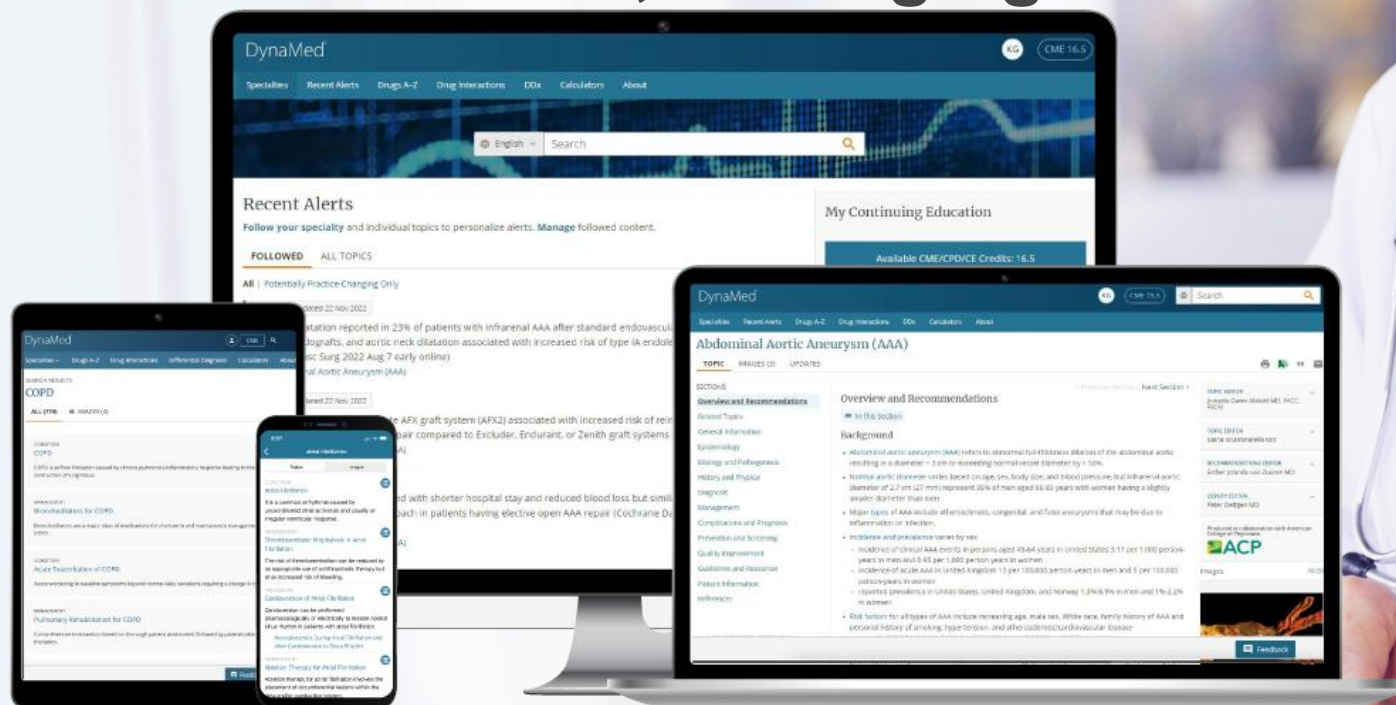


DynaMed®

Ordine dei Medici Chirurghi e degli Odontoiatri Torino, 16-17 giugno 2025





Obiettivi

Alla fine della sessione:

- Saprete cos'è DynaMed e come può essere utilizzato
- Saprete cercare argomenti specifici in italiano o in altre lingue
- Leggerete le evidenze di DynaMed
- Navigherete nei contenuti di DynaMed
- Creete il vostro spazio riservato sull'interfaccia di DynaMed
- Sarete in grado di seguire gli argomenti e le specialità di riferimento
- Potrete ottenere crediti di autoformazione con la consultazione
- Consulterete DynaMed attraverso una App mobile gratuita



Agenda

Agenda

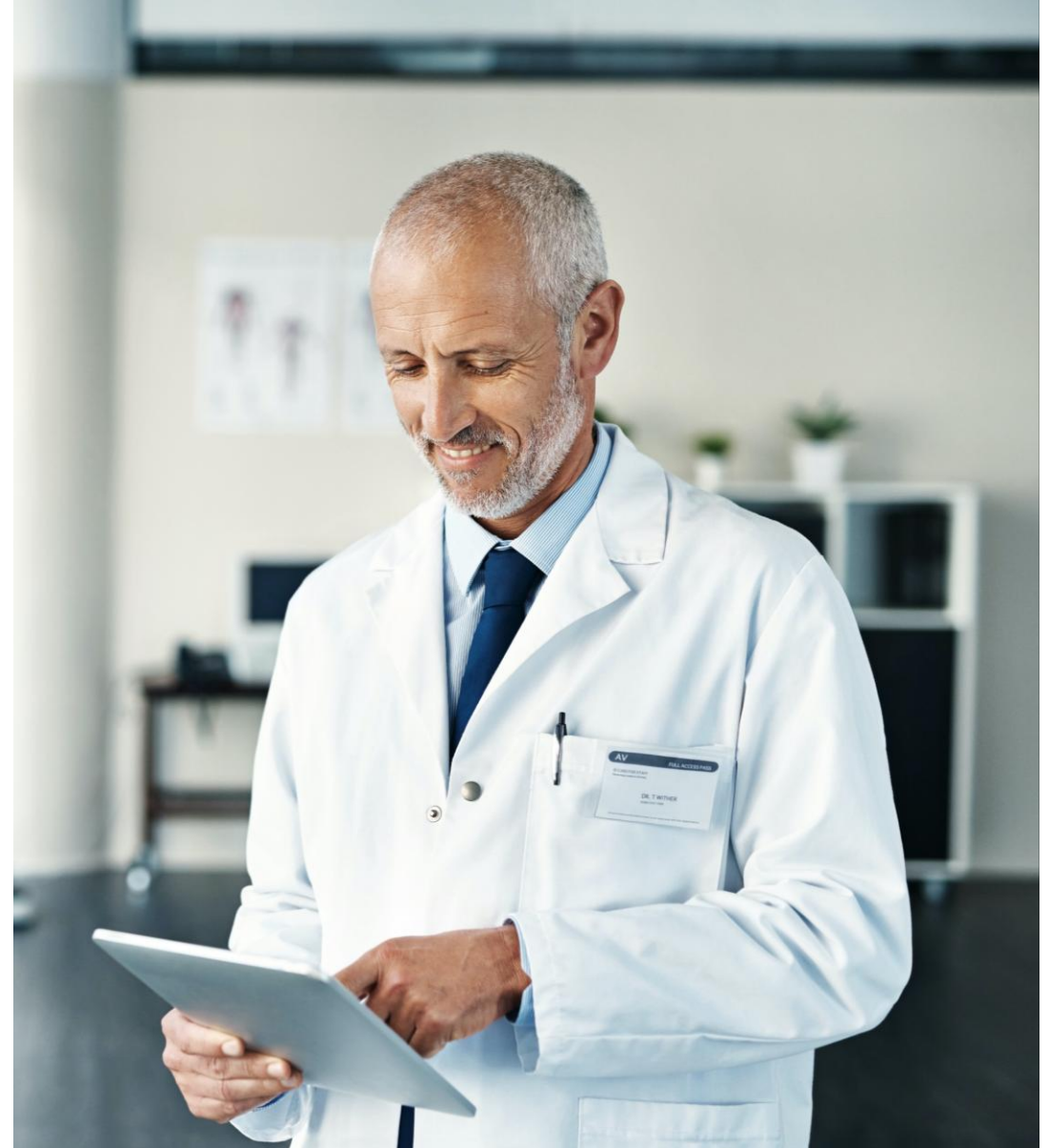
- DynaMed: introduzione alla risorsa e ai suoi contenuti
- Esperienze di consultazione di DynaMed
- Navigazione dei contenuti: Specialties, Drug A-Z, Drug Interactions, Calculators
- Creazione dell'area riservata gratuita
- Seguire argomenti in DynaMed
- Procedura per ottenere i crediti di autoformazione
- App mobile gratuita di DynaMed
- Materiale di e-Learning e supporto a partire dalle pagine <https://dynamed.com> e <https://connect.ebsco.com>



Dynamed: panoramica e obiettivi

La missione di DynaMed

Offrire ai medici informazioni di evidence-based di primo livello su patologie e farmaci, attraverso una soluzione integrata accessibile direttamente nelle strutture sanitarie, che garantisce risposte rapide e azionabili ai quesiti clinici.



