



DYNAMED QUICK START GUIDE

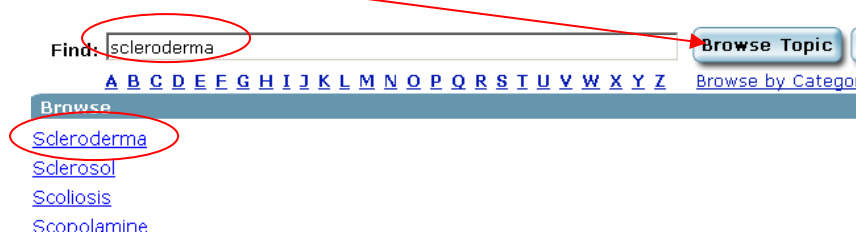
DynaMed provides regularly-updated summaries of evidence on more than 3,000 clinical topics. It includes links to many full-text guidelines, Cochrane systematic reviews, research and review articles, PubMed abstracts. Coverage is international.

Access to DynaMed is provided free via the NHS Clinical Knowledge Summaries (CKS). Go to <http://cks.library.nhs.uk> or click **Clinical Knowledge Summaries** on the National Library for Health (NLH) home page www.library.nhs.uk. You don't need any username/password to access DynaMed if you use these links.

Click **DynaMed** in the right-hand column under **Other CKS resources**.

This will start DynaMed in a new window.

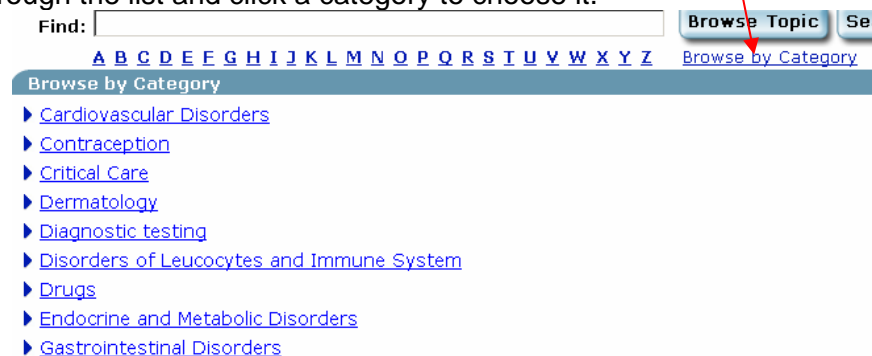
Use the alphabetical listings to find a topic, or type your words into the search box. Then click a topic to choose it. Click **Browse Topic** to find topics where your words appear in the title.



Click **Search Text** to find topics where your words appear anywhere in the text.



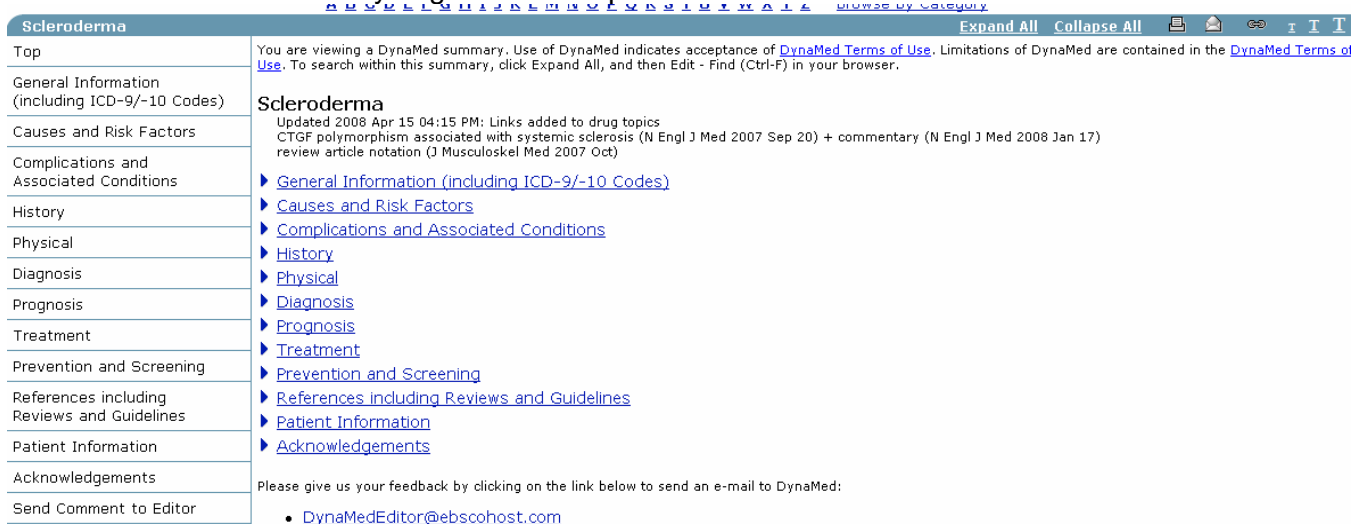
It's also possible to browse subject categories. Click **Browse by Category** underneath the Browse Topic and Search Text buttons to display the category list. Scroll through the list and click a category to choose it.



Clicking on an arrow will further expand your category to show the available topics.



What information do you get about a topic?



To view each section, use the left-hand menu or click the arrows to expand the links. The information is fully referenced, with plenty of links to take you to the references. Many are available in full text. It's possible to **print** or **e-mail** by clicking the icons in the blue strip.



It's also possible to change the print size onscreen.

Here's the first part of the **Treatment** section for **Scleroderma**, showing clickable links to evidence and a link to a definition of level 3 evidence.

Scleroderma		Expand All Collapse All
Top	▼ Treatment	
General Information (including ICD-9/-10 Codes)	Treatment overview:	
Causes and Risk Factors	<ul style="list-style-type: none"> antireflux measures in all patients to prevent esophageal stricture from chronic acid reflux 	
Complications and Associated Conditions	Medications:	
History	<ul style="list-style-type: none"> supportive measures for treating systemic sclerosis <ul style="list-style-type: none"> Raynaud's phenomenon <ul style="list-style-type: none"> vasodilators (calcium channel blockers, alpha antagonists e.g. prazosin) <ul style="list-style-type: none"> prazosin modestly effective in treatment of Raynaud's Phenomenon secondary to scleroderma, but side effects not rare, based on 2 randomized crossover trials; systematic review last updated 1997 Nov 30 (Cochrane Library 1999 Issue 1:CD000956) bosentan (Tracleer), a vasodilator, reported to be effective in severe refractory Raynaud's phenomenon in case report of patients with systemic sclerosis (level 3 [lacking direct evidence]) (Rheumatology (Oxford) 2006 Jul;45(7):911 in QuickScan Reviews in Fam Pract 2007 Apr;33(6):18) serotonin receptor antagonist (e.g. ketanserin, topical nitates, prostacyclin analogues) <ul style="list-style-type: none"> ketanserin does not seem clinically beneficial for Raynaud's phenomenon secondary to scleroderma; 3 trials reviewed; ketanserin may have some efficacy with some decrease in duration of attacks and more subjects improved on ketanserin than placebo, but overall ketanserin and placebo not significantly different; ketanserin associated with more side effects; systematic review last updated 1997 Nov 30 (Cochrane Library 1999 Issue 1:CD000954) Iloprost IV effective in treatment of Raynaud's phenomenon secondary to scleroderma in decreasing frequency and severity of attacks and preventing or healing digital ulcers, effect seems to be prolonged after infusion; Cisaprost PO has minimal or no efficacy; based on 7 placebo-controlled trials of prostaglandin analogues, including Iloprost IV, Iloprost PO and Cisaprost PO; systematic review last updated 1997 Nov 30 (Cochrane Library 1999 Issue 1:CD000953) cervical sympathetic blockade platelet aggregation inhibitors (aspirin, dipyridamole) cyclofenil not effective in treatment of Raynaud's phenomenon secondary to scleroderma, based on 1 trial with trend towards more improvement but more dropouts compared to placebo; systematic review last updated 1997 Nov 30 (Cochrane Library 1999 Issue 1:CD000955) cutaneous <ul style="list-style-type: none"> lubricating agents e.g. lanolin colchicine for acute crystal-induced inflammatory attacks low-dose warfarin to prevent calcinosis (possibly effective) cortisone rolipiv 25 mg/kg/day associated with reduced skin thickening in patients with moderate to severe diffuse 	
Physical		
Diagnosis		
Prognosis		
Treatment		
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References including Reviews and Guidelines		
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