Tutorial UpToDate

Biblioteca Hospital Universitario de Burgos

1-Qué es.

2-Cómo buscar.

- **Los resúmenes de Medline.**
- **Enlazar con Pubmed o con la Biblioteca online.**
- **Los gráficos y las imágenes relacionadas.**
- **Movernos por el contenido relacionado.**
- **Summary and Recommendations.**
- **Imprimir, o enviar un enlace por correo del contenido.**
- **Imprimir, exportar a power point o enviar un enlace por correo de los gráficos.**
- **Educación para el paciente.**
- **Novedades.**
- **Actualizaciones que Cambian la Práctica Clínica.**
- **Calculadoras.**
- **Interacciones de Fármacos**

3-UpToDate móvil.

- **Registro.**
- **Funcionamiento**
- **Mantener acceso**

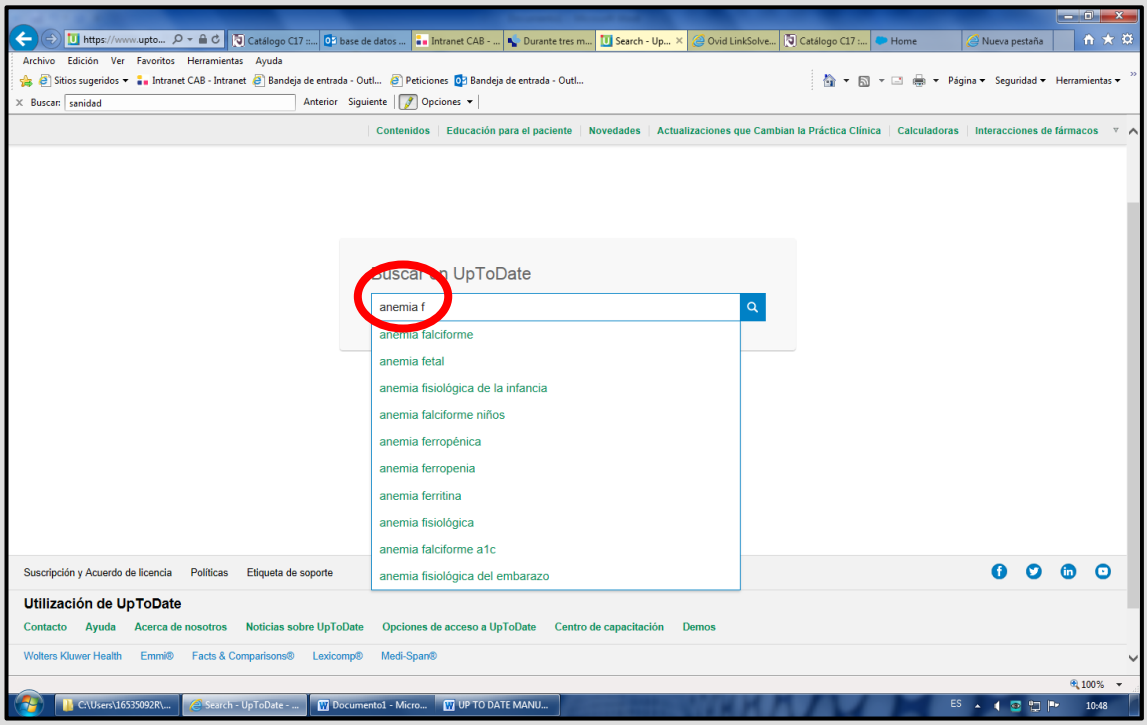
1-Qué es.

- UpToDate es una aplicación desarrollada por Wolters Kluwer que proporciona información bibliográfica muy actualizada sobre cualquier tema médico.
- Es una herramienta de apoyo para la toma de decisiones clínicas
- Su contenido se renueva cada cuatro meses.
- Está elaborada por Más de 6.700 autores, editores y revisores médicos.

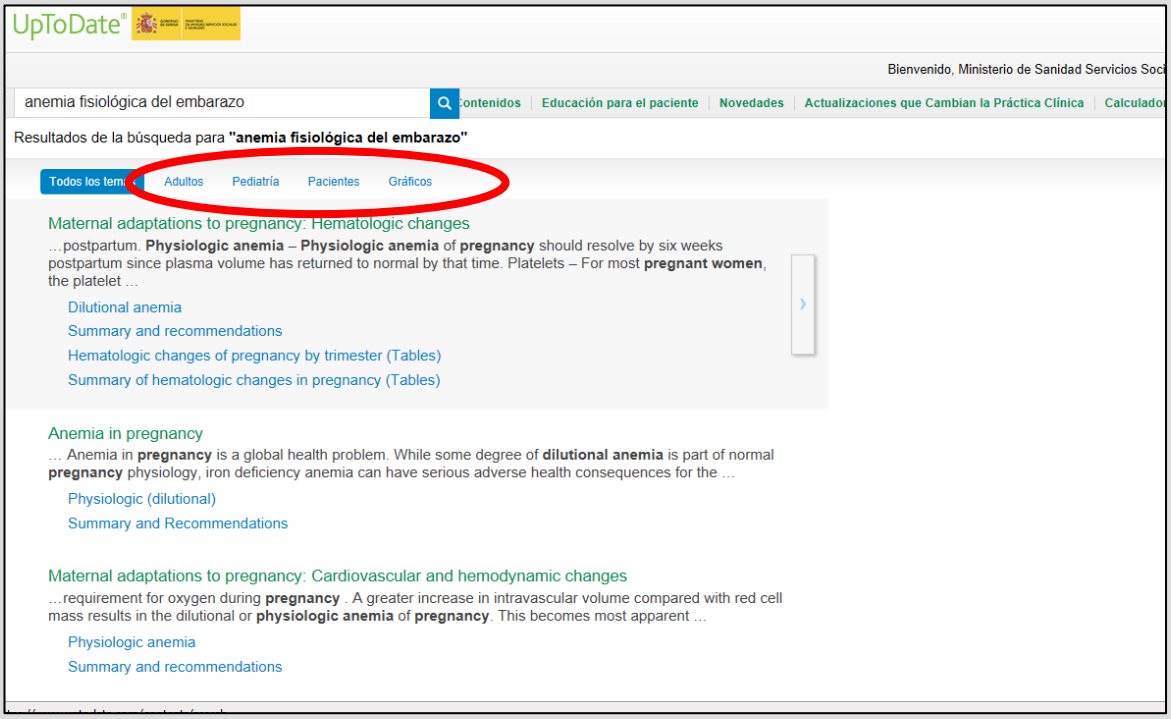
2-Cómo buscar.

Introducimos un término de búsqueda.

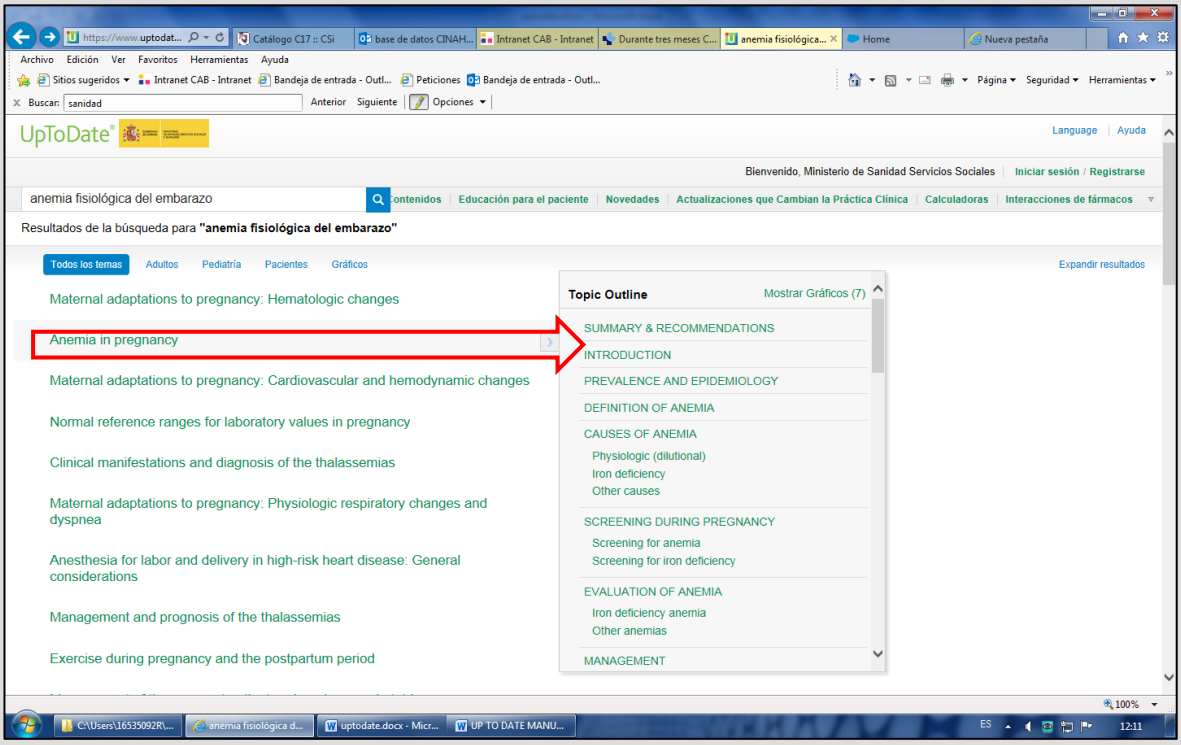
Podemos realizar la búsqueda en español, aunque los resultados van a aparecer en inglés.



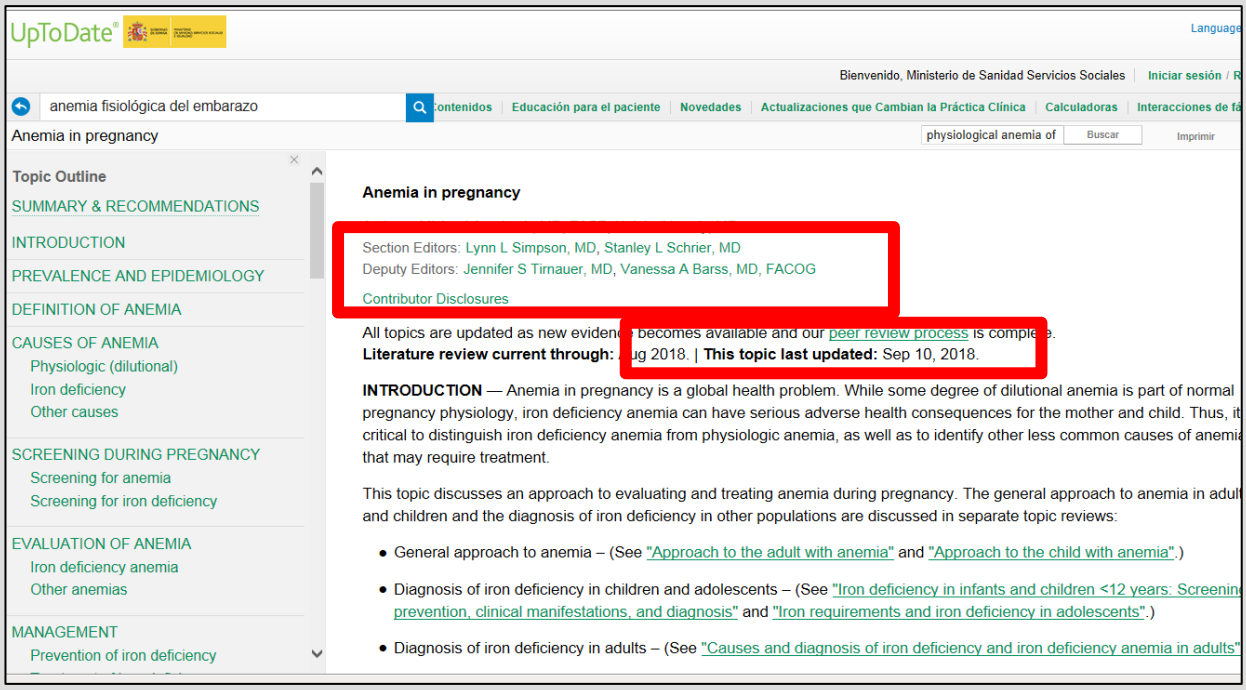
Se obtiene así una lista de temas por órden de relevancia, en función de los criterios de búsqueda, que podemos priorizar por: adultos, pediatría, pacientes o gráficos.



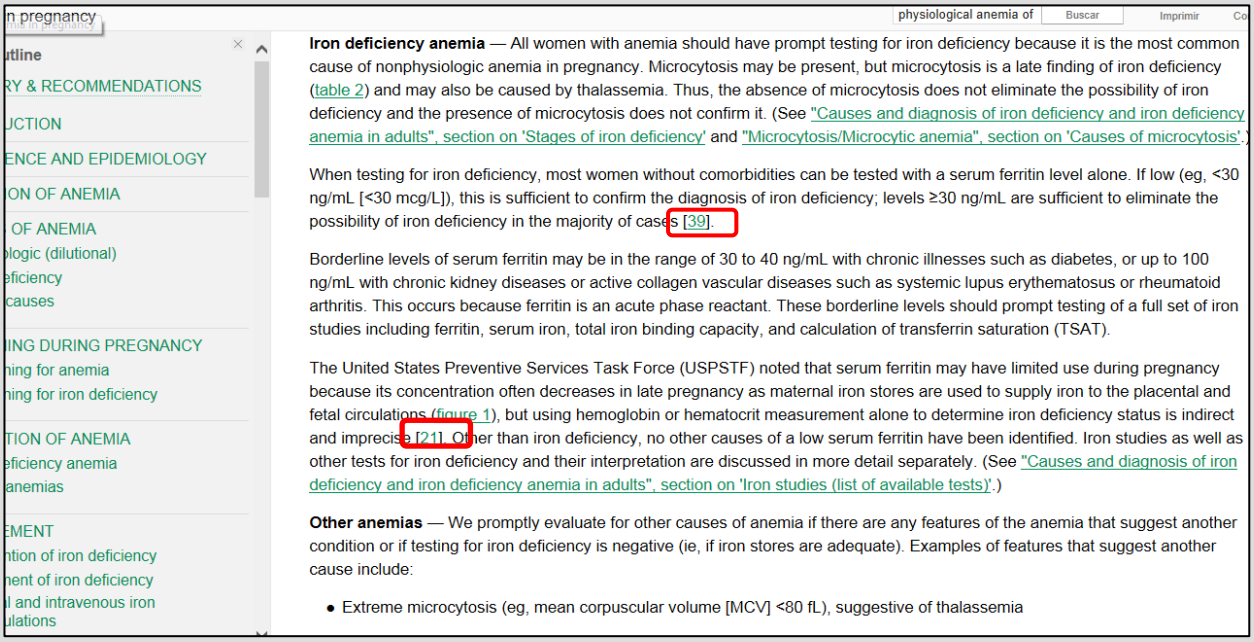
Haciendo clic en la flecha que aparece al pasar el ratón por encima de cada tema nos aparece a su derecha un esquema de cada uno de ellos.



