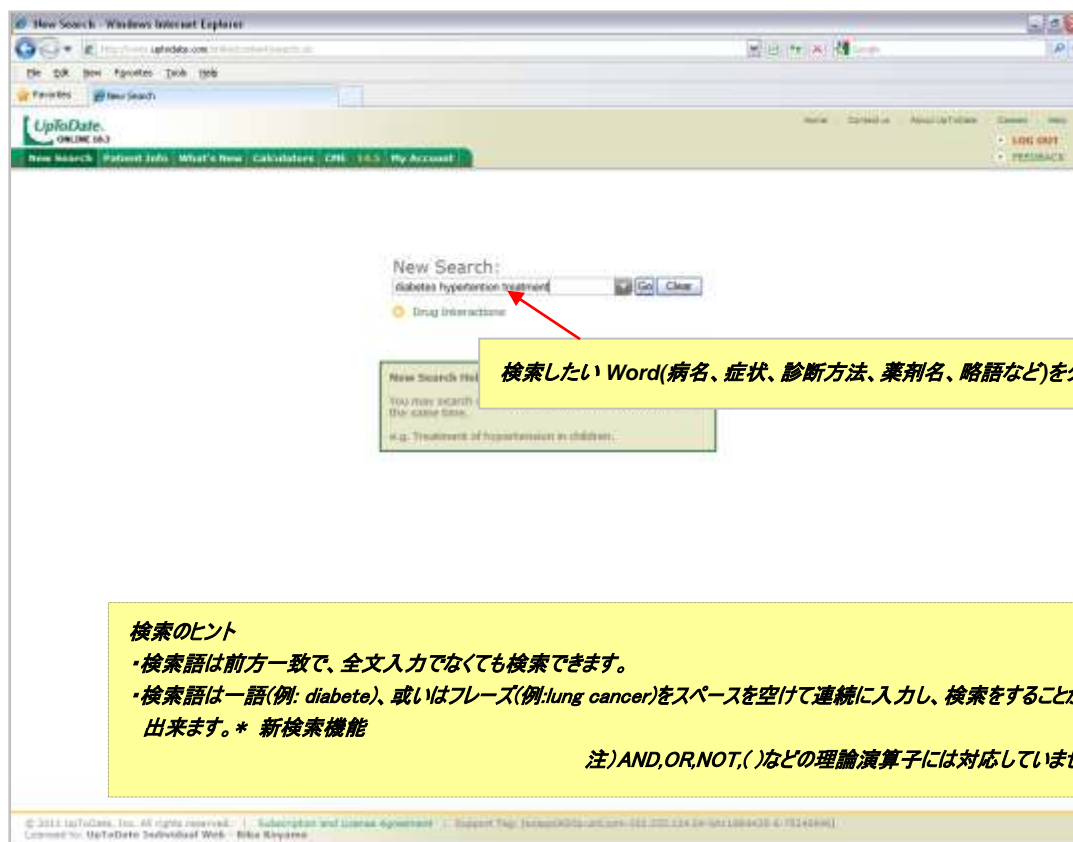
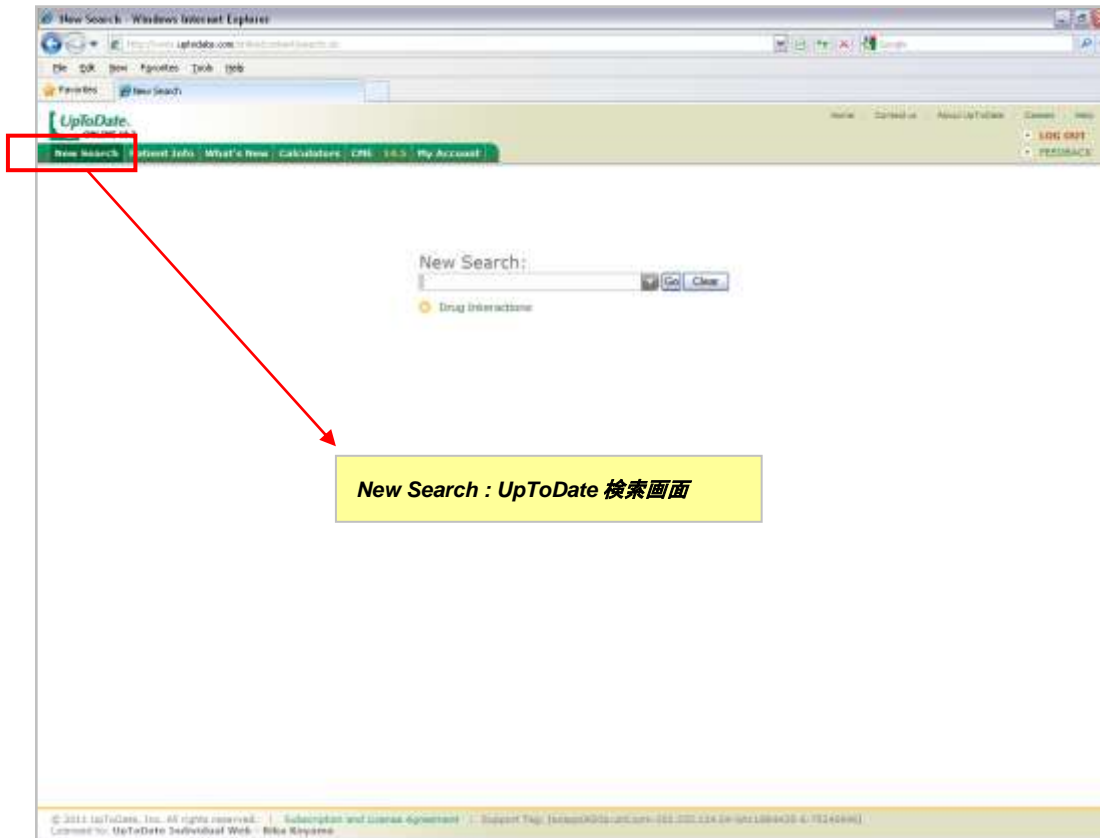


