


**Clinical Evidence**  
**(CE)**


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
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# درباره Clinical Evidence:

• **Clinical Evidence** توسط **ACP (American Collage of Physicians)** و **BMJ Publishing** منتشر می شود و بالاترین استانداردهای پزشکی مبتنی بر شواهد را تولید می کند.

• **Clinical Evidence** شامل یک پایگاه اطلاعاتی از **Systematic Review** و مجموعه ای از منابع **EBM** و مواد آموزشی توسعه یافته ی جامع و با کیفیت بالا می باشد که مزایا و مضرات ناشی از درمان های مختلف را ارزیابی می کند.

• **CE** شامل **Systematic Review** ها، راهنماها و بروشورهای مربوط به بیمار از بیش از ۲۵۰ عنوان می باشد.

- **Clinical Evidence** بهترین شواهد موجود را در مورد مداخلات بالینی جاری برای طیف وسیعی از وضعیت ها و بیماری ها فراهم می کند، همچنین امکان استفاده از مهم ترین ابزارها و مهارت های پزشکی مبتنی بر شواهد را فراهم می کند تا افراد از پژوهش های منتشر شده استفاده کرده و طبابت و تجربه ی بالینی و نتایج حاصل از بیمار را ارتقاء بخشند.
- مطابق با روش شناسی همه جانبه و استاندارد شواهد بالینی، مرتبط ترین شواهد برای طیف وسیعی از پرسش های بالینی رایج پیدا شده، ارزیابی و خلاصه می شوند و یافته های **Systematic Review** در یک قالب ساده و سریع جهت استفاده نمایش داده می شوند.
- این پایگاه با استفاده از بازخوردی که از کاربر دریافت می کند دائماً شمار زیادی ابزار طراحی شده ی مخصوص جهت ارتقاء آموزش، یادگیری و تمرین **EBM (Evidence Based Medicine)** به آن اضافه می کند.

## ✓ تاریخچه:

- CE در سال ۱۹۹۹ ایجاد شد و به تدریج در جهت پاسخ به نیازهای در حال تغییر متخصصین بالینی و آخرین اکتشافات EBM توسعه یافت.
- هدف آنها فراهم کردن منابعی با بیشترین درصد مرتبط بودن، بیشترین اعتبار و کار کمتر برای خوانندگان می باشد.

# ✓ برخی از ویژگی های مهم این پایگاه اطلاعاتی:

- دارای Systematic Review هایی از بیش از ۳۲۵۰ مداخله در قالب بیش از ۶۶۰ وضعیت بالینی.
- داشتن نگاهی گذرا به اثربخشی درمان ها بر روی بیش از ۶۷۰ وضعیت بالینی.
- پوشش دادن بیش از ۵۰۰ پرسش بالینی راجع به تأثیرات مداخلات مربوط به پیشگیری و درمان.
- امکان دسترسی به آخرین و مرتبط ترین یافته های پژوهشی.
- دارای رابط کاربری ساده جهت به حداقل رساندن تعداد کلیک های مورد نیاز برای رسیدن به اطلاعات.

- استفاده از مقیاس های GRADE جهت رتبه بندی کردن کیفیت شواهد موجود.
- روزآمدسازی به صورت ماهیانه و افزوده شدن عناوین جدید به آن.
- دارا بودن منابع منحصر به فرد جهت کمک به یادگیری، آموزش و تمرین پزشکی مبتنی بر شواهد.
- قابل دسترس بر روی Smart Phones و PDAs.
- دارای بروشورهای اطلاعات بیمار، به گونه ای که می توان برای بیمار اطلاعات ساده ای به زبان انگلیسی راجع به گزینه های درمانی جهت بهبود بیماری شان فراهم کرد.

