



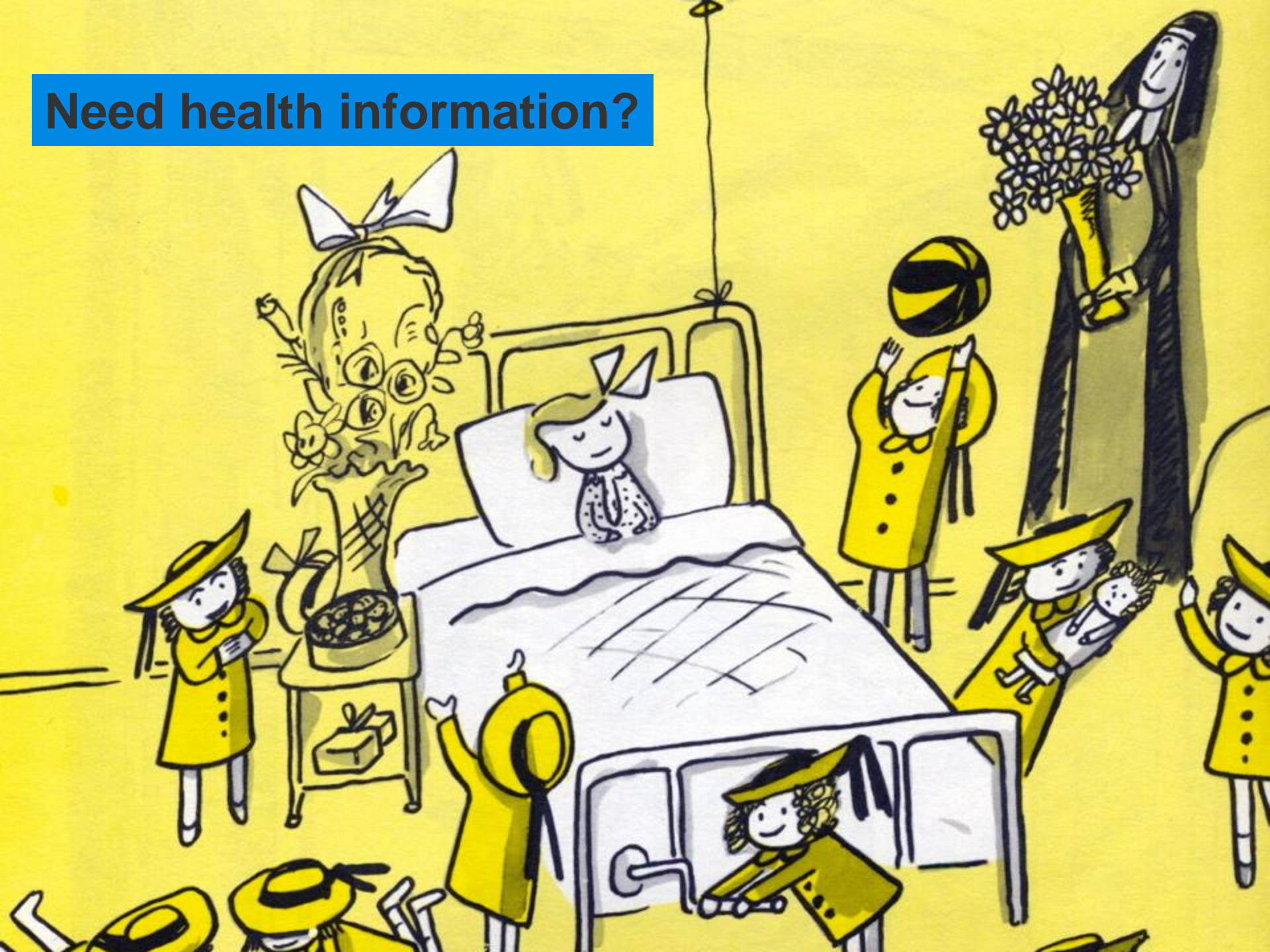
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Beyond an Apple a Day: Steps to Finding Health Information on the Web

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Need health information?



Trends in Online Health Information

8 out of 10 internet users search online for health information.

Most popular topics are diseases and treatments.

Increased interest in diet, fitness, drugs, health insurance, experimental treatments, and particular information about doctors and hospitals.

“Health Information Online”

Pew Internet & American Life Project, May 17, 2005

STEP 1: Start with the best consumer website for health information

National Library of Medicine's



MedlinePlus

medlineplus.gov

- **#1 SOURCE** for basic quality consumer/patient information
- Includes drug information
- Medical Encyclopedia – full-text with illustrations
- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
- Current health news

MedlinePlus Content

Interactive tutorials:
175 total (soon)

ClinicalTrials links on display:
640 (today)

NIH-Seniorhealth
22 topics

OR-Live surgery videos:
73

Announcement listservs:
11 daily & weekly



Health topics (today):
704 English
657 Spanish

3 drug and herbal databases:
approx **1700** monographs

ADAM.com encyclopedia:
approx **4000** monographs

Health news:
Approx **15-20** new stories added per day

Directories:
Over **100** directories covering doctors, hospitals, clinics and libraries.

- Health Topics**
Start here with over 700 topics on conditions, diseases and wellness
- Drug Information**
About your prescription and over-the-counter medicines
- Medical Encyclopedia**
Includes pictures and diagrams
- Dictionary**
Spellings and definitions of medical words
- News**
Health News from the past 30 days
- Directories**
Find doctors, dentists and hospitals
- Other Resources**
Local libraries, health organizations, international sites and more

- Current Health News**
 - ▶ [Mouthguards Essential for Back-to-School Sports](#)
 - ▶ [Newest Breast Cancer Drugs Can Cause Joint Pain in Patients](#)
 - ▶ [Excessively Sleepy? Could Be More Than Poor Sleep](#)
 - ▶ [More news](#)
- Featured Site**
Hurricane Katrina links: [Disasters and Emergency Preparedness](#), [Coping with Disasters](#), [NIH Response](#), [Recovery Information](#)
- In the Spotlight**
September is Prostate Cancer Awareness Month. Learn more:
 - ▶ Go to [Prostate Cancer](#)
 - ▶ [Prostate Cancer Interactive Tutorial](#)
 - ▶ News about [Prostate Cancer](#)

- Interactive Tutorials**
Over 165 slideshows with sound and pictures
- ClinicalTrials.gov**
Studies for new drugs and treatments
- NIH SeniorHealth**
Health information for older adults
- Surgery Videos**
Videos of surgical procedures
- ▶ What's new on MedlinePlus?
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Health Topics

Find your topic by first letter:

A	B	C	D	E	F	G	H
I	J	K	L	M	N	O	P
Q	R	S	T	U	V	W	XYZ

Find your topic by broad group:

