

臨床診療サポートツール DynaMed[®]

ー利用マニュアルー

- 医学系ジャーナル、国際的ガイドラインをモニター
- 専任の編集チームが批判的吟味を加え、エビデンスを集約しリスト化
- 収録データは毎日更新・全診療科のトピック（記事）を収録
- 画像データ、根拠に基づいた Recommendations を収録

[クイックアクセス]

- [キーワード検索](#) | [診療領域別](#) | [更新情報別](#)
- [トピック読み方](#)
- [薬剤関係トピック](#)
- [日本語検索](#) | [日本語で読む](#)
- [個人アカウントについて](#)
- [モバイルアプリ利用について](#)

2022年4月版

* 画面キャプチャは作成日時点のものです。アップデート等により予告なく変更となる場合があります。

DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

English Search

1. キーワード入力で検索

2. 診療領域別の検索

3. 直近の更新情報から閲覧

Recent Alerts

Follow your specialty and individual topics to personalize alerts.

All | Potentially Practice-Changing Only

Evidence • Updated 10 Mar 2022

review of proximal tubular injury due to drug toxicity (Pediatr Nephrol 2021 May 28 early online)

View in Fanconi Syndrome

Drug/Device Alert • Updated 10 Mar 2022

FDA issues Emergency Use Authorization for bebtelovimab for treatment of mild-to-moderate COVID-19 in patients ≥ 12 years old weighing ≥ 40 kg with positive direct SARS-CoV-2 viral test result, at high risk for progressing to severe COVID-19 including hospitalization or death, and for whom alternative COVID-19 treatments are not accessible or clinically appropriate (FDA Press Release 2022 Feb 11)

View in Management of COVID-19

Sign in to personalize your alerts. Don't have an account? [Create account](#)

Outbreak Alert • Updated 10 Mar 2022

1 case of Japanese encephalitis virus infection reported in Queensland, Australia on March 4, 2022; other cases of encephalitis of unknown origin under investigation (Australian Government Department of Health 2022 Mar 4)

View in Arthropod Encephalitides

Unlock personalized alerts and continuing education credits with a **free personal account**.

Sign In Create Account

Announcements

DynaMed Named 2022 Best in KLAS

DynaMed has been named the **top performing point-of-care clinical reference tool for clinical decision support** in the 2022 Best in KLAS: Software and Services report. Read the press release.

NEW Thyroid Nodule Diagnosis Algorithm

Thyroid nodules may be caused by benign or malignant lesions. We offer a **new algorithm** offering a stepwise approach to diagnosis: [Thyroid Nodule Diagnosis Algorithm \(PDF\)](#)

Read our full topic: [Thyroid Nodules](#)

Specialties

Feedback

DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

1 ards

GO TO

- Acute Respiratory Distress Syndrome (ARDS)
- Ventilator Management for Acute Respiratory Distress Syndrome (ARDS)

2

SEARCH FOR

- ards
- ards management
- ards pediatric
- ards covid
- ards children

Recent Alerts

Follow your specialty and individual topics to personalize alerts.

All | Potentially Practice-Changing Only

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(PDF)

Read our full topic: [Thyroid Nodules](#)

Specialties

Feedback

1. Go To : トピックに直接移動

2. Search For : 検索結果一覧を表示

DynaMed

https://www.dynamed.com/results?q=ards

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

SEARCH RESULTS

ards

ALL (189) IMAGES (10)

Were these results helpful?

1 Narrow Results

CONTENT TYPE

- ☐ Approach To Patient (12)
- ☐ Condition (82)
- ☐ Drug Monograph (37)
- ☐ Drug Review (1)
- ☐ Lab Monograph (5)
- ☐ Procedure (12)
- ☐ Other (40)

2 CONDITION

Acute Respiratory Distress Syndrome (ARDS)

ARDS is acute hypoxemic lung injury with bilateral infiltrates and no left atrial hypertension

MANAGEMENT

Ventilator Management for Acute Respiratory Distress Syndrome (ARDS)

Mechanical ventilation is the mainstay of ARDS management to support gas exchange while waiting for the underlying illness to resolve.

PROCEDURE

Mechanical Ventilation

Mechanical ventilation is indicated most commonly for respiratory failure.

Acute Respiratory Distress Syndrome (ARDS)

CONDITION

Pulmonary Toxicities of Chemotherapeutic Agents - Cytotoxic Agents

Prevention and treatment may minimize the short- and long-term adverse pulmonary effects of some chemotherapy agents.

General Diagnostic Considerations > Radiographic Patterns of Drug-induced Lung Disease

Noncardiogenic Pulmonary Edema

3

Overview and Recommendations

Related Summaries

General Information

Epidemiology

Etiology and Pathogenesis

History and Physical

Diagnosis

Management

Complications and Prognosis

Prevention and Screening

Guidelines and Resources

Patient Information

ICD Codes

Feedback

Search For の画面

1. 検索結果の絞り込み
2. トピック (トップページ) に移動
3. トピックのうち特定のセクション (Diagnosis, Management, etc.) に移動

Acute Respiratory Distress Syndr x +
 https://www.dynamed.com/condition/acute-respiratory-distress-syndrome-ards

DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

Acute Respiratory Distress Syndrome (ARDS)

1 TOPIC IMAGES (6) UPDATES

2 Overview and Recommendations

3

Overview and Recommendations

Background

- Acute respiratory distress syndrome (ARDS) is a clinical syndrome of diffuse lung injury characterized by acute onset with hypoxemia and bilateral radiographic infiltrates and without left atrial hypertension.
- The 2012 Berlin definition (replacing the prior 1994 American-European Consensus Conference definition) of acute respiratory distress syndrome consists of:
 - onset within 1 week of a known clinical insult or new or worsening respiratory symptoms
 - bilateral opacities not fully explained by effusions, lobar/lung collapse, or nodules on chest x-ray or computed tomography
 - respiratory failure not fully explained by a cardiac failure or fluid overload (in the absence of risk factors for ARDS, an objective assessment such as echocardiography is required to exclude these causes of hydrostatic edema)
 - impaired oxygenation status:
 - mild ARDS is defined as a $\text{PaO}_2/\text{FiO}_2 > 200$ mm Hg but ≤ 300 mm Hg with positive end-expiratory pressure (PEEP) or continuous positive airway pressure (CPAP) ≥ 5 cm H_2O
 - moderate ARDS is defined as $\text{PaO}_2/\text{FiO}_2 > 100$ mm Hg but ≤ 200 mm Hg with PEEP ≥ 5 cm H_2O
 - severe ARDS is defined as $\text{PaO}_2/\text{FiO}_2 \leq 100$ mm Hg with PEEP ≥ 5 cm H_2O
- The mortality of ARDS varies with its severity:
 - mild is associated with 27% mortality
 - moderate is associated with 32% mortality
 - severe is associated with 45% mortality

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Produced in collaboration with American College of Physicians

ACPP

Images All (6)

Day 1

Find on Page Feedback

トピック画面 (Go To からアクセス可能)
 1. ナビゲーションバー (トピックの目次)
 2. トピック本文
 3. エディター等の情報



Acute Respiratory Distress Syndrome (ARDS) | DynaMed

Management > Fluid and electrolytes

Fluid and electrolytes

STUDY SUMMARY

conservative fluid management in patients with acute lung injury (ALI) improves fluid balance, reduces need for mechanical ventilation, and shortens intensive care unit (ICU) stay DynaMed Level 1

RANDOMIZED TRIAL: N Engl J Med 2006 Jun 15;354(24):2564 | Full Text

STUDY SUMMARY

simplified conservative fluid management protocol reduces cumulative fluid balance compared to conservative protocol without affecting mortality or number of ventilation-free days in critically ill patients with ARDS DynaMed Level 2

