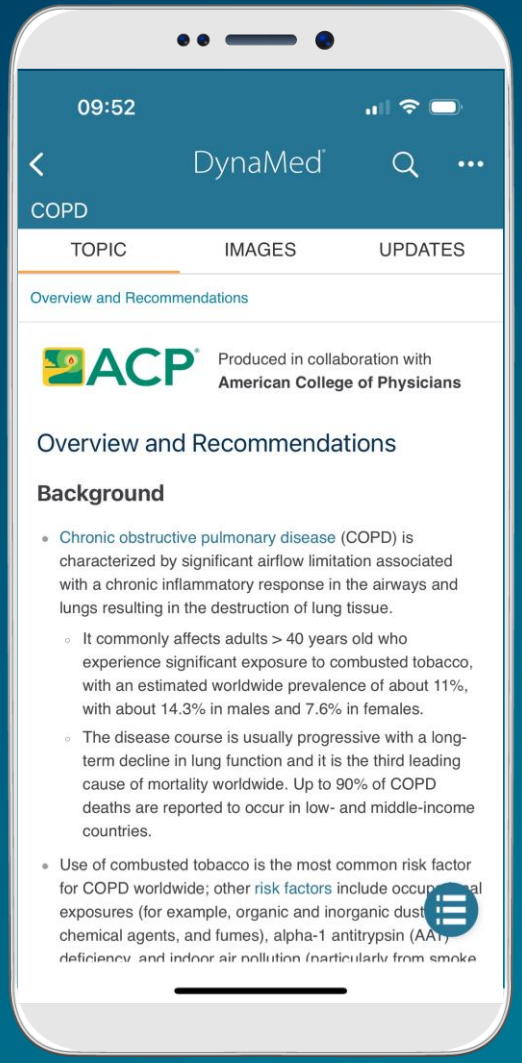

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