



Ovid

a Wolters Kluwer business

ClinicalResource@Ovid

Vincent Maessen
Regional Manager



May 24, 2006

➤ **AGENDA: CR@O & Primal 3D Anatomy**

1. Today's Clinical Environment
2. Introducing ClinicalResource@Ovid
3. Customer/end-user benefits
4. Sample Screen Shots
5. Primal 3D: Complete Human Anatomy



Researchers and healthcare professionals have to wade through a flood of electronic information:

That's why structure searching is so essential to a successful search experience!

Turning information into knowledge!



- Physicians and nurses are busier than ever: Studies show clinicians rarely spend more than 10-15 min per patient encounter
- Doctors are looking for quick, precise answers - less time for 'life-long learning
- **Medical information is exploding, doubling by one estimate every 19 years**
- Increased pressure for better outcomes (reducing errors) and cutting the cost of providing care
- Studies are report that the availability of accurate information alters patient care plans
- Patients are getting more involved in clinical decisions

How to assist clinicians with this landscape?



- Two other trends include:
- The desire to implement Evidenced Based Medicine in daily practice
- The increased involvement of patients in their own medical care

How can Ovid assist clinicians and the information professionals who acquire resources on their behalf ?



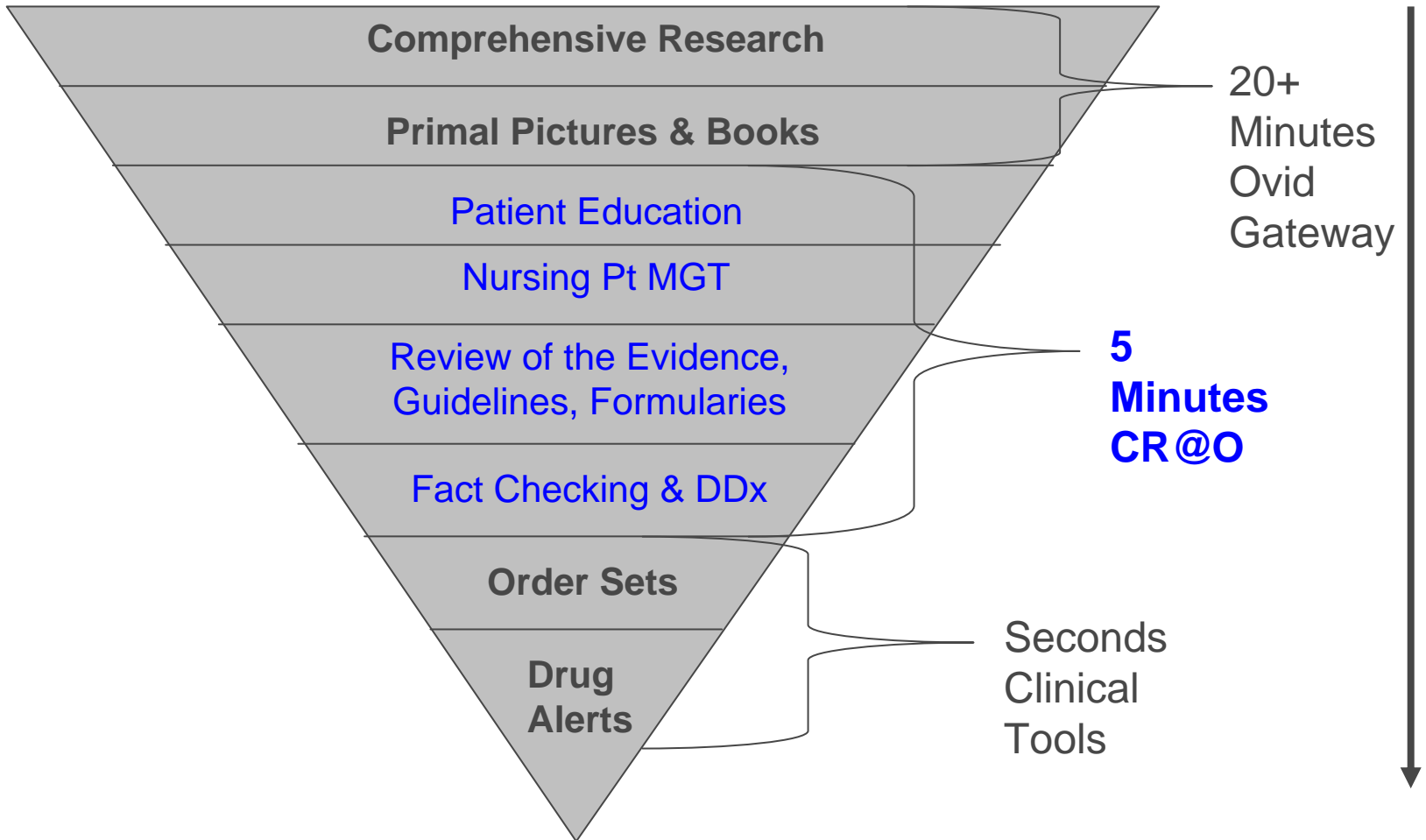
- At least one question is generated per each patient encounter in some studies.
- Clinical questions are multidisciplinary and require diverse resources.
- **Clinicians have trouble selecting the most appropriate resources** to consult in the minimal time they have available.
- One study showed that a single textbook was the most popular information resource consulted.
- **The short answer questions turns into the longer research question if the answer isn't found immediately** (indicating the value of an end-to-end solution)

How to assist clinicians with this landscape?

- **ClinicalResource@Ovid** -- provides quick answers to clinical questions
- Easy-to-use online tool designed to answer the quick clinical question and provide single-click access to all subscribed Ovid resources for more comprehensive information.
- Clinically-relevant content sources selected by physicians for physicians
- Integrated with an institution's Ovid resources with additional, customer-requested content such as the McKesson Patient Handouts

Improve patient care ■ Reduce errors ■ Save time

- A **Point of Care** tool that gives medical professionals quick, precise access to peer-reviewed evidence-based information so that they can make clinical decisions faster and provide higher quality patient care.
- A **Point of Learning** tool that also fosters clinical medical education and continuing med. education.
- Supports multiple areas of clinical decision making including: **diagnostic, therapeutic, drug prescriptions**, etc.



- **EBMR** - Evidence Based Medicine Review
- **5-Minute Consult Database** - features 1200 topics
- **Clin-evidence** - evidence-based diagnosis and treatment guidelines for approximately 300 conditions
- **Ovid MEDLINE** - 1996 to present, plus In-Process Citations
- **Drug Facts and Comparisons** - comprehensive drug information for over 22,000 prescription and 6,000 over-the-counter drugs
- **A to Z Drug Facts** - fast answers to the most vital drug-related questions
- **Review of Natural Products** - referenced reviews of the pharmacology and uses of natural products
- **MedFacts** (English and Spanish patient handouts) - patient information for hundreds of medications
- **National Guideline Clearinghouse** - database of clinical practice guidelines produced by the Agency of Health Research and Quality (AHRQ)
- **McKesson Handouts** - adult, pediatric, senior and women's health topics

- **EBMR** - Evidence Based Medicine Review includes:
 - ❑ **Cochrane Database of systematic Reviews**
 - The Cochrane collaboration Experts of 40 clinical specialties
 - ❑ **The Database of Abstracts of Reviews of Effectiveness (DARE)**
 - By the NHS Centre for Reviews and Dissemination
 - ❑ **ACP Journal Club**
 - By the American College of Physicians
 - ❑ **Definitive Controlled Trials**

- Integration with Ovid resources, **not a island solution**
- Book content integrated with Books@Ovid subscriptions
- EBMR content integrated with EBMR subscriptions
- “Quick Search” capability, plus complete search of all resources in one step
- Natural language searching with relevance ranking
- One-click access to Drug Interaction Checker
- Single-click access to all e-journals configured via Links@Ovid or LinkSolver

- **Clinicians and other health care providers:**
- Save time
- Improve patient care; reduce errors
- Get quick clinical facts or in-depth research through a simplified end-to-end solution
- Have quick and easy access to full text articles
- Save money on resource acquisition and value of integrated content

ClinicalResource@Ovid Help | Logoff
Welcome : skovmip 20 Oct 2005
[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

[CLINICAL SEARCH](#) [Rx DRUG INFORMATION](#) [GUIDELINES](#) [PATIENT HANDOUTS](#) [BOOKS](#)

Spell Check

Select Resources:

- Clin-eguide Evidence-Based Guidelines
- Books
- EBM Articles
- Drug Facts & Comparisons
- MEDLINE
- National Guideline Clearinghouse
- Patient Handouts

SEARCH TIPS

- Looking for Drug Interaction Checker? [CLICK HERE](#)
- Enter search term in normal, everyday English (for example, What is the treatment of Alzheimer's disease?).
- Use ClinicalResource@Ovid's built in spell checker.

