Medicina Baseada em Evidências

UpToDate, Cochrane, e Hinari/PubMed

Chris Buck

UCLA/HCM

18/5/2016

Medicina Baseada em Evidências

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- Computadores no HCM
  - Conta institucional (online)
  - Versão fixa nos computadores (offline)
- Contas pessoais
  - Acesso no internet (online)
  - Versão fixa nos computadores, telefones, e tabletas (offline)

UpToDate – Contas Pessoias

- **Novas Contas**

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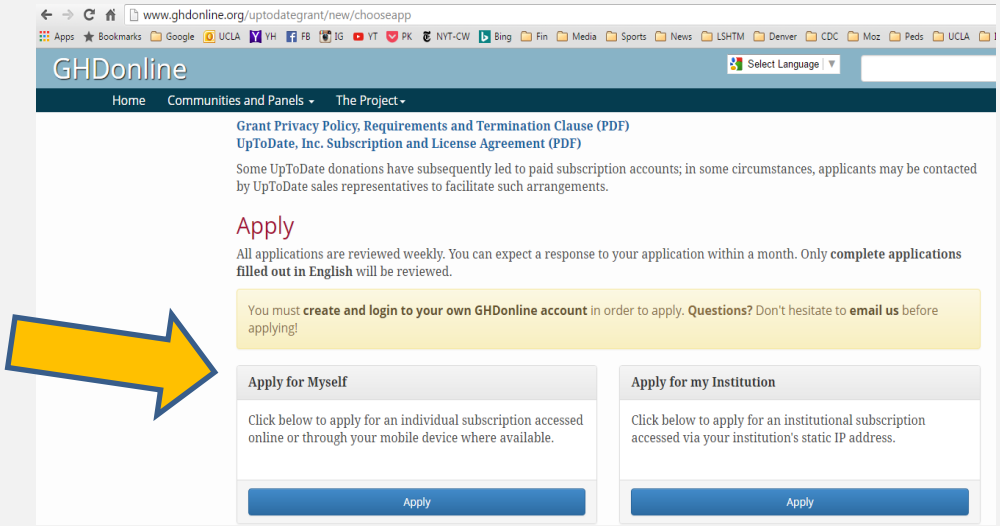
   - https://www.ghdonline.org/accounts/signup/
2. Conta de UTD
   - http://www.ghdonline.org/uptodategrant/new/chooseapp

****Reference contacts:**

Chris Buck, UCLA



UpToDate – Contas Pessoias

- **Renovar Contas**
  - http://www.ghdonline.org/uptodategrant/renewal-new/

- **Month 1:** Welcome and introductions
- **Month 2:** Learning how to use UpToDate and accessibility: What do you think?
- **Month 3:** Where do you mostly use UpToDate?
- **Month 4:** On average, how often do you use UpToDate?
- **Month 5:** Using UpToDate: What changed for your practice and training?
- **Month 6:** Feedback: Case example of UpToDate use?
- **Month 7:** Using tables and charts from UpToDate
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- **Month 10:** Adaptation to local circumstances
- **Month 11:** How has UpToDate impacted the care of your patients?
- **Month 12:** Fill out the renewal form now! ***Once you have provided feedback for the questions above, you may then fill out the renewal application on GHDonline via this link.***

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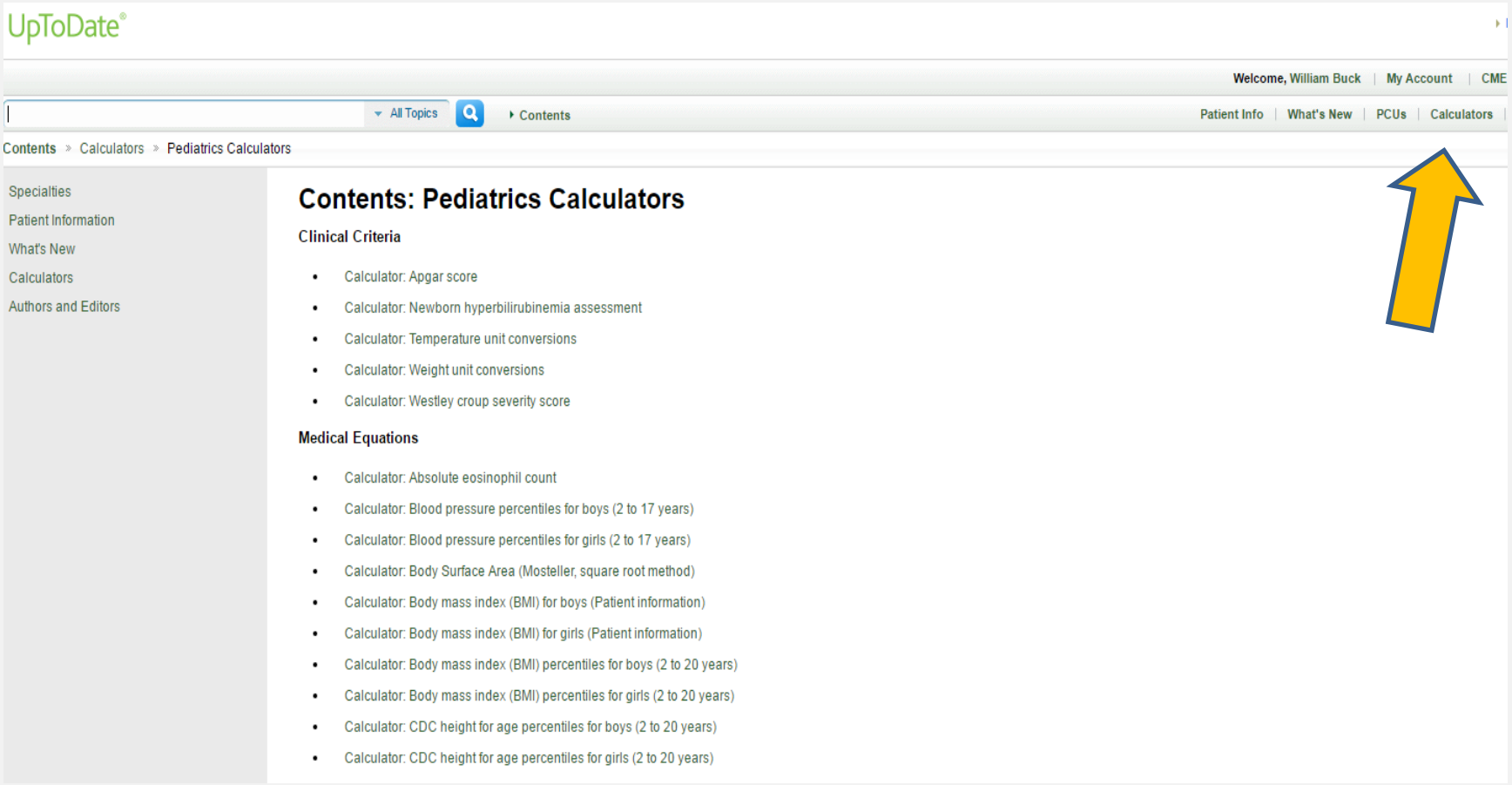

