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SISTEMA BIBLIOTECARIO
DI ATENEO

Difar PhD seminar

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PATENT AND BIBLIOGRAPHIC DATABASES

SEARCHING IN MEDICINAL CHEMISTRY

Up-to-Date
for pharmacological field



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37.000 graphics,
Updated daily as new evidence emerges
UpToDate has adopted the GRADE approach

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Unique drug entries

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- App (Android, iOS) see QR code below
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What's new in drug therapy



Outline



GENERAL DRUG THERAPY

Reduced-dose apixaban for extended anticoagulation in patients with cancer-associated thrombosis (May 2025)

Two-bag acetylcysteine dosing protocol for acetaminophen poisoning (April 2025)

Inhaled sevoflurane not beneficial in acute respiratory distress syndrome (April 2025)

Procalcitonin and antibiotic duration in sepsis (April 2025)

DRUG OR INDICATION WITHDRAWALS

Inhaled sevoflurane not beneficial in acute respiratory distress syndrome (April 2025)

ADVERSE REACTIONS AND WARNINGS

Withdrawal pruritus with cetirizine and levocetirizine (May 2025)

Premedication of patients with a history of iodinated contrast hypersensitivity reaction

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[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **May 2025**.
This topic last updated: **Jun 10, 2025**.

The following material represents a subset of new drugs, drug approvals, drug warnings, and drugs removed from the market from the past six months. This is **not a complete list**; it includes those topics considered by the authors and editors to be of particular interest or importance. For a complete list of new drug approvals, see [/lco/action/index/newapprovals/patch_f](#) (an additional subscription may be required).

You can check drug interactions by going to the [drug interactions program](#) included with UpToDate.

GENERAL DRUG THERAPY

Reduced-dose apixaban for extended anticoagulation in patients with cancer-associated thrombosis (May 2025)

Many patients with cancer-associated venous thromboembolism (VTE) are at high risk for VTE recurrence and receive extended anticoagulation despite an increased risk of bleeding. Whether a reduced-dose anticoagulation regimen might be as effective while decreasing the bleeding risk is unknown. In a trial of over 1700 patients with cancer-associated VTE who had completed six months of anticoagulant therapy, reduced-dose [apixaban](#) (ie, 2.5 mg twice daily) resulted in similar 12-month VTE recurrence rates compared with full-dose (ie, 5 mg twice daily) apixaban (2.1 versus 2.8 percent) [1]. However, fewer patients taking reduced-dose apixaban experienced clinically relevant bleeding compared with

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MANY SUBSTANCES INTERACTION ANALYSIS...

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Drug Interactions

Item(s)

Add

×

Flunisolide

×

Salbutamol (Albuterol)

×

Caffeine

×

Escitalopram Oxalate (Escitalopram)

Clear

Analyze

X	Avoid combination	C	Monitor therapy	A	No known interaction
D	Consider therapy modification	B	No action needed	More about Risk Ratings ▼	

3 Results

Filter Results by Item ▼

View interaction detail by clicking on link(s) below.

C	Caffeine (Sympathomimetics) Salbutamol (Albuterol) (Sympathomimetics)
B	Flunisolide (Corticosteroids) Salbutamol (Albuterol) (Beta2-Agonists)
B	Salbutamol (Albuterol) (QT-prolonging Agents (Indeterminate Risk - Caution)) Escitalopram Oxalate (Escitalopram) (QT-prolonging Agents (Moderate Risk))

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

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ONE SUBSTANCE: ALL INTERACTIONS

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Drug Interactions

Item(s)

Q Enter Item Name

Add

X Escitalopram Oxalate (Escitalopram)

Clear

Analyze

Display complete list of interactions for an individual item by clicking item name. Add another item to analyze for potential interactions.

NOTE: This tool does not address chemical compatibility related to I.V. drug preparation or administration.

X	Avoid combination	C	Monitor therapy	A	No known interaction
D	Consider therapy modification	B	No action needed	More about Risk Ratings ▼	

154 Results

View interaction detail by clicking on link(s) below.

X	Escitalopram Oxalate (Escitalopram) (Agents with Antiplatelet Effects) Abrocitinib
X	Escitalopram Oxalate (Escitalopram) (Selective Serotonin Reuptake Inhibitor) Bromopride
X	Escitalopram Oxalate (Escitalopram) Citalopram
X	Escitalopram Oxalate (Escitalopram) (Serotonergic Agents (High Risk)) Dapoxetine
X	Escitalopram Oxalate (Escitalopram) (QT-prolonging Agents (Moderate Risk)) Domperidone
X	Escitalopram Oxalate (Escitalopram) (Selective Serotonin Reuptake Inhibitor) Epinephrine (Racemic)
X	Escitalopram Oxalate (Escitalopram) (QT-prolonging Agents (Moderate Risk)) Levoketoconazole



Outline



Brand Names

US

Pharmacologic Category

Dosing

Adult

- Adult Dosing
- Kidney Impairment
- Liver Impairment
- Older Adult

Pediatric

- Pediatric Dosing
- Kidney Impairment
- Liver Impairment

Adverse Reactions

Adverse Reactions (Significant):
Considerations

Rate



Topic Feedback

Brand Names: US

Lagevrio

Pharmacologic Category

Antiviral Agent

Dosing: Adult**COVID-19, mild to moderate, treatment****COVID-19, mild to moderate, treatment (alternative agent):**

Note: For patients at high risk of progression to severe COVID-19, including hospitalization or death ([Ref](#)).

Oral: 800 mg every 12 hours for 5 days; initiate as soon as possible after COVID-19 diagnosis, and within 5 days of symptom onset. After initiating treatment with molnupiravir, if hospitalization is required, completion of 5-day course is at the health care provider's discretion ([Ref](#)).

Missed dose: If a dose is missed within 10 hours of usual administration time, administer the missed dose as soon as possible, and resume normal dosing schedule. If a dose is missed by more than 10 hours, do not administer the missed dose, and resume dosing at the next scheduled administration time. Do not double the dose to make up for a missed dose ([Ref](#)).

Dosing: Kidney Impairment: Adult