

Praktický lékař

- 2 **Malé skupiny na podporu rezidentů při převzetí všeobecné praxe**
doc. MUDr. Bohumil Seifert, Ph.D. Ústav všeobecného lékařství 1. LF UK, Praha
MUDr. Jan Kovář praktický lékař, Volyně
MUDr. Cyril Mucha | MUDr. Jana Vojtíšková Ústav všeobecného lékařství 1. LF UK, Praha
MUDr. Jan Kořenek | MUDr. Kristýna Kořenková Ordinance PL Kobyličky, Praha
- 2 **Méně je někdy více aneb multikombinace není vždy zárukou úspěchu – kazuistika**
MUDr. Eva Kociánová Centrum pro léčbu hypertenze, I. interní klinika – kardiologická, FN, Olomouc
- 2 **Spolupráce praktického lékaře a gastroenterologa ve screeningu kolorektálního karcinomu; čekací doba na koloskopii**
MUDr. Norbert Král | doc. MUDr. Bohumil Seifert, Ph.D. Ústav všeobecného lékařství, 1. LF UK, Praha
- 2 **Nový trend ve snižování cholesterolu**
MUDr. Petr Janský Klinika kardiovaskulární chirurgie FN v Motole, Praha
- 3 **Idiopatická plicní fibróza – základy pro interní praxi**
MUDr. Martina Plačková Klinika plicních nemocí a tuberkulózy, FN Ostrava, LF UK, Plzeň
- 3 **Jak vysvětlit pacientovi medicínsky nevysvětlitelné příznaky**
MUDr. Ondřej Masner Všeobecný praktický a psychosomatický lékař, Řevnice
MUDr. Martin Seifert Všeobecný praktický lékař, Ordinance PL Karlín, s. r. o., Praha
- 3 **Co potřebujeme z praktického hlediska vědět o vitamínu D**
doc. MUDr. Dalibor Valík, Ph.D. Masarykův onkologický ústav, Brno
- 3 **Význam preventivních prohlídek u praktického lékaře pro děti a dorost**
MUDr. Jarmila Seifertová Dětská ordinace Křečehlavy, s. r. o., Kladno
- 3 **Co nás čeká v léčbě erektilní dysfunkce?**
doc. MUDr. Michal Pohanka, Ph.D. | doc. MUDr. Jaroslav Zvěřina, CSc. Sexuologický ústav 1. LF UK a VFN, Praha
- 4 **Hemoroidy – diagnostika a léčba**
MUDr. Petr Vlček, Ph.D. | MUDr. Jiří Korbička Ph.D. | MUDr. Štěpán Chalupník | prof. MUDr. Ivan Čapov, CSc. |
doc. MUDr. Lenka Veverková, Ph.D. I. chirurgická klinika LF MU a FNUSA, Brno
MUDr. Hana Nechutová, Ph.D. Gastroenterologické oddělení II. interní kliniky LF MU a FNUSA, Brno
- 4 **Očkování jako nástroj veřejného zdraví: současná situace a výhled do roku 2016**
prof. MUDr. Roman Prymula, CSc., Ph.D. FN Hradec Králové
- 4 **Pankreatická insuficience a její léčba**
prof. MUDr. Julius Špičák, CSc. Klinika hepatogastroenterologie IKEM, Praha
- 5 **Diferenciální diagnostika a léčba zánětu horních a dolních dýchacích cest**
MUDr. Ján Dindoš Privátní plicní a praktický lékař, Neratovice
- 5 **Diklofenak v ordinaci praktického lékaře**
MUDr. Kateřina Zegzulková Revmatologický ústav, Praha
- 5 **Multioborová spolupráce s praktickými lékaři v léčbě roztroušené sklerózy**
MUDr. Petra Praksová, Ph.D. | MUDr. Magdaléna Hladíková, Ph.D. Neurologická klinika LF MU a FN, Brno
- 5 **Možnosti nutriční intervence se zaměřením na orální nutriční suplementa**
MUDr. Kamil Bezděk Nutriční ambulance nemocnice a KOC Nový Jičín
- 6 **Diuretika v léčbě arteriální hypertenze**
prof. MUDr. Hana Rosolová, DrSc. Centrum preventivní kardiologie, II. interní klinika LF a FN, Plzeň, UK, Praha
- 6 **Dolforin v léčbě bolesti u neonkologických pacientů**
MUDr. Jitka Fricová, Ph.D. 1. LF UK a KARIM, Centrum pro léčbu bolesti VFN, Praha
- 6 **Rozdílné vlastnosti sulfonamidových diuretik: poznaná kvalita ovlivňuje racionální výběr**
MUDr. Libor Kameník, Ph.D. Interní klinika 1. LF UK a ÚVN Praha, Vojenská fakultní nemocnice, Praha

Malé skupiny na podporu rezidentů při převzetí všeobecné praxe

doc. MUDr. Bohumil Seifert, Ph.D. Ústav všeobecného lékařství 1. LF UK, Praha

MUDr. Jan Kovář praktický lékař, Volyně

MUDr. Cyril Mucha | MUDr. Jana Vojtíšková Ústav všeobecného lékařství 1. LF UK, Praha

MUDr. Jan Kořenek | MUDr. Kristýna Kořenková Ordinance PL Kobyličky, Praha

- 1 Beyer, M. – Gerlach, F. M. – Flies, U., et al.: The development of quality circles/peer review groups as a method of quality improvement in Europe. Results of a survey in 26 European countries. *Family Practice*, 2003, 20, Oxford University Press, s. 443–451. Doi: 10.1093/fampra/cm9420, dostupné z: www.fampra.oupjournals.org, vyhledáno 17. 9. 2015.
- 2 Rohrbasser, A. – Mickan, S. – Harrish, J.: Exploring why quality circles work in primary health care: a realist review protocol. Dostupné z: www.systematicreviewsjournal.com/content/2/1/110, vyhledáno 17. 9. 2015.

Přehled literatury není vyčerpávajícím seznamem všech možných opatření ke zlepšení praxe.

Méně je někdy více aneb multikombinace není vždy zárukou úspěchu – kazuistika

MUDr. Eva Kociánová Centrum pro léčbu hypertenze, I. interní klinika – kardiologická, FN, Olomouc

- 1 Lancia, G. – Farad, R. – Narkiewicz, K., et al.: 2013 ESH/ESC Guidelines for the management of arterial hypertension. *J Hypertension*, 2013, 31, s. 1281–1357.
- 2 Taler, S. J. – Textor, S. C. – Augustine, J. E.: Resistant hypertension: Comparing hemodynamic management to specialist care. *Hypertension*, 2002, 39, s. 982–988.
- 3 The ONTARGET Investigators: Telmisartan, ramipril, or both in patients at high risk for vascular events. *N Engl J Med*, 2008, 358, s. 1547–1559.
- 4 Wald, D. S. – Law, M. – Morfía, J. K., et al.: Combination therapy versus monotherapy in reducing blood pressure: meta-analysis on 11,000 participants from 42 trials. *Am J Med*, 2009, 122, s. 290–300.
- 5 James, P. A. – Oparil, S. – Carter, B. L., et al.: 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC8). *JAMA*, 2014, 311, s. 507–520.
- 6 Bangalore, S. – Kamalakkannan, G. – Parkar, S., et al.: Fixed-dose combinations improve medication compliance: a meta-analysis. *Am J Med*, 2007, 120, s. 713–719.

