

CLINICAL DECISION SUPPORT

EDITORIAL GOVERNANCE

BENEFITS

- Clinical guidance supported by the world's best evidence
- Promotes best practices and supports patient safety
- Clinically relevant information from a trusted source for more than 30 years
- Peer-reviewed and referenced content by experts
- Regular updates ensure the latest information

As the gap between the amount of information available and the time allowed to process it grows wider, the Healthcare business of Thomson Reuters continues to help readers synthesise and summarise information, supported by credible, justified statements from high-quality sources. This ensures integrity in the provision of evidence-based guidance, services, and solutions, while guarding against publication bias and information of little or no relevance.

All Thomson Reuters content in proprietary products, including Micromedex®, is developed in accordance with documented editorial policies and procedures. Our content facilitates the practice of evidence-based medicine that helps clinicians identify best practices and choose the most appropriate treatment plan for each patient.



At Thomson Reuters, more than 90 full-time editorial staff—including physicians, clinical pharmacists, nurses, and other allied health professionals—are trained in the identification of relevant literature and accepted literature-evaluation techniques that assess methodological rigour, appropriateness of statistical analyses, and clinical relevance. These literature-evaluation skills, in conjunction with clinical judgement, are employed throughout the content creation and review process.

CONTENT SOURCING

The decision to conduct further research on a topic is based on the continuing review of over 6,000 of the world's medical journals, customer requests, clinical judgement and recommendations,

Diabetes mellitus - Chronic

Test 140.13
Test build 140.13

Go to: [Ongoing Assessment](#) [Treatment](#)

Ongoing Assessment	Strength of Recommendation
Reassessment	
In patients who have stable glycemic control and are meeting treatment goals, perform a hemoglobin A1C test at least 2 times a year. In patients whose therapy has changed or who are not meeting glycemic goals, perform an A1C quarterly [1].	I C
Measure blood pressure at every routine visit, confirm on a subsequent day systolic readings of 130 mmHg or above and diastolic readings of 80 mmHg or above [1].	I C
Order a retinal eye examination for patients with diabetes [1].	I C

Strength of Evidence

Category A
Category A evidence is based on data derived from: Meta-analyses of randomized controlled trials with homogeneity with regard to the directions and degrees of results between individual studies. Multiple, well-done randomized clinical trials involving large numbers of patients.

Category B
Category B evidence is based on data derived from: Meta-analyses of randomized controlled trials with conflicting conclusions with regard to the directions and degrees of results between individual studies. Randomized controlled trials that involved small numbers of patients or had significant methodological flaws (e.g., bias, drop-out rate, flawed analysis, etc.). Nonrandomized studies (e.g., cohort studies, case-control studies, observational studies).

Category C
Category C evidence is based on data derived from: Expert opinion or consensus, case reports or case series.

No Evidence



regulatory standards and compliance, national healthcare trends, FDA approvals, editorial board suggestions, and policy changes from professional health organisations.

Our editorial staff monitors the world's medical literature daily. This process uses sophisticated proprietary tools (Thomson Reuters Dialog), conventional search tools (PubMed), news services (including the News Bureau), and medical librarians. The literature obtained from this process is segmented by topic as adjudicated by internal clinical experts and librarians according to the principles of evidence-based medicine. As an example, for our DRUGDEX® database, we create an average of four new Drug Evaluations

and four new Drug Points each month. In addition, an average of 500 existing Drug Evaluations and 800 existing Drug Points are updated each month. An update may consist of one to many changes (with an average of approximately six individual changes) that are driven by the primary literature.

Content is then promoted to production and is available for release in Micromedex solutions weekly. We are dedicated to the integrity of information. By verifying every detail, our editorial staff ensures the content is up to date and clinically relevant. This scrutiny builds confidence among clinicians who know they can put their trust in Micromedex solutions.

ABOUT THOMSON REUTERS

The Healthcare business of Thomson Reuters produces insights, information, benchmarks and analysis that enable organizations to manage costs, improve performance, and enhance the quality of healthcare. Thomson Reuters is the world's leading source of intelligent information for businesses and professionals. We combine industry expertise with innovative technology to deliver critical information to leading decision makers in the financial, legal, tax and accounting, scientific, healthcare and media markets, powered by the world's most trusted news organization. With headquarters in New York and major operations in London and Eagan, Minn., Thomson Reuters employs more than 50,000 people in 93 countries. Thomson Reuters shares are listed on the New York Stock Exchange (NYSE: TRI); Toronto Stock Exchange (TSX: TRI); London Stock Exchange (LSE: TRIL); and Nasdaq (NASDAQ: TRIN).

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0.83 mg/mL in D5W-Dextrose 5%	Sodium chloride 0.9%		precipitate
Sequus Pharmaceuticals	SmithKline Beecham Pharmaceuticals		Storage: temperature exposed light.
<p>Key: Compatible Caution: Variable Incompatible</p>			

Drug-Compatibility Icons

	Recommendation/Strength of Evidence
with e 65, start t of CRC in	
5 cumulative	

Recommendation and Evidence Ratings

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Welcome to DialogLink - Version 5
Revolutionize the Way You Work!

New on Dialog
Enhanced Derwent World Patents Index Now Available

The enhanced Derwent World Patents Index® (DWPI®) (files 360,361, 362) is now available on Dialog. The improvements implemented in DWPI database's rich content set and enhances overall functionality of the database.

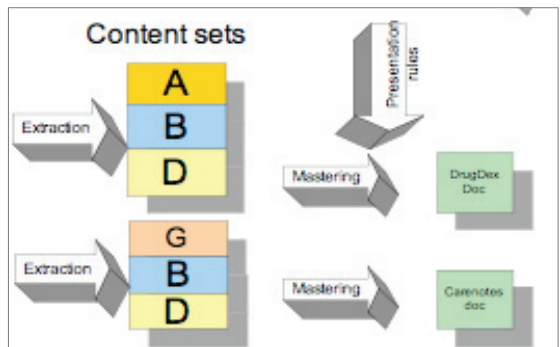
In addition to distilled expert analysis reflected in DWPI expanded titles and abstracts, other enhancements include original patent filing details, full-text-and-patent family data, and much more.

The new templates include new features that will help you manage and distribute your DWPI search results in an attractive format. Learn about all of the new DWPI enhancements and report templates at <http://www.dialog.com/dwpi>.

DialogLink 5 Release Notes
New features available in the latest release of DialogLink 5 (November 2005)

- Ability to resize images for easier incorporation into DialogLink Reports
- New settings allow users to be prompted to save Dialog search sessions in the format of their choice (Microsoft Word, RTF, PDF, HTML, or TEI)
- Ability to set up Dialog Alerts by Chemical Structures and the addition of Index Chemicus as a structure searchable database

Thomson Reuters Dialog Content Feed



Product Assembly Workflow

