ClinicalKey

Eric Chou 周汶熹

Customer Engagement Manager
Health and Science, Asia Pacific

Introduction of Elsevier

The original Non Solus mark of Isaac Elzevir was used for the first time in Leyden in 1620.

- In 1620, the draft of Elsevier's logo first come out
  - Elm & Grapevine：stand for great wisdom by publishing
  - Old man：stand for research scholar
  - NON SOLUS： Latin, means **"Not Alone"** (never alone in study)
  - Implication：the scholar (Old man) and results of publishing (Elm) need to go together and coexist

Challenges
挑戰

- 600,000 to 800,000 new clinical articles are published each year.
  每年有60~80萬篇臨床論文發表

- Every day, on average, each physician asks 9.5 questions. Two thirds of those clinical questions go unanswered.
  每天每一位醫師平均提出9.5個問題，其中2/3得不到答案*

- Physicians and medical students today are being overwhelmed with information and questions which need to be answered.
  如今臨床工作人員被爆炸的資訊和需要解答的問題所淹沒

- Profusion of content sources makes it difficult to get answers.
  資訊來源太多(Google, PubMed, Various Database...)，
  答案的找尋變的耗時困難

* "Watson and Healthcare" (quoting the British Medical Journal), April 2011

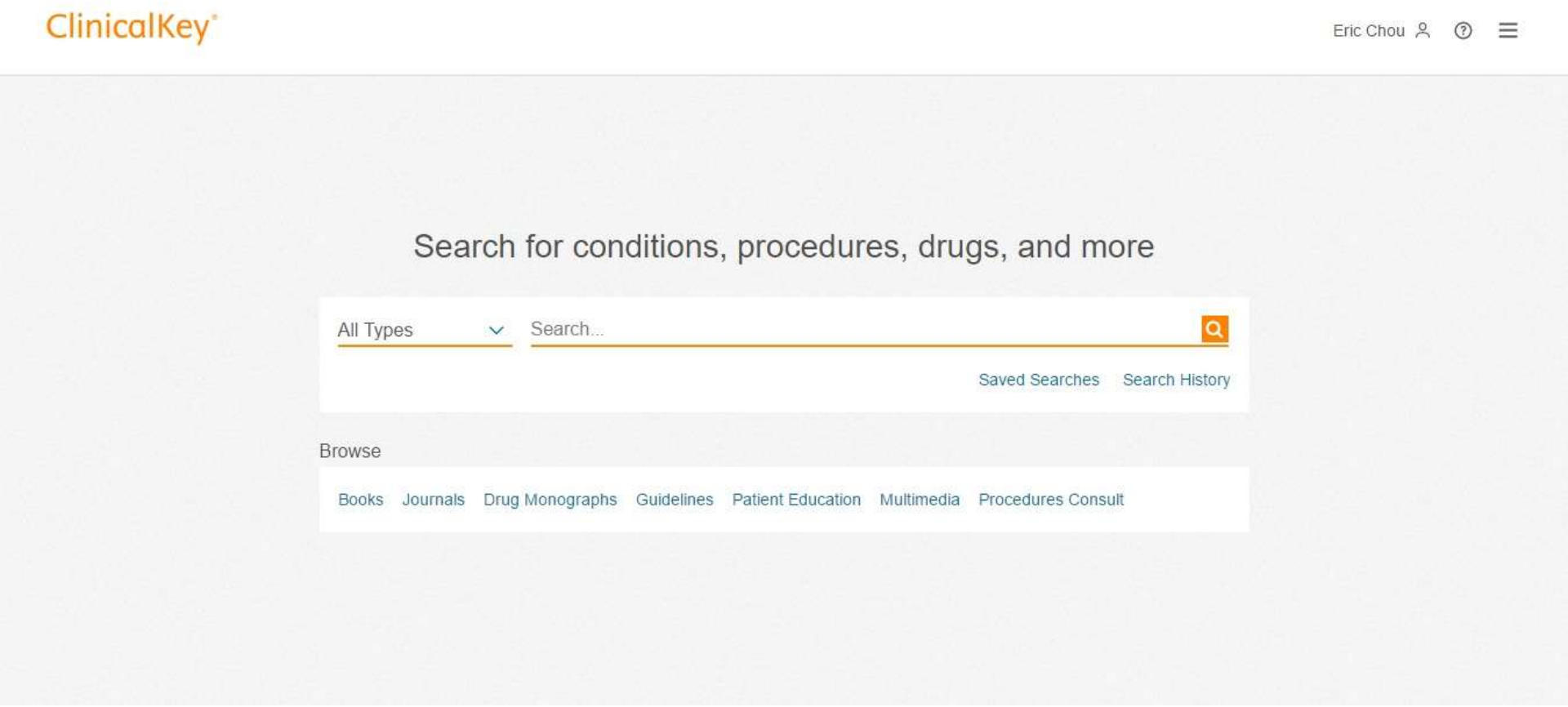
How are information consumed nowadays?
現今資訊是如何被使用的?

Anytime
Anywhere

Multimedia

High-
Efficiency

ClinicalKey



Trusted and Comprehensive 資料全面、完整且值得信賴

✓ 1,100+ reference books	✓ 850+ First Consult & Clinical Overview
✓ 650+ medical journals	✓ 4,500+ practice guidelines
✓ Fully indexed MEDLINE	✓ 1,400+ topic pages
✓ 45,000+ medical / surgical videos	✓ 3,100+ drug monographs
✓ 340+ Procedures Consult videos	✓ 9,000+ patient education handouts
✓ Over 3 million images	✓ Clinical Trials.gov database

Journals 650+種 跨40科別 從基礎到臨床

立即閱讀最新文獻X全文檔案不求人

- *Trends in Biotechnology*
- *Trends in Cell Biology*
- *Trends in Pharmacological Sciences*
- *Journal of the American College of Cardiology*
- *Journal of Bone and Joint Surgery*
- *European Urology*
- *Journal of Urology*
- *Gastroenterology*
- *Lancet*
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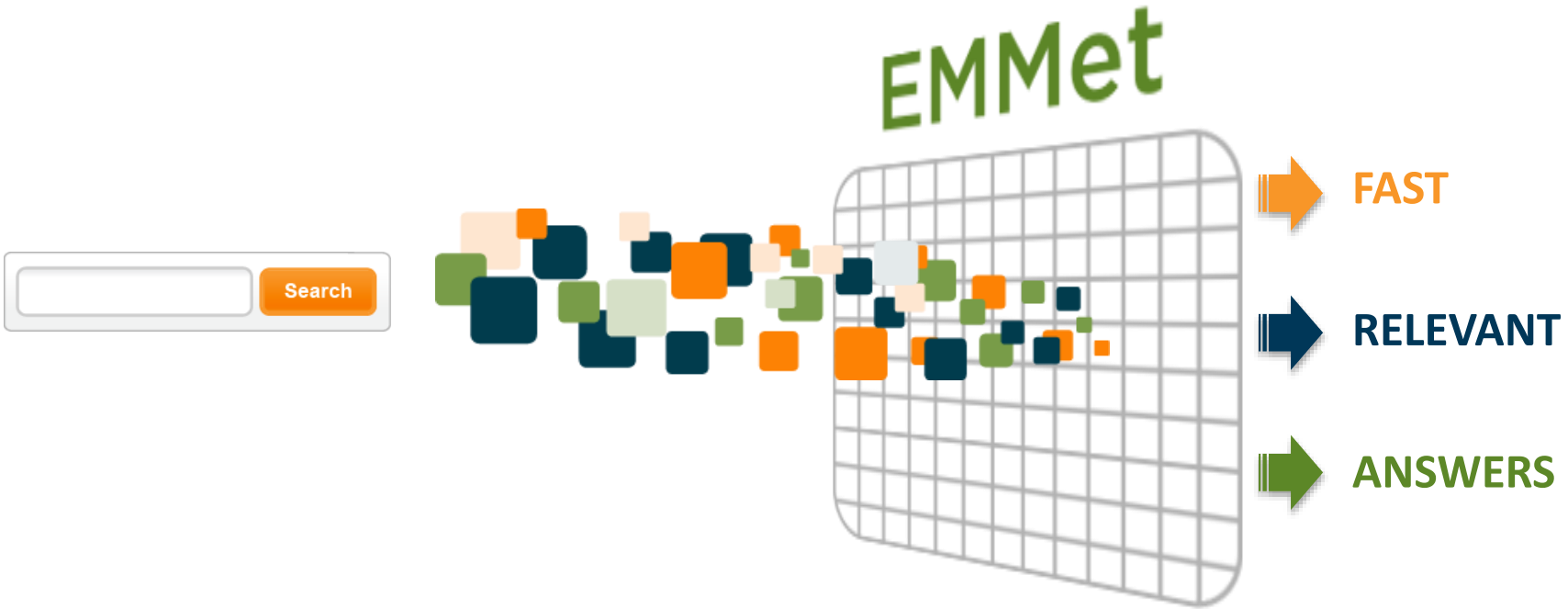
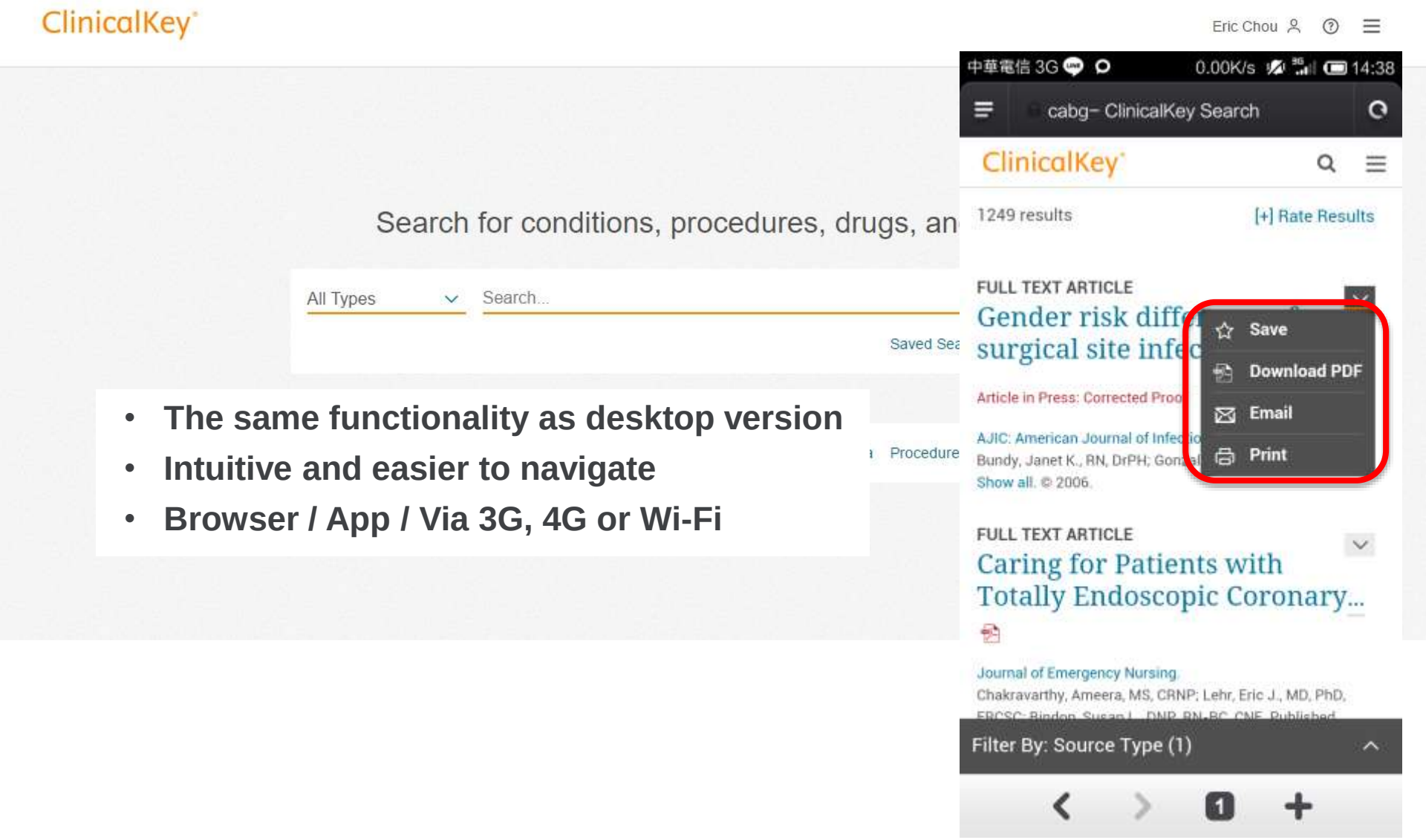
Clinical Solution **ClinicalKey**

Powerful Search Engine + Comprehensive Information



Anytime Anywhere, Mobile-optimized User-Interface
行動裝置優化操作介面



- **The same functionality as desktop version**
- **Intuitive and easier to navigate**
- **Browser / App / Via 3G, 4G or Wi-Fi**

Advantage of ClinicalKey
優勢

Includes the latest journals, videos, guidelines, etc.
包含最新出版的期刊, 影片,臨床指引等

Covers virtually every medical specialties
涵蓋所有醫學專科; RT, PT, 營養師等專業人員也可使用

Content is continuously updated and **always current**
內容持續更新沒有延遲!


ELSEVIER
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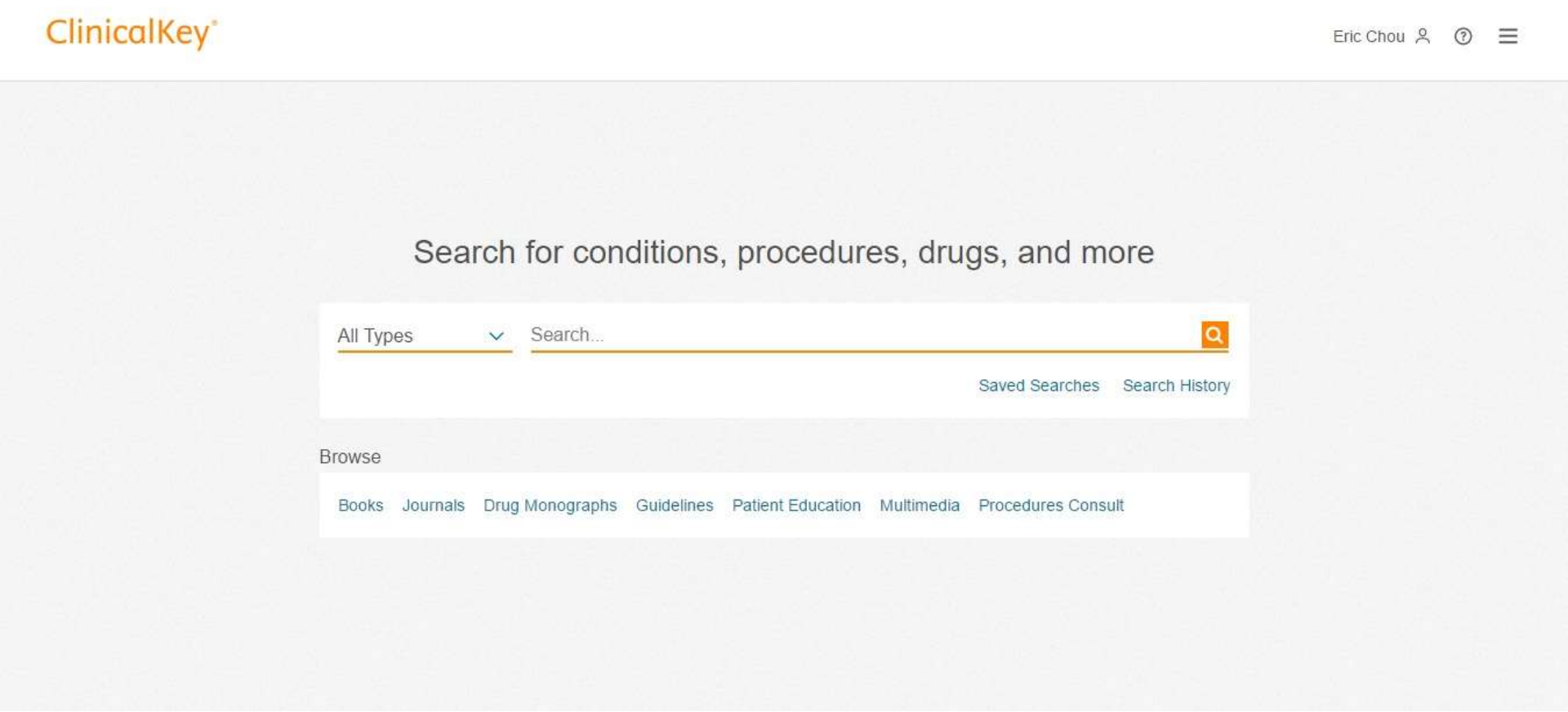

