MEDICINE FOR DIZZINESS PH

MEDICINE FOR DIZZINESS PH IS A CRUCIAL TOPIC FOR INDIVIDUALS EXPERIENCING FREQUENT EPISODES OF DIZZINESS IN THE PHILIPPINES. DIZZINESS CAN SIGNIFICANTLY AFFECT DAILY ACTIVITIES AND OVERALL QUALITY OF LIFE, PROMPTING MANY TO SEEK EFFECTIVE TREATMENTS. THIS ARTICLE PROVIDES A COMPREHENSIVE OVERVIEW OF THE AVAILABLE MEDICINES FOR DIZZINESS IN THE PH MARKET, THEIR USES, SIDE EFFECTS, AND WHEN TO CONSULT A HEALTHCARE PROFESSIONAL. UNDERSTANDING THE CAUSES OF DIZZINESS AND THE APPROPRIATE MEDICATION OPTIONS IS ESSENTIAL FOR SAFE AND EFFECTIVE MANAGEMENT. ADDITIONALLY, THE ARTICLE COVERS COMMON HERBAL AND OVER-THE-COUNTER REMEDIES POPULAR IN THE PHILIPPINES, AS WELL AS PREVENTIVE MEASURES TO REDUCE THE FREQUENCY OF DIZZY SPELLS. FOR THOSE LOOKING FOR RELIABLE, PROFESSIONAL ADVICE ON MANAGING DIZZINESS, THIS GUIDE SERVES AS AN AUTHORITATIVE RESOURCE. BELOW IS THE TABLE OF CONTENTS OUTLINING THE KEY SECTIONS COVERED.

- COMMON CAUSES OF DIZZINESS
- Types of Medicine for Dizziness PH
- Over-the-Counter vs Prescription Medicines
- HERBAL AND ALTERNATIVE REMEDIES IN THE PHILIPPINES
- SIDE EFFECTS AND PRECAUTIONS
- When to See a Doctor

COMMON CAUSES OF DIZZINESS

DIZZINESS IS A SYMPTOM RATHER THAN A DISEASE ITSELF, AND IT CAN ARISE FROM VARIOUS UNDERLYING CONDITIONS. IN THE PHILIPPINES, COMMON CAUSES OF DIZZINESS INCLUDE DEHYDRATION, LOW BLOOD SUGAR, INNER EAR PROBLEMS, AND CARDIOVASCULAR ISSUES. Understanding these causes is vital for selecting the appropriate medicine for dizziness ph. Inner ear disorders such as vestibular neuritis or benign paroxysmal positional vertigo (BPPV) often result in vertigo, a spinning sensation. Other causes include anemia, medication side effects, and anxiety disorders. Proper diagnosis is critical to ensure the effective treatment of dizziness.

DEHYDRATION AND NUTRITIONAL DEFICIENCIES

DEHYDRATION IS A FREQUENT CAUSE OF DIZZINESS, ESPECIALLY IN TROPICAL CLIMATES LIKE THE PHILIPPINES. LACK OF FLUIDS OR ESSENTIAL NUTRIENTS SUCH AS IRON AND VITAMINS CAN LEAD TO LIGHTHEADEDNESS. THIS TYPE OF DIZZINESS TYPICALLY IMPROVES WITH HYDRATION AND DIETARY ADJUSTMENTS BUT MAY REQUIRE SPECIFIC SUPPLEMENTS OR MEDICATIONS IF SEVERE.

INNER EAR DISORDERS

THE VESTIBULAR SYSTEM IN THE INNER EAR HELPS MAINTAIN BALANCE. CONDITIONS AFFECTING THIS SYSTEM, SUCH AS BPPV OR LABYRINTHITIS, CAN CAUSE DIZZINESS OR VERTIGO. MEDICINES THAT TARGET THESE CONDITIONS AIM TO REDUCE INFLAMMATION AND IMPROVE BALANCE FUNCTION.