Help | Logoff

ClinicalResource@Ovid

Welcome : skovmip 20 Oct 2005

[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

🔍 [CLINICAL SEARCH](#)
Rx [DRUG INFORMATION](#)
📋 [GUIDELINES](#)
📄 [PATIENT HANDOUTS](#)
📖 [BOOKS](#)

Search Results: alzheimer's disease

Quick Hits	Clin-eguide	Books	Evidence Based Medicine Articles	Drug Information	MEDLINE	MEDLINE® In-Process & Other Non-Indexed Citations	National Guideline Clearinghouse	Patient Handouts
24	13	64	930	13	9894	522	3	9

✔ **Clin-eguide** [\[view all 13 results\]](#)

- ★★★★★ 1. [Alzheimer's disease - Management overview](#)
- ★★★★★ 2. [Alzheimer's disease - Diagnostic guidelines](#)
- ★★★★★ 3. [Alzheimer's disease - Treatment guidelines](#)

📖 **Books** [\[view all 64 results\]](#)

- ★★★★★ [5-Minute Consult Database](#)
[+] [Alzheimer Disease](#)
- ★★★★★ [Griffith's 5-Minute Clinical Consult](#)
[+] [Alzheimer disease](#)
- ★★★★★ [5-Minute Consult Database](#)
[+] [Alzheimer Disease](#)

📄 **Evidence Based Medicine Articles** [\[view all 930 results\]](#)

- ★★★★★ 1. **Memantine was better than placebo in Alzheimer disease already being treated with donepezil**
ACP Journal Club 2004 [Therapeutics] EBM Reviews - ACP Journal Club <1991 to September/October 2005>
[Abstract](#) | [Complete Reference](#) | [Article Review](#)
- ★★★★★ 2. **An exercise and behavioral management program reduced functional dependence in Alzheimer disease**
ACP Journal Club 2004 [Therapeutics] EBM Reviews - ACP Journal Club <1991 to September/October 2005>
[Abstract](#) | [Complete Reference](#) | [Article Review](#)
- ★★★★★ 3. **The Memory Impairment Screen more accurately screened for Alzheimer disease than the 3-word memory test in older adults**
ACP Journal Club 2003 [Diagnosis] EBM Reviews - ACP Journal Club <1991 to September/October 2005>
[Abstract](#) | [Complete Reference](#) | [Article Review](#)

ClinicalResource@Ovid Help | Logoff
Welcome : skovmip 20 Oct 2005
[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

CLINICAL SEARCH | DRUG INFORMATION | GUIDELINES | PATIENT HANDOUTS | BOOKS

Search Results: alzheimer's disease

Management overview

- [\[-\] Disease characteristics](#)
 - [Risk factors](#)
- [\[-\] Diagnosis](#)
 - [Diagnostic guidelines](#)
 - [Clinical presentation](#)
 - [Differential diagnosis](#)
 - [Diagnostic tests](#)
 - [Diagnostic criteria](#)
- [\[-\] Therapy](#)
 - [Treatment guidelines](#)
 - [Medical therapy](#)
- [New references](#)
- [Full references](#)

Treatment guidelines

Goals of therapy are to slow progression of Alzheimer's disease, improve quality of life, and maximize functional performance.

1. Provide nonpharmacologic interventions to [improve functional status](#) and [reduce behavioral symptoms](#). [E](#) [REF](#)
2. Educate caregivers about: [E](#) [REF](#)
 - the illness
 - need for long-range planning
 - how to maintain a living environment that will maximize the patient's ability to function
 - how to avoid precipitating behavior problems
 - how to handle problems that occur despite efforts of all concerned.
3. Provide [medical therapy](#) to improve cognitive status and slow disease progression.
 - Consider [cholinesterase inhibitors](#) (eg, [donepezil](#), [galantamine](#), [rivastigmine](#)) in patients with mild-to-moderate disease to slow progression of cognitive decline. [A1](#) [REF](#)
 - Consider [memantine](#) in patients with moderate-to-severe disease to slow cognitive and functional decline. [A1](#) [REF](#)
 - Consider vitamin E (alpha-tocopherol) to slow progression of disease in patients with moderate disease. [B1](#) [REF](#)
4. Treat psychosis or agitation with antipsychotics, if nonpharmacologic efforts fail.
 - Risperidone has shown benefit compared with placebo for aggression and psychosis. [A1](#) [REF](#)
 - Olanzapine, compared with placebo, was effective for treating psychosis and agitation. [A1](#) [REF](#)
 - Haloperidol has been useful in decreasing aggression; however, evidence is limited regarding use for other forms of agitation. [A1](#) [REF](#)
5. Treat [depression](#). [B1](#) [REF](#)
 - Serotonin reuptake inhibitors have been beneficial in patients with Alzheimer's disease
6. Assess risk of falls (🚫 see [safety standards](#)).

[\[+\] REFERENCES](#)

Help | Logoff
Welcome : skovmip 20 Oct 2005
Legal Disclaimer | Privacy Policy | Contact Us | Jump to Ovid Web Gateway
ClinicalResource@Ovid

CLINICAL SEARCH
R DRUG INFORMATION
GUIDELINES
PATIENT HANDOUTS
BOOKS

Search Results: alzheimer's disease

Management overview

Medical therapy

Cholinesterase inhibitors

- Cholinesterase inhibitors, which inhibit the degradation of acetylcholine within synapses, have been the primary pharmacologic therapy for Alzheimer's disease in patients with mild to moderate disease.
- Cognitive and functional decline is delayed with therapy, however disease continues to progress.
- Differences in efficacy have not been established between cholinesterase inhibitors.
 - Main differences are adverse effects and frequency of administration.
 - See [drug class features](#) for more information.

Cholinesterase inhibitor	Evidence
Donepezil	<ul style="list-style-type: none"> A systematic review demonstrated improved global clinical state and cognitive function with donepezil at 12-52 weeks compared with placebo ^{A1} REF <ul style="list-style-type: none"> Benefit was greater with 10mg/day, compared with 5mg/day Most common adverse effects were nausea, vomiting, and diarrhea May cause vivid dreams or disturbed sleep if taken before bedtime
Galantamine	<ul style="list-style-type: none"> Benefit was demonstrated in global clinical status, cognitive function, activities of daily living, and behavior with galantamine 24-32 mg/day for 12-29 weeks in a systematic review ^{A1} REF An open-label, noncomparative post-hoc analysis suggests continued delaying of cognitive decline with therapy up to 36 months ^D REF

ClinicalResource@Ovid Help | Logoff
Welcome : skovmip 20 Oct 2005
[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

[CLINICAL SEARCH](#) [DRUG INFORMATION](#) [GUIDELINES](#) [PATIENT HANDOUTS](#) [BOOKS](#)

Search Results: alzheimer's disease

[View Copyright Statement](#)
5-Minute Consult Database

- MISCELLANEOUS

[+] CODES

[+] NURSING CONSIDERATIONS

- PATIENT TEACHING

[+] Tables

[+] Amenorrhea

[+] Amyloidosis

[+] Amyotrophic Lateral Sclerosis

[+] Anaphylaxis

[+] Anemia, Aplastic

[+] Anemia, Pernicious

[+] Anemia, Sickle Cell

[+] Aneurysm of the Abdominal Aorta

[+] Angina

Alzheimer Disease

Frank 'Chip' Celestino MD

BASICS

DESCRIPTION

A degenerative, organic mental disease characterized by progressive intellectual deterioration and dementia, which usually occurs after age 65. The diagnosis is made on clinical grounds after ruling out treatable disorders with similar characteristics. The long-term care cost to the nation is approximately \$100 billion/year.

- Usual course: Progressive and chronic
- System affected: Nervous

Geriatric Considerations

A frequent and serious problem

Help | Logoff
Welcome : skovmip 20 Oct 2005

[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

[CLINICAL SEARCH](#)

[Rx DRUG INFORMATION](#)

[GUIDELINES](#)

[PATIENT HANDOUTS](#)

[BOOKS](#)

Search Results: alzheimer's disease

QUICK SEARCH

All Content

Drug Facts & Comparisons

- [+] Appendix
- [+] DFC Keepup
- [+] Anti-Infective Agents
- [+] Antineoplastic Agents
- [+] Biologic and Immunological Agents
- [+] Cardiovascular Agents
- [-] Central Nervous System Agents
 - [+] ACETAMINOPHEN
 - [+] ADENOSINE PHOSPHATE
 - [+] AGENTS FOR MIGRAINE
 - [+] ANTIALCOHOLIC AGENTS
 - [+] ANTIANXIETY AGENTS
 - [+] ANTICONVULSANTS
 - [+] ANTIDEPRESSANTS
 - [+] ANTIEMETIC/ANTIVERTIGO AGENTS
 - [+] ANTIPARKINSON AGENTS
 - [+] ANTIPSYCHOTIC AGENTS
 - [+] BOTULINUM TOXINS
 - [+] CENTRAL ANALGESICS
 - [+] CHOLINERGIC MUSCLE STIMULANTS

• Central Nervous System Agents

- [MEMANTINE HYDROCHLORIDE](#)

MEMANTINE HYDROCHLORIDE

Product List Indications Administration & Dosage Actions Contraindications	Warnings Drug Interactions Adverse Reactions Overdosage Patient Information
--	---

Product List

Rx	Namenda (Forest Laboratories)	Tablets : 5 mg	Lactose. (imprint :5 FL). Tan, capsule shape. Film-coated. In 60s, 200s, 2,000s, UD 100s, and titration paks ^a .
		10 mg	Lactose. (imprint :10 FL). Gray, capsule shape. Film-coated. In 60s, 200s, 2,000s, UD 100s, and titration paks ^a .
		Oral solution : 2 mg/mL	Sorbitol, parabens. Alcohol-free, sugar-free. Peppermint flavor. In 360 mL.

