Global Health Challenge
Stefan Darmoni

Personal and Social Communication Services for Health and Lifestyle Monitoring
Jean Bacon1, Jatinder Singh, et.

Enhanced Home-Based Medical Care Services Through Mobile Technology
Walid Hassan, Ayman Dayekh, Hasan Bazzi,
Bassam Hussein, Denise Kerbaj, Hassan M. Khachfe

Introducing the Global Advocacy Leadership Academy (GALA): Training Health Advocates around the World to Champion the Needs of Health Care Consumers
Gary L. Kreps, et.

Extending the US Health Information National Trends Survey to China and Beyond: Promoting Global Access to Consumer Health Information Needs and Practices
Gary L. Kreps, et

Development of a New Interface System for Elderly People in Daily Life
Shunji Shimizu, Inoue Hiroaki

Fundamental Study to New Evaluation Method Based on Physical and Psychological Load in Care
Hiroaki Inoue, Shunji Shimizu, et.

----- Global Health 2012 ----- 24th Oct. 2012

360 Degree View on Global Health Challenges

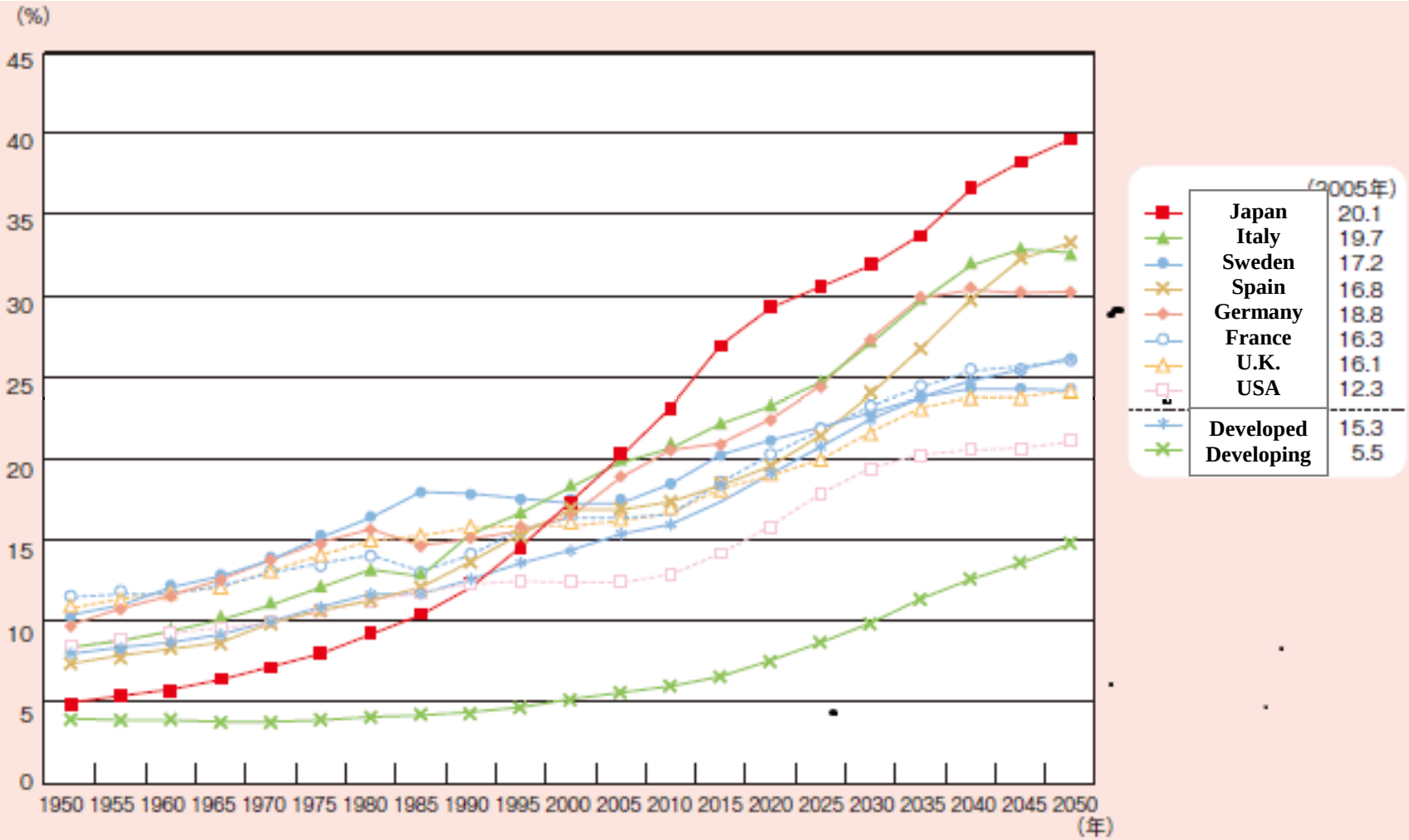
Support System for Human (ex. Elderly or Disabled)

S. Shimizu Tokyo University of Science, Suwa ,
(Visiting Researcher of Jichi Medical University)

Contents of this presentation

- Introduction
- Support System for Elderly People in Daily Life
  Efficacy of this New System form Concrete Cases
  Conclusion of this work
- New challenge based on this work
- My consideration about
  “Support System for Human”

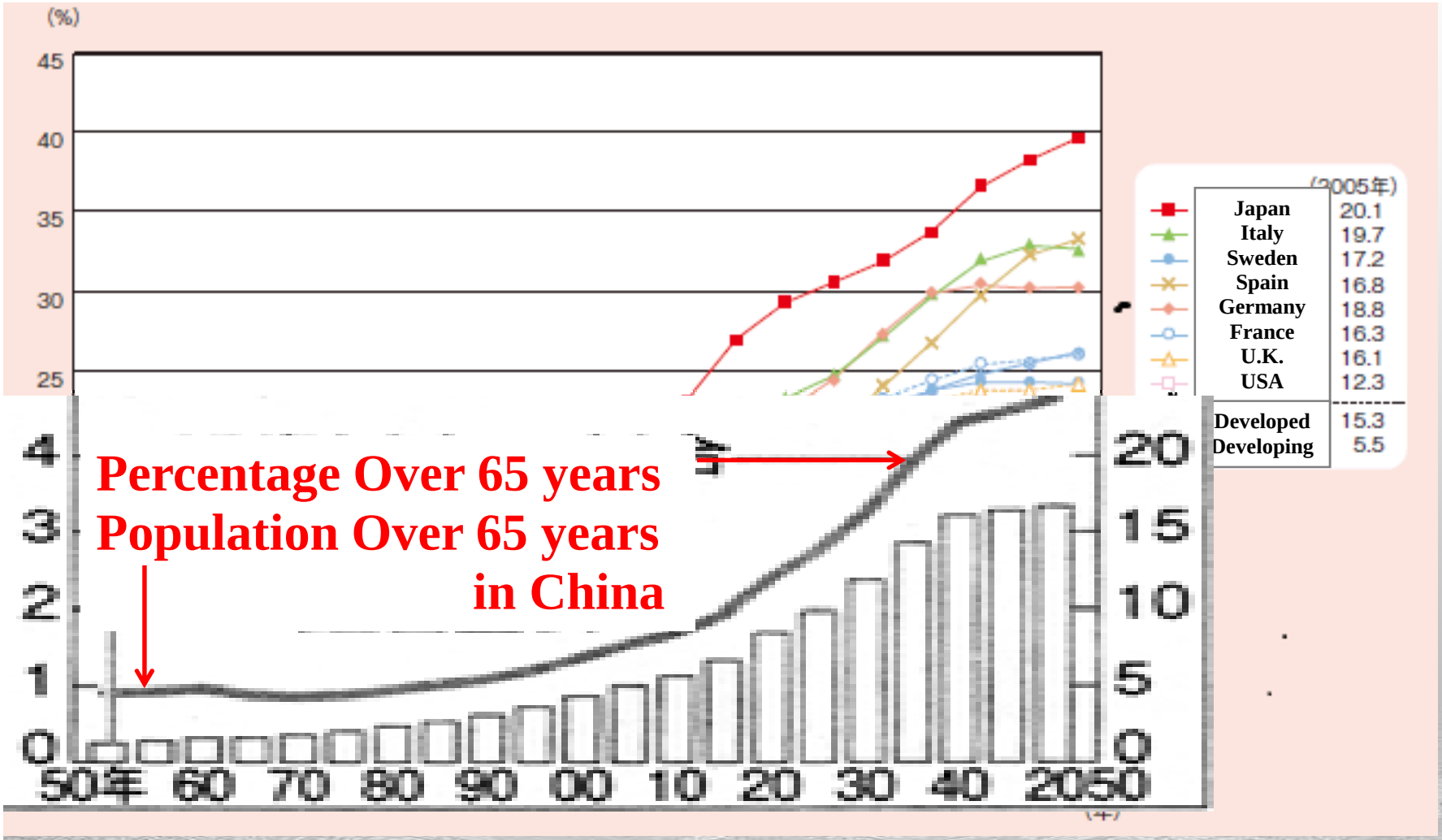
Population of Elderly People over 65 years in some Countries



Over 75 years → 9%(2000) 20%(2030) 27%(2050) in Japan

Renewed ” http://www.mhlw.go.jp/wp/hakusyo/kousei/12/dl/1-05.pdf ”

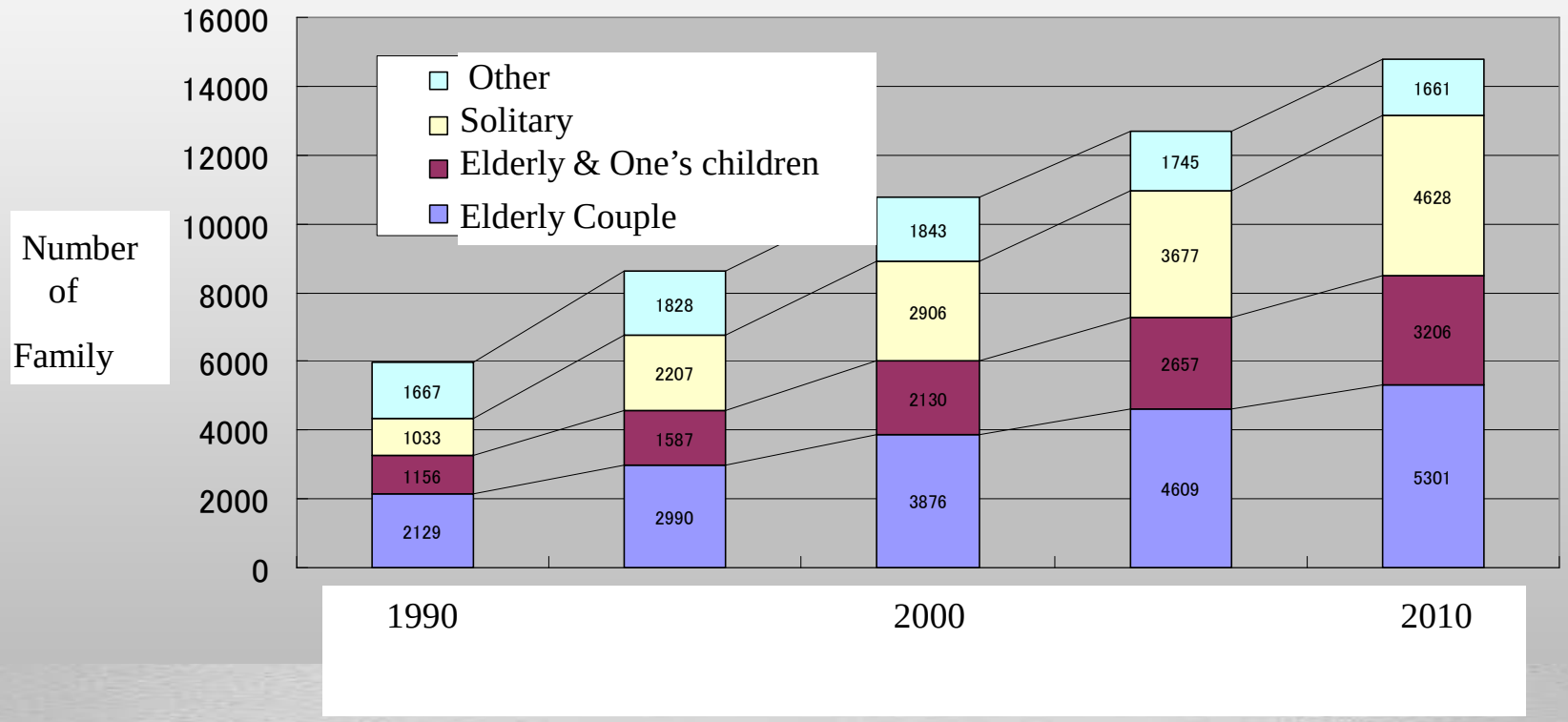
Population of Elderly People over 65 years in some Countries with China



Renewed " http://www.mhlw.go.jp/wp/hakusyo/kousei/12/dl/1-05.pdf "

Composition of the family included elderly in Japan

From Change of amount of elderly
(From Ministry of Health, Labour and Welfare in Japan)



Solitary Elderly >> **40%**
Elderly of Dementia >> **10%**
in Japan at 2030.

A New Interface System

House of Elderly People

Electric Wave

Wireless Transmitter and Receiver

Public Institute

1 km

Pyroelectric Infrared Sensor

Electric Wave

Magnetic Door Sensor

Push Sensor

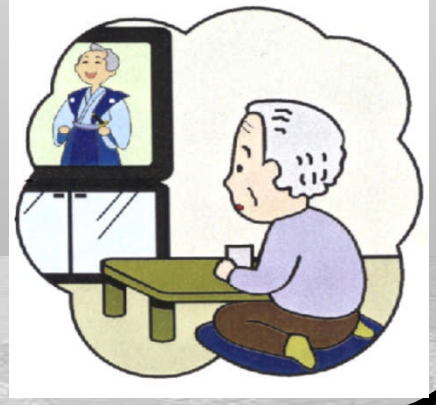
Controller Unit

(Analyzing Unit Included)