# UpToDate サイトライセンス 利用マニュアル 【Ver. 18.3】



**検索結果は、Adult, Pediatric, Patient information で、優先順位を変更できます**

**関連するタイトルが検索頻度上位から順番に表示されます**

**マウスを Topic のリンクに重ねると Topic タイトルが薄緑色に反転し右側のウィンドウに Topic のアウトラインが表示されます。**

Search Results for "diabetes hypertension treatment"

diabetes means diabetes mellitus. Click alternative term: diabetes mellitus

All search results | Prioritize adult topics | Prioritize pediatric topics | Prioritize patient topics

- Treatment of hypertension in patients with diabetes mellitus
- What is goal blood pressure in the treatment of hypertension?
- Treatment of type 2 diabetes mellitus in the elderly patient
- Hypertension: who should be treated?
- Choice of therapy in essential hypertension: Recommendations
- Treatment of diabetic neuropathy
- Treatment of hypertension in children and adolescents
- Prehypertension and borderline hypertension
- Prevention and treatment of diabetic retinopathy
- Microalbuminuria in type 2 diabetes mellitus
- Cardiac syndrome: Definition, prognosis, and pathophysiology
- Treatment of hypertension in the elderly, particularly isolated systolic hypertension
- Choice of antihypertensive drug
- Single-drug treatment
- Combination treatment
- Treatment and course of gestational diabetes mellitus
- Comorbidity and complications of type 2 diabetes mellitus in children and adolescents
- Diabetic autonomic neuropathy
- Treatment of diabetic neuropathy
- Complications and screening in children and adolescents with type 1 diabetes mellitus
- Screening for lower extremity peripheral artery disease
- Obstetrical management of pregnancy complicated by pregestational diabetes mellitus
- Pregnancy risks in women with type 1 and type 2 diabetes mellitus
- Management of hypertension in pregnant and postpartum women
- Ambulatory blood pressure monitoring and white coat hypertension in adults

**Topic Outline**

- INTRODUCTION AND PREVALENCE
- PATHOGENESIS
  - Hyperinsulinemia
  - Volume expansion
  - Increased arterial stiffness
- BENEFIT OF TREATMENT
  - LIFE3 trial
  - HOPE trial
  - ADVANCE trial
- GOAL BLOOD PRESSURE
  - Nonintensive ABCD trial
  - ACCORD BP trial
  - SANDS trial
  - Trials of angiotensin inhibition
  - Summary and conclusions
- CHOICE OF ANTIHYPERTENSIVE DRUGS
  - ALLHAT trial
  - Thiazide diuretics
  - Angiotensin inhibitors
    - ACE inhibitors
    - Angiotensin II receptor blockers
    - ACE inhibitor plus ARB
  - Calcium channel blockers
  - Beta blockers
  - Alpha blockers
  - Combination therapy and ACCOMPLISH
- SUMMARY AND RECOMMENDATIONS
  - Choice of antihypertensive agents
  - Goal blood pressure
- GRAPHICS
- FIGURES

