

UpToDate®



دانشگاه علوم پزشکی همدان
واحد توسعه تحقیقات بالینی بیمارستان بعثت

UpToDate

مدرس: نسیم انصاری

کارشناس ارشد کتابداری و اطلاع رسانی پزشکی

کتابدار پژوهشی واحد تحقیقات بالینی بیمارستان بعثت

N.ansari4171@gmail.com

❖ UpToDate منبع اطلاعاتی الکترونیکی است که بر روی وب و در قالب لوح فشرده منتشر می‌شود و اطلاعاتی تفصیلی را درباره مراقبت از بیمار و موارد بالینی (علائم بالینی، روش های آزمایشگاهی و تشخیص و درمان بیماری‌ها) ارائه می‌دهد که برای پزشکان و بیماران کاربرد دارد. هر ساله بیش از ۸۰ میلیون مورد مربوط به بیماران توسط تیم های تحقیقاتی UpToDate مورد پژوهش و بررسی قرار می‌گیرد و اطلاعات روزآمد می‌گردد.

❖ اطلاعات موجود در این پایگاه مبتنی بر شواهد بالینی می‌باشد، به‌طور مداوم روزآمدسازی می‌شود و اطلاعات از بالاترین هرم سطوح شواهد پزشکی استخراج می‌شود.

❖ پایگاه UpToDate خلاصه و چکیده ای از جدیدترین مطالعات مبتنی بر شواهد را ارائه می‌دهد در این پایگاه هدف دسترسی به متن کامل مقالات نیست بلکه متخصصین موضوعی تحقیقات جدید را مطالعه نموده و چکیده ای از آن را در پایگاه جهت دسترسی پزشکان و پیراپزشکان قرار داده اند بنابراین پزشکان بدون اینکه زمان زیادی برای مطالعه صرف کنند می‌توانند به جدیدترین اطلاعات بالینی دسترسی داشته باشند.

❖ متخصصین موضوعی این پایگاه مقالات سطوح بالای شواهد پزشکی از جمله مقالات مروری ساختارمند، مطالعات کوهورت و کارآزمایی های بالینی را مورد بررسی قرار داده و بهترین شواهد و جدید ترین اطلاعات را استخراج کرده و جهت استفاده پزشکان در اختیار قرار می‌دهند. بنابراین در این پایگاه هدف جستجوی متن کامل یک مقاله نیست با توجه به اینکه پزشکان وقت کمی برای مطالعه همه تحقیقات بالینی را ندارند می‌توانند بر حسب نیاز اطلاعاتی در کوتاه‌ترین زمان بهترین و جدیدترین اطلاعات را به صورت خلاصه و چکیده ای از تعداد زیادی مطالعات بالینی که توسط متخصصین موضوعی پایگاه استخراج شده اند، را استفاده نمایند.

Evidence Pyramid

هرم شواهد



Levels of Evidence

Level of Evidence	Type of Study
1a	Systematic reviews of randomized clinical trials (RCTs)
1b	Individual RCTs
2a	Systematic reviews of cohort studies
2b	Individual cohort studies and low-quality RCTs
3a	Systematic reviews of case-controlled studies
3b	Individual case-controlled studies
4	Case series and poor-quality cohort and case-control studies
5	Expert opinion based on clinical experience

Adapted from: Sackett DL et al. *Evidence-Based Medicine: How to Practice and Teach EBM*. 2nd ed. Churchill Livingstone; 2000.

رابط کاربری این پایگاه جهت راحتی کار پزشکان بسیار ساده طراحی شده است تا در هنگام جستجو بر سر بالین بیمار و شرایط حساس معاینه بیمار، موجب گمراهی و سردرگمی در هنگام جستجو نشود.

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In an all-new episode of [UpToDate Talk](#), members of our clinical faculty discuss the following important updates:

- Updated guidelines for HPV vaccination in young adolescents (Dr. Joel Palefsky)
- Glucocorticoids and sepsis (Dr. Scott Manaker)

What's New

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

Find Out What's New In:

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

در این قسمت محتوای پایگاه به صورت یک فهرست نمایش داده شده است و محتوای پایگاه به تخصص‌های موضوعی تقسیم بندی شده است. نکته: اگر عنوان تخصص مورد نظر کاربر در فهرست نباشد به معنی عدم وجود اطلاعات در رابطه با موضوع مورد نظر نیست.

