HEALWA
Health Evidence Resource for Washington State

Online Access for Dietitians in Washington State

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healwa.org

Objectives

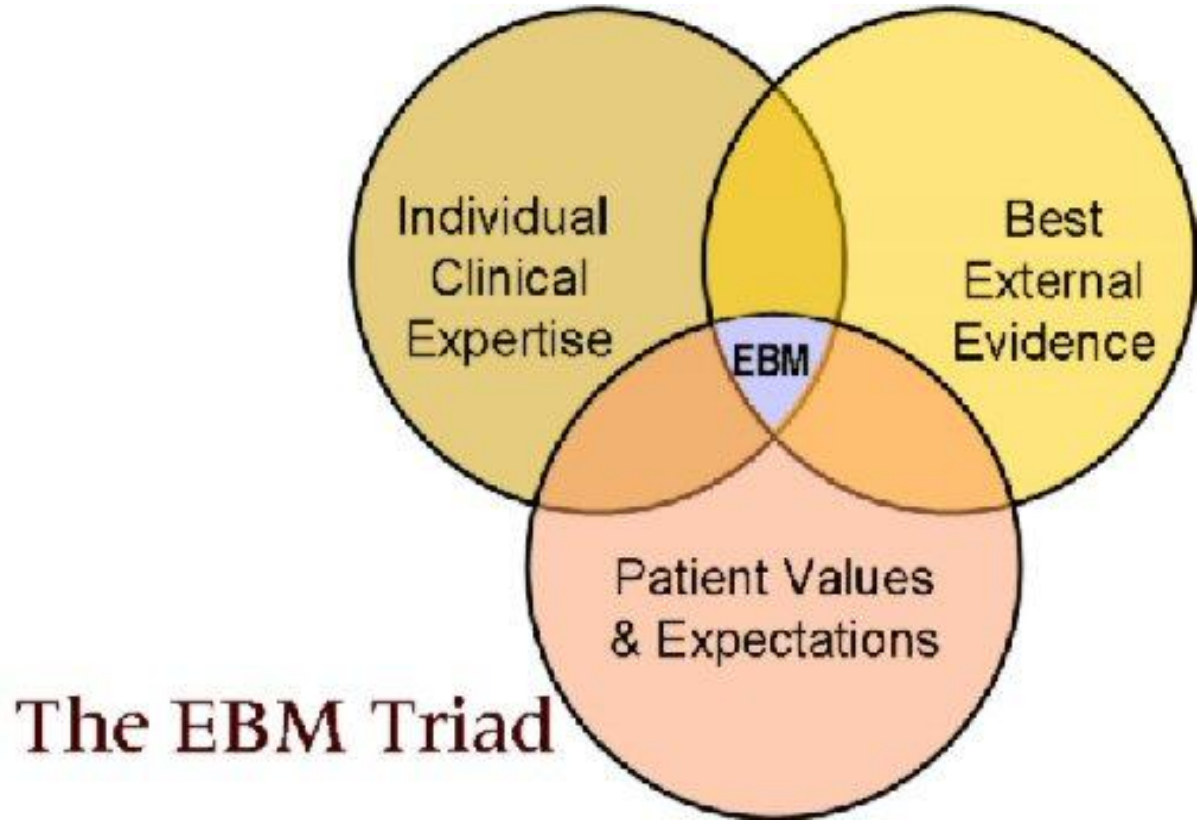
- Describe the purpose of the HEALWA program
- Identify at least 3 key HEALWA resources (e.g., databases, eBooks) relevant to your professional practice in dietetics and nutrition for children with special health care needs
- List 2-3 strategies for searching the HEALWA website

What is Evidence-Based Dietetics Practice?

Evidence-based dietetics practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.

Approved by ADA House of Delegates February 2006
Updated by ADA 2007

Evidence-Based Practice



The EBM Triad

What makes good evidence?

Good

- Based on scientific research
- RCT
- Systematic review
- Meta-analysis
- Clinical guidelines

Shoddy

- Opinion
- Consensus
- Because it’s been done this way for 100 years

HEALWA *heal-wa.org*

Health Electronic Resource for Washington

- Began: January 2009
- Website: offers online access to a collection of health information resources
- Who has access? selected health care providers in Washington YES, Dietitians and Nutritionists!
- Mission: provide you with access to evidence-based information to support patient care

What is included in HEALWA?

- Resources: electronic databases, online texts, and eJournals
- Includes information resources specific to dietitians, such as *CINAHL*
- Other excellent resources: *MEDLINE*, *DynaMed, Cochrane, Natural Standard*
- Gives practitioners access to timely, evidence-based answers to patient care Q's

How do I get to HEALWA?

- Site address: *healwa.org*
- Use the “Getting Started” links to set up your UW NetID and password
  - You will need your license number in order to set up your UW NetID
  - May take up to 24 hours for your access code to be recognized

HEAL WA
Health Evidence Resource for Washington State

Authoritative, current, evidence-based information for health care providers in Washington State.

healwa.org

TOOLKITS | DATABASES | EBOOKS | EJOURNALS | REFERENCE | HELP | ABOUT

news

Do you have opinions about medical cannabis?
Mar 07, 2014

LPNs Now Eligible
Feb 04, 2014

MDConsult cancellation
Dec 03, 2013

Six new professions added to HEALWA eligibility
Jul 15, 2013

VisualDx Mobile - New Download Instructions
Apr 08, 2013

search

Go

Diagnosis & Therapy v
DynaMed,

Guidelines & Evidence v
Cochrane

Search for Articles v
PubMed, MEDLINE, CINAHL

Drugs, Labs, Diagnostic Tests v
LexiComp

Complementary & Alternative Medicine v
Natural Standard

Prevention, Screening, Immunizations v

Patient Care Management v
Nursing Reference Center

Multicultural Information v
EthnoMed, RHIN

Information for Patients v
MedlinePlus,
Patient Ed Reference Center

Contact HEAL-WA v

access

Logged in

Getting Started

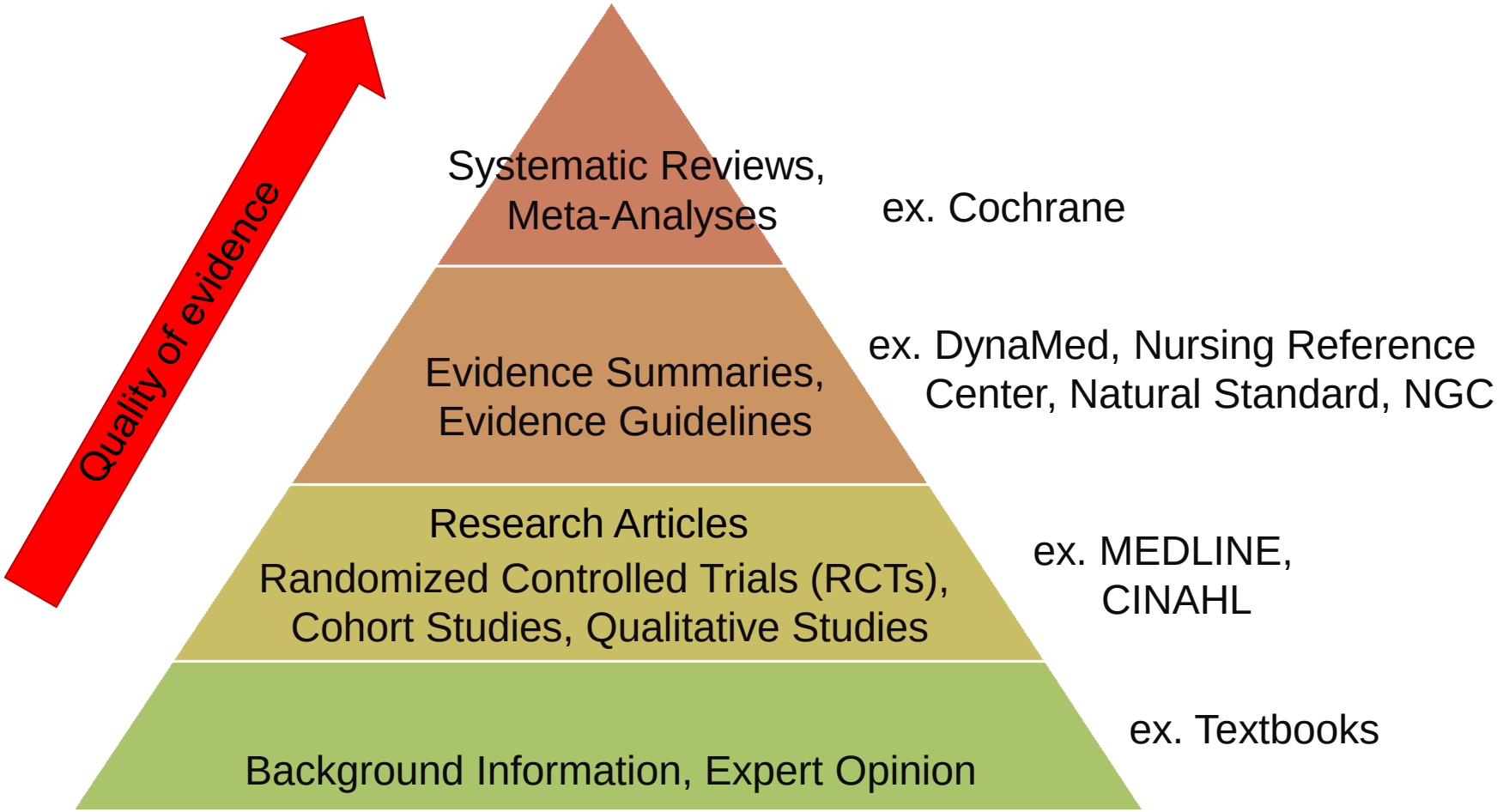
Certain resources in HEAL-WA (indicated by a lock) require a HEAL-WA access code (UW NetID) and password for access.

Once you have set up your HEAL-WA access code and password, LOG IN to HEAL-WA by clicking on the "Log In" button at the top of this column.

LOG OUT from HEAL-WA by simply closing your browser.

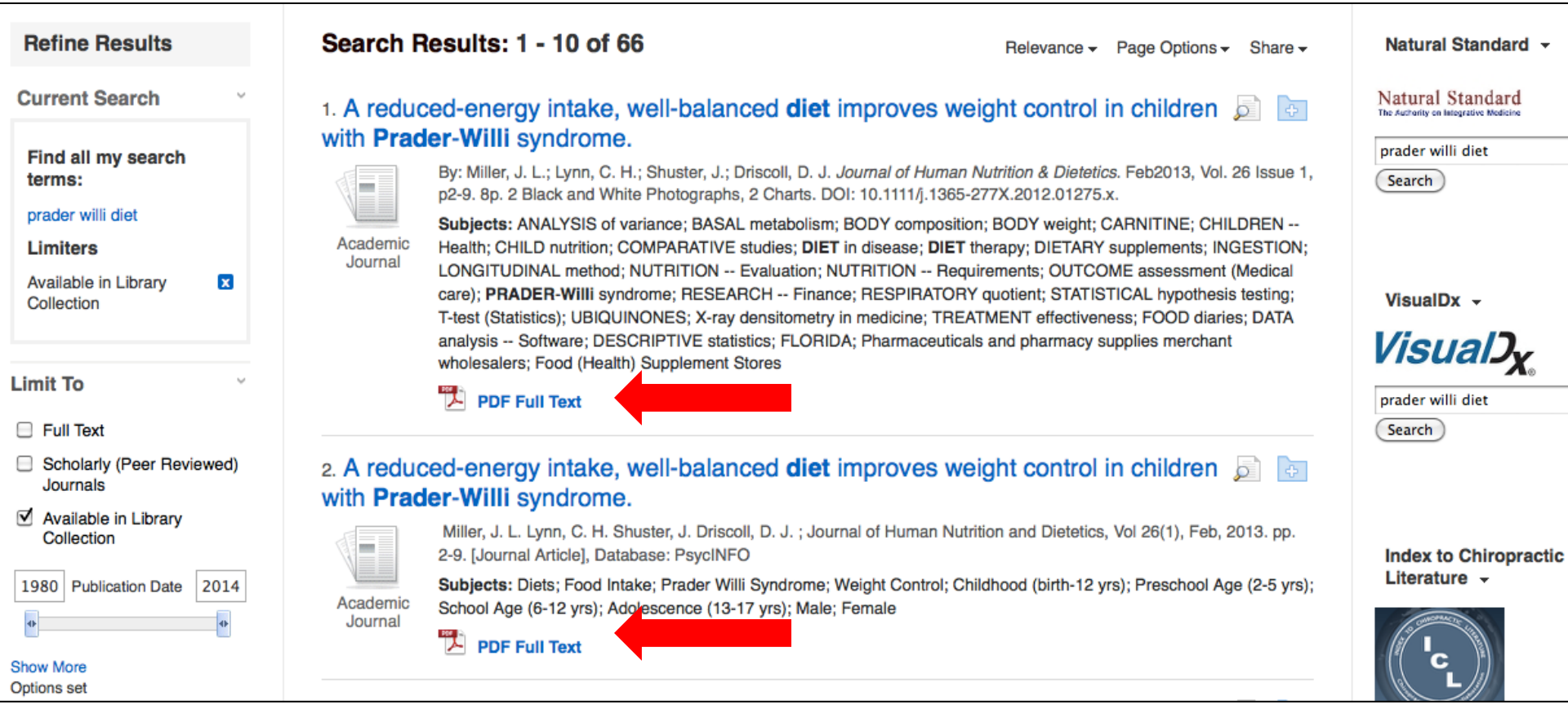
Set up your HEAL-WA access - to set up a HEAL-WA access code and password, see the instructions on the Getting Started page.

How do HEALWA resources stack up as evidence?

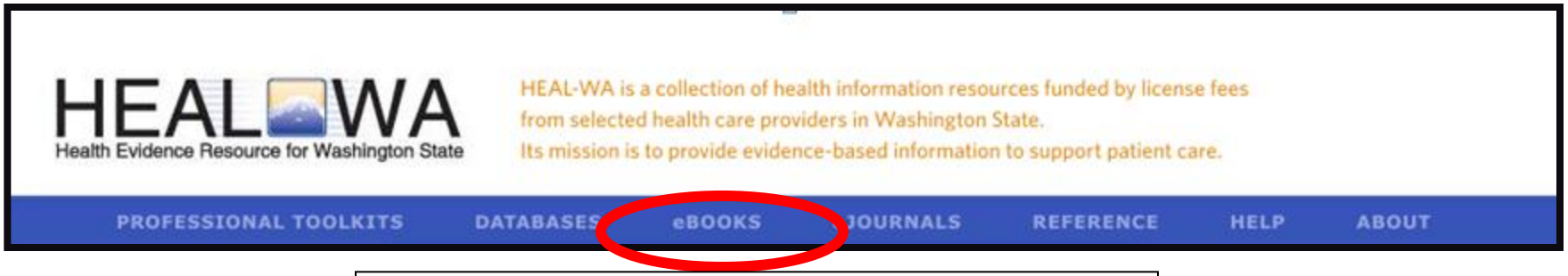


HEALWA Multiple Search

Results of Multiple Search



eBooks/Textbooks



Nutrition Care Manual - from the AND

Client Ed/Diets

- Toolbar
- Anemia
- Behavioral Health
- Burns
- Cardiovascular
- Diabetes
- Dysphagia
- Food Allergies
- Gastrointestinal
- HIV/AIDS
- Inborn Errors Of Metabolism
- Modified Consistency
- Neurological
- Normal Nutrition
- Nutrient Lists
- Older Adult
- Oncology

Diets

Each nutrition therapy handout includes a rationale for prescribing the diet, lists of foods allowed and foods to avoid, and a sample 1-day menu. The items in the sample 1-day menus are linked to the USDA Nutrient Database for Standard Reference. To view the nutrient analysis for a menu, click on "View Nutrient Info" next to the menu title.

We recommend you print hard copies of any food lists or sample menus for food service or nutrition services staff members who do not have access to a computer. The Excel sheet of Nutrition Care Manual (NCM) nutrition therapies can be used to create a crosswalk of diets for your facility.

For information on how to customize menus associated with any of the nutrition therapies, refer to the Nutrition Care Manual Sample Menu Modification Tutorial.

The client education handouts in the NCM are not intended to substitute for nutrition counseling with a registered dietitian. The information is meant to serve as a general guideline and may not meet the unique nutritional needs of individual patients. All medical professionals should consult with a registered dietitian before providing handouts to clients or patients.

All NCM nutrition prescriptions (formerly called diet orders) are determined by an individualized nutrition assessment and nutrition diagnosis (see Nutrition Care Process).

For all nutrition therapies and menus in Spanish, see the Spanish-Language Resources section under the Resources tab.

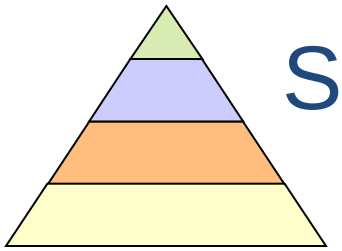
List of NCM Nutrition Therapies

This list contains links to the PDF versions of NCM nutrition therapies that previously appeared on this site.

Anemia

Iron-Deficiency Anemia Nutrition Therapy: Foods, Menu

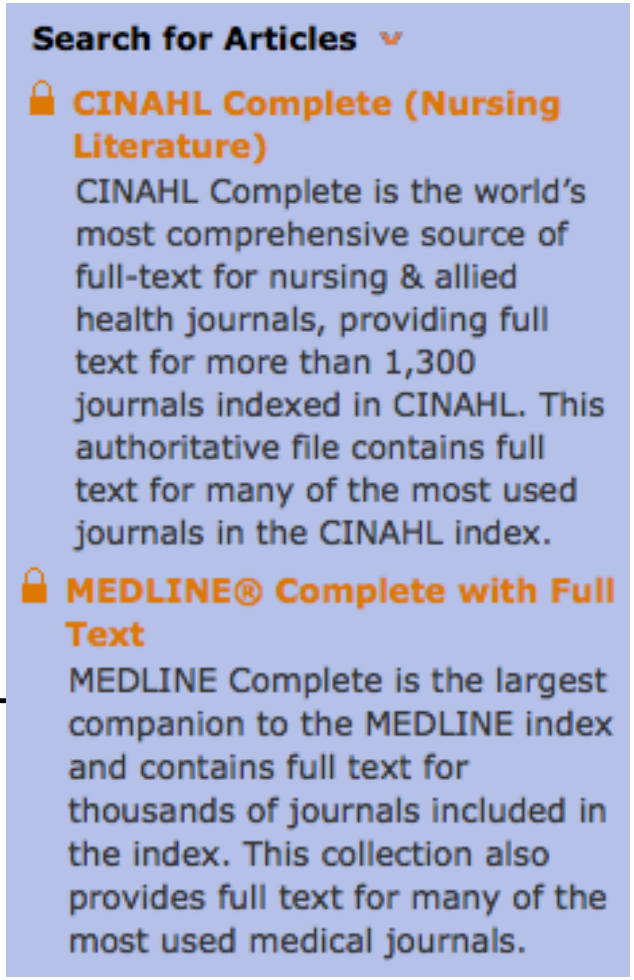
Iron-Rich Nutrition Therapy



Search Databases Efficiently for Research Journal Articles

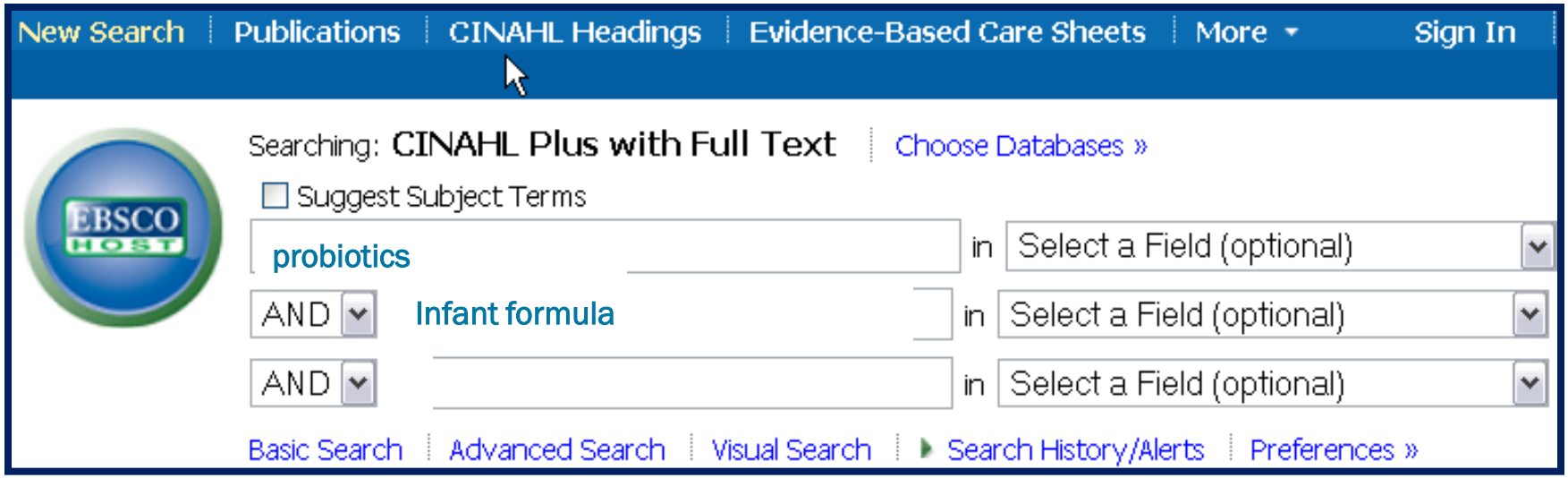
MEDLINE or CINAHL

- Includes references to original research articles on a topic:
  - Most with abstracts
  - Some with links to full text
- You will see the same interface when searching *MEDLINE* or *CINAHL* (or *Cochrane*) on HEALWA

