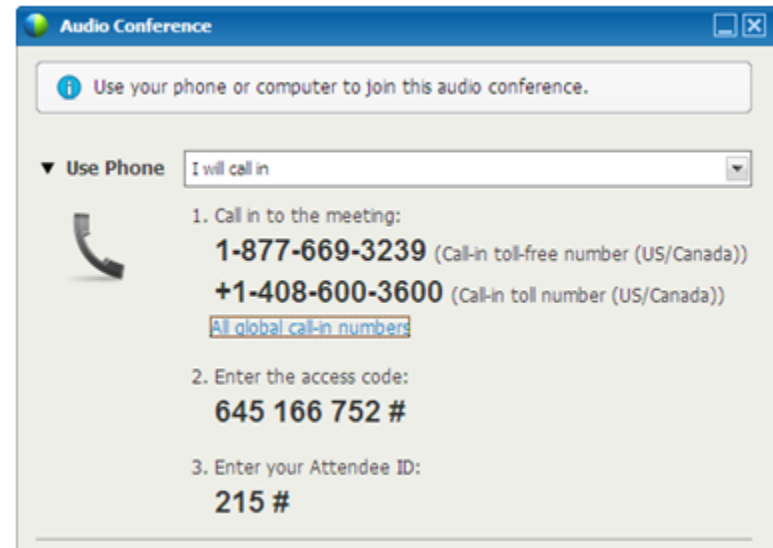
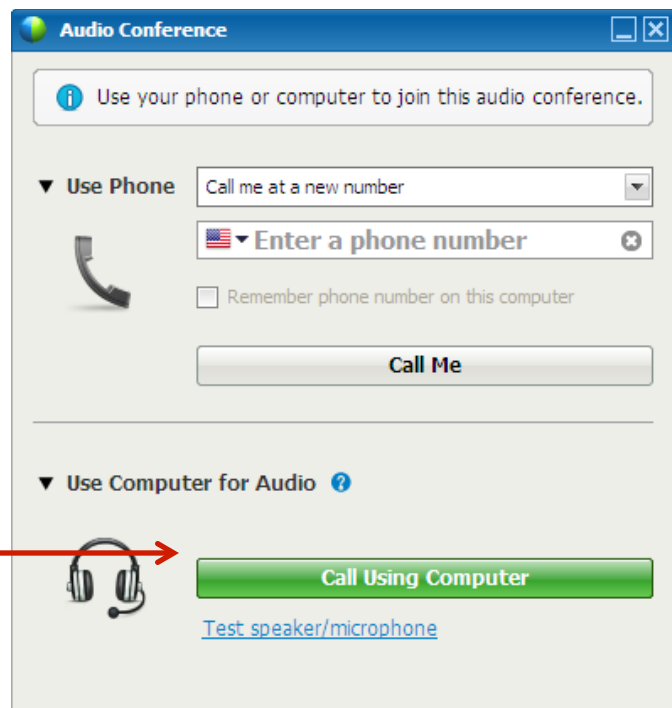


# Conexión vía telefónica o por medio del computador

Nota: Si la ventana de audio no se despliega de click en Audio en la barra de Menu

Si utiliza un teléfono, WebEx puede llamarle. Asegurese de ingresar su código de país/región)

O seleccione “I will call in” y siga las instrucciones de la pantalla. De click “All global call-in numbers” si se encuentra fuera de U.S. Utilice el código de acceso y el código de participación.



Click “Call Using Computer” si prefiere la conexión por medio de altavoces o por medio de equipo auricular

A decorative graphic in the top-left corner consisting of a cluster of white hexagons of varying sizes, some overlapping, set against a light blue gradient background.

# Dynamed en la rutina de salud

**EBSCO**

# ¡Bienvenido!



- Cristina García Peña
- Training Specialist EBSCO
- [cgarcia@ebSCO.com](mailto:cgarcia@ebSCO.com)
  
- Soporte
- [support@ebSCO.com](mailto:support@ebSCO.com)
  
- EBSCO: fundada en 1944, líder mundial de información de calidad, su nombre es proveniente del acrónimo: **Elton Bryson Stephens COmpany**

# Agenda

- Generalidades de Dynamed
- Vigilancia Sistemática de Literatura
- Estructura del Contenido
- Repaso de la interfaz
- Búsquedas
- Alertas
- Calculadoras médicas
- Acceso móvil
- Sitios de soporte

# Qué es Dynamed?

- Herramienta de Referencia Clínica diseñada por médicos para ser utilizada por médicos y otros profesionales de la salud en el punto de atención.
- Contiene resúmenes clínicamente organizados de más de 3.200 temas
- Requerimientos mínimos del buscador : mantenerlo actualizado con la ultima version disponible ya sea para Internet Explorer, Firefox, Safari o Chrome.