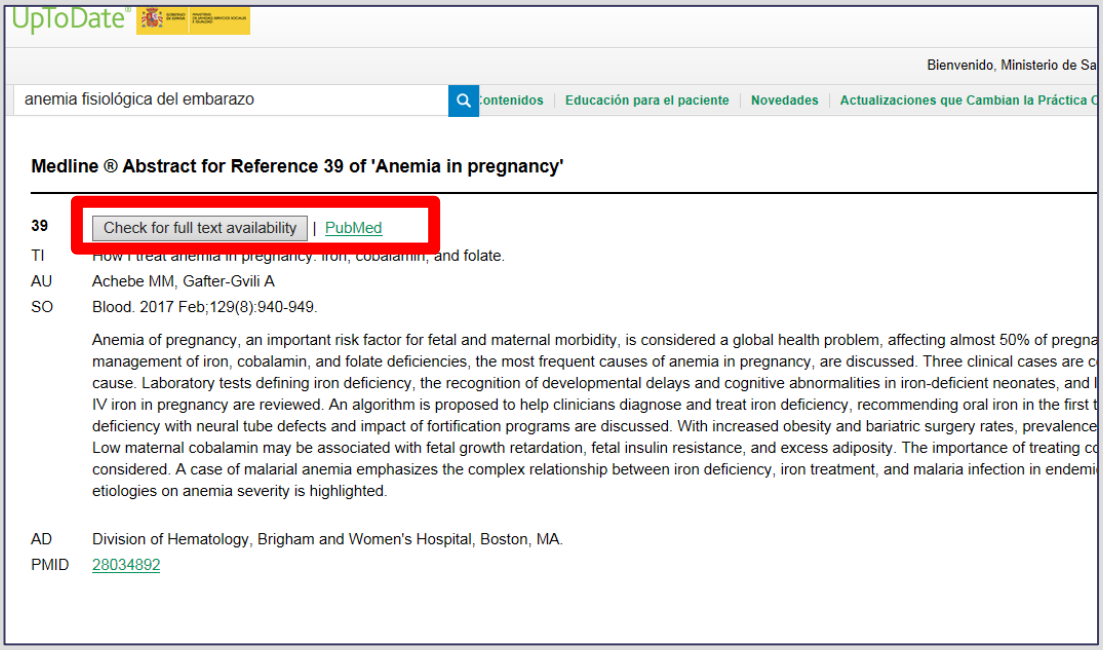
Si hacemos clic en el mismo tema, se accede al contenido.
En primer lugar aparecen los autores y editores, y seguidamente la última fecha de revisión



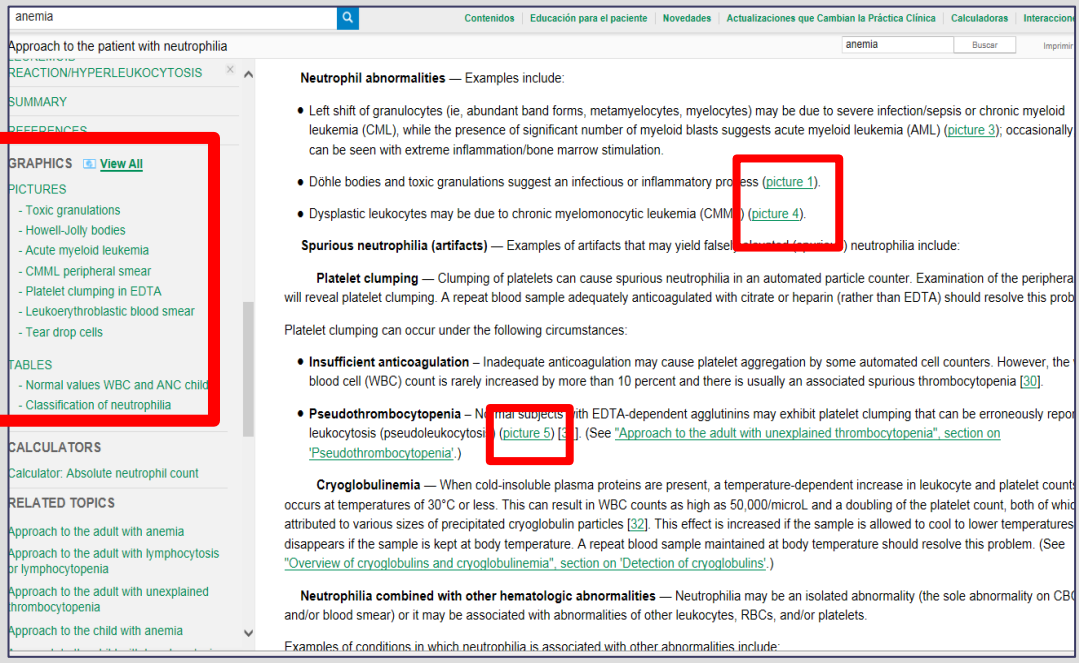
Vamos a ver **los resúmenes de Medline** utilizados (Números entre paréntesis), los cuales, al pinchar en ellos,



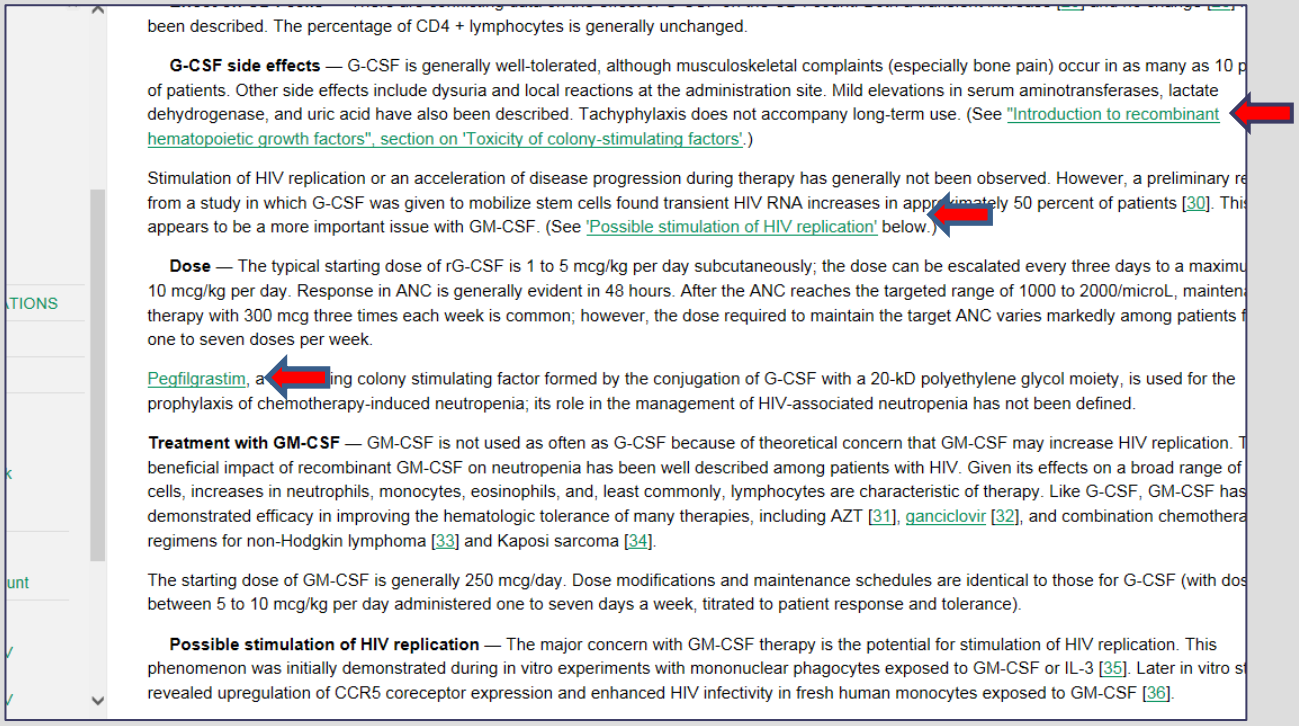
nos van a **enlazar con Pubmed, o con la Biblioteca Online**, para ver si tenemos el contenido completo.



Podemos ver los **gráficos y las imágenes relacionadas** con el tema bien desde el panel de la izquierda, o bien en el mismo texto, señalado entre paréntesis:



Podemos **movernos por el contenido relacionado**, de un lugar a otro del documento, pinchando encima del texto subrayado.



been described. The percentage of CD4 + lymphocytes is generally unchanged.

G-CSF side effects — G-CSF is generally well-tolerated, although musculoskeletal complaints (especially bone pain) occur in as many as 10 p of patients. Other side effects include dysuria and local reactions at the administration site. Mild elevations in serum aminotransferases, lactate dehydrogenase, and uric acid have also been described. Tachyphylaxis does not accompany long-term use. (See "Introduction to recombinant hematopoietic growth factors", section on 'Toxicity of colony-stimulating factors'.)

Stimulation of HIV replication or an acceleration of disease progression during therapy has generally not been observed. However, a preliminary re from a study in which G-CSF was given to mobilize stem cells found transient HIV RNA increases in appr imately 50 percent of patients [30]. This appears to be a more important issue with GM-CSF. (See 'Possible stimulation of HIV replication' below.)

Dose — The typical starting dose of rG-CSF is 1 to 5 mcg/kg per day subcutaneously; the dose can be escalated every three days to a maximu 10 mcg/kg per day. Response in ANC is generally evident in 48 hours. After the ANC reaches the targeted range of 1000 to 2000/microL, mainten therapy with 300 mcg three times each week is common; however, the dose required to maintain the target ANC varies markedly among patients f one to seven doses per week.

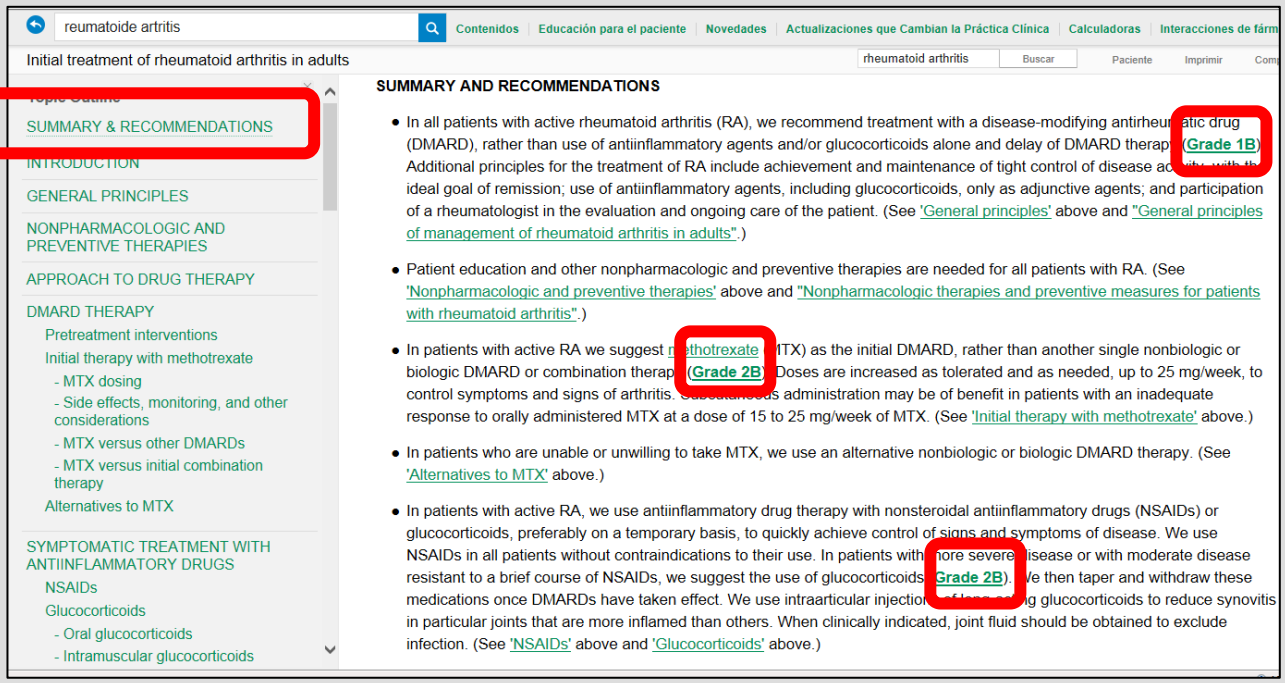
Pegfilgrastim, a ing colony stimulating factor formed by the conjugation of G-CSF with a 20-kD polyethylene glycol moiety, is used for the prophylaxis of chemotherapy-induced neutropenia; its role in the management of HIV-associated neutropenia has not been defined.

