BMJ

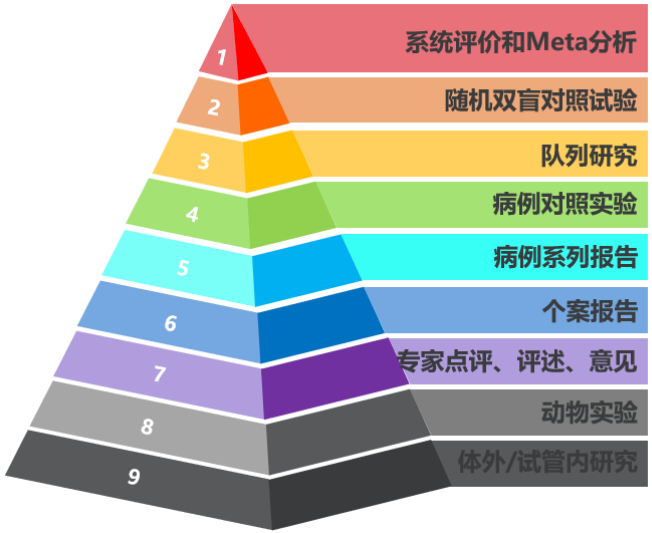
Best Practice介绍

BMJ临床实践

内容
证据级别
可信性

CRITICAL

CDSS质量



- **经评价的最新结构化临床证据** ✓
- 指南 ✓
- 中文/英文文献库 ✓
- 医学教科书
- 病例集
- 搜索引擎

BMJ

BMJ临床实践

世界排名第一*的循证医学临床决策知识库

1st

国际研究显示：

BP在所有评估指标上均排名第一

研究《为医生提供高质量的信息，对基于网络的即时诊疗信息系统的最新评估》

国际数字医疗领域排名第一的期刊JMIR于2016年发表

研究范围：53个国际在线临床诊疗决策支持工具

评估指标：

内容编辑质量

循证方法学

疾病覆盖广度

bestpractice.bmj.com

*Kwag KH, González-Lorenzo M, Banzi R, Bonovas S, Moja L
Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries
J Med Internet Res 2016;18(1):e15

BMJ临床实践

BMJ Best Practice 临床实践

- 32个临床专科
- 1009个疾病和症状专题
- 1200多次更新/年
- 3000+诊断分组和12500+细分诊疗方案
- 10000+种诊断方法
- 3000+诊断性检测
- 6800+篇国际指南
- 65000+参考文献
- 4000+医学图像
- 250个医学计算器
- 250+中国指南及专家共识

- ✓ 基于最新临床证据，遵循循证方法学制作
- ✓ 监测全球最新数据源，1,600多位全球独立专家梳理、撰写
- ✓ 经同行评审和专业编辑后发表
- ✓ 与中华医学会共同完成中文版翻译
- ✓ 千万级别本地化中文知识库
- ✓ 覆盖诊疗全流程，按临床思维设计
- ✓ 多国作为诊疗标准全国使用

BMJ临床实践

32个学科

变态反应和免疫学

传染病学

耳鼻咽喉科学

儿科与青春期医学

风湿病学

妇产科学

骨科学

姑息治疗

呼吸病学

急诊医学

健康维护

精神病学

老年医学

麻醉学

泌尿科学

内分泌及代谢疾病

皮肤病学

普通外科学

神经病学

神经外科学

肾脏病学

胃肠病与肝病学

危重症医学

血管外科学

血液病学

心血管疾病

胸心外科学

眼科学

遗传学

一级预防

营养学

肿瘤学

评估

BMJ临床实践

BMJ Best Practice 临床实践

获**英国信息标准认证**

在第25届年度传播者大奖 荣获：
“综合健康”、“用户体验”“最佳实践”类别冠军

2018英国数字化体验奖
最佳在线B2B用户体验奖
最佳数字化变革与转型奖

2018威尔士在线数字奖：
最佳移动应用程序奖
最佳全球覆盖奖

2018W3奖中获：
最佳用户体验奖
最佳实践奖

BMJ临床实践 —— 特点

BMJ临床实践特点


1
支持医学继续教育
2
辅助诊疗
3
即时、有效提醒与学习
4
避免误诊、漏诊
5
服务成本效益提升
6
诊疗水平提升
7
保障患者安全
8
学习最新证据
临床诊疗决策支持工具

BMJ临床实践
特点

- ✓ 给予医学教育中真正有价值的信息，中英文双语学习
- ✓ 临床决策-精简、标准、一步到位，避免冗余
- ✓ 诊间学习-全面，权威，可信
- ✓ 临床决策支持≠诊间学习
- ✓ 尤其适合低年资医生使

提供有效信息

- ✓ 覆盖诊疗各个关键环节：诊断、鉴别诊断、检查、治疗方案、随访、新兴疗法
- ✓ 可与临床工作信息流对接
- ✓ 培养规范的诊疗思维

覆盖诊疗关键节点

- ✓ 以信息化方式支持医学教育
- ✓ 给予医生即时参考
- ✓ 提供学习证书
- ✓ 可与医院规范化培训课程配合

医学教育信息化

BMJ Best Practice与世界上知名医学院校的合作

英国剑桥大学、爱丁堡大学、格拉斯哥大学等.

