

“Între medicina internă și epidemiologia clinică”

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Spitalul clinic Colentina – Medicină internă

- Profesor universitar din sept 2014

- 4,5 ani

PORTOFOLIUL CU LUCRĂRI ȘTIINȚIFICE RELEVANTE

*Articole premiate de UEFISCDI pentru publicarea în reviste aflate în zona roșie (Q1)

**Articole premiate de UEFISCDI pentru publicarea în reviste aflate în zona galbenă (Q2)

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12. **C. Băicuș**. Medicina bazata pe dovezi. Cum înțelegem studiile? **Editura Medicală, București, 2007**.

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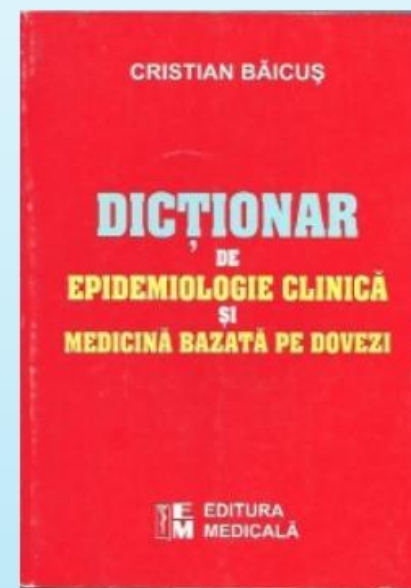
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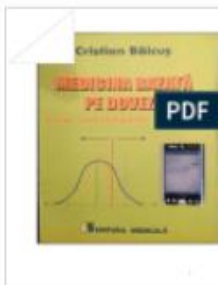
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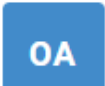
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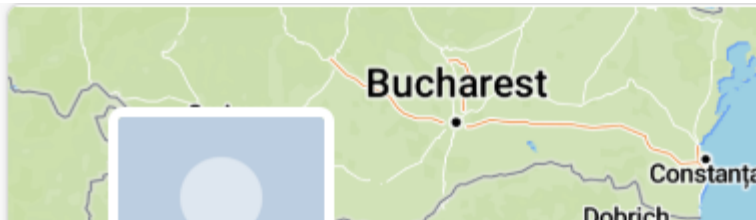
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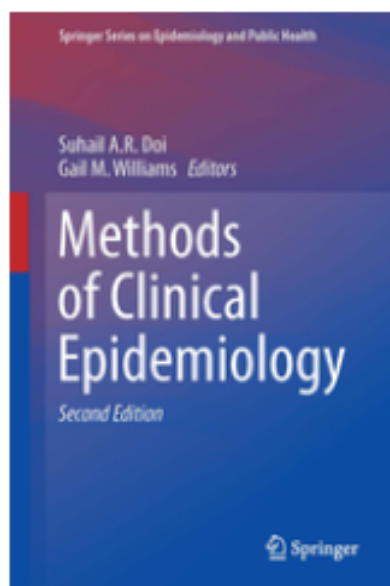
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European Journal of Internal Medicine 14 (2003) 249–254

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¹Grupul pentru Studiul Febrei de Origine Necunoscuta in Romania (The Group for the Study of the Fever of Unknown Origin in Romania): Bucharest: C. Baicus, C. Tanasescu, I. Matei, A. Haidar, R. Voiosu, Colentina Hospital; E. Ceausu, P. Calistru, C. Cristea, Infectious Diseases Hospital; A. Baicus, I. Cantacuzino Microbiology Institute; Cluj: H. Bolosiu, M. Stoicescu, County Hospital; Iasi: V. Luca, Infectious Diseases Hospital; A. Cosovanu, St. Spiridon Hospital; Timisoara: D. Stanescu, Infectious Diseases Hospital; Sibiu: M. Deac, C. Beca, C. Cipaian, M. Grecu, D. Vulcu, County Hospital; Brasov: E. Gheorghita, I. Brumaru, G. Vulcan, County Hospital; Targu Mures: E. Carasca, D. Pop Petre, County Hospital.