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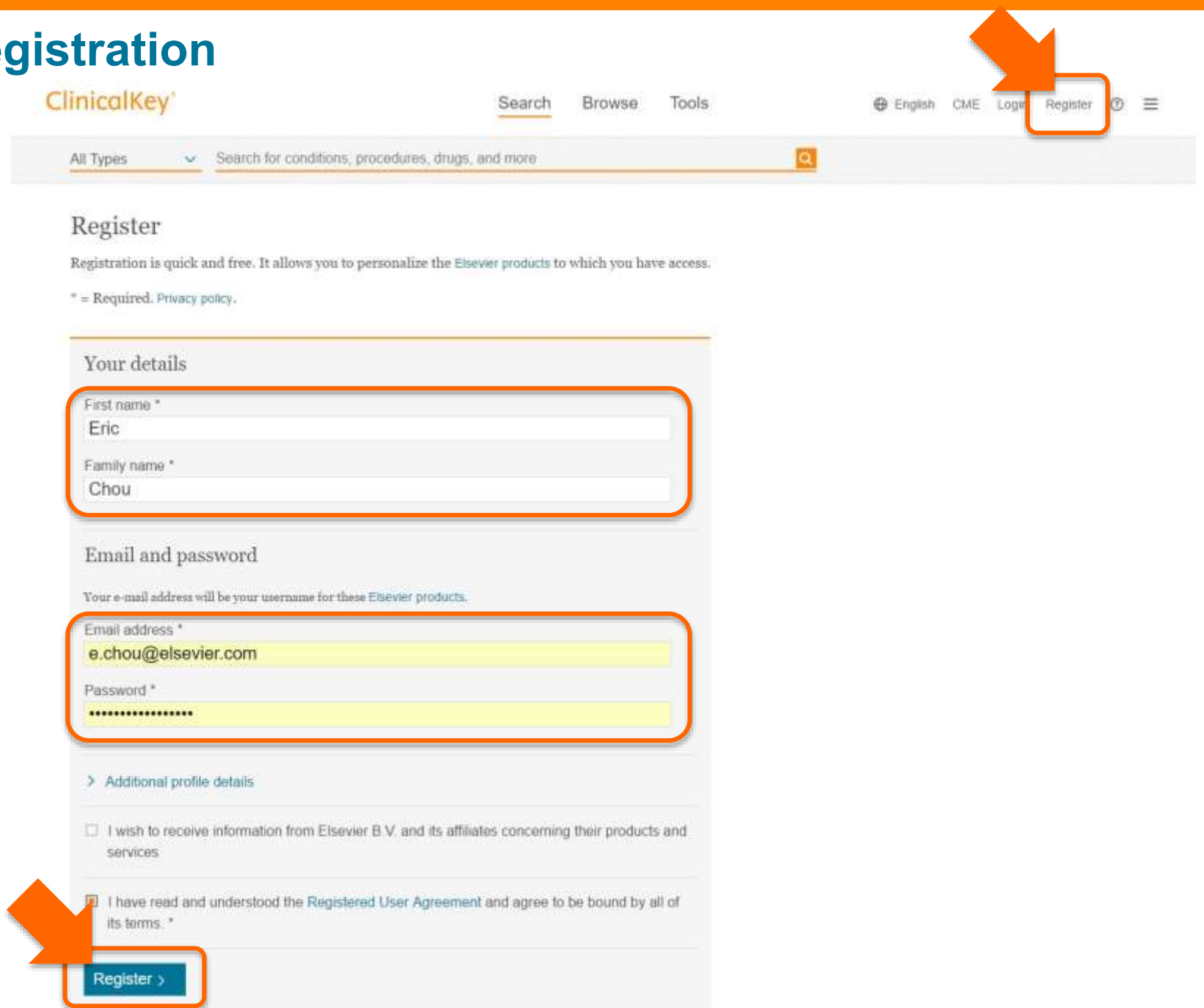

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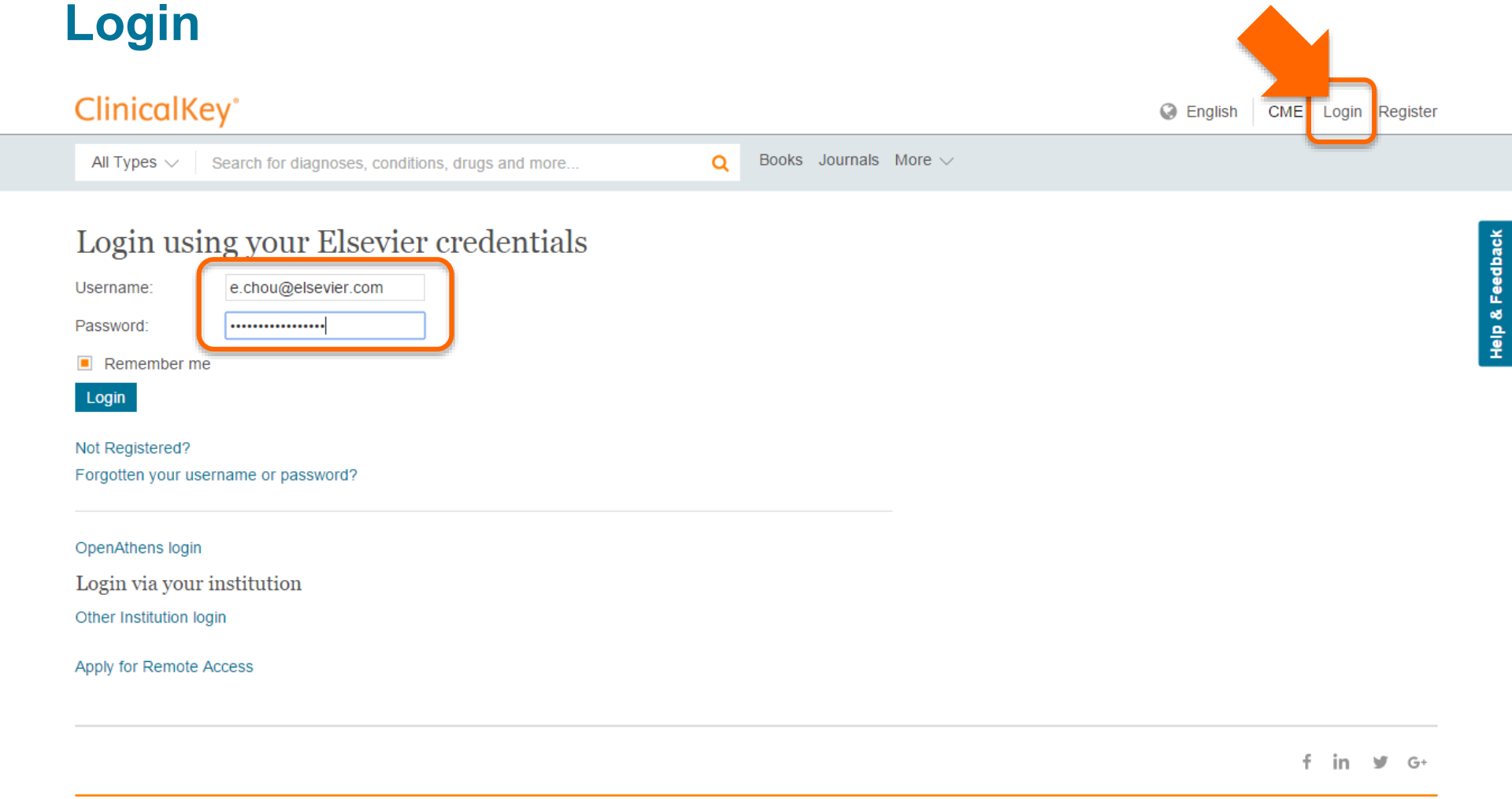
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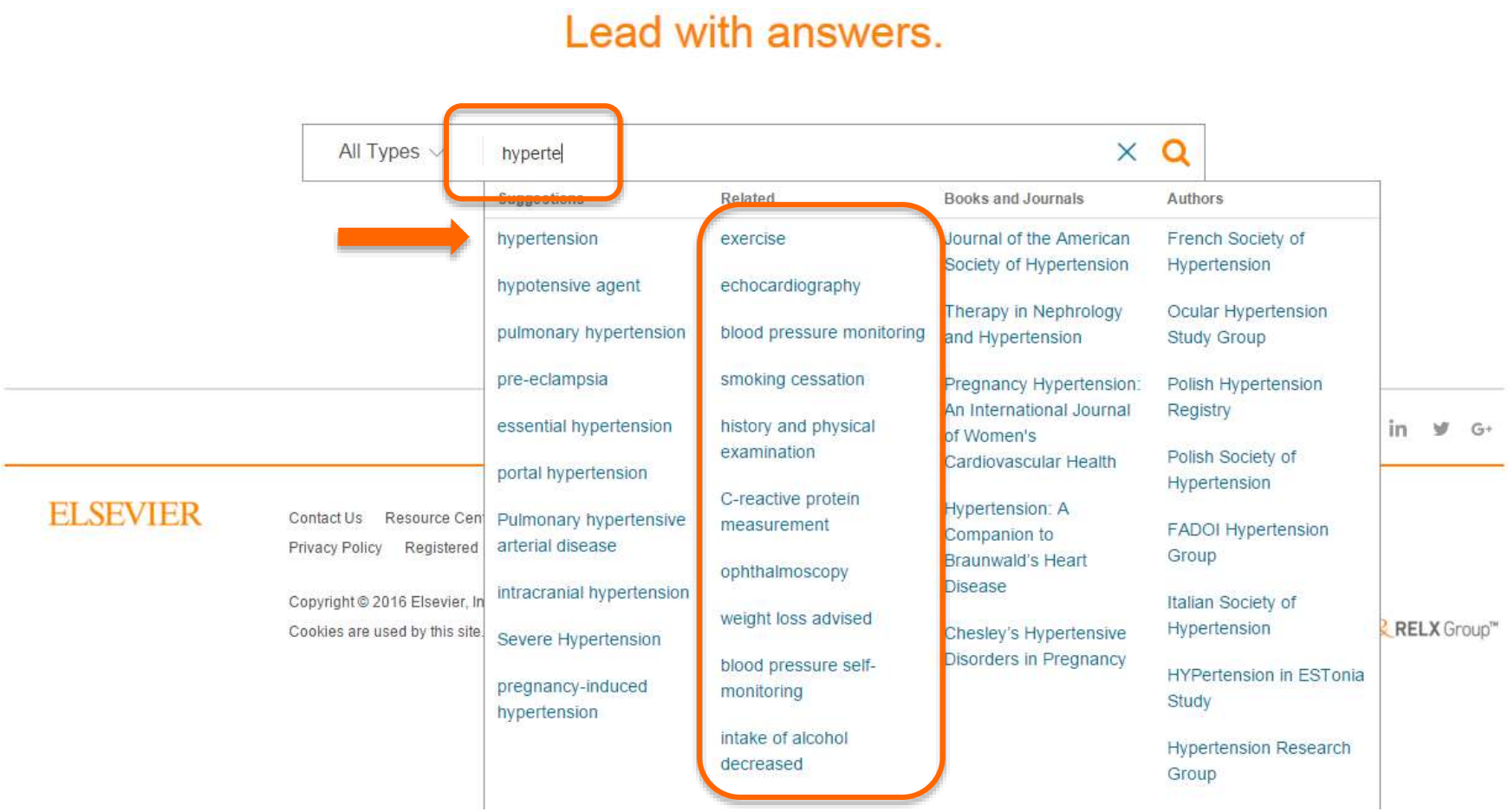

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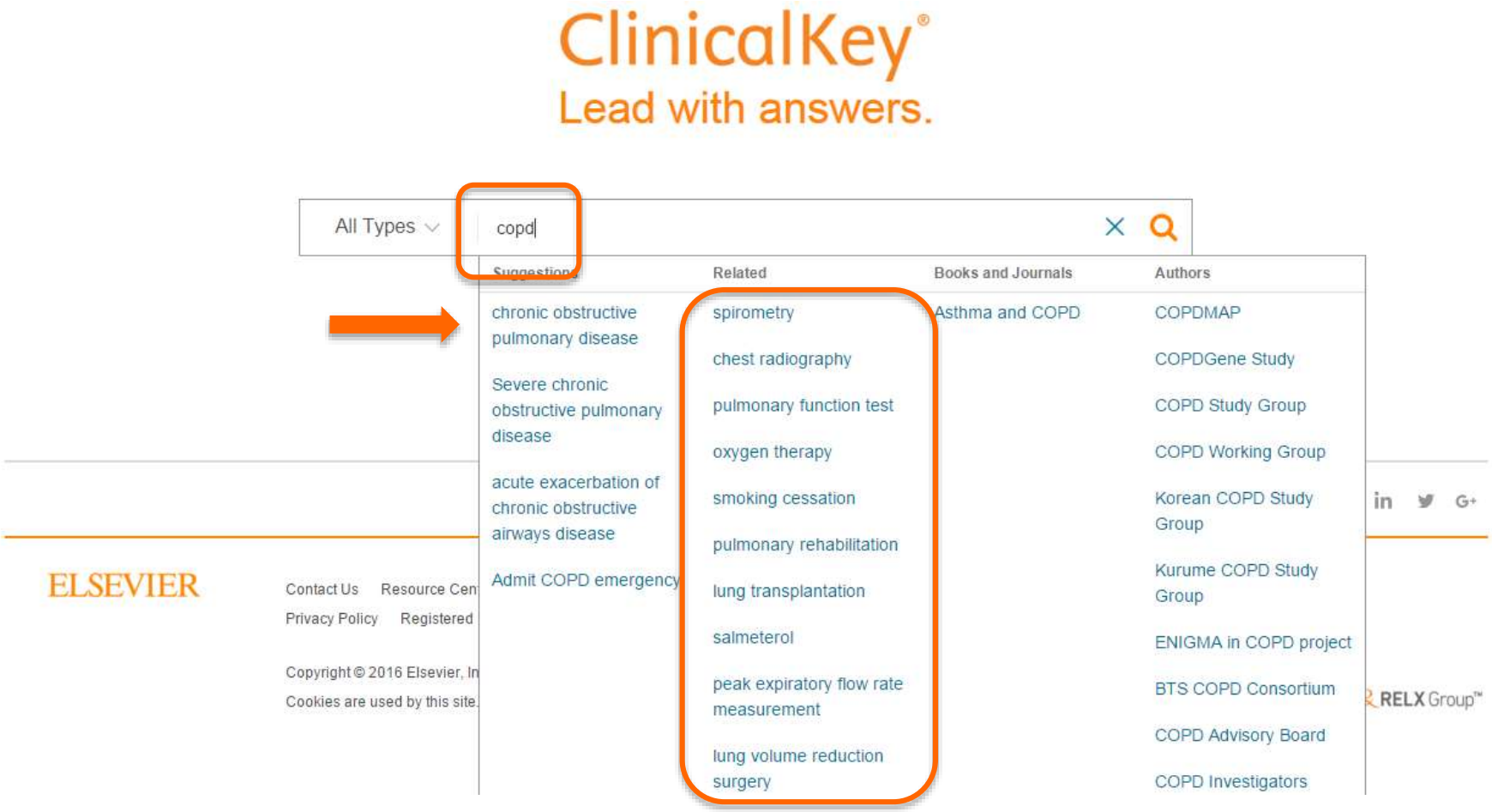

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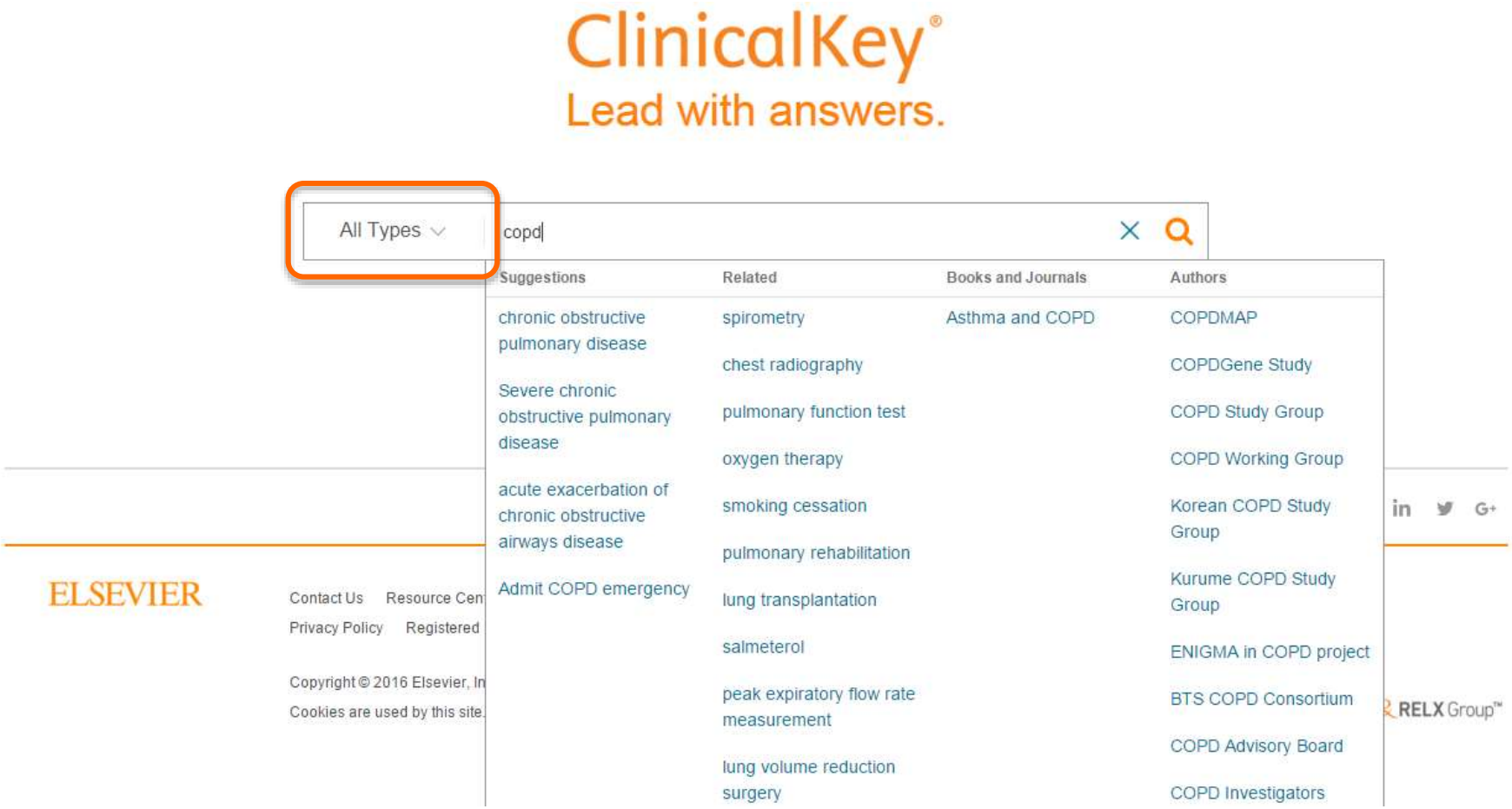