Topic、または Topic アウトラインをクリックします

Treatment of hypertension in patients with diabetes mellitus

TOPIC OUTLINE

- INTRODUCTION AND PREVALENCE
- PATHOGENESIS
  - Hyperinsulinemia
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- BENEFIT OF TREATMENT
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  - Alpha blockers
  - Combination therapy and ACCOMPLISH
- SUMMARY AND RECOMMENDATIONS
  - Choice of antihypertensive agents
  - Goal blood pressure
- REFERENCES
- GRAPHICS
- FIGURES

**Treatment of hypertension in patients with diabetes mellitus**

Author: George L Bakris, MD  
 Sec/Dean Editors: Norman H Kaplan, MD, David M Nathan, MD  
 Deputy Editor: Alice M Shewhan, MD

Last literature review version 18.3: 9月 2010 | This topic last updated: 10月 7, 2010 (More)

**INTRODUCTION AND PREVALENCE** – Hypertension is a common problem in patients with both type 1 and type 2 diabetes but the time course as relation to the duration of diabetes is different [1-3]. Among those with type 1 diabetes, the incidence of hypertension rises from 5 percent at 10 years, to 33 percent at 20 years, and 70 percent at 40 years [2]. There is a close relation between the prevalence of hypertension and increasing albuminuria. The blood pressure typically begins to rise within the normal range at or within a few years after the onset of microalbuminuria and increases progressively as the renal disease progresses. (See "Microalbuminuria in type 1 diabetes mellitus", section on "Risk factors".)

These features were illustrated in a study of 981 patients who had type 1 diabetes for five or more years [1]. Hypertension was present in 19 percent of patients with normoalbuminuria, 30 percent with microalbuminuria, and 65 percent with macroalbuminuria. The incidence of hypertension eventually reaches 75 to 85 percent in patients with progressive diabetic nephropathy [2]. The risk of hypertension is highest in blacks, who are also at much greater risk for renal failure due to diabetic nephropathy. (See "Course of diabetic nephropathy".)

The findings are different in patients with type 2 diabetes. In a series of over 3500 newly diagnosed patients, 30 percent were already hypertensive [2]. In approximately one-half of these patients, the elevation in blood pressure (BP) occurred before the onset of microalbuminuria. Hypertension was strongly associated with obesity and, not surprisingly, the hypertensive patients were at increased risk for cardiovascular morbidity and mortality. (See "Microalbuminuria in type 2 diabetes mellitus".)

This topic will review the pathogenesis of hypertension in patients with diabetes mellitus and the three major treatment issues:

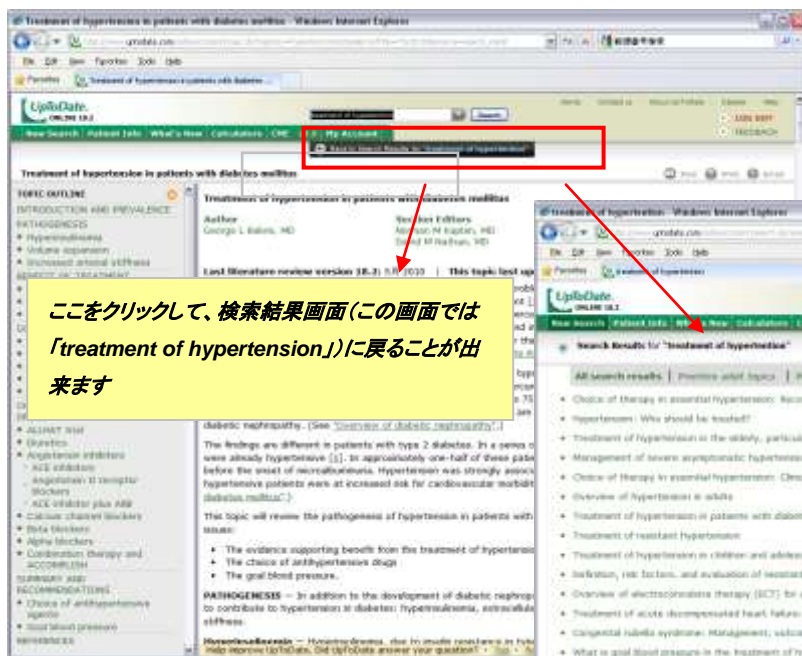
- The
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- The

**PATHOGENESIS** – Hypertension in diabetes mellitus, at least three other factors have been proposed to contribute to hypertension in diabetes: hyperinsulinemia, extracellular fluid volume expansion, and increased arterial stiffness.

