



UpToDate®
Confident, clinical decision-making

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Sales Account Manager

The Story of UpToDate ...

<https://youtu.be/k4nQWM6U298>



Dr Bud Rose - The Founder of UpToDate

什麼是UpToDate?

由一位著名的撰寫教科書的腎臟學家於1992年創建

- 他為自己編寫的教科書總是很快過時而感到苦惱

並不是取代教科書，而主要用於解決教科書所不能解決的問題

- 教科書主要是講述某種疾病的參考工具
- **UpToDate**主要是告訴醫生怎樣治療患有這種疾病的病人

為醫生(和其他臨床工作者)在治療患者時解答問題的線上電子產品

- 醫生在臨床時遇到的2/3問題無法解答
- 解答臨床問題每天可能改變5~8名患者的臨床治療策略

填補空白

沒有醫生能夠吸收、記憶海量的醫學文獻並且判斷這些新發表的研究成果對診治患者有什麼影響

- 每周有10,000 項研究新增到Medline中
- 1965年僅有39項隨機試驗發表，而2008年有26,000 項隨機試驗發表

UpToDate
做到這些

- 審讀文獻，來回答臨床問題
- 綜合相關文獻，推薦診療方案
- 持續更新內容
- 借鑒本領域專家意見

因此，臨床工作人員可以在診療過程中獲取建議， 解決問題

- 自1992 來，UpToDate已成為臨床工作者的專業“工具”

What is UpToDate ?

UpToDate is an electronic evidence-based clinical decision support tool written by physicians to help clinicians

為醫師作者們執筆所撰寫提供實時臨床醫療訊息，被設計於與醫師們所遇之臨床問題能快速回覆，以協助醫師們進行診療上的判斷和決策

Answer your clinical questions 解答醫師在臨床上遇到的問題

Increase your clinical knowledge 新增醫師在臨床上的知識

Improve patient care 有助於其為患者提供更好的醫療



The trusted way to practice medicine

Practice Changing Updates

診療方式更新快訊

10,500+

Clinical Topics

臨床的專題內容

5,800

Drug Monographs

藥物訊息與交互作用查詢功能

1,500

Patient leaflets

患者教育內容

Rigorous three-tier peer-review process

32,000+ Graphics

圖表

170+

Medical Calculators

臨床計算器

440,000+

References

包含引用文獻

26

Specialties

專科

Our Editorial Board

1. Authors

- Clinically active
- World-renown physician topic experts
- Have an academic affiliation

2. Editors

- Clinically active
- Specialty experts
- Trained to use EBM

3. Peer Reviewers

- Clinically active
- Specialists in their field
- Anonymous to the author



Evidence Grading 實證等級

- In 2001, we began a collaboration with Gordon Guyatt, a world leader in EBM, and his colleagues in the international GRADE collaborative to implement a grading system for recommendations
- UpToDate grades specific treatment and screening recommendations

Evidence Grading 實證等級

RECOMMENDATION GRADES 醫囑的強度 (診療建議的強度)

Grade 1 1 級推薦	Strong Recommendation 強推薦	Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
	“We recommend...”	
Grade 2 2 級推薦	Weaker Recommendation 弱推薦	Benefits and risks closely balanced and/or uncertain
	“We suggest...”	

EVIDENCE GRADES 證據的品質 (證據的強度)

Grade A A 級證據	High Quality Evidence 高品質證據	Consistent evidence from randomized trials, or overwhelming evidence of some other form
Grade B B 級證據	Moderate Quality Evidence 中等品質證據	Evidence from randomized trials with important limitations, or very strong evidence of some other form
Grade C C 級證據	Low Quality Evidence 低品質證據	Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

UpToDate 目前涵蓋主題

Adult and Pediatric
Emergency Medicine

Adult and Primary
Care Medicine

Allergy and
Immunology

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Cardiovascular
Medicine

Dermatology

Endocrinology and
Diabetes

Gastroenterology and
Hepatology

General Surgery

Geriatrics

Hematology

Hospital Medicine

Infectious Diseases

Nephrology and
Hypertension

Neurology

Sports Medicine

Obstetrics,
Gynecology and
Women's Health

Oncology

Palliative Care

Pediatrics

Psychiatry

Pulmonary, Critical
Care and Sleep
Medicine

Rheumatology

Family Medicine

Citing UpToDate - 引用UpToDate文獻

引用UpToDate文獻所需載明之內容

Michael D Jibson, MD. - 作者名

Second-generation antipsychotic medications: pharmacology, administration, and side effects. - 主題名

UpToDate. Waltham, MA (UpToDate) - 公司名

UpToDate Inc. <http://www.uptodate.com> (Accessed on January 02, 2017.) - 註明引用日期

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Second-generation antipsychotic medications: pharmacology

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Second-generation antipsychotic medications: Pharmacology, administration, and side effects

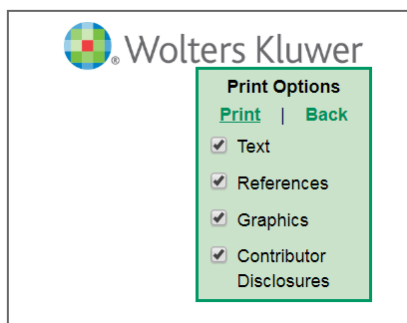
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- [SUMMARY & RECOMMENDATIONS](#)
- [INTRODUCTION](#)
- [PHARMACOLOGY](#)
 - Other receptor activities
 - Absorption and bioavailability

Second-generation antipsychotic medications: Pharmacology, administration, and side effects

