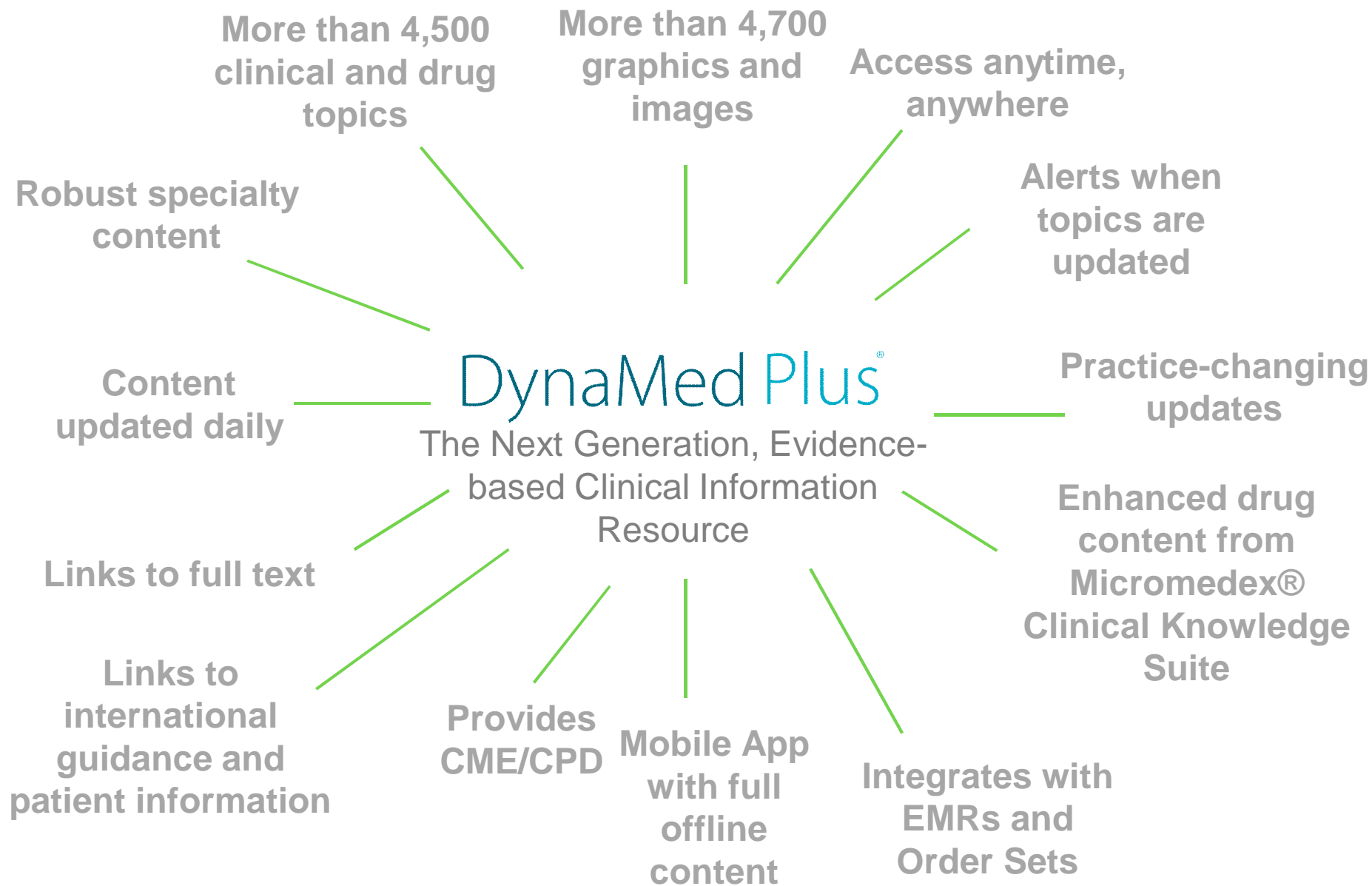




DynaMed PlusTM

Claire Honeybourne Sales Manager
(UK, Ireland & Nordics- EBSCO Health)

