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# Пошаговая инструкция по работе с базой данных UpToDate

Александр Липенский  
lipensky\_a@metecbooks.ru

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# Главная страница. Проведение поиска.



## New Search:

treatment of hypertension in children

● Drug Interactions

Введите поисковый  
запрос на английском  
языке(одно или  
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## Topics on radiation exposure

- Treatment of radiation injury in the adult
- Biology and clinical features of radiation injury in adults
- Management of radiation exposure in children following a nuclear disaster
- Clinical features of radiation exposure in children

### New Search Help

You may search on a single term, or on multiple terms at the same time.

e.g. Treatment of hypertension in children.

# Результат Поиска

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Search

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Search Result for "treatment of hypertension in children"

All search | Prioritize adult topics | Prioritize pediatric topics | Prioritize patient topics

- **Treatment of hypertension in children and adolescents**
- Ne
- Ma encies in children
- An
- Ph
- Id (cerebri): Prognosis and treatment
- Acute management, imaging, and prognosis of urinary tract infections in children
- Symptomatic management of nephrotic syndrome in children
- Overview of the management of chronic kidney disease in children
- Management of coarctation of the aorta
- Approach to hypertensive emergencies and urgencies in children
- Comorbidities and complications of type 2 diabetes mellitus in children and
- Management of patent ductus arteriosus
- Congenital rubella syndrome: Management, outcome, and prevention
- Management of the child at-risk for atherosclerosis
- Childhood lead poisoning: Management
- Traumatic hyphema: Clinical features and management
- Evaluation and management of edema in children
- Management of urea cycle disorders
- Treatment of Gaucher disease
- Acute asthma exacerbations in children: Outpatient management
- Intracranial subdural hematoma in children: Clinical features, evaluation, and management
- Clinical features, diagnosis, and treatment of neonatal encephalopathy

Для просмотра  
содержания темы,  
подведите курсор к ее  
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Интерактивное  
содержание  
отображается в правой  
части страницы

Topic Outline

- INTRODUCTION
- DEFINITIONS
- RATIONALE FOR INTERVENTION
- NONPHARMACOLOGIC THERAPY
  - Weight reduction
  - Exercise
    - Sports participation
  - Diet
    - Salt restriction
  - Potassium intake and the DASH diet
    - Avoidance of excess alcohol
    - Other CVD risk factors
- PHARMACOLOGIC THERAPY
  - Whom to treat
  - Antihypertensive drugs
    - Thiazide diuretics
    - Beta-blockers
    - Calcium channel blockers
    - ACE inhibitors
    - Angiotensin II receptor antagonists
    - Vasodilators

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содержании.

SUMMARY AND RECOMMENDATIONS

GRAPHICS

FIGURES

- BP change and salt intake
- Thiazide diuretic and calcium

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# Результат Поиска. Просмотр темы

The screenshot displays the UpToDate website interface. At the top, the search bar contains the text "treatment of hypertension in children" and a "Search" button. A green arrow labeled "1" points to the search bar. Below the search bar, a navigation menu includes "New Search", "Patient Info", "What's New", "Calculators", and "My Account". The main content area shows the search results for "Treatment of hypertension in children and adolescents". On the left, a "TOPIC OUTLINE" lists various sections like "INTRODUCTION", "DEFINITIONS", "RATIONALE FOR INTERVENTION", "NONPHARMACOLOGIC THERAPY", "PHARMACOLOGIC THERAPY", "MANAGEMENT APPROACH", "INFORMATION FOR PATIENTS", "SUMMARY AND RECOMMENDATIONS", and "REFERENCES". The main text area displays the content for "Avoidance of excess alcohol", "Other CVD risk factors", "PHARMACOLOGIC THERAPY", and "Whom to treat". A "Find in Topic" dialog box is open on the right, with a green arrow labeled "2" pointing to the search input field and another green arrow labeled "3" pointing to the "Find" button. A callout box on the right contains the text "Функция проведения поиска внутри темы" (Function of searching within the topic). At the bottom, a footer asks "Help improve UpToDate. Did UpToDate answer your question?" with "Yes" and "No" options. The system tray at the very bottom shows "Интернет" and "125%" zoom.