COHORT STUDY: Crit Care Med 2015 Feb;43(2):288

Diet

- Society of Critical Care Medicine/American Society for Parenteral and Enteral Nutrition (SCCM/ASPEN) 2016 guidelines
 - provide trophic or full enteral nutrition in patients with ARDS and acute lung injury (ALI) and patients who may require ≥ 72 hours of mechanical ventilation SCCM/ASPEN High-quality evidence
 - consider fluid-restricted energy-dense enteral nutrition (especially if volume overload)
 - suggest AGAINST specialty high-fat/low-carbohydrate formulations that manipulate respiratory quotient and reduce CO₂ production in critically ill patients with acute respiratory failure (SCCM/ASPEN Very low-quality evidence)
 - Reference - SCCM/ASPEN guideline on the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: SCCM and ASPEN (JPEN J Parenter Enteral Nutr 2016 Feb;40(2):159)

1. 閲覧しているセクション

2. 得られたエビデンスおよび元になっている文献

3. DynaMedが評価したエビデンスレベル (3段階)

4. ガイドライン等のエビデンスレベル

1 Level 1 (likely reliable) Evidence

Representing research results addressing clinical outcomes and meeting an extensive set of quality criteria which minimizes bias.

There are two types of conclusions which can earn a Level 1 label: levels of evidence for conclusions derived from individual studies and levels of evidence for conclusions regarding a body of evidence.

2 Level 2 (mid-level) Evidence

Representing research results addressing clinical outcomes, and using some method of scientific investigation, but not meeting the quality criteria to achieve Level 1 evidence labeling.

3 Level 3 (lacking direct) Evidence

Representing reports that are not based on scientific analysis of clinical outcomes. Examples include case series, case reports, expert opinion, and conclusions extrapolated indirectly from scientific studies.

• Society of Critical Care Medicine/American Society for Parenteral and Enteral Nutrition (SCCM/ASPEN) uses Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system

◦ levels of evidence

- High-quality evidence - randomized controlled trials (RCTs) without factors that reduce quality of evidence, or well-done observational studies with very large magnitude of effect
- Moderate-quality evidence - RCT with important inconsistency (heterogeneity across studies, as $I^2 > 0.5$ or some say yes but others say no)
- Low-quality evidence
 - RCT with some or major uncertainty about directness (outcome variable not direct measure of process)
 - observational study with significant relative risk of > 2 (< 0.5) based on consistent evidence from ≥ 2 observational studies with no plausible confounders
- Very low-quality evidence
 - RCT with imprecise of sparse data (combined effect size not significant, small number of patients)
 - RCT with high probability of reporting bias
 - observational study with significant relative risk of > 5 (< 0.2) based on direct evidence with no major threats to validity
 - observational study with evidence of dose-response gradient
- Good Practice Statement - ungraded

◦ Reference - SCCM/ASPEN guideline on provision and assessment of nutrition support therapy in the adult critically ill patient (JPEN J Parenter Enteral Nutr 2016 Feb;40(2):159), correction can be found in JPEN J Parenter Enteral Nutr 2016 Nov;40(8):1200, commentary can be found in JPEN J Parenter Enteral Nutr 2016 Nov;40(8):1197

Find on Page | Feedback | TOP

“Details” をクリックすることで
研究内容詳細を確認

(ARDS)

Fluid and electrolytes

STUDY SUMMARY

conservative fluid management in patients with acute fluid balance, reduces need for mechanical ventilation unit (ICU) stay [DynaMed Level 1](#)

RANDOMIZED TRIAL: [N Engl J Med 2006 Jun 15;354\(24\)](#)

Details ▾

STUDY SUMMARY

simplified conservative fluid management protocol in balance compared to conservative protocol without a ventilation-free days in critically ill patients with AR

COHORT STUDY: [Crit Care Med 2015 Feb;43\(2\):288](#)

Details ▾

Diet

- Society of Critical Care Medicine/American Society for (SCCM/ASPEN) 2016 guidelines

- provide trophic or full enteral nutrition in patients and patients who may require ≥ 72 hours of mechanical ventilation ([High-quality evidence](#))

- consider fluid-restricted energy-dense enteral nutrition
- suggest AGAINST specialty high-fat/low-carbohydrate respiratory quotient and reduce CO₂ production in respiratory failure ([SCCM/ASPEN Very low-quality evidence](#))

- Reference - SCCM/ASPEN guidelines for the Provision of Support Therapy in the Adult Critically Ill Patient: [Soc Enteral Nutr 2016 Feb;40\(2\):159](#)

1 tails ^

- based on randomized trial
- 1,000 intubated patients with ALI (partial pressure of oxygen in arterial blood [PaO₂]/Fraction of inspired Oxygen [FiO₂] < 300 mm Hg and bilateral infiltrates on chest x-ray without evidence of left atrial hypertension) were randomized to conservative vs. liberal fluid management after achievement of hemodynamic stability

- detailed algorithm for fluid management provided based on random group assignment and analysis of

- central venous pressure or pulmonary artery occlusion pressure (depending on catheter assignment)
- presence or absence of shock defined as mean arterial pressure ≤ 60 mm Hg or need for pressure support
- presence or absence of oliguria (urinary output < 0.5 mL/kg/hour)
- presence or absence of ineffective circulation defined as cardiac index < 2.5 L/minute/meters squared or cold, mottled skin with decreased capillary refill time

- no significant baseline differences between groups, but borderline greater use of systemic steroids in liberal-strategy group (p = 0.09)

- comparing conservative vs. liberal fluid management

- 7-day cumulative fluid balance -136 mL vs. 6,992 mL (p < 0.001)
- percentage of patients who received ≥ 1 blood transfusion 29% vs. 39% (p < 0.001)
- mean ventilator-free days 14.6 vs. 12.1 (p < 0.001)
- mean number of ICU-free days during first 28 days of hospitalization 13.4 vs. 11.2 (p < 0.001)
- no significant differences in
 - incidence of renal failure, hepatic failure or coagulation abnormalities
 - overall mortality (25.5% vs. 28.4% after 60 days)

- Reference - Fluid and Catheter Treatment (FACTT) trial ([N Engl J Med 2006 Jun 15;354\(24\):2564](#) [full-text](#)), editorial can be found in [N Engl J Med 2006 Jun 15;354\(24\):2598](#), commentary can be found in [N Engl J Med 2006 Sep 14;355\(11\):1175](#)

箇条書きスタイルの読み方：

1. 緑網掛けが大項目（並列関係）
2. 黄色網掛け（インデント部分）が“detailed algorithm for...”の内容を詳述（黒枠内が情報の一塊）
3. ピンク網掛けが“no significant differences in”を詳述（黒点線内が情報の一塊）
4. 提示しているエビデンスの元文献（PubMed等へのリンク）

2

2'

3

4



The screenshot illustrates the navigation process on the DynaMed website. It shows three browser windows. The first window is the main DynaMed homepage with the 'Specialties' tab highlighted. The second window shows the 'Internal Medicine' specialty page with the 'Primary Prevention of Stroke' topic selected. The third window shows the detailed article for 'Primary Prevention of Stroke'.

1. “Specialties” タブをクリック
2. 閲覧したい分野をクリック
3. ツリー構造でトピックを確認、選択
4. トピック本文の閲覧

5. 領域単位でトピックの更新情報をフォロー可能（要 [個人アカウント](#) 作成）
個人アカウント作成手順は上記リンクを参照ください（QRコードからもアクセス可能）

The screenshot shows the DynaMed website interface. The main navigation bar includes 'Specialties', 'Recent Alerts', and 'DynaMed'. The 'Recent Alerts' section is highlighted with a red box and a red arrow pointing to the 'View All Alerts' button. A red box and arrow also point to the 'Category' filter button. A third red box and arrow point to the 'Apply' button at the bottom of the specialties list.

