



**The leading evidence-based
point-of-care clinical reference tool**

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UK, Ireland & the Nordics

21/1/2014

EBSCO Health provides
comprehensive healthcare
content solutions.



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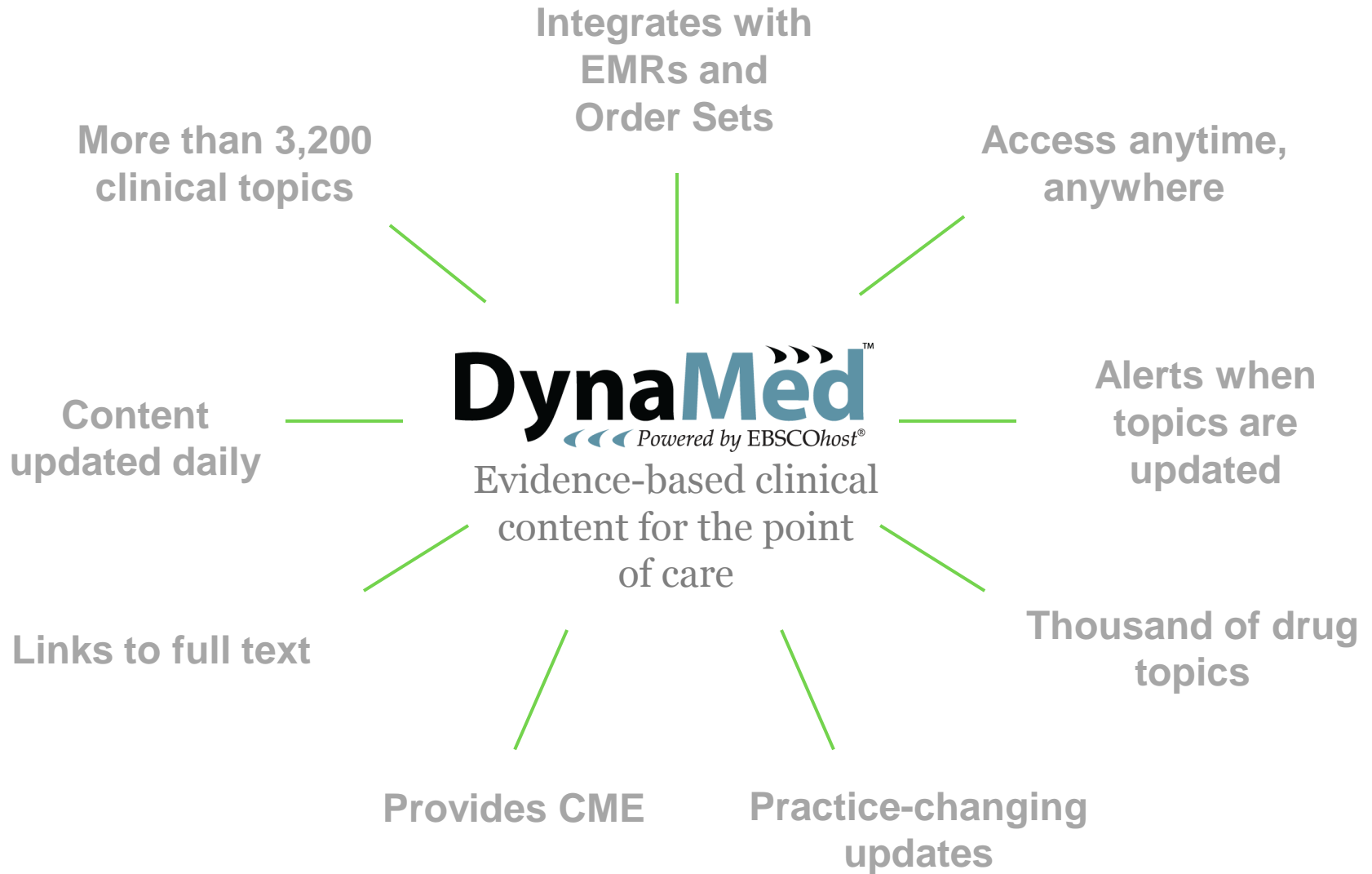
Social Work

Hospital
Administration

Rehabilitation &
Sports Medicine

CME/CEU

Patient
Education



Take a text book and put it on the computer



ensuring clinicians have access to the most
current and relevant evidence on analysis like the
Developed by a methodology of
of the best available evidence in a format...
clinicians who synthesize the evidence...
for their patients

The New Way: The DynaMed Way



DynaMed is used **around the world**



With more than **22 million** clinicians
in **72 countries** on every continent...
DynaMed has become the solution for the
global clinical community
to apply **evidence into practice.**

But every clinician, **no matter where they practice,**
wants to provide the best care possible to their patients.
Healthcare systems, approaches, and ways of delivering can vary.



The DynaMed **DIFFERENCE**

—● Evidence Based

————— vs. —————

Expert Based

Ropinirole:

- ropinirole (Requip) is a nonergot-derived dopamine agonist⁽⁴⁾
 - starting dose 0.25 mg, maximal dose 4 mg
 - effective at 4-10 days
- ropinirole improves RLS symptoms (level 1 [likely reliable] evidence) but high discontinuation rate and high rate of adverse events reported
 - **ropinirole given once daily before bedtime reduces severity of RLS but 80% of patients with ropinirole experience ≥ 1 adverse event (level 1 [likely reliable] evidence)**
 - based on randomized trial
 - 381 patients aged 18-79 years with RLS were randomized to ropinirole 0.25-4 mg (titrated to symptoms, mean 2.1 mg/day) vs. placebo once daily 1-3 hours before bedtime for 12 weeks
 - comparing ropinirole vs. placebo
 - mean IRLS symptom score at 12 weeks (maximum 40 points, higher score indicates more severe symptoms) 8.4 vs. 11.9 (adjusted mean difference -3.7, 95% CI -5.4 to -2)
 - "much improved" or "very much improved" on CGI-I scale
 - 73.3% vs. 56.5% overall ($p < 0.001$, NNT 6)
 - 43.3% vs. 24.9% at 1 week ($p = 0.001$, NNT 6)
 - adverse effects
 - ≥ 1 adverse event in 82.9% vs. 66.8% (NNH 6)
 - nausea in 42.8% vs. 7.8% (NNH 2)
 - somnolence in 12.8% vs. 6.7% (NNH 16)
 - dizziness in 9.6% vs. 5.7% (NNH 25)
 - vomiting in 8.6% vs. 1.6% (NNH 14)
 - Reference - [Mayo Clin Proc 2006 Jan;81\(1\):17](#)  [EBSCOhost Full Text](#), commentary can be found in [Am Fam Physician 2006 Jun 15;73\(12\):2217](#)
 - **ropinirole associated with reduction of symptoms in patients with primary RLS (level 2 [mid-level] evidence)**
 - based on randomized trial with high dropout rate
 - 404 patients with primary RLS and no history of augmentation randomized to ropinirole flexible dosing vs. placebo for 26 weeks
 - dropout in 38.6% with ropinirole and 28.5% with placebo
 - comparing ropinirole vs. placebo at 26 weeks
 - mean decrease in IRLS symptom score 15.9 vs. 13.4 ($p < 0.05$)
 - augmentation rate 3.5% vs. $< 1\%$
 - Reference - [Mov Disord 2012 Feb;27\(2\):277](#)  [EBSCOhost Full Text](#)
 - **ropinirole given in 2 evening doses may decrease symptom severity in patients with early evening primary RLS (level 2 [mid-level] evidence)**
 - based on randomized trial with allocation concealment not stated
 - 359 adults (mean age 51 years) with primary RLS, IRLS symptom score ≥ 20 , and symptom onset at 5 PM or later randomized to

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• Updated Daily

VS.

updated when experts
deem necessary



Search Other Services

Search ?

Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Browse Categories

1-50 of 500 Page: 1 2 3 4 5 > Limit by Category: All

Practice Changing Updates only

Left ventricular noncompaction	ACCF/AHA 2013 guideline on management of heart failure (Circulation 2013 Jun 5)	06/19/2013 10:36:00 AM
Mitral regurgitation	ACCF/AHA 2013 guideline on management of heart failure (Circulation 2013 Jun 5)	06/19/2013 10:36:00 AM
Pulmonary arterial hypertension (PAH)	ACCF/AHA 2013 guideline on management of heart failure (Circulation 2013 Jun 5)	06/19/2013 10:36:00 AM
Uterine leiomyoma	case report of pyomyoma after uterine artery embolization (Obstet Gynecol 2013 Feb)	06/19/2013 09:28:00 AM
Upper respiratory infection (URI)	antimicrobial stewardship in pediatric primary care may reduce prescriptions of broad-spectrum antibiotics (JAMA 2013 Jun 12)	06/18/2013 04:27:00 PM
Complications of obesity	overweight and obesity during singleton pregnancy associated with increased risk of extremely preterm delivery (JAMA 2013 Jun 12)	06/18/2013 03:08:00 PM
Considerations for survivors of childhood cancer	adverse health outcomes common in adult survivors of childhood cancer (JAMA 2013 Jun 12)	06/18/2013 02:48:00 PM
Lupus nephritis	switching from mycophenolate to azathioprine during pregnancy planning associated with positive pregnancy outcomes and low risk of renal flares (Rheumatology (Oxford) 2013 Jun)	06/18/2013 02:29:00 PM
Acute exacerbation of COPD	elevated levels of C-reactive protein, fibrinogen, and elevated leukocyte counts associated with increased risk for COPD exacerbation (JAMA 2013 Jun 12)	06/18/2013 02:27:00 PM

Tools

The DynaMed **DIFFERENCE**

• **Easy to read: Bullets**

VS.

Hard to read textbook

[▶ Diagnosis](#)[▼ Treatment](#)

Treatment overview:

- [exercise](#) may reduce RLS symptoms ([level 2 \[mid-level\] evidence](#))
- during pregnancy, use nonpharmacological treatment such as iron or folic acid^(1, 3)
- medication options for RLS
 - for [intermittent RLS](#), single-dose levodopa or pramipexole as needed
 - for [daily RLS](#)
 - [dopamine agonists](#) reduce symptoms of RLS ([level 1 \[likely reliable\] evidence](#))
 - [dopamine agonists](#) may be more effective than levodopa in patients with RLS ([level 2 \[mid-level\] evidence](#))
 - non-ergot-derived dopaminergic agonists are considered first-line
 - pramipexole
 - [pramipexole](#) may reduce symptoms in patients with moderate-to-severe RLS ([level 2 \[mid-level\] evidence](#))
 - approved dosing for moderate-to-severe idiopathic RLS
 - in United States, starting dose 0.25 mg, maximal dose 0.7 mg orally once daily 2 hours before bedtime
 - in Europe, starting dose 0.125 mg, maximal dose 0.54 mg, orally once daily 2 hours before bedtime
 - ropinirole
 - [ropinirole](#) given once daily before bedtime reduces severity of RLS ([level 1 \[likely reliable\] evidence](#))
 - starting dose 0.25 mg, maximal dose 4 mg
 - consider anticonvulsants for second-line treatment, or if associated pain symptoms
 - gabapentin enacarbil
 - [gabapentin enacarbil](#) associated with improved International Restless Legs Syndrome Study Group (IRLSSG) symptoms in patients with moderate-to-severe primary RLS ([level 2 \[mid-level\] evidence](#))
 - starting dose 600 mg, maximal dose 1,200 mg
 - gabapentin
 - [gabapentin](#) may reduce symptoms and improve sleep in patients with RLS ([level 2 \[mid-level\] evidence](#))
 - starting dose 300 mg, maximal dose 2,700 mg
 - pregabalin
 - [pregabalin](#) may reduce symptoms of RLS in patients with idiopathic RLS ([level 2 \[mid-level\] evidence](#))
 - starting dose 25 mg, maximal dose 300 mg
 - levodopa

The DynaMed **DIFFERENCE**


• **Links to Full Text**

VS.

Links to Abstracts

Head and neck cancer

Prevention:

- lifestyle interventions that may reduce risk of head and neck cancer include⁽¹⁾
 - [tobacco cessation](#) (reduce both smoking and chewing) (SIGN Grade B)
 - limiting alcohol consumption (SIGN Grade B)
 - increased consumption of fruits and vegetables (particularly tomatoes), olive oil, and fish oils (SIGN Grade C)
 - reduced consumption of red meat, fried food, and fat (SIGN Grade C)
 - similar recommendations from American Cancer Society on nutrition and physical activity for cancer prevention can be found in [CA Cancer J Clin 2012 Jan-Feb;62\(1\):30](#)  [Full Text full-text](#)
- **aspirin might reduce risk for head and neck cancer (level 2 [mid-level] evidence)**
 - based on case-control study
 - 529 patients with head and neck cancer and 529 matched controls evaluated
 - compared to nonuse, aspirin use associated with reduced risk of head and neck cancer (adjusted odds ratio [OR] 0.75, 95% CI 0.58-0.96)
 - consistent risk reduction associated with frequent and prolonged aspirin use
 - in subgroup analysis by smoking and alcohol use, aspirin use associated with
 - reduced risk in patients moderately exposed to smoking or alcohol (adjusted OR 0.67, 95% CI 0.5-0.91)
 - no significant effect in patients with heavy smoking or alcohol history
 - Reference - [Arch Otolaryngol Head Neck Surg 2006 Nov;132\(11\):1231](#) [full-text](#)
- **higher consumption of fruit and vegetables associated with lower risk of oral cavity and pharyngeal cancers (level 2 [mid-level] evidence)**
 - based on systematic review of 1 cohort and 15 case-control studies
 - separate meta-analyses were conducted of association of either fruits or vegetables with oral cavity and pharyngeal cancers
 - increased consumption of fruits and vegetables both associated with reduction in risk of oral cavity and pharyngeal cancers
 - increased fruit intake associated with reduced risk of cancers (adjusted odds ratio [OR] 0.51, 95% CI 0.4-0.65) in analysis of 16 studies, results limited by significant heterogeneity
 - increased vegetable intake associated with reduced risk of cancers (adjusted OR 0.5, 95% CI 0.38-0.65) in analysis of 15 studies, results limited by significant heterogeneity
 - results consistent when controlling for study quality, and adjustments for age, sex, tobacco use, and alcohol consumption
 - Reference - [Am J Clin Nutr 2006 May;83\(5\):1126](#) [full-text](#)

UK Patient Information

Get CME for this Topic

Top

- Related Summaries
- General Information
- Causes and Risk Factors
- Complications and Associated Conditions
- History and Physical
- Diagnosis
- Staging
- Treatment
- Prognosis
- Prevention and Screening
- Quality Improvement
- Guidelines and Resources

Guidelines

- United States guidelines
- United Kingdom guidelines
- Canadian guidelines

Result List 1 of 159

Colorectal cancer

Patient Information

- handout from Patient UK
- handout from EBSCO Publishing Health Library PDF
- information on cancer of the large bowel from MacMillan Cancer Support
- multi-page handout from National Cancer Institute or in Spanish
- handouts on screening
 - handout from American Academy of Family Physicians or in Spanish
 - handout on flexible sigmoidoscopy can be found in Am Fam Physician 2001 Apr 1;63(7):1383
 - handout on colonoscopy from Patient UK
 - handout on colonoscopy from EBSCO Publishing Health Library PDF
- handout on adjuvant therapy from American Academy of Family Physicians or in Spanish
- handout on treatment by stage of rectal cancer from American Cancer Society
- handout on healthcare after cancer treatment can be found in Am Fam Physician 2005 Feb 15;71(4):713

ICD-9/ICD-10 Codes

References

General references used:

1. Cunningham D, Atkin W, Lenz HJ, et al. Colorectal cancer. *Lancet*. 2010 Mar 20;375(9719):1030-47., commentary c
2. Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and Management of colorectal cancer: a national clinic
3. Labianca R, Nordlinger B, Beretta GD, Brouquet A, Cervantes A, European Society for Medical Oncology (ESMO) Gui for diagnosis, adjuvant treatment and follow-up. *Ann Oncol*. 2010 May;21 Suppl 5:v70-7.
4. Glimelius B, Pahlman L, Cervantes A, ESMO Guidelines Working Group. Rectal cancer: ESMO Clinical Practice Guideli 6.
5. Van Cutsem E, Nordlinger B, Cervantes A, ESMO Guidelines Working Group. Advanced colorectal cancer: ESMO Clini
6. National Institute for Health and Clinical Excellence (NICE). Referral Guidelines for Suspected Cancer (NICE 2005 PC

Drug Topics – UK brands, eMC , Interactions

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rifaximin Search

Result List 1 of 22 Expand All Collapse All Search Within Text

Rifaximin

Brands:

- United States Brands:
 - Xifaxan
 - see also rifaximin in DailyMed
- United Kingdom Brands:
 - Xifaxan
 - see also rifaximin in British National Formulary (BNF) or electronic Medicines Compendium (eMC)
- Australian Brands:
 - Xifaxan Tablets (see MIMS Online)

Chemical Name:
[2S-(2R^{*,}16Z,18E,20R^{*,}21R^{*,}22S^{*,}23S^{*,}24S^{*,}25R^{*,}26S^{*,}27R^{*,}22E)]-25-acetyloxy)-5,6,11,23-tetrahydroxy-27-methoxy-2,4,11,16,20,22,24,26-octamethyl-2,7-(epoxypentadeca[1,11,13]trienimino)benzofuro[4,5-e]pyrido[1,2-a]benzimidazole-1,15(2H)-dione

Uses and Efficacy
Dosage and Administration
Cautions and Adverse Effects
Interactions

General Concepts:
Does not inhibit or induce CYP1A2, 2A6, 2B6, 2C9, 2C19, 2D6, and 2E1. ¹Has induced CYP3A4 in vitro, but clinically important effects on intestinal or hepatic CYP3A4 unlikely; does not inhibit CYP3A4. ^{1 2}

Drugs Metabolized by Hepatic Microsomal Enzymes:
Pharmacokinetic interactions with drugs metabolized by CYP1A2, 2A6, 2B6, 2C9, 2C19, 2D6, 2E1, and 3A4 unlikely. ¹

Specific Drugs:

Drug	Interaction	Comments
Hormonal contraceptives (ethinyl estradiol and norgestimate)	No substantial changes in pharmacokinetics of ethinyl estradiol and norgestimate ¹	Dosage adjustment not necessary ²
Midazolam	No substantial changes in pharmacokinetics of midazolam or its major metabolite (1'-hydroxymidazolam) ^{1 2}	Dosage adjustment not necessary ²

Mechanism of Action/Pharmacokinetics
Stability and Compatibility
Preparations
Patient Information
Guidelines and Resources
References

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Patient Education Reference Center
Search Other Services

Send Comment to Editor

UK Guidelines – NICE, SIGN

The screenshot shows the DynaMed search interface. The search bar contains the text 'Stroke rehabilitation' and the search button is labeled 'Search'. The results are displayed in a list format, with the first result highlighted in a red box. The left sidebar shows a navigation menu with 'Guidelines' selected, and 'United Kingdom guidelines' also highlighted. The main content area shows the following results:

Stroke rehabilitation

← Result List 18 of 1730 Expand All


United Kingdom guidelines:

- [Scottish Intercollegiate Guidelines Network \(SIGN\) national clinical guideline on stroke \(rehabilitation, prevention, and management of complications\) 2010 Jun PDF](#) or at [National Guideline Clearinghouse 2010 Nov 15:23849](#)
- [Scottish Intercollegiate Guidelines Network \(SIGN\) national clinical guideline on identification and management of dysphagia in patients with stroke Guideline Clearinghouse 2010 Nov 15:23848](#)
- [United Kingdom expert consensus on stroke: early supported discharge can be found in Stroke 2011 May;42\(5\):1392 full-text](#)

Canadian guidelines:

- [Canadian Stroke Network \(CSN\) best practice recommendations on stroke care can be found at CSN 2010 Dec 8 PDF](#)
 - [acute stroke management can be found at National Guideline Clearinghouse 2012 Feb 13:34090](#)
 - [hyperacute stroke management can be found at National Guideline Clearinghouse 2012 Feb 13:34088](#)
 - [cross-continuum topics in stroke management can be found at National Guideline Clearinghouse 2012 Feb 13:34094](#)
 - [managing stroke care transitions can be found at National Guideline Clearinghouse 2012 Feb 13:34092](#)
 - [public awareness of stroke can be found at National Guideline Clearinghouse 2012 Feb 13:34085](#)
 - [stroke rehabilitation can be found at National Guideline Clearinghouse 2012 Feb 13:34091](#)
 - [prevention of stroke can be found at National Guideline Clearinghouse 2012 Feb 13:34087](#)

The DynaMed
DIFFERENCE



**Alerts when
topics change**

VS.