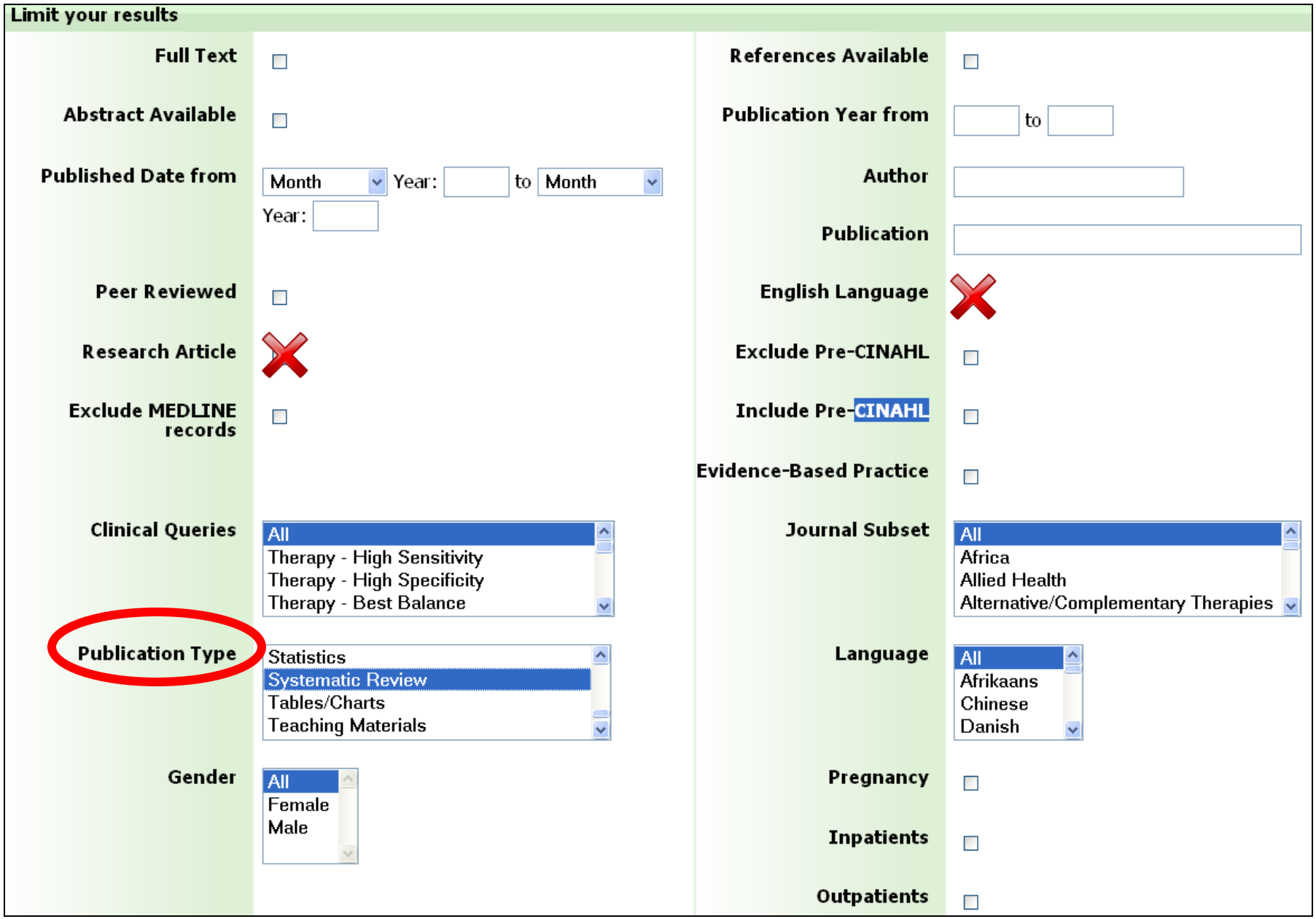


CINAHL

- Cumulative Index to Nursing and Allied Health Literature
- Provides coverage from 1937+ of nursing and 17 allied health disciplines literature, including Nutrition & Dietetics
- Can easily search for Research articles

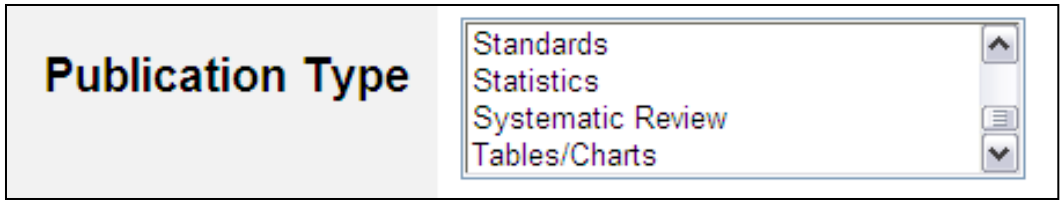


Limit Your Results



CINAHL Publication Type Limits

- Clinical trial
- Critical path
- Meta Analysis
- Meta Synthesis
- Practice guidelines
- Randomized Controlled Trial
- Research
- Standards
- Systematic review



1. Academic Journal

An α-lactalbumin-enriched and symbiotic-supplemented v. a standard infant formula: a multicentre, double-blind, randomised trial.

Rozé, Jean-Christophe; Barbarot, Sébastien; Butel, Marie-José; Kapel, Nathalie; Waligora-Dupriet, Anne-Judith; De Montgolfier, Inès; Leblanc, Magali; Godon, Nathalie; Soulaines, Pascale; Darmaun, Dominique; et al.; British Journal of Nutrition, 2012 Jun 14; 107 (11): 1616-22. (journal article - randomized controlled trial, **research**, tables/charts) ISSN: 0007-1145

Subjects: Infant Formula; Probiotics; Milk Proteins; Dermatitis, Atopic; Prebiotics; Infant, Newborn: birth-1 month; Infant: 1-23 months

Database: CINAHL Plus with Full Text

Add to folder

Check for Full Text

2. Academic Journal

Probiotics, prebiotics infant formula use in preterm or low birth weight infants: a systematic review.

Mugambi, Mary N; Musekiwa, Alfred; Lombard, Martani; Young, Taryn; Blaauw, Reneé; Nutrition Journal, 2012; 11: 58. (journal article - **research**, systematic review) ISSN: 1475-2891 PMID: 22928998

Subjects: Child Development; Infant Formula; Medical Practice, Evidence-Based; Prebiotics; Probiotics; Infant: 1-23 months; Infant, Newborn: birth-1 month

Database: CINAHL Plus with Full Text

Add to folder

PDF Full Text

Link to full text

3. Academic Journal

Synbiotics, probiotics or prebiotics in infant formula for full term infants: a systematic review.

Mugambi, Mary N; Musekiwa, Alfred; Lombard, Martani; Young, Taryn; Blaauw, Reneé; Nutrition Journal, 2012; 11 (1): 81. (journal article - **research**, systematic review) ISSN: 1475-2891 PMID: 23035863

Subjects: Child Development; Infant Formula; Prebiotics; Probiotics; Infant: 1-23 months; Infant, Newborn: birth-1 month

Database: CINAHL Plus with Full Text

Add to folder

PDF Full Text

Link to full text

4. Academic Journal

Supplementation of infant formula with probiotics and/or prebiotics: a systematic review and comment by the ESPGHAN committee on nutrition.

Braegger C; Chmielewska A; Decsi T; Kolacek S; Mihatsch W; Moreno L; Piescik M; Puntis J; Shamir R; Szajewska H; et al.; ESPGHAN Committee on Nutrition; Journal of Pediatric Gastroenterology & Nutrition, 2011 Feb; 52 (2): 238-50. (journal article - **research**, systematic review) ISSN: 0277-2116 PMID: 21150647

Subjects: Gastrointestinal System; Infant Formula; Oligosaccharides; Prebiotics; Probiotics; Infant: 1-23 months

Database: CINAHL Plus with Full Text

Add to folder | Times Cited in this Database: (2)

Check for Full Text

Mugambi et al. Nutrition Journal 2012, 11:58
http://www.nutritionj.com/content/11/1/58

NUTRITION JOURNAL

REVIEW Open Access

Probiotics, prebiotics infant formula use in preterm or low birth weight infants: a systematic review

Mary N Mugambi[1*], Alfred Musekiwa[2,3], Martani Lombard[1], Tary

Full Text of the Article

Abstract

Background: Previous reviews (2005 to 2009) on preterm infants mixed feeds focused on prevention of Necrotizing Enterocolitis, probiotics, prebiotics led to improved growth and clinical outcor

Methods: Cochrane methodology was followed using randomiz formula containing probiotic(s) or prebiotic(s) to conventional pr difference (MD) and corresponding 95% confidence intervals (CI) (RR) and corresponding 95% CI for dichotomous outcomes. Hete forest plots and a chi^2 test. An I^2 test assessed inconsistencies ac heterogeneity.

Results: Four probiotics studies (N=212), 4 prebiotics studies (N= significant differences in weight gain (MD 1.96, 95% CI: -2.64 to 6 (MD 35.20, 95% CI: -7.61 to 78.02, 2 studies, n=34), number of sto group (MD 1.60, 95% CI: 1.20 to 2.00, 1 study, n=20). **Prebiotics:** (GOS/FOS) yielded no significant difference in weight gain (MD 0 GOS/FOS yielded no significant differences in length gain (MD 0. were no significant differences in head growth (MD −0.01, 95% C enteral feed (MD −0.79, 95% CI: -2.20 to 0.61, 2 studies, n=86). St group (MD 0.80, 95% CI: 0.48 to 1.1, 2 studies, n=86). GOS/FOS a prebiotics group (MD 2.10, 95% CI: 0.96 to 3.24, n=27) and (MD 0

Conclusions: There is not enough evidence to state that supple improved growth and clinical outcomes in exclusively formula fe

Keywords: Probiotic, Prebiotic, Preterm infant, Low birth weight

Background

Growth is a major challenge for premature and low birth weight infants (born < 37 weeks gestation or with a birth weight of < 2500 g). They have several factors that put them at risk for nutritional deficiencies resulting in poor growth. Decreased nutrient stores result in low body stores of glycogen, fat, protein, fat soluble vitamins, calcium, phosphorus, magnesium and trace minerals.

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Full list of author information is available at the end of the article

clinical outcomes that were not adequately addressed by previous reviews.

The Human Research Ethics Committee at the University of Stellenbosch, South Africa reviewed the review protocol (unpublished), ruled that all data to be collected for this review was from the public domain and was therefore exempt from ethical approval.

Objective

To assess if addition of probiotics or prebiotics to preterm infant formula led to improved growth and clinical outcomes in preterm or low birth weight infants.

Methods

Eligibility criteria

All randomized controlled trials (RCTs), irrespective of language, which compared the use of preterm infant formula containing probiotic(s) or prebiotic(s) to conventional preterm infant formula without or with placebo amongst preterm infants born <37 weeks gestation, low birth weight infants with <2.5 kg at birth and hospitalized, receiving formula feeds and / or parenteral feed were considered. Studies published as abstracts were included if sufficient information could be obtained to assess study quality and obtain relevant study findings.

Outcome measurements

Primary outcomes included: Short term growth parameters (assessed for entire study duration approximately 4 weeks): weight gain (grams/day or grams/week), linear growth (centimeters/week), head growth (cm/week). Secondary outcomes included: Complications: Incidence of NEC (defined as suspected or confirmed positive Bell stage II or more), Sepsis (defined as signs or symptoms of infection and positive blood culture), Other infections (example bacteraemia defined as blood cultured positive for bacteria), Mortality / death. Adverse events during entire study duration: Number of days on parenteral,

Table 1 Search strategy used in PUBMED

1)	Search (probiotic* OR prebiotic*) AND (infant formula* OR infant feeding OR formula OR formula milk) AND (preterm or premature or low birth weight babies) AND (randomized controlled trial* OR controlled clinical trial* OR random allocation*) Limits: Human
2)	Search (probiotic* infant formula* OR prebiotic* infant formula* OR prebiotic* OR probiotic*) AND (infant formula* OR infant feeding) AND (premature OR preterm) AND (randomized controlled trial* OR controlled clinical trial OR random allocation* OR double blind method OR single-blind method OR clinical trial OR placebo* OR random* OR research design OR comparative study OR follow-up studies OR prospectiv* OR volunteer* OR control* (singl* OR doubl* OR trebl* OR tripl*) NEAR (blind* OR mask*) Limits: Human

Central Register for Controlled Trials 2009, Scopus (1990 to 19/01/2010), EBSCO host (1960 to 15/11/2009), OVID (1950 to 01/12/2009), SPORT Discus (1960 to 19/01/2010), Web of Science (1970 to 19/01/2010), Science Direct (1950 to 30/11/2009), EMBASE (1980 to 01/12/2009), CINAHL (1981 to 19/01/2010), PUBMED / MEDLINE (1966 to 10/04/2010), Latin American Caribbean Health Sciences literature (LILACS), (1965 to 19/01/2010), NLM Gateway (1950–1966). RCTs published in non-English language journals were translated by independent translators who were familiar with the subject matter. The search strategy used to search PUBMED is shown on Table 1. This search strategy was modified to search other electronic databases.

We conducted a hand search on abstracts of major conference proceedings such as the Pediatric Academic Society meetings (www.pas-meetings.org, www.abstracts2-view.com), cross checked references cited in RCTs and in recent reviews (published from 2005 to 2009) for additional studies not identified by electronic searches and specialty journals which were not included in any database such as Pediatrika, Chinese Journal of Microecology and International Journal of Probiotics and Prebiotics.

To identify on-going and unpublished trials, we contacted experts in the field, manufacturers of infant formula containing probiotics and prebiotics, we searched

CINAHL Basic Tips

Try This…	Tell CINAHL…
Limit to Research Articles	Check the *Research Article* box to show only research articles in your results
Limit to Peer Reviewed Articles	Check the *Peer Reviewed* box to show only results from peer reviewed journals in your results
Exclude PubMed Results	Check the *Exclude MEDLINE Records* box to show only results unique to CINAHL
Limit to Evidence-Based Practice	Check the *Evidence-Based Practice* box to retrieve articles from evidence-based practice journals
Find Similar Results	View a citation of interest and click the title to see the Detailed Record. Click on *Find Similar Results* on the left side of the screen.
Search by CINAHL Heading	Select a citation of interest and click the title to see the Detailed Display. Inspect the *Major Subjects and Minor Subjects* fields in the citation record. Click on an individual term to run a search on that subject heading or copy desired terms into individual search boxes to create a new search.

Search MEDLINE for Research Articles

- MEDLINE (1940's+) is included on PubMed
- Indexes 5,200 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week

Two MEDLINE Strategies for Finding Evidence-Based Citations

1. Use Publication Type limits
   - Randomized Controlled Trial
   - Meta-Analysis
   - Practice Guideline
   - Clinical Trial
   - Consensus Development Conference
2. Limit to Systematic Reviews in Subject Subset

MEDLINE Search Screen

Searching: MEDLINE with Full Text | Choose Databases »

HEAL-WA

Suggest Subject Terms

probiotics — in Select a Field (optional)

AND — Infant formula — in Select a Field (optional)

AND — in Select a Field (optional) Add Row

Search Clear

Limit your results

Full Text

Date of Publication from Month Year: to Month Year:

Publication

Author

Abstract Available

English Language

EBM Reviews

Review Articles

Human

Animal

Gender
- All
- Female
- Male

Age Related
- All
- Infant, Newborn: birth-1 month
- Infant: 1-23 months
- All Infant: birth-23 months

Clinical Queries
- All
- Therapy - High Sensitivity
- Therapy - High Specificity
- Therapy - Best Balance

Subject Subset
- All
- AIDS
- Systematic Reviews

Journal & Citation Subset
- All
- AIDS
- Bioethics
- Core Clinical (AIM)

Publication Type
- All
- Randomized Controlled Trial
- Biography

MEDLINE Results

1. Association between funding source, methodological quality and research outcomes in randomized controlled trials of synbiotics, **probiotics** and prebiotics added to **infant formula**: a systematic review.

Academic Journal

(English) ; Abstract available. By: Mugambi MN; Musekiwa A; Lombard M; Young T; Blaauw R, BMC Medical Research Methodology [BMC Med Res Methodol], ISSN: 1471-2288, 2013 Nov 13; Vol. 13, pp. 137; Publisher: BioMed Central; PMID: 24219082

There is little or no information available on the impact of funding by the food industry on trial outcomes and methodological quality of synbiotics, **probiotics** and prebiotics research in infants...

Subjects: Food Industry economics; **Infant Formula** administration & dosage; Randomized Controlled Trials as Topic economics; **Infant**: 1-23 months; All **Infant**: birth-23 months; All Child: 0-18 years

PDF Full Text (274.4KB) link to full text

2. Synbiotics, **probiotics** or prebiotics in **infant formula** for full term infants: a systematic review.

Academic Journal

(English) ; Abstract available. By: Mugambi MN; Musekiwa A; Lombard M; Young T; Blaauw R, Nutrition Journal [Nutr J], ISSN: 1475-2891, 2012 Oct 04; Vol. 11, pp. 81; Publisher: BioMed Central; PMID: 23035863

Synbiotics, **probiotics** or prebiotics are being added to **infant formula** to promote growth and development in infants. Previous reviews (2007 to 2011) on term infants given **probiotics** or prebiotics...

Subjects: Child Development; **Infant Formula** chemistry; Prebiotics; **Probiotics** administration & dosage; **Infant**: 1-23 months; **Infant**, Newborn: birth-1 month; All **Infant**: birth-23 months; All Child: 0-18 years

PDF Full Text (1.8MB) link to full text

3. Supplementation of **infant formula** with **probiotics**/prebiotics: lessons learned with regard to documenting outcomes.

Academic Journal

(English) ; Abstract available. By: Szajewska H, Journal Of Clinical Gastroenterology [J Clin Gastroenterol], ISSN: 1539-2031, 2012 Oct; Vol. 46 Suppl, pp. S67-8; Publisher: Raven Press; PMID: 22955362

In 2011, the Committee on Nutrition of the European Society for Paediatric Gastroenterology, Hepatology, and Nutrition systematically reviewed published evidence on the safety and health effects ...

