



Introduction and Demo:

Duodecim EBMG Skyscape

Duodecim EBMG

Finland





Finnish Medical Society Duodecim

is Finland's largest scientific association. It exists to develop the professional skills and clinical practice of doctors through continuing education, publications and research grants. Established in 1881, Duodecim's membership today comprises more than 20,000 doctors and medical students.

Duodecim Medical Publications Ltd

publishes information content for medical and healthcare professionals in the form of traditional printed products but also as electronic databases, solutions integrated into healthcare systems and an online learning environment. The publicly accessible service as well as applications to support self-care are aimed for general public interested in medicine.

Evidence-Based Medicine Guidelines (EBMG)

is an easy-to-use collection of clinical guidelines for primary and ambulatory care linked to the best available evidence. Continuously updated, EBMG follows the latest developments in clinical medicine and brings evidence into practice. (<https://www.duodecim.fi/english/products/ebmg/>)

EBMG

is designed to provide you with the **information you need quickly (seconds, not minutes)** and using a single search term. Designed for use at the point of care, the guidelines are delivered in a format that makes it easy for a clinician to make a decision regarding treatment.

EBMG database includes

- Nearly 1,000 concise primary care **practice guidelines**
- Over 4,000 quality-graded **evidence summaries**, supporting the given recommendations
- Powerful software and indexing (including MeSH and UMLS), enabling **quick and effective searching**
- An expanding collection of **videos** (currently over 60), showing clinical examinations and procedures, and ultrasonographic examinations
- A searchable library of 1,400 high-quality **photographs and images** including extensive collections of dermatological and eye images
- **Audio samples** linked to articles, including descriptions of pulmonary diseases and heart murmurs in children
- All Cochrane Systematic Reviews cited within EBM Guidelines are provided in **full text**
- EBMG integration with **DynaMed Plus by Ebsco Health** is available in some markets.
- Tools for the **calculation** of e.g. peak expiratory flow rate variation, body mass index and LDL cholesterol

EBMG is published online in English, Finnish, Flemish, French, German and Turkish.

The process used by Duodecim Medical Publications Ltd to produce EBM Guidelines and Evidence Summaries has been accredited by **NHS Evidence**.

It is a widely used tool by clinicians, physicians, medical students in many countries , even in a form of national or consortia **subscription**.

Your **DUODECIM EBMG TRIAL IS ACTIVE !**

We are pleased to inform You about Your free trial period of Duodecim EBMG is active for 60 days at Your site.

You may access to Duodecim EBMG using **any browsers and any device** - desktop, laptop or mobile - **connected to Your network**

www.ebm-guidelines.com

- Alternatively You may click on the link on Your Library's homepage.
- **No username nor password is required.**
- Please put **any medical keyword in English** into the search bar shown in upper right corner.
- Choose the **best hit from the list** below and click on it
- **Read the topic** on the left
- **Apply** the information You got in seconds !



Evidence-Based Medicine Guidelines

EBM Guidelines is a unique, concise and easy-to-use collection of clinical guidelines for primary care combined with the best available evidence. Continuously updated EBM Guidelines follows the latest developments in clinical medicine and brings evidence into practice. The collection is the key source of practical information for primary care and a powerful tool reflecting real clinical experience.

What's new in EBMG

- Acute stress reaction and post-traumatic stress disorder 23.11.2018
- Negative pressure wound therapy for treating foot wounds in people with diabetes mellitus 23.11.2018
- Drugs for preventing red blood cell dehydration in people with sickle cell disease 23.11.2018
- Dental caries and other diseases of the hard tissues of the teeth and dental pulp 22.11.2018
- Infective endocarditis 20.11.2018

Most read articles today

1. Acute psychosis 4
2. Interventions for treating cholestasis in pregnancy 3
3. Laryngitis in children 3
4. Use of medication during pregnancy 2
5. Balanitis, balanoposthitis and paraphimosis in the adult 2

EBM Guidelines includes:

- Almost 1000 concise primary care practice guidelines covering a wide range of medical conditions. Both diagnosis and treatment are included.
- Over 4300 high-quality evidence summaries supporting the given recommendations - a specific feature of the guidelines is the use of evidence codes (graded from A where strong evidence exists and further research is unlikely to change the conclusion, to D where the evidence is weak and the estimate of effect is uncertain)

Browse database contents

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Clostridium difficile diarrhoea

- Table of contents -
 - Essentials
 - In general
 - Clinical manifestations and diagnosis
 - Treatment
 - Prevention
 - Related resources
- Evidence summaries

Clostridium difficile diarrhoea

EBM Guidelines
 23.8.2018 • Latest change 19.11.2018
 Janne Laine

Essentials

- Avoid unnecessary and unnecessarily long courses of antimicrobial treatment.
- Be active in taking samples if a patient has diarrhoea during or after antimicrobial treatment.
- Patients with diarrhoea in hospitals and long-term care institutions are treated applying contact precautions.
- The close surroundings of patients with diarrhoea should be cleaned with agents that are effective against bacterial spores.
- When treating a patient with diarrhoea, the hands should be washed with water and soap before applying a disinfectant.

