

BMJ

BMJ Best Practice 临床实践

什么是《BMJ Best Practice 临床实践》

《BMJ Best Practice》（简称BP）是基于循证医学资源的国际一流临床决策支持系统。BP将全球最新的高级别临床研究成果，指南和专家意见进行梳理及整合，通过快速、简单的途径为临床诊疗决策提供及时可靠的信息。

在2016年进行的国际临床决策支持系统独立评价中，《BMJ Best Practice》在疾病覆盖范围、编辑质量和循证方法等各项评比中均排名第一*。

*Kwag KH et al., 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

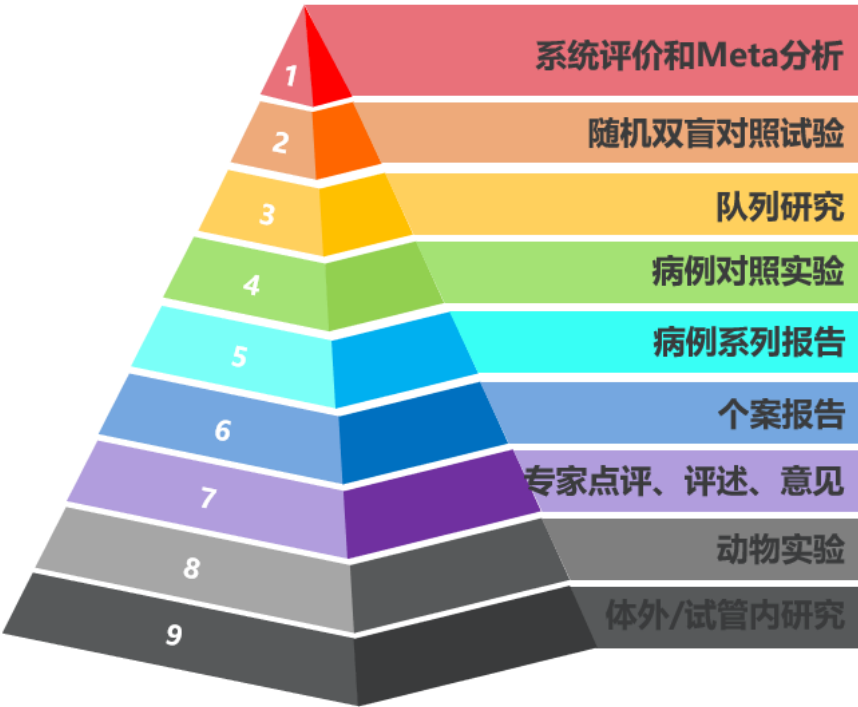
“《BMJ Best Practice 临床实践》对中国的医疗改革和临床医生都非常重要，有助于规范临床路径，传递最新的诊疗信息，相信未来将对中国医疗全局产生重大影响。”

— 胡大一 教授

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



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

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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



- 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
- ✓ 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

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 —— 特点

BMJ



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

● 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

● 瑞典的医学院

● 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 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

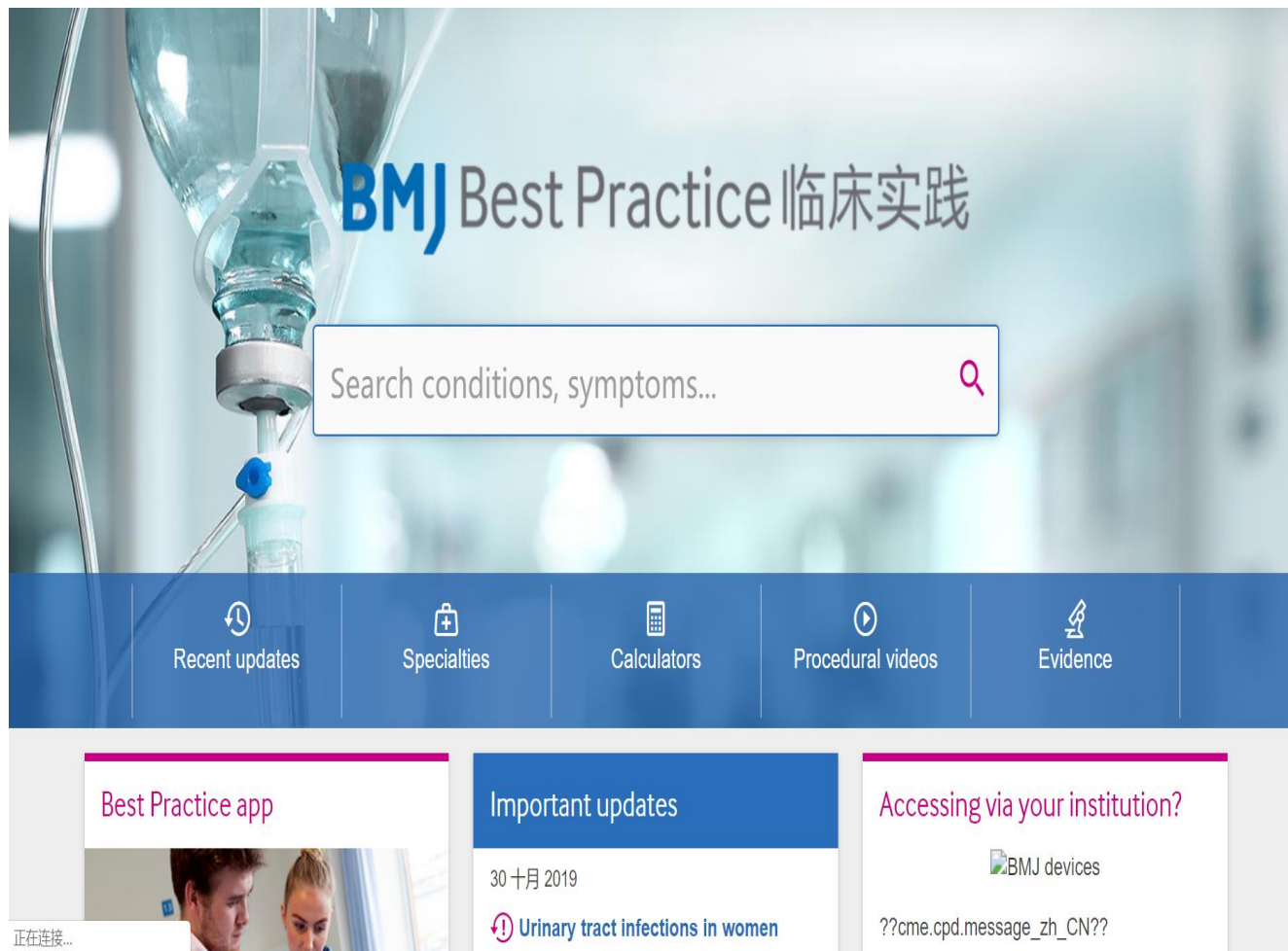


培养临床思维，支持医学生从学校到临床医生的过渡



按疾病诊疗流程设计，适用于案例教学

平台首页



您在BP首页可通过以下三种方式获取平台内容：

内容检索 – 您可直接在检索框输入疾病或症状名称进行检索。

功能区导航 – BP中文版首页采用功能区导航的设计，便于您按功能类别访问平台内容。

重要更新 – 您可以通过疾病的重要更新浏览改变临床实践的关键更新。

近期更新

Recent updates

ALL UPDATES

IMPORTANT UPDATES

UPDATES BY SPECIALTY

08 十一月 2019

Topic: [Rheumatoid arthritis](#)

