Clinical Knowledge Online

A Tool for Point-of-care and Medical Education

ユサコ株式会社
商品セールスグループ
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Seminar Program

- SKOLAR MD
  - **イントロダクション** どんなサービス？
  - **コンテンツ** 何がわかるの？
    EBM**情報**／**医薬品情報**／Ovid MEDLINE／
    Text Book／**患者向け情報**
  - **インターフェイス** どうやって使うの？
    - **基本機能と特徴**
- Demonstration (**検索例**)

Introduction

SKOLAR MD

1. 臨床現場で医師をサポートする knowledge system

診療指針の決定に確証を与えるEBM情報を提供
複数の情報源を同時に検索
短時間で目的の情報にアクセス

医師の時間が少ない　治療の長期化　医療の質とコスト

2. 臨床研修医のための学習ツール

電子ブック
Ovid MEDLINE

医療情報の変化･更新が早い　現場での継続学習の負担

History

- Stanford**大学　医学図書館で開発**
- WolterKluwer Health**がインターフェイスを購入** (March 28, 2003)
- 2004**年**10**月～ ユサコ株式会社が日本で発売を開始**

Contents

- **電子ブック：**
- **薬事情報：**
- **EBM／ガイドライン ：**
- **Medline:**
- **患者教育:**

Contents：電子ブック

- ワシントンマニュアル
- ハリソン内科医学書
- オックスフォード医学テキスト
- ・・・・・・

医学界でバイブルとされているような
テキストブック並びにハンドブックから、
各部位の医学書や各病気の医学書まで…

Contents：医薬品情報

- A to Z Drug facts
- Drug facts and Comparisons
- FDA MedWatch
- Review of Natural Products
- ……

Contents：EBMガイドライン

- Clin-eguide (**診療指針決定のサポートツール**)
- GAC Recommended Guidelines (Ontario)
- National Guideline Clearinghouse
- Australian and New Zealand Guidelines

Contents：MEDLINE

- Ovid Medline

  絞込検索：出版年・著者名・ジャーナル名等

  Ovid Medline**からフルテキストへリンク**

Contents：患者教育

- American Academy of Family Physicians
- Australian and New Zealand Patient Education
- Patient Handouts (CDC, FDA, NIH, NWHIC)
- PDQ® Cancer Information Summaries: Treatment (Patients)

Interface - 特徴

- **基本機能と特徴**
  - **少ない手順で必要な情報にアクセス可能！**

キーワード検索

↓

Quick Hits

↓

クリックで情報源を移動

検索後、“QUICK HITS RESULTS”というページが表示され、医師から患者への提言に必要な、重要なエビデンスを有する情報に簡単にアクセスできます。

治療方針・疾病概要・オプション・投薬条件・危険因子・治療コスト

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Interface - 特徴

- **基本機能と特徴**
  - **より詳しい調査は後から実行！**

1. **NOTEBOOK**に保存
2. 診察･治療を継続
3. **NOTEBOOK**から呼び出す
4. テキスト／**Medline**で調査

- **保存した検索の結果をE-mailで送信することも可能！**

Interface - 特徴

- **基本機能と特徴**
  - **医療情報ポータルとして活用！**
    - **さまざまな最新情報にアクセス**

New York Times からのHealth関連ニュース

FDA Alert

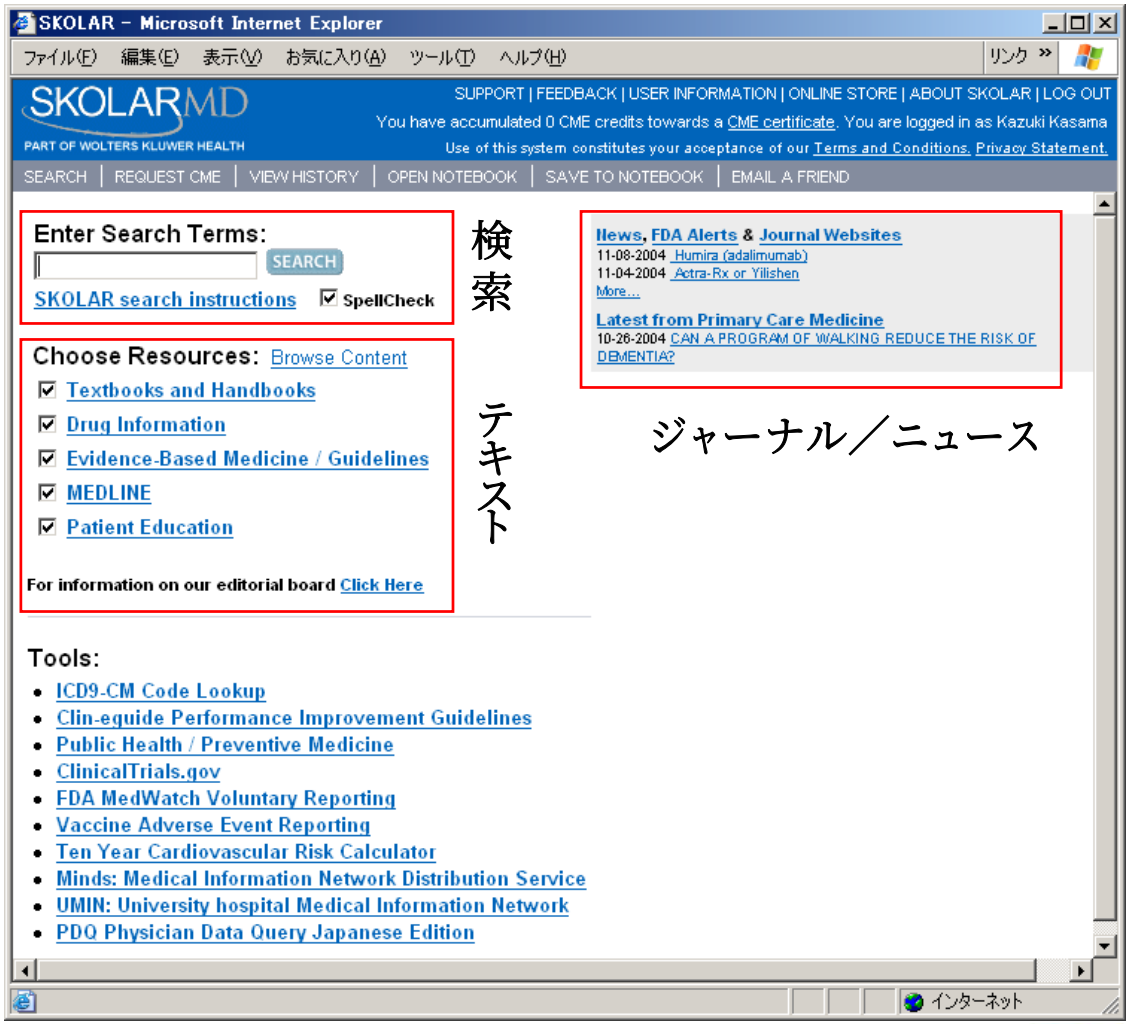
オンラインジャーナルのウェブサイト

- **American Family Physician**
- **British Medical Journal**
- **JAMA**
- **Lancet** **etc...**