Disorders and Conditions - Body Location/Systems

- [Blood/Lymphatic System](#)
- [Bones, Joints and Muscles](#)
- [Brain and Nervous System](#)
- [Cancers](#)
- [Digestive System](#)
- [Ear, Nose, and Throat](#)
- [Endocrine System \(Hormones\)](#)
- [Eyes and Vision](#)
- [Genetics/Birth Defects](#)
- [Heart and Circulation](#)
- [Immune System/AIDS](#)
- [Infections](#)
- [Injuries and Wounds](#)
- [Kidneys and Urinary System](#)
- [Lungs and Breathing](#)

Diagnosis and Therapy

- [Complementary and Alternative Therapies](#)
- [Diagnostic Tests](#)
- [Drug Therapy](#)
- [Surgery and Rehabilitation](#)
- [Symptoms](#)
- [Transplantation and Donation](#)

Demographic Groups

- [Child and Teen Health](#)
- [Men's Health](#)
- [Population Groups](#)
- [Seniors' Health](#)
- [Women's Health](#)

Health and Wellness

- [Fitness and Exercise](#)

- Omega-3 Fatty Acids see [Dietary Fats](#)
- Oncology see [Cancer](#)

- Open Heart Surgery see [Heart Surgery](#)
- Ophthalmology see [Eye Diseases](#)
- Opiates see [Drug Abuse](#) ; [Heroin](#)
- [Oral Cancer](#)
- Oral Tobacco see [Smokeless Tobacco](#)

- [Organ Donation](#)
- [Organ Transplantation](#)
- [Orthodontia](#)
- Orthostatic Hypotension see [Autonomic Nervous System Disorders](#)
- [Osteoarthritis](#)

- [Osteogenesis Imperfecta](#)
- Osteomyelitis see [Bone Diseases](#)
- [Osteonecrosis](#)
- [Osteoporosis](#)
- Osteosarcoma see [Bone Cancer](#)

- [Ostomy](#)
- Otitis Media see [Ear Infections](#)
- [Ovarian Cancer](#)
- [Ovarian Cysts](#)
- Ovarian Insufficiency see [Premature Ovarian Failure](#)

- [Over-the-Counter Medicines](#)
- Overactive Bladder see [Urinary Incontinence](#)
- Overweight see [Obesity](#)
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Other health topics: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [XYZ](#) [List of All Topics](#)

Ovarian Cancer



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- [Overviews](#)
- [Diagnosis/Symptoms](#)
- [Treatment](#)
- [Prevention/Screening](#)
- [Health Check Tools](#)
- [Specific Conditions](#)
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- [Organizations](#)
- [Statistics](#)

Search MEDLINE/PubMed for recent research articles on

- [Ovarian Cancer](#)

You may also be interested in these MedlinePlus related

Latest News

- [Tea Drinking Linked to Lower Ovarian Cancer Risk](#) (12/12/2005, Reuters Health)
- [Researchers Discover Molecular Differences between Low-Grade and High-Grade Ovarian Cancers](#) (11/15/2005, National Cancer Institute)
- [Ovarian Cancer Screening Finds both Early and Late Stage Cancers, But Also Many False Positives](#) (11/07/2005, National Cancer Institute)
- [NCI and 10 Other Institutions Launch Ovarian Cancer Clinical Trial](#) (09/29/2005, National Cancer Institute)

From the National Institutes of Health

- [What You Need to Know about Ovarian Cancer](#) (National Cancer Institute)

Overviews

- [Ovarian Cancer Interactive Tutorial](#) (Patient Education Institute) - Requires Flash Player
Also available in: [Spanish](#)
- [What Is Ovarian Cancer?](#) (American Cancer Society)
Also available in: [Spanish](#)

Diagnosis/Symptoms

- [How Is Ovarian Cancer Diagnosed?](#) (American Cancer Society)
- [Ovarian Cancer Tests](#) (American Association for Clinical Chemistry)

Treatment

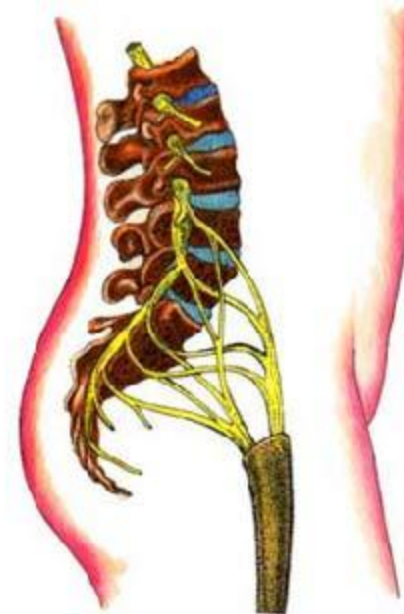
- [How Is Ovarian Cancer Treated?](#) (American Cancer Society)
- [Radiation Therapy for Gynecologic Cancers](#) (American Society for Therapeutic Radiology and Oncology)
- [Treatment of Recurrent Ovarian Cancer](#) (National Ovarian Cancer Coalition)

Prevention/Screening

- [Can Ovarian Cancer Be Prevented?](#) (American Cancer Society)
- [Ovarian Cancer \(DDO\): Prevention](#) (National Cancer Institute)

[Introduction](#)[Anatomy](#)[Cancer & its Causes](#)[Signs & Symptoms](#)[Causes](#)[Diagnosis](#)[Treatment](#)[Summary](#)

The pain may also affect the legs and feet if the nerves passing through the pelvis to the legs get affected.



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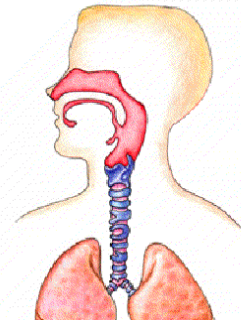
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New Interactive Tutorials

➤ New titles:

- Bronchoscopy
- Amniocentesis
- Low testosterone
- Upper GI endoscopy
- Pneumonia

Pneumonia is an inflammation of the lung. Inflammation is the immune system's normal response to contaminants or injury.



Germ such as bacteria or viruses cause People 65 year of age and older are at an increase risk of getting pneumonia.

TRUE

FALSE

Correct.