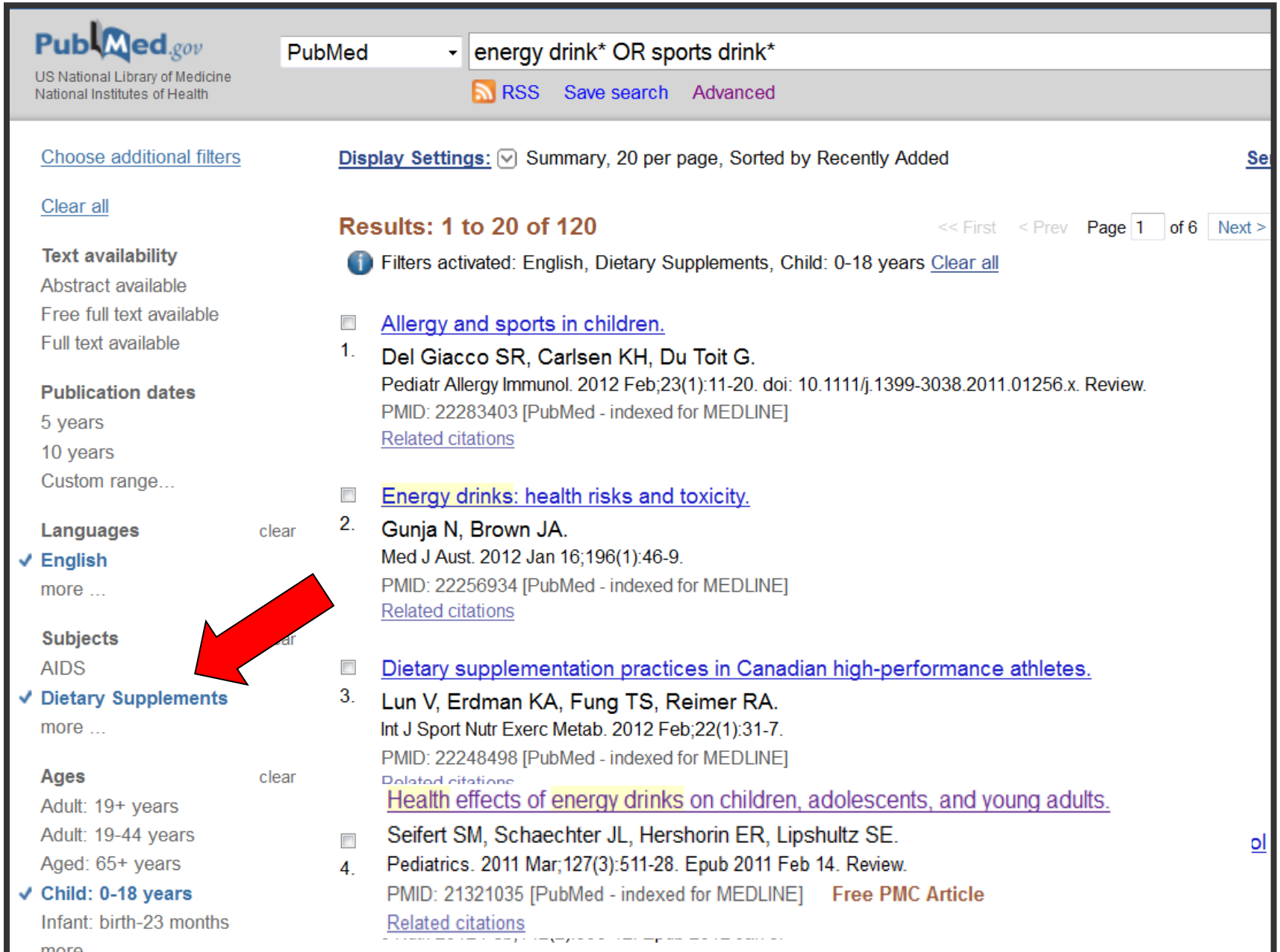
Subjects: Dietary Supplements; **Infant Formula** chemistry; Oligosaccharides administration & dosage; Prebiotics; **Probiotics** administration & dosage; **Infant**: 1-23 months; All **Infant**: birth-23 months; All Child: 0-18 years

Full Text from OVID link to full text

PubMed Dietary Supplement Subject Subset

- Created by ODS and the National Library of Medicine (NLM)
- Succeeds *the International Bibliographic Information on Dietary Supplements (IBIDS)* database, 1999-2010
- Limits *MEDLINE* search results to citations from dietary supplement literature
- Includes vitamin, mineral, phytochemical, ergogenic, botanical, and herbal supplements in human nutrition and animal models

PubMed Dietary Supplement Subset



PubMed Basic Tips

Try this…	Tell PubMed…
Start with a keyword search	Enter keywords (and synonyms for these terms) you would expect to find in an *article title* or *abstract* [PubMed does not search the full text of articles.]
Search by phrase (“ ”)	Add quotations around words to tell PubMed to find an *exact phrase*
Search for words in the title [ti]	PubMed to search for words in article titles [Do not use this for comprehensive searches.] Ex: **“pressure ulcer”[ti] AND mattress[ti].**
Use Limits	Limit your results by *type of article, date range, age group, journal sets,* and more.
Search by Author [au]	Search PubMed for a particular author Ex: **Rivara FP[au]**
Find Related Citations	In the *abstract view*, take a look at *the related citations* generated for a particular article (right hand side of page)

PubMed Tips (cont.)

Try This…	Tell PubMed…
Construct a search using MeSH terms MeSH terms are Medical Subject Headings and are assigned to all indexed articles in PubMed MeSH terms describe what the article is about and *are a key in constructing targeted searches.*	Once you've identified an article that looks relevant, take a look at the article's MeSH terms. • In the abstract view, click on the **+** next to Publication Types, MeSH terms. • Click on a term to send it to the PubMed search box. • You may combine terms, but you may receive better results by starting with two or three terms. • You may add keywords to your search to narrow your results.

CINAHL vs. MEDLINE

CINAHL

- Coverage: 1937+
- Indexes 1700 journals
- Focuses on nursing and allied health literature
- CINAHL Thesaurus with more nursing terms
- Has peer-reviewed limit
- Includes cited references at end of many refs

MEDLINE

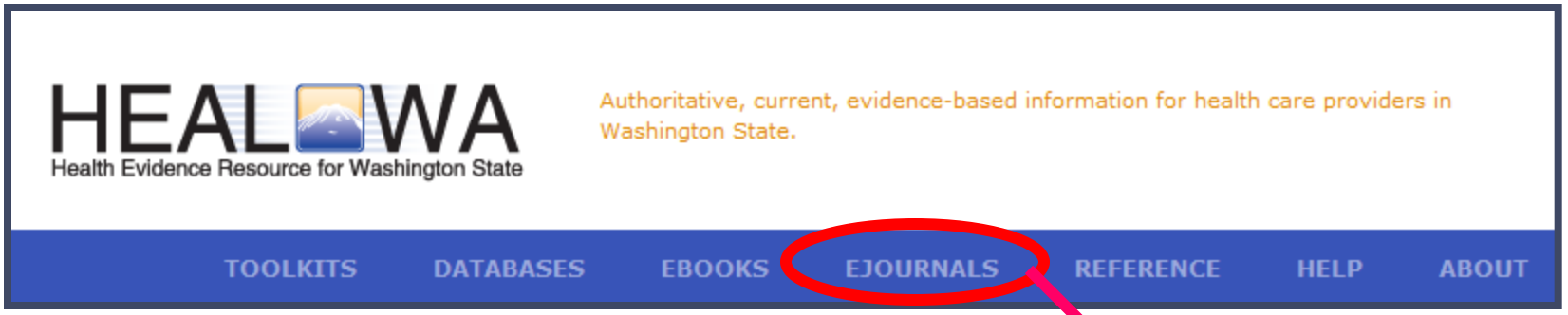
- Coverage: early 1940's+
- Indexes 5000 journals
- Focuses on biomedical literature
- Uses MeSH as its controlled vocabulary
- No peer-reviewed limit
- No cited references

Journals A-Z

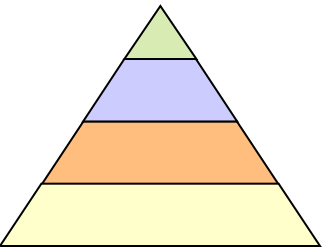
- Finding full text articles:
  - Records in MEDLINE and CINAHL link out to those that are available
  - Or, go directly to eJournals tab in HEALWA and search by title
  - Fastest: go directly to eJournals tab when you're searching for a specific known article

HEALWA Journals A-Z

5,000 full-text health-related journals



American Journal of Clinical Nutrition 1952- (Embargo 1 year)
Journal of Human Nutrition & Dietetics (Embargo 1 year)
Journal of Nutrition 1928- (Embargo 1 year)
Nutrition 2012- (Embargo 2 months)
Nutrition Journal 2002-
Nutrition Reviews 2002- (Embargo 1 year)
Nutritional Perspectives 2004-
Tufts University Health & Nutrition Letter 1999-

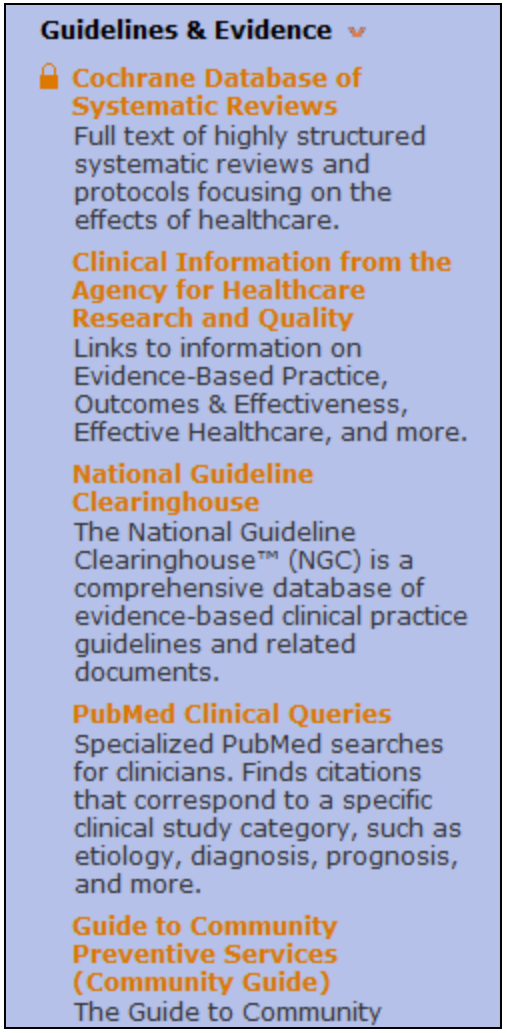


Search for Evidence Summaries

- Practice Guidelines
- eResources such as:
  - DynaMed
  - Nursing Reference Center
  - Rehabilitation Reference Center
  - Natural Standard

Practice Guideline Resources

- National Guideline Clearinghouse
- Rehabilitation Reference Center
- Nursing Reference Center
- MEDLINE
- CINAHL
- Association/Society guidelines
- Advanced Google or Google Scholar



National Guideline Clearinghouse

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'celiac disease diet'

National Guideline Clearinghouse
guideline.gov

Search within: GO

Sort results by: Relevance Publication date

1-16 of 16

Compare Guidelines

1. GUIDELINE SYNTHESIS **Diagnosis and Management of Celiac Disease**

2. **WGO-OMGE practice guideline: celiac disease.** 2005 Feb (republished 2007). NGC:005089
World Gastroenterology Organisation - Medical Specialty Society. *View all guidelines by the developer(s)*

3. **Guidelines for osteoporosis in inflammatory bowel disease and coeliac disease.** 2007 Jun. NGC:007149
British Society of Gastroenterology - Medical Specialty Society. *View all guidelines by the developer(s)*

4. **AGA Institute medical position statement on the diagnosis and management of celiac disease.** 2006 Dec. NGC:005429
American Gastroenterological Association Institute - Medical Specialty Society. *View all guidelines by the developer(s)*

5. **Celiac disease (CD). Evidence-based nutrition practice guideline.** 2009. NGC:007358
American Dietetic Association - Professional Association. *View all guidelines by the developer(s)*

Guideline Summary

Guideline Title

Celiac disease (CD). Evidence-based nutrition practice guideline.

Bibliographic Source(s)

American Dietetic Association (ADA). Celiac disease (CD). Evidence based nutrition practice guideline. Chicago (IL): American Dietetic Association (ADA); 2009. Various p. [341 references]

Jump To | Guideline Classification | Related Content

- Scope
- Methodology
- Recommendations
- Evidence Supporting the Recommendations
- Benefits/Harms of Implementing the Guideline Recommendations
- Contraindications
- Qualifying Statements
- Implementation of the Guideline
- Institute of Medicine (IOM) National Healthcare Quality Report Categories
- Identifying Information and Availability
- Disclaimer

Recommendations

Major Recommendations

CD Assessment of Factors Affecting Quality of Life

CD: Assess Factors Affecting Quality of Life

The RD should assess the factors affecting the quality of life of individuals with CD when completing a comprehensive client history, which includes a medical history (e.g., gastrointestinal, immune, neurological and psychological) and social history (e.g., socioeconomic factors, religion, social and medical support and daily stress level). Individuals with CD may not attain the same level of quality of life as the general population, due to social inconveniences of following a gluten-free dietary pattern.

Strong, Imperative

Recommendation Strength Rationale

- Conclusion statements were **Grades I and II**

CD Bone Density Screening

CD: Bone Density Screening

The RD should recommend bone density screening for adults with CD within the first year. Clinical trials and cross-sectional studies have reported reduced bone mineral content and bone mineral density in untreated adults with CD.

Strong, Conditional

Recommendation Strength Rationale

- Conclusion statement was **Grade I**

National Guideline Clearinghouse Guideline Comparison

Guideline Comparison

Guideline Title	WGO-OMGE practice guideline: celiac disease.	AGA Institute medical position statement on the diagnosis and management of celiac disease.	Celiac disease (CD). Evidence-based nutrition practice guideline.
Date Released	2005 Feb (republished 2007)	2006 Dec	2009
Guideline Developer(s)	World Gastroenterology Organisation - Medical Specialty Society	American Gastroenterological Association Institute - Medical Specialty Society	American Dietetic Association - Professional Association
Intended Users	Dietitians Health Care Providers Nurses Physician Assistants Physicians	Dietitians Physicians	Advanced Practice Nurses Allied Health Personnel Dietitians Nurses Pharmacists Physician Assistants Physicians
Methods Used to Collect/Select the Evidence	Hand-searches of Published Literature (Primary Sources) Searches of Electronic Databases	Searches of Electronic Databases	Hand-searches of Published Literature (Primary Sources) Searches of Electronic Databases
Methods Used to Analyze the Evidence	Review Review of Published Meta-Analyses	Review	Systematic Review with Evidence Tables
Major Recommendations	View Major Recommendations	View Major Recommendations	View Major Recommendations
Availability of Original Guideline	View original (full-text) guideline	View original (full-text) guideline	View original (full-text) guideline

Searching for *Practice Guidelines* in CINAHL and MEDLINE

- In CINAHL

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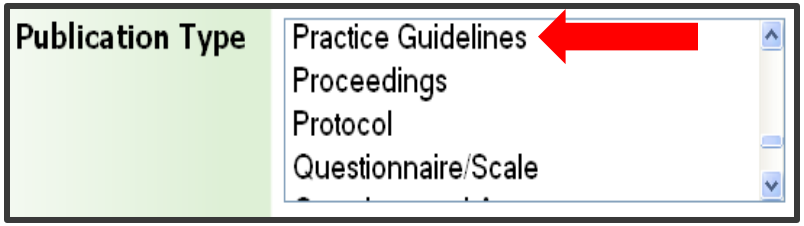

- In MEDLINE

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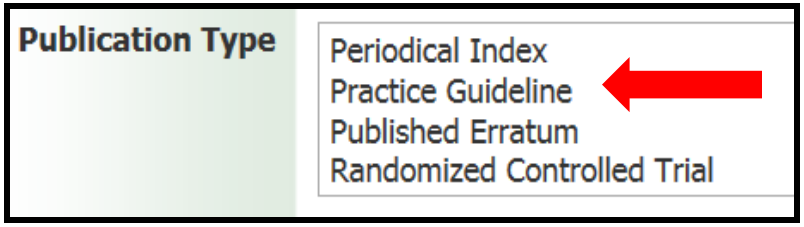

Searching CINAHL for Celiac Disease
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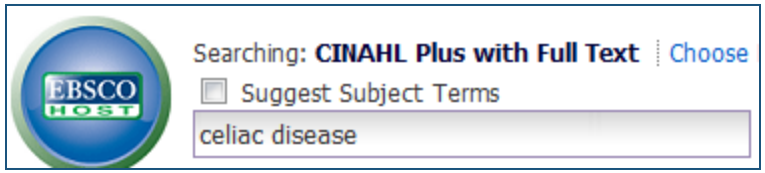

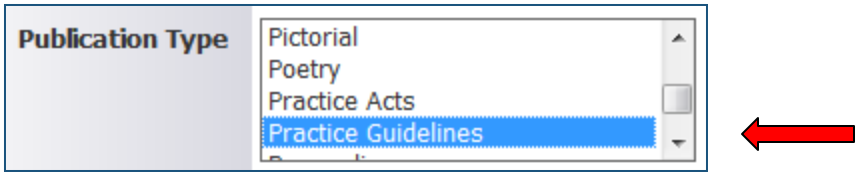

Academic Journal

Celiac Disease.

Boettcher, Erica; Gandhi, Ramesh K.; Primary Care Reports, 2012 Dec; 18 (12): 153-67. (journal article - pictorial, **practice guidelines**, tables/charts) ISSN: 1040-2497

Subjects: Primary Health Care; Celiac Disease

Database: CINAHL Plus with Full Text

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Academic Journal

European Society for Pediatric Gastroenterology, Hepatology, and Nutrition guidelines for the diagnosis of coeliac disease.

Husby S; Koletzko S; Korponay-Szabó IR; Mearin ML; Phillips A; Shamir R; Troncone R; Giersiepen K; Branski D; Catassi C; et al.; ESPGHAN Working Group on Coeliac **Disease** Diagnosis; Journal of Pediatric Gastroenterology & Nutrition, 2012 Jan; 54 (1): 136-60. (journal article - **practice guidelines**, research) ISSN: 0277-2116 PMID: 22197856

Subjects: Celiac Disease; Duodenum; HLA Antigens; Immunoglobulins; Transferases; Adolescent: 13-18 years; Child: 6-12 years

Database: CINAHL Plus with Full Text

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Academic Journal

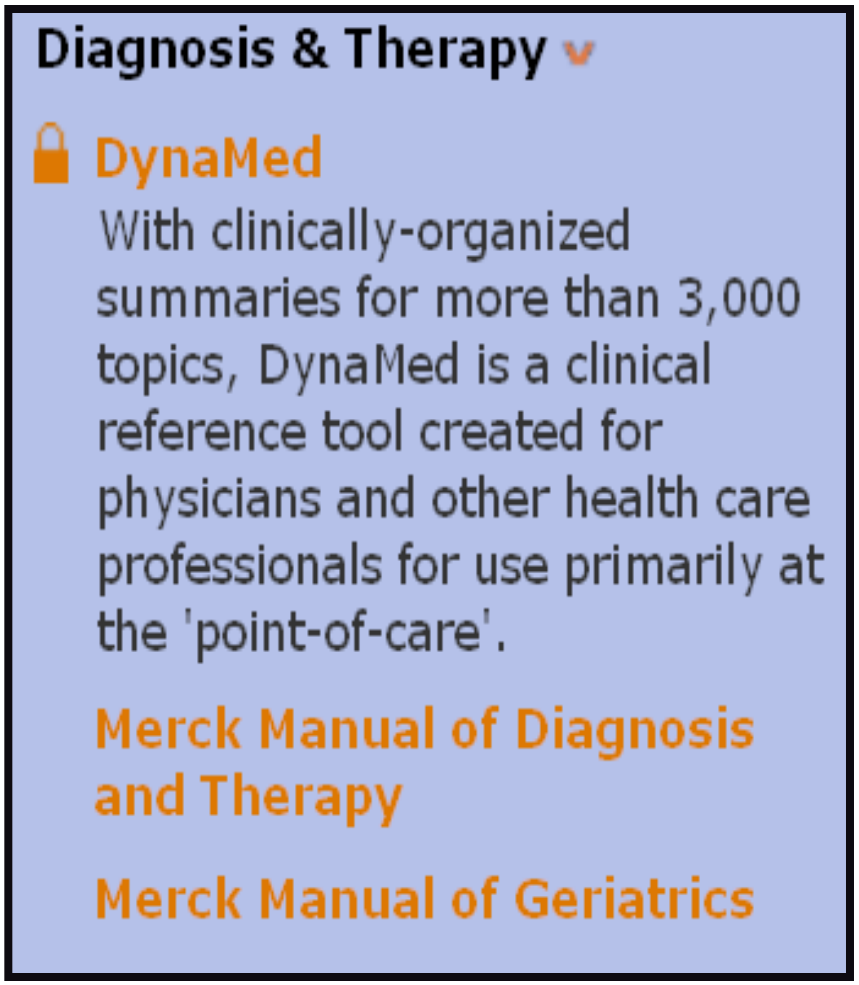
Evidence-based practice guidelines for celiac disease.