07 十一月 2019

Topic: [Assessment of nausea and vomiting, adults](#)

05 十一月 2019

Topic: [Cutaneous larva migrans](#)

05 十一月 2019

Topic: [Cryoglobulinaemia](#)

05 十一月 2019

Topic: [Aortic regurgitation](#)

Last reviewed: October 2019

Last updated: October 2019

🔔 IMPORTANT UPDATES

30 十月 2019

×

EMA's safety committee recommends a 4-week limit for use of high-strength estradiol creams

The European Medicines Agency (EMA) pharmacovigilance risk assessment committee (PRAC) has recommended limiting the use of high-strength estradiol vaginal creams (containing 100 micrograms/g or 0.01%) to a single treatment period of up to 4 weeks.^[48]

The PRAC review concluded that in postmenopausal women who had used these creams, the levels of estradiol in the blood were higher than normal postmenopausal levels and could result in similar side effects to those seen with systemic (oral or transdermal) hormone replacement therapy (HRT).

The side effects of HRT include venous thromboembolism, stroke, endometrial cancer, and breast cancer.

您可以在【**近期更新**】¹内按时间和学科浏览重要和常规更新²。其中重要更新的详细内容还会在相关主题页面的显著位置展示³。

学科分类

Specialties

- | | |
|---------------------------------------|----------------------------|
| Allergy and immunology | Geriatric medicine |
| Anaesthesiology | Haematology |
| Cardiology | Health maintenance |
| Cardiothoracic surgery | Infectious diseases |
| Critical care medicine | Nephrology |
| Dermatology | Neurology |
| Ear, nose, and throat | Neurosurgery |
| Emergency medicine | Nutrition |
| Endocrinology and metabolic disorders | Obstetrics and gynaecology |
| Gastroenterology and hepatology | Oncology |
| General surgery | Ophthalmology |
| Genetics | Orthopaedics |

- Paediatrics and adolescent medicine
- Palliative care
- Primary care
- Psychiatry
- Respiratory disorders
- Rheumatology
- Urology
- Vascular surgery
- Assessments
- Overviews

学科分类 – BP的主题覆盖 32个临床学科。您可以在 **【学科】** 内按学科查找和浏览相关主题¹。每个学科内的主题按A-Z排序²。

急症主题 – 在每个学科分类下，您可以查找本学科内相关的急症主题³。

The screenshot shows a user interface for the 'EMERGENCY' specialty. At the top, there are two tabs: 'A - Z' and 'EMERGENCY', with 'EMERGENCY' being the active tab. Below the tabs is a horizontal list of letters: A, C, D, E, H, I, R, S. The letter 'A' is selected and highlighted. Underneath the 'A' tab, a list of topics is displayed, including 'Acute asthma exacerbation in adults', 'Allergic reactions', 'Alloimmune disease of the fetus', 'Anaphylaxis', and 'Asthma, acute exacerbation'.

医学计算器

近期更新 学科 3 医学计算器 视频 证据 药典

医学计算器

4 A-Z 按照学科

检索医学计算器 5

A

A-a Gradient
Calculates difference between alveolar and arterial oxygen concentration.

ABCD2 Score to Predict Stroke Risk after TIA
Estimates the risk of stroke following transient ischemic attack.

ACR/EULAR Rheumatoid Arthritis Diagnostic Criteria (2010)
Diagnostic criteria for rheumatoid arthritis.

Body Mass Index (Quetelet's index)

Input:

Height	1.78	m
Weight	75	kg

Result: **1**

BMI kg/m²

Decimal Precision

Body Mass Index Interpretation

- BMI < 18.5: Below normal weight
- BMI >= 18.5 and < 25: Normal weight
- BMI >= 25 and < 30: Overweight
- BMI >= 30 and < 35: Class I Obesity
- BMI >= 35 and < 40: Class II Obesity
- BMI >= 40: Class III Obesity

医学计算器 – BP包括250个 医学计算器，可帮助您即时评估临床指标和疾病风险。医学计算器采用量表评分或公式的计算方式。填写相关参数后系统会自动计算结果并给出相关参考区间¹。所有医学计算器均和相关主题进行了关联，并在主题小结章节页面展示²。

医学计算器检索 – 您可在【**医学计算器**】³内按A-Z或学科⁴浏览相关医学计算器或进行检索⁵。

Obesity in adults

OVERVIEW THEORY DIAGNOSIS MANAGEMENT FOLLOW UP RESOURCES

Definition

Obesity can be defined as a chronic adverse condition due to an excess amount of body fat. While there are many methods to determine the relative amount of body fat, the most widely used method to determine obesity is the BMI, defined as weight divided by height squared ([weight in kg]/[height in m]²). [1] [2] [3]

Diets. Interventions for the treatment of overweight and obesity in adults

Defining overweight and obesity

Calculators **2**

- Body Mass Index (Quetelet's index)

History and exam

临床操作视频

近期更新 学科 医学计算器 1 视频 证据 药典

视频

01:02

Bag-valve-mask ventilation animated demonstration

03:17

Insert

2 fast as possible in order to move the pointer along the graduated scale. Read the peak expiratory flow rate.

0:30 / 0:49

Peak flow measurement animated demonstration

Equipment needed **3**

Apply a new disposable mouthpiece and filter if multiple patients use one device. Check that the patient has a baseline peak expiratory flow rate (PEFR). Obtain this either from their records - a personal best recorded within the last two years [185] - or, if they have not measured their PEFR before, calculate it from a predicted PEFR chart. In the case of the latter, note the patient's age, sex, and height.

