



دانشگاه علوم پزشکی و خدمات
بهداشتی درمانی بوشهر

راهنمای آموزشی پایگاه اطلاعاتی
Up To Date

کتابخانه مرکزی علامه بلادی

زمستان ۹۸

معرفی up to date

:Up to date

- منبع اطلاعاتی الکترونیکی است که بر روی وب و در قالب لوح فشرده منتشر می شود.
- شامل پیشنهادات درمانی مبتنی بر بهترین شواهد پزشکی است.
- توسط پزشکانی که در زمینه خود دارای تخصص و مهارت هستند؛ نوشته می شود.
- دارای یک بانک اطلاعات دارویی است.
- با امکان **calculators** فرد از سپردن فرمولها به حافظه و استفاده از وسایل محاسباتی بی نیاز خواهد شد.
- در بخش **Drug Interaction** با وارد کردن هر دارو، اطلاعات کاملی در مورد تداخلات دارویی می دهد. این پایگاه به تحلیل تداخل های مابین دارو با دارو؛ گیاه دارویی با دارو؛ گیاه دارویی با گیاه داروایی می پردازد.
- اطلاعات ارائه شده در این بانک هر ۴ ماه یکبار روزآمد می شود.
- با استفاده از این پایگاه اطلاعاتی می توان پاسخ سوال های بالینی را در لحظه معاینه و درمان بیمار دریافت نمود.

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YESTERDAY

[Calculator: Body mass index \(BMI\) percentiles for boys \(2 to 20 years\)](#)

[Calculator: Absolute eosinophil count](#)

✓ با وارد کردن کلیدواژه مورد جستجوی با استفاده از ویژگی پیشنهادی که توسط پایگاه ارائه می شود می توانید به جستجو بپردازید

✓ عبارت جستجو می تواند شامل نام بیماری، علائم بیماری، نام داروها باشد

کلیدواژه جستجو را در
این قسمت وارد کنید

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hypertension



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Anesthesia for the older adult

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اولویت‌بندی نتایج جستجو بر اساس بزرگسالان، کودکان، بیماران و اشکال گرافیکی

Showing results for **hypertension**[All](#) [Adult](#) [Pediatric](#) [Patient](#) [Graphics](#)

نمایش جزئیات سرفصل‌ها

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Overview of hypertension in adults

...mixed systolic/diastolic **hypertension**. In clinical practice, patients who are taking medications for **hypertension** are usually defined as having **hypertension**, specifically "treated **hypertension**," regardless ...

[Secondary or contributing causes of hypertension](#)[Hypertension](#)[Summary and recommendations](#)

سرفصل‌های کلی نتایج جستجو قرار دارد که با نزدیک کردن موس بر روی سرفصل‌ها، جزئیات آن در کادر **topic outline** نشان داده می‌شود

Choice of drug therapy in primary (essential) hypertension

...initial treatment of **hypertension** will be presented here. The diagnosis and evaluation of **hypertension**, as well as a discussion of goal blood pressure in the treatment of **hypertension**, are presented separately.

[Summary and recommendations](#)

Evaluation of hypertension in children and adolescents

...are to: Distinguish between primary and secondary HTN For children with secondary HTN, identify secondary HTN (ie, an underlying cause of **hypertension**), which may be cured, thereby avoiding the need for ...

[Primary hypertension](#)[Summary and recommendations](#)

Overview of hypertension in acute and chronic kidney disease

...However, if **hypertension** persists once edema has been removed, plasma volume expansion may still be present and contribute to the **hypertension**. Thus, when diuretics are used to treat **hypertension** in patients ...

[Treatment of hypertension in chronic kidney disease](#)[Pathogenesis of hypertension in kidney disease](#)[Summary and recommendations](#)

Topic Outline

[show graphics \(20\)](#)

SUMMARY AND RECOMMENDATIONS

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Hypertension

Definitions based upon ambulatory and home readings

- White coat hypertension

- Masked hypertension

BLOOD PRESSURE MEASUREMENT

Office-based blood pressure measurement

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Home blood pressure monitoring

PRIMARY HYPERTENSION

Pathogenesis

نمایش اشکال گرافیکی مرتبط از قبیل نمودارها، جداول و غیره

با کلیک روی هر یک از سرفصل‌ها وارد صفحه زیر می‌شویم

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hypertension

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به اشتراک گذاری

hypertension Find Patient Print Share Bookmark

Topic Outline

Overview of hypertension in adults

Authors: Jan Basile, MD, Michael J Bloch, MD, FACP, FASH, FSVM, FNLA
Section Editors: George L Bakris, MD, William B White, MD
Deputy Editors: John P Forman, MD, MSc, Lisa Kunins, MD
Contributor Disclosures
All topics are updated as new evidence becomes available and our peer review process is complete.
Literature review current through: Jan 2020. This topic last updated: May 02, 2019.

