

# *DynaMed Plus*<sup>®</sup> Guide and Tips

*DynaMed Plus*<sup>®</sup> is an online evidence-based clinical decision reference tool freely available to all ACP members through 2017.

This guide was created by ACP staff to help our members discover this rich and valuable resource.

Once registered, access *DynaMed Plus* during patient care and off-hours, on the web or by mobile app.



# Three Types of Content: Evidence, Commentaries, and Patient Care

*DynaMed Plus's* content includes more than 2200 clinical topics (plus over 2000 Micromedex referential drug and procedure summaries)

- 1. Evidence:** *DynaMed Plus*-summarized and -graded studies, organization-graded guidelines, and major review articles.
  - Latest studies also available under Updates on top of each topic
- 2. Commentaries:** by *DynaMed Plus* staff and consultants
  - Unique feature: commentaries are visually distinct from evidence
- 3. Patient Care:** Overview sections include Testing Overview and Treatment Overview; some topics retain the original Overview. Follow links within to deeper content
  - Look for **Overview and Recommendations** atop many topics, designed as the major point-of-care tool

# Types of Content: Evidence

[arrows: Reference, Guideline recommendation and Evidence statement with link to Write-up (oval)]

The screenshot shows the DynaMed Plus interface. At the top, there is a search bar with the text 'Heart failure with preserved ejection fraction' and a 'Search' button. Below the search bar, the page title is 'Heart failure with preserved ejection fraction' with options for 'Follow', 'Print', and 'E-mail'. A left sidebar contains a 'Search Within Text' box and a list of navigation items: Overview and Recommendations, Related Summaries, General Information, Epidemiology, Etiology and Pathogenesis, History and Physical, Diagnosis, Treatment (with sub-items: Treatment overview, Diet, Activity, Medications, Surgery and procedures, Other management), Complications and Prognosis, and Prevention and Screening. The main content area is titled 'Treatment' and 'Treatment overview'. It contains a bulleted list of treatment recommendations. Three red arrows point from the left sidebar to specific items in the list: 'Diagnosis', 'Treatment overview', and 'Medications'. The word 'perindopril' in the third bullet point is circled in red.

**Heart failure with preserved ejection fraction** Follow Print E-mail

Treatment / Treatment overview

### Treatment

#### Treatment overview

- initial management of patients with acute heart failure and preserved ejection fraction is tailored toward treatment of volume overload, while maintaining adequate filling pressures (so as not to over-diurese), heart rate control, and not on the use of intravenous inotropes or vasodilators that may also be helpful in decompensated patients with HFrEF.
- see [Acute heart failure](#) topic for additional information on emergency treatment
- patient education regarding diet, medications, activity and exercise, symptoms of worsening heart failure (seek medical attention if increase of 3-5 lbs in 1-2 days)
- diuretics recommended for relief of symptoms due to volume overload (ACCF/AHA Class I, Level C)
- control systolic and diastolic hypertension (ACCF/AHA Class I, Level B)
  - beta blockers, ACE inhibitors, and angiotensin receptor blockers (ARBs) are reasonable choices for patients with hypertension and heart failure with preserved ejection fraction (ACCF/AHA Class IIa, Level C)
- **perindopril** might reduce unplanned heart failure related hospitalization rates in patients with diastolic dysfunction (level 2 [mid-level] evidence)
- angiotensin receptor blockers (ARBs) might reduce hospitalization for heart failure but not total hospitalizations or mortality in patients with symptomatic heart failure and ejection fraction > 40% (level 2 [mid-level] evidence)

# Types of Content: Commentaries & Overviews

[arrow: Commentary; menu circles: Overviews]

DynaMed Plus

Uncomplicated urinary tract infection (UTI) (pyelonephritis and cystitis)

Search

Search Within Text



▶ Overview and Recommendations

Related Summaries

▼ General Information

Description

Definitions

▶ Epidemiology

▶ Etiology and Pathogenesis

▶ History and Physical

▼ Diagnosis

Making the diagnosis

Differential diagnosis

Testing overview

▶ Urine studies

Imaging studies

▼ Treatment

Treatment overview

## Uncomplicated urinary tract infection (UTI) (pyelonephritis and cystitis)

General Information / Definitions

- syndromic classification<sup>(1)</sup>
    - uncomplicated UTI - acute cystitis or pyelonephritis occurring in healthy premenopausal, nonpregnant women with no history of abnormal urinary tract
      - acute uncomplicated cystitis defined as<sup>(3)</sup>
        - no fever, flank pain, or other suspicion for pyelonephritis
        - ability to take oral medication
        - premenopausal, nonpregnant woman
        - no known urological abnormalities or comorbidities
    - complicated UTI
      - all UTI in children and men
      - all UTI in women with functional, metabolic, or anatomical abnormalities, such as obstruction, urinary stone, pregnancy, diabetes, neurogenic bladder, renal insufficiency, or immunosuppression, as well as any UTI a postmenopausal women
  - *DynaMed commentary* -- some physicians extend the definition of uncomplicated UTI to postmenopausal women and those in whom adverse outcomes are deemed unlikely in clinical practice
- recurrent urinary tract infection

