

**Clin-eguide™**  
*The single source for clinical decision support.*

**Release Notes**  
version 3.1.0



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## Clin-eguide Release Overview

Clin-eguide is an online clinical decision support tool that provides the most accurate evidence-based information for health care providers in the clinical setting. In this powerful clinical tool, we have blended the effectiveness of a vast amount of relevant, fully integrated, evidence-based information resources – from diagnostic and treatment guidelines to drug descriptions to natural product reviews. Content has been chosen by and for health care practitioners. With several search options available, Clin-eguide has an interface through which any of your site's health care professionals can quickly and easily gain the results they need.

These new features are available in this release:

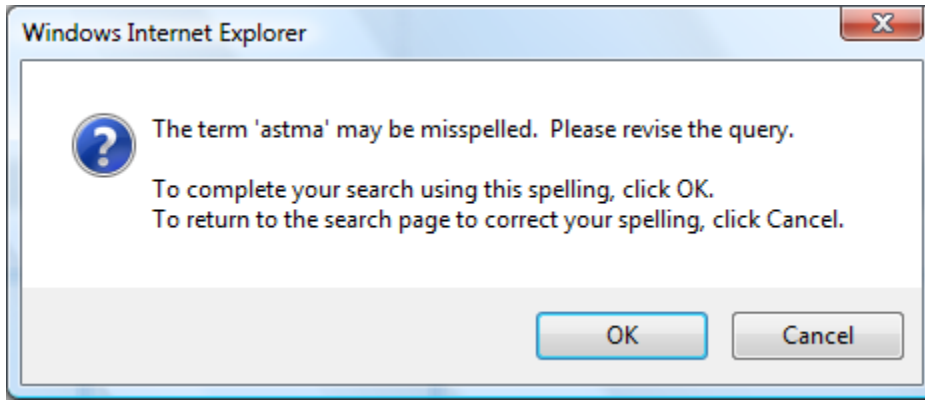
*New!*     [Spelling Suggestions](#)

*New!*     [Allow Users to Choose Quick Search or Thorough Search](#)

## New! Spelling Suggestions

If a user enters a misspelled term in a search box, Clin-eguide searches for what the user entered, but offers a suggested corrected spelling using the phrase “Did you mean <term>?” where <term> is the suggested corrected spelling.

Users will no longer see this type of dialog box:



Instead they will see suggested corrected spelling in the following formats:

Selected Resources  Search  Include Related Terms

Clinical Search Results **Did you mean asthma**

Clin-eguide EBM Guidelines [ 0 results; click [here](#) for a broader search of the EBM Guidelines]

Clin-eguide Evidence-Based Guidelines  Search  Include Related Terms

Clin-eguide Evidence-Based Guidelines No results found. **Did you mean asthma**

EBMR Articles  Search  Include Related Terms

EBMR Articles **Did you mean asthma**

### Refine Results

Limit to:  Sort by:  Sort

Viewing 1-14 of 14 Results

Users can click on the suggested spelling and go to the results for that term.

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## New! Allow Users to Choose Quick Search or Thorough Search

Users can now choose whether or not to include related terms (synonyms) in a search. Inclusion of related terms results in a more thorough search, while exclusion results in a faster search.

The option to include or exclude related terms will appear as either two radio buttons or a checkbox:

**Clin-eguide™** [Clinical Search](#) | [Evidence-based Guidelines](#) | [Drug Information](#) | [Nursing Advisor](#) | [P](#)

Selected Resources    *Include Related Terms*

### Clinical Search Results

**Clin-eguide™** [Clinical Search](#) | [Evidence-based Guidelines](#)

*Include Related Terms*  Yes  No

**Clin-eguide™** [Clinical Search](#) | [Evidence-based Guidelines](#) | [Drug Information](#) | [Nursing Advisor](#) | [Patient Handouts](#)

Nursing Advisor     *Include Related Terms*

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## Clin-eguide Guideline Updates

These Clin-eguide Evidence-based Medicine guidelines have been updated for this release.

### Asymptomatic bacteriuria

The Infectious Disease Society of America recommends a 3-7 day course of antimicrobial therapy in pregnant women presenting with asymptomatic bacteriuria. This is supported by a 2000 Cochrane meta-analysis that found insufficient evidence to evaluate if single dose antimicrobial therapy is equivalent to longer-duration therapy to treat asymptomatic bacteriuria in pregnancy.

