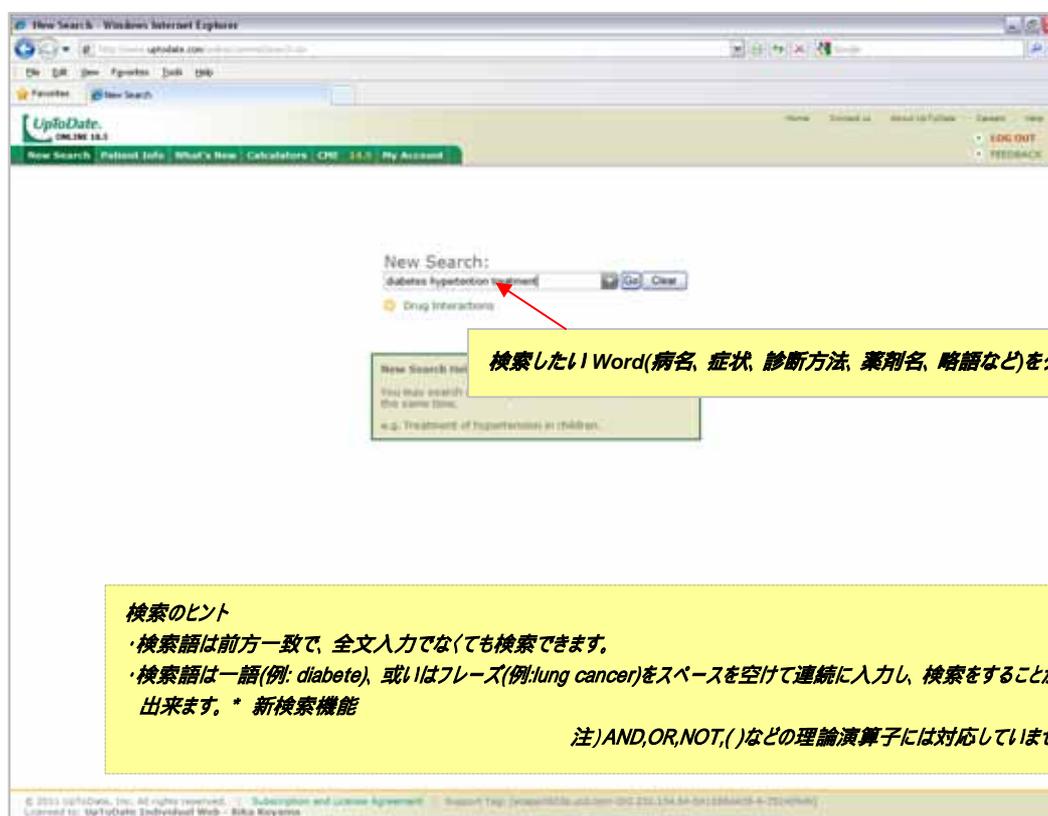
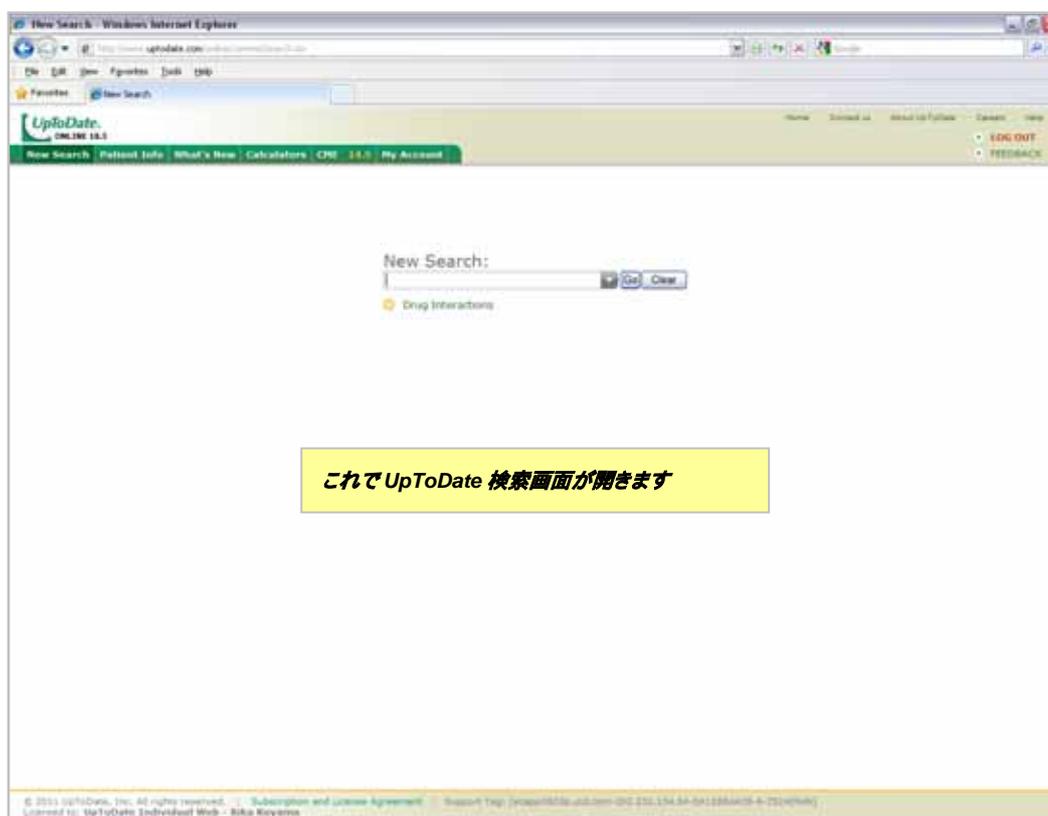
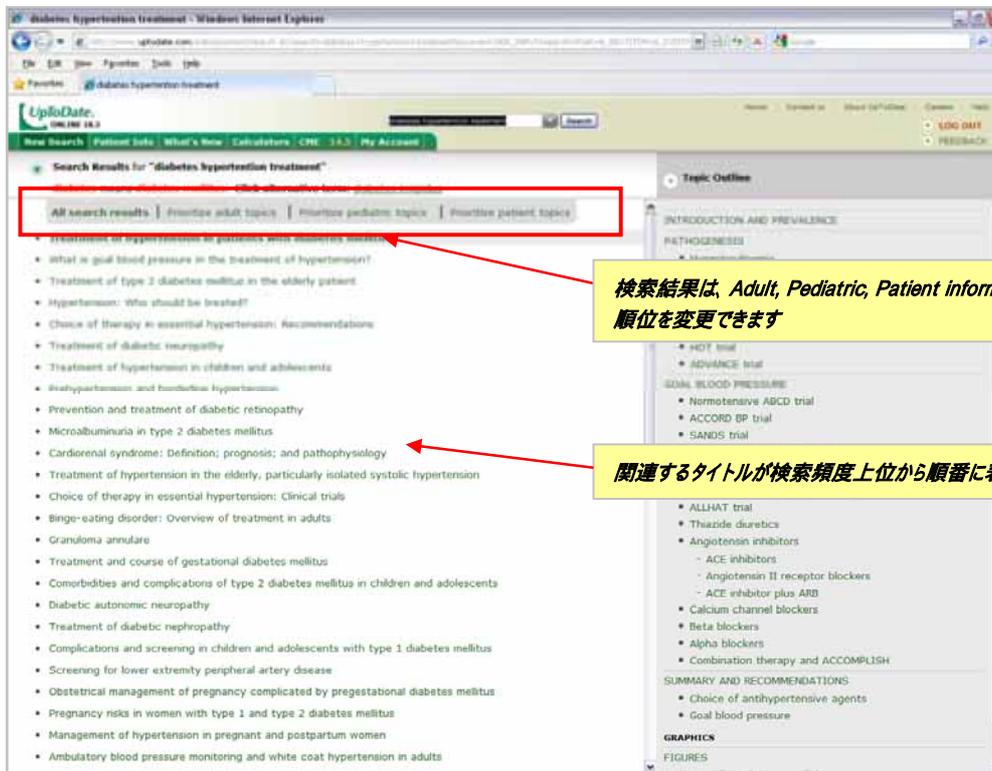