INTRODUCTION

The global prevalence of hypertension is high, and among nonpregnant adults in the United States, treatment of hypertension is the most common reason for office visits and for the use of chronic prescription medications [1-3]. In addition, roughly half of hypertensive individuals do not have adequate blood pressure control. These issues are discussed in detail elsewhere (See "The prevalence and control of hypertension in adults" and "Patient adherence and the treatment of hypertension".)

DEFINITIONS

Pathogenesis
Risk factors for primary (essential) hypertension

SECONDARY OR CONTRIBUTING CAUSES

SUMMARY AND RECOMMENDATIONS

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Hypertension

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White coat hypertension

Masked hypertension

BLOOD PRESSURE MEASUREMENT

Office-based blood pressure measurement

Ambulatory blood pressure monitoring

Home blood pressure monitoring

PRIMARY HYPERTENSION

SECONDARY OR CONTRIBUTING CAUSES

فهرست مندرجات:
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سرتیترها در متن

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دسترسی به اطلاعات
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امکان چاپ از تمام قسمتها
متن، فهرست مآخذ و تصاویر

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تاریخ آخرین روزآمد نمودن موضوع موردنظر

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می‌شود

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خلاصه‌ای از مهمترین اطلاعات جدیدی که اخیراً به uptodate اضافه گردیده در این قسمت به تفکیک موضوعی قرار دارد که با کلیک روی هر یک از موضوعات می‌توان به اطلاعات تفصیلی جدید پیرامون آن موضوع دسترسی یافت.

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What's New

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

Find Out What's New In:

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Topic Outline

GENERAL GERIATRICS

Risk of breathing difficulties in certain patients treated with gabapentin and pregabalin (February 2020)

Total versus hemiarthroplasty for displaced femoral neck fractures (January 2020)

New pneumococcal vaccination recommendations for adults ≥65 years old (November 2019)

Nonoperative management of proximal humeral fractures (September 2019)

GERIATRIC CARDIOVASCULAR MEDICINE

Early aortic valve surgery for asymptomatic very severe aortic stenosis (January 2020)

Transcatheter aortic valve implantation in patients with bicuspid aortic stenosis (August 2019)

GERIATRIC ENDOCRINOLOGY AND DIABETES

Levothyroxine does not improve quality of life in adults ≥80 years with subclinical hypothyroidism (December 2019)

Testosterone therapy and serum PSA in older men (December 2019)

What's new in geriatrics

Authors: [Lisa Kunins, MD](#), [Jane Givens, MD](#)

[Contributor Disclosures](#)

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

Literature review current through: **Jan 2020**. | This topic last updated: **Feb 13, 2020**.

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

GENERAL GERIATRICS

Risk of breathing difficulties in certain patients treated with gabapentin and pregabalin (February 2020)

[Gabapentin](#) and [pregabalin](#) are often used to treat neuropathic pain. However, the Federal Drug Administration has warned of the risk of serious breathing difficulties with gabapentin and pregabalin in certain patients, including older adults, those with lung disease such as chronic obstructive pulmonary disease (COPD), and those taking opioid pain medications or other drugs that depress the central nervous system (eg, anti-anxiety medications, antidepressants, or antihistamines) [1]. Caution is warranted when prescribing gabapentin and pregabalin in such patients. (See "[Palliative care: Issues specific to geriatric patients](#)", section on '[Approach to treatment](#)'.)

Total versus hemiarthroplasty for displaced femoral neck fractures (January 2020)

Few randomized trials have been performed to determine the best treatment for femoral neck fractures, and the indications for total versus hemiarthroplasty remain a subject of debate. In a randomized trial performed in 11 countries and involving 1495 older adults who sustained a displaced femoral neck fracture, the need for a secondary hip procedure within 24 months, complications, quality-of-life measures, and mortality were similar for those treated with total arthroplasty compared with hemiarthroplasty [2]. While long-term follow-up is needed, these results suggest that hemiarthroplasty is a reasonable treatment option for patients who sustain a displaced femoral neck fracture. (See "[Overview of common hip fractures in adults](#)", section on '[Treatment of femoral neck fractures](#)'.)

جدیدترین اطلاعات اضافه شده
در حیطه موضوعی سالمندان

با توجه به اینکه مهارت‌های بالینی و نحوه درمان بیماری‌ها یا تجویز داروها در طول زمان ممکن است دستخوش تغییراتی شود ویراستاران این پایگاه به کمک متخصصان موضوعی، مقالاتی را که قبلاً در این سایت قرار گرفته و نتایجشان دچار تغییراتی شده است در غالب یک مقاله جدید در این بخش قرار می‌دهند. PCUs علاوه بر اطلاعات جدید راهکارهای بالینی را نیز شامل می‌شود.