Primary Care Medicine からの最新情報

Skolar MD Demonstration

基本検索画面



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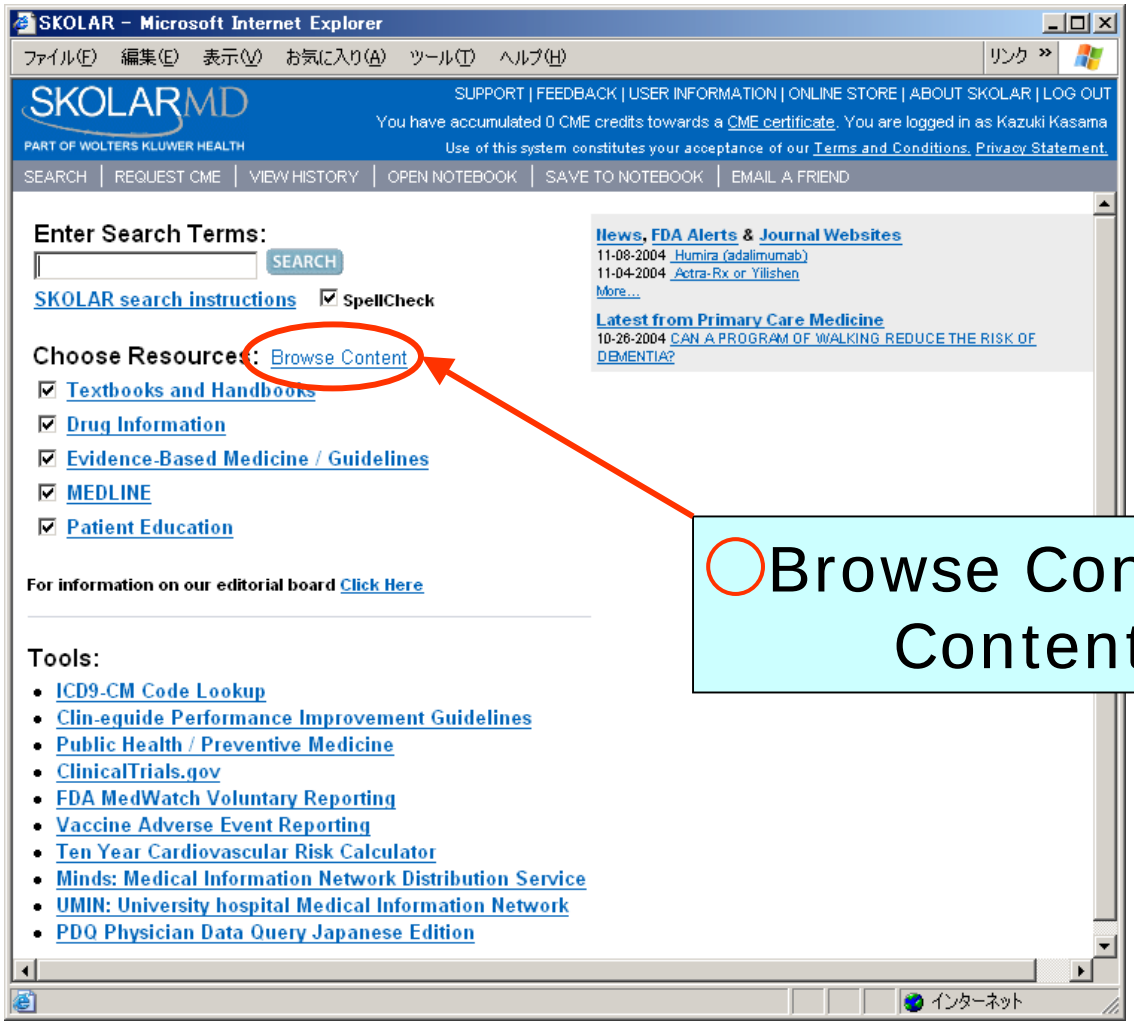
Skolar MD Demonstration



○Browse Contentsをクリック
Contentsの一覧

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SKOLAR – Microsoft Internet Explorer
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SKOLARMD
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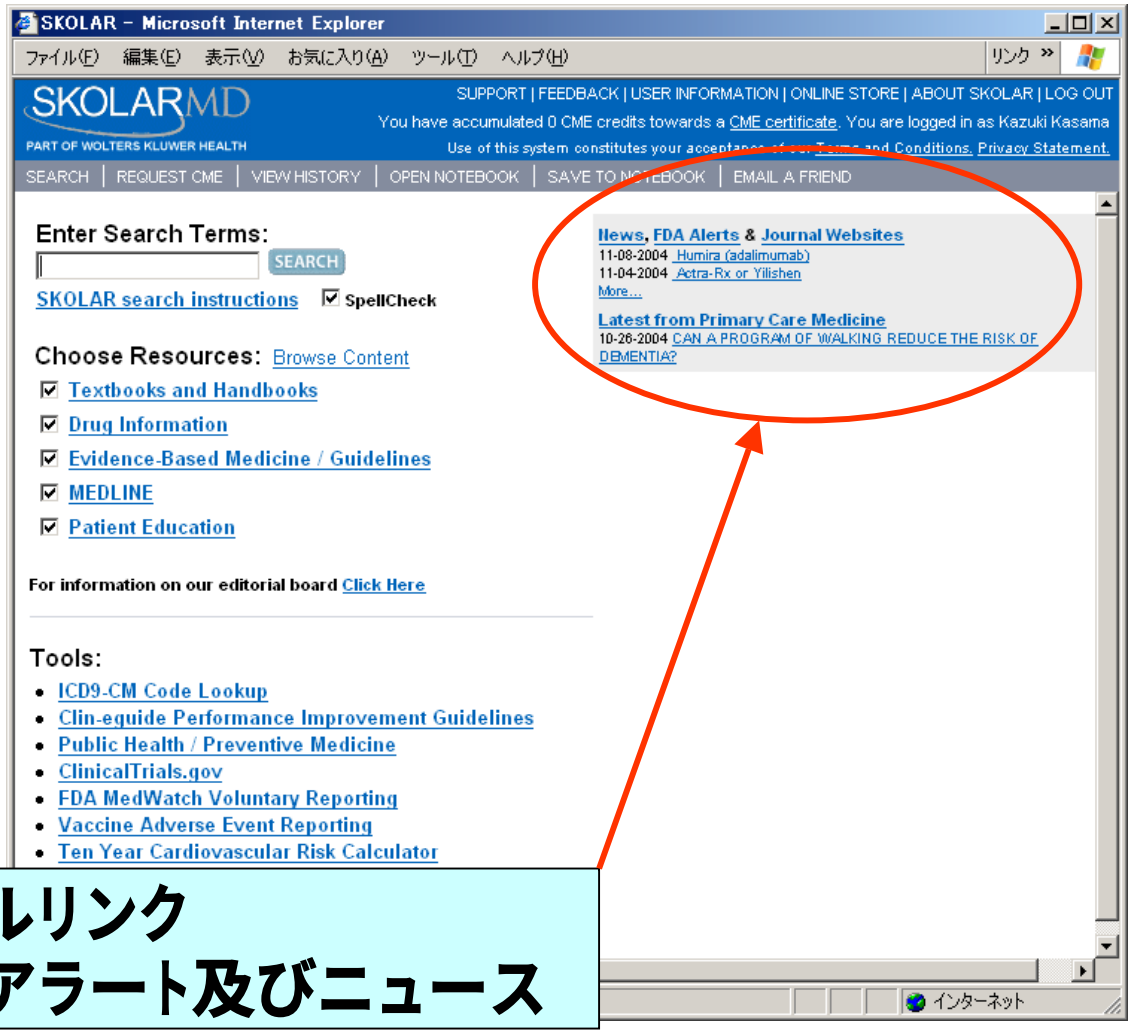
SEARCH | REQUEST CME | VIEW HISTORY | OPEN NOTEBOOK | SAVE TO NOTEBOOK | EMAIL A FRIEND
Enter Search Terms:
SEARCH
SKOLAR search instructions
SpellCheck
News, FDA Alerts & Journal Websites
Latest from Primary Care Medicine
Choose Resources: Close All
テキスト
Textbooks and Handbooks
Arthritis and Allied Conditions (Koopman)
Baum's Textbook of Pulmonary Diseases (Crapo)
Cancer: Principles and Practice of Oncology (DeVita)
Clinical Imaging: An Atlas of Differential Diagnosis (Eisenberg)
Clinical Practice of Emergency Medicine (Harwood-Nuss)
Current Medical Diagnosis & Treatment (Tierney)
Diseases of the Kidney and Urinary Tract (Schrier)
Fitzpatrick's Dermatology In General Medicine (Freedberg)
Harrison's Principles of Internal Medicine (Braunwald)
Hospital Medicine (Wachter)
Irwin & Rippe's Intensive Care Medicine (Irwin and Rippe)
Kaplan & Sadock's Comprehensive Textbook of Psychiatry (Sadock)
Oxford Textbook of Medicine (Warrell)
Patterson's Allergic Diseases (Grammer)
Principles and Practice of Endocrinology and Metabolism (Becker)
Principles of Surgery (Schwartz)
Rockwood and Green's Fractures in Adults (Bucholz)
Rudolph's Pediatrics (Rudolph)
Textbook of Gastroenterology (Yamada)
Washington Manual of Therapeutics
Wintrobe's Clinical Hematology (Greer)
医薬品情報
Drug Information
A to Z Drug Facts
Drug Facts and Comparisons®
FDA MedWatch
Review of Natural Products
EBMガイドライン
Evidence-Based Medicine / Guidelines
Australian and New Zealand Guidelines
Cochrane Datal
Cochrane: D.A.R.E.
Cochrane: Controlled Trials Register (C.C.T.R.)
GAC Recomme
National Guideline Clearinghouse
PDQ® Cancer Information Summaries (Professionals)
インターネット

