

臨床診療サポートツール

DynaMed®



2023年2月16日(木)

午後2時～3時30分

EBSCO Information Services Japan 株式会社

アジェンダ:

1. 事前にいただいた質問について
2. 製品紹介(コンセプト、想定している利用場面、etc.)
3. 製品デモ(ケーススタディ含む)
4. 質疑応答

1. DynaMedは、テキストとは異なる臨床支援ツールであり、主にEBMをベースとした臨床の場での意思決定を支援する商品で、EBMの2次資料と理解しているが、その様な理解で間違いないものか？
2. 利用対象者や顧客としては、どの様な人達・組織を想定し展開しているものか？（個人顧客、教育機関、大学、病院 等）
また、どの様なケースで利用される事を想定、期待しているものなのか？

EBM

Evidence-**B**ased **M**edicine(根拠に基づく医療)

“現在利用可能な最も信頼できる情報を踏まえて、目の前の患者さんにとっても最善の治療を行う, ということになります. つまり, EBMとは医療を円滑に行うための道具であり, 行動指針”

参照:<http://spell.umin.jp/EBM.htm>

二次資料

“〈1〉一次資料を見付け出すための検索ツール(書誌, 目録, 抄録誌, 索引誌など)”

MEDLINE Ultimate

CINAHL Ultimate

〈2〉一次資料を編集, 整理したり, その内容を取捨選択し, 評価を加えたりした資料(百科事典, ハンドブックなど)”

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出典:

(図書館情報学用語辞典 第5版「二次資料」)

二次資料とは - コトバンク (kotobank.jp)

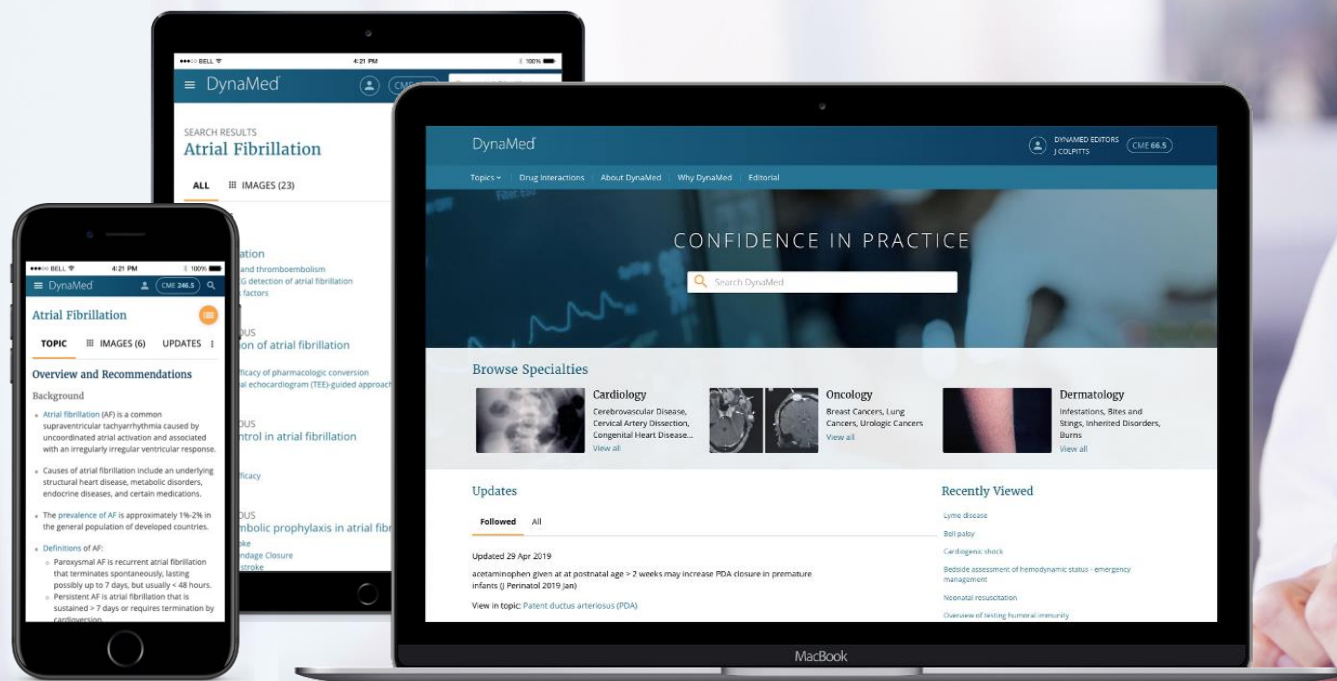
<https://kotobank.jp/word/%E4%BA%8C%E6%AC%A1%E8%B3%87%E6%96%99-1703506>

アジェンダ:

1. 事前にいただいた質問について
2. 製品紹介(コンセプト、想定している利用場面、etc.)
3. 製品デモ(ケーススタディ含む)
4. 質疑応答

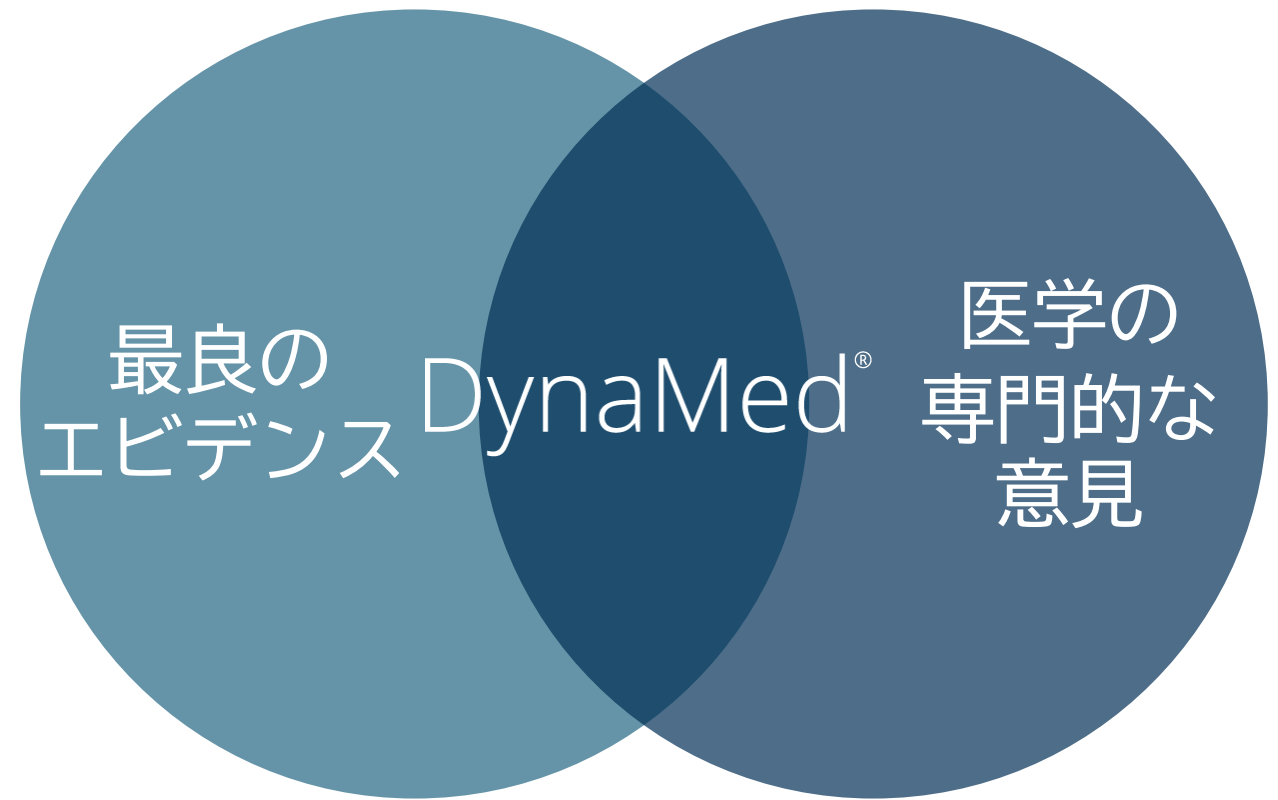
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臨床意思決定支援の変革を通じて
患者アウトカムの向上を図る



