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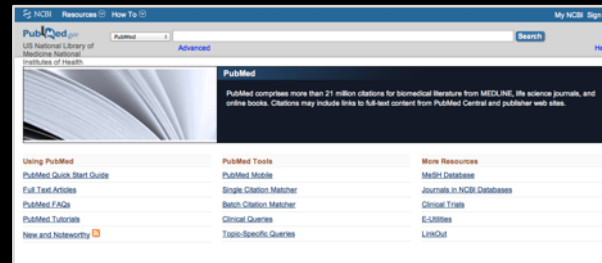


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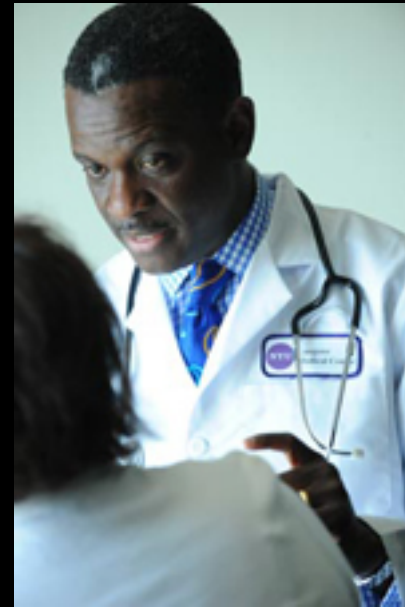
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Evidence-Based Practice is guided by thoughtful integration



of the best available scientific knowledge with clinical expertise.

PubMed's Clinical Queries

tool that searches for evidence-based literature

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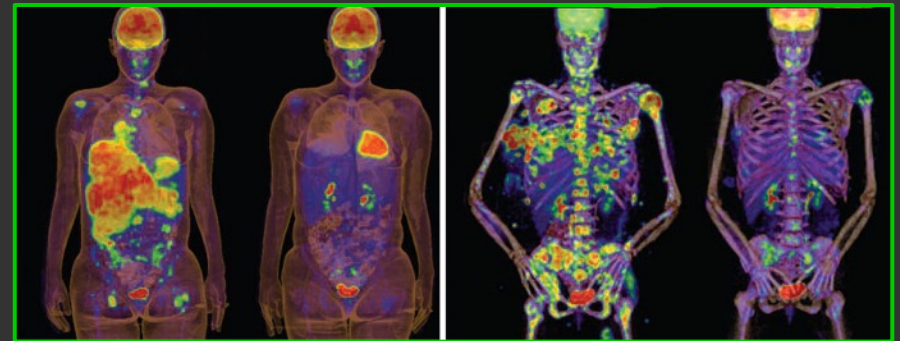
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Therapy



Etiology (cause)



Prognosis (*prediction of probable outcome*)

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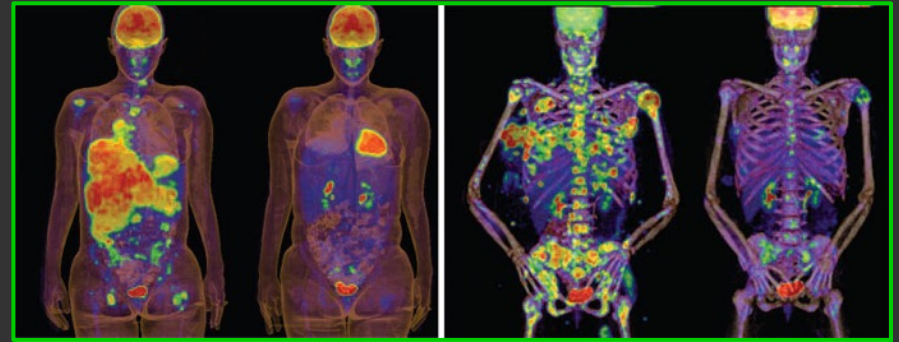
Diagnosis



Therapy



Etiology (cause)



Prognosis (prediction of probable outcome)

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Clinical Queries using Research Methodology Filters			
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	specific/narrow	93%/97%	(randomized controlled trial[Publication Type] OR (randomized[Title/Abstract] AND controlled[Title/Abstract] AND trial[Title/Abstract]))
diagnosis	sensitive/broad	98%/74%	(sensitiv*[Title/Abstract] OR sensitivity and specificity[MeSH Terms] OR diagnos*[Title/Abstract] OR diagnosis[MeSH:noexp] OR diagnostic * [MeSH:noexp] OR diagnosis,differential[MeSH:noexp] OR diagnosis[Subheading:noexp])
	specific/narrow	64%/98%	(specificity[Title/Abstract])
etiology	sensitive/broad	93%/63%	(risk*[Title/Abstract] OR risk*[MeSH:noexp] OR risk * [MeSH:noexp] OR cohort studies[MeSH Terms] OR group*[Text Word])
	specific/narrow	51%/95%	((relative[Title/Abstract] AND risk*[Title/Abstract]) OR (relative risk[Text Word]) OR risks[Text Word] OR cohort studies[MeSH:noexp] OR (cohort[Title/Abstract] AND stud*[Title/Abstract]))
prognosis	sensitive/broad	90%/80%	(incidence[MeSH:noexp] OR mortality[MeSH Terms] OR follow up studies[MeSH:noexp] OR prognos*[Text Word] OR predict*[Text Word] OR course*[Text Word])
	specific/narrow	52%/94%	(prognos*[Title/Abstract] OR (first[Title/Abstract] AND episode[Title/Abstract]) OR cohort[Title/Abstract])
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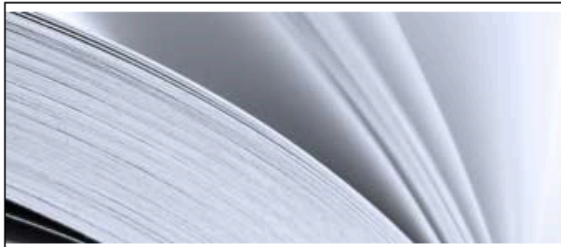
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Results for Therapy and Broad Scope

PubMed Clinical Queries

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asthma

Clinical Study Categories

Category: Therapy

Scope: Broad

Results: 5 of 55797

Psychosocial group intervention to enhance self-management skills of people with dementia and their caregivers: study protocol for a randomized controlled trial.

Laakkonen ML, Hölttä EH, Savikko N, Strandberg TE, Suominen M, Pitkälä KH.
Trials. 2012 Aug 7; 13(1):133. Epub 2012 Aug 7.

[Clinical effects of budesonide/formoterol combination drug in elder patients with asthma compared with budesonide plus tulobuterol patch combination treatment].

Onari Y, Haruta Y, Mukaida K, Kondoh K.
Aerugi. 2012 Jun; 61(6):820-31.

Feasibility of exercising adults with asthma: a randomized pilot study.

Boyd A, Yang CT, Estelle K, Tuggle C, Gerald LB, Dransfield M, Bamman M, Bonner J, Atkinson TP, Schieberr LM.

Allergy Asthma Clin Immunol. 2012 Aug 3; 8(1):13. Epub 2012 Aug 3.

Effects of Ionized Waterfall Aerosol on Pediatric Allergic Asthma.

Gaisberger M, Sanović R, Dobias H, Kolarž P, Moder A, Thalhammer J, Selimović A, Huttegger I, Ritter M, Hartl A.

J Asthma. 2012 Aug 6; . Epub 2012 Aug 6.

Effectiveness of magnesium sulfate as initial treatment of acute severe asthma in children, conducted in a tertiary-level university hospital: A randomized, controlled trial.

Torres S, Sticco N, Bosch JJ, Iolster T, Siaba A, Rocca Rivalola M, Schnitzler E.

Arch Argent Pediatr. 2012 Aug; 110(4):291-6.

See all (55797)

This column displays citations filtered to a specific clinical study category and scope. These search filters were developed by Haynes RB et al. See more [filter information](#).