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Practice Changing UpDates

Topic Outline

INTRODUCTION

NEUROLOGY (December 2019)

Tranexamic acid for adults with acute traumatic brain injury

PEDIATRICS (November 2019)

Elexacaftor-tezacaftor-ivacaftor for cystic fibrosis caused by the F508del variant

HEMATOLOGY (November 2019)

Lenalidomide for high-risk smoldering multiple myeloma

ONCOLOGY (November 2018, Modified October 2019)

Maintenance PARP inhibition in advanced ovarian cancer

CARDIOVASCULAR MEDICINE (October 2019)

Dapagliflozin for heart failure with reduced ejection fraction

OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH (August 2019)

New ACOG guidelines for preventing early-onset group B streptococcus infection in newborns

ONCOLOGY (November 2018, Modified October 2019)

Maintenance PARP inhibition in advanced ovarian cancer

- For women with advanced epithelial ovarian cancer who experience a complete or partial response to frontline platinum-based therapy, we suggest maintenance therapy with an inhibitor of poly(adenosine diphosphate-ribose) polymerase (PARP), both for those with BRCA-associated or homologous repair deficient tumors **(Grade 2B)** and for those who lack these mutations **(Grade 2C)**.

The role of poly(adenosine diphosphate-ribose) polymerase (PARP) inhibitors as maintenance therapy in advanced epithelial ovarian cancer (EOC) is evolving. In several randomized trials enrolling women with advanced ovarian cancer whose disease responded to frontline platinum-based chemotherapy, maintenance treatment with one of the PARP inhibitors veliparib, [niraparib](#), or [olaparib](#) improved progression-free survival [5-8]. The greatest improvements were observed among those with BRCA-associated or homologous repair deficient tumors, but some data also suggested benefit for those who lacked these mutations. We now suggest PARP inhibitor maintenance therapy for women with advanced EOC who respond to frontline platinum-based therapy, regardless of their BRCA status. (See "[First-line chemotherapy for advanced \(stage III or IV\) epithelial ovarian, fallopian tubal, and peritoneal cancer](#)", section on 'PARP inhibitors' and "[Management of ovarian cancer associated with BRCA and other genetic mutations](#)", section on 'PARP inhibitor maintenance therapy'.)

CARDIOVASCULAR MEDICINE (October 2019)

Dapagliflozin for heart failure with reduced ejection fraction

- For patients with heart failure with reduced ejection fraction (HFrEF) who have persistent symptoms and an elevated serum natriuretic peptide level on optimal pharmacologic and device therapy, we recommend addition of [dapagliflozin](#) (versus no additional drug therapy) **(Grade 1B)**.

Sodium-glucose cotransporter 2 (SGLT2) inhibitors reduce hospitalization for heart failure (HF) in patients with type 2 diabetes mellitus (DM), but whether they improve outcomes for nondiabetic patients with HF has not been known. The DAPA-HF trial evaluated the SGLT2 inhibitor [dapagliflozin](#) in nearly 5000 patients with symptomatic heart failure with reduced ejection fraction (HFrEF) and an elevated natriuretic peptide level on optimal drug and device therapy [9]. Compared with placebo, all-cause mortality and the primary composite outcome (worsening HF or cardiovascular death) was reduced with dapagliflozin, with similar effects in patients with and without type 2 DM. The

PCUs علاوه بر اطلاعات جدید راهکارهای بالینی را نیز شامل می‌شود که از نظر درجه توصیه در دو سطح و از نظر اعتبار شواهد در سه گروه قرار دارند:

Recommendation grades:

۱. **توصیه قوی:** مزایا به وضوح از خطرات و فشارها (یا برعکس) برای اکثر بیماران ، اگر نه همه ، بیشتر است
۲. **توصیه ضعیف:** مزایا و خطرات بسیار متعادل و یا نامشخص است و منطقی هست که از یک روش جایگزین استفاده کنید

از نظر سطح اعتبار شواهد، نمرات شواهد در سه سطح **A ، B ، C** قرار دارد:

- (A)** شواهد با کیفیت بالا: شواهد مداوم از کارآزمایی های بالینی تصادفی یا شواهدی سخت به شکل دیگری
- (B)** شواهد با کیفیت متوسط: شواهدی از کارآزمایی های بالینی تصادفی با محدودیت های مهم ، یا شواهد بسیار قوی از شکل دیگری
- (C)** شواهد کم کیفیت: شواهدی از مطالعات مشاهده ای ، مشاهدات بالینی غیرسیستماتیک یا آزمایشات تصادفی با نقص های جدی

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اطلاعات عمومی دارو

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با کلیک روی هر دارو می‌توان اطلاعات
عمومی مرتبط با آن دارو را دریافت نمود

Topic Outline

Brand Names: US

Brand Names: Canada

Pharmacologic Category

Dosing: Adult

Dosing: Renal Impairment: Adult

Dosing: Hepatic Impairment: Adult

Dosing: Pediatric

Dosing: Renal Impairment: Pediatric

Dosing: Hepatic Impairment: Pediatric

Dosing: Geriatric

Dosage Forms: US

Generic Equivalent Available: US

Administration: Adult

Aspirin: Drug information

[Access Lexicomp Online here.](#)