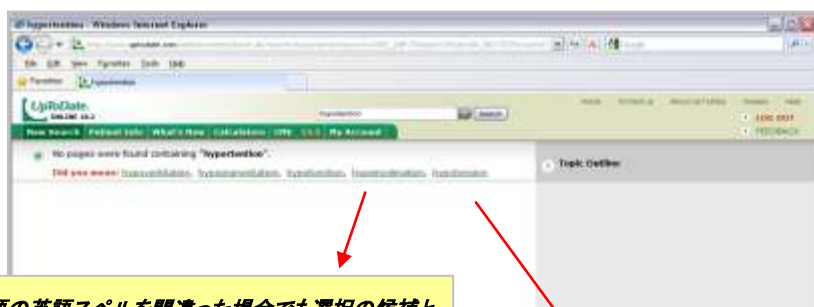
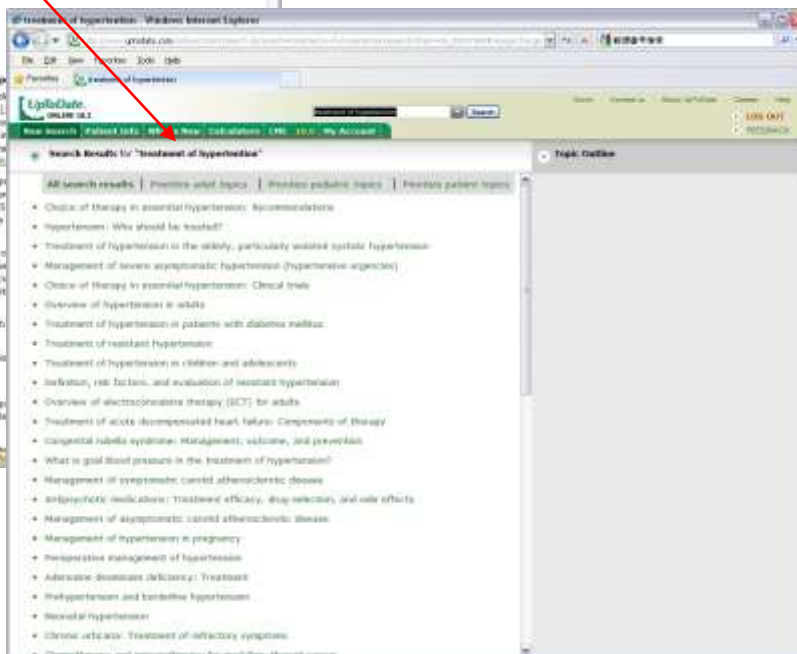
**Hyperinsulinemia** – Hyperinsulinemia, due to insulin resistance in type 2 diabetes or to insulin administration, may increase systemic blood pressure. In one report of 80 type 2 diabetic patients begun on insulin, the blood pressure rose from 132/81 to 146/89 mmHg [2]. This hypertensive response, although not noted in all studies, may be mediated by concurrent weight gain and by the prohypertensive effect of insulin. Hyperinsulinemia may be a link to explain the association between obesity and hypertension both in nondiabetic patients and those with type 2 diabetes, since insulin can increase sympathetic activity and promote renal sodium retention.

**Volume expansion** – Sodium retention and volume expansion may be induced both by insulin and the hyperglycemic-induced increase in the filtered glucose load [2,2]. The excess filtered glucose is reabsorbed (as long as there is only moderate hyperglycemia) in the proximal tubule via SGLT. This reabsorption of glucose in the proximal tubule is associated with an increase in sodium reabsorption [1]. These mechanisms tend to cause the blood pressure to rise.