DynaMed caratteristiche e funzionalità principali



Aggiornamento
quotidiano



Contenuti
farmacologici da
Micromedex®



Panoramica e
raccomandazioni
evidence based



Alert in caso di
aggiornamento



Riconoscimento
dei crediti di
autoformazione

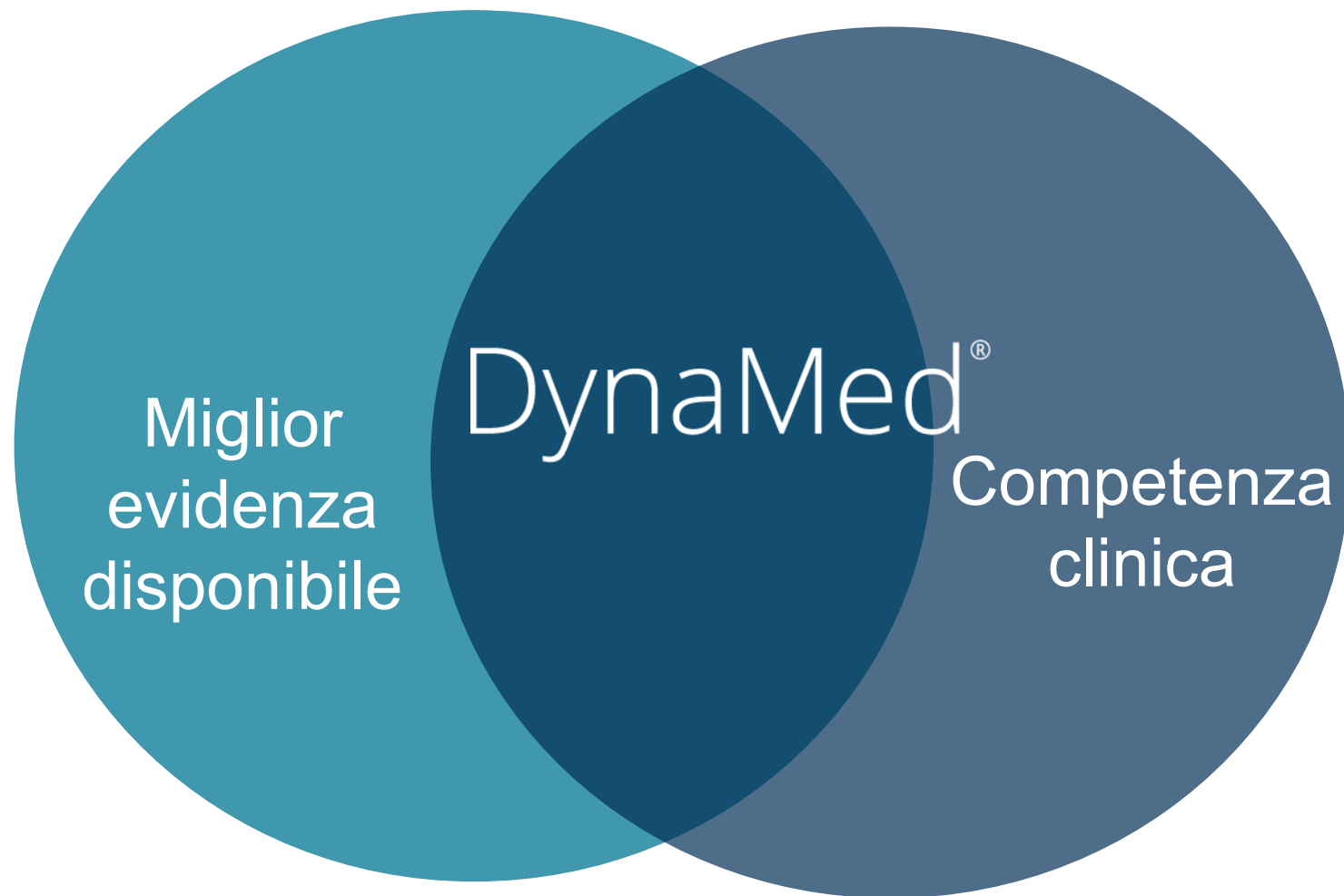


Applicazione
mobile gratuita



Grafici e immagini

Sicurezza nella pratica



Creato da un'ampia rete di medici:

- Esperti in varie specialità
- Selezionano le migliori e più appropriate evidenze
- Confermano la validità clinica del contenuto
- Revisione inter pares dei contenuti di DynaMed

Rete di medici



125

Medici e studiosi parte
dello staff



Più di

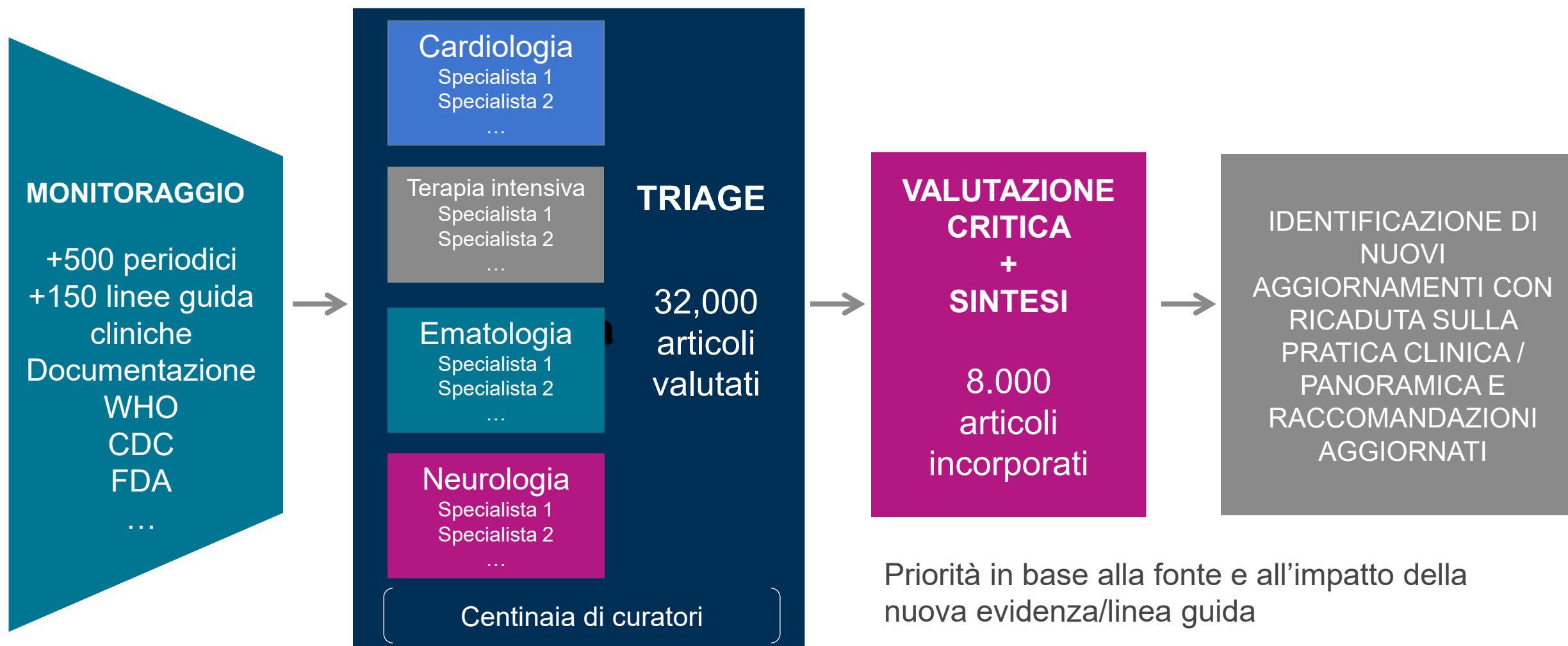
450

Medici che da tutto il
mondo scrivono o
revisionano i contenuti

Metodologia Evidence-based di DynaMed

-  **Identificare** l'evidenza
-  **Selezionare** la migliore
-  Valutare **criticamente**
-  Riportare **obiettivamente**
-  **Sintetizzare** l'evidenza
-  **Riportare** conclusioni e fare raccomandazioni
-  **Modificare** conclusioni quando viene pubblicata una nuova evidenza