Recently added OR-Live: Surgical Webcasts

- Pre-recorded webcasts of surgical procedures
- Actual operations performed at medical centers in U.S.
- One-hour programs with printable transcripts



Medical Encyclopedia & Dictionary

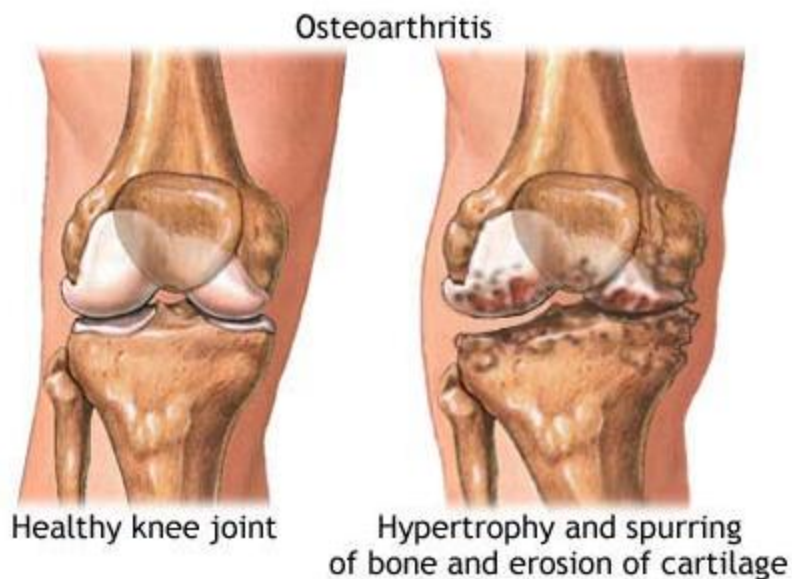
- Encyclopedia includes:
 - 4,000+ entries on diseases, tests, symptoms, injuries and surgeries
 - an extensive library of photographs and illustrations.



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Medical Encyclopedia

Osteoarthritis



ADAM.

Osteoarthritis is a chronic disease of the joint cartilage and bone, often thought to result from "wear and tear" on a joint, although the congenital defects, trauma and metabolic disorders. Joints appear larger, are stiff and painful and usually feel worse the more they

Update Date: 7/3/2004

Updated by: Jonathan Harding, MD, CPE, Department of Medicine, University of Massachusetts Medical School, Worcester, MA. Review provided by Ve

New Drugs, Supplements & Herbal Information page

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and the NATIONAL INSTITUTES OF HEALTH

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[español](#)

Drug Information

Browse by first letter of generic or brand name drug:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [0-9](#)

Information on thousands of prescription and over-the-counter medications is provided through two drug resources

- MedMaster™†, a product of the [American Society of Health-System Pharmacists \(ASHP\)](#)
- USP DI® Advice for the Patient® ‡, a product of the [United States Pharmacopeia \(USP\)](#).

For additional drug information, see the MedlinePlus [drug therapy](#) topic pages.

Herbs and Supplements

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Natural Standard is an international research collaboration that aggregates and synthesizes data on complementary and alternative therapies.

- Using a comprehensive methodology and reproducible grading scales, information is created that is evidence-based, consensus-based, and peer-reviewed
- Tapping into the collective expertise of a multidisciplinary Editorial Board.

For additional herb and supplement information, see the MedlinePlus [herbal medicine](#) topic page.



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Other drug names: [A-Am](#) [An-Az](#) [B](#) [C-Ch](#) [Ci-Cz](#) [D-Dh](#) [Di-Dz](#) [E](#) [F](#) [G](#) [H](#) [I-J](#) [K-L](#) [M-Mh](#) [Mi-Mz](#) [N-Nh](#) [Ni-Nz](#) [O](#) [P-Pl](#) [Q](#) [R-Rh](#) [Ri-Rz](#) [S](#) [T-Th](#) [Ti-Tz](#) [U](#) [V](#) [W-Z](#) [0-9](#)

Montelukast (Systemic)

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Contents of this page:

- [Description](#)
- [Before Using This Medicine](#)
- [Proper Use of This Medicine](#)
- [Precautions While Using This Medicine](#)
- [Side Effects of This Medicine](#)
- [Brand Names](#)
- [Category](#)

Description [Return to top](#)

Montelukast (mon-te-LOO-kast) is used in mild to moderate asthma to decrease the symptoms of asthma and the number of asthma attacks. It should not be used to relieve an asthma attack that has already started. This medicine is also used to treat the symptoms (such as sneezing, runny nose, and itchy eyes) of seasonal (short-term) allergies.

This medicine is available only with your doctor's prescription, in the following dosage form:

Oral

- Tablets (U.S.)
- Chewable tablets (U.S.)
- Oral granules (U.S.)

Side Effects of This Medicine

Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if the doctor has your attention.

Check with your doctor as soon as possible if the following side effect occurs:

- *Rare*
 - Pus in the urine

- *Incidence not determined*
 - Abdominal or stomach pain; anxiety; assault; attack; bloating; chills; clay-colored stools; constipation; convulsions; difficulty swallowing; dry mouth; fast, irregular, pounding, or racing heartbeat or pulse; force; general tiredness and weakness; indigestion; irregular heartbeats; irritability; itching; itching, puffiness, or swelling of the eyelids or around the eyes, face, or lips; hive-like swelling on face, eyelids, lips, tongue, throat, hands, legs, feet, sex organs; light-colored stools; loss of appetite; muscle spasm or jerking of all extremities; nausea ; nervousness; pains in stomach, side, or abdomen, possibly radiating to thighs; ringing, seeing, hearing, or feeling things that are not there; shaking; shortness of breath; sudden loss of consciousness; tightness in chest; unpleasant breath odor; upper right abdominal pain; unusual tiredness or weakness; vomiting ; vomiting of blood; wheezing

Other side effects may occur that usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. Check with your doctor if any of the following side effects continue or are bothersome:

- *More common*
 - Headache

- *Less common*
 - Abdominal or stomach pain; cough; dental pain; dizziness; fever; heartburn; skin rash; stuffy nose; weakness or tiredness

- *Incidence not determined*
 - Burning, crawling, itching, numbness, prickling, "pins and needles", or tingling feelings; difficulty in moving; dream abnormalities; drowsiness; tendency; irritability; joint pain; large, flat, blue or purplish patches in the skin; muscle aching or cramping; muscle pain; muscle weakness; sleeplessness; swelling ; swollen joints; trouble sleeping; unable to sleep

Other side effects not listed above may also occur in some patients. If you notice any other effects, check with your doctor.

105 Herbs and Supplements Monographs in English & Spanish

Peppermint oil (*Mentha x piperita* L.)

Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Commercial distribution prohibited. This monograph is intended for informational purposes only, and should not be interpreted as specific medical advice. You should consult with a qualified healthcare provider before making decisions about therapies and/or health conditions.



While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional organization that adheres to clearly published standards. In addition, before starting a new technique or engaging a practitioner, it is recommended that patients speak with their primary healthcare provider(s). Potential benefits, risks (including financial costs), and alternatives should be carefully considered. The below monograph is designed to provide historical background and an overview of clinically-oriented research, and neither advocates for or against the use of a particular therapy.