英国伦敦地区医学院校联盟

瑞典的医学院

Norwegian Electronic Health Library (Helsebiblioteket)挪威电子医疗图书馆 向挪威全国范围内的医学生和医务人员开放的电子图书馆

沙特数字图书馆 由沙特高等教育部提供的阿拉伯国家规模最大的图书馆

BMJ Best Practice

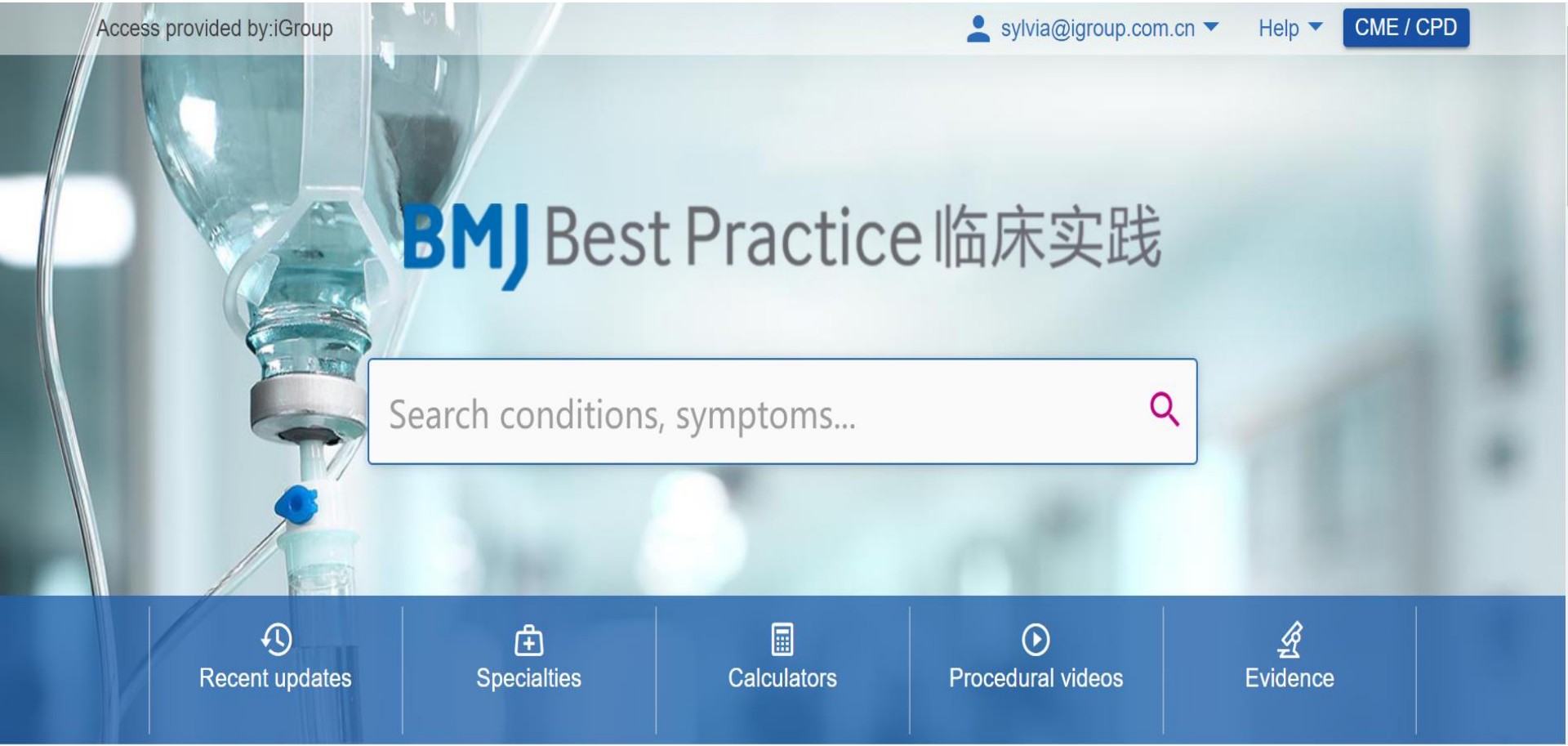
BMJ Best Practice 对医学院的支持

确保医学生获取最新的循证医学研究、指南和专家意见

培养临床思维，支持医学生从学校到临床医生的过渡

按疾病诊疗流程设计，适用于案例教学

标准结构界面-即可搜索疾病，也可搜索症状



搜索疾病-成人II型糖尿病

Type 2 diabetes in adults

标准结构和导航-疾病主题

概述 基础知识 诊断 治疗 随访 资源

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology	Approach	Approach	Monitoring	Guidelines
	Aetiology	History and exam	Treatment algorithm	Complications	Images and videos
	Case history	Investigations	Emerging	Prognosis	References
		Differentials	Prevention		Calculators
		Criteria	Patient discussions		Evidence
		Screening			