TV Monitor

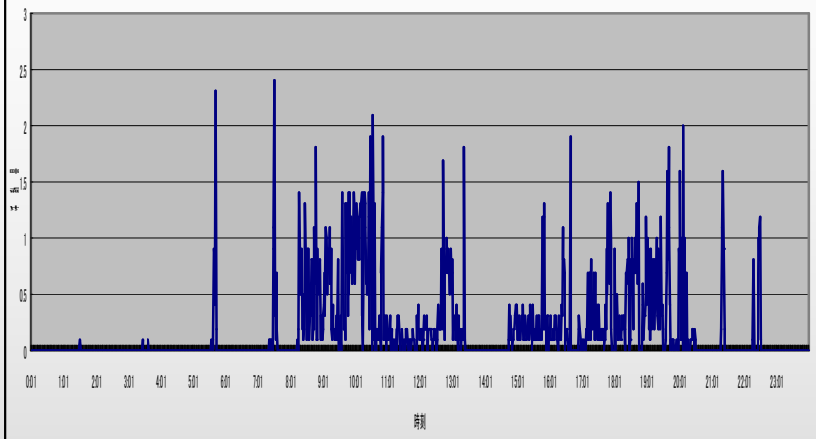
Supervisor System

Communication Box

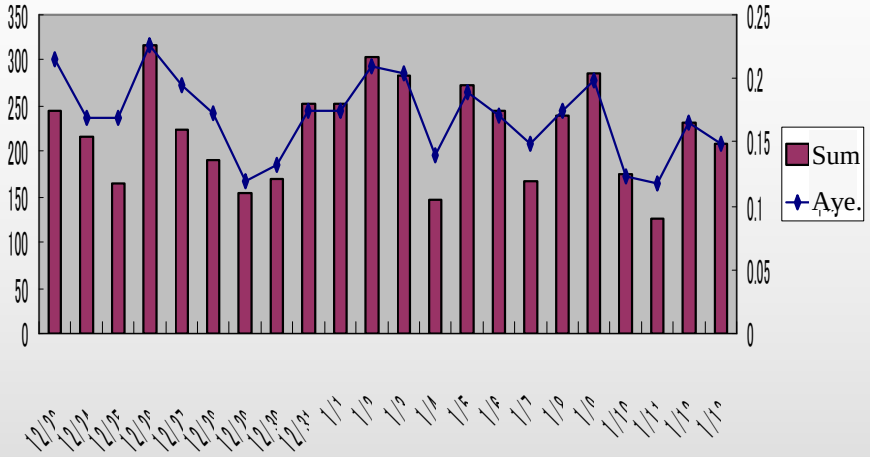


Examples of data analyzed using the New Interface System

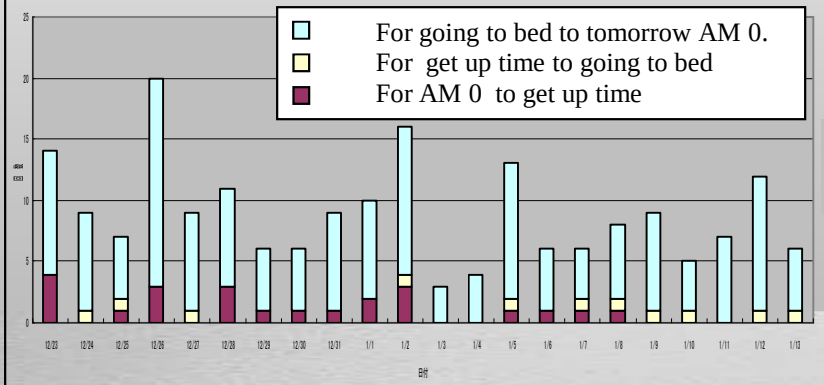
Detected data using sensors



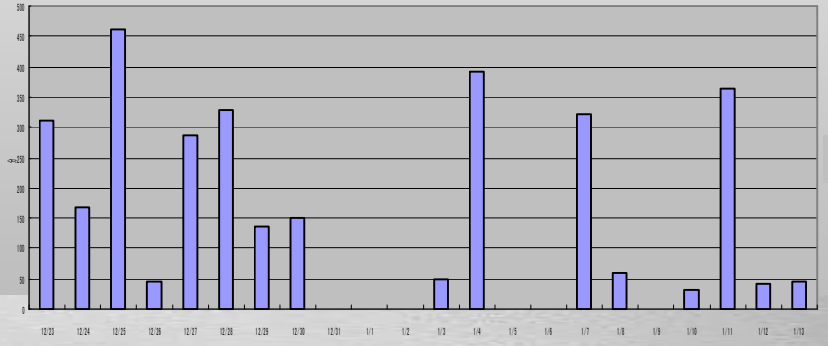
Sum of detected data by day



Number of going to the rest room



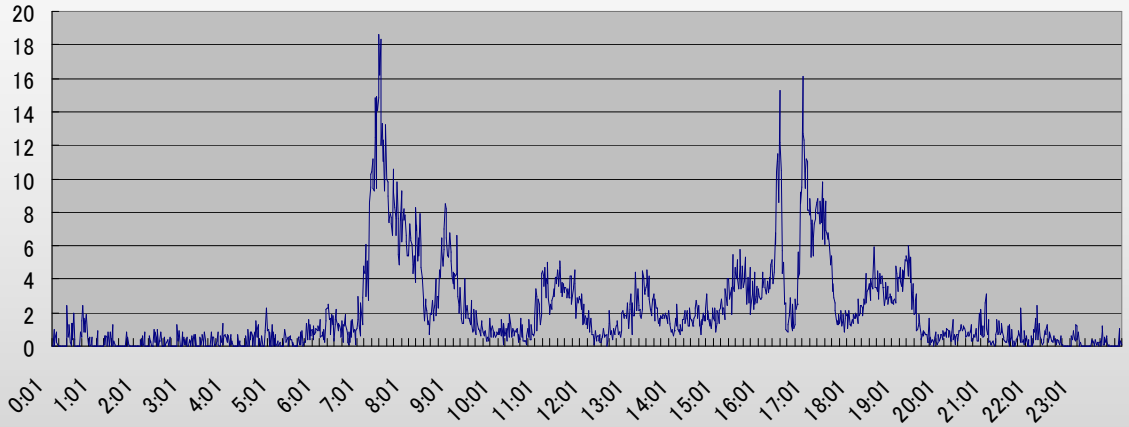
The time that elderly people go out, wake up and go to a bed.



Date	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4	1/4	1/6	1/9	1/10	1/11	1/12	1/13
Wake up	7:22	8:02	7:22	7:05	5:55	8:02	7:46	7:53	5:38	7:56	6:19	8:33	7:12	7:12	7:16	6:10	8:11	8:26	8:35	7:45
Go to bed	20:22	21:24	23:48	19:40	21:51	23:37	–	19:22	–	–	22:46	20:12	21:39	21:39	20:48	?	20:05	19:31	19:20	21:32

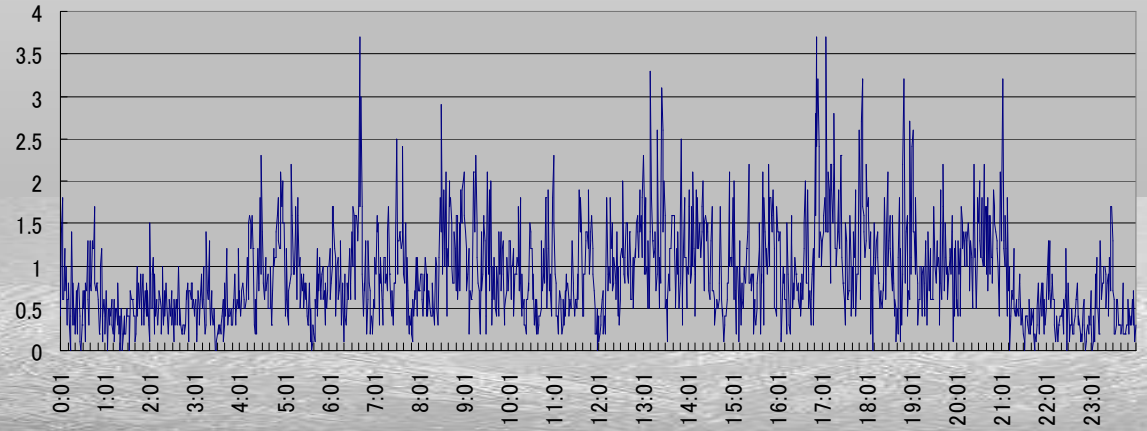
Ex. for changing a health condition No.1

Elderly people No.1 from March 14 to April 29 in 2000



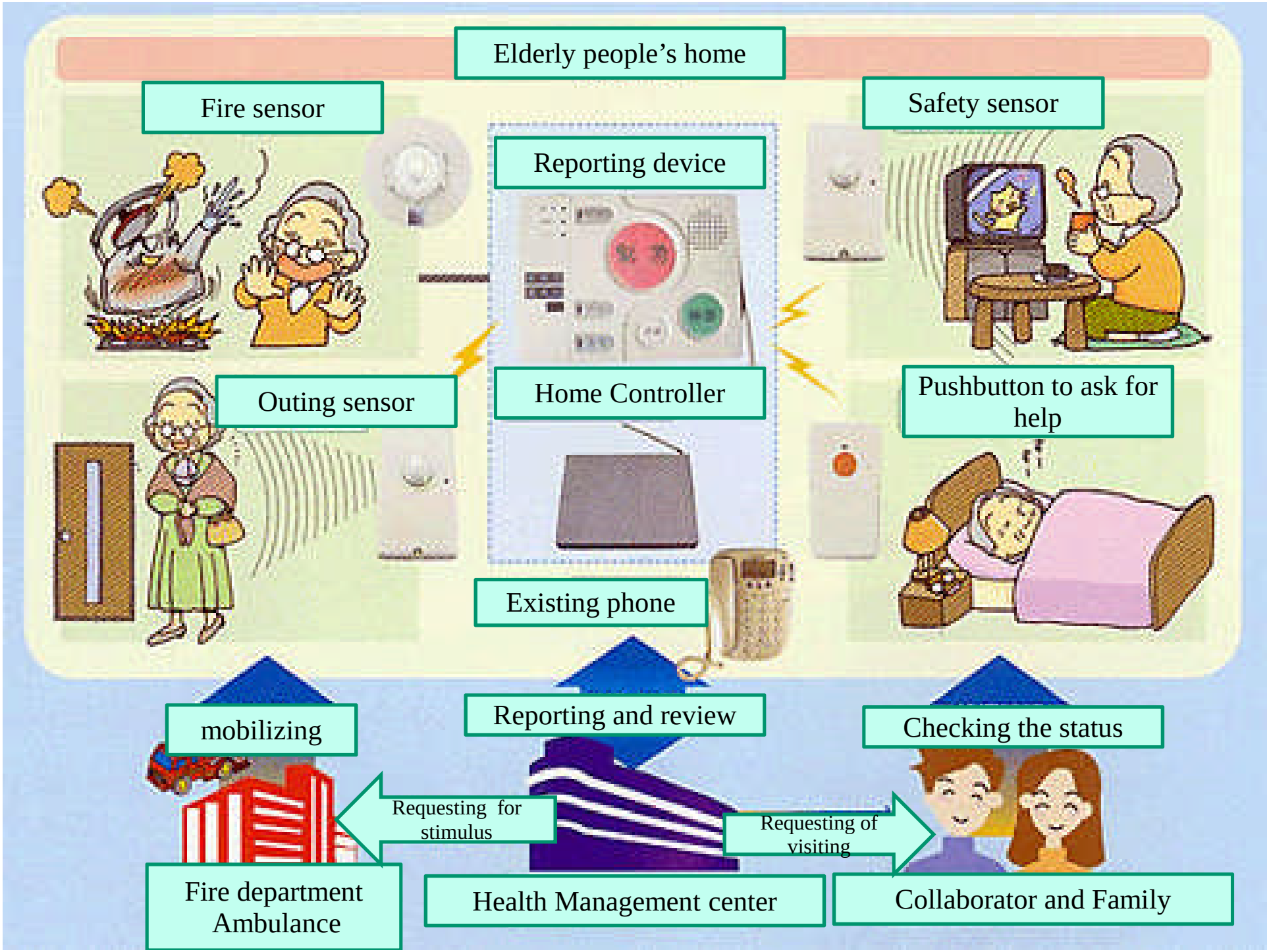
Well controlled and regular living life

Elderly people No.1 from May 1 to May 26 in 2000



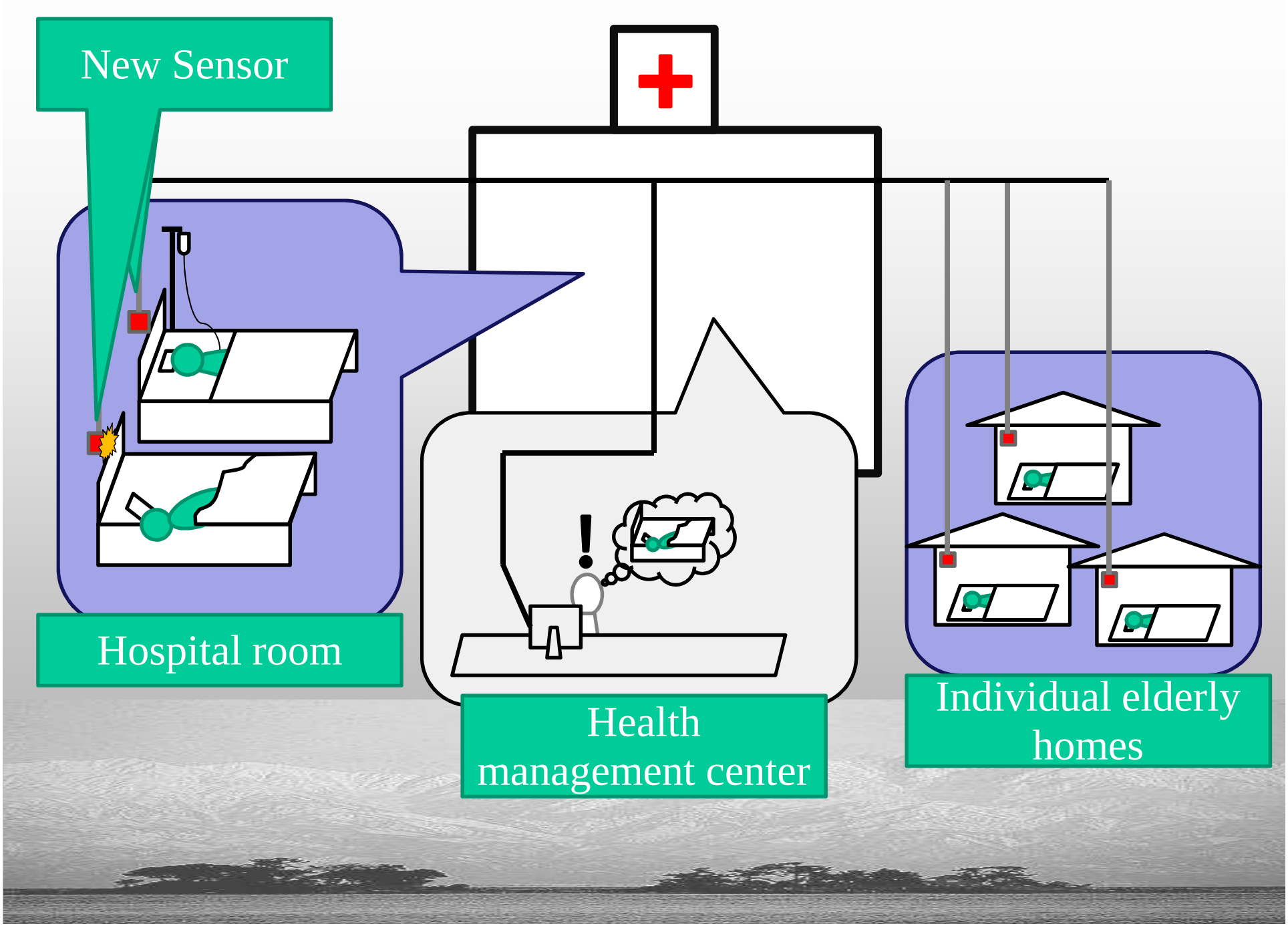
Not be able to detect above pattern in life cycle

Elderly people was hospitalized in May 26 2000.


Elderly people's home
Fire sensor
Reporting device
Safety sensor
Outing sensor
Home Controller
Pushbutton to ask for help
Existing phone
mobilizing
Reporting and review
Checking the status
Requesting for stimulus
Requesting of visiting
Fire department
Ambulance
Health Management center
Collaborator and Family

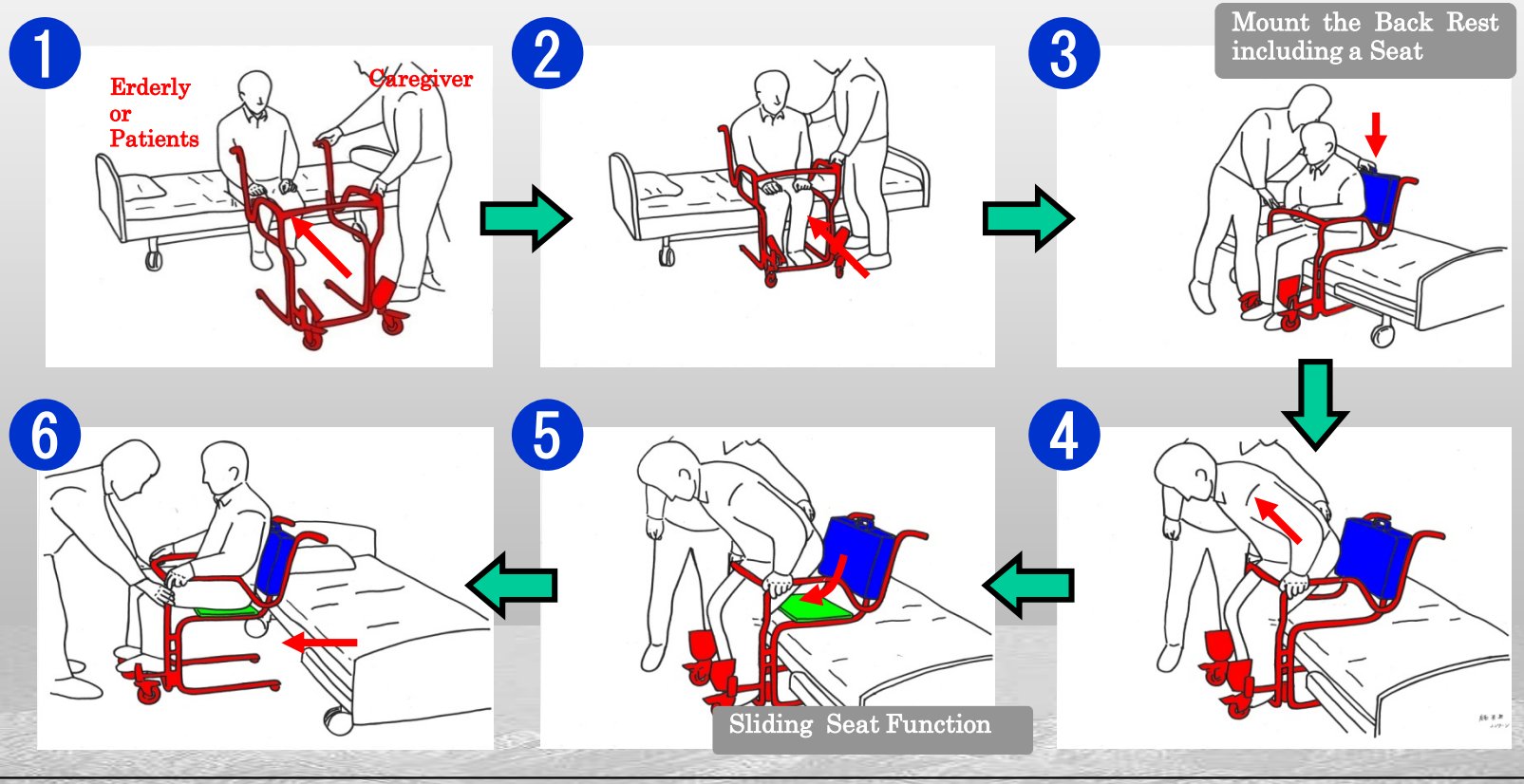
New Challenge:
Much more how to care a Health of Elderly people and Patients in their Home

- Develop New sensor and devices system for the support system.
- Build and Modify Social system and Community not only for the support system but also other system etc.
- Change the Limitation by law.


