

服用Entecavir的孕婦

Gyn's doctor consultation number: The patient was prescribed Entecavir at LMD. Upon recently discovering her pregnancy, the LMD physician advised her to terminate the embryo. The patient subsequently sought a second opinion at the hospital.

Dr. Gyn stated that he had verified and discovered that Entecavir was previously categorized as "C" by the FDA regarding pregnancy, and he sought counsel from a pharmacist.



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Micromedex
by merative

Fetal risk cannot be ruled out.



- Entecavir is not recommended for use in pregnancy patients
- should be switched to preferred agent



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available on the **risk of teratogenicity** of antiviral agents used to treat HBV . Available animal and human data have found no evidence of **teratogenicity** for TDF and **telbivudine**

懷孕建議選用 TDF and telbivudine

正在使用 ETV : 沒有說怎麼處理



- HAV) >
- (HBV) v
- d Pregnancy
- ncy on HBV Infection
- Transmission (MTCT)
- or Antiviral
V Infection During
- Pregnant Patients
sis
- other-to-Child HBV >
- ctic Testing and Fetal

Considerations

- European Association of Gastroenterology and Hepatology (EASL) Management of HBV in Pregnancy
 - family planning and initiating HBV therapy
 - patient should be counseled on a possible need for antiviral therapy
 - peginterferon is not recommended
 - for patients of reproductive age with advanced fibrosis who plan a pregnancy in the near future, consider continuing current therapy until completion of pregnancy ([EASL Weaker recommendation, Evidence level II-2](#))
 - for pregnant patients with chronic HBV, advanced fibrosis, or cirrhosis, therapy with tenofovir is recommended ([EASL Strong recommendation, Evidence level II-2](#))
 - for pregnant patients already on nucleoside/nucleotide analog therapy, tenofovir should be continued but if patient is taking entecavir or other nucleoside/nucleotide analog, it should be switched to tenofovir ([EASL Strong recommendation, Evidence level II-2](#))
- Reference - J Hepatol 2017 Aug;67(2):370

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懷孕建議選用 TDF
正在使用ETV，轉換到TDF

Management of Pregnant Patients With HBV Cirrhosis

- HAV) >
- (HBV) v
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- or Antiviral
V Infection During
- Pregnant Patients
sis
- other-to-Child HBV >
- ctic Testing and Fetal

Considerations

- European Association of Gastroenterology and Hepatology (EASL) Management of HBV in Pregnancy
 - family planning and initiating HBV therapy
 - patient should be counseled on a possible risk of vertical transmission
 - antiviral therapy
 - peginterferon is not recommended
 - for patients of reproductive age with advanced fibrosis who plan a pregnancy in the near future, consider continuing current therapy until completion of pregnancy ([EASL Weaker recommendation, Evidence level II-2](#))
 - for pregnant patients with chronic HBV, advanced fibrosis, or cirrhosis, therapy with tenofovir is recommended ([EASL Strong recommendation, Evidence level II-2](#))
 - for pregnant patients already on nucleoside/nucleotide analog therapy, tenofovir should be continued but if patient is taking entecavir or other nucleoside/nucleotide analog, it should be switched to tenofovir ([EASL Strong recommendation, Evidence level II-2](#))
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Pregnancy is recommended to utilize TDF. If you are presently using ETV, please transition to TDF.

