

عملي طب مسند الجلسة الأولى

التدريب على صياغة سؤال بحثي PICO
د. أسامة عرابي

أولاً:قوالب السؤال العلاجي

نموذج أول

أ. بدون مقارنة

-In **P**atient (with,had)is (**I**).....effective on treating (.).....
(control,decrease,complications...)(**O**)

ب. مع مقارنة

-In patient (with,had)is (**I**)..... mor effective than (**C**).... on treating
(control,decrease...)(**O**)

نموذج ثاني

أ. بدون مقارنة

-Is (**I**).....effect ive on treating **P**atient (with,had)(control,decrease...)(**O**)

.....

ب. مع مقارنة

-Is (**I**)..... mor effective than (**C**).... on treating **P**atient (with,had)
(control,decrease...)(**O**)

السؤال عن الوقاية (علاجي) (منع حدوث المشكلة) Prevention

1. قالب:

القالب الأساسي:

For _____ (P) Does The Use Of _____ (I) Reduce The Future Risk Of _____ (O) Compared With _____ (C)?

الترجمة:

من أجل _____ (مريض ما) هل استخدام _____ (تداخل ما) يقلل من خطر الإصابة المستقبلية

_____ (بنتيجة) مرض (ما) مقارنة مع _____ (مريض آخر لا يستخدمه أو يستخدم تداخلا آخر).

مثال:

للأطفال دون الخمس سنوات, هل يشكل استخدام لقاح شلل الأطفال الفموي الحي المضعف. وقاية من الإصابة بشلل الأطفال مقارنة مع أطفال آخرين لا يستخدمونه أو يستخدمون لقاحا آخر؟

يجب أن يكون السؤال محددًا بوضوح.
مثال على سؤال قليل التحديد: "غير جيد", غير صالح للبحث:

Poorly formulated
question:



What drugs should be used to
treat patients with neck wounds?



التحديد

Identifying the key concepts

- ❖ **Example search scenario:**
- ❖ What evidence is there to support “honey” therapy for the treatment of neck wound dehiscence rather than conventional debridement therapies?
- ❖ What evidence is there to support **“honey” therapy** for the treatment of **neck wound dehiscence** rather than **conventional debridement therapies**?



إطار السؤال

Using the PICO model

- ❖ P Neck wound dehiscence(problem)
- ❖ I Honey therapy (proposed intervention)
- ❖ C Conventional debridement therapies (comparative treatment)
- ❖ O Wound healing (outcome)



علاجي 1 نص السؤال:

Is honey mor effective than coventional
debridement for treatment neck wound
dehiscence

سؤال علاجي 2

في العيادة الخارجية لمشفى الأطفال أُحضر إليك طفل بعمر 9 سنوات تبين إصابته بالتهاب بلعوم pharyngitis, باستجواب الأم تبين سوابق إصابته بحمى رثوية rheumatic fever, شرعت بوصف Amoxicillin.Clavulenic acid, ولكن أحد زملائك أفادك باطلاعه على دراسة تنصح باستعمال .Azithromycin

فقررت البحث عن الدليل
كيف تصيغ سؤالاً بحثياً. اكتب صيغته وإطاره

إطار السؤال

P:9year old boy with pharyngitis and previous rheumatic fever.

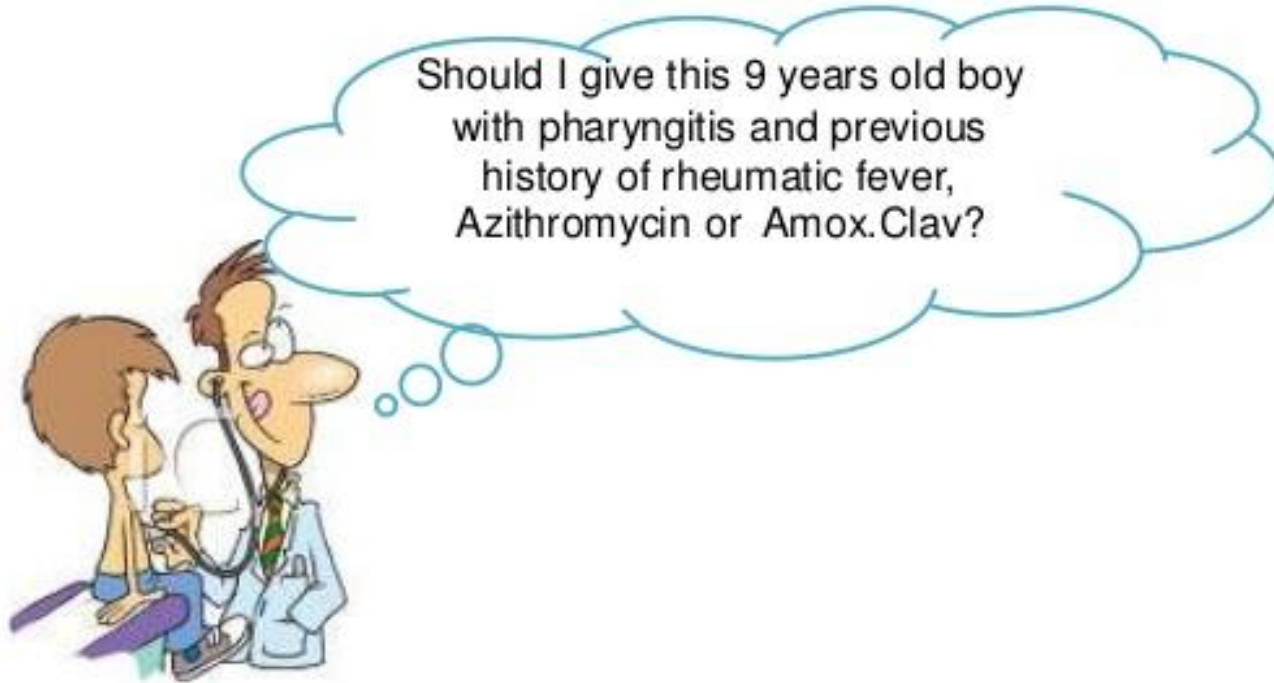
I:Azithromycin.

C:Amox.clav.

O:efficacy and safety

The Practice of EBM

1. Starts with a clinical problem or question that arises out of the care of the patient



نص
أوصيفة
السؤال

Simple

علاجي 3

You have been asked to review the practice guidelines for treating warts. You are confident that cryotherapy is the most effective treatment but a colleague suggested some alternatives to investigate, including duct tape.

Ask

Patient/Population	Patients with common warts
Intervention	Duct tape
Comparison	Cryotherapy
Outcome	Eliminating warts

Answerable clinical question:

In patients with common warts, is duct tape as effective as cryotherapy in eliminating warts?

سؤال علاجي 4

✦ *How effective is Rheumatrex on reducing symptoms of rheumatoid arthritis in women over 75?*

Population	Females over 75 years old with Rheumatoid Arthritis
Intervention	Rheumatrex
Comparison	The control population are women over 75 with Rheumatoid Arthritis who are given placebo
Outcome	Reduction in symptoms of rheumatoid arthritis

How effective is Rheumatrex on reducing symptoms of rheumatoid arthritis in women over 75?

سؤال علاجي 5

45years old diabetic male suffers from hypertension.you want to know is beta blocker drug x better than diuretic y (that he is currently taking) to decrease the pressure



- ✦ Lets break down the following case study into the four PICO components then restate it in a question format.
- ✦ *Patient X suffers from hypertension. As his physician, you want to find out whether a Beta-blockers drug Y works better than the Diuretic drug Z that patient is currently taking. You consider the best treatment to be the one which reduces the disease symptoms and that which has the least side effects. Patient X is 45 year old obese male with diabetes.*

عند مريض سكري
بدين عمره خمس
وأربعون عاما
مصاب بارتفاع
التوتر الشرياني
وموضوع على
علاج بالمدرات,
نريد معرفة أفضلية
محصرات بيتا في
خفض ضغطه
الشرياني مقارنة
مع المدر



Population	45 year old obese males with type II diabetes suffering from hypertension
Intervention	Beta Blocker drug Y
Comparison	Diuretic drug Z
Outcome	Same or greater reduction in symptoms of hypertension with less side effects

Is beta blocker more effective for the treatment of hypertension than diuretic in 45 years old obese diabetic male?

نريد معرفة فعالية محصرات بيتا في علاج قصور القلب الإحتقائي عند الأطفال

P atient	Children with congestive heart failure
I ntervention	Carvedilol (a β -blockers)
C omparison	No carvedilol
O utcome	Improvement of CHF symptoms

Question: Is there a role for beta-blockers in the management of heart failure in children?

سؤال علاجي 7



Question 1: Dr. J wants to study the effectiveness of cough syrup X in infants under 6 months.

Population

Intervention

Comparison

Outcome



Answers to question 1: *Dr. J wants to study the effectiveness of cough syrup X in infants under 6 months.*

Population	Infants under 6 months with cough symptoms
Intervention	Prescribed dosage of cough syrup X
Comparison	Infants under 6 months with cough symptoms not treated.
Outcome	Reduction in coughing symptoms

How did you do?

Is cough syrup x effect in infant under
6 month for relief cough

علاجي 8

دور مضادات التخثر في إنقاص المراضة والوفيات لدى مرضى الرجفان الأذيني العارضي (التصادفي)

Four components: PICO

- **Patient/Population** :Patients with incidentally atrial fibrillation
- **Intervention** :Anticoagulation
- **Comparison** :Placebo.
- **Outcome** :Mortality and morbidity

Example: In patients with incidentally discovered atrial fibrillation, does anticoagulation compared to no intervention Improve the long-term mortality and morbidity?



10th Evidence based
medicine workshop

Prince Sultan Military Medical City
Department of post Graduate Medical education
EBM committee

9

دور الشوط **العلاجي** القصير (3 أيام) بالصادات لمرضى التهاب الجيوب
البالغين في تخفيف التأثيرات الجانبية مقارنة بالشوط العلاجي لـ 10 أيام

- P:adults with sinusitis.
- I:3 days course antibiotics.
- C:10 days course antibiotics.
- O:fewer adverse effects

In **adults with sinusitis**, does a **3-day course of antibiotics** work as well as a **10-day course**, with **fewer adverse effects**?

سؤال علاجي 10



Question 2: You want to conduct a research study to find out which treatment is most effective in treating childhood obesity: diet, exercise

Population

Intervention

Comparison

Outcome

Population	Individuals under the age of 18 who suffer from obesity.
Intervention	Exercise [REDACTED]
Comparison	Diet
Outcome	Weight loss

Which is more effective in treating childhood obesity: diet, or exercise?

سؤال علاجي 11




YOU ARE AT A MDT MEETING DISCUSSING OF A PATIENT WITH A POTENTIALLY RESECTABLE COLON CANCER. ONE OF THE SURGEONS OFFERS TO PERFORM THIS PROCEDURE BY LAPAROSCOPICALLY WHILE ANOTHER ARGUES THAT THE OPEN APPROACH IS BETTER. YOU WONDER WHO IS RIGHT AND RESOLVE TO CHECK THE LITERATURE.

P:patient with colorectal cancer
I:laparoscopic surgery
C:open surgery
O:less morbidity....



SCIENTIFIC QUESTION

IN PATIENTS WHO ARE UNDERGOING SURGERY FOR COLORECTAL CANCER DOES THE LAPAROSCOPIC APPROACH AS COMPARED WITH OPEN SURGERY IMPROVES CLINICAL OUTCOME?



سؤال علاجي 12
DPT اللقاح الثلاثي: دفتريا, سعال ديكبي, pertusis, كزاز
oral polio.: لقاح شلل الأطفال عبر الفم

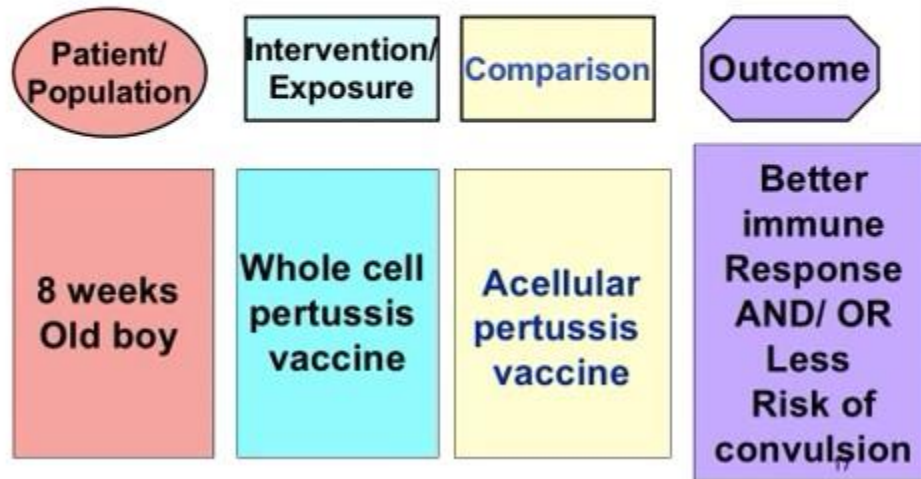
Scenario-1

- 8 weeks old boy is brought for his first set immunization - **DPT+ oral Polio** –
- The mother asked is the acellular pertussis vaccine better for her son?