No alerting capabilities

← Back 1 of 1

Expand All Collapse All

Head and neck cancer

- **Updated 2013 Jun 12 01:32:00 PM:** French Society of Otorhinolaryngology guidelines on pre-therapeutic histological and cytological assessment (Eur Ann Otorhinolaryngol Head Neck Dis 2012 Dec) [view update](#) | [Show more updates](#)

Related Summaries:

- Treatment of head and neck cancer
- Salivary gland tumors
- Thyroid cancer
- Melanoma
- Cancer of unknown primary site

General Information

Description:

- carcinoma of oral cavity, pharyngeal cavity (including nasopharynx, oropharynx, hypopharynx)

Also called:

- head and neck carcinoma
- upper aerodigestive tract cancer

Definitions:

- designations of lymph node levels commonly affected by metastases^(1, 4)
 - level IA and level IB (submental and submandibular nodes) - bounded by anterior belly of digastric muscles, hyoid bone inferiorly, and body of mandible superiorly
 - level II (upper internal jugular nodes) - extends from level of hyoid bone inferiorly to skull base superiorly
 - level III (middle internal jugular nodes) - extends from hyoid bone superiorly to cricothyroid membrane inferiorly
 - level IV (lower internal jugular nodes) - extends from cricothyroid membrane superiorly to clavicle inferiorly
 - level V (posterior triangle nodes) - bounded by anterior border of trapezius posteriorly, posterior border of sternocleidomastoid muscle anteriorly, and clavicle inferiorly
 - level VI (anterior compartment group lymph nodes) - extends from hyoid bone superiorly to suprasternal notch inferiorly, with lateral borders formed by medial border of carotid sheath

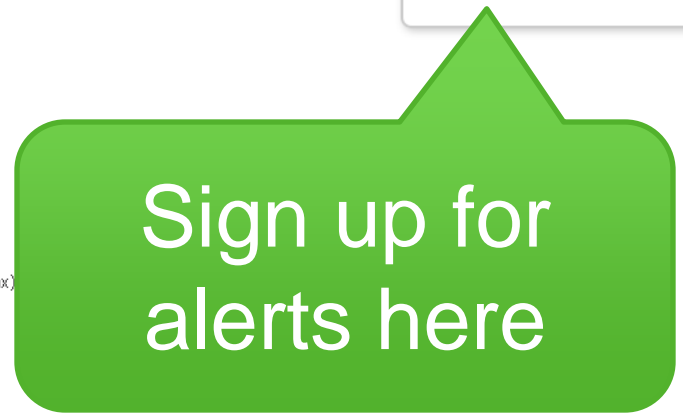
Types:

E-mail me when this topic has been updated.

How often:
Once a day

Your E-mail:

Create Alert



- Get CME for this Topic
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- Causes and Risk Factors
- Complications and Associated Conditions
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Send Comment to Editor

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Affordable

vs.



Highly priced

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**Pay for content,
nothing more**

DynaMed's Editorial Process



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Identify the
evidence

Clinical Partnerships



In 2010, McMaster University and EBSCO partnered to create a system to identify practice-changing DynaMed updates. For most topic updates included in DynaMed the rating process is completed in partnership with McMaster University.



In November 2011, EBSCO established a partnership with F1000. Similar to the process used with McMaster, the 2,000+ physicians in the F1000 network identify practice-changing updates which are then included in relevant DynaMed topics.

Independent research points to DynaMed

most current | high quality | preferred by users

Journal of Medical Internet Research

*“DynaMedhad by far the least number of articles that needed to be updated, indicating that **quality was not sacrificed for speed.**”*

