UpToDate®

14.1 NEWS

PUTTING CLINICAL INFORMATION INTO PRACTICE

Message from the Editor-in-Chief

Graded Recommendations now in *UpToDate*

Dear Subscribers,

With version 14.1 you will start to see topics with graded recommendations.

The grading system and how it will look in the text are described in the accompanying article in this newsletter. From your viewpoint, evidence-based grading has three advantages, all of which are apparent in the example given on the next page:

- A recommendation must be written clearly to be gradable. Thus, independent of grading, the recommendations sections in *UpToDate* will be better.
- You will know whether we feel strongly that the recommendation should be followed (grade 1) or the recommendation is weaker (grade 2).
- You will know whether the quality of the evidence supporting the recommendation is high (grade A), moderate (grade B), or low (grade C).

There are many grading systems that are currently being used in the medical literature. We began working with Dr. Gordon Guyatt (one of the world leaders in evidence-based medicine) several years ago and decided on this system because it is simple, straightforward, and seems to best support our mission, which is to help you make decisions and answer questions encountered in your clinical practice.

There are thousands of topics in *UpToDate* that need to be graded and it is a labor intensive process. As a result, this will be a multiyear project. Nevertheless, we believe that this is one of the most important editorial modifications we have made in the past fourteen years.

As with all modifications in *UpToDate*, ongoing feedback from users will optimize the utility and accuracy of the graded recommendations. We look forward to your feedback.

Sincerely,

Burton D. Rose, MD

Introducing Evidence Grading

Evidence grading on recommendations for treatment and screening are now being added to *UpToDate*. Based on the high percentage of subscribers surveyed who said evidence grading was desirable, we believe this development is an important step in strengthening *UpToDate* as a leading evidence-based clinical resource.

From the beginning, we have recognized that recommendations for patient care must be based on the available evidence. We now hope to provide you with more of the

continued on page 2

UpToDate Expands to 3 CDs

With this release, *UpToDate* on CD-ROM will be comprised of three CDs, and you will already have noticed the larger packaging to accommodate this change. The expansion to three CDs was necessary to hold our growing content.

With each new release, we not only update over one third of topics, but also add many new topics, graphics (including movies) and

continued on page 3

WHAT'S NEW

CARDIOLOGY

The 2005 ACC/AHA guidelines on the management of heart failure delineated indications for cardiac resynchronization therapy (CRT) with biventricular pacing. CRT is recommended in patients who are in sinus rhythm, with an LVEF ≤35 percent, and LV dyssynchrony, who have moderate to severe symptoms (NYHA class III or IV HF) despite optimal medical therapy. Most patients who satisfy these criteria are also candidates for an ICD and receive a combined device. (See "Cardiac resynchronization therapy (biventricular pacing) in heart failure" section on Recommendations).

ENDOCRINOLOGY

A low-fat, high-carbohydrate dietary pattern does not appear to be associated with weight gain. This was illustrated in the Women's Health Initiative Dietary Modification Trial of 48,835 postmenopausal women over age 50 years who were randomly assigned to a dietary intervention which included group and individual sessions to promote a decrease in fat intake and increases in fruit, vegetable, and grain consumption, but did not include weight loss or caloric restriction goals, or a control group which received only dietary education materials. After an average of 7.5 years of follow-up, no weight gain occurred in the low-fat dietary pattern group. (See "Diet and the initiation of therapy for obesity").

FAMILY MEDICINE

Watchful waiting rather than surgical referral may be an acceptable option for patients with an asymptomatic or minimally symptomatic inguinal hernia. (See "Abdominal wall and groin hernias", section on Surgery versus watchful waiting).

WHAT'S NEW

GASTROENTEROLOGY

A population-based study from Sweden found that 44 percent of patients with Barrett's esophagus lacked "troublesome heartburn and/or acid regurgitation during the past three months" suggesting that screening programs based upon reflux symptoms alone may be inadequate to identify patients with Barrett's esophagus. (See "Epidemiology, clinical manifestations and diagnosis of Barrett's esophagus").

HEMATOLOGY

In a randomized study in patients aged 65 to 75 with newly diagnosed myeloma, median progression-free and overall survivals were significantly better for those treated with the combination of melphalan, prednisone, and thalidomide than for those receiving treatment with melphalan/prednisone or tandem autologous hematopoietic cell transplantation using intermediate-dose melphalan. (See "Chemotherapy in multiple myeloma", section on Melphalan, prednisone, and thalidomide.)

INFECTIOUS DISEASES

In the United States, reports of serious C. difficile-associated disease in otherwise healthy patients with minimal or no exposure to a healthcare setting may be associated with the emergence of a previously uncommon highly toxigenic strain. (See "Pathophysiology and epidemiology of Clostridium difficile infection").

INTERNAL MEDICINE

A meta-analysis of randomized trials of statins involving 90,056 patients found no increased risk of cancer death after a mean follow-up of five years. A second meta-analysis of randomized trials involving 86,936 patients also found no effect of statins on cancer incidence. There is no convincing evidence that statins increase or decrease the risk of cancer. (See "Lipid lowering with statins", sections on Cancer and on Cancer prevention).