Kupper, Cynthia; Today's Dietitian, 2010 Oct; 12 (10): 72-7. (journal article - CEU, pictorial, **practice guidelines**, questions and answers)

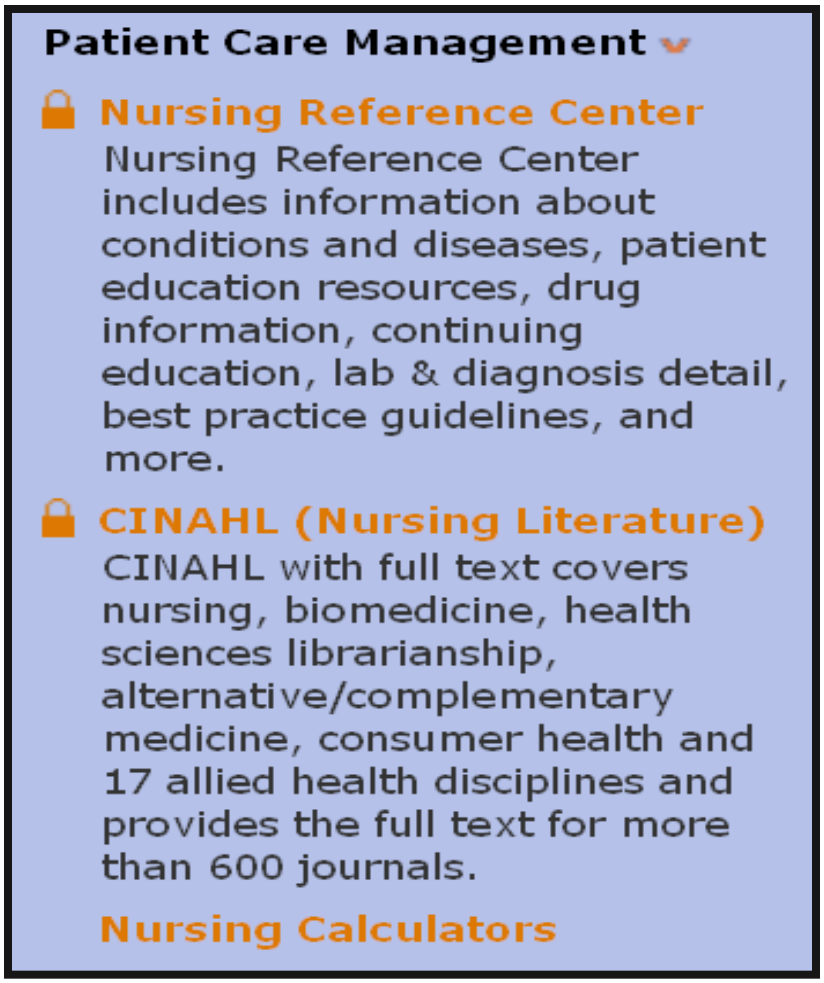
Subjects: Celiac Disease; Comorbidity; Diet, Gluten-Free; Gluten; Prevalence

Accessing DynaMed and Nursing Reference Center

Diagnosis & Therapy



Patient Care Management



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- ICD-9/ICD-10 Codes
- References

Send Comment to Editor

Cystic fibrosis (CF)

Updated 2014 Apr 04 04:27:00 PM: no randomized trials found evaluating antibiotics for Stenotrophomonas maltophilia infection in patients with CF (Cochrane Database Syst Rev 2014 Apr 2) view update | Show more updates

Diet:

- general nutrition recommendations[1]
  - balanced high-calorie high-protein diet
  - special formulas for infants to enhance weight gain
  - oral nutrition supplements
  - supplemental feeding, often by gastrostomy tube, to increase caloric intake
- calorie supplements not shown to be effective but inadequately studied
  - **oral calorie supplements may not improve growth in children with CF (level 2 [mid-level] evidence)**
    - based on Cochrane review with limited evidence
    - systematic review of 3 randomized or quasi-randomized trials comparing oral caloric supplements vs. no treatment or additional nutritional advice in 131 children aged 2-15 years w cystic fibrosis (CF)
    - no significant differences in change in weight, height, body mass index, and other indices of growth
    - Reference - Cochrane Database Syst Rev 2012 Oct 17;(10):CD000406
  - **oral protein calorie supplements not shown to be effective in children with CF (level 2 [mid-level] evidence)**
    - based on Cochrane review of limited evidence
    - systematic review of 3 randomized or quasi-randomized trials with 135 children with chronic disease
    - all trials identified involved children with CF
    - only significant difference demonstrated was change in total energy intake in 1 small trial
    - Reference - Cochrane Database Syst Rev 2009 Jan 21;(1):CD001914
  - **supplemental enteral tube feeding widely used to improve nutritional status, but no randomized trials identified to evaluate efficacy**
    - based on Cochrane review
    - systematic review did not identify any randomized trials comparing supplemental enteral tube feeding for ≥ 1 month vs. no specific intervention in patients with CF
    - nasogastric or gastrostomy feeding is invasive, expensive, may have negative effect on self-esteem and body image
    - Reference - Cochrane Database Syst Rev 2012 Dec 12;(12):CD001198
- consensus report on nutrition for pediatric patients with CF can be found in J Pediatr Gastroenterol Nutr 2002 Sep;35(3):246
- American Society for Parenteral and Enteral Nutrition (ASPEN) enteral nutrition practice recommendations can be found in JPEN J Parenter Enteral Nutr 2009 Mar-Apr;33(2):122, summary can be in Nursing 2011 Sep;41(9):32
- review of nutrition in CF can be found in Semin Respir Crit Care Med 2009 Oct;30(5):579

Level of evidence

Levels and Grades of Evidence

Levels of Evidence and Grades of Recommendations

Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research

REPROLINE, Johns Hopkins University *www.reproline.jhu.edu*

Guidelines in DynaMed

Cystic fibrosis (CF)

Guidelines:

Centers for Disease Control and Prevention (CDC) guidelines:

- Centers for Disease Control and Prevention (CDC) recommendations on state newborn screening programs for CF can be found in MMWR Recomm Rep 2004 Oct 15;53(RR-13):1 **EBSCO*host* Full Text** full-text, summary can be found in Am Fam Physician 2005 Apr 15;71(8):1605, editorial can be found in Am Fam Physician 2005 Apr 15;71(8):1482 **EBSCO*host* Full Text** full-text

United States guidelines:

- American Thoracic Society (ATS) report on optimal lung function tests for monito…nd recurrent wheezing in children less than 6 years of age can be found in Ann Am Thorac Soc 2013 Apr;10(2):S1 PDF
- National Society of Genetic Counselors (NSGC) guideline on molecular testing for cystic fib…er status can be found in J Genet Couns 2014 Feb;23(1):5 or at National Guideline Clearinghouse 2014 Mar 10:47400
- American Academy of Pediatrics (AAP) guideline on prenatal screening and diagnosis for pediatricians can be found in Pediatrics 2004 Sep;114(3):889 **EBSCO*host* Full Text** full-text, commentary can be found in Pediatrics 2005 Feb;115(2):514 **EBSCO*host* Full Text** full-text
- Cystic Fibrosis Foundation (CFF) guidelines on
  - screening, diagnosis, management, and treatment of vitamin D deficiency in individuals with cystic fibrosis can be found in J Clin Endocrinol Metab 2012 Apr;97(4):1082 full-text
  - implementation of CF newborn screening programs can be found in Pediatrics 2007 Feb;119(2):e495 full-text
  - diagnosis can be found in J Pediatr 2008 Aug;153(2):S4 full-text
  - pulmonary complications: hemoptysis and pneumothorax can be found in Am J Respir Crit Care Med 2010 Aug 1;182(3):298 PDF or at National Guideline Clearinghouse 2012 Jul 16:36775
  - chronic medications for maintenance of lung health can be found in Am J Respir Crit Care Med 2013 Apr 1;187(7):680 or at National Guideline Clearinghouse 2013 Aug 12:45307
  - management of infants can be found in J Pediatr 2009 Dec;155(6 Suppl):S73 or at National Guideline Clearinghouse 2013 Aug 12:43789
  - management of infants with CF transmembrane conductance regulator-related metabolic syndrome during first two years of life and beyond can be found in J Pediatr 2009 Dec;155(6 Suppl):S106
  - management of adults can be found in Chest 2004 Jan;125(1 Suppl):1S
  - respiratory treatment can be found in Am J Respir Crit Care Med 2007 Nov 15;176(10):957 full-text
  - treatment of pulmonary exacerbations can be found in Am J Respir Crit Care Med 2009 Nov 1;180(9):802 full-text
  - airway clearance therapies can be found in Respir Care 2009 Apr;54(4):522 PDF
  - allergic bronchopulmonary aspergillosis can be found in Clin Infect Dis 2003 Oct 1;37 Suppl 3:S225 **EBSCO*host* Full Text**, correction can be found in Clin Infect Dis 2004 Jan 1;38(1):158
  - lung transplant can be found in Chest 1998 Jan;113(1):217
  - infection control can be found in Infect Control Hosp Epidemiol 2003 May;24(5 Suppl):S6
  - nutrition can be found in J Am Diet Assoc 2008 May;108(5):832, commentary can be found in J Am Diet Assoc 2008 Dec;108(12):1991

Nursing Reference Center

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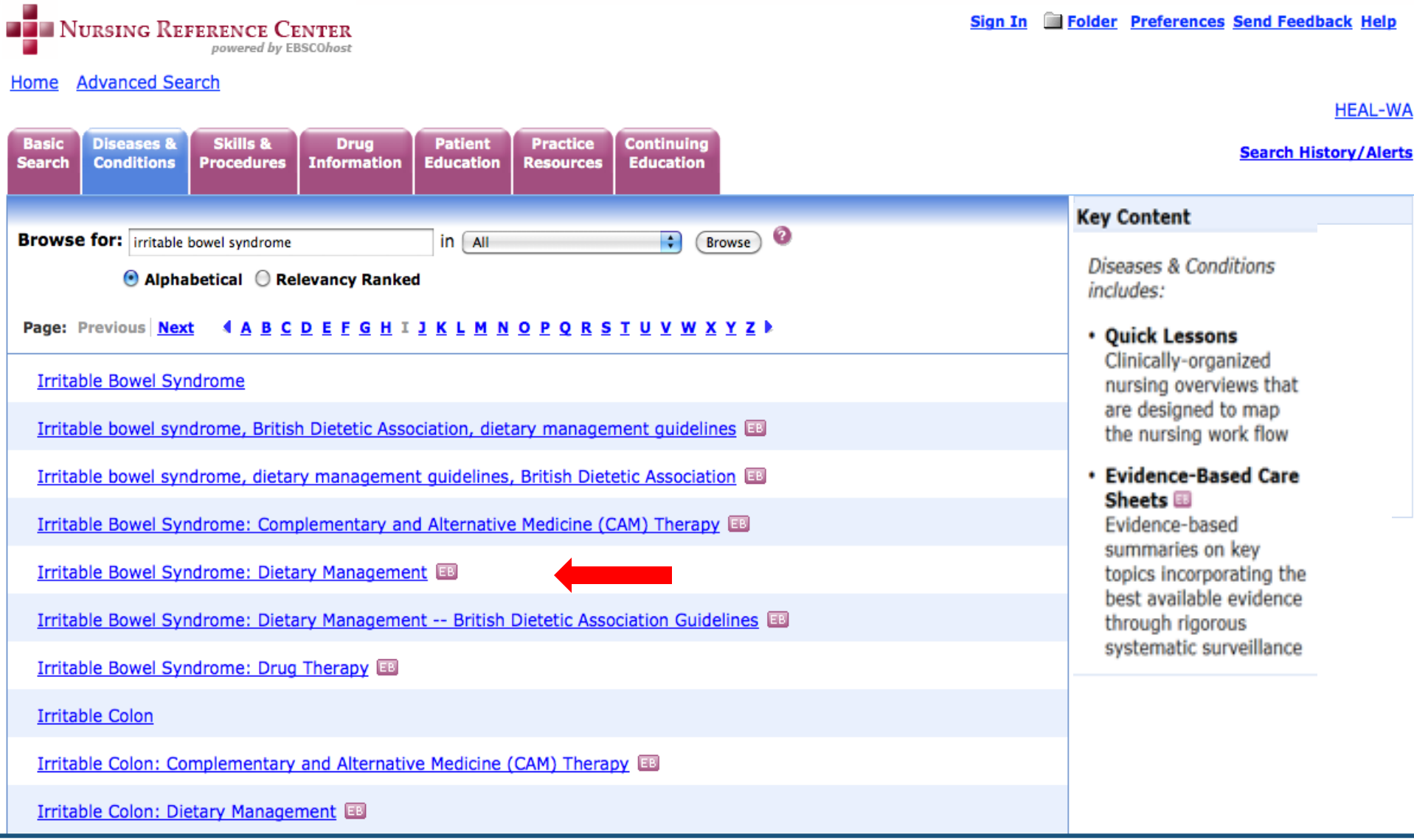

Nursing Reference Center
Evidence-Based Care Sheet

EVIDENCE-BASED
CARE SHEET

Irritable Bowel Syndrome: Dietary Management

What We Know

› Irritable bowel syndrome (IBS) is a chronic gastrointestinal disorder characterized by repeat episodes of abdominal pain and cramping and changes in bowel patterns (e.g., constipation or diarrhea). The exact cause of IBS is unclear. It occasionally develops after an intestinal infection (called post-infectious IBS) and is associated with certain variables such as heredity, psychological stress, and consuming a diet that is high in fat. Diagnostic criteria for IBS include 3 factors: onset marked by a change in bowel habits (e.g., change in frequency of defecation), a change in appearance of the stool, and improvement of symptoms with defecation. IBS is a functional disorder of intestinal motility (i.e., peristalsis waves) and is not characterized by intestinal malformation, mucosal changes, or inflammation. Changes in intestinal motility can be due to neuroendocrine dysregulation (e.g., changes in serotonin signaling), infection, or vascular or metabolic disruption. Because IBS symptoms occasionally occur in response to dietary triggers/irritants, it can be helpful to identify any trigger foods and remove them from the diet. Common irritants include beans, caffeine, corn, wheat, dairy, fried or fatty foods, alcohol, spicy foods, and aspartame. Although eating a diet high in fiber is frequently recommended, there is little evidence to support the use of fiber supplements for the improvement of IBS-related symptoms. Cognitive therapy (e.g., behavioral modification, relaxation techniques, hypnotherapy) has proven beneficial in some cases.[1,3,5,8,9,10] (For more information on IBS, see *Quick Lesson About…Irritable Bowel Syndrome*.)

› Signs and symptoms of IBS[1,3,5,8,9,10]
- Signs and symptoms can be intermittent or continuous
- The predominant symptom is a change in bowel patterns. IBS is usually identified as constipation-predominant, diarrhea-predominant, or alternating constipation/diarrhea
- Other signs and symptoms variably include the following:
  - Mucus in the stool
  - Bloating
  - Abdominal distention
  - Upper abdominal distress after eating
  - Abnormal stool form or appearance
  - Feeling of incomplete evacuation
  - Nausea and/or vomiting

› Risk factors for IBS[1-9]
- Family history of IBS or a similar gastrointestinal disorder
- History of sexual abuse in childhood
- Psychological stress
- Women under 50 years of age
- Recent intestinal infection
- Having a condition that is commonly associated with IBS, including the following:
  - Depression
  - Migraine
  - Urinary frequency and urgency
  - Fibromyalgia
  - Dyspareunia (i.e., painful intercourse)

› Treatment of IBS is focused on relieving discomfort and preventing or controlling signs and symptoms[1,2,3,5,6,8,9,10]
- Identify and remove foods that are triggers/irritants
  - Keeping a 1–2 week food diary noting symptom occurrence can help to identify food triggers/irritants
  - Avoiding drinking fluids with meals can prevent distention
  - Avoiding eating foods that are heavily fried, high in fat, or spicy
  - Testing for lactose intolerance
- Reduce stress by participating in the following:
  - Cognitive therapy
  - Regular exercise
  - Yoga
  - Relaxation techniques

› Recent research findings on IBS[4,6,7]
- Authors of a 6-week study found that daily consumption of 2 Hayward kiwis over a 4-week period shortens colon transit time, increases frequency of defecation, and improves bowel function in adults diagnosed with constipation-predominant IBS. Researchers suggest that kiwi should be considered as a safe and effective natural laxative for these individuals.[4]
- Some researchers have concluded that the use of probiotics can lessen symptoms in persons with IBS. Benefits observed are limited to the probiotics *Lactobacillus acidophilus* and *Lactobacillus plantarum*.[6,7]

What We Can Do

› Educate yourself about dietary management of IBS so you can accurately assess your patients' personal characteristics and health education needs; share this information with your colleagues

› Emphasize the importance of reporting any health-related changes to the treating clinician as soon as possible to prevent complications

› Assess your patients and their family members for knowledge deficits about the prescribed treatment regimen, and emphasize the importance of strict adherence to the prescribed treatment regimen and continued medical surveillance to monitor health status

Note

› Recent review of the literature has found no updated research evidence on this topic since previous publication on September 21, 2012

ICD-9
564.1

ICD-10
K58.9

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December 21, 2012

Coding Matrix

References are rated using the following codes, listed in order of strength:

M	Published meta-analysis	RV	Published review of the literature	PP	Policies, procedures, protocols
SR	Published systematic or integrative literature review	RU	Published research utilization report	X	Practice exemplars, stories, opinions
RCT	Published research (randomized controlled trial)	QI	Published quality improvement report	GI	General or background information/texts/reports
R	Published research (not randomized controlled trial)	L	Legislation	U	Unpublished research, reviews, poster presentations or other such materials
C	Case histories, case studies	PGR	Published government report	CP	Conference proceedings, abstracts, presentation
G	Published guidelines	PFR	Published funded report		

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Nursing Reference Center Quick Lesson

quickLESSON about...

Prader-Willi Syndrome

Description/Etiology

Prader-Willi syndrome (PWS) is a multisystem genetic disorder characterized by infantile hypotonia, feeding difficulties, mild mental retardation, and dysmorphic facial features. Childhood features of PWS include an uncontrollable appetite, short stature, hypogonadism, and severe behavior problems, including obsessive-compulsive disorder (OCD) and oppositional behaviors. Morbid obesity is common in patients with PWS due to extreme food craving and is seriously detrimental to health, causing respiratory compromise, obstructive sleep apnea (OSA), diabetes mellitus, type 2 (DM2), atherosclerosis, right-sided heart failure, and death . Hypothalamic dysregulation is thought to be the source of most of the physiologic and behavioral abnormalities typically reported in patients with PWS.

All cases of PWS are the result of inherited abnormalities from the father (affecting the 15q11-13 region on the long arm of chromosome 15), and there are three different ways in which an inherited abnormality can occur. Paternal deletion (PD), which accounts for 70% of PWS cases, involves deletion of the 15q11-13 region on chromosome 15 that is inherited from the father. Maternal uniparental disomy (UPD) accounts for 25–30% of cases and occurs when the father's chromosome is not passed along to the child, resulting in both chromosomes being inherited from the mother; this results in loss of the functional gene because the maternally inherited chromosome is normally inactivated. An imprinting defect that accounts for 5% of cases leads to PWS when the paternally inherited chromosome is inactivated during embryonic development.

The criteria for diagnosis of PWS include failure to thrive and inconsistent feeding patterns during infancy and rapid weight gain between the ages of 1–6 years. Diagnosis is confirmed with genetic testing that shows abnormal results consistent with PWS. No specific medical treatment exists for PWS and there is no cure. Lifelong management of patients with PWS focuses on symptom control and preventing obesity. A strict fat-reduced and carbohydrate-modified diet followed for 4–6 years is effective in reducing weight among obese adolescents with PWS. Therapy to aid in the development of motor and language skills should be initiated during childhood, and an individualized education plan should be established by the time the child reaches school age. Consultation with a pediatric endocrinologist is required for appropriate pharmacotherapy, which usually includes recombinant human growth hormone (rhGH) to increase height and lean body mass and sex hormone replacement to prevent osteoporosis and to treat hypogonadism. In some cases, surgery is required to treat complications of obesity (e.g., tonsillectomy, adenoidectomy, or tracheostomy placement to treat OSA).

ICD-9
759.81

ICD-10
759.81

Facts and Figures

PWS is the leading known genetic cause of obesity. PWS occurs in about 1:16,000–25,000 births in the United States, 1:8,000 in rural Sweden, 1:16,000 in western Japan, and 1:45,000 in the United Kingdom. IQ in patients with PWS is 40–105, and average is about 70. Because patients with PWS have very low metabolic rates, following a strict diet (e.g., < 1,200 kcal/day) is necessary to prevent morbid obesity. Parents of a child with PWS have a < 1% chance of having another child with the condition.