Skolar MD Demonstration



ジャーナルリンク
Medicalアラート及びニュース

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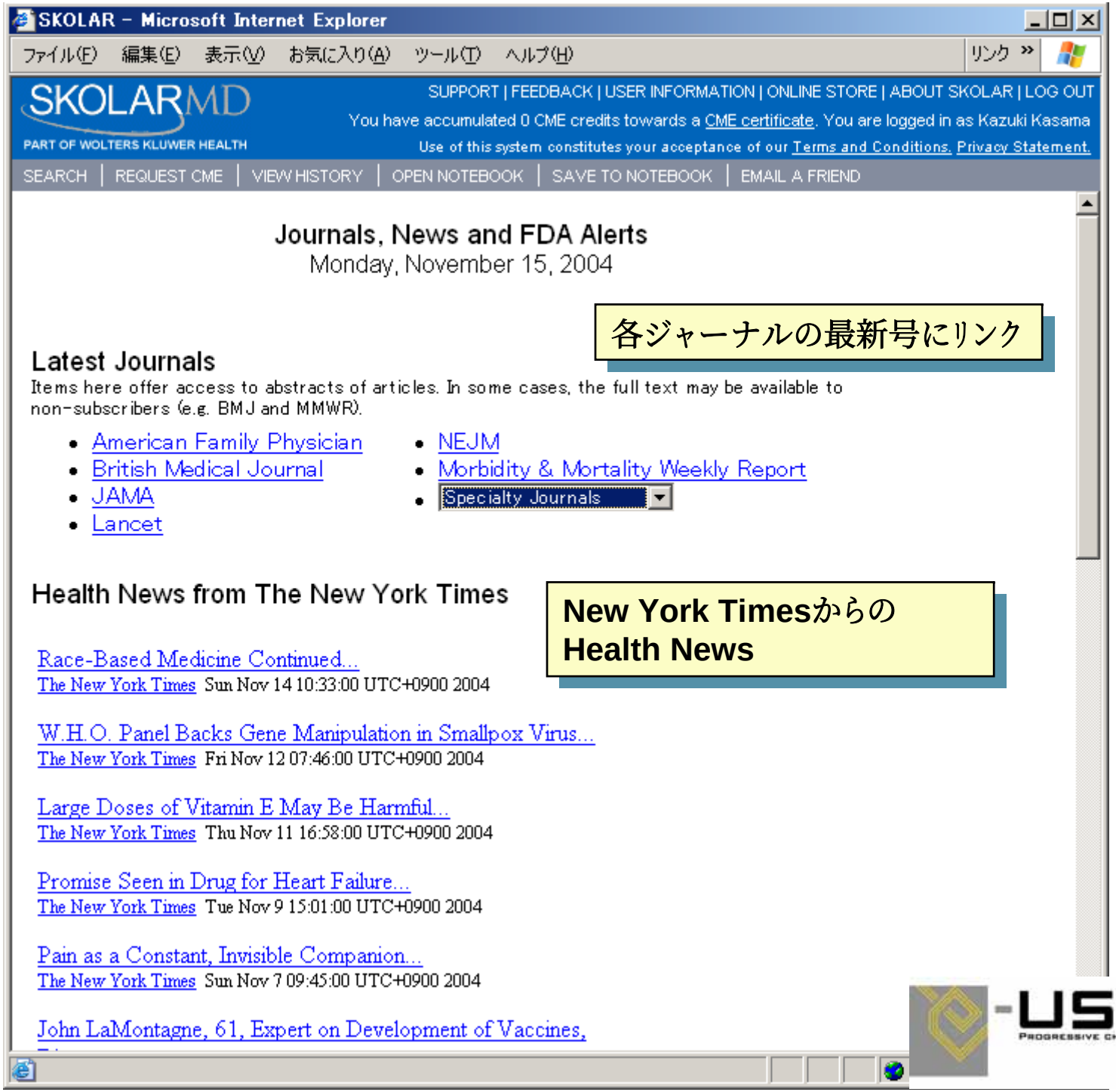


Skolar MD Demonstration

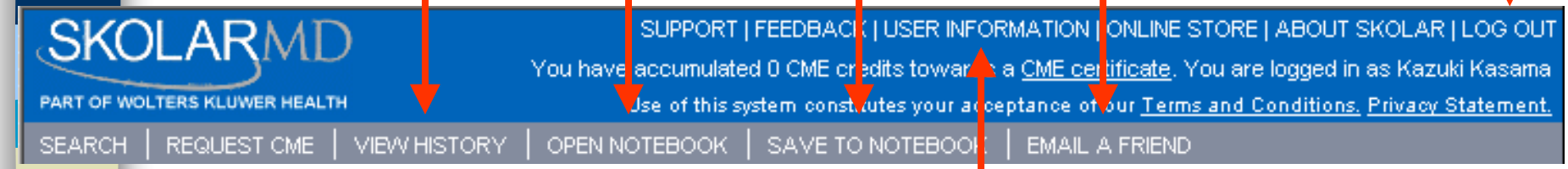
ノートブックの参照
Open Notebook

結果の保存
Save to Notebook

検索履歴
ViewHistory

検索結果のE-mail
E-Mail A friend

利用終了
Log Out



ユーザ登録画面

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SkolarMD 検索シナリオ1

Dyspepsia (消化不良)

シナリオ

患者情報: 40歳
男性
約2週間消化不良と下記の症状

症状:
- **膨脹** (Bloating)
- **嚥下困難** (dysphasia)
- **早い満腹感** (early satiety)
- **吐き気** (nausea)
- **痛みはないが、嫌な感じ**
- **腹部上部の充満** (Upper abdominal fullness)