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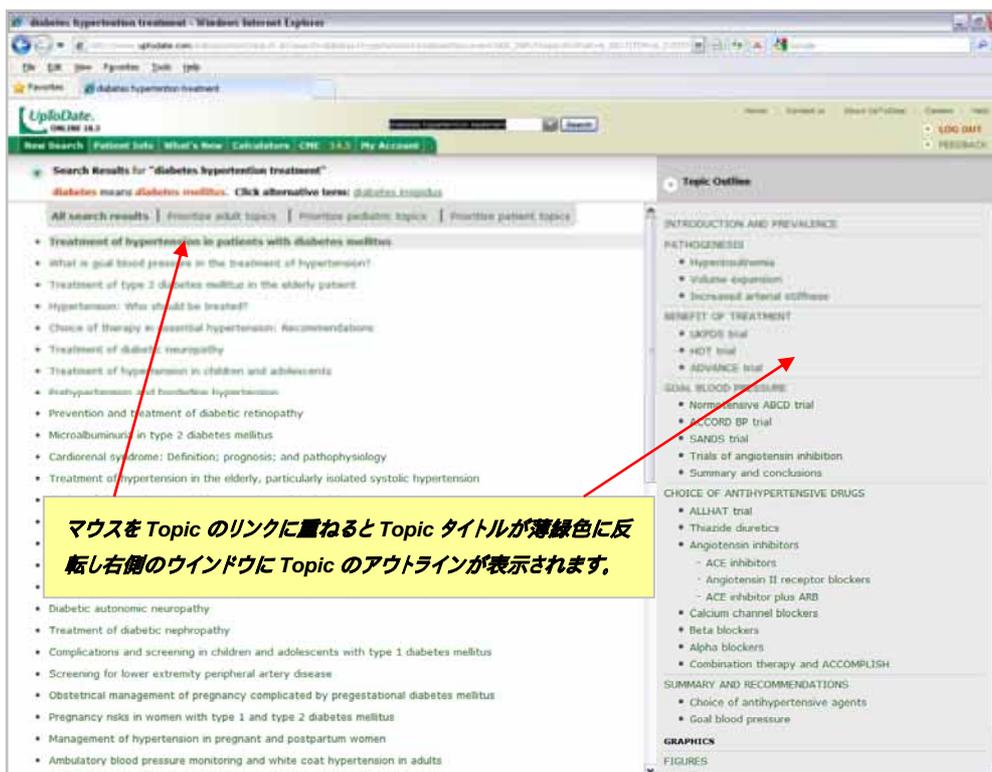
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検索結果は、Adult, Pediatric, Patient information で、優先順位を変更できます

関連するタイトルが検索頻度上位から順番に表示されます



マウスを Topic のリンクに重ねると Topic タイトルが薄緑色に反転し右側のウィンドウに Topic のアウトラインが表示されます。

**Search Results for "diabetes hypertension treatment"**  
 diabetes means diabetes mellitus. Click alternative terms: diabetes mellitus