## Vigilancia Sistemática de Literatura

- La vigilancia de más de 500 revistas, directa e indirectamente a través de servicios de revisión de publicaciones.
- Cada artículo es evaluado por su relevancia clínica y cada artículo en cuestión es evaluado para su validez en relación con el contenido existente en *DynaMed*.
- Los artículos más válidos se resumen, los resúmenes están integrados con el contenido *DynaMed*.
- *Dynamed* usa Cochrane Database of Systematic Reviews entre muchas otras fuentes de evidencia.
- *Dynamed* es la única referencia basada en la evidencia que ha mostrado responder a más preguntas clínicas en atención primaria

## Definiendo el término Basado en Evidencia

**El proceso editorial de *DynaMed* aplica en forma rigida los siguientes protocolos para asegurarse que las conclusiones son realmente basadas en evidencia:**

1. Identificación sistemática de toda la evidencia aplicable.
2. Selección sistemática de la mejor evidencia disponible.
3. Evaluación sistemática de la evidencia seleccionada.
4. Informe objetivo y preciso de los hallazgos de evidencia y su calidad.
5. Síntesis de múltiples reportes de evidencias.
6. Fundamentar las conclusiones y recomendaciones de la Evidencia
7. Cambio de las conclusiones cuando una nueva evidencia altera la mejor evidencia disponible.

## Contenido en Dynamed: Resúmenes clínicamente organizados de más de 3.200 Temas

- Enfermedades comunes y no comunes y síntomas condiciones (e.g., *Abdominal aneurysm (AAA)*)
- Los síntomas (e.g., *Chest pain, Foot pain – differential diagnosis*)
- Los medicamentos (e.g., *Tiotropium*)
- Otros temas clínicamente importantes ((e.g., *Breastfeeding, Cardiac stress testing*)
- Intereses específicos (e.g., *West Nile virus encephalitis, Acute radiation syndrome*)
- Nuevo ámbito de la información basada en el desarrollo de la investigación (e.g., *Metabolic syndrome, D-dimer testing for venous thromboembolism*)
- Guías (e.g., *American Cancer Society (ACS) guidelines for cervical cancer screening*)



## Organizador del Contenido

- La información esta organizada para ser encontrada facilmente en el formato clínico práctico
  - Description (including ICD-9/ICD-10 codes)
  - Causes & Risk Factors
  - Complications & Associated Conditions
  - History
  - Physical
  - Diagnosis
  - Prognosis
  - Treatment
  - Prevention & Screening
  - References (including reviews & guidelines)
  - Patient Information

## Niveles de Evidencia

**Nivel A** - Datos derivados de múltiples ensayos clínicos aleatorizados o metaanálisis

**Nivel B** - Datos derivados del único ensayo aleatorizado o de estudios no aleatorizados

**Nivel C** - Sólo opiniones de consenso de expertos, estudios de casos, o estándar de cuidado

## Niveles de Recomendación

- Los editores de DynaMed utilizan métodos de clasificación para las pruebas y recomendaciones, y estas clasificaciones son reconocidos y solicitados por los usuarios de las guías.
- También utilizan niveles de recomendación para las pruebas que no tienen un sistema de clasificación específico :
  - **Grado de recomendación A** (consistente evidencia de alta calidad)
  - **Grado de recomendación B** (evidencia inconsistente o limitada)
  - **Grado de recomendación C** (que carecen de evidencia directa)
- Este sistema de etiquetado es formalmente llamado Strength Of Recommendation Taxonomy (SORT) y se describe en detalle, junto con los algoritmos utilizados para su aplicación, en Am Fam Physician 2004 Feb 1;69(3):548-56.