Risk Factors

The occurrence of PWS is almost always sporadic. PWS affects persons of all races, and females and males are affected in about equal numbers. Older maternal age may be a risk factor.

Signs and Symptoms/Clinical Presentation

Prenatal onset of hypotonia results in decreased fetal movement, abnormal fetal heart rhythm, abnormal fetal position at delivery, and increased incidence of cesarean section. Affected babies are usually born full term and are normal size, but may have low Apgar scores. Newborns with PWS may demonstrate profound hypotonia and hyporeflexia, which results in asphyxia and poor sucking and swallowing ability. Neonates are often of below average weight. Characteristic facial features include strabismus (i.e., crossed eyes), almond-shaped eyes, thin upper lip with downward slant of the mouth, narrow temples with narrow nasal bridge, and hypopigmentation of the hair and eyes compared to other family members. Diagnosis is often not made until early childhood because the signs of PWS are often subtle in infancy.

Between the ages of 1–6 years, hyperphagia (i.e., abnormally large appetite) resulting in morbid obesity usually becomes evident in addition to excess water consumption. OSA can result from morbid obesity. Behavioral and learning disabilities are commonly observed. Characteristic behaviors include temper tantrums, stubbornness,

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October 18, 2013

Treatment Goals

- **Promote Normal Growth and Development and Reduce Risk of Complications**
  - Monitor weight in infants who have feeding difficulties. Support new parents, as appropriate, with education about tube feedings or other feeding techniques such as providing small, frequent feedings to promote infant growth
  - Assess older patients for behaviors and other characteristic manifestations of PWS (e.g., dental and spinal abnormalities, excessive eating and drinking); ask how the family handles behavioral problems and eating difficulties and encourage parents to participate in patient care, including rooming-in according to facility protocols
  - Administer prescribed medications, as ordered, and monitor treatment efficacy and for adverse effects; medications commonly prescribed to treat PWS include
    - rhGH to accelerate growth, reduce obesity, and improve muscle tone and function
      - The Growth Hormone Research Society advises against using rhGH therapy for patients with PWS who have severe obesity, uncontrolled DM2, untreated severe OSA, active cancer, or psychosis
    - sex hormone replacement therapy that is initiated at the normal age of onset of puberty to treat hypogonadism and the delayed onset of puberty
    - selective serotonin reuptake inhibitors (SSRIs; e.g., FLUoxetine) to control tantrums and obsessive compulsive symptoms
    - neuroleptic drugs (e.g., risperiDONE) to treat psychosis
  - Follow facility pre- and postsurgical protocols if the patient becomes a candidate for surgery (e.g., for treatment of OSA); reinforce pre- and postsurgical education and verify completion of facility informed consent documents
- **Provide Emotional Support and Educate**
  - Assess anxiety level and coping ability of parents and older patients; provide emotional support, educate, and encourage discussion of PWS pathophysiology, potential complications, treatment risks and benefits, strategies for preventing complications (e.g., obesity), and individualized prognosis. Request referral, if appropriate, to a
    - social worker for identification of local resources for educational options, schools with special education programs, and support groups
    - mental health clinician for counseling on strategies for coping

Food for Thought

- The benefits of treating children and adolescents with PWS with rhGH therapy appear to persist after cessation of therapy; researchers in a recent study of 64 adults with PWS reported that participants who were treated with rhGH in childhood and adolescence (and had discontinued therapy an average of 7 years earlier) had lower body mass index and improved body composition and metabolic status compared with those who never received rhGH (Coupaye et al., 2013)
- In addition to accelerated growth and improved body composition, rhGH may have other benefits in patients with PWS
  - In a 2012 study of 50 prepubertal children with PWS, investigators found that rhGH therapy prevented deterioration of certain cognitive skills and improved abstract reasoning and visuospatial skills over 4 years of treatment (Siemensma et al., 2012)
  - Researchers who conducted a study of 16 children with PWS concluded that rhGH therapy improved arterial oxygenation and cardiovascular functioning during sleep (Katz-Salamon et al., 2012)

Red Flags

- Patients with PWS have a high pain threshold and decreased ability to vomit
- Patients with PWS who demonstrate excess water consumption should be monitored for hyponatremia (i.e., low serum sodium concentration)
- Many patients with PWS experience both therapeutic and adverse effects of medications more acutely than patients without PWS; patients with PWS often require only one-fourth to one-half of the usual recommended doses of medication to achieve the intended therapeutic response

What Do I Need to Tell the Patient/Patient's Family?

- Reinforce the importance of preventing pediatric patients from becoming morbidly obese, and educate that collaboration between parents and teachers and other administration at the school may be necessary to be sure that a calorie-restricted diet is maintained. Encourage helping the child develop an exercise regimen in order to get sufficient physical activity to prevent obesity or lessen the complications of obesity
- Educate that early intervention during preschool years is important to optimal patient outcomes
- Emphasize to parents that children with PWS will require lifelong care, and encourage contacting organizations such as the Prader-Willi Syndrome Association at www.pwsausa.org for information

References

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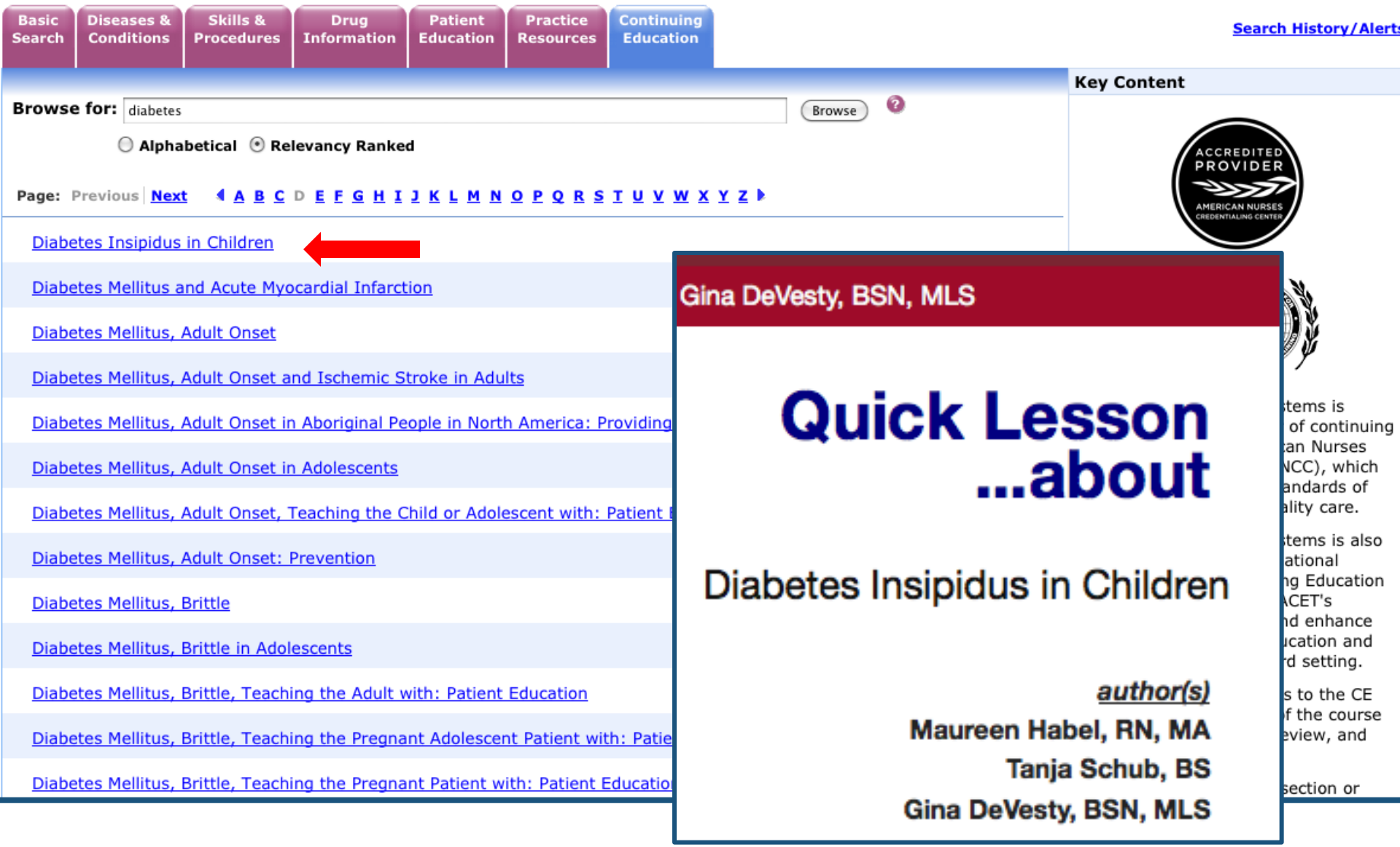

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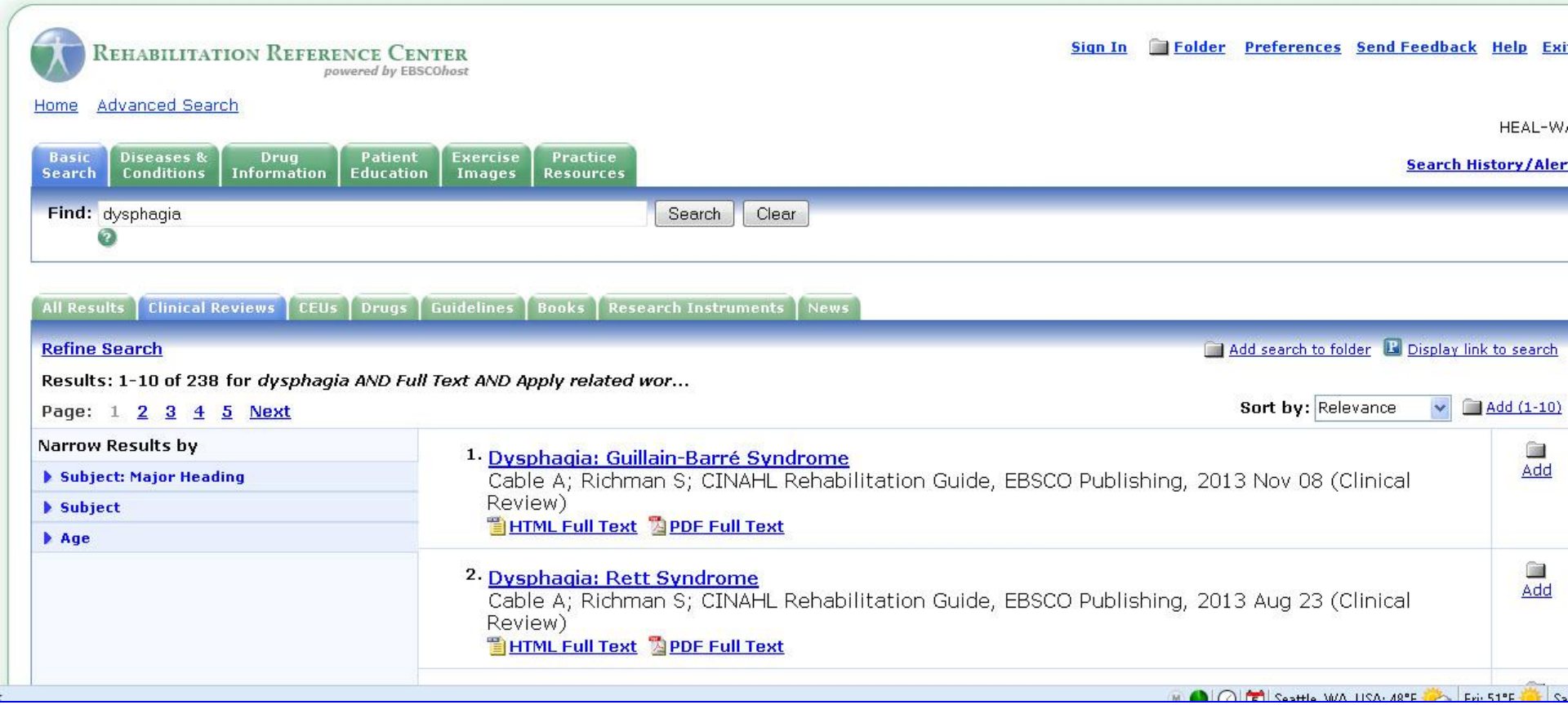
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1. Dysphagia: Guillain-Barré Syndrome
Cable A; Richman S; CINAHL Rehabilitation Guide, EBSCO Publishing, 2013 Nov 08 (Clinical Review)
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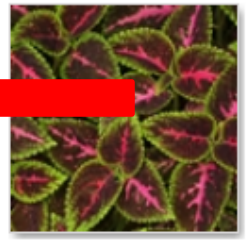
Synonyms
Clinical Bottom Line/ Effectiveness
Evidence Grades
Dosing/Toxicology
Precautions/ Contraindications
Pregnancy & Lactation
Interactions
Mechanism of Action
History
Evidence Table
Evidence Discussion
Products Studied
Author Information
References



Coleus (*Coleus forskohlii*)

Synonyms/Common Names/Related Substances:

- Coleon U-quinone coleus, coleonol, *Coleus amboinicus* Lour (CA), *Coleus barbatus* Benth, *Coleus blumei*, *Coleus blumei* Benth, *Coleus rosmarinosifolius*, *Coleus galeatus*, *Coleus kilimandschari*, *Coleus parvifolius*, *Coleus scutellarioides*, coleus solenostemon rotundifolius, *Coleus xanthanthus*, colforsin, colforsin daropate hydrochloride, forscolin, forskoditerpenoside A, forskoditerpenoside B, forskolin, forskolin G, forskolin H, HL 362, FSK88, Labiatae (family), Lamiaceae (family), L-75-1362B, NKH477, *Plectranthus barbat us*, *Plectranthus forskohlii*, rosmarinic acid, rosemary, rosmarinic acid, xanthanthusin E, xanthanthusins F-K.

Clinical Bottom Line/Effectiveness

Brief Background:

- Coleus species have been used in the Asian traditional medicine for several indications; however it is a relatively new herb in the United States. Since the 1970s, research was predominantly concentrated on forskolin, a root extract of *Coleus forskohlii*. Forskolin stimulates the cellular production of cAMP, and many of the research papers tested this effect on cAMP as a starting point for in-depth study of the pharmacological profile of forskolin. These studies, which were not designed to examine the clinical effectiveness of forskolin, nonetheless, revealed properties of forskolin promising to be of clinical use, such as cardiovascular dilatation, bronchodilation, and reduction of intra-ocular pressure. However, until now, there have not been convincing clinical studies conducted to support its use for any indication.
- Although most studies have used the isolated forskolin extract, it is believed that the whole coleus plant may be more effective, due to the presence of multiple compounds that may act synergistically. Generally, coleus appears to be well tolerated with few adverse effects.

Natural Standard Scientific Evidence Chart

Scientific Evidence for Common/Studied Uses:

Indication	Evidence Grade
Asthma	B
Cardiomyopathy	B
Glaucoma	B
Anti-inflammatory action after cardiopulmonary bypass	C
Breast milk stimulant	C
Breathing aid for intubation	C
Depression and schizophrenia	C
Erectile dysfunction	C

Grading System

Coleus

Definitions of Level of Evidence

Level of Evidence Grade	Criteria
A (Strong Scientific Evidence)	Statistically significant evidence of benefit from >2 properly randomized trials (RCTs), OR evidence from one properly conducted RCT AND one properly conducted meta-analysis, OR evidence from multiple RCTs with a clear majority of the properly conducted trials showing statistically significant evidence of benefit AND with supporting evidence in basic science, animal studies, or theory.
B (Good Scientific Evidence)	Statistically significant evidence of benefit from 1-2 properly randomized trials, OR evidence of benefit from ≥1 properly conducted meta-analysis OR evidence of benefit from >1 cohort/case-control/non-randomized trials AND with supporting evidence in basic science, animal studies, or theory. *This grade applies to situations in which a well designed randomized controlled trial reports negative results but stands in contrast to the positive efficacy results of multiple other less well designed trials or a well designed meta-analysis, while awaiting confirmatory evidence from an additional well designed randomized controlled trial.*
C (Unclear or conflicting scientific evidence)	Evidence of benefit from ≥1 small RCT(s) without adequate size, power, statistical significance, or quality of design by objective criteria,* OR conflicting evidence from multiple RCTs without a clear majority of the properly conducted trials showing evidence of benefit or ineffectiveness, OR evidence of benefit from ≥1 cohort/case-control/non-randomized trials AND without supporting evidence in basic science, animal studies, or theory, OR evidence of efficacy only from basic science, animal studies, or theory.
D (Fair Negative Scientific Evidence)	Statistically significant negative evidence (i.e., lack of evidence of benefit) from cohort/case-control/non-randomized trials, AND evidence in basic science, animal

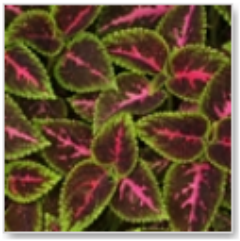
Synonyms
Clinical Bottom Line/ Effectiveness
Evidence Grades
Dosing/Toxicology
Precautions/ Contraindications
Pregnancy & Lactation
Interactions
Mechanism of Action
History
Evidence Table
Evidence Discussion
Products Studied
Author Information
References

Coleus/Drug Interactions:

- **Abortifacients**: Coleus may theoretically have synergistic effects when taken with abortifacients, as one animal study showed that daily treatment with *C. barbatus* before embryo implantation in mice caused delayed fetal development and had an anti-implantation effect (1).
- **Analgesics**: Some pain relievers may also increase the risk of bleeding if used with coleus. Examples include aspirin, ibuprofen (Motrin®, Advil®) and naproxen (Naprosyn®, Aleve®, Anaprox®) (5;6).
- **Anesthetics**: Theoretically, coleus may interact with anesthetics.
- **Antiasthma agents**: Forskolin has been studied for its effects in asthma. Theoretically, its use with bronchodilators or other asthma medications may result in additive effects. However, in one study, forskolin was shown to cause an apparent reversal of tachyphylaxis to the bronchodilator effects of salbutamol (43).
- **Anticoagulants and antiplatelets**: Coleus is a potent inhibitor of platelet aggregation and its use with other antiplatelets or anticoagulants may increase the risk of bleeding (5;6). Examples include warfarin (Coumadin®), heparin and clopidogrel (Plavix®). Some pain relievers, such as aspirin, ibuprofen (Motrin®, Advil®) and naproxen (Naprosyn®, Aleve, Anaprox®), may also increase the risk of bleeding if used with coleus. Drugs that may enhance the antiplatelet effect of forskolin include dipyridamole and dilazep.
- **Antidepressant agents, monoamine oxidase inhibitors (MAOIs)**, **Antidepressants, selective serotonin reuptake inhibitors (SSRIs)**: Forskolin was shown to possess antidepressant activities, therefore, its use with other antidepressants may lead to additive effects (45).
- **Antidiabetic agents**: Colenol, a compound isolated from coleus, stimulates insulin release, and its use with hypoglycemic agents or exogenous insulin may result in additive effects (39).
- **Antihistamines**: Forskolin caused a dose-dependent inhibition of antigen-induced histamine release from human basophil leukocytes, as well as a dose-dependent inhibition of histamine release from human lung mast cells (2). Its use with other antihistamines may result in additive effects. A dose of forskolin caused a concentration- related inhibition of immunoglobulin E (IgE)-mediated release of histamine and peptide leukotriene C4 (LTC4) from human basophils and lung mast cells (3).
- **Antihypertensives**: Forskolin lowered blood pressure in dogs and cats and also in spontaneously hypertensive and renal hypertensive rats (38). When used with antihypertensives, it may result in additive effects.

adverse effects.

Synonyms
Clinical Bottom Line/ Effectiveness
Evidence Grades
Dosing/Toxicology
Precautions/ Contraindications
Pregnancy & Lactation



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Pregnancy & Lactation:

- Not recommended due to a lack of available evidence.
- It is unknown if coleus is excreted in the breast milk.
- One animal study showed that treatment with 880mg/kg/day of the extract of *C. barbatus* before embryo implantation caused delayed fetal development and an anti-implantation effect (1).
- Lactating women who received *Coleus amboinicus* Lour had an increase in milk volume during the first month of lactation (24).

References

Forskolin stimulates the cellular production of cAMP, and many of the research papers tested this effect on cAMP as a starting point for in-depth study of the pharmacological profile of forskolin. These studies, which were not designed to examine the clinical effectiveness of forskolin, nonetheless, revealed properties of forskolin promising to be of clinical use, such as cardiovascular dilatation, bronchodilation, and reduction of intra-ocular pressure. However, until now, there have not been convincing clinical studies conducted to support its use for any indication.