日々の診療に自信をもって臨むためには、最良のエビデンスと、エビデンスを補完し、明確にする医学の専門的な意見を組み合わせる必要があります。

どちらか一方だけあっても不十分で、その点 DynaMed は、双方を完璧に備えています。



下記の役目を担う医師陣により制作されています:

- 自身の診療分野（専門領域）における第一人者である
- 最適かつ最良のエビデンスを選択する
- コンテンツの臨床現場における応用性を確認する
- トピックの査読を行う

広範な医師のネットワーク



125名

の医師および
科学者が在籍



世界各国の

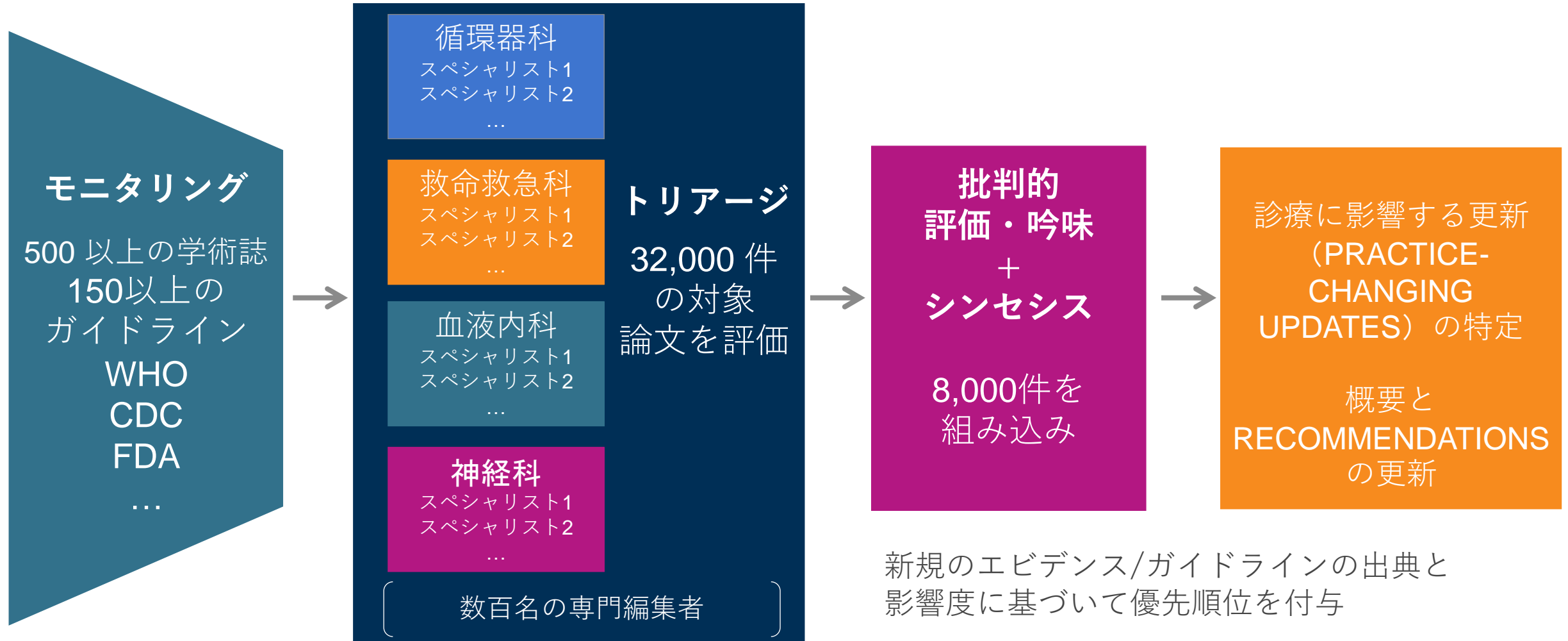
450名以上

におよぶ医師が
コンテンツを
執筆・査読

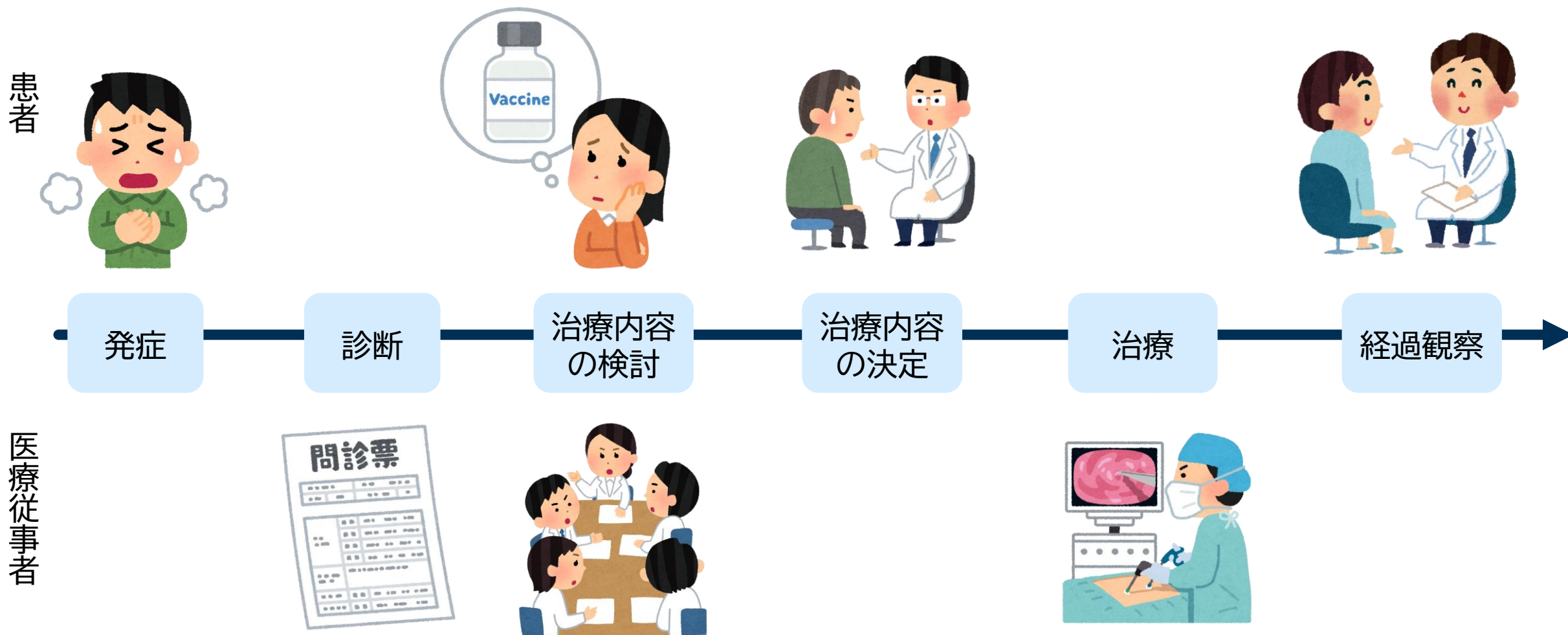
DynaMed のエビデンスに基づく編集メソッド

- 🔍 **Identify** - エビデンスの検証
- ✅ **Select** - 最も有意義なものを選択
- 📋 **Critically** - 有用性の評価
- 📊 **Objectively** - 内容を客観的に評価
- 🔄 **Synthesize** - エビデンスの統合
- 📄 **Report** - 結論の報告と Recommendations の作成
- 💡 **Adjust** - 新しいエビデンスに応じた情報の更新