流行病学 病因学 案例

方法 病史和查体 检查 鉴别诊断 诊断标准 筛查

方法 治疗步骤 新疗法 预防 患者指导

监控 并发症 预后

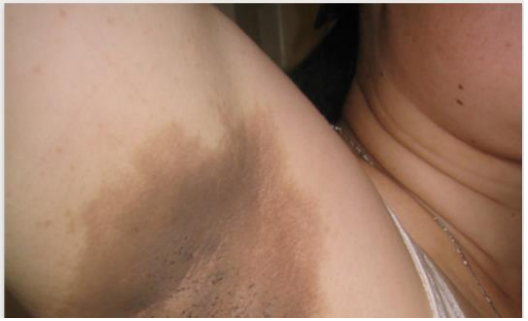
指南 图像和视频 参考文献 计算器 证据

Last reviewed:October 2019 Last updated:October 2019

Summary

The cornerstone of therapy for all patients with diabetes is a personalised self-management programme, usually developed with the patient by a diabetes education nurse or nutritionist...

READ MORE



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疾病界面-成人2型糖尿病 Type 2 diabetes in adults

History and exam

Key diagnostic factors

- presence of risk factors
- asymptomatic
- candidal infections
- skin infections

Full details

Other diagnostic factors

- fatigue
- blurred vision
- polydipsia
- polyphagia

Full details

Risk factors

- older age
- overweight/obesity
- gestational diabetes
- pre-diabetes

Full details

Diagnostic investigations

1st investigations to order

- HbA1c
- fasting plasma glucose
- random plasma glucose

Investigations to consider

- fasting lipid profile
- urine ketones
- random C-peptide

Guidelines

Diabetic foot problems: prevention and management

Guideline on the management of blood cholesterol

Full details

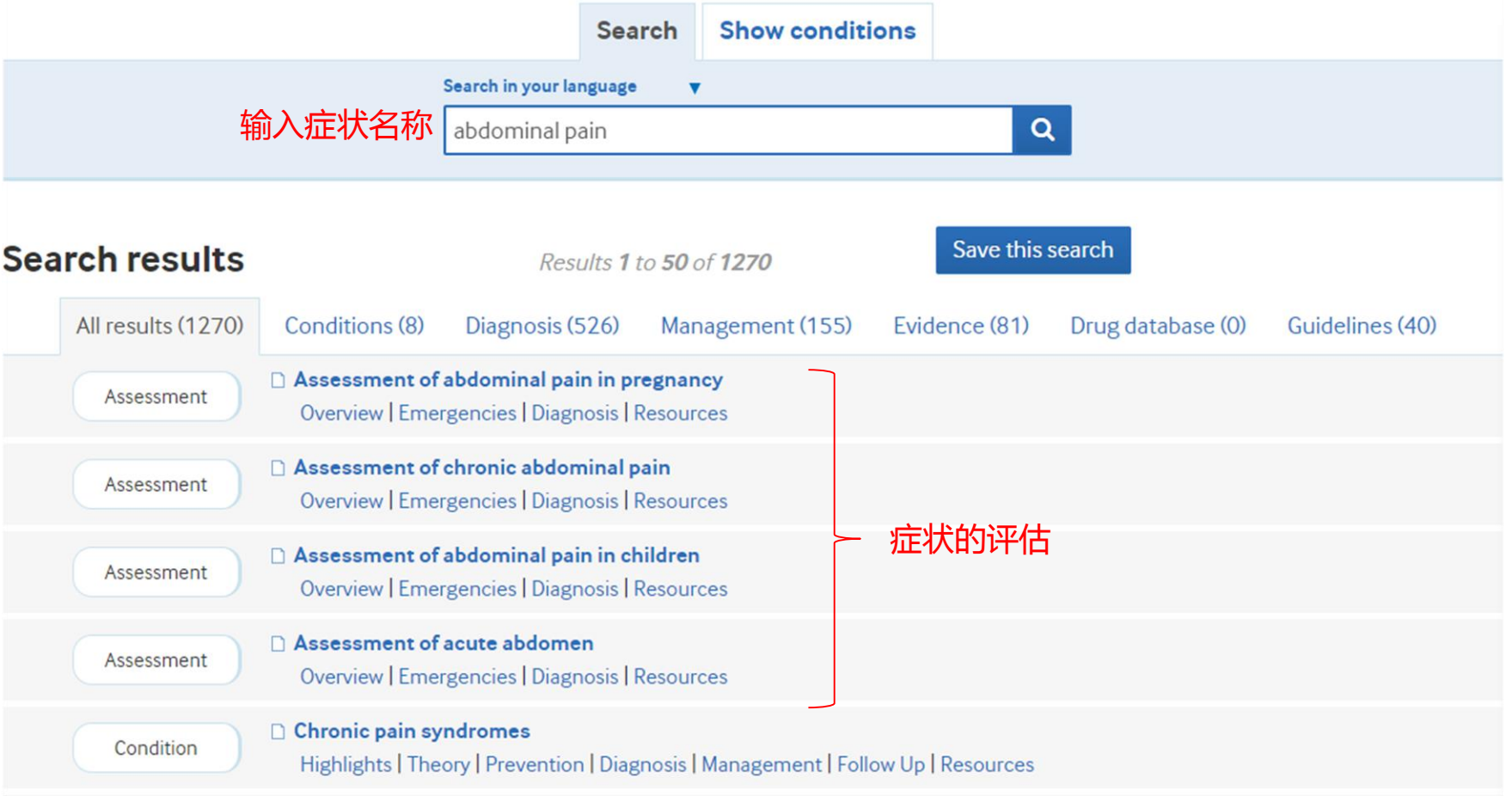
Calculators

Glomerular Filtration Rate Estimate by CKD-EPI Equation

Full details

BMJ

搜索症状-腹痛 Abdominal pain



症状的评估-急腹症的评估 Assessment of acute abdomen

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应用实例

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病例1-

患者李某，因主诉“结婚后3年未孕”前来妇科门诊就诊

病史：患者李某，女，30岁，月经稀发13年，结婚未孕3年。患者15岁初潮，5/30天。 13年前开始月经周期逐渐延长至半年，经量减少，至闭经5年。结婚后性生活正常，未采取避孕措施，未孕，无明显体重增加。无头痛，无视力改变，无用药史，无慢性病家族史，无食欲改变。夫妻感情好。

- 你考虑：患者为育龄女性，曾经有月经来潮但近5年来闭经，考虑为继发性闭经（**secondary amenorrhea**）。因继发性闭经可能由多种原因导致，为找出病因，进行对症治疗。
- 在BMJ Best Practice的搜索框中输入“secondary amenorrhea“，显示如下：

Assessment of secondary amenorrhoea

Last updated: Feb 17, 2017

