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## ***SPORTDiscus with Full Text***

### **A sportorvoslás és a rehabilitáció irodalmának online forrása**

Tartalma: biomechanika, gyógyszerek, testmozgás, kineziológia, táplálkozás, egészségügyel-és terápiais programokkal való foglalkozás, fizikai fitness, fizikai terápia, rehabilitáció, sporttal, illetve testmozgással kapcsolatos pszichológia és sportorvostan

**Total Full-Text Journals**

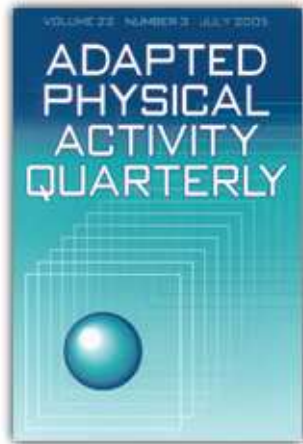
**497**

\* 2009. július 20-i adatok

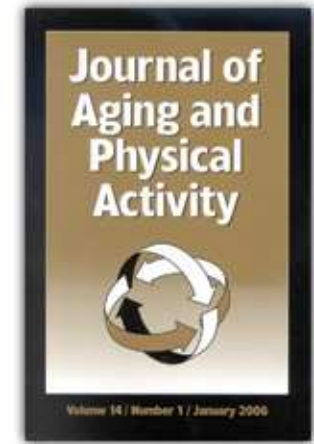


## 497, a *SPORTDiscus* ban indexelt folyóirat teljes szöveggel

### Példák az embargó nélküli folyóiratokra



- *Adapted Physical Activity Quarterly*
- *AMAA Journal*
- *American Journal of Health Promotion*
- *Athletic Therapy Today*
- *Clinical Rehabilitation*
- *International Journal of Sport Nutrition & Exercise Metabolism*
- *International Journal of Sports Physiology & Performance*
- *Journal of Aging & Physical Activity*
- *Journal of Applied Biomechanics*
- *Journal of Dance Medicine & Science*
- *Journal of Manual & Manipulative Therapy*
- *Journal of Physical Activity & Health*
- *Journal of Professional Exercise Physiology*





# *Dentistry & Oral Sciences Source*





## ***Dentistry & Oral Sciences Source***

**Irodalma lefedi a fogorvoslás valamennyi területét**

- General Dentistry
- Aesthetic Dentistry
- Dental Anaesthesiology
- Dental Public Health
- Endodontics
- Forensic Odontology
- Geriatric Dentistry
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Periodontics
- Pediatric Dentistry
- Prosthodontics

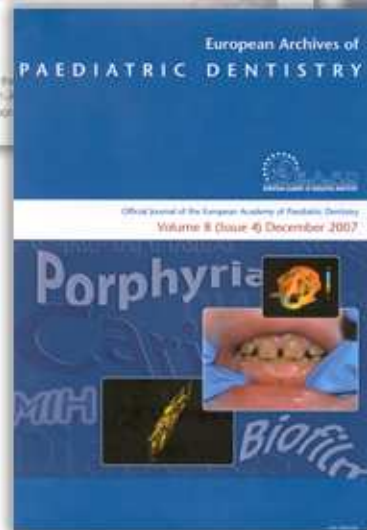
## ***A MEDLINE-on és a Dentistry & Oral Sciences Source-n indexelt folyóiratok összehasonlítása***

<b>Publication Name</b>	<b>Total Articles indexed in <i>MEDLINE</i> (1/1/2000 to 7/31/2009)</b>	<b>Total Articles indexed in DOSS (1/1/2000 to 7/31/2009)</b>
<i>British Dental Journal</i>	<b>3,433</b>	<b>8,613</b>
<i>Clinical Oral Implants Research</i>	<b>1,060</b>	<b>1,129</b>
<i>Clinical Oral Investigations</i>	<b>447</b>	<b>499</b>
<i>Critical Reviews in Oral Biology &amp; Medicine</i>	<b>146</b>	<b>175</b>
<i>Dental Traumatology</i>	<b>747</b>	<b>786</b>
<i>European Journal of Oral Sciences</i>	<b>829</b>	<b>878</b>
<i>Evidence-Based Dentistry</i>	<b>328</b>	<b>604</b>
<i>Gerodontology</i>	<b>294</b>	<b>363</b>
<i>International Endodontic Journal</i>	<b>1,075</b>	<b>1,362</b>
<i>International Journal of Oral &amp; Maxillofacial Surgery</i>	<b>1,447</b>	<b>1,625</b>
<i>International Journal of Paediatric Dentistry</i>	<b>624</b>	<b>876</b>
<i>International Journal of Prosthodontics</i>	<b>936</b>	<b>1,281</b>
<i>Journal of Adhesive Dentistry</i>	<b>428</b>	<b>458</b>
<i>Journal of Clinical Periodontology</i>	<b>1,596</b>	<b>1,658</b>
<i>Journal of Dental Hygiene</i>	<b>544</b>	<b>617</b>