システマチックな文献サーベイランス



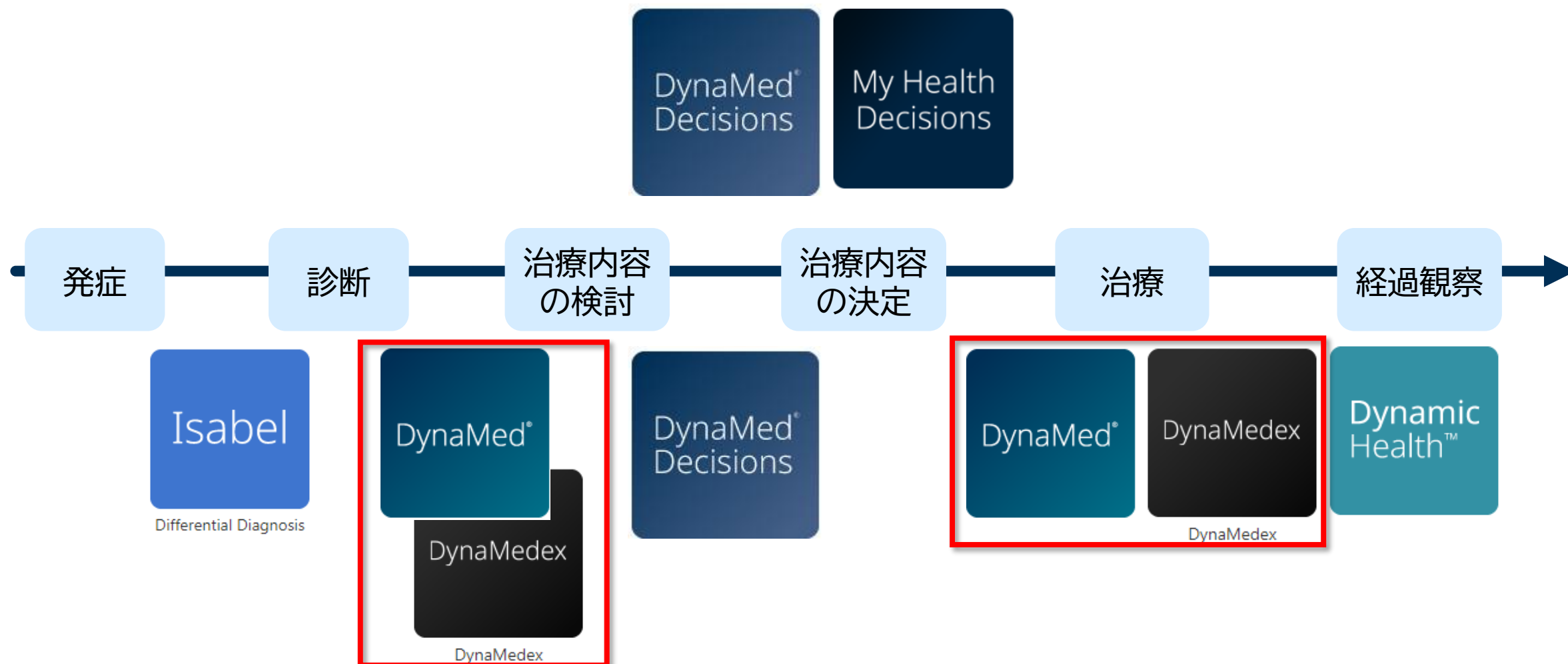
DynaMed利用場面 — 医療行為の流れから



DynaMed利用場面 — 医療行為の流れから

患者

医療従事者



DynaMed利用場面 — EBMのステップから

EBMの5ステップ:

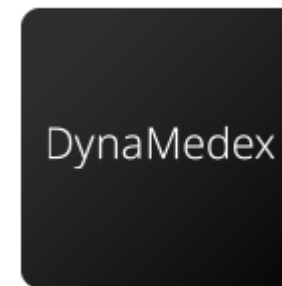
step 1: 疑問(問題)の定式化

step 2: 情報収集

step 3: 情報の批判的吟味

step 4: 情報の患者への適用

step 5: step 1～step 4のフィードバック



参照:
[DynaMed® ケーススタディ
- 胃癌が疑われる場合 -
YouTube](#)

参照: [Evidence-Based Process | DynaMed Solutions | EBSCO](#)

参照: <http://spell.umin.jp/EBM.htm>

MEDLINE, PubMedへの収録推移

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GRANTS AND RESEARCH ▾

Home > MEDLINE/PubMed Resources

MEDLINE PubMed Production Statistics

	FY2022	FY2021	FY2020	FY2019	FY2018
MEDLINE Citations Indexed (Annual)	1,369,611	1,291,807	952,919	956,390	904,636
MEDLINE Citations Cumulative Total	29,807,639	28,444,654	27,149,277	26,196,358	25,239,968
MEDLINE Journal Titles	5,282	5,282	5,274	5,243	5,251
PubMed Citations (Annual)	1,714,780	1,733,089	1,514,199	1,366,447	1,329,148
PubMed Citations Cumulative Total	34,693,538	33,136,289	31,563,992	30,178,674	28,934,389
PubMed Searches	2.58 Billion	2.57 Billion	3.3 Billion	3.1 Billion	3.3 Billion
Web/Interactive	1.283 Billion	1.186 Billion	1.076 Billion	896 Million	831 Million
Script/E-Utilities	1.303 Billion	1.391 Billion	2.2 Billion	2.2 Billion	2.5 Billion

PubMed.gov

Go to PubMed

For previous years, see the MEDLINE Key Indicators

出典:

https://www.nlm.nih.gov/bsd/medline_pubmed_production_stats.html

DynaMed利用場面 — 属性別(米国)

Med Student

Intern

Resident

Attending

Med Student

身体所見を正しく取る

Resident

治療計画の根拠や考察、
抄読会向けトピック抽出等

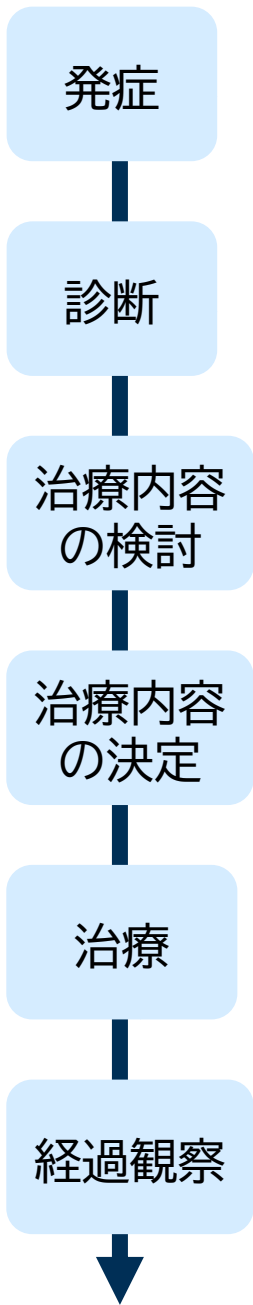
Intern

当直時の対応

Attending

批判的吟味の涵養





DynaMed[®]

