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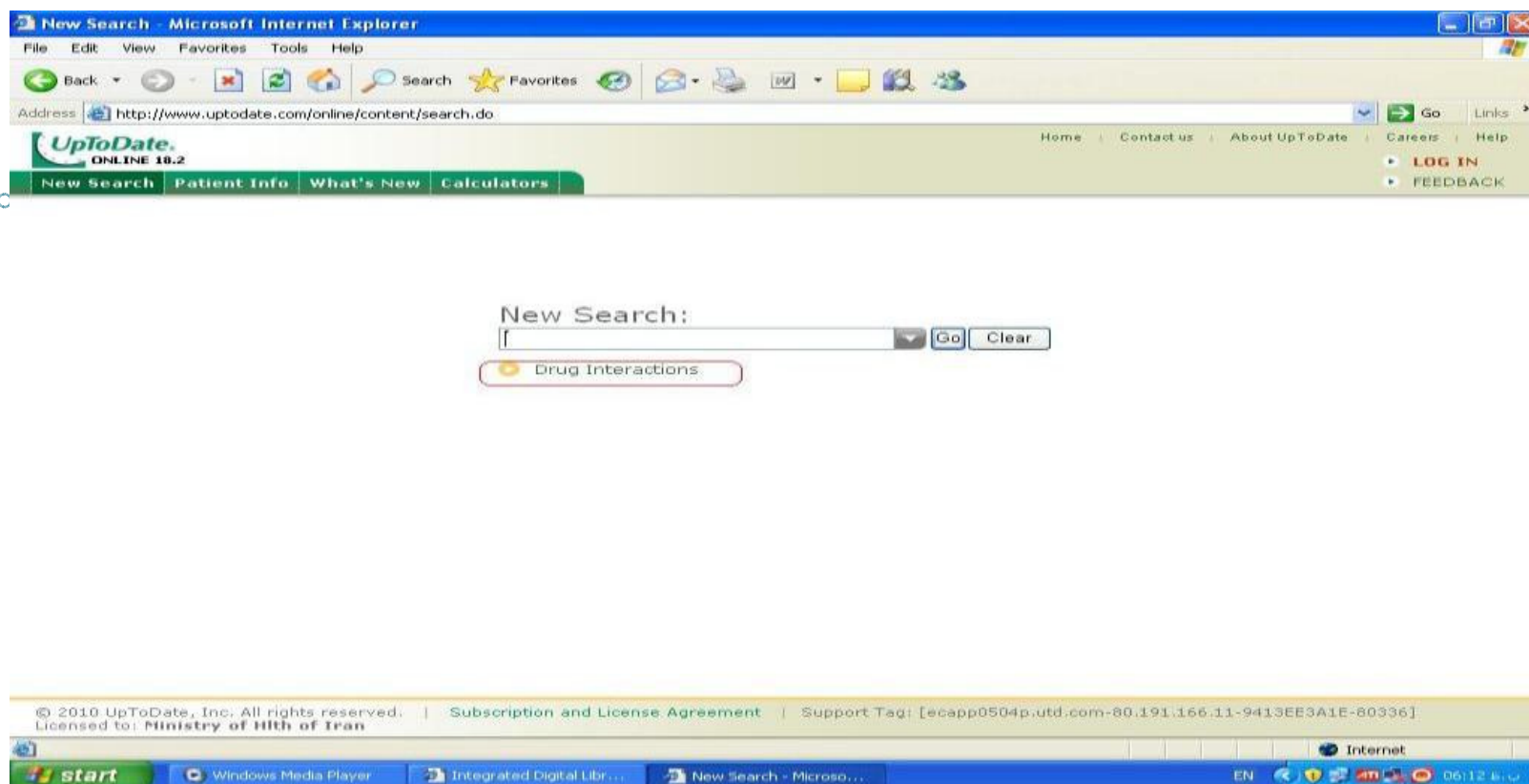
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Lookup

Enter item name to lookup.

Click on desired item.

- aspirin
- aspirin and Diphenhydrami...
- aspirin and Pipyridamol...
- aspirin and Pravastatin
- aspirin Free Anacin® Extr...

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Enter item name to lookup.

[Aspirin and Diphenhydramine](#)

- Display complete list of interactions for an individual item by clicking item name.
- Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.
- Remove item from the list by clicking the check mark next to the item name.