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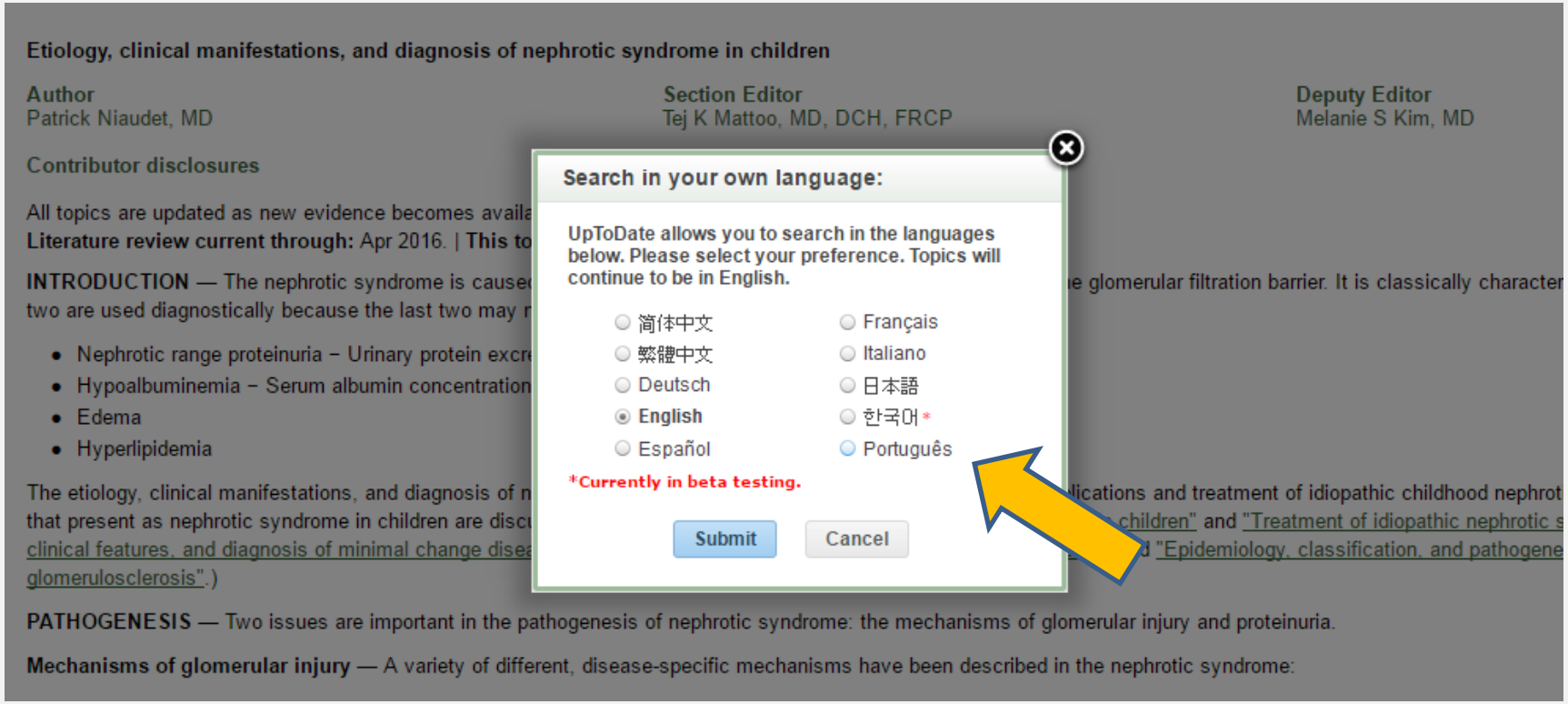
Etiology, clinical manifestations, and diagnosis of nephrotic syndrome in children
Author
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Section Editor
Tej K Mattoo, MD, DCH, FRCP
Deputy Editor
Melanie S Kim, MD
Contributor disclosures
All topics are updated as new evidence becomes availa
Literature review current through: Apr 2016. | This to
INTRODUCTION — The nephrotic syndrome is caused
e glomerular filtration barrier. It is classically character
two are used diagnostically because the last two may r
Nephrotic range proteinuria – Urinary protein excr
Hypoalbuminemia – Serum albumin concentration
Edema
Hyperlipidemia
The etiology, clinical manifestations, and diagnosis of n
dications and treatment of idiopathic childhood nephrot
that present as nephrotic syndrome in children are discu
children" and "Treatment of idiopathic nephrotic s
clinical features, and diagnosis of minimal change disea
"Epidemiology, classification, and pathogene
glomerulosclerosis".)
PATHOGENESIS — Two issues are important in the pathogenesis of nephrotic syndrome: the mechanisms of glomerular injury and proteinuria.
Mechanisms of glomerular injury — A variety of different, disease-specific mechanisms have been described in the nephrotic syndrome:
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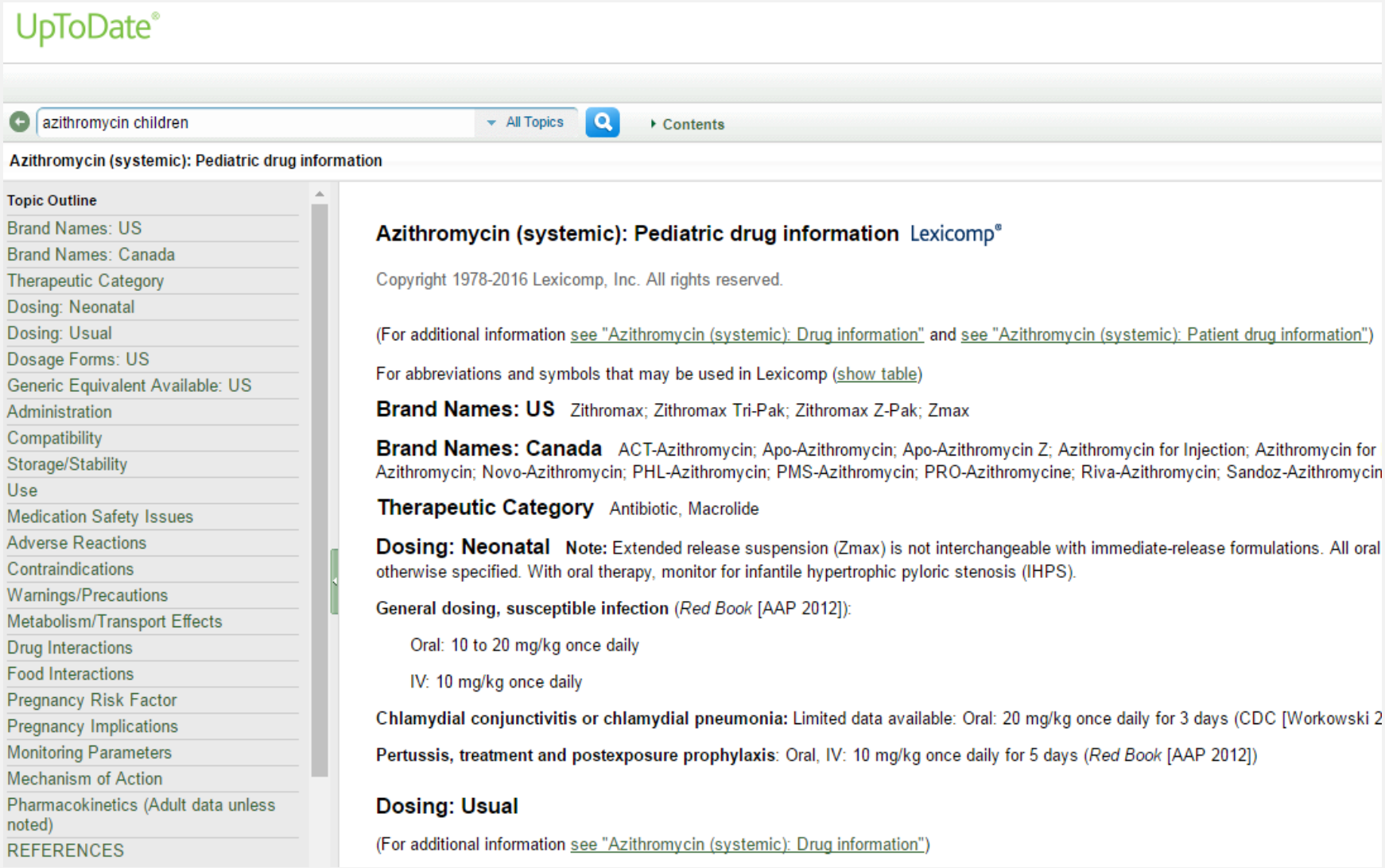
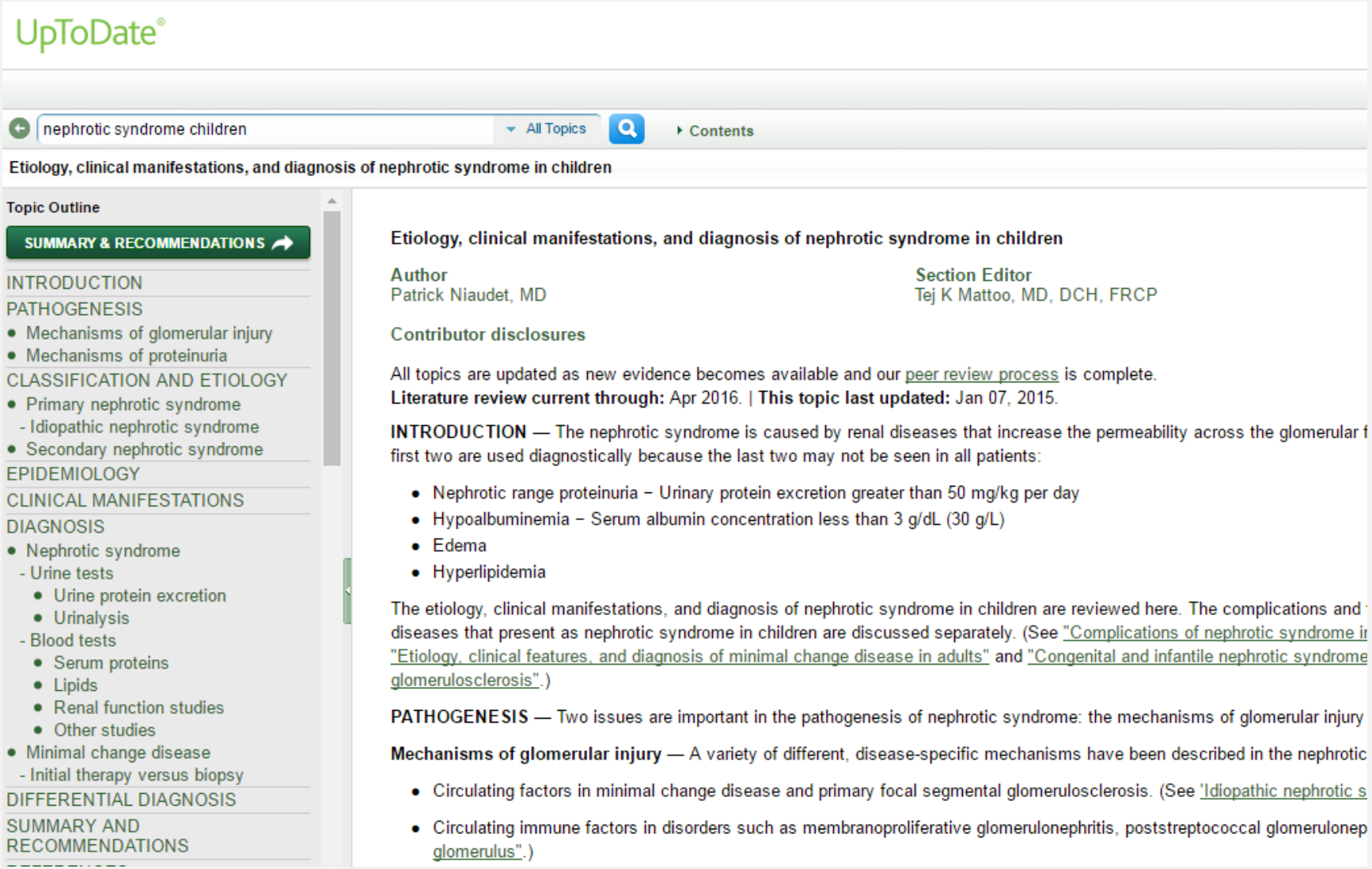


