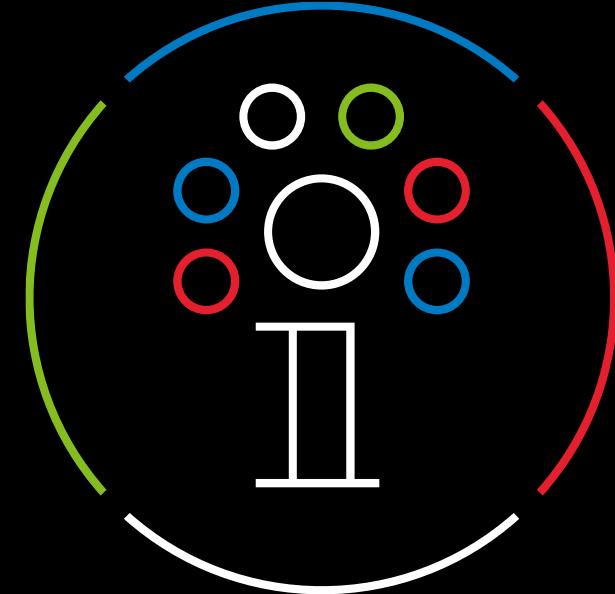

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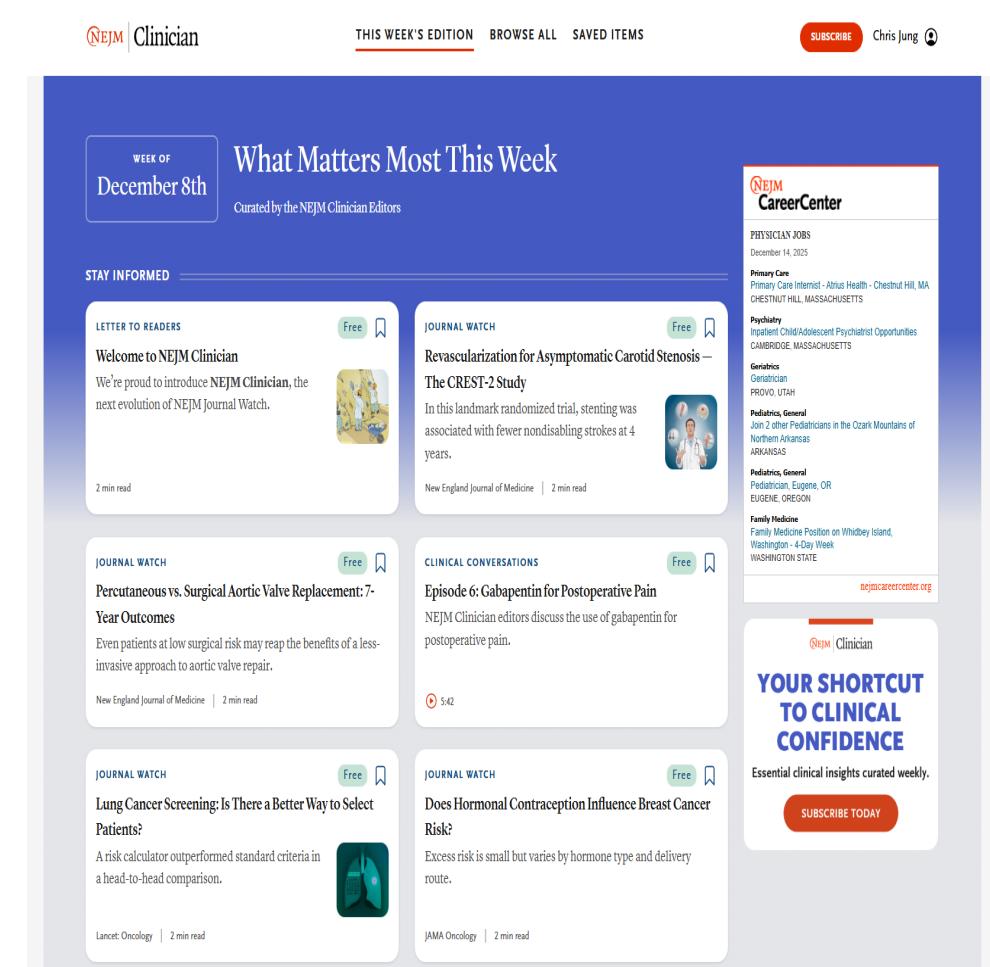
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NEJM Clinician 소개