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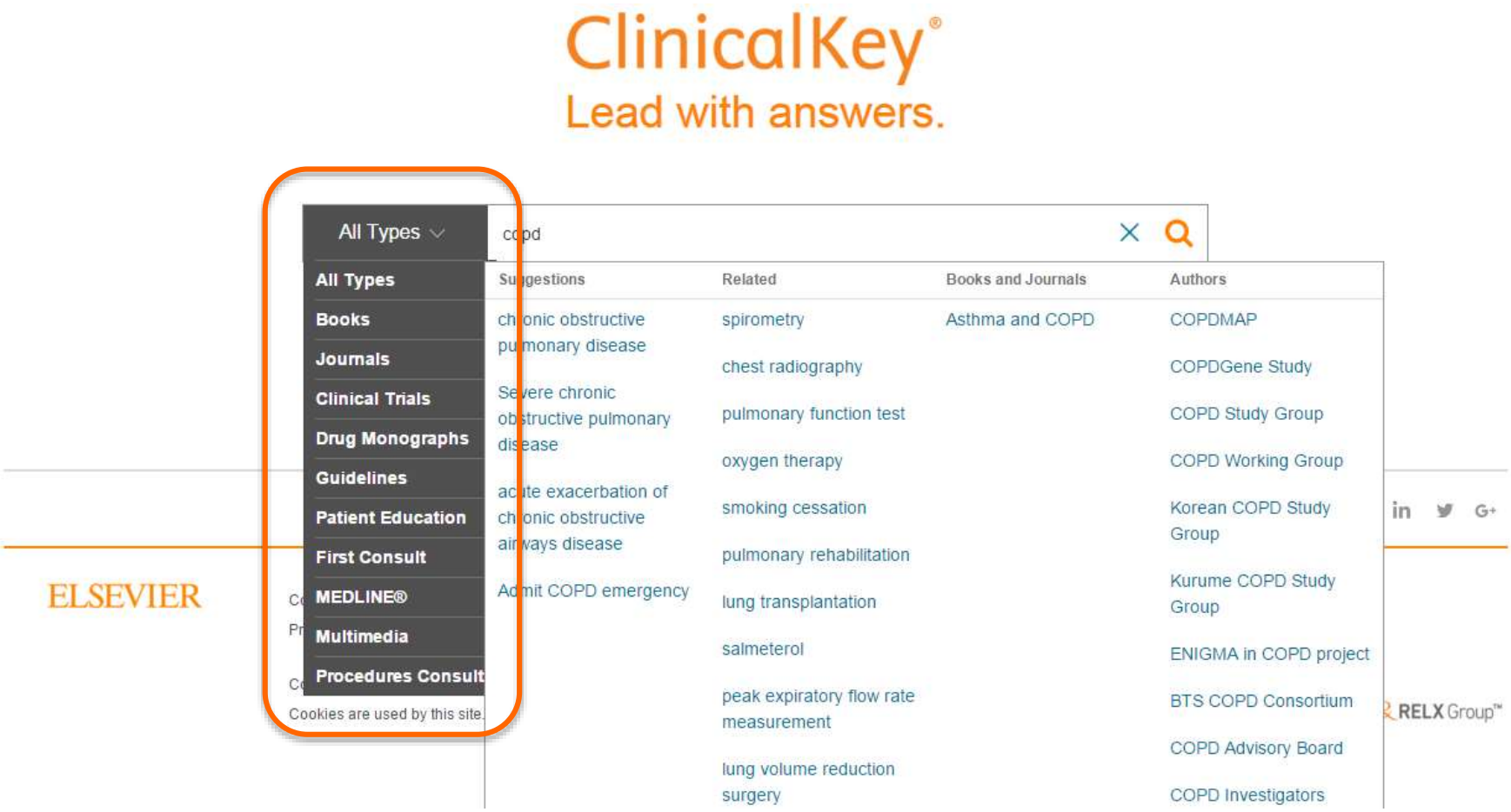

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FIRST CONSULT

Chronic obstructive pulmonary disease

Shawn P. E. Nishi, MD; Gulshan Sharma, MD, MPH... Show all. Published February 5, 2014. Last updated August 26, 2011.

BOOK CHAPTER

Chronic Obstructive Pulmonary Disease

Ferri's Clinical Advisor 2016.
Ferri, Fred F., M.D., F.A.C.P.. Published January 1, 2016. Pages 330-334.e2. © 2016.

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Chronic Obstructive Pulmonary Disease

Rosen's Emergency Medicine.
Swadron, Stuart P.; Gruber, Phillip F.. Published January 1, 2014. Pages 956-964.e2. © 2014.

BOOK CHAPTER

Chronic Obstructive Pulmonary Disease

Goldman-Cecil Medicine.
Niewoehner, Dennis E.. Published January 1, 2016. Pages 555-562.e3. © 2016.

Chronic Obstructive Pulmonary Disease

Disease Overview | View Full Topic

Ferri's Clinical Advisor 2016 · Ferri, Fred F., M.D., F.A.C.P.

Definition

Chronic obstructive pulmonary disease (COPD) is an inflammatory respiratory disease usually caused by exposure to tobacco smoke. It is characterized by the presence of airflow limitation that is not fully reversible. The pathophysiology of COPD is related to chronic airway irritation, mucus production, and pulmonary scarring. Traditionally, COPD was described as encompassing *emphysema* , characterized by loss of lung elasticity and destruction of lung parenchyma with enlargement of air spaces, and *chronic bronchitis* , characterized

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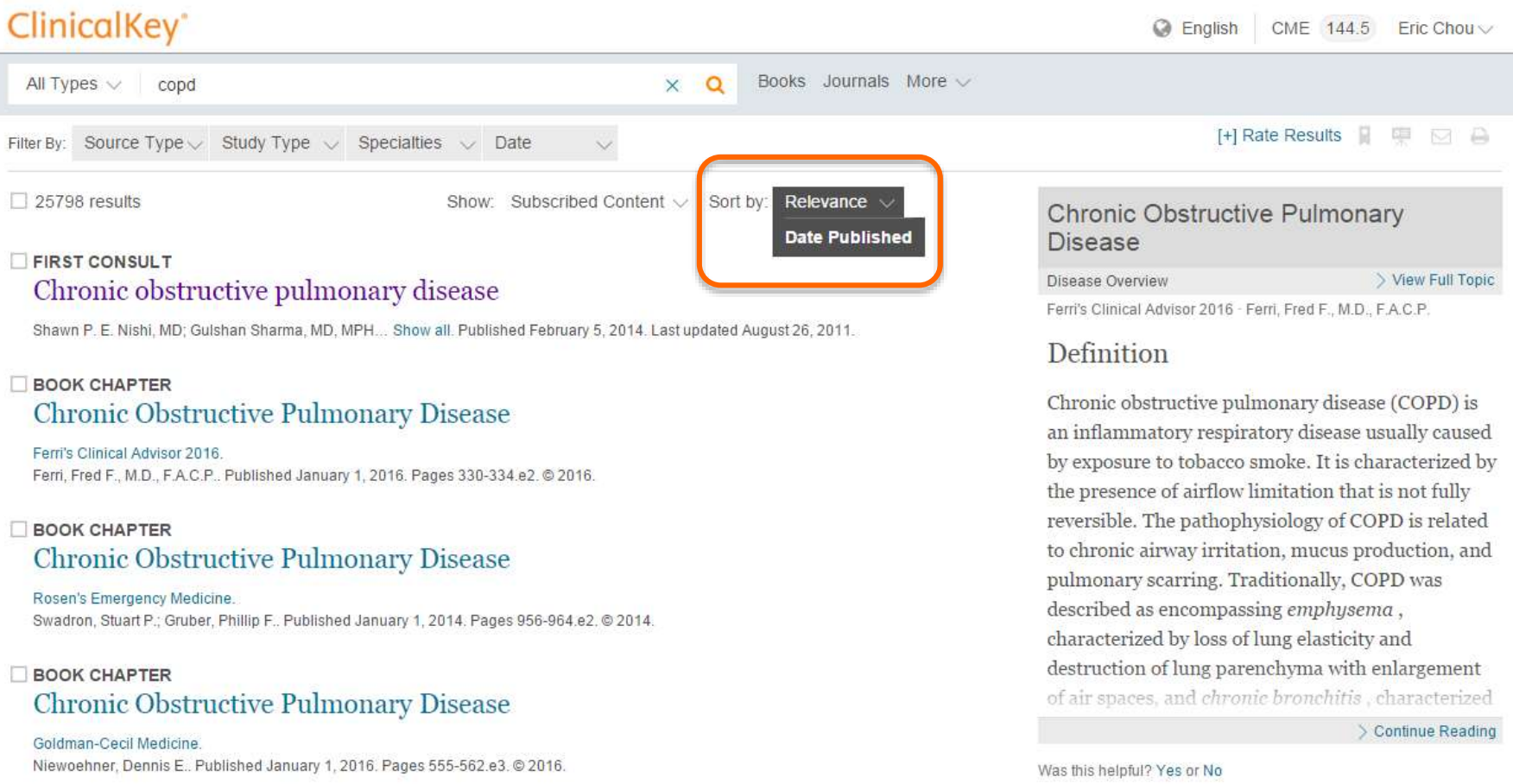

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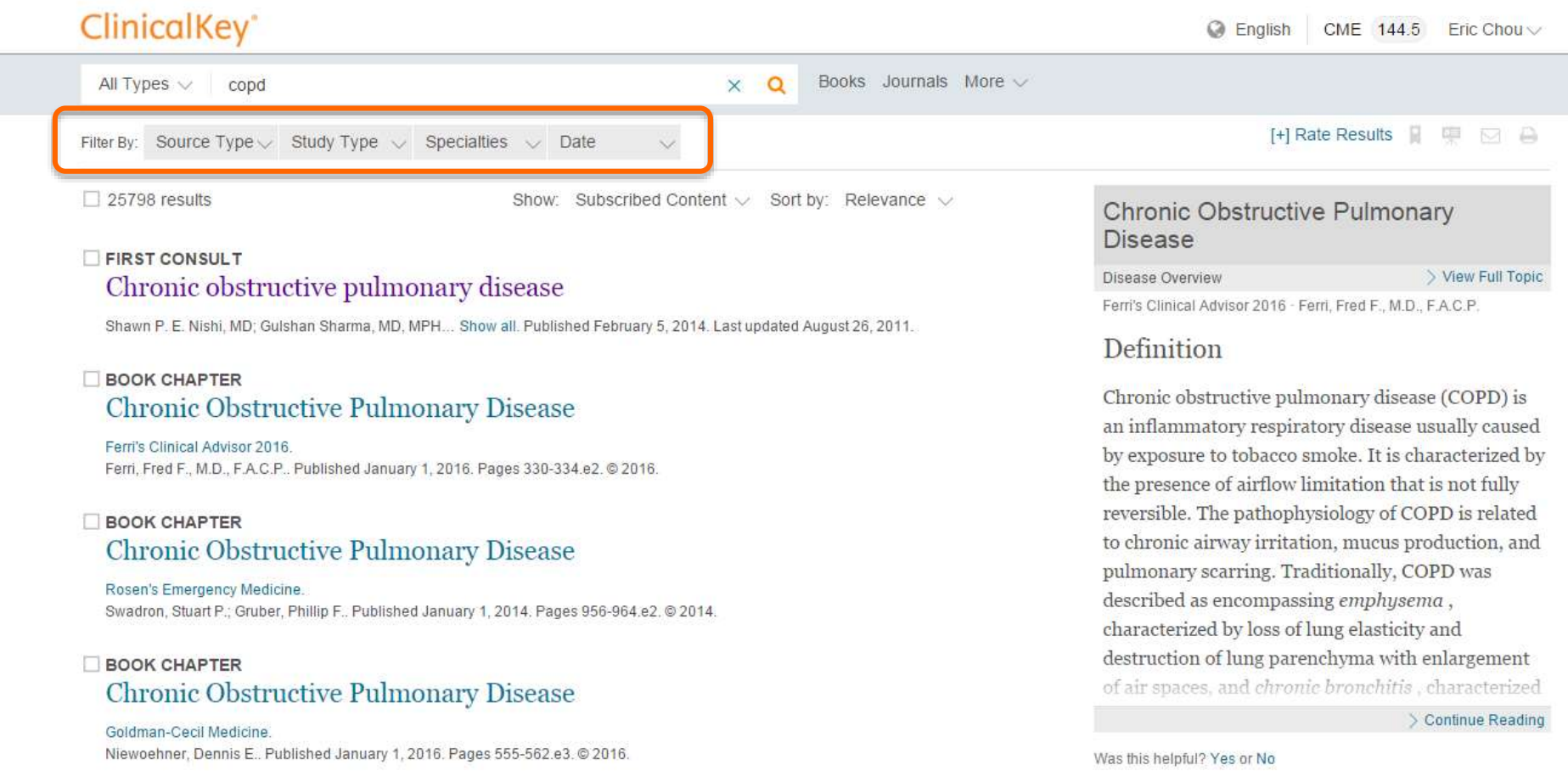

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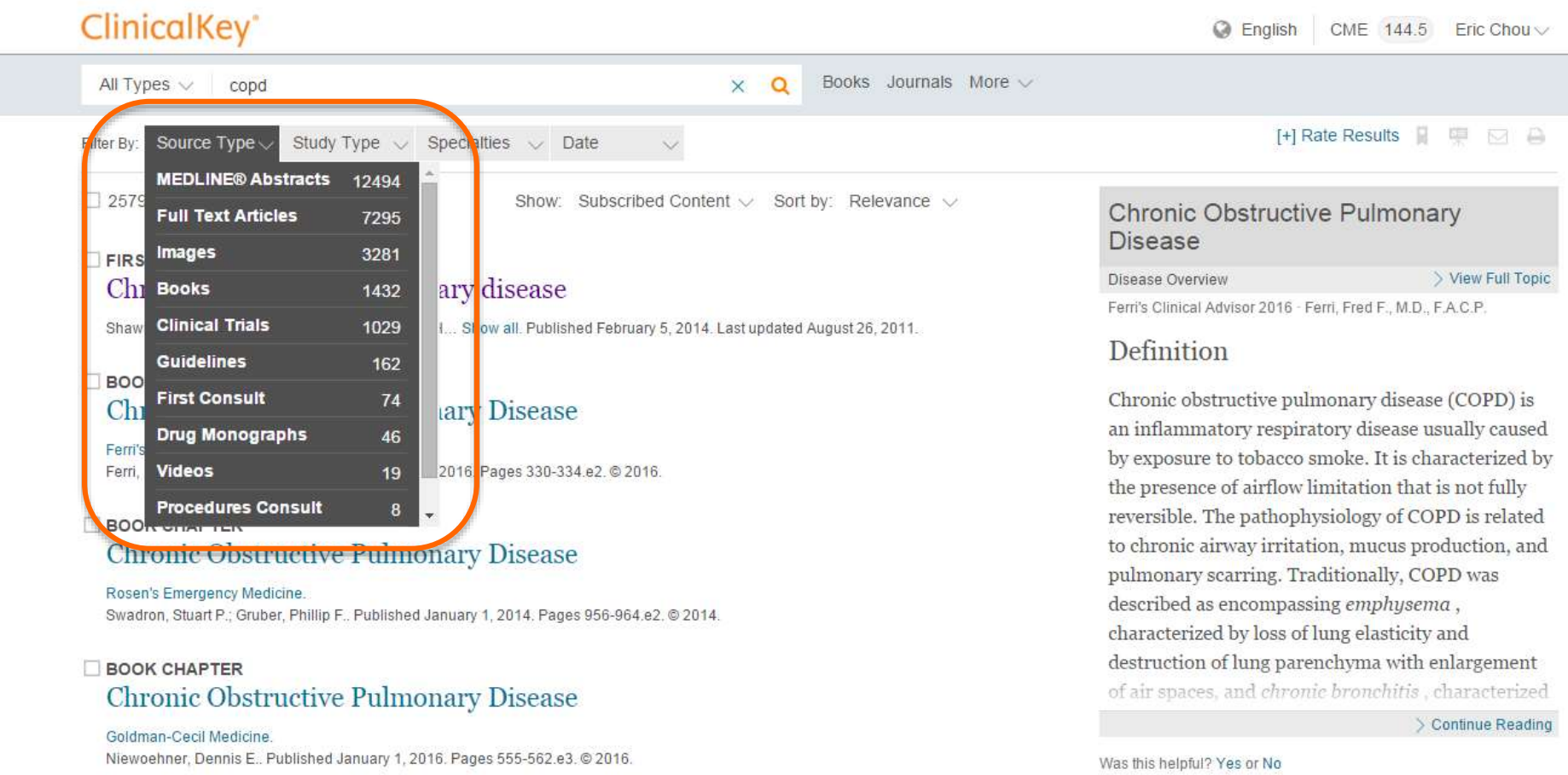