^aTitration paks are blister packages containing 49 tablets (28 x 5 mg and 21 x 10 mg).

Indications

Alzheimer disease
For the treatment of moderate to severe dementia of the Alzheimer type.

Unlabeled uses
For the treatment of vascular dementia.

Administration & Dosage

***** 29. Transgenic *C. elegans* as a model in Alzheimer's research.
Journal Article. Review *Current Alzheimer Research* 2:37-45 2005
[Abstract](#) | [Complete Reference](#)

***** 30. Protein aggregation in Alzheimer's disease and other neuropathological disorders.
Journal Article. Review *Current Alzheimer Research* 2:19-28 2005
[Abstract](#) | [Complete Reference](#)

***** 31. Current advances on different kinases involved in tau phosphorylation, and implications in Alzheimer's disease and tauopathies.
Journal Article. Review *Current Alzheimer Research* 2:3-18 2005
[Abstract](#) | [Complete Reference](#)

***** 32. Cambio de anticolinesterasico en la enfermedad de Alzheimer.. [Changing the anticholinesterase in Alzheimer's disease].
Journal Article. Review *Revista de Neurologia* 40:739-42 2005
[Abstract](#) | [Complete Reference](#)

***** 33. Clinical observation and mechanism study on treatment of senile dementia with Naohuandan.
Clinical Trial. Journal Article. Randomized Controlled Trial *Chinese Journal of Integrative Medicine* 11:111-6 2005
[Abstract](#) | [Complete Reference](#)

***** 34. The influence of smoking on plasma folate and lipoproteins in Alzheimer disease, mild cognitive impairment and depression.
Journal Article *Neuroendocrinology Letters* 26:261-3 2005
[Abstract](#) | [Complete Reference](#)

***** 35. Association of interleukin-1 beta and receptor antagonist gene polymorphisms with late onset Alzheimer's disease in Taiwan Chinese.
Journal Article *European Journal of Neurology* 12:609-1 2005
[Abstract](#) | [Complete Reference](#) | [Ovid Full Text](#)

***** 36. Patients with mild Alzheimer's disease attribute conceptual fluency to prior experience.
Journal Article *Neuropsychologia* 43:1662-72 2005
[Abstract](#) | [Complete Reference](#)

***** 37. Predictive factors for rapid loss on the mini-mental state examination in Alzheimer's disease.
Journal Article *Journal of Nutrition, Health & Aging* 9:163-7 2005
[Abstract](#) | [Complete Reference](#)

***** 38. Changes in informal care over one year for elderly persons with Alzheimer's disease.
Journal Article *Journal of Nutrition, Health & Aging* 9:121-6 2005
[Abstract](#) | [Complete Reference](#)

***** 39. Living alone with Alzheimer's disease: cross-sectional and longitudinal analysis in the REAL.FR Study.

Help | Logoff
Welcome : skovmall 20 Oct 2005

Legal Disclaimer | Privacy Policy | Contact Us | Jump to Ovid Web Gateway

CLINICAL SEARCH
DRUG INFORMATION
GUIDELINES
PATIENT HANDOUTS
BOOKS

Search Results: alzheimer's disease

<u>Quick Hits</u>	<u>Clin-equide</u>	<u>Books</u>	<u>Evidence Based Medicine Articles</u>	<u>Drug Information</u>	<u>MEDLINE</u>	<u>MEDLINE® In-Process & Other Non-Indexed Citations</u>	<u>National Guideline Clearinghouse</u>	<u>Patient Handouts</u>
24	13	92	930	13	9894	522	3	9

Link To: [Abstract](#) | [Complete Reference](#) Browse: [Previous Citation](#) | [Next Citation](#)

European Journal of Neurology: Volume 12(8) August 2005 p 609-613

Association of interleukin-1 beta and receptor antagonist gene polymorphisms with late onset Alzheimer's disease in Taiwan Chinese

Wang, W.-F.^a; Liao, Y.-C.^b; Wu, S.-L.^a; Tsai, F.-J.^c; Lee, C.-C.^d; Hua, C.-S.^c

^aDepartment of Neurology, Chang-Hua Christian Hospital, Chang-Hua, Taiwan

^bDepartment of Psychiatry, Chang-Hua Christian Hospital, Chang-Hua, Taiwan

^cDepartment of Medical Genetics and Pediatrics, China Medical University Hospital, Taichung, Taiwan

^dDepartment of Neurology, China Medical University Hospital, Taichung, Taiwan

Correspondence: Fuu-Jen Tsai MD, PhD, Department of Medical Genetics and Pediatrics, China Medical University Hospital, No. 2 Yuh-Der Road, Taichung 404, Taiwan (tel.: 886 4 22052121, ext. 7080; fax: 886 4 22033295; email: d0704@www.cmuh.org.tw).

Received 30 April 2004, Accepted 15 September 2004

Abstract [TOP](#)

Interleukin (IL)-1 is markedly overexpressed in the brains of patients with Alzheimer's disease (AD). We aimed to evaluate the relationship between three polymorphisms of the IL1 gene (IL-1beta promoter -511T/C, IL-1beta exon 5 E1/E2 and IL-1-RA) and late onset AD in Taiwan Chinese. Forty-six late onset AD patients and 103 unrelated, age-matched, healthy controls living in the same area were included. PCR was used to resolve the two IL-1beta polymorphisms and the IL-1Ra intron 2 polymorphism. The -511T/T type of the IL-1beta promoter (unlike IL-1beta exon 5 and IL-1-RA) was more frequently found in AD than in

Article Outline

- [Abstract](#)
- [Introduction](#)
- [Patients and methods](#)
- [Results](#)
- [Discussion](#)
- [References](#)

Help | Logoff

ClinicalResource@Ovid

Welcome : skovmip 20 Oct 2005

[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

🔍 [CLINICAL SEARCH](#)
℞ [DRUG INFORMATION](#)
📋 [GUIDELINES](#)
+ [PATIENT HANDOUTS](#)
📖 [BOOKS](#)

Search Results: alzheimer's disease

Quick Hits	Clin- equide	Books	Evidence Based Medicine Articles	Drug Information	MEDLINE	MEDLINE® In-Process & Other Non-Indexed Citations	National Guideline Clearinghouse	Patient Handouts
24	13	64	930	13	9894	522	3	9

Patient Handouts RESULTS: alzheimer's disease

Viewing 1-9 of 9 Results << < | 1-9 | >>

RANKING	#	TITLE
★★★★★	1.	Alzheimer's Disease - Women's Health Advisor 2004.2
★★★★★	2.	Resource List: Alzheimer's Disease - Senior Health Advisor 2004.2
★★★★★	3.	Difficult Behaviors Associated with Alzheimer's Disease (AD) - Senior Health Advisor 2004.2
★★★★★	4.	Alzheimer's Disease - Senior Health Advisor 2004.2
★★★★★	5.	Caring for Someone with Alzheimer's Disease - Senior Health Advisor 2004.2
★★★★★	6.	Alzheimer's Disease - Adult Health Advisor 2004.2
★★★★★	7.	Dealing with Dementia: Brief Version - Senior Health Advisor 2004.2
★★★★★	8.	How to Choose a Nursing Home - Senior Health Advisor 2004.2
★★★★★	9.	Dementia - Senior Health Advisor 2004.2

Viewing 1-9 of 9 Results << < | 1-9 | >>

ClinicalResource@Ovid Help | Logoff
Welcome : skovmip 20 Oct 2005

[Legal Disclaimer](#) | [Privacy Policy](#) | [Contact Us](#) | [Jump to Ovid Web Gateway](#)

CLINICAL SEARCH **Rx** DRUG INFORMATION GUIDELINES **+** PATIENT HANDOUTS BOOKS

Search Results: alzheimer's disease

QUICK SEARCH
 ▶

SPECIALTY ▶

ADULT HEALTH TOPICS [A-Z] ▶

PEDIATRIC HEALTH TOPICS [A-Z] ▶

SENIOR HEALTH TOPICS [A-Z] ▶

WOMEN'S HEALTH TOPICS [A-Z] ▶

Alzheimer's Disease

[Corresponding Spanish](#)

What is Alzheimer's disease?

Alzheimer's disease destroys brain cells. It causes a decline in mental function that affects:

- memory
- thinking
- language
- behavior.

The disease can occur in people in their 40s and 50s, but it most often affects those 65 and older. About 1 in 10 of those over age 65 are diagnosed with Alzheimer's disease. For every 10 years of life after age 65, the numbers double (2 in 10 over age 75, 4 in 10 people after 85, and so on).

Dementia, a general decline in mental ability, is the most common reason people are placed in nursing facilities. Alzheimer's disease is the most common cause of dementia.

How does it occur?

Changes in the chemistry and structures of the brain occur in people with Alzheimer's disease. These changes hinder the ability to process, store, and retrieve information. No one knows why these changes happen.

Between 5% and 10% of people with Alzheimer's disease have a family history of the illness and show signs of the disease earlier in life, before age 65. In a small number of these families, genes have been found that cause some of these so-called familial forms of the disease.