## Embargó nélküli teljes szövegű folyóiratok



# Embargó nélküli teljes szövegű folyóiratok







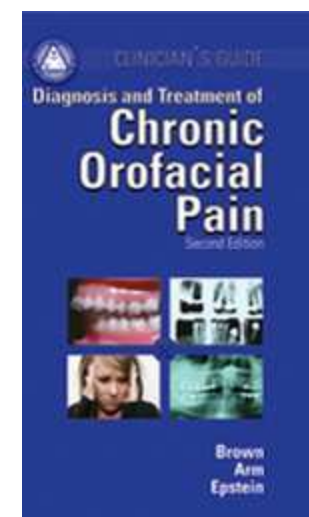
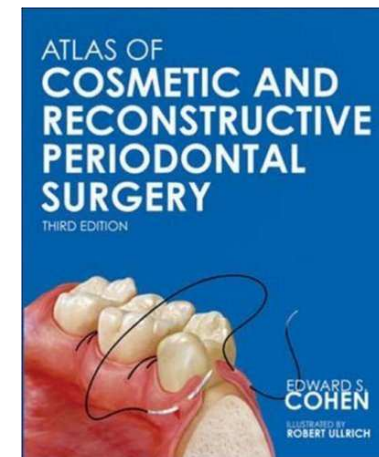
## Embargó nélküli teljes szövegű folyóiratok





## Teljes szövegű könyvek egyre gyarapodó listája

- *Atlas of Cosmetics & Reconstructive Periodontal Surgery*
- *Burket's Oral Medicine, Diagnosis & Treatment*
- *Clinical Outline of Oral Pathology*
- *Clinician's Guide to Treatment of HIV-Infected Patients*
- *Critical Decisions in Periodontology*
- *Endodontics*
- *Essentials of Oral Medicine*
- *Oral Diagnosis, Oral Medicine & Treatment Planning*
- *Oral Health in Geriatrics Patients*
- *PDQ Endodontics*
- *PDQ Oral Disease: Diagnosis & Treatment*
- *Peterson's Principles of Oral & Maxillofacial Surgery*
- *Psychology & Dentistry*





## ***Dentistry & Oral Sciences Source*** **Össztartalom 2009 augusztusában**

<b>Source Type</b>	<b>Indexing &amp; Abstracts</b>	<b>Full Text</b>	<b>PDFs</b>	<b>Searchable Cited References</b>
<b>Academic Journals</b>	<b>168</b>	<b>121</b>	<b>120</b>	<b>120</b>
<b>Books &amp; Monographs</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>0</b>
<b>Magazines &amp; Trade Periodicals</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>5</b>
<b>Total</b>	<b>220</b>	<b>172</b>	<b>171</b>	<b>125</b>



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## Miért a *DynaMed* ?

- A legjobban hozzáférhető bizonyíték – “best available evidence” – használata javítja az egészségügyben elért eredményeket a klinikai döntéshozatalnál és segít a kiadások csökkentésében.
- Az elfoglalt orvosok **könnyen és gyorsan** választ kapnak a legtöbb kérdésükre, olyan források használatával, amelyek a **legjobb aktuális bizonyítékokon** alapulnak.
- Az orvosok néha szakkönyvekhez, illetve széleskörű online forrásokhoz fordulnak, de ezek nem a legjobban hozzáférhető bizonyítékokon alapulnak.
- Az orvosoknak szükségük van egy olyan forrásra, ahol legtöbb kérdésükre gyors és pontos megbízható választ kaphatnak, tj. a legjobban hozzáférhető bizonyítékkal - the best available evidence.

## A 7 lépcsős Evidence-Based Methodology biztosítja az információ pontosságát

1. Bizonyítékok szisztematikus meghatározása
2. Szisztematikus válogatás a már meghatározott legjobban hozzáférhető bizonyítékok közül
3. Szisztematikus értékelése a kiválasztott bizonyítékoknak (critical appraisal)
4. Objektív értékelés a bizonyítékok minőségéről és találatok relevanciájáról
5. Szintetizálása a különféle bizonyítékok értékelésének
6. A konklúzió és a javaslatok levonása a bizonyítékok szintéziséből
7. A konklúzió megváltoztatása, amennyiben az új bizonyíték megváltoztatja az addigi a legjobban hozzáférhető bizonyítékot.