Sorveglianza sistematica della letteratura



DynaMed utilizza il sistema GRADE per le raccomandazioni e un sistema proprietario per valutare la solidità delle evidenze

RACCOMANDAZIONI

- Strong
- Conditional

EVIDENZE

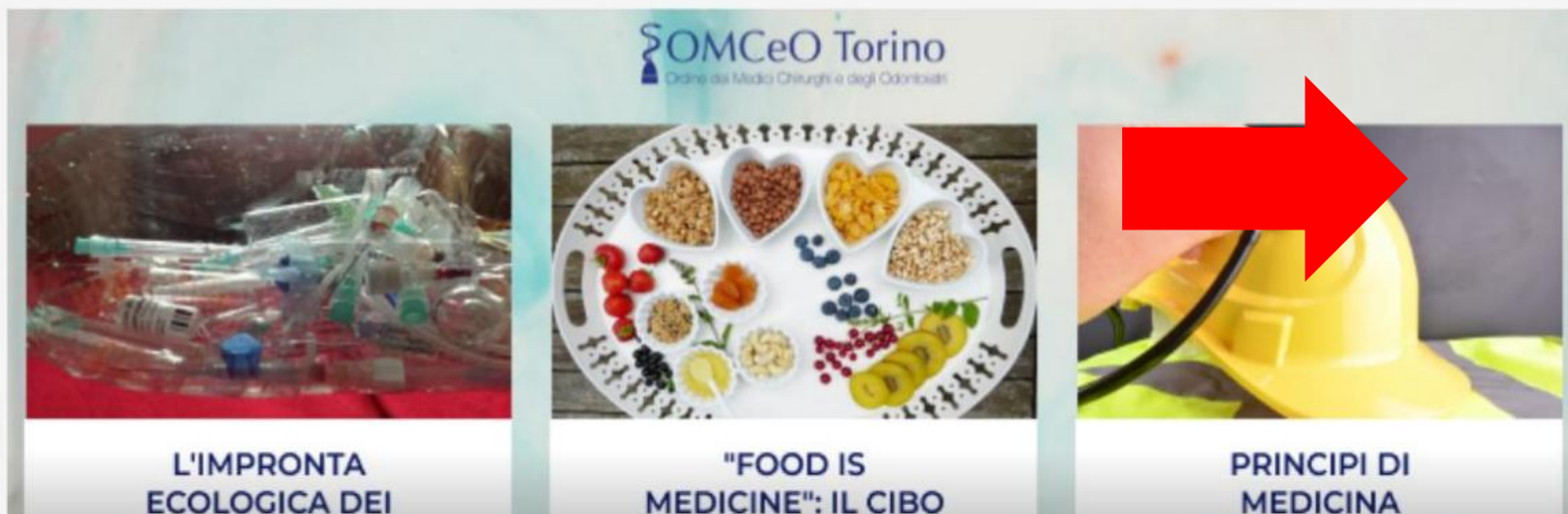
- High (1)
- Moderate (2)
- Low or evidence lacking clinical outcomes (3)

Hanno scelto DynaMed molte organizzazioni sanitarie, le istituzioni leader nell'ambito dell'EBM e dell'informazione tecnologica farmaceutica.





Iniziamo la consultazione



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Elezioni OMCeO Torino 2025-2028



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Andate alla pagina <https://omceo-to.it/> e dirigetevi alla Biblioteca Digitale dell'Ordine

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Username :

Password :

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- Se devi ancora effettuare il primo accesso al portale clicca su **OTTIENI PASSWORD** per procedere all'abilitazione
- Se hai già effettuato il primo accesso inserisci le tue credenziali nel modulo di LOGIN
 - Username Ordine dei Medici : **nome.cognome**
 - Username Ordine dei Biologi : **indirizzo PEC**
 - Password scelta all'atto dell'abilitazione
- Se hai già l'accesso alla Biblioteca Virtuale per la Salute - Piemonte puoi accedervi al link <https://www.bvspiemonte.it>

**La vostra Username sarà
nome.cognome , cliccate su OTTIENI
PASSWORD per avviare la procedura
di creazione della password**

LOGIN

Questa procedura è riservata agli operatori ancora sprovvisti di credenziali di accesso.

Vi chiediamo di indicare come IDENTIFICATIVO PERSONALE

- per l'Ordine dei **Medici e Odontoiatri** il vostro **CODICE FISCALE**
- per l'Ordine dei **Biologi** il vostro **INDIRIZZO PEC**

quindi di compilare il modulo di autenticazione sotto riportato.

Lo staff effettuerà verifiche per coloro che richiedono la password e non sono presenti nell'anagrafica dell'Ordine.

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Eventuali abusi o utilizzi impropri delle credenziali di accesso potranno portare al ritiro delle stesse credenziali.

Digita il tuo IDENTIFICATIVO PERSONALE :

PROSEGUI

**Inserite il codice fiscale
nell'apposito campo e
procedete con la
creazione della
password**

HOMEPAGE

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CONTATTI

LOGIN

Username : angelica.salvadori

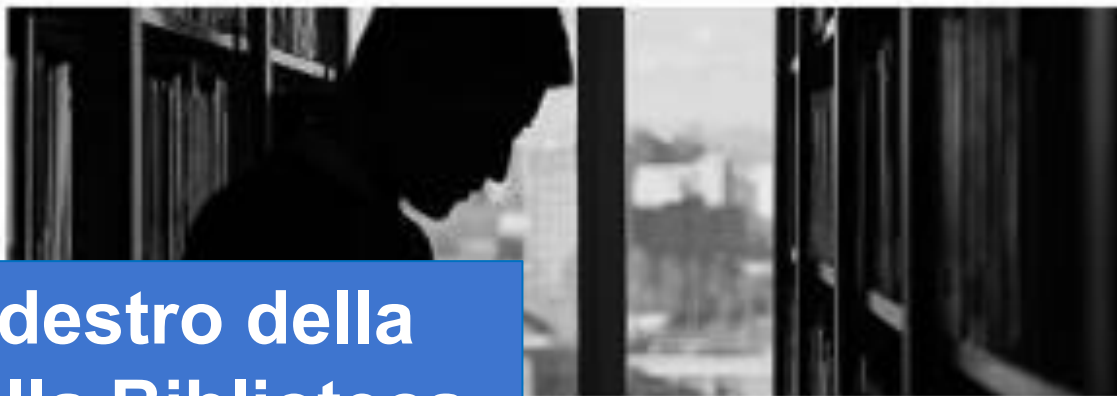
Password : ●●●●●●●●●●●●●●●●

ACCEDI

- Se devi ancora effettuare il primo accesso al portale clicca su **OTTIENI PASSWORD** per procedere all'abilitazione
- Se hai già effettuato il primo accesso inserisci le tue credenziali nel modulo di LOGIN

- Username Ordine dei Medici : **nome.cognome**

Una volta creata la password, tornate alla pagina di accesso della vostra Biblioteca Digitale e inserite Username e Password



