Inteligencia Artificial para búsqueda de información científica

Fernanda Cuneo

¿Qué es?

- La inteligencia artificial (IA) es un campo de la informática que desarrolla sistemas capaces de realizar tareas que, tradicionalmente, requieren inteligencia humana.
- Estas tareas incluyen aprender, razonar, resolver problemas, interpretar lenguaje natural y tomar decisiones.

Definición técnica

- La Organización Panamericana de la Salud (OPS) define la inteligencia artificial (IA) como "**la ciencia que desarrolla máquinas para hacer tareas que requerirían inteligencia humana**".

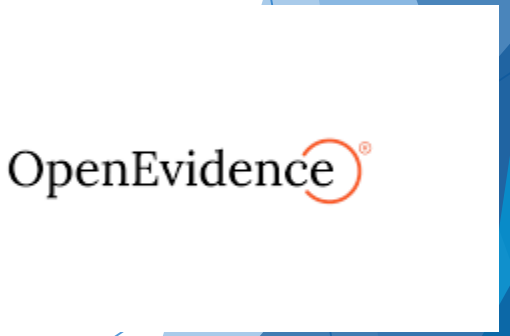


https://iris.paho.org/bitstream/handle/10665.2/57128/OPSEIHIS230003_spa.pdf
https://esep.com.ar/blog/la-inteligencia-artificial-en-la-vida-cotidiana-aplicaciones-utiles-en-la-vida-diaria/

¿Cómo Funciona?

- La IA no “piensa” como los humanos, pero utiliza datos y algoritmos para simular procesos de razonamiento.
- Sus pilares fundamentales incluyen:
- **Datos:** La IA necesita grandes cantidades de datos para aprender. Por ejemplo: Un sistema de reconocimiento facial analiza millones de fotos para distinguir características únicas de un rostro.
- **Algoritmos:** Un algoritmo es un conjunto de instrucciones que le dice al sistema cómo analizar los datos. Ejemplo: En Netflix, los algoritmos analizan tus preferencias para recomendarte películas o series.
- **Aprendizaje Automático (Machine Learning):**Es una rama de la IA que permite que las máquinas aprendan por sí mismas sin ser programadas explícitamente. Ejemplo: Un modelo de machine learning puede predecir el clima al analizar patrones históricos y datos actuales.
- **Aprendizaje Profundo (Deep Learning):** Es un tipo avanzado de aprendizaje automático que utiliza redes neuronales artificiales, inspiradas en cómo funciona el cerebro humano. Ejemplo: Los autos autónomos de Tesla utilizan redes neuronales para tomar decisiones de conducción en tiempo real.

Herramientas IA para buscar información médica



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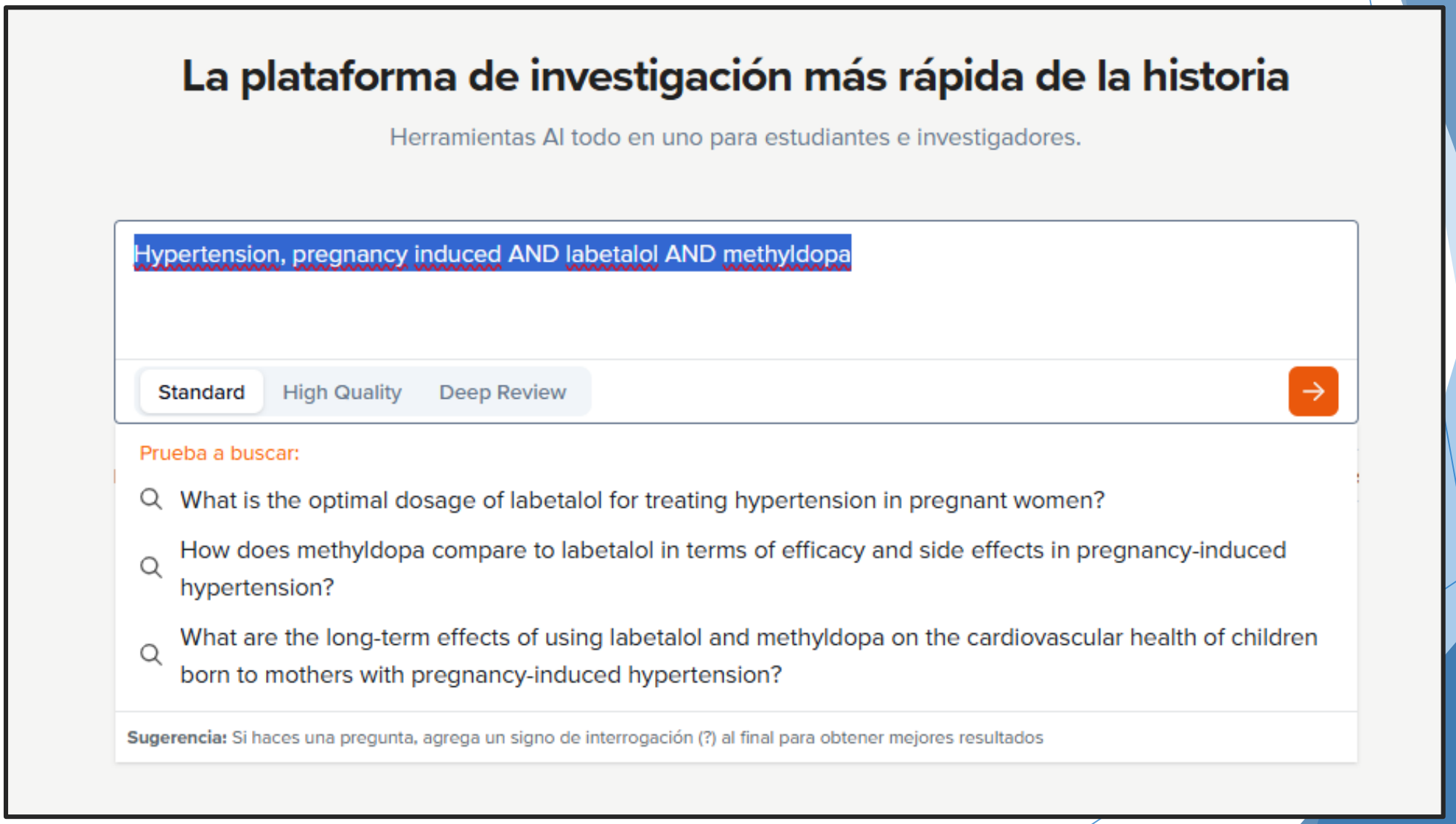
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Hypertension, pregnancy induced AND labetalol AND methyldopa
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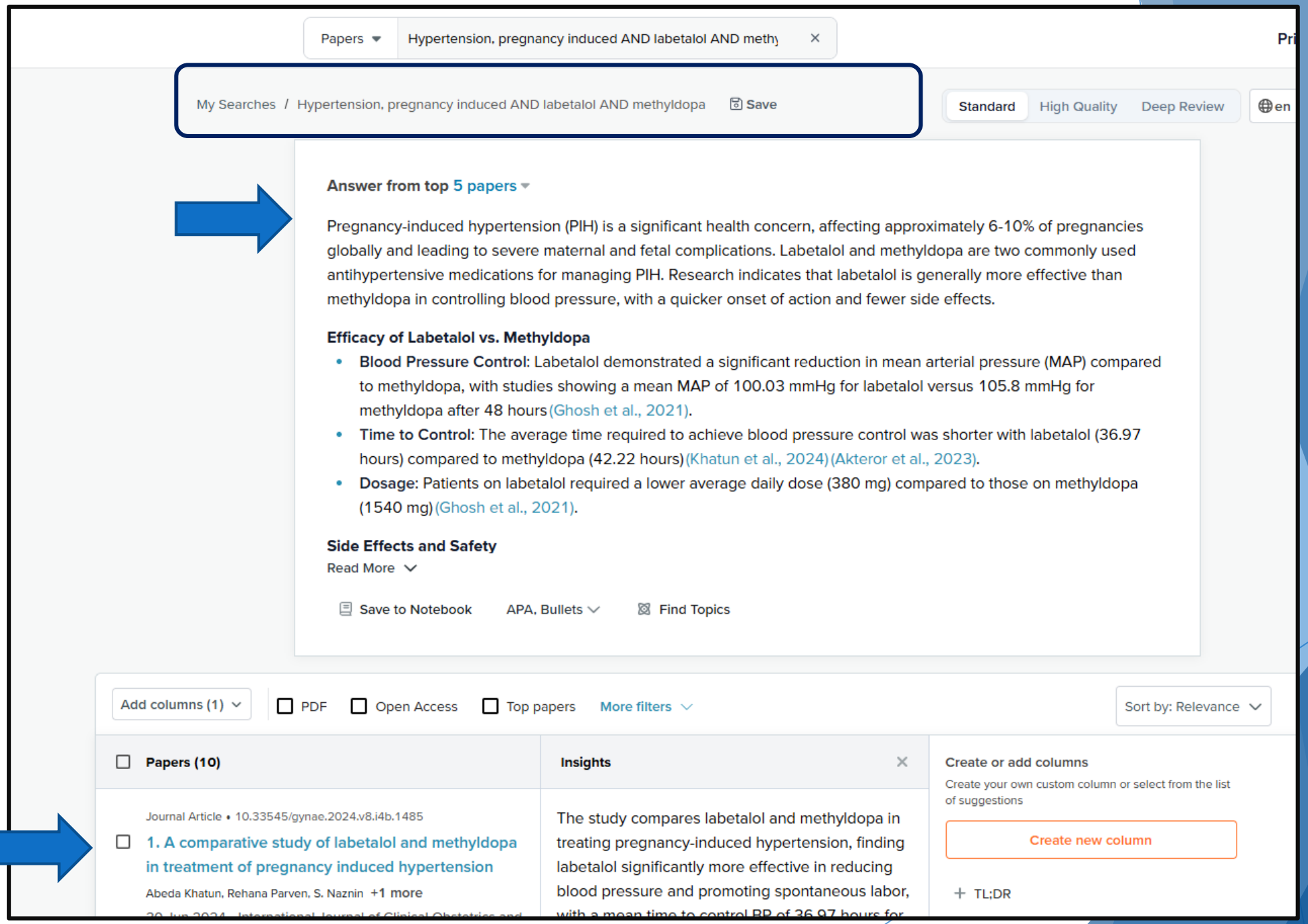
Prueba a buscar:
What is the optimal dosage of labetalol for treating hypertension in pregnant women?
How does methyldopa compare to labetalol in terms of efficacy and side effects in pregnancy-induced hypertension?
What are the long-term effects of using labetalol and methyldopa on the cardiovascular health of children born to mothers with pregnancy-induced hypertension?
Sugerencia: Si haces una pregunta, agrega un signo de interrogación (?) al final para obtener mejores resultados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Pregnancy-induced hypertension (PIH) is a significant health concern, affecting approximately 6-10% of pregnancies globally and leading to severe maternal and fetal complications. Labetalol and methyldopa are two commonly used antihypertensive medications for managing PIH. Research indicates that labetalol is generally more effective than methyldopa in controlling blood pressure, with a quicker onset of action and fewer side effects.
Efficacy of Labetalol vs. Methyldopa
Blood Pressure Control: Labetalol demonstrated a significant reduction in mean arterial pressure (MAP) compared to methyldopa, with studies showing a mean MAP of 100.03 mmHg for labetalol versus 105.8 mmHg for methyldopa after 48 hours (Ghosh et al., 2021).
Time to Control: The average time required to achieve blood pressure control was shorter with labetalol (36.97 hours) compared to methyldopa (42.22 hours) (Khatun et al., 2024) (Akteror et al., 2023).
Dosage: Patients on labetalol required a lower average daily dose (380 mg) compared to those on methyldopa (1540 mg) (Ghosh et al., 2021).
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Journal Article • 10.33545/gynae.2024.v8.i4b.1485
1. A comparative study of labetalol and methyldopa in treatment of pregnancy induced hypertension
Abeda Khatun, Rehana Parven, S. Naznin +1 more
The study compares labetalol and methyldopa in treating pregnancy-induced hypertension, finding labetalol significantly more effective in reducing blood pressure and promoting spontaneous labor,
+ TL;DR

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A comparative study of labetalol and methyldopa in treatment of pregnancy induced hypertension

Abeda Khatun, +3 more - 30 Jun 2024 - International Journal of Clinical Obstet...

