

# Advancing the availability of clinical insight to improve patient care: ClinicalKey

**Gaynor Jones**

**Product Marketing Manager, UK/Northern Europe**

**ELSEVIER**  
Clinical Solutions



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- ClinicalKey
- Journals Consult
- Clinical Pharmacology

# About our customers needs

- Clinical information needs are increasing and becoming more diverse
  - Doctors must manage decreasing time for seeing patients
  - patient care, sharing information, patient education and staying current.
  - EHR integration continues to be a high priority – “Paperless NHS by 2018”
- Increased focus on evidence-based decision-making
- The challenge for health care librarians is to demonstrate that the services they provide actively support clinical care.



# Managing Clinical Information Overload

In the 1990s, more than two million articles were published annually in more than 20,000 biomedical journals,

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**EDITORIAL**  
**The quality of health information on the internet**

*BMJ* 2002; 324 doi: 10.1136/bmj.324.7337.557 (Published 9 March 2002)  
Cite this as: *BMJ* 2002;324:557

Answering Physicians' Clinical Questions:  
Obstacles and Potential Solutions

Patient-Care Questions that Physicians Are Unable to Answer

KEY



# Definition of Point of Care

- Clinical **point of care** is when clinicians deliver healthcare products and services to patients at the time of care

*Information at the Point of Care: Answering Clinical Questions. Ebell, Mark. "American Board of Family Practice". Michigan State University, 1999, 12(3), 225-235*

- “Content is usually summary format designed to deliver pre-digested, rapidly accessible, comprehensive, periodically updated, evidence-based information to clinicians”

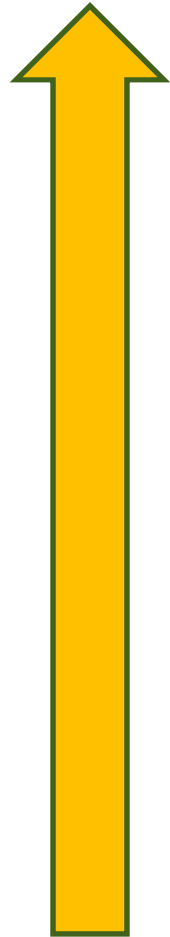
*Banzi, A Review of Online Evidence-based Practice Point-of-Care Information Summary Providers*  
J Med Internet Res. 2010 Sep 09;12(3) p. e39

- “Clinical librarians seek to provide quality assured information to health professionals at the point of **need**, to support clinical decision making”

*Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21st Century, 2008*

# A clinicians workflow in practice

Close to the  
Point of Care



Far from the  
Point of Care

Clinical  
Discovery  
(Bedside)

**Clinical  
Discovery**

Clinical  
Learning

Clinical  
Research

## Context

**Who is the user?**

- 52 yr old cardiology consultant

**Where are they?**

- Office (in hospital)

**What are they doing?**

- Creating treatment plan
- Staying current

**When are they doing it?**

- 15 min
- After completion of rounds

**Why?**

- Confirm best treatment plan for this patient given initial investigation and test results

Patient had several test including;

- Chest X-Ray which showed heart enlargement
- $\beta$ -natriuretic peptide blood test (BNP) has results higher than expected

Both are indicators of cardiomyopathy but the consultant is unsure if it is dilated, hypertrophic or restrictive cardiomyopathy.

Additional tests are required for accurate diagnosis

# How can ClinicalKey support at the point of need

ELSEVIER  
Clinical Solutions



ClinicalKey helps users **quickly find** exceptionally **relevant answers** and then, within the same interface, go directly to deep information within a **comprehensive database** containing **the full breadth and depth of information** for which they typically need to access more than one resource.



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Succinct, bulleted, point-of-care surgical content  
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## As Well As:

Selected third-party journals and content sources

Guideline information

Elsevier and third-party published patient education materials

Fully indexed MEDLINE

Fully indexed clinical trials

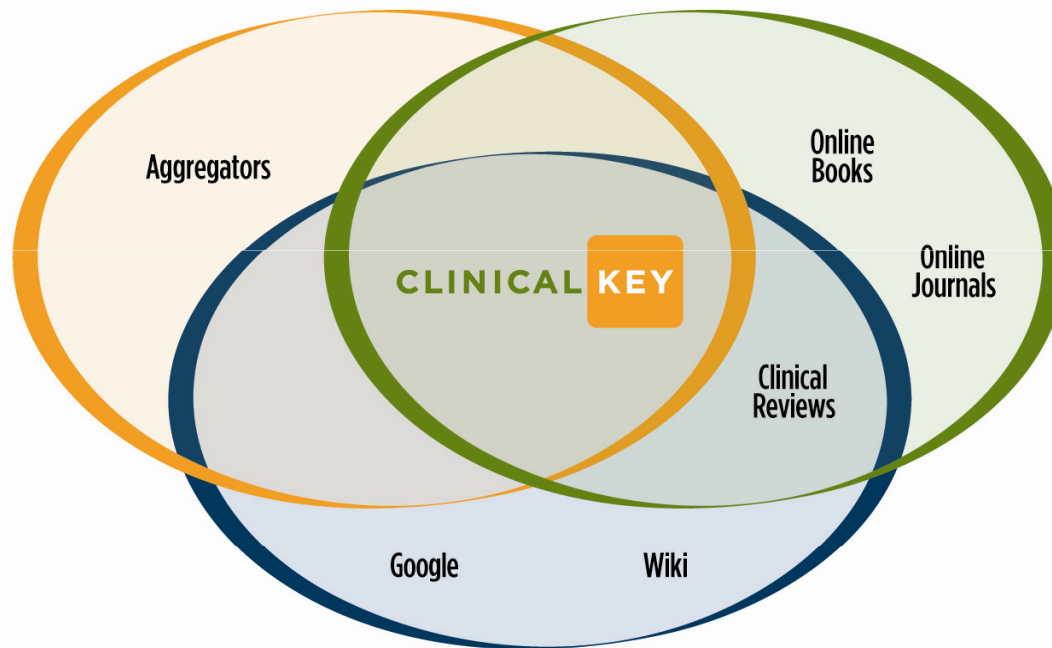
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**Speed to Answer:  
Find key journals,  
books, authors**

crohn Search

Suggestions	Related	Books and Journals	Authors
Crohn's disease	Colonoscopy	Journal of Crohn's and Colitis	Crohn, B
Crohn's Disease of Large Bowel	Colectomy	Journal of Crohn's and Colitis Supplements	Crohn, E
Crohn's Disease of Small Bowel	History and physical examination		Crohn, D
Regional enteritis NOS	Proctocolectomy		Crohn, H
Crohn's disease Risk Factors	Barium enema		Crohn, N
Crohn's disease in remission	Proctosigmoidoscopy		Crohn, O
Perianal Crohn's disease	Lifestyle modification		Crohns, C
Crohn's disease of the ileum	Fiberoptic colonoscopy with biopsy		Crohn, R.
Gastrointestinal Crohn's disease	Azulfidine EN-tabs		Crohn, Kara
Crohn's disease of terminal ileum	POMP protocol		CROHN, B B

**Speed to Answer:  
Smart Content = taxonomy-  
powered content**





# 1. Search Results Summary

# 2. Dynamic content views

- Study Type
- Date
- Specialty
- Content Type
  - All
  - Journals (5793)
  - Books (2048)
  - First Consult (54)
  - Guidelines (44)
  - MEDLINE (14098)
  - Drug Monographs (19)
  - Clinical Trials (492)
  - Videos (18)
  - Images (2080)
  - Patient Education (36)
  - Procedures Consult (8)
- Subscribed Content