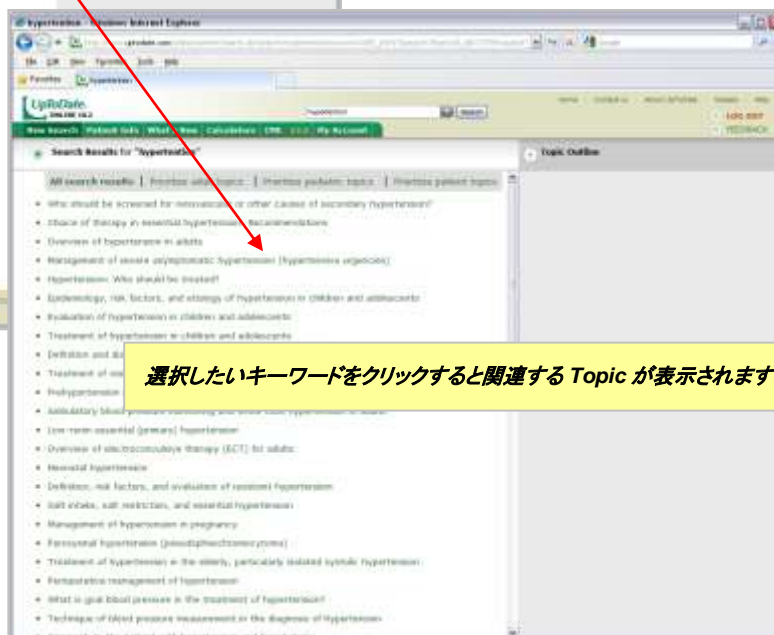
トピックの内容が表示されます。



ここをクリックして、検索結果画面(この画面では「treatment of hypertension」)に戻ることができます



検索語の英語スペルを間違った場合でも選択の候補となる検索語が表示され、クリックにて選択できます。



選択したいキーワードをクリックすると関連する Topic が表示されます。

**Treatment of chronic hepatitis C virus infection: General recommendations for adults**

**Author**  
Sany Chapiro, MD  
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Editor — General Hepatology  
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**Peer Reviewer**  
Reviews are not verified on topic reviews to preserve anonymity.  
Peer reviewers for this specialty:  
Contribute a disclosure

クリックすると編集責任者が表示されます

**Clinical features and natural history of hepatitis C virus infection**

**Author**  
Sany Chapiro, MD  
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Deputy Editor  
Anne C Travis, MD, MSc, FACC

**Last literature review version 18.2: 5/4 2010 | This topic last updated: 1/4 18, 2010 (More)**

**INTRODUCTION** — Infection with the hepatitis C virus (HCV) can result in both acute and chronic hepatitis. The acute process is most often asymptomatic; if symptoms are present, they usually abate within a few weeks. Acute infection rarely causes hepatic failure.

Acute HCV typically leads to chronic infection; 60 to 80 percent of cases develop chronic hepatitis (abnormal liver enzymes). Chronic HCV infection is usually slowly progressive; it may not result in clinically apparent liver disease in many patients. If the infection is acquired later in life, approximately 20 to 30 percent of chronically infected individuals develop cirrhosis over a 20- to 30-year period of time. Chronic HCV is the most common cause of chronic liver disease and the most frequent indication for liver transplantation in the United States.

The clinical features associated with acute and chronic HCV infection, and factors associated with the progression of chronic liver disease will be reviewed here. The epidemiology, diagnosis, and treatment of HCV are discussed separately. (See appropriate topic reviews.)

**ACUTE HEPATITIS C** — HCV is the cause of approximately 20 percent of cases of acute hepatitis in the United States [1]. The presence of HCV RNA in serum or liver is the first biochemical evidence of HCV infection. HCV RNA is detectable in serum by PCR within days to eight weeks following exposure, depending in part upon the size of the inoculum. Serum aminotransferases become elevated approximately 6 to 12 weeks after exposure (range 1 to 26 weeks). (See [Diagnosis and treatment of acute hepatitis C in adults](#).)

Most acutely infected patients are asymptomatic and have a clinically mild course; jaundice is present in fewer than 25 percent. As a result, periodic screening for infection may be warranted in patients who are at high risk for infection [2]. Additional symptoms are similar to those in other forms of acute viral hepatitis, including malaise, nausea, and right upper quadrant pain. In patients who experience acute symptoms, the illness typically lasts for 2 to 12 weeks. Subsequent hepatic failure due to acute HCV infection is very rare, but may be more common in patients with underlying chronic hepatitis B virus infection [3,4]. (See [Diagnosis and treatment of acute hepatitis C in adults](#).)

**CHRONIC HEPATITIS C** — The risk of chronic infection after an acute episode of hepatitis C is high. In most studies, 60 to 100 percent of patients remain HCV RNA positive, and 50 to 80 percent have persistently elevated alanine aminotransferase (ALT) levels.

The rate of spontaneous clearance of virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

クリックすると関連する Topic が表示されます

**Clinical features and natural history of hepatitis C virus infection**

**Author**  
Sany Chapiro, MD  
Section Editor  
Ashkan M Di Bissegaglia, MD  
Deputy Editor  
Anne C Travis, MD, MSc, FACC

**Last literature review version 18.2: 5/4 2010 | This topic last updated: 1/4 18, 2010 (More)**

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**Medline Abstracts for References 1/1**  
of "Clinical features and natural history of hepatitis C virus infection"

1. Spontaneous clearance of hepatitis C virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

2. The rate of spontaneous clearance of virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

3. The rate of spontaneous clearance of virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

4. The rate of spontaneous clearance of virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

クリックすると薬剤情報が表示されます

**Sustained virologic response rates with peginterferon alpha-2a (pegIFN) or interferon alpha-2b (IFN) and ribavirin (RBV) according to genotype**

Genotype	pegIFN-2a 1800g plus RBV 1.0-1.5g	pegIFN-2a 1800g plus IFN 2b plus RBV 1.0-1.5g
Genotype 1	68	21
Genotype 2/3	76	81

クリックするとテーブルや図などが表示されます

**Medline Abstracts for References 1/1**  
of "Clinical features and natural history of hepatitis C virus infection"

1. Spontaneous clearance of hepatitis C virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

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4. The rate of spontaneous clearance of virus after it has persisted for at least six months is very low. (See [Spontaneous clearance of hepatitis C virus](#).)

クリックすると根拠となるエビデンス、書誌事項と"Medline Abstract"が表示されます

## Grading

Recommendation に Grading を表示し、その Recommendation の度合いを表しています。  
 (\*Grading の表示は全ての Recommendation にはまだ付いていません。)

**Treatment of chronic hepatitis C virus infection: General recommendations for adults**

**SUMMARY AND RECOMMENDATIONS**

- In addition to antiviral therapy, considerations in the treatment of patients with chronic hepatitis C virus (HCV) include psychologic counseling, alcohol avoidance, symptom control, dose adjustment of medications, and screening for complications of cirrhosis. [See [Statistical measures](#) above.]
- The decision to treat a patient with chronic HCV infection is based upon several factors, including the natural history of the disease, the stage of fibrosis, and the efficacy and adverse effects related to therapy. In general, patients being considered for treatment should have histologic and virologic evidence of chronic HCV infection. (See [Patient selection for antiviral therapy](#) above and [Liver biopsy](#) above and [Guidelines](#) above.)
- For initial therapy of chronic HCV, we recommend peginterferon plus [sofosbuvir](#) rather than interferon monotherapy or non-pegylated interferon plus ribavirin (**Grade 1A**). (See [Peginterferon in the treatment of chronic hepatitis C virus infection](#) and [Ribavirin in the treatment of hepatitis C virus infection](#).)
- The duration of therapy depends upon the patient's HCV genotype. Genotypes 1 and 4 have lower response rates and require longer courses of treatment (8 weeks) compared with HCV genotypes 2 or 3 (24 weeks). (See [Factors associated with a response to treatment](#) above and [Genotype 1 or 4](#) above and [Genotype 2 or 3](#) above.)
- The treatment of patients with conditions that may complicate antiviral therapy, who have failed prior attempts at therapy, or who do not meet standard indications for therapy is discussed elsewhere. (See [Treatment of chronic hepatitis C virus infection: Special considerations](#).)

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- Ghany, MG, Strader, DL, Thomas, DL, Seeff, LB. Diagnosis, management, and treatment of hepatitis C: an update. *Hepatology* 2009; 49:1335.
- Ruff, CE, Everhart, JE. Coffee and tea consumption are associated with a lower incidence of chronic liver disease in the United States. *Gastroenterology* 2005; 129:1928.
- Inoue, H, Yoshimi, I, Sobue, T, Tsugane, S. Influence of coffee drinking on subsequent risk of hepatocellular carcinoma: a prospective study in Japan. *J Natl Cancer Inst* 2005; 97:203.
- Cacoub, P, Lhote, C, Giral, P, et al. Coffee consumption and risk of liver disease: a meta-analysis. *Hepatology* 2002; 36:1000-1005.
- Pichla, T, random. [Unreadable]
- Wilson, paracet. [Unreadable]
- Drasaki, [Unreadable]

**Grade 1A recommendation**

**A Grade 1A recommendation is a strong recommendation, and applies to most patients in most circumstances without reservation. Clinicians should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present.**

**Explanation:**

A Grade 1 recommendation is a strong recommendation. It means that we believe that if you follow the recommendation, you will be doing more good than harm for most, if not all, of your patients.

Grade A means that the best estimates of the critical benefits and risks come from consistent data from well-performed, randomized, controlled trials or overwhelming data of some other form (eg, well-conducted observational studies with very large treatment effects). Further research is unlikely to have an impact on our confidence in the estimates of benefit and risk.

**Recommendation grades**

- Strong recommendation: Benefits clearly outweigh the risks and burdens (or vice versa) for most, if not all, patients
- Weak recommendation: Benefits and risks closely balanced and/or uncertain

**Evidence grades**

- High-quality evidence: Consistent evidence from randomized trials, or overwhelming evidence of some other form
- Moderate-quality evidence: Evidence from randomized trials with important limitations, or very strong evidence of some other form
- Low-quality evidence: Evidence from observational studies, unsystematic clinical observations, or from randomized trials with serious flaws

For a complete description of our grading system, please see the UpToDate editorial policy which can be found by clicking "About UpToDate" and then selecting "Policies".