Systematic Reviews

Results: 5 of 9644

A practical education for training child-care hospital professionals attending to the needs and practice courses for continuing to appraise internal validity in systematic reviews.

Rosati P, Porzolt F.
J Eval Clin Pract. 2012 Jul 29; . Epub 2012 Jun 29.

Cytotoxic T-lymphocyte associated polymorphisms and asthma risk.

Nie W, Chen J, Xiu Q.

PLoS One. 2012; 7(7):e42062.

Comparison of leukotriene receptor antagonist addition to inhaled corticosteroid alone in the treatment of adolescents and adults with bronchial asthma: a meta-analysis.

Cao Y, Wang J, Bunjhoo H, Xie J.
Asian Pac J Allergy Immunol. 2012 Jun; 30(2):130-8.

Assessment of Airway Hyperresponsiveness: Comparison of Spirometry and Body Plethysmography.

Nensa F, Kotschy-Lang N, Smith HJ, Marek W, Merget R.
Adv Exp Med Biol. 2013; 755:1-9.

A Framework to Evaluate the Cultural Appropriateness of Intervention Research.

Crowder SJ, Broome ME.
West J Nurs Res. 2012 Jul 19; . Epub 2012 Jul 19.

See all (2527)

This column displays citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. See [filter information](#) or additional [related sources](#).

Results: 5 of 9644

Potential Association Between ANXA4 Polymorphisms and Aspirin-exacerbated Respiratory Disease.

Kim JH, Bae JS, Park BL, Cheong HS, Kim JH, Kim ST, Kim MK, Choi IS, et al.

Am J Respir Crit Care Med. 2012 Jul 16; . Epub 2012 Jul 16.

Association of ANXA4 polymorphisms with asthma.

Kim JH, Bae JS, Park BL, Cheong HS, Kim JH, Kim ST, Kim MK, Choi IS, et al.

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Am J Respir Crit Care Med. 2012 Jul 16; . Epub 2012 Jul 16.

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This column displays citations pertaining to topics in medical genetics. See more [filter information](#).

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asthma

Clinical Study Categories

Category: Therapy

Scope: Narrow

Results: 5 of 7552

Psychosocial group intervention to enhance self-management skills of people with dementia and their caregivers: study protocol for a randomized controlled trial.

Laakkonen ML, Hölttä EH, Savikko N, Strandberg TE, Suominen M, Pitkälä KH.

Trials. 2012 Aug 7; 13(1):133. Epub 2012 Aug 7.

Effects of Ionized Waterfall Aerosol on Pediatric Allergic Asthma.

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Torres S, Sticco N, Bosch JJ, Iolster T, Siaba A, Rocca Rivarola M, Schnitzler E.

Arch Argent Pediatr. 2012 Aug; 110(4):291-6.

MP29-02 (a novel intranasal formulation of azelastine hydrochloride and fluticasone propionate) in the treatment of seasonal allergic rhinitis: A randomized, double-blind, placebo-controlled trial of efficacy and safety.

Meltzer EO, Laforce C, Ratner P, Price D, Ginsberg D, Carr W.

Allergy Asthma Proc. 2012 Jul; 33(4):324-32.

Manipulating antioxidant intake in asthma: a randomized controlled trial.

Wood LG, Garg ML, Smart JM, Scott HA, Barker D, Gibson PG.

Am J Clin Nutr. 2012 Aug 1; . Epub 2012 Aug 1.

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This column displays citations filtered to a specific clinical study category and scope. These search filters were developed by Haynes RB et al. See more [filter information](#).

Systematic Reviews

Results: 5 of 2527

A practical educational tool for teaching child-care hospital professionals attending evidence-based practice courses for continuing medical education to appraise internal validity in systematic reviews.

Rosati P, Porzolt F.

J Eval Clin Pract. 2012 Jul 29; . Epub 2012 Jul 29.

Cytotoxic T-lymphocyte associated antigen 4 polymorphisms and asthma risk: a meta-analysis.

Nie W, Chen J, Xiu Q.

PLoS One. 2012; 7(7):e42062. Epub 2012 Jul 26.

Comparison of leukotriene receptor antagonists in addition to inhaled corticosteroid and inhaled corticosteroid alone in the treatment of adolescents and adults with bronchial asthma: a meta-analysis.

Cao Y, Wang J, Bunjhoo H, Xie M, Xu Y, Fang H.

Asian Pac J Allergy Immunol. 2012 Jun; 30(2):130-8.

Assessment of Airway Hyperresponsiveness: Comparison of Spirometry and Body Plethysmography.

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A Framework to Evaluate the Cultural Appropriateness of Intervention Research.

Crowder SJ, Broome ME.

West J Nurs Res. 2012 Jul 19; . Epub 2012 Jul 19.

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evidence-based medicine, consensus development conferences, and guidelines. See [filter information](#) or additional [related sources](#).

Results for Therapy and Narrow Scope

Results: 5 of 9644

Potential Association Between ANXA4 Polymorphisms and Aspirin-exacerbated Respiratory Disease.

Park TJ, Kim JH, Bae JS, Park BL, Cheong HS, Pasaje CF, Park JS, Uh ST, Kim MK, Choi IS, et al.

Diagn Mol Pathol. 2012 Jul 27; . Epub 2012 Jul 27.

Plasma and exhaled breath condensate nitrite-nitrate level in relation to environmental exposures in adults in the EGEA study.

Rava M, Varraso R, Decoster B, Huyvaert H, Le Moual N, Jacquemin B, Künzli N, Kauffmann F, Zerimech F, Matran R, et al.

Nitric Oxide. 2012 Jun 27; 27(3):169-175. Epub 2012 Jun 27.

[Concept for a German national birth cohort for environmental health research].

Schmidt B, Schulz C, Moebus S, Seiwert M, Kolossa-Gehring M, Jöckel KH. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2012 Jun; 55(6-7):852-7.

Cytochrome c oxidase subunit 4 isoform 2-knockout mice show reduced enzyme activity, airway hyporeactivity, and lung pathology.

Hüttemann M, Lee I, Gao X, Pecina P, Pecinova A.

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1. [β₂-Agonists and physical performance: a systematic review and meta-analysis of randomized controlled trials.](#)
Pluim BM, de Hon O, Staal JB, Limpens J, Kuipers H, Overbeek SE, Zwinderman AH, Scholten RJ.
Sports Med. 2011 Jan 1;41(1):39-57. doi: 10.2165/11537540-000000000-00000.
Review.
PMID: 21142283 [PubMed - indexed for MEDLINE]
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2. [BCG vaccination and allergy: a systematic review and meta-analysis.](#)
Arnoldussen DL, Linehan M, Sheikh A.
J Allergy Clin Immunol. 2011 Jan;127(1):246-53, 253.e1-21. Epub 2010 Oct 8.
Review.
PMID: 20933258 [PubMed - indexed for MEDLINE]
[Related citations](#)

3. [Formoterol for acute asthma in the emergency department: a systematic review with meta-analysis.](#)
Rodrigo GJ, Neffen H, Colodenco FD, Castro-Rodriguez JA.
Ann Allergy Asthma Immunol. 2010 Mar;104(3):247-52. Review.
PMID: 20377114 [PubMed - indexed for MEDLINE]
[Related citations](#)

4. [Long-acting beta-agonists with and without inhaled corticosteroids and catastrophic asthma events.](#)
Salpeter SR, Wall AJ, Buckley NS.
Am J Med. 2010 Apr;123(4):322-8.e2. Epub 2010 Feb 20.
PMID: 20176343 [PubMed - indexed for MEDLINE]
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5. [Relative oral corticosteroid-sparing effect of 7 inhaled corticosteroids in chronic asthma: a meta-analysis.](#)
Abdullah AK, Khan S.
Ann Allergy Asthma Immunol. 2008 Jul;101(1):74-81. Erratum in: Ann Allergy Asthma Immunol. 2008 Nov;101(5):557.
PMID: 18681088 [PubMed - indexed for MEDLINE]
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Protocol for acute asthma in the emergency department: a systematic review with meta-analysis.