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DEFINITIONS  
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• Exercise  
- Sports participation  
• Diet  
- Salt restriction  
• Potassium intake and the DASH diet  
- Avoidance of excess alcohol  
- Other CVD risk factors  
PHARMACOLOGIC THERAPY  
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• Antihypertensive drugs  
- Thiazide diuretics  
- ACE inhibitors/ARBs  
- Beta blockers  
- Calcium channel blockers  
MANAGEMENT APPROACH  
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• Our approach  
• Choice of drug  
- Primary hypertension  
- Chronic kidney disease  
- Diabetes mellitus  
• Drug management  
- Discontinuation of therapy  
INFORMATION FOR PATIENTS  
SUMMARY AND RECOMMENDATIONS  
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• BP change and salt intake  
• Thiazide dose and fall in BP  
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# Поиск внутри темы

## Treatment of hypertension in children and adolescents

### TOPIC OUTLINE

- INTRODUCTION
- DEFINITIONS
- RATIONALE FOR INTERVENTION
- NONPHARMACOLOGIC THERAPY
  - Weight reduction
  - Exercise
    - Sports participation
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    - Chronic kidney disease
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  - Drug management
    - Discontinuation of therapy
- INFORMATION FOR PATIENTS
- SUMMARY AND RECOMMENDATIONS
- REFERENCES
- GRAPHICS
- FIGURES
  - BP change and salt intake
  - Thiazide dose and fall in BP

**Avoidance of excess alcohol** — Multiple studies in adults have shown that excess alcohol intake and the development of **hypertension**. Adults who have a 1.5- to twofold increase in the incidence of **hypertension** compared with those who do not. The increase is dose-related and is most prominent when intake exceeds five drinks per week. The applicability of these findings to children has not been well studied. Nevertheless, excess alcohol intake may improve weight loss, BP control, and other health concerns. (See "[Cardiovascular risk factors](#)" and "[Cardiovascular risk factors: moderate alcohol consumption](#)".)

**Other CVD risk factors** — Smoking should be avoided by hypertensive children and adolescents because it increases the risk of CVD as well as lung cancer. In addition, smoking by family members should be avoided to prevent second-hand smoke exposure, which has been associated with premature atherosclerosis in exposed children. (See "[Smoking and hypertension](#)" and "[Secondhand smoke exposure and cardiovascular disease in children](#)", section on 'Coronary heart disease'.)

Dietary measures should be initiated in children with dyslipidemia, which is defined as **hypercholesterolemia**. (See "[Management of the child at-risk for atherosclerosis](#)", section on 'Dyslipidemia'.)

**PHARMACOLOGIC THERAPY** — Although antihypertensive drug **therapy** for **HTN** in children can produce side effects and has not been proven to improve long-term cardiovascular outcome, there is indirect supporting evidence that lowering elevated childhood BP reduces the risk of premature CVD. These data include findings that demonstrate hypertensive children are at risk for accelerated atherosclerosis and are likely to remain hypertensive as adults, who are at risk for CVD. (See '[Rationale for intervention](#)' above and '[Identifying the child at-risk for atherosclerosis](#)'.)

As a result, drug **therapy** for **HTN** in children should be limited to those who are most likely to benefit and a regimen should be chosen to minimize the incidence of side effects and to ensure good patient compliance.

**Whom to treat** — In our practice, we utilize the 2004 NHBPEP guideline for the treatment of **HTN** in children with one or more of the following conditions [1]:

- Symptomatic **HTN** (eg, headache, seizures, changes in mental status, visual disturbances, and cardiovascular complaints indicative of target organ damage, such as retinopathy, stroke, palpitations, cough, or shortness of breath).
- Stage 2 **HTN** defined as BP levels that are 5 mmHg greater than the 99th percentile.
- Stage 1 **HTN** (without any evidence of target-organ damage) that persists despite a trial of four to six weeks of nonpharmacologic therapy.