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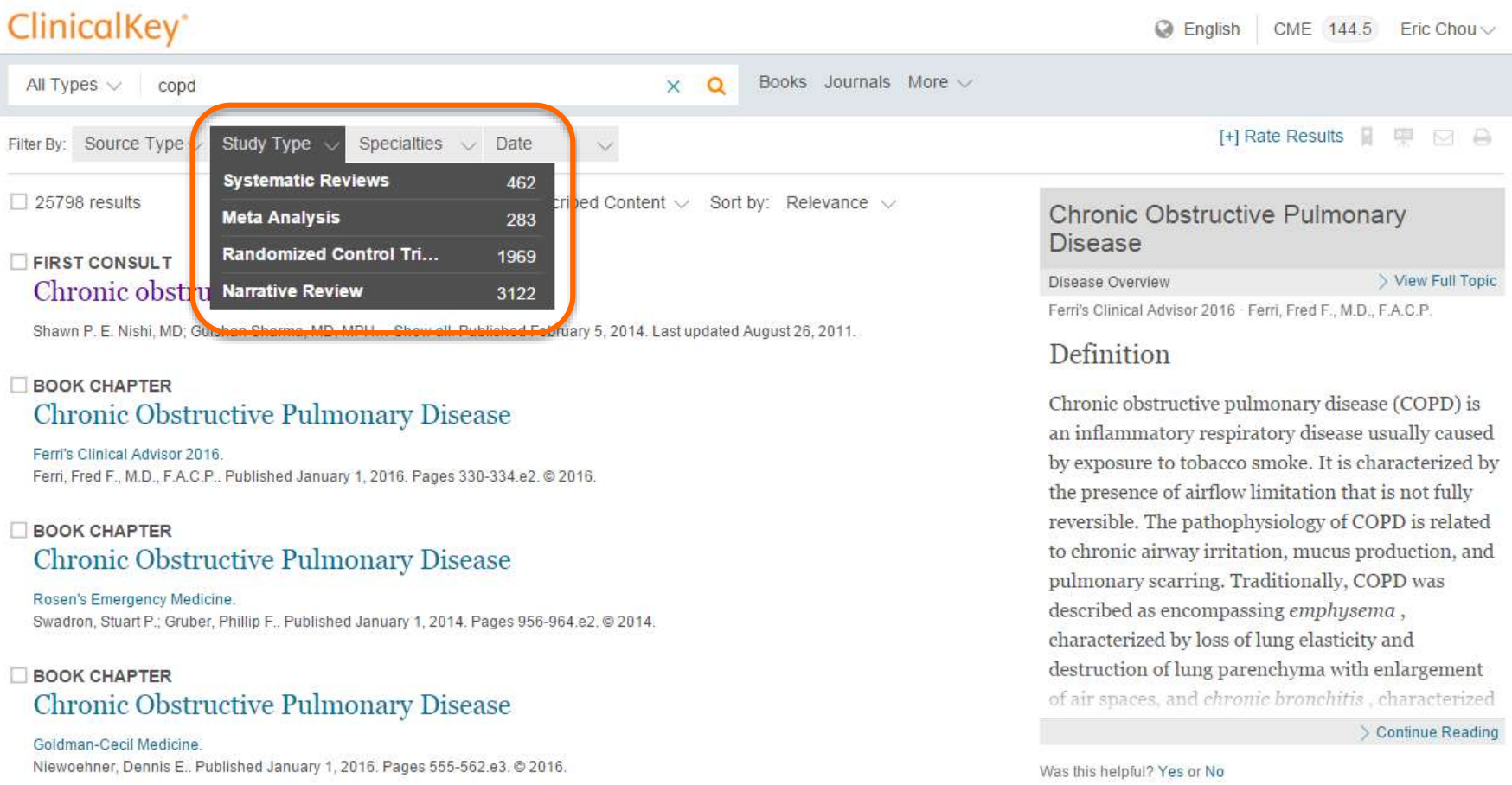

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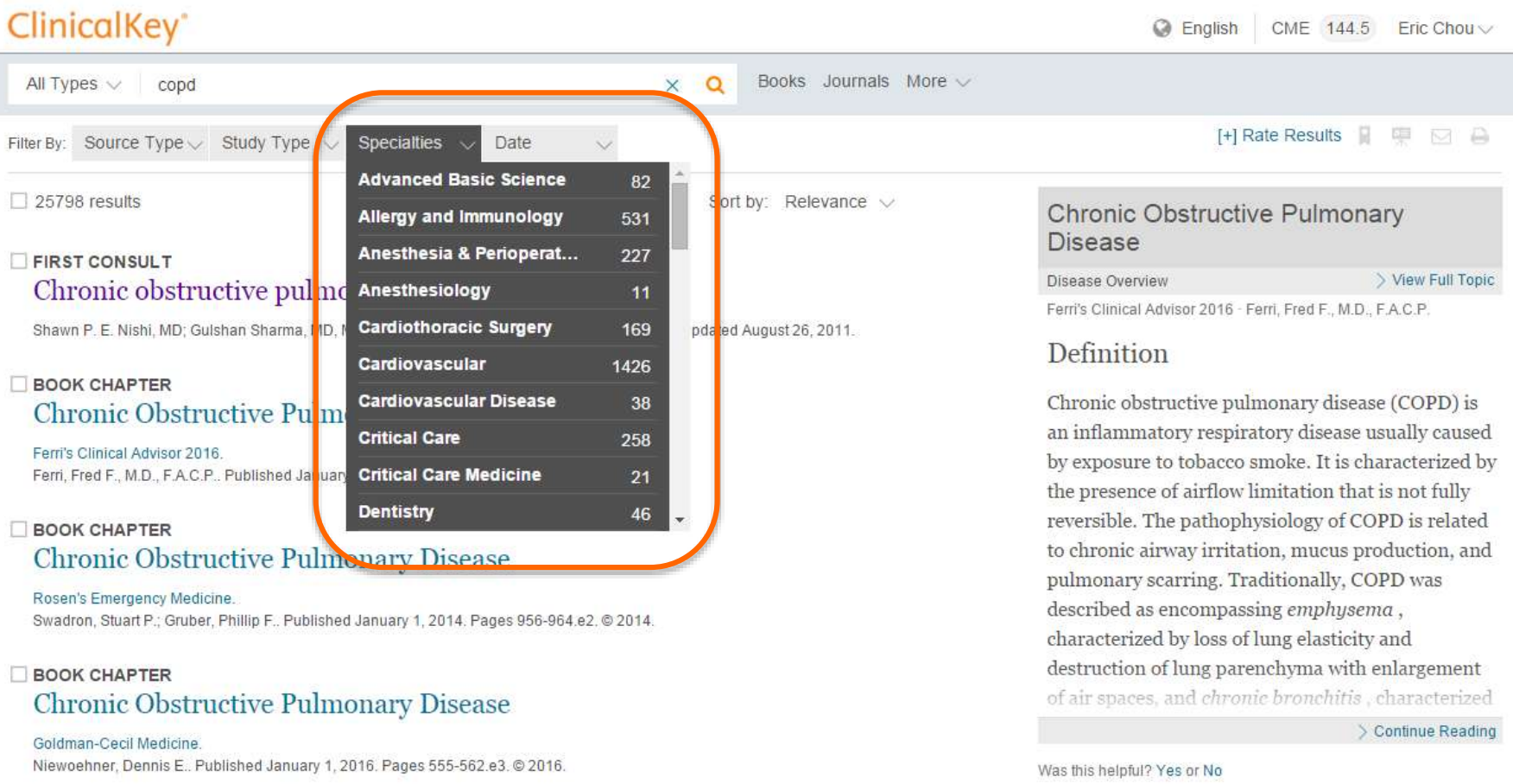

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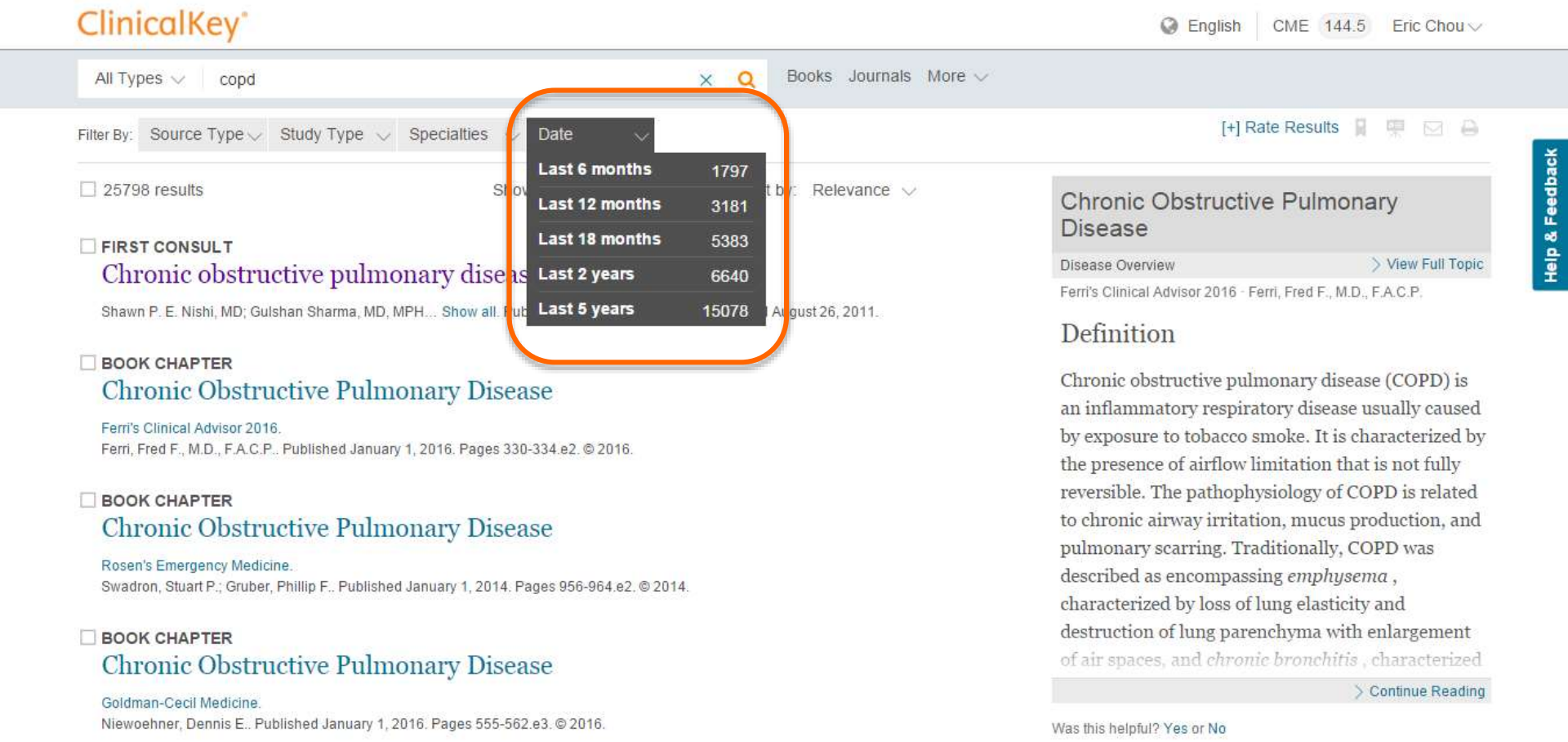

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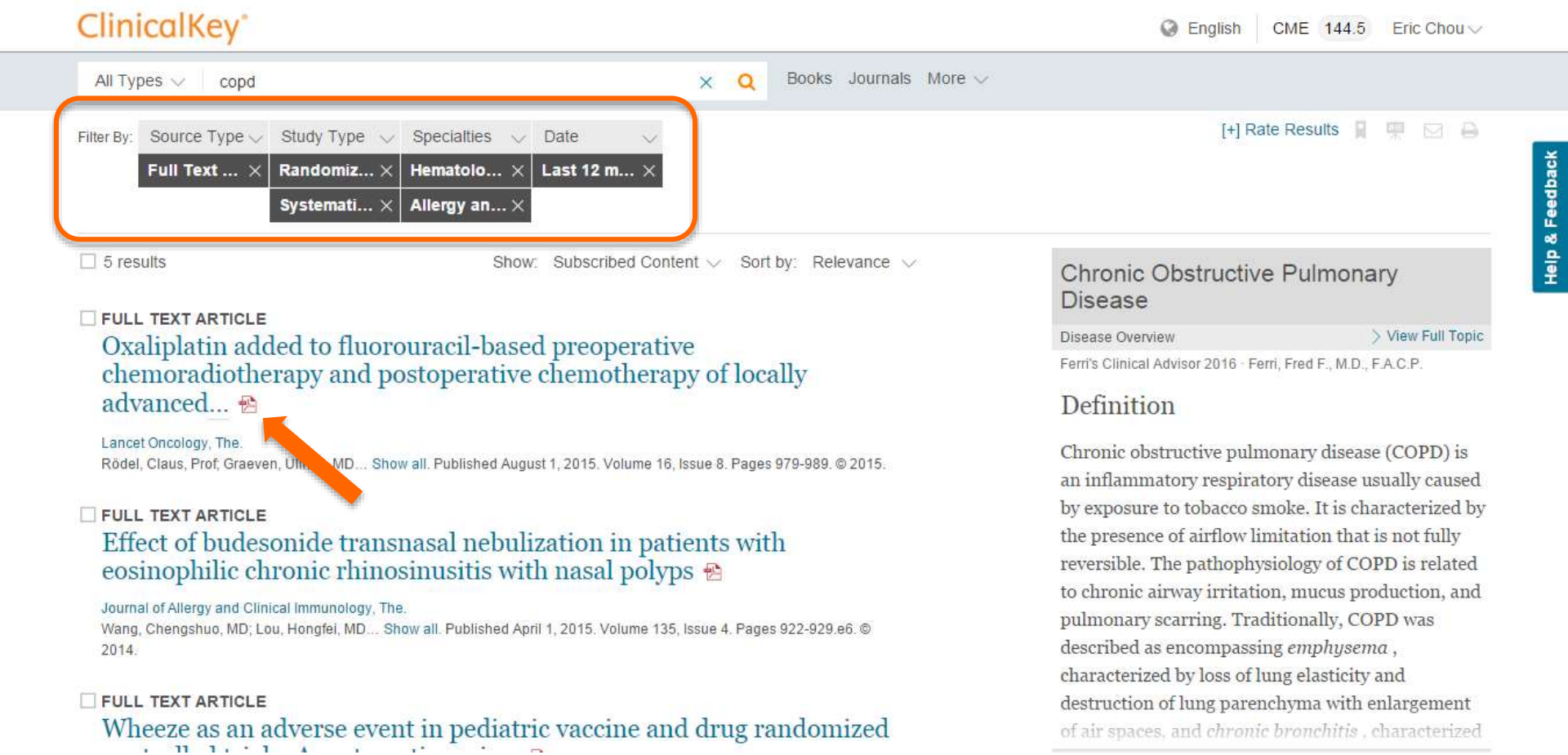

