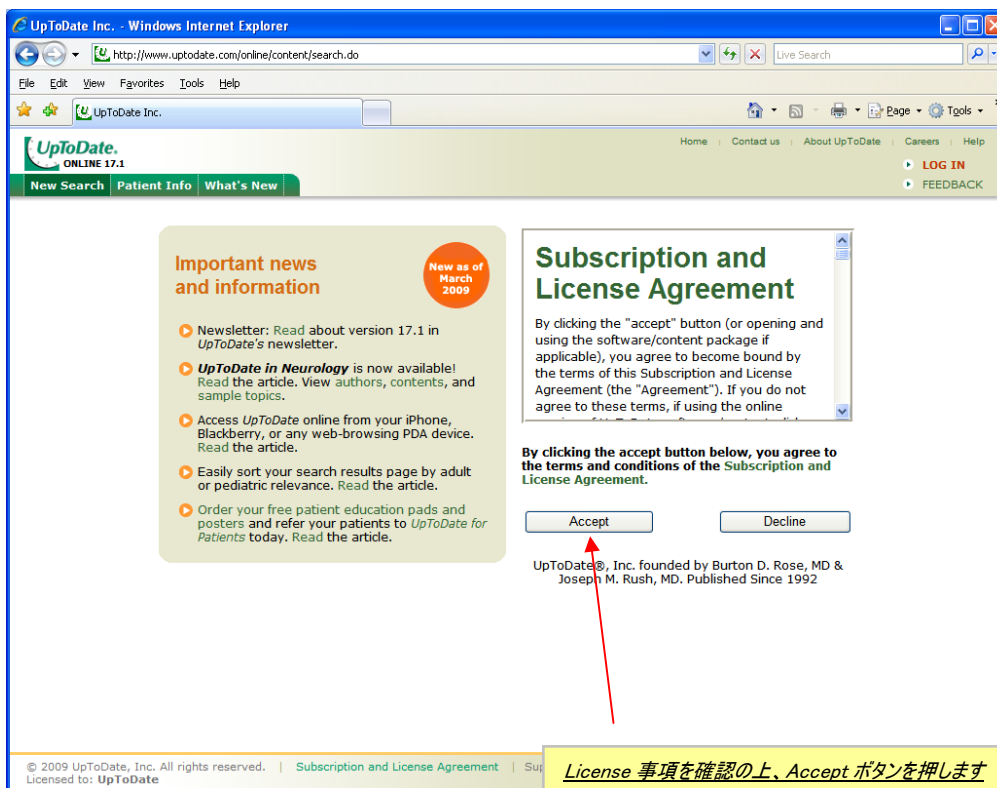


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New Search Patient Info What's New

Important news and information

New as of March 2009

- ▶ Newsletter: Read about version 17.1 in UpToDate's newsletter.
- ▶ UpToDate in Neurology is now available! Read the article. View authors, contents, and sample topics.
- ▶ Access UpToDate online from your iPhone, Blackberry, or any web-browsing PDA device. Read the article.
- ▶ Easily sort your search results page by adult or pediatric relevance. Read the article.
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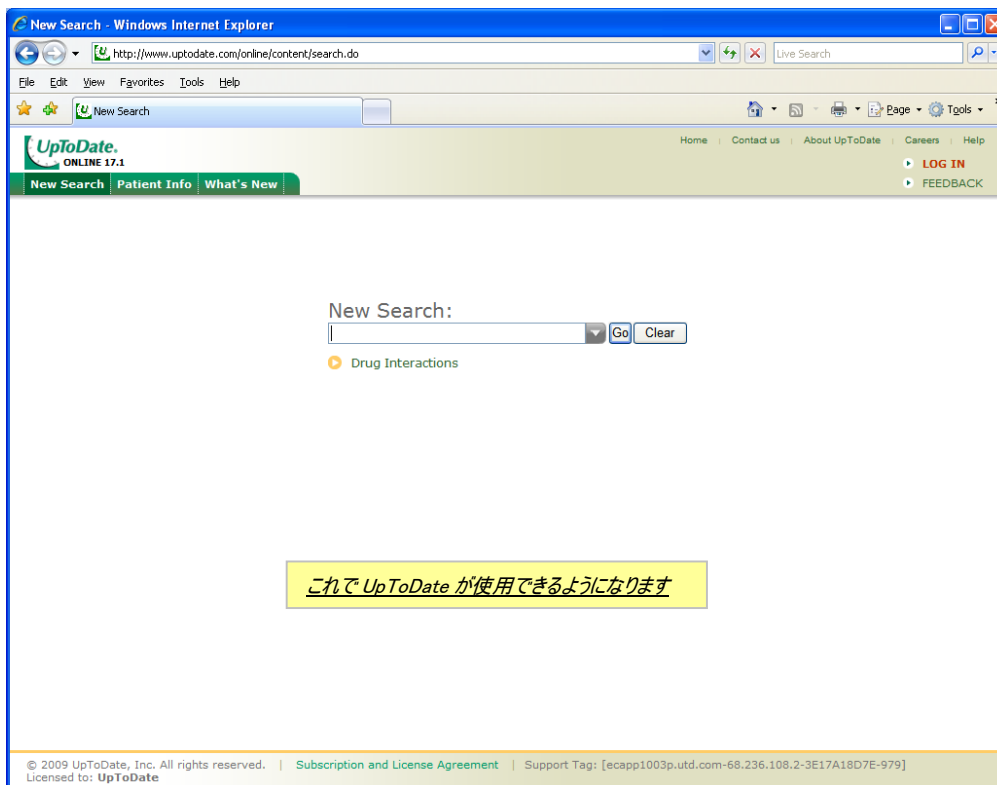
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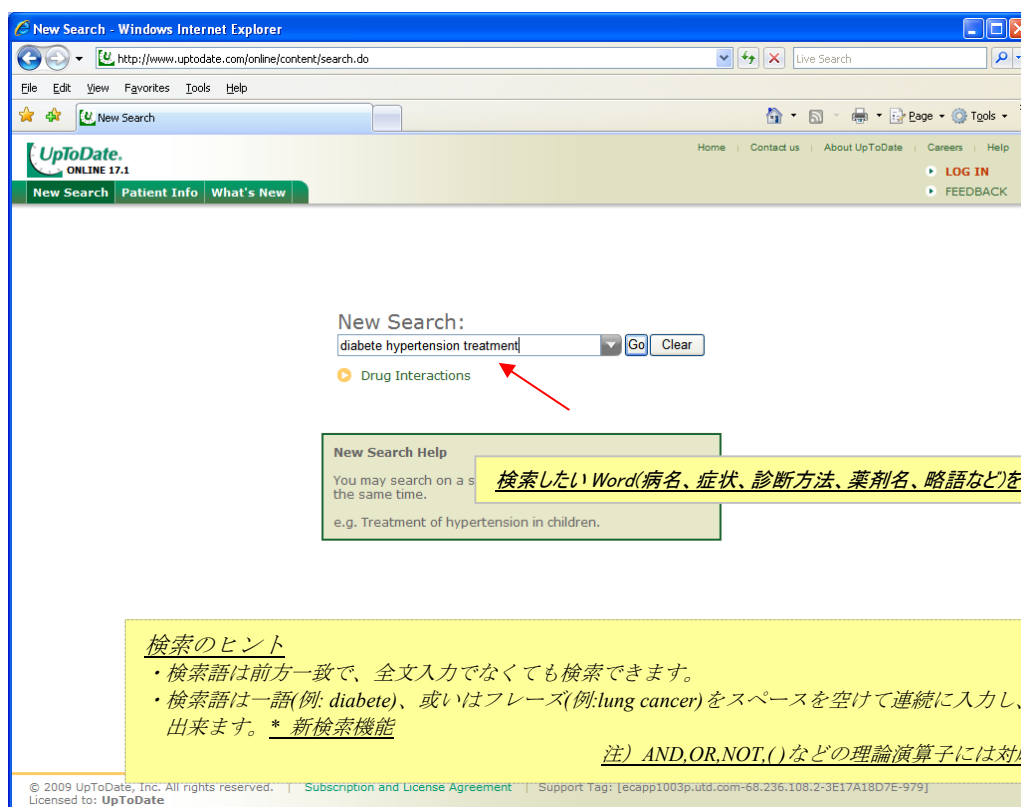
New Search:

Go Clear

▶ Drug Interactions

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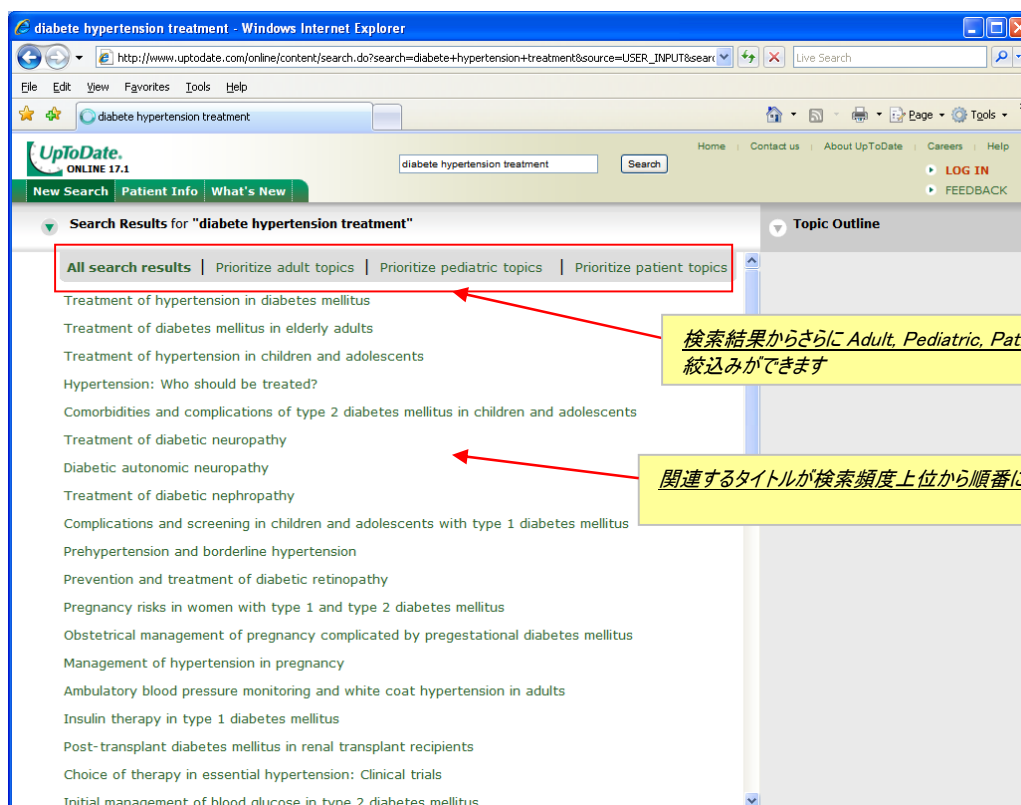
Drug Interactions

New Search Help
You may search on a s
the same time.
e.g. Treatment of hypertension in children.

検索したい Word(病名、症状、診断方法、薬剤名、略語など)をタイプします。

検索のヒント
・検索語は前方一致で、全文入力でなくても検索できます。
・検索語は一語(例: diabete)、或いはフレーズ(例: lung cancer)をスペースを空けて連続に入力し、検索をすることができます。 * 新検索機能
注) AND,OR,NOT,()などの理論演算子には対応していません。

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diabete hypertension treatment

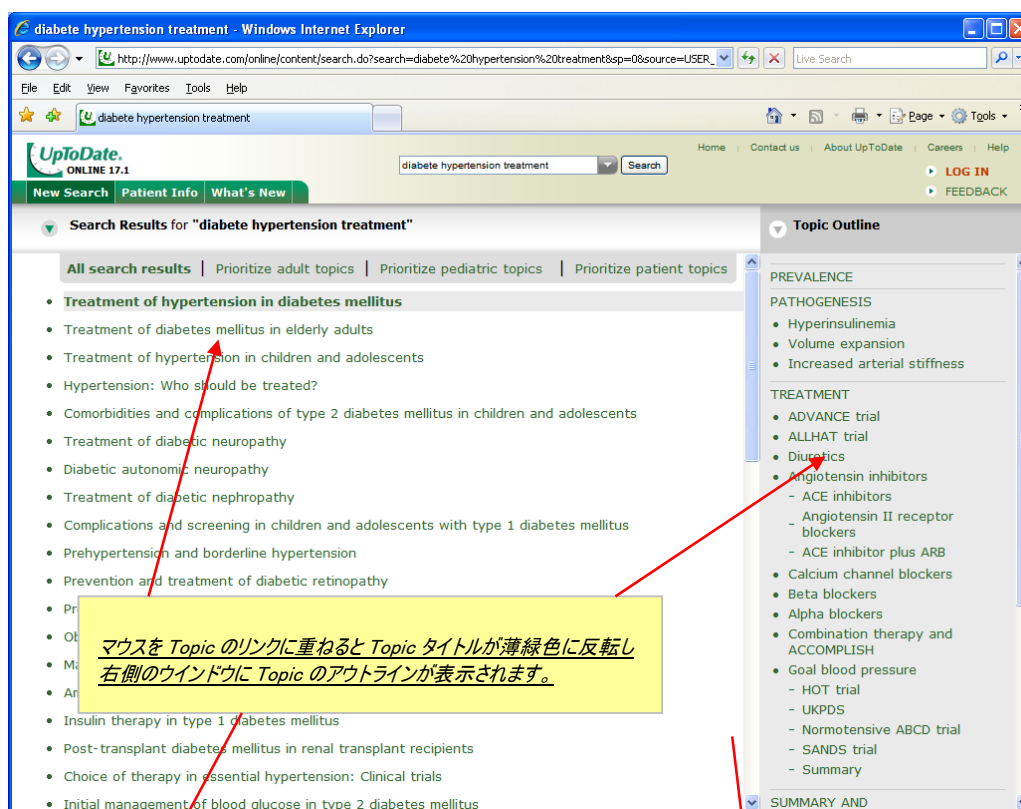
Search Results for "diabete hypertension treatment"

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

Treatment of hypertension in diabetes mellitus
Treatment of diabetes mellitus in elderly adults
Treatment of hypertension in children and adolescents
Hypertension: Who should be treated?
Comorbidities and complications of type 2 diabetes mellitus in children and adolescents
Treatment of diabetic neuropathy
Diabetic autonomic neuropathy
Treatment of diabetic nephropathy
Complications and screening in children and adolescents with type 1 diabetes mellitus
Prehypertension and borderline hypertension
Prevention and treatment of diabetic retinopathy
Pregnancy risks in women with type 1 and type 2 diabetes mellitus
Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
Management of hypertension in pregnancy
Ambulatory blood pressure monitoring and white coat hypertension in adults
Insulin therapy in type 1 diabetes mellitus
Post-transplant diabetes mellitus in renal transplant recipients
Choice of therapy in essential hypertension: Clinical trials
Initial management of blood glucose in type 2 diabetes mellitus

検索結果からさらに Adult, Pediatric, Patient information への絞込みができます

関連するタイトルが検索頻度上位から順番に表示されます



diabetes hypertension treatment - Windows Internet Explorer

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diabetes hypertension treatment

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New Search | Patient Info | What's New

Search Results for "diabetes hypertension treatment"

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

Treatment of hypertension in diabetes mellitus

- Treatment of diabetes mellitus in elderly adults
- Treatment of hypertension in children and adolescents
- Hypertension: Who should be treated?
- Comorbidities and complications of type 2 diabetes mellitus in children and adolescents
- Treatment of diabetic neuropathy
- Diabetic autonomic neuropathy
- Treatment of diabetic nephropathy
- Complications and screening in children and adolescents with type 1 diabetes mellitus
- Prehypertension and borderline hypertension
- Prevention and treatment of diabetic retinopathy
- Prevention and treatment of diabetic neuropathy
- Other topics
- Management of hypertension in type 1 diabetes mellitus
- Insulin therapy in type 1 diabetes mellitus
- Post-transplant diabetes mellitus in renal transplant recipients
- Choice of therapy in essential hypertension: Clinical trials
- Initial management of blood glucose in type 2 diabetes mellitus