What are the foreground questions (PICO) in this scenario?

Let's formulate it !

PICO therapy
She asked is the acellular pertussis
vaccine better for her son?



In 8 weeks old baby is acellular pertussis vaccine have better immune response and less risk of convulsion?

سؤال تعرض, أذى, عامل خطر 1

Aetiology سببي

Scenario-2

- 8 weeks old boy is brought for his first set immunization - **DPT+ oral Polio** –
- The mother is concerned that her baby may be at greater risk of convulsion after his immunization

What are the foreground questions (PICO) in this scenario?

ثانياً: السؤال عن مسببات الأمراض Etiology, تعرض, أذى

1. قالب:

القالب الأساسي:

Are ____ (P) Who Have _____ (I) At ____
(Increased/Decreased) Risk For/Of _____ (O) Compared With
_____ (P) With/Without _____ (C)?

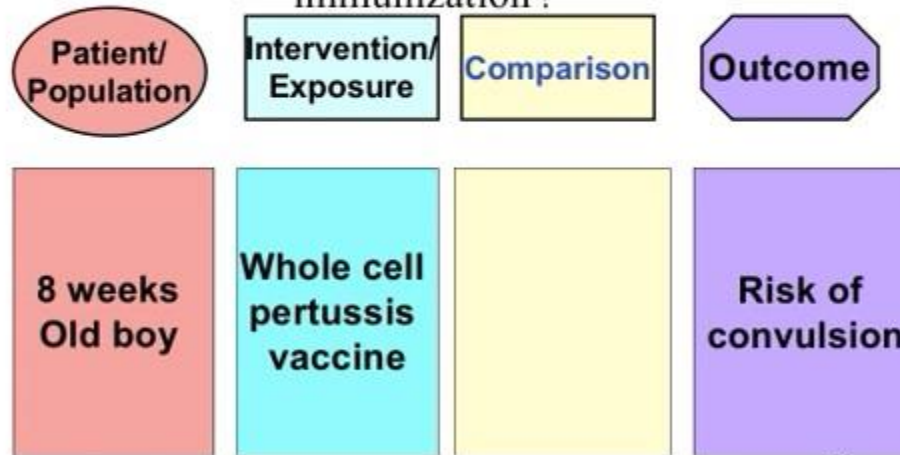
الترجمة:

هل ____ (المريض) الذي لديه ____ (تداخل ما أو مرض ما) معرض ____
(لزيادة/نقصان)
الخطر ____ (في النتيجة) مقارنة مع ____ (مريض أو مشكلة أخرى) مع/بدون
____ (مقارنة؟)

خطورة إحداه لقاح السعال الديكي (الكامل الخلايا) للإختلاجات

PICO harm

She is concerned that her baby may be at greater risk of convulsion after his immunization ?



In 8 weeks old baby is acellular
pertussis vaccine have mor risk of
convulsion?

Aetiology 2سؤال أذى أو تعرض

George has come in to your surgery to discuss the possibility of getting avasectomy. He says he has heard something about vasectomy causing an increase in testicular cancer later in life. You know that the this is low but want to give him a more precise answer. risk of

P : *Population/patient = adult males*
I : *Intervention/indicator = vasectomy*
C : *Comparator*
O : *Outcome = testicular cancer*

• لا يوجد مقارنة

Question: In men, does having a vasectomy increase the risk of getting testicular cancer in the future?’

3سؤال تعرض

Susan is expecting her first baby in two months. She has been reading about the potential benefits and harms of giving newborn babies vitamin K injections.

She is alarmed by reports that vitamin K injections in newborn babies may cause childhood leukaemia. She asks you if this is true and, if so, what the risk for her baby will be.

Develop a clinical research question using P I C O to help answer Susan's question:

P Population/patient = Newborn

I Intervention/indicator = vit. k

C Comparator/control = non

O Outcome = childhood leukemia

• لا يوجد مقارنة

In newborn is vit.k injection cause
childhood leukemia?

ثالثاً: السؤال عن التشخيص أو الاختبارات التشخيصية Diagnosis

1. القالب:

القالب الأساسي:

Are (Is) _____ (I) More Accurate In Diagnosing _____ (P)
Compared With _____ (C) For _____ (O)?

الترجمة:

هل إجراء (____) تداخل ما (يكون مناسباً أكثر لتشخيص ____ مشكلة ما) المرض ((
بالمقارنة

مع ____ إجراء مقارنة بمريض لا يستخدمه أو يستخدم تداخل مغاير) من أجل
(____) النتيجة؟)

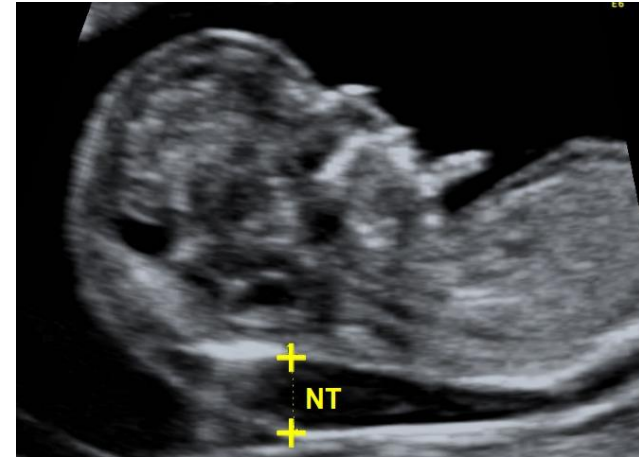
Diagnosis سؤال تشخيصي 1

Diagnosis questions are concerned with how accurate a diagnostic test is in various patient groups and in comparison to other available tests. Measures of test accuracy include its sensitivity and specificity.

Example:

Julie is pregnant for the second time. She had her first baby when she was 33 and had amniocentesis to find out if the baby had Down syndrome. The test was negative but it was not a good experience as she did not get the result until she was 18 weeks pregnant. She is now 35, one month pregnant and asks if she can have a test that would give her an earlier result. The local hospital offers serum biochemistry plus nuchal translucency ultrasound screening as a first trimester test for Down syndrome. You wonder if this combination of tests is as reliable as conventional amniocentesis.

قياس الشفافية القفوي هو استخدام الأشعة فوق الصوتية أثناء فترة الحمل و قبل الولادة، بهدف التنبؤ بأمراض اختلالات الكروموسومات وتحديدًا متلازمة داون في الجنين. وتخضع السيدات الحوامل بشكل اختياري لهذه الاختبار، وخاصة النساء المتقدمات في السن وذلك لارتفاع احتمالية إصابة أجنثهم بمتلازمة داون.



P:Population/patient =35 years first month pregnant woman

*I:Intervention: nuchal translucency ultrasound
screening plus serum biochemistry*

(C :Comparator: conventional amniocentesis

*O:Outcome = early diagnosis of Down
syndrome (trisomy 21)*

Question:

For 35 years old first month pregnant women, is nuchal translucency ultrasound screening plus serum biochemistry testing equal or better than conventional amniocentesis for diagnosing Down syndrome?

سؤال تشخيصي 2

Scenario-3

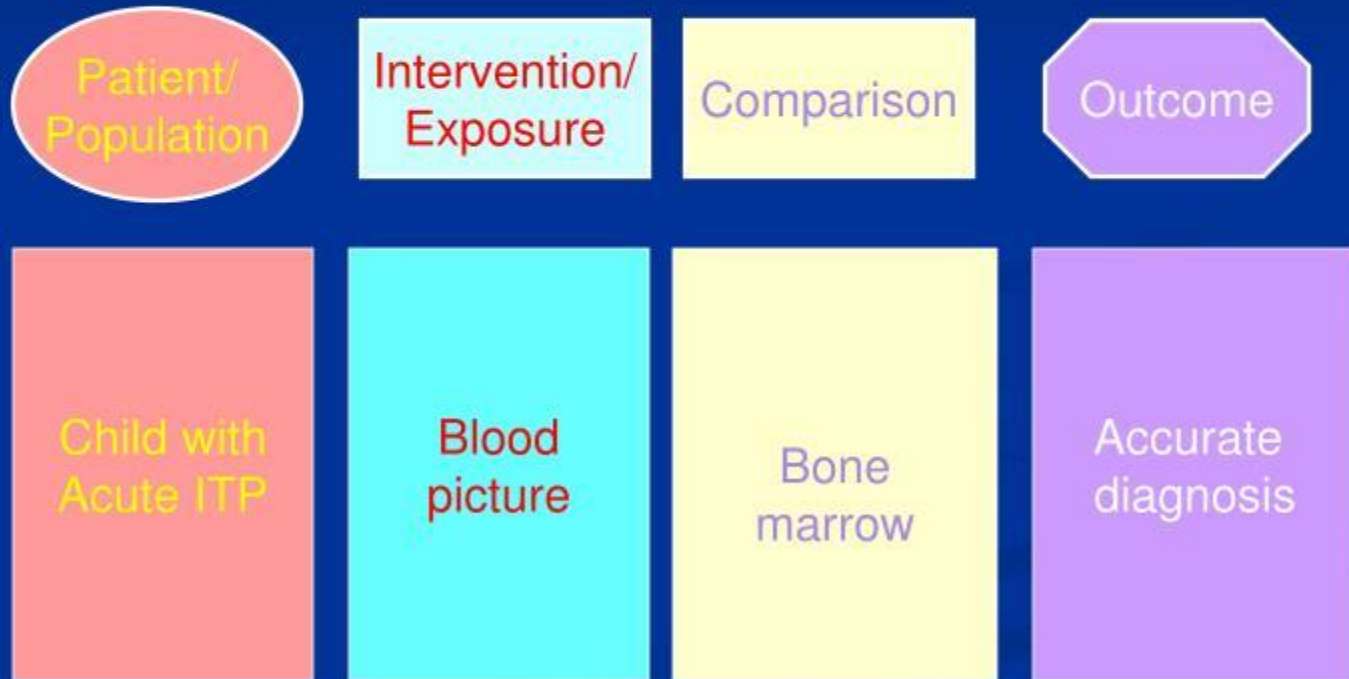
- A four years old male, presented to the ER with Purpura, mild gum bleeding. The patient is clinically stable, and his physical examination is otherwise normal. Complete blood count is totally normal apart from thrombocytopenia (platelet count was $<10000/\text{mm}^3$). You diagnosed the child as having ITP.
- The mother asked how to be sure about the diagnosis?

What are the foreground questions (PICO) in this scenario?

Let's formulate it !

أي الإجراءات أدق لتشخيص فرغرية نقص الصفائح الأساسي: التعداد العام أم بزل النقي؟

Your Diagnosis PICO Question



Is blood picture (I) in child with acute ITP (P) Compared With bone marrow (C) mor Accurate diagnosis (O)?

In child with acute ITP (P) Is blood picture (I) Compared With bone marrow (C) mor Accurate diagnosis (O)?

Please note!