Patient Education

UpToDate offers two levels of content for patients:

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

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



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

اطلاعات مربوط به شایع ترین بیماری های، جنبه هایی از بیماری مانند ریسک فاکتورها،
علل بیماری، روش های تشخیصی، اقدامات پیشگیرانه، اختلالات و درمان های پیشنهادی

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

[Allergies and asthma](#)

[Arthritis](#)

[Autoimmune disease](#)

[Blood disorders](#)

[Bones, joints, and muscles](#)

[Brain and nerves](#)

[Cancer](#)

[Children's health](#)

[Ear, nose, and throat](#)

[Eyes and vision](#)

[Gastrointestinal system](#)

[General health](#)

[Heart and blood vessel disease](#)

[HIV and AIDS](#)

[Hormones](#)

[Infections and vaccines](#)

[Lung disease](#)

[Men's health issues](#)

[Mental health](#)

[Pregnancy and childbirth](#)

[Senior health](#)

[Skin, hair, and nails](#)

[Sleep](#)

[Surgery](#)

Eyes and vision

[The Basics](#)

[Beyond the Basics](#)

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

Blepharitis

[Blepharitis \(The Basics\)](#)

Blocked tear duct

[Blocked tear duct \(The Basics\)](#)

Chalazion

[Chalazion \(The Basics\)](#)

Conjunctivitis

1500 Patient Support Leaflets

The Basics

1 to 3 page long
Written in plain language.
Best for a general overview
Answer the 4 or 5 most important questions

Beyond the Basics

5 - 10 pages long
More detailed than "The Basics"
Better for readers who are comfortable with some technical medical terms.



IMPORTANT - All leaflets are written by the same editorial experts

What's New

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

Find Out What's New In:

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

در این قسمت می توان بر حسب موضوع تخصصی جدیدترین اطلاعات اضافه شده به پایگاه را مشاهده نمود.



What's new in oncology

Find

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Email

Topic Outline

BREAST CANCER

Fulvestrant in hormone receptor-positive, HER2-negative breast cancer (November 2016)

CDK 4/6 inhibitors plus letrozole in hormone receptor-positive, HER2-negative breast cancer (November 2016)

Obesity as a risk factor for cardiotoxicity from anthracycline and trastuzumab-based regimens (November 2016)

Surgical margin in breast conserving surgery for ductal carcinoma in situ (October 2016)

Mammography associated with breast cancer overdiagnosis (October 2016)

IVF and risk of breast cancer (July 2016)

Duration of adjuvant endocrine therapy for breast cancer (July 2016)

CANCER SCREENING AND PREVENTION

USPSTF recommendations for skin cancer screening (August 2016)

USPSTF recommendations for colorectal cancer screening (July 2016)

GASTROINTESTINAL CANCER

What's new in oncology

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

Contributor Disclosures

All topics are updated as new evidence becomes available and our peer review process is complete.

Literature review current through: Nov 2016. **This topic last updated:** Dec 19, 2016.

تاریخ آخرین به روز رسانی

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

BREAST CANCER

Fulvestrant in hormone receptor-positive, HER2-negative breast cancer (November 2016)

Results from the phase III FALCON trial, which included 462 women with metastatic estrogen receptor (ER)-positive breast cancer who had not received prior hormone therapy, demonstrated improved progression-free survival with [fulvestrant](#) over anastrozole (16.6 versus 13.8 months) [1]. Quality of life outcomes were similar between the two groups. These data support our approach of using fulvestrant as an alternative to either an aromatase inhibitor or an aromatase inhibitor plus CDK 4/6 inhibitor in the first-line setting for patients with metastatic hormone receptor-positive breast cancer. (See "[Treatment approach to metastatic hormone receptor-positive breast cancer: Endocrine therapy](#)", section on 'Fulvestrant'.)