Treatment with GM-CSF — GM-CSF is not used as often as G-CSF because of theoretical concern that GM-CSF may increase HIV replication. T beneficial impact of recombinant GM-CSF on neutropenia has been well described among patients with HIV. Given its effects on a broad range of cells, increases in neutrophils, monocytes, eosinophils, and, least commonly, lymphocytes are characteristic of therapy. Like G-CSF, GM-CSF has demonstrated efficacy in improving the hematologic tolerance of many therapies, including AZT [31], ganciclovir [32], and combination chemothera regimens for non-Hodgkin lymphoma [33] and Kaposi sarcoma [34].

The starting dose of GM-CSF is generally 250 mcg/day. Dose modifications and maintenance schedules are identical to those for G-CSF (with dos between 5 to 10 mcg/kg per day administered one to seven days a week, titrated to patient response and tolerance).

Possible stimulation of HIV replication — The major concern with GM-CSF therapy is the potential for stimulation of HIV replication. This phenomenon was initially demonstrated during in vitro experiments with mononuclear phagocytes exposed to GM-CSF or IL-3 [35]. Later in vitro s revealed upregulation of CCR5 coreceptor expression and enhanced HIV infectivity in fresh human monocytes exposed to GM-CSF [36].

En "**Summary and Recommendations**" encontramos el resumen de las recomendaciones más importantes que necesitamos conocer para tomar una decisión.



reumatoide artritis

Contenidos | Educación para el paciente | Novedades | Actualizaciones que Cambian la Práctica Clínica | Calculadoras | Interacciones de fárm

Initial treatment of rheumatoid arthritis in adults

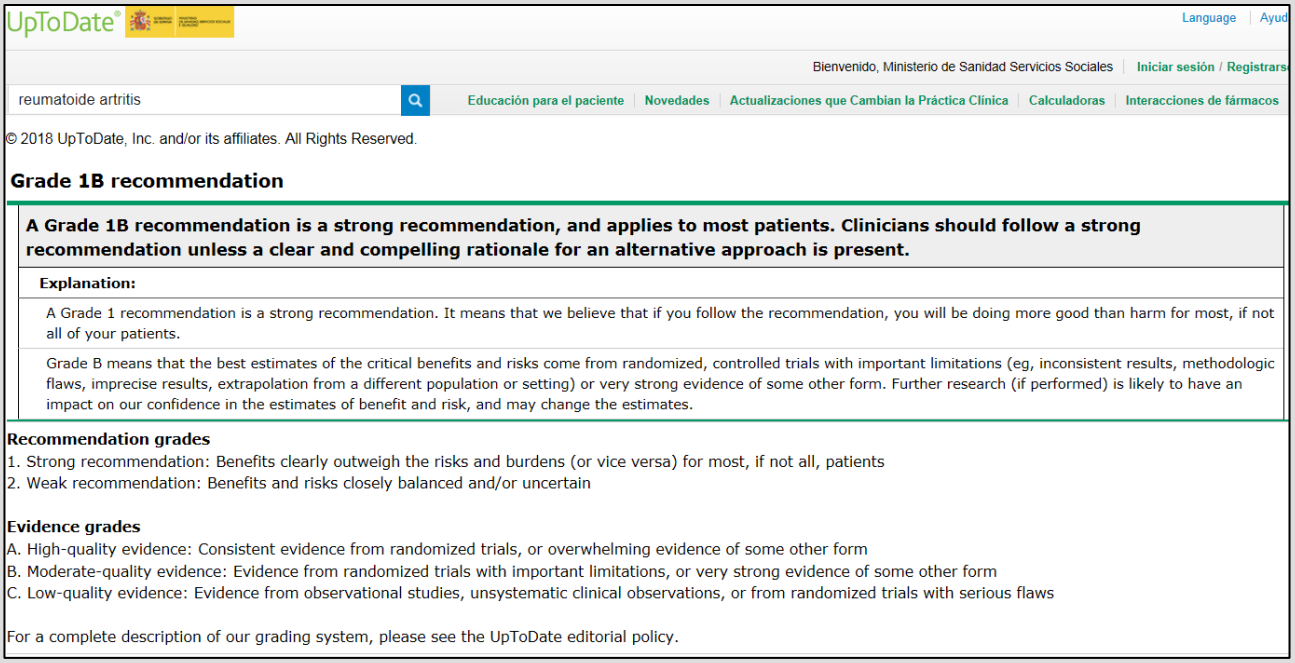
rheumatoid arthritis | Buscar | Paciente | Imprimir

SUMMARY & RECOMMENDATIONS
INTRODUCTION
GENERAL PRINCIPLES
NONPHARMACOLOGIC AND PREVENTIVE THERAPIES
APPROACH TO DRUG THERAPY
DMARD THERAPY
Pretreatment interventions
Initial therapy with methotrexate
- MTX dosing
- Side effects, monitoring, and other considerations
- MTX versus other DMARDs
- MTX versus initial combination therapy
Alternatives to MTX
SYMPTOMATIC TREATMENT WITH ANTIINFLAMMATORY DRUGS
NSAIDs
Glucocorticoids
- Oral glucocorticoids
- Intramuscular glucocorticoids

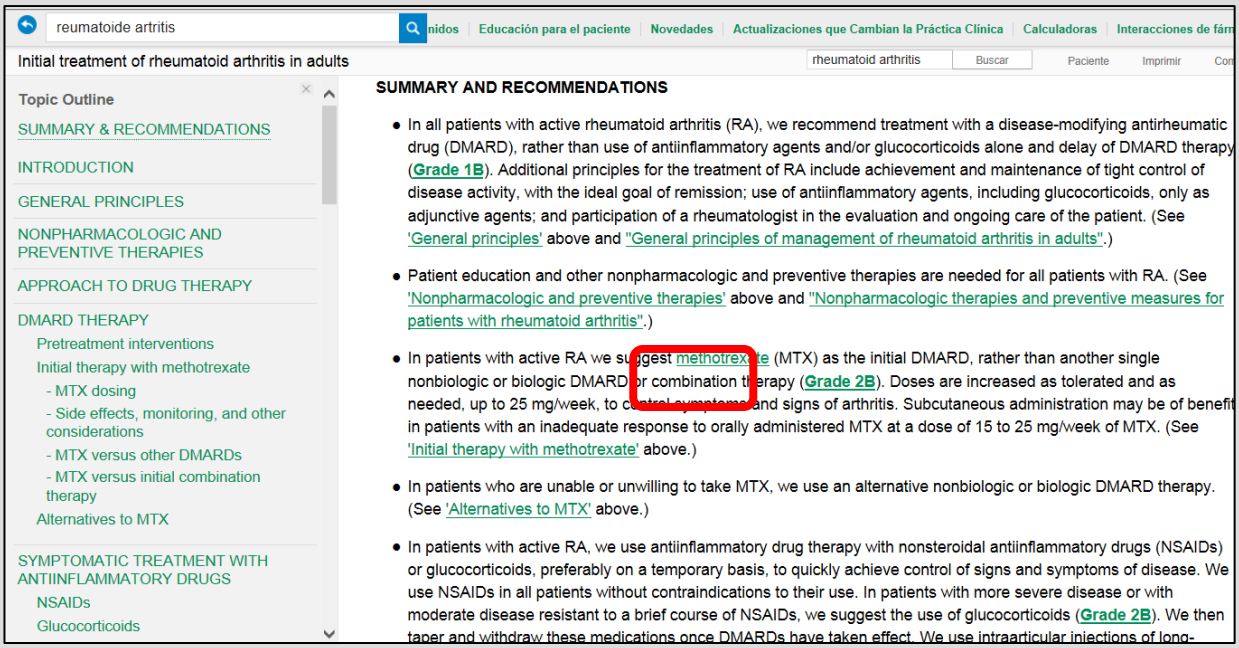
SUMMARY AND RECOMMENDATIONS

- In all patients with active rheumatoid arthritis (RA), we recommend treatment with a disease-modifying antirheu atic drug (DMARD), rather than use of antiinflammatory agents and/or glucocorticoids alone and delay of DMARD therap (Grade 1B) Additional principles for the treatment of RA include achievement and maintenance of tight control of disease ac with th ideal goal of remission; use of antiinflammatory agents, including glucocorticoids, only as adjunctive agents; and participation of a rheumatologist in the evaluation and ongoing care of the patient. (See 'General principles' above and "General principles of management of rheumatoid arthritis in adults".)
- Patient education and other nonpharmacologic and preventive therapies are needed for all patients with RA. (See 'Nonpharmacologic and preventive therapies' above and "Nonpharmacologic therapies and preventive measures for patients with rheumatoid arthritis".)
- In patients with active RA we suggest methotrexate (MTX) as the initial DMARD, rather than another single nonbiologic or biologic DMARD or combination therap (Grade 2B) Doses are increased as tolerated and as needed, up to 25 mg/week, to control symptoms and signs of arthritis. s administration may be of benefit in patients with an inadequate response to orally administered MTX at a dose of 15 to 25 mg/week of MTX. (See 'Initial therapy with methotrexate' above.)
- In patients who are unable or unwilling to take MTX, we use an alternative nonbiologic or biologic DMARD therapy. (See 'Alternatives to MTX' above.)
- In patients with active RA, we use antiinflammatory drug therapy with nonsteroidal antiinflammatory drugs (NSAIDs) or glucocorticoids, preferably on a temporary basis, to quickly achieve control of signs and symptoms of disease. We use NSAIDs in all patients without contraindications to their use. In patients with ore severe isease or with moderate disease resistant to a brief course of NSAIDs, we suggest the use of glucocorticoids (Grade 2B). We then taper and withdraw these medications once DMARDs have taken effect. We use intraarticular injectio g glucocorticoids to reduce synovitis in particular joints that are more inflamed than others. When clinically indicated, joint fluid should be obtained to exclude infection. (See 'NSAIDs' above and 'Glucocorticoids' above.)

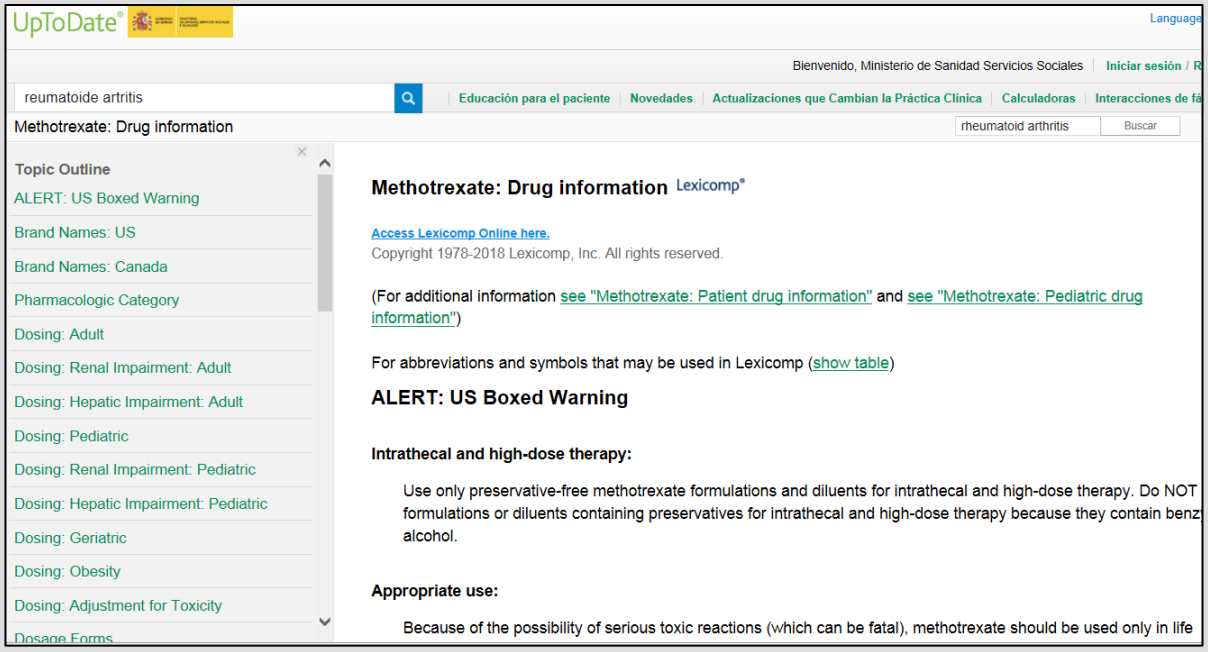
Las recomendaciones pueden estar graduadas según la fortaleza de la evidencia, y de su calidad. Lo vemos
si pinchamos encima de la gradación.