- متون موجود در این پایگاه با استفاده از پایگاه های اطلاعاتی **Cochrane**، **Embase**، **Medline**، **Library** و گاهی دیگر پایگاه های الکترونیک جستجو می شوند.
- **Systematic Review** ها و مطالعات شخصی به شکلی عمیق و منتقادانه توسط یک متخصص بالینی و یک متخصص اطلاعات با استفاده از معیارهای معتبر جهت مرتبط بودن و داشتن کیفیت ارزیابی می شوند.
- **CE** نوع جدیدی از منابع حمایت کننده از تصمیم برای حوزه ی پزشکی مبتنی بر شواهد می باشد.
- **CE** بیش از یک ژورنال معمولی عمل می کند و به شما نمی گوید که چه انجام دهید، بلکه فقط بهترین شواهد موجود را از **Sys. Rev** ها، **RCT** ها و بررسی های مشاهده ای توصیف می کنند.



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**EBM toolbox**



**Practise EBM**

## ✓ Learn EBM:



- این منابع با استفاده از فرآیندهای توسعه یافته توسط Clinical Evidence به عنوان یک الگو، مفاهیم EBM و آنچه که در انجام یک Sys. Rev مورد بحث قرار می گیرد را توصیف می کنند.
- این بخش از سایت حق انتخاب مقالاتی را فراهم می کند که عناصر اصلی EBM را توصیف می کنند- شناسایی یک پرسش بالینی، طراحی و اجرای یک Sys. Rev، بررسی طراحی فیلترهای جستجو و ...

## ✓ Practise EBM:



- **Clinical Evidence** شامل راهنمایی راجع به انتقال شواهد به نتایج بهبود یافته ی بیماران می شود. این بخش از سایت شماری از مطالعات موردی قابل دانلود را نشان می دهد که مشخص می کنند چگونه **Sys. Rev** های **CE** می توانند در سناریوهای بیمار، ابزارهایی برای ارزیابی ریسک، و روش هایی برای توصیف **EBM** برای بیماران به کار برده شوند.

## ✓ EBM toolBox:



- این بخش شامل منابع و ابزارهای رایگان برای یادگیری، آموزش کارا و تمرین مؤثر EBM، از جمله چک لیست های مهم سنجش و ابزارهای سنجش تعاملی، واژه نامه های مفید EBM و اصطلاحات ارزیابی اقتصادی سلامت، لیستی از اختصارات رایج، و کتاب شناسی هایی از مقالات مهم می شود.

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- نسخه ی آزمایشی رایگان: دسترسی به نسخه ی آزمایشی شخصی ۷ روزه.
- نسخه چاپی به صورت Handbook (۲ شماره در سال) و آنلاین.
- CE روی موبایل یا PDA.
- CE بر اساس تقاضای خرید: خریداری دسترسی آنلاین به مجموعه.
- دسترسی آزاد: برای کاربرانی از کشورهای در حال توسعه یا کسانی که از طریق NHS Wales دسترسی دارند می توانند بدون اشتراک از این سایت استفاده کنند.

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Cochrane Library عنصر اصلی و حیاتی CE می باشد، اما CE چند قدم به حقایق طبابت بالینی نزدیک تر است. CE با پرسش ها شروع می کند و سپس به دنبال شواهدی جهت پاسخ دادن به این پرسش ها می رود.

## ✓ تفاوت Clinical Evidence با Evidence-Based Medicine:

CE به وسیله ی پرسش های بالینی هدایت می شود، EBM و دیگر ژورنال های مبتنی بر شواهد پژوهش را همانگونه که در ژورنال های بالینی منتشر می شوند بازنگری می کند.

# ✓ ویژگی هایی که CE را از منابع دیگر متمایز می کند:

- محتوای آن به جای اینکه به وسیله ی موجود بودن شواهد پژوهشی هدایت شود به وسیله ی پرسش هایی صورت می پذیرد.
- CE شکاف های مهم در شواهد را شناسایی می کند ولی برای پر کردن این خلأها تلاش نمی کند.
- CE دارای یک انتشار بین المللی است که بیش از یک میلیون متخصص بالینی در سراسر جهان با ۷ زبان به آن دسترسی دارند.

## ✓ CE مواد زیر را منتشر نمی کند:

- گزارش راجع به داروهایی که هنوز در مرحله ی آزمایشی هستند و به طور رایج استفاده نمی شوند.
- گزارش در مورد درمان هایی که رد شده اند.
- اینکه به افراد بگوید که چه انجام دهند.



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- این بخش بیش از ۴۰ ژورنال را در بین طیف وسیعی از متخصصین منتشر می کند.