UpToDate – Tópicos



UpToDate – Tópicos

UpToDate®

Causes of edema in childhood

Generalized edema
Increased capillary hydrostatic pressure
Increased plasma volume from sodium and water retention
Heart failure
(Localization can be seen in some cardiac disease)
Primary renal disease
Acute glomerulonephritis
Renal failure (acute/chronic)
Nephrotic syndrome
Drug induced
Vasodilators (eg, minoxidil)
Dihydropyridine calcium channel blockers (eg, nifedepine and amlodipine)
Venous obstruction
Hepatic cirrhosis
Decreased capillary oncotic pressure (Hypoalbuminemia)
Nephrotic syndrome
Liver failure
Protein-losing enteropathy

UpToDate – Tópicos

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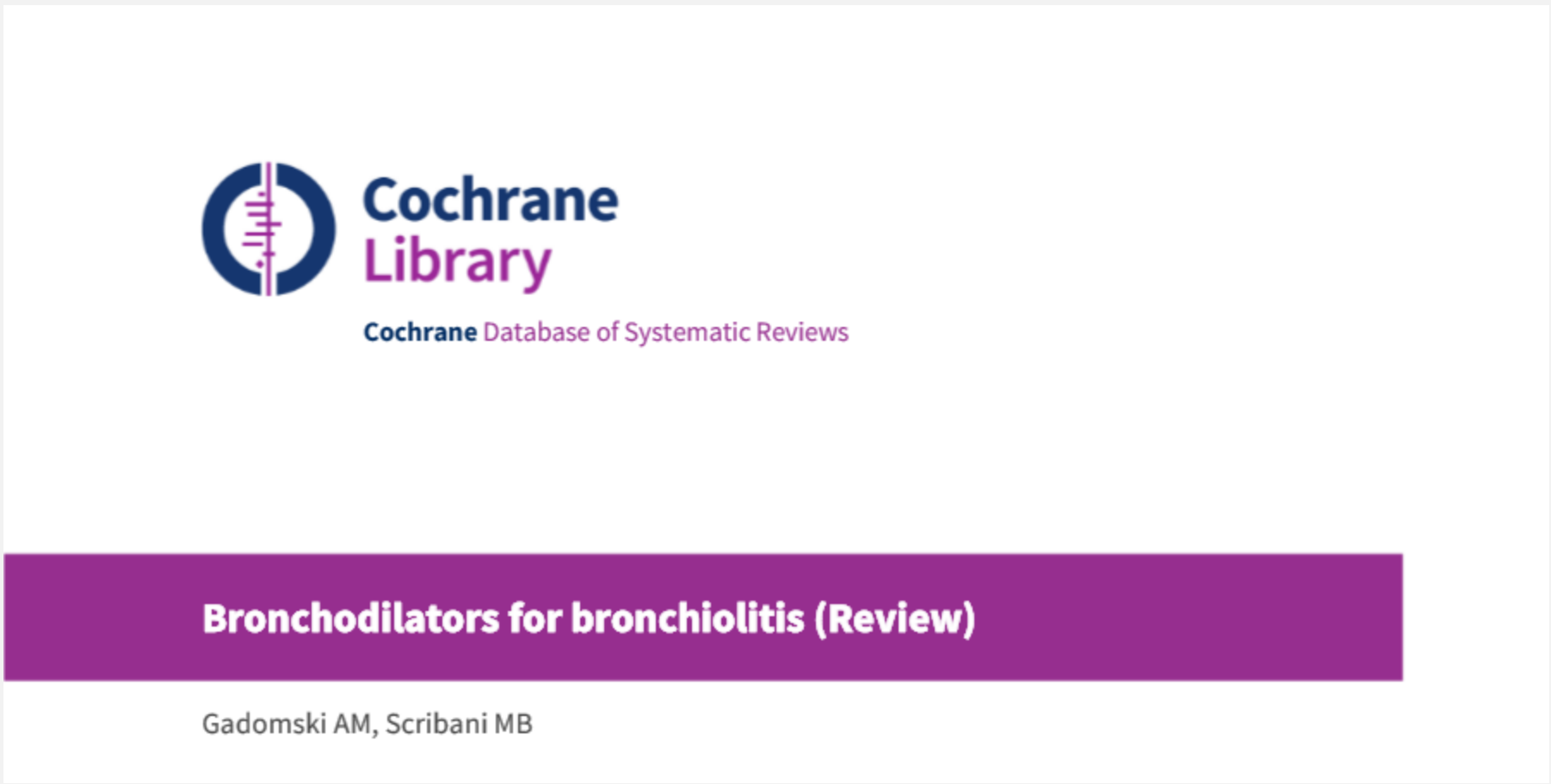