What are the symptoms?

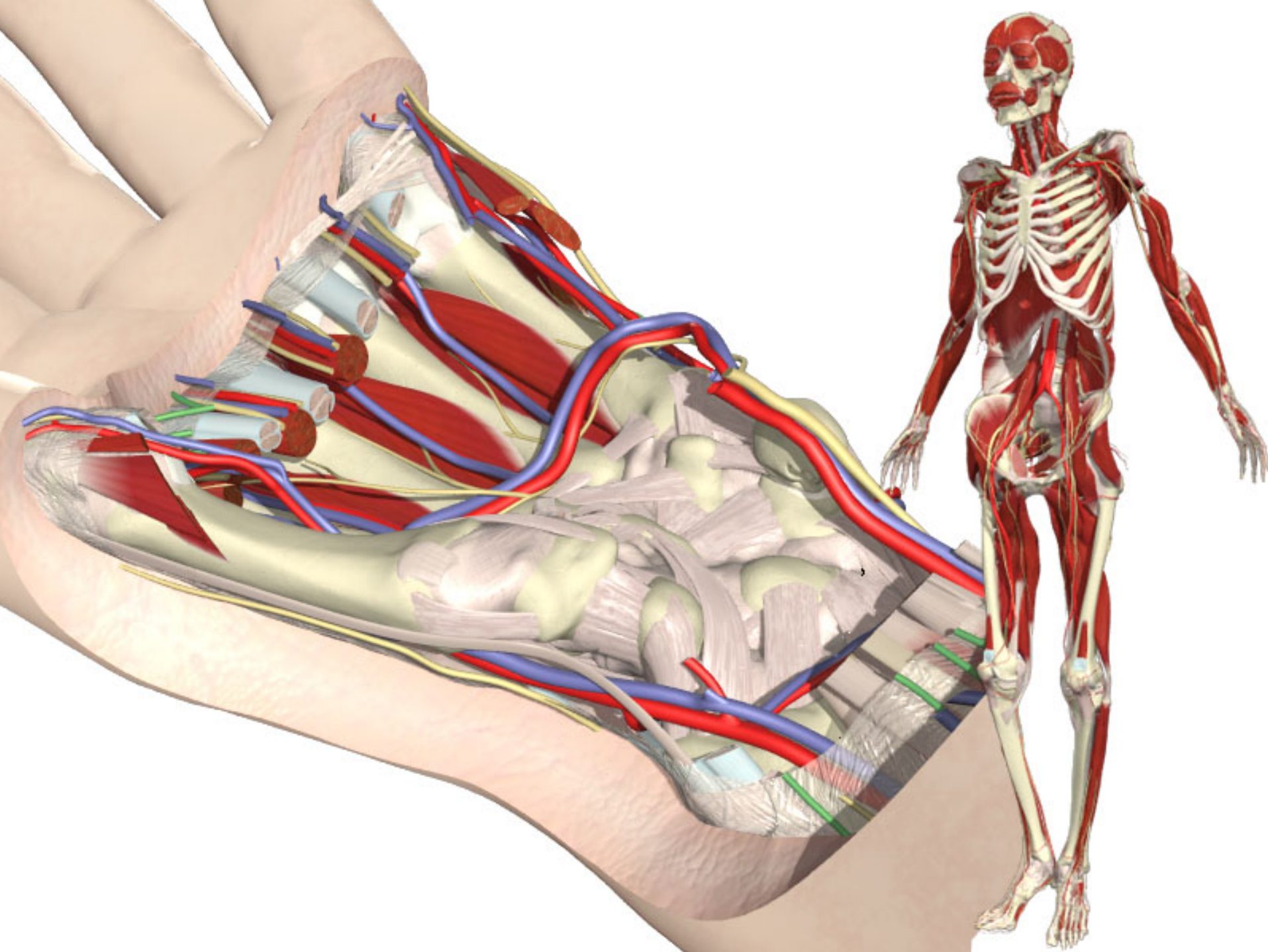
Primal 3D Anatomy

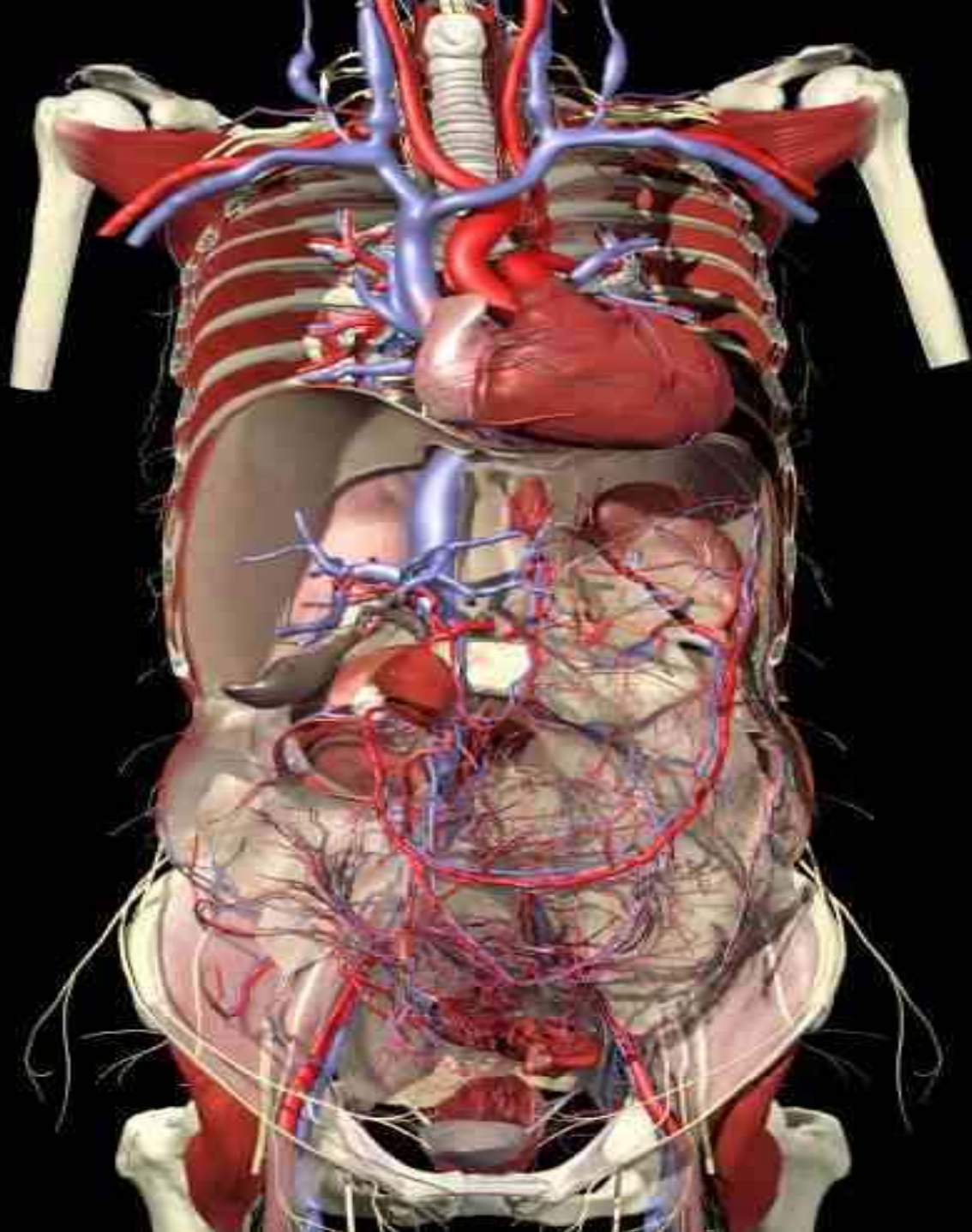
Vincent Maessen