Types of Medicine for Dizziness PH

THERE ARE SEVERAL CATEGORIES OF MEDICINE FOR DIZZINESS PH AVAILABLE IN PHARMACIES AND CLINICS ACROSS THE PHILIPPINES.

THESE INCLUDE ANTIHISTAMINES, VESTIBULAR SUPPRESSANTS, ANTIEMETICS, AND VASODILATORS. EACH TYPE ADDRESSES DIFFERENT CAUSES AND SYMPTOMS ASSOCIATED WITH DIZZINESS AND VERTIGO.

ANTIHISTAMINES

ANTIHISTAMINES SUCH AS MECLIZINE AND DIMENHYDRINATE ARE COMMONLY USED TO TREAT DIZZINESS RELATED TO MOTION SICKNESS AND INNER EAR PROBLEMS. THEY WORK BY BLOCKING HISTAMINE RECEPTORS IN THE BRAIN THAT CONTRIBUTE TO NAUSEA AND BALANCE DYSFUNCTION. THESE MEDICINES ARE WIDELY AVAILABLE OVER THE COUNTER IN THE PHILIPPINES.

VESTIBULAR SUPPRESSANTS

VESTIBULAR SUPPRESSANTS LIKE BETAHISTINE IMPROVE BLOOD FLOW IN THE INNER EAR AND REDUCE THE SENSATION OF VERTIGO.
BETAHISTINE IS OFTEN PRESCRIBED FOR MP NIP RE'S DISEASE AND OTHER VESTIBULAR DISORDERS. IT HELPS ALLEVIATE DIZZINESS BY STABILIZING THE EAR'S SENSORY APPARATUS.

ANTIEMETICS

MEDICATIONS SUCH AS PROMETHAZINE AND METOCLOPRAMIDE ARE USED TO CONTROL NAUSEA AND VOMITING ASSOCIATED WITH SEVERE DIZZINESS. THESE DRUGS CAN BE PRESCRIBED ALONGSIDE OTHER TREATMENTS TO IMPROVE PATIENT COMFORT DURING EPISODES OF VERTIGO.

VASODILATORS

VASODILATORS HELP IMPROVE CIRCULATION AND OXYGEN SUPPLY TO THE BRAIN, WHICH CAN REDUCE DIZZINESS CAUSED BY POOR BLOOD FLOW. EXAMPLES INCLUDE CINNARIZINE AND FLUNARIZINE, WHICH ARE SOMETIMES PRESCRIBED FOR CHRONIC DIZZINESS AND MIGRAINE-ASSOCIATED VERTIGO.

OVER-THE-COUNTER VS PRESCRIPTION MEDICINES

IN THE PHILIPPINES, SOME MEDICINES FOR DIZZINESS ARE AVAILABLE OVER THE COUNTER, WHILE OTHERS REQUIRE A PRESCRIPTION.

UNDERSTANDING THE DIFFERENCE HELPS ENSURE SAFE AND EFFECTIVE TREATMENT.

OVER-THE-COUNTER OPTIONS

COMMON OVER-THE-COUNTER (OTC) MEDICINES INCLUDE DIMENHYDRINATE AND MECLIZINE. THESE ARE SUITABLE FOR MILD TO MODERATE DIZZINESS CAUSED BY MOTION SICKNESS OR MINOR VESTIBULAR ISSUES. OTC OPTIONS ARE CONVENIENT BUT SHOULD BE USED AS DIRECTED TO AVOID SIDE EFFECTS.

PRESCRIPTION MEDICINES

Prescription medicines such as betahistine, promethazine, and cinnarizine are generally reserved for more persistent or severe dizziness. A doctor's evaluation is necessary to determine the appropriate medication and dosage. Prescription medicines often come with more detailed usage instructions and potential side effects.