Spolupráce praktického lékaře a gastroenterologa ve screeningu kolorektálního karcinomu; čekací doba na koloskopii

MUDr. Norbert Král | doc. MUDr. Bohumil Seifert, Ph.D. Ústav všeobecného lékařství, 1. LF UK, Praha

- 1 Král, N. – Seifert, B. – Suchánek, Š. – Zavoral, M. – Májek, O.: Přístup populace ke screeningu kolorektálního karcinomu v České republice. *Epidemiologie, mikrobiologie, imunologie*, 2015, 64, 1, s. 41–46.
- 2 Denters, M. – Deutekom, M. – Fockens, P., et al.: Implementation of population screening for colorectal cancer by repeated fecal occult blood test in the Netherlands. *BMC Gastroenterology*, 2009, 9, s. 28.
- 3 Kuipers, E. J. – Rösch, T. – Bretthauer, M., et al.: Colorectal cancer screening—optimizing current strategies and new directions. *Nat Rev Clin Oncol*, 2013, 10, s. 130–142.
- 4 Král, N. – Seifert, B.: Změny ve screeningu kolorektálního karcinomu – krok správným směrem? *Onkologie*, 2010, 4, s. 251–255.
- 5 Dušek, L., et al.: *Epidemiology, prevention and treatment of Colorectal cancer based on available studies and data*. Praha, Fakultní nemocnice Motol, 2012.
- 6 Jepson, R. G. – Hewison, J. – Thompson, A., et al.: Patient perspective on information and choice in cancer screening: A qualitative study in UK. *Social Science and Medicine*, 2007, 65, s. 890–899.
- 7 Weller, D. – Patnick, J. – McIntosh, H., et al.: Uptake in cancer screening programmes. www.thelancet.com/oncology, 10. 7. 2009.
- 8 European Colorectal Cancer Screening Guidelines Working Group: European guidelines for quality assurance in colorectal cancer screening and diagnosis: overview and introduction to the full supplement publication. *Endoscopy*, 2013, 45, s. 51–59.
- 9 Segnan, N. – Patnick, J. – von Karssa, L.: European guidelines for quality assurance in colorectal cancer screening and diagnosis. Luxembourg, Publications Office of the European Union, 2010.
- 10 Hauvin, P. – Josselin, J. M. – Heresbach, D.: The influence of waiting times on cost-effectiveness: a case study of colorectal cancer mass screening. *Eur J Health Econ*, 2014, 15, s. 801–812.
- 11 Binefa, G. – García, M. – Milà, N.: Colonoscopy quality assessment in a mass population screening programme based on faecal occult blood test. *Rev Esp Enferm Dig*, 2013, 105, s. 400–408.

Nový trend ve snižování cholesterolu

MUDr. Petr Janský Klinika kardiovaskulární chirurgie FN v Motole, Praha

- 1 Robinson, J. G. – Nedergaard, B. S. – Rogers, W. J., et al.: LAPLACE-2 Investigators: Effect of evolocumab or ezetimibe added to moderate- or high-intensity statin therapy on LDL-C lowering in patients with hypercholesterolemia: the LAPLACE-2 randomized clinical trial. *JAMA*, 2014, 311, s. 1870–1882.
- 2 Raal, F. J. – Stein, E. A. – Divour, R., et al.: RUTHERFORD-2 Investigators: PCSK9 inhibition with evolocumab (AMG 145) in heterozygous familial hypercholesterolemia (RUTHERFORD-2): a randomised, double-blind, placebo-controlled trial. *Lancet*, 2015, 385, s. 331–340.
- 3 Raal, F. J. – Honarpour, N. – Blom, D. J., et al.: TESLA Investigators: Inhibition of PCSK9 with evolocumab in homozygous familial hypercholesterolemia (TESLA Part B): a randomised, double-blind, placebo-controlled trial. *Lancet*, 2015, 385, s. 341–350.
- 4 Stroes, E. – Colquhoun, D. – Sullivan, D., et al.: GAUSS-2 Investigators: Anti-PCSK9 antibody effectively lowers cholesterol in patients with statin intolerance: the GAUSS-2 randomized, placebo-controlled phase 3 clinical trial of evolocumab. *J Am Coll Cardiol*, 2014, 63, s. 2541–2548.
- 5 Blom, D. J. – Djedjov, C. S. – Monsalvo, M. L., et al.: Effects of evolocumab on vitamin E and steroid hormone levels: Results from the 52-week, phase 3, double-blind, randomized, placebo-controlled DESCARTES Study. *Circ Res*, 2015, 117, s. 731–741.
- 6 Koren, M. J. – Giugliano, R. P. – Raal, F. J., et al.: OSLER Investigators: Efficacy and safety of longer-term administration of evolocumab (AMG 145) in patients with hypercholesterolemia: 52-week results from the Open-Label Study of Long-Term Evaluation Against LDL-C (OSLER) randomized trial. *Circulation*, 2014, 129, s. 234–243.
- 7 Sabatine, M. S. – Giugliano, R. P. – Wiviott, S. D., et al.: Efficacy and safety of evolocumab in reducing lipids and cardiovascular events. *N Engl J Med*, 2015, 372, dopl., s. 1–21.

Idiopatická plicní fibróza – základy pro interní praxi

MUDr. Martina Plačková Klinika plicních nemocí a tuberkulózy, FN Ostrava, LF UK, Plzeň