# Find Topic via Home Page Site Navigation Tools

[arrows: Site search, Browse and Recent Updates; circles: Search's dropdown menu]

## Site Search dropdown menu

**“Go To”**—top half provides direct access to any topic with search terms in the **topic title**

**“Search For”**—bottom half returns a page (not shown) with related calculators, algorithms, images followed by links to **any** content that contains all search terms

## Browse by Specialty

An expanding/collapsing list

## Recent Updates

New studies and guidelines in reverse chronological order or by category, and by practice-changing importance

The image displays two screenshots of the DynaMed Plus website interface. The left screenshot shows a search bar with the text "copd" entered. Below the search bar, a dropdown menu is visible, with "Go To" and "Search For" options circled in red. The right screenshot shows the main site navigation area, with red arrows pointing to the search bar, the "Browse by specialty" link, and the "Recent Updates" section.

# Topic Navigation Tools

[arrows: Breadcrumb trail, +/- Menu sections; ovals: Topic search, Intertopic links]

## “Breadcrumb trails”

Indicates location within current path

## Left Panel Menu

An expanding/collapsing list of sections and subsections

## Topic search

A free text search comparable to browsers’ Find or Control-F function

## Intra- and Inter-topic Links

Access more specific information

## Related Summaries (not shown)

List of major associated topics; a major section near top of Menu

The screenshot displays the DynaMed Plus interface for the topic "Heart failure with preserved ejection fraction". At the top, there is a search bar containing the text "Heart failure with preserved ejection fraction" and a "Search" button. Below the search bar, a breadcrumb trail "Treatment / Treatment overview" is visible. The left panel menu is expanded, showing a list of sections: Overview and Recommendations, Related Summaries, General Information, Epidemiology, Etiology and Pathogenesis, History and Physical, Diagnosis, Treatment, Diet, Activity, Medications, Surgery and procedures, Other management, Complications and Prognosis, and Prevention and Screening. The "Treatment" section is highlighted. The main content area shows the "Treatment overview" section, which includes several bullet points. Red arrows and ovals highlight specific navigation elements: a "Search Within Text" box in the left panel menu, a breadcrumb trail "Treatment / Treatment overview", the "Treatment" menu item, and intertopic links within the text, such as "see Acute heart failure topic" and "patient education regarding diet, medications, activity and exercise".

# DynaMed Plus Tips

- When looking for **specific factual information**, use Site search “Go to” or Browse to identify the most specific topic(s), then use Topic tools.
  - a potential short cut: use “Search For” when available to directly access subsections within topics that contains all search terms
- When looking for **patient care information**, identify relevant topic(s) and use Menu to go to an Overview section, ideally Overview and Recommendations. From there, use links to dive deeper into rest of topic
- Access a convenient list of **current clinical guidelines and review articles**, many with full text links, from the Topic menu “Guidelines and Resources”
- Use Topic menu to see if topic includes a **Quality Improvement** section

# More *DynaMed Plus* Tips

- Open [-]**Updates** (arrow) for list of topic's recently published studies and guidelines, then **View update** (ovals) for in-topic citations, write-ups and full text if available
- Locate **RCTs and other studies** within topic(s) by using the Menu to find appropriate subsection (usually Diagnosis or Treatment), then scroll down to find write-ups

The screenshot shows the DynaMed Plus interface for the topic "Critical asthma syndrome". The search bar at the top contains "Critical asthma syndrome" and a "Search" button. Below the search bar, there is a "Search Within Text" field and a "Q" icon. The main content area is titled "Critical asthma syndrome" and includes options for "Follow", "Print", and "E-mail". A red arrow points to the "Updates" section, which lists several recent updates. Three of these updates have "view update" links circled in red: "BTS/SIGN national clinical guideline on management of asthma (BTS/SIGN 2016 Sep)", "IV magnesium sulfate may reduce hospital admissions in adults with acute asthma (Cochrane Database Syst Rev 2014 May 2)", and "addition of NPPV to usual care may not reduce need for endotracheal intubation but may improve respiratory function in adults with severe acute asthma and respiratory failure (Cochrane Database Syst Rev 2012 Dec 1)". Below the updates, there is a logo for "ACP" (American College of Physicians) and text indicating it was produced in collaboration with the American College of Physicians. At the bottom, there are names for the "Recommendations Editor" (Eddy Lang, MDCM, CCFP(EM), CSPQ) and the "Deputy Editor" (Terence Trow, MD, FACP, FCCP).