20 May 2016



National deal via http://terveysportti.fi

DUODECIM

EBSCOhost

Kirjaudu ulos Oma Duodecim Yhteystiedot Palaute Info Käyttöehdot Tilaa uutiskirje



TERVEYSPORTTI

Kirjoita hakusana

Hae Terveysportista

Lääkärin tietokannat

Oppiportti

Sairaanhoitajan tietokannat

Työterveys ja kuntoutus

Hammaslääketiede

Akuuttihoito

Pitkäaikaissairaudet

D lääketietokanta **UUTTA**

Lääkkeet ja hinnat

SFINX-PHARAO

Lääk.kokonaisarvio **UUSI**

Raskaus ja imetys

Lääkkeet ja munuaiset

Lääkkeet ja maksa

Ristiyliherkkyydet

Farmakogenetiikka **UUSI**

Luontaistuotteet

Lääke ja laboratorio

Hoitotyön Pharmaca

ICD-10

Toimenpideluokitus

Etsi diagnoosi

Laskurit, lomakkeet ja lähetteet

Osoitetietokanta

Jäsenlehdet ▾ Viranomaistieto ▾ Lehdet ▾ Kuvastot **UUTTA** ▾ Oppiportti ▾

Hoitosuositukset, sanakirjat

Käypä hoito	Hoidon perusteet	EBMG	DynaMed Plus UUSI	EKG	Matkailijan terveys
Tietoa potilaalle	McMaster	Cochrane	Termit ja sanakirjat	Ensihoito	Allergiaohjelma

Uutispalvelu Duodecim

- Mielenterveys- ja päihdeongelmat jättiöngelma Kiinassa ja Intiassa - vain harva saa hoitoa
- Kaikki liikakilot lyhentävät elinikää
- Kirkkokansa saattaa elää muita pitempään

DUODECIM-lehti

Hae Duodecim-lehdestä »

Uusimman lehden sisältöä



► KardioKompassi yhdistää perimän ja perinteiset riskitekijät sepelvaltimotaudin ehkäisyssä
Genomi innostaa terveyspäätöksiin

Vinkistä vihiä - testaa tietosi

- Mikä altisti epilepsia-kohtauksille?
Potilas kertoi havainneensa kohtausten liittyvän aina samaan altisteeseen.



Ajankohtaista Terveysportissa

- Lääkärin käsikirjan näkymä uudistuu
- UUTTA: Suomenkielinen anatomiakuvasto
- Työperäiset sairaudet - nyt Työterveys ja kuntoutus -tietokannassa

Duodecim tiedottaa

- Käypä hoito -suositus valmistuu nopeasti uudella tilaajamallilla

Lääketietoa

- Omalitsumabin (Xolair) rajoitettu peruskorvattavuus laajenee 1.6.2016 alkaen
- Tarkennus korvausoikeuksiin '356. Nintedanibi ja pirfenidoni' ja '284. Pirfenidoni' 1.6.2016 alkaen
- Dimetyylifumaraatti (Tecfidera) rajoitettusti erityiskorvattavaksi 1.6.2016 alkaen

Lääkärin tietokannat

Sairaanhoitajan tietokannat

Duodecim lääketietokanta

PubMed

Google



Avoimet työpaikat **124**

Katso lisää >>>

- **Haemme työterveyslääkäreitä ja yleislääkäreitä** - **akuuttivastaanottoomme** - Etelä-Savon Työterveys Oy
- **Ihotautilien erikoislääkäreitä** - Kanta-Hämeen sairaanhoitopiirin kuntayhtymä
- **Etelä-Suomen alueelle alueellista myyntipäällikköä** - Terveystalo
- **Sairaanhoitajaa polikliiniseen työhön** -