New Sensor
Hospital room
Health management center
Individual elderly homes

New Assistive System for Patient and Elderly People 1

Concept of the Welfare System



「BRAIN INFORMATICS」

～ For Development New Medical and Welfare System 2 ～

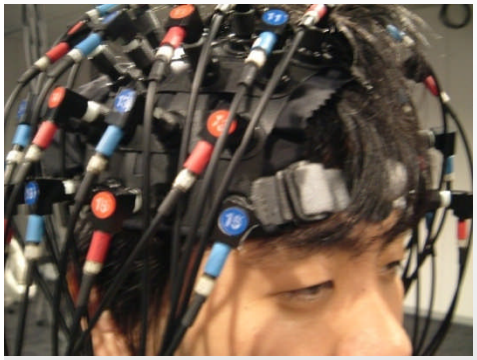
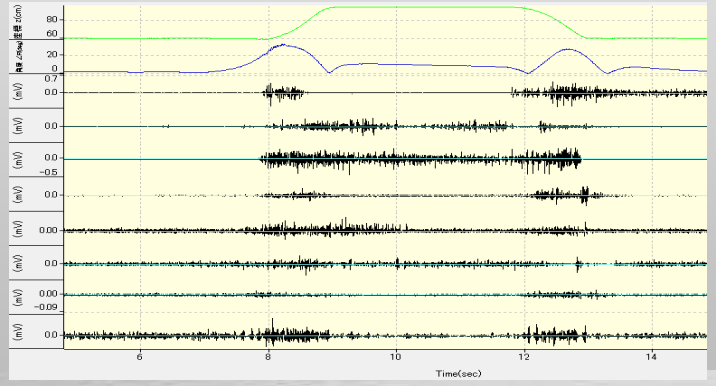


Fig.1 Setting Probes

Fig.2 Setting Markers



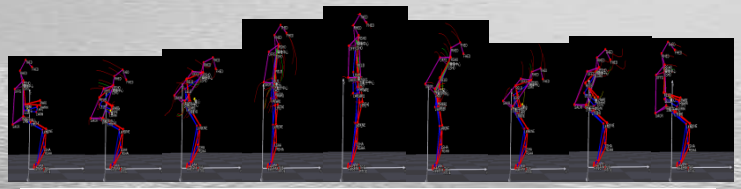


Fig.4 Experimental Results

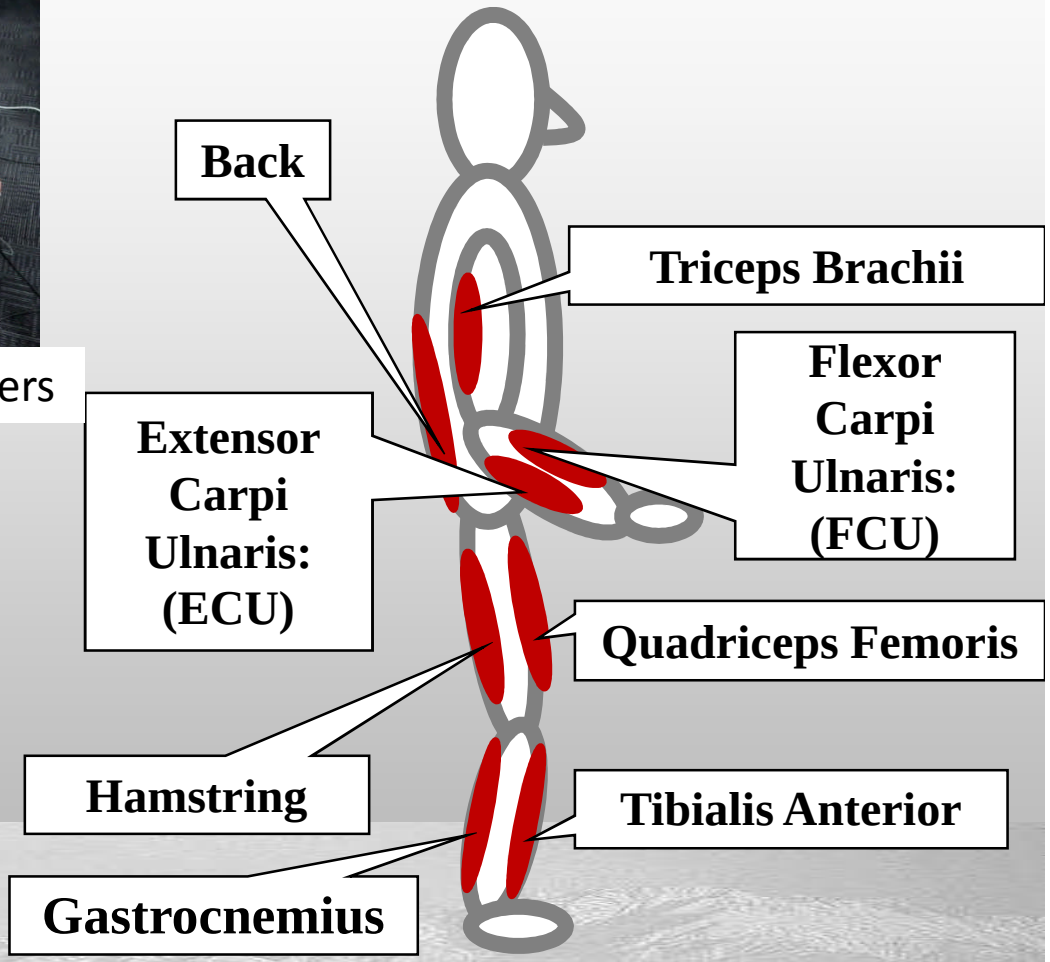


Fig.3 Measuring muscles

Innovative *KEIROKA* Technology Concept

3S Assist Proposal
- **Secure** Secure assistance
- **Sustainable** Assistance to maintain bodily functions
- **Subliminal** Not dull the senses, unaware assistance

3S *KEIROKA* Technology

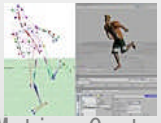
・Actuator Development
・Suit Shape Development

・UD Shovel

3S Evaluation System

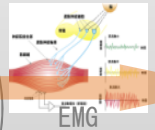
Heart Rate

Secure
EMG EEG
Heart Rate



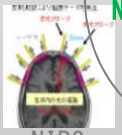
Motion Capture

Motion Capture
Human Body Modeling

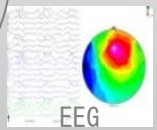


EMG

NIRS Subliminal
EMG EEG
Heart Rate
Sustainable



NIRS



EEG

Various Biological Measurements
- NIRS
- EMG
- EEG
- Heart Rate(RRI)
- Motion Capture

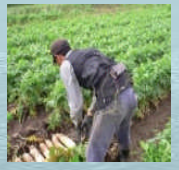
Virtual Design Technology

Design Optimization

Next Generation *KEIROKA* Technology

・PAS Bicycle
・Motorized Bed
・Walking Aids Equipment

《Work》 Real Field
・Agriculture
・Construction
・Nursing



《Life》
・Snow Shoveling

Research and Development Image

About Support System for Human

- Business Model (Medical or Welfare)
- Universal Design and Barrier Free
- Related Social system
- Supporting the Independence
  (of Elderly people or Persons with Disabilities)

Thank you for
your attention and kindness.

Human Science region

Human Science

Human Based Technology

Main Work

Cooperated with
University of Tokyo,
Hokkaido University,
Mitsubishi Eng.,
Shimazu Corp.,
National Ins. of Advanced Indus. Science and Tech. (AIST) and etc.

Brain Science

S-inove of JST Program
(Ministry of Education, Culture, Sports, Science and Technology)

Cooperated with
RIKEN BSI,
Jichi Medical School (Brain Surgery),
NAC corp.,
Medical and Health Care Device and System Society in SUWA
and etc.

Welfare Technology

In our Past work supported from NEDO
(Ministry of Economy, Trade and Industry)

Cooperated with
Jichi Medical School (Psychiatry),
Kissei Comtec corp.,
Japanese Red Cross Society Suwa and
etc.

Medical System

Scope Program (Ministry of Public Management, Home Affairs, Posts and Telecommunication)

Extending the US Health Information National Trends Survey to China and Beyond: Promoting Global Access to Consumer Health Information Needs and Practices

Gary L. Kreps*, Guoming Yu**, Xiaoquan Zhao*, Wen-Ying (Sylvia) Chou***, Xu Zihao**, Meijie Song**, Bradford W. Hesse***, and Richard Moser***

George Mason University

* Renmin University of China

** National Cancer Institute, NIH

The HINTS (Health Information National Trends Survey) Program

- HINTS is the first nationally representative, repeated measure (every two to three years) survey of the American public's access to and use of cancer-related health information; (it is conducted by the National Cancer Institute, NIH)
- HINTS is a key source of evidence for directing public health interventions
- The HINTS survey was first conducted in 2003
- The current (4th) administration of HINTS was administered in 2012

HINTS is Designed to Tell Us

- Where the public gets health information
- How consumers use health information
- What they know and don’t know (information gaps)
- What difference health information access has
- What their information preferences are

Lessons Learned from HINTS for Disseminating Cancer Information

- Segment target audiences by key behavioral factors
- Design interventions to meet unique audience needs/beliefs
- Involve consumers in campaign design & implementation
- Build social and structural support for behavior change
- Provide appropriate training and support
- Help reduce uncertainty through interaction
- Provide multiple reinforcing messages and channels
- Refine strategies based on new HINTS evaluation data
- Institutionalize and sustain best programs

Cancer is a Serious Public Health Issue in China

- Cancers are a leading cause of death in China
- Cancer incidence and mortality rates are going up
- Significant public fear and concerns about cancer
- Limited information about cancer prevention
- Limited information about cancer detection
- Late stage diagnoses limit treatment effectiveness
- Inequalities in access to cancer care
- Increasing cancer burden in China
- Information needs of cancer survivors

HINTS-China can Provide a Clearer Picture of Cancer Information Needs

- Where do people get cancer information?
- How accurate is the information they gather?
- What are typical information seeking practices?
- What are cancer information needs and gaps?
- What channels do people use to get information?
- What channels do they prefer to use?
- How do they use the cancer information gathered?
- What information sources are preferred?

Identify Critical Audiences for Cancer Information in China

- **Which groups of consumers have the greatest cancer information needs (urban, rural, gender, age, etc.)?**
- **Which groups are at greatest risk for cancers?**
- **How well informed are health care providers?**
- **How well do providers share health information?**
  - ✓ With consumers?
  - ✓ With other providers?
- **How well informed are policy makers?**
- **How effective are health educators?**

Identify Key Channels and Strategies for Cancer Communication in China

- Which channels are most effective at disseminating cancer information to different groups?
- What are the strengths and weaknesses of different media for disseminating health information?
- How do different groups prefer to receive health information?
- Which communication strategies are most influential in influencing health behaviors?
- Which strategies are most cost-effective?

HINTS-China Data can Guide

- Evaluation of current health education programs
- Identification of major health information needs
- Development of targeted health education programs
- Tracking of health information trends over time
- Comparisons among sub-groups in China
- Comparisons with HINTS-USA findings
- Tracking of progress with new health promotion and education programs in China

HINTS-China can Address Major Cancer Issues & Information Needs

- Increase awareness and understanding about cancers
- Reduce cancer incidence and mortality in China
- Reduce the national cancer burden in China
- Increase public health focus on cancer prevention
- Increase rates of cancer screening and early detection
- Improve accuracy of cancer diagnoses
- Promote timely and effective cancer treatments
- Increase participation in clinical cancer research

HINTS-China can Provide Important Information About

- Health information needs and gaps
- Major at-risk populations who need support
- Best strategies for reaching and influencing groups
- Effectiveness of current health education programs
- Directions for new health interventions
- Changing information needs and uses
- Influences of new interventions
- Opportunities for refining public health policies, training providers, and educating policy makers
- Strategies to reduce the cancer burden in China

Implications for Promoting Global Health

- Compare health information needs in US and China
- Identify common information needs and problems
- Develop shared strategies for information provision
- Share intervention strategies and resources
- Expand HINTS research to other nations
- Develop multi-national systems for addressing global health information needs

Interoperability & Emerging Health Services

Jat Singh

UNIVERSITY OF CAMBRIDGE

Healthcare Systems

- Healthcare is data driven
  - Technology can assist
- Health technology lags behind
  - Enterprise systems, some telehealth, => clinical focus
- Interoperability recognised as important
  - Systems/data level
  - Data exchange standards
    - HL7, OpenEHR, SNOMED, etc…
  - Clinical exchange

Emerging Healthcare

- Moving to a preventative care model
  - *Patient empowerment*
  - No-longer just clinical systems!
    - Homecare, assisted-living, self-monitoring systems, informal care management (communities)
    - Patient (user) centric
- Technological aspect => ubiquitous computing
  - Leverage everything available (internet of things)
  - Patients (users) will differ
    - Conditions, uses, available technology , care budget, …

Some questions

- General "interoperability" is important
  - Comms formats, data dictionaries, schemata

a) More than interoperability: **coordination**
   - Situations (events) determine interactions
   - Components used/reused for many purposes
   - Need a *common* way to manage interactions?

b) How could/should such standards emerge?
   - "For free" as part of ubiquitous computing?

c) Regulation – everything a 'medical device'?

Now is the time!

360 Degree View on Global Health Challenges: Cultural-Sensitivity, Participation, and Adaptation

Gary L. Kreps, Ph.D.