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TL;DR: This study compares labetalol and methyldopa in treating pregnancy hypertension, finding labetalol significantly effective in reducing blood press promoting spontaneous labor, with a shorter time to control BP and fewer sic

Abstract: Introduction: Hypertensive disorders seem to complicate approxim pregnancies and are important causes of maternal and fetal morbidity and m estimated that globally 6-8% of pregnancies are complicated by hypertensio that preeclampsia and eclampsia contribute to the death of a women every worldwide. Objective: To asses and compare the efficacy of labetalol and me controlling blood pressure in patients with pregnancy induced hypertension. This study was conducted in the Department of Obstetrics and Gynaecology

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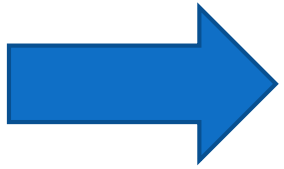
A Comparative Study of Labetalol and Methyldopa in Treatment of Pregnancy Induced Hypertension

Author(s): Abeda Khatun, Rehana Parven, Sultana Naznin and Md. Murshid-Ur-Rahman

Abstract: **Introduction:** Hypertensive disorders seem to complicate approximately 10% of pregnancies and are important causes of maternal and fetal morbidity and mortality. It is estimated that globally 6-8% of pregnancies are complicated by hypertension. It is said that preeclampsia and eclampsia contribute to the death of a women every 3 minutes worldwide.
Objective: To asses and compare the efficacy of labetalol and methyldopa in controlling blood pressure in patients with pregnancy induced hypertension.
Methods: This study was conducted in the Department of Obstetrics and Gynaecology, Islami Bank Medical College Hospital, Rajshahi, Bangladesh from March 2021 to February 2023. 120 patients with PIH were divided in to two groups randomly. After randomization, group A received methyldopa 250 mg tid and group B received labetalol 100mg tid. A common method used to estimate the MAP is the following formula: MAP = DP+1/3(SP –DP) or MAP = DP+1/3(PP). Patients were subjected to 6hrly BP monitoring. Comparison of two drugs were done daily by calculating MAP of two groups. Following Observations were made as regards fall in BP with Labetalol/ Methyldopa, Time required to control BP, Average dose of drugs required to control BP, Onset of labour-spontaneous/induced, Bishop Score at induction of labour, Side effects of drugs.
Results: Total 120 patients, maximum number of patients that is 60 patients belonged to the age group of 15 to 24 years: 32 patients (53.3%) are in Group A and



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Antihypertensive drug therapy for mild to moderate hypertension during pregnancy

Edgardo Abalos, +2 more - 05 Feb 2014 - Cochrane Database of Systematic Reviews

TL;DR: There is a halving in the risk of developing severe hypertension associated with the use of antihypertensive drug(s) and other outcomes were only reported by a small prop ...read more

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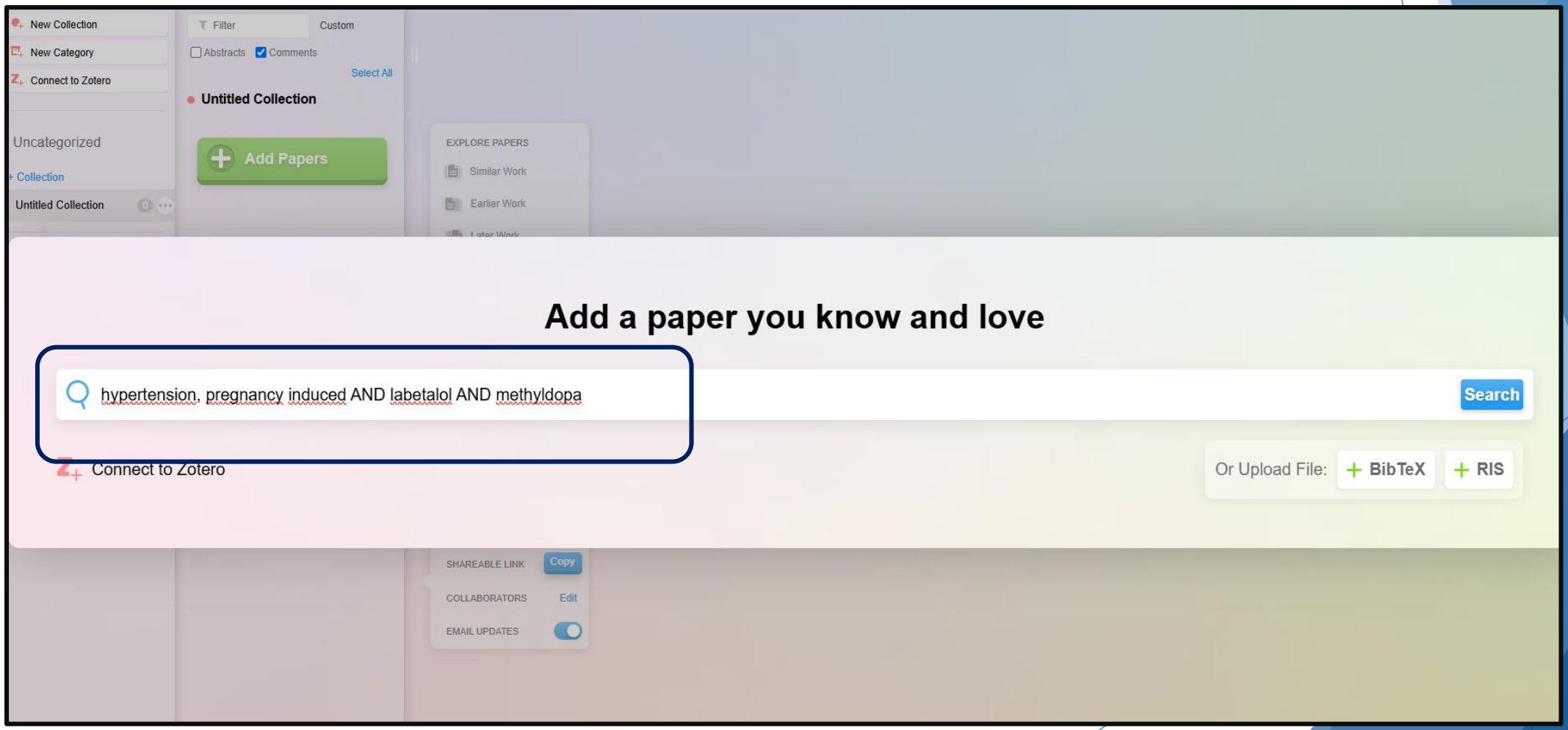

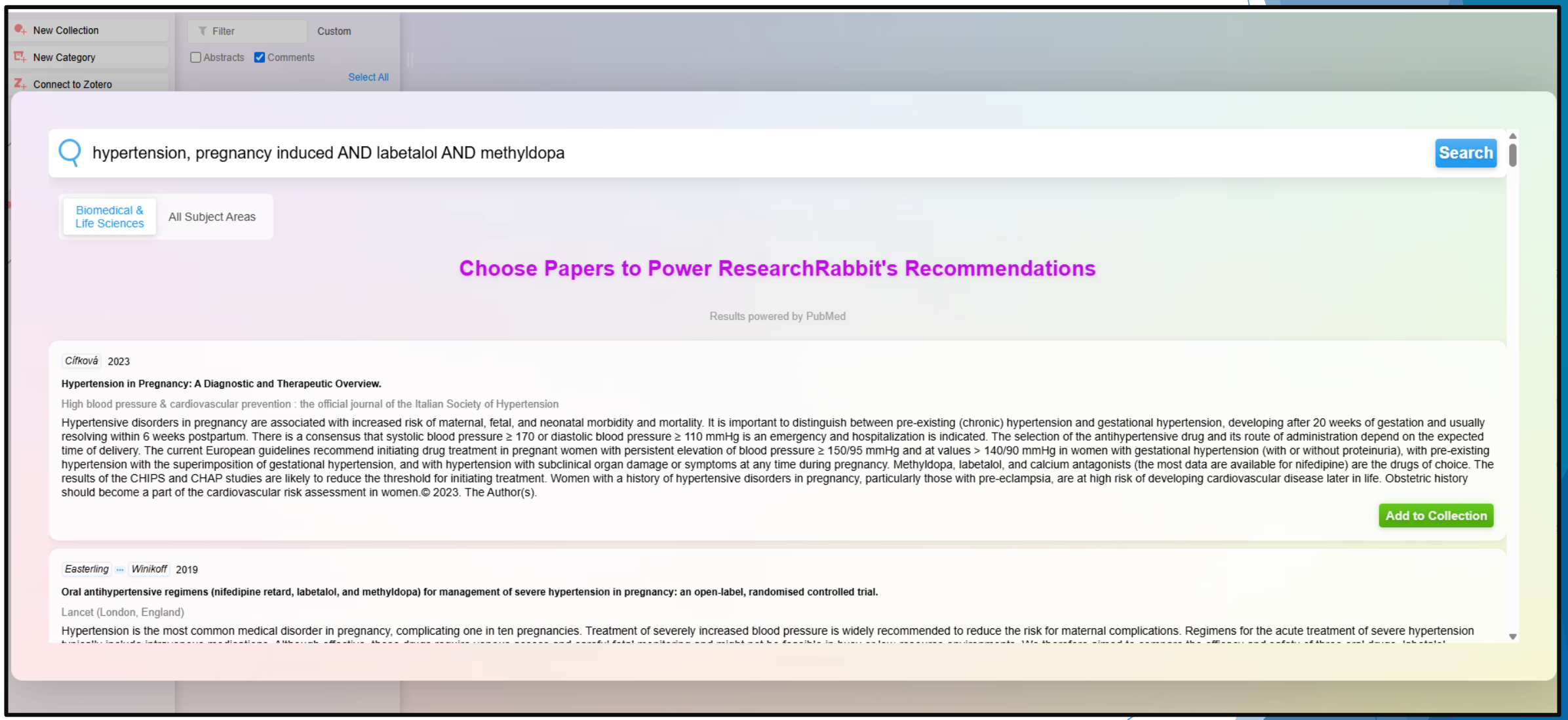
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Cífková 2023
Hypertension in Pregnancy: A Diagnostic and Therapeutic Overview.
High blood pressure & cardiovascular prevention : the official journal of the Italian Society of Hypertension
Hypertensive disorders in pregnancy are associated with increased risk of maternal, fetal, and neonatal morbidity and mortality. It is important to distinguish between pre-existing (chronic) hypertension and gestational hypertension, developing after 20 weeks of gestation and usually resolving within 6 weeks postpartum. There is a consensus that systolic blood pressure ≥ 170 or diastolic blood pressure ≥ 110 mmHg is an emergency and hospitalization is indicated. The selection of the antihypertensive drug and its route of administration depend on the expected time of delivery. The current European guidelines recommend initiating drug treatment in pregnant women with persistent elevation of blood pressure ≥ 150/95 mmHg and at values > 140/90 mmHg in women with gestational hypertension (with or without proteinuria), with pre-existing hypertension with the superimposition of gestational hypertension, and with hypertension with subclinical organ damage or symptoms at any time during pregnancy. Methyldopa, labetalol, and calcium antagonists (the most data are available for nifedipine) are the drugs of choice. The results of the CHIPS and CHAP studies are likely to reduce the threshold for initiating treatment. Women with a history of hypertensive disorders in pregnancy, particularly those with pre-eclampsia, are at high risk of developing cardiovascular disease later in life. Obstetric history should become a part of the cardiovascular risk assessment in women.© 2023. The Author(s).
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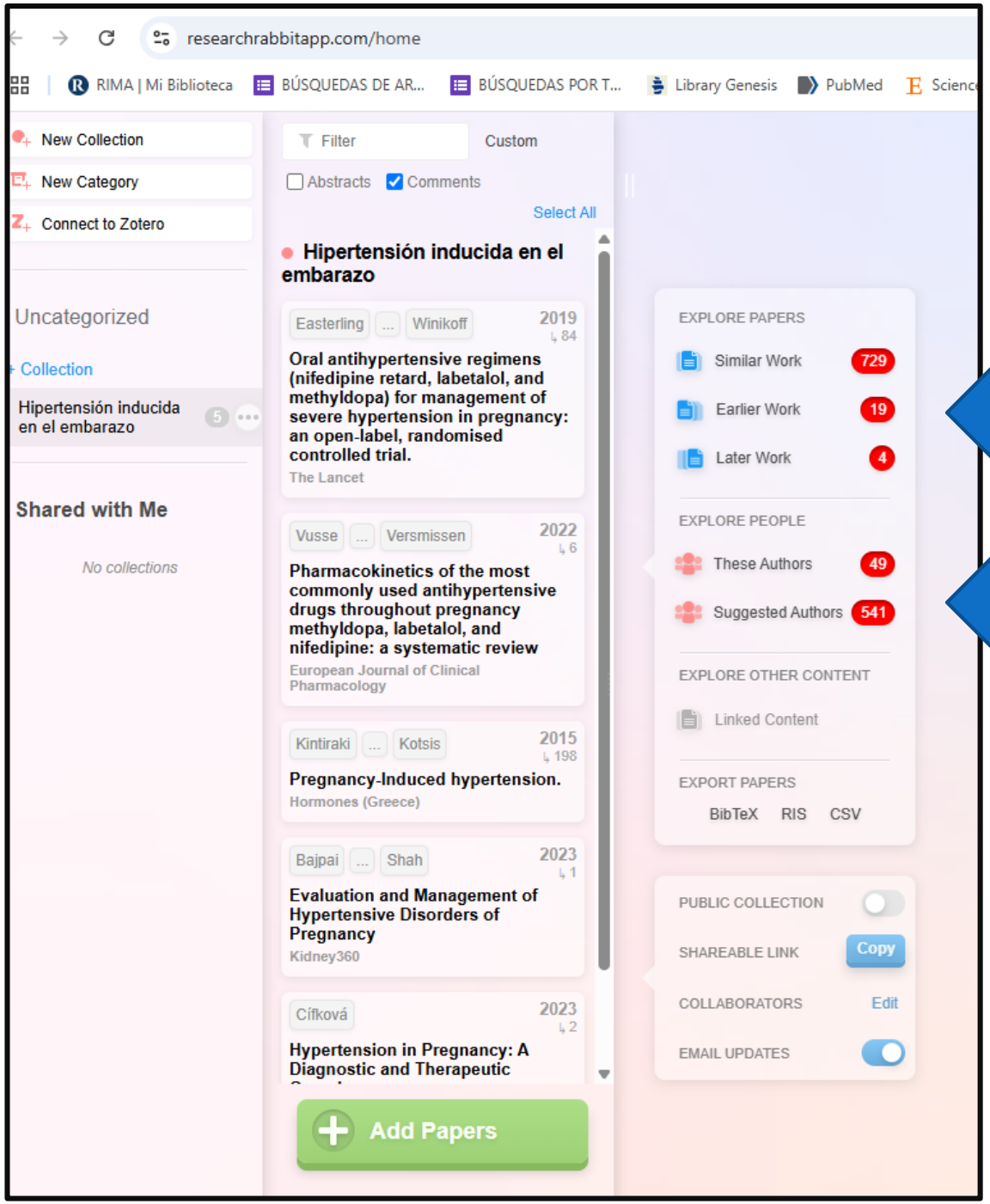
Lancet (London, England)
Hypertension is the most common medical disorder in pregnancy, complicating one in ten pregnancies. Treatment of severely increased blood pressure is widely recommended to reduce the risk for maternal complications. Regimens for the acute treatment of severe hypertension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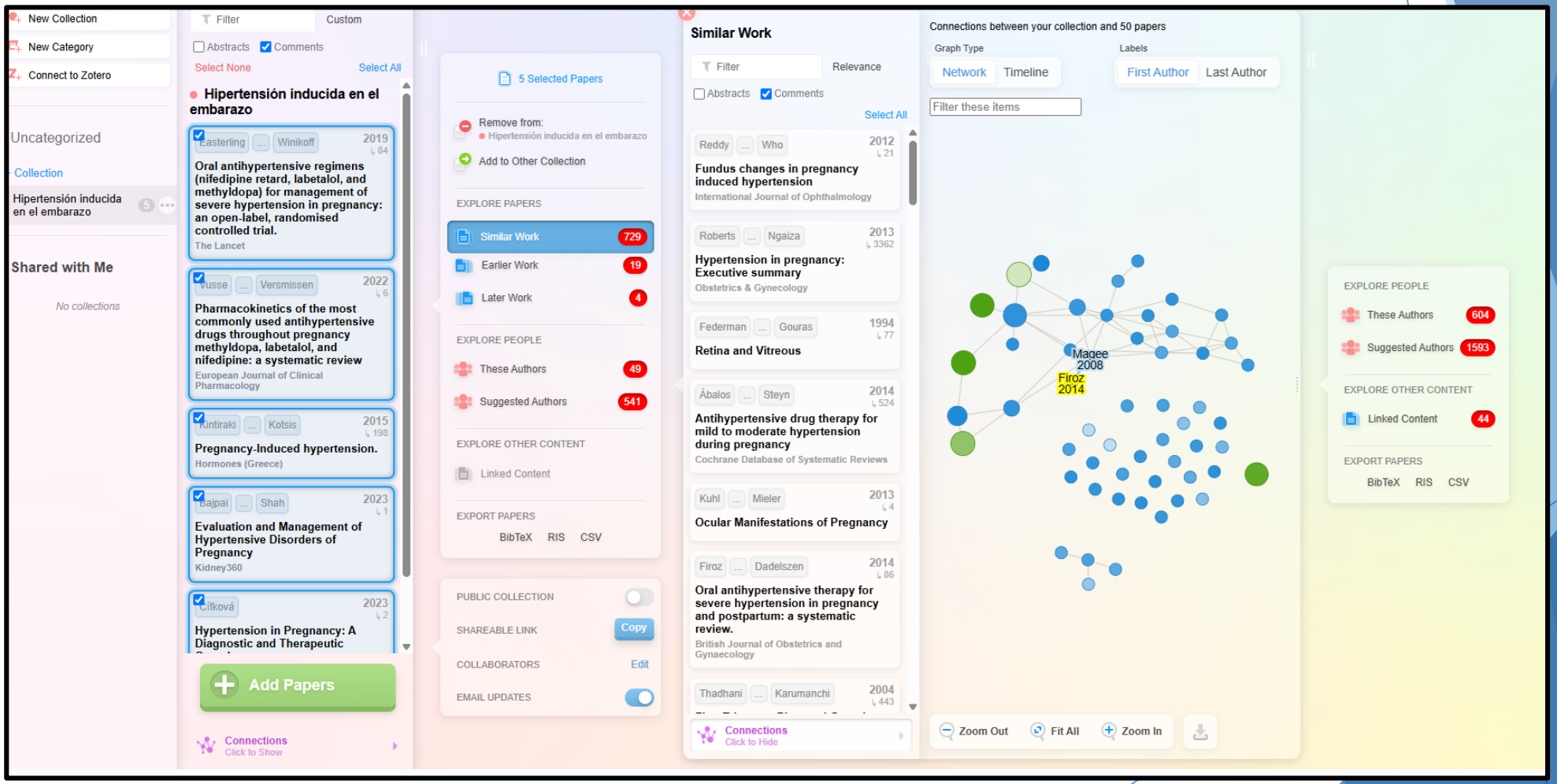