## Key Results for Crohn's disease

- FC** Crohn's disease [First Consult]  
Bhupinder Anand, MD, Linda Lee, MD, Russell Jones, MD, MPH  
Revised: 10 Sep 2010  
Crohn's disease is characterized by inflammation and ulceration of the gastrointestinal tract; inflammation may involve the full thickness of the bowel in a patchy, noncontinuous distribution. Any portion of the gastrointestinal tract, from the mo...
- G** Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas. [Guideline]  
National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.] 2011-03-01
- M** Infliximab, azathioprine, or combination therapy for Crohn's disease. [MEDLINE]  
Colombel, Jean Frédéric, Sandborn, William J, Reinisch, Walter, Mantzaris, Gerassimos J, Kornbluth, Asher, Rachmilewitz, Daniel, Lichtiger, Simon, D'Haens, Geert, Diamond, Robert H, Broussard, Delma L, Tang, Kezhen L, van der Woude, C, Janneke, Rutgeerts, Paul, SONIC Study Group  
*N. Engl. J. Med.*, 2010-04-15,  
The comparative efficacy and safety of infliximab and azathioprine therapy alone or in combination for Crohn's disease are unknown. In this randomized, double-blind trial, we evaluated the efficacy of infliximab monotherapy, azathioprine monothera...
- M** Genome-wide meta-analysis increases to 71 the number of confirmed Crohn's disease susceptibility loci. [MEDLINE]  
Franke, Andre, McGovern, Dermot P B, Barrett, Jeffrey C, Wang, Kai, Radford-Smith, Graham L, Ahmad, Tariq, Lees, Charlie W, Balschun, Tobias, Lee, James, Roberts, Rebecca, Anderson, Carl A, Bis, Joshua C, Bumpstead, Suzanne, Ellinghaus, David, Festen, Eleonora M, Georges, Michel, Green, Todd, Haritunians, Talin, Jostins, Luke, Latiano, Anna, Mathew, Christopher G, Montgomery, Grant W, Prescott, Natalie J, Raychaudhuri, Soumya, Rotter, Jerome I, Schumm, Philip, Sharma, Yashoda, Simms, Lisa A, Taylor, Kent D, Whiteman, David, Wijmenga, Cisca, Baldassano, Robert N, Barclay, Murray, Bayless, Theodore M, Brand, Stephan, Büning, Carsten, Cohen, Albert, Colombel, Jean-Frederick, Cottone, Mario, Stronati, Laura, Denson, Ted, De Vos, Martine, D'Inca, Renata, Dubinsky, Marla, Edwards, Cathryn, Florin, Tim, Franchimont, Denis, Geary, Richard, Glas, Jürgen, Van Gossuin, Andre, Guthery, Stephen L, Halfvarson, Jonas, Verspaget, Hein W, Hugot, Jean-Pierre, Karban, Amir, Laukens, Debby, Lawrance, Ian, Lemann, Marc, Levine, Arie, Libioulle, Cecile, Louis, Edouard, Mowat, Craig, Newman, William, Panés, Julián, Phillips, Anne, Proctor, Deborah D, Regueiro, Miguel, Russell, Richard, Rutgeerts, Paul, Sanderson, Jeremy, Sans, Miquel, Seibold, Frank, Steinhardt, A Hillary, Stokkers, Pieter C F, Torkvist, Leif, Kullak-Ublick, Gerd, Wilson, David, Walters, Thomas, Targan, Stephan R, Brant, Steven R, Rioux, John D, D'Amato, Mauro, Veersma, Rinse K, Kugathasan, Subra, Griffiths, Anne M, Mansfield, John C, Vermeire, Severine, Duerr, Richard H, Silverberg, Mark S, Satsangi, Jack, Schreiber, Stefan, Cho, Judy H, Anness, Vito, Hakonarson, Hakon, Daly, Mark J, Parkes, Miles  
*Nat. Genet.*, 2010-12-01,  
We undertook a meta-analysis of six Crohn's disease genome-wide association studies (GWAS) comprising 6,303 affected individuals (cases) and 15,056 controls and followed up the top association signals in 15,694 cases, 14,026 controls and 44,499...

- ### Outline
- Summary
  - Description
  - Synonyms
  - Urgent action
  - Key points
  - Background
    - Cardinal features
    - Causes
    - Epidemiology
    - Codes
  - Diagnosis
    - Clinical presentation
    - Associated disorders
    - Differential diagnosis
    - Workup
    - Clinical pearls
    - Consider consult
  - Treatment
    - Goals
    - Therapeutic options
    - Clinical pearls
    - Never
    - Management in special circumstances
    - Patient and caregiver issues
    - Follow-up
    - Ask for advice
  - Summary of evidence
    - Evidence
    - Outcomes
    - Prognosis

# 3. Filters & navigation options

- Study Type
- Date
- Specialty
- Content Type
  - All
  - Journals (5793)
  - Books (2048)
  - First Consult (54)
  - Guidelines (44)
  - MEDLINE (14098)
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  - Clinical Trials (492)
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**Navigation & Filter by:**  
- Content type  
- Clinical specialty  
- Date  
- Study Type

**Elsevier Medical & Surgical Content**  
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**+ MedLine**  
**+ Links to 3<sup>rd</sup> party journals**

Key Results for Crohn's disease

- Fc** Crohn's disease [First Consult] Bhupinder Anand, MD, Linda Lee, MD. Revised: 10 Sep 2010. Crohn's disease is characterized by the full thickness of the bowel in...
- G** Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas. [Guideline] National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.] 2011-03-01
- M** Infliximab, azathioprine, or combination therapy for Crohn's disease. [MEDLINE] Colombel, Jean Frédéric, Sandborn, William J, Reinisch, Walter, Mantzaris, Gerassimos J, Kornbluth, Asher, Rachmilewitz, Daniel, Lichtiger, Simon, D'Haens, Geert, Diamond, Robert H, Broussard, Delma L, Tang, Kezhen L, van der Woude, C Janneke, Rutgeerts, Paul, SONIC Study Group. *N. Engl. J. Med.*, 2010-04-15. The comparative efficacy and safety of infliximab and azathioprine therapy alone or in combination for Crohn's disease are unknown. In this randomized, double-blind trial, we evaluated the efficacy of infliximab monotherapy, azathioprine monotherapy...
- M** Genome-wide meta-analysis increases to 71 the number of confirmed Crohn's disease...

Outline: Summary, Description, Synonyms, Urgent action, Key points, Background, Cardinal features, Causes, Epidemiology, Codes, Diagnosis, Clinical presentation, Associated disorders, Differential diagnosis, Workup, Clinical pearls, Consider consult.

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# FirstConsult Synoptic overviews

The screenshot shows a search for "Crohn's disease" on ClinicalKey. The search results are displayed on page 1 of 2406. The first result is a "First Consult" (Fc) titled "Crohn's disease [First Consult]" by Bhupinder Anand, MD, Linda Lee, MD, and Russell Jones, MD, MPH, revised on 10 Sep 2010. The text of this result is: "Crohn's disease is characterized by inflammation and ulceration of the gastrointestinal tract; inflammation may involve the full thickness of the bowel in a patchy, noncontinuous distribution. Any portion of the gastrointestinal tract, from the mo...". A yellow callout box highlights the "Fc" icon and a right-pointing arrow icon next to the result. To the right of the search results is a "Vitals" sidebar with an "Outline" section. The "Outline" section lists various topics: Summary, Description, Synonyms, Urgent action, Key points, Background, Cardinal features, Causes, Epidemiology, Codes, Diagnosis, Clinical presentation, Associated disorders, Differential diagnosis, Workup, Clinical pearls, Consider consult, Treatment, and Goals. The "Vitals" sidebar also includes a "Reading List (11)" and "Presentation (4)" section. The ClinicalKey logo and "ELSEVIER" branding are visible at the top of the page.

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ClinicalKey - Smarter Search, Faster Ans... +

https://www.clinicalkey.com/#/ContentPlayerCtrl/doPlayContent/21-s2.0-1014784/{"sectionId":"122843"} ☆ Google

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CLINICAL KEY ELSEVIER Crohn's disease Search

Featuring trusted, surgical point-of-care content. 

Saved Searches (10) Back to Search Results | Print | Email | CME Reading List (11) + Presentation (4)

Expand All Collapse All Go to Top

- Summary
  - Description
  - Urgent action
  - Key points
- Background
  - Cardinal features
- Causes
  - Common causes
  - Contributory or predisposing
- Epidemiology
  - Incidence and prevalence
  - Demographics
- Codes
  - ICD-9 code
- Diagnosis
  - Clinical presentation
    - Symptoms
    - Signs
    - Associated disorders
  - Differential diagnosis
    - Ulcerative colitis

**Differential diagnosis**

Crohn's disease can mimic almost any gastrointestinal condition.




- + Ulcerative colitis
- + Bacterial/amebic gastroenteritis
- + Yersinia enterocolitica enteritis
- + Clostridium difficile infection
- + Tuberculosis
- + Behçet's syndrome
- + Wegener's granulomatosis
- + Churg-Strauss syndrome
- + Intestinal lymphoma
- + Acute ischemic colitis
- + Diverticulitis with abscess formation
- + Viral gastroenteritis
- + Radiation colitis

**Workup**

**Diagnostic decision**

The diagnosis of Crohn's disease rests on the clinical presentation and histologic evidence of chronic inflammation and granulomas of the gastrointestinal mucosa. In patients with disease confined exclusively to the small bowel, tissue may not be readily accessible, and, therefore, the diagnosis is based on the clinical presentation and radiologic findings, including those of small intestine.