All search results | **Favorite adult topics** | Favorite pediatric topics | Favorite patient topics

- Treatment of hypertension in patients with diabetes mellitus
- What is goal blood pressure in the treatment of hypertension?
- Treatment of type 2 diabetes mellitus in the elderly patient
- Hypertension: Who should be treated?
- Choice of therapy in essential hypertension: Recommendations
- Treatment of diabetic neuropathy
- Treatment of hypertension in children and adolescents
- Resistant hypertension and treatment of hypertension
- Prevention and treatment of diabetic retinopathy
- Microalbuminuria in type 2 diabetes mellitus
- Cardiorenal syndrome: Definition; prognosis; and pathophysiology
- Treatment of hypertension in the elderly, particularly isolated systolic hypertension
- Choice of antihypertensive drugs
- Binge drinking and hypertension
- Granulomatous disease and hypertension
- Treatment and course of gestational diabetes mellitus
- Comorbidities and complications of type 2 diabetes mellitus in children and adolescents
- Diabetic autonomic neuropathy
- Treatment of diabetic nephropathy
- Complications and screening in children and adolescents with type 1 diabetes mellitus
- Screening for lower extremity peripheral artery disease
- Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
- Pregnancy risks in women with type 1 and type 2 diabetes mellitus
- Management of hypertension in pregnant and postpartum women
- Ambulatory blood pressure monitoring and white coat hypertension in adults

**Topic Outline**

- INTRODUCTION AND PREVALENCE
- PATHOPHYSIOLOGY
  - Hypernatremia
  - Volume expansion
  - Increased arterial stiffness
- BENEFIT OF TREATMENT
  - SAPPHO trial
  - HDT trial
  - ADVANCE trial
- GOAL BLOOD PRESSURE
  - Normotensive ABCD trial
  - ACCORD BP trial
  - SANDS trial
  - Trials of angiotensin inhibition
  - Summary and conclusions
- CHOICE OF ANTIHYPERTENSIVE DRUGS
  - ALLHAT trial
  - Thiazide diuretics
  - Angiotensin inhibitors
    - ACE inhibitors
    - Angiotensin II receptor blockers
    - ACE inhibitor plus ARB
  - Calcium channel blockers
  - Beta blockers
  - Alpha blockers
  - Combination therapy and ACCOMPLISH
- SUMMARY AND RECOMMENDATIONS
  - Choice of antihypertensive agents
  - Goal blood pressure
- GRAPHICS
- FIGURES

Topic, または Topic アウトラインをクリックします

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**Treatment of hypertension in patients with diabetes mellitus**

**TOPIC OUTLINE**

- INTRODUCTION AND PREVALENCE
- PATHOGENESIS
  - Hypertensinemia
  - Volume expansion
  - Increased arterial stiffness
- BENEFIT OF TREATMENT
  - UKPDS trial
  - NOT trial
  - ADVANCE trial
- GOAL BLOOD PRESSURE
  - Nonpharmacologic ABCs trial
  - ACCORD BP trial
  - SANDS trial
  - Trials of angiotensin inhibition
  - Summary and conclusions
- CHOICE OF ANTIHYPERTENSIVE DRUGS
  - ALLHAT trial
  - Thiazide diuretics
  - Angiotensin inhibitors
    - ACE inhibitors
    - Angiotensin II receptor blockers
  - ACE inhibitors plus ARB
  - Calcium channel blockers
  - Beta blockers
  - Alpha blockers
  - Combination therapy and ACCORD trial
- SUMMARY AND RECOMMENDATIONS
  - Choice of antihypertensive agents
  - Goal blood pressure
- REFERENCES
- GRAPHICS
- FIGURES
- Systemic BP in type 2 diabetes

**Author:** George L. Bakris, MD

**Section Editors:** Norman M Kaplan, MD  
David M Nathan, MD

**Deputy Editor:** Alice M Sheridan, MD

Last literature review version 18.3: 09/2010 | This topic last updated: 10/9/2010 (More)

**INTRODUCTION AND PREVALENCE** — Hypertension is a common problem in patients with both type 1 and type 2 diabetes but the time course in relation to the duration of diabetes is different [1,2]. Among those with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 25 years, and 70 percent at 40 years [2]. There is a close relation between the prevalence of hypertension and increasing albuminuria. The blood pressure typically begins to rise within the normal range at or within a few years after the onset of microalbuminuria and increases progressively as the renal disease progresses. (See "Microalbuminuria in type 1 diabetes mellitus", section on "Risk factors".)

These features were illustrated in a study of 961 patients who had type 1 diabetes for five or more years [2]. Hypertension was present in 19 percent of patients with normoalbuminuria, 30 percent with microalbuminuria, and 65 percent with macroalbuminuria. The incidence of hypertension eventually reaches 75 to 85 percent in patients with progressive diabetic nephropathy [2]. The risk of hypertension is highest in blacks, who are also at much greater risk for renal failure due to diabetic nephropathy. (See "Overview of diabetic nephropathy".)

The findings are different in patients with type 2 diabetes. In a series of over 3500 newly diagnosed patients, 39 percent were already hypertensive [3]. In approximately one-half of these patients, the elevation in blood pressure (BP) occurred before the onset of microalbuminuria. Hypertension was strongly associated with obesity and, not surprisingly, the hypertensive patients were at increased risk for cardiovascular morbidity and mortality. (See "Microalbuminuria in type 2 diabetes mellitus".)

