DynaMed Plus is a collection of the most current evidence curated from over 500 medical journals and presented in a bulleted summary, ideal for making clinical decisions at the point of care.

DynaMed Plus:
- Evidence Based
- Current
- Critically appraised
- Synthesized
- Guidance
- Clinical practice guidelines
Created by a world-class team of physicians who:

• are experts in their particular fields
• select the best and most appropriate evidence
• confirm the clinical applicability of content
• peer review topics
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• 125 physicians and scientists on staff
• More than 350 physicians around the world write or peer review our content
DynaMed Plus 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
*DynaMed Plus* uses the GRADE system for recommendations and a proprietary system for evaluating the strength of the evidence.

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**GRADE:** Grading of Recommendations, Assessment, Development and Evaluations
Clicking on a link provides levels of evidence and guidelines behind each recommendation.

**DynaMed Plus includes strong and weak recommendations.**

- Offer beta-blockers for patients undergoing cardiac surgery to prevent perioperative atrial fibrillation.
  - (Strong recommendation).

- Consider the following medications for the prevention of atrial fibrillation in patients with cardiovascular disease:
  - angiotensin-converting enzyme inhibitors or angiotensin receptor blockers
  - statins, particularly in those with heart failure or who have had or are undergoing coronary artery bypass grafting surgery
  - (Weak recommendation)

**Related Summaries**

- Thromboembolic prophylaxis in atrial fibrillation
- Cardioversion of atrial fibrillation
- Rate control in atrial fibrillation
- Rhythm control in atrial fibrillation
- Ablation therapy for atrial fibrillation
- Physician Quality Reporting System Quality Measures
DynaMed Plus provides easy-to-interpret levels of evidence labels.

**Atrial fibrillation**

**Activity**

**Exercise**

- after taking pill-in-pocket flecainide or propafenone, avoidance of physical activity is suggested as long as atrial fibrillation persists and until two half-lives of antiarrhythmic drug therapy elapsed (ESC, Class IIa, Level C)²
- exercise-based interventions might improve exercise capacity but not physical or mental health-related quality of life in patients with atrial fibrillation
  - based on Cochrane review with limited evidence
  - systematic review of 6 randomized trials comparing exercise-based interventions vs. no exercise in 421 adults with atrial fibrillation
    - exercise-based interventions were aerobic exercise and resistance training in 4 trials, traditional Chinese Qi-gong in 1 trial, and inspiratory muscle training in 1 trial
    - exercises were supervised or unsupervised and varied in duration (8-16 weeks), frequency (2 times daily to 2-3 sessions per week), and session length (15-90 minutes per session)
Smoldering myeloma

Prognosis / Risk stratification scores / Spanish PETHEMA model

- Spanish Programa de Estudio y Tratamiento de las Hemopatías Malignas (PETHEMA) model may identify patients with smoldering myeloma and monoclonal gammopathy of unknown significance at increased risk of progression to active myeloma
  - based on retrospective cohort study
  - 500 patients (median age 70 years) with smoldering myeloma (SM) and monoclonal gammopathy of unknown significance (MGUS) were followed for median 56 months
  - 93 patients had SM, 407 with MGUS
  - SM scores 1 point each for
    - ≥ 95% abnormal plasma cells/bone marrow plasma cells (aPC/BMPC)
    - evidence of immunoparesis (reduction of ≥ 1 uninvolved immunoglobulin isotypes less than lower limit of normal)
  - MGUS score 1 point each for
    - ≥ 95% aPC/BMPC
    - DNA aneuploidy
  - score for risk of progression
    - 0 risk factors - low risk
    - 1 risk factor - intermediate risk
**Meningococcal disease**

Guidelines and Resources / Guidelines / European guidelines

**European guidelines**

- Aragon Institute for Health Sciences (IACS) clinical practice guideline on management of invasive meningococcal disease can be found at [IACS PDF](https://www.ics.es/en/actualidad/actualidad_en.html) [English], [IACS PDF](https://www.ics.es/en/actualidad/actualidad_es.html) [Spanish], or at [National Guideline Clearinghouse](https://www.guideline.gov) 2015 Oct 12:49258


- Société de Pathologie Infectieuse de Langue Française (SPILF) guideline on acute bacterial meningitis (except newborn and nosocomial meningitis) can be found in *Med Mal Infect 2009 Jun;39(6):356* or in *Rev Neurol (Paris) 2009 Sep;165 Spec No 3:F205* [French]

**Australian and New Zealand guidelines**

- Communicable Diseases Network Australia (CDNA) national guideline for public health units on invasive meningococcal disease can be found at [CDNA 2017 July 4](https://www.cdna.org.au/)

- Western Australian Department of Health (WADH) guidelines on management of meningococcal disease can be found at [WADH 2008 PDF](https://www.wadhealth.wa.gov.au/page222650.html)

**African guidelines**

- South African National Department of Health (NDOH) guideline on management, prevention and control of meningococcal disease can be found at [NDOH 2012 Jul 24 PDF](https://www.za.gov.za)
Physician organizations, leading EBM institutions, and top drug vendors choose *DynaMed Plus*
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Comprehensive Specialty Content