- The bone marrow aspirate does not stated in the scenario.
- You got it from your background knowledge

Fill your knowledge gap first before formulating the PICO questions

رابعاً: السؤال عن الإنذار, PICO, PIO, PO.1 Prognosis القلب:

القلب الأساسي:

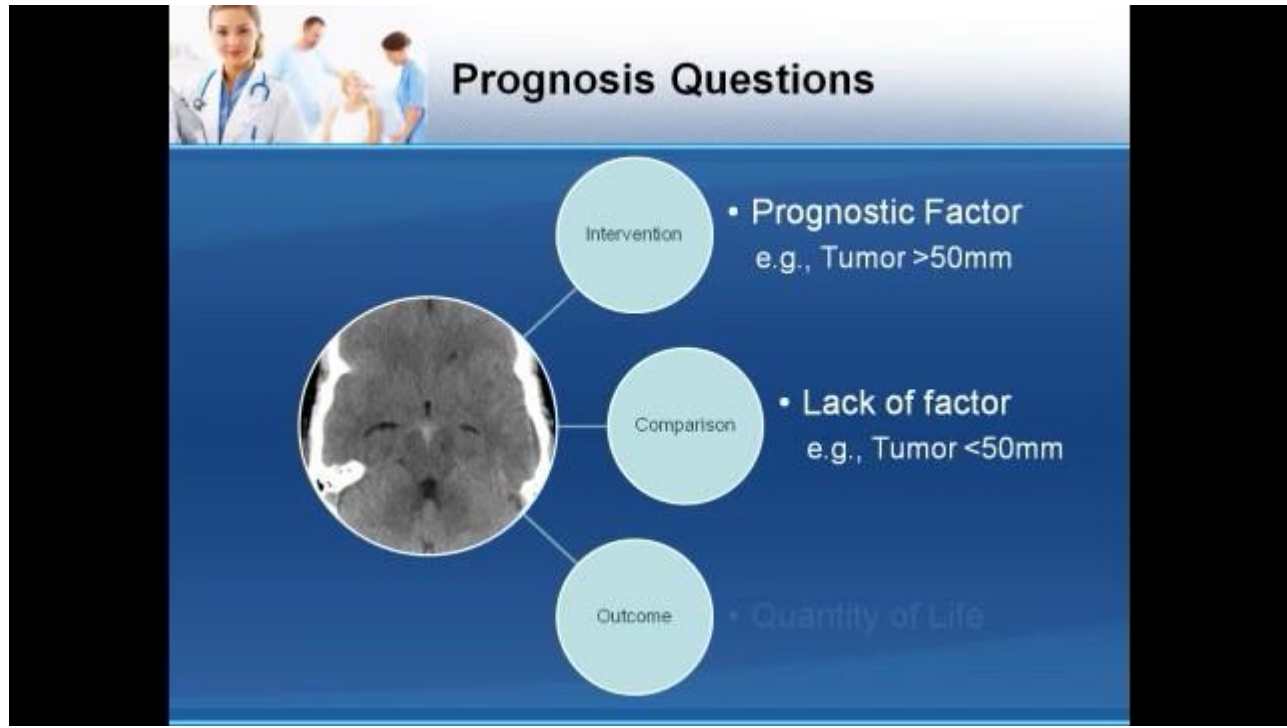
Does _____ (I) Influence _____ (O) In Patients Who Have
_____ (P)?

هل وجود _____ (علامة ما) يؤثر على _____ (النتيجة) عند مريض لديه

مشكلة ما؟

Does _____ (I) Influence _____ (O) In Patients Who Have
_____ (P)?

PO •



The diagram is titled "Prognosis Questions" and features a central circular image of a brain scan. Three light blue circles are connected to the scan by lines, each pointing to a specific prognostic question:

- Intervention** • Prognostic Factor
e.g., Tumor >50mm
- Comparison** • Lack of factor
e.g., Tumor <50mm
- Outcome** • Quantity of Life

Prediction (**prognosis**)

Prediction or prognosis questions are concerned with how likely an outcome is for a population with certain characteristics (risk factors), such as the likelihood that a man who is experiencing atypical chest pains will suffer further heart failure or sudden death within the next few days, or the predicted morbidity and mortality for a person diagnosed with colon cancer

سؤال إنذاري 1

Example

Childhood seizures are common and frightening for the parents and the decision to initiate prophylactic treatment after a first fit is a difficult one. To help parents make their decision, you need to explain the risk of further occurrences following a single seizure of unknown cause.

P:Children had one unkown seizure

I Intervention=

C Comparator=

O Outcome = further seizures

• لا يوجد تداخل ولامقارنة لأنه سؤال إنذاري

Question:

‘In children who have had one seizure of unknown cause, what is the increased risk of further seizures?’

سؤال إنذاري 2

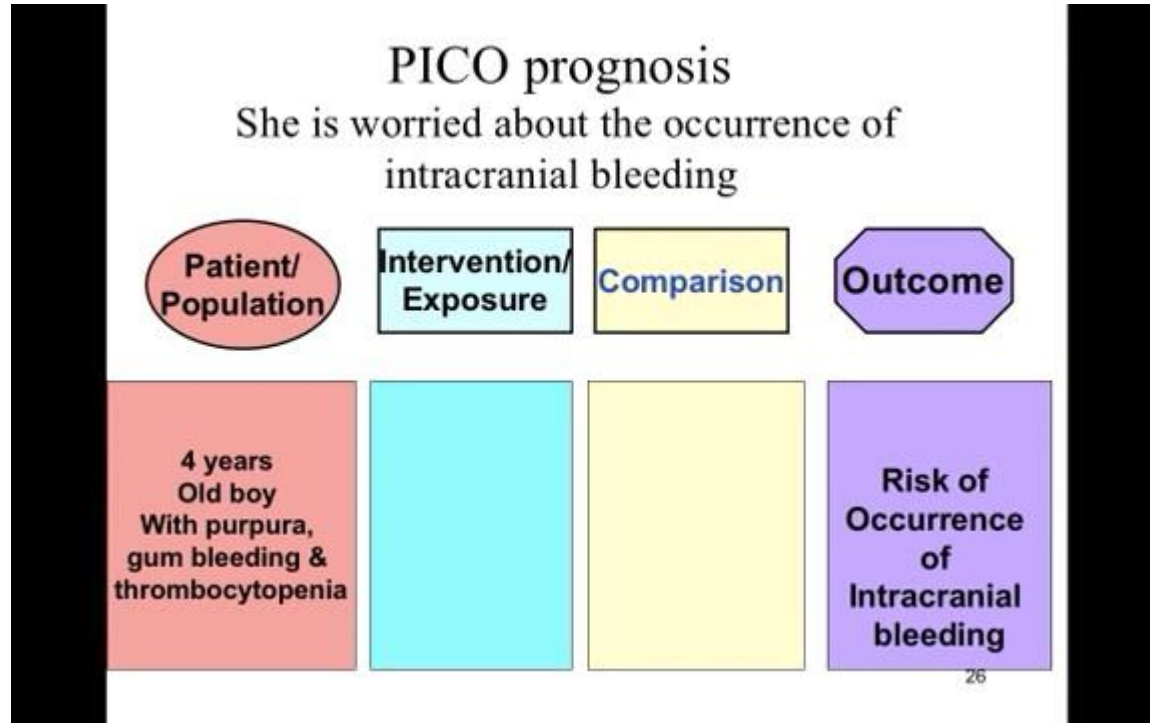
Scenario-3

- A four years old male, presented to the ER with Purpura, mild gum bleeding. The patient is clinically stable, and his physical examination is otherwise normal. Complete blood count is totally normal apart from thrombocytopenia (platelet count was $<10000/\text{mm}^3$). You diagnosed the child as having ITP.
- The mother is worried about the occurrence of intracranial bleeding

What are the foreground questions (PICO) in this scenario?

Let's formulate it !

ماهو الإنذار أو المآل,وهنا خطورة حدوث نزف دماغي لدى طفل لديه فرغرية ونزف لثة
ونقص صفيحات شديد



لا يوجد عادة لا تداخل ولا مقارنة

In 4years old baby with pupura and gum bleeding and thrombocytopenia,what is the risk of occurrence of intracranial bleeding?

Clinical Scenario #1

- On morning rounds in the Hem/Onc unit, a first year resident turns to you for consultation. She wants to discuss options for managing moderate nausea and vomiting that result following chemotherapy. She shares an experience a relative had taking ginger when زنجبیل prochlorperazine didn't provide effective relief and asks for your input.

What is your clinical question in PICO format?

What type of clinical question is this?

What is the best study design to answer this type of clinical question?

Answerable Clinical Question

PICO:

- P – In patients receiving chemotherapy who are experiencing moderate nausea and vomiting
- I – is the use of ginger
- C – as effective as prochlorperazine
- O – in reducing nausea and vomiting?

Type of Question: Therapy/Treatment

Type of Study/Methodology: Double-Blind Randomized Controlled Trial; Systematic Review/Meta Analysis of RCT

الطب المسند بالدليل الجلسة العملية الثانية

أسئلة وأجوبة عن طرق البحث العلمي أو أنواع الدراسات السريرية

Exercise

What Type of clinical research is this?:

Two groups of patients are studied, one group given physiotherapy for low back pain, the other given advice only. Patients are randomly assigned to either group and followed up after six months.

Answer

☑ Randomised controlled trial

Quiz

What Type of clinical research is this?:

One hundred sets of twins, where one had developed melanoma and the other had not, were studied for possible causation factors

Answer

Case-control study

Exercise

What Type of clinical research is this?:

Two groups of doctors, one group smokers, the other non-smokers are followed over the course of 20 years to see whether which group are more likely to develop lung cancer

Answer

☐ Cohort study

Applied EMQ

Match the following study scenarios with their designs:

- a. Case controlled study
- b. Concurrent Cohort
- c. Cross sectional study
- d. Non-concurrent cohort

Q1. A group of authors wanted to compare prevalence of infertility among smokers and non-smokers.

Q2. A group of authors at 2013 choose 1000 smokers and 1000 aged and sex matched non-smokers. The patients will be followed every 6 months by chest x ray to diagnose bronchogenic cancer till 2018.

Q3. A study included 100 patients with asymptomatic anemia were subjected to treatment and

Q1:Cross sectional
Q2:Concurrent cohort

ماهو نوع الدراسة أو التجربة:

The patients wereassigned, in a 1:1 ratio, to receive either intermittent pneumatic compression in addition to pharmacologic thromboprophylaxis (pneumatic compression group) or pharmacologic thromboprophylaxis alone (control group).

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Adjunctive Intermittent Pneumatic Compression for Venous Thromboprophylaxis

Y.M. Arabi, F. Al-Hameed, K.E.A. Burns, S. Mehta, S.J. Alsolamy, M.S. Alshahrani, Y. Mandourah, G.A. Almekhlafi, M. Almaani, A. Al Bshabshe, S. Finfer, Z. Arshad, I. Khalid, Y. Mehta, A. Gaur, H. Hawa, H. Buscher, H. Lababidi, A. Al Aithan, S.A.I. Abdukahil, J. Jose, L.Y. Afesh, and A. Al-Dawood, for the Saudi Critical Care Trials Group*

9 . الوقاية من الإنصمام الخثاري الوريدي

Venous Thromboembolism

تشير هذه العبارة المدمجة إلى الخثار الوريدي العميق والصمة الرئوية التي هي أخطر إختلاط له الفيزيولوجيا المرضية: اقترح Rudolf Virchow عام 1846 ثلاثة عوامل تشكل مجتمعة آلية حدوث الخثار الوريدي العميق وسميت **ثلاثي فيرشو** نسبة له وهي:

1. فرط الخثورية hypercoagulability بأسبابها المختلفة الخلقية والكسبية.

2. الركودة الوريدية .

3. تآذي بطانة الوريد.

المرضى المؤهبون له:

1. المسنون

2. وجود مرض خطير مرافق: وخاصة السرطان

3. الرضوض الكبيرة والحروق الواسعة

4. العمليات الجراحية المتوسطة أو الكبيرة: وتختلف درجة الأهبة أو الخطورة حسب نوع العمل

الجراحي (حيث تزداد في عمليات البطن والحوض والطرفين السفليين) وحجمه وسن المريض ووجود

او غياب أمراض مرافقة

5. الحمل والنفاس.

6. الإضطجاع المديد وقلة الحركة بما في ذلك الثبيت بالجبس.

7. البدانة

8. سوابق عائلية أو شخصية مماثلة

9. بعض الأدوية: مانعات الحمل، مضادات الإستروجين: تاموكسيفين

10. التدخين

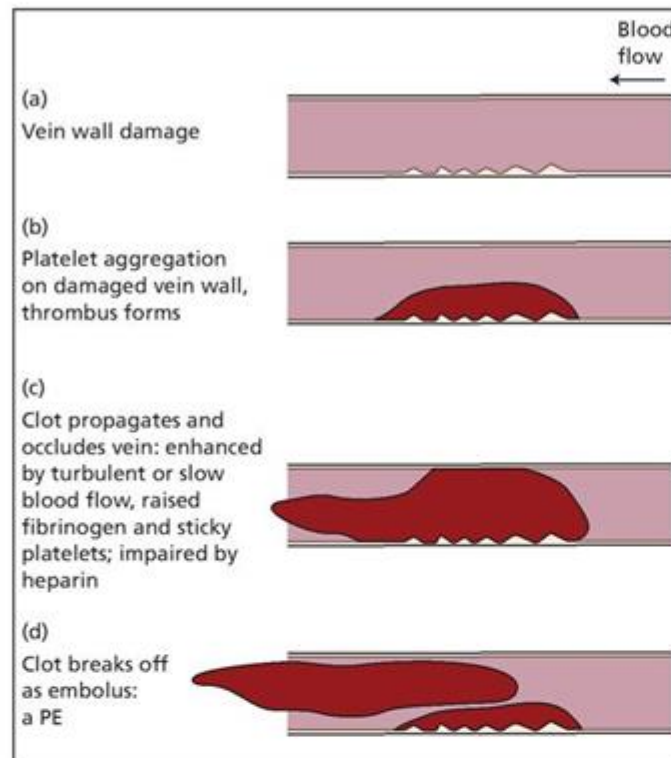


Figure 4.1 (a–d) Progression of deep vein thrombosis. PE, pulmonary embolus.