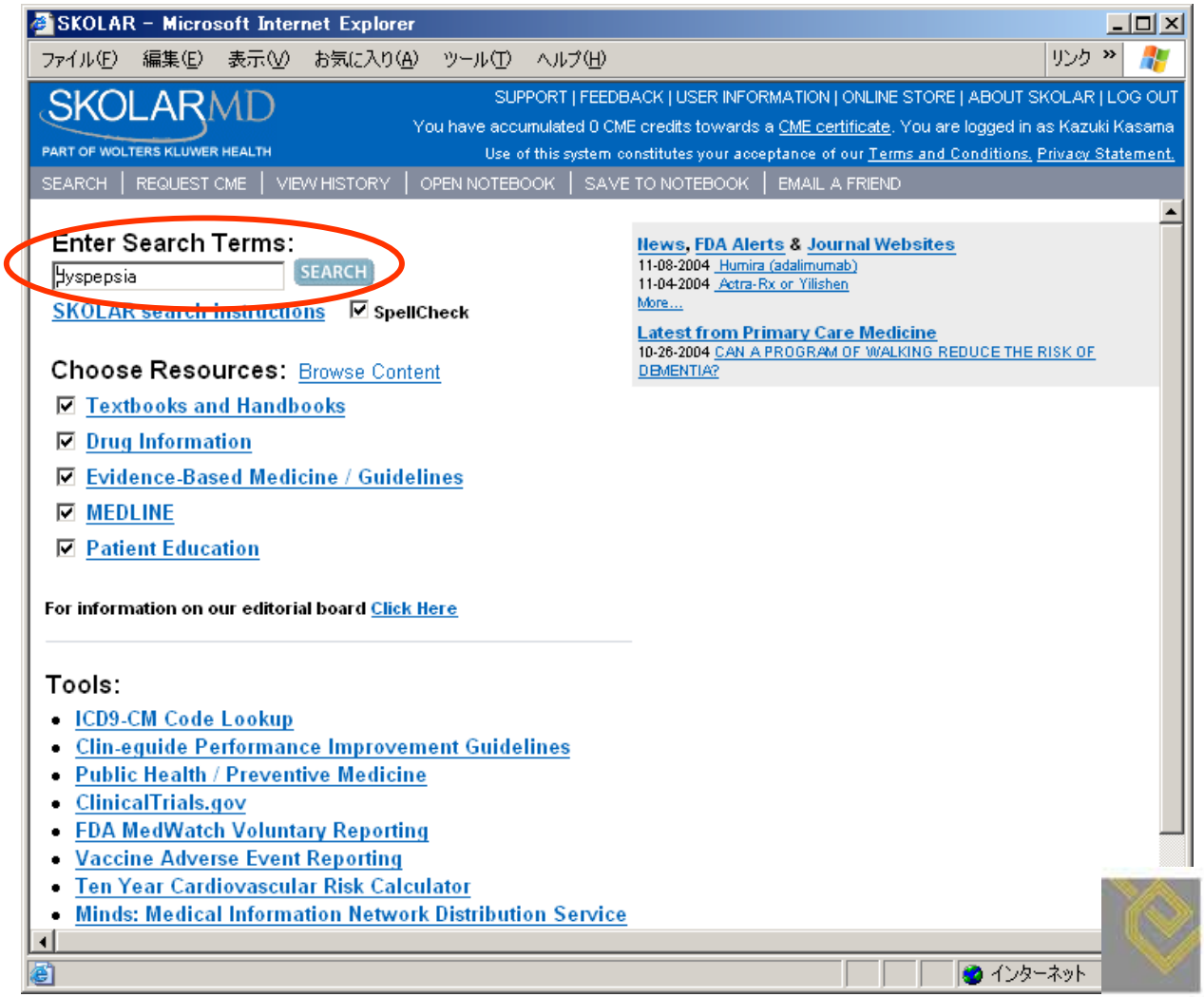
臨床医はどうすべきか？

Q1 **胃カメラ等で診断するべきか？**
Q2 **すぐに治療を始めるべきか？**

Q1.胃カメラ等で診断するべきか？

0.Skolar MDへのログイン

1.Dyspepsiaを入力し、Searchをクリックする。



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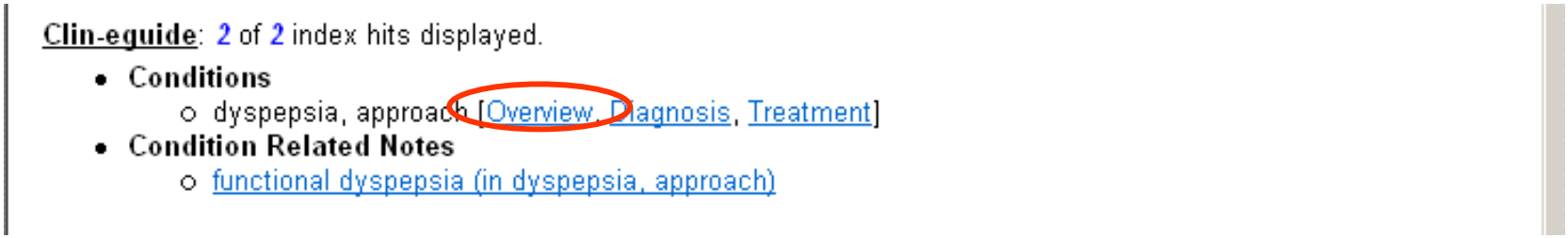
Q1.胃カメラ等で診断するべきか？

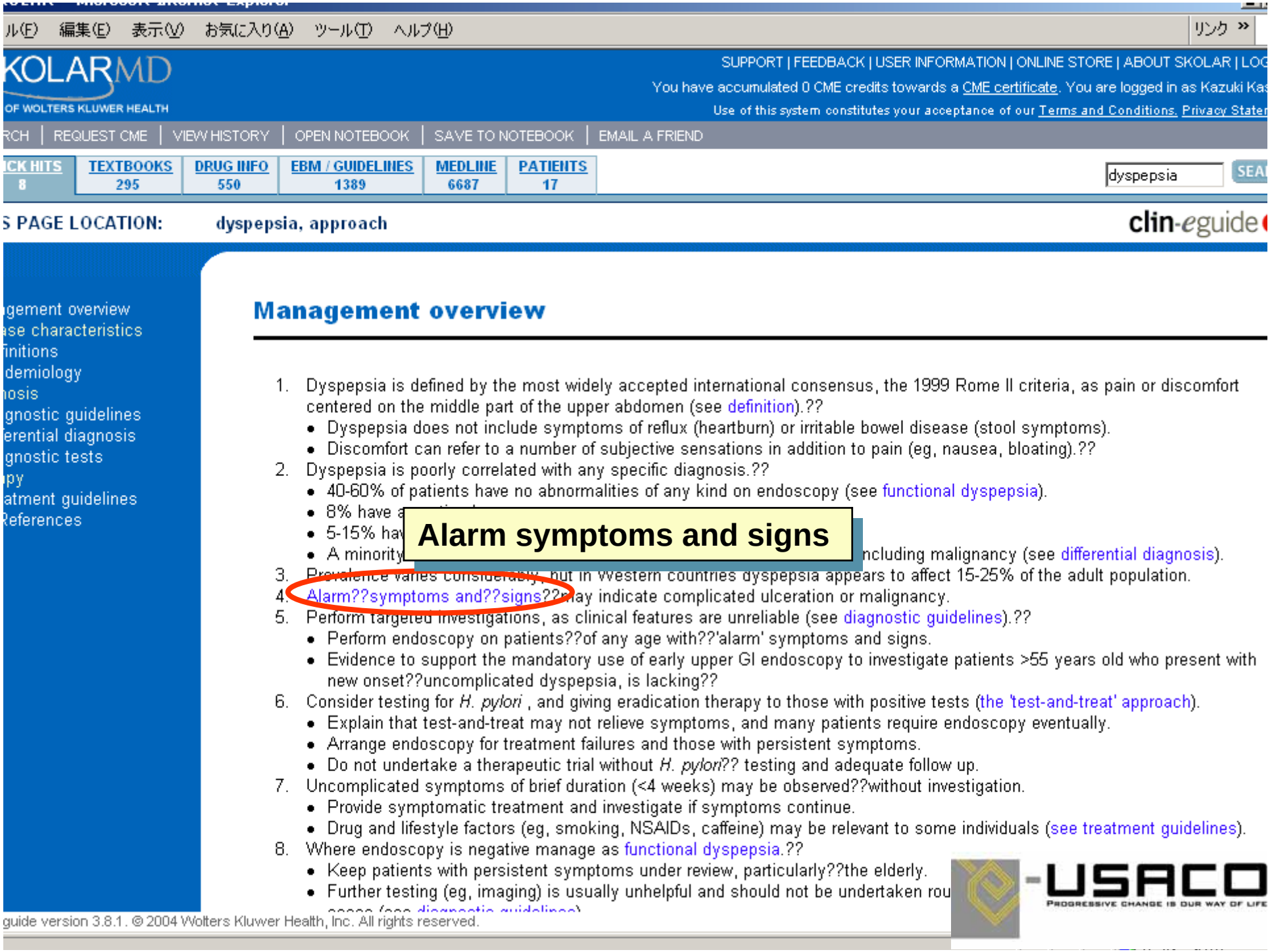
2.**結果の**Clin-eguide**から、**Overview **(概略) を選択する。**