Regional Manager

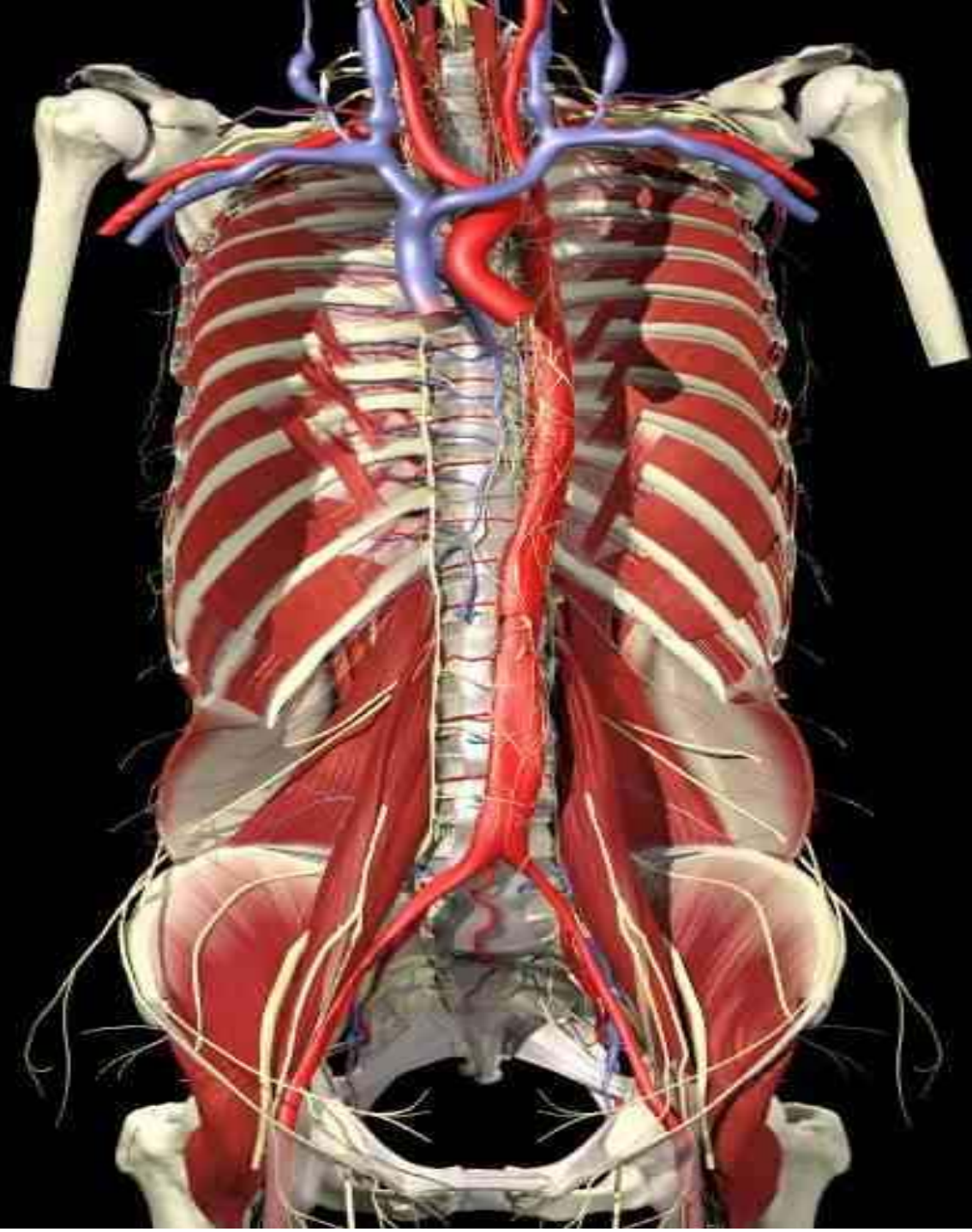


May 24, 2006

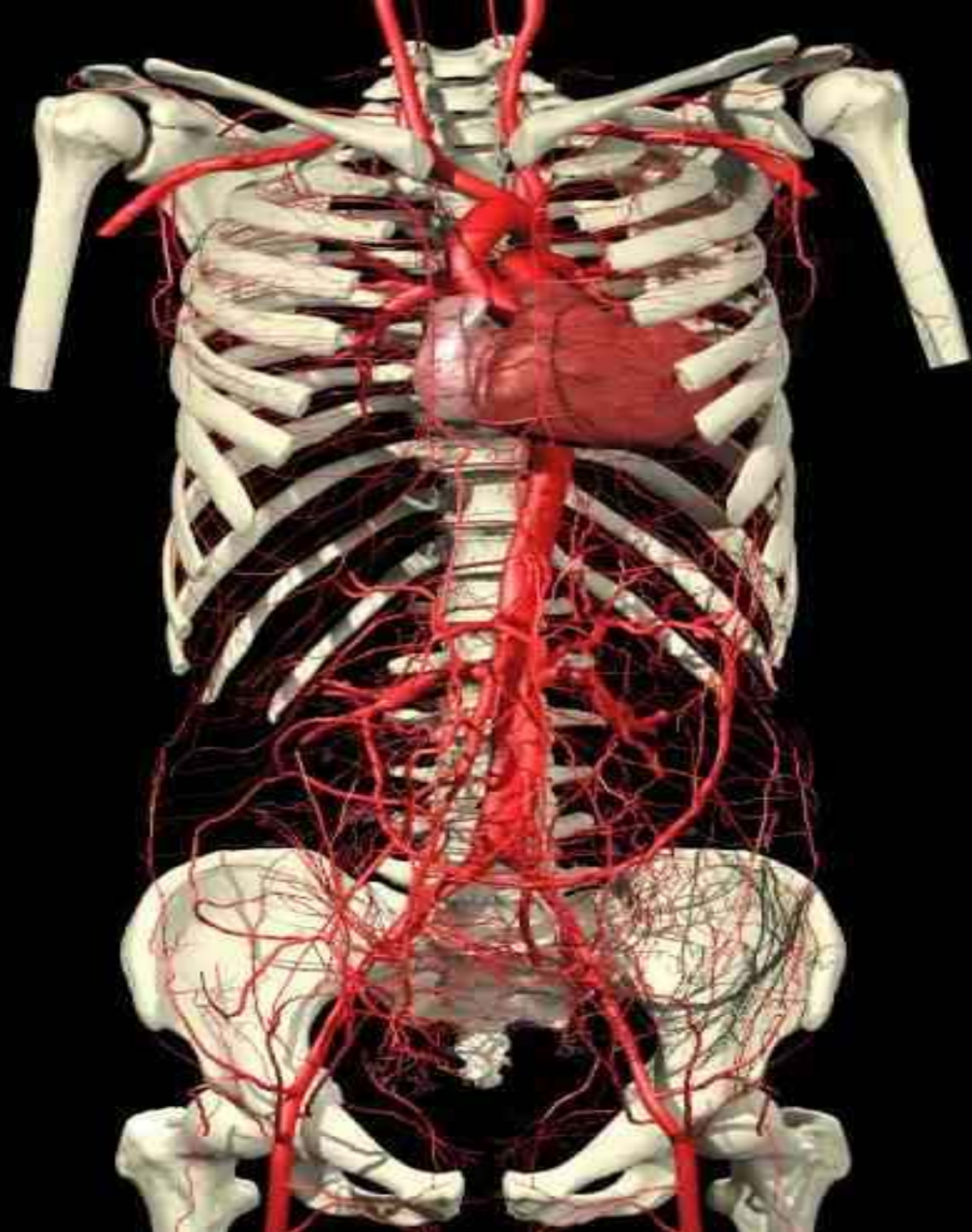


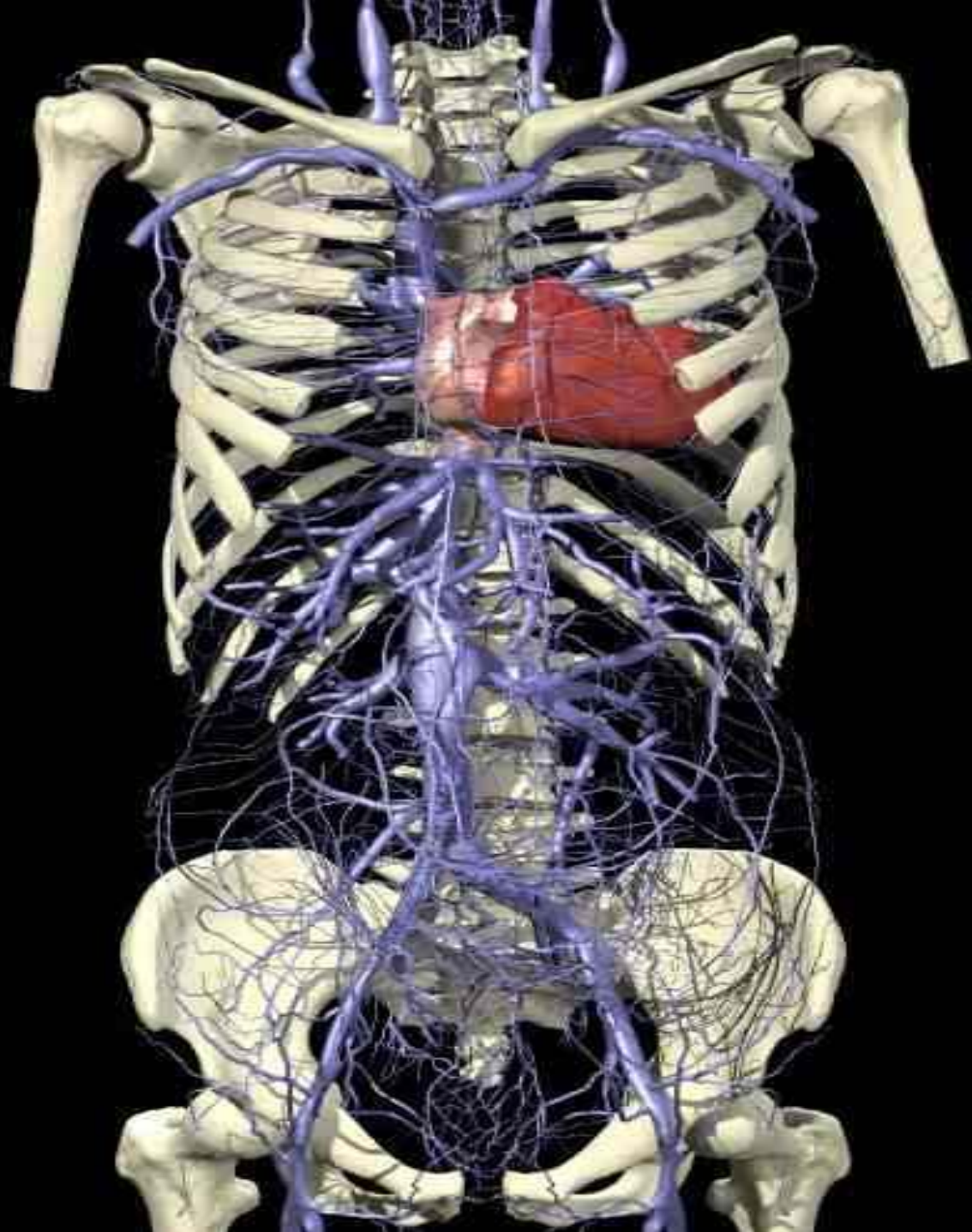