In general

- Any antimicrobial drug may cause *Clostridium difficile* enteritis but the risk varies between different drugs. The risk is highest in association with the use of cephalosporins, fluoroquinolones and clindamycin.
- An increase in the incidence of *C. difficile* infections and in the number of cases more severe than earlier was observed at the end of the previous decade.

Clinical manifestations and diagnosis

- Watery, sometimes bloody diarrhoea. **Diarrhoea may be absent in the most severe disease forms due to paralytic ileus.**
- **The diarrhoea begins after the start of antimicrobial therapy, sometimes already during the same day, sometimes only after weeks.** In rare cases, *C. difficile* enteritis may appear without preceding antimicrobial treatment.
- In ***C. difficile* diarrhoea**, the patient **often** has abdominal pain, abdominal cramps and fever.
- **The most severe forms of *C. difficile* infection, such as pseudomembranotic colitis or toxic megacolon, may be life-threatening.**
- ESR and serum CRP are increased. *C. difficile* infection often increases CRP

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- Infectious diseases 151
 - Septicaemia
 - Infections in immunosuppressed and cancer patients
 - Susceptibility to infections in adults
 - Postinfectious syndromes
 - Vaccinations
 - Occupational exposure to blood and body secretions
 - Ecology of the use of antimicrobial drugs
 - Guidelines for antimicrobial therapy
 - Diarrhoeal diseases caused by microbes
 - Yersiniosis
 - Tularaemia
 - Erysipeloid
 - Listeriosis
 - Tetanus
 - Diphtheria
 - Mycoplasma pneumoniae infections
 - Clostridium difficile diarrhoea
 - Multidrug-resistant bacteria in hospitals
 - Lyme borreliosis (LB)
 - Bacterial diseases in warm climates
 - Influenza
 - Herpes zoster
 - Mononucleosis
 - Nephropathia epidemica (NE)
 - Pogosta disease
 - HIV infection
 - Suspicion of rabies exposure
 - Viral diseases in warm climates
 - MERS and other coronavirus infections
 - Introduction to intestinal protozoal diseases
 - Giardiasis

Evidence-Based Medicine Guidelines

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Clostridium difficile diarrhoea

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- Related resources

Evidence summaries

Clostridium difficile diarrhoea

C In initial symptomatic resolution of mild to moderate *C. difficile*-associated diarrhoea (CDI), vancomycin may be superior to metronidazole and fidaxomicin may superior to vancomycin. However, the differences in effectiveness between these antibiotics are not large and metronidazole is far cheaper compared to the other two antibiotics.

- Be active in taking samples if a patient has diarrhoea during or after antimicrobial treatment.
- Patients with diarrhoea in hospitals and long-term care institutions are treated applying contact precautions.
- The close surroundings of patients with diarrhoea should be cleaned with agents that are effective against bacterial spores.
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- Watery, sometimes bloody diarrhoea. Diarrhoea may be absent in the most severe disease forms due to paralytic ileus.
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- In *C. difficile* diarrhoea, the patient often has abdominal pain, abdominal cramps and fever.
- The most severe forms of *C. difficile* infection, such as pseudomembranous colitis or toxic megacolon, may be life-threatening.
- ESR and serum CRP are increased. *C. difficile* infection often increases CRP

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clostridium

Search result (27):

- All hits 27
- EBM Guidelines 18
- Quick reference 1
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Primary hits 4

EBM Guidelines

- Tetanus

Evidence Summaries

- Vitamin C for treating tetanus
- Vaccines for women to prevent neonatal tetanus
- Diazepam for treating tetanus

Secondary hits 1

EBM Guidelines

- Bite wounds

Text hits 22

EBM Guidelines

- Ecology of the use of antimicrobial drugs
- Diarrhoeal diseases caused by microbes
- Clostridium difficile diarrhoea
- Fever in a returning traveller
- Acute diarrhoeal disease in a traveller
- Prolonged abdominal complaints in travellers
- Prolonged fever in the adult
- Food poisoning
- Colonoscopy and sigmoidoscopy
- Prolonged diarrhoea in the adult
- Crohn's disease
- Peyronie's disease (induratio penis plastica)
- Palliative treatment

Full screen Print article Feedback

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Metformin for polycystic ovary syndrome

Evidence summaries
4.6.2018 • Latest change 4.6.2018
Editors

Level of evidence: C

Metformin may improve clinical pregnancy and ovulation rates and may possibly improve live birth rate compared with placebo.

