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Provides CME
More than 3,200 clinical topics
Content updated daily
Links to full text
Integrates with EMRs and Order Sets
Access anytime, anywhere
Alerts when topics are updated
Thousand of drug topics
Practice-changing updates
Evidence-based clinical content for the point of care
Take a text book and put it on the computer

The Old Way
The New Way:
The DynaMed Way

- Providing objective analysis of the evidence in an easily digestible format...
- A tool, not a textbook ensuring clinicians have access to the most current and up-to-date information...
- Developed by a community of clinicians who synthesize the evidence...
- Convenient and interactive; pushing new information to you via alerts...

for their patients...
Healthcare differs around the world. Systems, approaches, and ways of delivering can vary. But every clinician, no matter where they practice, wants to provide the best care possible to their patients. DynaMed has become the solution for the global clinical community to apply evidence into practice.
The DynaMed DIFFERENCE

Evidence Based VS. Expert Based
Ropinirole:
- ropinirole (Requip) is a nonergot-derived dopamine agonist
  - 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)
  - 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

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
    - ropinirole 2 times daily
    - ropinirole 1 time daily
  - mean decrease in IRLS symptom score 13.4 vs. 11.5 (p < 0.01)
The DynaMed DIFFERENCE

Updated Daily

VS.

updated when experts deem necessary
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>Date and Time</th>
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<tr>
<td>Left ventricular noncompaction</td>
<td>ACCP/AHA 2013 guideline on management of heart failure (Circulation 2013 Jun 5)</td>
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<tr>
<td>Mitral regurgitation</td>
<td>ACCP/AHA 2013 guideline on management of heart failure (Circulation 2013 Jun 5)</td>
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<td>Uterine leiomyoma</td>
<td>Care report of pyomyoma after uterine artery embolization (Obstet Gynecol 2013 Feb)</td>
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<td>Upper respiratory infection (URI)</td>
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<td>Complications of obesity</td>
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<td>Considerations for survivors of childhood cancer</td>
<td>Adverse health outcomes common in adult survivors of childhood cancer (JAMA 2013 Jun 12)</td>
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<td>Lupus nephritis</td>
<td>Switching from mycophenolate to azathioprine during pregnancy planning associated with positive pregnancy outcomes and low risk of renal flares (Rheumatology, Oxford 2013 Jun)</td>
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<td>Acute exacerbation of COPD</td>
<td>Elevated levels of C-reactive protein, fibrinogen, and elevated leukocyte counts associated with increased risk for COPD exacerbation (JAMA 2013 Jun 12)</td>
<td>06/18/2013 02:27:00 PM</td>
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</table>
The DynaMed DIFFERENCE

Easy to read: Bullets  VS.  Hard to read textbook
Treatment overview:

- **exercise** may reduce RLS symptoms (level 2 [mid-level] evidence)
- during pregnancy, use nonpharmacological treatment such as iron or folic acid\(^1\,^2\)
- 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
    - levodopa may reduce symptoms in patients with RLS (level 2 [mid-level] evidence)
    - starting dose 25 mg, maximal dose 100 mg
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:
  - 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;52(1):30

- 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 was 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 was associated with
    - Reduced risk in patients moderately exposed to smoking or alcohol (adjusted OR 0.67, 95% CI 0.5-0.81)
    - No significant effect in patients with heavy smoking or alcohol history

- Higher consumption of fruit and vegetables associated with lower risk in 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 15 studies, results limited by significant heterogeneity
    - Increased vegetable intake associated with reduced risk of cancers (adjusted OR 0.5, 95% CI 0.3-0.65) 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):1125 full-text
UK Patient Information

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:
Drug Topics – UK brands, eMC, Interactions

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)

Australasian Brands:
- Xifaxan Tablets (see MIMS Online)

Chemical Name:
C11H14N5O2 • HCl

General Concepts:
Does not inhibit or induce CYP1A2, 2A6, 2B6, 2C9, 2C19, 2D6, and 2E1. It has 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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Interaction</th>
<th>Comments</th>
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<tr>
<td>Hormonal contraceptives (ethinyl estradiol and norethisterone)</td>
<td>No substantial changes in pharmacokinetics of ethinyl estradiol and norethisterone 1</td>
<td>Dosage adjustment not necessary 2</td>
</tr>
<tr>
<td>Midazolam</td>
<td>No substantial changes in pharmacokinetics of midazolam or its major metabolite (1-hydr oxymidazolam) 1 2</td>
<td>Dosage adjustment not necessary 2</td>
</tr>
</tbody>
</table>

1 Mechanism of Action/Pharmacokinetics
2 Stability and Compatibility
3 Preparations
4 Patient Information
5 Guidelines and Resources
6 References

You are viewing a DynaMed summary. Use of DynaMed indicates acceptance of DynaMed Terms of Use. Limitations of DynaMed are contained in the DynaMed Terms of Use.
UK Guidelines – NICE, SIGN

**Stroke rehabilitation**

**United Kingdom guidelines:**
- Scottish Intercollegiate Guidelines Network (SIGN) national clinical guideline on stroke (rehabilitation, prevention, and management of complication 2010 Jun PDF or at National Guideline Clearinghouse 2010 Nov 15:23849
- 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 13:34001
  - prevention of stroke can be found at National Guideline Clearinghouse 2012 Feb 13:34087
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DIFFERENCE

Alerts when topics change

VS.

No alerting capabilities
Sign up for alerts here
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Affordable VS. Highly priced
The DynaMed DIFFERENCE

Pay for content, nothing more
DynaMed’s Editorial Process

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
“DynaMed ….had 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
“DynaMed was the only resource to rank in the top three of all three categories evaluated.”
DynaMed has an updating process that markedly led the others.

(BMJ 2011 Sep 23)
DynaMed was rated, “10 points higher in KLAS than any other disease reference product in the study.”
“Six tools claimed to update summaries within 6 months or less. For the 10 topics selected, however, only DynaMed met this claim.”
DynaMed is Preferred

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

DynaMed’s rapid adoption at Memorial Hermann is indicative of the fact that DynaMed’s content and technology is highly valued by clinicians.

Our citation analysis showed that DynaMed clearly dominates the other products...

DynaMed is absolutely the best point-of-care product out there.

McMaster University Study, 2012
Journal of Medical Internet Research
Tej Maini, MD, FACS
Dean of International Affairs, Tufts University School of Medicine

BMJ 2011 Sep 23;343:d5856

KLAS Report, November 2012,
(Quote from DynaMed customer)
Robert Murphy, MD, CMIO, Memorial Hermann Health System

DynaMed is Preferred
DynaMed Customers

- CHRISTUS Health®
- NOVANT HEALTH
- BON SECOURS HEALTH SYSTEM
- University Hospitals of Leicester NHS Trust
- Oxford University Hospitals NHS Trust
- hselibrary.ie
- SSM Health Care St. Louis
- University College London Hospitals NHS Foundation Trust
- Royal Free London NHS Foundation Trust
Guideline developers in Costa Rica used DynaMed to create an evidence-based breast cancer guideline. The guideline creation process, which can take between 18 and 24 months, was created in five months.

"the DynaMed process... introduces the latest medical evidence into patient care faster than ever before."

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
Thank You