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important correction on
page 1-36: Oral
anticoagulation (Chest
2012;141:e531S; EHJ
2012;33:2719; Circ
2013;127:1916) All
valvular AF as stroke risk

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very high Nonvalv. AF:
stroke risk ~4.5%/y;
anticoag [®] 68% ⁻ stroke;
use a risk score to guide
Rx: CHADS2: CHF (1 point),
HTN (1), Age =75 y (1), DM
(1), prior Stroke/TIA (2)

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CHA2DS2-VASc: adds 65+74 y
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consider anticoag or ASA
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risk factor age 65-74 y,
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CORRECTED] Rx options:
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only; no monitoring required) or warfarin (INR 2-3; w/ UFH bridge if high risk of stroke); if Pt refuses anticoag, consider ASA + clopi or, even less effective, ASA alone (NEJM

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medical practice has been updated and revised to take into account the modern developments in clinical medicine. It has new chapters on oncology and radiology. The main focus is on clinical management,

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**although disease background
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Clinical Diagnosis helps the
reader to interpret
symptoms, physical signs and
initial test results and to
allow students (or doctors
not familiar with all**

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aspects of medicine) to arrive at diagnoses logically and to explain their reasoning confidently. The book starts with a review of the techniques of history taking and examination, with hints on

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**how to interpret the
information and practical
advice on the diagnostic
process. The bulk of the
book is divided by body
system and describes the
findings that can emerge at
each stage of the**

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assessment process. The main differential diagnoses of significant findings are given as a starting point for the diagnostic reasoning process. With each diagnosis is listed the findings which suggests that the diagnosis

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might be present and the evidence which confirms the diagnosis. This unique book concentrates entirely on the diagnosis, referring readers to the Oxford Handbook of Clinical Medicine and Oxford Handbook of Clinical

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has been updated with
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with problems outside your
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concentrates on therapeutic
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