KMCME 88.5Search

SpecialtiesRecent AlertsDrugs A-ZDrug InteractionsCalculatorsAbout

Acute Respiratory Distress Syndrome (ARDS)

TOPICIMAGES (6)UPDATES

SECTIONS:

Overview and Recommendations

Related Summaries

General Information

Epidemiology

Etiology and Pathogenesis

History and Physical

Diagnosis

Management

Complications and Prognosis

Prevention and Screening

Guidelines and Resources

Patient Information

References

Overview and Recommendations

In this Section

Background

- Acute respiratory distress syndrome (ARDS) is a clinical syndrome of diffuse lung injury characterized by acute onset with hypoxemia and bilateral radiographic infiltrates and without left atrial hypertension.
- The 2012 [Berlin definition](#) (replacing the prior 1994 American-European Consensus Conference definition) of acute respiratory distress syndrome consists of:
 - onset within 1 week of a known clinical insult or new or worsening respiratory symptoms
 - bilateral opacities not fully explained by effusions, lobar/lung collapse, or nodules on chest x-ray or computed tomography
 - respiratory failure not fully explained by a cardiac failure or fluid overload (in the absence of risk factors for ARDS, an objective assessment such as echocardiography is required to exclude these causes of hydrostatic edema)
 - impaired oxygenation status:
 - mild ARDS is defined as a $\text{PaO}_2/\text{FiO}_2 > 200$ mm Hg but ≤ 300 mm Hg with positive end-expiratory pressure (PEEP) or continuous positive airway pressure (CPAP) ≥ 5 cm H₂O
 - moderate ARDS is defined as $\text{PaO}_2/\text{FiO}_2 > 100$ mm Hg but ≤ 200 mm Hg with PEEP ≥ 5 cm H₂O
 - severe ARDS is defined as $\text{PaO}_2/\text{FiO}_2 \leq 100$ mm Hg with PEEP ≥ 5 cm H₂O
- The [mortality](#) of ARDS varies with its severity:
 - mild is associated with 27% mortality
 - moderate is associated with 32% mortality

TOPIC EDITOR

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Produced in collaboration with American College of Physicians

ACPA

Images

All (6)



トピック例 — 身体所見

History and Physical

≡ In this Section

Clinical presentation

- most patients present with acute onset of dyspnea, tachypnea, and hypoxemia, which may rapidly progress and evolve into respiratory failure ²
- signs and symptoms of most common causes may be present ²
 - pneumonia (fever, productive cough, pleuritic chest pain)
 - sepsis (infection plus fever, tachypnea, tachycardia, or altered mental status)

History

History of present illness (HPI)

- other symptoms or historical factors that may suggest cause of ARDS ²
 - history of inhalation drug abuse suggesting drug toxicity
 - intellectual disability, institutionalization, altered mental status, or neurologic injury suggesting aspiration
 - history of recent burn to facial area or history of working with toxic chemicals suggesting inhalation injury
 - near-drowning may suggest injury due to water aspiration
 - recent blood transfusion may suggest transfusion related acute lung injury
 - known trauma to chest area may suggests ARDS due to trauma

Physical

General physical

- tachypnea ²
- hypoxia not responsive to oxygen administration ²
- tachycardia ²
- fever if due to infection (or possibly hypothermia) ²
- altered mental status - especially if patient is septic ²

HEENT

- look for signs of facial burns or carbonaceous sputum that can suggest inhalation injury ²
- pupil size and reactivity can suggest drug toxicity

Chest

- look for bruising or injury to chest wall that may point to trauma as underlying cause ²

Cardiac

- assess for signs of heart failure (if present, ARDS less likely) ²
 - peripheral edema
 - jugular venous distension
 - third heart sound

Lungs

- signs of pulmonary edema (crackles) ^{2,3}

[< Previous Section](#) [Next Section >](#)

DynaMed利用場面 — 呼吸器内科の臨床医からのコメント

論文執筆の際の参考文献はいつもDynaMedから情報を得ています。
先行文献の選択はいつもの的確で、国際ガイドラインやCochrane reviewからまず情報を提示して、それから個々のRCTを提示するところがさすがだと思います。
エビデンスに基づいてグローバルスタンダードな医療を手軽に勉強できて非常に素晴らしいと思います。

(中略)

また、私はシステマティックレビューを良く行うのですが、DynaMedを読んでいると記載がなく、疑問に思った箇所は多くはエビデンスの穴になっている部分で私の研究対象になっています。

出典：Eメールインタビューによる回答(2020年12月22日 受領)

DynaMedの特徴

役立つ利用場面	・探したい情報や臨床上の疑問が明確な時： ・「xxxにおける●●●はどの程度効果があるか。●●●の種類の選択、投与方法にどのようなエビデンスがあるか」といった疑問を解決する(*1, 2)
編集・作成プロセス	https://www.ebsco.com/ja-jp/products/dynamed#sect4
編集メンバー	https://www.ebsco.com/clinical-decisions/dynamed-solutions/about/meet-our-experts
レビュー対象コンテンツ	ジャーナル: 約3,300誌 ガイドライン: 約200点
記述の特徴	・英語 ・箇条書き
更新頻度	毎日、何れかのトピックが更新される
薬剤情報	Micromedex から提供されるコンテンツの一部を閲覧可能
想定ユーザー	医師、看護師、学部生、etc.

参照:

(*1) The SPELL 資料集－日常業務での効率の良い情報収集の方法 http://spell.umin.jp/EBM_materials_step2.html

(*2) レジデントノート Vol. 22 No. 7 p. 1280 (8月号) 2020

Covid-19関連トピック — DynaMed

DynaMed DynaMed Decisions

≡ DynaMed KM CME

COVID-19 (Novel Coronavirus)

TOPIC VIDEOS (2) IMAGES (5) UPDATES ABOUT

Sections

Overview and Recommendations

Background

- COVID-19 is an acute respiratory disease caused by [SARS-CoV-2](#), a novel coronavirus closely related to SARS-CoV.
- The virus is [transmitted](#) person-to-person by both symptomatic and asymptomatic persons through close contact (within 6 feet) via respiratory droplets. Transmission may also occur via aerosols and possibly through contact with fomites, although this is not thought to be a primary route.
- Clinically important features of SARS-CoV-2 [pathogenesis](#) include:
 - infection of cells via binding of the viral spike protein to angiotensin-converting enzyme 2 (ACE2) receptors, viral cell entry requiring type 2 transmembrane serine protease to cleave ACE2 receptor and activate viral spike protein.
 - infection of nasal and bronchial epithelial cells and pneumocytes early in infection.
 - acceleration of viral replication and compromise of epithelial-endothelial barrier integrity in later stages, resulting in a dysregulated inflammatory response and a hypercoagulable state.
 - dysregulation of renin-angiotensin-aldosterone system, which may also contribute to infection-related tissue damage.
- COVID-19 was declared a [global pandemic](#) on March 11, 2020. As of November 13, 2022, over 632 million cases including over 6.5 million deaths have been reported worldwide.
- [Mortality](#) secondary to COVID-19 is highly variable and related to age, severity of disease, and comorbidities. Estimated mortality is
 - 0.3%-2.3% for all patients.
 - 10%-22% for hospitalized patients.