Summary

Amenorrhoea is the transient or permanent absence of menstrual flow. It may be subdivided into primary and secondary presentations, relative to menarche: [1]

- Primary amenorrhoea: lack of menses by age 15 years in a patient with appropriate development of secondary sexual characteristics, or absent menses by age 13 years and no other pubertal maturation
- Secondary amenorrhoea: lack of menses in a non-pregnant female for at least 3 cycles of her previous interval, or lack of menses for 6 months in a patient who was previously menstruating.

Although overlapping attributes exist between the two groups, the diagnostic approaches vary significantly. The prevalence of amenorrhoea is about 3% in women who have previously had regular menstrual periods. The prevalence is higher in college students (3% to 5%), competitive endurance athletes (5% to 60%), and ballet dancers (19% to 44%). [2] The prevalence of primary amenorrhoea in the US is <0.1%, compared with 4% for secondary amenorrhoea. [3] [4]

Despite the low prevalence of secondary amenorrhoea, a prompt, comprehensive assessment is warranted unless the patient is pregnant, lactating, or using hormonal contraceptives, as amenorrhoea is often the presenting sign of an underlying reproductive disorder. A delay in diagnosis and treatment may adversely impact the future of such patients. For example, in

Differential diagnosis

Sort by: **common/uncommon** or category

Common

- Eating disorders or female athlete triad
- Emotional or physical stress
- Post-contraception with depot medroxyprogesterone
- Hyperprolactinaemia
- Polycystic ovary syndrome (PCOS)
- Idiopathic premature ovarian failure
- Post-chemoradiation ovarian failure
- Chromosomal abnormality (Fragile X carrier, Turner's syndrome mosaic)
- Non-classic congenital adrenal hyperplasia
- Hypothyroidism