## Quién usa Dynamed?

- Hospitales
- Escuelas de Medicina
- Sistema Nacionales de Salud
- Asociaciones Médicas
- Programas de residencias
- Médicos particulares



**Exempla Saint Joseph Hospital  
in Denver**

# Repaso de la interfaz

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## Spotlight

- [Perioperative cardiac management for noncardiac surgery](#) updated from POISE-2 trial (N Engl J Med 2014 Apr 17)
- [Aortic stenosis](#) updated with AHA/ACC guideline (Circulation 2014 Mar 3 early online)
- [Hypertension](#) and 12 related topics updated with JNC8 guideline (JAMA 2013 Dec 18 early online) and CHEP guideline (CHEP 2014)
- DynaMed EBM Focus: [Physical Therapy With Unsupervised Home Exercise Does Not Reduce Pain or Improve Function in Patients With Moderate-to-Severe Hip Osteoarthritis Pain](#)
- DynaMed Resident Focus: [Addition of Renal Artery Stenting May Not Improve Cardiovascular and Renal Outcomes Compared to Medical Therapy Alone in Patients with Severe Atherosclerotic Renal Artery Stenosis](#)
- DynaMed provides patient risk-specific estimation of benefit from statins
- DynaMed shown to be THE MOST CURRENT point-of-care reference (BMJ 2011 Sep 23)
- Recent changes to Skyscape DynaMed mobile app

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Para capacitaciones: [cgarcia@ebSCO.com](mailto:cgarcia@ebSCO.com)

Para apoyo técnico: [support@ebSCO.com](mailto:support@ebSCO.com)

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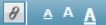


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## Hypertensive disorders of pregnancy

- labor induction may reduce severe hypertension in women with gestational hypertension or mild preeclampsia, and might reduce intensive maternal hospital care (**level 2 [mid-level] evidence**)
  - based on quasi-randomized trial without blinding
  - 756 patients with singleton pregnancy at 36-41 weeks gestation with gestational hypertension or mild preeclampsia were randomized to induction of labor vs. expectant monitoring
  - 397 patients refused randomization but allowed use of medical records
  - comparing induction of labor vs. expectant monitoring in randomized women
    - severe hypertension (systolic blood pressure) in 15% vs. 23% ( $p = 0.003$ , NNT 13)
    - severe hypertension (diastolic blood pressure) in 16% vs. 27% ( $p < 0.0001$ , NNT 10)
    - HELLP syndrome in 1% vs. 3% ( $p = 0.07$ )
    - intensive maternal hospital care in 2% vs. 4% ( $p = 0.059$ )
  - no significant difference or insufficient cases to make comparison in
    - maternal death (0 vs. 0 cases)
    - severe proteinuria
    - eclampsia (0 vs. 0 cases)
    - lung edema
    - postpartum hemorrhage
    - thromboembolic disease
    - placental abruption (0 vs. 0 cases)
    - neonatal death (0 vs. 0 cases)
    - composite neonatal morbidity
  - Reference - HYPITAT trial (*Lancet* 2009 Sep 19;374(9694):979), editorial can be found in *Lancet* 2009 Sep 19;374(9694):951, commentary can be found in *Lancet* 2010 Jan 9;375(9709):119
- labor induction associated with decrease in high-risk maternal complications compared to expectant monitoring in women with longer cervix
  - based on post hoc analysis of HYPITAT trial with all women evaluated for cervix length (median length 30 mm, range 0-64 mm)
  - compared to expectant monitoring, labor induction associated with decrease in high-risk maternal complications with increasing cervix length ( $p = 0.03$ )
  - for expectant monitoring, 1 cm increase in cervical length associated with 32% increase in high-risk maternal complications
  - for labor induction, 1 cm increase in cervical length associated with 3% decrease in high-risk maternal complications
  - no significant differences in cesarean delivery or neonatal outcomes with increasing cervix length
  - Reference - *BJOG* 2012 Aug;119(9):1123 [EBSCOhost Full Text](#) full-text
- induction of labor reported to be more cost-effective than expectant management based on HYPITAT trial (*BJOG* 2010 Dec;117(13):1577), editorial can be found in *BJOG* 2010 Dec;117(13):1575
- planned cesarean delivery may not reduce maternal and perinatal mortality and complications compared to planned vaginal delivery in women with eclampsia (**level 2 [mid-level] evidence**)
  - based on randomized trial with inadequate statistical power
  - 200 women with singleton pregnancy, gestational age  $> 34$  weeks and antenatal or intrapartum eclampsia randomized to cesarean delivery vs. vaginal delivery