临床操作视频 – BP覆盖25个临床操作视频。您可在【**视频**】**1**内进行相关视频的浏览。

视频配有英文字幕**2**以及与本操作相关的医疗设备和注意事项的描述**3**。所有视频均和相关主题进行了关联，并在主题小结章节页面展示**4**。

Acute respiratory failure

OVERVIEW ▼ THEORY ▼ DIAGNOSIS ▼ MANAGEMENT ▼ FOLLOW UP ▼ RESOURCES ▼

History and exam

Key diagnostic factors	Other diagnostic factors	Risk factors
<ul style="list-style-type: none"> presence of risk factors direct trauma to the thorax and neck dyspnoea confusion 	<ul style="list-style-type: none"> anxiety headache hypoventilation cardiac rhythm disturbances 	<ul style="list-style-type: none"> cigarette smoking young age elderly age pulmonary infection
Full details	Full details	Full details

Procedural videos **4**

- ▶ Peak flow measurement animated demonstration
- ▶ Radial artery puncture animated demonstration

Full details

临床证据

Evidence

New clinical answers

Practical evidence for healthcare decision making

BMJ Best Practice has teamed up with Cochrane Clinical Answers to better deliver evidence and inform decision making at the point of care.

Cochrane Clinical Answers distil the essential information from Cochrane systematic reviews into a short question and answer, ideal for use at the point of care.

Evidence is displayed in a user friendly format, mixing narrative, numbers and graphics along with key data including P... Comparison, Outcome and GRADE summar...



VIEW ALL

EBM Toolkit

Fundamentals to learn, practise and discuss EBM



1

临床证据 – 自推出以来，BP一直致力为用户实时提供高质量的前沿临床证据。您可通过【**证据**】¹内的链接访问世界顶级循证医学研究中心证据Cochrane Clinical Answers (CCA) 的内容²。CCA将Cochrane系统评价的重点信息提炼成适合在临床上使用的、简短的问题和答案，使医护人员能更有信心地做出最佳临床决策。此外，**EBM工具包**³内还收录了大量关于学习、讨论和实践循证医学的信息以及便于实践循证医学的工具和文献⁴。

Cochrane Clinical Answers
Accessible, independent, authoritative from Cochrane Library

Browse Clinical Answers

- Allergy & intolerance
- Blood disorders
- Cancer
- Child health
- Complementary & alternative medicine
- Consumer & communication strategies
- Dentistry & oral health
- Developmental, psychosocial & learning problems
- Ear, nose & throat
- Effective practice & health

Welcome to Cochrane Clinical Answers

Practical evidence for healthcare decision making

Find CCA background and materials here

New Clinical Answers

How does mifepristone compare with levonorgestrel, danazol, or gestrinone

Updated Clinical Answers

How does longer corticosteroid treatment (>7 days) compare with shorter treatment (<7 days) for acute asthma?

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» EBM Toolkit » Learn EBM » What is EBM?


Evidence-based medicine (EBM[®]) refers to the application of the best available research to clinical care, which requires the integration of evidence with clinical expertise and patient values.[1,2] By best available research, we mean clinically relevant (i.e. patient oriented) research that:

- Illuminates the accuracy and precision of diagnostic tests.
- Highlights the importance of prognostic markers.
- Establishes the efficacy and safety of therapeutic, rehabilitative, or preventive healthcare strategies, or

Learn EBM

- What is EBM?
- How to clarify a clinical question
- Design the search
- Where to look for research evidence
- Study design search filters


检索

hypertension 

1

Suggested topics:

- Hypertension complicating pregnancy
- Hypertension in pregnancy
- Hypertension, assessment
- Hypertension, essential

Search conditions, symptoms... 

Recently viewed topics:

- Urinary tract infections in women
- Type 2 diabetes in adults
- Assessment of dizziness
- Musculoskeletal sprains and strains

Search results for hypertension

ALL IMAGES AND VIDEO

- Essential hypertension
 - Summary · History and exam · Investigations · Differentials · Treatment algorithm
- Idiopathic pulmonary arterial hypertension
 - Summary · History and exam · Investigations · Differentials · Treatment algorithm
- Assessment of hypertension
 - Overview · Emergencies · Diagnosis

检索 – 在检索框内输入症状或疾病关键词后¹，平台会自动出现推荐主题。点击检索框后²，平台会自动显示近期浏览的主题。您可以通过推荐或近期浏览主题的连接快速进入相关主题，或点击【检索】按钮³进入检索结果页面。

检索

Search results for hypertension

ALL

IMAGES AND VIDEO **3**

Essential hypertension 1

[Summary](#) · [History and exam](#) · [Investigations](#) · [Differentials](#) · [Treatment algorithm](#)

Idiopathic pulmonary arterial hypertension

[Summary](#) · [History and exam](#) · [Investigations](#) · [Differentials](#) · [Treatment algorithm](#)

Assessment of hypertension

[Overview](#) · [Emergencies](#) · [Diagnosis](#)

Assessment of respiratory alkalosis

[Overview](#) · [Emergencies](#) · [Diagnosis](#)

Hypertensive emergencies

[Summary](#) · [History and exam](#) · [Investigations](#) · [Differentials](#) · [Treatment algorithm](#)

Essential hypertension 2

Differentials

- [Drug-induced](#)
- [Chronic kidney disease](#)
- [Renal artery stenosis](#)

[Full details](#)

Tests to order 3

ECG: may show evidence of left ventricular hypertrophy or old infarction

[Full details](#)

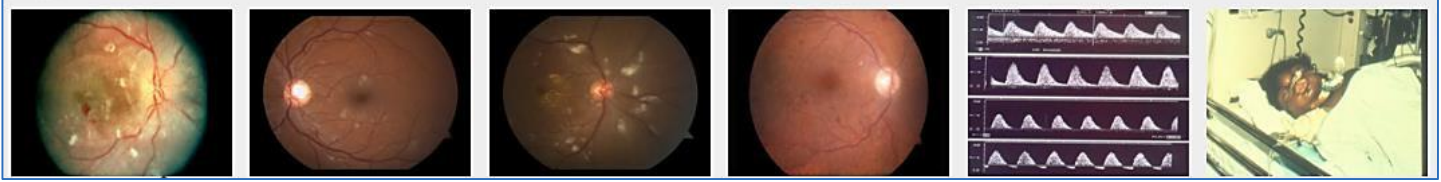
Management

- [acute](#)
- [ongoing](#)

[Full details](#)

图片和视频 4

图片



检索结果按相关度进行排序并显示相关主题各重要章节的链接¹。

检索结果右侧摘要栏显示相关度最高主题的鉴别诊断和小结等信息²，便于您快速获取相关信息。

图片和视频检索 – BP还支持图片和视频的检索。点击【**图片和视频**】³可查看与输入检索词相关的资源⁴。

疾病类主题 – 标准导航

Type 2 diabetes in adults


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

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 >



BP包含847个**疾病类主题**，可覆盖大部分临床常见疾病。每个主题包括一个具体疾病从基础理论到预防、诊断、鉴别诊断、检查、治疗方案、随访、疾病预后等各环节的临床信息。通过标准导航菜单，您可直接点击所需内容，一键直达相关章节。

主题显著位置还标注了内容审核及更新日期、重要更新及专家点评和指南，便于您即时获得最新、最权威的临床支持。

疾病类主题 – 小结

Summary ¹

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.