1. トップ画面でスクロールダウン、“View All Alerts” をクリック

2. 直近で更新されたトピック一覧が表示される

3. “Category” をクリックすると分野別の絞り込みが可能

Specialties List:

- ☒ Adult Primary Care
- ☐ Allergy
- ☐ Anesthesiology and Pain Management
- ☐ Cardiovascular Medicine
- ☐ Complementary and Alternative Medicine
- ☐ Critical Care Medicine
- ☐ Dermatology
- ☐ Drugs
- ☐ Ear, Nose and Throat (ENT) Medicine
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Gastroenterology
- ☐ Genetic Disorders
- ☐ Geriatric Medicine
- ☐ Hematology
- ☐ Hospital Medicine
- ☐ Immunology
- ☐ Infectious Diseases
- ☐ Nephrology
- ☐ Neurology
- ☐ Occupational and Environmental Medicine
- ☐ Oncology
- ☐ Ophthalmology
- ☐ Oral and Maxillofacial Disorders
- ☐ Orthopedics and Sports Medicine
- ☐ Palliative Medicine
- ☐ Pathology and Laboratory Medicine
- ☐ Pediatrics
- ☐ Podiatry
- ☐ Prevention and Screening
- ☐ Psychiatry
- ☐ Pulmonary Medicine
- ☐ Quality Improvement
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Substance Use and Poisoning
- ☐ Surgery
- ☐ Urology

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https://www.dynamed.com/alerts

DynaMed

Drug/Device Alert • Updated 3 Sep 2021

roxadustat (Evrenzo) authorized by European Commission for treatment of iron deficiency anemia associated with chronic kidney disease in adults (European Medicines Agency [EMA] Label 2021 Aug 24)

View in Anemia of Chronic Kidney Disease

1 Evidence • Updated 3 Sep 2021

addition of empagliflozin to usual therapy decreases hospitalization for heart failure with and without diabetes (N Engl J Med 2021 Aug 27 early online)

2 View in Heart Failure With Preserved Ejection Fraction

Guideline Summary • Updated 3 Sep 2021

Infectious Disease Society of America (IDSA) guideline on treatment and management of community-acquired pneumonia (IDSA 2021 Aug 21)

View in Management of COVID-19

Evidence • Updated 3 Sep 2021

care by multidisciplinary nutrition support team associated with decreased mortality in critically ill patients (Aliment Pharmacol Ther 2021 Sep)

3 View in Parenteral Nutrition Support Complications

Drug/Device Alert • Updated 3 Sep 2021

lonapegsomatropin-tcga (Skytrofa) FDA approved for treatment of pediatric patients with growth hormone deficiency (FDA Label 2021 Aug)

View in Growth Hormone Deficiency in Children

Evidence • Updated 3 Sep 2021

incidence of glaucoma about 67% over 5 years and iris involvement associated with Marfan syndrome (Graefes Arch Clin Exp Ophthalmol 2021 Jul 23 early online)

View in Posner-Schlossman Syndrome

Evidence • Updated 3 Sep 2021

4 Heart Failure With Preserved Ejection Fraction

DynaMed

Management • Medications • SGLT-2 inhibitors

Evidence • Updated 3 Sep 2021

STUDY SUMMARY

addition of empagliflozin to usual therapy decreases hospitalization for heart failure in adults with mostly NYHA class II heart failure and preserved ejection fraction with and without diabetes (DynaMed Level 1)

RANDOMIZED TRIAL: N Engl J Med 2021 Aug 27 early online

Details

Sildenafil

DynaMed Commentary

concomitant use of sildenafil with nitrates strictly contraindicated

do not use nitrates or phosphodiesterase-5 inhibitors (such as sildenafil) in patients with HFpEF routinely to increase activity or quality of life (ACC/AHA/HFSA Class III No Benefit, Level B-R) 3

EVIDENCE SYNOPSIS

Sildenafil does not improve exercise capacity or clinical status of patients with HFpEF, and may increase heart failure-related hospitalization in patients treated for pulmonary hypertension.

STUDY SUMMARY

sildenafil does not improve exercise capacity or clinical status in patients with heart failure and preserved ejection fraction (DynaMed Level 1)

RANDOMIZED TRIAL: JAMA 2013 Mar 27;309(12):1268 | Full Text

Details

Find on Page Feedback TOP

更新日と併せて、どのような観点での内容がアップデートされたかをラベル表示

1. エビデンス
2. ガイドライン
3. 薬剤関係
4. トピック内でもラベルの確認が可能

DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

SEARCH RESULTS

warfarin

ALL (70) IMAGES (1)

Narrow Results

CONTENT TYPE

- ☐ Approach To Patient (1)
- ☐ Condition (29)
- ☐ Drug Monograph (5)
- ☐ Drug Review (4)
- ☐ Lab Monograph (1)
- ☐ Procedure (5)
- ☐ Other (25)

1 **Warfarin**
Routes: oral

2 **IBM Micromedex**

3

Warfarin
Routes: oral
TOPIC

Class

- Coumarin (class)
- Blood Modifier Agent
- Anticoagulant

Dosing/Administration

Adult Dosing

- Important Note
- Beers Criteria: Avoid use when possible in older adults ⁴.
- General Dosage Information
- Select the initial dose based on the expected maintenance dose, taking into account clinical factors (eg, age, body weight, race, sex, concomitant medications, comorbidities) and genetic factors (CYP2C9 and VKORC1 genotypes) ⁵.
- Routine use of loading doses is not recommended as this practice may increase hemorrhagic and other complications and does not offer more rapid protection against clot formation ⁵.
- Individualize the dosing and administration for each patient according to the patient's INR response to the drug. Adjust the dose based on the INR and the condition being treated. Consult the latest evidence-based clinical practice guidelines regarding the duration and intensity of anticoagulation for the individual patient ⁵.

Find on Page **Feedback**

- 薬剤等を検索した場合の **Search For** の画面
1. 投与方法
 2. 薬剤関係トピックは IBM社 Micromedex コンテンツを収録
 3. 投与量、作用機序、患者教育情報など収録

Were these results helpful?

Feedback



1. 薬剤相互作用の確認
2. 確認したい組み合わせで入力
3. 喫煙者、妊婦等への影響についても確認可能
4. 根拠となる文献情報の確認

2

Enter two or more drug names to check for interactions:

WARFARIN

GREEN TEA

+ Add Drug

Check for Interactions

Start Over

3

Interactions for WARFARIN, GREEN TEA

Display: Drug/Drug interactions

Drug/Food interactions

Drug/Tobacco interactions

Drug/Drug interactions

Drug/Ethanol interactions

Drug/Pregnancy interactions

Drug/Lactation interactions

WARFARIN

DOCUMENTATION: Excellent

Concurrent use of **ANTICOAGULANTS** and **GREEN TEA** may result in reduced anticoagulant effectiveness. [See details >](#)

Severity Index

MODERATE

4

WARFARIN SODIUM

Warning:

Concurrent use of ANTICOAGULANTS and GREEN TEA may result in reduced anticoagulant effectiveness.

Clinical Management:

Advise patients to use caution when consuming green tea during warfarin therapy. Clinically significant INR reductions may result with concomitant use of green tea with warfarin, even at steady-state warfarin concentrations (Egagappan et al, 2012). It appears that the quantity of green tea consumed and the method of production affect the amount of vitamin K in green tea. Patients who choose to drink green tea should be advised to consume a consistent amount and use a consistent brand and method of brewing.