COVID-19 (Novel Coronavirus)

- Overview and Recommendations
 - Background
 - Evaluation
 - Management
 - Infection Control and Prevention
- Related Topics
 - General Information
 - Epidemiology
 - Geographic distribution
 - Who is most affected
 - Incidence/Prevalence
 - Risk factors
 - Etiology and Pathogenesis
 - History and Physical
 - Diagnosis
 - Who to Test
 - Sample Collection and Testing for SARS-CoV-2
 - Blood Tests
 - Imaging Studies
 - Additional Testing
 - Management
 - Complications
 - Prognosis
 - Infection Control
 - Prevention and Screening
 - Guidelines and Resources

トピック内に病因、
診断、治療、予後等
をまとめて整理

COVID-19 (Novel Coronavirus)

Diagnosis

> Overview and Recommendations

Related Topics

> General Information

> Epidemiology

> Etiology and Pathogenesis

> History and Physical

> **Diagnosis**

Who to Test

▾ Sample Collection and Testing for SARS-CoV-2

> Recommendations from Professional Organizations

Sample Collection

Molecular testing

Antigen Testing

▾ Blood Tests

Serologic Testing

General Blood Tests

Imaging Studies

Additional Testing

> Management

> Complications

> Prognosis

Infection Control

Prevention and Screening

> Guidelines and Resources

Travel Information

Diagnosis

Who to Test

- World Health Organization (WHO) case definitions for public health surveillance
 - suspected case either
 - patient with severe acute respiratory illness (fever, cough, onset within 10 days, and requiring hospitalization), OR
 - asymptomatic individual with positive SARS-CoV-2 antigen test, OR
 - patient meeting clinical or epidemiological criteria
 - clinical criteria either
 - acute onset of fever and cough OR
 - ≥ 3 of
 - fever
 - cough
 - general weakness or fatigue
 - headache
 - myalgia
 - sore throat
 - coryza
 - dyspnea
 - anorexia, nausea, or diarrhea
 - epidemiological criteria include either
 - contact with a probable or confirmed case, OR
 - linked to a COVID-19 cluster
 - group of symptomatic individuals linked by time, location, and common exposure with ≥ 1 nucleic acid amplification testing (NAAT) confirmed case, OR
 - ≥ 2 epidemiologically linked symptomatic cases with positive antigen test
- probable case if any of
 - patient who meets clinical criteria and is a contact of a probable or confirmed case or epidemiologically linked to a cluster
 - death not otherwise explained in adult with respiratory distress preceding death and who is a contact of a probable or confirmed case or epidemiologically linked to

アジェンダ:

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4. 質疑応答

DynaMed ケーススタディ (YouTube)

①低ナトリウム血症のケース(約3分15秒)

- ✓ 肺炎で入院している86歳の女性患者を診察することになりました。
- ✓ 三叉神経痛でカルバマゼピンを、高脂血症でロバスタチンを服用中です。
- ✓ 彼女の血液中のナトリウム濃度は126との報告があります。

①



②



②心房細動のケース(約3分)

- ✓ 高血圧の病歴をもつ67歳の老年男性が、3日ほど空咳が出ていると訴えて来院しました。
- ✓ 彼は疲労感を覚えていて、さらに労作時に若干の呼吸困難がみられました。
- ✓ 発熱、上気道の症状、胸の痛み、下肢の腫脹はみられません。
- ✓ 服用している薬はリシノプリル(5mg錠/日)のみです。
- ✓ 診察では不整脈がみられたものの、肺はきれいでJVDも浮腫もありません。
- ✓ 心電図にはレート136の心房細動がみられ、ST変化はなし。胸部X線検査も異常はありません。

日本語 心房細動



English

atria



GO TO

Atrial Fibrillation

Atrial Fibrillation After Cardiac Surgery

Atrial Fibrillation in Heart Failure

Atrial Fibrillation Prevention

Atrial Fibrillation Screening

SEARCH FOR

atrial fibrillation

atrial flutter

atrial fibrillation with rapid ventricular response

atrial fibrillation treatment

atrial fib

言語を切り替えて、日本語のキーワードでの検索も可能
※Google翻訳APIを使った機能 ※結果は英語

個人アカウント作成/ログイン

オートコンプリート機能で入力を補助
(英語入力時のみ)

- **Go To**:トピックに直接移動
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Recent Alerts

Follow your specialty and individual topics to personalize

All | Potentially Practice-Changing Only

Evidence • Updated 17 Jun 2022

transthoracic Doppler echocardiography might have moderate evidence for reducing the risk of pulmonary hypertension (mean pulmonary artery pressure of ≥ 25 mmHg) in patients with pulmonary arterial hypertension (PAH) (May 9)

View in Pulmonary Arterial Hypertension (PAH)

Evidence • Updated 17 Jun 2022

channeled and Macintosh-style videolaryngoscopy may each have moderate evidence for reducing the risk of complications during laryngoscopy in adults having tracheal intubation (Cochrane Review) (May 9)

View in Complications of Endotracheal Intubation

DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

atrial fibrillation

SEARCH RESULTS

atrial fibrillation

ALL (267) IMAGES (11)

Were these results helpful?

Narrow Results

CONTENT TYPE

- ☐ Approach To Patient (10)
- ☐ Condition (125)
- ☐ Device (2)
- ☐ Drug Monograph (43)
- ☐ Drug Review (8)
- ☐ Lab Monograph (4)
- ☐ Procedure (11)
- ☐ Other (64)

CALCULATOR

Atrial Fibrillation Five-Year Risk of Stroke

+ View More Calculator Results

CONDITION

Atrial Fibrillation

It is a common arrhythmia caused by uncoordinated atrial activation and usually an irregular ventricular response.

MANAGEMENT

Thromboembolic Prophylaxis in Atrial Fibrillation

The risk of thromboembolism can be reduced by an appropriate use of antithrombotic therapy but at an increased risk of bleeding.

Thromboembolism Epidemiology and Pathogenesis

Thromboembolism in atrial fibrillation moderate and minor risk factors

MANAGEMENT

Ablation Therapy for Atrial Fibrillation

Overview and Recommendations

Related Topics

General Information

Epidemiology

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Specialities

Browse and/or follow our collections of evidence-based topics. Read about our editorial team and our processes.

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Cardiology	Follow	Internal Medicine	Follow	Pathology and Laboratory Medicine	Follow
Critical Care	Follow	Nephrology	Follow	Pediatrics	Follow
Dermatology	Follow	Neurology	Follow	Physical Medicine and Rehabilitation	Follow
Emergency Medicine	Follow	Neurosurgery	Follow	Primary Care	Follow
Endocrinology	Follow	Obesity	Follow	Psychiatry	Follow
Family Medicine	Follow	Obstetric Medicine	Follow	Pulmonary Medicine	Follow
Gastroenterology	Follow	Occupational Medicine	Follow	Radiology	Follow
Geriatrics	Follow	Oncology	Follow	Rheumatology	Follow
Gynecology	Follow	Ophthalmology	Follow	Sleep Medicine	Follow
Hematology	Follow	Oral Health	Follow	Surgery	Follow
Hospital Medicine	Follow	Orthopedics and Sports Medicine	Follow	Urology	Follow

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トピックから閲覧できます

Pulmonary Medicine

- ▼ Asthma
 - > Asthma in Children
 - > Asthma in Adults and Adolescents
 - > Medications for Asthma
 - > Additional Asthma Topics
- > Congenital Lung Malformations
- > COPD
- > Cystic Fibrosis
- > Genetic
- > Interstitial Lung Diseases

