

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

**Release Notes**  
version 2.4.0



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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!*     [News Box on Main Search Page](#)

*New!*     [XML Search Results](#)

## New! News Box on Main Search Page

A news box (entitled Latest News) has been added to the top right area of the main search page. It displays links to the latest industry news.

Welcome: sktrato2 | CME Login | MyPDA | Your Journals@Ovid | OvidSP | Help | Contact Us | Logoff

**Clin-eguide** Clinical Search | Evidence-based Guidelines | Drug Information | Nursing Advisor | Patient Handouts

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**Select Resources:** [Select All](#) | [Deselect All](#)

- [Clin-eguide Evidence-Based Guidelines](#)
- 5-Minute Clinical Suite
- Books@Ovid
- EBMR Articles
- Facts & Comparisons Drug Information
- VisualDx
- MEDLINE 1988-present
- National Guidelines
- Web Content

**Tools**

**DDX** | ICD9-CM | Calculators

DDx - Enter Signs & Symptoms separated by commas (searches 5-Minute Clinical Suite):

[Or View Signs & Symptoms Algorithms](#)

**Interactions**

Drug Interaction Checker - Enter drugs, foods and herbals separated by commas:


[Advanced Interaction Checker](#)  
[Drug Identifier](#)  
[Check IV Compatibility](#)

**Latest News**

- FDA Alert September 2009 - September 2009 Patient Safety News
- ProVation Evidence August 30, 2009 - Tecagrelor Superior to Clopidogrel in Patients with ACS
- Updated Guideline August 17, 2009 - Primary Care Guidelines for Care of Patients with HIV
- ProVation Evidence August 7, 2009 - CDC Advisory Committee Updates Polio Vaccination Recommendations
- FDA Alert August 2009 - August 2009 Patient Safety News

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## *New!* XML Search Results

Customers who use federated search software will now have the option to receive XML search results, including the top 3 relevance-ranked results for the Clin-eguide Evidence-Based Guidelines, the 5-Minute Clinical Suite, Facts & Comparisons Drug Information, MEDLINE, Nursing Advisor and Patient Handouts. For more information about this functionality, please contact technical support.

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## Clin-eguide Guideline Updates

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

### Abdominal aortic aneurysm

In the US, abdominal aortic aneurysm (AAA) screening with physical examination and one-time ultrasound is recommended for men aged 65-75 years who have ever smoked (1,2). A USPSTF meta-analysis (3) and a Cochrane review (4) have demonstrated significant reduction in aneurysm-related mortality, but not all-cause mortality, in males aged  $\geq 65$  years. A more recent meta-analysis has been released (5) and has shown significant reductions in both mid- and long-term aneurysm-related mortality. Furthermore, while there was a reduction in overall long-term mortality with screening, results exhibited significant heterogeneity. [REF: (1) US Preventive Services Task Force. Screening for abdominal aortic aneurysm: recommendation statement. *Annals of Internal Medicine* 2005;142(3):198-202. (2) Hirsch AT, Haskal ZJ, Hertzler NR, et al, ACC/AHA Task Force on Practice Guidelines Writing Committee. ACC/AHA 2005 practice guidelines for the management of patients with peripheral arterial disease: a collaborative report from the American Association for Vascular Surgery/Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines. *Circulation* 2006;113(11):e463-654. (3) Fleming C, Whitlock EP, Beil TL, Lederle FA. Screening for abdominal aortic aneurysm: a best-evidence systematic review for the US Preventive Services Task Force. *Annals of Internal Medicine* 2005;142(3):203-11. (4) Cosford PA, Leng GC. Screening for abdominal aortic aneurysm. *Cochrane Database of Systematic Reviews* 2007;2. (5) Lindholt JS, Norman P. Screening for abdominal aortic aneurysm reduces overall mortality in men. A meta-analysis of the mid- and long-term effects of screening for abdominal aortic aneurysms. *European Journal of Vascular & Endovascular Surgery* 2008;36(2):167-71]

### Abdominal pain, approach

The use of opioid analgesia for treatment of abdominal pain during evaluation is once again supported in a review of randomized clinical trials. The administration of opioid analgesia in patients presenting with abdominal pain does not increase the risk of diagnostic or decision making error. [REF: Manterola C, Astudillo P, Losada H, et al. Analgesia in patients with acute abdominal pain *Cochrane Database of Systematic Reviews*. 2007.]

