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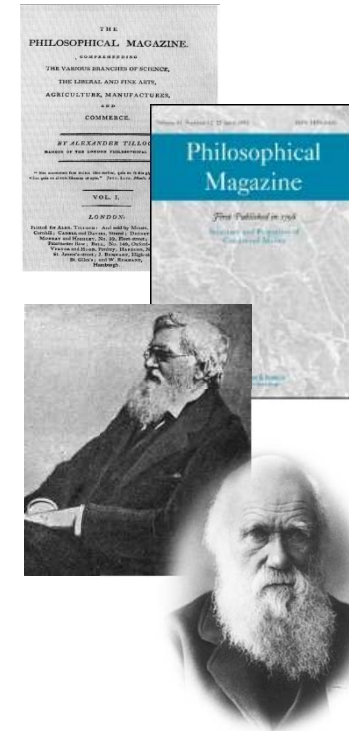


Information Classification: General



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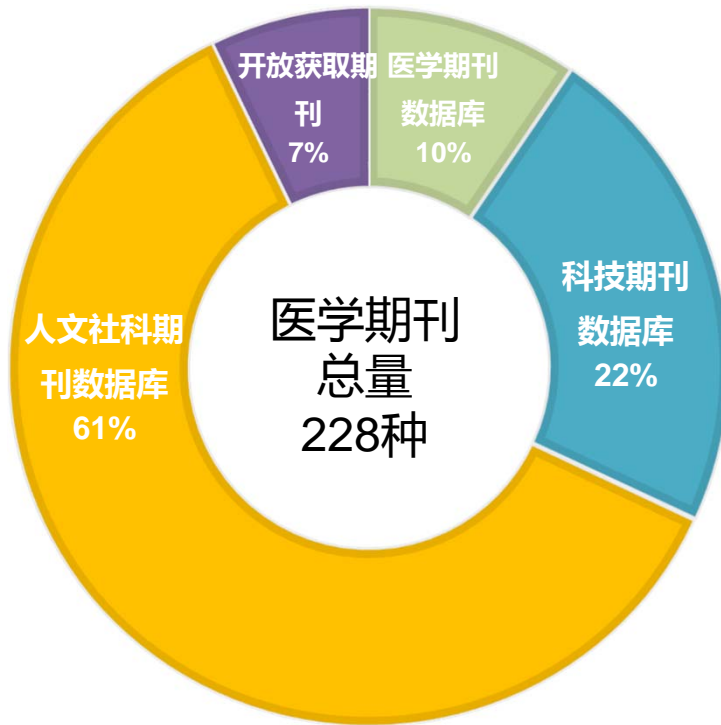
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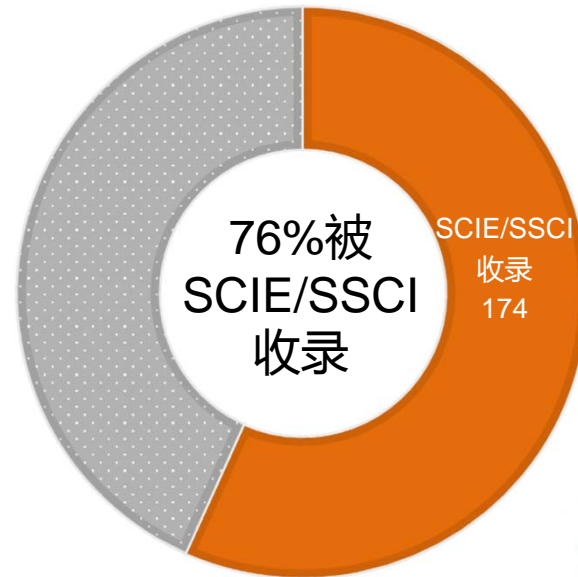


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**EXPERT  
OPINION**

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 药物经济学  
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# 高影响力因子期刊



\* 2017 Journal Citation Reports®, (Thomson Reuters, 2018)