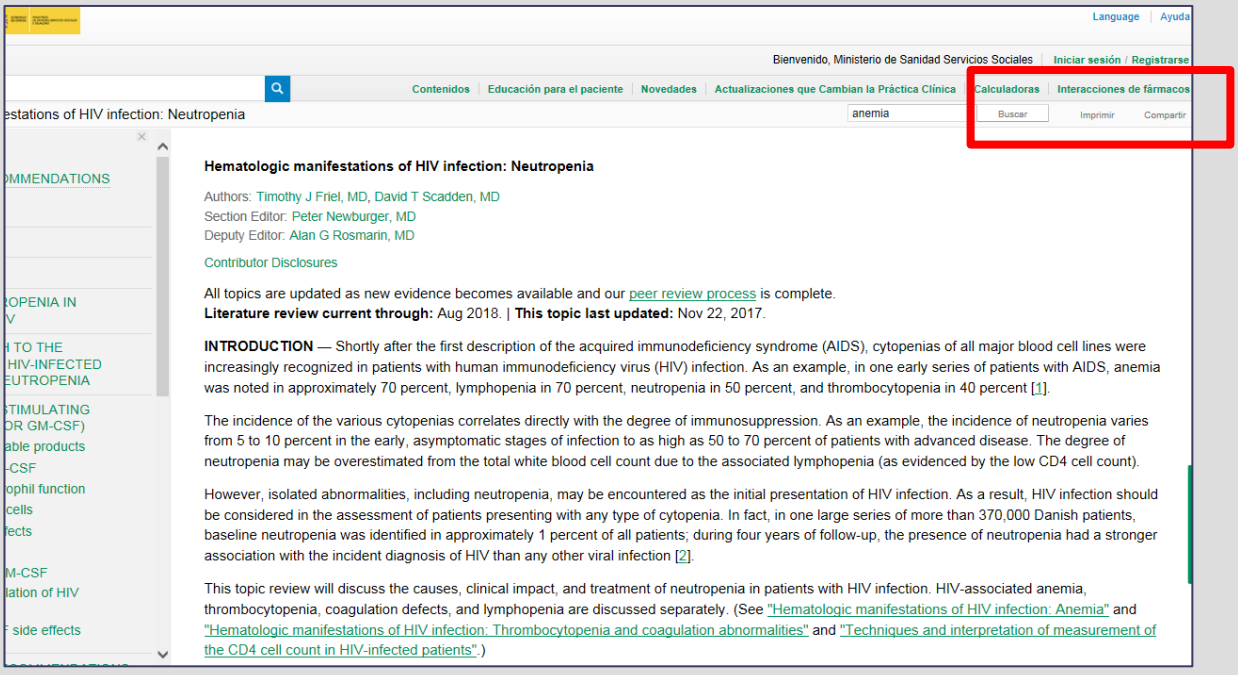
También haciendo clic en los hipervínculos de los fármacos a utilizar,



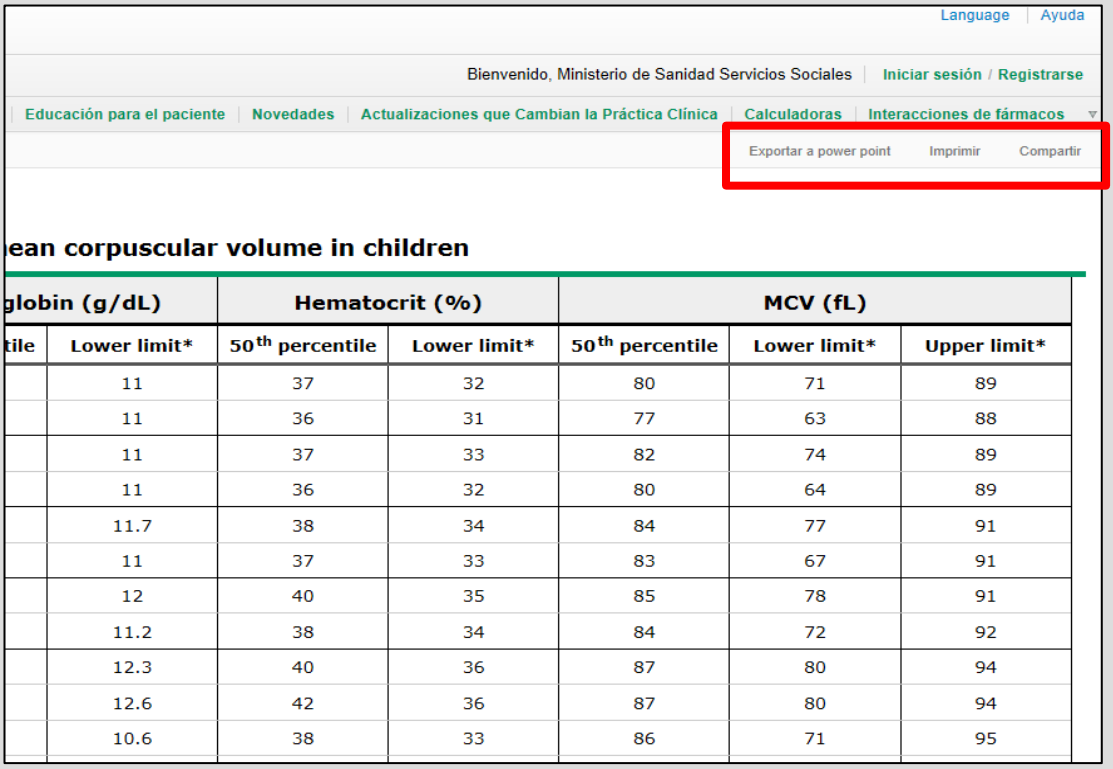
vemos la información relacionada con ese fármaco.



Podemos **Imprimir, o enviar un enlace por correo del contenido.**



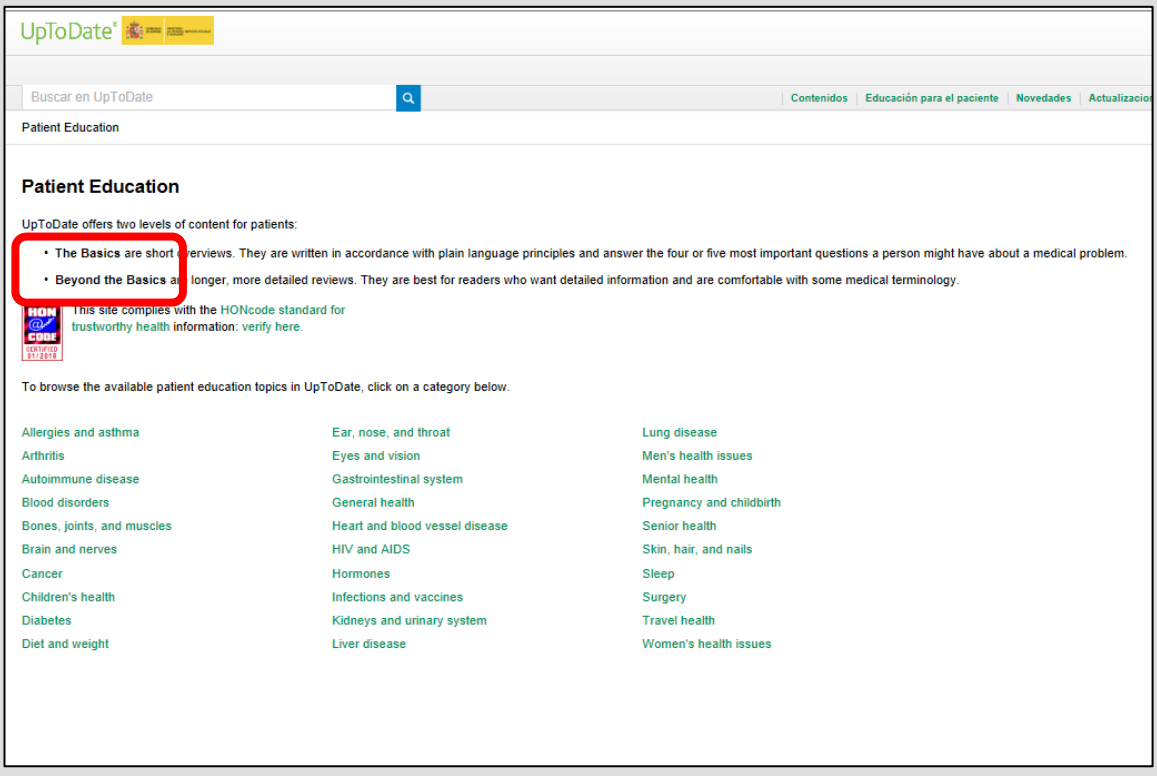
Imprimir, exportar a power point o enviar un enlace por correo de los gráficos.



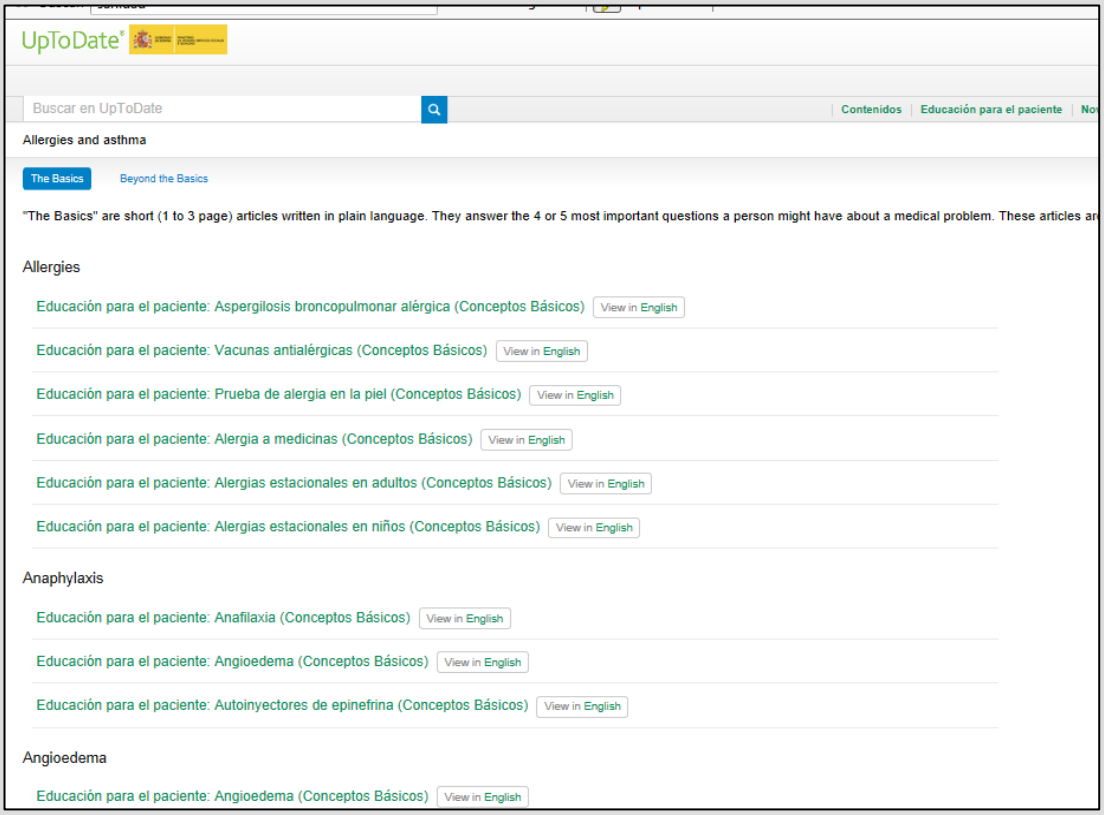
ean corpuscular volume in children

globin (g/dL)		Hematocrit (%)		MCV (fL)		
tile	Lower limit*	50th percentile	Lower limit*	50th percentile	Lower limit*	Upper limit*
	11	37	32	80	71	89
	11	36	31	77	63	88
	11	37	33	82	74	89
	11	36	32	80	64	89
	11.7	38	34	84	77	91
	11	37	33	83	67	91
	12	40	35	85	78	91
	11.2	38	34	84	72	92
	12.3	40	36	87	80	94
	12.6	42	36	87	80	94
	10.6	38	33	86	71	95

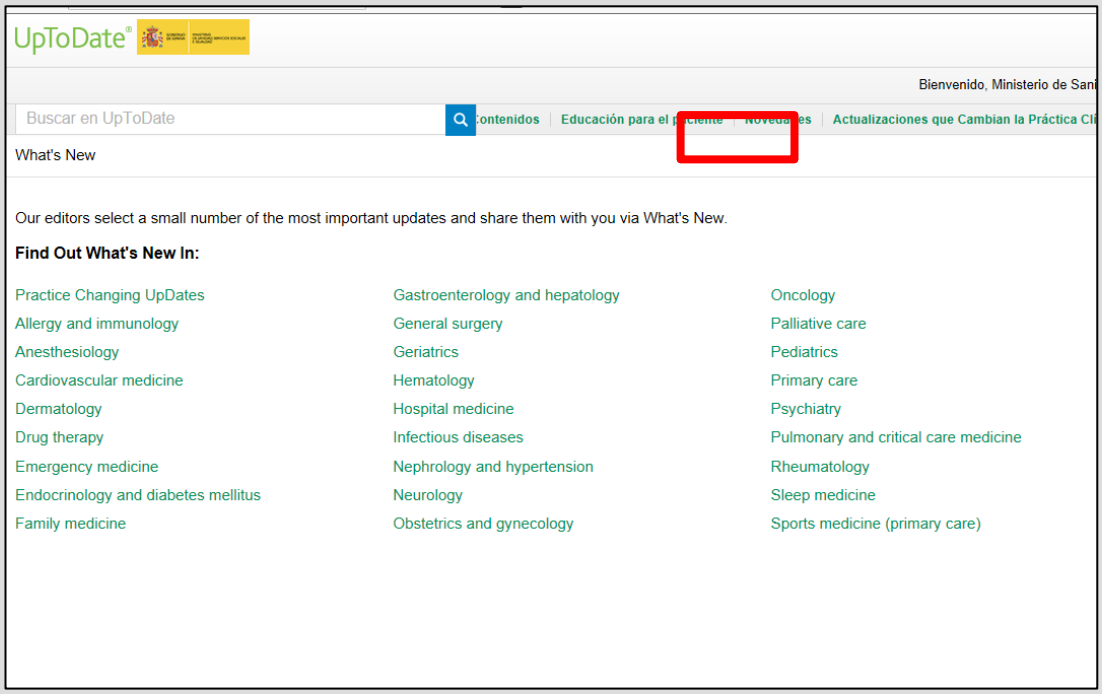
También tenemos acceso **a Educación para el paciente**, donde podemos elegir ver "lo básico", o lo "más allá de lo básico"



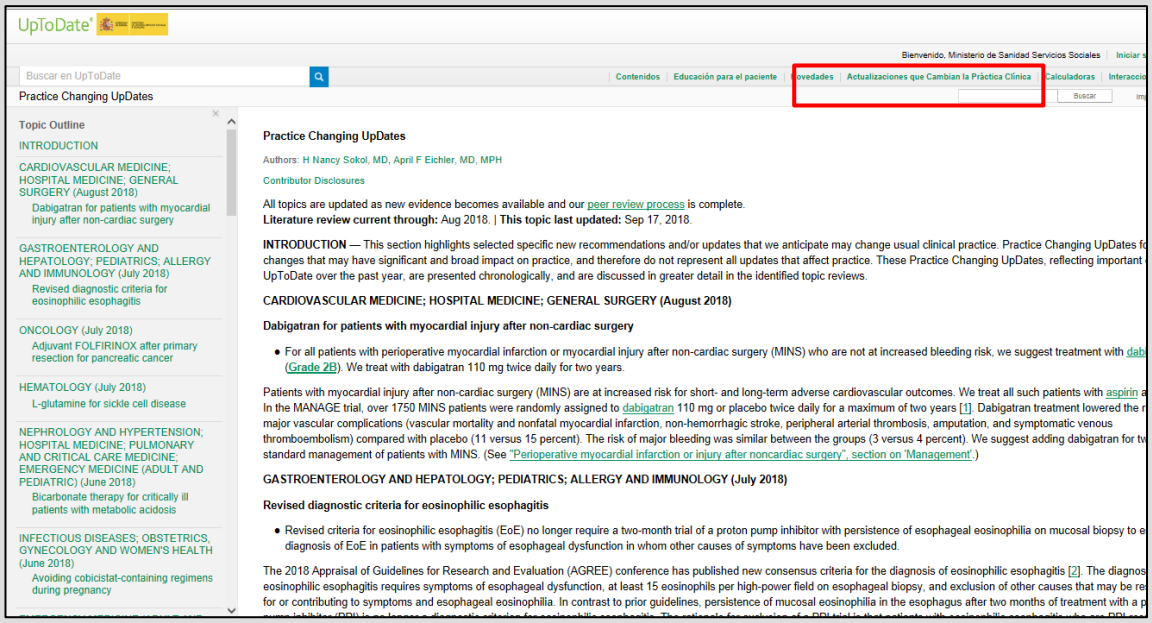
“Lo básico” podemos verlo también en castellano. Lo “**Más allá de lo básico**” solo en inglés.