- Although most studies have used the isolated forskolin extract, it is believed that the whole coleus plant may be more effective, due to the presence of multiple compounds that may act synergistically. Generally, coleus appears to be well tolerated with few adverse effects.

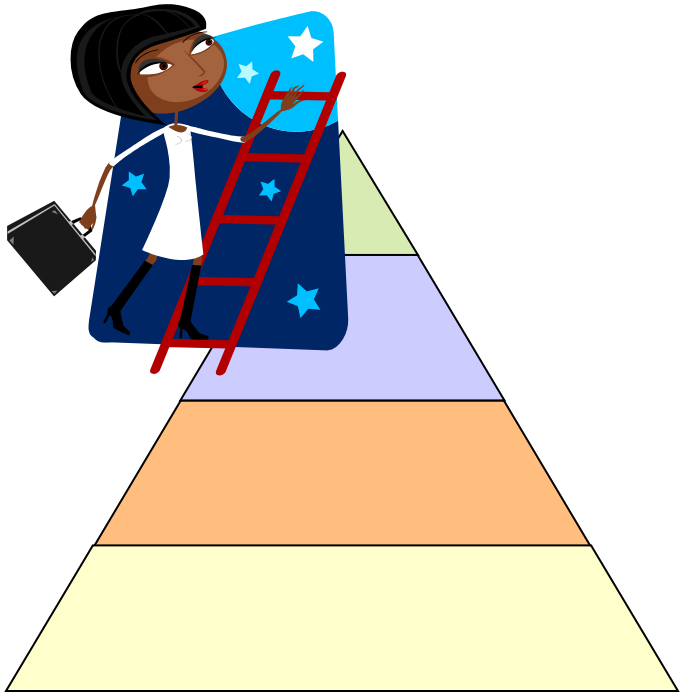
Breast milk stimulant and related conditions

Levels of scientific evidence for specific therapies

Grade: B (Good Scientific Evidence)	
Therapy	**Specific therapeutic Use(s)**
Cabbage, Broccoli, Cauliflower, Collard, Kale, Brussels sprouts, Kohlrabi	Breast feeding (breast engorgement)
Moringa	Galactagogue
Grade: C (Unclear or Conflicting Scientific Evidence)	
Therapy	**Specific therapeutic Use(s)**
Acupuncture	Galactagogue (lactation stimulant)
Asparagus	Galactagogue
Coleus	Breast milk stimulant
Cotton	Breast feeding
Fenugreek	Galactagogue
Homeopathy	Lactation suppression
Jasmine	Lactation suppression
Therapeutic touch	Galactagogue
Vitamin A	Breast feeding (nipple pain)
Vitamin B6	Lactation suppression
Traditional or Theoretical Uses which Lack Sufficient Evidence	
Therapy	**Specific therapeutic Use(s)**
Alfalfa	Lactation induction
Anise	Galactagogue (stimulates breast milk production)
Bay leaf	Galactagogue
Beer	Breast milk stimulant
Bilberry	Lactation suppression
Black seed	Galactagogue (promotes the secretion of milk)
Blessed thistle	Galactagogue
Brewer's yeast	Galactagogue
Buckwheat	Galactagogue
Bulbous buttercup	Galactagogue

Search for Systematic Review and Meta-Analyses Resources

- Cochrane Database of Systematic Reviews (CDSR)
- MEDLINE Systematic Reviews
- CINAHL



Systematic review vs. Meta-analysis

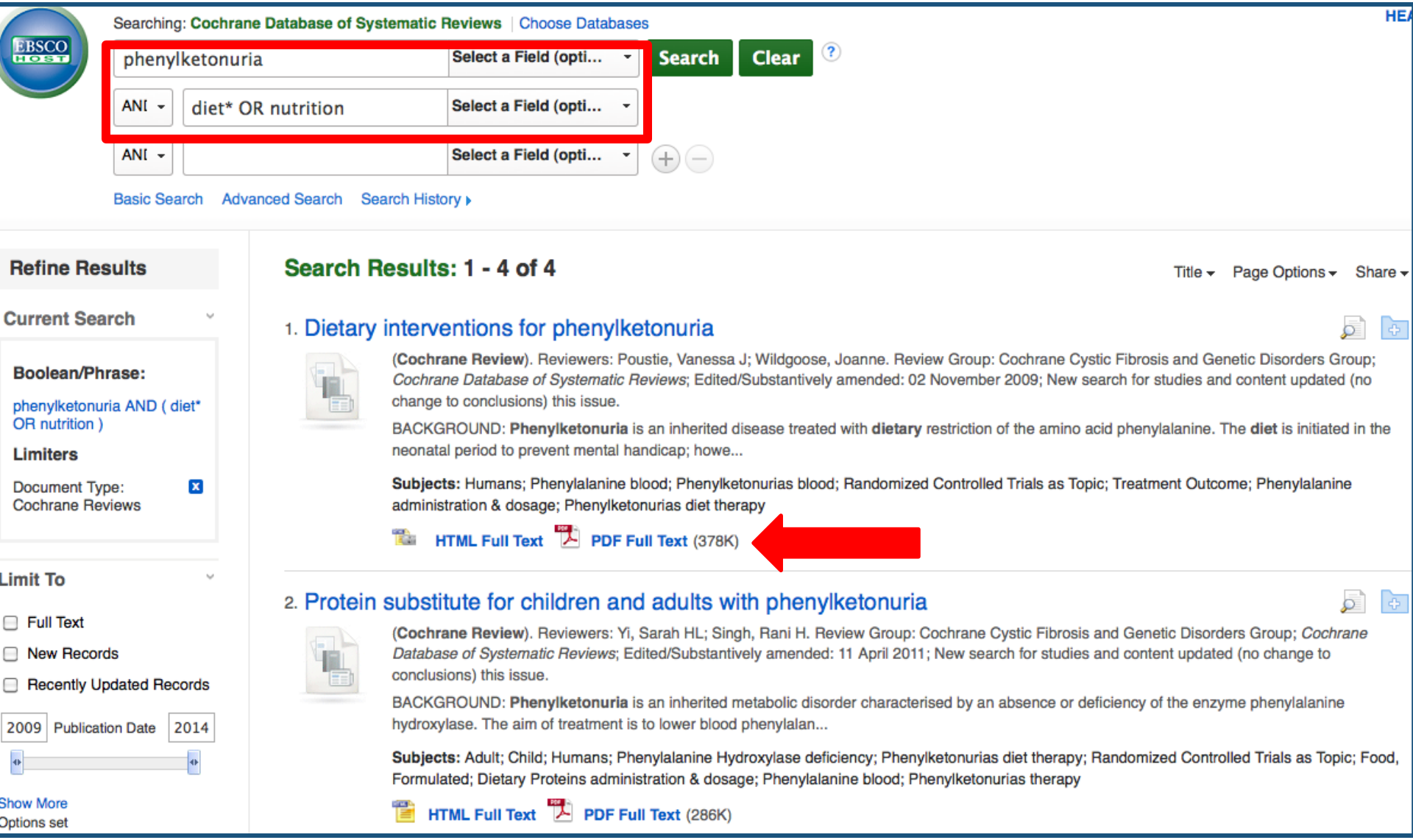
Systematic review

- Literature review of RCTs focused on a single question which tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question.
- Uses explicit methods to identify, select and critically evaluate relevant research.

Meta-analysis

- Systematic review combining results of several studies using quantitative statistics.

Cochrane Database of Systematic Reviews



Dietary interventions for phenylketonuria

Cochrane Systematic Review

Contents

- Background
- Description of the condition
- Description of the intervention
- Why it is important to do this review
- Objectives
- Methods
- Criteria for considering studies for this review
- Search methods for identification of studies
- Data collection and analysis
- Results
- Description of studies
- Risk of bias in included studies
- Effects of interventions
- Discussion
- Authors' conclusions
- Implications for practice

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Abstract

Background

Phenylketonuria is an inherited disease treated with dietary restriction of the amino acid phenylalanine. The diet is initiated in the neonatal period to prevent mental handicap; however, it is restrictive and can be difficult to follow. Whether the diet can be relaxed or discontinued during adolescence or should be continued for life remains a controversial issue, which we aim to address in this review.

Objectives

To assess the effects of a low-phenylalanine diet commenced early in life for people with phenylketonuria. To assess the possible effects of relaxation or termination of the diet on intelligence, neuropsychological outcomes and mortality, growth, nutritional status, eating behaviour and quality of life.

Search strategy

We searched the Cochrane Cystic Fibrosis and Genetic Disorders Group Trials Register comprising references identified from comprehensive electronic database searches, handsearches of relevant journals and abstract books of

controlled studies.

Authors' conclusions

The results of non-randomised studies have concluded that a low-phenylalanine diet is effective in reducing blood phenylalanine levels and improving intelligence quotient and neuropsychological outcomes. We were unable to find any randomised controlled studies that have assessed the effect of a low-phenylalanine diet versus no diet from diagnosis. In view of evidence from non-randomised studies, such a study would be unethical and it is recommended that low-phenylalanine diet should be commenced at the time of diagnosis. There is uncertainty about the precise level of phenylalanine restriction and when, if ever, the diet should be relaxed. This should be addressed by randomised controlled studies.

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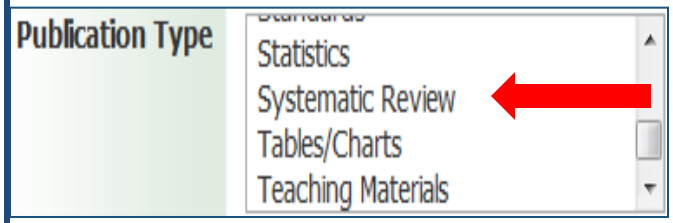

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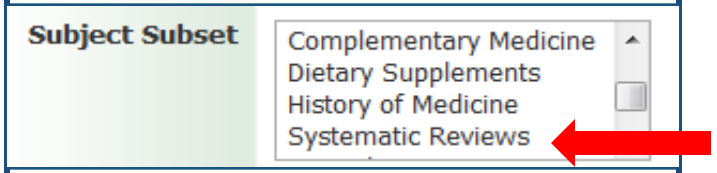
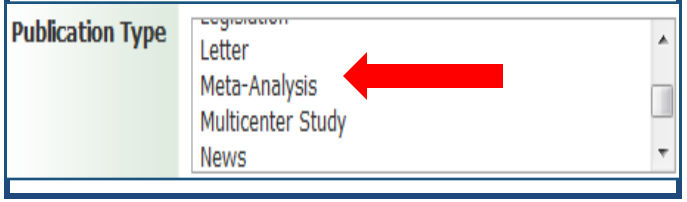


- Limit to *Meta-Analysis* as Publication Type



Search for Evidence in Drug and Natural Medicines Databases

Drugs, Labs, Diagnostic Tests

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AHFS Drug Information

Escitalopram Oxalate

Introduction

$C_{20}H_{21}FN_2O \bullet C_2H_2O_4$

• Escitalopram, the *S*-enantiomer of citalopram, is a selective serotonin-reuptake inhibitor (SSRI) and an antidepressant.[1]

Uses

• Major Depressive Disorder

Escitalopram oxalate is used in the treatment of major depressive disorder.[1] Efficacy for the management of major depression wa established in 3 placebo-controlled studies of 8 weeks' duration in adult outpatients who met DSM-IV criteria for major depressiv disorder.[1, 2] In these studies, 10- and 20-mg daily dosages of escitalopram were more effective than placebo in improving scores Montgomery Asberg Depression Rating Scale (MADRS), the Hamilton Rating Scale for Depression (HAM-D), and the Clinical Global Impression Improvement and Severity of Illness Scale.[1, 2, 14] Escitalopram also was more effective than placebo in improving oth aspects of depressive disorder, including anxiety, social functioning, and overall quality of life.[2] Substantial improvement in MADR HAM-D scores was noted in patients receiving either dosage of escitalopram compared with those receiving placebo after 1-2 we therapy.[2, 14, 16] In addition, escitalopram dosages of 10-20 mg daily appeared to be at least as effective as racemic citalopram of 20-40 mg daily.[2, 16] There is some evidence that escitalopram may offer some clinical advantages compared with citalopram or selective serotonin-reuptake inhibitors (e.g., increased efficacy, more rapid onset of therapeutic effect, fewer adverse effects); however, additional studies are needed to confirm these initial findings.[8, 9, 10] Efficacy of escitalopram in hospital settings has n established to date.[1, 8] For further information on use of SSRIs in the treatment of major depressive disorder and considerations choosing the most appropriate antidepressant agent for a particular patient, see Uses: Major Depressive Disorder, in Citalopram Hydrobromide 28:16.04.20.

Lexapro 5MG/5ML Solution (FOREST): 240/$140.86 or 720/$416.52

Lexapro 5MG Tablets (FOREST): 30/$87.99 or 90/$229.97

References

1. Forest Pharmaceuticals, Inc. Lexapro® (escitalopram oxalate) tablets/oral solution prescribing inf

2. Burke WJ, Gergel I, Bose A. Fixed-dose trial of the single isomer SSRI escitalopram in depressed c 63:331-6. [IDIS 479908] [PubMed 12000207]

3. Anon. Forest Lexapro® approval includes label claim of greater potency than celexa. FDC Rep. Au

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Lisinopril (Lexi-Drugs)

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- Pronunciation
- Brand Names
- Pharmacologic Category
- Dosages
- Uses
- Clinical Practice Guidelines
- Administration and Storage Issues
- Medication Safety Issues
- Warnings & Precautions
- Pregnancy & Lactation
- Adverse Reactions
- Interactions
- Patient & Therapy Management
- Preparations
- Pharmacology & Pharmacokinetics
- Dental Information
- Pearls & Related Information
- References
- International Brand Names

Dosing: Adult

Heart failure: Oral: Initial: 2.5-5 mg once daily; then increase by no more than 10 mg increments at intervals no less than 2 weeks to a maximum daily dose of 40 mg. Usual maintenance: 5-40 mg/day as a single dose. Target dose: 20-40 mg once daily (ACC/AHA 2009 Heart Failure Guidelines)

Note: If patient has hyponatremia (serum sodium <130 mEq/L) or renal impairment (Cl_{cr} <30 mL/minute or creatinine >3 mg/dL), then initial dose should be 2.5 mg/day

Hypertension: Oral: Usual dosage range (JNC 7): 10-40 mg/day

Not maintained on diuretic: Initial: 10 mg/day

Maintained on diuretic: Initial: 5 mg/day

Note: Antihypertensive effect may diminish toward the end of the dosing interval especially with doses of 10 mg/day. An increased dose may aid in extending the duration of antihypertensive effect. Doses up to 80 mg/day have been used, but do not appear to give greater effect.

Patients taking diuretics should have them discontinued 2-3 days prior to initiating lisinopril if possible. Restart diuretic after blood pressure is stable if needed. If diuretic cannot be discontinued prior to therapy, begin with 5 mg with close supervision until stable blood pressure. In patients with hyponatremia (<130 mEq/L), start dose at 2.5 mg/day.

Acute myocardial infarction (within 24 hours in hemodynamically stable patients): Oral: 5 mg immediately, then 5 mg at 24 hours, 10 mg at 48 hours, and 10 mg every day thereafter for 6 weeks. Patients should continue to receive standard treatments such as thrombolytics, aspirin, and beta-blockers.

Dosing: Geriatric

Refer to adult dosing. In the management of hypertension, consider lower initial doses (eg, 2.5-5 mg/day) and titrate to response (Aronow, 2011).

Dosing: Pediatric

Hypertension: Children ≥6 years: Oral: Initial: 0.07 mg/kg once daily (up to 5 mg); increase dose at 1- to 2-week intervals; doses >0.61 mg/kg or >40 mg have not been evaluated.

Dosing: Renal Impairment

Heart failure: Adults: Cl_{cr} <30 mL/minute or creatinine >3 mg/dL: Initial: 2.5 mg/day

Hypertension:

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Lisinopril (Lexi-Drugs)

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Monograph | Images | Adult Patient Education | Pediatric Patient Education

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Expand All

- ALERT: U.S. Boxed Warning
- Pronunciation
- Brand Names
- Pharmacologic Category
- Dosages
- Uses
- Clinical Practice Guidelines
- Administration and Storage Issues
- Medication Safety Issues
- Warnings & Precautions
- Pregnancy & Lactation
- Adverse Reactions
- Interactions
- Patient & Therapy Management
- Preparations
- Pharmacology & Pharmacokinetics
- Dental Information
- Pearls & Related Information
- References
- International Brand Names

Clinical Practice Guidelines

Coronary Artery Bypass Graft Surgery:

ACCF/AHA, "2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery," November 2011

Diabetes Mellitus:

American Diabetes Association, "Standards of Medical Care in Diabetes - 2013," January 2013

Canadian Diabetes Association, "Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada," 2013

Heart Failure:

ACCF/AHA, "2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults," March 2009

ACCF/AHA, "2013 ACCF/AHA Guideline for the Management of Heart Failure," June 2013. **Note:** Information contained within this monograph is pending revision based on these more recent guidelines.

Canadian Cardiovascular Society, "2012 Heart Failure Management Guidelines Update: Focus on Acute and Chronic Heart Failure," 2012

"HFSA 2010 Comprehensive Heart Failure Practice Guideline," July 2010

Hypertension:

"ACCF/AHA Expert Consensus Document on Hypertension in the Elderly," 2011

"National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents," May 2005

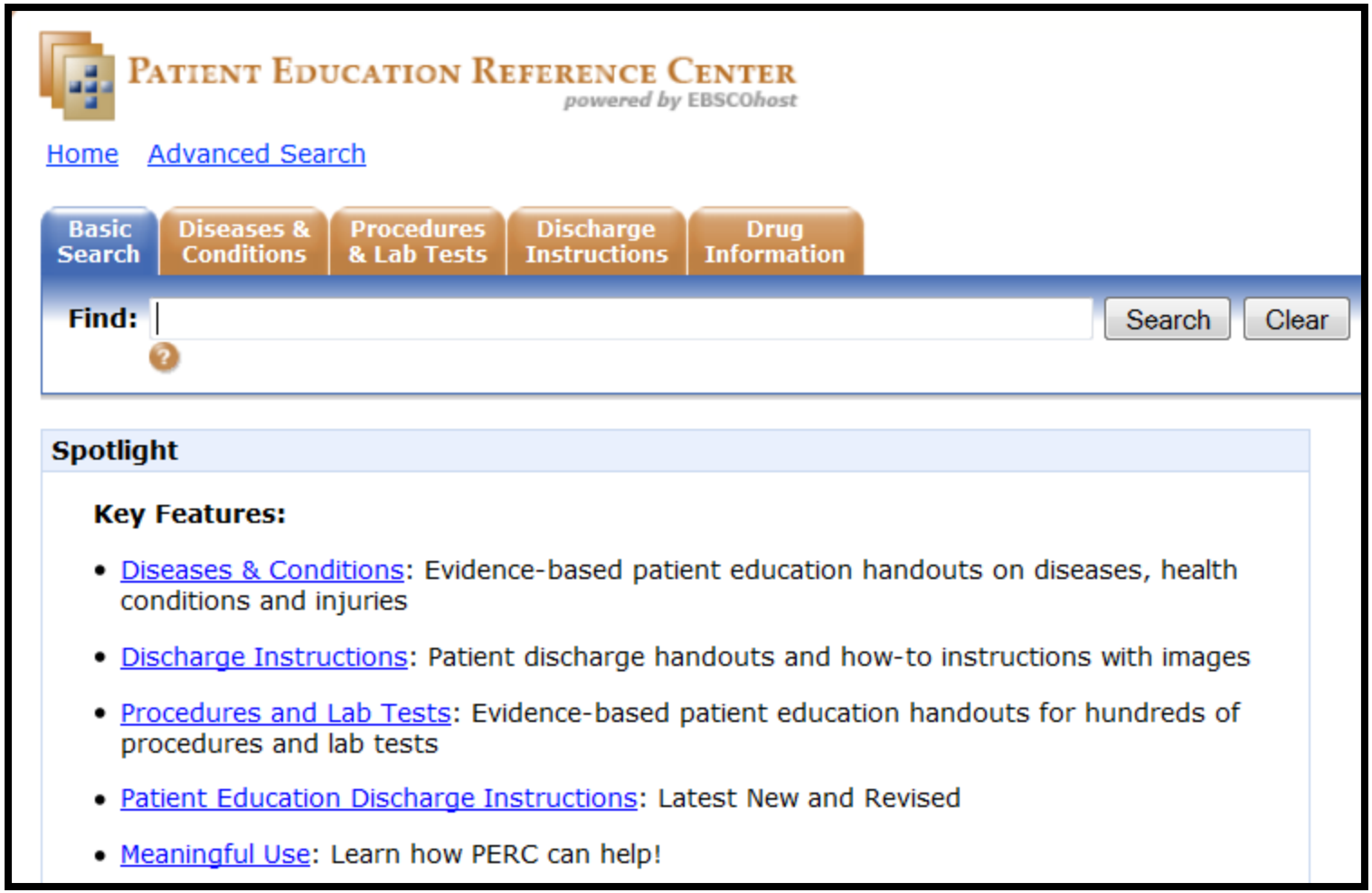
"The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report," August 2004

Patient Education Resources

- Patient Education Reference Center (PERC)
  - Evidence-based patient education information for clinicians to print and distribute at point-of-care

- MedlinePlus *medlineplus.gov*
  - #1 for basic quality consumer/patient information
  - 900 health topics
  - drug and herbal information
  - Medical Encyclopedia – full-text with illustrations
  - Spanish version
  - Interactive tutorials
  - Current health news

Patient Education Reference Center (PERC)



PERC: Prader-Willi Syndrome

Prader-Willi Syndrome

Contents

- Definition
- Causes
- Risk Factors
- Symptoms
- Diagnosis
- Treatment
  - Appetite and Weight Management
  - Behavior Issue Management
  - Medications
  - Early Intervention
  - Additional Support
- Prevention

(Prader-Labhart-Willi Syndrome)

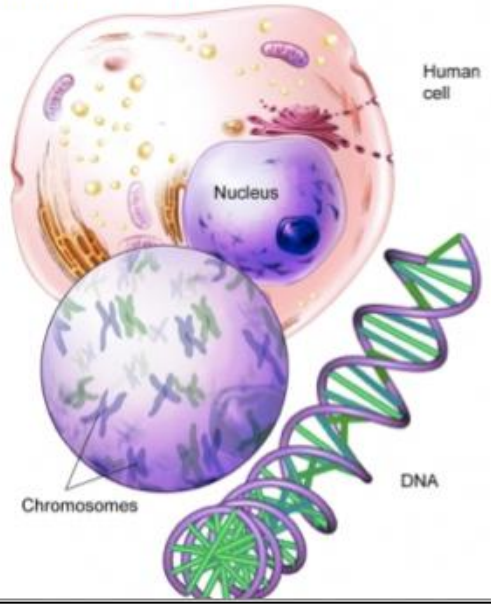
Definition

Prader-Willi syndrome (PWS) is group of symptoms caused by a rare genetic disorder. It can cause a variety of problems with growth and development.