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Nanotoxicology	《纳米毒理学》	5.811	6/94 毒理学 25/92 纳米科学和纳米技术
Oncolmunology	《肿瘤免疫学》	5.963	31/155 免疫学 42/223 肿瘤学
The American Journal of Bioethics	《美国生物伦理学期刊》	4.847	1/16 医学伦理学 1/52 伦理学 2/40 社会问题 1/42 社会科学，生物医学
Critical Reviews in Toxicology	《毒理学评论》	5.313	8/94 毒理学
Drug Metabolism Reviews	《药物代谢评论》	4.450	30/261 药物学和药剂学
International Reviews of Immunology	《国际免疫学评论》	2.933	84/155 免疫学
Critical Reviews in Clinical Laboratory Sciences	《临床实验室科学评论》	6.481	2/30 医学实验室技术
The World Journal of Biological Psychiatry	《世界生物精神病学期刊》	3.713	38/142 精神病学
Annals of Medicine	《医学纪事》	3.007	33/155 医学：内科
Acta Oncologica	《肿瘤学报》	3.473	94/223 肿瘤学
International Journal of Hyperthermia	《国际高温期刊》	3.440	27/129 放射，核医学与医学影像学 97/223 肿瘤学

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刊名	中文译名	2017影响因子*	2017学科排名*
The American Journal of Bioethics	《美国生物伦理学期刊》	4.847	1/16 医学伦理学 1/52 伦理学 2/40 社会问题 1/42 社会科学，生物医学
Augmentative & Alternative Communication	《辅助沟通系统》	2.137	8/69 康复学 4/25 听力与语言病理学
Critical Reviews in Clinical Laboratory Sciences	《临床实验室科学评论》	<b>6.481</b>	2/30 医学实验室技术
International Journal of Radiation Biology	《国际辐射生物学期刊》	1.970	3/33 核科学和技术
Nanotoxicology	《纳米毒理学》	<b>5.811</b>	<b>6/94 毒理学</b>
Prehospital Emergency Care	《入院前的急救护理》	2.269	7/26 急诊医学
Disability & Rehabilitation	《残疾与康复》	2.042	11/69 康复学
Critical Reviews in Toxicology	《毒理学评论》	<b>5.313</b>	8/94 毒理学
AIDS Care	《艾滋病护理》	1.994	12/42 社会科学，生物医学
Brain Injury	《脑损伤》	2.061	18/65 康复学

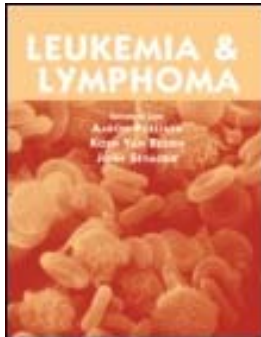
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1	Expert Review of Anticancer Therapy 《抗癌治疗专家评论》	11	Expert Opinion on Pharmacotherapy 《药物治疗专家评论》
2	Expert Review of Molecular Diagnostics 《分子诊断学专家评论》	12	Current Medical Research & Opinion 《当代医学研究与见解》
3	Leukemia & Lymphoma 《白血病和淋巴瘤》	13	Expert Opinion on Drug Delivery 《药物输送专家评论》
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5	Acta Oncologica 《肿瘤学报》	15	Expert Opinion on Biological Therapy 《生物疗法专家评论》
6	Expert Review of Proteomics 《蛋白质组学专家评论》	16	Expert Review of Clinical Immunology 《临床免疫学专家评论》
7	Expert Review of Gastroenterology & Hepatology 《肠胃病学与肝脏病学专家评论》	17	Expert Opinion on Therapeutic Targets 《治疗靶标专家评论》
8	Journal of Maternal-Fetal & Neonatal Medicine 《母体 - 胎儿与新生儿医学期刊》	18	Expert Opinion on Investigational Drugs 《调研药物专家评论》
9	Expert Review of Anti-infective Therapy 《抗感染治疗专家评论》	19	Current Eye Research 《当前眼科研究》
10	Expert Review of Neurotherapeutics 《神经治疗学专家评论》	20	Expert Review of Hematology 《药物输送专家评论》