Benvenuto angelica.salvadori
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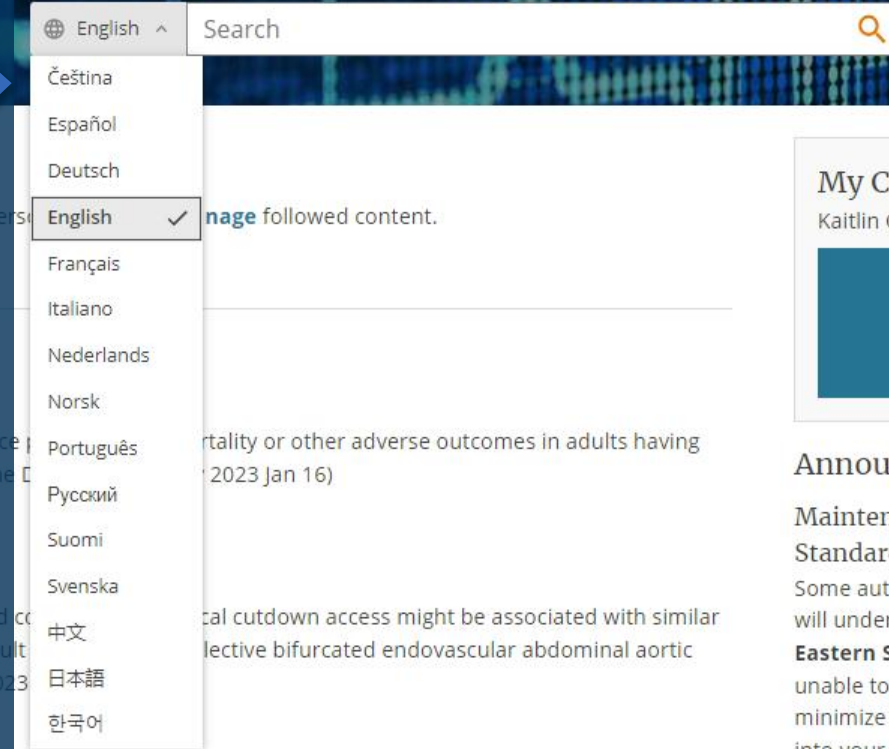


AREE TEMATICHE: ORDINE BIOLOGI PLV

Sul lato destro della
pagina della Biblioteca
troverete il punto di
accesso a DynaMed



DynaMed può essere
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diverse!



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Kaitlin Greenleaf

Available CME/CPD/CE Credits: 20.5

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Announcements

Maintenance Alert: April 29th, 6 - 9 AM Eastern Standard Time (EST)

Some authentication methods and personal account features will undergo maintenance on **April 29th from 6 AM - 9 AM Eastern Standard Time**. During this window, users may be unable to authenticate or use their personal account. To minimize disruption to your access, we recommend logging into your preferred device prior to the maintenance window, as users already authenticated into the product will not be logged out. We apologize for any inconvenience this may cause.

DynaMed Approved by the Federation of the Royal Colleges of Physicians

DynaMed is now approved as source of CPD credit for members of the three Royal Colleges of Physicians in the UK. [Read the press release.](#)

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Aggiornamenti quotidiani

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ALL TOPICS

All | Potentially Practice-Changing Only

Drug/Device Alert • Updated 26 Apr 2023

polatuzumab vedotin-piiq (Polivy) receives expanded FDA approval for treatment in adults with previously untreated diffuse large B-cell lymphoma, not otherwise specified, or high grade B-cell lymphoma and who have an International Prognostic Index score ≥ 2 (FDA Press Release 2023 Apr 20)

[View in Diffuse Large B-cell Lymphoma](#)

Evidence • Updated 26 Apr 2023

in nonhospitalized adults with COVID-19 at high risk for progression to severe disease and who were mostly unvaccinated, amubarvimab plus romlusevimab reduces 28-day all-cause hospitalization or death during period before predominance of Omicron variants (Ann Intern Med 2023 Apr 18 early online)

[View in COVID-19 Management](#)

Evidence • Updated 25 Apr 2023

nipple inversion severity and postoperative nipple blood supply may be associated with increased risk of nipple ulcers in inverted nipples managed with nipple retractor (J Cosmet Dermatol 2022 Nov)

[View in Nipple Inversion](#)

Outbreak Alert • Updated 25 Apr 2023

> 450 cases of invasive group A streptococcal infections (nearly twice as many as usual) reported in New York state in

Available CME/CPD/CE Credits: 20.5

[Claim Credits](#)

Announcements

Visibili anche per specialità dalla sezione Recent Alerts

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Feedback

naMed®

Antiplatelet and Anticoagulant Drugs for Elective Percutaneous Coronary Intervention (PCI)

[TOPIC](#) [UPDATES](#)

SECTIONS:

Overview and Recommendations[Related Topics](#)[Overview](#)[Recommendations From Professional Organizations](#)[Antiplatelet and Anticoagulant Drugs for Elective Percutaneous Coronary Intervention \(PCI\) - Guided vs. Standard Antiplatelet Therapy](#)[Aspirin](#)[P2Y₁₂ Inhibitors and Dual Antiplatelet Therapy \(DAPT\)](#)[Glycoprotein IIb/IIIa Inhibitors](#)[Anticoagulants](#)[Dual Therapies Compared to Triple Therapy](#)[Revascularization Before Noncardiac Surgery and Dual Antiplatelet therapy](#)[Use in Chronic Kidney Disease](#)[Guidelines and Resources](#)[References](#)

Overview and Recommendations

[In this Section](#)

Background

- Antiplatelet (including aspirin and P2Y₁₂ inhibitors) and anticoagulant drugs are routinely administered during elective percutaneous coronary interventions (PCI).

Management

- Give [aspirin](#) before percutaneous coronary intervention (PCI) using one of the following doses:
 - 81-325 mg for patients already taking daily aspirin ([Strong recommendation](#))
 - 325 mg nonenteric coated aspirin if not already taking daily aspirin ([Strong recommendation](#))
- Give [clopidogrel](#) 600 mg to patients having PCI with stenting ([Strong recommendation](#)).
- Do not perform routine [genetic or platelet function testing](#) to screen patients treated with clopidogrel having PCI ([Strong recommendation](#)).
- Give one of the following anticoagulants to patients undergoing PCI ([Strong recommendation](#)):
 - unfractionated heparin (UFH)
 - enoxaparin
 - bivalirudin
 - argatroban
- [Glycoprotein \(GP\) IIb/IIIa blockers](#):
 - Glycoprotein IIb/IIIa blockers are associated with decreased mortality at 30 days but may increase the risk of major bleeding in patients having percutaneous coronary intervention.
 - Consider giving a glycoprotein IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus-dose tirofiban) to patients treated with UFH and not pretreated with clopidogrel ([Weak recommendation](#)).

Panoramica e raccomandazioni

RECOMMENDATIONS EDITOR

Zbigniew Fedorowicz PhD, MSc,
DPH, BDS, LDSRCS

DEPUTY EDITOR

Peter Oettgen MD

SECTIONS:

[Overview and Recommendations](#)[Related Topics](#)[General Information](#)[Epidemiology](#)[Etiology and Pathogenesis](#)[History and Physical](#)[Diagnosis](#)[Management](#)[Complications and Prognosis](#)[Prevention and Screening](#)[Guidelines and Resources](#)[Patient Information](#)[References](#)

patients with valvular heart disease can be found in [J Am Coll Cardiol 2021 Feb 2;77\(4\):509](#) and [J Am Coll Cardiol 2021 Mar 9;77\(9\):1275](#), also published in [Circulation 2021 Feb 2;143\(5\):e72](#), correction can be found in [Circulation 2021 Feb 2;143\(5\):e229](#)

Asian Guidelines

- Indian Academy of Pediatrics consensus guideline on pediatric acute rheumatic fever and rheumatic heart disease can be found in [Indian Pediatr 2008 Jul;45\(7\):565](#) [EBSCOhost Full Text](#) [PDF](#), commentary can be found in [Indian Pediatr 2008 Nov;45\(11\):943](#) [EBSCOhost Full Text](#)

Central And South American Guidelines

- Sociedade Brasileira de Cardiologia (SBC) guideline on diagnosis, treatment, and prevention of rheumatic fever can be found in [Arq Bras Cardiol 2009 Sep;93\(3 Suppl 4\):3](#) [full-text](#) [Portuguese]