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8. **Baicus C**, Ionescu R, Tanasescu C. Does this patient have cancer? The assessment of age, anemia, and erythrocyte sedimentation rate in cancer as a cause of weight loss. A retrospective study based on a secondary care university hospital in Romania. **Eur J Intern Med.** **2006**;17:28-31.
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7. **Baicus C, Baicus A.** Spirulina did not ameliorate idiopathic chronic fatigue in four N-of-1 randomized controlled trials. **Phytother Res.** 2007;21:570-3.



Approach to the patient with weight loss



TOPIC OUTLINE

SUMMARY &
RECOMMENDATIONS

INTRODUCTION

DEFINITION

EPIDEMIOLOGY

MORTALITY

- Involuntary weight loss
- Voluntary weight loss

ETIOLOGY

- Involuntary weight loss
 - Endocrinopathies
 - Hyperthyroidism

Clinical prediction rules

There are no clinical prediction rules or standardized guidelines that have been externally validated or widely accepted for the clinical evaluation of weight loss. One clinical prediction rule to identify malignancy in patients with unexplained involuntary weight loss was prospectively validated at the same site in a group of 328 patients (in whom malignancy was identified in 35 percent) [47]. The independent predictors of malignancy included elevated levels of alkaline phosphatase and LDH, low albumin, leukocytosis, and advanced age (table 2). This clinical prediction rule requires external validation prior to widespread use.

In a prospective cohort study of 101 patients, 22 of 22 patients with malignancy had an abnormal laboratory test, with C-reactive protein, hemoglobin, lactate dehydrogenase, and albumin having the highest sensitivities [42]. Abnormal abdominal ultrasound and chest radiograph had lower sensitivities, 45 and 18 percent, respectively. However, all of these diagnostic tests were also abnormal, but to a lesser extent, among patients with non-malignant organic disease. Thus, there is no general diagnostic test or group of tests that appears to be specific for malignancy.

MANAGEMENT — The management of weight loss depends on the specific underlying cause.

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The authors wish to thank to all the participants at the study and to those who helped with the organisation: G Aron (Sf. Ioan Emergency Hospital Bucharest, Cardiology), H Balan (County Emergency Hospital Bucharest, Internal Medicine), C Baicus, I Zabrian, R Mocanu, D Dorobantu (Colentina Clinical Hospital Bucharest, Internal Medicine), O Bajenaru (Emergency University Hospital Bucharest, Neurology), D Bartos (Floreasca Emergency Hospital Bucharest, Internal Medicine and Course of Internal Medicine - Baia Mare), I Bruckner (Romanian Society of Internal Medicine), D Dobreanu (Heart Institute Targu Mures, Cardiology), M Dorobantu (Floreasca Emergency Hospital Bucharest, Cardiology), C Ginghina (Fundeni Institute of Cardiovascular Diseases Bucharest, Cardiology), R Ionescu (Sfanta Maria Clinical Hospital Bucharest, Internal Medicine and Rheumatology), D Isacov (Coltea Clinical Hospital Bucharest, Internal Medicine), C Jurcut (Military Emergency Hospital Bucharest, Internal Medicine), B Mateescu (Colentina Clinical Hospital Bucharest, Gastroenterology), T Nanea (Burghelea Clinical Hospital Bucharest, Internal Medicine and Cardiology), BO Popescu (Colentina Clinical Hospital Bucharest, Neurology), C Sinescu (Bagdasar Emergency Hospital Bucharest, Cardiology), SC Stamate (Sf. Pantelimon Emergency Hospital Bucharest, Internal Medicine and Cardiology), M Tevet (Colentina Clinical Hospital Bucharest, Haematology), D Vinereanu (Emergency University Hospital Bucharest, Cardiology), S Zurac (Colentina Clinical Hospital Bucharest, Pathology).

