INTRODUCTION TO UPTODATE AND UPTODATE ANYWHERE

Background

UpToDate is a clinical resource designed to assist with diagnosis and treatment.

This guide is to provide you with information on how to use UpToDate effectively and how to register to UpToDate Anywhere. A subscription to UpToDate® includes access to over 10,000 topics in over 22 specialties.

How to Register


Click here to log in or register for an account.
If you work for the Department of Health and Social Care you can register for UpToDate Anywhere. You need to be be logged on to a Government PC affiliated with Nobles Hospital. You can then register for an account which will enable you to view UpToDate Anywhere on any device (eg. Laptop, smartphone or tablet).

Once you have a registered account you will be able to access UpToDate Anywhere and collect CPD/CME points. **You will need to reverify your account every 90 days on a Government PC affiliated with Nobles Hospital.**

**Features of UpToDate**

Enter a word or phrase in the New Search box. UpToDate offers predictive text which can be useful. Select your topic and click search.
From the top left menu you can focus your search by selecting adult, pediatric, patient or graphics.

Hover your mouse over the relevant topic and you will be presented with a detailed topic outline. Click on any heading within the topic outline to link to a specific section eg. Summary & recommendations

Use the **find** tool to search for a word or synonym within your topic. UpToDate lets you know when the topic was last updated.

Click the number in brackets to view a Medline abstract.
Check out the **graphics** section, these include pictures, radiographs, tables, figures, graphs, algorithms, and movies. Click on View All next to Graphics heading to see what is available for a particular topic.

You can export them to PowerPoint, email or print the graphics. Exporting to PowerPoint is seamless and includes appropriate referencing.

You can also click on Patient Education, What’s New, Practice Changing Updates, Calculators and Drug Interactions to find out specific information in a particular specialty.

UpToDate also provides graded recommendations. When you have retrieved your topic look for the **summary and recommendations** section.
**SUMMARY AND RECOMMENDATIONS**

- Dipeptidyl peptidase 4 (DPP-4) inhibitors are a class of oral diabetes drugs that inhibit the enzyme DPP-4. DPP-4 is a ubiquitous enzyme expressed on the surface of most cell types that deactivates several other bioactive peptides, including glucagon-dependent incretinotropic polypeptide (GIP) and glucagon-like peptide 1 (GLP-1). DPP-4 inhibitors could potentially affect glucose regulation through multiple effects (para 1). (See Table: **Table of action** above and Selective inhibition of porcine hepatic DPP-4 inhibitors (para 2).

- The exact role for DPP-4 inhibitors among the myriad of other agents for management of type 2 diabetes is unclear. There are few long-term studies of DPP-4 inhibitors to assess glycemia-lowering efficacy, clinically important health outcomes (cardiovascular events, microalbuminuria, or safety). Taking questions remain unanswered regarding clinical use in type 2 diabetes, including long-term benefits and risks and their role in combination with other pharmacologic agents. Thus, they are not considered as initial therapy for the majority of patients with type 2 diabetes. (See **Diabetes Mellitus in Adults with Type 2 Diabetes Mellitus**, sections on **Glycemic control**.)

- DPP-4 inhibitors can be considered as monotherapy in patients with type 2 diabetes who are intolerant of or have contraindications to metformin, sulfonlureas, or thiazolidinediones. An example, **vildagliptin** might be a good choice as initial therapy in a patient with chronic kidney disease or who is at particular high risk for hypoglycemia. They are, however, more expensive and less proteced in lowering glycemia than the glinides, and are equally effective, which can be also used safely in patients with chronic kidney disease. **(See **Gliclazide** above and **Sulfonylureas and Meglitinides in the Treatment of Type 2 Diabetes Mellitus**, section on **Thiazolidinediones**.)

- DPP-4 inhibitors can be considered as add-on therapy for patients who are inadequately controlled on metformin, a thiazolidinedione, or a sulfonylurea. However, the modest glucose-lowering effectiveness, expense, and limited clinical experience remain our justification for these drugs. (See **Thiazolidinediones**, section on **Thiazolidinediones**.)

- The DPP-4 inhibitors appear to have similar glycemic efficacy. They result in modest improvement in glycated hemoglobin (A1C). Among the DPP-4 inhibitors, patient preference and payor coverage are considerations for selecting a specific agent. For patients with chronic kidney disease (estimated glomerular filtration rate [eGFR] <30 mL/min) in whom a decision has been made to use a DPP-4 inhibitor, we suggest **vildagliptin** above and **sitagliptin** in **Chronic kidney disease** above.

- The preliminary claims that DPP-4 inhibitors have a beneficial effect on cardiovascular disease (CVD) risk have not been borne out by the studies to date. Although these claims do not appear to be an increased risk of adverse cardiovascular events outcomes with short-term use of CME-4 inhibitors used in combination with another oral agent, there may be an increased risk of heart failure with specific CME-4 inhibitors. (See **Cardiovascular effects**, above.)

- Overall, DPP-4 inhibitors are well tolerated. The use of DPP-4 inhibitors has been associated with a slight increased risk of upper respiratory tract infections. There are insufficient data to know if DPP-4 inhibitors cause acute pancreatitis. (See **Adverse Effects**, above.)

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**UpToDate Anywhere**

The features will appear differently depending on what device you view UpToDate. UpToDate can also be downloaded as an app to your phone (depends on make and functionality of your phone).

This is how it looks on a Smartphone:
Tips:

When searching UpToDate:

- Use short phrases and take advantage of the predictive text.
- UpToDate recognises most medical abbreviations.
- Use the shortcuts that UpToDate provides ie. Go directly to a heading of your choice, link to Medline abstracts and links to other related information within your search.
- **Don’t forget to re-verify your account after 90 days!**

We hope you found this guide useful. Please take a moment to complete this short survey to enable us to gather feedback:

https://www.surveymonkey.com/r/B2MN556

Thank you – Keyll Darree Library team

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