日本語サポートページ http://www.ebsco.co.jp/medical/dynamed

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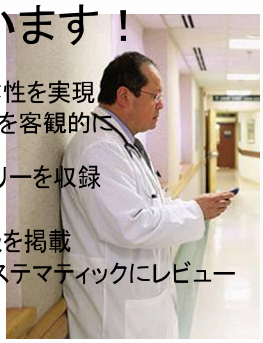
EBM(根拠に基づく医療)の実践を支援する情報検索ツール

What is DynaMed?

DynaMedはココが違います！



- ■ポイントオブケアで最も必要とされる迅速性と操作性を実現
- ■数あるEBMソースの中から最も有用なエビデンスを客観的に選択し、体系的に収録
- ■あらゆる治療局面に対応した約2,000の疾病サマリーを収録
- ■臨床試験論文・抄録・書誌情報へのリンク
- ■医薬品情報やICD-10コード、NNT、患者向け情報を掲載
- ■500誌以上もの医学学術雑誌や関連出版物をシステマティックにレビュー

■毎日情報を更新(1日に複数回)

NHS Chooses DynaMed!!!

DynaMed

NHS nhs.uk

DynaMedはNational Health Serviceを通じて、英国内の全ての病院で利用されています！

DynaMed は全米家庭医学会（AAFP）によって認められた EBM ソースです。

専門家の意見に頼らない、EBMに基づいた情報のみを提供！

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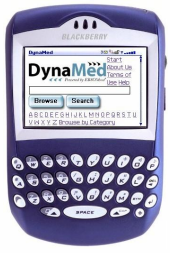
Hypertension — Expand All | Collapse All

- General Information (including ICD-9/-10 Codes)
- Causes and Risk Factors
- Complications and Associated Conditions
- History
- Physical
- Diagnosis
- Prognosis
- Treatment
- Prevention and Screening
- References including Reviews and Guidelines
- Patient Information
- Acknowledgements
- Comment to Editor

Available in PDA



▼ Prognosis

Prognosis:

- **hypertension at age 50 years associated with about 5-year reduction in life expectancy** compared with normotension, based on 3,128 participants in Framingham Heart Study (Hypertension 2005 Aug;46(2):280)
- risk of stroke is much more responsive to treatment than risk of heart disease
  - **greater reductions in systolic blood pressure associated with lower risk of stroke, independent of medications used to lower blood pressure (level 1 [likely reliable] evidence)**; based on meta-analysis of meta-analysis of > 40 randomized trials (Stroke 2004 Mar;35(3):776)
  - risk of stroke clearly related to quality of blood pressure control in case-control study in England, consistent maintenance of blood pressure < 140/90 mmHg needed for optimal stroke prevention; record review of 267 cases (patients < 80 with first stroke) vs. 534 controls, 61% vs. 42% were hypertensive (defined as BP > 160/95 mmHg); compared with non-hypertensive subjects, risk of stroke in hypertensive patients receiving treatment was 1.3x if BP controlled to < 140 mmHg, 1.6x if SBP 140-149 mmHg, 2.2x with SBP 150-159 mmHg, 3.2x if SBP 160 or greater; similar results for diastolic pressure (BMJ 1997 Jan 25;314(7076):272)
- **systolic (but not diastolic) blood pressure is a strong, positive, continuous and independent indicator of mortality risk in the elderly**; 10-year follow-up of 3,858 outpatients > 65 years old, 74 patients (1.9%) were lost to follow-up and 1,561 (41.3%) died, 709 (45.4% all deaths) died from cardiovascular causes; positive continuous, graded, strong and independent association observed with both total (P < 0.001) and cardiovascular (P < 0.001) mortality for systolic blood pressure (SBP) but not for diastolic blood pressure (DBP), no J-shaped mortality curve in subjects with lowest SBP and DBP (Arch Intern Med 1999 Jun 14;159(11);1205)
- **systolic blood pressure predicts cardiovascular events in the elderly**
  - cohort of 4,008 persons > 64 years old followed for at least 5 years (mean 11.1 years)
  - elevated systolic blood pressure strongly associated with cardiovascular events, optimal systolic blood pressure < 120 mmHg
  - diastolic blood pressure not associated with cardiovascular events in subjects < 75 years old
  - diastolic blood pressure 80-90 mmHg associated with lowest risk for cardiovascular events in subjects > 75 years old
  - Reference - J Hum Hypertens 2006 Jun;20(6):392
- **systolic blood pressure (SBP), and not diastolic blood pressure (DBP), predicts outcomes in treated hypertensive men**
  - 4,714 hypertensive men treated by their physician were followed for mean 14 years
  - the 85% with uncontrolled hypertension (SBP > 140 mmHg and/or DBP > 90 mmHg) had increased risk for cardiovascular disease mortality (risk ratio [RR] 1.66, 95% confidence interval [CI] 1.04-2.64) and for coronary heart disease mortality (RR 2.35, 95% CI 1.03-5.35) compared with the 15% with controlled hypertension
  - after controlling for DBP and risk factors, SBP 140-160 mmHg had RR 1.81 (95% CI 1.04-3.13) and SBP RR 1.94 (95% CI 1.1-3.43) for cardiovascular disease mortality compared to SBP < 140 mmHg
  - after controlling for SBP and risk factors, DBP 90-99 mmHg and DBP > 100 mmHg did not have significant cardiovascular disease mortality compared to DBP < 90 mmHg
  - similar results seen for coronary heart disease mortality
  - Reference - Arch Intern Med 2002 Mar 11;162(5):577, editorial can be found in Arch Intern Med 2002 Mar commentary can be found in Arch Intern Med 2003 Jan 13;163(1):121