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**MedLine**  
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**abstracts**

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https://www.clinicalkey.com/#/SearchCtrl/doSearchResults/Crohn's disease//{"type":"Concept"}

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CLINICAL KEY | ELSEVIER Crohn's disease Search

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Saved Searches (10) +

Date Relevance Reading List (11) + Presentation (4) +

Page 1 of 2406 Displaying results 1 to 10 of 24051 Show 10 Items

**Key Results for Crohn's disease**

- Fc** **Crohn's disease** [First Consult]  
Bhupinder Anand, MD, Linda Lee, MD, Russell Jones, MD, MPH  
Revised: 10 Sep 2010  
Crohn's disease is characterized by inflammation and ulceration of the gastrointestinal tract; inflammation may involve the full thickness of the bowel in a patchy, noncontinuous distribution. Any portion of the gastrointestinal tract, from the mo...
- M** **Vedolizumab as induction and maintenance therapy for Crohn's disease.** [MEDLINE]  
Sandborn, William J, Feagan, Brian G, Rutgeerts, Paul, Hanauer, Stephen, Colombel, Jean-Frédéric, Sands, Bruce E, Lukas, Milan, Fedorak, Richard N, Lee, Scott, Bressler, Brian, Fox, Irving, Rosario, Maria, Sankoh, Serap, Xu, Jing, Stephens, Kristin, Milch, Catherine, Parikh, Asit, GEMINI 2 Study Group  
N. Engl. J. Med., 2013-08-22,  
The efficacy of vedolizumab, an alpha4beta7 integrin antibody, in Crohn's disease is unknown. In an integrated study with separate induction and maintenance trials, we assessed intravenous vedolizumab therapy (300 mg) in adults with active Crohn's...
- G** **Crohn's disease: management in adults, children and young people.** [Guideline]  
National Clinical Guideline Centre - National Government Agency [Non-U.S.] 2012-10-01
- M** **Ustekinumab induction and maintenance therapy in refractory Crohn's disease.** [MEDLINE]  
Sandborn, William J, Gasink, Christopher, Gao, Long-Long, Blank, Marion A, Johans, Jewel, Guzzo, Cynthia, Sands, Bruce E, Hanauer, Stephen B, Targan, Stephan, Rutgeerts, Paul, Ghosh, Subrata, de Villiers, Willem J S, Panaccione, Remo, Greenberg, Gordon, Schreiber, Stefan, Lichtiger, Simon, Feagan, Brian G, CERTIFI Study Group  
N. Engl. J. Med., 2012-10-19,  
In patients with Crohn's disease, the efficacy of ustekinumab, a human monoclonal antibody against interleukin 12 and

**Abstract**

The efficacy of vedolizumab, an  $\alpha 4\beta 7$  integrin antibody, in Crohn's disease is unknown. In an integrated study with separate induction and maintenance trials, we assessed intravenous vedolizumab therapy (300 mg) in adults with active Crohn's disease. In the induction trial, 368 patients were randomly assigned to receive vedolizumab or placebo at weeks 0 and 2 (cohort 1), and 747 patients received open-label vedolizumab at weeks 0 and 2 (cohort 2); disease status was assessed at week 6. In the maintenance trial, 461 patients who had had a response to vedolizumab were randomly assigned to receive placebo or vedolizumab every 8 or 4 weeks until week 52. At week 6, a total of 14.5% of the patients in cohort 1 who received vedolizumab and 6.8% who received placebo were in clinical remission (i.e., had a score on the Crohn's Disease Activity Index [CDAI] of  $\leq 150$ , with scores ranging from 0 to approximately 600 and higher scores indicating greater disease activity) ( $P=0.02$ ); a total of 31.4% and 25.7% of the patients, respectively, had a CDAI-100 response ( $\geq 100$ -point decrease in the CDAI score) ( $P=0.23$ ). Among patients in cohorts 1 and 2 who had a response to induction therapy, 39.0% and 36.4% of those assigned to vedolizumab every 8 weeks and every 4 weeks, respectively, were in clinical remission at week 52, as compared with 21.6% assigned to placebo ( $P < 0.001$  and  $P=0.004$  for the two

**Keywords**

**Related Content**

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**of navigation**

The screenshot displays the ClinicalKey search interface. At the top, the browser address bar shows the URL: [https://www.clinicalkey.com/#/SearchCtrl/doSearchResults/Crohn's disease///\[\"type\":\"Concept\"\]](https://www.clinicalkey.com/#/SearchCtrl/doSearchResults/Crohn's+disease///[\). The navigation bar includes links for Journals, Books, Practice Guidelines, Patient Education, Drugs, Multimedia, and CME. The search bar contains the text "Crohn's disease" and a search button. On the left, a sidebar lists "Saved Searches (10)" and "Content Type" filters, including All, Journals (7222), Books (1997), First Consult (58), Vitals (13), Guidelines (35), MEDLINE (11436), Drug Monographs (19), Clinical Trials (486), Videos (13), Images (2727), Patient Education (50), and Procedures Consult (8). The main content area shows search results for "Crohn's Disease" [Book], "European evidence based consensus for endoscopy in inflammatory bowel disease" [Journal], and "Genome-wide meta-analysis increases to 71 the number of confirmed Crohn's disease susceptibility loci" [MEDLINE]. A "Content Preview" sidebar on the right is highlighted with a yellow box, showing a "Chapter Outline" with sections: OTHER FINDINGS, CLINICAL FEATURES (DISEASE LOCATION, CLINICAL PRESENTATION, DISEASE BEHAVIOR, CLASSIFICATION OF DISEASE, PATHOPHYSIOLOGY OF COMMON SYMPTOMS AND SIGNS, EXTRAINTESTINAL MANIFESTATIONS), DIFFERENTIAL DIAGNOSIS (ESTABLISHING THE DIAGNOSIS AND EVALUATING DISEASE ACTIVITY, DIFFERENTIATING CROHN'S DISEASE FROM ULCERATIVE COLITIS, MEASURING DISEASE ACTIVITY), and TREATMENT (GOALS). A yellow callout box points to a double arrow icon next to the selected book result.

**CLINICAL KEY**



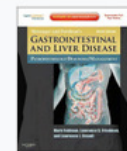
Saved Searches (10)

Back to Search Results | Print | Email | CME | TOC

- HISTORY OF CROHN'S DISEASE
- EPIDEMIOLOGY
- ETIOLOGY AND PATHOGENESIS
  - INITIATING EVENTS
- GENETICS
- ENVIRONMENT
- ADAPTIVE IMMUNE RESPONSE AND INFLAMMATION
- PATHOLOGY
  - EARLY FINDINGS
  - LATER FINDINGS
  - OTHER FINDINGS
- CLINICAL FEATURES
  - DISEASE LOCATION
  - CLINICAL PRESENTATION

**B** Sleisenger and Fordtran's Gastrointestinal and Liver Disease , Ninth Edition

Mark Feldman, Lawrence S. Friedman, and Lawrence J. Brandt  
 Chapter 111, 1941-1973.e9  
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**Chapter 111**  
**Crohn's Disease**

Idiopathic inflammatory bowel disease (IBD) comprises conditions characterized by chronic or relapsing immune activation and inflammation within the gastrointestinal tract. Crohn's disease and ulcerative colitis (UC) are the two major forms of idiopathic IBD; less common, but increasingly recognized, are the microscopic colitides, primarily collagenous colitis and lymphocytic colitis (see [Chapter 124](#)). Other chronic inflammatory conditions of the intestine share some features of presentation and pathogenesis with idiopathic IBD, but they have identifiable etiologies. These disorders include diversion colitis, bypass enteropathy, radiation colitis, and drug-induced colitides. The two major forms of IBD share many clinical and epidemiologic characteristics, suggesting that underlying causes may be similar. Indeed, more than occasionally, Crohn's disease cannot be distinguished from UC on clinical grounds, yet the two diseases are distinct syndromes with divergent treatment and prognosis.

Crohn's disease is a condition of chronic inflammation potentially involving any location of the alimentary tract from mouth to anus, but with a propensity for the distal small bowel and proximal large bowel. Inflammation in Crohn's disease often is discontinuous along the longitudinal axis of the intestine and can involve all layers from mucosa to serosa. Affected persons usually experience diarrhea and abdominal pain, often accompanied by weight loss. Common complications include strictures and fistulas, which often necessitate surgery. Numerous extraintestinal manifestations also may be present. The etiology of Crohn's disease is incompletely understood, and therapy, although generally effective in alleviating the symptoms, is not curative.