This topic will review the pathogenesis of hypertension in patients with diabetes mellitus and the three major treatment issues:

- The evidence supporting benefit from the treatment of hypertension in diabetes: hypertensinemia, extracellular fluid volume expansion, and increased arterial stiffness.
- The choice of antihypertensive agents.
- Goal blood pressure.

**PATHOGENESIS** — In addition to the development of diabetic nephropathy to contribute to hypertension in diabetes: hypertensinemia, extracellular fluid volume expansion, and increased arterial stiffness.

**Hypertensinemia** — Hypertensinemia, due to insulin resistance in type 2 diabetes or to insulin administration, may increase systemic blood pressure. In one report of 80 type 2 diabetic patients begun on insulin, the blood pressure rose from 132/91 to 148/89 mmHg [4]. This hypertensive response, although not noted in all studies, may be mediated by concurrent weight gain and by the prohypertensive effect of insulin. Hypertensinemia may be a link to explain the association between obesity and hypertension both in nondiabetic patients and those with type 2 diabetes, since insulin can increase sympathetic activity and promote renal sodium retention.

**Volume expansion** — Sodium retention and volume expansion may be induced both by insulin and the hyperglycemia-induced increase in the filtered glucose load [2,5]. The excess filtered glucose is reabsorbed (as long as there is only moderate hyperglycemia) in the proximal tubule via

Help improve UpToDate. Did UpToDate answer your question? | 1/1 | 1/1

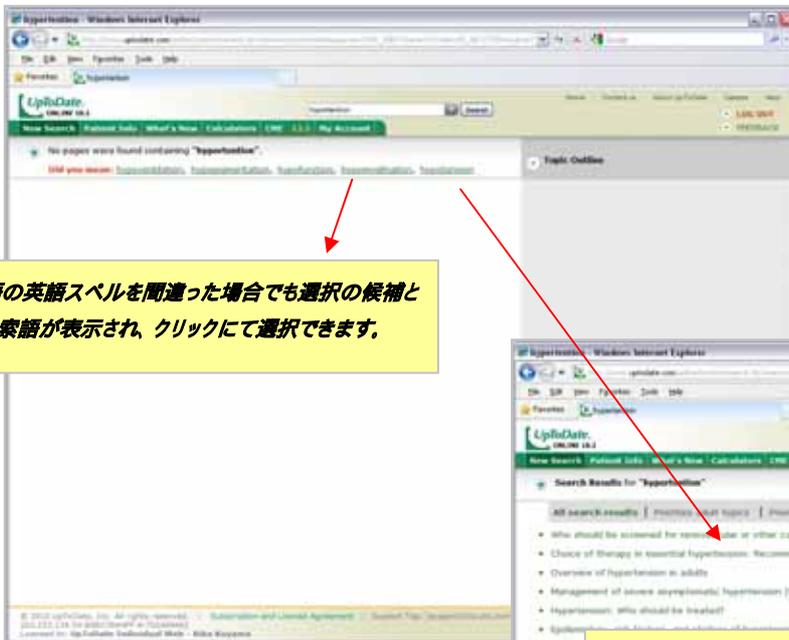
'Accept' ボタンをクリックすると、トピックの内容画面に戻ります

**Search Results for "treatment of hypertension"**

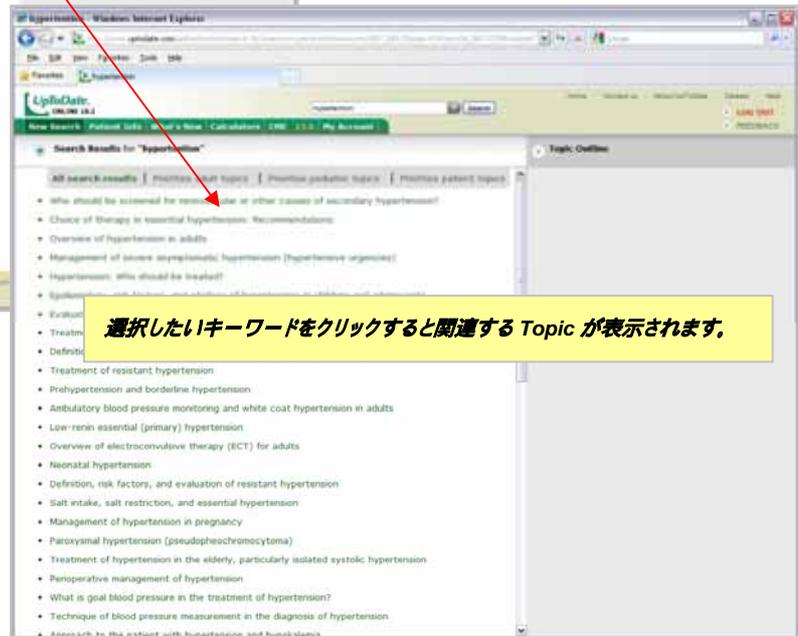
All search results | **practice alert topics** | **practice guideline topics** | **practice patient topics**

