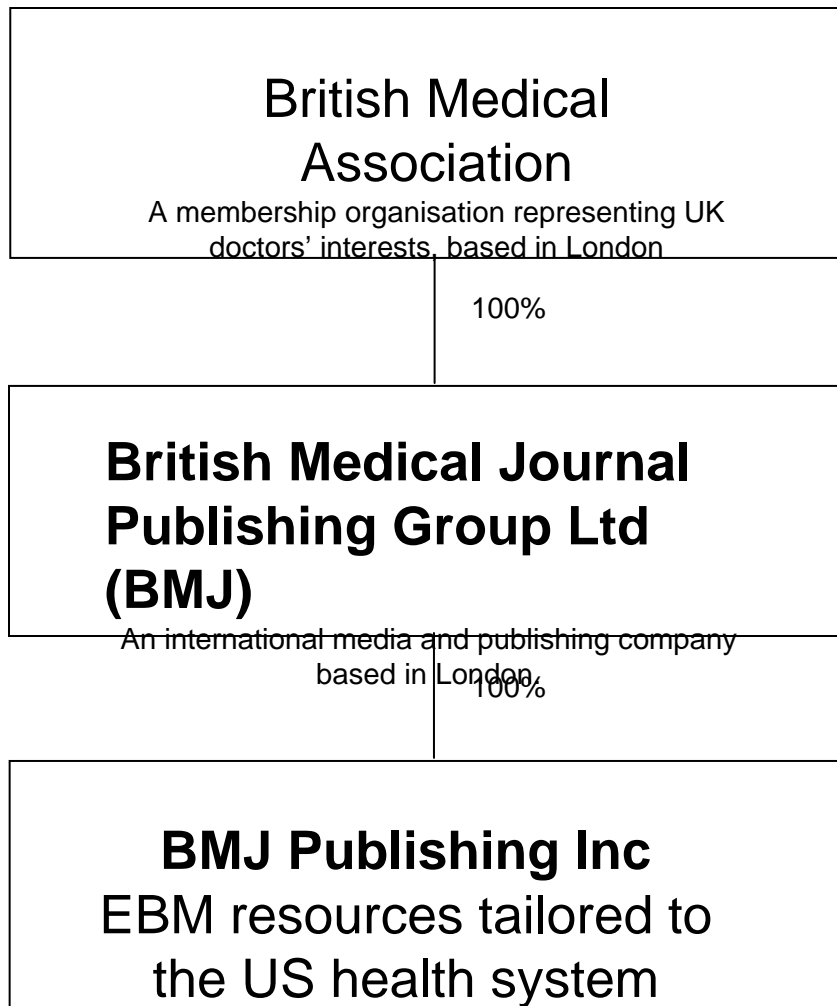




The Evolution of Clinical Content

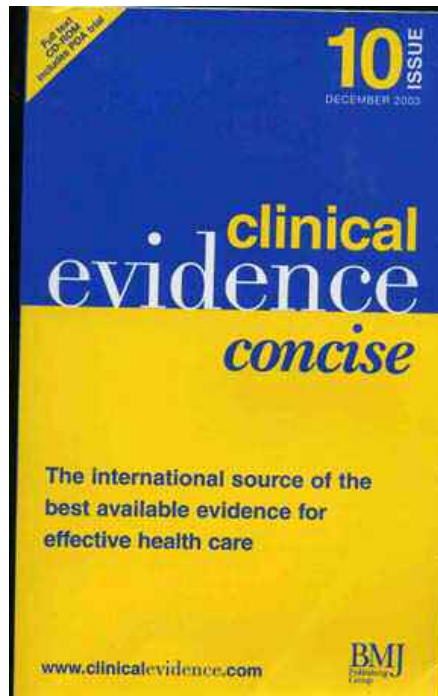
Carolyn Wong Simpkins, MD, PhD
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BMJ Publishing Group

Who is BMJ Group?



- Over 50% sales are outside UK, with customers in 200 countries
- BMJ one of world's top 4 general medical journals

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QuickTime™ and a decompressor are needed to see this picture.