Evidence Grading

continued from page 1

information you need to best integrate our recommendations with your patients' individual needs and circumstances.

You will find graded recommendations in the *Summary and Recommendations* section at the end of graded topics. Initially, only a fraction of topics will be graded due to the thousands of treatment and screening recommendations found in the program.

The *UpToDate* grading system was developed in collaboration with our Evidence-Based Medicine Advisory Group, comprising some of the leaders in evidence-based medicine. The group is headed by **Dr. Gordon Guyatt** from McMaster University (who coined the term "evidence-based medicine") and includes **Dr. Roman Jaeschke**, McMaster University; **Dr. Holger Schunemann,** Italian National Cancer Institute/McMaster University; **Dr. Victor Montori**, the Mayo Clinic; and **Dr. Yngve Falck-Ytter**, Case Western Reserve University.

The *UpToDate* Grading System

Our grading scheme (UTD-GRADE) is based on the system developed by the GRADE working group. Grades are made up of two components: a number (1 or 2) reflecting a strong or weak recommendation, and a letter (A, B, or C) reflecting the quality of the evidence supporting that recommendation. The table below summarizes these grades.

UTD-GRADE differs from GRADE in that it combines the two lowest categories of evidence – low quality (grade C) and very low quality (grade D) – into a single grade C. For more detailed information, you may read our revised Editorial Policy on our web site.

Grading recommendations involves subjective judgements based on the clinical expertise of our authors, editors and peer reviewers. We encourage you to send feedback about the grading system or about specific graded recommendations to **editorial@uptodate.com**.

Example of a Graded Recommendation – from **Intensity of lipid lowering therapy in secondary prevention of coronary heart disease** under the *Summary and Recommendations* section:

- We recommend that patients with an acute coronary syndrome be treated with intensive statin therapy with atorvastatin 80 mg daily, which has been shown to reduce mortality **(Grade 1A)**.
- Patients at very high risk for CHD events such as those in the proposed NCEP guidelines might also be expected to benefit from more intensive lipid lowering therapy. We suggest that such patients be treated with the lowest dose of a statin that reduces their LDL-C below 80 mg/dL (2.1 mmol/L) **(Grade 2B)**.

Around 150 topic reviews contain graded recommendations in UpToDate 14.1

RECOMMENDATION GRADES		
1	Strong Recommendation "We recommend..."	Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2	Weaker Recommendation "We suggest..."	Benefits and risks closely balanced and/or uncertain
EVIDENCE GRADES		
A	High Quality Evidence	Consistent evidence from randomized trials, or overwhelming evidence of some other form
B	Moderate Quality Evidence	Evidence from randomized trials with important limitations, or very strong evidence of some other form
C	Low Quality Evidence	Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

American Academy of Nurse Practitioners Endorses *UpToDate*

Recognizing the value of *UpToDate* as a clinical information resource for nurse practitioners, the American Academy of Nurse Practitioners (AANP) has taken *UpToDate* as an official educational program of the AANP. This is the ninth professional medical society to endorse our program.

This partnership reinforces both organizations' commitment to improving patient care. It also recognizes the growing importance of nurse practitioners as first line healthcare providers and their need for evidence-based clinical information resources. The partnership is intended to increase *UpToDate* usage by nurse practitioners at the point-of-care to help provide the best care to patients.

The AANP has also approved *UpToDate* as a provider of nurse practitioner continuing education. NPs will be able to accrue continuing education contact hours while using their personal subscriptions to *UpToDate*.

In a recent *UpToDate* usage study, NPs reported they found the information they were looking for in *UpToDate* in 95% of their searches and that 89% of their searches improved patient care. This is consistent with physicians' use of the program who report finding information 93% of the time and that 86% of their searches improved patient care.

3 CDs

continued from page 1

references, and this has added substantially to the information stored on each CD. Over the years, we have continued to expand the *UpToDate* content in order to provide users with both a comprehensive and in-depth clinical information resource useful for a variety of clinical settings.

The third CD will not change the installation process and you will find step-by-step instructions for activating and installing the program during installation itself.

Tip: Using MY UPTODATE *(for individual subscribers only)*

My UpToDate is your own personalized section of *UpToDate*, available on both the CD-ROM and online versions. With My UpToDate, you can:

- **Check your CME status –** See how many credits you accrued using the program and submit for credit

Online only:

- **Request *UpToDate* for the Pocket PC –** Ask for the Pocket PC version of *UpToDate* included with your annual subscription (free)
- **Modify your account information –** Update account information such as your address and phone number, or change your online user name and password

CD-ROM only:

- **Activate your CD-ROM –** Activate the first CD-ROM of your annual subscription through the various options available

WHAT'S NEW

NEPHROLOGY

The results of a new randomized trial suggest that mycophenolate mofetil may be equally or possibly more effective than cyclophosphamide for the treatment of proliferative lupus nephritis with relatively preserved kidney function. (See "Therapy of diffuse or severe focal proliferative or severe membranous lupus nephritis").