Causes

PWS is caused by a random genetic defect. The defect is most often caused by a gene from the father.

Genetic Material



Related Information

- Conditions
- Lab Tests
- News

MedlinePlus *medlineplus.gov*

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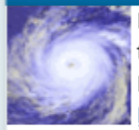

It's hurricane and tropical storm season. Learn more on the Hurricane topic page

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Back Pain
COPD (Chronic Obstructive Pulmonary Disease)
Depression
Diabetes
Exercise and Physical Fitness
Heart Diseases
High Blood Pressure
Pregnancy
Skin Conditions
Weight Control

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02 SEP Health News

'DASH Diet' Shown to Lower Heart Attack Risk Almost 20%

Dementia Patients, Caregivers May Benefit from Home-Based Program

More Evidence Hormone Therapy Can Muddy Mammograms

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Cystic Fibrosis

Also called: CF

MedlinePlus *medlineplus.gov*

Print Email Share

Cystic fibrosis (CF) is an inherited disease of the mucus and sweat glands. It affects mostly your lungs, pancreas, liver, intestines, sinuses and sex organs. CF causes your mucus to be thick and sticky. The mucus clogs the lungs, causing breathing problems and making it easy for bacteria to grow. This can lead to problems such as repeated lung infections and lung damage.

The symptoms and severity of CF vary widely. Some people have serious problems from birth. Others have a milder version of the disease that doesn't show up until they are teens or young adults.

Although there is no cure for CF, treatments have improved greatly in recent years. Until the 1980s, most deaths from CF occurred in children and teenagers. Today, with improved treatments, some people who have CF are living into their forties, fifties, or older.

NIH: National Heart, Lung, and Blood Institute

Get Cystic Fibrosis updates by email

Enter email address GO What's this?

Start Here

- Cystic Fibrosis ***NIH*** (National Heart, Lung, and Blood Institute)
- Cystic Fibrosis ***Interactive Tutorial*** (Patient Education Institute)
  Also available in Spanish

Basics	Learn More	Multimedia & Cool Tools
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Latest News	Disease Management	Videos
Diagnosis/Symptoms	Related Issues	
Treatment		
Prevention/Screening		

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Genetics		Patient Handouts
Research		
Journal Articles		

A.D.A.M.

MEDICAL ENCYCLOPEDIA

- Cystic fibrosis
- Cystic fibrosis - nutritional considerations
- Fecal fat
- How to breathe when you are short of breath
- Neonatal cystic fibrosis screening
- Oxygen safety
- Postural drainage
- Secretin stimulation test
- Sweat electrolytes test
- Traveling with breathing problems

Related Topics

- Lung Transplantation
- Oxygen Therapy
- Genetics/Birth Defects
- Lungs and Breathing

National Institutes of Health

The primary NIH organization for research on *Cystic Fibrosis* is the

Authoritative, Quality Links for Consumers

Overviews

- Cystic Fibrosis (American Lung Association)
- Cystic Fibrosis (Mayo Foundation for Medical Education and Research)
- Cystic Fibrosis: Frequently Asked Questions (Cystic Fibrosis Foundation)

Latest News

- Drug-Resistant 'Superbug' May Spread Among Patients, Study Finds (03/29/2013, HealthDay)

Diagnosis/Symptoms

- CF Mutation Panel (American Association for Clinical Chemistry)
- Cystic Fibrosis (CF) Respiratory Screen: Sputum (Nemours Foundation)
  Also available in Spanish
- Signs and Symptoms of Cystic Fibrosis ***NIH*** (National Heart, Lung, and Blood Institute)
- Sweat Test (American Association for Clinical Chemistry)
- Trypsin and Chymotrypsin Test (American Association for Clinical Chemistry)
- Trypsinogen Test (American Association for Clinical Chemistry)

Treatment

- How Is Cystic Fibrosis Treated? (National Heart, Lung, and Blood Institute)
- Therapies for Cystic Fibrosis (Cystic Fibrosis Foundation)

Return to top

Prevention/Screening

- Carrier Screening for Cystic Fibrosis (CF) (March of Dimes Birth Defects Foundation)
  Also available in Spanish
- Cystic Fibrosis: Prenatal Screening and Diagnosis (American College of Obstetricians and Gynecologists) - PDF
- Newborn Screening for Cystic Fibrosis (Cystic Fibrosis Foundation)

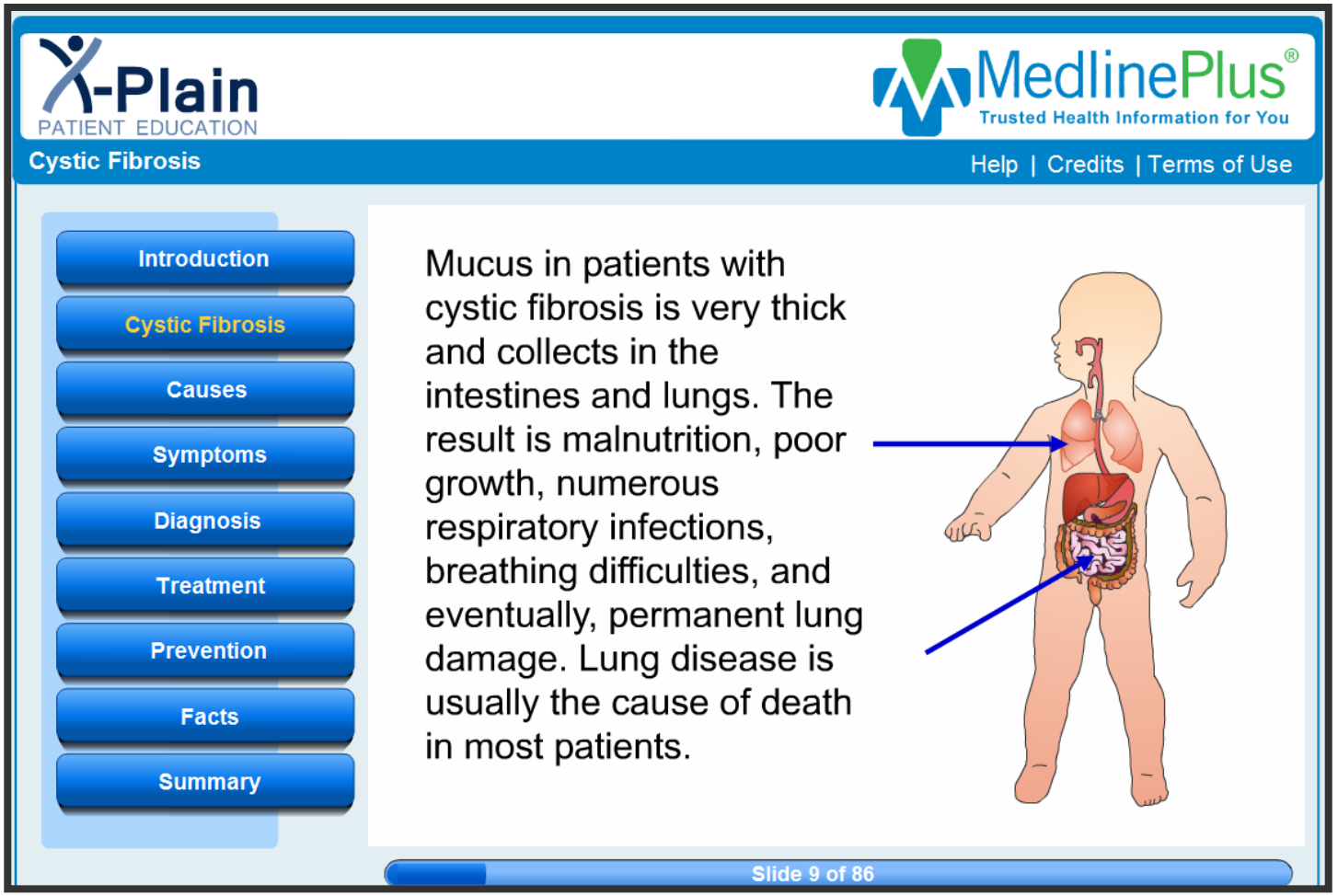
Return to top

Nutrition

- Nutrition and Cystic Fibrosis: Changes through Life (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- Nutrition for Your Child with Cystic Fibrosis (Four to Seven Years) (Cystic Fibrosis Foundation) - PDF
- Nutrition for Your Infant with Cystic Fibrosis (Birth to One Year) (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- Nutrition for Your Toddler with Cystic Fibrosis (One to Three Years) (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- Nutrition: Pancreatic Enzyme Replacement in People with Cystic Fibrosis (Cystic Fibrosis Foundation) - PDF
  Also available in Spanish
- Supporting Nutrition: Understanding Tubefeeding (Cystic Fibrosis Foundation) - PDF

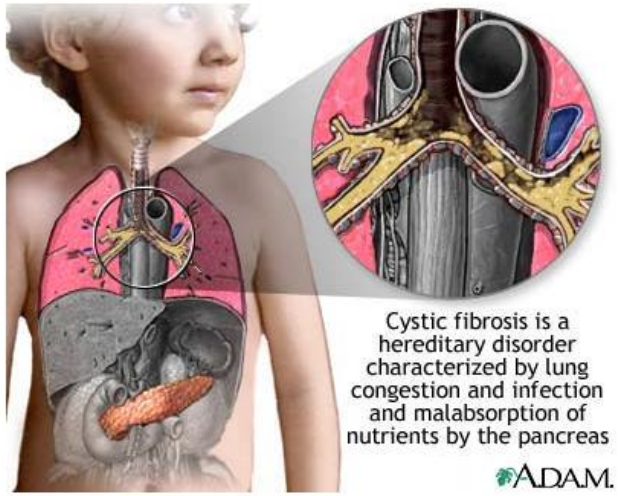
Return to top

Interactive Tutorial



Medical Encyclopedia

Cystic fibrosis



Cystic fibrosis is the most common cause of chronic lung disease in children and young adults, and the most common fatal hereditary disorder affecting Caucasians in the US.

MedlinePlus: Drugs, Supplements & Herbal Information

nlm.nih.gov/medlineplus/druginformation.html

100 Herbs and Supplements Monographs in English & Spanish

Pomegranate

How effective is it?

Natural Medicines Comprehensive Database rates effectiveness based on scientific evidence according to the following scale: Effective, Likely Effective, Possibly Effective, Possibly Ineffective, Likely Ineffective, Ineffective, and Insufficient Evidence to Rate.

The effectiveness ratings for **POMEGRANATE** are as follows:

Possibly ineffective for...

- **Chronic lung disease (chronic obstructive pulmonary disease, COPD)**. Drinking pomegranate juice does not seem to improve symptoms or breathing in people with COPD.

Insufficient evidence to rate effectiveness for...

- **High cholesterol (hyperlipidemia)**. Some studies show pomegranate seems to lower total cholesterol and "bad" (LDL) cholesterol. But other studies find no benefit.
- **High blood pressure (hypertension)**. One research study suggests that drinking 50 mL of pomegranate juice daily for up to 1 year can lower systolic blood pressure (the top number) by 5% to 21%. But drinking pomegranate juice doesn't seem to affect diastolic pressure (the lower number). However, other research shows no effect on blood pressure when study subjects drink 240 mL of pomegranate juice daily for 3 months. Additional research is needed to sort this out.
- **"Hardening of the arteries" (atherosclerosis)**. Preliminary evidence suggests drinking pomegranate juice might help to keep the arteries in the neck (carotid arteries) clear of the build-up of fatty deposits.
- **Gum disease**. There is some evidence that painting the gum with pomegranate fruit peel extract in combination with gotu kola extract might improve gum disease.
- **Prostate cancer**. Early research findings suggest that drinking pomegranate juice might slow the progress of prostate cancer.
- **Heart disease**. Some preliminary research shows that drinking pomegranate juice might improve blood flow to the heart. But drinking pomegranate juice does not seem to prevent narrowing of blood vessels in the heart (stenosis). Also, there isn't enough information to know if drinking pomegranate juice helps to prevent heart disease-related events such as heart attack.
- **Intestinal worm infestations**.
- **Obesity and weight loss**.
- **Fungal mouth infections**.
- **Diarrhea**.
- **Dysentery**.
- **Sore throat**.
- **Hemorrhoids**.

References

Return to top

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12. Aviram M, Rosenblat M, Gaitini D, et al. Pomegranate juice consumption for 3 years by patients with carotid artery stenosis reduces common carotid intima-media thickness, blood pressure and LDL oxidation. Clin Nutr 2004;23:423-33.
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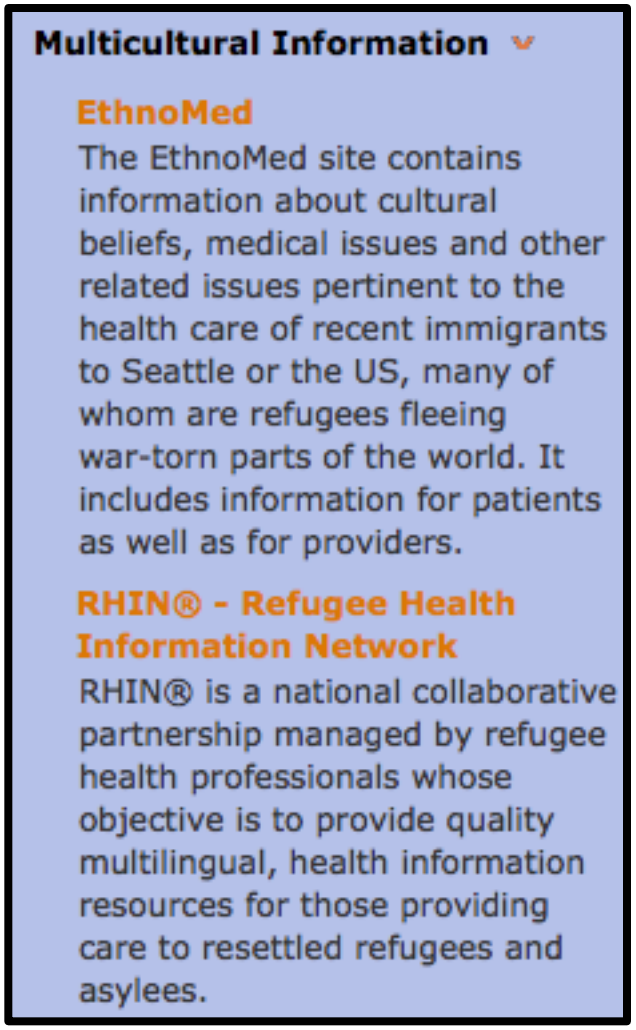
14. Aviram M. Polyphenolic flavonoids content and anti-oxidant activities of various juices: a comparative study. Proceedings of the 11th Biennial Meeting of the Society for Free Radical Research International, 2002 Feb:1-9.

Multicultural Information

- EthnoMed *ethnomed.org*
  Cultural beliefs and medical issues pertinent to healthcare of ethnic groups in the Seattle area
- RHIN *rhin.org*
  For refugees and health providers
- SPIRAL *spiral.tufts.edu*
  Patient information resources in Asian languages
- MedlinePlus Health Information in Multiple Languages
  www.nlm.nih.gov/medlineplus/languages/languages.html



EthnoMed *ethnomed.org*

- Information about cultural beliefs and medical issues pertinent to the health care of immigrants to Seattle
- SE Asian and East African populations originally
  - *Cambodian, Ethiopian, Oromo, Somali, Tigrean and Vietnamese.*
  - Other ethnic groups added, such as *Chinese, Hmong, Hispanic, Iraqi,* and more.
- Includes patient information pamphlets in various languages

EthnoMED
Integrating cultural information into clinical practice



Feature: October/November 2013

Multimedia Patient Education Highlight: Cancer

EthnoMed and Healthy Roads Media, in collaboration with the Community House Calls Program at Harborview and its community partners, produced a series of handouts and Flash video slideshows in seven languages (**Amharic, English, Khmer, Somali, Spanish, Tigrinya and Vietnamese**) that provide introductory information about several topics: biopsy procedures, cancer chemotherapy, prostate cancer and surgeries for breast cancer.

Biopsy | Cancer Chemotherapy | Prostate Cancer | Surgeries for Breast Cancer

Cancer education was identified by the Community House Calls staff as a major area of need for EthnoMed content development. The program's Caseworker / Cultural Mediators (CCMs) served as advisors and narrators, community members provided linguistic/cultural input, and health care providers gave clinical input to develop the new education materials. The project also supports CCMs in utilizing iPads for delivering health education to patients and community groups.

The new materials are available for web viewing via both the EthnoMed and Healthy Roads Media websites. Healthy Roads Media is also hosting mobile video

Welcome To EthnoMed

EthnoMed contains information about cultural beliefs, medical issues and related topics pertinent to the health care of immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.

EthnoMed Newsletter

Subscribe to our e-Newsletter to receive updates about what's new.
Read more...

Local Somali Leader Honored As Champion Of Change

Mohamed Ali, a Somali refugee with a master's degree in public health, has been recognized by the White House as a **Champion of**

Infant Feeding, Care (Including weaning)

Vietnamese Cultural Profile

Most Vietnamese women breastfeed their infants for the first 6-12 months (both in the US and in Vietnam). This can be difficult when t
work outside the home and such women may stop breastfeeding sooner than they would in Vietnam. Children are often delayed in wean
from the nursing bottle to the cup until 2 years of age. This may result in an iron deficient diet.

Child Rearing Practices

"Children sit where their parent's place them." This traditional Vietnamese expression characterizes the Confucian based parent-child
relationship. Though parents in Seattle have adopted various degrees of western parenting styles, they take their responsibility to teach
their children very seriously. The first priority is to teach filial obedience and respect, the second is to provide as much educational succ
as possible. In many homes, homework must be completed when arriving home from school, and television is only allowed on the weeke
If the parents don't feel the teacher is providing enough homework, they may make homework assignments themselves, or write quest
for the child to answer.