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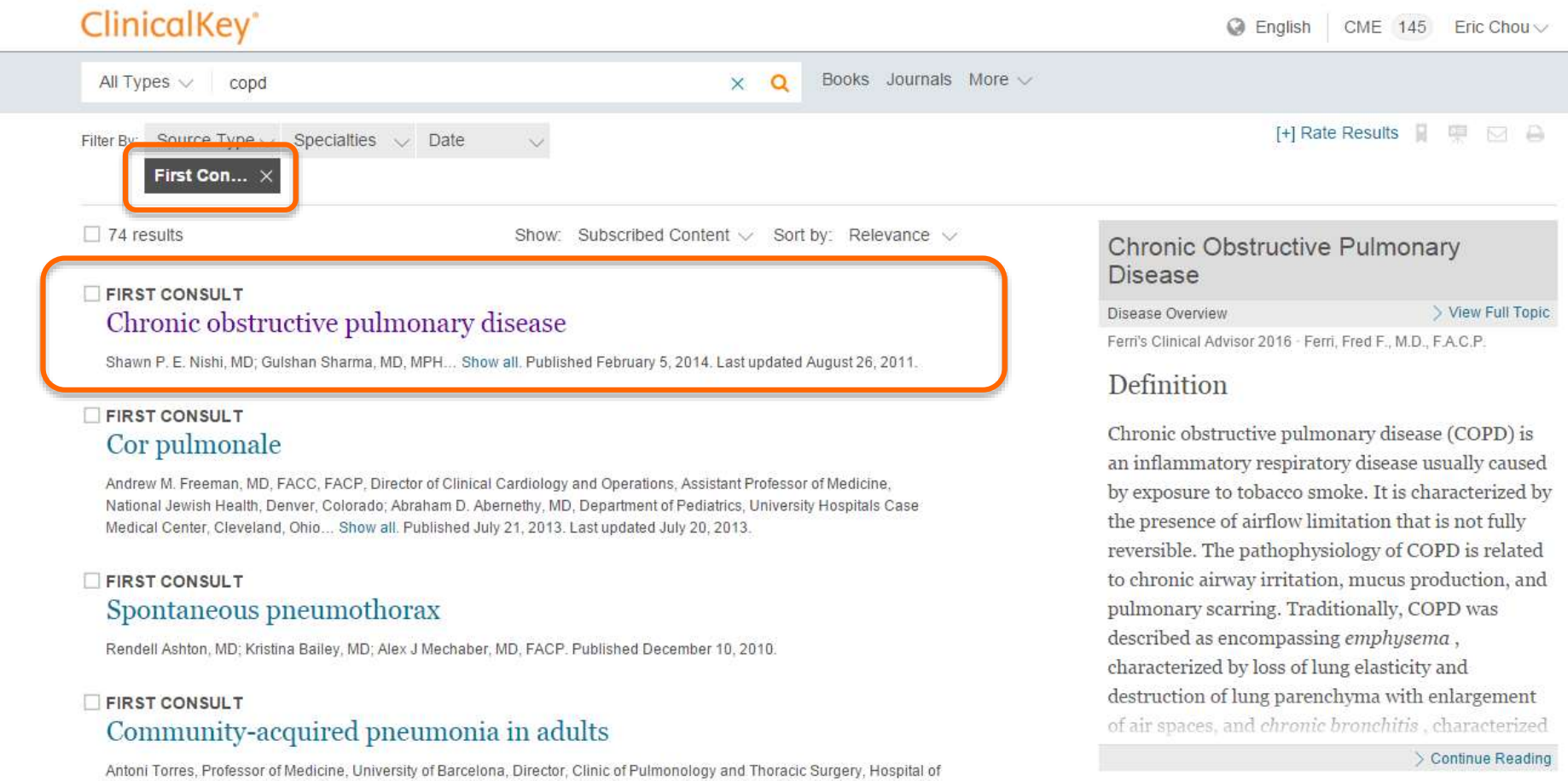

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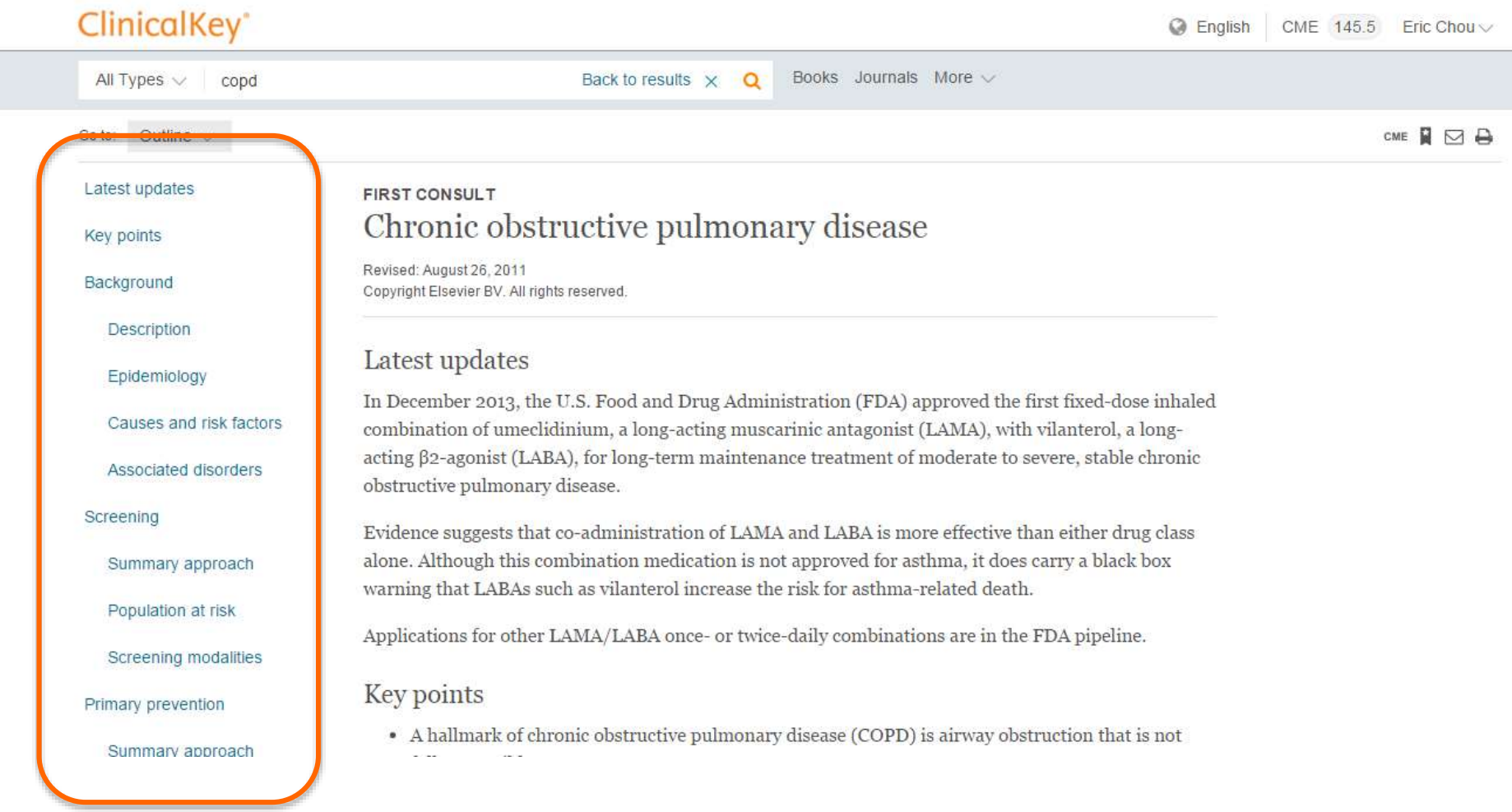

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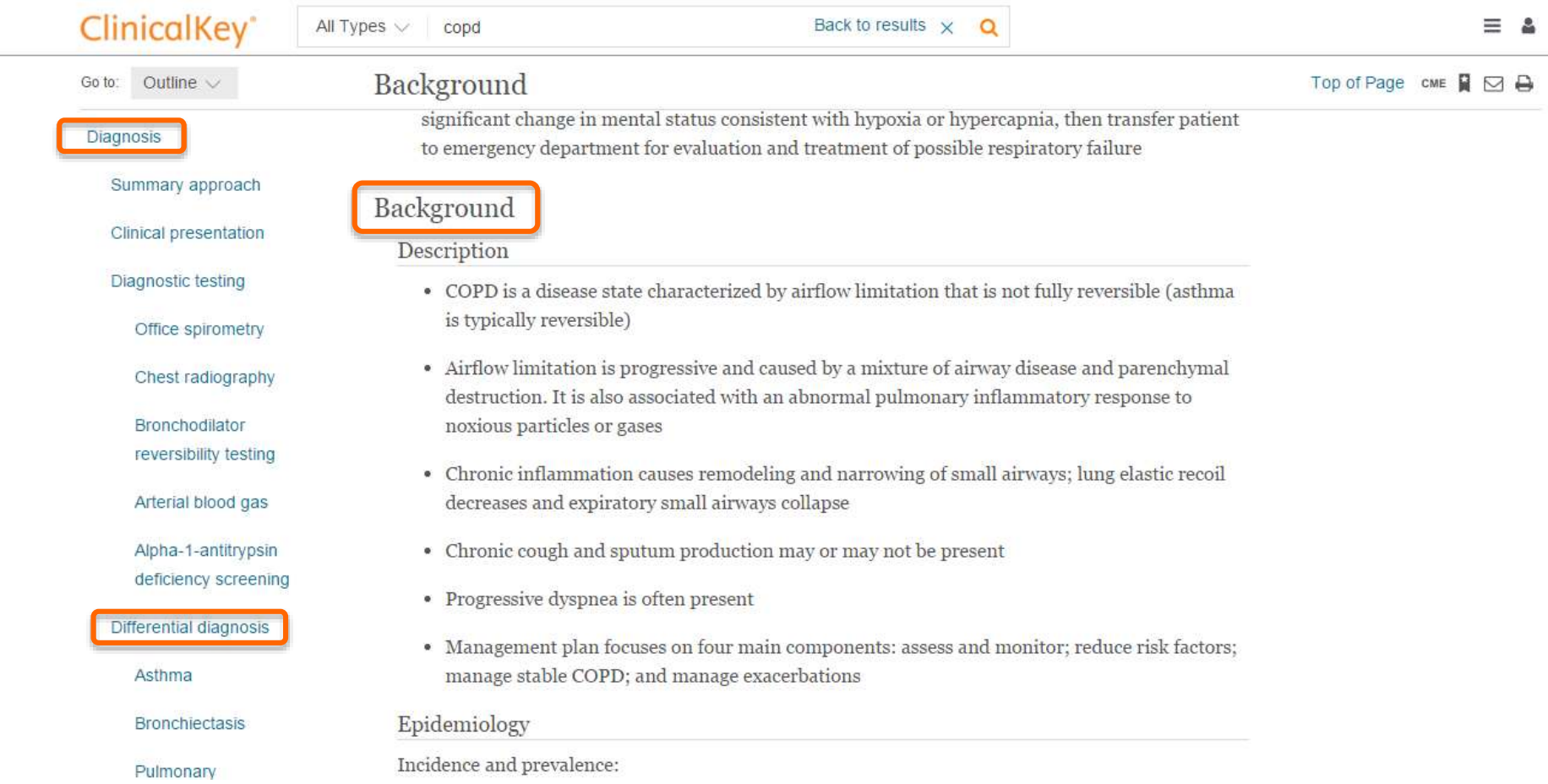

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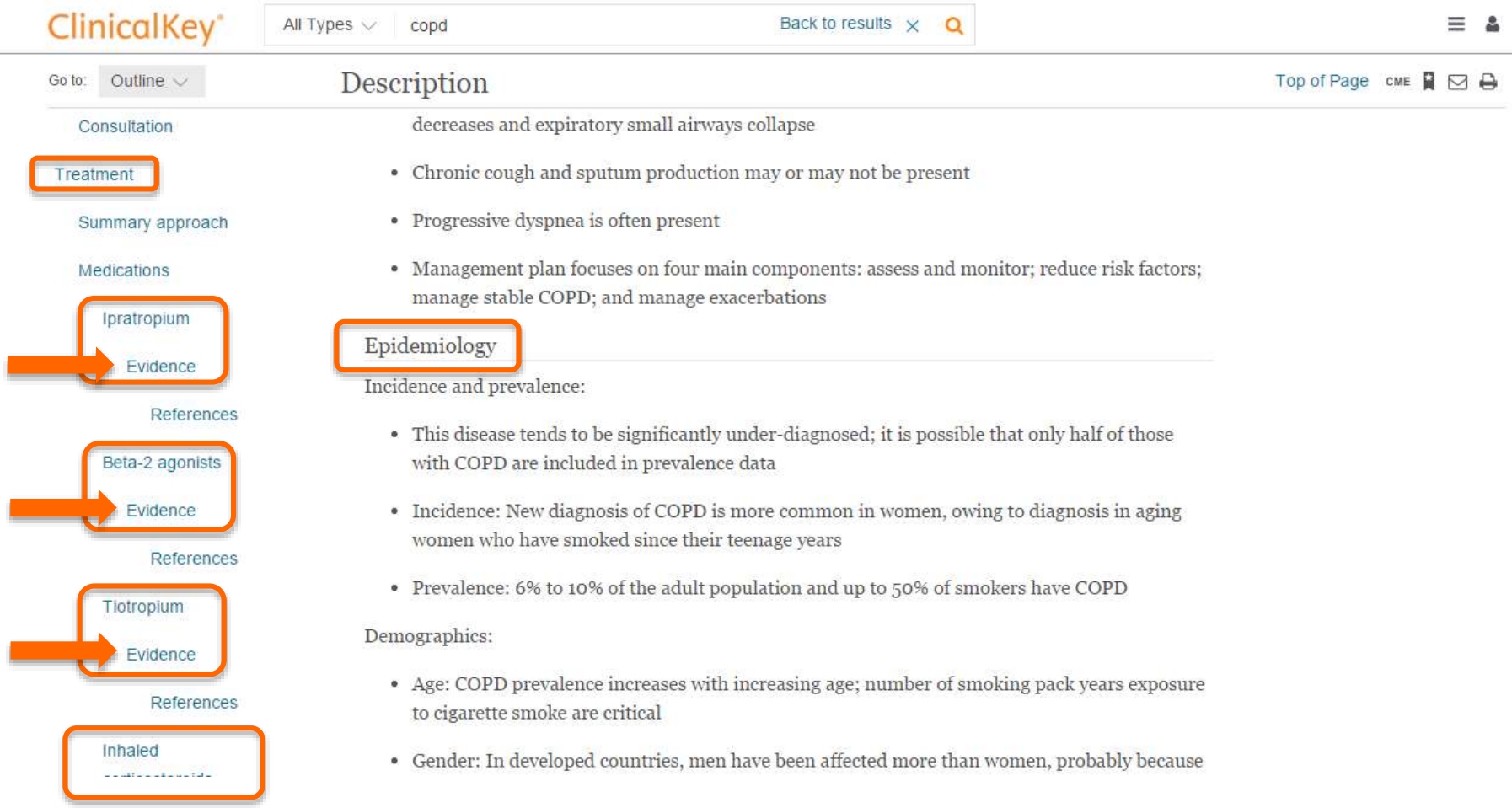

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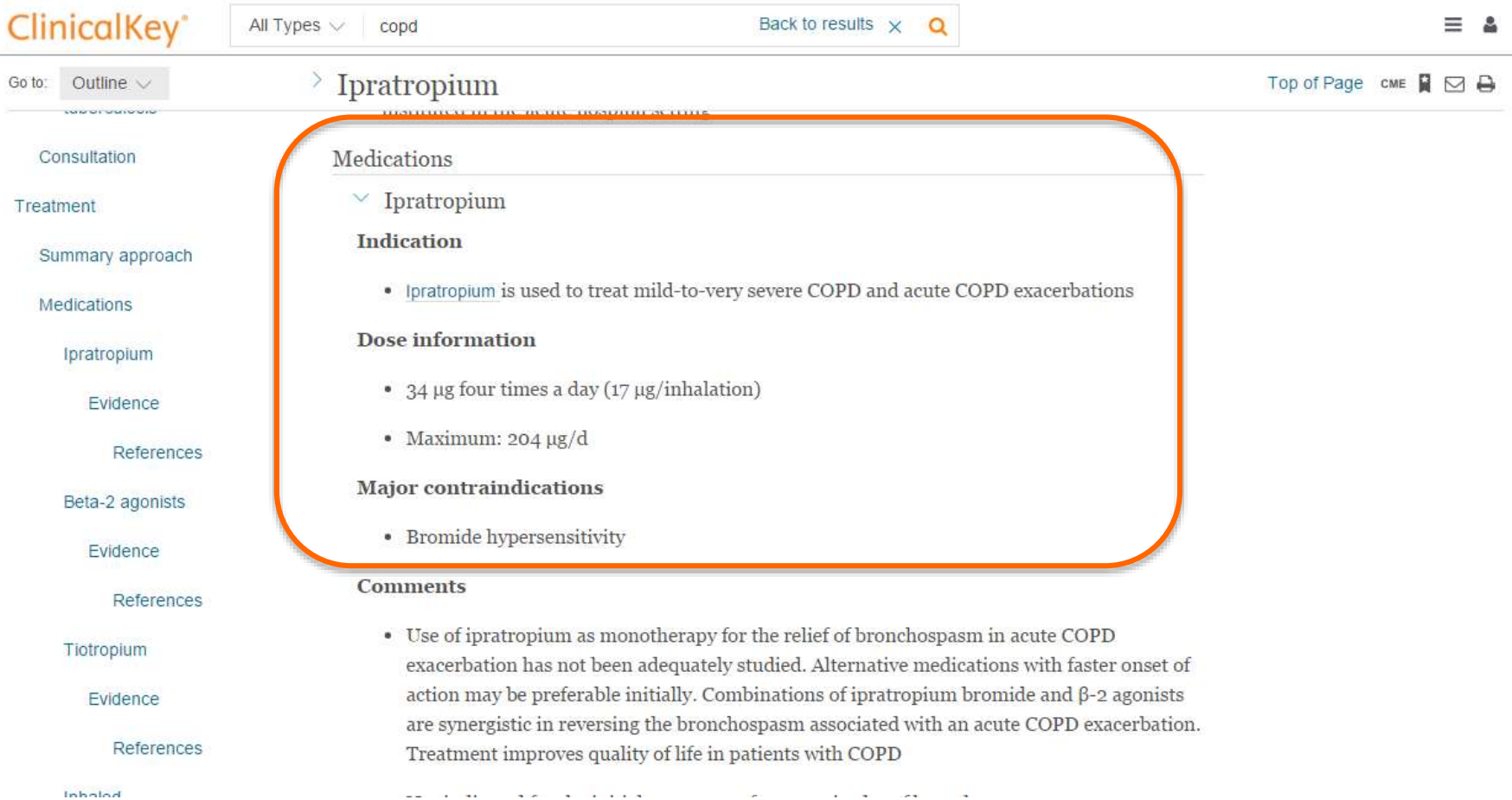

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Go to: Outline

Evidence

Top of Page CME

- Use caution in patients with angle-closure glaucoma, prostatic hypertrophy, urinary retention, and bladder-neck obstruction

Treatment
- Summary approach
- Medications
  - Ipratropium
    - Evidence
      - References
  - Beta-2 agonists
    - Evidence
      - References
  - Tiotropium
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  - Inhaled corticosteroids

Evidence

Short-term treatment with ipratropium plus a short-acting or long-acting inhaled β-2 agonist in stable COPD and short-term treatment with ipratropium in stable COPD and in the treatment of exacerbations.