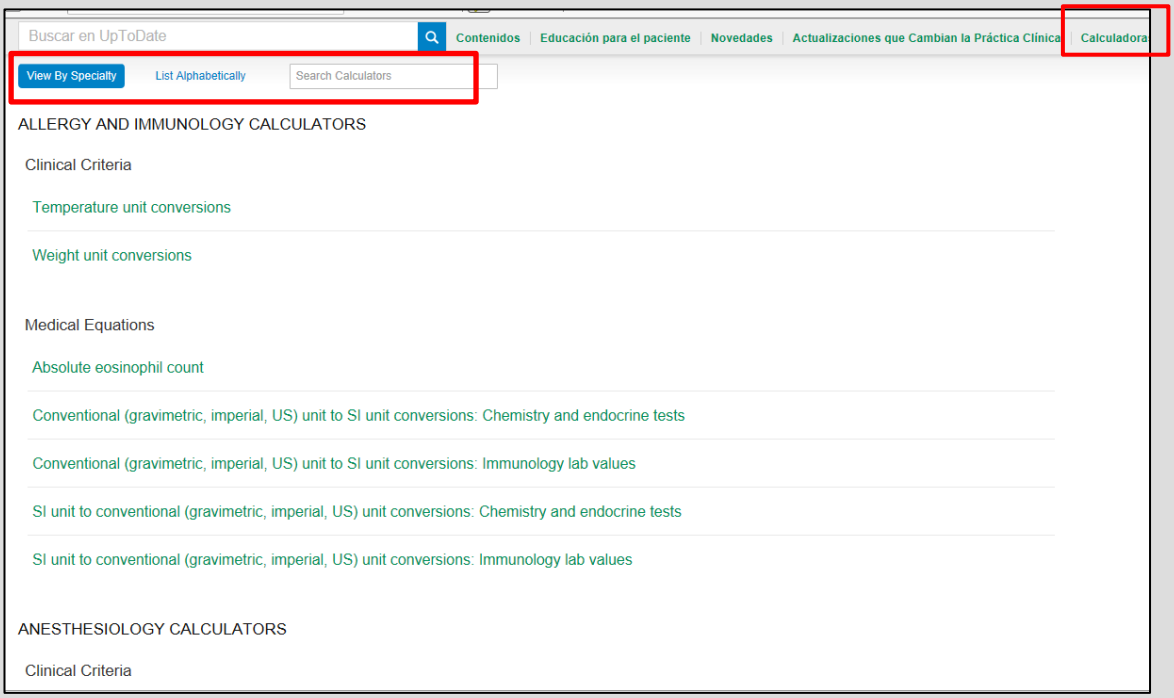
En “**Novedades**” encontramos las novedades y actualizaciones que el equipo editorial considera más importantes dentro de cada especialidad.



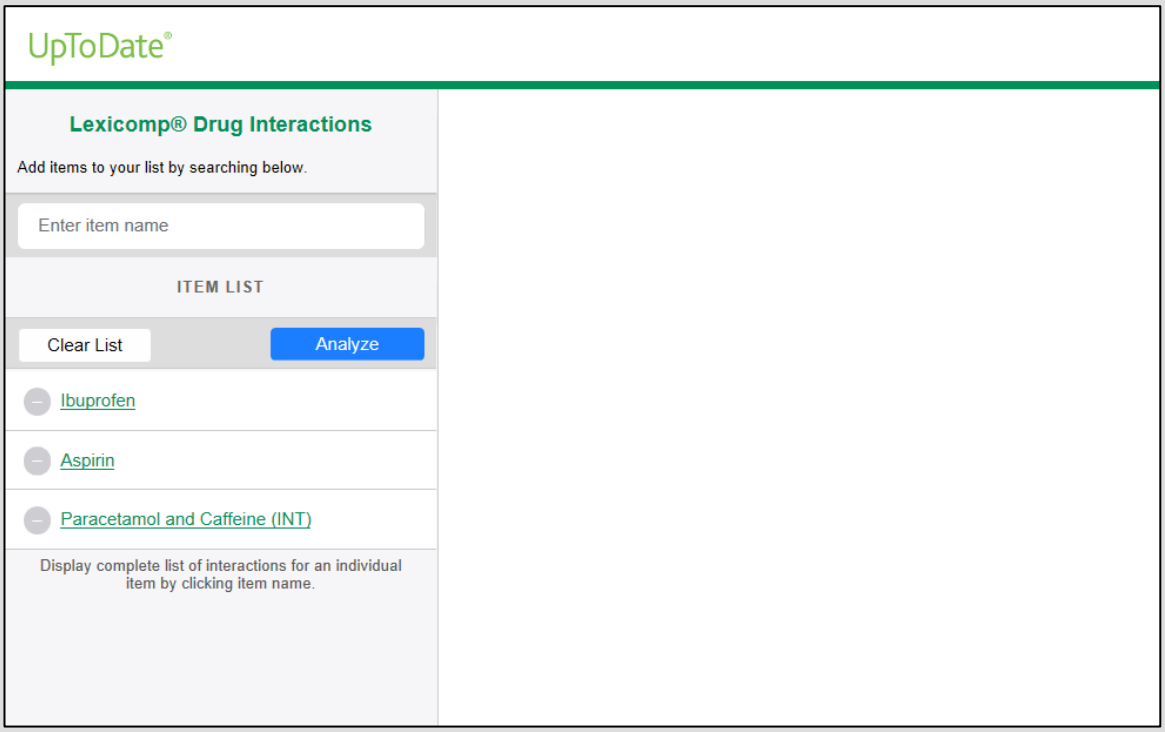
Las "**Actualizaciones que Cambian la Práctica Clínica**" son cambios que el equipo editorial considera tan importantes que pueden tener un impacto inmediato y cambiar la práctica clínica. Estos cambios los vemos en el índice de la izquierda en orden cronológico.



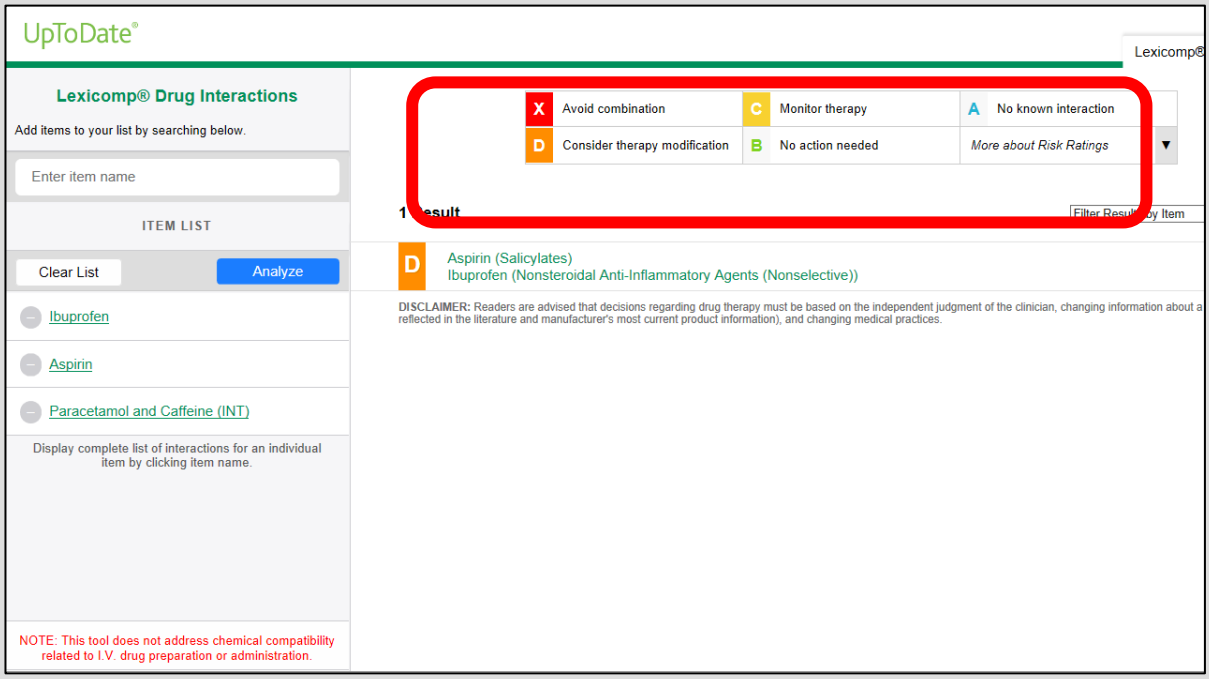
La opción "***Calculadoras***", está disponible por lista alfabética, por especialidad, o también tenemos una caja de búsqueda:



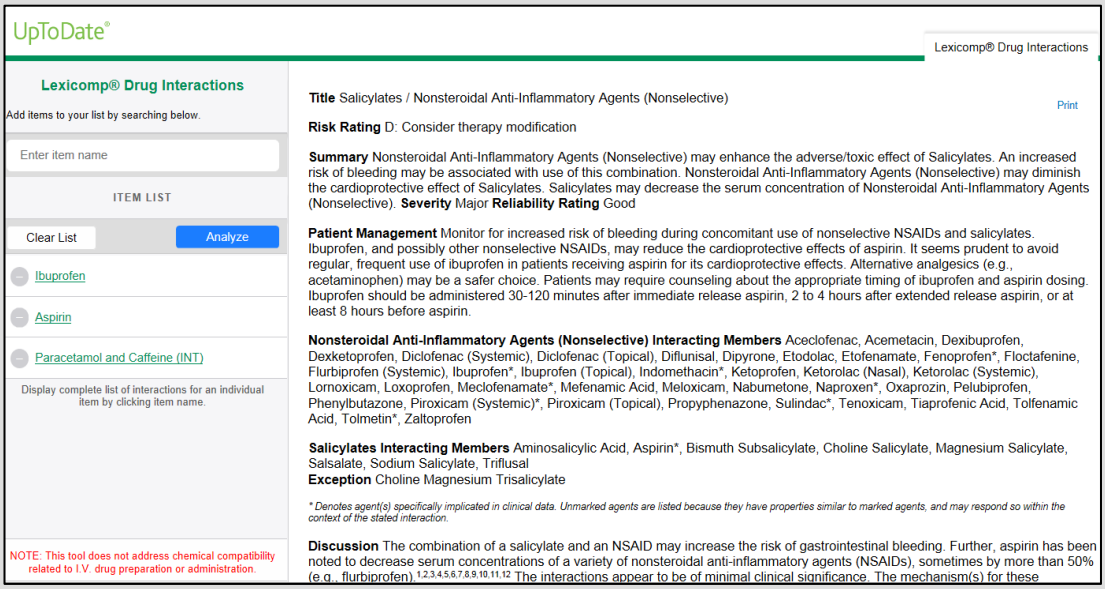
En "**Interacciones de Fármacos**" Podemos introducir una lista ilimitada de fármacos para analizar las posibles interacciones entre ellos, o de productos naturales, como té verde, ajo, etc. (Los nombres deben estar en inglés)



Nos va a mostrar el resultado de las interacciones entre ellos, según una gradación de la A la X.