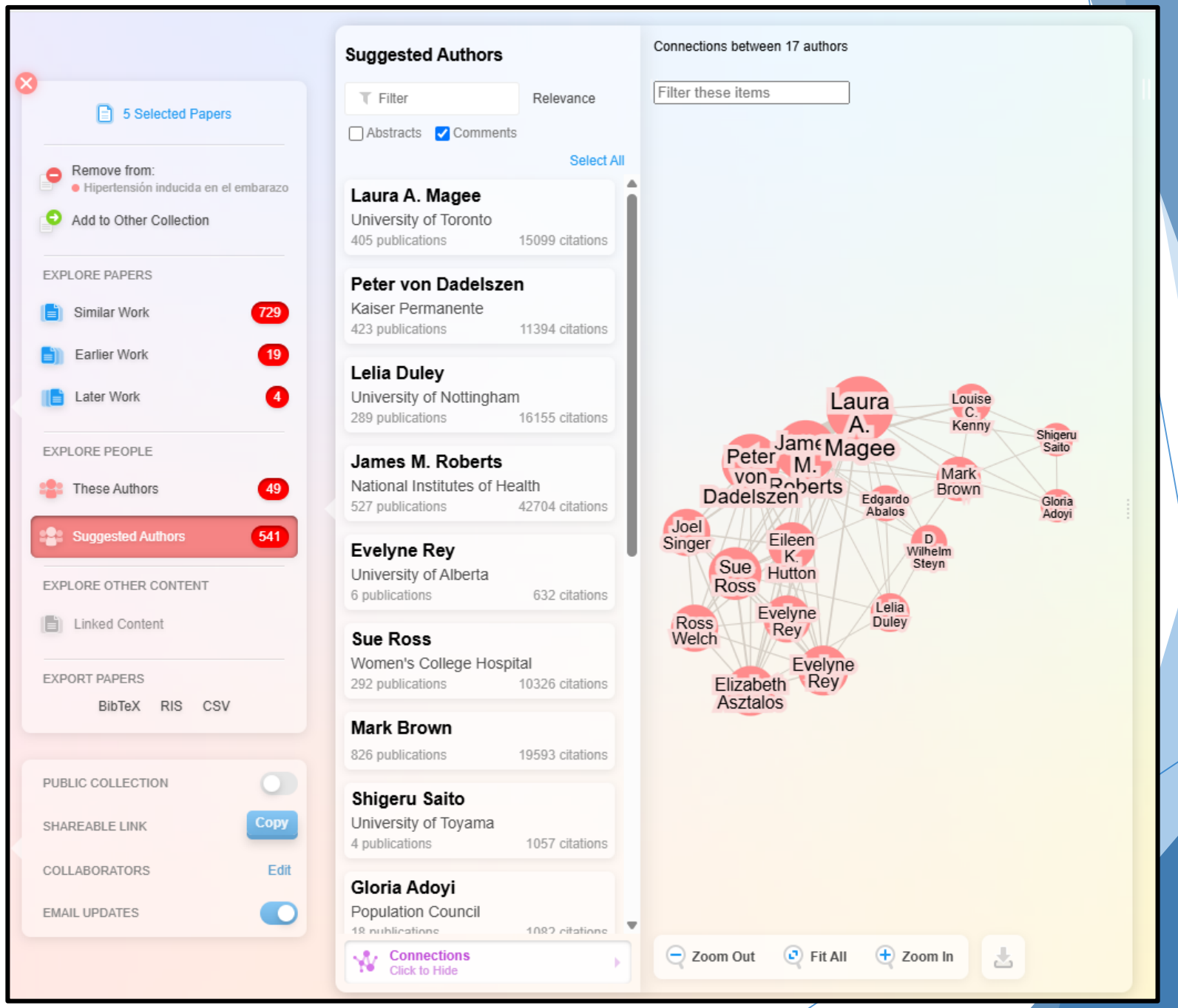
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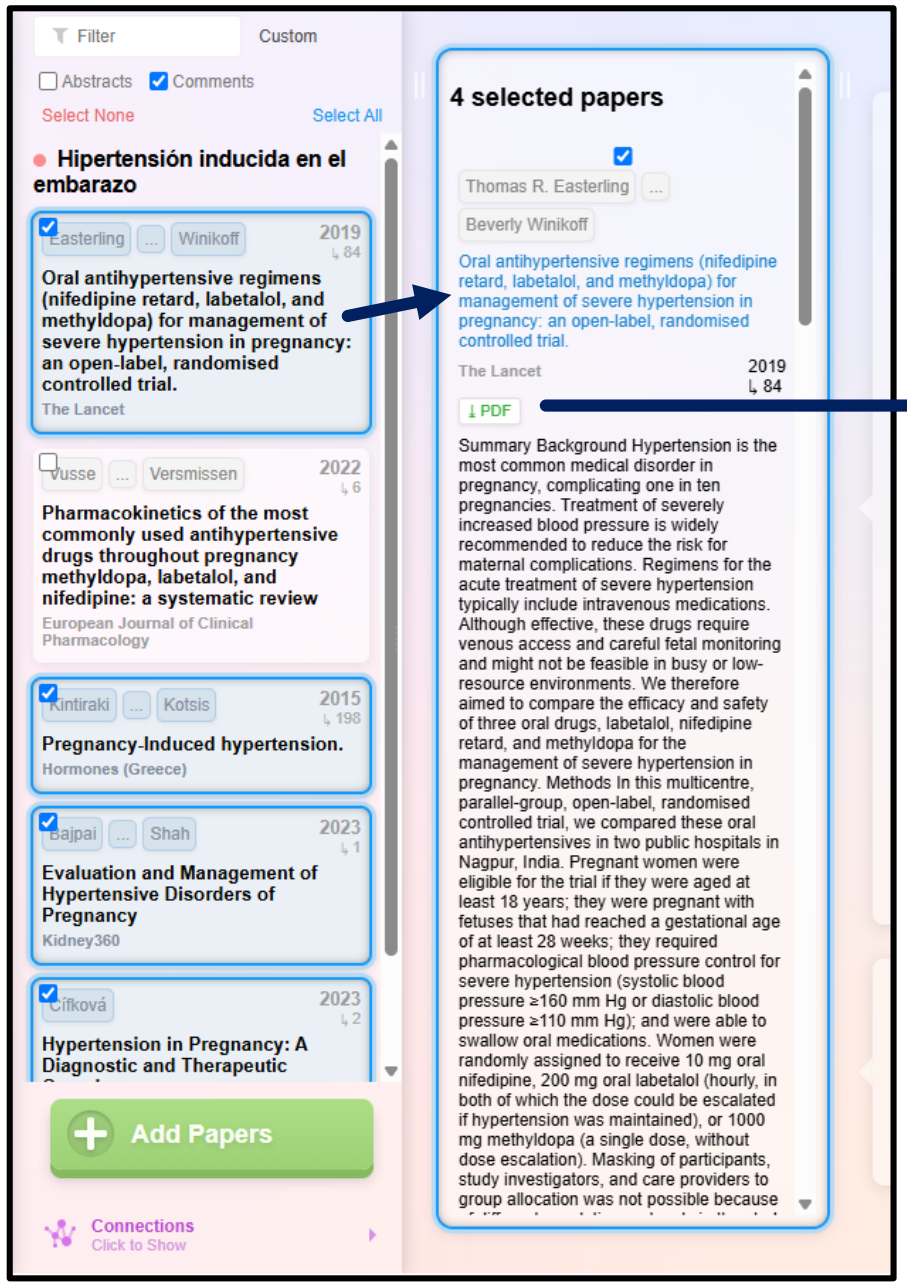

Articles

Oral antihypertensive regimens (nifedipine retard, labetalol, and methyldopa) for management of severe hypertension in pregnancy: an open-label, randomised controlled trial

Thomas Easterling, Shuchita Mundle, Hillary Bracken, Seema Parvekar, Sulabha Mool, Laura A Magee, Peter von Dadelszen, Tara Shochet, Beverly Winikoff

Summary

Background Hypertension is the most common medical disorder in pregnancy, complicating one in ten pregnancies. Treatment of severely increased blood pressure is widely recommended to reduce the risk for maternal complications. Regimens for the acute treatment of severe hypertension typically include intravenous medications. Although effective, these drugs require venous access and careful fetal monitoring and might not be feasible in busy or low-resource environments. We therefore aimed to compare the efficacy and safety of three oral drugs, labetalol, nifedipine retard, and methyldopa for the management of severe hypertension in pregnancy.

Methods In this multicentre, parallel-group, open-label, randomised controlled trial, we compared these oral antihypertensives in two public hospitals in Nagpur, India. Pregnant women were eligible for the trial if they were aged at least 18 years; they were pregnant with fetuses that had reached a gestational age of at least 28 weeks; they required pharmacological blood pressure control for severe hypertension (systolic blood pressure ≥160 mm Hg or diastolic blood pressure ≥110 mm Hg); and were able to swallow oral medications. Women were randomly assigned to receive 10 mg oral nifedipine, 200 mg oral labetalol (hourly, in both of which the dose could be escalated if hypertension was maintained), or 1000 mg methyldopa (a single dose, without dose escalation). Masking of participants, study investigators, and care providers to group allocation was not possible because of different escalation protocols in the study groups. The primary outcome was blood pressure control (defined as 120–150 mm Hg systolic blood pressure and 70–100 mm Hg diastolic blood pressure) within 6 h with no adverse outcomes. This study is registered with ClinicalTrials.gov, number NCT01912677, and the Clinical Trial Registry, India, number ctri/2013/08/003866.