University Distinguished Professor and Chair, Department of Communication

Director, Center for Health and Risk Communication

George Mason University, Fairfax Virginia, USA

gkreps@gmu.edu

Global Health Efforts need to be CULTURALLY-SENSITIVE

- **Recognize and adapt to the unique cultural factors influencing health behaviors in different nations:**
  - ✓ Languages used
  - ✓ Health beliefs
  - ✓ Health care delivery systems
  - ✓ Government influences on health care
  - ✓ Health care infrastructure
  - ✓ Accepted health care/promotion practices
  - ✓ Primary health challenges

Global Health Efforts need to be CULTURALLY-SENSITIVE

- **Recognize and adapt to the unique cultural factors influencing health behaviors in different nations:**
  - ✓ Languages used
  - ✓ Health beliefs
  - ✓ Health care delivery systems
  - ✓ Government influences on health care
  - ✓ Health care infrastructure
  - ✓ Accepted health care/promotion practices
  - ✓ Primary health challenges

Global Health Efforts need to be PARTICIPATIVE:

- **Build local/global collaborations to promote:**
  - ✓ Resource sharing
  - ✓ Coordination of efforts
  - ✓ Buy-in and commitment
  - ✓ Understanding about local/global issues and opportunities
  - ✓ Institutionalization and sustainability of innovations
  - ✓ Collection of evaluation data

PANEL SUMMARY SLIDE

360 Degree View on Global Health Challenges

- Global Health Promotion is Complex, but Essential
- Information Technology Energizes Global Health
- Assistive Technologies are Needed as Populations Age
- International Collaboration is Critically Important
- Open Access to Health Information Must be Promoted
- Scientists from Different Countries Must Work Together to Promote Global Health Coordination
- International Health Information Regulations are Needed

Introducing the Global Advocacy Leadership Academy (GALA): Training Health Advocates Around the World to Champion the Needs of Health Care Consumers

Gary L. Kreps*, Paula Kim*, Lisa Sparks**, Linda Neuhauser***, Carol Daugherty*, Mollie Rose Canzona*, Sunny Kim*, and Jungmi Jun****

George Mason University

* Chapman University

** University of California, Berkeley

*** University of Northern Iowa

Health Advocacy Organizations are Needed to Help Consumers

- Address their health information and support needs
- Navigate the bureaucratic modern health care system
- Influence development of responsive policies/practices
- Make informed and participative health decisions
- Identify/access relevant clinical research programs
- Reduce suffering from difficult treatment side effects
- Develop strategies for successful survivorship
- Cope with morbidity and mortality threats

Yet, Achieving Health Advocacy Goals are Complex and Demands

Disseminating accurate, relevant health information
Promoting and funding needed basic health research
Educating policy makers, consumers, & providers
Influencing local/global health policies and practices
Supporting caregivers, family members, and loved ones
Promoting cooperation within the medical community
Promoting prevention and early detection
Influencing clinical research programs
Coordinating with advocacy groups (globally)

Advocates Must Cope with Complex Health Information Environments

- Health information is complex (many kinds of health issues, each with unique symptoms, causes, and treatments)
- Changing health information environment (advances expand knowledge about etiology/prognosis, prevention, screening, treatment & survivorship)
- Significant barriers to disseminating health information (information access, health literacy, education levels, motivation)

Disseminating Timely, Relevant, and Accurate Health Information:

- Providers, consumers, & policy makers need relevant health information to make good decisions about prevention, detection, treatment, and survivorship
- Salient and motivating information can influence health behaviors & improve outcomes
- Relevant health information can reduce uncertainty and enhance quality of life for patients, caregivers, and providers

Effective Advocacy Demands Updated Knowledge About

- The key (local/global) players in health communities
- Processes for health research and translation of research into practice
- Current health care delivery practices and policies
- Influences on government funding and legislation
- Corporate influences on health care
- The role of non-government and not-for-profit organizations in health care

Effective Health Advocacy Demands Strong Leadership to

- Establish active collaborations
- Recruit and serve needs of members
- Raise, invest, and leverage funds
- Influence legislation and health policies
- Manage personnel and resources
- Plan and implement strategic health campaigns

The Need for a Global Advocacy Leadership Academy (GALA)

- Supplement limited advocacy leadership experience
- Bring best practices to grassroots advocacy groups
- Provide insights into the political/financial landscape
- Connect leaders to key organizations and individuals
- Promote strategic constituent communication
- Support collaborative advocacy across disease areas and across advocacy groups locally and globally

P6 and assist facilitation

PK, 10/11/2011

The GALA Program will Educate Advocates about the Intricacies of

- Media Relations
- Government Relations
- Corporate Relations
- Stakeholder Relations
- Research Community Relations
- Health Care Delivery System Relations
- International Relations
- Fund Raising and fiscal management
- Organizational administration

Slide 9

P4 do we want to include anything on training about some of the science?? It is important, particularly in areas of genetics, biospecimens etc.....not anything heavy duty, but to create basic competencies etc.??
PK, 10/11/2011

The Advocacy Academy will Initiate Meetings & Connections with Key

- Government representatives
- Corporate representatives
- Health care system representatives
- Researchers and scientists
- Successful cancer advocacy leaders
- Legal advisers & administration experts
- Campaign planners and fundraisers
- Leaders of other advocacy groups

The Advocacy Academy will Model Effective Leadership Strategies for:

- Establishing advocacy organizations
- Recruiting volunteers and members
- Collaborating with other advocacy groups
- Working with government agencies/legislators
- Partnering with key organizations/corporations
- Supporting relevant health research
- Promoting awareness and education
- Raising and using funds
- Promoting needed change!

An Online Collaboratory will Extend GALA Programs & Provide Ongoing:

- Educational updates to build on training
- Advising and consulting services
- Networking and collaboration opportunities
- Social support opportunities
- Relevant reports, documents, and legislation
- Key contacts and connections
- New funding opportunities
- Reports on best practices

Current GALA Development Steps

- Seeking corporate and government support
- Collecting relevant advocacy needs data
- Recruiting leading experts to serve as trainers
- Connecting with key individuals/organizations
- Refining training modules/instructional guides
- Producing educational materials (print & media)
- Building the online collaboratory
- Publicizing GALA to advocates
- Tracking performance and outcomes

Laboratoire d'Informatique, de Traitement de l'Information et des Systèmes

Medical Informatics: a field for 'bastards'

Prof. SJ. Darmoni, MD, PhD

CISMeF, TIBS, LITIS Lab
Rouen University Hospital & Rouen Medical School, Normandy, France

Email: Stefan.Darmoni@chu-rouen.fr

CiSMeF
Catalogue et Index des Sites Médicaux Francophones

Medical Informatics

- Intersection between medicine and computer science
- 'bastard' because double cursus: MD, PhD…
- Rather broad field
  - ✓ Hypernym: health informatics, e-health, ICT
  - ✓ Contains
    - Medical imaging
    - Health/hospital information systems
    - Computer aided decision system
    - **Knowledge representation in health**

Convergence Medical Informatics Bioinformatics

- Creation of a new discipline: biomedical informatics
- Exemple: managing 'clinomics' information
  - ✓ Information retrieval, extraction, indexing
- Multiple objectives:
  - ✓ Care
  - ✓ Epidemiology
  - ✓ Detection of clinical trial (EHR4CR 7FP)
  - ✓ Quality indicators
- Personalized medicine
- Preventive medicine

CiSMeF Catalogue et Index des Sites Médicaux Francophones

Health Multi-Terminology Portal (HeTOP; PTS)

- URL: http://pts.chu-rouen.fr/
- Access for humans and coumputers (Web services)
  - ✓ Since September 2010, daily used by CISMeF team to index manually and automatically Web resources
  - ✓ Since January 2011, MeSH is freely available (600 unique users per working day)
- Restricted access to the other terminologies (860 registred)
- Current objective: to become the European Health Terminology & Ontology Portal (EHTOP)
  - ✓ Cross-linguality (June 2011) ; European T/O (e.g. ATC)
  - ✓ Cooperation with BioPortal: Clement Jonquet & Mark Musen

Interest of PTS

- Access to MEDLINE
  - ✓ Main application
  - ✓ Already exists for French, German; potential extension to 15 languages (mainly European languages: e.g. Swedish or Norvegian; need to translate 83 subheadings: just done for Norvegian => thanks to Sigrun –Norvegian Health Library-)
  - ✓ Taught in half of French medical schools
- Teaching
  - ✓ Information science (Montreal)
  - ✓ Medicine (anatomy; rare diseases) in second year med students
    - Satisfaction = 7.5/10; easy to use = 5.5/10

CiSMeF
Catalogue et Index des Sites Médicaux Francophones

Interest of PTS (cont.)

- Translation +
  - ✓ Many subscribers are translaters
- Audit of T/O
  - ✓ Exemple of HPO & Orphanet

Terminologies/Ontologies (n=43)

- **MeSH : Medical Subject Headings (2011)**
- **CISMeF : Catalogue et Index des Sites Médicaux Francophones : extension du MeSH**
- **SNOMED int : Systematized Nomenclature of Medicine (version 3.5, internationale)**
- **CIM-10 : Classification statistique International des Maladies et des problèmes de santé connexes (version 10)**
- **CCAM : Classification Commune des Actes Médicaux (v.22)**
- **CISP-2 : Classification Internationale des Soins Primaires (v.2)**
- **DRC : Dictionnaire des Résultats de Consultation (2007)**
- **ATC : classification Anatomique, Thérapeutique et Chimique (2010)**
- **CIF: Classification Internationale du Fonctionnement et du handicap (2001)**
- **Cladimed : Classification de Dispositifs Médicaux (v.6)**
- **IUPAC: International Union for Pure and Applied Chemistry (2009)**
- **LPP : Liste des Produits et des Prestations (2011)**
- **MEDLINEplus : Thésaurus patients**
- **MedDRA : Medical Dictionary for Regulatory Activities Terminologies (2007)**
- **Orphanet : Classification des maladies rares (2010)**
- **WHO-ART: WHO – Adverse Reaction Terminology (1997)**
- **WHO-ICPS : WHO – International Classification of Patient Safety (1.1)**

Terminologies/Ontologies (2)

- **NCCMERP : National Coordinating Council for Medication Error Reporting and Prevention (2001)**
- **PSIP taxonomy : (2010)**
- **Médicaments : Codes CIS, CIP, UCD, DCI, …**
- **FMA : Foundational Model of Anatomy (v.3.0 : 2009)**
- **TUV : Thesaurus Unifié du Vidal (2010)**
- **VCM : Visualisation de Connaissances Médicales (2010)**
- **NABM : Nomenclature des Actes de Biologie Médicale (2011)**
- **GO : Gene Ontology (2011)**
- **SNOMED CT : Clinical Terms (2010), en cours de validation**
- **LOINC : Logical Observation Identifiers Names and Codes (2010), en cours de validation**
- **Interface Terminologies of execution: RIS & LIS Rouen Univ. Hosp. (2011)**
- **Interface Terminologies of prescription: biologie, radiologie, soins infirmiers, endoscopie...**
- **BNCI**

=> Multi-disciplinary (n=3): since the PlaIR project (FEDER)

- **UNIT**: Université Numérique Ingénierie et Technologies (2010)
- **IDIT** : Institut du Droit International des Transports (2010)
- **Sanofi-Aventis MG** : Market Glossary (first industrial application)

Main figures

May 2010

Terminologies	Concepts	Synonyms	Definitions	Relations
25	> 580 000	> 840 000	> 220 000	> 1 200 000

May 2011

Terminologies	Concepts	Synonyms	Definitions	Relations
32	> 980 000	> 2 300 000	> 220 000	> 4 000 000

May 2012

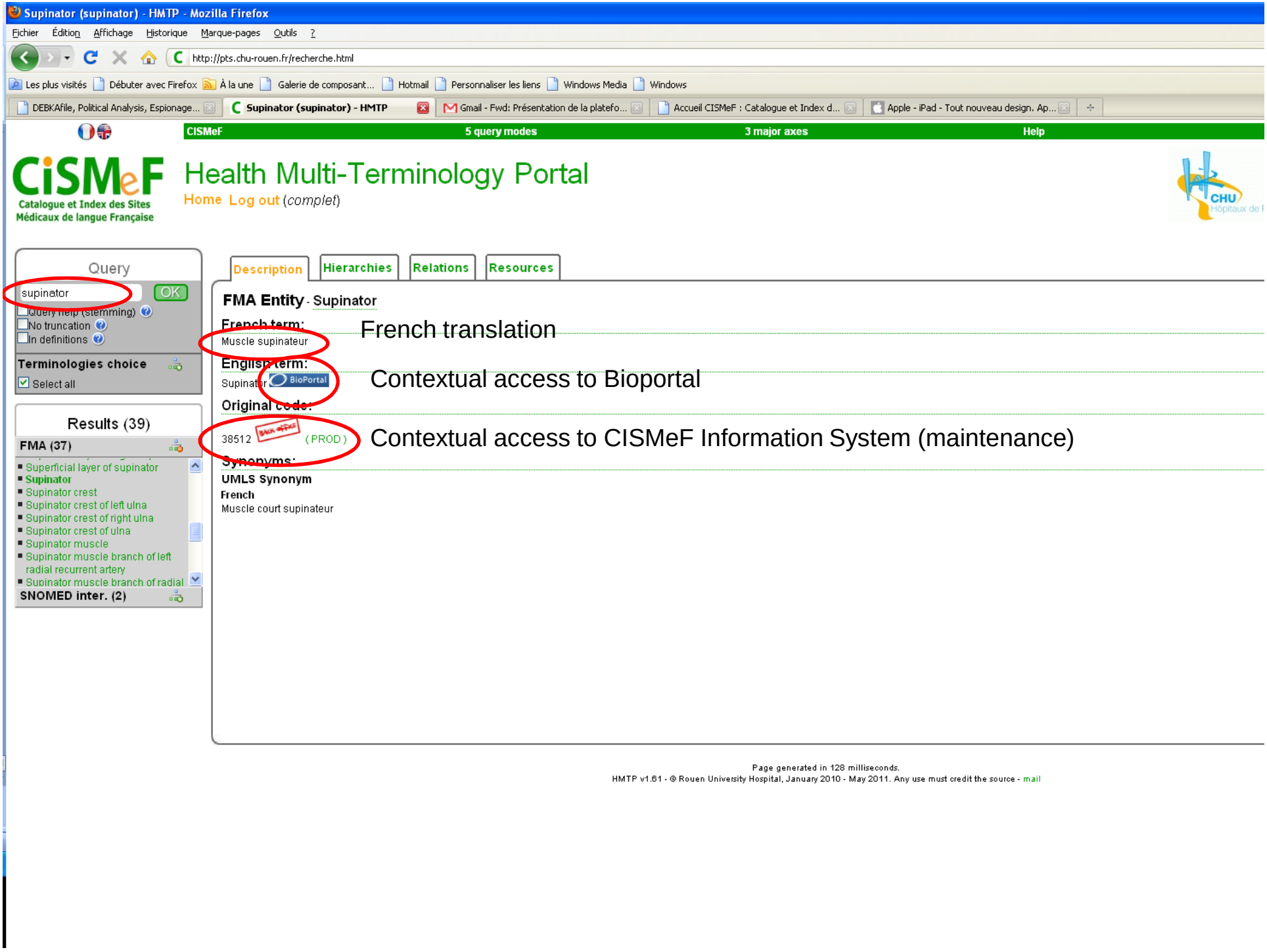
Terminologies	Concepts	Synonyms	Definitions	Relations
43	1 570 301	3 683 023	192 815*	4 891 423

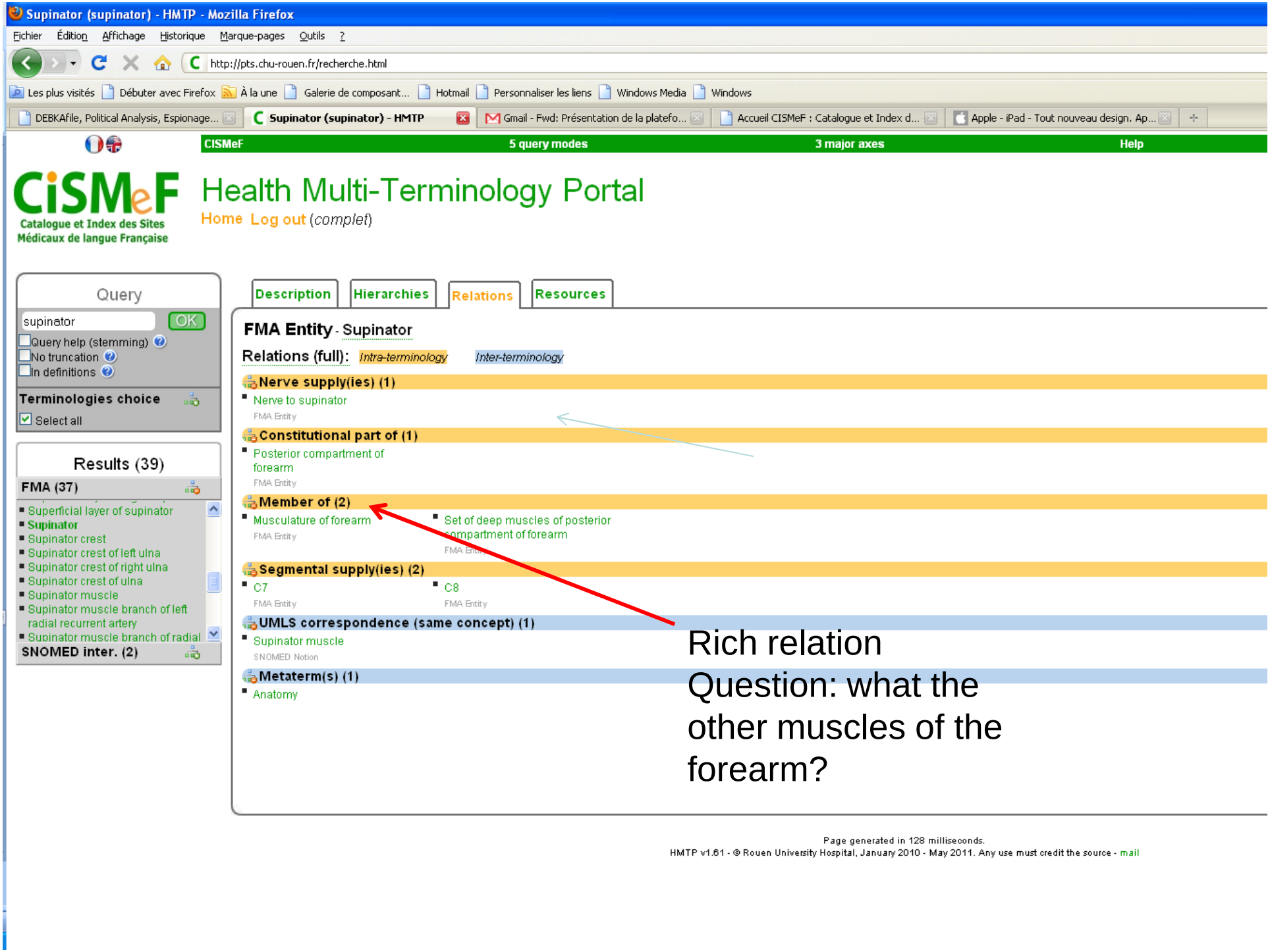
CiSMeF Catalogue et Index des Sites Médicaux Francophones