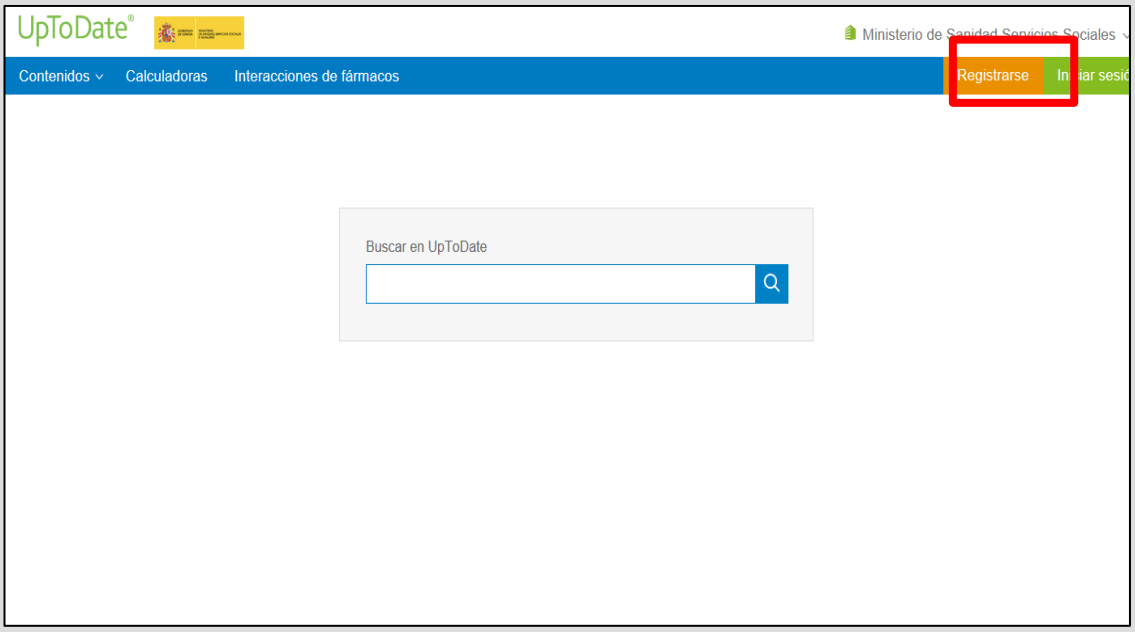


Si queremos tener más información sobre alguna de éstas interacciones hacemos clic sobre ella, y veremos una explicación de esa interacción , y que podemos hacer para tratar a ese paciente (reducir la dosis, o sustituir uno de los fármacos).

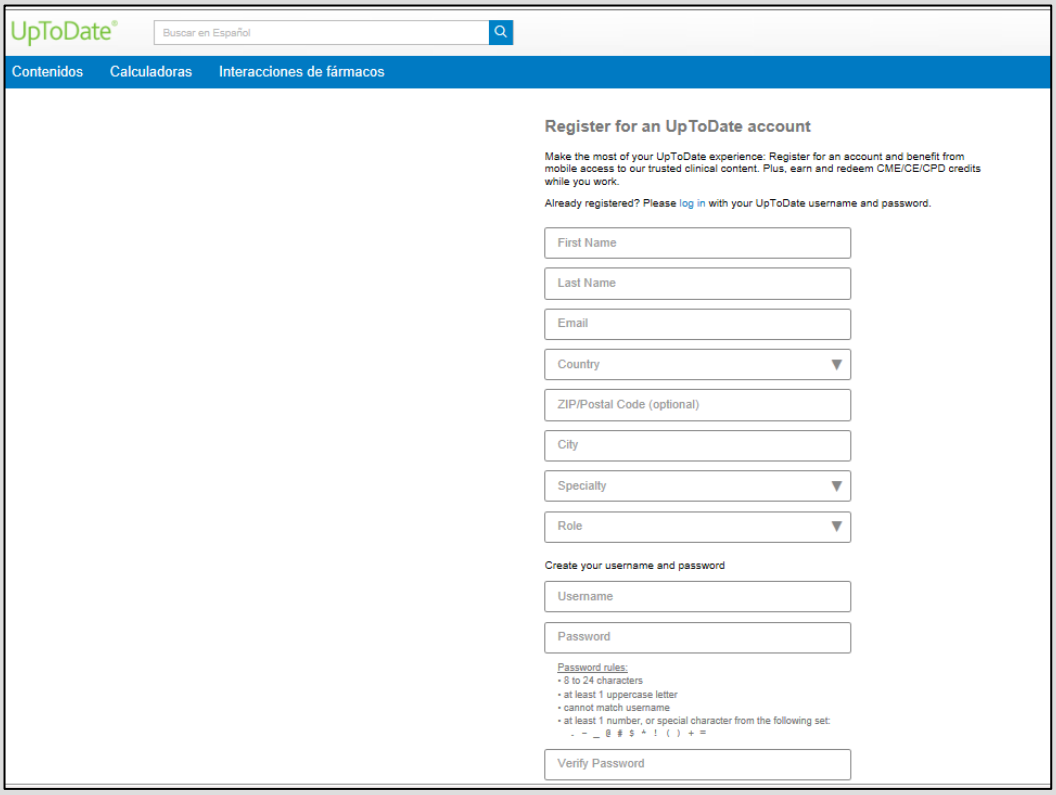


3-UptoDate móvil.

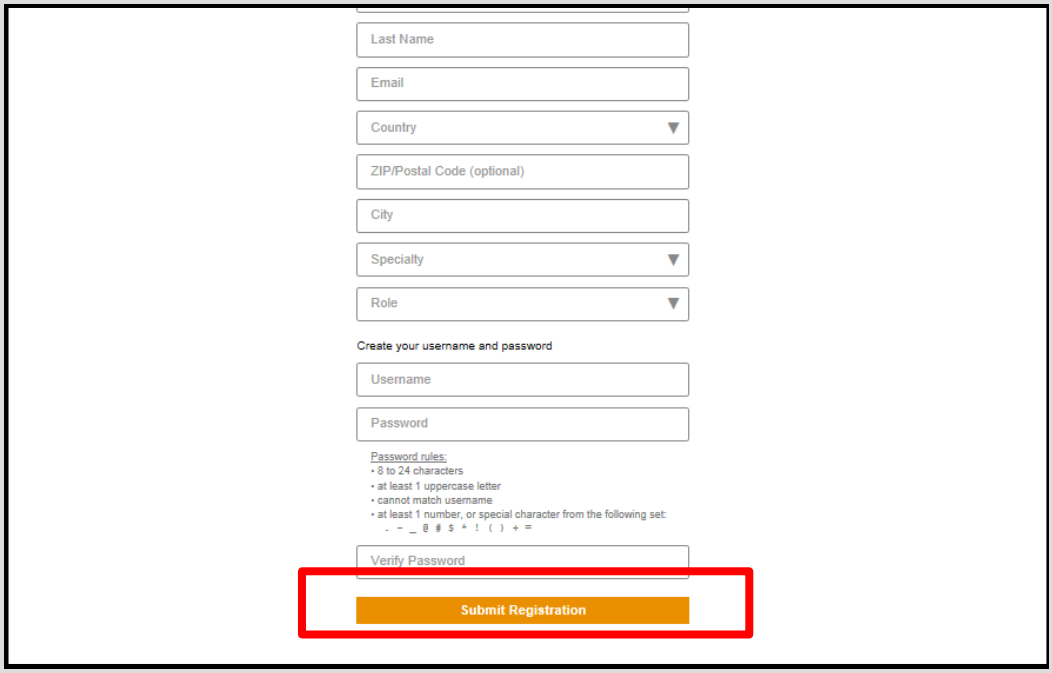
Si queremos utilizar la aplicación desde fuera de la red de SACYL con cualquier PC, Tablet o Smartphone, solo tenemos que registrarnos. Para ello accederemos a www.uptodate.com desde cualquier ordenador conectado a la red de nuestra Institución, o a través de la Biblioteca Online. (Solo el registro es obligatorio hacerlo dentro de la red)



Y rellenaremos los campos exigidos, eligiendo el usuario y la contraseña que queramos.

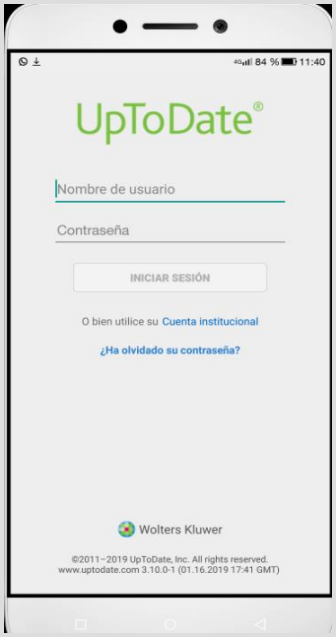


Haremos clic en “Submit Registration”:

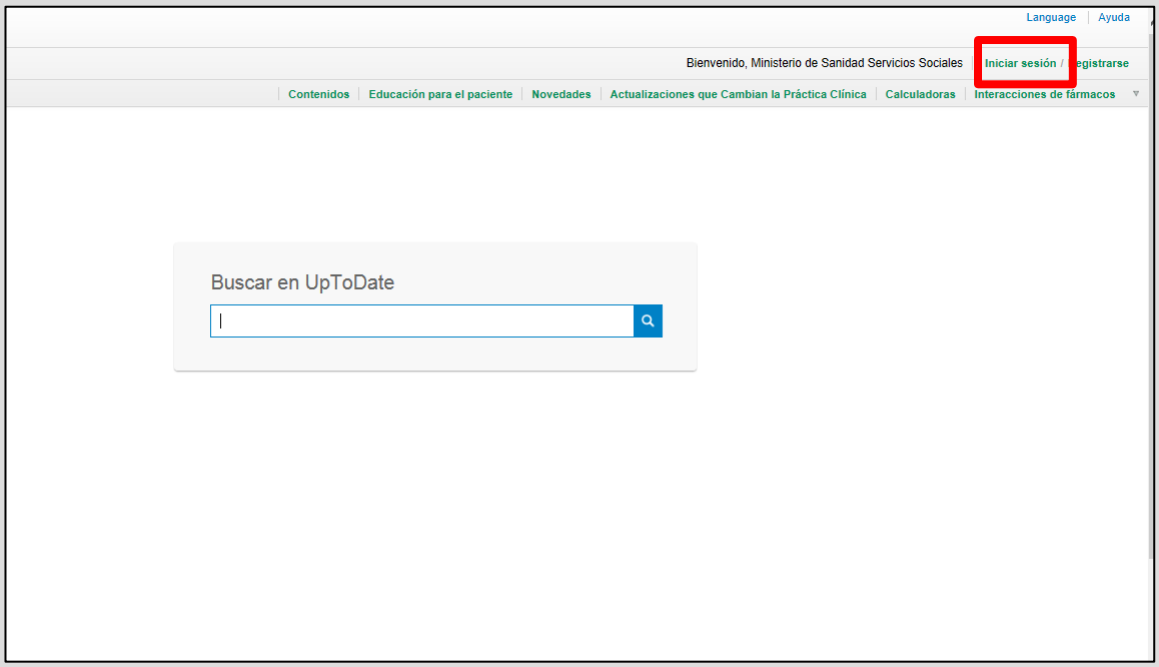


Y seguidamente recibiremos un correo de confirmación con las instrucciones para descargar la aplicación móvil.

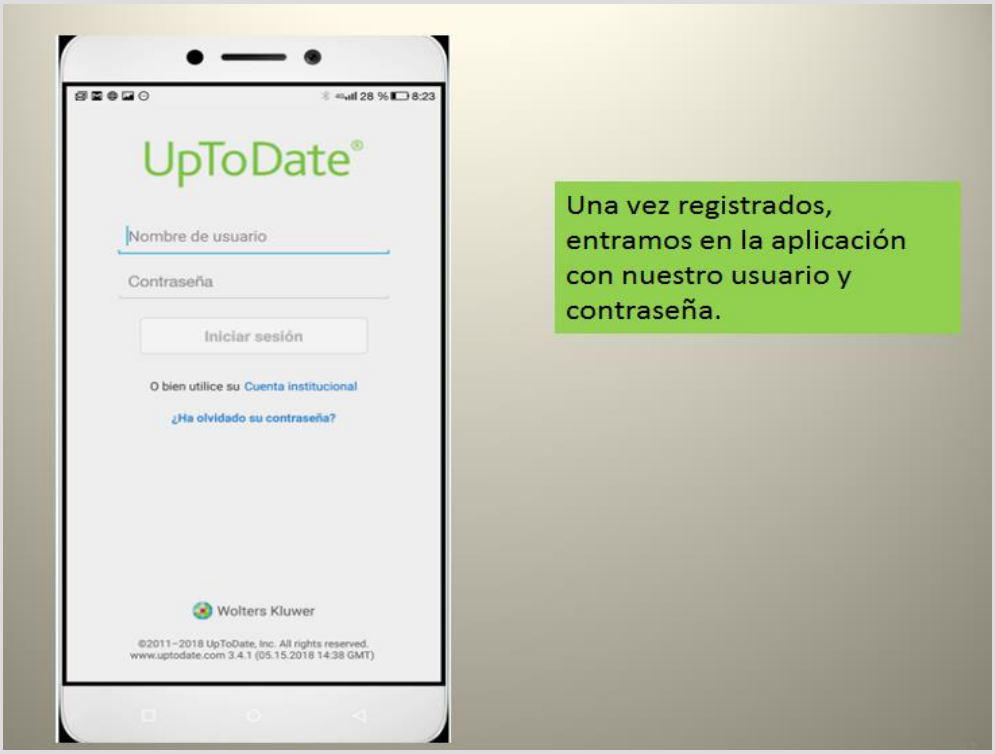
Una vez registrados podemos instalar la aplicación móvil hasta en dos dispositivos. Hay que ir a la tienda de aplicaciones y descargar la aplicación gratuita, y una vez instalada, iniciar sesión con el usuario y contraseña con los que nos hemos registrado.



También podemos acceder a UptoDate desde cualquier lugar sin descargarnos la aplicación móvil, a través de la web www.uptodate.com iniciando sesión con el usuario y contraseña referidos.



Para mantener este acceso, debemos verificar la suscripción cada 90 días, accediendo a la página www.uptodate.com con nuestro usuario y contraseña a través de la red del SACYL.