Lifestyle changes plus metformin are initial antihyperglycaemic therapy for most patients. Glycaemic goals and treatment choices are individualised.

Selected glucose-lowering drugs reduce all-cause and cardiovascular mortality. Addition of a sodium-glucose co-transporter 2 (SGLT2) inhibitor or glucagon-like peptide-1 (GLP-1) agonist is recommended in patients with long-standing suboptimal glycaemic control plus established cardiovascular and/or renal disease.

Blood pressure control, lipid management, smoking cessation, and glycaemic management reduce the risk of macrovascular complications such as heart attack and stroke. Glycaemic control and blood pressure management reduce the risk of microvascular complications (neuropathy, nephropathy, retinopathy).

History and exam ²

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 ³

1st investigations to order

- HbA1c
- fasting plasma glucose
- random plasma glucose
- 2-hour post-load glucose after 75 g oral

Investigations to consider

- fasting lipid profile
- urine ketones
- random C-peptide
- urinary albumin excretion

Treatment algorithm ⁴

INITIAL

at initial diagnosis

ACUTE

marked hyperglycaemia non-pregnant: serum glucose ≥ 16.6 mmol/L (≥ 300 mg/dL) or HbA1c ≥ 86 mmol/mol ($\geq 10\%$) or symptomatic

without marked hyperglycaemia non-pregnant asymptomatic: serum glucose < 16.6 mmol/L (< 300 mg/dL) or HbA1c < 86 mmol/mol ($< 10\%$)

pregnant

【小结】 章节涵盖本主题疾病的精粹临床诊疗信息，为您高度概括**病史和查体¹**、**诊断性检查²**及**诊疗流程³**等核心诊疗环节。主题摘要栏⁴还提供了与本主题疾病相关的鉴别诊断、指南及视频和 医学计算器等资源的链接。

疾病类主题 – 检查及鉴别诊断

Type 2 diabetes in adults

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

Investigations

1st investigations to order **1** [VIEW ALL](#)

- ^ HbA1c

TEST	RESULT
Confirm with a repeat HbA1c or another diagnostic test. ^[2] HbA1c is also used to monitor glycaemic control, usually every 3 months.	48 mmol/mol (6.5%) or greater 3
▼ fasting plasma glucose	
▼ random plasma glucose	
▼ 2-hour post-load glucose after 75 g oral glucose	

Investigations to consider **2** [VIEW ALL](#)

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

Type 2 diabetes in adults **4**

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

Differentials [VIEW ALL](#)

- ▼ Pre-diabetes
- ▼ Diabetes mellitus, type 1
- ▼ Latent autoimmune diabetes in adults (LADA)
- ▼ Monogenic diabetes
- ▼ Ketosis-prone diabetes
- ▼ Diabetes, gestational

【检查】 章节涵盖与诊断相关的首要检查¹和其它需要考虑的检查²，及检测结果的参考区间和说明³。

【鉴别诊断】 章节提供简明的鉴别诊断信息，便于您通过鉴别依据快速甄别诊断的准确性，避免误诊漏诊⁴。

疾病类主题 - 治疗步骤


Type 2 diabetes in adults					
OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria Screening	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis	Guidelines Images and videos References Calculators Evidence

Approach

The cornerstone of therapy for all patients with type 2 diabetes is a personalised management programme that includes pharmacotherapy and ongoing self-management education by a diabetes education nurse or nutritionist.^{[61][62][63]} Diabetes self-management education promotes diabetes self-care and supports beneficial lifestyle changes on an ongoing basis.^[2] This requires general nutrition and health lifestyle knowledge and an individualised nutrition and exercise plan. In a meta-analysis, intensive glycaemic control reduced cardiovascular mortality and all-cause mortality in those with diabetes and cardiovascular disease or high CVD risk in one randomised trial.^[129] Dulaglutide and semaglutide have been shown to reduce major cardiovascular events, but not all-cause or cardiovascular mortality.^[130] Exenatide and lixisenatide have been shown to reduce major cardiovascular events, but not all-cause or cardiovascular mortality.^[131]

About 80% of adults with type 2 diabetes are obese, and around 15% are severely obese. People with type 2 diabetes are 40 times more likely to die of stroke or myocardial infarction than those without diabetes. Data indicate that adults with type 2 diabetes and weight have a risk of major cardiovascular complications, but confer no additional risk compared with matched non-diabetes peers.^[135]

Therefore, care of adults with type 2 diabetes must include management of all major cardiovascular risk factors



Cochrane Clinical Answers

Do dipeptidyl peptidase-4 (DPP-4) inhibitors improve outcomes in people with type 2 diabetes mellitus?

[SHOW ME THE ANSWER](#)

2

Evidence Score

Reducing cardiovascular risk: there is good-quality evidence that intensive BP lowering (targeting a systolic pressure <120 mmHg over 4.7 years, as compared with targeting <140 mmHg) does not lessen risk (composite outcome: non-fatal MI, non-fatal stroke, or death from cardiovascular cause) in people with type 2 diabetes. Intensive BP lowering increased the risk of adverse events.^[81]

Evidence A

Systematic reviews (SRs) or randomized controlled trials (RCTs) of >200 participants.

【治疗步骤】 章节提供详细的逐步诊疗方案，并利用 CCA 或证据标识显示治疗方法的证据来源与等级。点击 **【CCA 标识】** 可查看以问答形式表现的相关 Cochrane 系统评价¹，而点击 **【证据等级】** 则可查看 BP 收录的相关证据等级和摘要²。

疾病类主题 – 治疗流程

Type 2 diabetes in adults					
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			

Treatment algorithm

Please note that formulations/routes and doses may differ between drug names and brands, drug formularies, or locations. Treatment recommendations are specific to patient groups: [see disclaimer](#)

INITIAL	
at initial diagnosis	HIDE ALL ^
1st line v	lifestyle changes
Plus ^	glycaemic management
	Treatment recommended for ALL patients in selected patient group
3	All patients should receive stratified glycaemic management upon diagnosis.
	HbA1c goals should be individualised,[93] and if HbA1c is above goal, pharmacotherapy recommended.
	Choice of agents should be individualised, taking into account patient values and preferences, likelihood that an agent reduces all-cause or cardiovascular mortality, adverse effect profiles, costs, and other factors. For most patients, metformin will be initial therapy, but insulin may be required for marked hyperglycaemia.
	Consult a specialist for guidance on treating pregnant women.
Plus v	blood pressure management
Plus ^	lipid management
	Treatment recommended for ALL patients in selected patient group