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**EVIDENCE-BASED = konklúziók a legjobban hozzáférhető bizonyítékon alapulnak**

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- *DynaMed* több mint **3000 klinikai téma** összefoglalóját tartalmazza
- Az összefoglaló témák a következőkön alapulnak:
  - Általános és nem általános betegségek és körülményeik
  - Szimptomák (pl., mellkasi fájdalom)
  - Egyéb kiemelt klinikai témák (pl. szoptatás, kardió stressz)
  - Különleges érdeklődési területek (pl., West Nile virus, anthrax, SARS, madárinfluenza)
  - A fejlesztési kutatásokon alapuló információk új irányai (pl. metabolikus szindróma és D-dimer testing)
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Updated 2009 Nov 04 12:09 PM: laparoscopic repair associated with reduced wound infection compared to open repair I (Br J Surg 2009 Aug) + commentary (Br J Surg 2009 Nov) [update](#)  
human acellular dermal matrix reported to be suitable alternative for complex ventral hernia repair (Arch Surg 2009 Mar) [update](#)  
trocar hernia caused by sheath of trocar in minimally invasive procedures (Pediatric Surgery Update 2008 Sep)

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## ***DynaMed* – Szisztematikus szakirodalom megőrzése**

- **Több mint 500 orvosi folyóirat** tartalomjegyzékét figyeli közvetlenül és közvetetten sok releváns folyóirati forráson keresztül
- Az egyes folyóiratok cikkeit tudományosságuk, relevanciájuk alapján értékelik és minden releváns cikknek van további értékelése, amely alapján bekerül DynaMed tartalmába.
- A legrelevánsabb cikkeket összegezték, ezt igazították hozzá a DynaMed tartalmához.
- Módosítják a bizonyítékok szintézise alapján
- Szisztematikus szakirodalom megőrzését **naponta végzik**

## Ki használja a *DynaMedet*?

*DynaMedet* használják:

- Orvostudományi egyetemek
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Updated 2009 Nov 16 11:40 AM: Lancet 2009 Nov 7 correction (Prevention) recombinant human erythropoietin (EPO) increases mortality and does not improve functional outcomes following acute ischemic stroke (Stroke 2009 Oct 15 early online) [update](#)  
review of MRI, MR angiography, and CT angiography in the diagnosis of carotid and vertebral artery dissection (AJR Am J Roentgenol 2009 Oct) [update](#) [update](#)

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Complications and  
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#### Related Summaries:

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- [Transient ischemic attack \(TIA\)](#)
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- [Physician Quality Reporting Initiative \(PQRI\) 2009 Physician Quality Measures](#)
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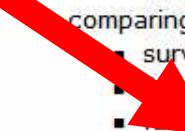


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### Surgery:

- decompressive surgery
  - **decompressive surgery within 48 hours of onset of malignant middle cerebral artery (MCA) infarction reduces mortality (level 1 [likely reliable] evidence)**
    - based on meta-analysis of 3 randomized trials (DECIMAL, DESTINY, HAMLET)
      - 93 patients aged 18-60 years with malignant MCA infarction were randomized (in 1 of 3 trials) to decompressive surgery within 48 hours after stroke onset vs. conservative medical management
      - malignant MCA infarction defined as space-occupying MCA infarction
      - neuroimaging criteria different in each trial
        - diffusion-weighted MRI infarct volume > 145 cm<sup>3</sup> in DECIMAL
        - brain CT ischemic changes in > two-thirds of MCA territory plus basal ganglia in DESTINY
        - brain CT ischemic changes affecting ≥ two-thirds of MCA territory plus space-occupying edema in HAMLET
    - comparing surgery vs. conservative treatment
      - survival at 1 year 78% vs. 29% (NNT 2)
      - functional status by modified Rankin scale (mRS) ≤ 4 in 75% vs. 24%
      - favorable functional mRS ≤ 3 in 43% vs. 21%
    - Reference - [Lancet Neurol 2007 Mar;6\(3\):215](#), editorial can be found in [Lancet Neurol 2007 Mar;6\(3\):200](#)
    - these trials subsequently published
      - comparing surgery vs. no surgery in trial with 38 patients
        - 1 of 20 (5%) vs. 12 of 18 (67%) died within one week
        - 3 of 16 (19%) vs. 2 of 6 (33%) died during weeks 1-4
      - Reference - DECIMAL trial ([Stroke 2007 Sep;38\(9\):2506](#)), editorial can be found in [Stroke 2007 Sep;38\(9\):2410](#)
      - comparing surgery vs. no surgery in trial with 32 patients
        - 15 of 17 (88%) vs. 7 of 15 (47%) survived to day 30 (p = 0.02)
      - Reference - DESTINY trial ([Stroke 2007 Sep;38\(9\):2518](#)), editorial can be found in [Stroke 2007 Sep;38\(9\):2410](#)
      - comparing surgery vs. no surgery in trial with 64 patients at 1 year
        - death in 22% vs. 59% (p < 0.05)
        - modified Rankin scale disability 75% vs. 75% (not significant)