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Practice Changing Updates only

Topic	Update Reason	Date
<a href="#">Cleft lip and palate</a>	bilateral suprazygomatic maxillary nerve block with ropivacaine may reduce postoperative pain in children < 5 years old having cleft palate repair (Anesthesiology 2014 Feb 12 early online)	06/09/2014 12:49:00 PM
<a href="#">Urinary incontinence in men</a>	imidafenacin and propiverine associated with similar reductions in frequency of urgency urinary incontinence episodes, but imidafenacin appears to reduce severity of urgency compared to propiverine in patients with overactive bladder (Int J Clin Pract 2014 Feb)	06/09/2014 11:11:00 AM
<a href="#">Urinary incontinence in women</a>	imidafenacin and propiverine associated with similar reductions in frequency of urgency urinary incontinence episodes, but imidafenacin appears to reduce severity of urgency compared to propiverine in patients with overactive bladder (Int J Clin Pract 2014 Feb)	06/09/2014 11:11:00 AM
<a href="#">Complicated pregnancy</a>	review of skin disease in pregnancy (BMJ 2014 Jun 3)	06/09/2014 10:41:00 AM
<a href="#">Medication and drug exposure in pregnancy</a>	vitamin C supplementation in pregnant women who smoke associated with reduced risk of wheezing in infants (JAMA 2014 May 28)	06/09/2014 10:32:00 AM
<a href="#">Nutrition in pregnancy</a>	vitamin C supplementation in pregnant women who smoke associated with reduced risk of wheezing in infants (JAMA 2014 May 28)	06/09/2014 10:32:00 AM
<a href="#">Medication and drug exposure in pregnancy</a>	indomethacin, but not other nonaspirin NSAIDs, associated with increased risk of spontaneous abortion (CMAJ 2014 Mar 18)	06/09/2014 09:48:00 AM
<a href="#">NSAIDs for rheumatoid arthritis</a>	indomethacin, but not other nonaspirin NSAIDs, associated with increased risk of spontaneous abortion (CMAJ 2014 Mar 18)	06/09/2014 09:48:00 AM
<a href="#">Risk factors for first and second trimester pregnancy loss</a>	indomethacin, but not other nonaspirin NSAIDs, associated with increased risk of spontaneous abortion (CMAJ 2014 Mar 18)	06/09/2014 09:48:00 AM

Tools



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Body Mass Index (Quetelet's index)

BMI = (Weight/2.205) / (Height/39.37)<sup>2</sup>

Input

Height  in

Weight  lb

Result

BMI  kg/m<sup>2</sup>

Decimal Precision: 2

Body Mass Index Interpretation

BMI < 18.5: Below normal weight
BMI >= 18.5 and < 25: Normal weight
BMI >= 25 and < 30: Overweight
BMI >= 30 and < 35: Class I Obesity
BMI >= 35 and < 40: Class II Obesity
BMI >= 40: Class III Obesity

Notes

- The default unit of measure for weight is pounds. Please verify that the correct unit of measure has been selected.