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- 9 Sf Maria Hospital Bucharest, Rheumatology, Bucharest
- 10 Cantacuzino Hospital Bucharest, Rheumatology, Bucharest
- 11 Faculty of Psychology and Educational Sciences, University of Bucharest, Bucharest, Romania
- 12 University Medical Center Hamburg-Eppendorf, Department of Medical Psychology

JAKQ

- 304 chestionare
- Vârsta mediană a fost de 72 de ani, 44% au fost femei, 43% au fost din mediul urban,
- 23% au avut doar școala primară, 28% școala generală, 36% liceul și 13% studii universitare.
- Durata mediană a fibrilației atriale a fost de 4 ani.
- Scorurile privind cunoștințele cresc semnificativ odată cu nivelul educației ($p < 0,001$), însă scorurile sunt mici (școala generală 37,5%, școala generală=50%, liceu=56%, facultate=62,5%, cu pacienți care au avut 0% în toate categoriile).
- Dintre întrebările referitoare la boală
 - cel mai puțin s-a știut că fibrilația atrială nu e întotdeauna însoțită de simptome
 - și că ea poate fi detectată prin măsurarea pulsului (24%)
 - 54% au știut că accidentul vascular cerebral este o complicație a bolii (66,3% în Belgia)
 - 30% au știut ce trebuie să facă dacă au uitat să ia o doză de antivitaminic K, respectiv nou anticoagulant.

*Articole premiate de UEFISCDI pentru publicarea în reviste aflate în zona roșie (Q1)

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Sinteze sistematice

1. Tratamentul neuropatiei din LES
2. Tratamentul neuropatiei din sdr Sjogren
3. Tratamentul neuropatiei din vasculitele ANCA+
4. Tratamentul manifestărilor non-dureroase din diabetul zaharat
5. Ascita eozinofilică – cauze și tratament

SUBJECTS ▾

PRODUCT TYPES ▾



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Pinte, Larisa / Baicuș, Cristian

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EULAR recommendations for the management of systemic lupus erythematosus with neuropsychiatric manifestations: report of a task force of the EULAR standing committee for clinical affairs

G K Bertsias,¹ J P A Ioannidis,² M Aringer,³ E Bollen,⁴ S Bombardieri,⁵ I N Bruce,⁶ R Cervera,⁷ M Dalakas,⁸ A Doria,⁹ J G Hanly,¹⁰ T W J Huizinga,¹¹ D Isenberg,¹² C Kallenberg,¹³ J C Piette,¹⁴ M Schneider,¹⁵ N Scolding,¹⁶ J Smolen,¹⁷ A Stara,¹⁸ I Tassiulas,¹⁹ M Tektonidou,²⁰ A Tincani,²¹ M A van Buchem,²² R van Vollenhoven,²³ M Ward,²⁴ C Gordon,²⁵ D T Boumpas¹

ABSTRACT

Objectives To develop recommendations for the

involve the central and the peripheral nervous system and that range from overt manifestations such

Table 2 Category of evidence and strength of statements rating scales

Category of evidence

Diagnostic/prognostic studies

- 1 The available evidence is *strong* and includes consistent results from well-designed, well-conducted studies
- 2 The available evidence is *sufficient* to determine effects, but confidence in the estimate is constrained by such factors as: the number, size, or quality of individual studies, inconsistency of findings across individual studies, limited generalisability of findings
- 3 The available evidence is *insufficient* due to the limited number or size of studies, important flaws in study design or methods, inconsistency of findings across individual studies, gaps in the chain of evidence, lack of information on important outcomes

Intervention studies

At least one RCT or meta-analysis of RCT
 Controlled (non-randomised) studies

 Descriptive studies, such as comparative studies, correlation studies, or case-control studies

Strength of statements

- A Based on category 1 evidence
- B Based on category 2 evidence, or extrapolated recommendations from category 1 evidence
- C Based on category 3 evidence, or extrapolated recommendations from category 2 evidence
- D Expert opinion or standard of care

RCT, randomised controlled trial.

