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What is MDConsult?

- MDConsult is a commercial product which is offered as an extensive "mini-library".

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What is MDConsult?

MDConsult is a commercial product which is offered as an extensive "mini-library". It contains the full text of:

- 47 medical journals, clinics and yearbooks;
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- Adolescent Medicine
- Adult Reconstruction and Arthroplasty: Core Knowledge in Orthopedics
- Advanced Approaches in Echocardiography
- Aesthetic Oculofacial Rejuvenation

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BOOK CHAPTER

Normal Growth and Development

Introduction

Profound changes occur in the biological, cognitive, and social dimensions during the second decade of life. Although the content of these dimensions and the timing of their changes vary considerably, their overlap and interactions are hallmarks of adolescence. This chapter focuses on puberty, or maturation of the biological dimension. It opens with a review of the cognitive and social contexts within which puberty occurs. The triggers and timing of the onset of puberty are then discussed, followed by a review of its staging and dimensions. The final section presents common problems of pubertal development that present during adolescence.

Cognitive development

During the pre-teen and teen years, most adolescents progress from the Piaget stage of concrete thought to the stage of formal operational, or abstract, thought. They begin to understand sallities in communication and how their current behaviors may impact future outcomes. They begin to think about thinking, both as it relates to their own thoughts and to the thoughts of others. Theoretical consequences of this reflection are the "imaginary audience" described by Ellin at and the "personal fable." The imaginary audience refers to the belief that others are watching and invested in the adolescent's thoughts and action. The personal fable refers to a sense of invulnerability arising from the adolescent's perception of unique, individual attributes. Communication between adolescent patients and health care providers provides many examples of these cognitive changes. For example, an adolescent may respond to provider questions with partial answers, believing that answers obvious to the adolescent are also obvious to the provider.
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Relevance

FULL TEXT ARTICLE
Ostéoporose pendant la ménopause
Journal of Obstetrics and Gynaecology Canada (JOOGC).

MEDLINE®
Aging and osteoporosis in breast and prostate cancer.
CA: a cancer journal for clinicians.
VanderWaide, Ari; Hurria, Ari. Published May 13, 2011.

MEDLINE®
Effect of Abaloparatide vs Placebo on New Vertebral Fractures in Postmenopausal Women With...
JAMA.
Miller, Paul D; Hattersley, Gary. Published August 16, 2016.

Searches related to OSTEOPOROSIS
postmenopausal osteoporosis osteoporosis in men Fractures in Osteoporosis Screening for osteoporosis

Osteoporosis

Disease Overview
Fern's Clinical Advisor 2017 - Ferri, Fred F., MD

Definition
Osteoporosis is characterized by a progressive decrease in bone mass that results in increased bone fragility and a higher fracture risk. The various types are as follows:

Primary Osteoporosis
Affects 80% of women and 60% of men with osteoporosis.

• Idiopathic osteoporosis: unknown pathogenesis may occur in children and
ACR Appropriateness Criteria®
Osteoporosis and Bone Mineral Density

Journal of the American College of Radiology.
Ward, Robert J., MD; Roberts, Catherine C., MD... Show all. American College of Radiology.
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Primary Osteoporosis
Affects 80% of women and 60% of men.

• Idiopathic osteoporosis: unknown cause, may occur in children and young adults.

• Type I osteoporosis (postmenopausal). Characterized by accelerated bone loss and associated with low body mass and distal forearm fractures due to low vitamin D deficiency.

• Type II osteoporosis (involutional). Affects men and women aged >70 yr; characterized by trabecular bone loss and fractures of the hip, long bone, and spine.

Secondary Osteoporosis
Affects 20% of women and 40% of men. Osteoporosis that is a feature of another disease process.
ACR Appropriateness Criteria®
Osteoporosis and Bone Mineral Density

Expert Panel on Musculoskeletal Imaging: Robert J. Ward, MD, Catherine C. Roberts, MD, Joyce T. Benardino, MD, Erin Arnold, MD, Steven J. Barci, MD, R. Carter Cassidy, MD, Eric Y. Chang, MD, Michael G.Fox, MD, Bennett S. Greenwald, MD, MS, Soterios Grypoupolous, MD, Mary G. Huchama, MD, Douglas N. Mintz, MD, Joel S. Newman, MD, Charles Reitman, MD, Zehava S. Rosenberg, MD, Nehal A. Shah, MD, Kirstin M. Small, MD, Barbara N. Weisman, MD

Abstract

Osteoporosis is a considerable public health risk, with 50% of women and 20% of men >50 years of age experiencing a fracture, with mortality rates of 20% within the first year. Dual-energy X-ray absorptiometry (DXA) is the primary diagnostic modality by which to screen women >65 years of age and men >70 years of age for osteoporosis. In postmenopausal women <65 years of age with additional risk factors for fracture, DXA is recommended. Some patients with bone mineral density above the threshold for treatment may qualify for treatment on the basis of vertebral body fractures documented during a vertebral fracture assessment scan, a lateral spine equivalent generated from a commercial DEXA machine. Quantitative CT is useful in patients with advanced degenerative bone changes in their spines. New technologies such as volumetric bone score represent an emerging role for qualitative assessment of bone in clinical practice. It is critical that both radiologists and referring providers consider osteoporosis in their patients, thereby reducing substantial morbidity, mortality, and cost to the health care system.

The American College of Radiology Appropriateness Criteria are evidence-based guidelines for specific clinical conditions that are reviewed annually by a multidisciplinary expert panel. The guideline development process includes an extensive analysis of current medical literature from peer reviewed journals and the application of well-established methodology (RAN
dUCLA Appropriateness Method and Grading of Recommendations Assessment, Development, and Evaluation or GRADE) to rate the appropriateness of imaging and treatment procedures for specific clinical scenarios. In those instances where evidence is lacking or equivocal, expert opinion may supplement the available evidence to recommend imaging or treatment.

Keywords: Appropriateness Criteria, Appropriate Use Criteria, AUC, DXA, fracture, osteoporosis, screening

J Am Coll Radiol 2017;14:5189-5202. Copyright © 2017 American College of Radiology
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FULL TEXT ARTICLE

ACR Appropriateness Criteria® Osteoporosis and Bone Mineral Density

Aging and osteoporosis in breast and prostate cancer.

Romosozumab Treatment in Postmenopausal Women with Osteoporosis.

Osteoporosis

Disease Overview

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Published May 9, 2013. Last updated December 22, 2010.

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  - Published May 9, 2013, last updated December 22, 2010
**Osteoporosis**

**Key Points**

- An idiopathic or secondary skeletal disorder characterized by decreased bone mineral density (BMD) and microarchitectural destructions that promote bone fragility and fracture

- Common risk factors for development of osteoporosis include advancing age and estrogen deficiency

- Historically, guidelines for osteoporosis emphasized screening of postmenopausal women, but recent guidelines have also included screening of men

- Patients with osteoporosis are usually asymptomatic

- Symptoms and signs of secondary causes of osteoporosis may lead to the diagnosis

- Dual X-ray absorptiometry (DXA) scan of the spine, hip, or forearm is the preferred technique for measurement of BMD

- First-line therapy for many patients consists of a bisphosphonate and supplemental dietary calcium and vitamin D.

- Selective estrogen receptor modulators, recombinant human (1-34) parathyroid hormone, and calcitonin are adjuvant therapies.
First Consult

Treatment

Key Points

- An idiopathic or secondary skeletal disorder characterized by decreased bone mineral density (BMD) and microarchitectural destruction that promote bone fragility and fracture.

- Common risk factors for development of osteoporosis include advancing age and estrogen deficiency.

- Historically, guidelines for osteoporosis emphasized screening of postmenopausal women, but recent guidelines have also included screening of men.

- Patients with osteoporosis are usually asymptomatic.

- Symptoms and signs of secondary causes of osteoporosis may lead to the diagnosis.

- Dual X-ray absorptionometry (DXA) scan of the spine, hip, or forearm is the preferred technique for measurement of BMD.

- First-line therapy for many patients consists of a bisphosphonate and supplemental dietary calcium and vitamin D.

- Selective estrogen receptor modulators, recombinant human (1-34) parathyroid hormone, and calcitonin are adjunctive therapies.

- Preventive therapy aims to reduce loss of bone substance and reinforce the skeletal microarchitecture.

- An acceptable response to therapy is a stable or increased BMD compared to baseline.

Background

Definition/Description
Treatment

Summary Approach

Treatment

The five major goals of treatment are as follows:

- Prevention of fractures
- Maintenance or addition of bone mass
- Relief from the symptoms of fractures and skeletal deformity
- Maximization of physical function
- Reduction of the economic burden from osteoporotic complications

The National Osteoporosis Foundation, the North American Menopause Society, and the American Association of Clinical Endocrinologists have established guidelines on patient selection for the treatment of postmenopausal osteoporosis:

- National Osteoporosis Foundation
  - Presence of hip or vertebral fracture
    - A hip (femoral neck) DXA or spine T-score ≤ -2.5
  - Low bone mass and a U.S.-adapted WHO 10-year probability of a hip fracture of 5% or higher or a 101-year probability of any major osteoporosis-related fracture of 20% or higher
  - Treatment may be initiated in patients with 10-year fracture probabilities above or below these levels on the basis of patient preference
Treatments

Drugs

Bisphosphonates

Indication

- Treatment of osteoporosis and osteoporosis prophylaxis in postmenopausal women

Dose and dose information

- Aclidronate:
  - Treatment: 10 mg orally daily or 70 mg orally once weekly
  - Prevention: 5 mg orally daily or 35 mg orally once weekly

- Risedronate:
  - Treatment and prevention: 5 mg orally daily, 35 mg orally once weekly, 75 mg orally daily for 2 consecutive days per month, or 150 mg orally once monthly

- Zolendronic acid:
  - Treatment and prevention: 2.5 mg orally daily or 150 mg orally once monthly
  - Treatment: 3 mg intravenously every 3 months (15- to 30-second infusion)

- Etidronate:
  - 5 mg intravenously annually (15-minute infusion)
Drug Monographs
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Drugs ▼ osteoporosis

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Osteoporosis

Book

Marcus, Robert, MD
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Osteoporosis

Disease Overview

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Gold Standard. Published December 8, 2016.

Raloxifene is a selective estrogen receptor modulator (SERM) of the benzothiophene class. Similar to tamoxifen, raloxifene produces estrogen-like effects on bone and lipid metabolism, while antagonizing the effects of estrogen on mammary tissue. However, unlike estrogen or tamoxifen, it does not stimulate uterine tissue and behaves as an estrogen antagonist in the uterus. Raloxifene's pharmacologic effects...
Drug Monograph
Results for Aspirin:
**Description:** Aspirin, the salicylic ester of acetic acid, was introduced into medicine in 1899 and is used for its analgesic, antiinflammatory, antipyretic, and antithrombotic effects. The antiinflammatory and analgesic effects of aspirin are roughly equivalent to those of many other NSAIDs. Aspirin is used in the treatment of many inflammatory and autoimmune conditions such as rheumatoid arthritis and osteoarthritis. Use in children is limited due to the association of aspirin with Reye’s syndrome, a potentially fatal disease. Clinical guidelines for the treatment of juvenile idiopathic arthritis in children no longer recommend aspirin as a treatment option due to the availability of other NSAIDs (i.e., ibuprofen, naproxen) that are just as effective, safer, and better tolerated. 54236 54237 54238 54239 Because of its side effects, aspirin is not recommended for the treatment of cardiovascular disease.
Guidelines:

MONOGRAPH

Raloxifene

Description: Raloxifene is a selective estrogen receptor modulator (SERM) of benzothiophene class. Similar to tamoxifen, raloxifene produces estrogen-like effects on bone and lipid metabolism, while antagonizing the effects of estrogen on mammary tissue. However, unlike estrogen or tamoxifen, it does not stimulate...
Results for “Guidelines”

Osteoporosis: assessing the risk of fragility fracture.
National Institute for Health and Care Excellence (NICE). Published August 18, 2019.

Definition
Osteoporosis is characterized by a progressive decrease in bone mass that results in increased bone fragility and a higher fracture risk. The various types are as follows:

Primary Osteoporosis
Affects 50% of women and 60% of men with osteoporosis.

- Idiopathic osteoporosis: unknown pathogenesis; may occur in children and young adults
- Type I osteoporosis: may occur in postmenopausal women (ages 51-79); characterized by accelerated and disproportionate trabecular bone loss and associated
Osteoporosis: assessing the risk of fragility fracture (CG146)

National Institute for Health and Care Excellence (NICE)

Introduction

Osteoporosis is a disease characterised by low bone mass and structural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture. Osteoporosis leads to nearly 9 million fractures annually worldwide, and over 300,000 patients present with fragility fractures to hospitals in the UK each year.

Fragility fractures are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or 'low energy') trauma. The World Health Organization (WHO) has quantified this as forces equivalent to a fall from a standing height or less. Reduced bone density is a major risk factor for fragility fracture. Other factors that may affect the risk of fragility fracture include the use of oral or systemic glucocorticoids, age, sex, previous fractures and family history of osteoporosis. Because of increased bone loss after the menopause in women, and age-related bone loss in both women and men, the prevalence of osteoporosis increases markedly with age, from 2% at 50 years to more than 25% at 80 years in women. As the longevity of the population increases, so will the incidence of osteoporosis and fragility fracture.

Fragility fractures occur most commonly in the spine (vertebrae), hip (proximal femur) and wrist (distal radius).
Clinical Trial:
Clinical Trials

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Clinical Trials

osteoporosis

476 results

Relevance

CLINICAL TRIAL

Preventing Osteoporosis: The Effect of High Intensity Strength…

Published July 29, 2016. Conditions: Osteoporosis. Interventions:
Behavioral: Heavy, explosive strength training; Behavioral:
recommendations.

CLINICAL TRIAL

Whole Exome Sequencing to Identify Genetic Predisposition to

Osteoporosis

Disease Overview

Was this helpful? Yes or No
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Patient Education
Patient Education

ClinicalKey search for "Patient Ed. pregnancy" with results showing articles on "Back Pain in Pregnancy" and "Pregnancy and HIV".

- Back Pain in Pregnancy:
  - Available to print in English & Spanish
  - ExitCare, LLC
  - Published October 26, 2016

- Pregnancy and HIV:
  - Available to print in English, Russian
  - ExitCare, LLC
  - Published October 26, 2016
Back pain during pregnancy is common. It happens in about half of all pregnancies. It is important for you and your baby that you remain active during your pregnancy. If you feel that back pain is not allowing you to remain active or sleep well, it is time to see your caregiver. Back pain may be caused by several factors related to changes during your pregnancy. Fortunately, unless you had trouble with your back before your pregnancy, the pain is likely to get better after you deliver.
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Pulmonary Arterial Hypertension and Neonatal Arterial Switch Surgery for Correction of Transposition of the Great Arteries

Domínguez Manzano, Paula; Mendoza Soto, Alberto;...

Figure 2 Pulmonary histopathology. Images showing obstructive pulmonary vascular disease: intimal hyperplasia in a muscular artery with intimal collagenation and lumen diameter reduction (A, hematoxylin-eosin; C, Masson trichrome). C, concentric fibrosis of the wall was also observed in the right arteriole, as well as images of plexiform lesions with proliferation of endothelial, smooth muscle, and myofibroblast cells that form intramural
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Proteins affecting procollagen intracellular trafficking and extracellular crosslinking. Heat shock protein 47 is a specific collagen I chaperone. Binding to the triple helical collagen domain in the endoplasmic reticulum prevents aggregation and facilitates its trafficking to the Golgi. An RDEL signal will then guide the return of heat shock protein 47 to the endoplasmic reticulum. FK506 binding protein 65 is a peptidyl prolyl cis-trans isomerase known to affect the activity of lysyl hydroxylase 2, the enzyme which hydroxylates lysine residues in the N-telopeptides and C-telopeptides that are crucial for crosslink formation in the extracellular matrix. The question marks refer to probable but not yet proven interactions.

Osteogenesis imperfecta
Fortino, Antonella, PhD, Lancet. The Volume 387, Issue 10026, 1657-1671

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Pulmonary Arterial Hypertension and Neonatal Arterial Switch Surgery for Correction of Transposition of the Great Arteries


Figure 2. Pulmonary histopathology. Images showing obstructive pulmonary vascular disease: intimal hyperplasia in a muscular artery with intimal collagenation and lumen diameter reduction (A, hematoxylin-eosin; C, Masson trichrome). C, concentric fibrosis of the wall was also observed in the right arteriole, as well as images of plexiform lesions with proliferation of endothelial, smooth muscle, and myofibroblast cells that form intramural secondary lumens, particularly in the areas of vessel bifurcation (B, hematoxylin-eosin; D, smooth muscle actin) (courtesy of Dr. J.C. Ferreres, Hospital Vall d’Hebron, Barcelona).

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Figure 2: Pulmonary histopathology images showing obstructive pulmonary vascular disease, intimal hyperplasia, mural artery, with internal collagenization and internal diameter reduction (A, hematoxylin; B, Masson trichrome). Characteristic features of the wall were also observed in the right arterial, as well as images of photomicroscopy with

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Spanish Review of Cardiology (Revista Española de Cardiología, English Edition)

Domínguez Manzano, Paula; Mendoza Soto, Alberto... Show all. Published September 1, 2016

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Osteogenesis Imperfecta

Definition

The heterogeneous group of disorders called osteogenesis imperfecta (OI) includes, at one end of the severity spectrum, a type that is lethal prenatally or in the neonatal period and, at the other, such mild features that distinguishing affected individuals from the general population is difficult. The unifying feature is hereditary osteopenia (insufficient bone), with primary defects in the protein matrix in bone and other tissues. The clinical syndromes all involve osteoporosis with liability to fracture (Chapter 243). More

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Osteogenesis imperfecta

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News and Updates

Content Updates
- Rosen’s Emergency Medicine, 9e, temporarily removed. Title temporarily removed from all ClinicalKey products due to the discovery of several drug dosage errors.
- New Book Editions in January 2018
  Here’s a look at the content changes for January 2018.
- New Book Editions in December 2017
  Here’s a look at the content changes for December 2017

Other Updates
- New Content Type: Clinical Overviews
  Clinical Overviews are easy-to-scan, clinically focused medical topic summaries that are replacing the most frequently searched and used First Consult topics on ClinicalKey.
- Opioid Epidemic Resource Center
  The Opioid Epidemic Resource Center, freely available on Elsevier Connect. Elsevier’s public news and Information website, includes content from Elsevier’s many medical journals, textbooks, and other clinical resources. Also available is information that is used by practicing nurses and doctors and resources for patients and their families.
Other Resources

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Bone biology, signaling pathways, and therapeutic targets for osteoporosis
Maturitas.

Iñiguez-Ariza, Nicole M.; Clarke, Bart L.; Published October 1, 2015.

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