# Leukemia & Lymphoma

## 《白血病与淋巴瘤》



纸本: 1042-8194  
电子: 1029-2403

- 该刊已连续出版了超过40年;
- 编辑包括彼得·麦卡伦癌症中心血液与肿瘤系主任, John Seymour教授, 因其在血液肿瘤临床研究的领导地位而获得女王寿辰授勋荣誉;
- 2017年影响因子: 2.644(引自Web of Science 2017年期刊引文报告®)

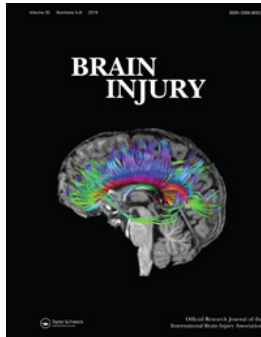
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# Brain Injury 《脑损伤》



纸本: 0269-9052  
电子: 1362-301X

- 2017年影响因子: 2.061(引自Web of Science 2017年期刊引文报告®);
- 国际脑损伤协会的官方研究期刊; 
- 联合主编: Jeffrey S. Kreutzer博士, ABPP,FACRM: 弗吉尼亚联邦大学医学中心复健系; 医学博士Nathan D. Zasler, AAPM&R, FAADEP, DAAPM, CBIST: 弗吉尼亚脑震荡护理中心有限公司, 生命服务之树公司;
- 2015年出版了运动脑震荡研究专刊;
- 编辑每年为上年度发表的最佳评论论文授予亨利·斯托尼宁顿奖。

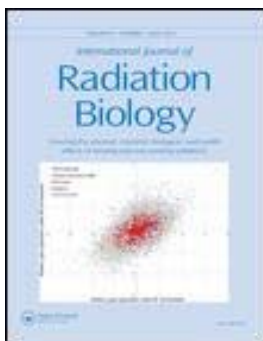
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# International Journal of Radiation Biology

## 《国际放射生物学期刊》



纸本: 0955-3002  
电子: 1362-3095

- 2017年影响因子: 1.970, 3/33核科技(引自Web of Science 2017年期刊引文报告®);
- 该刊创刊于1959年, 已经出版了超过50年;
- 主编: Gayle Woloschak教授, 美国芝加哥西北医疗(Northwestern Medicine, Chicago, USA);
- 前任主编: Richard P. Hill, 因其在癌症研究方面的卓越成就获得加拿大癌症学会颁发的**Robert L. Noble**奖。

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# Medical Teacher 《医学教师》



纸本: 0142-159X  
电子: 1466-187X

- 2017年影响因子: 2.450, 8/41(教育, 科学学科);
- 国际医学教育协会官方刊物(International Association for Medical Education);
- 所有AMEE指南都在《医学教师》中首先发表。国际化编委会对期刊政策的建议;
- 其他内容包括健康职业教育高质量研究报告以及有关一系列广泛主题的“怎样做”实践指南。