Reading List (11) + Presentation (4)

Tools

**Author Information**

**Editor**  
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Lawrence S. Friedman MD  
 Professor of Medicine, Harvard Medical School, Professor of Medicine, Tufts University School of Medicine, Chair, Department of Medicine, Newton-Wellesley Hospital, Assistant Chief of Medicine,

References (417)

Figures (8)

Related Videos (5)



Saved Searches (10)

Back to Search Results

- CLINICAL FEATURES
  - DISEASE LOCATION
  - CLINICAL PRESENTATION
  - DISEASE BEHAVIOR
  - CLASSIFICATION OF DISEASE
- PATHOPHYSIOLOGY OF COMMON SYMPTOMS AND SIGNS
- EXTRINTESTINAL MANIFESTATIONS
- DIFFERENTIAL DIAGNOSIS
- ESTABLISHING THE DIAGNOSIS AND EVALUATING DISEASE ACTIVITY
  - DIFFERENTIATING CROHN'S DISEASE FROM ULCERATIVE COLITIS
  - MEASURING DISEASE

pancreatitis, <sup>100</sup> granulomatous pancreatitis, <sup>100</sup> and pancreatic insufficiency <sup>100</sup> also have been reported.

**DIFFERENTIAL DIAGNOSIS**

Establishing a diagnosis of Crohn's disease usually is straightforward once it is considered. Nevertheless, a large number of alternative diagnoses may be considered during various stages of the evaluation. Reports are legion of other diseases mistakenly diagnosed as Crohn's disease and of Crohn's disease mistaken for other diseases. Misdiagnoses may be attributed to the protean presentations of Crohn's disease, which include considerable variability among patients with distinct anatomic distributions of disease, different degrees of inflammation, and the variable presence of intestinal complications and extraintestinal manifestations.

There are a number of clinical situations in which Crohn's disease should enter the differential diagnosis, including diarrhea or abdominal pain, especially when localized to the right lower quadrant; evidence of intestinal inflammation on radiologic or endoscopic studies; discovery of an intestinal stricture or fistula arising from the intestine; and evidence of inflammation or granulomas on intestinal histology. Categories of causation that overlap with Crohn's disease in clinical presentation include functional bowel disorders, primarily irritable bowel syndrome; immune-mediated diseases, particularly other colitides and most importantly UC; medications, especially NSAIDs; vascular disorders, notably ischemic bowel disease and collagen vascular diseases; neoplasia, including carcinoma and lymphoma; infectious diarrheas, intestinal inflammation, or granulomas; and miscellaneous other diseases and syndromes, including diverticular disease. Once the presence of bowel inflammation has been confirmed, the differential diagnosis may focus on presentation according to the anatomic location of the findings ( [Table 111-2](#) ).

**Table 111-2**  
Differential Diagnosis of Crohn's Disease

**Differential Diagnosis of Ileitis**

- Backwash ileitis in ulcerative colitis
- Drug-related

Reading List (11) + Presentation (4)

**Tools**

**Author Information**

Editor  
Mark Feldman MD  
William O. Tschumy Jr., MD, Chair of Internal Medicine, Director, Internal Medicine Residency Program, Medical Director, Research Services, Texas Health Presbyterian Hospital Dallas, Clinical Professor of Internal Medicine, University of Texas Southwestern Medical School, Dallas, Texas

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Professor of Medicine, Harvard Medical School, Professor of Medicine, Tufts University School of Medicine, Chair, Department of Medicine, Newton-Wellesley Hospital, Assistant Chief of Medicine,

References (417)

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Related Videos (5)





# Videos & Images

The screenshot shows the ClinicalKey website interface. At the top, there is a navigation bar with 'Journals', 'Books', 'Practice Guidelines', 'Patient Education', 'Drugs', 'Multimedia', and 'CME'. A search bar contains 'Crohn's disease' and a 'Search' button. The main content area displays search results for 'Crohn's disease', including a 'Differential Diagnosis' section with text and a table. A sidebar on the left lists 'CLINICAL FEATURES' and 'DIFFERENTIAL DIAGNOSIS'. On the right, there is a 'Related Videos (5)' section highlighted with a yellow box, containing two video thumbnails with titles: 'Total Proctocolectomy with End Ileostomy [Video]' and 'Video 3 - The Appropriateness of Concomitant Immunomodulators With Anti-Tumor Necrosis Factor Agents for Crohn's Disease: One Size Does Not Fit All [Video]'. The bottom of the page shows the URL and copyright information.



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[https://www.clinicalkey.com/#/ContentPlayerCtrl/doPlayContent/23-s2.0-GS-028-H57210-V-640-0101/\({\"ct\":\"video\",\"scope\":\"all\",\"query\":\"Crohn's disease\"}\)](https://www.clinicalkey.com/#/ContentPlayerCtrl/doPlayContent/23-s2.0-GS-028-H57210-V-640-0101/({\)

Google



**CLINICAL** **KEY**

**Reading List**  
**Add any results for reading later**

**>550 Journals**  
**Full-text articles**

The screenshot shows the ClinicalKey website interface. At the top, there is a search bar with 'Crohn's disease' entered and a 'Search' button. Below the search bar, there are navigation tabs for 'Journals', 'Books', 'Practice Guidelines', 'Patient Education', 'Drugs', 'Multimedia', and 'CME'. A 'Saved Searches (10)' sidebar is visible on the left, listing various content types like 'Journals (7238)', 'Books (2004)', 'First Consult (58)', 'Vitals (13)', 'Guidelines (35)', 'MEDLINE (11486)', 'Drug Monographs (19)', 'Clinical Trials (485)', 'Videos (13)', 'Images (2737)', 'Patient Education (50)', and 'Procedures Consult (8)'. The main content area displays search results for 'Crohn's disease', showing a list of articles with their titles, authors, and publication dates. A 'Reading List' overlay is present on the right side of the screen, indicating that a new item has been added to the reading list. The overlay contains the text 'Reading List' and 'You have added a new item to your reading list.' Below this, there is a preview of an article titled 'Laparoscopic surgery for complex Crohn's disease' by Tavernier, M., Lebreton, G., and Alves, A. The preview includes the article's title, authors, journal information, and a brief introduction. A 'Reading List' button is visible in the top right corner of the search results area.





# Filter by Specialty 42 Medical & Surgical Specialties

The screenshot shows the ClinicalKey search interface. At the top, the search bar contains "Crohn's disease" and the search button is labeled "Search". The browser address bar shows the URL: [https://www.clinicalkey.com/#/SearchCtrl/doSearchResults/Crohn's disease/\[%22%2Bsubmain%253A%2522Allergy%2520and%2520Immunology%2522%20\]](https://www.clinicalkey.com/#/SearchCtrl/doSearchResults/Crohn%27s%20disease/[%22%2Bsubmain%253A%2522Allergy%2520and%2520Immunology%2522%20]). The search results are displayed on page 1 of 46, showing 10 items per page. The results list includes:

- The challenges of stratifying patients for trials in inflammatory bowel disease** [Journal] by Biancheri, Paolo, Powell, Nick, Monteleone, Giovanni, Lord, Graham, MacDonald, Thomas T. *Trends in Immunology*, 2013-11-01, Volume 34, Issue 11, 564-571. IBD in the era of immunotherapy The therapeutic approach to chronic inflammatory disease is being advanced by the advent of immunotherapy, which uses biological agents or small molecules to target specific pathways in the inflammatory response. Al...
- The immunopathogenesis of Crohn's disease: a three-stage model** [Journal] by Sewell, Gavin W, Marks, Daniel JB, Segal, Anthony W. *Current Opinion in Immunology*, 2009-10-01, Volume 21, Issue 5, 506-513. Introduction 'Inflammatory bowel disease' encompasses several distinct clinical entities, the most common being Crohn's disease (CD) and ulcerative colitis (UC). Crohn's disease is a chronic, relapsing-remitting inflammatory condition predominantl...
- Master regulator of intestinal disease: IL-6 in chronic inflammation and cancer development** [Journal] **Article in Press: Uncorrected Proof** by Waldner, Maximilian J, Neurath, Markus F. *Seminars in Immunology*, 2014-01-11. 1 Introduction Crohn's disease (CD) and ulcerative colitis (UC), the main forms of inflammatory bowel disease (IBD), lead to a chronic relapsing inflammation of the gastrointestinal tract that considerably reduces the quality of life of affected p...
- Master regulator of intestinal disease: IL-6 in chronic inflammation and cancer**

A yellow box highlights the "Specialty" filter menu on the left side of the page, which includes the following options:

- All
- Allergy and Immunology (451)
- Infectious Disease (6)
- Internal Medicine (1)
- Neurology (13)
- Psychiatry (11)

The "Content Preview" panel on the right shows a snippet of the first article: "Crohn's disease (CD) and ulcerative colitis (UC) are chronic, spontaneously relapsing and remitting disorders of the gastrointestinal tract, thought to originate from an abnormal immune response to the luminal flora in genetically predisposed individuals [2]. CD tends to develop in the terminal ileum and colon, shows predominantly a mononuclear cell infiltrate with granulomata, the lesions are patchy, and inflammation is typically transmural with deep fissuring ulcers and fibrosis. Conversely, in UC lesions are mucosal, continuous, and limited to the colon, the infiltrate is dominated by neutrophils with crypt abscesses, and there is extensive epithelial damage [3]. Therefore, in their canonical forms, histopathology suggests that UC and CD are two different conditions. Traditional therapy of IBD follows a step-up approach, with patients receiving first mesalazine and corticosteroids, then immunosuppressants such as azathioprine or, in UC, calcineurin inhibitors such as cyclosporine A or tacrolimus [4,5]."