HERBAL AND ALTERNATIVE REMEDIES IN THE PHILIPPINES

ASIDE FROM PHARMACEUTICAL OPTIONS, MANY FILIPINOS TURN TO HERBAL AND TRADITIONAL REMEDIES TO MANAGE DIZZINESS.
THESE ALTERNATIVES CAN COMPLEMENT CONVENTIONAL MEDICINE BUT SHOULD BE USED CAUTIOUSLY.

COMMON HERBAL REMEDIES

- **GINGER** KNOWN FOR ITS ANTI-NAUSEA PROPERTIES, GINGER TEA OR SUPPLEMENTS MAY HELP REDUCE DIZZINESS SYMPTOMS.
- GINKGO BILOBA OFTEN USED TO IMPROVE BLOOD CIRCULATION AND COGNITIVE FUNCTION, GINKGO MAY ALLEVIATE DIZZINESS RELATED TO POOR BLOOD FLOW.
- LAGUNDI A TRADITIONAL PHILIPPINE HERB BELIEVED TO HAVE ANTI-INFLAMMATORY EFFECTS THAT COULD BENEFIT INNER EAR CONDITIONS.

ACUPUNCTURE AND PHYSICAL THERAPY

Some individuals find relief from dizziness through acupuncture or vestibular rehabilitation therapy, which involves specific exercises to improve balance and reduce vertigo episodes.

SIDE EFFECTS AND PRECAUTIONS

ALL MEDICINES FOR DIZZINESS PH COME WITH POTENTIAL SIDE EFFECTS AND PRECAUTIONS THAT USERS MUST CONSIDER.

UNDERSTANDING THESE RISKS PROMOTES SAFER USE AND BETTER OUTCOMES.

COMMON SIDE EFFECTS

Side effects vary depending on the medication type but may include drowsiness, dry mouth, blurred vision, and gastrointestinal discomfort. Antihistamines and vestibular suppressants often cause sedation, which can affect activities requiring alertness.

PRECAUTIONS

- CONSULT A HEALTHCARE PROFESSIONAL BEFORE STARTING ANY NEW MEDICINE, ESPECIALLY IF PREGNANT OR BREASTFEEDING.
- AVOID OPERATING HEAVY MACHINERY OR DRIVING WHILE TAKING SEDATING MEDICATIONS.
- INFORM YOUR DOCTOR ABOUT EXISTING HEALTH CONDITIONS AND OTHER MEDICATIONS TO PREVENT HARMFUL INTERACTIONS.
- FOLLOW THE PRESCRIBED DOSAGE AND DURATION STRICTLY TO AVOID DEPENDENCY OR REBOUND SYMPTOMS.

WHEN TO SEE A DOCTOR

While many dizziness episodes can be managed with over-the-counter medicine for dizziness ph and lifestyle adjustments, certain signs necessitate immediate medical attention. Severe dizziness accompanied by fainting, chest pain, sudden hearing loss, or neurological symptoms such as weakness or difficulty speaking should prompt urgent evaluation.

WARNING SIGNS

- SUDDEN, SEVERE DIZZINESS OR VERTIGO
- LOSS OF CONSCIOUSNESS OR FAINTING SPELLS
- PERSISTENT VOMITING OR INABILITY TO EAT/DRINK
- VISUAL DISTURBANCES OR DOUBLE VISION
- . WEAKNESS, NUMBNESS, OR DIFFICULTY WALKING

PROMPT CONSULTATION WITH A HEALTHCARE PROFESSIONAL ENSURES ACCURATE DIAGNOSIS AND EFFECTIVE TREATMENT, REDUCING THE RISK OF COMPLICATIONS RELATED TO DIZZINESS.

FREQUENTLY ASKED QUESTIONS

WHAT ARE THE COMMON MEDICINES USED FOR DIZZINESS IN THE PHILIPPINES?

COMMON MEDICINES FOR DIZZINESS IN THE PHILIPPINES INCLUDE MECLIZINE, BETAHISTINE, DIMENHYDRINATE, AND VERTIGO-SPECIFIC TREATMENTS PRESCRIBED BY DOCTORS.