**Find in Topic** X

We found **300 instances** of "treatment of hypertension in children"

1 of 300 highlighted

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# Информация об авторах

## Treatment of radiation injury in the adult

### TOPIC OUTLINE

#### INTRODUCTION

#### SCENARIOS FOR RADIATION ACCIDENTS

- Accidental
- Deliberate
  - Radiologic dispersion devices
  - Improvised nuclear devices
- Generation of radionuclides

#### INITIAL TRIAGE

- Prehospital triage
- Removal of radioactive fragments
- In hospital triage
- Safety of health care providers

#### CLINICAL ASSESSMENT

- History taking
- Physical examination
- Initial laboratory testing
- High risk populations
  - Pregnancy
  - Children
  - Elderly

#### INITIAL MANAGEMENT DECISIONS

- Assessing prognosis
  - Minimally exposed patients
  - Fatal outcome
- Psychosocial impact

#### INITIAL MEDICAL AND SURGICAL MANAGEMENT

- Surgery
- Nausea and vomiting
- General supportive measures
  - Antibiotics
  - Thyroid protection

#### MANAGEMENT OF THE HEMATOPOIETIC RADIATION INJURY SYNDROME

- Background
- BLOOD PRODUCTS
  - Irradiation of blood products

## Treatment of radiation injury in the adult

### Authors

John R Wingard, MD  
Nicholas Dainiak, MD, FACP

### Section Editor

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Stephen A Landaw, MD, PhD

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### Authors

John R Wingard, MD  
Professor of Medicine  
University of Florida College of Medicine

Nicholas Dainiak, MD, FACP  
Clinical Professor of Medicine  
Yale University School of Medicine

### Section Editor

Robert S Negrin, MD  
Editor — Bone Marrow Transplantation  
Professor of Medicine  
Stanford University School of Medicine

### Deputy Editor

Stephen A Landaw, MD, PhD

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different exposures, as described below:

**Accidental** — Accidental exposure involves the release of radioactivity from small, usually sealed, sources

(ie, nuclear medicine, brachytherapy, industrial gauges, small calibration sources), accidental overtreatment

Treatment of radiation injury in the adult

**TOPIC OUTLINE**

INTRODUCTION

SCENARIOS FOR RADIATION ACCIDENTS

- Accidental
- Deliberate
  - Radiologic dispersion devices
  - Improvised nuclear devices
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INITIAL TRIAGE

- Prehospital triage
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CLINICAL ASSESSMENT

- History taking
- Physical examination
- Initial laboratory testing
- High risk populations
  - Pregnancy
  - Children
  - Elderly

INITIAL MANAGEMENT DECISIONS

- Assess
  - Minim
  - Fatal
- Psycho

INITIAL MANAGEMENT

- Surger
- Nausea
- Genera
  - Antibi
  - Thyroi

MANAGEMENT OF HEMATOLOGIC INJURY

- Background

BLOOD PRODUCTS

- Irradiation of blood products

Treatment of radiation injury

**Authors**  
 John R Wingard, MD  
 Nicholas Dainiak, MD, FACP

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**INTRODUCTION** — The occurrence of industrial and medical radiation accidents and the threat of terrorist events involving radioactive material mandate the development and implementation of an appropriate medical response. Medical professionals who would logically be involved in such events include, among others, radiation safety officers, radiologists, radiation oncologists, nuclear medicine physicians, emergency department physicians, hematologists, medical oncologists, gastroenterologists, infectious disease specialists, as well as primary care providers. All will be asked to play a significant role in evaluating and treating victims of an accidental or deliberate exposure to radiation. Due to their experience in managing patients with cytopenias and/or marrow aplasia, hematologists will most likely be asked to take primary or consultative responsibility for medically treating individuals exposed to a significant dose of radiation.