- Choice of therapy in essential hypertension: Recommendations
- Hypertension: who should be treated?
- Treatment of hypertension in the elderly, particularly isolated systolic hypertension
- Management of severe asymptomatic hypertension (hypertensive urgencies)
- Choice of therapy in essential hypertension: Clinical trials
- Overview of hypertension in adults
- Treatment of hypertension in patients with diabetes mellitus
- Treatment of resistant hypertension
- Treatment of hypertension in children and adolescents
- Definition, risk factors, and evaluation of resistant hypertension
- Overview of electroconvulsive therapy (ECT) for adults
- Treatment of acute decompensated heart failure: Components of therapy
- Congenital rubella syndrome: Management, outcome, and prevention
- What is goal blood pressure in the treatment of hypertension?
- Management of symptomatic carotid atherosclerotic disease
- Antipsychotic medications: Treatment efficacy, drug selection, and side effects
- Management of asymptomatic carotid atherosclerotic disease
- Management of hypertension in pregnancy
- Perioperative management of hypertension
- Adenosine deaminase deficiency: Treatment
- Prehypertension and borderline hypertension
- Neonatal hypertension
- Chronic urticaria: Treatment of refractory symptoms
- Chemotherapy and immunotherapy for HIV/AIDS-related cancer

ここをクリックして、検索結果画面(この画面では 'treatment of hypertension,')に戻ることができます



検索語の英語スペルを間違った場合でも選択の候補となる検索語が表示され、クリックにて選択できます。



選択したいキーワードをクリックすると関連する Topic が表示されます。

**Treatment of chronic hepatitis C virus infection: General recommendations for adults**

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**Clinical features and natural history of hepatitis C virus infection**

**TOPIC OUTLINE**  
INTRODUCTION  
ACUTE HEPATITIS C  
CHRONIC HEPATITIS C  
Symptoms  
Serum aminotransferases  
Natural history  
Outcomes  
Hepatic decompensation  
Hepatocellular Carcinoma  
Survival  
Factors predictive of disease progression  
Host factors  
Alcohol intake  
Viral factors  
Prognostic models  
Disease course during pregnancy  
Disease course during glucocorticoid use  
EXTRAHEPATIC MANIFESTATIONS OF CHRONIC HEPATITIS C  
INFORMATION FOR PATIENTS  
SUMMARY AND RECOMMENDATIONS  
REFERENCES  
GRAPHICS  
FIGURES  
Natural history hepatitis C  
Outcomes in HCV C  
Hepatocellular Carcinoma  
Survival in HCV C

**Clinical features and natural history of hepatitis C virus infection**

**Author** Sange Chagra, MD  
**Section Editor** Adrian M Di Bisceglie, MD  
**Deputy Editor** Anne C Travis, MD, MSc, FACC

**Last literature review version 18.3; 5/R 2010 | This topic last updated: 1/R 18, 2010 (More)**

**INTRODUCTION** — Infection with the hepatitis C virus (HCV) can result in both acute and chronic hepatitis. The acute process is most often asymptomatic; if symptoms are present, they usually abate within a few weeks. Acute infection rarely causes hepatic failure.

Acute HCV typically leads to chronic infection; 60 to 80 percent of cases develop chronic hepatitis (abnormal liver enzymes). Chronic HCV infection is usually slowly progressive; it may not result in clinically apparent liver disease in many patients if the infection is acquired later in life. Approximately 20 to 30 percent of chronically infected individuals develop cirrhosis over a 20- to 30-year period of time. Chronic HCV is the most common cause of chronic liver disease and the most frequent indication for liver transplantation in the United States.

The clinical features associated with acute and chronic HCV infection, and factors associated with liver disease will be reviewed here. The epidemiology, diagnosis, and treatment of HCV are discussed separately. (See "Epidemiology, diagnosis, and treatment of hepatitis C virus infection.")

**ACUTE HEPATITIS C** — HCV is the cause of approximately 20 percent of cases of acute hepatic hepatitis. The presence of HCV RNA in serum or liver is the first biochemical evidence of HCV infection, by PCR within days to eight weeks following exposure, depending in part upon the size of the inoculum. Serologic evidence (antibodies to HCV) becomes detectable approximately 6 to 12 weeks after exposure (range 1 to 24 weeks). (See "Diagnosis and treatment of acute hepatitis C in adults.")

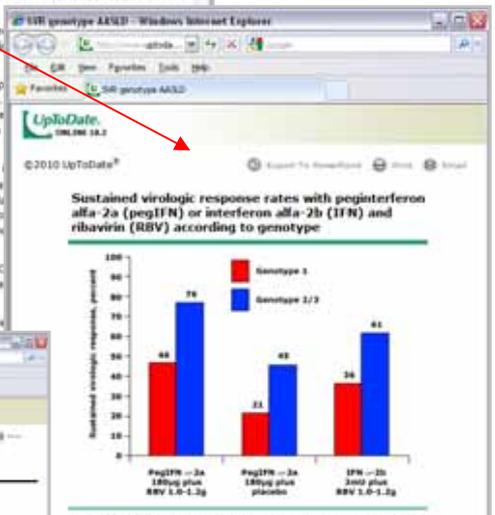
Most acutely infected patients are asymptomatic and have a clinically mild course; jaundice is present in fewer than 10 percent. In a small, nonselective study of infection in patients who are at high risk for infection (22), additional symptoms are visible in these in other forms of acute viral hepatitis, including malaise, anorexia, and right upper quadrant pain. In patients who experience acute symptoms, the illness typically lasts for 2 to 4 weeks. (See "Diagnosis and treatment of acute hepatitis C in adults.")

**CHRONIC HEPATITIS C** — The risk of chronic infection after an acute episode of hepatitis C is 55 to 85 percent. In 100 percent of patients remain HCV RNA positive, and 80 to 85 percent have persistently elevated aminotransferases. (See "Diagnosis and treatment of acute hepatitis C in adults.")

