DynaMed App 安裝與註冊使用說明





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DynaMed 帳號註冊 (一)



alerts.

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Evidence • Updated 3 Aug 2022

addition of isatuximab to pomalidomide plus dexamethasone may increase progression-free survival and 3-year overall survival in adults with relapsed and refractory multiple myeloma (Lancet Oncol 2022 Mar)

View in Management of Relapsed or Refractory Multiple Myeloma

Evidence • Updated 3 Aug 2022

74% sense of smell recovery and 79% sense of taste recovery after 30 days and 90% recovery for both at 90 days reported in adults with COVID-19-related dysfunction of smell and taste (BMJ 2022 Jul 27)

View in COVID-19 (Novel Coronavirus)





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Evidence • Updated 3 Aug 2022

addition of isatuximab to pomalidomide plus dexamethasone may increase progression-free survival and 3-year overall survival in adults with relapsed and refractory multiple myeloma (Lancet Oncol 2022 Mar)

View in Management of Relansed or Refractory Multiple Myeloma



Announcements









DynaMed 帳號註冊 (二)

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DynaMed App 操作 (二)





DynaMed App 操作 (三)

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Treatment of	Infertility in Women		
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Overview and Recommendations

Overview and Recommendations

Background

- Treatment of infertility is based on the underlying cause.
- Infertility can be caused by ovulatory dysfunction, diminished ovarian reserve (primary ovarian insufficiency), ovarian failure, tubal disorders, uterine disorders, male factor (partner), or it can be idiopathic (or unexplained).
- The likelihood of achieving a live birth through treatment for female infertility is most dependent on the age of the patient.

Management

- For ovulatory dysfunction, treatment is determined by the underlying etiology.
- The World Health Organization (WHO) has classified anovulation into groups according to its cause.
- For patients with WHO Group I: hypogonadotropic hypogonadism (hypothalamic pituitary failure):
- If body mass index (BMI) is < 19 kg/m², advise weight gain and/or exercise moderation.
- First-line treatment includes ovulation induction with gonadotropins with luteinizing hormone activity or pulsatile administration of gonadotropin-releasing hormone (less common, not available in the United States) (Strong recommendation).
- Second-line treatment is in vitro fertilization (IVF) (Strong recommendation).
- For patients with WHO Group II: normogonadotropic normoestrogenic anovulation (polycystic ovary syndrome [PCOS]):



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TABLE OF CONTENTS

- > Overview and Recommendations
 - Related Topics
- > Treatment of Ovulation Disorders
- > Treatment of Tubal and Uterine Disorders

Treatment of Idiopathic Infertility

- Intrauterine Insemination (IUI)
- Assisted Reproductive Technology (ART)
- > Complications Associated with Infertility Treatment
- > Other Management

Prognosis Following Treatment

Factors Affecting Treatment Efficacy

Guidelines and Resources

Patient Information

> References





Evidence · Updated 8 Jul 2022

increased dose of recombinant FSH does not appear to increase live birth rate compared to standard FSH dose in most patients with predicted poor ovarian response having first IVF cycle, but might increase live birth in patients with very low antral follicle count (Hum Reprod 2022 May 20 early online)

View in Topic

Evidence · Updated 7 Jun 2022

pretreatment with estrogen valerate may not increase clinical pregnancy rate in patients < 45 years old with low ovarian response during ovarian stimulation (Hum Reprod 2022 Apr 23 early online)

View in Topic

Evidence · Updated 6 Jun 2022

in female patients having fresh embryo transfer after IVF or ICSI, transfer at blastocyst stage (day 5-6) may increase live birth rate compared to transfer at cleavage stage (day 2-3) (Cochrane Database Syst Rev 2022 May 19)

View in Topic

Evidence · Updated 6 Jun 2022

hCG plus triptorelin may increase rates of live birth and ongoing pregnancy compared to triptorelin alone in adults ≥ 35 years old with tubal and/or male factor infertility having IVF or ICSI with frozen embryo transfer (Hum Reprod 2022 May 20 early online)

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