CAN I BUY DIZZINESS MEDICINE OVER THE COUNTER IN THE PHILIPPINES?

Some dizziness medicines like meclizine and dimenhydrinate are available over the counter in the Philippines, but it is advisable to consult a pharmacist or doctor before use.

ARE THERE NATURAL REMEDIES FOR DIZZINESS COMMONLY USED IN THE PHILIPPINES?

YES, NATURAL REMEDIES SUCH AS GINGER TEA, STAYING HYDRATED, AND ADEQUATE REST ARE COMMONLY USED IN THE PHILIPPINES TO HELP ALLEVIATE DIZZINESS SYMPTOMS.

WHEN SHOULD I SEE A DOCTOR FOR DIZZINESS IN THE PHILIPPINES?

YOU SHOULD SEE A DOCTOR IF DIZZINESS IS SEVERE, RECURRENT, ACCOMPANIED BY OTHER SYMPTOMS LIKE FAINTING, CHEST PAIN, OR IF IT AFFECTS YOUR DAILY ACTIVITIES.

IS BETAHISTINE EFFECTIVE FOR TREATING DIZZINESS CAUSED BY VERTIGO?

YES, BETAHISTINE IS OFTEN PRESCRIBED TO TREAT VERTIGO AND DIZZINESS AS IT IMPROVES BLOOD FLOW IN THE INNER EAR, REDUCING SYMPTOMS.

ARE THERE ANY SIDE EFFECTS OF DIZZINESS MEDICATION AVAILABLE IN THE PHILIPPINES?

SIDE EFFECTS VARY BY MEDICATION BUT CAN INCLUDE DROWSINESS, DRY MOUTH, HEADACHE, OR NAUSEA. ALWAYS READ THE LABEL AND CONSULT A HEALTHCARE PROVIDER.

CAN DIZZINESS MEDICINE INTERACT WITH OTHER DRUGS COMMONLY USED IN THE PHILIPPINES?

YES, DIZZINESS MEDICINES CAN INTERACT WITH OTHER DRUGS SUCH AS SEDATIVES, ANTIHISTAMINES, AND BLOOD PRESSURE MEDICATIONS. INFORM YOUR DOCTOR ABOUT ALL MEDICATIONS YOU ARE TAKING.

HOW DO I PROPERLY STORE DIZZINESS MEDICINE PURCHASED IN THE PHILIPPINES?

STORE DIZZINESS MEDICINE IN A COOL, DRY PLACE AWAY FROM DIRECT SUNLIGHT AND OUT OF REACH OF CHILDREN, FOLLOWING STORAGE INSTRUCTIONS ON THE PACKAGING.

ADDITIONAL RESOURCES

1. DIZZINESS AND VERTIGO: A PRACTICAL GUIDE TO DIAGNOSIS AND MANAGEMENT

THIS BOOK OFFERS A COMPREHENSIVE OVERVIEW OF DIZZINESS AND VERTIGO, FOCUSING ON CLINICAL DIAGNOSIS AND EFFECTIVE TREATMENT STRATEGIES. IT IS DESIGNED FOR HEALTHCARE PROFESSIONALS WHO MANAGE PATIENTS WITH BALANCE DISORDERS. THE TEXT INCLUDES CASE STUDIES, DIAGNOSTIC ALGORITHMS, AND UPDATED THERAPEUTIC OPTIONS, MAKING IT AN ESSENTIAL RESOURCE FOR NEUROLOGISTS, OTOLARYNGOLOGISTS, AND PRIMARY CARE PHYSICIANS.

2. CLINICAL NEUROPHYSIOLOGY OF DIZZINESS AND VERTIGO

This volume delves into the neurophysiological mechanisms underlying dizziness and vertigo. It covers vestibular system anatomy, pathophysiology, and electrophysiological testing methods. The book is valuable for neurologists and audiologists seeking to understand the complex neural pathways involved in balance disorders and to improve diagnostic accuracy.