Onset:

Delayed

Severity:

Moderate

Documentation:

Excellent

Probable Mechanism:

antagonism by vitamin K in green tea

Summary:

In a controlled study, mean INR and prothrombin times were statistically significantly lower following a single dose of warfarin during a 10-day regimen of 6.8 cups of green tea a day compared with use of warfarin alone in 14 male subjects (Egagappan et al, 2012). A case report has described use of green tea likely causing a decreased INR in a patient stabilized on warfarin (Taylor & Wilt, 1999). However, when brewed in water by standard methods, the infusion of the tea leaves contains too little vitamin K (0.03 mcg/100 grams) to be a significant factor. It appears that the quantity of green tea consumed and the method of production affect the amount of vitamin K consumed (Booth et al, 1995a). Patients who choose to drink green tea should be advised to consume a consistent amount and use a consistent brand and method of brewing.

Literature:

Mean INR and prothrombin times were significantly lower with coadministration of warfarin and green tea compared with use of warfarin alone in a controlled pharmacodynamic study. INR and prothrombin times in 14 male patients (mean age 28 years and mean weight 66 kg) averaged 1.44 (90% CI, 0.94 to 1.94) and 17.08 (90% CI, 12.05 to 21.5) respectively over 7 days following a single warfarin 20 mg dose. After a 4-day washout period, subjects administered a single dose of warfarin 20 mg on day 4 of a 10-day regimen of 6.8 of green tea (3 cups) a day exhibited significant reductions in mean INR and prothrombin times (1.39 (90% CI, 0.8 to 1.98) and 10.42 (90% CI, 7.6 to 13.0) over 7 days compared with mean INR and prothrombin times with warfarin alone. Daily analyses, however, showed that the difference between groups in INR and prothrombin time reductions were only significant on days 5 and 6. Though all mean INR values in this study represented subtherapeutic anticoagulation, the authors asserted that even marginal INR decreases merited clinical significance and therefore, caution patients consuming green tea and warfarin (Egagappan et al, 2012).

A 44-year-old male had been stabilized on warfarin 7.5 mg daily for 14 months with International Normalized Ratio (INR) values in the target range (3 to 4) when his INR decreased to 1.37. One month later his INR was measured at 1.14. It was revealed that the patient had begun drinking one-half to one gallon of green tea daily. He was instructed to discontinue the green tea, and his INR values again returned to the target range within one week. Green tea may contain significant amounts of vitamin K, and the large quantity that this patient consumed may have caused the warfarin antagonism (Taylor & Wilt, 1999).

Dry green tea leaves have been reported to contain 1428 mcg of vitamin K per 100 grams of leaves versus only 262 mcg of vitamin K per 100 grams of dry black tea leaves (Booth et al, 1993; Booth et al, 1995). The actual concentration of vitamin K in the final product will depend on the quantity of leaves used and filtration employed. In one study when green tea was brewed, only 0.03 mcg of vitamin K per 100 grams was present (Booth et al, 1995a).

Reference(s):

Booth SL, Madabushi HT & Davidson KW: Tea and coffee brews are not significant dietary sources of vitamin K1 (phyloquinone). J Am Diet Assoc. 1995a; 95:82-83.

Booth SL, Sadowski JA & Pennington JAT: Phyloquinone (vitamin K1) content of foods in the US Food and Drug Administrations' total diet study. J Agric Food Chem 1995; 43:1514-1519.

Booth SL, Sadowski JA & Pennington JAT: Vitamin K1 (phyloquinone) content of foods: a provisional table. J Food Comp Anal 1993; 6:109-20.

Egagappan K, Philip MG, Sangreetha DC et al: Effect of green tea on the pharmacodynamics of warfarin. World Heart J 2012; 4(2-3):135-140.

Taylor JR & Wilt VM: Probable antagonism of warfarin by green tea. Ann Pharmacother 1999; 33:426-428.

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Feedback

1. 検索ボックス横の言語マークをクリック
 2. タブ一覧から「日本語」を選択
 [注意点]
 ・ Google 翻訳APIを用いた多言語検索です
 ・ 訳語が適さない場合は「English」での検索を推奨します
 ・ 英語以外を選択した場合、オートコンプリートは実行されません

Recent Alerts
 Follow your specialty and individual topics to get personalized alerts.
 All | Potentially Practice-Changing Only
 Drug/Device Alert • Updated 21 Mar 2022
 nivolumab (Opdivo) receives expanded FDA approval for combination with platinum-doublet chemotherapy in resectable non-small cell lung cancer in combination with platinum-doublet chemotherapy (FDA Press Release 2022 Mar 4)
 View in Immunotherapy for Non-small Cell Lung Cancer
 Evidence • Updated 21 Mar 2022
 Irreversible bowel necrosis reported in 44% of patients undergoing laparoscopic adhesiolysis or LUNA/resection may not improve pain compared to diagnostic laparoscopy in female adults with chronic pelvic pain (Cochrane Database Syst Rev 2021 Dec 20)
 View in Acute Mesenteric Ischemia
 Evidence • Updated 21 Mar 2022
 laparoscopic adhesiolysis or LUNA/resection may not improve pain compared to diagnostic laparoscopy in female adults with chronic pelvic pain (Cochrane Database Syst Rev 2021 Dec 20)
 View in Chronic Pelvic Pain in Women
 Evidence • Updated 21 Mar 2022
 4-month first-line antituberculous treatment with isoniazid, rifampicin, and pyrazinamide may be as effective as 6-month first-line antituberculous treatment with isoniazid, rifampicin, and pyrazinamide in patients with newly diagnosed pulmonary tuberculosis (Cochrane Database Syst Rev 2021 Dec 20)
 View in Tuberculosis

Announcements
 DynaMed Named 2022 Best in KLAS
 DynaMed has been named the **top performing point-of-care clinical reference tool for clinical decision support** in the 2022 Best in KLAS: Software and Services report. Read the press release.
 NEW Thyroid Nodule Diagnosis Algorithm
 Thyroid nodules may be caused by benign or malignant lesions. We offer a **new algorithm** offering a stepwise approach to diagnosis: [Thyroid Nodule Diagnosis Algorithm \(PDF\)](#)
 Read our full topic: [Thyroid Nodules](#)

Specialties

Feedback



DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators About

検索言語を「日本語」に設定、英文略称で検索した例

日本語 ARDS

Recent Alerts

Follow your specialty and individual topics to personalize alerts.

All | Potentially Practice-Changing Only

Drug/Device Alert • Updated 21 Mar 2022

nivolumab (Opdivo) receives expanded FDA approval for adults with resectable non-small cell lung cancer in combination with platinum-doublet chemotherapy in neoadjuvant setting (FDA Press Release, March 21, 2022)

View in Immunotherapy for Non-small Cell Lung Cancer

Evidence • Updated 21 Mar 2022

Irreversible bowel necrosis reported in 44% of patients with AMI (Updates Surg 2021 Feb 1;153(2):e1-e2)

View in Acute Mesenteric Ischemia

Sign in to personalize your alerts. Don't have an account? Create an account

Evidence • Updated 21 Mar 2022

laparoscopic adhesiolysis or LUNA/resection may not improve pain compared to diagnostic laparoscopy with chronic pelvic pain (Cochrane Database Syst Rev 2021 Dec 20)

View in Chronic Pelvic Pain in Women

Evidence • Updated 21 Mar 2022

4-month first-line antituberculous treatment with isoniazid, rifampicin, and pyrazinamide may be as effective as 6-month treatment in patients with drug-susceptible pulmonary tuberculosis (Cochrane Database Syst Rev 2021 Dec 20)

View in Tuberculosis

SEARCH RESULTS

ARDS - ARDS

ALL (188) IMAGES (10)

Were these results helpful?