* Deleting automatic MeSH definitions

Teaching anatomy using HeHTOP

Use of the FMA ontology


Supinator (supinator) - HMTP - Mozilla Firefox
Fichier Édition Affichage Historique Marque-pages Outils ?
http://pts.chu-rouen.fr/recherche.html
CISMeF
5 query modes
3 major axes
Help
CiSMeF
Catalogue et Index des Sites Médicaux de langue Française
Health Multi-Terminology Portal
Home Log out (complet)
Query
supinator
OK
Query help (stemming)
No truncation
In definitions
Terminologies choice
Select all
Results (39)
FMA (37)
Superficial layer of supinator
Supinator
Supinator crest
Supinator crest of left ulna
Supinator crest of right ulna
Supinator crest of ulna
Supinator muscle
Supinator muscle branch of left radial recurrent artery
Supinator muscle branch of radial
SNOMED inter. (2)
Description
Hierarchies
Relations
Resources
FMA Entity - Supinator
French term:
Muscle supinateur
English term:
Supinator
BioPortal
Original code:
38512
BACK OFFICE
(PROD)
Synonyms:
UMLS Synonym
French
Muscle court supinateur
French translation
Contextual access to Bioportal
Contextual access to CISMeF Information System (maintenance)
Page generated in 128 milliseconds.
HMTP v1.61 - © Rouen University Hospital, January 2010 - May 2011. Any use must credit the source - mail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DEBKAfile, Political Analysis, Espionage...
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No truncation
In definitions
Terminologies choice
Select all
Results (39)
FMA (37)
Superficial layer of supinator
Supinator
Supinator crest
Supinator crest of left ulna
Supinator crest of right ulna
Supinator crest of ulna
Supinator muscle
Supinator muscle branch of left radial recurrent artery
Supinator muscle branch of radial
SNOMED inter. (2)
Description
Hierarchies
Relations
Resources
FMA Entity - Supinator
Relations (full): Intra-terminology Inter-terminology
Nerve supply(ies) (1)
Nerve to supinator
FMA Entity
Constitutional part of (1)
Posterior compartment of forearm
FMA Entity
Member of (2)
Musculature of forearm
FMA Entity
Set of deep muscles of posterior compartment of forearm
FMA Entity
Segmental supply(ies) (2)
C7
FMA Entity
C8
FMA Entity
UMLS correspondence (same concept) (1)
Supinator muscle
SNOMED Notion
Metaterm(s) (1)
Anatomy
Rich relation
Question: what the other muscles of the forearm?
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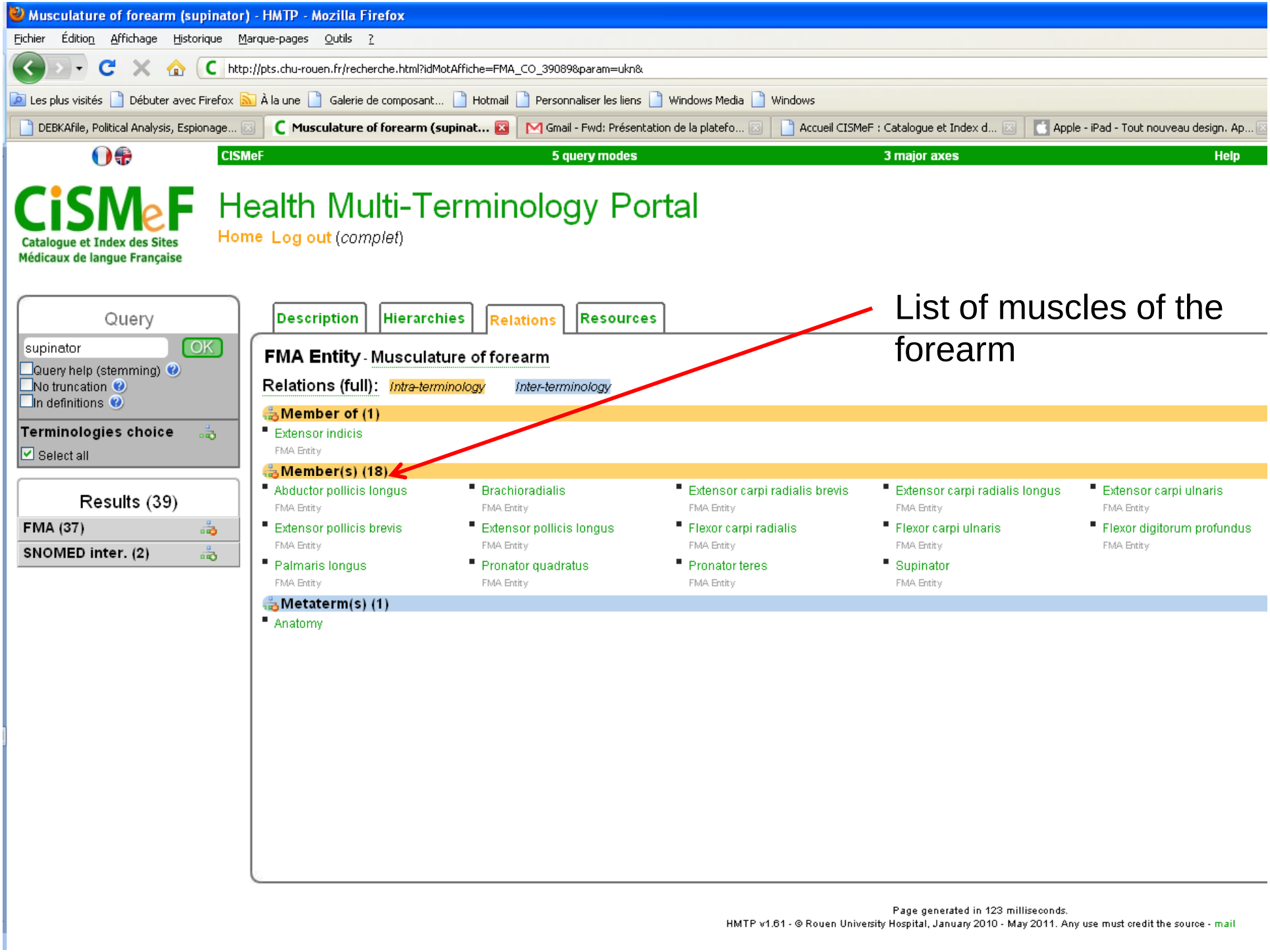
Musculature of forearm (supinator) - HMTP - Mozilla Firefox
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DEBKAfile, Political Analysis, Espionage... Musculature of forearm (supinat... Gmail - Fwd: Présentation de la platefo... Accueil CISMeF : Catalogue et Index d... Apple - iPad - Tout nouveau design. Ap...
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Query help (stemming)
No truncation
In definitions
Terminologies choice
Select all
Results (39)
FMA (37)
SNOMED inter. (2)
Description Hierarchies Relations Resources
FMA Entity - Musculature of forearm
Relations (full): Intra-terminology Inter-terminology
Member of (1)
Extensor indicis
FMA Entity
Member(s) (18)
Abductor pollicis longus
Brachioradialis
Extensor carpi radialis brevis
Extensor carpi radialis longus
Extensor carpi ulnaris
Extensor pollicis brevis
Extensor pollicis longus
Flexor carpi radialis
Flexor carpi ulnaris
Flexor digitorum profundus
Palmaris longus
Pronator quadratus
Pronator teres
Supinator
FMA Entity
Metaterm(s) (1)
Anatomy
List of muscles of the forearm
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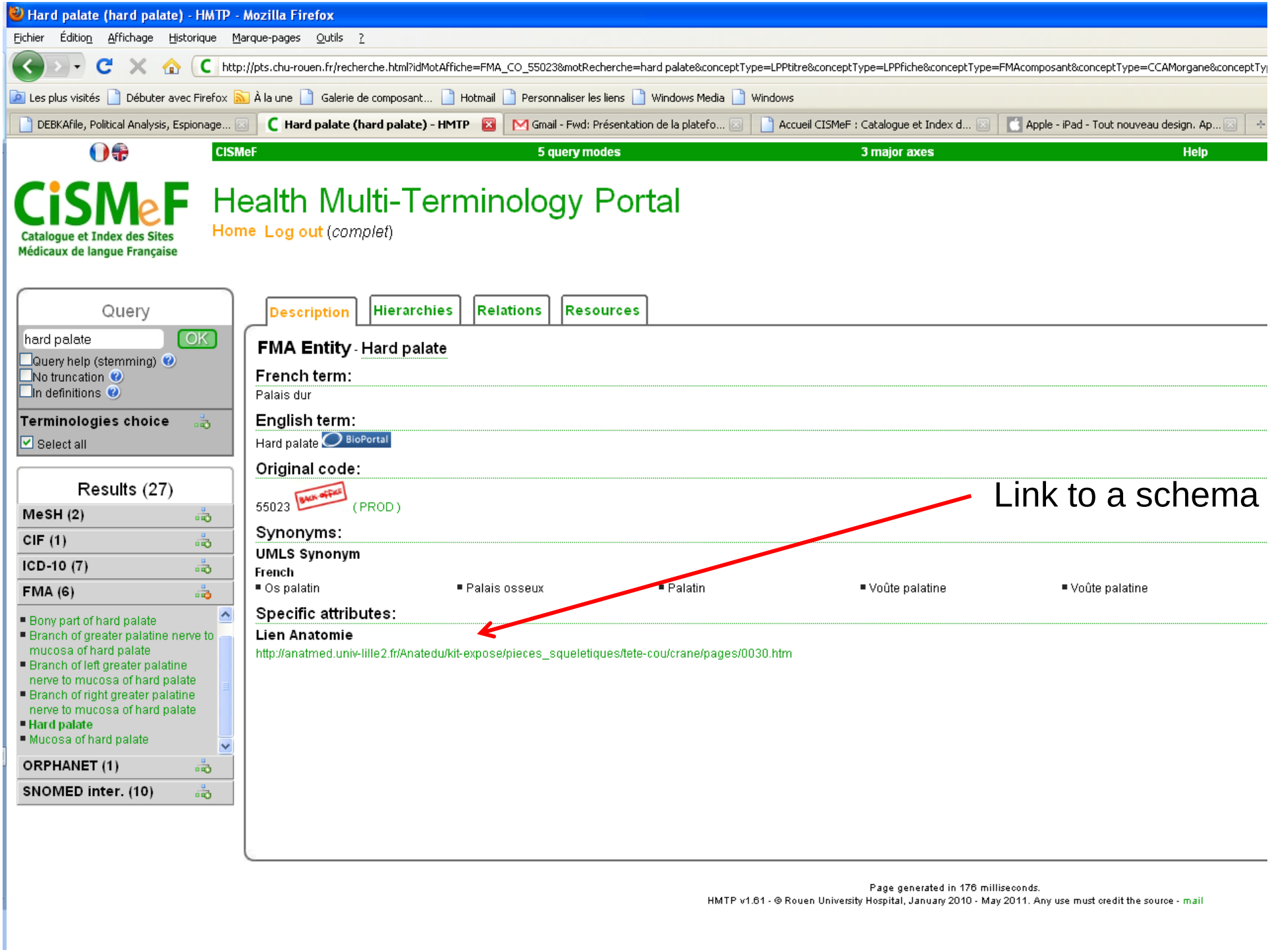
HMTP v1.61 - © Rouen University Hospital, January 2010 - May 2011. Any use must credit the source - mail


Hard palate (hard palate) - HMTP - Mozilla Firefox
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http://pts.chu-rouen.fr/recherche.html?idMotAffiche=FMA_CO_55023&motRecherche=hard palate&conceptType=LPPtitre&conceptType=LPPfiche&conceptType=FMAcomposant&conceptType=CCAMorgane&conceptTy
Les plus visités Débuter avec Firefox À la une Galerie de composant... Hotmail Personnaliser les liens Windows Media Windows
DEBKAfile, Political Analysis, Espionage... Hard palate (hard palate) - HMTP Gmail - Fwd: Présentation de la platefo... Accueil CISMeF : Catalogue et Index d... Apple - iPad - Tout nouveau design. Ap...
CISMeF 5 query modes 3 major axes Help
CiSMeF
Catalogue et Index des Sites Médicaux de langue Française
Health Multi-Terminology Portal
Home Log out (complet)
Query
hard palate
OK
Query help (stemming)
No truncation
In definitions
Terminologies choice
Select all
Results (27)
MeSH (2)
CIF (1)
ICD-10 (7)
FMA (6)
Bony part of hard palate
Branch of greater palatine nerve to mucosa of hard palate
Branch of left greater palatine nerve to mucosa of hard palate
Branch of right greater palatine nerve to mucosa of hard palate
Hard palate
Mucosa of hard palate
ORPHANET (1)
SNOMED inter. (10)
Description
Hierarchies
Relations
Resources
FMA Entity - Hard palate
French term:
Palais dur
English term:
Hard palate BioPortal
Original code:
55023 BACK OFFICE (PROD)
Synonyms:
UMLS Synonym
French
Os palatin
Palais osseux
Palatin
Voûte palatine
Voûte palatine
Specific attributes:
Lien Anatomie
http://anatmed.univ-lille2.fr/Anatedu/kit-expose/pieces_squeletiques/tete-cou/crane/pages/0030.htm
Link to a schema
Page generated in 176 milliseconds.
HMTP v1.61 - © Rouen University Hospital, January 2010 - May 2011. Any use must credit the source - mail

Anatmed : Neuro-anatomie, Ostéologie, Crâne et cou, Professeur Xavier Demondion - Mozilla Firefox

Fichier Édition Affichage Historique Marque-pages Outils ?

http://anatmed.univ-lille2.fr/Anatedu/kit-expose/pieces_squeletiques/tete-cou/crane/pages/0030.htm

shekel euro

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DEBKAfile, Political Analysis, Espionage... | Hard palate (hard palate) - HMTP | Anatmed : Neuro-anatomie, Osté... | Gmail - Fwd: Présentation de la platefo... | Accueil CISMeF : Catalogue et Index d... | Apple - iPad - Tout nouveau design. Ap...