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(For additional information [see "Aspirin: Patient drug information"](#) and [see "Aspirin: Pediatric drug information"](#))For abbreviations and symbols that may be used in Lexicomp ([show table](#))**Brand Names: US**

نامهای تجاری دارو در آمریکا

Ascriptin Maximum Strength [OTC]; Ascriptin Regular Strength [OTC]; Aspercin [OTC]; Aspir-low [OTC]; Aspirin Adult Low Dose [OTC]; Aspirin Adult Low Strength [OTC]; Aspirin EC Low Strength [OTC]; Aspirin [OTC]; Bayer Aspirin EC Low Dose [OTC]; Bayer Aspirin Extra Strength [OTC]; Bayer Aspirin Regimen Adult Low Strength [OTC]; Bayer Aspirin Regimen Children's [OTC]; Bayer Aspirin Regimen Regular Strength [OTC]; Bayer Aspirin [OTC]; Bayer Genuine Aspirin [OTC]; Bayer Plus Extra Strength [OTC]; Bayer Women's Low Dose Aspirin [OTC]; Bufferin [OTC]; Bufferin Extra Strength [OTC]; Bufferin [OTC]; Buffinol [OTC]; Durlaza; Ecotrin Arthritis Strength [OTC]; Ecotrin Low Strength [OTC]; Ecotrin [OTC]; GoodSense Low Dose [OTC]; Halfprin [OTC] [DSC]; St Joseph Adult Aspirin [OTC]; Tri-Buffered Aspirin [OTC]

Brand Names: Canada

نامهای تجاری دارو در کانادا

Asaphen; Asaphen E.C.; Entrophen; Novasen; Praxis ASA EC 81 Mg Daily Dose; Pro-AAS EC-80

Pharmacologic Category

رده دارویی

Analgesic, Nonopioid; Antiplatelet Agent; Nonsteroidal Anti-inflammatory Drug (NSAID), Oral; Salicylate

Dosing: Adult

دوز مصرفی دارو

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برای دسترسی
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International drug information (concise)

Aceflofenac: International drug information (concise)

Acemetacin: International drug information (concise)

Acipimox: International drug information (concise)

Almitrine: International drug information (concise)

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Amorolfine: International drug information (concise)

Amoxicillin and cloxacillin: International drug information (concise)

Ampicillin and cloxacillin: International drug information (concise)

Ancestim: International drug information (concise)

Anisentan: International drug information (concise)

با کلیک روی هر دارو می
توان اطلاعات آن را در
سطح بین‌المللی دریافت
نمود

در این بخش تصاویر، جداول،
نمودارها و طرح‌های مربوط را
می‌توان دریافت نمود

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For abbreviations and symbols that may be used in Lexicomp ([show table](#))

International Brand Names نامهای تجاری دارو

Acemet (HK, MY); Acemetacin Heumann (DE); Acemetacin intermuti (DE); Acemetacin Stada (DE); acemetacin von ct (DE); Acemix (IT); Aceo (TH); Acephlogont (DE); Altren (BE); Analgel (AR); Azeat (DE); Baydol (CO); Cetacin (KR); Emflex (GB); Flamarion (AR); Gynalgia (AR); Inflahail (EG); Inglesler (EG); Mocetasin (VN); Mostanol (DE); Pranex (EC); Pranex LP (EC); Rantudal (GR); Rantudil (CN, CR, DE, DO, GT, HN, HU, JP, LU, MT, MX, NI, PA, PL, PT, RU, SV, TR, VN); Rantudil Forte (HR, KW, QA, RO, SA); Rantudil Retard (CR, DO, GT, HN, KW, LU, MT, MX, NI, PA, QA, RO, SA, SV); Rheugasin (VN); Rheumetan (KR); Rheutrop (AT); Shun Song (CN); Solart (IT); Tendonil (BD); Tilur (CH); Zadex (HU); Ziloxicum (DE, MT)

For country abbreviations used in Lexicomp ([show table](#))

Pharmacologic Category رده دارویی

Analgesic, Nonopioid; Nonsteroidal Anti-inflammatory Drug (NSAID), Oral

Reported Use گزارش موارد استفاده از دارو

Treatment of rheumatoid arthritis, osteoarthritis, low back pain, and postoperative pain and inflammation

Dosage Range دوز مصرف دارو

Adults: Oral. Initial: 120 mg/day in divided doses; may increase to 180 mg/day in divided doses, based on patient response and tolerability