Topic Outline

PREVALENCE

PATHOGENESIS

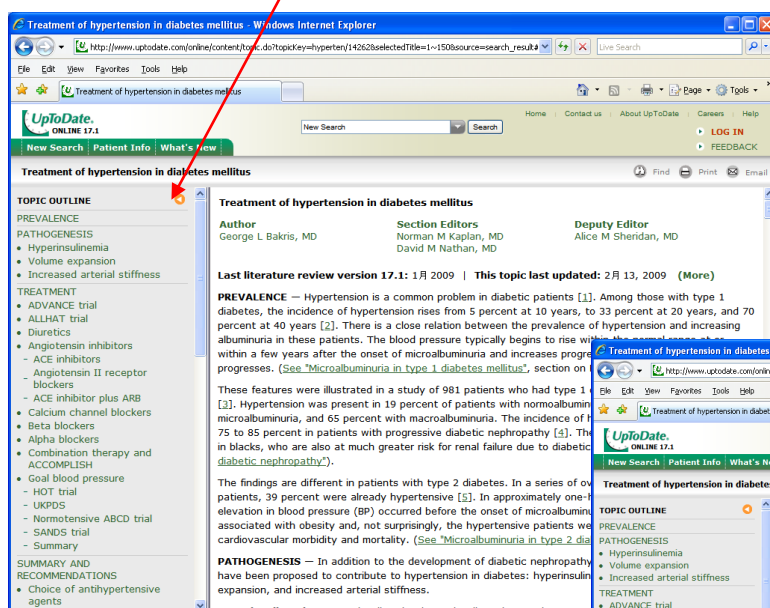
- Hyperinsulinemia
- Volume expansion
- Increased arterial stiffness

TREATMENT

- ADVANCE trial
- ALLHAT trial
- Diuretics
- Angiotensin inhibitors
 - ACE inhibitors
 - Angiotensin II receptor blockers
 - ACE inhibitor plus ARB
- Calcium channel blockers
- Beta blockers
- Alpha blockers
- Combination therapy and ACCOMPLISH
- Goal blood pressure
 - HOT trial
 - UKPDS
 - Normotensive ABCD trial
 - SANDS trial
 - Summary

SUMMARY AND RECOMMENDATIONS

マウスを Topic のリンクに重ねると Topic タイトルが薄緑色に反転し、右側のウィンドウに Topic のアウトラインが表示されます。



Treatment of hypertension in diabetes mellitus - Windows Internet Explorer

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Treatment of hypertension in diabetes mellitus

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Treatment of hypertension in diabetes mellitus

Author: George I. Bakris, MD; Section Editors: Norman M. Kaplan, MD, David M. Nathan, MD; Deputy Editor: Alice M. Sheridan, MD

Last literature review version 17.1: 1 May 2009 | This topic last updated: 2 May 2009 (More)

PREVALENCE — Hypertension is a common problem in diabetic patients [1]. Among those with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 20 years, and 70 percent at 40 years [2]. There is a close relation between the prevalence of hypertension and increasing albuminuria in these patients. The blood pressure typically begins to rise within the normal range at or within a few years after the onset of microalbuminuria and increases progressively as the renal disease progresses. (See "Microalbuminuria in type 1 diabetes mellitus", section on "Prevalence and pathogenesis".)

These features were illustrated in a study of 981 patients who had type 1 diabetes. Hypertension was present in 19 percent of patients with normoalbuminuria, and 65 percent with macroalbuminuria. The incidence of hypertension was 75 to 85 percent in patients with progressive diabetic nephropathy [3]. In blacks, who are also at much greater risk for renal failure due to diabetic nephropathy.

The findings are different in patients with type 2 diabetes. In a series of 10 patients, 39 percent were already hypertensive [4]. In approximately one-half of patients, hypertension occurred before the onset of microalbuminuria associated with obesity and, not surprisingly, the hypertensive patients had cardiovascular morbidity and mortality. (See "Microalbuminuria in type 2 diabetes mellitus", section on "Prevalence and pathogenesis".)

PATHOGENESIS — In addition to the development of diabetic nephropathy, hypertension has been proposed to contribute to the development of diabetic nephropathy, hyperinsulinemia, and increased arterial stiffness.

Hyperinsulinemia — Hyperinsulinemia, due to insulin resistance in type 2 diabetes, is associated with hypertension. The mechanism is unclear, but it may be related to the effects of insulin on the sympathetic nervous system, the renin-angiotensin system, and the vascular endothelium.

Volume expansion — Volume expansion, due to increased sodium retention, is also associated with hypertension. The mechanism is unclear, but it may be related to the effects of insulin on the sympathetic nervous system, the renin-angiotensin system, and the vascular endothelium.

Increased arterial stiffness — Increased arterial stiffness, due to increased collagen cross-linking, is also associated with hypertension. The mechanism is unclear, but it may be related to the effects of insulin on the sympathetic nervous system, the renin-angiotensin system, and the vascular endothelium.

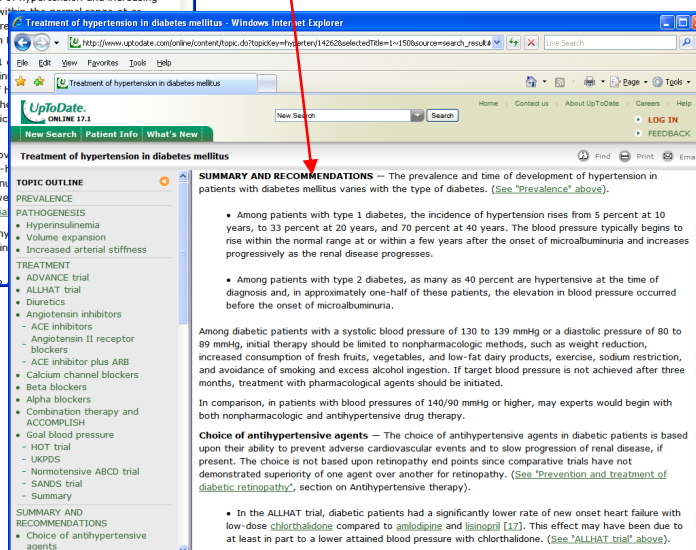
TREATMENT

- ADVANCE trial
- ALLHAT trial
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- Angiotensin inhibitors
 - ACE inhibitors
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- Beta blockers
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 - HOT trial
 - UKPDS
 - Normotensive ABCD trial
 - SANDS trial
 - Summary

SUMMARY AND RECOMMENDATIONS

- Choice of antihypertensive agents

Topic のタイトルをクリックすると Topic のトップページが表示されますが、右ウィンドウ内のアウトラインの項目を直接クリックする事で Topic の調べたい場所を直ぐに見る事も可能です。



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Treatment of hypertension in diabetes mellitus

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Treatment of hypertension in diabetes mellitus

Author: George I. Bakris, MD; Section Editors: Norman M. Kaplan, MD, David M. Nathan, MD; Deputy Editor: Alice M. Sheridan, MD

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Increased arterial stiffness — Increased arterial stiffness, due to increased collagen cross-linking, is also associated with hypertension. The mechanism is unclear, but it may be related to the effects of insulin on the sympathetic nervous system, the renin-angiotensin system, and the vascular endothelium.

TREATMENT

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 - UKPDS
 - Normotensive ABCD trial
 - SANDS trial
 - Summary

SUMMARY AND RECOMMENDATIONS

- Choice of antihypertensive agents

SUMMARY AND RECOMMENDATIONS — The prevalence and time of development of hypertension in patients with diabetes mellitus varies with the type of diabetes. (See "Prevalence" above).

- Among patients with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 20 years, and 70 percent at 40 years. The blood pressure typically begins to rise within the normal range at or within a few years after the onset of microalbuminuria and increases progressively as the renal disease progresses.
- Among patients with type 2 diabetes, as many as 40 percent are hypertensive at the time of diagnosis and, in approximately one-half of these patients, the elevation in blood pressure occurred before the onset of microalbuminuria.