AnatMed.org

Nous contacter

Le site du Collège Médical Français des Professeurs d'Anatomie

Campus Numérique de l'UMVF

Anat Mag | Anat Num | Anat Edu | Anat Lab | Anat Liens

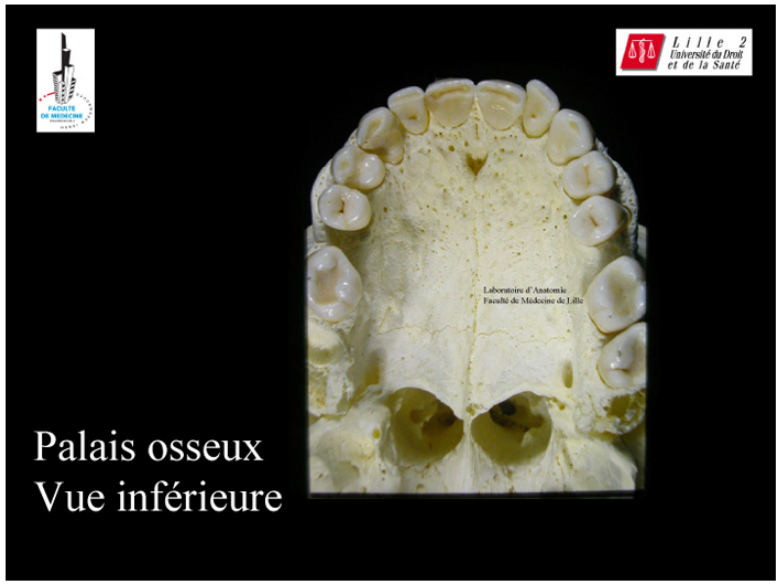
Vous êtes ici : Accueil / Anat Edu / Kits et exposés/

Kits et exposés

Ostéologie |

Du crâne et de la face

0001 - 0002 - 0003 - 0004 - 0005 - 0006 - 0007 - 0008 - 0009 - 0010
0011 - 0012 - 0013 - 0014 - 0015 - 0016 - 0017 - 0018 - 0019 - 0020
0021 - 0022 - 0023 - 0024 - 0025 - 0026 - 0027 - 0028 - 0029 - 0030
0031 - 0032



©Crédits

Terminé

CISMeF
Catalogue et Index des Sites Médicaux Francophones

Multi lingual version of EHTOP

URL: www.ehtop.eu or www.hetop.eu

Click on Log in; id/pwd=fmauser/fmapass

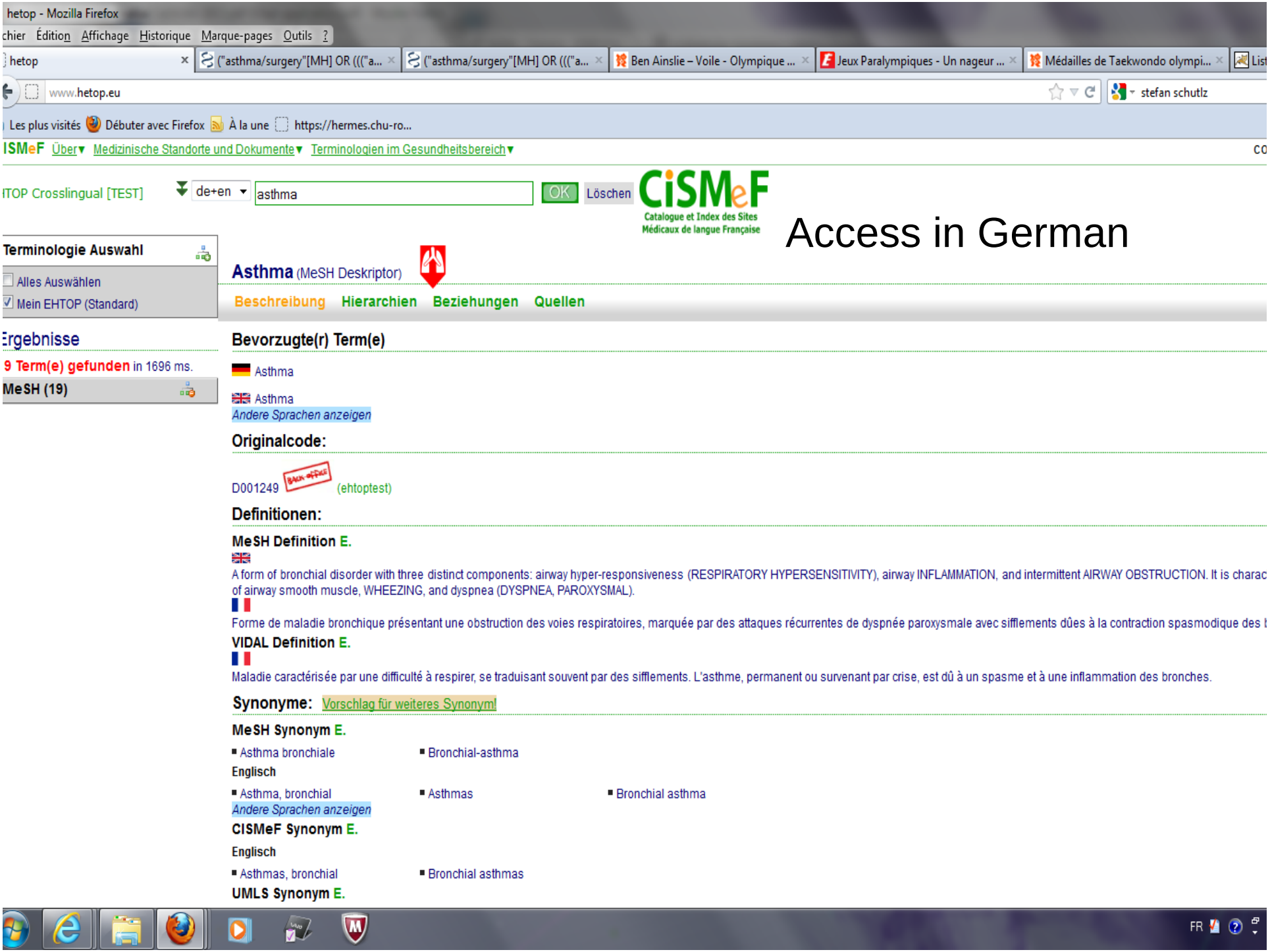
Focus on European languages and Latin alphabet but not only… Japanese, Mandarin, Arabic, Hebrew

In Norvegian, at least two terminologies are available:

- MeSH (partially)
- ATC

Access to MEDLINE/PubMed in German

- Querying in a foreign language is more difficult than to read in this foreign language
- Goal of this tool is to provide an access to MEDLINE/PubMed in your native language
  - ✓ Prerequisite: a MeSH translation already exists
  - ✓ Currently, limit to European languages in latin alphabet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Ben Ainslie – Voile - Olympique ...
Jeux Paralympiques - Un nageur ...
Médailles de Taekwondo olympi...
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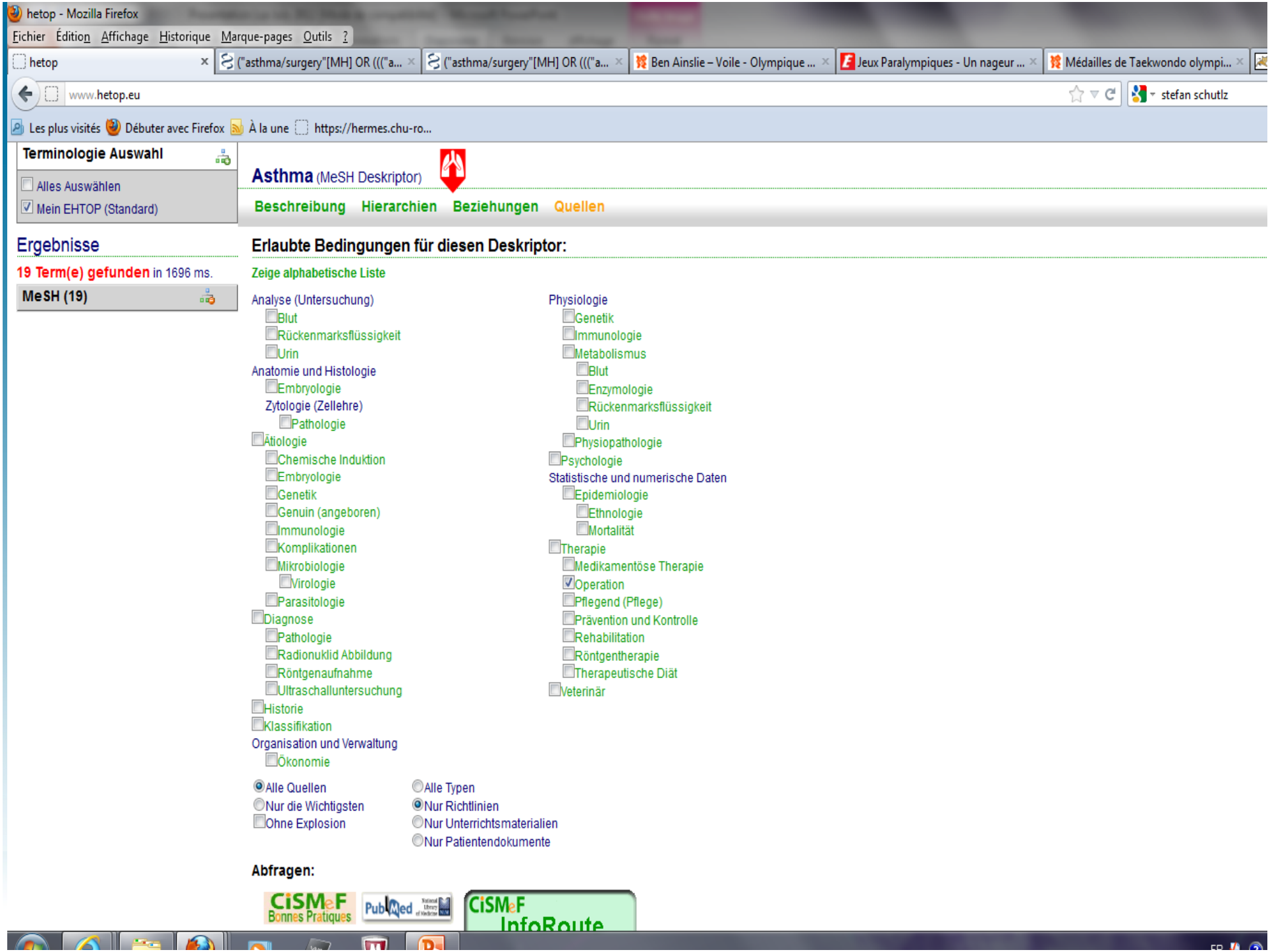
https://hermes.chu-ro...
ISMeF Über▾ Medizinische Standorte und Dokumente▾ Terminologien im Gesundheitsbereich▾
ITOP Crosslingual [TEST]
de+en
asthma
OK
Löschen
CiSMeF
Catalogue et Index des Sites Médicaux de langue Française
Access in German
Terminologie Auswahl
Alles Auswählen
Mein EHTOP (Standard)
Asthma (MeSH Deskriptor)
Beschreibung Hierarchien Beziehungen Quellen
Ergebnisse
9 Term(e) gefunden in 1696 ms.
MeSH (19)
Bevorzugte(r) Term(e)
Asthma
Asthma
Andere Sprachen anzeigen
Originalcode:
D001249
(ehtoptest)
Definitionen:
MeSH Definition E.
A form of bronchial disorder with three distinct components: airway hyper-responsiveness (RESPIRATORY HYPERSENSITIVITY), airway INFLAMMATION, and intermittent AIRWAY OBSTRUCTION. It is charac
of airway smooth muscle, WHEEZING, and dyspnea (DYSPNEA, PAROXYSMAL).
Forme de maladie bronchique présentant une obstruction des voies respiratoires, marquée par des attaques récurrentes de dyspnée paroxysmale avec sifflements dûes à la contraction spasmodique des
VIDAL Definition E.
Maladie caractérisée par une difficulté à respirer, se traduisant souvent par des sifflements. L'asthme, permanent ou survenant par crise, est dû à un spasme et à une inflammation des bronches.
Synonyme: Vorschlag für weiteres Synonym!
MeSH Synonym E.
Asthma bronchiale
Bronchial-asthma
Englisch
Asthma, bronchial
Asthmas
Bronchial asthma
Andere Sprachen anzeigen
CISMeF Synonym E.
Englisch
Asthmas, bronchial
Bronchial asthmas
UMLS Synonym E.
FR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Fichier Édition Affichage Historique Marque-pages Outils ?
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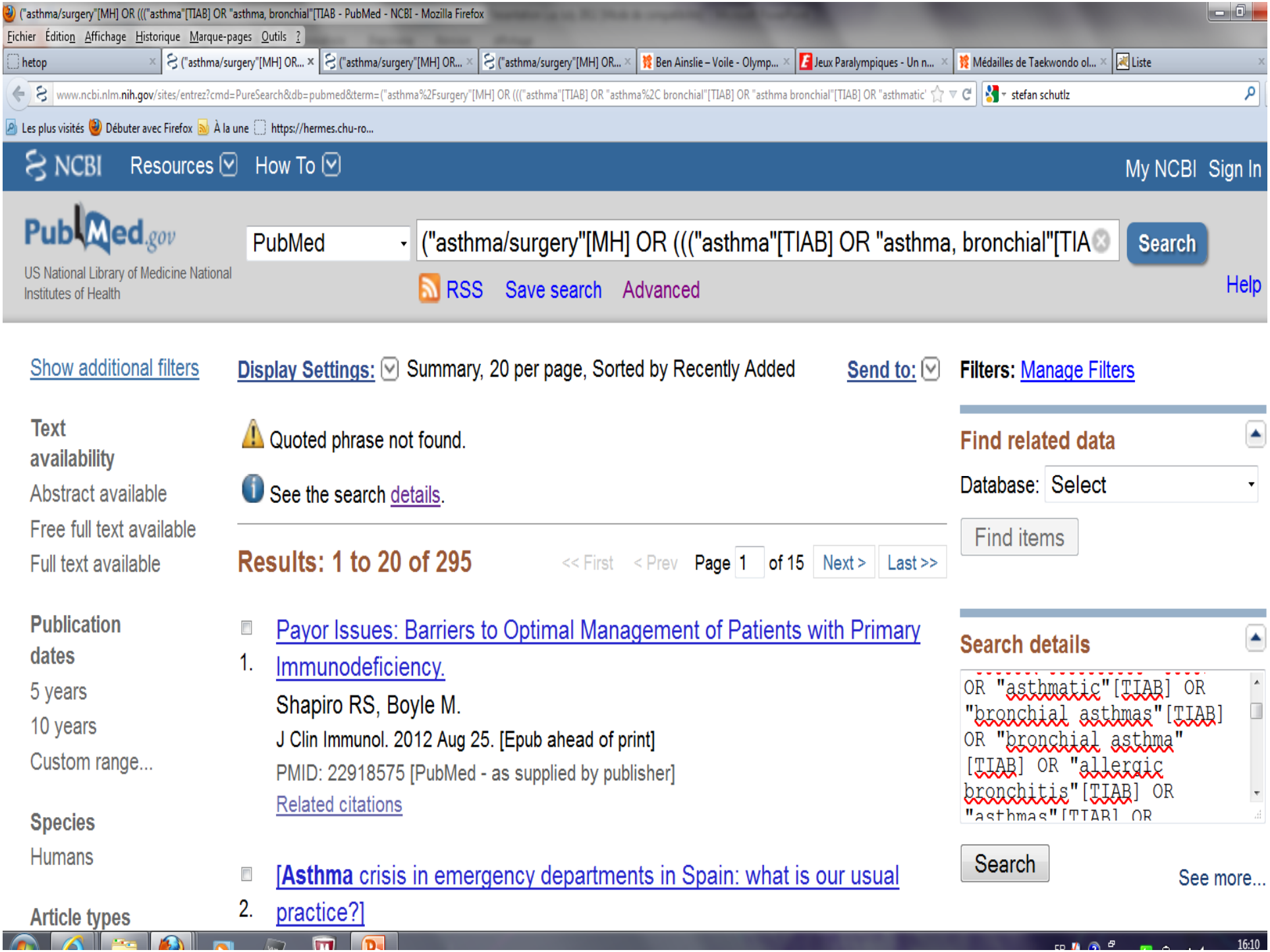
Ben Ainslie – Voile - Olympique ...
Jeux Paralympiques - Un nageur ...
Médailles de Taekwondo olympi...
www.hetop.eu
stefan schutlz
Les plus visités
Débuter avec Firefox
À la une
https://hermes.chu-ro...
Terminologie Auswahl
Alles Auswählen
Mein EHTOP (Standard)
Asthma (MeSH Deskriptor)
Beschreibung Hierarchien Beziehungen Quellen
Ergebnisse
19 Term(e) gefunden in 1696 ms.
MeSH (19)
Erlaubte Bedingungen für diesen Deskriptor:
Zeige alphabetische Liste
Analyse (Untersuchung)
Blut
Rückenmarksflüssigkeit
Urin
Anatomie und Histologie
Embryologie
Zytologie (Zellehre)
Pathologie
Ätiologie
Chemische Induktion
Embryologie
Genetik
Genuin (angeboren)
Immunologie
Komplikationen
Mikrobiologie
Virologie
Parasitologie
Diagnose
Pathologie
Radionuklid Abbildung
Röntgenaufnahme
Ultraschalluntersuchung
Historie
Klassifikation
Organisation und Verwaltung
Ökonomie
Physiologie
Genetik
Immunologie
Metabolismus
Blut
Enzymologie
Rückenmarksflüssigkeit
Urin
Physiopathologie
Psychologie
Statistische und numerische Daten
Epidemiologie
Ethnologie
Mortalität
Therapie
Medikamentöse Therapie
Operation
Pflegend (Pflege)
Prävention und Kontrolle
Rehabilitation
Röntgentherapie
Therapeutische Diät
Veterinär
Alle Quellen
Nur die Wichtigsten
Ohne Explosion
Alle Typen
Nur Richtlinien
Nur Unterrichtsmaterialien
Nur Patientendokumente
Abfragen:
CiSMeF Bonnes Pratiques
PubMed
CiSMeF InfoRoute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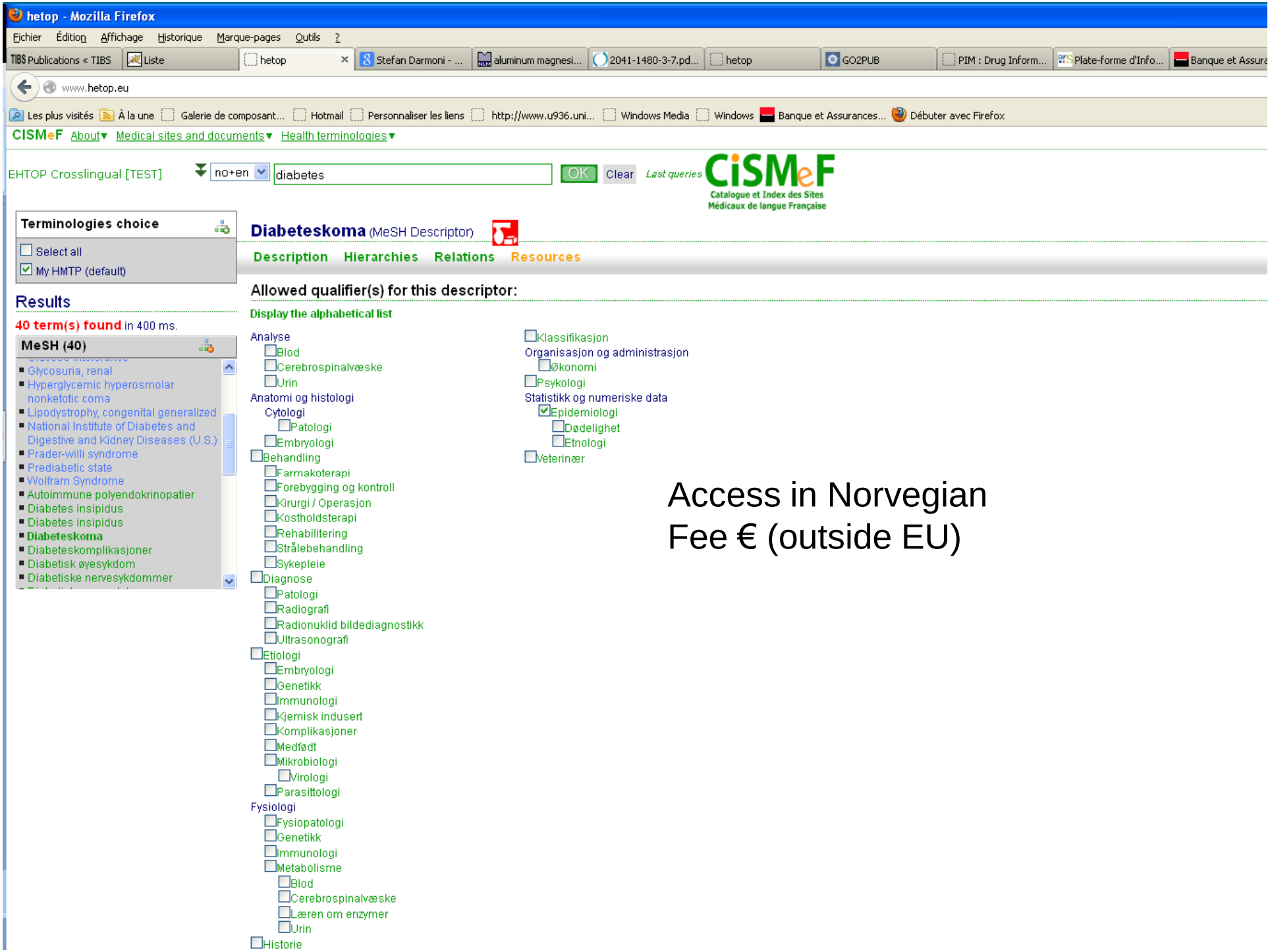
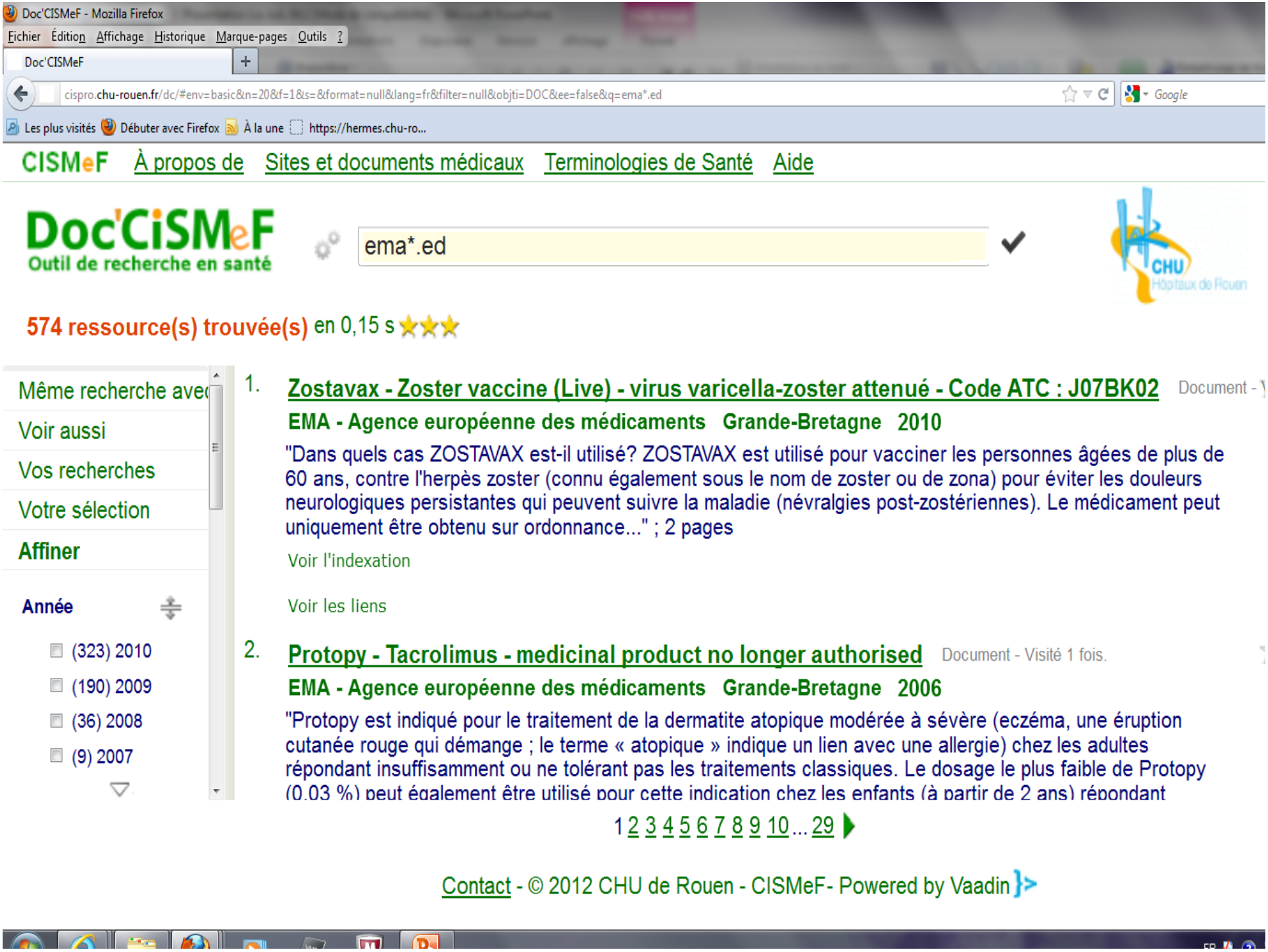
Jeux Paralympiques - Un n...
Médailles de Taekwondo ol...
Liste
www.ncbi.nlm.nih.gov/sites/entrez?cmd=PureSearch&db=pubmed&term=("asthma%2Fsurgery"[MH] OR (("asthma"[TIAB] OR "asthma%2C bronchial"[TIAB] OR "asthma bronchial"[TIAB] OR "asthmatic'
stefan schutlz
Les plus visités
Débuter avec Firefox
À la une
https://hermes.chu-ro...
NCBI
Resources
How To
My NCBI
Sign In
PubMed.gov
US National Library of Medicine National Institutes of Health
PubMed
("asthma/surgery"[MH] OR (("asthma"[TIAB] OR "asthma, bronchial"[TIA
Search
RSS
Save search
Advanced
Help
Show additional filters
Display Settings:
Summary, 20 per page, Sorted by Recently Added
Send to:
Filters:
Manage Filters
Text availability
Abstract available
Free full text available
Full text available
Quoted phrase not found.
See the search details.
Results: 1 to 20 of 295
<< First
< Prev
Page 1
of 15
Next >
Last >>
Publication dates
5 years
10 years
Custom range...
Payor Issues: Barriers to Optimal Management of Patients with Primary Immunodeficiency.
1.
Shapiro RS, Boyle M.
J Clin Immunol. 2012 Aug 25. [Epub ahead of print]
PMID: 22918575 [PubMed - as supplied by publisher]
Related citations
Species
Humans
[Asthma crisis in emergency departments in Spain: what is our usual practice?]
2.
Article types
Find related data
Database:
Select
Find items
Search details
OR "asthmatic"[TIAB] OR "bronchial asthmas"[TIAB] OR "bronchial asthma"[TIAB] OR "allergic bronchitis"[TIAB] OR
Search
See more...
16:10