3. VESTIBULAR REHABILITATION THERAPY: PROTOCOLS AND PRACTICE

FOCUSING ON THERAPEUTIC APPROACHES, THIS BOOK DETAILS REHABILITATION TECHNIQUES FOR PATIENTS SUFFERING FROM DIZZINESS AND BALANCE IMPAIRMENTS. IT INCLUDES STEP-BY-STEP PROTOCOLS FOR VESTIBULAR EXERCISES, PATIENT ASSESSMENT TOOLS, AND OUTCOME MEASURES. THIS PRACTICAL GUIDE IS IDEAL FOR PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, AND CLINICIANS INVOLVED IN VESTIBULAR CARE.

4. PHARMACOLOGICAL TREATMENTS FOR DIZZINESS AND VERTIGO

THIS TEXT REVIEWS THE LATEST MEDICATIONS USED TO TREAT VARIOUS CAUSES OF DIZZINESS AND VERTIGO. IT DISCUSSES DRUG MECHANISMS, EFFICACY, SIDE EFFECTS, AND GUIDELINES FOR CLINICAL USE. HEALTHCARE PROVIDERS WILL FIND THIS BOOK USEFUL FOR OPTIMIZING PHARMACOTHERAPY AND MANAGING COMPLEX CASES RESISTANT TO CONVENTIONAL TREATMENTS.

5. INNER EAR DISORDERS AND THEIR IMPACT ON DIZZINESS

THIS BOOK EXPLORES INNER EAR PATHOLOGIES SUCH AS MENIERE'S DISEASE, LABYRINTHITIS, AND VESTIBULAR NEURITIS THAT CONTRIBUTE TO DIZZINESS SYMPTOMS. IT COMBINES CLINICAL INSIGHTS WITH DIAGNOSTIC IMAGING AND AUDIOLOGICAL ASSESSMENTS. THE AUTHORS PROVIDE COMPREHENSIVE MANAGEMENT STRATEGIES, INCLUDING BOTH MEDICAL AND SURGICAL OPTIONS.

6. DIAGNOSTIC IMAGING IN VESTIBULAR DYSFUNCTION

A SPECIALIZED RESOURCE ON THE ROLE OF IMAGING TECHNIQUES LIKE MRI AND CT SCANS IN DIAGNOSING VESTIBULAR DISORDERS. THE BOOK EXPLAINS IMAGING PROTOCOLS, INTERPRETATION OF RESULTS, AND CORRELATION WITH CLINICAL FINDINGS. RADIOLOGISTS AND ENT SPECIALISTS WILL FIND IT AN INVALUABLE TOOL FOR ENHANCING DIAGNOSTIC PRECISION.

7. NEURO-OTOLOGY: DISORDERS OF THE VESTIBULAR SYSTEM

THIS AUTHORITATIVE TEXT COVERS THE NEUROLOGICAL ASPECTS OF VESTIBULAR DISORDERS, INTEGRATING CLINICAL NEUROLOGY AND OTOLOGY. IT ADDRESSES CENTRAL AND PERIPHERAL CAUSES OF DIZZINESS, DIAGNOSTIC CHALLENGES, AND EMERGING TREATMENTS. THE BOOK IS SUITABLE FOR NEUROLOGISTS, OTOLARYNGOLOGISTS, AND NEURO-OTOLOGISTS AIMING

8. DIZZINESS IN PRIMARY CARE: A CLINICAL APPROACH

TAILORED FOR PRIMARY CARE PRACTITIONERS, THIS BOOK PROVIDES A CONCISE AND PRACTICAL APPROACH TO EVALUATING AND MANAGING DIZZINESS. IT EMPHASIZES HISTORY TAKING, PHYSICAL EXAMINATION, AND INITIAL DIAGNOSTIC STEPS. THE GUIDE HELPS CLINICIANS DIFFERENTIATE BETWEEN BENIGN AND SERIOUS CONDITIONS, ENSURING TIMELY REFERRALS AND APPROPRIATE CARE.