3.Overview**の表示と病状の確認。**

Alarm symptoms and signs**の確認**

(次ページ赤丸)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TEXTBOOKS 295
DRUG INFO 550
EBM / GUIDELINES 1389
MEDLINE 6687
PATIENTS 17
dyspepsia
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References
Management overview
1. Dyspepsia is defined by the most widely accepted international consensus, the 1999 Rome II criteria, as pain or discomfort centered on the middle part of the upper abdomen (see definition).??
• Dyspepsia does not include symptoms of reflux (heartburn) or irritable bowel disease (stool symptoms).
• Discomfort can refer to a number of subjective sensations in addition to pain (eg, nausea, bloating).??
2. Dyspepsia is poorly correlated with any specific diagnosis.??
• 40-60% of patients have no abnormalities of any kind on endoscopy (see functional dyspepsia).
• 8% have a
• 5-15% hav
• A minority
Alarm symptoms and signs
ncluding malignancy (see differential diagnosis).
3. Prevalence varies considerably, but in Western countries dyspepsia appears to affect 15-25% of the adult population.
4. Alarm??symptoms and??signs??ay indicate complicated ulceration or malignancy.
5. Perform targeted investigations, as clinical features are unreliable (see diagnostic guidelines).??
• Perform endoscopy on patients??of any age with??'alarm' symptoms and signs.
• Evidence to support the mandatory use of early upper GI endoscopy to investigate patients >55 years old who present with new onset??uncomplicated dyspepsia, is lacking??
6. Consider testing for H. pylori , and giving eradication therapy to those with positive tests (the 'test-and-treat' approach).
• Explain that test-and-treat may not relieve symptoms, and many patients require endoscopy eventually.
• Arrange endoscopy for treatment failures and those with persistent symptoms.
• Do not undertake a therapeutic trial without H. pylori?? testing and adequate follow up.
7. Uncomplicated symptoms of brief duration (<4 weeks) may be observed??without investigation.
• Provide symptomatic treatment and investigate if symptoms continue.
• Drug and lifestyle factors (eg, smoking, NSAIDs, caffeine) may be relevant to some individuals (see treatment guidelines).
8. Where endoscopy is negative manage as functional dyspepsia.??
• Keep patients with persistent symptoms under review, particularly??the elderly.
• Further testing (eg, imaging) is usually unhelpful and should not be undertaken rou
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Q1.胃カメラ等で診断するべきか？

'Alarm' symptoms and signs

- 'Alarm' symptoms and signs are based on expert opinion rather than published evidence, and include:
  - dysphagia??
  - recurrent vomiting
  - significant unintentional weight loss
  - anemia from GI hemorrhage or upper abdominal mass.
- Patients of any age with these features should undergo early investigation.

4.**患者の症状との比較**

5.**診断のガイドラインの調査(次ページ黒丸)**

Management overview

1. Dyspepsia is defined by the most widely accepted international consensus, the 1999 Rome II criteria, as pain or discomfort centered on the middle part of the upper abdomen (see definition).??
   - Dyspepsia does not include symptoms of reflux (heartburn) or irritable bowel disease (stool symptoms).
   - Discomfort can refer to a number of subjective sensations in addition to pain (eg, nausea, bloating).??
2. Dyspepsia is poorly correlated with any specific diagnosis.??
   - 40-60% of patients have no abnormalities of any kind on endoscopy (see functional dyspepsia).
   - 8% have a peptic ulcer.
   - 5-15% have GERD.
   - A minority have various pathologies in the stomach and other viscera, including malignancy (see differential diagnosis).
3. Prevalence varies considerably, but in Western countries dyspepsia appears to affect 15-25% of the adult population.
4. Alarm??symptoms and??signs??may indicate complicated ulceration or malignancy.
5. Perform targeted investigations, as clinical features are unreliable (see diagnostic guidelines).??
   - Perform endoscopy on patients??of any age with??'alarm' symptoms and signs.
   - Evidence to support the mandatory use of early upper GI endoscopy to investigate patients >55 years old who present with new onset??uncomplicated dyspepsia, is lacking??
6. Consider testing for *H. pylori* , and giving eradication therapy to those with positive tests (the 'test-and-treat' approach).
   - Explain that test-and-treat may not relieve symptoms, and many patients require endoscopy eventually.
   - Arrange endoscopy for treatment failures and those with persistent symptoms.
   - Do not undertake a therapeutic trial without *H. pylori*?? testing and adequate follow up.
7. Uncomplicated symptoms of brief duration (<4 weeks) may be observed??without investigation.
   - Provide symptomatic treatment and investigate if symptoms continue.
   - Drug and lifestyle factors (eg, smoking, NSAIDs, caffeine) may be relevant to some individuals (see treatment guidelines).
8. Where endoscopy is negative manage as functional dyspepsia.??
   - Keep patients with persistent symptoms under review, particularly??the elderly.
   - Further testing (eg, imaging) is usually unhelpful and should not be undertaken rou

Q1.胃カメラ等で診断するべきか？

6.下記の症状がでている場合は、胃カメラへ

2. Select diagnostic strategies based on patient's age, presentation, and preferences:

Diagnostic strategy	Patient characteristics
• Observation, without investigation	• Uncomplicated symptoms of brief duration (<4 weeks) may be observed, without investigation ▪ Provide symptomatic treatment and investigate if symptoms continue
• Perform endoscopy	• Age >45 years??with new-onset dyspepsia ▪ Age cut-off may vary according to local incidence of gastric cancer eg, may be lower in some Asia-Pacific countries • Presence of 'alarm' symptoms and signs particularly those that perforate?? ▪ Risk is significantly increased by concomitant: • corticosteroids • serious comorbidity • history of ulcer disease • increasing age
• Test for H.pylori and treat (the 'test and treat approach')	• All other patients ▪ The 'test- and-treat' approach is primarily intended to??manage some cases of peptic ulceration without an endoscopy • Give eradication therapy to those with positive tests • *H. pylori*-negative patients may respond to acid suppression??(see treatment guidelines) • Arrange endoscopy for treatment failures or those with continuing symptoms

→ すぐに胃カメラで症状をチェックする。

Q2.すぐに治療を始めるべきか？

7.Clin-eguideから、Treatment Guidelines（治療ガイドライン）をクリック

Treatment guidelines

1. Consider observation, reassurance,??and symptomatic treatment, for uncomplicated symptoms of brief duration (<4 weeks). E ??REF
2. Manage endoscoped patients as per findings.
   - Treat specific pathology where present (eg, peptic ulcer, GERD).??
   - Treat endoscopy-negative patients as functional dyspepsia.
     - Consider alternative pathologies only??after a negative endoscopy, where specifically indicated (see diagnostic guidelines).
3. Treat selected nonendoscoped patients based on *H.pylori* status (the 'test-and-treat' approach).
   - Give eradication therapy to H.pylori positive??patients. B2 ??REF
     - **Do??not offer eradication therapy without a positive test??of *H.pylori*.**
   - Retesting for *H.pylori* infection following eradication therapy is controversial, given??the high rate of efficacy of eradication regimens, and reinfection rates are low (around 0.5-1% per annum in developed??world). E ??REF