Related Terms:

- Balm mint, black peppermint, brandy mint, curled mint, Feullis de menthe, Japanese peppermint, Katzenkraut (German), lamb mint, *Mentha arvensis* L. var *piperascens*, menta prima (Italian), *Menthae piperitae aetheroleum* (peppermint oil), *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (peppermint leaf), *Menthe anglaise*, *Menthe poivre*, *Menthe poivre*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), Porminzen, Schmecker, spearmint (*Mentha spicata* L.), water mint (*Mentha aquatica*), white peppermint, WS(R) 1340.
- **Essential oil constituents:** Cineol, isomenthone, liminene, menthofuran, menthol, menthone, menthyl acetate, terpenoids.
- **Leaf constituents:** Caffeic acid, chlorogenic acid, luteolin, hesperidin, rutin, "volatile" oil.
- **Selected brand names:** Ben-Gay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contains peppermint and caraway oil), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination products:** Absorbine Jr.®, Iberogast®, Listerine®.

Aceite de menta (*menta piperita*)

Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Se prohíbe su distribución comercial. Esta monografía tiene la intención de servir para fines informativos únicamente, por lo cual no se debe interpretar como un consejo médico específico. Usted deberá consultar con un proveedor médico calificado antes de tomar decisiones respecto a terapias y/o afecciones de salud.



No obstante se han estudiado de forma científica ciertas técnicas complementarias y alternas, para la mayoría de las terapias hay limitación o controversia sobre los datos de alta calidad respecto a la seguridad, eficacia y mecanismo de acción. Se recomienda, al máximo posible, que los practicantes cuenten con licencias expedidas por una organización profesional reconocida que se adhiera a normas claramente publicadas. Además, antes de iniciar una nueva técnica o contratar a un practicante, se recomienda que los pacientes consulten con su(s) proveedor(es) médico(s) principal(es). Se deben considerar atentamente los beneficios y riesgos potenciales (incluye los costos financieros) así como las alternativas. La siguiente monografía está diseñada para ofrecer una historia y un resumen de la investigación con orientación clínica, y la misma ni defiende ni se opone al uso de una terapia en particular.

Términos relacionados:

- Bálsamo de menta, menta negra, menta de brandy, menta crespá, Feullis de menthe, menta japonesa, Katzenkraut (alemán), menta de cordero, menta arvenis, L. var *piperascens*, menta prima (italiano), *Menthae piperitae aetheroleum* (aceite de menta) *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (hoja de menta), *Menthe anglaise*, *Menthe poivre*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (danés), Pfefferminz (alemán), Porminzen, Schmecker, hierbabuena (*Mentha spicata*), menta acuática (*Mentha aquatica*), menta blanca, WS (R) 1340.
- **Elementos constituyentes esenciales del aceite:** Cineol, isomentona, limoneno, mentofurano, mentol, mentona, acetato de mentilo, terpenoides.
- **Elementos constituyentes de la hoja:** Ácido cafeico, ácido clorogénico, luteolina, hesperidina, rutin, aceite "volátil".
- **Selección de marcas registradas:** BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

Evidence [Return to top](#)

These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these conditions should be evaluated by a qualified healthcare provider.

Uses based on scientific evidence	Grade*
Indigestion (non-ulcer dyspepsia) <p>There is preliminary evidence from a small number of controlled trials that a combination of peppermint oil and caraway oil may be beneficial for dyspepsia (heartburn) symptoms. However, most studies have been poorly designed (methodologically weak with small sample sizes, inadequate use of control or placebo groups, unclear descriptions of blinding and randomization, and lack of use of standardized scales for identifying subjects or assessing endpoints). It is not clear which constituent(s) may be beneficial. Nonetheless, the existing evidence does suggest efficacy of this combination. It should be noted that heartburn can actually be a side effect of taking oral peppermint oil, which has been reported by patients in several controlled trials of peppermint oil. Patients with chronic heartburn should be evaluated by a qualified healthcare provider and may be advised to undergo a diagnostic endoscopy prior to initiating any treatment for heartburn.</p>	B
Irritable bowel syndrome (IBS) <p>Multiple randomized controlled trials of peppermint suggest significant improvements in irritable bowel syndrome (IBS) symptoms. Although the mechanism of action is not clear, pre-clinical studies suggest smooth muscle relaxing properties of peppermint (calcium antagonism may play a role). Enteric-coated peppermint preparations are generally recommended. Overall, studies have been brief with small sample sizes and methodological weaknesses (unclear diagnostic criteria, lack of validated measurement scales, unclear blinding and randomization procedures). Well-designed large trials are necessary before a strong recommendation can be made. Future studies should use standardized symptom scales and established diagnostic criteria to classify patients prior to enrollment (such as Rome II Diagnostic Criteria), uniform dosing and standardization, and longer duration.</p>	B
Antispasmodic (gastric spasm) <p>One study reports that peppermint oil solution administered intraluminally can be used as an antispasmodic agent with superior efficacy and fewer side effects than hyoscine-N-butylbromide administered by intramuscular injection during upper endoscopy.</p>	C
Tension headache <p>Application of diluted peppermint oil to the forehead and temples has been tested in people with headache. Studies have not been well conducted, and it is not clear if this is an effective treatment.</p>	C

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Directories

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Doctors and Dentists--General

- [AMA Physician Select: Online Doctor Finder](#) (American Medical Association)
- [DocFinder](#) (Administrators in Medicine)
- [Find a Dentist](#) (Academy of General Dentistry)
- [Find a Dentist: ADA Member Directory](#) (American Dental Association)
- [Medicare Participating Physician Directory](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

- [Find a Hospital](#) (American Hospital Association) - Information on over 6,000 hospitals in the United States, including driving directions

Doctors and Dentists--Specialists


- [AAACE Physician Finder](#) (American Association of Clinical Endocrinologists)
- [ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists)
- [American Academy of Child and Adolescent Psychiatry Referral Directory](#) (American Academy of Child and Adolescent Psychiatry)
- [American Academy of Pediatrics Pediatrician Referral Service](#) (American Academy of Pediatrics)
- [American Board of Ultrasound and Diagnostic Medicine Physician Directory](#) (American Board of Ultrasound and Diagnostic Medicine)

STEP 2: Try other top consumer health websites



Medical Library Association's Top Ten Most Useful Websites

mlanet.org/resources/medspeak/topten.html

1. Cancer.gov
 2. Centers for Disease Control and Prevention (CDC)
 3. familydoctor.org
 4. healthfinder®
 5. HIV InSite
- 

MLA's Top Ten, continued

mlanet.org/resources/medspeak/topten.html

6. Kidshealth®
7. Mayo Clinic
8. MEDEM: an information partnership of medical societies
9. MedlinePlus (English | Spanish)
10. NOAH: New York Online Access to Health

Other Good Starting Places

- HealthInfoquest: pathfinders to common consumer health questions www.nlm.gov/healthinfoquest/
- National Library of Medicine's DIRLINE dirline.nlm.nih.gov
- Environmental health information: Tox Town toxtown.nlm.nih.gov
- Lab Tests Online www.labtestsonline.org
- Merck Manual of Medical Information www.merckhomeedition.com



DIRLINE Search Results

Type
asbestos
in
search box

asbestos

Items 1 through 20 of 23

Pages: [1](#) [2](#)

Organization Names are sorted in *relevancy ranked* order.

