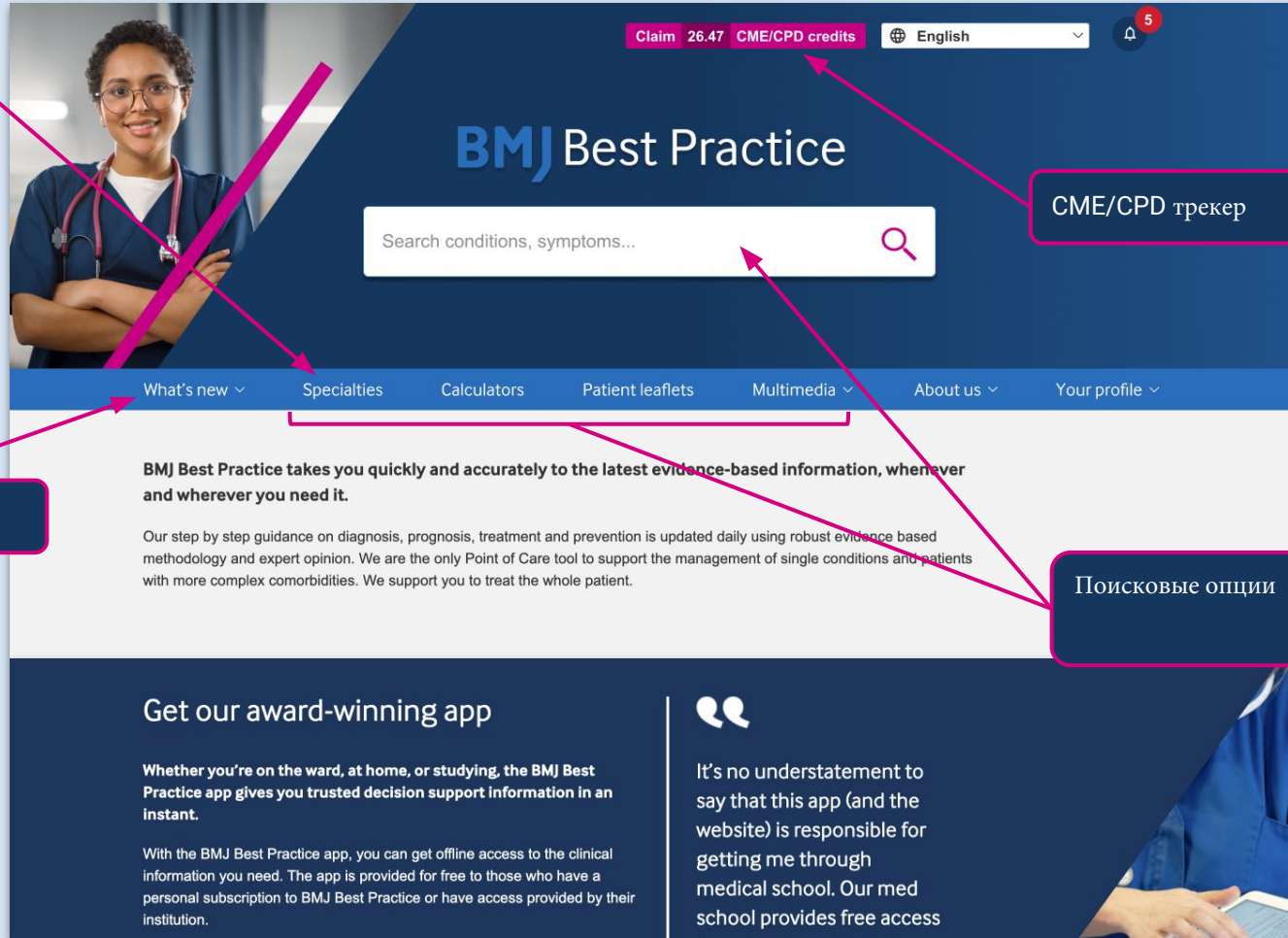


BMJ Best Practice

Руководство пользователя





Специализации

CME/CPD трекер

Обновления

Поисковые опции

Claim 2.24 CME/CPD credits

English

Search conditions, symptoms...

PDFs-версии

Уникальная структура клинической работ

What's new ▾ Specialties Calculators Patient leaflets Multimedia ▾ About us ▾ Your profile ▾

Alzheimer's disease

View PDF

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

Уведомления о важных изменениях

Last reviewed: 14 Jul 2023

Last updated: 06 Sep 2018

🔔 IMPORTANT UPDATES

Summary

Alzheimer's disease (AD) is a chronic, progressive neurodegenerative disorder characterised by a global, non-reversible impairment in cerebral functioning.

AD is characterised by memory loss, loss of social and occupational functioning, diminished executive function, speech and motor deficits, personality change, and behavioural and psychological disturbance.

