

ACP Medicine 是美國醫師協會出版的參考資源，由超過 300 位相關領域傑出之內科醫師撰寫且持續更新，以確保內容之可信度且與時俱進，聚焦於臨床應用並具備實證基礎的診斷和治療資訊，幫助醫療從業人員在忙碌的臨床工作中持續吸收新的臨床指引，是絕佳的內科資源。

- ◆ 即時更新 — 內容由美國最優秀之內科醫師所組成的團隊撰寫並持續更新。
- ◆ 專業權威 — 提供即時連結至權威性的摘要、參考文獻及指引方針，絕對是您值得信賴的專業參考資源。
- ◆ 檢索功能強大 — 存取快速並可保存檢索結果
- ◆ 內容豐富 — 涵蓋 11 個內科醫學次專科，另收錄婦女健康、神經醫學、精神醫學和急診醫學等主題。
- ◆ 創新的工具和資源 —

新的章節

緩和醫療、遺傳學、老年醫學、肝病及重症醫學。

ACP MEDICINE WEEKLY CURRICULUM

根據美國內科醫學會定義的內科基本要素設計每週課程，使用 E-MAIL 系統以 臨床案例 Q&A 的形式，幫助學生和住院醫師快速掌握技巧，省時學習。

ATLAS OF DERMATOLOGY

內科皮膚症狀徵候彩色圖譜，包含 400+ 臨床圖片，是唯一一個聚焦在皮膚體現及原發性皮膚疾病的皮膚科圖譜。

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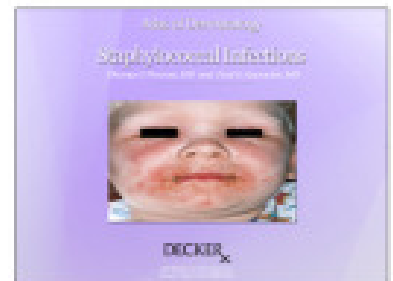
演算樹狀圖、影像、臨床圖片、顯微圖、表格及圖表皆來自於 ACP Medicine，使用簡便，是教學、查房和晨報的最佳利器。

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ACP MEDICINE WEEKLY CURRICULUM

以案例為基礎的 Q+A 系列是住院醫師訓練的最佳利器。

住院醫師 —

- 每週收到 E-MAIL 系統寄出的以案例為基礎的問題及其深度討論。
- 每週問題解決技巧。
- 可直接連結到當週的章節做進一步的審閱。
- 以能力為基礎的選擇題及學習目標。
- 依程度分為初階跟高階

總醫師 / 課程負責人 —

- 線上學習紀錄簿
- 隨時追蹤進度
- 監測每週的分數和排名



問題範例

此問題是源自 ACP Medicine 的相同章節主題 "Approach to the Cardiovascular Patient,"

近期章節

以案例為基礎的問題

選擇題

核心概念

答案的深度討論

Question 1

A 50-year-old woman presents to your office to establish primary care. Her medical history is significant for hypertension and hyperlipidemia. The patient was diagnosed with hypertension 5 years ago; the hypertension well controlled with hydrochlorothiazide. The patient was diagnosed with hyperlipidemia 1 year ago; she has been attempting to modify her diet. The patient is a lifelong nonsmoker, and her father died of lung cancer when he was 67 years old. Her mother is 74 years old and had a myocardial infarction 2 years ago. The patient is active, but she reports that over the past few weeks, she has been experiencing some atypical angina-type chest pain. An electrocardiogram performed in the office is normal.

In addition to obtaining baseline laboratory values, what is the most appropriate step to take next in the workup of this patient's chest pain?

Please choose the single most appropriate answer to the question

1. Treadmill-ECG stress testing
2. Adenosine-ECG stress testing with nuclear imaging
3. Treadmill-ECG stress testing with echocardiography

☒ This is correct.

Key Concept Objective: To understand the diagnostic approach for coronary artery disease (CAD) in intermediate-risk patients

To establish the diagnosis of CAD in intermediate-risk patients, a number of noninvasive testing methods are available. For patients with a normal baseline ECG who are able to exercise, treadmill-ECG stress testing is recommended. Women have a higher incidence of false positive results; therefore, many physicians recommend that, for all women, exercise be combined with an imaging method (e.g., echocardiography or nuclear imaging). In general, to establish the diagnosis of CAD, exercise is preferred over pharmacologic stress agents. Coronary angiography is considered the gold standard for the diagnosis of CAD. Although the incidence of major complications is low (<2%), coronary angiography is costly and has some risk; thus, it is reserved for (1) patients with markedly positive noninvasive tests (i.e., hypotension and significant ST segment depression on ECG stress testing on a treadmill), (2) patients at high risk for CAD in whom a course of empirical antianginal therapy has failed, (3) patients with unstable or postinfarction angina, (4) patients for whom exercise or pharmacologic stress testing is contraindicated, and (5) patients with equivocal results on noninvasive stress testing when the diagnosis of CAD remains unclear.

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