CDK 4/6 inhibitors plus letrozole in hormone receptor-positive, HER2-negative breast cancer (November 2016)

The addition of cyclin-dependent kinase (CDK) 4/6 inhibitors to aromatase inhibition improves outcomes in postmenopausal women with hormone receptor-positive, HER2-negative advanced breast cancer.



Topic Outline

INTRODUCTION

CARDIOVASCULAR MEDICINE (October 2018)

Transcatheter mitral valve repair for secondary mitral regurgitation

ONCOLOGY (September 2018)

Immunotherapy for extensive-stage SCLC

CARDIOVASCULAR MEDICINE; HOSPITAL MEDICINE; GENERAL SURGERY (August 2018)

Dabigatran for patients with myocardial injury after non-cardiac surgery

GASTROENTEROLOGY AND HEPATOLOGY; PEDIATRICS; ALLERGY AND IMMUNOLOGY (July 2018)

Revised diagnostic criteria for eosinophilic esophagitis

Practice Changing UpDates

Authors: H Nancy Sokol, MD, April F Eichler, MD, MPH

Contributor Disclosures

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

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

INTRODUCTION — This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

CARDIOVASCULAR MEDICINE (October 2018)

Transcatheter mitral valve repair for secondary mitral regurgitation

- For most patients with moderate-to-severe or severe (3+ to 4+) chronic secondary mitral regurgitation and heart failure despite optimum management, we suggest referral to a Heart Valve Team to assess the feasibility and potential benefit and risk of transcatheter mitral valve repair (TMVR) (**Grade 2B**)

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Practice Changing UpDates

Find

Topic Outline

INTRODUCTION

INFECTIOUS DISEASES, PEDIATRICS, ADULT PRIMARY CARE, FAMILY MEDICINE (November 2016)

Meningococcal conjugate vaccination for HIV-infected patients

INFECTIOUS DISEASES (November 2016)

HPV vaccine dosing for individuals younger than 15 years

HEMATOLOGY (October 2016, Modified October 2016)

Daratumumab-based regimens in relapsed multiple myeloma

PULMONARY AND CRITICAL CARE MEDICINE (October 2016)

Mycophenolate mofetil for scleroderma lung disease

Practice Changing UpDates

Author: H Nancy Sokol, MD

[Contributor Disclosures](#)

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

Literature review current through: Nov 2016. | **This topic last updated:** Dec 20, 2016.

INTRODUCTION — This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

INFECTIOUS DISEASES, PEDIATRICS, ADULT PRIMARY CARE, FAMILY MEDICINE (November 2016)

Meningococcal conjugate vaccination for HIV-infected patients

- For all HIV-infected individuals older than two months, we suggest meningococcal conjugate vaccination (Menactra or Menveo) (**Grade 2C**).

Growing evidence has suggested that HIV-infected individuals have a disproportionate incidence of invasive meningococcal disease, with an estimated risk 5 to 13 times that of the general population. Because of this, the Centers for Disease Control and Prevention in the United States now recommends meningococcal conjugate vaccination (with MenACWY-CRM [Menveo] or MenACWY-D [Menactra]) for all HIV-infected individuals older than two months [1]. This includes a primary vaccine series for those who have not previously received it and interval booster



ALLERGY AND IMMUNOLOGY CALCULATORS

Clinical Criteria

[Temperature unit conversions](#)

[Weight unit conversions](#)

Medical Equations

[Absolute eosinophil count](#)

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

[Conventional \(gravimetric, imperial, US\) unit to SI unit conversions: Immunology lab values](#)

در این قسمت انواع ماشین حساب های بالینی قرار گرفته است.
ماشین حساب های قرار گرفته بر حسب موضوع و الفبا قابل بازیابی می باشند.



Calculator: Body mass index (BMI) for adults (Metric, Patient education)

BMI is a measure of weight in relation to height. It is the most practical way to estimate if a person is underweight, healthy weight, overweight, or obese.