トピックをフォロー

薬物関係コンテンツ

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Drugs A-Z

Drug Interactions

Calculators

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A to Z リストから薬剤
コンテンツを閲覧

薬物相互作用の確認

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Drugs A-Z

Powered by IBM Micromedex

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

A

Abacavir

Abacavir/Dolutegravir/Lamivudine

Abacavir/Lamivudine

Abacavir/Lamivudine/Zidovudine

Abaloparatide

Abametapir

Abatacept

Abciximab

Abemaciclib

Abiraterone

Abiraterone Acetate, Micronized

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Drug Interactions

Enter two or more drug names to check for interactions:

Drug 1

Drug 2

⊕ Add Drug

Check for Interactions

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Drugs A-Z

Powered by *IBM Micromedex*Micromedex データベース
に基づく薬剤情報投与、作用機序、薬物動態、患者
教育などを確認できます

A B C D E F G H I J K L

A

Abacavir

Abacavir/Dolutegravir/Lamivudine

Abacavir/Lamivudine

Abacavir/Lamivudine/Zidovudine

Abaloparatide

Abametapir

Abatacept

Abciximab

Abemaciclib

Abiraterone

Abiraterone Acetate, Micronized

Abatacept

Routes: intravenous, subcutaneous

TOPIC

Class

- > Dosing/Administration
- > Medication Safety
- > Mechanism Of Action
- > Pharmacokinetics
- > Patient Education
- > About
- > Brands

Class

- Antirheumatic
- Musculoskeletal Agent

Dosing/Administration

Adult Dosing

- Important Note
 - Orphan drug designation: Treatment of type 1 diabetes mellitus patients who have residual beta cell function
 - Orphan drug designation: Treatment of idiopathic inflammatory myopathy (IIM)
 - Orphan drug designation: Treatment of giant cell arteritis
 - Orphan drug designation: Prevention of Graft versus Host Disease
- Acute graft-versus-host disease, In combination with a calcineurin inhibitor and methotrexate, in patients undergoing hematopoietic stem cell transplantation from a matched or 1 allele-mismatched unrelated donor; Prophylaxis
 - Prior to initiation, administer antiviral prophylactic treatment for Epstein-Barr virus reactivation, and continue for 6 months following hematopoietic stem cell

Drug Interactions

Enter two or more drug names to check for interactions:

WARFARIN

GREEN TEA

⊕ Add Drug

Check for Interactions

薬物名などを入力してクリック

入力BOXを増やすことができます

薬物間以外に食物やタバコ等、他の物質との相互作用や、妊婦や喫煙者への影響も確認できます

根拠となっている文献の確認

Interactions for WARFARIN, GREEN TEA

Display Drug/Drug interactions

Severity Index

DRUG/DRUG INTERACTIONS (1):

WARFARIN SODIUM

MODERATE ⓘ

DOCUMENTATION: Excellent

Concurrent use of **ANTICOAGULANTS** and **GREEN TEA** may result in reduced anticoagulant effectiveness. [See details >](#)

- Drug/Pregnancy interactions
- Drug/Drug interactions**
- Drug/Food interactions
- Drug/Tobacco interactions
- Drug/Lactation interactions
- Drug/Ethanol interactions
- Drug/Lab interactions

WARFARIN SODIUM ⓘ MODERATE

Warning:

Concurrent use of ANTICOAGULANTS and GREEN TEA may result in reduced anticoagulant effectiveness.

Clinical Management:

Advise patients to use caution when consuming green tea during warfarin therapy. Clinically significant INR reductions may result with concomitant use of green tea with warfarin, even at steady-state warfarin concentrations (Sagapin et al., 2010). It appears that the quantity of green tea consumed and the method of production affect the amount of vitamin K in green tea. Patients who choose to drink green tea should be advised to consume a consistent amount and use a consistent brand and method of brewing.

Onset:

Delayed

Severity:

Moderate

Documentation:

Excellent

Probable Mechanism:

antagonism by vitamin K in green tea

Summary:

In a controlled study, mean INR and prothrombin times were statistically significantly lower following a single dose of warfarin during a 10-day regimen.

「個人アカウント」登録と モバイルアプリの利用

■ 個人アカウントのメリット ■

- 1) フォローするトピックや閲覧履歴の表示など、個人の嗜好に基づいた情報を表示できます。
- 2) 別のDynaMed契約施設へ転職・異動した場合も、元の個人アカウントを引継いで使うことができます。
- 3) モバイルアプリの認証に、個人アカウントのサインイン情報 (Emailとパスワード) を使用します

■ アプリのダウンロード ■

For Apple iOS devices

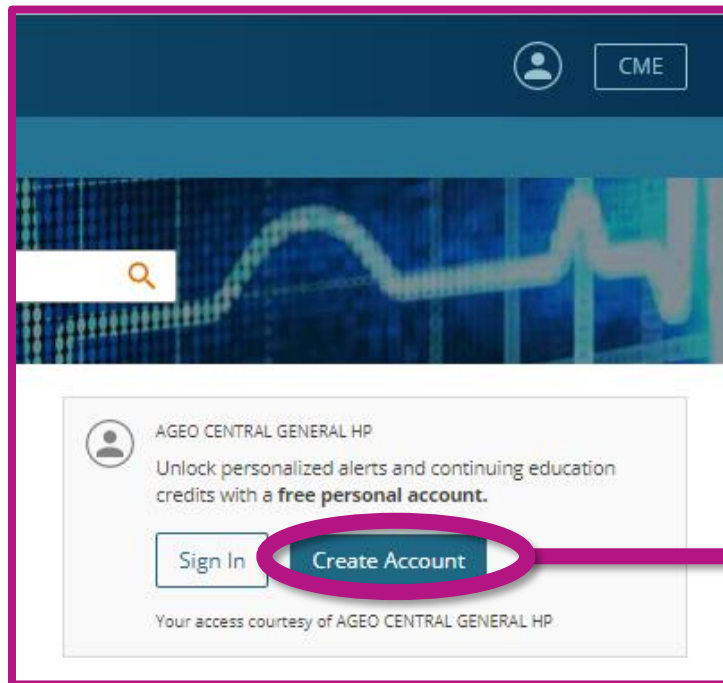
Get it on the App Store

For Android devices

Get it on Google Play



個人アカウントの登録



Email Address: アドレスが個人アカウントのIDとなります

Password: アルファベット・数字・特殊記号(例: @, !) を、
6文字以上組み合わせてください

First Name: 名をご入力ください

Last Name: 姓を入力ください

Specialty: ご自身の専門領域をお選びください

Role: 職種をお選びください

Register for a Personal Account

Already have a personal account? [Sign in now](#)

Signing up here will affiliate your account with **AGEO CENTRAL GENERAL HP** and give you access to their subscribed content.