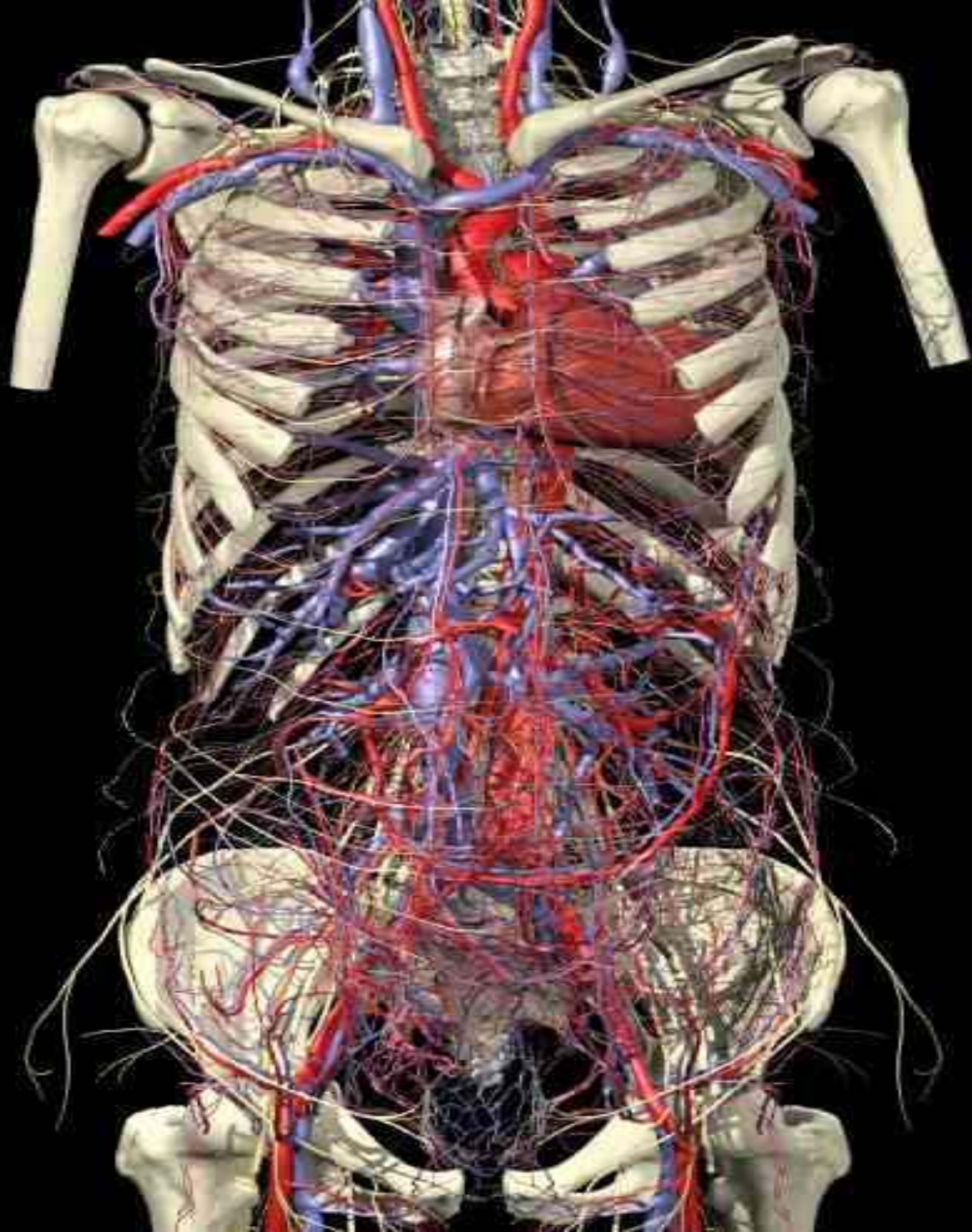


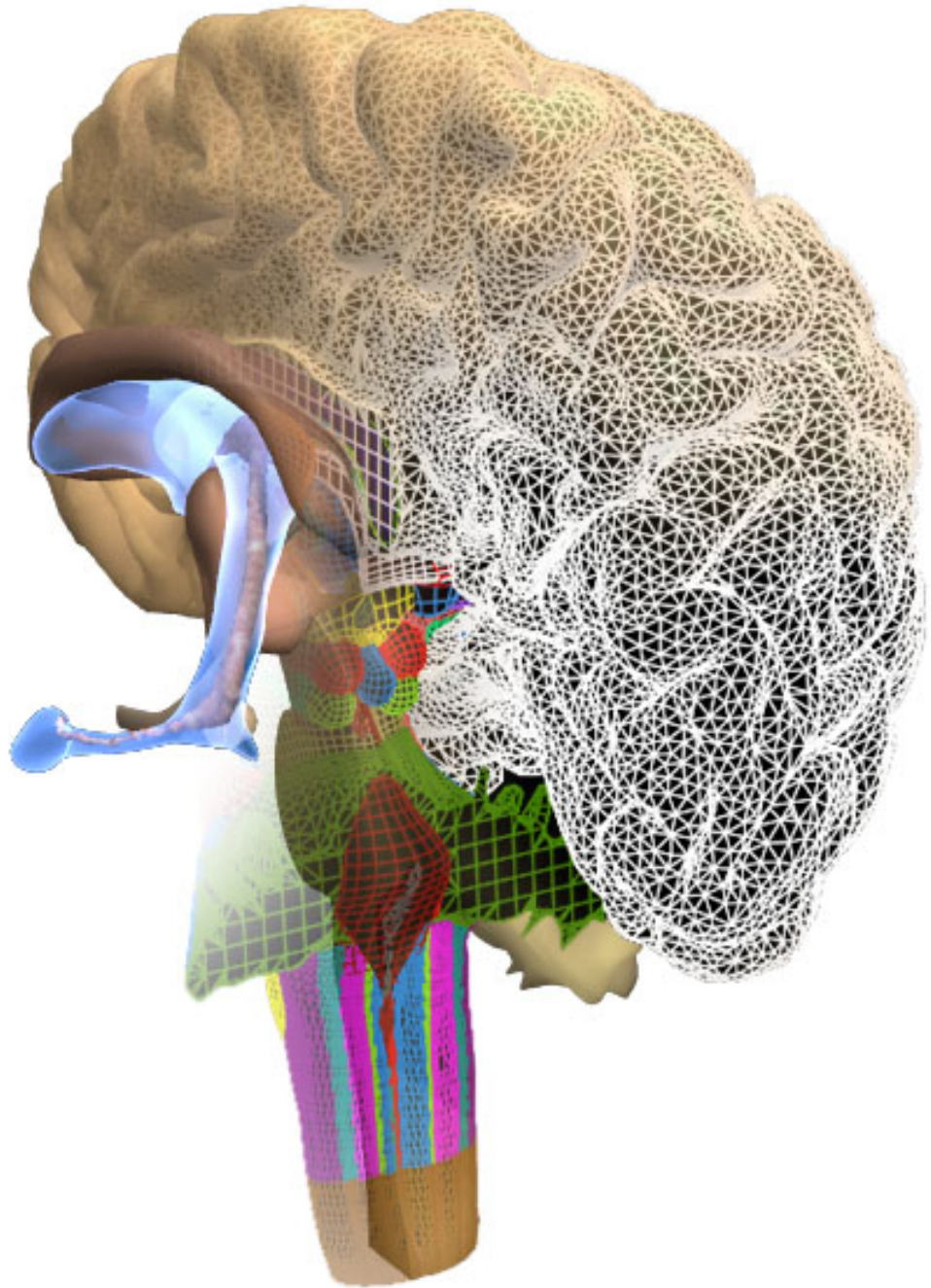
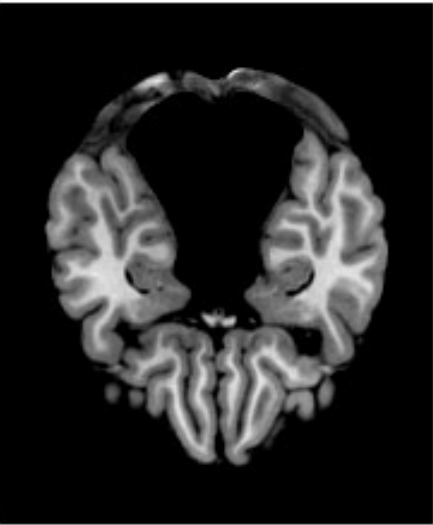