Drigo GJ, Neffen H, Colodenco FD, Castro-Rodriguez JA.
Ann Allergy Asthma Immunol. 2010 Mar;104(3):247-52. Review.
PMID: 20377114 [PubMed - indexed for MEDLINE]

Related citations

Long-acting beta-agonists with and without inhaled corticosteroids and catastrophic asthma events.

Salpeter SR, Wall AJ, Buckley NS.
Am J Med. 2010 Apr;123(4):322-8.e2. Epub 2010 Feb 20.
PMID: 20176343 [PubMed - indexed for MEDLINE]

Related citations

Relative oral corticosteroid-sparing effect of 7 inhaled corticosteroids in chronic asthma: a meta-analysis.

Abdullah AK, Khan S.
Ann Allergy Asthma Immunol. 2008 Jul;101(1):74-81. Erratum in: Ann Allergy Asthma Immunol. 2008 Nov;101(5):557.
PMID: 18681088 [PubMed - indexed for MEDLINE]

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Am J Med. 2010 Apr;123(4):322-8.e2. Epub 2010 Feb 20.

Long-acting beta-agonists with and without inhaled corticosteroids and catastrophic asthma events.

Salpeter SR, Wall AJ, Buckley NS.

Stanford University School of Medicine, Stanford, CA, USA. salpeter@stanford.edu

Abstract

BACKGROUND: It is unclear whether long-acting beta-agonists with concomitant inhaled corticosteroids increase asthma-related intubations and deaths. We pooled data on long-acting beta-agonists with variable and concomitant inhaled corticosteroids to evaluate the risk for catastrophic asthma events.

METHODS: We conducted searches of electronic databases, the US Food and Drug Administration website, clinical trials registries, and selected references through December 2008. We analyzed randomized controlled trials in patients with asthma, which lasted at least 3 months, evaluated long-acting beta-agonists compared with placebo or long-acting beta-agonists with inhaled corticosteroids compared with corticosteroids alone, and included at least 1 catastrophic event, defined as asthma-related intubation or death.

RESULTS: In pooled trial data that included 36,588 participants, long-acting beta-agonists increased catastrophic events 2-fold (Peto odds ratio [OR] 2.10; 95% confidence interval [CI], 1.37-3.22). Statistically significant increases were seen for long-acting beta-agonists with variable corticosteroids compared with placebo (OR 1.83; 95% CI, 1.14-2.95) and for concomitant treatment with corticosteroids compared with corticosteroids alone (OR 3.65; 95% CI, 1.39-9.55). Similar increases in risk were seen for variable and concomitant corticosteroid use, salmeterol and formoterol, and children and adults. When the analysis was restricted to trials with controlled corticosteroid use, given as part of the study intervention, concomitant treatment still increased catastrophic events compared with corticosteroids alone (OR 8.19; 95% CI, 1.10-61.18).

CONCLUSION: Long-acting beta-agonists increase the risk for asthma-related intubations and deaths, even when used in a controlled fashion with concomitant inhaled corticosteroids.

Comment in

ACP Journal Club: beta-agonists increase asthma-related intubations and deaths in patients with asthma. [Ann Intern Med. 2010]

The risk of long-acting beta-agonists revisited. [Am J Med. 2011]

No association of catastrophic events with Advair. [Am J Med. 2010]

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Clinical research study

Long-acting Beta-Agonists with and without Inhaled Corticosteroids and Catastrophic Asthma Events

Shelley R. Salpeter, MD, FACP^{a, b}, Andrew J. Wall, MD^{a, b}, Nicholas S. Buckley^c

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^c California Institute of Technology, Pasadena

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The Risk of Long-acting Beta-Agonists Revisited
The American Journal of Medicine, Volume 124, Issue 3, March 2011, Page e11
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Abstract

Background

It is unclear whether long-acting β -agonists with concomitant inhaled corticosteroids increase asthma-related intubations and deaths. We pooled data on long-acting β -agonists with variable and concomitant inhaled corticosteroids to evaluate the risk for catastrophic asthma events.

Methods

We conducted searches of electronic databases, the US Food and Drug Administration website, clinical-trials registries, and selected references through December 2008. We analyzed randomized controlled trials in patients with asthma, which lasted at least 3 months, evaluated long-acting β -agonists compared with placebo or long-acting β -agonists with inhaled corticosteroids compared with corticosteroids alone, and included at least 1 catastrophic event, defined as asthma-related intubation or death.

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Long-acting Beta-Agonists with and without Inhaled Corticosteroids and Catastrophic Asthma Events

Shelley R. Salpeter, MD, FACP,^{a,b} Andrew J. Wall, MD,^{a,b} Nicholas S. Buckley^c

^aStanford University School of Medicine, Stanford, Calif; ^bSanta Clara Valley Medical Center, San Jose, Calif; ^cCalifornia Institute for Technology, Pasadena.

ABSTRACT

BACKGROUND: It is unclear whether long-acting β -agonists with concomitant inhaled corticosteroids increase asthma-related intubations and deaths. We pooled data on long-acting β -agonists with variable and concomitant inhaled corticosteroids to evaluate the risk for catastrophic asthma events.

METHODS: We conducted searches of electronic databases, the US Food and Drug Administration website, clinical-trials registries, and selected references through December 2008. We analyzed randomized controlled trials in patients with asthma, which lasted at least 3 months, evaluated long-acting β -agonists compared with placebo or long-acting β -agonists with inhaled corticosteroids compared with corticosteroids alone, and included at least 1 catastrophic event, defined as asthma-related intubation or death.

RESULTS: In pooled trial data that included 36,588 participants, long-acting β -agonists increased catastrophic events 2-fold (Peto odds ratio [OR] 2.10; 95% confidence interval [CI], 1.37-3.22). Statistically significant increases were seen for long-acting β -agonists with variable corticosteroids compared with placebo (OR 1.83; 95% CI, 1.14-2.95) and for concomitant treatment with corticosteroids compared with corticosteroids alone (OR 3.65; 95% CI, 1.39-9.55). Similar increases in risk were seen for variable and concomitant corticosteroid use, salmeterol and formoterol, and children and adults. When the analysis was restricted to trials with controlled corticosteroid use, given as part of the study intervention, concomitant treatment still increased catastrophic events compared with corticosteroids alone (OR 8.19; 95% CI, 1.10-61.18).

CONCLUSION: Long-acting β -agonists increase the risk for asthma-related intubations and deaths, even when used in a controlled fashion with concomitant inhaled corticosteroids.

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KEYWORDS: Asthma; Inhaled corticosteroids; Intubation; Long-acting beta-agonists; Meta-analysis; Mortality

There has been growing concern about asthma-related morbidity and mortality associated with the long-acting β -agonists salmeterol and formoterol, given with or without concomitant inhaled corticosteroids.¹⁻³ Pooled trial data have consistently shown that long-acting β -agonists, when given

with variable inhaled corticosteroid use, increase the risk for asthma-related hospitalizations, intubations, and deaths.⁴⁻⁸ In July 2005 an advisory committee to the US Food and Drug Administration (FDA) concluded that Boxed Warnings of an increased risk for asthma-related mortality should be placed on all products containing long-acting β -agonists, with recommendations for treatment only after other asthma drugs have failed.¹

The FDA subsequently requested data from sponsors of long-acting β -agonists (GlaxoSmithKline, Brentford, London, England; AstraZeneca, Wilmington, Del; and Novartis, Basel, Switzerland) on asthma-related intubations and deaths that occurred during published and unpublished randomized trials, as of January 2008.⁹⁻¹¹ Several meta-analyses have been performed, most with the cooperation or sponsorship of the pharmaceutical industry, which evalu-

Funding: Santa Clara Valley Medical Center, San Jose, Calif.