- A systematic review studying treatment for COPD exacerbations, found no significant difference in changes in FEV_1 between patients treated with short-acting β-2 agonists and ipratropium. [1] *Level of evidence: 1*
- One systematic review found that exacerbations of COPD were significantly reduced over 12 weeks in people taking combined anticholinergic agents plus a short-acting β-2 agonist compared with those taking short-acting beta-2 agonists alone. The review failed to find any significant difference in outcome between those taking the combined anticholinergic agent plus short-acting β-2 agonist and ipratropium alone at 12 weeks. [2] *Level of evidence: 1*
- A further systematic review of treatment of stable COPD found a small advantage in the regular long-term use of ipratropium in combination with a short-acting β-2 agonist over a β-2 agonist alone in terms of improving lung function, symptoms, and exercise tolerance. [3] *Level of evidence: 1*
- Another systematic review of stable COPD therapy found that combination therapy of

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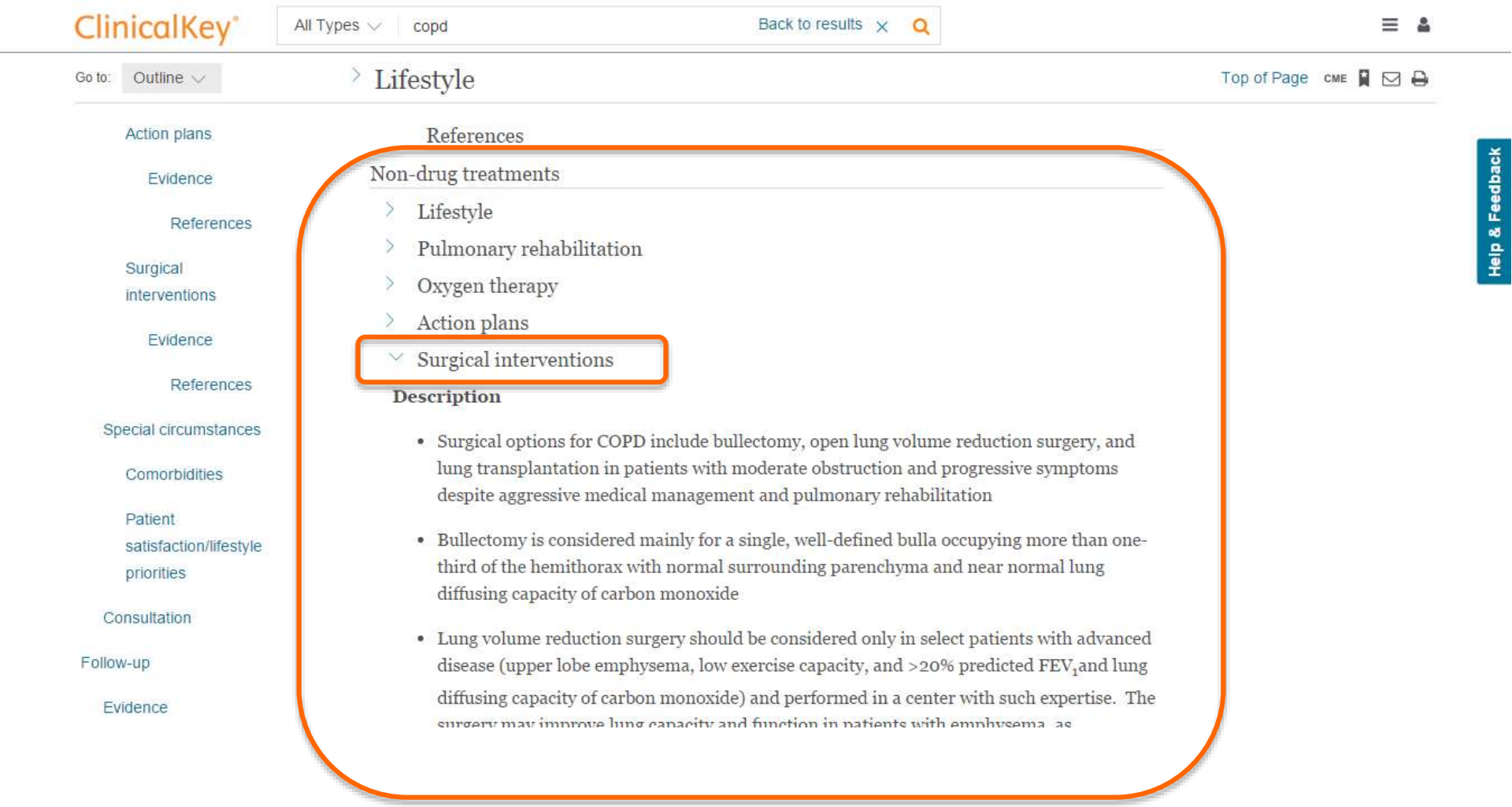

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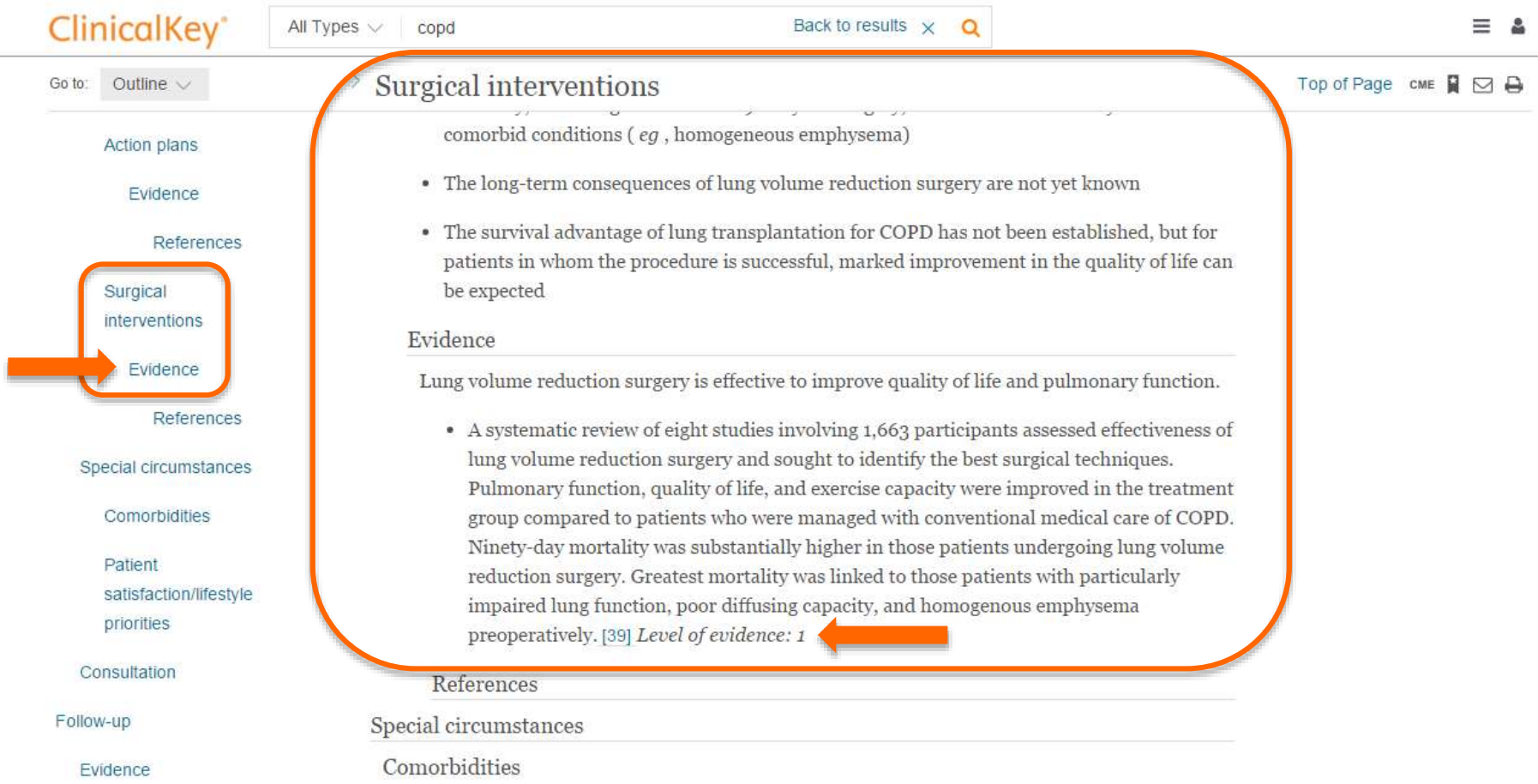

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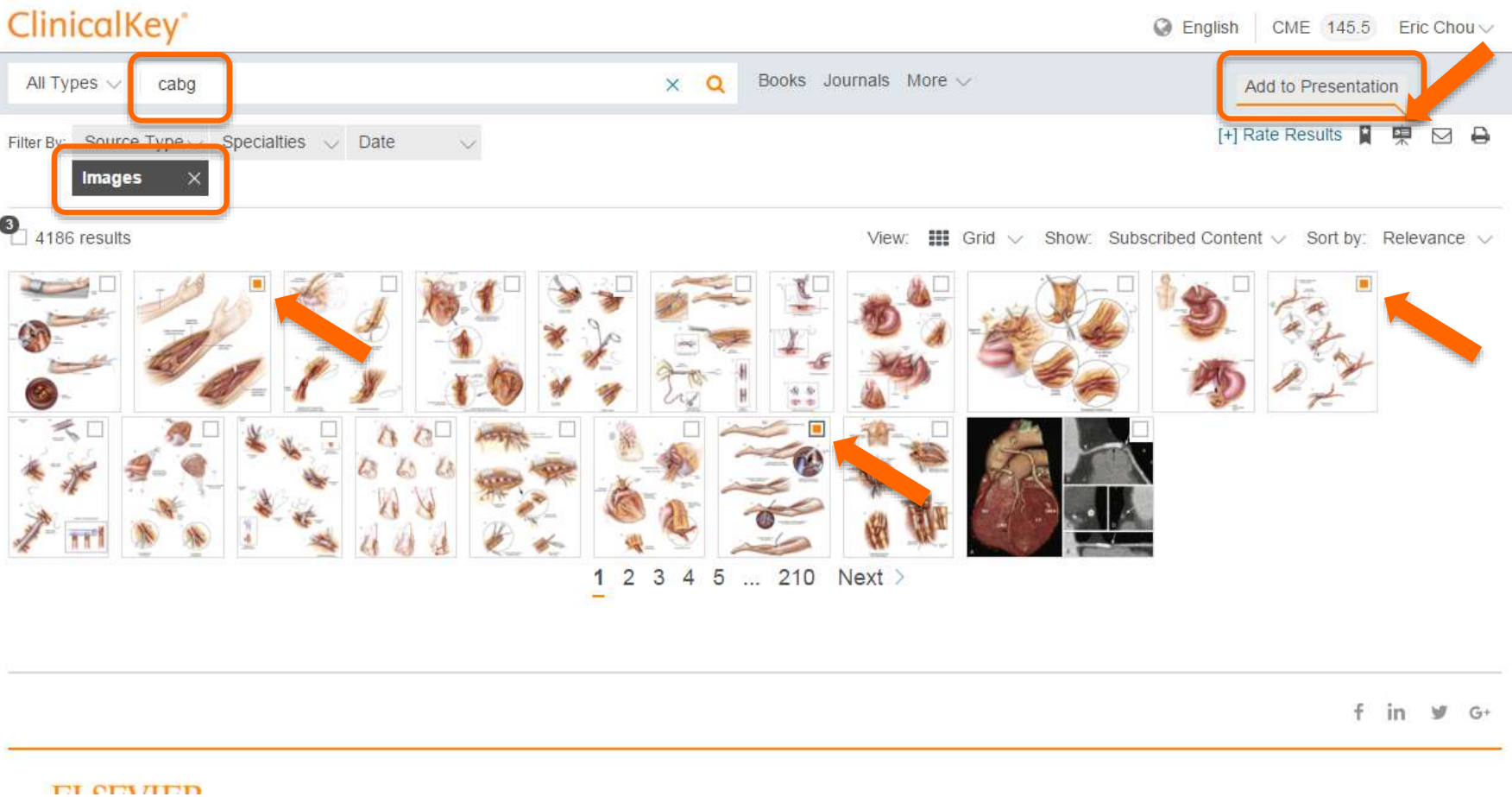

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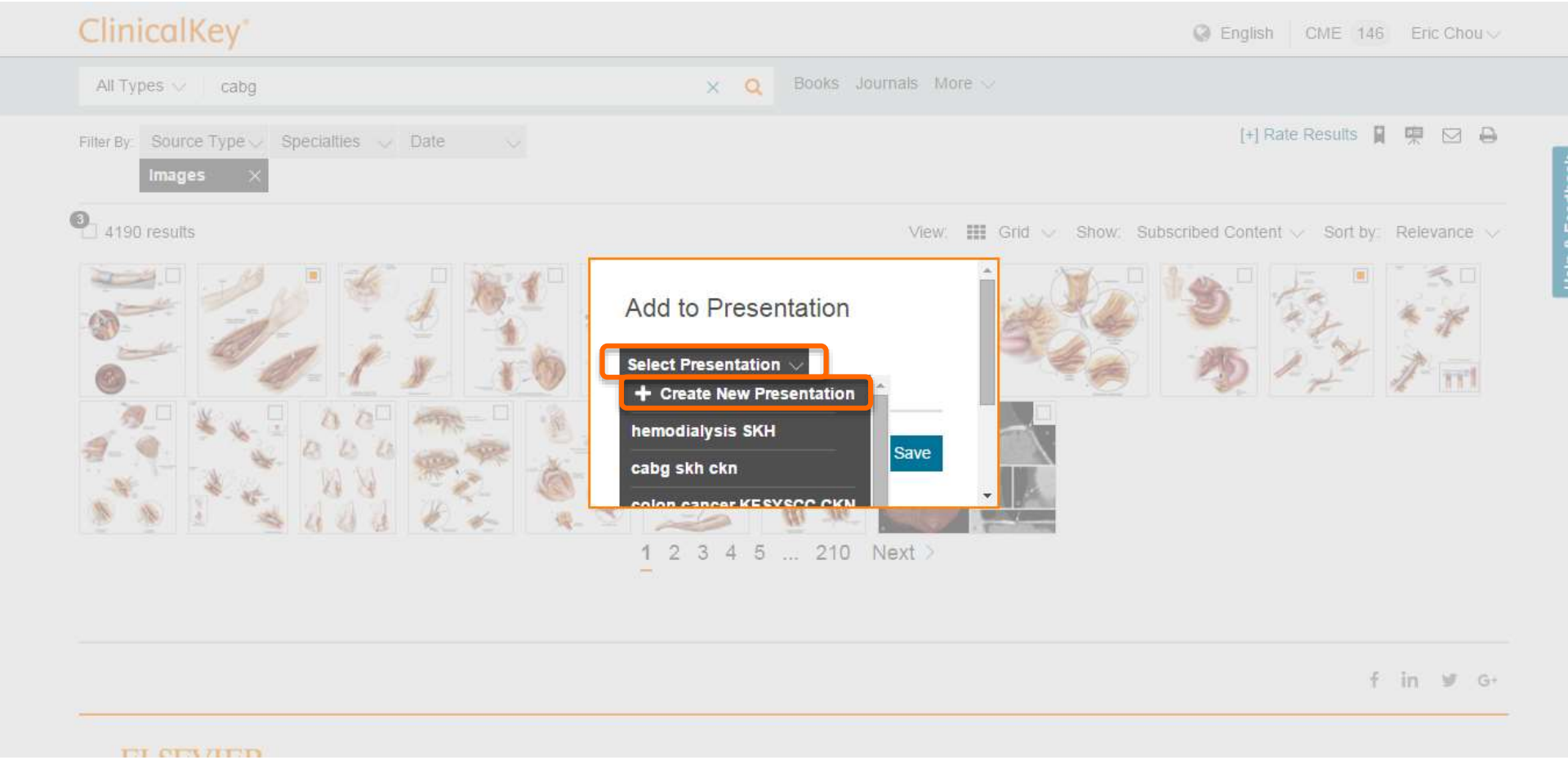