- 1 Vašáková, M. – Polák, J. – Matěj, R.: *Intersticiální plicní procesy*. Maxdorf, 2011.
- 2 Doubková, M. – Skříčková, J.: Idiopatická plicní fibróza. *Vnitřní lékařství*, 2005, 51, s. 1375–1384.
- 3 Nalysnyk, L. – Ruzafa, J.-C. – Rotella, P. – Esser, D.: Incidence and prevalence of idiopathic pulmonary fibrosis: review of the literature, doi: 10.1183/09059180.00002512, publikováno 1. 12. 2012, 21, s. 355–361.
- 4 Interstitial lung diseases. *European lung white book*.
- 5 Noble, P. W. – Homer, J. R.: Back to the future. Historical perspective on the pathogenesis of idiopathic pulmonary fibrosis. *American Journal of Respiratory Cell and Molecular Biology*, 2005, 33, s. 113–120.
- 6 American Thoracic Society Documents An Official ATS/ERS/JRS/ALAT Statement: Idiopathic Pulmonary Fibrosis: Evidence-based Guidelines for Diagnosis and Management. *Am J Respir Crit Care Med*, 2011, 183, s. 788–824.
- 7 Griff, S. – Schönfeld, N. – Ammenwerth, W., et al.: Diagnostic yield of transbronchial cryobiopsy in non-neoplastic lung disease: a retrospective case series. *BMC Pulmonary Medicine*, 2014, 14, s. 171, doi:10.1186/1471-2466-14-171.
- 8 Brožik, J.: HRCT vyšetření u plicních onemocnění a možné zdroje omylů. *Medical Tribune*, 2011, 22, s. C3–C4.
- 9 Poletti, V. – Casoni, G. L. – Gurioli, C., et al.: Lung cryobiopsies: a paradigm shift in diagnostic bronchoscopy? *Respirology*, 2014, 19, s. 645–654, doi: 10.1111/resp.12309, Epub 26. 5. 2014.
- 10 Vašáková, M.: Novinky v léčbě idiopatické plicní fibrózy. *Interní medicína pro praxi*, 2014, 16, s. 189–191.
- 11 Šimůnková, M.: Nintedanib přetváří prognózu idiopatické plicní fibrózy. *Medical Tribune*, 2015, 8, s. C4.
- 12 Richeldi, L., et al.: Efficacy and safety of nintedanib in idiopathic pulmonary fibrosis. *N Engl J Med*, 2014, 370, s. 2071–2082.
- 13 Kolb, M. – Shargall, Y.: Lung surgery in interstitial lung disease—a safe and useful procedure? *Journal of Thoracic Disease*, 2015, 4, s. 375–377.

Jak vysvětlit pacientovi medicínsky nevysvětlitelné příznaky

MUDr. Ondřej Masner Všeobecný praktický a psychosomatický lékař, Řevnice

MUDr. Martin Seifert Všeobecný praktický lékař, Ordinace PL Karlín, s. r. o., Praha

- 1 Kirmayer, L. J., et al.: Explaining medically unexplained symptoms. *Can J Psychiatry*, 2004, 49, s. 663–672.
- 2 Mike-Myers, N. – Roelsgaard Oblong, A.: The negotiation of the sick role: general practitioners' classification of patients with medically unexplained symptoms. *Sociology of Health and Illness*, 2012, 34, s. 1025–1038.
- 3 Sabo, B. – Joffres, M. – Williams, T.: How to deal with medically unknown symptoms. *Western J of Med*, 2000, 172, s. 128–130.

Co potřebujeme z praktického hlediska vědět o vitaminu D

doc. MUDr. Dalibor Valík, Ph.D. Masarykův onkologický ústav, Brno

- 1 DeLuca, H. F. – Bone, K. E.: *Reports* 3. 2014, 479, doi:10.1038/bonekey.2013.213.
- 2 Drábová, K., et al.: Vitamin D – jeho fyziologie, patofyziologie a význam v etiopatogenezi nádorových onemocnění. *Čas Lék Čes*, 2013, 152, s. 20–30.
- 3 Obermannová, R., et al.: Vitamin D jako významný steroidní hormon u karcinomu prsu. *Klin Onkol*, 2014, 27, dopl. 1, s. S143–S149.
- 4 Saliba, W., et al.: The risk of all-cause mortality is inversely related to serum 25(OH)D levels. *J Clin Endocrinol Metab*, 2012, 97, s. 2792–2798.
- 5 SPC Vigantol, dostupné z: www.sukl.cz/download/spc/SPC10104.pdf, vyhledáno 2. 10. 2015.

Význam preventivních prohlídek u praktického lékaře pro děti a dorost

MUDr. Jarmila Seifertová Dětská ordinace Kročehlavy, s. r. o., Kladno

- 1 *Zdravotnická ročenka České republiky*, 2003, ÚZIS, 2004.
- 2 *Zdravotnická ročenka České republiky*, 2012, ÚZIS, 2013.
- 3 Kalvachová, B.: Štítná žláza u ordinaci praktického lékaře pro děti a dorost. *Pediatric pro praxi*, 2011, 12, s. 91–93.
- 4 Preventivní pediatrie – manuál pro provádění preventivních prohlídek. Příloha *Postgraduální medicíny*, 2003, ročník 7, číslo 2.

Co nás čeká v léčbě erektilní dysfunkce?

doc. MUDr. Michal Pohanka, Ph.D. | doc. MUDr. Jaroslav Zvěřina, CSc.

Sexuologický ústav 1. LF UK a VFN, Praha

- 1 Burnett, A. L. – Goldstein, I. – Andersson, K. E., et al.: Future sexual medicine physiological treatment targets. *J Sex Med*, 2010, 7, s. 3269–3304.
- 2 Decalové, K. – Pauwels, B., et al.: Treatment of erectile dysfunction: New targets and strategies from recent research. *Pharmacol Biochem Behav*, 2014, 121, s. 146–157.
- 3 Melnyk, J. P. – Marcone, M. F.: Aphrodisiacs from plant and animal sources – A review of current scientific literature. *Food Res Internat*, 2011, 44, s. 840–850.
- 4 Molodysky, E. – Shi-Ping, L. – Shang-Jean, H. – Geng-Long, H.: Penile vascular surgery for treating erectile dysfunction: Current role and future direction. *Arab J Urol*, 2013, 11, s. 254–266.
- 5 Neuzillet, Y. – Hupertan, V., et al.: A randomized, double-blind, crossover placebo controlled comparative trial of arginine aspartate plus adenosine monophosphate for the intermittent treatment of male erectile dysfunction. *Andrology*, 2013, 1, s. 223–228.
- 6 Rebonato, A. – Auci, A. – Sanguinetti, F., et al.: Embolization of the periprostatic venous plexus for erectile dysfunction resulting from venous leakage. *J Vasc Intervent Radiol*, 2014, 25, s. 866–872.
- 7 Rogers, J. H. – Goldstein, I. – Kandzari, D. E.: Zotarolimus-eluting peripheral stents for treatment of erectile dysfunction in subjects with suboptimal response to phosphodiesterase-5 inhibitors. *J Am Coll Cardiol*, 2012, 60, s. 2618–2627.
- 8 Vardi, Y. – Appel, B. – Jacob, G., et al.: Can low-intensity extracorporeal shockwave therapy improve erectile function? A 6-month follow-up pilot study in patients with organic erectile dysfunction. *Erap Urology*, 2010, 58, s. 243–248.
- 9 Vardi, Y.: Low energy shockwave therapy to the penis – a new approach for the management of vasculogenic erectile dysfunction? *ESSM Today*, 2011, 23, s. 6–7.
- 10 Williams, S. K. – Melman, A.: Novel therapeutic targets for erectile dysfunction. *Maturitas*, 2012, 71, s. 20–27.
- 11 Weiss, P.: *Sexuální deviace – klasifikace, diagnostika a terapie*. Portál, Praha, 2008.