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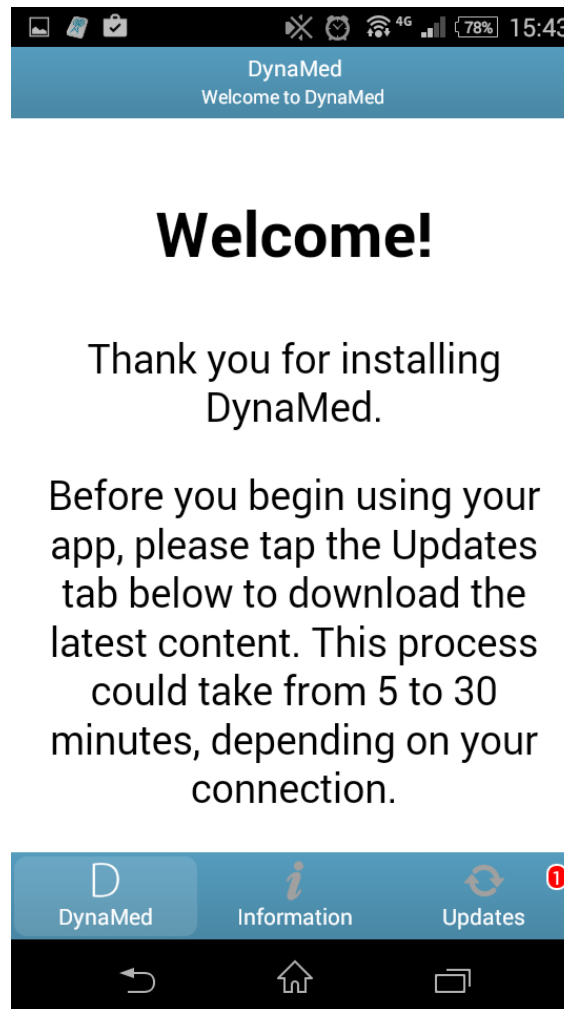
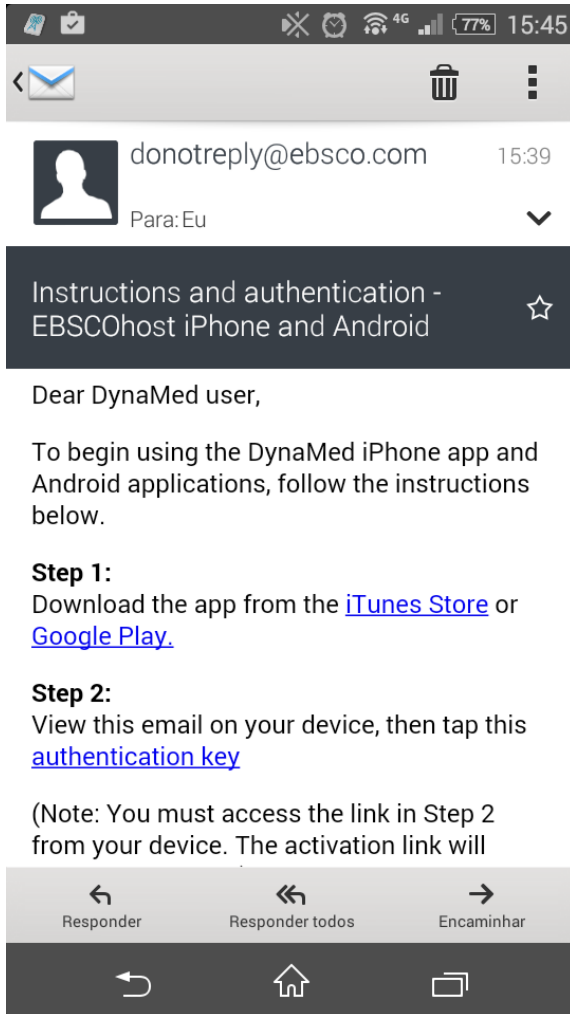
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*A Section of the DynaMed EBM Journal*



## What is DynaMed?

[DynaMed](#) is a clinical reference tool created by physicians for physicians and other health care professionals for use primarily at the point-of-care. With clinically-organized summaries for more than 3,200 topics, DynaMed is the only evidence-based reference shown to answer most clinical questions during practice.

## What is the DynaMed EBM Journal?

The DynaMed EBM Journal is an outlet for the DynaMed community to share clinical evidence and insights. Sections of the DynaMed EBM Journal include:

- [DynaMed EBM Focus](#) - A weekly report focused on DynaMed articles that are categorized as most likely to change clinical practice. The articles are selected by the DynaMed Editorial Team.
- [DynaMed Resident Focus](#) - A periodic report authored by residents in the DynaMed community focused on sharing information and EBM best practices.

For the full DynaMed EBM Journal archive, click [here](#). To view the DynaMed Resident Focus section archive, click [here](#).

## Free CME for Reading DynaMed EBM Focus

Through a partnership with Antidote Education Company, an ACCME accredited provider, physicians who complete the post-test associated with the DynaMed EBM Focus will receive CME credit. For more information on this educational activity, see the CME sidebar in e-newsletter issues (beginning with Volume 5 Issue 8).


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Para capacitaciones: [cgarcia@ebSCO.com](mailto:cgarcia@ebSCO.com)

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