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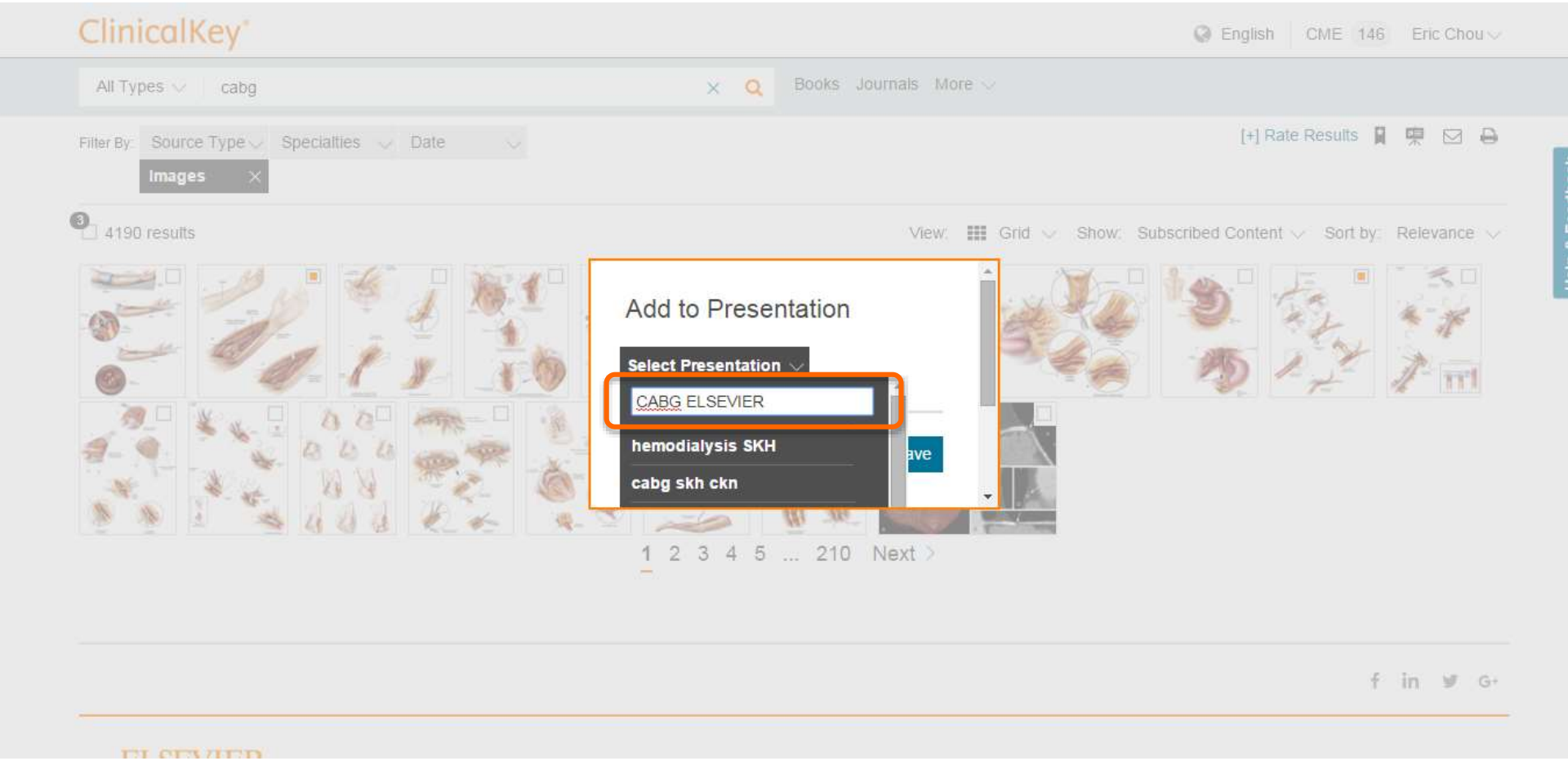

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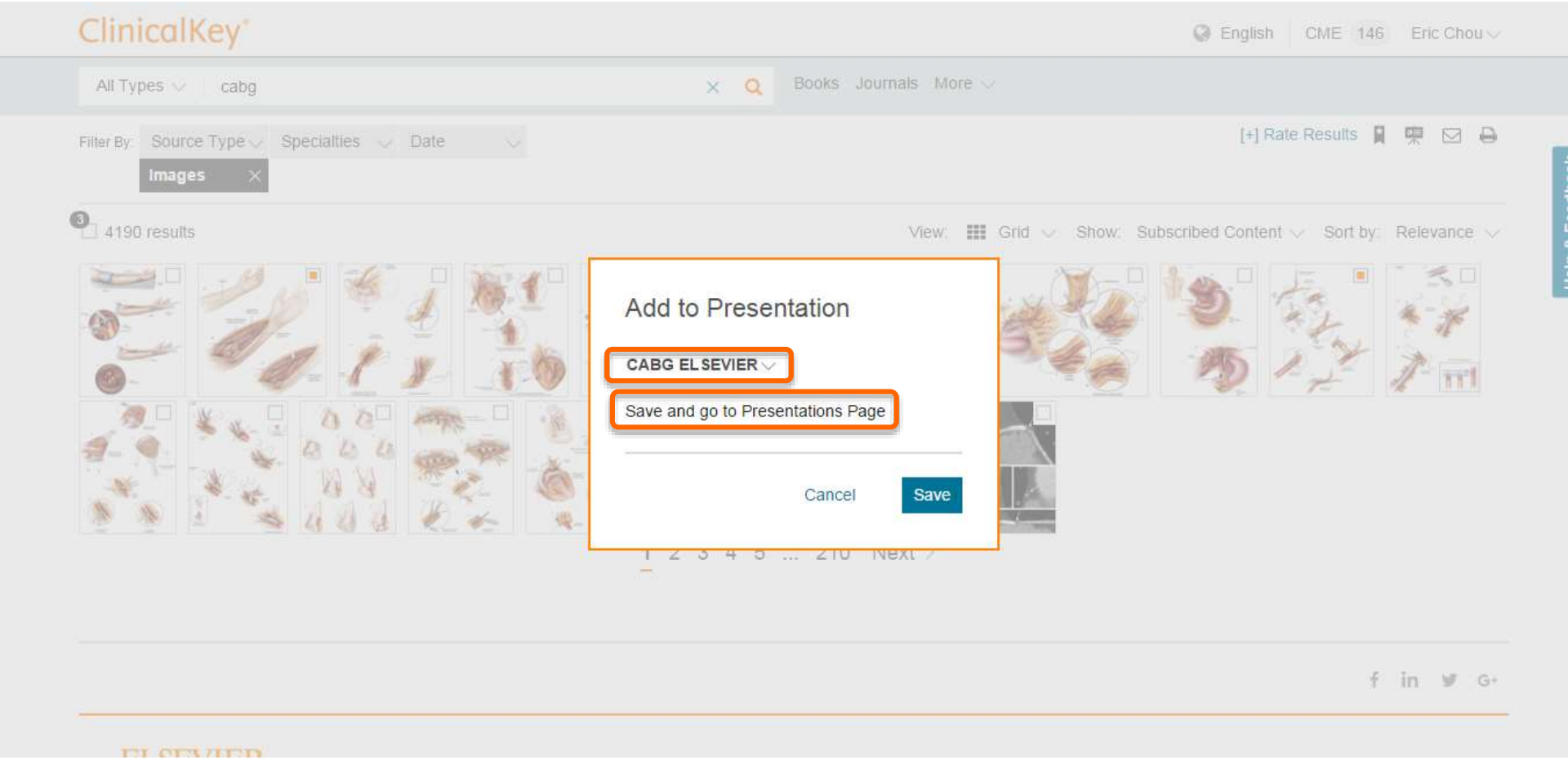

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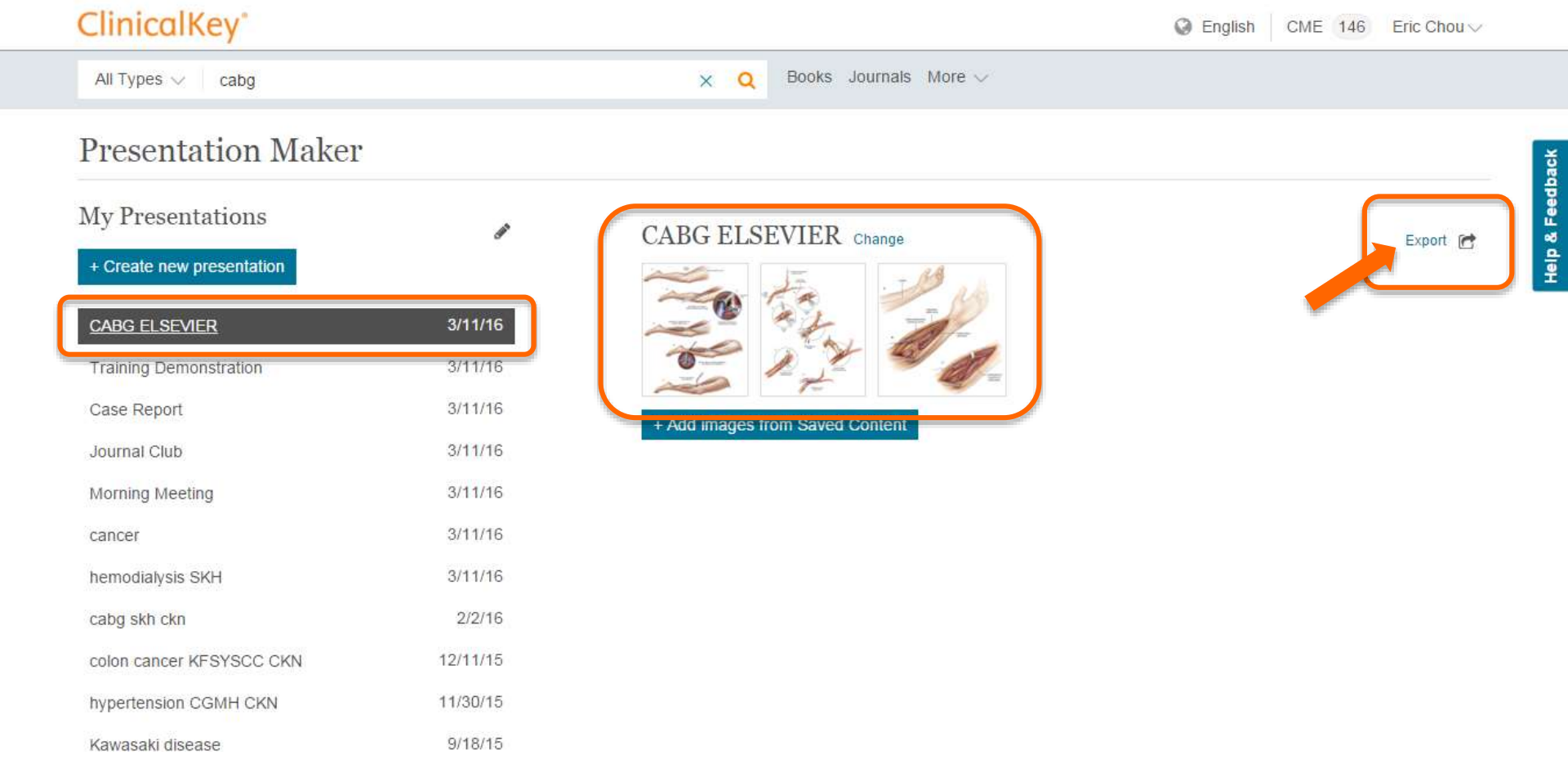

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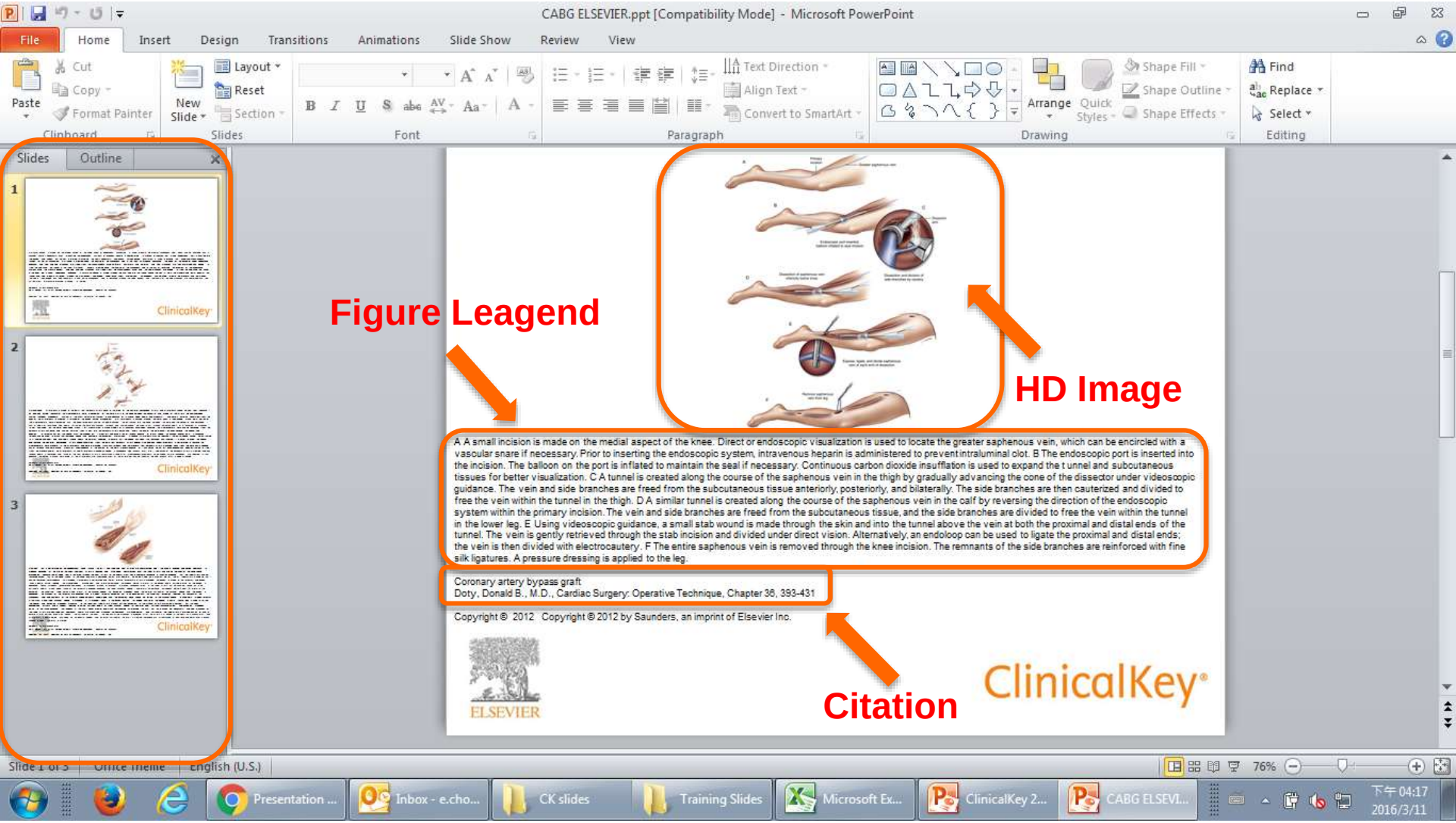

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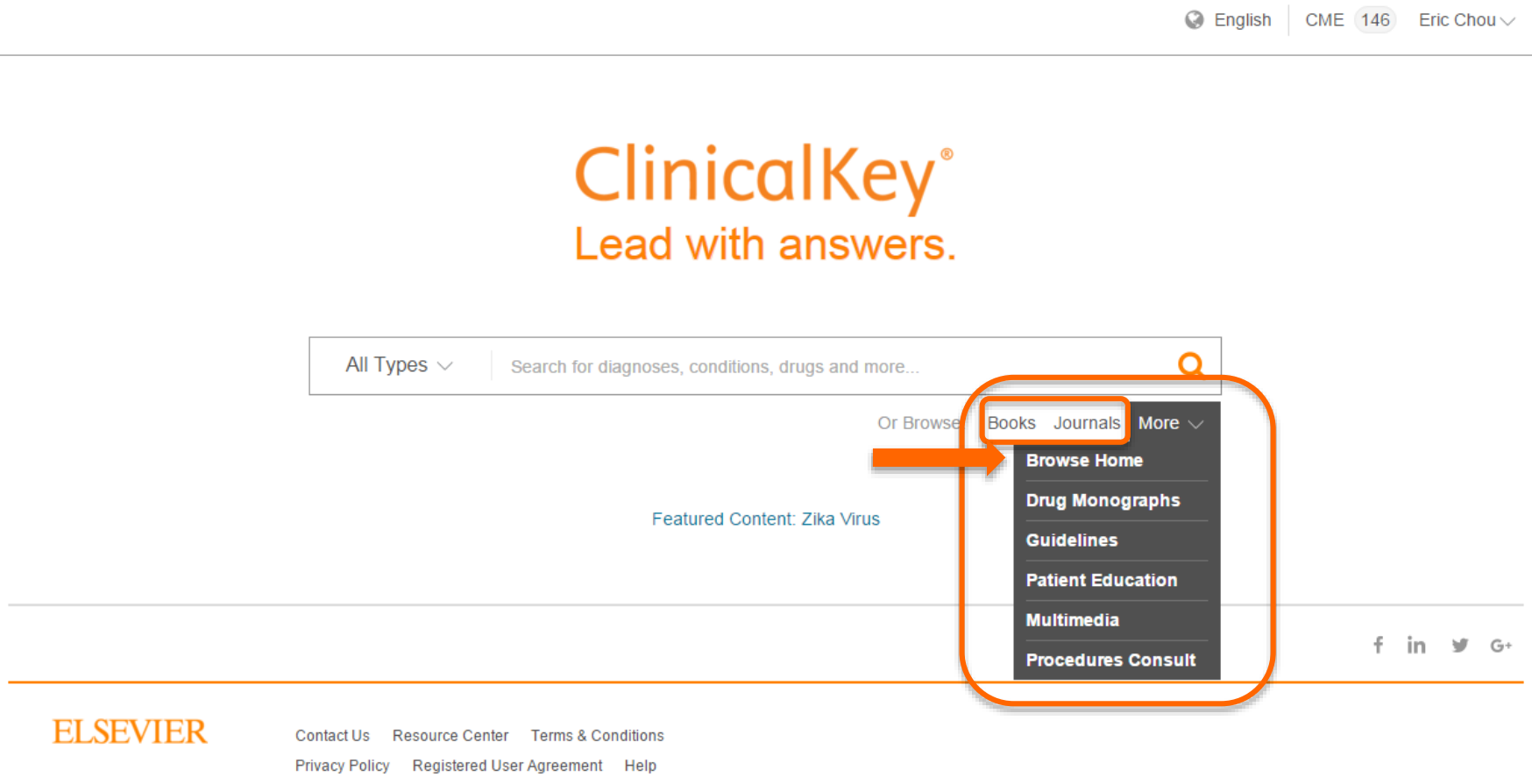
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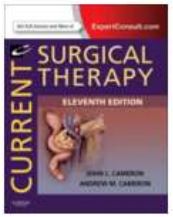

