EBSCO is one of the 200 largest private companies in the United States.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Company</th>
<th>State</th>
<th>Industry</th>
<th>Revenue (Bd/L)</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>151</td>
<td>Golden Living</td>
<td>AR</td>
<td>Home Health Care</td>
<td>2.50</td>
<td>40,000</td>
</tr>
<tr>
<td>152</td>
<td>HP Hood</td>
<td>MA</td>
<td>Dairy Products</td>
<td>2.50</td>
<td>5,400</td>
</tr>
<tr>
<td>153</td>
<td>MGA Entertainment</td>
<td>CA</td>
<td>Toys &amp; Games</td>
<td>2.50</td>
<td>1,000</td>
</tr>
<tr>
<td>154</td>
<td>Services Group of America</td>
<td>AZ</td>
<td>Food Wholesaler</td>
<td>2.50</td>
<td>4,200</td>
</tr>
<tr>
<td>155</td>
<td>Solo Cup</td>
<td>IL</td>
<td>Packaging &amp; Containers</td>
<td>2.49</td>
<td>11,500</td>
</tr>
<tr>
<td>156</td>
<td>Dot Foods</td>
<td>IL</td>
<td>Food Wholesaler</td>
<td>2.49</td>
<td>2,916</td>
</tr>
<tr>
<td>157</td>
<td>AMC Entertainment</td>
<td>MO</td>
<td>General Entertainment</td>
<td>2.46</td>
<td>21,000</td>
</tr>
<tr>
<td>158</td>
<td>Medline Industries</td>
<td>IL</td>
<td>Medical Instruments &amp; Supplies</td>
<td>2.46</td>
<td>4,422</td>
</tr>
<tr>
<td>159</td>
<td>Mervyns</td>
<td>CA</td>
<td>Department Stores</td>
<td>2.46</td>
<td>20,000</td>
</tr>
<tr>
<td>160</td>
<td>Leprevo Foods</td>
<td>CO</td>
<td>Dairy Products</td>
<td>2.40</td>
<td>3,000</td>
</tr>
<tr>
<td>161</td>
<td>Rich Products</td>
<td>NY</td>
<td>Confectioners</td>
<td>2.40</td>
<td>6,500</td>
</tr>
<tr>
<td>162</td>
<td>Schnuck Markets</td>
<td>MO</td>
<td>Grocery Stores</td>
<td>2.40</td>
<td>15,000</td>
</tr>
<tr>
<td>163</td>
<td>Asplundh Tree Expert</td>
<td>PA</td>
<td>Business Services</td>
<td>2.40</td>
<td>28,831</td>
</tr>
<tr>
<td>164</td>
<td>General Parts</td>
<td>NC</td>
<td>Auto Parts Stores</td>
<td>2.40</td>
<td>24,500</td>
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<tr>
<td>165</td>
<td>Follett</td>
<td>IL</td>
<td>Specialty Retail, Other</td>
<td>2.37</td>
<td>3,300</td>
</tr>
<tr>
<td>166</td>
<td>Anderson Cos</td>
<td>AL</td>
<td>Wholesale, Other</td>
<td>2.35</td>
<td>10,000</td>
</tr>
<tr>
<td>167</td>
<td>McCarthy Building Cos</td>
<td>MO</td>
<td>Heavy Construction</td>
<td>2.34</td>
<td>3,000</td>
</tr>
<tr>
<td>168</td>
<td>EBSCO Industries</td>
<td></td>
<td>Publishing</td>
<td>2.30</td>
<td>5,000</td>
</tr>
<tr>
<td>169</td>
<td>C'Neal Steel</td>
<td>AL</td>
<td>Steel &amp; Iron</td>
<td>2.30</td>
<td>4,300</td>
</tr>
<tr>
<td>170</td>
<td>Potter Group Worldwide</td>
<td>MN</td>
<td>Recreational Goods, Other</td>
<td>2.30</td>
<td>3,200</td>
</tr>
<tr>
<td>171</td>
<td>Quality King Distributors</td>
<td>NY</td>
<td>Drugs Wholesale</td>
<td>2.30</td>
<td>850</td>
</tr>
<tr>
<td>172</td>
<td>UniGroup</td>
<td>MO</td>
<td>Trucking</td>
<td>2.30</td>
<td>1,350</td>
</tr>
<tr>
<td>173</td>
<td>Bausch &amp; Lomb</td>
<td>NY</td>
<td>Medical Appliances &amp; Equipment</td>
<td>2.29</td>
<td>13,000</td>
</tr>
<tr>
<td>174</td>
<td>Mary Kay</td>
<td>TX</td>
<td>Cleaning Products</td>
<td>2.25</td>
<td>4,500</td>
</tr>
<tr>
<td>175</td>
<td>Shopko Stores Operating</td>
<td>WI</td>
<td>Discount, Variety Stores</td>
<td>2.25</td>
<td>15,349</td>
</tr>
</tbody>
</table>
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- Email terbuka/maillist
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Spotlight