Platelets deposit on the damaged endothelium, the vein is occluded by thrombus and a propagated fibrin clot then develops, which may detach and embolize to the lung (a pulmonary embolus, see below; Figure 4.1).

This complication is particularly likely to occur in elderly patients, the obese, those with malignant disease, patients who have a history of previous deep vein thrombosis, those undergoing

Clinical features

Deep vein thrombosis can be 'silent', but typically symptoms and signs occur during the second postoperative week, although they may come earlier or later. Studies using radioiodine-labelled fibrinogen, which is deposited as fibrin in the developing thrombus and which can be detected by scanning the leg, suggest that the thrombotic

الوقاية:

ميكانيكية

1. التحريك والمشي الباكرين بعد العمل الجراحي.
 2. التخدير المحواري neuraxial بديل العام إن أمكن
 3. الضغط الهوائي المتقطع. intermittent pneumatic compressiogn.
 4. الجوارب المطاطية الضاغطة
- دوائية:

1. الهيبارين, الهيبارين ذو الوزن الجزيئي المنخفض LMWH: يُبدأ به قبل العمل الجراحي
2. الأسبيرين .
3. الوارفارين
4. السكرادات الخماسية: تثبط تفعيل العامل العاشر مثل: فونداپارينوكوس fondaparinux
المتبطات المباشرة للترومبين مثل melagatran ميلاغاتران



Study of Metabolic and Endocrine Complications in Beta-Thalassemia Major

PATIENTS AND METHODS: In this study, investigators collected • demographic data and medical histories, as well as menstrual history in females, from the medical records of 56 patients with beta-thalassemia major. Patients were examined to determine their pubertal status and the standard deviation score for height for evaluation of short stature. For evaluation of glucose tolerance, a fasting blood glucose and oral glucose tolerance test were performed.

ماهو نوع الدراسة؟

A cross-sectional study of metabolic and endocrine complications in beta-thalassemia major

Farzad Najafipour,^a Akbar Aliasgarzadeh,^a Naser Aghamohammadzadeh,^a Amir Bahrami,^a Majid Mobasri,^a Mitra Niafar,^a Manouchehr Khoshbaten^b

From the ^aEndocrinology and Metabolism section, Department of Medicine and the ^bLiver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Correspondence and reprints: Farzad Najafipour, MD · Endocrine Section, Emamreza Hospital · Golgasht Ave., Tabriz 56235-23324 Iran · najafipourf@tbzmed.ac.ir · Accepted for publication July 2008

Ann Saudi Med 2008; 28(5): 361-366

BACKGROUND AND OBJECTIVES: Iron overload is a major problem in patients with beta-thalassemia major, and it has many structural and metabolic consequences. The aim of this study was evaluation of endocrine disturbances in patients with beta-thalassemia major who were older than 10 years of age.

PATIENTS AND METHODS: In this cross-sectional study, investigators collected demographic data and medical histories, as well as menstrual history in females, from the medical records of 56 patients with beta-thalassemia major. Patients were examined to determine their pubertal status and the standard deviation score for height for evaluation of short stature. For evaluation of glucose tolerance, a fasting blood glucose and oral glucose tolerance test were performed. Evidence for diabetes mellitus was based on American Diabetes Association and World Health Organization criteria. Serum levels of calcium, phosphorous, thyroid-stimulating hormone, free thyroxin, luteinizing hormone and follicular-stimulating hormone, and estradiol in girls and testosterone in boys were measured.

RESULTS: The mean and standard deviation for age in the 56 patients (36 males and 20 females) was 15.62±4.44 years. Diabetes mellitus was present in 5 patients (8.9%), impaired fasting glucose was found in 16 patients (28.6%) and an impaired glucose tolerance test was found in 4 patients (7.1%). Short stature (standard deviation score <-2) was seen in 25 (70%) boys and 14 (73%) girls. Impaired puberty was found in 40 patients (71%). Hypocalcaemia and primary overt hypothyroidism were present in 23 (41%) and 9 patients (16%), respectively. Only eight patients (14.3%) had no endocrine abnormalities.

CONCLUSION: Despite therapy with deferoxamine to treat iron overload, the risk of secondary endocrine dysfunction remained high. Hypogonadism was one of the most frequent endocrine complications. Impaired glucose tolerance, short stature, hypocalcemia, subclinical and overt hypothyroidism are also frequent.

Omadacycline for Acute Bacterial Skin and Skin-Structure Infections

assigned adults with acute bacterial skin and skin-structure infections (in a 1:1 ratio) to receive omadacycline (100 mg given intravenously every 12 hours for two doses, then 100 mg given intravenously every 24 hours) or linezolid (600 mg given intravenously every 12 hours).

ما هو نوع الدراسة؟

ORIGINAL ARTICLE

Omadacycline for Acute Bacterial Skin and Skin-Structure Infections

William O'Riordan, M.D., Sinikka Green, M.D., J. Scott Overcash, M.D., Ivan Puljiz, M.D., Ph.D., Symeon Metallidis, M.D., J. Gardovskis, M.D., Lynne Garrity-Ryan, Ph.D., Anita F. Das, Ph.D., Evan Tzanis, B.S., Paul B. Eckburg, M.D., Amy Manley, B.S., Stephen A. Villano, M.D., Judith N. Steenbergen, Ph.D., and Evan Loh, M.D.

ABSTRACT

BACKGROUND

Acute bacterial skin and skin-structure infections are associated with substantial morbidity and health care costs. Omadacycline, an aminomethylcycline antibiotic that can be administered once daily either orally or intravenously, is active against pathogens that commonly cause such infections, including antibiotic-resistant strains.

METHODS

In this double-blind trial, we randomly assigned adults with acute bacterial skin and skin-structure infections (in a 1:1 ratio) to receive omadacycline (100 mg given intravenously every 12 hours for two doses, then 100 mg given intravenously every 24 hours) or linezolid (600 mg given intravenously every 12 hours). A transition to oral omadacycline (300 mg every 24 hours) or oral linezolid (600 mg every 12 hours) was allowed after 3 days; the total treatment duration was 7 to 14 days. The primary end point was an early clinical response at 48 to 72 hours, defined as survival with a reduction in lesion size of at least 20% without rescue antibacterial therapy. A secondary end point was an investigator-assessed clinical response at the post-treatment evaluation 7 to 14 days after the last dose, with clinical response defined as survival with resolution or improvement in signs or symptoms of infection to the extent that further antibacterial therapy was unnecessary. For both end points, the noninferiority margin was 10 percentage points.

RESULTS

In the modified intention-to-treat population, omadacycline (316 patients) was noninferior to linezolid (311 patients) with respect to early clinical response (rate of response, 84.8% and 85.5%, respectively; difference, -0.7 percentage points; 95% confidence interval [CI], -6.3 to 4.9). Omadacycline also was noninferior to linezolid with respect to investigator-assessed clinical response at the post-treatment evaluation in the modified intention-to-treat population (rate of response, 86.1% and 83.6%, respectively; difference, 2.5 percentage points; 95%

From eStudySite, San Diego (W.O., J.S.O.), and AD Stats Consulting, Guerneville (A.F.D.) — both in California; First Choice Emergency Room, Austin, TX (S.G.); University Hospital for Infectious Diseases "Dr. F. Mihaljević," Zagreb, Croatia (I.P.); AHEPA University Hospital, Aristotle University of Thessaloniki, Thessaloniki, Greece (S.M.); Riga Stradins University, Paula Stradins Clinical Hospital, Riga, Latvia (J.G.); and Paratek Pharmaceuticals, King of Prussia, PA (L.G.-R., E.T., P.B.E., A.M., S.A.V., J.N.S., E.L.). Address reprint requests to Dr. Garrity-Ryan at Paratek Pharmaceuticals, 1000 First Ave., Suite 200, King of Prussia, PA 19406, or at lynne.garrity-ryan@paratekpharma.com.

A list of the trial investigators is provided in the Supplementary Appendix, available at NEJM.org.

N Engl J Med 2019;380:528-38.

DOI: 10.1056/NEJMoa1800170

Copyright © 2019 Massachusetts Medical Society.

Benzodiazepine exposure increases risk of Alzheimer's disease

using a large pharmacy database for the province of Quebec was performed. Patients with a diagnosis of AD (1796) were randomly sampled with 7184 controls matched on sex, age group and ...

• ماهو نوع الدراسة؟



Article
Text



Article
info



Citation
Tools



Share



Responses



Article
metrics



Alerts

Aetiology/Harm
Case-control study

PDF

Benzodiazepine exposure increases risk of Alzheimer's disease

Paul B Rosenberg

1.

Correspondence to

: Johns Hopkins University School of Medicine, 5300 Alpha Commons Drive
#429, Baltimore, MD 21224 USA; prosenb9@jhmi.edu

<http://dx.doi.org/10.1136/ebmed-2014-110117>

Statistics from Altmetric.com



On 1 Facebook pages

10 readers on Mendeley

[See more details](#)

[Request Permissions](#)

Commentary on: *Billioti de Gage S, Moride Y, Ducruet T, et al. Benzodiazepine use and risk of Alzheimer's disease: case-control study. BMJ 2014;349:f8225. <http://dx.doi.org/10.1136/bmj.f8225>*

Context

Benzodiazepines (BZ) are widely prescribed for older patients. They have Food and Drug Administration (FDA) indications for a number of conditions including generalised anxiety disorder, panic disorder and insomnia. However, there are many worries about safety in the elderly including withdrawal, tolerance, ataxia, drug–drug interactions and adverse effects on cognition. For these reasons most guidelines recommend against long-term use of BZ. The study presents evidence for another type of toxicity, namely increasing the risk of incident Alzheimer's disease (AD) in the elderly.

Methods

A case–control epidemiological observational study using a large pharmacy database for the province of Quebec was performed. Patients with a diagnosis of AD (1796) were randomly sampled with 7184 controls matched on sex, age group and ...

[View Full Text](#)

Request Permissions

If you wish to reuse any or all of this article please use the link below which will take you to the Copyright Clearance Center's RightsLink service. You will be able to get a quick price and instant permission to reuse the content in many different ways.

[Request permissions](#)

Copyright information: Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing>

The Relationship Between Proton Pump Inhibitor Use and Longitudinal Change in Bone Mineral Density: A Population-Based From the Canadian Multicentre Osteoporosis Study.

METHODS •

We used the Canadian Multicentre Osteoporosis Study data set, which enrolled a population-based sample of Canadians who underwent BMD testing of the femoral neck, total hip, and lumbar spine (L1–L4) at baseline, and then again at 5 and 10 years. Participants also reported drug use and exposure to risk factors for osteoporosis and fracture. Multivariate linear regression was used to determine the independent association of PPI exposure and baseline BMD, and on change in BMD at 5 and 10 years.

• ماهو نوع الدراسة؟

Article
TextArticle
infoCitation
Tools

Share



Responses

Article
metrics

Alerts

Aetiology

Cohort study

PDF

Proton pump inhibitors do not induce change in bone mineral density in a long-term observational study

Ryan D Madanick

Author affiliations +

<http://dx.doi.org/10.1136/eb-2012-101107>[Request Permissions](#)

Commentary on: *Targownik LE, Leslie WD, Davison KS, et al. the CaMos Research Group. The relationship between proton pump inhibitor use and longitudinal change in bone mineral density: a population-based from the Canadian Multicentre Osteoporosis Study (CaMos). Am J Gastroenterol 2012; 107: 1361–9.* CrossRef PubMed

Context

Proton pump inhibitors (PPIs) are among the most widely prescribed drug classes worldwide. However recent studies have raised concerns about side effects associated with their long-term use. One major concern related to their use is the development of hip and vertebral fractures, although the relationship remains highly controversial. The mechanism through which PPIs could increase fracture risk is not

Risk for incident atrial fibrillation in patients who receive antihypertensive drugs.

PATIENTS:

4661 patients with atrial fibrillation and 18,642 matched control participants from a population of 682,993 patients treated for hypertension.

ما هو نوع الدراسة؟

PubMed

Format: Abstract

Full text links

Ann Intern Med. 2010 Jan 19;152(2):78-84. doi: 10.7326/0003-4819-152-2-201001190-00005.



Risk for incident atrial fibrillation in patients who receive antihypertensive drugs: a nested case-control study.

Schaer BA¹, Schneider C, Jick SS, Conen D, Osswald S, Meier CR.

Author information

Abstract

BACKGROUND: Different antihypertensive drug classes may alter risk for atrial fibrillation. Some studies suggest that drugs that interfere with the renin-angiotensin system may be favorable because of their effect on atrial remodeling.

