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13-14 novembre 2025

**Chi cerca (bene) trova. Strumenti e
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ambito biomedico.**

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UP-TO-DATE. Approccio GRADE

Approccio GRADE

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fundamentals of care framework

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CME 17.5

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Ethical issues in palliative care

Topic Graphics (1)

     

Outline

[SUMMARY AND RECOMMENDATIONS](#)

INTRODUCTION

[FRAMEWORK FOR ETHICAL REASONING](#)

- Applying principlism in palliative care
 - Palliative paternalism
- Alternative moral frameworks

[APPLYING ETHICS IN CLINICAL SETTINGS](#)

- Decision-making
 - Determining best interest
 - Working with surrogates
 - Impact of acting as a surrogate
- Futility
- Conflicts of value

[SPECIFIC SCENARIOS](#)

- Application of Do Not Resuscitate orders
- Advance care planning
- Withdrawing versus withholding treatment
- Time-limited trial
- Pain management at the end of life

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[Contributor Disclosures](#)

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

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INTRODUCTION

Ethical issues in palliative care often arise because of concerns about how much and what kind of care make sense for someone with a limited life expectancy. There may be conflict between clinicians, nurses, other health care team members, patients, and family members about what constitutes appropriate care, particularly as patients approach death.

This topic will discuss ethical issues in palliative care. Other issues regarding the legal aspects of end-of-life care, advance care planning, how to approach requests for potentially inappropriate and futile therapies and discussing goals of care are discussed separately. In addition, issues related to specific symptoms for the patient in palliative care and/or at the end of life are discussed separately.

- (See ["Advance care planning and advance directives"](#).)
- (See ["Legal aspects in palliative and end-of-life care in the United States"](#).)
- (See ["Approach to symptom assessment in palliative care"](#).)
- (See ["Overview of comprehensive patient assessment in palliative care"](#).)
- (See ["Palliative care: Medically futile and potentially inappropriate therapies of questionable benefit"](#).)
- (See ["Discussing goals of care"](#).)

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Ethical issues in palliative care

Topic

Graphics (1)

- Working with surrogates
- Impact of acting as a surrogate
- Futility
- Conflicts of value

SPECIFIC SCENARIOS

- Application of Do Not Resuscitate orders
- Advance care planning
- Withdrawing versus withholding treatment
- Time-limited trial
- Pain management at the end of life
- Requests from the family to withhold information
- Requests to discontinue life-sustaining treatment
- Palliative sedation
 - Proportionate palliative sedation
 - Palliative sedation to unconsciousness
- Medical aid in dying

[considerations".\)](#)

SOCIETY GUIDELINE LINKS

Links to society and government-sponsored guidelines from selected countries and regions around the world are provided separately. (See "[Society guideline links: Palliative care](#)".)

SUMMARY AND RECOMMENDATIONS

- **Framework for ethical reasoning** – The most common framework for ethical reasoning in the United States is called principlism, after the four guiding principles in medical ethics: respect for autonomy, beneficence, non-maleficence, and justice. (See '[Framework for ethical reasoning](#)' above.)
- **Surrogate decision makers** – As clinicians work with surrogate decision-makers, there may be an underlying tension regarding questions of whether the surrogate is accurate in their understanding of the patient's wishes and values. This is strongest when the decisions have grave consequences, may cause additional pain or suffering, or are considered irreversible. (See '[Working with surrogates](#)' above.)
- **Addressing conflicts** – Health care institutions should have policies that address conflicts in medical decision-making procedurally to ensure that clinicians, patients, and families have recourse to the same


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Topic Graphics (5)

EPIDEMIOLOGY

TYPES OF SPECIAL NEEDS

PSYCHOSOCIAL AND ECONOMIC CONSEQUENCES

FRAMEWORK OF CARE

- Medical home
- Patient- and family-centered care
- Primary and preventive care
 - Routine health care maintenance
 - Assessment and referral
 - Support and advocacy
- Care coordination
- Special populations
- Health coverage

COMMUNITY-BASED SERVICES AND SUPPORTS

- Home-based services
- School-based services
- Respite care
- Palliative and hospice care**

TRANSITION PLANNING

- Health care

Rate ☆☆☆☆

Topic Feedback

Children and youth with special health care needs








For families, certain conditions can help families identify local respite care providers through the [Respite Locator service](#). The family should understand that the cost of respite care programs may not be covered by commercial insurance or government assistance programs.

→ **Palliative and hospice care** — Palliative care focuses on improving quality of life and preventing and relieving suffering for patients with life-threatening conditions and their families. It is not limited to patients at the end of life. Palliative and hospice care are discussed separately. (See "[Pediatric palliative care](#)".)

TRANSITION PLANNING

Approximately 90 percent of CYSHCN survive into adulthood [167]. The transition to self-sufficiency and adult care providers requires advance planning and coordination [168].

Health care — The goal of the transition to an adult health care provider is to maximize lifelong functioning and potential through the provision of continuous, high-quality, developmentally appropriate health care services as the individual moves from adolescence to adulthood [169].

Successful transition is facilitated through ([table 3](#)) [71]:

- The identification of a health care professional who assumes responsibility for current care, care coordination, future care planning, and attends to the challenges of transition [169]; the pediatric health care provider should speak directly with the internist or family clinician who will assume care and provide a written copy of the medical summary.
- The preparation and maintenance of an up-to-date medical summary that is portable and accessible [73,169]; the summary should include pertinent medical history, surgery, therapies, medications, and immunizations [90]. A sample [medical](#)

Components of transition for adolescents with special health care needs within the medical home model*

Maintain the adolescent in the home or community whenever possible
Identify the individual who will be responsible for assessing health status
Establish a plan for collaboration with the health care provider
Organize critical information and make it accessible
Assess the adolescent's ability to provide an accurate medical history
With the responsibility for information management from the parent to the adolescent or other responsible adult
Identify the collaborating team
Assess the need for specialty and subspecialty care
Assess the family/adolescent's readiness to make the transition to adult services
Develop a plan for the transition of care to new providers
Develop a formal process to use "brochures" to inform established health care providers
Coordinate care with family, home, and community providers
Assess the developmental appropriateness of current community services
Determine whether there are current needs
Assess the need for formal evaluation that will help to identify areas of strength and areas where support will be needed
Coordinate subspecialty services of order to the family
Assess capacity of adolescent to assume responsibility for coordination of care
Begin to transfer responsibility to the adolescent and allow time for him or her to "practice" this responsibility
Reassign responsibility for areas of needed support

Components of transition for adolescents with special health care needs within the medical home model*

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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

AUTHORS: Alyssa Sterling, PharmD, BCPS, Jonathan M Zand, PharmD BCPS

[Contributor Disclosures](#)

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

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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

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.

ONE SUBSTANCE: ALL INTERACTIONS

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Drug Interactions

Item(s)

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