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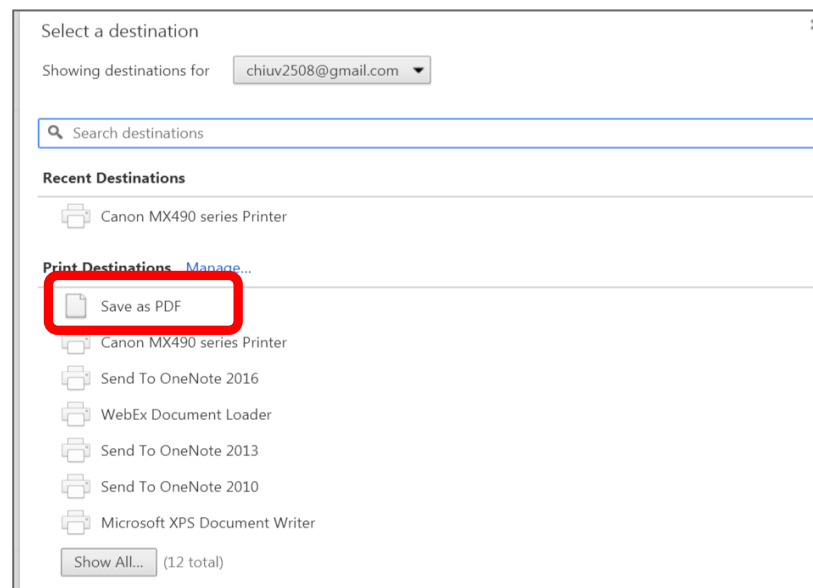
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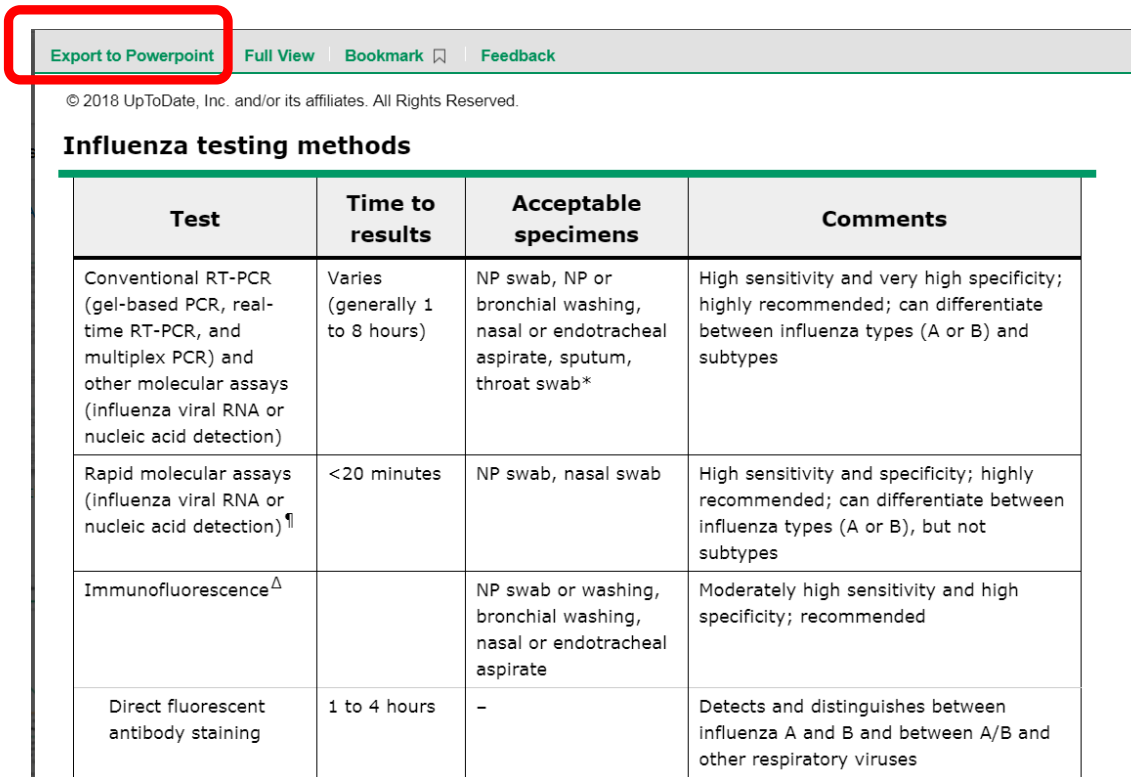
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Influenza testing methods

Test	Time to results	Acceptable specimens	Comments
Conventional RT-PCR (gel-based PCR, real-time RT-PCR, and multiplex PCR) and other molecular assays (influenza viral RNA or nucleic acid detection)	Varies (generally 1 to 8 hours)	NP swab, NP or bronchial washing, nasal or endotracheal aspirate, sputum, throat swab*	High sensitivity and very high specificity; highly recommended; can differentiate between influenza types (A or B) and subtypes
Rapid molecular assays (influenza viral RNA or nucleic acid detection) [¶]	<20 minutes	NP swab, nasal swab	High sensitivity and specificity; highly recommended; can differentiate between influenza types (A or B), but not subtypes
Immunofluorescence ^Δ		NP swab or washing, bronchial washing, nasal or endotracheal aspirate	Moderately high sensitivity and high specificity; recommended
Direct fluorescent antibody staining	1 to 4 hours	-	Detects and distinguishes between influenza A and B and between A/B and other respiratory viruses

For More Information



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