在评估小结页面的右边栏，BP清晰地给出了继发性闭经需要考虑包括常见病和罕见病的鉴别诊断

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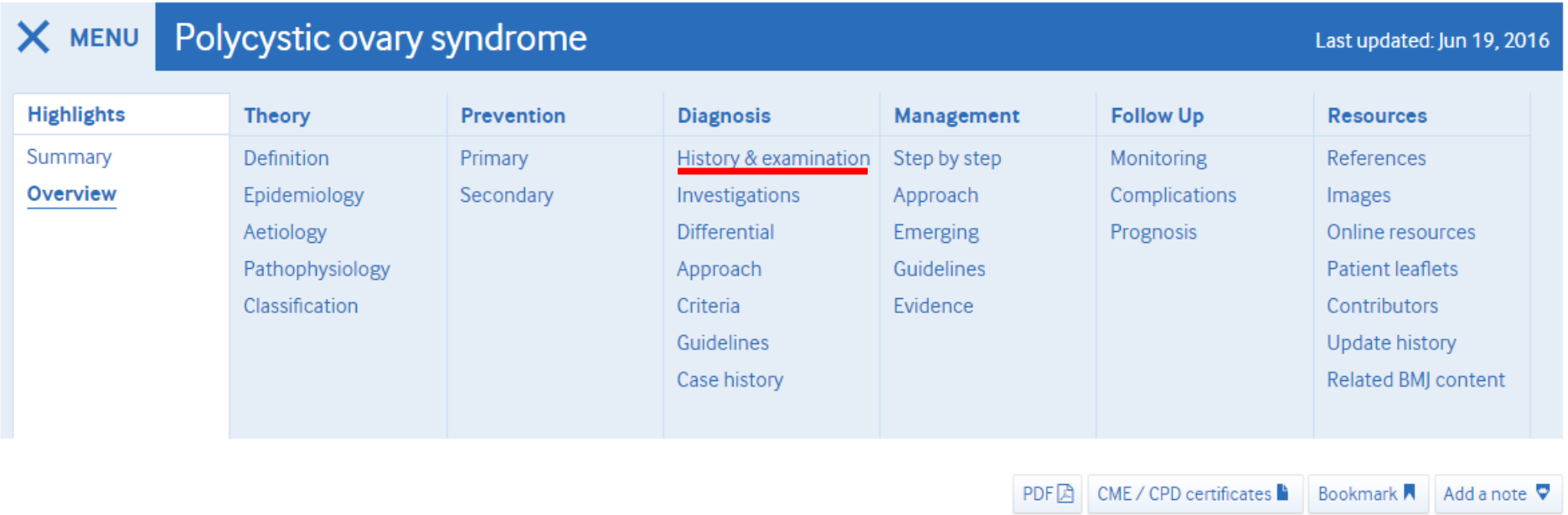
- 根据患者的病史，你考虑常见病（common）分类中高泌乳素血症（Hyperprolactinaemia）以及多囊卵巢综合征（ Polycystic ovary syndrome ，PCOS）的可能性最大，并决定进一步查体进行判断。
- 接诊医生考虑：查体发现患者双乳无泌乳症状，不符合高泌乳素血症的表现。目前看来，患者的最可能诊断是PCOS。为了明确诊断，接诊医生先查阅了第8版《妇产科学》。其中PCOS的临床表现，教科书中列举了月经失调、不孕、多毛、痤疮、肥胖等，但患者体重正常、也无多毛和痤疮，似乎不符合PCOS的诊断。
- 为确诊疾病，你再次搜寻BMJ Best Practice，输入疑似诊断“PCOS”，打开“Diagnosis-History &Examination”一栏查找相关的诊断因素。



History & examination 关键诊断因素

Key diagnostic factors show all

- presence of risk factors (common)
- female of reproductive age (common)
- irregular menstruation (common)
- infertility (common)
- **hirsutism (common)**

Present in 60% of women with PCOS. [3]

Hirsutism is the presence of terminal hairs (thick, pigmented) in androgen-dependent areas (upper lip, chin, chest, back, upper arm, shoulders, linea alba, peri-umbilical region, thigh, buttocks).

It is not to be confused with hyper-trichosis (diffuse vellous hairs).

Some ethnic groups, particularly Asians, are less prone to express hirsutism. [45] 在一些族群中，特别是亚洲人群中，多毛症出现较少

It is important to ask about excess hair growth, because women often use methods of mechanical or local hair removal. Thus, the physical examination may not disclose hirsutism.

Risk factors show all

Strong

- family history of PCOS
- premature adrenarche

Weak

- low birth weight
- fetal androgen exposure
- obesity
- environmental endocrine disruptors

Diagnostic testing

Hirsutism present

- The diagnosis of PCOS can be made when oligomenorrhoea also exists.
- If oligomenorrhoea is not present in a hirsute woman, evaluation for presence or absence of ovulation (by luteal-phase progesterone measurement or basal body temperature monitoring) should be performed. Anovulatory cycling may occur, particularly in hirsute women. If such measures are consistent with anovulation, PCOS may be diagnosed in the hirsute patient.
- If the hirsute patient is found to be ovulatory, the next step is to perform a transvaginal ultrasound to examine the ovaries. If polycystic ovarian morphology is documented, then PCOS can be diagnosed.

Hirsutism absent

- If hirsutism is not present, serum androgens should be measured to evaluate for hyper-androgenism. The most commonly measured androgens are total and free testosterone and dehydroepiandrosterone sulfate (DHEAS). If any of these are elevated, the diagnostic sequence is the same as when hirsutism is present.
- If hirsutism is not present and all androgen levels are normal, an
  Combined with such a history, polycystic ovarian morphology al
- Levels of androstenedione may also be checked, if other androgens are normal, which may increase the number of patients identified as hyper-androgenaemic by 10%. [3]

如果没有多毛的症状，则应监测血雄激素的水平，评估有无高雄激素血症。最常见的监测雄激素指标是总睾酮和游离睾酮以及硫酸脱氢表雄酮。如果上述任何一项指标偏高，则后续诊断措施跟多毛症出现的程序一样