- 1987년 – 첫 출판 (구. NEJM Journal Watch)
- 실무 경험이 풍부한 의사로 구성된 편집팀이 150종 이상의 저널에서 가장 중요한 연구 내용을 요약하여 전문가 의견을 제공
- 임상의들이 최신 정보를 습득하고 환자 결과를 개선할 수 있도록 돋는 필수적인 정보원
- 업데이트 주기: 월 4회



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Ovid® 는 세계에서 가장 많이 인용되고 영향력 있는 학술지 중 하나인, 영향력 지수 96.2 (2023)의 New England Journal of Medicine을 포함하여, NEJM Group의 아래 저널을 독점으로 제공합니다.

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A risk calculator outperformed standard criteria in a head-to-head comparison.

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Excess risk is small but varies by hormone type and delivery route.
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A risk calculator outperformed standard criteria in a head-to-head comparison.
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CLINICAL CONVERSATIONS
Episode 6: Gabapentin for Postoperative Pain
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Case Study: 주제별 사례 연구

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Itraconazole vs. Voriconazole for Chronic Pulmonary Aspergillosis

Lancet: Infectious Diseases | Dec 12

JOURNAL WATCH

How Durable Is the Protective Effect of RSV Vaccines?

JAMA Internal Medicine | Dec 12

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Partial vs. Total Knee Arthroplasty: Long-Term Results

Lancet: Rheumatology | Dec 9

JOURNAL WATCH

Unprovoked VTE: Should Patients Continue Oral Anticoagulants Beyond 90 Days?

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Dec 9 | Nov 24 | Nov 10 | Oct 28

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Family Medicine | Rural Practice Opportunity (Hancock, NY)
HANCOCK, NEW YORK

Family Medicine
Family/Internal Medicine Physician
SNOHOMISH, WASHINGTON STATE

Neurology
Physician - Neurology - Kelsey Seybold Clinic at Springwoods Village
TEXAS

Radiation Oncology
Staff Physician, Radiation Oncology for Cleveland Clinic Abu Dhabi
UNITED ARAB EMIRATES

Rheumatology
"Rheumatology opportunity IU Health Arnett Physicians-Lafayette, IN
LAFAYETTE, INDIANA

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JOURNAL WATCH

High-Dose vs. Low-Dose IV Nitroglycerin in “Crashing” Pulmonary Edema

Michael E. Billington, M.D. | Reviewing: American Journal of Emergency Medicine | December 3 | Read | Editor's Pick



Clinical Takeaway: For patients with sympathetic crashing acute pulmonary edema (SCAPE), a high-dose strategy may speed weaning.

코멘트를 남긴 에디터명 /
코멘트 남긴 오리지널 원문 정보

Context

Some patients with acute decompensated heart failure will present with sympathetic crashing acute pulmonary edema (SCAPE): sudden, severe hypoxic respiratory failure from pulmonary edema and hypertension. SCAPE demands immediate, often multimodal, intervention. While **guidelines recommend** starting IV nitroglycerin (NTG) at 5 µg/min, many clinicians initiate higher dosing and escalate rapidly, hoping to accelerate lung function recovery and stave off more intensive interventions such as intubation and ICU admission.

In a single-center retrospective study, researchers compared outcomes among 441 emergency department patients with SCAPE who received NTG initiated at a low dose (<100 µg/min) or a high dose (≥ 100 µg/min).

Key Results

- Time to weaning patients off oxygen — the study's primary outcome — was significantly faster in those receiving high-dose versus low-dose NTG (median, 2.7 vs. 3.3 hours).
- High-dose NTG was associated with better blood pressure control without excess hypotension, and groups did not differ in intubations, vasopressor use, or ICU admissions. Median ICU length of stay was significantly lower (by 0.5 days) in the high-dose group.
- Mortality appeared lower in high-dose patients (1% vs. 4%; $P=0.029$), although this was unadjusted for confounders (e.g., high-dose patients were more likely to be on bilevel positive airway pressure).

PHYSICIAN JOBS

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Gastroenterologist, Cleveland Clinic Akron General & Summit Gastroenterology

AKRON, OHIO

Gastroenterology

Physician - Gastroenterologist - Berlin, MD

BERLIN, MARYLAND

Rheumatology

Rheumatologist - Optum NY

PLAINVIEW, NEW YORK

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Internal Medicine Physician - Reliant Medical Group

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Comment

Although the high-dose patients arrived sicker, they improved faster than low-dose patients, without added risk. These results align with the instinct to quickly and aggressively reverse the severe hypertension that often causes crashing cardiogenic pulmonary edema. Despite the obvious limitations of a single-center retrospective study, these findings affirm the safety of **initiating high-dose IV NTG** in the setting of acute pulmonary edema due to decompensated heart failure, potentially reducing ICU length of stay.