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BOOK CHAPTER

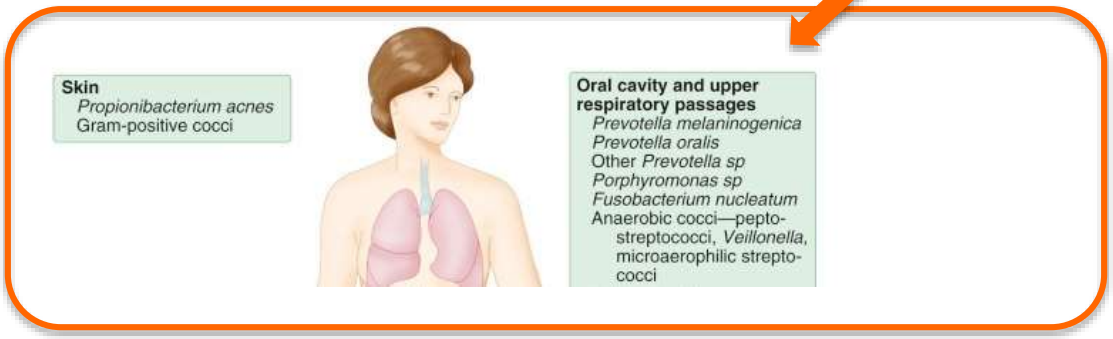
Diseases Caused by Non–Spore-Forming Anaerobic Bacteria

Itzhak Brook

Goldman-Cecil Medicine, 297, 1931-1934.e2

Definition

Anaerobic bacteria are the predominant members of the indigenous, normal human flora, including the skin and the oral, gastrointestinal, and vaginal mucosa (Fig. 297-1 ; Table 297-1). However, the types of predominant anaerobes are different at each location.



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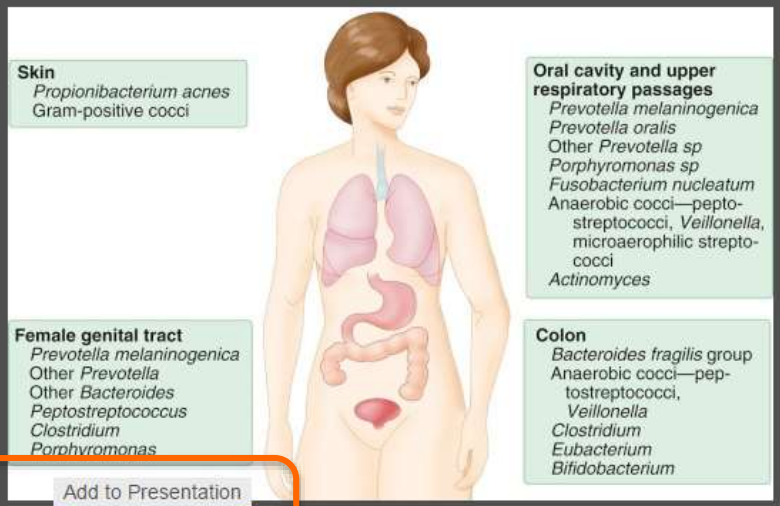

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IMAGE

Diseases Caused by Non–Spore-Forming Anaerobic Bacteria

Goldman-Cecil Medicine.

Brook, Itzhak. Published January 1, 2016. Pages 1931-1934.e2. © 2016.

FIGURE 297-1

Anaerobes as the predominant normal microflora of the human body by general anatomic location.

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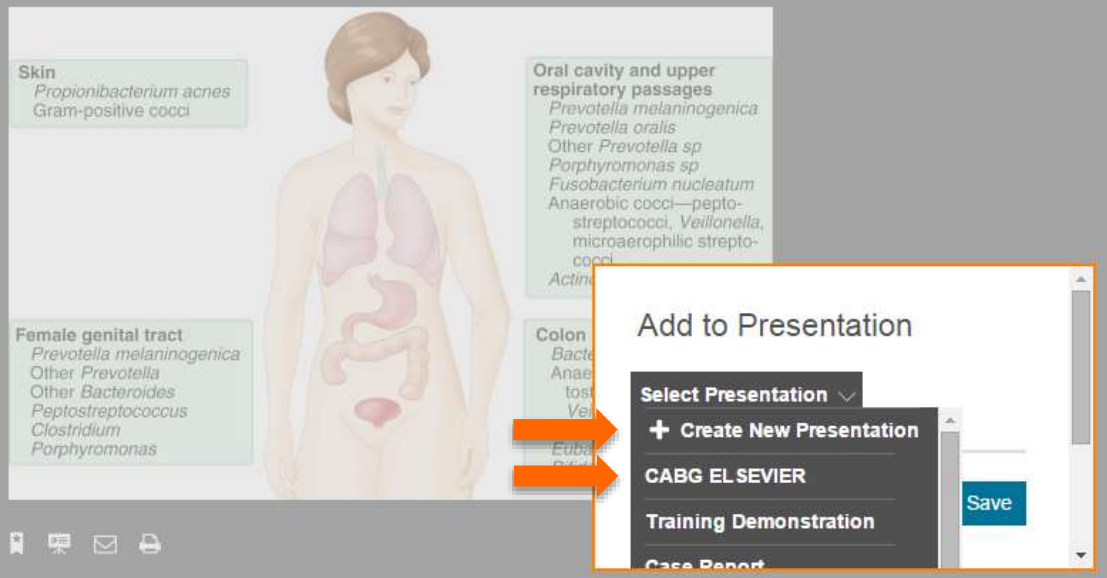

IMAGE

Diseases Caused by Non–Spore-Forming Anaerobic Bacteria

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FIGURE 297-1

Anaerobes as the predominant normal microflora of the human body by general anatomic location.

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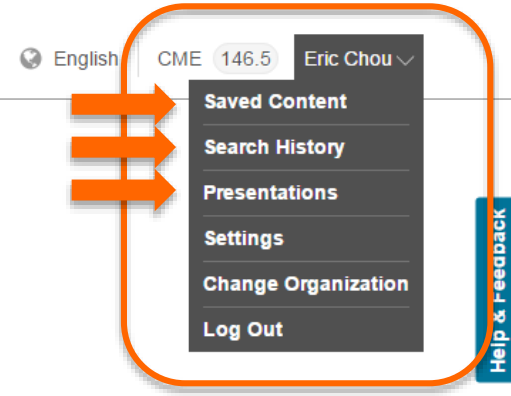

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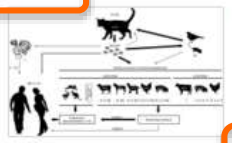

Toxoplasmosis

Remington and Klein's Infectious Diseases of the Fetus and Newborn Infant.

Peyron, François; Wallon, Martine... Show all. Published January 1, 2016.

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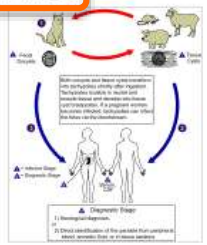

Toxoplasmosis as a travel risk

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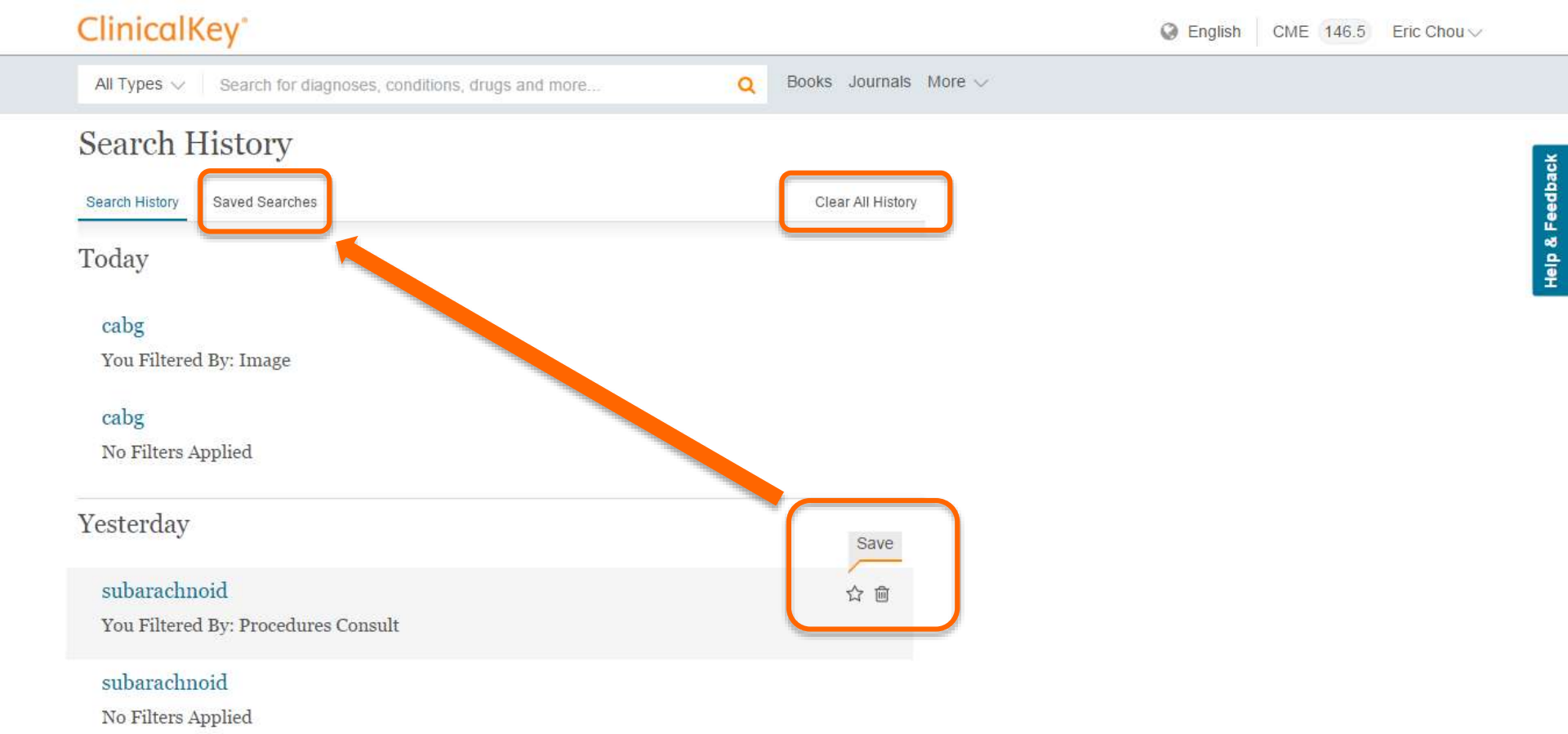
sentinel lymph node biopsy | neuroendocrine breast ca
lateral epicondylitis | Toxoplasmosis

Personal Account Management – Search History



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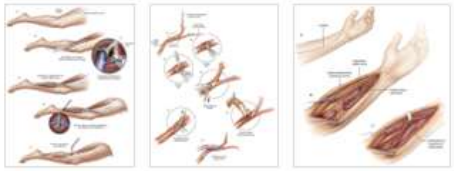

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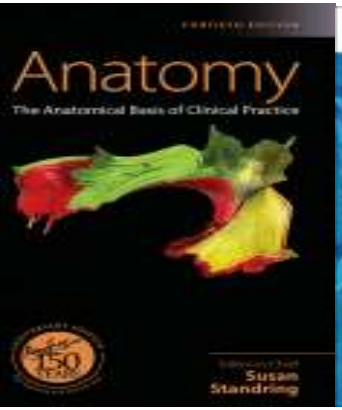
Thanks for your attention.

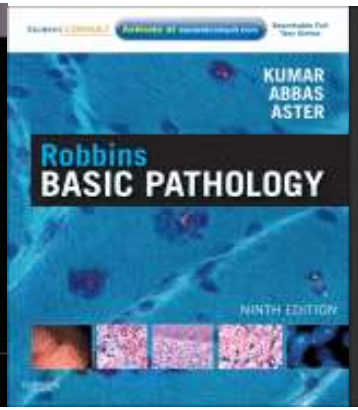
Eric Chou
e.chou@elsevier.com

Books 1100+冊 跨44科別 從醫學生到專科醫師

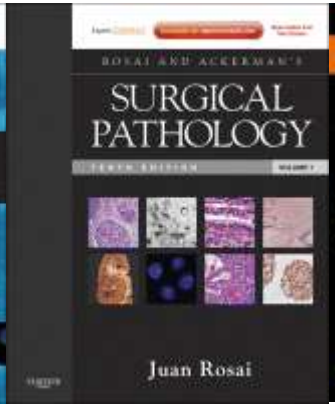
經典教科書X專科考試指定用書 All In ClinicalKey!!!



Gray's



Robbins



Rosai

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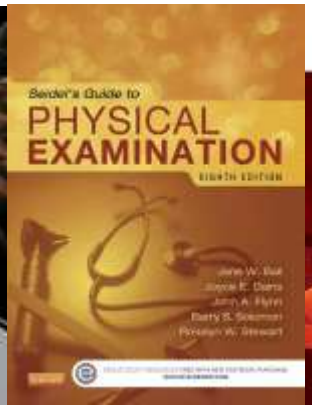

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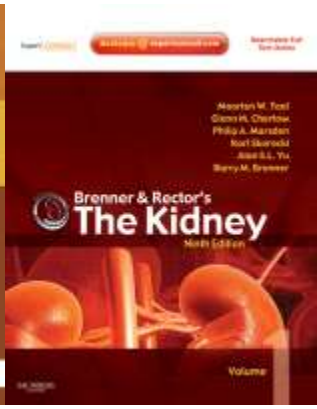
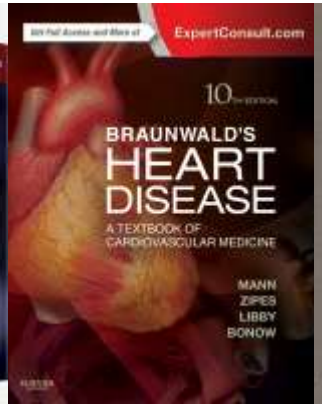


Brenner

Rosen's



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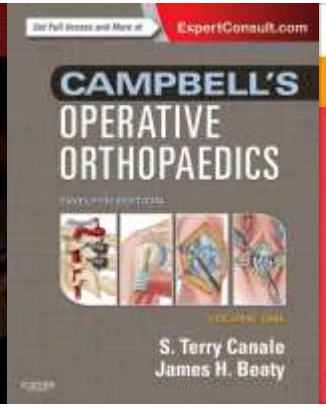
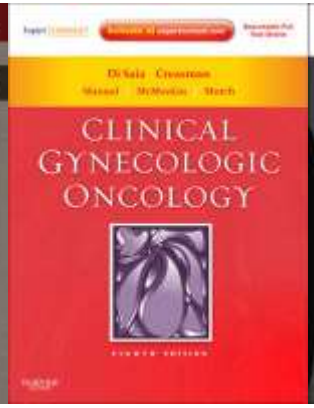


Campbell's



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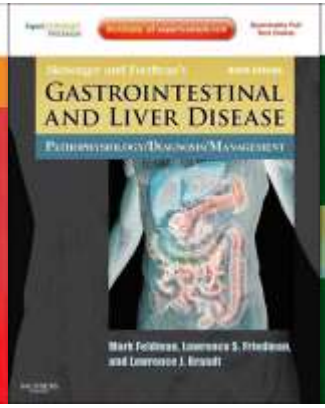
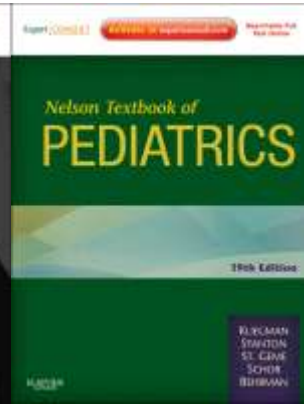


Sleisenger



Nelson