Polycystic ovary syndrome

Last updated: Jun 19, 2016

BMJ Best Practice

MENU

Polycystic ovary syndrome

Last updated: Jun 19, 2016

Acute

Patient group	Treatment line	Treatment show all
with infertility and desiring fertility	1st	weight loss
	adjunct	metformin
	1st	clomifene
	adjunct	metformin
	adjunct	dexamethasone
	2nd	gonadotrophins
	adjunct	metformin
	3rd	in vitro fertilisation
	adjunct	metformin
	3rd	laparoscopic ovarian drilling

伴有不孕想妊娠的患者组

BP针对同一种疾病的不同患者群体给出有针对性的治疗方案

随访建议

菜单

多囊卵巢综合征

最新更新：2016-06-20

监测

- 患者应每3个月进行一个评估，用于观察治疗反应和任何不良反应。一旦病情稳定，改为每6个月监测。
- 可能需要通过联合治疗达到改善高雄激素的结果。
- 毛囊生长周期长，因此不能过早停用针对多毛症的药物治疗。至少需要治疗6-9个月才能观察到治疗的效果。
- 接受激素治疗不孕症患者（克罗米芬，促性腺激素，辅助生殖技术）将需要频繁的随访。
- 针对不孕的治疗，需要长期服用二甲双胍。

患者指导

- 在近乎所有PCOS患者中，增加体育活动和改善饮食都是有效的。
- 在帮助患者健康饮食咨询方面，与营养师进行讨论是非常有帮助的。
- 限制热量是减肥最重要的因素。只要限制卡路里，营养成分的配比并无显著差异。
- 应该告知患者PCOS的慢性病程，如果过早停止治疗，症状经常复发。 [Androgen Excess and PCOS Society] [The Hormone Health Network: information on PCOS]

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疾病相关的指南搜索

MENU

Polycystic ovary syndrome

Last updated: Jun 19, 2016

Highlights	Theory	Prevention	Diagnosis	Management	Follow Up	Resources
Summary	Definition	Primary	History & examination	Step by step	Monitoring	References
Overview	Epidemiology	Secondary	Investigations	Approach	Complications	Images
	Aetiology		Differential	Emerging	Prognosis	Online resources
	Pathophysiology		Approach	Guidelines 指南		Patient leaflets
	Classification		Criteria	Evidence		Contributors
			Guidelines			Update history
			Case history			Related BMJ content

欧洲指南

MENU Polycystic ovary syndrome

Treatment guidelines

Europe show all

The polycystic ovary syndrome

Published by: European Society of Endocrinology

Last published: 2014

› Summary

Long-term consequences of polycystic ovary syndrome

Published by: Royal College of Obstetricians and Gynaecologists

Last published: 2014

› Summary

Fertility: assessment and treatment for people with fertility problems

Published by: National Institute for Health and Care Excellence

Last published: 2013

国际共识和美国指南

International show all

Treatment of obesity in polycystic ovary syndrome

Published by: Androgen Excess and Polycystic Ovary Syndrome Society

Last published: 2009

› Summary

Consensus on infertility treatment related to polycystic ovary syndrome

Published by: American Society for Reproductive Medicine; European Society for Human Reproduction and Embryology

Last published: 2008

› Summary

North America show all

New **Clinical review: guide to the best practices in the evaluation and treatment of polycystic ovary syndrome - part 1**

Published by: American Association Of Clinical Endocrinologists; American College Of Endocrinology; Androgen Excess and PCOS Society Disease State

Last published: 2015

› Summary

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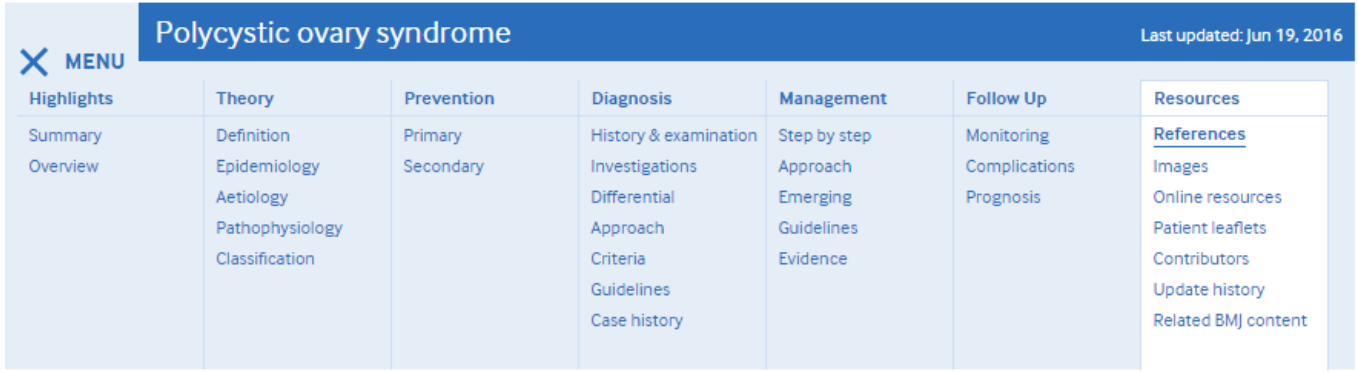
疾病相关文献搜索



