

Jornada

Bases de Dades Biomèdiques per a professionals del medicament

21 i 22 de febrer de 2008

Aula informàtica Biblioteca. 7ª. planta. H.U. Son
Dureta. Palma de Mallorca



Dra Iziar Matínez López

Servicio de Farmacia
Hospital Universitario Son Dureta
22 de Febrero 2008

Jornada

Bases de Datos para Biomédicas para profesionales del medicamento

21 y 22 de febrero de 2008

Aula informática Biblioteca. 7ª planta. H.U. Son Dureta. Palma de Mallorca

Dirigida a

Profesionales del medicamento de la CAIB (Servicios de Farmacia Hospitalaria, Servicios centrales Ib-salut, Conselleria de Salut i Consum).

Objetivo

Difundir y fomentar el uso de las bases de datos biomédicas disponibles para los profesionales del medicamento del servicio público de salud de las Illes Balears, viendo sus aplicaciones prácticas

Horario

Jueves 21 de febrero de 2008

16:00

Biblioteca virtual y Bases de datos biomédicas de acceso general y de acceso selectivo para los profesionales del medicamento.

Elena Pastor, Francesc Puigventós

16:15-19:00

Recursos para búsqueda bibliográfica orientada a farmacoterapia

-Embase.com

-IDIS/Web.

-Reactions weekly

Elena Pastor, Francesc Puigventós, Fernando do Pazo, David Cimadevilla

Viernes 22 de febrero de 2008

11:00 - 14:00

Recursos de información en el área asistencial

- UpToDate, Harrison online.
- Micromedex.(Drugdex, Repronisk, Poisindex, AltMedDex, HerbalMedicines).
- iMedicinas.
- Interacciones: Medinteract, Lexi-interact, DrugReax, Stockley, Bot
- Trissel's 2 Clinical Pharmaceuticals Database.

Izlar Martínez, Mar Crespi, Francesc Puigventós, Fernando do Pazo

Docentes

- David Cimadevilla, Farmacéutico. Centro de Farmacovigilancia de las Illes Balears
- Mar Crespi, Farmacéutica de Atención Primaria. Área de Ponent
- Izlar Martínez, Farmacéutica clínica. H.U. Son Dureta
- Elena Pastor. Servei de Documentació Biomèdica de les Illes Balears
- Fernando do Pazo. Servicio de Farmacia. H.U. Son Dureta
- Francesc Puigventós. Centro de Información del Medicamento H.U. Son Dureta

Organización

Ib-salut y Direcció General d'Avaluació i Acreditació.

Coordinadores

- Francesc Puigventós. Servicio de Farmacia H.U. Son Dureta
- Virgili Páez. Servei de Documentació Biomèdica de les Illes Balears

Inscripciones

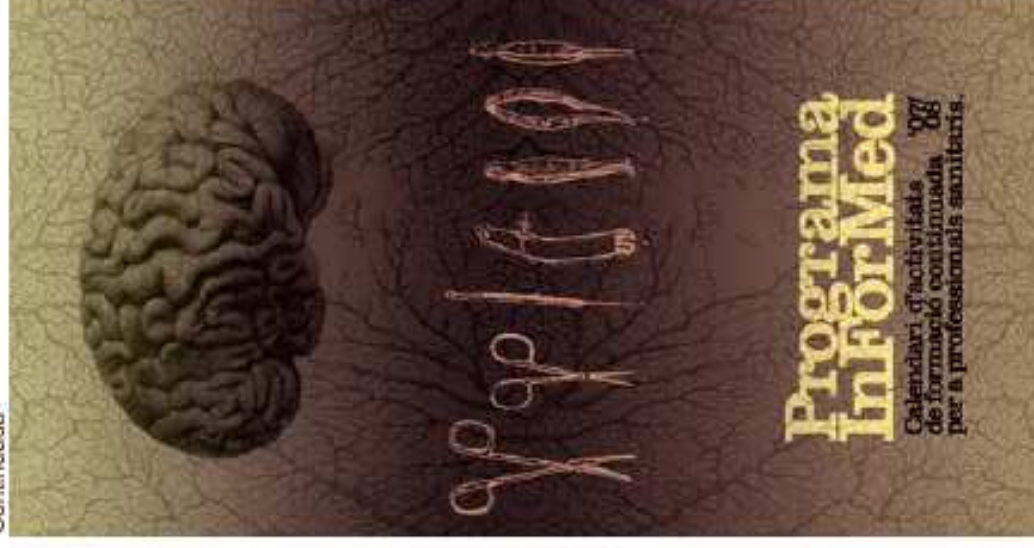
Cristina Hernanz

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E-mail: chernanz@ibsalut.caib.es