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## ✓BMJ Quality:

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## ✓ جستجو و ارزیابی متون:

- جستجو در CE پایگاه های Medline، Embase، Cochrane Library و دیگر پایگاه های الکترونیک را پوشش می دهد.

✓ search

The screenshot shows the Clinical Evidence website interface. At the top, there is a search bar labeled "Search all BMJ Products" and a navigation menu with links to "BMJ", "BMJ Journals", "BMJ Careers", "BMJ Learning", "BMJ Evidence Centre", "doc2doc", and "BMJ GROUP". Below the navigation menu, there is a "Signed in as visitor" status and links for "My Account", "Site settings", and "Sign out".

The main heading "ClinicalEvidence" is prominently displayed. Below it, there are links for "Sign up for email alerts", "Recommend Clinical Evidence to your institution", and "Get your updates via RSS".

Four green callout boxes with arrows point to specific features:

- BROWSE BY CLINICAL AREA**: Points to the "All conditions" tab in the left sidebar.
- TEXT SEARCH**: Points to the search bar at the top right.
- ALPHA LISTING**: Points to the alphabetical index (A-Z) in the center.
- FILTER BY**: Points to the "Show Conditions" button above the alphabetical index.

The left sidebar lists various clinical areas: "Blood and lymph disorders", "Care of the elderly", "Child health", "Cardiovascular disorders", "Diabetes", "Digestive system disorders", "Endocrine and metabolic disorders", "Ear, nose, + throat disorders", "Eye disorders", and "HIV and AIDS".

The center displays an alphabetical index (A-Z) with a list of conditions starting with 'A': "Absence seizures in children", "Acne vulgaris", "Acute cholecystitis", "Acute kidney injury", "Acute respiratory distress syndrome", "ADHD in children and adolescents", "Alcohol misuse", "Altitude sickness", and "Amblyopia".

- چندین روش برای پیدا کردن اطلاعات مورد نیاز وجود دارد:

## 1. Browsing by clinical area:

- در صورتی که می خواهید اطلاعاتی را راجع به یک عنوان خاص پیدا کنید، می توانید از منوی "conditions" استفاده کنید. مثلاً با انتخاب "diabetes" تمامی مقالات مرتبط شامل Sys. Rev، راهنماها و اطلاعات بیمار نمایش داده می شوند یا اینکه می توانید نتایج را فیلتر کنید.

## 2. Alpha listing:

- منوی "conditions" امکان مرور محتوای کامل CE را به صورت الفبایی فراهم می کند. با انتخاب "All conditions" گزینه های الفبایی نمایان می شوند.

## 3. Free- text search:

- با استفاده از box مربوطه در بالای هر صفحه می توانید واژه یا عبارت خاصی را جستجو کنید.

## ➤ فیلتر کردن نتایج:

- نتایج می توانند به وسیله نوع Sys. Rev، استنادات، راهنماها یا اطلاعات بیمار دسته بندی شوند.

The screenshot shows a web interface for searching clinical evidence. At the top, there is a search bar labeled "Search Clinical Evidence" and a button labeled "Show Conditions". Below the search bar, there are four tabs: "All conditions", "Systematic Reviews", "Citations", "Guidelines", and "Patient Information". The "Systematic Reviews" tab is highlighted with a red rectangle. Below the tabs, there is a list of conditions on the left and a list of specific conditions on the right. The left list includes: Blood and lymph disorders, Care of the elderly, Child health, Cardiovascular disorders, Diabetes, Digestive system disorders, Endocrine and metabolic disorders, Ear, nose, + throat disorders, Eye disorders, and HIV and AIDS. The right list includes: Absence seizures in children, Acne vulgaris, Acute cholecystitis, Acute kidney injury, Acute respiratory distress syndrome, ADHD in children and adolescents, Alcohol misuse, Altitude sickness, and Amblyopia. Above the right list, there is a row of letters from A to Z for alphabetical sorting.