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ABSTRACT

Background

Bronchiolitis is an acute, viral lower respiratory tract infection affecting infants and is sometimes treated with bronchodilators.

Objectives

To assess the effects of bronchodilators on clinical outcomes in infants (0 to 12 months) with acute bronchiolitis.

Search methods

We searched CENTRAL 2013, Issue 12, MEDLINE (1966 to January Week 2, 2014) and EMBASE (1998 to January 2014).

Selection criteria

Randomized controlled trials (RCTs) comparing bronchodilators (other than epinephrine) with placebo for bronchiolitis.

Data collection and analysis

Two authors assessed trial quality and extracted data. We obtained unpublished data from trial authors.

Main results

We included 30 trials (35 data sets) representing 1992 infants with bronchiolitis. In 11 inpatient and 10 outpatient studies, oxygen saturation did not improve with bronchodilators (mean difference (MD) -0.43, 95% confidence interval (CI) -0.92 to 0.06, n = 1242). Outpatient bronchodilator treatment did not reduce the rate of hospitalization (11.9% in bronchodilator group versus 15.9% in placebo group, odds ratio (OR) 0.75, 95% CI 0.46 to 1.21, n = 710). Inpatient bronchodilator treatment did not reduce the duration of hospitalization (MD 0.06, 95% CI -0.27 to 0.39, n = 349).

Effect estimates for inpatients (MD -0.62, 95% CI -1.40 to 0.16) were slightly larger than for outpatients (MD -0.25, 95% CI -0.61 to 0.11) for oximetry. Oximetry outcomes showed significant heterogeneity (I^2 statistic = 81%). Including only studies with low risk of bias had little impact on the overall effect size of oximetry (MD -0.38, 95% CI -0.75 to 0.00) but results were close to statistical significance.

In eight inpatient studies, there was no change in average clinical score (standardized MD (SMD) -0.14, 95% CI -0.41 to 0.12) with bronchodilators. In nine outpatient studies, the average clinical score decreased slightly with bronchodilators (SMD -0.42, 95% CI -0.79 to -0.06), a statistically significant finding of questionable clinical importance. The clinical score outcome showed significant

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Authors' conclusions

Bronchodilators such as albuterol or salbutamol do not improve oxygen saturation, do not reduce hospital admission after outpatient treatment, do not shorten the duration of hospitalization and do not reduce the time to resolution of illness at home. Given the adverse side effects and the expense associated with these treatments, bronchodilators are not effective in the routine management of bronchiolitis. This meta-analysis continues to be limited by the small sample sizes and the lack of standardized study design and validated outcomes across the studies. Future trials with large sample sizes, standardized methodology across clinical sites and consistent assessment methods are needed to answer completely the question of efficacy.

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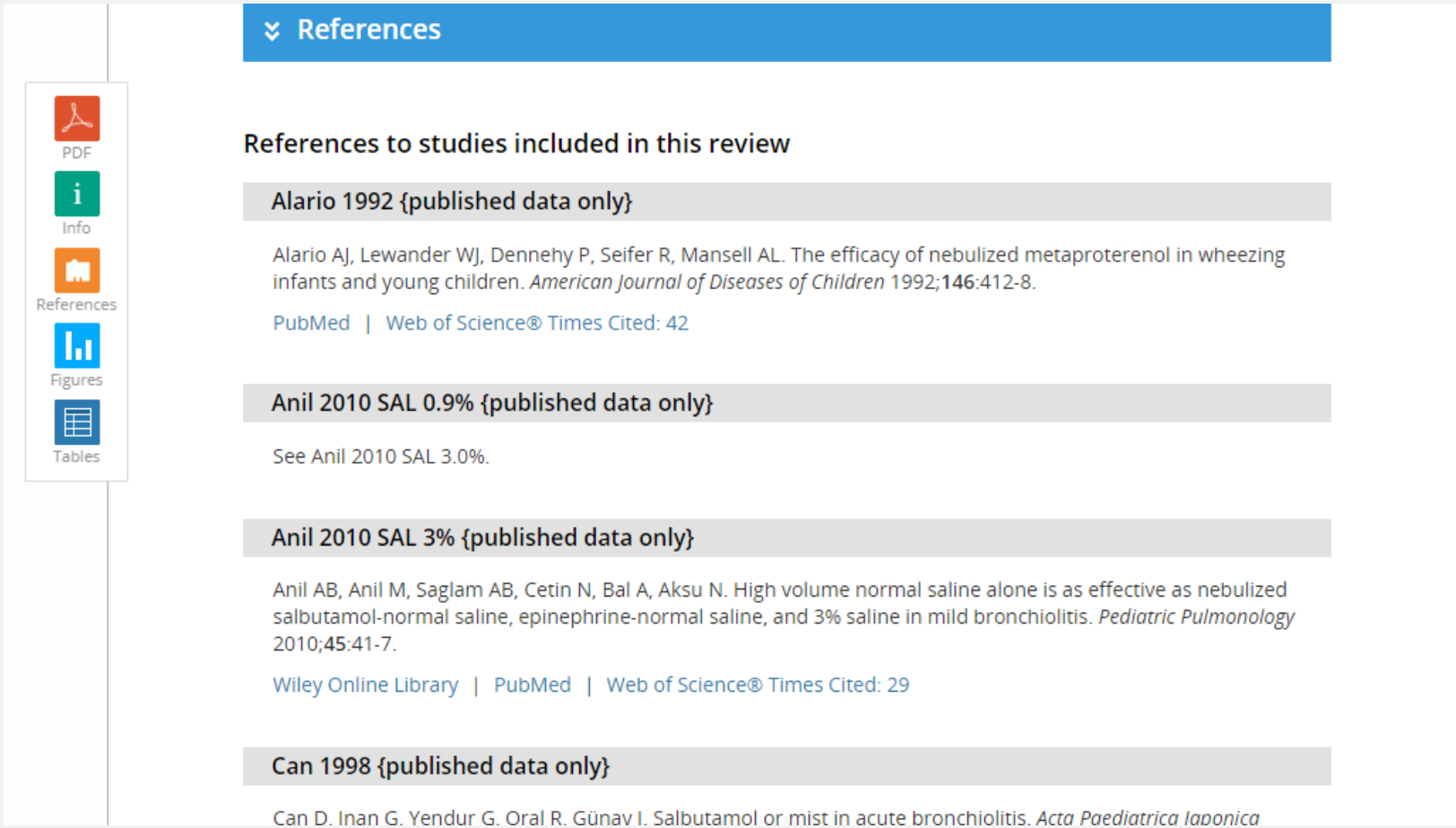