Results: images, conditions and drug topics

EBSCO Health Calculators

DynaMed Plus

Results Images

Image Results



Attention deficit hyperactivity disorder (ADHD) in children and adolescents **Condition**
Overview and Recommendations | History and Physical | Diagnosis
chronic neurobehavioral disorder

Attention deficit hyperactivity disorder (ADHD) in adults **Condition**
Overview and Recommendations | History and Physical | Diagnosis
pattern of behavior (inattention and/or hyperactivity/impulsivity) present in multiple settings that impairs social and academic or work performance

Medications for attention deficit hyperactivity disorder (ADHD) in children
Overview and Recommendations | Overview | Role of Medications

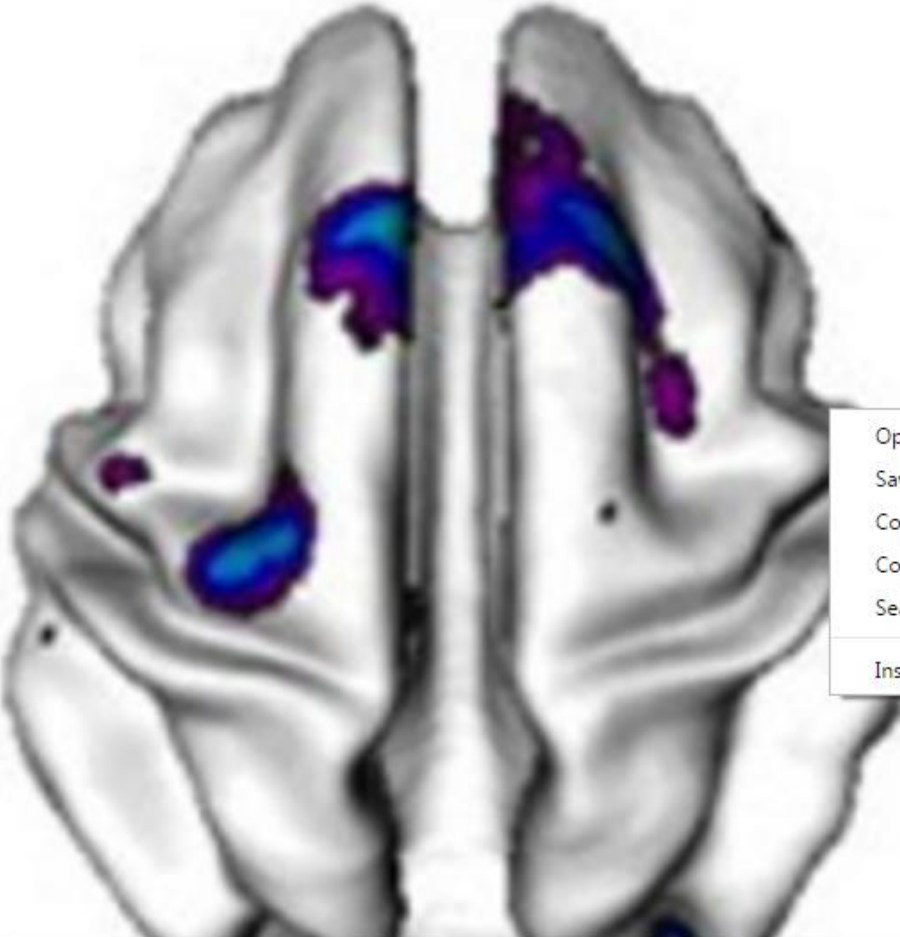
Alternative treatments for ADHD in children
Role of Alternative Therapies for ADHD in Children and Adolescents | Neurofeedback and Cognitive Training | Dietary and Herbal Treatments

Methylphenidate **Drug**
Dosing & Indications | Contraindications/Warnings | Drug Interactions
Dosing & Indications / Indications / FDA-Labeled Indications / Attention deficit hyperactivity disorder

Atomoxetine **Drug**

Results allow quick access to images, condition, drug topics and calculators that are relevant to the user's query

Selecting an image provides the user a larger view



ADHD X

National Institute of Mental Health, National Institutes of Health, Department of Health and Human Services

Brain regions (blue, purple) where children with ADHD have a thinner cortex are part of circuitry that controls attention and motor activity. Front of the brain is at top in this image, constructed from MRI scan data.