Search Clinical Evidence

Show Conditions

All conditions Systematic Reviews Citations Guidelines Patient Information

Blood and lymph disorders

Care of the elderly

Child health

Cardiovascular disorders

Diabetes

Digestive system disorders

Endocrine and metabolic disorders

Ear, nose, + throat disorders

Eye disorders

HIV and AIDS

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

Absence seizures in children

Acne vulgaris

Acute cholecystitis

Acute kidney injury

Acute respiratory distress syndrome

ADHD in children and adolescents

Alcohol misuse

Altitude sickness

Amblyopia



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Diabetes  
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Ear, nose, + throat disorders  
Eye disorders  
HIV and AIDS

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

Absence seizures in children  
Acne vulgaris  
Acute cholecystitis  
Acute kidney injury  
Acute respiratory distress syndrome  
ADHD in children and adolescents  
Alcohol misuse  
Altitude sickness  
Amblyopia

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Cardiovascular disorders

Diabetes

Digestive system disorders

Endocrine and metabolic disorders

Ear, nose, + throat disorders

Eye disorders

HIV and AIDS

Child health

Absence seizures in children

ADHD in children and adolescents

AOM in children

Asthma and other recurrent wheezing disorders in children (chronic)

Autism

Blood sampling in infants (reducing pain and morbidity)

Bronchiolitis

Candidiasis (oropharyngeal)

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Eye disorders

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A

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Absence seizures in children

Acne vulgaris

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[Chronic suppurative otitis media](#) (06 August 2012)

[Asthma and other recurrent wheezing disorders in children \(acute\)](#) (06 July 2012)

[Schizophrenia](#) (28 June 2012)

[Diabetes: treating hypertension](#) (28 March 2012)

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[Epilepsy \(generalised\)](#) (20 February 2012)

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[Bacterial conjunctivitis](#) (20 February 2012)

[Tubal ectopic pregnancy](#) (10 February 2012)

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[Tinnitus](#) (03 February 2012)

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[mu-Opioid receptor gene A118G polymorphism predicts survival in patients with breast cancer.](#) (15 October 2012)

[Meta-Analysis of Cognitive Functioning in Breast Cancer Survivors Previously Treated With Standard-Dose Chemotherapy.](#) (05 October 2012)

[Systematic review of bone health in older women treated with aromatase inhibitors for early-stage breast cancer.](#) (05 October 2012)

[Use of Aspirin, Other Nonsteroidal Anti-Inflammatory Drugs, and Acetaminophen and Postmenopausal Breast Cancer Incidence.](#) (12 September 2012)

[Tumor Stage Affects Risk and Prognosis of Contralateral Breast Cancer: Results From a Large Swedish-Population-Based Study.](#) (05 September 2012)

[Subcutaneous versus intravenous administration of \(neo\)adjuvant trastuzumab in patients with HER2-positive, clinical stage I-III breast cancer \(HannaH study\): a phase 3, open-label, multicentre, randomised trial.](#) (20 August 2012)

[Oral clodronate for adjuvant treatment of operable breast cancer \(National Surgical Adjuvant Breast and Bowel Project protocol B -34\): a multicentre, placebo-controlled, randomised trial.](#) (09 August 2012)

[Six Cycles of Doxorubicin and Cyclophosphamide or Paclitaxel Are Not Superior to Four Cycles As Adjuvant Chemotherapy for Breast Cancer in Women With Zero to Three Positive Axillary Nodes: Cancer and Leukemia Group B 40101.](#) (08 August 2012)

[Carpal tunnel syndrome and musculoskeletal symptoms in postmenopausal women with early breast cancer treated with exemestane or tamoxifen after 2-3 years of tamoxifen: a retrospective analysis of the Intergroup Exemestane Study.](#) (02 August 2012)

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Online[J Am Geriatr Soc. 2012 Sep;60\(9\):1761-7. doi: 10.1111/j.1532-5415.2012.04107.x.](#)

## Systematic review of bone health in older women treated with aromatase inhibitors for early-stage breast cancer.

[Becker T](#), [Lipscombe L](#), [Narod S](#), [Simmons C](#), [Anderson GM](#), [Rochon PA](#).

Department of Medicine, University of Toronto, Toronto, Ontario, Canada; Institute for Clinical Evaluative Sciences, Toronto, Ontario, Canada; Women's College Research Institute, Women's College Hospital, Toronto, Ontario, Canada.