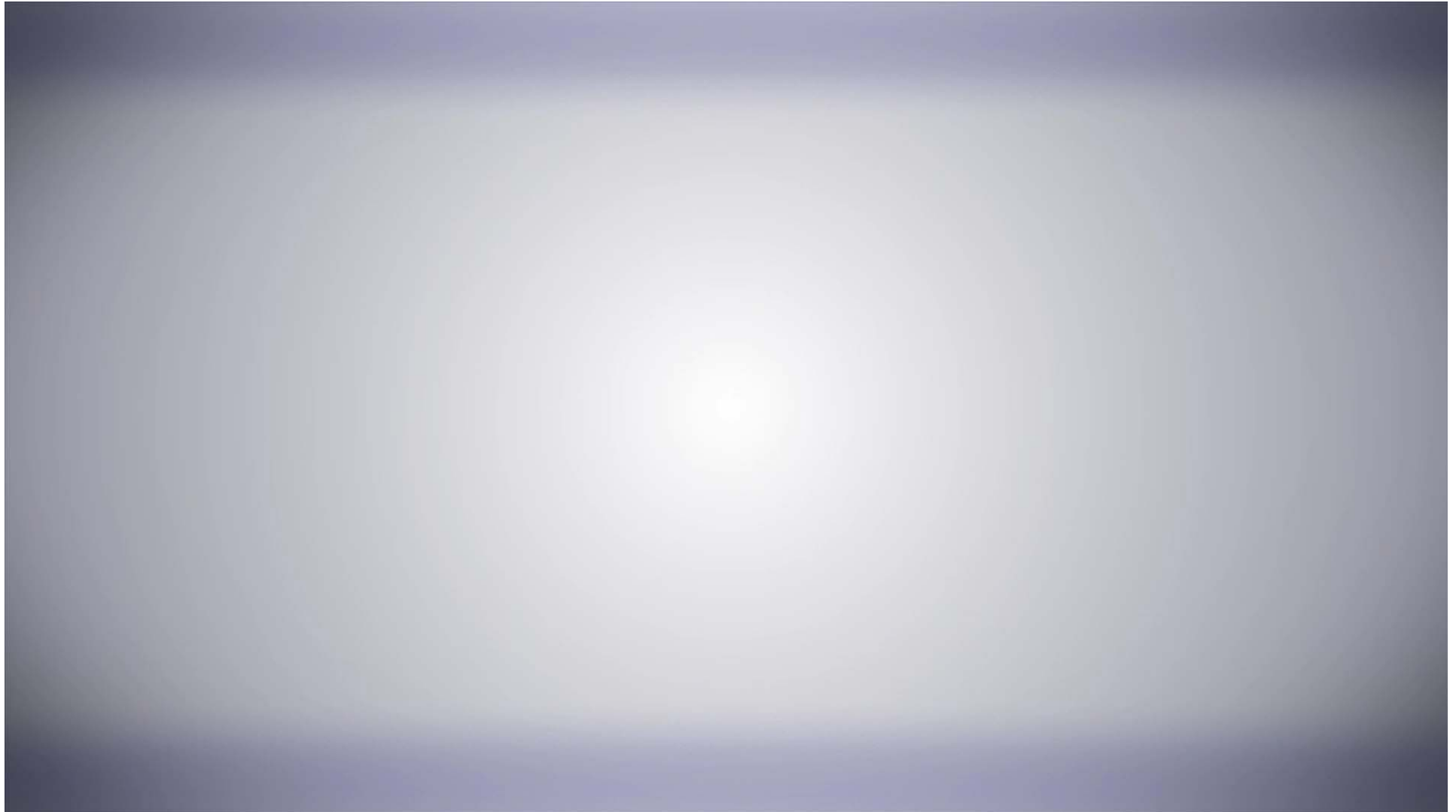
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# Artificial Cells, Nanomedicine, and Biotechnology

## 《人工细胞、纳米医学与生物技术》





# Expert Opinion 专家见解期刊专辑



这些期刊整合了我们的专家作者的个人见解，这些作者都是他们所在研究领域内的国际知名专家。

- ✓ 覆盖药物研发的整个流程
- ✓ 其中10本被MEDLINE收录 ★

专家见解专辑中的11  
本期刊覆盖了整个药  
物研发流程

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# Expert Opinion 专家见解期刊专辑



专家见解期刊发表:

## 特邀综述

- 治疗领域
- 创新专利
- 诊断
- 分子靶点
- 传输技术
- 安全问题
- 药物代谢与毒性

## 评估论文

- 药物评估
- 治疗评估
- 临床试验评估
- 技术评估
- 专利评估
- 重要论文评估

## 原创研究

11份期刊皆欢迎原创研究投稿，随《专家见解》评论一起发表。

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## 如何使用专家系列期刊：范例

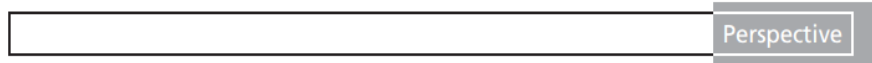
- 争议话题——他汀类药物的使用
- 深入调研，专家见解——老年人多重用药的临床风险
- 治疗指南——莱姆病
- 最新治疗方法——纤维肌痛
- 治疗决策——抗抑郁剂的选择