9. BALANCE DISORDERS: PATHOPHYSIOLOGY AND CLINICAL MANAGEMENT

This comprehensive resource addresses the broad spectrum of balance disorders, including dizziness, imbalance, and gait disturbances. It covers underlying pathophysiological mechanisms, diagnostic criteria, and multidisciplinary treatment options. Intended for clinicians across specialties, it promotes a holistic approach to patient care.

Medicine For Dizziness Ph

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medicine for dizziness ph: Cardiovascular Medicine and Surgery Debabrata Mukherjee, Richard Lange, Steve Bailey, Ragavendra R. Baliga, Michael Blaha, Bozkurt Biykem, 2021-09-17 Written by clinicians, for clinicians, Cardiovascular Medicine and Surgery offers a comprehensive, authoritative, and multidisciplinary approach to this rapidly evolving field. Covering every area relevant to the daily practice of cardiovascular medicine, this new and innovative reference text, led by Drs. Debabrata Mukherjee and Richard A. Lange, brings together a stellar team of cardiovascular

specialists from leading medical centers worldwide who focus on cutting-edge strategies for the clinical and surgical management of patients. Both medicine and surgery are highlighted in chapters along with follow-up care and changing technology to equip the clinician for optimal patient care. Highly structured and templated chapters cover pathogenesis, diagnosis, management, special considerations/limitations, follow-up care, and on-going and future research.

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medicine for dizziness ph: Geriatric Medicine Michael R. Wasserman, Debra Bakerjian, Sunny Linnebur, Sharon Brangman, Matteo Cesari, Sonja Rosen, 2024-02-19 Both volumes sold as a combined set for a one-time purchase! Older adults represent the most rapidly growing demographic in the U.S. and in many developed countries around the world. The field of geriatric medicine is still relatively young, and is only recently seeing a significant increase in peer reviewed literature. Medicare and Medicaid expenditures related to older adults are nearly a trillion dollars/year in the US. How our healthcare system cares for older adults, and how those older adults navigate an increasingly complex system, is of the utmost importance. According to the Institute of Medicine, physicians and other healthcare professionals receive an inadequate amount of training in geriatric medicine. Geriatric medicine is based on the concept of delivering person centered care with a focus on function and quality of life. It is essential that physicians, nurse practitioners, physician assistants, pharmacists, social workers and other health care professionals all be knowledgeable about thegeriatric approach to care. Geriatric medicine varies from most other fields in medicine. While many specialties function on the basis of evidence-based literature, geriatricians and other clinicians caring for older adults must integrate relatively limited evidence with variable physiological changes and complex psychosocial determinants. Geriatricians are used to caring for

90 year olds with multiple chronic illnesses. Their variable physiology leads to uncertain responses to pharmacotherapy, and their personal goals and wishes need to be incorporated into any plan of care. Practicing geriatric medicine requires the ability to see patterns. But it goes one step further, as the rules are constantly in flux. Every patient is an individual with particular needs and goals. In order to provide true person centered care to older adults, one has to incorporate these factors into the decision making process. The proposed handbookis designed to present a comprehensive and state-of the-art update that incorporates existing literature with clinical experience. Basic science and the physiology of aging create a background, but are not the main focus. This is because every chapter has been written through the lens of "person centered care." This book is about focusing on what matters to the person, and how that is not always about pathology and physiology. The reader generally will not find simple solutions to symptoms, diseases and syndromes. In fact, the key to caring for geriatric patients is the ability to think both critically and divergently at the same time. Geriatrics encompasses multiple disciplines and spans all of the subspecialties. It requires knowledge of working within an interdisciplinary team. It requires an appreciation of how quality of life varies with each individual and creates treatment and care plans that also vary. And most of all, it requires a firm commitment to first learning who the person is so that all of the necessary data can be analyzed and integrated into a true person centered plan of care. This book aims to serve as an unparalleled resource for meeting these challenges. Updated and revised from the previous edition, this text features over 40 new peer-reviewed chapters, new references, and a wide array of useful new tools that are updated on a regular basis by interdisciplinary and interprofessional experts in geriatric medicine.