## Printing

Printer を押すと印刷に適した形で Topic が表示されます。

**選択印刷機能:**  
 右上の Print Options のチェックを入れた項目だけ印刷することができます。  
 例えばテキストのみを印刷したい場合は、Text のチェックだけを入れるとリファレンスやグラフは印刷されません。

**E-mail 機能:**  
 Email this Topic をクリックすると同僚の医師などに E-mail で Topic を送る事ができます。

## What's New

専門領域などから新しい Topic を表示する事ができます。

The image displays three sequential screenshots of the UpToDate website's 'What's New' section, illustrating how users can navigate to specific medical topics.

**Top Screenshot:** Shows the 'Contents: What's New' page. A red arrow points from the 'What's New' link in the top navigation bar to the 'What's New' link in the left sidebar.

**Middle Screenshot:** Shows the 'Contents: What's New' page with a red arrow pointing from the 'What's New in Cardiology' link in the list of topics to the 'What's New in Cardiology' link in the top navigation bar.

**Bottom Screenshot:** Shows the 'What's New in Cardiology' page. A red arrow points from the 'Arrhythmias' link in the list of topics to the 'Arrhythmias' link in the top navigation bar.

The 'What's New in Cardiology' page includes a table of contents with the following items:

- ARRHYTHMIAS
- CORONARY HEART DISEASE
- HEART FAILURE AND CARDIOPULMONARY
- CARDIAC TRANSPLANTATION
- INTERVENTIONS, CATHETER
- VALVULAR HEART DISEASE
- NONINVASIVE CARDIAC IMAGING
- ARRHYTHMIAS
- DIAPHRAGM
- TOPIC LIST
- DRUG REVIEW: AHA/ACC
- RELATED TOPICS
- Acute cardiac allograft rejection: Diagnosis
- Blood pressure management in patients with atrial fibrillation: Cardiovascular disease
- Cardiac revascularization therapy in heart failure: Disproportion and other considerations
- Clinical trial of drug-eluting transcatheter aortic valve replacement
- Class of utility of cardiovascular magnetic resonance imaging
- Control of ventricular rate in atrial fibrillation: Pharmacologic therapy
- Currents when revascularization in patients with diabetes mellitus
- Diagnosis of acute myocardial infarction: Prevention and management
- Diagnosis of atrial fibrillation: Right
- Diagnosis of atrial fibrillation: Right

The 'Arrhythmias' section includes a 'Last literature review' section dated 11/9/2012 and a 'This topic last updated' section dated 11/9/2012. It also includes a 'CORONARY HEART DISEASE' section with a link to 'The ACCORD BP trial randomly assigned over 4300 patients with type 2 diabetes who had cardiovascular disease or at least two additional risk factors for cardiovascular disease to systolic blood pressure targets of either less than 120 or less than 140 mmHg [2]. After a mean follow up of 4.7 years, there was no significant difference in the annual rate of the primary composite endpoint of nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes (1.87 versus 2.01% per year) [2]. See UpToDate answer your question'.



## Patient Information

疾患毎に患者の為の情報を提供。

各疾患の原因や症状・治療・予防・患者団体の連絡先(米国のみ)など情報を表示します。

The image illustrates the navigation path on the UpToDate website for finding patient information. It starts with the search page, moves to the main Patient Information section, then to the Allergy and asthma section, and finally to a specific article about Allergy to penicillin and related antibiotics.

