A university student guide

You need to ensure your students have access to the most current medical literature and best available evidence and understand how to apply it in clinical situations.

Leading universities around the world, including yours, rely on UpToDate® as their clinical decision support resource.

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With comprehensive coverage of clinical topics across a wide range of medical conditions your students may encounter in patients, UpToDate helps them answer clinical questions quickly and easily to make confident diagnosis and treatment decisions.

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With this guide, you will learn how to:

- Register for an UpToDate account
- Treat your patients anywhere with our mobile app or mobile website
- Personalise your user experience
- Correctly cite references
- Effectively use Medical Calculators
- Search and export Graphics to PPT
- Utilize Drug Information and Drug Interaction tool
- Print and email Patient Education
- Assess the quality of evidence using Graded Recommendations

View sample content:

1. ECG tutorials
2. ECG test (basic and advanced)
3. Interactive Diabetes Cases (20)
4. Clinical microbiology review (6)
5. Diagnostic dilemmas in hypoglycemia: Illustrative cases
6. Hepatitis B virus: Case studies
7. Clinical pathological cases in gastroenterology: Stomach
8. Clinical pathological cases in gastroenterology: Small intestine and colon
9. Cases illustrating problems with insulin therapy for diabetes mellitus
10. Glossary of common biostatistical and epidemiological terms
Registration

Make note of your username and password upon completion of the registration process.

References

UpToDate provides clear references, a Medline abstract, and a quick link so you can read the full text.

Medline Abstract for Reference 5 of 'Subcutaneous implantable cardioverter defibrillators'

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<th>PubMed</th>
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<tr>
<td><strong>TI</strong></td>
<td>A comparison of antiarrhythmic-drug therapy with implantable defibrillators in patients resuscitated from near-fatal ventricular arrhythmias.</td>
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<tr>
<td><strong>AU</strong></td>
<td>Antiarrhythmics versus Implantable Defibrillators (AVID) Investigators</td>
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BACKGROUND: Patients who survive life-threatening ventricular arrhythmias are at risk for recurrent arrhythmias. They can be treated with either an implantable cardioverter-defibrillator or antiarrhythmic drugs, but the relative efficacy of these two treatment strategies is unknown.

METHODS: To address this issue, we conducted a randomized comparison of these two treatment strategies in patients who had been resuscitated from near-fatal ventricular fibrillation or who had undergone cardioversion from sustained ventricular tachycardia. Patients with ventricular tachycardia also had either syncope or other serious cardiac symptoms, along with a left ventricular ejection fraction of 0.40 or less. One group of patients was treated with an implantable cardioverter-defibrillator; the other received class III antiarrhythmic drugs, primarily amiodarone at empirically determined doses. Fifty-six clinical centers screened all patients who presented with ventricular tachycardia or ventricular fibrillation during a period of nearly four years. Of 1016 patients (40 percent of whom had ventricular fibrillation, and 55 percent ventricular tachycardia), 507 were randomly assigned to treatment with implantable cardioverter-defibrillators and 509 to antiarrhythmic-drug therapy. The primary end point was overall mortality.

RESULTS: Follow-up was complete for 1013 patients (99.7 percent). Overall survival was greater with the implantable defibrillator, with unadjusted estimates of 89.3 percent, as compared with 82.3 percent in the antiarrhythmic-drug group at one year, 81.6 percent versus 74.7 percent at two years, and 75.4 percent versus 64.1 percent at three years (P=0.03). The corresponding reductions in mortality (with 95 percent confidence limits) with the implantable defibrillator were 39%±20 percent, 37%±21 percent, and 31%±21 percent.

CONCLUSIONS: Among survivors of ventricular fibrillation or sustained ventricular tachycardia causing severe symptoms, the implantable cardioverter-defibrillator is superior to antiarrhythmic drugs for increasing overall survival.

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The searchable UpToDate graphics library includes more than 36,000 pictures, tables, illustrations, diagrams, algorithms, and videos. Great for presentations and assignments, you can easily export these to PowerPoint, and references are automatically cited.

UpToDate provides more than 1,500 corresponding patient information topics. Use these to review information together with patients, print out as handouts, or send via email.

**The Basics** patient education are written in plain language. They answer the most important questions a person might have about a medical problem, perfect for a general overview.

**Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with medical terminology.
Drug Information

UpToDate contains more than 6,900 unique drug entries, including monographs and patient drug information developed by Lexicomp®.

Graded Recommendations

SUMMARY AND RECOMMENDATIONS

- For patients with potentially resectable noncardia gastric cancer, randomized trials and meta-analyses provide support for a number of approaches, including adjuvant chemoradiotherapy, perioperative (preoperative plus postoperative) chemotherapy, and adjuvant chemotherapy. For surgery alone. For most patients with stage T2 or N0 disease, we recommend combined modality therapy.

UpToDate has adopted the GRADE approach to classify the strength of the recommendation and the quality of the underlying evidence. Clear recommendations are available for every topic so you can make confident treatment decisions based on evidence and best practice, improving the care you provide.

Graded recommendations are an essential part of UpToDate.

Citing UpToDate

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Here is an example of how to cite an UpToDate topic: