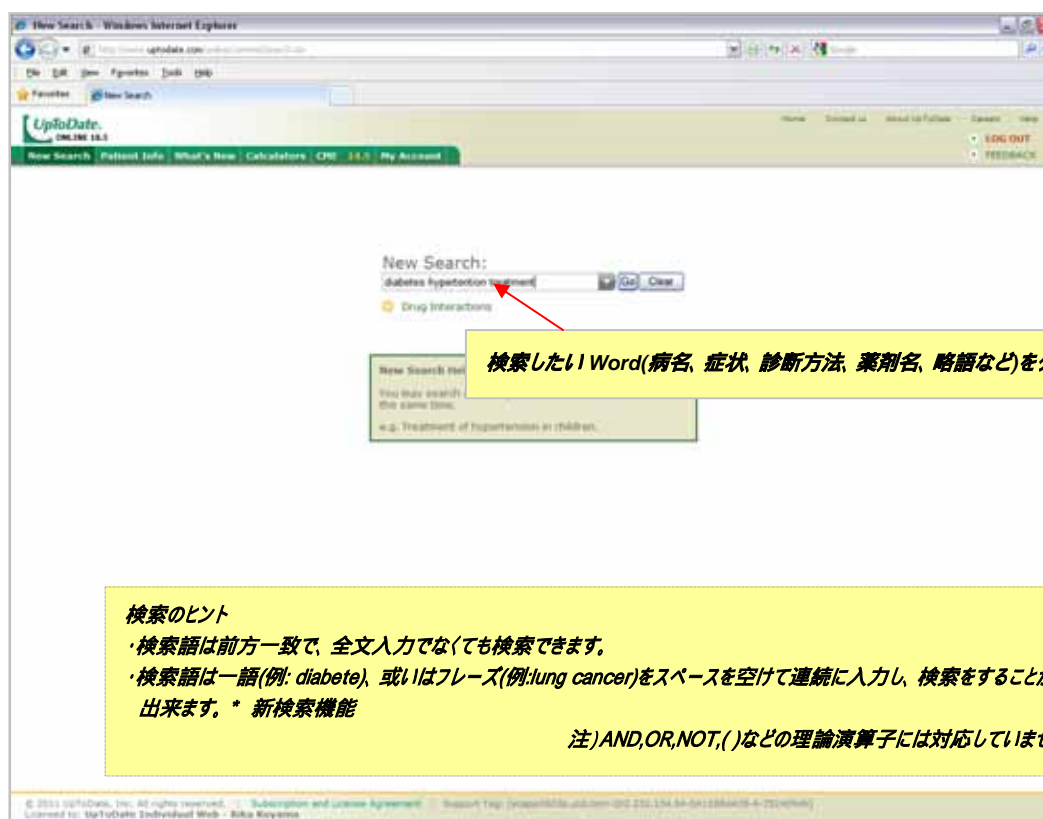
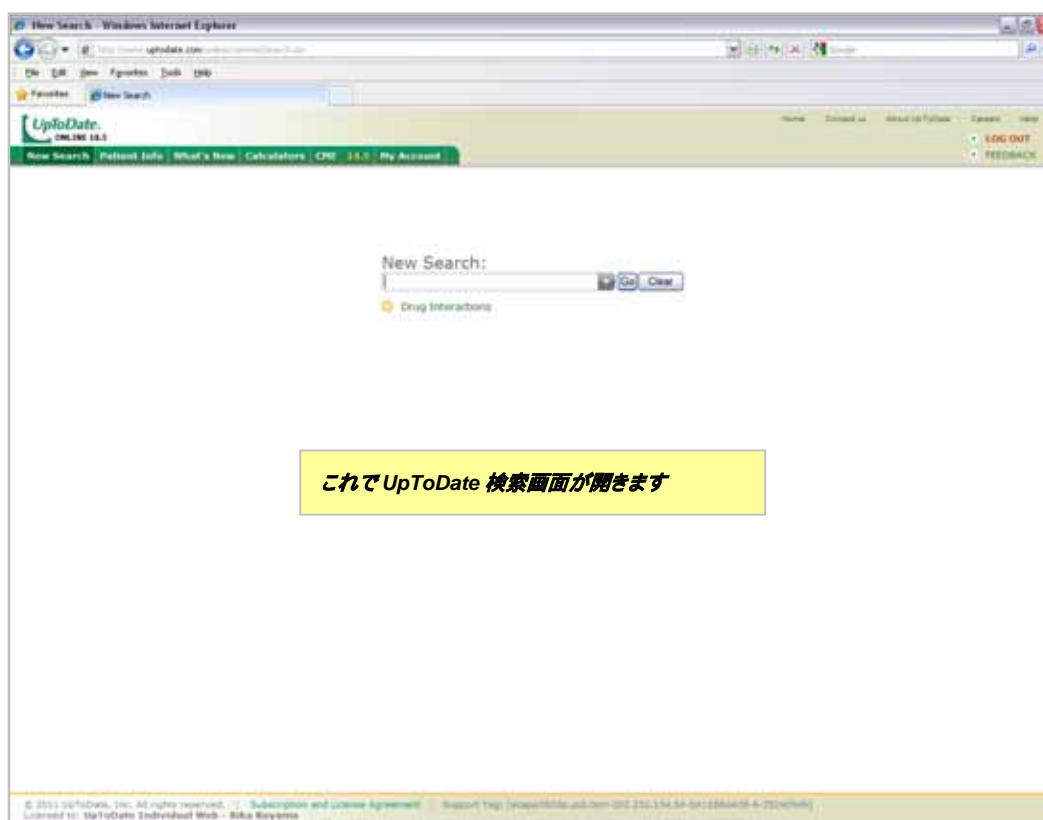


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<http://www.uptodate.com/online> へアクセスします。



検索結果は, Adult, Pediatric, Patient information で, 優先順位を変更できます

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

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。

Search Results for "diabetes hypertension treatment"
 diabetes means diabetes mellitus. Click alternative terms: diabetes mellitus

All search results | **Favorite adult topics** | Favorite pediatric topics | Favorite patient topics

- Treatment of hypertension in patients with diabetes mellitus
- What is goal blood pressure in the treatment of hypertension?
- Treatment of type 2 diabetes mellitus in the elderly patient
- Hypertension: Who should be treated?
- Choice of therapy in essential hypertension: Recommendations
- Treatment of diabetic neuropathy
- Treatment of hypertension in children and adolescents
- Resistant hypertension and treatment of hypertension
- Prevention and treatment of diabetic retinopathy
- Microalbuminuria in type 2 diabetes mellitus
- Cardiorenal syndrome: Definition; prognosis; and pathophysiology
- Treatment of hypertension in the elderly, particularly isolated systolic hypertension
- Choice of antihypertensive drugs
- Binge drinking and hypertension
- Granulomatous disease and hypertension
- Treatment and course of gestational diabetes mellitus
- Comorbidities and complications of type 2 diabetes mellitus in children and adolescents
- Diabetic autonomic neuropathy
- Treatment of diabetic nephropathy
- Complications and screening in children and adolescents with type 1 diabetes mellitus
- Screening for lower extremity peripheral artery disease
- Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
- Pregnancy risks in women with type 1 and type 2 diabetes mellitus
- Management of hypertension in pregnant and postpartum women
- Ambulatory blood pressure monitoring and white coat hypertension in adults

Topic Outline

- INTRODUCTION AND PREVALENCE
- PATHOPHYSIOLOGY
 - Hypernatremia
 - Volume expansion
 - Increased arterial stiffness
- BENEFIT OF TREATMENT
 - SAPPHO trial
 - HDT trial
 - ADVANCE trial
- GOAL BLOOD PRESSURE
 - Normotensive ABCD trial
 - ACCORD BP trial
 - SANDS trial
 - Trials of angiotensin inhibition
 - Summary and conclusions
- CHOICE OF ANTIHYPERTENSIVE DRUGS
 - ALLHAT trial
 - Thiazide diuretics
 - Angiotensin inhibitors
 - ACE inhibitors
 - Angiotensin II receptor blockers
 - ACE inhibitor plus ARB
 - Calcium channel blockers
 - Beta blockers
 - Alpha blockers
 - Combination therapy and ACCOMPLISH
- SUMMARY AND RECOMMENDATIONS
 - Choice of antihypertensive agents
 - Goal blood pressure
- GRAPHICS
- FIGURES