Product Availability دسترسی پذیری محصول

Product available in various countries; not currently available in the US

Dosage Forms فرمهای مقدار مصرف دارو

Capsule, Oral: 60 mg

جداول مرتبط

رده دارویی

گزارش موارد استفاده از دارو

دوز مصرف دارو

دسترسی پذیری محصول

فرمهای مقدار مصرف دارو

Patient drug information

اطلاعات دارویی ویژه بیمار

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Abacavir and lamivudine: Patient drug information

Abacavir, lamivudine, and zidovudine: Patient drug information

Abacavir: Patient drug information

Abaloparatide: Patient drug information

Abatacept: Patient drug information

Abciximab (United States: Not available): Patient drug information

Abemaciclib: Patient drug information

AbobotulinumtoxinA (Dysport): Patient drug information

Acalabrutinib: Patient drug information

Acamprosate: Patient drug information

Acarbose: Patient drug information

Topic Outline

فهرست مطالب

Brand Names: US

What is this drug used for?

What do I need to tell my doctor BEFORE I take this drug?

What are some things I need to know or do while I take this drug?

What are some side effects that I need to call my doctor about right away?

What are some other side effects of this drug?

How is this drug best taken?

What do I do if I miss a dose?

How do I store and/or throw out this drug?

General drug facts

RELATED TOPICS

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Aspirin and omeprazole: Patient drug information

[Access Lexicomp Online here.](#)

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(For additional information [see "Aspirin and omeprazole: Drug information"](#))

Brand Names: US

Yosprala

What is this drug used for?

- It is used to lower the chance of heart attack, stroke, and death in some people.

What do I need to tell my doctor BEFORE I take this drug?

For all patients taking this drug:

- If you are allergic to this drug; any part of this drug; or any other drugs, foods, or substances. Tell your doctor about the allergy and what signs you had.
- If you have any of these health problems: Asthma, bleeding problems, nose polyps, or nose irritation.

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Doxazosin: Pediatric drug information

Doxepin (systemic): Pediatric drug information

Doxorubicin (conventional): Pediatric drug information

Doxycycline: Pediatric drug information

Doxylamine: Pediatric drug information

Dronabinol: Pediatric drug information

Droperidol: Pediatric drug information

Drospirenone: Pediatric drug information

Duloxetine: Pediatric drug information

Dupilumab: Pediatric drug information

Dyclonine: Pediatric drug information

Ecallantide: Pediatric drug information

Echothiophate: Pediatric drug information

اطلاعات دارویی ویژه اطفال

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Topic Outline

Brand Names: US

Brand Names: Canada

Therapeutic Category

Dosing: Neonatal

Dosing: Pediatric

Dosing: Renal Impairment: Pediatric

Dosing: Hepatic Impairment: Pediatric

Dosing: Adult

Dosing: Renal Impairment: Adult

Dosing: Hepatic Impairment: Adult

Dosage Forms: US

Generic Equivalent Available: US

Dosage Forms: Canada

Dosage Forms Considerations

Product Availability

Doxycycline: Pediatric drug information

[Access Lexicomp Online here.](#)

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(For additional information [see "Doxycycline: Drug information"](#) and [see "Doxycycline: Patient drug information"](#))

For abbreviations and symbols that may be used in Lexicomp [\(show table\)](#)

Brand Names: US

Acticlate; Adoxa Pak 1/100 [DSC]; Adoxa Pak 1/150 [DSC]; Adoxa Pak 2/100 [DSC]; Adoxa [DSC]; Avidoxy; Doryx; Doryx MPC; Doxy 100; Mondoxine NL; Monodox [DSC]; Morgidox; Okebo; Oracea; Soloxide; TargaDOX; Vibramycin

Brand Names: Canada

APO-Doxy; Apprilon; DOM-Doxycycline [DSC]; Doxycin; Doxytab; Periostat; PHL-Doxycycline [DSC]; PMS-Doxycycline [DSC]; TEVA-Doxycycline; Vibramycin [DSC]

Therapeutic Category

Antibiotic, Tetracycline Derivative

Dosing: Neonatal

Anthrax: Very limited data available (AAP [Bradley 2014]): Term neonates:

Prophylaxis: post-exposure (inhalation or cutaneous); prior to susceptibility testing or penicillin-resistant strains: Oral: 2.2 mg/kg/dose every 12 hours for 60 days

Treatment:

Cutaneous infection without systemic involvement: **Note:** Doxycycline is an option if first-line therapy (ie, ciprofloxacin) is unavailable or patient unable to tolerate; for naturally-occurring infection, usual treatment duration is 7 to 10 days; in the event of biological weapon exposure, additional therapy (as prophylaxis for inhaled spores) is necessary for a total course of 60 days from onset of illness.

Topic Feedback

در این قسمت مجموعه‌ای از داروهای جدید، مصوبات دارویی، هشدارهای دارویی و داروهایی که از شش ماه گذشته وارد بازار شده‌اند را نشان می‌دهد. شامل موضوعاتی است که از نظر اهمیت مورد توجه نویسندگان و ویراستاران قرار گرفته است.