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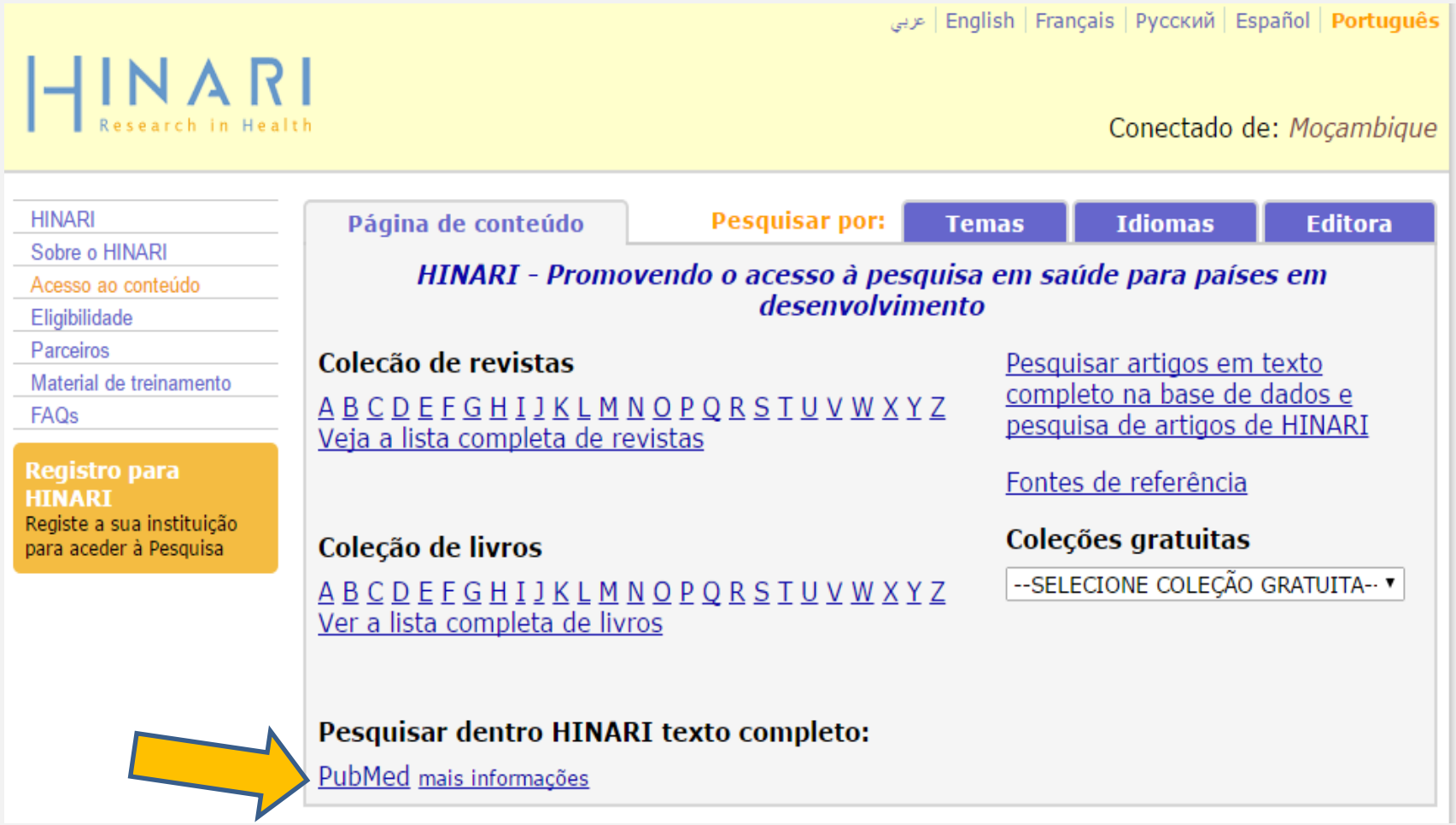

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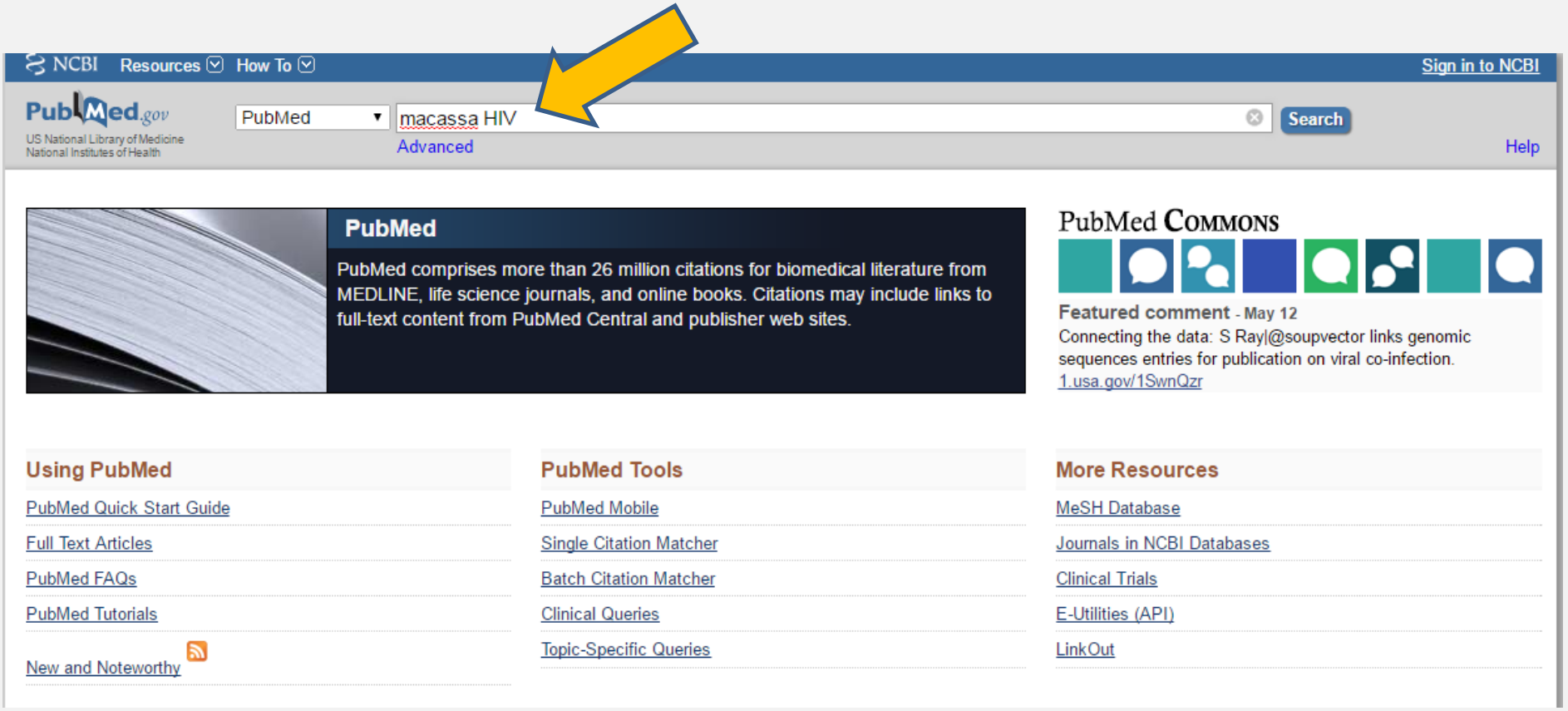