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- Primary Care
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- Pulmonary Medicine
- Rheumatology
- Surgery
- Vascular Medicine
Antiplatelet and anticoagulant drugs for elective percutaneous coronary intervention (PCI)

Overview and Recommendations

Background

- Antiplatelet (including aspirin and P2Y₁₂ 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
Graphics and Images

DynaMed Plus

Search for: pneumonia

Results Images Calculators
Selecting an image provides users with a larger view.
**WARFARIN**

**Dosing & Indications / Adult Dosing**

- Thrombosis: Initial 5 to 10 mg orally once a day
- Venous thromboembolism: Prophylaxis: Initial, 1 to 3 mg orally once a day; adjust dose based on the results of INR
- Venous thromboembolism: Maintenance, 2 to 10 mg orally once a day

**Pediatric Dosing**

- Important Note: Beers Criteria: Use caution or avoid use as potentially inappropriate in older adults.
- General Dosage Information: Safety and efficacy in pediatrics patients have not been established in randomized, controlled, clinical trials, although the use of warfarin for the treatment or prophylaxis of thrombosis is well documented.

**Dose Adjustment**

- Renal impairment: No adjustment necessary
- Geriatric: Consider using lower initial and maintenance dosage
- INR: single out of range value, below or above the therapeutic INR by 0.5 or less, continue current warfarin dose and test INR within 1 to 2 weeks

**DRUGDEX® Subscribers: See additional details for WARFARIN**
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Recent Updates

11/29/2017 06:00:00 PM (ET)
tolvaptan slows decline in estimated glomerular filtration rate at 1 year in adults with later-stage autosomal dominant polycystic kidney disease, particularly in patients who are white, < 55 years old, or have stage 3a-4 chronic kidney disease (N Engl J Med 2017 Nov 16)
Topic: Autosomal dominant polycystic kidney disease (ADPKD)

11/29/2017 05:54:00 PM (ET)
immediate postpartum insertion of contraceptive implant may increase rate of initiation of contraceptive implant by 4-8 weeks postpartum compared to standard insertion at 4-8 weeks postdelivery (Cochrane Database Syst Rev 2017 Apr 22)
Topic: Postpartum management

11/29/2017 05:39:00 PM (ET)
addition of internet-based weight loss program to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC program) may increase postpartum weight loss in low-income women at 12 months (JAMA 2017 Jun 20)
Topic: Postpartum management

11/29/2017 12:13:00 PM (ET)
review of mechanisms, consequences, and prevention of coronary graft failure (Circulation 2017 Oct 31)
Recent Updates

anesthesiology and pain management

11/27/2017 07:25:00 AM (ET)
transversus abdominis plane block reduces need for rescue analgesia and postoperative nausea and vomiting in adults having open or laparoscopic hernia surgery (Clin J Pain 2017 Apr)

Topic: Groin hernia in adults and adolescents

09/11/2017 07:24:00 AM (ET)
lateral decubitus position may reduce risk of postdural puncture headache compared to sitting position in adults having lumbar puncture (Pain Physician 2017 May)

Topic: Lumbar puncture (LP)

09/11/2017 07:23:00 AM (ET)
sublingual fentanyl may be as effective as subcutaneous morphine for pain reduction at 30 minutes in adults with cancer and severe pain episodes (J Clin Oncol 2017 Mar)

Topic: Opioids for chronic cancer pain

07/17/2017 06:47:00 AM (ET)
addition of parecoxib to postoperative morphine analgesia may reduce risk of delirium in older adults having elective total hip or knee replacement (Anesth Analg 2017 Jun)
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Easy to read on all devices
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CME/CE Form: Asthma in children

* Denotes required field

What You Needed To Find

Learning objective: to answer a clinical question regarding the topic Asthma in children

Enter comments if needed to clarify:

What You Found

DynaMed content evaluated: DynaMed content for Asthma in children was found in the following sections:

* Select topic sections reviewed:

- All Sections
- Overview & Recommendations
- General Information
- Causes and Risk Factors
- Complications and Associated Conditions
- History and Physical
- Diagnosis
Medical uses of cannabinoids

General Information
- 6.2% reported medical use only
- 3.6% reported medical and nonmedical use
  - Reference - JAMA 2017 Jan 10;317(2):209
- 14%-21% of patients with inflammatory bowel disease reported to self-medicate with marijuana
  - based on cross-sectional study of 100 patients with ulcerative colitis and 191 patients with Crohn disease attending tertiary care clinic
  - patients assessed for cannabis use, disease history, and quality of life
  - cannabis used to relieve inflammatory bowel disease-related symptoms (abdominal pain, diarrhea, reduced appetite) in 14% of patients with ulcerative colitis and 21% of patients with Crohn disease
  - Reference - Eur J Gastroenterol Hepatol 2011 Oct;23(10):891
  - approximately 10% reported cannabis use in study of 214 patients with inflammatory
Atrial fibrillation

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Email Updates:

- Once a day
- Once a week
- Once a month

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vs.

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