クリックすると関連する Topic が表示されます

**Clinical features and natural history of hepatitis C virus infection**

**TOPIC OUTLINE**  
INTRODUCTION  
ACUTE HEPATITIS C  
CHRONIC HEPATITIS C  
Symptoms  
Serum aminotransferases  
Natural history  
Outcomes  
Hepatic decompensation  
Hepatocellular Carcinoma  
Survival  
Factors predictive of disease progression  
Host factors  
Alcohol intake  
Viral factors  
Prognostic models  
Disease course during pregnancy  
Disease course during glucocorticoid use  
EXTRAHEPATIC MANIFESTATIONS OF CHRONIC HEPATITIS C  
INFORMATION FOR PATIENTS  
SUMMARY AND RECOMMENDATIONS  
REFERENCES  
GRAPHICS  
FIGURES  
Natural history hepatitis C  
Outcomes in HCV C  
Hepatocellular Carcinoma  
Survival in HCV C



クリックするとテーブルや図などが表示されます

**Sofosbuvir (sofosbuvir): Drug information**

**Drug information**  
Sofosbuvir (sofosbuvir) is a direct-acting antiviral (DAA) used for the treatment of chronic hepatitis C virus (HCV) infection. It is a nucleoside analog that inhibits the HCV NS5B polymerase, preventing viral RNA replication.

**Special Alerts**  
Sofosbuvir is contraindicated in patients with severe renal impairment (creatinine clearance < 30 mL/min). It is also contraindicated in patients with severe hepatic impairment (Child-Pugh class C).

**References**  
Sofosbuvir is a nucleoside analog that inhibits the HCV NS5B polymerase, preventing viral RNA replication. It is used in combination with other DAAs for the treatment of chronic HCV infection.

クリックすると薬剤情報が表示されます

**Medline Abstracts for References 7,8**

**7. Sofosbuvir (sofosbuvir) in combination with peginterferon alpha-2a (pegIFN) and ribavirin (RBV) for the treatment of chronic hepatitis C virus (HCV) infection: A randomized, controlled trial.**  
Ganev EJ, Nelson KE, Nelson KB, et al. N Engl J Med. 2011;364:1691-995.

**8. Sofosbuvir (sofosbuvir) in combination with peginterferon alpha-2a (pegIFN) and ribavirin (RBV) for the treatment of chronic hepatitis C virus (HCV) infection: A randomized, controlled trial.**  
Ganev EJ, Nelson KE, Nelson KB, et al. N Engl J Med. 2011;364:1691-995.

クリックすると根拠となるエビデンス、書籍事項と"Medline Abstract"が表示されます

## Grading

Recommendation に Grading を表示し、その Recommendation の度合いを表しています。  
 (\*Grading の表示は全ての Recommendation にはまだ付いていません。)

The screenshot shows the UpToDate website interface. The main content area displays a recommendation for the treatment of chronic hepatitis C virus infection. A red arrow points from the 'Grade 1A' label in the recommendation text to a detailed explanation of the grading system in a separate window.

**Grade 1A recommendation**

**A Grade 1A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.**

**Explanation:**  
 A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all, of your patients.  
 Grade A means that the best estimates of the critical benefits and risks come from consistent data from well-performed, randomized, controlled trials or overwhelming data of some other form (eg, well-executed observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.

**Recommendation grades**

1. Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
2. Weak recommendation: Benefits and risks closely balanced and/or uncertain

**Evidence grades**

- A. High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- B. Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- C. Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy which can be found by clicking "About UpToDate" and then selecting "Policies".

## Printing

Printer を押すと印刷に適した形で Topic が表示されます。

The screenshot shows the UpToDate website interface in Internet Explorer. The main article is titled "Treatment of chronic hepatitis C virus infection: General recommendations for adults". The page includes a table of contents on the left, author information, and the main text. Two red arrows point from the article content to a "Print Options" menu and an "Email" form. The "Print Options" menu has "Text" selected. The "Email" form has "Send" selected. Below the screenshot, there are two text boxes with instructions in Japanese.

**選択印刷機能:**  
 右上の Print Options のチェックを入れた項目だけ印刷することができます。  
 例えばテキストのみを印刷したい場合は、Text のチェックだけを入れるとファレンスやグラフは印刷されません。

**E-mail 機能:**  
 Email this Topic をクリックすると同僚の医師などに E-mail で Topic を送る事ができます。

## What's New

専門領域などから新しい Topic を表示する事ができます。

The image displays three sequential screenshots of the UpToDate website's 'What's New' section, demonstrating how to navigate to specific medical topics.

**Screenshot 1: Main 'What's New' Page**  
 The page title is 'Contents: What's New'. It features a sidebar on the left with navigation links such as 'About UpToDate', 'Contents', 'What's New', 'Calculators', 'CME', and 'My Account'. The main content area, titled 'Contents: What's New', explains that approximately 33% of UpToDate topics are updated every four months. It lists various medical specialties where updates occur, including:  
 - Practice-changing updates  
 - What's new in adult and pediatric emergency medicine  
 - What's new in allergy and immunology  
 - What's new in cardiology  
 - What's new in drug therapy  
 - What's new in gastroenterology and diabetes mellitus  
 - What's new in family medicine  
 - What's new in gastroenterology and hepatology  
 - What's new in hypertension  
 - What's new in infectious diseases

**Screenshot 2: 'What's New in Cardiology' Link**  
 A red arrow points from the 'What's new in cardiology' link in the list of the first screenshot to the same link in the second screenshot, which is now highlighted.