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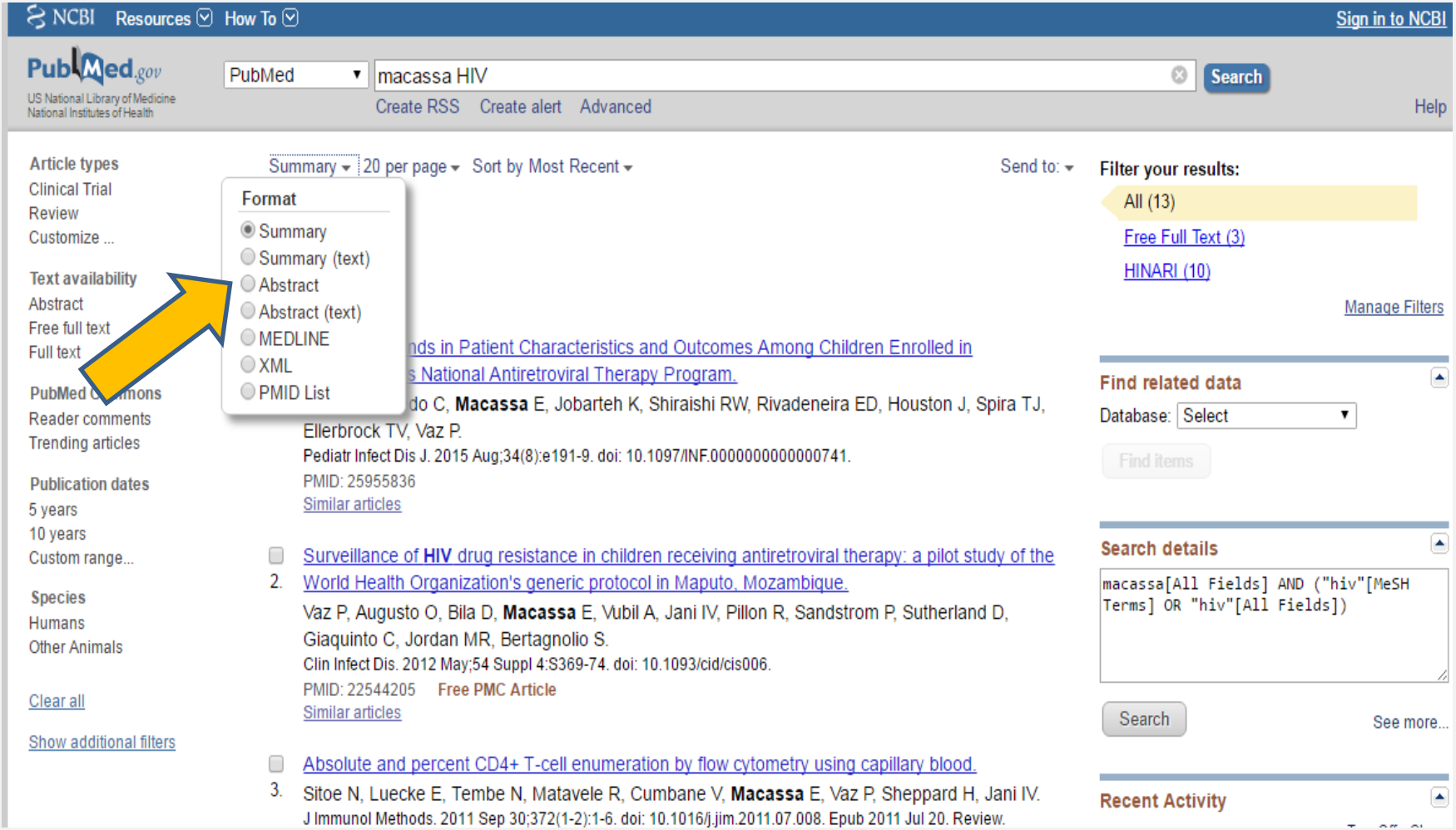

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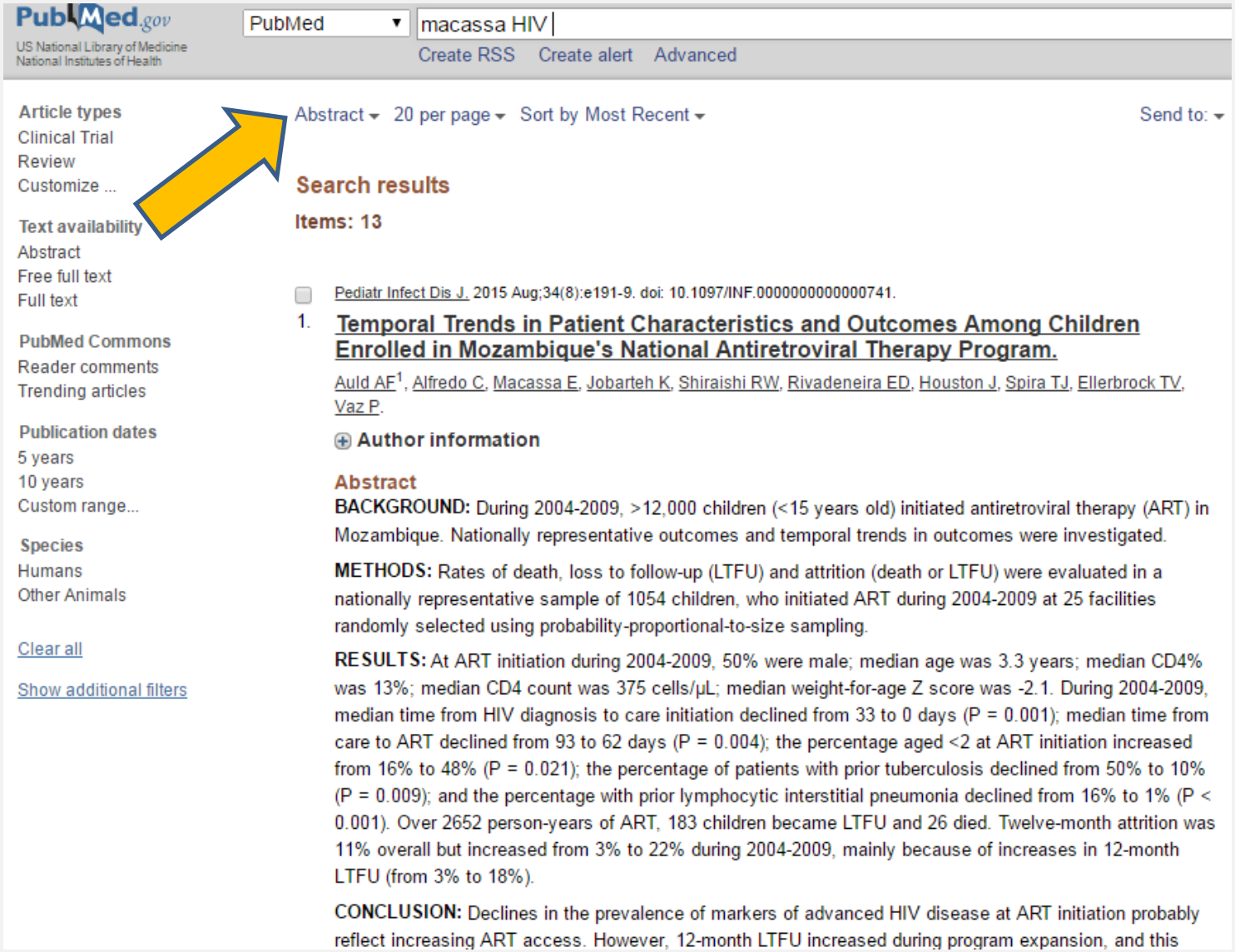