Narrow Results

CONTENT TYPE

- ☐ Approach To Patient (12)
- ☐ Condition (82)
- ☐ Drug Monograph (37)
- ☐ Drug Review (1)
- ☐ Lab Monograph (5)
- ☐ Procedure (12)
- ☐ Other (40)

CALCULATOR

SARS (Severe Acute Respiratory Distress Syndrome) CDC Case Definition (4/20/2003) TreeCalc

CONDITION

Acute Respiratory Distress Syndrome (ARDS)

ARDS is acute hypoxemic lung injury with bilateral infiltrates and no left atrial hypertension.

MANAGEMENT

Ventilator Management for Acute Respiratory Distress Syndrome (ARDS)

Mechanical ventilation is the mainstay of ARDS management to support gas exchange while waiting for the underlying illness to resolve.

PROCEDURE

Mechanical Ventilation

Mechanical ventilation is indicated most commonly for respiratory failure.

Acute Respiratory Distress Syndrome (ARDS)

CONDITION

Pulmonary Toxicities of Chemotherapeutic Agents - Cytotoxic Agents

Prevention and treatment may minimize the short- and long-term adverse pulmonary effects of some chemotherapy agents.

General Diagnostic Considerations > Radiographic Patterns of Drug-induced Lung Disease

Feedback

Specialties

Feedback



[←](#)
[→](#)
[🔄](#)
[🏠](#)
[🔒 https://www.dynamed.com/condition/acute-respiratory-distress-syndrome-ards#FLUID_AND_ELECTROLYTES](#)

[あ](#)
[🔖](#)
[🔍](#)
[🔧](#)
[🔗](#)
[👤 InPrivate](#)

≡ DynaMed

[👤](#)
[CME](#)
[🌐](#)

急性呼吸窮迫症候群(ARDS)

管理、流体および電解質

概要と推奨事項

関連する要約

一般情報

疫学

病因と病因

歴史と物理

診断

管理

管理の概要

治療設定

人工呼吸器管理

流体および電解質

ダイエット

薬

その他の管理

合併症と予後

予防とスクリーニング

ガイドラインとリソース

患者情報

ICDコード

参照

流体および電解質

研究の概要

急性肺損傷(ALI)患者における保守的な体液管理は、流体バランスを改善し、機械的換気の必要性を減らし、集中治療室(ICU)の滞在を短縮する [ダイナメッドレベル 1](#)

無作為化トライアル:N エングル J メド 2006 6月 15;354(24):2564 [🔗](#) | [全 🔗](#)

細部 ^

- 無作為化試験に基づく
- ALI(動脈血中の酸素の分圧[PaO₂]/インスピレーションを受けた酸素の分率[FiO₂] <300mmHgおよび胸部X線に両側浸潤を左心房高血圧の証拠なしに)を有する1,000人の挿管患者は、血行力学的安定性の達成後に保守的対リベラルな流体管理に無作為化された
- ランダムグループの割り当てと分析に基づいて提供される流体管理のための詳細なアルゴリズム
 - 中枢静脈圧または肺動脈閉塞圧(カテーテルの割り当てに応じて)
 - 平均動脈圧として定義されたショックの有無≤60mmHgまたは圧力サポートの必要性
 - オリグリアの有無(尿量<0.5 mL/kg/時)
 - 心臓指数として定義される非効率的な循環の有無 < 2.5 L/分/メートル平方または寒さ、毛細血管補充時間の減少を伴うまだら肌
- グループ間の有意なベースライン差はないが、自由戦略グループにおける全身性ステロイドのボーダーラインの使用(p = 0.09)
- 保守的な流体管理とリベラル流体管理の比較
 - 7日間の累積液剤バランス -136 mL 対 6,992 mL (p < 0.001)
 - ≥1回の輸血を受けた患者の割合 29% 対 39% (p < 0.001)
 - 平均人工呼吸器なし日 14.6 対 12.1 (p < 0.001)
 - 入院の最初の28日間のICUフリー日数 13.4対11.2(p < 0.001)
 - に大きな違いはありません
 - 腎不全、肝不全または凝固異常の発生
 - 全体死亡率(25.5%対60日後28.4%)
- 参考資料 - 流体およびカテーテル治療(FACTT)試験(N エングル J メド 2006 6月 15;354(24):2564 [🔗フル 🔗](#)), エディトリアルはで見つけることができますN エングル J メド 2006 6月 15;354(24):2598 [🔗](#)、解説はで見つけることができますN エングル J メド

ブラウザの翻訳機能を使いトピック画面を日本語で表示した例

- * ご利用ブラウザ機能に依存する使い方です。設定等により正しく表示されない場合も考えられます
- * Edge (バージョン 92.0.902.84 (公式ビルド) (64 ビット))での表示例

機械翻訳による和訳です。
意思決定の際は英語原文をご確認ください

👤

👤

[🔍 ページで検索](#)
[📧 フィードバック](#)
[📶](#)

ページのトップへ

個人アカウントについて

■ 個人アカウントのメリット ■

- 1) 院外、学外からのリモートアクセスが可能になります。
- 2) フォローするトピックや閲覧履歴の表示など、個人の嗜好に基づいた情報を表示できます。
- 3) 別のDynaMed契約施設へ転職・異動した場合も、元の個人アカウントを引継いで使うことができます。






Recent Alerts

Follow your specialty and individual topics to personalize alerts.

All | Potentially Practice-Changing Only

Drug/Device Alert • Updated 16 Feb 2022

doravirine/lamivudine/tenofovir disoproxil fumarate (Delstrigo) receives expanded FDA approval as complete regimen for treatment of HIV-1 infection in certain pediatric patients ≥ 35 kg (FDA DailyMed 2022 Jan 27)



Unlock personalized alerts and continuing education credits with a **free personal account**.

[Sign In](#)[Create Account](#)

Create Accountをクリック→ Register For a Personal Accountページが表示→Email、パスワード、専門領域等を登録します。

この**Email**と**パスワード**を、個人アカウントのサインインとリモートアクセスのログインで使用します。




Register For a personal Account 必要情報入力

Register for a Personal Account

Already have a personal account? [Sign in now](#)

Email Address

Password  [Show password](#)

Your Information

First Name

Last Name

Specialty

Choose a specialty ▼

Role

Choose a role ▼

Register

Email Address : メールアドレスを入力してください。このアドレスが、個人アカウントのIDとなります。

Password : アルファベット・数字・特殊記号（例：@, !）を組み合わせてください。

First Name : 名をご入力ください。

Last Name : 姓をご入力ください。

Specialty : ご自身の専門領域をお選びください。

Role : 職種をお選びください。

最後に**Register**をクリックしてください。



個人情報に関する確認ページ（初回登録時）

Personal Data Retention and Usage

Your Personal Data

At EBSCO, we do not share your personal information with non-EBSCO third parties.

Why we collect your data:

EBSCO collects your personal data to provide you services, to improve our existing product features and functionality, and to improve our overall products.

The four categories of data we collect are:

- Account Information, such as login credentials, email, and name.
- Saved items, such as checkouts and saved searches.
- Activity data, such as searches, retrievals, and link outs.
- Other data, such as affiliations and continuing education.

If you would like more specific information related to our data privacy practices, please read our [Privacy Policy](#).

Withdrawing your consent:

You may immediately withdraw your consent for the collection of your personalized data at any time. If you do this, you will be unable to use a personalized account to access EBSCO's products. However, you will still be able to access EBSCO's products through your institution's account.

☒ Yes. I consent to the collection of this personalized data, and I understand the processing of my personal data is covered under my institution's contract with EBSCO.

☐ No. I do not consent to the collection of this personalized data.