Conflict of Interest: None of the authors have any conflicts of interest associated with the work presented in this manuscript. None of the authors have had any relationships with a pharmaceutical company that manufactures a β -agonist or other respiratory medications. Dr Salpeter has provided expert testimony on a litigation case involving a long-acting β -agonist and was paid on an hourly basis.

Authorship: All authors had access to the data and played a role in writing this manuscript.

Reprint requests should be addressed to Shelley Salpeter, MD, 751 S. Bascom Ave, San Jose, CA 95128.

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 - antiinfective agent
 - antivirus agent
 - antiretrovirus agent
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History

This term was added to Emtree in 2005

Synonyms

emtricitabine plus tenofovir disoproxil fumarate; emtriva plus viread; tenofovir disoproxil fumarate plus emtricitabine; tenofovir disoproxil plus emtricitabine; truvada; viread plus emtriva



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- ☒ in vitro study (41)
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Interventions to Prevent Sexually Transmitted Infections, Including HIV Infection

Jeanne M. Marrazzo¹ and Willard Cates²[+ Author Affiliations](#)

Correspondence: Jeanne M. Marrazzo, MD, MPH, Harborview Medical Center, Division of Infectious Diseases, 325 Ninth Ave, Mailbox 359932, Seattle, WA 98104 (jimm2@uw.edu).

Abstract

The Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Treatment Guidelines were last updated in 2006. The 2006 guidelines are based on the evidence of the effectiveness of the interventions...

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Clin Infect Dis. (2011) 53 (suppl 3): S64-S78.
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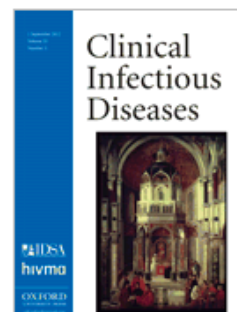
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Interventions to Prevent Sexually Transmitted Infections, Including HIV Infection

Jeanne M. Marrazzo¹ and Willard Cates²

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The Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Treatment Guidelines were last updated in 2006. To update the “Clinical Guide to Prevention Services” section of the 2010 CDC STD Treatment Guidelines, we reviewed the recent science with reference to interventions designed to prevent acquisition of STDs, including human immunodeficiency virus (HIV) infection. Major interval developments include (1) licensure and uptake of immunization against genital human papillomavirus, (2) validation of male circumcision as a potent prevention tool against acquisition of HIV and some other sexually transmitted infections (STIs), (3) failure of a promising HIV vaccine candidate to afford protection against HIV acquisition, (4) encouragement about the use of antiretroviral agents as preexposure prophylaxis to reduce risk of HIV and herpes simplex virus acquisition, (5) enhanced emphasis on expedited partner management and rescreening for persons infected with *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, (6) recognition that behavioral interventions will be needed to address a new trend of sexually transmitted hepatitis C among men who have sex with men, and (7) the availability of a modified female condom. A range of preventive interventions is needed to reduce the risks of acquiring STI, including HIV infection, among sexually active people, and a flexible approach targeted to specific populations should integrate combinations of biomedical, behavioral, and structural interventions. These would ideally involve an array of prevention contexts, including (1) communications and practices among sexual partners, (2) transactions between individual clients and their healthcare providers, and (3) comprehensive population-level strategies for prioritizing prevention research, ensuring accurate outcome assessment, and formulating health policy.

The landscape of interventions to prevent transmission of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) infection, has changed considerably since the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Treatment Guidelines were last updated in 2006 [1]. Major interval developments include

male circumcision as a potent prevention tool against acquisition of HIV and some STIs, (3) failure of a promising HIV vaccine candidate to afford protection against HIV acquisition, (4) encouragement about the use of antiretroviral agents as both early treatment for HIV-positive persons and preexposure prophylaxis for HIV-negative persons to reduce the risk of HIV and

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The Medical Letter on Drugs and Therapeutics • August 6, 2012 (Issue 1396) p. 63

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Truvada (Gilead), an oral fixed-dose combination of the antiretrovirals emtricitabine and tenofovir disoproxil fumarate frequent of HIV infection,¹ has now also been approved by the FDA for pre-exposure prophylaxis to reduce the risk of sexually acquired risk. It is the first drug to be approved for this indication. The CDC has been recommending *Truvada* off-label for pre-exposure who have sex with men since 2011.² A 30-day supply of *Truvada* costs about \$1160.³

CLINICAL STUDIES — Approval for the new indication was based on 2 randomized, placebo-controlled trials in high-risk patients. HIV-negative men (or transgender women) who have sex with men found that daily use of the combination reduced the risk of HIV seroconversion by 44% (36 seroconversions vs. 64 with placebo).⁴ A post-hoc analysis found that the rate of infection was reduced by 87.5% compared to placebo among men found to be adherent to the drug regimen (i.e., had detectable intracellular tenofovir levels).⁵ The second trial included 4,747 heterosexual couples among whom one partner was HIV-infected and the other was not. *Truvada* reduced the risk of becoming infected by 75% (13 seroconversions vs. 52 with placebo).⁶

RECOMMENDATIONS — Pre-exposure prophylaxis with *Truvada* should be considered only for persons who are at high risk for HIV-1 acquisition, are confirmed to be HIV-negative and are willing to take the drug once daily and practice safer sex. Frequent follow-up HIV antibody testing is recommended while taking the drug to ensure early diagnosis of newly-acquired HIV infection; resistance to tenofovir/emtricitabine can develop if it is taken prophylactically by patients with HIV infection.

1. [Drugs for HIV infection. Treat Guidel Med Lett 2011; 9:29.](#)

2. [Centers for Disease Control and Prevention \(CDC\). Interim guidance: preexposure prophylaxis for the prevention of HIV infection in men who have sex with men. MMWR Morb Mortal Wkly Rep 2011; 60:65.](#)

3. Wholesale acquisition cost (WAC). Source: PricePointRx™. Reprinted with permission by FDB. All rights reserved. ©2012. <http://www.firstdatabank.com/support/drug-pricing-policy.aspx>. Accessed July 25, 2012. Actual retail price may be higher.

4. [RM Grant et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N Engl J Med 2010; 363:2587.](#)

5. [FDA. Background package for NDA 21-752/supplement 30. Available at: http://www.fda.gov/downloads/AdvisoryCommittees/CommitteeMeetingMaterial....](#) Accessed July 25, 2012.

6. [JM Baeten et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. N Engl J Med 2012 Jul 11 \(epub\).](#)

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FLUCONAZOLE — Fluconazole (*Diflucan*, and others) is active against most *Candida* species other than *C. krusei*, which is intrinsically resistant, and many strains of *C. glabrata*, which are variably resistant. It has good activity against *Coccidioides* spp. and *Cryptococcus neoformans* and some activity against *Histoplasma capsulatum*.¹ The drug has no clinically significant activity against most molds, including *Aspergillus* spp., *Fusarium* spp., and the Mucorales (formerly called Zygomycetes), such as *Mucor* spp. and *Rhizopus* spp..

Adverse Effects — Fluconazole is generally well tolerated. Headache, gastrointestinal distress, facial edema, rash and pruritus can occur. Stevens-Johnson syndrome, anaphylaxis, hepatic toxicity, leukopenia and hypokalemia have been reported. QT prolongation and torsades de pointes have also been reported.