considered, but evidence is common

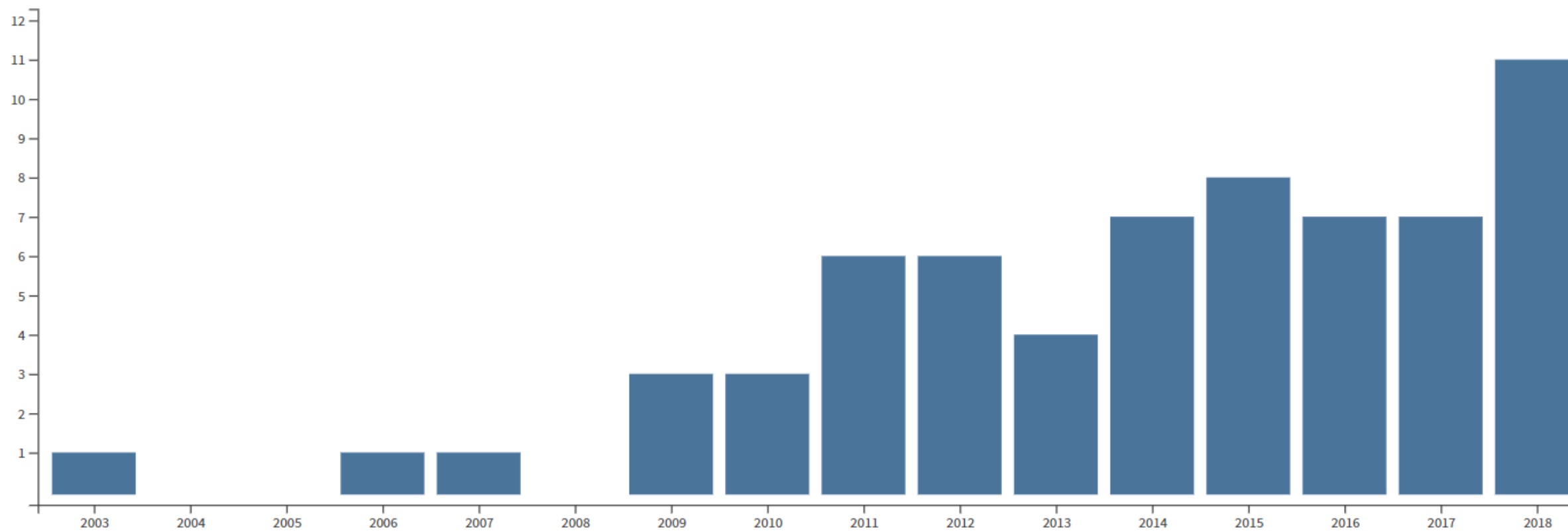
Peripheral neuropathy			
Peripheral neuropathy often co-exists with other neuropsychiatric manifestations and is diagnosed with electromyography and NCS	3	D	9.1
Combination therapy with glucocorticoids and immunosuppressive agents may be considered in severe cases	1	A	8.8

Glucocorticoids alone or with immunosuppressive therapy have been used with good results (60–75% response rate). Intravenous immunoglobulin, plasma exchange, and rituximab have been used in severe cases. Peripheral neuropathy has been reported to be a significant predictor of damage in SLE, but a single longitudinal study found that, over a 7-year period, NCS parameters remained unchanged in most (67%) patients.⁷⁹