Enter height and weight:

Height cm

Weight kg

Result:

BMI

BMI interpretation

BMI <18.5: Underweight
BMI ≥18.5 and <25: Healthy weight
BMI ≥25 and <30: Overweight
BMI ≥30: Obesity

پایگاه اطلاعاتی دارویی

❖ این پایگاه اطلاعاتی برنامه ای است که به تحلیل تداخل های مابین دارو با دارو، گیاه دارویی با دارو شیمیایی و گیاه دارویی با گیاه دارویی می پردازد. برای انجام جستجو نام داروی مورد نظر در پنجره جستجو وارد می شود. بعد از انجام جستجو برای مشاهده نام تمام داروها و موادی که با داروی موردنظر تداخل دارند بر روی نام دارو کلیک کرده و سیاهه ای از داروها و موادی که تداخل دارویی دارند نشان داده می شود. در شرایطی که نیاز به بررسی چگونگی تداخل دارویی در بین دو داروی خاص وجود داشته باشد، نام دو دارو به صورت جداگانه جستجو می شود. سپس با انتخاب گزینه **Analyze** وجود و دامنه میزان تداخل در بین دو دارو نشان داده می شود.

❖ داروها از طریق نام تجاری قابل بازیابی هستند. به هنگام جستجو با درج چند حرف ابتدای نام یک دارو امکان مشاهده یک سیاهه از نام داروهایی که با این چند حرف شروع می شوند، وجود دارد اما در مواردی که این حروف در سایر قسمت های نام دارو وجود داشته باشد، داروها قابل بازیابی نیستند. به عبارت دیگر برای بازیابی اطلاعات مربوط به یک دارو، نام دارو به طور کامل وارد پنجره جستجو می شود و یا اینکه برای جستجو، چند حرف ابتدای آن مورد استفاده مقرر می گیرد. به منظور حذف نام یک دارو از فهرست داروهای جستجو شده، علامت تیک در کنار نام دارو را برداشته و در این حالت نام دارو حذف می شود و برای انجام یک جستجوی جدید با انتخاب **New list** یک صفحه جستجوی جدید نمایش داده خواهد شد.

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

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

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

Disclaimer: Use of this data solution is subject to the any applicable license agreement. Wolters Kluwer Clinical Drug Information makes reasonable efforts to publish accurate summary information in its solutions. But users are advised that these solutions are intended only to supplement — not substitute for or replace — the knowledge and judgment of healthcare professionals. The information is published based upon publicly available sources generally viewed as reliable in the healthcare community. Wolters Kluwer Clinical Drug Information does not engage in any independent review, testing or study of any medication, medical device, condition, illness, injury, test, procedure, treatment, or therapy in connection with publication of the information. The information is not intended to explicitly or implicitly endorse any particular medication, medical device, test, procedure, treatment, or therapy as safe or effective for any particular patient or health condition. Wolters Kluwer Clinical Drug Information assumes no responsibility or liability for errors or omissions of any kind in the information. Wolters Kluwer Clinical Drug Information expressly disclaims any liability for any loss or damage claimed to have resulted from the use of the information. By using this information, each such user of the information holds Wolters Kluwer Clinical Drug Information harmless from any such claims and indemnifies Wolters Kluwer Clinical Drug Information for any expenses incurred if any such claims are made. In no event shall Wolters Kluwer Clinical Drug Information be liable to any user or any third-party, including specifically any customer or patient of a user, for direct, special, indirect, incidental, or consequential damages. Wolters Kluwer Clinical Drug Information disclaims all warranties of any kind or nature, whether expressed or implied, including any warranty as to the quality, accuracy, comprehensiveness, currency, suitability, availability, compatibility, merchantability, and fitness for a particular purpose of the information.

App Version 1.1

Continue



Lexicomp[®] Drug Interactions

Add items to your list by searching below.

ITEM LIST

Clear List

Analyze

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

[Drug Interactions Feedback](#)





Lexicomp[®] Drug Interactions

Add items to your list by searching below.