60日間無料トライアル受付中！

DynaMed Bibliography

主要な採録雑誌

- ■Annals of Internal Medicine
- ■Archives of Internal Medicine
- ■British Medical Journal
- ■Journal of the American Medical Association
- ■Lancet
- ■New England Journal of Medicine

ほか

二次情報・ガイドラインなど

- ■ACP Journal Club
- ■American Family Physician
- ■BMJupdates
- ■Journal Watch
- ■AHRQ Evidence Reports
- ■Cochrane Databases of Systematic Reviews
- ■National Guideline Clearinghouse

ほか

医学教育・臨床現場に必須の雑誌を多数採録しております

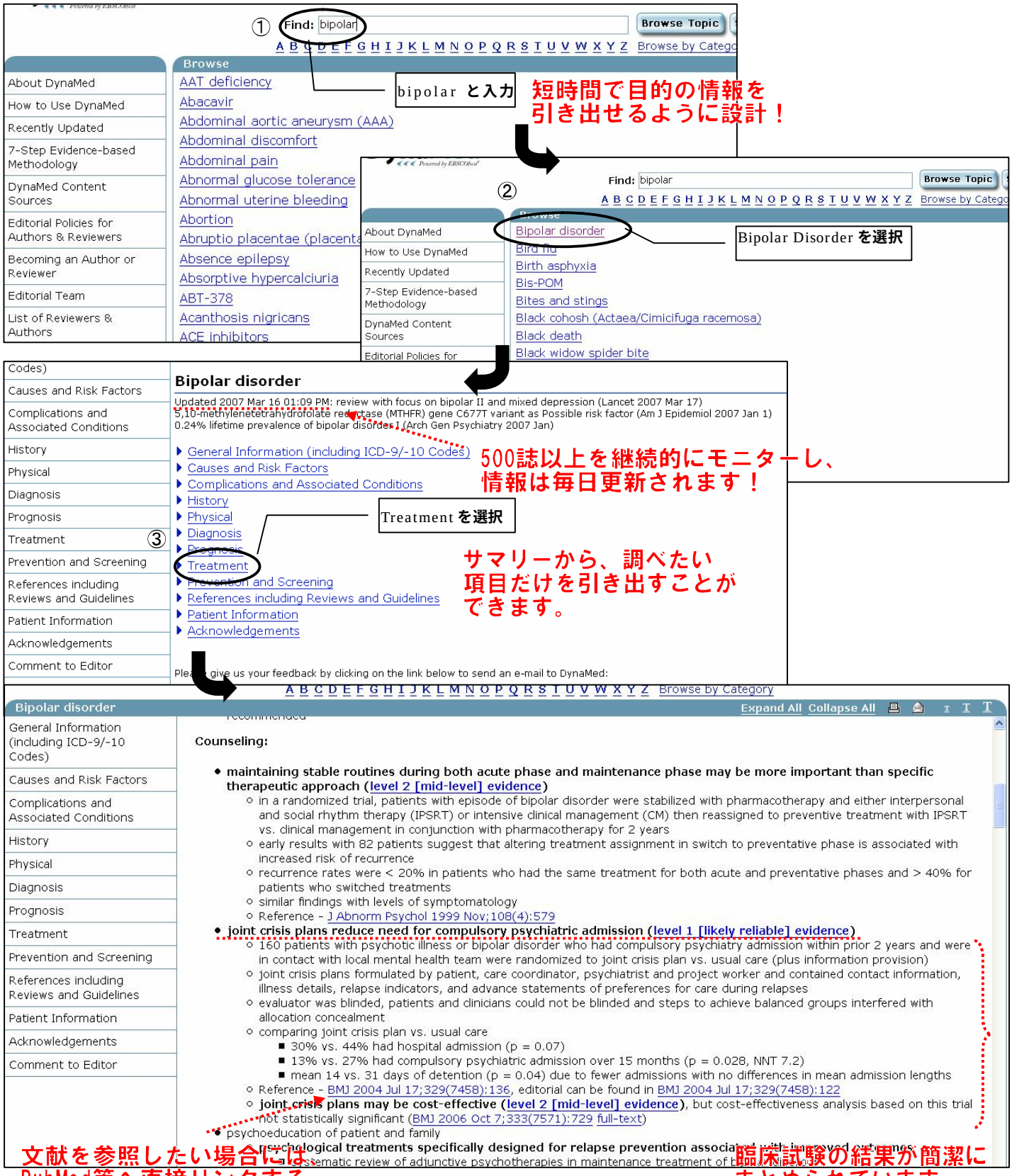
医薬品情報

- ■The Medical Letter
- ■Prescriber's Letter
- ■US Food and Drug Administration MedWatch

ほか

Sample Clinical Questipon

双極性障害（Bipolar Disorder）患者の Joint Crisis Plan適用による負の転帰の軽減は？



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