### Abstract

**OBJECTIVES:** To review data from randomized controlled trials (RCTs) that evaluate adverse bone outcomes in older women using aromatase inhibitors (AIs) for early-stage hormone receptor-positive breast cancer.

**DESIGN:** Systematic review.

**SETTING:** International RCTs referenced in Medline and EMBASE databases through August 1, 2011.

**PARTICIPANTS:** Postmenopausal women with early-stage hormone receptor-positive breast cancer receiving adjuvant endocrine therapy.

**MEASUREMENTS:** Fracture rates and changes in bone turnover markers and bone mineral density.

**RESULTS:** Eleven RCTs were identified. The majority of trials included women with a mean age in the 60s; and women aged 75 and older and 80 and older were excluded from two studies. Fracture rates ranged from 0.9% to 11%, with AIs having a 1.5 times higher risk than tamoxifen or placebo. Fracture data were not systematically collected in many of these trials. In a small subpopulation of women, AIs were associated with higher markers of bone turnover and lower bone density. The relationship between age and fracture was not described.

**CONCLUSION:** AIs are associated with low bone density and high fracture risk in women with a mean age in their early 60s. There is a paucity of data describing the effect of baseline fracture risk factors, particularly age, and the longer-term effects on bone health in older women. Future research

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**Review** Hormonal therapies for early breast cancer: systematic [Health Technol Assess. 2007]

**Review** Are all aromatase inhibitors the same? A review of controlled clinical trials [Clin Ther. 2005]

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[Pathology reporting of breast disease](#) (19 September 2012)

[American Society of Clinical Oncology/College of American Pathologists guideline recommendations for human epidermal growth factor receptor 2 testing in breast cancer.](#) (19 September 2012)

[Palpable breast masses.](#) (19 September 2012)

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[Screening mammography for women 40 to 49 years of age: a clinical practice guideline from the American College of Physicians.](#) (19 September 2012)

[UK clinical guidelines for the use of adjuvant trastuzumab \(herceptin\) with or following chemotherapy in HER2-positive early breast cancer](#) (19 September 2012)

[Hormonal therapies for the adjuvant treatment of early oestrogen-receptor-positive breast cancer](#) (19 September 2012)

[Referral guidelines for suspected cancer in adults and children.](#) (19 September 2012)

[Appropriate imaging work-up of breast microcalcifications.](#) (19 September 2012)



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### European Association of Urology (18)

1. Catheter-associated urinary tract infections. In: Guidelines on urological infections. NGC:007316

**Source(s):** Catheter-associated UTIs. In: Grabe M, Bishop MC, Bjerklund-Johansen TE, Botto H, Çek M, Lobel B, Naber KG,

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## Guideline Summary

### Guideline Title

**Manual medicine guidelines for musculoskeletal injuries.**

### Bibliographic Source(s)

Braddock EJ, Greenlee J, Hammer RE, Johnson SF, Martello MJ, O'Connell MR, Rinzler R, Snider M, Swanson MR, Tain L, Walsh G. Manual medicine guidelines for musculoskeletal injuries. Sonora (CA): Academy for Chiropractic Education; 2009 May 1. 64 p. [214 references]

### Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Braddock E, Greenlee J, Hammer RE, Johnson SF, Martello MJ, O'Connell MR, Rinzler R, Snider M, Swanson MR, Tain L, Walsh G. Manual medicine guidelines for musculoskeletal injuries. California: Academy for Chiropractic Education; 2007 Apr 1. 33 p. [108 references]

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ADHD in children and ado

Alcohol misuse

Altitude sickness

Amblyopia

Ear wax

Ear infection

Middle-ear pain and trauma during air travel

Nausea and vomiting in early pregnancy

Constipation, haemorrhoids, and heartburn in pregnancy

Anal tears

Irregular heartbeat, chronic

Irregular heartbeat, acute

Impacted ear wax

Wax in ear

Failure, heart

Congestive heart failure

Air travel, middle-ear pain and trauma

Vomiting and nausea in early pregnancy

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Nausea and vomiting in early pregnancy