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However, all physicians, and especially medical triage personnel, must have a clear understanding of how radiation alters the function of cells, tissues, and organ systems, how radiation injury can be recognized and how victims receiving a significant radiation dose can be recognized and managed. This information is discussed separately. (See "[Biology and clinical features of radiation injury](#)".)

Response to terrorist events resulting from the release of radioactive material. The International Atomic Energy Agency (IAEA) Radiation Working Group has published a report on the management of radiation exposure [1]. Responding medical personnel must have a clear understanding of the clinical assessment of exposed individuals, and medical resources that may be employed in the case of a radiation emergency. This information is discussed separately, as well as the treatment of patients with radiation injury.

Management of radiation exposure in children is covered separately. (See "[Management of radiation exposure in children](#)".)

**ITS** — Excessive radiation doses may result from a number of sources, including:

**Accidental** — Accidental exposure involves the release of radioactivity from small, usually sealed, sources (e.g., nuclear medicine, brachytherapy, industrial gauges, small calibration sources), accidental overexposure to a large source, or accidental ingestion of a radioactive substance.

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## Treatment of radiation injury in the adult

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- Internal contamination

### OVERALL RECOMMENDATIONS

### DISASTER PLANNING AND ADDITIONAL RESOURCES

### GRAPHICS

### FIGURES

- Serial WBC after radiation
- Triage radiation

### TABLES

- Radionuclide yields fission
- Military triage radiation
- Radiation biodosimetry
- Radiation tox cutaneous
- Radiation tox gastrointestinal
- Radiation tox cerebrovascular
- Radiation tox hematopoietic
- Phases radiation injury
- Rx guide radiation exposure
- Potassium iodide radiation exposure
- Platelet transfusion guidelines I
- Platelet transfusion guidelines II
- Rx internal radioactivity
- Cytokines radiation exposure

### RELATED TOPICS

- Acyclovir: An overview
- Anemia of chronic disease (anemia of chronic inflammation)
- Approach to the immunocompromised patient with fever and pulmonary infiltrates
- Biology and clinical features of radiation injury in adults
- Clinical and laboratory aspects of platelet transfusion therapy
- Clinical features of radiation exposure in children
- Collection and storage of umbilical cord blood for hematopoietic cell

### Initial laboratory testing

— If internal contamination is suspected, collection and monitoring of secretions and excreta can be helpful. For example, obtaining bilateral nasal swab samples within the first hour of the incident can provide valuable information. As an example, the extent of nares contamination is approximately 5 percent of that received by the pulmonary alveoli. For victims in whom internal contamination is suspected, peripheral blood (for the same tests as ordered for an external exposure), urine, nasal smears, spontaneous vomitus, and stools should be obtained for radiological monitoring. Hospital staff must take precautions with the handling of these samples as they may be radioactive. Any patient with wound contamination or imbedded with radioactive fragments should be evaluated for such internal contamination.

Initial laboratory testing should include a complete blood count (CBC) with white blood cell differential and platelet count, along with routine chemistry tests. The time of CBC collection must be carefully noted, because of important time-related changes in the lymphocyte count ([table 3](#)).

If possible, serial CBCs should then be obtained every 6 to 12 hours for at least three samples. Twenty-four hours after any significant exposure, a blood sample should be drawn into a [lithium](#) heparin tube and sent to an appropriate referral lab for confirmatory chromosomal aberration analysis. This information may also aid in the patient's treatment and the determination of overall prognosis ([table 3](#)).

Additional monitoring should be based on the whole-body dose, as the onset of neutropenia and its severity are dose dependent ([figure 1](#)). Patients with low exposures may need a weekly or twice-weekly CBC for 4 to 6 weeks to document their WBC nadir and subsequent recovery.