Select Record

Organization Name

- 1 [Asbestos Information Association/North America \(AIA/NA \)](#)
- 2 [Asbestos Victims of America \(AVA \)](#)
- 3 [White Lung Association \(WLA \)](#)
- 4 [Toxic Assistance Information Service - U.S. Environmental Protection Agency \(TAIS \)](#)
- 5 [Centers for Education and Training - Environmental and Occupational Health Sciences Institute - University of Medicine and Dentistry of New Jersey School of Public Health - Office of Public Health Practice \(CET \)](#)
- 6 [Office of Occupational and Radiological Health - Division of Environmental Health - Rhode Island Department of Health](#)
- 7 [Region 4 - Air, Pesticides and Toxics Management Division - U.S. Environmental Protection Agency](#)
- 8 [Environmental Information Association \(EIA \)](#)
- 9 [Environmental Protection Division - Georgia Department of Natural Resources - State of Georgia \(EPD \)](#)
- 10 [Health Effects Institute \(HEI \)](#)
- 11 [Indoor Air Quality Information Clearinghouse - Office of Air and](#)

Tox Town

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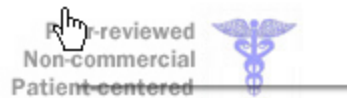
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A public resource on clinical lab testing from the laboratory professionals who do the testing



Box and menus below to quickly navigate the Lab Tests Online site:

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Related tests: [Cholesterol](#), [HDL](#), [LDL](#), [Triglycerides](#)

What is a lipid profile?

The lipid profile is a group of tests that are often ordered together to determine risk of [coronary heart disease](#). The tests that make up a lipid profile are tests that have been shown to be good indicators of whether someone is likely to have a [heart attack](#) or [stroke](#) caused by blockage of blood vessels (hardening of the arteries).

- [Overview](#)
- [Treatment](#)
- [Risk Factors](#)
- [Common](#)
- [Questions](#)
- [Sources](#)

What tests are included in a lipid profile?

The lipid profile includes [total cholesterol](#), [HDL-cholesterol](#) (often called good cholesterol), [LDL-cholesterol](#) (often called bad cholesterol), and [triglycerides](#). Sometimes the report will include additional calculated values such as HDL/Cholesterol ratio or a risk score based on lipid profile results, age, sex, and other risk factors.

How is a lipid profile used?

The lipid profile is used to guide providers in deciding how a person at risk should be treated. The results of the lipid profile are considered along with other known risk factors of [heart disease](#) to develop a plan of treatment and follow-up.


Search by disease
or
name of test

SECTION	Children's Health Issues
SUBJECT	Digestive Disorders
TOPICS	Introduction · Appendicitis Diverticulum · Peptic Ulcer

Search 

Appendicitis

Appendicitis is inflammation and infection of the appendix.

The appendix is a small finger-length portion of intestine that does not appear to have any essential bodily function (see [Digestive System](#) ). Appendicitis is a medical emergency that requires surgery. Appendicitis is rare in children younger than 1 year but becomes more common as children grow older and is most common in adolescents.

Appendicitis seems to develop when the appendix becomes blocked either as a result of infection in the digestive tract or elsewhere in the body or, less commonly, as a result of obstruction with hard feces. In either case, the appendix becomes infected. If an infected appendix is unrecognized or untreated, the appendix can rupture, creating a pocket of infection outside the intestine (abscess) or spilling contents of the intestines into the abdomen (peritonitis).

Symptoms and Diagnosis



Appendicitis almost always causes pain. The pain may start in the middle of the abdomen, near the navel, and gradually move to the lower right area of the abdomen. However, children younger than 2 years are often not able to complain of pain and are therefore more likely to be irritable or listless. They may lose consciousness partly or completely if a delay in diagnosis has led

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Pronunciations

-  [appendicitis](#)
-  [computed tomography](#)
-  [enteritis](#)
-  [gastroenteritis](#)
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In This Topic

- [Appendicitis](#)
 - [Symptoms and Diagnosis](#)
 - [Treatment](#)

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- Drugs.com www.drugs.com
- PillBot.com www.pillbot.com
- RxList www.rxlist.com

STEP 3: Use resources on HealthLinks Care Provider Toolkit



HealthLinks Care Provider Toolkit

healthlinks.washington.edu/care_provider

The screenshot shows the HealthLinks Care Provider Toolkit website. At the top left is the HealthLinks University of Washington logo. The top navigation bar includes links for MyUW, UW Home, UW Medicine, Health Sciences Schools, PubMed, eJournals, Reference, How-To, Library Services, and Off-Campus Access. A secondary navigation bar lists professional roles: BioResearcher, Care Provider (selected), Grant Seeker, Instructor, Public Health, Social Worker, Student, and Ask Us. Below this is a search bar with 'HealthLinks' entered and a 'Go' button. The main content area is titled 'Care Provider Toolkit' and is divided into several sections: SEARCH FOR ARTICLES, FIND JOURNALS AND DATABASES, FIND THE EVIDENCE, PREVENTION, IMMUNIZATIONS, DIAGNOSIS AND THERAPY, CLINICAL TOOLS AND CALCULATORS, PDA INFORMATION, DRUGS, PATIENT EDUCATION, and CONNECTING WITH THE LIBRARY. Each section contains a list of links to various resources, many with icons for search, help, or lock status. A search bar is also present within the DRUGS section.

HealthLinks University of Washington

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HealthLinks > Care Provider

Search HealthLinks Go

Care Provider Toolkit

SEARCH FOR ARTICLES

- Search PubMed MEDLINE
- CINAHL: Nursing & Allied Health
Cumulative Index to Nursing and Allied Health Literature

FIND JOURNALS AND DATABASES

- Find an eJournal on HealthLinks
- Primary Care eJournals
- Order copies of articles or books
- More databases ...
- BMJ (International Edition) 1994-
- New England Journal of Medicine 1993-

FIND THE EVIDENCE

- Search for evidence in PrimeAnswers
- Search PubMed MEDLINE Systematic Reviews
- TRIP+
- Cochrane Library
- Clinical Evidence
- National Guideline Clearinghouse
- Evidence-Based Practice

PREVENTION

IMMUNIZATIONS

- Adult Recommended Immunization Schedule
- Child/Adolescent Recommended Immunization Schedule
- HealthLinks: Immunizations