ACUTE	
marked hyperglycaemia non-pregnant: serum glucose ≥ 16.6 mmol/L (≥ 300 mg/dL) or HbA1c ≥ 86 mmol/mol ($\geq 10\%$) or symptomatic VIEW ALL v	
1st line v	basal-bolus insulin + cardiovascular risk reduction/lifestyle measures
Adjunct v	metformin
without marked hyperglycaemia non-pregnant asymptomatic: serum glucose < 16.6 mmol/L (< 300 mg/dL) or HbA1c < 86 mmol/mol ($< 10\%$) VIEW ALL v	
	HbA1c above goal at diagnosis
1st line v	metformin + cardiovascular risk reduction/lifestyle measures
	HbA1c above goal on metformin
1st line v	sodium-glucose co-transporter 2 (SGLT2) inhibitor added to continued metformin + continued cardiovascular risk reduction/lifestyle measures

【治疗流程】 章节按就诊患者情况、疾病诊断组别¹和疾病的进展程度²对治疗要点进行排列，并对药物用法、手术方案及辅助诊疗手段进行详细介绍³，便于您针对患者的病情获取最相关的逐步治疗信息和详细用药方案。

疾病类主题 – 案例及指南

Type 2 diabetes in adults					
OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria Screening	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis	Guidelines Images and videos References Calculators Evidence

Case history

Case history

An overweight 55-year-old woman presents for preventative care. She notes that her mother died of diabetes, but reports no polyuria, polydipsia, or weight loss. BP is 144/92 mmHg, fasting blood sugar 8.2 mmol/L (148 mg/dL), HbA1c 65 mmol/mol (8.1%), LDL-cholesterol 5.18 mmol/L (200 mg/dL), HDL-cholesterol 0.8 mmol/L (30 mg/dL), and triglycerides 6.53 mmol/L (252 mg/dL).

Other presentations

Patients with type 2 diabetes can also present with symptoms such as blurred vision; fatigue; erectile dysfunction; urinary tract or candidal infections; dry itchy skin; paresthaesias; increased urination, thirst, and appetite; or unexplained weight loss.

【案例】 章节涵盖与此疾病相关的典型和非典型真实患者案例¹，可用于PBL和CPL教学。

【指南】 章节涵盖国际权威医疗机构制定的最新诊断²和治疗指南³。

Type 2 diabetes in adults					
OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria Screening	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis	Guidelines Images and videos References Calculators Evidence

Diagnostic guidelines

- EUROPE**
Guidelines on diabetes, pre-diabetes, and cardiovascular diseases [↗](#)
Published by: European Society of Cardiology (ESC); European Association for the Study of Diabetes (EASD)
Last published: 2019
- Type 2 diabetes in adults: management** [↗](#)
Published by: National Institute for Health and Care Excellence
Last published: 2019
- Type 2 diabetes: prevention in people at high risk** [↗](#)
Published by: National Institute for Health and Care Excellence
Last published: 2017
- Diabetes in pregnancy: management from preconception to the postnatal period** [↗](#)

疾病类主题 – 图片和视频及参考证据

Type 2 diabetes in adults

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
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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			

Images and videos

Images



Type 2 diabetes in adults

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			

References

Key articles

American Diabetes Association. Standards of medical care in diabetes - 2019. *Diabetes Care*. 2019;42(Suppl 1):S1-193.

Full text

Evert AB, Dennison M, Gardner CD, et al. Nutrition therapy for adults with diabetes or prediabetes: a consensus report. *Diabetes Care*. 2019 May;42(5):731-54.

Full text Abstract

Rawshani A, Rawshani A, Franzén S, et al. Risk factors, mortality, and cardiovascular outcomes in patients with type 2 diabetes. *N Engl J Med*. 2018 Aug 16;379(7):633-44.

Full text Abstract

Zelniker TA, Wiviott SD, Raz I, et al. Comparison of the effects of glucagon-like peptide receptor agonists and sodium-glucose cotransporter 2 inhibitors for prevention of major adverse cardiovascular and renal outcomes in type 2 diabetes mellitus. *Circulation*. 2019 Apr 23;139(17):2022-31.

Abstract

Cushman WC, Evans GW, Byington RP, et al; ACCORD Study Group. Effects of intensive blood-pressure control in type 2 diabetes mellitus. *N Engl J Med*. 2010 Apr 29;362(17):1575-85.

您可在【**图片和视频**】章节浏览与本主题疾病相关的视频和高质量医学图片¹，并可将图片下载到本地使用。

【**参考文献**】章节涵盖本主题引用的重要文献及文献摘要的链接，并提供开放性获取文献的免费全文链接²。

症状评估类主题

Assessment of hypertension

OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES
Summary	Aetiology	Urgent considerations	Approach Differentials	Guidelines Images and videos References

Urgent considerations

See [Differentials](#) for more details

Severe elevations in blood pressure are classified as either emergencies or urgencies.^[29] In hypertensive emergencies there is severe hypertension (>180/120 mmHg) with evidence of new or worsening end organ damage.^[2] This is an immediate threat to the cardiovascular system and the patient. In hypertensive urgencies, there is severe hypertension but the patient is otherwise stable with no evidence of acute or impending change in end organ damage or dysfunction.^[2]

True hypertensive emergencies include hypertensive encephalopathy, hypertensive left ventricular failure, and acute aortic dissection. The management of these conditions includes immediate treatment in an intensive care setting with controlled gradual reduction in blood pressure. Initial laboratory tests should include a full blood profile and urine analysis to search for an underlying cause. Tests such as cardiac enzymes, thyroid function tests, urinary catecholamines, and vanillylmandelic acid may also be required. Elevations in urea and creatinine, raised sodium and phosphate levels, high or low potassium levels (particularly in hyperaldosteronism, as a result of renal potassium wasting), and acidosis are some of the common findings.