UpToDate®
Nombre de usuario
Contraseña
Iniciar sesión
O bien utilice su Cuenta institucional
¿Ha olvidado su contraseña?
Wolters Kluwer
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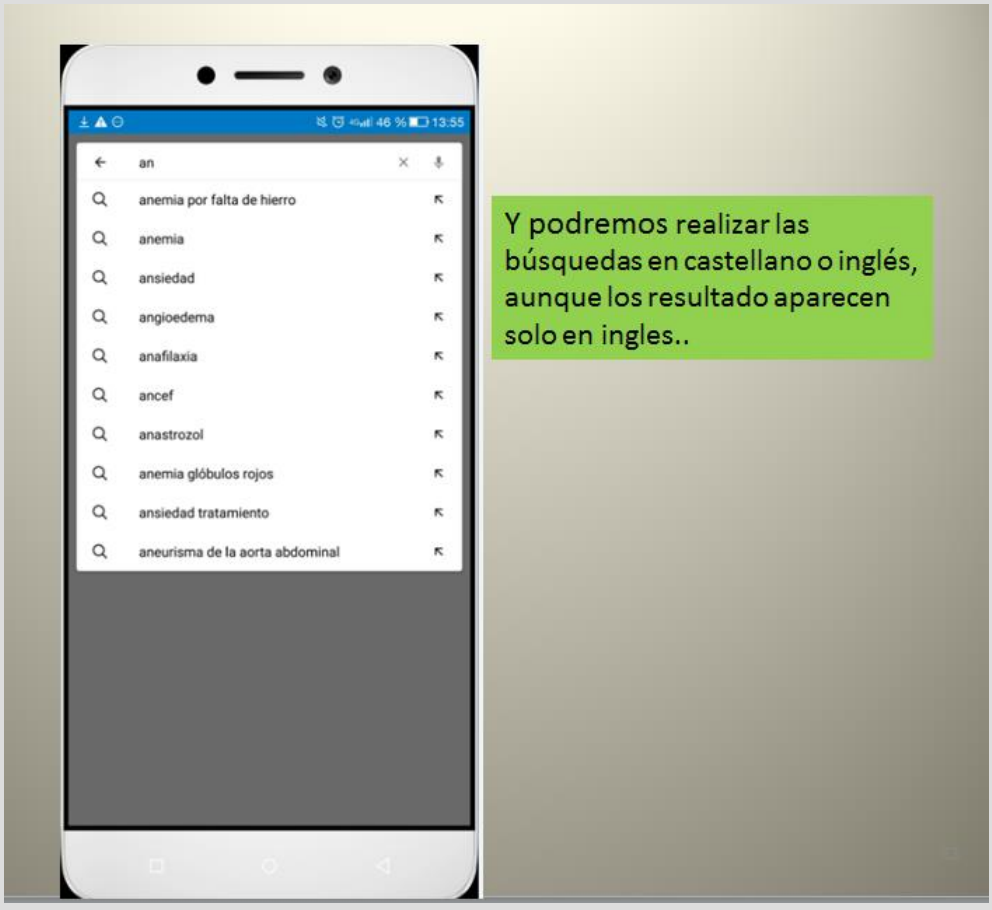
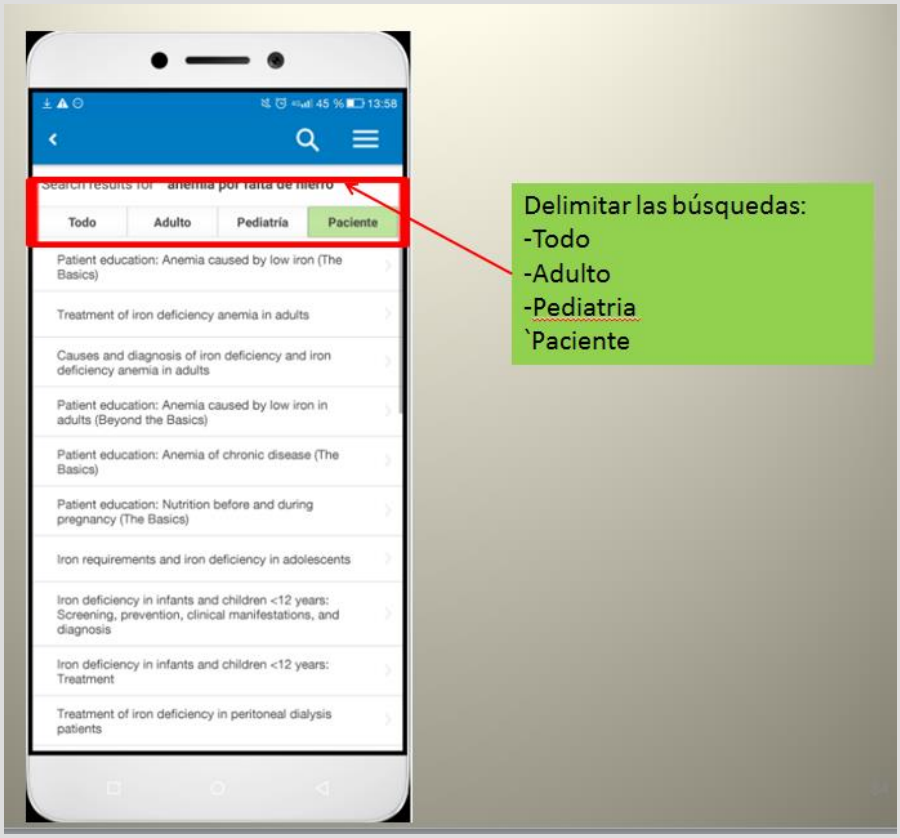
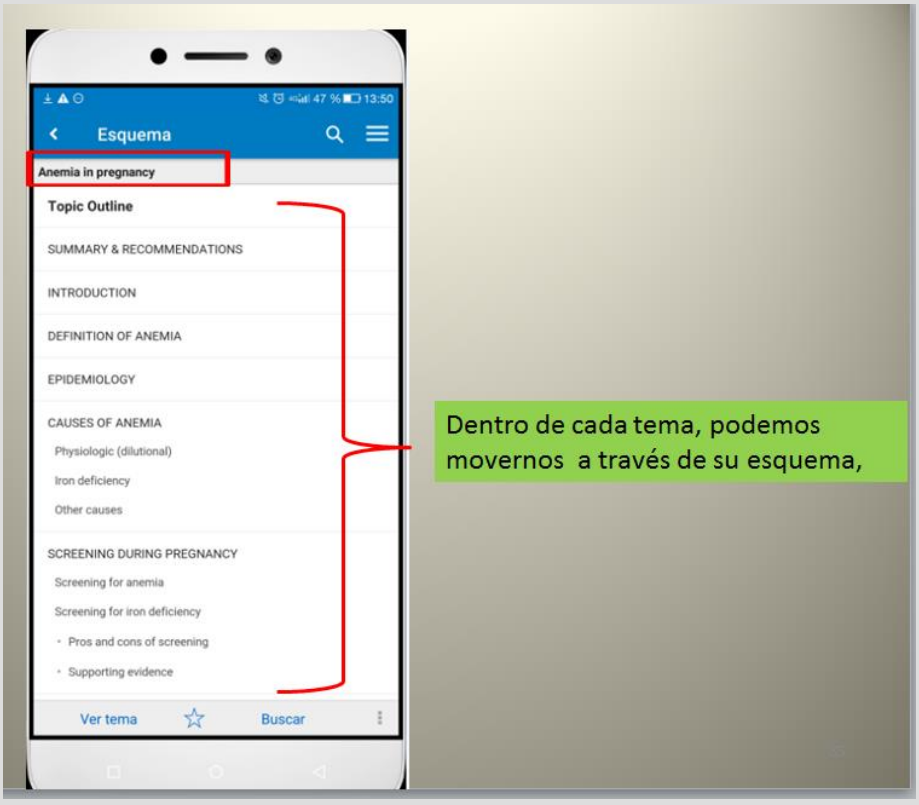
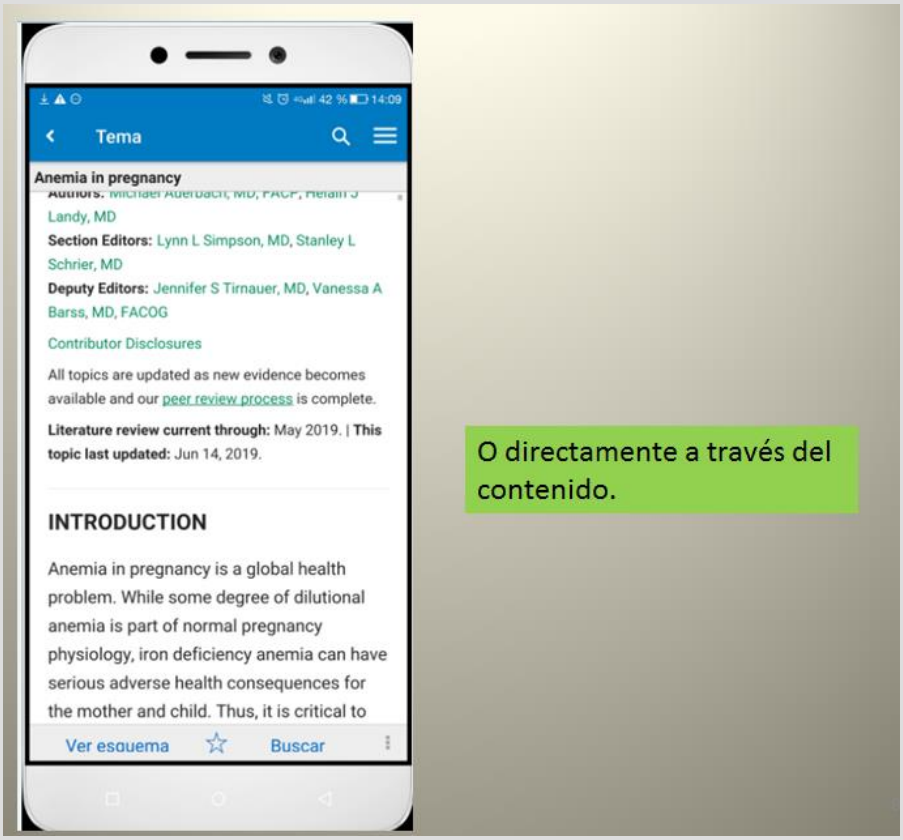
www.uptodate.com 3.4.1 (05.15.2018 14:38 GMT)
Una vez registrados, entramos en la aplicación con nuestro usuario y contraseña.


an
anemia por falta de hierro
anemia
ansiedad
angioedema
anafilaxia
ancef
anastrozol
anemia glóbulos rojos
ansiedad tratamiento
aneurisma de la aorta abdominal
Y podremos realizar las búsquedas en castellano o inglés, aunque los resultado aparecen solo en ingles..


Todo
Adulto
Pediatría
Paciente
Patient education: Anemia caused by low iron (The Basics)
Treatment of iron deficiency anemia in adults
Causes and diagnosis of iron deficiency and iron deficiency anemia in adults
Patient education: Anemia caused by low iron in adults (Beyond the Basics)
Patient education: Anemia of chronic disease (The Basics)
Patient education: Nutrition before and during pregnancy (The Basics)
Iron requirements and iron deficiency in adolescents
Iron deficiency in infants and children <12 years: Screening, prevention, clinical manifestations, and diagnosis
Iron deficiency in infants and children <12 years: Treatment
Treatment of iron deficiency in peritoneal dialysis patients
Delimitar las búsquedas:
-Todo
-Adulto
-Pediatria
`Paciente


Esquema
Anemia in pregnancy
Topic Outline
SUMMARY & RECOMMENDATIONS
INTRODUCTION
DEFINITION OF ANEMIA
EPIDEMIOLOGY
CAUSES OF ANEMIA
Physiologic (dilutional)
Iron deficiency
Other causes
SCREENING DURING PREGNANCY
Screening for anemia
Screening for iron deficiency
Pros and cons of screening
Supporting evidence
Ver tema
Buscar
Dentro de cada tema, podemos movernos a través de su esquema,


Tema
Anemia in pregnancy
Landy, MD
Section Editors: Lynn L Simpson, MD, Stanley L Schrier, MD
Deputy Editors: Jennifer S Tirnauer, MD, Vanessa A Barss, MD, FACOG
Contributor Disclosures
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Literature review current through: May 2019. | This topic last updated: Jun 14, 2019.
INTRODUCTION
Anemia in pregnancy is a global health problem. While some degree of dilutional anemia is part of normal pregnancy physiology, iron deficiency anemia can have serious adverse health consequences for the mother and child. Thus, it is critical to
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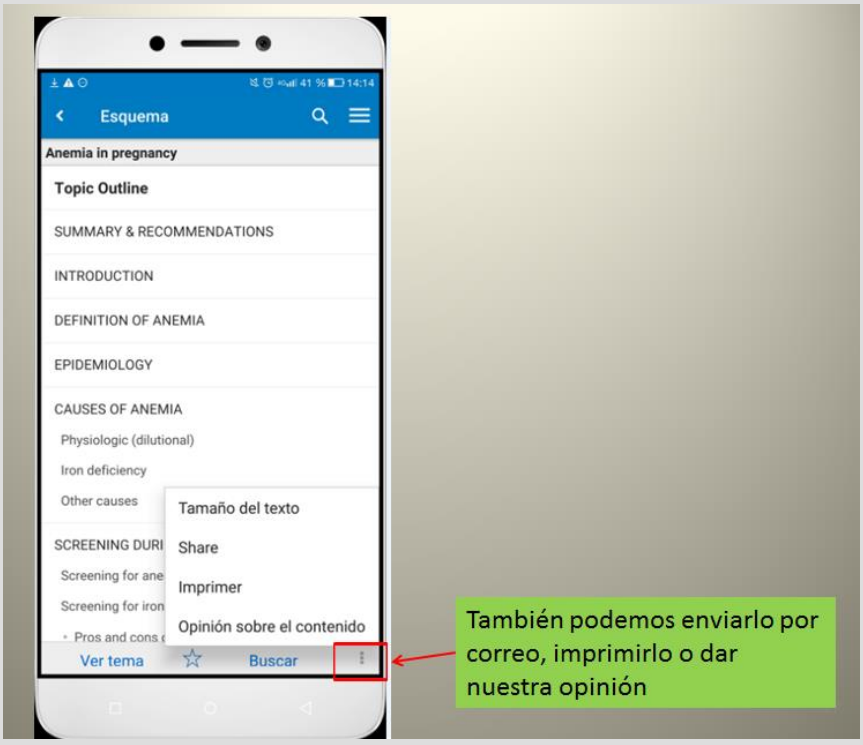
O directamente a través del contenido.