Email Address

Password [?] [Show Password](#)



Your Information

First Name

Last Name

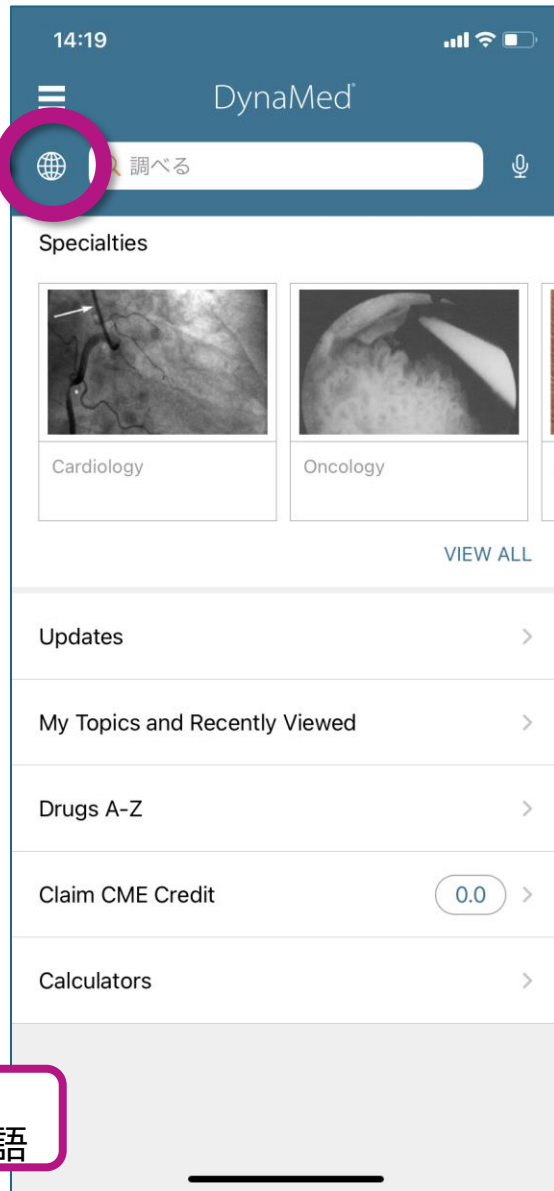
Specialty

Role


Enter the code shown above 

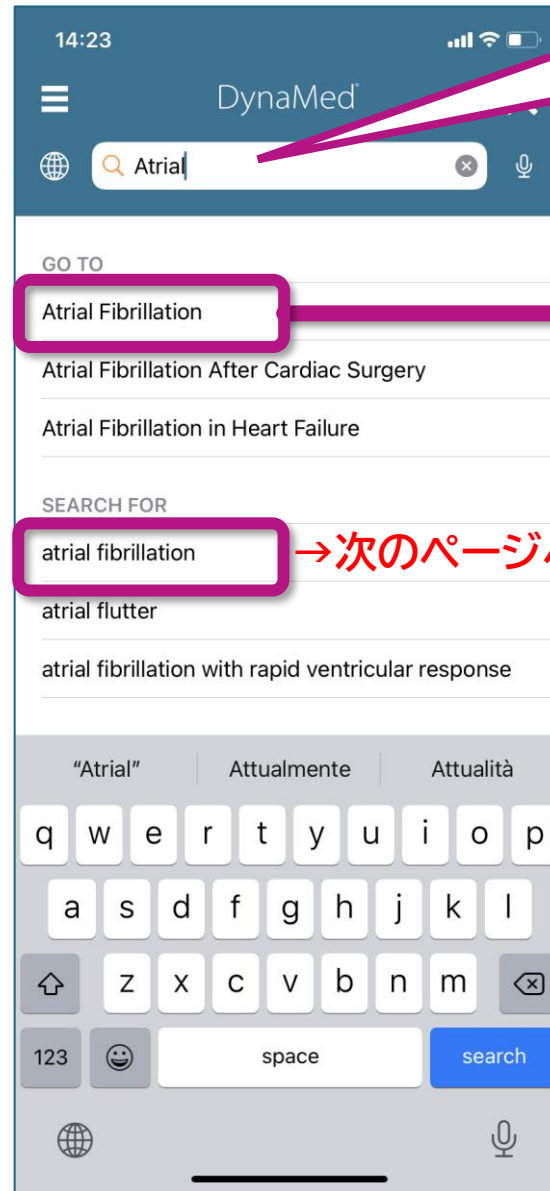
上記項目を入力してクリック

モバイルアプリの画面：TOPページ



中文
Čeština
Nederlands
English
Suomalainen
Français
Deutsche
Italiano
日本語
韓国語
Norsk
Português
Русский
Español
Svenska

言語設定
※結果は英語



→次のページへ

オートコンプリート機能で入力を補助
(英語入力時のみ)

- Go To:トピックに直接移動
- Search For:検索結果一覧を表示

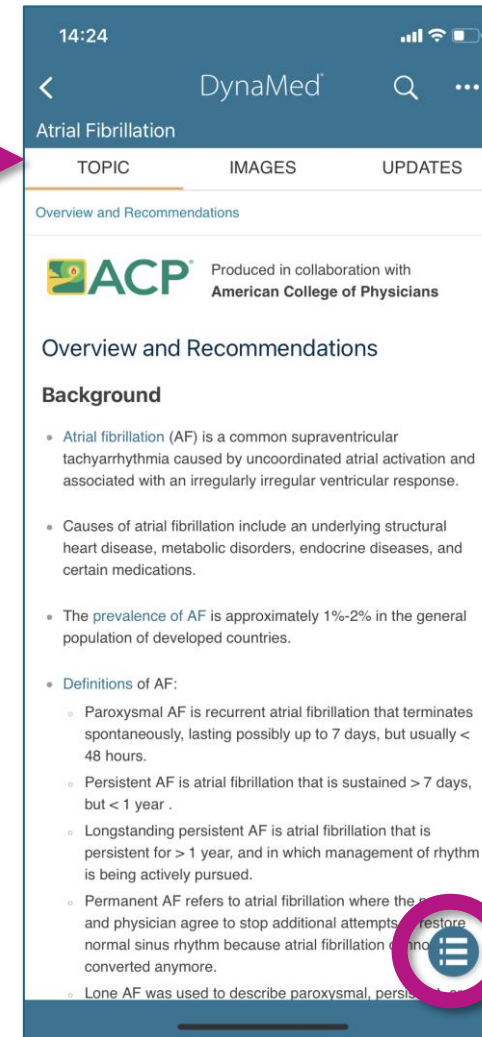
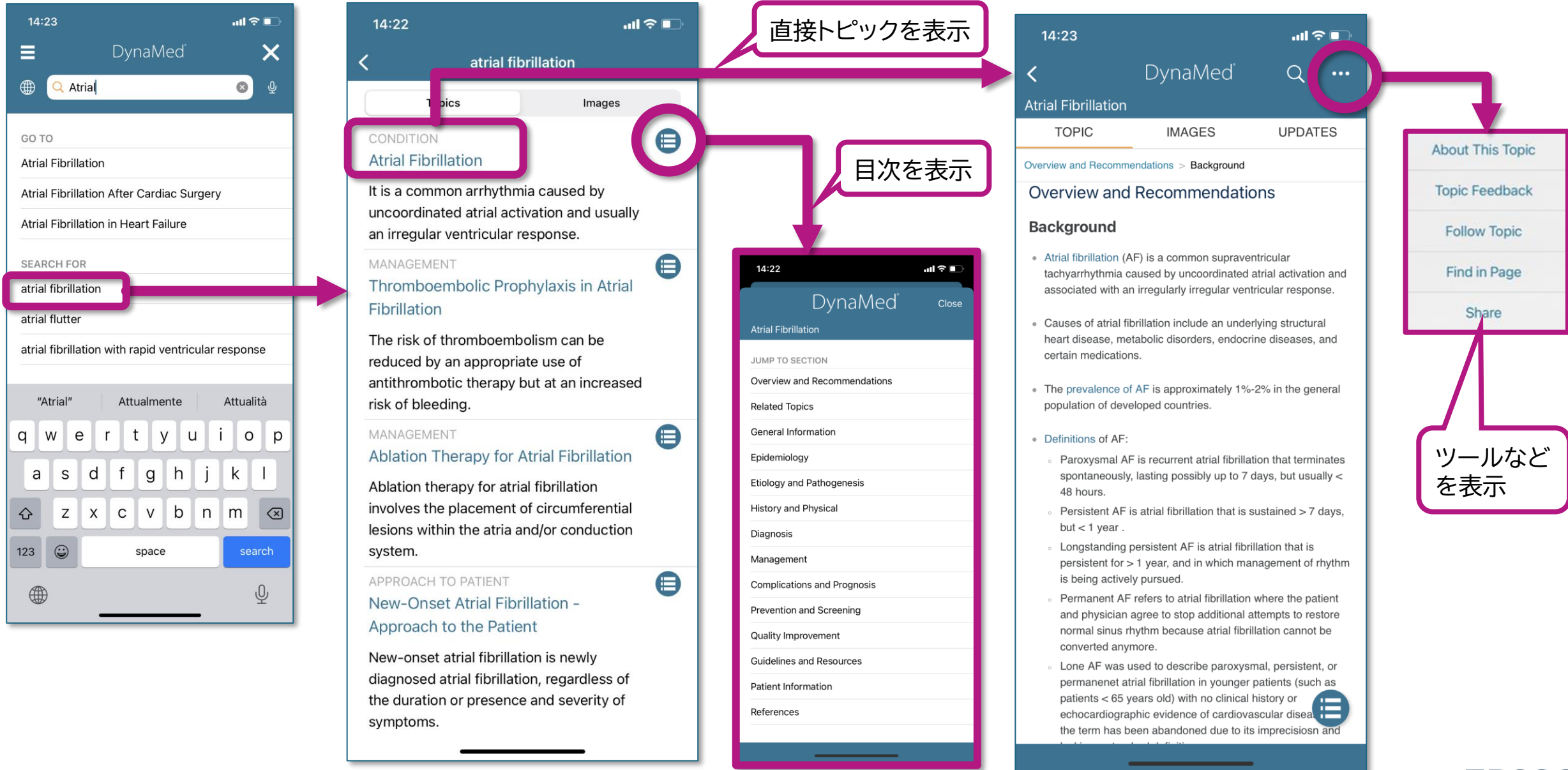