**Screenshot 3: 'What's New in Cardiology' Page**  
 A red arrow points from the 'What's new in cardiology' link in the second screenshot to the 'What's new in cardiology' link in the third screenshot, which is now selected. The page title is 'What's new in cardiology'. It includes a 'TOPIC OUTLINE' on the left with categories like 'ARRHYTHMIAS', 'CORONARY HEART DISEASE', 'HEART FAILURE AND CARDIOPULMONARY', 'CARDIAC TRANSPLANTATION', 'INTERVENTIONAL CARDIOLOGY', 'VALVULAR HEART DISEASE', and 'NONVALVULAR-CARDIAC SHUNTS'. The main content area is titled 'What's new in cardiology' and lists authors (Gordon M. Epstein, MD, FACC; Susan B. Thom, MD, FACC). It notes the last literature review version (18.2) is from 5/8/2010 and that the topic last updated on 6/8/2010. The text describes updates to the topic, mentioning the ACCORD-BP trial and the ACCORD-DPP trial. It also includes a 'CONCOMITANT HEART DISEASE' section discussing the optimal blood pressure goal for hypertensive patients with established cardiovascular disease.

## Patient Information

疾患毎に患者の為の情報を提供。

各疾患の原因や症状・治療・予防・患者団体の連絡先(米国のみ)など情報を表示します。

The image displays three overlapping screenshots of the UpToDate website interface, illustrating the navigation path to patient information for a specific condition (Allergy and asthma).

- Top Screenshot:** Shows the 'New Search' page with a search bar and a 'New Search Help' box. A red arrow points from the search bar area down to the next screenshot.
- Middle Screenshot:** Shows the 'Contents: Patient Information' page. A red arrow points from the 'Contents' section on the left side of the page down to the next screenshot.
- Bottom Screenshot:** Shows the 'Contents: Allergy and asthma' page. A red arrow points from the 'Contents' section on the left side of the page down to the main content area.

The screenshots demonstrate the following navigation steps:

- Accessing the 'New Search' page.
- Clicking on 'Patient Information' in the top navigation bar.
- Clicking on 'Contents: Patient Information' in the left sidebar.
- Clicking on 'Contents: Allergy and asthma' in the left sidebar.

## Topic 内検索

目的とする検索語を Topic 内で探したい場合に使用します。

The image displays three overlapping screenshots of the UpToDate website interface, illustrating the 'Find in Topic' search functionality. The top screenshot shows the 'Overview of medical care in adults with diabetes mellitus' page with the 'Find in Topic' search box highlighted. The middle screenshot shows the search results for the term 'refractive error', listing 'Correctable visual impairment' as a relevant section. The bottom screenshot shows the search results for the term 'refractive error', listing 'Correctable visual impairment' as a relevant section.

**Find in Topic**

Author: David S. McCubbin, MD | Section Editor: Rury R. Holman, FRCPC | Deputy Editor: Jean E. Muir, MD

Last literature review version 18.2: 5/8/2010 | This topic last updated: 6/16/2010 (More)

**INTRODUCTION** — The estimated prevalence of diabetes among adults in the United States ranges from 5.3 to 12.1 percent (median 7.5 percent) [1]. However, because of the associated microvascular and macrovascular disease, diabetes accounts for almost 14 percent of US health care expenditures, at least one-half of which are related to complications such as myocardial infarction, stroke, and stage renal disease, retinopathy, and foot ulcers [2,3].

Numerous factors, in addition to directly related medical complications, contribute to the impact of diabetes on quality of life and economics. Diabetes is associated with a high prevalence of affective illness [4] and adversely impacts employment, absenteeism, and work productivity [5].

The review will provide an overview of the medical care for patients with diabetes. Detailed discussions relating to screening, evaluation, and treatment of the individual complications of diabetes are discussed separately. Guidelines from the American Diabetes Association for health maintenance in diabetes are published yearly [6]. Consensus recommendations for the management of glycemia in type 2 diabetes were published in 2006 and updated in 2009 [7,8].

**EVALUATION FOR DIABETIC COMPLICATIONS** — Morbidity from diabetes is a consequence of both macrovascular disease (atherosclerosis) and microvascular disease (retinopathy, nephropathy, and neuropathy). In type 2 diabetes, disease onset is insidious, and diagnosis is often delayed. As a result, diabetic microvascular complications may be present at the time of diagnosis of diabetes [9], and their frequency increases over time [10]. The progression of these complications can be slowed, but probably not stopped, with interventions such as aggressive management of glycemia, laser photocoagulation for retinopathy, and administration of an angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) for nephropathy. (See [Prevention and treatment of diabetic retinopathy](#) and [Microalbuminuria in type 1 diabetes mellitus](#) and [Microalbuminuria in type 2 diabetes mellitus](#).)

**Routine eye examination** — Patients with diabetes are at increased risk for visual loss, related both to refractive errors (correctable visual impairment) and to retinopathy.

**Screening for diabetic retinopathy** — The efficacy of laser photocoagulation surgery in preventing loss of vision is the major reason to screen regularly for diabetic retinopathy. (See [Prevention and treatment of diabetic retinopathy](#), section on [Yazdani photocoagulation](#).)