Australian And New Zealand Guidelines

- Queensland Health Primary Clinical Care Manual: Paediatrics can be found at [Queensland 2023 Mar](#)
- Communicable Diseases Network Australia (CDNA) guideline on acute rheumatic fever and rheumatic heart disease can be found at [CDNA 2018 PDF](#)
- National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand (CSANZ) guideline on prevention, diagnosis, and management of acute rheumatic fever and rheumatic heart disease available for download at [Rheumatic Heart Disease Australia 2020](#)
- Ministry of Health guideline on rheumatic fever can be found at [Ministry of Health 2014 Dec](#)
- National Heart Foundation of New Zealand/Cardiac Society of Australia and New Zealand (HFNZ/CSANZ) guidelines on
 - group A streptococcal sore throat management can be found at [HFNZ/CSANZ 2019](#) [PDF](#)
 - diagnosis, management, and secondary prevention of rheumatic fever can be found at [HFNZ/CSANZ 2014](#) [PDF](#); includes 2019 updated medication regimens
 - proposed rheumatic fever primary prevention programme can be found at [HFNZ/CSANZ 2009 May](#) [PDF](#); includes 2019 updated definition of "high risk for rheumatic fever"

Review Articles

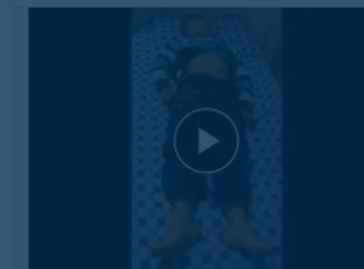
- reviews can be found in
 - [Pediatr Rev 2021 May;42\(5\):221](#)
 - [Lancet 2018 Jul 14;392\(10142\):161](#), correction can be found in [Lancet 2018 Sep 8;392\(10150\):820](#)



Erythema marginatum in rheumatic fever

Videos

All (1)



Sydenham chorea

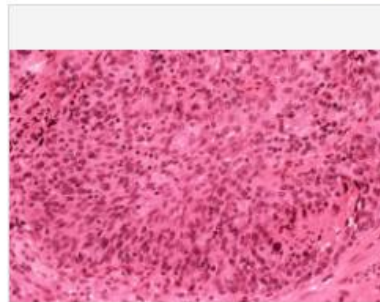
SEARCH RESULTS

lung cancer

ALL (499)

VIDEOS (1)

IMAGES (7)

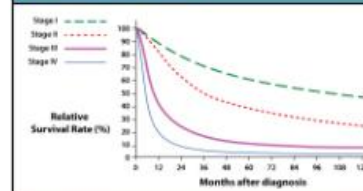


Lung cancer



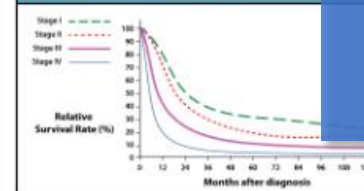
Lung Cancer

Non-Small Cell Lung Cancer



Lung cancer survival trends

Small Cell Lung Cancer



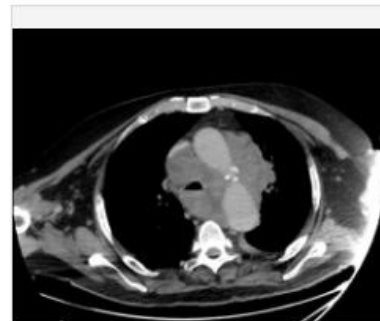
Lung cancer survival trends



Lung Cancer Chest X-Ray



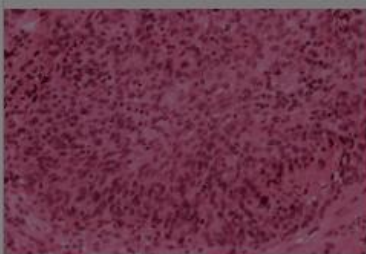
Non-small cell lung cancer

Tracheal compression from
small cell lung cancer

SEARCH RESULTS

lung cancer

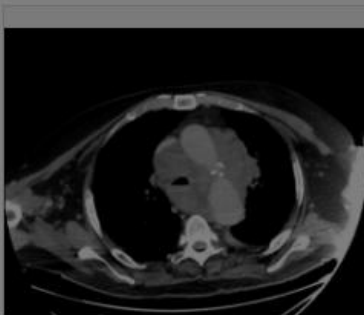
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Lung cancer

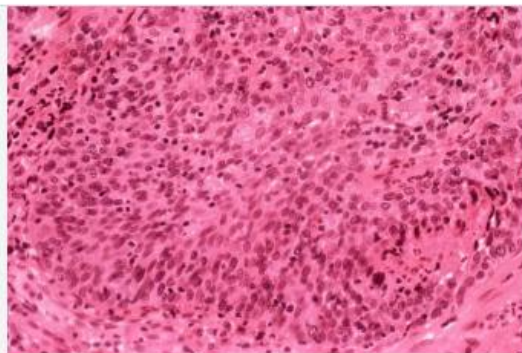


Non-small cell lung cancer



Tracheal compression from small cell lung cancer

IMAGE 1 OF 7



Lung cancer

Lung cancer. Light micrograph of a section through cancerous lung tissue, showing a mixture of small and intermediate-sized cancer cells in a case of small cell carcinoma (SCC). Also known as oat cell carcinoma, this is an aggressive lung cancer that can rapidly spread to other parts of the body, often before diagnosis, and the prognosis is poor. Chemotherapy and radiotherapy help to prolong the life of the patient. Magnification unknown.

VIEW IN CONTEXT: [Syndrome of Inappropriate Antidiuresis \(SIAD\)](#)

CNRI/SCIENCE PHOTO LIBRARY

Selezionando l'immagine, questa viene ingrandita e corredata di informazioni supplementari

SECTIONS:

Overview and

Algorithms

Related Topics

Hospitalist Focus

General Inform

Differential dia

Pathogenesis

History and Ph

Diagnostic Testing

Management

Complications

Prognosis

Prevention and Screening

Hyponatremia in children

Guidelines and Resources

Patient Information

References

Clinicians' Practice Points forniscono consulenze e opinioni dei curatori medici esperti su quanto ritenuto una buona pratica clinica in assenza di solida evidenza.



CLINICIANS' PRACTICE POINT



For patients who are at increased risk of overcorrection or who demonstrate large urine volume (> 100 mL per hour), more frequent monitoring is necessary to change treatments in order to slow or reverse the serum sodium increase within 24 hours.

management of overcorrection

- prompt intervention is recommended to lower serum sodium concentration if it increases > 10 mEq/L (> 10 mmol/L) during first 24 hours or > 8 mEq/L (> 8 mmol/L) in any 24 hour thereafter (ERBP Grade 1D)
- discontinue ongoing active treatment (ERBP Grade 1D)
- initiation of infusion of 10 mL/kg body weight of electrolyte free water (glucose solutions) over 1 hour with strict monitoring of urine output and fluid balance is appropriate (ESICM/ESE/ERBP Grade 1D)
- addition of IV desmopressin 2 mcg, up to every 8 hours (ESICM/ESE/ERBP Grade 1D)
- if serum sodium concentration < 120 mEq/L (< 120 mmol/L)
- replace water losses or give desmopressin after correction by 6-8 mmol/L during first 24 hours

DynaMed Commentary informazioni sulla metodologia o altri aspetti tecnici significativi degli studi clinici valutati criticamente nei sunti delle evidenze.

DynaMed Commentary

Rates of increased likelihood of developing TB were derived prior to the routine use of antiretroviral therapy (ART) and are likely lower for patients who achieve sustained viral suppression with ART.