Differentials

- Delirium
- Depression
- Vascular dementia

[More Differentials](#)

Быстрые ссылки на необходимую информацию: диагнозы, рекомендации, инструкции для пациентов

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Короткие видеоролики,
объясняющие, как выполнять
общие процедуры

← Videos

Diagnostic lumbar puncture in adults: animated demonstration



Treatment algorithm

 Local guidelines

ACUTE

GOLD group A: initial treatment

1ST LINE

short- or long-acting bronchodilator →

PLUS

supportive care and advice →

GOLD group B: initial treatment

1ST LINE

LABA or LAMA →

PLUS

short-acting bronchodilator →

PLUS

supportive care and advice →

PLUS

pulmonary rehabilitation →

GOLD group C: initial treatment

1ST LINE

LAMA →

Уникальные алгоритмы
лечения подскажут
пользователям возможные
варианты



Choose a patient group to see our recommendations

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](#)

Символ **C+** указывает, что на тот или иной вариант лечения могут повлиять сопутствующие заболевания

ACUTE	
on presentation	
1ST LINE	
short-acting bronchodilator	→
CONSIDER C+	
systemic corticosteroid	→
CONSIDER	
oxygen	→
CONSIDER	
ventilation	→
CONSIDER	
antibiotic therapy	→
CONSIDER	
supplemental treatment	→
PLUS C+	
review diabetes medication (NEVER stop insulin in a person with type 1 diabetes)	→

Разверните выбранный вариант лечения, чтобы просмотреть подробную информацию


ACUTE | on presentation

CONSIDER

systemic corticosteroid

Additional treatment recommended for SOME patients in selected patient group

Consider a systemic (oral or intravenous) corticosteroid.[1][90] Oral administration is preferred; however, some patients may require intravenous administration if they cannot tolerate oral therapy (e.g., if they are vomiting).

- National Institute for Health and Care Excellence and Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines recommend a **5-day treatment course**.[\[1\]](#) [\[90\]](#)
- Latest evidence shows no benefit from prolonged therapy.[\[132\]](#) 
- Corticosteroids are associated with risk of pneumonia, sepsis, and death and should only be used in patients with significant exacerbations.[\[1\]](#)
- Avoid use of a corticosteroid with a fluoroquinolone antibiotic, because co-administration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.[\[133\]](#)



▼ **Manage your patient's diabetes when they are taking corticosteroids**

▼ **Evidence: Corticosteroids**

Рекомендации подкреплены
доказательствами из руководств
и Кокрейновских исследований

ACUTE	
GOLD group A: initial treatment	
1ST LINE	
short- or long-acting bronchodilator	→
PLUS	
supportive care and advice	→
GOLD group B: initial treatment	
1ST LINE	
LABA or LAMA	→
PLUS	
short-acting bronchodilator	→
PLUS	
supportive care and advice	→
PLUS	
pulmonary rehabilitation	→
GOLD group C: initial treatment	
1ST LINE	
LAMA	→
PLUS	
short-acting bronchodilator	→

ACUTE | GOLD group A: initial treatment

1ST LINE

short- or long-acting bronchodilator

Global Initiative for Chronic Obstructive Lung Disease (GOLD) group A patients are characterised by few symptoms and low risk of exacerbations.


A short-acting bronchodilator or long-acting beta-2 agonists (LABAs) and long-acting beta-2 agonists (LABAs) and long-acting muscarinic antagonists (LAMAs) over short-acting bronchodilators, except for LABAs and LAMAs both significantly improve lung function and reduce exacerbation rates. [Cochrane Library] LABAs and LAMAs both significantly improve lung function and reduce exacerbation rates. [63][64]

If a long-acting bronchodilator is prescribed for rescue therapy. Regular use is not recommended.

Short-acting beta-2 agonists (SABAs) and short-acting muscarinic antagonists (SAMAs) improve lung function and breathlessness and quality of life. Ipratropium, a SAMA, may have a small benefit over SABAs in improving health-related quality of life. [80]

SAMAs should be discontinued if a LAMA is prescribed.

SABAs include salbutamol. Ipratropium is a SAMA. LABAs include salmeterol, arformoterol, and olodaterol. LAMAs include tiotropium, umeclidinium, aclidinium, and glycopyrronium. [Cochrane Library]



How does umeclidinium bromide compare with placebo for people with chronic obstructive pulmonary disease (COPD)?

[SHOW ME THE ANSWER](#)

Дополнительные возможности BMJ Best Practice



Статистические данные

подробные отчеты об использовании, включая наиболее популярные модули, количество сеансов и зарегистрированных пользователей.



BMJ Librarian hub

В [Librarian hub](#) доступны новейшие руководства пользователя, вебинары, видеоролики и прочие материалы, которые помогут повысить осведомленность о ресурсе в Вашей организации.



Обучение

Опытная команда тренеров, которая проводит очные и/или онлайн тренинги для пользователей.



Спасибо за внимание!