### Acute intestinal pseudo-obstruction

Incorporated ASGE guidelines for treatment of acute colonic pseudo-obstruction. Additionally, added new information on positive effect of polyethylene glycol (PEG) in patients with Ogilvie's syndrome after initial resolution of colonic dilatation from prospective randomized controlled study. [REF: Eisen GM, Baron TH, Dornitz JA, et al. Acute colonic pseudo-obstruction. *Gastrointestinal Endoscopy*. 56(6):789-92, 2002. Sgouros SN, Vlachogiannakos J, Vassiliadis K, et al. Effect of polyethylene glycol electrolyte balanced solution on patients with acute colonic pseudo obstruction after resolution of colonic dilation: a prospective, randomized, placebo controlled trial. *Gut*, 55(5):638-42, 2006.]

### Acute lymphocytic leukemia

Allogeneic stem cell transplantation (allo-SCT) with HLA-matched sibling donor (SIB-SCT) in first remission is the current treatment of choice for adult ALL patients with a suitable donor. [Ref: National Cancer Institute. Adult Acute Lymphoblastic Leukemia Treatment (PDQ). Bethesda, MD: National Cancer Institute, 2008]

### Anxiety disorders, approach

Emerging evidence shows an increased prevalence of anxiety associated with asthma, cancer, cardiovascular disease, chronic pain, and irritable bowel syndrome. [REF: Roy-Byrne PP, Davidson KW, Kessler RC, et al. Anxiety disorders and comorbid medical illness. *General Hospital Psychiatry* 2008;30(3):208-25.]

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## Chronic kidney disease

The diagnostic section outlines initial clinical assessments and ordering of diagnostic tests. The therapy section discusses management with reducing the progression of kidney disease. Management of anemia and bone disease are further discussed in the complications section. The intended audience is for general practitioners in tertiary care facilities. [REF: National Kidney Foundation (NKF) Kidney Disease Outcome Quality Initiative (K/DOQI) guidelines]

## Deep vein thrombosis

The ACCP 2008 Guidelines now recommend three times a day dosing of UFH for venous thromboembolism prophylaxis in higher risk surgical patients, and up to 35 days of prophylaxis for major orthopedic surgery patients. [REF: Practice Guidelines (8th Edition). Chest 2008;133(6 Suppl):454S-545S]

## Diabetes mellitus, type 2

A HbA<sub>1c</sub>  $\geq 7\%$  should serve as a call to action to initiate or change therapy with the goal of achieving a level  $< 7\%$ . Current recommendation of the consensus group from the American Diabetes Association and the European Association for the Study of Diabetes is to avoid using rosiglitazone due to the potential cardiovascular risk associated with its use. [REF: American Diabetes Association. Standards of medical care in diabetes--2009. Diabetes Care 2009;32 (Suppl 1):S13-S61]

## Exercise-induced asthma and bronchospasm

A 15% decrease in FEV<sub>1</sub> or PEF, with measurements taken before and after exercise at 5-minute intervals for 20-30 minutes, is compatible with EIB. Appropriate long-term control of asthma with anti-inflammatory medication will reduce airway responsiveness, which is associated with a reduction in the frequency and severity of EIB. Frequent, severe EIB may indicate poorly controlled asthma and thus a need to initiate or increase daily long-term control therapy. Leukotriene modifiers, such as montelukast, can attenuate EIB in up to 50% of patients. [REF: National Asthma Education and Prevention Program. Expert Panel Report 3 (EPR-3): guidelines for the diagnosis and management of asthma. Bethesda, MD: National Institutes of Health, National Heart, Lung and Blood Institute, 2007(NIH Publication No 07-4051)].

## Gastric outlet obstruction, peptic ulcer-associated

The role of *H. pylori* in peptic gastric outlet obstruction is yet to be fully defined. Endoscopic balloon dilation of pyloric strictures is being increasingly used but reported rates of recurrent symptoms have ranged up to 84%. More recent reports on concurrent endoscopic dilation and *H. pylori* eradication have reported symptom relapse rates of 0-21% after a median of 16.5 -24 months (Ref: 1, 2). The roles of *H. pylori* eradication and long-term antisecretory therapy require further investigation in this patient population. [REF 1: Lam Y, Lau JY, Law KB, et al. Endoscopic balloon dilation and *Helicobacter pylori* eradication in the treatment of gastric outlet obstruction. Gastrointestinal Endoscopy 1997;46(4):379-80 REF 2: Lam YH, Lau JY, Fung TM, et al. Endoscopic balloon dilation for benign gastric outlet obstruction with or without *Helicobacter pylori* infection. Gastrointestinal Endoscopy 2004;60(2):229-33]