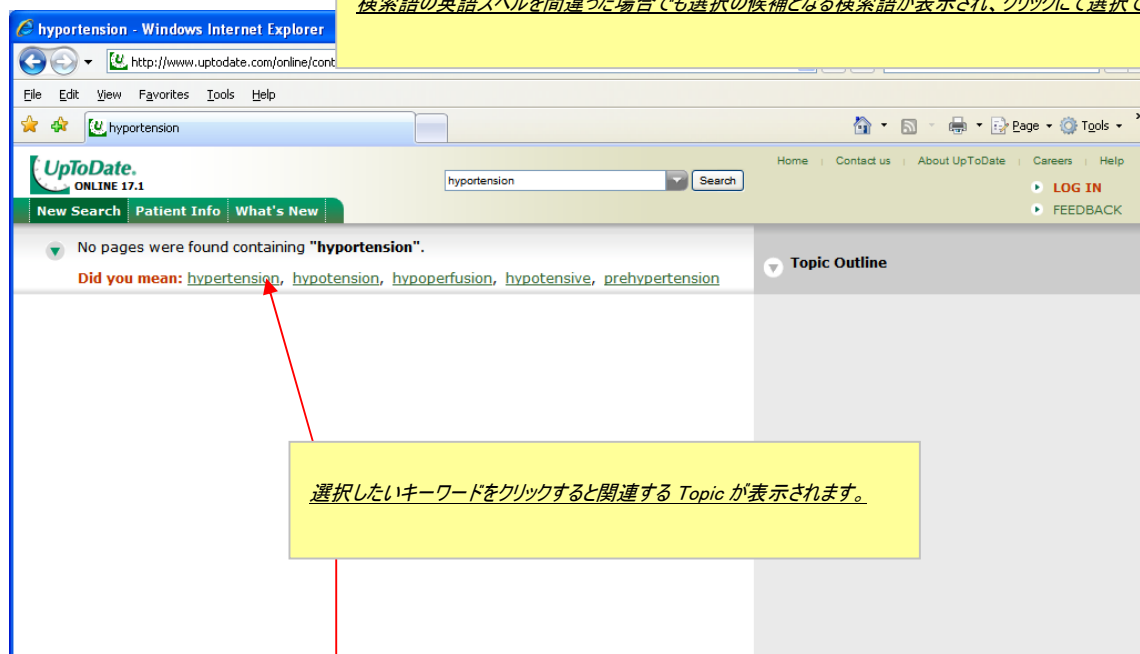
Among diabetic patients with a systolic blood pressure of 130 to 139 mmHg or a diastolic pressure of 80 to 89 mmHg, initial therapy should be limited to nonpharmacologic methods, such as weight reduction, increased consumption of fresh fruits, vegetables, and low-fat dairy products, exercise, sodium restriction, and avoidance of smoking and excess alcohol ingestion. If target blood pressure is not achieved after three months, treatment with pharmacologic agents should be initiated.

In comparison, in patients with blood pressures of 140/90 mmHg or higher, may experts would begin with both nonpharmacologic and antihypertensive drug therapy.

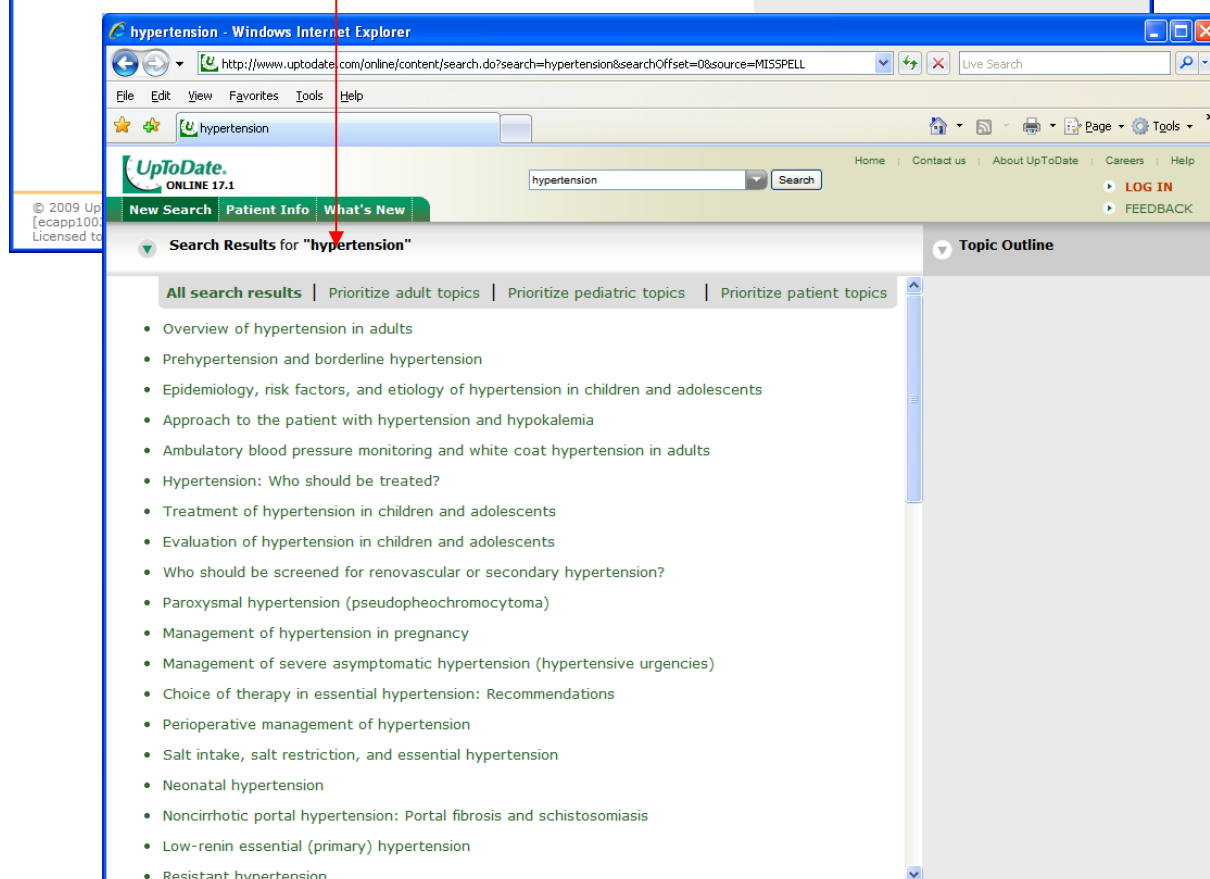
Choice of antihypertensive agents — The choice of antihypertensive agents in diabetic patients is based upon their ability to prevent adverse cardiovascular events and to slow progression of renal disease, if present. The choice is not based upon retinopathy end points since comparative trials have not demonstrated superiority of one agent over another for retinopathy. (See "Prevention and treatment of diabetic retinopathy", section on Antihypertensive therapy).

- In the ALLHAT trial, diabetic patients had a significantly lower rate of new onset heart failure with low-dose chlorthalidone compared to amlodipine and lisinopril [12]. This effect may have been due to at least in part to a lower attained blood pressure with chlorthalidone. (See "ALLHAT trial" above).

検索語の英語スペルを間違った場合でも選択の候補となる検索語が表示され、クリックにて選択できます。

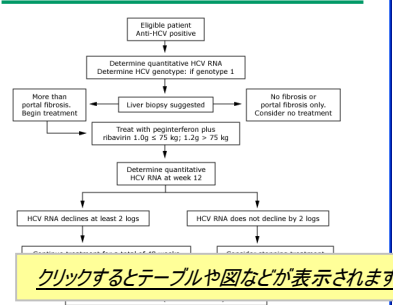


選択したいキーワードをクリックすると関連する Topic が表示されます。



クリックすると関連する Topic が表示されます

The screenshot shows a web browser window displaying the UpToDate website. The browser's address bar shows the URL <http://www.upToDate.com/online/consult.asp?contentid=11111111&topicid=11111111>. The website header includes navigation links: Home, Contact us, About UpToDate, Careers, Help, LOGIN IN, and FEEDBACK. The main content area is titled "Deputy Editor" and lists "Peter A L Bonis, MD". Below this, there is a section titled "(More)" which contains text about the disease process, clinical features, and epidemiology of hepatitis C virus. A red arrow points from the "UpToDate" logo in the browser window to the "UpToDate" logo on the website.



```

graph TD
    A[Eligible patient  
Anti-HCV positive] --> B[Determine quantitative HCV RNA  
Determine HCV genotype: if genotype 1]
    B --> C{ }
    C -- "More than portal fibrosis.  
Begin treatment" --> D[Liver biopsy suggested]
    C -- "No fibrosis or portal fibrosis only.  
Consider no treatment" --> E[ ]
    D --> F[Treat with peginterferon plus ribavirin  
1.0g ≤ 75 kg    1.2g > 75 kg]
    F --> G[Determine quantitative HCV RNA at week 12]
    G --> H{ }
    H -- "HCV RNA declines at least 2 logs" --> I[Continue treatment until sustained virologic response achieved]
    H -- "HCV RNA does not decline by 2 logs" --> J[Discontinue treatment]

```

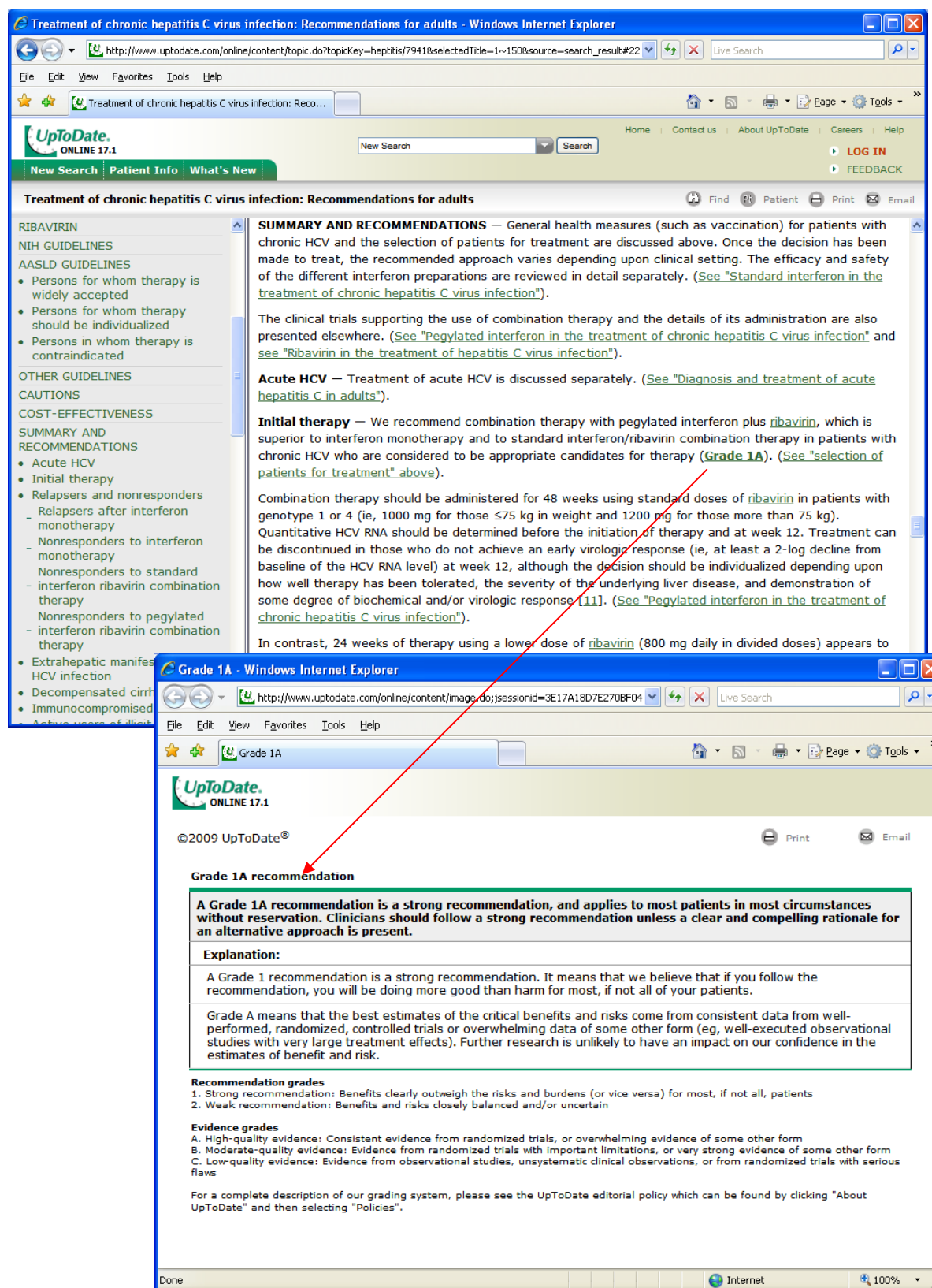
The flowchart outlines the management of HCV genotype 1. It begins with identifying eligible patients who are anti-HCV positive. The next step is to determine quantitative HCV RNA and confirm the genotype as 1. A decision point follows: if there is more than portal fibrosis, liver biopsy is suggested and treatment with peginterferon plus ribavirin (1.0g for ≤ 75 kg, 1.2g for > 75 kg) is initiated. If there is no fibrosis or only portal fibrosis, no treatment is considered. After treatment, HCV RNA levels are checked at week 12. If they decline by at least 2 logs, treatment continues until a sustained virologic response is achieved. If not, treatment is discontinued.

Page 5

Grading

Recommendation に Grading を表示し、その Recommendation の度合いを表しています。

*全ての Recommendation にはまだついていません。



Treatment of chronic hepatitis C virus infection: Recommendations for adults

RIBAVIRIN

NIH GUIDELINES

AASLD GUIDELINES

- Persons for whom therapy is widely accepted
- Persons for whom therapy should be individualized
- Persons in whom therapy is contraindicated

OTHER GUIDELINES

CAUTIONS

COST-EFFECTIVENESS

SUMMARY AND RECOMMENDATIONS

- Acute HCV
- Initial therapy
- Relapsers and nonresponders
 - Relapsers after interferon monotherapy
 - Nonresponders to interferon monotherapy
 - Nonresponders to standard interferon ribavirin combination therapy
 - Nonresponders to pegylated interferon ribavirin combination therapy
- Extrahepatic manifestations of HCV infection
- Decompensated cirrhosis
- Immunocompromised states
- Active users of illicit drugs

SUMMARY AND RECOMMENDATIONS — General health measures (such as vaccination) for patients with chronic HCV and the selection of patients for treatment are discussed above. Once the decision has been made to treat, the recommended approach varies depending upon clinical setting. The efficacy and safety of the different interferon preparations are reviewed in detail separately. (See "[Standard interferon in the treatment of chronic hepatitis C virus infection](#)").

The clinical trials supporting the use of combination therapy and the details of its administration are also presented elsewhere. (See "[Pegylated interferon in the treatment of chronic hepatitis C virus infection](#)" and see "[Ribavirin in the treatment of hepatitis C virus infection](#)").

Acute HCV — Treatment of acute HCV is discussed separately. (See "[Diagnosis and treatment of acute hepatitis C in adults](#)").

Initial therapy — We recommend combination therapy with pegylated interferon plus [ribavirin](#), which is superior to interferon monotherapy and to standard interferon/ribavirin combination therapy in patients with chronic HCV who are considered to be appropriate candidates for therapy (**Grade 1A**). (See "[selection of patients for treatment](#)" above).

Combination therapy should be administered for 48 weeks using standard doses of [ribavirin](#) in patients with genotype 1 or 4 (ie, 1000 mg for those ≤75 kg in weight and 1200 mg for those more than 75 kg). Quantitative HCV RNA should be determined before the initiation of therapy and at week 12. Treatment can be discontinued in those who do not achieve an early virologic response (ie, at least a 2-log decline from baseline of the HCV RNA level) at week 12, although the decision should be individualized depending upon how well therapy has been tolerated, the severity of the underlying liver disease, and demonstration of some degree of biochemical and/or virologic response [11]. (See "[Pegylated interferon in the treatment of chronic hepatitis C virus infection](#)").

In contrast, 24 weeks of therapy using a lower dose of [ribavirin](#) (800 mg daily in divided doses) appears to

Grade 1A - Windows Internet Explorer

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Grade 1A recommendation

A Grade 1A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.

Explanation:

A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all of your patients.

Grade A means that the best estimates of the critical benefits and risks come from consistent data from well-performed, randomized, controlled trials or overwhelming data of some other form (eg, well-executed observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.

Recommendation grades

- Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
- Weak recommendation: Benefits and risks closely balanced and/or uncertain

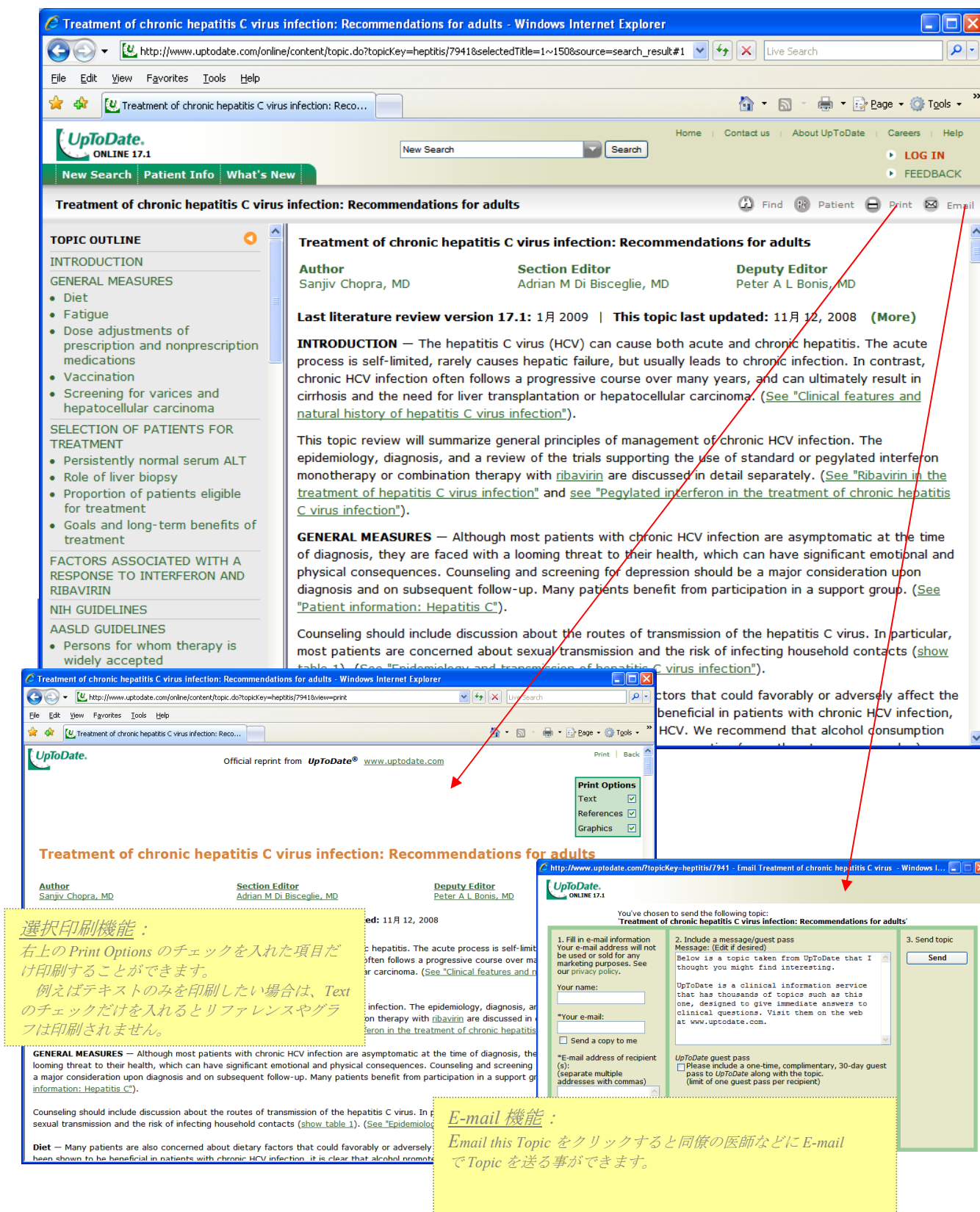
Evidence grades

- High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy which can be found by clicking "About UpToDate" and then selecting "Policies".

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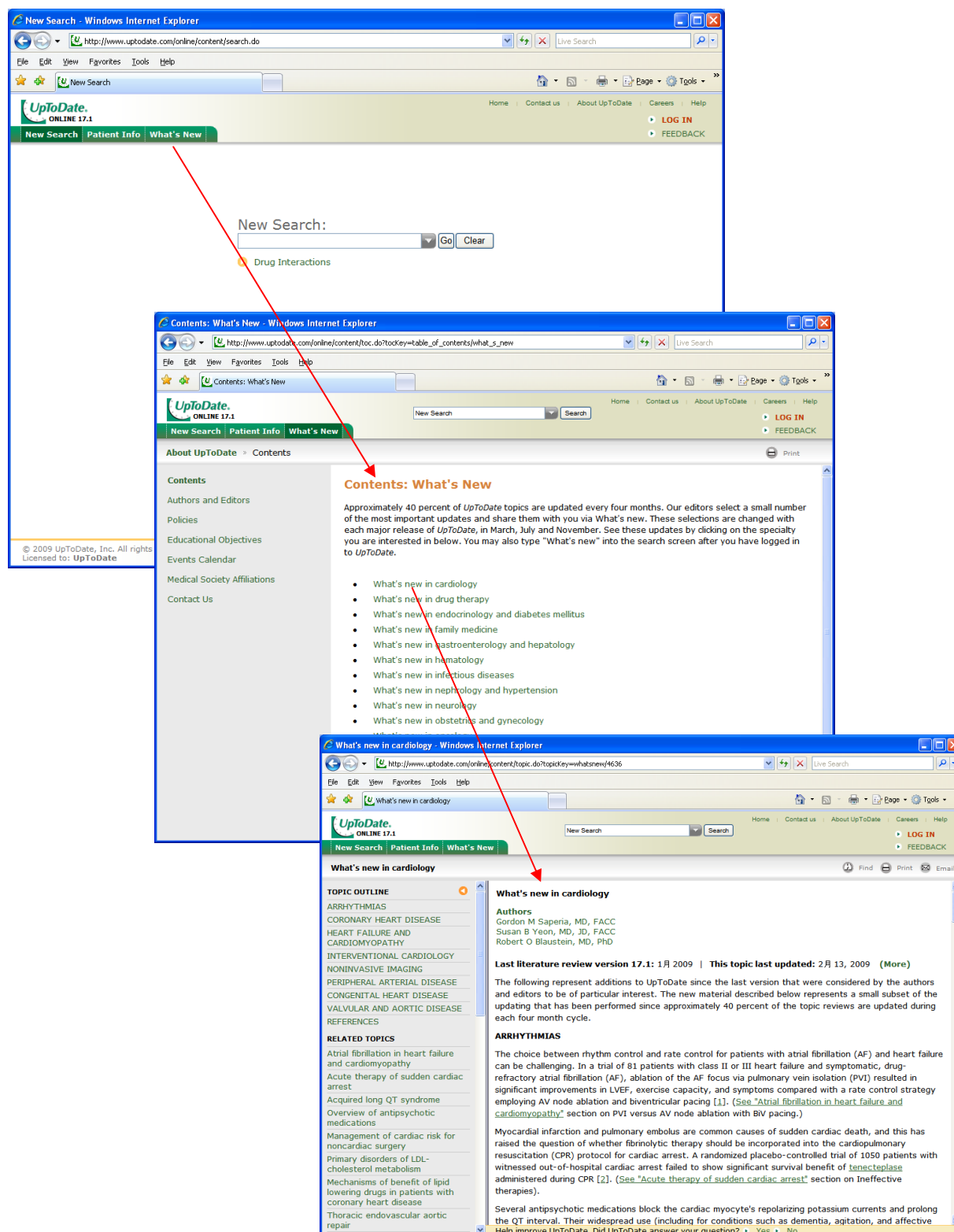


選択印刷機能：
右上の Print Options のチェックを入れた項目だけ印刷することができます。
例えばテキストのみを印刷したい場合は、Text のチェックだけを入れるとリファレンスやグラフは印刷されません。

E-mail 機能：
Email this Topic をクリックすると同僚の医師などに E-mail で Topic を送る事ができます。

What's New

専門領域などから新しい Topic を表示する事ができます。



The first screenshot shows the 'New Search' page of the UpToDate website. The 'What's New' link is highlighted in the top navigation bar. A red arrow points from this link to the second screenshot.