- Open image in new tab
- Save image as...
- Copy image
- Copy image address
- Search Google for image
- Inspect Ctrl+Shift+I

Search

Results Images

Image Results



Attention deficit hyperactivity disorder (ADHD) in children and adolescents Condition

Overview and Recommendations | History and Physical | Diagnosis

chronic neurobehavioral disorder

Selecting a condition topic takes the user into the full topic review

Attention deficit hyperactivity disorder (ADHD) in adults Condition

Overview and Recommendations | History and Physical | Diagnosis

pattern of behavior (inattention and/or hyperactivity/impulsivity) present in multiple settings that impairs social and academic or work performance

Medications for attention deficit hyperactivity disorder (ADHD) in children

Overview and Recommendations | Overview | Role of Medications

Alternative treatments for ADHD in children

Role of Alternative Therapies for ADHD in Children and Adolescents | Neurofeedback and Cognitive Training | Dietary and Herbal Treatments

Methylphenidate Drug

Dosing & Indications | Contraindications/Warnings | Drug Interactions

Dosing & Indications / Indications / FDA-Labeled Indications / Attention deficit hyperactivity disorder

Atomoxetine Drug

Current: *“DynaMed has an updating process that markedly led the others.” (BMJ 2011 Sep 23)*

EBSCO Health Calculators Feedback Help Abo

DynaMed Plus

- Overview and Recommendations
- Related Summaries
- General Information
- Epidemiology
- Etiology and Pathogenesis
- History and Physical

Attention deficit hyperactivity disorder (ADHD) in childr...

Updates

Updated 2016 May 19 09:39:00 AM

- review of treatment of attention-deficit/hyperactivity disorder in adolescents (JAMA 2016 May 10) [view update](#)
- ADHD associated with increased internalizing and externalizing disorders, poorer math and reading scores, and greater peer problems in children aged 6-8 years (Pediatrics 2014 Oct) [view update](#)
- review of common questions about cognitive behavior therapy for psychiatric disorders (Am Fam Physician 2015 Nov 1) [view update](#)

Topic Editor Dean Scott Miner, MD	Recommendations Editor Zbys Fedorowicz, MSc, DPH, BDS, LDSRCSE	Deputy Editor Alan Ehrlich, MD
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Overview and Recommendations

