

Interessante Artikel zum Einklicken

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Unsere E-Mail-Adresse: rbornemann@bdi.de

Putting sleep apnea to rest

Alvi A, Lee SE.

Postgrad Med 2005 (January); 117: No1

http://www.postgradmed.com/issues/2005/01_05/alvi.htm

The risk of hemorrhagic complications in hospital in-patients who fall while receiving antithrombotic therapy

Bond AJ, Molnar FJ, Li M et al.

Thrombosis Journal 2005 (Jan 7); 3:1

<http://www.thrombosisjournal.com/content/3/1/1>

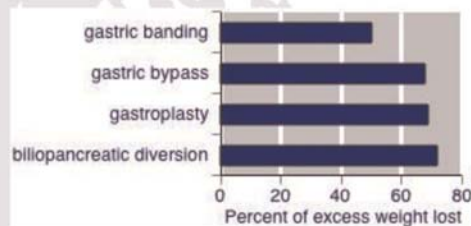
Surgery for morbid obesity

Anon.

Bandolier 2004 (December); No 130

<http://www.jr2.ox.ac.uk/bandolier/band130/b130-5.html>

Figure 2: Average percentage of excess weight lost with four surgical techniques



Surgery also resulted in high rates of resolution or improvement in comorbid conditions like diabetes, hypertension, sleep apnoea, and lipid disorders (Table 1). In general, there were more substantial benefits with biliopancreatic diversion or duodenal switch, as for diabetes in Figure 3.

Table 1: Overall average resolution or improvement rates for comorbid conditions

Condition	Percent		
	Resolved	Resolved or improved	Improved
Diabetes	77	85	
Hypertension	66	82	
Obstructive sleep apnoea	88	81	
Hyperlipidaemia			93
Hypercholesterolaemia			87
Hypertriglyceridaemia			93

Hospital rules-based system: The next generation of medical informatics for patient safety Wilson JW, Oyen LJ, Ou NN et al.

Am J Health Syst Pharm 2005 62: 499-505

<http://www.ajhp.org/cgi/content/full/62/5/499>

Genetic causes of human heart failure

Morita H, Seidman J, Seidman CE.

J Clin Invest 2005 (March 1); 115: 518-26

<http://www.jci.org/cgi/content/full/115/3/518>

Restenosis and drug-eluting stents

Winslow RD, Sharma SK, Kim MC.

Mt Sinai J Med 2005 (March); 72: 81-9

http://www.mssm.edu/msjournal/72/72_2_pages_81_89.pdf

Nonsteroidal anti-inflammatory drug use and Alzheimer's disease risk: the MIRAGE Study Yip A, Green RC, Huyck M et al.

BMC Geriatr 2005 (Jan 12); 5: 2

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=546007>

How well does B-type natriuretic peptide predict death and cardiac events in patients with heart failure: systematic review

Doust JA, Pietrzak E, Dobson A et al.

BMJ 2005 (March 19); 330: 625

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=554905>

Urinalysis: a comprehensive review

Simerville JA, Maxted WC, Pahira JJ.

Am Fam Physician 2005 (March 15); 71: 1153-62

<http://www.aafp.org/afp/20050315/1153.html>

TABLE 1

Common Causes of Abnormal Urine Coloration

Color	Pathologic causes	Food and drug causes
Cloudy	Phosphaturia, pyuria, chyluria, lipiduria, hyperoxaluria	Diet high in purine-rich foods (hyperuricosuria)
Brown	Bile pigments, myoglobin	Fava beans Levodopa (Larodopa), metronidazole (Flagyl), nitrofurantoin (Furadantin), some antimalarial agents
Brownish-black	Bile pigments, melanin, methemoglobin	Cascara, levodopa, methyldopa (Aldomet), senna
Green or blue	Pseudomonas UTI, biliverdin	Amitriptyline (Elavil), indigo carmine, IV cimetidine (Tagamet), IV promethazine (Phenergan), methylene blue, triamterene (Dyrenium)
Orange	Bile pigments	Phenothiazines, phenazopyridine (Pyridium)
Red	Hematuria, hemoglobinuria, myoglobinuria, porphyria	Beets, blackberries, rhubarb Phenolphthalein, rifampin (Rifadin)
Yellow	Concentrated urine	Carrots Cascara

UTI = urinary tract infection; IV = intravenous.

Adapted with permission from Hanno PM, Wein AJ, Malkowicz SB. Clinical manual of urology. 3d ed. New York: McGraw-Hill, 2001:75.

Oral analgesics for acute nonspecific pain Sachs CJ.

Am Fam Physician 2005 (March 1); 71: 913-8

<http://www.aafp.org/afp/20050301/913.html>