Constipation, haemorrhoids, and heartburn in pregnancy

Anal tears

Irregular heartbeat, chronic

Irregular heartbeat, acute

Impacted ear wax

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Glue ear

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review

### Clinical Evidence - Overview - Chronic suppurative otitis media

Chronic suppurative otitis media (CSOM) is persistent inflammation of the middle ear or mastoid cavity. Synonyms include 'chronic otitis media', chronic mastoiditis, and chronic tympanomastoiditis. CSOM is characterised by recurrent or persistent ear discharge (otorrhoea) over 2 to 6 weeks through a perforation of the tympanic membrane. CSOM usually begins as a complication of persistent acute otitis media (AOM) with perforation in childhood. Typical findings may also include thickened granular middle-ear

Systematic  
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### Clinical Evidence - Background - Chronic suppurative otitis media

Chronic suppurative otitis media (CSOM) is persistent inflammation of the middle ear or mastoid cavity. Synonyms include 'chronic otitis media', chronic mastoiditis, and chronic tympanomastoiditis. CSOM is characterised by recurrent or persistent ear discharge (otorrhoea) over 2 to 6 weeks through a perforation of the tympanic membrane. CSOM usually begins as a complication of persistent acute otitis media (AOM) with perforation in childhood. Typical findings may also include thickened granular middle-ear

Systematic  
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### Clinical Evidence - Background - AOM in children

Otitis media is an inflammation in the middle ear. Subcategories include acute otitis media (AOM), recurrent AOM, and chronic suppurative otitis media (CSOM). AOM is the presence of middle-ear effusion in conjunction with rapid onset of one or more signs or symptoms of inflammation of the middle ear. AOM presents with systemic and local signs, and it has a rapid onset. The diagnosis is made on the basis of signs and symptoms, principally earache in the presence of a cloudy or bulging eardrum (and immobili

## INTERVENTIONS

A summary of individual interventions ranked by effectiveness — see page 8 for further details

## GUIDELINES

Links to major guidelines relevant to the review

## BACKGROUND

Background information about the condition

## PATIENT INFORMATION

View and download relevant patient information leaflets

Interventions (13)

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Key points

Background

References

Patient information (4)

Credits

## CITATIONS

Links to relevant external articles relating to this condition that have been published subsequent to the systematic review of the literature

## KEY POINTS

A one-page summary of the review

## REFERENCES

View a full list of the literature included in the current systematic review

## CREDITS

Information on contributors and declaration of any competing interests

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## LATEST GUIDELINES

View a list of the most recently updated major guidelines relevant to the current topic.

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## Diabetes: glycaemic control in type 2

Published online: 24 March 2007  
DOI: 10.1002/ebm.2007

Mark Thompson, MSc, PhD, MRCGP  
Diabetes and Metabolic Diseases

### Overview

The term diabetes mellitus is a composite of the words 'diabetes', 'to pass', and 'mellus', 'sugar'. The most common form of diabetes, and the one most often diagnosed, is type 2 diabetes. The WHO now recognizes a distinction between normoglycaemia (fasting glucose < 7.0 mmol/L, or glucose load < 7.8 mmol/L) and impaired fasting glycaemia (fasting glucose < 7.0 mmol/L, or glucose load < 7.8 mmol/L) (1). As a consequence of the insulin resistance syndrome, the diagnosis should be based on a random sample, or fasting (plasma) blood glucose > 11.1 mmol/L, or more than 2 h after a meal (fasting plasma glucose > 7.0 mmol/L).

All systematically reviewed literature

### LATEST GUIDELINES

Oral pharmacologic treatment of type 2 diabetes  
(American College of Physicians) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) (173) (174) (175) (176) (177) (178) (179) 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# ✓ Interventions

- خلاصه ای از مداخلات فردی به وسیله ی اثر بخشی مرتب شده است.



# ✓ Citations

- لینک به مقالات مرتبط خارجی که با این وضعیت ارتباط دارند.

# ✓ Guidelines

- لینک به راهنماهای مهم مرتبط با این review.

## ✓ Key point

- شامل یک خلاصه ی یک صفحه ای از review.