Nerve conduction studies

Total Publications

65 Analyze



Total Publications



65 Analyze



h-index



10

Average citations per item

6.48

Sum of Times Cited



421

Without self citations

391

Citing articles

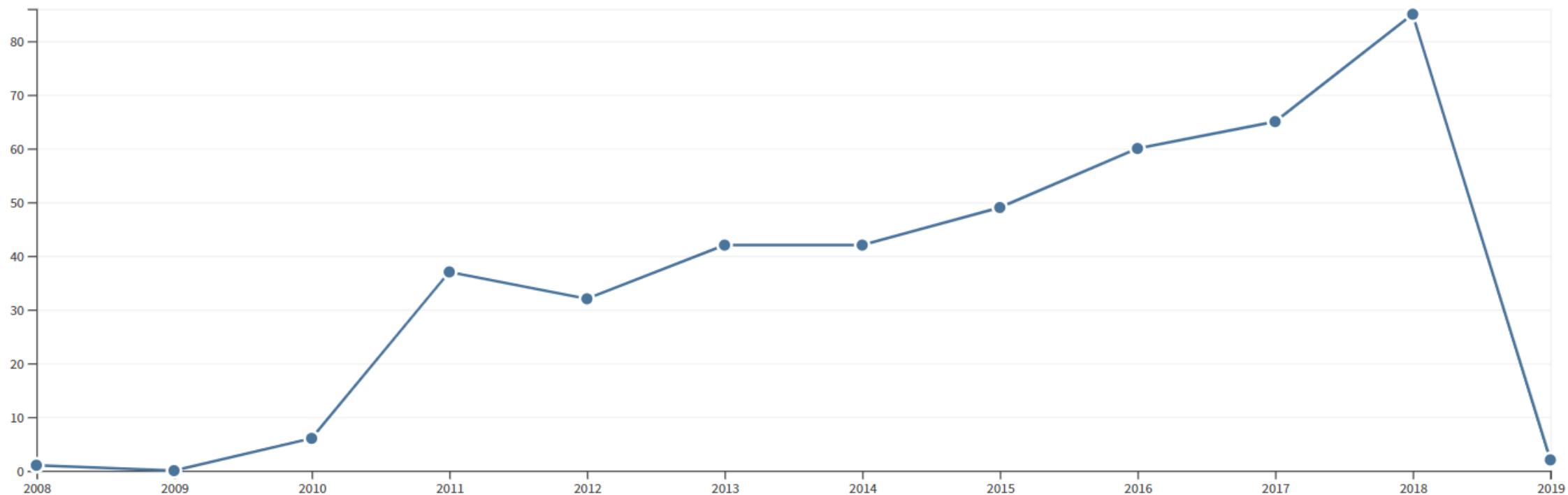


406 Analyze

Without self citations

387 Analyze

Sum of Times Cited per Year



SUBJECTS ▾

PRODUCT TYPES ▾

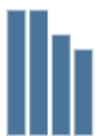


Romanian Journal of Internal Medicine