medicine for dizziness ph: Pulmonary Hypertension Bradley A. Maron, Roham T. Zamanian, Aaron B. Waxman, 2015-11-02 This book provides the framework for a singular reference in the field of pulmonary hypertension. Pulmonary vascular disease is a complex and heterogeneous condition characterized by remodeling of distal pulmonary arterioles that increases pulmonary vascular resistance to affect cardiopulmonary hemodynamic and right ventricular function adversely, resulting in a clinical syndrome of diminished exercise tolerance, shortness of breath, and heart failure-associated morbidity and mortality. Owing to the availability of novel pulmonary circulation-selective pharmacotherapies over the previous decade, the number of pulmonary hypertension patients eligible for treatment has increased substantially. Despite this progress, under-awareness persists within the practicing pulmonary, cardiovascular, and general internal medicine communities. This is due, in part, to the complex array of molecular mechanisms implicated in the pathobiology of PH, as well as cutting-edge discoveries from translational scientific works that provide a new framework by which to understand pulmonary vascular-right ventricular coupling. Taken together, a key educational opportunity is exposed to bridge this knowledge gap through the synthesis of a contemporary text that emphasizes basic science, translational and clinical principles, and treatment strategies for understanding pulmonary hypertension.

medicine for dizziness ph: Inpatient Cardiovascular Medicine Brahmajee K. Nallamothu, Timir S. Baman, 2013-11-18 The first book developed specifically for hospitalists managing the growing number of patients with cardiovascular disorders Cardiovascular disease is a major cause of hospitalization and mortality worldwide, and will account for approximately twenty million deaths in 2015. Due to this growing problem, many patients are being managed by non-cardiovascular physicians in the inpatient setting. As a result, hospitalists and other inpatient physicians without specialized training in cardiology are faced with uncertainty when contemplating the proper management of these patients. This book focuses on inpatient cardiovascular medicine in a highly algorithmic and evidence-based approach, so that users will be able to care for their hospitalized patients directly, using the best contemporary evidence available. It emphasizes the practical, immediate application of principles and treatment recommendations into everyday clinical inpatient practice, while simplifying the approach to these patients by utilizing visual aids such as carefully designed charts, illustrations, and diagrams. Inpatient Cardiovascular Medicine features thoughtful, comprehensive coverage by top experts in the field. Topics include: Cardiovascular History and

Physical Examination Introduction to Electrocardiography Non-invasive Cardiac Imaging Cardiac Stress Testing and the Evaluation of Chest Pain Perioperative Cardiac Evaluation Cardiac Resuscitation Acute Coronary Syndromes: Unstable Angina and Non-ST Elevation Myocardial Infarction Acute ST-Elevation Myocardial Infarction Chronic Coronary Artery Disease Peripheral Arterial Disease Thoracic Aortic Disease Systolic Heart Failure Diastolic Heart Failure Dilated and Restrictive Cardiomyopathy Hypertrophic Cardiomyopathy Heart Transplantation and Left Ventricular Assist Devices Syncope Approach to the Patient with a Narrow Complex Tachycardia Approach to the Patient with a Wide Complex Tachycardia Atrial Fibrillation and Atrial Flutter Antiarrhythmic Drug Therapy Cardiac Pacemakers and Implantable Defibrillators Valvular Heart Disease Infective Endocarditis Pericardial Diseases Pulmonary Hypertension Cardiac Tumors

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