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https://www.clinicalkey.com/#!/ContentPlayerCtrl/doPlayContent/1-s2.0-S1471490613001191/{"scope":"all","query":"Crohn's disease"}

Journals Books Practice Guidelines Patient Education Drugs Multimedia CME

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CLINICAL KEY ELSEVIER Crohn's disease All Content Search

ClinicalKey Vitals (Beta) is now available!

Reading List (12) + Presentation (4)

Tools

Author Information

References (80)

Figures (2)

Figure 1  
Heterogeneity of genes encoding for molecules of the immune system whose mutations are associated with increased risk of inflammatory bowel disease (IBD). Some of these variants are specific for Crohn's disease (CD), few are specific for ulcerative colitis (UC), and the majority, including several T helper (Th)1- and Th17-related genes, are common to both forms of IBD. Interestingly, some of the Th1 and Th17

Related Videos (5)

Table of Contents

- Top of Article
- IBD in the era of immunotherapy
- Genetic heterogeneity in IBD: one disease, two diseases, or dozens of diseases
- Immunological similarities and differences between CD and UC
- Immunological and clinical heterogeneity of different stages in IBD disease course
- Possible strategies for predicting prognosis in IBD
- Successes and failures of immunotherapy in IBD
- Challenging assumptions about anti-TNF- $\alpha$  therapy and heterogeneity in IBD

**J The challenges of stratifying patients for trials in inflammatory bowel disease**  
Paolo Biancheri, Nick Powell, Giovanni Monteleone, Graham Lord, and Thomas T. MacDonald  
Trends in Immunology, 2013-11-01, Volume 34, Issue 11, Pages 564-571  
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Immunotherapy with biological agents or small molecules is revolutionising the treatment of chronic inflammatory disease in humans; however, a significant proportion of patients fail to respond or lose responsiveness. This is particularly evident in inflammatory bowel disease (IBD), a group of chronic, immune-mediated disorders of the gastrointestinal tract. Different responsiveness to treatment in IBD can be explained by substantial disease heterogeneity, which is being increasingly recognised by genetic and immunological studies. The current enthusiasm for stratified medicine suggests that it may become possible to identify clinical, immunological, biochemical or genetic biomarkers to target immunotherapy to patients more likely to respond. Here, we identify and highlight the opportunities and the challenges of this strategy in the context of IBD.

**IBD in the era of immunotherapy**  
The therapeutic approach to chronic inflammatory disease is being advanced by the advent of immunotherapy, which uses biological agents or small molecules to target specific pathways in the inflammatory response. Although this approach has radically improved the management of patients with immune-mediated disorders [1], a significant proportion of patients do not respond. Differences in clinical response to the drugs used in immunotherapy emphasise disease heterogeneity, and highlight that stratification of patients will be important for the success or the failure of new treatments.

Crohn's disease (CD) and ulcerative colitis (UC) are chronic, spontaneously relapsing and remitting disorders of the gastrointestinal tract, thought to originate from an abnormal immune response to the luminal flora in genetically predisposed individuals [2]. CD tends to develop in the terminal ileum and colon, shows predominantly a mononuclear cell infiltrate with granulomata, the lesions are patchy, and

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# Presentation Maker

## One-click export to PowerPoint

**The challenges of stratifying patients for trials in inflammatory bowel disease**

Region	Genes
CD only	NOD2, ATG16L1, IL6ST, RIPK2, PTPN22, ITLN1, TAGAP, SPRED1, TNFSF18, RASGRP1
UC only	PRKCD, TNFSF14, IRFS, NFKB1, CARD11, ITGAL, ADA
IBD only	TNFRSF4, TNFRSF6B, TNFRSF9, TNFRSF18, TNFAIP3, TNFSF15, CD6, IL27, ERAP2, MAP3K8, CCL13, LSP1, CCL2, GR2A, SMAD3, GR3A, SMAD7, GR2B
Th1 (IBD)	STAT4, IL18RAP, STAT1
Th17 (IBD)	IL12B, IFNG
Intersection CD & UC	IL23R, RORC, IL7R, CCR6
Intersection CD & IBD	IL12B, IFNG
Intersection UC & IBD	IL2, IRF8, ICOSLG, ERAP1, ERAP2, CCL13, CCL2
Intersection CD, UC & IBD	IL10, IL21

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Export to PowerPoint Remove From

Page 1 of 1

**Opening PowerPointPresentation.ppt**

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What should Firefox do with this file?

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- Save File
- Do this automatically for files like this from now on.

OK Cancel

**Presentation Maker**

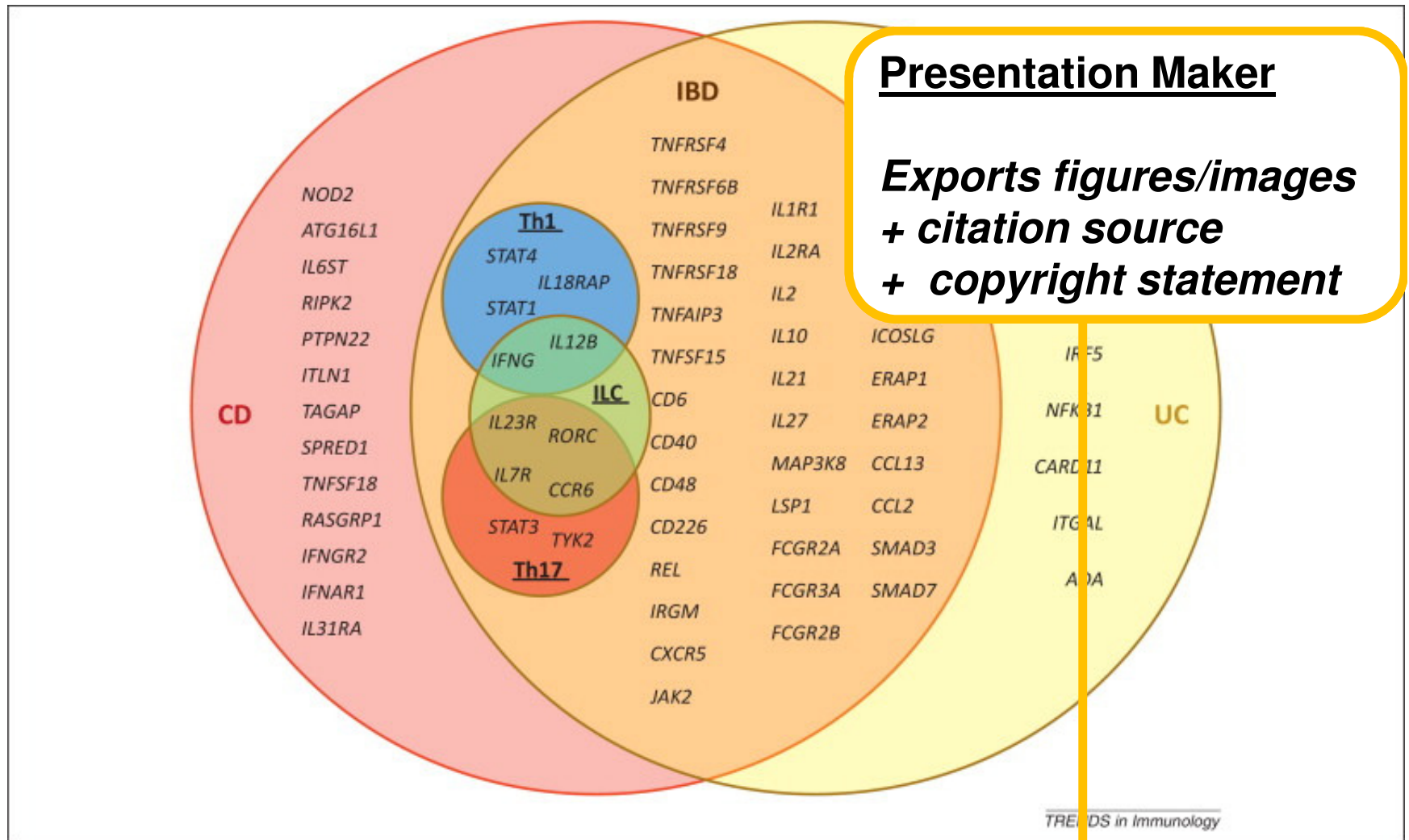
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**Figure 1**

Heterogeneity of genes encoding for molecules of the immune system whose mutations are associated with increased risk of inflammatory bowel disease (IBD). Some of these variants are specific for Crohn's disease (CD), few are specific for ulcerative colitis (UC), and the majority, including several T helper (Th)1- and Th17-related genes, are common to both forms of IBD.