Acreditación

Solicitada acreditación a la Comisión de Formación Continuada



INFORMED

Govern de les Illes Balears
Conselleria de Salut i Consum

De acceso sólo a profesionales del Servicio Público de Salud de IB

Biblioteca Virtual de las IB

Búsqueda bibliográfica y texto artículos revistas:

OVID portal de búsqueda que incluye

Cochrane, DARE, Cochrane methodology, HTA, Economic, ACP

BMJ group, NEJM, Ann Int Med, Gut, Chest, AJHSParmacy, JAC,
etc (Revistas Doyma aparte)

MEDLINE (Con enlace a texto completo revistas suscritas)

EMBASE.COM

EBSCO/host

BIBLIOTECA COCHRANE PLUS

ISI WEB of KNOWLEDGE

Información elaborada de utilidad en farmacoterapia:

UpToDate y Lexi-Interact

Harrison ON- LINE

iMedicinas (Stockley + Martindale +)

Fisterra

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 - Alergia e Inmunología
 - Medicina Cardiovascular
 - Medicina de Urgencias
 - Endocrinología y Diabetes
 - Digestivo
 - Hematología
 - Infecciosas
 - Obstetricia y Ginecología
 - Oncología
 - Pediatría
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- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists.
- American College of Rheumatology.
- American Gastroenterological Association.
- American Society of Nephrology.
- Society of General Internal Medicine.
- The Endocrine Society.

Y está recomendado por la American Academy of Family Physicians.

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- Revisiones cada 4 meses (accesible en **What's New?**)
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Conselleria de Salut i Consum > Biblioteca Virtual de Ciències de la Salut de les Illes Balears



Entrar

Novetats



15/01/08 - **Subscripció autònoma a Elsevier Instituciones (DOYMA).** Elsevier Instituciones és el nou portal d'Elsevier d'accés a les **revistes de DOYMA** subscrietes. Per tal d'accedir a Elsevier Instituciones des de fora dels centres del sistema sanitari públic de les Illes Balears, cal crear primer un compte personal a través del formulari de registre. Revistes de DOYMA a text complet accessibles des d'Elsevier Instituciones.



14/01/08 - **Subscripció autònoma a Fisterrae.** Fisterrae és una eina avançada que integra recursos d'ajuda en el punt d'atenció per a professionals sanitaris. Inclou una base de coneixements clínics amb documents actualitzats, preparats per ser emprats com a ajuda per a la presa de decisions i desenvolupats basant-se en les evidències científiques més recents. A més, inclou una guia farmacoterapèutica amb més de 300 fítxes, una calculadora clínica amb més de 60 funcions, una aplicació d'ajuda als punts de vacunació amb la que es poden elaborar calendaris personalitzats de vacunació, etc.



11/01/08 - **Pla de Formació en Documentació en Ciències de la Salut.** En col·laboració amb l'Escola Balear d'Administració Pública (EBAP), posam en marxa el Pla de Formació 2008 en Documentació en Ciències de la Salut, amb l'oferta de 33 cursos (quasi tots de 3 hores de durada) que es realitzaran a Mallorca, Menorca i Eivissa. Informació detallada sobre cada un dels cursos. El **termini d'inscripció està obert fins dimecres 23 de gener de 2008**, a l'igual que la resta de cursos de l'EBAP. Informació per a la inscripció.