*Perioperative care*

Postoperative pulmonary infections (updated)

Michelle Conde and Valerie Lawrence

[Interventions](#)[Key points](#)[About this condition](#)[Updates \(2\)](#)[Guidelines \(1\)](#)[References](#)[Your responses](#) [Print page](#) [Print review](#)

Preventive interventions

Advice to stop smoking preoperatively

In this section:[Summary](#) | [Benefits](#) | [Harms](#) | [Comment](#)

Summary

Pulmonary infections

Compared with usual care/control We don't know whether smoking cessation interventions are more effective at reducing postoperative pulmonary infections ([low-quality evidence](#)).

For GRADE evaluation of interventions for postoperative pulmonary infections, see [table](#).

[Top](#)

Updates *(new)*

We provide up-to-the-minute updates for this review so you always have the latest evidence.

Related BMJ Journal articles

Tobacco Control

Effects of preoperative smoking cessation on the incidence and risk of intraoperative and postoperative complications in adult smokers: a systematic review.

Student BMJ

sBMJ | Anaesthesia: Introduction and preoperative assessment

Student BMJ

- Intuitive, consistent menus mirror the way clinicians think and encourage users to quickly scan summary information and delve more deeply into areas of interest

Type 2 diabetes mellitus in adults

Content by
BMJ Group

SUMMARY	BASICS	DIAGNOSIS	TREATMENT	FOLLOW-UP	REFERENCES
Highlights	Definition Vignette Epidemiology Etiology	Approach Risk Factors History & Exam Tests Differential Criteria Screening	Approach ▶ Tx Details Emerging Tx Prevention	Overview Complications	Citations Guidelines Credits

Treatment Options

[show all detail](#)

Acute		
Patient Group	Tx Line	Treatment
fasting glucose >300 mg/dL or random plasma glucose >350 mg/dL	1 st	▶ basal-bolus insulin
Ongoing		
Patient Group	Tx Line	Treatment
type 2 diabetes	1 st	▶ lifestyle changes
• HbA1c above goal	1 st	▶ metformin monotherapy

- Unique patient-centered approach to treatment with treatments options organized by patient type


Otitis media

SUMMARY	BASICS	DIAGNOSIS	TREATMENT	FOLLOW-UP	REFERENCES	IMAGES
Highlights	Definition Vignette Epidemiology Etiology	Approach Risk Factors History & Exam Tests Differential Criteria	► Approach Tx Details Emerging Tx Prevention	Overview Complication		

Treatment Approach

Treatment of AOM calls for immediate pain control. Generally, this can be accomplished with analgesia include topical agents, narcotics and distraction.

Antibiotic therapy

Once pain control is adequately addressed, the physician and family can consider the need for antibiotics. Antibiotics have been a mainstay of treatment, but the overuse of these agents has led to increase in antibiotic resistance. As a result, treatment with oral antibiotics should be instituted only after diagnosis of AOM has been confirmed. Research has shown that antibiotics do have a modest effect on the condition. [22] [23]  Evidence The rates of clinical resolution, particularly symptom relief, are similar for placebo and antibiotic groups after one day of therapy and are higher for the antibiotic group at one week. [24] [25] Antibiotics only shorten recovery by 1 day on average; and 10 to 20 patients must take an antibiotic to benefit 1 child.

These studies reveal that no single antibiotic is superior for treating AOM. Several antibiotics are used when treating AOM. These are prescribed in a stepwise fashion beginning with a first-line antibiotic. [17] A lack of improvement in the patient's condition may require a change to a second or third-line medication.

Clinical Evidence

Pain reduction: there is moderate-quality evidence that immediate antibiotics may reduce pain and other symptoms of AOM compared with delayed antibiotics or watchful waiting after 24 hours, but not after 7 to 14 days.

Evidence Level B
Randomized controlled trials (RCTs) of <200 participants, methodologically flawed RCTs of >200 participants, methodologically flawed systematic reviews (SRs) or good quality observational (cohort) studies

[More info at BMJ Clinical Evidence...](#)

High quality medical evidence from BMJ Clinical Evidence is the foundation of BMJ Point of Care, and evidence is intuitively incorporated into monographs. Evidence grades are used to clearly distinguish between expert opinion and evidence.