Immunosuppression

STUDY SUMMARY

corticosteroids associated with increased risk of active TB

CASE-CONTROL STUDY: [Int J Tuberc Lung Dis 2015 Aug;19\(8\):936](#)

[Details](#) ▾

- biologic tumor necrosis factor (TNF) antagonists

STUDY SUMMARY

TNF antagonists associated with risk for TB, particularly in patients with rheumatoid arthritis

SYSTEMATIC REVIEW: [BMJ Open 2017 Mar 22;7\(3\):e012567](#) | [Full Text](#)

[Details](#) ▾

STUDY SUMMARY

tumor necrosis factor- α antagonists (anti-TNF) associated with risk for TB

SECTIONS:

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Frequency

EVIDENCE SYNOPSIS

Both the World Health Organization (WHO) and American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America (ATS/CDC/IDSA) give preference for daily dosing during intensive phase of therapy, although the ATS/CDC/IDSA guidelines offer more leeway for less frequent dosing for patients at low risk for relapse

- WHO 2017 recommendations on frequency of dosing ⁵
 - wherever feasible, daily dosing is optimal (WHO Strong recommendation, High-quality evidence) ⁵
 - consider daily dosing over 3-times weekly dosing throughout both intensive and continuation phase (WHO Conditional recommendation, Very low-quality evidence)
 - patients should not receive twice-weekly dosing unless done in the context of formal research (WHO Strong recommendation, High-quality evidence)
- ATS/CDC/IDSA 2016 recommendations
 - daily dosing recommended over intermittent dosing during intensive phase of therapy (ATS/CDC/IDSA Strong recommendation, Moderate-quality evidence)
 - consider 3-times-weekly dosing in intensive phase (with or without initial 2 weeks of daily therapy) for patients without HIV infection and are at low risk of relapse (those with pulmonary, drug-susceptible, noncavitary, and/or smear-negative TB) (ATS/CDC/IDSA Conditional recommendation, Low-quality evidence)
 - consider twice-weekly therapy after an initial 2 weeks of daily therapy in situations where daily or 3-times-weekly DOT is difficult to achieve for patients without HIV infection and are at low risk of relapse (ATS/CDC/IDSA Conditional recommendation, Very low-quality evidence)

STUDY SUMMARY

TB treatment regimens given three times weekly associated with increased rates of treatment failure, relapse, and acquired drug resistance compared to daily treatment in patients with pulmonary TB having rifampin therapy for ≥ 6 months

DynaMed Level 2

SYSTEMATIC REVIEW: Clin Infect Dis 2017;Mar 1;64(9):1211-1217

Evidence Synopsis un breve e strutturato riassunto del corpo dell'evidenza pensato come “take-away” e risposta rapida ad un quesito clinico.

SECTIONS:

[Overview and Recommendations](#)[Related Topics](#)[General Information](#)[Epidemiology](#)[Etiology and Pathogenesis](#)[History and Physical](#)[Diagnosis](#)[Management](#)[Complications and Prognosis](#)[Prevention and Screening](#)[Guidelines and Resources](#)[Patient Information](#)[References](#)

Incidence/Prevalence

Global

- estimated 1.7 billion people infected with *M. tuberculosis* worldwide ¹
- World Health Organization (WHO) global tuberculosis (TB) statistics for 2018
 - estimated 10 million incident cases of TB worldwide in 2018
 - 130 cases per 100,000 persons
 - 57% male
 - estimated 1.2 million deaths attributed to TB among HIV-negative persons
 - estimates among patients with HIV
 - 862,000 new cases of TB (about 8.6% of all TB cases)
 - 251,000 deaths attributed to TB
 - Reference - World Health Organization (WHO) global tuberculosis report WHO 2019 PDF 
- estimated 2.8% prevalence of active TB among 10.2 million people incarcerated worldwide (Lancet 2016 Sep 10;388(10049):1089 )

Americas

- outbreak of tuberculosis reported in Nunavut, Canada (Nunavut Department of Health 2018)
- United States
 - 70 cases of tuberculosis reported in Washington state associated with single outbreak across several state prison facilities (Lancet 2018 Sep 22;392(10160):1089 )
 - TB statistics for 2018
 - 9,029 cases of TB were provisionally reported to CDC in 2018 as of February 15, 2019 (CDC)
 - TB annual incidence
 - 2.8 per 100,000 persons overall
 - 1 per 100,000 United States-born persons
 - 14.2 per 100,000 foreign-born persons
 - 69.5% of TB cases occurred in foreign-born persons, with top 5 countries of origin Mexico, Philippines, India, Vietnam, and China
 - 5.3% of persons with TB and reported HIV test results were HIV positive

Mycobacterium tuberculosis



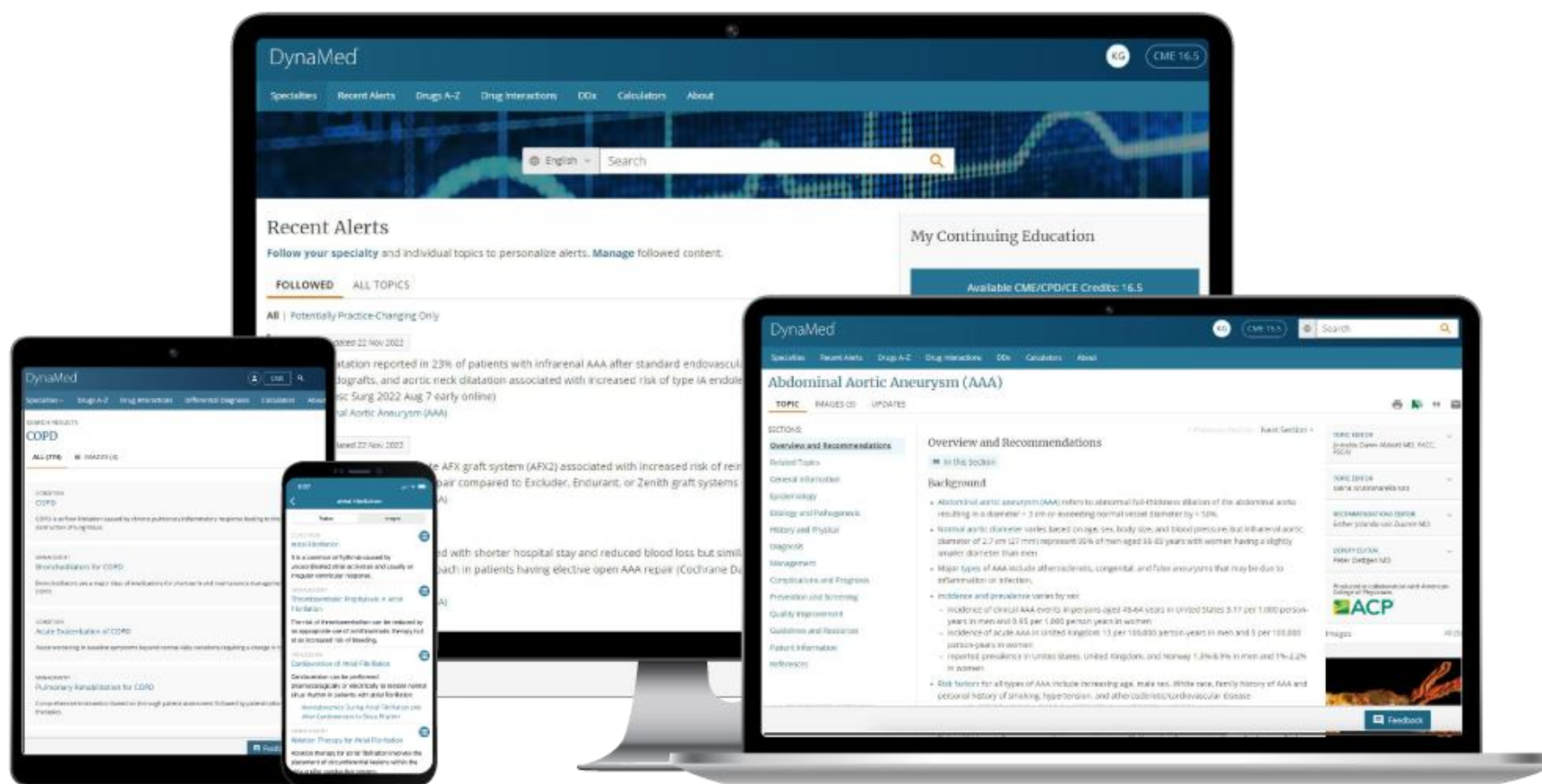
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click al testo
complete quando
disponibile
liberamente



Consultabile sempre e ovunque!