Total Publications



170 Analyze



1999

2018

h-index



6

Average citations per item

1.18

Sum of Times Cited



200

Without self citations

189

Citing articles

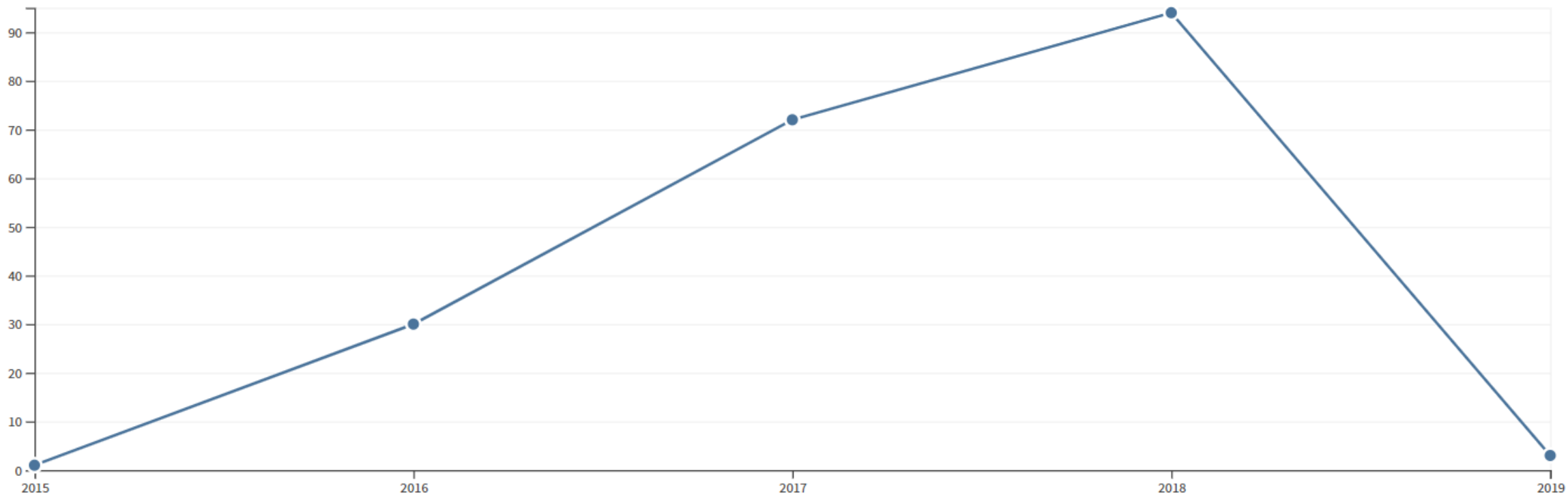


198 Analyze

Without self citations

188 Analyze

Sum of Times Cited per Year



25
MEDICINE GENERAL INTERNAL

24
ONCOLOGY

11
ENDOCRINOLOGY
METABOLISM

11
MULTIDISCIPLINARY
SCIENCES

10
GASTROENTEROLOG
HEPATOLOGY