A Cochrane review **1** **1** included 42 studies with a total of 4 024 women on metformin. Metformin **alone slightly** improved live birth rate (see Table **1**), **but not significantly** in combination with clomiphene (OR 1.21, 95% CI 0.92 to 1.59; 9 trials, n=1079). Clinical pregnancy rates were improved for metformin versus placebo (Table **1**) and for metformin and clomiphene versus clomiphene alone (OR 1.59, 95% CI 1.27 to 1.99; 16 trials, n=1529).

Table 1. Metformin compared to placebo or no treatment for women with polycystic ovary syndrome

Outcome	Relative effect : OR (95% CI)	Assumed risk - control	Corresponding risk (95% CI) - metformin	Participants (studies)
Live birth rate	1.59 (1.00 to 2.51)	141 per 1000	208 per 1000 (141 to 292)	435 (4)
Clinical pregnancy rate	1.93 (1.42 to 2.64)	110 per 1000	193 per 1000 (149 to 246)	1027 (9)
Ovulation rate	2.55 (1.81 to 3.59)	2 00 per 1000	389 per 1000 (312 to 473)	701 (14)
Miscarriage rate	1.08 (0.50 to 2.35)	40 per 1000	43per 1000 (20 to 89)	748 (4)
Adverse events (gastrointestinal)	4.76 (3.06 to 7.41)	106 per 1000	362 per 1000 (267 to 469)	670 (7)

In the studies that compared metformin and clomiphene, there was evidence of an improved live birth rate (OR 0.3, 95% CI 0.17 to 0.52, 2

Search

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Evidence Summaries

92

Primary hits

- Menopausal hormone therapy after breast cancer
- Urine dipstick test for the diagnosis of urinary tract infection
- Interventions for ear discharge associated with grommets (ventilation tubes)
- Metformin for polycystic ovary syndrome
- Psychological therapies for the management of chronic and recurrent pain in children and adolescents
- Sirolimus and everolimus for primary immunosuppression in kidney transplant recipients
- Progestogen for preventing miscarriage in women with recurrent miscarriage
- Cryotherapy for genital warts
- Omega- 3 fatty acids for prevention and treatment of cardiovascular disease
- HPV vaccines against human papillomavirus
- Choice of antihypertensive drug in the diabetic patient from prognostic point of view
- Electrotherapy for genital warts
- Zolmitriptan for acute migraine
- Imiquimod for genital warts
- Podophyllin and podophyllotoxin for genital warts
- Antibiotics for gonorrhoea
- Maternal obesity and pregnancy outcomes
- Self-management training in type 2 diabetes
- Immersion in water during first stage of labour
- Effect of Human Papillomavirus 16/18 L1 virus like particle vaccine among

Evidence Summaries



Feedback

Please do not hesitate to contact us if you have any questions about Evidence-Based Medicine Guidelines.

Type: Content feedback
 Technical problem

Name:

Email:

Subject:

Feedback:

Search result (204):

- All hits 204
- EBM Guidelines 112
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Primary hits

204

EBM Guidelines

- Tularaemia
- Clostridium difficile diarrhoea
- Herpes zoster
- Nephropathia epidemica (NE)
- HIV infection
- Suspicion of rabies exposure
- Toxoplasmosis
- Traveller's infection prophylaxis
- Pruritus
- Vertigo
- Drug treatment for hypertension
- Secondary hypertension
- Infective endocarditis
- Prevention of bacterial endocarditis
- Chronic obstructive pulmonary disease (COPD)
- Sarcoidosis
- Silicosis
- Malocclusion and headache
- Cleft lip and palate
- Dental caries and other diseases of the hard tissues of the teeth and dental pulp
- Peptic ulcer disease, Helicobacter pylori infection and chronic gastritis
- Gastric cancer
- The icteric patient
- Autoimmune hepatitis

Full screen Print article Feedback

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AVSD and Eisenmenger syndrome