Asacol 800 (CAN)

Asacol [DSC]

Asacol HD

Asaphen (CAN)

Asaphen E.C. (CAN)

Asclera

Ascocid-ISO-pH [OTC]

Ascocid [OTC]

Ascomp with Codeine

Ascorbic Acid

Ascorbic Acid and Polysaccharide Iron

Complexed with Iron
related to I.V. drug preparation or administration.



Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

Clear List

Analyze

Asacol HD

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

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

[Drug Interactions Feedback](#)

10 Results

Print

D	Asacol HD (Mesalamine) Antacids
D	Asacol HD (Mesalamine) H2-Antagonists
D	Asacol HD (Mesalamine) Proton Pump Inhibitors
D	Asacol HD (5-ASA Derivatives) Varicella Virus-Containing Vaccines
C	Asacol HD (5-ASA Derivatives) Cardiac Glycosides
C	Asacol HD (5-ASA Derivatives) Heparin
C	Asacol HD (5-ASA Derivatives) Heparin (Low Molecular Weight)
C	Asacol HD (5-ASA Derivatives) Nonsteroidal Anti-Inflammatory Agents
C	Asacol HD (5-ASA Derivatives) Thiopurine Analogs
B	Asacol HD (5-ASA Derivatives) Vitamin K Antagonists

با استفاده از این قسمت می توان آن دسته از داروهایی که ممکن است با داروی مورد نظر تداخل داشته باشند را بازیابی و بررسی کرد.

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

X	Avoid Combination Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.
D	Consider Therapy Modification Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.
C	Monitor Therapy Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.
B	No Action Needed Data demonstrate that the specified agents may interact with each other, but there is little to no evidence of clinical concern resulting from their concomitant use.
A	No Known Interaction Data have not demonstrated either pharmacodynamic or pharmacokinetic interactions between the specified agents

در این پایگاه داروهای متداخل به نسبت میزان خطر به هنگام مصرف هم زمان در طیف A,B,C,D,X تقسیم بندی می شوند:

✓ **X** : از تجویز دارو به طور کامل پرهیزید.

✓ **D** : بهتر است در تجویز دارو تجدید نظر شود.

✓ **C** : بهتر است تجویز دوباره دوباره بررسی شود.

✓ **B** : ممکن است تداخل ایجاد کند اما خیلی جدی نیست.

✓ **A** : هیچ تداخلی وجود ندارد.

Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

 [Aspirin](#) [Naproxen](#)

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

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

[Drug Interactions Feedback](#)

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

1 Result

[Print](#)**D** Aspirin (Salicylates)
Naproxen (NSAID (Nonselective))

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

با جستجوی نام دو دارو و کلیک بر روی گزینه **Analyze** تداخل دو دارو نمایش داده می شود.

نکات جستجو

- ❖ اختصارات و مترادف های رایج را تشخیص می دهد برای مثال کلمه GERD نتایج مربوط به Gastroesophageal Reflux Diseases (بیماری رفلکس مری) را بازیابی می کند.
- ❖ حروف بزرگ و کوچک نتایج یکسانی را بازیابی می کند
- ❖ عبارت جستجو به صورت خودکار در تمام تخصص های پزشکی جستجو می شود.
- ❖ نام یک نویسنده، عنوان مجله و سال انتشار قابل جستجو نمی باشد.
- ❖ زمانی که برای یک اختصار بیش از یک معنی وجود داشته باشد، اشتباه املائی یا تایپی وجود داشته باشد و یا دسته های عامتری از اطلاعات برای یک اصطلاح جستجو وجود داشته باشد پایگاه گزینه های پیشنهادی برای جستجو ارائه می کند.

نتایج جستجو را می توان با استفاده از این گزینه ها محدود کرد.



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Managing an episode of severe or prolonged uterine bleeding

... prolonged bleeding. **Management** of chronic prolonged uterine bleeding is discussed separately. Women with heavy or prolonged uterine bleeding generally complain of **heavy vaginal bleeding** that may soak through ...

- [High dose oral contraceptives](#)
- [Approach to management](#)
- [Summary and recommendations](#)

Management of abnormal uterine bleeding

... surgical **treatments** and/or who desire definitive **treatment**. A systematic review of six randomized trials and a subsequent randomized trial found that women with **menorrhagia** who were **treated** with either ...