Pregnancy — Fluconazole is teratogenic in animals. It is classified as pregnancy category C (risk cannot be ruled out) when used in a low dose (single dose of 150 mg) for vaginal candidiasis. It is classified as pregnancy category D (positive evidence of risk) when used for any other indication. Congenital abnormalities, including brachycephaly, cleft palate and congenital heart disease, have been reported in infants exposed in utero to high doses (400-800 mg/day) of fluconazole during most or all of the first trimester.²

Drug Interactions — Fluconazole is a strong inhibitor of CYP2C9 and 2C19 and a moderate inhibitor of CYP3A4; it can increase serum concentrations of drugs metabolized by these pathways. Concurrent use of fluconazole with other drugs known to prolong the QT interval, particularly those metabolized by CYP2C9, 2C19 or 3A4, may increase the risk of QT prolongation and torsades de pointes.³ Taking fluconazole with the potent CYP enzyme inducer rifampin can reduce fluconazole serum concentrations, possibly to subtherapeutic levels.

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Select Database

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- [HSDB](#)
- [TOXLINE](#)
- [CCRIS](#)
- [DART](#)
- [GENETOX](#)
- [IRIS](#)
- [ITER](#)
- [LactMed](#)
- [Multi-Database](#)
- [TRI](#)
- [Haz-Map](#)
- [Household Products](#)
- [TOXMAP](#)

Search ChemIDplus

Search

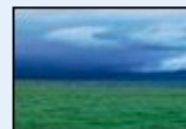
Clear

Enter the name (e.g. formaldehyde)
or registry number (e.g. 50-00-0)
to search

Advanced
ChemIDplus
Search

Provides chemical
structure, property, and
toxicity searching.

Env. Health & Toxicology



Portal to
environmental
health and
toxicology
resources

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Support Pages

- [Help](#)
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- [TOXNET Update Status](#)
- [Fact Sheet](#)
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- [Training Manuals](#)
- [News](#)

Enter aspirin and
click search



**Aspirin [BAN:JAN]
RN: 50-78-2**

For more information about this substance,
you may select from the links below.

File Locator

[CCRIS](#)

[ClinicalTrials.gov](#)

[DART](#)

[DailyMed](#)

[DrugPortal](#)

[EINECS](#)

[EMIC](#)

[GENETOX](#)

[HSDB](#)

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[PubMed Cancer](#)

[PubMed Toxicology](#)

[RTECS](#)

[TOXLINE](#)

[i](#) NCI Chem Carcino Res Info Sys

[i](#) NIH ClinicalTrials.gov

[i](#) Developmental and Reprod.Tox.

[i](#) NLM/FDA Drug Labelling

[i](#) NLM Drug Information Portal

[i](#) EU Inv of Exist. Comm. Chem Sub

[i](#) Env. Mutagen Info. Center

[i](#) EPA GENetic TOXicology

[i](#) Hazardous Substances Data Bank

[i](#) Occ. Exposure to Haz. Agents

[i](#) Drugs and Lactation Database

[i](#) Information on Drug-Induced Liver Injury

[i](#) Medical Subject Headings File

[i](#) Medical Subject Headings

[i](#) Search Consumer Health Info

[i](#) Consumer Drug Information

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[i](#) AIDS Citations from PubMed

[i](#) Cancer Citations from PubMed

[i](#) Toxicology Citations From PubMed

[i](#) Reg. of Toxic Eff. of Chem. Sub.

[i](#) NLM TOXLINE on TOXNET

Click *Advanced
ChemIDplus
Search*

Basic Information

[Full Record](#)

[Names & Synonyms](#)

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[Classification Codes](#)

[Registry Numbers](#)

[Notes](#)

[Toxicity](#)

[Physical Properties](#)

Search Navigation

[Main Query Page](#)

[Advanced ChemIDplus Search](#)



Search

Clear

History

Help

Display 5 results

Substance Identification

Name/Synonym Equals

Data is available for 394,462 records.

Toxicity

Test: (any) between

(mg/kg or ppm)

Species: (any)

Route: (any)

Effect: (any)

Toxicity data is available for 139,354 records.

Physical Properties

Melting Point

between

Either Measurement Type

Physical property data was provided by [Syracuse Research Corporation](#) and is available for 25,461 records.

Locator Codes

(any)

AND

(any)

Structure



Structure Search Options

- ☐ Substructure Search
- ☒ Similarity Search 80 %
- ☐ Exact (parent only)
- ☐ Flex (parent, salts, mixture)
- ☐ Flexplus (parent, all variations)

Display structures using

- ☒ Marvin
 - ☐ Chime
- Change

Structure data is available for 302,252 records.

Molecular Weight

between

Molecular weight data is available for 302,252 records.

Search

Clear

History

Help

Display 5 results

Search Options

Clinical Trials.gov

ClinicalTrials.gov is a registry and [results database](#) of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health care professionals. [Read more...](#)

▶ [Search for Clinical Trials](#)

Find trials for a specific medical condition or other criteria in the ClinicalTrials.gov registry. ClinicalTrials.gov currently has **130,584 trials** with locations in **179 countries**.

▶ [Investigator Instructions](#)

Get instructions for clinical trial investigators/sponsors about how to register trials in ClinicalTrials.gov. Learn about mandatory registration and results reporting requirements and US Public Law 110-85 (FDAAA).

▶ [Background Information](#)

Learn about clinical trials and how to use ClinicalTrials.gov, or access other consumer health information from the US National Institutes of Health.

Resources:

[Understanding Clinical Trials](#)

[What's New](#)

[Glossary](#)

Study Topics:

[List studies by Condition](#)

[List studies by Drug Intervention](#)

[List studies by Sponsor](#)

[List studies by Location](#)



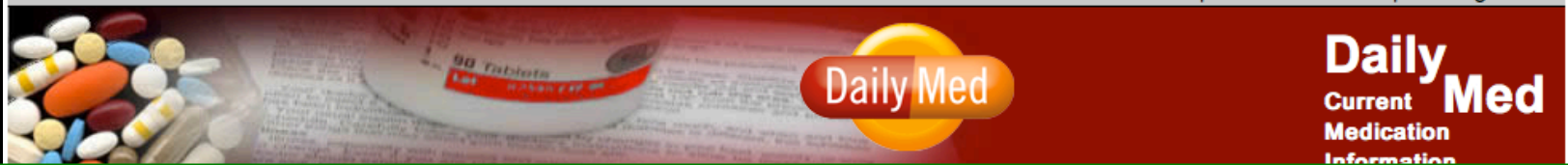
This site complies with the [HONcode standard](#) for trustworthy health information: [verify here](#).

[Contact Help Desk](#)

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DailyMed



Daily Med
Current Medication Information

DailyMed provides high quality information about marketed drugs.

Drug labeling on this Web site is the most recent submitted to the Food and Drug Administration (FDA) and currently in use; it may include, for example, strengthened warnings undergoing FDA review or minor editorial changes. These labels have been reformatted to make them easier to read.

Options

- [Home](#)
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- [Downloads](#)
- [Archives](#)
- [RSS Notify of Updates](#)
- [Contact Us](#)
- [Help](#) NEW
- [Web Services](#) NEW
- Additional Resources**
- [SPLIMAGE Specification Version 3.0.2](#) NEW
- [Report Adverse Event](#)
- [SPL Format Previewer for Label Authors](#)
- [Product Identification System](#)

At the present time this Web site does not contain a complete listing of labels for approved prescription drugs. Currently this Web site contains 39695 drugs.

Search :

Limits: ☐ Drug Name ☐ NDC Code ☐ Drug Class ☐ SetId

Label Type: ☐ Human Drugs ☐ Animal Drugs

GO [Advanced Search](#)

About DailyMed

DailyMed provides high quality information about marketed drugs. This information includes FDA labels (package inserts). This Web site provides health information providers and the public with a standard, comprehensive, up-to-date, look-up and download resource of medication content and labeling as found in medication package inserts. The National Library of Medicine (NLM) provides this as a public service and does not accept advertisements.