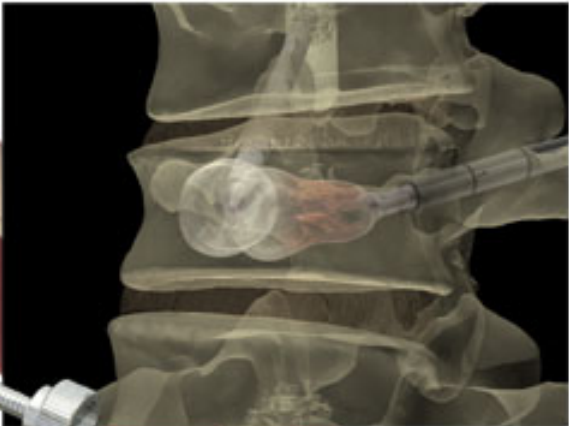
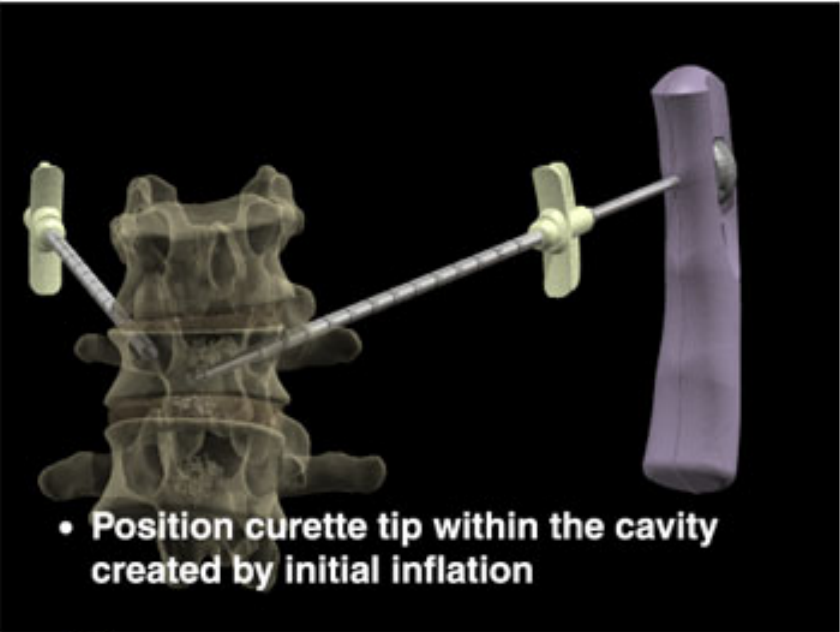
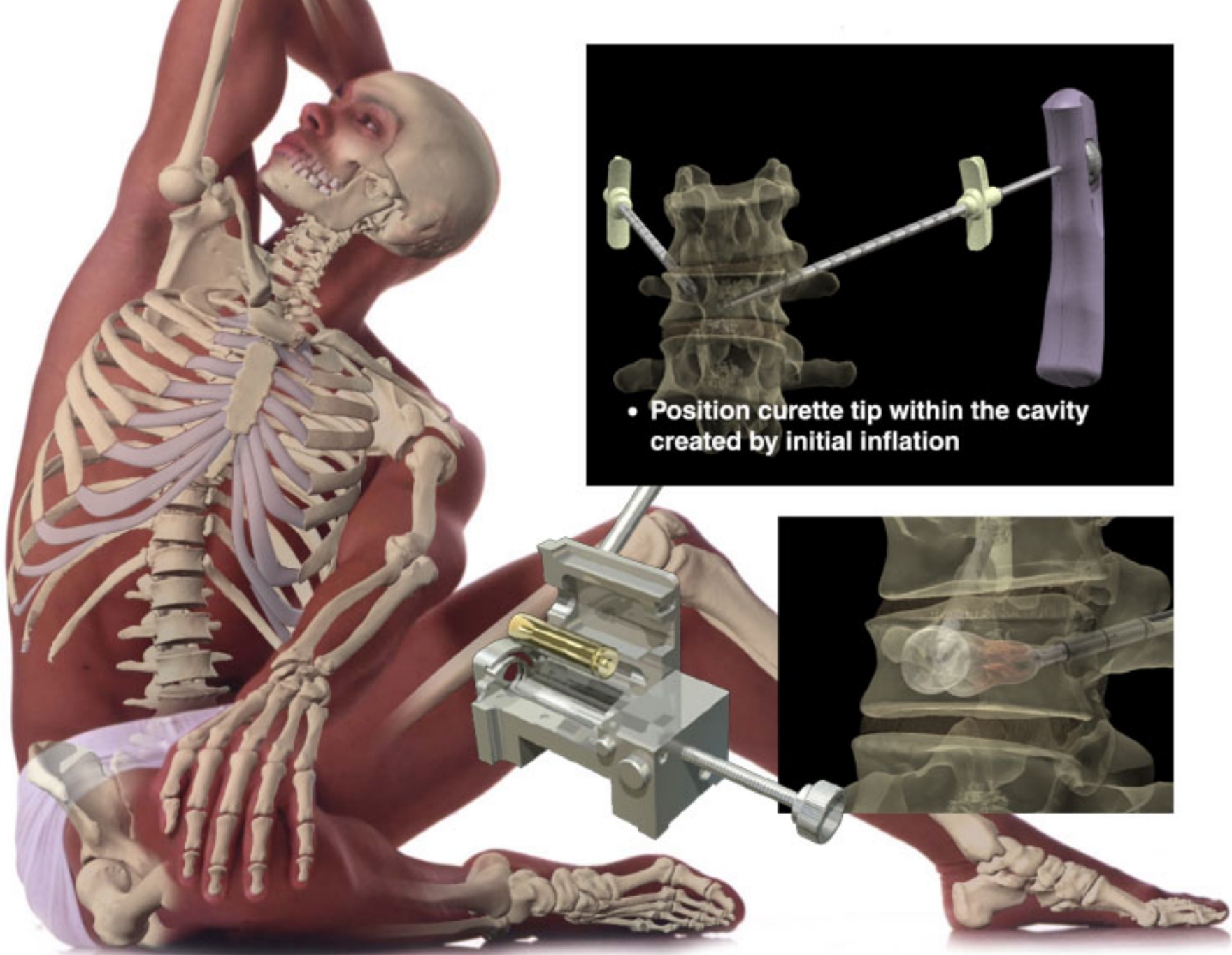






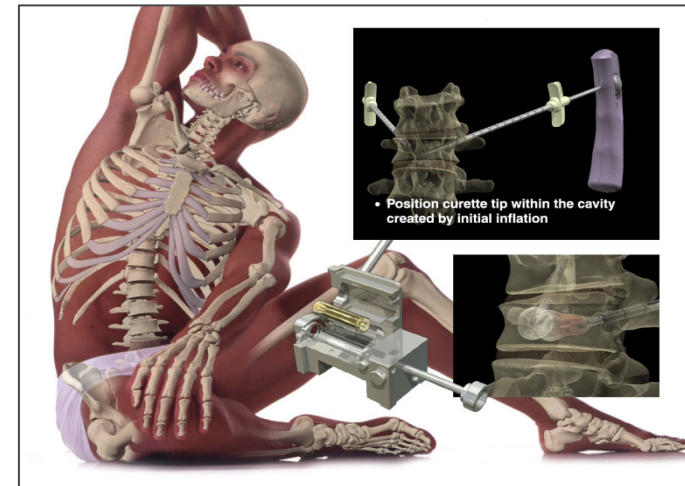






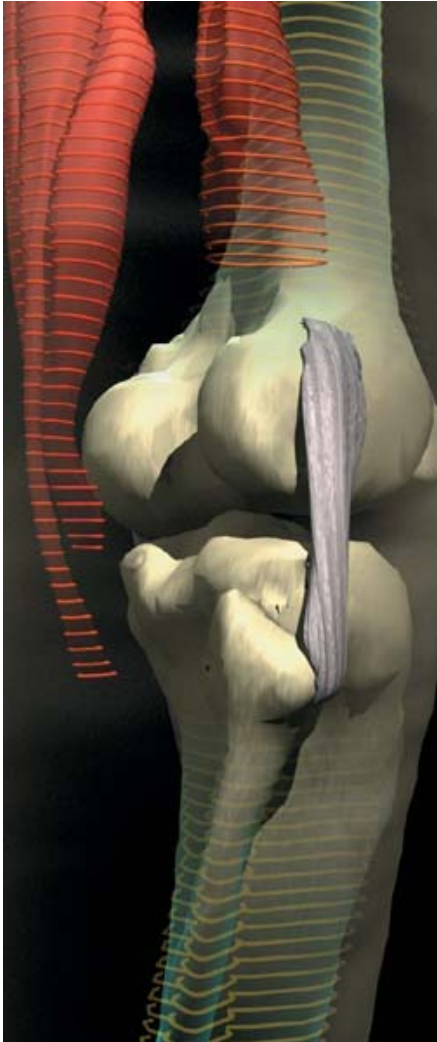
- 15 years in development
- Rebuilt from scan data generated by Primal, augmented by the Visible Human...and completed by hand segmentation of anatomical structures
- Honored with record six BMA awards with additional prizes from the USA and Europe
- Numerous grants for innovation