ContinueCancel

個人アカウント作成の最後の段階となります。

「お預かりした個人情報は弊社内部でのみ利用致します」との内容です。
同意頂く場合には、**Yes**に✓をいれ、**Continue**をクリックしてください。



個人情報の利用に関する確認（再サインイン時）

再サインイン時に右図のような画面が表示されることがあります。

「お預かりした個人情報は弊社内部でのみ利用致します」との内容です。

同意頂く場合には、**Yes**に✓をいれ、**Continue**をクリックしてください。

Additional Information About Personal Data Collection and Usage

Your Personal Data

You are seeing this page because your institution's library services allow for personal account creation to support your research on the EBSCO platform. If you would like to use a personal account, please review the following and let us know if you consent.

Why we collect your data: EBSCO uses the data we collect in our efforts to provide a robust, user-friendly research experience. This includes providing you with access to, managing, supporting, and improving upon our products and services.

The categories of data we collect are:

- Account Information, such as login credentials, email, or name, if shared by you or your institution.
- Saved items, such as checkouts and saved searches.
- Activity data, such as searches, retrievals, and link clicks.
- Other data, such as affiliations and continuing education.

If you would like more specific information related to our data privacy practices, please read EBSCO's [Privacy Policy](#).

Withdrawing your consent: You may immediately withdraw your consent for the collection of your personalized data at any time, as described in EBSCO's [Privacy Policy](#). If you do this, you will be unable to use a personalized account to access EBSCO's products. However, you will still be able to access EBSCO's products through your institution's account.

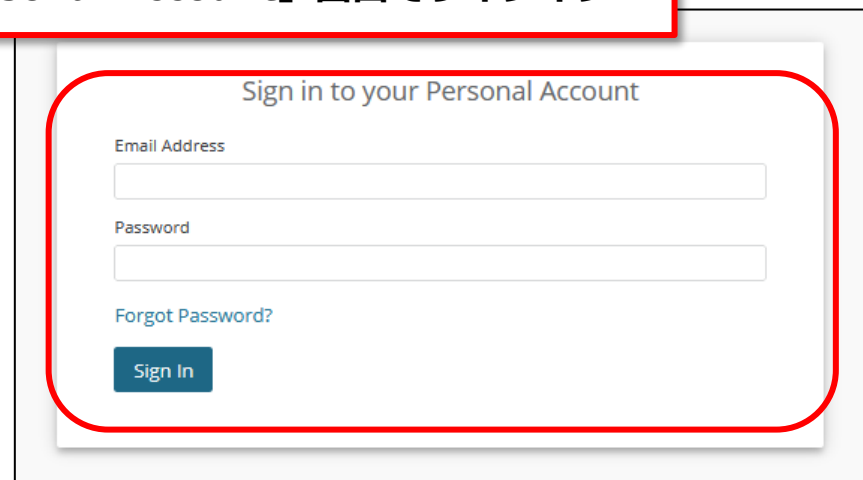
- ☐ **Yes. I consent to the collection of this personalized data which will allow EBSCO to provide me with a personal account. I understand the processing of my personal data is covered under my institution's contract with EBSCO. I acknowledge that EBSCO will collect and process my**



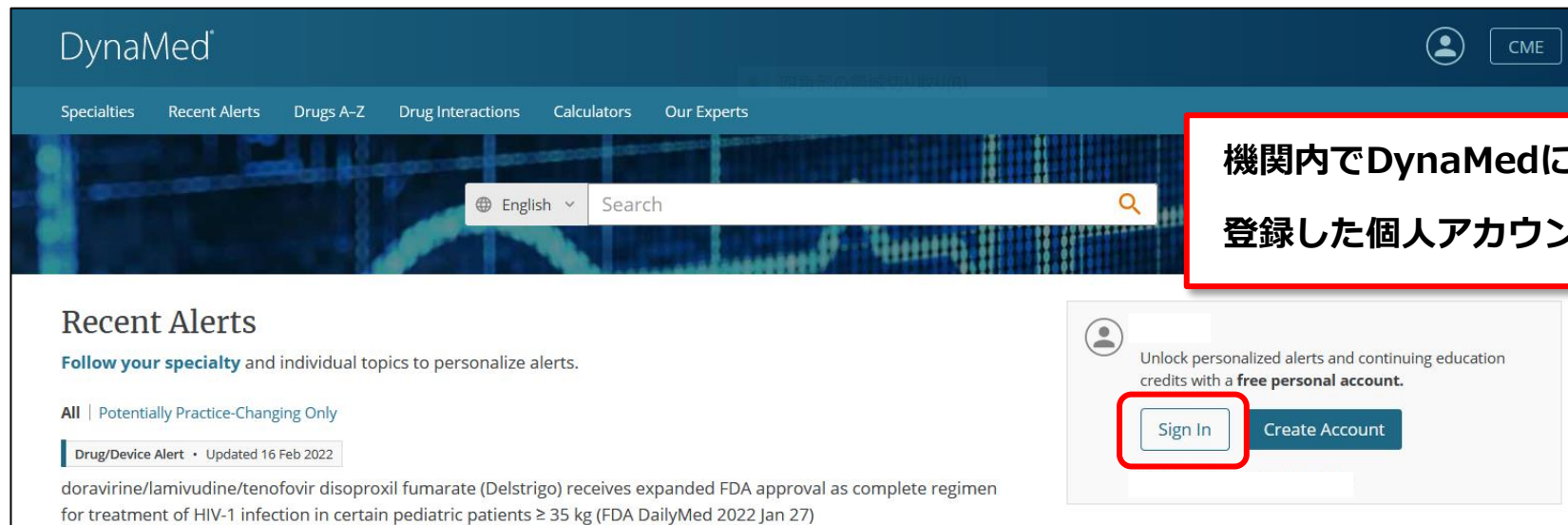
(学外・院外等から接続する場合)

検索サイトでDynaMed Loginと検索、

「Sign in to your Personal Account」画面でサインイン



(学内・院内等で接続する場合)



機関内でDynaMedにアクセス後、

登録した個人アカウントにサインイン



DynaMedTM CME 52.0

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators Our Experts

English Search

初めに検索ボックスをクリックすると、トピックの閲覧履歴が10件まで表示されます。

Recent Alerts

Follow your specialty and individual topics to personalize alerts. [Manage](#) followed content.

FOLLOWED ALL TOPICS

All | Potentially Practice-Changing Only

Drug/Device Alert • Updated 26 Feb 2021

FDA grants marketing authorization for eXciteOSA device to reduce hypopnea index [AHI] < 15) in adults (FDA Press Release 2021 Feb 26)

View in Oral Appliances in the Treatment of Sleep-disordered Breathing

17 AUG 2020

ABCD-10 score might help predict in-hospital mortality in patients with obstructive sleep apnea (JAMA Dermatol 2019 Apr 1)

View in Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis

My Follower Content

DISEASE/CONDITION	Premature Atrial Contractions (PACs)	
DISEASE/CONDITION	Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis	
MANAGEMENT	Oral Appliances in the Treatment of Sleep-disordered Breathing	

Search

RECENTLY VIEWED

- COPD
- Neurologic Complications of Cancer
- Management of Head and Neck Cancer - Based on Cancer Site
- Cancer Pain
- Endovascular Therapy for Acute Stroke
- Abacavir
- Unstable Hemoglobin Variants
- Diabetes Mellitus Type 2 in Adults
- COVID-19 and Patients With Cancer
- Small Bowel Cancer

個人アカウントにサインインすることで、**フォローするトピックの最新情報や管理**など、ユーザーの好みに紐づいた情報を確認できるようになります。

NEW Thyroid Nodule Diagnosis Algorithm

Thyroid nodules may be caused by benign or malignant lesions. We offer a **new algorithm** offering a stepwise approach to diagnosis: [Thyroid Nodule Diagnosis Algorithm \(PDF\)](#)

Read our full topic: [Thyroid Nodules](#)

The screenshot shows the DynaMed website interface. At the top, there's a dark blue header with the DynaMed logo on the left and a user icon and 'CME' button on the right. Below the header is a navigation bar with links: Specialties, Recent Alerts, Drugs A-Z, Drug Interactions, Calculators, and Our Experts. A search bar with a language dropdown set to 'English' is also present. The main content area features a 'Recent Alerts' section with a sub-header 'Follow your specialty and individual topics to personalize alerts.' Below this, there's a list of alerts, with one highlighted: 'Drug/Device Alert • Updated 16 Feb 2022' for 'dorzoxilone/lamivudine/tenofovir' for treatment of HIV-1 infection. A red-bordered box is overlaid on the page with the text: 'EmailアドレスとPWで個人アカウントにサインインすると、再認証が完了します。' To the right of this box, there's a sign-in prompt that says 'Unlock personalized alerts and continuing education credits with a free personal account.' It includes a 'Sign In' button (highlighted with a red border) and a 'Create Account' button.