Hemoroidy – diagnostika a léčba

MUDr. Petr Vlček, Ph.D. | MUDr. Jiří Korbička Ph.D. | MUDr. Štěpán Chalupník | prof. MUDr. Ivan Čapov, CSc. | doc. MUDr. Lenka Veverková, Ph.D. I. chirurgická klinika LF MU a FNUSA, Brno
MUDr. Hana Nechutová, Ph.D. Gastroenterologické oddělení II. interní kliniky LF MU a FNUSA, Brno

- Hass, P. A. – Fox, T. A. – Hass, G. P.: The pathogenesis of hemorrhoids. *Dis Colon Rectum*, 1984, 27, s. 442–450.
- Stelzner, F.: Rektum und Anus. In: Vosschulte, K. – Kummerle, F. – Peiper, H. J. – Weller S.: *Lehrbuch der Chirurgie*. Stuttgart–New York Thieme 1982, s. 1261.
- Stelzner, F.: The corpus cavernosum recti. *Dis Colon Rectum*, 1964, 7, s. 398–399.
- Klianická, B. – Dítě, P. – Suševič, I.: Endoskopická diagnostika a léčba biliárních komplikací po laparoskopické cholecystectomii. *Vnitřní lékařství*, 2007, 53, s. 1182–1189.
- Kaidar-Person, O. – Person, B. – Wexner, S. D.: Haemorrhoidal disease: a comprehensive review. *J Am Col Surg*, 2007, 204, s. 102–116.
- Barron, J.: Office ligation of internal hemorrhoids. *Am J Surg*, 1963, 105, s. 563–569.
- Altomare, D. F. – Roveran, A. – Pocreola, G., et al.: The treatment of hemorrhoids guidelines of the Italian Society of Colo-rectal Surgery. *Tech Coloproctol*, 2006, 10, s. 181–186.
- Madoff, R. D. – Fleshman, J. W.: American Gastroenterological Association technical review on the diagnosis and treatment of hemorrhoids. *Gastroenterology*, 2004, 126, s. 1463–1473.
- Longo, A.: Treatment of hemorrhoidal disease by reduction of mucosa and hemorrhoidal prolaps with circular suturing device: a new procedure. In: *Proceedings of 6th World Congress of Endoscopic Surgery*. Řím, Itálie, 1998, s. 3–6.

Očkování jako nástroj veřejného zdraví: současná situace a výhled do roku 2016

prof. MUDr. Roman Prymula, CSc., Ph.D. FN Hradec Králové

- Prymula, R. – Prymulová, K.: How can we improve compliance with vaccination in Europe? *Future Microbiol*, publikováno online 8. 9. 2015.
- Salmon, D. A. – Teret, S. P. – MacIntyre, C. R., et al.: Compulsory vaccination and conscientious or philosophical exemptions: past, present, and future. 2006, *Lancet*, 367, s. 436–442.
- World Health Organization: *Global Immunization Vision and Strategy. Immunization, Vaccines and Biologicals*. 1. 12. 2013, vyhledáno 24. 4. 2015.
- Prymula, R. – Bergsaker, M. R. – Esposito, S., et al.: Protection against varicella with two doses of combined measles-mumps-rubella-varicella vaccine versus one dose of monovalent varicella vaccine: a multicentre, observer-blind, randomised, controlled trial. *Lancet*, 2014, 9925, s. 1313–1324.
- Haverkate, M. – Ancona, F. D. – Giambi, C., et al.: Mandatory recommended vaccination in the EU, Iceland and Norway: results of the VENICE 2010 survey on the ways of implementing national vaccination programmes. *Eurosurveillance*, 2012, 22.