# 如何使用专家系列期刊：范例

## □ 争议话题——他汀类药物的使用



**EXPERT REVIEWS**

### Statins stimulate atherosclerosis and heart failure: pharmacological mechanisms

*Expert Rev. Clin. Pharmacol. 8(2), 189–199 (2015)*

Harumi Okuyama\*<sup>1</sup>,  
Peter H Langsjoen<sup>2</sup>,  
Tomohito Hamazaki<sup>3</sup>,  
Yoichi Ogushi<sup>4</sup>,  
Rokuro Hama<sup>5</sup>,  
Tetsuyuki Kobayashi<sup>6</sup>  
and Hajime Uchino<sup>7</sup>

<sup>1</sup>Nagoya City University and Institute for Consumer Science and Human Life, Kinjo Gakuin University, 2-1723 Omori, Mariyama, Nagoya 463-8521, Japan  
<sup>2</sup>Clinical Cardiology Practice, 1107 Doctors Drive, Tyler, TX 75701, USA  
<sup>3</sup>Toyama Onsen Daini Hospital, 1-13-6 Taromaru-Nishimachi, Toyama city, Toyama 920-0191, Japan

In contrast to the current belief that cholesterol reduction with statins decreases atherosclerosis, we present a perspective that statins may be causative in coronary artery calcification and can function as mitochondrial toxins that impair muscle function in the heart and blood vessels through the depletion of coenzyme Q<sub>10</sub> and 'heme A', and thereby ATP generation. Statins inhibit the synthesis of vitamin K<sub>2</sub>, the cofactor for matrix Gla-protein activation, which in turn protects arteries from calcification. Statins inhibit the biosynthesis of selenium containing proteins, one of which is glutathione peroxidase serving to suppress peroxidative stress. An impairment of selenoprotein biosynthesis may be a factor in congestive heart failure, reminiscent of the dilated cardiomyopathies seen with selenium deficiency. Thus, the epidemic of heart failure and atherosclerosis that plagues the modern world may paradoxically be aggravated by the pervasive use of statin drugs. We propose that current statin treatment guidelines be critically reevaluated.

**Keywords:** atherosclerosis • ATP generation • coenzyme Q10 • heart failure • mitochondrial toxin • selenoprotein • statin • statin cardiomyopathy • vitamin K<sub>2</sub>

**ScienceDaily**

Your source for the latest research news

Safety, life-saving efficacy of statins have been exaggerated, says scientist

Pharmacist: Beware of side effects when taking statins

- 他汀类药物及其副作用是一个争议性话题
- 专家系列提供了多篇观点文章，让临床医生始终了解到最新相关资讯
- 对这一话题的观点在不断变化，而专家系列的快速发表周期令我们能够发表最新的相关资讯

**SUNDAY EXPRESS**

EXCLUSIVE: Statins linked to 20,000 side effects and 227 deaths

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# 高影响力专家见解文章

□ 深入调研，专家见解——老年人多重用药的临床风险

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**EXPERT OPINION**

1. Introduction
2. Polypharmacy in the various settings
3. Consequences of polypharmacy
4. Evidence that unnecessary drug use can be improved
5. Expert opinion
6. Conclusion

Review

## Clinical consequences of polypharmacy in elderly

Robert L Maher<sup>†</sup>, Joseph Hanlon & Emily R Hajjar  
<sup>†</sup>Duquesne University, Pharmacy, 321 Bayer Building, 600 Forbes Avenue, Pittsburgh, PA, USA

**Introduction:** Polypharmacy, defined as the use of multiple drugs or more than are medically necessary, is a growing concern for older adults. MEDLINE and EMBASE databases were searched from January 1, 1986 to June 30, 2013) to identify relevant articles in people aged > 65 years.

**Areas covered:** We present information about: i) prevalence of polypharmacy and unnecessary medication use; ii) negative consequences of polypharmacy; and iii) interventions to improve polypharmacy.

**Expert opinion:** International research shows that polypharmacy is common in older adults with the highest number of drugs taken by those residing in nursing homes. Nearly 50% of older adults take one or more medications that are not medically necessary. Research has clearly established a strong relationship between polypharmacy and negative clinical consequences. Moreover, well-designed interprofessional (often including clinical pharmacist) intervention studies that focus on enrolling high-risk older patients with polypharmacy have shown that they can be effective in reducing aspects of unnecessary prescribing with mixed results on distal health outcomes.