DynaMed

Specialties Recent Alerts Drugs A-Z Drug Interactions Calculators Our Experts

English Search

Recent Alerts

Follow your specialty and individual topics to personalize alerts.

All | Potentially Practice-Changing C

Drug/Device Alert • Updated 16 Feb 2022

dorzoxilone/lamivudine/tenofovir for treatment of HIV-1 infection in certain pediatric patients ≥ 35 kg (FDA DailyMed 2022 Jan 27)

EmailアドレスとPWで個人アカウントにサインインすると、再認証が完了します。

Unlock personalized alerts and continuing education credits with a free personal account.

Sign In Create Account

※個人アカウントには、有効期限があります。

※有効期限が切れた場合は、所属機関で契約中のDynaMedアカウントにサインインした後、上記の方法で再認証してください。



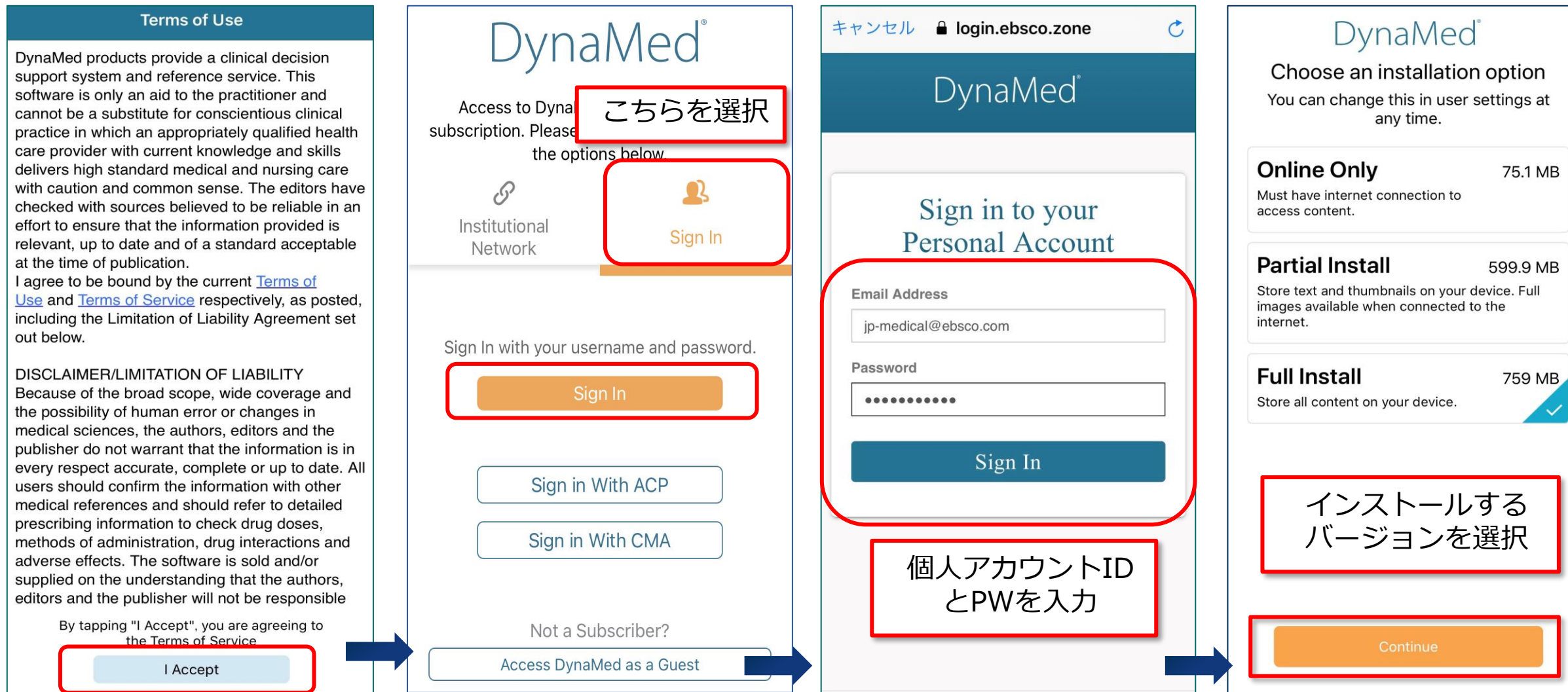
DynaMedモバイルアプリ利用について

■ DynaMedアプリ対象端末 ■

- iPad、iPhone
 - Android携帯、Androidタブレット端末
-
- ※ アプリの認証には個人アカウントIDとPWが必要です。
 - ※ **無料**でインストールして、**オフライン**で利用できます。
 - ※ インストール時には、**Wifi**に接続してください。
 - ※ 通信環境によっては、コンテンツダウンロードに**30分以上**要することがあります。