- [Hormonal treatment](#)
- [Summary and recommendations](#)

Overview of the use of estrogen-progestin contraceptives

...for the use of OCs other than contraception and hyperandrogenism. These include the **treatment** of dysmenorrhea, **menorrhagia**, other menstrual cycle disorders such as hypothalamic amenorrhea, and as hormone ...

- [Noncontraceptive benefits](#)
- [Use in other disorders](#)
- [Doses](#)

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Managing an episode of severe or prolonged uterine bleeding

Author: [Howard A Zacur, MD, PhD](#)
Section Editor: [Robert L Barbieri, MD](#)
Deputy Editor: [Sandy J Falk, MD, FACOG](#)

[Contributor Disclosures](#)

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


Literature review current through: Nov 2016. | **This topic last updated:** Aug 23, 2016.

INTRODUCTION — An episode of heavy or prolonged uterine bleeding may occur either in women with normal menses or those with chronic abnormal uterine bleeding. These women present to a clinician's office or emergency room complaining of vaginal bleeding that is severe or has lasted for many days or weeks. Consequences of such episodes depend upon the volume of bleeding, and range from patient anxiety and interference with daily activities to severe anemia and hypovolemia. Evaluation and management of women experiencing such episodes must be expedited to establish the source of bleeding and prevent or treat excessive blood loss [1].


Evaluation and management of an episode of heavy or prolonged uterine bleeding will be reviewed here. The general evaluation and treatment of abnormal uterine bleeding, uterine bleeding in pregnancy, and approach to a woman with vaginal bleeding in the emergency department are discussed separately. (See "[Approach to abnormal uterine bleeding in nonpregnant reproductive-age women](#)" and "[Management of abnormal uterine bleeding](#)" and "[Overview of the etiology and evaluation of vaginal bleeding in pregnant women](#)" and "[Approach to vaginal bleeding in the emergency department](#)".)

TERMINOLOGY — There is no standard definition of acute uterine bleeding. Acute uterine bleeding has been described as excessively heavy or prolonged bleeding of uterine origin sufficient in volume as to require urgent or emergent intervention [2]. This may occur with ovulatory or anovulatory bleeding. In this review, we will use the term acute to refer to bleeding that is profuse, and not only of sudden onset.

UpToDate Level of Evidence

- There are two levels of recommendation strength (**1** or **2**)
 - Strong
 - Weak
 - There are three levels of quality of evidence (**A**, **B**, **C**)
 - High
 - Moderate
 - Low
- 

Grading Recommendations in UpToDate: Balancing risks and benefits

- Strong recommendations (Grade 1)
 - For a strong recommendation, write, "We recommend."
 - A strong recommendation means that benefits clearly outweigh risks and burdens or vice versa
 - Weak recommendations (Grade 2)
 - For a weak recommendation, write, "We suggest."
 - A weak recommendation means that benefits, risks, and burdens are closely balanced or uncertain
- 



Grade 2C recommendation

A Grade 2C recommendation is a very weak recommendation; other alternatives may be equally reasonable.

Explanation:

A Grade 2 recommendation is a weak recommendation. It means "this is our suggestion, but you may want to think about it." It is unlikely that you should follow the suggested approach in all your patients, and you might reasonably choose an alternative approach. For Grade 2 recommendations, benefits and risks may be finely balanced, or the benefits and risks may be uncertain. In deciding whether to follow a Grade 2 recommendation in an individual patient, you may want to think about your patient's values and preferences or about your patient's risk aversion.

Grade C means the evidence comes from observational studies, unsystematic clinical experience, or from randomized, controlled trials with serious flaws. Any estimate of effect is uncertain.

Recommendation grades

1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

Evidence grades

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy.



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An overview of endometrial ablation

Approach to abnormal uterine bleeding in nonpregnant reproductive-age women

expected to establish the source of bleeding and prevent or treat excessive blood loss. (See [Terminology](#) above.)