Reviewing Author

Michael E. Billington, M.D.

DISCLOSURES

Nothing to disclose

Comment: 코멘트, 견해

Reviewing Author: 편집자

Citation(s): 인용 정보

Topics: 주제

Citation(s):

Henry K, et al. Low versus high dosing strategies of intravenous nitroglycerin for the management of sympathetic crashing acute pulmonary edema. *Am J Emerg Med* 2025 Dec; 98:41 [10.1016/j.ajem.2025.08.017](https://doi.org/10.1016/j.ajem.2025.08.017).40834833

Topics

Emergency Medicine

Emergency Medicine General

Pulmonary/Critical Care

Pulmonary/Critical Care General

Clinical Medicine

Hospital-Based Clinical Medicine

Ovid 플랫폼

NEJM Clinician 이용방법



Ovid 플랫폼의 NEJM Clinician 사용방법 1

The screenshot shows the Ovid platform interface. At the top, there is a navigation bar with the Ovid logo, a search bar, and menu items: Search, Journals (which is highlighted with a red box), Books, Multimedia, My Workspace, Links, EBP Tools, and What's New. Below the navigation bar, on the left, is a sidebar with a 'Hide' button and a search input field containing 'NEJM Clinician' (also highlighted with a red box). Below the search input are buttons for 'Find Citation' and filters for 'Filter by Availability', 'Filter By Title', 'Filter by Subject', and 'My Favorite Journals'. The main content area shows a search result for 'NEJM Clinician'. A blue callout box points to the search input field with the text 'Journals 탭 누른 후, NEJM Clinician 검색'. The search result shows '1 of 1 journals' with the title 'NEJM Clinician' (also highlighted with a red box). To the right, there are 'Journals A-Z' and '50 Per Page' buttons. Below the search result, another '1 of 1 journals' section is visible.

Ovid 플랫폼의 NEJM Clinician 사용방법 1

The screenshot shows the Ovid NEJM Clinician journal page. A large blue box at the top right contains Korean text: '인쇄, 이메일 공유, 반출, 개인 계정 폴더 저장 등' (Print, Email sharing, Export, Save to personal account folder, etc.). Another blue box at the bottom left contains the text '이슈(권, 호) 검색' (Issue (Volume, Number) search). A red box highlights the 'Issues' section on the left sidebar, which includes 'All Issues' and 'This Issue' radio buttons. A red box also highlights the 'Journal Issue List' section at the bottom left. A red box highlights the top right navigation bar with 'Print', 'Email', 'Export', 'Add to My Projects', and 'Keep Selected' buttons. A red box highlights the top right corner of the page. The page includes standard Ovid navigation elements like 'Search', 'Journals', 'Books', 'Multimedia', 'My Workspace', 'Links', 'EBP Tools', and 'What's New'.

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코멘터리, 리뷰 읽기

NEJM Clinician
Issue: Volume , 2025, p NA59537
Copyright: Copyright (C) 2025 Massachusetts Medical Society. All rights reserved.
Publication Type: [Journal Watch]
DOI: 10.1056/CLINjwNA59537
ISSN: 3067-1876
Accession: 02277242-20250000-00001
Keywords: Hematology/Oncology, Coagulation, Cardiology, Anticoagulation/Thromboembolism (Cardiology), Clinical Medicine, Hospital-Based Clinical Medicine, Outpatient-Based Clinical Medicine

[Journal Watch]

Unprovoked VTE: Should Patients Continue Oral Anticoagulants Beyond 90 Days?

Mueller, Paul S. M.D., M.P.H., F.A.C.P.

Author Information ^
Nothing to disclose

Abstract ^
Clinical Takeaway: Patients who continued had lower risk for recurrent venous thromboembolism and all-cause death and higher net clinical benefit than those who discontinued.

Back to Top ↑

Context
Patients with unprovoked venous thromboembolism (VTE), which occurs in the absence of identifiable risk factors, have a higher risk for recurrent VTE than those with provoked VTE. As a result, guidelines recommend continuing oral anticoagulant (OAC) therapy beyond 3 to 6 months in patients with unprovoked VTE, a practice supported by randomized trials. To compare outcomes with continuing versus stopping anticoagulation in a real-world population, researchers used U.S. claims databases to study 31,000 patients who continued OAC therapy (warfarin or direct OACs) and 31,000 matched patients who discontinued OACs after an initial ≥ 90 days of treatment.