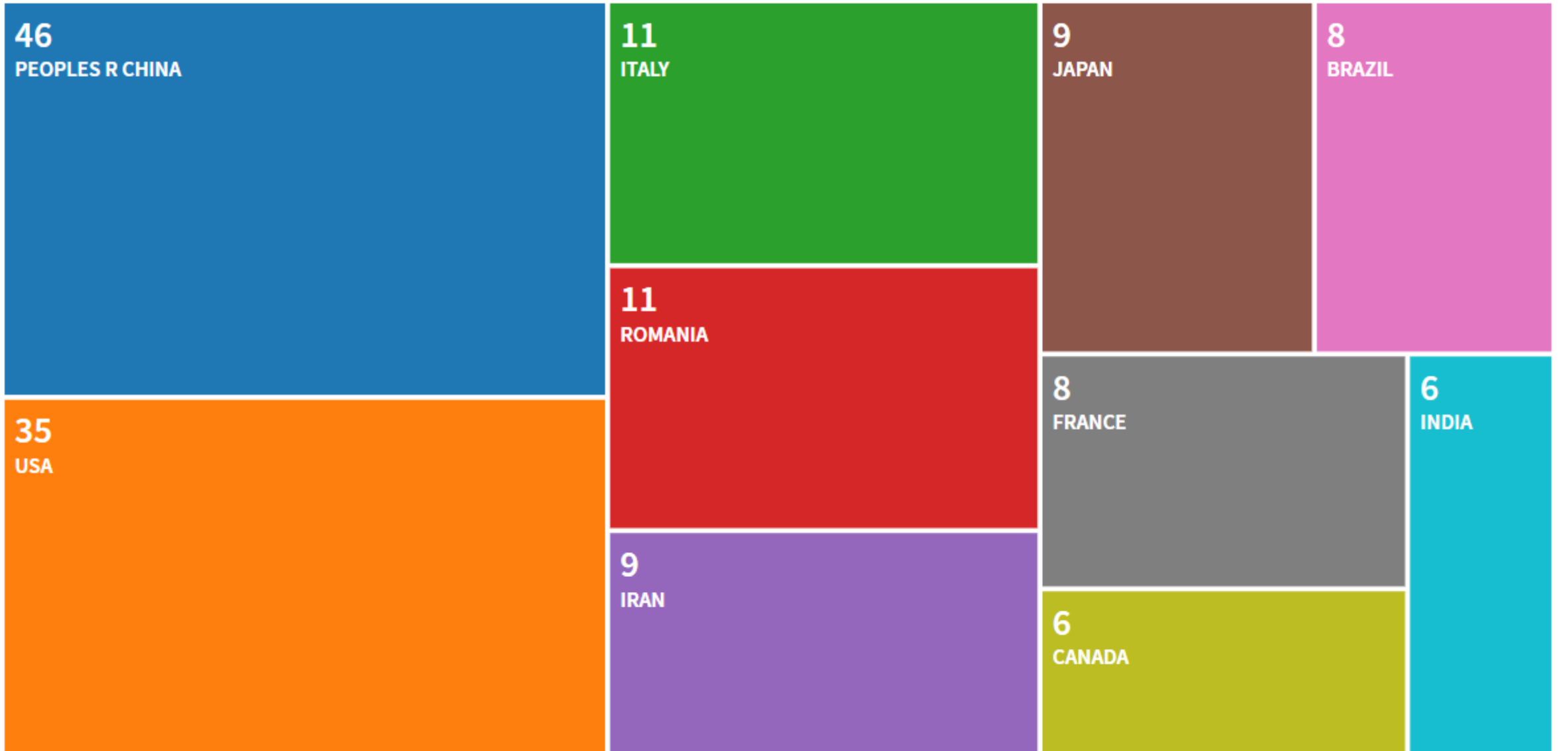
25
PHARMACOLOGY PHARMACY

18
MEDICINE RESEARCH EXPERIMENTAL

9
CARDIAC
CARDIOVASCULAR
SYSTEMS


8
BIOCHEMISTRY MOLECULAR BIOLOGY

7
CELL BIOLOGY

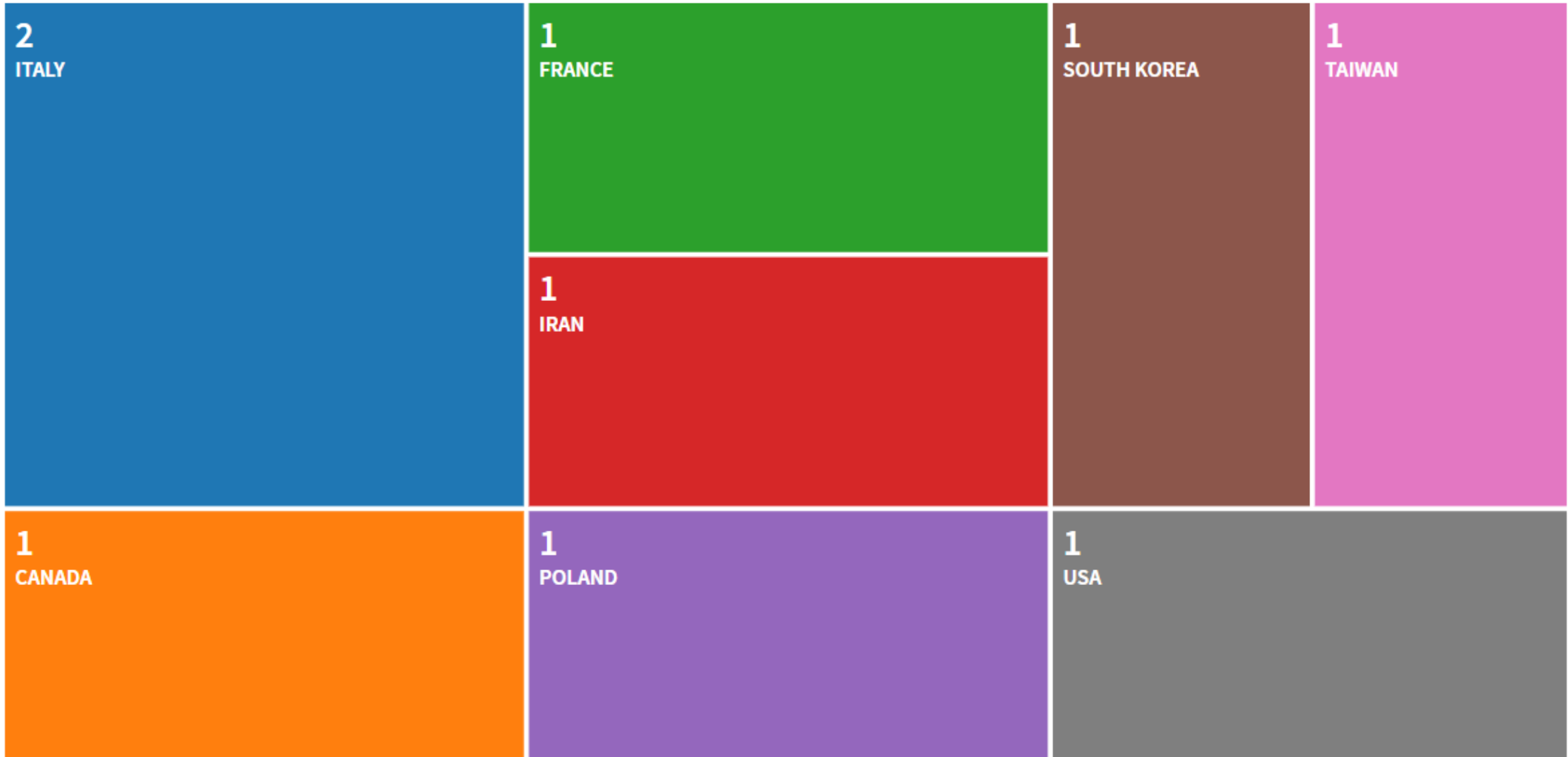


Visualization **Treemap**

Number of results **10**

 Download

Hide



Mentorat

=

furnizarea mediului propice
(profesional, emoțional, financiar, metodologic)

**Povestea unei vieți, oricare ar fi ea, este povestea
unui eșec**

J P Sartre