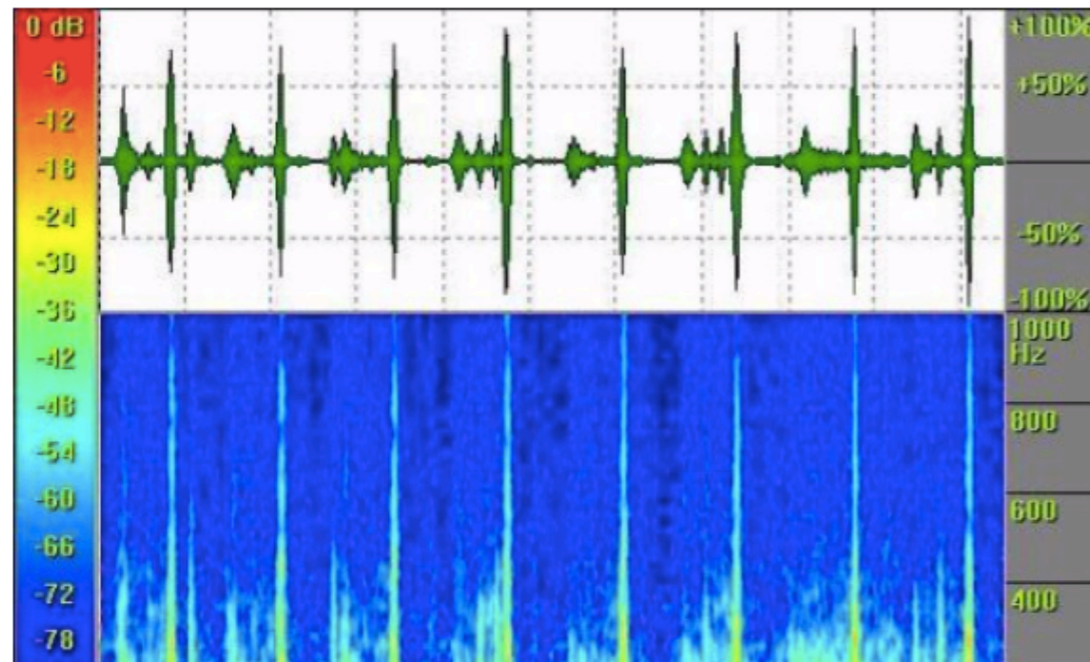
Audio samples

1.1.2000

Sakari Lukkarinen and Anna-Leena Noponen

Basic diagnosis is Down's syndrome. As a newborn this child had a total AVSD that could not be corrected because of abnormally attached papillary muscles. An obvious Eisenmenger's cyanosis has developed, but without the symptoms of heart failure. First-degree systolic murmur is present and the second heart sound is enhanced. Two separate clicks can be seen on the phonogram, apparently originating from the tricuspid and mitral valves. The second heart sound is hardly split at all and the pulmonary component is very strong because of the elevated pulmonary circulation pressure. Echocardiography shows only a minor shunt in the valves between the atria and the ventricles, which is why the spectrogram does not show clear shunt sounds. Age 19.0 years, height 145.0 cm, weight 53.0 kg. Area of auscultation: left fourth ic (LIC4).

▶ Live Broadcast 🔊 🖥️



Search

Heart auscultation 66

- ASD (atrial septal defect) secundum
- ASD in an 11-year-old child
- AVSD and Eisenmenger syndrome
- Aortic ejection murmur
- Aortic stenosis
- Aortic stenosis
- Aortic stenosis (bicuspid aortic valve)
- Aortic stenosis (surgery as a newborn)
- Artificial stenosis of the pulmonary artery (banding)
- Asthma wheezing, earlier surgery for coarctation of the aorta
- Bicuspid aortic valve
- Bicuspid aortic valve
- Cardiorespiratory murmur
- Coarctation of the aorta
- Ductus arteriosus
- Ductus arteriosus in a 2.6-year-old
- Ductus arteriosus in a newborn
- Ebstein's anomaly and tricuspid regurgitation
- Ectopic ventricular beats
- Ejection murmur
- Fairly large perimembranous VSD
- High-pitched, innocent vibratory murmur
- Hyperkinetic murmur in a young man
- Hypertrophic obstructive cardiomyopathy
- Innocent murmur
- Innocent vibratory murmur
- Innocent, vibratory murmur
- Large ASD
- Large perimembranous VSD and aortic regurgitation
- Large perimembranous VSD and pulmonary hypertension
- Low-frequency first-degree innocent murmur

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Welcome to Skyscape. We have a **simple mission: to provide medical information and tools to help make critical decisions at the point-of-care.**

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- *Skyscape Clinical Consult*
- *Medical Calculator.*

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