- Dynamed shown to be THE MOST CURRENT point-of-care reference (SM 2011 Sep 23)
- Dynamed 7-Step Evidence-Based Methodology
- Introducing Practice Changing Updates
- Diabetes updated with 2012 AOA guidelines
- Deep vein thrombosis (DVT) prophylaxis for medical patients updated with ACP November 2011 guidelines
- DYNAmed Weekly Update: Intramuscular Midazolam May Be More Effective than IV Lorazepam for Prehospital Seizure Cessation & Presenting the Benefits of Surgery in Terms of Absolute Risk Instead of Relative Risk Appears to Decrease the Likelihood of Patients Electing Surgery
- American College of Physicians (ACP) Conference Please stop by the Dynamed booth (#5157) at the ACP Conference April 19th through the 21st. It's a great opportunity to give feedback, offer content suggestions, and explore collaboration opportunities.
Kita dapat memperoleh informasi berdasarkan topik yang ada atau mencari melalui limit by Categori.
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Klik Topik tersebut
Klik informasi yang ingin diperoleh dari topik tersebut
Jika kita klik link artikel pada reference maka akan terhubung ke Pupmed dan Ebscohost Full Text.
Levonorgestrel-releasing intrauterine system (Mirena) and Depot medroxyprogesterone acetate (Depoprovera) as long-term maintenance therapy for patients with moderate and severe endometriosis: a randomised controlled trial.

Wong AY, Tang LC, Chin RK.

Department of Obstetrics & Gynaecology, Kwong Yan Hospital, Hong Kong, China. alice.wyu@netvigator.com

Abstract

BACKGROUND: Progestogen therapy has been found to be useful in controlling endometriosis. For patients after conservative surgery, long-term medical maintenance therapy should be sought to prevent recurrence and control symptoms. Levonorgestrel-releasing intrauterine system (LNG-IUS) may be a useful form of prolonged progestogen therapy for endometriosis.

AIMS: To evaluate and compare the efficacy and safety of LNG-IUS to depot medroxyprogesterone acetate (MPA) for patients with moderate or severe endometriosis following conservative surgery, in terms of symptoms control, recurrence prevention and patients’ acceptance.

METHODS: A total of 30 patients after conservative surgery for endometriosis underwent randomisation. Of these patients, 15 received LNG-IUS and 15 had three-monthly depot MPA for three years. Their symptom control, recurrence, compliance and change in bone mineral density (BMD) were compared. The data were analysed using student’s t-test and chi-square test.

RESULTS: Symptoms and recurrence were controlled by both therapies. The compliance was better in LNG-IUS Group with 13 patients staying on their therapy versus seven patients in Depot MPA Group. LNG-IUS users had a significantly better change in BMD (+0.023, +0.071 g/cm²) than Depot MPA users (-0.030, -0.017 g/cm²) in both hip and lumbar regions.