## ✓Background:

- حاوی اطلاعات پیش زمینه راجع به این وضعیت بالینی

## ✓References:

- مشاهده ی لیست کاملی از متون شامل شده در Sys. Rev کنونی.

## ✓ Patient Information:

- مشاهده و دانلود بروشورهای اطلاعات بیمار مرتبط با review.

## ✓ Credits:

- شامل اطلاعاتی راجع به شرکت کنندگان.

## ✓ Latest guideline:

- مشاهده ی لیستی از آخرین راهنماهای مهم مرتبط با موضوع کنونی.



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a group of disorders characterised by chronic hyperglycaemia with disturbances of resulting from defects in insulin secretion, insulin action, or both. Type 2 diabetes is the most common form of diabetes mellitus and is usually preceded by the loss of insulin secretion as a progressive disorder of glucose metabolism in which individuals may move from normal glucose levels (fasting plasma glucose less than 6.1 mmol/L), impaired glucose tolerance (fasting plasma glucose between 6.1 mmol/L and 7.0 mmol/L, or 2 hours after 75 g oral glucose between 7.8 mmol/L and 11.1 mmol/L), and finally to overt diabetes (fasting plasma glucose between 7.0 mmol/L and 11.1 mmol/L, or 2 hours after 75 g oral glucose between 11.1 mmol/L and 20.0 mmol/L, or more than 20.0 mmol/L after 75 g oral glucose). At the body to use glucose as an energy source, blood glucose levels may rise and, if sustained, or weight loss may develop. (1) **Diagnosis:** In the presence of symptoms, or of a single random elevated plasma glucose (11.1 mmol/L, or more), or the absence of symptoms, blood glucose results in the diabetic range taken at different time points, either a blood glucose 7.0 mmol/L or more, or from the oral glucose tolerance test (plasma glucose after 2 hours after 75 g glucose load) (1). **Population:** For the purpose of this review, we have included adults (e.g., after surgery or MI).

See Diabetes: glycaemic control in type 2 diabetes

diabetes mellitus: a clinical practice guideline from the American College of Physicians. (2019) BMJ 2019;385:g100000000

adults: U.S. Preventive Services Task Force recommendation statement. (2019) JAMA 2019;321:1000000000

Adult in type 2 diabetes

Adult with type 2 diabetes. (2019) BMJ 2019;385:g100000000

Therapy in Obese Patients with Diabetes. (2019) BMJ 2019;385:g100000000

Adult in type 2 diabetes

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## ✓Interventions:

- مداخلات مرتبط با هر پرسش در یک جدول خلاصه بندی شده اند و به وسیله ی اثربخشی بر روی بیشتر بیماران، با آیکن هایی برای مراجعه ی آسان طبقه بندی شده اند. بر روی توضیح هر مداخله کلیک کنید تا به خلاصه، جزئیات مرتبط با مزایا و مضرات، و یک یادداشت و تفسیر دسترسی پیدا کنید.

## Interventions

What are the effects of interventions for glycaemic control in adults with type 2 diabetes?

Beneficial



- Metformin versus placebo or diet alone
- Sulphonylureas versus placebo or diet alone

Likely to be beneficial



- Diet
- Education
- Intensive-treatment programmes
- Meglitinides versus placebo or sulphonylureas

Trade off between benefits and harms



- Combined oral drug treatment versus monotherapy
- Insulin versus continuation of oral drug treatment
- Insulin plus metformin versus insulin alone

Unknown effectiveness



- Blood glucose self-monitoring
- Insulin analogues versus conventional insulin
- Different delivery systems for insulin