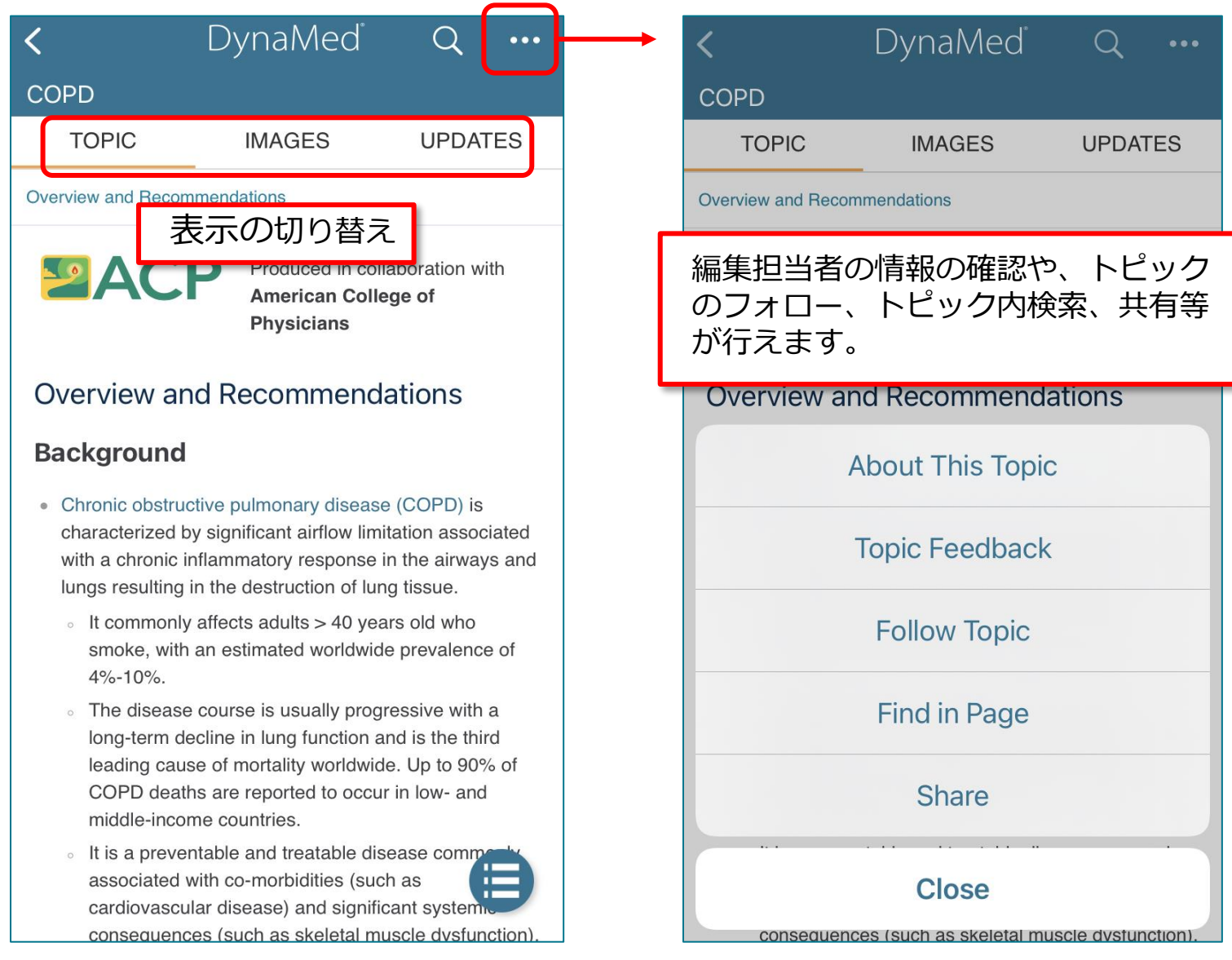
ダウンロードと認証の流れ（App StoreとiPhoneの例）

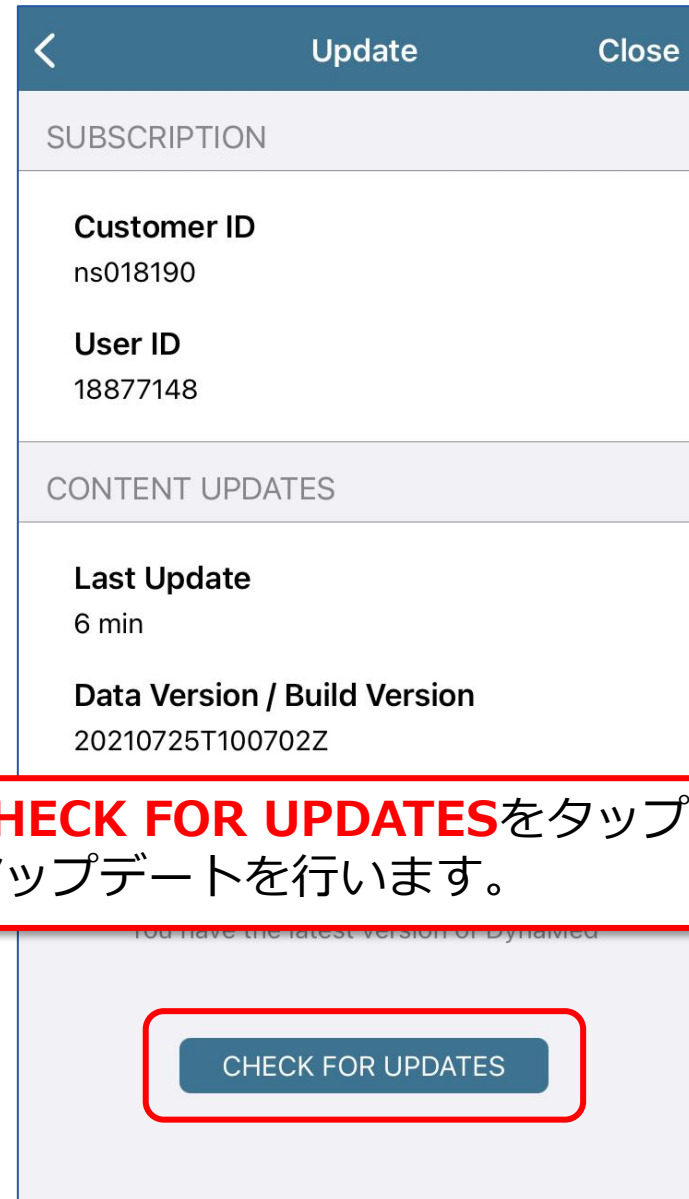
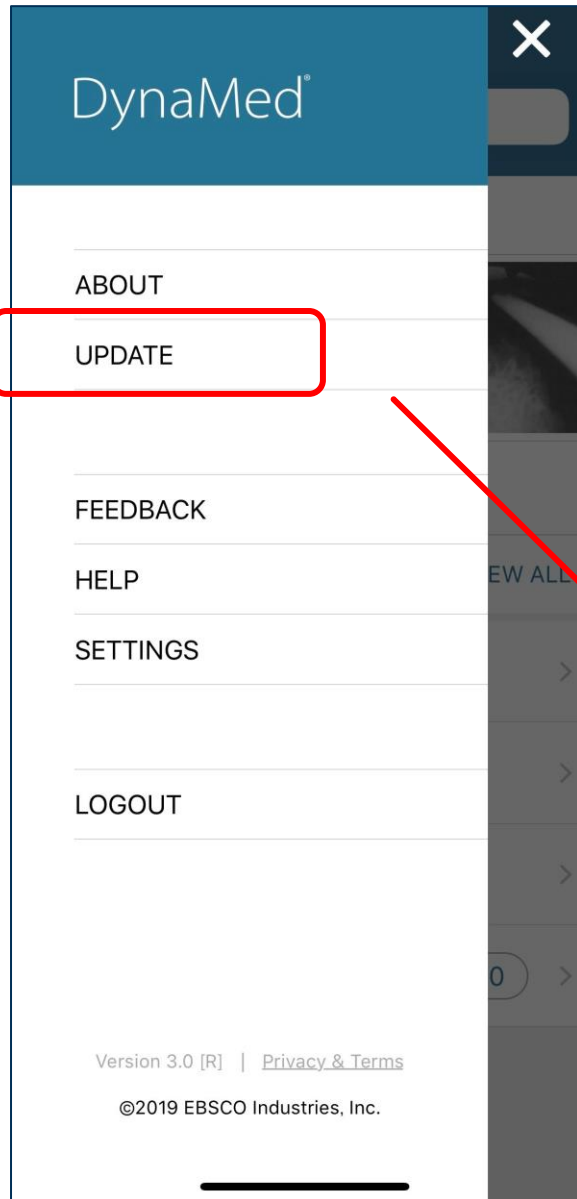


アプリの検索トップ画面



トピックの画面例





CHECK FOR UPDATESをタップし、
アップデートを行います。



DynaMed 日本語リソース



[DynaMed 日本語リソース \(ebsco.com\)](https://www.ebsco.com/jp/med/dyna-med)

YouTube :

- [DynaMed-日本語チュートリアル – YouTube](#) (約5分半)
- [DynaMed日本語チュートリアル-個人アカウントの作成方法](#) (約4分半)

ヘルプページ :

- [携帯端末に DynaMed をインストール・認証する際によくあるご質問 \(FAQ\)](#)
- [DynaMed モバイルアプリの利用方法について](#)

お問い合わせ・ご質問などは



jp-medical@ebsco.com

EBSCO Information Services Japan 株式会社