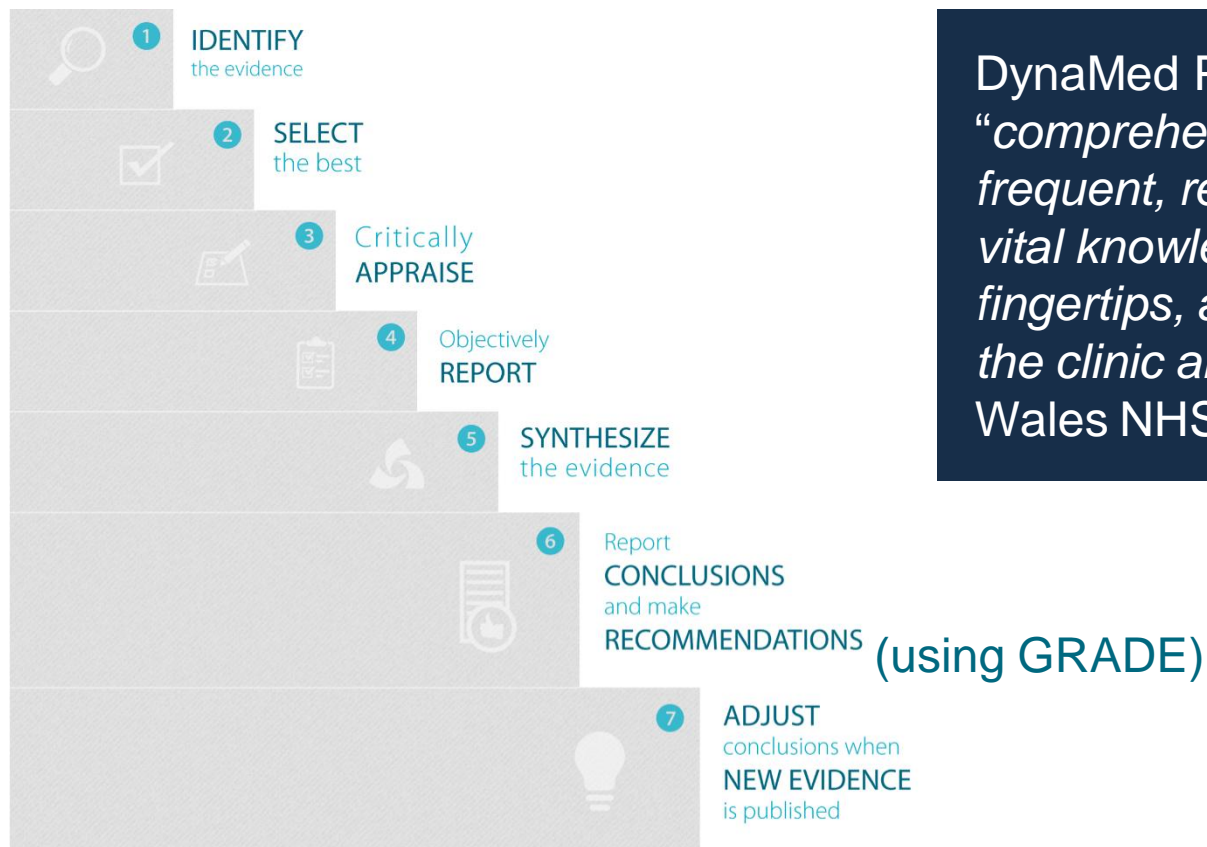
order (ADHD) is a chronic neurobehavioral disorder consisting of a pattern of inattention and/or hyperactivity-impulsivity more frequent and severe than typically observed in individuals of methodology used to evaluate, and population studied it may affect 2%-9.5% of school-aged children and adolescents. abnormality in the central dopaminergic and noradrenergic pathways. Significant risk factors include family history of ADHD, prematurity, low birth weight, intrauterine growth restriction, genetic syndromes. n and may include learning or language disorders, neurodevelopmental disorders, psychological and behavioral conditions, sleep disorders, and autism spectrum disorder.

Evaluation

- Children will usually present with a number of behavioral, social, and academic concerns. Physical examination may be normal or show subtle neurologic findings such as imprecise movements.
- Evaluate all children and adolescents aged 4-18 years presenting with academic and/or behavioral problems plus symptoms of inattention, hyperactivity or impulsivity for attention deficit hyperactivity disorder (ADHD) (Strong recommendation). Evaluation should include assessment for coexisting conditions (Strong recommendation).
 - Evaluation usually involves using rating scales to gather information about the child's behavioral, social, and academic concerns. This is scored and compared to diagnostic criteria from Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or ICD-10. These will also help to identify any psychiatric symptoms associated with comorbid conditions or an alternative diagnosis.
 - Commonly used validated rating scales include the Vanderbilt ADHD Rating Scales (ages 6-12 years), Conners Rating Scales, ADD-H Comprehensive Teacher's Rating Scale (kindergarten to eighth grade), Attention Deficit Disorder Evaluation Scale (ages 4-18 years), Brown Rating scales (ages 3 to adulthood), Child Behavior Checklist (ages 18 months to 18 years), ADHD Rating Scale IV (ages 5-18 years), and Swanson, Nolan, and Pelham IV Questionnaire (ages 5-11 years).
- The DSM-5 diagnostic criteria is one method for making the diagnosis of ADHD. Diagnosis can be made when:
 - symptoms are present for ≥ 6 months, begin before 12 years old, clearly interfere with function, are inappropriate for developmental level with several symptoms being present in ≥ 2 settings, and not better explained by an alternative disorder
 - children and adolescents < 17 years old have ≥ 6 symptoms from the specific subtype category to diagnose ADHD inattention or hyperactivity/impulsivity subtypes and ≥ 6 symptoms from each category to diagnosis ADHD combined type, and adolescents aged ≥ 17 years require ≥ 5 symptoms