Pankreatická insuficience a její léčba

prof. MUDr. Julius Špičák, CSc. Klinika hepatogastroenterologie IKEM, Praha

- Dominguez-Muñoz, J. E.: Pancreatic exocrine insufficiency: diagnosis and treatment. *J Gastroenterol Hepatol*, 2011, 26, dopl. 2, s. 12–16.
- Balci, N. C. – Smith, A. – Momtahan, A. J., et al.: MRI and S-MRCP findings in patients with suspected chronic pancreatitis: correlation with endoscopic pancreatic function testing (ePFT). *J Magn Reson Imaging*, 2010, 31, s. 601–606.
- Black, D. D.: Development and physiological regulation of intestinal lipid absorption. *Am J Physiol Gastrointest Liver Physiol*, 2007, 293, s. G519–G524.
- Pezzilli, R.: Chronic pancreatitis: Maldigestion, intestinal ecology and intestinal inflammation. *World J Gastroenterol*, 2009, 15, s. 1673–1676.
- Pezzilli, R. – Andriulli, A. – Bassi, C., et al.: Exocrine pancreatic insufficiency in adults: A Sharp position statement of the Italian association for the study of the pancreas. *World J Gastroenterol*, 2013, 19, s. 7930–7946.
- Dušíková, H. – Dítě, P. – Tomandl, J., et al.: Výskyt kostních změn u pacientů s chronickou pankreatitidou. *Pancreatology*, 2008, 8, s. 583–586.
- Mohr, A. – Drewes, A.: Diagnosis and treatment of pancreatic exocrine insufficiency. *World J Gastroenterol*, 2013, 19, s. 7258–7266.
- Szjegoleit, A. – Krause, E. – Klör, H. U., et al.: Elastase 1 and chymotrypsin B in pancreatic juice and feces. *Clin Biochem*, 1989, 22, s. 85–89.
- Lindkvist, B.: Diagnosis and treatment of pancreatic exocrine insufficiency. *World J Gastroenterol*, 2013, 19, s. 7258–7266.
- Vantrappen, G. R. – Rutgeerts, P. J. – Ghoos, Y. F., et al.: Mixed triglyceride breath test: a noninvasive test of pancreatic lipase activity in the duodenum. *Gastroenterology*, 1989, 96, s. 1126–1134.
- Keller, J. – Brückel, S. – Jahr, C., et al.: A modified ¹³C mixed triglyceride breath test detects moderate pancreatic insufficiency. *Pancreas*, 2011, 40, s. 1201–1205.
- Amann, S. T. – Josephson, S. A. – Toskes, P. P.: Acid steatorrhea: a simple, rapid gravimetric method to determine steatorrhea. *Am J Gastroenterol*, 1997, 92, s. 2280–2284.
- Bojková, M. – Kivaňa, P. – Svoboda, P., et al.: Bolest u chronické pankreatitidy a karcinomu pankreatu. *Vnitřní Léč*, 2014, 60, s. 205–211.
- Sikkens, E. C. – Cahen, D. L. – Koch, A. D., et al.: The prevalence of fat-soluble vitamin deficiencies and a decreased bone mass in patients with chronic pancreatitis. *Pancreatology*, 2013, 13, s. 238–242.
- Masisonneuve, P. – Lowenfelds, A. B. – Müllhaupt, B., et al.: Cigarette smoking accelerates progression of chronic pancreatitis. *Gut*, 2005, 54, s. 510–514.
- Löhr, J. M.: History of pancreatic enzymes and enzyme substitution. In: *Exocrine pancreatic insufficiency*. UNI-MED Verlag, Bremen, 2007, s. 26–28.
- Czakó, L. – Takás, T. – Hegyi, P., et al.: Quality of life assessment after pancreatic enzyme replacement therapy in chronic pancreatitis. *Can J Gastroenterol*, 2003, 17, s. 597–603.
- Ramesh, H. – Reddy, N. – Bhatia, S., et al.: A 51-week, open label clinical trial in India to assess the efficiency and safety of pancreatin 40000 enterocoated minimicrospheres in patients with pancreatic exocrine insufficiency due to chronic pancreatitis. *Pancreatology*, 2013, 13, s. 133–139.
- Löhr, J. M. – Hummel, F. M. – Pirilis, K. T., et al.: Properties of different pancreatin preparations used in pancreatic exocrine insufficiency. *Eur J Gastroenterol Hepatol*, 2009, 21, s. 1024–1031.
- Safdi, M. – Bekal, P. K. – Martin, S., et al.: The effects of oral pancreatic enzymes (Creon 10000 capsules) on steatorrhea: a multicenter, placebo-controlled, parallel group trial in subjects with chronic pancreatitis. *Pancreas*, 2006, 33, s. 156–162.
- Toskes, P. P. – Secci, A. – Thieroff-Ekerdt, R.: Efficacy of a novel pancreatic enzyme product, EUR-1008 (Zenpep), in patients with exocrine pancreatic insufficiency due to chronic pancreatitis. *Pancreas*, 2011, 40, s. 376–382.
- Toskes, P. P.: Treatment of pain in chronic pancreatitis. Inhibition of enzyme secretion. In: Büchler, M. W. – Friess, H. – Uhl, W. – Malfertheiner, P.: *Chronic pancreatitis*. Blackwell Publishing, 2002, s. 389–394.
- Migliori, M. – Pezzilli, E. – Gaiani, S., et al.: Exocrine pancreatic function after alcoholic or biliary acute pancreatitis. *Pancreas*, 2004, 28, s. 359–363.
- Creutzfeldt, W. – Gleichmann, D.: Follow-up of exocrine pancreatic function in type-1 diabetes mellitus. *Digestion*, 2005, 42, s. 71–75.
- Littlewood, J. M.: Dosage requirements of pancreatic enzymes in patients with CF. In: *Anonymous progress and prospects in the treatment of cystic fibrosis*. Solvey, Hannover, 1993, s. 57–74.
- FitzSimmons, S. C. – Burkhardt, G. A. – Borowitz, D., et al.: High-dose pancreatic enzymes supplements and fibrosing colonopathy in children with cystic fibrosis. *N Engl J Med*, 1997, 336, s. 1283–1289.
- Kamisawa, T. – Yoshiike, M.: Treating the patients with autoimmune pancreatitis: results from a long-term follow-up study. *Pancreatology*, 2005, 5, s. 234–238.
- Maconi, G. – Dominici, R. – Molteni, M., et al.: Prevalence of pancreatic insufficiency in inflammatory bowel Diseases. Assessment by final elastase-1. *DEG Dis Sci*, 2008, 53, s. 262–270.
- Grigg, A. P. – Argus, P. W.: The incidence, diagnosis and natural history of steatorrhea after bone marrow transplantation. *Bone Marrow Transplant*, 2003, 31, s. 701–703.
- Sadr-Azodi, O. – Sanders, D. S. – Murray, J. A., et al.: Patients with celiac disease have an increased risk for pancreatitis. *Clin Gastroenterol Hepatol*, 2012, 10, s. 1136–1142.
- Papadoniou, N. – Kosmas, C. – Gennatas, K., et al.: Prognostic factors in patients with locally advanced (unresectable) or metastatic adenocarcinoma: a retrospective analysis. *Anticancer Res*, 2008, 28, s. 543–549.
- Friess, H. – Böhm, J. – Miller, M. W., et al.: Maldigestion after total gastrectomy is associated with pancreatic insufficiency. *Am J Gastroenterol*, 1996, 91, s. 341–347.
- Büchler, M. – Malfertheiner, P. – Glasbrenner, B., et al.: Secondary pancreatic insufficiency following distal stomach resection. *Langenbecks Arch Chir*, 1985, 367, s. 41–50.
- Neoptolemos, J. P. – Ghaneh, P. – Andrén-Sandberg, A., et al.: Treatment of pancreatic exocrine insufficiency after pancreatic resection. Results of a randomized, double-blind, placebo-controlled, crossover study of high vs. standard dose pancreatin. *Int J Pancreatol*, 1999, 25, s. 171–180.
- Dítě, P. – Novotný, I. – Kocna, P., et al.: Specificity v diagnostice a terapii exokrinní pankreatické insuficience. *Vnitřní Léč*, 2013, 59, s. 65–70.
- Gullo, L. – Pezzilli, R. – Gaiani, S.: Tolerability and safety of the long-term administration of pancreatic extracts. *Pancreas*, 1997, 14, s. 210–212.

Diferenciální diagnostika a léčba zánětu horních a dolních dýchacích cest

MUDr. Ján Dindoš Privátní plicní a praktický lékař, Neratovice

- 1 Koleček, V. – Kašák, V. – Vašáková, M., et al.: *Pneumologie*. Maxdorf, 2011, s. 552.
- 2 Koleček, V.: Nový evropský konsenzus diagnostiky a léčby infekcí dolních dýchacích cest ve vztahu k terapii komunitní pneumonie. *Lékařské listy ZN. Pneumologie*, 2012, 13, s. 13–14.
- 3 ERS handbook: *Respiratory Medicine*. 2011, 2. vydání.
- 4 ÚZIS – statistická ročenka 2014.

Diklofenak v ordinaci praktického lékaře

MUDr. Kateřina Zegzulková Revmatologický ústav, Praha

- 1 SÚKL ČR. Databáze léků, Praha (CZ): www.sukl.cz/modules/medication/search.php, vyhledáno 27. 11. 2015.
- 2 Rostom, A. – Muir, K. – Dube, C., et al.: Prevention of NSAID-related upper gastrointestinal toxicity: a meta-analysis of traditional NSAIDs with gastroprotection and COX-2 inhibitors. *Drug Healthc Patient Saf*, 2009, 1, s. 47–71.
- 3 Akingbasote, J. A. – Foster, A. J. – Wilson, I., et al.: Hepatic effects of repeated oral administration of diclofenac to hepatic cytochrome P450 reductase null (HRNtm) and wild-type mice. *Arch Toxicol*, 28. 3. 2015.
- 4 Van Walsem, A., et al.: Relative benefit-risk comparing diclofenac to other traditional non-steroidal anti-inflammatory drugs and cyclooxygenase-2 inhibitors in patients with osteoarthritis or rheumatoid arthritis. *Arthritis Research & Therapy*, 2015, 17, s. 66.
- 5 Conaghan, P. G.: A turbulent decade for NSAIDs: update on current concepts of classification, epidemiology, comparative efficacy, and toxicity. *Rheumatology International*, 2012, 32, s. 1491–1502.
- 6 Lanás, A. – Garcia-Tell, G. – Armada, B., et al.: Prescription patterns and appropriateness of NSAID therapy according to gastrointestinal risk and cardiovascular history in patients with diagnoses of osteoarthritis. *BMC Medicine*, 2011, 9, s. 38, doi:10.1186/1741-7015-9-38.