However, a 2009 RCT conducted by the World Health Organization demonstrated that a 7-day course of nitrofurantoin was more effective in achieving bacteriologic cure compared with 1-day nitrofurantoin therapy. In addition, infants born to the mothers in the 7-day treatment group had a higher mean birth weight and mean gestational age at delivery.

Reference: Lumbiganon P, Villar J, Laopaiboon M, et al. One-day compared with 7-day nitrofurantoin for asymptomatic bacteriuria in pregnancy: a randomized controlled trial. *Obstetrics & Gynecology* 2009;113 (2 Pt 1):339-45.

### Breast cancer

New and controversial breast cancer screening recommendations from the US Preventative Services Task Force recommend against routine mammographic screening for normal risk women ages 40-49, only biennial screening ages 50-74, and provide no recommendation thereafter.

Reference: U.S. Preventative Services Task Force. Screening for Breast Cancer: US Preventative Services Task Force Recommendation Statement. *Annals of Internal Medicine* 2009; 151:716-26  
<http://gateway.ovid.com/ovidweb.cgi?T=JS&ID=cline&PASSWORD=answers&PAGE=fulltext&D=prnz&AN=19920273&logout=Y>

### Cor pulmonale

Though insufficiently powered to show a difference in the primary outcome measure of 6-minute walking distance (6MWD) at 12 weeks, a recent single-center, randomized, double-blind, pilot study, of sildenafil in patients with inoperable chronic thromboembolic pulmonary hypertension showed sustained improvements in quality-of-life activity and symptom scores, cardiac index, 6MWD, and NTproBNP levels at 12 months. These results suggest a possible treatment option for those in whom surgery is not an option and that a larger study to confirm the results is warranted.

Reference: Suntharalingam J, Treacy CM, Doughty NJ, et al. Long-term use of sildenafil in inoperable chronic thromboembolic pulmonary hypertension. *Chest* 2008; 134(2): 229-36

### Critical limb ischemia

A meta-analysis by Kasapis et al found no significant difference in the rate of target vessel revascularization required to maintain patency following primary PTA with provisional stenting versus routine primary stenting in symptomatic patients with intermittent claudication or critical limb ischemia, and short superficial femoral popliteal lesions.

References: Kasapis C, Henke PK, Chetcuti SJ, et al. Routine stent implantation vs. percutaneous transluminal angioplasty in femoropopliteal artery disease: a meta-analysis of randomized controlled trials. *European Heart Journal* 2009; 30(1):44-55

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## Dementia, approach

A meta-analysis of 13 studies (n=9043) suggests nonpharmacologic support programs for caregivers and patients with dementia decrease the odds of institutionalization and increase the time to institutionalization.

Reference: Spijker A, Vernooij-Dassen M, Vasse E, et al. Effectiveness of nonpharmacological interventions in delaying the institutionalization of patients with dementia: a meta-analysis. *Journal of the American Geriatrics Society* 2008; 56(6): 1116-28

## Diabetic ketoacidosis

Insulin therapy is the mainstay of diabetic ketoacidosis treatment after IV fluid replacement. Significant hypokalemia (plasma potassium <3.3 mmol/L) may force a delay in the initiation of insulin. A continuous IV infusion of low-dose regular insulin is the preferred method of administration for the initial treatment of severe DKA in adults and children (no bolus recommended in children). Once started, the infusion should not be stopped until acidosis has resolved. Until then, rate of infusion may be decreased and glucose, potassium, or other electrolytes can be added as necessary.

References: Kitabchi AE, Umpierrez GE, Miles JM, Fisher JN. Hyperglycemic crises in adult patients with diabetes. *Diabetes Care* 2009;32(7):1335-43; Wolfsdorf J, Craig ME, Daneman D, et al. Diabetic ketoacidosis in children and adolescents with diabetes. *Pediatric Diabetes* 2009; 10 Suppl 12:118-33

## Intermittent claudication

A meta-analysis by Kasapis et al found no significant difference in the rate of target vessel revascularization required to maintain patency following primary PTA with provisional stenting versus routine primary stenting in symptomatic patients with intermittent claudication or critical limb ischemia, and short superficial femoral popliteal lesions.