OBJECTIVE: To assess and compare the relative risk for incident atrial fibrillation among hypertensive patients who receive antihypertensive drugs from different classes.

DESIGN: Nested case-control analysis.

SETTING: The United Kingdom-based General Practice Research Database, a well-validated primary care database comprising approximately 5 million patient records.

PATIENTS: 4661 patients with atrial fibrillation and 18,642 matched control participants from a population of 682,993 patients treated for hypertension.

MEASUREMENTS: A comparison of the risk for atrial fibrillation among hypertensive users of angiotensin-converting enzyme (ACE) inhibitors, angiotensin II-receptor blockers (ARBs), or beta-blockers with the reference group of users of calcium-channel blockers. Patients with clinical risk factors for atrial fibrillation were excluded.

A nested cohort study of 6,248 early breast cancer patients treated in neoadjuvant and adjuvant chemotherapy trials investigating the prognostic value of chemotherapy-related toxicities

الطب المسند (بالدليل)
الطب المعتمد على البرهان
Evidence based medicine (EBM)

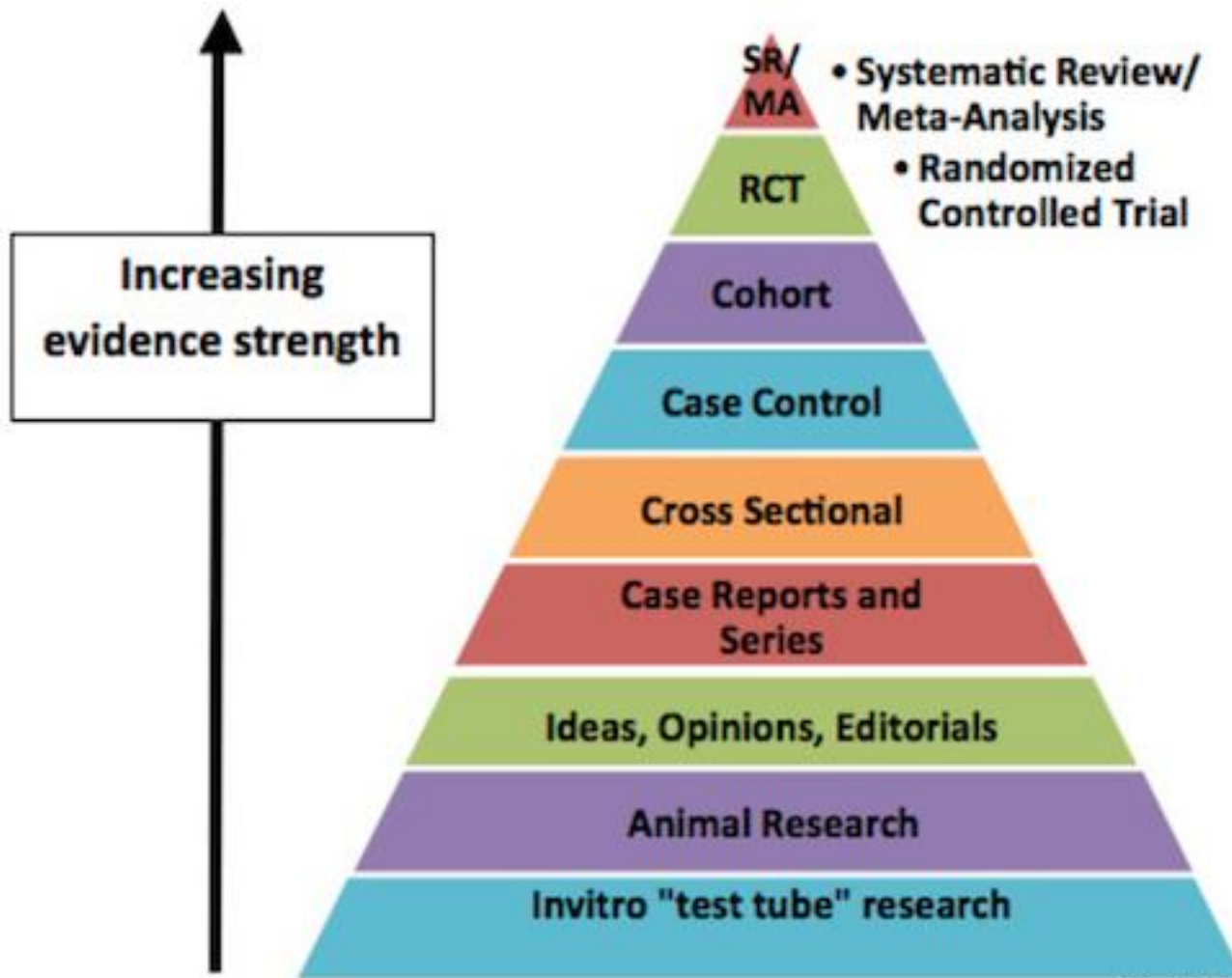
لطلاب السنة الثالثة

كلية طب جامعة حماه

د. أسامة عرابي

الجلسة العملية الثالثة للعام الجامعي 2020-2021

المراجعات المنهجية، الدلائل الإرشادية، تقرير حالة



المراجعات المنهجية

Credit: Univ of New Hampshire/
SUNY Downstate

مراجعة منهجية عن استعمال اللاصق النسيجي في تدبير الجروح الرضية (الإنهتاقات)
Cochrane Database of Systematic Reviews
Tissue adhesives for traumatic lacerations in children and adults
(Review)

AUTHORS' CONCLUSIONS ترجم

Implications for practice

- Tissue adhesives are an acceptable alternative to standard wound closure for repairing simple traumatic lacerations.
- Tissue adhesives offer the benefit of rapid application and less pain. This has greatest implication for children with lacerations.
- A small but significant increased rate of dehiscence with tissue adhesives must be considered when choosing the closure method (Number Needed to Harm 40).

Cochrane Database of Systematic Reviews
Interleukin-6 blocking agents for treating COVID-19: a living
systematic review (Review)

مراجعة منهجية عن استعمال محصرات إنتيرلوكين 6 في علاج الكورونا

AUTHORS' CONCLUSIONS: ترجم

Implications for practice

On average, tocilizumab reduces all-cause mortality at day 28 (D28) and probably results in slightly fewer serious adverse events compared to standard care alone or placebo. It is likely that tocilizumab increases time to clinical improvement and decreases time to intubation or death. Nevertheless, tocilizumab probably results in little or no increase in the outcome clinical improvement (defined as hospital discharge or improvement on the scale used by trialists) at D28. The impact of tocilizumab on other outcomes is uncertain.

Evidence for an effect of sarilumab is uncertain and evidence for other anti-IL6 agents are not available.

AUTHORS' CONCLUSIONS: ترجم

Implications for practice

Pressure ulcers are a relatively common and important complication of hospitalisation and the application of dressings, creams or other topical agents is used as an intervention to prevent pressure ulcers from forming. When we systematically reviewed the evidence we found no clear benefit or harm for most interventions for which data were available on pressure ulcer incidence. Silicone dressings may reduce any stage pressure ulcer incidence and fatty acids versus a control compound may reduce pressure ulcer incidence. The low level of evidence certainty means that additional research is required to confirm these results.

Topical treatment for facial burns

Cornelis J Hoogewerf, M Jenda Hop, Marianne K Nieuwenhuis, Irma MMH Oen, Esther Middelkoop,

✉ Margriet E Van Baar Authors' declarations of interest

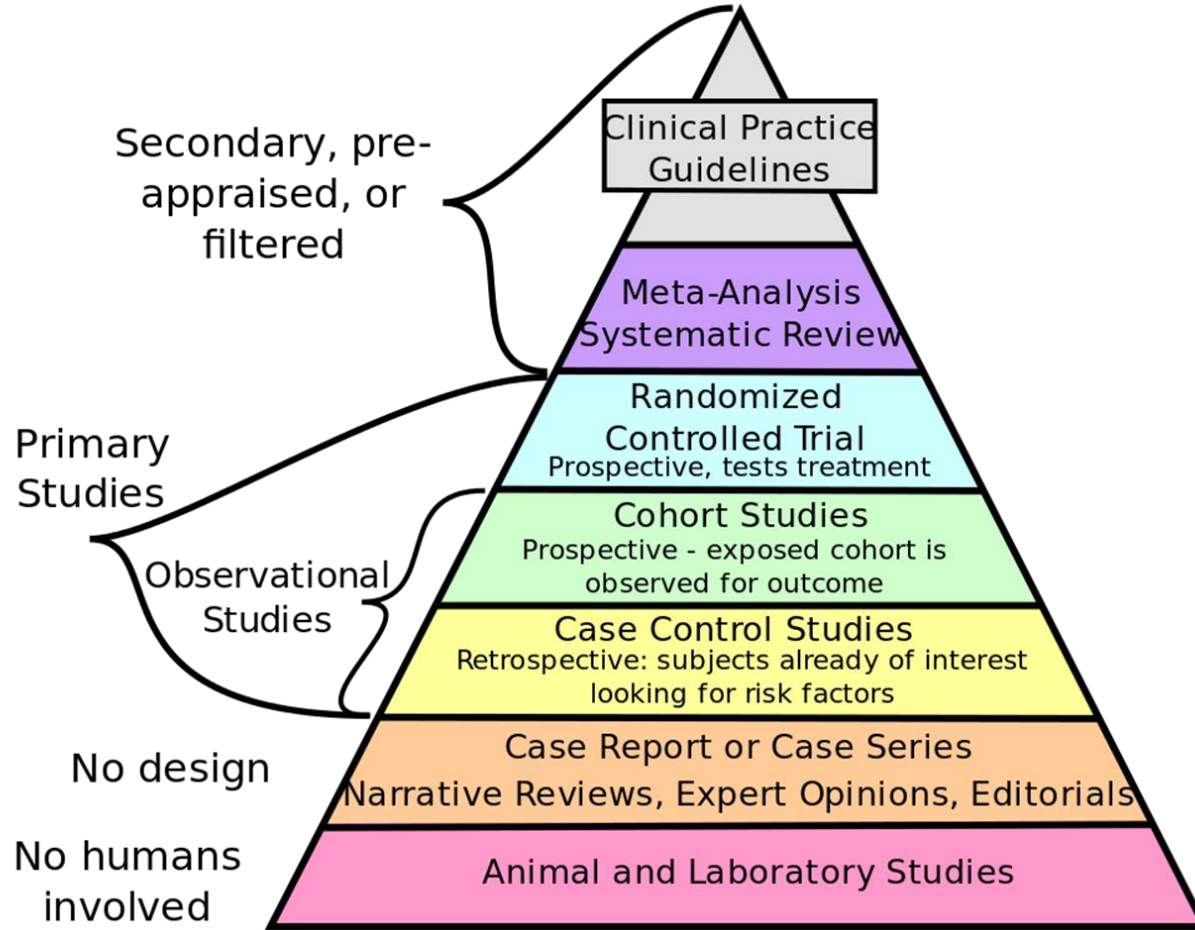
Version published: 29 July 2020 Version history

<https://doi.org/10.1002/14651858.CD008058.pub3>

مراجعة منهجية عن
العلاجات الموضعية
لحروق الوجه.
المطلوب: ترجمة النص
التالي

There is mainly low to very low-certainty evidence on the effects of any topical intervention on wound healing in people with facial burns. The number of RCTs in burn care is growing, but the body of evidence is still hampered due to an insufficient number of studies that follow appropriate evidence-based standards of conducting and reporting RCTs.

الدلائل الإرشادية المسندة بالدليل تعلو جميع الأدلة (إن وجد)



- 2- حفظ عنوانين فقط لمواقع على الويب تعطي دلائل إرشادية: Guidelines
- www.sign.ac.uk
- www.nice.org.uk
- www.nzgg.org.nz
- www.guideline.gov

Current guidelines

Current guidelines

SIGN apps

Guidelines in development

Current proposals

Archived guidelines

Number	Guideline Title	Topic	Publication Date
158	British guideline on the management of asthma	Respiratory	2019
157	Risk reduction and management of delirium	Mental health and behavioural conditions	2019
156	Children and young people exposed prenatally to alcohol	Other	2019
152	Cardiac arrhythmias in coronary heart disease	Cardiovascular	2018
151	Management of stable angina	Cardiovascular	2018
155	Pharmacological management of migraine	Central nervous system	2018
154	Pharmacological management of glycaemic control in people with type 2 diabetes	Endocrine, Nutritional and Metabolic	2017
150	Cardiac rehabilitation	Cardiovascular	2017
149	Risk estimation and the prevention of cardiovascular disease	Cardiovascular	2017
148	Acute coronary syndrome	Cardiovascular	2016
147	Management of chronic heart failure	Cardiovascular	2016
146	Melanoma	Cancer	2017
145	Assessment, diagnosis and interventions for autism spectrum disorders	Mental health and behavioural conditions	2016
144	Glaucoma referral and safe discharge	Eye	2015

دليل إرشادي عن العلاج الدوائي للشقيقة

www.sign.ac.uk

SIGN 155 • Pharmacological management of migraine

A national clinical guideline

February 2018



اخترنا لكم بعض توصياته,المطلوب تعريبها

3.2 ASPIRIN

A Cochrane review of 13 studies (4,222 participants) reported that aspirin 900 mg and aspirin 1,000 mg were effective in achieving pain free at two hours compared to placebo (NNT=8.1). For sustained pain relief at 24 hours aspirin 1,000 mg had an NNT of 6.6 compared to placebo.²¹

1++

Aspirin alone had similar efficacy to sumatriptan 50 mg, and sumatriptan 100 mg was superior to aspirin and metoclopramide combined.²¹

1++

Associated symptoms of nausea, vomiting, photophobia (NNT=7.7) and phonophobia (NNT=6.6) were reduced by aspirin when compared to placebo. The addition of metoclopramide further reduced nausea (NNT=2.6) and vomiting.²¹

1++

Aspirin is a potential gastrointestinal irritant and may cause ulcers or gastrointestinal bleeding, however adverse effects from short-term use are mostly mild and transient.²¹ Aspirin should not be used in patients under 16 years of age due to the risk of Reye's syndrome.¹⁷ The use of aspirin during pregnancy, especially of intermittent high doses, should be avoided.²² Aspirin is contraindicated during the third trimester of pregnancy.¹⁷

1++

خلاصة
التوصيات
القوية أعلاه

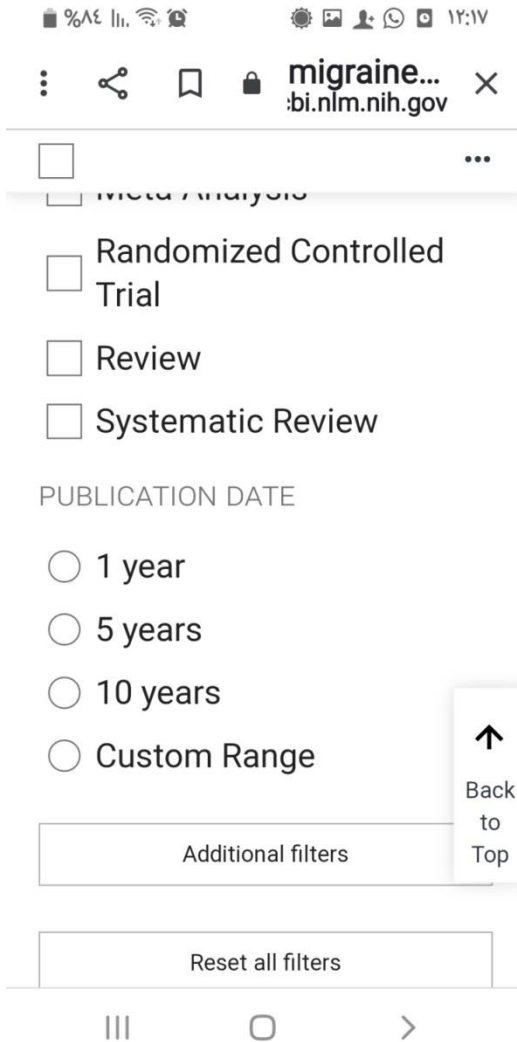
R Aspirin (900 mg) is recommended as first-line treatment for patients with acute migraine.

✓ Aspirin, in doses for migraine, is not an analgesic of choice during pregnancy and should not be used in the third trimester of pregnancy.¹⁷

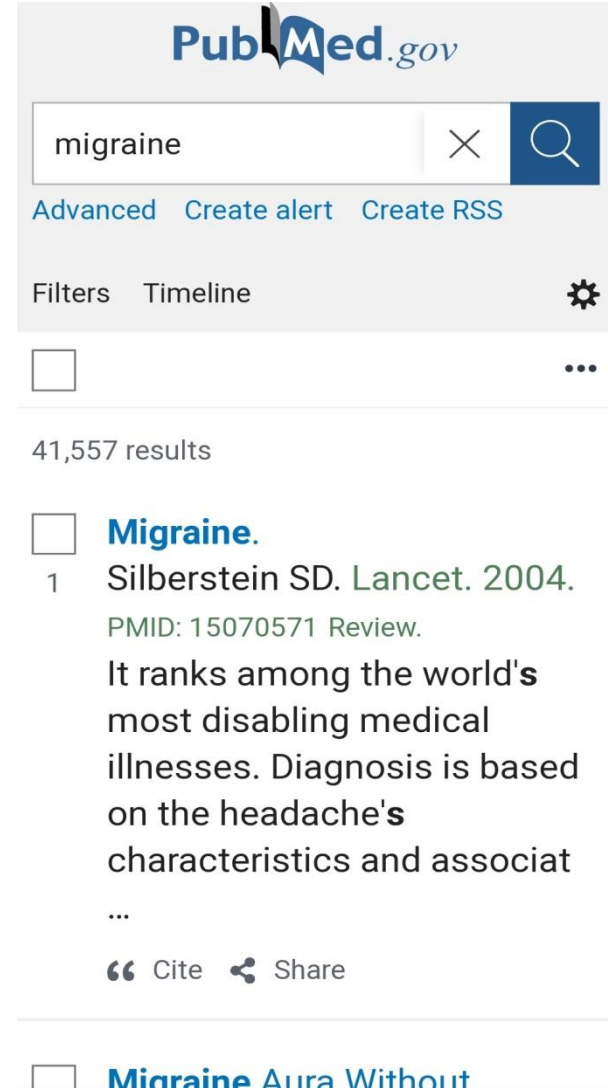
1- كيفية البحث باختصار عن دليل إرشادي Guideline في PUB MED:

1. بحث بسيط (أو متقدم) عن الموضوع الذي نريد.

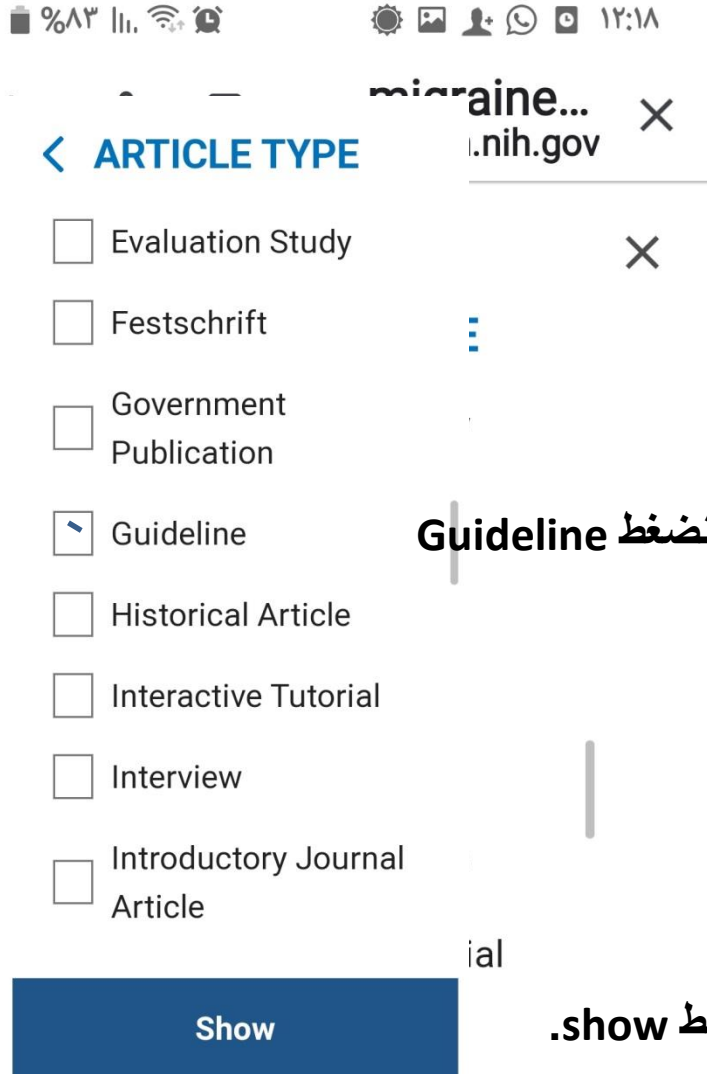
2. نضغط filter ثم:



3. Additional filter ثم:



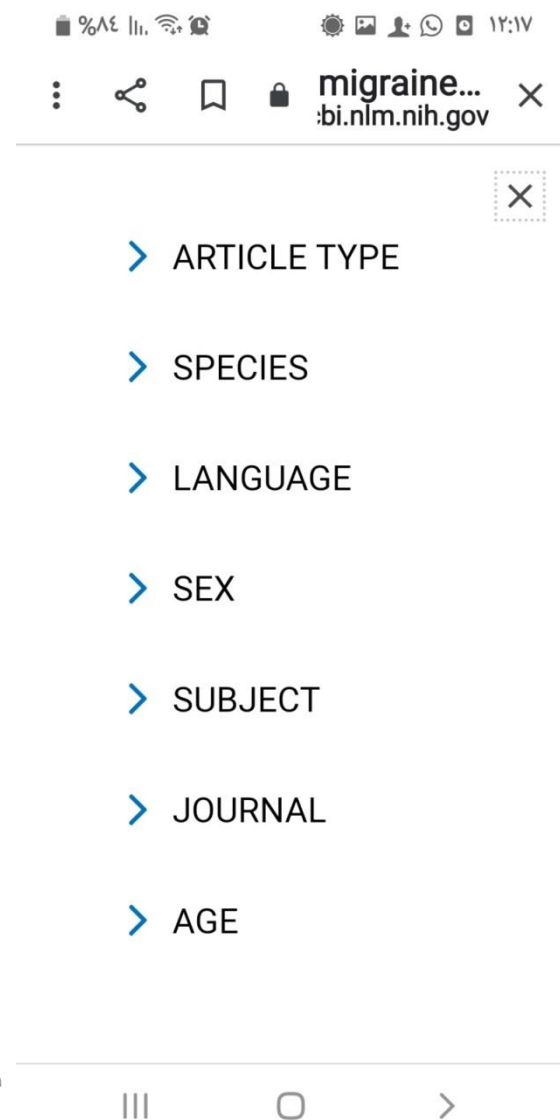
4. نضغط article type فيظهر مستطيل فيه عبارات مرتبة حسب الأبجدية منها Guideline



5. نضغط Guideline

6. نضغط show.

د.أسامة عرابي





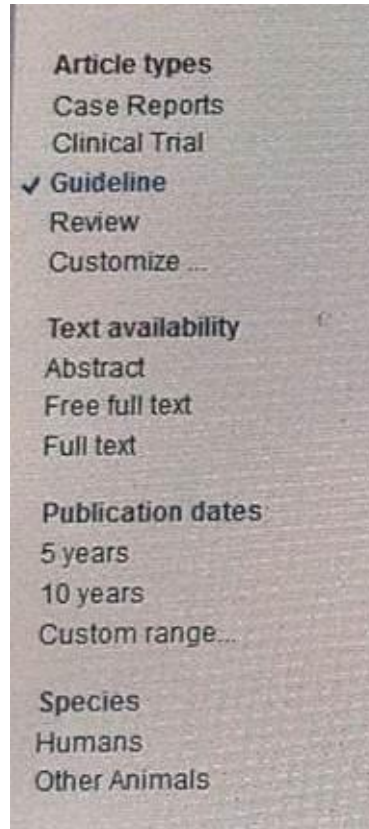
فنتعدل نتيجة البحث ويقل عدد نتائجه بحيث يظهر لنا فقط Guideline ننتقي منها العنوان الذي يناسبنا.

86 results

Filters applied: Guideline. [Clear all](#)

- 1 Evidence-based guideline update: pharmacologic treatment for episodic **migraine** prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Silberstein SD, et al. *Neurology*. 2012. PMID: 22529202 [Free PMC article](#). Review. Divalproex sodium, sodium valproate, topiramate, metoprolol, propranolol, and

III ○ >



فنفعلّه بالضبط عليه

فيضاف guideline لحقل الفلتر .

< ARTICLE TYPE

- Evaluation Study
- Festschrift
- Government Publication
- Guideline
- Historical Article
- Interactive Tutorial
- Interview
- Introductory Journal Article

تقرير حالة

- كيفية كتابة موجز لتقرير حالة case report نادرة

Unexpected presentation of accessory breast cancer presenting as a subcutaneous mass at costal ridge: a case report ترجم:

Case presentation:

We present the case of a 51 years old woman has two children, who complained of a growing, preexisting mass inferior to her left breast over the costal ridge

She breastfed her 2 children, no oozing secretion was ever detected when breastfeeding.,

Physical examination, she had no fever

A well-defined round mass of 2 cm diameter was detected inferior to her left breast. This mass was not attached to the skin or chest wall and did not appear to cause any inflammation.

