

## Informace pro pracovní schůzku subprojektu INNOMED dne 22.9.2006

- Předkládá: J. Potomková
- Věc: přístup do databáze pro EBM „DynaMed“ (EBSCO Publishing)  
<http://search.epnet.com>

### Komentář:

- Přístup do databáze DynaMed byl otevřen 1.9.2006 na dobu 1 roku bezplatně
  - Projednáno s pražskou kanceláří producenta EBSCO Publishing
  - Budou monitorovat frekvenci využívání, pokud by byla nízká, přístup bude uzavřen
- Jde o tzv. syntetickou databázi, která nabízí standardní strukturu informací k jednotlivým nemocem v souladu s Mezinárodní klasifikace nemocí
- Rozsah ca. 2000 položek
- Průběžná aktualizace
- Odkazový aparát na použitou literaturu přímo v textu
  - Prolinkováno do PubMedu s možností vstupu do plných textů článků
- Podrobné informace jsou v článku : Barton H., DynaMed. J Med Libr Assoc 2005; 93(3): 412-414.



See also  
Bulletin of the  
Medical Library Association, v. 1-89

MANET

SUBSCRIBE

SUBMISSIONS

Journal List > J Med Libr Assoc > v.93(3); Jul 2005

Full

J Med Libr Assoc. 2005 July; 93(3): 412-414.

Text

[Copyright](#) © 2005, Medical Library Association

PDF

(128K)

## DynaMed

Contents

Reviewed by Hope Barton, MSLS, *Assistant Director for Information Resources*

Archive

PubMed

articles

by:

Barton,

H.

Hardin Library for the Health Sciences University of Iowa Iowa City, Iowa 52242

Hope Barton: [hope-barton@uiowa.edu](mailto:hope-barton@uiowa.edu)

*DynaMed.*

**3610 Buttonwood Drive, Suite 200, Columbia, MO 65201. 573.886.8907; fax, 573.886.8901.**

**<http://www.dynamicmedical.com>; [Info@DynamicMedical.com](mailto:Info@DynamicMedical.com). ISSN: 1554-1177; individual subscriptions: \$100-\$200; group subscriptions: first subscriber full price, second to tenth subscribers 25% discount, additional subscribers 40% discount; institutional or large group subscriptions: \$2900-\$5900, based on hospital average daily census.**

TOP

DynaMed is an electronic evidence-based, primary care database designed to provide the most useful point-of-care health information available. Developed by Editor-in-Chief Brian Alper, the database contains more than 2000 disease summaries. Diseases represented in the database reflect those most commonly seen in primary care, formatted to provide easy access to concisely stated yet substantive information.

The name DynaMed reflects the product's dynamic growth and enhancement. The mission of DynaMed, as stated in the product information on the Website, is "to provide the most useful information at the point of care for health care professionals. Usefulness requires a balance of validity, relevance, convenience, and affordability. The essence of this resource is the balancing of the available resources with all of these factors to create the most useful information possible." In keeping with this mission, the DynaMed philosophy is based on the idea that usefulness is determined by users' needs and, to that end, input from users is continually sought. Additionally, a DynaMed Librarian Advisory Council provides feedback on the database and its design. The database itself contains prominent feedback links at the end of each disease summary, readily encouraging input from users.

The peer-reviewed disease summaries are the heart of the database and can be as extensive as the equivalent of forty print pages. The content for each disease summary is formatted in a simple outline style with sections and subcategories as described below. For each summary, users may open or expand a single section or category, all sections and categories, or selected sections and categories. This structure allows users to quickly get to specific pieces of information or more comprehensive overview information, depending on their needs at the moment. Content is presented in concise, substantive phrases and paragraphs with each phrase and paragraph beginning with the conclusion, a particularly nice feature for a point-of-care resource. In keeping with the mission of this database, the information in each section is meant to provide the most useful information based on validity, relevance, and convenience. The disease summary sections are:

- Description (including ICD-9 codes): subcategories include definition, applicable ICD-9 codes, types, organs involved, who is most affected, and incidence or prevalence
- Causes and Risk Factors: subcategories include causes, pathogenesis, likely risk factors, possible risk factors, and factors not associated with increased risk
- Complications and Associated Conditions
- History: subcategories include chief complaint, history of present illness, meds, past medical history, family history, social history, and review of systems; these categories currently use the standard shortcut codes used by US-based care providers in patient charts (e.g., CC, FH, PH, Meds, etc.); because these codes are not standard beyond the United States, DynaMed will change these to the full terms and phrases
- Physical: subcategories include general physical; skin; head, ears, nose, and throat (HEENT); neck; chest; cardiac; lungs; abdomen; back; extremities; neurological; rectal; pelvic; and miscellaneous physical
- Diagnosis: subcategories include making the diagnosis, rule out, tests to order, blood tests, urine studies, imaging studies, CKG, CSF analysis, pathology tests, and other diagnostic testing
- Prognosis
- Treatment: subcategories include treatment overview, diet, activity, counseling, medications, surgery, consultation and referral, other management, and follow up
- Prevention and Screening
- References: subcategories include general references used, reviews, and guidelines
- Patient Information
- Acknowledgements: subcategories include author, maintainer, and reviewer information

Each disease summary has numerous hyperlinks to public access electronic journal articles and practice guidelines, as well as to a few key subscription-based resources (e.g., Cochrane Library, Medical Letter). These hyperlinks consist of brief bibliographic data, so users know the source of the information before following the link. DynaMed is compatible with PubMed LinkOut.

To ensure the disease summaries include the best available evidence and relevance, DynaMed staff directly monitor more than 100 journals daily. An additional 400 journals are monitored through journal review services along with systematic reviews, guidelines, and drug information sources. Information added as a result of this literature surveillance is noted at the top of the respective disease summaries and includes the update date and the section it was incorporated into. Topics included in the database may be reorganized or new topics added in response to new evidence.

Work is underway to upgrade all entries to a new standard template, which includes the addition of evidence labeling in the disease summaries. Evidence reports are or will be labeled as level 1 (likely reliable evidence), level 2 (mid-level evidence), and level 3 (lacking direct evidence). Similarly, recommendations are or will be labeled as grade A recommendation (consistent high-quality evidence), grade B recommendation (inconsistent or limited evidence), or grade C recommendation (lacking direct evidence).

Currently, half the disease summaries in the database have been reviewed using the new template, and work on upgrading the remaining entries is actively continuing.

The DynaMed user interface is currently being revised, and the updated version is scheduled to be released in spring 2005. The reviewer found both the current and prototype interface to be clean and easy to use. Navigation is simple, whether using the A–Z disease summary list or either the basic or advanced search options. Both of the search options provide a relevance-based retrieval that provides links to associated diseases.

The DynaMed site includes an archive of the database going back to 1997. Each segment of the archive is identified by volume, issue, and date and is a snapshot of the database at that time. The possibility of indexing by key medical indexes is currently being explored.

The DynaMed site adheres to the principles of the Health on the Net (HON) code and has been recognized by the American Academy of Family Physicians as a resource that “may be of assistance to Family Physicians in answering clinical questions with a high quality of evidence.” In addition to the individual, group, and institutional price options, free access is provided to health providers in a significant number of developing countries around the world. The database is only available in Web format, but a frameless version is offered for users with wireless personal digital assistant (PDA) access. Development of the database has been funded in part by the National Science Foundation through a Small Business Initiative Research Grant and the remainder through subscription fees. No advertisement money is accepted.

For comparison purposes, other resources that fall into the same clinical evidence-based category are UpToDate and FIRSTConsult. Like FIRSTConsult, DynaMed is targeted to primary care providers, while UpToDate is aimed at internal medicine and selected subspecialty practitioners. Also like FIRSTConsult, its structure and content format is designed for quick lookup at the point of care. Primary care providers including physicians, residents, physicians' assistants, and nurse practitioners are the target users for this database and would find it very useful. This resource would also be very useful to health sciences students.