Design responsive

Potete consultare DynaMed sul browser di qualsiasi dispositivo, le sue pagine si adattano a qualsiasi schermo



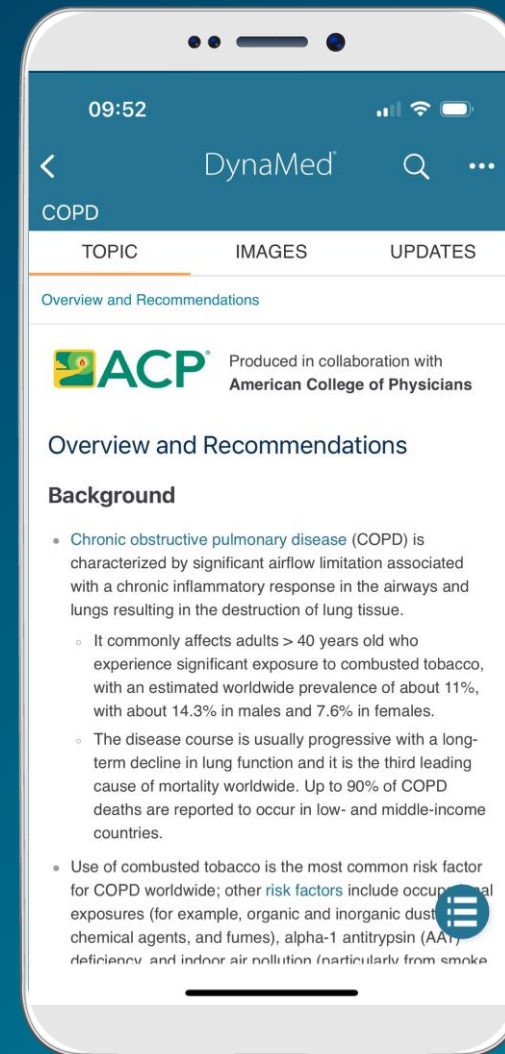
Esiste anche
un'applicazione mobile
gratuita per dispositivi
iOS e Android



Download on the
App Store

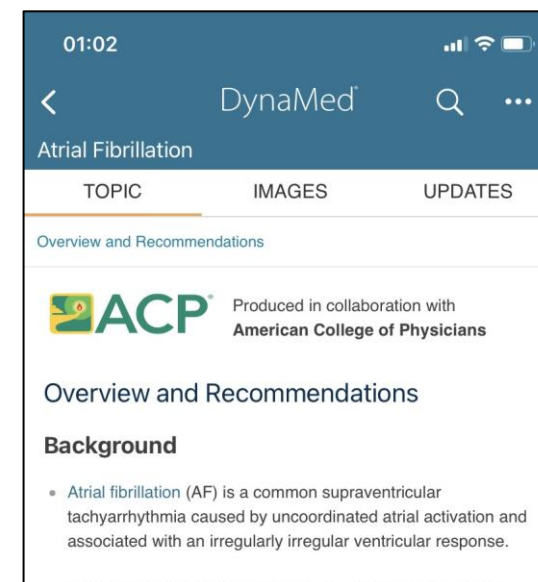
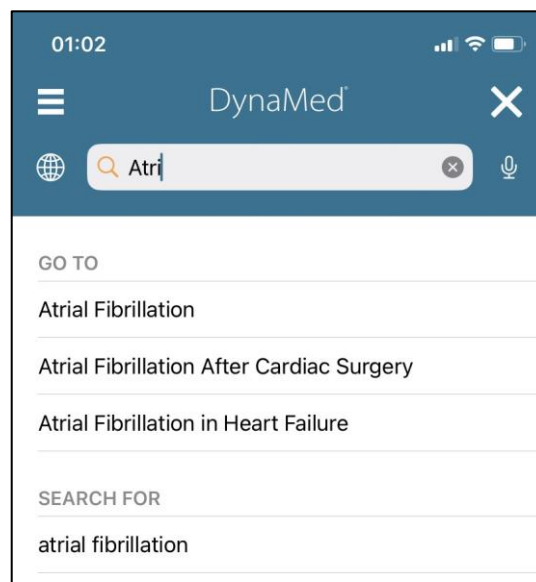
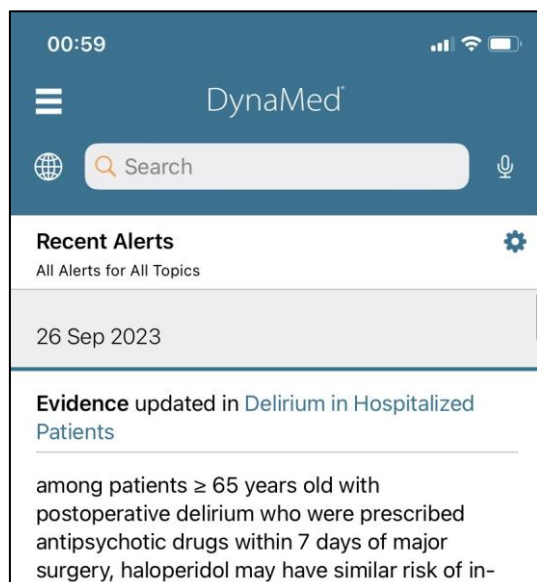


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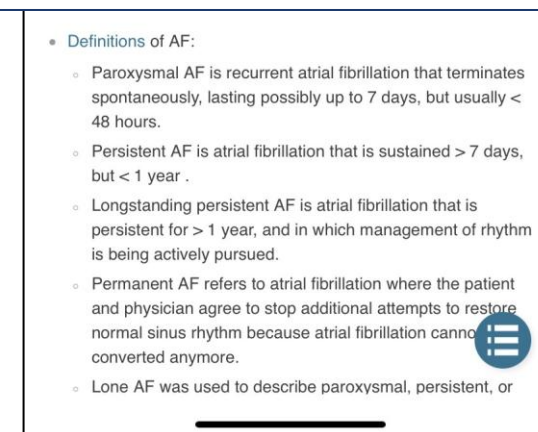
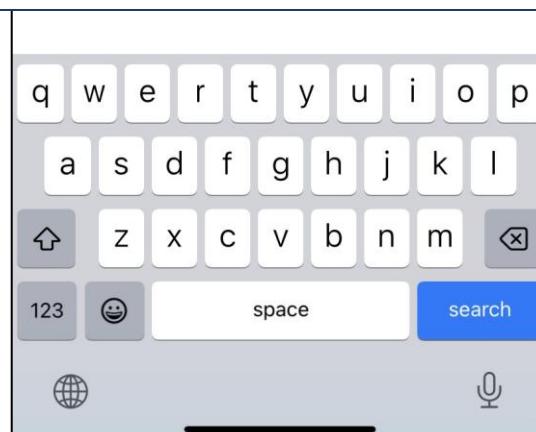
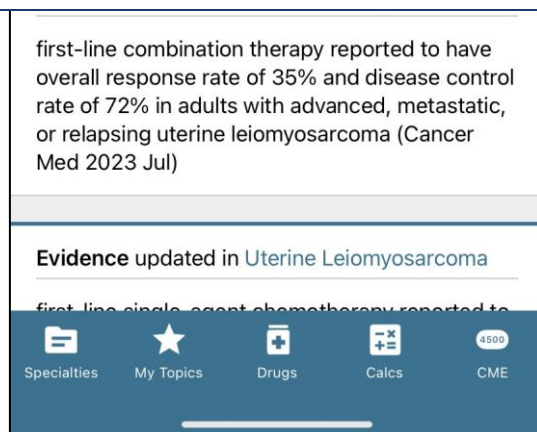