**Keywords:** aged, drug utilization, polypharmacy, suboptimal drug use

*Expert Opin. Drug Saf. (2014) 13(1):57-65*

**82**

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- 2 blogs
- 9 tweeters
- 1 Facebook page
- 1 Redditor

Readers on

- 153 Mendeley

- 多重用药在老年人门诊医疗、医院和病人家庭护理中普遍存在
- 多重用药提高了老年人发生多项不良健康后果的风险
- 改善多重用药的最佳干预方式是让临床药剂师参与其中

### 5. Expert opinion

There is a lack of a consensus on how to define polypharmacy. Key research findings to date are that the percentage of older adults with polypharmacy defined by medication count varies across numerous studies and healthcare settings. There are few studies that have used a validated implicit measure of unnecessary drug use and examined its predictive validity with important health outcomes. In contrast, research has clearly established a strong relationship between polypharmacy and negative clinical consequences. Moreover, well-designed interprofessional intervention studies that focus on enrolling high-risk older patients with polypharmacy have shown that they can be effective in reducing aspects of unnecessary drug use prescribing with mixed results on distal health outcomes.

In the United States in 2006, Medication Therapy Management (MTM) Services began where a collaborative effort of a qualified pharmacist, the patient, or the caregiver and an assortment of other licensed health professionals to promote safe and effective use of medications and help the concerned patient reap all the benefits of his medication [57]. MTM has slowly evolved and with recent changes in 2013, it will be mandated that all Medicare D (US government program that helps pay for prescription drug costs) patients are to receive an annual MTM. Medication Management Therapy (MTM)

medicati 文章结尾的“专家见解”



# 如何使用专家系列期刊：范例

## □ 治疗指南——莱姆病

Review

**EXPERT REVIEWS**

### Evidence assessments and guideline recommendations in Lyme disease: the clinical management of known tick bites, erythema migrans rashes and persistent disease

*Expert Rev. Anti Infect. Ther.* 12(9), 1103–1135 (2014)

Daniel J Cameron<sup>\*1</sup>,  
Lorraine B Johnson<sup>2</sup>  
and  
Elizabeth L Maloney<sup>3</sup>

<sup>1</sup>International Lyme and Associated Diseases Society, PO Box 341461, Bethesda MD, 20827-1461, USA  
<sup>2</sup>LymeDisease.org, PO Box 1352, Chico, CA 95927, USA  
<sup>3</sup>Partnership for Healing and Health Ltd, PO Box 84, Wyoming, MN 55092, USA

\*Author for correspondence:  
Tel.: +1 914 666 4665  
contact@danielcameronmd.com

Evidence-based guidelines for the management of patients with Lyme disease were developed by the International Lyme and Associated Diseases Society (ILADS). The guidelines address three clinical questions – the usefulness of antibiotic prophylaxis for known tick bites, the effectiveness of erythema migrans treatment and the role of antibiotic retreatment in patients with persistent manifestations of Lyme disease. Healthcare providers who evaluate and manage patients with Lyme disease are the intended users of the new ILADS guidelines, which replace those issued in 2004 (Exp Rev Anti-infect Ther 2004;2:51–13). These clinical practice guidelines are intended to assist clinicians by presenting evidence-based treatment recommendations, which follow the Grading of Recommendations Assessment, Development and Evaluation system. ILADS guidelines are not intended to be the sole source of guidance in managing Lyme disease and they should not be viewed as a substitute for clinical judgment nor used to establish treatment protocols.