07/01/08 - **Nous recursos a la plataforma OVID.** La contractació per a l'any de 2008 de la plataforma OVID inclou una important ampliació dels recursos subscrits, obrint-se l'accés a les col·leccions de revistes a text complet **Ovid Society Published Collection** (33 revistes), **RMI Journals** (23 revistes), i



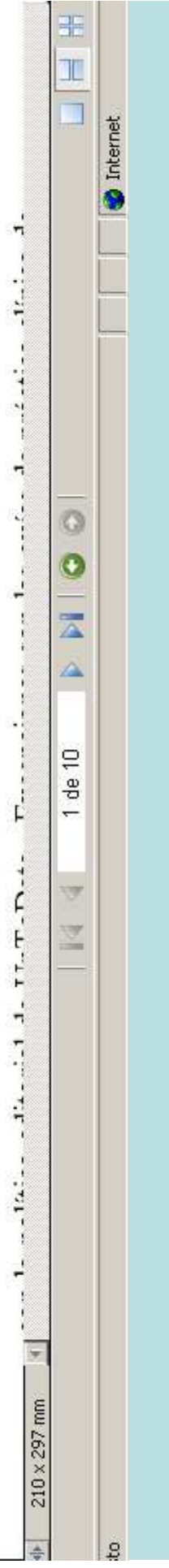
Guía breve de UpToDate en línea.

1

Autoras: Uxía Gutiérrez Couto, Beatriz Casal Acción y Luisa Piñeiro Pardiñas

1. ¿Qué es UpToDate?

UpToDate es un recurso de información médica clínica disponible en versiones para Internet, CD-ROM y Pocket PC que sigue los principios de la Medicina Basada en la Evidencia. Está diseñado para responder a las preguntas clínicas que surgen en la práctica diaria, de forma fácil, rápida y concisa desde el puesto de trabajo. Realizan las revisiones temáticas alrededor de 3.000 médicos expertos en sus materias, junto con una plantilla de editores médicos, que actualizan los contenidos de forma continuada. Los editores médicos sugieren los cambios necesarios a los autores expertos, para asegurar que los temas resumen la evidencia relevante y que las recomendaciones son consistentes con las evidencias, con la comprensión de los valores y preferencias de los pacientes y





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Lexi-Interact™

lookup

enter item name to lookup.

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Lexi-Comp's Comprehensive Drug-to-Drug, Drug-to-Herb and Herb-to-Herb Interaction Analysis Program

NOTE: Lexi-Interact does not address chemical compatibility related to I.V. drug preparation or administration.

Lexi-Interact Online combines the world's literature and scientific understanding of drug interactions with a state-of-the-art electronic platform, providing an efficient way to ensure that adverse drug events don't compromise the care of your patients.

Review all interactions for a selected medication or enter a patient specific regimen to analyze for potential interactions. Additionally, you may select a drug interaction result to obtain detailed information on Patient Management, Interacting Members, Risk Rating, References and more.

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- ▶ Bisphosphonates in the management of osteoporosis in postmenopausal women
- ▶ Clinical trials of HIV antiretroviral therapy
- ▶ Treatment of malaria
- ▶ Chemotherapy extravasation injury
- ▶ Molecularily targeted therapy for advanced renal cell carcinoma
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- ▶ Nephrogenic systemic fibrosis/nephrogenic fibrosing dermopathy in advanced renal failure
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- ▶ Influenza vaccination in children
- ▶ Meningococcal vaccines
- ▶ Rotavirus vaccines
- ▶ Standard childhood immunizations

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What's new in drug therapy

Denise S Basow, MD

UpToDate performs a continuous review of over 375 journals and other resources. Updates are added as important new information is published. The literature review for version 15.3 is current through August 2007; this topic was last changed on September 21, 2007. The next version of UpToDate (16.1) will be released in March 2008.

The following material represents a subset of new available drugs, drug warnings, and drugs reir from the market since the last version of UpToDate. This is not a complete list; it includes those topics that were considered by the authors and editors to be of particular interest or importanc

DRUG INTERACTIONS

You can check interactions for multiple drugs simultaneously by going to the Lexi-Interact™ dru interactions program. This program is only available for online users at this time, and can be accessed from either the main search screen or in the drug interactions section of the drug dat. when using UpToDate online.

NEW DRUGS/DRUG APPROVALS

For a complete list of drug approvals see www.lexi.com/newdrugs.