## Lexi-Comp Online™ Interaction Monograph

**Title** Anticholinergics / Anticholinergics

**Risk Rating** C: Monitor therapy

**Summary** Anticholinergics may enhance the adverse/toxic effect of other Anticholinergics. **Severity** Moderate **Reliability Rating** Good

**Patient Management** The concomitant use of two or more drugs that have anticholinergic activity (either as a therapeutic intention or a side effect) is often clinically appropriate. However, it is important to recognize that the risk of unwanted effects may increase with such use. Monitor for additive anticholinergic effects if two or more of these agents are concomitantly used.

**Anticholinergics Interacting Members** Acrivastine; Alcaftadine; Amitriptyline; Amoxapine; Atropine; Azelastine; Azelastine (Nasal); Belladonna; Benztropine; Carbinoxamine; Cetirizine; Chlorpheniramine; ChlorproMAZINE; Clemastine; Clidinium; ClomiPRAMINE; Clozapine; Cyclizine; Cyclobenzaprine; Cyclopentolate; Cyproheptadine; Darifenacin; Desipramine; Desloratadine; Dexbrompheniramine; Dexchlorpheniramine; Dicyclomine; DimenhyDRINATE; DiphenhydrAMINE; DiphenhydrAMINE (Systemic); DiphenhydrAMINE (Topical); Disopyramide; Doxepin; Doxepin (Systemic); Doxepin (Topical); Doxylamine; Droperidol; Epinastine; Fesoterodine; Fexofenadine; Flavoxate; Flupenthixol; Fluphenazine; Glycopyrrolate; Haloperidol; Homatropine; HydroXYzine; Hyoscyamine; Imipramine; Ipratropium; Ipratropium (Nasal); Ipratropium (Oral Inhalation); Isocarboxazid; Ketotifen; Levocabastine; Levocetirizine; Loratadine; Loxapine; Maprotiline; Meclizine; Mepenzolate; Mesoridazine; Methotrimeprazine; Methscopolamine; Moclobemide; Molindone; Nortriptyline; OLANZapine; Olopatadine; Olopatadine (Nasal); Olopatadine (Ophthalmic); Orphenadrine; Oxybutynin; Perphenazine; Phenelzine; Pimozide; Pizotifen; Prochlorperazine; Procyclidine; Promethazine; Propantheline; Protriptyline; Pyrilamine; QUETiapine; Risperidone; Scopolamine Derivatives; Scopolamine Derivatives (Ophthalmic); Scopolamine Derivatives (Systemic); Solifenacin; Thioridazine; Thiothixene; Tiotropium; Tolterodine; Tranylcypromine; Trifluoperazine; Trihexyphenidyl; Trimeprazine; Trimethobenzamide; Trimipramine; Triprolidine; Trospium; Zuclopenthixol; Zuclopenthixol Derivatives