Imaging studies such as a chest x-ray and renal ultrasound scan can also help to rule out underlying aetiology. Computerised tomography of the head to assess for intracranial haemorrhage or infarction or space-occupying lesions may also be indicated. A 12-lead ECG is useful to assess for cardiac ischaemia or infarct, presence of left ventricular hypertrophy, and evidence of electrolyte disturbance or effects of drug overdose. If left untreated, these conditions are associated with a high mortality and morbidity. Fortunately, with the widespread use of antihypertensive agents, they are less commonly seen overall.^{[29][30][31]}

Specific hypertensive emergencies

Hypertensive encephalopathy

Assessment of hypertension

OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES
Summary	Aetiology	Urgent considerations	Approach Differentials	Guidelines Images and videos References

Differentials

Common VIEW ALL

Essential hypertension

HISTORY	EXAM	1ST INVESTIGATION	OTHER INVESTIGATIONS
often asymptomatic; headaches, visual disturbance, nosebleeds, or neurological symptoms possible	may have signs of end organ damage; heave due to left ventricular hypertrophy, retinopathy, functional deficit following stroke; lack of signs to suggest a secondary cause	<ul style="list-style-type: none"> ECG:normal, evidence of previous MI or left axis deviation with left ventricular hypertrophy urea/creatinine:normal, or elevated with renal impairment serum cholesterol:variable random blood glucose:>8 mmol/L on non-fasting sample suggestive of comorbid diabetes and fasting blood sugar advised urinalysis:may be normal <p>More</p>	

[Essential hypertension](#) →

Renal artery stenosis

Chronic kidney disease

Obstructive uropathy

BP包含129个**症状评估类主题**。每个主题为一类常见临床症状或表现提供了详细的评估和诊断指导。**【应急考虑】**章节提醒您接诊患者时需优先考虑的诊疗信息¹，以避免疾病恶化或严重并发症的发生。**【鉴别诊断】**章节内容简明，且按相关疾病的发病率或类别进行排列²，便于您对疾病做出快速的诊断。

概述类主题

Overview of diabetes

OVERVIEW	RESOURCES
Summary	References

Last reviewed: October 2019 Last updated: May 2019

Introduction

Diabetes is a general term for disorders characterised by polyuria. It usually refers to diabetes mellitus, a common chronic syndrome of impaired carbohydrate, protein, and fat metabolism owing to insufficient secretion of insulin and/or target-tissue insulin resistance. Complications of diabetes mellitus include both macrovascular (cardiovascular) and microvascular (retinopathy, nephropathy, or neuropathy) sequelae...

[READ MORE](#) ▾

Related conditions

CONDITION	DESCRIPTION
Type 2 diabetes mellitus in adults	Common disorder characterised by insulin resistance and relative insulin deficiency. Most patients are asymptomatic and are diagnosed through screening (abnormal fasting plasma glucose, haemoglobin A1c, and/or oral glucose tolerance test). [1] Strong risk factors include older age, overweight/obesity, physical inactivity, prior gestational diabetes, pre-diabetes, non-white ancestry, family history of diabetes, or polycystic ovary syndrome. Modification of cardiovascular risk factors (e.g., hypertension and dyslipidaemia) are important treatment considerations, along with glycaemic control to prevent microvascular complications.
Type 1 diabetes mellitus	Characterised by absolute insulin deficiency. Most cases result from autoimmune pancreatic beta-cell destruction in genetically

BP包含26个**概述类主题**。每个主题涵盖针对一类疾病的综合介绍¹，并可通过链接关联到相关的疾病类或症状评估类主题²。

使用案例（高血压诊断）

1

案例背景

李先生，46岁，头昏，头部胀痛3天。

XX医院首诊处方单 血压：
146/92 mmHg 诊断：
高血压病 处方：苯磺酸氨氯地平片

李先生又来我院询问：
可以诊断为高血压吗？
还需要做其他的检查吗？
需要服用降压药吗？

在检索框中输入“高血压”并进入《高血压的评估》主题。

Assessment of hypertension

OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS
Summary	Aetiology	Urgent considerations	Approach Differentials

Last reviewed: October 2019 Last updated: February 2019

Summary

Hypertension is a common disorder that affects a large proportion of the community. It is usually asymptomatic and is detected on routine examination or after the occurrence of a complication such as a heart attack or stroke.[1]

Hypertension has been defined in joint guidelines by American learned bodies (American College of Cardiology [ACC] and American Heart Association [AHA] among others)[2] and also by the British Society of Hypertension[3] and the European Society of Hypertension.[4] There are differences in the definition of hypertension between guidelines.

The 2017 ACC/AHA guidelines for the prevention, detection, evaluation, and management of high blood pressure in adults defines hypertension as any systolic blood pressure measurement of ≥ 130 mmHg or any diastolic blood pressure measurement of ≥ 80 mmHg.[2] ACC/AHA blood pressure categories are defined as follows:

- Elevated blood pressure: systolic blood pressure of 120-129 mmHg and diastolic blood pressure of < 80 mmHg
- Stage 1 hypertension: systolic blood pressure of 130-139 mmHg and/or diastolic blood pressure of 80-89 mmHg
- Stage 2 hypertension: systolic blood pressure of ≥ 140 mmHg and/or diastolic blood pressure of ≥ 90 mmHg.

首先考虑李先生的情况是否需要紧急处理。进入【**应急考虑**】章节，李先生目前尚无高血压急症表现，因此暂时无需紧急处理。

Urgent considerations

See [Differentials](#) for more details

Severe elevations in blood pressure are classified as either emergencies or urgencies.[29] In hypertensive emergencies there is severe hypertension ($> 180/120$ mmHg) with evidence of new or worsening end organ damage.[2] This is an immediate threat to the cardiovascular system and the patient. In hypertensive urgencies, there is severe hypertension but the patient is otherwise stable with no evidence of acute or impending change in end organ damage or dysfunction.[2]

True hypertensive emergencies include hypertensive encephalopathy, hypertensive left ventricular failure, and acute aortic dissection. The management of these conditions includes immediate treatment in an intensive care setting with controlled gradual reduction in blood pressure. Initial laboratory tests should include a full blood profile and urine analysis to search for an underlying cause. Tests such as cardiac enzymes, thyroid function tests, urinary catecholamines, and vanillylmandelic acid may also be required. Elevations in urea and creatinine, raised sodium and phosphate levels, high or low potassium levels (particularly in hyperaldosteronism, as a result of renal potassium wasting), and acidosis are some of the common findings.

Imaging studies such as a chest x-ray and renal ultrasound scan can also help to rule out underlying aetiology. Computerised tomography of the head to assess for intracranial haemorrhage or infarction or space-occupying lesions may also be indicated. A 12-lead ECG is useful to assess for cardiac ischaemia or infarct, presence of left ventricular hypertrophy, and evidence of electrolyte disturbance or effects of drug overdose. If left untreated, these conditions are associated with a high mortality and morbidity. Fortunately, with the widespread use of antihypertensive agents, they are less commonly seen overall.[29][30][31]

Specific hypertensive emergencies

Hypertensive encephalopathy

使用案例（高血压诊断）

2

第2步要考虑李先生是否可以被诊断为高血压。根据【**诊断步骤**】章节的描述，明确诊断高血压需要正确地测量3次血压。本主题【**小结**】章节还对国内外血压分期差异进行了针对性说明。