A new continuous oral contraceptive (Lybrel 0.2 mg ethinyl [estradiol](#) and levonorgestrol 0.09 mg designed to be taken every day with no placebo phase, has been approved, but is not yet commercially available. Clinical trial data suggest that breakthrough bleeding may be a particular problem with this pill [\[1,2\]](#).

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The screenshot shows a Microsoft Internet Explorer browser window titled "Welcome to UpToDate - Microsoft Internet Explorer". The address bar shows the URL "http://www.uptodateonline.com/utd/app/cmeFaq.html". The page content includes the UpToDate logo (ONLINE 15.3) and a navigation menu with links for "New Search", "Contents", "Feedback", and "Help". The main heading is "CME/CE FAQ". The text explains that UpToDate is accredited by the Accreditation Council for Continuing Medical Education. It lists accreditation details for AMA, AAFP, AAP, AOA, AANP, and AAPA, including the number of credits awarded and the dates of approval.

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UpToDate designates this educational activity for unlimited *AMA PRA Category 1 Credit*™. Physicians should claim credit commensurate with the extent of their participation in the activity.

To earn this credit, physicians must complete a three step learning cycle: document their clinical question, sources consulted, and application to practice. For each learning cycle completed, 0.5 *AMA PRA Category 1 Credit*™ will be awarded.

AAFP
This activity has been reviewed and is acceptable for up to 20 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins November 1, 2006. Term of approval is for two years from this date with option for yearly renewal.

You may earn 20 Prescribed credits per year using UpToDate. Credit earned over that amount may be used toward AAFP Elective credit.

AAP
This continuing medical education activity has been reviewed by the American Academy of Pediatrics and is acceptable for up to 50 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Fellows of the American Academy of Pediatrics.

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¿Cómo buscar?

Fácil y conciso:

- Criterios de búsqueda: introducir nombre de enfermedad, síntoma o signo, prueba de laboratorio, procedimiento o medicamento.
- Reconoce abreviaturas y sinónimos.
- Permite buscar con más de una palabra.

No permite:

- Buscar con operadores booleanos:
 - Se busca primero un término.
 - En la siguiente pantalla redirige la búsqueda.
- Buscar por autor o revista (no es base de datos referencial)

Ejemplo práctico

- Varón 48 años que viene referido de su médico de AP por sudoración excesiva (cara, manos, axilas y pie)
- AP: HTA, DM.
- TH: Enalapril 10 mg /12 h, Glimepirida 2 mg/24 h





A trabajar,...

¿Hiperhidrosis primaria o secundaria?

- Secundaria

¿Hiperhidrosis primaria o secundaria?

- Primaria o idiopática:



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Idiopathic hyperhidrosis

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 - ▶ Menopausal hot flashes
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Idiopathic hyperhidrosis

[C.Christopher Smith, MD](#)

UpToDate performs a continuous review of over 375 journals and other resources. Updates are added as important information is published. The literature review for version 15.3 is current through August 2007; this topic was last c August 1, 2007. The next version of UpToDate (16.1) will be released in March 2008.

INTRODUCTION — Hyperhidrosis (excessive sweating) is a common but troublesome condition that is often overlooked ambulatory primary care practice. While it is rarely due to a significant underlying pathologic state, it can be a distre condition that may have serious social, emotional, and professional consequences.

The diagnosis and treatment of idiopathic hyperhidrosis is reviewed here. Night sweats and menopausal hot flashes a discussed separately. (See "[Approach to the patient with night sweats](#)" and see "[Menopausal hot flashes](#)").

DEFINITION — Hyperhidrosis is the secretion of sweat in amounts greater than physiologically needed for thermoregulation is most commonly a chronic idiopathic (primary) condition; however, secondary medical conditions or medications shc excluded. Idiopathic hyperhidrosis is also called focal hyperhidrosis, usually affecting the axillae, palms, and/or soles.