Drug labeling and other information in the SPL is what has been most recently submitted by drug companies to the Food and Drug Administration (FDA) as drug listing information (See 21 CFR part 207). The drug labeling has been reformatted to make it easier to read but its content has not been altered or verified by FDA or National Library of Medicine. The drug labeling on this Web site may not be the labeling on currently distributed products or identical to the labeling that is approved. Drugs marked "OTC monograph final" or "OTC monograph not final" are not checked for conformance to the monograph. Drugs marked "unapproved" on this Web site have not been reviewed by FDA for safety and efficacy and their labeling has not been approved. For more information about unapproved drugs, [visit Enforcement Activities by FDA](#).

Other information about drugs may also be available. NLM regularly processes data files uploaded from FDA's system and provides and maintains this Web site for the public to use in accessing the information. Additional information about medicines is available on NLM's MedlinePlus Web site <http://www.nlm.nih.gov/medlineplus/medicines.html>.



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National Institutes of Health, Health & Human Services



We comply with the [HONcode standard for health trustworthy information](#): [verify here](#).

*Dietary Supplements
Labels Database*



Products

- ▶ All Products
- ▶ Men
- ▶ Women
- ▶ Seniors
- ▶ Kids/Teens

Active Ingredients

- ▶ All Ingredients
- ▶ Vitamins
- ▶ Minerals
- ▶ Herbs/Plants
- ▶ Amino Acids
- ▶ Enzymes
- ▶ Specialty

Manufacturers

- ▶ All Manufacturers

The Dietary Supplements Labels Database offers information about label ingredients in more than 7,000 selected brands of dietary supplements. It enables users to compare label ingredients in different brands. Information is also provided on the "structure/function" claims made by manufacturers. *These claims by manufacturers have not been evaluated by the Food and Drug Administration. Companies may not market as dietary supplements any products that are intended to diagnose, treat, cure or prevent any disease.*

Ingredients of dietary supplements in this database are linked to other National Library of Medicine databases such as [MedlinePlus®](#) and [PubMed®](#) to allow users to understand the characteristics of ingredients and view the results of research pertaining to them, including the following characteristics:

- Uses in humans
- Adverse effects
- Mechanism of action

The Database can be searched by brand names, uses noted on product labels, specific active ingredients, and manufacturers.

[Recalls](#) from the U.S. Food and Drug Administration (FDA) and [enforcement actions](#) from the Federal Trade Commission (FTC) related to specific ingredients and supplement brands have also been provided.



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Last updated: 1 June 2012

Drug Information



Home > FAQs > FAQ: Reference & Consumer Health Questions

FAQ: Drug Information

Question: Where can I find information about drugs, including formulations and interactions?

Answer: We can only direct you to drug information resources. We encourage you to ask your doctor or pharmacist for drug information.

US Drug Information

The [Drug Information Portal](#) is a gateway to current drug information from the National Library of Medicine® (NLM) and other key government agencies.

<http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp>

More NLM tools to find drug information:

- [MedlinePlus® Drugs, Supplements, and Herbal Information](#) provides information about prescription drugs, over-the-counter medicines, dietary supplements, and herbal remedies. Includes side effects, dosage, special precautions, and more.
<http://www.nlm.nih.gov/medlineplus/druginformation.html>
- [DailyMed®](#) provides information about prescription drugs as found in medication package inserts.
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>
- [MEDLINE/PubMed](#) or [TOXLINE®](#) provide citations to published biomedical journal research articles for professionals. For more information, see the [MEDLINE® Fact Sheet](#) at <http://www.nlm.nih.gov/pubs/factsheets/medline.html> and the [TOXLINE® Fact Sheet](#) at <http://www.nlm.nih.gov/pubs/factsheets/toxline.html>
- [DIRLINE®](#) provides information about organizations dealing with drug information.
<http://dirline.nlm.nih.gov/>

The [Center for Drug Evaluation and Research \(CDER\)](#) from the US Food and Drug Administration (FDA) has expertise to answer some drug information questions.

<http://www.fda.gov/Drugs/default.htm>

A [CDER contact form](#) is at <http://www.accessdata.fda.gov/scripts/email/cder/comment.cfm> or write to druginfo@fda.hhs.gov

FDA tools to find drug information, including formulations and interactions:

- [Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations](#)
<http://www.fda.gov/cder/orange/default.htm>
- [The Green Book: FDA Approved Animal Drug Products](#)
<http://www.fda.gov/AnimalVeterinary/Products/ApprovedAnimalDrugProducts/UCM042847>

International Drug Information

- [British National Formulary \(BNF\)](#) (free ONLY to residents of the UK and selected developing countries) at <http://www.bnf.org/bnf/extra/current/450070.htm>
<http://www.bnf.org/bnf/index.htm>
- [International drug and food safety organizations, from the US Food and Drug Administration](#)
<http://www.fda.gov/InternationalPrograms/default.htm>
- [European Medicines Agency](#) from the European Union
<http://www.ema.europa.eu/ema/index.jsp>
- [Heads of Medicines Agencies](#) can be searched by country for authorities in the European Union and Liechtenstein.
<http://www.hma.eu/index.html>
- [WHO Model Formulary](#) from the World Health Organization
<http://www.who.int/medicines/en/>

Organizations

- [American Society of Health-System Pharmacists \(ASHP\)](#)
<http://www.ashp.org/>
- [International Pharmaceutical Federation \(IPF\)](#)
<http://www.fip.org/www/index.php>

- [Pharmaceutical Research and Manufacturers of America \(PhRMA\)](#)
<http://www.phrma.org/>
- [International Federation of Pharmaceutical Manufacturers and Associations \(IFPMA\)](#)
<http://www.ifpma.org/>

Additional Resources

- Contact your local public, hospital, or university library to ask what resources are available to you.
- Look for information on a drug company's Web site or on other sites such as [Drug Digest](#), which includes drug interactions and drug comparisons at <http://www.drugdigest.org/wps/portal/ddigest>.
- NLM does not maintain a list of gluten free drugs or foods. We suggest you check your pharmacy or the drug manufacturer for ingredients.

NLM is not responsible for the availability or content of external sites, nor does NLM endorse, warrant, or guarantee the products, services or information described or offered at other sites.

Related Resource

[Learn About Drugs - Drug Information from the National Library of Medicine](#)

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<http://www.nlm.nih.gov/services/drug.html>

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Last reviewed: 14 July 2011
Last updated: 09 May 2012
First published: 01 January 1999
Metadata | Permanence level:
Permanence Not Guaranteed

Drug Information Portal

Drug Information Portal

- gateway
- current, accurate drug information
- 33,368 drugs
- NLM and other key government agencies
- Mobile site

Drug Information Portal

Quick Access to Quality Drug Information



United States
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Mobile Site – **NEW!**

Search

DRUG INFORMATION PORTAL

Information available for 33,368 drugs.

☒ By Name ☐ By Category

Go

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- ▶ [Show top "By Category" searches \(previous seven days\).](#)
- ▶ [Show top dispensed prescriptions in the US Market, 2010.](#)
- ▶ [Show common drug name list.](#)
- ▶ [Show category name list.](#)
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Last updated: Aug 2012

USA.gov

*Household
Products Database*



Household Products Database

National Institutes of Health
National Library of Medicine
Specialized Information Services



Health & Safety Information on Household Products

[Home](#) | [Products](#) | [Manufacturers](#) | [Ingredients](#) | [Health Effects](#)

Quick Search

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Product, Manufacturer
etc...

Advanced Search >

Browse by Category

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What's under your kitchen sink, in your garage, in your bathroom, and on the shelves in your laundry room?

Learn more about what's in these products, about potential health effects, and about safety and handling.



Auto Products

Brake Fluid, De-icer, Lubricant, Sealant, and more...



Inside the Home

Air Freshener, Bleach, Cleaners, Toilet Bowl Cleaner, and more...



Pesticides

Animal Repellant, Fungicide, Herbicide, Insecticide, and more...



Landscape/Yard

Fertilizer, Lawn Care, Swimming Pool Products, and more...



Personal Care

Antiperspirant, Hair Spray, Makeup, Shampoo, Soap and more...