Assessment of hypertension				
OVERVIEW	THEORY	EMERGENCIES	DIAGNOSIS	RESOURCES
Summary	Aetiology	Urgent considerations	Approach Differentials	Guidelines Images and videos References
<p>Approach</p> <p>Hypertension is usually asymptomatic, but patients may present with headaches, nosebleeds, visual symptoms, or neurological symptoms. The main aims of history-taking are to identify symptoms suggestive of a secondary cause, to establish concomitant risk factors for cardiovascular disease, and to seek any symptoms suggestive of target organ damage [4][5][9]. Often there are no physical signs. However, a full examination for any signs of an underlying condition or target organ damage is recommended. This should include height, weight, waist circumference, palpation and auscultation of the heart and carotid arteries, palpation of peripheral pulses, neurological examination, and fundoscopy. An absence of symptoms or end organ damage with a history of normal blood pressure readings outside the clinical environment may occur with pseudo-hypertension.</p> <p>Baseline screening tests are useful in all patients to look for complications of hypertension. Specific tests are only recommended if the clinical suspicion of an underlying secondary cause is high, as the majority of patients will have essential (primary) hypertension.</p> <p>Blood pressure measurement</p> <p>Before a diagnosis of hypertension can be confirmed, it is essential that the blood pressure is checked correctly. [4][5][9] The patient should sit quietly for at least 5 minutes with the arm exposed and supported at the level of the heart, and the back resting against a chair. Ideally they should not have consumed caffeine or smoked tobacco within 30 minutes before testing. Canadian guidelines recommend use of electronic (oscillometric) upper arm devices instead of using auscultation to measure blood pressure in the clinic setting [32]. If an automatic</p>			<p>The 2017 ACC/AHA guidelines for the prevention, detection, evaluation, and management of high blood pressure in adults defines hypertension as any systolic blood pressure measurement of ≥ 130 mmHg or any diastolic blood pressure measurement of ≥ 80 mmHg [2]. ACC/AHA blood pressure categories are defined as follows:</p> <ul style="list-style-type: none"> Elevated blood pressure: systolic blood pressure of 120-129 mmHg and diastolic blood pressure of < 80 mmHg Stage 1 hypertension: systolic blood pressure of 130-139 mmHg and/or diastolic blood pressure of 80-89 mmHg Stage 2 hypertension: systolic blood pressure of ≥ 140 mmHg and/or diastolic blood pressure of ≥ 90 mmHg. <p>The 2017 ACC/AHA guidelines definition represents a more aggressive approach to diagnosis and treatment of hypertension compared with Joint National Committee (JNC) 7 and JNC 8 recommendations, where blood pressure in the range of 120-139 mmHg/80-89 mmHg is considered pre-hypertension and blood pressure $> 140/90$ mmHg is considered elevated.[5][6]</p> <p>Publication of the 2017 ACC/AHA guidelines has prompted widespread debate, and there are calls for the recommendations to be revisited. Implementing the guidelines would increase the prevalence of hypertension by 26.8% in the US. Critics are concerned that labelling more patients as hypertensive could increase psychological morbidity, as well as exposing lower-risk patients to the potential harm of antihypertensive medications.[7]</p> <p>The 2017 ACC/AHA guidelines were mainly based on the results of the SPRINT trial, which investigated intensive or standard hypertension treatment in people with a systolic blood pressure of ≥ 130 mmHg with an increased cardiovascular risk (but without diabetes). [8] Listen to our podcast for more on the controversy. BMJ Best Practice Podcast: hypertension</p> <p>European guidelines categorise hypertension as follows:[4][9]</p> <ul style="list-style-type: none"> High-normal: systolic 130-139 mmHg and/or diastolic 85-89 mmHg Grade 1: systolic 140-159 mmHg and/or diastolic 90-99 mmHg Grade 2: systolic 160-179 mmHg and/or diastolic 100-109 mmHg Grade 3: systolic ≥ 180 mmHg and/or diastolic ≥ 110 mmHg. <p>The National Institute for Health and Care Excellence guidelines use a definition of hypertension</p>	

患者病情
李先生在第2周和第3周分别测量的血压为：

192/94 mmHg
138/92 mmHg

符合高血压诊断标注，可以确诊为高血压。建议李先生做一次系统性的检查。

使用案例（高血压诊断）

3

第3步要通过采集病史来判断李先生是患有原发性还是继发性高血压。根据【**诊断步骤**】章节描述，通过采集病史来寻找继发病因、靶器官损伤情况及心血管疾病危险因素。

Assessment of hypertension

OVERVIEW THEORY EMERGENCIES DIAGNOSIS RESOURCES

Summary Aetiology Urgent considerations Approach Guidelines

Differentials Images and videos References

Approach

Hypertension is usually asymptomatic, but patients may present with headaches, nosebleeds, visual symptoms, or neurological symptoms. The main aims of history-taking are to identify symptoms suggestive of a secondary cause, to establish concomitant risk factors for cardiovascular disease, and to seek any symptoms suggestive of target organ damage.[4][5][9] Often there are no physical signs. However, a full examination for any signs of an underlying condition or target organ damage is recommended. This should include height, weight, waist circumference, palpation and auscultation of the heart and carotid arteries, palpation of peripheral pulses, neurological examination, and fundoscopy. An absence of symptoms or end organ damage with a history of normal blood pressure readings outside the clinical environment may occur with pseudo-hypertension.

Baseline screening tests are useful in all patients to look for complications of hypertension. Specific tests are only recommended if the clinical suspicion of an underlying secondary cause is high, as the majority of patients will have essential (primary) hypertension.

Blood pressure measurement

Before a diagnosis of hypertension can be confirmed, it is essential that the blood pressure is checked correctly.

Concomitant cardiovascular risk factors

Establishing concomitant cardiovascular risk factors is essential to define overall cardiovascular risk.

- **Smoking:** enquiries should include type of cigarette or tobacco, quantity, and duration of habit. Patients have a tendency to under-report, and non-smokers may be exposed to passive cigarette smoking in the home if a partner is a heavy smoker.
- **Diabetes mellitus:** this is a strong risk factor for cardiovascular disease. The target blood pressure for a diabetic hypertensive patient is 130/80 mmHg.
- **Known ischaemic heart disease or previous myocardial infarction.**
- **Previous cerebrovascular accident or transient ischaemic attack.**
- **Elevation of cholesterol or triglycerides:** patients may be unaware of such elevation if they have never been tested.
- **Family history of hypertension, cardiovascular disease, cerebrovascular disease, or renal disease.**

Identification of a secondary cause

Although in the majority of patients hypertension is primary/essential, there are certain features that may lead to a suspicion of an underlying cause (secondary hypertension):

4

第4步要考虑李先生需要做什么检查。根据【**诊断步骤**】章节描述，必要常规检查包括血尿常规、空腹血糖、血脂、血电解质、ECG和心脏超声。后续检查仅限于高度怀疑继发性高血压的患者。

Initial investigations

Baseline screening tests are useful in all patients to look for complications of hypertension.