DIAGNOSIS AND THERAPY

- Search UpToDate
- Search MD Consult Books
- Search ClinicalResource@Ovid
- Search STAT!Ref Medical Reference Library
- Notifiable Communicable Diseases and Related Conditions
- Current Medical Diagnosis & Treatment
- Dermatology Atlas Online
- GeneTests GeneClinics
- Harrison's Principles of Internal Medicine
- UW Medicine Online Laboratory Test Guide
- Lippincott Nursing Texts
- Manual of Laboratory and Diagnostic Tests
- Stedman's Medical Dictionary
- Trauma Pearls and Protocols (Requires UWNetID)
- ACP Medicine (was called WebMD Scientific American Medicine)

CLINICAL TOOLS AND CALCULATORS

- Calculators available via HealthLinks
- Ingenix ICD-9-CM Vols. 1 & 3, and CPT With RVUs Data File (STAT!Ref)
- MedCalc 3000 (STAT!Ref)
- PrimeAnswers: Prediction Rules & Calculators

PDA INFORMATION

- PDA Resources
- PrimeAnswers: pda downloads

DRUGS

- Search Micromedex
- Search Natural Medicines
- Natural Standard Online
- Lippincott's Nursing Drug Guide
- UW Medicine Drug Formulary
- UW-SOM 2004 Antibigram [excel]
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PATIENT EDUCATION

- Search MD Consult Patient Handouts
- Search MEDLINEplus
- McKesson Advisor Patient Education Handouts
- Micromedex: Patient Leaflets
- Family Doctor.org
- Medem's Medical Library

UW PATIENT EDUCATION

- EthnoMed
- Culture Clues
- UWMC Health On-Line (No Proxy Access)
- HMC Patient/Family Education Manual (Requires UWNetID Requires AMC/IRIS account to log on.)

CONNECTING WITH THE LIBRARY

- Contact your library liaison
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➤ HealthLinks Textbooks page

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Overview of the management of osteoporosis in women

- ▶ [INTRODUCTION](#)
- ▶ [NONPHARMACOLOGIC THERAPY](#)
 - [Calcium/Vitamin D](#)
 - [Diet](#)
 - [Exercise](#)
 - [Intensity of exercise](#)
 - [Cessation of smoking](#)

- ▶ [DRUG THERAPY](#)
 - [Monitoring the response to therapy](#)
 - [Option 1](#)
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 - [Option 3](#)
 - [Option 4](#)
 - [Bisphosphonates](#)
 - [Selective estrogen receptor modulators](#)
 - [Estrogen/progestin therapy](#)
 - [Premenopausal women with hypothalamic amenorrhea](#)
 - [Parathyroid hormone](#)
 - [PTH plus bisphosphonate therapy](#)
 - [Calcitonin](#)
 - [Calcitriol](#)
 - [Sodium fluoride](#)
 - [Combination therapy](#)
 - [Isoflavones](#)
 - [Thiazide diuretics](#)
 - [Tibolone](#)
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- ▶ [MEDICAL INTERVENTION AFTER FRACTURE](#)
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- ▶ [Overview of osteoporosis in men](#)
- ▶ [Epidemiology and causes of osteoporosis](#)

Overview of the management of osteoporosis in women

[Hillel N Rosen, MD](#)
[Marc K Drezner, MD](#)

UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 13.3 is current through August 2005; this topic was last changed on September 13, 2005. The next version of UpToDate (14.1) will be released in February 2006.

INTRODUCTION — Prevention and treatment of osteoporosis consists of non-drug and drug or hormonal therapy [1,2]. This topic review will provide an overview of the approach to therapy of osteoporosis in postmenopausal women. The treatment of osteoporosis in men, and the pathogenesis, causes, and diagnosis of osteoporosis are discussed separately. (See "[Overview of osteoporosis in men](#)", see "[Epidemiology and causes of osteoporosis](#)", and see "[Pathogenesis of osteoporosis](#)" and see "[Clinical manifestations and diagnosis of osteoporosis](#)", section on Suggested approach to exclude secondary causes).

In the past, estrogen replacement was considered a primary therapy for the prevention of postmenopausal osteoporosis. Estrogen had the additional advantages of controlling menopausal symptoms and presumptive prevention or delay of cardiovascular disease. However, data from the Women's Health Initiative (WHI) revealed that estrogen-progestin therapy does not reduce the risk of coronary heart disease, and increases the risk of breast cancer, stroke, and venous thromboembolic events [3]. (See "[Postmenopausal hormone therapy: Benefits and risks](#)").

As a result of these findings, other antiresorptive agents are now the drugs of choice, and are prescribed more frequently for the prevention and treatment of osteoporosis in postmenopausal women [4].

NONPHARMACOLOGIC THERAPY — There are three components to the nondrug therapy of osteoporosis: diet, exercise, and cessation of smoking. In addition, affected patients should avoid, if possible, drugs that increase bone loss, such as glucocorticoids. (See "[Glucocorticoids and osteoporosis: Pathogenesis and clinical features](#)" and see "[Drugs that affect bone metabolism](#)").

Calcium/Vitamin D — An optimal diet for treatment (or prevention) of osteoporosis includes an adequate intake of calories (to avoid malnutrition), calcium, and [vitamin D](#).

Postmenopausal women (and older men) should take adequate supplemental elemental calcium (generally 500 to 1000 mg/day), in divided doses, at mealtime, such that their total calcium intake, inclusive of food calcium, approximates 1500 mg/day [5]. (See "[Calcium supplementation in osteoporosis](#)"). In addition to its beneficial effects on the skeleton, calcium supplementation may favorably affect serum lipids [6]. Furthermore, there is some evidence that calcium intake is inversely associated with cardiovascular disease in postmenopausal women. (See "[Lipid lowering with diet or dietary supplements](#)", section on Calcium).

Women should also ingest a total of 800 IU of [vitamin D](#) daily. Higher doses are required if they have malabsorption or rapid metabolism of vitamin D due to concomitant anticonvulsant drug therapy. Data on the efficacy of vitamin D replacement for osteoporosis are discussed in detail elsewhere. (See "[Vitamin D therapy in osteoporosis](#)", section on Recommendations).

Diet — When celiac disease is a major contributor to osteopenia, a gluten-free diet will result in improvement in bone mineral density [7]. (See "[Management of celiac disease in adults](#)").

Protein intake may be an important component of the diet, particularly in women who already have osteoporotic fractures. This was

Patient information: Prevention and treatment of osteoporosis

Patient information: Prevention and treatment of osteoporosis

[Hillel N Rosen, MD](#)

Harvard Medical School

UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 13.3 is current through August 2005; this topic was last changed on July 30, 2004. The next version of UpToDate (14.1) will be released in February 2006.

These materials are for your general information and are not a substitute for medical advice. You should contact your physician or other healthcare provider with any questions about your health, treatment, or care. Do not contact UpToDate or the physician authors of these materials.