The second screenshot shows the 'Contents: What's New' page. It lists various medical topics updated recently, including:

- What's new in cardiology
- What's new in drug therapy
- What's new in endocrinology and diabetes mellitus
- What's new in family medicine
- What's new in gastroenterology and hepatology
- What's new in hematology
- What's new in infectious diseases
- What's new in nephrology and hypertension
- What's new in neurology
- What's new in obstetrics and gynecology

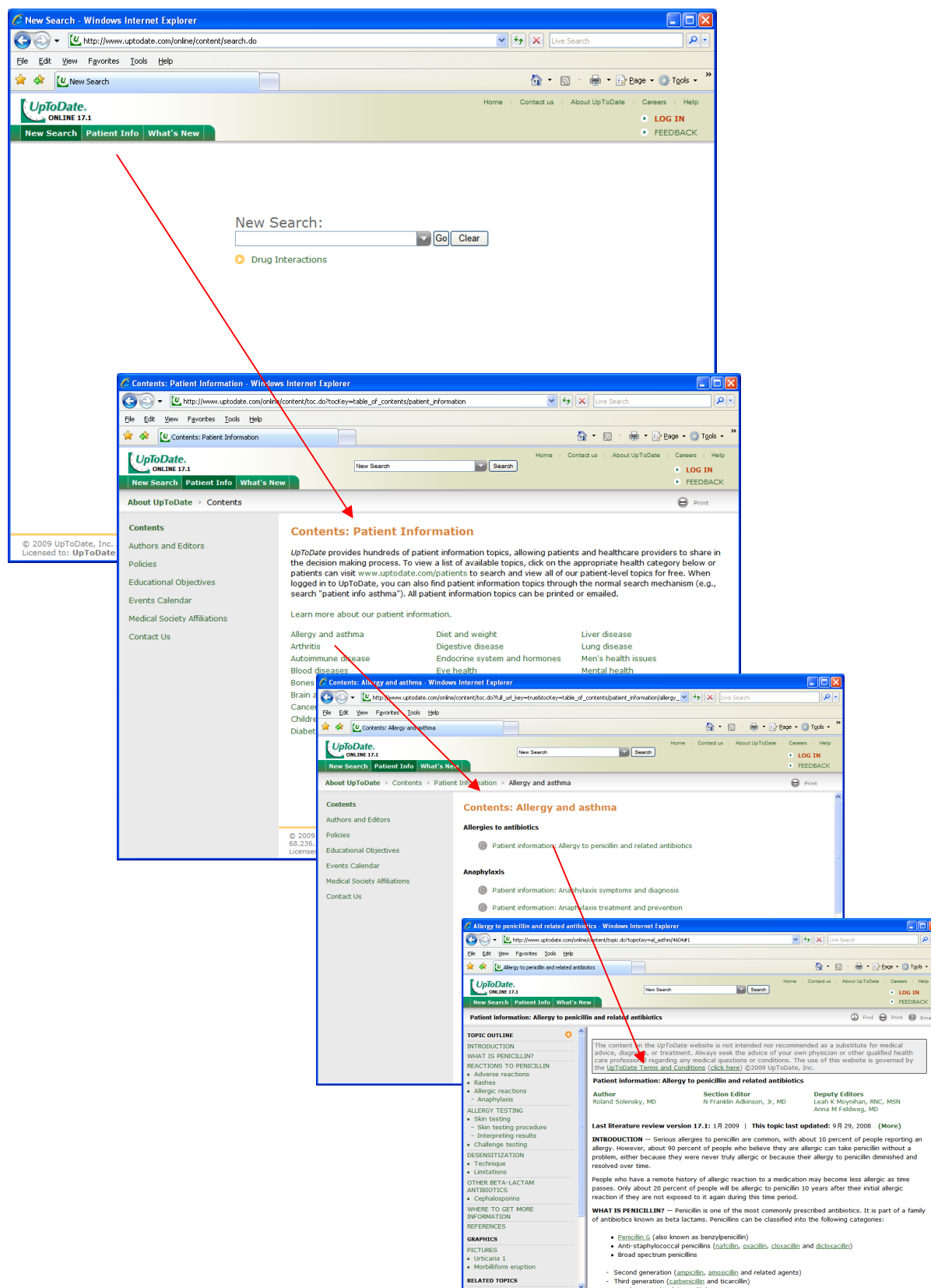
A red arrow points from the 'What's new in cardiology' link to the third screenshot.

The third screenshot shows the 'What's new in cardiology' page. It provides a detailed outline and related topics for a specific medical condition. The 'What's new in cardiology' section is highlighted in the top navigation bar. The page includes a 'TOPIC OUTLINE' section with links to various topics, a 'RELATED TOPICS' section, and a 'What's new in cardiology' section with a detailed text review.

Patient Information

疾患毎に患者の為の情報を提供。

各疾患の原因や症状・治療・予防・患者団体の連絡先(米国のみ)など情報を表示します。

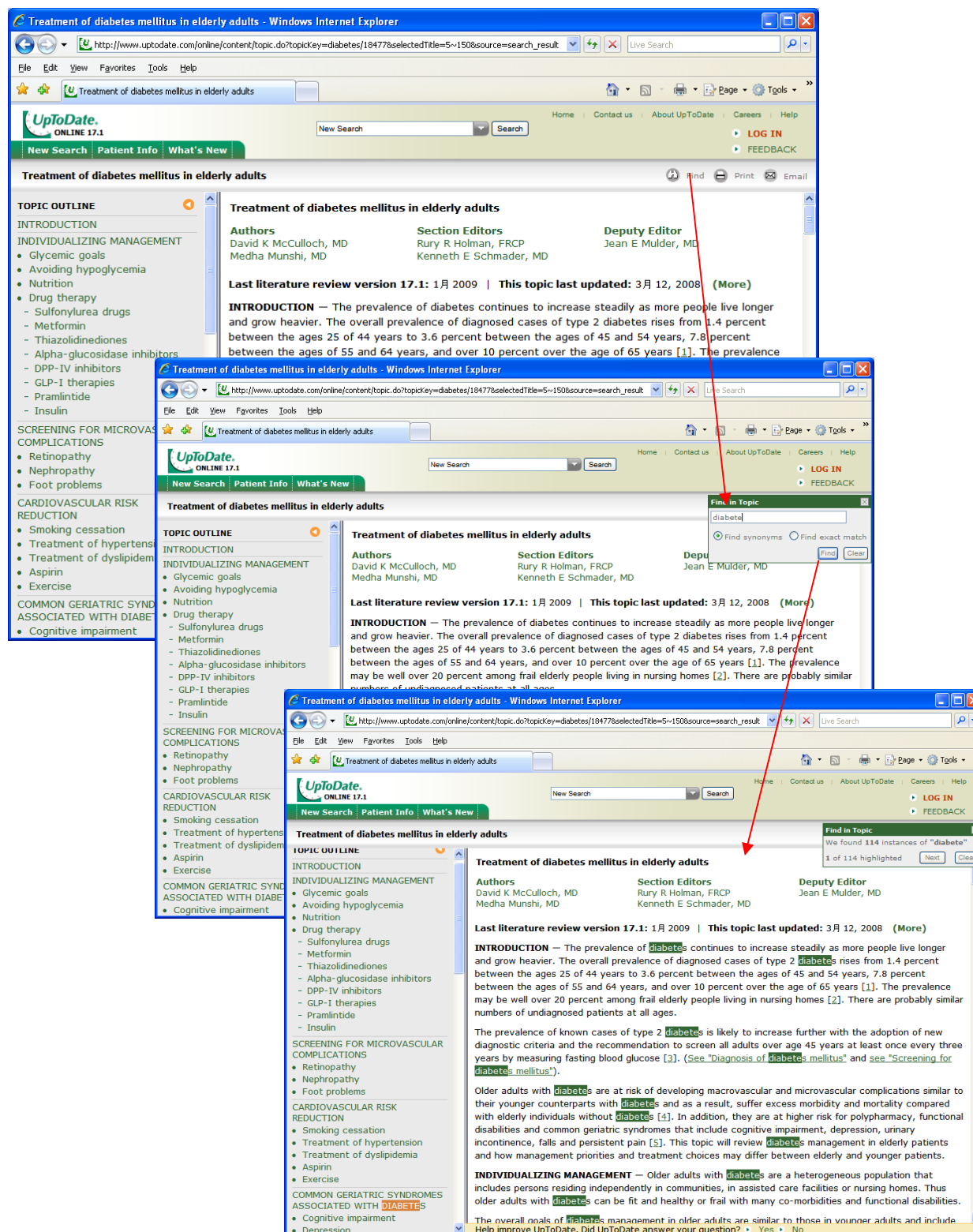


The screenshots illustrate the navigation path for finding patient information on UpToDate:

- New Search**: The initial search page with a search bar and a 'Go' button.
- Contents: Patient Information**: A page listing various medical topics for patient information, including Allergy and asthma, Diet and weight, Liver disease, etc.
- Contents: Allergy and asthma**: A page listing sub-topics related to allergy and asthma, including Allergies to antibiotics, Anaphylaxis, etc.
- Patient information: Allergy to penicillin and related antibiotics**: A detailed article page showing the full text of the article, including a 'TOPIC OUTLINE' and a 'WHERE TO GET MORE INFORMATION' section.