Update details at the top of each topic

Trustworthy: EVIDENCE-BASED METHODOLOGY



DynaMed Plus provides
“comprehensive coverage and frequent, reliable updates, bringing vital knowledge to the clinicians’ fingertips, at the bedside and in the clinic and community.” Dr A. Wales NHS Scotland



OVERVIEWS AND RECOMMENDATIONS

- Overviews and Recommendations provide clinicians with concise, accurate overviews for highly relevant topics and evidence-based recommendations for action.
- Recommendations are **always** based on evidence and **never** on the experience or opinion of the author

Fast: overview section with more detailed subsections

The screenshot shows the DynaMed Plus interface. At the top, there is a search bar with 'adhd' entered and a 'Search' button. Below the search bar, the article title 'Attention deficit hyperactivity disorder (ADHD) in childr...' is displayed. A navigation menu on the left lists various sections, with 'Overview and Recommendations' highlighted in orange. The main content area shows the 'Overview and Recommendations' section, which includes sub-sections for 'Background', 'Evaluation', and 'Management'. A dark blue callout box with white text 'New Overviews and Recommendations at the top' is positioned over the 'Overview and Recommendations' section header.

ROBUST SPECIALTY CONTENT



<http://www.dynamed.com/topics/dmp~AN~T909828/Browse-by-specialty>

- Allergy
- Cardiology
- Critical Care
- Dermatology
- Ear, Nose and Throat
- Infectious Disease
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Hematology
- Infectious Diseases
- Nephrology
- Neurology
- Obstetrics and Gynecology
- Oncology
- Orthopedics & Sports Medicine
- Pediatrics
- Primary Care
- Psychiatry
- Pulmonary Medicine
- Rheumatology
- Surgery
- Vascular Medicine

Localisation

EBSCO Health Calculators Feedback Help About

DynaMed Plus

- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Treatment
- Complications and Prognosis
- Prevention and Screening
- Quality Improvement
- Guidelines and Resources
 - Guidelines
 - Guideline comparison
 - United States guidelines
 - United Kingdom guidelines**
 - Canadian guidelines
 - European guidelines
 - Asian guidelines
 - Australian and New Zealand guidelines
 - Review articles
 - MEDLINE search
 - Patient Information

Attention deficit hyperactivity disorder (ADHD) in childr...

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[Guidelines and Resources](#) / [Guidelines](#) / [United Kingdom guidelines](#)

United Kingdom guidelines

- National Institute for Health and Care Excellence (NICE) guideline on diagnosis and management of attention deficit hyperactivity disorder (ADHD) in children and young people can be found at [NICE 2008 Sep:CG72 PDF](#) or at [National Guideline Clearinghouse 2010 Mar 15:14325](#), summary can be found in [BMJ 2008 Sep 24;337:a1230](#), commentary can be found in [BMJ 2008 Sep 24;337:a1466](#), [BMJ 2008 Oct 28;337:a2287](#)
- National Institute of Health and Care Excellence (NICE) guidance on methylphenidate, atomoxetine, and dexamfetamine for ADHD in children and adolescents can be found at [NICE 2008 Mar:TA98 PDF](#)
- Scottish Intercollegiate Guidelines Network (SIGN) national clinical guideline on attention deficit and hyperkinetic disorders in children and young people can be found at [2009 SIGN PDF](#)