上記の赤線から、テストなくして、治療を始めてはいけないということから、答えは、NO

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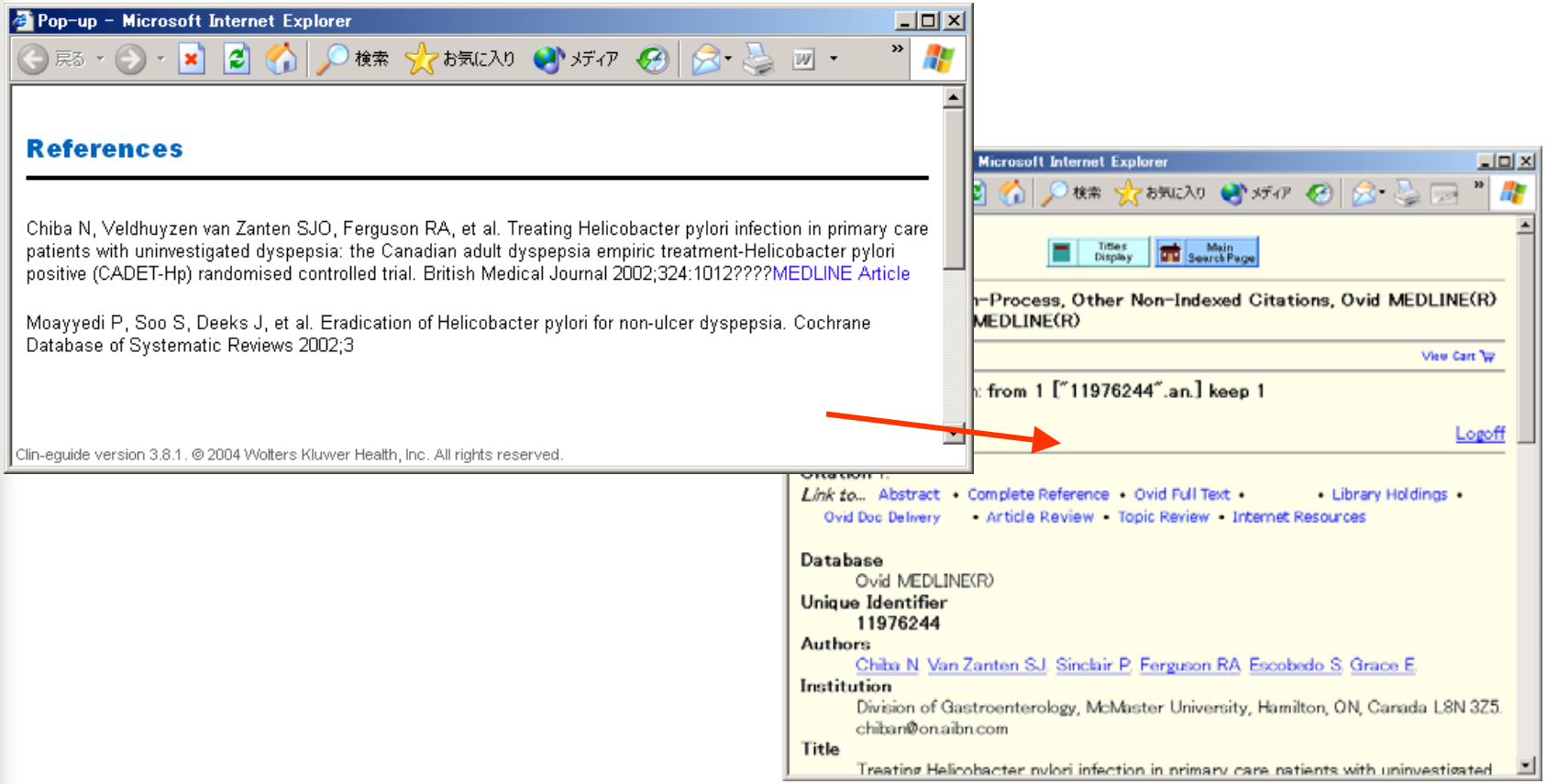
その他の機能　Reference

Ref をクリック → References → Medline等にリンク。
Medline Articleをクリックすると、Ovid Medlineへ



その他の機能 Reference

Evidenceのグレード表示 (A1-Eまでの13カテゴリー)

Treatment guidelines

1. Consider observation, reassurance,??and symptomatic treatment, for uncomplicated symptoms of brief duration (<4 weeks) E ??REF
2. Manage endoscoped patients as per findings.

Evidence grades

Evidence grades	Best available evidence	Outcomes measured
A1	Meta-analysis or systematic reviews of RCTs with low heterogeneity[a] or single large RCT with low risk of bias	Clinically relevant - morbidity/mortality
A2	Meta-analysis or systematic reviews of RCTs with low heterogeneity[a] or single large RCT with low risk of bias	Intermediate endpoints strongly linked to morbidity/mortality
A3	Meta-analysis or systematic reviews of RCTs with low heterogeneity[a] or single large RCT with low risk of bias	Intermediate endpoints with no evidence to support a strong link to morbidity/mortality
B1	Meta-analysis or systematic reviews of RCTs with significant heterogeneity[b] or single RCT with a moderate to high risk of bias	Clinically relevant - morbidity/mortality
B2	Meta-analysis or systematic reviews of RCTs with significant heterogeneity[b] or single RCT with a	Intermediate endpoints strongly linked to morbidity/mortality

SkolarMD 検索シナリオ2

Stroke (脳卒中)

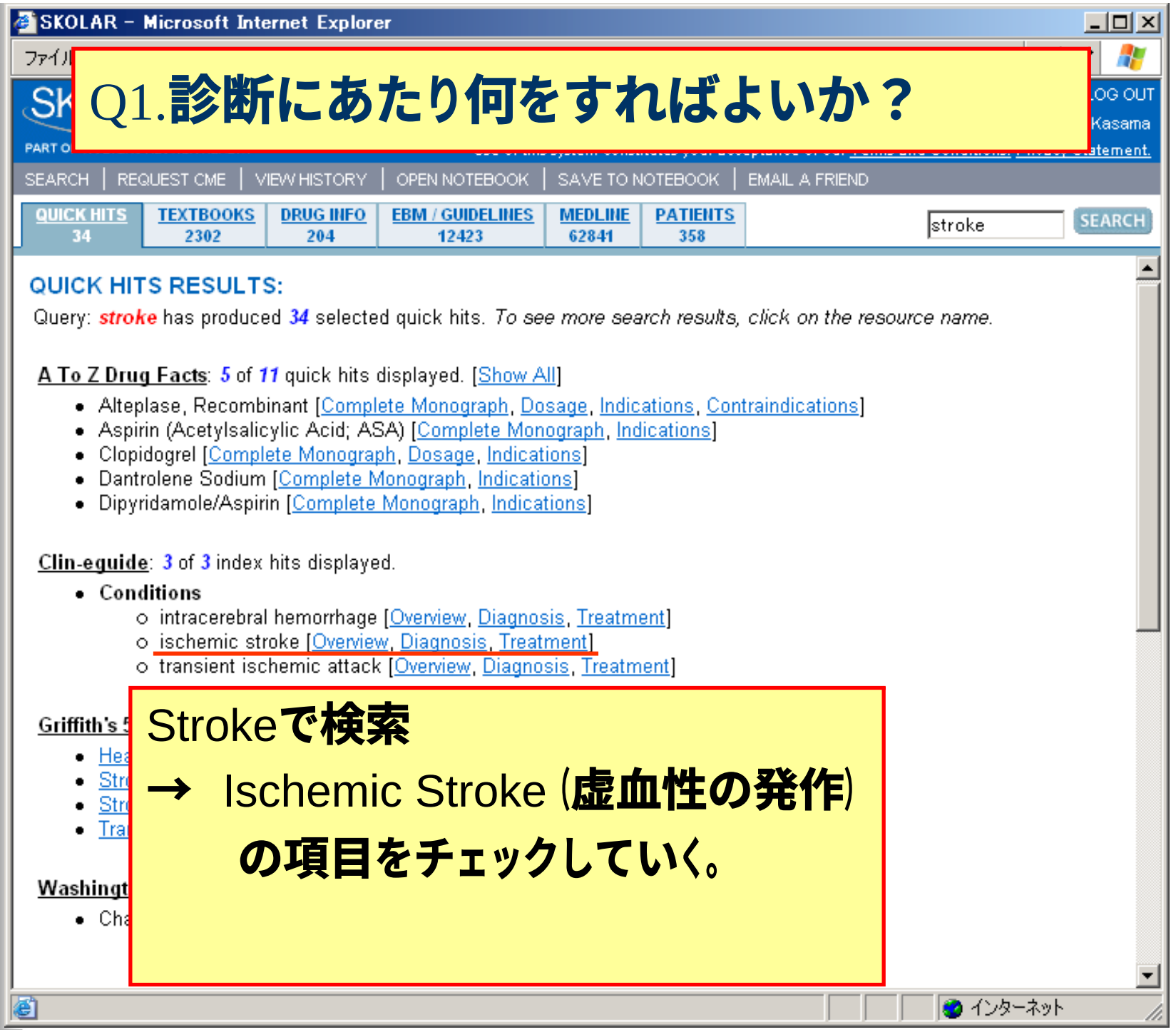
シナリオ

状況:

救急患者
左半身不随
家族の人曰く、「1時間前から症状がでた。」

臨床医は.....