## Topic 内検索

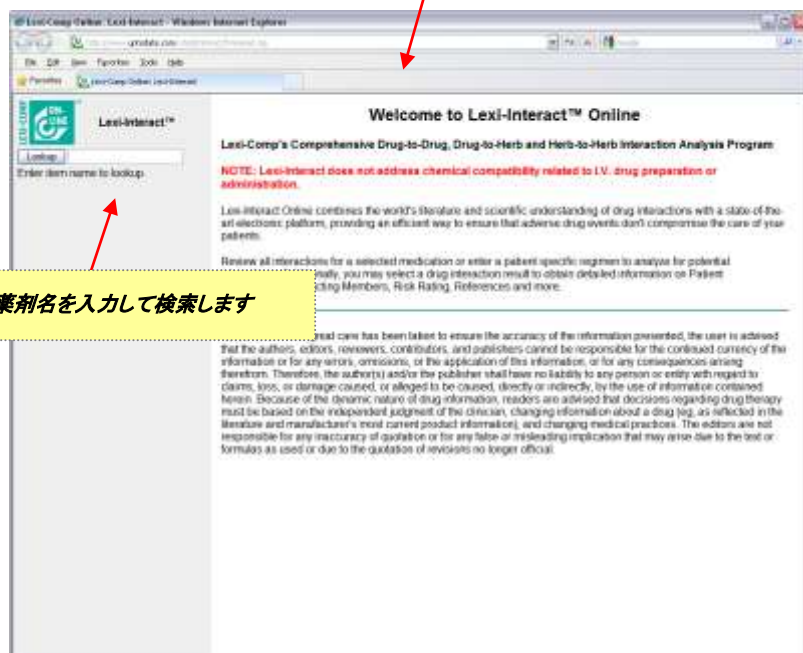
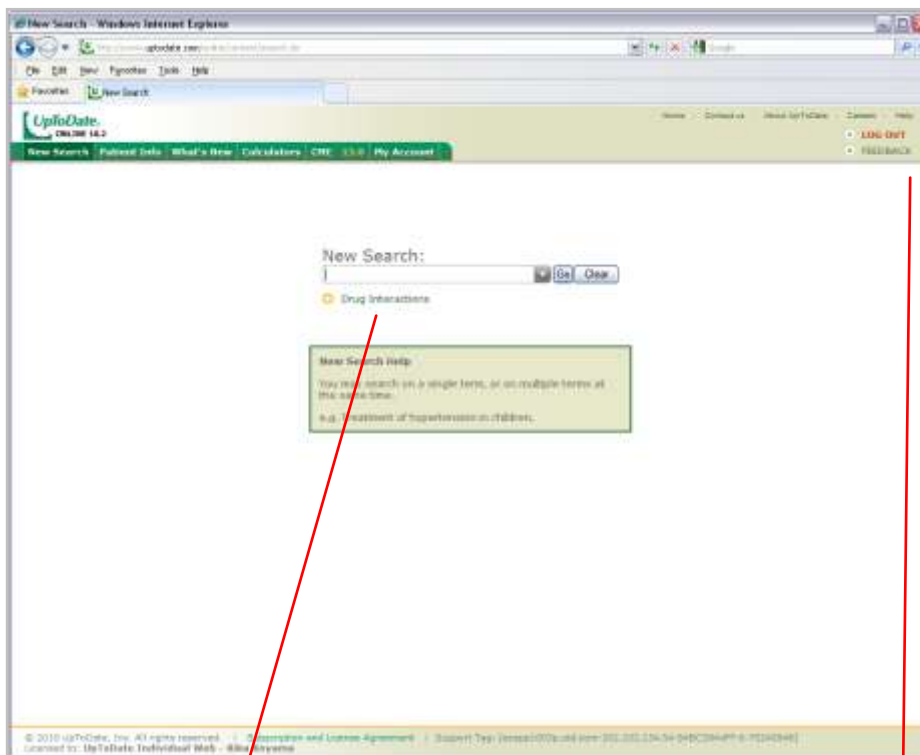
目的とする検索語を Topic 内で探したい場合に使用します。

The screenshots illustrate the 'Find in Topic' search feature on the UpToDate website. The first screenshot shows the 'Find in Topic' button in the top right corner of the page. The second screenshot shows the search results for 'refractive error' within the 'Introduction' section, with a red arrow pointing to the search results. The third screenshot shows the search results for 'diabetic retinopathy' within the 'Introduction' section, with a red arrow pointing to the search results.

## Drug interaction Program & Feedback

薬剤相互作用データベースのリンクがあり自由に利用可能です。

また、Feedback をクリックすることにより UpToDate の編集スタッフに直接連絡をすることが出来ます(英語のみ)。



薬剤名を入力して検索します



## Calculator

Calculator 機能がご利用頂けます。

The screenshots show the following steps:

- Initial UpToDate search page with a 'Calculators' link in the top navigation bar.
- The 'Calculators' page listing various calculator categories such as 'Cardiology calculators', 'Diabetes calculators', etc.
- The 'Cardiology calculators' page listing specific calculators like '10-Year Risk of Developing Cardiovascular Disease in Men'.
- The detailed view of the '10-Year Risk of Developing Cardiovascular Disease in Men' calculator, featuring input fields for age, blood pressure, cholesterol, and smoking status, and a 'Result' column for the calculated risk percentage.

Yellow callout boxes in the final screenshot contain the following text:

- Input欄に数値を入力** (Enter numerical values in the input field)
- Result 欄に結果を表示** (Display the result in the Result column)

～ご質問・お問合せは下記まで～

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