Canadian guidelines

- Canadian Paediatric Society/Canadian Cardiovascular Society/Canadian Academy of Child and Adolescent Psychiatry (CCPS/CCVSC/CACAP) clinical practice guideline on the use of psychotropic medications in children and youth can be found in [Can J Cardiol 2009 Nov;25\(11\):825 full-text](#)

European guidelines

- Catalan Agency for Health Information, Assessment and Quality (CAHIAQ) clinical practice guideline on the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in children and adolescents can be found at [CAHIAQ 2010 Oct:1-10 PDF](#)
- European Network for Hyperkinetic Disorders (EUNETHYDIS) guideline on managing adverse effects of medication in children and adolescents with attention deficit hyperactivity disorder (ADHD) can be found at [EUNETHYDIS 2010 Oct:1-10 PDF](#)

Asian guidelines

- Singapore Ministry of Health (SMOH) guideline on attention deficit hyperactivity disorder (ADHD) in children and adolescents can be found at [SMOH 2009 Oct:1-10 PDF](#)

Australian and New Zealand guidelines

- Royal Australian and New Zealand College of Psychiatrists (RANZCP) position statement on attention deficit hyperactivity disorder in childhood and adolescence can be found at [RANZCP 2014 Oct PDF](#)
- National Health and Medical Research Council (NHMRC) clinical practice points on diagnosis, assessment, and management of ADHD in children and adolescents can be found at [NHMRC 2012 Sept 3 PDF](#)

Review articles

- review can be found in [Lancet 2016 Mar 19;387\(10024\):1240](#)
- review of treatment of attention-deficit/hyperactivity disorder in adolescents can be found in [JAMA 2016 May 10;315\(18\):1997](#)
- review of common questions about cognitive behavior therapy for psychiatric disorders can be found in [Am Fam Physician 2015 Nov 1;92\(9\):807](#)
- attention deficit hyperactivity disorder (ADHD) toolkit, including parent and teacher rating scales, can be found at [National Initiative for Children's Healthcare Quality \(NICHQ\)](#)
- review of pediatric psychopharmacology for treatment of ADHD, depression, and anxiety can be found in [Pediatrics 2015 Aug;136\(2\):351](#)
- review of diagnosis and management of ADHD in children can be found in [Am Fam Physician 2014 Oct 1;90\(7\):456](#)
- review of attention-deficit/hyperactivity disorder and substance abuse can be found in [Pediatrics 2014 Jul;134\(1\):e293](#)
- review of updates in clinical assessment and management of ADHD in adolescents can be found in [Curr Opin Pediatr 2014 Feb;26\(1\):119](#)

Over 18,000 country specific guidelines

CME: 1CPD point per hour is earned for reading DynaMed Plus

Attention deficit hyperactivity disorder (ADHD) in childr...

Follow Print E-mail CME

Updates

DynaMed content evaluated: DynaMed content for *Attention deficit hyperactivity disorder (ADHD) in children and adolescents* was found in the following sections:

* Select topic sections reviewed:

- All Sections
- Overview & Recommendations
- General Information
- Causes and Risk Factors
- Complications and Associated Conditions
- History and Physical
- Diagnosis
- Staging
- Treatment
- Prognosis
- Prevention and Screening
- Quality Improvement
- Guidelines and Resources

Enter comments if needed to clarify:

Earn CME/CE/CPD credit for searches in *DynaMed Plus*. There are a number of ways in which institutions can provide CME/CE/CPD to *DynaMed Plus* users.

What You Learned

Success in meeting learning objective:

* Check one or more of the following statements, indicating whether and how you expect to apply the information you found:

- I fulfilled my educational need and learned something that will change how I manage patients.
- I fulfilled my educational need and reinforced information that supports how I currently manage patients.
- I partially fulfilled my educational need and provide constructive feedback for improving the educational resource.

Management

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

THANK YOU

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