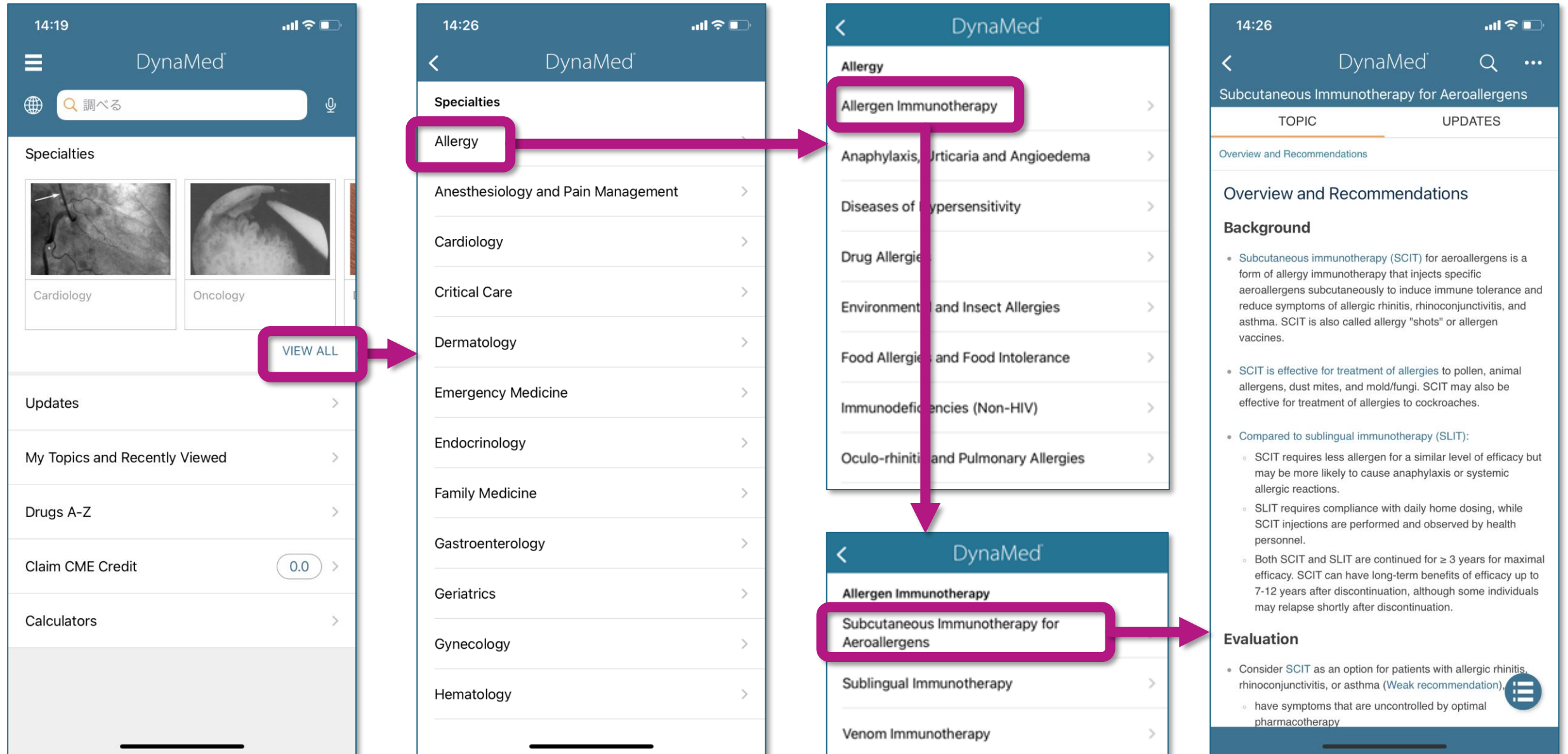
TABLE OF CONTENTS	
>	Overview and Recommendations
	Related Topics
>	General Information
>	Epidemiology
>	Etiology and Pathogenesis
>	History and Physical
>	Diagnosis
>	Management
>	Complications and Prognosis
>	Prevention and Screening
>	Quality Improvement
>	Guidelines and Resources
	Patient Information
>	References

目次を表示

モバイルアプリ



モバイルアプリ画面：領域別に検索



モバイルアプリ画面：薬剤名のA to Zリスト

The image displays three sequential screenshots of the DynaMed mobile application interface, illustrating the navigation path to view a drug monograph.

Screenshot 1 (Left): The main menu of the DynaMed app. The "Drugs A-Z" option is highlighted with a red box. A red arrow points from this box to the second screenshot.

Screenshot 2 (Middle): The "Drugs A-Z" screen, showing a list of drugs. The drug "Abatacept" is highlighted with a red box. A red arrow points from this box to the third screenshot. A green box highlights the alphabetical index (A-Z) on the right side of the list, with a callout bubble stating "アルファベット順のインデックス" (Alphabetical Index).

Screenshot 3 (Right): The detailed monograph for "Abatacept". The "TABLE OF CONTENTS" section is highlighted with a red box. A red arrow points from this box to a callout bubble stating "目次を表示" (Show Table of Contents). The table of contents lists the following sections: Class, Dosing/Administration, Medication Safety, Mechanism Of Action, Pharmacokinetics, Patient Education, About, and Brands.

アジェンダ:

1. 事前にいただいた質問について
2. 製品紹介(コンセプト、想定している利用場面、etc.)
3. 製品デモ(ケーススタディ含む)
4. 質疑応答

ご清聴ありがとうございました

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