**Keywords:** antibiotic prophylaxis • antibiotics • erythema migrans • GRADE • Lyme disease • persistent disease • treatment

- 这篇文章提供了对莱姆病的最新治疗指南
- 争议性的话题，无数相互矛盾的治疗建议
- 这篇循证医学综述为临床医生提供了治疗这种疾病的实用建议

- 被多家主流媒体引用
- 2014年阅读次数最多的IHC文章



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# 如何使用专家系列期刊：范例

## □ 最新治疗方法——纤维肌痛

### EXPERT OPINION

1. Introduction
2. Drugs approved for use in fibromyalgia or recommended by clinical practice guidelines
3. Investigational drugs
4. Expert opinion

### An update on pharmacotherapy for the treatment of fibromyalgia

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**Introduction:** Fibromyalgia is a syndrome characterized by chronic generalized pain in addition to different symptoms such as fatigue, sleep disturbances, stiffness, cognitive impairment, and psychological distress. Multidisciplinary treatment combining pharmacological and nonpharmacological therapies is advised.

**Areas covered:** Publications describing randomized controlled trials and long-term extension studies evaluating drug treatment for fibromyalgia were searched in PubMed and Scopus and included in this review.

**Expert opinion:** Different drugs are recommended for the treatment of fibromyalgia by different published guidelines, although only three of them have been approved for this indication by the US FDA, and none have been approved by the European Medicines Agency. According to the available evidence, pregabalin, duloxetine and milnacipran should be the drugs of choice for the treatment of this disease, followed by amitriptyline and cyclobenzaprine. Other drugs with at least one positive clinical trial include some selective serotonin reuptake inhibitors, moclobemide, pirlindole, gabapentin, tramadol, tropisetron, sodium oxybate and nabilone. None of the currently available drugs are fully effective against the whole spectrum of fibromyalgia symptoms, namely pain, fatigue, sleep disturbances and depression, among the most relevant symptoms. Combination therapy is an option that needs to be more thoroughly investigated in clinical trials.

#### Bibliography

Papers of special note have been highlighted as either of interest (●) or of considerable interest (●●) to readers.

1. Smith HS, Barkin RL. Fibromyalgia syndrome: a discussion of the syndrome and pharmacotherapy. *Dis Mon* 2011;57:248-85
2. Clauw DJ, Arnold LM, McCarberg BH. The science of fibromyalgia. *Mayo Clin Proc* 2011;86:907-11
- An interesting review about pain mechanisms in fibromyalgia.

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- 文章亮点提供了对该篇文章的快速预览

#### Article highlights.

- Pharmacological treatment for fibromyalgia provides only partial relief for pain, fatigue, sleep disturbances and psychological distress.
- Only pregabalin, duloxetine and milnacipran have been approved by some of the medicine agencies for the treatment of fibromyalgia, and must be considered first-choice drugs.
- Amitriptyline, although not licensed for the treatment of fibromyalgia, has shown to improve fibromyalgia symptomatology and must be also considered as a drug of choice.
- The combination of two or more drugs in patients with only partial response is an option to be considered.
- The treatment of fibromyalgia should combine pharmacological and nonpharmacological measures in most of the cases.

This box summarizes key points contained in the article.





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### EXPERT OPINION

1. Introduction
2. Basic mechanisms of DIs between newer antidepressants and SGAs
3. Specific DIs between newer antidepressants and SGAs

## Clinically relevant interactions between newer antidepressants and second-generation antipsychotics

Edoardo Spina<sup>†</sup> & Jose de Leon

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- 对最新研究成果的总结，辅助治疗决策

- 清晰的表格提供了对临床相关信息的概览

Table 4. Practical summary of newer antidepressants and SGA drug interactions.

Antidepressants	SGAs	Outcome	Actions
PK DI. Fluoxetine	Aripiprazole, iloperidone, risperidone, Clozapine, olanzapine, Lurasidone, quetiapine, Asenapine, amisulpride, paliperidone, ziprasidone	↑ level several weeks* after adding fluoxetine ↓ level several weeks* after D/C fluoxetine	In the absence of TDM use dose correction factor:† 0.5  0.75 Unknown in clinical conditions Possibly no clinically relevant changes
PK DI. Paroxetine	Aripiprazole, risperidone, iloperidone, Clozapine, Asenapine, amisulpride, lurasidone, olanzapine, paliperidone, quetiapine, ziprasidone	↑ level 1 week after adding paroxetine ↓ level 1 week after D/C paroxetine	In the absence of TDM use dose correction factor:† 0.5  0.8 Possibly no clinically relevant changes







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