For patients felt to have internal contamination, a 24-hour urine and stool sample every day for four days should be collected and analyzed for radionuclide contamination. Treatment guidance should be based on expert assistance, such as that obtained from the NCRP Report 65, Management of Persons Accidentally Contaminated with Radionuclides. Advice is also available on the following website: [www.orau.gov/reacts](http://www.orau.gov/reacts).

### High risk populations

#### Pregnancy

— The dose to the gravid uterus is approximately 65 to 70 percent of that received on the surface, affording some protection to the fetus from external radiation. However, when internal radiation contamination is present, the fetus may receive a high dose due to its proximity to the maternal bladder. In addition, the fetal thyroid begins to take up iodine after 12 weeks, adding to the potential for injury (see ['Thyroid protection'](#) below and ["Management of radiation exposure in children following a nuclear disaster"](#)).

Because the fetus is very susceptible to the effects of ionizing radiation, any pregnant female exposed to radiation should also see a health physicist and a maternal fetal medicine specialist.

#### Children

— Several unique features encountered in children enhance their vulnerability to the effects of

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# Просмотр графиков и таблиц

## Radiation biodosimetry

Dose (Gy)	Vomiting (%)	Time to vomiting (hours)	ALC day 1 (/microL)	Lymphocyte fall rate constant (k)*	Lymphocyte dicentrics (per 1000)
0	0	-	2450	-	1-2
1	19	-	2160	0.126	88
2	35	4.6	1900	0.252	234
3	54	2.6	1680	0.378	439
4	72	1.7	1480	0.504	703
5	86	1.3	1310	0.63	1000
6	94	1.0	1150	0.756	
7	98	0.8	1010	0.881	
8	99	0.7	890	1.01	
9	100	0.6	790	1.13	
10	100	0.5	700	1.26	

Gy: absorbed whole body dose in Grey units; ALC: absolute lymphocyte count per microL.

\* The lymphocyte fall rate constant is derived from a semilogarithmic plot of the absolute lymphocyte count (ALC) versus time in days, in the form of  $2450 \times e(-kt)$ . The time (in days) for the ALC to fall to one-half of its original value [half-time,  $T(1/2)$ ] can be obtained from the following equation:  $T(1/2) = 0.693/k$ .

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- End c
- Epid
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- HIV-i
- Ethics in the intensive care unit: informed consent; withholding and withdrawal of life support; and requests for futile therapies
- Fever in the neutropenic adult patient with cancer
- Granulocyte transfusions
- Hematopoietic support after hematopoietic cell transplantation
- Indications for red cell transfusion in the adult
- Intensive care for oncology patients: Short-term prognosis
- Laboratory evaluation of the immune system
- Leukoreduction to prevent complications of blood transfusion
- Management of radiation exposure in children following a nuclear disaster
- Overview of infections following hematopoietic cell transplantation

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Список всех источников, на которые ссылаются авторы

# Информация о лекарствах

The image shows a screenshot of the UpToDate website. At the top, there is a search bar with the text "treatment of hypertension in children" and a "Search" button. The website header includes "UpToDate 19.1" and navigation links like "Home", "Contact us", "About UpToDate", "Careers", and "Help". Below the header, there are tabs for "New Search", "Patient Info", "What's New", "Calculators", and "My Account".

The main content area displays search results for "treatment of hypertension in children". One result is titled "Treatment of radiation injury in the adult" with a sub-heading "Society of America's web site [56]". The text below this heading discusses immunization of unaffected family members to reduce the risk of exposure to infectious agents.

An inset window shows a detailed view of "Penicillin V potassium: Drug information". This window includes a "TOPIC OUTLINE" on the left with links to "Medication Safety Issues", "Pharmacologic Category", "Dosing: Adult", "Dosing: Pediatric", "Dosing: Geriatric", "Dosing: Renal Impairment", "Dosage Forms: U.S.", "Generic Equivalent Available: U.S.", "Administration", "Use", "Adverse Reactions Significant", "Contraindications", "Warnings/Precautions", and "Drug Interactions". The main content of the inset window is titled "Penicillin V potassium: Drug information" and includes copyright information (Copyright 1978-2011 Lexi-Comp, Inc.), a note about additional information, and a section for "Medication Safety Issues" which mentions "Sound-alike/look-alike issues" and specifically notes that "Penicillin V procaine may be confused with penicillin G potassium".