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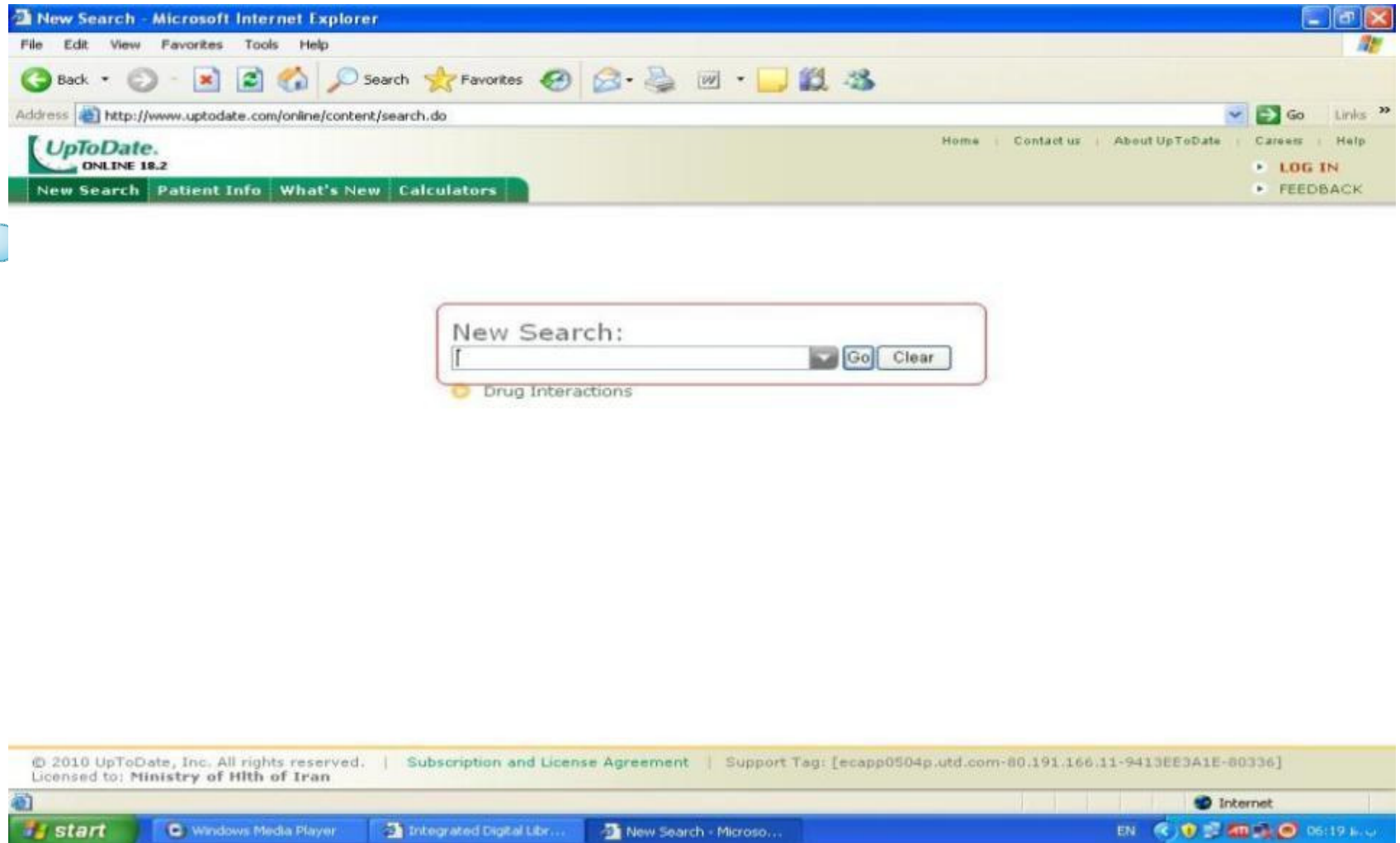
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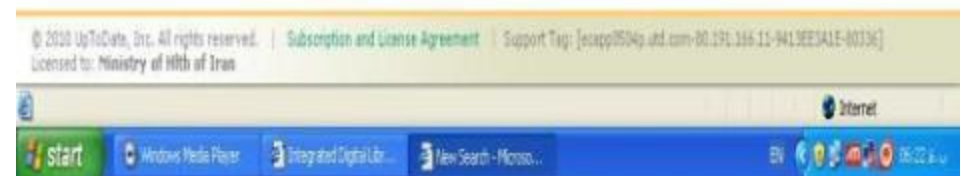
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- Management of hypertension in pregnancy
- Management of preeclampsia
- Treatment of specific hypertensive emergencies
- Gestational hypertension
- Pregnancy and Marfan syndrome
- Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
- Congenital ureteropelvic junction obstruction
- Adverse effects of antiretroviral therapy in developing countries
- Expectant management of severe preeclampsia
- Treatment and complications of respiratory distress syndrome in preterm infants
- Antepartum issues in management of twin gestations
- Counseling women about reproductive issues after bariatric surgery
- Course and treatment of autosomal dominant polycystic kidney disease
- Treatment and course of gestational diabetes mellitus
- Antenatal use of glucocorticoids in women at risk for preterm delivery
- Treatment of respiratory infections in pregnant women

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TOPIC OUTLINE 0

INTRODUCTION

BEDREST

PREECLAMPSIA

- Indications for antihypertensive therapy
  - Effect on fetus
  - Discussion
- Choice of drug and dose
  - Acute therapy
    - Drugs contraindicated in pregnancy
  - Long-term oral therapy
  - Target blood pressure

GESTATIONAL HYPERTENSION

POSTPARTUM HYPERTENSION

- Breastfeeding mothers

PREEXISTENT HYPERTENSION

- Pregnancy risks
- Maternal evaluation
- Indications for treatment
  - Mild essential hypertension

Prevent start and continue

Management of hypertension in pregnancy

Author: Phyllis August, MD, MPH

Section Editors: Charles J Lockwood, MD; George L Bakris, MD; Norman M Kaplan, MD

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Last literature review version 18.2: Mon May 31 00:00:00 GMT 2010 | This topic last updated: Wed Feb 24 00:00:00 GMT 2010 (More)

INTRODUCTION — There are four major hypertensive disorders that occur in pregnant women [1]:

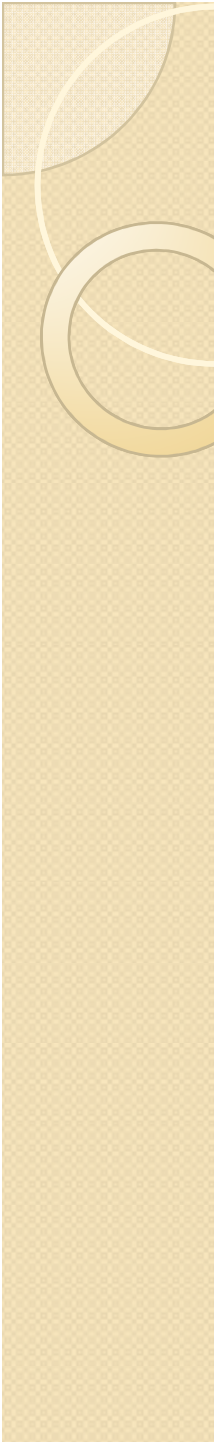
- Preeclampsia-eclampsia
- Preexisting hypertension
- Preeclampsia superimposed upon preexisting hypertension
- Gestational hypertension

The diagnosis of a hypertensive disorder in a pregnant woman depends, in part, upon the gestational age at presentation. Preeclampsia refers to the syndrome of new onset of hypertension and proteinuria after 20 weeks of gestation in a previously normotensive woman (table 1), or worsening hypertension with new onset proteinuria in a woman with preexisting hypertension (superimposed preeclampsia). Preexisting hypertension is defined as systolic pressure  $\geq 140$  mmHg and/or diastolic pressure  $\geq 90$  mmHg that antedates pregnancy, is present before the 20th week of pregnancy, or persists longer than 12 weeks postpartum [1]. Gestational hypertension refers to elevated blood pressure first detected after 20 weeks of gestation in the absence of proteinuria (table 2). Over time, some patients with gestational hypertension will develop preeclampsia and be considered preeclamptic, while others will be diagnosed with

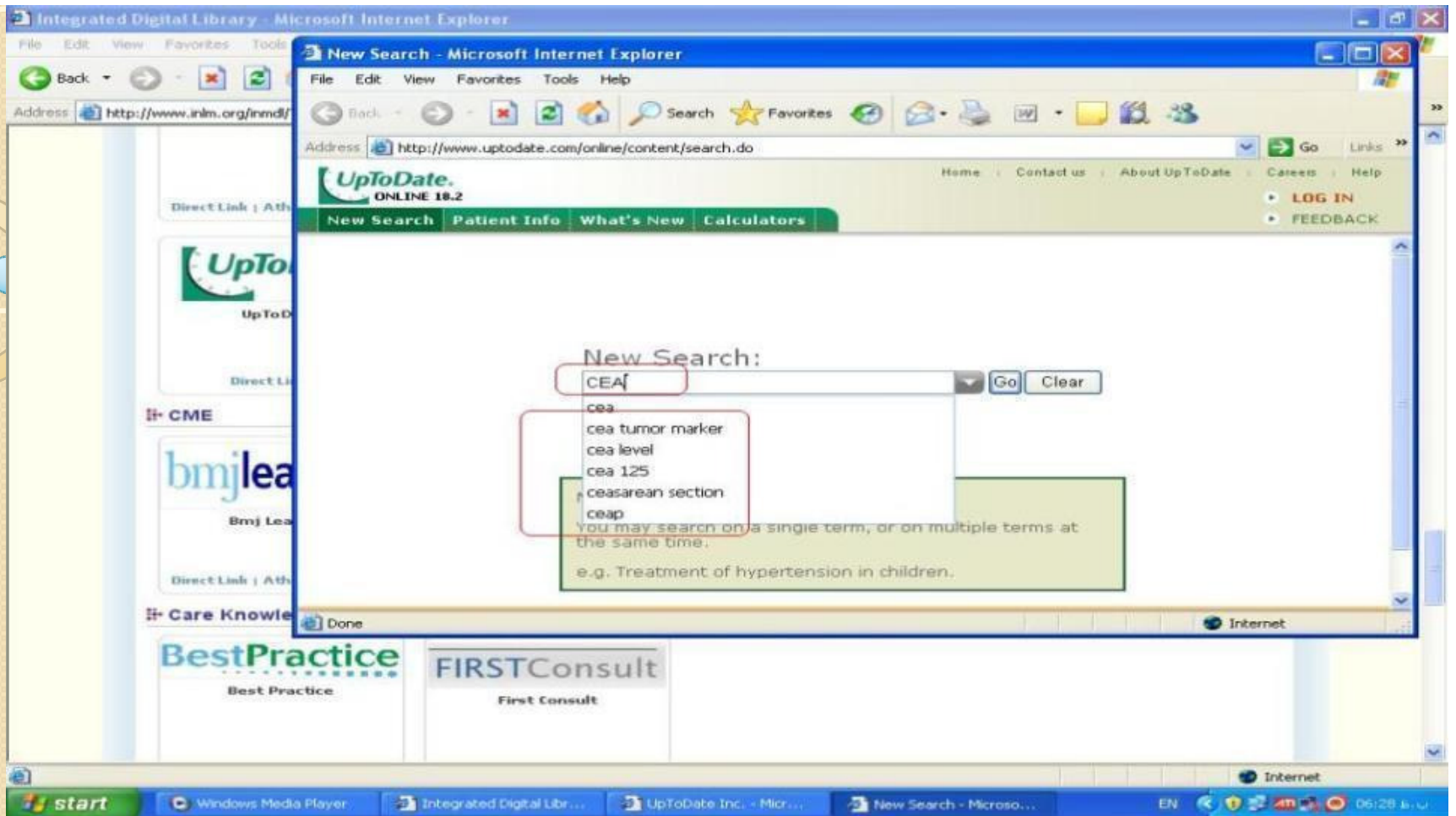
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- Pathology and prognostic determinants of colorectal cancer
- Adenocarcinoma of unknown primary site
- Surveillance after colorectal cancer resection
- Cancer screening in patients with end-stage renal disease
- Clinical manifestations and diagnosis of cholangiocarcinoma
- Malignancy-related ascites
- Management of symptomatic carotid atherosclerotic disease
- Management of asymptomatic carotid atherosclerotic disease
- Pancreatic cystic neoplasms
- Chemotherapy and immunotherapy for medullary thyroid cancer
- Coronary artery bypass grafting in patients with cerebrovascular disease
- Treatment of medullary thyroid cancer
- Screening for asymptomatic carotid artery stenosis
- Clinical manifestations and staging of medullary thyroid cancer