In Vietnam, corporal punishment was the norm. In the US, parents are aware that this is not commonly accepted and they have had to
change methods of discipline. Some parents state their children are harder to control here than they would have been in Vietnam and ar
frustrated that their children seem to lack respect for their elders.

Adolescence, Adulthood, and Old Age

Refugee families have had to deal with many issues in adapting to their new home. In Vietnam, elders were the
strongest influence in decision making, and were respected and sought after for advice. Younger family member
respectful. Also, elders held property rights of the family, and could retire once their children could support the

When these elders were transported to the US, they lost their property and much of their material goods. Many
outside the home are unable to because of their lack of training for available work, their age, and lack of English
very socially and culturally isolated while their younger family members become more Americanized. This can c
reversal: the elders no longer have power, money or land, and become financially dependent on their children. Because they are cultura
isolated, they are no longer sought after for advice. This creates much tension in families where elders feel ignored and disrespected, wh

Nutrition Clinical Topics

Articles and information related to nutrition and diet.

Related content

Diabetes Patient Education Materials

Food and fasting in Somali Culture
Information about typical Somali foods and fasting traditions, influenced by Sunni Muslim practice.

Nutrition and Fasting in Cambodian Culture
Information about traditional nutrition and commonly consumed foods in the Cambodian community in Seattle.

The Traditional Foods of the Central Ethiopian Highlands (research report no. 7)
Information about traditional Ethiopian food and food preparation based on studies carried out as part of an applied nutrition program within the framework of the Children's Nutrition Unit (now transformed into the Ethiopian Nutrition Institute (1). The studies were carried out in widely different parts of Ethiopia, and included the major ethnic groups and also took account of seasonal variations.

More About Ethiopian Food: Teff
Information about Teff, a staple in the Ehiopian and Eritrean diet, and some of the nutritional benefits, and health implications.

Report on Somali Diet
Information about common dietary beliefs and practices of Somali participants in WIC nutrition education.

Chinese Food Cultural Profile
A general article about common foods and the role of food in Chinese culture.

Nutrition and Fasting in Vietnamese Culture
Information about nutrition and commonly consumed foods in the Vietnamese community in Seattle.

Group Nutrition Education Poster
A 1 page poster PDF summarizing a WIC group nutrition project for Spanish and Somali families.

Clinical Pearl: Report on Somali Diet
A clinical pearl abstract about information collected from Somali nutrition education groups about the Somali diet.

Cambodian Shop Around Program
Description of a pilot project to promote healthy eating and dietary management of diabetes in Seattle's Cambodian community; includes curriculum, recipes, photos and information about the prevalence of diabetes and other health conditions affecting Cambodian Americans, along with considerations of some historical and environmental factors that may influence Cambodian American diet.

Muslim Religious Observances and Diabetes
Information about fasting practices, and recommendations for providers caring for diabetic patients during times of fasting. Includes recommendations related to medication management.

Report on Somali Diet

Author(s): Aliya S. Haq, MS, RD, CD, WIC
Reviewer(s): Christine Wilson Owens, Editor; Salma Musa, CCM; J. Carey Jackson, MD
Date Authored: August 01, 2003

View Documentation

Also available as PDF

Contents

- Methods
- The Somali Diet
  - Religious Proscriptions
  - Foods Commonly Consumed and Methods of Cooking
  - Common Dietary Beliefs
  - Common Nutrition/Diet Related Health Problems
- General Recommendations for Providers
- Discussion of Group Education Intervention

Methods

The following information was collected during more than 70 nutrition education groups for Somali patients taught by dietitian Aliya Haq at the WIC clinic at Harborview Medical Center (HMC), between 1999 and 2002. WIC is a supplemental nutrition education program for pregnant and postpartum women, infants, and children up to age five. Nutrition education is an integral part of the WIC program, which also provides healthy food vouchers to low income families. More than 400 Somali patients have attended the nutrition education groups at Harborview since they began in September 1999.

Providers are encouraged to assess the needs and behavior of all patients individually, and to consider that the information presented here is not intended to be a full account of the dietary practices and beliefs of all Somali immigrants. As Westernization appears to have influenced some aspects of Somali immigrants' diet already, it will be important to observe if and how further acculturation impacts diet in the future.

The Somali Diet

Limited or no published data is available regarding the dietary beliefs and practices of Somali people residing in the United States. For this reason, the following information has been compiled to convey the lessons learned during nutrition education groups with hundreds of Somali patients. The information is organized into four sections:

1. **Religious Proscriptions** discusses the influence the dominant Muslim religion has on Somali immigrants' diet; includes descriptions of halal and haram foods, and fasting and breastfeeding practices.
2. **Foods Commonly Consumed and Methods of Cooking** lists foods that are commonly eaten in Somali immigrant households, including common ingredients and cooking methods for these foods, with indication of which foods are considered high in fat, high in carbohydrates and fat, high in salt, and high in protein. This section also discusses consumption of fast foods and elements of an acculturating diet.
3. **Common Dietary Beliefs** describes some of the commonly held beliefs regarding diet and nutrition that have been expressed by Somalis participating in the group education.

Preventing Rickets in Breastfed Babies
Cambodian version

ការប្រុងប្រយ័ត្នចំពោះម្តាយដែលបំបៅដោះកូន
វិធីការពាររោគក្រិសក្នុងការបំបៅដោះកូនរបស់អ្នក

អ្វីទៅដែលហៅថារោគក្រិស?

វាគឺជាជម្ងឺម្យ៉ាងដែលឆ្អឹងគ្មានភាពមាំមួនបណ្តាលមកពីការខ្វះខាតជាតិវីតាមីនឌីនៅក្នុងខ្លួន។ នៅក្នុងភូមិភាគខាងជើងឈៀងខាងលិចតាមធម្មតារោគក្រិសនេះកើតមកពីទារកបានទទួលពន្លឺថ្ងៃតិចពេក។

តើទារកណានឹងទទួលរោគក្រិស?

គឺទារកទាំងឡាយណាដែលទទួលទានទឹកដោះម្តាយពីរយៈពេលប្រាំមួយខែ ឬច្រើនជាង ទារកគ្រប់សញ្ជាតិ ដែលទទួលទានទឹកដោះម្តាយ ទារកដែលកើតមិនគ្រប់ខែ និងទារកដែលត្រូវបានផ្តាច់ដោះដើម្បីទទួលទានម្ហូប អាហារដែលមិនមានជាតិសាច់, ទឹកដោះគោ, ពងមាន់, ពងទា ។

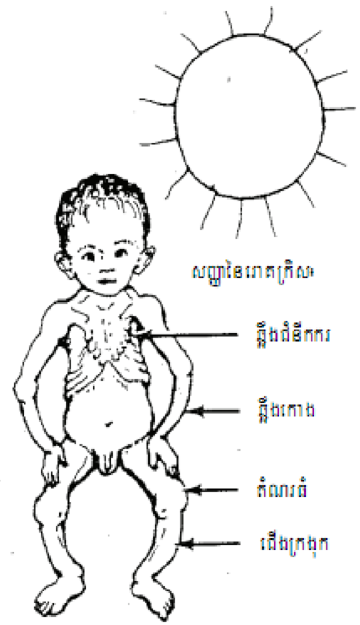
តើអ្វីទៅជាសញ្ញានៃរោគក្រិស?

ក្មេងមានភាពទន់ខ្សោយ,
មិនអាចដើបឈរ ឬដើរបាន,
មានការលូតលាស់យឺត,
មានជំងឺប្រកាច់,
រោគសើស្បែក។

តើអ្នកមានការការពារយ៉ាងណាឲ្យកូនអ្នកជៀសវាងពីរោគក្រិស?
ដោយពន្លឺថ្ងៃមានមិនគ្រប់គ្រាន់នៅភូមិភាគខាងជើងឈៀងខាងលិច ទារកគួរទទួលនូវជាតិវីតាមីនឌីមួយថ្ងៃម្តងរហូតដល់រាបណាអ្នករស់នៅភូមិភាគខាងជើងឈៀងខាងលិចនៃសហរដ្ឋអាមេរិក។

តើអ្នករកវីតាមីនឌីដូចម្តេច?

វីតាមីនឌីរកបាននៅតាមកន្លែងលក់ថ្នាំដោយមិនចាំបាច់មានសំបុត្រពីគ្រូពេទ្យ។ នៅក្នុងថ្នាំវីតាមីនឌីវាមានផ្សំមកជាមួយនូវជាតិវីតាមីនផ្សេងៗដូចជា វីតាមីនអេ និងសេ ហៅថាទ្រីវីសុល (Tri-Vi-Sol)។
បើ សិនជាអ្នកប្រើប័ណ្ណពេទ្យ អ្នកអាចសុំឲ្យគ្រូពេទ្យ ឬអ្នកធ្វើការនៅការិយាល័យវិចខេញសំបុត្រទិញថ្នាំវីតាមីនឌីដោយឲ្យគ្រូពេទ្យបញ្ជាក់ថាវីតាមីនឌីមានសារៈសំខាន់សំរាប់រោគក្រិសចំពោះទារកដែលបៅដោះម្តាយទាំងស្រុង។



សម្ភារៈអប់រំអ្នកជំងឺនេះគឺត្រូវបានផ្តល់ដោយគម្រោង Community House Calls, ក្លីនិកវេជ្ជសាស្ត្រ
អន្តរជាតិ និង ក្លីនិកកុមារ, មន្ទីរពេទ្យហាបើវ្យូ Harborview Medical Center,
សកលវិទ្យាល័យ វ៉ាស៊ីនតោន Seattle, WA។

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	Title	Format	Language(s)
1.	Diabetes Handout	Document	English; Arabic; Bosnian; Chinese; Farsi; French; German; Greek; Gujarati; Haitian Creole (Kreyol); Hebrew; Hindi; Hmong; Igbo; Japanese; Khmer; Korean; Kurdish; Polish; Portuguese; Romanian; Russian; Somali; Spanish; Swahili; Thai; Turkish; Urdu; Vietnamese; Yoruba
2.	Diabetes and Your Feet	Document	English; Haitian Creole (Kreyol); Portuguese; Spanish
3.	If You Have Diabetes, a Flu Shot Could Save Your Life	Document	English; Portuguese; Spanish
4.	Diabetes Info Sheet	Document	English; Chinese; Haitian Creole (Kreyol); Spanish; Vietnamese
5.	Diabetes: Are You at Risk?	Document	English; Haitian Creole (Kreyol); Khmer; Mandarin; Portuguese; Spanish; Vietnamese
6.	Are you at risk for the worlds fastest growing disease?	Audio; Document; Video	English; Arabic; Bosnian; Russian; Somali; Spanish
7.	Control Your Diabetes, It's Worth Your Time (et and Exercise)	Document; Video	English; Amharic; Bosnian; Somali; Spanish
8.	Control Your Diabetes, It's Worth Your Time - (The Basics)	Audio; Document; Video	English; Amharic; Bosnian; Karen; Somali; Spanish
9.	Control Your Diabetes: It's worth your time (Medication & Glucose)	Audio; Document; Video	English; Amharic; Bosnian; Karen; Somali; Spanish
10.	Control Your Diabetes: It's worth your time Pt.2, Diet and Exercise	Audio	English; Amharic; Bosnian; Somali; Spanish

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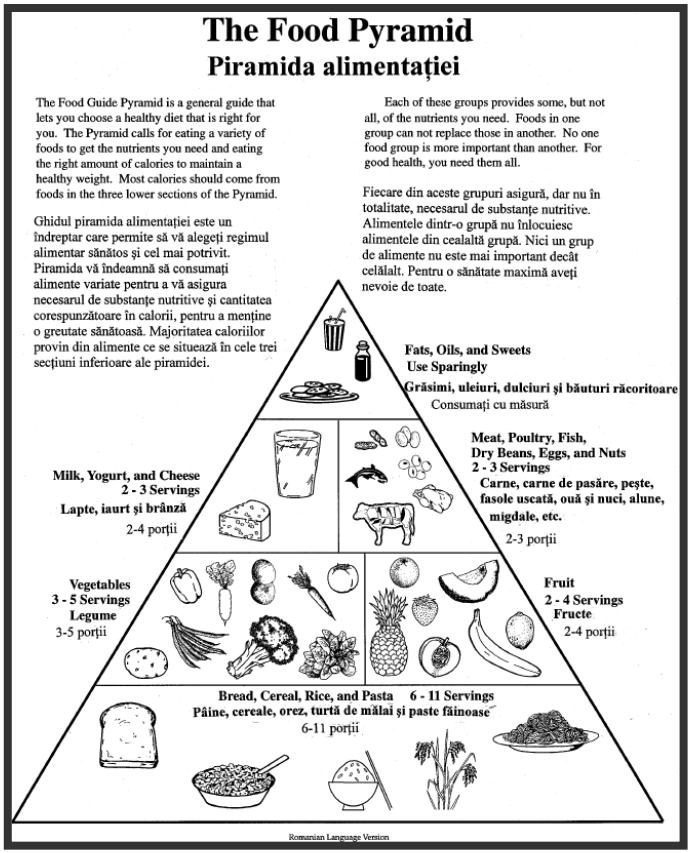
Food Pyramid Languages

English
Arabic | split screen
Bengali | split screen
Bosnian | split screen
Chinese | split screen
English | split screen
Farsi | split screen
French | split screen
German | split screen
Greek | split screen
Gujarati | split screen
Haitian Creole (Kreyol) | split screen
Hebrew | split screen
Hindi | split screen
Hmong | split screen
Igbo | split screen
Japanese | split screen
Khmer | split screen
Korean | split screen
Kurdish | split screen
Kurdish | split screen
Lao | split screen
Oromo | split screen
Polish | split screen
Portuguese | split screen
Romanian | split screen
Russian | split screen
Somali | split screen
Spanish | split screen
Swahili | split screen
Thai | split screen
Tigrinya | split screen
Turkish | split screen
Ukrainian | split screen
Urdu | split screen
Vietnamese | split screen
Yoruba | split screen

Food Pyramid: Romanian



Feeding Your Baby 6 to 12 Months
Source: Washington State Department of Health - Division of Environmental Health

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Feeding Your 1 to 2 Year Old
Source: Washington State Department of Health - Division of Environmental Health

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Feeding Your 3 to 5 Year Old
Source: Washington State Department of Health - Divisio

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Healthy Choices for Kids
Source: Washington State Department of Health - Divisio

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Starting your baby on family foods
Source: Health Information East London - Nationa

Chinese 中文
English
Vietnamese Tiếng Việt

Give Your Baby a Healthy Start
Source: Washington State Department of Health - Divisio

Cambodian Khmer
Chinese 中文
English
Korean 한국어
Vietnamese Tiếng Việt

Good Food for Kids
Source: Nutrition Education for New Americans Project

Cambodian Khmer

SPIRAL
spiral.tufts.edu

MedlinePlus Health Information in Multiple Languages

nlm.nih.gov/medlineplus/languages/languages.html

Infant and Newborn Nutrition - Multiple Languages

Arabic (العربية)
Bosnian (Bosanski)
Chinese - Simplified (简体中文)
Chinese - Traditional (繁體中文)
French (français)
Hindi (हिन्दी)
Japanese (日本語)
Korean (한국어)
Marshallese (kajin Majöl)
Portuguese (português)
Russian (Русский)
Somali (af Soomaali)
Spanish (español)
Vietnamese (Tiếng Việt)

Arabic (العربية)

- Bottle Feeding Your Baby
  (Arabic) العربية PDF Bilingual
  Health Information Translations

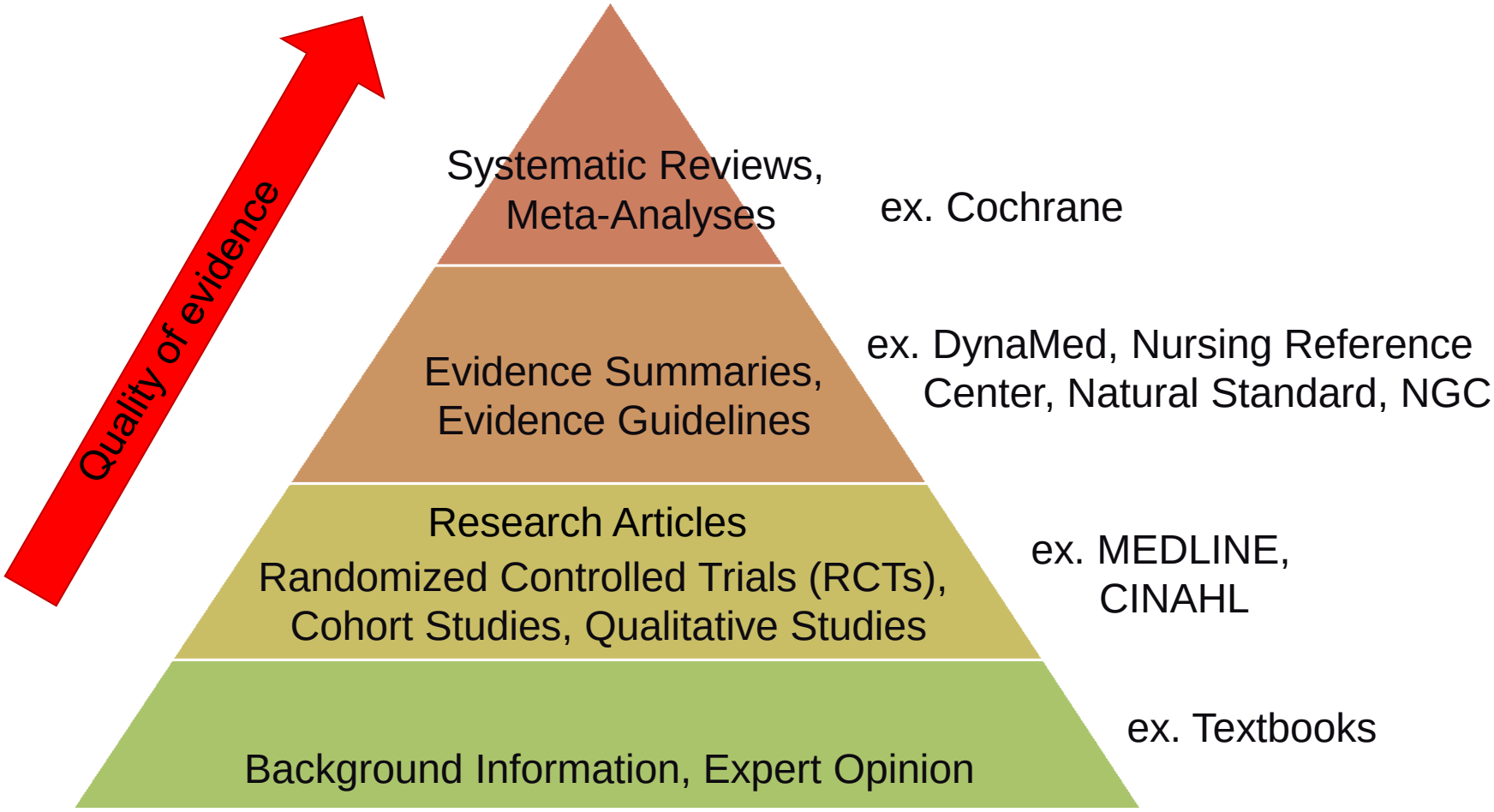
Bosnian (Bosanski)

- Bottle Feeding Your Baby
  Hranjenje bebe flašicom - Bosanski (Bosnian) PDF Bilingual
  Health Information Translations

Chinese - Simplified (简体中文)

- Bottle Feeding Your Baby
  用奶瓶喂哺宝宝 - 简体中文 (Chinese - Simplified) PDF Bilingual
  Health Information Translations

How do HEALWA resources stack up as evidence?



HEAL WA
Health Evidence Resource for Washington State

Authoritative, current, evidence-based information for health care providers in Washington State.

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Patient Ed Reference Center

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access

Logged in

Getting Started

Certain resources in HEAL-WA (indicated by a lock) require a HEAL-WA access code (UW NetID) and password for access.

Once you have set up your HEAL-WA access code and password, LOG IN to HEAL-WA by clicking on the "Log In" button at the top of this column.

LOG OUT from HEAL-WA by simply closing your browser.

Set up your HEAL-WA access - to set up a HEAL-WA access code and password, see the instructions on the Getting Started page.

HEALWA

Online Access for Health Professionals in Washington State

Handout:
http://media.hsl.washington.edu/media/schnall/SSDA2014handout.pdf

PowerPoint:
http://media.hsl.washington.edu/media/schnall/SSDA2014pp.pdf

Questions?

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schnall@uw.edu