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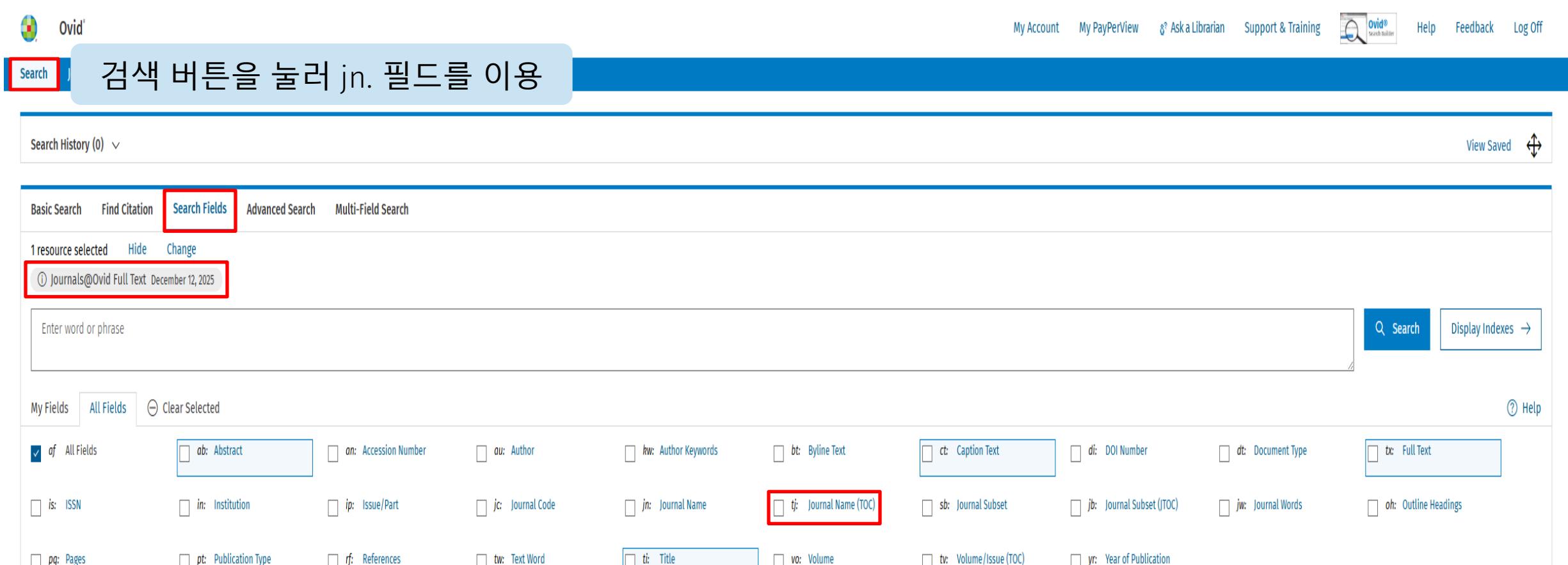
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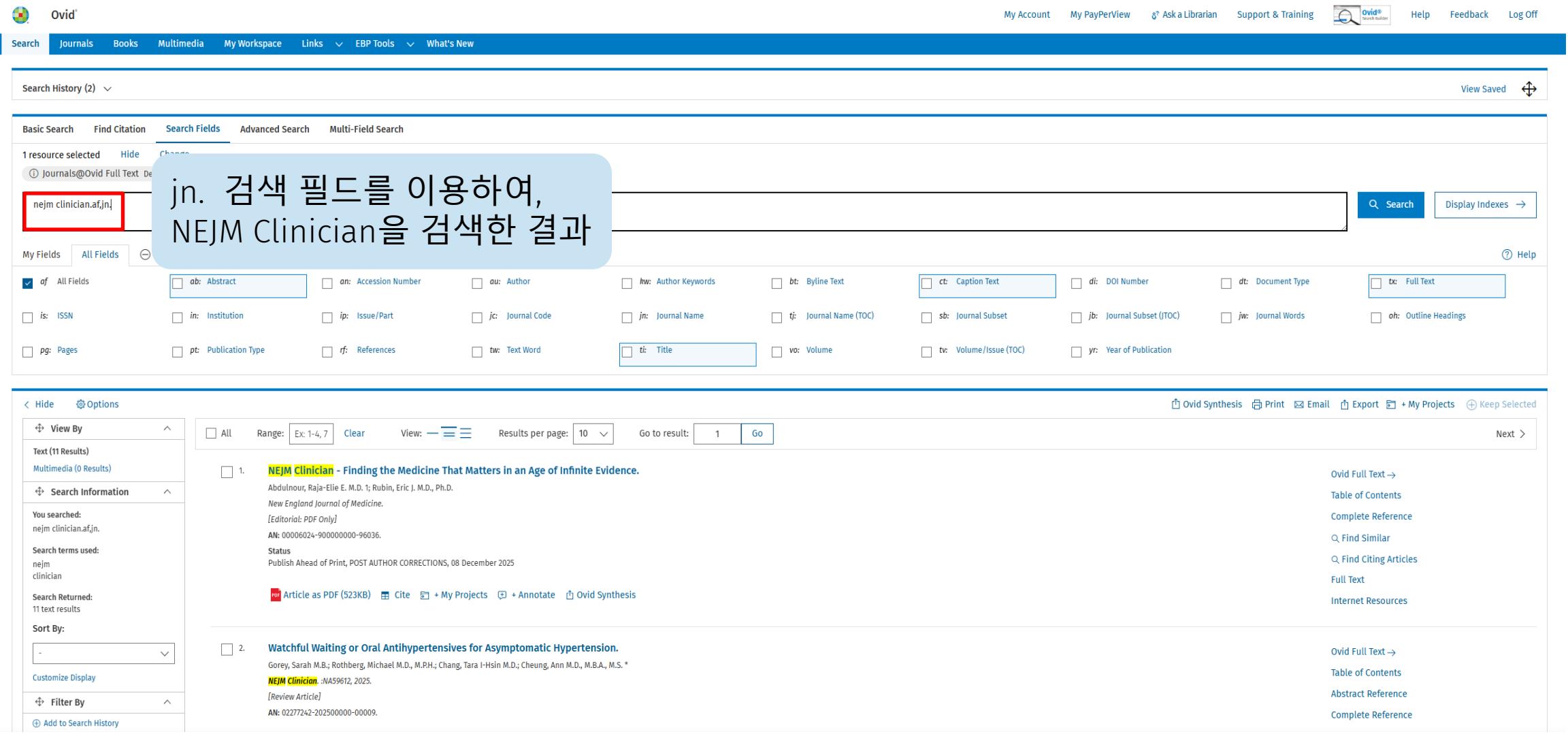
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- Search History:** Search History (0) with a "View Saved" link and a refresh icon.
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- Search Buttons:** Search (blue button) and Display Indexes →.
- Search Fields:** My Fields, All Fields (highlighted with a red box), Clear Selected, Help. Fields listed: of: All Fields, ab: Abstract, an: Accession Number, au: Author, hw: Author Keywords, bt: Byline Text, ct: Caption Text, di: DOI Number, dt: Document Type, tx: Full Text, is: ISSN, in: Institution, ip: Issue/Part, jc: Journal Code, jn: Journal Name (highlighted with a red box), sj: Journal Subset, jb: Journal Subset (JTOC), jw: Journal Words, oh: Outline Headings, pg: Pages, pt: Publication Type, rf: References, tw: Text Word, ti: Title, vo: Volume, tv: Volume/Issue (TOC), yr: Year of Publication.

Ovid 플랫폼의 NEJM Clinician 사용법 2



Search History (2) View Saved Search Display Indexes

Basic Search Find Citation Search Fields Advanced Search Multi-Field Search

1 resource selected Hide Chances

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1. **NEJM Clinician - Finding the Medicine That Matters in an Age of Infinite Evidence.**
Abdulnour, Raja-Elie E. M.D.; Rubin, Eric J. M.D., Ph.D.
New England Journal of Medicine.
[Editorial: PDF Only]
AN: 00006024-90000000-96036.
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2. **Watchful Waiting or Oral Antihypertensives for Asymptomatic Hypertension.**
Gore, Sarah M.B.; Rothberg, Michael M.D., M.P.H.; Chang, Tara I-Hsin M.D.; Cheung, Ann M.D., M.B.A., M.S. *
NEJM Clinician :NA59612, 2025.
[Review Article]
AN: 02277242-20250000-00009.

Thank you!

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