A consensus panel suggested the following diagnostic criteria for idiopathic hyperhidrosis [1]:

- Focal, visible, excessive sweating of at least six months duration without apparent cause

plus at least two of the following characteristics:

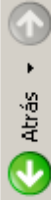
- Bilateral and relatively symmetric
- Impairs daily activities
- At least one episode per week
- Onset before age 25
- Family history of idiopathic hyperhidrosis
- Focal sweating stops during sleep

SYMPTOMS — Patients with idiopathic hyperhidrosis generally develop symptoms in childhood or adolescence that pe throughout adult life. Patients have focal symptoms most often localized to their palms, soles, and sometimes axillae idiopathic hyperhidrosis is made worse by heat or emotional stimuli, it is not considered a psychological disorder. Pati have signs or symptoms of a more systemic illness or of an autonomic dysfunction.

Patients with axillary hyperhidrosis report skin maceration and staining of clothes. Palmar hyperhidrosis often leads to shaking hands and soiling of papers, and patients may have difficulty with work or recreational tasks that require a d Patients report that hyperhidrosis often results in social problems on both a private and professional level.

EPIDEMIOLOGY AND ETIOLOGY — Because hyperhidrosis is thought to be underreported, the exact incidence is not is believed that idiopathic hyperhidrosis affects 0.6 to 1.0 percent of the population [3,4]. A survey of 150,000 Unite (US) households, which was sponsored by a manufacturer of a treatment for hyperhidrosis, estimated a prevalence c

Antidepressants	Hypoglycemic agents	
Bupropion	Insulin	
Selective serotonin reuptake inhibitors	Sulfonylureas	
Tricyclic antidepressants	Sympathomimetic agents	
Venlafaxine	Beta-agonists	
Anti-migraine drugs	Phenylephrine	
Naratriptan	Miscellaneous	
Rizatriptan	Alcohol	
Sumatriptan	Beta blockers	
Zolmitriptan	Bromocriptine	
Antipyretics	Calcium channel blockers	
Acetaminophen	Clozapine	
Aspirin	Cyclosporine	
Nonsteroidal anti-inflammatory drugs (NSAIDs)	Fluvoxamine	
Cholinergic agonists	Hydralazine	
Bethanecol	Niacin	
Pilocarpine	Nitroglycerin	
GnRH agonists	Omeprazole	
Gonadorelin	Opioids	
Goserelin	Sildenafil	



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sympathectomy or after sympathectomy performed in patients with axillary hyperhidrosis

- A retrospective review of 234 records of patients treated with ETS examined assoc sympathectomy and outcomes [54]. Although ETS for palmar hyperhidrosis is most com similar efficacy was seen with T4-level ETS. Patients treated at a T4 level had less com higher sympathectomies.

SUMMARY AND RECOMMENDATIONS — Individuals with idiopathic hyperhidrosis typical soles, and/or axillae and can suffer significant psychological, social, educational, and oc

Patients with generalized hyperhidrosis not limited to the palms, soles, and axillae are lik medications or a systemic illness, and the evaluation is similar to that done for night sw [night sweats](#)).

When choosing treatments for idiopathic hyperhidrosis, the patient's goals in therapy st effects associated with each therapy should be carefully discussed. Conservative meas to more invasive treatments. The severity and location of hyperhidrosis helps guide the

- Patients with mild to moderately severe axillary, palmar, or plantar hyperhidrosis shc agents such as [aluminum chloride hexahydrate](#) in alcohol. Skin irritation is common but r preparation on dry skin at bedtime and washing it off in the morning; irritated skin can c [hydrocortisone](#) cream.

- Systemic therapies such as beta-blockers or benzodiazepines may be useful in treat emotional stress. Anticholinergic drugs are generally not successful due to side effects

- Palmar and plantar hyperhidrosis can be treated effectively with iontophoresis, but

- Axillary hyperhidrosis can be effectively treated with botulinum toxin (BTX). Palmar treated with BTX, but the injections are quite painful on the hands and feet, and a sign temporary local muscle weakness.

- Patients with palmar hyperhidrosis who fail topical therapies and iontophoresis, and BTX, can be treated effectively with endoscopic thoracic sympathectomy (ETS). Side e hyperhidrosis in other parts of the body, may reduce long-term patient satisfaction with for axillary hyperhidrosis, but the relapse rate is high.