- Full body views and 9 regions in detail
- Clinician modules
- Select structure to display text
 - ❑ Written by PhD anatomy professors
 - ❑ Evidence-based
- MRI correlates to structures
- Pathology slides
- Functional & treatment videos
- Test bank questions

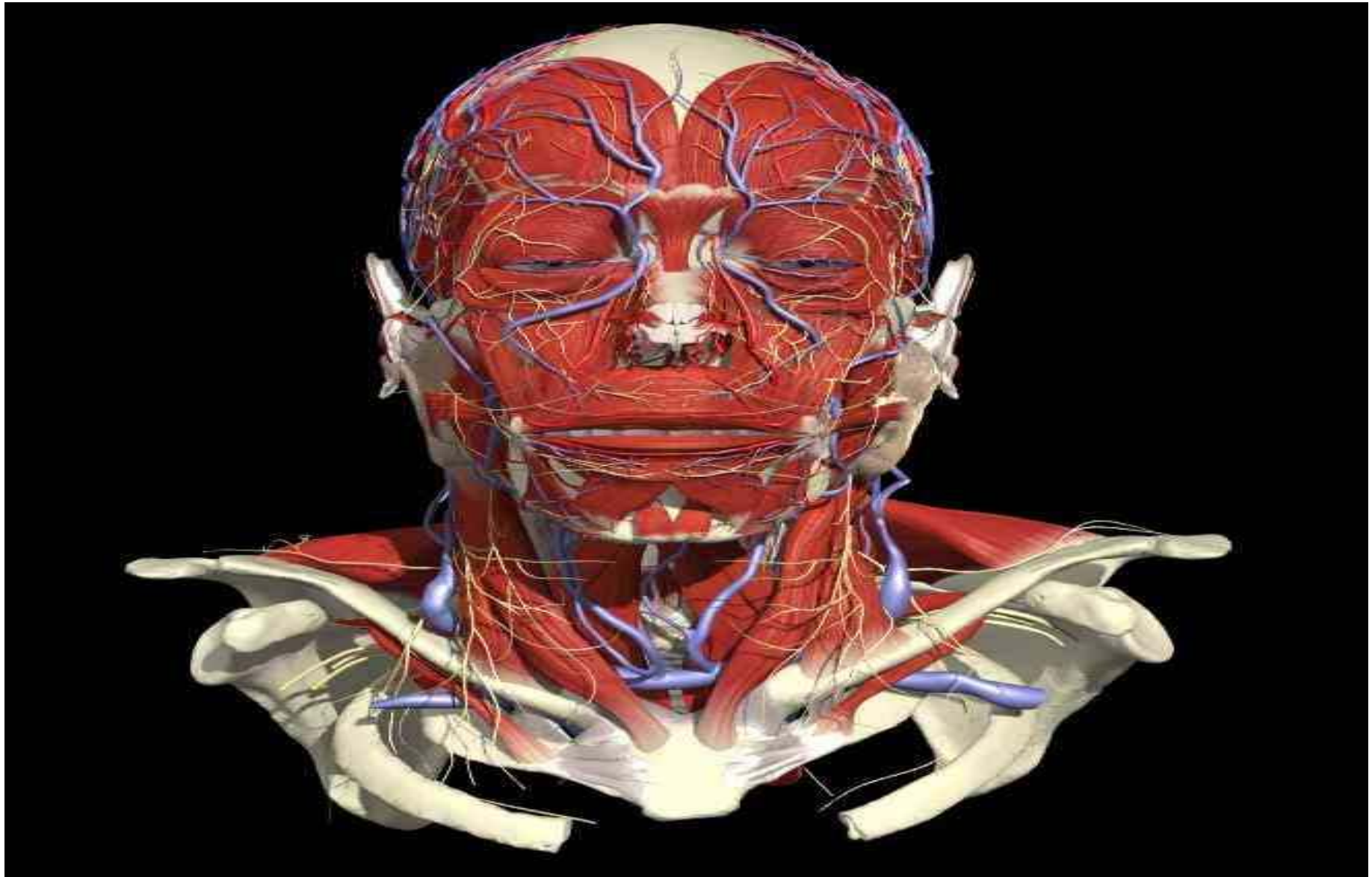


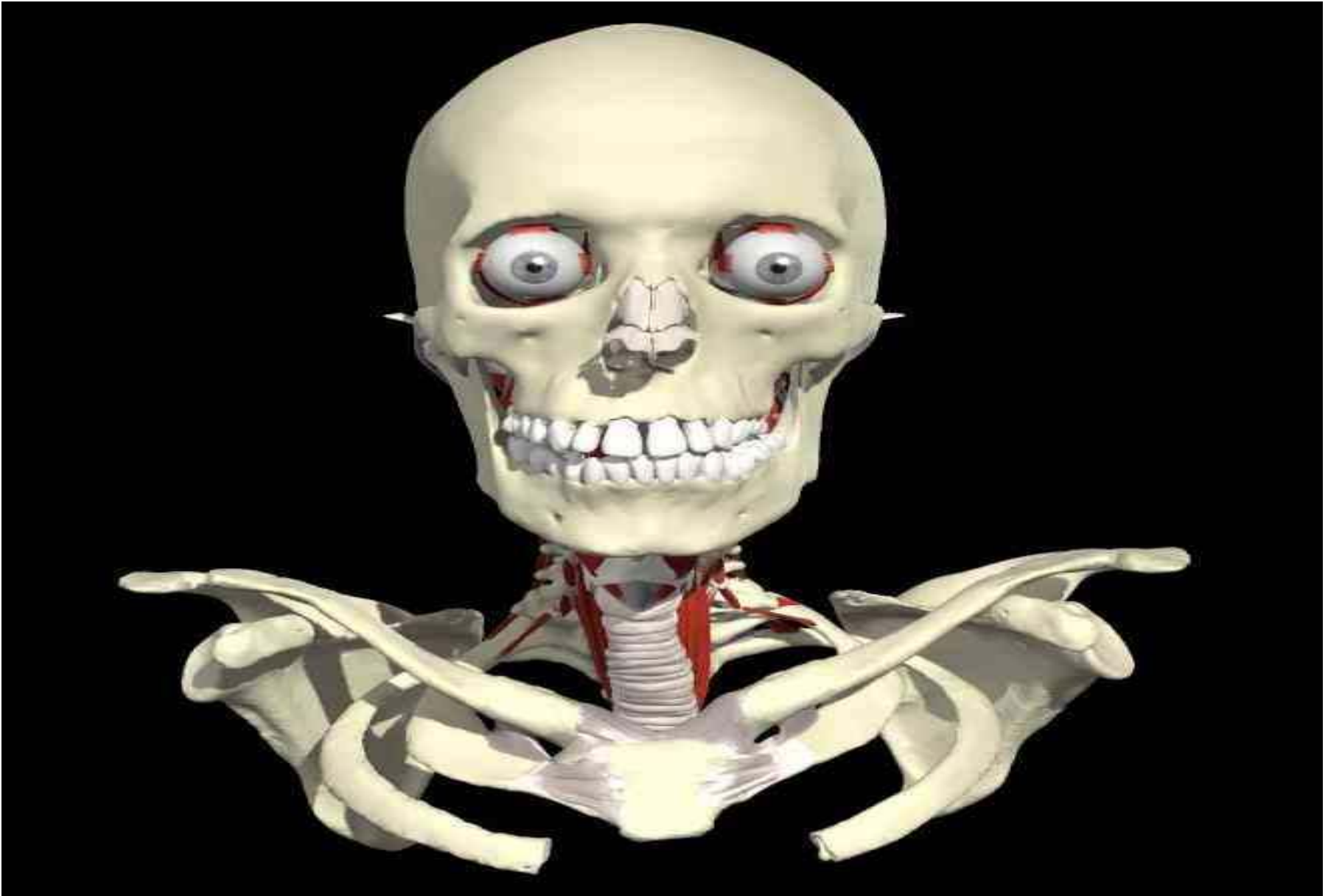
- **Cadaver alternative***
- Remote access: students learn anywhere, anytime
- No limit on copyright for educational purposes
 - ▣ Export images and videos to enhance lectures and syllabi
- High level of accuracy and detail good enough for medical students and physicians
- Online Study Guide: digests content into a course aimed at allied health and nursing
- Question banks for self-testing

*For example in the US 90% of allied health programs do not have access to cadavers - yet, anatomy and bio-mechanics form a core part of curriculum. Estimate for cost of cadaver program run to \$1 million!



- Post-graduate training where advanced knowledge of anatomy is key
 - ❑ Orthopaedics, radiology, obstetrics & gynaecology, surgery, etc.
- Professional recertification
- Better than a 2D atlas to prepare for surgeries and other procedures - promotes patient safety
- More effective patient education
- Modules dedicated to hip arthroplasty, spinal procedures, and knee surgery





Thank You Very Much for your attention!

Vincent Maessen

vmaessen@ovid.com