OB/GYN

A well-designed randomized, double-blind, placebo-controlled clinical trial evaluating the use of dexamethasone to improve maternal outcome in patients with HELLP syndrome found that dexamethasone did not reduce the duration of hospitalization, the rate of platelet or fresh frozen plasma transfusion, or maternal complications (acute renal failure, pulmonary edema). Corticosteroids do not appear to be of value in treatment of women with HELLP syndrome other than for acceleration of fetal lung maturity. (See "HELLP syndrome" section on Corticosteroids).

ONCOLOGY

A significant survival benefit for intraperitoneal (IP) administration of cisplatin and paclitaxel plus IV paclitaxel compared to all IV therapy in women with optimally debulked stage III epithelial ovarian cancer was shown in a trial from the Gynecologic Oncology Group. These results led the National Cancer Institute to issue a Clinical Advisory regarding IP chemotherapy. (See "First-line chemotherapy for epithelial ovarian cancer", section on IP paclitaxel).

WHAT'S NEW

PEDIATRICS

Morphine analgesia reduces pain in children undergoing evaluation for acute abdominal pain without affecting the ability of examiners to identify those with appendicitis. (See "Evaluation and diagnosis of appendicitis in children", section on Evaluation and diagnosis).

PULMONARY MEDICINE

Efficacious oral therapy for pulmonary hypertension is desired. A double-blind, controlled, multicenter trial, randomly assigned 278 patients with symptomatic pulmonary hypertension to receive placebo or sildenafil (20, 40, or 80 mg) orally three times daily for 12 weeks. The distance walked in six minutes increased 45 m (+13 percent), 46 m (+13.3 percent), and 50 m (+14.7 percent) in the 20, 40, and 80 mg sildenafil groups, respectively. The mean pulmonary artery pressure decreased 2.1, 2.6, and 4.7 mmHg in the 20, 40, and 80 mg sildenafil groups, respectively. And, pulmonary vascular resistance decreased 122, 143, 261 dyn/sec per cm in the 20, 40, and 80 mg sildenafil groups, respectively. (See "Prognosis and treatment of idiopathic pulmonary arterial hypertension").

RHEUMATOLOGY

In a randomized, placebo-controlled trial, use of daily oral cyclophosphamide for active interstitial pneumonitis in patients with systemic sclerosis (SSc) was associated with a slower rate of loss of vital capacity and with greater improvement in secondary measures including dyspnea and vitality. (See "Treatment of interstitial lung disease in systemic sclerosis (scleroderma)", section on Oral cyclophosphamide).

New Educational Courses

We are pleased to offer two new interactive courses to include in your physician programs for Continuing Medical Education (CME).

Using *UpToDate* for Evidence-based Answers at the Point-of Care is a complimentary course to all hospitals and facilities with institutional subscriptions to *UpToDate*.

It is a case-based interactive session designed to train medical staff on how to use the program. Participants answer real medical board questions and a presentation follows demonstrating how *UpToDate* can be used to find evidence-based answers and improve patient care. The course is available for Grand Rounds and other educational venues and is ideal for communicating the availability of *UpToDate* at your institution.

Our other course, **Evidence-based Answers at the Point-of-Care**, is also case-based and fully interactive, and demonstrates how questions arise during the course of patient care and how a number of evidence-based resources, including *UpToDate*, can be used to answer clinical questions. The course is available to state and local chapters of major medical societies.

Both courses are intended for use in CME programs and are provided free of charge.

We are now working with local physicians to present the courses and also looking for new physicians who may be interested in presenting.

Our Sincere Thanks...

... to the following physicians for presenting UpToDate's new educational course offerings:

Evidence-based answers at the point-of-care:

John Russell, MD
PriMed Updates, Portland, OR

Using *UpToDate* for evidence-based answers at the point-of-care:

Catherine Kiley, MD

Thomas Streeter, MD

Harvey Reeback, MD
Southcoast Hospitals Group, MA

Marvin Adner, MD
MetroWest Medical Center
Framingham, MA

Michael Gilels, MD
Martin Memorial Health System
Stuart, FL

... and to the many subscribers who recently presented *UpToDate* to their colleagues, including:

Shinsuke Ito, MD, at the 9th Annual EBM workshop, Nagoya, Japan

Thomas Satre, MD, Mayo Family Residency Clinic, St. Cloud, MN

For more information on our new educational courses or if you are interested in presenting, please contact us at educate@uptodate.com

New Customer Service & Technical Support Hours

To better serve you, our customer service and technical support hours have extended.

Customer Service: 7:00 a.m. to 9:00 p.m. EST (local Boston time)

Technical Support: 8:00 a.m. to 9:00 p.m. EST (local Boston time)

You can reach both at 1-800-998-6374 (US & Canada) or +1-781-392-2000, Monday through Friday (excluding US national holidays).

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