Multioborová spolupráce s praktickými lékaři v léčbě roztroušené sklerózy

MUDr. Petra Praksová, Ph.D. | MUDr. Magdaléna Hladíková, Ph.D. Neurologická klinika LF MU a FN, Brno

- 1 Sorensen, P. S.: New management algorithms in multiple sclerosis. *Curr Opin Neurol*, 2014, 27, s. 246–259.
- 2 Polman, C. H. – O'Connor, P. W. – Havrdova, E., et al.: A randomized, placebo-controlled trial of natalizumab for relapsing multiple sclerosis. *N Engl J Med*, 2006, 354, s. 899–910.
- 3 Souhrn údajů o přípravku: http://www.ema.europa.eu/docs/cs_CZ/document_library/EPAR_-_Product_Information/human/000603/WC500044686.pdf, vyhledáno 19. 11. 2015.
- 4 Noda, H. – Takeuchi, H. – Mizuno, T. – Suzumura, A.: Fingolimod phosphate promotes the neuroprotective effects of microglia. *Neuroimmunol*, 2013, 256, s. 13–18.
- 5 Kappos, L. – Radue, E. W. – O'Connor, P., et al.: A placebo-controlled trial of oral fingolimod in relapsing multiple sclerosis. *N Engl J Med*, 2010, 362, s. 387–401.
- 6 Souhrn údajů o přípravku: www.ema.europa.eu/docs/cs_CZ/document_library/EPAR_-_Product_Information/human/002202/WC500104528.pdf, vyhledáno 11. 11. 2015.
- 7 Cohen, J. A. – Coles, A. J. – Arnold, D. L., et al.: Alemtuzumab versus interferon beta 1a as first-line treatment for patients with relapsing-remitting multiple sclerosis: a randomised controlled phase 3 trial. *Lancet*, 2012, 380, s. 1819–1828.
- 8 Coles, A. J. – Twyman, C. L. – Arnold, D. L., et al.: Alemtuzumab for patients with relapsing multiple sclerosis after disease-modifying therapy: a randomised controlled phase 3 trial. *Lancet*, 2012, 380, s. 1829–1839.
- 9 Edukační materiál Lemtrada: produkty.sanofi.cz/Materialy/Lemtrada_PokynyZdravotniky.pdf, vyhledáno 11. 11. 2015.
- 10 Souhrn údajů o přípravku: www.ema.europa.eu/docs/cs_CZ/document_library/EPAR_-_Product_Information/human/003718/WC500150521.pdf, vyhledáno 11. 11. 2015.

Možnosti nutriční intervence se zaměřením na orální nutriční suplementa

MUDr. Kamil Bezděk Nutriční ambulance nemocnice a KOC Nový Jičín

- 1 Ljungqvist, O. – de Man, F.: Under nutrition—a major health problem in Europe. *Nutr Hosp*, 2009, 24, s. 368–370.
- 2 Schindler, K. – Pernicka, E. – Lavino, A., et al.: How nutritional risk is assessed and managed in European hospitals: a survey of 21,007 patients findings from the 2007–2008 cross-sectional nutrition Day survey. *Clin Nutr*, 2010, 29, s. 552–559.
- 3 Suominen, M. H. – Sandelin, E. – Soini, H., et al.: How well do nurses recognize malnutrition in elderly patients? *Eur J Clin Nutr*, 2009, 63, s. 292–296.
- 4 Meijers, J. M. – Halfens, R. J. – van Bokhorst-de van der Schueren, M. A., et al.: Malnutrition in Dutch health care: prevalence, prevention, treatment, and quality indicators. *Nutrition*, 2009, 25, s. 512–519.
- 5 Elia, M. – Russell, C.: *Combating malnutrition: Recommendations for action*. Report from the Advisory Group on Malnutrition, Led by BAPEN. 2009, Redditch, BAPEN.
- 6 Sorensen, J. – Kondrup, J. – Prokopowicz, J., et al.: EuroOOPS: an international, multicentre study to implement nutritional risk screening and evaluate clinical outcome. *Clin Nutr*, 2008, 27, s. 340–349.
- 7 Lim, S. L. – Ong, K. C. – Chan, Y. H., et al.: Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr*, 26. 11. 2011, Epub před tiskem.
- 8 Baldwin, C. – Weekes, C. E.: Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults. *Cochrane Database Syst Rev*, 2011, 9, CD002008.
- 9 Cawood, A. L. – Elia, M. – Stratton, R. J.: Systematic review and meta-analysis of the effects of high protein oral nutritional supplements. *Ageing Res Rev*, 2012, 11, s. 278–296.
- 10 Milne, A. C. – Potter, J. – Giganti, A., et al.: Protein and energy supplementation in elderly people at risk from malnutrition. *Cochrane Database Syst Rev*, 2009, 2, CD003288.
- 11 Pardone, E. L. – Stratton, R. J. – Cawood, A. L., et al.: Randomised controlled trial in care home residents shows improved quality of life (QOL) with oral nutritional supplements. *Clin Nutr*, 2011, 6, dopl. 1.
- 12 Exercise Prescription – dostupné z: www.emedicine.medscape.com/article/88648-overview#1, vyhledáno 29. 10. 2015.
- 13 González-Ortiz, M., et al.: Effect of nutrition liquid supplement designed for the patient with diabetes mellitus on the postprandial glucose state, insulin secretion and insulin sensitivity in healthy subjects. *Diabetes Obes Metab*, 2006, 8, s. 331–335.
- 14 Gray-Donald, K. – Arnaud-McKenzie, D. S. – Gaudreau, P., et al.: Protein intake protects against weight loss in healthy community-dwelling older adults. *J Nutr*, 2014, 144, s. 321e6.
- 15 Bartali, B. – Frongillo, E. A. – Stipanuk, M. H., et al.: Protein intake and muscle strength in older persons: does inflammation matter? *J Am Geriatr Soc*, 2012, 60, s. 480e4.
- 16 Protein intake and exercise for optimal muscle function with aging: Recommendations from the ESPEN Expert Group. *Clinical Nutrition*, 2014, 33, s. 929–936.
- 17 ESPEN Guidelines on enteral nutrition: Surgery including organ transplantation. *Clinical Nutrition*, 2006, 25, s. 224–244.
- 18 Manasek, V. – Bezděk, K.: Perioperative oral nutritional support in colorectal cancer patients may improve clinical and health economics outcomes. *Ann Oncol*, 2015, 26, dopl. 4, s. iv88, doi:10.1093/annonc/mdv233.295.

Diuretika v léčbě arteriální hypertenze

prof. MUDr. Hana Rosolová, DrSc.