Esquema
Anemia in pregnancy
Topic Outline
SUMMARY & RECOMMENDATIONS
INTRODUCTION
DEFINITION OF ANEMIA
EPIDEMIOLOGY
CAUSES OF ANEMIA
Physiologic (dilutional)
Iron deficiency
Other causes
Tamaño del texto
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Opinión sobre el contenido
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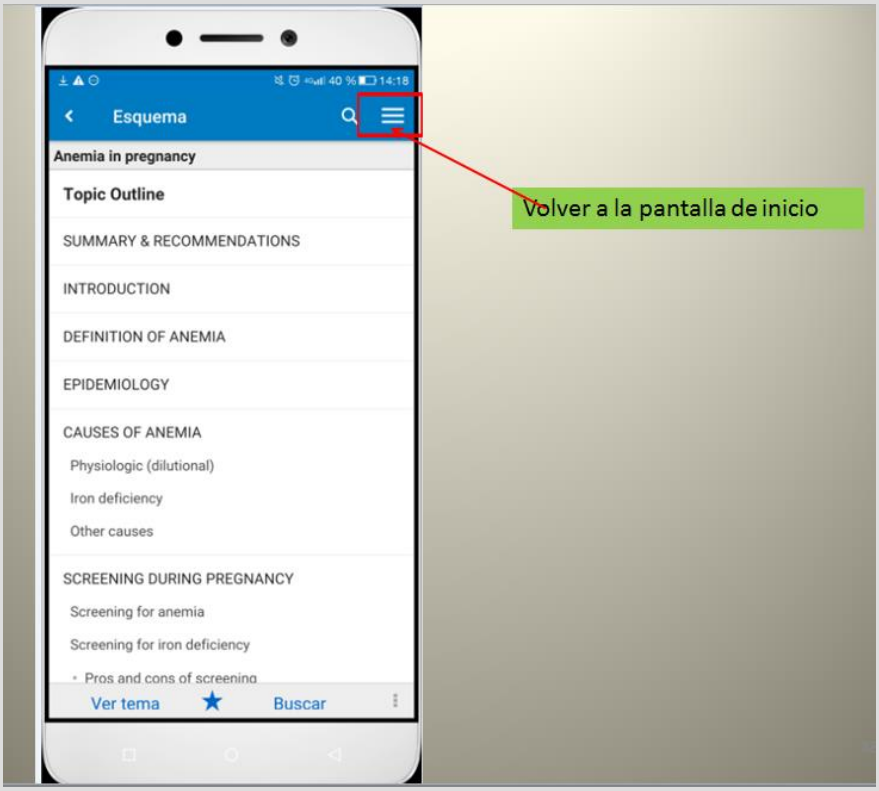
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SCREENING DURING PREGNANCY
Screening for anemia
Screening for iron deficiency
Pros and cons of screening
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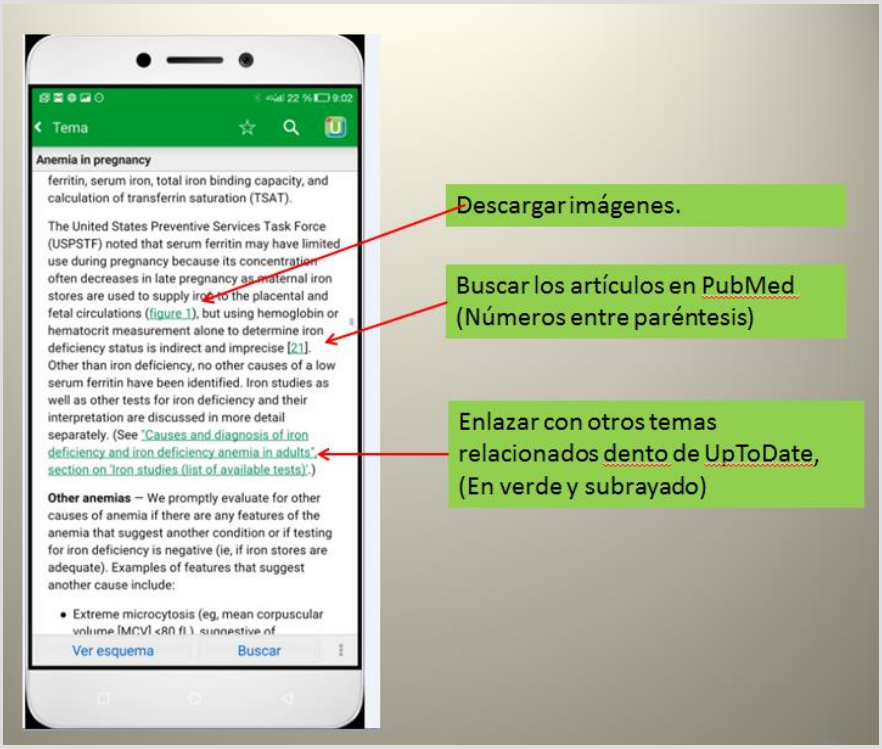
Volver a la pantalla de inicio


Tema
Anemia in pregnancy
ferritin, serum iron, total iron binding capacity, and calculation of transferrin saturation (TSAT).
The United States Preventive Services Task Force (USPSTF) noted that serum ferritin may have limited use during pregnancy because its concentration often decreases in late pregnancy as maternal iron stores are used to supply iron to the placental and fetal circulations (figure 1), but using hemoglobin or hematocrit measurement alone to determine iron deficiency status is indirect and imprecise [21]. Other than iron deficiency, no other causes of a low serum ferritin have been identified. Iron studies as well as other tests for iron deficiency and their interpretation are discussed in more detail separately. (See 'Causes and diagnosis of iron deficiency and iron deficiency anemia in adults', section on 'Iron studies (list of available tests)'.)
Other anemias – We promptly evaluate for other causes of anemia if there are any features of the anemia that suggest another condition or if testing for iron deficiency is negative (ie, if iron stores are adequate). Examples of features that suggest another cause include:
Extreme microcytosis (eg, mean corpuscular
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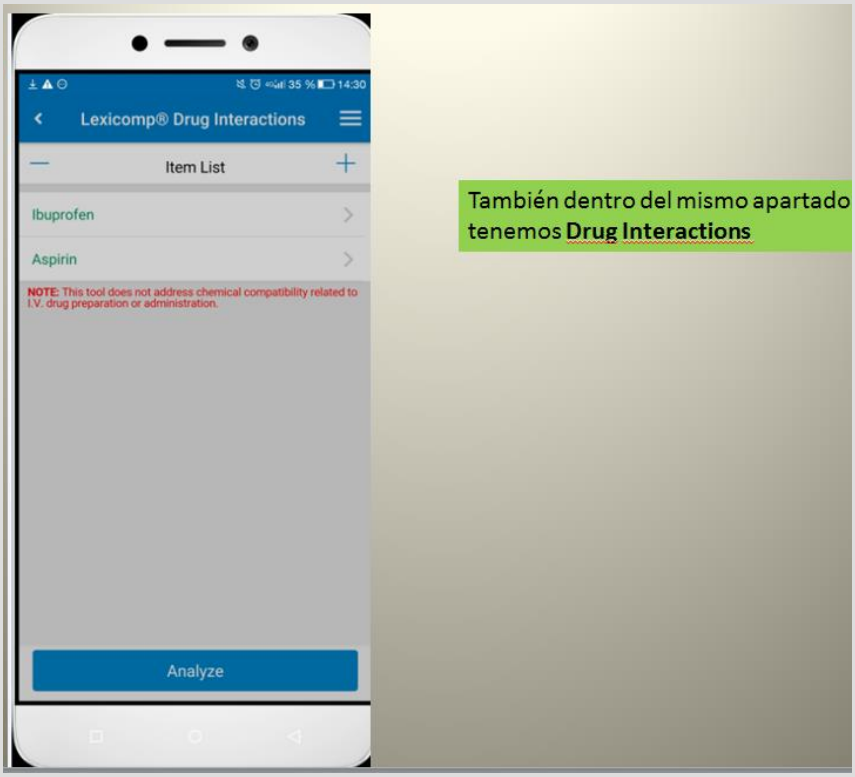
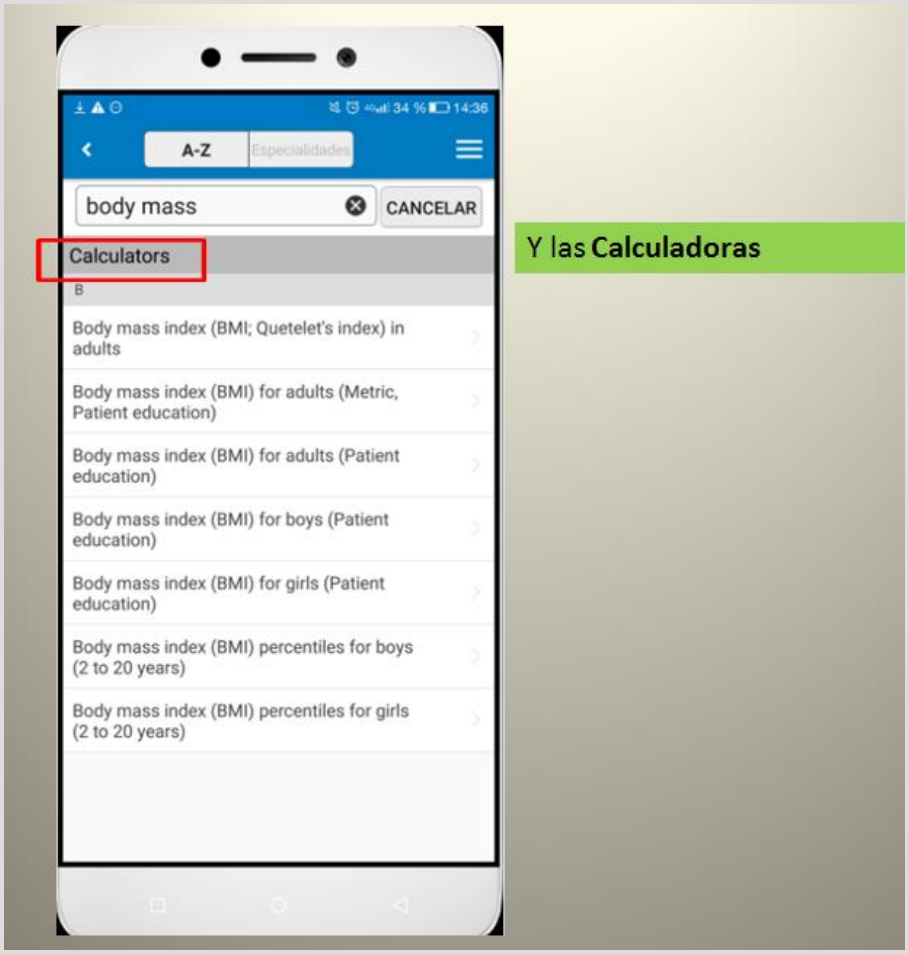
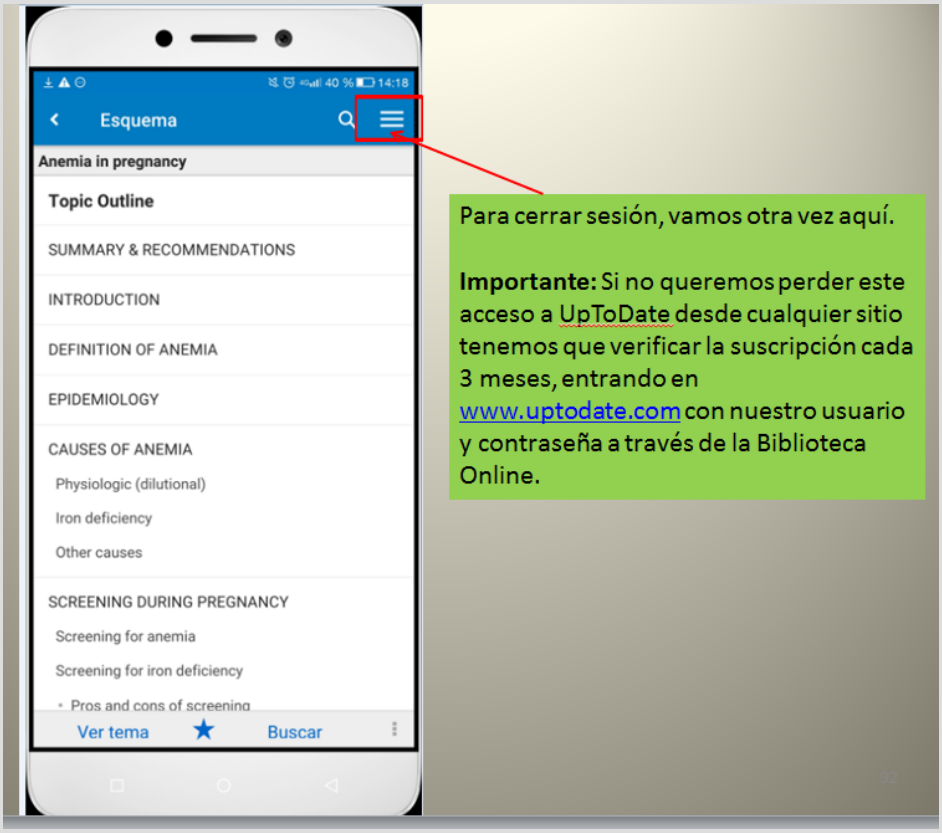
Descargar imágenes.
Buscar los artículos en PubMed (Números entre paréntesis)
Enlazar con otros temas relacionados dento de UpToDate, (En verde y subrayado)


Lexicomp® Drug Interactions
Item List
Ibuprofen
Aspirin
NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.
Analyze
También dentro del mismo apartado tenemos Drug Interactions


A-Z
Especialidades
body mass
CANCELAR
Calculators
B
Body mass index (BMI; Quetelet's index) in adults
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)
Body mass index (BMI) percentiles for girls (2 to 20 years)
Y las Calculadoras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