BMJ Best Practice

新功能介绍

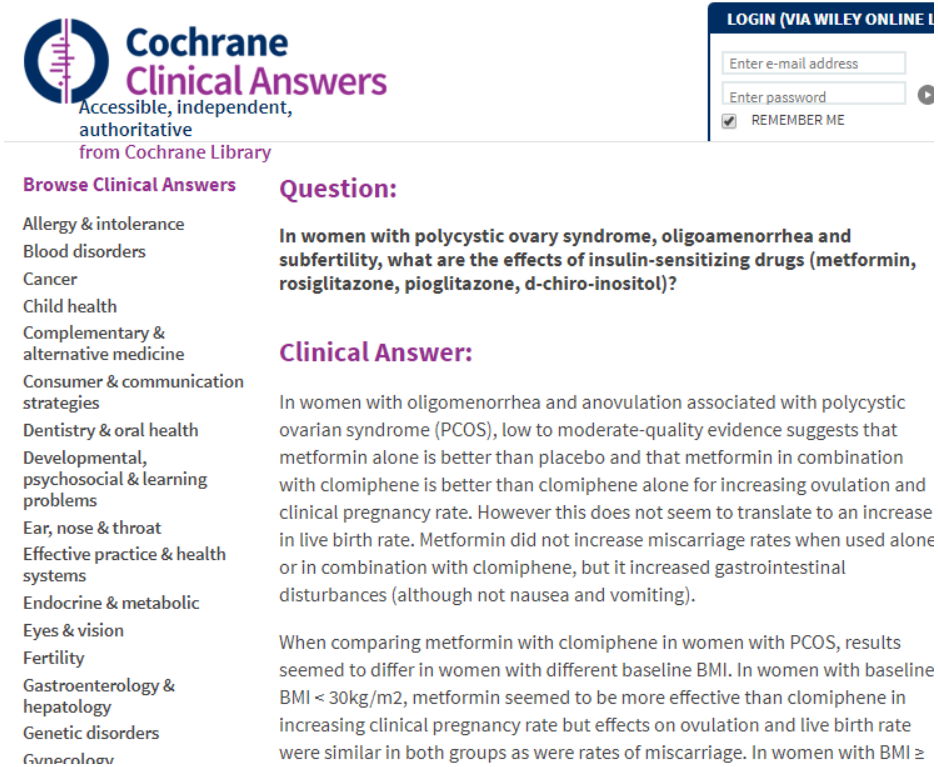
与Cochrane Clinical Answers 倾力合作

BMJ Best Practice 与Cochrane旗下产品Cochrane Clinical Answers 合作，将Cochrane Clinical Answers整合在BP中，为BP临床决策知识库提供更丰富的循证医学证据来源。

关于Cochrane Clinical Answers (CCAs):

- 提供易读、易懂、针对临床的丰富Cochrane综述研究。
- Cochrane 临床问题的答案包涵了综合性的临床证据。
- 每一个临床问题都是结构化的，遵循“PICO”原则，包括临床研究问题（P）、干预手段（I）,对照组（C）和结局（O）。

Cochrane Clinical Answers



OUTCOME 1.2: Clinical pregnancy rate

Quality of the evidence:

The reviewers performed a GRADE assessment of the quality of evidence for this outcome at this time point and stated that the evidence was moderate quality. See Summary of findings from Cochrane review

Narrative result:

Eight RCTs with 707 participants found that metformin increased clinical pregnancy rate compared with placebo. Subgroup analyses assessing women with higher and lower BMI found similar results to the main analysis, although the analysis of people with BMI ≥ 30kg/m2 did not quite reach statistical significance. Click below for full details.

Relative effect or mean difference: Forest plot from Cochrane Review

There was a statistically significant difference between groups, in favor of metformin (OR 2.31, 95% CI 1.52 to 3.51).

Absolute effect:

221 per 1000 people (95% CI 157 to 301) with metformin compared with 109 per 1000 people with placebo.

Reference:

Tang T, Lord JM, Norman RJ, Yasmin E, Balen AH. Insulin-sensitising drugs (metformin, rosiglitazone, pioglitazone, D-chiro-inositol) for women with polycystic ovary syndrome, oligo amenorrhoea and subfertility. *Cochrane Database of Systematic Reviews* 2012, Issue 5. Art. No.: CD003053. DOI: 10.1002/14651858.CD003053.pub5. [Review search date: October 2011]