Osteoporosis is a common skeletal disorder characterized by a progressive decrease in bone mass and density, causing bones to become abnormally thin (osteopenic), weakened, and easily broken (fractured). Although bone density naturally begins to decrease at approximately age 35, women are disproportionately at risk for osteoporosis after menopause due to declining production of estrogen, a female hormone that helps to maintain bone mass. Osteoporosis typically causes no symptoms; instead, the first sign is usually a fracture, most commonly in the spine (vertebrae), hip, or forearm near the wrist (Colles' fracture). Osteoporosis results from accelerated bone loss due to an imbalance between the rate of new bone formation and the normal breakdown and removal of bone (resorption). ([See "Patient information: Overview of osteoporosis"](#)).

Fortunately, preventive steps are available that may help to maintain or increase bone density. In addition, for those already affected by osteoporosis, prompt diagnosis and assessment of bone loss and associated fracture risk are essential, since therapies are available that may slow further loss of bone or increase bone density, reversing the progression of osteoporosis.

In the past, estrogen or estrogen-progestin therapy was considered a primary therapy for the prevention of postmenopausal osteoporosis and was often used for the treatment of this disease. Estrogen had the additional advantages of controlling menopausal symptoms and, it was thought, prevented or delayed cardiovascular disease. However, data from the Women's Health Initiative (WHI), a large clinical trial, found that estrogen (given with a progestin) does not reduce the risk of coronary heart disease, and increases the risk of breast cancer, stroke, and venous thromboembolic events. The details of the WHI are discussed elsewhere. ([See "Patient information: Postmenopausal hormone therapy"](#)).

- [WHAT ARE THE RISK FACTORS FOR OSTEOPOROSIS?](#)
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 - [Hip pads](#)
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- [Patient information: Overview of osteoporosis](#)
- [Patient information: Postmenopausal hormone therapy](#)
- [Postmenopausal hormone therapy: Benefits and risks](#)

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1: [Larsson SC, Wolk A.](#)

 Tea consumption and ovarian cancer risk in a population-based cohort.
Arch Intern Med. 2005 Dec 12-26;165(22):2683-6.
PMID: 16344429 [PubMed - indexed for MEDLINE]

2: [Anderson K, Lawson KA, Simmons-Menchaca M, Sun L, Sanders BG, Kline K.](#)

 Alpha-TEA plus cisplatin reduces human cisplatin-resistant ovarian cancer cell tumor burden and metastasis.
Exp Biol Med (Maywood). 2004 Dec;229(11):1169-76.
PMID: 15564444 [PubMed - indexed for MEDLINE]

3: [Zhang M, Lee AH, Binns CW, Xie X.](#)

 Green tea consumption enhances survival of epithelial ovarian cancer.
Int J Cancer. 2004 Nov 10;112(3):465-9.
PMID: 15382073 [PubMed - indexed for MEDLINE]

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Tea consumption and ovarian cancer risk in a population-based cohort.

[Larsson SC](#), [Wolk A](#).

Division of Nutritional Epidemiology, The National Institute of Environmental Medicine, PO Box 210, Karolinska Institutet, SE-171 77 Stockholm, Sweden. susanna.larsson@imm.ki.se

BACKGROUND: Substantial evidence from laboratory studies indicates that green and black tea preparations may protect against various cancers. Few epidemiologic studies, however, have examined the relationship specifically between tea consumption and risk of ovarian cancer. **METHODS:** We prospectively examined the association between tea consumption and risk of ovarian cancer in 61 057 women aged 40 to 76 years who were participants in the population-based Swedish Mammography Cohort. Participants completed a validated 67-item food frequency questionnaire at enrollment between 1987 and 1990 and were followed for cancer incidence through December 2004. **RESULTS:** During an average follow-up of 15.1 years, 301 incident cases of invasive epithelial ovarian cancer were ascertained. Tea consumption was inversely associated with the risk of ovarian cancer after controlling for potential confounders (P for trend, .03). Compared with women who never or seldom (less than monthly) consumed tea, the multivariate hazard ratios for those who consumed less than 1 cup per day, 1 cup per day, and 2 or more cups per day were 0.82 (95% confidence interval [CI], 0.62-1.08), 0.76 (95% CI, 0.56-1.04), and 0.54 (95% CI, 0.31-0.91), respectively. Each additional cup of tea per day was associated with an 18% lower risk of ovarian cancer (multivariate hazard ratio, 0.82; 95% CI, 0.68-0.99). **CONCLUSION:** These results suggest that tea consumption is associated with a reduced risk of epithelial ovarian cancer in a dose-response manner.

Tea Consumption and Ovarian Cancer Risk in a Population-Based Cohort

Susanna C. Larsson, MSc; Alicja Wolk, DMSc

Arch Intern Med. 2005;165:2683-2686.


ABSTRACT

Background Substantial evidence from laboratory studies indicates that green and black tea preparations protect against various cancers. Few epidemiologic studies, however, have examined the relationship specifically between tea consumption and risk of ovarian cancer.

Methods We prospectively examined the association between tea consumption and risk of ovarian cancer in 61 057 women aged 40 to 76 years who were participants in the population-based Swedish Mammography Cohort. Participants completed a validated 67-item food frequency questionnaire at enrollment between 1986 and 1990 and were followed for cancer incidence through December 2004.

Results During an average follow-up of 15.1 years, 301 incident cases of invasive epithelial ovarian cancer were ascertained. Tea consumption was inversely associated with the risk of ovarian cancer after controlling for potential confounders (P for trend, .03). Compared with women who never or seldom (less than monthly) consumed tea, the multivariate hazard ratios for those who consumed less than 1 cup per day, 1 cup per day, 2 cups per day, and 3 or more cups per day were 0.77 (95% CI, 0.57-1.03), 0.67 (95% CI, 0.49-0.91), 0.57 (95% CI, 0.41-0.79), and 0.47 (95% CI, 0.33-0.66), respectively.