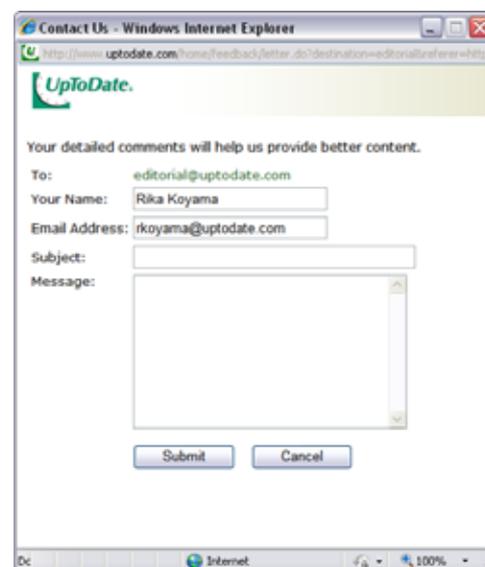
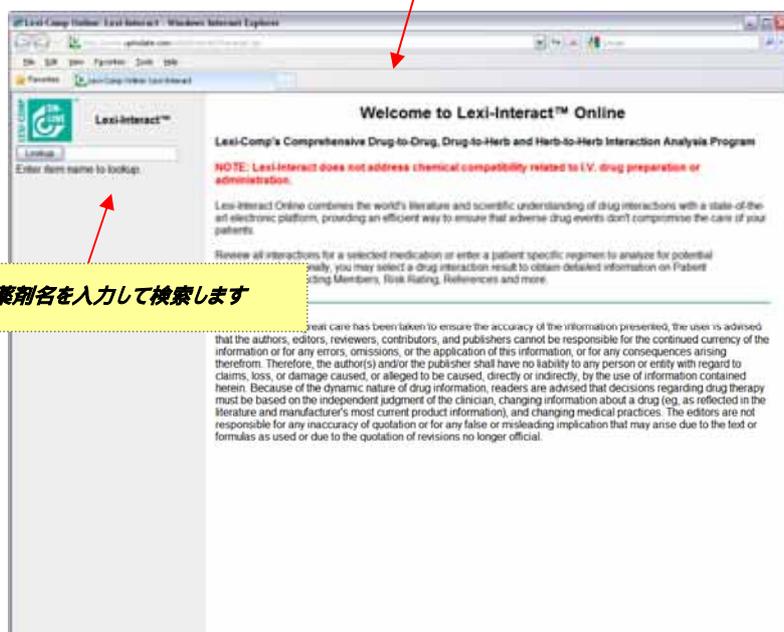
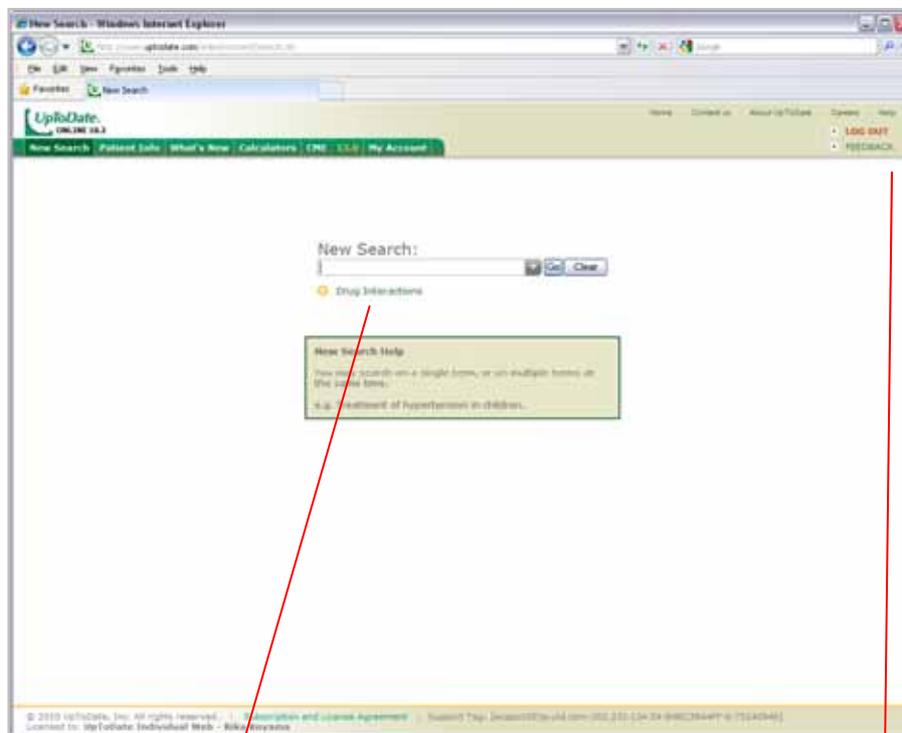
Recommendations for the type and frequency of routine eye examinations vary, based upon the type of diabetes mellitus and the presence of specific eye findings [10a,b] [11]. Serial examinations are indicated because of the increased incidence of retinopathy over time in patients with either type 1 or type 2 diabetes [10a,b]. Screening for diabetic retinopathy is reviewed in detail separately. (See [Screening for diabetic retinopathy](#).)

**Correctable visual impairment** — A study using data from the National Health and Nutrition Examination Survey (NHANES) in the US found that 11 percent of patients aged 20 years and older with diabetes had visual impairment (visual acuity <20/40 in their best eye with glasses) [12]. The impairment was correctable with an adequate corrective prescription for glasses or contact lenses in over two-thirds of the patients.

## Drug interaction Program & Feedback

薬剤相互作用データベースのリンクがあり自由に利用可能です。

また、Feedback をクリックすることにより UpToDate の編集スタッフに直接連絡をすることが出来ます(英語のみ)。



## Calculator

Calculator 機能がご利用頂けます。

The screenshots illustrate the following steps:

- UpToDate homepage with search bar.
- Navigation to the 'Calculators' section.
- Selection of 'Cardiology calculators'.
- Selection of the '10-year risk of developing cardiovascular disease in men' calculator.
- Viewing the calculator interface with input fields and a results box.

Input欄に数値を入力

Result 欄に結果を表示

~ご質問・お問合せは下記まで~

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