Topic, または Topic アウトラインをクリックします

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Treatment of hypertension in patients with diabetes mellitus

TOPIC OUTLINE

- INTRODUCTION AND PREVALENCE
- PATHOGENESIS
 - Hypertensinemia
 - Volume expansion
 - Increased arterial stiffness
- BENEFIT OF TREATMENT
 - UKPDS trial
 - NOT trial
 - ADVANCE trial
- GOAL BLOOD PRESSURE
 - Nonpharmacologic ABCs trial
 - ACCORD BP trial
 - SANDS trial
 - Trials of angiotensin inhibition
 - Summary and conclusions
- CHOICE OF ANTIHYPERTENSIVE DRUGS
 - ALLHAT trial
 - Thiazide diuretics
 - Angiotensin inhibitors
 - ACE inhibitors
 - Angiotensin II receptor blockers
 - ACE inhibitors plus ARB
 - Calcium channel blockers
 - Beta blockers
 - Alpha blockers
 - Combination therapy and ACCORD trial
- SUMMARY AND RECOMMENDATIONS
 - Choice of antihypertensive agents
 - Goal blood pressure
- REFERENCES
- GRAPHICS
- FIGURES
- Systemic BP in type 2 diabetes

Author: George L. Bakris, MD

Section Editors: Norman M Kaplan, MD; David M Nathan, MD

Deputy Editor: Alice M Sheridan, MD

Last literature review version 18.3: 09/2010 | This topic last updated: 10/17/2010 (More)

INTRODUCTION AND PREVALENCE — Hypertension is a common problem in patients with both type 1 and type 2 diabetes but the time course in relation to the duration of diabetes is different [1,2]. Among those with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 25 years, and 70 percent at 40 years [2]. There is a close relation between the prevalence of hypertension and increasing albuminuria. 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 "Risk factors".)

These features were illustrated in a study of 961 patients who had type 1 diabetes for five or more years [2]. Hypertension was present in 19 percent of patients with normoalbuminuria, 30 percent with microalbuminuria, and 65 percent with macroalbuminuria. The incidence of hypertension eventually reaches 75 to 85 percent in patients with progressive diabetic nephropathy [2]. The risk of hypertension is highest in blacks, who are also at much greater risk for renal failure due to diabetic nephropathy. (See "Overview of diabetic nephropathy".)

The findings are different in patients with type 2 diabetes. In a series of over 3500 newly diagnosed patients, 39 percent were already hypertensive [3]. In approximately one-half of these patients, the elevation in blood pressure (BP) occurred before the onset of microalbuminuria. Hypertension was strongly associated with obesity and, not surprisingly, the hypertensive patients were at increased risk for cardiovascular morbidity and mortality. (See "Microalbuminuria in type 2 diabetes mellitus".)

This topic will review the pathogenesis of hypertension in patients with diabetes mellitus and the three major treatment issues:

- The evidence supporting benefit from the treatment of hypertension in diabetes: hypertensinemia, extracellular fluid volume expansion, and increased arterial stiffness.
- The choice of antihypertensive agents.
- Goal blood pressure.

PATHOGENESIS — In addition to the development of diabetic nephropathy to contribute to hypertension in diabetes: hypertensinemia, extracellular fluid volume expansion, and increased arterial stiffness.

Hypertensinemia — Hypertensinemia, due to insulin resistance in type 2 diabetes or to insulin administration, may increase systemic blood pressure. In one report of 80 type 2 diabetic patients begun on insulin, the blood pressure rose from 132/91 to 148/89 mmHg [4]. This hypertensive response, although not noted in all studies, may be mediated by concurrent weight gain and by the prohypertensive effect of insulin. Hypertensinemia may be a link to explain the association between obesity and hypertension both in nondiabetic patients and those with type 2 diabetes, since insulin can increase sympathetic activity and promote renal sodium retention.

Volume expansion — Sodium retention and volume expansion may be induced both by insulin and the hyperglycemia-induced increase in the filtered glucose load [2,5]. The excess filtered glucose is reabsorbed (as long as there is only moderate hyperglycemia) in the proximal tubule via

Help improve UpToDate. Did UpToDate answer your question? | 1/1 | 1/1

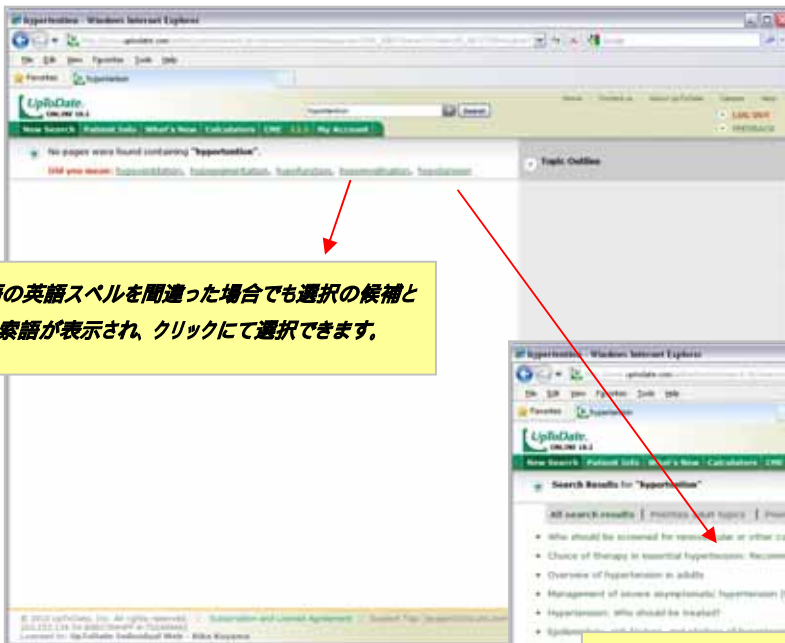
'Accept' ボタンをクリックすると、トピックの内容画面に戻ります

Search Results for "treatment of hypertension"

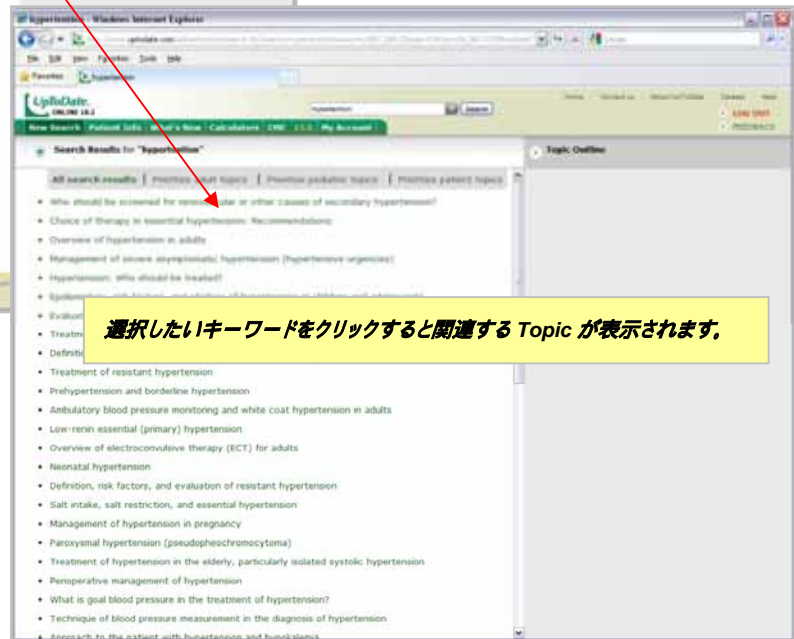
All search results | **practice alert topics** | **practice guideline topics** | **practice patient topics**

- Choice of therapy in essential hypertension: Recommendations
- Hypertension: who should be treated?
- Treatment of hypertension in the elderly, particularly isolated systolic hypertension
- Management of severe asymptomatic hypertension (hypertensive urgencies)
- Choice of therapy in essential hypertension: Clinical trials
- Overview of hypertension in adults
- Treatment of hypertension in patients with diabetes mellitus
- Treatment of resistant hypertension
- Treatment of hypertension in children and adolescents
- Definition, risk factors, and evaluation of resistant hypertension
- Overview of electroconvulsive therapy (ECT) for adults
- Treatment of acute decompensated heart failure: Components of therapy
- Congenital rubella syndrome: Management, outcome, and prevention
- What is goal blood pressure in the treatment of hypertension?
- Management of symptomatic carotid atherosclerotic disease
- Antipsychotic medications: Treatment efficacy, drug selection, and side effects
- Management of asymptomatic carotid atherosclerotic disease
- Management of hypertension in pregnancy
- Peroperative management of hypertension
- Adenosine deaminase deficiency: Treatment
- Prehypertension and borderline hypertension
- Neonatal hypertension
- Chronic urticaria: Treatment of refractory symptoms
- Chemotherapy and immunotherapy for HIV/AIDS-related cancer

ここをクリックして、検索結果画面(この画面では 'treatment of hypertension,')に戻ることができます



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。

クリックすると編集責任者が表示されます

クリックすると関連する Topic が表示されます

Treatment Regimen	Genotype 1 (%)	Genotype 1/3 (%)
pegIFN + 2a + RBV 1.0-1.5g	48	78
pegIFN + 2a + RBV 1.0g plus placebo	21	43
IFN + 2b + RBV 1.0-1.5g	36	61

クリックするとテーブルや図などが表示されます

クリックすると薬剤情報が表示されます

クリックすると根拠となるエビデンス、書籍事項と"Medline Abstract"が表示されます

Grading

Recommendation に Grading を表示し、その Recommendation の度合いを表しています。
 (*Grading の表示は全ての Recommendation にはまだ付いていません。)

The screenshot shows the UpToDate website interface. The main content area displays a recommendation for the treatment of chronic hepatitis C virus infection. A red arrow points from the 'Grade 1A' label in the recommendation text to a detailed explanation of the grading system in a separate window.

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

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

Evidence grades

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. 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".

Printing

Printer を押すと印刷に適した形で Topic が表示されます。

The screenshot shows the UpToDate website interface in Internet Explorer. The main article is titled "Treatment of chronic hepatitis C virus infection: General recommendations for adults". The page includes a table of contents on the left, author information, and the main text. Two red arrows point from the top of the page to the "Print Options" and "Email" buttons located in the right-hand margin. Below the main article, there are two smaller screenshots: one showing the "Print Options" menu with "Text" selected, and another showing the "Email" form with fields for name, email, and recipient list.

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 screenshots illustrate the navigation process on the UpToDate website. The first image shows the 'What's New' page with a list of medical topics. The second image shows a red arrow pointing from the 'What's New' link in the top navigation bar to the page content. The third image shows a red arrow pointing from the 'What's new in cardiology' link in the second screenshot to the article content.

What's new in cardiology

TOPIC OUTLINE

- ARRHYTHMIAS
- CORONARY HEART DISEASE
- HEART FAILURE AND CARDIOPULMONARY
- CARDIAC TRANSPLANTATION
- INTERVENTIONAL CARDIOLOGY
- VALVULAR HEART DISEASE
- NONVALVULAR CARDIAL SHUNT
- REFERENCES
- SNAPSHOTS
- TOPICS
- RELATED TOPICS

What's new in cardiology

Authors
Gordon M. Epstein, MD, FACC
Susan B. Thom, MD, FACC

Last literature review version (8.2) 5/8/2010 | This topic last updated: 6/8/10 (New)

The following represent additions to UpToDate since the last version that were considered by the authors and editors to be of particular interest. The new material described below represents a small subset of the updating that has been performed, since approximately 40 percent of the topic reviews are updated during each four-month cycle.

ARRHYTHMIAS

The optimal rate goal for patients with AF, in whom a rate control strategy has been chosen, has been uncertain. The randomized AACE II trial, compared strategies of lowest rate control strategy (resting heart rate <110 beats per minute) or strict rate-control strategy (resting heart rate <80 beats per minute and heart rate during moderate exercise <118 beats per minute) [1]. There was no significant difference between the two groups in the primary composite outcome (cardiovascular death, hospitalization for heart failure, and stroke, systemic embolism, bleeding, and life-threatening arrhythmic events) at three years. However, there were nearly nine times as many visits to achieve rate the control target(s) in those assigned to strict control. (See 'Control of ventricular rate in atrial fibrillation, pharmacologic therapy'.)

Atrial fibrillation early after sudden cardiac arrest (SCA) may have deleterious effects, perhaps due to oxidative injury. Analysis using a multicenter database found that patients with hypoxemia (PaO2 <90 mmHg) within 24 hours after SCA arrival following cardiac arrest had higher in-hospital mortality compared with those with normoxemia and hypoxia (PaO2 <80mmHg) (87 percent versus 65 and 57 percent) [1]. In a multivariable model, hypoxemia and hypoxia were independent risk factors for death. Further data are needed to determine the impact of oxygen saturation during and after resuscitation. (See 'Stratification of sudden cardiac arrest', section on 'Impact of arterial oxygen level'.)

CORONARY HEART DISEASE

The optimal blood pressure goal for hypertensive patients with established cardiovascular disease is not known. Two studies have added to the evidence from which recommendations are made (see 'Blood pressure management in patients with established cardiovascular disease', section on 'Clinical trials').

- The ACCORD BP trial randomly assigned over 4700 patients with type 2 diabetes who had cardiovascular disease or at least two additional risk factors for cardiovascular disease to systolic blood pressure targets of either less than 125 or less than 140 mmHg [2]. After a mean follow-up of 4.7 years, there was no significant difference in the annual rate of the primary composite endpoint of nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes (1.87 versus 2.04

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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 following navigation path:

- Search Page:** Shows the 'New Search' input field and a 'New Search Help' box. A red arrow points from the search area to the next screenshot.
- Contents: Patient Information:** Shows a sidebar with 'Contents' and a main area with 'Contents: Patient Information'. A red arrow points from the 'Contents' link in the sidebar to the next screenshot.
- Contents: Allergy and asthma:** Shows a sidebar with 'Contents' and a main area with 'Contents: Allergy and asthma'. A red arrow points from the 'Allergy and asthma' link in the sidebar to the next screenshot.
- Article: Allergy to penicillin and related antibiotics:** Shows the full article content with a red arrow pointing to the main text area.

Topic 内検索

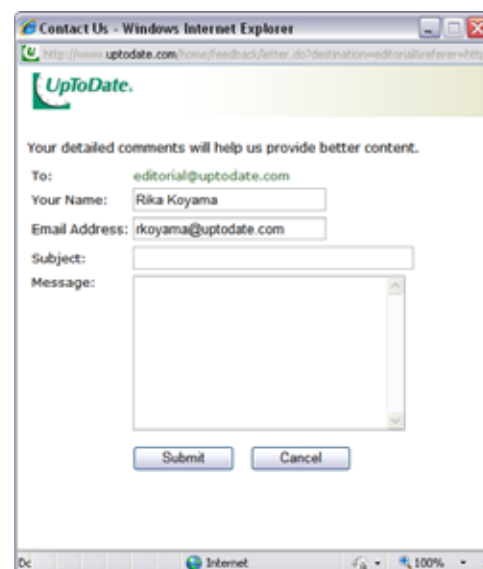
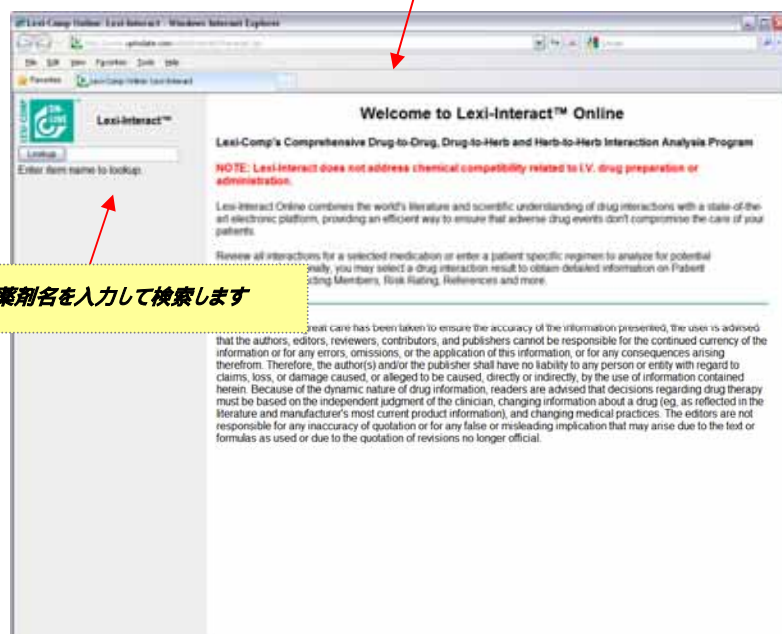
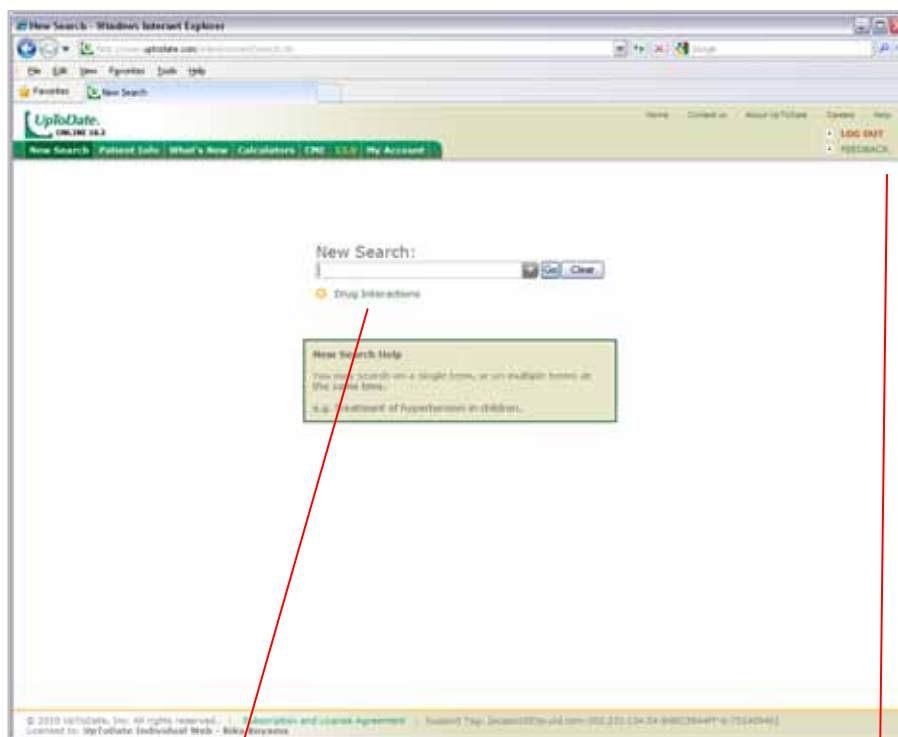
目的とする検索語を Topic 内で探したい場合に使用します。

The screenshots illustrate the 'Topic Outline' feature on the UpToDate website. The left sidebar contains a hierarchical list of topics related to 'Overview of medical care in adults with diabetes mellitus'. The main content area displays the full text of the article, including the introduction and evaluation for diabetic complications. A red arrow indicates the search function within the topic outline, which allows users to find specific sections of the article.

Drug interaction Program & Feedback

薬剤相互作用データベースのリンクがあり自由に利用可能です。

また、Feedback をクリックすることにより UpToDate の編集スタッフに直接連絡をすることが出来ます(英語のみ)。



Calculator

Calculator 機能がご利用頂けます。

Input欄に数値を入力

Result 欄に結果を表示

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