DynaMed™ is a clinical reference tool created by physicians for physicians and other health care professionals for use primarily at the point-of-care. With clinically-organized summaries for thousands of topics, DynaMed is an indispensable resource for answering most clinical questions during practice.

DynaMed balances the latest content and resources with validity, relevance and convenience to create the most useful clinical resource possible. Updated daily, DynaMed applies a 7-step systematic evidence-based process to all of its content, assuring that the science backing the conclusions is sound.

**Why Would I Use DynaMed?**

- Improve health outcomes and reduce health care costs by using the best available evidence for clinical decision-making
- Quickly obtain pertinent information right at the point-of-care with computer access or on a variety of mobile devices
- Utilize the latest drug research to verify that a prescription is appropriate for a patient’s condition
- Keep abreast of the latest medical research with daily updates through DynaMed's Systematic Literature Surveillance
- Earn required Continuing Medical Education (CME) credits

**How Do I Access DynaMed?**

In addition to access from workstations located throughout your institution, the information below can be used to log in to DynaMed from outside of your primary institutional location. Access is also available for mobile devices. Please contact your hospital administrator for details.

**Access URL:**

**User Name:**

**Password:**

**Help Contact:**

What will I find in DynaMed?

- **Topic Summaries**
  - More than 3,200 clinically-organized evidence-based* topic summaries covering all aspects of care
- **Drug Information**
  - Comprehensive drug information from respected sources such as AHFS
- **Detailed Reference Support**
  - More than 200,000 journal articles and Web links
- **ICD-9/ICD-10 Codes**
  - Topics include relevant ICD-9 and ICD-10 codes for all applicable diseases and conditions
- **Continuing Medical Education (CME)**
  - Easily obtain CME credits for point-of-care searching
- **Daily Updates**
  - Systematic surveillance of hundreds of medical journals and evidence-based sources provides the most up-to-date, accurate information
- **Medical Calculators**
  - More than 500 unique medical reference calculators featuring a wide array of pertinent medical formulae, clinical criteria sets and decision tree analysis tools
- **Patient Information**
  - Access relevant supplemental content to help educate patients about their conditions
- **Spell-Check Functionality**
  - Spell-check suggests alternate terms when search results are not found
- **PERC Widget**
  - Related patient education topics from Patient Education Reference Center™ can be accessed from a DynaMed summary (PERC subscription required)

*For a clinical reference resource to truly be called evidence-based, conclusions must be based on the best available evidence. Conclusions can be based on the best available evidence only if the evidence is consistently and systematically identified, evaluated and selected. The DynaMed editorial process applies a rigorous seven-step methodology to determine the best available evidence and to ensure the integrity of the conclusions.
Abdominal aortic aneurysm (AAA) rupture

54 patients with small AAA diagnosed on screening were randomized to propranolol 40 mg vs. placebo orally twice daily vs. placebo for mean 2.5 years comparing propanol vs. placebo.

• ACE inhibitors reported to be associated with reduced risk of ruptured AAA (level 3 [lacking direct] evidence)

• propranolol poorly tolerated and might increase mortality (level 2 [mid-level] evidence)

10,000 patients in 11,000 hospitals

Jane McCarthy, MD

Death in 12% vs. 9% (p = 0.36)

elective surgery for AAA in 20% vs. 26% (p = 0.11)

dropout rate 60% vs. 25% (RR = 1.74, 95% CI 1.06-2.86)

Comparison propranolol vs. placebo for mean 2.5 years

3,379 (22%) had ruptured AAA and 11,947 (78%) had intact AAA (odds ratio 0.82, 95% CI 0.74-0.9)

2006 Aug 19;368(9536):622

Coronary artery disease and obstructive sleep apnea

Thoracic aortic aneurysm and dissection

Hematuria in adults

Abdominal pain - differential diagnosis

Compartment syndrome

Hypovolemic shock

Coronary artery disease major risk factors

Ischemic colitis

Sports-related groin pain

Abdominal aortic aneurysm (AAA) rupture

Ruptured abdominal aortic aneurysm

Aortic aneurysm

Cardiovascular disease and obstructive sleep apnea

May Reduce Mortality in Patients with Tumor PIK3CA Mutation

ACE inhibitors reported to be associated with reduced risk of ruptured AAA (level 3 [lacking direct] evidence)

propranolol poorly tolerated and might increase mortality (level 2 [mid-level] evidence)