- The goals of evaluation of women who present with profuse bleeding from the vagina are to establish hemodynamic stability, exclude pregnancy, identify the source of bleeding, and evaluate whether the bleeding requires medical and/or surgical treatment. (See [Evaluation](#) above.)
- Endometrial sampling is performed in all patients who have an episode of profuse uterine bleeding to exclude endometrial neoplasia or endometritis. (See [Sample the endometrium](#) above.)
- The initial steps to address acute or prolonged uterine bleeding in a hemodynamically unstable woman are fluid resuscitation and blood product replacement along with intrauterine tamponade. Tamponade can be accomplished using either an intrauterine balloon or gauze packing. (See [Intrauterine tamponade](#) above.)
- For hemodynamically unstable women with acute or prolonged uterine bleeding:
 - As first line therapy, we suggest uterine curettage rather than medical therapy (**Grade 2C**). (See [Uterine curettage](#) above.)
 - For treatment of persistent bleeding after curettage or prevention of recurrent bleeding, we suggest intravenous [conjugated equine estrogens](#) alone rather than other medical or surgical therapy (**Grade 2C**). (See [Uterine curettage](#) above and [High dose intravenous estrogen](#) above.)
 - Uterine artery embolization as a first line therapy is reserved for women in whom the etiology of bleeding is a uterine arteriovenous malformation. (See [Uterine artery embolization](#) above.)
 - Hysterectomy is reserved for women in whom all other treatments are unsuccessful. (See [Hysterectomy](#) above.)
- For hemodynamically stable women with acute or prolonged uterine bleeding:
 - We suggest high dose oral [conjugated equine estrogens](#) alone rather than treatment with combined estrogen-progestins, progestins, or [tranexamic acid](#) (**Grade 2C**). Reasonable alternatives include: progestin therapy for women with anovulatory bleeding and a thickened endometrium or combined estrogen-progestin therapy for those who prefer such treatment and are aware that it may take longer to be effective. (See [High dose oral estrogen](#) above.)
 - Estrogen therapy is contraindicated in women at a high risk of thrombosis. In these women, we suggest treatment with progestins or

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Managing an episode of severe or prolonged uterine bleeding

- Uterine artery embolization
- Hysterectomy

SUMMARY AND RECOMMENDATIONS

- Acute uterine bleeding is excessively heavy or prolonged bleeding of uterine origin sufficient in volume to require urgent or emergent intervention. Prolonged uterine bleeding is bleeding for longer than seven days. Evaluation and management of such episodes must be expedited to establish the source of bleeding and prevent or treat excessive blood loss. (See '[Terminology](#)' above.)
- The goals of evaluation of women who present with profuse bleeding from the vagina are to establish hemodynamic stability, exclude pregnancy, identify the source of bleeding, and evaluate whether the bleeding requires medical and/or surgical treatment. (See '[Evaluation](#)' above.)
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 - Hysterectomy is reserved for women in whom all other treatments are unsuccessful. (See '[Hysterectomy](#)' above.)
- For hemodynamically stable women with acute or prolonged uterine bleeding:

HEMODYNAMICALLY STABLE WOMEN

- High dose oral estrogen
- High dose oral contraceptives
- High dose progestins
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Topic Feedback

در هر جستجو با کلیک بر روی این عنوان می توان خلاصه ای از توصیه های درمانی را مشاهده کرد اگر یک عبارت با we recommendation شروع شود به معنی این است که این روش درمانی پذیرفته شده است و قطعاً برای بیمار تجویز شود و اگر عبارت با we suggest شروع شود به معنی این است که بهتر است با در نظر گرفتن شرایط بیمار از پیشنهاد استفاده شود

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We use OCs in women who can tolerate continued bleeding for 48 hours and prefer an OC to oral CEE.

OC therapy should be avoided in women with absolute contraindications to estrogen or progestin therapy (see ['Women at risk of thrombosis'](#) below).