hetop - Mozilla Firefox
Fichier Édition Affichage Historique Marque-pages Outils ?
www.hetop.eu
CISMeF About Medical sites and documents Health terminologies
EHTOP Crosslingual [TEST]
no+en
diabetes
OK
Clear
Last queries
CiSMeF
Catalogue et Index des Sites Médicaux de langue Française
Terminologies choice
Select all
My HMTP (default)
Results
40 term(s) found in 400 ms.
MeSH (40)
Glycosuria, renal
Hyperglycemic hyperosmolar nonketotic coma
Lipodystrophy, congenital generalized
National Institute of Diabetes and Digestive and Kidney Diseases (U.S.)
Prader-willi syndrome
Prediabetic state
Wolfram Syndrome
Autoimmune polyendokrinopatier
Diabetes insipidus
Diabetes insipidus
Diabeteskoma
Diabeteskomplikasjoner
Diabetisk øyesykdom
Diabetiske nervesykdommer
Diabeteskoma (MeSH Descriptor)
Description Hierarchies Relations Resources
Allowed qualifier(s) for this descriptor:
Display the alphabetical list
Analyse
Blod
Cerebrospinalvæske
Urin
Anatomi og histologi
Cytologi
Patologi
Embryologi
Behandling
Farmakoterapi
Forebygging og kontroll
Kirurgi / Operasjon
Kostholdsterapi
Rehabilitering
Strålebehandling
Sykepleie
Diagnose
Patologi
Radiografi
Radionuklid bildediagnostikk
Ultrasonografi
Etiologi
Embryologi
Genetikk
Immunologi
Kjemisk indusert
Komplikasjoner
Medfødt
Mikrobiologi
Virologi
Parasittologi
Fysiologi
Fysiopatologi
Genetikk
Immunologi
Metabolisme
Blod
Cerebrospinalvæske
Læren om enzymer
Urin
Historie
Klassifikasjon
Organisasjon og administrasjon
Økonomi
Psykologi
Statistikk og numeriske data
Epidemiologi
Dødelighet
Etnologi
Veterinær
Access in Norvegian
Fee € (outside EU)