Findings Between April 1, 2015, and Aug 21, 2017, we screened 2307 women for their inclusion in the study. We excluded 1413 (61%) women who were ineligible, declined to participate, had impending eclampsia, were in active labour, or had a combination of these factors. 11 (4%) women in the nifedipine group, ten (3%) women in the labetalol group, and 11 (4%) women in the methyldopa group were ineligible for treatment (because they had only one qualifying blood pressure measurement) or had treatment stopped (because of delivery or transfer elsewhere). 894 (39%) women were randomly assigned to a treatment group and were included in the intention-to-treat analysis: 298 (33%) women were assigned to receive nifedipine, 295 (33%) women were assigned to receive labetalol, and 301 (33%) women were assigned to receive methyldopa. The primary outcome was significantly more common in women in the nifedipine group than in those in the methyldopa group (249 [84%] women *vs* 230 [76%] women; p=0·03). However, the primary outcome did not differ between the nifedipine and labetalol groups (249 [84%] women *vs* 228 [77%] women; p=0·05) or the labetalol and methyldopa groups (p=0·80). Seven serious adverse events (1% of births) were reported during the study: one (<1%) woman in the labetalol group had an intrapartum seizure and six (1%) neonates (one [<1%] neonate in the nifedipine group, two [1%] neonates in the labetalol group, and three [1%] neonates in the methyldopa group) were stillborn. No birth had more than one adverse event.

Interpretation All oral antihypertensives reduced blood pressure to the reference range in most women. As single

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See Comment page 981

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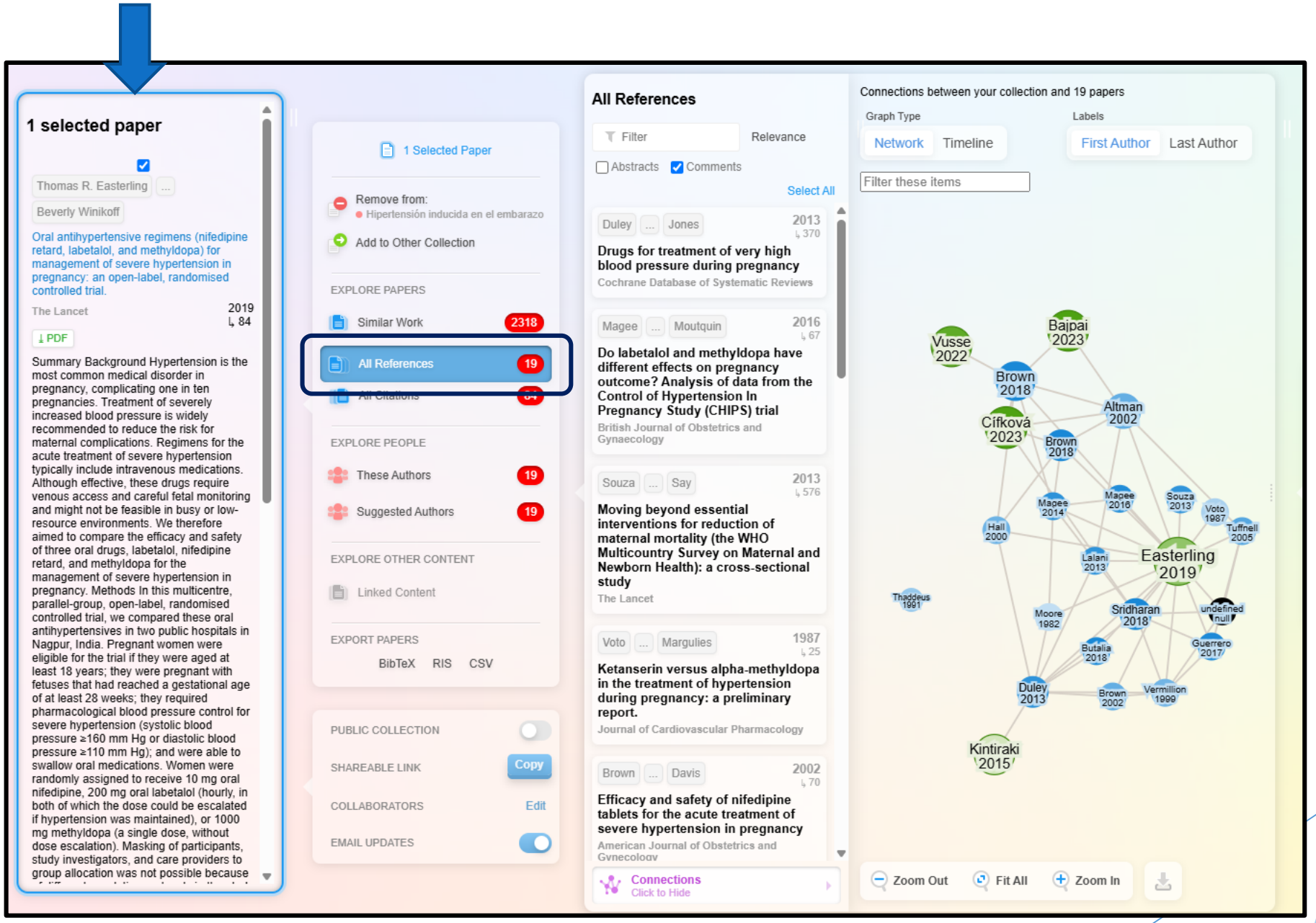
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Oral antihypertensive regimens (nifedipine retard, labetalol, and methyldopa) for management of severe hypertension in pregnancy: an open-label, randomised controlled trial.
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Summary Background Hypertension is the most common medical disorder in pregnancy, complicating one in ten pregnancies. Treatment of severely increased blood pressure is widely recommended to reduce the risk for maternal complications. Regimens for the acute treatment of severe hypertension typically include intravenous medications. Although effective, these drugs require venous access and careful fetal monitoring and might not be feasible in busy or low-resource environments. We therefore aimed to compare the efficacy and safety of three oral drugs, labetalol, nifedipine retard, and methyldopa for the management of severe hypertension in pregnancy. Methods In this multicentre, parallel-group, open-label, randomised controlled trial, we compared these oral antihypertensives in two public hospitals in Nagpur, India. Pregnant women were eligible for the trial if they were aged at least 18 years; they were pregnant with fetuses that had reached a gestational age of at least 28 weeks; they required pharmacological blood pressure control for severe hypertension (systolic blood pressure ≥160 mm Hg or diastolic blood pressure ≥110 mm Hg); and were able to swallow oral medications. Women were randomly assigned to receive 10 mg oral nifedipine, 200 mg oral labetalol (hourly, in both of which the dose could be escalated if hypertension was maintained), or 1000 mg methyldopa (a single dose, without dose escalation). Masking of participants, study investigators, and care providers to group allocation was not possible because
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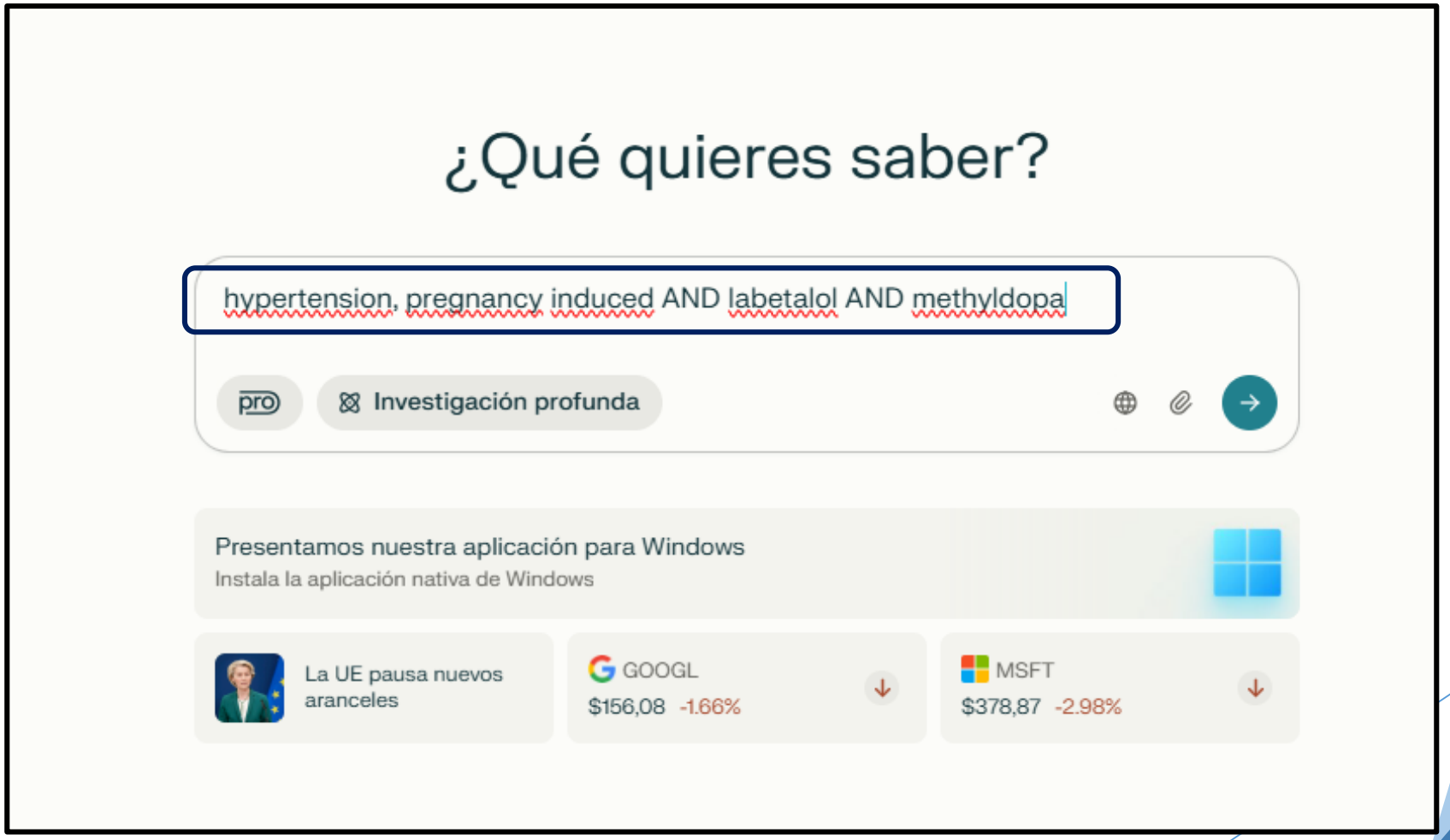