### Topic Outline

- INTRODUCTION
- CLINICAL PRESENTATION
  - Serum calcitonin concentration
  - Inherited MTC
    - Genetic screening in sporadic MTC
- CLINICAL EVALUATION AND STAGING
  - Clinical and radiologic evaluation
  - Testing for coexisting tumors
  - Role of calcitonin testing
- STAGING
- PROGNOSIS
- SUMMARY
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- GRAPHICS
- PICTURES
  - Medullary thyroid carcinoma FNA

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✓ این پایگاه دارای یک Calculators هم می باشد.

Calculator: Apgar score

Calculator: Apgar Score

**Strength and regularity of heart rate**

- 100 beats/minute or more (2 points)
- Less than 100 (1 point)
- None (0 points)

**Respiratory**

- Regular breathing (2 points)
- Irregular (1 point)
- None (0 points)

**Muscle tone and movement**

- Active (2 points)
- Moderate (1 point)
- Limp (0 points)

**Stimulus response**

- Reflex (2 points)
- Grimace (1 point)
- Totally limp (0 points)

Calculator: Apgar score

**Muscle tone and movement**

- Active (2 points)
- Moderate (1 point)
- Limp (0 points)

**Stimulus response**

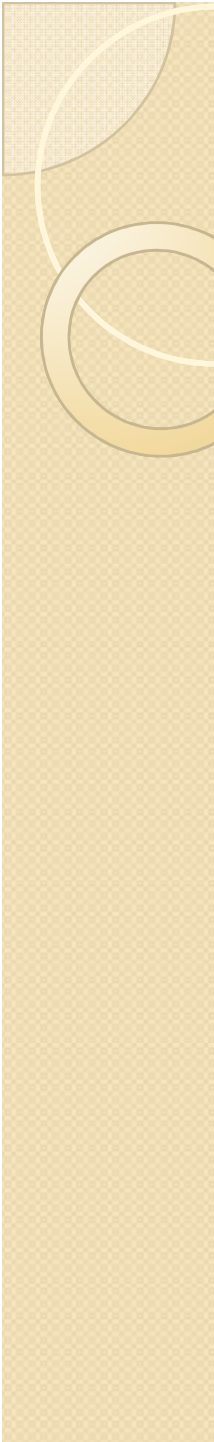
- Reflex (2 points)
- Grimace (1 point)
- Totally limp (0 points)

**Reflex response to irritative stimuli**

- Crying (2 points)
- Whimpering (1 point)
- None (0 points)

Total Criteria Point Count:

Apgar Score



✓ این پایگاه دارای بخش اطلاعات ویژه بیماران می باشد  
که صدها موضوع آموزشی را برای بیماران فراهم آورده  
است و فقط برای آموزش و آگاهی بیماران و خانواده های  
آنها می باشد