CONCLUSIONS: Levonorgestrel-releasing intrauterine system was effective in symptom control and prevention of recurrence. LNG-IUS users showed a better compliance. After three years, bone gain was noted with LNG-IUS, but bone loss with depot MPA.
Levonorgestrel-releasing intrauterine system (Mirena®) and Depot medroxyprogesterone acetate (Depoprovera) as long-term maintenance therapy for patients with moderate and severe endometriosis: A randomised controlled trial

Alice Yuen Kwan WONG,1 Lawrence Chang Hung TANG1 and Robert Kien Howe CHIN1

1Department of Obstetrics & Gynaecology, Kwong Wah Hospital, Hong Kong, China

Background: Progestogen therapy has been found to be useful in controlling endometriosis. For patients after conservative surgery, long-term medical maintenance therapy should be sought to prevent recurrence and control symptoms. Levonorgestrel-releasing intrauterine system (LNG-IUS) may be a useful form of prolonged progestogen therapy for endometriosis.

Aims: To evaluate and compare the efficacy and safety of LNG-IUS to depot medroxyprogesterone acetate (MPA) for patients with moderate or severe endometriosis following conservative surgery, in terms of symptoms control, recurrence and complications.
Klik calculators untuk mengkalkulasi topik yang kita inginkan.
Click a letter to jump to that section. Click on a link below to use a formula or criteria.

A

A-a Gradient
a/A Ratio
AAPO2 Correction for FIO2
Absolute Lymphocyte Count
Absolute Neutrophil Count
Absolute Reticulocyte Count
Allowable Blood Loss
Antibiotic Dosing q24hr (also Kanamycin and Streptomycin)
Aminoglycoside Clearance Estimate
Amortization of Student Loans
Anion Gap Delta Delta Gradient Multicar®
Anion Gap Delta Rato Multicar®
Anion Gap in Hypouricin States
Anion Gap
Arteries Alumina Gradient
Coronary artery disease (CAD)

- Cognitive behavioral therapy (CBT) may reduce recurrent cardiovascular events in patients with CAD (level 2 [mid-level] evidence)
  - based on randomized trial without attention control
  - 362 patients ≤ 75 years old who had been hospitalized for cardiovascular disease within 12 months were randomized to CBT focused on stress management in 20 two-hour sessions vs. no intervention for 1 year
  - all patients received traditional care
  - mean follow-up: 94 months
  - comparing CBT vs. control
    - first recurrent cardiovascular disease event in 36.5% vs. 47.1% (p = 0.01, NNT 10)
    - first recurrent acute myocardial infarction in 21.3% vs. 31.2% (p = 0.02, NNT 10)
    - all-cause mortality 12% vs. 14.7% (not significant)
  - Reference - Am J Cardiol 2011 Jan 24;107(2):134

- Counseling, education or cognitive behavioral therapy each might change maladaptive illness beliefs in patients with coronary heart disease (level 3 [lacking direct] evidence)
  - based on nonclinical outcomes from systematic review of 13 randomized controlled trials; may include comparison of patient interventions included
  - counseling and education (5 trials)
  - cognitive behavioral therapy (2 trials)
  - education (3 trials)
  - heterogeneity of outcome measures
  - 8 of 13 studies found intervention associated with improvement in maladaptive illness beliefs

Medications:

- Antiplatelet agents:
  - Give aspirin 75-162 mg/day orally indefinitely for all patients without true aspirin allergy (ACC/AHA Class I, Level A)

- Aspirin 75-325 mg/day
  - Recommended for all patients with CAD unless contraindicated (allergy to aspirin, active bleeding)
  - Reduces total mortality, cardiovascular mortality and cardiovascular event rate

- Clopidogrel (Plavix) may be slightly more effective than aspirin at reducing ischemic events (level 2 [mid-level] evidence)

- Addition of clopidogrel to aspirin may be effective for secondary prevention but NOT primary prevention of cardiovascular disease (level 2 [mid-level] evidence)

- See Antiplatelet agents for coronary artery disease for details

- In patients with prior myocardial infarction (MI), any use of traditional NSAIDs or COX-2 inhibitors associated with increased risk...
LEVELS OF EVIDENCE

*DynaMed* provides easy-to-interpret Level of Evidence labels so users can quickly find the best available evidence and determine the quality of the best available evidence. Evidence may be labeled in one of three levels:

- **Level 1**
  - Level 1 (likely reliable) Evidence - representing research results addressing clinical outcomes and meeting an extensive set of quality criteria which minimizes... Read More▼

- **Level 2**
  - Level 2 (mid-level) Evidence - representing research results addressing clinical outcomes, and using some method of scientific investigation, but not meeting the quality criteria to achieve level 1 evidence labeling.