Axillary and supraclavicular lymph nodes were also not palpable.

The mass was investigated by ultrasonography and mammography, then the mass was excised without suspicion of malignancy.

A pathology report showed invasive ductal carcinoma in ectopic breast tissue, all margins were negative.

As the tissue was malignant, Seven days following excision, the surgeon performed sentinel lymph node biopsy: no metastatic neoplasm presented.

Following surgery, she received chemotherapy, radiation, and antihormonal treatment.

After 2 years of postoperative follow up, she remained free of disease.

Rare presentation of renal cell cancer as dysphagia: a case report

Case presentation

A 56-year-old man presented for dysphagia evaluation.

An esophagogastroduodenoscopy examination revealed a 6 mm nodule located at gastroesophageal junction.

Pathology was suggestive of metastatic renal cell cancer.

Abdominal imaging revealed a large renal mass consistent with renal cell cancer.

He underwent left nephrectomy and is clinically asymptomatic, while being monitored by Oncology and Urology

Necrosis of the small intestine leading to a diagnosis of polyarteritis nodosa: a case report

Case presentation:

An 18-year-old woman came to the emergency department for a sudden onset of abdominal pain and vomiting ... On physical examination: abdominal tenderness .

Computed tomography showed emphysema of the wall of her small intestine.

Urgent laparotomy was performed, we noted 20 cm of her small intestine was necrotized which then resect and primary end to end anastomosis was performed.

Pathology confirmed the diagnosis of polyarteritis nodosa as the cause of the necrosis of her small intestine.

ترجم:

Synovial sarcoma of the hand-wrist: a case report and review of the literature

volume 15, Article number: 12 (2021)

Case presentation

This report documents an uncommon case of synovial sarcoma occurring in the hand-wrist of a 69-year-old Caucasian woman. She was subsequently treated with surgical excision and radiotherapy without recurrence after follow up.

Breast tuberculosis: a case series

ترجم:

Background and aim

Breast tuberculosis is a rare disease, even in endemic areas. The diagnosis can be challenging, as it can mimic breast cancer. We aim to report our experience and discuss diagnoses and management modalities.

Case presentation

We conducted a retrospective case series of twelve Caucasian North African patients with breast tuberculosis seen in our institution for over 15 years, from 2004 to 2019.

The mean age of our patients was 42 years old (22–63 years old). All the patients included were female. Among these women, one was breastfeeding at the moment of diagnosis (8%). Constitutional symptoms of tuberculosis, such as fever, night sweats, and weight loss, were reported by one patient (8%). No immunosuppressive conditions were present

الطب المسند بالدليل
لطلاب السنة الثالثة
كلية طب جامعة حماه
المرحلة الرابعة: التطبيق

د. أسامة عرابي

EBM 5 “A”s

نحن الآن في المرحلة الرابعة لممارسة الطب المسند

Asking السؤال

Accessing التفتيش عن الدليل (البحث)

3-Appraising التقييم الناقد

Applying التطبيق (إمكانية دمج)

Assessing: تقييم الجدوى أو الفائدة مما طبقنا

- ليس الطب المسند مادة نظرية لاستذكارها وتدوينها في الكتب فقط، بل هو تطبيق عملي يجب ألا يفارق أي طبيب أثناء مزاولة مهنته.
- وانطلاقاً من كون كل مريض مختلفاً عن غيره، كان التدبير العلاجي للمرض ذاته مختلفاً بين مريض وآخر، "يوجد مرضى ولا يوجد مرض"

قبل التطبيق يجب أن نتساءل :

هل أستطيع تطبيق الدليل على مريض?

هل هذا العلاج ملائم لبيئتي?

هل يختلف مريض كثيرا عن مرضى الدراسة بحيث لا أستطيع تطبيق العلاج
(اختلافات بيولوجية)?

ماهو البديل?

هل تتوفر الإمكانيات للتطبيق ?

هل فوائد العلاج تفوق مضاره?

هل المريض قادر على الإلتزام بالعلاج?

ماهو رأي المريض?

وهذا ما يدعى أحيانا **بالمصدوقية الخارجية external validity** أو تعميم نتائج
الدراسة.

وعلى الرغم من أنها تلي التقييم الناقد إلا أننا يجب ألا نضيع وقتنا في التقييم
الناقد(المرحلة الثالثة) إذا أدركنا سلفا وبشكل واضح أن الدراسة غير قابلة
للتطبيق.

هل يختلف مريض كثيرًا عن مريض الدراسة؟
استعمل خبرتك السريرية لتقرر فيما إذا كان مشابهاً بشكل كافٍ لمريض
الدراسة لنستطيع تطبيق النتائج، ويتأثر قرارنا بالعوامل التالية:
-العمر: قد تكون أعمار مريض التجربة أصغر أو أكبر
-أمراض أو أدوية مرافقة: قد يكون مريضك مصاب بمرض آخر أو
يتناول أدوية أخرى تتداخل مع دواء التجربة....
-الإمتهال: ربما تشعر أن مريضك قد لا يلتزم بالعلاج لأسباب مختلفة.

أمثلة على التباينات البيولوجية بين المرضى

الجنس:

1 . الأسبرين للوقاية من تصلب الشرايين:

إنقاصها للخطر النسبي للسكتة الدماغية ومرض الشريان التاجي أكثر في النساء منه في الرجال.

2 . استخدام الإستنت بعد رأب الوعاء angioplasty:

يكون دورها في إنقاص الخطر المرافق لجراحة المجازات أقل بين النساء اللواتي يعانين من أمراض مرافقة.

3 . تطعيم الحصبة:

تشكيل الأضداد استجابة للقاح تكون أقل في حال وجود سوء التغذية.

4 . علاج ارتفاع ضغط الدم:

إن تخفيض الضغط الانبساطي إلى 80 مم زئبق أو أقل (الضغط الإنبساطي المستهدف) يقلل حدوث الاختلاطات فقط لدى مرضى السكري وليس كل المرضى.

العرق

. استخدام المدرات لعلاج ارتفاع التوتر الشرياني:
تكون الاستجابة أفضل في العرق الأسود مقارنة مع العرق الأبيض.

2 . مثبطات مضخة البروتون لمرض القرحة الهضمية:
أكثر فعالية في الآسيويين مقارنة مع غير الآسيويين.

السن

1 لقاح الأنفلونزا :

تكون الاستجابة المناعية أقل لدى المرضى المسنين.

2 . العلاج الثنائي لمرض القرحة الهضمية:

أكثر فعالية لدى المسنين في القضاء على الملوية البوابية.

الباتولوجي:

-لقاح الأنفلونزا:

تعتمد الفعالية على السلالة الفيروسية المستخدمة.

العلاج الكيماوي لسرطان الثدي:

تعتمد الاستجابة على تعبيرات جين معين.

مما سبق نستنتج ضرورة الحذر قبل تطبيق العلاج على مريضنا بسبب الخلافات البيولوجية .

ولكن الحذر الشديد غير مرغوب فيه، فكثيرا ما يكون التطابق الحرفي لمريضنا مع مرضى الدراسة مستحيلا، وهنا يمكننا اللجوء لدراسات تمت في الزجاج أو على الحيوان. أو بالمجموعات الفرعية للدراسة:

ننظر في المجموعات الفرعية لمرضى الدراسة علنا نجد ما يشابه مريضنا، ولكن مع اثنين من المحاذير:

- نظرًا لأن الدراسات مصممة بحيث تحتوي على عدد كافٍ من المرضى لاكتشاف التأثيرات الرئيسية ، قد تشتمل المجموعات الفرعية على عدد قليل جدًا من المرضى للعثور على تأثيرات ذات دلالة إحصائية ، حتى عندما يكونوا حاضرين حقًا. أي أن المجموعات الفرعية معرضة لخطر النتائج السلبية الخاطئة.

-علاوة على ذلك ، عندما يتم فحص العديد من المجموعات الفرعية ، هناك خطر متزايد من أن أحدها سيظهر تأثيرات عن طريق الصدفة ؛ وهذه نتيجة إيجابية كاذبة.

هل هذا العلاج ملائم لبيئتي؟

يجب معرفة فيما إذا كان العلاج أو الإختبار التشخيصي أو غيره الموصوف في التجربة ينطبق على بيئتنا. وذلك بـ:

- هل أُجريت الدراسة في بلدان عدة على جنسيات مختلفة؟

- هل أُجريت الدراسة في أماكن سريرية مختلفة: عيادات، مشافي، أقسام إسعاف.

- هل الدواء أو الإجراء التشخيصي متاح وعملي في بيئتنا

- هل تتوفر فحوص مخبرية محليا لمراقبة تأثير الدواء مثلا زمن البروترومبين لمراقبة تأثير مضادات التخثر

ما هو البديل؟

-هل يوجد إجراء أو علاج بديل يمكن تطبيقه؟ حينها يجب أن نقارن أيها أفضل وأنسب لمريضنا ونوازن بين الفوائد والمضار، أم لا نطبق شيء: وهذا يعتمد على تفسير المريض للفوائد والمضار وبماذا يفكر.

-يتقبل المريض عادة تأثيرات جانبية بسيطة (قرحة ساق عقب خثار وريدي عميق)، لكنه لا يتقبل أي احتمال بسيط لتأثير جانبي خطير (احتمال نزف دماغي بالعلاج بالستريبتوكيناز والهيبارين عنه في العلاج بالهيبارين لوحده مع أننا نوكد له أن العلاج المشترك أفضل)

- هل مريضك راغب وقادر على **الإلتزام بالعلاج**:
عدد الجرعات طريقة الإعطاء: وخاصةً الحقن الوريدي أو
العضلي.

-من المهم أن نأخذ بالحسبان **قناعة المريض** , حالما تشرح
للمريض الفوائد والمضار, فالنتيجة التي تنشدها والتي تعتقد
أنها مهمة ربما لا تكون كذلك بالنسبة لمريضك , ولاننسى
كلفة العلاج.

EBM 5 “A”s

نحن الآن في المرحلة الخامسة والأخيرة لممارسة
الطب المسند

Asking السؤال

Accessing التفتيش عن الدليل (البحث)

3-Appraising التقييم الناقد

Applying التطبيق (إمكانية دمج)

Assessing: تقييم الجدوى أو الفائدة مما طبقنا

المرحلة الخامسة: تقييم الجدوى أو الفائدة

من المهم ان نحتفظ بأسئلتنا السريرية ونتائج البحث والتقييم الناقد للدليل وذلك لمتابعة مرضانا الذين طبقنا عليهم نتائج بحثنا لنسجل وإذا أمكن نشر النتائج. وإن هذا التدقيق يساعدنا على تحسين ممارستنا ومشاركتها مع زملائنا. وفيما يلي بعض الأسئلة التي ربما نحتاجها في تدقيقنا:

هل سألت نفسك عما إذا كنت قد سعيت لتوفير الوقت والحافز لكتابة ماتحتاجه من المعلومات بطريقة يمكنك الإستفادة منها سريريا
إذا لم يكن الأمر كذلك ، فقد تفقد بعض الفرص لتحسين أداءك السريري
هنا يجب العودة إلى المرحلة الأولى (سؤال بايكو)
كما يجب أن تطالب زملاءك بالدليل على أي معلومة يدلون بها عن تدبير سريري

ما هو معدل نجاحك في الحصول على إجابة لسؤالك السريري؟

سؤال جيد: كل بحثك جيد

محبط: تحدث مع زملاءك الذين نجحوا وحاول التعلم منهم, او احضر ورشات عمل كيف تم بحثك؟ وأين وجدت أفضل إجابة على سؤالك, هل احتجت لتوسيع بحثك, هل استعملت مصطلحات قياسية, هل قارنت بحثك ببحث أملاء المكتبات أو زملاء محترمين.

إذا كان لديك مشكلة في البحث استشر أقرب مكتبة صحية للحصول على مزيد من المعلومات عن كيفية البحث أو استعمال محركات بحث أو مصادر آخرين. هل اجريت تقييما ناقدا, وهل أصبحت فعالا بهذا الموضوع, يمكنك مقارنة تقييمك بتقييم زملاء آخر لنفس الدليل

هل طبقت الدليل في ممارستك السريرية, إذا تم ذلك, هل أصبحت أكثر فعالية ودقة في تعديل بعض قياسات التقييمات الناقدة لتناسب مرضاك, والطريقة الأفضل لاختبار مهارتك هنا هو هل تستطيع استعمالها لشرح الخلافات في التدبير السرير

الطب المسند (بالدليل)
الطب المعتمد على البرهان
Evidence based medicine (EBM)

لطلاب السنة الثالثة
كلية طب جامعة حماه
د. أسامة عرابي
الجلسة العملية الخامسة والأخيرة

المراجعات المنهجية: مراجعة منهجية عن استعمال اللاصق النسيجي في تدبير الإتهكات

Tissue adhesives for traumatic lacerations in children and adults (Review)

Farion KJ, Russell KF, Osmond MH, Hartling L, Klassen TP, Durec T, Vandermeer B

المطلوب ترجمة النص التالي:

Farion KJ, Russell KF, Osmond MH, Hartling L, Klassen TP, Durec T, Vandermeer B.
Tissue adhesives for traumatic lacerations in children and adults.
Cochrane Database of Systematic Reviews 2002, Issue 3. Art. No.: CD003326.
DOI: 10.1002/14651858.CD003326.