Unlikely to be beneficial









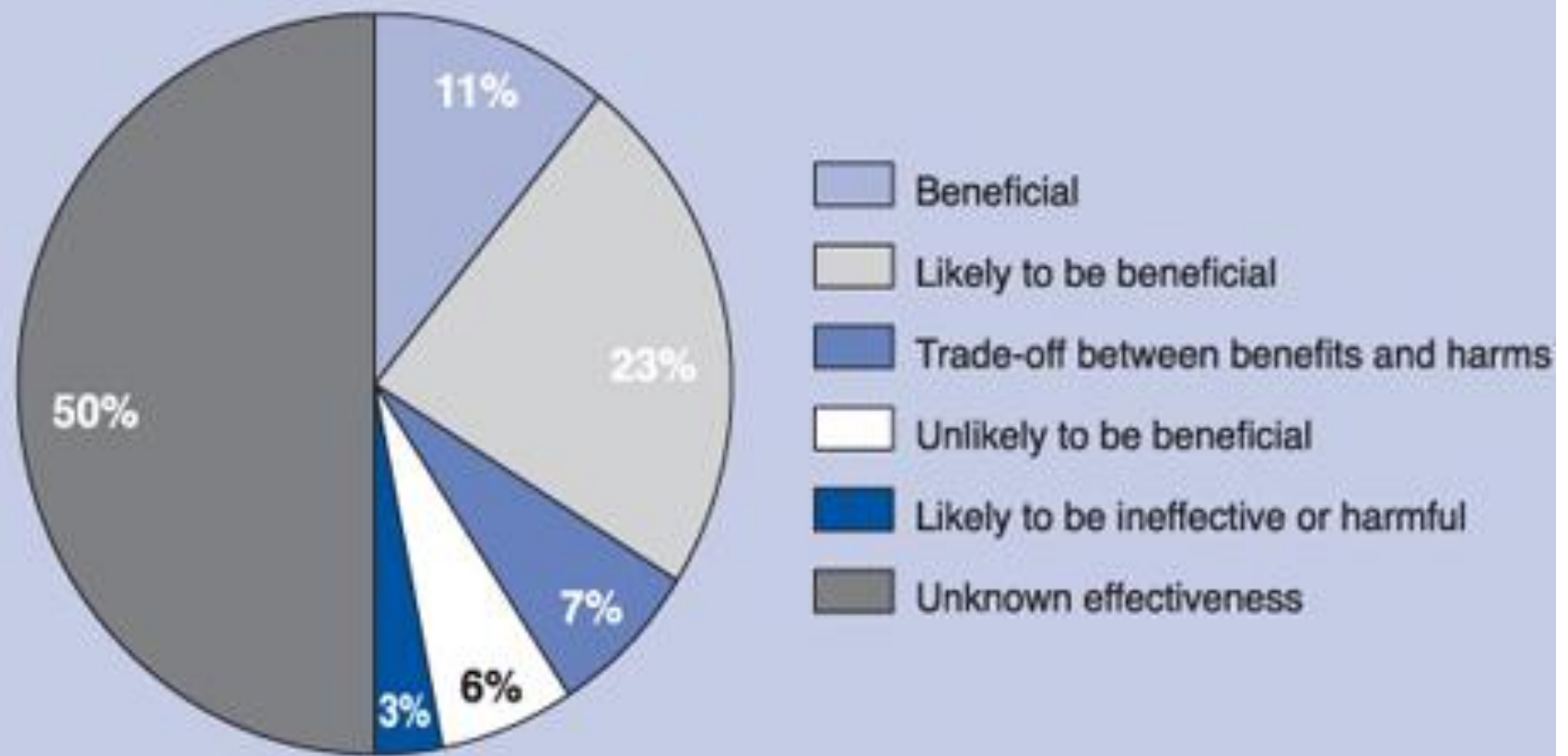
- Insulin versus sulphonylureas

## intervention

## icon

## description

Beneficial		For which effectiveness has been demonstrated by clear evidence from systematic reviews, RCTs, or the best alternative source of information, and for which expectation of harms is small compared with the benefits.
Likely to be beneficial		For which effectiveness is less well established than those listed under "beneficial".
Trade-off between benefits and harms		For which clinicians should weigh up the beneficial and harmful effects according to individual circumstances and priorities.
Unknown effectiveness		For which there are currently insufficient data or data of inadequate quality.
Unlikely to be beneficial		For which lack of effectiveness is less well established than those listed under "likely to be ineffective or harmful".
Likely to be ineffective or harmful		For which ineffectiveness or associated harm has been demonstrated by clear evidence.



Effectiveness of 3000 treatments as reported in randomised controlled trials selected by Clinical Evidence. This does **not** indicate how often treatments are used in healthcare settings or their effectiveness in individual patients.