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Topic Outline

RECENT APPROVALS - ANTIMICROBIALS

Cefiderocol for multidrug-resistant gram-negative bacteria (December 2019)

Lefamulin for the treatment of community-acquired pneumonia (November 2019)

FDA approval of baloxavir for patients at high risk of influenza complications (October 2019)

Eight weeks of glecaprevir-pibrentasvir for chronic HCV infection in treatment-naïve patients (October 2019)

RECENT APPROVALS - DERMATOLOGIC AND ALLERGY THERAPIES

Minocycline foam for acne vulgaris (November 2019)

Topical trifarotene for facial and truncal acne vulgaris (October 2019)

New biologic agents for plaque psoriasis (September 2019)

RECENT APPROVALS - HEMATOLOGIC AND ANTICOAGULANT

Polatuzumab for multiply relapsed/refractory diffuse large B cell lymphoma (August 2019, Modified February 2020)

What's new in drug therapy

Authors: [Diane MF Savarese, MD](#), [Jonathan M Zand, PharmD BCPS](#)

[Contributor Disclosures](#)

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

Literature review current through: **Jan 2020**. | This topic last updated: **Feb 10, 2020**.

The following material represents a subset of new drugs, drug approvals, drug warnings, and drugs removed from the market from the past six months. This is **not a complete list**; it includes those topics considered by the authors and editors to be of particular interest or importance. For a complete list of new drug approvals, see <http://www.lexi.com/home/newdrugs/>.

You can check drug interactions by going to the [Lexicomp drug interactions](#) program included with UpToDate.

دسترسی به لیست جدید مصوبات دارویی

بررسی تداخلات دارویی

RECENT APPROVALS - ANTIMICROBIALS

Cefiderocol for multidrug-resistant gram-negative bacteria (December 2019)

[Cefiderocol](#) is a novel parenteral cephalosporin that has activity against multidrug-resistant gram-negative bacteria, including carbapenemase-producing organisms and *Pseudomonas aeruginosa* resistant to other beta-lactams. It was recently approved by the US Food and Drug Administration for use in adults with complicated urinary tract infections (UTIs) and/or pyelonephritis due to highly resistant gram-negative organisms [1]. In approximately 120 patients with pneumonia, complicated UTI, or bloodstream infections due to carbapenem-resistant gram-negative organisms, preliminary results suggested largely similar clinical cure rates (52 versus 50 percent) with cefiderocol versus best-available therapy (colistin-based regimens in two-thirds of cases) [2]. Cefiderocol should be reserved for infections for which there are no alternative treatment options. (See "[Cephalosporins](#)," section on '[Other cephalosporins](#)'.)

Lefamulin for the treatment of community-acquired pneumonia (November 2019)

[Lefamulin](#) is a novel antibiotic with activity against many common community-acquired pneumonia (CAP) pathogens, including *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, *Staphylococcus aureus*, and atypical pathogens. The agent was recently approved by the US Food and Drug Administration for the

Topic Feedback

Up to date صدها موضوع آموزشی را فراهم آورده است که اطلاعات آن هر ۴ ماه یکبار روزآمد می‌شود و در نتیجه جدیدترین اطلاعات در اختیار بیماران قرار می‌گیرد. این اطلاعات مربوط به شایع‌ترین بیماری‌ها بوده و به جنبه‌هایی از بیماری مانند ریسک فاکتور، علل بیماری، روشهای تشخیص، اقدامات پیشگیرانه و درمان‌های پیشنهادی اشاره دارد.

bookmarks page' and a bookmark titled 'An overview of asthma management'."/>

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An overview of asthma management

Patient Education

up to date اطلاعات مورد نیاز بیماران را در دو سطح زیر ارائه می دهد

UpToDate offers two levels of content for patients:

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

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



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برای مرور موضوعات موجود در زمینه آموزش بیمار در UpToDate، روی دسته بندی زیر کلیک کنید.

Allergies and asthma	Ear, nose, and throat	Lung disease
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Blood disorders	General health	Pregnancy and childbirth
Bones, joints, and muscles	Heart and blood vessel disease	Senior health
Brain and nerves	HIV and AIDS	Skin, hair, and nails
Cancer	Hormones	Sleep
Children's health	Infections and vaccines	Surgery
Diabetes	Kidneys and urinary system	Travel health
Diet and weight	Liver disease	Women's health issues

این سطح حاوی مقالات ۲ تا ۳ صفحه‌ای که به زبان اصلی نوشته شده و پاسخگوی ۴ تا ۵ سوال مهم بیماران می‌باشد. این مقالات برای افرادی است که در واقع به اطلاعات عمومی پیرامون آن بیماری نیاز دارند

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

Ear infections

Ear infections (otitis media) in children (The Basics) [View in Spanish](#)

Ear tubes (The Basics) [View in Spanish](#)

Outer ear infection (The Basics) [View in Spanish](#)

Ruptured eardrum (The Basics) [View in Spanish](#)

Ear wax impaction

Ear wax impaction (The Basics) [View in Spanish](#)

Eustachian tube problems

Eustachian tube problems (The Basics) [View in Spanish](#)

با کلیک روی هر کدام اطلاعات کامل آن را مشاهده خواهید کرد

Topic Outline

What is a ruptured eardrum?
What are the symptoms of a ruptured eardrum?
Will I need tests?
How is a ruptured eardrum treated?
Is there anything I can do on my own to feel better?
Can a ruptured eardrum be prevented?