Q1 **診断にあたり何をすればよいか？**
Q2 **他に注意すべき点は、何か？**
Q2. **治療については、Alteplase (抗血栓薬) の投与を考えているが、妥当な選択か？**
Q3 **どうすれば、一番患者にとって良い治療になるか？**


SKOLAR - Microsoft Internet Explorer
Q1.診断にあたり何をすればよいか？
LOG OUT
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SEARCH | REQUEST CME | VIEW HISTORY | OPEN NOTEBOOK | SAVE TO NOTEBOOK | EMAIL A FRIEND
QUICK HITS 34
TEXTBOOKS 2302
DRUG INFO 204
EBM / GUIDELINES 12423
MEDLINE 62841
PATIENTS 358
stroke
SEARCH
QUICK HITS RESULTS:
Query: stroke has produced 34 selected quick hits. To see more search results, click on the resource name.
A To Z Drug Facts: 5 of 11 quick hits displayed. [Show All]
Alteplase, Recombinant [Complete Monograph, Dosage, Indications, Contraindications]
Aspirin (Acetylsalicylic Acid; ASA) [Complete Monograph, Indications]
Clopidogrel [Complete Monograph, Dosage, Indications]
Dantrolene Sodium [Complete Monograph, Indications]
Dipyridamole/Aspirin [Complete Monograph, Indications]
Clin-eguide: 3 of 3 index hits displayed.
Conditions
intracerebral hemorrhage [Overview, Diagnosis, Treatment]
ischemic stroke [Overview, Diagnosis, Treatment]
transient ischemic attack [Overview, Diagnosis, Treatment]
Strokeで検索
→ Ischemic Stroke (虚血性の発作)
の項目をチェックしていく。
インターネット

Q1.診断にあたり何をすればよいか？

Clin-eguideから、Diagnosisを選択。

Clin-eguide: *3* of *3* index hits displayed.

- **Conditions**
  - intracerebral hemorrhage [Overview, Diagnosis, Treatment]
  - ischemic stroke [Overview, Diagnosis, Treatment]
  - transient ischemic attack [Overview, Diagnosis, Treatment]

Diagnostic guidelines

Perform urgent CT of the brain to differentiate hemorrhagic from ischemic stroke.

1. Obtain history from patient/eyewitness.
   - Establish time and mode of symptom onset.
     - critical for consideration of treatment with thrombolytic agents.
   - Identify risk factors
   - Determine current medications.
   - Obtain history of past and recent medical
2. Perform a physical examination.
   - Assess airway, ventilation and circulation.
   - Look for evidence of meningismus, fever, a
   - Undertake a focused neurologic examinati
     - Stroke scales (eg, National Institutes o
       information and help to identify patients at higher risk for intracranial hemorrhage with thrombolytic therapy
     - Pattern of neurologic abnormalities can provide clues to site of stroke (see clinical presentation).
   - Assess cardiovascular system with a view to detecting:
     - arrhythmias, murmurs indicative of valvular disease, carotid artery bruits, embolic or hemorrhagic phenomena.

脳内出血の有無を確認するため、CTスキャンを行うことが重要!!

Q2.他に注意すべき点はなにか？

Risk Factor (危険要因)

Risk factors

Risk factor	Comments
Advanced age	• Incidence of stroke double with each decade between ages 45 and 85 years
Asymptomatic carotid stenosis or carotid bruits	• Associated with a 1.5- to 2-fold increase in risk of stroke compared with general population • Cerebral infarction often occurs in a different vascular territory from the stenotic artery
Diabetes mellitus	• Associated with an approximately 3-fold increase in risk of stroke
Heart disease	• Valvular heart disease and prosthetic heart valve replacements predispose towards cerebral emboli • Chronic or paroxysmal AF without valvular lesions is associated with a of stroke • Up to one-third of patients with MI involving the anterior wall or septum thrombus ▪ Of these, approximately 15% will have a cerebral embolus within a 2
Heavy alcohol use	• Data regarding effect of alcohol on the risk of ischemic stroke is conflic ▪ Results range from a definite effect in both men and women, an effe effect after controlling for confounding factors

Differncial Diagnosis (異なる診断)

Differential diagnosis

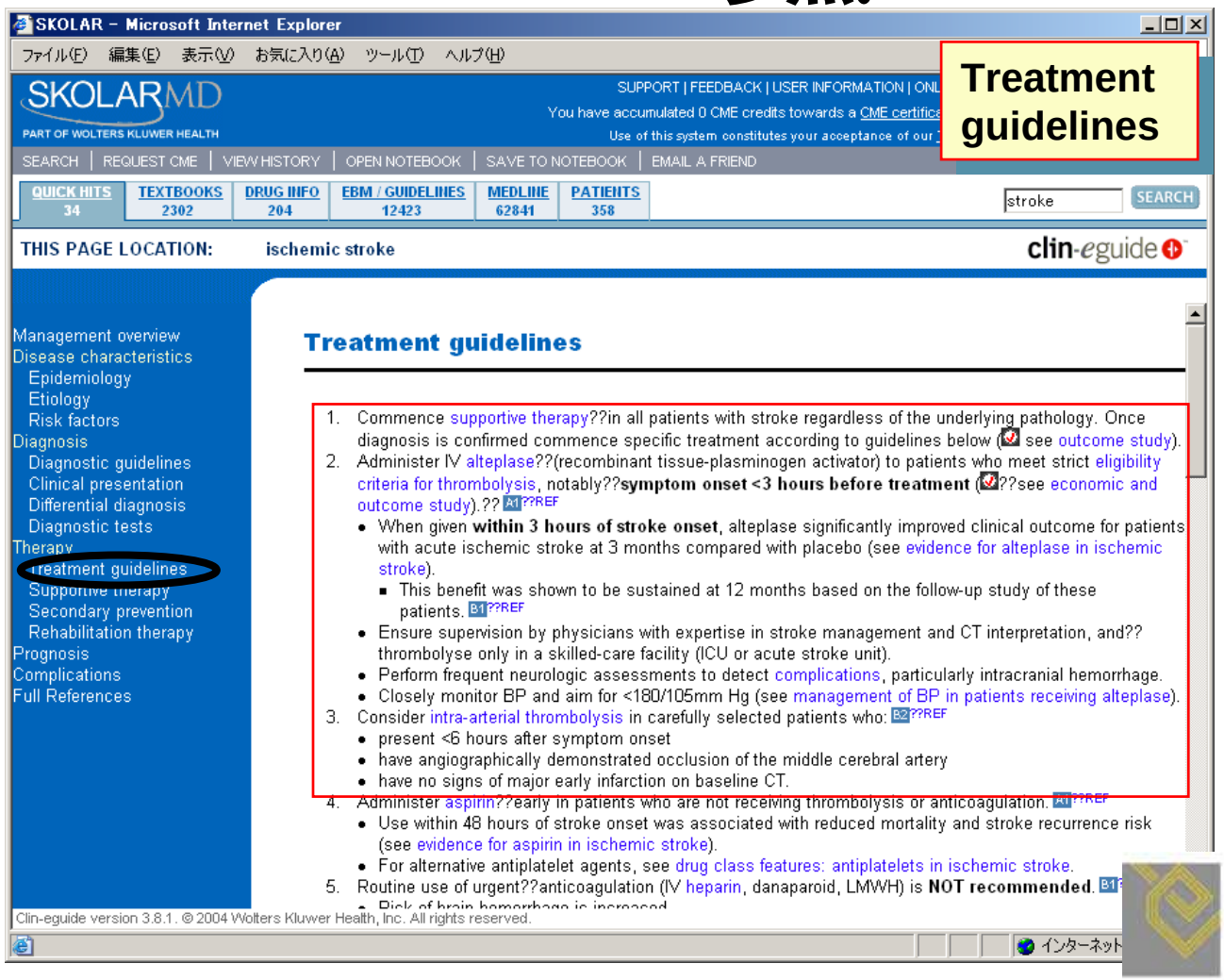
The most important alternative diagnosis of ischemic stroke is **intracerebral hemorrhage**.