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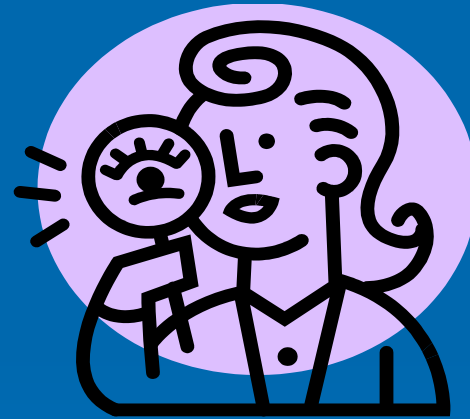
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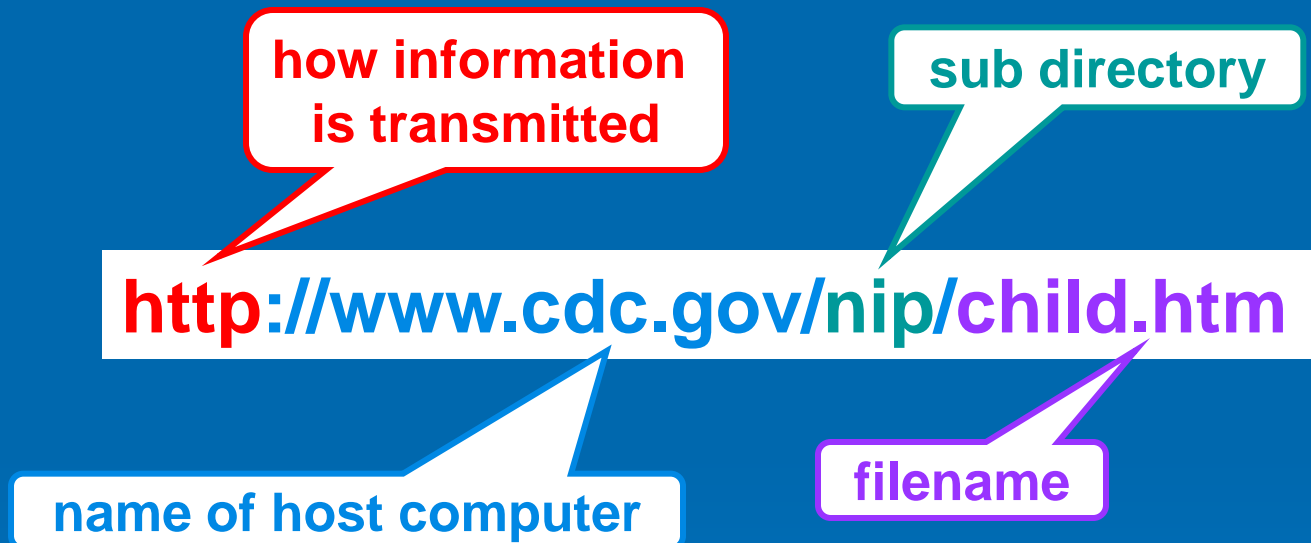
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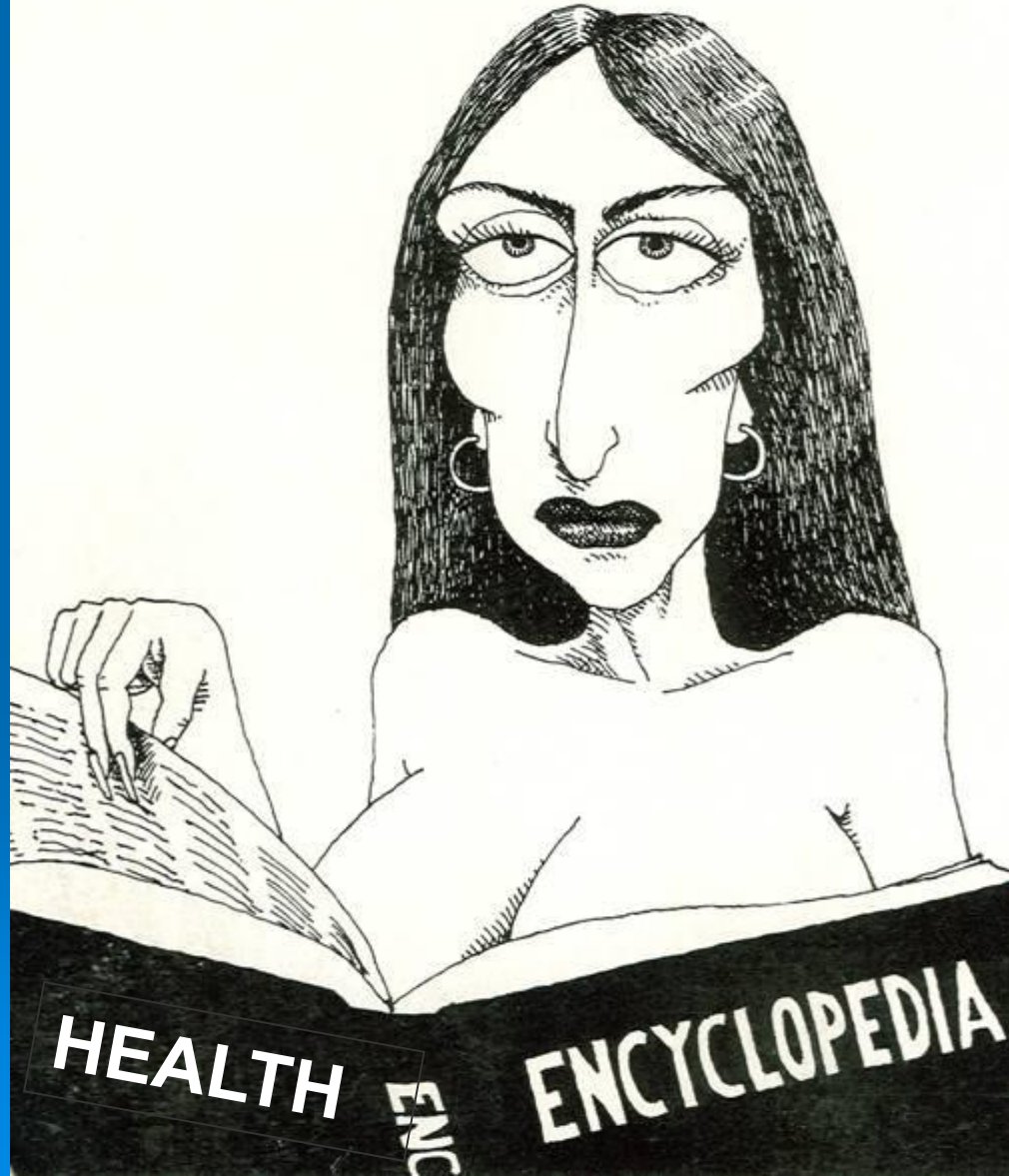


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Guides for Evaluating Health Information

- Criteria for Evaluating Web Resources
healthlinks.washington.edu/howto/navigating/criteria.pdf
- MedlinePlus Guide to Healthy Web Surfing
www.nlm.nih.gov/medlineplus/healthywebsurfing.html
- MedlinePlus Evaluating Health Information
www.nlm.nih.gov/medlineplus/evaluatinghealthinformation.html
- A User's Guide to Finding and Evaluating Health Information on the Web
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Final Thoughts

- Use *Steps for Finding Health Information on the Web*
- Remember, MedlinePlus, PubMed, UpToDate, and the HealthLinks Care Provider Toolkit
- Look for the new **My Health** page on HealthLinks coming soon



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