More on this topic

GRAPHICS

Figures
• Normal ear

RELATED TOPICS

Patient education: Ear infections (otitis media) in children (Beyond the Basics)
Patient education: Ear infections (otitis media) in children (The Basics)

Patient education: Ruptured eardrum (The Basics)

[View in Spanish](#)

[Written by the doctors and editors at UpToDate](#)

What is a ruptured eardrum?

A ruptured eardrum is a hole or tear in your eardrum. The eardrum is a thin layer of tissue between the ear canal and middle ear ([figure 1](#)).

The most common causes of a ruptured eardrum are:

- Ear infections – This can cause fluid to build up and press on the eardrum.
- Extreme pressure changes – This happens during scuba diving if you move up or down in the water too quickly. It is called "barotrauma."
- Poking the eardrum – This happens if you poke a Q-tip, bobby pin, or other object into your ear canal.

What are the symptoms of a ruptured eardrum?

Some people have no symptoms. But symptoms can include:

- Very bad ear pain
- Ear pain that suddenly gets better
- Clear, pus-colored, or bloody fluid draining from the ear
- A buzzing or ringing sound in the ear

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با کلیک روی هر موضوعات تخصصی موجود در پایگاه به
فهرست نام نویسندگان و ویراستاران در آن حیطه موضوعی
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calculator: این قسمت شامل جدول‌هایی برای محاسبه موارد مختلف در موضوعات پزشکی از قبیل تبدیل مقادیر، محاسبه شاخص توده بدن، فشار خون و .. می‌باشد. با قرار دادن اعداد و مشخص کردن واحد آن به محاسبه موضوع موردنظر رسید.

Calculators

ترتیب الفبایی دسته‌بندی موضوعی

باکس جستجو

View By Specialty

List Alphabetically

body

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

Body mass index (BMI) for adults (Patient education)

Body mass index (BMI) for boys (Patient education)

Body mass index (BMI) for girls (Patient education)

Body mass index (BMI) percentiles for boys (2 to 20 years)

الگوی محاسباتی (شاخص توده بدن)

موردنظر را انتخاب کنید

Body mass index (BMI) percentiles for girls (2 to 20 years)

Body mass index (BMI; Quetelet's index) in adults

Body surface area (BSA) (Mosteller, square root method) in adults

Body Surface Area in adults (Du Bois Method)

Ideal body weight (method of Devine) and dosing weight for adults

Lean body weight (LBW, adult female)

Lean body weight (LBW, adult male)

Calculator: Body mass index (BMI) percentiles for boys (2 to 20 years)

اطلاعات خواسته شده مانند سن، قد
و وزن را در این قسمت وارد می کنیم

Input:		
Age		yr ▾
Height		cm ▾
Weight		kg ▾

$BMI = Weight / (Height/100)^2$
 $Age_Months = Age * 12$
 $Z\text{-score} = ((BMI/M)^L - 1) / (L * S)$
 $Percentile = ZtoPercentile(Z\text{-score})$

در این قسمت نتیجه محاسبه
نمایش داده می شود

Results:	
BMI	kg/m ²
Z-score	
Percentile	
Decimal precision	1 ▾
Reset form	

BMI percentile interpretation

Percentile <5: Underweight
Percentile ≥5 and <85: Healthy weight
Percentile ≥85 and <95: Overweight
Percentile ≥95: Obesity

Notes

- At the extremes (>97th percentile or <3rd percentile), small differences in percentiles represent clinically important differences. At these extremes, the Z-score is a more precise reflection of how far the measurement deviates from the mean and is a useful tool for tracking changes.
- The accuracy of the calculation for boys can be assessed by viewing the graph "Body mass index-for-age percentiles, boys, 2 to 20 years, CDC growth charts" in UpToDate.
- For all LMS tables, the row in the table corresponding to the patient-specific value is found in the first column of the table; values to be used for L (the Box-Cox power), M (the median), and S (the generalized coefficient of variation) in the equation for Z-score are retrieved.
- The calculated Z-score is used to do a table lookup for the corresponding percentile in the Normal Table Percentiles for Z-Score table (below). Numbers along the left side (Y-axis) of the table represent the first number and first decimal place of the Z-score, while the numbers along the top (X-axis) of the table represent the second decimal position of the Z-score.