BMJ Best Practice加入循证医学临床计算器功能

EBMcalc

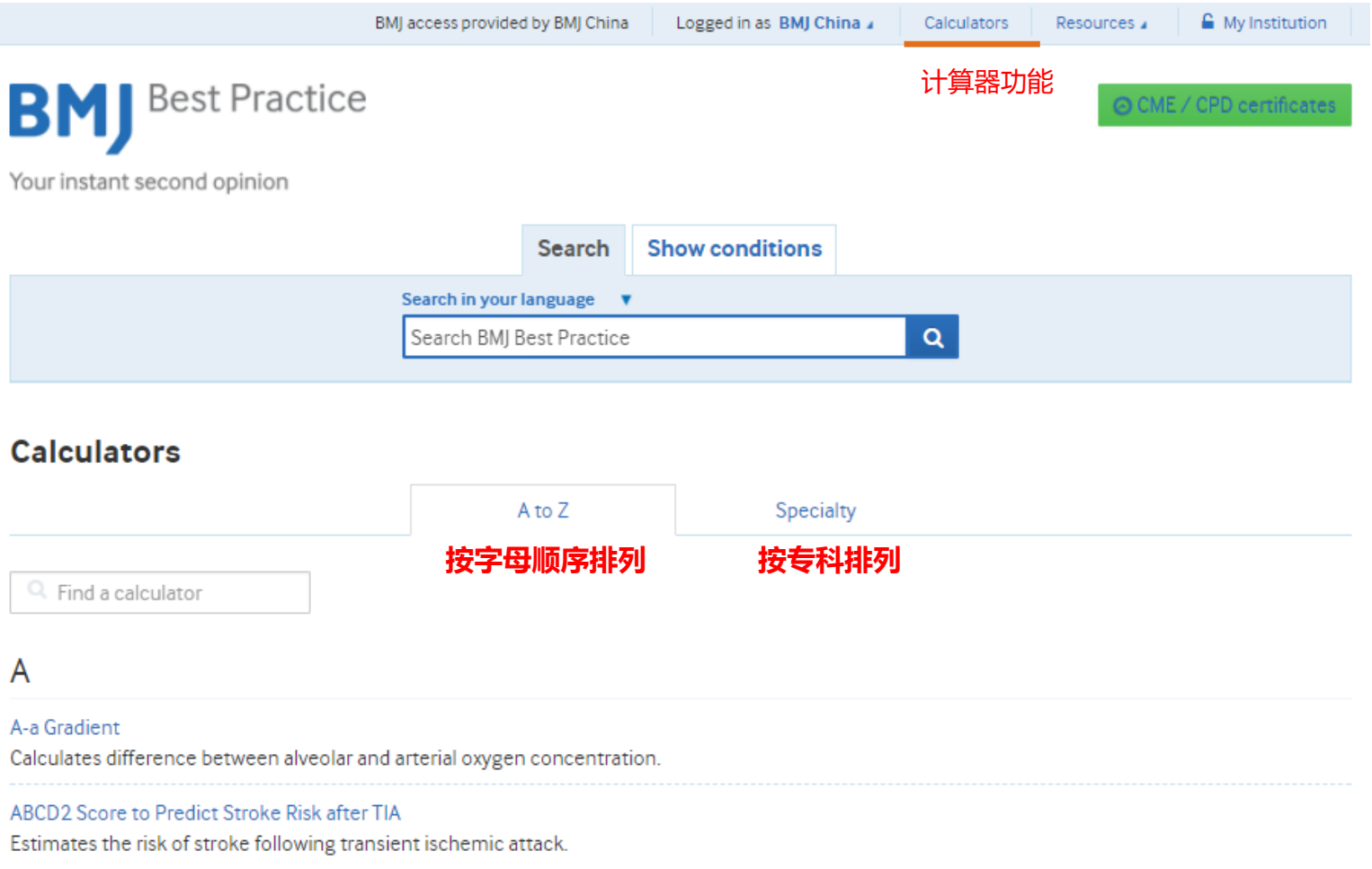
在临床实践中，医学计算器是最实用的工具之一，能帮助医务工作者们鉴别和诊断一系列的问题

因此，BMJ在Best Practice中加入EBMcalc 基于循证医学的临床计算器，方便医务工作者使用，

目前BMJ Best Practice中有超过250个医学计算器，支持医学生的学习：

- 帮助学生熟悉临床常用计算方法，更快地掌握临床实践
- 准确计算，对患者负责
- 包含了最新的公式、标准、决策流、转换方法、危险因素评分等
- 按学科分类

循证医学临床计算器功能



循证医学临床计算器功能

Apgar Score 阿普加评分计算器

Strength and regularity of heart rate
- 100 beats/minute or more (2 points)
- Less than 100 (1 point)
- None (0 points)

Lung maturity
- Regular breathing (2 points)
- Irregular (1 point)
- None (0 points)

Muscle tone and movement
- Active (2 points)
- Moderate (1 point)
- Limp (0 points)

Skin color / oxygenation
- Pink (2 points)
- Bluish extremeties (1 point)
- Totally blue (0 points)

Reflex response to irritable stimuli
- Crying (2 points)
- Whimpering (1 point)
- Silence (0 points)

Total Criteria Point Count: 0

Reset Form

Bleeding Risk Index for Warfarin Therapy 华法林治疗出血风险评分

- Patient 65 years old or older (1 point)
- Patient has history of CVA (1 point)
- Patient has history of GI bleeding (1 point)
- Is there either a recent MI, anemia with HCT <30%, Creatinine >1.5 mg/dL or Diabetes present (1 point)

Total Criteria Point Count: 0

Thank You

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BMJ