

# UpToDate

מאי 2017



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# 1. הקדמה

UpToDate הנו מאגר מידע מקיף ומתומצת בטקסט מלא העונה על שאלות מעשיות בתחום הרפואה הקלינית. המאגר מיועד לרופאים, סטודנטים ועובדי מקצועות הבריאות והוא כולל סקירות ספרות והמלצות קליניות מבוססות ראיות. בנוסף, ניתן למצוא במאגר מחשבונים רפואיים, מולטימדיה ותמונות ומאגר תרופות. תוכן המאגר נכתב על ידי צוות רופאים מתחומי התמחות שונים ועבר בקרת איכות קפדנית בטרם הכנסתו למאגר.



## 2. כניסה למאגר

מאתר הספרייה: <https://med-lib.tau.ac.il>

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מידע בתפריט העליון

הספרייה למדעי החיים ולרפואה ע"ש גיטר סמולרש  
אוניברסיטת תל אביב



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ניהול מידע ביבלי

RefWorks

כלים לניהול מידע

כללי ציטוט

קטלוגים

קטלוג אלף

רשימה מאוחדת של כתבי

העת בישראל-ULS

רשימה מאוחדת של ספרים

בישראל-ULI

רשימה מאוחדת של כתבי-עת

אלקטרוניים-ULE

קטלוגים של ספריות בארץ

משאבי מידע אלקטרוניים

דעת"א

מאגרי מידע

כתבי עת אלקטרוניים

מקורות נבחרים לספרים

אלקטרוניים

אתרי אינטרנט נבחרים

זכויות יוצרים ושימוש מאות

במשאבים

לחצו על מאגרי מידע (בטא)

המרכזית | מדעי החברה, ניהול וחינוך | מדעי החיים ורפואה | מדעים מדויקים

### מאגרי מידע של ספריות אוניברסיטת תל-אביב

חיפוש לפי שם מאגר:

חיפוש

הקלידו שם מאגר

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

א-כ

ל-ת

בחרו את האות המבוקשת



## מאגרי מידע של ספריות אוניברסיטת תל-אביב

חיפוש לפי שם מאגר:

חיפוש

הקלידו שם מאגר

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

א-י ל-ת א-כ

שם	פירוט	מאפיינים
U.S. Relations with the Vatican and the Holocaust, 1940-1950	פרטים	
Ulrichsweb - Ulrich's Periodicals Directory Database	פרטים	
UNCTADstat	פרטים	
UNdata	פרטים	<input checked="" type="checkbox"/> חופשי
United Nations iLibrary	פרטים	<input checked="" type="checkbox"/> בניסיון
United Nations Treaty Collection		
UpToDate - in-Campus only		
USPTO - US Patent and Trademark Office Web Patent Databases	פרטים	<input checked="" type="checkbox"/> חופשי <input checked="" type="checkbox"/> מדריך

בחרו מתוך הרשימה את מאגר  
UpToDate



# 3. חיפוש


## 3.1 חיפוש פשוט

נושא החיפוש: סיבוכים של סכרת סוג 2  
בכניסה למאגר UpToDate תגיעו למסך החיפוש.

א. בשדה החיפוש הקלידו את מונחי החיפוש Diabetes mellitus type 2

complications ולאחר מכן לחצו על 

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ב. התקבל מסך עם תוצאות חיפוש

ניתן לבחור היבט מסוים של החיפוש:

All Topics – יופיעו כל התוצאות הקשורות למונחי החיפוש ללא הבחנה

Adults – תוצאות הקשורות לרפואת מבוגרים יופיעו ראשונות בתוצאות החיפוש

Pediatric – תוצאות הקשורות לרפואת ילדים יופיעו ראשונות בתוצאות החיפוש

Patient – תוצאות הקשורות לנקודת מבטו של החולה יופיעו ראשונות בתוצאות החיפוש

Graphics – יופיעו תוצאות גרפיות הקשורות לנושא החיפוש: תמונות, אלגוריתמים, גרפים, טבלאות, סרטונים.



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Diabetes mellitus type 2 complications

Search Results for "Diabetes mellitus type 2 complications"

All Adult Pediatric Patient Graphics

Glycemic control and vascular complications in type 2 diabetes mellitus  
 ...macrovascular **complications** in **type 2 diabetes** will be reviewed here. Glycemic control and vascular **complications** in type 1 diabetes, the mechanism by which hyperglycemia might cause these **complications**, and an ...

Macrovascular disease  
 Summary and recommendations

ג. ניתן לבחור שפה אחרת לשימוש במאגר שאינה אנגלית.

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Diabetes mellitus type 2 complications

Search Results for "Diabetes mellitus type 2 complications"

All Adult Pediatric Patient Graphics

Glycemic control and vascular complications in type 2 diabetes mellitus  
 ...macrovascular **complications** in **type 2 diabetes** will be reviewed here. Glycemic control and vascular **complications** in type 1 diabetes, the mechanism by which hyperglycemia might cause these **complications**, and an ...

Macrovascular disease  
 Summary and recommendations

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בחירת שפה



## 3.2 שימוש בתוצאות החיפוש

במסך תוצאות החיפוש:

בצד שמאל ניתן לצפות בתוכן העניינים של כל נושא.

ניתן ממסך זה לצפות בפריטים הקשורים לנושא, לקבל הפנייה לנושאים קשורים,

להדפיס ולייצא למייל.

תוכן עיניים

הדפסה ושליחה במייל

Diabetes mellitus type 2 complications

Glycemic control and vascular complications in type 2 diabetes mellitus

United Kingdom Prospective Diabetes Study

Post-trial monitoring

Kumamoto study

ADVANCE trial

Veterans Affairs Diabetes Trial

ACCORD trial

Microvascular summary

MACROVASCULAR DISEASE

Intensive therapy

UKPDS

VACOSM/VADT

ACCORD

ADVANCE

Macrovascular summary

GLYCEMIC TARGETS

COST OF INTENSIVE THERAPY

SOCIETY GUIDELINE LINKS

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

Microvascular complications

Macrovascular complications

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Diabetes mellitus type 2

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In another meta-analysis of seven trials (28,065 adults) evaluating the benefits of intensive versus conventional glycemic control specifically on renal outcomes, there was a statistically significant reduction in the risk of microalbuminuria and macroalbuminuria in patients randomly assigned to intensive glycemic control (risk ratios of 0.85 and 0.74, respectively) [8]. The reduction in risk of end-stage renal disease did not reach statistical significance (RR 0.69, 95% CI 0.46-1.05). There was no reduction in the risk of doubling of the serum creatinine level or death from renal disease (RRs 1.05 and 0.99, respectively). Of note, the majority of the trials in the meta-analysis were not of long enough duration to show a beneficial effect of glycemic control on end-stage renal disease, which typically manifests after 10 to 20 years of diabetes duration [7]. In the trials included in the meta-analysis, the absolute rates of severe renal outcomes were low in both the intensive- and conventional-therapy groups, reducing the ability of the analysis to demonstrate a benefit, if one exists. In the one trial with longer-term follow-up (United Kingdom Prospective Diabetes Study [UKPDS] cohort followed for 22 years), there was a beneficial effect of intensive therapy on the development of more advanced clinical outcomes, including renal disease [8]. (See "Post-trial monitoring" below.)

The major trials are described below:

**United Kingdom Prospective Diabetes Study** — The UKPDS was designed to compare the efficacy of different treatment regimens (diet, sulfonylurea, metformin, and insulin) on glycemic control and the complications of diabetes in approximately 4000 newly diagnosed patients with type 2 diabetes [8,10]. The target fasting blood glucose concentration was 108 mg/dL (6 mmol/L) or less. Patients in the intensive-therapy group received a sulfonylurea (chlorpropamide, glibenclamide, or glipizide) or insulin; metformin was added to the sulfonylurea if the fasting blood glucose concentration was greater than 270 mg/dL (15 mmol/L) with the latter alone, and insulin was initiated if the combination of oral agents remained ineffective. The conventional-therapy group was treated with diet alone; drugs were added if there were hyperglycemic symptoms or if the fasting blood glucose concentration was greater than 270 mg/dL (15 mmol/L). The following findings were noted:

- Over 10 years, the average glycated hemoglobin (A1C) value was 7.0 percent in the intensive-therapy group compared with 7.9 percent in the conventional-therapy group (an 11 percent reduction) (figure 1).
- The risk for any diabetes-related endpoint (see abstract for definition of endpoints [8]) was 12 percent lower in the intensive-therapy group ( $p = 0.029$ ) and 10 percent lower for any diabetes-related death ( $p = 0.34$ ) (figure 2). It was estimated that 19.6 patients would have to be treated to prevent any single endpoint in one patient in 10 years.
- Most of the risk reduction in the intensive-therapy group was due to a 25 percent risk reduction in microvascular disease ( $p = 0.001$ ) (figure 3); there was a borderline statistically significant ( $p = 0.052$ ) reduction in macrovascular disease. (See "UKPDS" below.)
- The benefits of intensive therapy appeared to be independent of the type of treatment administered.
- Patients in the intensive-therapy group had more hypoglycemic episodes and weight gain; weight gain was greater in those receiving insulin (4.0 kg) than in those receiving chlorpropamide (2.6 kg) or glibenclamide (1.7 kg).

The reduction in microvascular complications in patients receiving intensive therapy was of a smaller magnitude than in patients with type 1 diabetes in the Diabetes Control and Complications Trial (DCCT) [11]. In the DCCT, for example, the incidence of new retinopathy was 12 percent with intensive therapy versus 54 percent with conventional therapy. One possible explanation for this difference is that the difference in A1C values was smaller between the intensive and conventional therapy groups in the UKPDS (7.0 versus 7.9 percent) compared with the DCCT (7.2 versus 9.1 percent).

A subset of 753 overweight patients (mean body mass index [BMI] 31 kg/m<sup>2</sup>) was included in a separate treatment arm in which intensive blood glucose control with metformin was compared with conventional therapy [11]. The (control) in the overweight group showed a similar magnitude reduction in microvascular outcomes (specifically retinal outcomes or renal disease) as in the sulfonylurea and insulin-treated group, perhaps due to poor power.

In the completion of the UKPDS in 1997, all surviving patients ( $n = 3277$ ) entered a post-trial monitoring program [8]. Subjects received care from community- or hospital-based clinicians with no attempt to maintain previously randomized therapy but with a universal goal of achieving lower levels of glucose and blood pressure. They were evaluated by annual UKPDS clinic visits for five years and by questionnaire in years 6 through 10.

Although mean A1C level (7.9 and 8.5 percent, respectively) was better in the intensive versus conventional therapy group at the beginning of the post-trial monitoring period, baseline differences were lost by one year. After five years of post-trial observation, there were no significant differences in A1C (approximately 7.8 percent), body weight, lipid levels, or blood pressure in patients previously assigned to intensive or conventional groups.

related endpoints and microvascular disease that had been noted in the intensively treated patients (sulfonylurea-insulin) during the intervention trial were maintained in the postinterventional period. During the entire follow-up period (a median of 17 years), the risk of microvascular complications in the group formerly assigned to intensive treatment with sulfonylurea-insulin remained lower than in the group assigned to conventional treatment (RR 0.76, 95% CI 0.64-0.89).

פריטים גרפיים

נושאים קשורים

Topic Feedback

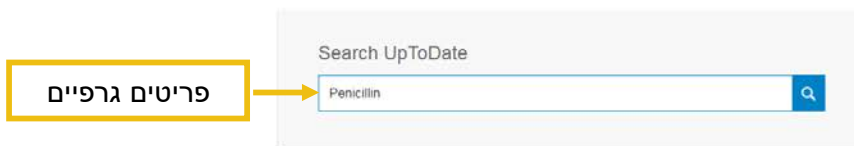
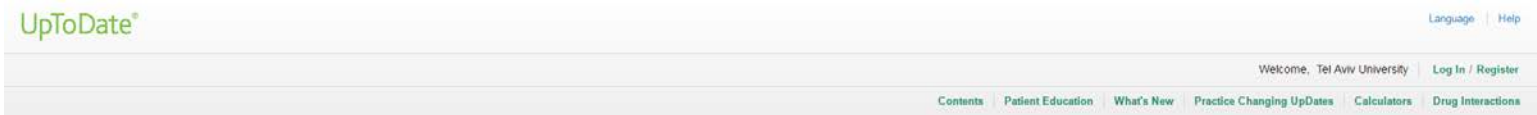


### 3.3 חיפוש תרופות

מאגר UpToDate כולל מידע על תרופות. חיפוש מידע על תרופה זהה לחיפוש מידע בנושא מסוים.

לדוגמא: Penicillin

בשדה החיפוש הקלידו את שם התרופה Penicillin ולאחר מכן לחצו על



התקבל מסך עם תוצאות החיפוש

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Penicillin

Search Results for "Penicillin"

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penicillin means *penicillin formulations*. Click alternative term: [natural and semisynthetic penicillins](#)

Click related term for penicillin: [beta-lactams](#)

Penicillin formulations: Drug information monographs

- Oral (V potassium) • Intravenous and intramuscular aqueous (short-acting) • Intramuscular procaine (intermediate acting) • Intramuscular benzathine and procaine (mixture of long-acting and intermediate-acting) • Intramuscular benzathine (long-acting)

Penicillin formulations: Pediatric drug information monographs

- Oral (V potassium) • Intravenous and intramuscular aqueous (short-acting) • Intramuscular procaine (intermediate-acting) • Intramuscular benzathine (long-acting)

Launch drug interactions program

Penicillin, antistaphylococcal penicillins, and broad-spectrum penicillins

... among the **penicillins** is the range of bacteria against which they are active. **Penicillin G** is highly active against: Gram-positive cocci (except penicillinase-producing staphylococci, **penicillin-resistant** ...

Summary

Treatment and prevention of streptococcal tonsillopharyngitis

... predisposed. The efficacy of **penicillin** for primary prevention of ARF was established in the early 1950s when military recruits with GAS tonsillopharyngitis received injectable **penicillin G** mixed in peanut oil ...

Summary and recommendations

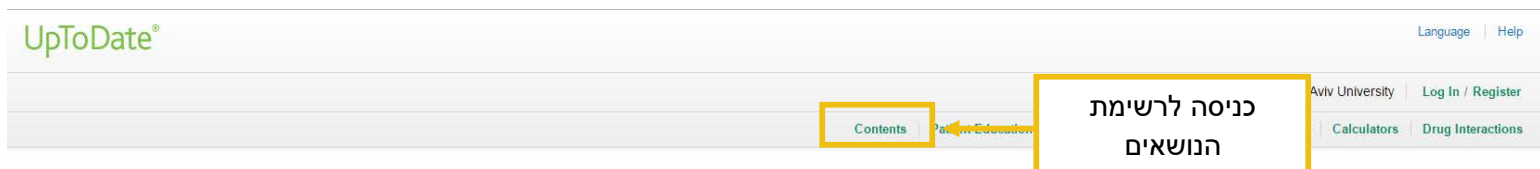


### 3.4 חיפוש לפי נושאים

חיפוש זה יעיל במידה ולא מכירים את המונח אותו מחפשים או במידה ורוצים לסקור תחום מסוים.

דוגמא: סיבוכים של סכרת סוג 2

א. לכניסה לרשימת הנושאים לחצו על Contents.



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ב. בחרו בנושא המבוקש Endocrinology and Diabetes מתוך רשימת הנושאים. הרשימה כוללת נושאים רחבים. כניסה לאחד מהם תוביל לרשימה נוספת של תת נושאים מצומצמים תחת אותו הנושא.

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Anesthesiology	Hematology	Primary Care Sports Medicine (Adolescents and Adults)
Calculators	Hospital Medicine	Psychiatry
Cardiovascular Medicine	Infectious Diseases	Pulmonary and Critical Care Medicine
Dermatology	Nephrology and Hypertension	Rheumatology
Drug Information	Neurology	Sleep Medicine
Emergency Medicine (Adult and Pediatric)		



## ג. בחרו בתת הנושא המבוקש Diabetes mellitus

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### Endocrinology and Diabetes

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<a href="#">Calcium phosphate magnesium</a>	<a href="#">Interactive diabetes cases</a>	<a href="#">Society guidelines in Endocrinology and Diabetes</a>
<a href="#">Diabetes mellitus</a>	<a href="#">Lipid disorders</a>	<a href="#">Thyroid disease</a>
<a href="#">Disorders of bone</a>	<a href="#">Obesity</a>	<a href="#">What's new in endocrinology and diabetes mellitus</a>
<a href="#">Endocrine tumors</a>	<a href="#">Pituitary disease</a>	<a href="#">Patient Education</a>
<a href="#">Fluid and electrolytes</a>	<a href="#">Reproductive endocrine female</a>	
<a href="#">Hormone physiology</a>		



ד. התקבל תוכן עניינים הממפה את התוכן בנושר סכרת. תחת הכותרת Complications תוכלו למצוא מידע מגוון על סיבוכים שונים. בחירת נושא תציג את המידע.

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Diabetes mellitus

Cardiovascular disease

- Coronary artery revascularization in patients with diabetes mellitus and multivessel coronary artery disease
- Glycemic control and vascular complications in type 1 diabetes mellitus
- Glycemic control and vascular complications in type 2 diabetes mellitus
- Glycemic control for acute myocardial infarction in patients with and without diabetes mellitus
- Heart failure in diabetes mellitus
- Prevalence of and risk factors for coronary heart disease in diabetes mellitus
- Screening for coronary heart disease in patients with diabetes mellitus
- Treatment of acute myocardial infarction in diabetes mellitus

Complications

- Bone disease in diabetes mellitus
- Clinical manifestations and diagnosis of diabetic polyneuropathy



## התקבל המידע:

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Bone disease in diabetes mellitus

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Topic Outline

SUMMARY

INTRODUCTION

BONE METABOLISM IN DIABETES MELLITUS

BONE DENSITY

Type 1 diabetes

Type 2 diabetes

FRACTURE

Increased risk

Clinical evaluation

Fracture healing

PREVENTION AND TREATMENT OF OSTEOPOROSIS

DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS

SUMMARY

REFERENCES

GRAPHICS [View All](#)

TABLES

- Effects diabetes bone

RELATED TOPICS

Bone physiology and biochemical markers of bone turnover

Diffuse idiopathic skeletal hyperostosis (DISH)

Initial management of blood glucose in adults with

Bone disease in diabetes mellitus

Author: Lesley D Hordon, MD

Section Editors: David M Nathan, MD, Marc K Drezner, MD

Deputy Editor: Jean E Mulder, MD

Contributor Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: Mar 2017. | This topic last updated: Apr 03, 2017.

INTRODUCTION — The association between diabetes mellitus and osteoporosis remains controversial [1]. Although the metabolic abnormalities of diabetes potentially affect bone metabolism, structure, and mineral density, the extent of their contribution to the increase in fracture risk noted in individuals with type 1 and type 2 diabetes is still debated. In addition to changes in bone metabolism, there are several other factors that may be important:

- The onset of diabetes in adolescence may result in a decreased peak bone mass.
- The degree of bone loss differs between type 1 and type 2 diabetes. In some studies, type 2 diabetes has been associated with an increase in bone mineral density (BMD) [2].
- Bone fragility, particularly in type 2 diabetes, may contribute to fracture risk independent of BMD, and BMD may not reflect fracture risk in some individuals.
- Bone metabolism may be affected by the late complications of diabetes (eg, renal failure).
- The risk of fracture may be increased by falling, secondary to visual impairment, cerebrovascular disease, or neuropathy.
- Localized bone loss related to diabetic neuropathy may increase the risk of fracture at the foot and ankle.
- Specific treatments may influence fracture rates.

This topic will review the effects of type 1 and type 2 diabetes on bone ([table 1](#)). The musculoskeletal complications of diabetes are discussed separately. (See "[Musculoskeletal complications in diabetes mellitus](#)".)

BONE METABOLISM IN DIABETES MELLITUS — Studies in bone histomorphometry in type 1 diabetes have generally [1], but not always [3], shown a low turnover of bone with reduction in bone formation and, to a lesser degree, bone resorption. In several studies, low bone turnover is manifested by reduced serum concentrations of markers of bone turnover [4]. As an example, in a systematic review and meta-analysis of 66 studies evaluating bone metabolism in patients with diabetes, markers of both bone formation (osteocalcin) and resorption (C-telopeptide) were decreased in patients with type 1 and type 2 diabetes compared with controls [4]. (See "[Bone physiology and biochemical markers of bone turnover](#)".)

Topic Feedback

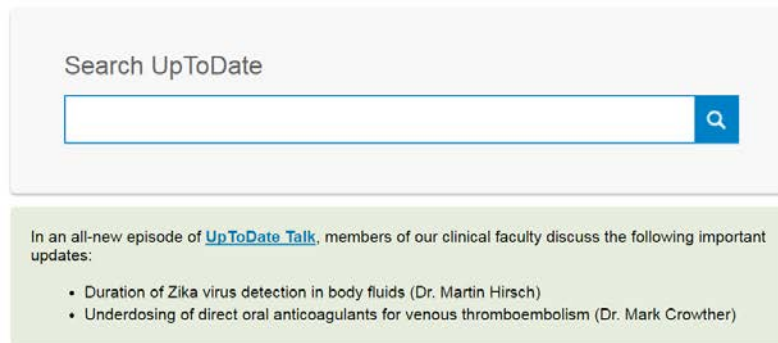
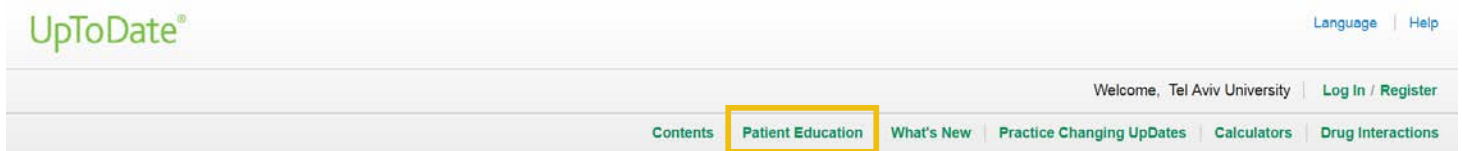
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# 4. כלים נוספים

## Patient Education 4.1

כאן תוכלו למצוא מאמרים קצרים בסוגיות שונות ובשפה פשוטה המותאמת למטופלים.







## Patient Education

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- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a person might have about a medical problem.
- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.

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## What's New 4.2

כאן תמצאו ריכוז של העדכונים החשובים ביותר ממוינים לפי נושא.



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What's New

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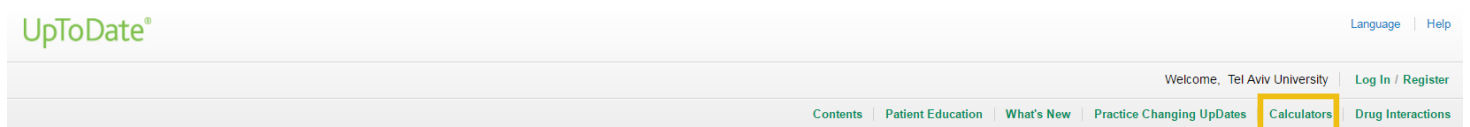
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## Calculators 4.3

כאן תמצאו מגוון מחשבוני ממוינים לפי תחומים שונים.



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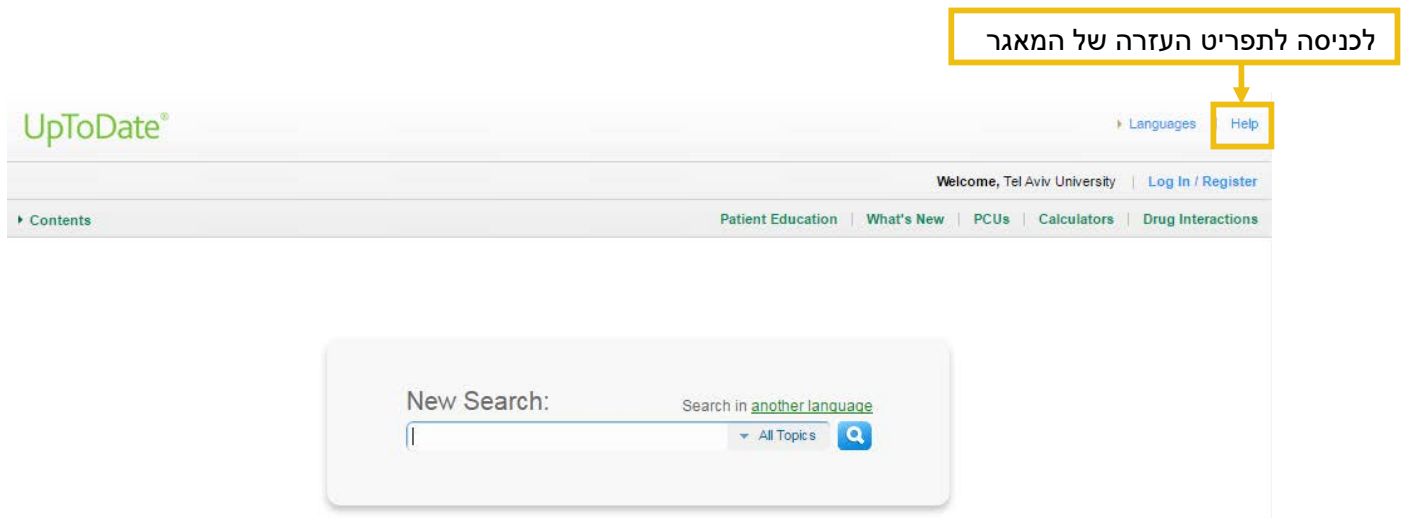
In an all-new episode of [UpToDate Talk](#), members of our clinical faculty discuss the following important updates:

- Scalp hypothermia to prevent chemotherapy-induced alopecia (Dr. Hope Rugo)
- Immunotherapy for stinging insect hypersensitivity in adults (Dr. David Golden)



## 5. עזרה נוספת

ניתן ללחוץ על Help בכל אחד מהמסכים במאגר לקבלת הסברים נוספים וסרטוני הדרכה.



לעזרה נוספת אפשר לפנות לספרני ההדרכה בספרייה:

בימים א'-ה' 8:30-19:00

או בדואר אלקטרוני: [medlibl@tauex.tau.ac.il](mailto:medlibl@tauex.tau.ac.il)