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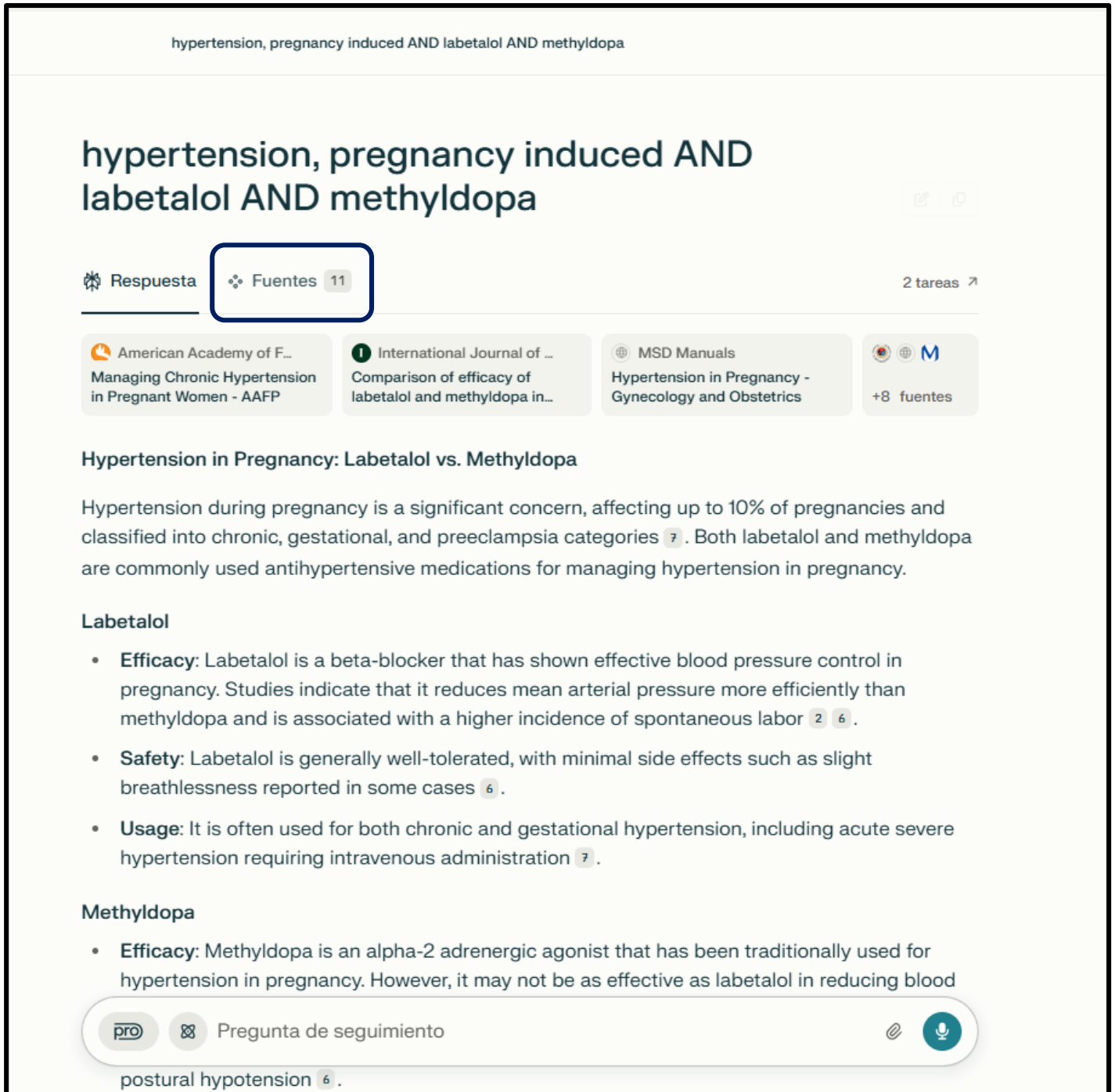
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Hypertension in Pregnancy: Labetalol vs. Methyldopa
Hypertension during pregnancy is a significant concern, affecting up to 10% of pregnancies and classified into chronic, gestational, and preeclampsia categories 7. Both labetalol and methyldopa are commonly used antihypertensive medications for managing hypertension in pregnancy.
Labetalol
Efficacy: Labetalol is a beta-blocker that has shown effective blood pressure control in pregnancy. Studies indicate that it reduces mean arterial pressure more efficiently than methyldopa and is associated with a higher incidence of spontaneous labor 2 6.
Safety: Labetalol is generally well-tolerated, with minimal side effects such as slight breathlessness reported in some cases 6.
Usage: It is often used for both chronic and gestational hypertension, including acute severe hypertension requiring intravenous administration 7.
Methyldopa
Efficacy: Methyldopa is an alpha-2 adrenergic agonist that has been traditionally used for hypertension in pregnancy. However, it may not be as effective as labetalol in reducing blood
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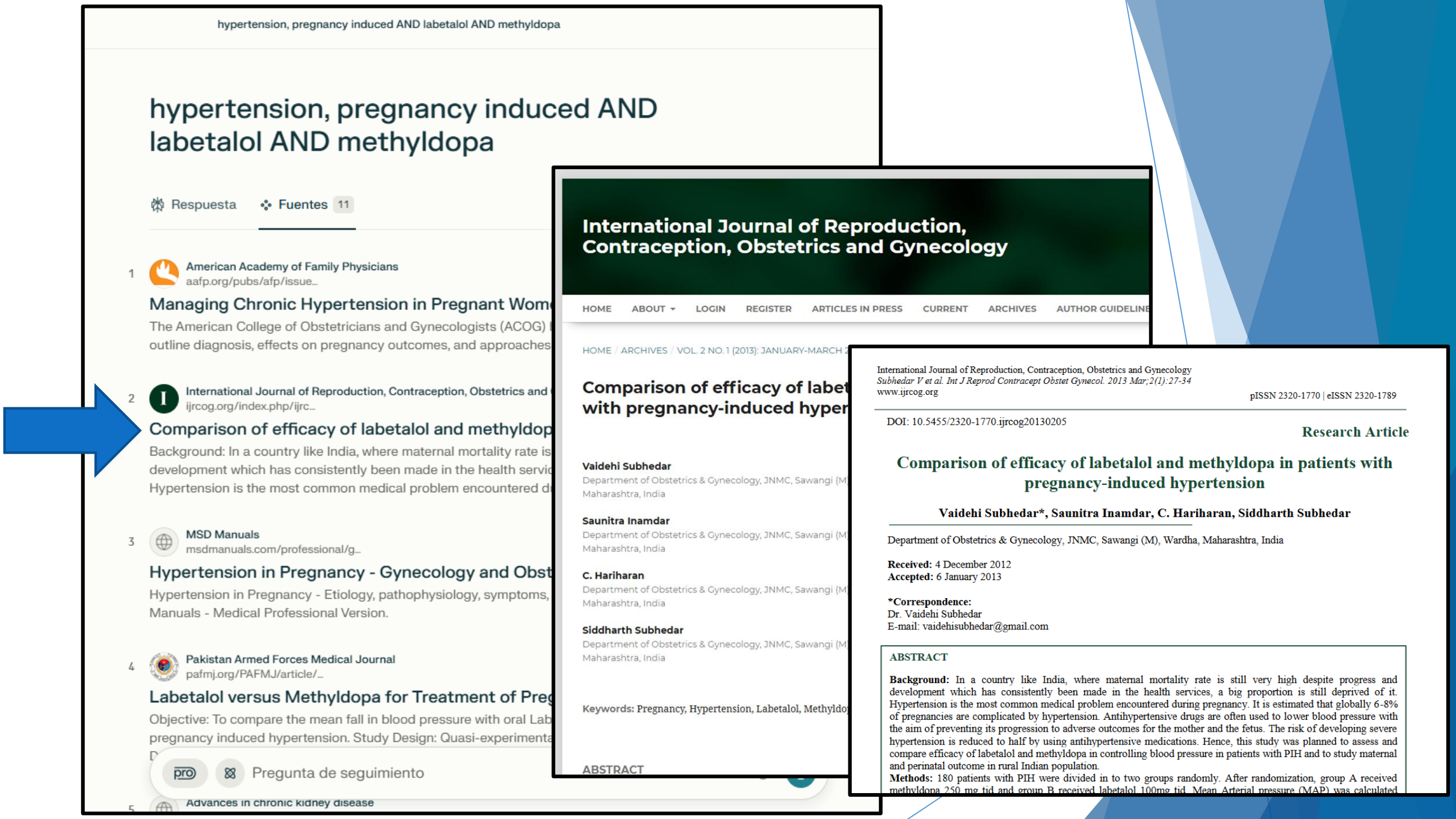
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The American College of Obstetricians and Gynecologists (ACOG)
outline diagnosis, effects on pregnancy outcomes, and approaches
2 International Journal of Reproduction, Contraception, Obstetrics and
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Comparison of efficacy of labetalol and methyldop
Background: In a country like India, where maternal mortality rate is
development which has consistently been made in the health servic
Hypertension is the most common medical problem encountered d
3 MSD Manuals
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4 Pakistan Armed Forces Medical Journal
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Labetalol versus Methyldopa for Treatment of Preg
Objective: To compare the mean fall in blood pressure with oral Lab
pregnancy induced hypertension. Study Design: Quasi-experimenta
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5 Advances in chronic kidney disease
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Comparison of efficacy of labet
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Vaidehi Subhedar
Department of Obstetrics & Gynecology, JNMC, Sawangi (M
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Department of Obstetrics & Gynecology, JNMC, Sawangi (M
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Keywords: Pregnancy, Hypertension, Labetalol, Methyldo
ABSTRACT
International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Subhedar V et al. Int J Reprod Contracept Obstet Gynecol. 2013 Mar;2(1):27-34
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DOI: 10.5455/2320-1770.ijrcog20130205
Research Article
Comparison of efficacy of labetalol and methyldopa in patients with pregnancy-induced hypertension
Vaidehi Subhedar*, Saunitra Inamdar, C. Hariharan, Siddharth Subhedar
Department of Obstetrics & Gynecology, JNMC, Sawangi (M), Wardha, Maharashtra, India
Received: 4 December 2012
Accepted: 6 January 2013
*Correspondence:
Dr. Vaidehi Subhedar
E-mail: vaidehisubhedar@gmail.com
ABSTRACT
Background: In a country like India, where maternal mortality rate is still very high despite progress and development which has consistently been made in the health services, a big proportion is still deprived of it. Hypertension is the most common medical problem encountered during pregnancy. It is estimated that globally 6-8% of pregnancies are complicated by hypertension. Antihypertensive drugs are often used to lower blood pressure with the aim of preventing its progression to adverse outcomes for the mother and the fetus. The risk of developing severe hypertension is reduced to half by using antihypertensive medications. Hence, this study was planned to assess and compare efficacy of labetalol and methyldopa in controlling blood pressure in patients with PIH and to study maternal and perinatal outcome in rural Indian population.
Methods: 180 patients with PIH were divided in to two groups randomly. After randomization, group A received methyldopa 250 mg tid and group B received labetalol 100mg tid. Mean Arterial pressure (MAP) was calculated