Reference: Kasapis C, Henke PK, Chetcuti SJ, et al. Routine stent implantation vs. percutaneous transluminal angioplasty in femoropopliteal artery disease: a meta-analysis of randomized controlled trials. *European Heart Journal* 2009; 30(1):44-55

## Iron deficiency

Ferumoxytol has recently been approved for parenteral treatment of iron-deficiency anemia in chronic kidney disease. It can be administered rapidly, provides higher elemental iron doses than iron sucrose or sodium ferric gluconate, and results in significantly greater haemoglobin increases compared with oral iron.

Reference: Provenzano R, Schiller B, Rao M, et al. Ferumoxytol as an intravenous iron replacement therapy in hemodialysis patients. *Clinical Journal of The American Society of Nephrology* 2009; 4(2):386-93

## Malaria

A rapid malarial test is now available in the United States and can be used when microscopy is unavailable or delayed. This test should not replace microscopy for confirmation and identification of species.

Reference: Notice to Readers: Malaria rapid diagnostic test. *MMWR Morbidity Mortality Weekly Report* 2007; 56(27):686

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## Peripheral artery disease

The US Preventive Services Task Force (USPSTF) recommends encouraging the use of aspirin for primary prevention of MI in men aged 45 to 79 years, and ischemic stroke in women aged 55 to 79 years if benefits outweigh risks for bleeding complications.

The FDA has issued a Public Health Advisory on the use of clopidogrel and starting or continuing concomitant treatment with proton pump inhibitors (PPI, including Prilosec OTC) in patients on clopidogrel because PPIs may make clopidogrel less effective.

References: US Preventive Services Task Force. Aspirin for the prevention of cardiovascular disease: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine* 2009;150(6):396-404; Public Health Advisory: Updated Safety Information about a drug interaction between Clopidogrel Bisulfate (marketed as Plavix) and Omeprazole (marketed as Prilosec and Prilosec OTC). US Food and Drug Administration, 2009. Available from URL: <http://www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm190825.htm> [Accessed March 5, 2010]

## Cervicalgia

The Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders recommends that patients with suspected blunt trauma to the neck should be screened according to the National Emergency X-Radiography Utilization Study (NEXUS) Low-Risk Criteria or the Canadian C-spine Rule (CCR) to separate them into low and high risk for cervical spine fracture/dislocation and then treated accordingly.

References: Guzman J, Haldeman S, Carroll LJ, et al, Bone and Joint Decade 2000-2010 Task Force. Clinical practice implications of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders: from concepts and findings to recommendations. *Spine* 2008;33(4 Suppl):S199-213

## Hypertensive crisis

An updated Cochrane review identified that there is still insufficient evidence from RCTs to determine which drug or drug class is most effective in reducing morbidity and mortality or whether they indeed do reduce mortality and morbidity in patients with hypertensive emergencies.

An observation study demonstrated that hypertensive urgencies are associated with an increased risk of subsequent cardiovascular events in patients with arterial hypertension.

Reference: Perez MI, Musini VM. Pharmacological interventions for hypertensive emergencies. *Cochrane Database of Systematic Reviews* 2008;1; Vlcek M, Bur A, Woisetschlager C, et al. Association between hypertensive urgencies and subsequent cardiovascular events in patients with hypertension. *Journal of Hypertension* 2008 ;26(4):657-62

## Tricuspid valve disease

The 8th ACCP guideline recommends addition of aspirin 50-100mg daily to long-term warfarin therapy in patients with mechanical valve replacement who have:

- Additional risk factors for thromboembolism
  - Atrial fibrillation
  - History of arteriosclerotic cardiovascular disease
  - Hypercoagulable state
  - Low ejection fraction
- Systemic thromboembolism despite a therapeutic INR.

However it recommends against the addition of aspirin to long-term warfarin therapy in patients at particularly high risk of bleeding (e.g., history of GI bleed, patients aged >80 years).

References: Salem DN, O'Gara PT, Madias C, Pauker SG. Valvular and structural heart disease: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). *Chest* 2008; 133 (6 Suppl):593S-629S

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## For More Information

For more information about Clin-eguide,  
go to [www.clineguide.com](http://www.clineguide.com) or call 1-800-388-8884, option 2.