**Presentation Maker**  
**Exports figures/images + citation source + copyright statement**

Heterogeneity of genes encoding for molecules of the immune system whose mutations are associated with increased risk of inflammatory bowel disease (IBD). Some of these variants are specific for Crohn's disease (CD), few are specific for ulcerative colitis (UC), and the majority, including several T helper (Th)1- and Th17-related genes, are common to both forms of IBD. Interestingly, some of the Th1 and Th17 genes that exhibit variability in IBD are also important in the phenotype and function of innate lymphoid cells (ILCs), a cell population that is emerging as a possible central player in gut inflammation. Adapted from [13].

The challenges of stratifying patients for trials in inflammatory bowel disease  
 Biancheri, Paolo, Trends in Immunology, Volume 34, Issue 11, 564-571  
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# Use & share results offline Print, PDF download, email

The screenshot displays the ClinicalKey website interface. At the top, there is a navigation bar with 'ClinicalKey - Smarter Search, Faster Ans...' and a search bar containing 'Crohn's disease'. Below this, a secondary navigation bar includes 'Journals', 'Books', 'Practice Guidelines', 'Patient Education', 'Drugs', 'Multimedia', and 'CME'. The main content area features a search bar with 'Crohn's disease' and a 'Search' button. A yellow box highlights a set of sharing icons: a printer, an envelope, a document, 'CME', and 'TOC'. The article title is 'The challenges of stratifying patients for trials in inflammatory bowel disease' by Paolo Biancheri et al. The article text discusses immunotherapy with biological agents and the challenges of stratification. A table of contents is visible on the left, and a Venn diagram (Figure 1) is shown on the right, illustrating the heterogeneity of genes encoding for molecules of the immune system associated with increased risk of inflammatory bowel disease (IBD).



# CPD & Revalidation

## Capture personal reflections

The screenshot shows the ClinicalKey website interface. A yellow callout box highlights the 'Email Citations' dialog box. The dialog box contains the following information:

- To:** b.corish@elsevier.com
- Subject:** Reflection for CPD portfolio / The challenges of stratifying patients for trials in inflammatory bowel disease
- Message:** Question: Considerations for patients with Crohn's....  
Reflections: Gene variants compared with ulcerative colitis....
- Your Email:** b.corish@elsevier.com (Used as from email address to the recipient.)

Below the message field, there is a 'Send' button and a 'Cancel' button. Underneath, it says '1 Item(s)' and lists one citation:

- J** [The challenges of stratifying patients for trials in inflammatory bowel disease](#) [Journal] Trends in Immunology

The background shows the ClinicalKey website with a search bar, navigation tabs (Journals, Books, Practice Guidelines), and a sidebar with 'Saved Searches (10)' and a 'Table of Contents' for an article on IBD. The article title is 'The challenges of stratifying patients for trials in inflammatory bowel disease' by Paolo Biancheri, Nick Powell, Giovanni Monteleone, Graham Lord, and Thomas T. MacDonald.

**Save searches**  
**Keep to up date with**  
**personal areas of interest**

The screenshot shows the ClinicalKey website interface. At the top, there is a navigation bar with links for Journals, Books, Practice Guidelines, Patient Education, Drugs, Multimedia, and CME. The search bar contains the text "Crohn's disease". On the left side, there is a sidebar with "Saved Searches (10)" and a list of filters including Study Type, Date, Specialty, and Content Type. The main content area displays "Key Results for Crohn's disease" with several search results, each with a journal icon and a title. A "Save Search" dialog box is overlaid on the right side of the page, containing the following information:

- Name: Crohn's disease
- Search Query: Crohn's disease
- Filters:
  - Specialty: Allergy and Immunology
  - Content Type: Journals
  - Subscribed Content: true

At the bottom of the dialog box, there are "Save" and "Cancel" buttons. The background search results include titles such as "The challenges of stratifying patients for trials in...", "The immunopathogenesis of Crohn's disease: a...", and "Master regulator of intestinal disease: IL-6 in ch...".

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Journals Books

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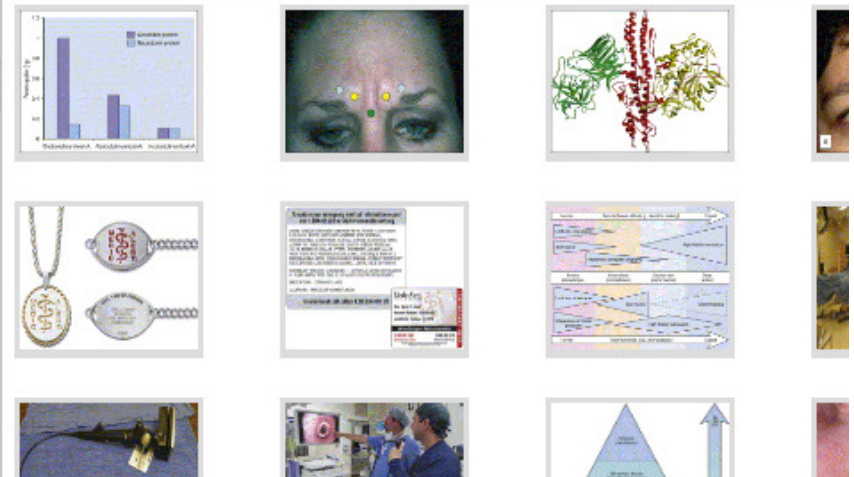
Crohn's disease Search

Page 1 of 1912

**Multimedia**

Media Type

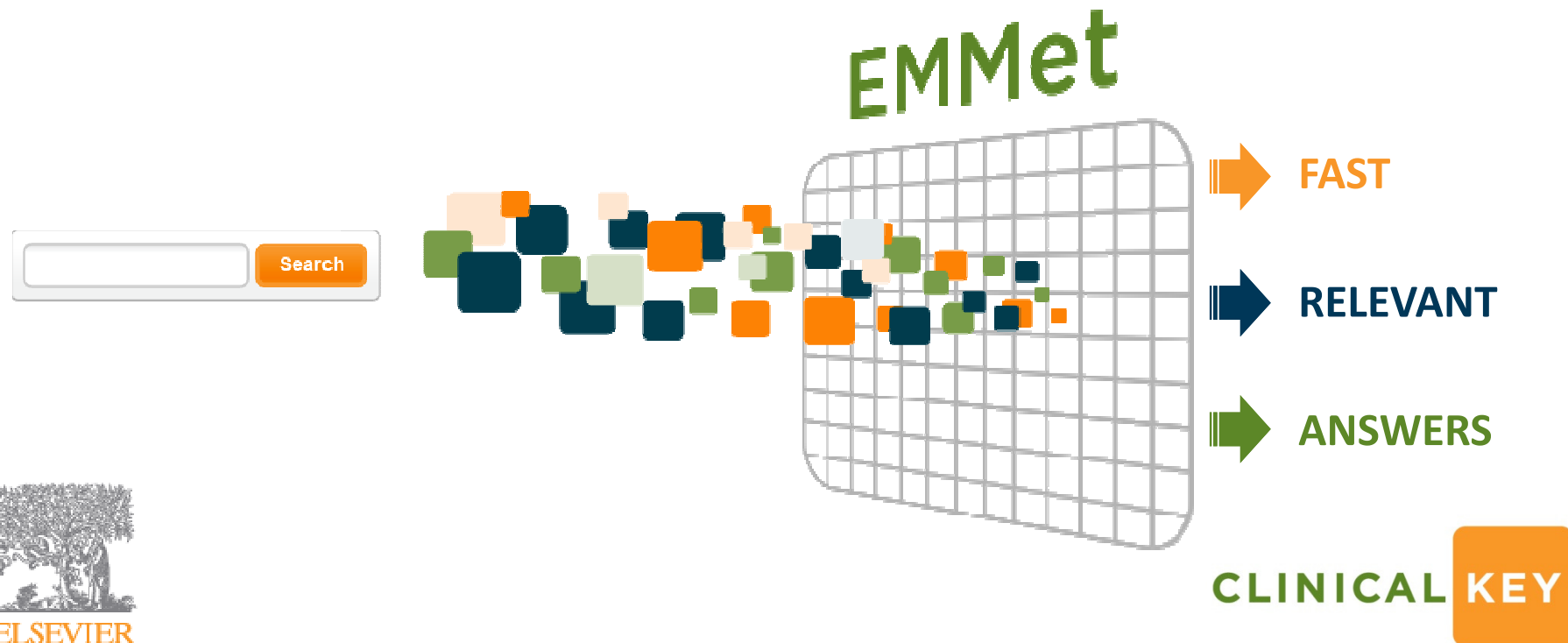
- All
- Images (1899705)
- Videos (12974)