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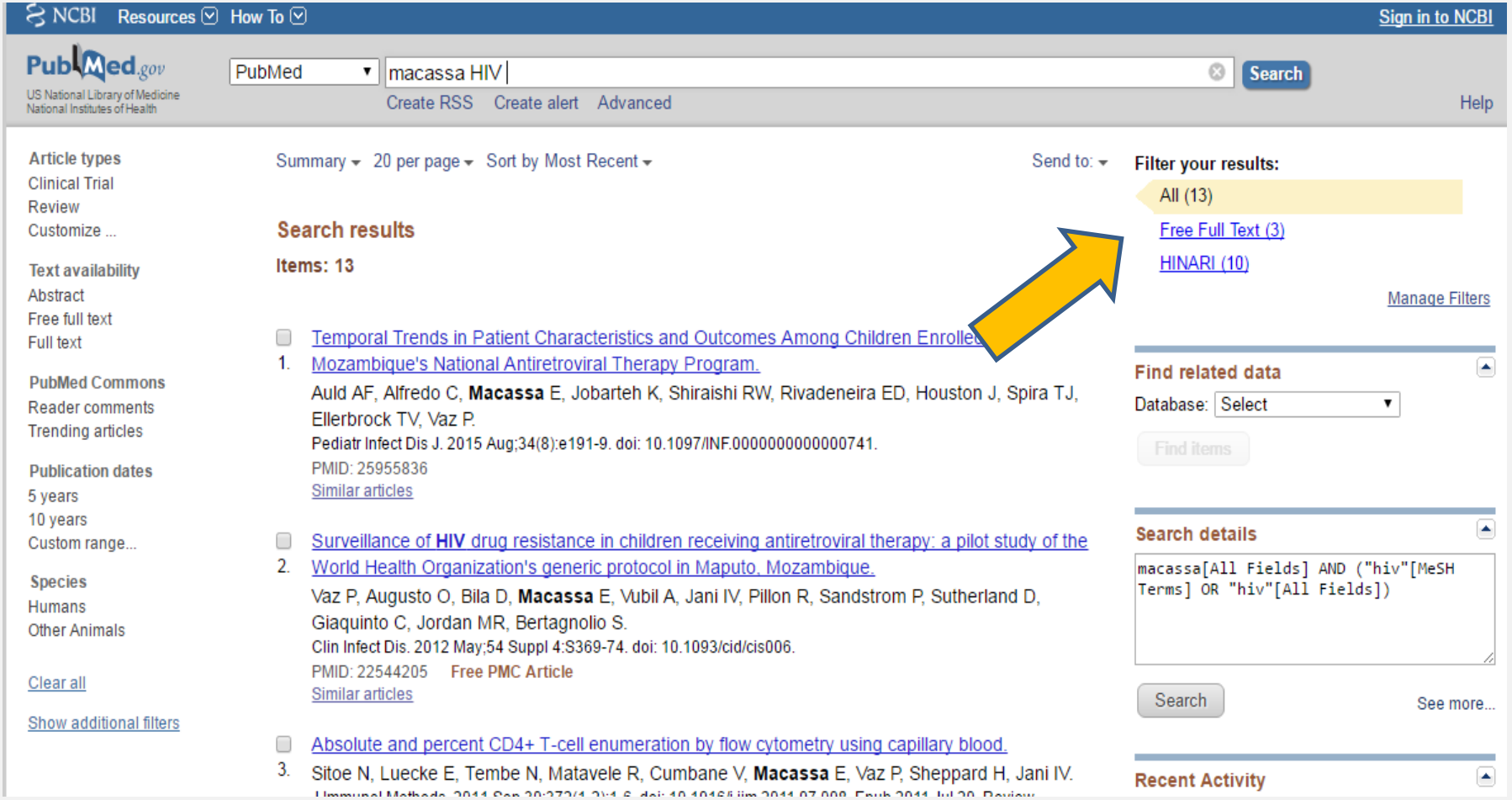

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SUPPLEMENT ARTICLE

Surveillance of HIV Drug Resistance in Children Receiving Antiretroviral Therapy: A Pilot Study of the World Health Organization's Generic Protocol in Maputo, Mozambique

P. Vaz,[1] O. Augusto,[1] D. Bila,[2] E. Macassa,[1] A. Vubil,[2] I. V. Jani,[2] R. Pillon,[3] P. Sandstrom,[3] D. Sutherland,[4] C. Giaquinto,[5] M. R. Jordan,[6,7] and S. Bertagnolio[6]

[1]Department of Pediatrics, Hospital Dia Pediátrico, Maputo Central Hospital, [2]Department of Immunology, Instituto Nacional de Saúde, Maputo, Mozambique; [3]Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, [4]National HIV and Retrovirology Laboratories, Public Health Agency of Canada, Ottawa, Ontario; [5]Department of Pediatrics, University of Padova, Italy; [6]WHO/HTM/TCO, Geneva, Switzerland; and [7]Division of Geographic Medicine and Infectious Disease, Department of Public Health and Community Medicine, Tufts University School of Medicine, Boston, Massachusetts

Between 2007 and 2008, the Mozambique Ministry of Health conducted an assessment of human immunodeficiency virus drug resistance (HIVDR) using World Health Organization (WHO) methods in a cohort of children initiating antiretroviral therapy (ART) at the main pediatric ART referral center in Mozambique. It was shown that prior to ART initiation 5.4% of children had HIVDR that was associated with nevirapine perinatal exposure ($P < .001$). Twelve months after ART initiation, 77% had viral load suppression (<1000 copies/mL), exceeding the WHO target of ≥70%; 10.3% had HIVDR at 12 months. Baseline HIVDR ($P = .04$), maternal prevention of mother-to-child transmission ($P = .02$), and estimated days of missed medication ($P = .03$) predicted HIVDR at 12 months. As efforts to eliminate pediatric AIDS are intensified, implementation of ritonavir-boosted protease inhibitor regimens in children with prevention of mother-to-child transmission exposure may reduce risk of virological failure in our setting.