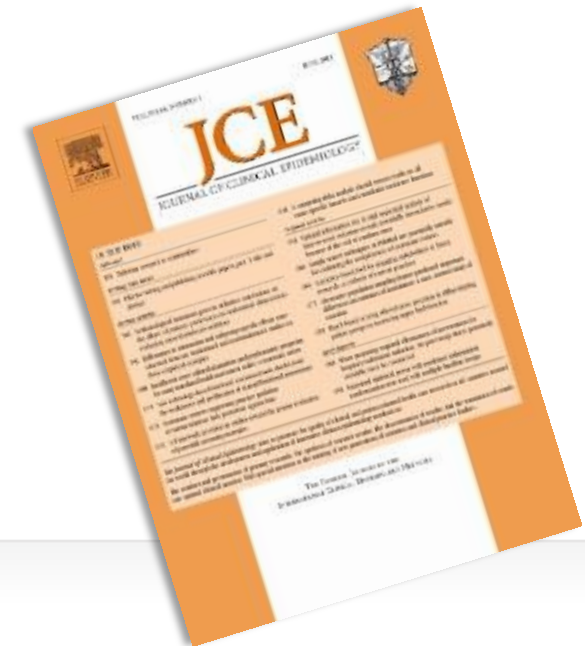
How Current Are Leading Evidence-Based Medical Textbooks? An Analytic Survey of Four Online Textbooks; Rebecca Jeffery*, B.Sc (Hons); Tamara Navarro*, MLIS, MEd; Cynthia Lokker*, PhD; R Brian Haynes*, MD, PhD; Nancy L Wilczynski*, PhD; George Farjou*, B.Sc (Hons); Sept, 2012



Journal of Clinical Epidemiology

“DynaMed was the only resource to rank in the top three of all three categories evaluated.”

J Clin Epidemiol. 2012 Sep 10



KLAS

DynaMed was rated, “10 points higher in KLAS than any other disease reference product in the study.”

Clinical Decision Support 2011: Understanding the Impact, 2011. © 2011 KLAS Enterprises, LLC. All rights reserved.



Journal of The Medical Librarian Association

*“Six tools claimed to update summaries within 6 months or less. **For the 10 topics selected, however, only DynaMed met this claim.**”*



J Med Libr Assoc 2011 Jul;99(3):247

DynaMed is Preferred

“Physicians trust DynaMed’s objective, evidence-based approach. It’s become an important clinical information resource for physicians around the world.”

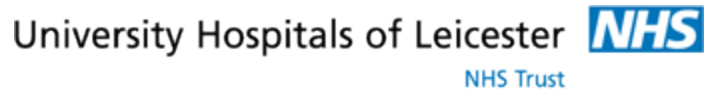
MKMAS Report, July 19, 2012
Journal of the American Medical Association
Tufts University School of Medicine

DynaMed Customers



A spirit of innovation, a legacy of care.

DynaMed Customers



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Government of **Western Australia**
Department of Health



강동경희대학교병원
KYUNG HEE UNIVERSITY HOSPITAL at GANGDONG



Keio University
慶應義塾大学病院
Keio University Hospital



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THE UNIVERSITY OF HONG KONG



HOKKAIDO UNIVERSITY HOSPITAL



Taipei Veterans
General Hospital

DynaMed Impacting Care Around the World

“the DynaMed process...
Costa Rica used DynaMed to create an
evidence-based breast cancer guideline.
evidence into patient care
faster than ever before.”
The guideline creation process,
which can take between 18 and 24 months,

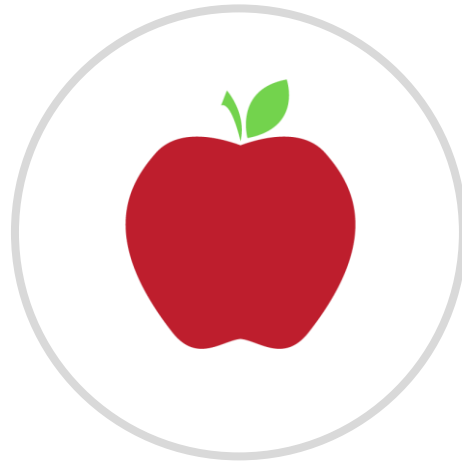
was created in **five months**,
Mario Tristan, M.Sc. Ph.D,
Chairperson and Director-General
International Health Central American Institute,
Director of Cochrane Central America

DynaMed as EBM Educational Resource

***DynaMed* provides educators
with a resource that:**

- supports medical education goals
- encourages trainees to access the original research
- provides gentle guidance on diagnosis and treatment options

Access Anytime, Anywhere



EMR Integration

- **Referential Link**

- **Contextual Search**

- **HL7 Infobutton**

- **Web Service API**

The background of the slide features a series of light blue, wavy lines that flow across the frame, creating a sense of movement and depth. The lines are composed of many thin, parallel strands that vary in opacity and direction, giving the overall effect a soft, ethereal quality. The text 'Thank You' is centered in a dark, serif font, standing out against the lighter background.

Thank You