

EMS Updates & Author
Survey, *Evidence-Based Practice*
September 2015, and this month's
PURLs journal club toolkit



FPIN Community Bulletin

October 2015

Keeping up with FPIN's EMS!

The Editorial Management System successfully launched this past summer for our HelpDesk Answers writing project! Here are some things to know about the system this month.

Uploading drafts:

- Error messages
 - This commonly occurs when an author is trying to build a submission with a PDF that most likely has a **SECURED** security label tacked onto it. If this happens, please send an email to Adelina@fpin.org
- Updating first author information or adding authors to a manuscript
 - On the 'Add/Edit/Remove Authors' page, faculty corresponding authors will be able to add any number of co-authors to a draft. Keep in mind, the faculty author will always have to be corresponding author on the draft. If

you would like to make your co-author the first author on the manuscript, simply hover on the blue bar located to the left of the person's name. Then, drag the bar towards the top until the system recognizes that person as the first author.

- To add authors to a draft, please review the written [Author Instructions](#) or watch [Part 2](#) of the author video tutorial for guidance.
- Question titles
 - Full titles **MUST BE** the HDA or clinical question that was signed up for verbatim.
 - Short titles are abbreviated titles for your manuscript, which will be used in the table of contents in the journal.

Peer reviewing for FPIN

With the launch of the EMS, the peer review process for FPIN has also slightly changed. Peer reviews will now be completed within the system in order to achieve a streamlined and automated peer review process. Only qualified peer reviews will be invited and asked to complete a checklist before giving feedback to authors.

If this is your first time reviewing in the EMS, please review the [peer review instructions for the EMS](#) as well as FPIN's [peer review instructions](#) for guidance.

For HDA Faculty Corresponding Authors, always remember to...

- Submit your Author Disclosure form when you are submitting your first drafts. The form must be filled out by the corresponding author and any additional co-authors and saved as one PDF copy. You can obtain a copy of the form [here](#).
- Only submit first drafts as **Microsoft Office Word Documents**. References and tables can be in the form of a PDF or an Excel file.
- Respond to your invitation within **10 days!** If you did not respond but would still like to author the question, please contact Adelina Colbert via email or at 573-256-2066.

For more EMS resources, including a comprehensive FAQ section, check out the [EMS Help Page](#)! You can also get in touch with Adelina Colbert at Adelina@fpin.org or at 573-256-2066 for any other EMS-related questions.

EMS Author Survey

As FPIN's Editorial Management System (EMS) just launched this past summer for the HelpDesk Answers project, we wanted to take this chance to reach out to HDA authors to see how you are doing with this new change within the project.

We have built a short survey to help track feedback and document areas that might need additional improvement. If you haven't already completed the survey, we would greatly appreciate it if you would be able to take some time out of your schedule to complete this survey by clicking the link below.

HDA Satisfaction Survey

New Academic Year Reminders:

1. Universal member password update --

The member universal password was updated as of July 1, 2015. The new password is: **family1516**

This password is for everyone at your program as we no longer have individual u/p. You can use this password to:

- [Access the FPIN Institute](#), including the PURLs Journal Club
- [Sign-up or propose you own questions](#)
- [Read past issues of *Evidence-Based Practice \(EBP\)*](#)
- [Access past FPIN Community Bulletins](#)

If you need additional support with accessing the website content, you can email membership@fpin.org or call 913-296-7062.

2. The FPIN office has moved!

The FPIN home office has moved. Please submit your correspondence to the following:

PAYMENTS ONLY:

FPIN

C/O Marberry and Eagle, CPAs, P.C.

414 E Broadway Suite 200
Columbia, MO 65201

All other FPIN correspondence:

FPIN

401 West Boulevard North

Suite D

Columbia, MO 65203

Have questions? Email membership@fpin.org or call 913-296-7062.

ATTENTION: News from the *Evidence-Based Practice* Editorial Staff

Please note that due to lack of participation, *Evidence-Based Practice* will no longer be able to offer CME after December 31, 2015. If you have any questions or concerns regarding this, please don't hesitate to contact us at ebp@fpin.org.

CME
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FPIN
Family Physicians Inquiries Network

FPIN presents **Evidence-Based Practice**

September issue highlights:

- Probiotics for URIs
- SSRIs after stroke
- Homocysteine-lowering therapy to prevent cardiovascular events

[View the September Issue](#)

IN DEPTH

What is the appropriate management of a trauma-associated upper extremity deep vein thrombosis (DVT)?

Evidence-based answer

The answer is not completely clear. For patients with catheter-associated upper extremity DVT, removal of the catheter results in faster improvement. Anticoagulation treatment does not appear to provide faster resolution compared with no treatment in the short term (SOR: C, small cohort trials). Still, treatment with parenteral heparin followed by long-term anticoagulation is recommended (SOR: C, expert opinion).

Evidence summary

A 2007 retrospective analysis of all people living in Worcester, Massachusetts (population 478,000) in 1999 examined the occurrence of upper extremity DVT. Of 483 people who were diagnosed with venous thromboembolism (VTE), 14% had upper extremity DVT. Their mean age was 65 years old, and 54% were women. Compared with patients with lower extremity DVT, patients with upper extremity DVT were more likely to have had a recent central venous catheter (OR 2.2, 95% CI, 1.3–3.5), a recent cardiac procedure (OR 4.2, 95% CI, 1.2–14), or a recent intensive care unit (ICU) stay (OR 3.8, 95% CI, 1.4–10). Patients with upper extremity DVT were also more likely than patients with lower extremity DVT to have been treated with unfractionated heparin (62% vs 48%; P<.03) or warfarin (74% vs 57%; P<.004), and equally as likely to have been treated with low-molecular-weight heparin (LMWH) (70% vs 70%; P=.87). Outcomes were evaluated at 30 days, 6 months, and 1 year. Comparing upper extremity DVT with lower extremity DVT, no difference was found in major bleeding, recurrent VTE, recurrent pulmonary embolus (PE), or mortality.¹ A 2008 analysis of data from the international prospective Registry of Patients with Venous Thromboembolism examined clinical outcomes of consecutive patients with symptomatic DVT or PE.² At the time of analysis, 11,564 patients had been enrolled. Upper extremity DVT

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PURLS Journal Club



October 2015: It's time to reconsider early-morning testosterone tests

Includes:

Instructions

Detailed presenter/speaker notes

This month features the teaching points: **Clinical vs Statistical Significance**

Journal club worksheet

Copy of the published PURL

Potential PURL review form

Log into the [FPIN Institute](#) to access the journal club toolkits. Remember to enter the new universal password: family1516

“FPIN supports a collaborative learning community for primary care clinicians, learners, and faculty to promote and disseminate evidence-based scholarship. We improve patient care by translating research into practice.”



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