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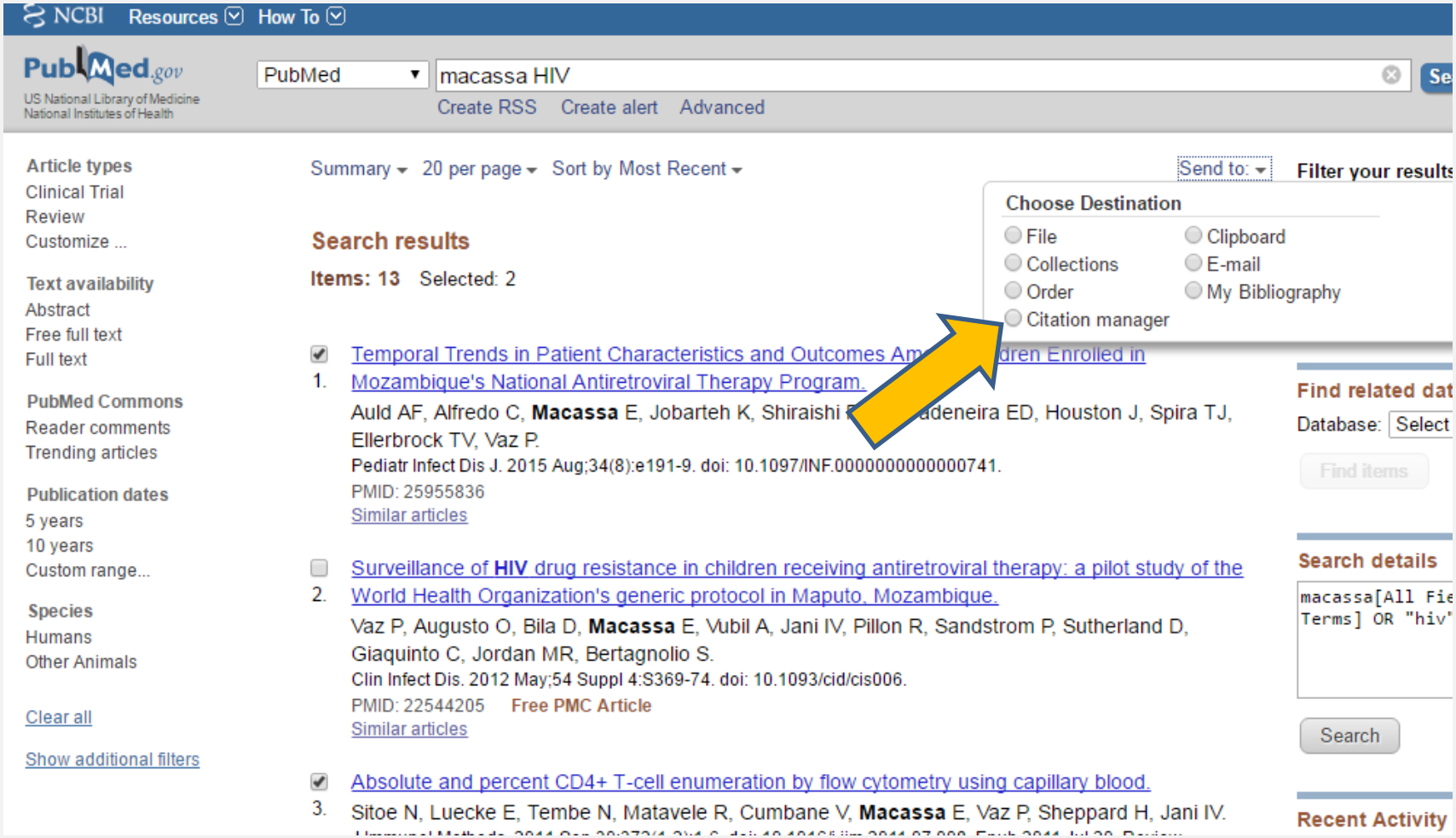

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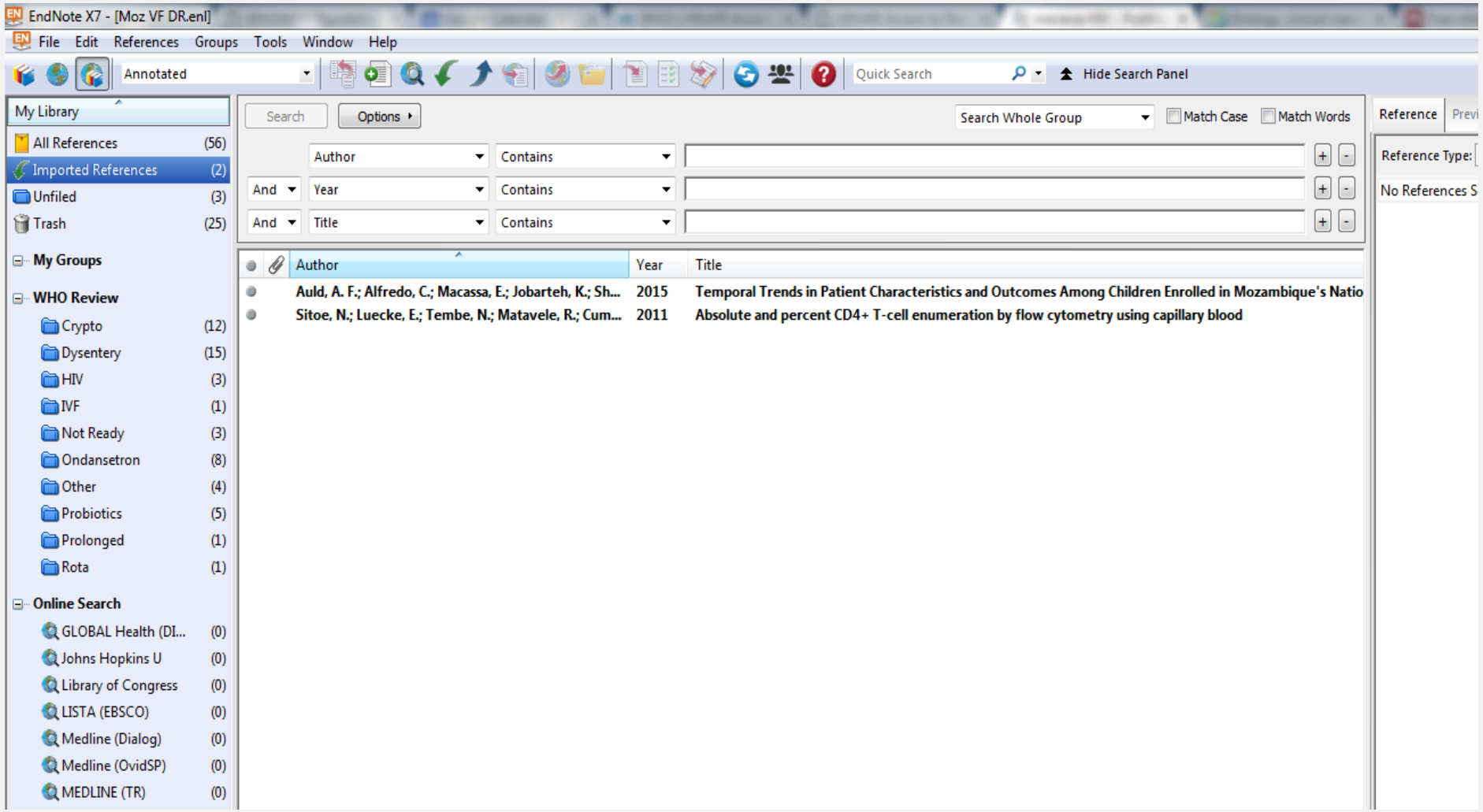

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