Topic 内検索

目的とする検索語を Topic 内で探したい場合に使用します。



The screenshots illustrate the 'Find in Topic' search functionality on the UpToDate website. The top screenshot shows the 'Treatment of diabetes mellitus in elderly adults' topic page. The middle screenshot shows the 'Find in Topic' search box with 'diabetes' entered. The bottom screenshot shows the results of the search, highlighting 114 instances of 'diabetes' in the text.

Topic Outline:

- INTRODUCTION
- INDIVIDUALIZING MANAGEMENT
 - Glycemic goals
 - Avoiding hypoglycemia
 - Nutrition
 - Drug therapy
 - Sulfonylurea drugs
 - Metformin
 - Thiazolidinediones
 - Alpha-glucosidase inhibitors
 - DPP-IV inhibitors
 - GLP-1 therapies
 - Pramlintide
 - Insulin
- SCREENING FOR MICROVASCULAR COMPLICATIONS
 - Retinopathy
 - Nephropathy
 - Foot problems
- CARDIOVASCULAR RISK REDUCTION
 - Smoking cessation
 - Treatment of hypertension
 - Treatment of dyslipidemia
 - Aspirin
 - Exercise
- COMMON GERIATRIC SYNDROMES ASSOCIATED WITH DIABETES
 - Cognitive impairment

Find in Topic:

We found 114 instances of "diabetes"
1 of 114 highlighted

Text:

INTRODUCTION — The prevalence of diabetes continues to increase steadily as more people live longer and grow heavier. The overall prevalence of diagnosed cases of type 2 diabetes rises from 1.4 percent between the ages 25 of 44 years to 3.6 percent between the ages of 45 and 54 years, 7.8 percent between the ages of 55 and 64 years, and over 10 percent over the age of 65 years [1]. The prevalence may be well over 20 percent among frail elderly people living in nursing homes [2]. There are probably similar numbers of undiagnosed patients at all ages.

The prevalence of known cases of type 2 diabetes is likely to increase further with the adoption of new diagnostic criteria and the recommendation to screen all adults over age 45 years at least once every three years by measuring fasting blood glucose [3]. (See "Diagnosis of diabetes mellitus" and see "Screening for diabetes mellitus").

Older adults with diabetes are at risk of developing macrovascular and microvascular complications similar to their younger counterparts with diabetes and as a result, suffer excess morbidity and mortality compared with elderly individuals without diabetes [4]. In addition, they are at higher risk for polypharmacy, functional disabilities and common geriatric syndromes that include cognitive impairment, depression, urinary incontinence, falls and persistent pain [5]. This topic will review diabetes management in elderly patients and how management priorities and treatment choices may differ between elderly and younger patients.

INDIVIDUALIZING MANAGEMENT — Older adults with diabetes are a heterogeneous population that includes persons residing independently in communities, in assisted care facilities or nursing homes. Thus older adults with diabetes can be fit and healthy or frail with many co-morbidities and functional disabilities.

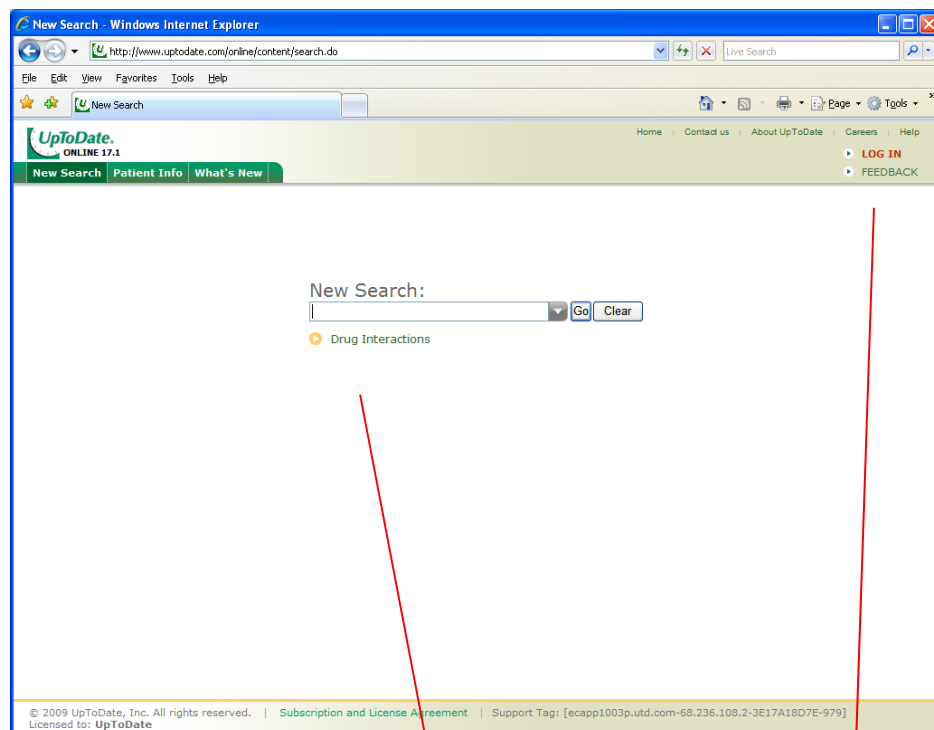
The overall goals of diabetes management in older adults are similar to those in younger adults and include:

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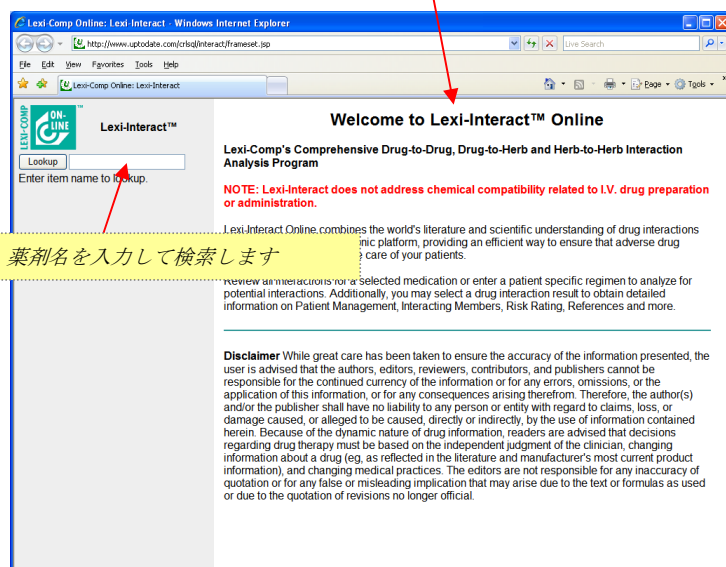
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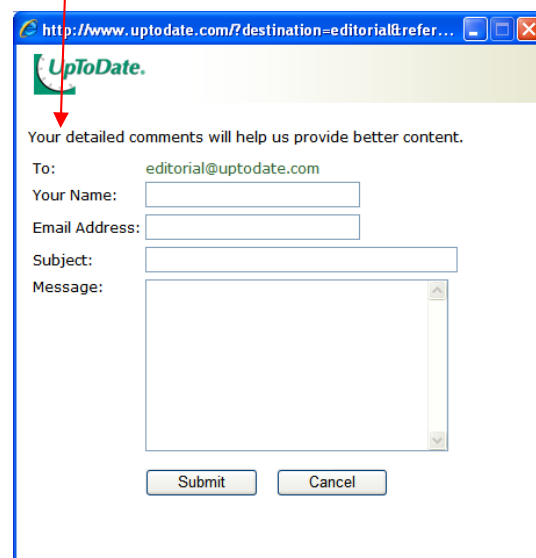
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