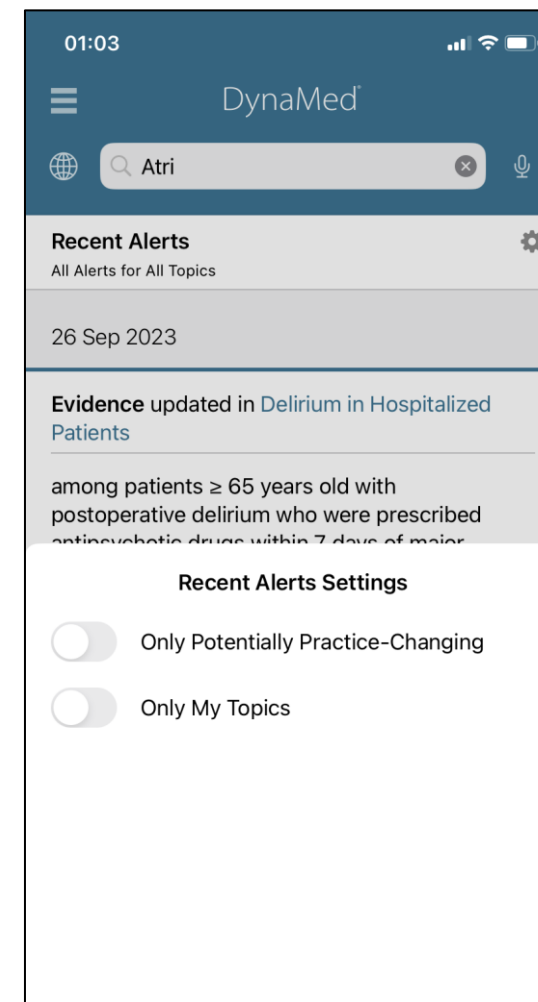
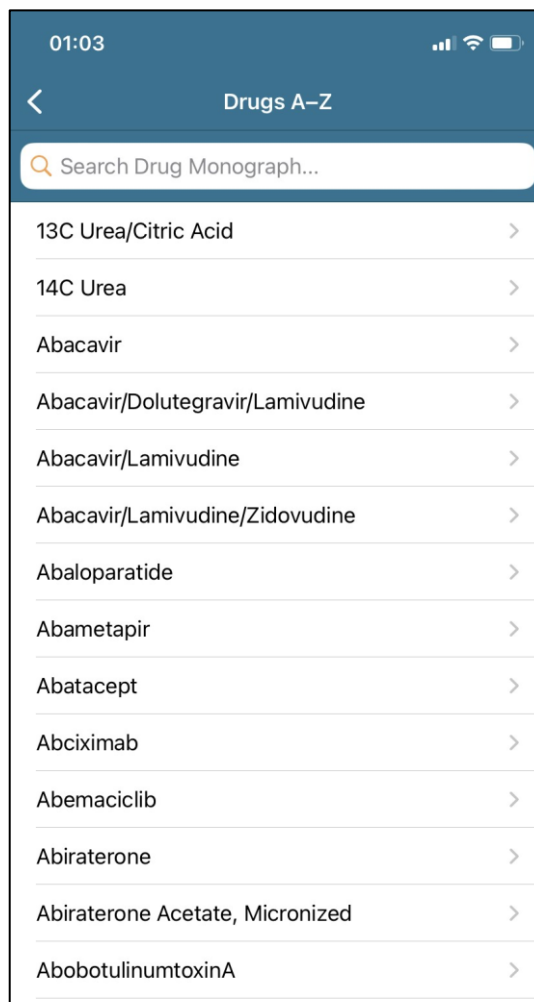
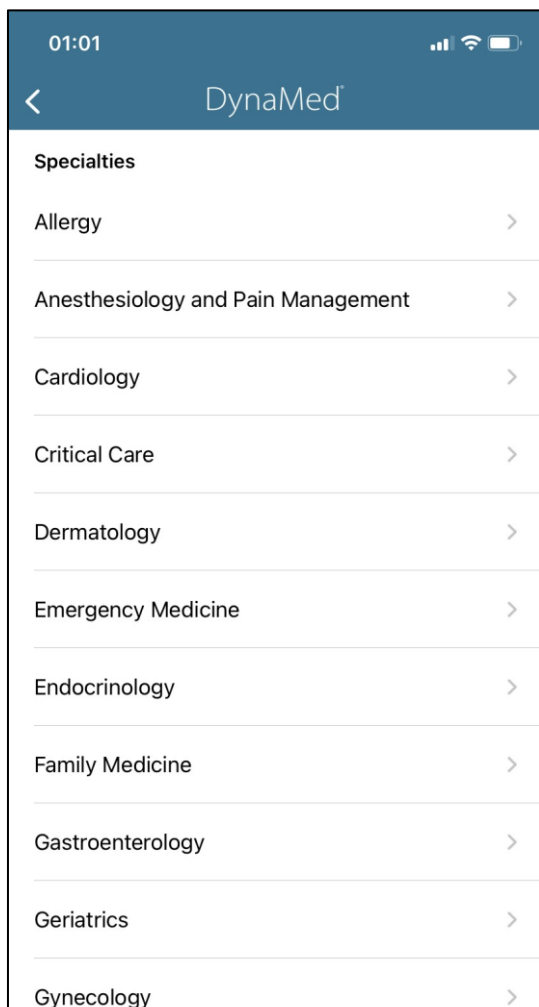
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1. Effettuare il login nella Biblioteca Ordini Omceo
2. Aprire DynaMed
3. Creare il proprio account personale gratuito di DynaMed
4. Aprire il proprio dispositivo mobile iOS o Android
5. Andare rispettivamente all'App Store o al Google Play Store
6. Scaricare la App gratuita di DynaMed
7. Effettuare il login con le credenziali dell'account personale di DynaMed (creato al punto 3.)
8. Consultare DynaMed online attraverso la App o effettuare il download dei suoi contenuti



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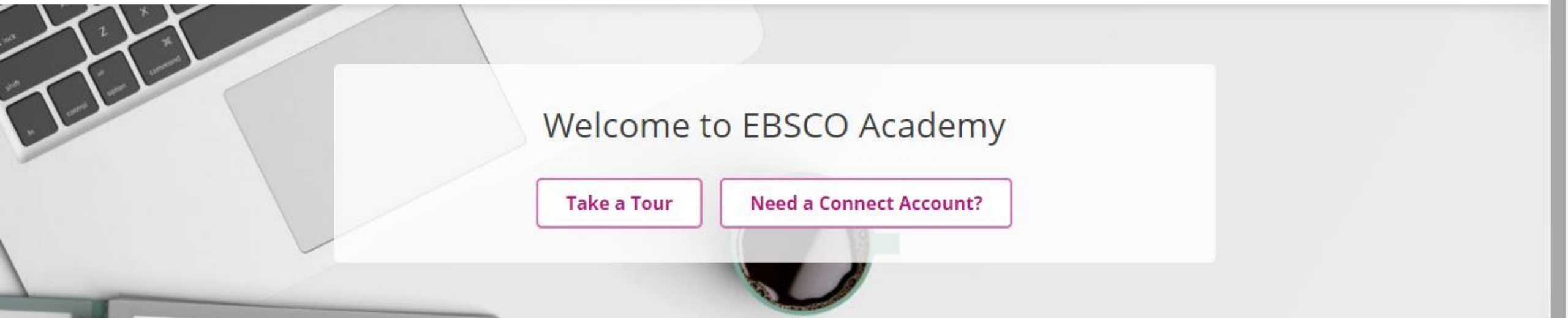
Guida di DynaMed: https://connect.ebsco.com/s/article/DynaMed-User-Guide?language=en_US

reached by calling 833-520-9694 (toll-free) or emailing medicalseupport@ebsco.com.

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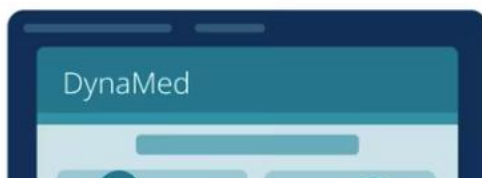
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DynaMed

Completely reimagined for today's clinicians, DynaMed combines the highest quality evidence-based information, expert guidance and a user-friendly, personalized experience to deliver accurate answers fast at the point of care.

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Grazie

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