Multi-lingual search engine
Example with EMA subset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1. Zostavax - Zoster vaccine (Live) - virus varicella-zoster attenué - Code ATC : J07BK02 Document -
EMA - Agence européenne des médicaments Grande-Bretagne 2010
"Dans quels cas ZOSTAVAX est-il utilisé? ZOSTAVAX est utilisé pour vacciner les personnes âgées de plus de 60 ans, contre l'herpès zoster (connu également sous le nom de zoster ou de zona) pour éviter les douleurs neurologiques persistantes qui peuvent suivre la maladie (névralgies post-zostériennes). Le médicament peut uniquement être obtenu sur ordonnance..." ; 2 pages
Voir l'indexation
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2. Protopy - Tacrolimus - medicinal product no longer authorised Document - Visité 1 fois.
EMA - Agence européenne des médicaments Grande-Bretagne 2006
"Protopy est indiqué pour le traitement de la dermatite atopique modérée à sévère (eczéma, une éruption cutanée rouge qui démange ; le terme « atopique » indique un lien avec une allergie) chez les adultes répondant insuffisamment ou ne tolérant pas les traitements classiques. Le dosage le plus faible de Protopy (0,03 %) peut également être utilisé pour cette indication chez les enfants (à partir de 2 ans) répondant
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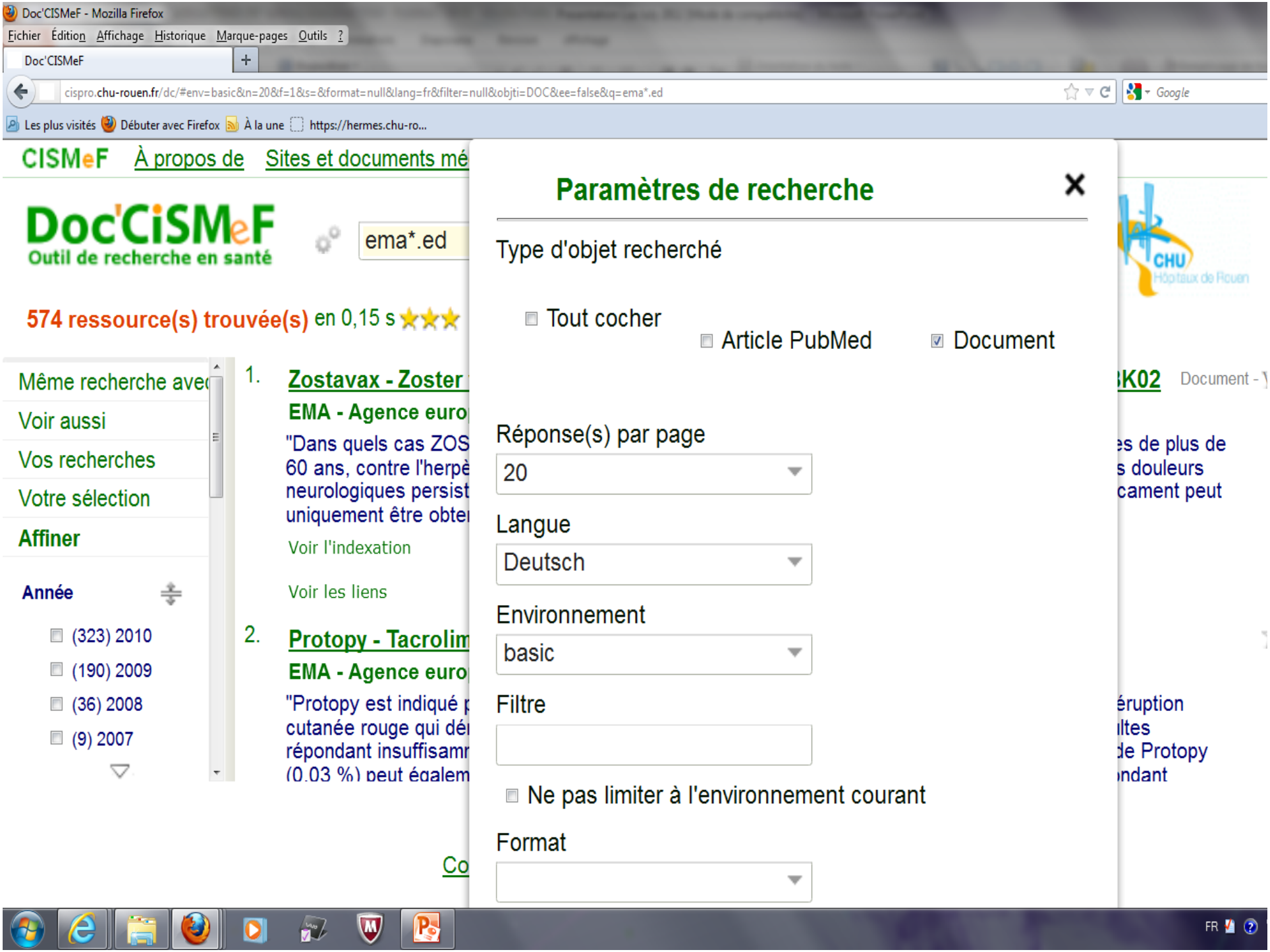
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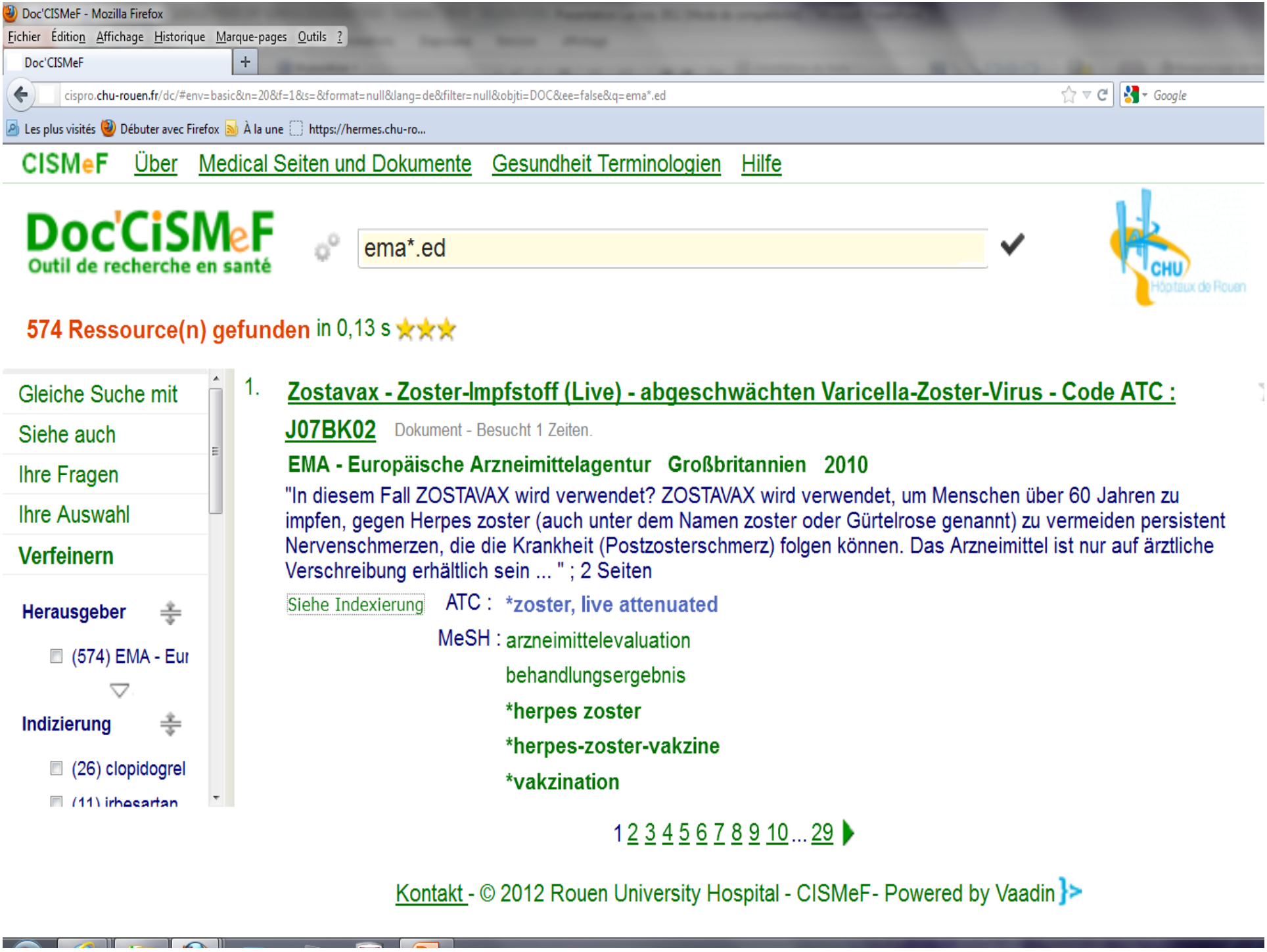
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1. Zostavax - Zoster-Impfstoff (Live) - abgeschwächten Varicella-Zoster-Virus - Code ATC : J07BK02 Dokument - Besucht 1 Zeiten.
EMA - Europäische Arzneimittelagentur Großbritannien 2010
"In diesem Fall ZOSTAVAX wird verwendet? ZOSTAVAX wird verwendet, um Menschen über 60 Jahren zu impfen, gegen Herpes zoster (auch unter dem Namen zoster oder Gürtelrose genannt) zu vermeiden persistent Nervenschmerzen, die die Krankheit (Postzosterschmerz) folgen können. Das Arzneimittel ist nur auf ärztliche Verschreibung erhältlich sein ... " ; 2 Seiten
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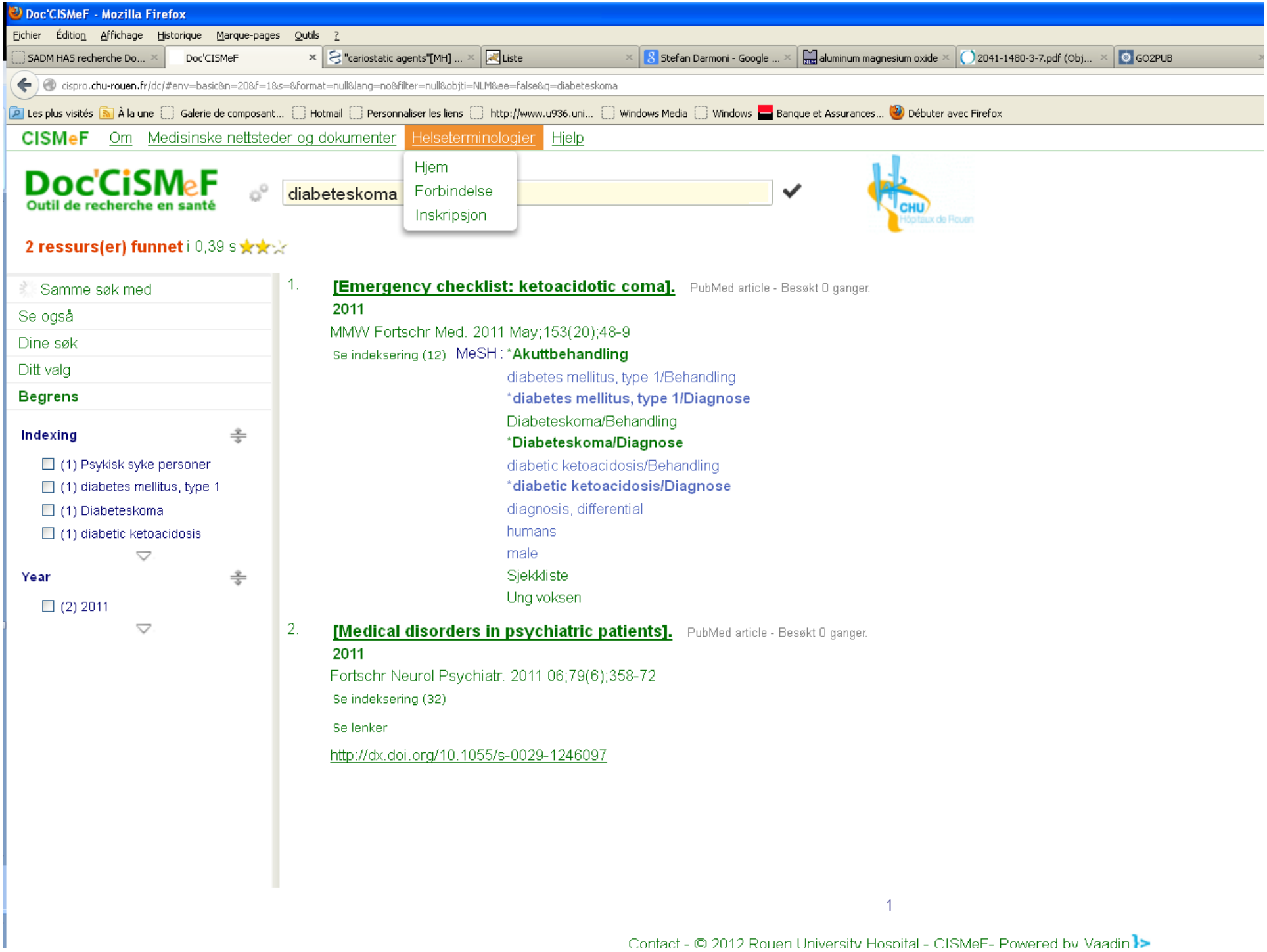
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1. [Emergency checklist: ketoacidotic coma]. PubMed article - Besøkt 0 ganger.
2011
MMW Fortschr Med. 2011 May;153(20);48-9
Se indeksering (12) MeSH : *Akuttbehandling
diabetes mellitus, type 1/Behandling
*diabetes mellitus, type 1/Diagnose
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*Diabeteskoma/Diagnose
diabetic ketoacidosis/Behandling
*diabetic ketoacidosis/Diagnose
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2. [Medical disorders in psychiatric patients]. PubMed article - Besøkt 0 ganger.
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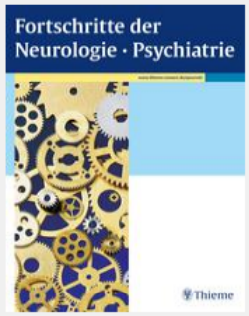

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Neurobiologie

Diagnostik und Therapie der Gliedmaßenapraxie

How to Diagnose and Treat Limb Apraxia

A. Dovern[1], G. R. Fink[1,2], P. H. Weiss[1,2]

[1]Institut für Neurowissenschaften und Medizin (INM-3), Forschungszentrum Jülich
[2]Klinik und Poliklinik für Neurologie, Uniklinik Köln

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Zusammenfassung

Apraxien sind Störungen der höheren motorischen Kognition, die durch basale sensomotorische Defizite nicht hinreichend erklärt werden. Häufige apraktische Symptome sind eine fehlerhafte Imitation abstrakter und symbolischer Gesten sowie Fehler beim Gebrauch von Gegenständen und Werkzeugen. Trotz der Relevanz der Apraxien für die Rehabilitationsbehandlung und ambulante Versorgung von Schlaganfallpatienten werden Apraxien nach wie vor zu selten diagnostiziert und behandelt. In diesem Übersichtsartikel werden die diagnostischen Instrumente zur Feststellung einer Apraxie evaluiert. Zudem werden ein Apraxie-Screening-Instrument und ein diagnostisches Testverfahren für die klinische Anwendung empfohlen. Darüber hinaus werden die publizierten Ansätze zur Apraxie-Therapie dargestellt. Trotz der aktuell noch eingeschränkten Evidenz kann das Gesten-Training von Smania und Mitarbeitern zur Behandlung einer Apraxie empfohlen werden, da bei diesem Training sowohl ein Transfer des Therapieeffekts auf alltagsrelevante Tätigkeiten als auch eine Nachhaltigkeit des Therapieeffekts beobachtet werden konnte. Dieser Übersichtsartikel soll die Aufmerksamkeit auf die Bedeutung der Gliedmaßenapraxie im klinischen Alltag lenken und dem interessierten Leser Instrumente an die Hand geben, mit deren Hilfe Apraxien zuverlässig diagnostiziert und therapiert werden können. Dies sind wichtige Voraussetzungen für die weitere Erforschung der neurobiologischen Grundlagen der Apraxien und die Entwicklung neuer Therapiestrategien für eine evidenzbasierte Behandlung von Apraxien.

Abstract

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Search by Active Ingredient, Brand Name, MeSH Term, Resource Type, Pharmacological Action, ATC code, CAS number, EC number.

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(1st level), with one pharmacological/therapeutic subgroup (2nd level). The 3rd and 4th levels are chemical/pharmacological/therapeutic subgroups and the 5th level is the chemical substance. The 3rd and 4th levels are often used to identify pharmacological subgroups when that is considered m appropriate than therapeutic or chemical subgroups. (http://www.whocc.no/atcddd/)

The general form of the ATC code is LCCLLCC (where L represents a letter and C a digit) :

1st level - anatomical main group - one alphabetical character
2nd level - therapeutic subgroup - two numerical characters
3rd level - pharmacological subgroup - one alphabetical character
4th level - chemical subgroup - one alphabetical character
5th level - chemical substance - two numerical characters

The complete classification of diazepam illustrates the structure of the code :

N NERVOUS SYSTEM (anatomical main group)
N05 PSYCHOLEPTICS (therapeutic subgroup)
N05B ANXIOLYTICS (pharmacological subgroup)
N05BA Benzodiazepine derivatives (chemical subgroup)
N05BA01 Diazepam (chemical substance)

International non-proprietary names (INN) are preferred. If INN names are not assigned, USAN (Ur States Adopted Name) or BAN (British Approved Name) names are usually chosen.

A B C D G H J L M N P R S V

A : alimentary tract and metabolism

A01 : stomatological preparations PubMed

A01A : stomatological preparations PubMed

A01AA : caries prophylactic agents -- PubMed

A01AA01 : sodium fluoride PubMed

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A01AA04 : stannous fluoride PubMed

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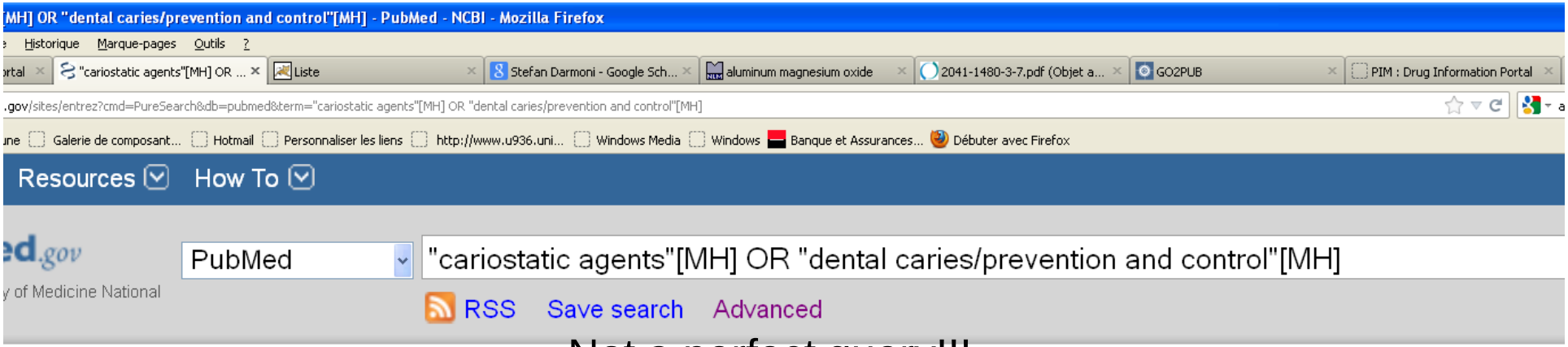

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   Suvarna RM, Rai K, Hegde AM.
   J Clin Pediatr Dent. 2011 Fall;36(1):93-8.
   PMID: 22900451 [PubMed - indexed for MEDLINE]
   Related citations

2. Decreasing cariogenic bacteria with a natural, alternative prevention therapy utilizing phytochemistry (plant extracts).
   Ramakrishna Y, Goda H, Baliga MS, Munshi AK.
   J Clin Pediatr Dent. 2011 Fall;36(1):55-63. Review.
   PMID: 22900445 [PubMed - indexed for MEDLINE]
   Related citations

3. Effect of xylitol on dental caries and salivary Streptococcus mutans levels among a group of mother-child pairs.
   Hanno AG, Alamoudi NM, Almushayt AS, Masoud MI, Sabbagh HJ, Farsi NM.
   J Clin Pediatr Dent. 2011 Fall;36(1):25-30.

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