Home Maintenance

Caulk, Grout, Insulation, Paint, Putty, Stain, and more...



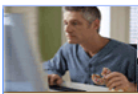
Arts & Crafts

Adhesive, Glaze, Glue, Primer, Varnish, and more...



Pet Care

Flea & Tick Control, Litter, Stain/Odor Remover, and more...



Home Office

Ink, Toner, Correction Fluid, Electronics Cleaners, Pens and more...

For advice if someone is poisoned, call your local Poison Center at 1-800-222-1222.

[Home](#) | [Products](#) | [Manufacturers](#) | [Ingredients](#) | [Health Effects](#)

Product Menu



Household Products Database

Health & Safety Information on Household Products

National Institutes of Health
National Library of Medicine
Specialized Information Services



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Browse A-Z

Products Names

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Product Information

Product Name: Miracle Gro Garden Weed Preventer and Plant
Food 9-17-9

EPA Registration 9198-149-623

Code:

Form: granules

Product Category: Pesticides » Herbicide » fertilizer w/weed control

Customer Service: 888-270-3714

Date Entered: 2001-05-30

Related Items: [Products with similar usage in this database](#)

Manufacturer

Manufacturer: Scotts Company

Address: 14111 Scottslawn Road

City: Marysville

State: OH

Zip Code: 43041

Telephone Number: 937-644-0011

Toll Free Number: 888-270-3714

Date Info Verified: 2009-03-06

Related Items: [Products by this manufacturer](#)

The following information (Health Effects, Handling/Disposal, and Ingredients) is taken from the product label and/or the Material Safety Data Sheet (MSDS) prepared by the manufacturer. The National Library of Medicine does not test products nor does it evaluate information from the product label or the MSDS. ([What is an MSDS?](#))

Health EffectsEnter text or highlight term... **Search TOXNET****Acute Health From MSDS**

Effects: IMMEDIATE CONCERNS: May irritate eyes, nose, throat, and skin.

POTENTIAL HEALTH EFFECTS

EYES: May cause eye irritation.

SKIN : May cause skin irritation.

INGESTION : Ingestion may result in sore throat, abdominal pain, nausea, vomiting, and diarrhea.

INHALATION : Dust may be irritating to the nose and respiratory tract, and may cause sore throat, coughing and shortness of breath.

ACUTE TOXICITY:

Signs and symptoms of overexposure might include headache, dizziness, fever, muscle aches, weakness, and other minor central nervous system effects.

MEDICAL CONDITIONS AGGRAVATED: Asthma and other pre-existing respiratory conditions; may increase the risk of angle-closure glaucoma.

ROUTES OF ENTRY: Ingestion, inhalation.

Chronic Health From MSDS

Effects: Asthma and other pre-existing respiratory conditions may be aggravated by exposure to this product; may increase the risk of angle-closure glaucoma.

Carcinogenicity: From MSDS

IARC: No

NTP: No

OSHA: No

GENERAL COMMENTS: Product may contain trace amounts of inorganic fluorides, which have been implicated as a reproductive hazard and a carcinogen.

First Aid: From MSDS

EYES: If in eyes, hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.

SKIN : If on skin or clothing, take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.

INGESTION: If swallowed, call a poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to by the poison control center or doctor. Do not give anything by mouth to an unconscious person.

INHALATION : Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible. Call a poison control center or doctor for further treatment advice.

Health Rating: 2

Flammability 0

Rating:

Reactivity Rating: 0

HMIS Rating Scale: 0 = Minimal; 1 = Slight; 2 = Moderate; 3 =

Serious; 4 = Severe;

N = No information provided by manufacturer; * = Chronic Health Hazard

MSDS Date: 2000-11-14

Handling/Disposal

Handling: From MSDS

HANDLING:

See label. Avoid container breakage. Wash hands before eating, drinking, chewing gum, using tobacco or using toilet. Remove clothing immediately if product gets inside. Wash thoroughly and put on clean clothing. Keep out of lakes, streams, or ponds. KEEP OUT OF REACH OF CHILDREN.

STORAGE:

See label. KEEP OUT OF REACH OF CHILDREN. Avoid container breakage. Keep container closed and away from food, feedstuffs, and domestic water supplies. Store in a cool, dry, well-ventilated area. Do not reuse container and do not contaminate water by disposing of equipment washwaters.

ECOTOXICOLOGICAL INFORMATION: This pesticide is extremely toxic to freshwater marine and estuarine fish and aquatic invertebrates including shrimp and oyster. Do not apply directly to water. Do not apply in a manner which will directly expose canals, lakes, streams, ponds, marshes or estuaries to aerial drift. Do not contaminate water by disposing of equipment washwaters.

Disposal: From MSDS


DISPOSAL METHOD

Securely wrap original container in several layers of newspaper and discard in trash. Do not reuse bag.

Ingredients from MSDS/Label

Chemical	CAS No / Unique ID	Percent
Urea	000057-13-6	
Trifluralin	001582-09-8	
Potassium chloride	007447-40-7	
Ammonium phosphate, monobasic	007722-76-1	
Nuisance dust	999999-60-8	

MedlinePlus




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MEDICAL DICTIONARY


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
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information for
patients

Drugs, Supplements, and Herbal Information



Drugs

Learn about your prescription drugs and over-the-counter medicines. Includes side effects, dosage, special precautions, and more.

Browse by generic or brand name

A B C D E F G H I J K L M N O P Q R S T U V W
X Y Z 0-9

For FDA approved labels included in drug packages, see [DailyMed](#).



Herbs and Supplements

Browse dietary supplements and herbal remedies to learn about their effectiveness, usual dosage, and drug interactions.

[All herbs and supplements](#)



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[Complementary and Alternative Medicine](#)
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Click Drugs & Supplements

My Medication List



MyMedicationList



[Launch MyMedicationList](#) (beta)

About MyMedicationList

MyMedicationList is a prototype application developed at the National Library of Medicine that helps users manage their medication lists and make the records readily available when needed. This personal medication list can be printed out and serve as a reminder to the individual for taking medications, or as reference information to support continuity of care at providers' offices or hospitals.

Start MyMedicationList

Click on "Launch *MyMedicationList*" if the link is present: *MyMedicationList* will start; Otherwise, click on "Download *MyMedicationList*" to download the application (Java Runtime Environment (JRE)". You will arrive at [the Sun download homepage](#), browse to find and install it (You will have to select your platform: Linux, Solaris or Windows). Then return to the "Launch *MyMedicationList*" link. Click on "Launch *MyMedicationList*" and *MyMedicationList* can be downloaded [here](#).

For Firefox users, open with Java Web Start Launcher.

For Netscape users on Windows, open with Javaws.exe. You might need to associate the file extension ".jws" with "JRE_HOME/javaws/javaws" (JRE_HOME is the directory that JRE is installed).

MyMedicationList code is digitally signed. You need to accept its security certificate to launch it.

MyMedicationList uses Java Web Start Technology and requires JRE 1.5 or later.

Secure User Environment

Different from Web-based systems in which patient information is stored by external databases, *MyMedicationList* is a standalone application that runs locally on users' computers. Users store medication lists just as they store any other files on their own computers. Medication lists are stored locally, typically on a hard drive or on a flash memory card. Users thus control access to their personal information and decide with whom to share it.

App to help users
manage their
medications

[Home](#)[Add a Medication](#)[Save](#)[Save As](#)[Print View](#)

Medication Record for: Lee Smith

☒ Show Images

Medications

New Prescriptions

Current Medications

Name of Medicine	Start Date	Stop Date	Amount Each Time	Frequency	Instruction	Last Prescription Date	Prescriber
Lipitor 10 MG Oral Tablet	08/09/2...		1	Once a Day	As Directed		



Previous Medications

Name of Medicine	Start Date	Stop Date	Amount Each Time	Frequency	Instruction	Last Prescription Date	Prescriber
------------------	------------	-----------	------------------	-----------	-------------	------------------------	------------

Correct/Complete Info

Change Freq or Quantity

Discontinue

View Medication Guide

Delete

Pillbox Beta

Two ways to identify an unknown pill



Quick Search
(rapid identification, sort pills
by color, shape, etc.)