Drug Interactions: این پایگاه اطلاعاتی به تحلیل تداخل‌های مابین دارو با دارو، دارو با گیاه دارویی و گیاه دارویی با گیاه دارویی می‌پردازد.

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موردنظر را وارد کنید

Enter item name

ITEM LIST

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Analyze

- [Naltrexone](#)- [Acetaminophen, Codeine, and Doxylamine](#)

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

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

1 Result روی نتیجه تداخل دو دارو کلیک کنید

Filter Results by Item

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D [Acetaminophen, Codeine, and Doxylamine \(Opioid Agonists\)](#)
[Naltrexone](#)

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

در صورتی که نیاز به بررسی چگونگی تداخل در بین دو داروی خاص وجود داشته باشد نام دو دارو را بصورت جداگانه جستجو و سپس با انتخاب گزینه analyze وجود و دامنه تداخل را در بین دارو نشان داده می شود.

در این پایگاه داروهای متداخل به نسبت میزان خطر به هنگام مصرف همزمان در طیف A، B، C، D، X تقسیم بندی می شوند

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

➤ **کد A** : نشان دهنده نبود تداخل فارماکودینامیک و فارماکوکینتیک در بین دو دارو است.

➤ **کد B** : نمایانگر امکان وجود واکنش در بین دو دارو است اما نیازی به تغییر یکی از داروها برای بیمار وجود ندارد.

➤ **کد C** : بیانگر نیاز به دخالت در دوز مصرفی بیمار به هنگام مصرف همزمان دو دارو است.

➤ **کد D** : نشان می دهد که دو دارو با یکدیگر تداخل دارویی دارند. به گونه ای که با توجه به وضعیت بیمار، میزان فواید مصرف همزمان دو دارو و خطرهای ناشی از آن مورد ارزیابی قرار می گیرد و نیاز به مشاهده دقیق وضعیت بیمار به هنگام مصرف، تغییر در دوز داروها با توجه به شرایط بالینی بیمار و جایگزینی داروهای معادل وجود دارد.

➤ **کد X**: بیانگر وجود تداخل در بین دو دارو است. در این شرایط میزان خطر ناشی از مصرف همزمان دو دارو بیشتر از فواید آن است و نباید دو دارو را با یکدیگر برای بیمار تجویز کرد.

نتیجه تداخل دارویی بین نالتراکسون و استامینوفن کدئین و دوکسیلامین

Lexicomp® Drug Interactions

نام دو دارو

Title Opioid Agonists / Naltrexone

[Print](#)

Risk Rating D: Consider therapy modification

Summary Naltrexone may diminish the therapeutic effect of Opioid Agonists. **Severity** Major **Reliability Rating** Excellent

Patient Management Seek therapeutic alternatives to opioids in patients receiving naltrexone. Patients may be less sensitive to opioid effects during naltrexone treatment, and should not attempt to overcome this by increasing doses. Conversely, patients may be more sensitive to opioid effects and require lower doses following naltrexone discontinuation. Counsel patients about these risks. Avoid the use of naltrexone/bupropion for weight management in patients receiving long-term opioid treatment or in patients with evidence of opioid withdrawal; use under these circumstances is listed as contraindicated in naltrexone/bupropion US prescribing information. The naltrexone/bupropion combination product should also be temporarily discontinued in patients requiring intermittent opioid treatment, and reintroduced only after 7-10 days have passed since the last opioid dose.

Opioid Agonists Interacting Members Alfentanil, Benzhydrocodone, Buprenorphine, Butorphanol, Codeine, Dihydrocodeine, FentaNYL, Heroin, HYDROcodone, HYDROmorphine, Levomethadone, Levorphanol, Meperidine, Meptazinol, Methadone, Morphine (Systemic), Nalbuphine, Normethadone, Opium, Opium Tincture, OxyCODONE, OxyMORphone, Paregoric, Pentazocine, Remifentanil, SUFentanil, Tapentadol, TraMADol

Discussion The use of naltrexone-containing products is expected to diminish the therapeutic effects of opioids.^{1,2} Patients may also be more sensitive to opioid effects following discontinuation of naltrexone.²

Footnotes

1. Vivitrol (naltrexone) [prescribing information]. Waltham, MA: Alkermes Inc; October 2010.
2. Contrave (naltrexone/bupropion) [prescribing information]. La Jolla, CA: Orexigen Therapeutics Inc; September 2014.

کد دو دارو (نشان‌دهنده میزان خطر تداخل)

نحوه مدیریت دو دارو توسط بیمار

اجزای تعامل‌کننده با سوبستراهای آنزیم

بحث مفصلی درباره تداخل دو دارو

منبع استخراجی اطلاعات

خلاصه‌ای از نحوه تاثیر داروی دوم بر داروی اول