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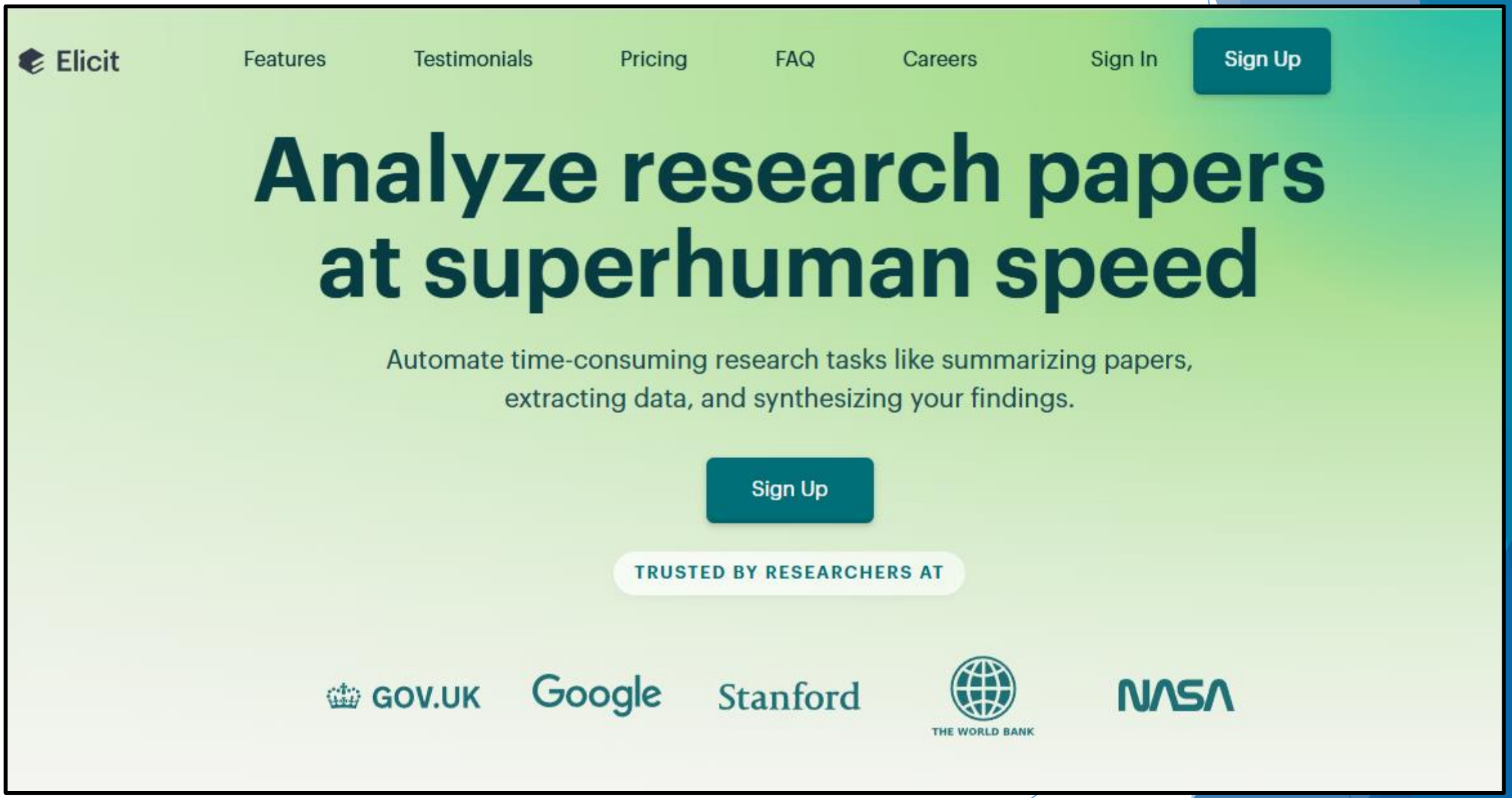
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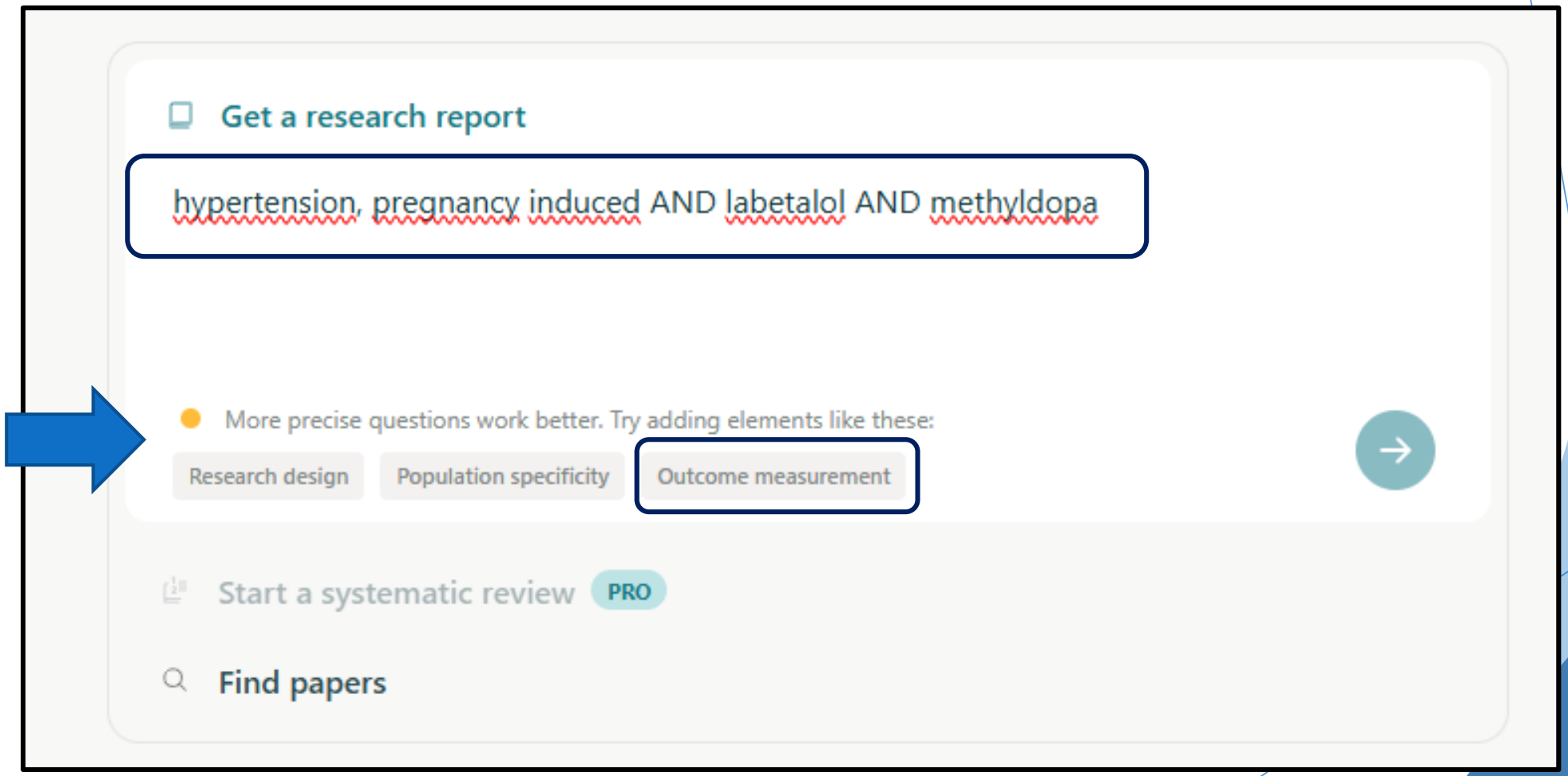
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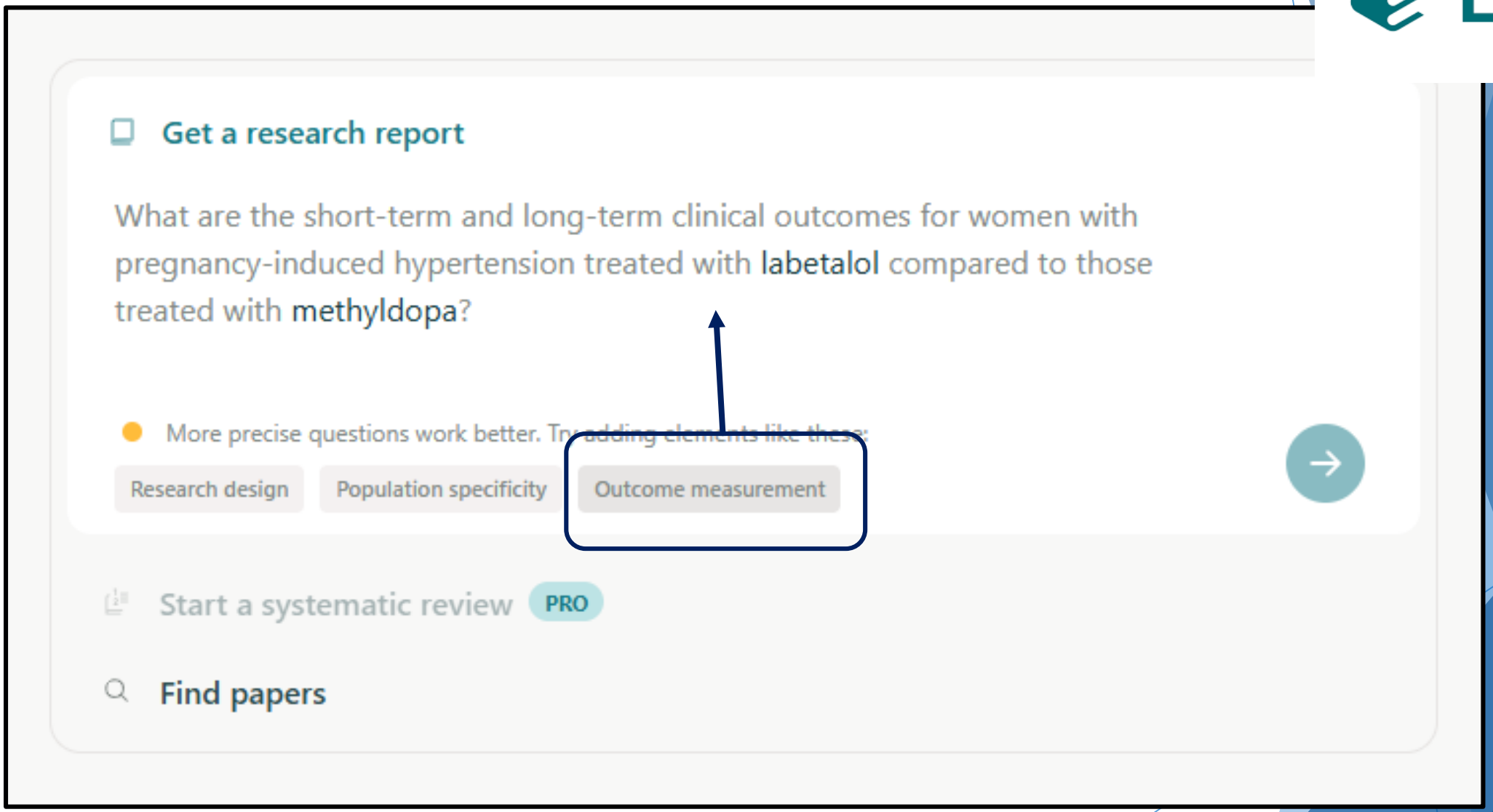
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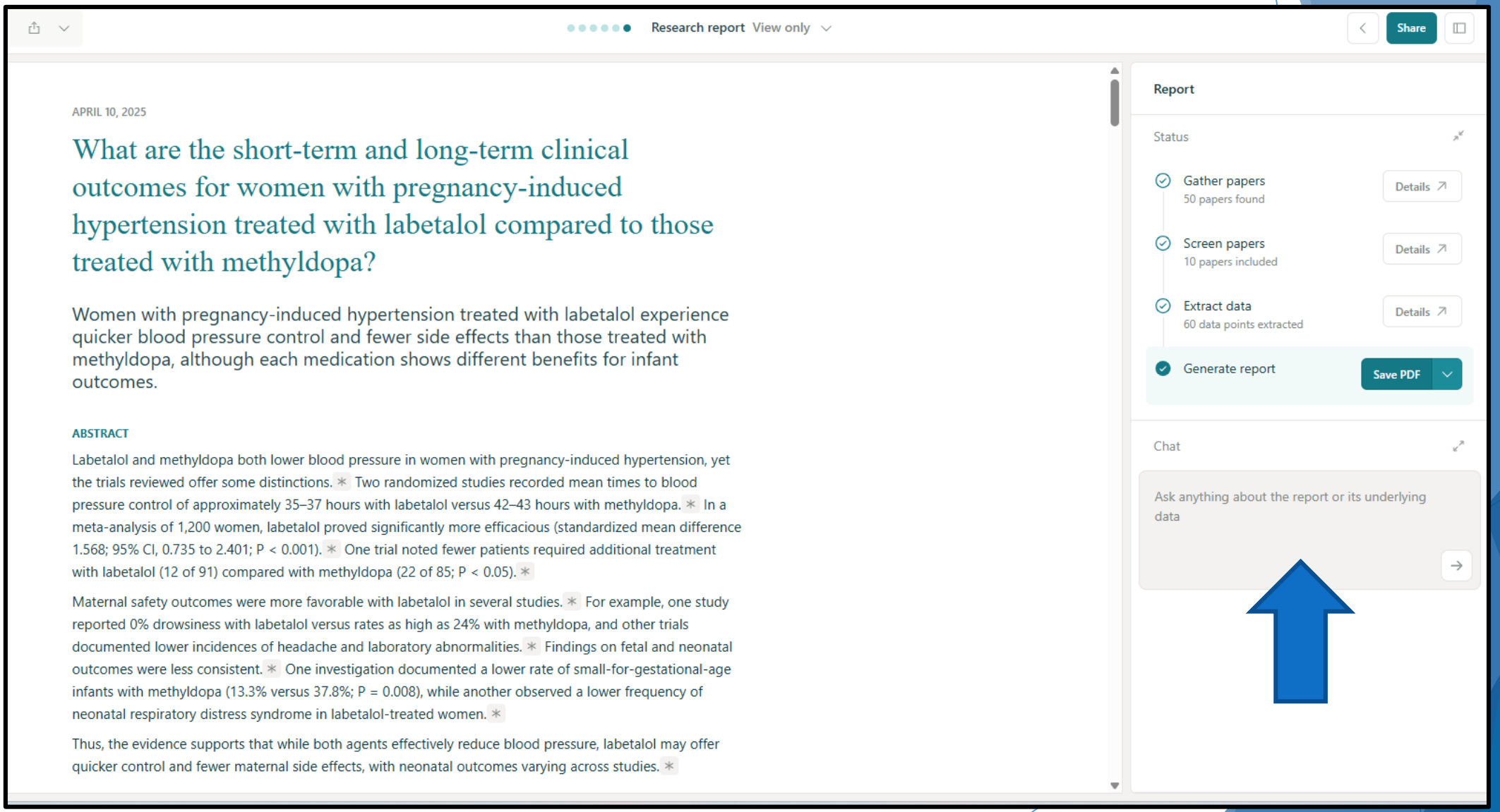
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What are the short-term and long-term clinical outcomes for women with pregnancy-induced hypertension treated with labetalol compared to those treated with methyldopa?
Women with pregnancy-induced hypertension treated with labetalol experience quicker blood pressure control and fewer side effects than those treated with methyldopa, although each medication shows different benefits for infant outcomes.
ABSTRACT
Labetalol and methyldopa both lower blood pressure in women with pregnancy-induced hypertension, yet the trials reviewed offer some distinctions. Two randomized studies recorded mean times to blood pressure control of approximately 35–37 hours with labetalol versus 42–43 hours with methyldopa. In a meta-analysis of 1,200 women, labetalol proved significantly more efficacious (standardized mean difference 1.568; 95% CI, 0.735 to 2.401; P < 0.001). One trial noted fewer patients required additional treatment with labetalol (12 of 91) compared with methyldopa (22 of 85; P < 0.05).
Maternal safety outcomes were more favorable with labetalol in several studies. For example, one study reported 0% drowsiness with labetalol versus rates as high as 24% with methyldopa, and other trials documented lower incidences of headache and laboratory abnormalities. Findings on fetal and neonatal outcomes were less consistent. One investigation documented a lower rate of small-for-gestational-age infants with methyldopa (13.3% versus 37.8%; P = 0.008), while another observed a lower frequency of neonatal respiratory distress syndrome in labetalol-treated women.
Thus, the evidence supports that while both agents effectively reduce blood pressure, labetalol may offer quicker control and fewer maternal side effects, with neonatal outcomes varying across studies.
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Abstract

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Thus, the evidence supports that while both agents effectively reduce blood pressure, labetalol may offer quicker control and fewer maternal side effects, with neonatal outcomes varying across studies.