Centrum preventivní kardiologie, II. interní klinika LF a FN, Plzeň, UK, Praha

- 1 Law, M. R. – Morris, J. K. – Wald, N. J.: Use of blood pressure lowering drugs in the prevention of cardiovascular disease: meta-analysis of 147 randomised trials in the context of expectations from prospective epidemiological studies. *BMJ*, 2009, 338, s. b1665.
- 2 Messerli, F. H. – Makani, H. – Benjo, A., et al.: Antihypertensive efficacy of hydrochlorothiazide as evaluated by ambulatory blood pressure monitoring: a meta-analysis of randomized trials. *J Am Coll Cardiol*, 2011, 57, s. 590–600.
- 3 Ernst, M. E. – Carter, B. L. – Goerdt, C. J., et al.: Comparative antihypertensive effects of hydrochlorothiazide and chlorthalidone on ambulatory and office blood pressure. *Hypertension*, 2006, 47, s. 352–358.
- 4 Leren, P. – Helgeland, A.: Oslo Hypertension Study. *Drugs*, 1986, 31, dopl. 1, s. 41–45.
- 5 Wing, L. M. – Reid, C. M. – Ryan, P., et al.: Second Australian National Blood Pressure Study Group: A comparison of outcomes with angiotensin-converting-enzyme inhibitors and diuretics for hypertension in the elderly. *N Engl J Med*, 2003, 348, s. 583–592.
- 6 Dorsch, M. P. – Gillespie, B. W. – Erickson, S. R., et al.: Chlorthalidone reduces cardiovascular events compared with hydrochlorothiazide: A retrospective cohort analysis. *Hypertension*, 2011, 57, s. 689–694.
- 7 Weber, M. A. – Bakris, G. L. – Jamerson, K., et al.: ACCOMPLISH Investigators. Cardiovascular events during differing hypertension therapies in patients with diabetes. *J Am Coll Cardiol*, 2010, 56, s. 77–85.
- 8 Weber, M. A. – Julius, S. – Sverre, K. E., et al.: Cardiovascular outcomes in hypertensive patients: comparing single-agent therapy with combination therapy. *J Hypertens*, 2012, doi:10.1097/HJH.0b013e3283582ed6.
- 9 ADVANCE-ON Collaborative Group: Follow-up of blood pressure lowering and glucose control in type 2 diabetes. *N Engl J Med*, 2014, 371, s. 1392–1406.
- 10 Olde Engberink, R. H. – Frenkel, W. J. – van den Bogaard, B., et al.: Effects of thiazide-type and thiazide-like diuretics on cardiovascular events and mortality. Systematic review and meta-analysis. *Hypertension*, 2015, doi: 10.1161/HYPERTENSIONAHA.114.05122.

Dolforin v léčbě bolesti u neonkologických pacientů

MUDr. Jitka Fricová, Ph.D. 1. LF UK a KARIM, Centrum pro léčbu bolesti VFN, Praha

- 1 Zecca, E. – Manzoni, A. – Centurioni, F., et al.: Pharmacokinetic study between a bilayer matrix fentanyl patch and monolayer matrix fentanyl patch: single dose administration in healthy volunteers. *Format Br J Clin Pharmacol*, 22. 5. 2015, doi: 10.1111/bcp.12595.
- 2 Sehgal, N. – Colson, J. – Smith, H. S.: Chronic pain treatment with opioid analgesics: benefits versus harms of long-term therapy—expert reviews Expert Rev. *Neurother*, 2013, 13, s. 1201–1220.
- 3 Marschall, U. – L'hoest, H. – Radbruch, L. – Häuser, W.: Long-term opioid therapy for chronic non-cancer pain in Germany. *Eur J Pain*, 22. 10. 2015, doi: 10.1002/ejp.802.
- 4 WHO analgetický žebříček akutní a chronické bolesti: www.medicine.ox.ac.uk/bandolier/booth/painpag/wisdom/493hjm.html#Heading8.
- 5 Souhrn údajů o přípravku Dolforin, květen 2014.

Rozdílné vlastnosti sulfonamidových diuretik: poznaná kvalita ovlivňuje racionální výběr

MUDr. Libor Kameník, Ph.D. Interní klinika 1. LF UK a ÚVN Praha, Vojenská fakultní nemocnice, Praha