Other major??differential diagnoses that should be considered include the following:

- Space-occupying lesions:
  - tumor
  - epidural hematoma
  - subdural hematoma
  - abscess
- Migraine
- Metabolic abnormalities:
  - hypoglycemia
  - hyponatremia
  - hypernatremia
  - hyperosmolality
- Unrecognized seizures
- Postictal (Todd's) paralysis
- Craniocerebral trauma
- Drug overdose
- CNS infections (meningitis/encephalitis)
- Subarachnoid??hemorrhage
- TIA
- Labyrinthitis
- Confusional states/encephalopathy
- Syncope

Q3.治療については、Alteplaseの投与を考えているが、妥当な選択か？

Treatment Guidelines参照。



拡大

Q3.治療については、Alteplaseの投与を考えているが、妥当な選択か？

Treatment guidelines

1. Commence supportive therapy??in all patients with stroke regardless of the underlying pathology. Once diagnosis is confirmed commence specific treatment according to guidelines below (see outcome study).
2. Administer IV alteplase??(recombinant tissue-plasminogen activator) to patients who meet strict eligibility criteria for thrombolysis, notably??**symptom onset <3 hours before treatment** (??see economic and outcome study).?? A1??REF
   - When given **within 3 hours of stroke onset**, alteplase significantly improved clinical outcome for patients with acute ischemic stroke at 3 months compared with placebo (see evidence for alteplase in ischemic stroke).
     - This benefit was shown to be sustained at 12 months based on the follow-up study of these patients. B1??REF

and CT interpretation, and??

ularly intracranial hemorrhage.
P in patients receiving alteplase).
EF

Dosage: Alteplase in ischemic stroke

抗血栓薬の処方
(Ischemic Stroke・
虚血性の発作)の場合

Patient-specific characteristics, route of drug administration, and clinical consideration.

For further drug information (eg, contraindications, precautions, drug interactions) see A to Z Drug Facts????.

??Adult

Route	Dosage	Comment
Intravenous	• 0.9 mg/kg up to 90mg A1??REF	• Administer: ▪ 10% of the total dose as an initial IV bolus over 1 min ▪ remaining dose as infusion over 60 min • Monitor BP closely (see management of BP in patients receiving alteplase) • Avoid antithrombotic or antiplatelet aggregating drugs within 24h of starting alteplase • Alteplase therapy requires:

次へ
図1

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Q4.どうすれば、一番患者にとって良い治療になるか？（1例）

経済的な結果研究

Economics & outcomes

Ischemic stroke: Use of tissue plasminogen activator therapy improves outcomes and lowers costs

Clinical results from the National Institute of Neurological Disorders and Stroke trial were combined with published US medical system costs inflated to 1996 dollars (Fagan 1998).

- Early tPA administration in eligible patients:
  - improves 3-month functional outcome
  - reduces the average length of stay by 1.53 days
  - reduced nursing home/rehabilitation costs by an average of $6196 per patient.

References

図1

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Q3.治療については、Alteplaseの投与を考えているが、妥当な選択か？

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     - This benefit was shown to be sustained at 12 months based on the follow-up study of these patients. B1??REF
   - Ensure supervision by physicians with expertise in stroke management and CT interpretation, and?? thrombolyse only in a skilled-care facility (ICU or acute stroke unit).
   - Perform frequent neurologic assessments to detect complications, particularly intracranial hemorrhage.
   - Closely monitor BP and aim for <180/105mm Hg (see management of BP in patients receiving alteplase).
3. Consider intra-arterial thrombolysis in carefully selected patients who: B2??REF
   - present <6 hours after symptom onset

図2

アルテプラーゼの投与の根拠

Q3.治療については、Alteplaseの投与を考えているが、妥当な選択か？

アルテプラーゼの投与の根拠

Evidence for alteplase in ischemic stroke

Alteplase improves neurologic deficit and reduces the incidence of death and disability when given within 3 hours of stroke onset to selected patients with acute ischemic stroke. A1??REF

- The rate of death or dependency at the end of trial follow-up (3 to 6 months) was reduced to 50% in the alteplase group compared with 60% of controls. A1??REF
  - Treating 10 patients (95% CI, 6-25) within 3 hours of stroke onset prevents one additional death or dependency after 3 to 6 months.
  - Treating 14 patients (95% CI, 11-19) causes 1 additional symptomatic intracranial hemorrhage within 7 to 10 days of therapy.
  - Death or dependency rates and symptomatic intracranial hemorrhage rates were similar for patients treated between 3 and 6 hours compared with patients treated within 3 hours of onset.
- The percentage of patients with minimal or no disability (modified Rankin scale 0 or 1) after 12 months was 41% in the alteplase treated group compared 28% of controls. B1??REF
  - No mortality benefit was seen after 12 months.

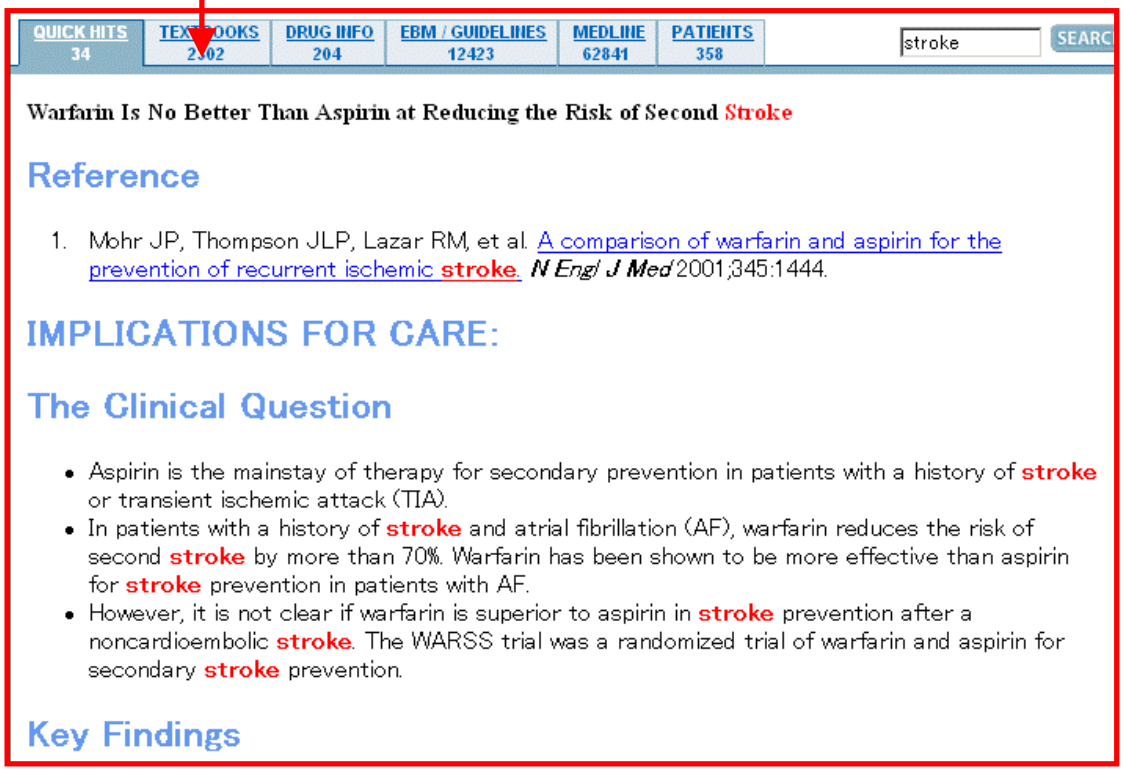
References

CTスキャンの間にテキストから情報を入手!!

テキスト

Primary Care Medicine (Goroll): *5* of *8* quick hits displayed. [Show All]

- ADVISORIES
  - CLINICIAN ADVISORIES
    - DOES LOWERING HOMOCYSTEINE REDUCE STROKE RISK? (POSTED 2/15/2004)
    - NEW GUIDELINES FOR PREVENTING HEART DISEASE AND STROKE IN WOMEN (POSTED 2/5/2004)
    - WARFARIN IS NO BETTER THAN ASPIRIN AT REDUCING THE RISK OF SECOND STROKE
    - SECONDARY PREVENTION OF STROKE RISK WITH ACE INHIBITOR/DIURETIC THERAPY
  - PATIENT ADVISORIES
    - WEIGHING SURGICAL OPTIONS FOR PREVENTING STROKE (POSTED 10/23/2004)



2度目の発作の危険度を下げる意味では、Warfarin よりも Aspirin の使用が良い。

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1. 臨床現場で医師をサポートする knowledge system
2. 臨床研修医のための学習ツール

Clin-eguide, EBM／診療ガイドライン, 医薬品情報,
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アラート

総合的な医療情報ポータルとして活用！
臨床･教育の両方の効率と精度を向上！

END