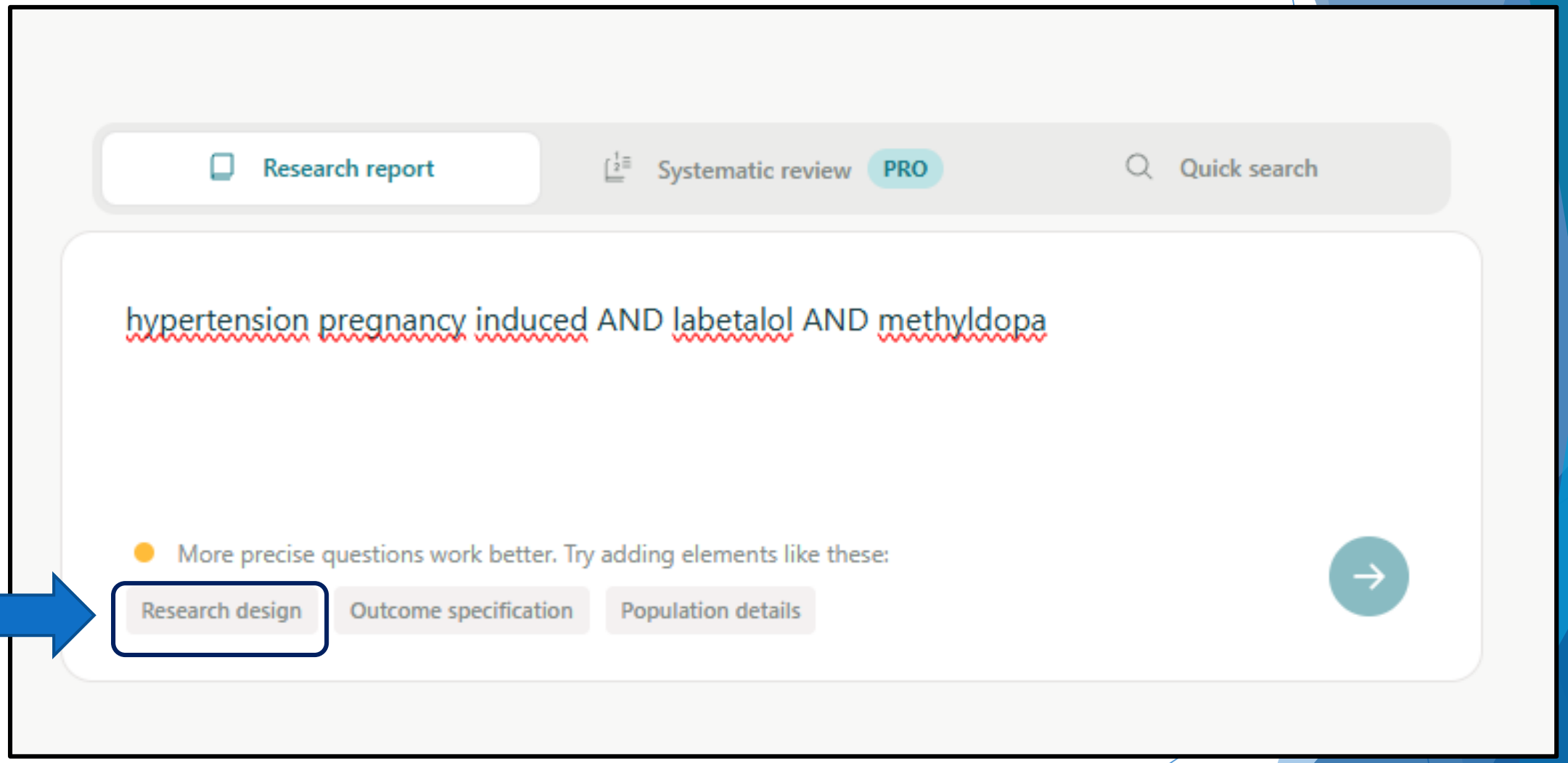
Paper search

Using your research question "What are the short-term and long-term clinical outcomes for women with pregnancy-induced hypertension treated with labetalol compared to those treated with methyldopa?", we searched across over 126 million academic papers from the Semantic Scholar corpus. We retrieved the 50 papers most relevant to the query.

Screening

We screened in papers that met these criteria:

- **Population Age**: Does the study include only adult women (18 years)?
- **Clinical Condition**: Does the study focus specifically on pregnancy-induced hypertension (not chronic hypertension)?
- **Treatment Type**: Does the study examine labetalol or methyldopa as monotherapy (not combination therapy) for initial treatment?
- **Study Design**: Is the study either a randomized controlled trial comparing labetalol and methyldopa, or a systematic review/meta-analysis of such trials?
- **Outcome Reporting**: Does the study report at least one of the following outcomes: blood pressure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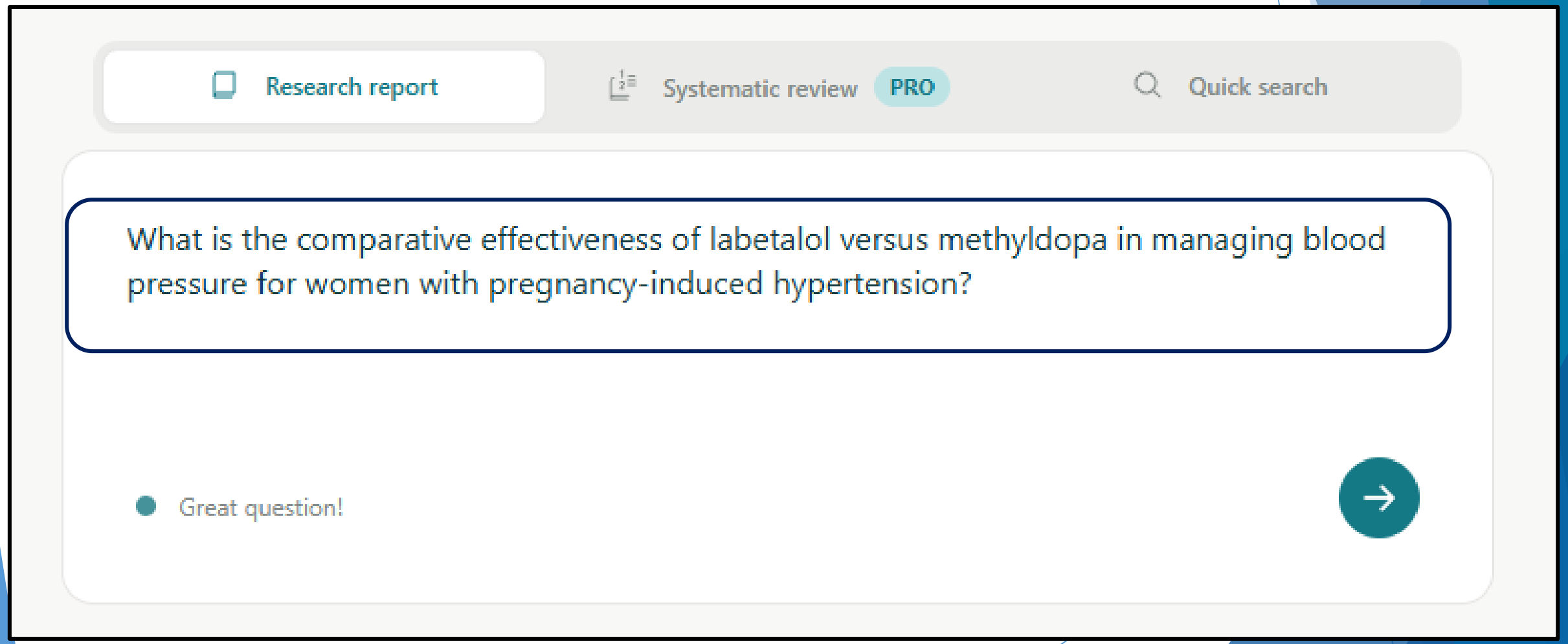
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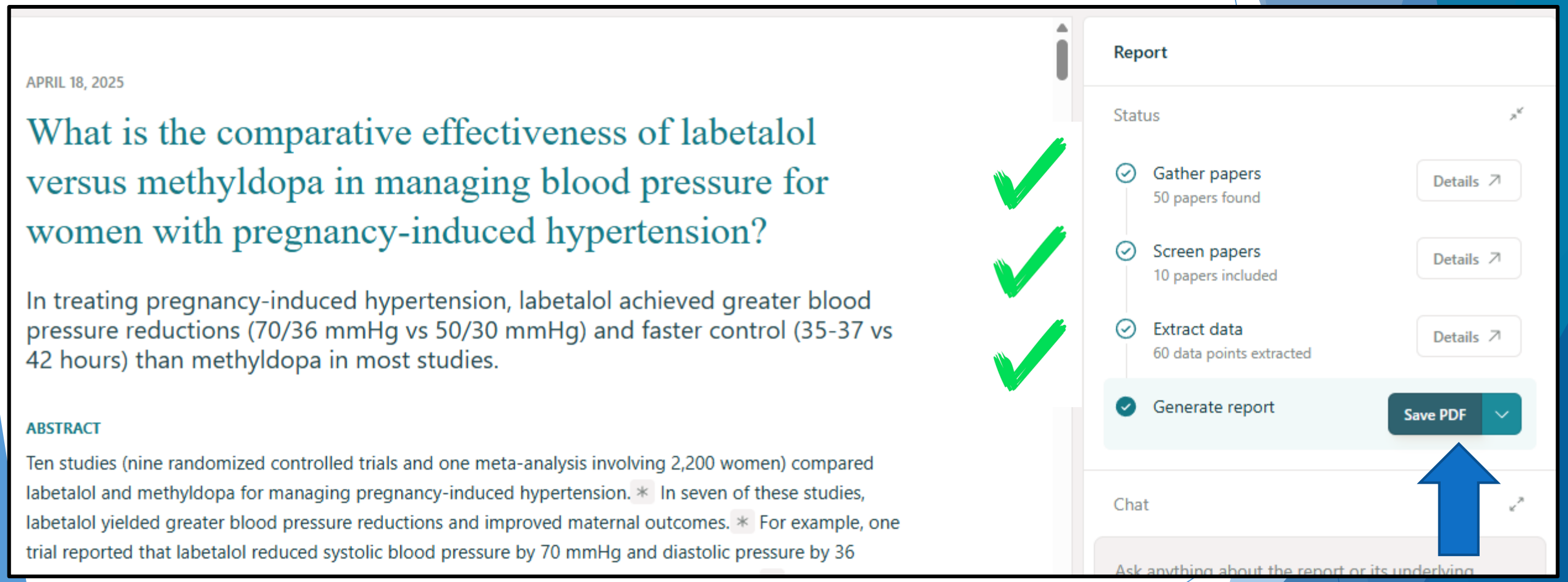
Great question!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What is the comparative effectiveness of labetalol versus methyldopa in managing blood pressure for women with pregnancy-induced hypertension?
In treating pregnancy-induced hypertension, labetalol achieved greater blood pressure reductions (70/36 mmHg vs 50/30 mmHg) and faster control (35-37 vs 42 hours) than methyldopa in most studies.
ABSTRACT
Ten studies (nine randomized controlled trials and one meta-analysis involving 2,200 women) compared labetalol and methyldopa for managing pregnancy-induced hypertension. * In seven of these studies, labetalol yielded greater blood pressure reductions and improved maternal outcomes. * For example, one trial reported that labetalol reduced systolic blood pressure by 70 mmHg and diastolic pressure by 36
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Consensus

- Consensus evalúa el nivel de respaldo de un tema en la bibliografía científica. Su sistema de IA examina múltiples estudios y genera un análisis del grado de consenso en la comunidad científica sobre un hallazgo o tratamiento específico.
- Esta herramienta posibilita visualizar rápidamente los niveles de acuerdo entre diferentes estudios y filtrar resultados en función de su relevancia clínica. Además, incorpora una función de predicción basada en tendencias científicas, que ayuda a anticipar desarrollos futuros.

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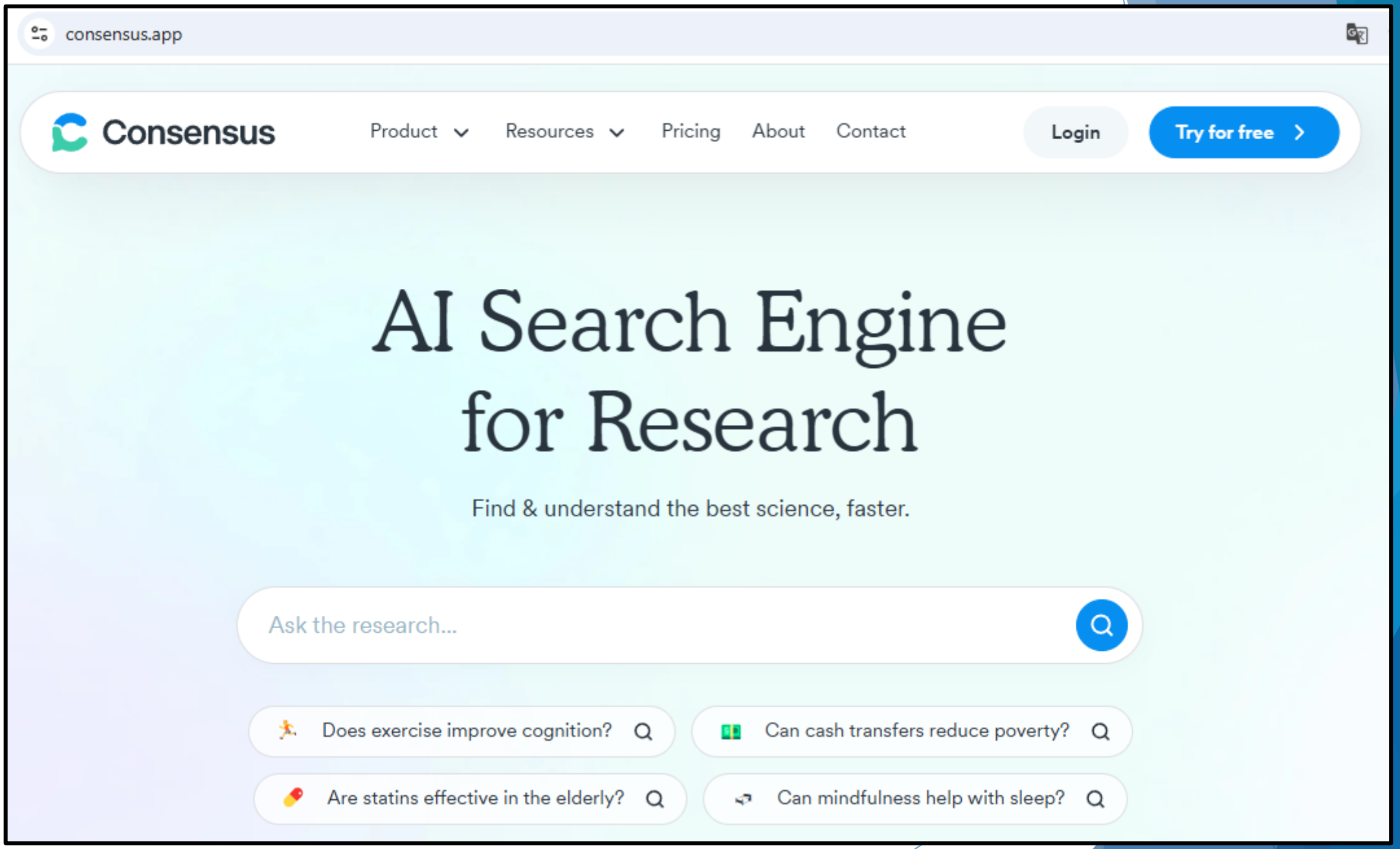
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Pregnancy-induced hypertension (PIH) is a significant medical concern during pregnancy, contributing to maternal and fetal morbidity and mortality. Two commonly used antihypertensive medications for managing PIH are labetalol and methyldopa. This summary provides an overview of the efficacy and safety of these medications based on recent research findings.