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“ I use ClinicalKey when I want to look into something in-depth rather than looking in textbooks. Having too much information can be a problem nowadays - ClinicalKey helps sort it so it's easier to digest. It organises the information from journals, textbooks and other sources, which means it's great for preparing lectures and writing articles.”

Dr Jasmeet Soar, editor *Resuscitation* and consultant anaesthetist at North Bristol NHS Trust



“ It is very beneficial for me to be able to access them online anywhere and particularly when I'm travelling. What's more, I want to be able to identify items for reading later. There are a wide variety of textbooks in cardiology available for my specialty and access to the most authoritative in the field, proves invaluable for my educational development.

I want to be able to schedule my learning through various resources, such as textbooks, journals and guidelines, and online tools such as ClinicalKey have collectively supported my educational development as a trainee.”

Dr Abdul Hameed, Cardiology Registrar, Health Education (Yorkshire & the Humber)

“ As a solo librarian, I work alone for much of the time, so need a solution that will help speed up my searching by enabling me to cover many different resources at the same time. I need search technology that is intuitive with an interface that is simple to use. Moreover, I need to be able to track usage so I can report on our return on investment. We use ClinicalKey which superseded our previous search function. I love the fact that everything is in one place and that it's such a reliable source of medical information.”

Shirley Sardena, medical librarian at St Bernards Hospital within the Gibraltar Health Authority



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Allied and Complementary Medicine  
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Allied health professions, complementary medicine  
About

**EMBASE**  
Excerpta Medica Database  
1980 to present  
Drugs and pharmacology, other aspects of human medicine  
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Evidence Search Journals and Databases Tom

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Search keyword: ?

clinics of north america IN  Title  Title and Text

Go to Advanced Search

Select the database(s) you want to search

<p><input checked="" type="checkbox"/> <b>Medline from PubMed</b> 1946 to present General medical database About</p>	<p><input checked="" type="checkbox"/> <b>AMED</b> Allied and Complementary Medicine 1985 to present Allied health professions, complementary medicine About</p>	<p><input type="checkbox"/> <b>BNI</b> British Nursing Index 1992 to present Nursing, midwifery, health visitors About</p>	<p><input type="checkbox"/> <b>CINAHL</b> Cumulative Index to Nursing and Allied Health Literature 1981 to present Nursing, allied health professions About</p>
<p><input type="checkbox"/> <b>EMBASE</b> Excerpta Medica Database 1980 to present Drugs and pharmacology, other aspects of human medicine About</p>	<p><input type="checkbox"/> <b>Health Business Elite</b> 1922 to present Healthcare administration, institution management About</p>	<p><input type="checkbox"/> <b>HMIC</b> Health Management Information Consortium 1979 to present Records from King's Fund and Department of Health About</p>	<p><input type="checkbox"/> <b>PsycINFO</b> 1906 to present Psychology and allied fields About</p>

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Search keyword:



clinics of north america

in



Title



Title and Text

Search

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110 Search results for clinics of north america in MEDLINE from PubMed

Sort by: Publication Date

Page: 1 2 3 4 5 6 7 8 9

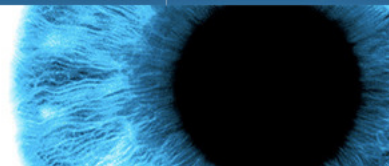
Items per page: 10

- 1. Immunology and Allergy Clinics of North America. Urticaria. Preface.**  
**Author(s)** Greaves MW  
**Citation:** Immunology and allergy clinics of North America, February 2014, vol./is. 34/1(xv-xvi), 0889-8561  
**Publication Date:** February 2014  
**Source:** Medline from PubMed  
*Available in fulltext from Immunology and Allergy Clinics of North America at Elsevier*
- 2. Neurosurgery Clinics of North America. Advances in neuromodulation. Preface.**  
**Author(s)** Kim W, De Salles A, Pouratian N  
**Citation:** Neurosurgery clinics of North America, January 2014, vol./is. 25/1(xv-xvi), 1042-3680  
**Publication Date:** January 2014  
**Source:** Medline from PubMed  
*Available in fulltext from Neurosurgery Clinics of North America at Elsevier*
- 3. Osteoporosis. Endocrinology and Metabolism Clinics of North America.**  
**Author(s)** Patel MV  
**Citation:** Annals of clinical biochemistry, 08 November 2013, 0004-5632  
**Publication Date:** 08 November 2013  
**Source:** Medline from PubMed
- 4. Immunology and Allergy Clinics of North America. Angioedema. Preface.**  
**Author(s)** Zuraw BL



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Search keyword:



clinics of north america

in



Title



Title and Text

Search

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110 Search results for clinics of north america in MEDLINE from PubMed

Sort by: Publication Date Page: 1 2 3 4 5 6 7 8 9 Items per page: 10

<input type="checkbox"/>	<b>1. Immunology and Allergy Clinics of North America. Urticaria. Preface.</b> <b>Author(s)</b> Greaves MW <b>Citation:</b> Immunology and allergy clinics of North America, February 2014, vol. 1, no. 1, pp. 3-561 <b>Publication Date:</b> February 2014 <b>Source:</b> Medline from PubMed Available in <i>fulltext</i> from <i>Immunology and Allergy Clinics of North America</i> at <a href="#">Elsevier</a>
<input type="checkbox"/>	<b>2. Neurosurgery Clinics of North America. Advances in neuromodulation. Preface.</b> <b>Author(s)</b> Kim W, De Salles A, Pouratian N <b>Citation:</b> Neurosurgery clinics of North America, January 2014, vol./is. 25/1(xv-xvi), 1042-3680 <b>Publication Date:</b> January 2014 <b>Source:</b> Medline from PubMed Available in <i>fulltext</i> from <i>Neurosurgery Clinics of North America</i> at <a href="#">Elsevier</a>
<input type="checkbox"/>	<b>3. Osteoporosis. Endocrinology and Metabolism Clinics of North America.</b> <b>Author(s)</b> Patel MV <b>Citation:</b> Annals of clinical biochemistry, 08 November 2013, 0004-5632 <b>Publication Date:</b> 08 November 2013 <b>Source:</b> Medline from PubMed
<input type="checkbox"/>	<b>4. Immunology and Allergy Clinics of North America. Angioedema. Preface.</b> <b>Author(s)</b> Zuraw BL

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full text on  
Clinical Key

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Saved Searches (2)

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Reading List (3)

Presentation (4)

Table of Contents

Top of Article

**J** Urticaria Preface

Malcolm W. Greaves

Immunology and Allergy Clinics of North America, 2014-02-01, Volume 34, Issue 1, Pages xv-xvi

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Malcolm W. Greaves, MD, PhD, FRCP, *Editor*

Urticaria, particularly in its chronic forms, and especially when complicated by angioedema, can have a devastating effect on quality of life, but its etiology remains controversial. Evidence in the 1990s that autoimmunity plays a role in some patients has generally held up, but it is puzzling that other clinically indistinguishable patients have no evidence of an autoimmune basis. Surprisingly, immunotherapy also seems to be equally effective in autoimmune and apparently nonautoimmune patients. More recently additional pathomechanisms have been proposed, including primary defects of signal transduction in basophil leucocytes and mast cells and abnormalities of the coagulation pathway. Up to now these approaches have not led to significant advances in investigation or treatment. Despite slow progress in these areas, encouraging advances in treatment are imminent. Omalizumab, a monoclonal antibody directed against IgE and currently licensed in several countries for the indication of allergic asthma, is proving effective in the majority of patients with severe, treatment-resistant chronic urticaria. Because of its apparent freedom from serious adverse effects, it offers an attractive alternative to systemic steroids and immunosuppressants such as cyclosporine or methotrexate. Up to now (2013), omalizumab is not licensed for the indication of urticaria in Europe or North America.