Management of Pregnant Patients With HBV Cirrhosis



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食慾不振的阿公

88歲男性，職業：農夫

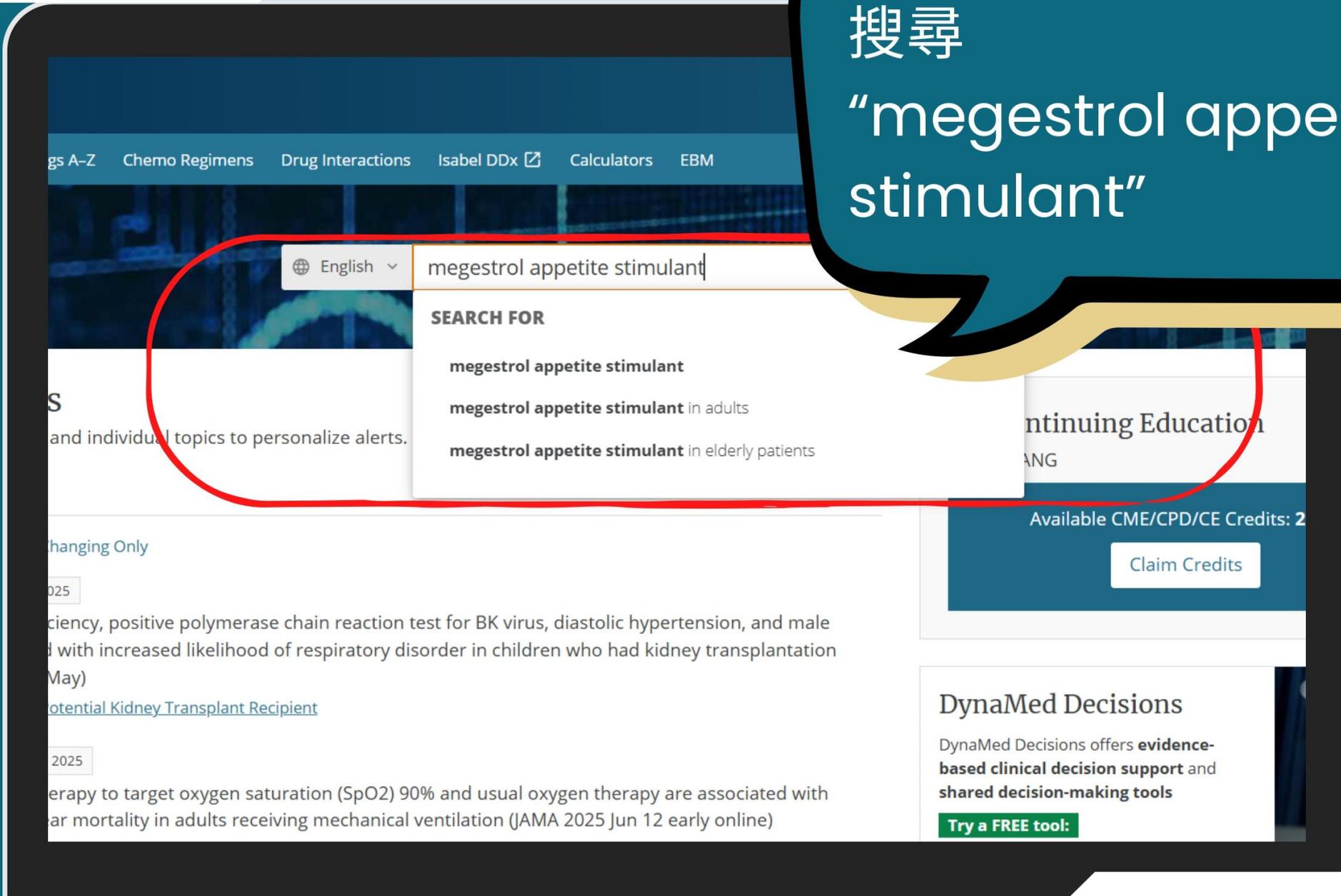
2025年3月，直接挑戰4-5個人
194/89 mmHg, glu-ac 211 mg/dl
right femoral neck fracture
住院期間食慾不振，體重降低
是否可以使用Megestrol?
或其他藥物來做改善?
或是會診營養師呢?

治療後天免疫缺乏症候群及癌症病人之惡病體質引起的厭食症



搜尋

“megestrol appetite stimulant”



Drugs A-Z Chemo Regimens Drug Interactions Isabel DDx [Calculators](#) EBM

English

megestrol appetite stimulant

SEARCH FOR

megestrol appetite stimulant

megestrol appetite stimulant in adults

megestrol appetite stimulant in elderly patients

S
and individual topics to personalize alerts.

Continuing Education
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Available CME/CPD/CE Credits: 2

Claim Credits

Changing Only

2025

ciency, positive polymerase chain reaction test for BK virus, diastolic hypertension, and male
d with increased likelihood of respiratory disorder in children who had kidney transplantation
(May)

[Potential Kidney Transplant Recipient](#)

2025

erapy to target oxygen saturation (SpO₂) 90% and usual oxygen therapy are associated with
ar mortality in adults receiving mechanical ventilation (JAMA 2025 Jun 12 early online)

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Management ▾

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Diet

Medications

Consultation and Referral

Follow-Up

Complications

Prognosis

Prevention and Screening

Guidelines and Resources >

Patient Information

References ▾

Medications

CLINICIANS' PRACTICE POINT

Although there are few guidelines on the underlying cause of the weight loss if associated with poor outcomes, there is irrefutable evidence that weight loss through medications results in a

- If the patient has evidence of depression, psychotherapy and environmental modification are recommended. [Medication Overview.](#)
- Appetite stimulants:
 - Several medications have been reported to be used to promote weight gain; however, adverse effects may limit their use.¹
 - Medications that have been used to stimulate appetite in patients with different underlying conditions include:
 - Megestrol (a synthetic derivation of progesterone) is an option for cachexia caused by various conditions.
 - Megestrol is FDA-approved for treatment of cachexia associated with AIDS. Dosing options include:
 - Megestrol suspension 40 mg/mL initial dose followed by 800 mg (20 mL) orally/day
 - Megestrol suspension 125 mg/mL initial dose followed by 625 mg (5 mL)

Megestrol, Dronabional, Mirtazapine, SSRIs, Cyproheptadine, Anabolic steroids and agents

Thank YOU



 Work remotely

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EBSCO

DynaMed and Dyna AI Can HELP?
DEFINITELY we can HELP

記得申請個人帳號喔



Thank YOU

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Calendly

Ricky Wang
Clinical Decisions Tools Channels(EBSCO Health)

🕒 15 min

This is Ricky Wang, Senior Implementation and Customer Success Manager - Asia and thanks for having me for the 15 mins product discussion and engagement and you can reach out to me at rwang@ebSCO.com if you need any assistance.

Select a Day

< March 2026 >

SUN MON TUE WED THU FRI SAT

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