- 1 Lawes, C. M. – Vander Holen, S. – Rodgers, A.: International Society of Hypertension. Global burden of blood-pressure-related disease, 2001. *Lancet*, 2008, 371, s. 1513–1518.
- 2 Kameník, L.: Představují fixní lékové kombinace optimální terapii hypertenze? *Medicina po promoci*, 2015, 16, s. 100–107.
- 3 James, P. A. – Oparil, S. – Carter, B. L., et al.: 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the panel members appointed to the eighth Joint National Committee (JNC 8). *JAMA*, 2014, 311, s. 507–520.
- 4 Lancia, G. – Tabard, R. – Narkiewicz, K., et al.: 2013 ESH/ESC guidelines for the management of arterial hypertension: the Task Force for the Management of Arterial Hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC). *Eur Heart J*, 2013, 34, s. 2159–2219.
- 5 Duarte, J. D. – Cooper-DeHoff, R. M.: Mechanisms for blood pressure lowering and metabolic effects of thiazide and thiazide-like diuretics. *Expert Rev Cardiovasc Ther*, 2010, 8, s. 793–802.
- 6 Del Rio, M. – Thulia, T. – Gonzalez, P., et al.: Effects of indapamide on contractile responses and 45Ca²⁺ movements in various isolated blood vessels. *Eur J Pharmacol*, 1993, 250, s. 133–139.
- 7 Colas, B., et al.: Direct vascular actions of methylclothiazide and indapamide in aorta of spontaneously hypertensive rats. *Fundam Clin Pharmacol*, 2000, 14, s. 363–368.
- 8 Grose, J. H. – Gbeassor, F. M. – Lebel, M.: Differential effects of diuretics on eicosanoid biosynthesis. *Prostaglandins Leukot Med*, 1986, 24, s. 103–109.
- 9 Rendu, F. – Bachelot, C. – Molle, D., et al.: Indapamide inhibits human platelet aggregation in vitro: comparison with hydrochlorothiazide. *J Cardiovasc Pharmacol*, 1993, 22, s. 557–563.
- 10 Vergely, C. – Walker, M. K. – Keller, M., et al.: Antioxidant properties of indapamide, 5-OH indapamide and hydrochlorothiazide evaluated by oxygen-radical absorbing capacity and electron paramagnetic resonance. *Mol Cell Biochem*, 1998, 178, s. 151–155.
- 11 Islam, M. Z. – Rahman, M. S.: Comparative study of hydrochlorothiazide and indapamide on the anti-atherogenic potential of losartan in cholesterol fed rat. *Bangladesh Med Res Counc Bull*, 2010, 36, s. 14–19.
- 12 Hlaváčková, L. – Vranková, S. – Maneta, P., et al.: The effect of indapamide on development of myocardial hypertrophy and fibrosis in L-NAME-induced hypertension in rat. *Physiol Res*, 2011, 60, s. 845–852.
- 13 Roush, G. C. – Ernst, M. E. – Kostis, J. B., et al.: Head-to-head comparisons of hydrochlorothiazide with indapamide and chlorthalidone hypertension. *Hypertension*, 2015, 65, s. 1041–1046, doi: 10.1161/Hypertensionaha.114.05021, Epub 2. 3. 2015.
- 14 Basile, J. N. – Bloch, M. J.: Determining the relative antihypertensive potency and relative cardiovascular risk reduction associated with different thiazide and thiazide-type diuretics. *J Clin Hypertens (Greenwich)*, 2013, 15, s. 359–361.
- 15 Carter, B. L.: Guidelines for use of diuretics: a view from a member of JNC 7. *J Clin Hypertens (Greenwich)*, 2012, 14, s. 273–276.
- 16 Ernst, M. E. – Neaton, J. D. – Grimm, R. H., Jr., et al.: Multiple Risk Factor Intervention Trial Research Group Long-term effects of chlorthalidone versus hydrochlorothiazide on electrocardiographic left ventricular hypertrophy in the Multiple Risk Factor Intervention Trial. *Hypertension*, 2011, 58, s. 1001–1007.
- 17 SHEP Cooperative Research Group. Prevention of stroke by antihypertensive drug treatment in older persons with isolated systolic hypertension. Final results of the Systolic Hypertension in the Elderly Program (SHEP). *JAMA*, 1991, 265, s. 3255–3264.
- 18 The ALLHAT Officers and Coordinators for the ALLHAT Collaborative Research Group. Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic. The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). *JAMA*, 2002, 288, s. 2981–2997.
- 19 Savage, P. J. – Pressel, S. L. – Curi, J. D., et al.: Influence of long-term, low-dose, diuretic-based, antihypertensive therapy on glucose, lipid, uric acid, and potassium levels in older men and women with isolated systolic hypertension: The Systolic Hypertension in the Elderly Program. SHEP Cooperative Research Group. *Arch Intern Med*, 1998, 158, s. 741–751.
- 20 Roush, G. C. – Buddharaju, V. – Ernst, M. E.: Is chlorthalidone better than hydrochlorothiazide in reducing cardiovascular events in hypertensives? *Curr Opin Cardiol*, 2013, 28, s. 426–432.
- 21 Dorsch, M. P. – Gillespie, B. W. – Erickson, S. R., et al.: Chlorthalidone reduces cardiovascular events compared with hydrochlorothiazide: a retrospective cohort analysis. *Hypertension*, 2011, 57, s. 689–694.
- 22 Karpov, I. A.: The FORTISSIMO Program: advantages of fixed full dose combination of perindopril arginine and indapamide in the treatment of poorly controlled arterial hypertension. *Kardiologija*, 2013, 53, s. 37–43.
- 23 Circelli, M. – Nicolini, G. – Egan, C. G. – Cremonesi, G.: Efficacy and safety of delapril/indapamide compared to different ACE-inhibitor/hydrochlorothiazide combinations: a meta-analysis. *Int J Gen Med*, 2012, 5, s. 725–734.
- 24 Donnelly, R. – Molyneaux, L. M. – Willey, K. A. – Yue, D. K.: Comparative effects of indapamide and captopril on blood pressure and albumin excretion rate in diabetic microalbuminuria. *Am J Cardiol*, 1996, 77, s. 268–308.
- 25 Hallab, M. – Gallois, Y. – Chatellier, G., et al.: Comparison of reduction in microalbuminuria by enalapril and hydrochlorothiazide in normotensive patients with insulin dependent diabetes. *BMJ*, 1993, 306, s. 175–182.
- 26 Gosse, P. – Sheridan, D. J. – Zannad, F., et al.: Regression of left ventricular hypertrophy in hypertensive patients treated with indapamide SR 1.5 mg versus enalapril 20 mg: the LIVEstudy. *J Hypertens*, 2000, 18, s. 1465–1475.
- 27 Senior, R. – Imbs, J. L. – Bory, M., et al.: Indapamide reduces hypertensive left ventricular hypertrophy: an international multicenter study. *J Cardiovasc Pharmacol*, 1993, 22, s. S106–S110.
- 28 PATS Collaborating Group. Post-stroke antihypertensive treatment study. A preliminary report. *Chin Med J (Engl)*, 1995, 108, s. 710–717, PubMed PMID:8575241.
- 29 PROGRESS Collaborative Group. Randomised trial of a perindopril based blood-pressure-lowering regimen among 6105 individuals with previous stroke or transient ischaemic attack. *Lancet*, 2001, 358, s. 1033–1041.
- 30 Chalmers, J. – Arima, H. – Woodward, M., et al.: Effects of combination of perindopril, indapamide, and calcium channel blockers in patients with type 2 diabetes mellitus: results from the Action In Diabetes and Vascular Disease: Preteraxand Diamicon Controlled Evaluation (ADVANCE) trial. *Hypertension*, 2014, 63, s. 259–264.
- 31 Beckett, N. S. – Peters, R. – Fletcher, A. E., et al.: HYVET Study Group. Treatment of hypertension in patients 80 years of age or older. *N Engl J Med*, 2008, 358, s. 1887–1898.
- 32 Leren, P. – Helgeland, A.: Coronary heart disease and treatment of hypertension. Some Oslo Study data. *Am J Med*, 1986, 80, s. 3–6.
- 33 Fiddes, R., et al.: Evaluation of indapamide 1.25 mg once daily in

- elderly patients with mild to moderate hypertension. *J Hum Hypertens*, 1997, 11, s. 239–244.
- 34 **Ambrosioni, E. – Safar, M. – Degaute, J. P., et al.**: Low-dose antihypertensive therapy with 1.5 mg sustained-release indapamide: results of randomised double-blind controlled studies. European study group. *J Hypertens*, 1998, 16, s. 1677–1684.
- 35 **Donnelly, R.**: Clinical implications of indapamide sustained release 1.5 mg in hypertension. *Clin Pharmacokinet*, 1999, 37, s. 21–32.
- 36 **Weber, B. – Rotaru, C. – Feihl, F.**: Position of indapamide, a diuretic with vasorelaxant activities, in antihypertensive therapy. *Expert Opin Pharmacother*, 2012, 13, s. 1515–1526.
- 37 **Aubert, I. – Dian, F. – Rouffy, J.**: Beneficial effects of indapamide on lipoproteins and apoproteins in ambulatory hypertensive patients. *Am J Cardiol*, 1990, 65, s. 77H–80H.
- 38 **Pecha, G., et al.**: Indapamide decreases plasma adiponectin concentration in patients with essential hypertension. *Kidney Blood Press Res*, 2007, 30, s. 187–194.
- 39 **Roush, G. C. – Ernst, M. E. – Kostis J. B., et al.**: Sica head-to-head comparisons of hydrochlorothiazide with indapamide and chlorthalidone. *Hypertension*, 2015, s. 65.
- 40 **Krum, H., et al.**: Metabolic effects of diuretics. *Diabet Med*, 2003, 20, s. 708–712.