On the right side of the main page, there is a vertical column of text, partially obscured by the inset window, which appears to be a list of references or related topics, mentioning terms like "antibiotic", "live vaccines", "immunosuppressive chemotherapy", and "T-cell receptor repertoire".

# Информация о лекарствах. База данных Lexi-Interact

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New Search:

The screenshot shows a web browser window titled "Lexi-Comp Online: Lexi-Interact - Windows Internet Explorer". The address bar shows the URL "http://www.uptodate.com/crslq/interact/frameset.jsp". The browser's menu bar includes "Файл", "Правка", "Вид", "Избранное", "Сервис", and "Справка". The page content features the Lexi-Comp logo and the text "Lexi-Interact™". Below the logo is a "Lookup" button and a text input field. The instruction "Enter item name to lookup." is displayed. To the right, a large heading reads "Welcome to Lexi-Interact™ Online". Below this, a paragraph describes the program as "Lexi-Comp's Comprehensive Drug-to-Drug, Drug-to-Herb and Herb-to-Herb Interaction Analysis Program". A red "NOTE" states: "Lexi-Interact does not address chemical compatibility related to I.V. drug preparation or administration." The bottom of the page mentions "Lexi-Interact Online combines the world's literature and scientific understanding of drug interactions with a state-of-the-art electronic platform, providing an efficient way to ensure that adverse drug events don't compromise the care of your patients." The browser's status bar at the bottom shows "Интернет" and a zoom level of "125%".



# Калькуляторы

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## Contents: Calculators

You receive the entire *UpToDate* library of specialties with your subscription. Click on a section below to view a detailed list of topics associated with that particular section. If you'd like to see the table of contents for other specialties, click [here](#).

All Calculators

Cardiology calculators

Critical care calculators

Emergency med calculators

Endocrinology calculators

Gastroenterology and Hepatology calculators

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Neurology calculators

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# Что нового в UpToDate?



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## Contents: What's New

Approximately 40% of *UpToDate* topics are updated every four months. Our editors select a small number of the most important updates and share them with you via What's new. These selections are changed with each major release of *UpToDate*, in March, July and November. See these updates by clicking on the specialty you are interested in below. You may also type "What's new" into the search screen after you have logged in to *UpToDate*.

- Practice changing UpDates
- What's new in adult and pediatric emergency medicine
- What's new in allergy and immunology
- What's new in cardiovascular medicine
- What's new in drug therapy
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- What's new in family medicine
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- What's new in hematology
- What's new in hospital medicine
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- What's new in neurology
- What's new in obstetrics and gynecology
- What's new in oncology
- What's new in pediatrics
- What's new in primary care internal medicine
- What's new in pulmonary, critical care, and sleep medicine
- What's new in rheumatology

# Информация для пациентов

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## Contents: Patient Information

UpToDate offers different levels of patient education materials to meet the varying information needs of your patients.

### The Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

[View all The Basics](#)

### Beyond the Basics

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.

[View all Beyond the Basics](#)



This site complies with the HONcode standard for trustworthy health information: [verify here](#).

To view a list of all available topics, click on the appropriate health category below.

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[Arthritis](#)

[Autoimmune disease](#)

[Blood disorders](#)

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Интернет

125%



**Липенский Александр Владимирович**  
**ЗАО «КОНЭК»**  
**+7 (495) 510 5520**

**[www.konekbooks.ru](http://www.konekbooks.ru)**

**[lipensky\\_a@metecbooks.ru](mailto:lipensky_a@metecbooks.ru)**