- **Level 3**
  - Level 3 (lacking direct) Evidence - representing reports that are not based on scientific analysis or clinical outcomes. Examples include case series, case reports, expert opinion, and conclusions extrapolated indirectly from scientific studies.

**Grades of Recommendation**

Guideline producers are more frequently using classification approaches for their evidence and recommendations, and those classifications are recognized and requested by guideline users. When summarizing guideline recommendations for *DynaMed* users, the *DynaMed* Editors are more frequently using the guideline-specific classifications and providing the guideline classification approach when this is done.

Recommendations without grading systems in the underlying source (or predating this change in editorial policy) may be labeled as one of the following:

- **Grade A recommendation** (consistent high-quality evidence)
- **Grade B recommendation** (inconsistent or limited evidence)
- **Grade C recommendation** (lacking direct evidence)

This labeling scheme is formally known as the Strength Of Recommendation Taxonomy (SORT) and is described in detail, along with the algorithms used for its application, in *Am Fam Physician* 2004 Feb 1;69(3):548-56.
Coronary artery disease (CAD)

Medications:

Antplatelet agents:
- Give aspirin 75-162 mg/day orally indefinitely for all patients without true aspirin allergy (ACC/AHA Class I, Level A)\(^2\)
- Aspirin 75-325 mg/day
  - recommended for all patients with CAD unless contraindication (allergy to aspirin, active bleeding)
  - reduces total mortality, cardiovascular mortality and cardiovascular event rate
- Clopidogrel (Plavix) may be slightly more effective than aspirin at reducing ischemic events (level 2 [mid-level] evidence)
- Addition of clopidogrel to aspirin may be effective for secondary prevention but NOT primary prevention of cardiovascular disease (level 2 [mid-level] evidence)
- See Antplatelet agents for coronary artery disease for details

In patients with prior myocardial infarction (MI), any use of traditional NSAIDs or COX-2 inhibitors associated with increased risk of death or recurrent myocardial infarction (level 2 [mid-level] evidence)
- Based on retrospective cohort study
  - 83,677 patients ≥30 years old (mean age 66 years) admitted to hospital with first time MI from 1997-2006 in Denmark were analyzed for NSAID use (COX-2 inhibitors and traditional NSAIDs) by records from national prescription registry
    - patients followed until first event (death or MI) or until end of study period (December 2006)
    - risk of death or recurrent MI during NSAID treatment was assessed by treatment duration (≤1 week, 1-2 weeks, 2 weeks to 1 month, 1-3 months, >3 months) compared to no NSAID use
  - 42.3% received NSAIDs
    - Ibuprofen in 23%
    - Diclofenac in 13.4%
    - Celecoxib in 4.8%
    - Rofecoxib in 4.7%
    - Naproxen in 2.2%
    - Other NSAIDs in 12.8%
  - 35,257 deaths or recurrent MIs occurred during study period (29,234 deaths)
  - For use of any NSAIDs, risk of death or recurrent MI was increased regardless of duration of NSAID use (from <1 week to >3 months)
    - For death or recurrent MI, hazard ratios by duration of treatment ranged from 1.45 (95% CI 1.29-1.62) to 1.68 (95% CI 1.55-1.88)
    - For death only, hazard ratios ranged from 1.34 (95% CI 1.29-1.53) to 1.86 (95% CI 1.74-1.99)
    - Hazard ratios for individual drugs were elevated for most treatment durations in subgroup analyses
  - Highest risk of death or recurrent MI associated with diclofenac use for ≤1 week (HR 3.26, 95% CI 2.75-3.86)
- Reference - Circulation 2011 May 24;123(20):2226

Anticoagulation:
- For most patients following acute coronary syndrome, aspirin alone recommended over anticoagulation (ACC/AHA Grade B)

Send Comment to Editor