It is hoped that this collection of contributions from acknowledged experts in this field will help the clinician to understand what we do know and, equally importantly, what remains enigmatic about the causation of this sometimes confusing group of diseases. It is also hoped that these accounts will provide an up-to-date platform for the clinician to formulate a rational management plan for individual patients.

Interestingly, recent impressive progress has been made in unraveling the molecular mechanisms and genetic basis of hereditary angioedema, mastocytosis, and the cryopyrin-associated autoinflammatory syndromes. These entities, although comparatively rare, do present with angioedema and/or urticaria and the opportunity has therefore been seized to include contributions from recognised

Tools

Author Information

Malcolm W. Greaves MD, PhD, FRCP  
Cutaneous Allergy Clinic, St Johns Institute of Dermatology, St Thomas' Hospital, Lambeth Palace Rd, London SE1 7EH UK

References (0)

Figures (1)

Related Videos (5)

# Where are we going...

The screenshot shows a web browser window titled "Your EHR" displaying a patient summary for Larry Jones. The interface includes a header with the patient's name and the doctor's name, Dr. Rebecca Smith. Below the header is a navigation bar with tabs for "Patient Summary", "Message Center", "Patient Information Request", and "Patient Education". The main content area shows patient details: Patient Name: Larry R. Jones, Age: 48, Sex: Male, and DOB: 5 / 23 / 1965. Under the "Diagnosis" section, three conditions are listed: Diabetes I, Hypertension, and Anemia, each with an information icon. A sidebar on the left contains icons for a bar chart, a pencil, a speech bubble, and a magnifying glass.

Patient Name:	Larry R. Jones
Age:	48
Sex:	Male
DOB:	5 / 23 / 1965
Diagnosis:	Diabetes I
	Hypertension
	Anemia



# Link ClinicalKey to any EHR via InfoButton

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↓  
Infobutton Manager  
↓  
Your Solution

**Infobutton Manager**  
Search results for: Hypertension

**US Drug Products**

- 1. hypertension
- 2. ocular hypertension
- 3. vegetative hypertension
- 4. social hypertension
- 5. postoperative hypertension
- 6. pulmonary hypertension

**Indications - Results (6 shown of 6 total)**

- 1. hypertension
- 2. ocular hypertension
- 3. vegetative hypertension
- 4. social hypertension
- 5. postoperative hypertension
- 6. pulmonary hypertension

**Contraindications / Precautions - Results (2 shown of 2 total)**

- 1. hypertension
- 2. pulmonary hypertension

**Adverse Reactions - Results (4 shown of 4 total)**

- 1. hypertension
- 2. ocular hypertension
- 3. pulmonary hypertension
- 4. pulmonary hypertension of the newborn

**Discharge Instructions - Results (15 shown of 16 total)**

- 1. Atrial Hypertension
- 2. Early Elective Birth
- 3. Form - Blood Pressure Record Sheet
- 4. Glaucoma
- 5. Glaucoma Surgery - Care After
- 6. Glaucoma - Envy-to-Read

**ClinicalKey**  
Hypertension

**Key Results for Hypertension**

- F** **Hypertension (First Consult)**  
Reviewed: 20 Sep 2013  
Last Updated: 19 Sep 2013  
Hypertension is defined as blood pressure greater than 140/90 on two or more blood pressure readings taken at each of two or more visits after initial screening. Stage 1 hypertension is defined as a systolic blood pressure of 140 to 159 mm Hg or a...
- F** **Hypertension in children (First Consult)**  
Randolph L. Pearson, MD, Carol Berkowitz, MD, Sudhir K. Anand, MD, Joshua Karler, MD  
Reviewed: 08 Oct 2013  
Last Updated: 18 Sep 2013  
Hypertension in children is defined as blood pressure measurements greater than or equal to the 95th-percentile value for the patient's height, sex, and age. Pediatric hypertension, primarily essential or primary hypertension, is increasing in pre...
- C** **ACC/AHA/AMA-PCPI 2011 Performance Measures for Adults With Coronary Artery Disease and Hypertension (Journal)**  
American College of Cardiology Foundation, American Heart Association, and American Medical Association 2011-09-02
- B** **Hypertension (Book)**  
Farrar's Clinical Advisor 2014, 501-554 e4, © 2014  
Clinical observations suggesting endocrine investigation in hypertension. Approach to the patient with "resistant" hypertension. Algorithm for identifying patients for evaluation of secondary causes of hypertension. ACE, Angiotensin-converting enz...
- B** **Systemic Hypertension (Book)**  
Wilson Textbook of Pediatrics - Nineteenth Edition, Chapter 439, 1636-1647 e1, © 2011  
Management algorithm. BM, body mass index, Blood Pressure, blood pressure, Q, every, Rx, prescription; † diet modification and physical activity; ‡ especially if younger, very high Blood Pressure, little or no family history, diabetic, or other...
- B** **Hypertensive Disorders in Pregnancy (Book)**  
Textbook of Critical Care - Sixth Edition, 159, 1181-1196, © 2011  
United States Food and Drug Administration Categories of Fetal Drug Toxicities United States Food and Drug Administration, U.S. Food and Drug Administration. Antihypertensive Drugs Commonly Used in Pregnancy Causes of Hypertension in Pregnancy Pre...

CLINICAL KEY

# To conclude

- Accessing ClinicalKey at the point of need to support existing point of care workflows
- Content & search enables clinician efficiency and more time with the patient at the point of care
- ClinicalKey content can be delivered at the point of care within Electronic Health Record systems

# Smarter Search. Faster Answers

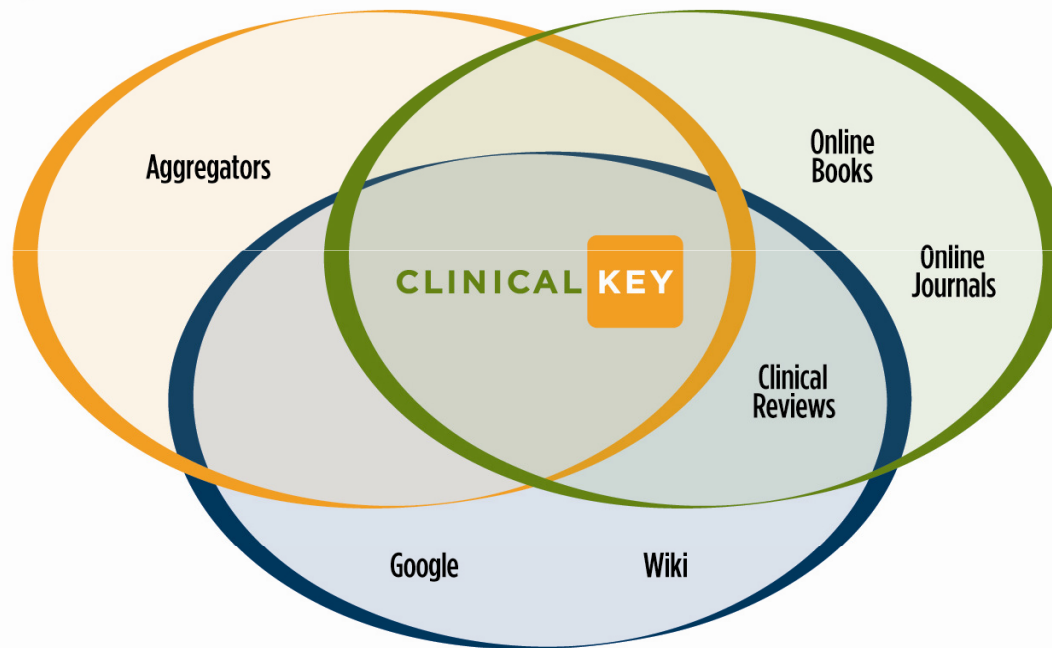
ELSEVIER  
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## Comprehensive

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Smart content enables fast discoverability of the most relevant answers and more intuitive searching.

CLINICAL KEY