Links to PubMed





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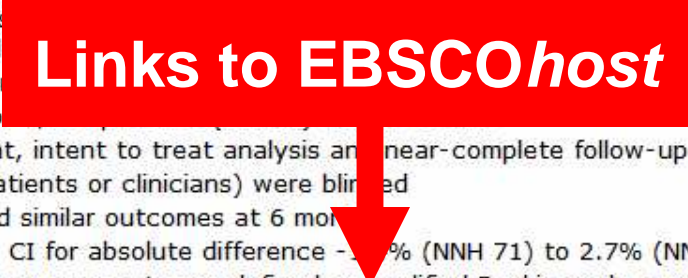
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### Treatment

#### Diet:

- **routine oral nutritional supplements during hospitalization for stroke do not substantially affect death or dependency (level 1 [likely reliable] evidence)**
  - in 125 hospitals in 15 countries, 4,023 patients admitted within 7 days of stroke (and enrolled in trial within 30 days of hospital admission) were randomized to normal hospital diet vs. normal hospital diet plus oral nutritional supplement
    - only 314 patients (8%) were unable to swallow
    - modified Rankin scale known for 6 months
    - trial had allocation concealment, intent to treat analysis and near-complete follow-up
    - outcome assessors (but not patients or clinicians) were blinded
  - normal diet vs. supplement group had similar outcomes at 6 months
    - 12.6% vs. 12% mortality, 95% CI for absolute difference -0.6% (NNH 71) to 2.7% (NNT 37)
    - 58.3% vs. 59.2% rate of death or poor outcome defined as modified Rankin scale grade 3-5, 95% CI for absolute difference -3.8% (NNH 26) to 2.3% (NNT 44)
  - Reference - FOOD trial ([Lancet 2005 Feb 26;365\(9461\):755](#) [EBSCOhost Full Text](#)), editorial can be found in [Lancet 2005 Feb 26-Mar 4;365\(9461\):729](#) [EBSCOhost Full Text](#), commentary can be found in [Lancet 2005 Jun 11-17;365\(9476\):2005](#) [EBSCOhost Full Text](#), commentary can be found in [ACP J Club 2005 Sep-Oct;143\(2\):36](#) [EBSCOhost Full Text](#), editorial can be found in [Ann Intern Med 2006 Jan 3;144\(1\):59](#) [EBSCOhost Full Text](#)
- **enteral tube feeding during hospitalization for stroke in patients with dysphagia might reduce mortality but increase long-term dependency (level 2 [mid-level] evidence)**
  - trial of early vs. no enteral tube feeding
    - in 83 hospitals in 15 countries, 859 patients admitted within 7 days of stroke and unable to swallow were randomized to early enteral tube feeding vs. no tube feeding for at least 7 days
      - trial had allocation concealment, intent to treat analysis and near-complete follow-up (only 1 loss to follow-up)
      - outcome assessors (but not patients or clinicians) were blinded
    - outcomes comparing early vs. no enteral tube feeding at 6 months
      - 42.4% vs. 48.1% mortality (p = 0.09, NNT 18), 95% CI for absolute difference -12.5% (NNT 8) to 0.8% (NNH 125)
      - 36.6% vs. 31.9% poor outcome defined as modified Rankin scale grade 4-5 (NNH 21)





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EDITORIAL

Annals of Internal Medicine

## Feeding Patients after Stroke: Who, When, and How

It's Friday at 5:30 p.m. Monday is a holiday. You have just admitted a 75-year-old woman with dysarthria and dysphagia from a lateral medullary stroke. A swallowing study will not be available for more than 72 hours. What should you do about feeding her?

This common scenario, and the even more pragmatic questions of how and when to feed patients with previous stroke regardless of their swallowing function, represents a fundamental yet relatively understudied aspect of stroke care. The importance of these everyday issues is manifest in the numbers: More than 700 000 persons in the United States have a stroke each year, and this number is projected to increase to more than 1.25 million by 2050 (1). Of the

not provide definitive answers about when and how to feed patients who had dysphagic stroke. All 3 trials were "negative," in that no intervention was associated with a statistically significant reduction in mortality or an improved functional outcome. Nonetheless, these trials are the largest well-designed randomized, controlled trials that address feeding in patients after stroke, and much can be learned from their results.

### How Do the FOOD TRIALS Advance Knowledge?

The first trial provides the most conclusive answer: Routine oral supplementation of a normal diet in stroke







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