High dose progestins — Profuse or prolonged uterine hemorrhage related to anovulation can also be treated with high dose progestins alone. In women with a thickened endometrium, progestins inhibit further endometrial growth and organize and support the estrogen-primed endometrium, allowing effective sloughing upon hormone withdrawal [12]. However, if profuse, prolonged bleeding has resulted in a denuded endometrium, progestins are unlikely to be effective. Diagnosis of anovulation is discussed separately.

Options for progestin therapy include:

- [medroxyprogesterone acetate](#) (10 to 20 mg two times per day)
- [megestrol acetate](#) (20 to 60 mg two times per day)
- [norethindrone](#) (5 mg once or twice per day)

Progestins are continued for at least 5 to 10 days [2,18,19]. In anemic patients who can tolerate this regimen, a one- to two-month treatment period in conjunction with iron allows an increase in the hemoglobin concentration. (See ["Treatment of iron deficiency anemia in adults", section on 'Response to iron supplementation'](#).) Prolonged use of these drugs can cause acne, mood changes, weight gain, headache, and lipid abnormalities.

A randomized trial of 40 women with acute uterine bleeding compared the efficacy of [medroxyprogesterone acetate](#) (20 mg three times daily for seven days) to combined estrogen-progestin therapy ([norethindrone](#) 1 mg/ethinyl estradiol 35 mcg) three times daily for seven days [2]. Both regimens resulted in cessation of bleeding in approximately three days.

Gonadotropin-releasing hormone agonists — Gonadotropin-releasing hormone (GnRH) agonists are not commonly used to treat an episode of acute or prolonged uterine bleeding. They are used more commonly as second- or third-line therapy to prevent abnormal uterine bleeding. Their use is limited by expense and adverse effects. (See ["Management of abnormal uterine bleeding"](#) and ["Heavy or irregular uterine bleeding during chemotherapy", section on 'GnRH agonists'](#).)

There are few reports of use of GnRH agonists for treatment of an acute episode of uterine bleeding [20]. Use of these agents may be

در انتهای هر پاراگراف به رفرنس مورد نظر ارجاع داده شده است که با کلیک بر روی شماره رفرنس به صفحه ای که اطلاعات کتابشناختی رفرنس و لینک ارجاع به پای مد و دسترسی به متن کامل مقاله وجود دارد وارد می شود.

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Medline[®] Abstract for Reference 12 of 'Managing an episode of severe or prolonged uterine bleeding'

12 [PubMed](#)

TI Bleeding problems and treatment.

AU March CM

SO Clin Obstet Gynecol. 1998;41(4):928.

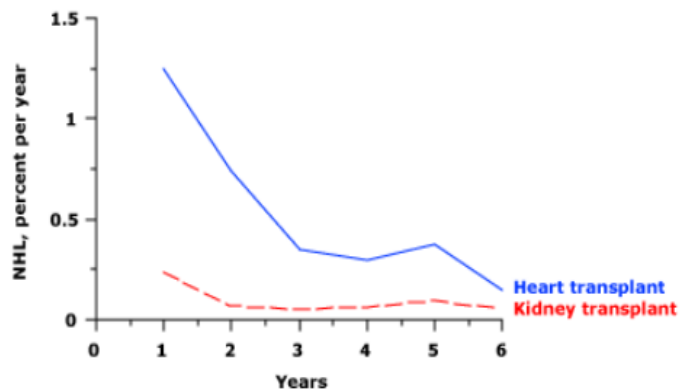
AD University of Southern California School of Medicine, Los Angeles, USA.

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Incidence of non Hodgkin lymphoma in transplant recipients



Yearly incidence of non-Hodgkin lymphoma after transplantation in heart and kidney transplant recipients over time. The risk is greatest with higher degrees of immunosuppression: in the first year and in heart transplant recipients.

Data from Opelz, G, Henderson, R, for the Collaborative Transplant Study, *Lancet* 1993; 342:1514.

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با انتخاب تصاویر وارد صفحه جدیدی می شود که در این صفحه می توانید تصویر مورد نظر را پرینت گرفته، در سایز بزرگتری مشاهده کنید و یا آن را همراه با توضیحات به صورت یک فایل پاور پوینت خروجی بگیرید.

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