- An ECG can be easily performed and is useful to seek signs of previous myocardial infarction or left ventricular hypertrophy (a key prognostic factor). Echocardiography may be reserved for patients with clinical suspicion of cardiac failure or left ventricular hypertrophy.
- A chest x-ray is helpful to look for evidence of cardiomegaly, widening of the left subclavian border, and a double bulge at the site of the aortic knuckle. This may be seen in coarctation of the aorta, along with notching of the ribs due to large collateral circulation.
- Initial blood tests should include urea, electrolytes, and creatinine, with random blood sugar and serum cholesterol (as part of overall cardiovascular risk assessment). If diabetes is suspected, a fasting blood sugar test is required. Potassium levels may be low in hyperaldosteronism, but are usually normal.
- A urine dip test is performed to look for glycosuria and proteinuria, and the presence of casts may help to determine an underlying renal cause, such as glomerulonephritis or nephrotic syndrome.

Subsequent investigations

Specific tests are only recommended if the clinical suspicion of an underlying secondary cause is high, as the majority of patients will have essential hypertension. These include:

Blood tests

- Plasma renin and aldosterone levels if hyperaldosteronism suspected. Adrenal vein sampling to compare the ratio of renin to aldosterone in each kidney. A ratio >2 suggests an aldosterone-secreting tumour.[42][43]
- Plasma renin activity is elevated in most patients with renal artery stenosis and is a good screening test.[44] A renal angiogram is the most specific and sensitive test.[45]
- Late-night salivary cortisol will be elevated in Cushing's disease, and this can be confirmed with the overnight dexamethasone suppression test.
- Liver function tests may be a useful screening tool if chronic alcohol excess and liver dysfunction are suspected.
- Thyroid function tests, if clinical history leads to suspicion of hyper- or hypothyroidism.
- Serum calcium levels can be measured if hyperparathyroidism is a possibility.

使用案例（高血压诊断）

5

患者确诊

至此，通过综合病史、体格检查和实验室检查资料，我们诊断李先生患：

原发性高血压1期 并伴有1个危险因素。

确诊后，第5步要考虑李先生是否需要服用降压药。从【鉴别诊断】章节进入《原发性高血压》主题。根据主题中【治疗流程】章节的描述，1期高血压无心血管相关共病、慢性肾病或糖尿病的患者，首选治疗方案为单药治疗加改变生活方式。

Assessment of hypertension

OVERVIEW	THEORY
Summary	Aetiology

Differentials

Common

- ▼ Essential hypertension

Treatment algorithm

Please note that formulations/routes and doses may differ between drug names and brands, drug formularies, or locations. Treatment recommendations are specific to patient groups: [see disclaimer](#)

ACUTE

without cardiovascular disease-related comorbidity or chronic renal disease, or with diabetes VIEW ALL ▼

- stage 1 hypertension
 - 1st line ▼ thiazide diuretic
 - Plus ▼ lifestyle modification
 - 1st line ▼ ACE inhibitor or angiotensin-II receptor antagonist
 - Plus ▼ lifestyle modification
 - 1st line ▼ calcium-channel blocker
 - Plus ▼ lifestyle modification
 - 1st line ▼ ACE inhibitor or angiotensin-II receptor antagonist + thiazide diuretic or calcium-channel blocker
 - Plus ▼ lifestyle modification

使用案例（高血压诊断）

6

ACUTE

without cardiovascular disease-related comorbidity or chronic renal disease, or with diabetes VIEW ALL ▾

- stage 1 hypertension
 - 1st line ▾ thiazide diuretic
 - Plus ▾ lifestyle modification
 - 1st line ▾ ACE inhibitor or angiotensin-II receptor antagonist
 - Plus ▾ lifestyle modification
 - 1st line ▲ calcium-channel blocker
 - Primary options
 - amlodipine: 2.5 mg orally once daily initially, increase gradually according to response, maximum 10 mg/day

OR

▲ **lifestyle modification**

Treatment recommended for ALL patients in selected patient group

All patients should be given a thorough explanation of the risks associated with hypertension and the need for adequate control and adherence to therapy.

Lifestyle modifications should be lifelong and should include:^{[2][5][8][41][73][74]} sodium reduction (≤ 1.5 g/day); ^[5] potassium supplementation (3.5 to 5.0 g/day), preferably by consumption of a potassium-rich diet unless contraindicated in the presence of chronic kidney disease or use of medication that reduces potassium excretion; Dietary Approaches to Stop Hypertension (DASH) diet (8-10 servings of fruit and vegetables daily, whole grains, low sodium, low-fat proteins); maintaining waist circumference of <102 cm for men and <88 cm for women and weight loss to a body mass index of about 25 kg/m²; increased physical activity consisting of at least 30 minutes of moderate intensity, dynamic aerobic exercise (walking, jogging, cycling, or swimming) 5 days per week to total 150 minutes/week, as tolerated or recommended by physician; limited alcohol consumption (≤ 2 standard drinks [<20 -30 g alcohol] per day in hypertensive men, ≤ 1 standard drink [<10 -20 g alcohol] in hypertensive women). Total weekly alcohol consumption should not exceed 14 standard drinks (140 g) for men and 8 standard drinks (80 g) for women.

我们的治疗方案为继续服用氨氯地平片并增加体育活动。

治疗效果
一个月后，李先生的
血压稳定在
132/82 mmHg左右

使用案例（高血压诊断）

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最后要考虑如何对李先生进行随访。高血压的管理是一个长期的过程，在【随访】章节可以查询到对于高血压患者的长期随访方案，包括建议、并发症和预后等。

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

Monitoring
While adjusting medication dosage, blood pressure (BP) should be monitored every 2 to 4 weeks. Once stabilised, BP should be checked and medications reviewed every 6 to 12 months. Serum potassium and creatinine should be checked yearly.

Prognosis
Several trials have shown that uncontrolled hypertension is a major risk factor for the development of cardiac, vascular, renal, and cerebrovascular disease, morbidity, and mortality. However, even modest reductions in blood pressure (BP) decrease morbidity and mortality.[5] Further studies are needed to confirm optimal BP targets in diabetes.
In one randomised clinical trial (ACCORD) a more stringent blood pressure goal for patients with type 2 diabetes did not significantly reduce the primary cardiovascular outcome or most secondary outcomes compared with standard blood pressure goals. In this study, the number of total and non-fatal strokes was lower in the intensive therapy group, although the clinical benefit was limited (number needed to treat = 89 for 5 years to prevent one stroke).[71]
In patients with diabetes, the decrease in asleep blood pressure - a novel therapeutic target requiring evaluation by ambulatory monitoring - has been shown to be the most significant independent predictor of event-free survival in some studies.[140][141][142][143][144]