Efficacy of Labetalol vs. Methyldopa

- **Blood Pressure Control**: Labetalol has been shown to reduce both systolic and diastolic blood pressure more rapidly and effectively than methyldopa in patients with pregnancy-induced hypertension. Studies consistently report a significant fall in mean arterial pressure (MAP) with labetalol compared to methyldopa, indicating superior efficacy in controlling blood pressure 1 2 4 6 9 .
- **Time to Control Blood Pressure**: The time required to achieve optimal blood pressure control is generally shorter with labetalol compared to methyldopa. For instance, one study reported that the mean time to control blood pressure was approximately 36.97 hours with labetalol, compared to 42.22 hours with methyldopa 2 4 7 .

Side Effects and Safety

Results

- **Maternal Side Effects**: Labetalol is associated with fewer maternal side effects compared to methyldopa

consensus

Results

1 Use of labetalol and methyldopa in pregnancy-induced hypertension.

Labetalol effectively lowers blood pressure in pregnant women with pregnancy-induced hypertension, improving daily BP control without harming the foetus.

Non-RCT

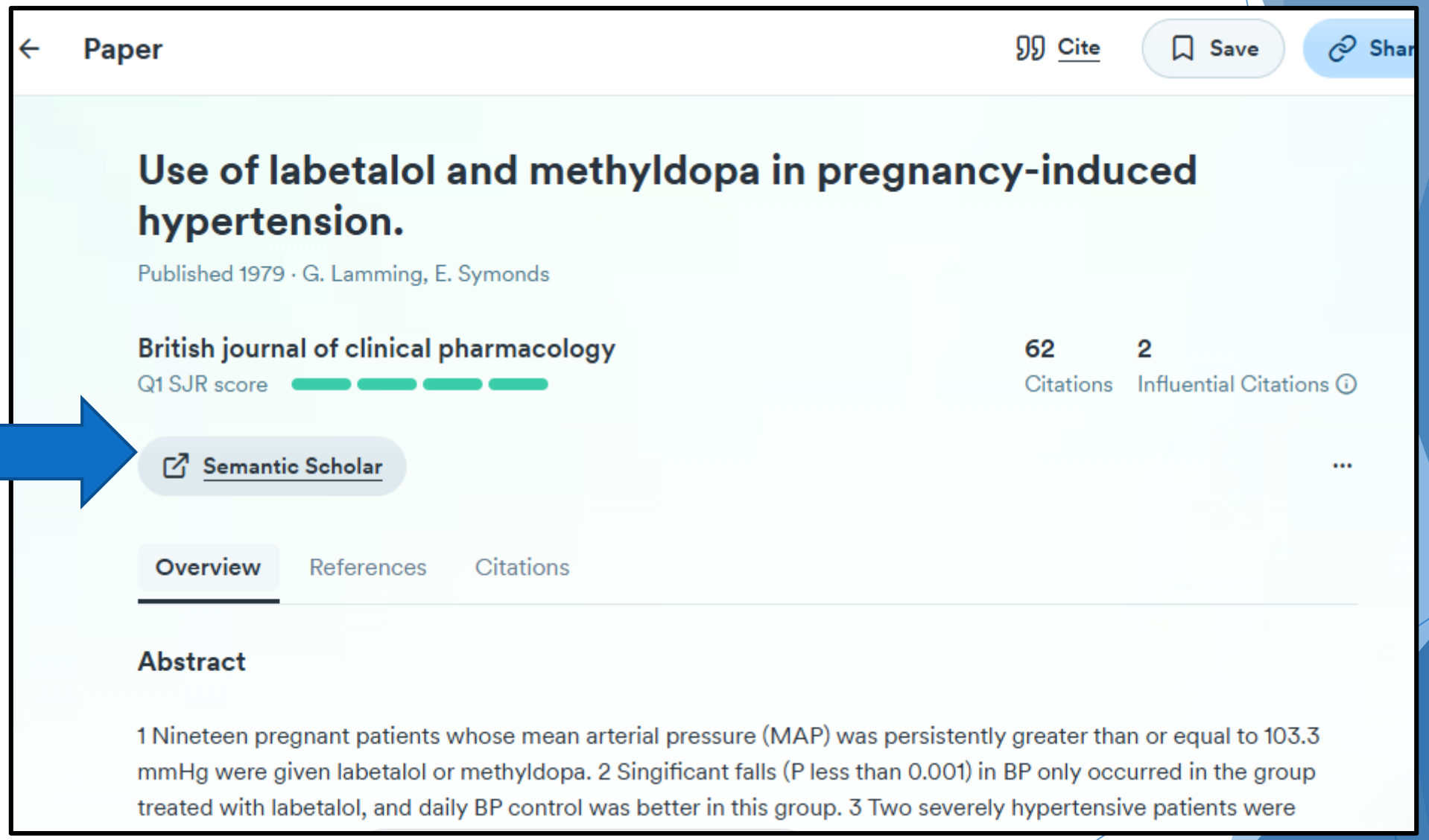
1979 · 62 citations · G. Lamming et al. · *British journal of clinical pharmacology*

2 The Efficacy of Labetalol and Methyldopa in Treatment of Pregnancy Induced Hypertension

Labetalol is more effective than methyldopa in treating pregnancy-induced hypertension, with less maternal and fetal side-effects.

2023 · 0 citations · Dr. Kamrun Nahar et al. · *Scholars Journal of Applied Medical Sciences*

3 Relation Between Labetalol and Methyldopa in Treatment of Pregnancy Induced Hypertension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Abstract
1 Nineteen pregnant patients whose mean arterial pressure (MAP) was persistently greater than or equal to 103.3 mmHg were given labetalol or methyldopa. 2 Singificant falls (P less than 0.001) in BP only occurred in the group treated with labetalol, and daily BP control was better in this group. 3 Two severely hypertensive patients were

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Use of labetalol and methyldopa in pregnanc induced hypertension

G D Lamming, E B Symonds

PMID: 526404 PMCID: PMC1429744

Br. J. clin. Pharmac. (1979), **8**, 217S–222S

USE OF LABETALOL AND METHYLDOPA IN PREGNANCY-INDUCED HYPERTENSION

G.D. LAMMING & E.M. SYMONDS
Department of Obstetrics and Gynaecology, City Hospital, Hucknall Road, Nottingham NG5 1PB, UK

1 Nineteen pregnant patients whose mean arterial pressure (MAP) was persistently ⩾ 103.3 mmHg were given labetalol or methyldopa.
2 Significant falls ($P < 0.001$) in BP only occurred in the group treated with labetalol, and daily BP control was better in this group.
3 Two severely hypertensive patients were successfully treated with intravenous labetalol.
4 There was a higher incidence of spontaneous labour in the labetalol group and a significant difference ($P < 0.05$) in the Bishop score of the cervix between the two groups.
5 There were no apparent detrimental effects on the foetus antenatally, during labour or post partum.
6 Slight breathlessness in one patient treated with labetalol was the only side-effect observed but drowsiness, headache and postural hypotension were reported in patients receiving methyldopa.

Introduction

THE use of anti-hypertensive agents in pregnancy is controversial. Most obstetricians agree that drug therapy has little place in the management of mild hypertension occurring late in the third trimester. Perinatal mortality has been shown to be lower in mild pregnancy-induced hypertensive patients than in the total hospital population (Symonds, 1979). When moderate or severe hypertension occurs with study comparing the use of labetalol and methyldopa (Aldomet; Merck, Sharp & Dohme) in the treatment of pregnancy-induced hypertension. In addition two patients received intravenous labetalol as treatment for fulminating hypertension during pregnancy.

Methods

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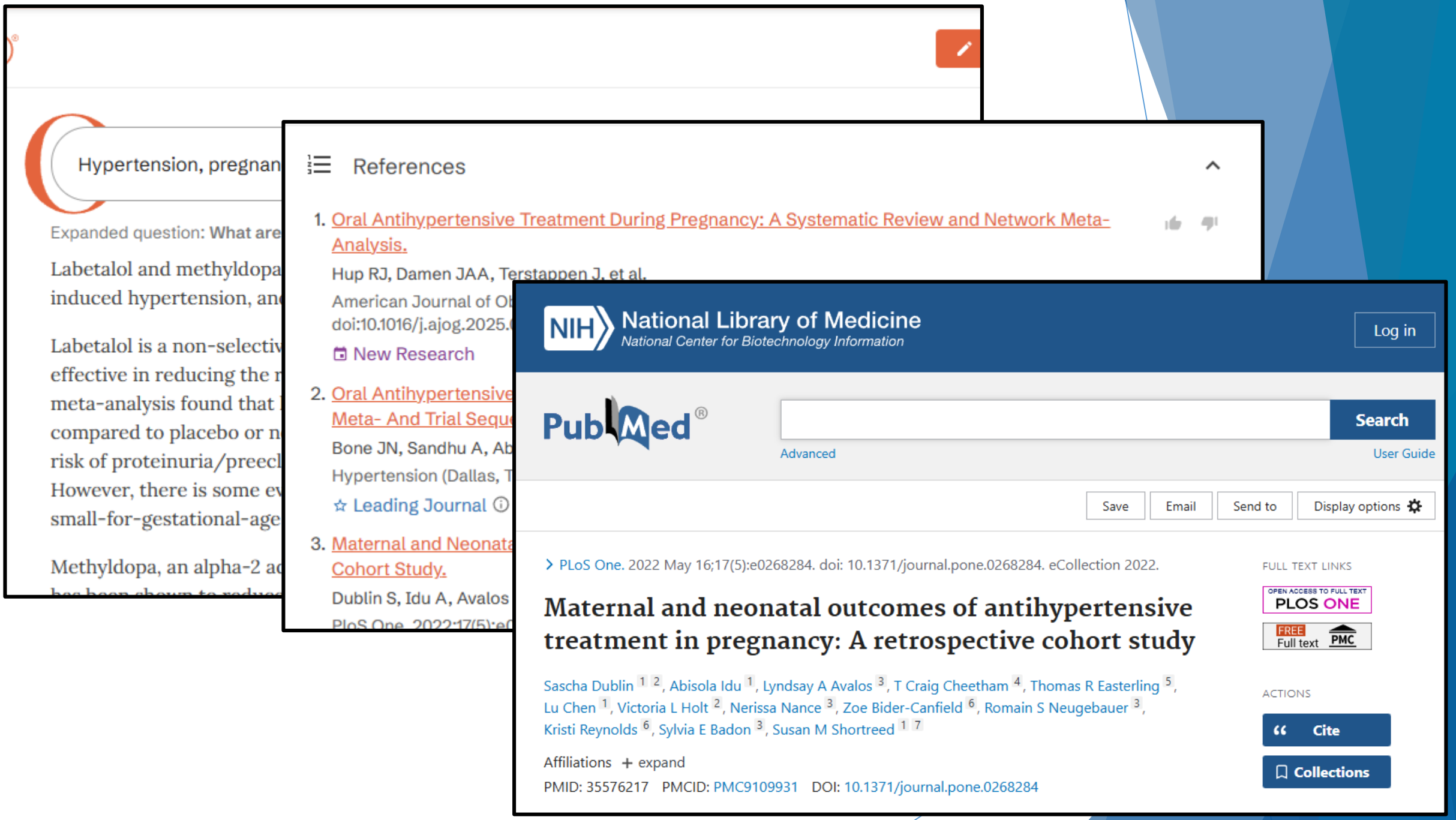
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Hup RJ, Damen JAA, Terstappen J, et al.
American Journal of Ob
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Maternal and neonatal outcomes of antihypertensive treatment in pregnancy: A retrospective cohort study
Sascha Dublin 1 2, Abisola Idu 1, Lyndsay A Avalos 3, T Craig Cheetham 4, Thomas R Easterling 5, Lu Chen 1, Victoria L Holt 2, Nerissa Nance 3, Zoe Bider-Canfield 6, Romain S Neugebauer 3, Kristi Reynolds 6, Sylvia E Badon 3, Susan M Shortreed 1 7
Affiliations + expand
PMID: 35576217 PMCID: PMC9109931 DOI: 10.1371/journal.pone.0268284
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Conclusión

- La inteligencia artificial ya no es una visión del futuro, sino una parte integral de nuestro presente. A medida que abrazamos las comodidades y mejoras que la IA aporta a nuestra vida diaria, es esencial mantenernos informados y conscientes de su impacto, a fin de aprovechar al máximo esta asombrosa tecnología mientras navegamos por un mundo cada vez más interconectado e inteligente.
- Las herramientas de IA en la búsqueda de artículos médicos permiten procesar grandes volúmenes de datos en tiempo récord. Identificando estudios relevantes y realizando síntesis de la evidencia disponible.

Muchas gracias

fernanda.cuneo@fcm.unc.edu.ar