AUTHORS' CONCLUSIONS

Implications for practice

- Tissue adhesives are an acceptable alternative to standard wound closure for repairing simple traumatic lacerations.
- Tissue adhesives offer the benefit of rapid application and less pain. This has greatest implication for children with lacerations.
- A small but significant increased rate of dehiscence with tissue adhesives must be considered when choosing the closure method (Number Needed to Harm 40).

الدلائل الإرشادية

-مطلوب:

1-كيفية البحث باختصار عن دليل إرشادي Guideline في PUB MED:

بحث متقدم(عن الموضوع الذي نريد) ثم من filter ومن article type نضغط customize: فيظهر مستطيل فيه عبارات مرتبة حسب الأبجدية ننتقي منها Guideline

The screenshot shows the PubMed website interface. At the top, there is a search bar with the text 'deep vein thrombosis' and a 'Search' button. Below the search bar, there are options for 'Create RSS', 'Create alert', and 'Advanced'. A banner at the top right contains information about COVID-19, including links to CDC and NIH resources. The main content area displays search results for 'deep vein thrombosis', with a 'Recent' filter and 'Per page: 20' options. A 'Send to' dropdown and 'Filters: Manage Filters' link are visible. The 'Sort by' section shows 'Best match' and 'Most recent' options. The 'Results by year' section is also present. A 'Download CSV' button is located at the bottom right. The 'Related searches' section shows 'deep vein thrombosis prevention'. The 'Titles with your search terms' section is partially visible. A filter menu is open on the left side, showing 'Article types' with 'Guideline' selected. The menu includes options like 'Duplicate Publication', 'Editorial', 'Electronic Supplementary Materials', 'English Abstract', 'Evaluation Study', 'Festschrift', 'Government Document', 'Guideline', 'Historical Article', 'Interactive Tutorial', 'Interview', 'Introductory Journal Article', 'Journal Article', 'Lecture', 'Legal Case', 'Legislation', 'Letter', 'Meta-Analysis', and 'Multimedia'. A 'Show' button is at the bottom of the menu.

نضغط عليه فيظهر ضمن حقل الفلتر: فنفعله بالضغط عليه فتتعدل نتيجة البحث ويقل عدد نتائجه بحيث يظهر لنا فقط Guideline ننتقي منها العنوان الذي يناسبنا.

The screenshot shows the PubMed website interface. At the top, there is a search bar with the text 'deep vein thrombosis' and a 'Search' button. Below the search bar, there are several banners: a red one about COVID-19, a yellow one about the new PubMed site, and a blue one about the new best match sort order. The search results are displayed in a list format, with the first three items highlighted in a blue box. The first item is 'Deep vein thrombosis and pulmonary embolism' by Di Nisio M et al. (2016). The second is 'Deep vein thrombosis' by Thachil J et al. (2014). The third is 'Deep vein thrombosis in pediatric patients' by Jaffray J et al. (2018). There is a button to 'Switch to our new best match sort order'. The search results are sorted by 'Most recent' and there are 317 items in total. The page number is 1 of 16.

NCBI Resources How To osamao My NCBI Sign Out

PubMed.gov deep vein thrombosis Search

US National Library of Medicine National Institutes of Health Create RSS Create alert Advanced Help

COVID-19 is an emerging, rapidly evolving situation. Get the latest public health information from CDC: <https://www.coronavirus.gov>. Get the latest research from NIH: <https://www.nih.gov/coronavirus>.

The new PubMed site will become the default in mid-May. [Click here to try it now!](#) [Frequently asked questions](#)

Article types: Case Reports, Clinical Trial, Guideline, Review, Customize... Text availability: Abstract, Free full text, Full text. Publication dates: 5 years, 10 years, Custom range... Species: Humans, Other Animals

Format: Summary Sort by: Most Recent Per page: 20 Send to Filters: [Manage Filters](#)

Sort by: Best match **Most recent**

Results by year

Download CS

Related searches: deep vein thrombosis prevention

Search results: Items: 1 to 20 of 317 Page 1 of 16 Next Last

Filters activated: Guideline. Clear all to show 87798 items.

- 2- حفظ عنوانين فقط لمواقع على الويب تعطي دلائل إرشادية: Guidelines
- www.sign.ac.uk
- www.nice.org.uk
- www.nzgg.org.nz
- www.guideline.gov

Current guidelines

Current guidelines

SIGN apps

Guidelines in development

Current proposals

Archived guidelines

Number	Guideline Title	Topic	Publication Date
158	British guideline on the management of asthma	Respiratory	2019
157	Risk reduction and management of delirium	Mental health and behavioural conditions	2019
156	Children and young people exposed prenatally to alcohol	Other	2019
152	Cardiac arrhythmias in coronary heart disease	Cardiovascular	2018
151	Management of stable angina	Cardiovascular	2018
155	Pharmacological management of migraine	Central nervous system	2018
154	Pharmacological management of glycaemic control in people with type 2 diabetes	Endocrine, Nutritional and Metabolic	2017
150	Cardiac rehabilitation	Cardiovascular	2017
149	Risk estimation and the prevention of cardiovascular disease	Cardiovascular	2017
148	Acute coronary syndrome	Cardiovascular	2016
147	Management of chronic heart failure	Cardiovascular	2016
146	Melanoma	Cancer	2017
145	Assessment, diagnosis and interventions for autism spectrum disorders	Mental health and behavioural conditions	2016
144	Glaucoma referral and safe discharge	Eye	2015

دليل إرشادي عن العلاج الدوائي للشقيقة

www.sign.ac.uk

SIGN 155 • Pharmacological management of migraine

A national clinical guideline

February 2018



Evidence

اخترنا لكم بعض توصياته,المطلوب تعريبها

3.2 ASPIRIN

A Cochrane review of 13 studies (4,222 participants) reported that aspirin 900 mg and aspirin 1,000 mg were effective in achieving pain free at two hours compared to placebo (NNT=8.1). For sustained pain relief at 24 hours aspirin 1,000 mg had an NNT of 6.6 compared to placebo.²¹

1++

Aspirin alone had similar efficacy to sumatriptan 50 mg, and sumatriptan 100 mg was superior to aspirin and metoclopramide combined.²¹

1++

Associated symptoms of nausea, vomiting, photophobia (NNT=7.7) and phonophobia (NNT=6.6) were reduced by aspirin when compared to placebo. The addition of metoclopramide further reduced nausea (NNT=2.6) and vomiting.²¹

1++

Aspirin is a potential gastrointestinal irritant and may cause ulcers or gastrointestinal bleeding, however adverse effects from short-term use are mostly mild and transient.²¹ Aspirin should not be used in patients under 16 years of age due to the risk of Reye's syndrome.¹⁷ The use of aspirin during pregnancy, especially of intermittent high doses, should be avoided.²² Aspirin is contraindicated during the third trimester of pregnancy.¹⁷

1++

خلاصة
التوصيات
القوية أعلاه

R Aspirin (900 mg) is recommended as first-line treatment for patients with acute migraine.

✓ Aspirin, in doses for migraine, is not an analgesic of choice during pregnancy and should not be used in the third trimester of pregnancy.¹⁷

تقرير حالة

- كيفية كتابة موجز لتقرير حالة case report نادرة مع اعتماد الحالات الثلاث فقط في امتحان العملي, والتي تم التطرق لها في المحاضرة النظرية :

الحالة الأولى: أنت كطبيب جراح راجعتك مريضة بعمر 51 سنة متزوجة ولها طفلين بسبب ضخامة واضحة لكثلة قديمة غير مؤلمة أسفل ثديها الأيسر, سوابق إرضاع والدي لطفليها, لا تذكر المريضة خروج مفرزات من الكثلة أثناء الإرضاع.

بالفحص السريري: لا يوجد ترفع حروري, كثلة واضحة الحدود بقطر 2 سم أسفل الثدي الأيسر متحركة على الجلد والعمق, لا يوجد علامات التهاب موضعي. لا تجس عقد إبطية أو فوق الترقوة. أجري لها تصوير بالأموح فوق الصوتية وتصوير ثدي شعاعي, تقرر بعدها إجراء عمل جراحي دون أي اشتباه بالخباثة, حيث استؤصلت الكثلة.

تقرير التشريح المرضي: سرطان قنوي غازي (غزوي) ناشيء على نسيج ثدي هاجر, حواف الإستئصال خالية من الورم, بناء على ذلك أصبح من الضروري إجراء خزعة العقدة الحارسة التي تم إجراؤها بعد أسبوع فكانت خالية من النقائل.

خضعت المريضة بعد ذلك للعلاج الكيماوي والهرموني, والآن بعد المتابعة السريرية والشعاعية لمدة سنتين لا يوجد نكس.

وحسب خبرتك السريرية وبعد البحث تبين أنها حالة نادرة جدا فقررت نشرها في مجلة عالمية, اكتب باللغة الإنكليزية باختصار عرضا للحالة case presentation توضح فيها أهم الموجودات السريرية والتصويرية والجراحية.

Case presentation:

We present the case of a 51 years old woman has two children, who complained of a growing, preexisting mass inferior to her left breast over the costal ridge

She breastfed her 2 children, no oozing secretion was ever detected when breastfeeding.,

Physical examination, she had no fever

A well-defined round mass of 2 cm diameter was detected inferior to her left breast. This mass was not attached to the skin or chest wall and did not appear to cause any inflammation.

Axillary and supraclavicular lymph nodes were also not palpable.

The mass was investigated by ultrasonography and mammography, then the mass was excised without suspicion of malignancy.

A pathology report showed invasive ductal carcinoma in ectopic breast tissue, all margins were negative.

As the tissue was malignant, Seven days following excision, the surgeon performed sentinel lymph node biopsy: no metastatic neoplasm presented.

Following surgery, she received chemotherapy, radiation, and antihormonal treatment.

After 2 years of postoperative follow up, she remained free of disease.

الحالة الثانية:راجعك مريض بعمر 56 سنة بسبب عسرة بلع, تبين بتنظير المري وجود عقدة بقطر 6مم ,أخذت منها خزعة تبين بفحصها النسجي أنها سرطان خلية كلوية انتقالي.....

وحسب خبرتك السريرية وبعد البحث تبين أنها حالة نادرة جدا فقررت نشرها في مجلة عالمية,

اكتب باللغة الإنكليزية باختصار عرضا للحالة case presentation توضح فيها أهم الموجودات السريرية والتنظيرية والتصويرية والجراحية والمتابعة.

الجواب

Case presentation

A 56-year-old man presented for dysphagia evaluation.

An esophagogastroduodenoscopy examination revealed a 6 mm nodule located at gastroesophageal junction.

Pathology was suggestive of metastatic renal cell cancer.

Abdominal imaging revealed a large renal mass consistent with renal cell cancer.

He underwent left nephrectomy and is clinically asymptomatic, while being monitored by Oncology and Urology

الحالة الثالثة: قدمت مريضة بعمر 18 سنة إلى قسم الطوارئء بقصة ألم بطني مفاجيء مع إقياء..... وبعد الفحص السريري والتصويري خضعت لفتح بطن, حيث وجد تنخر شمل 20سم من الأمعاء الدقيقة.....

أظهر تقرير التشريح المرضي التهاب شرايين عقد والذي كان هو المسبب لذلك. وحسب خبرتك السريرية وبعد البحث تبين أنها حالة نادرة جدا فقررت نشرها في مجلة عالمية.

اكتب باللغة الإنكليزية وباختصار عرضا للحالة case presentation توضح فيها أهم الموجودات السريرية والتصويرية والجراحية.

الجواب:

Case presentation:

An 18-year-old woman came to the emergency department for a sudden onset of abdominal pain and vomiting ... On physical examination:abdominal tenderness .

Computed tomography showed emphysema of the wall of her small intestine.

Urgent laparotomy was performed,we noted 20 cm of her small intestine was necrotized which then resect and primary end to end anastomosis was performed.

Pathology confirmed the diagnosis of polyarteritis nodosa as the cause of the necrosis of her small intestine.