## Gonorrhea

Interactive, computerized interventions (Eg, employing condom use interventions based on individual responses to assessment questions) have the potential for decreasing incidence of gonorrhea and Chlamydia, as evidenced by a study that showed combined incidence of disease decreased to 6% in the treatment group vs 13% for the control group. [REF: Grimley DM & Hook EW. A 15-minute interactive, computerized condom use intervention with biological endpoints. Sexually Transmitted Diseases. 2009, 36(2):73-8]

## Hepatitis B

350 million people worldwide are estimated to be chronically infected with hepatitis B virus. 15-40% of these subjects will develop cirrhosis, liver failure or hepatocellular carcinoma during their life. The treatment of chronic hepatitis B has improved dramatically over the last decade merits to the advent of nucleoside/nucleotide analogues and the use of pegylated interferons.

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[REF: Amarapurkar DN, Telbivudine: A new treatment for chronic hepatitis B. World J Gastroenterol 2007, December 14; 13(46): 6150-6155]

## Osteoporosis

Information regarding the US-adapted WHO algorithm (FRAX), an assessment tool which calculates the 10-year probability of hip and any major osteoporotic-related fracture was added. [REF: Institute of Clinical Systems Improvement (ICSI). Diagnosis and treatment of osteoporosis. Bloomington, MN: Institute of Clinical Systems Improvement (ICSI), 2008:1-67. [http://www.guideline.gov/summary/summary.aspx?view\\_id=1&doc\\_id=13190](http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=13190). National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation, 2008:1-36.]

## Parkinson's disease

Levodopa is the most effective medical therapy for the motor symptoms of Parkinson's disease (PD) but over time, is associated with a higher risk of motor complications (eg, dyskinesias, motor fluctuations). It has been hypothesized that the increased risk of motor complications associated with levodopa therapy may result from pulsatile stimulation of the postsynaptic dopamine receptors owing to the short peripheral half-life of levodopa. COMT inhibitors (eg, entacapone, tolcapone) increase the half-life of levodopa and an animal study reported fewer motor complications when entacapone was administered with levodopa. A randomized trial of 423 patients with early PD found that treatment with levodopa/carbidopa/entacapone (LCE) was associated with significant improvements in total UPDRS scores and activities of daily living scores compared with patients receiving levodopa/carbidopa, but the incidence of dyskinesias was not significantly different; however, wearing off occurred less frequently in the LCE group.

[REF: Smith LA, Jackson MJ, Al-Barghouthy G, et al. Movement Disorders 2005;20(3):306-14. Hauser RA, Panisset M, Abbruzzese G, et al. Movement Disorders 2009;24(4):541-50]

## Scabies

Permethrin remains the treatment of choice for scabies; although there is growing international consensus that oral ivermectin may be the simplest and most effective treatment for control and prophylaxis of community and institutional outbreaks, including scabies crustosa. [REF: Diaz JH. Increasing pesticide-resistant ectoparasitic infections may increase pesticide poisoning risks in children. Journal of the Louisiana State Medical Society 2008;160(4):210-2, 214-20]

## Sleep apnea

Two pharmacologic therapies have emerged (eg, modafinil, topical nasal corticosteroids) which may be considered as adjunct treatment, although neither will affect morbidity or mortality outcomes so continued compliance with primary OSA treatment is vital. Challenges associated with the management of OSA in obese patients undergoing anaesthesia are also discussed as are the controversies associated with upper airways surgery. [REF: Chung SA, Yuan H, Chung F. A systemic review of obstructive sleep apnea and its implications for anesthesiologists. Anesthesia & Analgesia 2008;107(5):1543-63. Rosenberg R, Doghramji P. Optimal treatment of obstructive sleep apnea and excessive sleepiness. Advances in Therapy 2009;26(3):295-312. Kohler M, Bloch KE, Stradling JR. Pharmacological approaches to the treatment of obstructive sleep apnoea. Expert Opinion on Investigational Drugs 2009;18(5):647-56]

## Stable COPD

Discontinuing exposure to noxious agents, even when significant airflow limitation is present, may result in improved lung function. Additionally, it may slow or even halt progression of the disease. Nedrocromil and leukotriene modifiers have not been adequately tested in COPD patients. There was no evidence of benefit and some evidence of harm (eg, malignancy and pneumonia) from the anti-TNF-alpha antibody infliximab tested in moderate to severe COPD.

On average, pulmonary rehabilitation increases peak workload by 18%, peak oxygen consumption by 11%, and endurance time by 87% of baseline. [REF: Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (updated 2008). Bethesda, MD, 2008].

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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.