Advanced Search
(includes searching by drug name,
inactive ingredients, and more)

What?

Pillbox enables rapid identification of unknown solid-dosage medications (tablets/capsules) based on physical characteristics and high-resolution images.

Once a medication is identified, Pillbox provides links to drug information and drug labels.

How?

Combining data derived from drug labels submitted to FDA by drug manufacturers and distributors and NLM's RxNorm, Pillbox is an identification and reference system for oral solid-dosage medications.

Pillbox's data and search engine are also available through an API.

PubChem

PubChem



BioAssay ?



Compound ?



Substance ?

GO

Advanced
search[Chemical structure search](#) | [BioActivity analysis](#)

New The PubChem BioAssay summary pages now display the [Gene Ontology \(GO\)](#) classification of the gene/protein target(s) that were tested by the bioassay.

In addition, the bioassay data summary for a compound now displays a graphical summary of the bioassays that have tested the compound, categorizing the bioassays by bioactivity outcomes, top targets, bioactivity types, and bioassay types. [See more..](#)

New A new [RESTful web interface](#) to PubChem data and services (PUG REST) is released in beta form. [See more..](#)

[more ...](#)Bioactivity
summary Bioactivity
datatable Bioactivity
structure-activity Chemical
structure search 3D conformer
viewer Chemical
structure
clustering Deposition
gateway Structure
download Bioassay
download

PubChem FTP

Toxicology
Data
Network



► [Env. Health & Toxicology](#) ► [TOXNET](#)

TOXNET - Databases on toxicology, hazardous chemicals, environmental health, and toxic releases.

Select Database

- [ChemIDplus](#)
- [HSDB](#)
- [TOXLINE](#)
- [CCRIS](#)
- [DART](#)
- [GENETOX](#)
- [IRIS](#)
- [ITER](#)
- [LactMed](#)
- [Multi-Database](#)
- [TRI](#)
- [Haz-Map](#)
- [Household Products](#)
- [TOXMAP](#)

Additional Resources

- [CPDB](#)
- [CTD](#)

Search All Databases

Enter term(s) to search all databases.

(e.g. asthma air pollution,
ibuprofen fever, vinyl chloride)

[Search](#)

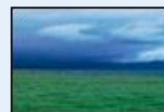
[Clear](#)

[Help](#)

TOXNET Search Options

- Search all databases: Enter term(s) in box above
- Search a specific database: Click database at left
- Database description: Click on the

Env. Health & Toxicology



Portal to
environmental
health and
toxicology
resources

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- [Fact Sheet](#)
- [Database Description](#)
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Environmental Health & Toxicology

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TOXNET and Beyond Training Class Schedule and Workbook

The workbook corresponds to the one-day class *TOXNET and Beyond: Using the National Library of Medicine's Environmental Health and Toxicology Portal* offered by the National Library of Medicine Training Center (NTC).

- [Schedule](#)
- [Workbook \(PDF, 8 MB\)](#)

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Last updated: 21 June 2011

First published: 21 April 2005

Metadata | **Permanence level:** Permanence Not Guaranteed

LactMed



Drugs and Lactation Database (LactMed) - A peer-reviewed and fully referenced database of drugs to which breastfeeding mothers may be exposed. Among the data included are maternal and infant levels of drugs, possible effects on breastfed infants and on lactation, and alternate drugs to consider.

Select Database

- ChemIDplus
- HSDB
- TOXLINE
- CCRIS
- DART
- GENETOX
- IRIS
- LactMed
- Multi-Database
- TRI
- Haz-Map
- Household Products
- TOXMAP
- TOXNET Home

Additional Resources

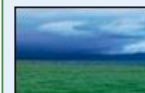
- CPDB
- CTD

Search LactMed

(e.g. Advil, oral contraceptives,
Prozac)

For chemicals, add synonyms
and CAS numbers to search:
☒ Yes ☐ No

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- ▶ [LactMed App **NEW!**](#)
- ▶ [LactMed Record Format](#)
- ▶ [Database Creation & Peer Review Process](#)
- ▶ [Help](#)
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- ▶ [Sample Record](#)
- ▶ [TOXNET FAQ](#)
- ▶ [Glossary](#)
- ▶ [About Dietary Supplements](#)
- ▶ [Breastfeeding Links](#)
- ▶ [Get LactMed Widget **NEW!**](#)

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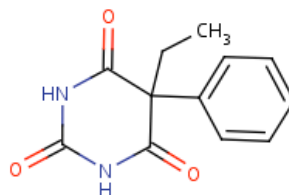
Contract all categories ☐
Expand all categories ☐
Select Clear

- ☐ [FULL RECORD](#)
- ☐ [Drug Levels and Effects](#)
 - ☐ [Summary of Use during Lactation](#)
 - ☐ [Drug Levels](#)
 - ☐ [Effects in Breastfed Infants](#)
 - ☐ [Possible Effects on Lactation](#)
 - ☐ [Alternate Drugs to Consider](#)
 - ☐ [References](#)
- ☐ [Substance Identification](#)
 - ☐ [Substance Name](#)
 - ☐ [CAS Registry Number](#)
 - ☐ [Drug Class](#)
- ☐ [Administrative Information](#)
 - ☐ [LactMed Record Number](#)
 - ☐ [Last Revision Date](#)

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Phenobarbital

CASRN: 50-06-6



For other data, click on the Table of Contents

Drug Levels and Effects:

Summary of Use during Lactation:

There is a great deal of inter- and inpatient variability in excretion of **phenobarbital** into breastmilk. **Phenobarbital** in breastmilk apparently can decrease withdrawal symptoms in infants who were exposed in utero, but it can also cause drowsiness in some infants, especially when used with other sedating drugs. If **phenobarbital** is required by the mother, it is not necessarily a reason to discontinue breastfeeding. Monitor the infant for drowsiness, adequate weight gain, and developmental milestones, especially in younger, exclusively breastfed infants and when using combinations of psychotropic drugs. Sometimes breastfeeding might have to be limited or discontinued because of excessive drowsiness and poor weight gain. If there is concern, infant serum concentrations of **phenobarbital** can be obtained. Measurement of an infant serum level might help rule out toxicity if there is a concern.

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- All Resources
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- Genetics & Medicine
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- Homology
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- Taxonomy
- Training & Tutorials
- Variation

Welcome to NCBI

The National Center for Biotechnology Information advances science and health by providing access to biomedical and genomic information.

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Genomic Structural Variation

dbVar archives large scale genomic variation data and associates defined variants with phenotypic information.



1 2 3 4 5 6 7 8

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[NCBI's April Newsletter is on the Bookshelf](#)

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Libraries

FACTS AT A GLANCE

The TTUHSC Delia Montes-Gallo Library of El Paso serves the Paul L. Foster School of Medicine and the Gayle Greve Hunt School of Nursing. The Library also serves health professionals throughout the area, and on the U.S. - Mexico border.

The library is located in two buildings: The Academic Education Center (AEC) houses Clinical Sciences materials, while The Medical Education Building (MEB) houses Basic Science materials.

Checkout privileges are available to TTUHSC faculty, staff and students. On-site use of the collection is also available to the public.

RESEARCH TOOLS...

- Library Catalog
- Textbooks
- Maximum Simultaneous Use
- Databases
- eBooks, Theses, & Dissertations
- eJournals
- Online Multimedia
- Public (non-TTUHSC) Access
- Other Resources

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- Mobile Resources
- Medline Plus
- TeamViewer 6 - Windows
- TeamViewer 6 - Mac
- NIH Clinical Alerts
- Library Cards

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